	GAITHERSBURG POLICE DEPARTMENT		
	Response to Persons with Mental Illness or Cognitive Disability		
	GENERAL ORDER 602.2	**Related CALEA Standards:**	
	Effective Date 07/01/2024	**41.2.7**	
Authorized by:	**Mark P. Sroka** CHIEF OF POLICE	**SIGNATURE**	**DATE** 07/01/2024

1. PURPOSE

1.1. The purpose of this directive is to provide guidance to all personnel when dealing with persons who may be experiencing or suffering from psychiatric or cognitive disabilities. Training matters and issues relating to the Americans with Disabilities Act (ADA) are outlined to ensure the equitable treatment of persons suffering from disabilities.

2. POLICY

2.1. Department personnel will often encounter persons who may suffer from psychiatric or cognitive disabilities. Unexpected actions taken by some individuals with disabilities may be misconstrued by officers as suspicious, illegal or uncooperative activity or behavior. Therefore, officers must be aware of typical behaviors presented by persons with psychiatric or cognitive disabilities. Training, sensitivity, and awareness will help ensure equitable treatment of individuals with disabilities as well as effective law enforcement. Personnel may, of course, respond appropriately to real threats to health or safety, even if an individual's actions result from his or her disability. However, it is important that personnel are trained to distinguish behaviors that pose a real risk from behaviors that do not. Although sworn personnel will primarily be the first contact with persons experiencing these disabilities, portions of this directive also apply to public facing civilian staff within the police department.

3. DEFINITIONS

3.1. **Clinical Assessment Triage Services (CATS)** – Within the context of this directive, the term "Clinical Assessment Triage Services" or "CATS" is referred to a team assigned to Montgomery County Detention Center (MCDC), responsible for conducting mental health assessment during the intake process.

3.2. **Cognitive Disability** - Within the context of this directive, the term "cognitive disability" refers to a broad term that refers to a disability in which the individual experiences greater difficulty with one or more types of mental tasks than the average person. Most cognitive disabilities have some sort of basis in the biology or physiology of the individual. The connection between a person's biology and mental processes is most obvious in the case of traumatic brain injury and genetic disorders, but even the more subtle cognitive disabilities

often have a basis in the structure or chemistry of the brain. While sometimes presenting similar behaviors, conditions such as intoxication or the temporary impairment that results from drug or alcohol use would not qualify as a cognitive disability for the purposes of this definition.

3.3. **Consumer** – Within the context of this directive, the term "consumer" refers to an individual (or parent of a minor child) who received mental health services from the Public Mental Health system and/or suffers from a mental disorder and/or a development/intellectual/cognitive disability.

3.4. **Evaluee** – Within the context of this directive, the term "evaluee" refers to an individual for whom an emergency evaluation is sought or made.

3.5. **Emergency Facility** – Within the context of this directive, the term "emergency facility" refers to a facility that the Maryland Department of Health designates, in writing, as an emergency facility. Emergency facility includes a licensed general hospital that has an emergency room.

3.6. **Emergency Facility Personnel** – Within the context of this directive, the term "emergency facility personnel" refers to a physician, physician assistant, nurse practitioner, or other advanced practice professional employed or under contract with the emergency facility.

3.7. **Mental Disorder** – Within the context of this directive, a "mental disorder" refers to a diagnosable condition that affects a person's thinking, emotional state, and behavior. Disrupts the person's ability to work, carry out daily activities and engage in satisfying relationships.

3.8. **Mental Illness** – Within the context of this directive, the term "mental illness" refers to any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, to include disorders such as schizophrenia, schizoaffective disorder, bi-polar disorder, obsessive-compulsive disorder, panic and severe anxiety disorders, attention deficit/hyperactivity disorder, borderline personality disorder, and other such severe, persistent conditions that affect the brain.

3.9. **Mental Health Professional** – Within the context of this directive, the term "mental health professional" refers to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist, psychiatric nurse practitioner or their designee operating as part of a Mobile Crisis Team.

3.10. **Mobile Crisis Outreach Team** – Within the context of this directive, the term "mobile crisis outreach team" refers to a Department of Health and Human Services (HHS) team made up of mental health professionals who help adults and children having a mental health crisis.

3.11. **Petitioner** – Within the context of this directive, the term "petitioner" refers to

"petitioner" in the context of the health code refers to an individual who initiates a petition for emergency evaluation of another person. Specifically, a petitioner must have reason to believe that the individual being evaluated has a mental disorder and poses a danger to their own life or the safety of others. The following individuals can serve as petitioners: Physicians, psychologists, clinical social workers, licensed clinical professional counselors, clinical nurse specialists in psychiatric and mental health nursing, psychiatric nurse practitioners, licensed clinical marriage and family therapists, health officers or their designees Additionally, peace officers who personally observe the individual's behavior can also act as petitioners.

