PP002.6	
Response: Mental Health Incidents – Mental Health Screening Practices	
Effective Date: **August 15, 1994**	
Attorney General / Bergen County Prosecutor: **B.C.P.O**	
Issuing Authority: **N.J.S.A. 30:4-27.1 et seq.**	
Accreditation Standards: ***1.2.3a, 1.2.8, 41.2.4, 41.2.7, 44.2.2, 70.1.1, 70.1.3, 70.1.6, 70.3.1, 70.3.2, 70.4.1, 70.5.1, 70.1.8, 82.2.1***	
Last Updated: ***October 13, 2016***	

Ridgewood Police Department Policies and Procedures

The State is responsible for providing care, treatment and rehabilitation services to mentally ill persons who are disabled and cannot provide basic care for themselves or who are dangerous to themselves, to others or to property; and because some of these mentally ill persons do not seek treatment or are not able to benefit from treatment provided on an outpatient basis, it is necessary that State law provide for the voluntary and involuntary commitment of these persons as well as for the public services and facilities necessary to fulfill these responsibilities.

Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill carries the potential for violence, and requires special police skills and abilities to effectively and legally deal with the person so as to avoid unnecessary violence and potential litigation. Given the unpredictable and sometimes violent nature of the mentally ill, officers should never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness. Officers shall use this policy to assist them in defining whether a person's behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.

The following procedures are derived in part from State law (N.J.S.A. 30:4-27.1 et seq.), Bergen County Prosecutor's Office Chief's Manual (Directive A-12), and the Psychiatric Emergency Screening Program (PESP). It is essential a clear understanding exists between the police officer and 262-HELP Screeners on the duties and responsibilities of each organization.

The procedures will encompass the initial police response, screening site security, search of individual, individual transportation, arrest, notifications and obligation of officers at the hospital/screening center. In general, 262-HELP (4537) will not screen an individual under the influence of alcohol or drugs until the individual is sober[1].

DEFINITIONS

Custody –
The right and responsibility to ensure the provision of care and supervision.

Dangerous to Self –
By reason of mental illness, the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate the person is unable to satisfy his 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 reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available.

Dangerous to others or property –
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.

In need of involuntary commitment –
An adult with mental illness, 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, psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs.

[1] See Policy # PP002.7 – Response: Intoxicated Persons – A.T.R.A.

Mental Illness –
A current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, 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 herein.

Voluntary Admission –
Means that an adult with mental illness, whose mental illness causes that person to be dangerous to self or dangerous to others or property and is willing to be admitted to a facility voluntarily for care, needs care at a short-term care or psychiatric facility because other facilities or services are not appropriate or available to meet the person's mental health needs. A person may also be voluntarily admitted to a psychiatric facility if his mental illness presents a substantial likelihood of rapid deterioration in functioning in the near future, there are no appropriate community alternatives available and the psychiatric facility can admit the person and remain within its rated capacity.

RECOGNIZING CHARACTERISTICS OF MENTAL ILLNESS

Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics, alcohol or temporary emotional disturbances that are situationally motivated. Officers shall evaluate the individual's behavior in the total context of the situation when making judgments about an individual's mental state and any need for intervention, absent the commission of a crime.

Degree of Reactions – Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

Appropriateness of Behavior – An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.

Extreme Rigidity or Inflexibility – Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

Manic Behavior – mania involves accelerated thinking and speaking, or hyperactivity.

Anxiety – Feelings of anxiety may be intense and unfounded. The person is in a state of panic or fright; may have trembling hands, dry mouth or sweaty palms; or may be "frozen" with fear.

Other Characteristics – In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

- **Abnormal memory loss** related to such common facts as name, home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease (see PP007.4 for Alzheimer's Disease and Safe Return Program));
- **Confusion** or incoherence difficulty in distinguishing fantasy from real life;
- **Delusions**, the belief in thought or ideas that are false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.");
- **Hallucinations** of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, seeing unexplained lights, etc.);
- The belief that one suffers from **extraordinary physical maladies** that are not possible, such as persons who are convinced their heart has stopped beating for extended periods of time; and/or
- **Extreme fright or depression**.

