

Law Enforcement and the Mentally Ill: Best Policy and Practice for the Charlotte County Sheriff's Office

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Abstract

Most Florida Sheriff's Offices have programs to address persons with mental illness. They involve community partnerships, specific training, and policies. Some are more successful than others. The characteristics of these programs were identified using time studies, Baker Act statistics, training programs and suicide data, and compared with those of the Charlotte County Sheriff's Office. The result revealed that the community partnership based on the Mobile Crisis Team model currently in use in Charlotte County, yields the best results for agencies in counties of comparable size and demographics.

Introduction

Law enforcement officers deal with persons suffering from mental illness on a daily basis. They act as the initial screeners allowing patients access into the mental health treatment system. They often lack the training and treatment options necessary to effectively address this problem. The best training and procedures must be identified to better treat this illness. My research on this topic focuses on law enforcement partnerships with community based organizations as the best solution to the problem of the treatment of the mentally ill. It includes a review of publications relevant to the topic and a survey of the elements of those programs currently in use by Florida Sheriff's Offices. The research shows that there are several different types of programs in place with some more successful than others. The reasons for their success are the basis for the study.

I chose this topic for my research project as a result of an event that impacted my community. On June 2, 2004, 28-year-old Ruth Ann Burns beheaded her seven-year-old daughter in her one room apartment at the Triangle Motel located in Punta Gorda. Ruth suffered with a severe case of schizophrenia and believed she had to kill her daughter to prevent her father from abusing her. Deputies of the Charlotte County Sheriff's Office responded to 6 calls for service involving Ruth Burns prior to this incident and were unable to resolve the problems associated with her illness (Arnold, 2004). The question then arises as to the effectiveness of the program currently in use by the Charlotte County Sheriff's Office to handle persons suffering from mental illness. Mental illness is a term used to describe a variety of conditions which appear to influence a person's behavior. The traditional label of "crazy" fits only a small

number of the mentally ill. Some mental conditions are chronic and vary only in intensity. Others respond to environmental stresses and stimulus and quickly disappear. Mentally ill people sometimes hear or see things others cannot and become passive or depressed. Others become so excited they must be restrained. Most of the time, however, people who are mentally ill are legally competent and can manage their own affairs. Law enforcement officers interact with the mentally ill who may be victims, witnesses, offenders, or bystanders. They also interact with those who may be a danger to themselves or others. These people may require the officer to initiate an involuntary committal to a treatment facility using their authority under the Florida Mental Health Act or Baker Act (Peck, L.2003).

Statutes governing the treatment of persons with mental illness in Florida date back to 1874. The current statute, The Florida Mental Health Act, known as the Baker Act, went into effect in July 1, 1971. The Baker Act was named after Maxine Baker, a former state representative from Miami who sponsored the Act. Prior to that time a person could be placed in a state hospital if three people signed affidavits and secured the approval of a county judge. The law stated that the committing judge was required to have a destitute person with mental illness placed into the custody of the sheriff for safekeeping and transported to the state hospital. There was no specific period of commitment before a person's confinement was reconsidered by a judge. The Baker Act prohibited the indiscriminate confinement of persons to state hospitals without just cause. It also prohibited the placement of persons into jails unless they had committed a crime. It allowed a law enforcement officer to involuntarily commit a person to a treatment facility with just cause for a maximum period of 72 hours. Representative Baker said before the passage of her bill, "In the name of mental health, we deprive them of their most precious possession-liberty." The trend to deinstitutionalize persons with mental illness from large hospitals began in the 1970s and continues today (State of Florida, 2002).

Methods

In order to determine which program for the handling of persons taken into custody under the Baker Act yields the best results, a comparison of the programs in use by agencies similar to the Charlotte County Sheriff's Office was made. To do this, the type of program in use in Charlotte County and the characteristics of that program were identified. Once this was done, a comparison of the characteristics of programs in use by other Florida Sheriff's Offices, serving counties with similar demographics, was made by survey. Statistics relating to the number of deaths by suicide per county were compared to the number of persons treated under the Baker Act to yield a rate of success.

To identify which programs would be used for comparison with the Charlotte County program, statistical data was reviewed to select counties with similar demographics. According to statistics compiled by the University of Florida, for the year 2004, Charlotte County ranks 27th in population, with

151,994 residents. Using this population as a standard, I determined which counties had a population within 5 percent of Charlotte County's. Additional categories include population rank in state, persons per square mile, median age and income. When the same 5 percent variation was applied to the remainder of the rating categories the result was that Charlotte County was similar in demographics to Citrus, Hernando, Indian River, Martin, Okaloosa, St. Johns, Bay, and Clay counties (Florida Statistical Abstract, 2004). (Table 1)

The type of program in use in Charlotte County involves a partnership between the Sheriff's Office and a community based not for profit corporation. This corporation, Charlotte Community Mental Health Services, Inc., provides many services to the general community. It specifically provides a mobile diagnostic and treatment service to mentally ill persons under the provisions of the Baker Act. CCMHS employs a full time team of licensed mental health professionals, clinical psychologists, and social workers who go into the community on Baker Act calls with the Sheriff's Office. Determination is made on scene as to whether the person requires commitment to a treatment facility. Other services are provided such as counseling and treatment visits. By responding to the calls for service with law enforcement, having the authority to initiate treatment, and the ability to transport non violent patients, the amount of time spent by law enforcement officers handling calls of this type is reduced. This type of program is best classified as a Mobile Crisis Team model. The primary characteristic of the Mobile Crisis Team model that differs from those based on the Crisis Intervention Team model is that the specially trained responders are non law enforcement mental health professionals.

