



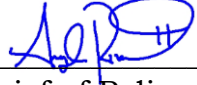
NORTH MIAMI POLICE DEPARTMENT

STANDARD OPERATING PROCEDURES



MENTAL HEALTH CRISIS PROCEDURES 300.31

EFFECTIVE DATE: 08/04/2023

APPROVED: 
Chief of Police

SUPERSEDES: N/A

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I. PURPOSE

It is the purpose of this policy to provide guidance to law enforcement officers when responding to or encountering persons experiencing a mental health crisis. For the purposes of this document, the term **Person in Crisis (PIC)** will be used.

II. POLICY

Responding to situations involving individuals reasonably believed to a PIC necessitates an officer to make difficult judgments about the mental state and intent of the individual and necessitates the use of special skills, techniques, and abilities to effectively and appropriately resolve the situation, while minimizing violence. The goal is to de-escalate the situation safely for all individuals involved when reasonable and consistent with established safety

priorities. All applicable laws of and North Miami policies shall guide the detention of a PIC. It is the policy of this agency that officers be provided with training to determine whether a person's behavior is indicative of a mental health crisis and with guidance, techniques, response options, and resources so that the situation may be resolved in as constructive, safe, and humane a manner as possible.

III. SCOPE

This policy applies to all members of the Department.

IV. DEFINITIONS

Mental Health Crisis / Person in Crisis (PIC): An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if they display an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.

V. RECOGNIZING & ASSESSING ATYPICAL BEHAVIOR

- A. Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of PIC, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may

suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, officers should not rule out other potential causes, such as the effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.

1. Strong and unrelenting fear of persons, places, or things.
2. Extremely inappropriate behavior for a given context.
3. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
4. Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer's disease.
5. Delusions, defined as the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("Everyone is out to get me").
6. Hallucinations of any of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing things others cannot see).
7. The belief that one suffers from extraordinary physical ailments that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.
8. Obsession with recurrent and uncontrolled thoughts, ideas, and images.
9. Extreme confusion, fright, paranoia, or depression.
10. Feelings of invincibility.

B. Assessing Risk:

1. Most PIC are not violent and some may present dangerous behavior only under certain circumstances or conditions. Officers may use several indicators to assess whether a PIC represents potential danger to themselves, the officer, or others. These include the following:
 - a. The availability of any weapons.
 - b. Threats of harm to self or others or statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.

- c. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the officer; or family, friends, or neighbors might provide such information.
 - d. The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself 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.
 - e. Indications of substance use, as these may alter the individual's self-control and negatively influence an officer's capacity to effectively use de-escalation strategies.
 - f. The volatility of the environment. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated. For example, the mere presence of a law enforcement vehicle, an officer in uniform, and/or a weapon may be seen as a threat to a PIC and has the potential to escalate a situation. Standard law enforcement tactics may need to be modified to accommodate the situation when responding to a PIC.
 - g. Aggressive behaviors such as advancing on or toward an officer, refusal to follow directions or commands combined with physical posturing, and verbal or nonverbal threats.
2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger.
 3. A PIC may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's physical presentation does not necessarily mean they will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.
 4. Context is crucial in the accurate assessment of behavior. Officers should take into account the totality of circumstances requiring their presence and overall need for intervention.

VI. RESPONSE

A. Response to PIC

If the officer determines that an individual is experiencing a mental health crisis and is a potential threat to themselves, the officer, or others; law enforcement intervention may be required, as prescribed by statute. All necessary measures should be employed to resolve any conflict safely using the appropriate intervention to resolve the issue. The following responses should be considered:

1. Request a backup officer. Always do so in cases where the individual will be taken into custody.
2. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Team (CIT) officers, community crisis mental health personnel, crisis negotiator, or police psychologist).
3. Contact and exchange information with a treating clinician or mental health resource for assistance, based on law and statute.
4. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, lower radio volume, and assume a quiet nonthreatening 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. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
5. Create increased distance, if possible, in order to provide the officer with additional time to assess the need for force options.
6. Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.
7. Move slowly and do not excite the individual. Provide reassurance that officers are there to help and that the individual will be provided with appropriate care.
8. Ask the individual's name or by what name they would prefer to be addressed and use that name when talking with the individual.
9. Communicate with the individual in an attempt to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Relate concern for the individual's feelings and allow the individual to express feelings without judgment.
10. Where possible, gather information on the individual from acquaintances or family members and/or request professional

assistance, if available and appropriate, to assist in communicating with and calming the individual.

11. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.
12. Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the situation to a successful conclusion. It is often helpful for officers to apologize for bringing up a subject or topic that triggers the PIC. This apology can often be a bridge to rapport building.
13. Attempt to be truthful with the individual. If the individual becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as "I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)" are recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.

