

MEMORANDUM

March 29, 2011

TO: Public Safety and Health and Human Services Committees

FROM: Susan J. Farag, Legislative Analyst *SJF*
Essie McGuire, Legislative Analyst *EMcGuire*

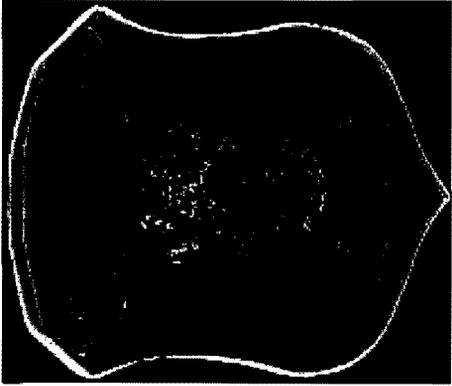
SUBJECT: Briefing: Public Safety Staff Training - County Residents with Disabilities and Mental Illness

Today, the Committees will be briefed on how our public safety staff are trained to interact with County residents who have disabilities – particularly those with developmental disabilities or mental illness. The following staff will brief the Committees:

Chief Tom Manger, Police Chief
Asst. Chief Wayne Jerman, Police Department
Officer Scott A. Davis, Police Crisis Intervention Team
Officer Laurie Reyes, Project Lifesaver Coordinator, Police Department
Nancy Demme, Public Safety Training Academy
Raymond Crowel, PsyD, Chief, Behavioral Health and Crisis Services
John Kenney, PhD, Chief, Aging and Disability Services
Bonnie Klem, Supervisor, Adult Protective Services
Lauren Newman, Administrator, Autism Waiver
Capt. John Feissner, Fire and Rescue Services

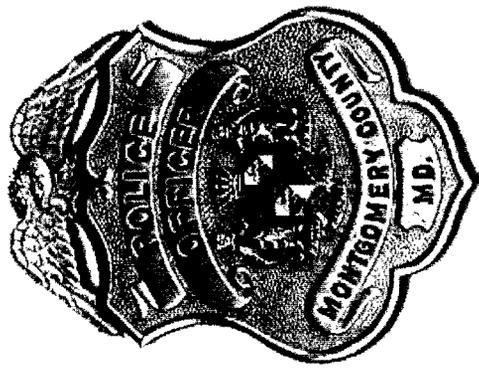
In addition, other local police departments and mental health advocacy organizations have been invited to attend, including representatives from the Commission on People with Disabilities and the Mental Health Advisory Committee. Also invited are Joyce Taylor, Executive Director, ARC of Montgomery County and Susan Ingram, Executive Director, Community Support Services.

<u>This packet includes the following:</u>	<u>©#</u>
Montgomery County Police Crisis Intervention Team PowerPoint	1-22
Police Memo: Use of M26 Taser (11-30-01)	23-24
Emergency Evaluation of Mentally Disordered Individuals (06-10-05)	25-30
Autism Fast Facts	31
Project Lifesaver: Autism, Alzheimer's (CIT 2011)	32-55



**THE MONTGOMERY COUNTY
POLICE CRISIS INTERVENTION
TEAM
(CIT)**

①



**OFFICER SCOTT A. DAVIS
MONTGOMERY COUNTY POLICE**

HISTORY OF MCP'S CIT

- Originally started in 2000. The Police Department realized the need to help the Consumer population.
- The Department was aware of several “failure to train” situations nation-wide.
- ② • Unit was to be kept “de-centralized” so CIT officers would be on every shift on every hour.
- Start up cost was minimal: Instructors are in-house and community based.
- Approx. 30% of the dept is currently CIT certified.



POLICE CALLS RELATING TO MENTAL ILLNESS

TOTAL CALLS FOR SERVICE (INCLUDING SUICIDES)

2009: 4449

2010: 4323

2011: 751 (DATA CURRENT AS OF FEBRUARY 2011)

SUICIDES (2600)

2009: 377

2010: 264

2011: 40 (DATA CURRENT AS OF FEBRUARY 2011)

NOTE: ABOVE DATA INCLUDES BOTH ATTEMPTS AND SUCCESSFUL SUICIDES

3

THE COMMUNITY MENTAL HEALTH ACT OF 1963

- Deinstitutionalized mental illness and put consumers back into the community
- The mental health system has gone from a public to a private system. As a result of this, the Police have become the “de-facto” social workers.
- Current economic and world events (September 11) have had a direct impact on our calls for service relating to mental illness and will for the foreseeable future.

4

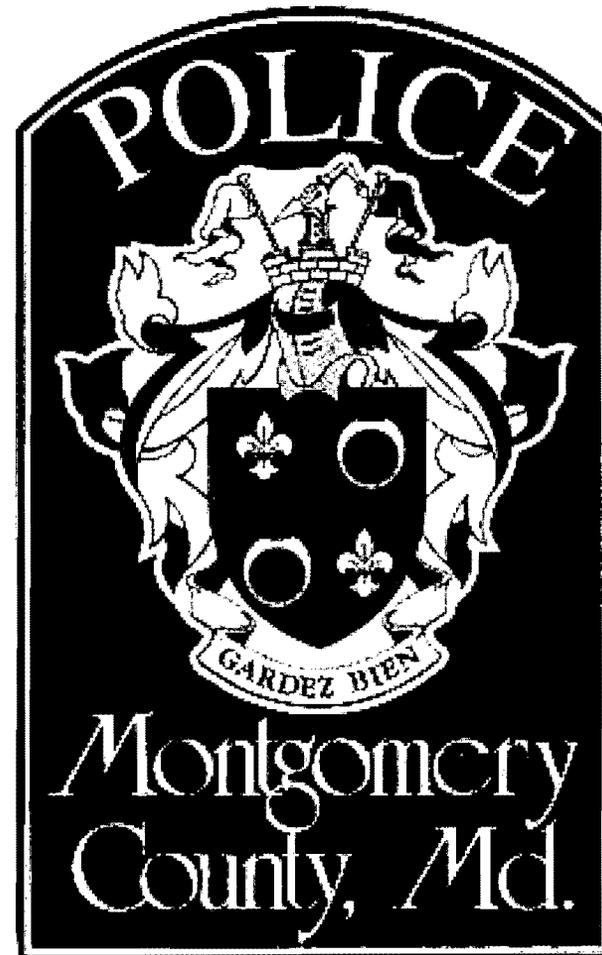
WHO ARE CIT OFFICERS?

- A SPECIALY TRAINED (VOLUNTEER) GROUP OF OFFICERS TRAINED TO RECOGNIZE MENTAL ILLNESS.
- TRAINING CONSISTS OF A 40 HOUR COURSE FOR CERTIFICATION PLUS ANNUAL REFRESHER AND ADVANCED TRAINING INCLUDING LESS THAN LETHAL INSTRUMENTS (TASERS).
- OFFICERS ARE DE-CENTRALIZED AND ARE IN EVERY DISTRICT ON EVERY SHIFT.

