

Anchorage Police Department Regulations and Procedures Manual	Operational Procedures 3.02.105	
Policy and Procedure Title Protective Custody-Persons Living with Mental Illness	Effective Date April 20, 2023	Page 1 of 9
Replaces Prior Policy: September 26, 2022	Approved by: Chief Michael Kerle	

This policy is the internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

3.02.105 Protective Custody--Persons with a Mental Illness

PURPOSE

To inform all personnel of the laws, rules, and policies and guidelines for when Officers may place an individual under protective custody for civil commitment.

POLICY

Actions taken by Department members during encounters with a person with a mental illness must be guided by a balance between protecting that person, safeguarding the community, and avoiding personal injury.

DISCUSSION

Nearly any call can involve a person with a mental illness, but officers often recognize that the degree of mental illness is mild enough to warrant handling the case conventionally--even including arresting that person despite the illness. The officer might conclude, however, that a particular subject is so disturbed as to necessitate taking protective custody, in lieu of criminal custody, because of the illness. How that is done is the subject of this procedure.

DEFINITIONS

Gravely Disabled: means a condition in which a person as a result of mental illness;

(A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or

(B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently.

Health Professional: means a psychiatrist who is licensed by the State Medical Board to practice in this state or is employed by the federal government; a clinical

psychiatrist licensed by the state Board of Psychologist and Psychological Associate examiners; an advanced nurse practice registered nurse or a registered nurse with a master's degree in psychiatric nursing licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and family therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; a person who (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph. AS 47.30.915(13).

Likely to Cause Serious Harm: means a person who:

- (A) Poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm;
- (B) Poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or
- (C) Manifests a current intent to carry out plans of serious harm to that person's self or another.

Mental Health Professional: means a psychiatrist who is licensed by the State Medical Board to practice in this state or is employed by the federal government; a clinical psychiatrist licensed by the state Board of Psychologist and Psychological Associate examiners; an advanced nurse practice registered nurse or a registered nurse with a master's degree in psychiatric nursing licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and family therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; a person who (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph. AS 47.30.915(13).

Mental Illness means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of the individual's actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, or both, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness;

Peace Officer includes a state police officer, municipal or other local police officer, state, municipal, or other local health officer, public health nurse, United States marshal or deputy United States marshal, or a person authorized by the court.

REFERENCES

Alaska Statute Title 47 (specifically Sections 47.30.705 and 47.30.915)

PROCEDURE

I. PERSONS AUTHORIZED TO TAKE CUSTODY

Alaska State Law (AS 47.30.705) allows Peace Officers, other First Responders/Health Officers, Physicians, Physician Assistants, and other Mental Health Professionals to take a person living with a mental illness into custody if probable cause exists that the individual is a) gravely disabled, b) likely to cause serious harm to self, or c) likely to cause serious harm to others.

II. RECOGNIZING MENTAL ILLNESS

Mental Illness refers to a wide range of mental health conditions – disorders that affect mood, thinking, and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, bi-polar disorder, eating disorders, etc. Mental illness is often difficult to diagnose and it can sometimes take years to establish an official diagnoses with proper medication. Officers are not expected to diagnose mental illnesses but are expected to recognize behavior that is indicative of a mental illness.

When Anchorage Police officers are confronted with a situation involving a person living with mental illness, the officer should gain as much background information about the individual as possible from the person him/herself, from family members, neighbors, friends, and providers, etc.

Some of the signs to help recognize mental illness in a person relate to significant changes in behavior. These include, but are not limited to:

- a. The person may be described as not being “him/herself;”
- b. The person may not take care of basic needs, such as eating, or taking a shower;
- c. The person may exhibit behaviors that can be perceived as dangerous (e.g. putting themselves or others in danger);
- d. The person may respond to internal stimuli (which can be perceived as the person talking to themselves);
- e. The person may be scared of persons, places, or things (e.g. fear of crowds, fear of spiders, etc.).
- f. The person may experience sensations, such as:
 - (1) Unrealistic ideas or grand thoughts about themselves
 - (2) Beliefs about being worthless (depression)

- (3) Delusions (firm fixed beliefs)
- (4) Hallucinations (a perception of having seen, heard, touched, tasted, or smelled something that was not there)
- (5) Beliefs that the world is more unfriendly than it is
- (6) Loss of memory or not knowing the time, or where or who he/she is

g. Certain types of behaviors that are concerning are individuals who are actively aggressive, depressed and/or suicidal, or where physical/terminal illness and/or loss of memory is involved. Impaired behaviors seen most often by officers include but are not limited to:

- a. Personality Disorders
- b. Persons struggling with alcohol/drug abuse
- c. Persons with a traumatic brain injury (TBI)
- d. Persons with cognitive disabilities
- e. Persons living with dementia/Alzheimers

III. PROCEDURES

If probable cause exists that the person contacted is

- A) Gravely disabled,
- B) Likely to cause serious harm to self, or
- C) Likely to cause serious harm to others,

The Officer is authorized to take custody of the person and transport the individual to the nearest evaluation facility *(as of 12/2022, an evaluation facility is a hospital. At a future date, once the Crisis Now model is implemented, crisis stabilization center, crisis residential centers, evaluation facility, or treatment facility will be included as 'transport to' options).*

The peace officer (and other named professionals as listed in AS47.30.705) shall complete a Notice of emergency detention and application for examination (form MC105) and provide the form to the intake person at the hospital. In addition, the Officer should contact the intake person/nurse/ER doctor and provide a brief summary.

These calls for service shall be documented in the form of a police report.

It is important to note that individuals taken into custody for emergency evaluation may not be placed in a jail or other correctional facility except for protective custody purposes and only while awaiting transportation to an evaluation facility (to include crisis residential center and treatment

facilities in the future). In addition, minors (individuals under the age of 18) may not be placed in a jail or a secure facility.

If an Officer encounters an individual that does not meet the criteria to be taken into custody, but is requesting a voluntary mental health evaluation, the Officer should accommodate as best as possible and transport the individual to a desired evaluation facility (hospital).

II. STANDARDS TO BE MET TO TAKE CUSTODY

A. Voluntary Admissions

1. If an **adult** (18 years or older), the Department will provide courtesy transportation only. At a minimum, the transporting officer shall ensure the person checks into the hospital.

2. If a **juvenile** (0 to 17 years old), a parent/guardian is required to consent to the juvenile's admission. It is advisable to have the custodian accompany, follow, or meet you at the hospital of choice (the parents will determine). The parent/guardian can assist in expediting the process by calling ahead to the hospital to make arrangements and then arriving at the hospital as soon as possible. Until the parent/guardian arrives at the hospital, the officer must remain with the juvenile. It is the consent of the parent/guardian that is key, not the consent (or lack of consent) by the juvenile.

Options for hospitals include Providence, AK Regional, ANMC, and NorthStar.

If the parent/guardian is not willing to voluntarily admit the child to a hospital and the officer has probable cause to take protective custody of the juvenile based on Title 47 standards, see Final Destinations for guidance.

B. Involuntary admissions are possible if peace officers (or designated professionals) have probable cause to believe the person is **either**:

- 1) Gravely disabled,
- 2) Likely to cause serious harm to self, or
- 3) Likely to cause serious harm to others.

C. Ex-parte Orders. On rare occasions, officers will be furnished with a written ex-parte commitment order from a judge and are thereby obligated to take the named subject (age 13 and older) into custody and transport him/her, involuntarily, to API for a mental health evaluation. API refers to these as "Evaluation and Screening Orders."

Usually, the Judicial Services division of the Alaska State Troopers handles the service of these orders. However, in the event an officer with the

Department is requested to serve an ex-parte order, be aware that the subject is required to get a medical clearance prior to admission at API.

After the Officer serves the ex-parte order, the Officer is responsible for requesting that the ex-parte order locate in APSIN is cleared by Dispatch. The Officer will document an ex-parte order service via a police report and will note the DSN# of the person that cleared the locate as well as other pertinent information (e.g. ex-parte order#) in the police report.

Ex-parte orders can be applied for by anyone in the community and the information should be provided as a resource to family members, friends, etc. This is a tool that can be used if there is no probable cause to take immediate custody of an individual. Court form MC100 – Petition for order authorizing hospitalization for evaluation is the appropriate form used.

III. TRANSPORT CONSIDERATIONS

A. **Medications.** If the individual is taking medications, the officer should transport the medications with the subject in order to transfer the medications to the facility staff at the final destination.

