
ADMINISTRATIVE DIRECTIVE – 112.035
MENTAL HEALTH COMMITMENTS AND CRISIS INTERVENTION

EFFECTIVE DATE: October 8, 2002
AFFECTS: All Personnel

REVISION DATE: August 31, 2020

I. PURPOSE

This administrative directive provides uniform guidelines for employees who come into contact with persons (consumers) with suspected mental illness. These responses may result in the emergency detention of the mentally ill, and/or referring the consumers to public and private mental health care providers and advocate groups.

II. POLICY

It shall be the policy of the Plano Police Department that all officers adhere to the Texas Health and Safety Code when responding to persons exhibiting symptoms of suspected mental illness.

III. PROCEDURES

A Crisis Intervention Team program facilitates a partnership with the mental health community to bring a better quality of life to those who are affected with a mental illness and provides law enforcement more resources and training to bring these incidents to a safe conclusion. The program brings together mental health consumers, mental health providers, educators and law enforcement to better serve this segment of the community.

A. Training

1. All employees will receive initial and annual refresher training on mental illness.
2. Officers who have been certified in Crisis Intervention Training have graduated from a 40-hour training course and have received special training in the handling of persons suffering from mental illness. These officers can be the primary officer or requested by other officers or supervisors to assist in situations where their training may be of assistance.
3. All officers who have not obtained Intermediate Certification will receive the TCOLE mandated 40-hour Crisis Intervention Course (TCOLE 1850) and De-escalation (TCOLE 1849) every four years.
4. Officers first licensed on or after 04/01/2018 will receive the 40-hour Crisis Intervention Training Course (TCOLE 1850) within two years of licensing, unless this course was taken during the basic police officer academy.

B. Recognition of Persons Suffering from Mental Illness

1. Mental illness is an illness, disease, or condition, other than epilepsy, dementia, substance abuse, or intellectual disability, that:
 - a. Substantially impairs a person's thought, perception of reality, emotional process, or judgement; or
 - b. Grossly impairs behavior as demonstrated by recent disturbed behavior.
2. Signs or symptoms of mental illness may include feeling sad or down, confused thinking or reduced ability to concentrate, excessive fears or worries, extreme mood changes of highs and lows, withdrawal from friends and activities, significant tiredness, low energy or problems sleeping, detachment from reality (delusions), paranoia or hallucinations, inability to cope with daily problems or stress, extreme feelings of guilt, alcohol or drug abuse, major changes in eating habits, sex drive changes, excessive anger, hostility or violence, and suicidal thinking.

C. Responding to Incidents Involving Suspected Mental Illness

1. The goals of the Crisis Intervention Team response to individuals in crisis include:
 - a. The safety of the employee, the individual in crisis, and third parties through the use of de-escalation techniques including time, distance, and communication;

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- b. Protection of the rights of an individual in crisis; and
 - c. Pursuing least restrictive alternatives.
- 2. Should a civilian employee encounter a consumer in a crisis situation, a sworn member shall be contacted to provide assistance.
- 3. Employees should use modeling techniques as most persons will model your behavior. Remain calm, control your voice, ignore verbal abuse from the consumer, stay alert and on guard.
- 4. Employees should take as much time as needed to resolve the situation peacefully.
- 5. Employees should determine the name of the consumer to effectively communicate with him/her. Use of the consumer's name allows employees to personalize the contact and typically generates a response.
- 6. A consumer experiencing a psychotic episode requires more personal space than routine contacts and entering their personal space may cause the consumer to react violently.
- 7. Do not threaten or intimidate the consumer. Employees that show empathy and understanding will have a greater chance of ending the situation in a positive manner.
- 8. Do not use loud, authoritative commands to a consumer. Remember to use the consumer's name with a calm voice.
- 9. Employees should use listening skills during an incident. If the consumer is interrupted, he/she will ignore the commands and possibly remain agitated.
- 10. Do not use terms like "crazy" or "psycho" that may agitate the consumer.
- 11. Avoid lying to the consumer as this may make it more difficult to gain their confidence during current or future interactions.
- 12. When a person does not pose an imminent threat to themselves or others, employees may refer them, or someone seeking assistance for them, to LifePath (Collin County Local Mental Health Authority), the mental health courts, private mental health providers, and advocate groups.