5

WHAT ARE THE ROLES OF THE CIT OFFICER?

- TO SERVE AS A LINK BETWEEN THE POLICE AND THE CONSUMER.
- TO HELP REDUCE DEPARTMENT LIABILITY (FAILURE TO TRAIN).
- ⑤ • TO HELP FOLLOW-UP WITH DIFFICULT CASES IF APPLICABLE.
- TO SERVE AS A RESOURCE AND TO ENSURE THE BEST POSSIBLE OUTCOME FOR THE CONSUMER, THE PUBLIC AND THE POLICE.



CURRENT POLICE OPTIONS FOR DEALING WITH CONSUMER ENCOUNTERS

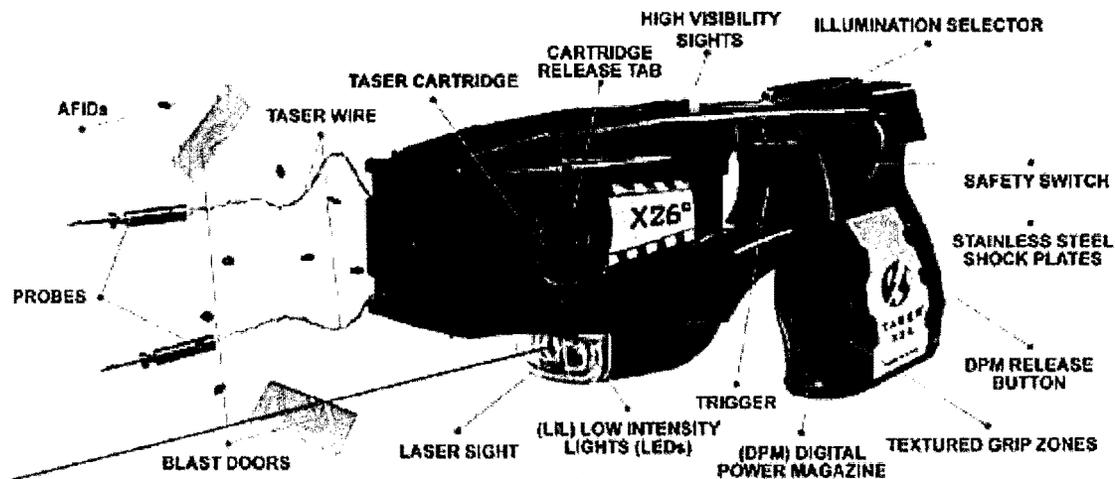
- CONSUMER OR CITIZEN REFERRAL TO AVAILABLE MENTAL HEALTH RESOURCES (THE CRISES CENTER, HOSPITAL, ETC...).
- CONTACT ONLY.
- ADVISE FAMILY OF RESOURCES AVAILABLE (COURT REFERRAL).
- OFFICER INITIATED EMERGENCY EVALUATION PETITION (EEP).
- PRE-BOOKING DIVERSION.



7

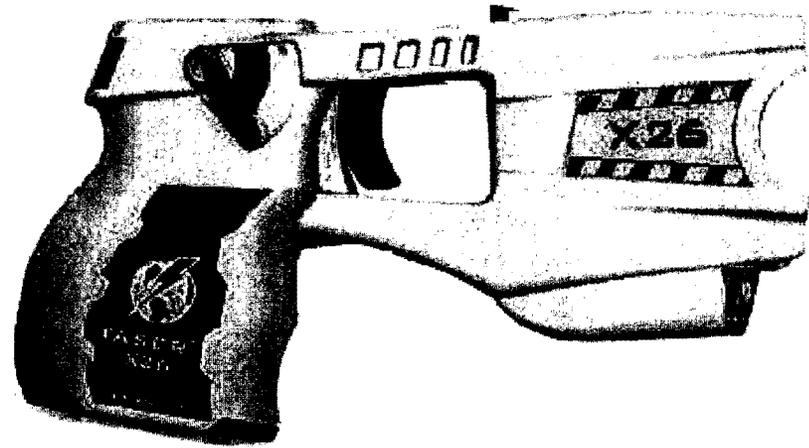
POLICE TASER PROGRAM

- ALL OFFICERS MUST COMPLETE A 40-HOUR CIT PROGRAM AND AN ADDITIONAL 10 HOURS OF TASER INSTRUCTION TO BE ISSUED A TASER.
- ALL TRAINING IS BASED ON PROVEN TECHNIQUES AND IS OFTEN UPDATED SEVERAL TIMES A YEAR. TRAINING CONSISTS OF LECTURES, PRACTICAL EXERCISES , POLICY AND LAW REVIEWS AND A WRITTEN TEST.



POLICE TASER PROGRAM

- MONTGOMERY COUNTY HAS ONE OF THE MOST STRINGENT TASER TRAINING PROGRAMS IN MARYLAND!
- ⑨ • SINCE ITS FIELDING, THERE HAS BEEN A 61% REDUCTION IN OFFICER INJURIES AND A 50% REDUCTION IN SUSPECT INJURIES.



CRISIS INTERVENTION TEAM CERTIFICATION COURSE

Forty hour training focused on safely handling incidents involving persons with mental illness, developmental disabilities, co-occurring disorders and brain injuries.

Training Topics:

- NAMI-family and consumer perspective
- Understanding Mental Illness
- Interview Techniques
- Psychotropic Medications
- Out of Control Adolescents
- Hearing Voices that are Distressing
- Management of the Developmentally Disabled and Brain Injured
- Suicide & Violence Prevention
- Emergency Petitions
- Co-occurring Disorders and Interviewing Consumers Under the Influence
- De-escalation Techniques
- PTSD
- Role of the CIT Officer
- Mental Illness from a Trans-cultural Perspective
- The PIAT Model of Approach
- Officer Safety & Assessing Dangerousness
- Local Site Visits
- Animal Hoarding



**Montgomery County Maryland
Department of Police
Crisis Intervention Team (CIT)
Certification Course**



CIT

Safety Through Education And Understanding

For More Information Contact:

Officer Scott A Davis #2168

MCPD CIT Coordinator

2350 Research Blvd

Rockville, MD 20850

Phone: 240-773-5057

Cell: 240-876-7835

Fax: 240-773-5045

E-mail: scott.a.davis@montgomerycountymd.gov

CIT CERTIFICATION COURSE

- A 40-HOUR COURSE DESIGNED TO ASSIST POLICE OFFICERS WITH ENCOUNTERS WITH MENTALLY ILL/DEVELOPMENTALLY DISABLED CONSUMERS.
- ① • THE INSTRUCTORS ARE BOTH POLICE AND HHS (CRISIS CENTER) PERSONNEL (ABOUT 50/50).
- THE CLASS IS POLICE DRIVEN HOWEVER, WE COULDN'T DO IT WITHOUT OUR HHS PARTNERS; ONE TEAM, ONE MISSION!!

