

# ***HOUSTON POLICE DEPARTMENT MENTAL HEALTH DIVISION***



**2017**  
**ANNUAL  
REPORT**



- REFERENCES
- 11 Catholic
  - 12 Young Men's Association
  - 13 German Methodist Church
  - 14 American Catholic
  - 15 Colored
  - 16 City Cemetery
  - 17 Episcopal
  - 18 Masonic
  - 19 Fair Ground
  - 20 Game Works

# HOUSTON

## TEXAS

- REFERENCES
- 21 Town Hall
  - 22 City Hall
  - 23 Ray City Branch Iron Works & Co.
  - 24 Eagle Iron Works
  - 25 Plaster Mill Mitchell & Brown
  - 26 Houston Novelty Works Millard Robinson
  - 27 Eagle Car Works J.H. Forester
  - 28 Pencil Iron Works Higgins Smith & Simpson
  - 29 Carriage & Wagon Shop Haydel & Co.
  - 30 Carriage & Wagon Manufactory Hard Mason Co.

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**Art Acevedo**  
Chief of Police



*"Mental illness impacts all communities.*

*It does not discriminate.*

*There is an intersection of mental illness and  
addiction that people do not choose.*

*The work done by the Houston Police Department  
through the Mental Health Division, limits the  
probability for bad outcomes for people that  
society has given up on to a great extent.*

*With the intervention of law enforcement and  
mental health care professionals, every call  
handled by the Mental Health Division is a  
potential tragedy avoided."*

**Art Acevedo**  
Chief of Police

*"The Mental Health Division's goal, in all emergencies stemming from mental crisis, is to utilize the least coercive measures to secure the welfare of all those concerned, unite consumers with needed services, and divert them from the criminal justice system whenever possible."*



**Troy Finner**  
Executive Assistant Chief  
Field Operations



*"The Mental Health Division's mission is to provide a more professional and humane response to individuals in serious mental health crises. Through the reading of our annual report, it is evident that our division is dedicated to ensuring the safety of all affected by mental illness. Our mission continues to grow. We are connecting more citizens that have previously reached out to law enforcement for mental health care reasons to vital case management with our mental health authority. We are grateful for the collaborative efforts of our mental healthcare professional partners and look forward to continuing our efforts to protect all Houston citizens."*



**Wendy Baimbridge**  
Assistant Chief  
Patrol Region 3 Command

# Multi-Agency Collaboration



**Tommy Shelton**  
Lieutenant  
HCSO

**Walter Bailey**  
Captain  
HCSO

**Mike Lee**  
Major  
HCSO

**Frank Webb**  
Project Manager  
HCSO

**Wendy Baimbridge**  
Assistant Chief  
HPD

**Bill Staney**  
Captain  
HPD

**Patrick Plourde**  
Lieutenant  
HPD



Staff members of the Mental Health Division represent the Houston Police Department, Harris County Sheriff's Office, and the Harris Center for Mental Health & IDD. Each year the division continues to expand and grow bringing new program concepts and improved response strategies.



# MISSION STATEMENT

*To provide a professional , humane, and safe response to individuals with behavioral health problems and to the homeless.*

# PURPOSE

*To develop and oversee the department's multifaceted strategies for responding to individuals with behavioral health problems and the homeless, and to provide guidance in the areas of policy and procedure.*

# CORE VALUES

*A team approach to its work*

*Treat all people with respect and dignity*

*Approach all work with integrity*

*Respect individual differences*

*Provide transparency to all stakeholders*

*Learn. Collaborate. Educate. Innovate. Serve.*

# Three Components to Relational Policing:

## Community Partnerships

Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to develop solutions to problems and increase trust in police

## Organizational Transformation

Alignment of organizational management, structure, personnel, and information systems to support community partnerships and proactive problems solving

## Problem Solving

The process of engaging in the proactive and systematic examination of identified problems to develop and evaluate effective responses



# Community Partnerships

Alzheimer's Association of Houston and Southeast Texas  
Arc Greater Houston  
Ben Taub Psychiatric Unit  
Bristow/PATH Homeless Unit  
Council on Recovery Houston  
Crisis Hotline  
Harris Center, Helpline and Crisis Line  
Harris Center, NeuroPsychiatric Center  
Harris County Protective Services, Guardianship Program  
Harris County Psychiatric Center  
Harris County Sheriff's Office  
Harris County Social Services  
Houston Recovery Center  
Houston Service Helpline  
Main Street Ministries  
Mayor's Office for Homeless Initiatives  
Mayor's Citizen's Assistance Office  
Mental Health America of Greater Houston  
Mental Health America  
Michael E. DeBakey Veterans Affairs Medical Center  
Harris Center, Mobile Crisis Outreach Team  
Montrose Counseling Center  
National Alliance on Mental Illness  
Precinct 1 Constables Office at HCPC  
Rape Crisis Hotline  
Salvation Army  
SEARCH Homeless Services  
Social Security Administration  
Star of Hope Mission  
Suicide Hotline  
Teen Crisis Hotline  
Texas Adult Protective Services (APS)  
Texas Department of Public Safety  
The Harris Center for Mental Health & IDD  
United States Department of Veterans Affairs  
And many more

# Hurricane Harvey Rescue and Relief Efforts



## A Community Comes Together in Time of Crisis

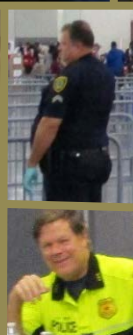




*"I would like to recognize the excellent team effort of the Houston Police Department's Mental Health Division, all of whom used Crisis Intervention Training and skills during the initial downtown homeless evacuation & rescue operations. They maintained order during large scale sheltering operations conducted at the George R. Brown Convention Center during Hurricane Harvey. The entire division was deployed to the GRB during the mass sheltering event because of their unique expertise in handling the chronic homeless and those suffering from mental illness and other crisis situations."*

**Bill Staney**  
Captain of Police  
Mental Health Division







Crisis Intervention Response Team members, made up from specially trained Mental Health Division officers and Masters Level Clinicians from the Harris Center for Mental Health & IDD, became especially critical in assisting persons in crisis as a result of the close quarter living and concentration of chronically homeless, drug dependent, and those suffering from various forms of mental illness housed at the George R. Brown Convention Center.

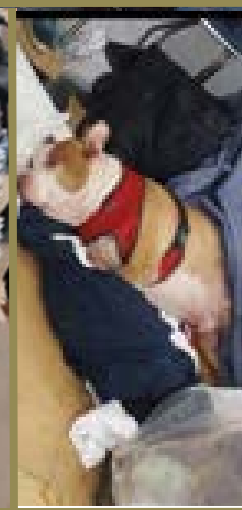
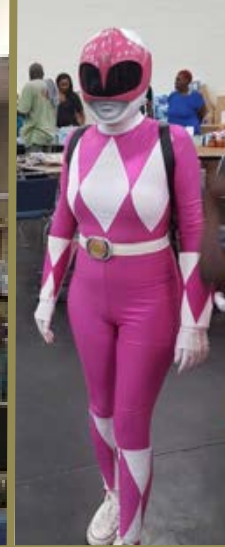
During this time over 10,300 persons were housed, resulting in hundreds of encounters involving mental health issues handled through intervention of the Crisis Intervention Response Team or Mental Health Division personnel certified in Crisis Intervention Training.

Additionally, there were twenty-six Emergency Detention Orders filed for persons in crisis who were unable to be treated by on-site Mental Health Providers. These persons were transported to the local neuro-psychiatric center or emergency rooms for stabilization and treatment.



# Public Donations









FEMA REGISTRATION CENTER









# ***CRISIS INTERVENTION RESPONSE TEAM***



# Crisis Intervention Response Team

The Crisis Intervention Response Team (CIRT) partners a licensed Master's level clinician from The Harris Center for Mental Health and Intellectual Developmental Disorder with a specialized Houston Police Officer or Harris County Sheriff's Deputy. The team rides in a marked patrol car together to respond to calls assisting those experiencing a mental health crisis. The CIRT program is a dedicated program tasked with responding to all Special Weapons and Tactics (SWAT) scenes, evaluating detainees at city jail, transporting individuals in crisis from Harris Center clinics, and assessing consumers on state hospital admission list for crisis prevention. Family members are provided with insight into the mental health diagnosis through behavior management and crisis prevention education. CIRT operates 24 hours, 7 days a week.



## GOALS

**Respond to mental health crisis calls in Houston and Harris County and provide linkage to emergency services at local hospitals or other community resources**

**Assess individuals for danger to self or others, psychosis or mental health deterioration**

**Educate family members on behavior management associated with mental health diagnosis and crisis prevention**

**Ensure the most efficient use of emergency response resources**



# CIRT | MANAGEMENT



**W. Hodge**, Sergeant  
HCSO Supervisor

**Edwina Mason-Kirkland**, LPC-S  
Clinical Team Leader

**J. Silva**, Sergeant  
HPD Supervisor

**Kisha Lorio**, LPC-S  
CIRT Program Director

**J. Ramirez**, Sergeant  
HPD Supervisor

**Ann MacLeod**, LPC-S  
Director Crisis Division

**N. Groves**, Sergeant  
HPD Supervisor

**K. Hudson**, Sergeant  
HCSO Supervisor

## CRISIS INTERVENTION RESPONSE TEAM | STAFF



CIRT staff is comprised of 12 Houston Police Department Officers, 20 Harris Center Masters level licensed clinicians, and 9 Harris County Sheriff's Deputies.

# CIRT: 2017 Statistics

5467

**Calls for Service** – CIRT answers the most serious calls involving individuals in serious mental health crises. They also assist patrol officers with difficult and/or dangerous situations

2107

**Emergency Detentions** – Texas peace officers are the only people in the state with the authority to take a person for a psychiatric evaluation, involuntarily, if the officer believes the person is mentally ill and poses a significant risk of serious harm to self or others.

2792

**Incident Reports/Supplements** – Incident reports are made for each call a CIRT unit makes and when a unit makes an on-view investigation. Supplements are made to original incident reports when officers respond to individuals repeatedly during a calendar year.

158

**Referral Follow-Ups** – CIRT receives proactive assignments. Examples include letters written to city council members, the mayor, or the police chief by individuals with mental health problems. The letters may be threatening in nature. CIRT units may visit individuals and make an assessment on the person's condition. Follow-up visits are made to continue to assess the individual's condition.

62

**Jail Assessments** – When prisoners in Houston Police Department jails exhibit mental health problems, a CIRT unit will go to the jail, if available, to assess the prisoner. If it is determined the prisoner is in a serious mental health crisis, the prisoner will be transferred to the Harris County Jail. Harris County has a forensic psychiatric unit inside the jail and can address the prisoner's mental health problem.

# Carly D.

Carly is a female in her early fifties who has been dependent on alcohol since she was 21. She has a history of depression and anxiety. A week prior to her encounter with police, Carly was hospitalized following a seizure brought on by alcohol use and lack of proper nutrition. She said doctors told her that she had to start taking better care of herself because her electrolytes were dangerously low and her lifestyle choices were going to kill her. While in the hospital, Carly began having suicidal thoughts and told the doctors that she wanted to just kill herself. Doctors transferred her for psychiatric evaluation.

After a week of hospitalization, Carly was released and arrived at home without her keys, wallet or phone. She stated that she got upset when her husband would not come home to let her into their house. After gaining access through the use of a locksmith, she barricaded both the front and back doors.

When her husband arrived, she stated that she was scared that her husband wanted her to go to a rehabilitation facility and she wanted to “protect her castle”. When her husband broke the chain on the door and began to enter the residence, she stated that she pointed a handgun at him and said “I have a gun and I will shoot”. She stated that her husband dropped a box that he was carrying and ran out.

Upon the arrival of a patrol unit, Carly refused to come out because she said that the police never help her and that she didn't think that they would help her today. Patrol officers requested Crisis Intervention Response Team (CIRT) and Officer K. Griffin arrived with Harris Center clinician B. Bischoff. Officer Griffin was able to utilize his CIRT training to calm Carly down. He explained that she was being accused of a criminal act and officers could not leave until they spoke with her. She opened her door, but ran back into her residence stating that she did not want to be handcuffed.

Officer Griffin patiently spoke with her about how and why she would be handcuffed. He explained that if she did not leave the residence without the handgun, SWAT and a K9 (police dog) unit would help to get her out of the house. Carly exited the house without the handgun. Officer Griffin's actions allowed Carly to be safely detained so that she can deal with her criminal charges, addiction and mental illness without harm or further adding to her already heavy burden.





**Bridgette Bischoff**, LPC of the Harris Center and **Kyndall Griffin**, Police Officer  
(Pictured above from left to right)

# ***HOMELESS OUTREACH TEAM***



# Homeless Outreach Team

The Homeless Outreach Team (HOT) is comprised of one HPD sergeant, six HPD officers, one Metro PD officer, and three case workers from the Harris Center for Mental Health and IDD. Born in January 2011 from a successful pilot program, the HOT Team has become a model of community policing to address the long-standing societal issue of homelessness. Additionally, the HOT Team works collaboratively with numerous service providers to provide benefits and services to the homeless. Some of the service providers include Star of Hope Mission, SEARCH Homeless Services, The Salvation Army of Houston, Main Street Ministries Houston, United States Veterans Affairs, Texas Department of Public Safety, Social Security Administration, and the Harris Health System. The team is relationship focused and works to provide assistance with employment, medical care, mental health treatment, substance abuse treatment, social security benefits, reestablishment of their identity, and to obtain permanent supportive housing.



## GOALS

Work to build trust and relationships with homeless individuals to enhance their overall wellbeing

Coordinate the Houston Police Department's response to the homeless population

Maintain relationships with all Houston-area homeless services

Create homeless identification letters which are accepted at all Texas Department of Public Safety locations

Continue to work toward enhancing legislative and lobbying efforts







# Harold C.



Due to a series of debilitating strokes, Harold was left paralyzed on the left side of his body and completely dependent on a wheelchair. He was unable to bathe, use the restroom, or attend to basic hygiene needs without assistance. A lifetime of undiagnosed mental health issues and years of alcohol abuse burned bridges with family members, friends and many local shelters.

