



Module 3: Capacity

Baltimore Police Department

What is capacity?

Objectives

Determine and explain the types of situations in which a person may lack capacity and articulate whether each is dual response or specific to BPD or BCFD response.

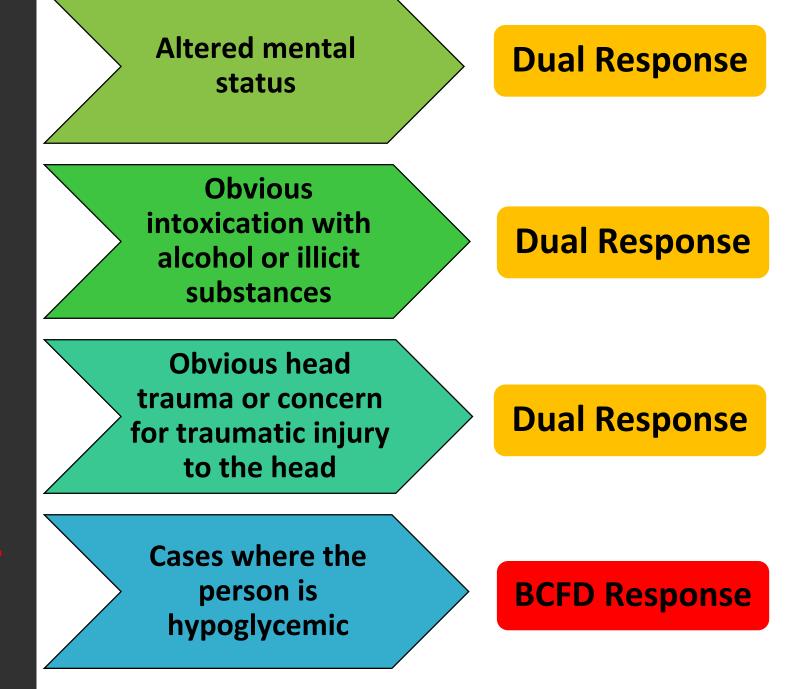
Identify and explain the term capacity as it relates to BCFD response and BPD response.

Identify and explain the expected roles of BPD by BCFD, per BCFD's *Operation Memo* and *Manual of Procedure*.

Articulate why capacity matters.

In what types of situations would a person <u>lack</u> capacity?

Would these involve a dual response or BCFDonly response?



What is capacity?

Capacity is the ability to make sound decisions and incorporates several elements:

Communicating a choice

BCFD Definition

Understanding the clinical situation

Appreciation of risks & benefits

Rationalization & reasoning

BPD's Interpretation

> When do you, as an officer, take "capacity" into consideration?

Officers evaluate the totality of the circumstances.

- Threats of suicide
- Means to carry out suicide
- Homicidal thoughts towards someone else (threat to public safety)

In your groups, take a few minutes to read this *Operations Memo* from BCFD.

What did you notice about the document?

Anything surprise you?



Operations

Baltimore City Fire Department Operations Memo 03-22

Date: February 9, 2022



From:Mr. Dante P. Stewart, Assistant Chief of OperationsTo:EMS, OperationsSubject:Emergency Behavioral Health Responses and the EP Process Guidance

Purpose:

The goal of this document is to give direction to both the Baltimore City Fire Department (BCFD) and Baltimore City Police Department (BPD) regarding the proper handling of a patient with behavioral health complaints encountered in the prehospital setting.

Background:

In the state of Maryland, the emergency petition process exists to allow for the identification, transport, and treatment of individuals with decompensated psychiatric illnesses who pose as an acute risk to themselves or to others. Often, this process may need to be executed against the will of the patient. The prehospital management of these patients thus poses unique challenges and must be undertaken with extreme care. Close coordination between EMS elements of BCFD, police and public safety elements of the BPD is crucial to ensuring the safety of both the patient and all personnel involved.

Definitions:

Emergency Petition (EP): A petition for the emergent evaluation of an individual who is believed to a) have a mental disorder and b) pose a significant danger to the life and safety of the individual or others.

Emergency Petitioner: The person initiating the EP process against an individual. In the state of Maryland, healthcare providers (excluding EMS providers), peace officers or any interested party can initiate the EP process.

Roles and Responsibilities:

BCFD: Responsible for the medical care of the patient as well as their transport to the nearest medical facility for evaluation.

BPD: Providing security and assistance to BCFD personnel as they perform patient care related duties

Now, take a few minutes to read this *Manual of Procedure* from BCFD.

> Based on what you read, who is best positioned to be the leading care agent, in most cases? Police or Fire

			MOP 809-3		
	MANUAL OF PROCEDURE	EMERGENCY MEDICAL SERVICES			
	DETAIL PROCEDURE	SUBJECT PATIENT CARE- MANAGIN PATIENTS AND BEHAVO RESPONSES			

PURPOSE

The goal of this document is to give direction to both the Baltimore City Fire Department (BCFD) and Baltimore City Police Department (BPD) regarding the proper handling of a patient with behavioral health complaints and who don't have the capacity to refuse medical care encountered in the prehospital setting.

