POLICY

It is the policy of the Douglas County Sheriff's Office (DCSO) that members will recognize that mental illness in and of itself is not a crime and that members will determine the appropriate response to a person experiencing a behavioral health crisis based on their actions and age.

DEFINITIONS

Adult: Anyone the age of 19 or older or anyone emancipated by the courts.

Behavioral Health Crisis: An episode of mental or emotional distress causing significant disruption and concern to an individual, their friends or family, or the community (this includes mental health crises).

Custody: The state of being detained or held under guard. Care, supervision, and control exerted by one in charge.

Dangerous: Substantial risk of serious harm to oneself or another in the near future and/or the inability to care for oneself.

Dangerous Sex Offender: Per NSS § 83-174, a dangerous sex offender is defined as (1) (a) a person who suffers from a mental illness which makes the person likely to engage in repeat acts of sexual violence, who has been convicted of one or more sex offenses, and who is substantially unable to control his or her criminal behavior or (b) a person with a personality disorder which makes the person likely to engage in repeat acts of sexual violence, who has been convicted of two or more sex offenses, and who is substantially unable to control his or her criminal behavior; (2) Likely to engage in repeat acts of sexual violence means the person's propensity to commit sex offenses resulting in serious harm to others is of such a degree as to pose a menace to the health and safety of the public; (3) Person who suffers from a mental illness means an individual who has a mental illness as defined in section 71-907; (4) Person with a personality disorder means an individual diagnosed with a personality disorder; (5) Sex offense means any of the offenses listed in section 29-4003 for which registration as a sex offender is required; and (6) Substantially unable to control his or her criminal behavior means having serious difficulty in controlling or resisting the desire or urge to commit sex offenses.

Imbedded Licensed Mental Health Professional/Co-Responder: A mental health professional imbedded in DCSO's Office, who works jointly with deputies to ensure the needs of individuals in crisis are met on scene. The Imbedded Licensed Mental Health Professional is available to deputies for immediate, on scene assistance, including assessment of immediate needs, assistance in de-escalation, ability to provide resources and referrals, and ability to offer next business day follow-up.

Involuntary Committal: Mandatory medical treatment. NSS §71-919 provides that whenever a law enforcement Deputy has probable cause to believe that a person is mentally ill and dangerous or a dangerous sex offender and that harm is likely to occur before mental health board proceedings under the Nebraska Mental Health Commitment Act or the Sex Offender Commitment Act may be initiated to obtain custody of the person may take such person into emergency protective custody, cause him or her to be taken into emergency protective custody, or continue his or her custody if he or she is already in custody.

Juvenile: Per NSS §43-245(11) any person eighteen (18) years of age or younger who has not been emancipated by the courts or by marriage.

Medically Stable: Physically well or stable; needs no medical treatment at the time.

Medically Unstable: Physically ill or unstable; needs medical treatment immediately.

Mental Health Facility: A treatment facility as defined in NSS §71-914 as a government, private, or state hospital which treats mental illness.

Mentally Ill and Dangerous Person (NSS§71-908): A person who is mentally ill or substance dependent, and because of such mental illness or substance dependence presents: 1) A substantial risk of serious harm to another person or persons within the near future as manifested by evidence of recent violent acts or threats of violence or by placing others in reasonable fear of such harm; 2) A substantial risk of serious harm to himself or herself within the near future as manifested by evidence of recent attempts at, or threats of, suicide or serious bodily harm or evidence of inability to provide for his or her basic human needs, including food, clothing, shelter, essential medical care, or personal safety.

Mobile Crisis Response Team (MCRT): A team consisting of licensed mental health professionals, available when requested by Deputies 24/7 for immediate therapeutic intervention for mental illness and substance use disorder crises. The MCRT is able to provide de-escalation, safety assessment, crisis counseling, short-term safety plan development, and community referrals.

Probable Cause: Probable Cause exists where facts and circumstances within the officer's knowledge are more probable than not to warrant a belief that the suspect is more likely than not, mentally ill and dangerous. Probable cause is established by two building blocks: 1) an awareness of the articulated facts, and 2) a gathering of supported evidence.

Voluntary Admission: Person experiencing a behavioral health crisis seeks treatment on his/her own.

