



# TALLAHASSEE POLICE DEPARTMENT GENERAL ORDERS

 Proudly Policing Since 1841	<b>SUBJECT</b> <p style="text-align: center;">Mentally Ill Persons</p>	 Nationally Accredited 1986	
	<b>CHIEF OF POLICE</b> <p style="text-align: center;"><i>Signature on File</i></p>		
<b>NUMBER</b> <p style="text-align: center;">8</p>	<b>ORIGINAL ISSUE</b> <p style="text-align: center;">07/15/1985</p>	<b>CURRENT REVISION</b> <p style="text-align: center;">01/27/2025</p>	<b>TOTAL PAGES</b> <p style="text-align: center;">19</p>

## AUTHORITY/RELATED REFERENCES

FS Chapter 393, Developmental Disabilities  
 FS 394.455, Definitions (Mental Health)  
 FS 394.462, Transportation (Mental Health)  
 FS 394.4625, Voluntary Admissions  
 FS 394.463(1), Involuntary Examination Criteria  
 FS 784.07, Assault or Battery of ... Emergency Medical Care Providers  
 FS 790.401, Risk Protection Orders  
 General Order 6, Arrests and Alternatives to Arrest  
 General Order 16, Digital Audio/Video Recording System  
 General Order 30, Criminal Intelligence Protocols  
 General Order 42, Impounding and Controlling of Property and Evidence  
 General Order 59, Transporting and Booking Procedures  
 General Order 70, Risk Protection Orders  
 General Order 71, Prearrest Delinquency Citation Program  
 General Order 72, Search and Seizure  
 General Order 92, TEAM Unit  
 Leon County Behavioral Health Transportation Plan  
 Mental Health Services Agreement

## ACCREDITATION REFERENCES

CALEA Chapters    1, 41, 70, 82  
 CFA Chapter        24

## KEY WORD INDEX

<b>Assault/Battery of Emergency Medical Care Provider</b>	Procedure XII
<b>Assessment of a Mentally Ill Person</b>	Procedure II
<b>Documentation Requirements</b>	Procedure XI
<b>Legal Guidelines</b>	Procedure VII
<b>Medical Aid Protocols – Protective Custody</b>	Procedure VIII

# TALLAHASSEE POLICE DEPARTMENT

---

## Recognition Guidelines

[REDACTED]  
**Return of Firearms and Ammunition (Baker Act)**  
**Seizure/Surrender of Firearms/Ammunition (Baker Act)**  
**Training Requirements**  
**Transportation Protocols – Protective Custody**  
**Voluntary Admissions**  
**When a Crime Has Been Committed**

Procedure I  
[REDACTED]  
Procedure V  
Procedure IV  
Procedure XIII  
Procedure IX  
Procedure III  
Procedure VI

## POLICY

All members who, in the course of their official duties, contact a person believed to be mentally ill or experiencing a mental health crisis are responsible for respecting the person's dignity. Additionally, officers are responsible for adhering to established Department protocols and applicable statutes regarding the assessment and stabilization of the person.

## DEFINITIONS

**Baker Act:** The commonly used term referring to the statutory provisions of FS Chapter 394, Part I, the Florida Mental Health Act.

**Firearm Possession Disability:** As defined in Florida Statutes, the prohibition of a person from possessing a firearm because they have been 1) convicted of specific crimes (e.g., all felonies and certain misdemeanors), 2) adjudicated mentally defective, or 3) committed to a mental institution.

**Involuntary Examination:** A statutorily approved mental health examination performed against the wishes of the person being examined.

**Licensed Mental Health Provider (LMHP):** A behavioral health professional who holds a valid state license in disciplines such as: **Clinical Social Work (LCSW)**, **Mental Health Counseling (LMHC)**, or **Marriage and Family Therapy (LMFT)**. These professionals are qualified to assess, diagnose, and treat individuals with mental health conditions, provide crisis intervention, and deliver therapeutic services in clinical and community-based settings. In addition, they are able to initiate involuntary evaluations under Baker Act and Marchman Act.

