



**CRISIS ALTERNATIVE RESPONSE & ENGAGEMENT
 (CARE) TEAM PROCEDURES**

✓ new: rescinds: amends:		cross-reference: accreditation standards: NYSLEAP Standard(s): 33.3, 41.3 & 43.6
effective date: August, 2023	Amend/update date: November, 2023	

I. PURPOSE

The purpose of this Order is to establish guidelines and procedures with the Office concerning the functions and responsibilities of the Crisis Alternative Response & Engagement (CARE) Team.

II. POLICY

The Crisis Alternative Response & Engagement (CARE) Team’s primary purpose is to provide comprehensive mental health services to persons in mental, behavioral or emotional crisis. The goals of the unit are to match mental health services to a person in crisis by offering alternatives to emergency petitions, when justified by clinical assessment, increase access to the mental health system resources, increase knowledge/access to community services, divert community members from the criminal justice system when mental/behavioral health issues are the driving force of their actions and reduce the patrol officer’s time in handling such individuals. The Crisis Alternative Response & Engagement Team pairs a specially trained police officer (CIT Officer) with a licensed mental health clinician. This team assesses the individual and offers a community-based resource referral, refers the case for follow-up for alternate services or completes an MHL 9.41/9.45 order when warranted.

III. DEFINITION

Behavioral Health Crisis: Characterized by a person unable to manage their primarily psychiatrist and/or substance use related symptoms without de-escalation or intervention.

Chemical Dependency: The body’s physical and/or psychological addiction to a psychoactive (mind-altering) substance.

Crisis Alternative Response & Engagement (CARE) Team: The Office’s Crisis Alternative Response & Engagement Team is composed of specially trained officers whose primary function is to respond to incidents involving individuals with mental illness, co-occurring mental illness and substance abuse, and co-occurring intellectual and developmental disabilities and mental illness. CARE team officers shall be partnered with a mental health clinician as a co-response team to provide rapid mental health intervention.

Crisis Intervention Team Officers (CIT Officers): These officers will have successfully completed the basic crisis intervention team training course and demonstrated an ability to respond to incidents involving individuals with mental or behavioral concerns with professionalism, compassion, and concern for the safety of all involved.

Crisis Negotiations Team (CNT): The Crisis Negotiation Team provides skilled verbal communicators who are utilized in an effort to de-escalate and effect safe surrender in critical situations where individuals have taken hostages, barricaded themselves, or have suicidal ideations. The team consists of law enforcement officers and mental health advisors. CNT complements the SRT team during high-risk operations and is also used as a resource during other critical situations. CNT employs crisis intervention tactics, including de-escalation efforts, to peacefully resolve dangerous events.

Mental Health Clinician: Qualified mental health professionals who provide engagements, general psychological assessments, crisis intervention, dangerousness assessments, safety planning, and referrals for individuals in the community living with behavioral health disorders who come in contact with the Tompkins County Sheriff's Office.

Mental Health Crisis: A situation where an individual's normal coping mechanisms have become overwhelmed causing that individual to pose an immediate and significant risk to self or others.

IV. PROCEDURES

- A. The Crisis Alternative Response & Engagement Team will handle the following types of calls for service when available:
 - 1. Any call involving a mental health/behavioral health crisis;
 - 2. A suicidal person;
 - 3. A person with an emotional or mental health disorder and disconnected from behavioral health services;
 - 4. Any call involving an intentional overdose;
 - 5. A person in an emotional or situational crisis such as a family conflict;
 - 6. Crisis Negotiations Team requests during hours of operation; or
 - 7. Death-related or critical incident support/stress management issues if requested by police.
- B. Priority will be given where the potential for danger to the community member is greatest. In most cases, Computer Aided Dispatch (CAD) will prioritize calls. CARE team officers have the authority to deviate from CAD or self-dispatch based on the training, knowledge, and experience of the Team.

- C. Should there be a dispute as to the appropriateness of a call for service, the CARE team officer should explain this to the dispatch. If unable to resolve this issue, the CARE team officer should contact their on-duty supervisor immediately.
- D. Officers are encouraged to use discretion when handling calls involving a mental health crisis. If appropriate, individuals should be referred to community resources and diverted from unnecessary transports to the Emergency room and jail.
- E. CARE team officers shall respond to incidents in accordance with all Office policies and procedures to include *G.O. 722 Responding to Incidents Involving Emotionally Disturbed Persons*.
- F. The Crisis Alternative Response & Engagement Team should NOT be dispatched as the primary unit to any situation involving active violence, or to any medical, mental health or behavioral health care provider/facility to conduct an assessment, write or serve a MHL 9.45 order when a designated qualified/licensed professional is on-site.
- G. In all cases, the CARE team members and patrol personnel present will discuss the safety of the situation and come to a joint decision before patrol officers leave the location and turn the call over to the CARE team.
- H. CARE team members shall utilize community outreach workers to proactively work to connect homeless individuals with mental health services and housing options.
- I. CARE team officers and CARE team clinicians shall provide crisis prevention services and disposition and treatment options to chronically homeless individuals and individuals with a known mental illness who are at risk of experiencing a mental/behavioral health crisis and assist with follow-up calls or visits.
- J. If the individual does not meet criteria for an involuntary transport and there are no criminal charges, the CARE team will encourage follow up and engagement with services by providing information (brochures, phone numbers, contacts, etc.), or offer to contact an agency for next day reach-out based on the preference of the individual.

