Oakland County Sheriff's Office
General Order # 3.23

SUBJECT: Co-Responder (CoRe) Clinician Outreach Program		**NUMBER:** 3.23
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This order rescinds all previously issued orders, procedures, rules and regulations, notices and/or practices in conflict with this General Order.

I. PURPOSE

The purpose of this policy is to establish protocol to deploy a mental health clinician, referred to as a Co-Responder (CoRe) Clinician into the field or the Sheriff's Communication Center to serve the needs of community members. This general order will establish the framework of the teams that will support the mental health clinician.

II. POLICY

It shall be the policy of the Oakland County Sheriff's Office to operate a Co-Responder (CoRe) Clinician Crises Outreach Program, through a mental health community outreach initiative, which contracts an Oakland Community Health Network (OCHN) mental health clinician to provide services to Sheriff's Office contracted patrol areas, or Oakland County wide, as respectfully assigned.

The CoRe commitment is to partner law enforcement response with community mental health/substance use disorder resources, to improve services to those impacted by behavioral health crises. The program serves to supplement the overall response with a specialized approach to provide added support to first-responding officers before, during, and after a crisis occurs.

III. INCIDENT OUTCOME GOAL

The incident outcome goal is to utilize the least restrictive measures to secure the welfare of all those concerned, connect individuals to needed services, and divert individuals experiencing a crisis from the criminal justice system whenever possible in an incident of a behavioral health crisis. The collaborative initiative seeks to enhance community response to people in crisis by embedding a proactive mental health clinician in the field, who provides services and resources for mental health follow-up. In doing so, a reduction in the need for repeated and emergency police involvement is likely to occur, minimizing the potential of unintended outcomes. The ideal resolution for a behavioral health crisis incident is to connect the subject involved with resources that can provide long term stabilizing support.

IV. DEFINITIONS

A. *Behavioral Health Crisis* – Defined as an episode of mental and/or emotional distress in a person that is creating significant or repeated disturbances and is considered disruptive by the community, friends, family, or the person themselves. Co-occurring use of substances by people in crisis can exacerbate the negative effects to the person and others.

B. *CoRe TEAM* – CoRe Team Coordinator, CoRe Team Liaison(s), CoRe Team Deputies, and the CoRe Team OCHN Mental Health Clinician(s).

C. *CoRe Team Coordinator* – The Homeland Security, Wellness & Professional Development Division Lieutenant will assume the duties of CoRe Team Coordinator. The coordinator is the primary point of contact for the program, for law enforcement, community stakeholders, and for the residents of their community. The coordinator is responsible for the administration, training, and coordination of their agency's CoRe Team, including training of non-team members.

D. *CoRe Team Liaison(s)* – Certified Crisis Intervention Team (CIT) trained Deputy(s) will assume the duties of CoRe Team Liaison(s) for locations with CoRe's assigned. Liaisons work collaboratively with the coordinator, other deputies, and clinician; advocating to assist in individual response plans and follow-up, addressing system issues/concerns, sharing information internally and externally as appropriate, and if possible, respond to behavioral health calls for service when they arise. CoRe Liaisons will track their location's specific crisis cases ensuring policy was followed and evaluating data collection to effectively measure behavioral health response, addressing any issues observed.

E. *CoRe Team Deputies* – Certified Crisis Intervention Team (CIT) trained Deputies will continue to utilize their training to provide services to community members and be available to the mental health clinician to ride with them on patrol, when available. Staffing may allow for this to be a fulltime assignment.

F. *CoRe Team OCHN Mental Health Clinician(s)* – The OCHN CoRe Clinician serves as a mental health clinician, embedded in a law enforcement setting. The position works with law enforcement to provide case consultation, crisis intervention, service coordination, and referrals or linkage to resources for individuals in need. The CoRe Clinician works with the CoRe Team assisting with training and coordination of resources.

G. *Tracking System* – Through the use of the *Courts & Law Enforcement Management Information System* (CLEMIS) records and reporting system and the use of the CoRe Tracking Form, referral to and use of the OCHN CoRe Clinician services will be tracked. When a behavioral health related call is fielded and responding officers on scene have confirmed or discovered there is a mental health component to the incident, the tracking will be utilized. Several layers of the tracking will be in place:

   a. Deputies will verify a behavioral crisis and via dispatch, send a Computer Aided Dispatch (CAD) alert notification to the CoRe Clinician.

   b. The CoRe Clinician will follow up with appropriate documentation.

H. *CoRe Committee* – A committee composed of each agency's CoRe Team representatives, CoRe Clinician, and OCHN providers that meet for the purpose of building an effective response to crisis incidents involving police that is built upon best practices, innovation, and experience. The CoRe Committee analyzes training and policies to ensure they are consistent with legal standards and community expectations. The CoRe Committee is responsible for streamlining services in the mental health community.

