

SUNRISE POLICE DEPARTMENT POLICIES AND PROCEDURES MANUAL CHAPTER 77 RESPONDING TO PERSONS WITH MENTAL ILLNESS	Effective Date	05/01/87
	Revision Date	08/07/18
	Revision No.	1.3
	Page No.	1 of 8
	Approval:	

77. PURPOSE

The purpose of this policy is to provide guidance to law enforcement officers for handling situations involving individuals suspected of suffering from mental illness.

77.1. REVISION HISTORY

<u>Date</u>	<u>Rev. No.</u>	<u>Change</u>	<u>Reference Section</u>
05/01/87	1.0	New Policy	N/A
12/21/94	1.1	Revise facilities	77.2.2.1., 77.2.3.1., 77.2.3.2.
10/25/04	1.2	New format, revised all Procedures	77.4.1., 77.6.
08/07/18	1.3	Added making contact With juvenile's Parent/guardian.	77.6.4.3.7.4.-77.6.4.3.7.4.1.

77.2. PERSONS AFFECTED

All Police Personnel

77.3. POLICY

It is the policy of the Sunrise Police Department to assist members in defining whether a person's behavior is indicative of mental illness and how to deal with those individuals in a constructive and humane manner.

77.4. DEFINITIONS

77.4.1. 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 a person's ability to meet the ordinary demands of living,

regardless of etiology. For the purposes of this policy, the term does not include retardation or developmental disability as defined in FSS Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

77.5. RESPONSIBILITIES

77.5.1. All police personnel are responsible for complying with this policy. Supervisory Personnel are responsible for the enforcement of this policy. Unjustified violations may result in disciplinary action, up to and including termination.

77.5.2. This Policy is not intended to be all-inclusive. It is intended to be a general guideline to be read in conjunction with all other Department rules, regulations, policies and procedures, as well as other City rules and ordinances.

77.6. PROCEDURES

77.6.1. Recognizing Abnormal Behavior:

77.6.1.1. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive or dangerous to self or others.

77.6.1.2. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated.

77.6.1.2.1. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and need for intervention absent the commission of a crime.

77.6.1.2.1.1. Degree of Reaction:

77.6.1.2.1.1.1. Mentally ill persons may show signs of strong unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

77.6.1.2.1.2. Appropriateness of Behavior:

77.6.1.2.1.2.1. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill.

77.6.1.2.1.3. Extreme Rigidity or Inflexibility:

77.6.1.2.1.3.1. Emotionally ill persons may be easily frustrated in a new or unforeseen circumstance and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

77.6.1.2.1.4. In addition~~a~~ to the above, a mentally ill person may exhibit one or more of the following characteristics:

77.6.1.2.1.4.1. Abnormal memory loss related to such common facts as name, home address (although these may be signs of other physical ailments such as injury or Alzheimer’s disease.

77.6.1.2.1.4.2. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur (“I am ...”) or paranoid delusions (“Everyone is out to get me”).

77.6.1.2.1.4.3. Hallucinations of any of the five senses, e.g., hearing voices commanding the person to act, feeling one’s skin crawl, smelling strange odors.

77.6.1.2.1.4.4. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

77.6.1.2.1.4.5. Extreme fright or depression.

77.6.2. Determining Danger:

77.6.2.1. Not all mentally ill persons are dangerous while some may represent danger only under certain circumstances or conditions.

77.6.2.2. Officers may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself, the officer, or others. These include the following:

77.6.2.2.1. The availability of any weapons to the person.

77.6.2.2.2. Statements made by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.

77.6.2.2.3. A personal history that reflects prior violence under similar or related circumstances. The person’s history may be known to the officer, or family, friends, or neighbors may be able to provide such information.

77.6.2.2.4. Failure to act prior to the arrival of the officer does not guarantee that there is no danger.

77.6.2.2.5. The amount of control that the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright or agitation.

77.6.2.2.5.1. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one’s self 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.

77.6.2.2.6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

77.6.3. Dealing with Persons Suspected of Being Mentally Ill:

77.6.3.1. Officers may contact individuals who suffer from mental illness during street encounters, interviews or interrogations. Should officers recognize behavior that is potentially destructive or dangerous to self or others, or may otherwise require law enforcement intervention for humanitarian reasons as prescribed in Florida State Statutes, the following responses should be taken:

77.6.3.1.1. Always request a backup officer.

77.6.3.1.2. Take steps to calm the situation. Where possible disperse crowds 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.

