



2020

Annual Report

HOUSTON POLICE DEPARTMENT
MENTAL HEALTH DIVISION



*Service
with
compassion*

houstoncit.org

Welcome to the Mental Health Division

*Annual
Report
2020*



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Message from the Chiefs



“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 who 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 & Support Operations



“Our mission continues to grow. We are connecting more citizens who have previously reached out to law enforcement for mental health care resources, 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

Message from the Commander Bryan Bennett

Bennett joined the division as commander in 2019

About Commander Bennett

Commander Bennett has been with the department since November of 1997. Prior to joining the Mental Health Division, he served as commander in the Auto Theft Division. Throughout his career with the Houston Police Department, Commander Bennett has had many assignments, including Central Division, Clear Lake Division, Emergency Communications Division, Special Operations Division, Kingwood Division, and the Training Division, though the majority of his career was spent within the Special Operations Division.

In May of 2019, Commander Bennett was transferred to the Mental Health Division, and he quickly embraced the collaborative environment that works toward improving the lives of those who are often the most vulnerable within our communities. He readily became involved in the many leadership roles with various committees, boards and partnerships, many of which help to drive policy around policing and mental health, and he has effortlessly built strong relationships with community .

Our Approach

Today’s modern policing requires the ability to respond to individuals in serious mental health crises. The Houston Police Department strives to reach out as professionally, safely, and humanely as possible.

Outlook for the future

As a leader and one of the national models, we strive to work with our community partners, improving our response to persons with mental illness, substance abuse, and the homeless. We continually work at developing new strategies and techniques that will keep the Houston Police Department the premiere law enforcement agency regarding specialized police responses to the mentally ill.



Bryan Bennett

Houston Police Department





Introduction

About our Division

The Mental Health Division provides support to the community with success through collaboration

The Mental Health Division (MHD) was formed to provide a more professional and humane response to people in serious mental health crisis.

The primary purpose of MHD is to oversee the department's CIT program and to provide instruction and guidance in the area of policy and procedures in dealing with persons in a mental health crisis. To accomplish this goal, the Mental Health Division works closely in collaboration with the mental health community at large.

In 2019, the Mental Health Division was assigned to Field and Support Operations, and consisted of 40 full-time personnel. Full-time personnel assigned to

the Mental Health Division included one commander, one lieutenant, six sergeants, three officers assigned as CIT instructors, three officers assigned to the Investigations Unit, two officers assigned to Boarding Homes Enforcement Unit (BHEU), one officer assigned to the Chronic Consumer Stabilization Initiative (CCSI), twelve Crisis Intervention Trained (CIT) officers assigned to the Crisis Intervention Response Team (CIRT), six officers assigned to the Homeless Outreach Team (HOT), one officer assigned administrative duties (budget, technology, vehicle coordination, etc.), one officer assigned to Special Projects, one senior office assistant, one Public Service Officer (civilian), and one data analyst.

Houston Police Department Mental Health Division

The training unit taught **2,326** personnel (in person) and provided online training for an additional **2,800** personnel.

**Crisis Call
Diversion (CCD)
processed
4527 calls.**

45855 total
CIT calls
for service
department-
wide

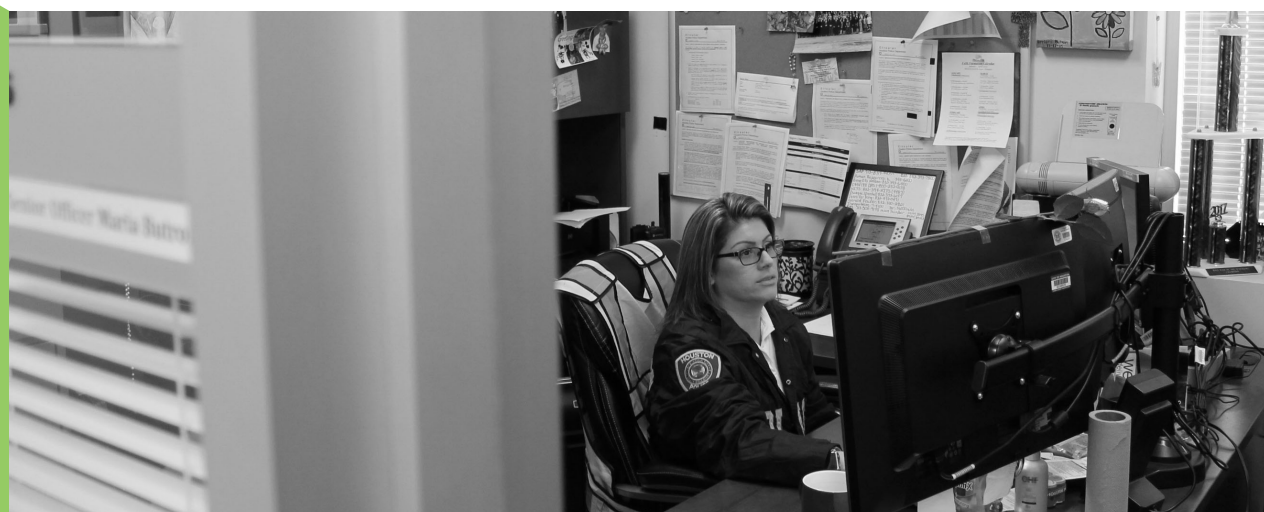
2020 highlights

The Senior Justice
Assessment Center
(SJAC) opened
388 new cases.

There was a
23% increase
in the number
of permitted
operational
boarding homes.

**The Homeless
Outreach Team
(HOT) was able
to place **133
people** into a
form of housing
or shelter**

The Crisis
Intervention
Response Team
(CIRT) Unit
responded to
5416 total CIT
calls for service



MHD Programs

Eight programs make up the Mental Health Division, all working together to address different needs of the Houston community

Boarding Homes Enforcement Unit (BHEU)

BHEU's main goal is to ensure that residents with mental and physical disabilities are living in a healthy and safe environment by providing educational outreach, regular inspections, and enforcing city ordinances.

Chronic Consumer Stabilization Initiative (CCSI)

CCSI is a collaborative effort designed to identify, engage, and provide services to individuals that have repeat contact with police because of a serious mental illness.

Crisis Call Diversion Program (CCD)

CCD diverts non-emergency mental health related calls received through dispatch away from emergency response to appropriate mental health services.

Crisis Intervention Response Team (CIRT)

CIRT units consist of an HPD Officer and a Master's level clinician from the Harris Center. Teams are deployed citywide to address the most severe calls dealing with mental illness.

Crisis Intervention Training Unit (CIT)

This unit trains more than 5,600 law enforcement personnel annually. As one of ten CIT Council of State Governments Learning Sites, the CIT Unit also provides site visits to outside agencies who want to learn about the division.

Homeless Outreach Team (HOT)

HOT seeks to improve the quality of lives for Houston's homeless by providing a sense of worth and identity.

Senior Justice Assessment Center (SJAC)

SJAC works through a collaboration of partners to evaluate and intervene in crimes committed against senior adults.

Threat Mitigation & Investigations

This unit analyzes police reports pertaining to mental illness and inputs incidents into a database used to assess potential risks to consumers and/or the public.

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.



A Division of Collaboration

(pictured above)

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.



Our Leadership Team

Beginning of 2020

(pictured on the left)

Sergeant Julio Silva, Sergeant Olga Gonzalez, Lieutenant Patrick Plourde, Sergeant Norris Groves, Commander Bryan Bennett, Sergeant Robin Nassif, Sergeant Roger Espinoza, Sergeant Joseph Ramirez

Meet the Mental Health Division Team

Our staff of forty officers and civilians work together to help serve the Houston community

MHD Administration

Commander Bryan Bennett
Lieutenant Patrick Plourde *(Retired)*
Lieutenant Isaac Duplechain
Senior Officer Maria Butron
Officer Timothy Fay
SOA Cherry Jamison

Boarding Home Enforcement Unit (BHEU)

Officer Jason Llorente
Officer Trammell McKnight

Chronic Consumer Stabilization Initiative (CCSI)

Senior Officer Leon Moulton

Crisis Call Diversion Program (CCD) & Senior Justice Assessment Center (SJAC)

Officer Ashley Romo

Crisis Intervention Response Team (CIRT)

Sergeant Norris Groves *(Retired)*
Sergeant Homer Garza
Sergeant Joseph Ramirez
Sergeant Julio Silva
Senior Officer Stephen Augustine *(Retired)*
Senior Officer Nick Baines
Officer Kyndall Griffin
Officer Robert Hatfield
Officer Richard Pietruszynski *(Promoted)*