Harold did not receive any social security benefits and therefore had no source of income. This lack of finances prevented placement into a personal care home or skilled nursing facility. Harold's level of need made it impossible for him to stay even overnight at a standard shelter.

The Homeless Outreach Team (HOT) found Harold living under the bridge across from Star of Hope, sitting in his wheel chair wearing a dirty adult diaper. With some out-of-the-box thinking, HOT was able to access medical, mental health and other wellness services to get his benefits expedited. HOT then negotiated with the Salvation Army to allow him to stay in the facilities temporarily until his benefits were available. Through a lot of hard work and focused attention, Harold was able to get admitted into a skilled nursing home on a Medicaid pending basis. Harold's benefits eventually came through and he was successfully placed in a skilled nursing facility.

# Felicia C.

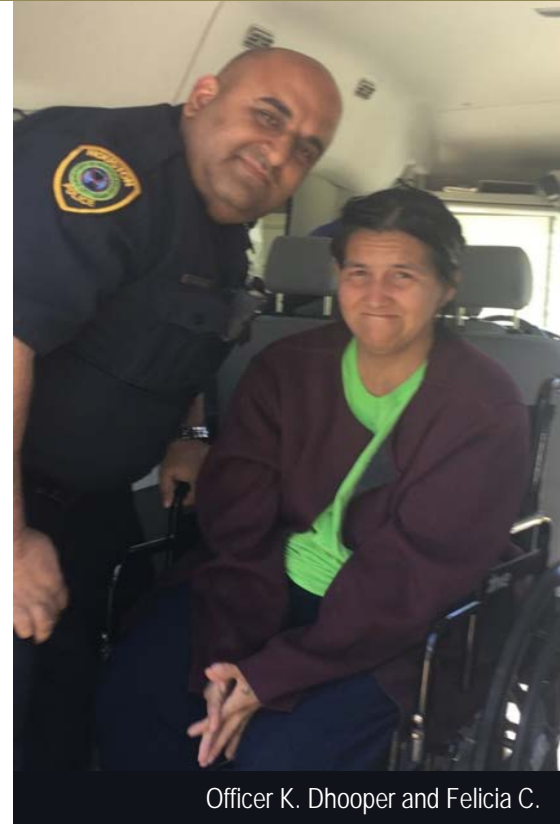
Felicia C. has a history of mental illness with labile affect which is characterized by inappropriate involuntary laughing and crying due to a nervous system disorder. In the past, she suffered a traumatic brain injury from a prior auto/pedestrian accident. She has demonstrated that she has no insight into need for treatment. For years, Felicia lived homeless on the streets of Houston and had numerous emergency room visits and hospitalizations. Felicia's physical health deteriorated to such an extent that she would not move around in her wheelchair without assistance. Felicia was observed lying on the sidewalk in her own urine and feces for weeks. For years, Felicia lived homeless on the streets of Houston and had numerous emergency room visits and hospitalizations. Felicia's physical health deteriorated to such an extent that she would not move around in her wheelchair without assistance.

Felicia was observed lying on the sidewalk in her own urine and feces for weeks.

Felicia had several Adult Protective Services (APS) referrals with no resulting assistance. A referral was made for Harris County Guardianship, but she needed a capacity assessment. She was transported to Ben Taub on Emergency Detention Order for a deteriorating condition and mental health diagnosis. The transporting police officer received little cooperation from emergency room staff and waited 13 hours for a capacity assessment. Felicia was discharged soon after the officer left.

A second attempt was made to get Felicia help at Cypress Creek Behavioral. Felicia was uncooperative and refusing to be admitted for mental health treatment. Despite previous arrangements with the facility, they declined to take her because of her high level of need and her escalated recalcitrant behavior.

She was transported to North Houston Medical Center, where the officer advocated for access to a Mental Assessment Team to coordinate admission into Cypress Creek Behavioral. With the capacity assessment complete, she was appointed a guardian through Harris County Guardianship. Felicia was placed in a personal care home to receive essential long-term care.



Officer K. Dhooper and Felicia C.



# Homeless Outreach Team: 2017 Statistics

6124

**Consumer Contacts** – Making personal contact with the homeless in an attempt to offer assistance with medical care, mental health treatment, identification letters, housing, social security benefits, etc.

904

**Service Provider Connections** – Making contact with homeless provider organizations to assist the homeless. Examples of providers include the Star of Hope, Salvation Army, United States Veterans Initiative, and the Cenikor Foundation.

14515

**Service Referrals** – Information provided to the homeless such as detox through the Cenikor Foundation, rehab at the Open Door Mission, shelter at the Salvation Army, and transitional housing at the Turning Point Center.

2749

**Outreach Efforts** – Going where the homeless are to make contact with them whether it is in the streets, deep in the woods, encampments, or under a bridge. Notifying the homeless of who the HOT members are and the services they can provide.

407

**Housed** – One of the primary goals of the Homeless Outreach team is to house the chronic homeless. HOT collaborates with several organizations to obtain housing for the homeless. Hot housed 407 individuals in 2017.

930

**Identification Letters** – One of the problems of the homeless is the lack of documentation, either by theft or loss. It is difficult to receive services without identification. HOT worked with the Texas Department of Public Safety and developed a process for obtaining replacement identification for the homeless. The identification letters have helped many of the homeless get housing, employment, and other services.



**Sergeant Steve Wick**, of the Houston Police Department's Homeless Outreach Team (upper left photo) was featured in a local news story after a photo was taken of him clipping the toenails of a homeless man, identified as Quintus. The story had since gone viral throughout various social media outlets. H.O.P.E. Haven honored Sergeant Wick and his team at their 2017 Living Masterpiece Gala for their accomplishments for serving the homeless community. An artist painted an image of Quintus and the photo which was later auctioned off during the special event. The proceeds were donated to the H.O.P.E. Haven to help them continue their mission of helping people move from crisis to lifelong self-sufficiency.







# ***SENIOR JUSTICE ASSESSMENT CENTER***



# Senior Justice Assessment Center

A model of multi-disciplinary collaboration, the Senior Justice Assessment Center addresses the needs of the growing senior adult population in Harris County. It offers a centralized location with experts in geriatric medicine, protective services, civil and criminal prosecution and law enforcement. This specialized team helps to improve or preserve the quality of life and protect the well-being of vulnerable senior adult victims of abuse, neglect and financial exploitation. Clients served by multiple agencies and parallel investigations cause a marked duplication of effort and increase in costs to city and county budgets. The Houston Police Department provides an officer as a liaison to facilitate the intake function from Adult Protective Services (APS) and the Department of Aging and Disability Services (DADS), assist HPD investigative divisions and provide expert witnesses for their cases.



## GOALS

Continue to effectively assist senior adult victims of abuse, neglect and financial exploitation.

Address issues with quality of evidence involving clients with dementia

Decrease overall investigative costs and duplication of agency investigation

Extend the network to area community centers

Successfully secure continuous funding opportunities through community partners and grant applications

Develop increasing capabilities involving ethnic diversion

# Senior Justice Assessment Center | Management



**Barbara Lopez**  
Program Manager

**Officer J. Garcia**  
Houston Police Liaison

# Senior Justice Assessment Center | Staff



**Claudia Gonzales**  
Adult Services Division  
Administrator

**Latonya Cofield**  
SJAC Forensic Case Manager

**Ryshenique Eaglin**  
SJAC Administrative Assistant

**Robert Butler**  
SJAC Forensic Case Manager



# Benefits of the Senior Justice Assessment Center

The Harris County Senior Justice Assessment Center (SJAC) accepts cases and provides services to Harris County elderly victims of crime, in collaboration with community partners. The eligibility requirements are: Harris County resident, 65 or older and victim of crime/abuse. The following services are available to all SJAC clients.

- The forensic examination room has been completed and is fully functional.
- A Forensic Nurse can complete forensic exams, physical and functional evaluations and medical records review.
- A Psychiatrist can complete capacity assessments, medication and medical records review, mental health assessments and recommendations.
- At the Bayland Geriatric Clinic, clients can obtain a physical exam at no cost, even without medical insurance.
- The interview room has fully functional recording (visual, audio) equipment installed and a viewing area in the room next door for law enforcement or the DAO staff.
- Forensic Case Managers can complete psycho-social assessments to determine the client's needs, as well as case coordination for social services referrals.
- Multi-disciplinary team meetings are held every other Wednesday with representatives from APS, law enforcement, District Attorney's Office, County Attorney's Office, Office of the Attorney General, Harris Health, UTHealth, and any others added when appropriate for the cases discussed.

# Jackie E.



In October of 2017, a Homeless Outreach Team officer mentioned to Officer J. Garcia that he was concerned about an extreme case of a 65-year-old disabled male living on the street. Jackie was partially blind and incontinent with limited mobility (wheel chair bound). He consistently deteriorated requiring regular hospitalization. Due to being in the early stages of dementia, he still presented rationally and spoke well. Hospitals would simply stabilize and discharge after Jackie indicated he was aware of his situation and assured them that he was looking to better himself.

Officer Mansfield stated that getting homeless senior citizens under some form of legal guardianship was quite difficult and tedious. Officer Garcia recommended to Officer Mansfield that he submit Jackie's case to the Senior Justice Assessment Center referral link website for the purpose of getting him an expedited capacity assessment. The case was submitted in the final week of October and was presented to the panel at the November 1<sup>st</sup> meeting.

The discussion at the panel meeting focused on removing Jackie from the hostile street environment into social services as soon as possible. An Adult Protective Services case worker was assigned the case and Jackie was located in Pasadena where a Capacity Assessment was completed on November 20. From start to finish it was a 3 week time span since Jackie was found to lack full capacity, to being recommended for guardianship. He was placed in a home to await social services and guardianship. Jackie was given justice in the form of social services and has the opportunity to live out his remaining years in a safe and stable environment.





# Senior Justice Assessment Center: 2017 Statistics



83

**New Cases Opened** – Since its inception in April 2017, there were a total of 83 new cases reviewed and opened for criminal investigation by the review board committee.

72

**Financial Exploitation** – 72% of the open cases were financial exploitation investigations. Due to diminished cognitive reasoning, many elderly residents fall prey to scams, fraud, and other types of financial abuse. Other types of abuse cases include physical abuse, sexual abuse, neglect, and emotional abuse.

59

**80+ Age Group** – 59% of SJAC cases involved elderly victims who were 80 years of age and older. 23 cases involved victims who were 71 to 79 years of age. These statistics clearly shows how vulnerable this population is.

52

**Adult Protective Services** – 52% of all cases originated from investigators with APS. Complaints often stem from third party witnesses and/or family relatives, nursing facilities, etc.

18

**Houston Police Department** – HPD investigators referred 18 cases to the review board



# ***CHRONIC CONSUMER STABILIZATION INITIATIVE***





# Chronic Consumer Stabilization Initiative

Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department and The Harris Center for Mental Health and Intellectual & Developmental Disabilities. CCSI is designed to identify, engage, and provide services to individuals who have been diagnosed with a serious and persistent mental illness, and have frequent encounters with the Houston Police Department (HPD) either through their own initiative or by family and/or outside contacts. The team is a collaboration between one HPD officer and six case managers. CCSI staff works to engage individuals in mental health services and provide assistance in acquiring needed social services, with the intended goal of interrupting the cycle of repeated encounters with law enforcement and repeated psychiatric hospitalizations.



## GOALS

Facilitate compliance with recommended mental health treatment

Improve quality of life by reducing the number of involuntary commitments, homeless, victimization, and substance abuse

Lessen the frequency of interactions between Houston Police Department and individuals diagnosed with persistent mental illness

Identify unmet needs and barriers in the community that contribute to an individual's inability to engage and remain in mental health treatment

Provide support and education to individuals and family members, to minimize contact with law enforcement resulting from non-compliance with mental health treatment

# Chronic Consumer Stabilization Initiative | Staff



**Jon Shield**  
Psych Technician  
(Top Row)

**Officer L. Moulton**  
CCSI Investigator

**Jonathan Anthony**  
Care Coordinator

**Natalie Cole**  
Care Coordinator

**Larry Singleton**  
Care Coordinator  
(Row)

**Amber Honsinger**  
CCSI Program Director

**Sergeant A. Sanchez**  
CCSI Supervisor

**Melissa Gonzalez**  
Care Coordinator (Bottom  
Row)



# Roshaurd K.



Roshaurd K. is a 45 year old male who has a diagnosis of Schizoaffective Disorder. Roshaurd has a history of noncompliance with psychiatric treatment and chronic homelessness along with multiple admissions into inpatient facilities in Harris County. The Chronic Consumer Stabilization Initiative began working with Roshaurd on February 27, 2017 after discovering he had more than 10 emergency detention orders along with a countless number of law enforcement encounters, including several CIRT interventions. Roshaurd would be released from treatment with no follow ups. Roshaurd was known to be violent and psychotic with physical threatening behavior toward others when he was off his medication. Roshaurd's last admission to the Neuropsychiatric Center was on 02/15/2017 after the Mental Health Division's Homeless Outreach Team observed Roshaurd sitting in a trash can. Roshaurd was disorganized, belligerent and agitated. Roshaurd, without regard for his safety, walked into traffic causing vehicles to slam on their brakes and avoid hitting him. Roshaurd was transported to NPC and evaluated by doctors. Officer L. J. Moulton and Care Coordinator Jonathan Anthony met with Roshaurd on Main St. Square where he agreed to work with the CCSI program. Roshaurd was given intensive care coordination for several weeks, with daily meetings. Roshaurd was encouraged to stay on his medication and was taken to all of his doctor appointments. Today, Roshaurd has been stable on his medication and compliant with all of his treatments. He has moved into a single occupancy residence, and currently has made contact with his twin brother whom he has not seen in three years. Roshaurd has not been in the hospital or in jail for the past 11 months. CCSI continues to work with Roshaurd every week and will continue to assist him with all of his needs.



