

SEMINOLE COUNTY SHERIFF'S OFFICE GENERAL ORDER	NUMBER: G - 52
	RESCINDS:
SUBJECT: Mental Health and Substance Abuse	
EFFECTIVE: March 20, 2006	
REVISED: November 26, 2024	

Table of Contents:

- I. Purpose
- II. Scope
- III. Policy
- IV. General
- V. Definitions
- VI. Guidelines for Recognition of Mental Illness
- VII. Procedures for Accessing Community Health Resources
- VIII. Communications Responsibilities
- IX. Guidelines for Interacting with Persons Suspected to be Mentally Ill
- X. Transporting Subjects Suspected Suffering from Mental Illness
- XI. Documented Training
- XII. Intellectual Disability
- XIII. Memory Impaired Persons
- XIV. Invisible Disabilities
- XV. Mental Health Database
- XVI. Service of Ex Parte Orders
- XVII. Hal Marchman Act
- XVIII. The Crisis Intervention Team
- XIX. Seizure and Release of Firearms
- XX. Report Type Selection

I. PURPOSE:

This directive provides guidelines, policies and procedures for handling situations involving persons believed to be suffering from mental illness or substance abuse, pursuant to the criteria of Florida's Baker Act or Florida's Marchman Act, and includes guidelines for the organization and duties of the Crisis Intervention Team as well as the procedures for the seizure and return of firearms in a Baker Act situation. 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 enforcement officers, 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.

II. SCOPE:

All personnel will be governed by this General Order.

III. POLICY:

- 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 respect and will be given access to the same law enforcement, government and community services 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 good judgment based on training, experience, and discretion when exercising powers of arrest when interacting with person's believed to be suffering from mental illness or substance abuse.
- 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.
- E. Furthermore, it is the policy of the Seminole County Sheriff's Office that the individual dignity of the person subject to a Baker Act or taken into protective custody under the Hal Marchman Act be respected at all times and upon all occasions, including any occasion when the individual is taken into custody, held, or transported for the purpose of a voluntary or involuntary examination. Procedures, facilities, vehicles, and restraining devices utilized for criminals or those accused of crime shall not be used in connection with persons who have a mental illness, except for the protection of the patient or others. Deputies will utilize good judgment in responding to resistance and the application of restraint devices to protect the individual from further harm to their person, the deputy, or others. Persons who have a mental illness but who are not charged with a criminal offense shall not be detained or incarcerated in the jails of this state. A person who is receiving treatment for mental illness shall not be deprived of any constitutional rights.

IV. GENERAL:

A. *The Americans with Disabilities Act:*

The ADA 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 ADA 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. *The Florida Mental Health Act (Baker Act):*

The 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.

- D. The Baker Act governs all issues related to mental illness. The definition of mental illness in Chapter 394, Florida's Baker Act Statute specifically excludes a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

V. 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:*

The term Baker Act refers to The Florida Mental Health Act, also known as The Baker Act, (Florida Statutes 394.451 through 394.4782) and is commonly used to refer to situations where an individual is taken into custody for the purposes of an involuntary examination pursuant to Section 394.463 Florida Statutes.

C. *Clinical record:*

All parts of the record required to be maintained and includes all medical records, progress notes, charts, and admission and discharge data, and all other information recorded by facility staff which pertains to the patient's hospitalization or treatment.

D. *Crisis:*

A crisis is 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.

E. *Crisis Intervention:*

The attempts of a CIT trained Deputy to de-escalate a mental health crisis and return the person to a pre-crisis level.

F. *CIT Trained Members:*

These members are law enforcement officers and civilians who have received specialized training in handling mental health, crisis-related calls for service. In addition to their regular duties, trained members are specifically assigned to mental health crisis disturbance calls. Trained members are assigned to each district and work in cooperation with mental health facilities and organizations. The Sheriff's Office CIT members are committed to safety, understanding, and compassion when handling mental health related calls.

G. *Designated receiving facility:*

A facility approved by the Department of Children and Families which may be a public or private hospital, crisis stabilization unit, or addictions receiving facility; which provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders; and which may have an agreement with a corresponding facility for transportation and services.

H. *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.

I. *Ex Parte (EX) Report:*

A report prepared using an EX case number in the Sheriff's Office computerized reporting system known as CAFÉ to document and execute all **Court Ordered** Baker Acts and Hal Marchman Acts.

J. *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.

K. *Hal Marchman Act:*

The term Marchman Act refers to the "Hal S. Marchman Alcohol and Other Drug Services Act" (Florida Statute Chapter 397) and is often used to refer to situations where persons who meet the criteria set forth in Florida Statute Section 397.675 are taken into protective custody for involuntary examination and treatment.

L. *Incompetent to Consent to Treatment:*

A person's judgment is so affected by their mental illness that they lack the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical or mental health treatment.

