Police Commissioner's Special Order

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SUBJECT: RULE 203B RECOGNIZING AND RESPONDING TO PERSONS EXPERIENCING BEHAVIORAL HEALTH CHALLENGES

Rule 203B Recognizing and Responding to Persons Experiencing Behavioral Health Challenges, is hereby promulgated effective November 5, 2025.

The purpose of this policy is to provide guidance to police officers when interacting with individuals experiencing behavioral health challenges in order to promote the safety of all persons involved and connect individuals in need with services and supports.

Commanding Officers shall ensure that this order and the attached Rule are posted on Department bulletin boards.

Michael A. Cox
Police Commissioner

RULE 203B: RECOGNIZING AND RESPONDING TO PERSONS EXPERIENCING BEHAVIORAL HEALTH CHALLENGES

Section 1. General Considerations

The purpose of this policy is to provide guidance to police officers when interacting with individuals experiencing behavioral health challenges. In general, the Boston Police Department emphasizes the use of de-escalation whenever possible. This emphasis is most important when interacting with vulnerable members of the population, which police officers—in their role as community caretakers—must often do. In these situations, police officers shall maintain the safety of all involved, including those persons experiencing a crisis, their family members, mental health workers, and fellow officers. Whenever possible, officers should collaborate with mental health professionals to help achieve the best possible outcomes.

Section 2. Policy

It is the policy of the Boston Police Department that:

1. All officers will be trained in behavioral health response techniques, including those techniques specifically related to ensuring the safety of persons experiencing behavioral health challenges and the safety of all those persons who come in contact with them.
2. Officers will be trained to recognize individuals experiencing behavioral health challenges, to enlist the help of mental health professionals such as the Boston Emergency Services Team (BEST), and to intervene in a crisis in such a way as to reduce the possibility of injuries to those involved.
3. Officers shall actively assess and consider diversion programs, resources, and alternatives to arrest for individuals in crisis, with the goal of facilitating the most effective response.

Section 3. Definitions

Behavioral Health Crisis: A person may be experiencing a behavioral health crisis if they display an inability to think rationally, exercise adequate control over behavior or impulses, and/or take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.

Section 12: Refers to the involuntary psychiatric evaluation and possible commitment of an individual experiencing a behavioral health crisis. See M.G.L c. 123 § 12.

Section 35: Refers to the ability of a qualified person to request a court order requiring someone to be civilly committed and treated involuntarily for an alcohol or substance use disorder. See M.G.L c. 123 § 35.

BEST Co-Response Clinician: Mental health clinicians employed through Boston Medical Center capable of co-responding with BPD officers to improve responses to behavioral health-related calls for service.

Crisis Intervention Team (CIT) Training: Training for officers designed to improve police response to mental health crises, including recognizing signs of mental health and substance use conditions, using verbal and non-verbal de-escalation tactics, accessing behavioral health services rather than entering the criminal justice system, and promoting safety for the individual and police officer.

Section 4. Procedures

Sec. 4.1. Recognition of Persons Experiencing a Behavioral Health Challenge

In evaluating an incident, officers are not expected to make judgments of the cause of behavioral disturbances, but rather to recognize behavior that is potentially destructive and/or dangerous to self or others.

Factors that may be present if a person is experiencing behavioral health challenges include but are not limited to:

1. severe changes in behavioral patterns and attitudes;
2. hallucinations or delusions;
3. hostility to and distrust of others;
4. irrational fear or paranoia;
5. unusual or bizarre mannerisms and/or appearance;
6. inappropriate behavior for a given context;
7. distorted memory or loss of memory;
8. irrational explanation of events;
9. extreme rigidity or inflexibility;
10. inability to engage in self-care such as bathing or eating;
11. one-sided conversations; or
12. lack of insight regarding their behavioral health challenges.

Sec. 4.2. Response Procedures

In dealing with persons in crisis, officers should:

1. always follow sound police tactics and good officer safety practices for the safety of responding police officers and those individuals in crisis;
2. assess the scene for weapons or other potential threats and not proceed in haste unless circumstances dictate otherwise;

3. if feasible, call for and await assistance from a BEST Co-Response clinician if available;
4. request EMS if the individual requires immediate medical attention;
5. if warranted, contact a supervisor;
6. be alert to statements and mannerisms by the person that suggest that they may become violent or commit a dangerous act;
7. evaluate the potential for harm by asking questions such as "Do you want to hurt someone?" or "Do you want to hurt yourself?";
8. obtain personal history information from family members, friends, and/or a BEST Co-Response clinician or other clinician present, if feasible
9. take steps to calm the situation where possible such as eliminating emergency lights and sirens, dispersing crowds, and assuming a quiet, non-threatening manner when approaching or conversing; and
10. complete an incident report.

