NAMI National Alliance on Mental Illness | Montgomery County
1 Research Court | Suite 315 | Rockville, MD 20850 | 301.949.5852 | namimc.org

Montgomery County Crisis File
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Visit namimc.org/resources for additional information and up-to-date information provided by NAMI Montgomery County.

Mental Health & Crisis Services

For additional resources, please visit namimc.org/resources.

This is not an exhaustive list of our local resources and they are not listed in a certain order.

The resources included here and our website are not endorsed by NAMI, and NAMI is not responsible for the content of or service provided by any of these organizations. These are frequently accessed and requested local, state, and national resources.

Crisis Resources

Montgomery County Crisis Center & Mobile Team	240-777-4000
National Suicide Prevention Lifeline	988
Crisis Text Line	text HOME to 741741
National Sexual Assault Hotline	1-800-656-4673
National Domestic Violence Hotline	1-800-799-7233
Montgomery County Hotline	301-738-2255
Emergency Services - ask for a CIT-trained officer to respond	911

Maryland Resources

Maryland Helpline	211
Mental Health Association of Maryland	443-901-1550
Maryland Dept of Health	410-767-6500
24-Hour Non-Emergency	301-279-8000
Local Behavioral Health Authority	240-777-1400
Montgomery County Child & Adolescent Behavioral Program	240-777-1432
State Police (Rockville)	301-424-2101

Montgomery County Designated Psychiatric Emergency Facilities

Holy Cross Germantown (Ages 18+)	301-557-6860
Medstar Montgomery (Ages 13+)	301-774-8800
Adventist HealthCare Shady Grove Medical Center (Ages 13+)	301-838-4912
Adventist HealthCare White Oak (Ages 13+)	240-637-4000
Suburban Hospital (Ages 13+)	301-896-3629

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Emergency Housing and Shelters

• Interfaith Works: Men's, Women's, and All Gender Shelters	Referral from Crisis Center: Call 240-777-4000
• Montgomery County Coalition for the Homeless	301-217-0314
• Montgomery County Dept of Health and Human Services	
◦ DHHS Rockville	240-777-4550
◦ DHHS Silver Spring	240-777-3075
◦ DHHS Germantown	240-777-4448

Multilingual Mental Health Services

• NAMI National Helpline	1-800-950-6264
• SAMHSA's National Helpline	1-800-662-HELP (4357)
• Suicide Prevention Lifeline	1-800-628-9494
• HOPELine (Crisis Hotline - Spanish)	1-800-784-2432
• Montgomery County Adult Behavioral Health Program	240-777-1770
• Montgomery County Child & Adolescent Behavioral Health Program	240-777-1432

Updated April 2023

What to do in a Psychiatric Crisis:

Montgomery County

The following is the summary of a presentation made by NAMI member Evelyn Burton on how to deal with a psychiatric crisis in Montgomery County, MD. We are grateful to Evelyn for her in-depth research on this topic and her excellent presentation.

In most situations, a psychiatric crisis is characterized by at least one of the following:

- Active danger to self or others (this includes suicidal thinking or behavior, high risk behavior, thinking about or doing harm to others and violence toward property)
- Passive danger to self or others (this includes serious neglect of self or of others in one's care)
- Sudden change in mental status
- Acute psychotic symptoms

Sometimes it is difficult to assess whether or not a person will become violent toward self or others. Some signs of possible impending agitated violence include[i]:

- Speech that is loud, threatening and profane
- Increased muscle tension, such as sitting on the edge of the chair or gripping the arms; clenched fists and teeth
- Rapid breathing, flushed face; eyes widen, nostrils flare
- Hyperactivity – restless and repetitive movements, pacing
- Slamming doors or knocking over furniture

The first choice in dealing with a person in a psychiatric emergency is for that person to seek treatment voluntarily. If he or she has a mental health care provider, contact that provider for advice. If the person has insurance, Maryland law requires that the insurance company cover emergency hospitalization or residential crisis services. If the person has no mental health provider, encourage him or her to go to the Crisis Center, a psychiatric hospital (such as Adventist Behavioral Health in Rockville) or the emergency room. In Montgomery County, the Mobile Crisis Team can be called to the home between 8 am and midnight. To access the Mobile Crisis Team, call the Crisis Hotline at 240777-4000. If possible, accompany the person in crisis to the hospital or crisis center so you can provide information about his or her illness and current behavior.

If the individual will not seek treatment voluntarily, one can petition the court for an involuntary mental health evaluation. Currently Maryland law does not allow for outpatient *civil* commitment, only involuntary evaluation and involuntary hospitalization. Outpatient civil commitment means that a judge has ordered a person to comply with psychiatric treatment and if s/he fails to do so, s/he will be hospitalized involuntarily. Such a law is in place in other states, most notably in New York where the law is called "Kendra's Law." Maryland *criminal* law provides for involuntary outpatient treatment through the parole and probation system. If a person fails to comply with treatment, he or she will be sent back to jail.

