ELIZABETH POLICE DEPARTMENT
GENERAL ORDERS

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SUBJECT: EMOTIONALLY DISTURBED PERSONS

EFFECTIVE DATE: **August 8, 2024**	**ACCREDITATION STANDARDS:** **NJSACOP – 3.5.4** **CALEA LE – 41.2.7**
BY THE ORDER OF: **Chief Giacomo Sacca**	
BY AUTHORITY OF: **Police Director Earl J. Graves**	
SUPERSEDES ORDER #:	

PURPOSE The purpose of this general order is to maintain guidance for department personnel in recognizing and dealing with persons with mental illness or emotional disturbances.

POLICY It is the policy of the Elizabeth Police Department to treat emotionally disturbed persons and persons with mental illness with dignity and respect and divert them from the criminal justice system whenever possible.

It is further the policy of the Elizabeth Police Department that the procedures necessary to involuntarily commit emotionally disturbed persons and persons with mental illness conform to N.J.S.A. 30:4-27-1 et seq. in order to provide for the public good while maintaining the rights and dignity of the persons being committed.

Although mental health professionals treat various mental disorders differently, for purposes of this general order mental illness also includes anxiety, personality, mood, developmental and emotional disorders, including disorder due to intoxication, where this agency's response is somewhat consistent.

PROCEDURES

I. DEFINITIONS

A. Alzheimer's Disease is a progressive, degenerative disease that attacks the brain causing impaired memory, thinking, and behavior. A person with Alzheimer's disease may experience confusion, personality and behavior changes, impaired judgment, difficulty in finding words and finishing thoughts, or following directions. Physical and psychological clues include:

1. Blank facial expression;
2. Unsteady walk/loss of balance;
3. Age (common age of onset 65+);
4. Repeats questions;
5. Inappropriate clothing for the season;
6. Identification tags or bracelets;
7. Inability to follow directions;
8. Inability to grasp and remember the current situation;
9. Agitation, withdrawal or anger;
10. Confusion;
11. Delusions and hallucinations.

B. Autism/Autism Spectrum Disorder (ASD) is a biologically based disorder that affects the development and functioning of a person's verbal and non-verbal communication skills, social interactions and patterns of behavior. Autism affects people of all races, ethnicities and socio-economic groups and is found throughout the world. Autism is four times more prevalent in boys than girls. Some signs and symptoms associated with ASD include, but are not limited to:

1. No babbling, pointing or meaningful gestures by 1 year of age;
2. No single words by age 16 months;
3. Loss of language or other skills at any age;
4. Little or no eye contact;
5. Lack of pretend, imitative and functional play appropriate to developmental age;
6. Stereotypical and repetitive behavior;
7. Failure to develop peer relationships appropriate to developmental age;

8. Unusual or inappropriate fears.

C. Certified screener is an individual who has fulfilled the requirement set forth in N.J.A.C. 10:31-3.3 and has been certified by the New Jersey Division of Mental Health as qualified to assess eligibility for involuntary commitment to treatment (N.J.S.A. 30:4-27.2p).

D. Dangerous to self means that by reason of mental illness the person has threatened to harm him/herself, or has behaved in such a manner as to indicate that the person is unable to satisfy their need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonable foreseeable future; however, no person shall be deemed to be unable to satisfy their need for nourishment, essential medical care or shelter if they are able to satisfy such needs with the supervision and assistance of others who are willing and available. (NJSA 30:4-27.2h)

E. Dangerous to others or property means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat. (NJSA 30:4-27i)

F. De-escalation is calmly communicating with an agitated person in order to understand, manage and resolve his/her concerns. Ultimately, these actions should help reduce the person's agitation and potential for future aggression or violence.

G. Dementia is a generic term used for all memory impairing diseases.

H. Emergency medical service (EMS) means a member of a first aid squad, ambulance, rescue squad, or fire department whether paid or volunteer, or paramedic.

