


**FLORIDA FISH AND WILDLIFE
CONSERVATION COMMISSION**

**DIVISION OF LAW ENFORCEMENT
GENERAL ORDERS**

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MENTAL HEALTH AND SUBSTANCE ABUSE RESPONSE	August 31, 2009
CHAPTER	RESCINDS/AMENDS
GENERAL ORDER 04	N/A
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**1
POLICY**

- A** It is the policy of the Florida Fish and Wildlife Conservation Commission’s Division of Law Enforcement to use compassion and discretion in dealing with persons suffering from mental illnesses. However, the Division recognizes that its members are not medical professionals and often must make decisions based on limited contact with individuals. At no time is this General Order to be construed to require members to delay taking action, including deadly force, if the circumstances would otherwise justify such action.
- B** It is the policy of the Florida Fish and Wildlife Conservation Commission’s Division of Law Enforcement to conform to current state law in regard to treatment and services for substance abuse impaired individuals. Nothing in this General Order shall affect any laws, ordinances, resolutions or regulations against drunken driving, driving under the influence of alcohol, or other similar offenses which involve the operation of motor vehicles, machinery, or other hazardous equipment.
- C** The purpose of this General Order is to provide guidelines for all members in dealing with mentally ill persons and persons facing substance abuse issues that they may come into contact with as part of the member’s regular duties.
- D** A FWC officer and any public safety officer or agency which acts in good faith pursuant to chapters 394 or 397, F.S. may not be held criminally or civilly liable for false imprisonment.
- E Definitions**
 - (1) Anxiety Disorder** – A condition characterized by excessive nervousness, tension, apprehension, fear, or anticipation of imminent danger.
 - (2) Baker Act** – Chapter 394, Florida Statutes, also known as the Florida Mental Health Act.
 - (3) Counsel** – Providing advice or a plan of action based on an assessment of the facts presented. The advice should be based on knowledge of available services and support centers in the community.
 - (4) Marchman Act** – Chapter 397, Florida Statutes, also known as the Hal S. Marchman Alcohol

and Other Drug Services Act.

- (5) **Mental Illness** – A psychological and/or behavioral problem that impairs a person’s ability to function. The four most common categories of mental illness are; psychotic disorder, mood disorder, anxiety disorder, and personality disorder.
- (6) **Mood Disorder** – A disturbance or significant problem in moods or emotional states.
- (7) **Personality Disorder** – A lifelong pattern of maladaptive behavior that interferes with daily living.
- (8) **Psychotic Disorder** – A condition that limits an individual's ability to accurately perceive reality.
- (9) **Referral** – Sending or directing an individual for treatment, aid, or information based on assessment of the facts presented and on services and support agencies available in the community.
- (10) **Release** – Allowing a subject to remain in or return to the community based on assessment of the facts presented.
- (11) **Voluntary Examination** – A mental health facility may receive for observation, diagnosis, or treatment any person 18 years of age or older making application by express and informed consent for admission or any person age 17 or under for whom such application is made by their guardian. If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, such person 18 years of age or older may be admitted to the facility. A person age 17 or under may be admitted only after a hearing to verify the voluntariness of the consent.

2 RESPONSIBILITIES

A Members

- (1) When responding to a mental health crisis, members are responsible for the following:
 - (a) Protect the subject.
 - (b) Stabilize the situation.
 - (c) Intervene to prevent further problems.
- (2) Encounters with persons described in this General Order shall be documented using the Incident Summary Report (FWC/DLE-045) and any other applicable form as appropriate for the incident.
- (3) Members shall follow the policies and procedures regarding prisoner/detainee transport given in General Order 05, *Use of Force, Response to Resistance, Transporting Prisoners*.

B Training Section Responsibilities

- (1) Training on mental health issues and response is usually provided during the Florida Law Enforcement Officer Basic Recruit Program as described in the Florida Criminal Justice Standards and Training Commission’s Law Enforcement Basic Recruit Curriculum, Module 1, Unit 8, Mental Illness.
- (2) All other entry-level sworn members shall receive training in dealing with mentally ill persons.
- (3) Training Section staff shall periodically provide refresher training to all sworn members as part of scheduled in-service training.
- (4) The nature of the training may vary but shall include:
 - (a) Guidelines for the recognition of persons suffering from mental illness.