**Mental Health Crisis:** State of mind in which a person is unable to cope with and adjust to the recurrent stresses of everyday living in a functional, safe way. This term does not include a developmental disability as defined in FS Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

## TALLAHASSEE POLICE DEPARTMENT

---

**Mental Illness (Mentally Ill):** Any ongoing health condition characterized by impairment of a person's normal cognitive, emotional, or behavioral functioning. This term does not include a developmental disability as defined in FS Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

**Protective Custody:** The act of a law enforcement officer placing a person who has met certain criteria into custody in order to deliver the person to an authorized receiving facility for an involuntary examination.

**Qualified Professional:** As defined in the Florida Mental Health Act, a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker.

**Receiving Facility:** A public or private facility designated by the State of Florida to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation, and to provide treatment or transportation to the appropriate service provider.

The Central Receiving Facility (CRF) is located at the Apalachee Center for Human Services (ACHS). Per FS 394.455, a county jail is not a receiving facility. The Designated Receiving Facility partners include inpatient programs at Tallahassee Memorial Hospital BHC and HCA Behavioral Health.

**Risk Protection Order (RPO):** A court order against a person (respondent) who poses a *significant* danger of causing personal injury to themselves or others by possessing firearms or ammunition.

An RPO allows designated law enforcement officers to collect or seize the respondent's firearms, ammunition, and any license to carry a concealed weapon/firearm, and prohibits the respondent from purchasing, possessing, or receiving a firearm or any ammunition.

There are temporary and long-term RPOs, the latter of which prohibits the respondent from possessing firearms and ammunition for a period of up to 12 months.

**TEAM Unit Officer:** An officer with specialized knowledge and experience regarding law enforcement, intervention services, and Crisis Intervention. Officers assigned to the TEAM Unit are uniformed personnel whose responsibilities include crisis intervention and substance abuse.

**Voluntary Admission:** The intentional act of a person willingly submitting to a mental health examination.

# TALLAHASSEE POLICE DEPARTMENT

---

## PROCEDURES

### I. TEAM UNIT ASSISTANCE

- A. The TEAM Unit (Tallahassee Emergency Assessment Mobile Unit) provides a coordinated response to mental health crisis calls, emphasizing de-escalation, immediate support, and connection to appropriate resources while minimizing the involvement of emergency patrol units and judicial interventions.
- B. When a mental health call is dispatched to patrol officers, a Sergeant may request assistance from a TEAM Unit Officer to respond in place of or in addition to the patrol officer.
- C. A Sergeant may also request a low priority mental health call be held for a TEAMS Officer response.

### II. RECOGNITION GUIDELINES – ALL MEMBERS

- A. Although the behavior displayed by a person experiencing a mental health crisis will vary based upon their particular mental illness, the following signs and symptoms may indicate the person is in need of prompt medical or mental health assistance:
  - 1. Confused thinking,
  - 2. Feelings of extreme highs and lows,
  - 3. Excessive fears, worries and anxieties,
  - 4. Strong feelings of anger,
  - 5. Strange thoughts (delusions),
  - 6. Seeing or hearing things that are not there (hallucinations), and/or
  - 7. Suicidal thoughts.
- B. In the event a civilian member is confronted by someone who appears to need assistance because of a mental illness, or is experiencing a mental health crisis, the member should promptly request assistance from an on-duty police officer or contact the Watch Commander.

**III. ASSESSMENT OF A MENTALLY ILL PERSON**

General Assessment Information –

- A. When an officer encounters a person they have reason to believe is mentally ill and/or is experiencing a mental health crisis, the officer is responsible for:
- a. Determining if the person meets the criteria for an involuntary examination as outlined in subsection G below,
  - b. Being cognizant of the fact the mere refusal to receive mental health services does not constitute evidence of lack of judgment with respect to the person's need for such services, and
  - c. Being cognizant of the fact the definitions of *mental illness* and *mental health crisis* do not include developmental disabilities as defined in FS Chapter 393 (e.g., autism), intoxication, or conditions manifested only by antisocial behavior or substance abuse.
- B. Officers who have questions or concerns regarding an interaction with a person suspected of being mentally ill and/or experiencing a mental health crisis may request the assistance of an on-duty member of the TEAM Unit.
- C. If an officer has questions or concerns regarding the decision to take a person into protective custody, the officer shall:
1. Resolve the situation in favor of protection of life and property of the person, other citizens, and officers,
  2. If needed, discuss the situation with their supervisor, and
  3. If needed, discuss the situation with an on-duty member of the TEAM Unit or intake staff at the nearest receiving facility.
- D. Officers shall not deny mental health services or make admission assessments and determinations based upon a person's age, race, ethnic background, gender or gender identification, sexual orientation, religion, or economic status.