I. Emotionally disturbed person is generic term used to describe a person with an emotional disturbance, behavioral disorder, diminished mental capacity, or mental illness. There is a wide range of specific conditions that differ from one another in their characteristics and treatment including, but not limited to:

1. Alzheimer's disease, dementia, etc.;

2. Anxiety disorders;

3. Autism/Autism Spectrum Disorder;

4. Bipolar disorder (sometimes called manic depression);

5. Conduct disorders (including disorder due to substance and alcohol abuse);

6. Diminished capacity;

7. Mental illness;
8. Obsessive-compulsive disorder (OCD);

9. Psychotic disorders; and

10. Suicidal.

J. Excited delirium is a medical disorder generally characterized by observable behaviors, including extreme mental and physiological excitement, intense agitation, paranoia, excitability, hyperthermia often resulting in nudity, hostility, immunity to pain, exceptional strength, endurance without apparent fatigue, and unusual calmness after restraint accompanied by a risk of sudden death.

K. Incapacitated means, incapable, lack of normal intellectual power. Incapacitated also means the condition of a person:

1. As a result of the use of alcohol or drugs is unconscious or has his/her judgment so impaired that he/she is incapable of realizing and making a rational decision with respect to his/her need for treatment; or

2. In need of substantial medical attention; or

3. Likely to suffer substantial physical harm.

L. In need of involuntary commitment means that an adult who is mentally ill, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to be admitted to a facility voluntarily for care, and who needs care at a short term care facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (NJSA 30:4-27.2m)

M. Intoxicated person means a person whose mental or physical functioning is substantially impaired as a result of the use of alcoholic beverages or drugs.

N. Mental illness means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to psychosis or active psychosis but, shall include all conditions that result in the severity of impairment described within. (NJSA 30:4-27.2r)

O. Positional asphyxia happens when a person can't get enough air to breathe due to the positioning of his/her body. This happens when a person is placed in a position where his/her mouth and nose is blocked or where his/her chest/torso may be unable to fully expand resulting in suffocation.

P. Screening means the process by which it is ascertained that the patient being considered for commitment meets the standards for both mental illness and dangerous to self, others, or property and that all stabilization options have been explored or exhausted.

Q. Screening outreach visit means an evaluation provided by a mental health screener wherever the person may be when clinically relevant information indicates the person may need involuntary commitment and is unable or unwilling to come to a

screening service and the police are unable or unwilling to transport without an evaluation. (N.J.S.A. 30:4-27.2aa)

R. Short-term custody for purposes of this general order, means except where delinquent conduct is alleged, a law enforcement officer may take any juvenile into short-term custody consistent with the provisions of this general order, not to exceed six hours, when there are reasonable grounds to believe that the health and safety of the juvenile is seriously in danger and that immediate custody is necessary for the juvenile's protection (N.J.S.A. 2A: 4A-32).

II. GENERAL PROVISIONS

A. Absent criminal behavior or danger to self or others, persons with mental illness or emotional disturbances permit no special police response. Such persons have a right to be left alone as long as they do not violate the law.

B. No person suspected of having mental illness or emotional disturbance is to be taken involuntarily into police custody unless such person has committed an offense that could result in their arrest or has demonstrated by acts observed by a police officer or other reliable persons, that he/she is dangerous to the lives or safety of others or himself/herself.

C. No one is to be treated as being mentally ill or emotionally disturbed unless a compelling necessity exists. Police officers shall exercise extreme care in determining that a person is mentally ill or emotionally disturbed and in conforming to the procedures set out in this general order.

D. The police training commission currently requires entry-level training in this topic for new police officers. Entry-level officers shall receive documented training in the police academy or with this department prior to assuming operational duties.

E. Documented refresher training in this general order shall be conducted annually..

III. RECOGNIZING SIGNS OF MENTAL ILLNESS

A. Officers could encounter a person with an emotional disturbance or mental illness at any time. Common situations in which such individuals might be encountered include but, are not limited to the following:

1. Wandering: individuals with emotional disturbances or mental illness may be found wandering aimlessly or engaged in repetitive or bizarre behaviors in a public place.

2. Seizures: emotionally disturbed, mentally ill, or incapacitated persons are more subject to seizures and may be found in medical emergency situations.

3. Disturbances: disturbances may develop when caregivers are unable to maintain control over emotionally disturbed or mentally ill persons engaging in self-destructive behaviors.

4. Strange and bizarre behaviors: repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment.

5. Offensive or suspicious persons: Socially inappropriate or unacceptable acts such as ignorance of personal space, annoyance of others, inappropriate touching of oneself or others, are sometimes associated with emotionally disturbed or mentally ill persons who are not conscious of acceptable social behaviors.

