



HOWARD COUNTY SHERIFF'S OFFICE

GENERAL ORDER OPS-10

INTERACTIONS WITH THE MENTALLY ILL

EFFECTIVE SEPTEMBER 19, 2010

This General Order contains the following numbered sections:

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I. POLICY

The Howard County Sheriff's Office (HCSO) shall provide individuals suspected of suffering from mental illness with the same high level of service and protection provided to everyone else in the community. Reasonable procedural adjustments may be made to accommodate individual needs on a case-by-case basis. Individuals will not be taken involuntarily into custody by reason of mental illness alone, but only if they have committed an arrestable offense or have demonstrated by their actions to be a threat to the life and/or safety of themselves or others.

The HCSO shall restrain and transport persons in need of emergency mental evaluation and those named in involuntary commitment orders to an appropriate mental health facility for evaluation. The HCSO shall provide transportation, when manpower permits, for individuals who wish to commit themselves to a mental health facility. A sworn deputy shall perform all mental commitments.

II. DEFINITIONS

- A. Americans with Disabilities Act (ADA) – applies to individuals who have a physical or mental impairment that substantially limits one or more of their major life activities, including:
 - 1. The ability to communicate, hold a job, or care for themselves;
 - 2. Individuals who have a record of such impairment; or
 - 3. Individuals who are regarded as having such impairment.
- B. Court – a District or Circuit Court of this State.
- C. Emergency Evaluatee – an individual for whom an emergency evaluation is sought or made.
- D. Emergency Facility – designated by the Maryland Department of Health and Mental Hygiene, in writing, as an emergency facility. This includes a licensed general hospital that has an emergency room.
- E. Involuntary Emergency Commitment – mental commitment executed by a peace officer without a commitment order on file.
- F. Involuntary Non-Emergency Commitment – mental commitment executed by a peace officer in accordance with an involuntary commitment order issued by a Commissioner or Clerk of the Court.

- G. Mental Commitment – for the purpose of this General Order, taking custody of and transporting an individual in need of mental health evaluation and treatment.
- H. Mental Disorder – the behavior and/or symptoms that indicate:
 - 1. To a lay petitioner who is submitting an emergency petition (EP), a clear disturbance in the mental function of another individual; and
 - 2. To the following health professionals conducting an examination, at least one mental disorder that is described in the American Psychiatric Association’s *Diagnostic and Statistical Manual – Mental Disorders* that is current at the time of the examination:
 - a. Physician;
 - b. Psychologist;
 - c. Psychiatrist;
 - d. Clinical social worker;
 - e. Licensed clinical professional counselor;
 - f. Clinical nurse specialist in psychiatric and mental health nursing (APRN/PMH); or
 - g. Psychiatric nurse practitioner (CRNP/PMH)
 - 3. Mental disorder DOES NOT include mental retardation.
- I. Mental Illness – for the purposes of this General Order, an illness that lessens the capacity of an individual to exercise self-control, judgment, and discretion in the conduct of his/her affairs and social relations to the degree that it is necessary or advisable for the person to be under treatment, care, supervision, guidance, or control.
- J. Peace Officer – a sheriff, deputy sheriff, State police officer, county police officer, municipal or other local police officer, or a 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.
- K. Voluntary Commitment – mental commitment of a person who independently decides to be admitted to a mental health treatment facility.

III. TRAINING

- A. Entry level sworn members shall receive instruction at the start of employment regarding the identification of, response to, and reporting of mentally ill persons.¹
- B. Every three (3) years, sworn members shall receive In-Service training on how to handle mentally ill persons, to include any legislative updates.²
- C. The Education & Training Section is responsible for documenting all training and for supplying the Accreditation Manager with this documentation for accreditation purposes.

IV. RECOGNIZING MENTAL ILLNESS

- A. Deputies may, either by self-initiation or directed activity, come into contact with mentally ill persons and those impacted by mentally ill persons. Deputies shall be alert to the signs of mental illness to ensure the safety of the deputy, the mentally ill individual, and those affected by him/her.
- B. Additionally, other HCSO employees may come into contact with mentally ill persons as a function of their position. All employees should understand that the ADA requires law enforcement agencies to make reasonable adjustments to routine procedures on a case-by-case basis to provide equitable service to all individuals in the community.

