RESPONDING TO MENTAL HEALTH EMERGENCIES AND PETITIONS FOR EMERGENCY EVALUATIONS

BY ORDER OF THE POLICE COMMISSIONER

POLICY

The purpose of this policy is to provide members with guidelines to assist them in determining whether a person’s behavior is indicative of mental illness or crisis and to provide guidance, techniques, and resources so that the situation may be resolved in a constructive and humane manner, and to explain the procedures for petitioning for an emergency evaluation where appropriate.

1. **Tact.** It is the policy of the Baltimore Police Department (BPD) that members handle individuals in need of an emergency evaluation as safely and skillfully as possible.

2. **Patience.** Members will give utmost consideration when responding or encountering situations involving persons displaying behaviors consistent with mental illness.

GENERAL

A person suffering from a mental disorder who presents a danger to themselves or others should be evaluated by competent medical personnel. Pursuant to Maryland Code, Health General §10–622, a Petition for Emergency Evaluation may be made by any of the following individuals if they have reason to believe that the evaluatee (1) has a mental disorder and (2) presents a danger to the life or safety of the individual or others:

1. Physicians, psychologists, clinical social workers, licensed clinical professional counselors, or health officers or designees, who have examined the evaluatee;

2. Peace officers who have personally observed the evaluatee or their behavior;

3. Any other interested persons.

Because a Petition for Emergency Evaluation expires five (5) days after being signed, the petition should be served on the evaluatee as soon as possible, and every effort should be made to locate the evaluatee.

In most cases, the Petition for Emergency Evaluation may be obtained before the person is presented to medical personnel to be evaluated. Peace officers and designated medical professionals may base their petition on personal observations. Additionally, peace officers need only to observe the evaluatee, and not the dangerous behavior.
Other information obtained by the peace officer may be relevant and support a petition, such as credible and reliable reports by family members or interested persons of an evaluee’s dangerous behavior, the evaluee’s history of serious psychiatric disorders, or evidence that the evaluee has been violent or destroyed property. A peace officer who in good faith and with reasonable grounds acts as a custodian of an emergency evaluee is not civilly or criminally liable for submitting or completing the petition.

NOTE: An individual 16 years of age or older may apply for voluntary admission. A parent or guardian of a minor under 16 years of age may apply for involuntary admission of that minor.

DEFINITIONS

Petitioner/Interested Person – A person who has reason to believe that an individual has a mental disorder and presents a danger to the life or safety of the individual or others.

Evaluee – An individual for whom an emergency evaluation is sought or made.

Mental Disorder — A syndrome characterized by a clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders, unless the deviance or conflict results from a dysfunction in the individual, as described above. A “mental disorder” does not include intellectual disabilities such as Down Syndrome and Alzheimer’s Disease. However, persons with intellectual disabilities may, nevertheless, suffer from mental disorders.

RESPONDING TO PERSONS EXHIBITING SIGNS OF A MENTAL DISORDER

Recognizing Abnormal Behavior

Only trained mental health professionals can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by mental illness or in crisis, with special emphasis on those who suggest potential violence and/or danger. Although officers should not rule out other potential causes of behaviors suggesting mental illness or crisis – such as reactions to alcohol or psychoactive drugs of abuse, temporary emotional disturbances that are situational, or medical conditions – the following are potential signs and symptoms of such behavior:

1. Strong and unrelenting fear of persons, places, or things;
2. Extremely inappropriate or aggressive behavior for a given situation;
3. Frustration in new or unforeseen circumstances;
4. Abnormal memory loss related to such common facts as name or home address;

5. Delusions or beliefs in thoughts or ideas that are false, such as delusions of grandeur (“I am Christ”) or paranoid delusions (“Everyone is out to get me”);

6. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one’s skin crawl, smelling strange odors); or

7. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

Assessing Risk

1. Most persons affected by mental illness or who are in crisis are not dangerous and some may only present dangerous behavior under certain circumstances. Members may use the following indicators to assess whether a person who reasonably appears to be affected by mental illness or crisis presents a potential danger to the individual, the officer, or others:

   1.1. The availability of any weapons to the person.

   1.2. Statements by the person that suggest that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats which, when taken in conjunction with other information, paint a more complete picture of the potential for violence.

