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I. PURPOSE

The Orlando Police Department remains committed to properly handling interactions with those suffering from emotional and mental crisis and disorders to maintain their dignity and respect.

II. POLICY

It is the policy of the Orlando Police Department to respond to persons experiencing actual or suspected mental health crises in a manner that prioritizes the safety and welfare of the individual, Department personnel, and the

community. Department members shall recognize that persons experiencing a mental health crisis may exhibit behavior that is unusual, irrational, threatening, or otherwise outside their normal behavior and shall, when reasonably practical, use de-escalation, communication, time, distance, and other available resources to resolve the incident safely.

Department members shall comply with Chapter 394, Florida Statutes, commonly known as the Baker Act, when taking a person into custody for involuntary examination. An involuntary examination shall not be used solely because a person has a mental illness, is behaving unusually, is under the influence of alcohol or drugs, is homeless, or is otherwise unable or unwilling to comply with an officer's direction. The statutory criteria for involuntary examination must be reasonably supported by the circumstances known to the officer at the time of the intervention.

When circumstances permit, officers should seek the least restrictive and safest resolution available, including voluntary evaluation, referral to appropriate behavioral health resources, involvement of family or other responsible persons, or other available community-based services. When the statutory criteria for involuntary examination are met, however, officers shall take appropriate action to ensure the person receives the required examination and is transported to an appropriate receiving facility.

All sworn members shall be CIT trained.

III. DEFINITIONS

Communications Confidential (Florida Statute 456.059): Communications between a patient and a psychiatrist, as defined in Florida Statute 394.455, shall be held confidential and may not be disclosed except upon the request of the patient or the patient's legal representative. Provision of psychiatric records and reports is governed by Florida Statute 456.057. Notwithstanding any other provision of this section or Florida Statute 90.503, when:

a. (1) a patient is engaged in a treatment relationship with a psychiatrist;
b. (2) such patient has communicated to the psychiatrist a specific threat to cause serious bodily injury or death to an identified or a readily available person; and
c. (3) The treating psychiatrist makes a clinical judgment that the patient has the apparent intent and ability to imminently or immediately carry out such threat,
d. The psychiatrist may disclose patient communications to the extent necessary to warn any potential victim and must disclose patient communications to the extent necessary to communicate the threat to a law enforcement agency. A law enforcement agency that receives notification of a specific threat under this section must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A psychiatrist's disclosure of confidential communications when communicating a threat pursuant to this section may not be the basis of any legal action or criminal or civil liability against the psychiatrist.

Crisis Intervention Training (CIT): A community-based education program designed for law enforcement and first responders that helps officers safely and effectively handle calls involving people experiencing mental health conditions, substance use disorders, or intellectual and developmental disabilities.

CIT Officer: Any sworn officer who has completed the 40-hour Crisis Intervention Training course

Crisis Intervention Tracking Form: A form used to document actions or interventions by officers as they relate to their crisis intervention course.

Mental Illness: An impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. The definition does not include a developmental disability, intoxication, or conditions manifested only by dementia, traumatic brain injury, antisocial behavior, or substance abuse. Mental Illness can be associated with distress and/or problems functioning in social, work, or family activities.

A range of conditions, each with its own specific characteristics, including:

a. Schizophrenia
b. Bipolar Disorder (manic depression)
c. Major Depression
d. Schizo-Affective Disorder
e. Panic Disorder
f. Obsession-Compulsive Personality Disorder
g. Anxiety-Acute or Manic
h. Borderline Personality Disorder, or
i. Other mental illnesses as defined in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association, most current edition) can cause disturbances in thinking, feeling, and relation with others or the environment.

IV. PROCEDURES

1. RECEIVING FACILITIES

A facility designated by the Department of Children and Families (DCF) to receive patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment including a private facility when rendering services to a private patient pursuant to the provisions of this act. The term "receiving facility" does not include a county jail.

Receiving facilities, as designated by the Department of Children and Families, are as follows:

1.1 ADULTS

The Central Receiving Center (CRC), located at Aspire Health at 1800 Mercy Drive, Orlando, has been designated by the Department of Children and Families to be the location where law enforcement officers transport adults under the Baker Act or who are in need of psychiatric evaluation and are willing to go voluntarily by police escort.

