

**New Jersey**  
**Police Suicide**  
**Task Force**  
**Report**

**January 30, 2009** *Submitted to Governor Jon S. Corzine*







## State of New Jersey

January 30, 2009

Honorable Jon S. Corzine  
Governor  
State of New Jersey  
State House  
Trenton, New Jersey

Dear Governor Corzine:

We are pleased to provide you with the report of the Governor's Task Force on Police Suicide. As you are aware, suicides outnumber deaths in the line of duty among New Jersey law enforcement. The impact of suicide on families and loved ones is profound, and has long-lasting consequences for those affected. Given the magnitude of this burden, the prevention of suicide is an important societal priority. The devastating consequences of suicide in the law enforcement community have led to many calls for increased prevention efforts.

On October 5, 2008, you established the Task Force on Police Suicide. A fourteen member panel was created, representing various branches of law enforcement, mental health professionals, service providers, and survivors' organizations. Chaired by the Attorney General and the Commissioner of Human Services, the Task Force was charged with examining the problem of law enforcement suicide in New Jersey, and producing a final report with recommendations. We thank the members of the Task Force for their time and effort.

The Task Force reviewed a great deal of information about law enforcement suicide in New Jersey and elsewhere. A number of guest speakers made presentations to the Task Force, and Task Force members shared their expertise and experience. The Task Force also conducted a survey of law enforcement supervisors on their use of mental health services for their officers. The recommendations presented in this report focus on ways to prevent law enforcement suicide in our State, particularly by increasing suicide awareness training, improving access to counseling services, and addressing the stigma about seeking mental health treatment.

On behalf of the Task Force, we thank you for the opportunity to work on this important issue. We hope you find our recommendations useful, and look forward to discussing them further with you.

Sincerely,

A blue ink signature of Anne Milgram, consisting of a large, stylized 'A' followed by a series of loops and a final flourish.

Anne Milgram  
Attorney General  
State of New Jersey

A blue ink signature of Jennifer Velez, featuring a large, stylized 'J' followed by a series of loops and a final flourish.

Jennifer Velez, Commissioner  
Department of Human Services  
State of New Jersey

New Jersey  
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New Jersey  
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Report

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## Executive Summary

Nationally, suicide is the eleventh leading cause of death. While New Jersey has one of the lowest suicide rates in the nation, suicide is also a leading cause of injury death in the state, exceeded only by motor vehicle crashes and drug overdoses. In 2007, New Jersey had more than 600 suicides, and suicides exceeded homicides by a ratio of approximately three to two. For each completed suicide, approximately eight non-fatal attempts result in hospitalization.

Yet the impact of suicide cannot be measured by the number of deaths alone, because suicide has devastating consequences for loved ones, co-workers and society. The law enforcement community in New Jersey and elsewhere has long been faced with the troubling issue of law enforcement officer suicide, which routinely takes more lives than deaths occurring in the line of duty. The stress of law enforcement work as well as access to firearms puts officers at above average risk for suicide. The impact of suicide in the law enforcement community has led many to call for a more concerted effort to improve prevention.

On October 5, 2008, Governor Jon S. Corzine announced the formation of the Governor's Task Force on Police Suicide. A fourteen member panel was established representing various branches of law enforcement, mental health professionals, service providers, and survivors' organizations. A list of the Task Force members is included in Appendix A. Chaired by the Attorney General and the Commissioner of Human Services, the Task Force was charged with examining the problem of law enforcement<sup>1</sup> suicide in New Jersey, and developing recommendations for suicide prevention.

The Task Force members shared their expertise and reviewed a great deal of material on law enforcement officer suicide. Additionally, a number of guest speakers made presentations. A complete list of presentations is included in Appendix B. The Task Force also surveyed law enforcement supervisors on their utilization of mental health services for their officers.

The Task Force's recommendations focus on:

- Providing more suicide awareness training to law enforcement officers and supervisors;
- Improving access to and increasing the effectiveness of existing resources;
- Recommending the adoption of best practices; and
- Combating the reluctance of officers to seek help.

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<sup>1</sup>For the purpose of this Task Force's work, the law enforcement population was defined as: current or retired/disabled state, county, and municipal police officers, as well as sheriffs, marshals, campus police, and corrections officers. Civilian employees of these agencies, security guards, and other investigators who are not officers are not considered to be law enforcement officers for the purposes of this Task Force.

## I. Scope of the Problem

Suicide is a very real problem for law enforcement officers and their families. Most studies have shown that the number of officer lives lost to suicide exceeds those killed in the line of duty. A number of potential risk factors are unique to law enforcement. Law enforcement officers are regularly exposed to traumatic and stressful events. Additionally, they work long and irregular hours, which can lead to isolation from family members. Negative perceptions of law enforcement officers and discontent with the criminal justice system also play a role in engendering cynicism and a sense of despair among some officers. A culture that emphasizes strength and control can dissuade officers from acknowledging their need for help. Excessive use of alcohol may also be a factor, as it is for the population in general.

Access to firearms is a critical factor in law enforcement officer suicides, since most officers are required to maintain their firearms on and off duty. One study of New York City police officers showed that 94% of police suicides involved the use of a service weapon. Suicide prevention research has overwhelmingly demonstrated that access to lethal means has an independent effect on increasing suicide risk.

### **New Jersey**

New Jersey is one of seventeen states funded by the Centers for Disease Control to participate in the National Violent Death Reporting System (NVDRS), a unique source of information on violent fatalities including suicide. This richly detailed surveillance system, maintained by the New Jersey Department of Health and Senior Services, collects information on the circumstances surrounding violent deaths in New Jersey, using information from police and medical examiner reports, death certificates, and newspapers. NVDRS also collects information on the occupations of suicide decedents and thus permits the comparison of law enforcement officer suicides with other suicides.

Using the definition of a law enforcement officer adopted by this Task Force, there were fifty-five suicides among this population between 2003 and 2007. Of these, 18 or nearly one third involved law enforcement officers who were retired or on disability, and 16, or nearly thirty percent, were current or retired corrections officers. Three of the fifty-five suicides were part of “murder-suicide” incidents. All but two suicides were committed by males. There was no time trend, so it does not appear that law enforcement suicides increased or decreased during this five-year period.

Statistics on law enforcement employment published annually in the Uniform Crime Reports (UCR) were used as denominators to estimate suicide rates for law enforcement officers. The



UCR law enforcement employment data are divided into several categories, allowing the comparison of corrections officers with other law enforcement officers. Because population estimates for retired officers and officers on disability are not available, suicide rates can only be calculated for current law enforcement officers.

As Table 1 shows, the ratio of suicide rates among all active law enforcement officers as compared to all males aged 25 to 64 years is 1.3, meaning rates among law enforcement officers are thirty percent greater than similarly aged males. The ratio is 2.5 for active corrections officers and 1.1 among active non-corrections law enforcement officers.

**Table 1. Suicide Rates of Law Enforcement Officers versus Males 25-64 years, New Jersey, 2003-2007**

Crude rates	Annual Suicides*	Population***	Crude Rate (per 100,000)	Ratio LE:Male
Current LE	7.4	40,000	18.5	1.3
Corrections only	2.4	6,900	34.8	2.5
Police only	5	33,200	15.1	1.1
<b>New Jersey**</b>				
Total population	536	8,700,000	6.2	
Males 25-64 years	322	2,300,770	14.0	

*\*Average 2003-2007; excludes retired officers and officers on disability.  
 \*\*\*Law enforcement population data from 2006 UCR*

## Summary

1. The suicide rate among law enforcement officers is somewhat higher than that for similarly aged males in New Jersey.
2. There is no evidence that the suicide rate among law enforcement officers is increasing.
3. Corrections officers appear to have a higher suicide rate than other law enforcement officers.

## **II. Risk Factors for Suicide Among Law Enforcement Officers Compared to the Overall Population**

In the overall population, the most common risk factor for suicide is a mental illness, particularly depression or bipolar disorder. Another important risk factor is access to lethal means, chiefly firearms. Relationship problems, mainly with intimate partners, are also significant, as are acute crises such as job, legal, or financial problems. Particularly among the elderly population, physical health problems, or the illness or death of a spouse, can trigger suicidal behavior. Substance abuse is another risk factor. As compared with males, females are more likely to have longstanding mental health problems, and are less likely to commit suicide in response to an acute event such as an incarceration or a break-up in a relationship.

To address the elevated suicide rates among law enforcement officers, the Task Force sought to determine what risk factors may be particularly important for this population. Experts cite three common issues in law enforcement officer suicide. The first is greater access to a lethal means, because law enforcement officers in general possess firearms on and off duty. In comparison, only eleven percent of households in New Jersey report gun ownership. Second, stress stemming from upsetting or critical incidents present a unique occupational hazard for law enforcement officers. Finally, factors related to shift work and the consequences of law enforcement officer schedules for family relationships are also significant.

Data from the New Jersey Violent Death Reporting System were used to compare the circumstances of law enforcement officer suicides with suicides of similarly aged males in New Jersey. One striking and not unexpected difference is in the use of firearms. More than eighty percent of suicides among law enforcement officers were committed with firearms, compared to approximately one third of suicides among similarly aged males in New Jersey. Additionally, law enforcement officer suicides were significantly less likely than others to be accompanied by documented mental health illnesses, prior suicidal behavior, or previous disclosure of an intent to commit suicide.

Law enforcement officer suicides were more likely than others to have circumstances related to a physical health problem, and to have had a problem with an intimate partner. But these findings are consistent with a general pattern of differences between firearm and non-firearm suicides. When law enforcement firearm suicides are compared with firearm suicides among similarly aged males, there are fewer significant differences in circumstances, except that law enforcement officers are less likely than others to have sought mental health treatment, had a “depressed mood” prior to death, and had previously disclosed an intention to commit suicide. These results show

that the circumstances in law enforcement suicides are broadly similar to those in other firearm suicides, in that they are more likely to take place as a result of short-term acute situations rather than long-standing mental health issues. These findings are consistent with the fact that access to lethal means is a risk factor for suicide among law enforcement officers.

