



San Marcos Police Department Mental Health Officer Overview

The San Marcos PD Mental Health Officer (MHO) serves as a liaison between the police department, persons in need of mental health services (consumers), the community, hospital, local schools, local mental health authority (Scheib/Hill Country MHDD), other law enforcement agencies, mental health support groups, and their family/friends. This includes working closely with SMPD Patrol, SRO, Narcotics, CID and the DA's Office with individuals suffering from Mental Illness.

Home Visits:

The MHO conducts proactive home visits for consumers to divert mental health crisis incidents and works in direct collaboration with Scheib Center's MCOT (Mobile Crisis Outreach Team) assisting local residents, university students, and consumers from surrounding communities who rely on local outreach mental health services. The home visits are conducted with and without MCOT staff, depending on the needs and current status of individual consumers and existing risk assessment.

Visits conducted without the presence of MH Specialists are more focused on basic needs and minor problems with which the consumer may require assistance. For example, taking the consumer to pick up medication when he or she would otherwise be unable to do so and assisting the consumer with minor disputes and difficulties that may arise between the consumer, family members, neighbors, property management or other sources.

These types of informal visits also serve as a means to conduct a basic assessment of the consumer to determine if immediate or follow-up care with a MH Specialist is required. Informal visits are also conducted as a means of follow-up after information has been forwarded to the MHO from other officers, family or the community, indicating the consumer may need some type of assistance.

Visits are at times, deliberately conducted without the presence of a MH Specialist, due to the possibility of some type of potential, unknown threat, directly voiced by the consumer or a consumer's associate or specifically due to the consumer's elevated level of crisis. MH Specialists and other non-law enforcement personnel are not allowed into the consumer's environment until the threat is negated and the consumer is secured to a degree he or she cannot present any level of danger.

Visits held with a Mental Health Specialist present are conducted as a means of follow-up for post-facility release or post-counseling, or pre-detention if information comes to light that may indicate the consumer is in need of immediate or more in-depth assistance. These types of visits, kept as low-key

and relaxed as possible, are of a more formal nature with the MH Specialist conducting most of the communication with the consumer. Under these circumstances, the MHO's presence is more focused on situational awareness, the security of everyone present, and to issue an emergency detention if the MH Specialist determines the consumer is in need of immediate in-patient treatment.

At no time does the MHO attempt to treat or diagnose any consumer. The objective is to ensure the safety of all involved and help the consumer access available resources to whatever extent is required.

Emergency detentions:

Emergency Detentions are issued at the sole discretion of the San Marcos Police Department. San Marcos PD may refuse to issue an Emergency Detention or refuse to transport any patient on a case-by-case basis.

San Marcos PD may also issue an Emergency Detention but refuse to transport the patient due to the officer's own assessment of the patient's condition (age, nature of injuries, medical condition, etc.). San Marcos PD may elect to issue an Emergency Detention and require the patient's transport be conducted by EMS or private ambulance. In such cases, the officer will provide the Emergency Detention form to CTMC and/or EMS staff prior to transport and depart from the hospital.

SMPD Officers may at any time, circumvent clinic staff, detain a consumer under an emergency detention and transport that consumer directly an appropriate in-patient psych facility in Austin, San Antonio, or local hospital in San Marcos or Kyle, at the officer's discretion.

Emergency detentions are imposed when the MHO determines a person is a danger to himself or others, or when the person has decompensated to a degree the person has lost the ability for self-care or is in such a depleted or psychotic mental condition that in-patient services are immediately required.

Depending on the situation, when the MHO detains a person that has yet to be evaluated by a MH Specialist, **one of four actions will generally be taken:**

- 1) If the consumer is cooperative and compliant, the MHO will generally transport the consumer to the local mental health facility. In San Marcos it is the Scheib Center. Use of restraints is determined on a case-by-case basis, and often, no restraints are required.
 - a) Upon arrival, the consumer will be evaluated at the center by a MH Specialist and a decision will be made as to whether or not the consumer will be hospitalized or a safety plan is developed. If hospitalization is the solution, the MHO will conduct the transport after a bed is confirmed and secured at a designated facility.
 - b) If a safety plan is developed between the MH Specialist and the consumer, the consumer will be released to a responsible party that agrees with the terms of the

safety plan and appears to be capable of maintaining the plan. If necessary, the MHO will transport the consumer to the person(s) involved in the safety plan willing to accept responsibility for the consumer. A safety plan usually involves getting the consumer to a neutral environment where he/she can feel safe and will not be exposed to additional stressors. The plan generally requires next-day follow-up with the MH Specialist and often, the MHO.

