

	<b>TITLE</b> Mental Health and Crisis Intervention Response <i>Formerly titled "Social Service and Treatment Programs"</i>		<b>ACCREDITATION</b> CALEA 41.2.7.a.b.c.d.e
	<b>PROPOSER UNIT</b> Mental Health Team		<b>PRIOR REVISIONS</b> 06/04/09; 05/12/2020  <b>ATTACHMENT: None</b>
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**I. PURPOSE:** The purpose of this Order is to establish general guidelines for the recognition and appropriate response to individuals with mental, emotional, and/or physical disabilities or illnesses, including those who are complainants, victims, witnesses, suspects, arrestees, and people seeking information. These guidelines attempt to ensure quality of service and protection of rights in accordance with the provisions of the FSS 394 Florida Mental Health Act, formerly known as the Baker Act, FSS 397 Alcohol and Other Drug Services Act, and the Americans with Disabilities Act of 1990.

## **II. DISCUSSION:**

Responding to individuals with mental, emotional, and/or physical disabilities or illnesses has become more prevalent in law enforcement calls for service. Law enforcement officers are generally the first responders to encounter individuals in times of crisis. With this knowledge, it is imperative that law enforcement officers be skillfully compassionate and properly educated on the signs and symptoms of mental, emotional, and physical disabilities and illness. Safety for all is paramount. Crisis intervention, de-escalation, and diversion are the preferred methods when encountering individuals in crisis however; this is only achieved once the scene is safe for everyone.

Unless otherwise certified, most agency members are not medical personnel or mental health clinicians. We strive to educate ourselves on crisis intervention and de-escalation with the preservation of life as our primary focus. Each interaction with citizens should be conducted with professionalism and objectivity to protect their rights and dignity.

Agency members must recognize that some disabilities may resemble substance abuse or impairment. For example, someone with diabetes, epilepsy, multiple sclerosis, or hearing impairments may exhibit traits that look like symptoms of substance abuse or impairment. When it has been determined that a mental or

physical disability is involved, agency members should make every effort possible to reassure the individual that the Gainesville Police Department's role is to assist them.

Due to the nature of these calls for service and the needs of the individual, agency personnel may find it necessary to utilize resources from community care partners such as the Alachua County Crisis Center, Meridian Behavioral Healthcare, or Malcolm Randall VA Medical Center to assist individuals in crisis.

Procedures in this policy were designed with the safety of the public, agency members, health care professionals, and individuals who may have a mental, emotional, and/or physical disability or illness at the forefront. Proper response and recognition of individuals in crisis and/or living with mental illness or disability can increase agency legitimacy and effectiveness as well as aid in the preservation of life.

**III. POLICY:** It shall be the policy of the Gainesville Police Department to afford individuals with mental, emotional, and/or physical disabilities or illnesses the same rights, dignity, and access to programs and services provided to all citizens.

#### **IV. DEFINITIONS:**

- A. Addictions Receiving Facility:** Is a secure, acute care facility that provides, at a minimum, detoxification and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by DCF to serve individuals found to be substance use impaired as described in FSS 397.675 who meet the placement criteria for this component.
- B. Autism Spectrum Disorder (ASD):** Is not a mental illness. It is a complex developmental disability. There is no single known cause for ASD, but it is generally accepted that it is caused by abnormalities in brain structure or function. *Citation: Autism Society of America website: [www.autism-society.org](http://www.autism-society.org)*
- C. Baker Act:** A provision of Florida State Statute 394 which allows a law enforcement officer to take a person who is an immediate threat to him/herself or others to a receiving facility to be involuntarily examined for mental illness. Also known as the Florida Mental Health Act.
- D. Crisis:** An emotionally significant event or radical change of status in a person's life. An unstable or crucial time or state of affairs in which a decisive change is impending. A situation that has reached a critical phase. *Citation: Merriam-Webster online <https://www.merriam-webster.com/dictionary/crisis>*
- E. Crisis Intervention Team (CIT):** A community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons

with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis. *Citation: CIT International [www.citinternational.org](http://www.citinternational.org)*

**F. CIT Core Committee:** CIT trained agency members who are actively involved and have obtained additional crisis intervention training (satisfied by CIT International Conference, MHT recommendation and CIT training) and have been recognized by our community partners (including Alachua County Crisis Center, DCF, and Meridian Behavioral Healthcare) as highly skilled in utilizing the CIT techniques.

