

MONTCLAIR POLICE DEPARTMENT

POLICY & PROCEDURES



SUBJECT: EMOTIONALLY DISTURBED PERSONS

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BY THE ORDER OF:
Chief of Police

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

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

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

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

It is also the policy of the Montclair Police Department to refer individuals who are intoxicated and incapacitated to the appropriate medical, mental, and protective services.

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

- F. Dementia is a generic term used for all memory impairing diseases.
- G. Emotionally disturbed person is generic term used to describe a person with an emotional disturbance, behavioral disorder, diminished mental capacity, or mental illness. There is a wide range of specific conditions that differ from one another in their characteristics and treatment including, but not limited to:
1. Mental illness;
 2. Anxiety disorders;
 3. Autism/Autism Spectrum Disorder;
 4. Bipolar disorder (sometimes called manic depression);
 5. Conduct disorders (including disorder due to substance abuse, including alcohol);
 6. Dementia;
 7. Diminished capacity;
 8. Excited delirium;
 9. Obsessive-compulsive disorder (OCD); and
 10. Psychotic disorders.
- H. 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.
- I. Incapacitated means, incapable, lack of normal intellectual power due to the use of alcohol, drugs, or mental illness/disturbance such that:
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.
- J. 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)

- K. Intoxicated means a condition in which the mental or physical functioning of an individual is substantially impaired as a result of their use of alcohol and/or drugs in his/her system.
- L. 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 shall include all conditions that result in the severity of impairment described within. (N.J.S.A. 30:4-27.2r)
- M. Protective custody – is a civil status in which a law enforcement officer detains an intoxicated and/or incapacitated person:
 - 1. Protecting the safety of an individual or the public or both;
 - 2. Assisting the individual to return to a functional condition.
 - 3. NOTE: protective custody is not an arrest.
- N. Screening means the process by which it is ascertained that the patient being considered for commitment meets the standards for both mental illness and dangerous to self, others, or property and that all stabilization options have been explored or exhausted.
- O. Screening outreach visit means an evaluation provided by a mental health screener wherever the person may be when clinically relevant information indicates the person may need involuntary commitment and is unable or unwilling to come to a screening service and the police are unable or unwilling to transport without an evaluation. (N.J.S.A. 30:4-27.2aa)
- P. Short-term custody for purposes of this policy, 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 policy, not to exceed six hours, when there are reasonable grounds to believe that the health and safety of the juvenile is seriously in danger and that immediate custody is necessary for the juvenile's protection (N.J.S.A. 2A: 4A-32).

II. GENERAL PROVISIONS

- A. Absent criminal behavior or danger to self or others, persons with mental illness or emotionally disturbed persons warrant no special police response. Mentally ill and emotionally disturbed persons have a right to be left alone as long as they do not violate the law.
- B. No person suspected of having mental illness or emotional disorder is to be taken involuntarily into police custody unless such person has committed an offense that could result in their arrest or has demonstrated by acts observed by a police officer or other reliable persons, that he/she is dangerous to the lives or safety of others or himself/herself.

- C. No one is to be treated as being mentally ill or emotionally disturbed unless a compelling necessity exists. Police officers shall exercise extreme care in determining that a person is mentally ill or emotionally disturbed and in conforming to the procedures set out in this policy.
- 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 policy shall be conducted at least once every three years.