Officers are not required to contact EMS in every case involving someone experiencing behavioral health challenges. In situations where an individual is causing a disturbance that may be related to their behavioral health but does not require immediate medical attention or pose substantial risk of physical harm to themselves or others, officers should opt to call the BEST Co-Response clinician for a psychiatric evaluation instead of EMS. In situations where EMS is present on scene, BEST Co-Response clinicians will defer to EMS when there is a difference of opinion as to how to proceed medically.

Sec 4.3 Communicating with Persons Experiencing Behavioral Health Challenges

In communicating with persons experiencing behavioral health challenges, officers should show friendliness, display the desire to protect and help, but also be alert to the potential for the situation to escalate. Officers may learn more about the subject and the situation by asking questions such as:

1. What is your name?
2. Where do you live or sleep?
3. Where are you right now?
4. What date/day/time is it?
5. When did you last eat?
6. When did you sleep last, and for how long?
7. Are you prescribed any medication?
8. Do you have a doctor or case manager?
9. Do you need (or would you like) to see a doctor?
10. What are your plans: what are you going to do now?

Section 5. BEST Co-Response Clinicians

The BEST Co-Response clinician program provides officers with rapid access to a mental health

clinician. BEST Co-Response clinicians may ride-a-long with an officer or be called to a scene. BEST Co-Response clinicians can provide mental health services to include:

1. providing real-time psychiatric assessments;
2. assisting in de-escalating incidents;
3. assessing a patient for suicidality, homicidality, or substance use;
4. providing assessments within holding cells for prisoners with potential behavioral health challenges;
5. assisting in evaluating for the appropriateness of a Section 12 or Section 35; or
6. providing referrals and follow up services.

The decision to utilize a BEST Co-Response clinician or to implement clinician recommendations under any circumstances is discretionary. BEST Co-Response clinicians may be given access to incident reports from previous interactions.

Section 6. Street Outreach Unit

The primary focus of the Boston Police Street Outreach Unit (SOU) is to connect those affected by behavioral health challenges, substance use disorder, and/or homelessness to services using focused outreach. Once an individual is identified, the SOU will conduct a detailed assessment through direct engagement and close collaboration with community partners. This process seeks to understand the underlying issues impacting the individual's behavior and connect the individual with the most appropriate support services.

Following an incident involving an individual experiencing behavioral health challenges, officers should refer at-risk individuals to the SOU utilizing the Mark43 RMS system. See *Special Order 20-2 Street Outreach Unit & Referral Procedures.*

Section 7. Providing Resources, Voluntary Transports, Involuntary Hospitalizations, and Full Custodial Arrests

Based on the overall circumstances of the incident and in consultation with other first responders such as EMS or a BEST Co-Response Clinician, officers may:

1. provide the individual and/or family members with information regarding available community mental health resources;
2. provide a voluntary transport to a community behavioral health center;
3. take custody of the individual in accordance with an involuntary hospitalization order; or perform a full custodial arrest.

Sec. 7.1. Providing Mental Health and Other Resources

Officers may provide mental health and other resources to persons experiencing behavioral health crises. BEST Co-Response Clinicians may be utilized to assist officers with referrals and

follow-ups. See Appendix A *Mental Health and Other Resources for Persons Experiencing Behavioral Health Crises* for resources to which officers may make referrals.

Sec 7.2. Voluntary Transports

Officers may provide voluntary transports to locations such as the BEST Urgent Care Center or overnight shelters for any person who does not pose a substantial risk of physical harm to themselves or others.

Sec. 7.3. Involuntary Hospitalizations (Section 12)

For procedures for handling involuntary hospitalizations (Section 12) see Rule 203A *Processing and Executive Application for Involuntary Hospitalization and Warrants of Apprehension*.

