

apprehend and take a MHC to a designated mental health facility.

Procedure:

I. Minimum Knowledge Expectations

- A. All sworn peace officers and civilian detention officers are to be familiar with Chapter 573 of the Texas Health and Safety Code (which deals with Emergency Detention of the mentally ill).
- B. All sworn peace officers and civilian detention officers are to be familiar with Chapter 574 of the Texas Health and Safety Code, Section 574.045 (Transportation of Patient).

II. Crisis Intervention Team - (CIT)

- A. The Crisis Intervention Team is composed of specially trained Deputies and a Supervisor whose function is to aid in the response to incidents involving persons in mental health crisis and to conduct follow up activities designed to provide aid to individuals who may be appropriately diverted from the criminal justice system into the mental health system. Responsibilities include but are not limited to:
 - 1. Assisting Patrol by responding to calls for service, as a backup unit, involving persons believed to be in mental health crisis.
 - 2. Assisting Patrol in conducting Mental Health Transports from local Hospital Emergency Rooms or a Texana Center campus to a local Mental Health Hospital or a State Hospital.
 - 3. Assisting Patrol in serving Mental Health Warrants.
 - 4. Conduct follow up services from referrals received from Patrol or other agencies in order to connect consumers to services.
 - 5. Assisting on SWAT call outs involving persons believed to be in an emotional or mental health crisis
 - 6. Aid in providing Mental Health and Crisis Intervention Training to FBCSO personnel
 - 7. Work collaboratively with Fort Bend County Behavioral Health Services, Texana Center, Fort Bend County's Health and Human Services, and other behavioral health providers and organizations in the community to assess MHCs and provide crisis services as appropriate
- B. CIT Division Commander Duties
 - 1. Ensure that the following actions are initiated and maintained so as to facilitate inter-divisional cooperation –
 - i. Provide Dispatch a current schedule of the CIT
 - ii. Establish an on call system (concerning after hours responses) for the CIT and provide dispatch with a current on call schedule / procedures
 - iii. Communicate on call system procedures to the Patrol and Detention Division Commanders
 - 2. Ensure that the following actions are initiated and maintained –
 - i. Establish work patterns and specific duties that best enable the CIT to accomplish its mission including but not limited to meeting any existing grant requirements as applicable
 - ii. Establish and ensure that applicable grant reporting is done in a timely and accurate manner

3. Represent and coordinate FBCSO interests to other agencies involved in this area (including but not limited to Texana Center, other Fort Bend County Departments, and other Police Agencies).

III. Dispatch Procedures

- A. Dispatchers will code calls involving persons believed to be in mental health crisis as CIT calls. Further:
 1. Patrol will be dispatched as the primary unit
 2. If in service, a CIT unit will be dispatched as one of the backup unit(s)
 3. In the event no CIT unit is in service, it is preferred that a patrol unit with the Mental Health Peace Officer certification be dispatched (in no case will response be delayed due solely to this preference as all Deputies have the basic knowledge and are expected to handle all calls for immediate assistance)
 4. When the response to a call not originally dispatched / coded as CIT is determined to be a result of someone in mental health crisis, responding unit(s) will advise dispatch to code the call as CIT and provisions of III.A above will be followed as applicable.

IV. Response Indicators and Specific Actions

- A. Recognizing Abnormal Behavior
 1. A Mental Illness is often difficult to define in a given individual. Employees are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and / or dangerous to self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although employees should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Deputies should evaluate the following behaviors in the total context of the situation when making judgments about the individual's mental state and need for intervention absent the commission of a crime.
 - i. *Degree of Reactions.* Mentally ill persons may show signs of strong and unrelenting fear of persons, places or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
 - ii. *Appropriateness of Behavior.* An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
 - iii. *Extreme Rigidity or Inflexibility.* Emotionally ill persons may be easily frustrated in new or unseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

2. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
 - i. Abnormal memory loss related to such common facts as name, home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
 - ii. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions("everyone is out to get me");
 - iii. Hallucinations of any of the five senses(e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc);
 - iv. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart stopped beating for extended periods of time; and/or
 - v. Extreme fright or depression.

