

MENTAL ILLNESS RESPONSE

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I. POLICY

It is the policy of the Delray Beach Police Department to provide guidance to law enforcement personnel when responding to or encountering persons experiencing a mental health crisis. Personnel will be provided with training to assist in determining if a person's behavior is indicative of a mental health crisis. Training will include, but not be limited to, guidance, techniques, response options, and resources to resolve the situation in a constructive, safe, and humane manner.

II. DEFINITIONS

Baker Act – A term for an involuntary examination of an individual who meets the criteria of such examination, according to [FSS 394.463](#).

Crisis Intervention Officer – A officer who has received forty hours of specialized training in mental health issues and communication, including de-escalation techniques.

Mental Health Crisis – An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

Mental Illness – An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if they display an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.

PIC – Person in Crisis

III. THE ORDER**1.0 Recognizing Atypical Behavior**

- 1.1 Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of PIC, with special emphasis on those

that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, officers should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions. These can include, but are not limited to:

- a. Strong and unrelenting fear of persons, places, or things.
- b. Extremely inappropriate behavior for a given context.
- c. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
- d. Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer's disease.
- e. Delusions, defined as the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("Everyone is out to get me").
- f. Hallucinations of any of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing things others cannot see).
- g. The belief that one suffers from extraordinary physical ailments that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.
- h. Obsession with recurrent and uncontrolled thoughts, ideas, and images.
- i. Extreme confusion, fright, paranoia, or depression.
- j. Feelings of invincibility.

1.2 Assessing Risk

- a. Most PIC are not violent, and some may present dangerous behavior only under certain circumstances or conditions. Officers may use several indicators to assess whether a PIC represents potential danger to themselves, the officer, or others. These include the following:
 1. The availability of any weapons.
 2. Threats of harm to self or others or statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.

3. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the officer, or family, friends, or neighbors might provide such information.
 4. The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
 5. Indications of substance use, as these may alter the individual's self-control and negatively influence an officer's capacity to effectively use de-escalation strategies.
 6. The volatility of the environment. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated. For example, the mere presence of a law enforcement vehicle, an officer in uniform, and/or a weapon may be seen as a threat to a PIC and has the potential to escalate a situation.
 7. Aggressive behaviors such as advancing on or toward an officer, refusal to follow directions or commands combined with physical posturing, and verbal or nonverbal threats.
- b. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger.
 - c. A PIC may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's physical presentation does not necessarily mean they will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.
 - d. Context is crucial in the accurate assessment of behavior. Officers should consider the totality of circumstances requiring their presence and overall need for intervention.

1.3 Response to PIC

- a. If the officer determines that an individual is experiencing a mental health crisis and is a potential threat to themselves, the officer, or others, law enforcement intervention may be required. All necessary measures should be employed to resolve any conflict safely using the appropriate intervention to resolve the issue. The following responses should be considered:
 1. Request a backup officer. Always do so in cases where the individual will be taken into custody.

2. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Team (CIT) officers, community crisis mental health personnel, crisis negotiator).
3. Contact and exchange information with a treating clinician or South County Mental Hospital facility for assistance.
4. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, lower radio volume, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
5. Create increased distance, if possible, in order to provide the officer with additional time to assess the need for force options.
6. Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.
7. Move slowly and do not excite the individual. Provide reassurance that officers are there to help and that the individual will be provided with appropriate care.
8. Ask the individual's name or by what name they would prefer to be addressed and use that name when talking with the individual.
9. Communicate with the individual in an attempt to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Relate concern for the individual's feelings and allow the individual to express feelings without judgment.
10. Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance, if available and appropriate, to assist in communicating with and calming the individual.
11. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.
12. Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the situation to a successful conclusion. It is often helpful for officers to apologize for bringing up a subject or topic that triggers the PIC. This apology can often be a bridge to rapport building.
13. Attempt to be truthful with the individual. If the individual becomes aware of a deception, they may withdraw from the contact in distrust and may

become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as “I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)” are recommended. Validating and/or participating in the individual’s delusion and/or hallucination is not advised.

2.0 Taking Custody or Making Referrals to Mental Health Professionals

2.1 Voluntary Admissions

- a. In some instances, a mentally ill person may request psychiatric treatment or agree to go to a mental health facility for care. In such cases, the officer should ensure that:
 1. The person has not displayed any behavior that may pose an immediate danger to themselves or others;
 2. The person is physically sound with no apparent injuries and is not intoxicated or under the influence of any drugs or narcotics; and
 3. There are no criminal charges pending against the person.
- b. The officer should keep in mind that in a voluntary admission, mentally ill persons sign themselves in and may just as easily sign themselves out and become a danger to themselves or others.
- c. In handling a voluntary admission, the officer shall attempt to determine if the mentally ill person is presently or has been under the care of a physician or mental health agency. If so, the physician or agency should be contacted if circumstances permit, so that a decision can be made to provide for the treatment of the subject.
- d. Transportation to a treatment center by a relative or other acceptable means is preferable. If this is not possible, a police officer may transport the individual. If a police officer transports the individual, then the officer must follow [G.O. 112 Arrestee-Detainee Transportation](#) and conduct a search of the individual and restrain them with handcuffs prior to transportation.

2.2 Involuntary Examination – “Baker Act”

- a. Criteria
 1. A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his/her mental illness:
 - a) The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **OR**
 - b) The person is unable to determine for him/herself whether examination is necessary; **AND**
 - c) Without care or treatment, the person is likely to suffer from neglect or refuse to care for him/herself; such neglect or refusal poses a real

and present threat of substantial harm to his/her 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 a substantial likelihood that without care or treatment the person will cause serious bodily harm to him/herself or others in the near future, as evidenced by recent behavior.

b. Initiation

1. An involuntary examination may be initiated by any one of the following means:

- a) A court may enter an ex-parte order stating that a person appears to meet the criteria for involuntary examination, given the findings on which that conclusion is based.
- b) A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person, or have the person delivered, to the nearest receiving facility for examination.
- c) A medical/social services professional as outlined in [FSS 394.463](#) may initiate an involuntary examination.