**G. Dementia:** A general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia. Dementia is caused by damage to brain cells. This damage interferes with the ability of the brain cells to communicate with each other. When brain cells cannot communicate normally, thinking, behavior, and feelings are affected. *Citation: Alzheimer's Association website: [www.alz.org](http://www.alz.org)*

**H. Designated Receiving Facility:** A facility approved by the department which may be a public or private hospital, crisis stabilization unit, or addictions receiving facility; which provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders; and which may have an agreement with a corresponding facility for transportation and services. This term **does not** include a county jail. *Citation: FSS 394.455 (12)*

Crisis Stabilization Units must always be available to accept persons for evaluation.

**I. Express and Informed Consent:** Consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. *Citation: FSS 394.455 (15)*

**J. Incompetent to consent to treatment:** A state in which a person's judgment is so affected by a mental illness or a substance abuse impairment that he or she lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical, mental health, or substance abuse treatment. *Citation: FSS 394.455 (21)*

**K. Marchman Act:** A provision of Florida State Statute 397 that allows a person to be taken into protective custody for involuntary admission if there is a good faith reason to believe the person is substance abuse impaired and because of such impairment they have lost the power of self-control with respect to substance use; and either has inflicted or threatened or attempted to inflict, or unless admitted is

likely to inflict, physical harm on him/herself or another; or is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgement has been so impaired that the person is incapable of appreciating his/her 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 judgement with respect to his/her need for such services.

**L. Mental Health First Aid (MHFA):** An 8 hour codified training curriculum, specifically modified to address the law enforcement population and provide a general awareness of mental health issues. It offers information and skills to support someone in a mental health crisis or who is developing a mental health problem. *Citation: CIT International webpage: [www.citinternational.org](http://www.citinternational.org)*

**M. Co-Responder Team (CRT) (formerly MHT):** Partnership between the Gainesville Police Department and Meridian Behavioral Healthcare to deploy a sworn uniformed police officer with a Master's level mental health clinician in the field responding to individuals with mental health and substance abuse concerns at their point of crisis. The Co-Responder Team is under the Patrol Support Bureau and reports to the assigned Mental Health Liaison (Lieutenant).

**N. Mental Illness:** An impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology (cause or origin). Per FSS 394.455 (28)

**1. Mental Illness does not include:**

- i. Developmental disability as defined in Chapter 393,
- ii. Intoxication,
- iii. Conditions manifested only by antisocial behavior,
- iv. Substance abuse impairment.

**O. Substance Abuse Impairment:** A condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner that a person has lost the power of self-control and has inflicted or is likely to inflict physical harm on himself, herself, or another. Per FSS 397.311 (45)

**V. PROCEDURE:**

**A. Agency personnel may encounter individuals with mental illness in various ways:**

1. Dispatched by the Combined Communications Center (CCC) to a call for service;
2. During self-initiated activity such as traffic stops; or
3. During a citizen contact such as during a community event

**B. Responding to calls for service involving individuals with mental, emotional, and/or psychological illness or in crisis.**

1. Agency personnel responding to any calls for service are to be professional at all times.
2. At least 2 officers should be dispatched to respond to calls for service involving mental, emotional, and/or psychological disabilities or crisis. When available, at least 1 of those officers should have MHFA or CIT training.
3. Unless extenuating circumstances exist, officers should not cancel back up officers until he/she has arrived on scene, thoroughly assessed the situation and determined that additional units are not required

**C. Recognition of individuals suffering from mental, emotional, or psychological illness [CALEA 41.2.7a]:**

1. The terms, mental, emotional, and psychological illness, describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating.
2. The following are generalized signs and symptoms of behavior that may indicate mental illness. Agency personnel should also consider other potential causes such as reactions to narcotics or temporary emotional disturbances that are situationally motivated.
3. Subjects with mental illness who may need further evaluation typically exhibit a combination of the following characteristics, or indicators, of their illness:
  - i. **Degree of Reactions-** Individuals with mental illness may show signs of strong, unrelenting fear of persons, places, or things. This may be displayed in reclusive behavior or aggression without provocation.
  - ii. **Appropriateness of Behaviors-** Individuals who demonstrate extremely inappropriate behavior may be suffering from a mental or emotional illness. Behaviors include: rapid speech, no eye contact, quick movements, flight of thought, mood changes, disoriented to time or place, acts of violence, cutting self, combative/aggressive behavior, inappropriate dress or nudity.

