



GENERAL ORDER

**BEHAVIORAL HEALTH/
CRISIS INTERVENTION TEAM
Implementation Date: June 25, 2007
Revokes: None**

GENERAL ORDER - 66

66.1 INTRODUCTION

The purpose of the Behavioral Health Order is to provide guidance for Department Members when handling persons who are suspected to be mentally ill and/or in need of mental health treatment and to provide procedures to be used by Department Members coming into contact with such individuals.

The Coral Springs Police Department recognizes the growing need to address community mental health issues in the public safety arena. The Crisis Intervention Team (CIT) was created 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 ensure 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. It is the policy of the Department that individuals in mental crisis be treated with dignity and the utmost concern for their safety and well being, in compliance with the Florida Mental Health Act, also known as the Baker Act (F.S.S. 394).

66.2 DEFINITIONS

Crisis Intervention Team (CIT) – a voluntary team of officers who have each received forty hours of specialized training in mental health issues and communication including de-escalation techniques. CIT officers 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.

CIT Coordinator – an officer appointed by the Chief of Police to handle the administrative, training, and operational aspects of the CIT program.

Assistant CIT Coordinator – an officer appointed by the Chief of Police to assist the CIT Coordinator with the administrative, training, and operational aspects of the CIT program. Assistant has the authority to act as the Coordinator's designee in all CIT related matters.

Mental Health Crisis – a situation in which an individual who is believed to have a mental illness displays one or more of the following: delusions, erratic behavior, disturbing the peace, threatening to harm oneself or others, a neglect or inability to care for themselves, or other activity or behavior that causes alarm.

Mental Health Consumer (the consumer) – an individual who has been diagnosed with and has survived mental illness.

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. For the purposes of this definition, the term does not include a developmental disability, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

Receiving Facility – any public or private facility designated to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.

66.3 POLICY/PROCEDURE

66.3.1 Recognizing Abnormal Behavior

Members should be alert to any of the following possible signs of mental health issues or crises:

- A known history of mental illness
- Threats of or attempted suicide
- Loss of memory
- Incoherence, disorientation or slow response
- Delusions, hallucinations, perceptions unrelated to reality or grandiose ideas
- Depression, pronounced feelings of hopelessness or uselessness, extreme sadness or guilt
- Social withdrawal

66.3.2 Response Procedures

Safety is a priority for first responders. It is important to recognize that individuals under the influence of alcohol, drugs or both may exhibit symptoms that are similar to those of a person in a mental health crisis. These individuals may still present a serious threat to officers; such a threat should be addressed with reasonable tactics. Nothing in this policy shall be construed to limit an officer's authority to use reasonable force when interacting with a person in crisis.

- A.** Call takers will designate a call for service as a CIT response if the person involved in the incident is a confirmed or suspected mentally ill individual experiencing a crisis situation. This confirmation will be derived either from on-scene testimony or from referencing the individual's CAD history. A CIT officer should be dispatched to these types of calls for service whenever possible.

- B.** The call taker will ascertain as much information as possible in regards to both the individual suffering from the mental illness, as well as, the circumstances of the incident (i.e., weapons involved, violent tendencies, co-occurring disorders, pertinent prescribed medications, history of suicide attempts, etc.)
 - C.** Situational information will be conveyed to the CIT officer who is dispatched to the incident via regular radio communications. Individual patient information will be communicated to the officer only over the telephone.
 - D.** The first CIT officer arriving on scene will maintain primary responsibility for the investigation and handling of the incident, to include the following:
 - 1. Confirming the assessment of the mentally ill individual by:
 - a. Observing the person's action and demeanor.
 - b. Communicating with the individual.
 - c. Communicating with any available family/friend.
 - 2. Maintaining primary dialogue with the mentally ill person.
 - 3. Determining the appropriate action to be taken.
 - 4. Completing all necessary paperwork and after-action documentation.
- Note:** If the initial response officer is not a CIT member, they should request an available CIT officer to respond. Other team members/officers arriving on the scene shall provide necessary backup.
- E.** The mentally ill individual will be handled in the least confrontational manner possible.
 - F.** If it is determined by the CIT officer that the mentally ill individual wants medical or mental health treatment and does not meet the standard of a Baker Act, Marchman Act, or criminal charges, the officer may arrange or provide transportation to the appropriate treatment facility.
 - G.** If the mentally ill individual meets the standard for the Baker Act, the CIT officer will follow the relevant procedures as outlined in General Order 66A.
 - H.** Henderson Mental Health Center's Mobile Crisis Team may be requested to respond and assist in determining whether the subject should be evaluated under the Baker Act or to assist in providing alternative remedies. The Mobile Crisis Team can be reached via the Communications Center.
 - I.** If the mentally ill individual meets the standard for the Marchman Act (substance abuse) as defined by FSS Chapter 397, the individual will be transported to a hospital or a local licensed detoxification or addiction receiving facility.
 - J.** If an individual does not meet the Baker Act or Marchman Act criteria but is experiencing psychiatric crisis, is mildly intoxicated, is in need of acute mental health/substance abuse

