HOWARD COUNTY DEPARTMENT OF POLICE

GENERAL ORDER OPS-07
PERSONS EXPERIENCING MENTAL HEALTH CRISIS

Effective March 11, 2026

This General Order contains the following numbered sections:

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I. POLICY

It is the policy of the Howard County Department of Police (HCPD) to provide a consistent level of service to all persons and to support the health and safety of those with a mental illness or experiencing a mental health crisis, their family, and HCPD members.

II. GENERAL PRINCIPLES

A. The HCPD respects the rights of all individuals to receive appropriate and safe police response.

B. Members of the HCPD shall proactively refer those impacted by mental illness or experiencing a mental health crisis for appropriate services when police action is not warranted.

C. The HCPD shall develop partnerships with mental health professionals to provide crisis intervention services within the community to individuals who are experiencing a psychiatric emergency and are either unable or unwilling to access other available resources.

III. DEFINITIONS

A. Americans with Disabilities Act (ADA): A federal law that gives federal civil rights to individuals who:

1. Have a physical or mental impairment that substantially limits one or more of their major life activities, including but not limited to the ability to communicate, hold a job, or care for themselves;

2. Have a record of such impairment; or

3. Are regarded as having such impairment.

B. Emergency Evaluee: An individual for whom an emergency evaluation is sought or made.

C. Emergency Facility: A facility designated in writing by the Maryland Department of Health and Mental Hygiene as an Emergency Facility. This includes a licensed general hospital that has an emergency room.

D. Mental Health Crisis: An incident that triggers an observable disruption of functioning, stability, and safety with someone's thoughts, emotions or behaviors that may lead to actions that are dangerous to self and/or others.

E. Mental Illness: Behavior or symptoms that indicate:

1. Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

2. Mental illness does not include intellectual, or cognitive impairments.

F. Respondent: A person against whom an Emergency Petition (EP) is filed.

IV. TRAINING

A. All new members shall receive instruction regarding the identification of, response to, and reporting of persons with a mental illness or experiencing a mental health crisis.[1]

B. All members shall receive annual training on how to handle persons with a mental illness or experiencing a mental health crisis. The training shall include any legislative updates.[2]

C. The Education & Training Division (E&T) is responsible for documenting all training and supplying a copy to the Strategic Planning/Legislative Section for accreditation purposes.

V. RECOGNIZING MENTAL ILLNESS[3]

A. Any member of the HCPD may come in contact with persons experiencing a Mental Health Crisis or who have a diagnosed Mental Illness, and those impacted by such persons.

1. All members shall be alert to signs of persons experiencing a Mental Health Crisis to support the safety of the member, the person experiencing the Mental Health Crisis, and those affected by such a person.

2. The ADA requires law enforcement agencies to make reasonable adjustments to routine procedures, on a case-by-case basis, to provide equitable service to all. However, members should respond appropriately to threats of health and safety.

B. Some of the characteristics of Mental Health Crisis and/or Mental Illness include, but not limited to:

1. Individual characteristics:

a. Auditory and/or visual hallucinations;

b. Confusion;

c. Delusions;

d. Depression, deep feelings of sadness, hopelessness, or uselessness;

e. Extreme paranoia;

f. Incoherence;

g. Manic behavior, accelerated thinking and speaking, or hyperactivity;

h. Non-responsiveness; and/or

[1] CALEA 41.2.7d
[2] CALEA 41.2.7e
[3] CALEA 41.2.7a

i. Subject's affect appears inconsistent with the circumstances.

2. Environmental characteristics to be considered (Note that these attributes alone do not constitute Mental Illness):

a. Clothing inappropriate for season;

b. Extensive clutter, in cars as well as homes or residence;

c. Homelessness;

d. Possession of an excessive number of similar items;

e. Restricted access to parts of residence (i.e. missing or broken handles, locks, doors nailed shut);

f. Restricted living area in the residence (i.e. food, bed, etc. all in one room); and/or

g. Windows, vents, or electrical outlets covered or modified.

C. Contacts with Persons Experiencing a Mental Health Crisis or Mental Illness:[4]

1. An assessment should be based upon personal and environmental indicators, behavioral indicators, and information received from witnesses and other involved parties.