DETERMINING DANGER

Not all mentally ill persons are dangerous, while some may represent danger only under certain circumstances or conditions. Officers may use

several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself, the officer, or others. Some of the indicators include:

- The availability of any weapons to the suspect.
- Statements by the person suggesting to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendoes to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
- A personal history which reflects prior violence under similar or related circumstances. The person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information.
- Failure for the suspect to act with violence prior to arrival of the officer does not guarantee there is no danger, but it does, in itself, tend to diminish the potential for danger.
- The amount of control the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances one is all right may also suggest the individual is close to loosing control.
- The volatility of the environment is a particularly relevant factor officers must evaluate. Agitators which may affect that person or a particularly combustible environment which may incite violence should be taken into account.

INITIAL CONTACT WITH THE MENTALLY ILL

Should the officer determine an individual may be mentally ill and a potential threat to him/herself, the officer, or others, or may otherwise require law enforcement intervention for humanitarian reasons, the following responses may be taken.

- Request a backup officer, and always do so in cases where the individual will be taken in custody (including for an involuntary transport).
- Establishing a level of communication with mentally ill persons is essential in order to render assistance for contacts on the street as well as during interviews and interrogations. The person should be handled calmly and spoken to in a reassuring voice. Unless necessary to prevent harm or regain control, officers should make no attempt to touch a

person suspected of having a mental illness until a rapport has been established.

- Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence and destructive acts have not yet occurred, avoid obtrusive physical contact, and take time to assess the situation.
- Move slowly and do not excite the disturbed person. Provide reassurance the police are there to help and the individual will be provided with appropriate care.
- Communicate with the individual in an attempt to determine what is bothering the person. Relate your concern for his feelings and allow the individual the chance to ventilate his feelings. Where possible, gather the information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
- Avoid topics which may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.
- Attempt to be truthful with a mentally ill individual; if the subject becomes aware of a deception, the individual may withdraw from the contact in distrust and may be hypersensitive or retaliate in anger.

REASONS FOR CUSTODY (N.J.S.A. 30:4-27.6)

The Ridgewood Police Department shall follow all applicable laws and guidelines as they pertain to responding to person with mental health issues. According to N.J.S.A. 30:4-27.6 (2014):

"6. 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:

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

b. *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 to treatment and has requested the person be taken to the screening service for a complete assessment;

c. *The court orders that a person subject to an order of conditional discharge issued pursuant to subsection c. of section 15 of P.L.1987, c.116 (C.30:4-27.15) who has failed to follow the conditions of the discharge be taken to a screening service for an assessment; or*

d. *An outpatient treatment provider has certified on a form prescribed by the division that the provider has reasonable cause to believe the person is in need of evaluation for commitment to treatment.*

The involvement of the law enforcement authority shall continue at the screening service 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."

***JUVENILE NOTE*: Psychiatric Emergency Screening Program (PESP) provides services and evaluations for children, but cannot authorize transportation. Whenever possible, parental consent should be obtained and parent(s) or guardian(s) should be present during the interview. See JUVENILE section below for information.**

BECOMING INVOLVED WITH PSYCHIATRIC SCREENING

Officers may become involved with emergency psychiatric screening of an individual if:

- If a police officer believes a person is a danger to self, others or property due to a mental illness, the officer shall take custody of the individual and may:
  - Bring the person to the screening center for evaluation;
  - Request a screener to come to the scene, if available; or
  - Bring the individual to headquarters to await a screening outreach
- An individual requests psychiatric screening for himself (voluntary committal) or another person.
- An officer is dispatched to assist the 262-HELP Screening Team.
- A staff member of West Bergen Mental Health Center requests screening for an individual in their care.
- Valley Hospital – if a person requiring emergency psychiatric screening is a patient at Valley Hospital and requires transportation to BRMC, Valley

