



**OFFICE OF THE COUNTY SHERIFF**  
**Montgomery County, Maryland**  
*Darren M. Popkin, Sheriff*



**GENERAL OPERATIONAL PROCEDURES**

<b><u>Subject:</u></b> <b>Mental Disorders</b>	<b><u>Number:</u></b> <b>3.13</b>	<b><u>Effective Date:</u></b> <b>10/22/20</b>
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**Purpose:** It is the policy of the Sheriff's Office to ensure that a consistently high level of service is provided to all persons with whom they come in contact, including those who may have a mental disorder. Office personnel will afford persons who have a mental disorder the same rights, dignity and access to police and other government and community services as are provided to all individuals. The intent of this directive is to provide guidance to employees in dealing with persons suffering from a possible mental disorder. This directive also establishes procedures for the initiation and service of Emergency Evaluation Petitions pursuant to the Health-General Article of the Annotated Code of Maryland.

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**I. Mental Disorders**

- A. Various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.
- B. The terms "mental disorder", "emotional disorder", and "psychological disorder", describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating.
- C. The National Alliance on Mental Illness (NAMI) estimates that one (1) in five (5) adults experiences a mental health condition every year. One (1) in twenty (20) lives with a serious mental disorder such as schizophrenia or bipolar disorder.

- D. While many people with a mental disorder manage symptoms successfully with the use of medications, others who do not have access to mental health services, fail to take their medications, or do not recognize that they are ill can experience psychiatric difficulties.
- E. When anyone with a mental disorder comes into contact with any Sheriff's Office personnel, for whatever reason or circumstance, employees must take extra caution to ensure that the person's rights are not violated and that the person understands what is occurring.
- F. Deputies and civilian employees must recognize that responses of people with certain mental disorders may resemble those of people who have abused substances such as alcohol or drugs. Individuals may appear as though they are on a substance or intoxicated but rather have not taken their prescribed medication for their mental disorder.

## **II. Common Symptoms**

- A. Although deputies are not in a position to diagnose a mental disorder, deputies should be alert to common symptoms.
- B. Symptoms of mental disorder may vary, but all mentally ill persons have thoughts, feelings, or behavioral characteristics, which result in an inability to cope with the ordinary demands of life.
- C. While a single symptom or isolated event does not necessarily indicate a mental disorder, professional help should be sought if symptoms persist or worsen. The following may be useful in recognizing warning signs of a mental disorder:
  - (1) Social Withdrawal
    - (a) Sitting and doing nothing.
    - (b) Withdrawal from family, friends; abnormal self-centeredness.
    - (c) Dropping out of activities such as occupations and hobbies.
    - (d) Decline in academic or athletic performance.
  - (2) Depression
    - (a) Loss of interest in once pleasurable activities.
    - (b) Expression of hopelessness, helplessness, inadequacy.
    - (c) Changes in appetite, weight loss or sometimes gain.
    - (d) Behaviors unrelated to events or circumstances.
    - (e) Excessive fatigue and sleepiness, or an inability to sleep.
    - (f) Pessimism; perceiving the world as "dead".
    - (g) Thinking or talking about suicide.

- (3) Thought Disorders
  - (a) Inability to concentrate or cope with minor problems.
  - (b) Irrational statements. Poor reasoning, memory, and judgment. Expressing a combination of unrelated or abstract topics. Expressing thought of greatness, e.g., person believes they are God. Expressing ideas of being harassed or threatened, e.g., CIA monitoring thoughts through TV set.
  - (c) Peculiar use of words or language structure. Nonsensical speech or chatter. Word repetition – frequently stating the same or rhyming words or phrases. Extremely slow speech. Pressured speech – expressing an urgency in manner of speaking.
  - (d) Excessive fears or suspiciousness. Preoccupation with death, germs, guilt, delusions and hallucinations.
- (4) Expression of Feelings
  - (a) Hostility from one formerly passive and compliant. Argumentative, belligerent, unreasonably hostile. Threatening harm to self or others. Overreacting to situations in an overly angry or frightening way.
  - (b) Indifference, even in highly important situations. Lack of emotional response.
  - (c) Inability to cry, or excessive crying.
  - (d) Inability to express joy.
  - (e) Inappropriate laughter. Reacting with opposite of expected emotion – e.g., laughing at auto accident.
  - (f) Nonverbal expressions of sadness or grief.
- (5) Behavior
  - (a) Hyperactivity or inactivity or alterations between the two. Talking excitedly or loudly. Manic behavior accelerated thinking and speaking.
  - (b) Deterioration in personal hygiene and appearance. Bizarre clothing or makeup, inappropriate to environment – e.g., shorts in the winter, heavy coats in the summer.
  - (c) Involvement in automobile accidents.
  - (d) Drug or alcohol abuse.
  - (e) Forgetfulness and loss of valuable possessions.
  - (f) Attempts to escape through geographic change, frequent moves, or hitchhiking trips.