M. *Intelligence (IT) Report:*

A report prepared using an IT case number in the Sheriff's Office computerized reporting system known as CAFÉ to document all **law enforcement-initiated** Baker Acts or Hal Marchman Acts.

N. *Involuntary Examination:*

An examination performed under s. 394.463, s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811 to determine whether a person qualifies for involuntary services.

O. *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 intellectual disability or developmental disability, as defined in Section 393, Florida Statutes, intoxication, or conditions manifested only by antisocial behavior or *substance abuse impairment*.

P. *Mood Disorders:*

Disturbance in feelings or emotions (for example: depression).

Q. *Organic Disorders:*

Temporary or permanent disorder resulting from damage to the brain (for example: amnesia, Alzheimer's disease).

R. *Pending Charges Form:*

Notice provided in written form to the treatment facility that the subject of the Baker/Marchman Act is a suspect in a pending criminal investigation and requesting that said treatment facility notify law enforcement of the individuals anticipated discharge. See Notice of Pending Criminal Charge Form attached as Appendix A.

S. *Personality Disorders:*

Lifelong maladaptive learned behavior (for example: antisocial personality disorder).

T. *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 Domestic Violence/CIT Unit for a period up to six months.

U. *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.

V. *Risk Protection Order:*

A temporary ex parte order or a final order granted pursuant to F.S. 790.401 that prohibits the possession or purchase of firearms or ammunition for the length of time the order is in effect and requires the surrender of said items to include any Concealed Carry Permit held by the respondent.

W. *Substance abuse impairment:*

A condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner that a person has lost the power of self-control and has inflicted or is likely to inflict physical harm on himself, herself, or another.

X. *Thought Disorders:*

Disturbance of speech, communication, or content of thought (for example: schizophrenia).

Y. *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.

VI. 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 given the current environment (shorts in cold weather, heavy coats in summer), bizarre clothing or makeup (considering 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. Lack 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.

VII. PROCEDURES FOR ACCESSING COMMUNITY MENTAL HEALTH RESOURCES:

- A. Generally, 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. If there is no evident medical problem or injury, 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; refer the family or caregiver to a receiving facility, or transport the individual to an appropriate, or the nearest, facility within the designated receiving system in accordance with the *Seminole County Substance Abuse And Mental Health Baker And Hal Marchman Act Transportation Plan*, for involuntary examination if the criteria is met.
- B. Emergency Medical Treatment:
 - 1. If there is evidence of a medical problem or injury pertaining to the individual subject to Baker Act by the deputy, EMS will be requested by the deputy to check the individual before release, referral, or transporting. EMS personnel will determine whether or not to transport.
 - a. If the individual is transported by EMS the following will be completed:
 - (1) An Intelligence Report (IT), Department of Children and Family (DCF) form CF-MH3052A and DCF Transportation Form CF-MH3100.
 - (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.
 - (5) Name of the hospital the individual was transported to.
 - (6) Advise Communications of the disposition of the individual.
 - (7) Deputies should be mindful that if EMS is conducting a transport of the Baker Act Subject for Medical reasons to a hospital, they will transport the individual to the most appropriate location for medical treatment and not necessarily to a receiving facility.
 - b. If the individual subject to the Baker Act is cleared by EMS and not transported to the hospital for medical reasons by EMS, the deputy will follow the documentation procedures outlined in paragraph C(3) of Section VII.
- C. Involuntary Examination (Baker Act):

1. An Involuntary Examination under the Baker Act may be initiated by a circuit court judge (ex parte), a law enforcement officer (officer initiated), or by a physician, clinical psychologist, psychiatric nurse, or clinical social worker (professional certificate initiated).
2. A person may not be held for involuntary examination longer than 72 hours. A psychiatrist, psychologist or emergency room physician must approve the person's release from the facility. Within the 72-hour examination period, one of the following must take place:
 - a. The person shall be released unless charged with a crime in; which case the patient must be released to a law enforcement officer,
 - b. The person, unless charged with a crime, shall be asked to give express and informed consent to voluntary placement, or
 - c. A petition for involuntary placement shall be filed with the Circuit Court by the facility administrator.
3. In accordance with Florida State Statute, Section 394.463, a Deputy who initiates an involuntary examination under the Baker Act shall take the person to a designated receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of their mental illness:
 - a. They have refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination, **or**
 - b. They are unable to determine for themselves if an examination is necessary; **and**
 - 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, **or**
 - 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.
 - e. In any law enforcement-initiated Baker Act or any Baker Act initiated through a professional certificate, Florida State Statute requires law enforcement to include all emergency contacts of the person that are readily accessible to the deputy, including information available through electronic databases maintained by the Department of Law enforcement or by the Department of Highway Safety and Motor Vehicles (DAVID). This information must be recorded on the reports that become part of the patient's clinical record. (Baker Act reports CF-MH3052A and CF-MH3100). Deputies must include this contact information even if obtained through DAVID. Deputies shall document their efforts to make contact and who contact was made with.
 - f. Separate from inclusion of this information in the clinical reports, deputies will also include this information in any internal agency report required under this policy. However, the actual name and contact information learned through DAVID will not be listed except to indicate that information was learned through DAVID.