Hospital is to call the town where the patient resides to arrange for police assistance or transportation. If the patient lives out of the area or out of the State, Valley Hospital is to call a private or paid ambulance service. ***Transportation by the Ridgewood Police Department or Ambulance Corps shall only be requested from the hospital if the patient is a Ridgewood resident or in extreme circumstances where no other alternatives are available.***

SECURITY OF SCREENING SITE

Officers observing or responding to the location of the individual in need of psychiatric assistance will secure the site for the safety of the individual, family, screening team, officers and ambulance personnel.

NOTE: When officers have been called by 262-HELP for assistance, 262-HELP shall notify police of any potentially dangerous situations (i.e. prior history of violence, presence of weapons) known to the Bergen County Psychiatric Emergency Screening Program (PESP) members before police respond to the screening site.

Police are responsible for safety at the screening site. Responding officers shall ensure the situation is under control and safe prior to the screening team entering the site. The individual shall be encouraged not to move about the screening site during the evaluation. Officers shall maintain control of the individual and the situation throughout the screening process.

Officers shall ask family members or friends on scene about the possibility of any weapons being located within or around the screening site.

If the PESP did not initiate the call, officers must contact the 262-HELP to request a screener be sent to the scene. Screeners are available twenty-four hours a day for the purpose of consulting with law enforcement officers on the issue of involuntary commitment. In situations where the individual is known by the police department or the PESP as having a long psychiatric history with repetitive involvement with the commitment process, the officer may transport the individual directly to Bergen Regional Medical Center (BRMC) after consulting with and getting approval from 262-HELP.

Officers shall remain with the screening team and the individual at the site until the evaluation is complete.

Upon telephonic approval of the PESP, or receiving a signed copy of the "Screening Outreach, Authorization for Police Transport" from the Screeners, officers are required to transport the individual to BRMC.

If no adult is present to assume responsibility for the individual's home, the officer shall ensure the person's place of residence is secured before leaving.

As is customary, personal property taken from the individual must be documented and secured.

Whenever possible, an adult member of the individual's family or circle of acquaintances should be asked to participate in the transport, provided this does not aggravate the situation.

TAKING THE MENTALLY ILL PERSON INTO CUSTODY

Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

Officers shall request Central Dispatch contact Bergen Regional Medical Center (BRMC) emergency room and notify the emergency room of the pending transport. The emergency room should be told the individual's name and the estimated time of arrival at BRMC.

Officers shall convey their observations of an individual's behavior to the attending mental health workers. All information on the individual, including a full description of behavior and circumstances, must be documented on the appropriate report.

Whether it be a detailed description of an individual's behavior patterns, or notification to the provider about next of kin, officers shall be thorough in their observations and in the information they convey verbally and in writing.

Except for a voluntary admission, officers shall remain with the individual at the hospital until properly relieved by Hospital Security or Staff. If it appears time commitment will be greater than an hour, the Officer should contact the Patrol Supervisor.

Voluntary Admission – The three following scenarios would indicate minimal officer involvement:

- Persons who appear to be in need of psychiatric evaluation and do not appear to pose an imminent danger to self or others should be referred to Valley Hospital, Bergen Regional Medical Center, or West Bergen Mental Health.
  - A family member or other responsible person is often available to assist the disturbed person in seeking treatment and should be provided with the information necessary to secure the needed help.
- Persons who have been or are under the care of a private physician, psychologist, or psychiatrist should be referred to his or her personal doctor.
- Persons who voluntarily agree to psychiatric evaluation, but have no means of transportation, can be transported to Valley Hospital for evaluation and treatment.

The transporting officers shall remain at Valley or BRMC until the individual is comfortable and staff is aware the individual is there for voluntary assistance.

Involuntary Admission – A higher level of law enforcement intervention will be required when officers encounter the following scenarios and the individual does not voluntarily request assistance.