77.6.3.1.3. Move slowly and do not excite the disturbed person. Provide reassurance that the police are there to help and that the person will be provided with appropriate care.

77.6.3.1.4. Communicate with the individual in an attempt to determine what is bothering them. Relate your concerns for their feelings and allow them to vent. Where possible, gather information on the subject from acquaintances or family members. Request professional assistance, if available and appropriate, to assist in communicating with and calming the person.

77.6.3.1.5. Do not threaten the individual with arrest or in any other manner, as this will create additional fright, stress, and potential aggression.

77.6.3.1.6. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.

77.6.3.1.7. Always attempt to be truthful with a mentally ill person. If the subject becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

77.6.4. Accessing Mental Health Resources (taking custody or making referrals):

77.6.4.1. Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual should they fit the criteria as outlined for involuntary examination within Florida State Statutes.

77.6.4.1.1. Sunrise Local Teletype (SNTeletype) has access to the location, contact and referral information of mental health receiving facilities and can upon request, provide such information to officers.

77.6.4.1.2. Should the location or criteria for acceptance at mental health receiving facilities change, Shift Commanders will ensure that this information is provided to the appropriate Platoons/Divisions, SNTeletype, and other appropriate personnel.

77.6.4.1.2.1. Shift Commanders will ensure that all personnel assigned to their Platoon obtain updated information regarding mental health receiving facilities.

77.6.4.2. Voluntary Examination:

77.6.4.2.1. If there is no criminal or other offense involved and there are no sufficient grounds for taking the subject into custody, officers should suggest mental health referrals and provide basic guidance for the individual, e.g., providing locations and telephone numbers of local mental health facilities in writing.

77.6.4.2.2. In cases where the subject has family, friends, and other support systems in the community, information on mental health facilities may also be provided to them.

77.6.4.2.2.1. In this instance the family, friends, or other acquaintances will normally accomplish transportation of the subject. The relationship of the officer in this case is one of advisory only. If those network members are not available, the officer may provide transportation.

77.6.4.2.3. Should the subject voluntarily accept a referral, no further action needs to be taken by the officer.

77.6.4.3. Involuntary Examination:

77.6.4.3.1. Should the subject require involuntary examination, officers will document their observations on an Offense/Incident Report and complete the Report of Law Enforcement Officer Initiating Involuntary Examination (Baker Act) Form.

77.6.4.3.2. Once the decision has been made to take an individual into custody, officers will do so as soon as possible to avoid prolonging a potentially volatile situation.

77.6.4.3.3. Officers will remove any non-secured, dangerous weapons from the immediate area and restrain the individual if necessary.

77.6.4.3.4. Although restraining mentally ill persons can aggravate their aggression, officers must take those measures necessary to protect their safety and the safety of others.

77.6.4.3.5. Officers will always restrain individuals who are charged criminally.

77.6.4.3.6. Restraining devices and procedures will be followed as outlined Policy and Procedures.

77.6.4.3.7. If there is a physical medical emergency, the subject will be transported by Fire-Rescue. During this transport, one officer may ride within the Fire-Rescue vehicle if requested. A second officer will follow the Fire-Rescue vehicle.

77.6.4.3.7.1. If there is no apparent medical emergency but medical clearance is still desired, the subject will be transported by Fire-Rescue. During this transport, one officer may ride within the Fire-Rescue vehicle if requested. A second officer will follow the Fire-Rescue vehicle.

77.6.4.3.7.1.1. Officers will assist Fire-Rescue personnel with control of any physically aggressive subject.

77.6.4.3.7.2. If there is no apparent medical or substance abuse problem, then the subject will be transported by the officer to the nearest receiving facility.

77.6.4.3.7.2.1. In this instance, the subject will be transported with another officer riding with or following the transport vehicle.

77.6.4.3.7.3. Officers may request SNTeleteype to advise the receiving facility that they are enroute with a subject in need of evaluation.

77.6.4.3.7.4. If a juvenile is the subject of an involuntary examination, Officers will make reasonable efforts to contact the juvenile's parents or legal guardian before initiating or executing the involuntary examination.