Officer Michael Pulido
Officer Jacob Ramos
Officer Diana Riojas
Officer Tremayne Rowe
Officer William Rutherford *(Resigned)*
Officer Reginald Senegal
Officer Jason Smith
Senior Officer Mark Stevens

Crisis Intervention Training Unit (CIT)

Sergeant Robin Nassif, *Retired*
Sergeant Brian Schroeder
Officer Travis Cogbill
Officer Alfred Rivera
Senior Officer Rebecca Skillern *(Promoted)*

Homeless Outreach Team (HOT)

Sergeant Roger Espinoza
Senior Officer Colin Mansfield
Officer Sheldon Theragood
Officer Karan Dhooper
Officer John Vogelsang
Senior Officer Gerardo Alaniz
Officer Marcus Cooper
Senior PSO Daryl Bradford

Threat Mitigation & Investigations

Sergeant Olga Gonzalez
Officer Elizabeth Scheibe
Officer Kathryn Vogelsang
Officer Jonathan Woodall *(Promoted)*

Staff Spotlight Promotion to Sergeant

With more than 13 years in the Mental Health Division/Unit, Senior Officer Rebecca Skillern promoted to Sergeant over the CIT Training Unit

Rebecca Skillern is a Master Peace Officer who is with the Houston Police Department's Mental Health Division, serving as the Sergeant over Crisis Intervention Training. Prior to becoming a Police Officer, Rebecca obtained her License as a Professional Counselor (LPC), became a board approved Supervisor for Licensed Professional Counselors (LPC-S), and has served in the mental health field for more than 20 years. Rebecca obtained both a Bachelor's in Psychology and a Master's in Marriage and Family Therapy from the University of Houston - Clear Lake.

As a police officer, after working primarily as a patrol unit on the Northeast side of Houston, she joined what is now the Mental Health Division of the Houston Police Department. This endeavor began in July of 2008, with Rebecca being part of the Crisis Intervention Response Team (CIRT) when it was first piloted as a new program. In November 2009, Rebecca became an Investigator in the Mental Health Division and began working as an instructor at the HPD academy. Rebecca has been a full-time training instructor since 2010. Within this role, Rebecca has provided a great deal of training to law enforcement agencies both within Texas and nationally. In 2014, Rebecca received the Houston Police Department's Instructor of the Year Award. Rebecca continues to maintain her license and training as an LPC-Supervisor, and her work as an instructor within the Mental Health Division allows for a nice fusion of her two professions.

Additionally, Rebecca was founding President of the Texas Crisis Intervention Team Association (TCIT), completed two additional terms as President of TCIT, and is currently on the executive board serving as the Immediate Past President. In 2019, Rebecca received the Mental Health Professional of the Year award



from the Texas CIT Association for her collaborative work with Mental Health and Law Enforcement professionals. Now, she has been promoted to lead and supervise the CIT Training Unit within the Mental Health Division.

Staff Spotlight

New to the Division

Lieutenant Isaac Duplechain joined the division in 2020 to succeed Retired Lieutenant Patrick Plourde in the oversight of operations of the Mental Health Division

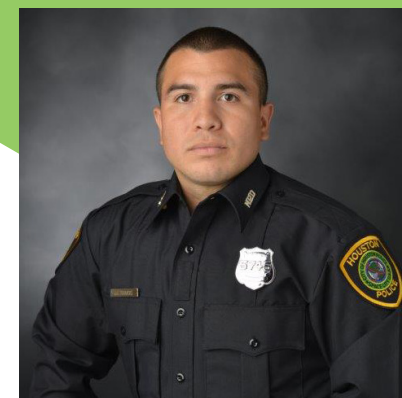
Lieutenant Isaac Duplechain joined HPD in 2008 as part of Class 200, the first Academy class to receive mandated Crisis Intervention Training. He worked patrol at Westside and was an investigator in Investigative First Responder and Homicide Divisions. After promoting to Sergeant, he worked at North and Central Divisions as a patrol sergeant, then transferred to the Vehicular Crimes Division. As a lieutenant, he remained at the Vehicular Crimes Division. Lieutenant Duplechain came to MHD in October 2020 to help with the upcoming expansion of the Crisis Intervention Response Team. As an attorney, Lieutenant Duplechain brings a legal perspective into the operations of the division.

After joining the Mental Health Division, Lieutenant Duplechain spoke highly of the team that Lieutenant Plourde had built and developed. He noted that the personnel assigned to MHD work exceptionally well together and with collaborative community partners. He joined during the height of the coronavirus restrictions, placing unusual stressors upon the division and the community. He also noted that MHD maintains a consistently high level of operational competence and positive attitudes, making it a uniquely fantastic place to work.

Lieutenant Duplechain believes that law enforcement has been given the unenviable task of dealing with



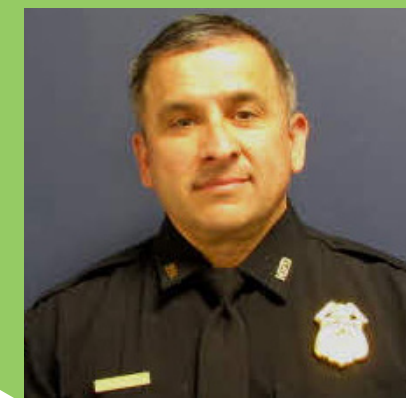
mental health issues and that officers must rise to meet this challenge. He seeks to give every officer the tools necessary to handle these calls safely. Responding to calls regarding mental health in a compassionate and purposeful manner provides the community with the service that it expects and deserves, while providing assistance to those who need it.



Jacob Ramos
CIRT Officer

Officer Ramos graduated from the Academy in August 2014 and spent six years on patrol at Northeast Division. Officer Ramos impressed the interview board with his passion for assisting those in mental health crisis.

Since joining the Mental Health Division, he has honed his de-escalation skills and developed his ability to build a rapport with people in crisis. Officer Ramos built an immediate relationship with his clinician partner, exemplifying the best of the co-responder model.



Homer Garza
CIRT Sergeant

Sergeant Garza came to the MHD in December with a skillset perfectly designed for CIRT. As the leader of the Hostage Negotiation Team from 2015 to 2020, Sergeant Garza learned how to slow down and determine what a person in crisis wants and needs. As a former investigative supervisor in the Investigative First Responder Division, he learned how to develop personnel and teach them how to teach themselves.

Since coming to the division, Sergeant Garza has spearheaded weekly skill development meetings for CIRT officers where they discuss the lessons learned from their calls.



Brian Schroeder
Administration Sergeant

Sergeant Schroeder joined the MHD in February as the new administrative sergeant, replacing Sergeant Nassif as she retired. With a background in Tactical Operations and Special Operations Divisions, Sergeant Schroeder quickly familiarized himself with the ins and outs of running such a small but specialized division.

Armed with his handy notebook and taking copious notes on every task given to him, Sergeant Schroeder ensures the ongoing smooth operation of the division.

Staff Spotlight

Patrick Plourde

After 13 years serving the division and 26 years with the department, Lieutenant Plourde retired from the Mental Health Division

Lieutenant Patrick Plourde joined HPD in 1994 and worked at Central and South Central Divisions before joining the predecessor unit to MHD in 2007. He was then an integral part in the creation and development of the Mental Health Division for 13 years until he retired in October 2020. Originally in 2007, he joined the Mental Health Unit as a Crisis Intervention Response Team sergeant where he worked as a supervisor until the Mental Health Unit became a division in 2013. Shortly after, he promoted to lieutenant and assisted in the operations of the Mental Health Division. Lieutenant Plourde single-handedly designed most of the division rules and policies in place today. Other agencies frequently contact HPD to request information on MHD's policies and procedures, which is a testament to Lieutenant Plourde's ability to predict and solve problems.

Lieutenant Plourde personally developed MHD's database after determining that the existing databases could not be searched for people who had been in crisis. He taught himself how to program and built the database from scratch. MHD officers use the database daily to research consumers efficiently and effectively. This "above and beyond" attitude explained why Lieutenant Plourde received 38 commendations during his career, including two nominations as a Police Week Finalist, two Unit Citations for the units under this supervision, and a Chief's Commendation.

Lieutenant Plourde was respected and admired by the officers and sergeants who worked for him. He consistently provided an example of the hard work and dedication that



he expected from others. He left the Houston Police Department a better place than how he found it, and he helped turn the Mental Health Division into the nationally-renowned collaborative model for other cities. The Mental Health Division wishes Lieutenant Plourde the best during his well-earned retirement.

