



# SAN ANTONIO POLICE DEPARTMENT GENERAL MANUAL



## Procedure 611 – Mentally Ill Persons

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### .01 INTRODUCTION

Officers may encounter persons who exhibit symptoms of mental illness in a variety of community settings. This procedure is intended to assist officers in the evaluation, assessment, and disposition of persons (both adults & juveniles) with mental illness who are involved in a mental health crisis.

### .02 DISCUSSION

- A. Police officers must understand persons with mental illness have an illness requiring professional assistance and the officers' actions may affect the immediate behavior of a person with mental illness.
- B. Officers should attempt to carefully evaluate individuals involved in a mental health crisis and determine the best course of action to take in order to resolve the situation according to the guidelines established in this procedure and GM Procedure 802, *Unusual Occurrences and Critical Incidents*.
- C. The Department has implemented a program which provides officers the opportunity to receive specialized training in handling mental health crises. Officers who complete this training become part of the Crisis Intervention Team (CIT Officers). CIT Officers are trained in using crisis intervention techniques and skills to handle incidents involving persons with mental illness.

### .03 TERMINOLOGY (For specific use within this procedure, see Glossary)

Credible Person	Crisis Care Center	Critical Incident	Local Mental Health Authority
Mental Health Crisis	Mental Health Facility	Mental Illness	Notification of Emergency Detention
Order of Protective Custody	Persons with Mental Illness		University Hospital
Warrantless Emergency Detention			

### .04 RECOGNITION OF MENTAL ILLNESS

- A. Police officers routinely encounter situations involving persons exhibiting unusual behavioral characteristics, ranging from passive to violent. Police officers must recognize symptoms which may indicate the existence of mental illness.
- B. The following are some of the symptoms commonly associated with persons with mental illness:
  1. Drastic mood swings or behavioral changes;
  2. Loss of memory;
  3. Thoughts of being plotted against or delusions of grandeur;
  4. Speaks to himself, hears voices, sees visions, or smells strange odors;
  5. Thinks people are watching or talking to him;
  6. Exhibits an extreme degree of panic or fright;



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7. Behaves in a way dangerous to himself or others (i.e., hostile, suicidal, makes threats towards others, etc.);
  8. Poor personal hygiene or appearance; or
  9. Demonstrates an unusual thought process or verbal expressions or is catatonic.
- C. Upon recognition of a mental health crisis situation the officer's responsibilities include:
1. Maintaining a high degree of caution in dealing with the potentially unpredictable nature of persons with mental illness;
  2. Protecting the general public from the actions of the persons with mental illness;
  3. Protecting the persons with mental illness from his/her own actions; and
  4. Providing the most effective remedy available at the time to resolve the crisis situation.

### **.05 CRISIS INTERVENTION TEAM (CIT)**

- A. The Crisis Intervention Team consists of patrol officers from each substation who have received this specialized Crisis Intervention Training.
- B. CIT Officers are assigned to regular patrol duties and when available respond to situations involving persons who are experiencing a mental health crisis.
- C. CIT Officers only respond to mental health crisis situations within their assigned service area unless specifically requested into another area by a supervisory officer.
- D. The CIT Officer at the scene of a call involving a mental health crisis situation has the responsibility for handling the situation unless otherwise directed by a supervisor. The CIT Officer may ask for additional support, if necessary.
- E. CIT Officers may only take the same courses of action as other patrol officers when handling a mental health crisis. The courses of action are listed in Section .08 of this procedure.
- F. CIT Officers do not handle critical incidents. Critical incidents require a response of the Special Operations Unit.
- G. CIT Officers may respond to the following types of mental health crisis situations, which have not escalated to a critical incident.
  1. Disturbances involving a person with mental illness;
  2. Suicide threats and suicide attempts;
  3. When a person with mental illness threatens to harm others;
  4. Any intentional overdose or suicide has occurred;
  5. When the health of a person with mental illness is at risk of serious deterioration; and
  6. An incident involving persons with mental illness which other patrol officers have been unable to resolve.

### **.06 INITIAL RESPONSE**

- A. Communications Unit - Dispatchers responsibilities include:



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1. Attempt to determine if a service call is a mental health crisis;
  2. Identify mental health crisis calls by using appropriate code;
  3. Assign and dispatch a CIT Officer when available, along with a cover officer, to mental health crisis situations;
  4. Assign and dispatch an officer and at least one cover officer to mental health crisis situations when a CIT Officer is not available; and
  5. Only dispatch CIT Officers to locations within their assigned service area unless otherwise requested by a supervisory officer.
- B. Officers responsibilities include:
1. When dispatched, the officer assigned report responsibility coordinates his arrival with the cover officer;
  2. If the handling officer assigned to a call is not a CIT Officer, he may request a CIT Officer respond to assist with the call;
  3. When officers handling a call become aware it involves a mental health crisis, the handling officer should request a CIT Officer from the dispatcher. If a CIT Officer is available within the assigned service area, the dispatcher should dispatch the CIT Officer to the scene; and
  4. Immediately notify a supervisor when confronted with situations which pose a potential for serious bodily injury to any person, including situations which have a potential to escalate to a critical incident.