GENERAL ORDER

Mental Health and Substance Abuse

4. Law Enforcement-Initiated Baker Act Procedures:

- a. Deputies who take a person meeting the criteria for involuntary examination into custody shall take them to an appropriate, or the nearest, facility within the designated receiving system in accordance with the *Seminole County Substance Abuse and Mental Health Baker and Hal Marchman Act Transportation Plan*, and complete the Department of Children and Family (DCF) Protective Custody Baker Act Form CF-MH3052A and the Department of Children and Family (DCF) Transportation Form CF-MH3100. The following Facilities have been designated receiving facilities as set forth in the above referenced Transportation Plan:

Aspire Health Partners
919 East 2nd Street
Sanford, Florida
For Adults only

South Seminole Hospital
555 E. State Road 434
Longwood, Florida
For Adults and Juveniles

University Behavior Center
2500 Discovery Drive
Orlando, Florida
For Adults and Preferred Location for Juveniles

- b. To reduce complexity of Baker Act admissions, if the situation also involves a minor criminal law violation, and an arrest has not already been made, rather than making an arrest, a capias package can be sent to the Office of the State Attorney for review. In cases involving a felony charge, the individual may be arrested and taken to the John E. Polk Correctional Facility or the JAC as applicable with a request that the individual be screened for mental health services in accordance with F.S. 394. Alternatively, a Pending Charges Form (Appendix A) can be provided to the treatment facility to permit future enforcement action if necessary.
- c. Deputies shall use only the degree of force and restraint necessary to facilitate the custodial action and transport.
- d. After 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 Behavioral Services Unit Sergeant and/or Shift Supervisor for further instructions.
- f. Deputies transporting persons who meet the criteria for an involuntary examination initiated by law enforcement are required to complete an Intelligence Report (IT). Additionally, if confirmed that the person is not a US citizen the deputy will notify that country's consular, regardless of whether the country is listed on the mandatory list and shall document in CAFÉ.
- g. In addition to any other relevant or pertinent information, the intelligence Report (IT) shall also describe the individual's behavior; the emergency contact

information for said person as set forth in section (3f). of this subsection; efforts made by the Deputy to locate the person's emergency contact, a parent, guardian, caregiver or residence of the individual, if applicable; EMS ID number if EMS was called and cleared the individual for transport and the name of the receiving facility the individual was transported to. The deputy shall also advise communications of the disposition of the individual.

- h. The Intelligence Report (IT) shall be made clear whether the individual refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination or whether they were unable to determine for themselves if an examination was necessary.
- i. The Intelligence Report (IT) shall be made clear whether the Baker Act was due to the concern for neglect of the individual or whether it was due to the concern that there was a substantial likelihood that without care or treatment the person would cause serious bodily harm to himself/herself or others in the near future.
- j. Many law enforcement-initiated Baker Acts involve calls or input from concerned family members, friends, neighbors or other interested third parties familiar with the individual. In all cases where these individuals are present or have knowledge of specific acts or statements made by the individual, the Deputy shall attempt to secure a witness statement from these individuals as applicable.
- k. To assist with tracking and identifying programs and services available to assist persons with underlying mental health and substance use disorders, deputies will initiate and maintain a single Intelligence Report (IT) in Café to document all of an individual's officer-initiated Baker Acts, Marchman Acts, or crisis intervention contacts for a period of one calendar year. This collective report will be utilized by all agency members and the Behavioral Services Detectives to assist with developing intervention strategies and the tracking of services.
- l. When initiating a Baker Act or Marchman Act on an individual, deputies will conduct a search in Café to determine if there is an agency Intelligence Report (IT) already created for the current calendar year. If so, deputies will use the most recent agency report to document their intervention, using a supplemental narrative, and then update any relevant person's information. If an Intelligence Report (IT) has not yet been created for the individual, deputies will generate and complete the original Intelligence Report (IT), which will then be used by agency members for the remainder of the annual collective reporting cycle.
- m. To ensure proper tracking, deputies are to document their officer-initiated Baker Acts and Marchman Acts within an Intelligence Report (IT) created by our agency members and not an Intelligence Report (IT) generated by outside agencies.

D. Involvement of Behavioral Services Unit and Consideration of a Risk Protection Order:

- 1. Florida State Statute, Section 790.401, authorizes a law enforcement agency to seek a Risk Protection Order (RPO) in situations where there are facts and circumstances giving reason to believe that the person poses a significant danger in the near future of causing personal injury to himself or herself or others by having a firearm or any ammunition in his or her custody or control or by purchasing, possessing, or receiving a firearm or any ammunition. If an RPO is under consideration, the deputy shall evaluate the need for the RPO in accordance with the General Order governing Risk Protection Orders.