- (g) Bizarre behavior – staring, strange postures or mannerisms, lethargic, sluggish movements, repetitious or ritualistic movements.
  - (h) Decorations – Inappropriate use of household items, e.g., aluminum foil covering windows.
  - (i) “Packratting” waste matter/trash – accumulation of trash, e.g., hoarding string, newspapers, paper bags, clutter, etc.
  - (j) Unusual sensitivity to noises, light, colors, clothing.
  - (k) Changes in sleeping and eating habits.
- (6) Cognitive Impairments
- (a) Disorientation in time, place, or person. Confusion, incoherence and extreme paranoia.
  - (b) Inability to find way in familiar settings.
  - (c) Inability to solve familiar problems.
  - (d) Impaired memory for recent events.
  - (e) Inability to wash and feed oneself, urinary or fecal incontinence. Presence of feces or urine on the floor or walls.
- D. The degree to which these symptoms exist varies from person to person according to the type and severity of the mental disorder. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual. Often, symptoms of a mental disorder are cyclic, varying in severity from time to time. Duration of an episode can also vary from weeks to months for some, and many years or a lifetime for others.

### **III. Response to People With a Mental Disorder**

- A. Persons with a mental disorder can be easily upset and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.
- B. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.
- C. The following guidelines detail how to approach and interact with people who may have a mental disorder, and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews. While protecting their own safety, the safety of the person with a mental disorder and others at the scene, the deputies should:
  - (1) Speak calmly. Loud, stern tones will likely have either no effect or a negative effect on the individual.

- (2) Use non-threatening body language: Keep your hands by your sides if possible.
  - (3) Eliminate commotion. Eliminate, to the degree possible, loud sounds, bright lights, sirens, and crowds, moving the individual to a calm environment, if possible.
  - (4) Keep animals away. Individuals with a mental disorder are often afraid of dogs or other large animals.
  - (5) Look for personal identification. Medical tags or cards often indicate a mental disorder and will supply a contact name and telephone number.
  - (6) Call the caregiver. The caregiver is often the best resource for specific advice on calming the person and ensuring deputy safety until the contact person arrives.
  - (7) Prepare for a lengthy interaction. Mentally ill individuals should not be rushed unless there is an emergency.
  - (8) Repeat short, direct phrases. Too much talking can distract the mentally ill individual and confuse the situation.
  - (9) Be attentive to sensory impairments. Many mentally ill individuals have sensory impairments that make it difficult to process information. Deputies should not touch the person unless absolutely necessary, use soft gestures, avoid quick movements, use simple and direct language, and don't automatically interpret odd behavior as belligerent.
  - (10) In many situations and particularly when dealing with someone who is lost or has run away, a deputy may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.
  - (11) Be aware of different forms of communication. Mentally ill individuals often use signals or gestures instead of words or demonstrate limited speaking capabilities.
  - (12) Don't get angry.
  - (13) Maintain a safe distance.
- D. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there is a range of options deputies should consider when selecting an appropriate disposition. These options include the following:
- (1) Refer or transport the person for medical attention if he or she is injured or abused.
  - (2) Outright release.

- (3) Release to care of family, care giver or mental health provider.
- (4) Refer or transport to substance abuse services.
- (5) Assist in arranging voluntary admission to a mental health facility if requested.
- (6) Transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action.
- (7) Arrest if a crime has been committed.

#### **IV. Petition Procedures**

##### **A. Deputies as Petitioners**

- (1) If a deputy, upon personal observation or based on other pertinent information given by an interested person, has reason to believe, an individual has a mental disorder and the individual presents a danger to the life or safety to themselves or others, the deputy must initiate procedures to take the individual into custody and transport the individual to the nearest designated emergency facility for an examination.
- (2) Deputies should take appropriate action to prevent identifiable harm to an individual. Deputies 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, 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 who has examined the individual, no judicial review is required.
- (3) Once at the emergency facility, deputies must complete a Petition for Emergency Evaluation and the Additional Certification by a Peace Officer and present it to a physician.
- (4) If the Petition for Emergency Evaluation and Additional Certification by Peace Officer forms are not available at the emergency facility, deputies must request the Sheriff's Office transport or fax the forms to the emergency facility.
- (5) Deputies must complete an Incident Report (MCSO9) before the end of their tour of duty detailing the circumstances surrounding application for and service of the petition. A copy of the Emergency Evaluation and Additional Certification by Peace Officer form, Incident Report (MCSO9) and any other appropriate information must be forwarded to a Domestic Violence Section Sergeant for the creation of an Emergency Evaluation file.