# CCSI: 2017 Statistics

This data is based on the 89 Clients that were enrolled and received services during 2017 calendar year in the CCSI program. The data excludes all single contact clients.

## Improvement Summary:

PES: 76% improvement in admissions and a cost savings of \$341,696

HCPC: 78% improvement in utilization of bed days and a cost savings of \$325,242

In 2017, there was 63% reduction in police contacts among individuals in the CCSI Program

## **CCSI Success Rates for Clients Enrolled in program during 2017**

Activity	1 Year Prior to CCSI	2017 Contacts/Bed days	Difference
PES Admits	371	90	-76%
HCPC Bed Days	814	180	-78%

## **CCSI Client Cost Savings 2017\*(Based on 2017 rates)**

Activity	1 Year Prior to CCSI	Cost	Served in 2017	Cost	Difference
PES Admits	371	\$451,136	90	\$109,440	\$341,696
HCPC Bed Days	814	\$417,582	180	\$92,340	\$325,242
<b>Total Savings</b>					<b>\$666,938</b>

## **Cost Table \*(2017 Cost Rates)**

<b>Estimated Costs:</b>	<b>Cost</b>
<b>PES Cost Per Day</b>	\$1,216
<b>HCPC Cost Per Day</b>	\$513

PES: Psychiatric Emergency Services

HCPC: Harris County Psychiatric Center



# ***CRISIS CALL DIVERSION PROGRAM***





# Crisis Call Diversion Program

Implemented in 2015, this innovative program brings helpline crisis counselors from The Harris Center for Mental Health into the Houston Emergency Center (HEC), Houston/Harris County's dispatch center.

A significant number of calls involving individuals in serious mental health crisis have no criminal nexus. Citizens with crisis type events call police for assistance and guidance because it is the sole agency that works on a 24/7 basis. A percentage of these calls can be responded to by mental health professionals and crisis counselors rather than dispatching a patrol unit. The Harris Center Helpline is capable of providing telephone support in crisis intervention, suicide assessments and intervention, and can direct callers to various community referrals in mental health and social services. This collaborative effort builds on a growing and layered partnership between the Houston Police Department and the Harris Center.



## GOALS

**Increase the number of full-time Tele-Counselors and Clinical Team Leaders to effectively cover day, evening and night shifts**

**Decrease overall 9-1-1 system misuse for mental health reasons by increasing the total number of call diversions**

**Balance the supervision of a Harris Center Masters Level Clinician with the guidelines set by the Mental Health Division**

**Ensure the most efficient use of emergency response resources**

**Secure permanent funding for this groundbreaking collaboration**

# CCD Program Summary

The first of its kind in the nation, the Crisis Call Diversion partnership embeds mental health crisis line phone counselors on the floor of the Houston Emergency Center alongside HPD dispatchers and call takers. The purpose is to divert police or de-escalating mental health crisis calls prior to police arrival, creating a safer scene for the caller and the responding officers. Crisis Call Diversion phone counselors screen calls holding for police response, calls which do not involve violence, a possible crime or a medical emergency and are considered eligible for Crisis Call Diversion intervention. Crisis Call Diversion phone counselors contact the reportee and handle the call as they would on a crisis hotline call. If they are able to handle the situation utilizing their resources and training and police response is not required, the call is successfully diverted.

In March 2017 Houston Emergency Center (HEC) Call Takers began transferring Crisis Call Diversion eligible calls directly to phone counselors in order to provide an immediate response to the caller in crisis. The Crisis Call Diversion partnership expanded in June 2017 to include live transfers from Houston Fire Department Call Takers. Callers requesting EMS due to a mental health crisis that does not involve a medical emergency or possible crime are now connected directly to Crisis Call Diversion phone counselors.

The Crisis Call Diversion team provides mental health referrals based on individual caller needs and is able to offer face to face services through The Harris Center for Mental Health and IDD outpatient programs. HPD patrol officers do not have the resources to make direct connections to mental healthcare and typically provide a referral sheet to individuals who do not meet criteria for involuntary hospitalization. Crisis Call Diversion intervention provides crisis counseling from Qualified Mental Health Professionals who have the time and resources to connect callers directly to services, provide detailed instructions on obtaining mental health care and place follow-up calls to assist with connecting to mental health services as well as provide emotional support during the initial crisis.

# Crisis Call Diversion Program Success Stories

## Suicide by Cop

Caller contacted the Houston Emergency Center, requested police and expressed the desire to have police to shoot the caller. The caller also disclosed having a machete to provoke responding officers. The caller was connected directly to a CCD Phone Counselor. The caller disclosed being homeless and having no support system. The caller disclosed a mental health diagnosis and did not have medication. The caller expressed feeling as if society does not care about less fortunate individuals such as the caller and did not want to live in such a world. The caller advised of a plan to harm self when police arrive in order to receive help. The CCD Phone Counselor was able to de-escalate the consumer and offer a safety plan with the caller which led to the caller separating from the machete by throwing it across the lawn. The caller agreed to accept transport from HPD to the Neuro Psychiatric Center without self-injuring or attempting to provoke the responding officers. The CCD Phone Counselor was able to hear police when they arrived and verified through dispatch that the officer was on scene. The CCD Phone Counselor instructed the caller to put the phone down and comply with the officer's requests. The caller agreed and ended the call. The caller was voluntarily transported to the NPC by HPD.

## Juvenile Truancy Guidance

The mother of a 14 year old male called the Houston Emergency Center due to her son refusing to go to school and requested an officer be sent to her home in order to speak with the child. A CCD phone counselor reached out to the mother who stated her son had refused to attend school 10 days over the past 3 months. She disclosed he was spending a lot of time alone in his room, acting out in anger and threatening to hit family members. The mother denied a history of mental health related symptoms but did state he was attending special education classes at school as her son was unable to read, write or count. The mother stated she was never informed of her son's Intellectual Developmental Disability diagnosis. The mother had no support system and was the only caregiver of her son and his siblings. Harris Center IDD services were offered to the mother. The child was connected to IDD crisis services, evaluated for Determination of Intellectual Disability and diagnosed as being on the Autism Spectrum. No additional calls to the Houston Emergency Center have occurred since CCD intervention.



# Crisis Call Diversion Program Success Stories

## NeuroPsychiatric Center Walk-in Referral

Caller contacted the Houston Emergency Center due to her adult son entering her place of employment which is a restaurant and eating food off of customer's plates. The caller disclosed her son had a mental health diagnosis. The caller informed the CCD phone counselor that she left the location and was taking her son home because she was concerned her son's current crisis would put his safety at risk. The caller disclosed her son recently received an injection to treat his mental health symptoms but did not feel the medication was working properly. The caller disclosed she requested police one day prior but at the time of police response her son did not meet criteria for involuntary hospitalization. The caller stated she was advised to apply for a mental health warrant but stated she would not be able to travel to the Harris County Psychiatric Center until the following week. The caller expressed that she needed to know what steps to take next. The caller stated her son was voluntary at the time of the call and was willing to enter a psychiatric facility. The caller agreed to take her son to the Neuro Psychiatric Center without the assistance of police. The client voluntarily entered the facility and was connected to in-patient psychiatric services.

## Postpartum Assistance

The client's partner contacted the Houston Emergency Center and requested Emergency Medical Services (EMS). The caller was connected to CCD due to an absence of an immediate medical emergency or crime. The caller reported the client was waking up due to night terrors for several nights, appearing delusional and uncharacteristically afraid. The caller stated the client had endorsed auditory and visual hallucination and loss of appetite. The caller denied the client had disclosed suicidal or homicidal ideations and had no prior known mental health diagnosis. The caller indicated the client's symptoms began after giving birth and the client was under additional stress due to the anniversary of the death of a loved one. CCD provided mental health referrals and safety planning. The caller agreed to remain with the client and arrange travel to the Neuro Psychiatric Center independently. The caller agreed to cancel EMS response and it was determined police response was not required. The client voluntarily entered the Neuro Psychiatric Center the same day and received mental health care. No additional calls to the Houston Emergency Center have been placed by the caller or client.

# Crisis Call Diversion Program

## Founding Community Partnerships

### HOUSTON ENDOWMENT

A PHILANTHROPY ENDOWED BY  
JESSE H. AND MARY GIBBS JONES

600 Travis, Suite 6400  
Houston, Texas 77002  
Phone: (713) 238-8100  
[connect@houstonendowment.org](mailto:connect@houstonendowment.org)



500 Fannin St. Suite 300  
Houston, Texas 77002  
Phone: (713) 225-0900  
[info@episcopalhealth.org](mailto:info@episcopalhealth.org)



# BJA

**Bureau of Justice Assistance  
U.S. Department of Justice**

Bureau of Justice Assistance  
Office of Justice Programs  
810 Seventh Street, NW  
Washington, DC 20531  
Phone: 202-616-6500

# Crisis Call Diversion Program: 2017 Statistics



2395

**Crisis Calls Diverted** – Many calls made to the Houston Emergency Center do not necessarily require the response of a patrol unit or EMS to meet with a consumer. Non-emergent CIT calls are transferred to a tele-counselor where they may be able to address a consumer's needs directly, in most cases, successfully diverting them away from police/EMS services.

6097

**Calls Answered** – Tele-counselors receive CIT calls from the call takers and also proactively handle calls with a mental health component. There are only two tele-counselors on duty each shift.

1499

**Citizens Assisted (Non-Diversion)** – Total number of calls where citizens were provided clinical assessments and de-escalation of crisis but still required a police response. In these types of cases, the average time spent on a scene by a patrol unit is 36 minutes, a significant increase in time savings.

1705

**Service Provider Referrals** – Tele-counselors assist consumers with offering them referrals to community mental health and social service providers in addition to completing clinical assessments.





# ***BOARDING HOMES ENFORCEMENT DETAIL***



# Boarding Homes Enforcement Detail

The Boarding Home Enforcement Detail was established in 2013 from a concern for the welfare of mentally ill, physically disabled, and elderly residents of Houston boarding homes. Houston City Council passed the Boarding Homes Ordinance to certify compliance in components of health and safety. The two-officer unit conducts general boarding home investigations, random site visits and inspections, and dedicated training to the public and other government agencies. Despite attendance being voluntary, turnout is typically high for specialized trainings that cover nutrition, medication information, guardianship, fire and evacuation planning, and the boarding home registration process.

The BHED has great working relationships with outside state agencies including Adult Protective Services (APS) and Department of Aging and Disability Services (DADS), and Houston Police Department units such as the Differential Response Team.



## GOALS

Continue to ensure the security and comfort of boarding home residents

Work with boarding homes to gain compliance with the new ordinance

Nurture a balanced level of positive community involvement

Increase the overall number of follow up investigations generated by officer reports

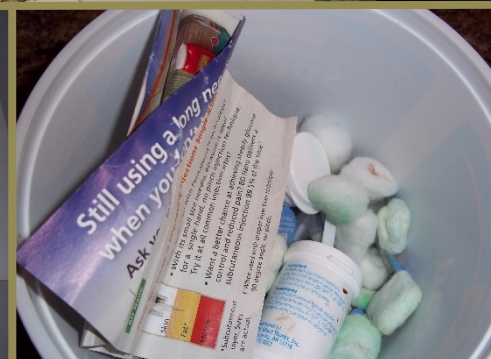
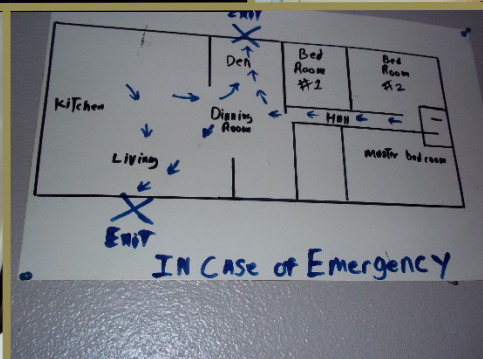
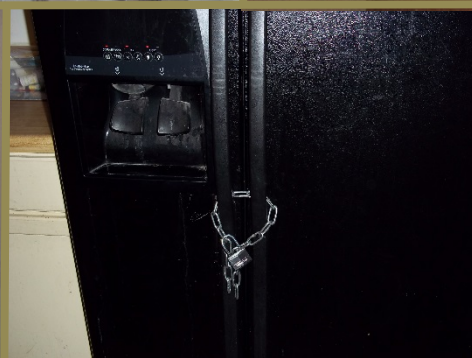
Raise awareness of boarding home issues among community groups and outside agencies

Balance the DRT model and inspections to bring homes into compliance









# Boarding Homes Case Study

On June 27, 2017, HPD Officer Herrera was dispatched to a CIT call at an unregistered boarding home called "Separate Realities Boarding Home". Officer Herrera documented the owners information and the name of the boarding home.

Boarding Home Enforcement Detail received the report and conducted a site visit inspection. On their first site visit inspection they issued fourteen violation warnings and instructed the owner to correct the violations. Such violations included boarding home failure to have inspected and fully charged fire extinguishers throughout the house, and failure to have smoke detector in every room. They also instructed the owner to clean the boarding home because the home was not orderly or clean. There were roaches throughout out the facility and there was a strong odor of urine. Although they did not observe signs of abuse or neglect at the location, the lack of cleanliness of the boarding home had the investigators concerned. They referred the boarding home facility to Adult Protective Services.

On their follow up visit a few months later the owner/operator of the Boarding Home "Separate Realities" had corrected all of the violations and became registered with the city of Houston as a boarding home. There was also improvement in the cleanliness of the facility.

The Boarding Home Enforcement Detail's goal is to ensure boarding homes in the City of Houston are in compliance with the Boarding Home Ordinance so that the consumers living in the facility are comfortable and safe.