III. RECOGNIZING SIGNS OF MENTAL ILLNESS

- A. Officers could encounter a person with an emotional disturbance or mental illness at any time. Common situations in which such individuals 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, mentally ill, or incapacitated persons are more subject to seizures and may be found in medical emergency situations.
 - 3. Disturbances: disturbances may develop when caregivers are unable to maintain control over emotionally disturbed or mentally ill persons engaging in self-destructive behaviors.
 - 4. Strange and bizarre behaviors: repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment.
 - 5. Offensive or suspicious persons: Socially inappropriate or unacceptable acts such as ignorance of personal space, annoyance of others, inappropriate touching of oneself or others, are sometimes associated with emotionally disturbed or mentally ill persons who are not conscious of acceptable social behaviors.
- B. Symptoms vary and each person with mental illness is different, but all people with mental illness have some of the thoughts, feelings, or behavioral characteristics listed below. While a single symptom or isolated event is not necessarily a sign of mental illness, multiple or severe symptoms may indicate a need for a medical evaluation. These symptoms should not be construed as an all-inclusive list.
 - 1. Changes in thinking or perceiving, such as:
 - a. Hallucinations;
 - b. Delusions;
 - c. Excessive fears or suspiciousness;

- d. Inability to concentrate;
 - e. Expressing a combination of unrelated or abstract topics;
 - f. Expressing thoughts of greatness (e.g. believes they are God);
 - g. Expressing ideas of being harassed or threatened (e.g. CIA is monitoring their thoughts through TV set);
 - h. Preoccupation with death, germs, guilt, etc.
2. Changes in mood:
- a. Sadness coming out of nowhere; unrelated to events or circumstances;
 - b. Extreme excitement or euphoria;
 - c. Pessimism, perceiving the world as gray and lifeless;
 - d. Expressions of hopelessness;
 - e. Loss of interest in once pleasurable activities;
 - f. Thinking or talking about suicide.
3. Changes in behavior:
- a. Sitting and doing nothing;
 - b. Friendlessness; abnormal self-involvement;
 - c. Dropping out of activities; decline in academic or athletic performance;
 - d. Hostility, from one formerly pleasant and friendly;
 - e. Indifference, even in highly important situations;
 - f. Seeing or hearing things that cannot be confirmed;
 - g. Confusion about or unawareness of surroundings;
 - h. Lack of emotional response;
 - i. Causing injury to self, others or damage to property;
 - j. Inappropriate emotional reactions.
 - k. Inability to express joy;
 - l. Inability to concentrate or cope with minor problems;

- m. Irrational statements;
 - n. Peculiar use of words or language structure;
 - o. Excessive fears or suspiciousness;
 - p. Unexplained involvement in automobile collisions;
 - q. Drug or alcohol abuse;
 - r. Forgetfulness and loss of valuable possessions;
 - s. Attempts to escape through geographic change; frequent moves or hitchhiking trips;
 - t. Bizarre behavior (skipping, staring, strange posturing);
 - u. Unusual sensitivity to noises, light, clothing.
4. Physical changes:
- a. Hyperactivity or inactivity or alternations of these;
 - b. Deterioration in hygiene or personal care;
 - c. Unexplained weight gain or loss;
 - d. Sleeping too much or being unable to sleep.
5. Physical appearance:
- a. Wearing clothing inappropriate to environment (e.g. shorts in winter, heavy clothing in summer);
 - b. Wearing bizarre clothing or cosmetics (taking into account current trends).
6. Body movements:
- a. Strange postures or mannerisms;
 - b. Lethargic, sluggish movements;
 - c. Repetitious, ritualistic movements.
7. Unusual speech patterns:
- a. Nonsensical speech or chatter;
 - b. Word repetition (frequently stating the same or rhyming words or phrases);
 - c. Pressured speech (expressing an urgency in manner of speaking);
 - d. Extremely slow speech.

