

SEMINOLE COUNTY SHERIFF'S OFFICE GENERAL ORDER	NUMBER: G-52
	RESCINDS: E-47 (Crisis Intervention Team)
SUBJECT: Mental Health and Substance Abuse	
EFFECTIVE: March 20, 2006	
REVISED:	
ACCREDITATION STANDARDS: 41.2:8	

I. PURPOSE:

This directive provides guidelines, policies and procedures for handling situations involving persons believed to be suffering from mental illness or substance abuse, and includes guidelines for the organization and duty of the Crisis Intervention team.

II. SCOPE:

- A. It is Sheriff's Office policy to ensure a high level of service is provided to all members of its service communities. Persons suffering from mental illness or substance abuse will be treated with dignity and will be given access to the same law enforcement, government and community service provided to all citizens.
- B. It is also Sheriff's Office policy to deal with persons in street contacts and during interviews with understanding of, and attention to, the problems they may be experiencing with mental or emotional difficulties or substance abuse, recognizing that they may require law enforcement assistance and access to community mental health and substance abuse resources.
- C. Deputies will use judgment based on training, experience, and discretion when exercising powers of arrest.
- D. Information surrounding a person's conduct will be shared with hospital personnel involved in his/her evaluation when making an arrest, submitting a person for psychiatric evaluation, or returning the person to a mental health facility.

III. GENERAL:

- A. The American with Disabilities Act entitles persons with mental illnesses or disabilities to the same services and protection that law enforcement agencies provide to anyone else. They may not be excluded from services or otherwise be provided with lesser services or protection than are provided to others.
- B. The Act calls for law enforcement agencies to make reasonable adjustments and modification in their policies, practices or procedures on a case-by-case basis. For example, if a person exhibits symptoms of mental illness, expresses that he or she has a mental illness, or requests accommodation for a mental illness (such as access to medication), Deputies and dispatchers may need to modify routine practices and procedures, take more time, or show more sensitivity to extend the services or protections that would be extended to someone else in a similar circumstance.

- C. It is the intent of this policy to address the varying roles Deputies play in their encounters with people suffering from mental illnesses or substance abuse. As first responders and law enforcers, they may encounter victims, witnesses or suspects who have mental illnesses; as service personnel, they may be called upon to help people obtain psychiatric attention or other needed services. Helping people and their families obtain the services of mental health or substance abuse organizations, hospitals, clinics, and shelter care facilities is a prominent role for law enforcement.
- D. No single policy or procedure can address all of the situations in which Deputies, communications personnel, and other agency personnel may be required to provide assistance to persons who have mental illnesses. This policy is intended to address the most common types of interactions with people who have mental illnesses.
- E. The Florida Mental Health Act (Baker Act) was enacted in 1971 to provide a bill of rights for persons with mental illnesses and due process rights for those persons for whom voluntary or involuntary procedures were initiated to provide needed treatment in time of acute illness.
- F. The Florida Mental Health Act (Baker Act) governs all issues related to mental illness. The definition of mental illness specifically excludes intoxication and substance abuse impairment.
- G. An adult may apply for voluntary admission under the Baker Act if found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment.

IV. DEFINITIONS:

- A. *Assessing Threat Level:*
Due to the unpredictability of a person in crisis, members should rely on their observations, experience, past history of the person, and information provided by family and friends. There are many indicators that need to be used to assess dangerousness. Law enforcement officers use indicators to determine if a CIT team member will respond to a particular call.
- B. *Baker Act Examination:*
Upon arrival at the receiving facility, persons are examined without unnecessary delay by a physician or clinical psychologist. A psychiatrist, psychologist or emergency room physician must approve the person's release. A person may not be held for involuntary examination longer than 72 hours. Within the 72-hour examination period one of the following must take place:
 1. The person shall be released unless charged with a crime; which case the patient must be returned to a law enforcement officer,
 2. The person, unless charged with a crime, shall be asked to give express and informed consent to voluntary placement, or
 3. A petition for involuntary placement shall be filed with the Circuit Court by the facility administrator.
- C. *Crisis:*
An unstable or uncertain time or state of affairs, the outcome of which will or may have a major impact on the person with a mental illness and/or the community.
- D. *Crisis Intervention:*
The attempts of a CIT team member to de-escalate a mental health crisis and return the person to a pre-crisis level.