B. Crisis Center/Mobile Crisis Team Staff as Petitioners

- (1) The Montgomery County Crisis Center provides crisis services twenty four (24) hours a day, three hundred sixty five (365) days a year. Mobile Crisis Outreach staff members will respond anywhere within Montgomery County to provide emergency psychiatric evaluations. These staff members, designees of the health officer, may sign an Emergency Evaluation Petition for an individual. Petitions signed by the Crisis Center staff do not require judicial review.
- (2) Upon the completion and signing of a Petition for Emergency Evaluation, the Crisis Center staff will contact the Domestic Violence Section for service of the Petition for Emergency Evaluation.
- (3) If deputies are unavailable, an employee of the Domestic Violence Section will advise the Crisis Center to contact ECC and have the Montgomery County Department of Police (MCP) respond and serve the Petition for Emergency Evaluation.

C. 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

- (1) As with a Peace Officer, health officer or designee of a health officer, no judicial review is required.
- (2) Unless the evaluatee is present, those listed in Section IV. C above not affiliated with the Montgomery County Government must be directed to respond to the Family Justice Center with the Petition for Emergency Evaluation and the required Additional Certification. An employee of the Sheriff's Office must conduct a safety interview with the petitioner and complete an Interview Sheet.
  - (a) If the petitioner is unable to respond to the Family Justice Center, the petitioner will fax a copy of the Petition for Emergency Evaluation to the Domestic Violence Section.
  - (b) Deputies will respond to the petitioner's location to obtain the original Petition for Emergency Evaluation, conduct the safety interview and complete the Interview Sheet.
- (3) If the petitioner is affiliated with the Montgomery County Government, deputies must respond to their location, conduct a safety interview and if the evaluatee is present, serve the petition.

D. Private Individuals as Petitioners

A private individual who has reason to believe a person is suffering from a mental disorder and the individual presents a danger to the life or safety of themselves or others may complete a Petition for Emergency Evaluation. Judicial review is required when an individual is the petitioner.

- (1) If the Courts are in session:
  - (a) The petitioner must present the petition to a judge of the District or Circuit Court for immediate review.
  - (b) If the judge determines probable cause exists, they may sign the order directing the Sheriff to take the individual into custody and transport them to an emergency facility. The order is valid for five (5) days.
  - (c) The petitioner will report to the Family Justice Center and an employee of the Domestic Violence Section must conduct a safety interview with the petitioner.
    - (i) The interview will document as much information as possible about the evaluatee and locations for service on the Interview Sheet. The Interview Sheet must be filled out completely and include all deputy safety information.
    - (ii) If the petitioner does not report to the Family Justice Center, an employee of the Domestic Violence Section must contact the petitioner and make arrangements to obtain the original Petition for Emergency Evaluation, conduct the safety interview and complete the Interview Sheet.
- (2) If the Courts are closed:
  - (a) The petitioner may respond to the nearest District Court Commissioner and complete a Petition for Emergency Evaluation.
  - (b) The Commissioner will notify the on-call judge to review the Petition for Emergency Evaluation.
  - (c) If the judge signs the Petition for Emergency Evaluation, the Commissioner will notify the Sheriff's Office.
  - (d) Deputies assigned to the Domestic Violence Section must respond to the Commissioner's Office to conduct a safety interview with the petitioner and complete an Interview Sheet. If it is not possible for the petitioner to wait until deputies arrive, the employee receiving the telephone call from the Commissioner must conduct the safety interview via the telephone.
  - (e) If Domestic Violence Section deputies are not available, and no other deputies are available, the Commissioner must be advised to contact MCP to arrange for service of the Petition for Emergency Evaluation.



**V. Serving Petitions for Emergency Evaluation**

- A. A minimum of two deputies must be assigned to serve a Petition for Emergency Evaluation. Whenever practical one of the deputies should be of the same sex as the evaluatee.
- B. The evaluatee must be taken into custody as soon as possible and transported to the closest designated emergency facility or the facility designated in the Petition for Emergency Evaluation.
- C. Deputies may not forcibly enter any premises unless probable cause exists that the evaluatee is inside. If time permits, deputies must notify a supervisor before making forcible entry into the premises.
- D. All evaluatees taken into custody must be searched, restrained and transported in accordance with General Operational Procedures 3.02, Custody and Transporting Prisoners.
- E. If attempts to locate the evaluatee were unsuccessful, deputies must record all attempts to serve the Petition for Emergency Evaluation and any other relevant information on the work sheet.
- F. If the evaluatee is located by the petitioner or other concerned persons, deputies assigned to the Domestic Violence Section must respond to serve the petition. If Domestic Violence Section deputies are not available, deputies from another section must be assigned to respond. If no other deputies are available, and delaying the service would endanger the evaluatee or others, ECC must be contacted to have MCP serve the Petition for Emergency Evaluation.
- G. *To the extent practicable, deputies must notify the emergency facility in advance that they are transporting an evaluatee to the emergency facility.*

