



*Milford City Hall Council Chambers 201 South Walnut Street Milford DE 19963*

## **CITY COUNCIL AGENDA Monday, August 14, 2023**

*This meeting is also available for viewing by the public by accessing the following link:*

[https://zoom.us/j/928 5453 5959](https://zoom.us/j/92854535959)

*or*

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*Call 301 715 8592 Webinar ID: 928 5453 5959*

**5:00 P.M.**

### **PUBLIC SAFETY COMMITTEE**

Call to Order – Chair Mike Boyle

Chief of Police Cecelia Ashe/Departmental Report:

Enhanced Initiatives

Social Change Impacts

Future Vision of Department

Behavioral Health Unit Update:

Policing & Successes

Community Perception

Homeless Interaction

Improved Image Within Community

Adjournment

All items on the Meeting Agenda are subject to a potential vote.

**SUPPORTING DOCUMENTS MUST BE SUBMITTED TO THE CITY CLERK IN ELECTRONIC FORMAT  
NO LATER THAN ONE WEEK PRIOR TO MEETING; NO PAPER DOCUMENTS WILL BE ACCEPTED OR DISTRIBUTED  
AFTER PACKET HAS BEEN POSTED ON THE CITY OF MILFORD WEBSITE.**

# Milford Police Department Behavioral Health Unit



**Jenna Haines, LCSW, MSW, DE-CMHS, CIT**

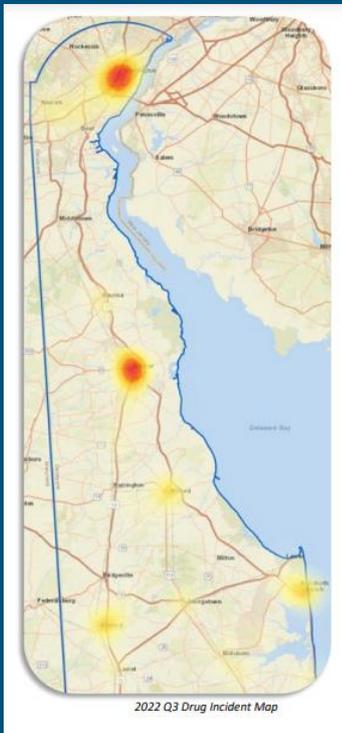
**Amy Kevis, MS – Partners in Public Safety  
Solutions, Inc.**

# History of MH in Delaware

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- Federal Government vs. Delaware - Consent Decree
- Decrease hospitalization by 50% by 2017
- Create crisis centers, crisis intervention team training for police, peer support, intensive case management, etc., in order to allow people to live in the community/least restrictive setting
- Instead produced an influx in psychiatric calls for police departments and emergency rooms

# Drug Monitoring Initiative - Q3 2022



## Opioid Arrests by Race & Gender

	New Castle		Kent		Sussex	
	Male	Female	Male	Female	Male	Female
<b>Black</b>	113	12	61	5	43	11
<b>White</b>	59	43	56	33	76	51
<b>Asian/Pacific Islander</b>	1	0	0	0	0	0
<b>Unknown</b>	1	0	1	0	0	0

# Law Enforcement Assisted Diversion

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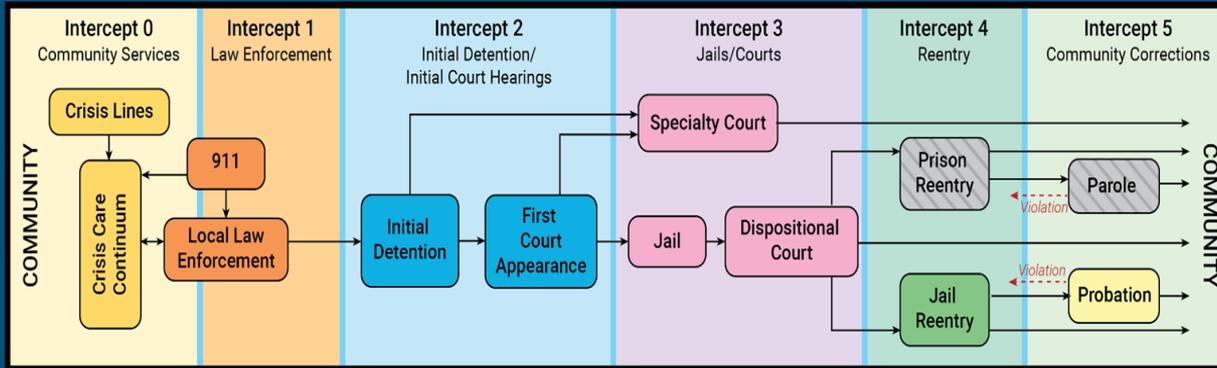
- Role of police has evolved, increased crisis calls
- Present unique challenges
- Result in repeated calls and unsuccessful use of the criminal justice system
- Behavioral Health (BH) and Substance Use Disorder (SUD) pose significant challenges for cities as they affect millions
- Traditional approaches are not effective
- National best practices

# Why Divert?

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- 89% of people who need behavioral health treatment do not receive it
- 70%-80% of individuals in jail have either SUD or BH challenges
- 4 largest “behavioral health facilities” are jails
  - Los Angeles, Houston, Chicago, and New York City
- 73% of DE fatal overdoses had at least one opportunity for linkage to care prior to overdose
- Police are often the first, and many times, the only intervention with these individuals

# Sequential Intercept Model (SIM)



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## Key Elements at 1

- Warm lines & hotlines
- Mobile crisis intervention services
- Stabilization centers/drop-in centers (often peer run)
- Diversion strategies (co-responder model, opioid outreach, self-referral programs)

## Key Elements at 0

- Link with services before criminal justice contact
- Enables diversion
- Reduces local ER use and inpatient beds for acute crises

# Police Mental Health Co-Responder Model

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“Behavioral health clinicians co-respond with CIT (Crisis Intervention Team) trained officers in patrol cars as first responders to situations involving someone in behavioral health crisis. These teams may include peer specialists.”

Source: The Vera Institute

# Milford Police Department BHU

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- Work alongside police patrol staff to engage with members of the community
- Perform crisis intervention techniques to assist law enforcement in the safe de-escalation process
- Identify clients who may be in need
- Complete referrals
- Complete case management tasks
- Work with police to divert when appropriate
- Maintain appropriate documentation

# Milford Police Department BHU

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- Perform victim advocate services
- Coordinate and/or perform BH education for police
- Provide community education on available BH resources
- Evaluate clients for community safety, including identifying homicidal and/or suicidal tendencies
- Work as a liaison
- Provide education on officer wellness and support ventures that highlight officer wellness

# Daily Tasks

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- De-escalation of psychotic, severely depressed, acutely mentally ill consumers
- Screen for “danger to self or others” and complete involuntary detention if needed
- Referrals to treatment
- Engage with Intellectual Disabilities (ID)/Developmental Disabilities (DD) community
- Brief case management/routine follow-up’s
- Domestic violence, BH, SUD, homelessness resources
- Victim services (referrals for grief support, death notifications, follow-up’s, etc.)
- Education for Law Enforcement Officers (LEO) on BH conditions
- LEO wellness

# Purpose/Goals

- Allows consumers to receive appropriate level of treatment
- Decrease cost
- Lessen burden for criminal justice system and emergency rooms
- Lessen recidivism
- Fewer arrests and decriminalization of mental illness
- Positively affect Social Determinants of Health (SDOH)
- Reduce deaths/increase safety
- Enhance positive relationships
- Increase positive perception of police
- Decrease liability for police
- Decrease compassion fatigue for LEO



Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from Arrest	# of Diversions from ER	# of Follow-Up's
March 1-March 5, 2023	28.5	1. Rural Subcommittee Meeting 2. Meeting w/ A Peaceful Place SUD Treatment Center	1. Juvenile Psychiatric Concerns in a Modern World	6	<b>Referrals to Services:</b> Check the Welfare Public Assistance Domestic Burglary	1	1	4
March 6-March 12, 2023	62	1. Opioid System of Care Meeting	1. Trauma in the Workplace 2. Using Technology to Support Harm Reduction	10	<b>Referrals to Services:</b> 10-81 10-10 Public Assistance Check the Welfare	1	2	9
March 13-March 19, 2023	60	1. Delaware Homeless Continuity of Care Meeting	1. Healthy Police, Healthy Policing 2. Academy of Criminal Justice Sciences Conference 3. Domestic Violence & Victim Safety Protocols	11	<b>Referrals to Services:</b> Public Assistance Domestic 10-81 Check the Welfare	0	1	8
March 20-March 26, 2023	59	1. Delaware Behavioral Health Consortium Meeting 2. Milford Public Library Narcan/Homeless Education Event 3. Criminal Justice Council & DSP Meeting	1. Burnout, Organizational Stress, and Creating Presence as an Organizational Antidote	9	<b>Referrals to Services:</b> Domestic 10-81 Check the Welfare SOG Warrant	1	1	7
March 27-March 31, 2023	52	N/A	1. Veteran Suicide and What We Can Do 2. How to Build and Sustain An Effective Officer Wellness Program: A Policing Matters Special	10	<b>Referrals to Services:</b> Public Assistance 10-81 Check the Welfare Shoplifting Domestic Overdose	1	1	8
<b>Totals:</b>	<b>261.5</b>			<b>46</b>		<b>4</b>	<b>6</b>	<b>36</b>
<b>Overall Totals:</b>	<b>4382.85</b>			<b>923</b>		<b>70</b>	<b>94</b>	<b>855</b>

Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from	# of Diversions from ER	# of Follow-Up's
April 3- April 9, 2023	55	1. Rural Subcommittee Meeting 2. Delaware League of Local Governments Meeting	1. The Rural Opioid Crisis	6	<b>Referrals to Services:</b> Check the Welfare Public Assistance Overdose Juvenile	0	0	10
April 10- April 16, 2023	63	1. Opioid System of Care Meeting	1. Mental Health Wellness Check-In's 2. The Effect of Animals on First Responder Wellness 3. First Responder and Law Enforcement-led Deflection in Rural Communities	11	<b>Referrals to Services:</b> Victim Services Check the Welfare Shoplifting Overdose 10-81	1	2	11
April 17- April 23, 2023	58	1. Delaware Housing Authority Meeting	1. Supporting Co-Workers Through Critical Incident Stress	8	<b>Referrals to Services:</b> 10-81 Domestic Check the Welfare Shoplifting	0	1	9
April 24- April 30, 2023	67.5	1. Delaware Behavioral Health Consortium Meeting 2. Bug & Bud Festival 3. Narcan Distribution Event 4. Coffee with a Cop	1. Working With Those Who Have Intellectual or Developmental Disabilities	10	<b>Referrals to Services:</b> Check the Welfare 10-81 Victim Services Shoplifting	1	1	8
<b>Totals:</b>	243.5			35		2	4	38
<b>Overall Totals:</b>	4626.35			958		72	98	893

Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from Arrest	# of Diversions from ER	# of Follow-Up's
May 1- May 7, 2023	60	1. Rural Subcommittee Meeting	1. Improving Outcomes for People with Depression	11	<b>Referrals to Services:</b> Check the Welfare Public Assistance Victim Services Homeless Resources	0	2	10
May 8- May 14, 2023	55.5	1. Opioid System of Care Meeting 2. Wicklander-Zulawski Meeting 3. Milford Wellness Village Event 4. Fourth Ward Meet the Chief Event	1. Unique Science of Elder Depression and Psychosis	8	<b>Referrals to Services:</b> Homeless Resources Domestic Check the Welfare Public Assistance Disorderly	1	1	9
May 15- May 21, 2023	57.25	1. Delaware Housing Authority Meeting	1. The Effect of Gun Violence on American Mental Wellness 2. The Stress of a Frontline Position and How to Support First Responders	12	<b>Referrals to Services:</b> Domestic Public Assistance Victim Services Check the Welfare 10-81	1	2	9
May 22- May 28, 2023	62	1. Behavioral Health Coordination Meeting	1. Veteran Mental Wellness and the Role of Addiction 2. Behavioral Health & Criminal Justice Integration Summit	11	<b>Referrals to Services:</b> Public Assistance Homeless Resources Panhandling Domestic 10-81	2	1	10
May 29- May 31, 2023 <b>Memorial Day</b>	16	<b>N/A</b>	1. Supporting Our Veterans in the 21st Century	3	<b>Referrals to Services:</b> Public Assistance Overdose Domestic	0	0	4
<b>Totals:</b>	<b>250.75</b>			<b>45</b>		<b>4</b>	<b>6</b>	<b>42</b>
<b>Overall Totals:</b>	<b>4877.1</b>			<b>1003</b>		<b>76</b>	<b>104</b>	<b>935</b>

Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from Arrest	# of Diversions from ER	# of Follow-Up's
June 1- June 4, 2023	16	1. Rural Subcommittee Meeting	1. Modern Ethical Violations in a Technological World 2. AED & CPR Training	5	<b>Referrals to Services:</b> Domestic 10-81 Public Assistance	1	1	6
June 5- June 11, 2023	49	1. Opioid System of Care Meeting 2. Behavioral Health Consortium - Mental Health and Substance Use Forum for People Experiencing Homelessness	1. Children and Their Psychiatric Needs	8	<b>Referrals to Services:</b> Check the Welfare Public Assistance Shoplifting Domestic	0	0	7
June 12- June 18, 2023	61.5	1. Delaware Housing Authority Meeting 2. Pace Your Life - Milford Wellness Village Meeting 3. Georgetown Pallet Village Narcan Training Event	1. The Need For Cultural Competence In Addressing Health Disparities: An Ethical Obligation	8	<b>Referrals to Services:</b> Public Assistance Public Intoxication DUI 10-81 Domestic Assist Other Agency	1	3	11
June 19- June 25, 2023 <b>Juneteenth</b>	52.5	1. Statewide Behavioral Health Stakeholders Meeting 2. Food Bank Narcan Training Event	1. Teen Substance Use Trends in the Era of Legal Marijuana	7	<b>Referrals to Services:</b> 10-81 Public Assistance Domestic Terroristic Threatening	1	0	9
June 26- June 30, 2023	36	1. National Conference to Protect America's Children in National Harbor, MD (3 Day Training)	1. New Laws And Regulations That Impact Mental Health Practices In Delaware	4	<b>Referrals to Services:</b> 10-81 Shoplifting Domestic	0	0	5
<b>Totals:</b>	215			32		3	4	38
<b>Overall Totals:</b>	5092.1			1035		79	108	973

Month/Year	Hours Worked	# of New Contacts	# of Diversions from Arrest	# of Diversions from ER	# of Follow-Up's
Jan-22	189	53	4	6	47
Jan-23	249.25	55	3	7	38
Feb-22	214.5	50	4	6	48
Feb-23	230.5	39	3	2	41
Mar-22	206	44	4	4	42
Mar-23	261.5	46	3	6	36
Apr-22	256.6	49	4	4	59
Apr-23	243.5	35	2	4	38
May-22	213.5	54	3	3	40
May-23	250.75	45	4	6	42
Jun-22	248.5	61	5	7	57
Jun-23	215	32	3	4	38
Jul-22	227	41	4	5	48
Jul-23					
Aug-22	276	58	7	8	56
Aug-23					
Sep-21	173	38	2	4	54
Sep-22	242	50	4	5	55
Oct-21	191.5	25	4	7	34
Oct-22	234	38	3	2	33
Nov-21	264	55	3	5	39
Nov-22	217	47	4	3	34
Dec-21	325	73	3	7	65
Dec-22	164	47	3	3	29

# Contact Information

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- Website: <https://www.milfordpolicede.org/mental-health-clinician.htm>



# **POLICE/MENTAL HEALTH CO-RESPONDER MODEL**

## **STANDARDS, PROCEDURES AND GUIDELINES**

Collaboration between Milford Police Department Behavioral Health Unit (MPD BHU) &  
Partners in Public Safety Solutions, Inc.  
Delaware Rural Communities Opioid Response Program  
Delaware Rural Subcommittee

Completed by Jenna Haines, LCSW, MSW, DE-CMHS, CIT & Amy Kevis, MS  
April 2023

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## POLICE/MENTAL HEALTH CO-RESPONDER MODEL

### STANDARDS, PROCEDURES AND GUIDELINES

#### **I. Introduction:**

Across our nation, healthcare and criminal justice professionals are dealing with continued challenges due to the number of individuals experiencing behavioral health crises. While there are scarce community-based options available when an individual is experiencing a true behavioral health crisis, one guaranteed response is that of police. As Substance Abuse and Mental Health Services Administration (SAMHSA) notes in the Executive Order *Safe Policing for Safe Communities: Addressing Mental Health, Homelessness and Addiction* report, over 2 million individuals with serious mental illness are booked into our nations' jails often for non-violent and nuisance/quality of life crimes, such as disorderly conduct or loitering. SAMHSA also reports that the number of individuals with behavioral health disorders in jails and prisons is three to four times higher than those in the general population and once in jail, these individuals remain incarcerated for twice as long and few receive needed treatment. Upon release, due to an interruption of Medicaid benefits and a criminal record, they are more likely to be unemployed, homeless, and eventually be re-arrested or die. This cycle repeats throughout the country.

Police agencies are employing innovative alternatives to arrest for individuals with behavioral health disorders and although no one approach works for all agencies, co-responder teams, consisting of a mental health professional and a police officer riding together, have shown promise in improving outcomes for individuals experiencing a behavioral health crisis while reducing the incidence of arrest. While many of these programs are in their infancy, these early interventions in the field have shown promise in improving access to behavioral health treatment services and reducing further police involvement for individuals with behavioral health disorders.

There are no shortages of media stories showing officers in situations without adequate training and/or understanding of the issue at hand, frequently resulting in unnecessary use of force incidents or other undesirable outcomes for the individual in need of help (and sometimes the officers themselves). When police are partnered with a mental health professional in the field and encounter an individual experiencing a behavioral health crisis, a better understanding of the problem and better outcomes are often realized. Without the understanding and knowledge of the reason for the behavior(s) and the most appropriate resources available, police are left without substantive, helpful alternatives for individuals with behavioral health disorders in need of treatment and assistance in accessing treatment. While there are several alternatives to diverting individuals from the criminal justice system, this policy will focus on the co-responder/embedded clinician model that seeks to employ pre-booking diversion interventions for individuals with serious mental illness or substance use disorders.

Often, when police are dispatched to an individual with what appears to be a behavioral health crisis, the contact ends with a trip to the local emergency room. This transport may take

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hours and removes an officer from his or her regular road duties. For small municipal agencies, having an officer tied-up with a behavioral health call can leave other officers without needed support or result in the sole officer working being unavailable for police calls needing an immediate response. Emergency rooms and the healthcare industry have become the built-in safety nets for these individuals, but often, individuals are left with little to no treatment access after the police have gone. Emergency rooms are ill equipped to deal with behavioral health disorders and often end up holding the individual, sometimes on a gurney in a hallway, for hours or days until eventually, the individual walks away without receiving any services *and* without having their crisis mitigated. As SAMHSA notes in their Executive Order, studies have shown that a visit to the emergency room may likely result in an inpatient admission when/if a bed becomes available, even if not warranted, which is much more expensive than a crisis stabilization response, which better serves the needs of the individual.

This document provides guidance on the brief, crisis-based interventions which attempt to reduce arrest incidence for persons with behavioral health disorders (including both mental health and substance abuse disorders) and homelessness.

### **Abstract:**

Law enforcement officers across the United States have become “de-facto” behavioral health clinicians, social workers, psychologists, counselors, and crisis workers. Due to the deinstitutionalization of psychiatric asylums, there has been a significant increase in behavioral health needs in the community with those individuals often landing in jails and prisons. Mental illness is now so prevalent behind bars that jails and prisons are routinely called the “new asylums.”

A consumer with a mental illness is three times more likely to be in a jail or prison setting, rather than in a hospital receiving appropriate treatment. According to the Treatment Advocacy Center, Delaware is no different than the other 49 states, we incarcerate more consumers with Severe Mental Illness (SMI) than we hospitalize. Mental disorders do not discriminate and are present in all genders, races, ethnicities, and socioeconomic statuses.

In 2011, Delaware was federally mandated to prevent unnecessary psychiatric institutionalization by creating community based behavioral health services. At the time, consumers were released from the Delaware Psychiatric Center and assigned to community-based treatment providers, which resulted in a community system that was quickly overwhelmed by their significant, myriad needs. A 2018 Kaiser Family Foundation report estimates that 20.9% of Delaware adults report suffering from a mental illness, a number which closely mirrors the US reports of 19.9%.

