


POLICY 508	MENTAL HEALTH	
	REVISED: 1/93, 9/01, 5/03, 11/04, 08/11, 10/13, 04/15, 05/17, 05/18, 07/18, 09/20, 04/21, 09/22, 04/23	RELATED POLICIES: 514
	CFA STANDARDS: 2.02	REVIEWED: AS NEEDED

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A. PURPOSE

The purpose of this policy is to direct Department sworn personnel through a continuum when handling situations involving individuals in need of mental health services, especially in cases where an arrest may not be the best course of action. When an officer responds to a mentally ill person call or during the course of any investigation determines that they are dealing with a mentally ill person, they may initiate any of the following procedures.

The goals of the Mental Health Policy are to provide immediate response to and management of situations where the mentally ill are in a state of crisis; prevent, reduce and/or eliminate injury to both the consumer and the responding officer; find appropriate care for consumers; reduce consumer recidivism and to insure the individual receives the proper mental health services and the proper diversionary steps are taken for the safety and welfare of the mentally ill person or others.

B. POLICY

It is the policy of the Fort Lauderdale Police Department that any investigations, dealings or contacts with individuals in mental crisis be treated with dignity and the utmost concern for their safety and well-being and those around them in compliance with the Florida Mental Health Act, also known as the Baker Act (394, Fla. Stat.).

C. DEFINITIONS

1. Crisis – a perception of an event or situation as an intolerable difficulty that exceeds the person’s resources and coping mechanisms. Unless the person obtains relief, the crisis has the potential to cause severe affective, cognitive, and behavioral malfunctioning.
2. Mental Health Consumer - an individual who has been diagnosed with and has survived a mental illness.
3. Crisis Intervention Team – a voluntary team of officers who have each received forty hours of specialized training in mental health issues and communication including de-escalation techniques that work in partnership with the Broward County mental health professional community. This partnership is designed to meet the needs of the mentally ill in crisis, keep the mentally ill out of jail, minimize the amount of time officers spend on calls, and maintain community safety.
4. Risk Protection Order- an action or petition to temporarily prevent persons who are at high risk of harming themselves or others from accessing firearms or ammunition.
5. Firearm Eligibility System (FES) is a web-based application available via the Florida Criminal Justice Network (CJNet). A background check submitted through FES includes a demographic search of FCIC, NCIC, state and national criminal histories and the NICS Index, which includes records related to mental health.
6. Firearm Possession and Firearm Ownership Disability prohibits a person who has been adjudicated mentally defective or who has been committed to a mental institution, from owning or possessing a firearm until the person requests and obtains relief from the disability by a court.

D. POSSIBLE MENTAL HEALTH CASES

1. Criteria
A situation may be deemed a possible mental health case if the officer has reason to believe the individual, he or she is in contact with is mentally ill or the individual has acknowledged they are a mental health consumer; however, the individual does not meet the criteria for a Baker Act.
2. If the responding officer is not a Crisis Intervention Team Officer (CIT), consider requesting an available CIT officer to respond.
3. The officer shall complete an offense report of the incident. The actions of the mental health consumer should be stated in the report.
4. If the incident does not necessitate an arrest, alternative remedies or diversions can possibly be referred to Henderson Behavioral Health ‘CRS’ at 954-606-0911. The officer should document actions taken and title the incident report as DOC (PMD).
5. If the incident necessitates an arrest, the PMD box on the Probable Cause Affidavit must be checked and the defendant should be charged in violation of a Florida State Statute even if a City Ordinance could be used.

6. Henderson Clinic will contact the mental health consumer if the officer provides contact information and requests their services in the report.
7. If the subject is a juvenile, the officer shall make an effort to notify the parent or legal guardian of the facility to which the juvenile was being transported.