Staff Changes

MHD Retirements

In recognition and appreciation of their dedication and loyal service, the City of Houston congratulates and commends Senior Police Officer Stephen Augustine, Sergeant Norris Groves, and Sergeant Robin Nassif on these milestone occasions and extends best wishes for a long and happy retirement.



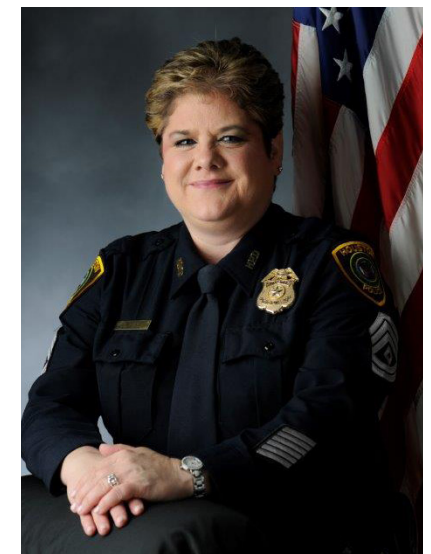
Stephen Augustine
CIRT Officer

Senior Police Officer Stephen Augustine entered Phase Down retirement in January, after 25 years of police work and seven years assigned to CIRT. He accrued dozens of commendations, including Crisis Intervention Team Officer of the Year in 2018.



Norris Groves
CIRT Sergeant

Sergeant Norris Groves retired in July, having joined the department in 1984. After promoting to sergeant in 2015, he spent the final four years of his lengthy career assigned to Mental Health as the day shift CIRT supervisor, where he established himself as an effective and beloved leader.



Robin Nassif
Administration Sergeant

Sergeant Robin Nassif retired in February after 34 years of service, including 25 years as a sergeant. She spent three years in the Mental Health Division as the administration sergeant. The Training Unit received a Chief Unit Citation in 2018 under her leadership.

About the Program

Boarding Homes Enforcement Unit

BHEU helps ensure safety of boarding home residents in the city



In 2013, Houston City Council passed the Boarding Homes Ordinance, which authorized the Houston Police Department to conduct enforcement and share regulatory oversight of boarding home facilities with the Department of Public Works.

BHEU is tasked with enforcing the health and safety components of the ordinance in order to ensure

consumers are living in a safe and comfortable environment. The unit's responsibilities include general boarding home investigations, random site visits, and inspections. BHEU also provides specialized training to the public and other government agencies. These efforts resulted in an increase in boarding home operators complying with the boarding homes ordinance and permitting with the City of Houston.



As of 2020, approximately 250 boarding homes were known to exist inside the city limits of Houston. Through enforcement efforts and public training seminars, there are currently 48 locations lawfully permitted and approximately 117 boarding homes in the process of becoming permitted pending approval for certificate of occupancy, a recent addendum to the current Boarding Homes Ordinance.

2020

BHEU Statistics

278 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.

Boarding Home Site Visits 232

Visiting boarding homes is one of the primary duties of BHEU. By visiting homes, they learn the conditions of the home and determine if any violations exist.

138 Home Inspections Conducted

During inspections, information is gathered such as the number of residents in the home, if any of the residents have mental illness, if the home is certified by the state, if the home has a written fire and evacuation plan, if the home provides access to their books, etc.

Code Violation Warnings 558

Warnings are issued before citations when a home is in violation allowing for the opportunity to avoid citations.

430 Code Violation Citations

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

About the Program

Chronic Consumer Stabilization Initiative

CCSI connects individuals to needed mental health services and programs



The Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department and the Harris Center for Mental Health and IDD. The program is designed to identify, engage, and provide mental health and social services to individuals who have been diagnosed with a serious and persistent mental illness, and who also have frequent encounters with the Houston Police Department.

The Harris Center for Mental Health and IDD Care Coordinators proactively engage with affected individuals in hopes of interrupting the cycle of repeated law enforcement encounters and/or psychiatric hospitalizations. In past years, the CCSI Unit has received national recognition for excellence in Public/Private Cooperation from the International Association of Chiefs of Police (IACP), and the unit continues to show commitment to public and private collaborations.

In addition to decreasing the time and costs associated

with CIT calls and hospitalizations, the work of CCSI helps minimize the potential for injuries to the consumer and police officers, and allows for patrol resources to be directed to address crime-related issues. Based on data from individuals in the current case load, one year before program and one year during, there was a:

- 71% reduction in admissions to psychiatric facilities
- 66% reduction in Harris County Psychiatric Center in-patient days
- 66% decrease in overall encounters with law enforcement while on the CCSI program.

CCSI currently serves 43 individuals diagnosed with serious and persistent mental illness. With the upgrade of one Care Coordinator position to a Licensed Clinician, at no cost to the city, CCSI continues to proactively engage and manage individuals who experience chronic mental illness who frequently encounter HPD patrol officers and CIRT.

2020

CCSI Statistics

3194

Client Initiated Contacts

Clients in the program are encouraged to contact their care coordinators whenever there is a need for assistance, services, or to reach out for support. Without their care coordinators, clients are likely to resort to calling the police or other 911 services for mental health issues.

seventy-nine clients served

Total number of clients who were opened for services at any given period of time during the calendar year.

9372

Care Coordinator Contacts

Care coordinators routinely keep in communication with their clients multiple times throughout the week. This proactive approach helps to keep individuals engaged with the program.

244 client contacts with police

The goal of CCSI is to reduce consumer encounters with police. However, clients will still be involved with law enforcement while on the program when a crisis situation occurs.

CCSI Goals

- Reduce interactions between the individual diagnosed with serious and persistent mental illness and HPD.
- Identify unmet needs and barriers in the community that contribute to an individual's inability to engage and remain in mental health treatment.
- Link and coordinate individuals with 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.
- Facilitate compliance with recommended mental health treatment to reduce the number of involuntary commitments to the Neuropsychiatric Center, decrease homelessness, reduce victimization, decrease substance abuse, and minimize interactions with law enforcement, while improving their quality of life.

Services Available

- Outreach and Engagement
- Intensive Case Management
- Mental Health First Aid for client, family, & other support systems
- Linkage to secure, stable housing
- Linkage to primary healthcare
- Linkage to outpatient psychiatric care and supportive service
- Linkage with substance abuse treatment
- Empowering client to assume responsibility for mental health compliance
- Crisis Intervention

Eligibility

Eligible individuals have an extensive history of interactions and contacts with HPD. These encounters generally result in admission to mental health crisis services or psychiatric hospitalization. Many of these individuals have also committed crimes due to their illness and HPD officers are able to divert them to appropriate mental health services as an alternative to automatic incarceration.

Success Story

Chronic Consumer Stabilization Initiative

CCSI reaches out to citizens, like Michael, by helping them access available programs and organizations in the community that treat and support their diagnoses, helping live a successful life



Michael came to CCSI as a referral by the North Patrol Division. Michael had over 12 police contacts within a two-year period. The police contacts resulted in three emergency detention orders. Michael would call the police, stating unknown people were living in his house. When officers would arrive, no one would be there. Michael also stated that he had a family of bears living under his house and he would sit outside his residence with a loaded 12 gauge shotgun waiting for the bears to come out.

Care Coordinator G. Pequeno and Senior Police Officer Leon Moulton attempted several times to speak with Michael, but he refused our services. Finally, Michael decided that he could use the services of CCSI. Michael signed up on September 11th, 2018, and with continued intensive case management, he has become one of CCSI's success stories.

Since beginning services with CCSI, Michael has not been admitted into any mental health facility or had any negative police contacts. Michael is now with Care Coordinator J. James, who continues to follow up with him on a weekly basis. He is currently medication-compliant, and attends psychiatric appointments as directed.

Michael is a great example of the many successes within the CCSI Program.

About the Program

Crisis Call Diversion

Through the collaboration of the Mental Health Division and the Harris Center for Mental Health, CCD reduces non-emergent mental health calls for service to appropriate services and resources



CCD statistics from 2020

- **3287 citizens assisted (non-diversion)** When consumers are provided clinical assessments and de-escalation of crisis, but still require a police response, time is still saved for emergency service. While an average of 123 minutes are spent by officers on a CIT call, the average time spent on a scene by a patrol unit that has already been processed by CCD is only 36 minutes, a 71% time savings (or 87 minutes saved per call). **These savings are equivalent to \$530,465.68, enough to pay 4 full-time employees.**
- **547 consumers de-escalated through phone conversations** CCD counselors make every effort to help consumers experiencing a mental health crisis during the call for service.
- **4527 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 to process all of the mental health related calls received each shift.
- **982 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.