Often, police complaints are ‘coded’ as domestic disputes, disorderly conduct, behaviors shoplifting, check the welfare, burglary, assault, theft even if the reason for the activity was behavioral health related. Therefore, a finite number of law enforcement contacts that have a behavioral health element are difficult to gauge. It could be surmised that the number of

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interactions police have with consumers experiencing behavioral health concerns is much higher than reported.

Some of the more promising initiatives to address the criminalization of those with mental illness are mental health courts, Crisis Intervention Team (CIT), diversion programs, and co-responder models. This guide will discuss the different types of models, as well as provide helpful insight for police departments or agencies looking to employ a similar program. As with any program, each agency will have different clientele, needs, and limitations so it is essential to consider those when establishing a police/mental health model.

This guide shall serve as a “basic how-to,” featuring specific forms, resources, examples and procedures that will be beneficial to agencies across the state, as well as nationwide. As there is no way to discuss every possible police and/or behavioral health situation, this guide is not an exhaustive list of procedures. Officer, public, clinician and consumer safety must be at the forefront of any implemented model.

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## II. Definitions:

**Active Suicidal Ideation:** Active suicidal ideation denotes experiencing current, specific, suicidal thoughts. Active suicidal ideation is present when there is a conscious desire to inflict self-harming behaviors, and the individual has any level of desire, above zero, for death to occur as a consequence. It not only includes thinking about wanting to die, but having the intent to complete suicide. This includes having a plan (how you would do it) and means (a weapon, etc.) (APA.org)

**Addiction:** Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. (ASAM.org)

**Autism Spectrum Disorder (ASD):** Autism Spectrum Disorder is a developmental disability that can cause significant social, communication and behavioral challenges. (CDC.gov)

- The primary characteristics:
  - Poorly development social skills
  - Difficulty with expressive and receptive communication
  - The presences of restrictive and repetitive behaviors

**Behavioral Health:** For this policy, behavioral health will be used as collaborative term to include all addictions, mental illnesses, intellectual disabilities (ID), developmental disabilities (DD).

**Consumers:** For this policy, the term “consumer” refers to an individual with a behavioral health disorder who encounters the criminal justice system. We will intentionally avoid using terms such as “victim”, “perpetrator”, “mental”, “complainant”, and other terms that may unfairly and incorrectly categorize persons requiring services. The intent is to avoid derogatory references, intentional or unintentional, regarded these consumers. (Michigan Commission on Law Enforcement Standards)

**Crisis Intervention Team (CIT):** The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis. (CITInternational.org)

- In Delaware, CIT is a 40-hour weeklong training class. It provides training including introduction to mental illness, de-escalation techniques and other relevant important modules. There are experiential learning opportunities such as an auditory hallucination

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component and scenarios to demonstrate the skills learned in the classroom environment. (NAMIDelaware.org)

**Crisis Incident:** Any call in which an individual would benefit from the specialized training and knowledge of the CIT member. Crisis incidents include, but are not limited to, calls involved persons known to have mental illness who are experiencing a crisis, persons displaying behavior indicative of mental illness with attempted or threatened suicide or calls in which individuals may be experiencing emotional trauma. (HartfordCT.gov)

**Danger to Others:** By reason of mental condition, there is a substantial likelihood that the person will inflict serious bodily harm upon others within the immediate future. This determination shall take into account a person's history, recent behavior, and any recent threat. (DHSS.Delaware.gov)

**Danger to Self:** By reason of mental condition, there is a substantial likelihood that the person will imminently sustain serious bodily harm to oneself. This determination shall take into account a person's history, recent behavior, and any recent act or threat. (DHSS.Delaware.gov)

**Deterra Bags:** A harm reduction strategy in which a person using the Deterra Drug Deactivation System simply puts their medication in a bag containing a carbon that bonds to pharmaceutical compounds when water is added. The person adds water and shakes it up to neutralize the active ingredient in the drug. The biodegradable bag can then be placed into the trash.” (DrugFree.org/Partnership to End Addiction)

- Deterra bags can be distributed to any individual who is provided brief training on them, regardless of insurance status and without the need for a prescription.

**Developmental Disability (DD):** Development disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime. (CDC.gov)

- Most developmental disabilities begin before a baby is born, but some can happen after birth because of injury, infection, or other factors.
- ASD and ID are a type of developmental disability.

**Division of Substance Abuse and Mental Health (DSAMH):** Delaware's mental health authority which provides services to Delaware adults, either directly or through contacts with private providers. DSAMH also operates the Delaware Psychiatric Center, Delaware's only state funded psychiatric hospital and provides 24/7 mental health mobile crisis services statewide via the Psychiatric Crisis hotline. (DHSS.Delaware.gov)

**Drug Take Back Boxes:** A harm reduction strategy in which permanent or temporary locations, often located at police departments or pharmacies, allow individuals to confidentially and safely dispose of prescription

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medication. Safely disposing of medication leads to less environmental harm and can prevent medication from being misused.

**Harm Reduction:** Harm reduction is a proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with substance use. Harm reduction organizations incorporate a spectrum of strategies that meet people “where they are” and may serve as a pathway to additional prevention, treatment, and recovery services. Harm reduction works by addressing broader health and social issues through improved policies, programs, and practices. (SAMHSA.gov)

- There are several examples of harm reduction strategies but for the purpose of this policy, we will be defining ones utilized frequently with law enforcement agencies (Detera bags, Narcan, Medication Assisted Treatment (MAT), and drug take back boxes).

**Intellectual Disability (ID):** Intellectual disability is a term used when there are limits to a person’s ability to learn at an expected level and function in daily life. (CDC.gov)

- Intellectual disability can be caused by a problem that starts at any time before a child turns 18 years old – even before birth.
- Below average intelligence and set of life skills present before age 18.

**Medication-Assisted Treatment (MAT):** Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. MAT is a harm reduction strategy. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient’s needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. (SAMHSA.gov)

- There are 3 MAT drugs approved by the FDA:
  - Buprenorphine: Suboxone/Subutex
  - Methadone
  - Naltrexone: Vivitrol

**Mental Health Courts:** Mental health courts are a recent phenomenon and require collaboration and consideration from practitioners in both the criminal justice and mental health fields. Mental health courts typically involve judges, prosecutors, defense attorneys, and other court personnel who have expressed an interest in or possess particular mental health expertise. The courts generally deal with nonviolent offenders who have been diagnosed with a mental illness or co-occurring mental health and substance abuse disorders. Today, more than 150 of these courts exist, and more are being planned. (BJA.OJP.gov)

- In April 2008, the Superior Court of Delaware instituted the first Mental Health Court. Mental Health Court is the first felony mental health court in Delaware. This collaborative mental health court project is designed to identify persons involved in the criminal justice system due to serious mental health issues.

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- It provides them with intensive services and support to guide them to recovery and self-sufficiency as an alternative to repeated incarceration for violations of probation or commission of new offenses.

**Mental Illness:** Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. (Psychiatry.org/APA)

- A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. (NAMI.org)

**Narcan:** [Narcan is a brand name of the generic drug Naloxone] A harm reduction strategy. Naloxone is a medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. Administered when a patient is showing signs of opioid overdose, naloxone is a temporary treatment and its effects do not last long. Therefore, it is critical to obtain medical intervention as soon as possible after administering/receiving naloxone. The medication can be given by intranasal spray (into the nose), intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. Naloxone/Narcan are harm reduction strategies. (SAMHSA.gov)

**Opioid Treatment Program (OTP):** A facility for the treatment of opioid use disorder, including prescription of MAT. They are licensed and overseen by DSAMH. (DHSS.Delaware.gov)

**Passive Suicidal Ideation:** Passive suicidal ideation occurs when one wish there were dead or that they could die, but they do not actually have plans of harming oneself or attempting suicide. (APA.org)

**Screening, Brief Intervention and Referral to Treatment (SBIRT):** SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. (SAMHSA.gov)

**Serious Bodily Harm:** Physical injury which creates a substantial risk of death, significant and prolonged disfigurement, significant impairment of health, or significant impairment of the function of any bodily organ. (DHSS.Delaware.gov)

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**Serious Mental Illness (SMI):** The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI. This number represented 5.6% of all U.S. adults. Mental illnesses are disorders that affect a person’s thinking, mood, and/or behavior—and they can range from mild to severe. Nearly one-in-five adults live with a mental illness. A mental illness that interferes with a person’s life and ability to function is called a serious mental illness (SMI). With the right treatment, people with SMI can live productive and enjoyable lives. (NIMH.NIH.gov)

- Below are some examples of serious mental illnesses:
  - **Bipolar Disorder:** A brain disorder that causes intense shifts in mood, energy, and activity levels. People have manic episodes in which they feel extremely happy or euphoric, and energized. Usually, they also have depressive episodes in which they feel deeply sad and have low energy.
  - **Major Depressive Disorder (MDD):** One of the most common mental disorders. Symptoms vary from person to person, but may include sadness, hopelessness, anxiety, pessimism, irritability, worthlessness, and fatigue. These symptoms interfere with a person’s ability to work, sleep, eat, and enjoy their life.
  - **Schizophrenia:** A chronic and severe mental disorder that causes people to interpret reality abnormally. People may experience hallucinations, delusions, extremely disordered thinking, and a reduced ability to function in their daily life.

**Social Determinants of Health (SDOH):** Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (CDC.gov).

This partnership has the ability to shape outcomes in some of these domains.

- SDOH can be grouped into 5 domains:
  - Economic Stability
  - Education Access and Quality
  - Health Care Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context

**Substance Use Disorder (SUD):** A complex condition in which there is uncontrolled and continued use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s) such as alcohol, tobacco, prescription drugs, or illicit drugs, to the point where the person’s ability to function in day-to-day life becomes impaired. People with a substance use disorder have distorted thinking and behaviors. Changes in the brain’s structure and function are what cause people to have intense cravings, changes in personality, abnormal movements, and other behaviors. Brain imaging studies show changes in the areas of the brain that relate to judgment, decision making, learning, memory, and behavioral control. Repeated substance use can cause changes in how the brain functions. These changes can last

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long after the immediate effects of the substance wear off, or in other words, after the period of intoxication. (Psychiatry.org/APA)

**Suicidal Ideation:** Thoughts about killing yourself and having serious thoughts about taking your own life. The thoughts might or might not include a plan to die by suicide. There are two types of suicidal ideation, passive or active. (WebMD.com)

**Use of Force:** The use of force, in the context of law enforcement, may be defined as the amount of effort required by police to compel compliance by an unwilling subject. (NIJ.OJP.gov)

**24-Hour Emergency Detention Form:** A form provided by the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) that allows an authorized, credentialed individual, typically a clinician, to involuntarily detain a consumer in the field in need of psychiatric evaluation by a licensed psychiatrist. (DHSS.Delaware.gov)

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### **III. Behavioral Health Models:**

**Crisis Intervention Team (CIT) Model:** Police officers with 40 hours of specialized training respond to behavioral health crisis calls, de-escalate the situation, and direct people to services when appropriate. (Vera.org)

**Law Enforcement Assisted Diversion (LEAD) Model:** Pre-booking diversion model which allows officers to divert individuals charged with minor offenses away from prosecution and into community-based services to address addictions, mental health, and/or behavioral health conditions that may have contributed to the offense. (TheIACP.org)

**Police Diversion Program (PDP) Model:** Collaboration between Delaware State Police (DSP) and Division of Substance Abuse and Mental Health (DSAMH). The PDP model places a Care Manager (masters level clinician) and a Peer Recovery Specialist at each DSP Troop location to respond as quickly as possible to a request from DSP. The mission statement is: To Provide Immediate Access to Treatment Options and Diversion from the Criminal Justice System for those who suffer from Substance Use Disorders and Mental Health Conditions. The 3 pathways for contact are: 1. Overdose 2. Social Contact: Police Officer has contact with someone that has behavioral health needs 3. Diversion of a low-level crime like shoplifting or simple possession. (DSP.Delaware.gov)

**Primary Co-Response Model:** Behavioral health clinicians co-respond with CIT officers in patrol cars as first responders to situations involving someone in behavioral health crisis. These teams may include peer specialists. Clinicians may also co-respond remotely via phone or telehealth support. (Vera.org)

**Secondary Co-Response Model:** Behavioral health clinicians co-respond with CIT officers in patrol cars at the request of police officers who respond first to situations involving someone in behavioral health crisis. Clinicians may also co-respond remotely via phone or telehealth support. (Vera.org)

All these models foster strong relationships between the community and the police department.

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#### IV. **Purpose:**

The purpose of these models is often difficult to quantify, due to the anecdotal nature of benefits and limitations. This list is non-exhaustive and simply provides a brief list of benefits and limitations that have been discovered thus far.

#### **Benefits of Program:**

- Allows consumers to receive appropriate level of treatment
  - Behaviors from untreated mental illness may result in criminal behaviors
  - Consumers with mental illness are 3 times more likely to interact with law enforcement officers and more likely to be arrested
  - Effective transitions to the appropriate level for care by individuals knowledgeable about the situation allows for reduced LE involvement in crisis and postcrisis placement
- Decrease cost
  - Reduces repeated law enforcement contact for non-criminal situations
  - Incarceration costs - Mentally ill inmates cost more than other prisoners for a variety of reasons, to include increased staffing, disease treatment, infectious disease control, etc.
  - Treatment costs multiply with inadequate/absent treatment due to the continued deterioration of the behavioral health concern
- Fewer arrests/decriminalization of mental illness
  - Increases Social Determinants of Health (SDOH) by accessing needed treatment services
  - Criminal records often preclude individuals from obtaining housing, employment, benefits, etc.
  - The presence of a trained mental health clinician reduces the criminalization of mental illness/substance use disorders
- Lessen recidivism
  - When consumers are linked with, and stay engaged in treatment, they are less likely to reoffend
  - With a co-responder model, law enforcement officers receive ‘hands-on’ understanding and recognition of signs of mental illness, which allows for access to appropriate treatment interventions even when clinical staff are not present
- Reduces emergency room/hospital admissions
  - When diverting consumers to appropriate level of behavioral health treatment, strain on healthcare systems is reduced
- Lessen criminal justice system burden
  - Serious mental illness is disproportionately represented in our jail/prison populations and many individuals do not receive treatment while incarcerated
  - Decrease in police calls, decrease in incarcerations [less burden on jails/prisons], decrease in burden on judicial system
- Reduce deaths
  - Of law enforcement, consumers, and the public

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- Reduction in use of force incidents
- By addressing mental health crises appropriately, the risk of suicide/homicide is mitigated, and the incidence of overdoses is lessened
- Enhance positive relationships with various community partners/stakeholders
  - Clinician serves as a liaison between the police department and community partners
- Increase productivity for law enforcement officers
  - Less time on non-criminal complaints, check the welfare complaints, and other repeated complaints and more time on complaints related to public safety
  - Clinicians perform routine follow-up's that allow for lessened law enforcement involvement
- Decrease compassion fatigue/incidents of Post-Traumatic Stress Disorder for law enforcement officers
  - Clinician can facilitate better understanding by law enforcement officers of the results of traumatic exposures on themselves
  - Clinician can provide access to trained mental health professionals that may provide referrals to counseling and therapeutic interventions for law enforcement officers experiencing compassion fatigue/burnout
- Increased positive perception of law enforcement officers by communities they serve
  - Families of individuals with behavioral health concerns applaud the access to trained professionals, as well as law enforcement officers who are educated in dealing with affected family members
- Decreased liability for police departments
  - Having interventions completed by a mental health professional with prior training lessens liability for the departments who employ them

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**Limitations of Program:**

- Financial
  - Initial costs: Clinician uniform, administrative/office supplies, initial training, etc.
  - Long-term costs: Clinician salary and benefits
- Data collection
  - Need long-term effectiveness studies in order to routinely validate the program
  - Requires time, money and research expenditures to complete
- Difficult to capture true qualitative benefits
  - Quantitative data is fairly simple to collect but true benefits are present in qualitative benefits
- Added burden of clinician safety for law enforcement officers
  - Increased vigilance required by law enforcement officers

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## **V. Behavioral Reactions:**

Law enforcement officers may encounter a multitude of behaviors when responding to a complaint involving individuals with behavioral health concerns. Officers, in partnership with the clinician, must strive to recognize and interpret behaviors at the scene, in order to make the most informed decisions. The below list is a non-exhaustive summary of some behaviors that officers may encounter.

### **Mental Illnesses:**

A consumer with a mental illness might:

- Be overly paranoid or fearful
- Appear to be “ignoring” directions or not answer questions
- Respond to internal stimuli (ex. appear to look elsewhere, avoid eye contact, talking with someone who is not there)
- Have poor hygiene
- Have poor sleep habits and increased or decreased appetite
- Speak with inappropriate speech volume and/or speed
- Rapid or dramatic shifts in emotions and mood
- Withdraw socially and experience a loss of interest in activities previously enjoyed
- Unusual drop of functioning at school, work, or social activities
- Present with apathy
- Have problems thinking, with concentration, memory, or logical thought and speech that are hard to explain
- Self-medicate with substances or other unhealthy coping skills
- Have increased sensitivity to sights, sounds, touch, or smells
- Avoid overstimulating or overwhelming situations
- Have illogical and/or disorganized thought patterns
- Present with bizarre or unusual dress, appearance, thoughts, etc.
- Be in denial of the severity of their illness

When interacting with a consumer with a mental illness:

- Do not chase unless danger is imminent
- Be patient and give the consumer space
- Use neutral tone of voice and maintain non-confrontational stance
- Use simple and concrete sentences (preferably 3-5 words)
- Give plenty of time for person to process and respond (minimum of 13 seconds of processing time)
- Be alert to signs of increased frustration and try to eliminate the source if possible, as behavior may escalate
- Avoid quick movements and loud noises
- Do not touch the person unless absolutely necessary
- Use information from caregivers, if available, on how to respond

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### **Intellectual and/or Developmental Disabilities:**

A consumer with an intellectual and/or developmental disability might:

- Have an impaired sense of danger
- Wander to bodies of water, traffic, or other dangers
- Be overwhelmed by police presence
- Be overstimulated by sights, sounds or touch
- Fear a person in uniform or exhibit curiosity and reach for objects/equipment (ex. shiny badge or handcuffs)
- React with “fight” or “flight”
- Not respond to “stop” or other commands
- Not respond to his/her name or verbal commands
- Avoid eye contact
- Have delayed speech and/or delayed expressive and receptive language skills
- Engage in repetitive behavior (ex. rocking, stimming, hand flapping, spinning)
- Have sensory perception issues
- Have epilepsy or seizure disorders
- Become reactive when touched

When interacting with a consumer with an intellectual and/or developmental disability:

- Do not chase unless danger is imminent
- Be patient and give the consumer space
- Use neutral tone of voice and maintain non-confrontational stance
- Use simple and concrete sentences (preferably 3-5 words)
- Give plenty of time for person to process and respond (minimum of 13 seconds of processing time)
- Be alert to signs of increased frustration and try to eliminate the source if possible, as behavior may escalate
- Avoid quick movements and loud noises
- Do not touch the person unless absolutely necessary
- Use information from caregivers, if available, on how to respond

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## **VI. Job Description:**

### **Clinician**

A mental health professional with a master's degree in a behavioral health field (social work, counseling, psychology, behavioral science, or similar field). Not to exclude licensed mental health professionals but licensure is not required. Employment will be contingent upon passing pre-employment criminal background check.

**Job Summary:** Perform SBIRT-type evaluations (**S**creenings, **B**rief **I**nterventions, **R**eferrals to **T**reatment) to include light case management duties. Crisis intervention techniques include de-escalation strategies, building rapport, suicide risk assessments, and problem solving for members of the community who encounter law enforcement and are in need of behavioral health support in lieu of arrest.