PROCEDURES

I. General

A. Mental Illness

1. The DCSO's procedures addressing mental illness consist of three principles:

   a. Standing alone, mental illness signifies nothing and permits no special police responses. A person with mental illness has the right to be left alone so long as they do not violate any laws.

   b. No person will be taken into involuntary police custody by reason of mental illness alone. A person will be taken into custody only if they have also committed an offense for which they can be arrested or have demonstrated by acts observed by DCSO members or reliable others that they threaten the lives or safety of themselves and/or others.

   c. No one is to be treated as having a mental illness unless a compelling necessity exists.

2. These principles protect the basic right to be left alone until others are threatened with harm or one's own life is in danger. Mental illness carries with it a stigma that is equal to or greater than a stigma of a criminal conviction. Thus, members will exercise extreme care in determining that a person has a mental illness.

3. An individual with mental illness, who is not a danger to themselves or others and who has not committed a crime, has the right to be left alone. However, members may assist individuals or families who wish to obtain voluntary treatment. Members may aid by contacting the Imbedded Licensed Mental Health Professional or Mobile Crisis Response Team (MCRT), transporting persons to a mental health facility or recommending additional community resources. (1.1.3)

4. In accordance with NSS §71-919, an individual in a mental health crisis, who is a danger to themselves or others, may be placed in Emergency Protective Custody (EPC) and taken to a mental health facility. All EPCs will be referred to the County Attorney for further action. (1.1.3)

B. Behavioral Health Crisis

1. Individuals experiencing a behavioral health crisis have the same fundamental rights as any other citizen. The actions and age of the individual experiencing a behavioral health crisis will dictate what course of action a member follows.

a. If contact is made with an individual who is not capable of taking care of him/herself or is experiencing a behavioral health crisis that does not warrant EPC, a Deputy will contact the Imbedded Licensed Mental Health Professional or Mobile Crisis Response Team to provide immediate assistance to those individuals as needed. (1.1.3)

b. An individual experiencing a behavioral health crisis who has committed a crime may be interviewed, arrested and charged with the criminal violation. This includes post arrest interviews with appropriate Miranda warnings.

II. Recognizing a Behavioral Health Crisis (41.2.7a)

A. The following characteristics may be an indication of behavioral health crisis (including mental health issues):

1. Abnormalities or changes in mood, including suicidality or homicidality, reduced emotional response, displaying extremes in emotions, inappropriate emotional response, increased irritability or agitation, and the presence of mood swings.

2. Hallucinations (seeing, hearing, feeling, or sensing things with no basis in reality).

3. Delusions (irrational thoughts or false beliefs that are part of the individual's reality).

4. Decreased ability to care for self, such as inappropriate dress for extreme weather, decreased ability to meet daily nourishment needs, or extreme lack of sleep.

III. Guidelines for Contacts with Individuals Experiencing a Behavioral Health Crisis (41.2.7c)

A. When dealing with persons experiencing a behavioral health crisis during contacts including interviews and interrogations DCSO members will:

1. Speak calmly, slowly, and use a non-threatening tone.

2. Use non-threatening body language and give persons a wide area of personal space.

3. Give simple commands.

4. Express concern about their well-being.

5. Try to engage the person in conversation as speech is one of the best indicators that something is wrong.

6. Be compassionate.

7. Show sincere interest.

8. Express concern for the individual.

9. Be respectful.

10. Be sensitive to physical, emotional, and cultural boundaries.

11. Be honest.

B. In accordance with the DCSO "Interviews/Interrogations" policy, if it is obvious that a person is suffering from behavioral health crisis to the extent that they cannot knowingly, willingly, or intelligently waive their rights, an interrogation will not take place. (41.2.7c)

IV. Behavioral and Mental Health Resources (41.2.7b)

A. The following behavioral and mental health resources are available 24/7 for assistance: (1.1.3)

1. Lasting Hope Recovery Center.

2. Imbedded Licensed Mental Health Professional

a. The Imbedded Licensed Mental Health Professional may be used in situations of behavioral health crisis or in situations where the call is related to a social need. The Imbedded Licensed Mental Health Professional can:

(1) Conduct a rapid on-site crisis assessment including mental health status, risk of dangerousness to self and others, and determination of the appropriate level of care including whether involuntary commitment is warranted.

(a) After conducting the assessment, the Imbedded Licensed Mental Health Professional will discuss the assessment with the Deputies and offer a recommendation (e.g., Emergency Protective Custody, offer of voluntary treatment, other community resources, etc.).

(b) Deputies will consider the Imbedded Licensed Mental Health Professional's recommendation when determining if Emergency Protective Custody is necessary (see Section V below).