B. Symptoms vary and each person with mental illness is different, but all people with mental illness have some of the thoughts, feelings, or behavioral characteristics listed below. While a single symptom or isolated event is not necessarily a sign of mental illness, multiple or severe symptoms may indicate a need for a medical evaluation. These symptoms should not be construed as an all-inclusive list.

1. Changes in thinking or perceiving, such as:

a. Hallucinations;

b. Delusions;

c. Excessive fears or suspiciousness;

d. Inability to concentrate;

e. Expressing a combination of unrelated or abstract topics;

f. Expressing thoughts of greatness (e.g. believes they are God);

g. Expressing ideas of being harassed or threatened (e.g. CIA is monitoring their thoughts through TV set);

h. Preoccupation with death, germs, guilt, etc.

2. Changes in mood:

a. Sadness coming out of nowhere; unrelated to events or circumstances;

b. Extreme excitement or euphoria;

c. Pessimism, perceiving the world as gray and lifeless;

d. Expressions of hopelessness;

e. Loss of interest in once pleasurable activities;

f. Thinking or talking about suicide.

3. Changes in behavior:

a. Sitting and doing nothing;

b. Friendlessness; abnormal self-involvement;

c. Dropping out of activities; decline in academic or athletic performance;

d. Hostility, from one formerly pleasant and friendly;

e. Indifference, even in highly important situations;

f. Seeing or hearing things that cannot be confirmed;

g. Confusion about or unawareness of surroundings;

h. Lack of emotional response;

i. Causing injury to self, others or damage to property;

j. Inappropriate emotional reactions.

1) Overreacting to situations in an overly angry or frightening way.

2) Reacting with opposite of expected emotion (e.g. laughing at a vehicle crash).

k. Inability to express joy;

l. Inability to concentrate or cope with minor problems;

m. Irrational statements;

n. Peculiar use of words or language structure;

o. Excessive fears or suspiciousness;

p. Unexplained involvement in vehicle collisions;

q. Drug or alcohol abuse;

r. Forgetfulness and loss of valuable possessions;

s. Attempts to escape through geographic change; frequent moves or hitchhiking trips;

t. Bizarre behavior (skipping, staring, strange posturing);

u. Unusual sensitivity to noises, light, clothing.

4. Physical changes:

    a. Hyperactivity or inactivity or alternations of these;

    b. Deterioration in hygiene or personal care;

    c. Unexplained weight gain or loss;

    d. Sleeping too much or being unable to sleep.

5. Physical appearance:

    a. Wearing clothing inappropriate to environment (e.g. shorts in winter, heavy clothing in summer);

    b. Wearing bizarre clothing or cosmetics (taking into account current trends).

6. Body movements:

    a. Strange postures or mannerisms;

    b. Lethargic, sluggish movements;

    c. Repetitious, ritualistic movements.

7. Unusual speech patterns:

    a. Nonsensical speech or chatter;

    b. Word repetition (frequently stating the same or rhyming words or phrases);

    c. Pressured speech (expressing an urgency in manner of speaking);

    d. Extremely slow speech.

8. Verbal hostility or excitement:

    a. Talking excitedly or loudly.

    b. Argumentative, belligerent or unreasonably hostile.

    c. Threatening harm to self, others or property.

9. Environmental Indicators:

    a. Decorations (e.g. strange trimmings, inappropriate use of household items such as aluminum foil covering windows);

    b. Waste matter and trash;

c. Accumulation of trash such as newspapers, paper bags, egg cartons, etc. (Hoarding Syndrome);

d. Presence of feces and/or urine on the floor or walls.

C. Often the symptoms of mental illness are cyclic, varying in severity from time to time. The duration of an episode also varies; some people are affected for a few weeks or months while for others the illness may last many years or for a lifetime. There is no reliable way to predict what the course of the illness may be. Symptoms may change from year to year. Also, one person's symptoms may be very different from those of another although the diagnosis may be the same.

D. In many cases of apparent mental illness, other diseases or maladies are found to be the cause including, but not limited to: Alzheimer's, epilepsy, Parkinson's, diabetes, etc. Be alert for and note behaviors to relay to mental health professionals for their diagnosis. A thorough examination by a health professional should be the first step when mental illness is suspected.