In order to obtain an involuntary psychiatric evaluation of an individual, one must petition the court. As of October 1, 2003, **the petitioner must have reason to believe that the individual has a mental disorder and presents a danger to the life or safety of the individual or of others**. (The law no longer requires that there be imminent danger of bodily harm).

Definition of "Mental Disorder"

"Mental disorder" means the behavioral or other symptoms indicate

- to a lay person: a pattern of behavioral or psychological symptoms that impact multiple life areas and/or create distress for the person experiencing these symptoms.
- to a physician, psychologist, clinical social worker or licensed clinical professional counselor doing an examination: at least one mental disorder that is described in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

Definition of "Dangerousness"

WHAT TO DO IN A PSYCHIATRIC CRISIS:

MONTGOMERY COUNTY

"The individual presents a danger to the life or safety of the individual or of others" has been interpreted by administrative law judges as:

- Active dangerousness: Overt acts such as threats of violence or acts of violence.
- Passive Dangerousness: Inability to care for self or others in one's care, such that the individual's life or safety are at risk. Examples include endangering oneself by not eating or drinking, neglect of serious medical conditions, or an inability resulting from the mental disorder to recognize actions with serious harmful consequences (e.g., not calling 911 if a child in their care attempts suicide, dangerously inadequate clothing/shelter in cold weather, unable to cross street safely).

The danger need not be imminent in order to be considered by the judge.

DEFINITION OF "REASON TO BELIEVE"

"Reason to believe" is a standard somewhat less than "probable cause." Certainty is not required. The facts should "warrant the belief of a prudent person." "Reason to believe" may be based on an examination by a health care professional or observation. If a police officer observes the individual, s/he does not necessarily have to observe the behavior that indicates a mental disorder or dangerousness. "Reason to believe" may also be based on information obtained from family members concerning the mental disorder or dangerousness.

If the Emergency Petition form is completed by a health care professional, the professional can give the form directly to a law enforcement officer and the individual in crisis will be picked up and taken to the nearest hospital. The provider must have personally examined the ill individual, although the law does not specify the timeframe within which this examination must have been performed. If the individual has no provider and it is an emergency, the Mobile Crisis Team can perform this examination or a police officer can observe the individual and complete the Emergency Petition form.

The Emergency Petition form can be completed by a lay person, but it must be reviewed and approved by an administrative law judge.

Take the petition to the District Court during court hours or the Rockville police station (on Seven Locks Road) during non-court hours. It may take several hours before the judge reviews the petition. Bring the individual's medical records including hospital records, doctor reports, diagnoses and a list of his/her prescribed medications.

The judge will only grant the petition if the court finds probable cause to believe the individual has shown symptoms of a mental disorder and meets the dangerousness criteria. The petitioner's job is to draw a vivid portrait of a person in mental distress that is so serious that s/he meets the

dangerousness standard and should be evaluated. Describe the current situation, giving as many details as possible. Details matter. If appropriate, also provide information about dangerousness in similar situations that occurred in the past.

Some examples of how to provide details about the person's mental status and dangerousness are as follows:

- Evidence of potential for assaulting others (e.g. throwing dishes)
- Makes clearly threatening statements-list the statements verbatim
- Victims show injury, premises show recent signs of struggle or destruction (e.g., large hole in wall)
- Self-harm: suicidal statements, self inflicted wounds.
- Gross self neglect or neglect of those in care (e.g., failure to eat)
- Poor judgment, inability to recognize dangerous situations (e.g., acts on delusions or hallucinations, takes great risks without thinking, grossly overestimates or underestimates own abilities, does not anticipate serious adverse of own actions, etc.)

If the judge grants the Emergency Petition, the petitioner may need to take the petition to the Sheriff's office and be interviewed. The police or sheriffs will find the person in crisis and will transport him/her (often in handcuffs) to the hospital. The petitioner need not be on hand when the law enforcement officers pick up the individual. If the

situation is dangerous, leave the scene or call 911. The law requires that the person be taken to the nearest hospital but the petitioner may be able to request that the ill person be taken to another hospital.

When an individual is in a psychiatric crisis, s/he may be in need of hospitalization, but may be unwilling to go to the hospital voluntarily. Maryland law allows for a family member, a mental health professional, or another person to petition the court to have a person hospitalized involuntarily for a psychiatric evaluation. Part 1 of this series discussed the process of completing the petition. This section will discuss what happens in the hospital after a person has been transported there involuntarily.

