NEW CASTLE COUNTY POLICE

Mental Health Unit Policy

DIRECTIVE 45

Appendix 45-G

(REVISED July 25, 2022)

Mental Health Unit Policy

I. PURPOSE

The New Castle County Division of Police recognizes the need to bring together the Division of Police, Mental Health Professionals and community resources for the purpose of peacefully resolving incidents involving people in a mental health crisis.

The Division further recognizes that one in five people live with mental illness and only a small percentage have committed crimes or qualify for an involuntary psychiatric evaluation. Those statistics underscore the need for police agencies to partner with mental health provider(s) to train and share best practices. The New Castle County Division of Police has an obligation to provide a level of service to those in crisis that is compassionate, without force (when safe and feasible) and beneficial to the person in crisis and their family. Strong partnerships and education will help the Division achieve this goal.

II. POLICY

The Division of Police wants Officers to know that persons suffering from mental illness may require law enforcement assistance and access to community mental health and/or substance abuse resources. The ideal resolution for a crisis incident is that the subject will be safely de-escalated and connected with resources that will provide long-term stabilizing support; therefore, prevent future calls for service.

Officers will use their best judgment during incidents involving individuals experiencing a mental health crisis. Officers will apply their education, training and experience when handling crisis incidents. Officers are not mental health professionals and are not expected to diagnose a subject in a mental health crisis. When officers need to engage with a subject in mental health crisis, the officers will attempt to de-escalate the situation, when safe and feasible, maintaining officer safety. This expectation does not restrict an officer's discretion to make an arrest when probable cause exists, nor are officers expected to attempt de-escalation when faced with an imminent safety risk that requires an immediate response. CIT Officers and the Mental Health Unit (MHU) will respond to assist Officers interacting with a subject in a mental health crisis when available. Whenever possible both CIT Officers and MHU Officers will self-dispatch to 911 calls for subjects in a mental health crisis.

At no time is the Mental Health Unit to be utilized in place of the Crisis Negotiation Team (CNT). They can be called upon to help stabilize the situation until CNT arrives on scene. Upon the arrival of CNT, the Mental Health Unit

will assist with gathering and providing information regarding the subject's mental illness.

III. DEFINITIONS

a. Crisis Intervention Team (CIT) Officers: CIT Officers are trained and certified in law enforcement-based Crisis Intervention Training for assisting those individuals with mental illness. CIT training improves the safety of patrol officers, consumers, family members, and citizens within the community. Officers who successfully complete the training are considered CIT Officers. CIT officers are expected to respond to calls for service involving individuals involved in a mental health crisis.

b. Dangerous mentally ill person is a person so mentally ill as to be likely to cause injury to oneself or others and to require immediate care, treatment or restraint.

c. Danger to self means that by reason of mental condition the person is likely to cause injury to oneself and require immediate care, treatment or detention.

d. Danger to others means that by reason of mental condition there is a substantial likelihood that the person will inflict serious bodily harm upon another person within the immediate future. This determination shall take into account a person's history, recent behavior and any recent act or threat.

e. Mental Condition: means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgement capacity to control behavior or capacity to recognize reality.

f. 24- hour detention: refers to the process whereby an adult appears to have a mental health condition that causes the person to be a danger to oneself or others and is unwilling to be admitted to a facility voluntarily for assessment and/or care. That person is involuntarily detained for such evaluation and treatment for 24 hours in a designated psychiatric facility.

g. Involuntary Patient: means a person admitted involuntarily to the custody of a hospital for observation, diagnosis, care and treatment.

h. Mental Health Unit (MHU): is a part of the Hero Help Addiction and Behavioral Health Assistance and works in conjunction with the Hero Help Addiction Unit. MHU is a co-responder model for police response to mental health calls for service, which consists of an Officer and a Mental Health Professional responding to calls for service together. The MHU will assist in de- escalating calls involving people in mental health crisis, connect those individuals to either emergency treatment or follow up services, and assist their families in connecting to support resources. MHU will provide mental health assessments

for individuals contacted in the field.

IV. Mental Health Unit Procedures

The MHU will work to prevent, when possible and within policy, the unnecessary or inappropriate hospitalization, arrest and/or incarceration of a person experiencing symptoms of a mental illness. The Mental Health Professional will assess individuals in crisis to include the individual's support system and current level of need. This will help to establish a clear understanding of the treatment that will be needed to help the person in crisis and their families with the intent of decreasing repeat 911 calls for service.

The primary function of the MHU is to respond to 911 calls in progress that are related to a mental health crisis. Cases can also be referred for follow up from units within the Division, TAPS, repeat calls for service as well as direct referrals from family or other entities of the Criminal Justice System. MHU will refer each client to the appropriate resource for continued assistance and treatment.

1. The MHU teams will consist of 1 Officer and 1 Mental Health Professional.

2. The primary responsibility of the MHU is to de-escalate and stabilize the scene and it is not expected that the MHU responds to in-progress calls without assisting units.

