



# Emergency Psychiatric Evaluations

Section: 2.422  
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## **2.422 Emergency Psychiatric Evaluations, 2.422.02 Background Information**

- A. A person suffering from a mental disorder and is a danger to themselves or others needs to be evaluated by competent medical personnel.
- B. A Petition for Emergency Evaluation of an individual may be made if the petitioner has reasons to believe that the individual has a mental disorder and the individual presents a danger to the life or safety of the individual or to others. In most cases the Petition for Emergency Evaluation may be obtained before the person to be evaluated (evaluee) is presented to medical personnel.

### **2.422.04 The Petition Process**

- A. Peace officers and designated medical professionals, however, may base their petition on personal observations.
- B. Peace officers need only observe the evaluee, and not the dangerous behavior.
- C. Other information obtained (by the peace officer) may be pertinent to the factors giving rise to the petition, such as credible and reliable reports of evaluee's dangerous behavior by family members or interested persons, evaluee's history of serious psychiatric disorders, property that had been destroyed, or violent actions.
- D. A Petition for Emergency Evaluation may be made by:
  - A physician, psychologist, clinical social worker, licensed clinical professional counselor, or health officer or designee, who has examined the individual.
  - A peace officer who has personally observed the individual or the individual's behavior.
  - Any other interested person.
  - A court which may order an emergency evaluation of an individual who has been arrested.

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

### **2.422.06 Liability**

- A. A peace officer who, in good faith and with reasonable grounds, acts as a custodian of an emergency evaluee is not liable civilly or criminally for submitting or completing the petition.

- B. Due to the nature of the situation, a **Petition for Emergency Evaluation should be served as soon as possible, and every effort should be made to locate the evaluatee.**
- C. Petitions signed by judges are valid for five days from the date a petition is signed. There are no expiration dates when petitions are signed by physicians, psychologists, clinical social workers, health officers, or ***peace officers***.
- D. Officers may take persons into custody and petition for emergency psychiatric evaluations consistent with HG 10-622(a) when:
  - 1. They have personally observed subject persons or any other information is obtained that is pertinent to the factors giving rise to the petition;
  - 2. They have probable cause to believe that subject persons have a mental disorder; and
  - 3. **The individual presents a danger to the life or safety of themselves or others.**
- E. Officers may also take persons into custody for emergency evaluations if they have petitions for evaluation that:
  - 1. Have been endorsed by judges within the last five days; or
  - 2. Have been signed by physicians, psychologists, clinical social workers, health officers, or other ***peace officers***.
- F. Officers taking evaluatees into custody will do so in the same manner as detainees per the Arrest Procedures Directive.
- G. Staff at a facility may request officers remain to assist with evaluatees. HG 10-624(a)(4) requires physicians to examine evaluatees as promptly as possible if officers are required to remain.
  - 1. Officers must immediately notify their shift supervisor/OIC when requested to assist with evaluatees.
  - 2. Officers will remain and assist only as long as necessary and prudent.

#### **2.422.08      Approved Psychiatric Facilities**

- A. Baltimore Police will be contacted to transport emergency evaluatees to the nearest emergency facility. The certified Emergency Psychiatric facilities, in order of their distance from the university are:
  - 1. University of Maryland – Midtown Campus, 827 Linden Ave.
  - 2. University of Maryland Hospital, 22 S. Greene St.
  - 3. Union Memorial Hospital, 201 E. University Pkwy.
  - 4. Johns Hopkins Hospital, 600 N. Wolfe St.
  - 5. Bon Secours Hospital, 200 W. Baltimore St.
  - 6. Johns Hopkins Bayview, 4940 Eastern Ave.
  - 7. Sinai Hospital, 2401 Belvedere Ave.
  - 8. Good Samaritan, 5601 Loch Raven Blvd.
  - 9. GBMC, 6701 N. Charles St.
  - 10. St. Agnes Hospital, 900 Caton Ave.
- B. The listed hospitals have been exempted from receiving and evaluating patients under emergency petitions:
  - 1. Harbor Hospital Center
  - 2. Homewood Hospital Center
  - 3. Kernan Hospital
  - 4. Lutheran Hospital

