



# TALLAHASSEE POLICE DEPARTMENT GENERAL ORDERS

 Proudly Policing Since 1841	<b>SUBJECT</b>  TEAM Unit	 Nationally Accredited 1986	
	<b>CHIEF OF POLICE</b>  <i>Signature on File</i>		
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## AUTHORITY/RELATED REFERENCES

COT TEAM Unit SOP  
 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  
 General Order 6, Arrests and Alternatives to Arrest  
 General Order 8, Mentally Ill Persons  
 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 71, Prearrest Delinquency Citation Program  
 Leon County Behavioral Health Transportation Plan  
 Mental Health Services Agreement  
 OSB-7, TEAM Unit

## ACCREDITATION REFERENCES

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

## KEY WORD INDEX

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## **POLICY**

The TEAM Unit (Tallahassee Emergency Assessment Mobile Unit) is a multidisciplinary mental health co-response team that includes a Tallahassee Police Department (TPD) officer trained in Crisis Intervention Techniques (CIT) and a Mental Health Professional (MHP). This team 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.

## **DEFINITIONS**

**Authorized 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.

**Axon Body Camera streaming service:** A BWC live stream with two-way voice communication.

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

**Crisis Intervention Team (CIT):** A nationwide program, originally based on the "Memphis Model" and adopted by the National Alliance on Mental Illness (NAMI) for law enforcement personnel to receive specialized training in dealing with the mentally ill.

**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. All of the above will be referred to as Mental Health Professionals (MHP) in this policy for simplicity.

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**Master Level Counselor:** Mental health professionals that have a master's degree in counseling, Social Work, Marriage and Family Therapy, or other counseling related field. Master level counselors are able to assess and treat clients with mental health diagnosis, including providing crisis counseling and crisis assessment. Master level counselors do not hold licensure with the state and are prohibited from initiating either Baker Act or Marchman Act. They will be referred to as Mental Health Professionals (MHP) in this policy for simplicity.

**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.

**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.

**Person In Crisis:** A person whose level of distress or mental health symptoms have exceeded the person's internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; noncompliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

**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.

**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 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.

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**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.

### **PROCEDURES**

#### **I. TEAM UNIT OBJECTIVES**

- A. Develop an enhanced, multidisciplinary response to mental health-related calls.
- B. Reduce unnecessary emergency room transports by connecting individuals to appropriate services.
- C. Leverage community resources and partnerships to improve service coordination.
- D. De-escalate volatile situations through a team-based approach.
- E. Divert individuals from the judicial system and connect them to community support.
- F. Reduce dispatched calls to patrol units and alleviate strain on emergency responders.
- G. Collect data for evaluating the program's impact and efficiency.

#### **II. OPERATIONAL SCOPE**

- A. The TEAM Unit operates with full time TPD TEAM Officers in collaboration with a Mental Health Professional (MHP).
- B. If a full time TEAM Officer is not available for a shift, the shift will be advertised in ODM for other qualified CIT certified Officers to fill the shift. While working in a TEAM Member capacity, Officers shall follow TEAM Unit General Order and SOP.
- C. TEAM Officer shall follow guidelines in General Order 8 – Mentally Ill Persons.

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- D. The TEAM Unit responds to mental health crises where the subject:
1. May pose a danger to themselves or others due to mental illness or substance use.
  2. Exhibits acute symptoms of mental illness or substance use disorder.
  3. Demonstrates a deteriorated mental status that significantly impairs self-care or safety.
- E. The TEAM Unit typically does not respond to the following incidents unless deemed appropriate by the Mental Health Professional and TEAM Officer:
1. Crimes in progress.
  2. Violent calls.
  3. Life-threatening medical emergencies.
  4. Incidents involving weapons.
- F. To assist citizens, save lives, and provide additional resources for mental health crises, the TEAM Unit may respond to incidents listed above under specific circumstances. When responding to these types of incidents:
1. The TEAM Officer shall park at a safe distance and first attempt to render the scene safe, often with Patrol support, before summoning TEAM staff (e.g., MHP) to the scene.
  2. The TEAM Officer may activate the Axon Body Camera streaming service, providing livestreaming video of the scene to the TPD in-car computer. This allows the MHP to remotely assess and advise on the situation.