B. Taking Custody or Making Referrals to Mental Health Professionals:

1. Based upon the overall circumstances of the situation, applicable law and statutes, and North Miami Police Department's policy, an officer may take one of several courses of action when responding to a PIC.
 - a. Offer mental health referral information to the individual and/or family members.
 - b. Assist in accommodating a voluntary admission for the individual.
 - c. Take the individual into custody and provide transportation to a mental health facility when an involuntary psychiatric evaluation is required.
 - d. Make an arrest.
2. When circumstances indicate an individual meets the legal requirements for involuntary psychiatric evaluation and should be taken into custody and transported to a mental health facility, or when circumstances indicate that an arrest is necessary, the officer should, when possible, request the assistance of crisis intervention specialists to assist in the custody and admission process, as well as any interviews or interrogations.

3. Officers should be aware that the application or use of restraints while necessary may aggravate any aggression being displayed by a PIC.
4. In all situations involving a PIC, officers should
 - a. Continue to use de-escalation techniques and communication skills to avoid escalating the situation.
 - b. Remove any dangerous weapons from the area.
 - c. Where applicable, ensure that the process for petition for involuntary committal has been initiated by the appropriate personnel.

VII. BAKER ACT PROCEDURES

FSS 394.463 provides for the involuntary examination and emergency treatment of people who appear to have a mental illness.

A. **BAKER ACT CRITERIA:** A person will be taken to the nearest or appropriate receiving facility for involuntary examination if there is reason to believe that the individual has a mental illness, and because of such illness:

1. Has refused voluntary examination after a conscientious explanation and disclosure of the purpose of the exam; or,
2. Is unable to determine for him/herself whether the examination is necessary; and
3. Without care or treatment, the person is likely to suffer from neglect or refuse to care for him/herself; such neglect or refusal poses a real and present threat of substantial harm to his/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,
4. There is substantial likelihood that without care or treatment, s/he will cause serious bodily harm to him/herself or others in the near future, as evidenced by recent behavior.
5. The refusal to accept medical attention in life threatening situations maybe considered as one of the facts in determining the need for involuntary examination.

B. Transporting a physically and/or mentally handicapped person frequently dictates that special care and attention be provided by transporting officers.

C. BAKER ACT PROCEDURES, **MILITARY VETERANS:**

1. When responding to military veterans in need of treatment and/or services pursuant to the Baker Act, or Ex-Parte order, they may be transported to the Miami Veterans Affairs Hospital (V.A.), located at 1201 N.W. 16 Street, upon their request. It is necessary to call the Communications Unit of the V.A. (305 575-3400) prior to arriving at the facility, to advise that a veteran is being transported. If a veteran refuses treatment at the V.A., they shall be transported to the nearest receiving facility.
2. When initiating an involuntary examination, unless a military veteran refuses, every effort should be made to transport him/her to the V.A. instead of the nearest facility.
3. Transporting officers will not be required to secure their weapons upon arrival at the V.A., per V.A. protocol.

D. BAKER ACT PROCEDURES, **ADULT:**

1. Criminal charges, no injuries: Subjects who are to be criminally charged, but do not require emergency medical attention, will be transported to Turner Guilford Knight (TGK). The personnel at the jail will evaluate the subject and transfer them to the psychiatric ward as needed.
2. Criminal Charges, Injuries: Subjects who are to be criminally charged, but require emergency medical attention, will be treated by Miami-Dade Fire Rescue at the scene. If the injuries are such that the subject needs to be transported to a hospital, an officer will stay with the subject until released. If the injuries are minor, the subject will be treated by Fire-Rescue then transported to a criminal intake facility, i.e. TGK, where he/she will be evaluated by the medical staff. If the medical staff advises the subject needs further medical attention or hospitalization, the subject will be transported to Jackson Hospital Main facility for treatment or evaluation. If the subject is not admitted, the officer will wait for the subject to be treated and will then transport the subject back to the jail with the necessary paperwork. If the subject is admitted

to the hospital, the shift supervisor will contact a Miami-Dade Corrections Shift Commander, and make arrangements for a security detail staffed by Miami-Dade Corrections Officers.