2. In all cases where a call for service response is made due to a suicide attempt or other situations involving a Baker Act initiated by the deputy, the deputy may seek the assistance of the Behavioral Services unit and should attempt to secure written statements of any persons or family members present or having knowledge of the specific acts or statements of the subject which gave rise to law enforcement contact with the subject.

E. Juveniles:

1. Deputies coming into contact with a juvenile who otherwise meets the criteria for a Baker Act initiated by the deputy, must make a good faith attempt to contact the parent of the minor and if the parent cannot be reached the deputy shall make a good faith attempt to contact the nearest adult relative of the juvenile. Contact attempts shall be made prior to the final decision to transport the juvenile to a receiving facility for involuntary examination. Additionally, a school resource deputy, or any deputy working in a public school in the capacity of a school resource deputy who is; a) considering the arrest of a juvenile under the age of twelve or b) considering a Baker Act on any aged elementary-school student shall contact a School Division supervisor for input and support before said action is taken. If contact is made with a parent or relative and the deputy determines that substantial risk remains that the juvenile will cause harm to themselves or others, the juvenile should be taken to an appropriate, or the nearest, facility within the designated receiving system in accordance with the *Seminole County Substance Abuse and Mental Health Baker and Hal Marchman Act Transportation Plan*, for involuntary assessment.
2. The primary location to be utilized for the provision of services for minors requiring emergency mental health treatment under the Baker Act in accordance with the *Seminole County Substance Abuse and Mental Health Baker and Hal Marchman Act Transportation Plan* is the University Behavioral Center (UBC). In the event that transportation to UBC is not reasonably feasible, in the judgment of the transporting deputies' supervisor, the individual will be transported to the nearest facility within the designated receiving system.
3. Attempts at contact and actual contact with the parent must be documented in the Intelligence (IT) Report.
- 4.. If it is confirmed that the juvenile is not a United States citizen the deputy should notify that country's consular, regardless of whether the country falls under the mandatory reporting list if an involuntary transport for a Baker Act examination is done.
5. If a juvenile has been arrested and the need for a Baker Act transport is determined after taking the juvenile to the Juvenile Assessment Center, the deputy will provide the arrest paperwork to the JAC for processing and forwarding to the Office of the State Attorney. The JAC will process the juvenile arrest. Notification and documentation requirements as set forth in Section VII will be followed. The Report will notate that the juvenile was Baker Acted subsequent to the arrest and notate the receiving facility to which the juvenile was transported.
6. Juveniles not admitted to a receiving facility for involuntary assessment must be turned over to the custody of a parent or adult relative.
7. Deputies are reminded that the definition of mental illness outlined in Chapter 394, of Florida State Statute, also known as the Baker Act Statute, specifically excludes a developmental disability as defined in Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

GENERAL ORDER

Mental Health and Substance Abuse

F. Arrest Alternative:

1. 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:
 - a. They have committed a crime.
 - b. They present a danger to the life and safety of themselves or others and meet the criteria for involuntary evaluation.
 - c. In response to a court order or directive from a mental health or medical practitioner who has legal authority to commit a person to a mental health facility.
2. The arrest of an individual believed to be suffering from a mental illness 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.
 - a. *Pre-Booking Diversion:*

Non-violent, low level offenders may be diverted from the criminal justice system by transporting the person to the Seminole Community Mental Health 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 Office of the State Attorney, Public Defender, Seminole Community Mental Health Center, and Seminole County Sheriff's Office.
 - b. *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 Domestic Violence/CIT Unit for a period up to six months.

VIII. COMMUNICATIONS RESPONSIBILITIES:

- A. The quality of information gathered by Communications 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 behaviors of a person suffering from a mental illness, it is essential that the Communication Specialists collect information to prepare the responding Deputies, to include:
 1. The nature of the problem and/or 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, Communication Specialists shall provide all known background information to the responding Deputies.

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

A. Requirements for Response:

CIT trained members will monitor calls for service in anticipation of an evolving mental health crisis situation in their respective regions. A CIT trained member will respond if they believe it is necessary and/or when a situation occurs and the on-scene law enforcement officer believes a CIT trained member is needed. A request for a CIT trained member should 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 is necessary. A CIT trained member normally would 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 trained member on scene of a mental health crisis call has authority to determine the ultimate responsibility of the call. The CIT trained member has control over a crisis scene involving a person in mental health crisis, unless relieved by a supervisor. It is not the intent of this policy to supersede any unusual or emergency situation that, by necessity, would be handled by another unit.
2. The on-scene CIT trained member has responsibility for the scene, coordinates other personnel to effectively bring about a safe and appropriate disposition, and completes the *Intelligence (IT) report in Cafe*.

