Policy 715

Subject	
BEHAVIORAL HEALTH CRISIS DISPATCH	
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By Order of the Police Commissioner

POLICY

The Baltimore Police Department (BPD) will implement a first-responder model of Crisis Intervention as a component of Baltimore City's Behavioral Health and Crisis Response Systems. The department will identify:

- Strategies for de-escalating crises and connecting individuals to community resources that provide appropriate service;
- Appropriate use of hospital emergency services only after less restrictive alternatives have been considered;
- Opportunities for diversion from the criminal justice system;
- Methods for addressing the long-term needs of individuals and families in order to provide for the least police-involved response.

The purpose of this policy is to provide guidance for assigning an appropriate response to calls for service that involve individuals and families with Behavioral Health Disabilities or experiencing Crisis.

CORE PRINCIPLES

1. **Community Planning and Implementation**. The BPD is an important component of Baltimore's crisis response system by effectively responding to and de-escalating incidents that pose an imminent danger to community safety, and diverting individuals to community resources that provide appropriate services. The BPD maintains a collaborative relationship with the behavioral health care system, people with lived experience, and advocacy groups in order to develop, implement, and evaluate a comprehensive crisis response system that allows for the least police-involved response for persons in Crisis consistent with community safety.

2. **Civil Rights**. Members who respond to persons with Behavioral Health Disabilities or who are experiencing Crisis shall respect their dignity, civil rights, and contribute to their overall health, safety, and welfare. Even in Crisis, individuals with Behavioral Health Disabilities retain their constitutional rights, including their rights to liberty and due process. Consistent with these rights and Maryland law, a member may only detain and/or transport an individual for emergency evaluation or civil commitment if they present a danger to the life and safety of themselves or others (MD Health Gen. § 10 602 a).

   Members and communications dispatchers shall be trained to i). Understand the value to society of persons with disabilities residing in the community; ii). Understanding the need to avoid assumptions, stereotyping, and discrimination against persons with disabilities; iii). Increase awareness of bias as it relates to interactions with individuals who experience Behavioral Health Disabilities; and iv). Provide reasonable modifications to individuals with Behavioral Health

Disabilities as needed.

3. **Community and Officer Safety**. The BPD supports the least police-involved response necessary for persons with Behavioral Health Disabilities or in Crisis consistent with community safety. BPD will ensure that members have the training and resources to appropriately respond to individuals with Behavioral Health Disabilities or experiencing Crisis, including de-escalating and promoting peaceful resolutions to incidents, and diverting individuals to community resources that provide stabilizing services.

4. **De-Escalation**. Members shall use de-escalation techniques and tactics to attempt peaceful resolution of an incident without resorting to the need for force (See Policy 1107, *De-Escalation)*. While members are not expected to diagnose mental or emotional conditions, they are expected to recognize behaviors that are indicative of persons with Behavioral Health Disabilities or in Crisis. Common de-escalation techniques for responding to people with Behavioral Health Disabilities include, but are not limited to:

   - Time: Slowing down the pace of an incident.
   - Distance: Maximizing space to increase reaction time.
   - Cover: Moving to a safer position to decrease exposure to a potential threat.
   - Communication: Interacting with an individual in order to promote rational decision-making.
   - Continuous assessment and application of the critical decision-making model.

5. **Sanctity of Human Life.** Members shall make every effort to preserve human life in all situations.

DEFINITIONS

Behavioral Health Disability – Primarily refers to any Mental Illness and/or Substance Use Disorder but also may be used to describe any disabling condition that impacts a person's ability to self-regulate their thinking, mood, or behavior, including intellectual and developmental disabilities, autism spectrum disorders, and dementia. A person may be suspected of experiencing a Behavioral Health Disability through a number of factors including:

- Self-Report,
- Information provided to dispatch or members directly by witnesses or informants,
- An individual's previous interaction(s) with the BPD, or
- A member's direct observation including, but not limited to, behaviors consistent with psychiatric diagnoses, such as disorientation/confusion, unusual behavior/appearance (neglect of self-care), hearing voices/hallucinating, anxiety/excitement/agitation, depressed mood, crying, paranoia or suspicion, self-harm, and/or threatening violence towards others.

NOTE: The terms "disability" and "disorder" are often used interchangeably. In this context, the preferred term is Disability.

Collaborative Planning and Implementation Committee (CPIC) – A group of individuals and organizations representing a wide range of disciplines and perspectives who develop, implement, and evaluate a comprehensive crisis response system for Baltimore City that allows for the least police-involved response for people with Behavioral Health Disabilities or experiencing Crisis consistent with community safety while improving outcomes. The CPIC oversees the BPD Crisis Intervention Program.

