

# Officer's Response to Community Mental Health Crisis

Marcos Ramirez

## Abstract

*Responding to individuals experiencing a mental health crisis is a frequent occurrence in police work. This situation can be dangerous, even deadly for everyone involved. The risks associated with these calls can be minimized through partnerships with the mental health community, mental health training, and follow up with individuals. Data for this research was collected by surveying police departments in the state of Florida. The information collected provides insight into different practices police departments use when responding to mental health calls for service. The data explores the current societal belief regarding police and mental health, dangers associated with these calls for service, and recommendations to better address and assist those experiencing a crisis.*

## Introduction

Society is in a constant state of stress and tension. Cities burning from rioting and looting as tensions between the police and the communities they serve have come to a breaking point. Veterans returning home from combat mentally scarred from being hurt and losing friends, only to see their efforts undone as an entire country fell into the hands of terrorists. A contentious presidential election. The storming of the United States Capitol. A worldwide pandemic that isolated families, cost jobs, loss of homes, and loss of life. A divided public over a vaccine and individual rights. To make matters worse, each of these events is televised and sensationalized daily through entertainment and social media. The ongoing events only scratch the surface of what people in everyday society go through and it is no wonder more and more individuals experience mental health events. As individuals continue to deal with the ongoing stressors in society, many will experience mental health crises and chances are, a police officer will be the one attempting to help them.

A takeaway from the ongoing tension between police and the communities they serve is the growing opinion that the police address certain issues such as mental health, that may be better suited for organizations outside of law enforcement. Organizations that employ mental health professionals. Even with this takeaway, law enforcement remains responsible for addressing many of the mental health crises individuals in the community are facing. Law enforcement responding to mental health issues has led to officer-involved shootings, arrests on individuals experiencing a mental health crisis, and institutionalizing the same individuals over and over again with no long-term solution.

Per Florida State Statue 394.463 (Online Sunshine), a person may be taken to a receiving facility for an involuntary examination if the person has a mental illness and meets one of the following criteria:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination.
- The person is unable to determine for himself or herself whether the examination is necessary.
- Without care or treatment, the person is likely to suffer from neglect or refusal, posing a real and present threat of substantial harm to his or 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.
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior (Florida State Statues).

Under these criteria, known in Florida as the Baker Act, law enforcement is empowered to take individuals experiencing a mental health crisis into protective custody for a mental evaluation. The individual can then be held for up to seventy-two hours in a mental facility to be evaluated. But what happens after the person is released back into a society full of tension and stress? The purpose of this research paper is to answer what happens after a person is released from involuntary examination and provide the Altamonte Springs Police Department with better alternatives in addressing individuals who are having repeated mental health issues.

## **Literature Review**

### **Dangers associated with mental health crises**

When dealing with an individual experiencing a mental health crisis, the threat of injury or death is almost unavoidable. This threat can happen to the responding officer(s), the family members of the individual experiencing the crisis, or the individual themselves. In some circumstances, individuals resist help from the responding officer(s) and family members, leading to a physical confrontation between the officer(s) and the individual. The resistance may not be intentional since the individual may not realize they are resisting due to the specific mental crisis. This does not make the situation any less dangerous. (Kerr, et al, 2010).

An individual in crisis may resist family and police intervention for a variety of reasons. Situations such as substance abuse, history of violence, fear, and ineffective treatment can trigger a crisis for a mentally ill individual. In the case of Schizophrenia, fear, hallucinations, or unfamiliar experiences can cause an individual to become aggressive towards others. (Better Health Channel, n.d).

In some cases, a mentally ill individual may have already committed a violent act before the police become aware of the situation. An example of this situation occurred in Detroit, Michigan, when officers responded to a domestic incident between a father and his son who had a long history of psychiatric problems. This incident turned violent as the mentally ill individual shot his father and then stole his sister's vehicle. This individual went on to carjack and shoot another individual. A sergeant with the police department located the suspect and attempted to arrest him, however, he was shot by the suspect

who was armed with a sawed-off shotgun. The sergeant died days later (Fox 2 Detroit, 2018).

During the murder trial, the individual was seen smiling and laughing throughout the hearing. Ultimately, this individual would plead to second-degree murder as a result of a mental illness. Even after this individual was incarcerated, it would not be the last incident he would be involved in. The same individual attacked two inmates and a corrections officer, during three separate incidents (Burns, 2019).

Due to experiences on the battlefield, some military veterans return home with post-traumatic stress disorder (PTSD) and other mental health issues. Because of their combat experiences, some individuals in crisis may become suspicious of people around them, assuming people are trying to harm them. Additionally, local news headlines serve as an additional stressor, causing an individual to go into a crisis. These triggers have led to individuals using violence against loved ones. Some of the violence reported involved choking, broken bones, repeated emergency room visits, and attacks that occurred in front of children. Some individuals in crisis amplified their problems by abusing drugs and alcohol. Often, the behavior leads to police being called to resolve the crisis. (Lawrence, 2016).

These acts of violence are not exclusive to family members and loved ones. There have been several instances of veterans in crisis using violence against civilians and police. An example of such violence occurred in Dallas, Texas, during a peaceful protest. During the event, an Army reservist took a sniper position and shot multiple people, killing five police officers and injuring nine others. This individual, equipped with heavy body armor and multiple rounds of ammunition positioned himself in a manner that would have caused additional injury or death towards police officers attempting to apprehend the suspect. As a result, an explosive device was attached to a bomb disposal robot and detonated upon contact with the suspect. (Krause & Ambrose, 2016).

It was discovered that the individual suffered from PTSD after serving overseas and before the mass shooting, he sought treatment for anxiety, depression, and issues sleeping. It was also discovered that the mass shooting was not the individual's first contact with the police. During his prior contact with police, the individual showed signs of mental distress. (Krause & Ambrose, 2016).

