# VOORHEES POLICE DEPARTMENT
## GENERAL ORDER

| | |
|---|---|
| SUBJECT: EMOTIONALLY DISTURBED PERSONS | |
| EFFECTIVE DATE: January 10, 2017 | NUMBER OF PAGES: 19 |
| ACCREDITATION STANDARDS: 3.5.4 | BY THE ORDER OF:<br>Chief of Police Louis Bordi |

**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 Voorhees Township Police Department to treat emotionally disturbed persons and persons with mental illness with dignity and to divert these persons from the criminal justice system where appropriate.

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

Although mental health professionals treat various mental disorders differently, for purposes of this general order mental illness also includes anxiety, personality, mood, developmental, 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 (N.J.S.A. 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 (N.J.S.A. 30:4-27i).

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

F. 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. Autism Spectrum Disorder;

2. Anxiety disorders;

3. Bipolar disorder (sometimes called manic-depression);

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

5. Diminished capacity;

6. Excited delirium;

7. Obsessive-compulsive disorder (OCD); and

8. Psychotic disorders.

G. 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.

H. Incapacitated means, incapable, lack of normal intellectual power.

I. 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).

J. 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).

K. 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.

L. 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).

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

## II. GENERAL PROVISIONS

A. Absent criminal behavior or danger to self or others, persons with mental illness permit no special police responses. Mentally ill 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 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 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 THE SIGNS OF MENTAL ILLNESS / EMOTIONAL DISORDER

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 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 (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. (e.g., Hoarding Syndrome);

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

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

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

E. People with Alzheimer's disease share a number of 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. Inability to grasp and remember the current situation;

8. Difficulty in judging the passage of time;

9. Agitation, withdrawal or anger;

10. Inability to sort out the obvious;

11. Confusion;

12. Communication problems;

13. Delusions and hallucinations;

14. Inability to follow directions.

## IV. ENCOUNTERS WITH EMOTIONALLY DISTURBED PERSONS

A. Personnel may encounter a person with mental illness or emotional problems as a result of field encounters or when otherwise notified by a mental health professional.

B. When encountering an emotionally distressed/disturbed person or a person with suspected mental illness:

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

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

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

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

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

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

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

8. Ignore verbal abuse directed at you or others

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

10. Whenever possible, try and stall until a back-up officer 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

C. If it is necessary to restrain or take the person into custody, do so carefully. Use physical restraint prudently 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.

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

E. In addition to the requirements set forth in this department's general order on *Interviews, Interrogations, Access to Counsel* and depending on the circumstances, officers/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 the Camden County Prosecutor's Office for guidance in these situations.

1. Do not interpret lack of eye contact or strange actions as indicators of deceit;

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

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

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

## V. 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.

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. OC and tactical batons are normally 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 designated medical facility (subsection VII.C below) is equipped to handle their problems and that, if the person wishes, conveyance can be arranged to the hospital.

1. The psychiatric staff is available 24/7 in these hospitals and the staff will be summoned whenever officers bring an EDP to the emergency room.

2. At the request of the patient or a family member, the person can be transported to the medical facility.

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. Unless the person is considered a threat to himself or herself or the officer or if the person has a history of violence, officers do not have to accompany the person to the hospital/facility. Additionally:

1. The officer should conduct a frisk to check for weapons or implements the person can use to harm him/herself or others;

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

3. If requested by ambulance personnel, an officer should accompany the person to the hospital/facility.

## VII. INVOLUNTARY COMMITMENT

A. The State of New Jersey is responsible for providing care, treatment and rehabilitation services to mentally ill persons who are disabled and cannot provide basic care to themselves or who are dangerous to themselves, to others, or to property. 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 general order are as 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 10:31-8.3.

C. Upon determining that a person is in need of involuntary commitment or further evaluation, the investigating officer shall cause transportation of the person to a screening center. The primary mental health screening center for Camden County is:

***Kennedy Health Center*** (KHC)
2201, West Chapel Avenue
Cherry Hill, NJ 08002
**HOTLINE:** (856) 428-4357
INFORMATION: 1-800-528-3425

D. In certain situations where there is overt and extreme danger or believed to be such, officers should contact KHC and request screening outreach as soon as practicable.

