

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 include 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

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.](#)

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.

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 disturbed behavior.

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.

Cognitive Disorders - organic mental disorders such as Traumatic Brain Injury (TBI), dementia, Alzheimer's, Parkinson's, and substance withdraw 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

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 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 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 OFFICER REFERRALS

Patrol officers receiving a mental health request for assistance from a complainant will refer the individual to an on-duty CIT officer, ~~or~~ the CIT Unit, or EMCOT. An incident report will be completed 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 for force and increase the likelihood of voluntary compliance.
- (b) When deemed necessary by ~~a CIT~~ 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).

(c) Follow up referrals to the CIT Unit from APD personnel.

1. Sworn and non-sworn personnel can refer cases or subjects needing mental health assistance to the CIT Unit by sending an email to: crisis.intervention@austintexas.gov.

445.4 MENTAL HEALTH COMMITMENTS

445.4.1 VOLUNTARY COMMITMENT

445.4.2 PEACE OFFICER EMERGENCY DETENTION (POED)

- (a) The authority to apprehend a person by using the Peace Officer's Emergency Detention ~~(POED)~~ 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 that there is not sufficient time to obtain a warrant before taking the person into custody.
- (b) An employee encountering a person who needs to be assessed for a possible POED shall contact an on-duty CIT officer.
 1. The responding CIT officer shall be responsible for:

- (a) Conducting an assessment to determine whether the person should be handled as an Emergency Detention;
- (b) Providing transportation to the appropriate mental health facility or furnishing referral information;
 - 1. 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 location where a POED can be served. Officers shall document all efforts made to contact Bluebonnet Community Services or how a determination was made to transport a subject to a facility.
 - 4.3. The CIT officer may transport the ~~Emergency Detention~~subject or have a non CIT officer transport the ~~Emergency Detention~~subject after completing all paperwork and advising where the subject is to be taken.
- (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), (refer to 445.6)
 - (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 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 individual who is detained 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 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.