- 2) If the consumer is hostile, uncooperative or combative, and a determination for the need of in-patient treatment is still in progress, the MHO will generally transport the consumer to the police department (interview room) where the consumer can be held in a more secure environment with additional officers readily available if needed. This option also serves to prevent the consumer from causing additional disturbances within the community or within the out-patient facility where other consumers may be receiving treatment.
 - a) The level of restraint used is determined by the level of hostility exhibited by the consumer. Although handcuffs with the consumer's hands cuffed behind him are the usual minimum, a waist belt with cuffs and a set of leg chains are often used.
 - b) In extreme cases, "The Wrap" (full body restraint) is utilized with a spit hood and protective foam rubber helmet, to prevent the consumer from striking his head against personnel or immovable objects, thus preventing self-injury or injury to others. In any case where the Wrap is utilized, the situation is treated as a medical emergency and the consumer transported directly to the local hospital by EMS with the MHO and/or patrol officers following EMS.
- 3) If the consumer is in need of immediate medical attention, transport will be provided by the MHO or if necessary by EMS. If the consumer can be treated and released, an MH Specialist will conduct the evaluation at the hospital. If the consumer's condition (possible overdose) or level of injury is such that the consumer needs to be admitted to the hospital, the consumer is generally released to the hospital. An emergency detention may still be issued at that time depending on the consumer's flight risk and level of cooperation. Under extreme circumstances, an on-going police presence may be required at the hospital to ensure treatment and safety and provide hospital staff sufficient time to secure the consumer and summon security to the scene. When the consumer is medically cleared by the medical hospital, an evaluation is conducted and in-patient MH services are required, the MHO will then transport the consumer to the designated facility.
- 4) On rare occasions, the MHO may call upon the MH Specialist to come to the scene where contact was initially made, to conduct the evaluation. Such calls are generally avoided for the purpose of expediting contact between the MH Specialist and the consumer. Past experiences have shown the response time is extended considerably when the MH Specialist has to stop their responsibilities at the clinic, gather their required paperwork/equipment, clarify the

location of the MHO and consumer, and determine the proper route then drive to that location before the evaluation can begin. Furthermore, it is at times better to move the consumer into a neutral environment and away from the original environment where stressors may continue to aggravate the situation and deter proper evaluation. The unknown presence of weapons in a consumer's residence is always a factor to consider, even if the consumer has claimed none are present.

At any time during an investigation where the consumer is not directly transported to a medical hospital, the MHO may elect to have EMS dispatched to the scene for the purpose of checking the consumer's vital signs, particularly when the consumer has been physically subdued or is in an elevated, excited mental/emotional state.

Transports:

In the event a consumer is determined to be in need of in-patient services, the MHO transports consumers to private and state hospitals in Austin, San Antonio and Kerrville, TX, once a bed has been reserved by the MH Specialist for the consumer. Often, when a consumer is initially taken to a medical hospital, a doctor-to-doctor and/or nurse-to-nurse phone conference will have to take place between the staff at the medical hospital and the staff at the mental health hospital prior to transport.

In the event the consumer has been or continues to be combative or presents a flight risk, a second officer may accompany the MHO during transport. The continued use of restraints is, again, determined on a case-by-case basis. At times the level of initial restraint may be reduced as opposed to completely deleted. For example, a consumer that initially required handcuffs behind him and leg chains, may have calmed sufficiently to be placed in a waist belt with his hands cuffed in front and the leg chains removed.

Transports to Austin or Kerrville for example, may require a lengthy transport of two to four hours, perhaps longer. Consideration must be given to the welfare of the consumer and allow for a reasonable degree of comfort without compromising custody and safety. Failure to do so may heighten or cause the consumer to re-enter a state of crisis brought on by pain and the uncomfortable nature of certain restraints.

