

**SAN MARCOS POLICE DEPARTMENT
POLICIES AND PROCEDURES MANUAL**

Section Title: Mental Health Patients

General Order: 212

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Issuing Authority: *Howard E. Williams*
Howard E. Williams, Chief of Police

I. POLICY

It is the policy of this Department to provide for the safe, humane and considerate treatment of persons in need of mental health treatment and detention. Detention and transportation will take place only under circumstances and conditions authorized by applicable State or Federal Law. Use of force to accomplish detention of mental patients, absent criminal charges, is permitted only in accordance with the general orders of this Department governing use of force; only where detention is the only reasonable alternative under the circumstances known to the officer; and only as necessary for the protection of persons from injury or from major property damage.

General Order 212 does not prevent or inhibit the filing of criminal charges against any person due to mental illness. The determination of mental capacity, concerning criminal proceedings, is a matter for consideration by a criminal court, and is not relevant to the civil commitment provisions contained in this policy.

II. PURPOSE

The purpose of General Order 212 is to provide officers with the resources necessary to assist persons who appear to need some type of mental health service and to provide guidelines on transportation of mental patients who are in the custody of a police officer.

III. DEFINITIONS

- A. 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.
- B. Mental Retardation – A significantly sub-average intellectual function that is concurrent with defects in adaptive behavior and which originates during the developmental period.
- C. ASH/SASH – Austin State Hospital or San Antonio State Hospital.
- D. Scheib – An MHMR treatment facility located in San Marcos.
- E. Woodcare – A division of Scheib mental health facilities that provides hotline services at (800) 833-5155.

IV. PEACE OFFICER'S EMERGENCY COMMITMENT

- A. The authority to apprehend a person by using the Peace Officer's Emergency Commitment (POEC) is granted under Section 573.001 of the Texas Health and Safety Code. A POEC 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 application for emergency commitment must contain:
 - 1. A statement that the officer has reason to believe and does believe that the person evidences mental illness;
 - 2. A statement that the officer has reason to believe and does believe that the person evidences a substantial risk of serious harm to himself or others;
 - 3. A specific description of the risk of harm;
 - 4. A statement that the officer has reason to believe and does believe that the risk of harm is imminent, unless the person is immediately restrained;
 - 5. A statement that the officer's beliefs are derived from specific recent behavior, overt acts, attempts, or threats that were observed by, or reliably reported to the officer;
 - 6. A detailed description of the specific behavior, acts, attempts or threats; and
 - 7. The name and relationship to the apprehended person of any person who reported or observed the behavior, acts, attempts or threats.
- C. Incidents arising from activities of a mentally ill person may be extremely dangerous to officers, bystanders, or the mentally ill person. Law limits the degree to which an officer may intervene in situations involving a mentally ill person, but the officer must respond to take lawful action to:
 - 1. Protect the public from harm that may be caused by the mentally ill person;
 - 2. Protect the mentally ill person from harming himself or others;
 - 3. Stabilizing any conflict that may arise from the actions of the mentally ill person; and
 - 4. Aid in acquiring proper medical attention for the mentally ill person.
- D. At least two officers will be dispatched and assigned to all calls to investigate whether a person is mentally ill. In all cases when officers believe that an emergency commitment should be made, a supervisor will be called to the scene.
- E. Officers will interview the complainant and all available witnesses.

- F. Officers will conduct a field screening of the mentally ill person to determine the proper course of action.
 - 1. The field screening consists of three questions that the officer must answer based on their interaction with the mentally ill person.
 - 2. Each answer to the question, guides the officer on what to do with the subject. The officer should ask the following questions:
 - a. Is the subject suicidal or homicidal?
 - b. Does the subject have a plan to implement the action?
 - c. Has there been an attempt of the action?
- G. Mentally ill persons who present no substantial or imminent risk of serious harm to self or others should not be taken into custody. The procedure for voluntary commitment should be explained to a responsible relative or friend and instructed to contact Mental Health Mental Retardation.
- H. In cases where the threat is verbal only, and there is no plan, no attempts or no means to fulfill the threat, Scheib will not come out to evaluate the subject.
 - 1. Officers should look to alternative resources regarding the mentally ill person, such as family, friends, or other private health professionals and caregivers when there is no substantial or imminent risk.
 - 2. Officer may contact Woodcare at (800) 833-5155 to speak with a representative while on scene.
- I. When the mentally ill person is intoxicated, Scheib will not perform an evaluation. Other options, like arrest, release to family/friends or another caregiver must be explored.
- J. If, after conducting interviews, investigating officers determine that an emergency commitment is necessary, the officer will bring the mentally ill person to the Department to ensure the safety of the mentally ill person, the officer, and the public, and to provide a secure environment for mental health workers who are evaluating the mentally ill person.
- K. If the subject is not in a public place, but is in his or her private residence and is not posing a threat to himself or others, forced entry will not be made into the residence without a warrant. This does not preclude officers from making a forcible entry in an emergency, or when the life of the subject or others is in immediate danger.
- L. The mental health worker will determine whether the mentally ill person needs hospitalization. If hospitalization is necessary, officers will transport the mentally ill person to ASH or SASH.
- M. The officer should explain to the subject's relatives or friends, if possible, what procedures are necessary for them to follow up on the commitment.
- V. **TRANSPORTING MENTAL HEALTH PATIENTS**
 - A. If the mentally ill person needs transportation to a mental health facility, a supervisor will determine if the call out system is needed, or if on-duty staff can handle the transport.
 - B. Two officers will make the transport.

- B. When the mentally ill person is violent, officers may use belt restraints to assist in the transport. Detention of violent mentally ill persons will comply with the Department's policy regarding use of force in General Order 200.
- C. If ASH/SASH authorities determine that the subject will not be admitted, the officers will return the subject to the place of apprehension.
- D. Officers will notify Communications of beginning and ending mileage when transporting mentally ill persons.
- E. Officers should remember that this type of custody is protective rather than criminal.

VI. REPORTING PROCEDURES

- A. Any time a person is evaluated by a mental health professional or transported to a mental health facility, the investigating officer will complete an incident report.
- B. Any time a mental health patient is arrested or detained for a criminal offense and released, the investigating officer will complete an offense report.