**Table 2. Reported Circumstances of Law Enforcement and Other Suicides  
Males, New Jersey, 2003-2007**

	Percent with circumstance reported					
	All suicides			Gun suicides		
	Total	Law Enforcement	p	Total	Law Enforcement	p
Crisis in last two weeks	24.9	32.6		27.8	38.5	
Depressed mood	35.8	28.3		42.4	25.6	0.04
Death of family or friend	5.7	10.9		7.2	10.3	
Financial problem	9.2	13		8.2	10.3	
Physical health problem	21.8	34.8	0.03	31.2	38.5	
History of mental health treatment	32.1	13	0.01	21.4	10.3	0.09
Intimate partner problem	25.2	39.1	0.03	27.9	35.9	
Job problem	11.5	8.7		10.5	7.9	
Legal problem	3.4	2.2		2.8	2.6	
Mental health problem	37.6	19.6	0.01	26.1	18	
Perpetrator of intimate partner violence	5.2	10.9	0.09	9.7	12.8	
Left a suicide note	32.1	34.88		33.3	30.1	
Substance abuse	16.1	6.5	0.07	10.5	5.1	
History of attempts	16.5	6.5	0.07	7.7	5.1	
Disclosed intent	20.1	8.7	0.06	24.1	5.1	0.009
Current mental health treatment	26.8	13	0.04	18.2	10.3	
Alcohol problem	16.87	6.5	0.06	14.6	5.1	

Source: New Jersey Violent Death Reporting System, New Jersey Department of Health and Senior Services  
Note: p-value shown when less than .10; indicates significant difference at 90% or greater.

**Summary:**

1. Access to lethal means and occupational stress are often cited as particular risk factors for suicide among law enforcement officers.
2. Law enforcement officer suicides in New Jersey are far more likely to be committed with a firearm than suicides among similarly aged males, and share circumstantial characteristics with other firearm suicides.

## III. Existing Resources and Barriers to Seeking Treatment

Resources for law enforcement officers who are in need of counseling include employee assistance programs, private practitioners, peer to peer counseling, and crisis intervention services. Law enforcement officers in general have health insurance benefits allowing them access to mental health treatment. Appendix C provides contact information to access the services described in this section.

### A. Employee Assistance Programs

Employee Assistance Programs (EAPs) are available to most, but not all, law enforcement officers in New Jersey. These services may be provided by a municipality, a county or the state. The functions of EAPs vary considerably, with some operating primarily as sources of referrals to private practitioners, while others provide short-term counseling on their own. Supervisors also refer officers to their EAPs when an officer is having performance problems such as absenteeism.

### B. Cop 2 Cop

New Jersey has a nationally recognized statewide confidential peer counseling program called Cop 2 Cop, legislatively established in 1998 and operating under the auspices of the University Behavioral Healthcare at the University of Medicine and Dentistry of New Jersey. Cop 2 Cop is a crisis intervention hotline service operating 24 hours a day, seven days a week. It is staffed by volunteer retired members of federal, state, and local law enforcement departments, and mental health professionals who have received law enforcement specific training. Fielding over 23,000 calls for service since 2000, the Cop 2 Cop peer counselors are trained to listen to distressed officers and make appropriate referrals to mental health providers or other services.

Cop 2 Cop provides clinical assessment for officers and their families, maintains a referral network of clinical providers and offers Cop 2 Cop teams for statewide critical incident stress management services with expertise in suicide response. In addition, Cop 2 Cop deploys and provides mutual aid to all New Jersey critical incident stress management teams throughout the state. Cop 2 Cop provides peer counseling training and a variety of stress management training available to law enforcement departments. In the area of suicide prevention, Cop 2 Cop staff are certified trainers for a best practice law enforcement training program called Question, Persuade and Refer (QPR) and have provided QPR training to over 3,000 officers.

The “Blue Heart Law Enforcement Assistance Program” was enacted in 2007 and expanded Cop 2 Cop to ensure that officers wounded or involved in traumatic incidents received counseling, care and support. It gives Cop 2 Cop the authority to refer wounded participants to group therapy, peer counseling and/or debriefing. Cop 2 Cop runs the New Jersey Wounded Officers Support Group Program and the group meets monthly.

## **C. Critical Incident Stress Management (CISM) Services**

In the course of their jobs, law enforcement officers may encounter traumatic incidents that may result in varying degrees of emotional distress that might ultimately undermine an officer’s psychological well-being and put him/her at risk for suicidal behavior.<sup>2</sup> Critical Incident Stress Management (CISM) is a comprehensive system specifically designed to prevent and mitigate adverse psychological reactions to a traumatic event. The approach includes assessment, strategic planning, preparation, pre-incident education, demobilizations, crisis management debriefings, individual, family, small group, organizational and pastoral interventions.

A defusing, which should typically occur within 24 hours after the incident, is an informal procedure to provide information to responders. Debriefing is a structured group discussion and occurs several days after the incident. Discussion centers on the incident and officers’ reactions, but also includes a psychological education component that teaches officers positive ways to deal with stress. Providing mental health and peer counseling can be a critical stress reducer after a critical incident. New Jersey has two CISM systems that provide similar services at no cost to all first responders including law enforcement, emergency medical services and fire fighters.

New Jersey Critical Incident Stress Management Team (NJCISM) is a statewide system that delivers peer support to any member of emergency services. Headed by a Chairman, its 225 members that include: 134 law enforcement, 21 emergency medical services, 4 firefighters, 3 dispatchers, 9 ER nurses, 9 law enforcement chaplains, 6 family members/survivors, 3 law enforcement spouses, and 22 mental health personnel. The deployed team consists of a peer counselor and a mental health provider when the situation dictates.

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<sup>2</sup>The New Jersey State Police S.O.P. C37 defines “critical incident” as any event that can cause an enlisted or civilian employee to experience an unusually strong psychological and/or emotional reaction, including use of deadly force by or against an enlisted employee, accidental discharge of a weapon, and any additional unusual circumstance.

New Jersey Crisis Intervention Response Network (CIRN) is another statewide system that adheres to the ‘Mitchell Model’ in delivering a multi-component crisis intervention program for all first responders. Headed by a statewide clinical director, CIRN has 87 members, 11 of whom are mental health professionals. This team is deployed by a call from a first responder, supervisor, or department who contacts the CIRN 24/7 hotline number. The deployed team consists of a peer and mental health professional.

In addition to these statewide networks, the New Jersey State Police, Cop 2 Cop and several other organizations maintain critical incident stress management teams as additional resources. The Critical Incident Stress Guidebook for New Jersey provides resource and contact information for state, county and local providers of critical incident stress management services and resources related to traumatic loss and disaster response.

## **D. Psychological First Aid**

Psychological first aid is an evidence-based approach and intervention to assist survivors and responders in the immediate aftermath of a traumatic event. The approach is based on the concept of human resiliency, enhancing short and long term adaptability, coping and self-efficacy skills. Psychological First Aid for First Responders and First Receivers training was developed for NJLearn, the New Jersey Homeland Security Emergency Responder (online) Training Center. This free online program will help First Responders and Receivers of all types, understand the emotional impact of such events, and introduce strategies and skills for managing the emotional consequences of disasters and terrorism. The program will soon be posted on the New Jersey Office of Homeland Security and Preparedness website.

## **E. Barriers to Seeking Treatment**

Despite the existence of resources, Task Force members and presenters frequently noted that, for a variety of reasons, many at-risk officers do not seek help. The primary barriers are a law enforcement culture that emphasizes strength and control, perceptions and distrust of mental health providers, the stigma associated with seeking help, general concerns about loss of privacy that may adversely affect their careers, and embarrassment or shame. Some officers may not feel comfortable with mental health providers who do not have specific experience with law enforcement populations. Officers often worry that seeking help may result in the loss of their firearm, job and health benefits. Additionally, peer to peer counselors who are current members of law enforcement agencies may not be as effective as they could be due to concerns about confidentiality.

## F. Survey of Law Enforcement Supervisors

To learn more about officers' use of resources, and gather suggestions for improvements, an online survey was administered to law enforcement supervisors, including police chiefs, supervisors of sheriffs, state and county corrections supervisors, and parole supervisors. The survey asked about:

- the types of services used when referring officers for assistance with psychological and substance abuse related problems,
- the types of services supervisors thought their officers used if they sought assistance on their own,
- whether their officers received training about coping with stress, and
- whether their officers received training about how to interact with mentally ill civilians.

Respondents were also asked their opinion about how to improve the effectiveness of their EAPs, and ways to improve the mental health and well-being of officers. Additional details about the survey are provided in Appendix D.

### 1. Services Used

Overall, survey results suggested that supervisors tend to rely on their EAPs as their primary referral for officers under their command. The second most frequently used service was Cop 2 Cop. Results varied by size of department. For example, among smaller departments (fewer than 20 officers), only twenty-five percent of supervisors reported that an EAP was their first choice in making a referral. More than thirty-five percent of these supervisors reported that they “rarely or never” made such a referral to services. In departments with more than one hundred officers, more than eighty percent of supervisors listed the EAP as their most likely referral, and none reported that they rarely or never made such a referral. When officers sought help on their own, supervisors thought they were most likely to seek a private practitioner, followed by Cop 2 Cop. This did not vary by size, as approximately half of all supervisors selected private practitioners as the most likely service used by officers seeking help on their own.

As noted above, a common suggestion among the responders about how to improve services to officers was to address the stigma among law enforcement officers about seeking assistance.

## **2. Availability of Training**

Approximately half of all supervisors interviewed reported having stress or psychological well-being training available to officers under their command. The percent with such training was highest among sheriffs and county corrections, and lowest among parole supervisors. This percent varied moderately by size, with about forty-eight percent of the smallest agencies, and fifty-five percent of the largest agencies reported having such training. Three quarters of respondents reported that training related to working with the mentally ill was available to their officers. This percent was highest among county corrections supervisors (88.9%) and lowest among parole supervisors (38.0%). There was no consistent variation by agency size.

The most common suggestion on how to improve services for officers in the areas of stress reduction, mental health and substance abuse services was a call for additional training. These comments were equally likely to be made across agency types, and by size of agency.

## **3. Employee Assistance Programs**

The most common response to how to improve EAPs was an expression of a positive view of these programs; with thirty percent of responders providing this response. This view was most common among sheriff and parole supervisors, and least common among state and county corrections. A concern about lack of confidentiality or a stigma associated with seeking assistance from EAPs was next often cited, with approximately twenty five percent providing this response. More often than not, this was a perception ascribed to officers and apparently not shared by the survey respondent. This view was most common in state and county corrections, and least common among parole supervisors.