- E. *Crisis Intervention Team:*
Law enforcement officers and civilians who received specialized training for mental health crisis-related calls for service. In addition to their regular duties, team members are specifically assigned to mental health crisis disturbance calls. Team members are assigned to each district and work in cooperation with mental health facilities and organizations. The Sheriff's Office CIT team members are committed to safety, understanding, and compassion when handling mental health related calls.
- F. *Ex Parte Court Order:*
A court order that instructs the Sheriff's Office to take a person into custody that has been ordered to submit to involuntary mental health or substance abuse treatment or assessment.
- G. *Express and Informed Consent:*
Consent voluntarily given in writing, by a competent person, after sufficient explanation to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, other form of constraint, or coercion.
- H. *Hal Marchman Act:*
A person may be taken into protective custody by court order or by a Deputy who believes the person (adult or juvenile) has lost the power of self-control with respect to substance use.
- I. *Incompetent to Consent to Treatment:*
A person's judgment is so affected by his or her mental illness that the person lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical or mental health treatment.
- J. *Involuntary Examination:*
A person may be taken to a receiving facility for involuntary examination under the Baker Act if there is reason to believe that they are mentally ill, and because of this, has refused voluntary examination or is unable to determine if examination is necessary; and without care or treatment, the person is likely to suffer from neglect resulting in real and present threat of substantial harm or there is substantial likelihood that without care or treatment the person will cause serious bodily harm to him/her self or others in the near future, as evidenced by recent behavior. Examination initiated by any of the three following means:
1. A circuit court judge,
 2. A law enforcement officer,
 3. A physician, clinical psychologist, psychiatric nurse, or clinical social worker.
- K. *Mental Illness:*
An impairment of the mental or emotional processes that exercise conscious control of one's actions or the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living. The term does not include retardation or developmental disability, as defined in Section 393, Florida Statutes, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.
- L. *Mood Disorders:*
Disturbance in feelings or emotions. (for example: depression).
- M. *Organic Disorders:*
Temporary or permanent disorder resulting from damage to the brain. (for example: amnesia, Alzheimer's disease).
- N. *Personality Disorders:*
Lifelong maladaptive learned behavior. (for example: antisocial personality disorder).

- O. *Post-Booking Diversion:*
Individuals with a mental illness who are arrested for non-violent misdemeanor offenses may be diverted from jail into a treatment alternative. Those individuals who meet the program requirements will be monitored by the Seminole County Probation Department, Seminole Community Mental Health Center and, if necessary, members of the Crisis Intervention Team for a period up to six months.

- P. *Pre-Booking Diversion:*
Non-violent, low level offenders may be diverted from the criminal justice system by transporting the person to the Bay Avenue Crisis Center for processing as a pre-booking diversion case. A person suspected of having a mental disorder may be diverted from arrest, booking, and prosecution through this collaborative program supported by the State's Attorney, Public Defender, Seminole Community Mental Health Center, and Seminole County Sheriff's Office.

- Q. *Receiving Facility:*
Designated facilities that provide required services to all persons regardless of their ability to pay and which may receive state reimbursement for providing treatment services. These receiving facilities are:

Seminole Community Mental Health Center	South Seminole Hospital
300 Bay Avenue	555 E. State Road 434
Sanford, Florida	Longwood, Florida

- R. *Thought Disorders:*
Disturbance of speech, communication, or content of thought. (for example: schizophrenia).

- S. *Voluntary Examination:*
A person cannot be voluntarily admitted unless he/she is competent to provide express and informed consent. A minor may only be admitted on a voluntary basis upon application by his/her parent or guardian and a hearing to verify the voluntary nature of the consent.

V. **GUIDELINES FOR RECOGNITION OF MENTAL ILLNESS:**

- A. While many people with mental illnesses control symptoms with the use of medications, other who do not have access to mental health services, fail to take their medications, or do not recognize that they are ill can experience psychiatric difficulties. Deputies and other personnel must be prepared to deal with situations involving persons who have mental illnesses, and know how to respond to these situations in an appropriate and sensitive manner.

- B. There are three types of indicators that a person may be suffering from mental illness.
 - 1. *Verbal Clues (may include):*
 - a. Illogical thoughts, such as expressing a combination of unrelated or abstract topics, expressing thoughts of greatness, delusions of grandeur (believes he is God), expressing ideas of being harassed or threatened (CIA monitoring thoughts through television sets), or a preoccupation with death, germs, guilt, etc.

 - b. Unusual speech patterns, such as nonsensical speech or chatter, word repetition (frequently stating the same or rhyming words or phrases), pressured speech (expressing an urgency in manner of speaking), or extremely slow speech.

 - c. Verbal hostility or excitement, such as talking excitedly or loudly, argumentative,

belligerent, or unreasonably hostile, or threatening harm to oneself or others.