2. Communications members shall follow the guidelines set forth in General Order SOP COMM-09, Call-Taking Procedures.

3. In the event of a call-for-service or self-initiated activity, the officer should immediately attempt to obtain the following:

a. Primary information, including but not limited to:

i. A current or past diagnosis of a Mental Illness;

ii. The nature of the problem behavior;

iii. The precipitating event; and

iv. The presence of any weapons.

b. Secondary information, including but not limited to:

i. Past occurrences of this or other abnormal behaviors;

ii. Past incidents involving injury or harm to the individual or others;

iii. Prior suicide threats;

iv. Reliance on medication or failure to take medication;

v. Relatives, friends, or neighbors available to assist officers; and

vi. Physicians or mental health professionals available to assist officers.

[4] CALEA 41.2.7c

4. The following guidelines should be considered when interacting with a person who may have a Mental Illness or be experiencing a Mental Health Crisis and who may be a crime victim, witness, or suspect:[5]

    a. Speak calmly. Loud, stern tones may have either no effect or a negative effect.

    b. Use non-threatening body language including soft gestures and avoidance of quick movements. Keep your hands by your sides if possible, and do not touch the person unless necessary.

    c. Eliminate commotion such as loud sounds, bright lights, sirens, and crowds. If possible, move the individual to a calm environment before assessing the situation.

    d. Keep animals away in the event the person is afraid of dogs or other large animals.

    e. Look for personal identification. Medical tags or cards will often indicate if a Mental Illness is present and will supply the individual's name, a contact name, and a telephone number.

    f. Call the person's caregiver, who is often the best resource for specific advice on calming the person and ensuring the officer's safety.

    g. Prepare for a lengthy interaction in the event the person may need more time to process information or describe events. The person should not be rushed unless there is an emergency.

    h. Be aware of different forms of communication.

        i. A person with Mental Illness or experiencing a Mental Health Crisis, especially when in a crisis situation or under stress, may use different communication skills such as signals or gestures instead of words, or may choose to not speak at all.

        ii. The officer should repeat short and simple phrases, avoid talking too much, and maintain a low-key, non-threatening demeanor when communicating with the individual.

        iii. Do not automatically interpret odd behavior as belligerence.

    i. Be attentive to sensory impairments that may make it difficult for the person to process certain types of information.

    j. In some situations, particularly when dealing with someone who is lost or has run away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.

    k. If any non-sworn member having contact with an individual with Mental Illness or experiencing a Mental Health Crisis becomes concerned for the safety of the individual or themselves or they feel that an immediate intervention is necessary, they should request the presence of a sworn officer.

5. Interviews and Interrogations:[5]

    a. Officers conducting interviews or interrogations of a person with a Mental Illness or who the officer suspects may have a Mental Illness or is experiencing a Mental Health Crisis should consider the totality of the circumstances when determining if

[5] CALEA 41.2.7c

the person is able to understand their Constitutional rights, including prompt presentment, the voluntary nature of interviews, and the Miranda rights to counsel and against self-incrimination.

i. Officers may consult with the Office of the States Attorney during any interview or interrogation, as needed.

ii. If the person presents a danger to themselves or others, officers shall follow the guidance in this General Order for obtaining an Emergency Petition (EP).

b. If officers interview or interrogate such persons as suspects, witnesses, or victims, those officers should observe the following in order to obtain valid information:

i. Do not interpret the lack of eye contact and strange actions or responses as indications of deceit, deception, or evasion of questions.

ii. Use simple, straightforward questions.

iii. Recognize that persons with a Mental Illness or experiencing a Mental Health Crisis may be easily manipulated and highly suggestible.

VI. PROCEDURES[6]

A. Termination of contact: When an officer has contact with a person who has a Mental Illness or is experiencing a Mental Health Crisis but has not observed any signs or received any information that the subject is a danger to themselves or others and is functioning at a level that provides a minimum level of self-care and nutrition, the officer should terminate the contact as it does not require police intervention, assuming no other legitimate law enforcement concern exists.

B. Termination of contact with referral: When a member has contact with a person who has a Mental Illness or is experiencing a Mental Health Crisis but has not observed any signs or received any information that the subject is a danger to themselves or others but the member's knowledge, training, and experience indicates the need for improved self-care and nutrition, the member shall:

1. Refer the person or the person concerned on their behalf to the appropriate agency such as the Department of Social Services or Grassroots Crisis Intervention Center as detailed in this General Order, or initiate contact with the appropriate agency. Contact numbers can be obtained through Communications, or the member can make contact via telephone, in person, or by forwarding a copy of the written report to the appropriate agency.