services, and is *willing to participate*, the individual can be brought to the Henderson Central Receiving Center at 4720 N. State Road 7, Lauderdale Lakes, FL 33319.

- K.** If the CIT officer determines that the incident warrants criminal charges, it will be the responsibility of the officer to transport the mentally ill individual to the appropriate detention facility. If the crime would be a non-violent misdemeanor, and if it appears that the behavior is directly related to the mental illness and that treatment would be a better option for the situation, the CIT officer will first try treatment options, using the misdemeanor arrest option as a last resort.
- L.** Any person committing a felony or violent misdemeanor will be arrested and transported to a detention facility.
- M.** It is sometimes necessary to interview or interrogate mentally ill individuals. Officers should consider the broader totality of the circumstances, such as cognitive abilities, previous legal experience, and education when determining a mentally ill individual's interrogative competence. Officers should utilize an available CIT officer if assistance is needed in determining a mentally ill subject's understanding of his/her constitutional rights per Miranda, as well as the individual's appreciation of the consequences of waiving these rights.

66.3.3 Reporting Requirements

- A.** In all arrest cases involving the mentally ill, officers will check the "PMD" box on the Probable Cause Affidavit.
- B.** In addition to any required offense incident, supplement, and/or arrest reports, the responding officer will complete the CIT/Special Needs Tracking Form for every mental illness crisis calls they encounter.
- C.** The CIT/Special Needs Tracking information, along with copies of reports required by the treatment and/or medical centers, will be reviewed by the CIT Coordinator.
- D.** Upon review of all case information and applicable forms, the CIT Coordinator may assign a Follow-up Task to a member of the Crisis Intervention Team.
- E.** The CIT officer will then conduct a follow-up contact with the individual and/or family member involved in the mental illness crisis. This contact will assist in the reducing recidivism and building a rapport with the consumer and/or family. The officer will then record any pertinent comments/alerts in the records management system for review by the CIT Coordinator.

66.3.4 Member Selection

- A.** CIT applicants are volunteer members. All applicants must have completed their probationary period.
- B.** Interested members should submit, via chain of command, a request to the CIT Coordinator to be considered for a position.
- C.** Applicants will possess the following traits and abilities:

1. An even temperament.
2. Ability to exert self-control and patience during very difficult circumstances.
3. Ability to maintain a positive attitude under stressful conditions.
4. Ability to handle verbal abuse without negative responses.
5. Ability to exercise good judgment and decision-making.
6. Other skills necessary to deal with mentally incapacitated individuals.

66.3.5 Civilian Interaction with People in Crisis

Civilian members may be required to interact with persons in crisis in an administrative capacity, such as traffic accidents investigation, records request and animal control issues, etc.

1. Members should treat all individuals equally and with dignity and respect.
2. If a member believes that they are interacting with a person in crisis, they should proceed patiently and in a calm manner.
3. Members should be aware and understand that the person may make unusual or bizarre claims or requests.

If a person's behavior makes the member feel unsafe, if the person is or becomes disruptive or violent, or if the person acts in such a manner as to cause the member to believe that the person may be harmful to him/herself or others, an officer should be promptly summoned to provide assistance.

66.3.5 Training for CIT Members

- A. All selected CIT members will be required to attend a basic 40-hour CIT training class upon their appointment to the CIT.
- B. Mandatory training for all CIT members will be required on an annual basis or as deemed necessary by the CIT Coordinator.
- C. Critical incident stress debriefing will be made available to all CIT members on an as needed basis.

66.3.6 Training for Department Members

- A. Call takers will be trained to handle CIT specific calls for service.
- B. New sworn members will receive entry-level training via the Police Academy and during FTO.

- C. All department members shall receive initial education and training on how to interact with persons in crisis, mental health awareness, prevention, mitigation and treatment of PTSD.
- D. Department members will receive annual refresher training in behavioral and mental health issues. Educational training related to mental health awareness, prevention, mitigation, and treatment of PTSD will be included on a periodic basis.

APPROVED



Bradley McKeone

Chief of Police