A clinician should have the following, at a minimum:

### **Requirements:**

- At least 2 years of experience assessing risk for suicidal or homicidal behavioral
- At least 2 years of experience in a community-based setting (not solely office-based)
- At least 2 years of experience providing assessment of and services to those who are experiencing a behavioral health crisis
- At least 2 years of experience using behavioral techniques to motivate human behavioral and lessen related symptoms
- Completed DELJIS security training, in order to have access to LEISS, DELJIS, CJIS
- Completed DSAMH Mental Health Screener Credentialed Training, in order to complete and sign off on 24-Hour Emergency Detention Forms

### **Skills:**

- **Communication:** Be able to understand written and oral communication, as well as effectively communicate and document tasks
- **Stress Management:** Be able to handle difficult situations and work in a fast-paced ever-changing environment
- **Professionalism:** Be able to maintain a professional demeanor even in challenging and demanding times
- **Objectiveness:** Be able to sustain an impartial mindset and work effectively with multiple parties
- **Time Management:** Be able to prioritize and complete tasks in an efficient manner
- **Flexibility:** Be able to complete quality work in a variety of situations

### **Knowledge:**

- Crisis intervention techniques and de-escalation tactics
- Clinically appropriate judgment encompassing a variety of behavioral health approaches
- Laws, ethics, and regulations governing the treatment of behavioral health consumers

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### **Supervision:**

- Supervision of unlicensed clinicians will be performed by a state licensed psychologist or psychiatrist on a periodic basis

### **Essential Job Functions:**

An employee in this position may be called upon to do any or all the following essential duties:

- A. Work alongside police patrol staff, on a rotating basis with various officers, to engage with members of the community with a safe and effective approach
- B. Perform crisis intervention techniques to assist law enforcement in the safe de-escalation process
- C. Identify consumers who may need behavioral health and/or substance use treatment
- D. Complete referrals to relevant treatment facilities and/or resources
- E. Complete short-term case management tasks as needed to help consumers reduce recidivism
- F. Work in collaboration with police to ensure that consumers with behavioral health needs are diverted from the criminal justice system and referred for relevant behavioral health services when appropriate
- G. Maintain appropriate documentation in a confidential and thorough manner
- H. Perform victim advocate services including counseling crime victims/witnesses and other clinically appropriate duties as needed
- I. Coordinate and/or perform police personnel training related to behavioral health needs
- J. Provide community education and psychoeducation on available behavioral health resources
- K. Evaluate consumers for community safety, including identifying homicidal and/or suicidal tendencies
- L. Complete 24-Hour Emergency Detention Form as deemed clinically appropriate
- M. Work as a liaison between consumers, behavioral health providers, various members of the community and law enforcement
- N. Coordinate and/or attend community events as needed
- O. Attend training and continuing education as needed
- P. Attend DELJIS training
- Q. Complete and review LEISS reports as needed to ensure continuity of care for consumer(s)

### **Needed Supplies:**

- Office phone with specific voicemail and/or department issued cellphone
- Laptop or access to a computer
- Bulletproof vest
- Suggested uniform: Polo in a separate color than departmental officers, tactical pants, appropriate tactical boots or sneakers
- Business cards with contact information

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**VII. Appendices:**  
**A. Columbia Suicide Severity Rating Scale (C-SSRS) – Screener Card for First Responders and Law Enforcement Officers:**



**ASK YOUR COMMUNITY**  
**ASK YOUR FELLOW OFFICER**  
**CARE & ESCORT THEM TO HELP**



**THE COLUMBIA  
LIGHTHOUSE  
PROJECT**  
IDENTIFY RISK. PREVENT SUICIDE.

**See Reverse for Questions  
that Can Save a Life**

Source Link: <https://cssrs.columbia.edu/wp-content/uploads/Community-Card-Police-2020-1.pdf>

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	Past 1 Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates that someone should seek behavioral healthcare.  
However, if the answer to 4, 5 or 6 is **YES**, seek **immediate help**: go to the emergency room, call 1-800-273-8255, text 741741 or call 911. **STAY WITH THEM** until they can be evaluated.



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Columbia  
Protocol  
app

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### **B. Commitment Process for the State of Delaware:**

In the State of Delaware, a civil commitment procedure allows for the involuntary confinement of individuals with mental health problems at risk of dangerousness. In order for this to occur, the person must be evaluated and thought to be an acute risk to himself or others. Such procedure is intended to allow for treatment of underlying mental illness in order to reduce the likelihood of harm and protect vulnerable persons. This process can involve the individual, mental health professionals, concerned friends or family members, and portions of the legal system.

However, such confinement is extremely serious, given the restriction of liberty and potential impact on an individual's life. Steps are also in place for discontinuing confinement allowing for release back into the community or other treatment settings at any point along the trajectory. This paper serves a review of the process in the State of Delaware, adapted from the 16 Delaware code § 5001 statute, in order to educate individuals who are not familiar with its intricacies.

Any party with concern for an individual's dangerousness can initiate the process by bringing the person (hereafter, "the patient") to an emergency room or by contacting law enforcement. If law enforcement is concerned for underlying mental health problems, they can also bring the patient to an emergency room. At this point, a certified mental health screener will evaluate the patient for concerning symptoms or signs of an underlying mental illness that may lead to dangerous behavior by way of serious bodily harm. This mental health screener may be either a A) psychiatrist or a B) licensed mental health professional, unlicensed mental health professional under supervision of a psychiatrist, or another physician. If the screener falls under category B, they must be credentialed by the State of Delaware Department of Health and Social Services to assess and evaluate mental health problems in an emergency setting. At this point, the credentialed screener is permitted to complete a 24-Hour Emergency Detention Form, as well as an Initial Behavioral Health Assessment (see appendices K & E).

The evaluation may be performed in a medical or dedicated psychiatric emergency room. If the individual is deemed to need emergency mental health services and is unwilling or lacks capacity (that is, lacks the ability to coherently understand the risks and benefits) to sign himself into a hospital, an emergency detention is put in place by documenting the patient's alleged mental health problems and dangerous behaviors.

After this, the patient is transported to a designated psychiatric facility for further observation and potential treatment. This also means that an individual may not be involuntarily committed to a medical facility.

Within twenty-four hours of this transfer, a psychiatrist must decide whether to involuntarily admit the patient to the hospital. To do so, the psychiatrist must certify that the person appears to have a "mental condition," is unable or unwilling to accept offered voluntary treatment, poses a "present threat...of being dangerous to self or dangerous to others," and cannot be treated through "less restrictive alternatives," such as outpatient treatment. This certification allows for

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another forty-eight hours of detainment known as “provisional admission” to allow for additional assessment and treatment. It is important to note that at no point during this process does alcohol or drug intoxication, dementia, or intellectual disability constitute a mental condition that may be subject to involuntary detainment.

The next steps in this process are known as the “probable cause” complaint and hearing. The hospital files a request for involuntary civil commitment with the courts. Another certification of mental condition, dangerousness, and appropriateness of treatment setting, and its involuntary nature occurs. Within eight business days, a mental health court hearing establishes whether there is probable cause for continued involuntary detention based on these grounds. During this and subsequent legal proceedings, the patient has the right to an attorney, to present and discover evidence, and to have direct and cross examination of witnesses.

If probable cause is not found, the patient may be discharged back to the community on his own recognizance or ordered to outpatient treatment over objection. The court may order this level of outpatient supervision if the patient has a “documented mental condition,” is “reasonably expected to become dangerous to self or dangerous to others or otherwise unlikely to survive safely,” is refusing or unable to voluntarily participate in the recommended treatment plan and has either a history of documented nonadherence to treatment recommendations or poses an extreme danger given recent actions. Thus, the requirement for outpatient commitment essentially differs from inpatient detainment regarding imminence of dangerousness and the presence of nonadherence to treatment plans.

If the patient was detained in the hospital rather than discharged at the “probable cause hearing,” only then may she be considered involuntarily committed for legal purposes. After this point would the patient be prohibited from possessing a firearm. The following step is an involuntary inpatient commitment (“IIC”) hearing held within eight business days. At this second hearing, the patient may be kept in the hospital if the conditions for the probable cause hearing continue to be met regarding mental health difficulties, dangerousness, and appropriateness of treatment setting and involuntariness. Importantly, the legal burden of proof is raised from the previous probable cause standard to now requiring the more substantial clear and convincing evidence of the need for involuntary commitment. The burden to prove this falls on the institution. For comparison, probable cause is the standard used to obtain a warrant for arrest or property search, while clear and convincing evidence is required of a person’s wish for removal of life support.

If involuntarily committed, the patient is then kept at the hospital for continued treatment for a period no longer than three months without a follow-up hearing. Otherwise, he may be discharged with or without involuntary outpatient treatment. Of note, in neither setting does treatment does not imply medication, as a separate procedure must take place. As such, a patient who is involuntarily committed may refuse medications unless in emergency situations or if ordered by the courts.

Source Link: <https://delcode.delaware.gov/title16/c050/index.html>

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### C. Common Psychotropic Medications and Related Information:



#### Commonly Prescribed Psychotropic Medications

Antipsychotics (used in the treatment of schizophrenia and mania)	Anti-depressants	Anti-obsessive Agents
<b>Typical Antipsychotics</b>	<b>Tricyclics</b>	
Haldol (haloperidol)	*Anafranil (clomipramine)	Anafranil (clomipramine)
Loxitane (loxapine)	Asendin (amoxapine)	Luvox (fluvoxamine)
Mellaril (thioridazine)	Elavil (amitriptyline)	Paxil (paroxetine)
Moban (molindone)	Norpramin (desipramine)	Prozac (fluoxetine)
Navane (thiothixene)	Pamelor (nortriptyline)	Zoloft (sertraline)
Prolixin (fluphenazine)	Sinequan (doxepin)	
Serentil (mesoridazine)	Surmontil (trimipramine)	<b>Antianxiety Agents</b>
Stelazine (trifluoperazine)	Tofranil (imipramine)	Ativan (lorazepam)
Thorazine (chlorpromazine)	Vivactil (protriptyline)	BuSpar (buspirone)
Trilafon (perphenazine)		Centrax (prazepam)
	<b>SSRIs</b>	*Inderal (propranolol)
<b>Atypical Antipsychotics</b>	Celexa (citalopram)	*Klonopin (clonazepam)
Abilify (aripiprazole)	Lexapro (escitalopram)	Lexapro (escitalopram)
Clozaril (clozapine)	*Luvox (fluvoxamine)	Librium (chlordiazepoxide)
Risperdal (risperidone)	Paxil (paroxetine)	Serax (oxazepam)
Seroquel (quetiapine)	Prozac (fluoxetine)	*Tenormin (atenolol)
Zyprexa (olanzapine)	Zoloft (sertraline)	Tranxene (clorazepate)
	<b>MAOIs</b>	Valium (diazepam)
<b>Mood Stabilizers</b> (used in the treatment of bipolar disorder)	Nardil (phenelzine)	Xanax (alprazolam)
Depakene (valproic acid)	Parnate (tranylcypromine)	*Antidepressants, especially SSRIs, are also used in the treatment of anxiety.
Depakote		
Eskalith	<b>Others</b>	<b>Stimulants</b> (used in the
	Desyrel (trazadone)	

Source Link:

[https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry\\_194823.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_194823.pdf)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Common Psychotropic Medications and Related Information
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Lithobid (lithium)	Effexor (venlafaxine)	treatment of ADHD
Lithonate	Remeron (mirtazapine)	Adderall (amphetamine and dextroamphetamine)
Lithotabs	Serzone (nefazodone)	Cylert (pemoline)
*Lamictal (lamotrigine)	Wellbutrin (bupropion)	Dexedrine
*Neurontin (gabapentin)		(dextroamphetamine)
*Tegretol (carbamazepine)	<b>Anti-Panic Agents</b>	Ritalin (methylphenidate)
*Topamax (topiramate)	Klonopin (clonazepam)	*Antidepressants with stimulant properties, such as Norpramin and Wellbutrin, are also used in the treatment of ADH
	Paxil (paroxetine)	
	Xanax (alprazolam)	
	Zoloft (sertraline)	
	*Antidepressants are also used in treatment of panic disorder.	

Listed above are the brand names, followed by the generic in parenthesis. A second chart below provides cross-referencing by generic name.

\*Although this medication has been approved by the FDA for the treatment of other disorders, it has not been approved for this particular use. Some evidence of this medication's efficacy for such use does exist however. This type of medication use is referred to as "off label."

Remember, always consult your doctor or pharmacist with any specific medication questions

Generic Name	Brand Name	Current Uses
alprazolam	Xanax	anxiety, panic
amitriptyline	Elavil, Endep	depression (tricyclic)
amoxapine	Asendin	psychotic depression
amphetamine	Adderall	ADD
aripiprazole	Abilify	schizophrenia (atypical)
bupropion	Wellbutrin	depression, ADD
bupirone	BuSpar	anxiety
carbamazepine	Tegretol	bipolar disorder
chloriazepoxide	Librium	anxiety
chlorpromazine	Thorazine	schizophrenia (typical)
citalopram hydrobromide	Celexa	depression (SSRI)
clomipramine	Anafranil	OCD, depression (tricyclic)
clonazepam	Klonopin	anxiety
clorazepate	Tranxene	anxiety
clozapine	Clozaril	schizophrenia (atypical)
desipramine	Norpramin	depression (tricyclic), ADD

Source Link:

[https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry\\_194823.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_194823.pdf)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Common Psychotropic Medications and Related Information
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dextroamphetamine	Adderall, Dexedrine	ADD
diazepam	Valium	anxiety
divalproex sodium	Depakote	bipolar disorder
doxepin	Adapin, Sinequan	depression (tricyclic)
escitalopram	Lexapro	depression (SSRI), anxiety
fluoxetine	Prozac	depression (SSRI), OCD, panic
fluphenazine	Prolixin, Prolixin Decanoate	schizophrenia (typical)
fluvoxamine	Luvox	OCD, depression (SSRI)
haloperidol	Haldol, Haldol Decanoate	schizophrenia (typical)
imipramine	Tofranil	depression (tricyclic), panic
lithium carbonate	Eskalith, Lithobid	bipolar disorder
lithium citrate	Cibalith S	bipolar disorder
lorazepam	Ativan	anxiety
loxapine	Loxitane	schizophrenia (typical)
maprotiline	Ludiomil	depression (tricyclic)
mesoridazine	Serentil	schizophrenia (typical)
methylphenidate	Ritalin	ADD
mirtazapine	Remeron	depression
molindone	Moban	schizophrenia (typical)
nefazodone	Serzone	depression
nortriptyline	Pamelor	depression (tricyclic)
olanzapine	Zyprexa	schizophrenia (atypical)
oxazepam	Serax	anxiety
paroxetine	Paxil	depression (SSRI), OCD, panic
pemoline	Cylert	ADD
perphenazine	Trilafon	schizophrenia (typical)
phenelzine	Nardil	depression (MAOI)
prazepam	Centrax	anxiety
prochlorperazine	Compazine	schizophrenia (typical)
protriptyline	Vivactil	depression (tricyclic)
quetiapine	Seroquel	schizophrenia (atypical)
risperidone	Risperdal	schizophrenia (atypical)
sertraline	Zoloft	depression (SSRI), OCD, panic
thioridazine	Mellaril	schizophrenia (typical)
thiothixene	Navane	schizophrenia (typical)
tranylcypromine sulfate	Prnate	depression (MAOI)
trazodone	Desyre1	depression (tricyclic)
trifluoperazine	Stelazine, Vesprin	schizophrenia (typical)

Source Link:

[https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry\\_194823.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_194823.pdf)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Common Psychotropic Medications and Related Information
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trimipramine	Surmontil	depression (tricyclic)
valproic acid	Depakene	bipolar disorder
venlafaxine	Effexor	depression

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Source Link:

[https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry\\_194823.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_194823.pdf)



Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Initial Behavioral Health Assessment - Blank
Police/Mental Health Co-Responder Model	Revision Date: April 2023

Name of Client \_\_\_\_\_ DOB \_\_\_\_\_

**Presenting Issues** (History of presenting problem, precipitating/participating factors and current systems):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Functioning/Behavior Changes** related to presenting problem (Note/describe any changes and/or difficulties present in the following areas):

Eating  same  changed (how) \_\_\_\_\_

Weight Gain/Loss  same  changed (how) \_\_\_\_\_

Sleeping \_\_\_\_\_ hours/night  same  changed (how) \_\_\_\_\_

Personal Care  same  changed (how) \_\_\_\_\_

Energy  same  changed (how) \_\_\_\_\_

Concentration  same  changed (how) \_\_\_\_\_

Working / School  same  changed (how) \_\_\_\_\_

Family/children/Social  same  changed (how) \_\_\_\_\_

Problems associated with addictive behavior (gambling/shopping/Internet/sex)  YES  NO  Unknown

Other functional issues: \_\_\_\_\_

Marital Status  Single  Married/Civil Union  Separated  Divorced  Widowed  Living With \_\_\_\_\_

Sexual Orientation:  Heterosexual  Homosexual  Bisexual  Transgender  Asexual  Undisclosed

Recent Stressors:  Relationship  Family  Job  Housing  Financial  Legal  Other \_\_\_\_\_

Health Issues:  DDM  NIDDM  Hypertension  Cardiac  HIV Status  Hep C  Other \_\_\_\_\_

Special Needs:  Wheelchair  Oxygen  Walker  Crutches  Cane

Other \_\_\_\_\_

Medical History/Treatment/Pertinent injuries: (diagnosis/describe) \_\_\_\_\_

Medical Provider: \_\_\_\_\_

### Behavioral Health History/Treatment

#### Substance Use History/Treatment

Is there a family history of substance use issues?  YES  NO  Unknown

Does the person currently use mind-altering substances (drugs, alcohol, marijuana, etc.)  YES  NO  Unknown

If yes, what substances

Opiates  Cocaine  Cannabis  Benzos  Amphetamines  Alcohol  Ecstasy  Bath Salts  PCP

When last used: \_\_\_\_\_

N/A \_\_\_\_\_ BAL/Breathalyzer UDS Other: \_\_\_\_\_

Any past or current treatment for substance use (describe; include dates, include ER meds, and if restraints used):

\_\_\_\_\_

#### Mental Health History/Treatment

Is there a family history of mental health issues?  YES  NO  Unknown

(diagnosis/describe) \_\_\_\_\_

Is there a family history of suicide attempt(s) or completion(s)?  YES  NO  Unknown

(describe) \_\_\_\_\_

Source Link:

[https://www.dhss.delaware.gov/dhss/dsamh/files/initial\\_behavioral\\_health\\_assessment\\_form.pdf](https://www.dhss.delaware.gov/dhss/dsamh/files/initial_behavioral_health_assessment_form.pdf)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Initial Behavioral Health Assessment - Blank
Police/Mental Health Co-Responder Model	Revision Date: April 2023

Name of Client \_\_\_\_\_ DOB \_\_\_\_\_

Any Past Hospitalizations (date(s), descriptions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Treating Psychiatrist  YES  NO Name/Date last seen \_\_\_\_\_

Anhedonia  Yes  No Hopelessness  Yes  No Self-mutilation  Yes  No Judgement intact  Yes  No

**Mental Status (Circle all that apply):**

<b>Appearance</b>	Neat	Well Groomed	Disheveled	Dirty	Drowsy	Intoxicated	Casual	
<b>Eye Contact</b>	Adequate	Intense	Staring	Avoidant	Guarded	Poor	Other _____	
<b>Speech</b>	Normal	Soft	Loud	Slowed	Slurred	Pressured	Repetitive	
<b>Interaction</b>	Pleasant	Cooperative	Angry	Guarded	Suspicious	Apathetic	Aloof	Passive
<b>Motor Activity</b>	Appropriate	Restless	Hyperactive	Repetitive	Agitated			
<b>Affect</b>	Full Range	Flat	Blunted	Labile	Constricted	Tearful	Inappropriate	
<b>Mood</b>	Calm	Anxious	Depressed	Manic	Hostile	Sad	Euphoric	
<b>Thought Process</b>	Coherent	Goal Directed	Blocking	Loose Associations	Tangential	Word Salad		
<b>Thought Content</b>	Coherent	Suicidal	Homicidal	Hallucinations:	Auditory	Visual	Olfactory	Tactile
	Grandiose	Delusional	Persecutory	Somatic	Jealousy	Religious	Broadcasting	
<b>Orientation</b>	Oriented	Person	Place	Time	Disoriented			

Risk Assessment (Note/describe any difficulties present):

Suicidal: NO  Denies current thoughts of self-directed harm and is future oriented OR Passive Thoughts  YES  NO

Active Recurrent Thoughts  YES  NO Making Threats  YES  NO Left Note  YES  NO

Actionable Plan  YES  NO Available Weapons/Mean  YES  NO Currently Attempted  YES  NO

Command Hallucinations  Yes  No History of Suicide Attempts  YES  NO

Details (when/how/what prevented or stopped attempt?) \_\_\_\_\_

\_\_\_\_\_

Homicidal Thoughts/Violence: NO  Denies current thoughts of other-directed harm. OR Passive Thoughts  YES  NO

Active Recurrent Thoughts  YES  NO Making Threats  YES  NO History of Violence  YES  NO

Actionable Plan  YES  NO Access to weapons/means  YES  NO

Command Hallucinations  YES  NO Identified target/individual? Duty to Warn?  YES  NO \_\_\_\_\_

\_\_\_\_\_

Current/history of Violent Behavior  NO/Denies  YES Details/thoughts/plans \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source Link:

[https://www.dhss.delaware.gov/dhss/dsamh/files/initial\\_behavioral\\_health\\_assessment\\_form.pdf](https://www.dhss.delaware.gov/dhss/dsamh/files/initial_behavioral_health_assessment_form.pdf)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Initial Behavioral Health Assessment - Blank
Police/Mental Health Co-Responder Model	Revision Date: April 2023

Name of Client \_\_\_\_\_ DOB \_\_\_\_\_

Comments on Risk/Safety Plan: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Trauma History: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Diagnostic Impression: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Medications:**

	Prescriber: PCP	Specialist	Psychiatrist
Drug/Dosage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Dosage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Dosage _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disposition/Plan:**

- Home with Referrals \_\_\_\_\_
- Home with WBC/WBV If Yes Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Was authorization to leave message obtained?  Yes  No
- Outpatient Treatment Referrals \_\_\_\_\_  Crisis Bed
- Hospitalization  Voluntary  Involuntary \_\_\_\_\_
- Other/Describe \_\_\_\_\_
- Referral Sheet Signed?  Yes  No If No Why not? \_\_\_\_\_
- Release of Information Signed?  Yes  No If Yes For Whom/Agency \_\_\_\_\_

Del. Administrative Code, Title 16, Reg 6002, Sec. 6.1 Conflict of Interest Statement: The intent of the law is to ensure that no person is detained for any reason other than experiencing symptoms associated with a mental condition that may result in danger to self or others, and that any conflicts of interest as set forth in 16 Del. C. §5122 are disclosed on the DSAMH Crisis Intervention Assessment Tool and 24-hour Emergency Admission form filed with DSAMH within 24 hours of signature of the detention order. DSAMH will collect and monitor all assessments, detentions and non-detentions performed by credentialed mental health screeners, whether a conflict of interest is disclosed or not, for purposes of ensuring that the intent of this law is met and that admissions are appropriate.