2. Notify Animal Control immediately if the individual is taken into custody and any animal(s) must be removed or if any animals under the individual's care are in need of intervention, e.g. unsanitary conditions, improper nutrition, veterinary care needed, etc. Forward information to ep@howardcountymd.gov for Crisis Intervention follow-up.

C. Immediate Intervention:

1. When an officer has contact with a person who has a Mental Illness or is experiencing a Mental Health Crisis and has observed signs or received information that the subject is a possible danger to themselves or others, the officer shall make immediate notification to the appropriate agency such as the Mobile Crisis Team (MCT), the Department of Social Services, or another agency depending upon the circumstances.

2. A non-sworn member shall contact an officer if they have contact with a person who has a

[6] CALEA 41.2.7b

Mental Illness or is experiencing a Mental Health Crisis and has observed or received information that the subject is a danger to themselves or others.

D. Emergency Evaluation (Emergency Petition or EP):[7]

1. When an officer has contact with a person who has a Mental Illness or is experiencing a Mental Health Crisis and has observed signs or received information that the subject is an immediate danger to themselves or others, the officer may take the person into custody for transport to the hospital and a subsequent Emergency Evaluation.

2. Any service of an Emergency Petition (EP) requires a written report.

   a. The original copy of the EP and Additional Certification must be left at the hospital with the evaluee because it is used in subsequent mandated hearings if the person is committed by the hospital.

   b. A copy of the EP and Additional Certification shall be submitted to the Records Section.

3. An EP may be initiated in the following ways:

   a. A Court Ordered EP from a Judge:

      i. An interested person may go before a Judge and provide information that leads to the issuance of an EP.

      ii. In this case, the Court will call the police department to have someone retrieve and serve the EP.

   b. An EP completed by an authorized mental health practitioner:

      i. The authorized mental health practitioner must have examined the individual in order to complete an EP.

      ii. In accordance with this General Order, members of the Mobile Crisis Team (MCT) may sign emergency petitions under their own authority as licensed mental health professionals or as designees of the Health Officer (Health General Article of the Annotated Code of Maryland, Sections 10-622 to 10-632). This petition must contain a description of the behavior and statements of the emergency evaluee or any other information that led the practitioner to believe that the emergency evaluee has a Mental Illness and that the individual presents a danger to the life or safety of themselves or of others.

      iii. An officer may respond to a call at the location of a mental health practitioner who will give the officer a completed EP for service. The officer shall explain to the petitioner the serious nature of the petition and the meaning and content of the petition. The officer must sign the petition on the bottom of page three (3) under “Certifications by Other Person Qualified Under HG 10-622 and Peace Officer.”

   c. An EP completed by a sworn officer:

      i. An officer may take an individual into custody for an EP if the officer believes the individual has a Mental Illness or is experiencing a Mental Health Crisis AND if the individual presents a danger to the life or safety of

[7] CALEA 74.2.1

themselves or others. An EP will be completed after the officer takes the person into custody.

ii. The petition must contain a description of the behavior and statements of the emergency evaluee or any other information that led the officer to believe that the Emergency Evaluee has a Mental Illness or is experiencing a Mental Health Crisis and that the individual presents a danger to the life or safety of themselves or others.

4. If the subject meets the criteria for an EP but has run away or fled the scene prior to police arrival, officers shall follow the procedures outlined in General Order OPS-71, Missing Persons, to have the person entered into NCIC as a Critical Missing Subject.

5. If the individual meets the criteria for an EP, the officer shall not provide the offer for a voluntary committal.

E. If the officer believes or has sufficient information to believe the person is an immediate and present danger to themselves or others and the person possesses or has access to firearms, the officer shall assist an eligible petitioner in applying for an Extreme Risk Protective Order (ERPO), as per General Order OPS-74, Extreme Risk Protective Order. If an eligible petitioner is unable or unwilling to apply for the ERPO, the officer shall do so.