D. Authority of Officers

- 1. Chapter 573 of the Texas Health and Safety Code allows a peace officer to take a person into custody without a mental health warrant if:
 - a. The officer has reason to believe a person is mentally ill;
 - b. Because of that mental illness, there is a substantial risk of serious harm to the person or to others unless the person is immediately restrained; and
 - c. The officer believes there is not sufficient time to obtain a warrant before taking the person into custody.
- 2. Chapter 462 of the Texas Health and Safety Code allows a peace officer to take a person into custody without a warrant if:
 - a. The person is chemically dependent,
 - b. Because of that chemical dependency there is a substantial risk of serious harm to the person or to others unless the person is immediately restrained, and

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- c. The officer believes that there is not sufficient time to obtain a warrant before taking the person into custody.
 - 3. Substantial risk of serious harm may be determined by:
 - a. The person's behavior, or
 - b. Evidence of severe emotional distress, or
 - c. Deterioration in the person's mental condition to the extent the person cannot remain at liberty.
 - 4. The responding officer may form the belief the consumer meets the criteria for apprehension:
 - a. From information given to the officer by a credible person, or
 - b. On the basis of the conduct of the apprehended person, or
 - c. The circumstances under which the apprehended person is found.
 - 5. Employees and other citizens may apply to have a mental health warrant, also known as an Emergency Detention Order (EDO), issued by a magistrate for a person due to mental health concerns (573.011) or due to chemical dependency (462.041). An officer should serve an Emergency Detention Order signed by a magistrate unless there is a compelling reason to not serve the warrant, and the officer has received approval from their supervisor.
 - 6. Whenever it is safe to do so, officers may transport consumers who have decided to voluntarily seek assistance.
- E. Field Apprehension Situations for Adults
- 1. If the consumer is in need of medical evaluation and/or treatment, the officer shall transport them to the nearest emergency room or have the Plano Fire Department respond to the location to treat or to transport to a medical facility. The transporting officer shall advise hospital staff that the consumer needs a preliminary examination for emergency detention. The officer should complete an Emergency Detention and provide a copy to the charge nurse. An Emergency Detention is also known as an Apprehension by a Peace Officer Without a Warrant (APOWW).
 - 2. An adult that does not need medical evaluation and/or treatment will primarily be transported to Richardson Methodist Emergency Room located at 401 W. Campbell Road, in Richardson, Medical City McKinney located at 4500 Medical Center Dr in McKinney, or another appropriate mental health facility.
 - 3. An officer who takes a person into custody for an Emergency Detention (APOWW) or pursuant to an Emergency Detention Order shall immediately inform the person orally in simple, nontechnical terms:
 - a. Of the reason for the detention, and
 - b. That a staff member of the facility will inform the person of their rights within 24 hours after the time the person is admitted to the facility.
 - 4. Persons apprehended on mental health warrants can also be transported to Richardson Methodist Emergency Room, Medical City McKinney, or another appropriate mental health facility. In some cases when a mental health warrant specifies a mental health facility, the consumer should be transported to the facility named in the warrant. If the consumer is not transported to the location named in the warrant, the issuing court should be informed at the earliest possible date.

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5. If a consumer is apprehended on an APOWW based on information provided to the officer by a credible person(s), the officer shall obtain a written witness statement from the credible person(s) documenting their observations. In order to ensure the safety of hospital staff, officers must communicate with the charge nurse prior to departure. Under normal circumstances, officers should be able to clear from the hospital after providing Emergency Detention (APOWW) paperwork to the nurse. In certain circumstances, such as a violent patient or a longer than normal wait time, officers are expected to remain with the person in the emergency room until they communicate with the nurse.
 4. If a person is admitted or kept in the hospital for more than 24 hours the APOWW is no longer applicable and an Order of Protective Custody (OPC) must be sought by the hospital staff to continue custody of the patient.
 5. Persons who voluntarily enter a hospital emergency department to seek treatment should not be apprehended by officers under an APOWW. Hospital staff should seek an Order of Protective Custody (OPC) from the court if they believe the patient needs in-voluntary treatment.
 6. Officers should not transport patients from an emergency medical facility to another hospital. It is the responsibility of the emergency medical facility to coordinate with the receiving facility, and to arrange transport. Examples of emergency medical facilities include Medical City Plano, Baylor Plano, and Texas Health Resources (Plano Presbyterian). This does not apply to mental health warrants where the court directs a police officer to transport a "person" for treatment.
- F. Field Apprehension Situations for Juveniles
4. For mental commitment purposes, juveniles are persons under 18 years of age.
 5. Officers should attempt to work with the juvenile's parent or guardian to coordinate transportation and admission for a psychiatric evaluation.
 6. There are exceptions where it may be in the best interest of the officer, juvenile, and/or parent to have the juvenile be transported by an officer:
 - a. The officer believes the child must be taken into custody and the parent refuses to assist;
 - b. It is not physically safe for the parent to take their own child due to the size of the juvenile, history of violence, or threats of violence;
 - c. The parent is not on scene; or
 - d. The Emergency Detention (APOWW) is initiated by a School Resource Officer on school grounds.
 7. Officers are not prohibited from completing an Emergency Detention (APOWW) for a juvenile.
 8. Juveniles taken into custody by officers on an Emergency Detention (APOWW) will be transported to Texas Health Presbyterian Hospital Plano located at 6200 W Parker Rd.
- G. Response to Resistance for Mental Commitments and Forcing Entry
1. Mental commitments are civil, and the purpose of taking someone into custody is to prevent harm to the person and/or to prevent the person from doing harm to others. Officers are authorized by law to use a reasonable amount of force to take a person into custody for a mental commitment.
 2. When safe to do so, officers should use time, distance, and communication techniques to de-escalate situations with persons in crisis.