In Kissimmee, Florida, a former Marine shot and killed two police officers. In the investigation that followed the shootings, it was discovered that a month before the shooting, the individual was Baker Acted for walking down the street in his underwear while holding a high-powered rifle. The individual was released seventy-two hours later. During the murder trial, the defense team presented testimony stating the individual could not adjust to civilian life due to depression, anxiety, and nightmares. Friends of the individual stated he suffered from PTSD. (Cordeiro, 2019).

Another added element to the dangers of addressing an individual experiencing a mental health crisis is the suicide-by-cop phenomenon. Suicide-by-cop involves an incident in which an individual wishing to commit suicide intentionally engages in life-threatening and criminal behavior towards police officers or civilians with the intention of being killed by a police officer. Threatening behavior displayed by individuals can range from pointing a firearm at themselves, family members, and police officers to actively shooting at police officers to be shot and killed. In these circumstances, a police officer's response may be forced. (Hutson, et al,1998).

## **Strain on police resources**

Danger is not the only issue law enforcement faces when dealing with an individual suffering from a mental health crisis. Mental health crises are also a strain on police resources. Under the current Baker Act system, once an individual is placed in a receiving facility, they are held upwards of seventy-two hours. During that time, the individual is evaluated to help diagnose and treat the crisis. Because the threshold is so high to institutionalize an individual longer than seventy-two hours, that person is released back into the community. Some individuals, once released, continue to experience a mental health crisis and they become repeat calls for service, requiring police to respond once again. (Santich, 2017).

In addition to dealing with repeat calls for service involving the same individual, there is also a large amount of time spent addressing mental health calls for service. In Appomattox, Virginia, the local sheriff's office may wait with children requiring a mental health evaluation up to four days. This is due partly because of hospitals and receiving facilities not having enough beds for the patients being brought in. This requires the sheriff to rotate deputies from other areas of the sheriff's office to address the long waiting time. This impacts the affected areas where deputies were pulled from as their tasks are not getting the attention they need. (Mirand, 2021).

Staffing shortages in law enforcement strains resources even further as it pertains to dealing with mental health crises. In Lynchburg, Virginia, the Lynchburg Police Department had twenty-eight vacant positions, forcing the police chief to transfer officers from specialty assignments back to the Field Operations Bureau to serve as patrol officers. The Lynchburg police chief felt that the mental health calls for service were making matters worse as the calls were taking officers away from the streets and making them unavailable for other calls for service. (Mirand, 2021).

## **Criticism of police response when dealing with mental health crises**

Research indicates that police encounters with the mentally ill not only contain an element of danger and a strain on law enforcement resources, there is also an element of criticism towards police response. Police are often criticized for being overzealous and using their powers of arrest to handle individuals deemed as difficult. Recently, a family in Utah called the police to help her autistic teenage son, however, their son was ultimately shot by the responding officers. The family criticized the police for the initially long response time and not being well-equipped to handle the teenager upon arrival. The family went on to criticize the entire police department for not being capable of handling mental health crises. (Harkins, Miller, & Seline, 2020).

In New York, an individual experiencing a mental health crisis spat on police officers, resulting in the police officers placing a hood over his head to prevent any further spitting. The officers then restrained the individual by pinning him on the ground. The individual's agitation increased until he stopped breathing. Ultimately, the individual died a week later. His brother stated, "I didn't call them to help my brother die. I called them to come help me get my brother some help." (Orecchio-Egresitz, 2020).

This same incident drew accusations of police intensely drilling in techniques to subdue suspects while being inadequately trained to deal with the mentally ill or

individuals experiencing drug-induced delirium. Not only did officers face scrutiny from the family of the deceased and the general public, even the former governor of New York, Andrew Cuomo, chastised the officers stating, “When all you have is a gun and a badge and the ability to arrest, that’s your only solution to that issue.” (Lisa, 2020).

The criticism from the former New York governor is consistent with comments from individuals who do not personally deal with individuals during a mental health crisis. In the city of North Miami, an attorney representing an individual shot during a mental health situation stated police should take an active role and visit group homes, schools, and community centers to meet with individuals with significant disabilities and mental health issues after a police officer shot the caregiver of an autistic male. (Fieldstadt, 2019).

## **Police liability**

The next aspect which needs to be considered when dealing with individuals suffering from a mental health crisis is liability. The previously mentioned officer-involved shooting in North Miami resulted in the officer losing his job and being found guilty of culpable negligence for his mishandling and subsequent shooting of the therapist of an autistic male. In Michigan, two police departments were sued after officers peppered sprayed, and then shot an emotionally disturbed person after they believed he was trying to stab an officer. In the civil trial, it was asserted that officers deviated from proper policing techniques when dealing with emotionally disturbed persons. Had the officer used proper techniques, they would have recognized that the techniques they were accused of using, intimidation and force, would not have worked on the emotionally disturbed individual. The court asserted that an individual’s mental state should be considered in weighing excessive claims. (Ryan, 2006).

Liability has risen to a point where some police officers in the state of Washington have refused to transport individuals during a mental health crisis to a receiving facility due to the language of a house bill. House Bill 1310 requires officers to act with reasonable care and only resort to the use of force only when there is probable cause for an arrest, to prevent escape, or to protect against imminent harm. Because a mental health crisis call for service is non-criminal, any use of force used during the incident would not match the criteria set by the bill. This has led to some police officers walking away from individuals in crisis, only to be called back to the scene and arrest the same individual as their mental health deteriorated. Under these circumstances, an individual goes from a person in crisis to a person being arrested. (Jenkins, 2021).