IV. ENCOUNTERS WITH EMOTIONALLY DISTURBED PERSONS

A. When encountering an emotionally distressed/disturbed person or a person with suspected mental illness, officers shall use de-escalation tactics to the extent possible. Examples include but, are not limited to:

1. Approach the person with extreme caution; be alert and maintain a calm and casual demeanor.

2. If possible, identify a friend or relative that can provide assistance in dealing with the person or who may be able to explain the behavior.

3. Speak to the person by name, if known; your tone of voice should be soothing, but firm and businesslike.

4. Avoid exciting the person; do not say or do anything that may threaten or intimidate the person.

5. Ask questions slowly, one at a time, and be patient in waiting for a response; be prepared that the person may not understand questions and/or instructions or be able to answer in an understandable manner.

6. Avoid arguing with or scolding the person; do not allow anyone else to do so.

7. Avoid deceiving the person (although sometimes it may be necessary)

8. Ignore verbal abuse directed at you or others.

9. Make use of friends or relatives who know how to talk to, and deal with, the person unless there is friction between them.

10. Whenever possible, try and stall until a back up arrives at the scene.

11. Show kindness and understanding; maintain professionalism.

12. Be aware that the person may respond the way he/she thinks you want him/her to.

13. If the person exhibits dangerous or violent behavior or has a history of dangerous or violent behavior, consider the use of force or the use of tactical resources when warranted.

B. When encountering a person with possible Alzheimer's disease or other dementia:

1. Approach that person from the front and establish and maintain eye contact.

2. Introduce yourself as a police officer and explain that you have come to help. You may need to reintroduce yourself several times.

3. Establish one-on-one conversation. Talk in a low-pitched, reassuring tone, looking into the victim's eyes. Speak slowly and clearly, using short, simple sentences with familiar words. Repeat yourself. Accompany your words with gestures when this can aid in communication but, avoid sudden movements.

4. Remove the person from crowds and other noisy environments. Turn off flashing lights and lower the volume on the radio.

5. Explain your actions before proceeding. If the person is agitated or panicked, gently pat them or hold their hand, but avoid physical contact that could seem restraining.

6. Give simple, step-by-step instructions and, whenever possible, a single instruction. Avoid multiple, complex, or wordy instructions. Also, substitute nonverbal communication by sitting down if you want that person to sit down.

7. Ask one question at a time. 'Yes' and 'No' questions are better than questions that require the person to think or recall a sequence of events.

8. However, it is important to ask for identifying information (name, address, date of birth, etc.). Look for a *Safe Return* bracelet, necklace, lapel pin, key chain or a label inside of their clothing. A *Safe Return* identifier includes the individual's first name and *Safe Return's* toll-free phone number. A *Safe Return* clinician will contact the person's caregiver.

9. Do not leave the person alone; they may wander away.

10. If no family member or caregiver can be located, find an emergency shelter for the person with the help of several *New Jersey Alzheimer's Association chapters.*

C. If it is necessary to restrain or take the person into custody, do so carefully; use physical restraint sparingly as it may cause more aggressive behavior. Keep sidearms and other weapons out of the person's reach.

1. Check with the screening center to see which hospital or screening unit they want the person transported to, BUT if the person is clearly in crisis and there would be a delay in contacting the outreach screener, bring the person to the nearest medical facility for evaluation.

2. As some emotionally disturbed persons may feel threatened by the police or a police car, the primary mode of transport should be in an ambulance, especially if there is an underlying medical condition.

3. If unable to secure separate transportation, officers shall conduct transportation as safely as possible.

D. Avoid chokeholds and be continually aware of the potential for positional asphyxia.

E. In addition to the requirements set forth in this department's *Interviews and Interrogations SOP*, and depending on the circumstances, officers need to establish that any confession made by someone with mental illness or an emotional disturbance is knowingly and intelligently given, see *State v. Flower 224 NJ Super (App. Div. 1988)*. Officers in such situations should consult with a supervisor, who then may contact the Union County Prosecutor for guidance, if needed. When interviewing an individual who is mentally impaired, officers should:

1. Not interpret lack of eye contact or strange actions as indications of deceit;

2. Use simple and straightforward language; he/she may have limited vocabulary or speech impairment.

3. Recognize that the individual might be easily manipulated and highly suggestible.

F. Miranda warnings may need to be explained, rather than just read, to the individual in language that is understandable to him or her. When reading the Miranda warnings to someone with mental impairment, or to others who may have difficulty understanding, use simple words and modify the warnings to help the individual understand. It's important to determine whether the individual genuinely understands the principles, protections and concepts within the warnings.