The Crisis Intervention Team modeled program is in use throughout the state. This program was started by the Memphis Police Department and is thus commonly referred to as the Memphis model. In the CIT model law enforcement officers receive extensive training in the handling of mentally ill persons. The specially trained officers respond to calls involving mentally ill persons and utilize their training to make the decision for appropriate treatment.

A survey that would record the specific categories of information necessary to compare the efficiency of the programs used by each Sheriff's Office to deal with the mentally ill and their involuntary commitment to treatment facilities under the Baker Act was sent to each of the Sheriff's Offices selected. The survey asks the number of calls for service involving mentally ill persons each Sheriff's Office responded to in 2004 and the average time an officer spent on the calls, the type of program currently in use by the agencies to assist officers in addressing the needs of the mentally ill and their commitment under the Baker Act. The program options in the survey were divided into three categories. Those categories were; Crisis Intervention Team, Mobile Crisis Team, and Other. As some agencies do not have a formal program involving a community based partnership, or may utilize portions of several of these programs, the category labeled as Other is warranted. The survey also records the number of hours spent on training in the handling of persons with mental illness. CALEA Standard 41.2.8 (2004) mandates that agency policy include documented entry level training. This training is completed in the law

enforcement recruit academy. It also mandates that the agency have documented refresher training at a minimum of every three years. The Charlotte County Sheriff's Office uses this standard as the guide for their training. Refresher training is completed every three years and is completed through participation and testing in a computer based training module. . It also contains a request for the responder to name three characteristics of their program that are positive and three characteristics that could be improved. (Table 2)

Statistics on the total number of persons who are taken into treatment involuntarily under the Baker Act were also checked for the counties selected. This number is compared to the total number of suicides in each county. Doctor Gerald Ross, Director of Charlotte Community Mental Health Services, (personal communication, January 18, 2005) named the rate of suicides reported per county as indicative of the success of the intervention programs in place. This comparison can be used as one measure of the success of an intervention program. The Baker Act statistics were obtained from the University of South Florida, Louis de la Parte Florida Mental Health Institute (Christy & Stiles, 2005). The State of Florida Department of Health has designated the institute as the central collection point for all Baker Act statistics in the state. The suicide statistics were obtained from the Florida Department of Health Annual Report of Deaths, Florida Vital Statistics Annual Report (2003). (Table 3)

Results

Of the 8 Sheriff's Offices surveyed, responses were obtained from 7. These 7 were: Hernando, Indian River, Martin, Okaloosa, St. Johns, Bay, and Clay County Sheriff's Offices.

The number of calls for service involving mentally ill persons in 2004 ranged from 200 to 729 calls. They can be categorized as suicides, attempted suicides and mentally ill persons. The category of calls varied in name with the individual agency but the respondent was directed to include all calls involving mentally ill persons. The Charlotte County Sheriff's Office responded to 310 calls for service involving mentally ill persons.

The time in minutes to handle these calls for service ranged from 19.27 to 180 minutes. The number of minutes spent by deputies of the Charlotte County Sheriff's Office was 60 minutes per call. The time for the handling of a call involving a mentally ill person is significantly less for deputies of the Charlotte County Sheriff's Office than most other agencies. The only agency that had less down time was the Bay County Sheriff's Office with an average of 19.27 minutes. The Indian River County Sheriff's Office reflected the same amount of down time as the Charlotte County Sheriff's Office.

The most common program in use is based on the Crisis Intervention Team model. It is used in 4 of the 7 agencies with the remainder utilizing a system recorded as Other. The Charlotte County Sheriff's Office is the only agency utilizing a program that can be categorized as a Mobile Crisis Team program.

The most common responses to the level of required training ranged from the basic law enforcement academy provided training only to the minimum required 3 hours of refresher training. The Charlotte County Sheriff's Office follows CALEA requirements by mandating refresher training every 3 years. Only the Clay County Sheriff's Office required an additional 8 hours of training above the minimum required by CALEA.

The rate of suicide by county in 2003 was compared with the number of persons treated under the Baker Act (Florida Department of Health Annual Report of Deaths, Florida Vital Statistics Annual Report 2003.). The county with the highest rate of suicide was Hernando County at 30. The lowest rate of suicide was recorded in Indian River County at 16. Charlotte County reported 29 suicides.

The total number of persons treated under the Baker Act in each county for 2003 was also obtained. Charlotte County had a total of 592 persons treated under the Baker Act. The county with the highest number was Okaloosa County at 1159 and the lowest was St. Johns County with 230 (Christy & Stiles, 2005).