## TALLAHASSEE POLICE DEPARTMENT

---

- E. If during a contact an officer reasonably believes the person poses a *significant* danger of causing personal injury to themselves or others by possessing firearms or ammunition, FS 790.401 (Risk Protection Orders) may be applicable. See General Order 70 for Risk Protection Order (RPO) protocols.
- F. The existence or absence of an RPO does not affect an officer's authority and responsibilities under the Baker Act.

### Involuntary Examination Criteria –

- G. Per FS 394.463(1), an officer may take a person into protective custody when the officer reasonably believes the person:
  - 1. Has a mental illness and/or is experiencing a mental health crisis and refuses the offer of, or is unable to determine the need for, mental health treatment, and
  - 2. Without prompt care or treatment, the person is likely to:
    - a. Cause serious bodily harm to themselves or to another person in the near future, or
    - b. Suffer from neglect or refuse to provide self-care, which poses a real and present threat of substantial harm to their well-being (and it is apparent to the officer there are no willing family members or friends, or other services, to assist the person to avoid such harm).
- H. Officers shall consider a variety of factors in determining the existence of the criteria set forth in subsection G above to include, but not necessarily limited to, the fact the person:
  - 1. Has attempted (or is in the process of committing) suicide,
  - 2. Is in the process of inflicting self-harm by starvation, torture, or living in conditions which create an imminent danger to the health, safety, or welfare of the person,
  - 3. Is under extreme stress,
  - 4. Suffers from hallucinations, and/or
  - 5. Is hysterical.

## TALLAHASSEE POLICE DEPARTMENT

---

- I. Knowledge of the factors listed in subsection H above may come from:
  - 1. An officer's observations, and/or
  - 2. A credible witness.
- J. In situations where knowledge of the factors listed in subsection H above are from a credible witness, the officer shall (if possible) obtain a sworn written statement from the witness describing their knowledge of the factors.

### Juvenile Protocols –

- K. With the sole exception cited in subsection III C below (voluntary admissions), this policy is equally applicable for officer contacts with juveniles who are suspected of being mentally ill and/or experiencing a mental health crisis.
- L. During protective custody situations the officer shall make every reasonable effort to contact the juvenile's parent(s), guardian(s), or nearest relative and advise them of the situation.

### When Involuntary Examination Criteria Are Not Met –

- M. If after an assessment the officer reasonably believes the person does not meet the criteria for an involuntary examination, and the person has not committed a crime, the officer may take one of the following actions:
  - 1. Cease the contact without further action,
  - 2. Assist the person in arriving at their intended destination by providing transportation or arranging for other transportation,
  - 3. Assist in locating an adult who could provide assistance and supervision for the person, or
  - 4. Assist the person with a voluntary admission to a receiving facility.

## **IV. VOLUNTARY ADMISSIONS**

- A. The duty of officers in cases where a mentally ill person is requesting a voluntary admission is advisory only.

## TALLAHASSEE POLICE DEPARTMENT

---

- B. The officer may facilitate the transportation of a mentally ill person to the Central Receiving Facility (CRF), Tallahassee Memorial Hospital (after business hours), Tallahassee Memorial Behavioral Health Center (Monday-Friday 8AM-5PM), or HCA Florida Capital Hospital (HCA) in descending order of preference:
1. Assisting the person's family members or friends in getting the person into a private vehicle,
  2. Summoning an ambulance if there is a medical need and assisting ambulance personnel in getting the person into the ambulance, or
  3. Providing the person transport in a police vehicle (also see subsections VIII A and B below).
- C. Officers should be aware juveniles cannot voluntarily admit themselves to a receiving facility; instead, FS 394.4625 (Voluntary Admissions) requires the juvenile's parent or legal guardian to apply for admission on their behalf, followed by a clinical review to verify the voluntariness of the juvenile's assent.

