

# THURMONT POLICE DEPARTMENT

## GENERAL ORDER

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Gregory L. Eyer

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**I. PURPOSE:** To establish guidelines and procedures for assisting persons who display the signs of mental illness.

**II. POLICY:** It is the policy of the Thurmont Police Department to properly assist persons who exhibit dangerous states of mental illness. The Department's primary concern will be to protect the mentally ill and others. Officers will direct their efforts to assure proper medical examinations as outlined in Health General Art. 10-622 "Petition for Emergency Evaluation." The "Petition for Emergency Evaluation" will be used as a tool for officers to assist those citizens who demonstrate a reason to believe that they present a danger to the life or safety of themselves or others. Responding officers will always remain alert and utilize proper officer safety tactics/techniques when interacting with mentally ill citizens.

**III. DEFINITIONS: MENTAL DISORDER** - Behavioral or other symptoms that indicate to a lay petitioner who is submitting an emergency petition, "a clear disturbance in the mental functioning of another individual." According to definitions in Health General Art 10-620(e), "Mental Disorder" does not include mental retardation, but may include those persons under the influence of a Controlled Dangerous Substance that may have caused a temporary mental disorder.

**IV. PROCEDURE: RESPONSE TO PEOPLE WITH MENTAL ILLNESS**

1. Persons with mental illness can be easily upset and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.
2. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.

3. The following guidelines detail how to approach and interact with people who may have mental illness, and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. While protecting their own safety, the safety of the person with mental illness and others at the scene, the officer should:
  - A. Speak calmly: Loud, stern tones will likely have either no effect or a negative effect on the individual;
  - B. Use non-threatening body language: Keep your hands by your sides if possible;
  - C. Eliminate commotion: Eliminate, to the degree possible, loud sounds, bright lights, sirens, and crowds, moving the individual to a calm environment, if possible;
  - D. Keep animals away: Individuals with mental illness are often afraid of dogs or other large animals;
  - E. Look for personal identification: Medical tags or cards often indicate mental illness and will supply a contact name and telephone number;
  - F. Call the caregiver: The caregiver is often the best resource for specific advice on calming the person and ensuring officer's safety until the contact person arrives;
  - G. Prepare for a lengthy interaction: Mentally ill individuals should not be rushed unless there is an emergency;
  - H. Repeat short direct phrases: Too much talking can distract the mentally ill individual and confuse the situation;
  - I. Be attentive to sensory impairments: Many mentally ill individuals have sensory impairments that make it difficult to process information. Officers should not touch the person unless absolutely necessary, use soft gestures, avoid/minimize quick movements, use simple and direct language, and don't automatically interpret odd behavior as belligerent;
  - J. In many situations and 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. Be aware of different forms of communication. Mentally ill individuals often use signals or gestures instead of words or demonstrate limited speaking capabilities;
  - L. Don't get angry; and
  - M. Maintain a safe distance
  
4. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there is a range of options officers should consider when selecting an appropriate disposition. In an effort to provide assistance to those citizens that do not meet the criteria for an EP, but potentially could benefit from additional follow-up assistance, the responding officer will initiate contact with a Call Specialist at **2-1-1**. This system is answered by trained Call Specialists who assess the callers' needs and may link them to the appropriate support agencies using a comprehensive

database of federal, state and local services that include Mobile Crisis/Way Station. The Mobile Crisis Services provided by Way Station will provide in-person follow-up support to those citizens who could benefit from additional assistance. In addition to utilizing **2-1-1**, the following options may also be utilized:

- A. Outright release.
- B. Arrange transportation to a medical facility if injured.
- C. Contact a family member and release to care of family, care giver or mental health provider.
- D. Contact Department of Social Services if warranted (e.g., abuse).
- E. Assist in arranging voluntary admission to a mental health facility if requested.
- F. Arrange transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action.
- G. Arrest if a crime has been committed.

5. **Petition For Emergency Evaluation:** All information contained in this order can be found in Annotated Code of Maryland Health General 10-622.

A. A petition for emergency evaluation of an individual may be made under this section only if the petitioner has reason to believe that the individual has a mental disorder and presents a danger to the life or safety of the individual or others.

B. An individual who makes a petition for emergency evaluation under this section may base the petition on: 1) their examination or observation ; or 2) other information or history obtained that is pertinent to the factors giving rise to the petition.

6. Maryland State Form CC/DC 13/14 is the official form used to document the behavior of the patient for whom an emergency evaluation is requested. It may be completed by:

- A. a physician, psychologist, a clinical social worker, a licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, or a health officer or designee of a health officer who has examined the individual;
- B. a peace officer who personally has observed the individual or the individual's behavior; or
- C. any other interested person.

7. All Emergency Evaluations completed by someone other than a sworn Departmental member will be required to fully identify themselves with state credentials to the officer serving the petition. That information will be recorded on the petition and the police report.

8. **Transporting Patients:** Once a decision has been made to complete a Petition for Emergency Evaluation in accordance with Health General Article 10-622, the following will occur:

- 1. Communications will be notified and emergency medical personnel summoned for

Transport if the patient is in need of medical attention, uncooperative, and in need of restraining due to their unwillingness for medical attention or mental evaluation. Officers may request a silent response from responding emergency equipment, if they believe the emergency lights and sirens will excite the patient.

2. Officers will accompany all evaluatees in the ambulance during transport if the patient is combative or uncooperative.