## **Mental health training and training challenges**

Because of the dangers, the strain on police resources, criticisms, and liability associated with mental health calls for service, police agencies must consider if their training is the most proper and efficient training available. Even with the current national push to limit the role of police during mental health crises, police officers are still responsible for recognizing the need for treatment for an individual in crisis and helping these individuals receive proper treatment. (Lamb, et al, 2014).

The training most widely used by police across the country is the Crisis Intervention Team (CIT) model. According to the National Alliance on Mental Illness (NAMI), “CIT

programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises. They are built on strong partnerships between law enforcement, mental health providers agencies, and individuals and families affected by mental illness.” (National Alliance on Mental Illness n.d.).

The CIT model was invented in Memphis, Tennessee, as a community response after an officer-involved shooting of a mentally ill individual. The call for service involved a mentally ill individual who had been cutting himself with a knife. Upon the arrival of the police, the individual was ordered to drop the knife. Instead of dropping the knife, the individual charged officers with the weapon still in his hand, ultimately being shot and killed as a result. This incident drew widespread criticism from the community because the perception was the only danger was to the individual cutting himself and not the police who arrived on scene. This incident also occurred during a time of heightened racial tension as the officers were white and the individual was African American. (Bayne, 1987).

The CIT model encompasses forty hours of classroom training in the areas of safety, destigmatization, resources, and practical de-escalation training to better assist individuals with mental illness and redirect efforts towards treatment over an arrest. By diverting an individual away from the criminal justice system, the CIT model may enhance the interaction between officers and the individuals in crisis and also reduce the chances of injury to everyone involved in the incident. In addition, the CIT model offers effective problem solving between law enforcement and the mental health care system. (Crisis Intervention Team Core Elements, 2007).

There are some challenges departments may face as they attempt to have their officers trained in the CIT model due to multiple factors occurring in society. The CIT model training is a forty-hour course. This time commitment can be a considerable strain for some departments to find the coverage necessary to allow officers to attend the training. Larger police departments had funds slashed from their budgets and diverted towards community services during the defund the police movement. This removal of funds may make it challenging for larger departments to fund the overtime necessary to allow officers to attend training. (Weichslebaum & Lewis, 2020).

The next issue to be considered regarding officers attending the CIT model training is the current COVID-19 pandemic and how it has affected police training throughout the country. Many police departments have made social distancing mandatory and this can provide a challenge for a training program to properly create the minimum six-foot distance from person to person. (Stogner, et al, 2020). Several states have also changed their approach to how training is being conducted. Some states have canceled training, implemented symptom checks on staff and students, or have moved to online training. (IADLEST, n.d.).

## **Removing law enforcement from the mental health crisis is not as easy as it sounds**

Although there is a public push to rethink law enforcement’s involvement in mental health crises, there is no set standard on who or what will replace the police. Some cities have implemented a co-responder model which entails a social worker riding together with a police officer. In San Francisco, California, firefighters, not police officers, are being partnered with a social worker to respond to individuals in crisis. Denver, Colorado, and

Portland, Oregon, are using mental health pilot programs in small targeted portions of their cities. Other cities are still at the pilot program stage. (Wetervelt, 2020).

Despite the push for removing law enforcement from mental health crises, police may still need to respond to ensure the safety of everyone involved. Mental health professionals are not immune to violent attacks by individuals experiencing a mental health crisis. In Dade City, Florida, a caseworker was stabbed to death by a patient she was in charge of. The caseworker was checking on the individual to see if he was taking his medication for a serious mental illness at the time of the attack. The individual had a history of violent behavior and in prior incidents, threatened other healthcare workers. In one incident, the individual barricaded a social worker inside of his unit and in a separate incident threatened to rape a social worker. (Pickett, 2016).

In Melbourne, Florida, an individual with a history of Baker Acts, shot and killed a social worker who once supervised him, outside of a mental health receiving facility. The social worker was approached by the individual shortly after the social worker completed his shift. Although witnesses described the conversation between the two individuals as calm, the conversation turned deadly. Upon being questioned by police, the individual admitted to having disturbing thoughts about killing the social worker. (Gallop, 2020).

## **Methods**

The purpose of this research was to gather information from Florida law enforcement agencies as to how responding to calls for service involving individuals experiencing a mental health crisis effected their organization. Specifically, the research sought to elicit responses to determine partnerships with mental health groups, any strain on police resources, amount of Baker Acts completed during the 2021 calendar year, and if there were any officer injuries while dealing with individuals experiencing a mental health crisis. Data was obtained through an eleven-question survey which was emailed to law enforcement agency's records sections, who would in-turn, forward the survey to the appropriate agency representative who could answer the questions.

To achieve the highest degree of consistency, data was collected from law enforcement agencies that had sworn officer sizes fifty below and fifty above the sworn personnel size of the Altamonte Springs Police Department. Law enforcement agency sizes were identified by a list provided by the Florida Department of Law Enforcement. Although the Altamonte Springs Police Department is an accredited law enforcement agency, surveys were sent to all law enforcement agencies comparable in size to sworn personnel regardless of their accreditation status. Therefore, some agencies that completed a survey were not accredited. This method can be perceived as a research weakness as these agencies may not be seen as fully comparable to the Altamonte Springs Police Department. A second weakness that occurred was three agencies had two people complete the survey. Therefore, it appears as if there are thirty-six responses, however, the actual number is thirty-three responses.

Please note that the program used to distribute, collect, and record data information, Google Forms, does not round percentages to a hundred. Therefore, when I discuss the results of each question, I rounded the percentages to the nearest hundred.

## Results

The survey was sent to sixty-eight law enforcement agencies in the state of Florida. A response from thirty-three of those agencies was received, for a response rate of 49%.

