

Emergency Admissions / Mental Hygiene Arrest

410.1 PURPOSE AND SCOPE

State MODIFIED

This policy provides guidelines for when officers may place a person under an Emergency Admission/Mental Hygiene Arrest (Mental Hygiene Law § 9.41).

410.1.1 DEFINITIONS

State

Definitions related to this policy include (Mental Hygiene Law § 9.39):

Likely to result in serious harm - Includes a substantial risk of physical harm to:

- (a) One's self as manifested by threats of or attempts at suicide, or serious bodily harm or other conduct demonstrating that the person is dangerous to him/herself.
- (b) Others as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

410.2 POLICY

Best Practice MODIFIED

It is the policy of the Auburn Police Department to protect the public and individuals through legal and appropriate use of emergency admission process.

Members of the Auburn Police Department making arrests or returning individuals to a mental health facility, pursuant to the mental hygiene law, will share information surrounding the individual's condition an/or arrest with hospital personnel involved in the evaluation of the person.

410.3 AUTHORITY

State MODIFIED

Any officer:

- (a) May take any person into custody for an emergency admission when the person appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm. The person shall be transported to a hospital or comprehensive psychiatric emergency program (CPEP) as specified in Mental Hygiene Law § 9.41.
 - 1. The officer may also temporarily detain such person in a safe and comfortable place pending an examination or admission to a hospital or CPEP. However, notification shall be made to the Director of Community Services (DCS), the director's designee or, if not available, to the city or county health officer, as applicable (Mental Hygiene Law § 9.41).
- (b) Shall, upon written direction from the DCS, take a person into custody for an emergency admission or assist in the transporting of the person for an emergency admission. The person shall be transported to a designated hospital or CPEP (Mental Hygiene Law § 9.45).

Emergency Admissions / Mental Hygiene Arrest

- (c) Shall, upon written direction of a qualified supervising or treating psychiatrist, take into custody a person for an emergency admission or assist in the transportation of the person to a hospital or CPEP designated by the qualified psychiatrist (Mental Hygiene Law § 9.55).
- (d) Shall, upon written request of the director or director's designee of a hospital that does not have appropriate inpatient psychiatric services, take into custody a person for an emergency admission or assist in transporting the person. The person shall be transported to the hospital or CPEP designated by the director or director's designee of the hospital (Mental Hygiene Law § 9.57).
- (e) May, upon the request of an authorized physician who has certified that the person is mentally ill and in need of involuntary care and treatment in a hospital, take a person into custody and transport or assist in the transportation of that person to a hospital as directed. For purposes of this section, an authorized physician is one of the two physicians who are required to examine the person and who authorized the involuntary admission (Mental Hygiene Law § 9.27).
- (f) Shall, upon written request of the DCS, take a person who has been certified by the DCS as having a mental illness which is likely to result in serious harm into custody and transport or assist in the transportation of the person to a hospital for an involuntary admission (Mental Hygiene Law § 9.37).
- (g) Section 29.19 of the Mental Hygiene Law authorizes a police officer to apprehend, restrain if necessary, and return a person who escapes from a mental health facility such as Auburn Community Hospital's Behavioral Health Unit. Police action will be taken to enforce this section upon request for same from an authorized representative of said facility. Admitted patients of the Behavioral Health Unit will be returned directly to the facility and an authorized representative shall provide the officer with authorizing paperwork. Should escapee not be located immediately (half hour), the detailed member will obtain the authorized paperwork (pick up order) for return of the patient.

410.3.1 VOLUNTARY EVALUATION

State

If an officer encounters an individual who may qualify for emergency admission, they may inquire as to whether the person desires to be voluntarily evaluated at an appropriate facility. If the person so desires, the officer should:

- (a) Transport the person to an appropriate facility that is able to conduct the evaluation and admit the person.
- (b) If at any point the person changes his/her mind regarding voluntary evaluation, the officers should proceed with the emergency admission, if appropriate.
- (c) Document the circumstances surrounding the individual's desire to pursue voluntary evaluation and/or admission.

Auburn Police Department

Policy Manual

Emergency Admissions / Mental Hygiene Arrest

- (d) Contact the parent or appropriate guardian if the person is under 16 years of age prior to proceeding with a voluntary evaluation and/or admission (Mental Hygiene Law § 9.13).

410.3.2 LOCATIONS FOR OBSERVATION AND EVALUATION

Agency Content

- (a) Cayuga County Mental Health (CCMH), located at 146 North St., Auburn, NY, operates its business hours from 9:00am to 5:00pm, Monday through Friday. Officers may transport non-combative § 9.41 arrests to Cayuga County Mental Health, and CCMH personnel will transport these subjects to Auburn Community Hospital for observation and evaluation.
- (b) Cayuga Counseling Services, located at 17 E. Genesee St., Auburn, NY: Officers encountering non-violent individuals in psychiatric crisis, who are clients of Cayuga Counseling Services, may transport the subject in crisis to Cayuga Counseling Services. Their office hours are: Monday, Tuesday and Thursday, from 8:30am-7:00pm, Wednesday from 8:30am-8:00pm and Friday from 8:30am-5:00pm. All after hours, weekend, and combative, impaired by alcohol or drugs, §9.41 arrests have to be transported to Auburn Community Hospital's Emergency Room for observation and evaluation.