8. Verbal hostility or excitement:
 - a. Talking excitedly or loudly.
 - b. Argumentative, belligerent or unreasonably hostile.
 - c. Threatening harm to self, others or property.
9. Environmental Indicators:
 - a. Decorations (e.g. strange trimmings, inappropriate use of household items such as aluminum foil covering windows);
 - b. Waste matter and trash;
 - c. Accumulation of trash such as newspapers, paper bags, egg cartons, etc. (e.g., Hoarding Syndrome);
 - d. Presence of feces and/or urine on the floor or walls.
- C. Often the symptoms are cyclic, varying in severity from time to time. The duration of an episode also varies; some people are affected for a few weeks or months while for others the illness may last many years or for a lifetime. There is no reliable way to predict what the course of the illness may be. Symptoms may change from year-to-year. Also, one person's symptoms may be very different from those of another although the diagnosis may be the same.
- D. In many cases of apparent mental illness, other diseases or maladies are found to be the cause including, but not limited to: Alzheimer's, epilepsy, Parkinson's, diabetes, etc. Be alert for and note behaviors to relay to mental/behavioral 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. When encountering an emotionally distressed/disturbed person or a person with suspected mental illness, officers shall use de-escalation tactics to the extent possible. Examples include but, are not limited to
 1. Approach the person with extreme caution; be alert and maintain a calm and casual demeanor.
 2. If possible, identify a friend or relative that can provide assistance in dealing with the person or who may be able to explain the behavior.
 3. Speak to the person by name, if known; your tone of voice should be soothing, but firm and businesslike.
 4. Avoid exciting the person; do not say or do anything that may threaten or intimidate the person.
 5. Ask questions slowly, one at a time, and be patient in waiting for a response; be prepared that the person may not understand questions and/or instructions or be able to answer in an understandable manner.
 6. Avoid arguing with or scolding the person; do not allow anyone else to do so.
 7. Avoid deceiving the person (although sometimes it may be necessary)
 8. Ignore verbal abuse directed at you or others.
 9. Make use of friends or relatives who know how to talk to, and deal with, the person unless there is friction between them.
 10. Whenever possible, try and stall until 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.
 14. Be aware that the situation can change and regress at any time

- B. If it is necessary to restrain or take the person into custody, do so carefully; use physical restraint sparingly as it may cause more aggressive behavior. Keep sidearms and other weapons out of the person's reach. Contact EMS for restraints and/or transportation, if necessary. All use of force must comply with this department's *Use of Force* policy
- C. 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 need to establish that any confession made by someone with mental illness or an emotional disturbance is knowingly and intelligently given, see *State v. Flower 224 NJ Super (App. Div. 1988)*. Officers in such situations should consult with a supervisor, who then may contact the Essex County Prosecutor for guidance, if needed. When interviewing an individual who is mentally impaired, officers should:
 - 1. Not interpret lack of eye contact or strange actions as indications of deceit;
 - 2. Use simple and straightforward language; he/she may have limited vocabulary or speech impairment.
 - 3. Recognize that the individual might be easily manipulated and highly suggestible.
- D. Miranda warnings may need to be explained after being read to the individual in language 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. ALCOHOL AND DRUG INTOXICATION / INCAPACITATION

- A. A person who appears intoxicated, but **not** incapacitated in a public place:
 - 1. Such person should be left alone unless criminal activity is observed or suspected.
 - 2. With the person's consent, he/she may be transported or sent home, licensed intoxication treatment facility, medical facility, or mutually agreeable location
 - 3. Use the transport protocols mentioned in section VII of this policy.
- B. A person who is so intoxicated that he/she appears to be incapacitated by alcohol or drugs and obviously cannot consent or decide for him/herself if he/she needs treatment should be taken into protective custody and transported to an emergency medical facility.
 - 1. Any person who is unconscious or injured should be taken directly and immediately to an emergency medical facility.
 - 2. An intoxicated person arrested for a violation of a municipal ordinance or disorderly persons offense may be taken directly to an intoxication treatment center or emergency medical facility.