# Boarding Homes Enforcement Codes

CC1618 – Operate A boarding home without registering it with the city of Houston

CC1619 – Fail to post boarding home registration certificate

CC1620 – Fail to post provisions of section 102.003 of the Texas human resources code in a boarding home

CC1621 – Fail to post phone number for department of family and protective services in A boarding home

CC1622 – Boarding home fail to maintain records sufficient to verify info provided per section 28-454

CC1623 – Owner/operator of boarding home fail to notify director of criminal activity

CC1624 – Owner/operator or employee of boarding home fail to provide documentation of identity

CC1625 – Boarding home fail to provide access to books

CC1626 – Owner/operator boarding home fail to implement written fire and evacuation plan

CC1627 – Owner/operator boarding home fail to ensure staff/residents shown how to use emergency exits

CC1628 – Owner/operator boarding home fail to maintain proof of emergency exit training

CC1629 – Owner/operator boarding home fail to post evacuation plan

CC1630 – Owner/operator boarding home fail to maintain documentation of evacuation plan training

CC1631 – Owner/operator boarding home fail to store flammable supplies outside of living area

CC1632 – Owner/operator boarding home fail to have fire extinguishers inspected annually

CC1633 – Owner/operator boarding home fail to have fire extinguishers recharged when necessary

CC1634 – Owner/operator boarding home fail to provide smoke alarm in sleeping areas, kitchen & laundry

CC1635 – Owner/operator boarding home fail to provide carbon monoxide detectors

CC1636 – Owner/operator boarding home fail to provide visual smoke alarm for hearing impaired resident

CC1637 – Fail to permit access to boarding home facility

CC1638 – Owner/operator boarding home fail to supply first aid supplies

CC1639 – Supply false information concerning a boarding home

# BHED: 2017 Statistics

134

**Registered boarding homes in Houston** – When the Boarding Homes Enforcement Detail locates a home that should be registered, they take steps to ensure compliance with the city ordinance.

506

**Site Visits** – Visiting boarding homes is one of the primary duties of BHED. This is how they learn of the condition of the home and determine if any violations exist.

310

**Citations Issued** – Citations are the primary tool for ensuring boarding homes comply with Houston's city ordinance and for addressing health and safety concerns.

927

**Warnings Issued** – Warnings are issued before citations. If a boarding home is in violation, a warning will be issued. The home has a seven day grace period to fix or address the problem. A member of the BHED will return after the seven day grace period. If the problem is still not fixed a citation will then be issued.

267

**Inspections** – Inspections cover many areas: the number of residents in the home, if any of the residents have mental illness, if services are provided, if the home is certified by the state, if the home has a written fire and evacuation plan, if the home is registered and provides access to their books, etc.

629

**Boarding Home Investigations** – Police officers generate various offense reports that may involve a potential boarding home facility or established boarding home where violations or offenses have occurred.





# ***CRISIS INTERVENTION TRAINING UNIT***



# Crisis Intervention Training Unit

The Mental Health Division's multi-faceted strategy for responding to the mentally ill begins with the Training Unit. HPD collaborates with mental health professionals and advocacy groups in Houston and Harris County in its specialized policing response. The two person team is responsible for providing Crisis Intervention Training to all Houston Police Department personnel. As part of The Council of State Governments Learning Site Program, Crisis Intervention Training reaches law enforcement and mental health personnel across the region, state, and nation. The unit handles all responses to depositions and information requests related to mental health. Training assistance to outside agencies is available through training videos, curricula, program information, and consultations.



## GOALS

**Maintain role as a model department in the state and nation regarding crisis intervention training**

**Continue to successfully graduate all incoming Houston Police Department cadets as CIT certified officers**

**Increase the overall number of CIT certified HPD veteran officers**

**Raise interest in Mental Health issues among community groups and outside agencies**

**Successfully meet TCOLE training compliance for CIT training at HPD**

**Nurture the ongoing growth of the Texas CIT Association**



I pledge my courage –  
Courage to face and conquer my own fears  
Courage to take me where others will not go...

I pledge my strength –  
Strength of body to protect others  
Strength of spirit to lead others...

I pledge my dedication –  
Dedication to my job, to do it well  
Dedication to my community, to keep it safe...

I pledge my concern –  
For those who trust me  
And my compassion for those who need me.





# 2017 Learning Site Visits



South Plains College Police Department,  
Levelland, Texas



Border Region Behavioral Health Center,  
Laredo, Texas



Guadalupe County Sheriff's Office,  
Texas

# 2017 Learning Site Visits



Amarillo Police Department, Amarillo, Texas



Roswell Police Department, Roswell, New Mexico



# Outside Agencies Trained

Alief Independent School District Police Department	Lubbock County Water Control & Improvement District 1
Amarillo Police Department	Lubbock-Cooper Independent School District Police
Artesia Police Department	Department
Beaumont Fire and Rescue	Manor Police Department
Beaumont Police Department	Marion Police Department
Bellaire Police Department	Metro Police Department
Bluebonnet Trails Police Department	Montgomery County Constable Precinct 1
Brazosport Independent School District Police Department	Montgomery County Constable Precinct 4
Brownfield Police Department	Montgomery County Sheriff's Office
Chambers County Sheriff's Office	Nassau Bay Police Department
Chaves County Sheriff's Office	Oak Ridge North Police Department
City of Houston Urban Park Rangers	Palmview Police Department
Comal County Constable's Office	Port Arthur Police Department
Comal County Sheriff's Office	Poteet Police Department
Conroe Police Department	Rice University Police Department
Deaf Smith County Sheriff's Office	Richmond Fire Department
Deer Park Police Department	Richwood Police Department
Dumas Independent School District Police Department	Rio Bravo Police Department
Eastern New Mexico University Police Department	Rockport Police Department
Fort Bend County Constable Precinct 2	Ropes Independent School District Police Department
Fort Bend County Constable Precinct 4	Roswell Police Department
Fort Bend County Fire Marshal	Sam Houston State University Police Department
Fort Bend County Sheriff's Office	San Jacinto College Police Department
Galveston County District Attorney's Office	San Jacinto County Sheriff's Department
Goliad County Sheriff's Office	Shoreacres Police Department
Guadalupe County Community Supervision and Corrections	South Plains College Police Department
Department Police Department	South Texas College of Law
Guadalupe County Sheriff's Office	Spring Independent School District Police Department
Hale Center Police Department	Spring Independent School District Police Department
Harris County Constable Precinct 1	Spring Valley Village Police Department
Harris County Constable Precinct 4	Texas A&M University Police Department
Harris County Constable Precinct 5	Texas Department of Public Safety
Harris County Constable Precinct 6	Texas Southern University Police Department
Harris County Constable Precinct 7	Tomball Police Department
Harris County Constable Precinct 8	Travis County Constable Precinct 1
Harris County Sheriff's Office	University of Houston-Central Police Department
Hobbs Police Department	University of Houston-Downtown Police Department
Hockley County Sheriff's Office	Victoria County Sheriff's Office
Houston Baptist University Police Department	Waller County Constable Precinct 1
Houston Independent School District Police Department	Washington County Sheriff's Office
Individuals (No Assigned Agency)	Webb County Community Supervision and Corrections
Jacksonville Police Department	Department Police Department
Laredo Police Department	Webb County District Attorney's Office
Lea County Sheriff's Office	Webb County Sheriff's Office
Levelland Police Department	Wilmer Police Department
Lone Star College System Police Department	Wilson County Sheriff's Office
Lubbock County Sheriff's Office	Yoakum County Sheriff's Office
Lubbock Police Department	



# Training Unit: 2017 Statistics

In 2017, the Training Unit trained a total of **4535** law enforcement and mental health professionals both within the Houston Police Department and from around the state and nation. This is a 14% increase from 2016 in which 3975 individuals were trained by the Mental Health Division Training Unit.

2429

**Advanced 8 Hour CIT Training** – Total number of officers who received annual refresher training on policy and procedure updates, as well as new mental health and response strategy updates.

355

**Cadets Trained** – Number of Houston Police Academy cadets receiving the 40-hour CIT training. The cadets graduate as CIT officers. Houston believes CIT training is part of policing in the 21<sup>st</sup> century and a skill set required today.

901

**Intermediate Peace Officer Requirement** – HPD officers received the 8-hour TCOLE mandated CIT training to satisfy their Intermediate Peace Officer's Certification.

152

**Jail Attendants** – HPD jailers trained in a 4-hour CIT training class. Jailers often may deal with a municipal prisoner in a mental health crisis and utilize de-escalation.

72

**Veteran HPD Officers** – Veteran HPD officers who received the 40-hour Mental Health Peace Officer training. Starting in Cadet Class #200, all newer officers began receiving the 40-hour CIT training as part of their academy curriculum.

464

**Outside Agency Personnel Trained** – This represents the total number of law-enforcement personnel from within Texas who have received a variation of CIT training at the Houston Police Academy.

6

**Learning Site Visits** – Houston hosted site visitors of various police agencies from different areas around the country and have also conducted training.



# ***FIREARMS INVESTIGATIONS UNIT***





# Firearms Investigations Unit

The Firearms Investigations Unit consists of one officer who is responsible for identifying all mental health related cases involving the use or possession of a firearm. Each case is analyzed and the law is properly enforced. The unit handles the investigation and disposition of all firearms related to mental health in the property room through contact with the Federal Bureau of Alcohol, Tobacco, and Firearms (ATF), the Federal Bureau of Investigations (FBI), the Probate Court and the legal gun owners. Although the number of involved divisions make most firearms investigations a drawn out process, the unit strives to complete each case within 90 days. Currently, the Houston Police Department does not sell or destroy firearms in the property room for any reason.

## GOALS

Control the total number of firearms in Houston Police custody

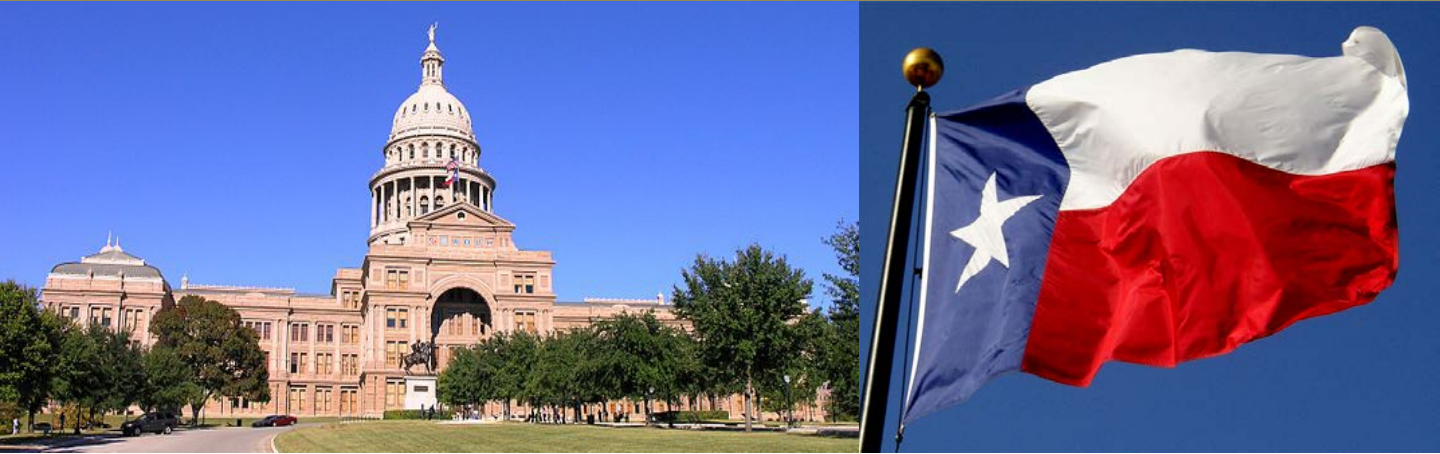
Accurately track the number of firearms disposed by the Houston Police Property Room

Maintain contact with members of the general public who may have guns taken to the Houston Police Property Room

Remain available for officers with firearms questions related to mental health

# Criminal Code of Procedures: Article 18.191

## Disposition of Firearms Seized From Certain Persons With Mental Illness



- ❑ The Mental Health Division approves tagging of seized firearms only when:
  - The mental health consumer is in *psychiatric crisis* and *in possession* of a firearm &
  - No criminal charges are filed
- ❑ Immediately after the officer has filed an Emergency Detention Order (EDO), the firearms investigator follows up with a series of sequential steps:
  - No later than the 15<sup>th</sup> day from seizure, a contact letter is sent to consumer
  - No later than the 30<sup>th</sup> day, investigator must seek disposition from Probate Court
  - NCIC/TCIC background check on consumer for criminal history
  - National Instant Criminal Background Check System (NICS)
  - ATF E-Trace on seized firearms to determine ownership or other documented history
  - 30<sup>th</sup> day after disposition from Probate Court – Final Disposition letter sent to consumer:
    - No commitment – release of firearm
    - Involuntary commitment – prohibited to possess firearm
    - Consumer may consent to transfer ownership to 3<sup>rd</sup> party
- ❑ Unclaimed firearms may not be destroyed – held indefinitely in the HPD Property Division

# Firearms Investigations: 2017 Statistics

75

Case assignments involving firearms seized from mentally ill individuals in serious crises (psychotic, suicidal attempts, etc.)