2116 Crisis Calls Diverted

Non-emergent CIT calls are transferred to a tele-counselor where they may be able to address a consumer's needs directly and, in most cases, successfully divert them away from emergency services.

Background

Nationally, law enforcement response to persons in serious mental health crises continues to increase. This trend under the umbrella of the Houston Police Department (HPD) and the citizens it serves is no different.

Citizens in serious mental health crises often rely on emergency services. These types of calls for service can be time-consuming, complex, and drain first responder resources; however, by providing resources appropriate for these calls, all parties involved benefit.

The Program

The first of its kind in the nation, the Crisis Call Diversion (CCD) program is designed to identify and redirect non-emergent, non-life-threatening calls for service that are mental health crisis related (CIT) away from first responder resources and toward Harris Center for Mental Health & IDD mental health professional tele-counselors located at the 911 call center. This program is a collaborative effort of the Houston Police Department (HPD), Houston Fire Department (HFD), Houston Emergency Center (HEC), and the Harris Center for Mental Health & IDD. The program is staffed and funded by the City of Houston and the Harris Center.

This program has proven to be a valuable service to the City of Houston as it has essentially diverted emergency responders to calls that are most high in priority. In 2020 CCD fielded 4,532 calls and diverted 2,116 mental health calls away from emergency responders. The call diversions offer an estimated \$1,666,731.84 cost savings to the first responder community after program costs.

Through the work of one police officer from the Mental Health Division and six Harris

Center crisis call counselors, the volume of non-emergency mental health-related calls for service for both HPD patrol and HFD emergency medical services (EMS) is reduced, and more resources are available to provide for emergency responses. The program has not only proven to save first responder resources, money and time, it helps connect citizens of Houston with mental health services.

Cost Comparison

CCD counselors have helped first responders and the Houston community by diverting 2,116 calls from emergency services. The breakdown below demonstrates the effectiveness of the CCD program.

Operational cost savings to first responder agencies (HPD & HFD):
\$2,128,731.84

Crisis Call Diversion Budget
\$460,000 annually

HPD: \$898,231.84 saved by CCD

- CCD diverted 1,245 CIT Calls for service in 2020 saving \$313,901.85
 - The savings is equivalent to 3 full time employees
- CCD assisted 3,287 citizens in 2020 saving \$584,329.99 (non-diversion)
 - The savings is equivalent to 4 full time employees

HFD: \$1,228,500.00 saved by CCD

- CCD Diverted 875 "psych" calls for service in 2020
 - \$1404 cost incurred per response involving ambulance and fire truck
 - \$1,228,500.00 savings

Estimated cost savings to the first responder community after the CCD program costs is \$1,666,731.84 per year.



About the Program

Crisis Intervention Response Team

CIRT Units are dispatched to handle the most serious mental health calls for service throughout the city



Mental illness is something that police officers deal with on a daily basis. With training, Houston Police Officers can handle the majority of these calls on their own. However, sometimes patrol officers are a little out of their depth in certain severe cases. In order to effectively handle these cases safely, specialized mental-health units are necessary. These teams are called Crisis Intervention Response Team (CIRT) units.

Twelve Crisis Intervention Response Teams (CIRT) are deployed citywide in the calls for service loop. Each team is comprised of an HPD Officer and a Master's level clinician from the Harris Center of Mental Health and Intellectual and Development Disabilities (formally MHMRA). The clinicians are an invaluable resource and a primary reason for the success of the CIRT Program.

In addition to their knowledge of mental illness and counseling experience, the clinicians have direct access to a consumer's medical data in the Harris Center and Harris Health systems. This information is extremely beneficial when responding to consumers in crisis as they have knowledge of the consumer's diagnoses, mental health history, medications, and hospitalizations.

CIRT handled 18% of the 11,506 EDOs that HPD officers utilize to address individuals in crisis. Of the 45,855 calls for service, CIRT units handled 11.8% of the calls. This unit also helps divert individuals from jail who need mental health treatment, which was 225 diversions handled by CIRT units.

The CIRT staff includes 12 Houston Police Department Officers, 14 Harris Center clinicians, and 9 Harris County Sheriff's Deputies



2020

CIRT Statistics

2053

Emergency Detentions

If a peace officer believes the person is mentally ill and poses a significant risk of serious harm to self or others, they have the sole authority to take a person for a psychiatric evaluation, involuntarily.

5416

Calls for Service

CIRT units answer the most serious CIT calls involving individuals who are in serious mental health crises. They also assist patrol officers with difficult and/or dangerous situations.

two hundred twenty-five Jail Diversions

When prisoners in HPD custody exhibit mental health problems, a CIRT unit will be requested 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 Joint Processing Center. Harris County has a forensic psychiatric unit inside the jail and can address the prisoner's mental health problem.

82

Referral Investigations

In cases of non-emergent mental health needs, referrals are made for CIRT officers to investigate for the benefit of the consumer.

89

On-View Investigations

In these investigations, CIRT officers observe someone while on the job who are in need of mental health care without a call for service.

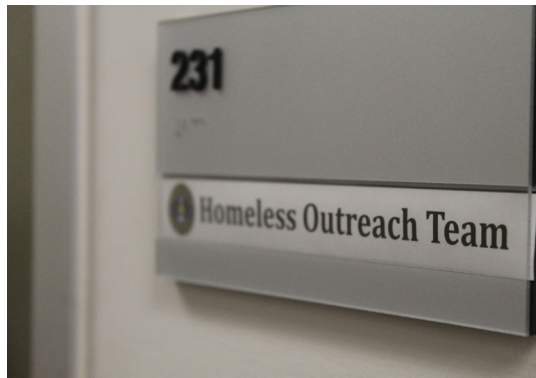
About the Program

Homeless Outreach Team

HOT works to connect individuals in the homeless community of Houston to needed resources with the goal of helping them find permanent housing

The Homeless Outreach Team (HOT) is a team of specialized officers who collaborate with mental health care coordinators to engage in outreach to the homeless community by offering shelter, aid, and assistance.

Officers on the team seek out the homeless population for outreach, be it the streets, sidewalks, underpasses, wooded areas, or shelters. A psychosocial assessment of each individual is conducted to determine the root cause for an individual's homelessness. This assessment consists of identifying and targeting needs such as medical issues and treatment, mental health treatment, acquisition of medication, identification acquisition, poly-substance abuse treatment, housing needs, need of immediate sheltering, need of social services including Social Security benefits, Medicare & Medicaid, SSI acquisition, WIC program and/or SNAP benefits, and re-engagement with family and relatives.



Following engagement and assessment, HOT officers and care coordinators work with each individual to link them to appropriate programs and agencies based on their specific needs. The goal in linking homeless individuals with appropriate services is to address and eliminate the root causes that have kept a person living on the streets.

With the addition of two care-coordinators and two officers since 2017, the average number of individuals permanently housed by HOT has increased by 48.16%. According to the U.S. Department of Homeless & Urban Development research, homeless individuals cost

communities an average of \$41,000 per year in various social services, whereas housed individuals cost an average of \$17,000. Based on these averages, the placement of 133 homeless individuals in housing by HOT saved the community a potential \$3.19 million.

The innovative method of policing with relational solutions executed by HOT continues to be a model, not only for Texas, but also for the nation.



Officers of HOT connect homeless individuals with needed services and save the community an estimated \$3.19 million.



2020 HOT Statistics

6060 Services Offered

The homeless are provided information about services available to them, such as detoxing, rehab, shelter, and transitional housing providers.

1954 Services Accepted

32% of services offered were accepted by homeless individuals. Persistence, rapport building, and trust is necessary to improve the rate of acceptance.

2145 HOT Identifications Issued

Many homeless lack documentation, by theft or loss. Because it is difficult to receive services without identification, HOT made a program to provide IDs.

133 Homeless individuals Housed

One of the primary goals of HOT is to house the chronic homeless. HOT collaborates with several organizations to obtain housing for the homeless.

5103 Client Interactions

Interactions are made in attempt to offer assistance with medical care, mental health treatment, identification letters, housing, social security benefits.