2. *Behavioral Clues (may include):*

- a. Physical appearance, such as inappropriate to environment (shorts in cold weather, heavy coats in summer), bizarre clothing or makeup (taking into account current trends),
- b. Body Movements, such as strange postures or mannerisms, lethargic, sluggish movements, or repetitious, ritualistic movements,
- c. Seeing or hearing things that can't be confirmed,
- d. Confusion about or unawareness of surroundings,
- e. Lacks of emotional response,
- f. Causing injury to self,
- g. Nonverbal expressions of sadness or grief,
- h. Inappropriate emotional reactions, such as overreacting to situations in an overly angry or frightening way, or reacting with opposite of expected emotion (laughing at a vehicle crash),

3. *Environmental Clues (inappropriate surroundings):*

- a. Decorations (strange trimmings, inappropriate use of household items, aluminum foil covering windows, etc.),
- b. Waste/Trash:
 - (1) Pack-ratting - accumulation of trash, i.e., hoarding string, newspapers, paper bags, clutter, etc.
 - (2) Presence of feces or urine on floor or walls
- c. Childish Objects

- C. When making observations, employees should note as many clues as possible, put the clues into the context of the situation, and be mindful of environmental and cultural factors.
- D. The degree to which symptoms exist varies from person to person according to the type and severity of the mental illness. Many symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual.

VI. PROCEDURES FOR ACCESSING COMMUNITY MENTAL HEALTH RESOURCES:

- A. The receiving facilities for involuntary Baker Act examinations are at the South Seminole Hospital, 555 West SR 434, Longwood, FL and Seminole Community Mental Health Center, 300 Bay Avenue, Sanford, FL.
- B. Once sufficient information has been collected about the nature of the situation, and the situation has

been stabilized, the Deputy has several options to consider when selecting an appropriate disposition.

1. If there is evidence of a medical problem or injury, EMS will be requested to check the individual before release, referral or transporting.
 - a. EMS personnel will determine whether or not to transport.
 - b. If the individual is cleared by EMS, the Deputy must transport to the closest receiving facility if an involuntary examination is going to take place, or assist family members or care givers in arranging admission to a mental health facility, if the person is going voluntarily.
 - c. If the individual is transported by EMS the following will be completed:
 - (1) A *CJIS Report*
 - (2) In addition to any other relevant or pertinent information, the report shall also describe the individual's behavior.
 - (3) Efforts made by the Deputy to locate a caregiver or residence of the individual, if applicable,
 - (4) EMS ID number, and,
 - (5) Name of the hospital, the individual was transported to
 - (6) Advise Communications of the disposition of the individual.
2. *If there is no evident medical problem or injury*, the Deputy may refer the family or caregiver to the closest receiving facility, or transport to the nearest receiving facility for involuntary examination, depending on the situation.
3. In the Deputy's opinion, if there is no need for an involuntary examination the Deputy may provide the person with the names and telephone numbers of community-based mental health organizations, which are contained in the Sheriff's Office *Resource Guide*.
4. Deputies transporting persons who meet the criteria for an involuntary examination initiated by law enforcement are required to complete a *CJIS Report*.
5. In accordance with Section 394.463, Florida Statutes, a Deputy may take a person to a receiving facility for involuntary examination if there is reason to believe that the person is mentally ill and because of their illness:
 - a. They have refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination,
 - b. They are unable to determine for themselves if an examination is necessary,
 - c. Without care or treatment, they are likely to suffer from neglect or refuse to care for themselves; such neglect or refusal poses a real and present threat of substantial harm to their well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services,

- d. There is substantial likelihood that without care or treatment they will cause serious bodily harm to themselves or others in the near future, as evidenced by recent behavior.

6. *Involuntary Examination:*

An involuntary examination may be conducted as follows:

- a. Deputies shall take a person meeting the criteria for involuntary examination into custody, take them to the closest receiving facility, and complete the *Form BA-52*.
- b. To reduce complexity of Baker Act admissions, rather than making an arrest a pending charge can be sent to the Office of the State Attorney for review.
- c. EMS shall transport an injured person in need of mental health treatment, if necessary, to the nearest emergency room for treatment of the medical condition. If released, the Deputy may transport the person to the nearest receiving facility, however, there is a private company contracted for transport of patients between facilities.
- d. Delivering a Baker Act patient to a receiving facility, the Deputy shall stay a reasonable amount of time for safety purposes.
- e. If within 45 minutes, the Deputy is not advised that he / she is no longer needed, the Deputy shall contact the Crisis Intervention Team Coordinator and/or Shift Supervisor for a determination of the situation.