## **Summary**

- 1. The Cop 2 Cop program is an important asset for law enforcement officers in crisis, and is used by many officers. Additional services include EAPs, peer to peer counseling within the NJSP, and crisis intervention units who provide counseling in the event of critical incidents.**
- 2. The survey results suggest a fairly high but uneven level of comfort with EAPs.**
- 3. Supervisors expressed a desire for increased training in the areas of suicide prevention and mental health awareness, and ways to combat the stigma associated with seeking help.**



## IV. Recommendations

While researchers and advocates may disagree on law enforcement officer suicide rates, and the relative importance of different risk factors, there is broad consensus on the most constructive avenues for preventing law enforcement officer suicide: 1) increase suicide awareness training, 2) improve access to resources, and 3) identify best practices to emulate. The Task Force recommendations focus on these three areas.

### A. Increase Training

Suicide prevention experts widely recommend training in suicide awareness and prevention for officers and supervisors, and survey results suggest a strong demand for this training among law enforcement supervisors. Yet there are relatively few examples of suicide prevention training programs in law enforcement agencies. The International Association of Chiefs of Police recently compiled resources and best practices in this area and those materials were considered in developing these recommendations. According to the National Police Suicide Foundation, fewer than two percent of law enforcement agencies have suicide prevention programs. Those that do provide this training include New York City, Los Angeles, the California Highway Patrol, Chicago, Miami, and the Washington State Patrol. There is evidence that awareness training can have a positive effect. The Air Force Academy program was found to reduce suicide among its officers.

The Task Force recommends the following related to training:

#### ***1. Suicide prevention awareness training should be provided to all recruits in basic training.***

The Task Force recommends that the Attorney General issue a directive requiring that a suicide prevention component be included in the Police Training Commission's Basic Training curriculum. As part of this, the Office of the Attorney General and the Department of Human Services will produce a training video that will be shown during Basic Training. The video will address officers, peers, and supervisors, and will thus serve multiple training purposes. The Department of Corrections will produce a training video with corrections-specific scenarios, with a consistent core message to the video produced for local and municipal law enforcement officers. The training videos will be placed on the websites of the Office of the Attorney General and other law enforcement agencies.

***2. Suicide prevention training should be provided to active law enforcement officers and supervisors.***

The Task Force recommends that the Attorney General send a letter to all law enforcement supervisors strongly recommending that all officers and supervisors receive suicide prevention training and information on a regular basis, including but not limited to viewing the suicide prevention video within six months of its release, and every three years thereafter.

**B. Improve Access**

Suicide awareness training provides officers and supervisors with information about risk factors for suicide and warning signs of suicidality, therefore, it is imperative that resources be available for officers in need of counseling services. While a number of excellent resources are available in New Jersey, including EAPs, Cop 2 Cop, and health insurance benefits, a number of steps can be taken to improve access to services for officers both by providing them more information about available resources, and by taking specific steps to increase the effectiveness of existing resources.

Peer to peer counselors are an important resource to address some officers' reluctance to access services from mental health professionals. But concerns about confidentiality may inhibit some officers from using peer counselors. The retired federal, state, and local officers who staff the phone lines at Cop 2 Cop have confidential status because of their training and because they are no longer active officers. Peer counselors who are also active law enforcement officers under New Jersey law do not have confidential status, and may be required to testify if there is an investigation of an incident. This may have a chilling effect on officers, and reduce the effectiveness of peer counseling for that reason. States including Colorado, Washington, Oregon and Arizona have peer confidentiality legislation outlining criteria under which confidentiality is granted.

The Task Force makes the following recommendations about improving access to services:

***1. Consider legislation affording confidentiality to peer counselors in narrow circumstances, provided that they are clearly serving as peer counselors.***

The Task Force recommends consideration of legislation affording confidentiality to first responder peer counselors when they are serving as part of an official peer counseling program.

The Task Force recommends that, at a minimum, peers be required to take three core courses based on the International Critical Incident Stress Foundation (ICISF) guidelines including training on group crisis intervention, individual crisis intervention and peer support, and advanced group crisis intervention, as well as ongoing training. This limited privilege would be unavailable to witnesses to an event leading to the need for a peer counselor or to anyone reporting harm to themselves or others, or to the commission of illegal acts.

Peer counseling services would be voluntary among departments and those choosing to become peer counselors would be required to complete the minimum initial and ongoing training requirements.

## ***2. Provide contact information for resources able to supply callers with information on mental health providers in the locality of their choice.***

More readily available sources of information on mental health providers in the State will improve law enforcement officers and their families' access to these services. The Task Force recommends that the State make available information on mental health providers. Examples of such contacts include Cop 2 Cop, New Jersey Mental Health Cares (Mental Health Association of NJ warmline), and 211. The information should be made available through State websites, mass emails, and information disseminated to all law enforcement agencies. The Attorney General and the Commissioner of Human Services websites should be used, among others, to disseminate this information.

## ***3. Move Cop 2 Cop to the Department of Human Services to increase the effectiveness and visibility of the services it provides.***

To best align the mission of Cop 2 Cop services with a contracting state agency, the Task Force recommends that the legislature modify proposed legislation A2803/S1979 transitioning the contract for the toll-free information "Law Enforcement Officer Crisis Intervention Services" telephone hotline from the Department of Health and Senior Services to the Department of Human Services. This recommendation requires that the legislation provide accompanying staff resource or salary coverage for contract oversight.

***4. Improve effectiveness of EAPs so that they are better able to meet the needs of law enforcement officers.***

While law enforcement officers surveyed by this Task Force most often had praise for the services provided by county, municipal and state EAPs, the next most frequent feedback regarding EAPs was that law enforcement officers are reluctant to use them. To address this issue, the Task Force recommends that the Attorney General and the Commissioner of the Department of Human Services reach out to EAP Directors and encourage them to advertise themselves to the law enforcement communities they serve. The Attorney General, the Commissioner of Human Services, and Cop 2 Cop will offer EAP Directors copies of the training and anti-stigma materials and other materials appropriate for law enforcement personnel.

***5. Increase awareness of existing resources.***

The Task Force Recommends that in the letter from the Attorney General and the Commissioner of Human Services, law enforcement supervisors be reminded to use the existing resources described above and to publicize their availability to officers under their command.

***6. Create an anti-stigma poster campaign for law enforcement.***

The Task Force recommends that the Department of Human Services, together with the Office of the Attorney General and the Governor's Task Force on Mental Health Stigma, design an anti-stigma poster campaign. Posters will be made available by DHS for all law enforcement agencies to post in locker rooms and other common areas. The Police Benevolent Association, the Fraternal Order of Police, and the State Trooper Fraternal Association will assist with initiatives to reduce stigma among their membership.

***7. Target messaging to retired law enforcement officers and officers on disability.***

The Task Force recommends that the Department of Personnel periodically provide information in the retirement and disability checks of retired law enforcement officers and officers on disability, informing them of the availability of resources such as Cop 2 Cop if they are feeling depressed or in need of mental health services. The Task Force also recommends that information materials regarding suicide prevention resources be included in the initial retirement packages sent to law enforcement officers.

***8. Monitor suicide rates among law enforcement.***

The Task Force recommends that available data on law enforcement suicides continue to be monitored through the New Jersey Violent Death Reporting System.

## **9. Reconvene the Task Force.**

The Task Force recommends that the Governor reconvene the Task Force in one year's time, or earlier if needed, to review the progress of the recommendations set forth in this report.

## **C. Best Practices**

The Task Force recommends that law enforcement agencies consider adopting some or all of the following examples of “best practices” that address the barriers to seeking treatment.

### **1. Comprehensive Law Enforcement EAP.**

The New Jersey State Police, Office of Employee and Organizational Development (OEOD), provides comprehensive, confidential services to employees and members of their immediate families who are experiencing organizational, behavioral, or personal difficulties, which can adversely affect their ability to function on the job effectively, efficiently, and safely. Since 1981, the OEOD has provided services to the state troopers and their families, and those services have been expanded to five other areas: Management & Organizational Services; Critical Incident Stress Management; Chaplain Services; Peer Advocate Services Unit; and Wellness.

The Peer Advocate Services Unit provides confidential assistance and services to enlisted members and their families. This unit educates members on services and resources available during a personal or professional crisis. Providing preventative education minimizes risk management for the member and the Division of State Police. These services may be initiated voluntarily by the requesting member, a co-worker or supervisor referral, or in conjunction with the medical services unit.

The Task Force recommends that law enforcement agencies consider the OEOD as a model employee assistance program that provides services tailored to law enforcement officers' mental health needs. The New Jersey State Police Standard Operating Procedure C37, “Office of Employee and Organizational Development” is provided as a reference in Appendix E.

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## ***2. Cop 2 Cop.***

The Cop 2 Cop statewide program is the only Certified Police Helpline in the country accredited by the American Association of Suicidology. The Task Force recommends that law enforcement supervisors encourage their officers to avail themselves of this resource and that they contact Cop 2 Cop if they have specific training or outreach needs.

## ***3. Policies mandating counseling after traumatic events.***

The Task Force Recommends that law enforcement agencies consider implementing policies mandating counseling after traumatic incidents. The Collingswood Police Department in New Jersey currently mandates counseling for all officers involved in critical incidents, a policy designed in part to reduce the stigma associated with seeking help. The New Jersey State Police has a similar policy. Such referrals ensure officers have an opportunity to receive assistance and help to eliminate the stigma associated with seeking help. The Collingswood Police Department's General Order mandating this procedure is provided as a reference in Appendix E.

## ***4. Non-Disciplinary Firearm Removal.***

Concerns about the career consequences of the involuntary removal of an officer's department issued firearm may deter distressed officers from seeking help, which only compounds the risk. Some jurisdictions have designed "non-disciplinary" firearm removal policies in attempt to reduce this barrier to seeking help.

The New York City Police Department in particular, has developed such a policy through its Early Intervention Unit and Psychological Services Unit that allows an officer to temporarily relinquish his or her firearms in a confidential and non-disciplinary manner when an officer is in need of counseling. The Task Force recommends that law enforcement agencies consider the appropriateness of these or similar policies for their departments. The New York Police Department Operating Procedure No: 205-47, "Temporary Removal of Firearms in Non-Disciplinary Cases" is provided as a reference in Appendix E.

## ***5. Align Department Policies and Procedures with CALEA and NJACP Standards.***

The Commission on the Accreditation for Law Enforcement Agencies, Inc. (CALEA) and the New Jersey Association of Chiefs of Police (NJACP), have developed standards to improve the delivery of public safety services and promote officer wellness. While accreditation can be an ultimate goal, adopting some of the CALEA standards related to employee support services may help to foster an environment where mental health and stress related issues can be dealt with efficiently and effectively. The Task Force recommends that law enforcement agencies consider compliance with relevant CALEA and NJACP standards as an avenue they may want to pursue as part of an overall suicide prevention initiative.

