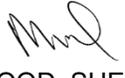


	VOLUSIA SHERIFF'S OFFICE GENERAL ORDER 46.4	Distribution All Personnel	Reissue/Effective Date 01/01/2020
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Title RESPONDING TO INDIVIDUALS WITH MENTAL ILLNESS/CIT			
Section		AUTHORITY OF   MICHAEL J. CHITWOOD, SHERIFF	

To protect and serve with courage, honor and integrity by fighting crime, maintaining trust, and building community partnerships.

I. PURPOSE

The purpose of this general order is to establish operational guidelines for agency members who respond to persons suspected of suffering from mental illness.

II. DISCUSSION

The Volusia Sheriff's Office often is involved with the assessment, intervention, and transportation of individuals who are mentally ill and recognizes the growing need to address community mental health issues in the public safety arena. To that end, the Volusia Sheriff's Office adopted the Crisis Intervention Team (CIT) training concept as an effective law enforcement response-program designed specifically for first responders who handle crisis calls involving people with mental illness including those with co-occurring substance use disorders. A law enforcement response based on an understanding of the causes, effects and outcomes of mental illness is imperative in a morally and socially responsive agency.

III. POLICY

It shall be the policy of the Volusia Sheriff's Office to provide persons in a state of mental health crisis with the appropriate intervention in accordance with current Florida Statutes and to recognize mental-health crisis intervention training.

IV. DEFINITIONS

CRISIS INTERVENTION TEAM (CIT) –Trained Law Enforcement Deputies designated to handle situations involving the mentally ill in crisis. Crisis Intervention Team members only handle those incidents that do not rise to the level of a high-risk incident. High-Risk incidents will continue to be managed by SWAT and the Hostage Negotiators. All Volusia Sheriff's Office Deputies hired after 2004 are certified in Crisis Intervention Team training using the Memphis Tennessee model.

V. PROCEDURE

A. RECOGNIZING THE SYMPTOMS OF A PERSON SUFFERING FROM MENTAL ILLNESS

1. The following are generalized signs and symptoms of behavior that may suggest mental illness, although deputies should not rule out other potential causes such as reactions to narcotics or temporary emotional disturbances that are situationally motivated. Subjects with mental illness who may need further evaluation typically exhibit a combination of the following characteristics or indicators of their illness:
 - a. **Behaviors:** Behaviors exhibited by those in crisis may include rapid speech, flight of thought, no direct eye contact, quick movements, and disconnected thought patterns. They may

constantly move or pace, they cannot concentrate, and may be subject to sudden mood changes, disorganized thoughts, and be disoriented as to time and place. Acts of violence, injury to self, inappropriate dress or nudity, or aggressiveness are also common of those persons in crisis. Excited Delirium Syndrome can become an issue in persons exhibiting these types of behaviors and diligent care should be used to recognize potential signs of a dangerous escalation of conflict.

- b. **Hallucinations:** Hallucinations can affect all of a person's senses. Individuals suffering from hallucinations may see and/or hear persons or things that aren't there, or hear internal voices telling them to hurt themselves or others. Television or other external sources may suggest they harm themselves or others. Often they will turn their head as if to listen to an unseen person or voices only they hear. This behavior is generally associated with schizophrenia, and the danger of a potentially violent encounter is intensified if the person is in crisis and not taking medications.
 - c. **Self-Care Issues:** Persons in crisis may exhibit insomnia or an increased need for sleep and may not eat for days at a time. They may not be taking prescribed medications and can exhibit a general neglect of their household, property, or personal hygiene to the point of putting self or others at risk.
 - d. **Feelings:** This is defined as low self-esteem with feelings of hopelessness or helplessness, flat affect. The person in crisis may not react with much feeling or interest to persons or objects that were once of importance to them. These behaviors are often indicative of bipolar disorder or major depression.
 - e. **Suicidal Risks:** Persons at a heightened risk of suicide may have thoughts or ideation of suicide and may have a previous history of attempted suicide. If the person has immediate access to weapons and has a family history of suicide and/or mental illness, the risk of suicide increases further. Often life changing or catastrophic events such as a death in the family, loss of job, divorce, etc., can lead to attempted or successful suicides in persons suffering from mental illness.
 - f. **Elderly Issues:** Elderly issues relating to mental illness may include wandering at night, leaving items on the stove, not eating or sleeping, unrealistic fears, confusion, and uncontrollable anxiety.
 - g. **Substance Abuse:** Mentally ill persons often self-medicate to alleviate their symptoms, leading to substance dependence as a co-occurring disorder to the mental illness. It is often difficult to separate the two (2) issues during a crisis intervention contact.
2. Volusia Sheriff's Office Deputies should be aware that mental illness and mental retardation are two (2) distinctly different medical conditions and care must be used not to confuse the two. A person suffering solely from mental retardation will not meet the criteria for a Baker Act.