**Conflict of Interest Disclosure Statement:**

No conflicts  Yes, as follows: \_\_\_\_\_

By my signature, I certify that I have duly disclosed any conflicts of interest and I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder.

Signature \_\_\_\_\_ Date \_\_\_\_\_ and \_\_\_\_\_ Time \_\_\_\_\_

Print Name/Title/Unit \_\_\_\_\_ Telephone \_\_\_\_\_

Source Link:

[https://www.dhss.delaware.gov/dhss/dsamh/files/initial\\_behavioral\\_health\\_assessment\\_form.pdf](https://www.dhss.delaware.gov/dhss/dsamh/files/initial_behavioral_health_assessment_form.pdf)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Initial Behavioral Health Assessment – Completed Example
Police/Mental Health Co-Responder Model	Revision Date: April 2023

### E. Initial Behavioral Health Assessment – Completed Example:



**DELAWARE HEALTH AND SOCIAL SERVICES**

**Division of Substance Abuse and Mental Health**

1901 North DuPont Highway, New Castle, Delaware 19720

Eligibility & Enrollment Unit 302.255.9458 Crisis Intervention Services 800.652.2929

**Fax copy of completed form to DSAMH Eligibility and Enrollment Unit during business hours, Mon.-Fri., 7 a.m.-3 p.m. to 302.255.4416 or outside business hours, to 302.255.9952**

## INITIAL BEHAVIORAL HEALTH ASSESSMENT

**Instructions:** This form is to be completed, signed, and dated for all clients who are being referred for psychiatric services.

Presentation at ED  Self  Family/Friend  Police  Provider  Other  N/A  CIS

Referral Source/Relationship Jane Smith - Wife Date/Time of Referral 6/23/2022 10:41 am

On site OR  Walk In AND  Scheduled OR  Unscheduled

Assessment Began 06/23/2022 10 41 <sup>a.m.</sup> <sub>p.m.</sub> Ended 6/23/2022 11 05 <sup>a.m.</sup> <sub>p.m.</sub>  
Date (MM/DD/YYYY) and Time (00:00) Date (MM/DD/YYYY) and Time (00:00)

Name of Client Joseph Michael Smith  Male  Female

123 Clarke Avenue Milford 19963 (302) 111 - 2345  
Street Address City Zip PHONE

State/Country of Residence  Delaware and County:  New Castle  Kent  Sussex  Homeless  Other State \_\_\_\_\_

Date of Birth 

0	1	0	1	8	0
m	m	d	d	y	y

 Social Sec # 

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Employed  YES  NO  Unknown Occupation Previous landscaper Veteran Yes  No

Combat? Yes  No

Race/Ethnicity  African American  Asian American  Caucasian  Native American  Other \_\_\_\_\_ Latin/Hispanic  Yes  No

Language  English  Spanish  Creole  Chinese  Other \_\_\_\_\_ Limited English Proficiency  Yes  No

Deaf/Hard of Hearing with  American Sign Language Interpreter Needed  Yes  No

Deaf/Hard of Hearing (does not communicate using ASL)

Medicaid # 

--	--	--	--	--	--	--	--	--	--

 INSURANCE  Medicare  NO INSURANCE  
 Aetna  BC/BS  Carve-out  Cigna  Coventry  Diamond State  DPPI  UHC  Tri-Care  
 Other Insurer \_\_\_\_\_

DSAMH MH Provider Name: \_\_\_\_\_ or  NONE

ACT  ICM  CRISP Location/Team \_\_\_\_\_

Wilmington MHC  Dover MHC  Georgetown MHC  Other or Group Home \_\_\_\_\_

Provider notified?  Yes  No  N/A Name/Phone# \_\_\_\_\_

Probation/Legal History/TASC  YES  NO  Unknown (If YES, detail on separate sheet if relevant)

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Initial Behavioral Health Assessment – Completed Example
Police/Mental Health Co-Responder Model	Revision Date: April 2023

Name of Client Joseph Michael Smith DOB 01/01/1980

**Presenting Issues** (History of presenting problem, precipitating/participating factors and current systems):

Mr. Smith reported current suicidal ideation with a plan and access to lethal weapons. Mr. Smith reported symptoms of depression, anxiety and PTSD. Mr. Smith reported "feeling a lot worse" in the last 2 weeks. Mr. Smith reported he "sometimes drinks too much to feel better." Mr. Smith reported that his wife is currently "leaving me" and he was recently fired from his job. Mr. Smith presented as incredibly tearful and depressed.

**Current Functioning/Behavior Changes** related to presenting problem (Note/describe any changes and/or difficulties present in the following areas):

Eating  same  changed (how) Eating less in the last 2 weeks  
 Weight Gain/Loss  same  changed (how) Lost weight in the last 2 weeks  
 Sleeping 2 hours/night  same  changed (how) Sleeping significantly less in the last 2 weeks  
 Personal Care  same  changed (how) Disheveled, showering less  
 Energy  same  changed (how) Reported decrease in energy, increase in tiredness  
 Concentration  same  changed (how) Reported decreased ability to focus and concentrate  
 Working / School  same  changed (how) Was recently fired from job for not coming into work  
 Family/children/Social  same  changed (how) Wife reported they are separating  
 Problems associated with addictive behavior (gambling/shopping/Internet/sex)  YES  NO  Unknown  
 Other functional issues: Wife reported problematic drinking  
 Marital Status  Single  Married/Civil Union  Separated  Divorced  Widowed  Living With  
 Sexual Orientation:  Heterosexual  Homosexual  Bisexual  Transgender  Asexual  Undisclosed  
 Recent Stressors:  Relationship  Family  Job  Housing  Financial  Legal  Other  
 Health Issues:  DDM  NIDDM  Hypertension  Cardiac  HIV Status  Hep C  Other  
 Special Needs:  Wheelchair  Oxygen  Walker  Crutches  Cane  
 Other

**Medical History/Treatment/Pertinent Injuries:** (diagnosis/describe)

Denied any major medical concerns

Medical Provider: Dr. Smith - VA Clinic in Georgetown

**Behavioral Health History/Treatment**

**Substance Use History/Treatment**

Is there a family history of substance use issues?  YES  NO  Unknown  
 Does the person currently use mind-altering substances (drugs, alcohol, marijuana, etc.)  YES  NO  Unknown  
 If yes, what substances  
 Opiates  Cocaine  Cannabis  Benzos  Amphetamines  Alcohol  Ecstasy  Bath Salts  PCP  
 When last used: Reported drinking "a handle" of vodka last week  
 N/A BAL/Breathalyzer UDS Other:

Any past or current treatment for substance use (describe; include dates, include ER meds, and if restraints used):

Denied any history of substance use disorder treatment.

**Mental Health History/Treatment**

Is there a family history of mental health issues?  YES  NO  Unknown

(diagnosis/describe) Reported mother was depressed and committed suicide when Mr. Smith was 16 years old

Is there a family history of suicide attempt(s) or completion(s)?  YES  NO  Unknown

(describe) Mother committed suicide when Mr. Smith was 16 years old

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Initial Behavioral Health Assessment – Completed Example
Police/Mental Health Co-Responder Model	Revision Date: April 2023

Name of Client Joseph Michael Smith DOB 01/01/1980

Any Past Hospitalizations (date(s), descriptions) \_\_\_\_\_

Mr. Smith attempted suicide via hanging on 4/15/22 and his wife found him. He was taken to Bayhealth Hospital - Sussex Campus immediately and then transferred to Dover Behavioral Health once he was medically stabilized. Mr. Smith was at DBH for 5 days and was released with a discharge plan of attending therapy and receiving psychotropic medication from People's Place Counseling Center.

Current Treating Psychiatrist  YES  NO Name/Date last seen Dr. Jones - People's Place Milford, last seen 6/1/22

Anhedonia  Yes  No Hopelessness  Yes  No Self-mutilation  Yes  No Judgement intact  Yes  No

Mental Status (Circle all that apply):									
Appearance	Neat	Well Groomed	<u>Disheveled</u>	Dirty	Drowsy	Intoxicated	Casual		
Eye Contact	Adequate	Intense	Staring	Avoidant	<u>Guarded</u>	Poor	Other _____		
Speech	Normal	<u>Soft</u>	Loud	Slowed	Slurred	Pressured	Repetitive		
Interaction	<u>Pleasant</u>	Cooperative	Angry	<u>Guarded</u>	Suspicious	Apathetic	Aloof	Passive	
Motor Activity	<u>Appropriate</u>	Restless	Hyperactive	Repetitive	Agitated				
Affect	<u>Full Range</u>	Flat	Blunted	Labile	Constricted	<u>Tearful</u>	Inappropriate		
Mood	Calm	Anxious	<u>Depressed</u>	Manic	Hostile	<u>Sad</u>	Euphoric		
Thought Process	<u>Coherent</u>	Goal Directed	Blocking	Loose Associations	Tangential	Word Salad			
Thought Content	<u>Coherent</u>	<u>Suicidal</u>	Homicidal	Hallucinations:	Auditory	Visual	Olfactory	Tactile	
	Grandiose	Delusional	Persecutory	Somatic	Jealousy	Religious	Broadcasting		
Orientation	<u>Oriented</u>	<u>Person</u>	<u>Place</u>	<u>Time</u>	Disoriented				

Risk Assessment (Note/describe any difficulties present):

Suicidal: NO  Denies current thoughts of self-directed harm and is future oriented OR Passive Thoughts  YES  NO

Active Recurrent Thoughts  YES  NO Making Threats  YES  NO Left Note  YES  NO

Actionable Plan  YES  NO Available Weapons/Mean  YES  NO Currently Attempted  YES  NO

Command Hallucinations  Yes  No History of Suicide Attempts  YES  NO

Details (when/how/what prevented or stopped attempt?) Reported last attempted suicide via hanging on 4/15/22, reported his wife found him and took him to the hospital and then DBH.

Homicidal Thoughts/Violence: NO  Denies current thoughts of other-directed harm. OR Passive Thoughts  YES  NO

Active Recurrent Thoughts  YES  NO Making Threats  YES  NO History of Violence  YES  NO

Actionable Plan  YES  NO Access to weapons/means  YES  NO

Command Hallucinations  YES  NO Identified target/individual? Duty to Warn?  YES  NO

Current/history of Violent Behavior  NO/Denies  YES Details/thoughts/plans \_\_\_\_\_

Mr. Smith denied any history of violent behavior. Mr. Smith presented as calm and did not threaten or present as hostile. Ms. Smith denied any history of violent behavior for Mr. Smith.





Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Monthly “Chief’s Report/Council Report” – Completed Example
Police/Mental Health Co-Responder Model	Revision Date: April 2023

### G. Monthly “Chief’s Report/Council Report” – Completed Example:

Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from Arrest	# of Diversions from ER	# of Follow-Up's
February 28-March 6, 2022	55	1. Statewide Behavioral Health Consortium Meeting 2. Rural Subcommittee Diversion Meeting	1. Integrating Mental Health Care To Improve Access And Population Health	14	<b>Referrals to Services:</b> Domestic Violence Disorderly Public Assistance 10-81 Assist Other Agency Check the Welfare Victim Services	1	1	12
March 7-March 13, 2022	56	1. Courageous Hearts Meeting 2. Victim Services Meeting	1. Effective Mental Health Treatment in Rural Areas 2. Suicide & Access To Lethal Means	10	<b>Referrals to Services:</b> Victim Services Disorderly Overdose Public Assistance Theft Domestic Disorderly Juvenile	1	1	10
March 14-March 20, 2022	48.5	1. Monthly MH Clinician Meeting	1. Race, Sexual Identity, And The Therapeutic Relationship	10	<b>Referrals to Services:</b> Check the Welfare 10-81 Shoplifting Overdose Disorderly Assist Other Agency Domestic DUI	2	1	8
March 21-March 27, 2022	46.5	1. Homeless Advocacy COC Meeting 2. Meeting w/ DBH	1. What Every Clinician Should Know About Complicated Grief	10	<b>Referrals to Services:</b> Domestic 10-81 Overdose Shoplifting Disorderly Check the Welfare Shoplifting	0	1	12
<b>Totals:</b>	<b>206</b>			<b>44</b>		<b>4</b>	<b>4</b>	<b>42</b>
<b>Overall Totals:</b>	<b>1563</b>			<b>338</b>		<b>24</b>	<b>39</b>	<b>329</b>

Milford Police Department - March 2022 BHU Statistics  
Jenna Haines, LMSW, MSW, DE-CMHS  
Gregory Bisset, LCSW, C-AADC  
Danielle Blackwell, BA

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Monthly Tracking Form - Blank
Police/Mental Health Co-Responder Model	Revision Date: April 2023

**H. Monthly Tracking Form - Blank:**

Days	Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from Arrest	Arrest Diversion Notes	# of Diversions from ER	ER Diversion Notes	# of Follow-Up's	# of Leave Behind Materials/Narcas	Leave Behind Materials Notes
M-F 0800-1630	November 1- November 5, 2021												
Tu-Sat 1100-1900	November 9- November 13, 2021												
M-F 0900-1700	November 15- November 19, 2021												
M-Wed 1100-1900 OFF 11/25 & 11/26 - Thanksgiving	November 22- November 26, 2021												
M-F 0900-1700	November 29- December 3, 2021												
	<b>Totals:</b>	<b>0</b>			<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	<b>0</b>	

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Monthly Tracking Form – Completed Example
Police/Mental Health Co-Responder Model	Revision Date: April 2023

### I. Monthly Tracking Form – Completed Example:

Days	Dates	Hours Worked	Meetings Attended/Hosted	Trainings Attended	# of NEW Contacts	New Contact Notes	# of Diversions from Arrest	Arrest Diversion Notes	# of Diversions from ER	ER Diversion Notes	# of Follow-Up's	# of Leave Behind Materials/Narcan	Leave Behind Materials Notes
M-F (0800-1630)	November 1- November 5, 2021	42	1. Rural Subcommittee Meeting 2. Brandywine Counseling & Community Services Panel	1. Mental Health in Rural Committees	11	Referrals to Services: 10-81 Public Assistance Assist Other Agency Check the Welfare	2	Officer agreed not to arrest in lieu of treatment	1	Officers stated they would have taken individual to hospital if I had not screened them	10	14	Brandywine Counseling, People's Place, Help is Here DE, Banyan Treatment Center, Low-Income Housing, Adult Protective Services
Tu-Sat 1100-1900	November 9- November 13, 2021	41	1. Milford Homeless Committee Meeting	1. Understanding the Modern Opioid Epidemic	10	Referrals to Services: 10-81 Victim Services Overdose Assist Other Agency Check the Welfare	1	Officer agreed not to arrest in lieu of treatment	2	Individual was taken to RI in lieu of ER Officers stated they would have taken individual to hospital if I had not screened them	9	12	Leave Behind Narcan, Brandywine Counseling, People's Place, Help is Here DE, Sun Behavioral Health, Delaware Guidance Services
M-F (0900-1700)	November 15- November 19, 2021	40	1. Community Response Team Meeting 2. Comprehensive Opioid Program Meeting	1. Racial Disparity in Behavioral Health Treatment	12	Referrals to Services: 10-81 Disorderly Domestic Assist Other Agency Check the Welfare	2	Officer agreed not to arrest in lieu of treatment	2	Individual was taken to RI in lieu of ER Officers stated they would have taken individual to hospital if I had not screened them	14	9	Help is Here DE, Delaware Guidance Services, Brandywine Counseling, Mind & Body Consortium, People's Place
M-Wed 1100-1900 OFF 11/25 & 11/26 - Thanksgiving	November 22- November 26, 2021	24	1. Opioid Settlement Funding: A Chance to Repair the Harm Meeting	1. Elder Suicidality and Depression 2. Veterans Psychiatric Crises	8	Referrals to Services: 10-81 Public Assistance Check the Welfare	1	Officer agreed not to arrest in lieu of treatment	1	Officers stated they would have taken individual to hospital if I had not screened them	6	5	Recovery Innovations, DE Division of Aging, People's Place, DE State Service Center
M-F (0900-1700)	November 29- December 3, 2021	44	1. Victim Services Meeting 2. Monthly MH Clinician Meeting	1. What Criminal Justice Professionals Need to Understand about Autism Spectrum Disorder	11	Referrals to Services: 10-81 10-10 Victim Services Public Assistance Assist Other Agency Check the Welfare	1	Officer agreed not to arrest in lieu of treatment	1	Individual was taken to RI in lieu of ER	10	11	La Esperanza, Banyan Treatment Center, Help is Here DE, People's Place, Brandywine Counseling, Low-Income Housing, Domestic Violence Hotline
	<b>Totals:</b>	<b>191</b>			<b>52</b>		<b>7</b>		<b>7</b>		<b>49</b>	<b>51</b>	

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Release of Information (ROI)
Police/Mental Health Co-Responder Model	Revision Date: April 2023

## J. Release of Information (ROI):



### MILFORD POLICE DEPARTMENT Authorization for Release of Information

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN#: \_\_\_\_-\_\_\_\_-\_\_\_\_

I authorize the Mental Health Clinician to (check all that apply):

Verbally disclose to  Make written disclosure to  Obtain information from

\_\_\_\_\_ (agency/provider/person)

The following information:

Psychosocial history/psychiatric evaluation  Medication and/or medication history  
 Presence, progress and prognosis in treatment  Urine drug screens/other lab results  
 Treatment plans & recommendations  Discharge/aftercare plans & recommendations  
 Mental health/psychiatric recommendations  Other: \_\_\_\_\_

And I consent to the disclosure of (check all that apply):

My HIV-related information  
 Both (non-HIV medical and HIV-related information)  
 My non-HIV medical information only  
 For the purposes of coordination of services relating to mental health and/or substance abuse concerns

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a patient in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R., Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may disclose the information and it may no longer be protected by the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from disclosure.

I also understand that I may revoke this authorization at any time **in writing** except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Scenarios/Crisis Intervention Team (CIT) Examples
Police/Mental Health Co-Responder Model	Revision Date: April 2023

## K. Scenarios/Crisis Intervention Team (CIT) Examples:

### Scenarios for CIT Training

#### Scenario 1

**Consumer:** Male or female  
**Location:** A conference room in an office building  
**Diagnosis:** Anxiety Disorder, PTSD  
**Appearance:** Disheveled dress and appearance, obvious marks from cutting on arms where skin is exposed  
**Props:** Red ink or make-up to simulate blood; office supplies including scissors; picture  
**Medication:** None obvious

#### DISPATCH CALL

Dispatcher receives a call from a man who says his employee has been "acting crazy" and they can't get him to calm down and get back to work. They have him in a conference room but can't get him to talk about what's going on.