## V. Conclusion

The Task Force report identifies the key risk factors for law enforcement suicide and recommends ways to address the barriers to officers seeking treatment. The recommendations reflect the Task Force findings that the most constructive avenues for preventing law enforcement suicides are increasing suicide awareness training, improving access to resources and identifying best practices that law enforcement agencies can emulate.

## Appendix A

### Governor's Task Force on Police Suicide Members

#### *Co- Chairs*

Jennifer Velez, Commissioner - Department of Human Services

Anne Milgram, Attorney General - Department of Law and Public Safety

#### *Members*

Edward Brannigan, President - New Jersey Fraternal Order of Police

Cherie Castellano - Director, Cop 2 Cop

Robert N. Davison, Executive Director, Mental Health Association of Essex County

Thomas Garrity - NJ State Association of Chiefs of Police

Dennis J. Hallion, President - NJ State Police Non-Commissioned Officers Association

David Jones, President - State Troopers Fraternal Association

Donna E. Lamonaco – New Jersey State Police Survivors of the Triangle – C.O.P.S. Chapter

Madeline Neumann - Garden State Chapter of New Jersey Concerns of Police Survivors

Orlando Ramos, PhD - New Jersey State Police

Robert Rice, Chaplain - NJ CISM Team, Inc.

Kenneth Burkert, Designee to Anthony F. Wiener - State President. New Jersey Policemen's Benevolent Association

Katherine Hempstead, Director Center for Health Statistics - Department of Health and Senior Services

Kevin Martone, Assistant Commissioner, Division of Mental Health Services - Department of Human Services

Adrienne Fessler-Belli, Division of Mental Health Services - Department of Human Services

#### *Staff*

Beth Connolly, Director, Research & Evaluation - Department of Human Services

Janine Matton, Deputy Attorney General, Special Assistant to the Attorney General - Department of Law and Public Safety



## Appendix B

### Governor's Task Force on Police Suicide Presentations to the Task Force

Presenter	Organization	Topic
James Andruszkewicz Michael Peruggia	New York Police Department	NYPD Early Intervention Unit
Cherie Castellano	Cop 2 Cop	Cop 2 Cop Program
George Everly, Ph.D.	John's Hopkins Bloomberg School of Public Health	Best Practices in Police Suicide Prevention
Thomas Garrity, Jr.	New Jersey State Association of Chiefs of Police	Camden County Police Crisis Intervention Training
William Genet John Madden Eugene Moynihan	POPPA, New York City	Police Organization Providing Peer Assistance
Raymond F. Hanbury, Ph.D, ABPP	New Jersey-CIRN	NJ Crisis Intervention Response Network
Katherine Hempstead, Ph.D.	New Jersey Department of Health & Senior Services	NJ Violent Death Reporting System Data
Donna E. Lamonaco	New Jersey State Police Survivors of the Triangle – C.O.P.S. Chapter	Survivor Programs
Madeline Neumann	Garden State Chapter of New Jersey Concerns of Police Survivors	Survivor Programs
Gregory March	New Jersey State Police	Peer Advocate Services Unit
Cpl. Govan Martin	Pennsylvania State Police	PSP Member Assistance Program
James Nestor Jackie Pestano	New Jersey Department of Law and Public Safety	State Police Employee Assistance Program
Robert Rice	New Jersey CISM	NJ Critical Incident Stress Management Team
Michele Shinnick	Survivor	Survivor Issues
Eugene Stefanelli, Ph.D.	Private Practitioner	Peer Assistance and Response Team
Kenneth Burkert	New Jersey PBA	
John Violanti, Ph.D.	University of Buffalo	Law Enforcement Suicide Research

## Appendix C

### Resource Contact Information

Collingswood Police Department  
Chief Thomas J. Garrity, Jr.  
[tgarrity@collingswood.com](mailto:tgarrity@collingswood.com)

Cop 2 Cop  
[www.cop2coponline.org](http://www.cop2coponline.org)  
1-866-Cop2Cop (1-866-267-2267)

Critical Incident Stress Guidebook for New Jersey  
Copies available by contacting New Jersey Disaster Critical Incident Stress Response:  
[www.njdcisr.org](http://www.njdcisr.org)

International Association of Chiefs of Police (IACP) – Preventing Law Enforcement Officer Suicide:  
A Compilation of Resources and Best Practices  
[www.theiacp.org](http://www.theiacp.org)

New Jersey Crisis Intervention Response Network  
1-866-657-2473

New Jersey Crisis Intervention Stress Management Team  
[www.njcismteam.org](http://www.njcismteam.org)

New Jersey Department of Human Services  
[www.state.nj.us/humanservices](http://www.state.nj.us/humanservices)

New Jersey Police Benevolent Association (PBA)  
[www.njspba.com](http://www.njspba.com)

New Jersey Fraternal Order of Police (FOP)  
[www.njfop.org](http://www.njfop.org)

New Jersey State Police Office of Employee and Organizational Development  
New Jersey State Police Peer Assistance Unit  
[www.njsp.org/oeod](http://www.njsp.org/oeod)

New Jersey State Trooper Fraternal Association (STFA)  
[www.stfa.org](http://www.stfa.org)

Pennsylvania State Police, Member Assistance Program (MAP)  
[www.pspcares.state.pa.us/pspcare](http://www.pspcares.state.pa.us/pspcare)

Police Organization Providing Peer Assistance (POPPA), New York City  
[www.poppainc.com](http://www.poppainc.com)

New York Police Department Employee Relations  
Early Intervention Unit 646-610-5000

## Appendix D

### Survey of Law Enforcement Supervisors December 2008

The survey was administered in mid-December via email. The response rate was 33% for police chiefs, 67% for sheriffs, 100% for state corrections, 50% for county corrections, and 81% for parole. There were 197 respondents overall.

#### Open-ended questions

Respondents were asked to comment on the strength and weaknesses of their employee assistance program, and also to provide any other information they thought would be useful regarding services available to law enforcement officers in the area of stress or behavioral health/substance abuse. Of the 197 total respondents, 118 responded to the first open-ended question (60%), and 60 responded to the second (30%). Their responses were grouped into categories that reflected the main point of their comment. Below we provide responses to the open ended questions.

#### Comments about the E.A.P.

##### Praise

With regard to suggestions about improving the employee assistance program, the most common type of comment was one which expressed a positive view of the program. About thirty percent of respondents made such a comment. This view was most common among sheriff and parole supervisors, and least common among state and county corrections. These types of statements included ones such as the following:

***“Fortunately, we have had very little reason to use our EAP over the years. The times we have used it the response from the employees has been very positive.”***

*(Police Department, 20-49 officers).*

***“This is very private and the officers who have used it have been comfortable with it.”***

*(Police Department, 50-99 officers).*

***“Our County has a strong EAP program and doesn’t hesitate to make our employees aware of its use.”***

*(County Corrections, 100+ officers).*

# New Jersey Police Suicide Task Force Report

## **Stigma/Confidentiality**

The second most common type of comment made about the employee assistance program referred to a concern about lack of confidentiality or a stigma associated with seeking help. Approximately twenty-five percent of respondents made a comment that fell into this category. More often than not, this was a perception ascribed to officers and apparently not shared by the survey respondent. This view was most common in state and county corrections, and least common among parole supervisors. Representative comments are as follows:

***“Officer perception of the program is the most significant drawback. There are issues with mistrusting anything the State attempts to do to assist.”***

*(State corrections, 100+ officers)*

***“It is my belief that the county EAP is adequate. Unfortunately it is my opinion that staff may not utilize it due to an assumed stigma.”***

*(County corrections, 100+ officers)*

***“Officers are afraid of the municipal EAP due to privacy issues and the big brother is watching mentality.”***

*(Police department, 20-49 officers)*

## **Access**

The next major category of comments concerned access to employee assistance programs. Approximately eighteen percent of respondents made a comment about access to their E.A.P. Some noted that they didn't have a program at all, while others mentioned shortages of staff and limited hours. Sheriffs and state corrections supervisors were most likely to make comments about access. County corrections and parole supervisors did not mention access at all. Approximately fifteen percent of police chiefs mentioned access concerns.

***“Most Twp do not have a working program. If they do they don't share it with the police department. If you ask for employee assistance programs, the answer is that it's not in the budget.”***

*(Police department, 20-49 officers)*

***“Address staffing shortages and availability to persons on shift work.”***

*(Police department, 50-99 officers)*

***“It is our County's Policy that the Employee Assistance Program is not available to law enforcement officers working for the county. The County states that law enforcement officers must use the COP to COP Program...”***

*(Sheriff, 50-99 officers)*

### Other general comments

The second open-ended question called for general suggestions about how to improve services for officers in the areas of stress reduction, mental health and substance abuse services. The most frequent comment, made by approximately half of respondents (31), was a call for some type of additional training. These comments were equally likely to be made across agency types, and by size of agency. Examples of representative comments are listed below:

***“Training!!! We need more training for the well being of the Officers and we need training in how to deal with mental illness problems in general. We are seeing a big increase in people with mental illness.”***  
(Police department, 50-99 officers)

***“Mandatory inservice training under directive/guideline from AG.”***  
(Police department, 50-99 officers)

***“There is no clear mandate for these illnesses to be reported to the employer. There is not a defined policy on weapons use/privileges when an employee is in treatment and/or on medication. This is a tragedy waiting for a time to happen.”***  
(State corrections, 100+ officers)

***“I would like to see a recommendation to the Attorney General that mandates annual training on stress and other health related issues.”***  
(Police department, 25-49 officers)

### Stigma

The other major category of responses concerned the issue of stigma. Ten respondents, or approximately sixteen percent, made a comment about stigma. There was no particular pattern with regard to type or size of agency. Representative comments are as follows:

***“There needs to be more acceptance that there is such a thing as police stress. Too often people think that the mostly suburban communities do not have enough danger to create stress and that small police agency officers have it made and have no stress.”***  
(Police department, <20 officers)

***“Remember that officers feel more reluctant than other types of employees to seek help. They fear the stigma will hurt their image/career. We also need to find a way for peers to identify staff in need without repercussions.”***  
(Police department, 100+ officers)

***“Institution of training that would remove the stigma that a person with a problem is damaged goods and useless to the job.”***  
(Sheriffs, 100+ officers)

***“Officers have to realize that it is not showing weakness in requesting help in a stressful situation.”***  
(Police department, 50-99 officers)

## Appendix E

### Model Policies

New Jersey State Police, Standard Operating Procedure C37,  
*"Office of Employee and Organization Development"*, April 2007.