- When, from acts observed by the officer, or other reliable persons, the officer believes the person:
  - Poses a substantial risk of physical harm to others or that others are placed in reasonable fear of violent behavior and serious physical harm to them.
  - Poses a VERY substantial risk of physical impairment or injury to self as manifested by evidence that the individual's judgment is so affected the individual is unable to care and protect himself in the community and a reasonable provision for this protection is not available in the community (unable or refuses to accept intervention which would meet minimum needs for food, clothes, shelter or physical well being);
  - Is suffering from substantial physical or psychological deterioration and shows an inability to function if not treated immediately or shows evidence of threats or attempts at suicide or serious bodily harm.

- *After 262-HELP Screening* – Transporting officers shall give a copy of the "Screening Outreach, Authorization for Police Transport" form to the emergency room staff. The top portion of the "Involuntary Acceptance Form" must be completed at BRMC by the transporting officer. BRMC staff and security will complete the remaining portions and give a copy of the form to the transporting officers. Officers will remain at BRMC until the individual is properly transferred to BRMC Security personnel.

- *Prior to 262-HELP Screening* – If the individual was transported to BRMC without 262-HELP involvement and the initiating officer feels the individual should be involuntarily committed, the officer shall remain with the individual until a psychiatric interview is completed, or until such time as it is ascertained that the individual needs to remain at the hospital.

  If the individual must remain at the hospital, the top portion of the "Involuntary Acceptance Form" must be completed at BRMC by the transporting officer. BRMC staff and security will complete the remaining portions and give a copy of the form to the transporting officers.
  Officers will remain at BRMC until the individual is properly transferred to BRMC Security personnel.

  If the psychiatric evaluation at BRMC determines the individual does not need hospitalization, this department is responsible for arranging transportation for the individual away from the hospital.
  The Officer in Charge may consider the following:
  - Allowing the individual to make his or her own arrangements
  - Contacting the individual's family or friends to arrange transportation
  - If the individual is from the immediate area, transporting the individual home in a patrol car
  - Requesting assistance from BRMC Social Services
  - Requesting other assistance from any necessary State, County, or Municipal agency.

ARRESTEES WITH MENTAL HEALTH ISSUES

Arrest on Summons –
whenever a person is under arrest, charged on a SUMMONS for an offense, and the psychiatric evaluation determined the person needs to be transported to BRMC for additional evaluation or needs to be confined in a mental health facility, the officer should serve the summons to the individual prior to the transportation and include the individual's copy with his or her personal effects. There will be no need to contact the Bergen County Sheriff's Office or Jail for an individual released on a complaint-summons. Officers shall follow the procedures for voluntary or involuntary committal above.

Arrest on Warrant -

Warrant – Emergent Screening –
Whenever a person is under arrest, charged on a WARRANT for a crime, unable to make bail, and is in need of emergency screening or the psychiatric evaluation has already determined the person needs to be confined in a mental health facility:

- The search and transportation of the person shall be conducted according to the Prisoner Transportation Policy.
- The officer shall complete a "Uniform Detainer" or "Involuntary Acceptance Form", which shall be provided by BRMC.
- The Officer in Charge shall contact the Bergen County Sheriff's Department to request transfer of custody of the prisoner.
    - Supervisors shall call the Bergen County Communications Center for Sherriff's Department personnel response.
- The Ridgewood Police Department will retain custody of the arrested individual until the proper transfer to the Bergen County Sheriff's Department is complete and all paperwork is signed as needed.

Warrant – Non-Emergent Screening –
Whenever a person is under arrest, charged on a WARRANT for a crime, unable to make bail, and officers feel the individual requires non-emergency psychiatric screening, the individual shall be transported directly to the Bergen County Jail for this service. The Health Service Unit at the jail includes a full-time psychiatrist and mental health services team. In addition, medical services are always available. Following an evaluation

at the Jail, individuals who require hospital-based services will be transported to the appropriate facility by the Sheriff's Office.