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 CIT trained Deputy 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 you and 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.
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).
12. Misleading the person to believe that the Deputy thinks or feels the same way.

X. TRANSPORTING SUBJECTS SUSPECTED OF SUFFERING FROM MENTAL ILLNESS:

- A. Any person to be transported will be searched before being placed in any Sheriff's Office vehicle or ambulance.
- B. The use and type of restraints will be based on the Deputy's assessment of the individual and the situation as a whole.
- C. 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.
- D. Deputies should consult with a supervisor before transporting the person if there is a question about the safest mode of transportation.
- E. Deputies will not leave the person unattended until relieved by hospital personnel or hospital security.
- F. 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.
- G. Any property taken from the person will be submitted to Forensic Services.
- H. Deputies will follow the procedures outlined in E-26 when transporting subjects to the designated receiving facility.

XI. DOCUMENTED TRAINING:

A. *Entry Level Training:*

The Sheriff's Office provides entry-level training to all employees, active reserves and volunteers on mental illness. This training is provided by the Professional Development Division and is conducted during the field training (Sworn and Certified) or division orientation process or first 90 days (all other employees). The CIT Coordinator, or other instructor at the direction of the Sheriff, will provide the content, training materials, PowerPoint presentation, or in-class instruction.

B. *Refresher Training:*

All employees, active reserves and volunteers will receive mental health refresher training annually. 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 provided by the Professional Development Division. The CIT Coordinator, or other instructor at the direction of the Sheriff, will provide the content, training materials, and/or PowerPoint presentation. Instruction may be delivered electronically or in-person.

C. The 40-hour Crisis Intervention Team training is conducted at least once 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 provided by the Professional Development Division. The CIT Coordinator, or other instructor at the direction of the Sheriff, will provide the content, training materials, PowerPoint presentation, in-class instruction, or may be electronically delivered.

D. Training on Risk Protection Orders and General Order 81 shall be provided to all sworn personnel and to supervisory personnel of the Property and Evidence Unit either through in-class instruction or by PowerPoint presentation.

E. Updated training on changes in the law on Baker Act and Hal Marchman Act shall be provided either through in class instruction, PowerPoint or by written updates.

F. All training will be documented, and copies of training class rosters will be forwarded to the Professional Development Division.

XII. *INTELLECTUAL DISABILITY:*

A. Intellectual Disability formerly referred to as Mental retardation encompasses a broad range of developmental disabilities from mild to profound. Intellectual Disability and mental illness are distinct conditions, with no similarity. The largest percentage of people with an intellectual disability is in the range termed "mild" to "moderate."

B. General Characteristics of Intellectual Disability:

1. A distinct disability that lasts a lifetime and can never be cured.
2. Intellectually disabled 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 intellectually disabled might also be found in an individual suffering from a head injury, trauma, or disease.
- C. Despite limitations, the majority of persons identified as being intellectually disabled can learn, live, and work independently in the community.
- D. Dealing with Intellectually Disabled:
1. Generally, individuals with intellectual disabilities do not have abnormal physical characteristics, and may not immediately demonstrate characteristics of being intellectually disabled.
 2. Deputies should recognize that people who are intellectually disabled have varied degrees of limited intellectual functions.
 3. In responding to the needs of people with severe or profound intellectual disability, the aid of family, friends, and neighbors is invaluable.
 4. Persons who are intellectually disabled should be asked short questions, and given clear, simple instructions.
 5. Be patient with persons who are intellectually disabled as they may need additional time to respond to questions. Repeat questions as necessary and provide reassurance.
 6. An intellectually disabled person may plead guilty to a crime which he/she did not commit, but which occurred in his/her presence because people who are intellectually disabled are easily intimidated, eager to please, and generally agree with authority.

XIII. 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, and
 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 victim's 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.

XIV. 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 a 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 Communications Division when emergency medical assistance is required.

XV. 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. Cafe Intelligence (IT) report,
 - 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.

XVI. SERVICE OF EX PARTE 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 State Statutes):

A court order instructing the Sheriff's Office to take a person into custody that has been ordered to submit to an involuntary substance abuse treatment or assessment.
 - 2. *Baker Act* (Chapter 394.463, Florida State Statutes):

A court order instructing 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. Prior to executing any ex parte order (Hal Marchman or Baker Act), deputies shall verify the order is valid and take the following steps:
 - 1. Deputies shall review the Café report (PI) associated with the order.
 - 2. Deputies shall review the original narrative, which will contain when the order was received, where the subject is to be taken (as does the order), and when the order expires.
 - 3. Deputies shall open case documents and read the order in its entirety.