CIT CERTIFICATION COURSE

- THE COURSE IS BASED ON THE “MEMPHIS MODEL” WHICH IS A “BEST PRACTICE”.
- INSTRUCTORS FROM OUR COURSE HAVE PRESENTED AT THE NATIONAL CIT CONFERENCE IN TEXAS IN 2010.
- ⑫ • WE HAVE TRAINED OVER 578 MONTGOMERY COUNTY POLICE OFFICERS TO DATE.
- WE HAVE TRAINED APPROX 1500 TOTAL OFFICERS TO DATE. THIS INCLUDES MCP, NASA, AND NUMEROUS OTHER AGENCIES ACROSS THE COUNTRY.

CIT CERTIFICATION

- IN 2009-2010, MCP ASSISTED HOWARD CO. PD IN SETTING UP THEIR CIT PROGRAM.
- OTHER AGENCIES IN MD INCLUDING HARFORD, PG AND MPDC HAVE BASED THEIR CIT TEAMS ON OURS.
- MOST OF THESE AGENCIES HAVE BEEN MANDATED TO HAVE A CIT TEAM (COURT ORDER, COUNTY MANDATE).

13

CIT CERTIFICATION TOPICS

- THOUGHT DISORDERS.
- MOOD DISORDERS.
- PROJECT LIFESAVER.
- PSYCHOTROPIC MEDICATIONS.
- DEVELOPMENTAL DISORDERS.
- HOARDING (BOTH ANIMAL AND ITEM).
- PTSD.

MORE TOPICS

- SUICIDE BY COP.
- JUVENILE ISSUES.
- TRANSCULTURAL ISSUES.
- NAMI CONSUMER PERSPECTIVES.
- ROLE OF THE CIT OFFICER AND PRE-BOOKING DIVERSION.
- TRAUMATIC BRAIN INJURIES.

EVEN MORE TOPICS

- **SUDDEN UNEXPECTED DEATH SYNDROME.**
- **CASE STUDIES.**
- **PROCEDURE AND LEGAL ISSUES.**
- **ROLE PLAY SCENARIOS.**
- **SITE VISITS.**

ROLE PLAY SCENARIOS

- INVOLVES ROLE PLAY WITH CRISIS CENTER PERSONNEL AS ACTORS.
- BASED ON ACTUAL CALLS FOR SERVICE THAT HAVE OCCURRED HERE IN MONTGOMERY COUNTY.
- OFFICERS MUST COMPLETE THE SCENARIOS TO FINISH THE COURSE.
- A PEER CRITIQUE IS CONDUCTED AFTER THE ROLE PLAY.

17

SITE VISITS

- AS OF 2011 WE VISIT THE FOLLOWING LOCATIONS: THE CRISIS CENTER, MCCF-CIU (THE JAIL) SPRINGFIELD STATE HOSPITAL AND ADVENTIST BEHAVIORAL HEALTH.
- OFFICERS GET A TOUR OF EACH SITE AND INTERACT WITH AND INTERVIEW PATIENTS.
- THIS IS THE FIRST TIME ABH HAS EVER ALLOWED OFFICERS TO TOUR .

ADDITIONAL TRAINING

- PROJECT LIFESAVER.
- ALZHEIMER'S AWARENESS.
- AUTISM (MORE TO COME).
- EXCITED DELIRIUM (MORE TO COME).
- EMERGENCY PETITIONS (MORE TO COME).
- CIT CONFERENCE.
- MPCTC CERTIFIED (IN-SERVICE CREDITS).

SUMMARY

- OUR OFFICERS HAVE SOME OF THE HIGHEST TRAINING STANDARDS IN MARYLAND--WE ARE PROUD OF THAT!
- WE SERVE AS A TRAINING RESOURCE FOR ANY LAW ENFORCEMENT OR CORRECTIONAL AGENCY THAT REQUESTS US.
- OUR TRAINING IS GREAT! HOWEVER, WE NEED TO CONSTANTLY UPDATE AND EVOLVE!

NO AMOUNT OF TRAINING CAN
PREPARE THE OFFICER ON THE
STREET FOR ANY ENCOUNTER,
HOWEVER WE STRIVE TO EQUIP
OUR OFFICERS WITH THE BEST
“TOOLS” TO PUT INTO THE
TOOLBOX.

QUESTIONS??



SCOTT.A.DAVIS@

MONTGOMERYCOUNTYMD.GOV



HEADQUARTERS MEMORANDUM 01-19

File With: FC 131

Distribution: All

Date: 11-30-01

Subject: Use of M26 Taser

Consistent with the department's philosophy of utilizing the minimum amount of reasonable force to control a combative person, the use of the departmentally owned and issued M26 Taser is approved for officers with proper training, appropriate equipment, and situational considerations. The purpose of the M26 Taser is to provide a less-lethal alternative use of force. The M26 Taser is not intended to replace the use of firearms when deadly force is necessary. Officers will comply with all of the policies and procedures specified in FC 131, "Use of Force."

The M26 Taser may be used to control a dangerous or violent subject when deadly force is not justified and attempts to control the subject by other tactics have been ineffective or there is a reasonable expectation that it is unsafe for officers to approach within contact range of the subject. The M26 Taser may be used to subdue individuals who pose an immediate risk to themselves or others or to safely effect an arrest. The M26 Taser use will be assigned to certified Crisis Intervention Team (CIT) Officers, SWAT officers, and other designated officers based upon duty assignment.

Definitions

- A. M26 Taser: An electro-muscular disruption (EMD) weapon that utilizes compressed nitrogen to shoot two small probes up to 21 feet. These probes are connected to the weapon by high-voltage insulated wire. When the probes make contact with the subject, they transmit an electrical pulse along the wires and into the body through up to two inches of clothing. The probes do not have to penetrate the flesh or cause bodily harm to be effective. The M26 Taser may also be discharged as a contact device.
- B. Electro-Muscular Disruption (EMD): Electrical signal, which overrides the central nervous system and directly controls the skeletal muscles. The EMD effect causes an uncontrollable contraction of the muscle tissue, debilitating the subject regardless of pain tolerance or mental focus. The output does not damage an implanted pacemaker and will not cause loss of bladder or bowel control.
- C. Dataport: Every time the M26 Taser is fired, it stores the downloadable time and date on a dataport located at the back of the unit.
- D. AFID Cartridge Tracking: Every time an air cartridge is fired, up to 40 small confetti-like microdot ID tags called AFIDs are ejected. Each AFID is printed with the serial number of the cartridge fired, allowing the department to identify which officer fired the cartridge.

Use of the M26 Taser

- A. Discharge Considerations
 - 1. When practical, use verbal commands and point laser sight at subject prior to discharging the M26 Taser.
 - 2. Have a backup officer available to assist with the arrest or the use of lethal force.
 - 3. Have a second cartridge or M26 Taser ready to discharge in case probes miss the subject or the M26 Taser malfunctions.
 - 4. The M26 Taser shall not be aimed at the head or face of the subject.
 - 5. Use of the M26 Taser near flammable liquids and fumes is strictly prohibited. Additionally, use of the M26 Taser in conjunction with alcohol based OC Spray is strictly prohibited.
 - 6. Prior to the deployment of the M26 Taser, the certified officer must consider the reasonableness of its use to include the subject's position where a secondary injury could

result, children, women who are known to be pregnant, and subjects with known heart problems.

