BLOOMFIELD POLICE DEPARTMENT
GENERAL ORDERS

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SUBJECT: EMOTIONALLY DISTURBED PERSONS

BY THE ORDER OF: Director of Public Safety Samuel A. DeMaio	ACCREDITATION STANDARDS: 3.5.4
Effective Date: June 9, 2020	**SUPERSEDES ORDER #:**

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

POLICY It is the policy of the Bloomfield Township Police Department to treat emotionally disturbed persons and persons with mental illness with dignity, respect, and through de-escalation tactics to divert them from the criminal justice system.

It is further the policy of this 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 behavioral health professionals treat various behavioral disorders differently, for purposes of this general order behavior disorder includes mental illness, anxiety, personality, mood, developmental, conduct and emotional disorders, where this department's response is somewhat consistent.

PROCEDURES

I. DEFINITIONS

A. Alzheimer's disease is a progressive, degenerative disease of the brain in which brain cells die and are not replaced. It results in impaired memory, thinking and behavior. It is the most common form of dementia illness.

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; and

8. Unusual or inappropriate fears.

C. 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)

D. 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)

E. 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.

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

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

H. Emotionally disturbed person is generic term used to describe a person with an emotional disturbance, behavioral disorder, 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. Anxiety disorders;

2. Autism/Autism Spectrum Disorder;

3. Bipolar disorder (sometimes called manic depression);

4. Conduct disorders (including disorder due to substance abuse, including alcohol);

5. Dementia;

6. Diminished capacity;

7. Excited delirium;

8. Mental illness;

9. Obsessive-compulsive disorder (OCD); and

10. Psychotic disorders.

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

J. 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.

K. 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. (N.J.S.A. 30:4-27.2m)

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

M. 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 (N.J.S.A. 30:4-27.2r).

N. 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.

O. 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)

P. Short-term custody for purposes of this SOP, 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 SOP, 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 disorder permit no special police response. Mentally ill and emotionally disturbed 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 disorder 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 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 at least once every three years.

III. RECOGNIZING SIGNS OF MENTAL ILLNESS / EMOTIONAL DISTURBANCE

A. Officers may encounter a person with an emotional disturbance or mental illness at any time. Common situations in which such individuals may 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 or mentally ill 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 an auto accident).

    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 automobile 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 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.

E. People with Alzheimer's disease share a number of behavioral patterns and symptoms, which include:

1. Physical clues:

a. Blank facial expression;

b. Unsteady walk/loss of balance;

c. Age (common age of onset 65+);

d. Repeats questions;

e. Inappropriate clothing for season;

f. Safe Return Program identification;

g. Inability to grasp and remember the current situation;

h. Difficulty in judging the passage of time;

i. Agitation, withdrawal or anger;

j. Inability to sort out the obvious;

k. Confusion;

l. Communication problems;

m. Delusions and hallucinations;

n. Inability to follow directions.

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. Important questions to ask:

a. Do you take any medications?

b. Have you taken your medication?

c. Do you want to hurt yourself?

d. Do you want to commit suicide?

e. Do you want to hurt someone?

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 suspected of having Alzheimer's disease or 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. Remove the person from crowds and other noisy environments. Turn off flashing lights and lower the volume on the radio.

4. 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.

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

9. Find emergency shelter for the person with the help of a local Alzheimer's Association chapter, if no other caregivers can be found.

C. A person who appears intoxicated, but not incapacitated, in a public place and to be in need of help:

1. 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 or the person requests assistance.

2. With the person's consent, he/she may be transported or sent:
   a. Home or normal place of abode if within Bloomfield Township, and adjoining municipalities with the permission of a supervisor;

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

c. To a medical facility using an ambulance.

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

D. A person who is so intoxicated 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 should be taken into protective custody and transported to an emergency medical facility.

1. Any person who is unconscious or injured should be taken directly and immediately to an emergency medical facility.

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

E. 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. Contact EMS for restraints and/or transportation, if necessary.

F. Avoid chokeholds and be continually aware of the potential for positional asphyxia. Chokeholds and vascular restraints are prohibited unless deadly force is justified and necessary.

G. Any use of force other than constructive authority and/or physical contact to control an emotionally disturbed person must be reported on a *Use of Force Report*, see *General Order V3C2 Use of Force*.

H. In addition to the requirements set forth in *General Order V3C4 Interviews, Interrogations, & Access to Counsel* and depending on the circumstances, officers need to establish that any confession made by someone with mental illness 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 Essex 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.

I. 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. 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. Extreme aggression or violence;

8. Making unintelligible, animal-like noises;

9. Insensitivity to or extreme tolerance of pain;

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

11. Lack of fatigue despite heavy exertion;

12. Screaming and incoherent talk;

13. Paranoid or panicked demeanor;

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

B. Physical control must be applied quickly to minimize the intensity and duration of resistance and struggle, which often are direct contributors to sudden death.