E. VOLUNTARY ADMISSIONS (§ 394.4625, Fla. Stat.)

1. 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 insure that:
 - a. The person has not displayed any behavior that may pose an immediate danger to themselves or others.
 - b. The person is physically sound with no apparent injuries and is not intoxicated or under the influence of any drugs or narcotics.
 - c. There are no criminal charges pending against the person.
2. 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. The proper admission and release of mentally ill individuals is the responsibility of the intake facility.
3. In handling voluntary admissions, 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 voluntary admission. Transportation to a treatment center by a relative or other acceptable means is preferable. If this is not possible, a police officer will transport the patient and when one is present, notify the off-duty detail officer working at the hospital.
If the mentally ill person is under age 18, application should be made for voluntary admission by their parent or guardian.
4. If a voluntary patient leaves the facility against medical advice, law enforcement shall only be notified to return the person to the receiving facility if the person is under a criminal charge or it appears that the person meets the criteria for involuntary placement (F. S. 394.463). In this situation, if any officer re-contacts the patient and there is a question of medical concern, EMS will be requested to transport him/her to the closest appropriate medical facility (emergency room) for medical clearance.

F. MOBILE CRISIS TEAM

Henderson Behavioral Health's 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 Regional Communications Center or Records Teletype.

G. INVOLUNTARY EXAMINATION (§ 394.463, Fla. Stat.)

1. Criteria

A person may be taken to a receiving facility by a law enforcement officer (and when one is present, notify the off-duty detail officer working at the hospital) for involuntary examination if there is reason to believe that he or she is mentally ill and because of his or 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 himself or herself whether examination is necessary; and
- c. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; 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 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 himself or herself or others in the near future, as evidenced by recent behavior.

2. 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, giving the findings on which, that conclusion is based. The ex-parte order for involuntary examination must be based on sworn testimony, written or oral. If other less restrictive means are not available, such as a voluntary appearance for outpatient evaluation, an ex-parte court order may direct a law enforcement officer or other designated agent of the court to take the person into custody and deliver him/her to the nearest receiving facility for involuntary examination. The order of the court shall be made a part of the patient's clinical record.
- b. A law enforcement officer, acting in accordance with an ex-parte order, may use such reasonable physical force as is necessary to gain entry to the premises, and any dwellings, buildings or other structures located on the premises, to take custody of the person who is the subject of the ex-parte order. When practicable, a law enforcement officer who has received crisis intervention team (CIT) training shall be assigned to serve and execute the ex-parte order. Additionally, any officer executing an ex parte order shall document their actions in an offense report and attach a copy of the ex parte order thereto.
 - (1). A law enforcement officer, acting in accordance with an ex-parte order, may serve and execute such order on any day of the week, at any time of the day or night.
 - (2). A law enforcement officer taking custody of a person may seize and hold a firearm or any ammunition the person possesses at the time of taking him or her into custody if the person poses a potential

danger to himself or herself or others and has made a credible threat of violence against another person.

- (3). If the law enforcement officer is taking custody of a person at the person's residence the law enforcement officer may seek the voluntary surrender of firearms or ammunition kept in the residence which have not already been seized. If the firearms or ammunition are not voluntarily surrendered or if the person has other firearms or ammunition that were not seized or voluntarily surrendered when he or she was taken into custody the Department may petition the appropriate court pursuant to F.S.S. 790.401 for a risk protection order against the person. See Policy 514.
 - (4). Firearms or ammunition seized or voluntarily surrendered must be made available for return no later than 24 hours after the person taken into custody can document that he or she is no longer subject to involuntary examination and has been released or discharged from any inpatient or involuntary out-patient treatment unless a risk protection order was entered pursuant to F.S.S. 790.401 which directs a law enforcement agency to hold the items for a longer period or the person is subject to a firearm ownership disability or there is another legal basis that disqualifies the person possessing firearms or ammunition.
 - (5). The process for returning seized or voluntarily surrendered firearms or ammunition may not take longer than 7 days.
 - (6). The Property/Evidence Unit Supervisor or designee shall perform a background check to determine a person's eligibility to own or possess a firearm through the Firearms Eligibility System (FES) prior to releasing, returning, or disposing of firearms and ammunition.
 - (7). The Broward Sheriff's Office has been designated as the single law enforcement agency to serve ex-parte orders of the Court. However, any law enforcement agency directed by the court may serve an order.
- c. 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 them delivered to the nearest receiving facility for examination. The officer shall complete a Report of Law Enforcement Officer Initiating Involuntary Examination (form CF-MH 3052a) detailing the circumstances under which the person was taken into custody and include the police offense report number. The original report shall be delivered to the receiving facility to be included in the patient's clinical record.
- d. The officer shall complete an offense report of the incident and the form CF-MH 3052a.
- (1). The offense report and the Form CF-MH 3052a must include the circumstances under which the individual was taken into custody, the individual's emergency contact information (ECI) that is readily

available to the officer, including information available through electronic databases maintained by FDLE or DHSMV (DAVID).