4. Deputies shall review all supplemental narratives to ensure they have a full understanding of what has transpired prior to executing the order.
 5. If there are any questions of concern, please contact the on-call Civil Detective.
-
- C. Court orders shall be executed by two or more law enforcement officers. It is recommended that at least one of the law enforcement officers should have successfully completed Crisis Intervention Training.
 - D. The person taken into custody will be provided with a certified copy of the court order. A second certified copy will be given to the authority at the receiving facility named in the order as the place of delivery.
 - E. When it is possible, serving Deputies will ensure the receiving facility is notified that the subject is enroute. In the case of South Seminole Hospital, in-house hospital security personnel are to be requested for assistance.
 - F. The person taken into custody will be transported to the receiving facility named in the court order. The Deputy will submit CF-MH 3100 Transportation Form and provide it to the receiving facility in a Baker Act transport.
 - G. If no other circumstances are present that would require additional reporting, the serving Deputy will document the service on an Ex Parte (EX) Report and scan the completed service worksheet into the (EX) report. The Deputy will then update the Person of Interest (PI) Report with the information from the completed service of the Ex-Parte order in the form of a supplemental narrative and place the case inactive.
 - H. The Deputy will complete and submit the electronic Injunction of Protection/Ex-Parte Notification Sheet on SCSONet acknowledging an electronic signature approved by the Sheriff in accordance with Chapter 48, Florida State Statute will be used for the law enforcement officer perfecting the service.
 - I. A Return of Service form will be generated by a Civil Section staff member using an electronic signature for the serving law enforcement officer and return to the court of origin.
 - J. If confirmed the person taken into custody is not a US citizen, the serving Deputy or a designee, will notify that country's consular, regardless of whether the country falls under the mandatory reporting list, and notate this action in the (EX) report.

XVII. HAL S. MARCHMAN ACT:

- A. Florida State Statute, Section 397.6771 recognizes that a person in circumstances which justify protective custody, as described in s. 397.677, may consent to be assisted by a law enforcement officer to his or her home, to a hospital, or to a licensed detoxification or addictions receiving facility, whichever the officer determines is most appropriate. This is referred to as voluntary protective custody.
- B. Florida State Statute Section 397.6772 recognizes that if a person, in circumstances which justify protective custody as described in s. 397.677, fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person, initiate protective custody. This is referred to as involuntary

protective custody or protective custody without consent.

- C. Upon contact with an impaired or substance abuse impaired person it must first be determined if they are injured. If it appears the person is injured or is unconscious, medical attention will be immediately summoned. "Impaired" or "substance abuse impaired" means a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.
- D. If there are no injuries, the person's sobriety must be assessed. Certain medical conditions may cause a person to act, even smell, as if they are intoxicated. Determine if the person is wearing a medical alert identification bracelet or necklace.
- E. Determine if a crime has occurred or if the person has an outstanding warrant.
- F. If the impaired person is an adult and the Deputy believes the person does not present a danger to himself/herself or others, the Deputy may:
 - 1. Transport the person to their place of residence if nearby, and if a family member or friend is present to care for them.
 - 2. Call a taxi if the person has the funds and agrees to payment and if a friend or family member is present at the destination to care for them.
 - 3. If confirmed that the person is not a US citizen they will notify that country's consular, regardless of whether the country is listed on the mandatory list in situations involving involuntary protective custody wherein the person is taken to a hospital, licensed detoxification or addictions receiving facility or the county correctional facility.
- G. Involuntary Examination: Pursuant to Chapter 397, Florida State Statutes, a Deputy may initiate involuntary protective custody under the Marchman Act if there is good faith reason to believe that the person is substance abuse impaired or has a co-occurring mental health disorder, and because of such impairment or disorder, has lost the power of self-control with respect to substance abuse, and:
 - 1. Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.
 - 2. Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that 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, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict physical harm on himself, herself, or another.
- H. Juveniles who are suffering from substance abuse may not be detained at a detention facility. If a Deputy comes into contact with a juvenile who is suffering from substance abuse:
 - 1. Every attempt shall be made to contact the juvenile's emergency contact, parent or nearest adult relative.
 - 2. If the juvenile is released to a parent or adult relative at the scene, the Deputy will complete

an Intelligence (IT) Report.

3. The Deputy should request the fire department rescue personnel respond to evaluate the juvenile if the level of influence appears significant.
4. 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 and admission. The Deputy is responsible for notifying the juvenile's parent or nearest adult relative. Before leaving the hospital, the Deputy will ensure that the juvenile is as secure as reasonable and that a hospital security guard is standing by (unless otherwise instructed by hospital staff).
5. If a juvenile is admitted to the hospital or licensed detoxification or treatment facility as a result of substance abuse, the Deputy will complete an Intelligence (IT) Report titled "Hal Marchman Act" and Department of Children a Family Form CF-MH4002. A brief synopsis will be completed explaining how the juvenile met the criteria in accordance with Chapter 397.675.
6. If confirmed that the juvenile is not a US citizen they will notify that country's consular, regardless of whether the country falls under the mandatory reporting list.
7. Juveniles not admitted to a hospital for treatment must be turned over to the custody of a parent or adult relative.