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

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

b. Screening personnel will verbally engage the subject only with the approval of officers at the scene.

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

E. Often a screening outreach visit by a screener may occur without this department's prior knowledge. A physician or a family member may have arranged these visits. If the screener determines that police intervention is necessary due to the potential for danger or to escort the subject to a medical facility, he/she will contact this department for assistance.

F. If a screening outreach visit is unavailable or impracticable, officers shall transport the person to be evaluated to KHC.

1. Unless otherwise mandated by the screener or if impracticable, the transportation should ordinarily be accomplished by first aid or a mutual aid ambulance and in accordance with N.J.A.C. 8:40-4.10.

2. Physical behavioral restraints are generally not authorized unless:

a. A physician or court has authorized the placement of the restraints;

b. The patient is in the custody of a law enforcement officer; or

c. The medical condition of the patient mandates transportation to, and treatment at, a health care facility, and the patient manifests such a degree of behavior that he or she:

1) Poses serious physical danger to himself or herself or to others; or

2) Causes serious disruption to ongoing medical treatment, which is necessary to sustain his or her life or to prevent disability.

3. No patient shall be kept in physical behavioral restraints for a period greater than one hour unless:

a. A physician or court has authorized the use of the restraints for longer than one hour; or

b. A law enforcement officer accompanies the patient in the rear of the ambulance.

4. No physical behavioral restraint shall be of a type, or used in a manner, that causes undue physical discomfort, harm or pain to a patient. Hard restraints, such as handcuffs, are specifically prohibited unless the officer who applied the hard restraints/handcuffs accompanies the patient.

5. A patient placed in any type of restraint shall be closely monitored to ensure that his/her airway is not compromised in any way. In no circumstance shall a patient be placed facedown on a stretcher while in restraints.

6. If an ambulance is unavailable, officers can transport the person to the hospital in a police vehicle (only non-violent with no life threatening medical condition, e.g. no respiratory disorder, heart condition, etc.)

G. If the person is being transported in an ambulance, an officer should follow the ambulance to the hospital in order to render aid, if necessary.

H. If the person is violent, has the potential for violence, or has a history of violence, two officers shall ordinarily assist with transportation:

1. Ideally, one officer should be in the rear compartment of the ambulance with the patient, with sidearm away from the patient to minimize the risk of the patient gaining control of the weapon.

2. The second officer should ride behind the ambulance (or transporting vehicle) in a police vehicle to render immediate aid, if necessary.

I. Ordinarily, officers shall remain at the hospital until hospital security takes over. Once the patient has been secured in the screening facility, it is normally not necessary for the officers to remain.

1. If the patient is in police handcuffs, a police officer must accompany the patient to the hospital.

2. Officers must remain with the patient if the patient is being held on bail resulting from criminal/disorderly person charges or if the patient is being held on a warrant.

3. On occasion, hospital personnel may request officers to remain in extraordinary situations. The duty OIC shall render this determination.

## VIII. INCIDENTS INVOLVING ARRESTS

A. Officers are obliged to arrest any person who has committed an act in violation of any criminal statute.

1. If the person is going to be incarcerated, ensure that the person is screened for suicide potential.

2. The duty OIC shall order close observation of the subject while in custody.

B. When the mental status of an arrested person requires evaluation, officers shall transport the person to Kennedy Health Center using the procedures in subsection VII.

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

D. Under the provisions of N.J.S.A. 30:4-27.22c, this department 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. Normally, this department must take custody within 48 hours. Contact the Camden County Sheriff's Office for transportation assistance, if necessary.

## IX. REPORTING REQUIREMENTS

A. For the protection of all concerned parties, all incidents involving emotionally disturbed persons and/or involuntary commitment must be thoroughly documented on an *Offense 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, if applicable.