4. **COMMONLY ENCOUNTERED CONDITIONS** – This section provides definitions of common mental illnesses for reference purposes only. It is essential to recognize that these definitions do not impose any obligation on police officers to automatically recognize or diagnose individuals displaying symptoms associated with these conditions. Law enforcement officers must exercise their professional judgment and consider the specific circumstances when encountering someone who may exhibit signs of mental illness. The recognition and appropriate response to mental health issues remain at the discretion of the individual officer, guided by departmental protocols, training, and relevant laws.

   4.1. **Alzheimer's Disease** is the most common form of dementia, a serious brain disorder that impacts daily living through memory loss and cognitive changes.

   4.2. **Autism** is a brain development disorder characterized by impaired social interaction and communication, and by restricted and repetitive behavior.

   4.3. **Bipolar Disorder**, also known as manic depression, causes serious shifts in a person's mood, energy, thinking, and behavior; from the highs of mania on one extreme, to the lows of depression on the other. The cycles of bipolar disorder may last for days, weeks, or months. Unlike ordinary mood swings, the mood changes of bipolar disorder are so intense that they interfere with the ability to function.

   4.4. **Clinical Depression** can significantly interfere with an individual's thoughts, behavior, mood, and physical health. Depression is a major risk factor for suicide.

   4.5. **Dissociative Disorders** involve experiencing a loss of connection between thoughts, memories, feelings, surroundings, behavior, and identity. These conditions cause problems in managing everyday life. They typically arise as reactions to shocking, distressing, or painful events, helping individuals push away difficult memories.

   4.6. **Disruptive Behavioral Disorder** refers to a pattern of ongoing uncooperative and defiant behavior in children. These behaviors can impact daily life and

relationships, affecting interactions with authority figures like teachers, peers, and family members.

4.7. **Generalized Anxiety Disorder** is a mental health condition characterized by excessive and persistent worry or anxiety about various aspects of life. Common symptoms include persistent worrying, overthinking, perceiving threats, difficulty handling uncertainty, physical signs, and impact on daily life.

4.8. **Neurodevelopmental Disorders** are conditions that affect brain development, leading to impairments in cognition, communication, behavior, and motor skills. These disorders typically emerge during infancy or early childhood and can result from genetic factors, environmental influences, or a combination of both.

4.9. **Obsessive-Compulsive Disorder (OCD)** is an anxiety disorder characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors that the person feels compelled to perform. A person with OCD may recognize that the obsessive thoughts and compulsive behaviors are irrational, but still feels unable to resist them.

4.10. **Panic Disorder** may manifest in an uncontrollable panic response to ordinary non-life-threatening situations.

4.11. **Phobia** is an intense fear of something that poses little or no actual danger. Common phobias and fears include closed-in places, heights, highway driving, flying insects, snakes, and needles.

4.12. **Post-traumatic stress disorder (PTSD)** can develop following a traumatic event that threatens a person's safety or makes the person feel helpless. Most people associate PTSD with battle-scarred soldiers, and military combat is the most common cause in men, but any overwhelming life experience can trigger PTSD, especially if the event is perceived as unpredictable and uncontrollable.

4.13. **Schizophrenia** is a brain disorder that interferes with a person's ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions, and relate to others. When receiving treatment, most people with schizophrenia are not dangerous or violent towards others.

4.14. **Traumatic brain injury (TBI)** is a form of acquired brain injury that occurs when a sudden trauma causes damage to the brain. Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual.

5. PROCEDURE

5.1. General Provisions

5.1.1 Mental disorders and cognitive disabilities are often difficult for even

the trained professional to conclusively diagnose without extensive evaluation. Department personnel are not expected to immediately determine the specific mental, emotional, or physiological condition being presented, but rather to recognize behavior that is potentially destructive or dangerous to the disturbed person or others.

5.1.2. Personnel should evaluate demonstrated behavior in the total context of the situation when making judgments concerning an individual's mental state and the need for intervention absent the commission of a crime.

5.1.2.1. Degree of Reactions: consumers may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

5.1.2.2. Appropriateness of Behavior: An individual who demonstrates extremely inappropriate behavior for a given context may potentially be emotionally ill. For example, a motorist who vents their frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.