B. PROCEDURES FOR ACCESSING COMMUNITY RESOURCES

1. A sworn member having contact with a mentally ill person in crisis who meets the involuntary commitment criteria described in Fla. Stat. § 394.463 shall initiate a Baker Act.
2. Often a mentally ill person in crisis recognizes the need for help and only needs assistance in getting to a mental health treatment facility. Deputies shall be responsible for ensuring persons requesting voluntary mental health care have access to it in a timely fashion.
3. Additional Crisis Intervention Community Resources are available on Stewart-Marchman-Act (SMA) Behavioral Healthcare, <https://www.smabehavioral.org/services/crisis-services/>

C. GUIDELINES FOR MEMBERS DURING CONTACTS WITH THE MENTALLY ILL

1. The safety of the person in crisis, the Deputy(s) involved, and the general public shall be of primary concern when responding to calls involving the mentally ill.
2. Deputy safety, and the safety of others, will always be priority. If the initial contact with the person in crisis is not of a criminal or barricaded/high-risk situation, every effort shall be made when possible to avoid an escalation that may result in criminal charges or the use of protective action.
3. Deputies shall demonstrate patience and empathy while interacting with mentally ill persons, recognizing that mental illness is a disease and not a conscious decision.

4. Deputies should consider other alternatives to arrest when investigating infractions of a minor nature committed by a person with mental illness. This policy does not conflict with general order 1.6 Pretrial Release and Diversion Programs, in that it allows discretion prior to an arrest being made and does not affect the procedures governing what occurs after an arrest is made.
5. Deputies shall evaluate the mental state of any person suspected or accused of a criminal act when conducting interviews or interrogations. While it is not the Deputy's responsibility to determine competency as it relates to the decisions of the court, it is a responsibility to ensure the person undergoing questioning is capable of understanding the nature of the questioning and the potential consequences of any statements given.
6. Civilian personnel, while in the course of their assigned duties, shall summon a Deputy to assist whenever there is an indication of an individual in possible crisis, as learned through agency-provided awareness training. This may be accomplished through summoning available Deputies at the respective facility, or through contacting the Communications Center. In such cases, civilian personnel shall attempt, to the best of their ability, to keep the individual calm until the Deputy arrives.

D. STRUCTURE AND DEPLOYMENT OF C.I.T. DEPUTYS

1. The CIT Coordinator is a lieutenant or above as designated by the Sheriff. The CIT Coordinator shall be responsible for coordinating Deputy training. The CIT Coordinator shall also serve as the agency liaison with other mental health service providers and community mental health support groups.
2. Deputies are specially trained to handle situations involving the mentally ill in crisis; however, Deputies shall only handle those incidents that do not rise to the level of a high-risk incident.
3. A crisis could consist of a person having delusions, refusing to take prescribed psychotropic medications, erratic behavior, suicidal thoughts or ideation, or other activity that causes alarm or concern to the average person.
4. The first Deputy to arrive on-scene shall be responsible for managing the response during the entire call, to include dialogue with the mentally ill person, determining the appropriate action to be taken, and completing all required documentation of the incident, unless relieved by competent authority. Other deputies on the scene shall provide tactical assistance as needed.
5. Deputies are approved to display the recognized CIT service pin above the right side pocket flap of the class A or B uniform. This serves as a point of recognition for those persons in crisis who have regular contact with members of law enforcement.