77.6.4.3.7.4.1. Officers will document in the narrative portion of their police report their efforts to make contact with the juvenile's parents or legal guardian and whether or not contact was made.

77.6.4.4. Involuntary Examination Procedures – No Criminal Charges

77.6.4.4.1. If there are no criminal charges, no apparent medical or substance abuse problems, and the subject meets the statutory guidelines for involuntary examination, the subject will be transported to the nearest receiving facility. Officers will wait until the facility staff properly accepts the subject.

77.6.4.4.2. If the subject meets statutory guidelines for involuntary examination, there are no criminal charges but there are apparent medical or substance abuse problems, the subject will be transported to the nearest receiving facility with an emergency room. Officers will wait until the facility staff properly accepts the subject.

77.6.4.5. Involuntary Examination Procedures – Criminal Charges

77.6.4.5.1. Officers who have custody of a subject who has been charged with a misdemeanor and meets the statutory guidelines for involuntary examination will transport the subject to the nearest receiving facility.

77.6.4.5.1.1. Once properly accepted into the facility for observation, the officer may:

77.6.4.5.1.1.1. Issue a Notice to Appear (NTA), provided the subject meets NTA criteria.

77.6.4.5.1.1.1.1. If the subject does not meet NTA criteria officers may complete all the necessary paperwork and forward to the Records Unit indicating “Not in Custody” so that the Records Unit can forward to the County courthouse to file the charges.

77.6.4.5.1.1.2. Should officers believe that the nature of the offense requires incarceration, they may request the receiving facility staff to complete the Return to Law Enforcement Custody Form. The Department should then be notified prior to the release of the subject so that arrangements can be made to take them back into custody for the purpose of delivering them to the County Detention Facility.

77.6.4.5.1.1.2.1. Officers will leave a copy of the Return to Law Enforcement Custody Form with the staff and file the original with the case report.

77.6.4.5.1.1.2.2. Officers will supply their probable cause affidavits to a shift supervisor who will ensure that it is readily available for a transporting officer.

77.6.4.5.1.1.3. When violations of City Ordinances are involved, officers will use discretion when dealing with subjects who meet the criteria for involuntary examination regarding charges. Action taken should be within the best interest of the subject. Officers will confer with a supervisor regarding the appropriate action.

77.6.4.5.2. If the crime charged is a felony, officers will:

77.6.4.5.2.1. Transport the subject to the Broward County Detention Facility and notify the Intake Deputy of the subject’s behavior in addition to the crime(s) charged.

77.6.4.5.2.2. Should the Detention Facility medical staff request a medical clearance, the subject will be transported to the nearest hospital for such clearance. Once clearance is received, the subject will be transported back to the Detention Facility.

77.6.4.5.2.3. If an attending physician indicates that the person requires involuntary examination, the officer will notify the physician that due to felony charges, the subject needs only a medical clearance and will be transported back to the County Detention Facility for secure observation.

77.6.4.5.2.4. If the subject is admitted into the hospital due to a serious medical condition, contact should then be made with the County Detention Facility so that arrangements can be made for them to take custody of the subject.

77.6.4.5.2.5. Should officers encounter difficulties at the County Detention Facility with subjects who are charged with felonies, they may alternatively:

77.6.4.5.2.5.1. Officers should contact the Criminal Investigations Section for guidance on filing charges on non-violent felonies or for securing an arrest warrant for serious crimes.

77.6.4.5.2.5.2. If the felony is non-violent, request the receiving facility staff to complete the Return to Law Enforcement Custody Form. The Department should then be notified prior to the release of the subject so that arrangements can be made to take them back into custody for the purpose of delivering them to the County Detention Facility.

77.6.4.5.2.5.2.1. Officers will leave a copy of the Return to Law Enforcement Custody Form with the staff and file the original with the case report.

77.6.4.5.2.5.2.2. Officers will supply their probable cause affidavits to a shift supervisor who will ensure that it is readily available for a transporting officer.

77.6.4.6. Training:

77.6.4.6.1. Entry-level training for responding to persons with mental illness is provided to trainees while attending the policy academy. Trainees who graduate the academy and other new officers will be provided entry-level training in Department policies regarding response and interaction to persons suspected of suffering from mental illness during the Field Training Officer (FTO) program.

77.6.4.6.2. The Training Unit will make available refresher training to all sworn personnel at least every three years in responding to persons with mental illness.