5.1.2.3. Extreme Rigidity or Inflexibility: Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

5.1.3. Not all consumers are dangerous. Some consumers may represent danger only under certain circumstances or conditions. Personnel may use several indicators to determine whether an apparently consumers represent an immediate or potential danger, including:

5.1.3.1. The availability of weapons;

5.1.3.2. Statements made by the person that indicate the individual is prepared to commit a violent or dangerous act;

5.1.3.3. A personal history that reflects prior violence under similar or related circumstances;

5.1.3.3.1. The person's history may be known to the officer, family, friends, or neighbors.

5.1.3.3.2. Personnel should attempt to solicit relevant information from sources available at the time.

5.1.3.4. Signs of a lack of self-control, including:

5.1.3.4.1. Extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts;

5.1.3.4.2. Clutching objects to maintain control;

5.1.3.4.3. Begging to be left alone or offering frantic assurances that there is not a problem.

5.1.4. These disorders can profoundly disrupt a person's thinking, feelings, moods, ability to relate to others, and capacity for coping with the demands of life. They can affect persons of any age, race, religion, or income and are not the result of personal weakness, lack of character, or poor upbringing.

5.1.5. Mental illnesses are treatable. Most people with serious mental illness need medication to help control symptoms, but also may rely on supportive counseling, self-help group assistance with housing, vocational rehabilitation, income assistance, and other services to achieve their highest level of recovery.

5.1.6. Mental illnesses are biologically based brain disorders. They cannot be overcome through will power and are not related to a person's character or intelligence.

5.2. Interviewing and Interacting With a Consumer

5.2.1 When individuals are suspected of being a consumer, and a potential threat to themselves or others, or may otherwise require law enforcement intervention for humanitarian reasons as prescribed by law, the following guidelines should be followed:

5.2.1.1. Request back up, especially in cases where the individual will be taken into custody;

5.2.1.2. If available, a Crisis Intervention Team (CIT) trained officer will be contacted for assistance;

5.2.1.3. Where violence or destructive acts have not occurred, avoid physical contact and take time to assess the situation;

5.2.1.4. Consider the assistance from the Mobile Crisis Team (MC 44) or Montgomery County Police Crisis Intervention Team (MCPD CIT) whenever possible;

5.2.1.4. Request appropriate medical attention; and

5.2.1.5. Be alert, as behavior may be unpredictable.

5.3. Petition for Emergency Evaluations (MD. Health – General Code Ann. § 10-622 – Petition for Emergency Evaluations)

5.3.1. A petition for emergency evaluation of an individual may be made under the authority of MD. Health – General Code Ann. § 10-622 – Petition for Emergency Evaluations only if the petitioner has reason to believe that the individual:

5.3.1.1. Has a mental disorder; and

5.3.1.2. Presents a danger to the life or safety of an individual or of others.

5.3.2. A petition for emergency evaluation of an individual may be made by:

5.3.2.1. A physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual;

5.3.2.2. A peace officer who personally has observed the individual or the individual's behavior; or

5.3.2.3. Any other interested person.

5.3.3. An individual who makes a petition for emergency evaluation under section 5.3.2.1 or section 5.3.2.2. of this subsection may base the petition on:

5.3.3.1. The examination or observation; or

5.3.3.2. Other information obtained that is pertinent to the factors giving rise to the petition. [*Note: The police officer does not have to observe the behavior*]

5.3.4. A petition under this section shall:

5.3.4.1. Be signed and verified by the petitioner;

5.3.4.2. State the petitioner's name, address, and home and work telephone numbers;

5.3.4.3. State the emergency evaluee's name and description;

5.3.4.4. State, if available, the address of the emergency evaluee; and the name and address of the spouse or a child, parent, or other relative of the emergency evaluee or any other individual who is interested in the emergency evaluee;

5.3.4.5. If the individual who makes the petition for emergency evaluation is an individual authorized to do so under subsection 5.3.4.1. of this section, contain the professional state license number of the individual;

5.3.4.6. Contain a description of the behavior and statements of the emergency evaluee or any other information that led the petitioner to believe that the emergency evaluee has a mental disorder and that the individual presents a danger to the life or safety of the individual or of others; and

5.3.4.7. Contain any other facts that support the need for an emergency evaluation.

5.4. Emergency Evaluations – Action on Petition of a Lay Petitioner (MD. Health – General Code Ann. § 10-623 – Action on Petition of Lay Petitioner)

5.4.1. If the petitioner under has a petition under MD. Health – Law Subtitle 6 – Admission Provisions Part IV – Emergency Evaluations is not a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee of a health officer, or peace officer, the petitioner shall present the petition to the court for immediate review.

