

# FREDERICK POLICE DEPARTMENT GENERAL ORDER

**Section 5:** Special Populations  
**Topic:** MENTALLY ILL PERSONS  
**Approved:** 11/28/17  
**Review:** Annually in June by the Patrol Division Commander  
**Supercedes:** G.O. 540 dated 03/01/08

**Order Number:** 540  
**Issued by:** Chief of Police

## **.01 PURPOSE:**

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

## **.02 CROSS REF:**

G.O. [150](#), "Incident Reports"  
G.O. [705](#), "Use of Force"  
G.O. [770](#), "Prisoner Transport"  
G.O. [773](#), "Sick or Injured Prisoners"  
Health General Article 10-622 "Petition for Emergency Evaluation"  
CALEA STANDARDS 1.3.1, 41.2.7

## **.03 DISCUSSION:**

Mental illness is not a crime and does not, in itself, justify or require police intervention. Many mentally ill persons are capable of functioning on their own without being a danger to themselves or others; such persons cannot legally be taken into police custody merely because of the mental illness. Police intervention is justified only when their behavior, words and actions demonstrate an actual danger to themselves or others, or there is a reasonable belief that such danger exists.

## **.04 POLICY:**

It is the policy of the Frederick 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.

## **.05 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.

## **.10 CHARACTERISTICS OF MENTAL ILLNESS:**

Symptoms of mental illness may include, but are not limited to the following:

1. Loss of memory
2. Delusions and/or paranoia
3. Depression
4. Hallucinations
5. Manic behavior

6. Confusion
7. Anxiety
8. Incoherence
9. Self-inflicted injury/self-destructive behavior

**.15 DISPATCH PROCEDURES:**

Upon receiving a call for service to assist or check on a mentally ill citizen, the department will make every effort to dispatch at least two officers.

**.20 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.

**.25 INTERVIEWS AND INTERROGATIONS:**

When conducting an interview or interrogation of a mentally ill individual, officers should also consider the following:

- 1. Not interpret lack of eye contact or strange actions as indications of deceit;
- 2. Use simple and straightforward language;
- 3. Not employ common interrogation techniques, suggest answers, and attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions;
- 4. Recognize that the individual may be easily manipulated and/or highly suggestible.
- 5. Recognize that the individual may not distinguish delusion from reality.

**.30 PETITION FOR EMERGENCY EVALUATION:**

- 1. All information contained in this order can be found in Annotated Code of Maryland HEALTH GENERAL § 10-622, PETITION FOR EMERGENCY EVALUATIONS.

2. 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.
3. An individual who makes a petition for emergency evaluation under this section may base the petition on:
  - A. Their examination or observation; or
  - B. Other information or history obtained that is pertinent to the factors giving rise to the petition.
4. 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.
5. 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.

**.35 TREATMENT FACILITY:**

The local treatment facility utilized by all officers will be the Emergency Department of the Frederick Memorial Hospital (FMH), 400 W. 7<sup>th</sup> St. Frederick, Maryland, 21701.

**.40 TRANSPORTING PATIENTS:**

Once an Officer decides to complete a Petition for Emergency Evaluation in accordance with Health General Article 10-622, the following will occur:

1. The officer will notify Communications by radio that the patient will be an "EP".
2. If the patient does not meet the criteria described in paragraph 3, below, the officer will transport the patient to Frederick Memorial Hospital in accordance with procedures described in G. O. 770, "PRISONER TRANSPORTS". It is important to note that for most EP events, the patient has not committed a crime and is not a prisoner. However, even if the patient has not committed a crime and is not under arrest, the transporting officer will handcuff the patient, and conduct a search of the patient and any belongings to ensure his/her safety and the safety of hospital employees.
3. The officer will request that Communications summon EMS personnel for transport by ambulance of patients who meet the following criteria:
  - A. The patient has visible injuries that require medical attention;
  - B. The patient has visible injuries such as open wounds, or the patient is secreting body fluids, which create a risk of an occupational exposure to officers;