3. *Violent Patients* - Officers are allowed to use reasonable force to restrain and to protect the patient and others from injury, consistent with TPD Subject Management G.O.

4. Officers may transport patients to FMH in their cruiser if the patient is voluntarily seeking help, cooperative, and **does not** need medical attention. If any of these conditions change during transport, the officer will stop immediately and request an ambulance to complete the transport.

#### **9. PEACE OFFICER STATEMENT CC/DC 14 FORM:**

1. If an officer determines an Emergency Evaluation is warranted, he will complete State Form CC/DC 14, "Petition for Emergency Evaluation," page 1 and page 2 under "Certification by Peace Officer." The petition will contain a description of all behavior and statements of the emergency evaluatee that led the petitioner to believe the individual has a mental disorder and presents a danger to the life or safety of the individual or others, and contain any other facts that support the need for an emergency evaluation. Once completed, the Emergency Petition should be submitted to the nurse assigned to that patient.

2. After the evaluatee is transported to FMH, the officer is not required to remain, unless the emergency evaluatee is violent or a crisis nurse/ physician ask the officer to stay.

**NOTE:** Contrary to the historically-accepted belief that officers must personally observe the behavior leading them to believe the individual has a mental disorder and presents a danger to the life or safety of the individual or others; that is not the case. An officer is permitted by law to articulate information obtained from witnesses, third parties, or other evidence at the scene which justifies the need for an evaluation without actually witnessing dangerous activity first-hand.

#### **10. Voluntary Evaluation:**

1. It should be noted that officers may not need to complete an emergency petition for a patient's *voluntary* admission for evaluation.

2. However, an Emergency Petition **will be completed** any time there is reason to believe the individual has a mental disorder and presents a danger to the life or safety of the individual or others, whether the evaluatee has voluntarily requested treatment at the hospital or not.

3. For safety reasons, personnel will ride with patients in the ambulance to the hospital at the request of emergency medical personnel. (No report will be required unless police intervention was necessary or an Emergency Petition was completed)

**11. Wanted Persons:** When an officer makes the decision to complete an Emergency Petition and it is subsequently discovered that the person is the subject of an outstanding warrant, the officer will immediately notify his supervisor, and the attending medical staff and hospital security of the outstanding arrest warrant. After consultation with the supervisor, the officer will notify the agency issuing the arrest warrant of the patient's status and make arrangements for security if requested. When the patient is admitted to the hospital for evaluation, the arresting officer will release the prisoner from custody for treatment and will request that the

appropriate agency be notified of the patient's impending discharge so warrant/summons service can occur. If extended prisoner security at FMH is necessary, the supervisor will make all necessary arrangements.

**12. Arrested Persons:** After effecting an arrest and later identifying the need to complete an Emergency Petition on the arrested person, the officer will complete the CC/DC 14 Petition for Emergency Evaluation. Medical personnel will be summoned for proper transportation to FMH. Upon arriving at FMH, the attending medical staff will be notified of the arrestee's current arrest status and pending charges. Upon consultation with the supervisor, it will be determined if the charges against the evaluatee will be deferred until an application for charges can be completed or the charges are of a serious nature and security will be required until the evaluatee is discharged. If the charges are not determined to be serious in nature and the arresting officer will be completing an application for charges, the arresting officer will release the prisoner from custody for treatment and will request that medical staff notify the Thurmont Police Department of impending discharge of the admitted patient. If the evaluatee is released from custody for evaluation purposes the arresting officer will immediately complete an "Application for Charges" on the arrestable offenses anticipating that a warrant/summons will be issued prior to the patient's discharge from the hospital.

**13. Court/Physician Ordered Evaluations:**

Court Ordered and Physician Ordered Emergency Evaluations will be handled using the stated procedures with one exception: Upon receiving a petition the officer shall explain to the petitioner, if present, the serious nature of the petition, and the meaning and content of the petition. Upon serving a "Court Ordered Emergency Evaluation" on an evaluatee, a copy of the "Petition for Emergency Evaluation" will be copied and submitted with Departmental reports.

**14. Required Paperwork:** If an Emergency Petition is completed by an officer, the following paperwork will be completed:

- A. Petition For Emergency Evaluation CC/DC form 14 (copy with paperwork);
- B. An Initial Report and supplemental reports as needed (include information of evaluatee, witnesses, and family members); and,
- C. Subject Management Report (as needed).

**NOTE:** When a juvenile is court committed to a hospital or a mental health institution, that institution becomes his legal guardian. If the juvenile leaves without authorization he is considered a runaway and may be taken into custody.

**15. Additional Resources:** Mental Health Association of Frederick County/Frederick County Hotline is a private, non-profit organization providing information, referral resources, education and counseling. In addition to many programs, MHA staff members are also available to conduct workshops and training programs on a variety of issues from stress/anger management, depression, suicide prevention, and children's issues to communication skills and dealing with difficult people for businesses, community groups and organizations.

Maryland Referral Line For Health and Human Services **2-1-1**  
Frederick County Hotline **301-662-2255**

**ATTACHMENTS :**

**DOCUMENT DATES :**

*Amended Date:*

*Review Date:*

*Review Date:*

*Review Date:*

*Rescinds:*

*Order Written By: Lt. P. Allen Droneburg*

*Order Edited and Approved By:*

*Accreditation Standards Included in this Order*

**CHAPTER**