### **.07 ARRIVAL AT THE SCENE**

- A. Circumstances permitting, the officer takes time to effectively evaluate the situation prior to taking any action. Officers should determine the best course of action to be taken, including the need for Emergency Medical Services (EMS) or Warrantless Emergency Detention.
- B. Officers should be prepared to take the appropriate tactical measures to protect themselves and others. Officers should remain aware of the location of their cover officer, along with others involved in the situation.
- C. Upon arrival at the scene, officers shall approach persons with mental illness with caution. Officers should keep these persons under close observation and speak to them in an unhurried, patient and calm manner, which is maintained throughout the incident.
- D. A frisk of the individual and a search of the immediate surrounding area are conducted, in accordance with GM Procedure 502, *Warrantless Arrests, Searches, and Seizures*, to ensure the absence of any potential weapons. Frisking and handcuffing the individual may be necessary to satisfy safety requirements.
- E. The person with mental illness should be guided to a safe and quiet area, if possible. This area should be away from other persons or things that may further incite the situation.
- F. Officers shall not force individuals to take any medications. If the individual is taken into custody, any medication being taken by the individual should be transported with the individual and released to the appropriate medical or detention personnel (this shall be documented in the report).
- G. Officers attempting to resolve a mental health crisis should rely on:
  1. Close and constant visual observation of the person experiencing a mental health crisis situation;
  2. Interviews of the person experiencing a mental health crisis situation. If possible, officers should interview relatives, friends, neighbors, or others associated with the situation;



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3. Information provided by medical and mental health professionals regarding the physical and mental health condition of the person experiencing a mental health crisis situation;
4. Other available information sources and personnel, such as The Crisis Care Center, a CIT Officer, a field supervisor and other officers or data files; and
5. Personal experience, training, and sound judgment.

### **.08 COURSES OF ACTION**

- A. In evaluating the person with mental illness and the crisis situation, all officers may take one of the following courses of action to resolve the situation:
  1. Contact the Mental Health Detail during their working hours, Monday through Friday through the dispatcher.
  2. Contact the Mobile Crisis Outreach Team through the Crisis Line at (210) 223-7233.
  3. Complete a Warrantless Emergency Detention of the person:
    - a. Adults (18 and older) - Officers shall call the Crisis Care Center prior to transport (210) 358-6902 to verify they are not on diversion and they can accept the person. If they cannot accept the person, the officer shall transport the adult to the nearest appropriate inpatient mental health facility or closest Emergency Room.
    - b. Youth (17 and under) – Officers shall:
      - (1) Phone the Child Crisis Unit at (210) 299-8139 between the hours of 0830–2000, Mon-Fri. before transporting to 711 E. Josephine.
      - (2) Phone Clarity Child Guidance Center at (210) 616-0300 – After hours before transporting to 8535 Tom Slick Dr.
      - (3) Phone Nix Behavioral Health Services at (210) 579-3800 before transporting to 4330 Vance Jackson.
      - (4) Phone Laurel Ridge at (210) 491-9400 before transporting to 17720 Corporate Woods.
      - (5) If there is no availability at any of the above Mental Health Facilities, the officer shall transport the child to the nearest hospital. (Consider using a Children’s Hospital if appropriate.)
    - c. If a guardian cannot be located or refuses to cooperate, the officer shall contact Child Protective Services.
  4. Arrest and book the person according to procedures if the person has committed a criminal offense and the officer has a legal authority to arrest; or
    - a. With a supervisor’s approval, conduct a Warrantless Emergency Detention in lieu of arrest if the person with mental illness has committed a misdemeanor criminal offense other than DWI and Family Violence. Family Violence includes Assault Bodily Injury Married/Cohabitation, Family/Household, Terroristic Threat-Family, Deadly Conduct-Family, Unlawful Restraint, Interfering with an Emergency Phone Call, Harassment, and Telephone Harassment. The officer will “SP” the person with mental illness on the correct report and notify the victim that he can pursue charges through the appropriate follow-up unit.
    - b. If after an arrest, an officer is ordered by a Magistrate to conduct a Magistrate’s Order for Emergency Apprehension and Detention in lieu of the arrest, the officer will “SP” the person with mental illness on the correct report. If the officer receiving the Order from the Magistrate is not the original handling officer, the second officer will write a supplemental report with the original case number and detail the non arrest, the