(2) Develop a brief, tailored crisis plan based on available resources and support systems.

(3) Provide on-site mental health and/or substance abuse intervention and crisis management.

(4) Provide resources and referrals as appropriate.

(a) Any outpatient services may be coordinated through the Imbedded Licensed Mental Health Professional.

(5) Provide follow-up via telephone call or face-to-face contact after a crisis has occurred.

b. The Imbedded Licensed Mental Health Professional may be requested by Deputies, the on-duty Supervisor, or self-dispatch to calls.

(1) When self-dispatching to calls, the Imbedded Licensed Mental Health Professional will notify 911 Dispatch and the Deputies on-scene that they are responding to the call with an estimated time of arrival and wait a safe distance from the incident. Deputies will notify the Imbedded Licensed Mental Health Professional when the scene is secure and the Imbedded Licensed Mental Health Professional can conduct an assessment or provide services as needed.

(2) Responding Deputies will ultimately decide if and when it is safe for the Imbedded Licensed Mental Health Professional to conduct an assessment.

(3) The Deputy will note in all applicable case reports in RMS that the Imbedded Licensed Mental Health Professional was on scene.

(4) The Imbedded Licensed Mental Health Professional will not conduct assessments or well checks without a Deputy present.

(5) If the Imbedded Licensed Mental Health Professional is unable to respond on-scene in a timely manner, the Deputy may contact them via tablet to conduct any needed assessments or provide services remotely.

(a) The Deputy will determine if and when the person in crisis is stable enough to hold the tablet on their own and/or speak with the Licensed Mental Health Professional privately. If they are not stable, the Deputy will maintain control of the tablet throughout the interaction.

c. The Imbedded Licensed Mental Health Professional will defer to Deputies on all criminal and safety matters and will refer persons to Deputies with any questions regarding criminal or legal matters.

3. The Mobile Crisis Response Team (Lutheran Family Services)

a. The MCRT is a collaborative service providing immediate response to law enforcement to assist with those in a mental health crisis.

b. If the Imbedded License Mental Health Professional is unavailable, Deputies can contact MCRT to have a licensed mental health therapist respond to the scene and assist Deputies with assessing the immediate needs of the individual. MCRT can assist Deputies with:

(1) Conducting a brief mental health exam.

(2) Assessing safety and risk.

(3) Providing Crisis Intervention and de-escalation.

(4) Developing a short-term safety plan.

(5) Making community referrals and appointments for services.

c. After conducting the assessment, the therapist will discuss with Deputies to provide a summary of the assessment and offer a recommendation.

d. Deputies will consider the therapist's recommendation. Any outpatient services may be coordinated through the MCRT.

e. If the mental health therapist is unable to respond on-scene in a timely manner, the Deputy may contact the therapist via tablet to conduct any needed assessments or provide services remotely.

(1) The Deputy will determine if and when the person in crisis is stable enough to hold the tablet on their own and/or speak with the mental health therapist privately. If they are not stable, the Deputy will maintain control of the tablet throughout the interaction.

f. The Deputy will note that MCRT was on the scene or provided services remotely in the Case Report in RMS.

g. In both EPC and voluntary admissions, the hospital/mental health facility staff will be provided with any paperwork forwarded on by the MCRT. This will be provided to the nurse or physician treating the patient, to assist in the coordination of care.

4. Douglas County Community Mental Health Center.

5. CHI Health Center for Mental Health at Immanuel Hospital.

6. University of Nebraska Medical Center's Adult Psychiatric Emergency Services.

7. Juvenile Intake

a. Deputies will contact the Juvenile Intake Officer at the Douglas County Youth Center for the placement of juveniles experiencing a behavioral health crisis (17 and under) (see Section VI below).

8. Heartland Family Service Crisis Center

a. The Heartland Family Service Crisis Center provides crisis triage for up to 24 hours and free case management for participants.

b. Participation in the Heartland Family Service Crisis Center is voluntary, however, the referral must be made by law enforcement. Participants cannot refer themselves.

c. Participants must meet the criteria below to be admitted:

1. Age 19 and over.

2. Resident of Nebraska.

3. The individual must participate voluntarily.

4. The individual does NOT qualify for EPC.

5. The individual is NOT a danger to themselves or others.

6. The individual does NOT require emergency medical care.

7. The individual does NOT require one-on-one supervision.

d. If an individual that was referred by the DCSO becomes disruptive or combative, DCSO will be contacted to remove the individual from the crisis center.