1.2 CHILDREN

All minors will be taken to the nearest receiving facility (not to include the CRC). Receiving facilities designated by the Department of Children and Families for individuals under the age of 18 are as follows:

a. University Behavioral Health Center, 2500 Discovery Drive, Orlando, FL 32826 407.281.7000.
b. Central Florida Behavioral Hospital, 6601 Central Florida Parkway, Orlando, FL 32821 407.370.0111.
c. Park Place Behavioral Healthcare, 206 & 208 Park Place Boulevard, Kissimmee, FL 34741 407.846.0023.

1.3 HEALTH CONCERNS

Aspire Health is not the appropriate place to bring patients with the following health problems who have not been medically cleared:

a. Known unmanageable or uncontrolled hypertension.
b. Known unmanageable or uncontrolled diabetes.
c. Known severe infections requiring close medical management or conditions requiring isolation procedures.
d. Any condition requiring intravenous fluid and/or oxygen.
e. Conditions requiring specialized treatment such as renal dialysis or chemotherapy.
f. Acute alcohol intoxication, drug impairment, and/or a medication overdose to the point where the person is not responsive or ambulatory.

2. EMERGENCY/INVOLUNTARY EXAMINATION

The following procedures should be followed when a person is taken to a receiving facility for involuntary examination.

2.1 CRITERIA FOR ADMISSION

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 the mental illness:

1. The person has refused voluntary examination after sufficient and conscientious explanation and disclosure of the purpose of examination; OR

2. The person is unable to determine on their own whether examination is necessary; and

    a. Without care or treatment, the person is likely to suffer from neglect or refuse care for him- or herself and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being, and it is not apparent that such harm may be avoided through the help of willing and responsible family members or friends, or the provision of other services, OR

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

When a minor is involved in a situation that may lead to involuntary examination, an officer shall immediately contact a supervisor. The supervisor shall immediately attempt to notify the minor's parent/guardian by telephone. The parent/guardian may have helpful information or strategies in handling their child that are more effective and may help de-escalate a situation. Only with the parent/guardian's consent may 211 be called. While there is no basis for a parent/guardian of a minor to provide consent or refuse consent, the crisis level, the parent/guardian's preference

and the parties' level of cooperation should be taken into consideration when deciding whether to take a minor to a receiving facility for involuntary examination.

Baker Acts of juveniles 12 years old and under, the officers must document all attempts to have alternative transportation. Handcuff if deemed necessary but must document reason. When appropriate, transport in non-caged vehicle with second officer in rear monitoring the seat belted child. When cage car is used for transport, document reasons why cage car had to be used.

All available, less restrictive treatment alternatives that would offer an opportunity for improvement of the person's condition must also have been judged to be inappropriate, or unavailable.

2.2 ON-SCENE PROCEDURES FOR A BAKER ACT

When Department personnel arrive on the scene and observe conduct that meets the above criteria, they will notify their immediate supervisor. A crisis may consist of a person having delusions, refusing to take prescribed medications, erratic behavior, talking to themselves, or other activity or behavior that causes alarm or concern to the average person.

The Community Response Team (CRT) may be requested to respond by members already on the scene to assist with evaluation and resource information. Sworn statements may be obtained from credible witnesses who have observed conduct that may be indicative of a person's mental health. These statements may be used in lieu of the officer's personal observations. The totality of the circumstances should be considered when determining whether a person will be taken to a receiving facility for involuntary examination.

When Department personnel on the scene believe that criteria for involuntary examination are present, the officer shall transport the person to the CRC. The officer shall complete the following:

a. CF-MH 3052a, Report of Law Enforcement Officer Initiating Involuntary Examination (Attachment A)
b. CF-MH 3100, Transportation to Receiving Facility (Attachment B)
c. An Incident report, including:
    - The circumstances under which the person was taken into custody, which must be made part of the patient's clinical record, and
    - Must include all emergency contact information for the person that is readily accessible to the law enforcement officer, including information available through electronic databases maintained by the Department of Law Enforcement or by the Department of Highway Safety and Motor Vehicles. Such emergency contact information may be used by a receiving facility only for the purpose of informing listed emergency contacts of a patient's whereabouts pursuant to s. 119.0712(2)(d).