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- Magistrate's Order and the disposition of the "SP" and forwards the supplement to the follow-up unit. If this is the situation, the second officer will not write a Notification of Emergency Detention (SAPD Form #127-ED). The Magistrate's Order takes the place of the application.
- c. If any person sustained any injury during the arrest or if any use of force requiring a use of force report was necessary, the person with mental illness will be arrested. A supervisor may approve the Warrantless Emergency Detention if he/she determines this is the better course of action due to the person's mental state and need for psychiatric evaluation/treatment.
  - d. Under this procedure, a person's intent to cause property damage only, is not considered a violent criminal offense if the person who committed the offense has a mental illness.
  - e. If rejected by the Crisis Care Center, the officer should take the person to the nearest appropriate inpatient Mental Health Facility or nearest emergency room.
  - f. In family violence cases resulting in no injury or minor injury and where no further violence by the person with mental illness is anticipated, a supervisor should be contacted for final disposition.
  - g. Officers clearly document their actions along with any statements made by the reporting person and/or person with mental illness in the appropriate report.
5. Make a referral for further mental health care as outlined in Section .08, Subsection F, when the criteria for Warrantless Emergency Detention or arrest does not exist; or
  6. Notify a supervisor and refer to GM Procedure 802, *Unusual Occurrences and Critical Incidents*, when confronted with critical incident situations.
- B. Warrantless Emergency Detention-Officers Authority and Criteria**
1. Officers making a Warrantless Emergency Detention will do so under the guidelines and authority as set forth in the Texas Health and Safety Code, Title 7, Mental Health and Mental Retardation, Subtitle C, Texas Mental Health Code, Chapter 573, Emergency Detention, Subchapter A, Apprehension by Peace Officer, and Section 573.001, Apprehension by Peace Officer without warrant. Detentions of this nature are for protective purposes and are not criminal.
  2. A peace officer has the authority to take a person into custody without a warrant for the purpose of obtaining an evaluation of his emotional and mental status, and the need for involuntary hospitalization if the officer has reason to believe and does believe:
    - a. The person evidences mental illness; and
    - b. The person evidences 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.
  3. A substantial risk of serious harm to the person or others may be demonstrated by:
    - a. The person's behavior; or
    - b. Evidence of severe emotional distress and deterioration in the person's mental condition to the extent the person cannot remain at liberty.
  4. The peace officer may form the belief the person meets the criteria for apprehension based on specific recent behavior, overt acts, attempts, or threats by the person which are:



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- a. Evidence of severe emotional distress and deterioration in the person's mental condition to the extent the person cannot remain at liberty.
- b. Observed by the officer at the time the apprehended person is found; or
- c. Reliably reported to the officer by a credible person (Health & Safety Code Section 573.001).

### C. Warrantless Emergency Detention-Custody of Persons with Mental Illness

1. When the authority and criteria required for Warrantless Emergency Detention are satisfied, a peace officer may apprehend a person with mental illness from a private residence or a public place.
2. If a person is voluntarily at a Hospital, clinic, nursing home, physician's office or minor emergency clinic, the officer should consider completing a Notification of Emergency Detention (SAPD Form #127-ED) if requested by the facility.
3. If the person with mental illness is accepted at a medical or psychiatric facility, that facility will provide any future transportation to a secondary facility.
4. When completing the Notification of Emergency Detention (SAPD Form #127-ED) at a hospital or psychiatric hospital, officers will:
  - a. Evaluate the conduct of person with mental illness and the circumstances under which the person was found and taken into custody by the facility;
  - b. List the physician's name, or name of other medical personnel, as the observer and credible person on SAPD Form #127-ED, *Notification of Emergency Detention*, in cases where persons with mental illness are sedated and no substantial risk of harm is observed by the officer. The officer should quote the physician or other medical personnel on all actions observed by them which confirms the person has a mental illness and is a risk to himself or others; and
  - c. Leave a duplicate copy with an original signature of SAPD Form #127-ED and a copy of the offense report, with the facility staff and retain the original for routing to the Records Office.
5. If an officer is unsure whether the person's condition is primarily the result of a mental illness, physical illness, or a substance abuse problem, the officer will call or ask the Information Channel to call the Crisis Care Center and consult with the staff for guidance.