V. INTOXICATED PERSONS

A. If a person who has been drinking is neither intoxicated nor incapacitated, such person should be left alone unless criminal activity is observed or suspected.

B. An officer may assist a person (with his/her consent) who appears intoxicated but, not incapacitated, in a public place and appears to need help with transport to:

1. Home or normal place of abode if within the City of Elizabeth or neighboring communities with a supervisor's approval;

2. To a licensed intoxication treatment facility using an ambulance;

3. To a medical facility using an ambulance.

C. To determine whether or not such person is intoxicated, a police officer may request the person to submit to a reasonable test, including but, not limited to tests of his/her coordination, coherency of speech, and breath.

D. Without the intoxicated person's consent, no law enforcement action should be taken unless it appears the person is incapacitated due to alcohol and/or drugs.

E. A person who is so intoxicated in a public place that he/she appears to be incapacitated by alcohol and/or drugs and obviously cannot consent or decide for him/herself if he/she needs treatment shall be taken into protective custody and transported to an emergency medical facility.

1. Any person who is unconscious, in need of medical attention, incapable of making rational decisions, or likely to suffer significant harm shall be taken directly and immediately to an emergency medical facility.

2. An intoxicated person arrested for a violation of a municipal ordinance or disorderly persons offense shall be taken directly to an intoxication treatment center or emergency medical facility to be treated before processing on the criminal offense.

F. An officer may use such force, other than that which is likely to inflict physical injury, as is reasonably necessary to carry out his/her authorized responsibilities

G. If an officer reasonably believes that his safety or the safety of other persons present so requires, he/she may search such person and his immediate surroundings but, only to the extent necessary to discover and seize any dangerous weapon, which may on that occasion be used against the officer or other persons present.

H. Officers acting under the provisions of this section shall be considered as acting in the conduct of their official duties and shall not be held criminally or civilly liable for such acts.

VI. EXCITED DELIRIUM

A. Calls associated with excited delirium often include descriptions by complainants of wild, uncontrollable physical action, and hostility that comes on rapidly. While officers cannot diagnose excited delirium, specific signs and characteristic symptoms may be evidence including but, not limited to:

1. Constant or near constant physical activity;

2. Irresponsiveness to police presence;

3. Nakedness/inadequate clothing that may indicate self-cooling attempts;

4. Elevated body temperature/hot to touch;

5. Rapid breathing;

6. Profuse sweating;

7. Shivering or shaking;

8. Extreme aggression or violence;

9. Making unintelligible, animal-like noises;

10. Insensitivity to or extreme tolerance of pain;

11. Excessive strength (out of proportion to the person's physique);

12. Lack of fatigue despite heavy exertion;

13. Screaming and incoherent talk;

14. Paranoid or panicked demeanor;

15. Attraction to bright lights/loud sounds/ glass or shiny objects.

B. Upon receiving a call for service where the person is described as exhibiting signs of excited delirium (as listed above), communications personnel shall dispatch multiple officers and a patrol supervisor to the scene. The on-scene patrol supervisor shall respond and assume control and notify the desk lieutenant.

C. Communications personnel shall dispatch EMS and advise EMS members to stage at a safe location close to the scene until their assistance is summonsed by officers on scene.

D. When responding to a call involving possible excited delirium, officers should:

1. Eliminate unnecessary emergency lights and sirens;

2. Ensure that an adequate number of backup officers have been dispatched to effectuate rapid control of the subject.

E. When the officer arrives on-scene, he/she shall assess the situation and determine if the subject is suffering from excited delirium based on overall behaviors and overall scenario

F. When the subject is responsive to verbal commands, one officer should approach the subject and employ verbal techniques to help reduce his/her agitation before resorting to the use of force. The officer should:

1. Not rush toward, become confrontational, verbally challenge, or attempt to intimidate the subject, as he/she may not comprehend or respond positively to these actions and may become even more agitated or combative; and

2. Ask the subject to sit down, which may have a calming effect; and

3. Reassure the subject that officers are trying to help him/her; and

4. Avoid direct eye contact, as it may be interpreted as threatening.

5. Be prepared to repeat instructions or questions. It may take several attempts to calm the subject down.

6. Normally, OC and batons are ineffective due to the subject's elevated threshold of pain. Officers may consider a physical takedown using multiple officers as long as an adequate number of officers are available.