V. Taking Adults Experiencing a Behavioral Health Crisis into Custody (41.2.7c)

A. A Behavioral Health Incident Tracking Form (BHTF) will be completed with all DCSO contacts involving a person in a behavioral health crisis.

1. The BHTF is intended to be completed for ALL Deputy contacts with persons with behavioral health crises, and is not limited to EPC or voluntary admissions incidents/contacts.

B. When Deputies make contact with a person experiencing a behavioral health crisis, the Deputies will determine:

1. If the person has committed an offense for which they can be arrested.

2. If the person is a danger to themselves or others.

3. If the person is medically stable or unstable.

C. If the person experiencing the behavioral health crisis is not a danger to themselves or others Deputies will adhere to the following procedures:

1. If the person is medically unstable, Deputies will immediately transport the person by cruiser or rescue squad to the nearest hospital regardless of whether they have committed an offense (see the DCSO “Medical Aid and Hospital Procedures” policy).

2. If the person has committed an offense for which they can be arrested and the person is medically stable Deputies will adhere to standard procedures.

3. If the person has not committed an offense for which they can be arrested and is medically stable Deputies will: (1.1.3)

a. Contact the Imbedded Licensed Mental Health Professional or community mental/behavioral health services as needed.

b. Determine if the person would like to obtain voluntary treatment.

(1) If the person is a voluntary admission then Deputies will complete a Case Report in RMS and a Behavioral Health Incident Tracking Form (BHTF). Deputies will then advise hospital security of their departure and return to service.

4. Deputies will complete all required reports based on the nature of the incident including a Behavioral Health Tracking Form.

D. If the Deputy determines that the person experiencing a behavioral health crisis is a danger to themselves or others and is medically unstable, Deputies will adhere to the following procedures: (1.1.3)

1. Deputies will immediately transport the person by cruiser or rescue squad to the nearest hospital (see the DCSO “Medical Aid and Hospital Procedures” policy).

2. If an individual being committed/booked needs to be medically cleared, they will be transported to the nearest hospital emergency room to be treated. Deputies need not stay with the subject unless a Hospital Guard is approved in accordance with the “Medical Aid and Hospital Procedures” policy. Hospital security will be advised prior to Deputies leaving. Private ambulance services will be provided by the medical facilities for transporting the committed to the appropriate mental health facility.

a. Deputies should be aware that depending upon the circumstances, including but not limited to the subject’s level of compliance/non-compliance and the hospital’s security staffing, the hospital may request that the Deputies remain with the subject.

(1) The Supervisor will be notified in this type, or any similar type, of situation.

E. If the Deputy determines that the person experiencing a behavioral health crisis is a danger to themselves or others and is medically stable, Deputies will adhere to the following procedures: (1.1.3)

1. If the person has committed an offense for which they can be arrested, Deputies will notify DCDC that the subject is a potential danger to themselves or others upon booking.

2. If the subject has NOT committed an offense for which they can be arrested, Deputies will adhere to the following procedures:

a. Emergency Protective Custody Guidelines

(1) In taking a mentally ill person into involuntary custody, the crucial word is CUSTODY. Deputies will take note of this word and make very sure probable cause exists for the action before subjecting anyone to involuntary custody.

(a) In accordance with NSS §71-919 Deputies may take mentally ill persons into emergency protective custody if they believe that a person is:

i. Mentally ill and dangerous.

-OR-

ii. A dangerous sex offender.

-AND-

iii. That harm is likely to occur before mental health board proceedings.

(b) If all of a subject's legal rights are not observed, Deputies subject themselves to the liability of lawsuit and to criminal prosecution.

(c) This policy does not prohibit taking a person arrested for a felony to jail instead of an available psychiatric facility. Deputies will weigh the seriousness of the offense versus the seriousness of the mental illness symptoms observed before making a decision regarding where to hold an individual.

(d) A mental health professional who has probable cause to believe that a person is mentally and dangerous may cause such person to be taken into custody and will have a limited privilege to hold such person until a law enforcement Deputy arrives to take custody of such person.

(e) Deputies may utilize the resources in Section IV above when determining an appropriate response to mentally ill persons. If the Imbedded Licensed Mental Health Professional is on-scene or has been contacted remotely, Deputies will consider the Imbedded Licensed Mental Health Professional's recommendation when determining if emergency protective custody is necessary.

i. If the Deputy disagrees with the Imbedded Licensed Mental Health Professional's recommendation, the on-duty Supervisor will be contacted who will make a final decision regarding the action to be taken.