Question 1 asked who deals directly with an individual experiencing a mental health crisis in your agency? The choices were:

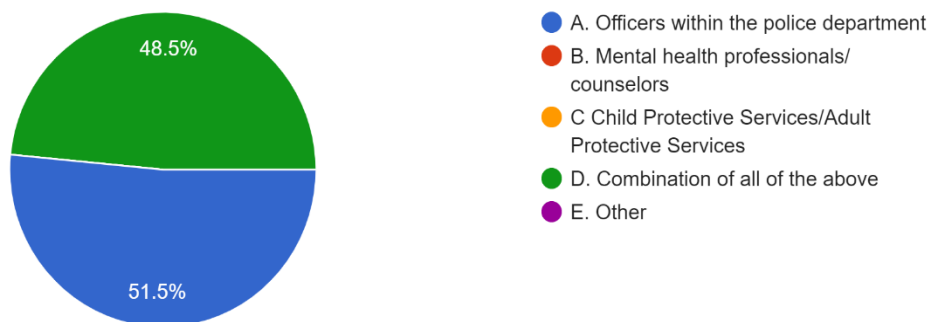
- A. Officers within the police department
- B. Mental health professionals/counselors
- C. Child Protective Services/Adult Protective Services
- D. Other

Of the thirty-three respondents,

- Seventeen agencies (51%) answered A
- Zero agencies answered B
- Zero agencies answered C
- Sixteen agencies (49%) answered D
- Zero agencies answered E

Question 1: Who deals directly with an individual experiencing a mental health crisis?

33 responses



Question 2 asked, during 2021, how many Baker Acts did your agency complete? Their choices were:

- A. 1-30
- B. 31-60
- C. 61-90
- D. Over 90

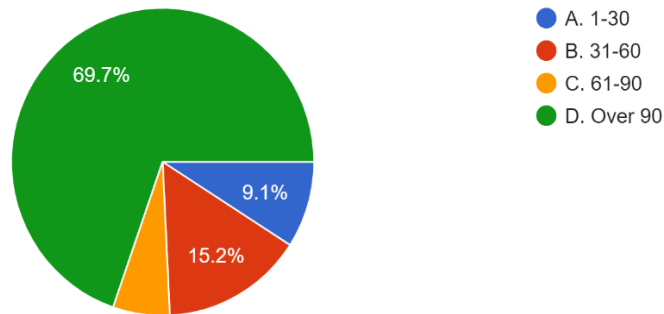


Of the thirty-three respondents,

- Three agencies (9%) indicated A
- Five agencies (15%) indicated B
- Two agencies (6%) indicated C
- Twenty-three agencies (70%) indicated D

Question 2: During 2021, how many Baker Acts did your agency complete?

33 responses



Question 3 asked were any police officers injured while dealing with a person experiencing a mental health crisis? The choices were:

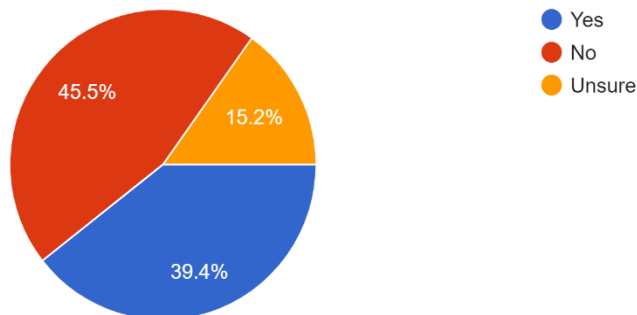
- Yes
- No
- Unsure

Of the thirty-three respondents,

- Thirteen agencies (39%) indicated yes officers were injured
- Fifteen agencies (46%) indicated no officers were injured
- Five agencies (15%) indicated they were unsure if any officers were injured

Question 3: During 2021, were any police officers injured while dealing with a person experiencing a mental health crisis?

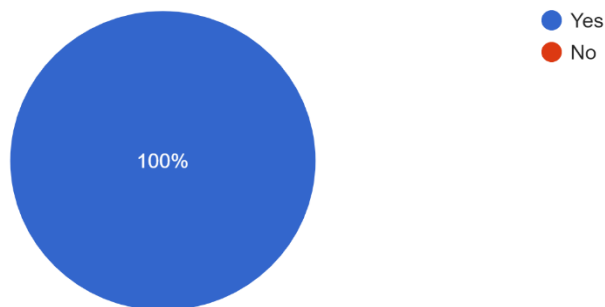
33 responses



Question 4 asked, does your agency respond to individuals repeatedly experiencing a mental health crisis? For this question, the choices were yes or no. All of the agencies (100%) indicated yes.

Question 4: Does your agency respond to individuals repeatedly experiencing a mental health crisis?

33 responses

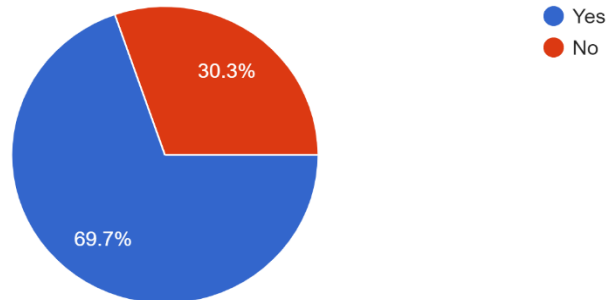


Question 5 asked, does responding to individuals repeatedly experiencing a mental health crisis strain your police resources? The choices were yes or no.

- Twenty-three agencies (70%) indicated yes
- Ten agencies (30%) indicated no

Question 5: Does responding to individuals repeatedly experiencing a mental health crisis strain your police resources?