C. Deputies will remember that mental illness is not a crime, and no person should be arrested for behavioral manifestations that are not criminal in nature. Taking a person who has mental illness into custody can only occur when:

- 1. They have committed a crime,
- 2. They present a danger to the life and safety of themselves or others and meet the criteria for involuntary evaluation, or
- 3. In response to a court order or directive of a mental health or medical practitioner who has legal authority to commit a person to a mental health facility.

D. *Arrest Alternative:*

The arrest of a mentally disturbed person may not be the best way to handle minor violations of law. However, in serious cases where a violation of law has occurred, such persons may be arrested the same as any other person.

1. *Pre-Booking Diversion:*

Non-violent, low level offenders may be diverted from the criminal justice system by transporting the person to the Bay Avenue Crisis Center for processing as a pre-booking diversion case. A person suspected of having a mental disorder may be diverted from arrest, booking, and prosecution through this collaborative program supported by the State's Attorney, Public Defender, Seminole Community Mental Health Center, and Seminole County Sheriff's Office.

2. *Post-Booking Diversion:*

Individuals with a mental illness who are arrested for non-violent misdemeanor offenses may be diverted from jail into a treatment alternative. Those individuals who meet the program

requirements will be monitored by the Seminole County Probation Department, Seminole Community Mental Health Center and, if necessary, members of the Crisis Intervention Team for a period up to six months.

VII. TELECOMMUNICATIONS RESPONSIBILITIES:

- A. The quality of information gathered by a Telecommunicator can affect the way Deputies respond to and resolve a call for service. Gathering information is critical at all stages in assessing the situation, but is particularly critical at the beginning.
- B. When a call is received about the actions or behavior of a person suffering from mental illnesses, it is essential Telecommunicators collect information to prepare the responding Deputies, to include:
 - 1. The nature of the problem behavior,
 - 2. Events that may have triggered the person's behavior,
 - 3. The presence of weapons.
- C. The party calling about a person in need may be able to provide additional information:
 - 1. Past occurrences of this or other abnormal behaviors,
 - 2. Past incidents involving injury or harm to the individual or others,
 - 3. Previous suicide threats,
 - 4. Reliance on medication or failure to take medication,
 - 5. Names of relatives, friends or neighbors available to assist Deputies, and,
 - 6. Names of physicians or mental health professionals available to assist Deputies.
- D. When dispatching calls for service involving persons having a mental illness, Telecommunicators should provide all background information to the responding Deputies.

VIII. GUIDELINES FOR INTERACTING WITH THE PERSONS SUSPECTED TO BE MENTALLY ILL:

- A. *Requirements for Response:*
CIT Team members will monitor calls for service in anticipation of an evolving mental health crisis situation in their respective districts. A CIT team member will respond if they believe it necessary and/or when a situation occurs and the on-scene law enforcement officer believes a team member is needed. A request for a team member's response will be made through an on-duty supervisor.
- B. *Examples of Calls for CIT Service:*
Attempted suicides involving persons threatening to harm themselves with a weapon, or threatening harm to others; school or workplace; and/or any time a team member believes it necessary. A CIT team member would normally not respond for a compliant Baker Act or an Ex Parte; but can assist on any call pertaining to a mental health issue, if needed.
- C. *Arrival of the CIT Team Member:*
 - 1. The CIT team member on scene of a mental health crisis call has authority to determine the ultimate responsibility of the call. The CIT team member has control over a crisis scene involving a person in mental health crisis, unless relieved by a supervisor. It is not the intention of this policy to supersede any unusual or emergency situation that, by necessity, would be handled by another unit.
 - 2. The on-scene CIT team member has responsibility for the scene, coordinates other personnel to effectively bring about a safe and appropriate disposition, and completes the *CIT Information Form*.