3. No criminal charges, but under the influence of alcohol/drugs: Subjects who are not charged with a crime, but appear to be mentally ill under the provisions of Baker Act, and appear to be under the influence of drugs or alcohol, but do not require medical attention, will be transported to the nearest Emergency Room for medical clearance. It is then the responsibility of the hospital to arrange to transport the Baker Act to a receiving facility for psychiatric evaluation.
4. No Criminal charges but with injuries and under the influence of drugs/alcohol: Subjects who are not charged with a crime, but appear to meet the criteria of the Baker Act, and appear to be under the influence of drugs or alcohol; and who require emergency medical attention for injuries, will be treated at the scene by Miami-Dade Fire Rescue. If injuries are not life threatening or not very serious, the subject will be transported to a local mental health receiving facility. If the mental health facility refuses to accept the subject, the subject will be transported to an Emergency Room for treatment/evaluation. The subject will subsequently be transferred to a receiving facility for psychiatric evaluation.
5. Violent Subjects, no criminal charges: Subjects who are not under arrest will be transported to the nearest receiving facility by the officer. If the subject is so violent as to require two or more officers for effective restraint and control, the subject will be transported by the primary officer and a second officer will follow in their vehicle and offer any assistance that might be needed with the subject during transport or after arrival at the receiving facility. If the subject needs transport via an ambulance, an Officer may ride in the ambulance to provide medical personnel with the appropriate level of assistance. A secondary unit shall follow the ambulance to the receiving facility.
6. Violent Subject, criminal charges: Subjects who are under arrest and violent will be transported to TKG by an officer. If the subject is so violent as to require two or more officers for effective restraint and control, the subject will be transported by the primary officer and a second officer will follow in their vehicle and offer any

assistance that might be needed with the subject during transport or after arrival at TGK.

7. Ex-Parte Order: A court may enter an ex-parte order stating that a person meets the criteria for involuntary examination, and giving the findings upon which that conclusion is based. The officer will transport the subject to whatever facility is requested on the court order. If no facility is specified, the subject will be transported to the nearest receiving facility.

E. BAKER ACT PROCEDURES, **JUVENILE**:

1. If a subject(s) is under arrest, they will be transported to the J.A.C. Once at the J.A.C., the juvenile will be evaluated by the on-staff representative from the C.P.C. (Children's Psychiatric Center). The on-staff representative will make the determination if the juvenile should be released to their parents or if they need to receive treatment from a mental health facility. The officer will stay at the J.A.C. until the determination is made.
2. If the juvenile is not under arrest, and not injured, they will be transported to Citrus Health Network, 4175 W. 20 Avenue, Hialeah, unless the officer receives a court order naming a specific facility the juvenile is to be transported to. **CFA 16.02M**
3. Juveniles who are injured will be treated on the scene by Miami-Dade Fire Rescue, if necessary, then transported as described in either '1' or '2' above.
4. Miami-Dade Fire Rescue should be called for any juvenile advising he/she is under the influence of alcohol or other substance, or claim they took pills in an attempt of suicide.

F. In-Custody Juvenile Suicide Threats:

If, during the course of processing a juvenile, he/she makes any threats to do harm to themselves, the following applies:

1. Arrested juveniles will not be taken to the JAC, Jackson E.R., or given a Promise to Appear (PTA).

The arresting/transporting officer will do the following:

- a. Take the juvenile to Jackson Crisis (not Citrus);
- b. Make notification to Jackson Crisis personnel that the juvenile is suicidal (convey the threats made).
- c. As soon as possible after drop off at Jackson Crisis, Officers shall contact the JAC at (305) 755-6130, to notify them that there is an electronic A-Form in the system.

Note: Once notified of the A-Form, the JAC will inform a Juvenile Justice Department judge of the juvenile's location/charges and the judge will make the determination whether to release or detain the juvenile. If detention is mandated, the JAC will arrange, via Corrections personnel, to have the juvenile brought to them.

2. If the juvenile is in custody pursuant to a Juvenile Civil Citation, after releasing the suicidal juvenile to Jackson Crisis, the officer will respond to the JAC to complete the Juvenile Civil Citation Form.

VIII. MARCHMAN ACT PROCEDURES

FSS 397.675 provides for the involuntary admissions, including protective custody, emergency admission, and other involuntary assessment, involuntary treatment, and alternative involuntary assessment for minors, for purposes of assessment and stabilization, and for involuntary treatment.

A. **MARCHMAN ACT CRITERIA:** A person meets the criteria for involuntary admission if there is good faith reason to believe that the person is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder:

1. Has lost the power of self-control with respect to substance abuse; and
2. Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; or
3. Without care or treatment, is likely to suffer from neglect or refuse

to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that 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 there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

- B. Pursuant to Miami-Dade County's Transportation Plan, officers are responsible for the transportation of individuals who meet the criteria for involuntary admission under the Florida Substance Abuse Impairment Act (Marchman Act). The procedures for police transport under the Marchman Act are different than procedures for a Baker Act transport.
- C. Protective custody without consent. If a person in circumstances which justify protective custody fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:
 - 1. Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force. The officer shall use the standard Marchman Act form to execute a written report detailing the circumstances under which the person was taken into custody. The report must include all emergency contact information for the person that is readily accessible to the officer, including information available through electronic databases maintained by the Florida Department of Law Enforcement or by the DHSMV. 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. The written report shall be included in the patient's clinical record; or
 - 2. In the case of an adult, detain the person for his or her own protection in any municipal or county jail or other appropriate detention facility. Such detention is not to be considered an arrest for any purpose, and no entry or other record may be made to indicate that the person has been detained or charged with any crime. The officer in charge of the detention facility must notify the

nearest appropriate licensed service provider within the first eight (8) hours after detention that the person has been detained. It is the duty of the detention facility to arrange, as necessary, for transportation of the person to an appropriate licensed service provider with an available bed. Persons taken into protective custody must be assessed by the attending physician within the 72-hour period and without unnecessary delay, to determine the need for further services.

