



NEW CASTLE COUNTY POLICE

Crisis Intervention Team
And
Veteran's Response Team

DIRECTIVE **Appendix 45-E**

(REVISED JULY 30, 2020)

PROTOCOL FOR THE CRISIS INTERVENTION TEAM

PURPOSE

To establish guidelines to utilize a Crisis Intervention Team Officer (CIT Officer).

POLICY

It is the goal of the New Castle County Division of Police to provide selected police officers, specialty training to handle contacts and/or calls for service, involving persons who suffer from mental health illness and who are in crisis. These specially trained officers will comprise the Crisis Intervention Team (CIT).

DEFINITIONS

Crisis Intervention Team (CIT): A partnership between police, mental health agencies, advocates and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill and their families. When appropriate, CIT will assist with diverting persons with mental illnesses from the criminal justice system and/or emergency rooms to mental health treatment.

Crisis Intervention Team Officer: A police officer who has successfully completed the mandatory 40- hour CIT training course to become a certified Crisis Intervention Team Officer. Additionally, CIT officers will familiarize themselves with the variety of mental health services in the community that they can utilize to help resolve mental health related calls.

Crisis Incident: Any service call in which an individual would benefit from the specialized training and knowledge of a CIT Officer. Crisis incidents include, but are not limited to, calls involving persons known to have mental illness who are experiencing a crisis; persons displaying behavior indicative of mental illness, attempted or threatened suicides; or calls in which individuals may be experiencing emotional trauma.

PROCEDURES

- A. When available, CIT trained officers will respond to calls for service that indicate a person may be experiencing a crisis and/or is suffering from mental health illness.
- B. CIT Officers when available should be dispatched to the scene when information is received by Regional Communications (RECOM), supervisors, or fellow officers, that mental health illness may be a factor.
- C. CIT Officers are encouraged to respond to calls voluntarily when a need for crisis intervention may arise. Whenever a CIT Officer responds to a call for service involving a subject in crisis, a second Officer shall be dispatched to the call to assist the CIT Officer. CIT Officers shall advise RECOM that they are responding as CIT.
- D. On the scene of a crisis intervention situation, the CIT Officer has the primary responsibility of engagement with the subject in crisis. The CIT Officer will determine the appropriate actions to be taken to include transporting or arranging transportation to a mental health facility or establishing contact with Mobile Crisis. The on-scene supervisor has the authority to assume command of the situation whenever they deem it necessary.
- E. When circumstances warrant, CIT Officers will follow up with the person, the person's family, and/or a mental health agency to determine if further action is necessary.
- F. At the conclusion of the CIT Officer's involvement with the service call, the CIT Officers should document the incident to include their actions on a LEISS report. The complaint number shall be emailed to the Behavioral Health Unit @ BehavioralHealthUnit@newcastlede.gov
- G. While the CIT and the Crisis Negotiation Team (CNT) share several of the same characteristics they differ in the fact that CIT will be used in many face to face encounters involving individuals that are in crisis and passively threatening to harm themselves/others. The CIT Officers will use de-escalation techniques to resolve the situation and take the person in crisis to the appropriate mental health treatment facility. CNT Officers will be used for crisis situations that are volatile and intense where the subject(s) is:
 - a. Threatening violence,
 - b. Has used violence on someone else,
 - c. Is a barricaded subject,

- d. Taken a hostage(s),
- e. Involved in terrorism.

H. A supervisor shall activate the Crisis Negotiations Team or deploy CNT Officers to take the lead in deescalating the crisis. CIT Officers may assist CNT Officers, but only at the direction of the CNT Commander or Incident Commander (IC).

CIT COORDINATOR AND RESPONSIBILITIES

- A. The CIT Coordinator will regularly attend meetings with other Law Enforcement CIT Coordinators and will act as a liaison with other social services agencies that focus on mental health.
- B. The CIT Coordinator is responsible for the organization and training of CIT members.
- C. The CIT Coordinator will provide a list of currently certified CIT Officers to the Patrol Section to be used in the event a CIT Officer is needed. The Patrol Squad Commanders will be required to denote all CIT trained officers on their squad rosters. The on-duty Patrol Commander must approve calling in an off-duty CIT Officer.
- D. The list, with supervisory approval, may also be used to locate a CIT Officer when a request is made by another agency in a mutual aid situation.

PROTOCOL FOR VETERANS RESPONSE TEAM

PURPOSE:

To establish guidelines for the use of the Veterans Response Team during an incident involving a veteran and to ensure that those certified officers are identified and listed on a document provided to Regional Communications Center (RECOM).

It is the goal of the New Castle County Division of Police to provide citizens, who are military veterans, the best possible service. Service may include connecting veterans with resources locally and/or regionally.

POLICY:

The Veterans Response Team (VRT) program was developed based on the National Alliance On Mental Illness (NAMI) of Wake County, North Carolina model of advanced Crisis Intervention Team (CIT) Training. New Castle County Police Officers who have completed the 40-hour CIT training and who are also Veterans themselves, will receive an additional 16 hours of VRT training. VRT Officers will be trained in specific mental health needs of veterans and provide resources to assist Veterans in Delaware. Upon completion of training, officers will assist veterans as a peer support counselor during a crisis or any other situation as deemed necessary.

DEFINITIONS

Peer Support: A peer support officer is an officer trained to provide support before, during and after a crisis. An officer who provides encouragement and assistance to help the veteran achieve long-term recovery.

Veterans Response Team (VRT) – A Statewide partnership between the police, the National Alliance on Mental Illness (NAMI), health care professionals, the Veterans Administration (VA) and the community, who work together to provide service to military veterans and their families before, during and after times of crisis.