- D. *Post Arrival:*
The primary goal of team members is to establish, develop, and implement safe, proactive, and preventive methods of containing emotionally explosive situations that could lead to violence. It is the responsibility of the team member to handle the person in crisis with the least confrontational means.
- E. When responding to calls involving persons who have, or exhibit symptoms of, mental illness, Deputies should obtain as much information as possible to assess and stabilize the situation.
- F. Deputies are not expected to diagnose a mental illness, but to decide on the appropriate response to the individual and the situation. Recognizing the symptoms that may indicate mental illness will help decide on an appropriate response.
- G. Obtaining relevant information from family members, friends or others at the scene who knows the person and his/her history or seeking advice from mental health professionals, can also assist Deputies in taking appropriate action.
- H. Deputies will have to determine the severity of the behavior, the potential for change in the behavior, and the potential for danger presented by the person to themselves or others.
- I. The following guidelines describe how to interact with a person suffering from mental illness and who may be a crime victim, witness, or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. To protect their safety and the safety of others Deputies should:
1. Remember that mentally ill persons in crisis situations are generally afraid,
 2. Continually assess the situation for danger,
 3. Maintain adequate space between the person,
 4. Remain calm and avoid overreacting,
 5. Be helpful and professional, offer assistance to make the person feel safer/calmer, etc.
 6. Provide or obtain on-scene medical aid when treatment of an injury is needed,
 7. Follow procedures indicated on any medical alert bracelet or necklace,
 8. Indicate a willingness to understand and help,
 9. Give firm, clear direction; speak simply and briefly. Only one Deputy should talk to the subject,
 10. Move slowly,
 11. Remove distractions, upsetting influences and disruptive people from the scene,
 12. Understand that a rational discussion may not take place, respond to delusions and hallucinations by talking about the person's feelings rather than what he/she is saying,
 13. Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (voices) or the environment,

14. Be friendly, patient, accepting and encouraging, but remain firm and professional,
 15. Be aware that the uniform, gun, handcuffs, etc., may frighten the person. Attempt to reassure them that no harm is intended,
 16. Recognize and acknowledge that a person's delusional or hallucinatory experience is real to them,
 17. Announce actions before initiating them,
 18. Gather information from family or bystanders, and,
 19. If the person is experiencing a psychiatric crisis, attempt to have a local mental health professional respond to the scene.
- J. Each incident is different, and Deputies should be aware that their actions may have an adverse effect on the situation. Deputies should generally avoid:
1. Moving suddenly, giving rapid orders or shouting,
 2. Join into the behavior related to the person's mental illness; forcing discussion; challenging delusional or hallucinatory statements; agreeing or disagreeing with delusions or hallucinations,
 3. Direct, continuous eye contact (staring at the subject),
 4. Touching the person (unless essential for safety). While touching can be helpful to some people who are upset, for the disturbed mentally ill person it may cause more fear and lead to violence,
 5. Crowding the person or moving into their comfort zone,
 6. Expressing anger, impatience, or irritation,
 7. Assuming that a person who does not respond cannot hear,
 8. Using inflammatory language, such as "mental" or "mental subject,"
 9. Deceiving the person (dishonesty increases fear and suspicion),
 10. Give multiple choices (multiple choices increase the person's confusion),
 11. Whisper, laugh or joke about the situation (may increase the person's suspicions and the potential for violence), and,
 12. Misleading the person to believe that the Deputy thinks or feels the same way.

IX. TRANSPORTING SUBJECTS SUSPECTED SUFFERING FROM MENTAL ILLNESS:

Any person to be transported will be searched before being placed in any Sheriff's Office vehicle or ambulance.

- A. The use and type of restraints will be based on the Deputy's assessment of the individual and the situation as a whole.
- B. Deputies will evaluate the condition of the person before determining the best method of transportation. Cooperative subjects may be transported in patrol vehicles. Persons who are combative

or who have severe physical disabilities should be transported by ambulance.

- C. Deputies should consult with a supervisor before transporting the person if there is a question about the safest mode of transportation.
- D. Deputies will not leave the person unattended until relieved by hospital personnel or hospital security.
- E. If a person is violent and the physician requests assistance, Deputies will remain with the person and notify their supervisor. The Deputy will remain with the subject until relieved by the hospital security.
- F. Any property taken from the person will be submitted to Forensic Services.

X. DOCUMENTED REFRESHER TRAINING OF AGENCY PERSONNEL:

A. *Entry Level Training:*

- 1. The Sheriff's Office provides entry-level training to employees who may have to deal with persons suspected of suffering from a mental illness. This training is conducted during the field training process for Deputies, Detention Deputies, and Telecommunicators. This training is conducted by the CIT Coordinator, or other instructor at the direction of the Sheriff.
- 2. Within six months of their date of hire, Field Service Officers and Code Enforcement Officers will attend a mental health awareness course presented by the Sheriff's Office CIT Coordinator, or other instructor as directed by the Sheriff.

B. *Refresher Training:*

Deputies, Detention Deputies, and Telecommunicators will receive mental health refresher training every three years. This training will include an overview of this directive as well as other agency procedures addressing policies and laws regarding interaction with persons suffering from mental illness. This training is conducted by the CIT Coordinator, or other instructor at the direction of the Sheriff.