33 responses

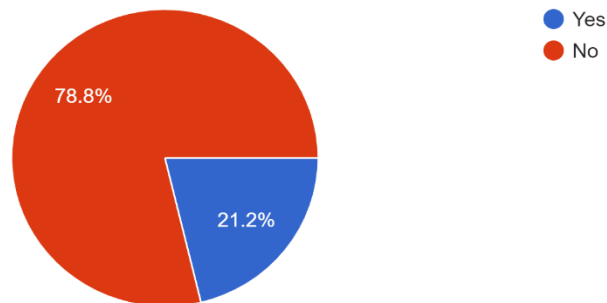


Question 6 asked, does your agency have an individual or specialty unit who responds to individuals experiencing a mental health crisis? The choices were yes or no.

- Seven agencies (21%) indicated yes
- Twenty-six agencies (79%) indicated no

Question 6: Does your agency have an individual or specialty unit who responds to individuals experiencing a mental health crisis?

33 responses



Question 7 asks, is your agency considering partnering with a mental health facility/counselor? The choices were:

- Yes
- No
- Unsure
- Already in practice
- Other

Of the thirty-three responses,

- Seven agencies (21%) indicated yes
- Six agencies (18%) indicated no
- Seven agencies (21%) indicated unsure
- Ten agencies (30%) indicated already in practice
- One agency (3%) indicated other, however, they expounded on their answer by stating there answered that there were occasions where they partnered with a mobile crisis response team to assist individuals experiencing a mental health crisis. This response team consists of trained mental health counselors. Although this response can be included with yes to partnering with a mental health facility or mental health counselor, this agency elaborated further on their answer. The agency stated there were situations where an individual did not meet the Baker Act criteria, however, the mobile crisis response team would offer those individuals evaluations and additional resources.
- One agency (3%) indicated other, stating the majority of the mental health facilities within their county was also addressing homelessness since many individuals within the homeless community suffer from mental health issues.
- One agency (3%) indicated other, stating discussions were had on several occasions regarding the option of partnering with a mental health facility or mental health counselor. Currently, the agency feels there is no need since their officers are CIT trained and do an outstanding job with individuals in crisis. Although this response can be included with no to partnering with a mental health facility or mental health counselor, the fact that they continue to discuss a partnership can change the answer to yes.

Question 7: Is your agency considering partnering with a mental health facility/counselor?

33 responses



Question 8 asked, how many police officers in your agency have been through Crisis Intervention Training (CIT)? The choices were:

- More than half of the police officers in your agency
- Half of the police officers in your agency
- Less than half of the police officers in your agency

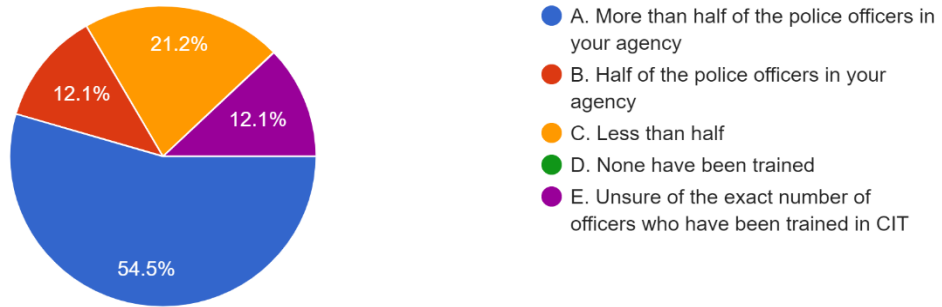
- D. None have been trained
- E. Unsure

Of the thirty-three agencies,

- Eighteen agencies (55%) answered A
- Four agencies (12%) answered B
- Seven agencies (21%) answered C
- Zero agencies answered D
- Four agencies (12%) answered E

Question 8: How many police officers in your agency have been through Crisis Intervention Training (CIT)?

33 responses



Question 9 asked, does certifying your officers in CIT cause a strain on your police resources? The choices were:

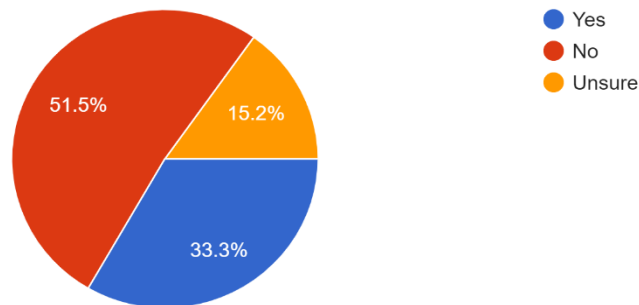
- Yes
- No
- Unsure

Of the thirty-three agencies,

- Eleven agencies (33%) answered yes
- Seventeen agencies (52%) answered no
- Five agencies (15%) answered unsure

Question 9: Does certifying your officers in CIT cause a strain on your police resources?

33 responses



Question 10 asked, does your agency do anything unique regarding a response to an individual experiencing a mental health crisis? If an agency did not do anything unique in addressing individuals experiencing a mental health crisis, they had the option to leave the question blank. Seven agencies (21%) provided the following answers:

- Clermont Police Department – Mobile Crisis Response Unit partners with a licensed clinician
- University of Florida Police Department – Responses require an officer certified in CIT
- Sweetwater Police Department – Maintains best practices
- St. Augustine Police Department – All of their officers are CIT certified and have two officers dedicated to assisting the homeless population since many mental health issues exist within that population. These officers are partnered with different agencies within the community
- Sanford Police Department – Has a wellness coordinator and a partnership with resources
- St. Cloud Police Department – Officers receive ongoing training in de-escalation of levels of force while dealing with individuals suspected of experiencing a mental health crisis
- Sunny Isles Beach Police Department – a CIT detective tracks and follows up on repeat mental health cases. If needed, this individual will appear before a judge to order an individual for mandatory treatment

The final question asked the respondents to identify their agency. The thirty-three agencies were identified as:

- Apopka Police Department
- Bradenton Police Department
- Casselberry Police Department
- Clermont Police Department
- Coca Beach Police Department
- Columbia County Sheriff's Office

- Florida State University Police Department
- Haines City Police Department
- Homestead Police Department
- Jacksonville Beach Police Department
- Leesburg Police Department
- Maitland Police Department
- Nassau County Sheriff's Office
- New Smyrna Beach Police Department
- North Miami Beach Police Department
- Ocoee Police Department
- Oviedo Police Department
- Palm Bay Police Department
- Port Orange Police Department
- Sanford Police Department
- South Miami Police Department
- St. Augustine Police Department
- St. Cloud Police Department
- Sunny Isles Beach Police Department
- Suwannee County Sheriff's Office
- Sweet Water Police Department
- Tarpon Springs Police Department
- Titusville Police Department
- University of Florida Police Department
- Wakulla County Sheriff's Office
- Winter Garden Police Department
- Winter Park Police Department
- Winter Springs Police Department

## **Discussion**

Insight gleaned from this survey showed there is no set standard approach to responding to a mental health crisis, as several agencies who participated in this survey had different responses. For instance, a majority of the agencies surveyed (79%) indicated their departments do not have specialty units to respond to individuals dealing with a mental health crisis. This means the primary responsibility of dealing with a person experiencing a mental health crisis rest with responding patrol officers. Those agencies that do have specialty units or other resources to assist those in a mental health crisis deal with the issue in differing ways. For example, one agency indicated they had a CIT detective who follows up with cases involving individuals experiencing repeat crises. Another agency using a Mobile Crisis Response Unit, partners a sworn officer with a licensed clinician to address mental health issues. For another agency, a CIT officer is required to respond to mental health calls for service. One agency partners with a mental health facility to specifically address mental health issues within the homeless population.

Because there is public opinion that law enforcement is not the best resource to handle mental health issues, the question of who deals directly with mental health calls for service was designed to see if there has been a separation of law enforcement and mental health or if police are still responsible for addressing these issues. More than half of the agencies surveyed (52%) indicated they were directly responsible for addressing mental health calls for service. Additionally, a majority of the agencies who participated in this survey (70%) completed over ninety Baker Acts in the year 2021, several of which (39%) resulted in an injury to the officer(s). All of the agencies indicated they responded to repeated individuals experiencing a mental health crisis, with a majority (70%) indicating these calls caused a strain on police resources.

The question which drew the most discussion in the survey regarded law enforcement agencies partnering with a mental health facility or mental health counselor. There were seven different responses: yes, no, already in practice, and unsure. Three other agencies went into detail with their answer, further illustrating that there is no set standard in responding to mental health calls for service.

CIT is the most commonly used training for mental health issues, therefore, the question of how many police officers in your agency has been trained in CIT was designed to see where agencies stood in terms of having all of their officers certified in CIT. More than half of the agencies surveyed (55%) indicated that a majority of their sworn officers were certified in CIT. Some agencies indicated less than half of their sworn officers were CIT certified. While it would be reasonable for one to assume that all police officers should be CIT certified, some agencies simply are not in a position to do so. Eleven agencies (33%) indicated that certifying police officers in CIT caused a strain on police resources. It is important to consider that current societal issues impact officers being certified in CIT. For instance, the COVID 19 pandemic restricts class sizes, limiting how many officers can attend training. The pandemic has spiked several times, causing officers to be frequently exposed and quarantined. This further prevents officers from attending training as they are needed to fill staffing issues.

While the survey results showed that there is no one size fits all approach to responding to individuals experiencing a mental health crisis, all of the information obtained through the literature review, survey, and survey results provides steps which a police department can take to safely assist individuals in crisis. I believe these steps are building partnerships with the mental health community, mental health training, and follow-up with individuals and their family members after a mental health crisis. I believe these actions should be accomplished by a police officer whose sole focus is responding to and addressing mental health issues.

Regarding building partnerships with the mental health community, it is paramount to partner with mental health professionals to address and assist those suffering from a mental health crisis. This partnership can provide improved communication between law enforcement and mental health providers, as there will be a familiarization between both groups. This familiarization reduces the chances of a different police officer communicating with a different mental health professional for the same person suffering multiple crises. There is no doubt that a family living through repeated mental health crises is a daunting task and the stress only compounds further with different individuals essentially restarting the process. Additionally, this partnership can ensure that there is



frequent communication between family members, mental health counselors, and police officers, thereby, reducing the chance of an individual, “slipping through the cracks.”

Following up with individuals after Baker Act situations can help the officer assess if the individual will continue to be an issue or to be able to help family members work with the mental health community to find a long-term solution. By proactively addressing a crisis before it reaches a boiling point, the chances of arrest can be minimized. Following up with family members builds trust as there is a familiarity between the officer and family members. Family members may be able to tell police officers about a mental health situation before it gets out of control. This knowledge may prevent the situation from becoming a safety issue for the officers, family members, and the individual in crisis. This follow-up will allow an officer to be an advocate for an individual and their family members throughout a very complicated treatment process.

Attending the latest training regarding mental health is a must. Having an officer attend the latest training will ensure that law enforcement agencies are up to date on the best practices such as de-escalation techniques and the latest medical information regarding mental health illnesses. Regularly attending the latest training may also reduce a police department’s liability if something unfortunate happens during a mental health crisis encounter.

By having an officer dedicated to responding to mental health issues, it will be easier for a police agency to partner with the mental health community. This officer would be a direct contact as opposed to several different responding officers. A dedicated police officer would be able to easily attend mental health training as opposed to officers who are assigned to a patrol squad, where allowing the patrol officer time away for training can cause significant strain on resources. This officer in turn can provide this information to other officers even at times when a law enforcement agency is unable to send multiple officers to mental health training.