### V. SEIZURE/SURRENDER OF FIREARMS/AMMUNITION (BAKER ACT)

- A. This section is not related to the service of an RPO.

#### Officer Responsibilities –

- B. Per FS 394.463 (Involuntary Examination), an officer taking a person into protective custody is authorized to seize and hold any firearm and ammunition the person *is holding or has on their person* at the time of taking them into protective custody only if the person:
1. Poses a potential danger to themselves or others, and
  2. Has made a credible threat of violence *against another person*.
- C. Except as outlined in subsection B above, officers are not authorized to seize firearms or ammunition related to the protective custody incident which may be in plain view of the officers.
- D. The limitations of FS 394.463 do not affect an officer's authority to seize firearms or ammunition for other lawful purposes.



## TALLAHASSEE POLICE DEPARTMENT

---

- E. Per FS 394.463 (2)(d), when taking a person into protective custody *at the person's residence*, officers may seek the voluntary surrender of firearms and ammunition kept in the residence which have not already been seized as authorized by subsection B above.
- F. If an officer reasonably believes the person taken into protective custody has firearms or ammunition which were not seized or voluntarily surrendered as described in subsections B and E above – *and the criteria for an RPO are met* – the officer (facilitated by the Legal Advisor) shall petition the court for an RPO against the person. See Appendix One for RPO criteria.
- G. Officers are responsible for ensuring seized or voluntarily surrendered firearms and ammunition are either:
1. Impounded into Department custody as directed in General Order 42 (Impounding and Controlling of Property and Evidence), or
  2. Transferred to a family member of the person in protective custody, as long as:
    - a. The person in protective custody elected or approved the family member receiving the firearm(s)/ammunition,
    - b. The family member is not prohibited from possessing a firearm (e.g., firearm possession disability, RPO respondent), and
    - c. The officer reasonably believes providing the firearm(s) and/or ammunition to a family member is the best course of action.
- H. Regardless of which action is taken in subsection G above, officers are responsible for ensuring:
1. A [Property & Evidence Receipt \(PD 139\)](#) is completed for any seized or voluntarily surrendered firearm and ammunition,
  2. Appropriate signatures are obtained on the PD 139 when the firearms/ammunition are transferred to a family member, and
  3. A copy of the PD 139 is provided to the person in protective custody.

## **TALLAHASSEE POLICE DEPARTMENT**

---

### **VI. RETURN OF FIREARMS AND AMMUNITION (BAKER ACT)**

- A. This section is not related to the service of an RPO.
- B. Property and Evidence (P&E) Unit members are responsible for adhering to General Order 42 and applicable unit policies when returning seized or voluntarily surrendered firearms and ammunition related to an involuntary examination situation (i.e., Baker Act).
- C. Per FS 394.463, firearms and ammunition seized or voluntarily surrendered must be made available for return to the person taken into protective custody no later than 24 hours after the person can document:
  - 1. They are no longer subject to involuntary examination, and
  - 2. Have been released or discharged from any inpatient or involuntary outpatient treatment.
- D. The mandate of subsection C above is not applicable, per FS 394.463, if the person is:
  - 1. The respondent in an RPO, or
  - 2. Subject to a firearm possession disability (see definition).
- E. FS 394.463 mandates the process for the actual return of firearms or ammunition seized or voluntarily surrendered must not take longer than seven (7) days.
- F. Any questions or concerns about the release of firearms or ammunition should be directed to the Legal Advisor.