5.4.2. After review of the petition, the court shall endorse the petition if the court finds probable cause to believe that the emergency evaluee has shown the symptoms of a mental disorder and that the individual presents a danger to the life or safety of the individual or of others.

5.4.3. If the court does not find probable cause, the court shall indicate that fact on the petition, and no further action may be taken under the petition.

5.4.4. Civilian Petitioner Instructions and Procedures:

5.4.4.1. Any interested person who has reason to believe a person is suffering from a mental disorder and presents a danger to the life and safety of the individual or others may complete a petition for the emergency evaluation of that person.

5.4.4.1.1. Judicial review is required when a civilian is the

petitioner.

5.4.4.2. If the court is open:

5.4.4.2.1. The petitioner will present the petition to a judge of the District Court for immediate review.

5.4.4.2.2. Upon determining that probable cause exists to detain the subject named in the petition, the judge will sign the order and direct the Sheriff's Office to take the subject into custody and transport the subject to an emergency facility.

5.4.4.2.3. If the judge determines the petition does not establish probable cause, the judge will order no further action.

5.4.4.3. If the District Court is closed:

5.4.4.3.1. The petitioner will request a petition application from the nearest available District Court Commissioner.

5.4.4.3.2. The Commissioner will take appropriate action to provide for review of the petition by the on-call judge.

5.4.4.3.3. If the judge signs the order, the commissioner will contact the Sheriff's Office for service of the order. If the Sheriff's Office is not available, the commissioner will contact GPD for service of the petition, if it will be in the City.

5.4.5. Departmental Responsibilities in Serving Petitions Obtained by Civilians

5.4.5.1. The petitioner may respond with the petition to the district where the petition is to be served, to include the Gaithersburg Police Station if the location of service is in the City.

5.4.5.2. The primary concern is the welfare of the evaluee and other persons. Supervisors will not delay service of a petition arbitrarily. If all officers are already assigned to non-emergency calls, supervisors should reassign officers to ensure that the petition is served as soon as possible. Delay of service is appropriate when:

5.4.5.2.1. The evaluee (or others) would not be endangered due to the delay, or

5.4.5.2.2. Other factors necessitate a delay (e.g., higher priority calls, no officers available, etc.).

5.4.5.3. A minimum of two officers will be assigned to serve the petition. One of the officers should be the same sex as the person named in the petition whenever practical.

5.4.5.4. Officers serving a petition will notify ECC of their status.

5.4.5.5. The supervisor responsible for overseeing service of the petition will ensure that:

5.4.5.5.1. The petition is completed and signed.

5.4.5.5.2. The MCP 922 is completed.

5.4.5.5.3. The individual named in the petition is placed in custody as soon as possible.

5.4.5.5.4. The individual is transported to the closest designated emergency facility for evaluation (Holy Cross Germantown or Shady Grove Adventist).

5.4.5.6. If officers locate the evaluee, the officers will take the evaluee into custody and transport the evaluee to the nearest emergency facility.

5.4.5.6.1. Officers will request that the dispatcher notify the emergency facility and advise them that they are bringing in an evaluee for an emergency evaluation and request that hospital security meet them in the emergency room.

5.4.5.6.2. Officers should also advise whether the evaluee is cooperative or uncooperative.

5.4.5.7. If officers assigned to serve a petition are unable to locate the evaluee, the officers will notify their supervisor. The supervisor will determine whether additional attempts at service will be made by the police or if the petition should be returned to the Sheriff's Office Domestic Violence (DV) Section.

5.4.5.8. If the supervisor determines that additional attempts at service are not possible or feasible, the supervisor will designate an officer to contact the Montgomery County Sheriff's Office DV Section at 240-777-7016 (24-hours) and transport the original petition to the Sheriffs DV Section located at 600 Jefferson

Plaza suite #500 (Family Justice Center) in Rockville.

5.4.5.8.1. The Sheriff's Office will record GPD's attempted service of the petition until it is either served or expires (5 days).

5.4.5.9. If a person named in a petition is subsequently located (e.g., if a family member finds the person and notifies the Sheriff's Office), and the petition is at the Sheriff's Office, the Sheriff's Office will verify the petition and contact ECC to request GPD serve the petition when a Sheriff's Office supervisor has determined that:

5.4.5.9.1. The Sheriff's DV Section is out of service,

5.4.5.9.2. The Sheriff's Office has no other personnel available to serve the petition,

5.4.5.9.3. The petition service will be in the City of Gaithersburg; and

5.4.5.9.4. Delaying the service would endanger the evaluee or others.

5.4.5.10. In the event GPD serves the petition, the Sheriff's Office will ensure the transfer of the original petition to the officer who has the evaluee in protective custody as soon as possible.