B. Discharging Officer Responsibility

1. Ensure the batteries of the M26 Taser are properly charged. When checking the batteries, the cartridges must be removed.
2. When practical, the officer shall announce "M26" to the other officers on the scene prior to discharging the M26 Taser.
3. Officers will report the discharging, including accidental discharges, of the M26 Taser to their supervisor as soon as practical.
4. The discharging officer will visually inspect the contact site. Probes penetrating the skin will be removed by the discharging officer.
5. Ensure that photographs are taken of the probe penetration sites and any secondary injuries caused by falling to the ground, etc.
6. Once the probes have been removed they will be treated as biohazard sharps.
7. The discharging officer will enter the photographs, expended cartridge with probes, and a limited number of microdots into evidence.
8. Officers will complete or provide information for the completion of event reports, charging documents, the MCP 922, "CIT Report," if applicable, and the MCP 37, "Use of Force Report."

C. Supervisor's Responsibility

1. Ensure that all Use of Force reporting requirements have been fulfilled prior to the end of the tour of duty.
2. Ensure that only certified officers carry the department-issued M26 Taser.
3. Ensure that the M26 Taser is properly signed out at the beginning of the shift and returned at the conclusion of the shift.

D. District CIT Coordinator's Responsibility

1. Receive, inspect, and ensure the maintenance and replacement of M26 Tasers.
2. Maintain records for the M26 Taser.
3. Return defective or damaged M26 Tasers and cartridges to the Central Supply Section.
4. Ensure the batteries of the M26 Taser are properly charged.
5. Ensure data downloads are conducted on a monthly basis.
6. Conduct a monthly inventory of M26 equipment assigned to the district.

E. District Administrative Lieutenant's Responsibility

The district administrative lieutenant will ensure that district CIT coordinators perform all of the functions listed above.

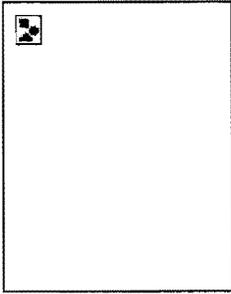
F. District Commander Responsibility

District commanders will review each use of the M26 Taser by officers within their command to ensure compliance with this policy and FC 131, "Use of Force."

Training/Certification Requirements

The authorization to carry and/or use the M26 Taser is granted by the department to officers based upon completion of specified training courses and demonstrated competency under hands-on testing that has been monitored by a certified M26 Taser instructor. The certification of the M26 Taser will be conducted annually. (CALEA 1.3.11)

Charles A. Moose, Ph.D.
Chief of Police



EMERGENCY EVALUATION OF MENTALLY DISORDERED INDIVIDUALS

FC No. : 921

Date: 06-10-05

If a provision of a regulation, departmental directive, rule, or procedure conflicts with a provision of the contract, the contract prevails except where the contract provision conflicts with State law or the Police Collective Bargaining Law. (FOP Contract, Article 61)

Contents:

- I. Policy
- II. **Crisis Intervention Team (CIT)**
- III. **Pre-Booking Diversion**
- IV. Petition Procedure
- V. Procedure While at the Emergency Facility
- VI. Transporting Aggressive Patients with Mental Illness
- VII. **Clearance and Reporting**
- VIII. Requirements for Reimbursement of Transportation Costs
- IX. Resolution of Issues Between the County Police and the Sheriff's Office
- X. Proponent Unit
- XI. Cancellation
- Appendix A: CIT Pre-Booking Diversion Flow Chart
- Appendix B: MCP 2942, "Petition for Emergency Evaluation Information Sheet"
- Appendix C: MCP 557, "Transport Reimbursement Memorandum"
- Appendix D: CC/DC 13, "Petition for Emergency Evaluation"
- Appendix E: CC/DC 14, "Additional Certification by Peace Officer"
- Appendix F: MCP 921, "Crisis Intervention Team Application"**
- Appendix G: MCP 922, "Crisis Intervention Team Report"**

I. Policy

Under Maryland law, police officers, duly licensed physicians, certified psychologists, and local health officers or designees of the Health Office can seek emergency evaluation of individuals whom they feel meet the established criteria. When an officer **suspects an individual suffers a mental disorder and presents a danger to the life and safety of the individual** or others, the officer will take the individual into custody and complete the Petition for Emergency Evaluation (and the accompanying procedures) as outlined in this directive. **The petition for the emergency evaluation may be based on examination, observation, or other information that is pertinent to the factors giving rise to the petition.** (CALEA 71.3.1)

II. **Crisis Intervention Team (CIT)**

- A. **The Crisis Intervention Team (CIT) consists of volunteer officers trained in handling the mentally ill consumer. A consumer is an individual (or parent of a minor child) who received mental health services from the Maryland Public Mental Health System.**
- B. **Employees interested in becoming a CIT officer must complete an MCP 921, "Crisis Intervention Team Application," (appendix F) and submit it to the CIT Coordinator.**
- C. **Volunteer employees (both sworn and non-sworn) receive 40 hours of instruction on mental illness and techniques used to effectively de-escalate crisis incidents involving mentally ill consumers. Upon completion of the 40 hours of training, the**

(25)

employees will become certified as CIT members. CIT members will be awarded a CIT insignia to be worn above their nametags.

- D. The CIT officer will be identified in the CAD with a code so they can be dispatched when requested to handle complicated mental illness calls for service. The CIT officer will respond to the scene when requested by the beat officer or officer assigned to the call. If there are no trained CIT officers available in a specific district, an adjoining district CIT officer and that officer's supervisor will be notified of the need for the CIT officer to respond.
- E. Once the CIT officer is on the scene of a mental illness call, the CIT officer becomes the primary officer. This does not relieve the first officer on the scene of a hostage, barricade, or life-threatening situation from activating the Emergency Response Team as directed in FC 950, "Emergency Response to Hostage, Barricade, and All Life-Threatening Situations," if such activation is tactically necessary.
- F. The CIT officer will determine:
1. If the mentally ill consumer is in need of a Petition for Emergency Evaluation.
 2. If the Mobile Crisis Team needs to respond to assist.
 3. If the mentally ill consumer needs to be charged criminally or diverted to mental health services. (Refer to section III.)
 4. If the mentally ill consumer does not require immediate medical or mental health attention and can be referred to resources available during normal business hours.
- G. The CIT officer will complete:
1. An MCP 922, "Crisis Intervention Team Report" (appendix G) and forward it to the CIT Coordinator.
 2. All other required reports.
- H. The Crisis Intervention Team Coordinator is assigned to Field Services Bureau and can be contacted at (240) 773-5057 or fax (240) 773-5058.