Sec. 7.4. Custodial Arrests

Sec. 7.4.1 Procedure: A person experiencing behavioral health challenges may be arrested if they have committed a crime. When taking a person experiencing behavioral health challenges into custody, officers should attempt to gain voluntary cooperation. As soon as practical, officers shall request a patrol supervisor and EMS to the scene. Officers shall conduct a thorough search of the individual prior to transport.

Sec. 7.4.2. Interrogations/Questioning: Whenever a subject experiencing behavioral health challenges is a suspect and is taken into custody for questioning, officers should be particularly careful in advising the subject of their *Miranda* rights. It may not be obvious that the person does not understand their rights. Suspects must waive their rights knowingly, intelligently, and voluntarily. Officers should consider whether there is an appropriate *interested adult*, such as a legal guardian or custodian, who can act on the suspect's behalf.

Sec. 7.4.3. Behavioral Health Safeguards for all Prisoners: Persons taken into custody shall receive access to behavioral health intervention or medical attention when requested or when needed. Officers shall observe the suicide prevention safeguards outlined in *Rule 318 Prisoners*. BEST Co-Response clinicians may assist in providing assessments within holding cells for prisoners with potential behavioral health challenges.

Section 8. Reporting

Officers shall complete an incident report following an incident involving a person experiencing behavioral health challenges. The incident report shall include:

1. the circumstances of the incident;
2. the descriptions of the specific behaviors involved;
3. whether or not the individual was taken into custody; and
4. the reasons why the subject was taken into custody or referred to another agency.

Section 9. Training

Affected department personnel shall receive entry level training as well as annual refresher training in behavioral health issues.

Officers are encouraged to attend Crisis Intervention Team (CIT) Training, which is designed to improve police response to mental health crises, including recognizing signs of behavioral health and substance use conditions, using verbal and non-verbal de-escalation tactics, accessing behavioral health services rather than enter the criminal justice system, and promoting safety for the individual and police officer. Interested officers should contact the SOU (streetoutreach@pd.boston.gov) for information about training registration.

Section 10. Preserving Confidentiality

Any officer having contact with a person experiencing behavioral health challenges shall keep such matters confidential except to the extent that disclosure is necessary to prevent harm, conform to departmental policies and procedures regarding reports, and/or for referrals for services, or is necessary during the course of official proceedings.

Michael A. Cox
Police Commissioner

Appendix A
Mental Health and Other Resources for
Persons Experiencing Behavioral Health Crises

BEST Mobile Crisis Intervention Team 24/7 Response
1-800-981-HELP (4357)
The BEST Mobile Crisis Intervention Team provides a 24-hour response to individuals in need of crisis intervention for behavioral health concerns. As opposed to the BEST Co-Response Clinicians, the BEST Mobile Crisis Intervention Team is a civilian-only response where a crisis clinician will respond unaccompanied by Police or EMS. Any city of Boston resident may call and request the services of the BEST Mobile Crisis Intervention Team.

BEST Urgent Care Center
85 East Newton Street, Boston MA 02118
617-414-8336
Available for same-day urgent visits for behavioral health concerns. Those seeking care should call in advance whenever possible. This office is staffed by the BEST Mobile Crisis Intervention Team.

Assisting the Homeless
See *Commissioner Memo 23-68 Assisting the Homeless* for available resources and information on overnight shelters for homeless individuals.

Hub Tables
Hub Tables involve a multidisciplinary team of first responders, service providers and community partners whose goal is to reduce and prevent incidents that involve high-risk individuals and families. This work fosters multi-agency communication and collaboration in order to intervene with an at-risk individual or family in order to act immediately to mitigate that risk. See *Special Order 24-7 Hub Tables* for further information and referral procedures.

Youth Connect
A program of the Boys & Girls Clubs of Boston, YouthConnect provides behavioral health services and support to high-risk youth in the City of Boston with a goal of reducing youth involvement in the criminal justice system. YouthConnect places licensed Social Workers in BPD districts and specialized units. Officers can refer an individual to YouthConnect when they are concerned and think a youth/family would benefit from individual and/or community support. See *Special Order 23-56 YouthConnect and Referral Procedures*.

SafetyNet Tracking System
The SafetyNet system is a tool to support and assist in the search and rescue of persons with Alzheimer's, Autism, and/or other medical or disabling conditions that may cause the person to wander from a caregiver. See *Special Order 19-011 SafetyNet Tracking Systems* for further information.