(2) If the subject meets EPC guidelines, Deputies will call Lasting Hope to advise them that they are transporting a subject for an evaluation.

(a) Lasting Hope will be advised if the person is under the influence of drugs or alcohol to determine if the subject should be taken to a hospital to be medically cleared.

(b) If Lasting Hope is under diversion or for any reason unable to accept new patients, the subject will be transported to the nearest hospital emergency room.

(c) Once it is determined which facility the person will be committed to, Deputies will complete a Case Report in RMS that includes EPC information, a Behavioral Health Incident Tracking Form (BHTF), and any additional necessary reports.

i. Deputies will be aware that an EPC is always considered an involuntary committal. Deputies will contact their duty supervisor if there is any uncertainty for the grounds of the involuntary custody/committal. The Sergeant will confer with the Deputies and make a final decision on taking the person into involuntary custody.

ii. Deputies will give the person a copy of “The Rights of a Person Involved in a Commitment Proceedings” worksheet.

iii. A Deputy who takes a person into emergency protective custody will document the probable cause in the EPC and/or Case Report that the person in custody is mentally ill and dangerous or a dangerous sex offender and will include a summary of the person’s behavior supporting such allegation(s).

iv. A copy of the certificate will be immediately forwarded to the county attorney.

(d) Deputies will complete all paperwork requested by the hospital/mental health facility. Different facilities may require different forms, as the facilities are under private ownership.

i. Deputies will obtain a copy of any forms that the hospital has them complete. A copy of the hospital paperwork with the Case Report Number will be attached to the Case Folder.

(e) Upon completing the required paperwork Deputies will advise security of their departure and return to service.

F. If Deputies EPC or voluntarily admit an individual to a hospital/mental health facility with an active warrant or locate, Deputies will verify the warrant/locate and leave a copy of the warrant(s)/Locate(s) with the hospital/mental health facility during the admission process if available.

1. Deputies will document the EPC in a Case Report and indicate if there was a request to be notified of discharge and which facility the individual is at.

a. If a notification of discharge was requested, the hospital/mental health facility will advise 911 that the patient is being discharged.

(1) The decision on when a person is allowed to leave the facility after police are notified of discharge will be made by the hospital/mental health facility.

(2) After notification has been made the person is subject to arrest upon release if the warrant is active.

b. Deputies will respond to the hospital/mental health facility in a timely manner to pick up the patient and/or speak to them.

c. Deputies will either proceed to book the patient for the warrant(s), or follow directions as detailed in the DCSO Locate(s).

G. The above criteria and procedures apply to requests made by DCDC to have a prisoner/detainee placed in EPC.

H. Deputies will adhere to procedures in the “Juvenile Operations” policy if there are juveniles under the custody of the person who is taken to an emergency room, mental health facility, or into EPC. (1.1.3)

I. If the person who is taken to an emergency room, mental health facility, or into EPC has animals the following procedures will be followed:

1. Deputies will be aware that service animals are generally allowed to accompany their handler in any public place or place that has public access. If the facility allows the service animal, the animal will be allowed to accompany the person to the designated facility.

a. It is not the responsibility of Deputies to determine whether a service animal should or should not be allowed in a facility.

2. If there are other non-service animals or the service animal will not be allowed at the facility, the animal(s) will be left in the care of a designated person. If a designated person is not available to care for the animal(s) or the animal(s) appear to be in distress or show signs of abuse/neglect, the Nebraska Humane Society will be contacted.

VI. Juveniles Experiencing Behavioral Health Crisis (41.2.7c)

A. In accordance with Nebraska State Statute a juvenile is anyone under 19 years of age.

B. Deputies who believe that a juvenile is experiencing a behavioral health crisis and dangerous (to him/herself or others) will adhere to the procedures in Section V above for adults with the following exceptions:

1. Deputies will be aware that placing a juvenile into Emergency Protective Custody will be a last resort.

a. Deputies will attempt to obtain voluntary consent for treatment of a juvenile to a medical/mental health facility by a parent or legal guardian.

b. If a parent or guardian is not available to provide consent for voluntary treatment of the juvenile or refuses to do so, an affidavit for removal will be completed and Child Protective Services will be contacted.

