

### **Policy Revision Request**

Requestor Name Michael Chancellor	Emp # <u>5329</u>
This revision applies to <u>Existing Policy</u>	<u>11-29-22</u>
If new, recommended section	
This revision is necessary to comply with Best Practic	ces
Whom does this revision affect? Department	
This revision has an unbudgeted financial impact of <u></u> \$	0

#### Brief reason for the revision:

The Office of Police Oversight submitted several requests to revise this policy to provide more clarification to officers. After gathering information from the CIT unit and Integral Care, this policy revision will help provide more clarification to patrol without placing unnecessary restrictions on their ability to handle mental health calls. See 445.3 CIT REFERRALS (b)

Document the changes or additions to the policy below. Please include the specific policy number. Red strikethroughs are used for deletions and <u>blue underlined</u> for text insertions. Please email completed forms to <u>APDPolicy@austintexas.gov</u>. Use this email for any related questions or issues for policy.

### 445 Mental Health Response

#### 445.1 PURPOSE AND SCOPE

The Crisis Intervention Team (CIT) Unit and (CIT) officers are tasked with addressing and responding to any calls for police assistance related to the mental health community. to includinge Intellectual Developmental Disabilities (IDD) and cognitive disorders. This order sets guidelines for utilizing the CIT Unit and the certified CIT officers assigned to field duty.

#### 445.1.1 DEFINITIONS

- (a) **Crisis Intervention Team (CIT) Officer** An officer off probationary status who has successfully completed the TCOLE prescribed CIT certification course. The Austin Police Department has CIT officers who receive a mental health certification pay/stipend (see Meet and Confer Agreement, Article 7 Wages and Benefits, Section 4, Mental Health Certification Pay) to respond to CIT calls and perform Peace Officer Emergency Detentions (POED). If an officer who receives mental health certification pay is not available, an officer who is a CIT Officer can respond to a CIT call or perform a POED. The term Crisis Intervention Team (CIT) Officer is interchangeable with Mental Health Officer, and they have the same meaning.
- (b) **Crisis Intervention Team (CIT) Unit -** A unit of specially trained CIT officers within APD who act as liaisons between the CIT officers assigned to patrol and the facilities, providers, and consumers within the mental health community. CIT Unit officers also respond to calls for service as outlined in this order.

- (c) Mental Illness An illness, disease, or condition other than epilepsy, senility, alcoholism, or mental deficiency that substantially impairs a person's thoughts, perception of reality, emotional process or judgment, or grossly impairs behavior as demonstrated by recent disturbinged behavior.
- (d) **Mental Health Crisis** Any situation/incident where a person's mental state and/or mental well-being is adversely affected by a possible mental illness, disease, or other condition to the extent that intervention by the police or another entity is needed.
- (e) Intellectual Development Disorder (IDD) A significantly sub-average intellectual function that is concurrent with deficits in adaptive behavior and which originates during the developmental period.
- (f) Cognitive Disorders Oerganic mental disorders such as Traumatic Brain Injury (TBI), dementia, Alzheimer's, Parkinson's, and substance withdrawal delirium, etc. Symptoms of these disorders could include but are not limited to the following: memory loss, loss of motor skills, delirium, deficits in general mental ability/reasoning/problem solving/planning/abstract thinking/judgment, communication disorders, etc
- (g) Jail Diversion Alternative method(s) of addressing a mentally ill, cognitively disabled, or IDD person's behavior, other than with arrest and confinement in jail. Expanded Mobile Crisis Outreach Team (EMCOT) A group of medical or mental health professionals who respond to the scene of a psychiatric crisis, assisting officers with jail diversion and emergency detentions.

#### 445.2 INCIDENTS REQUIRING A CIT OFFICER

- (a) If the incident is an emergency involving a person in <u>a</u> mental health crisis, a CIT officer will be dispatched as the primary responding officer. If a CIT officer is not available, any patrol officer will be dispatched immediately and a CIT officer will respond as soon as possible.
- (b) If the incident is non-emergency in nature, a CIT officer shall respond as the primary officer, with the exception of for an emergency room transport of a POED to a psychiatric hospital (secondary transport).
- (c) The following incidents also require the response of a CIT officer:
  - 1. Any situation where the responding officer believes that a person's mental health is adversely affecting the person's behavior (e.g., attempted suicide, suicidal subject, Peace Officer Emergency Detention (POED) evaluation).
  - 2. Any request from a member of the community for a CIT officer.
  - 3. Mental health related calls from a facility/provider that furnishes services on behalf of the mental health community.
  - 4. Any health care facility or emergency room request for assistance relating to a person suspected of a mental illness.