- iii. **Extreme Rigidity or Inflexibility**-Individuals with emotional illness may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with those situations.
- iv. In addition to the above, a person with mental illness may experience one or more of the following characteristics:
  - a. Abnormal memory loss related to things such as name, address, not eating or sleeping, or attending to personal needs for daily living, confusion, uncontrolled anxiety.
  - b. Hallucinations and/or delusions such as hearing, smelling, feeling, seeing things that are not present or real,
  - c. Belief that he/she suffers from extraordinary physical disorders or conditions (e.g. belief that his/her stomach has rotted away)
  - d. Suicidal thoughts, have access to weapons, speaks of previous suicide attempts, makes explicit statements about dying and/or hurting themselves and/or others, may display evidence of previous suicide attempts (e.g. scars on wrists)
  - e. Expressed feelings of hopelessness, impending doom, or no interest in living at all.
  - f. Evidence of abuse of prescription medication, refusal to take prescribed medications, alcohol or illegal substance abuse while taking prescription medication.
- 4. When it has been determined that a mental or physical illness is involved, agency personnel should make every effort possible to safely employ crisis intervention and de-escalation techniques and reassure the individual that they are there to assist them.

**D. Encounters with Mentally Ill or Persons in Crisis:** Officers should use the following guidelines when approaching, interacting, interviewing or interrogating person (s) who have, or exhibit symptoms of mental illness/crisis: [CALEA 41.2.7.c]

- 1. Always be respectful and present yourself in a calm manner. Avoid overreacting. This type of demeanor can assist in keeping you and the individual safe while you evaluate to determine if Baker Act requirements are met.
- 2. Remove distractions or upsetting influences such as crowds, sirens, flashing lights, loud noises, etc.

3. Encourage the person to tell you what is bothering them and assure them you mean them no harm.
4. Be patient, these encounters usually take longer because the person may be having difficulty processing thoughts. Response to your questions may be slower than normal conversations. On the other hand their speech may be very fast paced and strained.
5. Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (“voices”), or the environment. Their delusions or hallucinations are very real to them and can cause them great alarm.
6. Do not try to convince them they are wrong or mistaken.
7. While they speak use active listening skills such as paraphrasing, repeating, or mirroring their story and be empathetic.
8. Keep in mind that a rational discussion might not take place.
9. Consider the possibility of a medical emergency being present. Often drug abuse or misuse will make the persons behavior unusual or even bizarre.
10. Understand that the person may need more personal space in order to feel safe.

## **VI. Accessing Available Community Resources [CALEA 41.2.7b]**

- A. There are several community resources throughout the county with the goal of ensuring those suffering with mental illness and/or in crisis receive the timely help they need in the least restrictive manner, when appropriate.
- B. Agency personnel will have access to available community resources via CCC or online. When appropriate, agency personnel may make referrals to these community resources:
  1. Alachua County Crisis Center – 352-264-6789
  2. Center for Autism Related Disabilities (CARD) – 352-273-0581
  3. Gainesville Fire Rescue (GFR) Community Resource Paramedicine Program – 352-318-4470.
  4. Gainesville Opportunities Center (GOC) – 352-224-5523
  5. Malcolm Randal VA Medical Center – 352-376-1611

6. Mental Health Resource Center (MHRC) Florida Assertive Community Treatment (FACT) Team – 352-271-8605
7. Meridian Behavioral Healthcare, Inc. – 352-374-5600
8. National Alliance for Mental Illness (NAMI) - 352-335-7770
9. North Florida Regional Medical Center Behavioral Health Unit – 352-333-4549
10. Gainesville Peer Respite – 352-559-4559

**VII. Co-Responder Program:** Program developed to deploy the Co-Responder Team, (CRT). The CRT is a partnership between the Gainesville Police Department and Meridian Behavioral Healthcare. The CRT consists of a sworn uniformed police officer deployed with a Master's level mental health clinician in the field responding to individuals with mental health and substance abuse concerns at their point of crisis.