¹ CALEA 41.2.7 d

² CALEA 41.2.7 e

- C. Some of the characteristics of mental illness include, but are not limited to:³
1. Individual Characteristics
 - a. Loss of memory;
 - b. Delusions;
 - c. Depression, deep feelings of sadness, hopelessness, or uselessness;
 - d. Hallucinations;
 - e. Manic behavior, accelerated thinking and speaking, or hyperactivity;
 - f. Confusion;
 - g. Incoherence;
 - h. Extreme paranoia
 2. Environmental Characteristics (Note: these attributes alone DO NOT constitute mental illness but instead are often combined with characteristics listed above.)
 - a. Homelessness;
 - b. Extensive clutter (in cars, as well as homes or residences);
 - c. Clothing inappropriate for season;
 - d. Restricted living area (food, bed, etc. all in one room);
 - e. Restricted access to parts of residence (missing/broken handles, locks, etc.)
 - f. Windows/vents/electrical outlets covered or modified;
 - g. Possession of an excessive number of similar items
- D. Contacts with Mentally Ill Individuals⁴
1. An assessment should be based upon personal and environmental indicators, behavioral indicators, and information received from witnesses and other involved parties.
 2. The following guidelines shall be considered when interacting with people who may have a mental illness and who may also be a crime victim, witness, or suspect:
 - a. Speak calmly when engaging a mentally ill individual. Loud, stern tones will likely have either no effect or a negative effect on the individual.
 - b. Use non-threatening body language, including soft gestures, and avoid quick movements. Keep your hands by your sides if possible and do not touch the person unless absolutely necessary.
 - c. Eliminate commotion, including loud sounds, bright lights, sirens, and crowds. If possible, move the individual to a calm environment before assessing the situation.
 - d. Keep animals away. Individuals with mental illness are often afraid of dogs and/or other large animals.
 - e. Look for personal identification. Medical tags or cards will often indicate if a mental illness is present and will supply the individual's name, a contact name, and a telephone number.
 - f. Call the caregiver. The caregiver is often the best resource for specific advice on calming the person, thereby ensuring the deputy's safety.
 - g. Prepare for a lengthy interaction. Mentally ill individuals should not be rushed unless there is an emergency.
 - h. Be aware of different forms of communication.

³ CALEA 41.2.7 a

⁴ CALEA 41.2.7 c

- 1) Mentally ill individuals often use signals or gestures instead of words, or demonstrate limited speaking abilities.
 - 2) As such, do not automatically interpret odd behavior as belligerent.
 - 3) In conversing with the individual, the deputy should repeat short and simple direct phrases and stay away from talking too much, as this might confuse or distract the individual.
- i. Be attentive to sensory impairments. Many mentally ill individuals have sensory impairments that make it difficult to process certain types of information.
 - j. In many situations and particularly when dealing with someone who is lost or has run away, the deputy may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.
 - k. If any non-sworn member having contact with a mentally ill individual becomes concerned for the safety of the individual or themselves, or they feel that an immediate intervention is necessary, they should request the presence of a sworn deputy.
3. Interviews & Interrogations⁵
- a. Deputies conducting interviews or interrogations of an individual who is mentally ill, or who the deputy suspects may have a mental illness, should consult with a mental health professional and the State's Attorney's Office to determine whether or not the person is competent enough to understand his/her Constitutional rights.⁶
 - b. These rights include prompt presentment, the voluntary nature of interviews, and the Miranda rights to counsel and against self-incrimination.⁷
 - c. If deputies interview or interrogate such persons as suspects, witnesses, or victims, those deputies should observe the following in order to obtain valid information:
 - 1) Do not interpret the lack of eye contact and strange actions or responses as indicators of deceit, deception, or evasion of questions.
 - 2) Use simple, straightforward questions.
 - 3) Do not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions.
 - 4) Recognize that mentally ill persons are easily manipulated and may be highly suggestible.
- E. In the event an HCSO employee (sworn or non-sworn) has contact with a mentally ill person and the employee's knowledge, training and experience indicates the need for improved self-care and nutrition, the employee shall refer the mentally ill person, or person concerned on their behalf, to the appropriate agency, such as the Department of Social Services, the Health Department, Grassroots Crisis Intervention Center or other intervention service, or initiate contact with the appropriate agency.⁸