5.5. Emergency Evaluations – Emergency Facility (MD. Health – General Code Ann. § 10-624 – Emergency Facility)

5.5.1. A peace officer shall take an emergency evaluee to the nearest emergency facility if the peace officer has a petition under MD. Health – Law Subtitle 6 – Admission Provisions Part IV – Emergency Evaluations:

5.5.1.1. Has been endorsed by a court within the last 5 days; or

5.5.1.2. Is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee of a health officer, or peace officer.

5.5.2. To the extent practicable, a peace officer shall notify the emergency facility in advance that the peace officer is bringing an emergency evaluee to the emergency facility.

5.5.3. After a peace officer brings the emergency evaluee to an emergency facility, the peace officer need not stay unless, because the emergency evaluee is violent, emergency facility personnel ask the supervisor of the peace officer to have the peace officer stay.

5.5.3.1. If there is a discrepancy in the section 5.5.3. above, the officer shall notify his or her supervisor for appropriate resolution.

5.5.4. A peace officer shall stay until the supervisor responds to the request for assistance. If the emergency evaluee is violent, the supervisor shall allow the peace officer to stay.

5.5.5. If emergency facility personnel ask that a peace officer stay, a physician shall examine the emergency evaluee as promptly as possible.

5.5.6. If the petition is executed properly, the emergency facility shall accept the emergency evaluee.

5.5.7. Within 6 hours after an emergency evaluee is brought to an emergency facility, a physician shall examine the emergency evaluee, to determine whether the emergency evaluee meets the requirements for involuntary admission.

5.5.8. Promptly after the examination, the emergency evaluee shall be released unless the emergency evaluee:

5.5.8.1. Asks for voluntary admission; or

5.5.8.2. Meets the requirements for involuntary admission.

5.5.8.3. An emergency evaluee may not be kept at an emergency facility for more than 30 hours.

5.6. Emergency Involuntary Admission (MD. Health – General Code Ann. § 10-625 – Emergency Involuntary Admission)

5.6.1. If an emergency evaluee meets the requirements for an involuntary admission and is unable or unwilling to agree to a voluntary admission under MD. Health – General Code Ann. § 10-625 – Emergency Involuntary Admission, the examining physician shall take the steps needed for involuntary admission of the emergency evaluee to an appropriate facility, which may be a general hospital with a licensed inpatient psychiatric unit.

5.6.2. If the examining physician is unable to have the emergency evaluee admitted to a facility, the physician shall notify the Maryland Department of Health.

5.6.2.1. Within 6 hours after notification, the Maryland Department of Health shall provide for admission of the emergency evaluee to an appropriate facility.

5.6.3. Within 30 hours after the emergency facility completes an application for the involuntary admission of an emergency evaluee, the emergency facility shall notify the Mental Health Division in the Office of the Public Defender, by e–mail or facsimile, of the completion of the application.

5.6.3.1. The notice required under paragraph 5.6.3. of this subsection shall include any legal documents relating to the acceptance of the emergency evaluee into the emergency facility, including the emergency petition, application for involuntary admission, and certification for involuntary admission.

5.6.3.2. The notice required under paragraph 5.6.3. of this subsection does not apply to a patient who agrees to voluntary admission

5.7. Emergency Evaluation of Arrested Individuals
(MD. Health – General Code Ann. § 10-626 – Emergency Evaluation of Arrested Individuals)

5.7.1. A court may order, at any time, an emergency evaluation under MD. Health – Law Subtitle 6 – Admission Provisions Part IV – Emergency Evaluations, of an individual who has been arrested, if the court finds probable cause to believe that the individual has a mental disorder and the individual presents a danger to the life or safety of the individual or of others.

5.7.2. The court order for an emergency evaluation shall state the grounds.

5.7.3. Unless the court directs otherwise, an individual who is taken to an emergency facility under this section shall stay in the custody of the peace officer [Gaithersburg Police Officer] until the individual either is admitted to an appropriate [medical] facility or returned to the court or an appropriate jail.

5.7.4. If an individual was detained lawfully before the court ordered an emergency evaluation under this section and the individual does not meet the requirements for involuntary admission under MD. Health – Law Subtitle 6 – Admission Provisions Part IV – Emergency Evaluations:

5.7.4.1. The examining physician shall send a brief report of the evaluation to the court; and

5.7.4.2. The peace officer shall:

5.7.4.2.1. Return to the court the individual, the court order, and the report of the examining physician; or

5.7.4.2.2. If the court is not in session, take the individual to an appropriate jail and, before the end of the next day that the court is in session, return to the court the individual and the report of the examining physician.