3. Depending on the circumstances, the person may need to be restrained in handcuffs or other restraints with consideration given for any possible medical conditions.
 4. Use the transport protocols mentioned in section VII of this policy.
- C. Intoxicated/incapacitated juveniles shall be taken into short-term custody in accordance with N.J.S.A. 2A: 4A-32
1. Officers shall promptly notify the juvenile's parent or guardian
 2. If a parent or guardian cannot be located, have EMS transport the juvenile to a hospital or other emergency care facility.
 3. Use the transport protocols mentioned in section VII of this policy.
- D. When an intoxicated/incapacitated person with pending criminal charges is taken into custody, an officer shall escort the person to a hospital or emergency care facility.
1. The arresting officer or other designee shall guard the subject until such time as incarceration into the county jail can take place or until relieved by county corrections personnel.
 2. Use the transport protocols mentioned in section VII of this policy.
- E. When an intoxicated/incapacitated person is in custody with this department:
1. Arrestees not confined to a cell shall be continuously observed;
 2. Arrestees confined to cells shall be physically checked at least every 15 minutes;
 3. EMS shall be contacted to transport any person who provides a breath sample indicating a 0.35% blood alcohol content or higher to a medical facility for treatment once the required sample(s) have been obtained.

VI. EXCITED DELIRIUM

- A. Calls associated with excited delirium often include descriptions by complainants of wild, uncontrollable physical action, and hostility that comes on rapidly. While officers cannot diagnose excited delirium, specific signs and characteristic symptoms may be evidence including but, not limited to:
1. Constant or near constant physical activity;
 2. Irresponsiveness to police presence;
 3. Nakedness/inadequate clothing that may indicate self-cooling attempts;
 4. Elevated body temperature/hot to touch;
 5. Rapid breathing;

6. Profuse sweating;
 7. 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 effectuate rapid control of the subject.
 3. Ensure that EMS is on the scene or en route (note: where possible, EMS should be on site when subject control is initiated).
- D. When the subject is responsive to verbal commands, one officer should approach the subject and employ verbal techniques to help reduce his/her agitation before resorting to the use of force. The officer should:
1. Not rush toward, become confrontational, verbally challenge, or attempt to intimidate the subject, as he/she may not comprehend or respond positively to these actions and may become even more agitated or combative; and
 2. Ask the subject to sit down, which may have a calming effect; and
 3. Be prepared to repeat instructions or questions.
- E. When there is no apparent threat of immediate injury to the subject or others, the officer should not attempt to take physical control of the subject. This would likely precipitate a struggle and exacerbate the subject's physical and emotional distress. The officer should wait for backup and EMS assistance before attempting to control the subject.
- F. Reasonable steps should be taken to avoid injury, such as moving the subject from asphalt to a grassy area to reduce abrasions and contusions, if feasible.

- G. If the subject poses a threat of death or serious bodily injury to the officer, others, or to him or herself, apart from the dangers inherent in excited delirium alone, intervention should be taken using that level of force reasonably necessary to control the individual.
- H. Normally, OC and batons are ineffective due to the subject's elevated threshold of pain. Officers may consider a physical takedown using 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.

VII. 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 mental health department at the hospital is equipped to handle their problems and that, if the person wishes, transportation can be arranged to the hospital where the psychiatric staff is available 24/7. Prior to transport and whenever possible, officers should cause notification to the emergency room advising them that an EDP is in route.
- C. If the person refuses to cooperate and responsible adult members of the person's family or the person's guardian are known, the officer may want to contact them and suggest that they try to influence the person to seek care.

VIII. INVOLUNTARY COMMITMENT

- A. Because involuntary commitment entails certain deprivations of liberty, it is necessary that state law balance the basic value of liberty with the need for safety and treatment, a balance that is difficult to affect because of the limited ability to predict behavior.
- B. The procedures set forth in this section are a result of rules promulgated by the New Jersey Department of Human Services, Division of Mental Health and Services Screening Outreach, specifically N.J.A.C. 10:31-8.1 through N.J.A.C. 10:31-8.3.