Once a person arrives in the emergency room (usually accompanied by a sheriff's deputy), the law requires that s/he receive a psychiatric evaluation by two physicians or a physician and a psychologist within six hours. Family members or those accompanying the individual should give the emergency room examiners information relating to the five criteria for involuntary hospitalization, including current symptoms, dangerousness (past and present), history of mental illness, hospitalizations, medications, recent refusals or attempts at outpatient treatment. This is best done with a one-page written summary. If the family member is not present in the emergency room, the summary may be faxed and then receipt of the fax should be confirmed by telephone. If possible, arrange for the individual's outpatient mental health provider (psychiatrist or therapist) to speak to the ER personnel. Tell the ER examiners if you are unwilling to accept the person back in your home, or if the person would be homeless if released from the ER.

The criteria for involuntary hospital admission are:

- Has a mental disorder AND
- Needs inpatient care or treatment AND
- Presents a danger to the life or safety of the person or others AND
- Is unable or unwilling to be admitted voluntarily AND
- There is not available less restrictive form of intervention that is consistent with their welfare and safety.

If the person does not meet the above criteria, s/he will not be "certified" for hospital admission. If not certified, the person is immediately free to go. A family member may request that the ER staff discuss with the individual a referral to a residential crisis bed or other appropriate services. The individual may be "re-petitioned" at any time under new circumstances.

If a person is certified for admission but the hospital does not have a bed available, the hospital must notify the Maryland Department of Health and Mental Hygiene within 24 hours. A person may not be held in an ER for more than 30 hours. One may request admission to a specific hospital but the request may not necessarily be honored.

Once an individual has been admitted to a hospital, a hearing before an administrative law judge must take place within 10 days of admission. The individual's parent, guardian or next of kin must receive notice of the hearing and may testify in person or by speaker phone. Others may notify the hospital of their wish to testify as well.

At any time before the hearing decision, a patient may request a change in status to "voluntary admission" if the hospital physician finds the patient able to understand and agree to treatment. Voluntary status allows the patient to sign out of the hospital at any time unless physicians determine that the patient meets the criteria for involuntary admission and is re-certified. Family members should let the hospital staff know if the patient has previously refused treatment after conversion to voluntary status.

The commitment hearing should take place in the hospital within ten days of admission. The original petition, hospital certifications and records may be reviewed. Witnesses are usually called but may not speak spontaneously; they can only answer the judge's questions. Family members should primarily address issues of dangerousness. Before the hearing advise the hospital presenter of a family member's wish to present so s/he can ask appropriate questions.

If a person does not meet the criteria for involuntary admission, s/he may leave or request voluntary

admission. As noted above, s/he may be re-petitioned for evaluation under new circumstances. Errors in the emergency petition can lead to discharge from the hearing. If the petition is vaguely worded, did not document dangerous behavior or was not completely filled out, the judge may decide that the patient should be released.

If a person meets the criteria for involuntary admission, s/he may be held in the hospital for up to six months without a new hearing. Note however, that currently, the average stay in an acute care hospital is about five days.

The criteria for discharge after a person is involuntarily admitted are:

- Inpatient care is not needed to protect the individual or others;
- Discharge would not endanger the individual or the person or property of others; and
- The person can care for himself or will be cared for properly by a responsible person who is able and willing to care for the individual.

In summary, involuntary hospitalization is needed in situations where hospitalization may help avoid a tragic outcome. It may be the best chance for solution and may put significant stress on the relationship between the petitioner and the ill person. stabilization, but is not a long-term

MONTGOMERY COUNTY MOBILE CRISIS TEAM

PSYCHIATRIC CRISIS OR EMERGENCY? CALL THE MOBILE CRISIS TEAM

- The county Mobile Crisis Team (MCT) responds to adult and child mental health emergencies, crises, and situations where the consumer is having serious difficulties but is unable or refuses to go for treatment, or for evaluation.
- The team consists of a master's level licensed mental health therapist plus a Behavioral Health Technician/Counselor.
- It currently operates twenty-four hours a day.