I. Additional Considerations:

1. Court Ordered Evaluations:
 - a. The facility for **Court Ordered Evaluations** for Adults is The Aspire Health Partners Addictions Receiving Facility at 434 W. Kennedy Blvd., Orlando, Florida. The facility for **Court Ordered Evaluations** involving a juvenile is the Circles of Care, 400 E. Sheridan Road, Melbourne, Florida 32901.
2. Law Enforcement Initiated Hal Marchman Act:
 - a. Regarding Juveniles: Currently, Seminole County does not have within its geographical boundaries licensed detoxification or addictions receiving facilities for juveniles for law enforcement initiated Marchman Act custody situations. However, there is a facility within the 18th Judicial Circuit. This facility is the Circles of Care, 400 E. Sheridan Road, Melbourne, Florida 32901.
 - b. Regarding Adults: Seminole County has very limited resources available within the geographical boundaries of the county for law enforcement initiated Adult Hal Marchman cases. The facility for law enforcement-initiated Hal Marchman cases is ASPIRE located at 434 West Kennedy Blvd. Orlando Florida. Deputies should first contact the Domestic Violence/CIT Unit to check on availability with Aspire Healthcare.
3. If the Hal Marchman Act protective custody criteria is met and the situation is a Marchman Act initiated by law enforcement rather than by court order adhere to the following procedures:
 - a. Inform the person that they are being taken into protective custody under the Hal

Marchman Act due to Substance Abuse Impairment but that doing so does not constitute an arrest.

- b. Without using unreasonable force, handcuff and search the person before transporting.
- c. Contact EMS for clearance or transport the person to the nearest hospital emergency room for medical clearance, if necessary.
- d. Once the person has been medically cleared by the hospital or EMS and the Deputy has obtained a copy of the clearance paperwork, the person may be transported to the correctional facility.
- e. Conduct a search in Café to see if the individual has an open Intelligence (IT) Report already created for the year, if not, generate the Intelligence (IT) Report to document the intervention and 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 Chapter 397.675, Florida State Statutes. The Deputy shall also document all emergency contact information for the person that is readily accessible. Deputies are also required to notify the nearest relative of a minor in protective custody and must notify the nearest relative or other known emergency contact of an adult unless the adult requests that there be no notification. All notifications and attempts shall be documented. However, the actual name and contact information should not be included in the agency's report except to indicate that information was obtained from DAVID.
- f. Completion of Department of Children and Families Form 4002 is required only if the individual is taken into protective custody and transported to a hospital or to a licensed detoxification or addictions receiving facility. This form is not required if the individual is taken to the county correctional facility and no further transportation to said facilities takes place. Form 4002 becomes part of the individual's clinical medical records and is therefore confidential and exempt from public record. Florida State Statute requires that the Form 4002 report include all emergency contact information for the person that is readily accessible to the deputy, including information available through electronic databases maintained by the Department of Law Enforcement or by the Department of Highway Safety and Motor Vehicles (DAVID). Deputies are also required to notify the nearest relative of a minor in protective custody and must notify the nearest relative or other known emergency contact of an adult unless the adult requests that there be no notification. All notifications and attempts must be included on Form 4002.
- g. Pursuant to Florida State Statute 397.6772, the nearest appropriate licensed service provider must be notified within the first 8 hours after detention that the person has been detained under the Hal Marchman Act for the purposes of securing an available bed at a licensed detoxification or addictions receiving facility. If an available bed has been identified, then transportation arrangements will be arranged for the person to be taken to the appropriate licensed service provider. No such transportation is necessary if the person has already been released from the correctional facility as a result of them no longer meeting the criteria for continued detention under the Hal Marchman Act and the individual has been medically cleared.

XVIII. THE CRISIS INTERVENTION TEAM UNIT:

- A. The Behavioral services Unit consists of specially trained law enforcement officers who conduct follow up investigations and provide assistance to persons experiencing a mental health crisis. Behavioral Services Unit members are committed to the early identification of persons with mental illnesses, compassionate field intervention, appropriate placement, and coordinated follow-up. In addition, Behavioral Services Unit 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 Trained 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.).
 6. Evaluate all requests for Risk Protection Orders referred by other agency personnel and identify potential need for a Risk Protection Order independent of a request in cases that come to their attention.
- D. *Incident Documentation:*
1. The on-scene CIT trained member will complete an Intelligence (IT) report in Cafe, the Special Hazards Form, and the CIT Intelligence Report, or ensure the Deputy/Officer handling the call completes them.
- E. *Post Incident Monitoring:*
1. Behavioral Services Unit members will make referrals for Post Booking Diversion. The member can help the mental health case manager with treatment instead of prosecution.
 2. Behavioral Services Unit members will be a liaison with correctional facility staff, county probation and mental health staff during the diversion process.
 3. Behavioral Services Unit members can assist mental health and probation office personnel with coordinated follow-up, monitoring, and possible revocation or possible re-arrest.

