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August 30, 2024

VIA EMAIL
"Yours Truly"
Opra+request-65689-cfd832e5@requests.opramachine.com

Re: OPRA Request

Dear "Yours Truly",

Pursuant to your request, attached please find this Office's "Emotionally Disturbed Persons" SOP. This Office has no other records responsive to your request. You may forward your request to Hunterdon Behavioral Health, 2100 Wescott Drive, Flemington, NJ 08822, which is the current mental health screening center for Hunterdon County.

Should you have any questions, please do not hesitate to contact me.

Your Open Public Records request has been processed in accordance with N.J.S.A. 47:1A-1, et seq. If your request has been denied in whole or in part, the Hunterdon County Prosecutor's Office reserves the right to raise any other grounds for denial not raised in this response. The failure of the Hunterdon County Prosecutor's Office to assert an exception or privilege herein does not act as a waiver of any ground for denial not raised herein.

Very truly yours,

RENÉE M. ROBESON
PROSECUTOR

BY: _____
Joseph Paravecchia
First Assistant Prosecutor

RMR:JP:emw

HUNTERDON COUNTY PROSECUTOR'S OFFICE

STANDARD OPERATING PROCEDURES

SUBJECT: EMOTIONALLY DISTURBED PERSONS	
EFFECTIVE DATE: JULY 12, 2022	NUMBER OF PAGES: 14
ACCREDITATION STANDARDS: 3.5.4	BY THE ORDER OF: County Prosecutor

PURPOSE The purpose of this standard operating procedure is to maintain guidance for agency personnel in recognizing and dealing with persons with mental illness or emotional disturbances.

POLICY It is the policy of the Hunterdon County Prosecutor's Office to treat emotionally disturbed persons and persons with mental illness with dignity and to divert these persons from the criminal justice system whenever appropriate.

It is further the policy of the Hunterdon County Prosecutor's Office 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. 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 SOP behavior disorder includes mental illness, anxiety, personality, mood, developmental, conduct and emotional disorders.

In most encounters with emotionally disturbed persons, the local police department with geographic jurisdiction is responsible for rendering assistance.

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 men than women. 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; and/or

2. No single words by age 16 months; and/or

3. Loss of language or other skills at any age; and/or

4. Little or no eye contact; and/or

5. Lack of pretend, imitative, and functional play appropriate to developmental age; and/or

6. Stereotypical and repetitive behavior; and/or

7. Failure to develop peer relationships appropriate to developmental age; and/or

8. Unusual or inappropriate fears.

C. Chokehold is a weaponless control technique designed to interfere with the normal breathing of another by manually constricting his/her windpipe. Chokeholds are prohibited unless deadly force is authorized.

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 (N.J.S.A. 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 account for a person's history, recent behavior and any recent act or threat (N.J.S.A. 30:4-27i).

F. De-escalation is calmly communicating with an agitated person 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. Emotionally disturbed person is a generic term used to describe a person with an emotional disturbance, behavioral disorder, or mental illness. There are a wide range of specific conditions that differ from one another in their characteristics and treatment including, but not limited to:

1. Mental illness; or

2. Anxiety disorders; or

3. Autism/Autism Spectrum Disorder; or

4. Bipolar disorder (sometimes called manic depression); or

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

6. Dementia; or

7. Diminished capacity disorders; or

8. Excited delirium; or

9. Obsessive-compulsive disorder (OCD); or

10. Psychotic disorders.

I. Excited delirium is a medical disorder 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 impaired because 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. 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.

O. Reasonably foreseeable future means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached. N.J.S.A. 30:4-27.2(kk).

P. Screening means the process by which it is ascertained that the person being considered for commitment meets the standards for both mental illness and is 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 law enforcement is unable or unwilling to transport without an evaluation (N.J.S.A. 30:4-27.2aa).

R. Short-term custody for purposes of this SOP, means except when 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/or 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 law enforcement response. Mentally ill and emotionally disturbed persons have a right to be left alone if they do not violate the law.

B. No person suspected of having mental illness or emotional disturbance is to be taken involuntarily into custody unless such person has committed an offense that could result in their arrest or has demonstrated by acts observed by a law enforcement official or other reliable person, that he/she is dangerous to the life 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. Detectives shall exercise extreme care in determining that a person is mentally ill and in conforming to the procedures in this SOP.

D. Entry-level detectives shall receive documented training on this SOP prior to assuming operational duties.

E. Documented refresher training in this SOP or a similar discipline shall be conducted at least once every three years.

III. RECOGNIZING THE SIGNS OF MENTAL ILLNESS / EMOTIONAL DISORDER

A. Detectives might 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 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 or emotional disturbance is different, but all people with mental illness or emotional disturbances 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 or psychological 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 he/she is God).

g. Expressing ideas of being harassed or threatened (e.g., CIA is monitoring his/her thoughts through the 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 vehicular 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 (accounting for 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/disturbance may be. Symptoms may change from year-to-year. Also, one person's symptoms could be very different from those of another although the diagnosis may be the same.

D. In many cases of apparent mental illness or emotional disturbance, 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 several behavioral patterns and symptoms, which 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 season.

6. Safe Return Program identification.

7. Project Lifesaver identification or transponder.

8. Inability to grasp and remember the current situation.

9. Difficulty in judging the passage of time.

10. Agitation, withdrawal, or anger.

11. Inability to sort out the obvious.

12. Confusion.

13. Communication problems.

14. Delusions and hallucinations.

IV. ENCOUNTERS WITH EMOTIONALLY DISTURBED/DISTRESSED PERSONS

A. When encountering an emotionally distressed/disturbed person or a person with suspected mental illness, detectives 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 who can assist 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. Not all emotionally disturbed persons are dangerous, while some might represent danger only under certain circumstances or conditions. An emotionally disturbed person may not understand or immediately respond to commands.