III. Pre-Booking Diversion (Appendix A)

Pre-booking diversions will be completed at CPU between 0800 and 2400 hours seven days a week. CIT Officers will request ECC notify the Crisis Center while they are enroute to CPU with the consumer. Crisis Center staff will meet the CIT Officer at CPU to conduct the pre-booking diversion assessment.

IV. Petition Procedure

A. Citizen Petitioners

1. A citizen 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. Judicial review is required when a citizen is the petitioner.
2. If the court is open:
 - a. The petitioner will present the petition to a judge of the District Court for immediate review.
 - b. Upon determining that probable cause exists to detain the subject named in the petition, the judge will sign the order and direct the Sheriff to take the subject into custody and transport the subject to an emergency facility.
 - c. If the judge determines the petition does not establish probable cause, the judge will order no further action.
3. If the District Court is closed:
 - a. The petitioner will request a petition application from the nearest available District Court Commissioner.
 - b. The Commissioner will take appropriate action to provide for review of the petition by the on-call judge.
 - c. If the judge signs the order, **the commissioner will contact the Sheriff for service of the petition. If the Sheriff is not available, the commissioner will contact MCP for service of the petition.**
 - d. The life of the judge's order is five days.

B. Departmental Responsibilities in Serving Petitions Obtained by Citizens (CALEA 5.1.3)

26

1. **The petitioner will respond, with the petition, to the district where the petition is to be served.**
2. The PSA will attach an MCP 2942, "Petition for Emergency Evaluation Information Sheet," (Appendix B) to the petition and instruct the petitioner to complete the form.
3. **The primary concern is the welfare of the evaluatee and other citizens. Shift supervisors will not delay service of a petition arbitrarily. If all officers are already assigned to non-emergency calls, shift supervisors should reassign officers to ensure that the petition is served as soon as possible.** Delay of service is appropriate when:
 - a. The evaluatee (or others) would not be endangered due to the delay, or
 - b. Other factors necessitate a delay (e.g. higher priority calls, no officers available, etc.).
4. 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. Officers serving a petition will notify ECC of their status (Code 62).
6. The shift supervisor responsible for overseeing service of the petition will ensure that:
 - a. The MCP 2942 is as complete as possible.
 - b. The individual named in the petition is placed in custody as soon as possible.
 - c. The individual is transported to the closest designated emergency facility for evaluation (Holy Cross, Montgomery General, Shady Grove Adventist, Suburban, or Washington Adventist).
7. If officers locate the evaluatee, two officers will take the evaluatee into custody and transport the evaluatee to the nearest hospital utilizing a single vehicle. Officers will request that the dispatcher have the station call the hospital and advise them that the police are bringing in a patient for an emergency evaluation and request that hospital security meet them in the emergency room. Service of the petition will be documented by completing Court Form CC/DC 27, "Return of Service by Peace Officer," which will be found attached to the petition. (CALEA 71.1.3, 71.3.1)
8. If officers assigned to serve a petition are unable to locate the evaluatee, they will record their attempts to serve the petition on the MCP 2942 and return the petition to 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.
9. If the shift supervisor determines that additional attempts at service should be made by the oncoming shift, that supervisor will deliver the petition to the oncoming shift supervisor. The transfer of the petition will be recorded on the MCP 2942.
10. If the shift supervisor determines that the petition should be returned to the Sheriff's Office for service, the supervisor will ensure that the unserved petition is hand-carried to the Sheriff's Office or relayed to the Sheriff's Transport Unit as soon as possible. The transfer of the petition will be recorded on the MCP 2942.
11. 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 contact ECC to request the police serve the petition when a Sheriff's Office supervisor has determined that:
 - a. The Sheriff's Transport Unit is out of service,
 - b. The Sheriff's Office has no other personnel available to serve the petition, and
 - c. Delaying the service would endanger the evaluatee or others.
12. If the Sheriff's Office is unable to relay the petition to the police district where the petition is to be served, the police will obtain the petition from the Sheriff's Office.

C. Responsibilities of Police Officers as Petitioners

1. If a police officer has probable cause to believe that a person has a mental disorder and ***the person presents a danger to the life or safety of the individual or of others***, the officer will take the subject into custody and transport the subject to the nearest designated emergency facility. ***The petition may be based on examination, observation, or other information pertinent to the factors giving rise to the petition.*** (CALEA 71.3.1)

NOTE: The police officer does NOT have to observe the behavior.

2. Once at the hospital, officers will complete side 1 of the CC/DC 13, "Petition for Emergency Evaluation," (Appendix D) and the top half of the CC/DC 14, "Additional Certification by Peace Officer." (Appendix E) Both forms will be presented to the physician in charge of the emergency room at the hospital. Officers completing the forms must sign their names and write their titles (e.g., Police Officer III) and ID numbers next to their names.

3. Officers will take immediate action to prevent harm to all persons. Police officers are not civilly or criminally liable for completing a Petition for Emergency Evaluation or for taking a person into custody for an evaluation when it is done in good faith. As with a physician, certified psychologist, health officer, or designee of the Health Officer, no prior judicial review is required. (CALEA 71.3.1)

D. Crisis Center/Mobile Crisis Team Staff as Petitioners

1. The staff of the Montgomery County Crisis Center, which includes the Mobile Crisis Team, are named as designees of the Health Officer. 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. The address and phone number for the Crisis Center are:

1301 Piccard Drive
Rockville, MD 20850
(240) 777-4000

2. 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.

3. ECC will dispatch the Sheriff's Transport Unit. If the Sheriff's Transport Unit is unavailable, ECC will advise a shift supervisor in the district where the petition is to be served.

4. The shift supervisor will consult with the Crisis Center staff and will determine if service of the petition can wait until the Sheriff's Transport Unit becomes available. If the shift supervisor determines that delaying the service for the Sheriff's Transport Unit would be appropriate, the supervisor will advise ECC to assign the call to the Sheriff's Transport Unit when it becomes available.

5. If the shift supervisor determines that delaying the service of the petition would be inappropriate, 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.

E. Other Assistance Requested by the Mobile Crisis Team

If the Mobile Crisis Team requests police assistance for any reason other than actual petition service (e.g., back-up/security to interview a potential evaluatee, etc.), the police will provide assistance as appropriate.

V. Procedure While at the Emergency Facility

A. The emergency facility must accept the individual for evaluation upon a properly executed petition.

B. Officers will give emergency room staff all pertinent information about the evaluatee including the identity and location of the evaluatee's relatives, if known.

C. The officers will leave the hospital and return to normal duty unless the patient

28

is violent and the physician requests that the officers remain. If the request is made, the officers will advise their supervisor of the request.