Such emergency contact information may be used by a hospital or licensed detoxification or addictions receiving facility only for the purpose of informing listed emergency contacts of a patient's whereabouts.

- (2). The CF-MH 3052a must be turned over to the facility and become part of the patient's clinical file.
- (3). The CF-MH 3052a form shall also be routed to the Records Unit.
- (4). Records pertaining to Baker Act patients are generally confidential and exempt from the provision of Chapter 119, Florida Statutes (Public Records). However, the original incident report is a public record. See Atty Gen. Op 93-51. Release of any other such records shall be in accordance with § 394.4615, Fla. Stat.

- e. A physician, clinical psychologist, psychiatric nurse, advanced practice registered nurse, mental health counselor, marriage and family therapist, or clinical social worker may execute a certificate stating that they have examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, the certificate shall authorize a law enforcement officer to take the person into custody and deliver him to the nearest available receiving facility for involuntary examination.

- (1). The officer taking custody of the individual shall author an offense report and a Form CF-MH 3052a, which must include the circumstances under which the individual was taken into custody, the individual's emergency contact information (ECI) that is readily available to the officer, including information available through electronic databases maintained by FDLE or DHSMV (DAVID) and attach the certificate attached thereto.

Such emergency contact information may be used by a hospital or licensed detoxification or addictions receiving facility only for the purpose of informing listed emergency contacts of a patient's whereabouts.

- (2). The Form CF-MH3052a and certificate shall be turned over to the facility and made a part of the patient's clinical record.
- (3). A copy of the Form CF-MH 3052a and certificate shall be routed to the Records Unit.

3. Processing Involuntary Admissions – Criminal Charges

- a. When an officer has custody of a person based on either non-criminal or minor criminal behavior that meets the statutory guidelines for involuntary

examination under the Baker Act, the law enforcement officer shall transport the person to the nearest receiving facility.

- b. When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under the Baker Act, such person shall be transported directly to the Broward Sheriff's Office main jail and booked for the appropriate charge(s). A copy of a Report of Law Enforcement Officer Initiating Involuntary Examination (Form CF-MH 3052a) shall be attached to the Probable Cause Affidavit. The State Law Enforcement Report (Form CF-MH-3052a) with case number shall be turned in to the Fort Lauderdale Police Department Records Unit. Note: A CIT member may respond if necessary.
- c. Prior to transporting an individual to the nearest intake facility, the officer shall advise the dispatcher:
 - (1). The name of the facility the individual is being transported to,
 - (2). The transport vehicle's starting mileage from permanent odometer and ending mileage upon arrival at their destination.
 - (3). If the transport needs to be stopped, the officer shall:
 - (a). Notify dispatch the transport has stopped and the reason why,
 - (b). Advise the current location, and,
 - (c). Advise the current odometer reading.
 - (4). Once the transport resumes, the officer shall:
 - (a). Notify the dispatcher the transport has resumed,
 - (b). Advise the current odometer reading and,
 - (c). Provide the ending mileage upon arrival at their destination.

H. TRANSPORTATION BETWEEN MENTAL HEALTH FACILITIES

1. Except when authorized by a supervisor, officers will not transport Baker Act patients between receiving mental health facilities (See section I. for a list of receiving facilities).
2. Every effort should be made to assist in the transportation of Mental Health Consumers when requests are made by Mobile Crisis or a non-receiving mental health facility (i.e., Dr. Office, walk-in clinic, HAC), to the nearest receiving facility. The Baker Act paperwork is to be completed by the authorized individual requesting assistance, and the officer's participation documented in a Police Assist Report.