VRT Officers: Officers who have successfully completed the mandatory 40-hour training to become a certified Crisis Intervention Team Officer and who are Military Veterans. These VRT Officers will also complete an additional 16-hour VRT training to help them learn specific mental health needs of veterans and resources to assist veterans in Delaware. VRT officers will be utilized to help resolve mental health related calls involving military veterans in crisis as well as any other veteran needs.

VRT Team Leader: VRT Team Leader will assist the VRT Commander and VRT Officers with any issues or concerns regarding Veteran(s) in crisis.

VRT Team Commander: VRT Commander will insure the VRT Team is in a constant state of readiness and act as a liaison between Staff and the VRT Team.

VRT Incident: Any service calls in which an individual would benefit from the specialized training and knowledge of a VRT Officer. Service calls include, but are not limited to, calls involving: Veterans known to have mental illness who are experiencing a crisis; Veterans displaying behavior indicative of mental illness, attempted or threatened suicides; or calls in which Veterans and/or their family members may be experiencing emotional trauma. Veterans who are homeless or need a connection for care.

PROCEDURES

VRT Officers Responsibilities:

- A. When available, the VRT Officer will respond to calls for service involving a Veteran who may be experiencing a crisis, is suffering from mental health illness, drug or alcohol addiction or an event which is described as threatening/tense or an unstable circumstance.
- B. VRT Officers should be dispatched to the scene when information is received by communications, supervisors, or fellow officers, that a Veteran is involved, and a mental illness or addiction may be a factor.
- C. VRT Officers are encouraged to respond to calls voluntarily when a need for crisis intervention may arise. Whenever a VRT Officer responds to a call for service involving a Veteran in crisis, a second Officer shall be dispatched to the call, if needed, to assist the VRT Officer.
- D. On the scene of a crisis intervention situation, the VRT Officer will have primary responsibility for engagement with the Veteran in crisis, unless the first Officer on-scene is effectively communicating with the Veteran in crisis, then the VRT officer will assist that officer in any way they can. The VRT Officer will determine the appropriate actions to be taken; to include transporting or arranging transportation to a mental health facility or establishing contact with the VA, the Mental Health Unit or Mobile Crisis. The on-scene supervisor has the authority to assume command of the situation whenever they deem it necessary.
- E. When circumstances warrant, the VRT Team Leader will follow up with the veteran, the veteran's family, and/or a mental health agency to determine if further action is necessary in compliance with Health Insurance Portability and Accountability Act (HIPPA) and Criminal

History Records Information System (CHRI). VRT Officers will also consult with the Behavioral Health Unit to assist if needed.

- F. At the conclusion of the VRT Officer's involvement with the service call, VRT Officers will document the incident to include their actions on a LEISS report. If there are officer safety concerns, a premise history should be completed with Regional Communications (RECOM). The complaint number shall be directed to the VRT Team Leader through LEISS and an email in order for the VRT Team Leader to add the incident/case to the excel sheet on their share drive.
 - a. The email shall contain:
 - i. Email Subject Line: VRT RESPONSE-SUBJECTS NAME AND DATE OF BIRTH.
 - ii. Date, time, case number, subject's pedigree information to include Social Security number (mixed with numbers & letters to allow it to go through the departments email) & branch of service.
 - iii. Synopsis of events.
 - iv. Conclusion (IE transported to the VA or other facility).
 - v. Other resources provided (IE VA, NCCPD PCA, Hero Help)
 - b. If a situation requires assistance beyond the scope of the VRT Officer, the VRT Officer shall notify his or her on duty patrol supervisor as well as the VRT Team Leader.

G. **Teamwork** – VRT & CNT Working Together

- a. While the VRT and the Crisis Negotiation Team (CNT) share several characteristics, they differ in the fact that VRT may be used in many face to face encounters involving individuals that are in crisis and passively threatening to harm themselves or refusing to comply with orders. These Officers will use de-escalation techniques to resolve the situation and take the person in crisis to the appropriate mental health care facility. CNT Officers will be used for crisis situations that are volatile and intense where the subject(s) is:
 - i. Threatening violence,
 - ii. Has used violence on someone else,
 - iii. Is a barricaded subject,
 - iv. Taken a hostage(s),
 - v. Involved in terrorism.
- b. The division should this be a supervisor, shall activate the Crisis Negotiations Team or deploy CNT Officers to take the lead in de-escalating the crisis situation. VRT Officers may assist CNT Officers, but only at the direction of the CNT Commander or Incident Commander.

VRT COMMANDER RESPONSIBILITIES

- A. The VRT Commander will regularly attend meetings with other Law Enforcement CIT / VRT Coordinators and will act as a liaison with social service agencies that focus on mental health.
- B. The VRT Commander is responsible for the organization and training of VRT members.
- C. The VRT Commander will evaluate and report on the VRT Program both internally and externally.
- D. The VRT Commander will provide a current list of certified VRT Officers to the Patrol Section to be used in the event a VRT Officer is needed. The Patrol Squad Commanders will be required to notate on their squad roster all VRT trained officers. The on-duty Patrol Commander or designee must authorize the activation of an off-duty VRT Officer.
- E. The VRT Commander will be responsible for maintaining a file of all complaints requiring VRT involvement. This information may be shared with our partners in the mental health field in accordance with the Health Insurance Portability and Accountability Act (HIPPA) and Criminal History Records Information System (CHRI).

TEAM LEADER RESPONSIBILITIES

- A. The VRT Team Leader will provide further resources to the VRT Officer and or veteran. Will conduct follow up as needed with the VA liaison.
- B. Any and all contacts with a Veteran will be summarized and emailed to the VRT Team Leader and Commander, with the information provided by the VRT Officer. The VRT Team Leader will communicate with the VRT Commander and decide what other resources and or steps need to be taken.