- C. Crisis Intervention Team training is conducted at least twice a year. This particular training consists of a block of instruction designed to familiarize participants with various subjects to assist them in deescalating an individual to pre-crisis status. This training is offered by the CIT Coordinator, or other instructor at the direction of the Sheriff, and may be conducted in conjunction with team meetings.
- D. All training will be documented, and copies of training class rosters will be forwarded to the Professional Development Section.

XI. MENTAL RETARDATION:

- A. Mental retardation encompasses a broad range of developmental disabilities from mild to profound. Mental retardation and mental illness are distinct conditions, with no similarity. The largest percentage of people with mental retardation is in the range termed "mild" to "moderate."

B. *General characteristics of mental retardation:*

- 1. A distinct disability that lasts a lifetime and can never be cured,
- 2. Mentally retarded individuals are typically *less* violent than the general population,
- 3. Limited communication skills, impaired impulse control, poor memory, and slow learning,
- 4. Limited ability to distinguish right from wrong, and situations beyond a person's control,
- 5. Lack of abstract reasoning sufficient to form intent,
- 6. Some of the general characteristics for mental retardation might also be found in an individual

suffering from a head injury, trauma, or disease.

- C. Despite limitations, the majority of persons identified as having mental retardation can learn, live, and work independently in the community.
- D. *Dealing with Mentally Retarded Individuals:*
1. Generally, individuals with mental retardation do not have abnormal physical characteristics, and may not immediately demonstrate characteristics of mental retardation.
 2. Deputies should recognize that people who have mental retardation have varied degrees of limited intellectual functions.
 3. In responding to the needs of people with severe or profound mental retardation, the aid of family, friends, and neighbors is invaluable.
 4. Persons with mental retardation should be asked short questions, and given clear, simple instructions.
 5. Be patient with persons with mental retardation as they may need additional time to respond to questions. Repeat questions as necessary and provide reassurance.
 6. A mentally retarded person may plead guilty to a crime which he / she did not commit, but which occurred in his / her presence, because people with mental retardation are easily intimidated, eager to please, and generally agree with authority.

XII. MEMORY IMPAIRED PERSONS:

- A. Alzheimer's disease causes intellectual deterioration in adults severe enough to dramatically interfere with occupational or social performance. These changes can include:
1. Disturbances in memory (loss of short-term memory with distant past remembered with some clarity),
 2. Language use (unable to speak coherently),
 3. Perception loss (reduced ability to learn or retain necessary skills),
 4. In some cases, paranoid symptoms are displayed that may result in violent behavior,
 5. Hallucinations (may see and hear things not really there).
- B. These disorders are not only found in older people. The youngest diagnosed case is age 22, however most victims are in their 40's and 50's when diagnosed. Many victims have a tendency to wander, mentally and physically, sometimes in an attempt to return to their past. The rate of deterioration differs between patients.
- C. Establishing communications with memory-impaired persons is essential to render assistance.
1. Deputies should exercise caution when encountering memory-impaired persons.
 2. If the victim feels threatened or intimidated, they can become violent.
 3. Victims should be handled calmly and spoken to in a reassuring voice.

4. It is not advisable to touch the person until rapport has been established.
 5. By agreeing with the victim's "stories," their attention can be diverted allowing Deputies to gain their confidence and avoid conflict.
- D. If separated, it is very important to help reunite victims with family or primary care providers:
1. A memory impaired missing person should be regarded with the level of intensity as a missing small child.
 2. Recovered victims identification should be checked as well as any ID bracelets or medallions, which may contain personal information to help assist and reunite them with caregivers.

XIII. INVISIBLE DISABILITIES:

- A. Many disabilities are difficult to notice or detect. A Deputy's failure to recognize characteristics associated with certain invisible disabilities could have serious consequences for the person with the disability. Outward signs of a disability such as epilepsy generally do not exist unless the person with the disability experiences a seizure.
- B. People with diabetes may have reactions from either too little insulin or too much insulin. Low blood sugar reactions are common and are usually treated by ingesting sugar. Detaining someone and preventing them from getting sugar could have serious health implications for the individual and liability consequences for the Deputy, and the agency.
- C. A Deputy's patience and understanding of the characteristics commonly associated with invisible disabilities will often lead to a successful resolution.
 1. An inaccurate assessment of a subject may lead to unnecessary confrontation, injury, and denial of needed medication and / or treatment.
 2. As with all types of disabilities, a Deputy's first obligation is to protect the individual from unnecessary harm.
 3. Establishing good communication in calm, reassuring approach, can help diffuse difficult situations.
- D. Deputies should realize that involuntary behavior associated with some invisible disabilities may resemble behavior characteristically exhibited by intoxicated or, less frequently, combative individuals. For example, a person experiencing a mild seizure may appear incoherent and physically imbalanced. This condition may be temporary.
- E. Family members, friends, and neighbors should be sought to provide information and assistance. Their presence may prove invaluable in understanding the needs of the person with the disability and guiding the Deputy's actions.
- F. Summon Emergency Medical Services (EMS) through the Telecommunications Section when emergency medical assistance is required.