Success Stories

Homeless Outreach Team

HOT identifies individuals in need of intervention, like Curtis, and takes necessary steps to connect them to necessary medical resources



The Houston police Department's Homeless Outreach Team (HOT) received a complaint from a concerned citizen regarding a homeless individual who appeared to need help. HOT later identified this individual as Curtis Borders, who stayed in the Midtown area of Houston. HOT searched for Curtis who found him sleeping in a pile of trash and empty beer bottles. Curtis had let himself deteriorate to the extent that he could no longer freely move about on his own nor attend to his own personal needs. Curtis stated he had trouble walking because of severe pain in his legs. Even attempting to stand would cause a great deal of pain for him. Countless times, Curtis was offered shelter, resources, and the opportunity to seek medical attention and HOT was ready to transport him to any location that would address his needs. Because of his addiction to alcohol, Curtis always refused. It was clear Curtis was in physical pain, but he hid his injuries making it difficult for HOT or paramedics to determine the cause and extent of his medical ailments.

The HOT did not give up on Curtis. HOT took the time for multiple follow-up visits and offered continued outreach, resources, shelter, and medical help. After several follow visits by HOT officers and case managers, officers were able to convince Curtis to seek medical attention. Curtis

was not completely willing to stay sober, but he did decide to consider the path of sobriety while seeking medical attention.

HOT members transported Curtis to Methodist Hospital, where he was admitted the same day. HOT Senior Officer Mansfield followed up with Curtis the next week and learned that Curtis had emergency surgery and the lower part of his leg was amputated. Curtis stated that he did not realize how severe his leg infection was until it was thoroughly examined by hospital staff, and admitted that he had allowed the pain to continue because he chose to drink alcohol rather than seek medical attention.

Curtis was transferred to a rehab facility in Katy where he continued to convalesce. HOT coordinated with hospital case management who arranged for him to go to a family member's home. HOT also continued to help Curtis get the care he needed by getting his benefits restored. Curtis was thankful for HOT's intervention and admitted that, without HOT, he would have continued to fuel his addiction for alcohol and the infection in his leg would have continued to spread resulting in a greater percentage of his leg being amputated. Currently Curtis continues living with his family and has remained sober.

The Homeless Outreach Team worked with Errol Johnson for at least two years before getting much cooperation.

Errol was observed keeping to himself and making delusional statements indicating mental illness. For years he called the streets, and the dumpster behind a grocery store on the Westside of Houston, his home.

Errol expressed an interest in getting his Gold Card reissued to help him with some medical issues. Errol stated that his Gold Card was declined because he is 65 and now qualified for Medicare. However, Errol said that he went to Social Security and was told he did not qualify for Medicare.

Errol seemed confused about his benefits, so HOT transported him to Harmony House where he was assisted in reacquiring a Gold Card. That same day, the team updated his housing assessment where he scored very high, indicating he would be moved to the top of the rapid housing list.

The next day, HOT transported Errol to the Social Security office, where he was able to get his Social Security card and sort out the confusion about his Medicare benefits. At the Social Security office, one hurdle was the only form of identification Errol had was an expired state ID. HOT provided a homeless ID letter (HOT ID), which met their requirement as an additional document to identify him. This made it possible for Errol to receive Medicare benefits and later start his

Medicaid payments.

The next week, HOT connected him with a housing navigator through Compass. The housing navigator made arrangements to have him transported to Healthcare for the Homeless to receive his Verification of Disability.

The same day Errol was transported by HOT to New Hope Housing where his paperwork was gathered and he secured a single occupancy unit. As HOT members left the facility, the apartment manager stated that the social security number on his Verification for

Disability did not match the housing application. The team helped in making the correction and the process could move forward.

HOT then faced an additional challenge: due to his mental state, the team had difficulty motivating Errol to retrieve his mail. Errol knew someone in the area who would allow him to use her address to receive his mail.

About two weeks later, Errol's mail arrived and Errol seemed to be struggling with sickness, which he

claimed was preventing him from retrieving his mail. HOT arrived to help Errol get his mail to his housing navigator and about two weeks later, HOT transported Errol to New Hope Housing where he was able to sign his lease and get his keys.

By shepherding Errol through the service provider network and helping to plug him into service providers like Compass, Star of Hope, New Hope Housing, Social Security, Health Care for the Homeless, and the cooperative work between HOT and the case managers from these service providers, Errol will be able to adjust to his new lifestyle.



About the Program

Threat Mitigation & Investigations

TMU seeks to prevent crises across the department through investigations



The Threat Mitigation Unit (TMU) & Investigations is comprised of three investigators and one Sergeant, tasked with reviewing every incident report routed to the Mental Health Division that involves a person with actual or suspected mental illness. Incidents that meet the criteria of having a mental health nexus are entered into a secured CIT database.

Through case review, referrals from other investigative divisions, and outside agencies, cases are identified for follow-up investigation. At this point, the objective is to identify individuals whose specific behavior or actions cause serious concern for others, and have the potential to escalate into violence. This is followed by threat assessment and identifying the risks the individual under suspicion poses to any particular target. During this stage of investigation, the goal is to gather as much information on the individual as

possible to learn about the subject's state of mind, behavioral patterns, and interests regarding the target. This requires consultation from multiple sources and may require face-to face interviews with the individual.

The last component of threat mitigation involves developing a strategy to manage the individual and minimize harm against the targeted individual. The management plan involves a collaborative effort between multi-disciplinary groups and organizations. The investigator determines what resources are available to improve quality of life, and makes referrals to the appropriate agencies or MHD unit to provide the services and assistance needed.

Threat Mitigation & Investigations is also responsible for the disposition of firearms seized from individuals experiencing a mental health crisis and taken in on an emergency detention.

The TMU was developed in response to the increasing number of mass violence incidents occurring at schools and workplaces across the country. Studies have shown mental illness plays a significant role in individuals involved in mass violence.

282 investigations
were conducted
in 2020

55 cases
involving
firearms



22,559

Mental health related reports reviewed by the Threat Mitigation and Investigations Unit to determine if any additional services or referrals are needed to help consumers with unresolved crisis issues.

Investigations are conducted with the hope of preventing future crisis and, if possible and appropriate, to defer prosecution

Investigators also complete premise histories, which is a safety awareness advisory that is entered in the CAD system for patrol officers to read before arriving on location.

80 MCOT referrals

The Mobile Crisis Outreach Team (MCOT) is a team of Psychiatrists, Registered Nurses, Licensed Master's and Bachelor Level Clinicians, and Psychiatric Technicians specializing in crisis intervention.

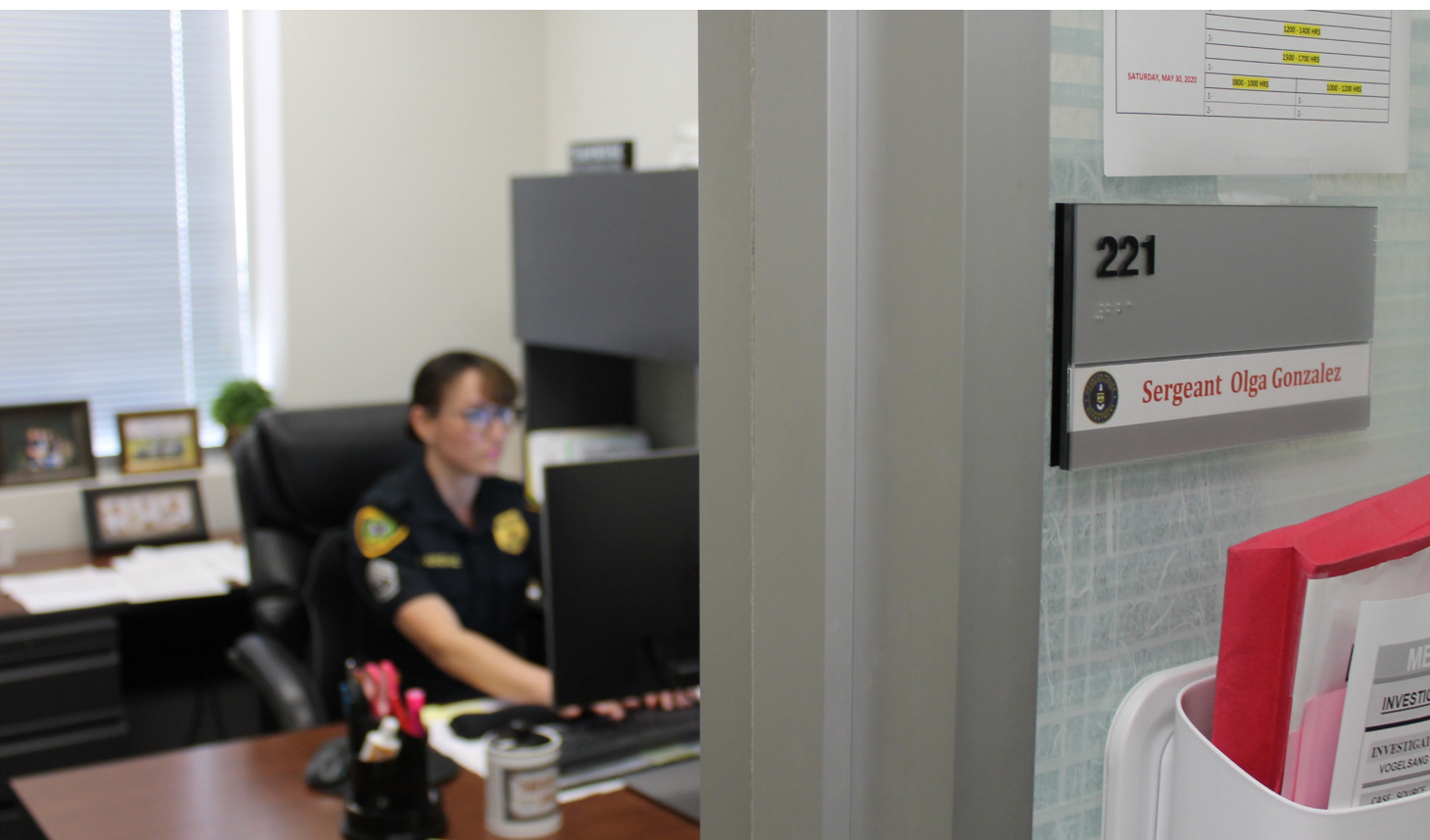
56% of offense reports reviewed required follow-up by a mental health investigator