The forms can be located on the N-Drive in a PDF fillable format.

The person who is transported, along with related documentation, shall be transferred to a responsible individual designated by and located at the appropriate receiving or treatment facility.

Persons suffering from serious physical injuries and in need of immediate medical attention will be taken to the nearest hospital, whether or not a designated receiving facility. If the emergency medical treatment hospital is not designated a receiving facility, further action pursuant to the Florida Mental Health Act must be initiated by hospital personnel.

3. PERSONS AUTHORIZED TO ADMIT PERSONS FOR EMERGENCY/INVOLUNTARY EXAMINATION

The following are authorized to admit persons for emergency admissions:

a. A judge (court order).
b. A mental health professional.
c. A law enforcement officer.

3.1 A JUDGE (COURT ORDER)

A judge may issue an ex-parte order requiring the delivery of a person to a receiving facility for an involuntary examination. Aspire Health and Florida Statutes, Chapter 394, are both good resources for citizens who have questions about the process for getting someone admitted by a court.

3.2 A MENTAL HEALTH PROFESSIONAL

Mental health professionals include physicians, licensed psychologists, psychiatric nurses, or licensed clinical social workers. Mental health professionals may execute a certificate stating that they have examined a person within the last 48 hours and that the person meets the criteria for involuntary examination.

3.3 A LAW ENFORCEMENT OFFICER

A law enforcement officer may take a person who appears to meet the criteria for emergency/involuntary examination into custody and deliver the person to the CRC for examination and possible treatment. Although persons who meet Baker Act criteria are not under arrest, officers may use reasonable force to detain the individual for purposes of delivering the person to a receiving facility. If the officer believes that the person will be violent when transported, the receiving facility should be notified prior to arrival.

When responding to and/or encountering a suicidal person refer to the current version of P&P 1312, Guide for Non-Criminal Barricades and Suicidal Person Situations.

4. CRIMINAL CONDUCT

These are procedures for handling cases where criminal conduct is involved, both felony and misdemeanor.

4.1 FELONY CONDUCT

When a person has committed a nonviolent felony and, in the opinion of the arresting officer, the prisoner meets Baker Act criteria, the prisoner shall be taken to the CRC for involuntary examination. Officers will do at-large paperwork in these cases if the officer believes the suspect has sufficient ties to the community (job, family, etc.) to be located after the suspect is released from the receiving facility. If there are insufficient ties to the community, the officer will place a police hold on the prisoner.

Upon notification of release, probable cause paperwork and the prisoner will be transported to central booking by an on-duty unit.

If the prisoner is not admitted at the receiving facility, the prisoner will be returned to the booking facility for full processing. When an officer has arrested a person for a felony involving a crime of violence against another person, such person should be processed in the same manner as any other criminal suspect, notwithstanding the fact that the arresting officer has reasonable grounds for believing the person's behavior meets statutory guidelines for involuntary examination pursuant to the Baker Act.

When the officer has arrested a person for a felony involving a crime of violence against another person and it appears the person meets statutory guidelines for involuntary examination or involuntary placement, the officer shall also notify the Orange County Jail booking officer. The officer should record that the suspect appeared to meet the Baker Act criteria and that the personnel at the booking facility were so advised on the arrest affidavit or incident report.

4.2 MISDEMEANOR CONDUCT

If the conduct of an adult constitutes a misdemeanor or municipal ordinance violation, and the violation appears to be the result of a mental/emotional disturbance meeting the requirements for involuntary examination and is observed by the on-scene officer, the officer shall transfer the subject to the CRC (unless under 18) for admission. In these cases, a "police hold" should not be placed into effect.

If the subject is admitted under the Baker Act, then the officer will:

a. Issue a Notice to Appear, where qualified under the guidelines of the Notice to Appear procedures, or
b. Complete the paperwork for filing charges at large, or
c. Complete the paperwork to secure an arrest warrant.