3. Once the scene is secure, the MHU team will conduct face-to-face assessments with the person in crisis to determine their specific needs. This assessment may be completed based upon words, actions and behaviors observed as well as other information gathered at the scene. This assessment tool is not a medical diagnosis; it is a validated document that contains behavioral information for officers including triggers, de- escalation strategies, emergency points of contact, and information for the purposes of care coordination.

4. The MHU team will provide referrals to help the person in crisis meet their mental health needs. The team will attempt to assist persons in crisis to regain a level of functioning so that they are able to advocate for themselves.

5. The MHU team will continue to work with various providers, programs and stakeholders in the community to better serve the mentally ill population.

6. The MHU will maintain an electronic case log of all contacts and referrals. Access is limited to only MHU personal. These case logs will not be shared with outside agencies unless approved by the chain of command and in compliance with records release laws and The Health Insurance Portability and Accountability Act (HIPPA).

7. The Mental Health Unit case manager will work in conjunction with the team. The case manager will be responsible for assisting with referrals, conducting follow ups to ensure connection to care and completing premise history forms based upon assessments that qualify.

8. A premise history will be completed by the MHU for anyone that is:

    a. a known dangerous mentally ill person
    b. has a history of violence/resisting arrest
    c. is a frequent high-risk runaway
    d. frequently calls 911

9. MHU will encourage any individual with a mental illness that does not meet the above criteria, or their family members, to utilize Smart 911 so that critical information can be relayed to police in the event of an emergency response.

V. Protocol for responding to Group Homes

1. On any response, regardless of outcome, Officers will ensure Group Home supervision is contacted to inform them of police response.

2. Regarding transportation to hospital/inpatient facility

    Provider staff are expected to transport their clients if:

    a. The client is requesting to go to hospital/inpatient facility
    b. Group home staff are recommending the client go to hospital/inpatient facility and the client is cooperative with this recommendation
    c. All voluntary situations when no criminal activity is alleged

    Police will transport if:

    a. The client is under arrest
    b. Has been aggressive/violent towards staff or other residents
    c. The resident is being placed in an involuntary commitment

    When police transport:

    a. The client will be handcuffed during transport
    b. Police cannot transport any staff with the client
    c. Police cannot take any medical records to the hospital

3. When a group home resident is transported by police, at least one staff person is expected to follow police to the facility. The staff person is expected to provide the receiving facility with the client's medical records and facilitate their admission to that facility.

4. Regarding Involuntary Commitments

    a. In most cases, when a group home resident requires being placed on an involuntary psychiatric commitment, it is expected that group home staff will complete the commitment paperwork and provide a copy directly to the designated psychiatric hospital/facility.

    b. If being transported by police, it is expected that group home staff follow their client to the designated psychiatric hospital/facility and provide a copy of the commitment paperwork to the receiving facility. It is requested that staff meet the client with the transporting police officer at the designated psychiatric hospital/facility as soon as possible so the officer can clear and return to an in-service status.

5. Police officers will only place someone on an involuntary psychiatric commitment when:

    a. They directly observe statements or actions that demonstrate that person is an imminent danger to themselves or others.

    b. They are provided with sufficient evidence to demonstrate that person is an imminent danger to themselves, or others AND the available group home staff are not qualified to place someone on an involuntary psychiatric commitment.

    c. Officers will stay with subject if they present an imminent threat, are actively violent or immediate flight risk. Police supervision will determine any potential exceptions.

6. Group Home Responsibilities

    Information needed from group home staff when calling 911:

    a. Name and job title of staff member calling.

    b. Name & DOB of client they are calling about.

c. Reason for calling 911 including description of the psychiatric emergency and reason police response is needed (i.e. is there a safety concern or commitment per DE Title 16).

d. Crisis plan for individual should be ready for officer to review upon arrival.

e. What is desired response from police and staff's plan for addressing the client's needs (transport pursuant to a 24 committal or criminal investigation with possible arrest)?

7. Officers will transport to RI or IMD (Rockford, Meadowwood, Sun Behavioral, etc.) unless medical need for hospital. All efforts will be made for officers to avoid going to the emergency room.

8. The use of Smart911.com is encouraged to document pertinent information for first responders such as: contact information for your organization, disability/ mobility challenges, and de-escalation techniques.

VI. Procedure for Referrals

1. If the MHU is not available to respond to a mental health crisis related call for service, the officers on scene will handle the call as per policy and a referral can be made to the MHU for follow up if it is determined:

   a. The subject will require follow up care for referral or to prevent future calls for 911.

   b. The family needs assistance or connection to resources to better care for the individual.

   c. Information is needed for the individual's care provider or if there was an inappropriate response/actions by a care provider.

   d. Referrals are not necessary for subjects who are voluntary requesting transport for treatment unless there are special circumstances.

2. Referrals to the Mental Health Unit should be done via email (Behavioralhealthunit@newcastlede.gov) with case number, subject's information, date of response and a brief description of the circumstances and needs. The associated LEISS report should also forwarded via the referral box.