San Marcos PD has a number of vehicles equipped with in-car digital video recording systems called Coban. The Coban systems provide forward-facing recording to the front of the vehicle and rear passenger compartment recording. The Coban system is utilized for all transports whenever possible. In the event a female consumer requires transport and the Coban system is not available or functioning properly, a second officer will generally be assigned to the transport.

In the event of a Coban malfunction, where the transport of a female consumer has already begun and only one officer is transporting, the officer will implement additional procedures to document the progress of the transport. Such procedures will include but are not limited to advising

Dispatch of current mileage and location as well as frequent and regular contact with Dispatch by radio and phone.

San Marcos PD has compiled and implemented a voluntary call-out list when additional officers are needed for transport, to either assist the on-duty MHO or handle multiple or after-hours transports. Officers assisting with transports when off duty are paid overtime.

Community Involvement:

When possible, the MHO attends various community functions related to the advancement of mental health services. This includes attending local NAMI support group meetings, Scheib/MCOT meetings and conducting presentations for other agencies, groups or businesses that have frequent contact with consumers. The MHO also conducts presentations for the department's Citizen's Police Academy and training during the police department's internal "mini-academy" for new recruits.

The San Marcos PD mini academy is a five-week training session conducted for newly hired police recruits after they complete the state-mandated BPOC and **before** they begin field training. The mental health mini-academy training focuses on familiarizing recruits with basic mental health procedures and proper conduct during initial contact with an emphasis on de-escalation, communication skills and gaining voluntary compliance for the purpose of preventing/minimizing use of force. Additional MH training continues during field training. **Jail diversion** is a primary focus during training. The objective is to assist new recruits with reaching the proper conclusion when an offense is an element of the investigation but may not require arrest, with hospitalization and jail diversion being the more appropriate solution.

The MHO also coordinates with the local Military Veteran's Peer Network. MVPN is another branch of Scheib/Hill County MHDD. Staffed by veterans, the group offers numerous services to veterans in need and or in crisis. When an MHO determines a consumer is also a veteran, the MHO notifies MVPN staff.

Arrangements are made to conduct home visits with a MVPN staff member present or have the consumer meet with MVPN staff at their office. MVPN and the MHO also work closely with the local Veteran's Services Office, which largely provides assistance to veterans in the process of obtaining or appealing services from the VA. Patrol officers encountering veterans that may need mental health services generally forward the veteran's contact info to the MHO for follow-up with MVPN.

Documentation:

Information reports are always generated by the MHO or any other officer when a consumer is transported to an in-patient facility for treatment after evaluation. Reports are **not generated** simply because a consumer is **detained** for evaluation and then released, unless extenuating circumstances exist. Additional information reports may be generated on a case-by-case basis when the actions and/or

behavior of a consumer are such that an on-going investigation has been initiated or a pattern of behavior needs to be documented.

The MHO submits a weekly report to the officer's immediate supervisor. The weekly report is a brief synopsis of events and investigations conducted by the MHO over a seven day period. Case numbers are often assigned to various investigations and functions to assist with documentation; however, assigning a case number to every incident the MHO is involved in is not practical. For events where a case number is not assigned, the MHO may track activity with entries in a daily planner. When the weekly report is submitted, case numbers may often listed with a brief comment related to the number. When no case number is assigned, the date of the event is noted in the weekly report in lieu of a case number, again with a brief description of the activity. The description will also indicate if a report was generated or list "N/R" for no report.

In The Works:

LOSS Team: The MCOT supervisor has recently initiated the formation of a LOSS Team (Local Outreach for Suicide Survivors) comprised of clinicians and an MHO. The LOSS team will focus on support for community members that have lost a friend or loved one to suicide in an effort to negate the potential for additional crisis or suicide by affected persons.

Jail Recovery: The Jail Recovery initiative, proposed by the SMPD MHO, will be based on post-arrest contact in jail, with local consumers that have been resistant to pre-arrest contact and offers of support and MH services. The objective is to inspire the consumer to engage or re-engage in MH services at a time when the consumer may be at exceptional risk of suicide and to divert further criminal behavior/arrests upon release. A secondary goal is to reduce tension/hostilities that the consumer may harbor toward law enforcement due to the consumer's arrest. This initiative is pending due to a current vacancy the clinic's MH Court Liaison position. The MH Court Liaison is intended to by a pivotal role in this initiative.