#### SCENARIO

You are sitting in a chair at a table or desk. There are papers and pens scattered about and you are toying with a pair of scissors. [*When asked by the officers to give them the scissors, you do so without struggle*]. You have obvious blood on your arms and other exposed skin from cutting. You are holding a picture of a man or woman in one of your hands.

Several co-workers are milling about. One is worried and keeps offering to help in an annoying and distracting manner; one is frustrated that all of this commotion is preventing him from getting his work done (you called the police); and another keeps suggesting to the officers that professional help is needed and questions if they know what they are doing. [The officers will likely attempt to clear the room...some of you protest and resist mildly. If you do leave, you are likely to come back in at least one time each out of curiosity/helpfulness].

You engage with the officers slowly and not in an animated way. You tell them that you are fine and that you do not need their assistance. You ask to be left alone. When they question you about the cuts, you say that you do not have any intention to kill yourself. This is just a way that you relieve stress and anxiety.

You have recently been left by your girlfriend/boyfriend of several years. This was an emotionally abusive relationship and you share with them that you have, in fact, spent several occasions living in a shelter during breakups. You have a history of other abusive and traumatic events, and your family does not support you and you are now concerned that you will lose your job. You are embarrassed that your co-workers now see you like this and you ask the officers to leave you with some dignity. Engage them in some negotiations in the process of how you will go with them when you get to that point.

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Scenarios/Crisis Intervention Team (CIT) Examples
Police/Mental Health Co-Responder Model	Revision Date: April 2023

When asked, you state that you have been diagnosed with an anxiety disorder and PTSD and that you had been taking medication at one time, but stopped because of unwanted sexual side effects. Relate this to loss of girlfriend/boyfriend and feeling of being a loser.

OVERALL AFFECT IS SUBDUED, QUIET, AND DELAYED IN PROCESSING.

#### Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

#### Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask “Why....?”
7. If it’s clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don’t be too hard on them, they are learning too.

#### Your Behaviors as an Actor

- Anxious/fearful – cowering, and protective verbal lashing out is okay
- Agitated – you may fidget or rock, even when not engaged by the officers
- Hyper-vigilant – you will react strenuously (recoil) to physical touch

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Scenarios/Crisis Intervention Team (CIT) Examples
Police/Mental Health Co-Responder Model	Revision Date: April 2023

## Scenario 2

**Consumer:** Two elderly males (or people)  
**Location:** Senior citizen apartment complex; cluttered room  
**Diagnosis:** Dementia  
**Appearance:** Disheveled; both are in pajamas and bathrobes if possible  
**Props:** "Box Dog biscuit" labeled food (i.e. cookies), food, knife, dirty dishes/glasses, family pictures, bathrobes  
**Medication:** Effexor

### DISPATCH CALL

Housing manager expresses concern about a resident that has not been down to dinner in the past few days. The manager has tried to enter the apartment to check on the residents, but has not been allowed in. He has heard shouting from within, but as far as he knows, only one person lives there—George. George's wife, Gracie, used to live there, but she passed away 3 years ago. His children live out of town.

### SCENARIO

Both men are seated in the room, which is messy and cluttered with empty food containers, dirty dishes, magazines, etc. George answers the door when the officers arrive and demands to see ID before allowing them to enter.

Upon entering, George immediately tells the officers that he is happy they are there as they need to get Charlie to move out right away. He showed up one day and wouldn't leave, and when Gracie gets home she will be very upset that he's there. George not only believes that Gracie is still alive, but also believes that it is the 1970's, and he makes appropriate references (Ronald Reagan as president, etc.). He says that he has not been down to dinner lately because the food is terrible.

The officers will be allowed to remove the knife from the table with no resistance.

Charlie insists that, in fact, he is the one who lives in the apartment and that George needs to be removed. He claims that George wandered in one day, is crazy and fights with him all the time, and scares him. Charlie appears to be oriented to time and date and seems more coherent than George.

If asked, Charlie will leave the apartment with an officer in order to have a calmer environment. George will stay in the apartment and refuse to leave with officers because "Gracie will wonder what happened to me when she gets home."

Eventually, George will also leave with the officers to seek treatment. He does so grudgingly. He admits to taking Effexor for depression, but often misplaces the bottle.

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Scenarios/Crisis Intervention Team (CIT) Examples
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#### Specific Rewards

- Giving you time to think and answer
- Helping with physical comfort
- Listening instead of talking

#### Specific Stings

- Placating – treating you like an invalid – you may lash out verbally
- Rushing you or asking multiple questions – display frustration, anger, or increased confusion
- Trying to physically direct you without a request or asking permission. React with resistance or scolding.

#### Acting Behaviors

Anxious/agitated – you may pace, get up and down, or fidget with various items on the table.

You may present significant anxiety about not knowing where Gracie is.

Confused – you may become angry or defensive if you don't understand a question or direction

#### Reasons to reward officers

1. You get a "real" moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

#### General Reasons to "sting" officers

1. They threaten you, rush the situation, or try to control you.
2. They state, "I know how you feel".
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Scenarios/Crisis Intervention Team (CIT) Examples
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5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask "Why....?"
7. If it's clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don't be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Scenarios/Crisis Intervention Team (CIT) Examples
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### Scenario 3

**Consumer:** Male or Female  
**Location:** Darkened alleyway behind an apartment complex  
**Diagnosis:** Paranoid schizophrenia; Post-Traumatic Stress Disorder  
**Appearance:** Casual dress (jacket, appropriate to outdoors)  
**Props:** Chair, tablet and pen, US flag, cooler, med bottle, business card  
**Medication:** Risperdal, Xanax

#### DISPATCH CALL

A passerby reports a suspicious subject loitering in an alleyway.

#### SCENARIO

You are sitting in a lawn chair, intently writing in a tablet you have on your lap. You peer down the street frequently, then look all around, then write something else in the tablet. You are engaged in this activity when the officers arrive.

You are friendly to the officers and ask them if they are there to “check out this situation, too.” You state that you, too, are an officer and that you are working undercover to check out what been going on at an apartment down the alley. You tell the officers that their all people coming and going at all times, and that you have been recording their activities for a period of days. Offer them the notebook to look at, but then take it back quickly when you see something else that you must write down.

You encourage the officers to move on because they, in their uniforms, might blow your cover. You assure them that you have the situation under control, and that whenever you need to make a report, you call Chief Walsh at the Appleton Police Department. You produce one of his business cards from your shirt/jacket pocket as proof.

When asked, you admit to taking medication and pull the bottles out of your pocket. If asked, admit that you sometimes take the Xanax more frequently than directed because “being on stake out is stressful.”

If asked, you also tell the officers that you served in the US Army during the Viet Nam war, but that you don’t like to talk about it. You point out the flag draped over your chair as a symbol of your patriotism.

You eventually agree to leave with the officers and go talk to someone if they “connect” and are convincing.

#### Some Behaviors

- Psychosis
- Negative symptoms slow you down physically, mentally and restrict affective responses.

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- Positive symptoms agitate, scare, animate and disinhibit you – you may pace, rock, elevate your voice, encroach physical space, etc.

#### PTSD

- Hyper-vigilance – over-react to any environmental stimulus (sound, light, etc.)
- Hypersensitivity to touch
- Do not allow close proximity – people need to keep their distance.

#### Specific Rewards

- Slowing down and taking time to sort out the chaos you present
- Getting down to your level – kneeling, sitting appropriately
- Remaining calm despite escalation and chaos
- Making a personal connection with you in some way.

#### Specific Stings

- Going along with your delusions/bizarre thoughts – draw them in further and don't let them off the hook easily.
- Getting in your space without permission – many people in the throes of psychosis are hypersensitive to touch and sound
- Reacting with laughter or shock at your weirdness – become terribly offended and scold profusely.
- Saying "I know how you feel" or something similar. There's no way they could.

#### General Reasons to Reward Officers

1. You get a "real" moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

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**Reasons to “sting” officers**

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask “Why....?”
7. If it’s clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don’t be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: 24-Hour Emergency Detention Form - Blank
Police/Mental Health Co-Responder Model	Revision Date: April 2023

## L. 24-Hour Emergency Detention Form - Blank:



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Substance Abuse and Mental Health**  
 1901 North DuPont Highway, New Castle, Delaware 19720

### 24-HOUR EMERGENCY DETENTION FORM

(Detainment after transfer to a designated psychiatric facility shall not exceed 24 hours. Del. Code Title 16 §5122 rev. 03/29/2022)

Eligibility & Enrollment Unit 302.255.9458

Crisis Intervention Services 800.652.2929

Fax copy of this completed form to DSAMH Eligibility and Enrollment Unit during business hours, Mon.-Fri., 7 a.m.-3 p.m. to 302.622.4162. Outside business hours, please fax to 302.622.4162.

#### Section I. REQUEST for 24-HOUR EMERGENCY DETENTION of an ADULT

*(To be completed only by a Peace Officer or Credentialed Mental Health Screener.)*

I, \_\_\_\_\_ of the \_\_\_\_\_

PRINT Full Name / Title

Unit and/or Agency

on this Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (mm/dd/yyyy)

and at this time \_\_\_\_:\_\_\_\_ AM / PM  
Time (hh / mm)

do hereby certify that I have knowledge that \_\_\_\_\_  
Name of person to be evaluated      D.O.B (mm/dd/yyyy)      Age

of \_\_\_\_\_  
Address of the residence of the person to be evaluated (Street, City, State, Zip Code)

appears to have a mental condition, and is experiencing symptoms likely to cause danger to him or herself, or others, and requires immediate care, treatment, and/or detention.

Section I, Questions 1 and 2 shall be completed by a Peace Officer or by a Credentialed Mental Health Screener. The Screener must annotate as needed to reflect information obtained during the assessment process.

#### 1. Assessment of Dangerousness:

“Dangerous to self” means that *by reason of mental condition* there is a *substantial likelihood* that the person will *imminently sustain serious bodily harm to oneself*. This determination shall take into account a person’s history, recent behavior, and any recent act or threat.

“Dangerous 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 threat.

“Serious bodily harm” means physical injury which creates a *substantial risk* of death, significant and prolonged disfigurement, significant impairment of health, or significant impairment of the function of any bodily organ.

a. Does this person meet the requirement for dangerousness to self?      YES       NO

*and / or*

b. Does this person meet the requirement for dangerousness to others?      YES       NO



Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: 24-Hour Emergency Detention Form - Blank
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*Sections II-VII are to be completed \*ONLY\* by a State of Delaware Credentialed Mental Health Screener.*

Name of Person being evaluated: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section II. Assessment of Apparent Mental Condition

*"Mental condition" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality. Unless it results in the severity of impairment described herein, "mental condition" DOES NOT mean simple alcohol intoxication, transitory reaction to drug ingestion, dementia due to various non-traumatic etiologies or other general medical conditions, Alzheimer's disease, or intellectual disability. The term mental condition is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein.*

YES, the above-named person is displaying behaviors meeting criteria for a mental condition (see above) as described here (and/or in SECTION 1, on page 1 and 2 of this form, above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.  YES, the person is NOT WILLING or ABLE to seek safe, appropriate treatment on his/her own at this time.

3. Does this person have an Advanced Mental Health Care Directive? YES  NO  Unknown

4. a. Has the person been admitted to a psychiatric hospital before? YES  NO  Unknown

b. If YES, where and when (if known) was the person previously admitted?: \_\_\_\_\_

5. a. Is the person receiving current out-patient mental health treatment? YES  NO  Unknown

b. If YES, provide the doctor and/or therapist and/or provider's names and phone numbers: \_\_\_\_\_

6. a. Does the person have a care manager? \_\_\_\_\_ YES  NO  Unknown

b. If YES, name of manager, phone number, and agency: \_\_\_\_\_

c. Has Provider been contacted? YES  NO  If NO, please explain why not: \_\_\_\_\_

7. a. Does the person currently use mind-altering substances (drugs, alcohol, meds, etc.) YES  NO  Unknown

b. If YES, what substances and when last used: \_\_\_\_\_

8. a. Name and phone number of spouse, closest relative, or peer support (if known) of person to be detained:

\_\_\_\_\_  
Name of emergency contact person                      Relationship                      Telephone Number

b. Has this person been contacted? YES  NO  If NO, please explain why not: \_\_\_\_\_



Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: 24-Hour Emergency Detention Form - Blank
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### SECTION V. CHANGE in STATUS

Name of Person being evaluated: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

#### a. Certification of Understanding:

This section shall only be used if a person who is currently emergently detained requests voluntary admission for inpatient mental health treatment. If a person is found to meet the criteria for voluntary admission pursuant to this section, that person shall have the status of "voluntary" upon arrival at a designated psychiatric treatment facility. A person who is emergently detained shall not have his or her status converted to "voluntary" if the person continues to be a danger to self or danger to others due to an apparent mental condition and such person appears unable or unwilling to remain in care ending the person's placement at designated psychiatric treatment facility. A change in status pursuant to this section shall not be used to discharge a person from care. Only a psychiatrist has the authority to discharge person who is emergently detained.

I have read the above statement and certify that I understand.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_:\_\_\_\_\_  
Time (hh / mm)

\_\_\_\_\_  
Position/ Title

\_\_\_\_\_  
Facility / Hospital

\_\_\_\_\_ AM / PM

#### b. Assessment for Voluntary Admission:

I have personally assessed the individual and I certify that the individual has the capacity to fully understand and appreciate the terms of voluntary admission for inpatient mental health treatment, including:

(1) The person will not to be allowed to leave the hospital grounds without permission of the treating psychiatrist

Yes  No

(2) If the person seeks discharge prior to the discharge recommended by the person's treatment team, the person's treating psychiatrist may initiate the involuntary inpatient commitment process if the psychiatrist believes the individual presents a danger to self or danger to others

Yes  No

(3) Unless the involuntary commitment process is initiated, the person will not have the hospitalization reviewed by the Superior Court

Yes  No

***If "NO" is selected for any of the above questions the 24-hour emergency detention may not be converted to voluntary admission***

(Continue to next page)



Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: 24-Hour Emergency Detention Form - Blank
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Name of Person being evaluated: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION VII. DISCHARGE: (May ONLY be COMPLETED by a PSYCHIATRIST )**

I certify that the above-named individual no longer meets the criteria for emergency detention, for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time (hh / mm) \_\_\_\_ : \_\_\_\_ AM / PM

Position/ Title \_\_\_\_\_ Facility / Hospital \_\_\_\_\_

Fax copy of this completed form to DSAMH Eligibility and Enrollment Unit during business hours, Mon.-Fri., 7 a.m.-3 p.m. to 302.622.4162. Outside business hours, please fax to 302.622.4162.

*This form is to be forwarded to the receiving hospital with the transporting officer or designee.*

**Section VIII. STATEMENT of PEACE OFFICER or DESIGNATED TRANSPORTER:**

I, \_\_\_\_\_ have transported, \_\_\_\_\_ with all reasonable promptness, to a designated psychiatric treatment facility, \_\_\_\_\_ for further evaluation.

Signature of Officer or Transporter \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ and Time (hh / mm) \_\_\_\_ : \_\_\_\_ AM / PM

Print Full Name \_\_\_\_\_ Title \_\_\_\_\_ Unit or Transport Agency Name \_\_\_\_\_

**Attach Request for Transportation Reimbursement Form, if required.**

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: 24-Hour Emergency Detention Form – Completed Example
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## M. 24-Hour Emergency Detention Form – Completed Example:



### 24-HOUR EMERGENCY DETENTION FORM

(Detainment after transfer to a designated psychiatric facility shall not exceed 24 hours. Del. Code Title 16 §5122 rev. 10/09/2014)

Eligibility & Enrollment Unit 302.255.9458

Crisis Intervention Services 800.652.2929

Fax copy of this completed form to DSAMH Eligibility and Enrollment Unit during business hours, Mon.-Fri., 7 a.m.-3 p.m. to 302.255.4416. Outside business hours, please fax to 302.255.9952

#### Section I. REQUEST for 24-HOUR EMERGENCY DETENTION of an ADULT

(To be completed only by a Peace Officer or Credentialed Mental Health Screener.)

I, Jenna Haines, LMSW, DE-CMHS of the Milford Police Department  
PRINT Full Name / Title Unit and/or Agency  
 on this Date 06 / 23 / 2022 and at this time 10 : 41  AM  PM  
Date (mm/dd/yyyy) Time (hh / mm)  
 do hereby certify that I have knowledge that Joseph Michael Smith 01 / 01 / 1980 42  
Name of person to be evaluated D.O.B. (mm/dd/yyyy) Age  
 of 123 Clarke Avenue Milford, DE 19963  
Address of the residence of the person to be evaluated (Street, City, State, Zip Code)

appears to have a mental condition, and is experiencing symptoms likely to cause danger to him or herself, or others, and requires immediate care, treatment, and/or detention.

Section I, Questions 1 and 2 shall be completed by a Peace Officer or by a Credentialed Mental Health Screener. The Screener must annotate as needed to reflect information obtained during the assessment process.

#### 1. Assessment of Dangerousness:

“Dangerous to self” means that *by reason of mental condition* there is a *substantial likelihood* that the person will *imminently sustain serious bodily harm to oneself*. This determination shall take into account a person’s history, recent behavior, and any recent act or threat.

“Dangerous 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 threat.

“Serious bodily harm” means physical injury which creates a *substantial risk* of death, significant and prolonged disfigurement, significant impairment of health, or significant impairment of the function of any bodily organ.

a. Does this person meet the requirement for dangerousness to self? YES  NO

and / or

b. Does this person meet the requirement for dangerousness to others? YES  NO

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Name of Person being evaluated: Joseph Michael Smith D.O.B. 01 / 01 / 1980

**2. Describe / justify the dangerousness finding noted in page one:**

(e.g., Describe any stated or observed suicidal intent/action, any stated or observed homicidal intent/action, and/or any stated or observed dangerous behavior by said person, and/or any stated or observed symptom of a mental condition which would represent a substantial danger to self or others.)

a. What is the name, relationship, and contact information for person who placed the initial call for help:

Jane Smith Wife (302) 111-1234  
 First and Last name of reporting party Relationship Phone

b. Why does the person require a Mental Health Assessment for a 24-Hour Emergency Detention?

(Include specific details to support a finding of dangerousness to self or others due to risk of suicide, homicide, or impaired mental condition.)

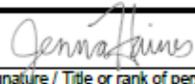
Recommendations for what to include (not an exhaustive list): Any suicidal and/or homicidal ideation (use direct quotes when applicable), indications of danger to self and/or others, history of suicidality or homicidality, any recent behavior or threat, recent trauma, triggers or stressors that would contribute to their instability, any access to weapons, protective factors or lack of protective factors, current mood and other aspects of mental status exam.

If a family member or loved one provides any insight or concern (use direct quotes when applicable).

Mr. Smith reported he wanted to "end it all" and "kill myself." When asked about a plan, Mr. Smith reported he would "blow my brains out." Mr. Smith reported he has access to guns in the home. Mr. Smith's wife confirmed this and confirmed he reported similar statements to her. Mr. Smith reported symptoms of depression, anxiety and PTSD. Mr. Smith reported recent triggers including that his wife is "leaving me" and he was recently fired from his job. Mr. Smith reported "feeling a lot worse" in the last 2 weeks. Mr. Smith reported he "sometimes drinks too much to feel better." Mr. Smith reported his mother committed suicide when he was 16 years old. Mr. Smith reported a previous suicide attempt on 4/15/22. Mr. Smith presented as alert, oriented, depressed, and tearful. Mr. Smith could not disclose any reasons for living at this time. Mr. Smith has a previous stay at a psychiatric facility (see Initial Behavioral Health Assessment) and is currently receiving outpatient psychiatric therapy, as well as psychotropic medication.

Mr. Smith reported active suicidal ideation with a plan, as well as access to firearms. At this time, Mr. Smith presents as an imminent danger to himself.

\* Please attach and sign additional sheets with additional information, names, and contact information as needed.