HOW THE MCT CAN HELP

1. Facilitation of hospital evaluation for adults. (18 or older) If the MCT determines that a consumer with a mental illness is a danger to the life or safety to self or others they first try to promote voluntary agreement for a hospital emergency room evaluation. If the consumer refuses, the MCT can sign a petition requiring an involuntary evaluation by physicians. (Maryland law requires there be a danger to the life or safety to self or others for an adult to be petitioned.) The petitioned consumer must be transferred to the closest available emergency room by police or ambulance. Unlike the police, the MCT can legally include in their evaluation, information on past behaviors and statements obtained from family members, friends or others. This is extremely important since often an ill person can "pull themself together" for a brief period of time, and hide threatening speech and behavior from professionals. Therefore, if you believe the consumer has said or done something threatening to others or themselves, your description to the MCT may be the deciding factor in enabling them to require evaluation for hospitalization. If the MCT does not find the person with a mental illness meets the criteria for a petition for involuntary evaluation, do not hesitate to call the MCT again for a new assessment if the condition worsens.
2. Facilitation of treatment when there is NOT danger to the life or safety of self or others. (For example: debilitating depression or dysfunction due to mania or psychosis.)
   A. Petition for hospital evaluation for children under the age of 18. The MCT can petition children (under 18) for involuntary evaluation if they assess that because of a serious mental illness the child is out of control or dysfunctional and may become a danger to self or others. Police will transport an involuntary child only if a petition has been signed by the MCT, a judge, a doctor, or psychologist. Ultimate hospitalization requires the request of a parent and physician.
   B. Voluntary Hospitalization (all ages). The MCT may be able to convince a consumer to request voluntary hospitalization where his insurance does not require danger as criteria. (Medicaid's criterion includes danger to self or others or the property of others.)
   C. Voluntary use of a Triage and Evaluation bed (T&E) or crisis house referral. For an adult (18 or older), the MCT may offer a T&E bed at the Crisis Center for further evaluation, initiation of treatment and stabilization. At the T&E Crisis beds, consumers are evaluated and treated by a psychiatrist within 24 hours. These beds are normally available for up to 72 hours but there is some flexibility. Referrals can also be made to short term crisis houses in Montgomery County.
   D. Outpatient Referrals. The Mobile Crisis Team will make follow-up treatment recommendations after an evaluation and counsel caregivers on how to help. They can provide lists of outpatient treatment providers and may be able to help with access to services. If the consumer is willing to go to the Crisis Center at 1301 Piccard Drive in Rockville, the staff there will provide some stop-gap treatment until the first appointment with a community provider.
3. Counseling and referrals for survivors and victims immediately after a completed suicide, murder, or attack. The MCT provides this service to individuals, or groups, such as a business, organization, or school.

Options When The Mobile Crisis Team Is Not In Operation

1. Call the police (911) if there is an imminent danger or the situation is intolerable.
    A. Tell the dispatcher this is a mental health crisis and request an officer who has received CIT (Crisis Intervention Training) if one is readily available.
    B. Be aware that police cannot sign a petition for involuntary evaluation for children or adults unless they personally witness physical evidence, or witness actions or statements from the person with the illness

MONTGOMERY COUNTY MOBILE CRISIS TEAM

indicating imminent danger to self or others. (They cannot petition based only on statements by other witnesses.)

C. You can ask the police to remove someone from your home if they are 18 or older and you have no legal responsibility for them that would prohibit this.

D. If petitioning criteria are not met, but the person with the illness agrees to go for evaluation, the police may be willing to take them or follow you in their cruiser while you or a taxi drive the consumer to a doctor or hospital for evaluation.

2. Any individual can submit an emergency petition for involuntary evaluation when you have reason to believe there is "clear and imminent danger" of a person doing "bodily harm" to themselves or another.

   A. This form can be obtained from a District Court (191 East Jefferson Street, Rockville and 8552 Second Avenue, Silver Spring), the Circuit Court (50 Maryland Avenue, Rockville), or from the Rockville Police Central Processing Unit. (1307 Seven Locks Road, Rockville).

   B. Between the hours of 8:30 am-4 pm Monday - Friday submit the petition to a judge at one of the District Courts or the Circuit Court. At other hours submit it to the Court Commissioner at the Rockville Police Central Processing Unit. Either way, it can take 30 minutes to many hours before the Judge interviews you and makes a decision. During court hours, you must deliver the petition signed by the judge to the Sheriff's Department at 50 Maryland Avenue, Rockville. At other hours, a sheriff goes to the Central Processing Unit to interview the petitioner.

NOTE: It is never advisable to leave a person alone whom you believe to be a serious suicidal risk.

3. If you believe you are at serious risk of bodily harm from someone with a mental illness, leave their presence and then seek help in one of the above ways. You can't help them if you are seriously injured or killed. However, you may wish to return if the MCT or police come for an assessment, so that you can correct misconceptions they may receive from the person with the illness.

Please let our office know your evaluation of MCT services if you call them.

ACCESS TO BEHAVIORAL HEALTH SERVICES

For low-income consumers who are Montgomery County residents seeking non-crisis outpatient mental health services, the Access to Behavioral Health Services team provides telephone screening and referrals for those eligible for outpatient public mental health system services. For consumers who do not meet the eligibility for the Public Mental Health system, this team tries to locate phone numbers for community resources for the consumer. In addition, this program provides walk in substance abuse assessments and referrals for those eligible for the range of services within the Addiction Services system.

The number to call for information or for telephone screening is 240-777-1770

MONTGOMERY COUNTY POLICE CRISIS INTERVENTION TEAM

The following is the summary of an article entitled "The Montgomery County CIT Model: Interacting with People with Mental Illness" from The FBI Law Enforcement Bulletin from July 2004 by authors Rodney Hill, Guthrie Quill, and Kathryn Ellis.

In 1999, the Montgomery County, Maryland, Police Department sought a way to peacefully resolve potentially violent encounters with persons who are mentally ill by taking a proactive approach and establishing the Montgomery County Police Crisis Intervention Team (CIT). The goal was to provide officers with the proper tools and skills to safely and effectively de-escalate critical incidents involving people with mental illness who are in crisis.