#### 445.3 CIT REFERRALS

Patrol officers receiving a mental health request <u>(including a request for a mental health</u> <u>officer</u>) for assistance from a complainant will refer the individual to an on-duty CIT officer, the CIT Unit, or EMCOT. An incident report will be completed Document this in an incident report as outlined in this order.

- (a) If the person about whom the call is made poses any threat to safety, the responding officer will remain at the scene until contact is made with an on-duty CIT officer or the CIT Unit to determine the appropriate action to be taken. When safe and reasonable, officers shall use de-escalation techniques to reduce the likelihood forof force and increase the likelihood of voluntary compliance.
- (b) When deemed necessary by an officer or the CIT Unit, an EMCOT employee will be called to the scene to assist with:
  - 1. Assessment of the client (including suicide assessments).
  - 2. Assessment of the situation.
  - 3. Linking the client with existing mental health services in the community.
  - 4. In-depth counseling for the client and family.
  - 5. Transportation of the client, when appropriate.
  - 6. Jail Diversion, when appropriate (see section 445.6 of this order for further details).
- (b) Officers responding to a mental health crisis scene should utilize EMCOT whenever reasonable and when the officer deems the subject would benefit from psychiatric or other treatment services. A subject's acceptance of EMCOT services is voluntary.
  - 1. EMCOT and Integral Care can assist with many different types of situations.
    - (a) Types of consumers of EMCOT: mental illness, intellectual or developmental disabilities (IDD), substance abuse treatment, cognitive disabilities such as Alzheimer's or Dementia or TBI, etc.
    - (b) Types of situations: suicide assessment, mental health treatment options, IDD crisis, connection to a follow-up appointment, etc.
  - 2. EMCOT referrals include:
    - (a) Any encounter with a person showing signs of an untreated or under-treated mental illness.
    - (b) Any incident where an individual in a mental health crisis requests voluntary services.
    - (c) Assist with suicide assessments.
    - (d) Crisis scenes involving persons with an intellectual or developmental disability.
    - (e) Individuals requesting substance abuse treatment options.
    - (f) Assistance with psychiatric medication evaluation.
    - (g) Prior to arresting a mentally ill individual for a non-violent misdemeanor as outlined in GO 445.6 in this order.
  - 3. EMCOT is not utilized in the following situations:
    - (a) When the subject meets the criteria for a POED.
    - (b) When the subject is unable to participate in an assessment or needs medical attention due to a high level of intoxication.
    - (c) If other referral services would be more appropriate, e.g., voluntary transport to the hospital or PES (Psychiatric Emergency Services).
  - 4. Nothing in this order limits the use of EMCOT if the officer can articulate that the situation or the subject would benefit from the referral.
- (c) Follow\_up referrals to the CIT Unit from APD personnel.
  - Sworn and non-sworn personnel can refer cases or subjects needing mental health assistance to the CIT Unit by sending an emailing to crisis.intervention@austintexas.gov.

#### 445.4 MENTAL HEALTH COMMITMENTS

445.4.1 VOLUNTARY COMMITMENT

Employees encountering persons desiring to be voluntarily committed to a mental health facility and that meet the criteria for an Emergency Detention shall contact an on-duty CIT officer. If the subject does not meet the criteria for an Emergency Detention, the officer may do one of the following:

- (a) Request EMCOT to the scene.
- (b) Provide voluntary transport to a facility within the located county.
  - 1. Accompany the subject into the facility, and
  - 2. Verbally inform the staff of the circumstances, including details of why the subject is seeking voluntary behavioral health care.
- (c) Provide referral information.