B. Determining Danger

1. Not all mentally ill persons are dangerous and some may present danger only under certain circumstances or conditions. Employees may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself/herself or others. These include the following:
 - i. The availability of weapons
 - ii. Statements by the person that suggest to the employee that the individual is prepared to commit a violent or dangerous act. Such comments may range from a subtle innuendo to direct threat that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
 - iii. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the employee or family. Friends or neighbors may also be able to provide such information.
 - iv. A person's failure to commit a dangerous action prior to arrival of the employee does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger.
 - v. The amount of self-control that the person demonstrates is significant, particularly the control over emotions of rage, anger, fright or agitation. Signs of lack of control include extreme agitation, inability to sit still or communicate effectively, eyes wide open, and rambling thoughts / speech. Clutching one's self or other objects to maintain control, begging to be left alone or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
 - vi. The volatility of the environment is a particularly relevant factor that the employee must evaluate. Agitators that may affect the person, or a

particularly combustible environment that may incite violence, should be taken into account.

C. Approach and Interaction

1. The following general guidelines detail how to approach and interact with a person who may have mental illness and who may be a crime victim, witness, or suspect. The guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. Employees , while protecting their own safety , the safety of the person with a suspected mental illness, and others at the scene should:
 - i. Recognize that these events are dangerous and employees must be prepared to protect themselves and others. The person may be suffering from mental instability, extreme emotions, paranoia, delusions, hallucinations, or intoxication.
 - ii. Remain calm and avoid overreacting, surprise may illicit a physical response, the person’s “fight or flight” may be engaged;
 - iii. Approach the individual from the front (if this can be done in safety);
 - iv. Provide or obtain on-scene emergency aid when treatment of an injury is urgent;
 - v. Check for and follow procedures indicated on medical alert bracelets or necklaces;
 - vi. Indicate willingness to understand and help, use active listening and paraphrase responses;
 - vii. Use the person’s name and your name when possible, speak slowly, simply and briefly, and move slowly;
 - viii. Remove distractions, upsetting influences and disruptive people from the scene;
 - ix. Understand that a rational discussion may not take place;
 - x. Recognize that sensations, hallucinations, thoughts, frightening beliefs, sounds(“voices”), or the environment are “real” to the person and may overwhelm the person;
 - xi. Be friendly, patient, accepting and encouraging but remain firm and professional;
 - xii. Be aware that the employee’s uniform, gun, and / or handcuffs may frighten the person with mental illness and attempt to reassure him / her that no harm is intended;
 - xiii. Attempt to determine if the person is taking any psychotropic medications;
 - xiv. When able, announce actions before initiating them;
 - xv. Gather information from family or bystanders;
 - xvi. Use patience and communication to control, use physical force only as a last resort;
 - xvii. When applicable ask direct questions about what the person is experiencing, e.g. “Are you hearing voices? Are you thinking of hurting yourself? Are you in need of something?”

2. While each incident will be different when dealing with a person who may have a mental illness, employees should be aware that their own actions might have an adverse effect on the situation. Actions that deputies should generally avoid include (nothing in this section requires an action if it places employees or the public in unreasonable danger):
 - a. Moving suddenly, startling the person, giving rapid orders or shouting;
 - b. Forcing discussion;
 - c. Cornering or rushing;
 - d. Touching the person (unless essential to safety);
 - e. Crowding the person or moving into his or her zone of comfort;
 - f. Expressing anger, impatience or irritation;
 - g. Assuming the person who does not respond cannot hear;
 - h. Using inflammatory language, such as “mental” or “mental subject”;
 - i. Challenging delusional or hallucinatory statements;
 - j. Misleading the person to believe that personnel on the scene think or feel the way the person does.