V. PROCEDURES – DISPATCH

A. Through CAD, the CoRe Clinician will be added to behavioral crisis related call, activating the CAD text notification system.

B. Regardless of the nature of the call, the dispatcher will initially dispatch the closest available units to calls that may involve a behavioral health crisis.
   a. Two deputies will be dispatched to calls of this nature.
   b. It is preferable that a CIT trained deputy responds to behavioral health calls.

C. While responding to an incident that may involve mental illness or a behavioral health crisis, deputies should request the dispatcher provide critical information as it becomes available, which includes:
   a. If any weapons are involved.
   b. If the subject is alone, or with family members or friends.
   c. Whether the person relies on drugs or medication or may have failed to take his/her medication.
   d. Whether there have been prior incidents or suicide threats/attempts.
   e. Whether there has been a previous police response.
   f. Contact information for a treating physician or mental health professional.

VI. PROCEDURES – DEPUTY ON SCENE

A. Responding Deputies are to follow the applicable agency general orders:
   a. GO #3.17 – Police Response to People with a Mental Illness/Developmental Disability
   b. GO #___ – Crisis Intervention Team (CIT), specially addressing Jail Diversion

B. It is preferable that CIT trained deputies respond to the scene of the behavioral health crisis.
   a. When possible, a CIT trained deputy should volunteer for a behavioral health related call as a primary or secondary unit.
   b. Deputies may request additional CIT deputies, if available.

C. Upon arrival at the scene of a behavioral health crisis the responding deputy shall determine the circumstance and initiate the appropriate response based on policy and training.

   a. When the on-scene deputy verifies that there is a behavioral health component to the call that they are on, the deputy shall notify dispatch to add the CoRe unit to the CAD call for service (CFS).

      i. When the dispatcher adds the CoRe Clinician to the call an automatic alert notification is sent to the CoRe Clinician's cell phone.

ii. The CoRe Clinician will have immediate access to the initial CAD call and be able to use this information to prioritize, respond if available, and track incidents.

D. If it is apparent the subject is a person requiring treatment, deputies shall utilize de-escalation techniques to calm the situation and safely take the subject into protective custody. When the CoRe Clinician arrives on scene and the scene is determined to be safe by the on-scene deputy, the CoRe Clinician will assist deputies with coordination of mental health treatment.

E. When a CoRe Clinician is unavailable and deputies suspect there are underlying behavioral health issues relating to the call for service, they shall:
   a. Observe and take note of signs of behavior that are unusual, disruptive, or unsafe, and the circumstances for which they were observed (ex: mental illness, substance use disorder).
   b. Attempt to obtain information regarding mental illness diagnosis, medical history including any treating doctors or psychologists, and medications.
   c. Assess the need for further police or mental health resource assistance.
   d. Document all appropriate information on the CoRe Tracking Form and attach it to the case report in CLEAR, forwarding a copy to the CoRe Clinician.

VII. DEPLOYMENT OF CoRe CLINICIAN

A. The CoRe Clinician will be requested to respond to the scene:
   a. If face-to-face crisis intervention may be useful based on the CoRe Clinician's specialized training in de-escalation to help stabilize the individual in crisis.
   b. If referrals for more comprehensive services are needed.
   c. To assist the person in crisis by providing appropriate mental health resources.
   d. To assist family members of people in crisis by providing information and educating them on available family resources.

B. Based on the circumstances, the CoRe Clinician shall remain at a safe location at or outside of the scene, as determined by the CoRe Clinician.

C. Deputies need to ensure that there does not appear to be a threat to the safety of the CoRe Clinician when they arrive on scene.
   a. If the subject is violent or extremely volatile the CoRe Clinician shall stage at a safe location until the scene is safe and is notified by deputies on scene that they can safely come to the location of the crisis.
   b. If the scene remains unsafe, deputies on scene may coordinate communication with the CoRe Clinician by phone, radio, or other communication device.
   c. If CoRe Clinician deems the situation to be inappropriate for site consultation, they will advise the deputy and move to a location that is more appropriate.

D. CoRe Clinician(s) may be assigned to/embedded within the Sheriff's Office in various locations – substations, the Crisis Response Unit (CRU), and/or Dispatch.