   1.3. A person’s history that reflects violence under similar circumstances, which may already be known by the officer, family, friends or neighbors.

   1.4. The amount of self-control, including physical and emotional control, that the person has over emotions of rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.

2. A member must continually evaluate and take into account agitators who may affect the person, incite violence, or create a particularly combustible environment, and the member must take action to mitigate such factors.

3. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer may diminish, but does not eliminate, the potential for danger. An individual affected by mental illness or emotional crisis may rapidly change his or her presentation from calm to physically active. This change in behavior may come from an external trigger (such as an officer stating, “I have to handcuff you now”) or from internal stimuli (delusions or hallucinations). A variation in the person’s physical presentation does not necessarily mean he or she will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.
Required Action

When observing an individual who is possibly suffering from a mental disorder and who is presenting a danger to the life or safety of the individual or others, a member will:

1. Request back-up unit(s) and the officer’s immediate supervisor to respond.

2. Establish and maintain one-on-one communication with the person and avoid giving simultaneous directions or having multiple members verbally engage the person.

3. Take steps to calm the situation by eliminating, where possible, emergency lights and sirens, dispersing crowds, and assuming a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, a member must avoid physical contact, take time to assess, and refrain from rushing or forcing the situation.

4. Move slowly, refrain from exciting the person, and provide reassurance that the police are there to help and ensure that appropriate care will be provided.

5. Communicate with the individual in an attempt to determine what is bothering the person. If possible, a member should speak slowly, use a low tone of voice, relate concern for the person’s feelings, allows the person to express feelings without judgment, and gather information on the individual from acquaintances or family members to assist in communicating with and calming the person.

6. Refrain from threatening the individual with arrest, or making other similar demands.

7. Avoid topics that may agitate the person, guiding the conversation toward topics that help bring the individual back to reality.

8. Be truthful with the individual. If the person becomes aware of deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

9. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Behavioral Emergency Services Team (BEST)).

10. Take the evaluatee into custody using the least amount of force necessary, but with sufficient police units, requesting assistance if necessary.

11. Immediately transport the evaluatee to the closest Designated Psychiatric Emergency Facility (DPEF) in keeping with this policy (Appendix A).

12. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, making statements such as: “I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)” is recommended. Validating and/or participating in the individual’s delusion and/or hallucination is not advised.
COMPLETING PETITIONS FOR EMERGENCY EVALUATION

When seeking an emergency evaluation of an individual displaying behaviors consistent with mental illness, a member will:

1. Complete a Petition for Emergency Evaluation (Appendix B), a Certification by Peace Officer Form (Appendix C), and a Miscellaneous Incident Report entitled “Emergency Petition.” If the evaluatee is a juvenile, a Juvenile Custody Report must accompany the other reports.

   1.1. During the completion of Appendix C, Certification by Peace Officer, the officer must check two of the four boxes appearing in the sentence that states: “I have personally observed the Evaluatee or Evaluatee’s behavior and based on the observation or other information have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others.”

2. Include in the narrative sections of the Petition for Emergency Evaluation and the Miscellaneous Incident Report:

   2.1. The totality of the circumstances which caused the issuance of the petition.

   2.2. Why the member believes that the evaluatee is suffering from a mental disorder and is a danger to the life or safety of the individual or of others.

   2.3. Any symptoms of mental disorder and/or dangerous behavior the member has observed and any statements made by the evaluatee that the member personally heard.

   2.4. Any information reported to the member by a credible witness that pertains to the evaluatee’s symptoms or history of mental disorder and/or dangerous behavior and any statements made by the evaluatee and heard by the witness/interested person.

   2.5. Any previous history of mental disorder and/or psychiatric hospitalization or treatment that has become a part of the member's knowledge, including prescribed medication.

Petition Based on Personal Observation

When advised by an interested person that an individual has a mental disorder and presents a danger to the life or safety of the individual or others, and the member observes the behavior, the member will:

1. Ask the evaluatee to submit to a voluntary evaluation and, if the member obtains the evaluatee’s consent, transport the individual to the nearest DPEF, in keeping with this policy.