#### 445.4.2 PEACE OFFICER EMERGENCY DETENTION (POED)

- (a) The authority to apprehend a person by using the Peace Officer's Emergency Detention is granted under the Tex. Health and Safety Code § 573.001. This type of custody is protective rather than criminal in nature and does not constitute an arrest. A POED may be used when:
  - 1. The officer has reason to believe, and does believe, that the person is mentally ill; and
  - 2. 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
  - 3. The officer believes <u>there is insufficient</u> that there is not sufficient time to obtain a warrant before taking the person into custody.
- (b) An employee encountering a person who needs <u>an assessment to be assessed</u> for a possible POED shall contact an on-duty CIT officer.
  - 1. The responding CIT officer shall be responsible for the following:
    - (a) Conducting an assessment to determine whether the person-should be handled as-qualifies for an Emergency Detention;
    - (b) Providing transportation to the appropriate mental health facility or furnishing referral information;
      - Travis County Emergency Detentions When determining where to transport a subject in Travis County, the officer should contact Integral Care at 512-472-HELP(4357). If contact cannot be made with Integral Care after a reasonable amount of time, the officer can default and transport the subject on a POED to the nearest appropriate Travis County Hospital Emergency Department. Officers shall document all efforts made to contact Integral Care or how a determination was made to transport a subject to a facility.
      - 2. Williamson County Emergency Detentions When determining where to transport a subject in Williamson County, the officer should contact Bluebonnet Community Services at 512-701-1982. If contact cannot be made with Bluebonnet Community Services, the officer can default and transport the subject on a POED to the nearest appropriate Travis County Hospital Emergency Department. Hospital Emergency Departments in Williamson County have not been deemed as a are not locations where an officer can serve a POED community Services or how a determination was made to transport a subject to a facility.

- 3. The CIT officer may transport the subject or have a non\_CIT officer transport the subject after completing all paperwork and advising where the subject is to be taken.to take the subject.
- (c) Preparing all required documentation.
- 2. If it is determined that the person does not meet the criteria for a POED, the initial officer may:
  - (a) Request a response from the Expanded Mobile Crisis Outreach Team (EMCOT), (referper to GO 445.6 of this order.)
  - (b) Release the person, if no criminal violation has been committed;
  - (c) Use other available referral services or release options; or
  - (d) Place the person in jail, provided the officer has the legal authority to do so.
- 3. Officers shall perform secondary transports of subjects from an emergency room to a psychiatric hospital on an APD Emergency Detention. All officers are responsible for the following:
  - (a) Taking custody of the <u>detained</u> individual <del>who is detained</del> under a POED.
  - (b) Collect and verify all necessary documents for the transfer of the detained individual.
  - (c) Transport the patient to the directed psychiatric hospital with all required paperwork and personal property.
  - (d) Complete a supplement to the original POED report.
- 4. Officers shall transport persons on a still active APD POED from the Judge Guy Herman Center to another arranged hospital or psychiatric hospital when the Center's staff determines that patient care exceeds the capabilities of the Center. All transporting officers are responsible for the following:
  - (a) Verifying a nurse-to-nurse/doctor-to-doctor transfer was completed and collecting all necessary documents for the transfer, if available.
  - (b) Taking custody of the <u>detained</u> individual who is detained under an APD POED.
  - (c) Transporting the person and their property to the directed hospital or psychiatric hospital, if available.
  - (d) Completing a supplement to the original POED report.

#### 445.4.3 ORDER OF PROTECTIVE CUSTODY

Due to special requirements, employees receiving a request to transport a subject due to an Order of Protective Custody (OPC) shall contact the Travis County Sheriff's Office (TCSO) CIT Unit to transport the person named in the order.

445.4.4 UNAUTHORIZED DEPARTURES FROM MENTAL HEALTH FACILITIES When officers comes into contact with a person who is a confirmed Unauthorized Departure (UD) from a mental health facility, officers they will confirm that a the issued court order has

- been issued for the individual requiring them to return to the appropriate mental health facility. (a) If confirmed, take the person into custody and transport them to the appropriate mental
- health facility.
- (b) If no court order exists, the employee shall request an on-duty CIT officer to respond and complete a supplement detailing their observations.

#### 445.5 MENTALLY ILL PERSONS REQUIRING MEDICAL ATTENTION

Officers shall call EMS to treat and <u>/or</u> transport the person to a medical facility when a mentally ill person needs <u>further</u> medical attention.

- (a) If the subject is transported, <u>a-form PD0219</u> Mental Health Transport-Form shall be completed and given to EMS personnel.
- (b) If the subject is not transported, officers shall request an on-duty CIT officer to respond to the scene.