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 departmental investigative divisions.

Success Story

Threat Mitigation & Investigations

TMU reviews patrol reports involving individuals with suspected or confirmed mental illness to identify cases in need of additional follow up



While reading incoming patrol reports, Case Management Investigators encountered an unusual and suspicious report. The report provided details of an individual who had breached security points and was walking around FedEx airplanes parked at Houston's IAH airport. The report stated that this incident was not the first time the individual had successfully gained entry to secure-access areas of IAH, and that there had been three other occasions of secured-access breaches. Shockingly, charges

were diverted each time because the individual would exhibit behaviors associated with mental illness upon detention by police.

Concerned for the security of a critical infrastructure, Mental Health Division investigators conducted a background check of the individual and found additional concerning information. The individual appeared to have an interest with gaining access to secure areas that contained

CONTINUED... files and computers, such as the executive floor of a prominent oil corporation and the administrative office of a prominent hospital system, as well as stealing confidential information. The individual would often speak in a foreign language upon detention, and would change languages if HPD provided a translator; approximately 10 different languages were recorded to have been spoken by the individual.

Upon reviewing the individual's mental health history, it was determined that doctors were uncertain if the individual had a mental illness at all. Another interesting and unusual detail was that the individual was extremely compliant with participating in mental health services, which subsequently allowed the individual to receive free housing and food.

MHD investigators believed that the individual was able to go unnoticed for so long because the individual used multiple aliases and would use language barriers and symptoms of mental illness to avoid providing additional information to police. Investigators sent the findings of the background check to the Department of Homeland Security (DHS) for additional oversight and review. After review, DHS determined that the individual had been an ICE fugitive since 2000, and was wanted for deportation. With our investigators' help, DHS was able to identify and locate the individual who had been a fugitive for over two decades.

MHD investigators were able help the Department of Homeland Security identify and locate an individual who had been a fugitive for more than two decades.



About the Program

Senior Justice Assessment Center

SJAC provides services of assessment and intervention to support senior adult victims of crime through a collaborative team of multidisciplinary field experts and organizations



SJAC Goals

As crime rates against elders rise, SJAC works to increase awareness, education, and prosecution of elder abuse.



SJAC Services

SJAC provides assessments, multidisciplinary team meetings, case coordination, treatment referrals, education, and research.



SJAC Team

Experts in geriatric medicine, social services, protective services, law enforcement, and civil and criminal prosecution collaborate with SJAC.

The Harris County Senior Justice Assessment Center (SJAC) brings together a multidisciplinary team to serve the unique needs of senior adults who fall victim to neglect, abuse, and/or exploitation. The team includes the Houston Police Department, the Harris County Sheriff's Office, Harris County Protective Services, the District Attorney's Office, the Area Agency on Aging, Harris County Health Services and the University of Texas Health services, and others.

The Senior Justice Assessment Center establishes standardized roles, processes, and procedures to allow seniors to have comprehensive care. Using this methodology, agencies experience less overlap when working on cases simultaneously, allowing better use of resources. Through this collaboration, the team creates and implements plans tailored to each client's needs. Some of the services provided to seniors through SJAC include determining if a crime has been committed, assessing the client's mental capacity, and ensuring physical safety.



Senior Justice Assessment Center (SJAC) statistics from 2020

SJAC works to 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, and successfully secure continuous funding opportunities through community partners and grant applications.

+110% from last year

388 cases opened

A multidisciplinary team of medical, legal, law enforcement, and social service professionals convene weekly to review the merits of a case and to determine if eligible criteria have been met for specialized investigation.

+1% from last year

57 APS Referrals



A large percentage of cases referred to the SJAC originate from the Adult Protective Services based on complaints received by third party reports.

14 felony charges filed

Charges accepted by the District Attorney's Office assigned to SJAC after an in-depth investigation has been completed.

+162% from last year

272

Physical Abuse Cases

Most cases involve elderly complainants who are victims of abuse while being cared for by their caregiver or in a nursing home.

+47% from last year

199

Financial Exploitation Cases

Elderly victims with impaired cognitive disabilities are often taken advantage of by those looking to exploit their life savings.

93 cases referred by HPD

Any investigative division may refer cases to SJAC that involve an individual 65 years of age or older.

About the Program

Crisis Intervention Training Unit

The training unit teaches about mental health to law enforcement personnel within the department, including officers and cadets, as well as visitors from departments across the nation



The Houston Police Department's Mental Health Division continues to lead by example in training law enforcement and mental health personnel across the region, state, and nation. In 2020, the CIT Training Unit provided over 526 hours of training to more than 5,126 law enforcement personnel, in addition to hosting virtual site visits with ten outside agencies. The Training Unit also presented at both the Texas CIT Association Conference and the CIT International Conference, and co-presented with the Council of State Governments at the 2019 International Association of Chiefs of Police Conference in Chicago. Additionally, the CIT Training Unit engaged various community organizations through presentations and workshops.

The primary responsibility of HPD's three-person training team is providing Crisis Intervention Training to all Houston Police Department classified personnel, as well as many of HPD's civilian personnel.

All of the Houston Police Department's multi-faceted strategies for responding to the mentally ill begin with training and fostering collaboration. HPD's Mental Health Division partners with mental health professionals and advocacy groups in Houston and Harris County in its specialized police responses. In addition to the aforementioned, the CIT Training Unit is also called upon to respond to information requests and depositions related to mental health consumers. The CIT Training Unit also offers technical assistance to outside agencies, which is available via training videos, off-site training, sharing of curricula, program information, policies, and consultations.

Our subject matter experts have taught throughout Texas, as well as throughout the United States. All instructors are TCOLE certified instructors and Mental Health Officers, with vast hands-on experience handling mental health related crises and de-escalation.

Crisis Intervention Training Unit Class Statistics from 2020

Class	# Classes Taught	Total Hours Taught	# of Personnel Trained
Advanced CIT (8 hour class)	12	96	4130*
CIT Update (8 hour class) <i>TCOLE Intermediate 3843</i>	4	32	115
Crisis Intervention Training (40 hour class) <i>TCOLE Intermediate 1850</i> Cadet Trainings	4	168	231
Crisis Intervention Training (40 hour class) <i>TCOLE Intermediate 1850</i>	2	80	66
De-escalation (8 hour class) <i>TCOLE 1849</i>	5	5	191
Mental Health Officer Training (40 hour class) <i>TCOLE 4001</i>	2	80	26
Trauma Affected Veterans (24 hour class) <i>TCOLE 4067</i>	1	24	43
Outside Agencies Trainings/Presentations	1	1	300

* 4130 includes the total number of the 2,800 personnel trained online through COVID-19 protocols.

