



MOBILE CRISIS TEAM

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I. PURPOSE

The Police Department and Anne Arundel County Crisis Response are in partnership to integrate law enforcement and mental health services to assist anyone with a mental health issue who is in crisis or pre-crisis. The Mobile Crisis Team (MCT) supports the work of the police officer who encounters persons and families in crisis in the community. Assistance is offered at the scene to persons with *a* mental **health issue** and to those experiencing situational crises. The target population is people who would benefit from mental health intervention or linkage to additional community resources. Outcomes of MCT interventions include:

- A. Freeing officer time for police duties
- B. Appropriate use of emergency rooms and emergency evaluation procedures
- C. More immediate stabilization of interpersonal and family crises
- D. Service to teens and children
- E. Linkage of persons with mental illness into appropriate resources
- F. Crisis counseling for members of the community at the scene of a traumatic incident

II. AUTHORITY

The MCT acts as a support to the police and will be permitted to:

- A. Operate within the county from a vehicle that circulates among the districts and is recognized as the mobile crisis vehicle.
- B. Participate in ride-alongs with police officers for training purposes.
- C. Attend roll calls.
- D. Maintain a mailbox at each station.
- E. Keep officers informed of the disposition of each case as permitted by law.
- F. Communicate on authorized police radio channels.

III. REQUESTS FOR THE MOBILE CRISIS TEAM

A. Types of Calls

The following are typical situations which can benefit from MCT assistance:

- 1. Suicidal thoughts *or ideation with or* without attempt.
- 2. Strange or bizarre behavior
- 3. Family and domestic violence involving multiple members.

4. Child and adolescent issues.
5. Runaways.
6. Questionable need for Adult or Child Protective Services
7. Geriatric issues with unknown needs for service.
8. Homeless with mental health issues.
9. **Completed suicides.**
10. **Traumatic Incidents- Any call involving death or when death is eminent.**
11. **Unattended deaths**
12. **Death notifications**
13. **Someone seeking assistance or linkage to services with mental health or substance abuse.**
14. **School calls for students in crisis with parent permission for MCT to assist the child.**
15. **When an officer is unsure if an emergency petition is appropriate or if the officer believes the clinical expertise of the MCT will be helpful in completing an emergency petition.**

Types of calls that are not appropriate include:

1. A person who has a weapon or is immediately involved in a violent or assaultive **behavior**.
2. A person who is required by law or policy to be arrested.

B. How to Request

The decision to request support from the MCT remains with the officer at the scene **or a supervisor**. The safety of the situation should be stabilized before the team is called to enter the scene. The officer should notify Communications of the request for the MCT and will be advised of potential arrival time. ***If it is believed that the MCT may be helpful, the MCT should be requested. If there is a question of willingness to receive assistance from the MCT, have the MCT respond and the person can refuse services from MCT upon their arrival. If there is a question of appropriateness of MCT responding the officer should call the Warmline (410-768-5522) and request to speak with MCT.***

IV. COMMUNICATIONS

- A. Request for the MCT will be made to communications by radio.
- B. The MCT will monitor the radio when not involved in a call and will keep themselves available for potential dispatches.
- C. The MCT will not arrive at the site until the request is made, but may place themselves within the geographic area and notify dispatch of their availability.
- D. After arrival at the scene, the officer will use radio communication to notify the MCT of the appropriate place and time to enter the scene.
- E. Determinations of priorities for intervention will be made by the MCT using input from Communications and the officer at the scene.
- F. The MCT will be trained and responsible for appropriate use of radio communications.
- G. Face to face communications should be attempted at roll call or after the disposition of the case when possible.
- H. Copies of police reports or notes about past and potential mental health situations can be ***forwarded to CIT supervision for MCT follow-up.***
- I. The MCT will relay the disposition of every case to the responding officer within guidelines of confidentiality.
- J. ***There are situations when the MCT responds to calls without police due to Warmline dispatches or while conducting follow-up to previous calls for service, which do not require police assistance. In those situations, the MCT will notify communications by radio of their location.***

V. SCENE OPERATIONS

- A. Responsibilities at the scene for the officer include remaining at the scene until the MCT has determined a disposition or determined that further assistance is not needed. ***The Officer must remain at the scene until the MCT tells the officer they can clear.***
- B. Responsibilities at the scene for the MCT include ***de***-escalation of emotional situations, assessments, brief mental status evaluations for suspected emotional disorders, crisis intervention, and linkage to services.
- C. MCT members do not place hands on or intervene physically with members of the community. In situations where physical intervention is required, the officer ***will*** stay on the scene.
- D. MCT members are trained in scene safety and are required to follow MCT safety procedures while in the field.
- E. MCT members do not leave the scene until the situation is stabilized and a disposition is determined. ***The MCT should call officers to return to the scene if the situation deteriorates.***
- F. Possible dispositions include:
 - 1. Stabilization with a crisis plan
 - 2. Referral to next day service
 - 3. Referral to long term service
 - 4. Set up for urgent care appointments
 - 5. Transport to the Emergency Room
 - 6. Arrest
 - 7. Placement in a crisis bed
 - 8. Placement in emergency shelter
 - 9. Referral for family members or bystanders

VI. ADDITIONAL RESOURCES

In addition to the MCT, the Crisis Response System will offer other services including:

- A. ***Referrals to*** crisis beds for adults and children
- B. Transportation to and from mental health appointments
- C. Urgent care appointments
- D. ***Provide resources for*** emergency shelter for those with mental health needs.
- E. Support and coordination of services by phone.
- F. Stabilization visits
- G. Crisis case management
- H. ***Hospital Diversion***
- I. ***Jail Diversion***
- J. ***Safe Stations***
- K. ***Care Coordination***

VII. SPECIAL SITUATIONS

- A. Hostage negotiations will be supported under the direction of the Special Operations Division if request for assistance is made.
- B. Death notification, ***community***, and bystander assistance at traumatic events will be supported when chaplains are unable to respond or need additional resources.
- C. Additional support to family or bystanders may be offered at the scene of a suicide, death, ***or any other traumatic incident.***
- D. Coordination of service will occur with Domestic Violence, ***Social Services***, Adult and Child Protective Services, Juvenile ***Services***, Geriatric Services, ***the Public Defender's Office, the State's Attorney's Office, the Anne Arundel County Schools***, and other community agencies.

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VIII. PROPONENT UNIT: Bureau of Patrol.

IX. CANCELLATION: This directive cancels Index Code 1611, dated *08-28-14*.