Crisis — An incident in which an individual experiences or displays intense feelings of personal distress (e.g., anxiety, depression, anger, fear, panic, hopelessness) that they are unable to address with their ordinary coping strategies and that may cause disruptions in thinking (e.g., visual or auditory hallucinations, delusions, cognitive impairment). Crisis can result from Mental Illness, a Substance Use Disorder, an intellectual or developmental disability, a personal Crisis, or the effects of drugs or alcohol.

Crisis Intervention — The attempt by a member to de-escalate an encounter with an individual experiencing Crisis, to return the individual to a pre-Crisis level, and to divert the individual to community resources when appropriate.

Crisis Intervention Team (CIT) Officers — Patrol officers who volunteer to receive 40 hours of specialized training and undergo a selection process in order to serve as primary responders to Behavioral Health Disability-related calls for service to which a police response is necessary.

Crisis Response Team (CRT) — A specialized unit comprised of certified officers and licensed Mental Health professionals who respond in pairs to persons in Crisis and highly complex and/or emotionally heightened situations.

Mental Illness — A health condition that significantly impairs a person's thinking, mood, or behavior and may affect his or her ability to effectively address individual, interpersonal, and social challenges.

Mobile Crisis Team — A team of mental health professionals including psychiatrists, social workers, peers, and nurses who can be dispatched to any Baltimore City location to provide immediate assessment, intervention, and treatment. The Mobile Crisis Team may be contacted via the Crisis, Information, & Referral Line at 410-433-5175 24 hours per day, behavioral health professionals are available by phone 24 hours per day and are available to respond in person between the hours of 0700 and midnight.

Substance Use Disorder — A problematic pattern of symptoms, including noticeable distress, resulting from the use of a substance that results in impairment.

GENERAL

1. All BPD dispatchers, 911 call takers, and their supervisors will receive Crisis Intervention training to enable them to appropriately identify and dispatch calls for service that involve individuals experiencing Crisis.

2. Dispatchers shall use all reasonable efforts to assign at least one CIT-trained member to respond to calls for service that include an individual experiencing Crisis and require a police response.

3. BPD shall collaborate with CPIC in the development, implementation, and evaluation of 911 call intake and dispatch protocols that will allow for the least police-involved response necessary consistent with community safety.

DIRECTIVES

911 Call Intake

1. When a call is received that appears to be related to a Behavioral Health Disability or Crisis **and is not a medical emergency**, 911 call takers shall collect as much information as possible to properly document the behavior, assess needs, and to provide appropriate information if a police response is needed. Such information includes, but is not limited to:

    1.1. The nature of the behavior (what the individual is doing),

    1.2. Name of the individual potentially in Crisis,

    1.3. Events that may have triggered the individual's behavior,

    1.4. Statements by the individual that suggest that they are prepared to commit a violent or dangerous act, including threats of suicide,

    1.5. The individual's current or past use of drugs and/or alcohol,

    1.6. Whether the individual takes medication and what kind of medication,

    1.7. History of violence,

    1.8. History or treatment for Mental Illness, and

    1.9. The presence of weapons.

2. 911 Call Intake may determine that a police response is not necessary based on the following criteria as supplied by the caller:

    2.1. No medical attention requested,

    2.2. No injury indicated,

    2.3. No immediate danger to self or others, and/or

    2.4. "Information only" (i.e., caller is seeking consultation or referral information).

3. 911 Call Intake shall forward calls that do not necessitate a police response to the Crisis Information & Referral Line at 410-433-5175, which may connect the caller to a Mobile Crisis Team if requested between 0700 and midnight, and behavioral health professionals are available by phone 24 hours per day.

4. 911 Call Intake may determine that a police response is necessary, and shall assign Priority "C" to those calls and forward to Emergency Police Dispatch.

BPD Dispatch

When a call/incident involves a person with a Behavioral Health Disability or who is in Crisis, the Emergency Police Dispatcher shall:

1. Ensure that all calls coded **85** (Behavioral Crisis) or **28** (Suicide Attempt) are dispatched expeditiously.

2. Dispatch the nearest available CIT officer and a back-up unit from the district of occurrence. A minimum of two officers shall be dispatched to calls for service coded **85** or **28**.

    2.1. CIT Officers shall be the first choice to respond to the call and will act as primary officer on the scene.

    2.2. If a CIT Officer is not available to respond to a call, the Dispatcher shall assign at least two members to the call and shall determine if a CIT Officer handling a lower priority call can be reassigned.

NOTE: Under no circumstances will assignments be delayed to await a CIT Officer to become available or to respond to an incident.