About the Training CIT Classes

The courses provided by the training unit are updated annually to reflect the most up-to-date information and are offered to officers within the department, as well as outside agencies seeking mental health training pertaining to law enforcement



Courses taught in 2020 by the Crisis Intervention Training Unit

Advanced CIT

The goal of this annual course is to provide officers with refreshed curriculum and training about trending topics in popular culture as it pertains to mental health, as well as to improve officer handling of CIT calls for service. The 2019/2020 curriculum included information on the Senior Justice Assessment Center (SJAC), updates on the Mental Health Diversion Center, Juvenile Diversion Programs, and Mental Health Warrants. Additionally, the class covered recognizing and articulating “deterioration” as it pertains to the criteria for Emergency Detentions, and handling emergencies involving Delirium Tremens and Excited Delirium.

Crisis Intervention Training

With increasing frequency, law enforcement is being called upon to respond to individuals in serious mental health crises. It is necessary for law enforcement personnel to understand mental illness, and the tactics and techniques that have been proven to work most effectively when responding to individuals in these situations. These tactics and techniques are different than those routinely taught to officers to manage conflict. Generally, the underlying elements behind mental illness-related behavior is usually not criminal or malicious. Utilizing the information from this course, and implementing effective strategies, can help keep the officer safe, keep the public safe, and greatly reduce civil liability.

CIT Update

This Crisis Intervention Refresher training provides a review of the key concepts, safety techniques, and communication skills initially taught in crisis intervention training portion of the Texas Commission on Law Enforcement (TCOLE) Basic Peace Officer Curriculum. This course allows time for discussion, questions, and concerns of technique utilization that participants have experienced since their initial basic training. Brainstorming with fellow attendees assists in the discussion of “best practices” and the sharing of personal/ situational experiences.

De-Escalation

The purpose of the De-Escalation training is to improve the response of officers to incidents that involve persons in crisis who are behaving erratically, emphasizing that public and officer safety are at the heart of this process. De-escalation utilizes

techniques to reduce the intensity of an encounter with a suspect and enables an officer to have additional options to gain voluntary compliance or mitigate the need to use a higher level of force, while maintaining control of the situation.

The critical decision-making model provides officers with an organized way of making decisions about how they will act in any situation, including situations that may involve uses of force. Principles of the critical decision-making model include police ethics, values of the Houston Police Department, proportionality, and most importantly, the sanctity of human life.

Mental Health Officer Training

The purpose of the Mental Health Officer course is to further inform and educate the officer in the area of mental health and issues pertaining to serving as a mental health officer, to include advanced crisis intervention training.

Trauma Affected Veterans

The Trauma Affected Veterans course aims to provide a framework for Law Enforcement Officers to have a basic understanding about US Military culture, traumas, triggers and stressors, and de-escalation techniques when encountering veterans in crisis. The course is structured around 16 hours of lecture, videos, and class dialogue and 8 hours of role playing and hands-on practice to build student confidence when encountering a US veteran in crisis. The Trauma Affected Veteran course builds upon the techniques taught in Crisis Intervention Training (TCOLE 1850) and meets guidelines set by House Bill 1338.

Collaboration extends through Learning Site Visits

Outside agencies travel to Houston to visit sites and learn about Houston's Mental Health Division

For many years HPD has been one of the nation's front-runners in Crisis Intervention and De-escalation training because of the strong collaboration between HPD and Houston's local mental health authority, the Harris Center. In 2010, the Houston Police Department's Mental Health Division was chosen as one of the original six Council of State Governments' Learning Sites, a program focusing on specialized police responses involving both law enforcement and mental health providers co-responding to crisis related calls. This resulted in a significant increase in agencies coming to HPD's MHD to learn more about programs and strategies currently in place.

MHD welcomes the opportunity to assist other agencies in beginning similar programs within their jurisdictions. Because of this, MHD hosts site visits for agencies to learn about all of the co-responder programs, meet with collaborative partners, tour program sites, participate in ride-a-longs with co-response units, and experience Houston. Additionally, the MHD offers technical assistance to other agencies via phone conferences and/or email.

To arrange a site visit or technical assistance call, agency representatives can visit our website to submit a request houstoncit.org/sitevisits

9 Agencies Accommodated

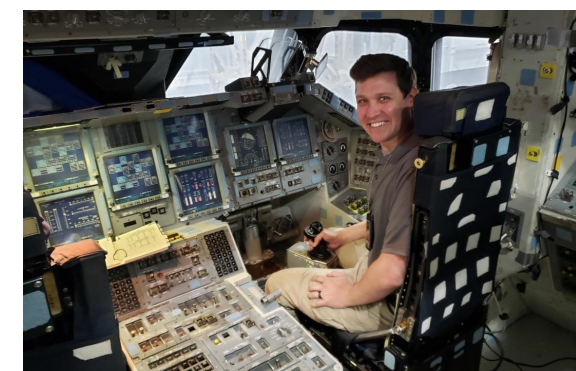
- Wasilla Police, Alaska
- Denton Police, Texas
- Knoxville Police, Tennessee

34 Personnel Hosted

- Toronto Police, Canada
- Arlington Police, Texas
- Jacksonville Police, Florida

9 Days

- Lafayette Police, Louisiana
- Raleigh Police, North Carolina
- UT Austin Police, Texas



Recognizing CIT Officers of the Quarter

The Mental Health Division's collaboration with the National Alliance for Mental Illness (NAMI) allows for the recognition of officers

Three quarters of the year, officers are recognized for outstanding work utilizing crisis intervention strategies. These officers are recognized after successful interventions in crisis de-escalation and reports that illustrate their skills being employed on scenes.

Throughout the year, the Mental Health Division nominates officers within the department to NAMI for award consideration. NAMI leadership and the Mental Health Division recognize the officers at a leadership meeting where the awards are presented.



Officers Z. Alikhan, H. Price & T. Williams *(not pictured)*

Officer T. Williams and Officer Z. Alikhan were dispatched to a "Suicide In Progress" call one night in central Houston. Officer H. Price also responded to the scene. Officers Williams and Alikhan were informed by a reportee that her friend, the identified suicidal consumer, had phoned from the top of a five story parking garage stating she was preparing to jump from the ledge.

Units found the consumer on the roof and began communication to calm her. They used their flashlights to keep her focus on them. The consumer repeatedly made suicidal statements, saying she had "reached [her] breaking point" and had "hit the end."

When Officer Price arrived, he also attempted to reason with the consumer to come down. The on-scene supervisor arrived, diverting the consumer's attention, affording Officer Price the opportunity to get closer. As the consumer focused on the supervisor approaching, she indicated the lights disturbed her. As the supervisor motioned for the officers to turn off the lights, Officer Price quickly grabbed her from the ledge. The supervisor and remaining officers assisted in securing the consumer and placing her safely in a patrol vehicle.

Without the coordinated and decisive actions of Officers Price, Williams, and Alikhan, the consumer would have invariably ended her life that evening. These actions reflect great credit upon the officers, the Central Division, and the Houston Police Department.



Senior Police Officer P.D. Norris

On March 29, 2020, Senior Police Officer P.D. Norris was dispatched to a 'Suspicious Person' call on the roof of a parking garage at Intercontinental Airport – Houston. SPO Norris arrived on scene at the location and found a 50 year old distraught male hanging over the side railing of the garage stating that he "could not do it any longer."

SPO Norris engaged the man in communication, allowing him to discuss what had led him to the point that he wanted to end his life, and began calmly de-escalating the situation. The man told SPO Norris that he had recently lost his job and, as a result, was evicted from his home because of the virus, adding that it was the third time he had literally lost everything.

Through his calm demeanor and outward showing of empathy and understanding, SPO Norris was able to talk the man into coming back over the railing and eventually into sitting on the ground of the garage floor. Once SPO had adequate back-up, he was able to detain the distraught man without incident, had HFD check his vitals (because the man said he felt lightheaded/dizzy) and, once cleared, took him to the Neuropsychiatric Center for evaluation/treatment.



Senior Police Officer E. Srebalus

On April 30, 2020, Westside Division night shift officers were dispatched to a Person Down call at the intersection of South Dairy Ashford and Richmond Avenue. Officers arrived and saw a tall commercial box truck stopped in the middle of the street. The consumer who had a large laceration to his forehead was seen standing on top of the box truck bleeding heavily from his wound. The consumer walked back and forth across the top of the box truck while clinching his fists and staring at everyone with anger. The consumer was also heard yelling out loud "Kill me. I will kill you and it is too late you can't help me!"