20

Investigations resulting in firearms being cleared and returned to the owner

23

Total number of unclaimed firearms from consumers who were notified

17

Total number of firearms retained indefinitely (consumers prohibited)

6

Number of cases that are still pending investigation

9

Cases where weapons are held for other reasons

249

Number of guns in the Property Room held for the Mental Health Division







## **Houston Police Department Property Room**

1202 Washington Avenue  
Houston TX 77002  
(832) 394-4000



# ***MENTAL HEALTH INVESTIGATIONS & CASE MANAGEMENT***





# Mental Health Investigations & Case Management

Every Houston Police Department incident report involving a person with actual or suspected mental illness is reviewed by a police officer with the Mental Health Investigations and Case Management Unit. Many clients are taken to local hospitals for emergency detention orders due to their mental health status. However, many others could use assistance provided by the Mental Health Division to help manage or control their illness. The two unit investigators are in real time with reports, often having the ability to distribute referrals to service providers from the previous day's incidents. After the incident reports are screened, all mental health related incidents are added to the Mental Health Division database.



## GOALS

Maintain an accurate and updated database to include 100% of mental health related offense reports

Adequately answer incoming officer questions related to mental illness investigations

Properly screen all reports to determine appropriate referrals to service providers

Continue to have an overall positive impact for those with mental illness

# Mental Health Investigations & Case Management

487

**MCOT Referrals** – Mental Health Investigators reviewing CIT reports determine if additional services are needed to help consumers with unresolved crisis issues. They will make referrals to the Mobile Crisis Outreach team.

269

**CCSI Referrals** – Number of cases involving current consumers on the CCSI program or new potential candidates that may qualify for placement on CCSI. These cases are forwarded over to the CCSI Investigator.

139

**Premise History Advisories** – Cases involving consumers with a violent history or overt acts of aggression to police officers, family members, or the public. Such safety advisories are attached to the location using the Computer Aided Dispatch program.

37

**CIRT Referrals** – Mental Health Investigators will refer cases for immediate follow-up by the Crisis Intervention Response Team (CIRT) where serious crisis episodes were unresolved by the primary patrol unit, or in new cases brought to the attention of the Mental Health Division.

260

**Follow-Up Investigations** – Mental Health Investigators follow-up on cases involving possible criminal activity, where the consumer was victim of a crime or listed as a suspect. Investigators work closely with other department investigative divisions.

40

**Outside Agency Referrals** – Investigators will refer cases to outside agencies such as Adult Protective Services, Child Protective Services, and Department of Public Safety if they believe their wellbeing is in jeopardy and further state intervention is required.





# ***AWARDS & RECOGNITIONS***



# Chief of Police Unit Citation

From August 27, 2017, through September 17, 2017, the Mental Health Division and the CIRT Clinicians with the Harris Center used their Crisis Intervention Training to help maintain order and provide crisis assistance during the large scale sheltering operations conducted at the George R. Brown Convention Center (GRB) during Hurricane Harvey. Because of their unique expertise in handling the chronic homeless and those suffering mental illness and other crisis situations, the entire Mental Health Division was deployed to the GRB. CIRT members made up from specially trained officers and Master Level Clinicians became especially critical in assisting persons in crisis as a result of the close quarter living and concentration of chronically homeless, drug dependent, and those suffering from various forms of mental illness housed at the GRB. During this time over 10,000 people were housed, resulting in hundreds of encounters involving mental health issues handled through intervention of CIT trained MHD personnel. Additionally, there were 26 Emergency Detention Orders filed for persons in crisis who were unable to be treated by on-site Mental Health Providers and these persons were transported to the local neuropsychiatric center or emergency rooms for stabilization and treatment.



Fortunately, due to the interaction of CIT trained officers, there were no serious incidents and a total of 25 persons arrested inside and ten directly outside the GRB during shelter operations. These arrests were primarily public intoxication, criminal trespass, assault/fighting and for narcotics possession with intent to distribute Kush.

In addition to conducting fixed post operations on 12-hour shifts, CIRT teams responded whenever a mental health issue was identified within the GRB. Many calls revealed persons who needed emergency stabilization while other calls were extremely questionable disturbances that needed mental health assessments. Although the burden increased, the CIRT officers showed resilience and remained at their posts even as helicopters, buses and truckloads of displaced Houstonians arrived and needed processing into the GRB. Because of special events and services being provided to the congested evacuee population, crowd control was also a major issue that required planning and thoughtful implementation to minimize conflict and maintain safety. The Mental Health Division and the Harris Center staff remained strong and performed with pride and professionalism.





# Life Saving Award

On August 27, 2017, Captain William Stanley of the Mental Health Division was informed that a man was stranded on a concrete pillar under the Interstate 59 on-ramp near Runnels Street. Buffalo Bayou was rapidly rising due to rains caused by Hurricane Harvey. Captain Stanley contacted Sergeant S. Wick to bring the 4 wheeler and additional resources to rescue the man. When officers arrived they told the man to stay put while they put together a plan. Additional personnel and equipment was requested. Due to the extreme weather conditions, officers were not able to get any fire department high-water response to their requests.

A plan was devised to throw a floatation ring obtained from an officer's personal vehicle with several pieces of found rope attached. After many attempts to throw the ring to the man from the bridge overhead, he finally caught it. The plan was to have the man put the ring around him and the officer would then drag him to the shore, but the ring was too small. The rapid current made it difficult to convince him to leave his perch and hold on to the ring, but after pleading with him he did. Once in the water officers attempted to pull the man to shore but as he neared the edge the swift current dragged him into some trees and he lost his grip on the floatation ring. Officers S. Theragood and D. Rose went into the bayou and helped the man to shore. Both officers and the man went to the hospital to get examined and receive Tetanus shots.



Officer S. Theragood  
Homeless Outreach Team

Officer D. Rose  
CIT Instructor

# NAMI Recognized CIT Officers



On February 11, 2017, Officer L. Castillo received a Traffic Hazard call regarding a wrong way driver. Senior Police Telecommunicator K. Vaughan quickly realized that the vehicle description matched that of a suicidal individual from an earlier call. Officer Castillo was able to locate the individual in the parking lot of a Kroger, a grocery store at 200 West Greens Road. The individual was holding a pistol to his head.

Sergeant J. W. Vaughan arrived on scene and slowly drove his patrol car towards the individual who was now lying on the ground with his pistol next to his hands. Officer Castillo and Officer A. P. Pizana utilized the patrol car as cover. Sergeant M. S. Reutzel arrived on scene and took a position of cover with his carbine. The man was extremely agitated but began to listen to Sgt. Vaughan's instructions to move away from his pistol. When the man had pushed himself far enough away from the pistol, Officers Castillo and Pizana moved in, secured the pistol, and took the individual into custody.

The coordinated and timely response by the officers, sergeants, and dispatcher involved serve as a great example of the type of compassionate, conscientious and diligent work ethic that the Houston Police Department seeks to engender in all of its employees. The individual effort, dedication, tenacity, and cooperative teamwork demonstrated by these employees resulted in the saving of the life of a United States Veteran who was committed to taking his own life.

Officer Madeleine Pierson of the Kingwood Division received the CIT Officer of the Quarter Award for a suicide-in-progress call involving an 11-year-old girl who climbed out onto the third story roof of her apartment complex and threatened to jump off. Officer Pierson climbed onto the roof and talked with the girl for over 15 minutes trying to get her off of the roof. The girl cried and screamed at Officer Pierson and refused to leave her perch on the edge of the roof. Officer Pierson leaned over the edge of the building and started yelling at people on the ground as a diversionary tactic. The girl was distracted enough that Officer Pierson was able to inch close enough to grab her arm and pull her to safety. Officer Pierson later transported her to the NeuroPsychiatric Center for psychiatric evaluation.



# Local Art Talent



## Rudolph Taylor

Rudolph Taylor is a homeless person who lives in a lean-to in the North side of Houston. He has talent for painting and created this portrait of the Homeless Out Reach Team which was commissioned by an anonymous source.

The painting is proudly displayed in the Mental Health Division.



# *Mental Health Division*



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## **2017 ANNUAL DEMOGRAPHICS AND STATISTICS REPORT**

# General Statistical Numbers for the City of Houston

2,349,993

City of Houston estimated population

1,100,000

Total calls for service to the Police Department

37,032

Total number of Crisis Intervention calls (CIT)

17,059

Total number of CIT offense reports generated by HPD officers

11,840

Number of CIT offense reports catalogued into the Mental Health Division CIT Database

10239

Total Number of Emergency Detention Orders filed by HPD

5,100

Total number of Classified HPD officers

3,100

Number of CIT officers – 61% of all classified personnel are CIT trained

1,929

Total number of mental health/CIT cases investigated by the 7 MHD Investigators

# Crisis Intervention Report Statistics for HPD

**2013**

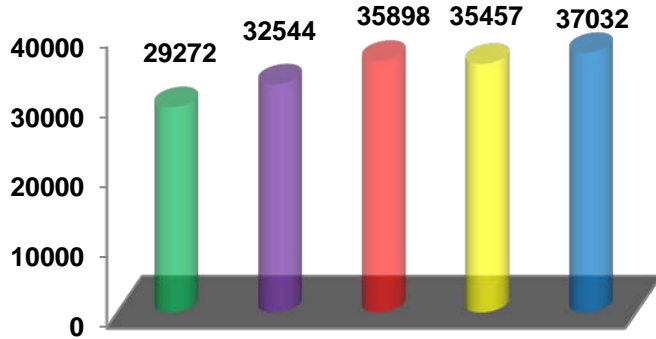
**2014**

**2015**

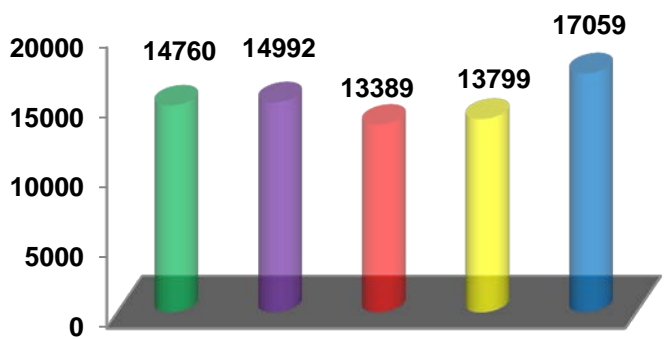
**2016**

**2017**

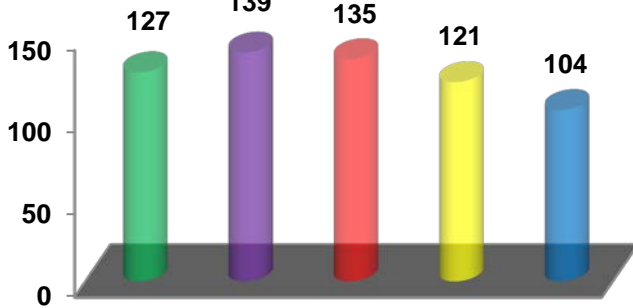
**CIT CALLS FOR SERVICE**



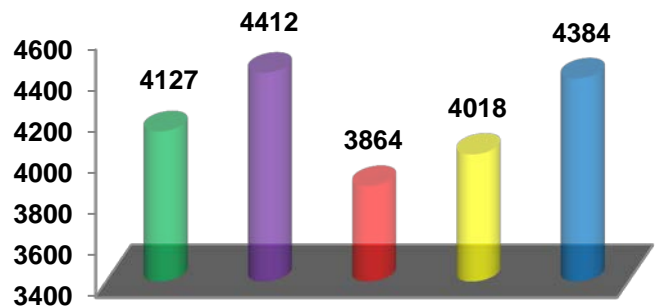
**CIT INCIDENT REPORTS**



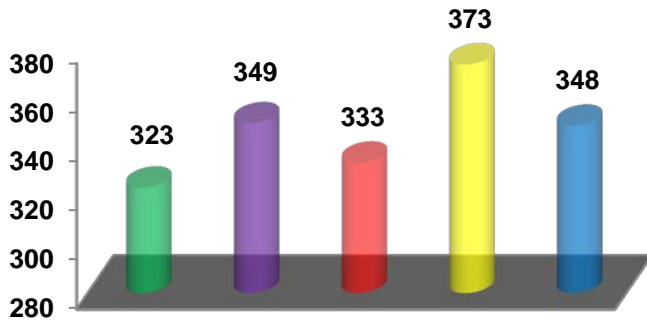
**REQUESTS FOR SUICIDE BY COP**



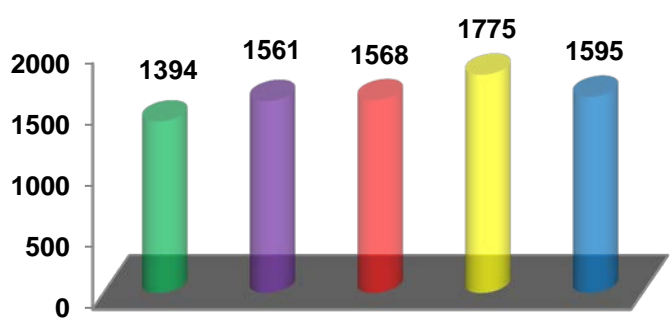
**SUICIDAL INDIVIDUALS**



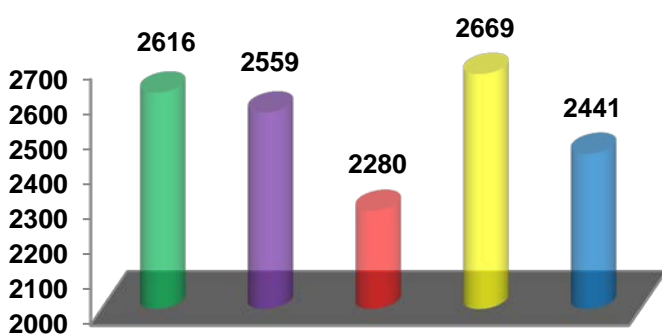
**CASES INVOLVING MILITARY VETERANS**



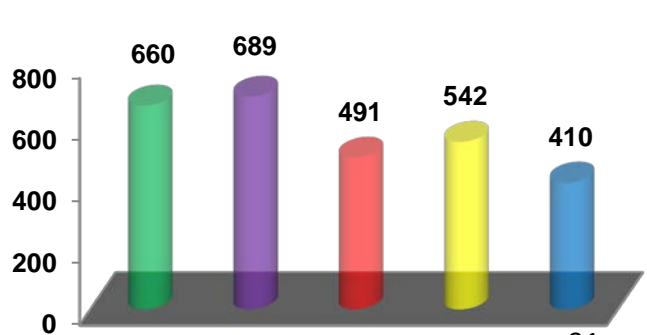
**CASES INVOLVING HOMELESS INDIVIDUALS**