- D. The officers must remain at the hospital until their supervisor has responded to the physician's request. If the evaluatee is violent, the supervisor will direct the officers to remain at the hospital. When officers are requested to remain at the hospital, it is the responsibility of the attending physician to examine the evaluatee as promptly as possible.
- E. An evaluatee must be examined within 6 hours after being transported to the emergency facility and may not be detained for longer than 30 hours from the time of arrival at the hospital.
- F. If the examining physician does not certify the evaluatee for admission to a state hospital, the evaluatee will be released immediately. If a police officer was the petitioner, the department will provide transportation for the released patient from the local hospital back to the location where the evaluatee was taken into custody if there is no alternative transportation available to the patient. If the petitioner is anyone other than a police officer, this department will not provide return transportation for released evaluatees unless a shift supervisor believes that extenuating circumstances dictate otherwise.
- G. If the examining physician certifies the evaluatee, the physician shall place the evaluatee in an appropriate facility. Once a physician has placed an evaluatee, the physician will contact the private ambulance company which is under contract with the county. The private ambulance service will transport persons certified for commitment. Officers will only transport persons to a designated emergency facility within the county for evaluation. They will not transport patients to any other facility after an evaluation has been completed.
- H. In all circumstances, whether the evaluatee is certified or not, officers will complete the appropriate event report (2942 - Mental *Illness*) and all reimbursement forms (see section V).

VI. Transporting Aggressive Patients with Mental Illness (CALEA 71.2.1, 71.3.1)

The transporting of patients with mental illness requires officers to exercise caution to avoid possible injury to themselves or the evaluatee. Officers will use their own judgment to determine the most appropriate method of restraint. Officers should consider leather restraints, ankle cuffs, and waist chains (in addition to handcuffs) based on their assessment of the evaluatee. In situations where the transporting officer deems the patient "aggressive," the following procedures apply:

1. Request an ambulance via ECC.
2. Assist Fire/Rescue personnel with the application of appropriate restraints (e.g., tie-down stretcher, leather restraints, etc.).
3. One police officer will ride inside the ambulance, and a second officer will follow behind in a cruiser. (CALEA 71.1.3)
4. Officers will document the transport on the appropriate departmental report, and the reimbursement forms will be completed whenever the transport is accomplished using a police vehicle.

VII. Clearance and Reporting

The Mental Transport clearance code (2942) will remain, however, the title will change to "Mental Illness" and will allow the CIT team to track all related mental illness police calls. The classification (2942) will also receive an optional asterisk () and police reports will be prepared on an as needed basis. This does not relieve officers from the responsibility to write reports involving mental transports.*

VIII. Requirements for Reimbursement of Transportation Costs

29

The Maryland Department of Health and Mental Hygiene (DHMH) will reimburse the Department of Police for the cost of transporting an evaluatee to an emergency facility (Emergency Evaluation Petition only). In order to meet the requirements set by DHMH, the following procedures will be adhered to:

A. Transporting Officers' Responsibilities

1. Transporting officers will be responsible for obtaining and recording ALL required information on the MCP 557, "Transport Reimbursement Memorandum." (Appendix C)

2. Ensure the transport vehicle contains a department-issued first aid kit when transporting an evaluatee as a result of an Emergency Evaluation Petition.

3. Retain a properly executed copy of the Emergency Evaluation Petition and any other related forms.

4. Complete the MCP 557 and forward it along with a copy of the petition, and any other related forms, to the district commander before the end of the tour of duty.

B. Shift Supervisor's Responsibilities

1. Ensure that an MCP 557 is attached to the Petition for Emergency Evaluation before it is assigned to an officer for service.

2. Ensure that all forms are completed before they are submitted to the district commander.

C. District Commander's Responsibilities

Send the Petition for Emergency Evaluation, the completed MCP 557, and any other related forms, via interoffice mail to:

Accounting General Ledger Manager

Department of Finance

Division of the Controller

EOB, Eighth floor

Packets are to be sent to this location for Emergency Evaluation Petitions only.

IX. **Resolution of Issues Between the County Police and the Sheriff's Office**

Problems arising related to this directive will be resolved by forwarding to the Management and Budget Division a memorandum outlining the issues involved.

X. **Proponent Unit: CIT Coordinator**

XI. **Cancellation**

This directive cancels Function Code 921, effective date 06-08-99, and Headquarters Memorandum 01-09.

J. Thomas Manger
Chief of Police

(30)

Autism Fast Facts

- Autism Spectrum Disorders are a developmental disability that typically appears during the first three years of life.
- Autism Spectrum Disorders include—Autism, Asperger’s Syndrome, Rett’s Syndrome, Fragile X Syndrome, Childhood Disintegrative Disorder (CPD), or Pervasive Developmental Delay-Not Otherwise Specified (PDDNOS)
- Autism is not a mental or psychological disorder
- Autism impacts the normal development of the brain in the areas of social interaction and communication skills
- The cause of Autism is unknown, and there is no known cure
- Autism affects 1,500,000 people in the US alone
- America’s fastest growing developmental disability at up to 1:150 new births
- More prevalent in males; affects 1 in 88 boys and 1 in 68 girls
- Autistics may not understand what you say, often appear deaf and may not respond to verbal cues
- Many are nonverbal, speak with difficulty, rambling speech, or echo what you say
- Act upset for no apparent reason or have tantrums (often spitting, screaming, stripping, self-induced vomiting when frustrated)
- Appear insensitive to pain
- Appear anxious or nervous (may not respond to stop of other commands)
- Dart away from you unexpectedly (bolt and run); Elopement (lost and wandering)
- Engage in self-stimulatory behaviors or “stims”, like hand-flapping, body rocking, finger flicking, spinning, or shaking parts of their body
- Trouble interpreting jokes, slang, body language, command presence, facial expressions (raised eyebrows, rolling eyes, smiles and frowns)
- May exhibit inappropriate laughing or giggling
- Unusual reactions to sensory environment (touch, sound, bright lights, odors, animals)
- Often pigeon-toed gait or contorted posture
- May cover ears or have little eye contact
- Have difficulty judging personal space, touch in socially inappropriate ways
- Have NO real fear of dangers
- May stare at you with an atypical gaze or into space
- May inappropriately place objects in their mouth
- Look for information pertaining to their condition on ID cards/bracelet/necklace, non-permanent tattoos, clothing tags, often in their shoelaces
- May not know how to communicate pain, what hurts, or what happened
- Will not react well to emergencies (re-enter burning home or touch downed power lines)
- May flail against physical restraints or continue to struggle (be aware of positional asphyxia if need to restrain)
- Very high tolerance to pain, will often have other medical conditions (seizure disorder, asthma, hypotonia—low muscle tone)
- Attracted to water (40% of deaths), lights, shiny objects, or high places
- Sexual Abuse—83% of women; 32% of men
- May not recognize badge, uniform, marked vehicle, or understand what is expected of them
- Some foods will make condition worse
- Model the behavior you want them to exhibit, use calm body language, slow breathing, keeping your hands low, avoid the impulse to act quickly, avoid rapid pointing or waving, do not take away favored object, use it better to connect to them (likes handcuffs, shiny objects)
- May appear high on drugs, drunk or having a psychotic episode
- May react poorly to sudden changes in routine
- May say ‘No!’ in response to all questions, or incessantly ask ‘Why?’
- More passive monotone voices with unusual pronunciations, often sound computer-like, often difficulty using the correct volume for the situation
- Difficulty judging personal space; may stand too close or too far away (be aware of body language and aware of officer safety, but try not to over-react, be aware of totality of situation)

**Project Lifesaver
Autism
Alzheimer's**

Never Underestimate A Person With Autism



What is Project Lifesaver???