VII. PROCEDURES FOR RECEIVING AN EMERGENCY PETITION[8]

A. When called to Court or to the office of a mental health practitioner to pick up an EP, officers shall:

1. The officer will bring the EP directly to the Watch Commander for assessment.

2. The Watch Commander shall complete HCPD 1260 Form, Court Document Control Tracking. The form and the EP shall then be scanned and emailed to ep@howardcountymd.gov. The Crisis Intervention Supervisor will then determine if the responsibility will remain with patrol or if the Crisis Intervention will handle service.

3. A phone number or point of contact for family members or other parties with knowledge of the evaluee should be written on the EP form by the officer picking up the EP, if possible.

4. The officer will place a call for service for an EP if one has not already been initiated.

5. The officer will deliver the EP to the supervisor for the area where the EP is to be served. The supervisor shall then notify the Watch Commander or their designee.

B. When called to pick up an EP issued via telehealth officers shall:

1. With the use of telehealth services, it is likely that officers may receive a call for service of an EP where the subject in question is not on scene. Upon receiving an EP from a mental health provider where the subject is not on the scene the receiving officer shall:

a. Attempt to obtain as much information as possible from the issuing mental health provider to aid in location of the subject to facilitate service of the EP, such as all known places of residency, employment, recreation, etc.

b. Ensure that the provider has provided their name and contact information, including a phone number, address, or email address, on the EP should they need to be contacted at a later time.

c. Complete any associated computer checks.

[8] CALEA 74.2.1

d. Consider utilizing available resources such as CIT trained officers and/or the Mobile Crisis Team to assist in service.

2. If service is attempted and the subject is unable to be located, the officer will document that attempt and all subsequent attempts on the HCPD 1260 Form, Court Document Control Tracking. If the EP is unable to be served prior to the end of the officers shift it should be returned to the Watch Commander to pass along to the incoming shift.

3. If the EP is unable to be served after five (5) days from the date it was issued, the Watch Commander or their designee will send the original copy of the EP and the EP Service Form to the Crisis Intervention Section at the Community Services Bureau. The Crisis Intervention Section will:

a. Contact the provider who issued the EP and notify them that the EP was unable to be served.

b. Determine how the provider would like to proceed, which may include:

i. Additional attempts of service;

ii. If additional information can be provided as to the subject's location, re-issuing the EP at a later time; and/or

iii. Filing an EP through the court, etc.

c. Request a case number and complete an incident report. Submit the original EP with the report noting that it was unserved.

d. If the provider requests that the original EP be returned directly to them due to HIPAA, the Crisis Intervention Section will make a copy to be submitted and return the original to the provider.

C. Supervisors:

1. The receiving supervisor will review the EP, discuss the circumstances with the petitioner if they are present, and will ensure that a complete RMS and criminal history is conducted on the Respondent.

2. The supervisor will assess the need for additional personnel, equipment, and other assistance, such as less lethal weapons, the Mobile Crisis Team, Crisis Intervention Team (CIT), Crisis Intervention Negotiation Team (CINT), etc.

3. If the Respondent's history indicates it, the supervisor will review the case with the Watch Commander for possible deployment or assistance from the Tactical Section.

D. If the EP has not been served prior to the end of shift, notification shall be made to the Watch Commander of the next shift or their designee. The Watch Commander shall include the name of the emergency evaluee and the outcome of the EP service in the Watch Commander Report.

VIII. TRANSPORTATION AND CUSTODY

A. Any person taken into custody for an EP will be taken to Howard County General Hospital for evaluation. Notification should be made to the hospital prior to arrival.[9]

[9] CALEA 70.3.2

B. Handcuffing and transportation:

1. Handcuffing and transportation of an evaluee is required and will be done in accordance with General Orders OPS-04, Arrest Procedures, and OPS-57, CBF and Arrestee Transport Procedures. Exceptions are rare and may only be granted by a supervisor.

2. In cases of juvenile evaluees and based on factors such as age, maturity, physical size, and demeanor, handcuffing may be optional with supervisory approval.

   a. Special consideration may be given by officers to include the use of a Howard County Department of Fire and Rescue Service (HCDFRS) ambulance for transportation to Howard County General Hospital with supervisory approval.

   b. An officer will be required to ride in the back of the ambulance with the evaluee during transport to the hospital.