### **VII. WHEN A CRIME HAS BEEN COMMITTED**

- A. When an officer has probable cause to believe a mentally ill person (or a person experiencing a mental health crisis) has committed a crime, the officer's decision on whether or not to make an arrest shall be based upon the considerations listed below:
  - 1. The totality of the circumstances surrounding the crime,
  - 2. The guidelines in General Order 6 (Arrests and Alternatives to Arrest),

## TALLAHASSEE POLICE DEPARTMENT

---

3. The person's immediate need for medical treatment, and
  4. The officer's ability to later seek an arrest warrant.
- B. In situations where an officer arrests a person who meets the involuntary examination criteria, the following protocols are applicable:
1. Felonies

The officer shall transport the person to the appropriate detention facility (i.e., Leon County Detention Facility or the Juvenile Assessment Center) to be processed in the same manner as any other criminal suspect.
  2. Misdemeanors or City Ordinance Violations
    - a. If the criminal charge requires the arrested person to attend a mandatory first appearance (e.g., domestic battery) or be detained for a specific time period (e.g., driving under the influence), the officer shall transport the person to the appropriate detention facility.
    - b. If the person qualifies for an alternative to arrest as outlined in General Order 6 or General Order 71 (Prearrest Delinquency Citation Program), the officer shall:
      - 1) Follow those protocols in issuing either a Notice to Appear, a Pre-arrest Diversion Program form, or a Prearrest Delinquency Citation, and
      - 2) Transport the person to the CRF.
    - c. If the person does not qualify for an alternative to arrest, the officer:
      - 1) Shall transport the person to the CRF, and
      - 2) May, if appropriate and warranted, seek an arrest warrant for the person.
- C. The arrest of a person who meets the involuntary examination criteria does not negate an officer's responsibility to petition the court for an RPO if the person meets the RPO criteria in General Order 70.

**VIII. LEGAL GUIDELINES**

**A. Handcuffing Considerations**

1. Officers taking a person into protective custody should properly handcuff the person to ensure the safety and well-being of the person, officers, and others. Officers may choose to not handcuff persons in protected custody based upon these exemptions:
  - a. if the protected person is a young child;
  - b. if the protected person is elderly and/or frail; or
  - c. if the protected person's medical status is so critical it would obstruct emergency medical personnel's lifesaving efforts.
2. Officers transporting a person for voluntary admission should not handcuff the person unless specific, articulable circumstances justify such restraints to ensure the safety and well-being of the person, officers, and others.

**B. Search Considerations**

1. Regardless of the mode of transportation, and in protective custody and voluntary admission situations, officers are responsible for conducting a search of the person and their personal property to ensure:
  - a. The safety and well-being of the person, officers, and/or medical personnel during transport to a receiving facility,
  - b. The safety and well-being of the person and facility personnel once the person is brought into a receiving facility, and
  - c. No weapons or contraband are brought into a police vehicle, ambulance, and/or receiving facility.
2. If an officer locates contraband or evidentiary items leading to the development of probable cause for the arrest of the person, the criteria of section VII above are applicable in making an arrest decision.

## TALLAHASSEE POLICE DEPARTMENT

---

3. Officers are responsible for adhering to the impoundment protocols in General Order 42 for any property or evidence seized from the person.
4. If the person in a voluntary admission situation refuses to be searched, the officer should refrain from providing the transport.

### C. Response to Resistance Considerations

If a person physically resists officers' efforts to take them into protective custody, the officers shall only use objectively reasonable force responses to protect themselves and the person in order to take the person into protective custody.

### D. Criminal Record Considerations

1. Solely taking a person into protective custody under the Baker Act or transporting them for a voluntary admission is not considered an arrest.
2. The Department shall make no record to indicate the person was arrested or charged with a crime when the person was only taken into protective custody or transported for a voluntary admission.

## IX. MEDICAL AID PROTOCOLS – PROTECTIVE CUSTODY

- A. When an officer takes a person into protective custody and the officer reasonably believes the person's medical condition (illness or injury) requires prompt medical attention, the officer shall:
  1. Ensure Leon County Emergency Medical Services (EMS) responds to the scene to address the medical situation, or
  2. Promptly transport the person to either TMH or HCA.
- B. Refer to subsections X C–G below for transportation protocols when medical attention is needed.

## X. TRANSPORTATION PROTOCOLS – PROTECTIVE CUSTODY

### When Medical Attention Is Not Required –

- A. When a person is taken into protective custody, the officer shall:

## TALLAHASSEE POLICE DEPARTMENT

---

1. Ensure the person is transported to the CRF for a mental health examination, and
  2. Direct the CDA to advise the CRF of the pending arrival of the person for a mental health examination.
- B. The officer is not required to stay at the CRF until the mental health examination is completed, and the officer's duty is concluded upon:
1. The proper delivery of the person to the CRF, and
  2. The completion of required reports.

