

**Recommendation OIR 64: MPD should amend its SOP on Mental Health Incidents/Crises by breaking it into separate policies that would address separate topics, and would specifically include the tactical principles the Department trains and expects its officers to employ in addressing situations involving individuals in mental health crisis.**

When it conducted its review of MPD policy on mental health incident/crises, OIR found that:

1. MPD only had a single SOP covering all mental-health-related matters. OIR noted, *"The SOP is five pages long and covers a range of topics, including guidelines for response to various situations, emergency detention procedures, description of the Mental Health Liaison/Officer program, and dealing with dementia patients at assisted living facilities. This range of subjects leads to an overly long policy in which some important concepts may be overshadowed. The Department should consider breaking up the SOP, with separate policies addressing the particulars of emergency detention criteria and procedures, other specialized responses (i.e., dementia patients), and response guidelines."*

2. OIR further noted that the existing SOP *"does not specifically address tactics or procedures for handling crisis situations particular to individuals who officers believe may have mental health issues. A policy outlining guidelines for response to mental health crises should include specific reference to the principles the Department expects officers to employ in these situations, consistent with the training they receive."*

3. In addition, OIR advised that MPD should eliminate the term "abnormal behavior" from its policy, given the potential that this term could promote bias and stigma.

Subsequently, MPD addressed some, though not all, of these issues. In response to Council orders contained in the President's Work Group report, MPD issued an SOP on Response to Persons with Altered State of Mind. In its supplementary report, OIR noted that this SOP *"does address the tactical response issues OIR found lacking in the Mental Health Incidents/Crises SOP. OIR suggests that cross-referencing that SOP may be useful for officers and the public."* MPD also altered its SOPs to remove the term "abnormal behavior."

However, MPD argued that breaking its Mental Health Incidents/Crisis SOP into separate documents seemed unnecessary and that using only a single SOP seemed logical and would facilitate officers finding relevant policy material. OIR noted in response that, though it did not find MPD's approach unreasonable or improper, it continued to find the SOP somewhat confusing in its scope and believed that separate policies on the criteria and processes for Emergency Detentions, and the roles of Mental Health Officers and Mental Health Liaison Officers may make it easier for officers to more easily find the appropriate SOP.

We agree with the OIR recommendation in full, and have adopted it without revision. In its organization and scope, the current Mental Health Incidents/Crisis SOP does appear somewhat confusing. On balance, we agree with OIR's judgment that separating the material into distinct SOPs could facilitate access. We commend the steps MPD has already taken in addressing the issues raised in this recommendation, especially the creation of the stand-alone Response to Persons with Altered State of Mind SOP, providing necessary clarity and guidance on tactical issues.