5.7.5. A court order under this section is a detainer against an individual until:

5.7.5.1. The charges against the individual are dismissed, nol prossed, or stetted; or

5.7.5.2. The individual appears in court.

5.7.6. Individual is under arrest, but no existing emergency petition has been completed or is on file:

5.7.6.1. If, when taken into custody for a statement of charges arrest or an arrest warrant and, the arrestee expresses suicidal thoughts, ideations, signs, or symptoms of a mental health disorder, the arrestee will be transported to CPU for processing.

5.7.6.2. Officers will notify CPU staff of the arrestee 's suicidal gestures/altered mental state upon arrival to CPU.

5.7.6.3. Once the arrestee is seen by the district court commissioner and booked in, CPU staff will coordinate transportation to the Crisis Intervention Unit (CIU) at the Montgomery County Correctional Facility (MCCF) for Mental Health treatment/stabilization.

5.7.6.4. If the arrestee is seen by the commissioner and released on their own recognizance, CPU staff will make every effort to have the arrestee seen by the CPU Clinical Assessment and Triage Services (CATS) team.

5.7.6.5. CATS personnel will complete an evaluation for emergency petition (CC-DC – Petition for Emergency Evaluation) if required, and request police respond to transport the individual to an emergency facility.

5.7.6.6. It is important to realize the individual in this case is no longer in criminal custody and the petition should be served in routine fashion.

5.7.6.7. Any suicidal gestures or symptoms of a mental disorder that an arrestee in custody presents should be documented in the event report, supplement and/or the CPU 513.

5.7.7. Individual is under arrest and has an existing emergency petition completed or on file on them:

5.7.7.1. If an emergency petition is presented to an officer and the individual has an arrest warrant, the emergency petition will take precedent and the individual will be transported to the emergency facility and a Gaithersburg Police hospital guard detail will be initiated until the arrestee is discharged from that emergency facility.

5.7.7.2. Once the individual is discharged from the emergency facility, the arrest warrant will be served, and the arrestee will be taken to the CPU.

5.7.7.3. The officer will take possession of all medical release discharge documents and present the arrestee along with discharge paperwork to the CPU staff or processing.

5.8. Once the decision has been made to take the individual into custody for an emergency petition:

5.8.1. Remove any dangerous weapons, or any other items that could be used as weapons, from the immediate area.

5.8.2. Be cognizant that the use of restraints on mentally ill persons is for the sole purpose of protecting the person's safety and/or that of the officer and could potentially aggravate the person's level of resistance. Therefore, officers should use restraints that are appropriate for the situation and the person.

5.8.3. Once in custody, officers shall respond to the individual's resistance or aggression in a manner consistent with the situation, their training and General Order 600.1 – Response to Resistance/Aggression.

5.8.4. Individuals taken into custody will be restrained and transported in accordance with General Order 601.1 – Prisoner Searches and Transport.

5.9. Police Service of Hospital Warrants

5.9.1. Pursuant to 3-101(e) of the Criminal Procedure Article, Annotated Code of MD, a hospital warrant is a legal document issued by a court that:

5.9.1.1. Authorizes any law enforcement officer in the state to

apprehend the individual and transport the individual to the designated facility specified in the hospital warrant.

5.9.1.2. Requires that the issuance of the warrant is entered in the person ‘s criminal history record information of the criminal justice information system.

5.9.2. The individual shall be transported to the facility listed in the warrant (state psychiatric hospital or designated healthcare facility).

5.9.2.1. The individual will not be transported to the court or local jail prior to transport to the designated healthcare facility.

5.10. Interrogations

5.10.1. In addition to the requirements of General Order 801.1 – Interviews, Interrogations and Access to Counsel, an officer contemplating an interrogation of a person who is suspected of being a consumer should attempt to ascertain information about the person’s mental health, prior to the interrogation, from family members or other credible sources.

5.10.2. In many cases, an officer interrogating a person will not know that the person is a consumer until after the interrogation is in progress. However, if an officer suspects that a person to be interrogated is a consumer, special precautions must be observed to ensure the voluntariness and credibility of any statement or confession made.

5.10.3. Consideration should be given to audio and/or video recording the interrogation, ensuring that all constitutional and legal requirements for such recording are followed.

5.10.4. To attempt to determine the person’s credibility and truthfulness, interrogating officers should ask the person some preliminary control questions for which the answers are not incriminating.

5.10.5. Whenever a person that is suspected of being a consumer is interrogated, officers shall always seek corroboration of the person’s statements from credible sources, such as other witnesses, family members, lab reports and other analyses, if available. The ideal confession contains information unknown to police that can be independently corroborated.