- C. Generally, there are four situations in which a mentally ill person or EDP may be taken into custody.
1. If he/she committed a crime for which, under normal circumstances, he/she would be arrested; or
 2. When from acts observed by the officer or other reliable persons, the officer believes the person is a danger to others or property; or
 3. From acts observed by the officer or other reliable persons, the officer believes the person poses a substantial risk of physical impairment or injury to himself/herself as manifested by evidence that his/her judgment is so affected that he/she is unable to protect himself/herself in the community and that reasonable provision for his/her protection is not available in the community; or
 4. When from acts observed by the officer or other reliable persons, the person demonstrates a substantial risk of physical harm to himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm.
- D. If it has been determined that the person fits into one of the above situations and must be taken into custody, seek to convince the person to come voluntarily and peacefully. If these measures fail or are impracticable, the person shall be restrained with handcuffs, but only with as much force as necessary to accomplish this task.
- E. Upon determining that a person is in need of involuntary commitment or further evaluation for involuntary commitment, the officer shall cause transportation to the primary mental health screening service in Essex County:
- East Orange General Hospital (EOGH)
300 Central Avenue
East Orange, NJ 07019
HOTLINE: (973) 266-4479 (4480)
- F. Alternate mental health screening facilities in Essex County are:
- University Behavioral Health Care
150 Bergen Street
Newark, NJ 07101
HOTLINE: (973) 623-2323
- Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
HOTLINE: (973) 926-7444
- G. Transportation should ordinarily be accomplished by EMS.
1. Depending on the demeanor and condition of the person, two officers may be necessary to conduct the transport. The road supervisor should make this decision on a case-by-case basis.

2. If the subject is out of control and needs to be completely restrained, officers shall immediately arrange transportation for the subject to a facility. The subject's arms and legs can be secured to the stretcher in the ambulance.
 3. One officer can accompany the ambulance by riding inside the ambulance to maintain security while a second officer follows.
- H. Officers shall assist with screening center security until the subject is released to the custody of the on-site security personnel. If the subject is under arrest, officers will stand by until a commitment can be obtained for the secure facility at the hospital.
- I. A thorough search should be made for weapons or contraband that could be used to injure officers involved or for any attempt to commit suicide, see this department's policy on *Warrantless Searches*.

IX. INCIDENTS INVOLVING ARRESTS

- A. If the person is going to be incarcerated, ensure that the person is screened for suicide potential. The desk supervisor may order close observation of the subject while in custody.
- B. When the mental status of an arrested person requires evaluation by a screener, the officer shall arrange transportation to East Orange General Hospital for evaluation or contact mobile outreach to respond to headquarters for a screening outreach visit..
- C. If the subject is admitted or committed to a State of New Jersey psychiatric facility, officers shall complete a *Uniform Detainer Form*. The detainer shall be forwarded to the psychiatric facility. Copies of the *Uniform Detainer Form* must be retained by this department, filed with all case reports and filed with any criminal complaints that are forwarded to the courts.
- D. Under the provisions of N.J.S.A. 30:4-27.22c, law enforcement agencies may be required to take custody of a person being released from involuntary commitment by the psychiatric facility and who was being held on bail resulting from criminal/disorderly person charges.
1. If the subject is to appear in municipal court, this department may be required to conduct the transportation.
 2. If the subject is to appear in superior court or is to be incarcerated at the county jail, contact the Essex County Sheriff's Office for transportation.
- E. For the protection of all concerned parties, all incidents involving involuntary commitment must be thoroughly documented in an incident report. The report shall include the following information:
1. Name, address, telephone number, DOB, and SS# of subject
 2. Description of circumstances that required police involvement

- a. Description of the subject's behavior and its duration;
 - b. Actions taken to control the subject;
 - c. Restraints used on the subject;
 - d. Location of the restraints on the subject;
 - e. Information from relatives and friends of the subject that can provide insight to the potential causation of the incident.
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 ambulance.
 5. Name of mental health facility to where transported.
 6. Whether medical attention prior to mental health screening was required.
 7. Include results of mental health screening:
 - a. Temporary involuntary commitment – location;
 - b. Released - voluntary referral.
 8. Include information on all criminal charges, if applicable.
- F. Any law enforcement officer acting in good faith during the assessment process is made immune from civil and criminal liability (N.J.S.A. 30:4-27.7).

**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