- Identifies individuals in the community that have a propensity to wander and outfits them with a bracelet that can be tracked up to a mile on the ground and four miles by air.
- Immediate outreach to families/caregivers after an incident of wandering

Bracelet placement is the last resort.

Suggest Alarm of some type.

Tell them to call 911 immediately

Make sure loved one wears ID

Inform neighbors of situation

Dealing with Individuals with Autism

- OFFICER SAFETY FIRST!!!!!!!
- Many are inclined to wander towards water !!!!!
Mason Medlam (5 year old Autistic boy)
- Many can be calmed down with a calm voice and some type of snack (chips, etc)
- Many will listen to one word requests.
- Many will bolt and run
- NEVER UNDERESTIMATE WHAT THEY ARE CAPABLE OF DOING!!!!

Stephen Roldan

News Channel 7



From: Jalinous [jalinous@globecom21.com]

Sent: Tuesday, May 04, 2010 7:37 PM

To: Reyes, Laurie

Subject: RE: Project Lifesaver

Hello Officer Reyes,

Do you also offer the [?]under skin insertions[?] GPS services? We believe my father may continuously attempt to cut the bracelet out.

Thanks,

Madi Jalinous

202 271 3090

38

GPS vs. Project Lifesaver

- Actively testing GPS prototypes

GPS technology is getting better and better.

There are still issues with the size of the bracelet as well as the battery life.

39 Most caregivers are just not capable of charging the equipment every other day.

We are always looking for better equipment

- Although the program isn't designed to be used to track critically missing persons in vehicles we have had two recent success stories finding clients who had wander in a vehicle.

40

- 4D Incidents

Project Lifesaver in Mont. Co

- Adopt a Client Program
- Monthly Battery changes by officers
- Success Rate

47

Helicopter

If you search for an hour or more with the equipment and are not receiving a signal, consider requesting a helicopter. Use your best judgment given the circumstances and after you have tried all other options.

Howard County PD
Baltimore City PD
MSP
US Park Police

Two officers are helicopter certified.

If you feel comfortable you can go into the helicopter. Searching is basically the same.
Headphone issue...

4D Sharif Hidayat
Media Section- Cpl Dan Friz

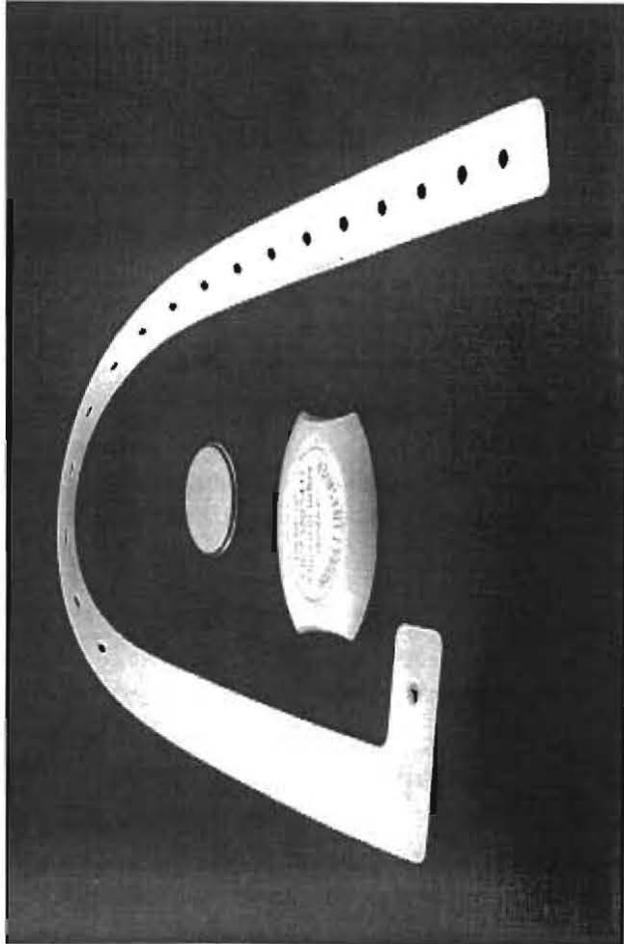
If the helicopter pilot does not feel comfortable flying with the door open the equipment will still work with door closed.