5. Mercy Medical Center
6. Mt. Washington Pediatric Center

#### **2.422.10 Police Officers as Petitioners**

- A. When an officer observes an individual who is possibly suffering from a mental disorder and the individual presents a danger to the life or safety of themselves or others: Request back-up unit(s) and the shift supervisor/OIC to respond.
- B. Take the evaluatee into custody with sufficient police units.
- C. Immediately request transportation from the Baltimore Police Department.
- D. Complete a Petition for Emergency Evaluation, an Additional Certification by Peace Officer form, and create a UB police report in Report Exec. If the evaluatee is a juvenile, a Juvenile Custody Report must accompany the other reports (and may require assistance of Baltimore Police in obtaining a Y number and preparing a custody report).
- E. The narrative sections of the Petition for Emergency Evaluation and the UB police report should include:
  - The totality of the circumstances which caused the issuance of the Petition for Emergency Evaluation.
  - Why you believe the evaluatee is suffering from a mental disorder and why you believe the evaluatee is a danger to the life or safety of the individual or to others.
  - Any symptoms of mental disorder and/or dangerous behavior you have observed, and statements made by the
  - evaluatee that you personally heard.
  - Any information reported to you by a credible witness pertaining to the evaluatee's symptoms or history of mental disorder and/or dangerous behavior, and statements made by the evaluatee and heard by the witness/interested person.
  - Any previous history of mental disorder and/or psychiatric hospitalization or treatment that has become a part of your knowledge.

**NOTE: The standard for determining a mental disorder is a lay petitioner's standard, which is "A clear disturbance in the mental functioning of another individual" (§10-620, *Health General Article, Annotated Code of Maryland*). Mental retardation alone is not included in the definition of mental disorder. However, an individual may be mentally retarded and suffer from a mental disorder.**
- F. When advised by an interested person that an individual has a mental disorder and the individual presents a danger to the life or safety of the individual or others, and you observe the individual.
- G. Request the individual to be evaluated and submit to a voluntary evaluation. If the individual agrees, BPD should be contacted to transport the individual to be evaluated to the nearest designated medical facility in keeping with this Order.
- H. If the individual to be evaluated refuses to voluntarily submit to the evaluation and you are made aware of the individual's clear disturbance in mental functioning, then act as the petitioner and follow the procedures explained above for a Petition for Emergency Evaluation.

NOTE: When acting as the petitioner, members are reminded to consider the totality of the circumstances to include the reasonable accuracy and truthfulness of the interested person, as well as physical evidence, additional witnesses, and personal observations of the evaluatee to support the sufficiency of the petition.

- I. When an interested person (petitioner) has reason to believe that an evaluatee has a mental disorder and the evaluatee presents a danger to the life or safety of the individual or others, and the evaluatee has left the scene prior to your arrival, you shall refer and/or transport the petitioner:
- During normal business hours:
  - If the evaluatee is an adult, to the Court Clerk's Office in the Borgerding (Wabash), Eastside, or Circuit Court Buildings, where the petitioner may fill out a Petition for Emergency Evaluation and present it to a judge.
  - If the evaluatee is a juvenile, to the Juvenile Court Clerk's Office, 300 N. Gay Street.
  - When outside normal business hours, to the Court Commissioner's Office.

**NOTE: If the judge refuses to sign the petition, no further action shall be taken.**

- J. When a physician, psychologist, clinical social worker, licensed clinical professional counselor, or health officer or designee, provides a Petition for Emergency Evaluation (which they have signed) for service within Baltimore City, you shall explain to the petitioner:
- The serious nature of the petition; and
  - The meaning, and content of the petition,
- K. If the location of the evaluatee is outside of Baltimore City, advise the petitioner to contact the appropriate jurisdiction for service of the petition. NOTE: A judge's signature is not required when the Emergency Petition has been endorsed by the above mental health professionals.
- L. When the petition is endorsed by the court:
- Ensure that the Petition for Emergency Evaluation has been signed by a judge within the last five (5) days,
  - After service of the Petition for Emergency Evaluation, complete the "Return of Service by Peace Officer" form and give it to the shift supervisor/OIC along with other requisite reports.