Crisis behavior results when individuals experience a temporary breakdown in coping skills, including perception and decision-making and problem-solving abilities. Healthy people often seek help from others to compensate for the temporary inability to cope. But, individuals with mental illness may experience the crisis more severely, be less likely to seek assistance from others, or not understand that they are in crisis. A variety of situations can trigger a crisis behavior. Events ranging from the loss of a job, being locked out of a house, or being the victim of a crime illustrate incidents that can ignite crisis behavior in someone who has a mental illness. An officer responding to a call for a noise disturbance may unknowingly walk into a situation involving a person with mental illness who is experiencing a crisis.

The Montgomery County CIT program, initially modeled after the Memphis CIT program, quickly evolved into an effective modern model for many East Coast law enforcement agencies

CIT Officers participate in an extensive training process. Basic training comprises a 40-hour block of instruction wherein officers receive both classroom and hands-on instruction. Professionals from the partnering mental health organizations teach various blocks of instruction, which cover the different types of mental illness, interview techniques, de-escalation strategies, and other relevant topics. The officers participate in a live "hearing distressing voices" exercise. This role-playing scenario provides them with a glimpse of what it is like to hear voices in their heads. Each officer wears a set of headphones and listens to the distressing voices for 1 hour while performing various tasks, such as walking to the store, changing a tire, or being interviewed. This exercise constitutes a major turning point in the training and an epiphany for many of the officers in understanding and empathizing with those who have mental illness.

Afterwards, they visit a nearby Maryland hospital for individuals with mental illness where they meet the hospital staff and engage in a group discussion with patients who have had both positive and negative experiences with law enforcement when they were in crisis. The group discussions offer them a great insight into understanding how a person experiencing crisis behavior reacts to a law enforcement presence. The patients speak openly about their interactions with officers and often relate what triggered them to either fight or cooperate. The basic training concludes with a full day of scenarios for the students. The role players are mental health professionals from the Montgomery County Department of Health and Human Services. The scenarios are videotaped, and each student receives a critique at the end of the session.

Upon completion of the 40-hour block of instruction, CIT members receive a badge-shaped insignia to wear above their name tag. Agencies that participate in the CIT program advise consumers (10) who come into contact with them that officers wearing the insignia have received special training in various de-escalation and interview techniques and know of various health services that can help consumers in crisis. CIT members, appropriately identified in the CAD (computer-aided dispatch), are dispatched as the primary officer on all calls involving people suspected of having a mental illness. These range from attempted suicides to disturbance calls. Once on the scene of a critical incident, the CIT officer will determine the following:

- Does the person appear to have a mental illness?
- Does the person need an emergency evaluation? At this point, the officer also assesses the dangerousness of the situation and may apply the appropriate de-escalation techniques.

- Should the person be criminally charged or diverted to a mental health agency? This applies only in minor misdemeanor cases.
- Does the person require immediate medical or mental health attention? If not, where can the individual seek the appropriate help? In some cases, the families need referrals to an agency or organization for help.

The Montgomery County Department of Health and Human Services has established a Mobile Crisis Team comprised of mental health professionals who operate from 8 a.m. to midnight, 7 days a week. If a CIT officer responds to the scene of a person in obvious crisis but the person does not exhibit the behavior the officer needs to draft an emergency evaluation petition, the Mobile Crisis Team responds to assist. Because mental health professionals make up the team, they have a greater ability to draft an emergency evaluation petition.

If a CIT officer is on the scene of a critical incident that requires the use of less-than-lethal force, the officer determines when and what force to employ. If the incident evolves into a barricade situation, the negotiators from the Emergency Response Team (many are CIT trained) respond and take control of the scene. However, CIT officers resolve a majority of the calls by using their interview and de-escalation skills. By far, the greatest tool that the CIT officer brings to the scene is empathy for the person in crisis.

Prior to committing acts of violence, many subjects write letters, make telephone calls, and use other methods to communicate with those in law enforcement. Officers must learn to recognize that this type of behavior may indicate a person in crisis who requires immediate intervention. They must remember that mental illness is a disease, one that affects 1 out of 5 Americans. Identification of these behaviors and early intervention may help avoid a violent encounter. Training law enforcement officers in de-escalation techniques that involve both verbal skills and less-than-lethal tactics may represent the single factor for prevailing in a wrongful death or excessive force civil lawsuit.

The Montgomery County, Maryland, Police Department established a program to help it peacefully resolve potentially violent encounters with people who are mentally ill. By partnering with local and state criminal justice and mental health organizations, its Crisis Intervention Team provides officers the tools and techniques to safely and effectively deescalate critical incidents involving people with mental illness.

EMERGENCY ROOMS – BEFORE, DURING, AND AFTER

Many families call feeling very frustrated by experiences with emergency services, including visits to emergency rooms. The following are tips to help make your next trip to the emergency room as successful as possible.