VIII. REPORTING

A. The primary deputy shall handle the necessary documentation and disposition of the incident, responsible for making the necessary notifications to mental health professionals, either by direct contact with the CoRe Clinician and/or through the reporting process of the incident by:

   a. Document the incident in a CLEMIS CLEAR Case Report.

      i. Utilize CLEMIS code **C3300 – Crisis Outreach**.
         1. This code shall be used in combination with any other applicable offense codes to properly document the incident.
         2. Including being used as a secondary offense code in CLEAR.

      ii. Other additional related CLEMIS codes that may also be listed include:
         1. L3545 – Jail Diversion/CIT-OS
         2. L3547 – CIT Intervention-OS
         3. C3250 – Mental Health Calls

      iii. "Referral to Crisis Outreach" shall be in either the *Action Taken* or *Status* of the report, depending on offenses listed.

   b. Complete the CoRe Tracking Form, attaching it to the case report.

   c. Email the form to the Co-Re Clinician, following instructions on the form.

B. Sheriff's Office supervisors shall properly assign the case to the CoRe Clinician after reviewing the case report, by:
   a. "Approve and Assign" the case
   b. "Assign Case to Deputy", select the CoRe Clinician's name and "Select Assignment Type" of Investigative Deputy
   c. Under "Select Division", select "Crisis Outreach" and if criminal follow up is necessary, also assign the case to the appropriate Substation's Investigations.

IX. CoRe CLINICIAN PROTOCOL

A. The CoRe Clinician shall review the case report and CIT tracking form to determine if follow-up is needed and properly tracked, providing services as appropriate.

B. The CoRe Clinician will be issued or provided the following items from OCHN:
   a. Cellphone
   b. Laptop
   c. Vehicle Mileage Reimbursement

C. The CoRe Clinician will be issued or provided the following items from the Sheriff's Office:
   a. Workspace
   b. Access to agency CLEMIS computer system
   c. Level II Ballistic Vest (gray or blue in color) with "Social Worker" on the front and back
   d. Tourniquet/Tourniquet Holder

D. The CoRe Clinician is not a 24/7 employee but may be called after hours in the event of an emergency, to determine if they are available to respond.
    a. The on-duty supervisor shall be consulted if the incident warrants contacting the CoRe Clinician after hours.

E. A 40-hour work week schedule will be set and modified to meet the needs in the communities.

F. At the beginning of the shift the CoRe Clinician shall check all notifications received through CLEMIS CLEAR and the CoRe Tracking Forms emailed to them.

G. If modifications need to be made to the CoRe Clinician's schedule, an email notification will be sent to the agency coordinator explaining the need, and the modifications made for the week.

H. The CoRe Clinician will utilize the below descending scale of urgency when prioritizing cases, reviewing CLEMIS notifications and CoRe Tracking Forms received to plan response and/or follow up.

    a. **Imminent Risk of Harm** - A subject is not in custody or has been released following a serious incident, and may be a danger to the public, victims, or to self.

    b. **Pattern of Escalation** - Subject has been involved in a series of incidents indicating decompensation or decline in behavioral self-control, which constitutes an increased risk of harm to self or others.

    c. **Request from Deputy or Service Provider** - A deputy or service provider requests the CoRe Clinician's assistance for problem solving.

    d. **High Utilization of Police Resources** - Subject has made or been the reason for frequent, unfounded calls, which unreasonably exploit patrol resources.

X. FIELD DEPLOYMENT OF THE CoRe CLINICIAN

A. The CoRe Clinician will check in with Sheriff's Office Dispatch, providing the hours on-duty.

B. A copy of the CoRe Clinician's schedule will be provided to the Command Sergeant and Dispatch.

C. Specific protocol must be adhered to for the safety and security of the CoRe Clinician for initial home/field visits.

    a. ***Preplanning***
        i. A pre-check of any history of dangerous or potential instability on the subject they are visiting will be conducted, which include, but are not limited to:
            1. CAD notes
            2. CLEMIS CFS
            3. CLEMIS Case Report
            4. Electronic Health Records (EHR)

ii. Supervisors and deputies can be utilized to consult with to determine if it is appropriate for a deputy to accompany the CoRe Clinician on the field/home visit.

b. ***Arrival Protocol***
   i. The CoRe Clinician shall have a deputy accompany them when conducting home visits.
      1. Solo home visits are prohibited.
   ii. The CoRe Clinician will always have their cell phone with them.
   iii. Once at or near the location of the visit the CoRe Clinician will call dispatch and request a Call for Service (CFS) *CoRe Follow-up Incident* initiated.
   iv. The CoRe Clinician will provide the name of the subject and purpose of the follow-up.
   v. Prior to contacting the subject, an accompanying deputy will be briefed on the background of the person and reason for the field/home visit.

c. ***Additional Considerations***
   i. Although home visits are preferred, some situations may dictate phone calls, on-line chats, or public meeting spaces as the most beneficial way to conduct follow-up.
   ii. The CoRe Clinician will not be required to conduct home visits alone.
   iii. The CoRe Clinician will always notify dispatch when on scene of a home/site visit and when they clear the visit.