C. 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 affect rapid control of the subject.

3. Ensure that EMS is on the scene or en route (note: where possible, EMS should be on site when subject control is initiated).

D. 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. Be prepared to repeat instructions or questions.

E. 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.

F. 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.

G. 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.

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

I. 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. 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).

J. Officers should check the subject's pulse and respiration on a continuous basis until 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.

K. Whenever possible, an officer should accompany the subject to the hospital for security purposes and to provide assistance as necessary.

VI. VOLUNTARY REFERRAL

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

B. 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 Clara Maass Medical Center or Mountainside Hospital Center is equipped to handle their problems and that, if the person wishes, transportation can be arranged to the hospital where the psychiatric staff is available 24/7. Prior to transport and whenever possible, officers should cause notification to the emergency room advising them that an EDP is in route.

C. 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.

D. Officers should arrange to have the person transported by ambulance. Officers may ride along in the ambulance at the request of the ambulance crew, if staffing levels permit. In instances where there is no danger or no underlying medical condition, officers can transport by police vehicle.

1. The officer should conduct a frisk to check for weapons;

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

3. If transporting by police vehicle, the person shall be placed in the rear seat.

4. An ambulance should conduct the transport if any risk factor is present.

VII. 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. The procedures set forth in this section are a result of rules promulgated by the New Jersey Department of Human Services, Division of Mental Health and Services Screening Outreach, specifically N.J.A.C. 10: 31-8.1 through N.J.A.C. 10:31-8.3.

C. There are generally four situations in which a mentally ill person or EDP may be taken into custody.

1. If he/she committed a crime 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.

D. 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.

E. Upon determining that a person is in need of involuntary commitment or further evaluation, the officer shall cause transportation to the primary mental health screening service in Essex County:

East Orange General Hospital (EOGH)
300 Central Avenue
East Orange, NJ 07019
HOTLINE: (973) 266-4479 (4480)

F. Alternate mental health screening facilities in Essex County are:

Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
HOTLINE: (973) 926-7444

University Behavioral Health Care
150 Bergen Street
Newark, NJ 07101
HOTLINE: (973) 623-2323

G. Transportation should ordinarily be accomplished by EMS.

1. Depending on the demeanor and condition of the person, two officers may be necessary to conduct the transport.

2. If the subject is out of control and needs to be completely restrained, officers shall immediately arrange transportation for the subject to a facility. The subject's arms and legs can be secured to the stretcher in the ambulance.

3. One officer shall accompany the ambulance by riding inside the ambulance to maintain security. The officer's sidearm shall be surrendered to a second officer, who will follow the ambulance.

H. 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 for the secure facility at the hospital.

I. A thorough search should be made for weapons or contraband that could be used to injure officers involved or for any attempt to commit suicide, see *General Order V3C5 Search and Seizure*.

J. N.J.S.A. 30: 4-27.1 et seq. does not apply to involuntary commitment of juveniles. Juveniles in need of evaluation or involuntary commitment shall be taken into short-term custody in accordance with N.J.S.A. 2A: 4A-32.

1. If an officer has reasonable cause to believe that a juvenile is in need of involuntary commitment and no probable cause that a crime has been committed, the officers shall take the juvenile into short-term custody.

2. The officer shall immediately notify the county juvenile family crisis intervention unit pursuant to N.J.S.A. 2A: 4A-80.

3. The officer shall promptly bring the juvenile to the unit or place designated by the juvenile family crisis intervention unit.

4. Although mental health screeners will be available for assistance with juveniles, it is recommended that the minor's existing psychiatrist treatment provider or the juvenile crisis intervention unit be contacted first to assist in the handling of these situations. After normal business hours, screeners from APS will respond

5. Contact a juvenile detective, if necessary.

VIII. INCIDENTS INVOLVING ARRESTS

A. If the person is going to be incarcerated, ensure that the person is screened for suicide potential. The patrol supervisor may order close observation of the subject while in custody.

B. When the mental status of an arrested person requires evaluation by a screener, the officer shall arrange transportation to East Orange General Hospital (or other authorized facility listed in subsection VI.F) for evaluation.

C. 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 case reports and filed with any criminal complaints that are forwarded to the courts.

D. 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 county jail, contact the Essex County Sheriff's Office for transportation.

E. For the protection of all concerned parties, all incidents involving involuntary commitment must be thoroughly documented on an incident report. The report shall include the following information:

1. Name, address, telephone number, DOB, and SS# of subject

2. Description of circumstances that required police involvement

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

    a. Dangerous to others or to property;

    b. Dangerous to self.

4. Name of transporting EMS.

5. Name of mental health facility to where transported.

6. Whether medical attention prior to mental health screening was required.

7. Include results of mental health screening:

    a. Temporary Commitment – Location;

    b. Released - Voluntary Referral.

8. Include information on all criminal charges, if applicable.

F. 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).