K. On-Body Recording Device Protocol

- 1. During calls for service CARE team officers should activate their body worn camera (BWC) in compliance with *G.O. 705 Use of On-Body Camera Devices*. If the CARE team officer determines the scene is safe, they can create distance and give the clinician and the subject space during the clinical assessment by the mental health clinician (MHC), but shall keep their OBRD activated in case they need to quickly reengage.

L. New York State Mental Hygiene Law

- 1. The Crisis Alternative Response & Engagement Team will only complete and serve MHL 9.45 orders written by the team.
- 2. The final decision as to the outcome of the subject is the responsibility of the CARE team officer, not the clinician. If the CARE team officer determines that the individual involved is a danger to themselves or others and meets criteria for an involuntary transport under

Section 9.41 or 22.09 of the Mental Hygiene Law, the CARE Team officer shall arrange for transportation.

3. Once another law enforcement official or a judicial authority has determined that circumstances meet the standards of section 9.41 or 22.09 in the NYSMHL, there is no need for CARE Team to conduct a clinical assessment of that individual.

M. Transports

1. Transporting mental health arrests shall be done in accordance with *G.O. 722 Responding to Incidents Involving Emotionally Disturbed Persons*.
2. As a County employee, the Mental Health Clinician may operate a Sheriff's Office vehicle in exigent circumstances. In these situations, they shall not utilize any of the emergency equipment within the vehicle and shall operate the vehicle in accordance with County policy.

N. Follow-Ups

1. The CARE team will provide follow-up services for individuals previously encountered during a crisis. The follow-up service may be provided by a phone call or in person visit depending on the individual's preference.
2. Follow-up services shall be conducted within forty-eight hours of the initial encounter.
3. Additional follow-up services can be conducted if deemed appropriate by the CARE team.

V. **CHAIN OF COMMAND**

- A. The daily operations of the Crisis Alternative Response & Engagement Team will be under the direct supervision of the on-duty Sergeant.
- B. The licensed mental health clinician assigned to CARE team is an employee of the Tompkins County Whole Health Department and shall report any non-time sensitive concerns directly to their supervisor at the Whole Health Department.
- C. Quarterly control meetings will be conducted with supervisory staff from the Sheriff's Office, Whole Health Department, Department of Emergency Response, Ithaca Police Department, and other identified stakeholder agencies.

VI. **REFERRALS**

- D. Referrals may come directly from community partners and field officers for follow-up. These referrals should be emailed to the Road Supervisor email group.
- E. The Road Patrol supervisors will assign referred cases to the CARE team who will determine and coordinate how the case should be handled.

F. The CARE team should review calls and arrests to identify candidates for initial services.

VI. EQUIPMENT

- A. Police vehicles assigned to this specialized unit will be equipped with the same equipment and supplies as a traditional marked patrol vehicle in accordance with *G.O. 728 Police Vehicles*.
- B. Police vehicles assigned to this specialized unit will have Tompkins County Sheriff's Office and Tompkins County Whole Health Department markings identifying them as a Crisis Alternative Response & Engagement Team vehicle.
- C. Sheriff's Office members assigned to the CARE team shall wear all of the equipment assigned to a member of the uniform law enforcement patrol functions in accordance with *G.O. 703 Uniforms and Personal Appearance*.
- D. Officers assigned to the CARE team shall be issued specialized uniforms as approved by the Sheriff.
- E. The ballistic vest shall be worn at all times, in accordance with *G.O. 707 Body Armor*. A ballistic vest shall be readily available at all times for the Licensed Mental Health Clinician.

VII. TRAINING

- A. Members assigned to the CARE team will receive continual training on dealing with persons with mental illness, chemical dependency, and/or in emotional crisis.
- B. CARE team members will assist in developing and delivering officer training.

VIII. DOCUMENTATION

- A. The deputy assigned to the CARE team will document incidents in accordance with *G.O. 213 Incident Reporting/Records Management*. The licensed medical health clinician will document incidents in their medical records system in accordance with Whole Health policies and procedures.
- B. In addition, the CARE Team will complete a Tompkins County C.A.R.E. Team Data Collection form for each responded encounter. This data will be collected and analyzed to evaluate program metrics to ensure the model is meeting the community needs.

Attachments:

- A. *Tompkins County C.A.R.E. Team Data Collection Form*

By Order Of



Derek Osborne
Sheriff