## 445.6 ARREST AND JAIL DIVERSION OF MENTALLY ILL, COGNITIVELY DISABLED, AND IDD PERSONS

- (a) The arrest of a mentally ill person creates an extraordinary burden on the criminal justice and judicial systems. The department and the community benefit from alternative methods of addressing a mentally ill person's behavior, other than with arrest and confinement in jail. In lieu of arrest under certain circumstances, when encountering a mentally ill, cognitively disabled, or IDD person during a call for service, any officer can request the assistance of the local mental health authority, Austin Travis County Integral Care (ATCIC), and their response group, or Expanded Mobile Crisis Outreach Team (EMCOT) when deemed appropriate.
  - 1. Officer must obtain supervisor approval prior to jail diversion. When the decision has been made to jail divert, officers may request that communications dispatch EMCOT. EMCOTs inability to respond does not prevent an officer from using jail diversion.
    - (a) EMCOT is available to respond within 30 minutes of dispatch during the following hours:
      - 1. Monday-Friday: 6\_a\_m\_-10\_p\_m\_
      - 2. Saturday and Sunday: 10 a.m. 8 p.m.
  - 2. The acceptance of EMCOT's services by the person is voluntary.
  - 3. The option of calling EMCOT will not be exercised in the following situations: EMCOT is not used in the following situations:
    - (a) Violent crimes in which another person has been assaulted.
    - (b) Crimes involving property damage to property.
    - (c) Crimes involving theft if the property is not recovered.
    - (d) Any felony offense ;;
    - (e) Any offense involving the use or possession of a firearm.
    - (f) Any situation wherein which the person meets the criteria for a POED.
  - 4. Once EMCOT has arrived and conducted a preliminary evaluation of the mentally ill, cognitively disabled, or IDD person, the EMCOT employee will advise the officer if they are needed further or if they are free to return to service. The ultimate decision as to whether or not the officer stays on the scene or returns to service will be based on the is the officer's own judgment.
- (b) An arrest shall be made in lieu of a POED under the following circumstances:
  - 1. Felony offense;
  - 2. DWI offense;
  - 3. For Family violence offenses, see General Order refer to GO 418.2.32 Family Violence Involving Mental Illness.
- (c) <u>When If a suspected mentally ill person is placed in goes to jail, officers shall:</u>
  - 1. Advise the intake officers; and
  - 2. Complete all paperwork required by Travis County (e.g., Mental Health Hold/ Evaluation Form); and
  - 3. Bring the person to the Have the subject evaluated by the jail nurse.
- (d) When a mentally ill, cognitively disabled, or IDD person is diverted from arrest, the officer shall document the details and reason for the diversion in an offense report.

#### 445.7 REPORTING PROCEDURES

Employees responding to any incident involving a mental health individual shall comply with the following reporting requirements:

- (a) Responsibility
  - 1. CIT officers responding to a scene shall complete the incident report. If the primary officer is not a CIT officer, they shall complete a supplement detailing their observations.
  - 2. When a CIT officer does not respond, <u>T</u>the primary officer shall complete the incident report when a CIT officer does not respond.
  - 3. When a mentally ill person is arrested, detained, and/or released for an offense, tThe arresting officer shall complete the incident report when a mentally ill person is arrested, detained, or released for an offense.
- (b) Guidelines
  - 1. Officers completing an incident report shall:
    - (a) Use the appropriate EDP title code; and
    - (b) Not include any reference to the mental health of a person in a report synopsis that is available for public disclosure (e.g., "press release"). All such information shall be documented in the narrative section, as needed.

# 445.8 INCIDENTS INVOLVING EMERGENCY DETAINED SUBJECTS IN POSSESSION OF FIREARMS

Peace Officers have <u>the</u> authority to seize firearms from a person <del>who is being</del> detained for mental health services under the Texas Health and Safety Code § 573.001(g). This seizure is for the safety of the detained individual and community.

- (a) Officers may seize any firearm found in possession of a <u>detained</u> person\_<u>being detained</u> into custody under an Emergency Detention\_\_(Health and Safety Code 573.001).
- (b) <u>If When seizing a firearm is seized</u> under this authority, Officers shall:
  - Complete <u>form PD0222A</u> the Receipt for Seized Firearm and Procedures. (PD0222 A)
  - Review the front page of the <u>form PD0222A</u> Receipt for Seized Firearm and Procedures (PD0222 A) with the detained subject and place it in their property.
  - 3. Make a reasonable attempt to identify an immediate family member for the detained subject and noteate that person's name and contact information in the incident report.
  - 4. Contact the Crisis Intervention Team by the end of the officer's tour of duty either by phone at (512-854-3450) or by email <u>at Crisis.Intervention@austintexas.gov</u> with the following:
    - (a) Officer's name,
    - (b) Incident number, and
    - (c) Actions taken.
- (c) Use the title codes <u>3465</u> Emergency Detention/Firearm Seized <u>3465</u>.