The officer must indicate the location of the subject in the Notice to Appear, police report, or warrant.

5. PROCEDURES FOR TRANSPORTATION

5.1 TRANSPORTING JUVENILES FROM THE JUVENILE ASSESSMENT CENTER TO THE NEAREST RECEIVING FACILITY

As a courtesy, officers will transport juveniles from the Juvenile Assessment Center (JAC) to the nearest receiving facility if the following conditions exist:

a. OPD was the arresting agency.
b. The officer believes that the juvenile meets Baker Act criteria.
c. The juvenile is NOT charged with a crime of violence.
d. The juvenile is NOT substance abuse impaired.
e. The officer has contacted Aspire Health at 407.875.3700, and they have confirmed that the juvenile requires an involuntary examination.

If the juvenile was arrested by another agency, it is the decision of that agency and JAC as to how they should proceed. Officers WILL NOT transport other agencies' arrestees from JAC because of Baker Act concerns.

Persons being transported under the Baker Act shall be taken to the CRC. Persons under 18 (juveniles) will be taken to the nearest receiving facility (not including CRC). They shall be transported expediently, safely, and by the most practical means possible.

Officers shall use discretion regarding the use and degree of restraints when transporting mentally ill individuals based upon the individual's conduct. Any contraband, evidence of criminal activity, or potential weapons shall be entered into Property and Evidence. All other personal property shall be turned over to the receiving facility.

5.2 EMERGENCY ADMISSION TRANSPORTATION PROCEDURES

When a person is to be transported and an emergency demands immediate transportation in a department vehicle, Department units will be employed with the following priority:

a. Marked units.
b. Marked units without cage or divider, if available.
c. Unmarked units, if available.

If, in the opinion of the transporting officer, a person indicates he or she is likely to self-injure or hurt others, all necessary means may be employed for his or her protection and that of other persons, specifically including Department members.

If it is determined that the person requires handcuffing, it will be the transporting or assisting officer's responsibility to remove the handcuffs upon arrival at the mental health receiving facility.

When transportation is to be by a department unit, the on-scene officer will advise the Communications Division, which will attempt to dispatch a unit for transportation according to the above priorities.

5.3 INVOLUNTARY EXAMINATION TRANSPORTATION PROCEDURES

The following is the transportation procedure for involuntary examination when ordered by a judge:

The Orange County Sheriff's Office is the designated agency responsible for all persons who are to be taken into custody and transported upon entry of an ex parte order pursuant to § 394.462, Florida Statute, whether located within a municipality or within unincorporated Orange County. If under ex parte order, an Orange County Deputy must take the person into custody.

The following are the transportation procedures for involuntary examination when ordered by a mental health professional:

a. The Orlando Police Department is the agency responsible within the City limits for taking persons into custody upon execution of a certificate by an authorized professional and transporting those persons to a

designated receiving facility. An officer may not enter a residence unless consent is given or exigent circumstances apply, otherwise, a warrant is needed to enter any premises to take a person into custody.

b. The following mental health professionals may execute a certificate for involuntary custody if they have examined the patient within the previous 48 hours:

1. Physicians.
2. Clinical psychologists.
3. Psychiatric nurses.
4. Clinical social workers.

The above-listed persons shall indicate on the certificate the observations upon which their decision to Baker Act is based.

c. Officers shall obtain the original certificate (CF-MH 3052b) from the professional for delivery to the receiving facility. Officers shall also complete form CF-MH 3100, Transportation to Receiving Facility, and an incident report documenting the transportation of the subject.

5.4 VOLUNTARY EXAMINATION TRANSPORTATION REQUESTS

The Orlando Police Department will not transfer patients from one receiving facility to another. Florida Statutes, Chapter 394, does not require law enforcement agencies to provide transportation for adult voluntary examinations under the Baker Act; such transportation shall generally not be provided. The supervisor, however, may authorize transportation for an exceptional case involving an adult if necessary to protect life or property.