E. TRANSPORT OF INDIVIDUALS TO MENTAL ILLNESS RECEIVING FACILITIES

1. Deputies may transport individuals to mental health receiving facilities under the following provisions of the Baker Act:
 - a. When the court issues an "Ex Parte Order for Involuntary Examination" (CF-MH 3001 or 3002), deputies shall deliver the person named in the court order to the nearest facility for involuntary examination, unless the court order specifies a particular facility regardless of location.
 - b. In compliance with Fla. Stat. § 394.463, deputies shall take custody of and transport individuals to receiving facilities for involuntary examination when there is reason to believe the individual is mentally ill and because of that mental illness, having refused voluntary examination, is unable to determine for themselves whether an examination is necessary; and
 - Without care or treatment, they refuse to care for themselves or are likely to suffer from neglect; and that such neglect or refusal poses a real and present threat of substantial harm to their well-being; or
 - There is a 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.
 - c. Deputies initiating or executing the Baker Act shall complete Report of Law Enforcement Officer Initiation Involuntary Examination (CF-MH3052a) and Transportation to Receiving Facility (CF-MH3100). Both forms are necessary for a valid commitment, mandating assessment of the person named.

- d. Deputies initiating or executing a Baker Act on a child shall make reasonable efforts to notify the child's parents or guardians of the circumstances prior to making a final determination to Baker Act the child.
 - e. Mental illness does not include retardation, developmental disability, simple intoxication, conditions manifested only by antisocial behavior, or drug addiction. Individuals exhibiting such behavior without the circumstances listed above do not meet the Baker Act criteria.
 - f. A physician, psychiatric nurse, clinical social worker, or a clinical psychologist may complete a "Certificate of Professional Initiating Involuntary Examination", (CF-MH 3052B), usually referred to as a Professional Form 52. Deputies shall take into custody the person named in the certificate and deliver him/her to the designated Volusia County receiving facility. Deputies shall not transport to facilities outside of Volusia County without a court order or approval of the Watch Commander or equivalent. The deputy shall complete Transportation to Receiving Facility Form CF-MH3100 indicating the time and date the subject was delivered.
2. **Prior to transporting an individual** to the nearest designated receiving facility, deputies shall determine if a medical clearance will be required. Examples of conditions requiring medical clearance include, but are not limited to:
 - Known unmanageable or uncontrolled hypertension, diabetes
 - Wounds which require more than dry dressing changes,
 - Known severe infections which require close medical management,
 - Any condition requiring intravenous fluid and/or oxygen,
 - Conditions which require specialized treatment such as renal dialysis or chemotherapy,
 - Severe acute alcohol intoxication and/or drug impairment in which the person is not responsive or not ambulatory,
 - Medication overdoes in which the patient has not been medically observed for at least 24 hours.
 3. Designated receiving facilities will not accept a patient if medical attention is needed. If medical treatment is needed, deputies shall verify that the individual is treated at the nearest hospital. Following medical treatment, deputies shall transport Baker Act clients to the nearest designated receiving facility in the event that the treating emergency room is not a Baker Act facility.
 4. When transporting an individual from a medical facility to a designated receiving facility, deputies shall obtain proper supporting documents showing the individual has been medically cleared for transport. Without proper documentation, the patient may not be accepted by a receiving facility.
 5. **VOLUNTARY ADMISSIONS**
 - a. When deputies encounter an individual who desires voluntary admittance and is in need of transportation, deputies may provide this service.
 - (1) When providing transportation for voluntary clients to the designated receiving facility, deputies shall use discretion with regard to restraints.
 - (2) Deputies shall inform the receiving facility staff of the circumstances under which the individual was taken into custody. Under no circumstances will deputies leave an individual at a receiving facility without notifying the staff.
 6. Deputies have complied with Fla. Stat. § 394 when the individual has been delivered to the designated receiving facility and the proper forms have been completed.

F. MENTAL HEALTH- ISSUES AWARENESS TRAINING

1. All new entry level sworn shall receive forty-hours of CIT training during FTEP. Training is based on the "Memphis Model" of crisis intervention training. This training is recognized nationwide as a "best practice" for inter-acting with the mentally ill in crisis.
2. All new entry-level civilian personnel shall receive documented mental health awareness training as part of their civilian orientation training.
3. All personnel shall receive documented annual refresher training.

4. All training (entry-level and annual refresher) will be documented and entered into the individual's training record.

VI. REFERENCES

- [Stewart-Marchman-Act \(SMA\) Behavioral Healthcare](#)

VII. FORMS

- [Report of Law Enforcement Officer Initiating Involuntary Examination \(CF-MH 2052A\)](#)
- [Transportation to Receiving Facility \(CF-MH 3100\)](#)