- C. An officer has reason to believe the patient has non-visible injuries that require medical attention;
  - D. An officer has reason to believe the patient has ingested any controlled dangerous substance, or any potentially harmful substance;
  - E. The patient uses physical violence toward him/herself or officers, which necessitates increased restraints or additional security;
  - F. An officer or a supervisor has reason to believe it is in the best interest of the patient to be transported by ambulance.
4. Upon notifying Communications of the need for transport by ambulance, the officer should request a "standby" or "silent run" (no emergency equipment), if s/he believes the emergency equipment will excite the patient.
  5. Officers will accompany patients during transport by ambulance to ensure the safety of EMS personnel.
  6. *Violent Patients* - Officers are allowed to use reasonable force to restrain and to protect the patient and others from injury, consistent with G.O. 705, "USE OF FORCE".

**.45 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. Upon completing or receiving a signed petition, the officer will take the emergency evaluatee to Frederick Memorial Hospital, via ambulance, unless it was necessary to transport the evaluatee prior to completion of the petition. The petitioning officer will complete the petition as soon as practical upon arrival to Frederick Memorial Hospital.
3. 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 asks the officer to stay. The officer will notify his supervisor of that request.
4. An officer will remain at the hospital with supervisory approval. If the emergency evaluatee is violent, the supervisor may direct the officer to stay, in which case a physician will examine the evaluatee as promptly as possible.

**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.

**.50 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)

**.55 WANTED PERSONS:**

1. 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.
2. If the patient is wanted for a felony with this department or another agency, the on-duty supervisor will be notified and he 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 Frederick Police Department be notified of the patient's impending discharge so warrant/summons service can occur. If extended prisoner security at FMH is necessary, the on-duty supervisor will make all arrangements and notify the Patrol Commander of his actions
3. All persons who are admitted to FMH for emergency evaluation and are wanted will be entered into SharePoint for notification purposes. This entry will include the following: name, DOB, charges on warrant, issuing agency, and contact information for other agency, if applicable, and warrant location.

**.60 ARRESTED PERSONS:**

1. After effecting an arrest and later identifying the need to complete an Emergency Petition on the arrested person, the officer will notify his supervisor and 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.
2. Upon notification, the supervisor will determine 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 Frederick 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.

**.65 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.

**.70 REQUIRED PAPERWORK:**

If an Emergency Petition is completed by an officer, the following paperwork will be completed: (Also refer to G.O. 150 "Incident Reports.")

1. Petition For Emergency Evaluation CC/DC form 14 (copy with paperwork);
2. Additional supplemental reports as needed (include information of evaluatee, witnesses, and

family members); and,

3. Use of Force Report (as needed).

**.75 ADDITIONAL RESOURCES:**

1. **Way Station, Inc.** (WSI) is a non-profit organization that provides mental health housing, Mobile Crisis, and vocational rehabilitation services to people with mental health illness or other disabilities. **The Frederick Police Department is signatory to a Memorandum of Understanding with WSI. Under this agreement, WSI will provide Mobile Crisis Team (MCT) Services, training assistance, and information sharing - within legal constraints.**

Mobile Crisis Staff 2-1-1

2. **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

**.80 TRAINING:**

1. **Entry Level/In-Service:** The Support Services Division Commander will ensure that all entry level personnel receive training on mental health issues and responding to individuals believed to be mentally ill. Additionally, all personnel will, at a minimum, receive refresher training on an in-service training basis at least once every three years. Mental Health Professionals may assist the Department in developing a crisis-training program. Mental Health Professionals may also provide the coordination of future crisis trainings in collaboration with the Department. This training will be used to provide information to police officers on mental illness and to offer possible techniques to de-escalate crisis incidents involving mentally ill individuals.
2. **Other Training:** Local Mental Health Professionals also offer a comprehensive training program covering a variety of topics including issues related to mental illness and orientation to local mental health services.