Officers who do transport adult voluntary examinations are required to stay with the person until they actually sign the form admitting him- or herself into the facility. If the person refuses to sign in and meets Baker Act criteria, the officer will proceed with the involuntary examination certificate. If, in those exceptional cases, the person refuses to sign in and does not meet the criteria for involuntary examination, the supervisor shall be contacted and will cause the person to be removed from the facility to a more appropriate location (residence or relative's home, etc.).

Cases involving the voluntary examination of juvenile subjects will be handled by contacting the parents as well as appropriate school authorities if the subject is a student. If the parents are unavailable, the Department of Children and Families should be contacted. All minors are considered “incompetent to consent” by virtue of age (unless an exception applies). They can only be voluntarily examined if the parent/guardian has applied for the child’s admission and a court has conducted a hearing to verify the voluntariness of consent. The consent of the parent/guardian is required for voluntary status, but not for involuntary status.

6. PROCEDURES FOR PERSONS MISSING FROM ANY DESIGNATED DCF FACILITY

Procedures for handling missing persons from any facility when the CF-MH 3052a form has and has not been completed are established. In either case, a missing persons or other offense report is not required unless specifically requested by a mental health professional or other complainant.

6.1 CF-MH 3052A FORM COMPLETED

When a patient is missing from a mental health facility and a CF-MH 3052a form has been completed, a local lookout will be broadcast by the Communications Division advising a missing person Signal 8 from the facility and requesting officers to pick up and return the individual to the facility.

The responding officer should ensure that the form CF-MH 3052a has been completed within the preceding 72 hours. If 72 hours have transpired since the initiation of the form CF-MH 3052a, procedure established in Section 6.2 will be followed.

The stop-and-pickup order shall be good for 72 hours from the date of initiation of the form CF-MH 3052a.

Only the top portion of the form CF-MH 3052a (Report of Law Enforcement Officer) shall be completed whenever an individual is returned under these conditions.

Officers returning an individual shall include on the second page of form CF-MH 3052a that the individual was returned on the authority of a Certificate of Professional Initiating Involuntary Examination.

The officer returning the individual shall notify the Communications Division that the individual has been returned and the local lookout can be canceled.

6.2 CF-MH 3052A FORM NOT COMPLETED

When a patient is missing and a CF-MH 3052a form has not been completed, the Communications Division will broadcast a stop-and-check-out bolo for the individual in question. An officer may not detain nor return an individual to a mental health facility unless the officer determines that the person currently meets the criteria for involuntary examination. If the criteria are met, the officer shall admit the individual under the routine Baker Act provisions of involuntary examinations by a law enforcement officer.

7. FIREARMS SEIZED OR VOLUNTARILY SURRENDERE DURING A BAKER ACT

7.1 AUTHORIZED SEIZURE

A law enforcement officer taking custody of a person pursuant to involuntary examination procedures (Baker Act) may seize and hold a firearm or any ammunition ONLY in the following situations per Florida Statute 394.463(2)d.

1. The person possesses firearms or ammunition at the time of taking them into custody; and
2. The person poses a potential danger to themselves or others; and
3. The person has made a credible threat of violence.

If the above conditions are met, Officers may also seek voluntary surrender of firearms or ammunition kept in the residence. If the subject refuses or if the firearms in question are not covered by this statute, officers may petition for a Risk Protection Order, detailed in the current version of P&P 1146-Risk Protection Orders.

When submitting firearms or ammunition into Property and Evidence pursuant to a Baker Act, officers shall write “BAKER ACT” on the property tag.

7.2 RETURN OF SEIZED FIREARMS

Firearms or ammunition seized or voluntarily surrendered pursuant to involuntary examination procedures (Baker Act) must be made available no later than 24 hours after the person taken into custody provides OPD with documentation of release from an inpatient treatment facility, unless:

1. A risk protection order under Florida Statute 790.401 is being sought or is entered; or
2. A person has been adjudicated mentally defective and committed to a mental institution pursuant to Florida Statute 790.064; or
3. A person is subject to a legal disqualifier (i.e., convicted felon, active court order to not possess firearm).
4. The process for the actual return of firearms or ammunition seized or voluntarily surrendered under this paragraph may not take longer than 7 days.