D. The CoRe Clinician will not act as law enforcement presence on scene. Ultimately the assisting deputy has the authority to determine if:

   a. A second deputy will be dispatched, due to an indication of potential violence or instability, the number of subjects in the home, or uncooperative family members.

   b. Deputies need to make initial contact. Once the scene is determined to not be a danger to the CoRe Clinician, they can approach.

   c. If the scene is unsafe for the CoRe Clinician, the deputy shall direct the CoRe Clinician to retreat or leave the scene to a safe location.

   d. Following agency radio training and protocols, the CoRe Clinician shall notify Dispatch in an emergency situation/call for back-up.
      i. The CoRe Clinician is authorized to provide relevant scene information to Dispatch via radio.

E. While the safety of the CoRe Clinician is paramount, the CoRe Clinician may be deployed to a critical incident to provide guidance as a resource.
   a. Response to these scenes is at the discretion of the on-duty shift supervisor.

      i. The CoRe Clinician will stage until the scene is rendered secure and safe for them to enter.
      ii. Deputies will provide specific directions as to where they will meet the CoRe Clinician (e.g., inside the lobby, at the front door, outside the residence, at a supervisor's vehicle).

b. The CoRe Clinician's role during dangerous situations is to act as a resource, in a support function, and will not take operational control of a scene from the on-duty supervisor.

c. If a dangerous situation occurs, the CoRe Clinician may be escorted out and exit the scene to retreat to a safe location.

d. The CoRe Clinician's point of contact will be the on-duty supervisor or a CoRe Team member at the scene.

F. There will be opportunities where the CoRe Clinician is on duty and able to respond to an active incident.

a. This type of proactive response is encouraged to enhance community outreach.

b. The CoRe Clinician may be notified of an active incident either through the CLEMIS CAD alert notification on their cell phone or by a direct request from a dispatch center.

c. When the CoRe Clinician makes the decision to respond they shall:
   i. Notify dispatch that they will be responding to the behavioral health crisis incident and the location.

d. The CoRe Clinician will follow Critical Incident Response procedures.

e. The point of contact may include the on-duty supervisor, CoRe Team member, or deputy on-scene most closely related to the incident.

G. The HIPAA Privacy Rule does permit a provider to disclose protected health information, including psychotherapy notes, about a patient to law enforcement, family members, or others if the provider has a good faith belief that the disclosure:

a. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, and

b. The disclosure is to a person(s) reasonably able to prevent or lessen the threat.

H. To a law enforcement official having lawful custody of a person, such protected health information may be provided:

a. Health care needs of the individual.

b. For the safety of the individual, other inmates, deputies or employees of or others at the premises.

c. For the administration and maintenance of the safety, security, and good order of the premises.

XI. FOLLOW-UP FUNCTIONS OF CoRe CLINICIAN

A. The CoRe Clinician will have several follow up responsibilities which include:

a. Ensuring releases are obtained to allow for cross system collaboration.

b. Complete Access Eligibility Screenings as needed to determine eligibility for Medicaid specialty services, and appropriate level of care by utilizing clinical, and level of care tools.

c. Provide referrals to multiple community resources and communicate these resources to individuals who are in need and/or do not meet criteria for OCHN services.

d. Document all interactions in Electronic Medical Record for the subject served through the OCHN provider network.

e. Coordinate with OCHN Access Department and/or Sober Support Unit for higher level of care substance use disorder treatment services for persons with co- occurring mental health and substance use disorders.

f. Coordinate with the provider network, through on-call, if needed, for follow-up appointments.

g. Provide individuals with appointment confirmation, address to provider and other pertinent information.

h. Connect out of county individuals with appropriate community mental health contact.

i. Provide telephonic follow-up and support services to individuals to ensure their engagement in services.

j. Develop rapport and maintain strong working relationships with the law enforcement agencies and stakeholders.

k. Assist and/or develop training materials for internal and external partners.

XII. MENTAL HEALTH CoRe COMMITTEE

A. The CoRe Committee will meet monthly to review the CoRe Community Outreach Program.

B. The CoRe Committee will have specified tasks:

a. Evaluate the overall CoRe response, study national models, and make recommendations on whether CoRe should modify the structure and design of its outreach program.

b. Develop a checklist of resources available to refer individuals in crisis, which includes maintaining liaisons with county resources and private hospitals.

c. Review and validate all the departments mental health and CIT training.

d. Develop policy and procedures for the disposition or voluntary referral of individuals to jails, receiving facilities and local mental health and/or social service agencies that clearly describe the roles and responsibilities of those entities, mental health CoRe Clinician's, and deputies in the process.

e. Enhance community connections with advocates and social service professionals, as well as provide for a seamless system of care for persons in crisis.

ISSUED BY: Sheriff Michael J. Bouchard