A comparison of the number of persons treated under the Baker Act in each county was compared with the suicide rate. The county with the greatest difference between these statistics was Okaloosa County with 1159 persons treated and only 28 deaths, or 2.4% of those treated, by suicide. St Johns County had the highest rate of suicides compared to those treated with 25 deaths, or 10% of 230 persons treated. Charlotte County treated 592 persons and recorded 29 deaths by suicide, or 4.9% of those treated.

The survey asked for both positive and negative feedback about the programs in use by the agencies in each county. Of the agencies that responded to the survey they all were satisfied with the program in use in their county. Some of the benefits cited were less use of force, faster approval for intake into the treatment facility, better communications between law enforcement and mental health professionals and a better acceptance of mental health treatment by their staff. The criticisms of the programs included a need for a better understanding of mental illness by law enforcement officers, a lack of in the field treatment decisions by mental health professionals and down time waiting for the treatment facility intake counselors. All of the agencies surveyed cited more training in the handling of the mentally ill as a concern. This was consistent regardless of the type of program in use.

Discussion

The information obtained through the survey responses indicates that the Mobile Crisis Team based program is used only in Charlotte County. This program involves a partnership between the Sheriff's Office and a community based treatment program. This partnership has no financial impact upon the Sheriff's Office. One of the advantages of the partnership is that no special training is required for officers other than an understanding of the role of the Mobile Crisis Team member. An additional and significant benefit is that the

officers return to active law enforcement duties quicker when handling calls involving the mentally ill than with other programs. This was true in all cases except the Indian River County Crisis Intervention Team based program which has an identical amount of time handling these calls. In the Crisis Intervention Team model, special training is provided to law enforcement officers to enable them to better make the decision for appropriate treatment. This training, coupled with the increased time out of service while evaluating the patient and transporting them to a treatment facility, results in a reduction in available staffing and thus an additional financial burden upon an agency using the Crisis Intervention Team based program. In the Mobile Crisis Team based program this burden is placed upon the community partner and not the agency. The ratio of suicides to patients treated in Charlotte County is not significantly different from that of other programs. Although Dr. Gerald Ross, CCMHS Director, (personal communication, January 18, 2005) cited this statistic as evidence of a program's success, it reflected upon the Charlotte County program as simply average. The counties with both the highest and the lowest rates of suicide compared to persons treated under the Baker Act use Crisis Intervention Team model programs. Common criticisms centered on the need for additional training for law enforcement officers to assist them in recognizing the symptoms of and understanding mental illness. This criticism was cited regardless of what type of program was in use at the respondent's agency.

There was no single bit of information obtained through this study that definitively shows the Charlotte County Mobile Crisis Team program as being a better program than a Crisis Intervention Team modeled program. The more rapid return to law enforcement duties and an acceptance of the handling of mentally ill persons by law enforcement officers through consultation with responding mental health professionals, were the only benefits found. The need for additional training is evident regardless of the program in use. Based on these categories, I believe that the program in use in Charlotte County is the best program for agencies of comparable size and demographics.

Captain Mark Caro has been with the Charlotte County Sheriff's Office since 1980. He has been promoted up through the ranks and is currently the Commander of the Bureau of Law Enforcement for his agency. Mark is pursuing his Associates Degree from Edition College.

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Table 1

County Demographic Comparison

County	Population	Pop Rank in State	Person per sq mile	Density Rank in St.	Median age	Median Household Income
Charlotte	151,994	27	219	26	54.5	35,408
Citrus	125,804	32	216	27	53	30,657
Hernando	140,670	28	294	18	49.6	32,247
Indian River	121,174	33	241	24	48.1	39,615
Martin	134,491	30	242	23	48.6	43,692
Okaloosa	181,102	24	194	29	43.3	41,987
St. Lucie	211,898	22	370	17	43.3	35,990
St. Johns	139,849	29	230	25	41.6	51,587
Bay	154,827	26	203	28	38.3	35,718
Clay (not coastal)	156,011	25	260	21	36.1	50,173

Table 2

Florida Sheriff's Office Survey Results

County	Calls	Baker Acts	Dep Time	Training Hours	Program Type
Bay	729	257	19	0	3
Charlotte	310	UNAVAIL	60	3	1
Clay	648	602	180	8	2
Hernando	UNAVAIL	625	120	2	2
Indian River	531	500	60	0	3
Martin	257	219	120	0	2
Okaloosa	200	175	180	0	3
St Johns	UNAVAIL	UNAVAIL	UNAVAIL	UNAVAIL	2
1- MCT					
2-CIT					
3-OTHER					

Table 3

Suicides vs. Baker Act

County	Suicides	Baker Acts	% of Suicides
Bay	27	959	2.8
Charlotte	29	592	4.9
Clay	24	625	3.8
Hernando	30	997	3
Indian River	16	577	2.7
Martin	24	765	3.1
Okaloosa	28	1159	2.4
St Johns	25	230	10