Collingswood Police Department, General Order #96-0012, June 1996.

New York City Police Department, Patrol Guide, Personnel Matters Procedure No:205-47,  
*"Temporary Removal of Firearms in Non-Disciplinary Cases"*, March 2004.

**January 30, 2009**

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# NEW JERSEY STATE POLICE STANDING OPERATING PROCEDURE

SP 437 (Rev. 7/05)

NUMBER	EFFECTIVE DATE
C37	April 12, 2007
SUBJECT	
OFFICE OF EMPLOYEE AND ORGANIZATION DEVELOPMENT	
O.P.I. NUMBER	RESCINDS
1600	S.O.P. C37, dated 8/3/04

REFERENCE

N.J.A.C. Title 4A; Title 42 U.S.C.; 42 CFR Part 2;  
New Jersey Dept. of Law and Public Safety Operating  
Procedure 8-96  
S.O.P. C7, C18, C33, C49, and D17  
CALEA Standard 1.3.8

The Division of State Police recognizes that employees may experience behavioral or personal issues, which if unresolved, can have a profound effect on a member's overall well-being and job performance. Additionally, consultation with and assistance to work organizations through organizational development processes can enhance management's value for quality performance. The Division further recognizes that law enforcement duties or other traumatic disaster related operations can often expose enlisted and support personnel to situations which can be emotionally and psychologically stressful. Such issues require appropriate intervention and can be successfully addressed through early identification and referral to appropriate care.

Therefore, the establishment of the Office of Employee and Organization Development (OEOD) to assist with the resolution of such issues is beneficial to the well-being of employees, their families, and the organization.

This order consists of the following numbered sections:

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## S.O.P. C37

### I. **Policy:**

The Office of Employee and Organizational Development will provide confidential services through the Employee Assistance Program (EAP), Critical Incident Stress Management (CISM), Management Assistance and Organization Development, and chaplain services to employees and their immediate families experiencing organization, behavioral, or personal problems which can adversely affect their ability to function effectively, efficiently, and safely while in the performance of their duties. Such problems may include, but are not limited to, marital or family distress, emotional or psychological difficulty, substance abuse, financial hardship, catastrophic illness, compulsive gambling, stress disorders, organizational distress, exposure to critical incidents, depression, or other behavioral health concerns. Prevention, identification, intervention, assessment, short-term problem resolution, motivation for treatment, referral to treatment, spiritual guidance, organization consultation, and follow-up to clients seeking assistance for such problems are all offered by the OEOD.

### II. **Definition of Terms:**

- A. **Employee Assistance Program (EAP):** The work organization's resource that utilizes specific functions and skills (EAP Core Technologies) to enhance employee and workplace effectiveness through prevention, identification, and resolution of personal and productivity issues.
- B. **Critical Incident:** Any event that can cause an enlisted or civilian employee to experience an unusually strong psychological and/or emotional reaction, including use of deadly force by or against an enlisted employee; accidental discharge of a weapon; and any additional unusual occurrences.
- C. **Critical Incident Stress Management:** A comprehensive integrated, multi-component continuum approach to crisis intervention. Included elements are: assessment, strategic planning, preparation, pre-incident education, demobilizations, crisis management briefings, individual, family, small group, organizational, and pastoral interventions.
- D. **Critical Incident Team (CIT):** A group comprised of the OEOD staff, mental health professionals, enlisted and civilian employees who are designated as peer supporters, and a chaplain of the Division under the direction of the Office of the Deputy Superintendent of Administration. The CIT will inform affected employees of the limits of their confidentiality and potential role conflicts.
- E. **Organizational Consultation:** Identifies and assesses various types of organizational problems and provides interventions through change management, team building, coaching, conflict resolution, and problem solving that improves workplace performance.

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- F. **Peer Supporters**: Enlisted and/or civilian employees who have been selected, based on an expressed interest, past experiences, and training, to assist other employees in dealing with critical incidents. Peer supporters serve on a voluntary basis at the discretion of the Superintendent.
- G. **Post Shooting Training Program (PSTP)**: A training program developed and administered by the Division Firearms Training Coordinator for enlisted employees involved in shooting incidents, whether intentional or accidental.
- H. **State Police Chaplain**: Provides members, their families, and the community with spiritual counseling, religious referral, and general character guidance through the various religious denominations within our society.
- I. **Domestic Violence Assessment Center (DVAC)**: A model program for conducting comprehensive evaluations of domestic violence, which will assist the Division with S.O.P. D17, "Domestic Violence Offenses Involving State Police Members."
- J. **Wellness**: Is an active process of becoming aware of and making choices toward a more successful existence. It is comprised of six aspects of being: physical, social, occupational, spiritual, intellectual, and emotional.

### III. **Program Structure**:

- A. Organizational placement
  - 1. The Office of Employee and Organizational Development shall be administered by the Director, who shall be directly responsible to the Office of the Chief of Staff.
  - 2. The OEOD facilities will be physically and structurally separate from Division operational units, so as to provide confidential, accessible locations for employees and their families seeking services.
  - 3. The OEOD main office is located at 210 South Broad Street, Trenton, NJ 08629. The New Jersey State Police, Employee Assistance Program (EAP) can be contacted by dialing **1-800-FOR-NJSP**.

- B. Exclusions

The Division is **not** bound to extend the services of the OEOD to any individual who persists in conduct which is contrary to law or who is placed in a suspended status due to such conduct.

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### C. Evaluation/disciplinary procedures

The existence of these services in no way diminishes the responsibility or authority of Division supervisory personnel to address performance issues which manifest in the workplace through existing evaluation or disciplinary processes. Supervisors are required to address, through the chain of command, circumstances which indicate that an employee may present a clear and serious threat to the physical welfare of themselves or another individual(s).

1. The employee's refusal to participate in the OEOD's programs will **not** be the basis for a negative evaluation, reprimand, transfer, salary reduction, lack of promotion, dismissal, or any other adverse disciplinary action.
2. The Division of State Police will safeguard the OEOD so that it remains separate and distinct from administrative or disciplinary hearings or grievance proceedings. The Office of Employee and Organizational Development will not be required to disclose client information at such hearings or proceedings.
3. The Superintendent or an appointed representative may refer an employee to the OEOD based on information obtained in an administrative proceeding or disciplinary hearing.

### D. Confidentiality

#### 1. Statement of Policy

The Office of Employee and Organizational Development will maintain the highest standards of confidentiality in accordance with United States Federal government regulations and legal and ethical mandates in order to meet the treatment needs of clients.

#### 2. Release of confidential information

A client's written authorization on a Consent for Release of Confidential Information (form S.P. 738, Annex A) allows the OEOD to release information to a specific individual or organization (i.e., the Deputy Superintendent of Administration, Medical Services Unit, Division Physician, supervisors, or treatment providers).

#### 3. Disclosure without a release

Federal and state laws require that the OEOD disclose client information to the appropriate authorities if there is reasonable suspicion that physical or sexual abuse of a child has occurred or there is a threat of harm to oneself or another person, irregardless of a signed and authorized release from the client. Records may also have to be released without a signed consent if a special court order is issued by a court of law.

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### 4. Records retention

Records retained on clients of the OEOD are confidential and will remain separate from medical, personnel, or other Division records.

**NOTE:** No indication of a referral shall be noted by the OEOD in the employee's personnel file or any Division record not specifically intended for such purpose.

### E. Referral types

#### 1. Self-referrals

Employees experiencing problems which may affect job performance can contact the OEOD without discussing the problem with their supervisors and are encouraged to do so prior to the necessity of a supervisory referral.

#### 2. Supervisory referrals

Supervisors can refer employees with unsatisfactory job performance to the OEOD. Civilian employees who receive an unsatisfactory performance rating on their evaluation will be referred to the OEOD in accordance with N.J.A.C. 4A:6-5.3. It is recommended that the Supervisory Referral Form (S.P. 739, Annex B) be utilized when making a referral and that supervisors notify their appropriate superior. These referrals may include, but are not limited to, issues concerning anger management, domestic violence, violence in the workplace, recruit exit interviews, and drug free workplace policies.

#### 3. Medical referrals

Division physicians can refer an employee to the OEOD.

#### 4. Critical incident referrals

Supervisors will refer an employee exposed to a critical incident as described herein to the OEOD.

#### 5. Domestic Violence complaint referrals

All enlisted members accused of domestic violence will be referred to the Office of Employee and Organization Development (OEOD) for appropriate assessment and referral, including scheduling the member for an assessment by the Domestic Violence Assessment Center (DVAC), and other services, if needed. The Office of Employee and Organizational Development will provide DVAC with any pertinent information that would assist in a thorough evaluation (all necessary releases will be signed by the member). Notification to the OEOD will be made by the Office of Professional

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Standards (OPS). The DVAC evaluation and recommendation will be sent to the OEOD and a copy will be provided to the Medical Services Unit (MSU). The Office of Employee and Organizational Development will be responsible for monitoring the member's DVAC recommendations and reporting progress and completion of same to MSU.

### F. Program procedures

1. The employee is informed by the OEOD staff of their rights, responsibilities, and the policies governing the employee's utilization of provided services. The employee acknowledges rights to privacy through written authorization, as provided in the Statement of Confidentiality (form S.P. 738A, Annex C).
2. The Office of Employee and Organizational Development identifies and recommends an appropriate plan of action for resolving an employee's personal or behavioral problem.
3. Employees requiring temporary off-duty status for counseling or treatment will authorize the OEOD Director to contact the Deputy Superintendent of Administration to arrange the absence from duty in accordance with S.O.P. C33, "Medical Policy and Procedures." Information provided will be limited to the employee's off-duty status and estimated return-to-duty date.
4. The employee's section commanding officer will be advised of the member's duty status by the Office of the Deputy Superintendent of Administration. Specific cases concerning fitness for duty will be directed to the Director of Medical Services.
5. The Office of Employee and Organizational Development will maintain contact with the employee and respective health care services to monitor progress during counseling or treatment and to ensure quality care. Follow up will be provided to ensure client needs are being attended to and addressed for on-going assistance. An enlisted employee on extended leave of absence will be required to receive a return to duty examination from a regional Division physician prior to reinstatement to full-duty status.