(1) Deputies will explain to the parent/legal guardian that if they refuse to provide consent for voluntary treatment for the juvenile and an Affidavit for Removal is completed then custody of the juvenile is given to the state. Consequently, this should be a last resort for Deputies.

2. If the juvenile has committed an offense for which they can be custodially arrested and it is determined that a juvenile experiencing a behavioral health crisis should be placed, Deputies will notify the Juvenile Intake Officer at DCYC of all relevant information and request detention at DCYC (see the DCSO “Juvenile Operations” policy for juvenile booking procedures).

VII. Transportation of Persons Experiencing a Behavioral Health Crisis

A. Any patient transfer requests from the hospital staff to use DCSO members or vehicles will be allowed only under extreme circumstances (e.g., extreme violence) and require the approval of the respective duty supervisor.

B. All transfers of a person who is being committed without police assistance will be the responsibility of the patient, relative, or physician, except in cases of extreme violence.

C. Due to the unpredictable nature of behavioral health crises, consideration should be given to whether two Deputies will transport the person. Deputies will adhere to the procedures in the DCSO "Prisoner Transport – General Procedures" policy.

D. While transporting persons experiencing behavioral health crises to the appropriate facilities, Deputies will give the address of the facility instead of the name.

E. Deputies assigned to Board of Mental Health (BMH) orders or transports will follow the direction of the order. Deputies will:

1. Consult with their Supervisor or Command Officer prior to leaving Douglas County for the execution of warrants or orders.

    a. With rare exceptions, Deputies may only execute or serve Board of Mental Health Orders within Douglas County. The Supervisor or Command Officer should contact the County Attorney assigned to the Board of Mental Health prior to attempting execution or service in another county.

2. Members will adhere to the DCSO "Forced Entry" policy regarding the use of forced entry when executing Board of Mental Health Orders.

3. Deputies will adhere to NSS §71-928 and the DCSO "Prisoner Transport – General Procedures" policy when transporting females on a BMH Order.

4. Deputies outside of CSB who complete a Board of Mental Health Order will:

    a. Advise the 911 Communications Center that the BMH was served and provide any other information as requested regardless of whether the Deputy was dispatched to serve the order or was assigned by a Supervisor.

    b. Document the BMH transport in CAD and include the following information:

        (1) Person picked up in accordance with the BMH.

        (2) Date and time the BMH was executed.

        (3) Location (name and/or address) where the BMH was executed.

        (4) Mileage.

        (5) Name and Sheriff's Number of the Deputy that completed the BMH.

    c. Send an email that includes the information above to the USB team Sergeant, FWT Sergeant, FWT LETs, DCT and CCT LETs, and the agency Board of Mental Health email.

VIII. Training

A. Mandatory training provides guidance to all members in dealing with persons with mental illness and behavioral health needs. Training will be developed in collaboration with mental health professionals who will assist the agency with training.

B. Entry Level Training (41.2.7d)

1. Sworn Members

a. Recruit Deputies will receive entry-level training on mental health issues to include:

(1) Taking persons with mental illness into custody.

(2) Mental health resources.

(3) Verbal techniques when dealing with suicidal persons.

(4) Recognizing suicidal risks in prisoners.

(5) Transporting persons with mental illness.

(6) Control of intoxicated persons.

2. Non-Sworn Members

a. Non-sworn members are provided mental health crisis response training during their initial probationary/hiring phase.

C. Annual Refresher Training (41.2.7e)

1. Agency members will receive refresher training annually coordinated by the Training Division.

2. Crisis Intervention Team Training is available to all DCSO sworn members on a volunteer basis.

a. DCSO sworn members may be assigned to attend Crisis Intervention Team Training at the direction of the Administrative Services Lieutenant or designee to ensure members receive adequate training for responding to persons with mental illness and persons experiencing behavioral health crisis.

REFERENCES

I. Laws

A. Nebraska State Statues: §43-245(11), §71-908, §71-914, §71-919, and §71-928.

II. Previous DCSO Orders

A. Previous General Orders include: #61-2023, #11-2023, #58-2022, #48-2022, #34-2022, #87-2020, #69-2020, #84-2019, #74-2019, #62-2018, #3-2017, #25-2014, #1-2014, #13-2013, #24-2012, and #28-2008.

III. CALEA Accreditation Standards

A. Relevant CALEA standards include: 1.1.3 & 41.2.7

IV. Review Schedule

A. Quadrennial.