**VI. Transporting Aggressive Mental Patients**

Transporting mental patients requires deputies to exercise caution to avoid injury to themselves or the evaluatee. If the transporting deputy believes the evaluatee cannot be safely transported in an Office vehicle, deputies must:

- A. Request assistance from Montgomery County Fire and Rescue Services (MCFRS).
- B. Assist MCFRS personnel with the application of appropriate restraints.
- C. One deputy must ride in the rear of the ambulance with the evaluatee, and a second deputy must follow behind in a cruiser. Whenever possible a deputy the same sex as the evaluatee must ride in the ambulance.

**VII. Procedures at the Emergency Facility**

- A. The emergency facility must accept the individual for evaluation upon a properly executed Petition for Emergency Evaluation.
- B. An evaluatee must be examined within six (6) hours and may not be detained for longer than thirty (30) hours from the time they are transported to the emergency facility.

- C. Deputies are required to remain at the emergency facility when the evaluatee is violent and an *emergency facility employee* requests that the deputies remain. If the request is made, deputies must:
- (1) Continue to maintain security and control of the evaluatee;
  - (2) Immediately notify an on-duty supervisor of the request; and
  - (3) Complete an Incident Report (MCSO9) prior to the end of their tour of duty outlining the circumstances of the detail.
  - (4) When deputies are requested to remain at the emergency facility, it is the responsibility of the attending physician to examine the evaluatee as promptly as possible.
- D. If the examining physician does not certify the evaluatee for admission, the evaluatee must be released immediately.
- E. If a deputy is the petitioner, deputies must provide transportation to the evaluatee from the emergency facility to the location where the evaluatee was taken into custody when:
- (1) There is no alternative transportation available to the evaluatee;
  - (2) The evaluatee is released while the deputies are still at the emergency facility; and,
  - (3) The deputies have not been dispatched to handle another assignment.
- F. If a deputy is not the petitioner, deputies will not provide return transportation for the evaluatee unless a supervisor believes extenuating circumstances dictate otherwise.
- G. If the examining physician certifies the evaluatee, the physician may order the evaluatee to be confined in an appropriate mental health facility. A private ambulance company, under contract with the County, provides transportation to this facility. It is the responsibility of the emergency facility to arrange for transportation. Deputies will not transport evaluatees, other than inmates of the Montgomery County Department of Corrections and Rehabilitation (MCDOCR), to any other facility after an evaluation has been completed, unless approved by a supervisor.
- H. The Sheriff's Office is responsible for providing the transportation of inmates committed to the MCDOCR. The transporting deputies are responsible for obtaining a detainer from the MCDOCR and providing the detainer to the mental health facility.

### **VIII. Training**

In order to prepare personnel who may interact with persons suffering from a mental disorder in an appropriate manner, the Sheriff's Office must ensure that the following training is provided. All training will be documented in accordance with General Orders/Personnel Procedure 2.28, Training.

A. Entry Level Training

Entry level training will consist of the Maryland Police and Correctional Training Commission requirements which include:

- (1) Identifying factors to be considered when handling mentally disturbed or irrational persons;
- (2) Identifying circumstances in which a mental commitment is appropriate; and,
- (3) Describing the process to initiate a mental commitment.

B. Civilian Personnel Training

Civilian personnel will be issued a copy of this directive. It will be their responsibility to read and become familiar with this policy.

C. Refresher Training

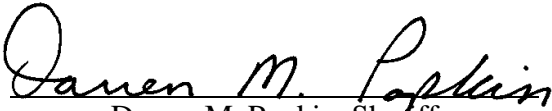
Refresher training for all personnel will be conducted at least *annually*. This training may include, but is not limited to:

- (1) Review of this directive during roll call training;
- (2) Review and testing of this directive through PowerDMS; or
- (3) In-Service training as provided by the Montgomery County Public Safety Training Academy.

**IX. Cancellation**

This directive cancels and replaces General Operational Procedure 3.13, Effective Date *04/30/15*.

AUTHORITY:

  
Darren M. Popkin, Sheriff  
10/22/2020