5. Name of mental health screening personnel contacted.

6. Name of mental health facility to where transported.

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

8. Include results of PES screening:

    a. Temporary Commitment – Location;

    b. Released - Voluntary Referral.

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

10. If excited delirium is suspected, the following information must be included in the report:

    a. Conditions at the incident scene;

b. Description of the subject's behavior and its duration;

c. Description of what the subject said during the encounter;

d. Type and duration of resistance;

e. Identity of all officers at the scene;

f. Actions taken to control the subject;

g. Restraints used on the subject and the length of time applied;

h. Location of the restraints on the subject;

i. Response time and actions taken by EMS, including a list of drugs given to the patient;

j. Means of transport and total elapsed time of transport;

k. Behavior of the subject during transport;

l. Means of resuscitation, if applicable;

m. Information from relatives and friends of the subject that can provide insight to the potential causation of the incident.

## X. LAWS CONCERNING INVOLUNTARY COMMITMENT

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

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

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

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

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

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

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

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

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

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

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

1. *If a person in custody awaiting trial on a criminal or disorderly persons charge is admitted or committed pursuant to this act, the law enforcement authority that transferred the person shall complete a uniform detainer form [appended], as prescribed by the Division of Mental Health Services, that shall specify the charge, law enforcement authority and other information that is clinically relevant. This form shall be submitted to the admitting facility along with the screening certificate or temporary court order directing that her person be admitted to the facility.*

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

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

**CASE #: _____**

**STATE OF NEW JERSEY**
**DEPARTMENT OF HUMAN SERVICES**
**DIVISION OF MENTAL HEALTH AND HOSPITALS**

**UNIFORM MENTAL HEALTH DETAINER FORM**

**N.J.S.A. 30: 4-27.22, states in pertinent part, that:**

*"…If a person in custody awaiting trial on a criminal or disorderly persons charge is admitted or committed pursuant to this act, the law enforcement authority that transferred the person shall complete a uniform detainer form [appended], as prescribed by the Division of Mental Health Services, that shall specify the charge, law enforcement authority and other information that is clinically relevant. This form shall be submitted to the admitting facility along with the screening certificate or temporary court order directing that the person be admitted to the facility".* (N.J.S.A. 30: 4-27.22a)

When the person is administratively or judicially discharged and is still under the authority of the law enforcement authority, that authority shall within 48 hours of receiving notification of the discharge, take custody of the person. (N.J.S.A. 30: 4-27.22c)

**DATE:** _____

**TO:** _____
Psychiatric Facility

_____

**FROM:** _____
Detaining Authority

**RE:** _____
Name of Inmate/Patient

**Date of Birth:** _____ **Social Security #:** _____

**Outstanding Criminal or Disorderly Persons Charges:**

_____

_____

_____

**Indictment Numbers, If Applicable:** _____

**Court in Which Charged:** _____

**CASE #: _____**

**CHECK APPLICABLE STATUS:**

☐ **(1) Individual is transferred for evaluation of 'fitness to proceed' pursuant to attached court order (N.J.S.A. 2C: 4-5a(2) or 2C: 4-5c).**

☐ **(2) Individual is transferred for evaluation of whether they should be found 'not guilty by reason of insanity' pursuant to attached court order (N.J.S.A. 2C: 4-5 OR 2C: 4-8a or 2C: 4-9a).**

☐ **(3) Individual is transferred as 'involuntary civilly committed' pursuant to (N.J.S.A. 30: 4-27.1 et seq., and a certificate from a screening service or a temporary court order is attached.**

**This individual must be returned to upon discharge.** _____

**THIS FORM IS ONLY APPLICABLE TO INDIVIDUALS AWAITING TRIAL ON A CRIMINAL OR DISORDERLY PERSONS CHARGE.**

**APPLICABLE COURT ORDERS MUST BE INCLUDED WITH THIS FORM.**

_____
**PRINTED NAME OF PERSON COMPLETING FORM**

_____
**SIGNATURE**

_____
**TITLE**

_____
**PHONE NUMBER**