410.4 CONSIDERATIONS AND RESPONSIBILITIES

Best Practice MODIFIED

Any officer handling a call involving a person who may qualify for detention for the purpose of emergency admission should consider, as time and circumstances reasonably permit:

- (a) Available information that might assist in determining the possible cause and nature of the person's action or stated intentions.
- (b) Community or neighborhood mediation services.
- (c) Conflict resolution and de-escalation techniques
- (d) Community or other resources that may be readily available to assist with mental health issues like the mobile crisis response team

While these steps are encouraged, nothing in this section is intended to dissuade officers from taking reasonable action to ensure the safety of the officers and others.

An emergency admission can be considered over arrest for people who have mental health issues and are suspected of committing minor crimes or creating other public safety issues.

410.5 TRANSPORTATION

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When transporting any individual for an emergency admission or involuntary admission, the transporting officer should have Dispatch notify the receiving facility of the estimated time of arrival, the level of cooperation of the individual and whether any special medical care is needed.

Emergency Admissions / Mental Hygiene Arrest

Officers may transport individuals in the patrol unit and shall secure them in accordance with the Handcuffing and Restraints Policy. Should the detainee require transport in a medical transport vehicle and the safety of any person, including the detainee, requires the presence of an officer during the transport, Shift Commander notification is required before transport commences.

410.6 TRANSFER TO APPROPRIATE FACILITY

Best Practice MODIFIED

Upon arrival at the facility, the officer will escort the individual into a treatment area designated by a facility staff member. If the individual is not seeking treatment voluntarily, the officer should provide the staff member with the written application for an emergency admission and remain present to provide clarification of the grounds for detention, upon request.

If the individual is transported and delivered while restrained, the officer may assist with transferring the individual to facility restraints and will be available to assist during the admission process, if requested. Under normal circumstances, officers will not apply facility-ordered restraints.

When transporting females, per request of medical facility personnel, attempts shall be made to secure the assistance of a female staff member of the medical facility making the request. If none is available, a female police officer, if one is available, will be assigned to assist in the transport.

410.7 DOCUMENTATION

Best Practice MODIFIED

The officer should provide a verbal summary to the evaluating staff member regarding the circumstances leading to the involuntary detention. The officer will document his/her actions in an incident report. If extenuating circumstances exist, such as use of force, then officers will document their actions on a defensive action report.

410.8 CRIMINAL OFFENSES

Best Practice MODIFIED

Officers investigating an individual who is suspected of committing a minor criminal offense and who is being taken into custody through an emergency admission should resolve the criminal matter by issuing a warning or a citation, as appropriate.

When an individual who may qualify for an emergency admission has committed a serious criminal offense that would normally result in an arrest and transfer to a jail facility, the officer should:

- (a) Arrest the individual when there is probable cause to do so.
- (b) Notify the appropriate supervisor of the facts supporting the arrest and the facts that would support the detention.
- (c) Thoroughly document in the related reports the circumstances that indicate the individual may qualify for an emergency admission.

Emergency Admissions / Mental Hygiene Arrest

In the supervisor's judgment, the individual may be processed and transported to the appropriate mental health facility. The supervisor should consider the seriousness of the offense, the treatment options available, the ability of this department to regain custody of the individual, department resources (e.g., posting a guard) and other relevant factors in making this decision.

When an individual is arrested under the mental hygiene law and that individual is to be charged criminally when released from the mental health facility, that information must be relayed to both the physician/psychiatric admitting officer and then facility security officer on duty so that the release of the individual may be delayed until the Auburn Police return to retake custody of the subject. When informed by the medical faculty that the subject is to be released, the shift commander, or supervisor in his absence, will take appropriate action to see that the subject is arrested for the pending criminal charges.

If a subject arrested under the mental hygiene law escapes the custody of police or the hospital prior to evaluation, that person will be considered a wanted person under the original charge (ie, that person has not satisfied the charge be being evaluated). Officers shall continue to utilize the original complaint number for any additional case reports.

410.9 FIREARMS AND OTHER WEAPONS

Best Practice **MODIFIED**

Whenever a person is taken into custody for an emergency admission, the handling officers should seek to determine if the person owns or has access to any firearm or other deadly weapon. Officers should consider whether it is appropriate and consistent with current search and seizure law under the circumstances to seize any such firearms or other dangerous weapons (e.g., safekeeping, evidence, consent).

Officers are cautioned that a search warrant may be needed before entering a residence or other place to search, unless lawful warrantless entry has already been made (e.g., exigent circumstances, consent). A warrant may also be needed before searching for or seizing weapons.

410.10 TRAINING

Best Practice

This department will endeavor to provide department-approved training on interaction with mentally disabled persons, an emergency admission and crisis intervention.