- The search and transportation of the person shall be conducted according to the Prisoner Transportation Policy.
- The Jail Commitment Form and a copy of the warrant must accompany the arrestee to the jail.
- Officers shall inform the jail personnel regarding the need for screening and all pertinent information regarding the arrestee.
- The Ridgewood Police Department will retain custody of the arrested individual until the proper transfer to the Bergen County Sheriff's Department is complete and all paperwork is signed as needed.

SEARCH OF INDIVIDUAL PRIOR TO TRANSPORTATION

Individuals shall be searched prior to transportation to a hospital or Headquarters to insure the individual is not in possession of any dangerous weapons or contraband.

The search will be as extensive as an ordinary search incidental to arrest and will include a thorough search of all clothing, handbags and packages.

An individual will **not be strip searched unless** the search requirements of the Strip Search Guidelines are met.

METHODS OF TRANSPORTATION

When possible, a ***voluntary committal*** shall be transported by a family member or friend. If private transportation is not possible, the individual shall be transported by patrol vehicle, unless medically or functionally necessary to transport by ambulance. For an ***involuntary committal or arrested person***, the individual shall be transported in the patrol vehicle, unless medically or functionally necessary to transport by ambulance, depending on the severity of the situation. If transportation occurs in a:

Patrol Vehicle – the individual shall be restrained as necessary and placed in the rear seat of a patrol vehicle equipped with a safety barrier. Two officers, who shall be seated in the front seat, shall accompany the individual in the patrol vehicle.

Ambulance – the individual will be restrained as necessary for the safety of the ambulance personnel and at least one officer shall ride in the patient area of the ambulance. The officer designated as riding with the individual

shall lock his weapon in the lockbox provided in the ambulance, retain the key, and re-holster the weapon upon arrival at BRMC. If it is not possible to lock the weapon, the officer must ensure the weapon is properly secured in the officer's duty holster.

The Officer in Charge may decide to assign additional officers to ride in the ambulance or follow in a patrol car.

JUVENILES IN NEED OF PSYCHIATRIC EVALUATIONS

Juveniles who present a danger to themselves and/or others are one of the most difficult situations that officers face in the area of psychiatric evaluation.

Since the welfare and protection of the child, as well as the community, is paramount; officers of this Department shall follow the following procedures:

- A police officer may take a juvenile into custody when his/her behavior suggests the existence of mental illness, such that the juvenile may be deemed a danger to self, others or property.
- After being taken into custody, the juvenile shall be transported to police Headquarters, OR if medical treatment is required, the juvenile shall be transported to the nearest hospital emergency room.
    - If the juvenile is at home and the juvenile's parents are also present, then the "screening site" can be the home provided officers believe this is a safe and secure location (i.e. no potential for violence).
- If the juvenile's parents are not on scene, the Officer in Charge, or his designee, shall contact the parents of the juvenile as soon as possible.
- Officers shall contact 262-HELP, coordinate the psychiatric evaluation with the family, maintain control and safety of the scene and provide transportation as necessary.

***Voluntary Juvenile Commitment*:** Permission for voluntary screening and commitment can be given by the juvenile (if at least 14 years of age), or by the juvenile's parents.

If, after completion of the psychiatric evaluation, the screening team determines that the juvenile is in need of commitment or further evaluation, the Officer will proceed as discussed above in Security of Screening Site, Search of Individual, Transportation, and Arrival.

Involuntary Juvenile Commitment when Parents are unavailable, or Parents will not give their consent: If, after psychiatric evaluation, the decision for commitment is made by the screening team, then further action is needed and a member of the Detective Bureau shall be requested if not already on scene.