G. When there is no apparent threat of immediate injury to the subject or others, the officer should not attempt to take physical control of the subject. This would likely precipitate a struggle and exacerbate the subject's physical and emotional distress. The officer should wait for backup and EMS assistance before attempting to control the subject. The officer shall maintain a safe distance and remove bystanders close to the scene who may be harmed while waiting for back-up to arrive.

H. When warranted, physical control must be applied quickly and efficiently to minimize the intensity and duration of resistance and struggle, which often are direct contributors to sudden death.

1. To the extent possible, officers should not attempt to control continued resistance or exertion by pinning the subject to the ground or against a solid object, using their body weight.

2. When restrained, officers should position the subject in a manner that will assist breathing, such as placement on his or her side, and avoid pressure to the chest, neck, or head (positional asphyxia).

3. Reasonable steps should be taken to avoid injury, such as moving the subject from asphalt to a grassy area to reduce abrasions and contusions, if feasible.

4. If the subject poses a threat of death or serious bodily injury to the officer, others, or to him or herself, apart from the dangers inherent in excited delirium alone, intervention should be taken using that level of force reasonably necessary to control the individual.

I. Officers should check the subject's pulse and respiration on a continuous basis until patient care is transferred to EMS personnel. Officers shall ensure the airway is unrestricted and be prepared to administer CPR or an automated external defibrillator (AED) if the subject becomes unconscious.

J. Officers shall coordinate with on-scene EMS personnel and accompany the subject to the hospital in the ambulance for security purposes and to provide assistance as necessary

1. One officer shall accompany the subject in the ambulance, while the second officer follows the ambulance in a police vehicle.

2. The officer riding in the ambulance with the patient shall secure his/her handgun and ammunition in the trailing police vehicle until arrival at the hospital.

VII. VOLUNTARY REFERRAL

A. The preferred method of obtaining mental health evaluation and assistance is getting the person to accept a voluntary referral.

a. In most situations, no extraordinary steps are required other than to be patient, calm and attempt to convince the person to seek professional assistance. Officers should tactfully inform the person that the psychiatric department at a local hospital is equipped to handle their problems and that, if the person wishes, a conveyance can be arranged to the hospital by ambulance.

B. Depending on the circumstances, the officer on scene may request a screening outreach visit, if available; see subsection VIII.D of this general order.

C. Prior to any transport and whenever possible, advise communication personnel to notify the emergency room advising them that an EDP is in route.

1. If the person refuses to cooperate and responsible adult members of the person's family or the person's guardian are known, the officer may want to contact them and suggest that they try to influence the person to seek care.

2. Unless the person is considered a threat to himself or herself or the officer or if the person has a history of violence, one officer can arrange transportation to the hospital/facility. Additionally:

a. Ask a family member to accompany the person to the hospital/facility in their personally owned vehicle.

b. A thorough search should be made for weapons or other implements that could be used to injure officers involved or for any attempt to commit suicide, see this department's general order on *Search Procedures*.

c. EMS personnel will ordinarily decide whether it is necessary for an officer to accompany or follow the ambulance to the hospital.

d. Contact hospital security if the person is considered a security risk or is prone to violence.

D. Suicidal persons should be handled as an involuntary commitment (see section VI of this general order) until the hospital's medical staff determines otherwise.

VIII. INVOLUNTARY COMMITMENT

A. Because involuntary commitment entails certain deprivations of liberty, it is necessary that state law balance the basic value of liberty with the need for safety and treatment, a balance that is difficult to affect because of the limited ability to predict behavior.

B. Unless committed under a valid court order, there are four situations in which a mentally ill person or EDP may be taken into custody.

1. If he/she committed a crime/offense (including property crimes/offenses) for which, under normal circumstances, he/she would be arrested; or

2. Where from acts observed by the officer or other reliable persons, the officer believes the person is a danger to others or property; or

3. From acts observed by the officer or other reliable persons, the officer believes the person poses a substantial risk of physical impairment or injury to himself/herself as manifested by evidence that his/her judgment is so affected that he/she is unable to protect himself/herself in the community and that reasonable provision for his/her protection is not available in the community; or

4. Where from acts observed by the officer or other reliable persons, the person demonstrates a substantial risk of physical harm to himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm.