### When Medical Attention Is Required –

- C. The officer shall, based upon the person's demeanor and any apparent medical conditions, determine the appropriate mode of transportation as either a police vehicle or ambulance.
- D. If the transport is by ambulance, the officer(s) shall assist EMS personnel as needed in securing and loading the person into the ambulance.
- E. If the transport is by ambulance, and the person is handcuffed (as mandated by subsection VII A 1 above) or otherwise secured, an officer shall accompany the person in the ambulance.
1. Officers shall not provide handcuffs, handcuff keys, flex-cuffs, or leg restraints to EMS personnel in lieu of accompanying a secured/handcuffed person being transported in an ambulance.
  2. An officer following an ambulance in a police vehicle does not constitute accompanying the person in the ambulance.
  3. The officer is responsible for ensuring the person is properly restrained until transfer to hospital staff has been safely completed, but must be cognizant of the need for EMS personnel to provide medical interventions (e.g., airway management, medicine administration, IV access) to the person and shall:
    - a. As needed, reposition the handcuffs, temporarily un-handcuff the person, or use alternative restraints (e.g., hobble restraints, flex-cuffs, or EMS medical restraints) to facilitate the needed medical intervention,

## TALLAHASSEE POLICE DEPARTMENT

---

- b. Reposition or re-handcuff the person when appropriate, and
  - c. Not take any action which would knowingly endanger the safety of the person, EMS personnel, or the officer.
- F. Unless necessary due to safety concerns, pending criminal charges, or an on-going investigation, officers are not required to stay with the person once properly delivered to hospital staff.

### When TPD is required for transport -

- G. Per FS 394.462 and the Leon County Behavioral Health Transportation Plan, the Tallahassee Police Department is the designated law enforcement agency in the Tallahassee City limit to transport persons:
- 1. Taken into protective custody as a result of a Baker Act or Marchman Act initiated by a qualified professional or licensed mental health provider professional (see definition).
  - 2. Officers shall only transport the person to the CRF, unless an emergency exists which requires immediate medical attention.
  - 3. When an emergency exists which requires immediate medical attention, officers shall:
    - a. Ensure Leon County Emergency Medical Services (EMS) responds to the scene to address the medical situation. If transport by ambulance is required, follow guidelines in subsections X D-E above, or
    - b. Promptly transport the person to either TMH or HCA and shall turn over the person to hospital staff ensuring the on-duty Charge Nurse and security are notified about the patient's involuntary treatment status. Officers should refer to GO-59 Transporting and Booking Procedures for procedural guidance.
  - 4. Officers shall NOT transport subjects based solely on an ex parte order.
  - 5. Officers shall NOT transport subjects between treatment facilities.
  - 6. Officers shall run the person through NCIC/FCIC to determine no wants or warrants, or an allegation of criminal conduct exist which

**TALLAHASSEE POLICE DEPARTMENT**

---

would supersede a protective custody order. Officers should refer to GO 18 Criminal Investigations and their supervisor for procedural guidance.

7. A CAD (Computer Assisted Dispatch) report will be appropriate when a crime has not occurred, a response to resistance did not occur, nor a legal or Department mandate requires an offense report. Officers shall ensure the following data is entered in the appropriate boxes:
  - a. Patient(s) – patient and involved person(s).
  - b. Detailed information to explain the incident, and,
  - c. An accurate disposition code and any designation supplemental suffix code designed to track demographic data, search, and other information.

When LCSO Is Required to Transport –

H. Per FS 394.462 and the Leon County Behavioral Health Transportation Plan, the Leon County Sheriff's Office is the designated law enforcement agency in the unincorporated portion of Leon County to transport persons:

1. Taken into protective custody as a result of a Baker Act initiated by a qualified professional or licensed mental health provider (see definition) or an ex parte order (in all of Leon County), or
2. Requiring transportation from one receiving facility to another.