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- a. This does not preclude an officer from taking immediate action when the officer or a third party is at imminent risk due to a person's behavior.
- 3. Officers should not force entry into a location to access a suicidal person unless officers believe there is a medical emergency and are acting in a community caretaking function. Prior to forcing entry to gain access to a suicidal person, officers should consider certain factors to avoid putting themselves at unnecessary risk, including, but not limited to:
 - a. The presence of weapons;
 - b. Whether the officer's presence could precipitate a use of force; and
 - c. Whether the officers believe the consumer has already attempted suicide and needs medical assistance.

H. Special Circumstances / Reporting

Unless the consumer demonstrates a substantial risk of serious harm to themselves or others, an emergency mental commitment shall not be initiated. Officers shall make every effort to contact a family member, friend or community assistance group to respond to the scene and take responsibility for the consumer. Officers shall explain other options to those concerned for the consumer such as an Emergency Detention Order (EDO), Collin County Mental Health Authority (LifePath), and other private mental health providers.

- 1. Officers shall complete one of the following reports and clearance codes when responding to calls for service involving mentally ill subjects:
 - a. MR2, Offense Report, shall be used when an offense report is taken and the officer believes mental illness is a contributing factor in the incident.
 - b. MR3, Arrest Report, when there is reason to believe that an arrested suspect suffers from mental illness.
 - c. MR4, Information Report, will be used when a mental commitment is completed, a mental health warrant is served, or when information indicates there is a threat to the consumer or others, but the circumstances are not such that a commitment can be made.
 - d. MR5, Supplement Report, used when an "M" Type report has already been taken.
 - e. MR6, Offense and Arrest Report, used when an arrested suspect is believed to be mentally ill.
 - f. Follow-Ups on incidents previously cleared with an "M" code will be reported as a supplement to the original incident.
- 2. Officers shall classify the person as a "Mental Health Consumer" under Participant Type in AFR.
- 3. In circumstances where an officer has apprehended a consumer (whether by warrant or otherwise) and the examining physician determines the consumer does not need to be detained, the officer shall transport the consumer back to the location where they were apprehended or another reasonable and safe location. This will not apply if the consumer refuses such transport back. Original warrants for persons not further detained will be forwarded to the Records Unit. Records Unit personnel will retain a copy of the warrant and forward the original warrant to the Collin County Mental Health Office.
- 4. Consumers apprehended in accordance with this order shall not be housed in the presence of those accused of or convicted of a criminal offense. A jail or similar detention facility may not be deemed suitable, except in extreme emergency, such as a natural disaster.