XIV. MENTAL HEALTH DATABASE:

- A. The Sheriff's Office maintains databases of persons having a severe mental illness. This information is collected, stored and used with as high degree of confidentiality as possible. The information will allow officers to make practical decisions regarding de-escalation and diversion, as well as reduce the

likelihood of an injury or unnecessary arrest.

B. Information databases may be created from:

1. Forensic screening/diagnosis made at the correctional facility (Medic Alert Program),
2. Crisis Intervention Team Incident Files,
3. Registrants for the Medical Security Program.

C. Once an individual has been entered into a database, the documenting employee will complete a *Special Needs/Hazards Request Form*.

1. The criteria for a person meeting the "Special Needs" category will be a severe mental illness that affects their personal wellbeing or that of others, if treatment or medications is neglected.
2. The criteria for a person meeting the "Special Hazards" category will be any individual that meets the "Special Needs" category, but additionally has a higher likelihood of future violent behavior as demonstrated by their actions or statements.
3. The completed *Special Needs/Hazards Form* will be forwarded to the CAD Coordinator in the Information Services Division. The CAD Coordinator will be solely responsible for the data entry, maintenance and security of the Mental Health Database information.
4. Once the information has been entered into the CAD system, any future dispatch calls to those addresses will prompt either a "Special Needs" or "Special Hazards" alert to the responding Deputy before their arrival. The Deputy, if practical, should determine if the CIT, the person's doctor or family member should be notified and/or requested to respond.

XV. SERVICE OF EX PARTE COURT ORDERS:

A. Exclusive of arrest warrants and writs, court ordered ex parte detention (pick-up) orders may be issued to the Sheriff's Office for service. These orders may be classified as:

1. ***Hal Marchman Act*** (Chapter 397, Part V, Florida Statutes):
A court order that instructs the Sheriff's Office to take a person into custody that has been ordered to submit to involuntary substance abuse treatment or assessment.
2. ***Baker Act*** (Chapter 394.463, Florida Statutes):
A court order that instructs the Sheriff's Office to take a person into custody that has been ordered to submit to an involuntary mental health examination or treatment.

B. Court orders shall be executed by a Deputy with assistance from a second Deputy.

C. The person will be provided with one of the certified copies of the court order. A second certified copy of the court order will be given to the appropriate authority at the receiving facility named as the designated place of delivery in the court order. The date and time of service and the signature of the executing Deputy will be recorded on the original court order. This copy will be returned to the court within 24-hours of service.

D. The serving Deputy will document the service on a *CJIS Report*.

E. The Deputies taking the subject into custody will transport the subject to the receiving facility named on the court order. If the subject has previously or currently demonstrates a propensity to become violent, an ambulance will be used for transport. Deputies taking the subject into custody shall follow the ambulance to the designated receiving facility and will assist ambulance and hospital personnel as necessary.

- F. Deputies serving the order will ensure that the designated receiving facility is notified that the subject is en route. In the case of Florida Hospital - Altamonte, in-house hospital security personnel are to be requested for assistance.

XVI. HAL MARCHMAN ACT:

- A. Upon contact with an impaired person the first action will be to determine if the person is injured. If it appears that the person is injured, or is unconscious, medical attention will be sought immediately.
- B. If injuries are non-existent, Deputies should try and assess the person's sobriety. Certain medical conditions may cause a person to act, even smell, as if they are intoxicated. The person should be checked to see if they are wearing a medical alert identification bracelet or necklace.
- C. Ascertain whether a crime has occurred or the person has an outstanding warrant.
- D. If the impaired person is an adult, and Deputy believes the person presents a danger to himself or others, the Deputy may:
1. Transport to person to their place of residence if near by and a family member or friend is present to care for the person,
 2. Call a taxi if the person has the funds and agrees to payment and a friend or family member is present at the destination to care for the person.
- E. Pursuant to Chapter 397, Part V, Florida Statutes, a Deputy may initiate involuntary protective custody under the Hal Marchman Act if he/she believes the impaired person (adult or juvenile) has lost the power of self-control with respect to substance use, and either:
1. Has inflicted or threatened to attempted to inflict, or unless admitted is likely to inflict, physical harm on himself/herself or another, or,
 2. Is in need of substance abuse services and, by reason of substance abuse impairment, judgment has been so impaired that the individual is incapable of appreciating the need for such services and of making a rational decision in regard thereto; however mere refusal to receive such services does not constitute evidence of lack of judgment with respect to the need for such services.
- F. Seminole County provides no licensed detoxification or addictions facilities for adults or juveniles.
- G. In the case of adults only, Deputies may detain the person at the John E. Polk Correctional Facility under the Hal Marchman Act by adhering to the following procedures:
1. Inform the person that he/she is being taken into protective custody, but that such action does not constitute an arrest,
 2. Without using unreasonable force, handcuff and search the person before transporting,
 3. Transport the person to the nearest hospital emergency room to be medically cleared,
 4. Once the person has been medically cleared by the hospital and the Deputy has obtained a copy of the clearance paperwork; the person will be transported to the correctional facility,
 5. A *CJIS Report* will be written to document the biographical information of the person. In the