- (b) Procedures for accessing available community mental health resources.
 - (c) Specific guidelines for sworn members to follow in dealing with persons they suspect are mentally ill during contacts in the field as well as during interviews and interrogations.
- (5) All training shall be documented and maintained in the member's official training record by the Division's Training Section.

3 PROCEDURES

A Assessment of Possibly Mental Ill Persons

- (1) Upon first contact or during triage members shall assess for:
 - (a) Medical emergency.
 - (b) Nature of criminal activity, if relevant.
 - (c) Current level of danger or risk.
 - (d) Nature of problem: mental illness or substance abuse.
- (2) To determine whether the person needs medical, substance abuse, or mental health intervention, ask the subject and people who know the subject specific questions designed to assess the person's condition. If the nature of the condition cannot be quickly determined, request assistance from emergency medical personnel.
- (3) Intervention – The following is a list of principles that members should use in attempting to resolve a mental health crisis:
 - (a) Minimize environmental stimulation
 - (b) Be aware of personal space
 - (c) Establish a partnership
 - (d) Be respectful
 - (e) Listen, reflect, and clarify
 - (f) Ask questions
 - (g) Use simple communication
 - (h) Reward positive behavior
 - (i) Respect threats, deflect abuse
 - (j) Be aware of nonverbal cues
 - (k) Use common sense

B Facilitating Treatment and Care

- (1) Based on the assessment, members are to make note of
 - (a) Any physical injury or medical condition requiring EMS.
 - (b) Criminal activity requiring arrest.
 - (c) Need for protective custody in accordance with the Baker or Marchman Act.
- (2) In addition to basic civil rights, Section 394.459, Florida Statutes extends certain rights to mentally ill persons, including:
 - (a) The right to be treated fairly and with dignity.

- (b) The right to a physical examination within 24 hours of admission to a treatment center if they are at the treatment center 12 hours or longer.
 - (c) The right to the least restrictive treatment available. This means that the subject must be provided outpatient treatment if confinement to a hospital is not medically necessary.
 - (d) The right to informed patient consent to treatment.
 - (e) The right to care and custody of personal effects at times when patient access to them is deemed inappropriate.
 - (f) The right to quality treatment.
- (3) Response Options.
- (a) Arrange EMS backup for a physical medical emergency.
 - (b) Counsel and release or refer the individual to an appropriate health or support agency.
 - (c) Counsel and release the individual to family, friends, or another support network, and refer to an appropriate agency.
 - (d) Obtain the subject's agreement to seek voluntary examination.
 - (e) Seek protective custody: detain the subject for involuntary examination based on Baker Act or Marchman Act criteria.
 - (f) Arrest the individual for criminal behavior. Procedures outlined in General Order 02, *Warnings, Arrests, Traffic Enforcement and Interviews* or General Order 15, *Juvenile Operations*, if applicable, shall be followed.
- (4) Accessing Mental Health Providers
- (a) For assistance in locating an appropriate mental health provider, members may contact a local law enforcement agency.
 - (b) Listings of mental health providers by county or city are available at the Department of Children and Families' web site: <http://www.dcf.state.fl.us/mentalhealth/provsearch.shtml>
 - (c) Members should contact a provider prior to referral or delivery for admission to ensure that appropriate assistance is available.
 - (d) Procedures required by the provider for referral or admission shall be followed.
 - (e) Procedures for involuntary admission under the Baker Act or Marchman Act shall be followed.

C Baker Act (Florida Mental Health Act Ch. 394, Florida Statutes)

- (1) A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of their mental illness:
- (a) The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or the person is unable to determine for themselves whether examination is necessary; and
 - (b) Without care or treatment, the person is likely to suffer from neglect or refuse to care for themselves; such neglect or refusal poses a real and present threat of substantial harm to their well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or there is a substantial likelihood that without care or treatment the person will cause serious bodily harm to themselves or others in the near future, as evidenced by recent behavior.
- (2) Sworn members shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have them delivered to the nearest receiving facility for examination.