⁵ CALEA 41.2.7 c

⁶ CALEA 1.2.3 a, b & c

⁷ CALEA 1.2.3 a, b & c

⁸ CALEA 41.2.7 b

V. EMERGENCY EVALUATION PETITION

- A. The HCSO shall serve Emergency Evaluation Petitions issued by the Circuit Court for Juvenile Emergency Evaluatees. Emergency Evaluations shall be served in a timely manner in accordance with local and state laws.⁹
- B. Service Procedures
1. The HCSO will maintain general responsibility for the processing and service of all Juvenile Emergency Evaluation Petitions issued by the Circuit Court.
 2. A Domestic Violence Unit Deputy or the Domestic Violence Advocate will interview the Petitioner to obtain information needed for service. A copy of the interview will be given to a Domestic Violence Unit Support Technician for entry into I-Leads.
 3. After receiving the petition from the Clerk's Office, the DVU Deputy will attempt service on the emergency evaluatee as soon as possible. **Service of Emergency Evaluations requires two (2) deputies at all times.**
 4. After service is made, the DVU deputies will transport the emergency evaluatee to Howard County General Hospital, or to the designated mental health facility as ordered by the Court. Hospital security should be notified of the situation.
 - a. The deputies will then contact the petitioner and advise that service has been made and that they should respond to the hospital.
 - b. The deputies will stay with the emergency evaluatee until a doctor has signed off on the petition.
 - c. Once the deputies have been released from security and transport duties, Hospital Security will be responsible for the emergency evaluatee.
 5. The DVU deputies will then return a copy of the petition and the completed Return of Service Form to the Court for its records.
 6. The DVU deputies will also date and time stamp the petition and Return of Service Form.¹⁰ Copies will then be given to a DVU Support Technician for processing, entry into I-Leads, and maintenance of the records.
- C. Service After Hours
1. The Howard County Police Department (HCPD) will receive Juvenile Emergency Evaluation Petitions and un-served petitions and will attempt to serve them during non-working hours of the HCSO.
 2. A copy of the petition will be taken to the HCPD Northern District Duty Officer for attempted service and a copy will be left for their records.
 3. If a petition is served after HCSO's normal business hours, the Deputy or the Police Officer will notify HCPD Communications to enter that information into I-Leads.
 4. The HCPD will assume responsibility for serving the petitions until the next HCSO business day.

⁹ CALEA 74.2.1

¹⁰ CALEA 74.1.2 a

VI. TRANSPORTATION & CUSTODY

- A. **Transportation and custody of emergency evaluatees shall be conducted in accordance with *General Order OPS-03, Prisoner Transport*. Exceptions are rare and may only be granted by a supervisor.**
- B. All persons being detained pursuant to an Emergency Petition are to be evaluated, as there is reason to believe that they are suffering from a mental disorder and may therefore pose a clear and imminent danger to themselves and others.
- C. Because of this, emergency evaluatees should be treated with caution and due regard for the safety of the deputy, of the evaluatee himself/herself, and of any others present. Handcuffing of an emergency evaluatee is required.
- D. At no time shall a deputy transport an emergency evaluatee without supervisory approval. If transport is necessary, use of the prisoner van shall be considered, especially if the transport is lengthy or if the individual is particularly violent.

VII. COMMITMENT

- A. An evaluatee who is involuntarily committed as a result of a petition for an emergency evaluation shall have an administrative hearing before a State judicial officer within 5 to 10 days of commitment.
 - 1. The purpose of this hearing is to decide if the person may be released or if he/she will remain as an involuntary patient.
 - 2. If it is determined that the person cannot leave the facility, but does so without authorization from the institution, he/she has violated a civil administrative order and can be detained for return to the facility.
- B. An evaluatee that leaves the hospital without authorization prior to an evaluation by a mental health practitioner may be detained and returned to the hospital based upon an EP.
- C. An evaluatee who is criminally charged may, as result of a court proceeding, be ordered to a psychiatric institution. If the evaluatee leaves the facility without authorization, violating a court order, he/she may be detained for return to the facility.
- D. When a juvenile is court committed to a hospital or mental health institution, that institution becomes his/her legal guardian. If the juvenile leaves without authorization, he/she is considered a runaway and may be taken into custody.

VIII. REPORTING

- A. Any service of an Emergency Petition requires a written report.
- B. A copy of the Emergency Petition shall be attached to the report.
- C. Because it will be used in subsequent mandated hearings if the individual is committed by the hospital, the original Emergency Petition and Additional Certification must be left at the hospital with the evaluatee.

IX. CANCELLATION

This General Order cancels and incorporates *Standard Operating Procedure DVU-03, Emergency Evaluations*, dated November 5, 2009.

Authority:

James F. Fitzgerald
Sheriff