**CASES INVOLVING PEOPLE OFF MEDICATION**



**CASES INVOLVING BOARDING HOMES**





# Crisis Intervention Report Statistics for HPD

**2013**

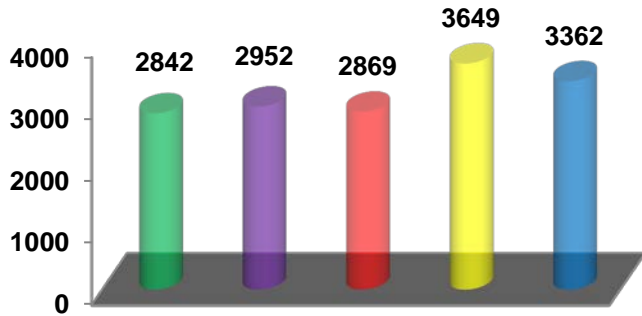
**2014**

**2015**

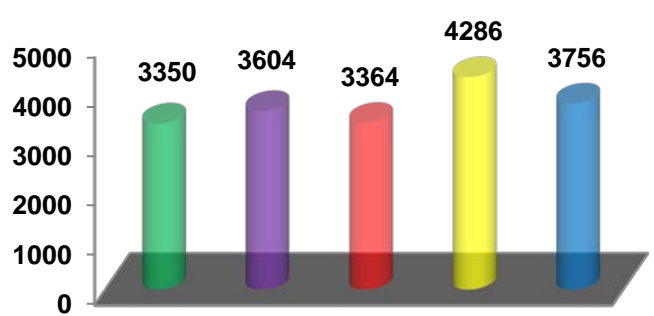
**2016**

**2017**

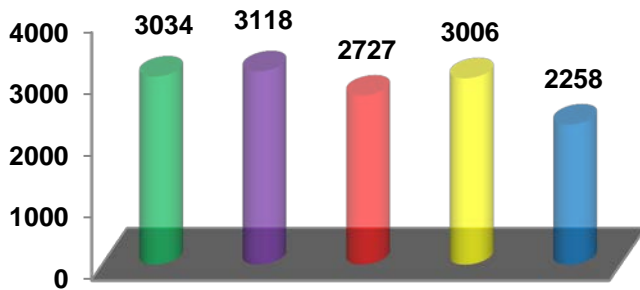
**CASES WITH SCHIZOPHRENIA**



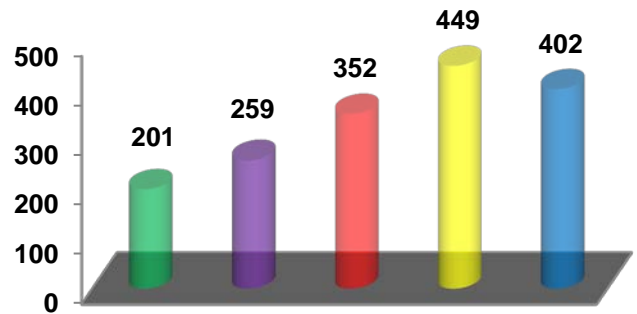
**CASES WITH BI-POLAR DISORDER**



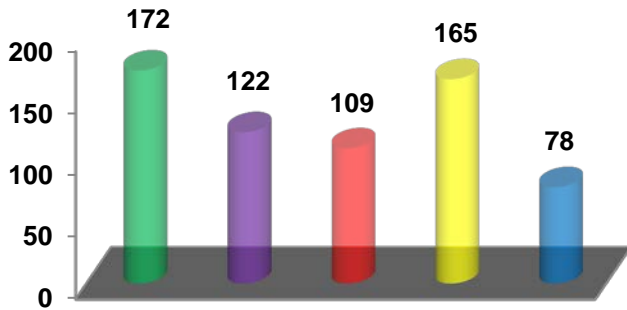
**CASES WITH MAJOR DEPRESSION**



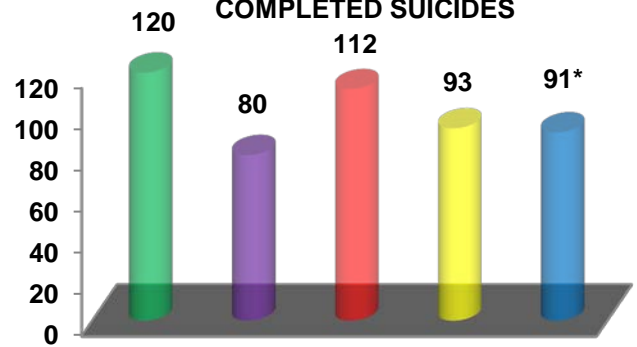
**CASES WITH PTSD**



**CASES INVOLVING DEMENTIA**

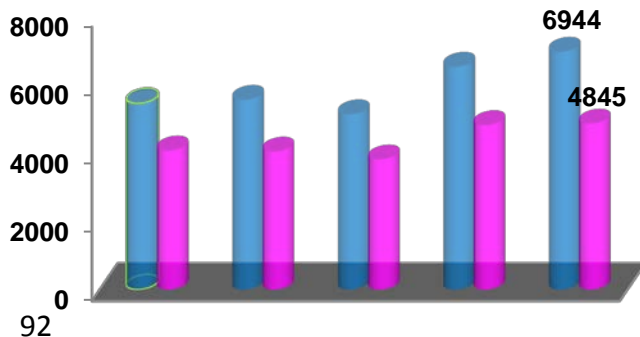


**COMPLETED SUICIDES**

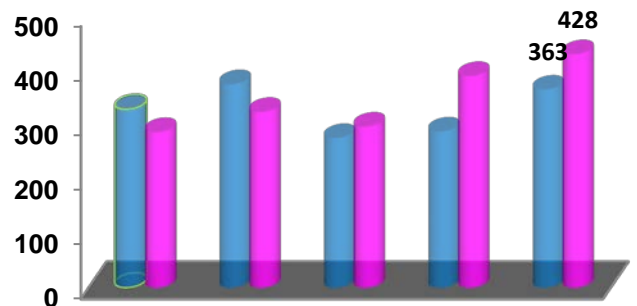


\* HARRIS COUNTY INSTITUTE FOR FORENSIC SCIENCE - DATA SOURCE

**ADULT MALES AND FEMALES**



**JUVENILE MALES AND FEMALES**



# Crisis Intervention Reports: Age Groups

**2013**

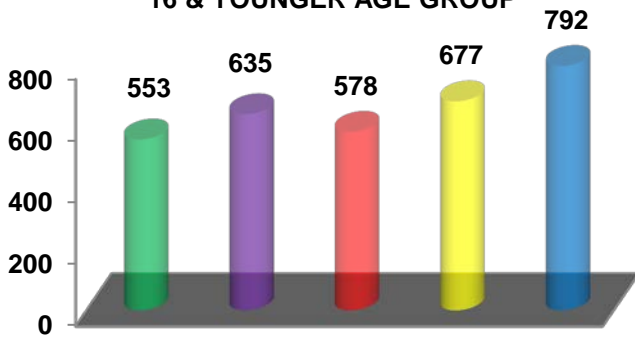
**2014**

**2015**

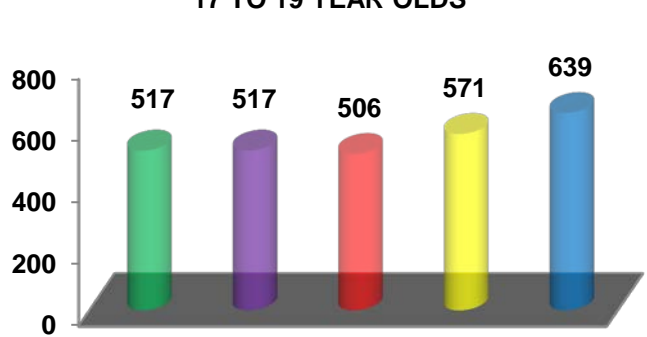
**2016**

**2017**

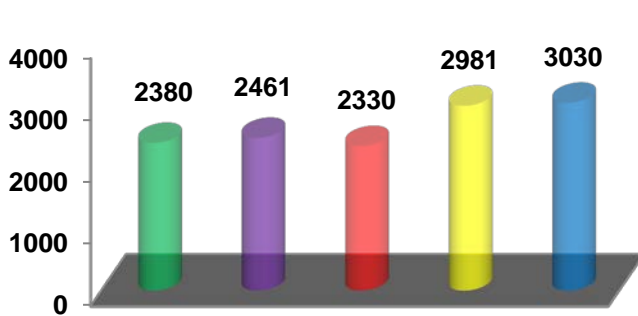
**16 & YOUNGER AGE GROUP**



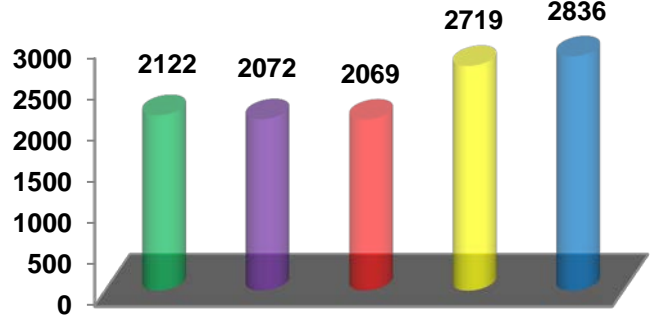
**17 TO 19 YEAR OLDS**



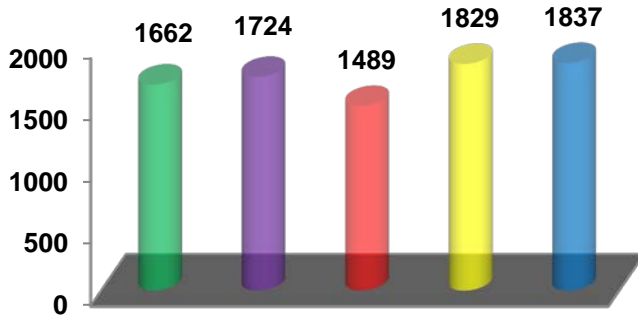
**20 TO 29 YEAR OLDS**



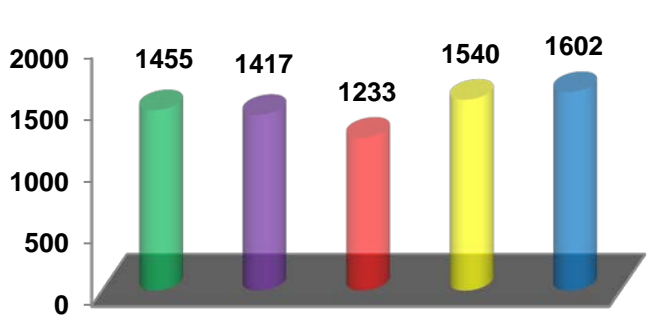
**30 TO 39 YEAR OLDS**



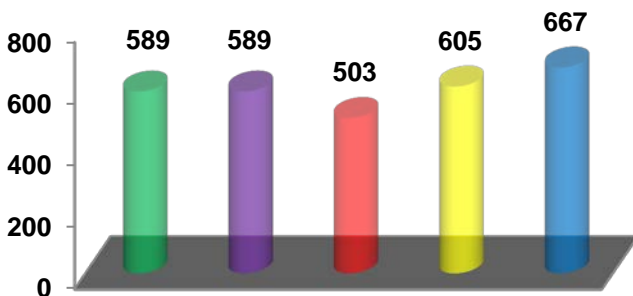
**40 TO 49 YEAR OLDS**



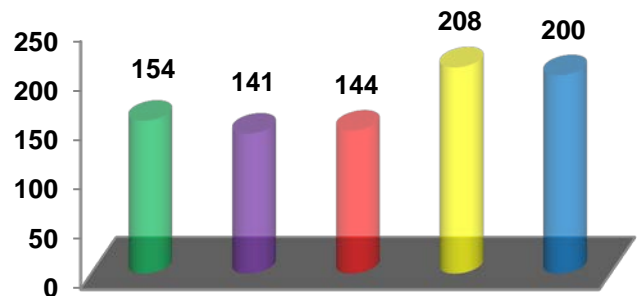
**50 TO 59 YEAR OLDS**



**60 TO 69 YEAR OLDS**



**70 TO 79 YEAR OLDS**



# Crisis Intervention Reports: Demographics

**2013**

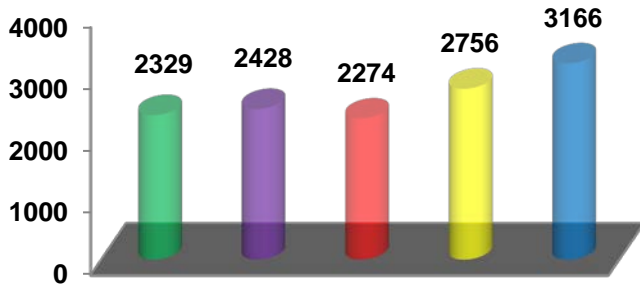
**2014**

**2015**

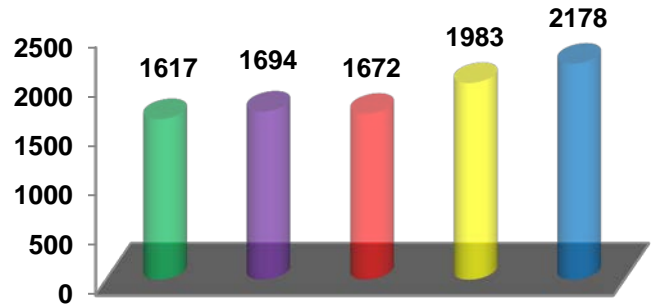
**2016**

**2017**

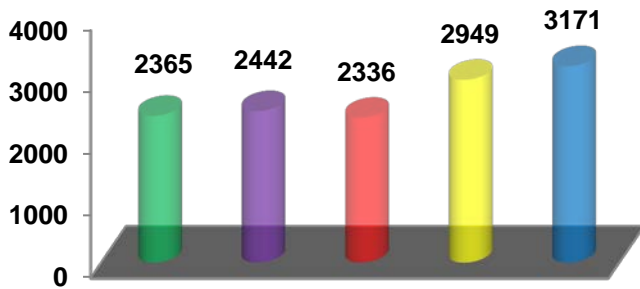
**CAUCASIAN MALE ADULTS**



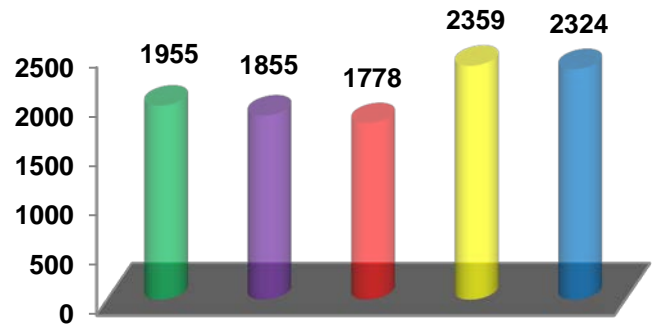
**CAUCASIAN FEMALE ADULTS**



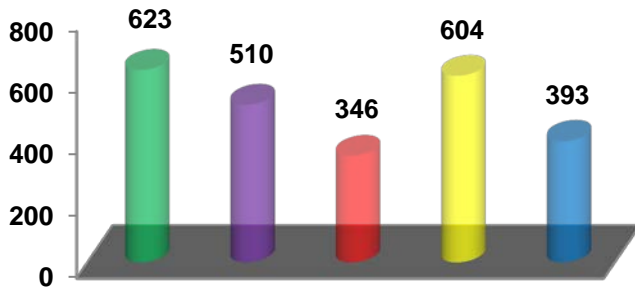
**AFRICAN-AMERICAN MALE ADULTS**



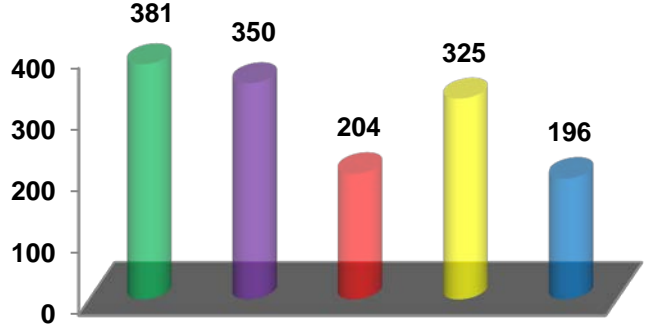
**AFRICAN-AMERICAN FEMALE ADULTS**



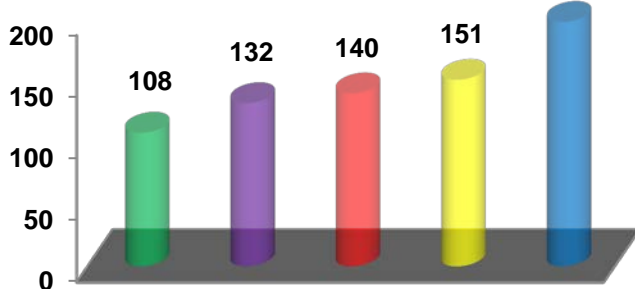
**HISPANIC MALE ADULTS**



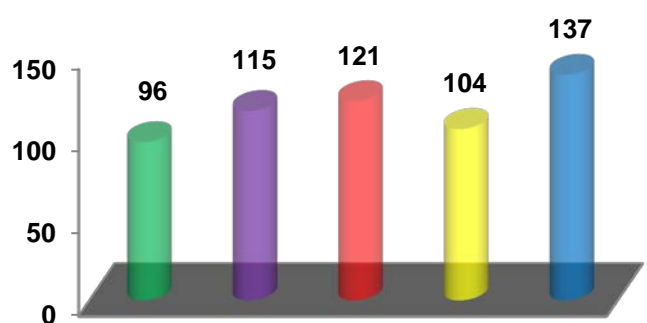
**HISPANIC FEMALE ADULTS**



**ASIAN MALE ADULTS**



**ASIAN FEMALE ADULTS**





# Number of Responses to Chronic Consumers

2013

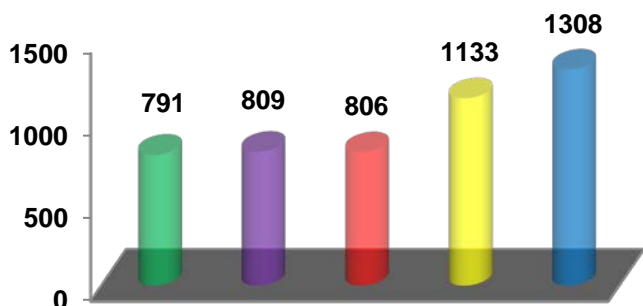
2014

2015

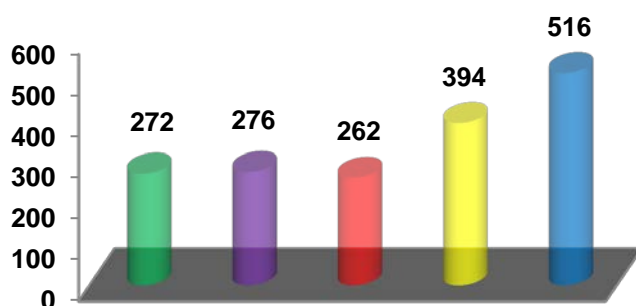
2016

2017

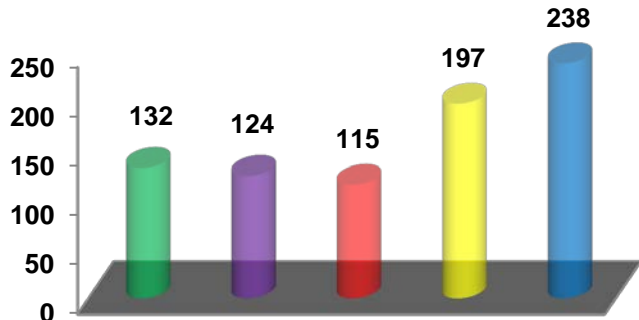
RESPONDED TO TWO TIMES



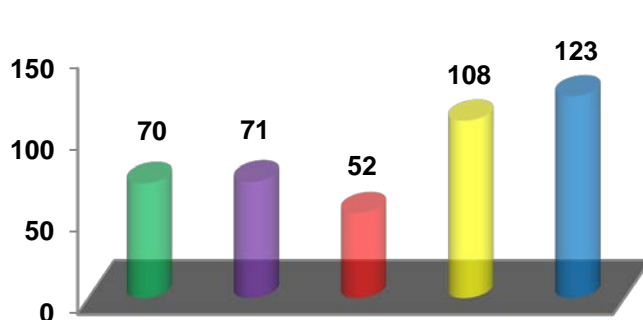
RESPONDED TO THREE TIMES



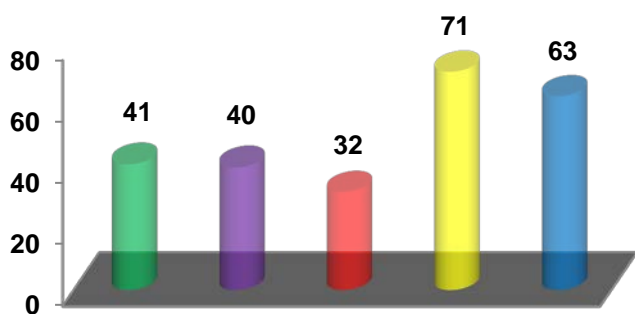
RESPONDED TO FOUR TIMES



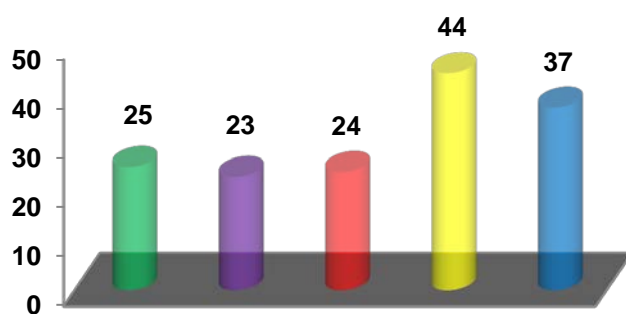
RESPONDED TO FIVE TIMES



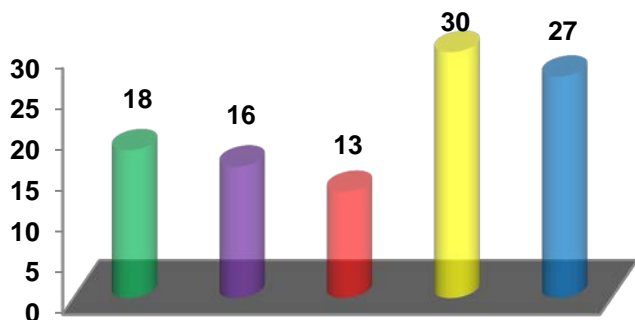
RESPONDED TO SIX TIMES



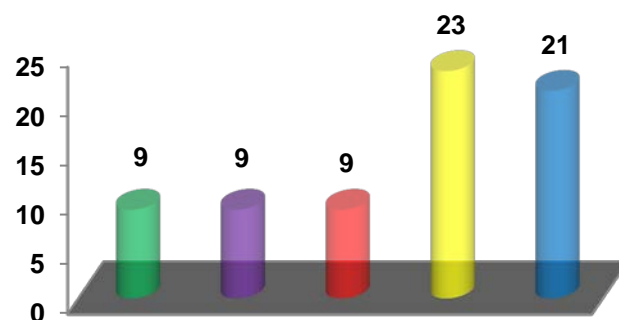
RESPONDED TO SEVEN TIMES



RESPONDED TO EIGHT TIMES



RESPONDED TO NINE TIMES



# Jail Diversions & Emergency Detention Orders

**2013**

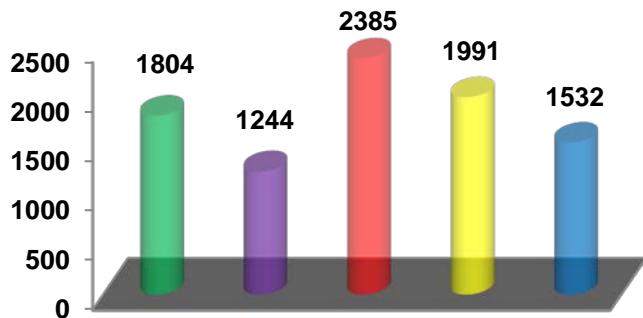
**2014**

**2015**

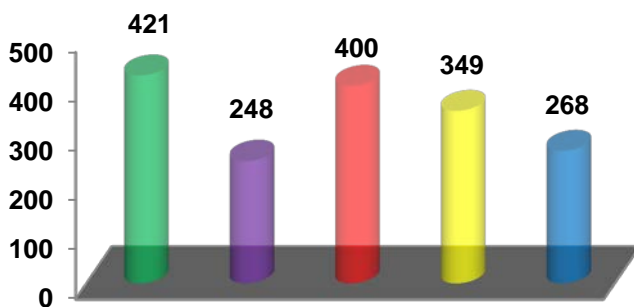
**2016**

**2017**

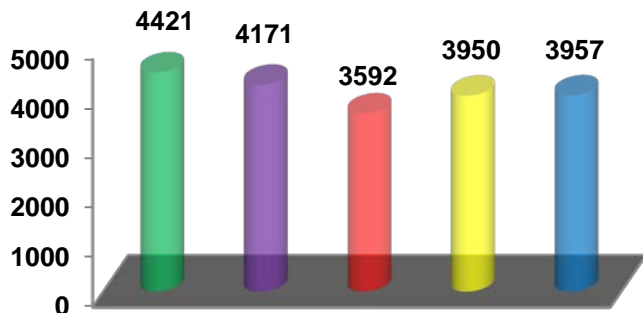
**JAIL DIVERSIONS – DEP'T WIDE**



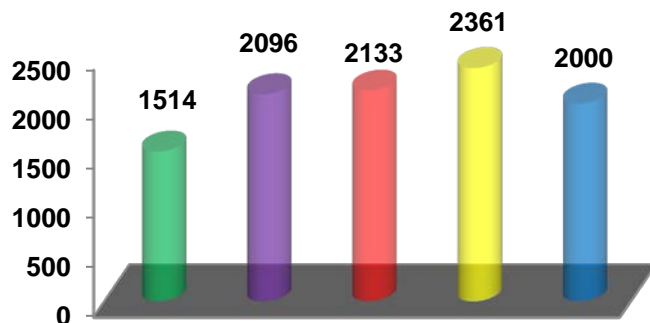
**JAIL DIVERSIONS - CIRT**



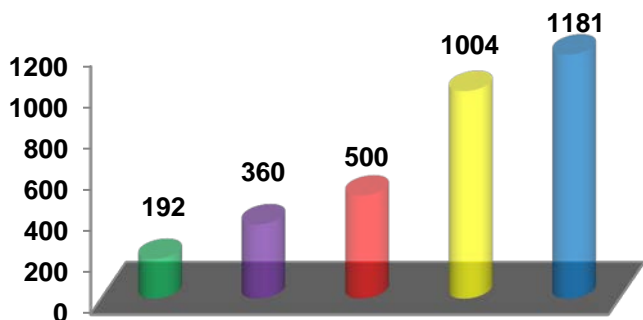
**CONSUMERS ADMITTED TO NPC**



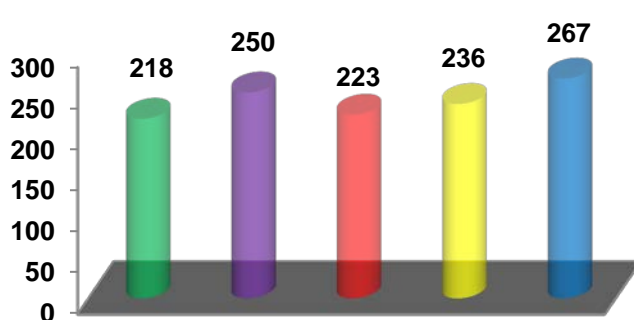