2. Ensure that the interested person meets the member at the DPEF, providing transportation when needed.

3. Follow the procedures explained above for a Petition for Emergency Evaluation if the evaluatee refuses to voluntarily submit to the evaluation.
NOTE: When acting as the petitioner, members are reminded to consider the totality of the circumstances, including the reasonable accuracy and truthfulness of the interested person, the physical evidence, and additional witness observations.

Petition Based on a Credible Source

When an interested person/petitioner has reason to believe that an evaluatee has a mental disorder and presents a danger to the life or safety of themselves or others, and the evaluatee has left the scene prior to the member’s arrival, the member must refer and/or transport the interested person/petitioner to:

1. The Court Clerk’s Office in the Borgerding (Wabash), Eastside, or Circuit Court Buildings, where the petitioner may file a Petition for Emergency Evaluation and present it to a judge, if the evaluatee is an adult. The following documents must be completed:
   1.1. Petition for Emergency Evaluation;
   1.2. Certification by Peace Officer Form; and
   1.3. Miscellaneous Incident Report.

2. The Juvenile Court Clerk’s Office, 300 N. Gay Street, if the evaluatee is a juvenile.

3. The Court Commissioner’s Office, if outside of normal business hours.

If a judge refuses to sign the petition, no further action shall be taken.

Petition Based on the Advice of a Mental Health Professional

When a physician, psychologist, clinical social worker, licensed clinical professional counselor, or health officer or designee provides a member with a signed Petition for Emergency Evaluation for service within Baltimore City, the member shall explain to the petitioner:

1. The serious nature of the petition.

2. The meaning and content of the petition.

3. That the petitioner must contact the appropriate jurisdiction for service of the petition if the location of the evaluatee is outside of Baltimore City.

A judge’s signature is not required when the Emergency Petition has been endorsed by the above mental health professionals.
Petition Pursuant to Court Order

When the petition is endorsed by the court, the member will:

1. Ensure that the Petition for Emergency Evaluation has been signed by a judge within the last five (5) days.

2. After service of the Petition for Emergency Evaluation (Appendix B), complete the Return of Service by Peace Officer (Appendix D) form and submit it along with other requisite reports through official channels.

SERVING PETITIONS FOR EMERGENCY EVALUATION

Actions Required of Members

1. When given a signed petition for service, a member will:
   
   1.1. If on-view, advise the dispatcher, Communications Unit, of the situation and request back-up unit(s) and the member’s immediate supervisor to respond.
   
   1.2. Respond promptly to the location of the evaluatee with the petition.
   
   1.3. Take the evaluatee into custody and have the individual transported to the closest Designated Psychiatric Emergency Facility or to the medical facility directed by the physician or health officer.
   
   1.4. When the evaluatee cannot be located during a member's shift, complete an Administrative Report, Form 95, requesting the Shift Commander to attempt service of the petition and attaching the Administrative Report to it. A member must continue this process until the petition is served or expires.

2. When an evaluatee is in custody, a member will ensure that the person is transported, along with any appropriate medications. (See Policy 1114, Persons in Police Custody; and Policy 503, Transportation of Passengers in Departmental Vehicles).

3. When custody of the evaluatee has been assumed by the emergency medical facility, a member is no longer responsible for the evaluatee.

4. If the evaluatee also has criminal charges pending, the member will adhere to Policy 1114, Persons in Police Custody.

5. If a physician requests the member’s assistance because the evaluatee is violent, the member will contact the officer’s supervisor, who will then determine the need for assistance. If the member is required to stay, the physician will examine the evaluatee as promptly as possible.

6. A member will prepare a Petition for Emergency Evaluation package to include:
   
   6.1. A photocopy of the signed petition (Appendix B).

6.3. Any other documents generated as a result of the issuance of the petition.

**Actions Required of Supervisors**

1. A Supervisor, OIC, will:

   1.1. Supervise the service of the Petition for Emergency Evaluation.

   1.2. When additional police assistance is requested by the medical physician/staff, determine the need for assistance, and if the evaluatee is violent, have the member(s) stay at the medical facility until the evaluatee is examined.