C. If it has been determined that the person fits into one of the above situations and must be taken into custody, seek to convince the person to come voluntarily and peacefully. If these measures fail or are impracticable, the person shall be restrained with handcuffs, but only with as much force as necessary to accomplish this task.

D. Upon determining that a person is in need of involuntary commitment or further evaluation, the investigating officer shall request that the nearest crisis screening service is notified. The designated screening services for Union County are:

Trinitas Regional Medical Center (PRIMARY)
655 East Jersey Street
Elizabeth, NJ 07201
HOTLINE: (908) 994-7131

Rahway Hospital (PESS) (SECONDARY)
865 Stone Street
Rahway, NJ 07065
HOTLINE: (732) 381-4949

Overlook Hospital (CIP) (SECONDARY)
99 Beavior at Silvan Road
Summit, NJ 07901
HOTLINE: (908) 522-2232

E. These facilities are staffed 24/7. Notification shall include information related to the person's:

1. Name, if known;

2. Age, if known;

3. Physical condition (obvious injuries or illnesses);

4. Whether ambulatory or not;

5. A brief summary of the observations leading to the need for involuntary commitment;

6. Criminal charges, if applicable.

F. Depending on the circumstances, the officer on scene may request a screening outreach visit, if available.

G. In situations where there is overt and extreme danger or believed to be such, and bringing the person to a screening center is impracticable, officers shall contact a screening facility and request screening outreach as soon as practicable.

1. Officers should attempt to stabilize the situation to the extent of their training and experience, if and when possible.

a. Certain situations may require prompt intervention prior to the arrival of screening personnel. (Examples: person threatening to jump from a bridge, building or other structure; person threatening him/herself with a firearm or other weapon.)

b. Officers shall notify their supervisor, who shall begin the call-out procedures for the emergency service unit.

c. Upon such notification, the emergency service unit supervisor will begin the notification process for trained personnel (e.g., emergency psychological technicians, negotiators, etc.)

d. Screening personnel should verbally engage the subject only with the approval of a member of the emergency service unit or one of its designees.

e. Officers shall not permit screening personnel to place themselves in harm's way to engage a subject.

H. If a screening outreach visit is unavailable or impracticable, officers shall transport the person to be evaluated to the nearest designated facility. An ambulance should be used to transport, when warranted.

1. An officer should ride in the ambulance to the hospital.

2. Keep sidearms and other weapons out of reach to the extent possible. Although not required, officers may have their firearm carried by the officer in a trailing vehicle. The decision to ride in the ambulance armed should be made on a case-by-case basis.

3. If the person is violent or has a past history of violence, a second officer may also ride on the ambulance or ride behind the ambulance to be in a position to render immediate aid. Notify hospital security in such cases.

4. A thorough search should be made for weapons or other implements that could be used to injure officers involved or for any attempt to commit suicide, see this department's general order on *Search Procedures*.

5. Officers shall assist with screening center security until the subject is released to the custody of the on-site security personnel. If the subject is under arrest, officers will stand by until a commitment can be obtained.

IX. INCIDENTS INVOLVING ARRESTS

A. When the mental status of an arrested person requires evaluation by a mental health screener, notify a designated facility.

1. Officers may transport the subject to the facility for evaluation; or

2. Officers may request that a screener responds to this department for an outreach screening.

a. If the screener determines that the subject does not meet the criteria for involuntary commitment, personnel shall continue with the arrest process. If the person is going to be incarcerated, ensure that the person is screened for suicide potential.

b. If the subject is determined to meet criteria for involuntary commitment, the officer shall cause transportation to the hospital.

c. If the subject remains in police custody, this department is responsible for the person until turned over to the Union County Sheriff's Office.

d. If the subject is released ROR, the screening center is responsible for the person.

B. When officers make any arrest of an individual whom they know or believe suffers from a mental illness, the officer or assigned detective must make written notification to the Union County Prosecutor's Office, Special Offenders Unit, within 48 business hours. Notification may be made by faxing a copy of the complaint and initial police report to the attention of the Special Offenders Unit at (908) 527-6678. If the defendant has been hospitalized, note on the cover sheet at which hospital the defendant is a patient.

C. Where it is found that the subject requires immediate confinement at a mental health facility for psychiatric intervention, the officer shall provide for the transportation of the patient to the confinement facility in accordance with this general order.