#### **4.22.12 Duties of Police**

- A. The duties of officers acting as petitioners include, but are not limited to:
1. Ensuring Emergency Psychiatric Facilities (EPF) are notified;
  2. Contact BPD to transport the evaluatees to the closest designated EPF;
  3. Consulting with EPF staff and completing petitions;
  4. Remaining with evaluatees until care and custody is assumed by EPF;
  5. Completing agency required reports; and
  6. Submitting a copy of all petitions to the Business Specialist for filing.

**2.422.14 Physicians, etc. as Petitioners**

- A. HG 10-624(a)(ii) obligates officers attempt to serve petitions authorized by physicians, certified psychologists, clinical social workers, county health officers or designees who sign Petitions for Emergency Evaluation.
- B. If petitions are completed by physicians, health officers, clinical social workers, or certified psychologists, the officer will:
- If on-view, advise the Communications Center of the situation.
  - Request back-up unit(s), the shift supervisor/OIC, and, if needed, additional units from the Baltimore Police Department.
  - Respond promptly to the location of the evaluatee with the Petition for Emergency Evaluation.
  - Take the evaluatee into custody and have them transported to the closest “Designated Psychiatric Emergency Facility” or to the medical facility as directed by the signing physician or health officer.
  - When the evaluatee cannot be located during your shift, complete an Administrative Report, Form 95, requesting the Shift Commander of the next shift to attempt service of the Petition for Emergency Evaluation.
    - Attach the Administrative Report to the Petition for Emergency Evaluation. Continue this process until the Petition for Emergency Evaluation is served or expires.
  - When an evaluatee is in custody, ensure that they are transported, along with any appropriate medications.
  - When custody of the evaluatee has been assumed by the emergency medical facility, the officer is no longer responsible for the evaluatee.
  - Should a physician request your assistance because the evaluatee is violent, contact the shift supervisor/OIC who will determine the need for assistance. If you are required to stay, the law requires that the physician examine the evaluatee as promptly as possible.
  - Prepare a Petition for Emergency Evaluation package to include the following items:
    - Photocopy of the signed Petition for Emergency Evaluation, the Miscellaneous Incident Report and any other documents generated as a result of the issuance of the Petition for Emergency Evaluation.
- C. Officers will also :
1. Ensure petitions are completed and signed;
  2. Take reasonable and prudent steps to serve petitions;
  3. Complete mandatory agency reports; and
  4. Submit a copy of each petition to the Operations Captain.
- D. Officers are under no obligation to serve as petitioners when physicians, health officers, or certified psychologists do not, or will not, complete petitions for persons they believe should be evaluated at EPF. In such situations, officers:
1. May offer eligible persons opportunities to seek voluntary admissions;
  2. Will notify their shift supervisor/OIC if eligible persons refuse to seek voluntary admissions; or
  3. Serve as petitioners if they personally develop sufficient information to do so.

**2.422.16 Voluntary Admissions**

- A. Consistent with HG 10-609, individuals 16 years old or older may apply for voluntary admissions to EPF's provided:
  - 1. They have mental disorders;
  - 2. The mental disorders are susceptible to care or treatment;
  - 3. They understand the nature of requests for admission;
  - 4. They are able to give continuous treatment, to include retention by an EPF; and
  - 5. They are able to ask for their release.
- B. When practical, officers may present the option of voluntary admission to potential evaluatees. However, officers will become petitioners when:
  - 1. They have personally observed the subject or any other information is obtained that is pertinent to the factors giving rise to the petition;
  - 2. They have probable cause to believe that subject has mental disorders; and
  - 3. The individual presents a danger to the life or safety of themselves or others.
- C. Officers will attempt to arrange transportation to appropriate EPF for persons who voluntarily request to be admitted. Officers may conduct transports if other means are not available or are impractical.

**2.422.18 Admission Authorized/Denied**

- A. If evaluatees are admitted, officers will:
  - 1. Obtain a copy of each petition submitted; and
  - 2. Leave evaluatees and petitions at Emergency Psychiatric Facilities;
- B. If evaluatees are not accepted for evaluation at the closest designated EPF, officers will obtain reasons for refusals and names of officials so refusing.
- C. Officers will not transport certified evaluatees from one EPF to any other facility.
- D. If EPF physicians decline to certify evaluatees for admission, officers may, upon request of evaluatees, return them to locations of initial contact or locations near the agency's primary jurisdiction close to where initial contacts were made.