For the Altamonte Springs Police Department, this individual officer should be assigned to the Community Oriented Policing Section (COP). COP officers actively work with community stakeholders; therefore, a police officer focusing on mental health issues can immediately begin building contacts and utilizing resources already in place. Additionally, COP officers are not assigned to a patrol squad and they do not have to respond to calls for service. A mental health officer assigned to this section can focus solely on individuals in crisis without being pulled away to handle calls for service, losing valuable time to address the needs of the individual and their family members.

## **Recommendations**

Removing law enforcement from the mental health crisis may take time to accomplish, if it can even be accomplished at all. It is likely that police departments will need to continue to address and evolve its approach to the crisis to better serve the community. As I stated in the discussion portion of this paper, the following steps should be implemented to help our agency and others, address this important issue:

1. Building partnerships with the mental health community
2. Mental health training for police officers
3. Follow-up with individuals and their family members after a mental health crisis
4. Creating a specialty position to exclusively address mental health crisis related issues

Commander Marcos Ramirez has been with the Altamonte Springs Police Department since 2006. He worked in Patrol, Traffic, and Criminal Investigations before being promoted to Lieutenant in 2016. As a Lieutenant, he served in Patrol, Traffic Safety and Education Services, Internal Affairs, Emergency Management and School Safety Services. Commander Ramirez was promoted in 2022, where he currently serves as the Investigations Division Commander. Commander Ramirez received a Bachelor of Science Degree in Criminal Justice from the University of Central Florida.

## References

- Bayne, W. (1987, September 30). Furor sparks calls for crisis teams. *Memphis Metro*, pp. B1–B2.
- Better Health Channel. (n.d.) Mental illness and violence. Mental illness and violence. Retrieved November 16, 2021, from <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/mental-illness-and-violence>.
- Burns, G. (2019, April 22). *Mentally ill convicted cop killer 'cold-cocked' officer in Prison Cafeteria*. mlive.com. Retrieved November 7, 2021, from <https://www.mlive.com/crime/2019/04/mentally-ill-convicted-cop-killer-cold-cocked-officer-in-prison-cafeteria.html>.
- Cordeiro, M. (2019, September 3). *Marine vet ranted about hating police before ambush slaying of Florida officers, prosecution says*. Task & Purpose. Retrieved November 16, 2021, from <https://taskandpurpose.com/news/marine-police-veteran-florida-police-ambush-slaying/>.
- Crisis Intervention Team Core Elements, *Crisis intervention team core elements - CIT center home*. (n.d.). Retrieved November 16, 2021, from [http://cit.memphis.edu/information\\_files/CoreElements.pdf](http://cit.memphis.edu/information_files/CoreElements.pdf).
- Fieldstadt, E. (2019, June 18). *North Miami officer who shot unarmed caregiver of man with autism found guilty of misdemeanor*. NBCNews.com. Retrieved November 7, 2021, from <https://www.nbcnews.com/news/us-news/north-miami-officer-who-shot-unarmed-caregiver-man-autism-found-n1018616>.
- FOX 2 Detroit. (2019, August 28). *Murder trial starts for suspect in death of DPD Sgt. Ken Steil*. FOX 2 Detroit. Retrieved November 7, 2021, from <https://www.fox2detroit.com/news/murder-trail-starts-for-suspect-in-death-of-dpd-sgt-ken-steil>.
- Gallop, J. D. (2020, December 3). *Melbourne detectives say social worker killed in planned, unprovoked attack by former patient*. Florida Today. Retrieved November 16, 2021, from <https://www.floridatoday.com/story/news/2020/12/03/melbourne-police-investigating-deadly-shooting-social-worker/3808110001/>.
- Harkins, P., Miller, J. & Seline, L. (2020, October 3). Police shooting of boy with autism in Salt Lake City leads to calls for more crisis intervention teams. *The Salt Lake Tribune*. Retrieved November 7, 2021, from <https://www.sltrib.com/news/2020/10/03/police-shooting-autistic/>.

- Hutson, H. R., Anglin, D., Yarbrough, J., Hardaway, K., Russell, M., Strote, J., Canter, M., & Blum, B. (1998, December). Suicide by cop. *Annals of Emergency Medicine*, 32(6), 665-669. Retrieved November 7, 2021, from <https://www.sciencedirect.com/science/article/abs/pii/S0196064498700642>.
- IADLEST. (n.d.). *Academy policies and procedures in time of pandemic*. Retrieved November 16, 2021, from <https://www.iadlest.org/news/covid-academy-policies>.
- Jenkins, A. (2021, June 21). *Police say it's hands off for some mental health cases after Washington's new use of Force Law*. Northwest Public Broadcasting. Retrieved November 7, 2021, from <https://www.nwpb.org/2021/06/21/police-say-its-hands-off-for-some-mental-health-cases-after-washingtons-new-use-of-force-law/>.
- Kerr, A. N., Morabito, M., & Watson, A. C. (2010, January 1). Police encounters, mental illness and injury: An exploratory investigation. *Journal of Police Crisis Negotiations*, 10(1-2), 116-132. Retrieved November 7, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2991059/>.
- Krause, K. & Ambrose, S. (2016, Aug 25). *Army vet who killed 5 Dallas police officers showed PTSD symptoms*. The Dallas Morning News. Retrieved from [Army Vet Who Killed 5 Dallas Police Officers Showed PTSD Symptoms - Task & Purpose \(taskandpurpose.com\)](https://www.taskandpurpose.com/2016/08/25/army-vet-who-killed-5-dallas-police-officers-showed-ptsd-symptoms/)
- Lamb, H. R., Weinberger, L. E., DeCuir, Jr., W.J. (2014, October 8). The police and mental health. *Psychiatric Services*. Retrieved November 7, 2021, from <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.53.10.1266>.
- Lawrence, Q. (2016, April 27). *After combat stress, violence can show up at home*. NPR. Retrieved November 16, 2021, from <https://www.npr.org/sections/health-shots/2016/04/27/475908537/after-combat-stress-violence-can-show-up-at-home>.
- Lisa, K. (2020, October 1). *Cuomo: Localities must begin police redesign*. HudsonValley360. Retrieved November 7, 2021, from [https://www.hudsonvalley360.com/news/nystate/cuomo-localities-must-begin-police-redesign/article\\_cb27ffeb-ad3f-5ca0-990f-fa70080544cf.html](https://www.hudsonvalley360.com/news/nystate/cuomo-localities-must-begin-police-redesign/article_cb27ffeb-ad3f-5ca0-990f-fa70080544cf.html).
- Mirand, K. (2021, October 13). *Mental health calls adding extra strain to understaffed law enforcement*. WSET. Retrieved November 16, 2021, from <https://wset.com/news/local/mental-health-calls-adding-extra-strain-to-understaffed-law-enforcement-appomattox-county?src=link>.
- National Alliance on Mental Illness (NAMI). (n.d.). Crisis intervention team (CIT) programs. Retrieved November 7, 2021, from [https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs](https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs).

