

Crisis Intervention Incidents

415.1 PURPOSE AND SCOPE

This policy provides guidelines for interacting with those who may be experiencing a mental health or emotional crisis. Interaction with such individuals has the potential for miscommunication and violence. It often requires an officer to make difficult, real-time judgments about a person's mental state and intent in order to effectively and legally interact with the individual.

415.2 DEFINITIONS

Definitions related to this policy include:

Person in crisis - A person whose level of distress or mental health symptoms have exceeded their ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of factors, including an increase in the symptoms of mental illness despite treatment compliance; non-compliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

415.3 POLICY

The University of Maryland, Baltimore Police Department is committed to providing a high level of service to all members of the community and recognizes that persons in crisis may benefit from intervention. The Department will collaborate, where feasible, with mental health professionals to develop an overall intervention strategy to guide its members' interactions with those experiencing a mental health crisis. This is to ensure equitable and safe treatment of all involved.

415.4 SIGNS

Members should be alert to any of the following possible signs of mental health issues or crises:

- (a) A known history of mental illness
- (b) Threats of or attempted suicide
- (c) Loss of memory
- (d) Incoherence, disorientation or slow response
- (e) Delusions, hallucinations, perceptions unrelated to reality or grandiose ideas
- (f) Depression, pronounced feelings of hopelessness or uselessness, extreme sadness or guilt
- (g) Social withdrawal
- (h) Manic or impulsive behavior, extreme agitation, lack of control
- (i) Lack of fear
- (j) Anxiety, aggression, rigidity, inflexibility or paranoia

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Members should be aware that this list is not exhaustive. The presence or absence of any of these should not be treated as proof of the presence or absence of a mental health issue or crisis.

415.5 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

The Operations Bureau Commander or designee will be responsible for collaborating with mental health professionals to develop an education and response protocol. It should include a list of community resources, to guide department interaction with those who may be suffering from mental illness or who appear to be in a mental health crisis. The list of community resources, local service providers, and mental health organizations include but is not limited to:

Baltimore Crisis Response, Inc. (BCRI)
5124 Greenwich Ave., Baltimore, MD 21229
Main: 410-433-5255 | Fax: 410-433-6795
bcresponse.org

Law Enforcement Assisted Diversion (LEAD)
5124 Greenwich Ave., Baltimore, MD 21229
Main: 410-433-5255 | Fax: 410-433-6795
bcresponse.org/our-work/lead-and-crt.html
Paul's Place, Inc.

1118 Ward St., Baltimore, MD 21230
Main: 410-625-0775 | Fax: 410-625-0784
paulsplaceoutreach.org

Responses protocols should be grounded in best practices as set out by mental health officials.

415.6 FIRST RESPONDERS

Safety is a priority for first responders. It is important to recognize that individuals under the influence of alcohol, drugs or both may exhibit symptoms that are similar to those of a person in a mental health crisis. These individuals may still present a serious threat to officers; such a threat should be addressed with reasonable tactics. Nothing in this policy shall be construed to limit an officer's authority to use reasonable force when interacting with a person in crisis.

Officers are reminded that mental health issues, mental health crises and unusual behavior are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

An officer responding to a call involving a person in crisis should:

- (a) Promptly assess the situation and make a preliminary determination regarding whether a mental health crisis may be a factor.
- (b) Request available backup officers and specialized resources as deemed necessary and, if it is reasonably believed that the person is in a crisis situation, use conflict resolution and de-escalation techniques to stabilize the incident as appropriate
- (c) If feasible, and without compromising safety, turn off flashing lights, bright lights or sirens.

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- (d) Attempt to determine if weapons are present or available.
- (e) Take into account the person's mental and emotional state and potential inability to understand commands or to appreciate the consequences of his/her action or inaction, as perceived by the officer.
- (f) Secure the scene and clear the immediate area as necessary.
- (g) Employ effective tactics that preserve the safety of all participants.
- (h) Determine the nature of any crime.
- (i) Request a supervisor, as warranted.
- (j) Evaluate any available information that might assist in determining cause or motivation for the person's actions or stated intentions.
- (k) If circumstances reasonably permit, consider and employ alternatives to force.

415.6.1 CONSIDERATIONS AND RESPONSIBILITIES

Any officer handling a call involving an individual who may be experiencing a mental health crisis should consider, as time and circumstances reasonably permit (Md. Code HG § 10-622(b)):

- (a) Available information that might assist in determining the cause and nature of the individual's actions or stated intentions.
- (b) Community or neighborhood mediation services.
- (c) Conflict resolution and de-escalation techniques.
- (d) Community or other resources available to assist in dealing with mental health issues.
- (e) A round-the-clock mobile crisis response team, such as that offered by BCRI, for situations wherein the officer is legally unable to perform a petition for emergency evaluation, but wherein an individual is "nearing" a full crisis and may benefit from the expertise of a mental health professional.

While these steps are encouraged, nothing in this section is intended to dissuade officers from taking reasonable action to ensure the safety of officers and others.