### D. Warrantless Emergency Detention-Disposition of Persons with Mental Illness

1. Persons apprehended for Warrantless Emergency Detention must meet certain criteria before being admitted to the Crisis Care Center. Please refer to SAPDWEB (Public Intox and Emergency Detention Criteria) for the most current list of criteria. Please call the Crisis Care Center prior to transport at (210) 358-6902.
2. Persons taken to or who have already been accepted at the Crisis Care Center and become violent, assaultive, or in need of restraints; if requested by the Center, are transported to an appropriate medical facility at the direction of the Crisis Care Center or the nearest emergency room.
3. When a person fitting the criteria for Warrantless Emergency Detention is violent, assaultive, or in need of restraints, the officer transports the person with mental illness to the nearest hospital.
4. If the person suspected of having a mental illness suffers a medical emergency at the scene (other than the mental illness), the officer requests assistance from Emergency Medical Service (EMS) to transport the person to the nearest medical facility based on their protocols.
5. Regardless of which facility or hospital the person is taken to, the officer conducting a Warrantless Emergency Detention will complete SAPD Form #127-ED and an offense report.



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6. A Warrantless Emergency Detention is civil in nature and does not impose criminal sanctions. However, officers should use sound tactics when contacting a person with a mental illness as hazardous situations may arise. When taking a person with mental illness into custody for Warrantless Emergency Detention, officers:
  - a. May handcuff persons with mental illness before transporting;
  - b. Shall search the person with mental illness before transporting;
  - c. Retain custody of the person with mental illness until the facility accepts the person;
  - d. Shall contact a supervisor and request relief when the officer expects to work beyond their assigned duty hours. Contact with the supervisor to request relief shall occur no later than thirty (30) minutes before the end of the officers assigned duty hours;
  - e. Shall immediately orally inform the person being detained of the reason for the detention and that a staff member of the facility will inform him of his rights within 24 hrs of admission. Also, documentation of these actions will be made in the report; and
  - f. Shall complete all required reports, including SAPD Form #127-ED, *Notification of Emergency Detention*, prior to releasing the person to a relief officer.

### E. Booking Process

1. Persons with mental illness experiencing a mental health crisis who have committed a criminal offense are placed under arrest and booked into jail if the officer has a legal authority to arrest. With a supervisor's approval, a Warrantless Emergency Detention may be made in lieu of arrest in conformance with Section .08, Subsection A 4.
2. The officer, for safety reasons, immediately notifies Central Magistration personnel, including the nurse and mental health screener if available of suspected mental illness and/or suicidal tendencies involved with the prisoner.
3. The officer also makes the following notation on the magistrate's intake slip and the booking slip "Evidences Symptoms of Mental Illness."
4. Medication being taken by prisoners will be transported by the arresting officer and left with Detention Center personnel.

### F. Referral for Additional Mental Health Care

1. Persons who do not fit the criteria for Warrantless Emergency Detention and who are not going to be booked for a criminal offense, but who do exhibit mental illness, are referred to an appropriate source for treatment. The officer may recommend the person see their doctor, counselor, therapist, or call the Crisis Line at (210) 223-7233.
2. Family members or persons concerned over the mental or emotional health of an individual can be referred to the Mental Health Office at the Bexar County Courthouse or may call the Crisis Line at (210) 223-7233. At the courthouse, family members may be required to complete the application for Emergency Apprehension and Detention and an application for Court-Ordered Mental Health Services with a request for an Order of Protective Custody. All applications shall be reviewed and acted upon by an appropriate judge or magistrate.

### G. Persons with Mental Illness Involved in Critical Incidents

1. Critical incidents shall be handled in accordance with GM Procedure 802, *Unusual Occurrences and Critical Incidents*.



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2. Officers confronted with situations that pose a continuing threat of serious bodily injury to any person will request additional officers and a supervisor through the dispatcher.