C. The officer shall deliver the evaluee to the emergency room and advise the staff of the circumstances that led to the evaluee being taken into custody. If the officer is making the petition themselves, they shall complete the District Court Form CC-DC-13 Petition for Emergency Evaluation, and the CC-DC-14 Certification by Peace Officer. The originals will be given to the physician and a copy will be submitted to the Records Section.

1. If the evaluee is not violent, the officer may leave the hospital if they notify the hospital staff and the staff does not request that the officer remain.

2. Hospital staff may request the officer to remain. If this request is made, the officer shall contact the area supervisor who will respond and consult with hospital staff to determine if the officer's presence is necessary.

   a. If the supervisor determines that the officer's presence is necessary, the officer shall remain. The supervisor will inform the hospital staff that an examination of the emergency evaluee is required as promptly as possible (Health-General Article, Section 10-624(a)(4)).

   b. If the supervisor determines that the officer's presence is not necessary, the officer may leave. Hospital staff shall be notified prior to the officer's departure.

D. The transportation of committed individuals who are not being guarded by police officers is the responsibility of the hospital.

1. If the hospital requests that officers return and assist with the transportation, the area supervisor will respond and assess the situation.

2. If the supervisor determines that the HCPD should transport the individual, they shall decide the number of officers who shall assist with the transportation.

3. The individual may request the officer return them to their residence or the place of apprehension if after the evaluation the evaluee is not committed and the officer is still at the hospital. The officer will honor this request only if the individual has no other means of transportation.

E. If the evaluee is in police custody as the result of a barricade situation, the officer will stay with the evaluee throughout the evaluation process until a determination of commitment can be made.

F. The officer will transport the arrestee to Central Booking Facility (CBF) for processing if the evaluee is in police custody for criminal charges.

1. The officer shall ensure that CBF is aware of any potential threats or danger and shall complete the CBF Alert Form. The arrestee shall be processed on the criminal charge and monitored appropriately in accordance with existing CBF procedures pertaining to subjects who are mentally ill or potentially suicidal.

2. The CBF will assume responsibility for the prisoner and any after care regarding Mental Illness if the arrestee is committed to the detention center.

G. If the arrestee is taken to the commissioner and is to be released from custody and there is a concern regarding the arrestee's mental status or potential to harm themselves or others, CBF staff will detain the individual and contact the HCPD. An officer shall respond, evaluate, consult with a CBF Mental Health Staff member if available, complete an EP if warranted, and transport the individual to the hospital for an emergency evaluation. If a CBF Mental Health Staff member is not available, the officer will evaluate.

H. If the arrestee is transported to the hospital for an EP after arrest but prior to processing at CBF and is committed for an involuntary admission and the officer wishes to pursue the criminal charges, the officer shall:[10]

1. Apply for a warrant or summons for the criminal act; and

2. If the warrant is issued, the Warrants Section will send a written detainer to the facility holding the individual.

3. The facility will notify the Warrants Section when the evaluee is being released. Warrants detectives shall go to the hospital and take the evaluee into custody. On rare occasions, e.g. when the evaluee is released on a weekend, officers may be required to collect the released evaluee from the hospital.

I. If a suspect is arrested or is identified as likely to be arrested during an investigation, the investigating officer should obtain the advice of a supervisor or the State's Attorney's Office to determine the effect of the suspect's mental status on the case and the appropriateness of prosecution.

J. If an evaluee is subject to both criminal charges and an EP the officer shall transport the arrestee to the hospital for evaluation prior to processing at CBF.

IX. COMMITMENT

A. An evaluee that leaves the hospital without authorization prior to an evaluation by a mental health practitioner may be detained and returned to the hospital based upon an EP.

B. A subject who is criminally charged may be ordered to a psychiatric institution as a result of a court proceeding. If the person leaves the institution without authorization in violation of a court order, they may be detained for return to the institution.

C. When a juvenile is court committed to a hospital or a mental health institution, that institution becomes their legal guardian. If the juvenile leaves without authorization they are considered a runaway and may be taken into custody.

X. MOBILE CRISIS TEAM SERVICES

A. Program Description:

1. The Mobile Crisis Team (MCT) is a two-member team of Master's level health professionals who respond to the site of mental health or behavioral emergencies in the community during specific hours of operation.

[10] CALEA 70.3.2

2. The MCT's main objective is to provide crisis intervention services in the community to persons who are experiencing a mental health emergency.