space provided for listing criminal charges, Hal Marchman Act will be recorded. A brief synopsis will be completed explaining how the subject met the criteria in accordance with Section 397.675, Florida Statutes.

H. *Juveniles, Special Considerations:*

When a Deputy comes in contact with a juvenile they believe is suffering from substance abuse:

1. Every attempt shall be made to contact the juvenile's parent or nearest adult relative and release the juvenile to them.
2. The Deputy should have rescue personnel respond to evaluate the juvenile if the level of influence appears severe.
3. If rescue personnel determine the juvenile's level of influence is severe or life-threatening, the juvenile shall be transported to the nearest hospital emergency room for treatment. The Deputy is responsible for notifying the juvenile's parent or nearest adult relative.
4. Before a juvenile is admitted to the Juvenile Assessment Center they must first be medically cleared at a hospital. After being admitted to the assessment center, center staff will contact the juvenile addiction reception center in Orange County. If the juvenile is accepted, the detaining Deputy will transport the juvenile to the center.
5. Deputies will complete a *CJIS Report* to document the Hal Marchman action.

XVII. THE CRISIS INTERVENTION TEAM:

- A. The Crisis Intervention Team consists of specially trained law enforcement officers and civilians who respond to calls for service involving persons in a mental health crisis. Team members are committed to the early identification of persons with mental illnesses, compassionate field intervention, appropriate placement, and coordinated follow-up. In addition, team members circulate necessary law enforcement safety information regarding mental health issues throughout the law enforcement community and also serve as Sheriff's Office liaison to mental health care providers.
- B. The Sheriff's Office recognizes the need to bring community resources together for the purpose of safety and quality of life concerns targeted to specific mental health issues. This program provides specially trained individuals to assist persons in mental health crisis, including restoration to pre-crisis levels. These procedures apply when dealing with adults and juveniles having mental illnesses who committed a minor criminal offense.
- C. *Duties of Team Members:*
1. Arrive on scene,
 2. If other law enforcement officers have arrived first, obtain all available information,
 3. Observe the person's actions, demeanor, etc.,
 4. Speak to family/friends on scene,
 5. Speak with the person (try to get information of diagnosis, medications, last time medication(s) were taken, look for medical alert bracelet, etc.).
- D. *Incident Documentation:*
1. The on-scene CIT team member will complete a *CIT Tracking Form*, the *Special Hazards*

Form, and the *CIT Intelligence Report* (IT report type in CAFÉ), or ensure the Deputy/Officer handling the call completes them.

2. A copy of *CIT Tracking Form* is submitted to and maintained by the district CIT Coordinator.
 3. A copy of *CIT Tracking Form* will be e-mailed to Crime Analysis and Research.
 4. A copy of the *Special Hazards Form* is e-mailed to the CIT Administrator for CAD entry.
 5. The *Tracking Form*, the *Hazards Form*, and additional documentation are maintained in the district CIT file.
- E. The on-scene CIT team member will create a file to include all intelligence (*CIT Tracking Form*, *Incident Report*, *Baker Act Report*, photographs, diagrams, criminal history, etc.).
1. The file is to be stored and maintained at the district or police department.
 2. Information is maintained for the purpose of proactively providing the person with services they may require to live independently in the community, and to ensure officer safety when responding to future crisis incidents.
- F. *Post Incident Monitoring:*
1. CIT team members will make referrals for Post Booking Diversion. The member can help the mental health case manager with treatment instead of prosecution.
 2. CIT team members will be a liaison with correctional facility staff, county probation and mental health staff during the diversion process.
 3. CIT team members can assist mental health and probation office personnel with coordinated follow-up, monitoring, and possible revocation or possible re-arrest.