D. Taking a Person into Custody for Emergency Detention

1. When a Deputy determines that an Emergency Detention is necessary, the following procedures will be utilized:
 - a. Restraining the Apprehended Person- Pursuant to Texas Health and Safety Code Sec. 574.045g (Transportation of Patient), the apprehended person may not be restrained unless necessary to protect the health and safety of the apprehended person and the safety of the person traveling with the apprehended person. If necessary to restrain the apprehended person, the use of handcuffs and if needed, ankle restraints are authorized. The apprehended person shall be searched for weapons or contraband by the deputy prior to transporting the apprehended person to the site of the preliminary examination or the inpatient mental health facility.
 - b. When no offense has occurred and there is no co-occurring medical condition, contact the CIT. The CIT will contact the Texana Center Hotline and make arrangements for the person to be admitted into either the Texana Crisis Center or a local Mental Health Hospital. The details of the incident will be documented in a Significant Incident Report by the primary unit.
 - c. When an offense has occurred, book the person into the jail following appropriate Detention Division Procedures. If diversion from the jail appears to be an appropriate action, contact the CIT. The CIT will contact the Texana Center Hotline and make arrangements for the person to be admitted into either the Texana Crisis Center or a local Mental Health Hospital. The details of the incident will be documented in an Offense Report by involved employees.

- d. Medical Aid will be summoned (usually through EMS) to deal with injuries and/or non behavioral issues as appropriate. In cases where the individual is transported to a medical facility, FBCSO personnel will also go to the facility to continue providing appropriate services (which may include Emergency Detention of the individual and insuring safety of medical personnel).
- e. Hospital Initiated Detentions- Deputies responding to a local hospital for the purpose of completing an emergency detention for patients who are brought or sent to the hospital from other means will conduct their own investigation to ensure the requirements of section 573.001 Apprehension by Peace Officer without warrant are met. If the requirements are met, the officer will complete the emergency detention. If the requirements are not met, hospital staff will be advised to notify the originating agency of the need for an emergency detention/commitment and request the agency's response to the hospital.
- f. Mental Health Warrants will be served by the CIT when available; if unavailable, arrangements for use of patrol personnel will be made.
- g. Confiscation of Firearms and other Deadly Weapons owned or possessed by Apprehended Person-An officer making a warrantless apprehension of a person under Texas Health and Safety Code Section 573.001 may confiscate any firearm or other deadly weapon found in the possession of or under the immediate control of the apprehended person. Any confiscated firearms or deadly weapons will be placed into safe keeping in the evidence room under the appropriate case number. The apprehended person will be notified in writing of the confiscation of any firearm or other deadly weapon and informed of the procedure for obtaining their return. Release of any confiscated firearms or other deadly weapons will be the responsibility of the ID unit through their established procedures.

E. Transportation of Patients under Emergency Detention, Mental Health Warrant, or Commitment

- 1. Provisions of Texas Health and Safety Code Section 574.045 will be followed as applicable.
- 2. The Division Commanders over Patrol and CIT will develop and maintain a policy for responsibility for transports that ensures appropriate and timely provision of service while taking into account any restrictions on operational abilities and/or guidelines within grant(s) that provide funding for CIT operations.

V. Emergency Detentions and Orders of Protective Custody

- A. Emergency Detentions are governed under Chapter 573 of the Texas Health and Safety Code (HSC).

1. HSC Section 573.001 gives the details on when a peace officer may take a person into custody concerning suspected mental illness without a warrant.
 2. Per HSC Chapter 573 a peace officer taking a person into custody via emergency detention (either by a peace officer without a warrant or by executing a warrant issued under HSC Section 573.012) is required to take the person to the nearest appropriate inpatient mental health facility or a mental health facility deemed suitable by the local mental health authority, if an appropriate inpatient mental health facility is not available. Upon receipt of the person a facility is deemed to have accepted the person for a preliminary examination.
 3. A person accepted for a preliminary examination by a facility under authority of an emergency detention may only be detained in custody for a maximum of 48 hours (starting from the time the person is presented to the facility). Any subsequent detention must be pursuant to a written Order for Protective Custody.
- B. Orders for Protective Custody are issued by a Court and are governed under HSC Chapter 574 (Court Ordered Mental Health Services).
1. Once a peace officer has delivered a person to a facility under an Emergency Detention and the person has been held 48 hours, the next step if the facility feels the person requires further detention is for the facility to obtain an order for protective custody from an appropriate court.
 2. FBCSO peace officers are not to use Emergency Detention authority to substitute for an order for protective custody for the same person during the same facility admission or for the same person with more than one admission unless there is a meaningful discharge between the admissions and an independent set of facts to support the subsequent emergency detention.
 3. Facilities may be referred to the Fort Bend County Attorney's Office for further assistance concerning the process for obtaining orders for protective custody.