- Online sunshine. (2021, November 7). State of Florida Statutes. F.S.S #394. Retrieved November 7, 2021, from [http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=0300-0399%2F0394%2FSections%2F0394.463.htm](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399%2F0394%2FSections%2F0394.463.htm).
- Orecchio-Egresitz, H. (2020, September 4). Daniel Prude's family called the police to help with his mental health crisis: 'I didn't call them to come help my brother die'. *Insider*. Retrieved November 7, 2021, from <https://www.insider.com/daniel-prudes-brother-joe-called-police-to-get-him-help-2020-9>.
- Pickett, A. (n.d.). Family of slain social worker sues doctor. *CourthouseNews.com*. Retrieved November 16, 2021, from <https://www.courthousenews.com/family-of-slain-social-worker-sues-doctor/>.
- Ryan, J. (2006, May 9). Use of force in dealing with the mentally ill and emotionally disturbed. *Legal & Liability Risk Management Institute*. Retrieved November 7, 2021, from [https://www.llrmi.com/articles/legal\\_update/uof\\_mentallyill/](https://www.llrmi.com/articles/legal_update/uof_mentallyill/).
- Santich, K. (2019, August 9). *Florida's Baker Act - a revolving door?* *Orlando Sentinel*. Retrieved November 16, 2021, from <https://www.orlandosentinel.com/news/os-does-florida-baker-act-work-20170823-story.html>.
- Stogner, J., Miller, B.L. & McLean, K. (2020, June 26). Police stress, mental health, and resiliency during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45(4), 718-730.
- Weichselbaum, S., & Lewis, N. (2020, June 9). Support for defunding the police department is growing. Here's why it's not a silver bullet. *The Marshall Project*. Retrieved November 7, 2021, from <https://www.themarshallproject.org/2020/06/09/support-for-defunding-the-police-department-is-growing-here-s-why-it-s-not-a-silver-bullet>.
- Westervelt, E. (2020, October 19). *Removing cops from behavioral crisis calls: 'we need to change the model'*. NPR. Retrieved November 16, 2021, from <https://www.npr.org/2020/10/19/924146486/removing-cops-from-behavioral-crisis-calls-we-need-to-change-the-model>.

## Appendix A

### Survey Questions

Introduction:

2021 FDLE Senior Leadership Survey:

This survey is intended for individuals who can provide information on how your agency responds to individuals experiencing a mental health crisis. The results will be used to complete a report that looks to examine police response to individuals experiencing a mental health crisis.

If you believe there are individuals within your agency who would be better suited to take this survey, please forward this link to them. Only one survey per agency. Please provide your email address as (this is not required) it will help me keep track of the overall responses. No individual will be mentioned by name, rank, or assignment. As a token of appreciation for your participation, if you are interested in receiving the final results, please contact Marcos Ramirez at [meramirez@altamonte.org](mailto:meramirez@altamonte.org) for a copy.

Question 1: Who deals directly with an individual experiencing a mental health crisis?

- A. Officers within the police department
- B. Mental health professionals/counselors
- C. Child Protective Services/Adult Protective Services
- D. Combination of all the above
- E. Other

Question 2: During 2021, how many Baker Acts did your agency complete?

- A. 1-30
- B. 31-60
- C. 61-90
- D. Over 90

Question 3: During 2021, were any police officers injured while dealing with a person experiencing a mental health crisis?

- Yes
- No
- Unsure

Question 4: Does your agency respond to individuals repeatedly experiencing a mental health crisis?

- Yes
- No

Question 5: Does responding to individuals repeatedly experiencing a mental health crisis strain your police resources?

- Yes
- No

Question 6: Does your agency have an individual or specialty unit who responds to individuals experiencing a mental health crisis?

Yes

No

Question 7: Is your agency considering partnering with a mental health facility/counselor?

Yes

No

Unsure

Already in practice

Other

Question 8: How many police officers in your agency have been through Crisis Intervention Training (CIT)?

A. More than half of the police officers in your agency

B. Half of the police officers in your agency

C. Less than half

D. None have been trained

E. Unsure the exact number of officers who have been trained in CIT

Question 9: Does certifying your officers in CIT cause a strain on your police resources?

Yes

No

Unsure

Question 10: Does your agency do anything unique regarding a response to an individual experiencing a mental health crisis? If no, leave blank.

Question 11: What is the name of your agency?

Please provide your email address (Not required)