**CONSUMERS ADMITTED TO BEN TAUB**



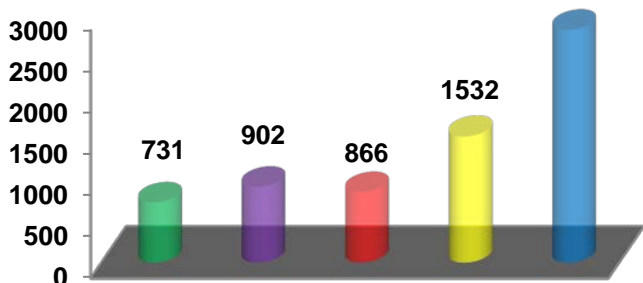
**CONSUMERS ADMITTED TO ST. JOSEPH'S**



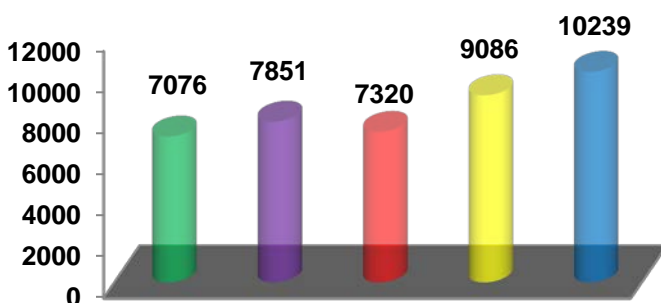
**CONSUMERS ADMITTED TO V.A.**



**CONSUMERS ADMITTED TO OTHER HOSPITALS**



**TOTAL HOSPITAL ADMISSIONS BY EDO**



# Criminal Charges Diverted from Jail

**2013**

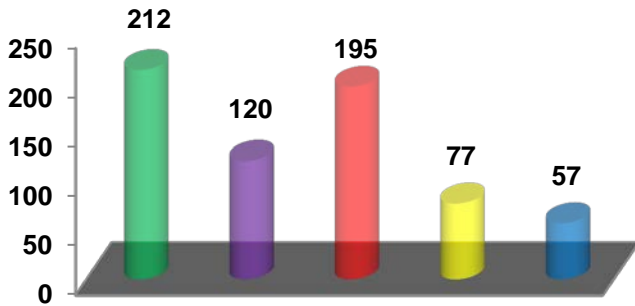
**2014**

**2015**

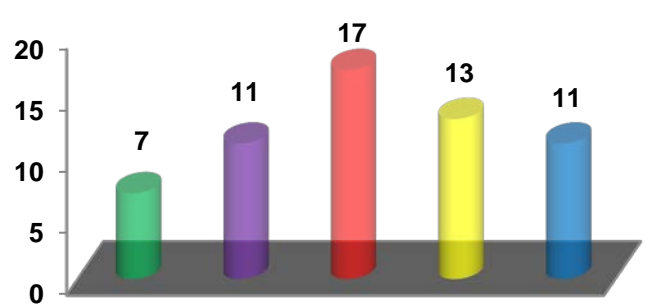
**2016**

**2017**

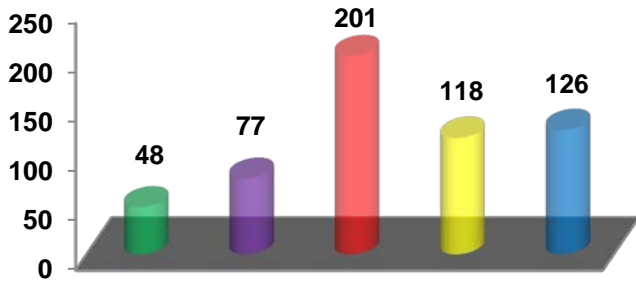
**ASSAULT BY THREAT**



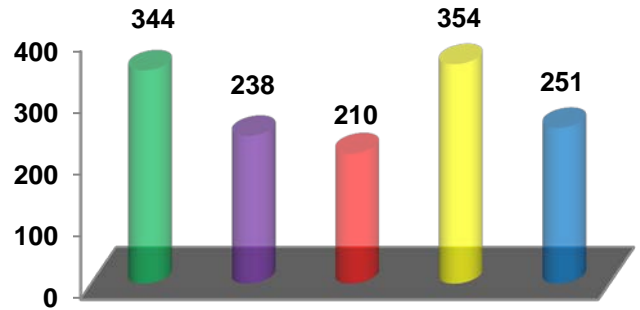
**ASSAULT ON PUBLIC SERVANT**



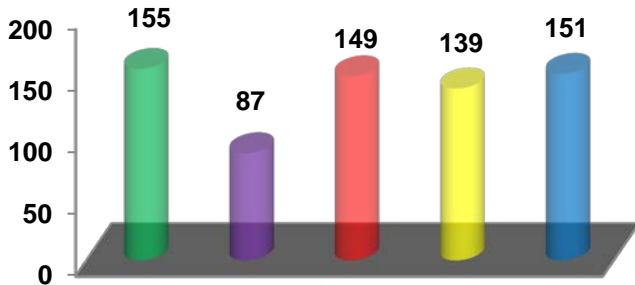
**ASSAULT CLASS A**



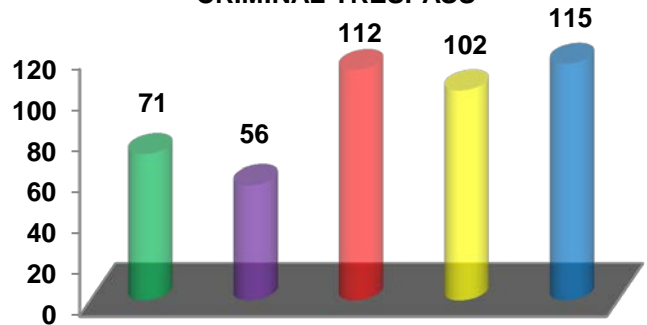
**ASSAULT CLASS C**



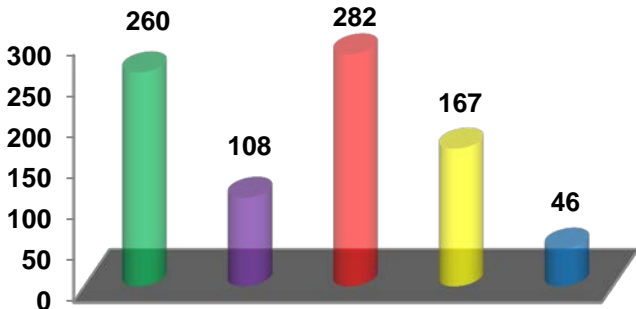
**CRIMINAL MISCHIEF**



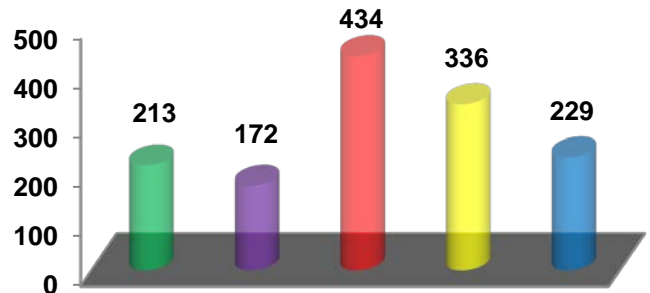
**CRIMINAL TRESPASS**



**DISORDERLY CONDUCT**



**IMPEDING TRAFFIC**



# GUIDANCE TO ASSIST SOMEONE IN CRISIS

## BEHAVIORAL OBSERVATIONS

Consumers may exhibit signs of varying degree depending on the extent of the illness such as:

### Psychotic –

- Hearing voices or seeing things
- May have strong, false beliefs
- Tend to have confused, disoriented thinking
- Can possess beliefs of paranoia and persecution

### Non-Psychotic –

- Suicidal thoughts or actions
- Can be easily agitated or irritable
- Mood extremes (highs and lows) – can be high irritability or extreme raging
- Excessive fears and anxieties
- Social withdrawal
- Displays of anger
- Growing inability to cope
- Denial of obvious problems
- Variety of unexplained physical ailments

*Talk with family members and others who may know about the person's illness/history*

## ASSESSMENT QUESTIONS

### Be direct, ask questions about their treatment:

- Do you have a doctor or a therapist you see?
- If so, who is your doctor?
- Have you been hospitalized lately?
- If so; what for?
- Have you ever attempted suicide, and do you feel like killing yourself right now?

### What medication(s) might they be taking:

- Are you currently taking any medications?
- Are you supposed to be taking any medications?
- If so, what type?
- When was your last dosage?

### Is the person Psychotic:

- Are you, or have you been, hearing voices?
- What are they saying?
- Are you seeing things?
- What are you seeing?

## DE-ESCALATION REMINDERS

### Establish Trust:

- *Use a calm voice and manner.* Offer your name and ask theirs.
- Be patient, let them adjust to your presence.
- Reduce noise and distractions (if possible).
- Do not interfere with non-threatening, repetitive behaviors.

*NEVER sacrifice your security to establish rapport or trust with the Consumer*

### You are Giving Off Non-Verbal Cues:

- Maintain non-threatening body Language.
- Respect personal space. Stand 4-6 ft. away at first.
- Keep hands in view, if you must touch, ask first.

### Be Patient:

- Allow consumer ventilation to release energy.
- They are usually disoriented and confused.
- Acknowledge their stress.
- Let them talk freely.

### Be Empathetic:

- **ENGAGE IN THEIR REALITY.** Don't deny it, but don't participate in their delusions/hallucinations.