5.10.6. Statements or confessions made must be analyzed by interrogating officers to guard against false confessions. When evaluating and analyzing a person’s statements, officers should:

5.10.6.1. Determine whether the person could have actually committed the crime, as opposed to being hospitalized or incarcerated at the time the offense was committed;

5.10.6.2. Consider the presence of supportive evidence that bolsters or refutes the person's statements;

5.10.6.3. Thoroughly investigate all other potential suspects and assess whether the ones who have not confessed can be eliminated as suspects;

5.10.6.4. Evaluate whether forensic tests such as ballistics, fingerprints, or DNA, corroborate the confession;

5.10.6.5. Consider whether the person's statements are based on his or her personal knowledge of the crime or incident and contain details that only the guilty person would know;

5.10.6.6. Evaluate whether the statement or confession fits the known facts and the police theory of the incident or crime.

5.11. Documentation

5.11.1. For any officer-initiated, citizen obtained emergency petitions, or a transport for the purpose of an emergency petition for a mental health professional, the officer will complete an incident report and a Mental Health Consumer Report (MCP 922).

5.11.1.1. The officer will use the Clearance Code 2942 (for all officer-initiated petitions and petitions obtained by citizens). This will allow the Crisis Response and Support Section (CRSS) to track all related mental health police calls.

5.11.1.2. The officer will use the Clearance Code 2950 (when an officer receives an emergency petition from mental health professionals identified in Section 3.10 of this directive and transports the evaluee to an emergency facility for evaluation.

5.11.1.2.1. This clearance would be applicable when transporting from locations such as the Crisis Center, mental health clinics and/or treatment centers. Officers utilizing this clearance code will complete an MCP 922.

5.11.1.3. Mental Health Consumer Report (MCP 922) completion procedures:

5.11.1.3.1. The officer handling the emergency petition or transport for the purpose of an emergency petition will complete the MCP 922 and forward that to their supervisor.

5.11.1.3.2. The supervisor will transcribe the completed MCP 922 into the MCP SharePoint and forward the MCP 922 to the Community Services Office Corporal for filing.

6. GENERAL RESOURCES

6.1. Personnel can consult the Community Resource Rolodex, found at the station's front counter, which contains listings of government and community-based agencies to which referrals can be made for advice or general information.

6.2. Most entities can be contacted by the officer from the scene so that first-hand information can be provided to those in need. However, during hours that a particular entity may not be operational, but for whom a representative is on call, the PSCC should be contacted for assistance in reaching that resource.

6.3. When determining the type or appropriateness of a particular resource, personnel should:

6.3.1. Promptly and safely assess the person's behavior and possible needs; and

6.3.2. Determine the name of the person's physician, psychiatrist, psychologist, case worker, or other professional that can be contacted for advice or information about the person.

6.4. For direction concerning the availability of resources for specific situations, personnel may contact or make a referral to the:

6.4.1. Montgomery County Crisis Center; or

6.4.2. Well-Robertson House (301) 258-6399.

6.5. For persons suspected of suffering from a mental illness, the State's Attorney's Office should be consulted prior to the placement of criminal charges.

6.6. Operation Safe Return

6.6.1. Operation Safe Return is a nationwide identification, support and registration program at the community level. It provides assistance whether a person becomes lost locally or far from home and is available 24 hours a day, whenever a person is lost or found.

6.6.2. Persons who register in the program through the Alzheimer's Association receive an engraved identification bracelet or necklace and iron-on clothing labels.

6.6.2.1. If a registrant is missing, Safe Return can fax the person's

information and photo to the local law enforcement agency.

6.6.2.2. If a registrant is found, a citizen or law enforcement officer can call the toll-free number found on the back of the registrant's bracelet (1-800-572-1122).

6.7. Project Lifesaver

6.7.1. Project Lifesaver International (PLI) helps provide rapid response to save lives and reduce potential for serious injury for adults and children who wander due to Alzheimer's, Autism, Downs Syndrome, dementia and other related disorders.

6.7.2. The Montgomery County Police Department's Autism, Intellectual, Developmental Disabilities (IDD) and Alzheimer's Outreach Program focuses on educating and bringing awareness to officers, while also providing resources to loved ones of those with one of these conditions.

6.7.3. PLI provides equipment, training, certification and support to law enforcement, public safety organizations and community groups which operate the Project Lifesaver program in their communities.

6.7.3.1. Citizens enrolled in Project Lifesaver wear a small LoJack SafetyNet personal transmitter around the wrist or ankle that emits an individualized tracking signal.