### **III. RESPONSE PROTOCOLS**

- A. When responding, the TEAM Unit officer:
1. Secures the scene before involving the MHP, and if needed,
  2. Activates Axon Body Camera streaming to allow the MHP remote

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assessment of the scene.

B. The MHP remotely or in person:

1. Assesses the individual's mental health needs,
2. Completes involuntary examination (Baker Act/Marchman Act) paperwork if criteria are met, and
3. Coordinates with receiving facilities for admission or alternate resources.

#### **IV. TRANSPORT PROTOCOLS**

A. The TEAM Unit has access to vehicles with secure transport compartments and may transport subjects to the appropriate facility based on voluntary or involuntary admission. The transport shall be in accordance with General Order 8 -Mentally Ill Persons.

B. If the TEAM Unit is unable to transport a subject, they may call a patrol unit for assistance.

#### **V. TEAM OFFICER ROLES AND RESPONSIBILITIES**

A. Complete service requests through the SharePoint Dashboard (a referral program).

B. Conduct proactive outreach to identify individuals in need of intervention.

C. Gather intelligence and coordinate resources for each response.

D. Complete required documentation (refer to GO 8, XII) and Daily Shift Reports using appropriate disposition codes.

#### **VI. MENTAL HEALTH PROFESSIONAL RESPONSIBILITIES**

The TEAM Unit's Mental Health Professional serves as the behavioral health expert on the TEAM Unit. The Mental Health Professional may be a MHP which is a licensed clinician or a master's-level counselor experienced in de-escalation and mental health crisis intervention. Their role is critical in ensuring individuals experiencing mental health crises are assessed, stabilized, and connected with appropriate resources.

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### A. Core Responsibilities

#### 1. Crisis Assessments and Referrals

- a. Conduct on-location mental health crisis assessments.
- b. Facilitate successful referrals to community treatment providers to ensure continuity of care.

#### 2. Resource Management

1. Maintain an updated, comprehensive list of behavioral health resources.
2. Ensure TEAM Officers have access to this resource database for efficient service coordination.

### B. Deployed On-Location Responsibilities

#### 1. Coordination with Law Enforcement

- a. Work alongside law enforcement officers, who are responsible for ensuring public and community safety at the scene.
- b. Defer decision-making to law enforcement if public safety or physical health concerns take precedence during the response.
- c. Conduct on-location mental health crisis assessments.

#### 2. Accessing Historical Information

- a. Utilize Apalachee's client database system to determine if the individual is enrolled in community mental health services.
- b. If the individual is part of intensive services like Florida Assertive Community Treatment (FACT) or a Community Action Team (CAT), contact the on-call case manager to request their presence at the location.

#### 3. Determining Appropriate Care

- a. Complete the mental health crisis assessment and collaborate with the TEAM to determine the appropriate level of care for stabilization.

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- b. Coordinate transport to a treatment facility, if necessary, based on the individual's needs.
  - c. If a TEAM officer and MHP disagree about patient care (for example, involuntary detention of a Baker or Marchman Act patient), the TEAM staff should first attempt to resolve the problem together. Individual staff members (MHP & TPD) should contact their supervisors for direction if an agreement cannot be reached:
    - 1) If the respective supervisors are unavailable for direction, the final decision will be based on the Licensed Mental Health Professional's assessment and/or decision.
    - 2) If the decision is between the officer and an unlicensed Master Level Counselor, the assessment and/or decision will lie with the officer.
4. Supervision
- a. The MHP clinical staff is supervised by the Apalachee Center Crisis Services Team Leader.
  - b. All issues or requests regarding the TEAM clinical staff should be coordinated through the Crisis Services Team Leader and the TPD Operational Support Bureau Lieutenant.

### **VII. TRAINING REQUIREMENTS**

- A. TEAM officers must complete a 40-hour CIT course before assignment.
- B. Officers and clinicians participate in ongoing training to enhance response effectiveness.

### **VIII. REPORTING AND DATA COLLECTION**

- A. Officers and MHPs are required to document all activities, interventions, and outcomes for each call to ensure accurate and comprehensive reporting for the Daily Shift Summary.
- B. The TEAM Unit also collects data to evaluate its impact, ensuring program objectives are met.

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