

# MONROE COUNTY SHERIFF'S OFFICE

## General Order

<b>CHAPTER:</b> 032-C		<b>TITLE:</b> Mental Illness Encounters
<b>EFFECTIVE DATE:</b> August 19, 2009	<b>NO. PAGES:</b> 5	<b>REVIEWED/REVISED:</b> May 1, 2018
<b>REFERENCE:</b> CALEA 1.1.3; CALEA 41.2.7		<b>RESCINDS:</b> Special Order: Mental Illness Encounter 06.15.2007
 <b>Sheriff of Monroe County</b>		

### **PURPOSE:**

The purpose of this order is to establish policy and procedures for dealing with persons suspected of suffering from mental illness.

### **POLICY:**

It is the Sheriff's policy that employees are able to recognize mental illness to better resolve situations they are called to in the best manner focused on the safety of all involved.

### **PROCEDURE:**

#### **Americans With Disabilities Act:**

The American with Disabilities Act (ADA) entitles people with mental illness or disabilities to the same services and protection that law enforcement agencies provide to anyone else.

#### **Treatment of Persons:**

All Monroe County Sheriff's Office employees shall treat persons suspected of suffering from mental illness with dignity and respect. Non-sworn employees who are unable to effectively serve the person's needs shall contact the Communications Division and request a deputy's assistance.

#### **Health Records:**

Any mental health records received by the agency shall be treated as a non-public record.

#### **Recognition of Mental Illness:**

The five most common forms of mental illness are:

- **Psychotic Disorder** – A condition that limits an individual's ability to accurately perceive reality
- **Mood Disorder** – A disturbance or significant problem in moods or emotional states
- **Bipolar Disorder** – Alternating symptoms of depression and mania
- **Anxiety Disorder** – A condition characterized by excessive nervousness, tension, apprehension, fear or anticipation of imminent danger
- **Personality Disorder** – A lifelong pattern of maladaptive behavior that interferes with daily living [CALEA 41.2.7 a]

## Recognition of Medical Ailments:

Conditions such as:

- Epilepsy
- Developmental Disorders
- Alzheimer's disease
- Hearing impairment
- Diabetes
- Intoxication
- Drug use or addiction
- Hypoglycemia
- Severe reaction to new medications
- Brain injury from head trauma

**are not forms of mental illness.** They can however cause confusion and disorientation in the individual.

## Dealing with Persons Suspected of Suffering from Mental Illness: [CALEA 41.2.7 c]

A deputy shall do the following when dealing with persons suspected of suffering from mental illness:

- Obtain as much personal data as possible from the subject, family members, neighbors, or others present, such as the following:
  - Will the subject voluntarily submit to an evaluation?
  - Is the subject violent?
  - Does the subject need medical attention?
  - Name of the next of kin of the subject
  - Name of doctor currently treating the subject, if any
  - Current medications prescribed for the subject and whether the subject has taken those medications as prescribed
- Maintain a high awareness for officer safety
  - Stay calm and do not overreact. Be helpful and professional
  - Indicate that you are trying to understand and help
  - Speak simply and briefly and move slowly
  - Remove distractions, upsetting influences and disruptive people from the scene
  - Understand that you may not have a rational discussion with the subject
  - Recognize that the subject may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, hallucinations or even the environment
  - Be aware that your appearance may frighten the subject
  - Reassure the subject that you do not intend harm
  - Recognize and acknowledge the subject's delusional or hallucinatory experience is real to them
  - Announce your actions before initiating them
  - Avoid direct, continuous eye contact
  - If possible, avoid touching the subject

## Deputies SHOULD NOT

- Move suddenly, give orders rapidly or shout
- Force a discussion with the subject
- Crowd the subject or move into his/her "buffer zone" of comfort
- Express anger, impatience or irritation
- Assume that a person who does not respond cannot hear. Mental illness does not cause deafness
- Use inflammatory language, such as "wacko", "psycho" or "loony"
- Argue with delusional or hallucinatory statements or mislead the subject to think that you feel or think the same way

## Florida Mental Health Act (Baker Act)

The following established uniform procedure for handling the mentally ill in accordance with the provisions of the Florida Mental Health Act, aka The Baker Act, shall be followed: [CALEA 1.1.3; CALEA 41.2.7 c]

- The Florida Mental Health Act, F.S.S. 394, provides legal criteria for the involuntary examination of persons suspected of suffering from mental illness. The taking of a person into custody under the Florida Mental Health Act, aka The Baker Act, is not considered an arrest.

## Involuntary Examination

A deputy may take a person to a receiving facility for an involuntary examination if there is reason to believe that the person has a mental illness **and** because of his or her mental illness:

- 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 himself or herself whether examination is necessary; **and**
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses 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; **or**
- There is 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.