XIX. SEIZURE AND RELEASE OF WEAPONS

- A. *Seizure of Weapons:*
1. Deputies will not search the home of the subject individual in an effort to locate and seize weapons to take for safekeeping.

2. Weapons which are in the actual possession of or accessible to the reach of the person subject to the call for service may be seized temporarily by the deputy while on scene, for the protection of the deputy, the subject and any other persons present.
3. In the interests of public safety, deputies may encourage the person subject to the Baker Act or Hal Marchman Act to allow a family member or friend who is at least 21 years of age and lawfully authorized to possess a firearm to take a firearm for safekeeping, where the firearm is not authorized for long term seizure by the deputy. Although this transfer is between the individual and the family or friend, the deputy shall document this transfer in his or her report inclusive of the name, identifying information, address and phone number of the individual taking possession of the items and shall also clearly describe the items being transferred by the individual.

C. *Long Term Seizure of Firearms and Ammunition:*

Generally, situations which may give rise to long term seizure of a firearm or ammunition for safekeeping include:

1. Where the contact with the subject of the Baker Act or Hal Marchman Act individual occurs in a public place, as neither the correctional facility nor a hospital or receiving facility will allow admission of the items.
2. Where the item(s) are evidence of a crime.
3. Where the subject requests that law enforcement take the items for safekeeping. Keep in mind that the individual must be capable of giving a knowing and voluntary consent that the deputy has taken the items.
4. Where the firearms or ammunition are seized or surrendered pursuant to Florida State Statute Section 394.463.

D. *Seizure of Items in Certain Baker Act Situations:*

Florida State Statute, Section 394.463 does not authorize the deputy to search the individual's home. However, pursuant to Florida State Statute, Section 394.463 if a person is taken into custody under a Baker Act pursuant to form BA3052 or a Court Order, AND The Baker Act Criteria is due to the person being a "danger to himself or others" (neglect to himself or herself does not qualify) AND the person made a credible threat to ANOTHER PERSON (threats to do self-harm does not qualify), the deputy may:

1. Seize any firearm in the person's possession, and
2. If the person is taken into custody for the Baker Act at their home, the deputy may request that the individual surrender any additional firearms or ammunition.

E. *Documenting the seizure of Firearms and Ammunition:*

1. Any weapon taken for safekeeping shall be entered into evidence and noted that it is being held for safekeeping and the circumstances of the seizure. If the seizure or voluntary surrender is pursuant to Florida State Statute, Section 394.463 this must be made clear in the report. Property and evidence forms required by General Order 68 (Evidence and Property) documenting property submitted into evidence shall be followed.

F. *Return or Release of items after Baker Act or Hal Marchman Seizure:*

1. Any weapon seized under a Baker Act or Marchman Act situation is subject to release to its owner upon their request provided they are otherwise authorized to possess the weapon and an FDLE background check or manual verification process indicates approval for the release.
2. Any Firearm or ammunition seized or voluntarily surrendered pursuant to a Baker Act must be made available for return no later than 24 hours after the person can document that he or she is no longer subject to involuntary examination, and has been released or discharged from inpatient or outpatient treatment unless a risk protection order was entered and directs a law enforcement agency to hold the items longer, or if there is another legal basis that disqualifies the person from possessing the firearms or ammunition. Understanding the need to verify eligibility for return of the items, the process for returning seized or voluntarily surrendered firearms or ammunition may not take longer than 7 days.
3. Firearms subject to a Risk Protection Order shall be released pursuant to the requirements of the General Order on Risk Protection Orders.
4. The Evidence Unit shall be responsible for verifying whether the items are subject to a Risk Protection Order, submitting the FDLE verification form and other required information to FDLE and conducting a manual verification of information as needed, pertinent to release and having the appropriate receipt executed if a firearm is released to the owner or the owner's agent following a Baker Act or Hal Marchman Act situational seizure.
5. Any conflicts between FDLE background checks and internal manual verification checks regarding authorization to possess a firearm shall be brought to the attention of the Office of Chief Counsel for resolution.
6. Firearms and ammunition being returned shall be returned on separate days and the person taking possession of the items shall be escorted out of the building by a deputy sheriff (typically a deputy assigned to the lobby at Building 100).

XX. REPORT TYPE SELECTION

- A. Intelligence (IT) Reports:
Are used to document ***law enforcement-initiated*** Baker Acts and Hal Marchman Acts.
- B. Ex Parte (EX) Reports:
Are used to document ***court-ordered*** Baker Acts and Hal Marchman Acts.