BE PREPARED

- Visiting the Emergency Room (the ER) of a hospital can be a traumatic and stressful experience for anyone. Taking a moment to learn how the ER works and what to expect before the emergency happens helps.
- Research the psychiatric facilities in your area. Some hospitals do not have psychiatric units for inpatient stays; some hospitals will only be able to stabilize your relative through the ER and then release them. Knowing the hospitals and treatment centers will help ensure that your loved one receives the best possible treatment.
- You may also want to visit the hospital to make sure you are comfortable driving there if you need to. This can help reduce anxiety and ensure a smoother process should you or a loved one require emergency services.
- The American College of Emergency Physicians recommends keeping an "emergency file" containing all pertinent information about your loved ones medical history. This can be kept in a folder that you can easily grab on the way out the door should an ER visit be necessary. It should contain:
    - Your loved ones insurance cards ○ A list of all medications your loved one is taking. If you do not have the exact medications and dosages written out, bring all of your pill bottles with you to show the ER staff.
    - A list of any chronic conditions your loved one may have and medical history including operations and allergies (particularly drug allergies) that your loved one has. You can also include copies of recent laboratory or diagnostic test results. Doing so may help reduce both the cost and waiting time associated with your ER visit.
    - Written psychiatric diagnosis (see if your loved ones doctor will write a letter for you) and treatment regimen, including dosage, so they can administer the necessary treatment without delay. Make sure the letter includes your physician's name and number if the ER physician needs more information.
    - The phone numbers of every member of your loved ones treatment team.

WHERE TO GO AND HOW TO GET THERE

- Calling 9-1-1 for assistance may be your best option.
    - Be specific. Be sure to clearly say your relationship to your loved one, where you are, what your loved one is doing, what their diagnosis is and why you need assistance. For example "My son, Brian, is 21 and has bi-polar disorder. He is manic and we will not let him inside the house because he has threatened my husband. He is kicking and punching the door. We need assistance, we cannot help him and he needs to go to the hospital." Montgomery County tries to send one of their specially trained police officers on calls involving a mentally ill individual. Being this clear will help 911 send appropriate help to your loved one.
    - Once the emergency team arrives, give them the space they need to let them do their jobs. They are not likely to respond to your requests or suggestions, especially if they have not been able to assess the situation and take appropriate action so that everyone is safe.
    - Calling an ambulance may restrict your choices of an ER facility, since ambulance drivers may be required to take you to the nearest facility that is accepting patients. However, calling 9-1-1 is always best if your emergency situation poses any threat to life or if you are physically unable to travel by car. The paramedics who arrive on the scene can begin treating your emergency immediately and can continue treatment en route to the hospital.
- If you choose to drive your loved one to the hospital make sure that everyone will be safe. If you have any doubts about your safety or your loved one's safety in the car consider calling 91-1. People in depressed, manic or psychotic states may not be OK in the confined space of a car. Make sure that everyone in the car uses a

EMERGENCY ROOMS – BEFORE, DURING, AND AFTER

seatbelt. Keep doors locked (and use child locks) to make sure that your loved one does not exit the car while it is moving. Whenever possible have another person in the vehicle with you to ensure that you will be able to focus on driving which may be difficult if your loved on is having outbursts.

- If you have a chronic illness that requires frequent visits to the hospital, utilizing emergency services at the same location can help speed your care, since the doctors have access to all of your medical history and information.

BEFORE YOU LEAVE HOME

- **Call your loved one's treatment center or physician.** Let them know that you are on your way to the ER with your loved one.
- **Know the diagnosis.** Have your loved ones exact diagnosis firmly in your mind or, better yet, written out.
- **Be prepared to answer specific questions** about the reason you brought your loved one to the ER.

WHAT TO BRING WITH YOU

- Your "emergency file"
- Pack a change of clothes and toothbrush for you and your loved one if you think your loved one may be admitted. If you drive your loved one to the hospital you may want to have an over night bag stored in the trunk of the vehicle – the idea of staying at the hospital may be scary to your loved one. Keeping a bag in the trunk could make it easier to get your loved one in the car and to the ER.
- Snacks, books, music to keep yourself entertained while waiting at the ER.
- Your knowledge of your illness or your loved ones illness. Don't expect ER personnel to be experts on mental illness. Know enough about your disorder and its treatment to be able to explain it to personnel.

AT THE ER

- **Expect to wait -** Hospitals treat critical patients first, and your loved one may not be the most urgent case. Bring items to help your loved one pass the time, such as coloring books and toys for young children or a book or iPod. Don't forget diversions for yourself!
- **Comfort your loved one -** Hospitals can be scary places, so let your loved one know that this is the place to get better. Tell him or her what to expect to ease some of the anxiety. Don't lose your cool; if you're calm, your loved one is more likely to be, too.
- **Be specific with the triage nurse -** Upon arrival at the ER, unless you arrive by ambulance with a life-threatening injury, you will most likely be assessed by a triage nurse, who will take a brief history of your condition, measure your vital signs (blood pressure, temperature, pulse and respiratory rates), and prioritize your case in terms of urgency. Describe your problems in specific and precise terms. Don't downplay the situation.