#### **A. Design and Implementation**

1. Each CRT will consist of a sworn uniformed police officer and a Master's level mental health clinician.
2. The police officer member of the Co-Responder Team will be selected from willing applicants of the existing CIT certified officer and will be assigned to the team as their full time primary duty.
3. The mental health clinician will be a full time employee of Meridian Behavioral Health Care. The member will be selected from the current team of forensic clinicians.
4. The team will have a work space at both GPD and Meridian.
5. The clinician will be supported through training, peer support and other professional development concerns by the Meridian Forensic Team.
6. The officer will wear the approved agency uniform clearly identified as a law enforcement officer.
7. The clinician will wear approved attire which clearly identifies him/her as an employee of Meridian Behavioral Healthcare.
8. The team will ride together in a marked police vehicle.



9. The officer will conduct his/herself in a manner consistent with CIT platforms that emphasize empathy and active listening while partnered with the clinician.
10. The CRT will respond to calls for service involving persons with mental illness, mental health care crisis and calls involving emotionally charged situations whenever they are working and at any location within the City of Gainesville limits.
11. 70% of the team's time will be dedicated to responding to calls for service including follow up visits and the other 30% of the team's time will be dedicated to facilitating multi-disciplinary case staffings for high volume users of justice and mental health care services.

## **B. Co-Responder Team Training**

1. In addition to CIT training, the CIT officer will also be provided a one week internship/training from Meridian in preparation for the implementation which will include training in Motivational Interviewing.
2. The clinician will receive basic GPD training to include CPR, CIT, Procedural Justice, Blood Born Pathogen training, and some Baker Act training.
3. The CRT shall receive annual training to improve their effectiveness as they serve those in crisis.
4. The CRT and its functions will be included in annual refresher training for agency personnel (See G.O. 1.7 E4 Annual Refresher Training CALEA 41.2.7e).

## **C. Procedure**

1. The CRT may be engaged in the following manner:
  - i. Dispatched to crisis and/or mental health related calls; or
  - ii. Requested by agency personnel either via CCC or CRT referral or
  - iii. Self-assigned to calls for service
2. The CRT will follow all agency procedures for attaching, assigning themselves to a call for service.
3. The CRT will follow all agency procedures for interacting with individuals with mental, emotional, and/or psychological illness or in crisis.

4. Upon responding to a call for service:
  - i. If it is determined that the call does not require response from the MHT, then a patrol officer may be requested to assist.
  - ii. CRT involvement will be documented either in a report (including supplemental) or a field interview card.

**D. Safety Considerations:**

1. The CRT officer will be in agency approved uniform including weapon.
2. The clinician will not be armed.
3. Soft body armor will be provided to the clinician and shall be readily accessible in the marked vehicle, if needed.
4. The clinician will be provided with a radio.
5. On priority calls, the scene shall be cleared prior to the clinician's involvement.

**DI. Voluntary Examination** (*The goal is to get the person in crisis the help they need in the least restrictive manner appropriately possible. Moving from the least restrictive means to most restrictive is more ideal*): A facility may receive for observation, diagnosis, or treatment the following persons:

**A. Any person 18 years of age or older:**

1. Making application by express and informed consent for admission,
2. Found to show evidence of mental illness,
3. Competent to provide express and informed consent,
4. Suitable for treatment.

**B. Any person age 17 or under:**

1. Department members, when appropriate, will encourage parents, guardians, and/or caregivers to seek treatment for their children.
2. Department members, when appropriate, may refer parents, guardians, and/or caregivers for services

3. Per FSS 394.4625, voluntary admission by a parent, caregiver, and/or guardian on behalf of a minor requires a court proceeding to verify voluntariness of the consent. LEO would not be involved in this process.

## **IX. Involuntary Examination**

### **A. Mental Health (Baker Act):**

1. **Criteria for Involuntary Examination [Baker Act FSS 394]:** A person (adult or juvenile) may be taken to a receiving facility for involuntary examination if there is reason to believe that he/she is mentally ill, and because of his/her mental illness:
  - i. He/she, after having received a conscientious explanation and disclosure of the purpose of the examination, has refused voluntary examination; or
  - ii. He/she is unable to determine for himself/herself whether examination is necessary; and
    - a. Without care or treatment, he/she is likely to suffer from neglect or refuse to care for himself/herself; such neglect or refusal posing a real and present threat of substantial harm to his/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
    - b. There is a substantial likelihood that without care or treatment he/she will cause serious bodily harm to himself/herself or others, in the near future, as evidenced by recent behavior.
  - iii. Because a law enforcement officer is rarely on scene when the event prompting the Baker Act call occurs, his or her decision may often be based upon the statements of the person or the credible statements of witnesses to the event. An officer need not witness all of the behaviors personally when determining the need for further assessment.
2. **Taking Subjects into Custody:**
  - i. **Methods to Initiate Involuntary Examination:** An involuntary examination for mental illness may only be initiated in one of the following ways:
    - a. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination for mental illness into custody and deliver the person, or have the person delivered, to the nearest receiving facility for examination.