C. Detectives may use several indicators to determine whether an emotionally disturbed person represents an immediate or potential danger to themselves, others, or property. These include the following:

1. The availability of any weapons.

2. Statements by the person that suggest to the detective that the person is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threat that, when taken in conjunction with other information that is present, a more complete picture of the potential for violence.

3. A personal history that reflects prior violence under similar or related circumstances. The emotionally disturbed person's history may be known to the officer, family, friends, or neighbors who may be able to provide helpful information.

4. Failure of the emotionally disturbed individual to act does not guarantee that there is no danger, but it does tend to diminish the potential for danger.

5. The amount of control the person demonstrates is significant, particularly the level of physical control over emotions of rage, anger, frights, or agitation. Signs of lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that he/she is okay may also suggest the individual is close to losing control.

6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particular combustible environment that may incite violence should be considered.

D. 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 law enforcement official 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; he/she may wander away.

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 local police or local EMS/BLS for restraints and/or transportation.

F. In addition to the requirements set forth in this agency's SOP on *Interview and Access to Counsel* and depending on the circumstances, detectives 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). Consult with an assistant prosecutor (if necessary) for guidance in these situations. When interviewing a person who is mentally impaired or developmentally disabled, detectives 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 person might be easily manipulated and highly suggestible.

G. Miranda warnings may need to be explained, rather than just read, to the individual in language/tone that is understandable to him/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. 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. Detectives 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, conveyance can be arranged to the hospital. The psychiatric staff is available 24/7 in the hospital and the staff will be summoned whenever the subject is taken to the emergency room.

C. If the person refuses to cooperate and responsible adult members of the person's family or the person's guardian are known, the detective should attempt to contact them and suggest that they try to influence the person to seek care.

D. Detectives should arrange to have the person transported by local ambulance. Detectives are authorized to search the person prior to transport to ensure that no weapons are present.

VI. 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 effectuate because of the limited ability to predict behavior.

B. The procedures in this section result from the New Jersey Department of Human Services, Division of Mental Health and Services Screening Outreach Program, specifically N.J.A.C. 10:31-1.1 et seq.

C. There are four (4) situations in which a mentally ill person or an emotionally disturbed person can be taken into custody.

1. If he/she committed a crime for which, under normal circumstances, he/she would be arrested; or

2. When from acts observed by a detective or other reliable person, the detective believes the person poses a substantial risk of physical harm to other persons as manifested by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or

3. From acts observed by the detective or other reliable person, the detective believes the person poses a very 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. From acts observed by the detective or other reliable person, 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. When detectives assess that one of the situations outlined above has occurred, the person must be taken into custody, seek to convince the person to come voluntarily and peacefully. If these measures fail or are impracticable, restrain the person.

1. In restraining the person, use only as much force as is necessary.

a. The person must not be transported in the prone position (face down) while in handcuffs. Unless approved by EMS/BLS personnel, do not handcuff a person to a gurney or other object.

b. The arrested person should be monitored prior to, during, and at the conclusion of the transport.

2. NOTE: EMS/BLS personnel may require detectives to remove handcuffs during transportation. If EMS/BLS personnel do request removal of handcuffs, detectives should request EMS/BLS personnel to apply their restraints instead.

E. If the local police jurisdiction is unavailable to respond or if a supervisor determines that the Hunterdon County Prosecutor's Office will maintain responsibility, the detective shall cause notification to the designated screening center in Hunterdon County. The current mental health screening center for Hunterdon County is:

Hunterdon Behavioral Health
2100 Wescott Drive
Flemington, N.J. 08822
CRISIS HOTLINE: (908) 788-6400

F. This 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 or not ambulatory.

5. A summary of the observations leading to the need for an evaluation for commitment to treatment including any specific threats made, if applicable.

6. A list of any medications in the person's possession, if known.

7. Criminal charges, if applicable.

G. If local police do not assume responsibility, detectives should arrange to have the person transported by local EMS/BLS. Detectives shall search the person prior to transport to ensure that no weapons are present. If the person is in custody and in handcuffs, the detective must ride with them in the ambulance.

VII. INCIDENTS INVOLVING AN ARREST

A. Detectives shall continually monitor the emotionally disturbed person while he/she is in custody.

B. When the mental status of an arrestee requires evaluation by a mental health screener, the detective shall notify Hunterdon Behavioral Health and advise them that the subject will be transported to the emergency room for screening.

1. Detectives shall arrange transportation of the subject to Hunterdon Medical Center for evaluation using EMS/BLS or a vehicle with a secure rear compartment.

a. If the screener determines that the subject does not meet the criteria for involuntary commitment, detectives shall continue with the arrest process.

b. If the person is going to be incarcerated, the detective shall arrange for transportation of the subject back to either HCPO or to HCSO to complete the complaint and arrest process. Ensure that the person is screened for suicide potential.

c. If the subject is determined to meet criteria for involuntary commitment, the detective shall advise the assistant prosecutor and a decision will be made as to whether the complaint will be a summons or warrant. If the complaint will be a warrant, the detective or other law enforcement officer must remain with the subject until the subject is committed into the mental health facility. The committing facility will be directed to contact the Hunterdon County Sheriff's Office prior to the subject's release and the HCSO will arrange transportation of the subject to the county jail.

VIII. REPORTING REQUIREMENTS

A. For the protection of all concerned parties, all incidents involving involuntary commitment must be thoroughly documented in CAD or on an investigation report.

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