6.7.3.2. If an enrolled client goes missing, the caregiver notifies their local Project Lifesaver agency, and a trained emergency team responds to the wanderer's area.

6.7.3.2.1. Most who wander are found within a few miles from home, and search times have been reduced from hours and days to minutes.

6.8. Crisis Center/Mobile Crisis Outreach Team Staff as Petitioners

6.8.1. The staff of the Montgomery County Crisis Center, which includes the Mobile Crisis Outreach Teams (MC-43, MC-44, and MC-45), are licensed clinicians credentialed to initiate emergency petitions.

6.8.2. Emergency Evaluation Petitions signed by the Crisis Center staff either at the Crisis Center or on-site in the community do not require prior judicial review.

6.8.3. The address and phone number for the Crisis Center are:

1301 Piccard Drive Rockville, MD 20850

(240) 777-4000 (24 Hours)

6.8.4. Upon the completion and signing of a petition for emergency evaluation in accordance with all legal criteria and requirements, the Crisis Center staff will contact ECC to request assistance for service of the petition.

6.8.5. ECC will dispatch the Sheriffs DV Section. If the Sheriffs DV Section is unavailable, ECC will advise a supervisor in the district where the petition is to be served. The supervisor will assign a minimum of two officers to serve the petition. The supervisor will assign at least one officer of the same sex as the person named in the petition whenever practical.

6.8.6. When presented with a petition for service, officers will complete the bottom half of the CC/DC 14 ("Certifications by Other Person Qualified Under HG § 10-622 And Peace Officer ").

6.8.7. Officers must notify the emergency facility they are in transit with an emergency petition. Officers will request that the dispatcher have the station call the emergency facility and advise them MCPD is bringing in an evaluee for an emergency evaluation and request that hospital security meet them in the emergency room. Officers should also advise whether the evaluee is cooperative or uncooperative.

6.8.8. Officers will document the transport on the MCP 922 in accordance with paragraphs 5.11. of this General Order.

6.9. Montgomery County Police Crisis Intervention Team

6.9.1. The Montgomery County Police Department Crisis Intervention Team (MCPD CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis.

6.9.2. MCPD CIT, works alongside the Department of Health and Human Services (HHS) clinicians, to handle the most acute cases. A dedicated HHS clinician is embedded into the MCPD CIT unit, whose focus centers on closing the gaps between public safety resources and the mental health system.

6.9.3. The MCPD CIT Coordinator is a designated centralized team member assigned to the Crisis Response Support Section, Community Engagement Division and can be contacted at:

Phone (240) 773-5057

Fax at (240) 773- 5045

After hours CIT requests can be made via ECC.

7. TRAINING

7.1. Entry-level

7.1.1. All sworn personnel will receive training in recognizing and dealing with emotionally ill and disabled persons as part of entry level academy training.

7.1.2. Because civilian personnel do not attend an entry-level academy, Recognizing Mental Illness training will be provided to public-facing civilian employees within six months of employment with the Department.

7.1.3. Training is documented in the training records of the employee.

7.2. In-Service

7.2.1. All personnel will receive in-service training on responding to persons with mental illness and disabilities annually as part of a formal Maryland Police Training Commission (MPTC) approved in-service training program, as roll-call training, or both.

7.2.2. Training is documented in the training records of the employee.

7.3. Crisis Intervention Team (CIT)

7.3.1. The Montgomery County Crisis Intervention Team training program was established to enhance service delivery to those individuals who are most vulnerable and in need of appropriate treatment.

7.3.2. The purpose of the CIT program is to provide sworn officer personnel with a higher level of training to appropriately assess an individual believed to need treatment.

7.3.3. CIT trained sworn officer personnel receive at least 40 hours of training that pertains to mental illness and the techniques used to effectively de-escalate crisis incidents involving mentally ill individuals.

7.3.4. First-responders on calls involving consumers shall assess individuals pursuant to their education, training, and skills.

7.3.5. Officers shall request Emergency Response Team (ERT) activation and call out if the situation warrants (See General Order 603.9 – Requesting

E.R.T./Hostage Negotiators).

7.3.5.1. When officers request activation and response by ERT, they shall attempt to avoid confrontation in favor of controlling and containing the situation.

7.3.5.2. Tactical and/or hostage negotiation personnel will be briefed on all details and information gathered upon arrival.

7.3.6. CIT officers may be requested to respond to the scene to assist with assessment of an individual.

7.3.7. Sworn personnel will satisfactorily complete CIT training, as soon as practicable, following academy graduation *(subject to schedule and availability of the training).*