   1.3. Review and forward the petition package to the Supervisor’s Administrative Lieutenant/Sergeant.

   1.4. Ensure that petitions issued from the court are assigned to the appropriate member for service and that the Return of Service by Peace Officer (Appendix D) is forwarded to the Administrative Lieutenant/Sergeant, following service.

   1.5. When the petition is not served during the Supervisor’s shift, ensure that an Administrative Report, Form 95 is completed and request the Shift Commander of the next shift to attempt service. Attach the Administrative Report to the petition, delivering them to the Shift Commander of the following shift for service.

2. An Administrative Lieutenant/Sergeant will:

   2.1. Ensure that the petition package has been completed and forwarded to the Central Records Unit.

   2.2. Forward the completed Return of Service by Peace Officer (Appendix D) to the District Court Clerk at the courthouse where the petition originated.

3. The, Central Records Unit, will ensure that the petition package is stored as one entire package and maintained in the Central Records Unit for 42 months. This time period shall begin on the day the package is received at the Central Records Unit.

**AFTER HOURS EMERGENCY PETITIONS**

If the petitioner has responded directly to the Court Clerk’s Office or Court Commissioner’s Office to obtain an emergency evaluation, the Court Commissioner will contact the Communications Shift Commander to have an officer respond to 500 N. Calvert St. Upon receiving such a call, a member will:

1. Respond immediately.
2. Attempt service of the petition, retaining the original copy.

3. Return the petition to the member’s supervisor for re-distribution, if not served during the officer’s shift.

APPENDICES

A. Designated Psychiatric Emergency Facilities
B. Petition for Emergency Evaluation (Form CC-DC-013)
C. Certification by Peace Officer Form (Form CC-DC-014)
D. Return of Service by Peace Officer (Form CC/DC 27)

ASSOCIATED POLICIES

Policy 503, Transportation of Passengers In Departmental Vehicles
Policy 1114, Persons in Police Custody

RESCISSION


COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Commanders are responsible for informing their subordinates of this policy and ensuring compliance.
APPENDIX A

The following is a list of Designated Psychiatric Emergency Facilities:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bon Secours Hospital</td>
<td>2000 W. Baltimore Street</td>
</tr>
<tr>
<td>Good Samaritan Hospital</td>
<td>5601 Loch Raven Boulevard</td>
</tr>
<tr>
<td>Greater Baltimore Medical Center</td>
<td>6701 N. Charles Street</td>
</tr>
<tr>
<td>Harbor Hospital Center</td>
<td>3001 S. Hanover St.</td>
</tr>
<tr>
<td>Johns Hopkins Bayview Medical Center</td>
<td>4940 Eastern Avenue</td>
</tr>
<tr>
<td>Johns Hopkins Hospital</td>
<td>600 N. Wolfe Street</td>
</tr>
<tr>
<td>Maryland General Hospital</td>
<td>827 Linden Avenue</td>
</tr>
<tr>
<td>Sinai Hospital</td>
<td>2401 W. Belvedere Avenue</td>
</tr>
<tr>
<td>St. Agnes Hospital</td>
<td>900 Caton Avenue</td>
</tr>
<tr>
<td>Union Memorial Hospital</td>
<td>201 E. University Parkway</td>
</tr>
<tr>
<td>University of Maryland Hospital</td>
<td>22 S. Greene Street</td>
</tr>
</tbody>
</table>

The following hospitals have been exempted from receiving and evaluating patients under emergency petitions:

<table>
<thead>
<tr>
<th>Hospital</th>
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<tbody>
<tr>
<td>Homewood Hospital Center</td>
</tr>
<tr>
<td>Kernan Hospital</td>
</tr>
<tr>
<td>Lutheran Hospital</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
</tr>
<tr>
<td>Mt. Washington Pediatric Center</td>
</tr>
</tbody>
</table>
APPENDIX B

Petition for Emergency Evaluation (Form CC-DC-013)

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR

Located at______________________________________________ City/County

In the Matter of ________________________________________

PETITION FOR EMERGENCY EVALUATION

(Maryland Code, Health General Article § 10-620 et seq.)