- D. **NOTIFICATIONS:** The officer must notify the nearest relative of a minor in protective custody and must notify the nearest relative or other known emergency contact of an adult, unless the adult requests that there be no notification. The officer must document such notification, and any attempts at notification, in the written report detailing the circumstances under which the person was taken into custody.
- E. Officers investigating a person who is suspected of committing a minor criminal offense and who qualifies for protective custody under the Marchman Act may issue a citation/PTA, when appropriate, and proceed to place the person into protective custody.
 - 1. When a person who may qualify for protective custody has committed a serious criminal offense that would normally result in an arrest and transfer to a jail facility, the officer should:
 - a. Arrest the person and transport the person to the appropriate jail.
 - b. Notify jail staff of the circumstances supporting the conclusion that the person is substance abuse impaired so that notifications may be made pursuant to law.
 - c. Thoroughly document in the related reports the circumstances that indicate the person is substance abuse impaired.
 - 2. In cases where the person is in need of emergency medical care, the person should first be transported to a hospital.

IX. DOCUMENTATION

- A. Officers will:

1. Document the incident, regardless of whether or not the individual is taken into custody. Where the individual is taken into custody or referred to other agencies, officers will detail the reasons why.
2. Ensure that the report is as specific and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as “out of control” or “mentally disturbed” will be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person.
3. In circumstances when an individual is transported to a mental health facility for a psychiatric evaluation, provide documentation to the examining clinicians detailing the circumstances and behavior leading to the transport.
4. The officer shall complete the department-approved reports for protective custody or transportation, as appropriate.

X. WEAPONS

- A. Circumstances when firearms can be impounded for safekeeping:
 1. Based on new provisions added to Florida Statutes 394.463:
 - a. If an officer takes a person into custody for an involuntary examination (commonly referred to as a “Baker Act”); and
 - b. The person poses a danger to anyone (himself/herself or others); and
 - c. The person has made a credible threat of violence against another person (threat of harm to self, including threat of suicide, does not qualify); then
 - d. The officer may seize any firearms or ammunition in possession of the person at the time he or she is taken into custody.
 2. An officer must conduct an investigation to determine whether all of the factors are present to allow the seizure of firearm(s) and/or ammunition. If the factors above are not present, then officers must secure and leave any firearms or ammunition on the scene, consistent with Legal Note 2016 - 06 in Power DMS.
 3. Officers are encouraged to use their discretion to make a reasonable determination and shall document the circumstances surrounding the decision to seize any firearms or ammunition,

including documenting the credible threat of violence.

4. Weapons are occasionally taken for safekeeping from individuals who pose a threat to themselves or others. Such weapons shall be properly impounded and placed in the Property Room in accordance with the Property and Evidence policy, 300.10.
5. If the person is taken into custody at their residence, the officer shall seek the voluntary surrender of firearms and ammunition within the residence.
6. If the firearms and ammunition are not voluntarily surrendered the officer/agency shall immediately file a petition for a Risk Protection Order. See policy 300.21, Risk Protection Order.
7. All such weapons shall be submitted into property in accordance with the Department policy.
8. If the person is taken into custody, at a minimum and at the time the person is taken into custody, the officer shall conduct an investigation in an attempt to determine the following:
 - a. The person's accessibility to firearms and ammunition.
 - b. The location of those firearms and ammunition.
 - c. Past incidents of mental crisis, criminal history, reckless display and use of firearms, violence or other factors that will provide background information on the person.
 - d. Identification of family, friends or other persons associated with him/her who can provide background information on the person.
9. Firearms or ammunition voluntarily surrendered and seized when a person is taken into custody pursuant to the Baker Act, but not under arrest, must be available for return no later than 24 hours after the person is released from the facility unless a Risk Protection Order has been entered. (See policy 300.21 Risk Protection Order)
 - a. Firearms or ammunition which has been voluntarily surrendered and are not the subject of a valid Risk Protection Order shall be released in accordance with the provisions of the departmental policy 300.10, Property and Evidence.

XI. TRAINING

All officers will complete a 40-hour Crisis Intervention Team (CIT) training program.