### IV. Employee Assistance Program (EAP):

- A. The OEOD staff is responsible for providing professional assistance and consultation through EAP to employees and supervisors regarding behavioral, organization, or personal problems that affect or may affect Division operations. These responsibilities are accomplished by the following activities:
  1. Conducting assessments of the employee's problem, providing short-term problem resolution, and where appropriate, referring the employee to a community/professional resource for on-going counseling or treatment

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2. Consulting with supervisors on the identification, management, and referral of employees with possible behavioral or personal problems
3. Ensuring through education and training that supervisors are familiar with their role and responsibilities in conjunction with the OEOD's services, policies, and procedures in relation to job performance, particularly with regards to the disciplinary process
4. Providing information to employees on related services

### B. Supervisors

Supervisors are responsible for monitoring and notifying employees of unsatisfactory job performance in accordance with the procedures defined in S.O.P. C7, "Personnel Evaluation System," and New Jersey Administrative Code 4A:6-5.1. In conjunction with this policy, supervisors are responsible for the following:

1. Consulting with immediate superiors and the OEOD for clarification on the appropriateness of a referral when job performance indicates a possible behavioral or personal problem and where performance does not improve with normal administrative corrective measures
2. Referring employees to the OEOD utilizing the Supervisory Referral Form

**NOTE:** This form will be prepared in original only, reviewed with the employee, and forwarded to the OEOD. No indication of the referral shall be noted in the employee's personnel file or any Division record not specifically intended for such purpose.

### C. Employees

Employees are responsible for maintaining satisfactory job performance. This can be accomplished by the following:

1. Seeking the services of the OEOD voluntarily through a self or supervisory referral
2. Realizing that involvement with the OEOD or any other health care counseling or treatment program does not excuse or limit an obligation to meet established Division policies and standards for job performance, or provide a shield from any disciplinary proceeding

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### V. Critical Incident Stress Management:

- A. In the course of assigned duties, enlisted and civilian employees may encounter a variety of traumatic incidents that may result in varying degrees of emotional and psychological distress. The Office of Employee and Organizational Development shall provide CISM to enlisted and civilian employees exposed to such incidents to assist in understanding the impact it may have caused.
1. Upon notification, members of the OEOD will immediately respond to the incident and begin conducting CISM with the affected enlisted or civilian employee(s) and will coordinate any subsequent referral services with the Medical Services Unit. When necessary, Critical Incident Team (CIT) members will also respond.
  2. If practical, further CISM will be conducted within three days of the incident by the OEOD personnel and any additional CIT members.
  3. The OEOD Director will advise the Deputy Superintendent of Administration of the specific need for additional CIT members. The section commanding officer will be contacted as directed by the Deputy Superintendent of Administration and will be directed to coordinate the release of CIT members under their command by notifying their respective supervisors using the normal chain of command.
  4. The OEOD Director will then contact the enlisted CIT members directly and provide them with reporting details.
  5. Critical Incident Team members approved for the assignment will be on official state police duty time and authorized to use Division transportation.
  6. The crisis intervention, or any subsequent referral for counseling will not interfere with nor will it be a part of the investigative process.
- B. Incidents involving the **use of deadly force** (firearms) by enlisted member(s)

Members involved in an incident involving the use of deadly force which may or may not result in an injury or death will be provided with CISM. Participants shall comply with the following process.

1. The on-scene supervisor of the Major Crime Unit will notify the OEOD of the incident and the need for related CISM services through the Regional Operations Intelligence Center (R.O.I.C.).
2. The on-scene supervisor of the Major Crime Unit will advise the affected member(s) that the OEOD will be providing the necessary CISM.

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**NOTE:** Each member subjected to a critical incident involving the use of deadly force shall be given the opportunity to notify their family immediately following the incident.

3. A critical incident intervention of the employee(s) involved will be conducted by the OEOD on the day of the incident.

**NOTE:** Enlisted member(s) involved in a use of deadly force incident resulting in death or serious physical injury, will be immediately placed on Administrative Leave with Pay (e-Daily Code #119) by the section commanding officer as recommended by the OEOD. The duration of leave is dependent upon the affected member's personal emotional condition, as well as the Division's administrative, investigative, and medical needs.

4. The Major Crime Unit will take a statement from the member(s) involved in the incident after the initial CISM has been completed. The Office of Employee and Organizational Development will be subsequently advised when the statement(s) have been completed.
5. The Office of Employee and Organizational Development will immediately contact the affected member(s) and their supervisor(s) in order to conduct CISM as soon as practicable, preferably within three days of the incident.
6. The member's station commander/unit head and the Medical Services Unit will be notified by the OEOD that the necessary CISM has been completed. At that time, the OEOD will place the member on an additional three days Administrative Leave with Pay (e-Daily Code #119).
7. On the fourth day (or next available scheduled work day) the member will meet with the Director of Medical Services to schedule an independent psychological assessment and to determine duty status consistent with the procedures outlined in S.O.P C33.
8. When appropriate, members will be scheduled by the Medical Services Unit for the Post Shooting Training Program (PSTP) which is administered by the Division Firearms Training Coordinator.
9. Upon completion of all necessary evaluations, the Director of Medical Services will schedule a meeting with the member(s) involved, review the appropriate reports, and make a duty status determination.
10. If the enlisted member's weapon is taken for evidential purposes, a replacement weapon will be provided from the nearest troop headquarters.



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11. The officer in charge of the investigation shall keep the member's troop commander/section commanding officer informed of the progress of the investigation to the extent that such information does not interfere with the investigation.

C. Other incidents involving enlisted and/or civilian members which result in death or serious physical injury.

1. Enlisted and/or civilian members involved in an incident which results in death or serious physical injury will be provided with CISM. Participants shall comply with the following process.

a. The on-scene supervisor of the investigation will notify the OEOD of the incident and the need for related CISM services through the R.O.I.C.

b. The on-scene supervisor of the investigation will advise the affected member(s) that the OEOD will be providing the necessary CISM.

**NOTE:** Enlisted and/or civilian members subjected to a critical incident involving action(s) or use of force resulting in death or serious physical injury shall be given the opportunity to notify their family immediately following the incident.

c. A critical incident intervention of the employee(s) involved will be conducted by the OEOD the day of the incident.

**NOTE:** Enlisted and/or civilian members involved in action(s) or use of force resulting in death or serious physical injury, will be immediately placed on Administrative Leave with Pay (e-Daily Code #119) by the section commanding officer as recommended by the OEOD. The duration of leave is dependent upon the affected member's personal emotional condition, as well as administrative, investigative, and medical needs.

d. The investigating unit will take a statement from the member(s) involved in the incident after the initial CISM has been completed, after which time the OEOD will be advised when the statement(s) has been completed.

e. The affected member(s) and their supervisor(s) will immediately be contacted by the OEOD in order to conduct a CISM as soon as practical, preferably within three days of the incident.

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- f. The member's station commander/unit head and the Medical Services Unit will be notified by the OEOD that the necessary CISM has been completed. The OEOD will place the member on an additional three days Administrative Leave with Pay (e-Daily Code #119).
  - g. On the fourth day (or next available scheduled work day) the member will meet with the Director of Medical Services to schedule an independent psychological assessment, as well as to determine duty status consistent with the procedures outlined in S.O.P C33.
  - h. Upon completion of all necessary evaluations, the Director of Medical Services will schedule a meeting with the member(s) involved, review the appropriate reports, and make a duty status determination.
2. The officer in charge of the investigation shall keep the member's troop commander/section commanding officer informed of the progress of the investigation to the extent that such information does not interfere with the investigation.

#### D. Any other critical incidents

The station commander/unit head will determine when an incident has impacted an enlisted and/or civilian employee(s) to the point where critical incident stress management is required. When the determination has been made, the affected employee(s) will be provided with CISM services.

1. The enlisted and/or civilian employee(s) will be advised by their supervisor that they will be contacted by the OEOD.
2. The supervisor will notify the OEOD as soon as possible.
3. The OEOD Director, after conferring with the Deputy Superintendent of Administration, will determine the availability of CIT members to respond to the critical incident.
4. The employee's duty status may be changed based on the recommendation of the OEOD.
5. Upon completion of the debriefing, enlisted employees may be referred to the Medical Services Unit. If further assessments/evaluations are determined to be appropriate, the Director of Medical Services will make the appropriate referral and duty status determination.

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6. Enlisted and civilian employees will be scheduled for six and twelve month follow-up appointments with the OEOD. If needed, the OEOD will coordinate referrals for the enlisted employee(s) through the Medical Services Unit.

### E. Accidental discharge of a weapon

1. The supervisor will notify the OEOD as soon as possible to conduct a defusing and/or debriefing.
2. The employee(s) will be required to attend the PSTP administered by the Division Firearms Training Coordinator.
3. The troop commander/bureau chief will submit a Special Report to the Deputy Superintendent of Administration indicating compliance with this policy within 30 days of the incident.

### F. Employee requests

Any employee involved in a critical incident can request assistance by directly contacting the OEOD.

### G. Family members

1. The OEOD services provided to employees are also available to their immediate family members.
2. Should any enlisted or civilian employee of the Division lose their life or sustain serious injury, the OEOD shall contact the family and arrange to conduct CISM services and/or other OEOD confidential services.
3. In the case of a line of duty death, the Division will utilize the services of the OEOD, to include the State Police Chaplain, Critical Incident Team, and representatives from Concerns of Police Survivors (COPS).

## VI. Management and Organization Assistance:

- A. The Division recognizes the importance of addressing organizational performance issues through consultation, assessment, intervention, and developmental processes. The goal is to assist the organization in bringing about desired changes to improve efficiency, enhance work performance, and satisfy the mission and vision of the Division.
- B. Types of organizational services include:
  1. Focus group assessments

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2. Educational programs and training
3. Management consultations
4. Conflict resolution
5. Mentor/coaching
6. Team building
7. Management and organization development

#### **VII. Peer Advocate Services Unit:**

The Division is committed to providing its members with resources that enhance performance and assist with options to resolve problems effecting the workplace. The Peer Advocate serves as a liaison to the OEOD, supports the objectives of the employee assistance program, and:

- A. Provides confidential assistance to members with regard to career and other professional concerns
- B. Offers mentoring and coaching to those members returning to duty after extended absences, including those returning from military leave
- C. Provides proactive guidance with employees and managers that assist with resolving potential conflict
- D. Responds and assists with CISM services to include support and crisis intervention to members involved with disaster response
- E. Coordinates Division representation at all in-state and out-of-state law enforcement funerals as directed by the Superintendent
- F. Coordinates the services of the chaplain and Survivor Assistance programs

#### **VIII. Wellness Services:**

The Division is committed to providing its members with wellness resources that enhance performance, reduce sick time, reduce absenteeism, and improves their overall quality of life. Wellness Services acts as a liaison to the OEOD and supports the objectives of the EAP by offering the following:

- A. Incentive campaigns designed to promote increased physical activity and improved health

### S.O.P. C37

- B. Working in conjunction with non-profit organizations to educate and promote awareness of various health and wellness topics related to the employee and the employee's family
- C. Updating its website, which is designed to educate members on various topics such as fitness, nutrition, and disease prevention
- D. Responsible for the use and maintenance of the Division Fitness Center. (S.O.P. C49, "Division Fitness Center")
- E. The Wellness Coordinator represents the Superintendent by serving on the executive committee for Working Well NJ

#### **IX. State Police Chaplain:**

- A. The intent of the Division is to provide members with the opportunity to avail themselves of spiritual guidance, religious referral, and general character guidance, which may be provided by the various religious denominations within our society.