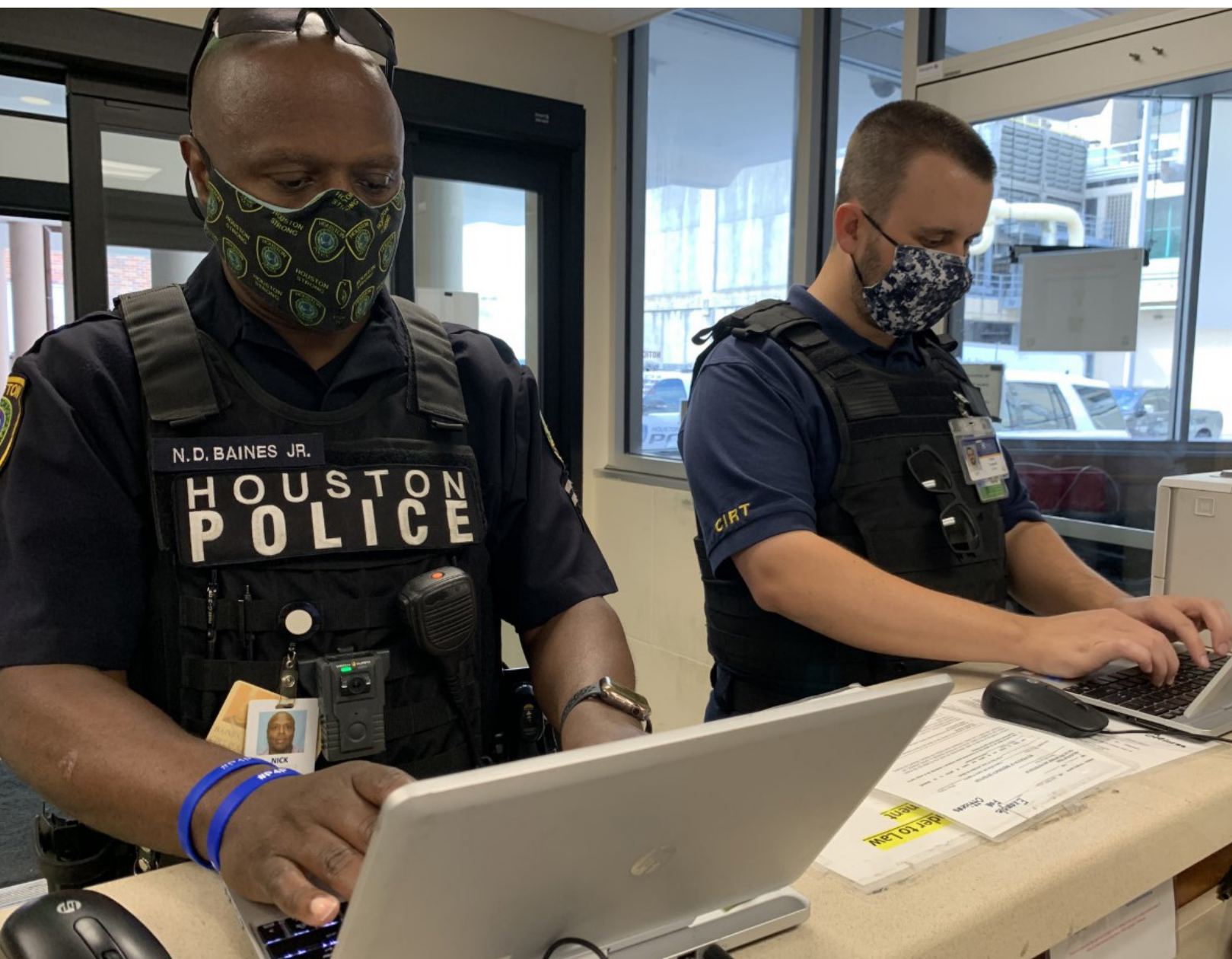
The sergeant on scene notified the Command Center and ensured that the ambulance and the HFD ladder truck were properly staged. In the meantime, Senior Police Officer Srebalus approached the front of the box truck and engaged in a conversation with the consumer. Officer Srebalus employed de-escalation techniques and was able to establish rapport. He calmly carried on the conversation and was eventually able to earn his trust. Officer Srebalus finally convinced the consumer to come down from the top of the box truck on his own. The consumer was then transported to the hospital and an Emergency Detention Order was filed.

Senior Police Officer Srebalus successfully convinced the consumer to surrender without using any physical force. The actions taken exemplified the dedication to not only the job, but to the community we serve.

Recognizing Outstanding Officers

CIT Officer of the Year

At the award ceremony held during National Police Week, the Houston Police Department recognized Officer Nick Baines for work that went above and beyond his scope of duty during CIT-related calls for service



Senior Police Officer Nick Baines became a full-time Crisis Intervention Response Team (CIRT) officer in February of 2009, after having served as a part-time CIRT officer during 2008, when CIRT was first piloted. Over the course of the last twelve years, SPO Baines has developed exceptional skills in Crisis Intervention and De-escalation, and has developed a specialization in working with military veterans in crisis.

Because SPO Baines's dedication to his work in Crisis Intervention, his continual collaboration with a variety of community providers, and his commitment to providing compassionate care to our community including, but not limited to, our military service members, made him an excellent choice for the 2020 Crisis Intervention Training Officer of the Year.

SPO Baines, who is also a military veteran, has taken a strong interest in understanding and bringing compassionate care to our veterans who experience mental health crises and this is exemplified by the work SPO Baines does with the Mayor's Challenge to reduce veteran suicides, his assistance in providing input to the Veteran's Administration as they developed a tele-medicine pilot program for veterans, and his involvement with The Harris Center's community workgroup for veterans, which is aimed at addressing the needs of trauma affected veterans, addressing veteran suicide, and issues regarding mental health and homelessness among veterans.



"I have been blessed in my work as a CIRT Officer to assist both Civilians and Veterans as they seek help with their mental health."

A Guide to

Assist Someone in Crisis

This guide is a brief explanation of the ways the Mental Health Division instructs law enforcement personnel to help consumers in crisis



Behavioral Observations

Consumers may exhibit signs of varying degree depending on the extent of the illness such as those listed below. When possible, talk with family members and others who may know about the person's mental illness/history.

Psychotic signs:

- 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 signs:

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

De-Escalation Reminders

Establish trust

- Use a calm voice and disposition. Offer your name and ask for 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.

Remember that you are giving off non-verbal cues

- Maintain non-threatening body language.
- Respect personal space. Stand 4-6 feet away at first.
- Keep your hands in view, and 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 or hallucinations.
- Be direct. Ask questions about what the individual is seeing or hearing. Be honest, but not argumentative, regarding what they see or hear.

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; for what?
- Have you ever attempted suicide, and do you feel like killing yourself right now?

What medication(s) might they have been 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?

Establish trust.
Be patient. Be empathetic.

Houston Police Department *Mental Health Division*

150 North Chenevert Street Suite 200
Houston, TX 77002
832.394.4200 | www.HoustonCIT.org

**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
713-873-2631

Neuropsychiatric Center (NPC)
1502 Taub Loop (next to Ben Taub Hospital)
713-970-4640

Michael E. Debakey VA Medical Center
2002 Holcombe Blvd
713-791-1414

Harris County Psychiatric Center (HCPC)
2800 S. MacGregor Way
713-741-5000

Precinct 1 Constables Office at HCPC
713-741-6012
Mental Health Warrants, Monday through Friday, arrive at HCPC in morning

Mobile Crisis Outreach Team (MCOT)
713-970-7550
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
2627 Caroline St
713-970-7413
Provides voluntary clinical and non-clinical services to Harris County residents who are both homeless and have mental illness.

Harris Center Helpline and Crisis Line
713-970-7000

Crisis Intervention Houston
832-416-1177

Teen Crisis Hotline
713-529-8336 (Call)
281-201-4430 (Text)

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
2575 Reed Rd. (*New Women’s & Family Shelter*)
713-748-0700

Salvation Army
713-752-0677

Houston Service Helpline
3-1-1

Houston Recovery Center (Sobering Ctr)
713-236-7800

Isensee Foundation For Safe Police Response
832-541-0877

Autism Society of America
800-328-8476

Online Resources

Alzheimer’s Association-Houston
www.alz.org/texas

Autism Speaks
www.autismspeaks.org

The Autism Society of America
www.autism-society.org

The Harris Center (MHMRA)
www.theharriscenter.org

HPD Mental Health Division
www.houstoncit.org

Isensee Foundation For Safe Police Response
www.safepoliceresponse.org

Mental Health America-Houston
www.mhahouston.org

National Alliance on Mental Illness
www.nami.org

Service with compassion