- If PESP cannot obtain parental consent and PESP deems hospitalization is necessary, then PESP may secure the aid of the Division of Children and Families (DCF, formerly DYFS) or the Family Crisis Unit to hospitalize the juvenile.
- As with adults, after apprehension a dangerous juvenile shall be searched. Again, **no strip search will occur unless** the search requirements of the Strip Search Guidelines are met.
- If authorized to hospitalize the juvenile, the officers shall complete the appropriate report with the basic information and shall include the names of the agencies, the representatives involved, and the final outcome of the situation.

INTERVIEWING OR INTERROGATING A MENTALLY ILL SUSPECT

When anyone with a disability comes into contact with the Police, personnel must take extra precautions to ensure the person's rights are not violated and the person understands what is occurring. Some individuals may not have educational or communication comprehension levels sufficient to fully understand the basic Miranda rights. Simply reading the rights to someone who is mentally ill and having the person acknowledge an understanding of the rights may not be sufficient. When speaking with an individual who has, or is suspected to have a mentally illness (especially while interviewing or interrogating a criminal suspect), officers should follow these guidelines:

- The admissibility of a suspect's statement will depend on evidence the individual understood his or her rights, and understood and answered the officer's questions willingly.
- Officers must recognize the individual's constitutional rights are not diminished simply due to mental illness.
- The Constitution requires the Miranda warnings be comprehended, not simply administered. Before interviewing a suspect who is believed to have a mental illness, officers should make every effort to determine the extent to which the person's illness, or the psychotropic medication the individual is taking to treat the illness, impairs the individual's ability to comprehend and give informed consent.

- Before or during Miranda warnings, if officers doubt a suspect's capacity to understand these concepts, officers should consult with supervisors to explain their doubts and determine the appropriate course to follow.
- Whenever a person who has or is believed to have a mental illness is a criminal suspect and is taken into custody for questioning, officers must be particularly careful in advising the person of his or her Miranda rights, making a determination of the individual's mental capacity to understand those rights, and eliciting a decision as to whether the individual is willing and able to answer officers' questions without an attorney.
- In cases where officers doubt a person's capacity to understand his or her rights, in order to make an informed decision about whether to initiate questioning, officers should ask the individual to explain each of the Miranda warnings in the individual's own words, and make a record of the person's explanation.
- Officers may want to obtain the assistance of a mental health professional or attorney in explaining the warnings to the person. These people may be in the best position to help the officers determine the person's capacity to understand those rights and make an informed decision about whether to answer questions.
- When there is adequate evidence the person has understood and willingly decided to answer questions without legal assistance, officers are not required to provide an attorney for a suspect with mental illness. However, officers may want to have an attorney present during questioning as a further safeguard to ensure the person's constitutional rights are protected.
- It is important to question the individual in a calm setting, free of distraction and to make sure the person has access to water, food, toilet facilities or prescribed medications as needed.

IMMUNITY FROM LIABILITY (N.J.S.A. 30:4-27.7)

A law enforcement officer, emergency services or medical transport person or their respective employers, acting in good faith pursuant to this act 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.

REPORT WRITING

Officers of the Ridgewood Police Department shall complete an **Operation Report** for all voluntary and in-voluntary commitments (to include juveniles). If psychological screening was conducted on a person being investigated by this agency for a crime (a prisoner), then the mental health screening may be memorialized on the Investigation Report.

Juveniles taken into custody and out of the direct control of their parents for any period of time shall have a **Juvenile Release Form** completed for them as well.

Report the incident whether or not the individual is taken into custody. Ensure the report is as explicit as possible concerning the circumstances of the incident and the type of behavior which was observed.

Terms such as "out of control" or "psychologically disturbed" should be replaced with descriptions of the specific behaviors involved.

The reasons the subject was taken into custody or referred to other agencies should be reported in detail. Copies any paperwork received, including any "Screening Outreach, Authorization for Police Transport", "Involuntary Acceptance Form", and "Uniform Detainer" shall be attached and submitted with the Officer's report.

TRAINING

Entry level training - All officers shall receive documented entry level training during basic academy training as a portion of their initial PTC certification.

Refresher training – All officers shall receive documented refresher training every three years.