D. If the subject is admitted or committed to a state psychiatric facility, officers shall complete a *Uniform Detainer Form*. The detainer shall be forwarded to the psychiatric facility. Copies of the *Uniform Detainer Form* must be retained by this department, filed with all police reports and filed with any criminal complaints that are forwarded to the courts.

E. Under the provisions of N.J.S.A. 30:4-27.22c, law enforcement agencies may be required to take custody of a person being released from involuntary commitment by the psychiatric facility and who was being held on bail resulting from criminal/disorderly person charges.

1. If the subject is to appear in municipal court, this department may be required to conduct the transportation.

2. If the subject is to appear in superior court or is to be incarcerated at the Union County Jail, contact the Union County Sheriff's Office for transportation.

X. REPORTING REQUIREMENTS

A. The assigned officer shall document all incidents involving an emotionally disturbed person on an incident report. The report shall minimally include the following information:

1. Name, address and telephone number of subject.

2. Description of circumstances that required police involvement.

3. If custody of subject is required for mental health screening designate if subject was:

a. Dangerous to others or property

b. Dangerous to self

4. Name of transporting ambulance.

5. Name of mental health screening personnel contacted.

6. Name of mental health or hospital facility to where transported.

7. Note if medical attention prior to mental health screening was required.

8. Include results of mental health screening.

a. Temporary Commitment - Location

b. Released - Voluntary Referral

9. Include information on all criminal charges.

F. Protect the identity of any person taken into custody in accordance with this general order. Do not divulge such name to any person not involved in the case, except as directed by law or in the course of official proceedings.

G. Any law enforcement officer acting in good faith during the assessment process is made immune from civil and criminal liability (N.J.S.A. 30:4-27.7).

XI. LAWS CONCERNING INVOLUNTARY COMMITMENT

A. N.J.S.A. 30:4-27.6, Basis for Custody of Person and Transport to Screening Service by Law Enforcement Officer:

A State or local law enforcement officer shall take custody of a person and take the person immediately and directly to a screening service if:

1. *On the basis of personal observation, the law enforcement officer has probable cause to believe that the person is in need of involuntary commitment; or*

2. *A mental health screener has certified on a form prescribed by the division that based on a screening outreach visit the person is in need of involuntary commitment and has requested the person be taken to the screening service for a complete assessment; or*

3. *The court orders that a person subject to an order of conditional discharge issued pursuant to N.J.S.A. 30:4-27.15c who has failed to follow the conditions of the discharge be taken to a screening service for assessment.*

The involvement of the law enforcement authority shall continue at the screening center as long as necessary to protect the safety of the person in custody and the safety of the community from which the person was taken.

B. N.J.S.A. 30:4-27.7, Law Enforcement Officers, Screening Service, Emergency Services or Medical Transport Persons or their Employers; Immunity from Liability for Assessment, Custody, Detention and Transportation:

1. *A law enforcement officer, screening service or short term facility designated staff person or their respective employers, acting in good faith pursuant to N.J.S.A. 30:4-27 et seq. who takes reasonable steps to assess, take custody of, detain or transport an individual for the purposes of mental health assessment or treatment is immune from civil and criminal liability.*

2. *An emergency services or medical transport person or their respective employers, acting in good faith pursuant to this act and pursuant to the direction of a person designated in subsection 1 (above), who takes reasonable steps to take custody of, detain or transport an individual for the purpose of mental health assessment or treatment is immune from civil and criminal liability*

3. *Emergency services or medical transport person means a member of a first aid, ambulance, rescue squad or fire department whether paid or volunteer, auxiliary police officer or paramedic.*

C. N.J.S.A. 30:4-27.22, Admitting or committing persons awaiting trial on criminal or disorderly persons charges; discharge, reads:

1. *If a person in custody awaiting trial on a criminal or disorderly persons charge is admitted or committed pursuant to this act, the law enforcement authority that transferred the person shall complete a uniform detainer form [appended], as prescribed by the Division of Mental Health Services, that*

shall specify the charge, law enforcement authority and other information that is clinically relevant. This form shall be submitted to the admitting facility along with the screening certificate or temporary court order directing that the person be admitted to the facility.

2. *The division shall prepare the form with the approval of the Administrative Office of the Courts.*

3. *When the person is administratively or judicially discharged and is still under the authority of the law enforcement authority, that authority shall within 48 hours of receiving notification of the discharge, take custody of the person.*