- (3) Whenever sworn members observe conduct which meets the above criteria they will notify their immediate supervisor. Sworn statements may be obtained from credible witnesses who have observed conduct which may be indicative of a person's mental health. These statements may be used in lieu of the employee's personal observations. The totality of the circumstances should be considered when determining whether a person will be taken to a receiving facility for involuntary examination.
- (4) When members on the scene believe that criteria for involuntary examination are present, and if the member transports the person to a treatment facility, the following forms shall be completed:
 - (a) Department of Children and Families Forms (available at the receiving facility):
 - 1. CF-MH 3052a – Report of Law Enforcement Officer Initiating Involuntary Examination.
 - 2. CF-MH 3100 – Transportation to Receiving Facility.
 - (b) Incident Summary Report (FWC/DLE-045)

D Marchman Act (Hal S. Marchman Alcohol and Other Drug Services Act Ch. 397, Florida Statutes)

- (1) Substance abuse impaired indicates that the person has lost the power of self-control as a result of substance abuse. Any sworn member encountering subjects perceived to be under the influence will evaluate the person's level of impairment and if the employee determines that the person has lost the power of self-control in accordance with Section 3 (Procedures), Section E, subsection (3), *Criteria for Involuntary Protective Custody*, the member shall either take the person into protective custody and deliver them to the closest receiving facility or to a hospital if medical care is appropriate due to the level of substance abuse impairment. When considering the level of impairment the employee shall consider all the evidence available, including but not limited to, the person's ability to speak, walk, answer questions coherently, be aware of their surroundings, make decisions or otherwise care for themselves. Members should attempt to gather any information which may be available through witnesses, family members, or prior contact with the person, to document the person's substance abuse.
- (2) Section 397.677, Protective Custody; circumstances justifying, and Section 397.6771, F.S., Protective Custody with Consent, authorizes law enforcement officers to:
 - (a) Assist any person who appears to be substance abuse impaired, and is either in a public place or brought to the attention of a law enforcement officer and is in need of help, and who consents to that assistance. Such a person may be delivered or directed to their home or to an appropriate resource facility.
 - (b) Take a person, whether a MINOR or ADULT, into protective custody when such person who appears to meet the criteria for involuntary protective custody is either brought to the attention of the law enforcement officer or is seen by the law enforcement officer in a public place.
- (3) Criteria for Involuntary Protective Custody
 - (a) A person meets the criteria for involuntary protective custody if there is a good faith reason to believe the person is substance abuse impaired, and because of that impairment:
 - 1. Has lost the power of self-control with respect to substance use; AND either
 - 2. Has inflicted, threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on self or another; OR
 - 3. Is in need of substance abuse services, and by reason of substance abuse impairment, the person's judgment has been so impaired that they are incapable of appreciating the need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence

of lack of judgment with respect to the need for such services.

- (b) If the person is a minor, the nearest relative must be notified by law enforcement; if an adult, the next of kin shall be notified unless the person requests that the next of kin not be notified.
- (4) Persons taken into involuntary protective custody should be delivered to a licensed detoxification or addictions receiving facility, or emergency services facility or hospital, or taken into protective custody and delivered to a jail or other detention facility for up to 72 hours.
 - (a) If a substance abuse impaired person appears to be incapacitated, the person's next of kin must be notified as promptly as possible.
 - (b) No unreasonable force shall be used to affect the person's delivery to a treatment resource facility.
- (5) Any person having a blood alcohol level of .30 percent or above should be taken to an emergency service facility or hospital. Members shall notify the Regional Communications Center to request Emergency Medical Services (EMS) assistance. Ambulances shall be used to transport such individuals due to the increased potential for immediate medical assistance.
- (6) Procedures for Voluntary Protective Custody
 - (a) If a person appears to be substance abuse impaired and is either brought to the attention of law enforcement, or is in a public place and appears to be in need of help, and that person consents, the person should be:
 1. Directed to the person's home if they have one. If the person has no funds for taxi fare, they may be delivered to their home by the member, with the approval of the member's supervisor, or
 2. Directed to a hospital, or
 3. Delivered to the local designated treatment facility.
 - (b) If the person is a minor the nearest relative must be notified by law enforcement; if the person is an adult the next of kin shall be notified unless the person requests that the next of kin not be notified.
 - (c) If the person withdraws consent or if the facility cannot take the person, the person may not be forced to remain unless the criteria for involuntary admission are met.