I. RECEIVING FACILITIES

1. Adult
 - a. There are eight Baker Act receiving facilities in Broward County that accept adults:
 - (1). Broward Health Imperial Point (6401 N. Federal Hwy.)
 - (2). Fort Lauderdale Behavioral Health (5757 N. Dixie Highway, Oakland Park)
 - (3). Broward Health Medical Center (1600 S. Andrews)
 - (4). Henderson Behavioral Health (2677 NW 19 Street)
 - (5). Florida Medical Center (5000 W. Oakland Park Blvd., Lauderdale Lakes)
 - (6). Larkin Hospital (1201 N. 37th Avenue, Hollywood)
 - (7). Memorial Regional Hospital (3501 Johnson Street, Hollywood)
 - (8). University Pavilion Hospital (7425 N. University Drive, Tamarac)
2. Juvenile
 - a. There are four Baker Act receiving facilities in Broward County that accept juveniles:
 - (1). Memorial Regional Hospital (3501 Johnson St., Hollywood)
 - (2). Fort Lauderdale Behavioral Health (5757 N. Dixie Highway, Oakland Park)
 - (3). University Pavilion Hospital (7425 N. University Drive, Tamarac)
 - (4). Larkin Hospital (1201 N. 37th Avenue, Hollywood)
 - b. Officers shall transport all juveniles in need of mental health services to the nearest juvenile receiving facility. The officer shall make an effort to notify the parent or legal guardian of the facility to which the juvenile was transported and all attempts at notification shall be documented in an offense report. Any deviation to this policy will require prior approval from a shift captain.
3. Both voluntary and involuntary patients shall be taken to the nearest receiving facility and when one is present, notify the off-duty detail officer. Once the transporting officer completes the proper documents, the officer's responsibility to the patient is completed.
4. Florida Statute 394.458 prohibits any person from introducing into a treatment facility any intoxicating beverage, controlled substance (as defined by F.S. Chapter 893), or any firearm or deadly weapon. Therefore, any person being transported to a receiving facility shall be searched by the transporting officer prior to being transported. When the transporting officer is of the opposite gender of the subject and an officer of the same gender as the subject is available, the same gender officer must conduct the search. Upon arrival at the receiving facility, the transporting officer shall again search the person and remove all property before they are

introduced into the facility. All property recovered, with the exception of prohibited items, shall be turned over to the receiving facility in accordance with the facility's protocol. Prohibited property will be placed into Evidence and, when appropriate, charges will be lodged against the subject.

5. The nearest receiving facility must accept persons brought by law enforcement officers for involuntary examination (§ 394.462 (1) (k), Fla. Stat.).
6. If the law enforcement officer believes that a person has an emergency medical condition, 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.
7. Law enforcement officers may not bring a weapon into a designated receiving or treatment facility unless specifically authorized by the hospital administrator (§ 394.458, Fla. Stat.). Officers shall secure their weapons in their vehicle or in facility gun lockers (if provided).

J. WEAPONS TAKEN FOR SAFE KEEPING

Weapons are occasionally taken for safekeeping from individuals who pose a threat to themselves or others. Firearms or ammunition seized or voluntarily surrendered 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 any inpatient or involuntary out-patient treatment unless a risk protection order was entered pursuant to F.S.S. 790.401 which directs a law enforcement agency to hold the items for a longer period or there is another legal basis that disqualifies the person possessing firearms or ammunition.

The Property/Evidence Unit Supervisor or designee shall perform a background check to determine a person's eligibility to own or possess a firearm through the Firearms Eligibility System (FES) prior to releasing or returning firearms. Any weapons held for safekeeping must be returned to their rightful owner, upon the individuals release from mental health facility.

A copy of any court order directing the return of a firearm must be entered into the File-On-Q system. All court orders will be reviewed by the Legal Advisor prior to any release of weapons.

K. HAZARD FILE

If a mental health consumer makes continually unfounded complaints or poses a physical threat to officers, the officer should have the consumers name, date of birth, and address placed into the hazard file.

Note: Any time EMS is requested for a Baker Act patient, they will transport that patient to the closest appropriate medical facility for medical clearance. A police officer will ride in the EMS vehicle with the patient/prisoner. Fort Lauderdale Fire Rescue will not transport any baker act patient to a baker act receiving facility, they are only licensed to transport to the emergency room.