- Be direct, ask question about what they are seeing or hearing (Be honest but not argumentative regarding what they see/hear.)





## **Mental Health Division** **~ Resource Information Guide ~**

***In case of an EMERGENCY, call.....9-1-1***  
Call 9-1-1 if someone, due to their mental state, is an immediate danger to themselves or others, including threats of suicide or homicide.

***Houston Police Department (HPD).....713-884-3131***  
Call the Houston Police Department directly if someone is acting out due to their mental state, but is NOT an immediate threat or danger to themselves or someone else.

***HPD Mental Health Division.....832-394-4200***  
***Ben Taub Psychiatric Unit.....713-874-2446***  
***Neuro-Psychiatric Center (NPC).....713-970-4640***

- 1502 Taub Loop (next to Ben Taub Hospital)
- Michael E. Debakey VA Medical Center.....713-791-1414***
  - 2002 Holcombe Blvd.

***Harris County Psychiatric Center (HCPC)...713-741-5000***

- 2800 S. MacGregor Way

***Precinct 1 Constables Office at HCPC.....713-741-6012***

- Mental Health Warrants, M-F arrive at HCPC in a.m.

***Mobile Crisis Outreach Team (MCOT).....713-970-7520***  
MCOT is an outreach service that provides treatment and linkage for Harris County residents with mental illness who are unable or unwilling to access routine outpatient clinical services. MCOT services are voluntary.

***Bristow/PATH Homeless Unit.....713-970-7413***

- 2627 Caroline St.; M-F 8 am-4:30 pm

Provides voluntary clinical and non-clinical services to Harris County residents who are homeless and have mental illness.

***Harris Center Helpline and Crisis Line.....713-970-7000***  
***Crisis Hotline (713-HOTLINE).....713-468-5463***  
***Teen Crisis Hotline (713-529-TEEN).....713-529-8336***  
***Suicide Hotline (1-800-SUICIDE).....800-784-2433***  
***Rape Crisis Hotline (LAASA).....844-303-7233***  
***Council on Recovery Houston.....713-942-4100***  
***Montrose Counseling Center.....713-529-0037***  
***Harris County Social Services.....713-696-7900***  
***Adult Protective Services.....713-767-2700***  
***Harris County Guardianship.....713-363-2300***  
***Mental Health America of Greater Houston.....713-523-8963***  
***Alzheimer's Assoc. of Houston & SE Texas.....800-272-3900***  
***Arc Greater Houston (IDD and Disabilities).....713-957-1600***  
***Mayor's Citizen's Assistance Office.....832-393-0955***  
***Star of Hope.....713-748-0700***

- 2575 Reed Rd. (New Women's and Family Shelter)

***Salvation Army.....713-752-0677***  
***Houston Service Helpline.....3-1-1***  
***Houston Recovery Center (Sobering Ctr).....713-236-7800***

### **Online Resources**

Alzheimer's Association-Houston.....[www.alz.org/texas](http://www.alz.org/texas)  
The Harris Center (MHMRA).....[www.theharriscenter.org](http://www.theharriscenter.org)  
Mental Health America-Houston.....[www.mhahouston.org](http://www.mhahouston.org)  
National Alliance on Mental Illness.....[www.nami.org](http://www.nami.org)  
Houston Police Department CIT.....[www.houstoncit.org](http://www.houstoncit.org)



Houston Police Department  
Mental Health Division  
150 North Chenevert Street  
Suite 200  
Houston, TX 77002  
(832) 394-4200  
[HoustonCIT.org](http://HoustonCIT.org)