**NOTE:** The following guidelines are in no way proposed to interfere with a chaplain's duties outside the Division, but are listed to provide specific areas of responsibility for them when functioning on behalf of the Division at the direction of the Superintendent.

1. A Division of State Police Chaplain is an advisor to the Superintendent in matters pertaining to the moral and religious welfare of Division personnel.

**NOTE:** A state police chaplain position and the delivery of related services shall be provided on a voluntary basis and shall not be compensated.

2. The Superintendent shall determine the appropriate number of designated chaplains.
3. Related chaplain services will be coordinated by the Director of the OEOD and the Office of Community Affairs Commanding Officer.
4. A state police chaplain should be available to Division personnel and their families as requested in times of personal need and/or crisis.
5. A state police chaplain may respond as a member of a CIT as prescribed in this order or as requested by the Superintendent.
6. A state police chaplain is encouraged to visit sick and injured members at home or in the hospital.

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### B. Application for chaplain service

1. Interested candidates shall submit a resume to the Superintendent.
2. The Superintendent or designee shall conduct interviews.
3. Chaplain candidates shall submit to a three-way background investigation conducted by the Special Investigations Unit, Government Integrity Bureau, Office of the Chief of Staff.

### C. Division ceremonies

1. A state police chaplain may serve as a representative of the Division in ceremonial functions such as funeral and memorial services, academy graduations, and religious and civil ceremonies.
2. A state police chaplain may coordinate and plan religious services and/or religious educational programs for the Division.
3. A state police chaplain may make presentations at the State Police Academy. These may deal with personnel and family orientation, personal stress, family crisis intervention, or acquainting recruits or members with the services of the state police chaplain.
4. A state police chaplain shall make reports of their activities when requested by the Superintendent.
5. A state police chaplain shall not release any information to anyone outside the organization regarding Division matters. Furthermore, all information secured shall be held in confidence when so requested by a member.

### D. Issued equipment

1. A chaplain will wear a windbreaker jacket with chaplain designation, blue battle dress uniform trousers, and boots, only when performing state police requested chaplain services.
2. One state police issued chaplain pendant will be worn only when performing state police requested chaplain services.
3. One state police identification card and pocket ID badge will be issued to each chaplain. The identification cards and badge shall remain the property of the New Jersey State Police and are subject to immediate surrender if ordered by the Superintendent.

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E. Community partnership

A state police chaplain may act as liaison between local religious bodies or associations and the Division in an effort to promote or strengthen community ties.

F. State police chaplains will not represent themselves as law enforcement officers or assume police authority under any circumstances.

**X. Training:**

A. Critical incident stress management training will be incorporated in management courses designed for the supervisor, as well as in other training opportunities offered throughout the Division, as coordinated through the Training Bureau.


B. Periodic training/services on CISM may be initiated by the OEOD or at the request of a station commander/unit head who's personnel are regularly exposed to critical incidents.

C. All CIT members selected will attend the basic, advanced, and on-going Critical Incident Stress Management training.

D. All Employee Assistance Coordinators will be provided opportunities for continuing professional development education that will enhance their skills and update their qualifications as a Certified Employee Assistance Professional (CEAP).

**XI. Effect:**

In accordance with S.O.P. A1, "Orders," the Office of Employee and Organization Development Director shall notify the Planning Bureau Chief, via channels, of any changes that may be necessary to this order.



Joseph R. Fuentes  
Colonel  
Superintendent

EMPLOYEE ASSISTANCE PROGRAM  
NEW JERSEY DEPARTMENT OF LAW & PUBLIC SAFETY

S.O.P. C37  
ANNEX A

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

*It is the policy of the Employee Assistance Program that all matters relating to an individual's attendance, treatment, or interviews with the Employee Assistance Program shall be confidential with this written authorization accompanying any release of information.*

I, \_\_\_\_\_, do hereby consent to and authorize \_\_\_\_\_  
\_\_\_\_\_ to disclose to/obtain from:

Person and/or Organization

Street Address

City State Zip

information from my records relating to me. I understand that the specific type of information to be disclosed shall be limited to the following categories:

- |  |  |
|--|--|
| <input type="checkbox"/> Drug and/or Alcohol Information | <input type="checkbox"/> Psychosocial History      |
| <input type="checkbox"/> Medical History                 | <input type="checkbox"/> Treatment Summary         |
| <input type="checkbox"/> Psychological Testing           | <input type="checkbox"/> Family Intake             |
| <input type="checkbox"/> Psychological Evaluation        | <input type="checkbox"/> Treatment Recommendations |
| <input type="checkbox"/> Psychiatric Evaluation          | <input type="checkbox"/> EAP Participation         |
| <input type="checkbox"/> Consultations                   | <input type="checkbox"/> Job Issues                |
| <input type="checkbox"/> Other _____                     |  |

I understand that the purpose or need for the disclosure is \_\_\_\_\_

I understand that my records are protected under the Federal Confidentiality Regulations (Federal Register, Vol. 52, No. 110, Part II, June 9, 1987) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I have no obligation whatsoever to disclose any information from my record. I also understand that this consent is subject to revocation at any time, upon notification to the Employee Assistance Program, except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will remain in force for the duration of EAP involvement, in order to effectuate the purpose for which it was given.

\_\_\_\_\_  
Signature of Client or Person Authorized by Law to Give Consent Date

\_\_\_\_\_  
Signature of Witness Date

**NOTICE TO RECIPIENTS OF THIS DISCLOSURE:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



<b>NEW JERSEY STATE POLICE OFFICE OF EMPLOYEE AND ORGANIZATION DEVELOPMENT SUPERVISORY REFERRAL FORM</b>	Member	Unit
	Supervisor	Phone Number
		Date

This form should be used whenever a member's job performance is in question. It is not to be used for regularly scheduled evaluations, but rather is intended to aid you in making a referral to the Office of Employee and Organization Development.

Please evaluate the member in terms of the criteria below. Add additional comments that will assist us in understanding the reasons for the referral of the above-named individual. Circle NA (Not Applicable) for criteria that do not apply to the member, or circle the appropriate number from Number One (Not a Problem) to Number Seven (Very Serious Problem).

**Complete this copy only** - Copies may not be retained for any station record or for the member's personnel file. This form is designed solely to assist the supervisor in making a referral and the Office of Employee and Organization Development staff during the assessment process. It is not intended to be a formal evaluation form.

Absenteeism  NA    1    2    3    4    5    6    7	Comments:
Tardiness / Observance of Work Hours  NA    1    2    3    4    5    6    7	Comments:
Compliance with Rules  NA    1    2    3    4    5    6    7	Comments:
Decline in Quality of Work / Meeting Deadlines  NA    1    2    3    4    5    6    7	Comments:
Decline in Quantity of Work/ Volume of Acceptable Work/Work Shrinkage  NA    1    2    3    4    5    6    7	Comments:
On-The-Job Behavior / Interpersonal Relationships  NA    1    2    3    4    5    6    7	Comments:
Safety Practices  NA    1    2    3    4    5    6    7	Comments:
Other Behavior Unique to the Member  NA    1    2    3    4    5    6    7	Comments:
What is the Overall Job Performance of this Member? Good 1    2    3    4    5    6    7 Poor	Comments:

10. Any Additional Comments:

11. Have you previously discussed this pattern of poor performance with the Member?  Yes <input type="checkbox"/> No <input type="checkbox"/>	12. If Yes, state the criteria for demonstrated improvement and date of previous discussion:
13. Was information on the Office of Employee and Organization Development provided to the Member during this previous discussion?  Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Did you review this referral form with the member?  Yes <input type="checkbox"/> No <input type="checkbox"/>

When form is completed, forward it to the Office of Employee and Organization Development at:

Office of Employee and Organization Development  
P.O. Box 062  
210 South Broad Street  
Trenton, New Jersey 08625  
(800) FOR-NJSP  
Fax: (609) 633-3729

**OR:** Place the form in a sealed envelope and give to the member with instructions to deliver it to the Office of Employee and Organization Development at the time of the initial assessment interview.

**EMPLOYEE ASSISTANCE PROGRAM  
NEW JERSEY STATE POLICE**

**S.O.P. C37  
ANNEX C**

**STATEMENT OF CONFIDENTIALITY**

As a client of the Employee Assistance Program, you may rest assured that your privacy will be safeguarded. Your right to confidentiality is protected by Federal regulations. These regulations are summarized here for your information.

**Confidentiality of Alcohol and Drug Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal laws and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser **unless**:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order;
- (3) The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency; or
- (4) The disclosure is made to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws, and 42 CFR Part 2 for Federal regulations.)

It is important that you realize the above referenced exceptions to the Right of Confidentiality. To reiterate, the EAP counselor may be required by law to breach confidentiality and notify the appropriate individuals or authorities in the following situations:

1. If there are, in the EAP counselor's judgment, indications that you present a clear and serious threat to the physical welfare of either yourself or someone else (this would include instances of impairment of functioning which might jeopardize other employees or the public); or
2. If there is evidence of past child abuse or a substantial suspicion of such abuse in the future.

The above situations occur relatively infrequently, but it is important that you understand your rights to privacy and the qualifications to those rights.

Other than those exceptions, whatever you discuss with the EAP staff is confidential and privileged information and will not be disclosed to any other individual unless you sign a written release of information authorizing such a disclosure. If you were referred to the EAP by your supervisor, the only information that will be shared with the supervisor without your express written consent will consist of whether you kept the appointment with the EAP and have accepted the EAP counselor's recommendations for intervention. If you initiated contact with the EAP yourself, no information will be shared with your supervisor except as authorized by you in writing.