- c. When circumstances indicate an individual meets the legal requirements for involuntary psychiatric evaluation and should be taken into custody and transported to a mental health facility, or when circumstances indicate that an arrest is necessary, the officer should, when possible, request the assistance of crisis intervention specialists to assist in the custody and admission process, as well as any interviews or interrogations. Officers should be aware that the application or use of restraints may aggravate any aggression being displayed by a PIC. In all situations involving a PIC, officers should:

1. Continue to use de-escalation techniques and communication skills to avoid escalating the situation.
2. Remove any dangerous weapons from the area.
3. Where applicable, ensure that the process for petition for involuntary committal has been initiated by the appropriate personnel.

d. Transportation

- 1 If a police officer transports the individual, then the officer must follow [G.O. 112 Arrestee-Detainee Transportation](#) and conduct a search of the individual and restrain them with handcuffs prior to transportation.

3.0 Mobile Crisis Team

- 3.1 South County Mental Health Mobile Crisis Team may be requested to respond and assist in determining whether the subject should be evaluated for Baker Act

or assist in providing alternative remedies. The Mobile Crisis Team can be reached via the Communications Center.

4.0 Criminal Charges

4.1 When a law enforcement officer takes a person into custody for a misdemeanor (non-domestic) criminal offense and the person meets the statutory guidelines for involuntary examination under the Baker Act, then the law enforcement officer must transport the person to the nearest Baker Act facility. When a law enforcement officer takes a person into custody for a felony or domestic criminal offense and the person meets the statutory guidelines for involuntary examination under the Baker Act, then the law enforcement officer must transport the person to Palm Beach County Jail. The law enforcement officer shall then notify the booking desk of the subject's mental status and check the mental box on the rough arrest.

a. Upon releasing the person in custody to a Baker Act Facility, the misdemeanor charge must be filed with the State Attorney's Office or a Notice to Appear must be issued to the offender.

4.2 If the law enforcement officer believes that a person has an emergency medical condition, Emergency Medical Services (EMS) shall be requested to respond and that person shall be transported first to a hospital for emergency medical treatment regardless of whether the hospital is a designated receiving facility. After receiving medical treatment, it is the responsibility of the hospital to provide transportation of the person to a receiving facility.

a. **Note:** Anytime EMS is requested for a Baker Act patient, they will transport that patient to the closest appropriate medical facility for medical clearance. At the request of EMS personnel, a police officer shall ride in the EMS vehicle with the patient/prisoner. Delray Beach Fire Rescue will not transport any Baker Act patient to a Baker Act receiving facility, they are only licensed to transport to an emergency room.

5.0 Juveniles

5.1 JFK Medical Center North Campus presently accepts Baker Act juveniles.

5.2 Officers know, understand and apply the definition of mental illness as defined in Florida Statute with emphasis on the fact that anti-social behavior is not a mental illness, therefore, someone, especially a child, exhibiting anti-social behavior does not meet the criteria for a Baker Act.

5.3 Officers shall make reasonable efforts to contact a child's parent or legal guardian before initiating or executing a baker act proceeding.

6.0 Weapons Taken for Safekeeping

6.1 Weapons are occasionally taken for safekeeping from individuals who pose a threat to themselves or others. Such weapons shall be submitted into DBPD Evidence Section in accordance with department policy.

- 6.2 If the person is taken into custody at their residence, the law enforcement officer shall seek the voluntary surrender of firearms and ammunition within the residence, if warranted.
 - 6.3 If the firearms and ammunition are not voluntarily surrendered the officer/agency shall immediately file a petition for a Risk Protection Order, if warranted.
 - 6.4 All such weapons shall be submitted into DBPD Evidence Section in accordance with department policy.
 - 6.5 If the person is taken into custody, at a minimum and at the time the person is taken into custody the custodial officer shall conduct an investigation in an attempt to determine the following:
 - a. The person's accessibility to firearms and ammunition.
 - b. The location of those firearms and ammunition.
 - c. Past incidents of mental crisis, criminal history, reckless display and use of firearms, violence or other factors that will provide background information on the person.
 - d. Identification of family, friends or other persons associated with him/her who can provide additional information about the person.
 - e. The law lists other factors, and the list is not all-inclusive.
 - 6.6 Firearms or ammunition voluntarily surrendered and seized when a person is taken into custody pursuant to the Baker Act, but is not under arrest, must be made available for return no later than 24 hours after the person is released from the facility UNLESS a Risk Protection Order has been entered.
 - a. Firearms or ammunition which has been voluntarily surrendered and are not the subject of a valid RPO shall be released in accordance with the provisions of departmental policy.
- 7.0 Documentation
- 7.1 Officers should
 - a. Document the incident, regardless of whether or not the individual is taken into custody. Where the individual is taken into custody or referred to other agencies, officers should detail the reasons why.
 - b. Ensure that the report is as specific and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as "out of control" or "mentally disturbed" should be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person.

- c. In circumstances when an individual is transported to a mental health facility for a psychiatric evaluation, provide documentation to the examining clinicians detailing the circumstances and behavior leading to the transport.



RUSS MAGER
CHIEF OF POLICE

Replaces: G.O. 1302 dated 08/12/2020

Reference: [FSS 394.463](#)