■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**XII. DOCUMENTATION REQUIREMENTS**

- A. Officers shall comply with reasonable requests by the CRF, TMH or HCA in completing administrative reports concerning the person delivered to their facility by the officer.
- B. Officers are required to complete the Florida Department of Children and Families *Report of Law Enforcement Officer Initiating Involuntary Examination* and the Transportation to Receiving Facility forms and submit them to the receiving facility at the time of delivery of the person for an involuntary examination.
  - 1. These forms are available on TPD SharePoint Forms Page (titled "[Baker Act and Transportation Form.pdf](#)").
  - 2. A copy of any sworn written statement from a witness describing their knowledge of the factors establishing the criteria for the involuntary examination shall accompany the Baker Act form.
- C. An officer who encounters a person reported as or suspected of being mentally ill and/or suffering a mental health crisis shall document the encounter in the following situations:
  - 1. An assessment of the person is conducted as required by FS and this written directive – whether or not the person meets the involuntary admission criteria, and
  - 2. In voluntary admission situations.
- D. A CAD (Computer Assisted Dispatch) report will be appropriate when a crime has not occurred, a person was not taken into protective custody based on an officer's evaluation, a response to resistance did not occur, nor a legal or Department mandate requires an offense report. The CAD report must contain following information in the required fields:
  - 1. The biographical and contact information of the person reported as or suspected of being mentally ill and/or suffering a mental health crisis.
  - 2. The biographical and contact information of the person reporting or requesting law enforcement assistance.

## TALLAHASSEE POLICE DEPARTMENT

---

3. The biographical and contact information of any witnesses to the incident.
  4. Detailed information to explain the incident and services offered.
  5. An accurate disposition code and any designation supplemental suffix code designed to track demographic data, search, and other information.
- E. If CAD notes are not appropriate, an offense report shall include, at a minimum:
1. The circumstances of the situation (e.g., reporting person, observations, seized/voluntarily surrendered firearms, facility where the person was delivered), and
  2. For an involuntary examination of a juvenile, the name(s) of the adult(s) contacted (or contact attempted) as directed in subsection II L above.
- F. Officers are not required to complete a separate offense report as mandated in subsection C above when the circumstances surrounding the encounter are adequately documented in a Department offense report of another classification (e.g., If a mentally ill person is arrested for burglary, documentation of the mental illness or mental health crisis in the burglary report is sufficient).
- G. Except when prohibited as outlined in General Order 16 (Digital Audio and Video Recording System), officers shall utilize at least one of their assigned AVR devices to record interactions with persons taken into protective custody.
- H. If applicable, officers shall document searches as directed in General Order 72 (Search and Seizure).
- I. If applicable, officers shall complete a response to resistance report as directed in General Order 60 (Response to Resistance).
- J. See General Order 70 for documentation protocols for petitioning the court for an RPO.
- K. Officers operating as part of the TEAM Unit (Tallahassee Emergency Assessment Mobile) shall document, in an offense report, all evaluations which result in a person being taken into protective

## TALLAHASSEE POLICE DEPARTMENT

---

custody based on the evaluations of the TEAM Unit licensed mental health therapist.

### **XIII. ASSAULT/BATTERY OF EMERGENCY MEDICAL CARE PROVIDER**

- A. Any report of an assault or battery against an emergency medical care provider (as defined by FS 784.07) shall be appropriately documented in a Department offense report.
- B. During incidents where probable cause exists to believe a person has committed an assault or battery upon an emergency medical care provider, responding officers shall arrest the offending person regardless of their mental condition.

### **XIV. TRAINING REQUIREMENTS**

- A. Each newly hired member (civilian and sworn) will receive documented entry-level training regarding interactions with persons suspected of being mentally ill and/or experiencing a mental health crisis.
- B. All members will receive documented annual refresher training regarding interactions with persons suspected of being mentally ill and/or experiencing a mental health crisis.
- C. Members may complete specific enhanced Crisis Intervention Team training in the recognition of mental illness, crisis intervention, and the assessment of persons experiencing a mental health crisis.

History: issued 07/15/1985, revised 11/01/1994, 10/29/2001, 07/30/2007, 06/20/2014, 11/17/2015, 01/31/2017, 06/27/2017, 04/08/2019, 11/21/2019, 04/05/2021, and 04/02/2024.