### H. Threats Made by Persons with Mental Illness

1. Officers confronted with persons with mental illness who are making threats to harm themselves or others will assess the persons and determine if the criteria exist for a Warrantless Emergency Detention.
2. Officers will immediately make a reasonable effort to contact and notify the person who is the subject of the threats which are being made by the person with mental illness. Officers will document their notification or attempted notification to the person who is the subject of the threats in their report. Notification to persons who are the subject of threats will be made as follows:
  - a. Officers will call the person who is being threatened by telephone, and will advise them of the threats. Officers may leave a voice message advising the person of the threat and the SAPD case number.
  - b. If no telephone number is known for the person being threatened, officers will contact the person at their residence. If the residence is located within the boundaries of the officer's service area, the officer will go to the residence and make the notification in person. If the residence is located in another service area, the officer may follow-up with the supervisor's permission or he will notify the appropriate dispatcher to have an officer dispatched to make the notification. If no one is found at the residence, officers will leave a written notice of the threat and the SAPD case number.
  - c. If no telephone number or residence is known for the person who is being threatened, officers will notify and route a copy of the report to the Homicide Unit and the Crisis Response Team (CRT) at their substation prior to checking back into service. Crisis Response Team personnel will immediately follow-up on the threats by making a reasonable effort to notify the person who is the subject of the threats.
3. Officers will route a copy of all reports involving threats made by persons with mental illness to the Homicide Unit, Crisis Negotiators Detail, Crisis Intervention Team, and the Crisis Response Team at their service area substation. When threats are made against public officials or other high profile individuals, officers will also route a copy of their report to the San Antonio Regional Intelligence Center (SARIC). The report will include details of the threat and whether the person who is the subject of the threats was notified.

### **.09 REPORT RESPONSIBILITIES**

- A. The officer assigned to the call by the dispatcher will have report responsibility for the mental health crisis situation, including the transporting of the person to an evaluation facility or detention facility.
- B. Officers assigned report responsibilities will document their findings and any actions taken in their respective report. Copies of any report involving mental health issues shall be forwarded to the Mental Health Detail.
- C. Officers handling a mental health crisis where the person with mental illness has not committed a criminal offense, but where the person is taken into custody for a Warrantless Emergency Detention, will complete an Offense Report along with SAPD Form #127-ED. No complainant will be listed on the report. The person with mental illness will be listed as the "Emergency Detention" (ED) on the report. The Offense Report will be titled as "Emergency Detention." Officers will list the situation found as "Mental Health Related" on all Emergency Detention offense reports and any report indicating the primary reason for the call was due to a mental health issue.
- D. Officers handling a mental health crisis where the person with mental illness has not committed a criminal offense and where no Warrantless Emergency Detention is made will complete an Incident Report. Additionally, officers will complete the appropriate report criteria documenting the mental health crisis.
- E. Officers handling a mental health crisis where a person with mental illness has committed a criminal offense will complete an Offense Report as follows:



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1. The offense report will be titled with the appropriate criminal offense if an arrest is made and shall include the details of the criminal offense and any details needed to establish the criteria for Warrantless Emergency Detention if applicable. The complainant of the criminal offense will be listed as the “Victim” (V). If the person with mental illness is arrested for the criminal offense, the person will be listed as the “Arrested Person” (AP) on the Offense Report.
  2. If no arrest and no Warrantless Emergency Detention are made, the person will be listed as the “Suspect” (SP). Additionally, officers will complete the appropriate report criteria documenting the mental health crisis; and
  3. If the person with mental illness is not arrested for the criminal offense and a Warrantless Emergency Detention is made, the primary offense will be titled Emergency Detention, the person will be listed as the “Emergency Detention” (ED) on the Offense Report. The related offense will be titled as the criminal offense with the person also titled as the “Suspect” (SP). Additionally, officers will complete the appropriate report criteria documenting the mental health crisis and shall list in the details of the report that the ED was not arrested.
- F. Officers who make a Warrantless Emergency Detention will complete SAPD Form #127-ED and include the case number at the top of the form. The original application will be forwarded to the Records Office. A duplicate with an original signature will be given to the facility accepting the person with mental illness along with a copy of the offense report.
- G. Officers will forward copies of all reports involving mental health crisis situations, including a copy of SAPD Form #127-ED, to the Psychological Services Office and the Crisis Negotiators Detail when the officer reasonably believes the person with mental illness has the potential to become involved in critical incident.

### **10. MENTAL HEALTH DETAIL RESPONSIBILITIES**

- A. Coordinate the training of Crisis Intervention Team officers;
- B. Ensure a Department Psychologist is included in CIT training;
- C. Maintain statistical data and complete an annual report on all reported mental health crisis calls; and
- D. Maintain entry of CIT Officers into the computer PAPX System for identification of CIT Officers on the work sheet.

### **11. INITIAL AND REFRESHER TRAINING**

- A. Police Cadets shall receive a minimum of 40 hours of Crisis Intervention Team Training regarding interactions with persons suspected of suffering from mental illness in the Training Academy.
- B. Officers shall receive refresher training regarding interactions with persons suspected of suffering from mental illness at least every three years.
- C. Newly hired civilian employees who will have contact with the public shall receive initial training interactions with persons suspected of suffering from mental illness from their parent unit.
- D. Civilian employees who have contact with the public shall receive refresher training regarding interactions with persons suspected of suffering from mental illness at least every three years.