If you have any questions regarding this policy, please share them with the EAP counselor.

Please sign below to indicate that you have read and understand this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Memo

**To: All Sworn and Civilian Staff**

**From: Chief Thomas J. Garrity Jr.**

**Date: June 01, 1996**

**Re: General Order # 96-0012**

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In an effort to ensure the health and welfare of the sworn Police Officers and civilian staff of the Collingswood Police Department, who as part of their official duties, are called on to deal with often tragic and traumatic incidents, and recognizing that these incidents often have a lingering effect upon the officers and staff that witness and deal with them, the following general order is being put into place:

Effective immediately, ANY Officer or Civilian staff member of the Collingswood Police Department that is subjected to a traumatic event, to include but not limited to: Shootings, Fatal MVA's, Suicides, Death Investigations, SIDS Investigations, Aggravated Assaults upon the Officer or fellow Officers, or any event or incident that may cause undue emotional stress or trauma to the persons involved, are hereby directed to receive counseling and/or assistance from a recognized EAP provider, CISM Team or Peer Counseling service recognized by the police department, at the discretion of and direction of the Chief of Police.

Requests for services can be directly submitted to the Chief of Police, privately, or through any Supervising Officer, for approval by the Chief of Police.

These requests for services are not classified as a "Fitness for Duty Evaluation", those evaluations will continue to be made by the regulations and laws that regulate and control them.

The spirit of this order is to encourage Officers and staff to receive any needed assistance in dealing with the traumas often dealt with and to ensure the health and well being of each Officer and civilian staff member. This order does not replace the "Fitness for Duty Evaluations" and is not to be used as a means of discipline within the police department.

Officers are encouraged to identify and support ANY Officer that is involved in a traumatic event and encourage participation and reporting of any Officer that may be dealing with the effects of a traumatic event.

As services change and situations are fluid, Officers can contact the Chief of Police directly for referrals and approval of any outside resources.

All information and requests will be kept confidential as per the guidelines established by employment and contractual law and conditions.



# PATROL GUIDE

Section: Personnel Matters		Procedure No: 205-47	
<b>TEMPORARY REMOVAL OF FIREARMS IN NON-DISCIPLINARY CASES</b>			
DATE ISSUED: 03/19/04	DATE EFFECTIVE: 03/26/04	REVISION NUMBER: 04-01	PAGE: 1 of 4

## PURPOSE

To temporarily remove a uniformed member of the service's firearms and evaluate that member's fitness to perform duty in non-disciplinary cases.

## DEFINITION

**RANKING OFFICER**- For the purposes of this procedure only, a Department surgeon, uniformed member of the service in the rank of captain or above, or other competent authority.

## PROCEDURE

Whenever a Department surgeon, uniformed member of the service in the rank of captain or above, or other competent authority, determines that a member's firearms should be temporarily removed for non-disciplinary reasons (e.g., stress as a result of family or other situations, suicidal tendencies, etc.) the following steps will be complied with:

## RANKING OFFICER

1. Request response of Department psychologist, if warranted, through the Sick Desk Supervisor, at (718) 760-7606.
2. Direct that the member's pistols, revolvers, **IDENTIFICATION CARD (PD416-091)**, and shield be removed.
3. Deliver surrendered property to command where the order to surrender was given.
4. Ascertain if member possesses additional firearms, i.e. pistols, revolvers, rifles or shotguns:
  - a. Question member directly
  - b. Direct desk officer, command of surrender, to check member's **FORCE RECORD (PD406-143)**.

## DESK OFFICER, COMMAND OF SURRENDER

5. Notify member's permanent command and request a check of member's **FORCE RECORD (PD406-143)** to determine if all weapons listed have been surrendered.
6. Arrange to obtain other additional firearms if necessary.

## NOTE

*The command where any of the member's pistols or revolvers are located may be directed to retrieve the weapons and deliver them to either the member's command or to the command in which the investigation is being conducted, if appropriate.*

7. Have **PROPERTY CLERK'S INVOICE (PD521-141)** prepared for firearms obtained. Include on **INVOICE** notation "Property of uniformed member of the service - Not to be returned without approval of Commanding Officer, Medical Division."
  - a. Place shield, and **IDENTIFICATION CARD** into a Plastic Security Envelope and seal. (Do not prepare **INVOICE** for these items).
  - b. Secure firearms, shield, and **IDENTIFICATION CARD** in the command's property locker.
  - c. Make appropriate entries in Command Log.

# PATROL GUIDE

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**NOTE** *Do not prepare **REMOVAL/RESTORATION OF FIREARMS REPORT (PD524-152)**.*

- RANKING OFFICER**
8. Make notification to Early Intervention Unit. If closed, have notification made at beginning of next business day.
  9. Prepare detailed confidential report addressed to Commanding Officer, Medical Division, and forward direct.
  10. Forward copies of the report to:
    - a. Director, Employee Management Division (Attention: Early Intervention Unit) in all cases.
    - b. The member's commanding officer in all cases.
    - c. Chief of Internal Affairs Bureau (IAB) only if the incident generates an IAB log number. (Notify IAB Command Center of results of investigation).
    - d. Investigative unit concerned (i.e. borough/bureau investigations unit) only if further investigation of the incident is necessary.

**NOTE** *If the incident involves corruption/serious misconduct, comply with P.G. 206-08, "Suspension From Duty-Uniformed Member of the Service," or 206-10, "Modified Assignment," 206-17, "Removal and Restoration of Firearms" and 207-21, "Allegations of Corruption and Serious Misconduct Against Members of the Service."*

11. Direct member concerned to:
  - a. Report to his/her permanent command at 0900 hours for each tour of duty that falls on a business day (Monday through Friday).
  - b. Work normally assigned tour hours whenever tour of duty falls on a weekend (Saturday or Sunday) or holiday.
  - c. Be assigned to non-enforcement duties.
  - d. Follow steps 11a. -11c. as indicated above until an evaluation determination and further reporting instructions from the Commanding Officer, Medical Division are received.

- COMMANDING OFFICER, MEDICAL DIVISION**
12. Review confidential report prepared by ranking officer.
  13. Determine with supervisory psychologist if member concerned should be evaluated by the Psychological Evaluation Unit.
  14. Notify member concerned to appear at Psychological Evaluation Unit if determination is made that member requires evaluation.

WHEN IT IS DETERMINED THAT THERE IS A MEDICAL OR PSYCHOLOGICAL REASON FOR THE MEMBER'S FIREARMS TO BE OFFICIALLY REMOVED

- COMMANDING OFFICER, MEDICAL DIVISION**
15. Have member's firearms officially removed when deemed necessary

# PATROL GUIDE

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**NOTE**

*Medical Division will be responsible for:*

- a. *Placing member on restricted duty.*
- b. *Issuing a Firearms Removal serial number.*
- c. *Preparing **REMOVAL/RESTORATION OF FIREARMS REPORT** and forwarding it to desk officer, command of surrender.*
- d. *Notify commands concerned regarding member's status and the official removal of firearms.*
- e. *Directing member to report to Employee Management Division for a restricted duty **IDENTIFICATION CARD**.*

**DESK OFFICER,  
COMMAND OF  
SURRENDER**

16. Upon receipt of **REMOVAL/RESTORATION OF FIREARMS REPORT** from Medical Division, comply with P.G. procedure 206-17, "Removal and Restoration of Firearms," regarding the forwarding of firearms, shield and **IDENTIFICATION CARD**.

WHEN DETERMINATION IS MADE THAT MEMBER DOES NOT REQUIRE A PSYCHOLOGICAL EVALUATION OR A PSYCHOLOGICAL EVALUATION FINDS NO BASIS TO OFFICIALLY REMOVE THE MEMBER'S FIREARMS

**COMMANDING  
OFFICER,  
MEDICAL  
DIVISION**

17. Notify desk officer, command of surrender and also member's permanent command, if different that:
  - a. There is no medical/psychological objection to returning the member's firearms, shield, and **IDENTIFICATION CARD**.
  - b. Member must report to the Early Intervention Unit on the next business day.

**DESK OFFICER,  
COMMAND OF  
SURRENDER/  
MEMBER'S  
PERMANENT  
COMMAND**

18. Make:
  - a. Return call to Medical Division to verify authenticity of the notification
  - b. Entry in Telephone Record.
19. Notify commanding officer and roll call personnel.
20. Return firearms, shield, and **IDENTIFICATION CARD** to member.
21. Ensure that member reports to the Early Intervention Unit on the next business day.
22. Make Command Log entry.

**EARLY  
INTERVENTION  
UNIT**

23. Conduct Career Guidance Interview with the member upon arrival at the Early Intervention Unit.

**ADDITIONAL  
DATA**

*The interview with the Early Intervention Unit may take place after the member's firearms have been returned provided the interview takes place on the next business day.*

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**ADDITIONAL  
DATA**  
(continued)

**AUTHORIZATION TO SAFEGUARD FIREARMS AT MEMBER'S COMMAND DUE TO A CURRENT PERSONAL PROBLEM**

When a member believes that possession of firearms, during off-duty hours, could further aggravate a current personal problem, (e.g. potential domestic violence accusations), the member concerned may request that his/her firearms be safeguarded at the command. The desk officer must make a Command Log entry each tour the member elects to safeguard his/her firearms. The entry will indicate the date, time, rank, name and tax registry number of the member making the request, and the serial numbers of all firearms being safeguarded. An entry concerning the justification for this type of request is not required. A notification in the margin of the original entry will also be made indicating the date and time the firearms were returned to the member. The member will continue to perform full duty according to the normal duty chart or work schedule. At the conclusion of each tour the member may deliver his/her firearms to the desk officer until the personal problem is rectified.

**RELATED  
PROCEDURES**

Cause For Suspension/Modified Assignment (P.G. 206-07)  
Suspension From Duty-Uniformed Member Of The Service (P.G. 206-08)  
Modified Assignment (P.G. 206-10)  
Removal Of Firearms From Intoxicated Uniformed Member Of The Service (P.G. 206-12)  
Removal and Restoration of Firearms (P.G. 206-17)

**FORMS AND  
REPORTS**

**FORCE RECORD (PD406-143)**  
**PROPERTY CLERK'S INVOICE (PD521-141)**  
**REMOVAL/RESTORATION OF FIREARMS REPORT (PD 524-152)**