- b. An ex parte order from the court is issued, and states that the person appears to meet the criteria for involuntary examination for mental illness, given the findings on which that conclusion is based.
  - 1) A law enforcement officer, acting in accordance within this subsection, may serve and execute such order on any day of the week, at any time of the day or night,

**And**

- 2) May use such reasonable physical force as is necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises.

**Note:** Members of the Gainesville Police Department can legally serve Ex Parte Orders. However, it is a civil service and as practice the court provides them to the Alachua County Sheriff's Office to serve. Before attempting to legally serve an Ex Parte Order, Gainesville Police Department members shall notify a supervisor, first physically secure the order and follow instructions per FSS 394.463 (2)(a)(1).

- c. An authorized professional may execute a certificate stating that he/she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination for mental illness, while stating the observations upon which that conclusion is based.
  - 1) The Baker Act certificate from an authorized professional must be completed before a sworn member takes the person into custody, and the certificate must accompany the person to the receiving facility. The following are authorized professionals:
    - i) Physician,
    - ii) Psychologist licensed pursuant to FSS 490,
    - iii) Psychiatric Nurse,
    - iv) Clinical Social Worker.

- ii. **Persons Ineligible for Baker Act Examinations:** Clients who leave the property of facilities (e.g., Tacachale) which house the physically or intellectually challenged are considered runaways and do not fall within the guidelines of the Baker Act.

- iii. **Juvenile Referrals:** Officers may take juveniles who meet the criteria for involuntary admission into custody under Baker or Marchman Acts. Every effort should first be made to release the juvenile to his/her parent or guardian; however, those who cannot be or are not being turned over to the parent/guardian shall be delivered to the designated receiving facilities in this Order.

**3. Designated Receiving Facilities:**

- i. Meridian Behavioral Healthcare at 4300 SW 13<sup>th</sup> St
- ii. North Florida Regional Medical Center at 6500 W. Newberry Rd.
- iii. Shands at Vista Pavillion at 4101 NW 89<sup>th</sup> Blvd

**NOTE:** In the case of elopements from receiving facilities:

- a. Voluntary admissions: LEO has no obligation to recover a person who walks away when they were there voluntarily.
  - b. Involuntary admissions: LEO shall obtain a copy of the completed Baker Act and bring to the location of the person BEFORE taking the person into custody. The Baker Act document establishes the LEOs authority to take the person into custody.
- 4. Transportation:** When transporting persons under the Baker Act, members shall adhere to procedures listed in the relevant parts of General Order 71.1 and this Order, which takes precedence. Under no circumstances will any member of the Gainesville Police Department transport a person in a horizontal position due to the potential for asphyxia.
- i. **Criteria for Transport by Department Members:** In addition to transporting persons for law enforcement-ordered involuntary examination, GPD is the designated agency for transportation within the City limits of persons who have been Baker Acted by an authorized medical professional in the City of Gainesville when:
    - a. An ex parte order by the court has been issued; OR
    - b. An authorized professional has issued a Baker Act certificate.
    - c. Transportation can only be done for subjects receiving initial evaluation under Baker Act. Once the subject is taken to a hospital for examination

or treatment, transportation to a receiving facility (CSU or Shands at Vista) is the responsibility of the sending hospital.

- d. **Exception:** Pending supervisory approval, department members may assist by following an authorized transport company that is transporting a subject from a hospital to a receiving facility when the hospital requests law enforcement assistance due to the subject being violent or it is reasonably believed that the subject may become violent.

**ii. Prohibited Transportation:**

- a. Members shall **NOT** transport persons for other than voluntary or involuntary examination.
- b. FSS 394.462(2)(d) specifically prohibits law enforcement personnel from transporting persons that are adjudicated mentally incompetent or found by the court to meet the criteria for involuntary placement pursuant to FSS 394.467(1).