DEFINITIONS

Emergency Petition (EP): A petition for the emergent evaluation of an individual who is believed to \mathbf{a}) have a mental disorder and \mathbf{b}) pose a significant danger to the life and safety of the individual or others.

Emergency Petitioner: The person initiating the EP process against an individual. In the state of Maryland, healthcare providers (excluding EMS providers), peace officers or any interested party can initiate the EP process.

Capacity: Capacity describes a person's ability to a make a decision. In a medical context, capacity refers to the ability to utilize information about an illness and proposed treatment options to make a choice that is congruent with one's own values and preferences.

Situations where patients lack capacity

Situations where patients inherently lack capacity to refuse medical care include, but are not limited to:

- 1) Cases of altered mental status
- 2) Cases with obvious intoxication with alcohol or illicit substances
- 3) Cases with obvious head trauma or concern for traumatic injury to the head
- 4) Cases where the patient is hypoglycemic

Restraint

As mentioned above, EPs and lack of capacity cases often are carried out without the consent of the patient. In cases where patients are actively resisting efforts at treatment and transport, the restraint and administration of medication may be necessary. While BCFD personnel are responsible for the proper selection and administration of medication, it is the policy of the BCFD that personnel may not physically restrain a patient in the absence of a medical or safety imperative. Thus, if the determination is made that physical restraint is necessary for the safety of the patient and personnel, BPD officers will be expected to assist by providing restraint only when indicated. Restraint, as always, should be discontinued as soon as it is safe to do so.

Conversely, the BPD gives consideration toward capacity when assessing someone's threat to themselves or others.

> Based on the difference in policies, who gives more consideration towards someone's mental capacity? Police or Fire

Policy 713

Date Published

PETITIONS FOR EMERGENCY EVALUATION & VOLUNTARY ADMISSION

29 June 2021

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By Order of the Police Commissioner

POLICY

The Baltimore Police Department (BPD) will implement a first-responder model of Crisis Intervention as a component of Baltimore City's Behavioral Health and Crisis Response Systems. The department will identify:

- Strategies for de-escalating crises and connecting individuals to community resources that provide appropriate service;
- Appropriate use of hospital emergency services only after less restrictive alternatives have been considered;
- Opportunities for diversion from the criminal justice system;
- Methods for addressing the long-term needs of individuals and families in order to provide for the least police-involved response.

This policy provides members with guidance on the procedures for petitioning an individual for an emergency evaluation when necessary.

CORE PRINCIPLES

Community Planning and Implementation. The BPD is an important component of the Baltimore Crisis response system by effectively responding to and de-escalating incidents that pose an imminent danger to community safety, and diverting individuals to community resources that provide appropriate services. The BPD maintains a collaborative relationship with the behavioral health care system, people with lived experience, and advocacy groups in order to develop, implement, and evaluate a comprehensive Crisis response system that allows for the least police-involved response for persons in Crisis consistent with community safety.

Civil Rights. Members who respond to persons with Behavioral Health Disabilities or who are experiencing Crisis shall respect their dignity, civil rights, and contribute to their overall health, safety, and welfare. Even in Crisis, individuals with Behavioral Health Disabilities retain their constitutional rights, including their rights to liberty and due process. Consistent with these rights and Maryland law, a member may only detain and/or transport an individual for emergency evaluation or civil commitment if they present a danger to the life and safety of themselves or others (MD Health Gen. § 10 602 a).

Members and communications dispatchers shall be trained to i). Understand the value to society of persons with disabilities residing in the community; ii). Understand the need to avoid assumptions, stereotyping, and discrimination against persons with disabilities; iii). Increase awareness of bias as it relates to interactions with individuals who experience Behavioral Health Disabilities; and iv). Provide reasonable modifications to individuals with Behavioral Health Disabilities as needed.

Key Takeaways

Any dual response call in which there is a co-occurring medical complaint, police department should be showing deference to the fire department.

BPD is the mode of transportation for EPs where there is no cooccurring medical complaint.

BPD is to provide security and physical restraint of a patient/person in need of medical care upon request of the BCFD.

BCFD assesses capacity as it pertains to mental status, communicating a choice, understanding the situation, appreciation of risks and benefits, and rationalization and reasoning. BPD is to assess and evaluate the totality of the circumstances prior to the physical restraint of a patient/person who is a threat to public safety and in need of medical care.

BPD will seek less restrictive alternatives both in terms of mental health services to support someone who needs such support, and in terms of transport to the ED if that level of care is warranted.

Questions?



