Maryland-National Capital Park Police
Prince George's County Division

DIVISION DIRECTIVE

TITLE			PROCEDURE NUMBER
Grievance Procedures			PG312.0
SECTION	DISTRIBUTION	ISSUE DATE	REVIEW DATE
Duties & Responsibilities	A	**03/14/08**	01/01/11
REPLACES			
PG312.0 "Grievance Procedures, issued 03/01/04			
RELATED DIRECTIVES	REFERENCES	AUTHORITY	
PG1500	CALEA 25	Larry M. Brownlee, Sr., Division Chief	

I. PURPOSE

The directive establishes general guidelines for the coordination of the grievance process by the Division Chief.

II. POLICY

A. It is the Division's policy to ensure that the confidentiality of all grievance records with the Division's jurisdiction will be protected and preserved, and that access to them will be carefully controlled. The Office of the Division Chief and the Human Resources Section shall be responsible for the security and control of all grievance files.

B. The Division believes strongly that good management recognizes the grievance process as valuable method to help reduce personnel dissatisfaction, improve morale, and identify problems in the Division.

III. RESPONSIBILITIES

A. The Park Police Division Chief shall coordinate grievance procedures and the Human Resources Section shall maintain copies of all grievances filed within this Division, whether sworn or non-sworn personnel. Grievance files shall be maintained and secured with the Office of the Division Chief.

B. The Park Police Division Chief will coordinate the Division's response to grievances filed at the Division level, to ensure that they are handled in the accordance with the grievance procedures outlined in collective bargaining agreement affecting the Division's sworn and non-sworn personnel, and in the Commission's Merit System Rules and Regulations.

C. It will be the responsibility the Division Chief, or designee to analyze grievances annually. If through analysis, the Division Chief observes a trend in filed grievances, steps may be taken to minimize the causes of such grievances.

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IV. RECOGNIZING ABNORMAL BEHAVIOR

Mental illness is often difficult to define and staff is not expected to make judgments of mental or emotional illness, but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. The following generalized signs and/or symptoms of behavior may be the result of mental illness or other potential causes such as reactions to narcotics, alcohol, or temporary emotional disturbances that are situationally motivated. Staff should evaluate the following symptomatic behaviors in the total context of the situation when making judgments about an individual's mental state and need for intervention absent the commission of a crime.

A. DEGREE OF REACTIONS. Mentally ill person may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example may make the individual extremely reclusive or aggressive without apparent provocation.

B. APPROPRIATENESS OF BEHAVIOR. An individual who demonstrates extremely inappropriate behavior for a given context may be mentally ill. For example, a person who vents his/her frustration by physically attacking a person without provocation, may be emotionally unstable.

C. EXTREME RIGIDITY OR INFLEXIBILITY. Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

D. RELATED SYMPTOMATIC BEHAVIOR. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

- Abnormal memory loss related to common facts such as name and home address (although these may also be signs of other physical ailments such as Alzheimer's disease or due to head injury);
- Delusions and belief in thoughts or ideas that are false (I am GOD), delusions of grandeur, or paranoid delusions (Everyone is out to get me.), etc.;
- Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.);
- The belief that one suffers from extraordinary physical maladies that are not possible; and/or
- extreme fright or depression

V. DETERMINING DANGER

While not all mentally ill persons are dangerous, some may represent danger under certain circumstances or conditions. Officers and other staff may use the following indicators determine whether an apparently mental ill person represents an immediate or potential danger to himself/herself, the officer, or others:

- The availability of weapons
- Statements by the person that suggest the individual is prepared to commit a violent or dangerous act;
- Personal history that reflects prior violence under similar or related circumstances;
- The amount of control that the person demonstrates, particularly the amount of physical control over emotions of rage, anger, fright, or agitation;
- Signs of lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, rambling thoughts and speech, clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all rights, may also suggest that the individual is losing control;
- The volatility of the environment is a factor that an officer must evaluate; and
- Failure to act on a threat of violence prior to the arrival of police or emergency first responders does not guarantee that there is no danger, but is does in itself tend to diminish the potential danger.

DEALING AND INTERACTING WITH THE MENTALLY ILL

Should an officer or employee determine that an individual may be mentally ill and a potential threat to himself/herself, the officer/employee or others, or that law enforcement intervention is required for humanitarian reasons, the following actions are recommended:

- Request a backup Officer, and always do so in cases where the individual will be taken into custody;

- Take steps to calm the situation; where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual;
- Avoid physical contact if no violence or destructive acts have occurred and take time to assess the situation;
- Move slowly and do not excite the disturbed person provide reassurance that the police are there to help and that he/she will be provided with appropriate care);
- Break the speech pattern of persons who talk non-stop by interrupting them with simple questions (What is your date of birth? Or What is your full name?);
- Communicate with the individual to determine what is bothering them (allow them to vent their feelings, where possible gather information from acquaintances, or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person);
- Avoid threatening the individual with arrest or physical submission, as this may create additional fright, stress, and potential aggression;
- Ask if they are taking medications and if so, the types prescribed;
- Avoid topics that may agitate the person and guide the conversation towards subjects that may bring the individual back to reality; and
- Always attempt to be truthful with a mentally ill individual (if he/she becomes aware of a deception, they may withdraw from contact in distrust and may become hypersensitive or retaliate in anger.

VI. INTERVIEWS

Officers should be aware that persons experiencing delusions, paranoia, or hallucination might still be able to accurately provide information outside of their false system of thoughts, including details related to observations they made or statements they heard. The interview should be conducted in a setting free of people or distractions. If, possible only one officer should interview the mentally disturbed person. The interview should be simple and brief. The officer conducting the interview should be patient and offer encouragement for cooperation.

VII. TAKING CUSTODY OR MAKING A REFERRAL

Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual with referrals on the available community health resources or take the individual into custody for a crime or an involuntary emergency evaluation (Refer to DD PG414.0 Emergency Admissions of Mentally Disordered Individuals)..

A mentally ill person may be taken into custody if:

- He/she has committed a crime;
- He/she poses a substantial danger of physical harm to themselves or others,
- exhibits homicidal, suicidal or violent behavior, or is unable to protect himself/herself in the community;

- He/she escaped or eluded the custody of those lawfully require to care for him/her.

Officers should attempt to gain voluntary cooperation form the individual.

Officers and other staff having contact with a mentally ill person shall keep such matters confidential except during the course of official proceedings or for conformance with Division or other governing authority reporting procedures.

Any officer receiving a complaint from a family member of an allegedly mentally ill person who is not an immediate threat or not likely to cause harm to himself/herself or others, should advise such family member to consult a physician, mental health professional, or a local mental health agency for advice/assistance.

VIII. TRAINING

Agency personnel will receive training in dealing with persons suspected of suffering from mental illness during entry level training and refresher training (during in-service training at least every three years).

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