**2.422.20 Transport to Non-Designated Hospitals**

When the fire department, for medical reasons, transports evaluatees to facilities which are not designated EPF, hospital staff will coordinate transportation and notification to the evaluatee's family.

**2.422.22 Incident Reports**

- A. Officers will complete incident reports whenever petitions are served or attempted to be served.
- B. Information contained in reports must include, but is not limited to:
  - 1. Circumstances of the incidents;
  - 2. Description of evaluatee's behavior that lead to them being taken into custody;
  - 3. Identities of evaluating physicians;
  - 4. Names of facilities from which the person were released or accepted; and
  - 5. If applicable, addresses where evaluatees were returned to.

**2.422.24 Escaped Mental Patients**

- A. Mental patients who have been criminally charged and committed by courts of competent jurisdiction, and subsequently escape from confinement, may be arrested and charged with escape.
- B. Civilly or voluntarily committed patients who leave institutions without authorization are not subject to police detention unless they are detained for criminal violations.
- C. Escapees who were confined to facilities of the Department of Health and Mental Hygiene pursuant to commitments to determine competency to stand trial or criminal responsibility are subject to arrest.
- D. Juveniles who escape after being committed by the court to hospitals or mental health institutions are considered to be runaways and may be taken into custody for return to appropriate locations.

**2.422.26 Arrest of Mentally Disturbed Subjects**

- A. If evaluatees are also under arrest for criminal charges, officers will transport them to the nearest designated EPS facility and will remain with evaluatees until petitions have been acted upon.
- B. Evaluatees who are not committed will be transported to the Central Booking for processing of the criminal charges.
- C. If evaluatees are involuntarily committed, and officers wish to pursue criminal charges, officers will:
  - 1. Apply for charging documents for the criminal acts; and
  - 2. If warrants are issued, obtain detainers from commissioners. Detainers will be sent to facilities holding the individuals.

**2.422.28 Guidelines for Recognition of persons suffering from mental illness**

- A. Mental illness can be defined as any of 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. Employees should be alert to symptoms common to mental illness.
- C. Although symptoms of mental illness may vary, all mentally ill persons have thoughts, feelings, or behavioral characteristics which result in an inability to cope with the ordinary demands of life.
- D. While a single symptom or isolated event does not necessarily indicate mental illness, professional help should be sought if symptoms persist or worsen.
- E. Common symptoms of mental illness can include:
  - 1. **Social Withdrawal** such as:
    - Sitting and doing nothing;
    - Withdrawal from family and/or friends;
    - Dropping out of activities;
    - Decline in academic or athletic performance.
  - 2. **Depression** such as:
    - Loss of interest in activities;
    - Expression of hopelessness or helplessness;
    - Changes in appetite or weight gain/loss;
    - Behaviors unrelated to events or circumstances;

- Excessive fatigue and sleepiness or inability to sleep;
  - Pessimism;
  - Thinking or talking about suicide
3. **Thought disorders** such as:
- Inability to concentrate or cope with minor problems;
  - Irrational statements;
  - Poor reasoning, memory and judgment;
  - Expressing thoughts of greatness or ideas of being harassed or threatened;
  - Peculiar use of words or language structure;
  - Excessive fear or suspiciousness.
4. **Expression of feelings** such as:
- Hostility;
  - Indifference;
  - Inability to cry or excessive crying;
  - Inability to express joy;
  - Inappropriate laughter;
  - Nonverbal expressions of sadness or grief.
5. **Behavior** such as:
- Hyperactivity or inactivity;
  - Deterioration in personal hygiene and appearance;
  - Involvement in automobile accidents;
  - Drug or alcohol abuse;
  - Forgetfulness and loss of valuable possessions;
  - Attempts to escape through geographic change, frequent moves or hitchhiking trips;
  - Bizarre behavior;
  - Inappropriate use of household decorations (i.e. aluminum foil covering windows);
  - Accumulation of waste matter or trash;
  - Unusual sensitivity to noises, light, colors, and clothing;
  - Changes in sleeping and eating habits.
6. **Cognitive Impairments** such as:
- Disorientation in time, place, or person;
  - Confusion, incoherence and extreme paranoia;
  - Inability to find way in familiar setting;
  - Inability to solve familiar problems;
  - Impaired memory for recent events;
  - Inability to wash and feed oneself, urinary or fecal incontinence and/or presence of feces or urine on the floor or walls.