## Behavior Characteristics [CALEA 1.1.3: 41.2.7 b]

Behaviors and characteristics to look for in determining the existence of these criteria include, but are not limited to:

- Behaviors: rapid speech, flight of thought, no eye contact, quick movement, disconnected speech patterns, constant movement, cannot concentrate, swift and frequent mood changes, disorganized thoughts, disoriented to time and place, acts of violence, cutting self, combative/aggressive behavior, inappropriate dress or nudity
- Hallucinations: sees people who are not there, hears voices telling them to hurt themselves or others, reports that the television is suggesting harm to others, turning the head as if listening to an unseen person
- Self-Care Issues: insomnia or increased sleep, has not eaten for days, not taking prescribed medications, home is in disarray, neglects household, property, or personal hygiene to the point of putting self or others at risk
- Feelings: low self-esteem with feelings of hopelessness or helplessness, flat affect or not reacting with much feeling or interest
- Suicidal Risk: has weapons or access to weapons, speaks about previous attempts, makes direct comments about dying or hurting self, evidence of previous attempts such as scars on the wrists
- Elderly Issues: statement of helplessness such as "I don't know if I can go on," stocking of medication, old unused food, recent diagnosis of a debilitating or life threatening illness, recent loss of spouse or significant other, increase use of alcohol, generalized anxiety about every day events.
- Substance Abuse: abuse of prescribed medications, use of alcohol or illegal substances while taking medications. (If substance abuse appears to be the only issue, the Marchman Act, F.S.S. 397, may be more appropriate.

## Role of the Deputy

It is not the role of the deputy to diagnose the subject. If the deputy has reason to believe that the subject has a mental illness, the deputy can decide whether or not that person may be putting himself or herself or others in danger, and therefore meet the criteria for a complete evaluation.

## **Use of Eye Witness Accounts**

The deputy need not personally witness all of the subject's behaviors. The deputy may rely on credible eyewitness accounts from others.

## **Reporting Requirements**

Deputies must complete two Florida State forms when initiating a Baker Act.

- Report of Law Enforcement Officer Initiating Involuntary Examination (CF-MH 3052a) and
- Transportation to Receiving Facility – Part 1 (CF-MH 3100).

The Report must detail the circumstances under which the subject was taken into custody.

An MCSO incident report shall also be completed documenting the circumstances under which the subject was taken into custody.

As the Baker Act is a civil law, not a criminal one, probable cause is not required.

## **Communications Division Responsibilities**

Communications shall dispatch a back-up unit in all cases in which a deputy is interacting with a subject suspected of suffering from a mental illness.

## **Notification of Nearest Receiving Facility**

A person who meets the criteria for an involuntary examination shall be transported by a deputy to the nearest receiving facility. The transporting deputy shall request that Communications notify the receiving facility of the impending arrival.

## **Court Ordered Involuntary Examinations**

If the involuntary examination has been initiated by the circuit court, the court order will be given to a deputy to deliver the person to the nearest receiving facility.

The deputy, acting in accordance with the court order, may serve and execute such order on any day of the week, at any time of the day or night and may use reasonable force as is necessary to gain entry to the premises and any dwellings, buildings or other structures located on the premises and to take custody of the person who is the subject of the order.

## **Transportation By Emergency Medical Services:**

If the person is transported by E.M.S:

- Deputies dispatched to the scene shall notify Communications as soon as the need for an Emergency Medical Services is established.
- Deputies shall assist EMS personnel in the control of the patient as necessary.
- Patients who are physically aggressive and who are considered to be dangerous to themselves or others shall be accompanied in the rescue unit by at least one (1) deputy.
- The use of physical restraints shall be held to a minimum depending on the patient's behavior

## **Physically injured persons (Medical Emergencies)**

When a deputy encounters any of the before mentioned situations and the mentally ill person is suffering from a physical injury of a serious and immediate nature, these guidelines shall be temporarily suspended

and the person shall be transported to the hospital by EMS. Admitting personnel of the hospital shall be advised of any conduct evidencing a mental illness.

### **Transportation of persons when admission is voluntary**

The transportation of a patient for voluntary admission to a treatment facility shall be accomplished by friends or family members in a private vehicle if possible. A private request for EMS transportation should be considered as the most appropriate alternative.

The relationship of the deputy in the case of voluntary admissions is advisory only. If friends or family members are not available, the deputy may provide transportation for the patient to the treatment facility.

### **Coincidental Criminal Conduct**

Quite often conduct which is technically a violation of the law is in fact a non-criminal, immediate and unavoidable product of the actions of a person suffering from mental illness, (i.e., people who are hysterical and thus breach the peace or a mentally ill person who attempts to burn down his own dwelling and thus commits arson).

When a deputy encounters resultant criminal conduct which does not seriously injure other persons or the property of others, and the deputy reasonably believes that the conduct is an unavoidable consequence of the mental illness, the placing of criminal charges should be abandoned in favor of the treatment provisions of the Florida Mental Health Act.

### **Resolution of Doubt**

Any doubts concerning the procedures specified in this policy should be resolved by the deputy in favor of protection of life and property. The deputy shall call the nearest receiving facility from the scene via telephone and talk with an emergency service consultation worker for advice.

### **Protection From Liability**

The Florida Mental Health Act provides that deputies acting in good faith in compliance with the provisions of the Act are immune from civil or criminal liability for their actions in connection with the admission, diagnosis, treatment or discharge of a patient to and from a facility. The law does not protect the deputy from liability if he or she commits negligence.

### **Training**

The training division will assure that all personnel who may have direct contact with the public shall receive entry level training on mental illness encounters.

- Entry level training is provided in the Criminal Justice Standards and Training Commission's Basic Law Enforcement Certification Training. [CALEA 41.2.7 d]
- All other personnel will receive entry level training during new hire orientation process. [CALEA 41.2.7 d]

The training division will assure that all personnel who may have direct contact with the public shall receive refresher training on mental illness encounters annually. [CALEA 41.2.7 e]