Roger Swenson Search

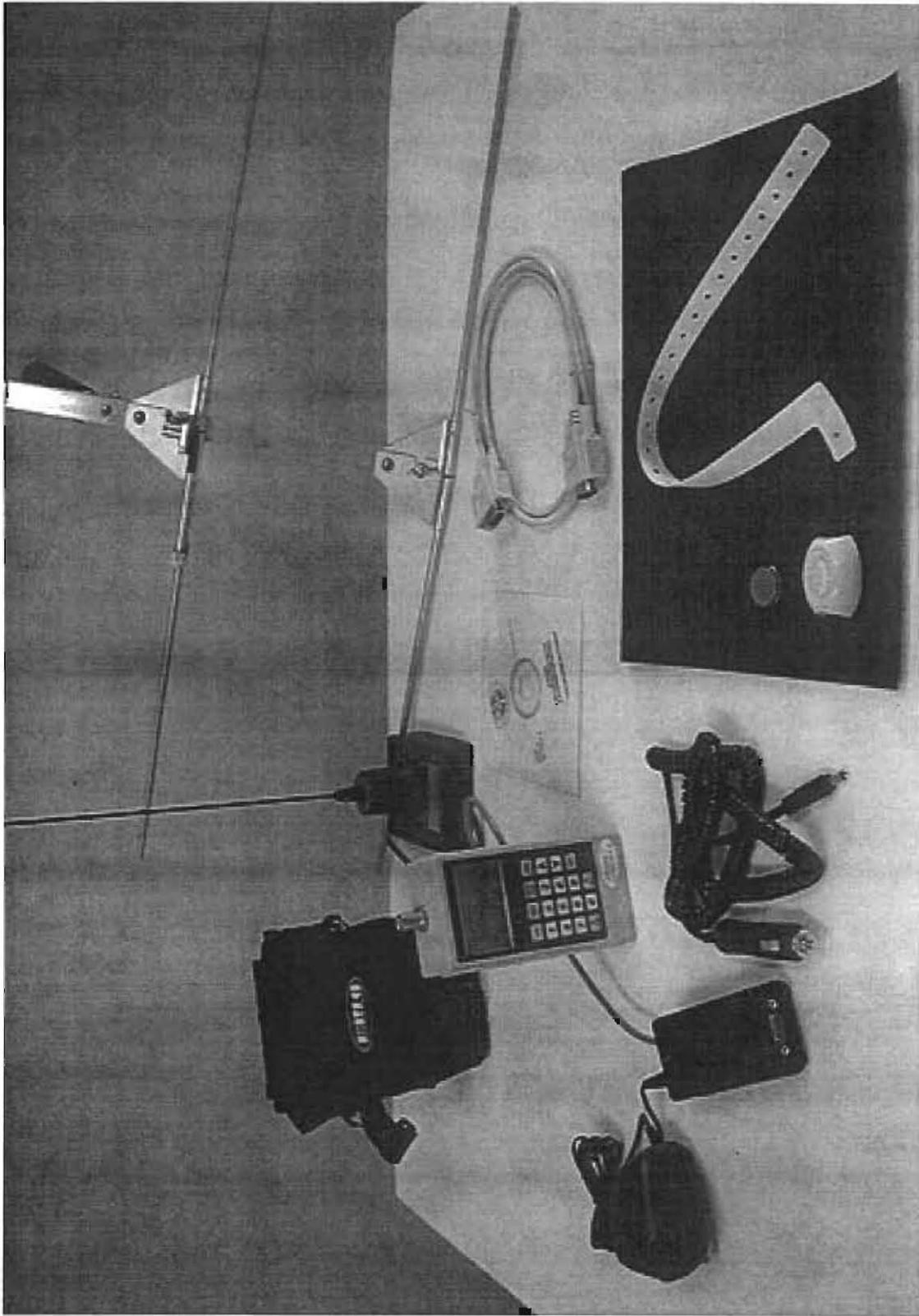
42

The Osprey Receiver





Project Lifesaver Wristband and Transmitter



(45)

Lifesaver Management Website

■ **www.lifesavermanagement.com**

- Unique user name and password
- Information about all Officers, Clients, and Caregivers
- Battery Change information
- Available on MDCs (near future)
- Read Only, User and Administrator Access

(46)

www.lifesavermanagement.com

https://www.webccbill.com - LifesaverManagement.com (BETA 2.00) client_details.cfm - Microsoft Internet Explorer

File Edit View Favorites Tools Help

LifesaverManagement.com

Montgomery County Police Department

Michael Pratt is Logged in (Ability to alter data)

Log Out

Battery Status **Client - Details**

Home
Officers
Clients
Upcoming Visits
Your Profile
Contact Us

Active Clients: 14
Battery Due in 8 days
Battery Overdue: 1
Tasks Online:

Initiate Search
Message Archives
Order Equipment
FAQ
Accounting Info
Training

Initiate Search Forward Edit Enter Visit Details Previous Visit Data Print

Client ID: **011**
Client Name: **Sophie Puwalski**
Nickname:
Medical Condition: **Autism**
Gender: **FEMALE**
Startup date in program: **07/20/2006**
Client DOB: **09/30/2000**
Client Age: **6**
Height: **4'5** UPDATED: 04/12/2007
Weight: **90** UPDATED: 04/11/2007
Skin Color: **White**
Eye Color: **Blue**
Hair Color: **Blond** UPDATED: 04/11/2007



UPDATED 04/12/2007

Medical Notes:

Address:
**2712 old briggs chanev rd
silver spring, MD 20905**

Phone at residence: **(301) 384 - 3873**

Secondary Phone at residence:

Map Book Page:
Map Book Gnd:
GPS Position:
Department District: **3D-Silver Spring**

Notes about residence:

start Microsoft Power... https://www.we... 10:40 AM

47

Project Lifesaver Communications

- Project Lifesaver Dispatched call
 - ECC will dispatch as a “Project Lifesaver Critical Missing Person”
 - They will provide all pertinent information on Client including frequency number, point last seen, address, etc.
 - ECC will then request a Project Lifesaver officer to respond, additional personnel should also respond.
 - Pages to K-9, PLS Coordinators and supervisors will also follow.

48

Adopt a Client Program

- Currently there are 52 clients and 40 “adopt a client” officers
- You can be matched up with a client that you feel most comfortable with either a child or an adult.

6-19



ADOPT A CLIENT PROGRAM

- The battery is changed once a month. The battery change takes about 5 minutes
- The coordinator emails the officer to remind The initial meeting with the client usually takes about 30 minutes.
- ⑤ ■ them the battery is due to be changed
- Officer enters the battery change into database. The update is automatically sent to coordinators Blackberry.



YOUR FAMILY ?????

- Many of the participants in the program are friends or family of MCPD.

52

- www.montgomerycountymd.gov/projectlifesaver
- project.lifesaver@montgomerycountymd.gov

- Laurie.Reyes@montgomerycountymd.gov
(240) 855-1605

- Document on your report
- Refer caretaker for more information

Autism and Drowning

- With the weather warming up. Please ALWAYS FIND OUT WHERE BODIES OF WATER ARE WHEN SEARCHING FOR AUTISTIC CHILDREN, PONDS, POOLS, ETC.
- ⑤ ■ Drowning is the number one cause of death for children with Autism.

Alzheimer's/Autism Wandering Safety Tips...

INSTALL AN ALARM OF SOME TYPE- If the family can afford a hard wired alarm, ADT, BRINKS, etc, that would be the best option. So many times caregivers are just simply not aware that the loved one has left the home, especially during the evening hours when "sundowning" (waking at all hours of the night) is common. An alarm is also important during the day when caregivers may be distracted. If the family can not afford a hard wired alarm, magnetic door alarms are a good option as well. They are inexpensive and readily available. They attach with strong tape or a screw to either side of a door frame. When the connections are separated (door opening) it gives off a high decibel alarm. They can be set to chime during hours when a door may be opened more frequently.

DON'T HESITATE TO CALL 911, DON'T WAIT So many times, families will search for their missing loved ones alone and feel as if they can't call 911 for assistance. If you are searching beyond your yard, it probably is a good idea to call 911. Even if you call back before we get there and say that you have located the loved one. The worst is when the family either doesn't know they are missing or waits hours to call us. That is very frustrating for responding officers and could lead to tragic results.

IDENTIFICATION Make sure that the loved one has some type of identification on them at all times. Even putting a name and number in permanent ink on as much clothing as possible is a good, cheap idea. However, an ID bracelet is the best option. Again, even if the bracelet indicates that the person has a mental impairment and provides a cell number to a contact person is an easy way to ensure their loved one is identified quickly to be returned quickly.

INFORMING I only encourage informing neighbors of the situation if the loved ones feel comfortable doing so. I understand that family might not feel comfortable letting neighbors know that there is an issue. It can be helpful to have additional eyes and ears that will let you know if the loved one is out and about alone. You can provide the neighbors with a contact persons cell phone in the event they think something is wrong or the loved one is in need of assistance.

Officer Laurie Reyes
Project Lifesaver Coordinator
Montgomery County Department of Police
laurie.reyes@montgomerycountymd.gov
(301) 840-2788

I do my best to respond quickly to emails. Please feel free to contact me at any time with questions or concerns.