### **2.422.30 Procedures for Accessing Available Mental Health Resources**

- A. The Employee Assistance Program (EAP) will provide employees (and their household members) with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations.
- B. Your benefits provide an initial private assessment of the problem and short-term counseling, if appropriate. If a problem is more serious and requires specialty care or medication, the counselor can assist you in obtaining the appropriate treatment from a mental health provider associated with your insurance plan.
- C. EAP Services are available 24 hours a day, 7 days a week via their toll-free number (800) 346-0110.
- D. Employees are also encouraged to visit INOVA Employee Assistance Program's website to access online resources. [www.inova.org/eap](http://www.inova.org/eap).

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### **2.422.32 Response to Individuals with Mental Illness**

- A. Persons with mental illness 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 can assist in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.
- C. The following guidelines should be used when approaching and interacting with individuals who may have mental illness and who may be a crime victim, witness, or suspect:
  - 1. Speak calmly to the individual;
  - 2. Use non-threatening body language and keep your hands by your sides if possible;
  - 3. Eliminate commotion by moving individual to a calm environment if possible;
  - 4. Keep animals away;
  - 5. Look for personal identification;
  - 6. Call the caregiver for advice on calming the individual and ensuring officer safety;
  - 7. Prepare for a lengthy interaction unless there is an emergency;
  - 8. Repeat short, direct phrases;
  - 9. Be attentive to sensory impairments;
  - 10. Accompany the individual through buildings or neighborhoods to seek visual clues;
  - 11. Be aware of different forms of communication; and
  - 12. Maintain a safe distance.
- D. Once sufficient information has been collected about the nature of the situation, and it has been stabilized, there are several options available to the officer, being:
  - 1. Arrange for transportation of the individual to receive medical attention if they are injured or abused;
  - 2. Release the individual with no further action;
  - 3. Release the individual to a family member, caregiver, or mental health provider;
  - 4. Refer the individual to a substance abuse center;
  - 5. Assist in arranging voluntary admission to a mental health facility if requested;
  - 6. Arrange transportation via BPD for involuntary Emergency Psychiatric Evaluation; or
  - 7. Arrest if a crime has been committed.

**2.422.34 Training**

- A. All UBPD personnel will receive training on mental illness.
- B. This agency will conduct refresher in-service training for dealing with persons suspected of suffering from mental illness with all personnel at least every three years.

**2.422.36 Supervisor's Responsibility**

- A. The shift supervisor/OIC will respond to the location of the Emergency Petition to observe and assist as may be necessary.
- B. At the scene, and when additional police assistance is requested by the medical physician/staff, assess the situation and determine if there is such a need.
- C. If the evaluatee is violent, have the member(s) stay at the medical facility until the evaluatee is examined,
- D. Review and forward the Petition for Emergency Evaluation package to the Operations Captain or designee.
- E. Ensure Petitions for Emergency Evaluation issued from the court are assigned to the appropriate member for service, and after being served, the "Return of Service by Peace Officer" is forwarded to the Operations Captain.
- F. When the Petition for Emergency Evaluation is not served during your shift, ensure an Administrative Report, Form 95, is completed requesting the Shift Commander of the next shift to attempt service of the Petition for Emergency Evaluation. Attach the Administrative Report to the Petition for Emergency Evaluation and deliver them to the Shift Commander of the following shift for service. If available, provide photo of person to be served.
- G. Ensure the Petition for Emergency Evaluation package is complete and is forwarded to the Operations Captain.
- H. Forward the completed "Return of Service by Peace Officer" to the District Court Clerk at the courthouse where the Petition for Emergency Evaluation originated.

**2.422.38 Business Specialist**

- A. Ensure the Petition for Emergency Evaluation package is stored as one entire package and maintained in the Records section for **24 months**. This time period shall begin on the day the package is received.

**2.422.40 COMMUNICATION OF POLICY**

- A. Shift Supervisors shall be responsible for communication of this directive to their subordinates and to ensure compliance.