415.7 DE-ESCALATION

Officers should consider that taking no action or passively monitoring the situation may be the most reasonable response to a mental health crisis.

Once it is determined that a situation is a mental health crisis and immediate safety concerns have been addressed, responding members should be aware of the following considerations and should generally:

- Evaluate safety conditions.
- Introduce themselves and attempt to obtain the person's name.
- Be patient, polite, calm, courteous, and avoid overreacting.

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- Speak and move slowly and in a non-threatening manner.
- Moderate the level of direct eye contact.
- Remove distractions or disruptive people from the area.
- Demonstrate active listening skills (i.e., summarize the person's verbal communication).
- Provide for sufficient avenues of retreat or escape should the situation become volatile.

Responding officers generally should not:

- Use stances or tactics that can be interpreted as aggressive.
- Allow others to interrupt or engage the person.
- Corner a person who is not believed to be armed, violent or suicidal.
- Argue, speak with a raised voice or use threats to obtain compliance.

415.8 INCIDENT ORIENTATION

When responding to an incident that may involve mental illness or a mental health crisis, the officer should request that the police communications operator provide critical information as it becomes available. This includes:

- (a) Whether the person relies on drugs or medication, or may have failed to take his/her medication.
- (b) Whether there have been prior incidents, suicide threats/attempts, and whether there has been previous police response.
- (c) Contact information for a treating physician or mental health professional.

Additional resources and a supervisor should be requested as warranted.

415.9 SUPERVISOR RESPONSIBILITIES

A supervisor should respond to the scene of any interaction with a person in crisis. Responding supervisors should:

- (a) Attempt to secure appropriate and sufficient resources.
- (b) Closely monitor any use of force, including the use of restraints, and ensure that those subjected to the use of force are provided with timely access to medical care (see the Handcuffing and Restraints Policy 302).
- (c) Consider strategic disengagement. Absent an imminent threat to the public and, as circumstances dictate, this may include removing or reducing law enforcement resources or engaging in passive monitoring.
- (d) Ensure that all reports are completed and that incident documentation uses appropriate terminology and language.

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- (e) Evaluate whether a critical incident stress management debriefing for involved members is warranted.

415.10 INCIDENT REPORTING

Members engaging in any oral or written communication associated with a mental health crisis should be mindful of the sensitive nature of such communications and should exercise appropriate discretion when referring to or describing persons and circumstances.

Members having contact with a person in crisis should keep related information confidential, except to the extent that revealing information is necessary to conform to department reporting procedures or other official mental health or medical proceedings.

415.10.1 DIVERSION

Individuals who are not being arrested should be processed in accordance with the Mental Health Evaluations Policy 409.

Officers operating within the City of Baltimore are currently permitted by law to exercise their discretionary authority at the point of contact with certain individuals to divert them into the Law Enforcement Assisted Diversion (LEAD) program.

The LEAD program is a community-oriented and harm-reduction-based intervention for those that commit "law violations driven by unmet behavioral health needs" (**Note 1**). The program's stated goal is to improve public safety and order by reducing participant's unnecessary involvement in the criminal justice cycle of booking, detention, prosecution, conviction, and incarceration. (**Note 2**)

In lieu of an arrest, qualifying individuals are instead referred into "a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment". (**Note 3**)

Additionally, "prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change". (**Note 4**)

Notes

1. LEAD National Support Bureau. n.d. "What Is LEAD?." LEAD National Support Bureau. Accessed June 13, 2020. <https://www.leadbureau.org/about-lead>.
2. LEAD National Support Bureau. n.d. "Our Mission." LEAD National Support Bureau. Accessed June 13, 2020. <https://www.leadbureau.org>.
3. LEAD National Support Bureau. n.d. "What Is LEAD?." LEAD National Support Bureau. Accessed June 13, 2020. <https://www.leadbureau.org/about-lead>.
4. Ibid

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415.11 NON-SWORN INTERACTION WITH PEOPLE IN CRISIS

Non-sworn or clerical members may be required to interact with persons in crisis in an administrative capacity, such as dispatching, records request, and animal control issues.

- (a) Members should treat all individuals equally and with dignity and respect.
- (b) If a member believes that he/she is interacting with a person in crisis, he/she should proceed patiently and in a calm manner.
- (c) Members should be aware and understand that the person may make unusual or bizarre claims or requests.

If a person's behavior makes the member feel unsafe, if the person is or becomes disruptive or violent, or if the person acts in such a manner as to cause the member to believe that the person may be harmful to him/herself or others, an officer should be promptly summoned to provide assistance.

415.12 EVALUATION

The Operations Bureau Commander or designee is responsible for coordinating the crisis intervention strategy for the UMBPD shall ensure that a thorough review and analysis of the department's response to these incidents is conducted annually. The report will not include identifying information pertaining to any involved individuals, officers or incidents and will be submitted to the Chief of Police through the chain of command.

415.13 TRAINING

In coordination with the mental health community and appropriate stakeholders, the Education & Training Section will annually develop and provide comprehensive education and training to all department members to enable them to effectively interact with persons in crisis.