B. **Officer Safety.** Officer safety dictates that the person being transported to either API (exparte order) or other hospitals (Title 47 committal) should be handcuffed. (See In-Custody Transport procedure 3.02.060)

C. **Agency Assist.** If necessary, the Anchorage Fire Department may be able to assist with transports with subjects who are wheelchair-bound.

IV. COMMUNICATIONS

Prior to transport, officers shall inquire using the utility channel (ch2) to see if any of the hospitals are on divert status and which hospital is next in line to receive the person being transported.

Officers should adhere to the divert status protocol if possible. If for some reason that is not possible and other arrangements are made (e.g. the person receives care exclusively at ANMC or Providence Psych ER is more appropriate for the highly agitated person), the officer needs to communicate this change with dispatch.

If requested dispatch is able to contact the treatment facility of your incoming admission and to convey any special instructions you feel are important (e.g. need for a wheelchair, combative subject, injuries to subject, need for security staff assistance, etc.).

V. MEDICAL CLEARANCES

Medical clearances are required prior to admission to API (for ex-parte orders). Officers will transport the individual to any of the hospitals (ANMC, ARH, Providence) and request for the individual to be medically

cleared. The final reports need to be provided to the intake staff at API during the admission process.

VI. FINAL DESTINATIONS

A. Hospitals

1. All adult persons (18 years or older) living with mental illness taken into protective custody for an evaluation (involuntary admissions) ultimately go to any of the three hospitals – ANMC, Alaska Regional, or Providence Psych ER.

Since hospitals are often on divert status, the officer has to check with dispatch (ch2) first to see which hospital is next in line to receive the individual being transported. Upon arrival at the respective hospital, the officer shall complete a Notice of emergency detention and application for examination (form MC105) and provide the form to the intake person at the hospital. In addition, the Officer should contact the intake person/nurse/ER doctor and provide a brief summary of the call, advocating for the individual.

The officer should consider that the Alaska Native population receives free health care at ANMC and if possible, the individual should be taken to ANMC for the mental health evaluation.

2. An officer who has taken involuntary protective custody of a juvenile (0 to 17 years old) under Title 47 requirements has to take into consideration some special circumstances that will affect the final destination of the juvenile.
 - a). Officers are encouraged to gain consent from the parent / guardian of the juvenile. If consent is given, then proceed with the procedures for voluntary admissions.
 - b). If the parent / guardian of the juvenile refuses to give consent or the officer is unable locate them and the officer has probable cause under Title 47 requirements to take protective custody of the juvenile, the juvenile gets transported to the hospital.

If you have any questions as to where to transport an individual, you can always contact North Star, Providence Hospital, ANMC, or Alaska Regional Hospital (ARH) directly for guidance.

B. Correctional Facilities. State law allows a person living with mental illness to go to a jail or other correctional facility in lieu of a treatment facility providing the following conditions are satisfied:

1. That such placement is:
 - a). For protective custody purposes **and**
 - b). only while awaiting transportation to a treatment facility.

-OR-

2. The subject has been arrested for a criminal offense.

NOTE: Mental Illness is not an excuse to commit crimes. However, there are certain circumstances, where rather than going to jail, the individual would benefit from a mental health evaluation instead. The Officer should remember the option to call the DA's Officer or Municipal Prosecutor, if the overall circumstances would deem it more appropriate for such action to be taken. The individual can be issued a citation that prompts him/her to appear in court at a later date. This process would also allow for the person to be referred to therapeutic court, a volunteer program, if that is a good option (CRP court).

VII CONCLUDING THE CALL

A. Admitting Officer's Duties. Once at the final destination, the admitting officer shall:

1. Comply with current agency rules regarding the securing of weapons at their facility (the staff will advise).
2. Verbally brief the hospital staff of the conditions surrounding your request for a mental health evaluation.
3. Complete the required court forms MC105 - **NOTICE OF EMERGENCY DETENTION AND APPLICATION FOR EXAMINATION** and provide the completed for to the intake staff. The officer should also verbally brief the staff.
4. Hand over any personal property or medications belonging to the person being transported to the staff, retaining any weapons to be secured for safekeeping with the Property and Evidence section of the Department.

B. Officers are required to complete a police report at the conclusion of a call for service when:

1. The officer admits the person to hospital, whether voluntarily or involuntarily, or
2. The person has made threats of harm to themselves or others, regardless of whether the officer takes the person into custody or makes other arrangements to keep the person safe.

END OF DOCUMENT