The Petitioner_________________________________________, requests that this Court order an emergency evaluation of

Name of Petitioner_____________________________________, and in support of this Petition states as follows:

Name of Person to be evaluated (Evaluatee)

1. Petitioner: ___________________________ Address________

Cell Phone/Pager #_________________ Home Phone ___

Work Phone__________________________

If Petitioner is 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 Evaluatee, then the Petitioner's specialty is_________________________, and the Petitioner's license number is_________________________.

Relationship to or interest in Evaluatee ____________________________

DOB__________________________

Sex ____________________________

Race __________________________

Ht. __________________________

Wt. __________________________

Hair __________________________

Eyes __________________________

Complexion __________________

Other __________________________

3. If not Petitioner, name of spouse, child, parent, or other relative, or other individual interested in the Evaluatee:

Name__________________________ Relationship ____________________________

Address________________________

Home Phone_______________________ Work Phone _________________________

4. A petition for emergency evaluation of the Evaluatee was filed previously on ____________________

and was ☐ granted ☐ denied.

5. The Evaluatee has been hospitalized in the past at the following facilities:

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

6. The Evaluatee currently is receiving psychiatric treatment from:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
</table>

7. The Evaluatee has been prescribed the following medication for his/her mental disorder:

8. The Evaluatee ☐ is ☐ is not taking the medication as prescribed OR ☐ I do not know whether the Evaluatee is taking medication as prescribed.

9. The Evaluatee is demonstrating the following behavior that leads me to conclude that he/she currently has a mental disorder:

10. The Evaluatee presents a danger to the life or safety of the Evaluatee or others because:

11. The Evaluatee has access to the following firearms/weapons:

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

_________________________________________ ______________________________
Date Petitioner
APPENDIX C

Certification by Peace Officer (Form CC-DC-014)

CERTIFICATION BY PEACE OFFICER

I am a ☐ sheriff, ☐ deputy sheriff, ☐ State police officer, ☐ county police officer, ☐ municipal or other local police officer, or ☐ Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to ___________________________ (Evaluatee), I have personally observed the ☐ Evaluatee or ☐ Evaluatee's behavior and, based on the ☐ observation or ☐ other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to ___________________________ (emergency facility) for evaluation.

_________________________________________  ________________________________
Date and Time  Department

_________________________________________  ________________________________
Peace Officer  ID Number

CERTIFICATIONS BY OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER

I am a ☐ physician, ☐ psychologist, ☐ clinical social worker, ☐ licensed clinical professional counselor, ☐ clinical nurse specialist in psychiatric and mental health nursing, ☐ psychiatric nurse practitioner, ☐ a licensed clinical marriage and family therapist, ☐ health officer or ☐ designee of a health officer. I have examined ___________________________ (Evaluatee). Based on ☐ the examination or ☐ other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

_________________________________________  ________________________________
Date and Time  Physician or other Qualified Person under HG § 10-622

_________________________________________
License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

_________________________________________  ________________________________
Date  Peace Officer

_________________________________________  ________________________________
Department  ID Number

CC-DC-014 (Rev. 7/2014)
APPENDIX D

Return of Service by Peace Officer (Form CC/DC 27)

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR ______________________ City/County

Located at ______________________ Case No.: ______________________

Court Address

IN THE MATTER OF THE
EMERGENCY EVALUATION OF: ______________________

RETURN OF SERVICE
BY PEACE OFFICER

I HEREBY CERTIFY that on the _____ day of ______________________, 20__.

☐ I took into custody the Emergency Evaluatee, ______________________ Name

and transported him/her to ______________________ Emergency Facility

at ______________________ o’clock _______ M.

☐ I could not locate and transport the above listed Emergency Evaluatee to an emergency facility

within five (5) days of the Court’s Endorsement and Order.

__________________________ Officer’s Signature ________________________________ Officer’s Printed Name and ID Number

__________________________ Law Enforcement Agency

RECEIPT

The Emergency Evaluatee was transported to the emergency facility on the date and time indicated

above.

__________________________ Signature of Agent for Emergency Facility ____________________________ Agent’s Printed Name

CC/DC 27 (Rev. 2/95) RETURN OF SERVICE MUST IMMEDIATELY BE FILED WITH THE COURT.