WHAT TO TELL 9-1-1

Clearly state the following information to the 9-1-1 operator:

- Your relationship to the person in crisis
- Where you are
- Where the person in crisis is
- What that person is doing
- What their diagnosis is
- That you need immediate assistance

Be specific!

- **Make your loved one comfortable -** Bring along your loved ones favorite blanket or pillow. Work with the ER staff to help them better help your loved one to relax during treatments.
- **Be patient but persistent -** If you have not received treatment after a reasonable amount of time, contact your loved ones treatment center or your loved ones primary care physician.
- **Stay informed and in charge, but aware of HIPAA -** If your loved one is under the age of 18 the ER staff should speak with you about the next steps that will be taken. If your loved one is 18 or older they will not be able to provide you with very much information without written consent from your loved one due to HIPAA

regulations. This can be very frustrating for family members but the hospital staff is only doing what they are required to do by law.

- **Be polite -** Always treat ER personnel with the respect and dignity you want for yourself. Your calmness and dignity lays the groundwork for a positive collaboration with the ER staff.
- **Get ready to take notes -** Bring a pen and paper to jot down what doctors and nurses tell you about your loved one's condition, any treatment he or she receives, follow-up care instructions and the names of medical personnel who see your loved one.
- **Don't be afraid to ask questions -** ERs can be crowded, confusing places. While errors are uncommon, they may occur. When you receive any medications, diagnostic procedures, or treatments, ask what is being done and why. Don't hesitate to speak up if you are unsure of anything.
- **More waiting -** Be aware that if you must be admitted to the hospital, you may have to wait some time before you are taken to your room.

BEFORE YOU LEAVE THE HOSPITAL

- **Insist on a Discharge Plan -** It is critically important that your loved one have a clearly defined set of instructions when they leave the hospital. This should include where they will be staying when they leave the hospital, when they may return to work, when they can resume normal daily activities, their new medication schedule, prescriptions which will need to be filled, the specific time frame in which to follow up with their treatment team, and other details important to you and your loved one. The hospitals have social workers who should work with you on this plan to ensure an easy transition out of the hospital. The social workers should also contact the county if your loved one is or will receive county services.
- **Get it in writing -** Before you leave the hospital, get all your discharge instructions in writing. Be sure that these include the names of physicians that you saw, the diagnosis that was made, follow-up instructions, and any prescriptions you may require.
- **Ask about out-of-pocket costs -** Even if you are treated at a hospital approved by your health plan, some hospitals employ doctors (particularly ER physicians, radiologists, and pathologists) who may not participate in your group plan. You may receive a bill for services from these providers as well as bills for television or telephone service.
- **Ask for help -** Many ERs have social workers on staff to help you resolve insurance issues, health plan approvals, and similar situations.

IF THINGS GO WRONG

Not every hospital visit goes smoothly. If you experienced problems during your visit, set up an appointment with the ER or unit director to discuss what went wrong. By explaining your concerns clearly and calmly to the director, you can help the hospital staff be better prepared to treat you next time.

HIPAA-Proof Questions

Family members frequently call the NAMI MC helpline wondering how they can better communicate with their loved ones treatment team.

Oftentimes the callers do not know about or do not have a HIPAA waiver signed by their loved one which would allow the therapist or doctor to speak with them. Sometimes it is difficult or impossible to get a HIPAA waiver - and without the waiver the treatment team cannot legally speak with anyone about any patient over 18 years old in their care.

Even though HIPAA prevents medical professionals from speaking to others about patients - families always have the option of contacting the treatment team and providing information to them through voice mail, sending emails or letters, and asking questions which do not breach patient-provider confidentiality.

We hope that the questions below provide you some guidance on questions which can be asked that do not breach confidentiality but may provide your family much needed information about the care your loved one is receiving.

- What do you advise family members who want to play an active role in their loved ones' treatment and recovery?
- What kind of therapy do you use in your practice?
- When you see new patients do you include a physical with a neurological exam?
- Are there any medical tests or exams that your recommend your patients receive while in your care?
- Do you generally advise a second opinion from other medical professionals for your patients?
- Do you have other medical professionals who you prefer to work with (i.e. a specific therapist or physician)?
- How do you monitor medications and what symptoms indicate that they should be raised, lowered or changed?
- What are the most dependable ways of getting in touch with you (in case of emergency)?
- Who will be able to answer questions at times when you are not available?
- How familiar are you with NAMI?
- Do you provide a letter to your patients which includes their diagnosis and medications for instances of hospitalization or emergency treatments. If not, can you provide one to my loved one?
- At which hospitals do you have privileges?
- How do you work with your patients on the issues of exercise, nutrition, rest/sleep, smoking or substance abuse?
- Do you advise patients to use alternative therapies such as acupuncture, hypnosis, or nutritional supplements?
- Do you provide your patients with any reference materials or resources about their diagnosis or medications?
- Do you recommend patients to apply for research studies (through NIMH or other institutions)? If no, why not?