	LMSW, MSW, DE-CMHS	<u>06 / 23 / 2022</u>	<u>10 : 41</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Signature / Title or rank of person submitting this Request for Evaluation		Date (mm/dd/yyyy)	Time (hh / mm)
<u>(302) 265 - 8843</u>	ext: <u>N/A</u>	<u>Milford Police Department</u>	
Contact phone number of person submitting request		Agency	



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### Section III. CREDENTIALLED SCREENER 24-HOUR EMERGENCY DETENTION STATEMENT

I certify that I, Jenna Haines, LMSW, DE-CMHS am a Credentialed Mental Health Screener, # 554  
PRINT Full Name / Title

personally assessed that this person, Joseph Michael Smith 01 / 01 / 1980  
Name of person evaluated D.O.B (mm/dd/yyyy)

MEETS  DOES NOT MEET the standard for 24-hour detention: experiencing symptoms of mental illness that render this person dangerous to self and/or others by reason of mental condition. (See attached evaluation).

This person was offered voluntary in-patient treatment and:

- is UNABLE to self-determine need for treatment.  
 REFUSED voluntary treatment at this date/time: \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ AM / PM  
Date (mm/dd/yyyy) Time (hh / mm)  
 has AGREED\* to voluntary treatment. \*(If person is now voluntarily agreeing to treatment, please complete page 5 of this form.)  
 I am a Psychiatrist licensed to practice medicine in the state of Delaware.  
 I am a licensed Emergency Medicine Doctor and a DSAMH Credentialed Mental Health Screener.  
 I am a physician licensed in the state of Delaware to practice medicine or surgery and a DSAMH Credentialed Mental Health Screener.  
 I am a Licensed Mental Health Professional or Registered Nurse and also a DSAMH Credentialed Mental Health Screener.  
 I am an unlicensed mental health professional, a DSAMH credentialed Mental Health Screener supervised by a psychiatrist.

This person is being taken to: Recovery Innovations - 700 Main Street Ellendale, DE 19941  
Name of Facility or Address of Alternate Location

I have notified the nearest known relative, Jane Smith, 302-111-1234  
Name of relative / significant other and phone (if different than page 2)

YES  NO \_\_\_\_\_  
Specify reason not notified

I certify that the information I am providing is true and complete to the best of my knowledge.

Jenna Haines 06 / 23 / 2022 10:41 AM PM  
Signature Date (mm/dd/yyyy) Time (hh / mm)  
LMSW, MSW, DE-CMHS Behavioral Health Director Milford Police Department (302) 265 - 8843  
Title/position Employed by Unit Telephone

### SECTION IV. CONFLICT OF INTEREST STATEMENT

Del. Administrative Code, Title 16, Reg 6002, Sec. 6.1 Conflict of Interest Statement: The intent of the law is to ensure that no person is detained for any reason other than experiencing symptoms associated with a mental condition that may result in danger to self or others, and that any conflicts of interest as set forth in 16 Del.C. §5122 are disclosed on the DSAMH Crisis Intervention Assessment Tool and 24-hour Emergency Admission form filed with DSAMH within 24 hours of signature of the detention order. DSAMH will collect and monitor all assessments, detentions and non-detentions performed by credentialed mental health screeners, whether a conflict of interest is disclosed or not, for purposes of ensuring that the intent of this law is met and that admissions are appropriate.

Conflict of Interest Disclosure Statement:  No conflicts  Yes, as follows: \_\_\_\_\_

By my signature, I certify that I have duly disclosed any conflicts of interest and I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder.

Jenna Haines LMSW, MSW, DE-CMHS 06 / 23 / 2022 10 : 41 AM PM  
Signature Date (mm/dd/yyyy) Time (hh / mm)

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## SECTION V. CHANGE in STATUS

Name of Person being evaluated: Joseph Michael Smith D.O.B. 01 / 01 / 1980

### a. Certification of Understanding:

This section shall only be used if a person who is currently emergently detained requests voluntary admission for inpatient mental health treatment. If a person is found to meet the criteria for voluntary admission pursuant to this section, that person shall have the status of "voluntary" upon arrival at a designated psychiatric treatment facility. A person who is emergently detained shall not have his or her status converted to "voluntary" if the person continues to be a danger to self or danger to others due to an apparent mental condition and such person appears unable or unwilling to remain in care ending the person's placement at designated psychiatric treatment facility. A change in status pursuant to this section shall not be used to discharge a person from care. Only a psychiatrist has the authority to discharge person who is emergently detained.

quotes when applicable. Any recent trauma, triggers or stressors that would contribute  
I have read the above statement and certify that I understand.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_:\_\_\_\_\_  
Time (hh / mm)

\_\_\_\_\_  
Position/ Title

\_\_\_\_\_  
Facility / Hospital

\_\_\_\_\_  
AM / PM

### b. Assessment for Voluntary Admission:

I have personally assessed the individual and I certify that the individual has the capacity to fully understand and appreciate the terms of voluntary admission for inpatient mental health treatment, including:

(1) The person will not to be allowed to leave the hospital grounds without permission of the treating psychiatrist

Yes  No

(2) If the person seeks discharge prior to the discharge recommended by the person's treatment team, the person's treating psychiatrist may initiate the involuntary inpatient commitment process if the psychiatrist believes the individual presents a danger to self or danger to others

Yes  No

(3) Unless the involuntary commitment process is initiated, the person will not have the hospitalization reviewed by the Superior Court

Yes  No

*If "NO" is selected for any of the above questions the 24-hour emergency detention may not be converted to voluntary admission*

*(Continue to next page)*



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Name of Person being evaluated: Joseph Michael Smith D.O.B. 01 / 01 / 1980

**SECTION VII. DISCHARGE: (May ONLY be COMPLETED by a PSYCHIATRIST)**

I certify that the above-named individual no longer meets the criteria for emergency detention, for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature Date (mm/dd/yyyy) \_\_\_\_\_ : \_\_\_\_\_ AM / PM  
 Time (hh / mm)

\_\_\_\_\_  
 Position/ Title Facility / Hospital

Fax copy of this completed form to DSAMH Eligibility and Enrollment Unit during business hours, Mon.-Fri., 7 a.m.-3 p.m. to 302.255.4416. Outside business hours, please fax to 302.255.9952

*This form is to be forwarded to the receiving hospital with the transporting officer or designee.*

**Section VIII. STATEMENT of PEACE OFFICER or DESIGNATED TRANSPORTER:**

I, PFC John Doe have transported, Joseph Michael Smith  
 with all reasonable promptness, to a designated psychiatric treatment facility, Recovery Innovations - Ellendale,  
 for further evaluation.

 06 / 23 / 2022 11 : 45  AM  PM  
 Signature of Officer or Transporter Date (mm/dd/yyyy) and Time (hh / mm)

PFC John Doe Patrolman First Class Milford Police Department  
 Print Full Name Title Unit or Transport Agency Name

**Attach Request for Transportation Reimbursement Form, if required.**

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Delaware Behavioral Health Resource Manual – Abuse Reporting Hotlines
Police/Mental Health Co-Responder Model	Revision Date: April 2023

### **N. Delaware Behavioral Health Resource Manual:**

This resource manual shall serve as a guide of statewide resources for a variety of behavioral health services. This is a non-exhaustive list and shall not serve as an endorsement for any one provider or facility.

#### **Abuse Reporting Hotlines**

Child Abuse Report Line:

- 1-800-292-9582
- All suspected child abuse and neglect must be reported to the 24-hour Division of Family Services (DFS) Child Abuse and Neglect Report Line

Adult Protective Services Abuse Report Line:

- 1-800-223-9074
- All suspected cases of physical abuse, sexual abuse, neglect, exploitation, emotional abuse, abandonment and self-neglect of a vulnerable adult must be reported to the Aging and Disability Resource Center

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### **Adolescent Inpatient Psychiatric Facilities/IMD's (Institution for Mental Disease)**

#### **Sussex County:**

- Sun Behavioral Health: 21655 Biden Avenue Georgetown, DE 19947
  - 302-207-9176
  - <https://sunbehavioral.com/delaware/>
  - 90 total beds

#### **Kent County:**

- Dover Behavioral Health: 725 Horsepond Road Dover, DE 19901
  - 302-741-0140
  - <https://doverbehavioral.com/>
  - 104 total beds

#### **New Castle County:**

- MeadowWood Behavioral Health Hospital: 575 South DuPont Highway New Castle, DE 19720
  - 302-328-3330
  - <https://www.meadowwoodhospital.com/>
  - 120 total beds
- Rockford Center: 100 Rockford Road Newark, DE 19713
  - 302-996-5480
  - <https://rockfordcenter.com/>
  - 118 total beds

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Delaware Behavioral Health Resource Manual – Adolescent Outpatient BH Treatment
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### **Adolescent Outpatient Behavioral Health Treatment Centers/Resources**

#### **Sussex County:**

- Delaware Guidance Services: 31168 Learning Lane Lewes, DE 19958
  - 302-645-5338
  - <https://www.delawareguidance.org/about/>
  - Outpatient therapy, family therapy, crisis intervention, medication management, etc.
- Delaware Guidance Services: 900 Health Services Drive Seaford, DE 19973
  - 302-262-3505
  - <https://www.delawareguidance.org/about/>
  - Outpatient therapy, family therapy, crisis intervention, medication management, etc.
- Delaware Psychological Services: 16287 Willow Creek Road Lewes, DE 19958
  - 302-703-6332
  - <https://www.delawarepsychologicalservices.com/home>
  - Outpatient therapy and medication management
- People’s Place Counseling Center: 30265 Commerce Drive Suite 201 Millsboro, DE 19966
  - 302-934-0300
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management
- People’s Place Counseling Center: 305 Virginia Avenue Seaford, DE 19973
  - 302-422-8026
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management

#### **Kent County:**

- Center for Mental Wellness: 121 West Loockerman Street Dover, DE 19904
  - 302-674-1397
  - <https://www.acfmw.com/>
  - Outpatient therapy and medication management
- Champions for Children’s Mental Health: 907 North DuPont Highway Suite 100 Milford, DE 19963
  - 302-503-7198
  - <http://championsde.org/services/>
  - Resource that provides Family Support Providers (FSP) who can assist families who have children with behavioral health concerns to access resources and advocate for appropriate treatment
- Delaware Guidance Services: 103 Mont Blanc Boulevard Dover, DE 19904

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- 302-678-3020
- <https://www.delawareguidance.org/about/>
- Outpatient therapy, family therapy, crisis intervention, medication management, etc.
- Mental Edge Counseling: 1198 S Governors Avenue Building A Suite 201 Dover, DE 19904
  - 302-382-8698
  - <https://www.mentaledgeworks.com/services-20>
  - Outpatient therapy and medication management
- Mind & Body Consortium: 156 South State Street Dover, DE 19901
  - 302-674-2380
  - <http://www.mindandbodyde.com/about.html>
  - Outpatient therapy and medication management
- Mind & Body Consortium: 769 East Masten Circle Milford, DE 19963
  - 302-424-1322
  - <http://www.mindandbodyde.com/about.html>
  - Outpatient therapy and medication management
- People's Place Counseling Center: 1131 Airport Road Milford, DE 19963
  - 302-422-8026
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management
- People's Place Counseling Center: 204 Georges Alley Smyrna, DE 19977
  - 302-653-2341
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management

#### **New Castle County:**

- A Center for Mental Wellness: 25 South Old Baltimore Pike Newark, DE 19702
  - 302-674-1397
  - <https://www.acfmw.com/>
  - Outpatient therapy and medication management
- Amanecer Counseling & Resource Center: 301 North Van Buren Street Wilmington, DE 19805
  - 302-576-4136
  - <https://amanecerde.org/services/>
  - Outpatient therapy, medication management, case management – Bilingual services
- Delaware Guidance Services: 261 Chapman Road Suite 102 Newark, DE 19702
  - 302-455-9333

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- <https://www.delawareguidance.org/about/>
- Outpatient therapy, family therapy, crisis intervention, medication management, etc.
- Delaware Guidance Services: 1213 Delaware Avenue Wilmington, DE 19806
  - 302-652-3948
  - <https://www.delawareguidance.org/about/>
  - Outpatient therapy, family therapy, crisis intervention, medication management, etc.
- Delaware Psychological Services: 262 Chapman Road Bellevue Building Suite 100 Newark, DE 19702
  - 302-703-6332
  - <https://www.delawarepsychologicalservices.com/home>
  - Outpatient therapy and medication management
- Mind & Body Consortium: 118 Sandhill Drive Suite 202 Middletown, DE 19709
  - 302-378-2522
  - <http://www.mindandbodyde.com/about.html>
  - Outpatient therapy and medication management

**Statewide:**

- Department of Services for Children, Youth, and Their Families (DSCYF) Division of Prevention and Behavioral Health Services (PBH)
  - 302-633-2600
  - <https://kids.delaware.gov/prevention-and-behavioral-health-services/services/>
  - Statewide resources for juvenile prevention services, suicide prevention, crisis services, outpatient services, etc.

Milford Police Department & Partners in Public Safety Solutions, Inc.	Appendices: Delaware Behavioral Health Resource Manual – Adult Inpatient Psychiatric Facilities
Police/Mental Health Co-Responder Model	Revision Date: April 2023

### **Adult Inpatient Psychiatric Facilities/IMD's (Institution for Mental Disease)**

#### **Sussex County:**

- Recovery Innovations Recovery Response Center: 700 Main Street Ellendale, DE 19941
  - <https://riinternational.com/listing/recovery-response-center-ellendale/>
  - 302-424-5660
- Sun Behavioral Health: 21655 Biden Avenue Georgetown, DE 19947
  - 302-207-9176
  - <https://sunbehavioral.com/delaware/>
  - 90 total beds

#### **Kent County:**

- Dover Behavioral Health: 725 Horsepond Road Dover, DE 19901
  - 302-741-0140
  - <https://doverbehavioral.com/>
  - 104 total beds

#### **New Castle County:**

- MeadowWood Behavioral Health Hospital: 575 South DuPont Highway New Castle, DE 19720
  - 302-328-3330
  - <https://www.meadowwoodhospital.com/>
  - 120 total beds
- Recovery Innovations Recovery Response Center: 659 East Chestnut Hill Road Newark, DE 19713
  - 302-318-6070
  - <https://riinternational.com/listing/recovery-response-center-newark/>
- Rockford Center: 100 Rockford Road Newark, DE 19713
  - 302-996-5480
  - <https://rockfordcenter.com/>
  - 118 total beds

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### **Adult Outpatient Behavioral Health Treatment Centers/Resources**

#### **Sussex County:**

- Compass Mental Wellness Services: 1310 Bridgeville Highway Seaford, DE 19973
  - 302-394-6051
  - <https://www.cmwsllc.com/>
  - Outpatient therapy and medication management
- Conexio Care: 315 Old Landing Roding Millsboro, DE 19966
  - 123 Pennsylvania Avenue Seaford, DE 19973
  - 105 North Front Street Seaford, DE 19966
  - 302-255-9463
  - <https://conexiocare.org/services/>
  - Mental health services through the Division of Substance Abuse and Mental Health (DSAMH), including peer support, Assertive Community Team (ACT), CRISP program, and Mental Health Group Homes (MHGH)
- Delaware Psychological Services: 16287 Willow Creek Road Lewes, DE 19958
  - 302-703-6332
  - <https://www.delawarepsychologicalservices.com/home>
  - Outpatient therapy and medication management
- Fellowship Health Resources: 505 West Market Street Georgetown, DE 19947
  - 302-854-0626
  - <https://www.fhr.net/our-services/delaware/services#dechild>
  - Outpatient therapy and medication management
- People’s Place Counseling Center: 30265 Commerce Drive Suite 201 Millsboro, DE 19966
  - 302-934-0300
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management
- People’s Place Counseling Center: 305 Virginia Avenue Seaford, DE 19973
  - 302-422-8026
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management

#### **Kent County:**

- A Center for Mental Wellness: 121 West Loockerman Street Dover, DE 19904
  - 302-674-1397
  - <https://www.acfmw.com/>
  - Outpatient therapy and medication management
- Anew Mental Health: 819 South Governors Avenue Dover, DE 19904
  - 302-678-4558

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- <http://www.anewmentalhealth.com/services>
- Outpatient therapy and medication management
- Brandywine Counseling & Community Services: 769 East Masten Circle Suite 113/115 Milford, DE 19963
  - 302-856-4700
  - <https://www.brandywinecounseling.com/bccs-milford/>
  - Outpatient therapy and medication management
- Conexio Care: 1114 South DuPont Highway Dover, DE 19901
  - 320 North High Street Extension Smyrna, DE 19977
  - 302-255-9463
  - <https://conexiocare.org/services/>
  - Mental health services through the Division of Substance Abuse and Mental Health (DSAMH), including peer support, Assertive Community Team (ACT), CRISP program, and Mental Health Group Homes (MHGH)
- Mental Edge Counseling: 1198 South Governors Avenue Building A Suite 201 Dover, DE 19904
  - 302-382-8698
  - <https://www.mentaledgocounseling.com/services-20>
  - Outpatient therapy and medication management
- Mind & Body Consortium: 156 South State Street Dover, DE 19901
  - 302-674-2380
  - <http://www.mindandbodyde.com/about.html>
  - Outpatient therapy and medication management
- Mind & Body Consortium: 769 East Masten Circle Milford, DE 19963
  - 302-424-1322
  - <http://www.mindandbodyde.com/about.html>
  - Outpatient therapy and medication management
- People’s Place Counseling Center: 1131 Airport Road Milford, DE 19963
  - 302-422-8026
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management
- People’s Place Counseling Center: 204 Georges Alley Smyrna, DE 19977
  - 302-653-2341
  - <http://peoplesplace2.com/programs-services/counseling-centers>
  - Outpatient therapy and medication management

#### **New Castle County:**

- A Center for Mental Wellness: 25 South Old Baltimore Pike Newark, DE 19702
  - 302-674-1397

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- <https://www.acfmw.com/>
- Outpatient therapy and medication management
- Amanecer Counseling & Resource Center: 301 North Van Buren Street Wilmington, DE 19805
  - 302-576-4136
  - <https://amanecerde.org/services/>
  - Outpatient therapy, medication management, case management – Bilingual services
- Brandywine Counseling & Community Services: 2713 Lancaster Avenue Wilmington, DE 19805
  - 302-656-2348
  - <https://www.brandywinecounseling.com/bccs-lancaster-avenue/>
  - Outpatient therapy and medication management
- Conexio Care: 509 Naamans Road Claymont, DE 19703
  - 1423 Capitol Trail Polly Drummond Plaza, Building 3 Newark, DE 19711
  - 811 Brandywine Boulevard Wilmington, DE 19809
  - 500 West Eighth Street Wilmington, DE 19801
  - 302-255-9463
  - <https://conexiocare.org/services/>
  - Mental health services through the Division of Substance Abuse and Mental Health (DSAMH), including peer support, Assertive Community Team (ACT), CRISP program, and Mental Health Group Homes (MHGH)
- Delaware Psychological Services: 262 Chapman Road Bellevue Building Suite 100 Newark, DE 19702
  - 302-703-6332
  - <https://www.delawarepsychologicalservices.com/home>
  - Outpatient therapy and medication management
- Mind & Body Consortium: 118 Sandhill Drive Suite 202 Middletown, DE 19709
  - 302-378-2522
  - <http://www.mindandbodyde.com/about.html>
  - Outpatient therapy and medication management

### Statewide:

- Mental Health Association in Delaware (MHA):
  - 302-654-6833
  - <https://www.mhainde.org/>
  - Statewide nonprofit organization that provides support and education regarding mental health. Also provides support groups for individuals with mental illness and their families
- National Alliance on Mental Illness – Delaware (NAMI):

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- Helpline: 888-427-2643 option 1
- Helpline – Spanish: 302-415-4356
- <https://www.namidelaware.org/>
- Statewide advocacy and resource group for mental illness

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## Domestic Violence Resources

### Sussex County:

- Delaware Coalition Against Domestic Violence 24-Hour Hotline: Sussex County
  - 302-422-8058
  - Spanish: 302-745-9874
  - <https://dcadv.org/>
  - Statewide resources for domestic violence including emergency shelter
- Domestic Violence Advocacy Program: 22 The Circle, Suite A Georgetown, DE 19947
  - 302-856-5843
  - <https://courts.delaware.gov/forms/download.aspx?id=120608>
  - Located at all 3 family courts in Delaware and can assist with legal resources, financial assistance, emergency custody, PFA orders, etc.