**\*Note** – Members of the Gainesville Police Department **shall not** transport subjects who have already had an initial evaluation and need transport for treatment purposes.

**iii. Officer Safety:** The transporting officer shall consider the safety of all persons involved and shall request back-up at his/her own discretion.

- a. **Pat-Down for Weapons:** Before persons are transported in Department vehicles, they will be patted down for weapons, if their clothing could conceal a weapon. Personal belongings shall also be checked, and transported in a separate area of the vehicle.

**b. Restraints:**

- 1) Officers shall take into account all factors, such as the conditions under which law enforcement was called, the subject's behavior, his/her medical condition, his/her response to law enforcement intervention, the length of time/distance of transport, and other mitigating factors when making a decision regarding the use of restraints.
- 2) Officers may use restraints when warranted, and will articulate their reasons in their Investigative Report.

- iv. **Destination:** A sworn member shall transport that person to the nearest and/or most appropriate receiving facility (Crisis Stabilization Unit) for examination, unless emergency medical treatment is needed.

## 5. Emergency Medical Treatment:

- i. If a Department member believes the person is suffering from an emergency medical condition, the person shall be transported by ambulance to a hospital for medical treatment, regardless of whether the hospital is a designated (under FSS 394) receiving facility.
- ii. Once medical transport personnel accept responsibility for the subject, officers are **not** required to remain with him/her.
  - a. Medical transport personnel must sign their agreement to accept responsibility via CF-MH Form 3100 (Transportation to Receiving Facility).
  - b. Officers shall complete pertinent portions of the CF-MH 3100 (reverse side) and the BA 3052A Form and turn over both to the transport authority.

## 6. Criminally Charged:

- i. **Non-Violent Misdemeanors:** When a member takes a person who meets the criteria for involuntary evaluation into custody for a non-violent misdemeanor, the member shall transport the person to the nearest receiving facility for evaluation. The person may be charged using a *Notice to Appear* or *Sworn Complaint*.
- ii. **Felony or Violent Misdemeanors:** When a person who meets the criteria for involuntary examination is arrested for a felony or violent misdemeanor, the arresting or transporting member will deliver the person to the Department of Jail.

## 7. Required Reports/Forms:

- i. **Baker Act Form:**

- a. A member taking a person into protective custody for involuntary examination for mental illness shall complete BOTH the BA 3052A and the CF-MH 3100 (*Transportation to a Receiving Facility*) Forms.
- b. These forms are required regardless of how the Baker Act was initiated (Law enforcement, ex parte order, physician's certificate), and regardless of whether law enforcement or Emergency Medical Services transports.

ii. **Investigative Report:** An Investigative Report will also be completed, and copies of the HRS-MH 3052A and the CF-MH3100 forms will be forwarded to the Records Section (unless they were turned over to transporting medical personnel).

**B. Substance Abuse (Marchman Act):** This section addresses [FSS Chapter 397](#), "Substance Abuse Services" and may be referred to as the *Hal S. Marchman Alcohol and Other Drug Services Act of 1993* (Marchman Act). The following procedures will be used when dealing with persons under the influence of alcohol or drugs but who have not committed a criminal act:

**1. Criteria for Involuntary Admission:**

- i. A person meets the criteria for involuntary admission when there is a good-faith reason to believe the person is substance-abuse impaired and, because of such impairment, has lost the power of self-control with respect to substance abuse; and either:
  - a. Has inflicted, threatened or attempted to inflict, or, unless admitted, is likely to inflict physical harm on himself/ herself or another; or
    - 1) Is in need of substance abuse services and, because of substance abuse, his/her judgment has been so impaired that the person is incapable of appreciating his/her need for such service, and of making a rational decision in regard thereto.
  - b. Mere refusal to receive such services does not, by itself, constitute evidence of lack of judgment with respect to his/her need for such services.



- 2. Protective Custody:** A sworn member may initiate protective custody measures when a minor or an adult who appears to meet the involuntary admission criteria is brought to the attention of the sworn member; or is contacted by the sworn member in a public place. *The detention of a person taken into protective custody is not an arrest, and no entry or other record may be made to indicate that the person has been detained or charged with any crime.*

**i. Protective Custody with Consent [[FSS 397.6771](#)]:**

- a. A person in circumstances that justify protective custody may consent to be assisted by a law enforcement officer to the person's home, to a hospital, or to a licensed detoxification or addictions receiving facility (Sid Martin Bridge House, 4400 SW 13 Street).