3. The team may be utilized in other instances when emergency mental health intervention is required and the intervention must take place on-site in the community. This may include family crisis situations, runaways, traumatic deaths, crime or accident victims, and other emergency needs.

B. Program Guidelines:

1. The MCT will operate from the Grassroots Crisis Intervention Center, located at 6700 Freetown Road.

2. HCPD members are encouraged to request the MCT for cases of psychiatric or behavioral emergencies and situations that may result in an EP, including but not limited to:[11]

a. Suicide threats or attempts;

b. Strange or bizarre behavior;

c. Child or adolescent issues with evidence of Mental Illness;

d. Repeat callers with mental health issues;

e. Families and victims of traumatic events;

f. Barricade or hostage events with evidence of Mental Illness (suspect);

g. Families in crisis;

h. Runaways; and

i. Death notifications with special circumstance, e.g. the death of a child.

3. The MCT will be provided with a portable police radio that they will use to communicate with Dispatch and involved officers. They will utilize the radio identifier of "MCT" when using the radio.

4. It is not necessary to call for the assistance of the MCT when serving an EP issued by the Courts. If the officer serving the EP feels the presence of the MCT may be of value in dealing with the respondent or the family, then notification should be made.

5. Officers may take a subject into custody and transport him to the hospital for evaluation based on their own observations, consistent with the guidelines of this General Order.

6. Members of the MCT may sign EPs as designees of the Health Officer or under their own authority as licensed clinical social workers or licensed clinical professional counselors. A petition signed by a member of the MCT does not require judicial review as provided for in the Health General Article of the Annotated Code of Maryland, Title 10, Sections 622 to 632.

7. If the MCT signs a petition for an emergency evaluation, the officer will enforce the petition and transport the evaluee to the hospital. Evaluees will be transported in strict accordance with HCPD directives. The MCT member will follow the officer to the hospital, communicate pertinent information to hospital staff, and remain at the hospital as needed.

[11] CALEA 41.2.7b

8. Members of the MCT will respond to the general area of a call for service when requested by the HCPD but will not enter the scene until directed by the officer(s) on the scene.

9. The MCT may also be accessed directly by community members via the Grassroots Crisis Hotline. The MCT may request police accompaniment on calls not originating from the HCPD.

10. When the MCT receives a call requiring police assistance, they will call Dispatch to request an officer and provide as much information as available relating to the incident.

11. Officers will remain at the scene until it is mutually agreed that it is secure and there is no threat to the safety of the MCT or citizens involved in the incident.

12. Any disagreements with respect to the officer remaining at the scene with the MCT will be resolved by the area patrol supervisor.

13. The officers at the scene will intervene as necessary with an aggressive or violent subject to ensure the safety of the MCT members, the subject, or others at the scene.

14. The MCT program is not intended for the following calls:

    a. Primary drug and/or alcohol intoxication;

    b. Domestic violence unrelated to psychiatric emergency; or

    c. Emergencies involving significant criminal offense or violence.

15. MCT members who are authorized to sign EPs as licensed mental health professionals shall carry photo identification signed by the Director of the Grassroots Crisis Intervention Center.

C. Training:

1. Grassroots Crisis Intervention Center will provide training as needed to the HCPD at roll call, in-service, and during other opportunities as requested by the HCPD regarding the role of the MCT and the management of psychiatric emergencies.

2. The HCPD will provide safety and radio training to MCT members.

XI. REPORTING

A. Reporting procedures regarding contacts with persons who may have a mental illness shall follow the guidelines as set forth in General Order ADM-11, Departmental Reporting System.

B. Any service of an EP requires a written report.

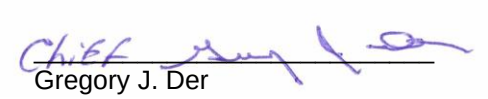
1. A copy of the EP shall be attached to the report. The original EP and Additional Certification must be left at the hospital with the evaluee because it is used in subsequent mandated hearings if the person is committed by the hospital.

2. Members are reminded all records relating to EPs, including incident reports, are confidential and cannot be disclosed without a court order or as permitted by law, pursuant to Section 10-630 of the Health General Article of the Maryland Annotated Code.

XII. CANCELLATION

This Order cancels and replaces General Order OPS-07, Persons Experiencing a Mental Illness, dated April 26, 2023.

AUTHORITY:



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