3. Notify and dispatch the Crisis Response Team (CRT) when requested by the primary officer on the scene.

NOTE: Dispatch may assign the CRT to calls for service that involve a known individual who is experiencing a Behavioral Health Disability or a person who is experiencing a Crisis.

4. Examine all calls for any indication of subjects demonstrating a Behavioral Health Disability, exhibiting irrational behavior(s), and threatening to harm/injure themselves and/or others that may have been miscoded or coded otherwise but indicate a need for a CIT response.

5. Identify and dispatch CIT Officers when an "on-view" incident is conveyed to Dispatcher by field units that appears to involve a person in Crisis or as requested by the unit on scene.

REQUIRED ACTION

Communications Section

Dispatchers within the Communications Section shall:

1. Maintain an updated roster as provided of all CIT and CRT members who are logged on and working each shift in each district.

2. Maintain an updated list of Mobile Crisis Teams as provided or other service providers to which individuals in Crisis may be diverted if a law enforcement response is not necessary.

3. Ensure that all information received is delivered to the responding members.

4. Assist the primary patrol officer in notifying CRT when requested and available, including forwarding the request via Citywide channel.

Patrol Division Members

1. Respond to calls for service or on-view incidents that appear to involve an individual with a Behavioral Health Disability or experiencing a Crisis in a manner that adheres to the guidance of Policy 712, *Crisis Intervention Program*.

2. All responding members shall complete a Behavioral Health Report, Form 320 when reporting founded calls for service coded **85** or **28**.

NOTE: An **oral code** may not be given unless the call is unfounded, the complainant cannot be located, or the Incident Type is changed and the new Incident Type does not have a behavioral health component (e.g., the incident is a dispute among neighbors and neither party appears to be experiencing a Behavioral Health Disability or Crisis).

Collaborative Planning and Implementation Committee (CPIC)

The CPIC recognizes that many calls for service are more effectively addressed by resources apart from the BPD. To that end, the CPIC will continuously evaluate the city's Crisis response system, and will evaluate BPD practices specific to dispatching calls for service related to Crisis. The CPIC will meet regularly and work collectively with the BPD in order to:

1. Develop, coordinate, and/or implement resources identified in gaps analyses and informed by national best practices to facilitate an increase in the diversion of calls for service that do not necessitate a police response.

2. Develop and implement community education strategies on the availability of behavioral health resources in order to prevent unnecessary calls to 911 where behavioral health resources would more effectively meet an individual's needs.

3. Work in collaboration with city agencies and Crisis response resources to develop and implement protocols for:

    3.1. The identification of behavioral health related calls,

    3.2. Opportunities for diversion and/or concurrent response at the 911 call intake and police dispatch stages by non-BPD resources as informed by caller needs,

    3.3. Improving the response to caller needs and reducing unnecessary encounters with law enforcement, and

    3.4. Expanding operational definition of calls for service not requiring member response as the city's available Crisis response resources expand.

4. Work with BPD to explore enhancements to CAD to allow for additional data beyond that referenced above, including, but not limited to:

    4.1. Member observations of key strengths, natural supports, and strategies contributing to successful resolution of prior calls, and

    4.2. Permitting individuals or families to voluntarily enter information in CAD to assist members in diverting calls, effective response, and contacting support system.

5. Develop protocols for identifying and referring for services individuals whose behavioral health needs result in a high 911 call volume and/or law enforcement contact. These protocols are intended to diminish unnecessary calls to 911 but shall not be a barrier to emergency response.

6. BPD's Crisis Intervention Coordinator will collect, analyze, and report data to CPIC that describes:

   6.1. Behavioral health-related calls for service, especially calls that required member response,

   6.2. Calls for service that were diverted to non-law enforcement resources,

   6.3. Call outcomes, and

   6.4. Other data necessary to aid in the planning and evaluation of BPD and alternative responses to calls for service. CPIC will use a continuous quality improvement process to further refine 911 call, dispatch, and behavioral health response protocols to improve outcomes.

7. Periodic review and updating of resource list referenced in Communication Section #2.

8. Periodic review and updating of this policy as informed by gaps analyses, public behavioral health system enhancements, and changes in protocols as outlined above.

Education and Training Section

1. Ensure that 911 call takers, dispatchers, and dispatch supervisors have received Crisis Response Training.

2. Provide annual in-service training for all members on Crisis Intervention.

3. Maintain updated roster of certified CIT officers and provide to Communications Section.

ASSOCIATED POLICIES

Policy 712, *Crisis Intervention Program*
Policy 713, *Petitions for Emergency Evaluations*
Policy 1107, *De-Escalation*

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.