NOTE: Intake for the Sid Martin Bridge House is done through the Crisis Stabilization Unit (CSU) at Meridian. Officers referring persons to Sid Martin Bridge House should first take the person to CSU. The person will be assessed and transferred as needed by CSU personnel.

- b. The sworn member will determine the most appropriate destination.

**ii. Protective Custody Without Consent (Involuntary Admission) [[FSS 397.6772](#)]:** If a person who meets the criteria for protective custody fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility (Bridge House) is the most appropriate place for the person, the sworn member may, after giving due consideration to the expressed wishes of the person, do one of the following:

- a. **Receiving Facility:** Take the person to a hospital or to a licensed detoxification or addictions receiving facility Crisis Stabilization Unit (CSU) against the person's will but without using unreasonable force;
- 1) Persons who need immediate medical care will be transported to a hospital by Emergency Medical Services (see Section D.4.d).
  - 2) When transporting a person to the Bridge House via the Crisis Stabilization Unit, members shall, when possible, request that

Communications contact Crisis Stabilization Unit Access Center to determine if the facility is able to accommodate the person.

**b. Detention Facility:**

- 1) Criteria:** In the case of an adult who does not need emergency medical attention, *The Alachua County Sheriff's Office Department of Jail will accept an adult only if they have a criminal charge and have been refused admission to the detoxification center, and the refusal is documented in the narrative section of the report completed by the officer.*

*The Alachua County Sheriff's Office Department of Jail will not accept subjects who have first been transported to, and treated at, a hospital unless a criminal charge is pending.*

- iii. Notification of a Relative:** The nearest relative of a minor in protective custody must be notified by the law enforcement officer, as must the nearest relative of an adult, unless the adult requests that there be no notification.
- iv. Immunity from Liability:** A law enforcement officer acting in good faith may not be held criminally or civilly liable for false imprisonment. (FSS 397.6775)
- 3. Emergency Admission:** A person who meets the criteria for involuntary admission may be admitted to a hospital or a licensed detoxification facility or addictions receiving facility for emergency assessment and stabilization or to a less intensive licensed service provider for assessment *only upon receipt by the facility of the physician's certificate and the completion of an application for emergency admission.*
- i.** The following persons may request an emergency admission for an adult:
- a.** The certifying physician,
  - b.** The person's spouse or guardian,
  - c.** Any relative of the person,

- d. Any other responsible adult who has personal knowledge of the person's substance abuse impairment.

ii. The following persons may request an emergency admission for a minor:

- a. Parents,
- b. Guardian,
- c. Legal custodian.

**4. Transportation of Persons under the Marchman Act:** Members shall adhere to the procedures listed in relevant parts of General Order 71.1 and this Order, which shall take precedence. Under no circumstances will any member of the Gainesville Police Department transport a person in a horizontal position due to the potential for asphyxia.

**i. Transportation of Intoxicated / Chemically Influenced Persons:**

- a. An intoxicated or chemically influenced person in need of emergency medical attention will be transported by Emergency Medical Service personnel.
- b. A person requiring treatment for a minor medical problem may be transported by ambulance (when indicated), or a Department vehicle.

**ii. Officer Safety:** The transporting officer shall consider the safety of all persons involved and shall request back-up at his/her own discretion.

- a. Before transporting chemically influenced persons in Department vehicles, members will pat them down for weapons, if their clothing could conceal a weapon.

**b. Restraints:**

- 1) Officers shall take into account all factors, such as the conditions under which law enforcement was called, the subject's behavior, his/her medical condition, his/her response to law enforcement intervention, the length of time/distance of transport,

and other mitigating factors when making a decision regarding the use of restraints.

- 2) Officers may use restraints when warranted, and will articulate their reasons in their *Investigative Reports*.

**iii. Persons Refused at Bridge House Due to Extreme Blood Alcohol Level:** When a person is not accepted by the Bridge House due to an extreme blood alcohol level, members shall call for an ambulance to transport the person to a medical facility for evaluation and treatment.