### Kent County:

- Delaware Coalition Against Domestic Violence 24-Hour Hotline: Kent County
  - 302-422-8058
  - Spanish: 302-745-9874
  - <https://dcadv.org/>
  - Statewide resources for domestic violence including emergency shelter
- Domestic Violence Advocacy Program: 400 Court Street Dover, DE 19901
  - 302-672-1075
  - <https://courts.delaware.gov/forms/download.aspx?id=120608>
  - Located at all 3 family courts in Delaware and can assist with legal resources, financial assistance, emergency custody, PFA orders, etc.

### New Castle County:

- Delaware Coalition Against Domestic Violence 24-Hour Hotline: New Castle County
  - 302-762-6110
  - Spanish: 302-745-9874
  - <https://dcadv.org/>
  - Statewide resources for domestic violence including emergency shelter
- Domestic Violence Advocacy Program: 500 King Street Suite 700 Wilmington, DE 19801
  - 302-255-0420
  - <https://courts.delaware.gov/forms/download.aspx?id=120608>
  - Located at all 3 family courts in Delaware and can assist with legal resources, financial assistance, emergency custody, PFA orders, etc.

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## Elderly Resources

### Sussex County:

- CHEER Senior Center: 20520 Sand Hill Road Georgetown, DE 19947
  - 302-854-9500
  - <https://www.cheerde.com/georgetown/>
  - Senior center that provides resources regarding day programs, transportation, medical referrals, caregiver support, , etc.
- CHEER Senior Center: 41 Schulze Road Greenwood, DE 19950
  - 302-349-5237
  - <https://www.cheerde.com/greenwood/>
  - Senior center that provides resources regarding day programs, transportation, medical referrals, caregiver support, housing, etc.
- CHEER Senior Center: 34211 Woods Edge Drive Lewes, DE 19958
  - 302-645-9239
  - <https://www.cheerde.com/lewes/>
  - Senior center that provides resources regarding day programs, transportation, medical referrals, caregiver support, housing, etc.
- CHEER Senior Center: 24855 Broadkill Road Milton, DE 19968
  - 302-684-4819
  - <https://www.cheerde.com/milton/>
  - Senior center that provides resources regarding day programs, transportation, medical referrals, caregiver support, housing, etc.
- Indian River Senior Center: 214 Irons Avenue Millsboro, DE 19966
  - 302-934-8839
  - <https://www.indianriverseniorcenterde.com/>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- Nanticoke Senior Center: 1001 West Locust Street Seaford, DE 19973
  - 302-629-4939
  - <https://www.nanticokeseniorcenter.com/center.asp?type=Our-Facility>
  - Elderly resource center, day program, fitness center, transportation services, etc.

### Kent County:

- Harvest Years Senior Center: 30 South Street Camden, DE 19934
  - 302-698-4285
  - <https://www.harvestyears.org/services.htm>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- Mamie A. Warren Senior Center: 1775 Wheatleys Pond Road Smyrna, DE 19977
  - 302-653-4078
  - <http://mamiewarren.org/>

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- Elderly resource center, day program, fitness center, transportation services, etc.
- Milford Senior Center: 111 Park Avenue Milford, DE 19963
  - 302-422-3385
  - <https://www.milfordseniorcenter.net/>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- Modern Maturity Center: 1121 Forrest Avenue Dover, DE 19904
  - 302-734-1200
  - <http://www.modern-maturity.org/>
  - Elderly resource center, day program, fitness center, transportation services, etc.

### **New Castle County:**

- Absalom Jones Senior Center: 310 Kiamensi Road Wilmington, DE 19804
  - 302-995-7636
  - <https://www.newcastlede.gov/491/Absalom-Jones-Senior-Center>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- Lillian Smith Senior Center: 410 Main Street Clayton, DE 19938
  - 302-653-6119
  - <https://www.lilliansmithseniorcenter.com/about-us/>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- MOT Jean Birch Senior Center: 300 South Scott Street Middletown, DE 19709
  - 302-378-4758
  - <https://www.motseniorcenter.com/services-programs>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- New Castle Senior Center: 400 South Street New Castle, DE 19720
  - 302-326-4209
  - <https://www.newcastleseniorcenter.com/>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- Newark Senior Center: 200 White Chapel Drive Newark, DE 19713
  - 302-737-2336
  - <https://newarkseniorcenter.com/programs-and-services/>
  - Elderly resource center, day program, fitness center, transportation services, etc.
- Wilmington Senior Center: 1901 North Market Street Wilmington, DE 19802
  - 302-651-3400
  - <https://wilmingtonseniorcenter.org/>
  - Elderly resource center, day program, fitness center, transportation services, etc.

### **Statewide:**

- Caregiver Support Groups
  - <https://www.dhss.delaware.gov/dhss/dsaapd/caregivesg.html>

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- Delaware’s online database for various support groups for caregivers
- Delaware Aging & Disability Resource Center
  - 1-800-223-9074
  - <http://www.delawareadrc.com/>
  - Resource center that provides information medical services, living care, etc.
- Delaware Division of Services for Aging and Adults with Physical Disabilities
  - 1-800-223-9074
  - <https://dhss.delaware.gov/dhss/main/aging.htm>
  - Information regarding assisted living, legal assistance, caregiver support, personal care, adult day services, health insurance, elder services, etc.
- Delaware Meals on Wheels
  - 302-656-3257
  - <https://mealsonwheelsde.org/about-us/>
  - Statewide resource that provides delivery of meals to homebound seniors

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### Food Pantries/Resources

#### Sussex County:

- Casa San Francisco Food Pantry: 127 Broad Street Milton, DE 19968
  - 302-684-8694
  - <https://www.ccwilm.org/casa-san-francisco/>
- Catholic Charities Diocese of Wilmington – Sussex County: 404 South Bedford Street Suite 9 Georgetown, DE 19947
  - 302-856-9578
  - <https://www.ccwilm.org/basic-needs/food-assistance/>
- First State Community Action Agency Food Pantry: 308 North Railroad Georgetown, DE 19947
  - 800-372-2240
  - <https://www.firststatecaa.org/services-4>

#### Kent County:

- Avenue United Methodist Church Food Closet: 20 North Church Street Milford, DE 19963
  - 302-422-8111
  - <https://avenueumc.com/volunteer-give/community-needs/>
- Catholic Charities Diocese of Wilmington – Kent County: 2099 South DuPont Highway Dover, DE 19901
  - 302-674-1600
  - <https://www.ccwilm.org/basic-needs/food-assistance/>
- Calvary Church Food Pantry: 1141 East Lebanon Road Dover, DE 19901
  - 302-697-7776
  - <https://calvarydover.org/contactus>
- Food Bank of Delaware: 1040 Mattlind Way Milford, DE 19963
  - 302-424-3301
  - <https://www.fbd.org/partners/>

#### New Castle County:

- Alpha Baptist Church Pantry of Hope: 721 Chestnut Hill Road Newark, DE 19713
  - 302-738-2452
  - <https://alphaworship.org/pantry-hope/>
- Catholic Charities Diocese of Wilmington – New Castle County: 2601 West 4<sup>th</sup> Street Wilmington, DE 19805
  - 302-655-9624
  - <https://www.ccwilm.org/basic-needs/food-assistance/>
- Claymont Community Center Food Closet: 3301 Green Street Claymont, DE 19703
  - 302-792-2757

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- <https://claymontcenter.org/food-closet/>
- Food Bank of Delaware: 222 Lake Drive Newark, DE 19702
  - 302-292-1305
  - <https://www.fbd.org/partners/>
- Glasgow Reformed Presbyterian Church Food Closet: 2880 Summit Bridge Road Bear, DE 19701
  - 302-834-4772
  - <https://www.dhss.delaware.gov/dhss/foodbank/resourcelocator.html>
- Life Hope Lutheran Church Food Closet: 230 Christiana Road New Castle, DE 19720
  - 302-328-7909
  - <http://www.hlcde.org/>
- Lutheran Community Services Food Closet: 2809 Baynard Boulevard Wilmington, De 19802
  - 302-654-8886
  - <https://lcsde.org/service/food-pantry-services>
- Neighborhood House Community Center Food Closet: 811 North Broad Street Suite 219 Middletown, DE 19709
  - 302-378-7217
  - <https://www.neighborhoodhse.org/>
- Neighborhood House Community Center Food Closet: 1218 B Street Wilmington, DE 19801
  - 302-658-5404
  - <https://www.neighborhoodhse.org/>
- Our Daily Bread Dining Room of MOT: 213 North Broad Street Middletown, DE 19707
  - 302-285-9540
  - <https://www.ourdailybreadmot.com/>
- People’s Baptist Church Food Closet: 50 South Street New Castle, DE 19720
  - 302-658-8156
  - <https://www.dhss.delaware.gov/dhss/foodbank/resourcelocator.html>
- Salvation Army Food Closet: 503 Tatnall Street Wilmington, DE 19801
  - 302-472-0750
  - <https://www.salvationarmyusa.org/usn/cure-hunger/>
- The Ministry of Caring Food Closet: 115 East 14<sup>th</sup> Street Wilmington, DE 19801
  - 302-652-5523
  - <https://www.ministryofcaring.org/>

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## Homeless Shelters

### Sussex County:

- Casa San Francisco: 127 Broad Street Milton, DE 19968
  - 302-684-8694
  - <https://www.ccwilm.org/casa-san-francisco/>
  - Adults only homeless shelter, case management, laundry, transportation, clothing, food pantry
- Crisis House Emergency Shelter: 110 North Railroad Avenue Georgetown, DE 19947
  - 302-856-2246
  - Men, women & children homeless shelter
- Code Purple Shelters:
  - 302-519-0024
  - <https://codepurplesussexcounty.com/about/>
  - Shelters located at various churches throughout Sussex County (call to find specific locations) that is open December 1-March 15, 2022 regardless of temperature/weather

### Kent County:

- Dover Interfaith Mission for Housing: 684 Forest Street Dover, DE 19904
  - 302-736-3600
  - Men only homeless shelter
- The Shepherd Place: 1362 South Governor Avenue Dover, DE 19904
  - 302-678-1909
  - <http://www.shepherdplace.org/About-Us/>
  - Women & children homeless shelter, case management, laundry, food pantry, etc.

### New Castle County:

- House of Joseph I: 1328 West 3<sup>rd</sup> Street Wilmington, DE 19805
  - 302-652-0904
  - <https://www.ministryofcaring.org/services/emergency-shelters/>
  - Men only homeless shelter, substance use counseling, case management, job training, house placement assistance, etc.
- Mary Mother of Hope House I: 1103 West 8<sup>th</sup> Street Wilmington, DE 19806
  - 302-652-8532
  - <https://www.ministryofcaring.org/services/emergency-shelters/>
  - Women only homeless shelter, substance use counseling, case management, job training, housing placement assistance, etc.
- Mary Mother of Hope House II: 121 North Jackson Street Wilmington, DE 19805
  - 302-652-1935
  - <https://www.ministryofcaring.org/services/emergency-shelters/>

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- Women & children homeless shelter
- Mary Mother of Hope House III: 515 North Broom Street Wilmington, DE 19805
  - 302-652-0970
  - <https://www.ministryofcaring.org/services/emergency-shelters/>
  - Women & children homeless shelter
- Sunday Breakfast Mission: 110 North Poplar Street Wilmington, DE 19801
  - 877-306-4663 (877-306-HOME)
  - <https://sundaybreakfastmission.org/>
  - Men, women & children homeless shelter, community resources, food assistance, etc.

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## Housing Resources

### Sussex County:

- Conexio Care: 315 Old Landing Road Millsboro, DE 19966
  - 123 Pennsylvania Avenue Seaford, DE 19973
  - 105 North Front Street Seaford, DE 19966
  - 833-886-2277
  - <https://conexiocare.org/services/>
  - Provides permanent and affordable housing, coupled with supportive services for individuals and families who are chronically homeless and/or low income
- First State Community Action Agency: 308 North Railroad Georgetown, DE 19947
  - 800-372-2240
  - <https://www.firststatecaa.org/services-4>
  - Resource center for housing, utility assistance, food pantries, prescription assistance, etc.
- Sussex County Empowerment Center – Friendship House: Mobile Unit
  - 302-416-2343
  - <https://www.friendshipousede.org/delaware-homeless/our-programs/empowerment-centers/>
  - Resource center for housing: Tuesday & Thursday 8:00 am-3:00 pm

### Kent County:

- Brandywine Counseling & Community Services Drop-In Center: 769 East Masten Circle Suite 113/115 Milford, DE 19963
  - 302-856-4700
  - <https://www.brandywinecounseling.com/bccs-milford/>
  - Drop-in center that can provide housing applications, food stamps, benefit navigation, etc.
- Conexio Care: 1114 South DuPont Highway Dover, DE 19901
  - 320 North High Street Extension Smyrna, DE 19977
  - 833-886-2277
  - <https://conexiocare.org/services/>
  - Provides permanent and affordable housing, coupled with supportive services for individuals and families who are chronically homeless and/or low income
- Kent County Empowerment Center – Friendship House: 46 South Bradford Street Dover, DE 19904
  - 302-416-2343
  - <https://www.friendshipousede.org/delaware-homeless/our-programs/empowerment-centers/>
  - Resource center for housing: Monday-Friday 8:30 am-11:30 am

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- Milford Advocacy for the Homeless: PO Box 585 Milford, DE 19963
  - 302-643-2470
  - <https://milfordadvocacyforthehomeless.org/>
  - Resource to provide housing, homeless supplies, food resources, etc.

#### **New Castle County:**

- Brandywine Counseling & Community Services Drop-In Center: 2713 Lancaster Avenue Wilmington, DE 19805
  - 302-656-2348
  - <https://www.brandywinecounseling.com/drop-in-center/>
  - Drop-in center that can provide housing applications, food stamps, benefit navigation, etc.

#### **Statewide:**

- Brandywine Counseling & Community Services Community Housing Navigator
  - Beth Murrow: 302-504-5997
  - [bmurrow@brandywinecounseling.org](mailto:bmurrow@brandywinecounseling.org)
- Delaware Housing Alliance
  - 1-833-346-3233 (1-833-FIND-BED)
  - <https://www.housingalliancede.org/>
  - Statewide nonprofit organization that works with community members to provide emergency shelter and long-term housing placement
- Delaware State Housing Authority
  - 1-888-363-8808
  - <http://www.destatehousing.com/>
  - Statewide resource to help find low-income and/or subsidized housing, as well as rental assistance
- Friendship House
  - Office Phone: 302-652-8133
  - Helpline: 302-482-2271
  - <https://www.friendshiphousede.org/delaware-homeless/who-we-are/>
  - Statewide resource that provides housing resources, clothing bank, financial assistance, etc.

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### **Inpatient Substance Use Disorder Facilities**

#### **Sussex County:**

- Recovery Innovations Recovery Response Center: 700 Main Street Ellendale, DE 19941
  - <https://riinternational.com/listing/recovery-response-center-ellendale/>
  - 302-424-5660
- Sun Behavioral Health: 21655 Biden Avenue Georgetown, DE 19947
  - 302-207-9176
  - <https://sunbehavioral.com/delaware/>

#### **Kent County:**

- Banyan Treatment Center: 21 West Clarke Avenue Suite 4001 Milford, DE 19963
  - 302-291-1821
  - [https://www.banyantreatmentcenter.com/facilities/delaware/?utm\\_source=GMBListing&utm\\_medium=organic](https://www.banyantreatmentcenter.com/facilities/delaware/?utm_source=GMBListing&utm_medium=organic)
- Dover Behavioral Health: 725 Horsepond Road Dover, DE 19901
  - 302-741-0140
  - <https://doverbehavioral.com/>
- Psychotherapeutic Services, Inc: 1420 McKee Road Dover, DE 19904
  - 302-257-5828
  - <https://www.psychotherapeuticservices.com/index.php/programs/de/demensud>

#### **New Castle County:**

- Gaudenzia: 604 West 10th Street Wilmington, DE 19801
  - 833-976-4357
  - <https://www.gaudenzia.org/locations/>
- MeadowWood Behavioral Health Hospital: 575 South DuPont Highway New Castle, DE 19720
  - 302-328-3330
  - <https://www.meadowwoodhospital.com/>
- Recovery Innovations Recovery Response Center: 659 East Chestnut Hill Road Newark, DE 19713
  - 302-318-6070
  - <https://riinternational.com/listing/recovery-response-center-newark/>
- Rockford Center: 100 Rockford Road Newark, DE 19713
  - 302-996-5480
  - <https://rockfordcenter.com/>

#### **Out of State:**

- Bowling Green Brandywine: 1375 Newark Road Kennett Square, PA 19348
  - 855-900-3515

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- <https://www.bowlinggreenbrandywine.com/>
- Hudson Behavioral Health: 1505 Emerson Avenue Salisbury, MD 21801
  - 410-219-9000
  - <https://hudsonhealth.org/services/>
- KeyStone Center: 2001 Providence Avenue Chester, PA 19013
  - 610-876-9000
  - <https://keystonecenter.net/programs-and-services/inpatient-program/>
- Recovery Centers of America at Bracebridge Hall: 314 Grove Neck Road Earleville, MD 21919
  - 443-282-1197
  - <https://recoverycentersofamerica.com/locations/bracebridge-hall/>
- The Recovery Village Cherry Hill at Cooper: 761 Cuthbert Boulevard Cherry Hill, NJ 08002
  - 856-890-9449
  - <https://www.therecoveryvillage.com/locations/cherry-hill/#care-levels>

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### **Intellectual/Developmental Disability Resources**

#### **Sussex County:**

- Conexio Care: 315 Old Landing Road Millsboro, DE 19966
  - 123 Pennsylvania Avenue Seaford, DE 19973
  - 105 North Front Street Seaford, DE 19966
  - 302-836-2100
  - <https://conexiocare.org/services/>
  - Developmental disabilities services through the Delaware Division of Developmental Disability Services (DDDS) including consultative services, day services, residential services, and vocational and supported employment services
- Delaware Mentor – Sevita Health: 28417 DuPont Boulevard Units 1 & 2 Millsboro, DE 19966
  - 302-934-0512
  - <https://www.de-mentor.com/our-services>
  - A continuum of services for individuals with developmental and intellectual disabilities including residential programs, day programs, skill development programs, and community integration

#### **Kent County:**

- Conexio Care: 1114 South DuPont Highway Dover, DE 19901
  - 320 North High Street Extension Smyrna, DE 19977
  - 302-836-2100
  - <https://conexiocare.org/services/>
  - Developmental disabilities services through the Delaware Division of Developmental Disability Services (DDDS) including consultative services, day services, residential services, and vocational and supported employment services

#### **New Castle County:**

- Conexio Care: 509 Naamans Road Claymont, DE 19703
  - 1423 Capitol Trail Polly Drummond Plaza, Building 3 Newark, DE 19711
  - 811 Brandywine Boulevard Wilmington, DE 19809
  - 500 West 8<sup>th</sup> Street Wilmington, DE 19801
  - 302-836-2100
  - <https://conexiocare.org/services/>
  - Developmental disabilities services through the Delaware Division of Developmental Disability Services (DDDS) including consultative services, day services, residential services, and vocational and supported employment services
- Kaleidoscope Family Services: 2700 Silverside Road Suite 4 Wilmington, DE 19810
  - 302-246-5520 ext. 5520
  - <https://www.kfamilysolutions.org/programs/>

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- Program that serves children and adults with a developmental disability by supporting the individuals to live healthy, independent and productive lives in the community. Also provides services to those with Autism and various other behavioral health concerns

### Statewide:

- Delaware Disability Hub
  - 302-739-4553
  - <https://deldhub.gacec.delaware.gov/>
  - Website created to assist students in the transition years, their parents or caregivers and professionals by providing resources, connections, guidance and information
- Delaware Division of Developmental Disability Services (DDDS)
  - 302-744-9700
  - <https://dhss.delaware.gov/ddds/>
  - Statewide agency providing information and services, resources, home and community-based services, providers, etc. to those with developmental disabilities and their families
- Easterseals Delaware & Maryland’s Eastern Shore
  - 302-324-4444
  - <https://www.easterseals.com/de/our-programs/>
  - Statewide organization that provides services to children and adults with disabilities including adult day care, respite care, therapy services, accessible living services, etc.
- The Arc of Delaware:
  - 302-736-6140 (Kent & Sussex Counties)
  - 302-996-9400 (New Castle County)
  - <https://thearcofdelaware.org/>
  - Statewide non-profit agency dedicated to advocating for those with intellectual and developmental disabilities. Also provides housing programs, employment programs, outreach programs, and social & recreational programs

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### Medicaid/Benefits Informational Resources

#### Sussex County:

- Anna C. Shipley State Service Center: 350 Virginia Avenue Seaford, DE 19973
  - 302-628-6700
  - 302-628-2011
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/shipley.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Bridgeville State Service Center: 400 Mill Street Bridgeville, DE 19933
  - 302-721-7005
  - 302-337-8261
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/bville.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Delaware Bridge Clinic: 546 South Bedford Street Georgetown, DE 19947
  - 302-515-3310
  - <https://www.helpshere.de.com/understanding-addiction#touts>
  - Peers who connect people to resources, mental health treatment, substance use disorder treatment, provide financial assistance, help with insurance, etc.
- Edward W. Pyle State Service Center: 34314 Pyle Center Road Frankford, DE 19945
  - 302-732-1700
  - 302-732-9504
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/pyle.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Laurel State Service Center: 31039 North Poplar Street Laurel, DE 19956
  - 302-875-8402
  - 302-875-2280
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/laurel.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Thurman Adams State Service Center: 546 South Bedford Street Georgetown, DE 19947
  - 302-515-3000
  - 302-515-3080
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/gtown.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.