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996 which protects the privacy of individually identifiable health information Learn more at:

· **US Department of Health & Human Services overview of HIPAA** www.hhs.gov/ocr/privacy

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

In the Matter of _____

PETITION FOR EMERGENCY EVALUATION
(Maryland Code, Health General Article § 10-620 et seq.)

The petitioner, _____ Name of Petitioner, requests that this court order an emergency evaluation of _____ Name of Person to be Evaluated (Evaluee) and in support of this petition states as follows:

1. Petitioner: Address _____
   Cell Phone/Pager # _____ Home Phone _____ Work Phone _____
   If petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the evaluee, then the petitioner's specialty is _____ and the petitioner's license number is _____ .
   Relationship to or interest in evaluee _____ .
2. Evaluee: Address _____ DOB _____
   Sex _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Complexion _____
   Other _____
3. If not petitioner, name of spouse, child, parent, or other relative, or other individual interested in the evaluee:
   Name _____ Relationship _____
   Address _____
   Home Phone _____ Work Phone _____
4. A petition for emergency evaluation of the evaluee was filed previously on _____ Date and was ☐ granted ☐ denied.
5. The evaluee has been hospitalized in the past at the following facilities:

When	Where	Diagnosis

6. The evaluee currently is receiving psychiatric treatment from:

Name	Address	Phone

7. The evaluee has been prescribed the following medication for their mental disorder: _____
8. The evaluee ☐ **is** ☐ **is not** taking the medication as prescribed **OR** ☐ I do not know whether the evaluee is taking medication as prescribed.
9. The evaluee is demonstrating the following behavior that leads me to conclude that they currently have a mental disorder: _____ (Attach additional sheets if necessary)
10. The evaluee presents a danger to the life or safety of the evaluee or others because: _____ (Attach additional sheets if necessary)
11. The evaluee has access to the following firearms/weapons: _____

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____ Date _____ Petitioner

_____ Fax _____ E-mail

TO THE PETITIONER: You may be required to appear before the court. You have made the statements above under penalties of perjury. If an evaluation is ordered, it would be helpful if you could accompany the evaluee to the emergency facility and provide emergency facility authorities with all information that is pertinent to this petition. A petitioner who, in good faith and with reasonable grounds, submits or completes the Petition for Emergency Evaluation is not civilly or criminally liable for submitting or completing the petition.

Reset PEEEV

A. Duties of Peace Officer

1. Caution to Petitioner. A peace officer shall explain to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, who presents a petition to the peace officer:
    a. the serious nature of the petition; and
    b. the meaning and content of the petition.
2. Delivery to Facility. To the extent practicable, a peace officer shall notify the emergency facility in advance that the peace officer is bringing an emergency evaluee to the emergency facility. A peace officer shall bring an evaluee to the nearest emergency facility if the officer has a petition that:
    a. has been endorsed by a court within the last five (5) days; or
    b. is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, or peace officer.
3. Documentation of Delivery. A peace officer shall complete a Return of Service by Peace Officer form (CC-DC-027) and have an agent for the emergency facility sign the form.
4. Remaining with Evaluee.
    a. After a peace officer brings an evaluee to an emergency facility, the officer need not stay unless, because the evaluee is violent, emergency facility personnel ask the supervisor of the peace officer to have the peace officer stay.
    b. A peace officer shall stay until the officer's supervisor responds to the request for assistance.
5. Return of Service. A peace officer shall file a completed Return of Service with the court issuing the Endorsement and Order immediately after an evaluee is delivered to an emergency facility or immediately after expiration of the five-day period for taking the evaluee into custody.

B. Duty of Supervisor. A supervisor shall allow a peace officer to stay with a violent evaluee.

C. Duties of Emergency Facility

1. Documentation of Delivery. An agent of the emergency facility shall sign the Return of Service by Peace Officer form completed by a peace officer transporting an evaluee to the emergency facility.
2. Examination. If emergency facility personnel ask that a peace officer stay, a physician shall examine the evaluee as promptly as possible to determine whether the evaluee meets the requirements for involuntary admission. In any event, a physician shall examine an evaluee within six (6) hours after an officer brings the evaluee to the emergency facility.
3. Release or Admission. Promptly after an examination, an evaluee shall be released unless the evaluee:
    a. asks for voluntary admission; or
    b. meets the requirements for involuntary admission.
4. Detention Period. An emergency evaluee may not be kept at an emergency facility for more than thirty (30) hours.