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5. When an officer has made an arrest for a criminal offense and the officer believes the consumer suffers from a mental illness that makes him/her a danger to themselves or others, the arresting officer shall notify the jail staff and document those facts in the reports.
 6. All incidents cleared with an “M” code will be logged in a CIT database and follow-up will be managed by the Mental Health Coordinator.
 7. If the consumer makes a threat to law enforcement and the officer reasonably believes the person intends to commit an assault or other violent act against law enforcement, an entry request for hazardous addresses/persons, violent offenders, and threats against a peace or detention officer shall be submitted using SharePoint. Entry requirements can be found in AD109.008 – General Requirements of Criminal Justice Information.
- I. Individuals with Intellectual Developmental Disability (IDD)
1. Officers may be dispatched to a call involving a person with IDD such as Autism, Cerebral Palsy, or Down Syndrome. These are different from mental illness.
 2. An emotional outburst that is a symptom of Autism or other IDD condition cannot be the basis for an Emergency Detention (APOWW).
 - a. An exception to this is if the person also exhibits symptoms of mental illness, and because of that suspected mental illness there is a substantial risk of serious harm to the person or to others.
 3. The Code of Criminal Procedure Article 14.035 allows officers to release a person with IDD in lieu of arrest if:
 - a. The suspect is a resident in a group home or intermediate care facility for persons with IDD,
 - b. The officer believes an arrest is unnecessary to protect the suspect and other persons at the residence, and
 - c. The officer made reasonable efforts to consult with the staff at the residence regarding the decision.
- J. Diversion
1. The Code of Criminal Procedure Article 16.23 requires that law enforcement agencies make a good faith effort to divert persons suffering from a mental health crisis and persons suffering from the effects of substance abuse to a proper treatment center in the agency’s jurisdiction when:
 - a. There is an available and appropriate treatment center;
 - b. It is reasonable to divert the person;
 - c. The offense that the person is accused of is a non-violent misdemeanor; and
 - d. The mental health crisis or substance abuse issue is suspected to be the reason the person committed the alleged offense.
- K. Seizure of Firearms
1. The Texas Code of Criminal Procedure Article 18.191 Disposition of Firearm Seized from Certain Persons with Mental Illness provides officers the ability to seize firearms found in possession of a person taken into custody under Section 573.001 of the Health and Safety Code.

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- a. An officer may seize a firearm found in possession of a person taken into custody for an Emergency Detention (APOWW).
 - b. The officer shall complete a Field Receipt for the firearm(s). One copy will be provided to the person who was taken into custody.
 - c. Seized firearms will be submitted in accordance with current Property and Evidence handling guidelines. A copy of the Field Receipt will be turned in to Property and Evidence with the firearm(s).
 - d. Officers will submit a copy of the Field Receipt to records along with a copy of the Emergency Detention (APOWW) or Emergency Detention Order (Mental Health Warrant) paperwork.
 - e. The consumer may contact the Property and Evidence section upon release from the hospital to make a request to collect their firearm. The release of the firearm will be handled in accordance with Property and Evidence procedures.
2. Seizure of Firearms from a Residence
 - a. An officer may take possession and remove a firearm(s) from a residence for safe keeping when the owner of the firearm(s) provides the officer permission to remove them.
- L. Officers may not remove firearms for safekeeping when there has been no consent provided, a warrant does not exist, and no criminal act has justified the removal or seizure of property from the location. Officers may only seize firearms found in possession of the person taken into custody under Section 573.001 of the Health and Safety Code.
- M. Warrant Procedures
 1. Health and Safety Code 573 requires the magistrate to issue mental health warrants to an on-duty peace officer for the immediate apprehension of the person named in the warrant. Officers shall confirm the warrant is signed by the magistrate and check for the date of issuance to ensure the warrant has not expired.
 2. Upon serving a mental health warrant, officers shall transport the person named in the warrant to the location specified in the warrant or the nearest emergency mental health facility.
 3. If an officer is unable to immediately apprehend the person within the appropriate time period or the warrant has expired, the affiant shall be referred back to the issuing court.
 4. The officer shall attempt to make an independent assessment of the individual named in the warrant. In some cases, the thoughts and behaviors of the individual can improve after a warrant has been obtained. Based on the independent assessment, if the officer does not believe the warrant should be served, they shall consult with their supervisor.
 5. The original warrant should be left with the nurse at the mental health facility. Officers will submit a copy of the warrant to records.
- N. Referrals

There are certain mental health consumers who should be referred to the department's Mental Health Coordinator, who will determine whether there are other services besides repeated apprehension available to assist the consumer.

 1. Typically, CIT referrals are made under the following circumstances:
 - a. A mental health consumer whom the police department has had repeated contacts with, regardless of whether an intervention or apprehension was made.

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- b. A mental health consumer whose actions and/or threats lead an officer to believe they pose a significant violent threat to the community, regardless of the number of times the consumer has been previously contacted (intervention and/or apprehension). A consumer's military background, training, access to weapons, and/or unique education/skills, or any other factors, are examples that can create this belief within the officer.
2. Officers who believe a mental health consumer could benefit from a CIT referral shall document the circumstances with an Information Report (MR4) or Supplemental Report (MR5) and explain why the consumer is being referred.
3. All CIT Referrals will be reviewed by the Mental Health Coordinator who will initiate appropriate follow-up action.
4. CIT Referrals are not alternatives to an APOWW, and shall never be used in place of an apprehension or when current information indicates that current action should be taken. CIT Referrals are tools designed to facilitate long-term help for mental health consumer. Most referrals will be made after repeated calls for service and APOWWs.