8. WEAPONS IN MENTAL HEALTH FACILITIES

When the officer arrives at the CRC with an adult Baker Act, the officer must secure any firearms. The officer may choose to lock the firearm in the trunk of the patrol vehicle or use the gun lockers located in the Sally Port entrance. If the officer needs to go beyond the reception area, then the police firearm and TASER must be secured.

Advent Health does not require the officer to secure police weapons as long as the process is limited to the Emergency Room. Officers responding to the facility to take law enforcement action, other than delivering a Baker Act, will not be required to remove his or her firearm. Aspire Health and the CRC have been advised that in these instances the officer's firearm is a necessary tool and will not be relinquished.

9. MEDICAL SECURITY PROGRAM

The Medical Security Program voluntarily registers residents of Orange, Seminole, Lake, Osceola, and Brevard Counties who for reasons relating to mental disabilities may wander, come in contact with law enforcement, or fail to return home when expected. Those who register will be given an identification bracelet and/or a photo ID card identifying them to law enforcement and corrections. The intent of this program is to divert individuals from jail who are mentally ill.

The bracelet will contain the following information:

MSP
For Help,
Call Orange County Sheriff's Office 9-1-1
100-00-000

No name or personal information will be on the bracelet. The mental health patron may also request that an ID card be issued. The mental health patron's name and address will appear along with the access code on the ID cards.

The mental health patron will be identifiable to area law enforcement by the 9-digit access code on the bracelet and ID card. If the mental health patron needs assistance, local law enforcement can obtain the necessary information to assist the person by calling the Orange County Sheriff's Office Communications Center and giving them the 9-digit

access code. The information available will include emergency contacts, doctor names and phone numbers, medications and allergies, and mental and physical conditions. This information will assist law enforcement and emergency medical personnel in identifying and appropriately dealing with participants in the Medical Security Program.

If an officer comes into contact with a person who may be interested in enrolling in the Medical Security Program, the individual should be directed to contact the Mental Health Association of Central Florida at 407.898.0110 ext. 17.

Registration is voluntary and either the enrollee or the legal guardian must give consent to be enrolled.

10. CRISIS INTERVENTION TRAINING (CIT)

The CIT Commander is a captain, designated by the Chief of Police. The commander is the agency's point of contact regarding CIT-related inquiries and may help coordinate additional CIT training.

All sworn members of the Orlando Police Department shall be trained in Crisis Intervention. All officers are responsible for signing up and attending CIT Training. Supervisors shall allow officers to attend CIT training as staffing permits.

11. COMMUNITY RESPONSE TEAM

The Community Response Team (CRT) is the City of Orlando's alternative response mental health program, led by the Orlando Police Department in partnership with behavioral health experts. CRT primarily responds to certain non-violent calls where someone is experiencing a mental or substance abuse disorder. CRT members are dispatched to non-violent mental health calls where they focus on de-escalation and stabilizing the individual(s) and connecting them to resources.

11.1 UTILIZING THE COMMUNITY RESPONSE TEAM

The Community Response Team (CRT) will be dispatched to calls for service after the incident is triaged by a State Certified Public Safety Telecommunicator. CRT will primarily respond to incidents where there is no evidence of weapons or history of violence. If The CRT is unavailable, the dispatcher will send OPD officers to respond to the call for service.

When OPD officers are dispatched to an incident and recognize that there is a mental or substance abuse component to the incident, the officer may request CRT respond once the scene is safe. Watch Commanders may determine CRT is needed to assist with de-escalating individuals in crisis.

OPD officers are encouraged to send referrals when appropriate to www.CommunityResponseTeam@aspirehp.org or CommunityResponseTeam@orlando.gov for follow-ups with individuals or families needing community-based or mental health services.

V. FORMS AND APPENDICES

ATTACHMENT A- Report of LEO Initiating Involuntary Examination
ATTACHMENT B- Transportation of Receiving Facility
ATTACHMENT C- Community Response Team Referral Form

VI. REFERENCES

This policy rescinds Policy and Procedure 1114.15

Related Policies: Policy and Procedure 1312

Related Laws: Florida Statute Chapter 394