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### **Kent County:**

- Brandywine Counseling & Community Services Drop-In Center: 769 East Masten Circle Suite 113/115 Milford, DE 19963
  - 302-856-4700
  - <https://www.brandywinecounseling.com/bccs-milford/>
  - Drop-in center that can provide housing applications, food stamps, benefit navigation, etc.
- Delaware Bridge Clinic: 805 River Road 3<sup>rd</sup> Floor Dover, DE 19901
  - 302-857-5060
  - <https://www.helpisherede.com/understanding-addiction#touts>
  - Peers who connect people to resources, mental health treatment, substance use disorder treatment, provide financial assistance, help with insurance, etc.
- James W. Williams State Service Center: 805 River Road Dover, DE 19901
  - 302-857-5000
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/williams.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Milford Annex State Service Center: 13 South West Front Street Milford, DE 19963
  - 302-424-7230
  - <https://www.dhss.delaware.gov/dhss/main/maps/dsscmap/mlfdannx.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Smyrna State Service Center: 200 South DuPont Boulevard Suite 101 Smyrna, DE 1977
  - 302-514-4500
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/smyrna.html>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.

### **New Castle County:**

- Appoquinimink State Service Center: 122 Silver Lake Middletown, DE 19709
  - 302-696-3120
  - 302-378-5781
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/appoquin.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Brandywine Counseling & Community Services Drop-In Center: 2713 Lancaster Avenue Wilmington, DE 19805
  - 302-656-2348
  - <https://www.brandywinecounseling.com/drop-in-center/>

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- Drop-in center that can provide housing applications, food stamps, benefit navigation, etc.
- Claymont State Service Center: 3301 Green Street Claymont, DE 19703
  - 302-792-6505
  - 302-798-4093
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/claymont.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Delaware Bridge Clinic: DSAMH Central Office: 14 Central Avenue New Castle, DE 19720
  - 302-255-1650
  - <https://www.helpisherede.com/understanding-addiction#touts>
  - Peers who connect people to resources, mental health treatment, substance use disorder treatment, provide financial assistance, help with insurance, etc.
- Delaware Bridge Clinic: Hope Center: 365 Airport Road New Castle, DE 19720
  - 302-544-6815
  - <https://www.helpisherede.com/understanding-addiction#touts>
  - Peers who connect people to resources, mental health treatment, substance use disorder treatment, provide financial assistance, help with insurance, etc.
- DeLaWarr State Service Center: 500 Rogers Road New Castle, DE 19720
  - 302-622-4500
  - 302-577-3814
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/delawarr.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Floyd I. Hudson State Service Center: 501 Ogletown Road Newark, DE 19711
  - 302-283-7500
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/hudson.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Northeast State Service Center: 1624 Jessup Street Wilmington, DE 19802
  - 302-552-3500
  - 302-552-3503
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/northeas.htm>
  - State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.
- Winder Laird Porter State Service Center: 509 West 8<sup>th</sup> Street Wilmington, DE 19801
  - 302-777-2800
  - 302-777-2830
  - <https://dhss.delaware.gov/dhss/main/maps/dsscmap/porter.htm>

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- State service center that provides Division of Social Services (DSS) including Medicaid, food stamps, utility assistance, etc.

**Statewide:**

- Delaware Health & Human Services (DHHS) Medicaid and Medical Assistance Division
  - 302-255-9500
  - 1-800-996-9969
  - <https://assist.dhss.delaware.gov/>
  - Online application for Medicaid and related benefits information

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### Non-English Speaking Resources

#### Sussex County:

- La Esperanza Community Center: 216 North Race Street Georgetown, DE 19947
  - 302-854-9262
  - <https://www.laesperanzacenter.org/>
  - Bi-lingual (Spanish) resource center for Latino individuals, including immigration counseling, victim services, family coaching and resource navigation
- La Red Health Center: 21444 Carmean Way Georgetown, DE 19947
  - 302-855-1233
  - <http://www.laredhealthcenter.org/index.cfm?ref=60100>
  - Bi-lingual (Spanish) healthcare and resource center
- La Red Health Center: 300 High Street Seaford, DE 19973
  - 302-855-1233
  - <http://www.laredhealthcenter.org/index.cfm?ref=60100>
  - Bi-lingual (Spanish) healthcare and resource center

#### Kent County:

- La Red Health Center: 21 West Clarke Avenue Milford, DE 19963
  - 302-855-1233
  - <http://www.laredhealthcenter.org/index.cfm?ref=60100>
  - Bi-lingual (Spanish) healthcare and resource center

#### New Castle County:

- Amanecer Counseling & Resource Center: 301 North Van Buren Street Wilmington, DE 19805
  - 302-576-4136
  - <https://amanecerde.org/services/>
  - Bi-lingual (Spanish) resource center with resource navigation, legal advocacy, educational assistance
- Latin American Community Center: 403 North Van Buren Street Wilmington, DE 19805
  - 302-655-7338
  - <https://www.thelatincenter.org/>
  - Bi-lingual (Spanish) resource center for Latino individuals, including crisis intervention, family support programs, workforce development programs, and resource navigation

#### Out of State:

- Haitian Development Center of Delmarva: 212 West Main Street Suite 302 Salisbury, MD 21801
  - 443-358-0353
  - <http://www.hdcd.org/Programs--Services>

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- Bi-lingual (Haitian Creole) resource center providing English classes, assistance with education, social services, employment assistance, etc.  
<http://www.hdcd.org/Contact-Us>

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### Outpatient Substance Use Disorder Treatment Centers/Resources

#### Sussex County:

- Addiction Medical Facility: 1309 Bridgeville Highway Seaford, DE 19973
  - 302-629-2300
  - <https://www.addictionmedicalfacility.com/services/>
  - Outpatient treatment, methadone dosing, medically supervised withdrawal management
- CORAS Outpatient MAT and Substance Use Disorder Treatment Clinic: 315 Old Landing Road Millsboro, DE 19966
  - 302-947-1920
  - <https://coraswellness.org/contact/>
  - Outpatient treatment, methadone dosing, peer education, intensive case management
- CORAS Outpatient MAT and Substance Use Disorder Treatment Clinic: 105 North Front Street Suite A Seaford, DE 19973
  - 302-536-1952
  - <https://coraswellness.org/contact/>
  - Outpatient treatment, methadone dosing, peer education, intensive case management
- Fellowship Health Resources: 505 West Market Street Georgetown, DE 19947
  - 302-854-0626
  - <https://www.fhr.net/our-services/delaware/services#dechild>
  - Outpatient treatment, peer education, intensive case management
- Recovery Innovations Restart Program: 700 Main Street Ellendale, DE 19941
  - 302-424-5680
  - <https://riinternational.com/listing/restart-ellendale/>
  - Outpatient treatment, peer education, intensive case management
- Sun Behavioral Health: 21655 Biden Avenue Georgetown, DE 19947
  - 302-205-0361
  - <https://sunbehavioral.com/delaware/adult-outpatient/>
  - Outpatient treatment, intensive case management

#### Kent County:

- Brandywine Counseling & Community Services: 769 East Masten Circle Suite 113/115 Milford, DE 19963
  - 302-856-4700
  - <https://www.brandywinecounseling.com/bccs-milford/>
  - Outpatient treatment, case management, methadone dosing
- Dover Behavioral Health: 725 Horsepond Road Dover, DE 19901

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- 302-741-0140
- <https://doverbehavioral.com/programs-services/adults/outpatient/substance-abuse-iop/>
- Outpatient treatment, intensive case management
- CORAS Outpatient MAT and Substance Use Disorder Treatment Clinic: 1114 South DuPont Highway Dover, DE 19904
  - 302-672-9360
  - <https://coraswellness.org/contact/>
  - Outpatient treatment, methadone dosing, peer education, intensive case management
- CORAS Outpatient MAT and Substance Use Disorder Treatment Clinic: 320 North High Street Extension Smyrna, DE 19977
  - 302-659-5060 ext. 4354, 4351
  - <https://coraswellness.org/contact/>
  - Outpatient treatment, methadone dosing, peer education, intensive case management

#### **New Castle County:**

- Addiction Recovery Services: 263 Quigley Boulevard Suite 1A New Castle, DE 19720
  - 302-323-9400
  - <https://arshealth.com/new-castle-delaware-addiction-recovery/>
  - Outpatient treatment, case management, methadone dosing
- Brandywine Counseling & Community Services: 2713 Lancaster Avenue Wilmington, DE 19805
  - 302-656-2348
  - <https://www.brandywinecounseling.com/bccs-lancaster-avenue/>
  - Outpatient treatment, case management, methadone dosing
- CORAS Outpatient MAT and Substance Use Disorder Treatment Clinic: 3304 Drummond Plaza Newark, DE 19711
  - 302-454-7520
  - <https://coraswellness.org/contact/>
  - Outpatient treatment, methadone dosing, peer education, intensive case management
- CORAS Outpatient MAT and Substance Use Disorder Treatment Clinic: 718 North Washington Street Wilmington, DE 19801
  - 302-656-8326
  - <https://coraswellness.org/contact/>
  - Outpatient treatment, methadone dosing, peer education, intensive case management

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- MeadowWood Behavioral Health Hospital: 575 South DuPont Highway New Castle, DE 19720
  - 302-328-3330
  - <https://www.meadowwoodhospital.com/>
  - Outpatient treatment, intensive case management
- Recovery Innovations Restart Program: 659 East Chestnut Hill Road Newark, DE 19713
  - 302-300-3100
  - <https://riinternational.com/listing/restart-newark/>
  - Outpatient treatment, peer education, intensive case management
- Rockford Center: 100 Rockford Road Newark, DE 19713
  - 302-996-5480
  - <https://rockfordcenter.com/treatment-services/adults/substance-use-disorder/>
  - Outpatient treatment, intensive case management

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### Police Department Behavioral Health Clinicians

#### Sussex County:

- Georgetown Police Department Behavioral Health Unit: 335 North Race Street  
Georgetown, DE 19947
  - Office Phone: 302-858-7360
  - Michelle Robinson
    - Email Address: [Michelle.Robinson@CJ.State.DE.US](mailto:Michelle.Robinson@CJ.State.DE.US)
  - Jim Deel
    - Email Address: [James.Deel@CJ.State.DE.US](mailto:James.Deel@CJ.State.DE.US)
  - Debbie Morrison
    - Email Address: [Debbie.Morrison@CJ.State.DE.US](mailto:Debbie.Morrison@CJ.State.DE.US)
- Seaford Police Department Behavioral Health Unit: 300 Virginia Avenue Seaford, DE  
19973
  - Office Phone: 302-858-6697
  - Michelle Robinson
    - Email Address: [Michelle.Robinson@CJ.State.DE.US](mailto:Michelle.Robinson@CJ.State.DE.US)
  - Debbie Morrison
    - Email Address: [Debbie.Morrison@CJ.State.DE.US](mailto:Debbie.Morrison@CJ.State.DE.US)
  - Kristen Steele:
    - Email Address: [Kristen.Steele@CJ.State.DE.US](mailto:Kristen.Steele@CJ.State.DE.US)
- Laurel Police Department Behavioral Health Unit: 205 Mechanic Street Laurel, DE  
19956
  - Office Phone: 302-858-6697
  - Michelle Robinson
    - Email Address: [Michelle.Robinson@CJ.State.DE.US](mailto:Michelle.Robinson@CJ.State.DE.US)
  - Debbie Morrison
    - Email Address: [Debbie.Morrison@CJ.State.DE.US](mailto:Debbie.Morrison@CJ.State.DE.US)
  - Kristen Steele:
    - Email Address: [Kristen.Steele@CJ.State.DE.US](mailto:Kristen.Steele@CJ.State.DE.US)

#### Kent County:

- Dover Police Department Behavioral Health Unit: 400 South Queen Street Dover, DE  
19904
  - Office Phone: 302-736-7111
  - <https://doverpolice.org/community-policing/>
- Milford Police Department Behavioral Health Unit: 400 NE Front Street Milford, DE  
19963
  - Jenna Haines
    - Cell Phone: 302-265-8843
    - Office Phone: 302-422-8081 ext. 137
    - Email Address: [Jenna.Haines@CJ.State.DE.US](mailto:Jenna.Haines@CJ.State.DE.US)
    - <https://www.milfordpolicede.org/mental-health-clinician.htm>

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- Greg Bisset
  - Cell Phone: 302-265-6530
  - Office Phone: 302-422-8081 ext. 137
  - Email: [Gregory.Bisset@CJ.State.DE.US](mailto:Gregory.Bisset@CJ.State.DE.US)
- Danielle Blackwell
  - Office Phone: 302-422-8081 ext. 137
  - Email: [Danielle.Blackwell@CJ.State.DE.US](mailto:Danielle.Blackwell@CJ.State.DE.US)

#### **New Castle County:**

- Elsmere Police Department Behavioral Health Unit: 11 Poplar Avenue Wilmington, DE 19805
  - 302-998-1173
- New Castle County Police Department Behavioral Health Unit: 3601 North DuPont Parkway New Castle, DE 19720
  - Hero Help Addiction Unit: 302-395-2811
  - Mental Health Unit: 302-395-2855
  - <https://herohelpbhu.com/>

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### Useful Hotlines/Resources

- Adult Mental Health Mobile Crisis Intervention Services: (Northern Delaware)
  - 1-800-652-2929
  - Number to contact when an individual over 18 years old is suicidal, homicidal or otherwise a danger to self or others
- Adult Mental Health Mobile Crisis Intervention Services: (Southern Delaware)
  - 1-800-345-6785
  - Number to contact when an individual over 18 years old is suicidal, homicidal or otherwise a danger to self or others
- Child Mental Health Mobile Crisis (Under 18 years old):
  - 1-800-969-4357
  - Number to contact when an individual under 18 years old is suicidal, homicidal or otherwise a danger to self or others
- ContactLifeline Emotional Support Hotline:
  - 1-800-262-9800
- ContactLifeline Rape Crisis Hotline:
  - 302-761-9100
  - Assists survivors of a sexual assault with telephone counseling, information and referral, in-person support and advocacy at hospitals, etc.
- Copline:
  - 1-800-267-5463 (1-800-COPLINE)
  - 24-hour hotline answered by specially trained retired law enforcement officers to provide emotional support to current law enforcement officers
- Delaware 211:
  - 211
  - Free connection to resources including utility assistance, housing, behavioral health treatment, food assistance, healthcare, etc.
- Delaware Hope Line:
  - 833-946-7333 (833-9-HOPEDE)
  - Free 24/7 counseling, support, referrals to services, insurance information, housing, income assistance, etc.
- Help is Here DE:
  - <https://www.helpisherede.com/mental-health>
  - Statewide directory for mental health and substance use disorder resources
- National Human Trafficking Hotline:
  - 1-888-373-7888
- National Suicide Hotline:
  - 1-800-273-8255
- Veterans Crisis Line:
  - 1-800-273-8255 (then press 1)

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## Veterans Resources

### Sussex County:

- Department of Delaware American Legion: 601 Bridgeville Highway #114 Seaford, DE 19973
  - 302-628-5221
  - <http://www.delegation.org/>
  - Organization that provides a variety of assistance to veterans and their families
- Sussex County Veterans Affairs (VA) Clinic/Community Based Outpatient Clinic (CBOC): 21748 Roth Avenue Georgetown, DE 19947
  - Main Phone: 800-461-8262 ext. 2300
  - Mental Health Clinic Phone: 302-994-2511 ext. 4805
  - <https://www.va.gov/wilmington-health-care/locations/sussex-county-va-clinic/>
  - Outpatient clinic for primary care, mental health treatment, substance use disorder treatment, etc.
- Sussex County Veteran Center: 20653 DuPont Boulevard Suite 1 Georgetown, DE 19947
  - 302-225-9110
  - <https://www.va.gov/sussex-county-vet-center/>
  - Counseling center for Veterans, service members and their families and can also help individuals get connected with further VA services

### Kent County:

- Delaware Commission on Veterans Affairs (DCVA) Office of Veterans Services: 802 Silver Lake Boulevard Suite 100 Dover, DE 19904
  - 302-739-2792
  - <https://vets.delaware.gov/>
  - Statewide resource for veteran's services, including information on veteran's employment, housing referrals, veteran benefits, etc.
- Delaware Veterans Home: 100 Delaware Veterans Boulevard Milford, DE 19963
  - 302-424-8572
  - <https://vethome.delaware.gov/>
  - Long-term care facility including skilled nursing care
- Delaware Veterans Trust Fund: 802 Silver Lake Boulevard Dover, DE 19904
  - 302-739-2792
  - <https://delawareveteranstrustfund.com/about-us>
  - The purpose of Delaware Veterans Trust is to provide financial assistance or grants to assist Delaware Veterans with health care requirements; housing assistance, including utilities, and educational or training programs
- Home of the Brave Foundation: 6632 Sharps Road Milford, DE 19963
  - 302-424-1681

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- 302-422-4146
- <https://homeofthebravefdn.org/>
- 15 bed supportive program facility for veterans, also provides case management, benefits navigation, medical services referrals, etc.
- Kent County Veterans Affairs (VA) Clinic/Community Based Outpatient Clinic (CBOC): 655 South Bay Road Suite 3C Dover, DE 19901
  - Main Phone: 800-461-8262 ext. 2400
  - Mental Health Clinic Phone: 302-994-2511 ext. 4805
  - <https://www.va.gov/wilmington-health-care/locations/kent-county-va-clinic/>
  - Outpatient clinic for primary care, mental health treatment, substance use disorder treatment, etc.

### **New Castle County:**

- Supportive Services for Veterans Families (SSVF): 801 West Street Wilmington, DE 19801
  - Sussex County: 302-332-0913
  - Kent County: 302-518-5338
  - New Castle County: 302-250-5868
  - <https://delaware.gov/djf/veteranProfile.php?aid=133>
  - Statewide resource that addresses housing stability and homelessness among very long-income Veteran families, and provides supportive services
- Wilmington Veterans Affairs (VA) Medical Center: 1601 Kirkwood Highway Wilmington, DE 19805
  - Main Phone: 302-994-2511
  - Mental Health Clinic Phone: 302-994-2511 ext. 4805
  - <https://www.va.gov/wilmington-health-care/>
  - Health care facility for veterans
- Wilmington Veteran Center: 2710 Centerville Road Suite 103 Wilmington, DE 19808
  - 302-994-1660
  - <https://www.va.gov/wilmington-vet-center/>
  - Counseling center for Veterans, service members and their families and can also help individuals get connected with further VA services

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### **Victim Services Resources**

- Delaware State Police Victims' Center:
  - 1-800-842-8462 (1-800-VICTIM-1)
  - <https://dsp.delaware.gov/victim-services/>
  - Provides court accompaniment, case management, referrals for appropriate services, etc.
- Delaware Victims' Rights Task Force:
  - <https://www.delawarevictimservices.org/your-rights.html>
  - Statewide task force to provide assistance to crime victims
- Victims' Compensation Assistance Program: 900 North King Street Suite 4 Wilmington, DE 19801
  - 302-255-1770 & 1-800-464-4357 (HELP)
  - <https://attorneygeneral.delaware.gov/wp-content/uploads/sites/50/2019/08/VCAP-Brochure.pdf>
  - Helps alleviate the financial burden and distress that crime leaves behind by awarding financial compensation for losses that victims sustain as a result of crime

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