E Protective Custody

- (1) The law enforcement officer, in detaining a mentally ill or substance abuse impaired person, is deemed to be taking the person into protective custody. This shall not be considered an arrest for any purpose and no record shall be made to indicate the person has been arrested or charged with a crime, although members shall comply with reporting requirements in accordance with Section 2 (Responsibilities), subsection A, *Members*, bullet (2), *Reporting* of this General Order.

F Disorderly Intoxication

- (1) Section 856.011, Florida Statutes, Disorderly Intoxication, states the following: "No person in the State shall be intoxicated and endanger the safety of another person or property, and no person in the State shall be intoxicated or drink any alcoholic beverage in a public place or in or upon any public conveyance and cause a public disturbance."
- (2) Any intoxicated person who acts in a disorderly manner in violation of state statute shall be arrested and charged; however, the sworn member shall exercise good judgment in deciding whether a person is merely intoxicated or a disorderly intoxicated person.

4 FORMS

FWC/DLE-045

Incident Summary Report

Department of Children and Families (DCF) Forms are required to be completed at the receiving facility if referring a person for involuntary examination under the Baker Act.

Local forms shall be completed as required by receiving facilities for protective custody.

5 APPENDIX

A Mental Illness and Related Medical Conditions

- (1) The following are characteristics exhibited by a person suffering from the four most common forms of mental illness.
 - (a) Psychotic Disorder
 1. Delusion – a false belief that an individual holds despite logical proof to the contrary.
 2. Hallucination – a perception of seeing, hearing, smelling, or tasting that has no basis in fact.
 3. Disorganized Thinking.
 - (b) Mood Disorders
 1. Major Depression – a feeling of being down, sad or dejected with an accompanying inability to concentrate. Persons with depression commonly:
 - a. Are argumentative or easily irritated.
 - b. Talk negatively about themselves and feel hopeless.
 - c. Cry easily.
 - d. Sleep or eat excessively or not enough.
 - e. Are withdrawn.
 - f. Have thoughts of, or threaten, suicide.
 - g. Have difficulty concentrating.
 - h. Lose interest in things they used to enjoy (hobbies, activities, etc.).
 2. Bipolar Disorder – Alternating symptoms of depression and symptoms of mania. Persons experiencing mania commonly:
 - a. Do not sleep or eat for extended periods.
 - b. Have thoughts of, or threaten, suicide.
 - c. Go on binges (e.g., spending, gambling).
 - d. Talk very rapidly and too much.
 - e. Have racing thoughts.
 - f. Are fidgety and overactive.

- g. Are easily distracted.
 - h. Exaggerate their importance or ability.
- (c) Anxiety Disorder
 - 1. Phobia (excessive fear).
 - 2. Obsessive-compulsive Disorder (intrusive thoughts and impulses).
 - 3. Post-Traumatic Stress Disorder.
 - 4. Panic Attack.
 - 5. Ritualistic Behavior (e.g. repeating an activity or motion in the same manner over a period of time or at a specific time each day).
 - 6. Mental Re-experience of War.
 - 7. Chest pains or discomfort, sweating, trembling, choking, or feelings that one is going to die.
- (d) Personality Disorder
 - 1. A pattern of hurting him or herself or of taking risks.
 - 2. Self-defeating behaviors.
 - 3. A distorted world view.
 - 4. A pattern of violating others' rights.
 - 5. Difficulty with interpersonal relationships.
 - 6. Limited success at work or daily living.
 - 7. Odd or eccentric thoughts or behaviors.
- (2) Common Conditions Not Considered Mental Illness.
 - (a) Mental retardation.
 - (b) Developmental (learning) disabilities.
 - (c) Intoxication.
 - (d) Drug use or addiction.
- (3) There are medical conditions that have symptoms similar to mental illness.
 - (a) Examples of Emergency conditions include:
 - 1. Hypoglycemia.
 - 2. Diabetic ketoacidosis.
 - 3. Severe reaction to a new medication.
 - 4. Brain injury from head trauma.
 - (b) Examples of Non-Emergency conditions include:
 - 1. Epilepsy.
 - 2. Advanced AIDS.
 - 3. Mild reaction to a new medication.
 - 4. Dementia from illnesses such as Alzheimer's disease.