**iv. Emergency Admission Transportation (Not Involuntary Admission):** An applicant for a person's emergency admission, or the person's spouse or guardian, a *law enforcement officer*, or a health officer, may deliver a person named in the physician's certificate for emergency admission to a hospital, or a licensed detoxification facility or addictions receiving facility, for emergency assessment and stabilization.

**v. Requests to Transport a Person from a Receiving Facility:**

- a. A receiving facility may request that Gainesville Police Department transport an uncontrollable person in custody under the Marchman Act to the jail. Members shall transport such persons only when GPD was the initiating agency for the individual's involuntary admission and the person is not in need of emergency medical attention.
- b. Once a person no longer meets the criteria for detention under the Marchman Act, law enforcement is not required to transport the person from the receiving facility to any other location.

**5. Alternative Involuntary Assessment for Minors:**

- i. Upon the filing of an application to an addictions receiving facility by the minor's parents, guardian, or legal custodian, the receiving facility may admit a minor for involuntary assessment and stabilization.
- ii. The application must establish the need for involuntary assessment and stabilization based upon the criteria for involuntary admission.

**6. Court-Ordered Involuntary Assessment and Stabilization:**

- i. Involuntary assessment and stabilization may be initiated by the submission of a petition to the court.
  - ii. Upon petition, the court may issue an order for involuntary admission and direct a law enforcement officer or other designated agent of the court to take the respondent into custody and deliver him/her to the nearest appropriate licensed service provider.
- 7. Required Reports:** The following will be completed by the member who takes an intoxicated person into custody without the person's consent:
- i. The appropriate Department of Children and Families forms; and
  - ii. A Gainesville Police Department *Investigative Report*, to include:
  - iii. The person's name, address, phone number, age, and date of birth;
  - iv. The location the person was taken into custody;
  - v. The reason the person was taken into custody;
  - vi. The person authorizing custody
  - vii. Location to which the person was delivered (e.g., Bridge House, County Jail).
  - viii. Any subsequent transportation or follow-up required.

## **X. Training:**

### **A. Crisis Intervention Team (CIT) Training**

1. Based on the "Memphis Model," widely viewed as the "gold standard" response.
2. The curriculum is developed by CIT International.
3. A 40-hour Advanced Officer Training Component, which delves deeply into topics and brings the face of consumers directly into the classroom.

4. Frequently viewed as just a training module, CIT is actually a large-scale community collaborative program and law enforcement training is just one component. CIT's axiom is that it is "more than just training."
5. Available to both sworn and non-sworn agency personnel.
6. Locally coordinated through the Alachua County Crisis Center.
7. CIT trained personnel are specially trained and designated to handle situations involving the emotionally, mentally, or psychologically ill and those in crisis.

#### **B. Mental Health First Aid (MHFA) for Public Safety**

1. An 8 hour codified training curriculum, specifically modified to address the law enforcement population and provide a general awareness of mental health issues. It offers information and skills to support someone in a mental health crisis or who is developing a mental health problem.
2. Evidence-based best practice, run by the National Council for Behavioral Health in partnership with the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health provides an overview of psychiatric disorders, suicide, and intervention strategies.
3. Must be renewed every 3 years
4. Available to both sworn and non-sworn agency personnel

#### **C. Entry Level Training for Agency Personnel [CALEA 41.2.7d]**

1. All entry level agency personnel shall receive training regarding interaction with persons in crisis and suspected of suffering from mental, emotional, or psychological illness. This training shall include:
  - i. Fundamentals of recognizing mental illness
  - ii. Crisis Intervention and de-escalation
  - iii. Community Mental Health Resources
  - iv. Applicable statutes and case law
2. Documentation of mental health training for entry level personnel shall be documented via:
  - i. Agency training roster, or

- ii. Online electronic signature, or
- iii. Training Certificates, or
- iv. Any other agency-approved attendance record

**D. Annual Refresher Training [CALEA 41.2.7e]**

1. All agency personnel shall receive training regarding interaction with persons in crisis and suspected of suffering from mental, emotional, or psychological illness.
2. Documentation of annual refresher training for agency personnel shall be documented via:
  - i. Agency training roster, or
  - ii. Online electronic signature, or
  - iii. Training certificates, or
  - iv. Any other agency-approved attendance record

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**By Order of**

*Signed Original on File in the  
Accreditation Unit*

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**Tony R. Jones  
Chief of Police**