



# ANNUAL REPORT

# 2018



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A photograph of the Houston skyline featuring several skyscrapers, including the Bank of America Tower with its distinctive green glass top. In the foreground, there is a green lawn with trees and a few people walking. The text "HOUSTON, TEXAS" is overlaid in a large, serif font.

# HOUSTON, TEXAS

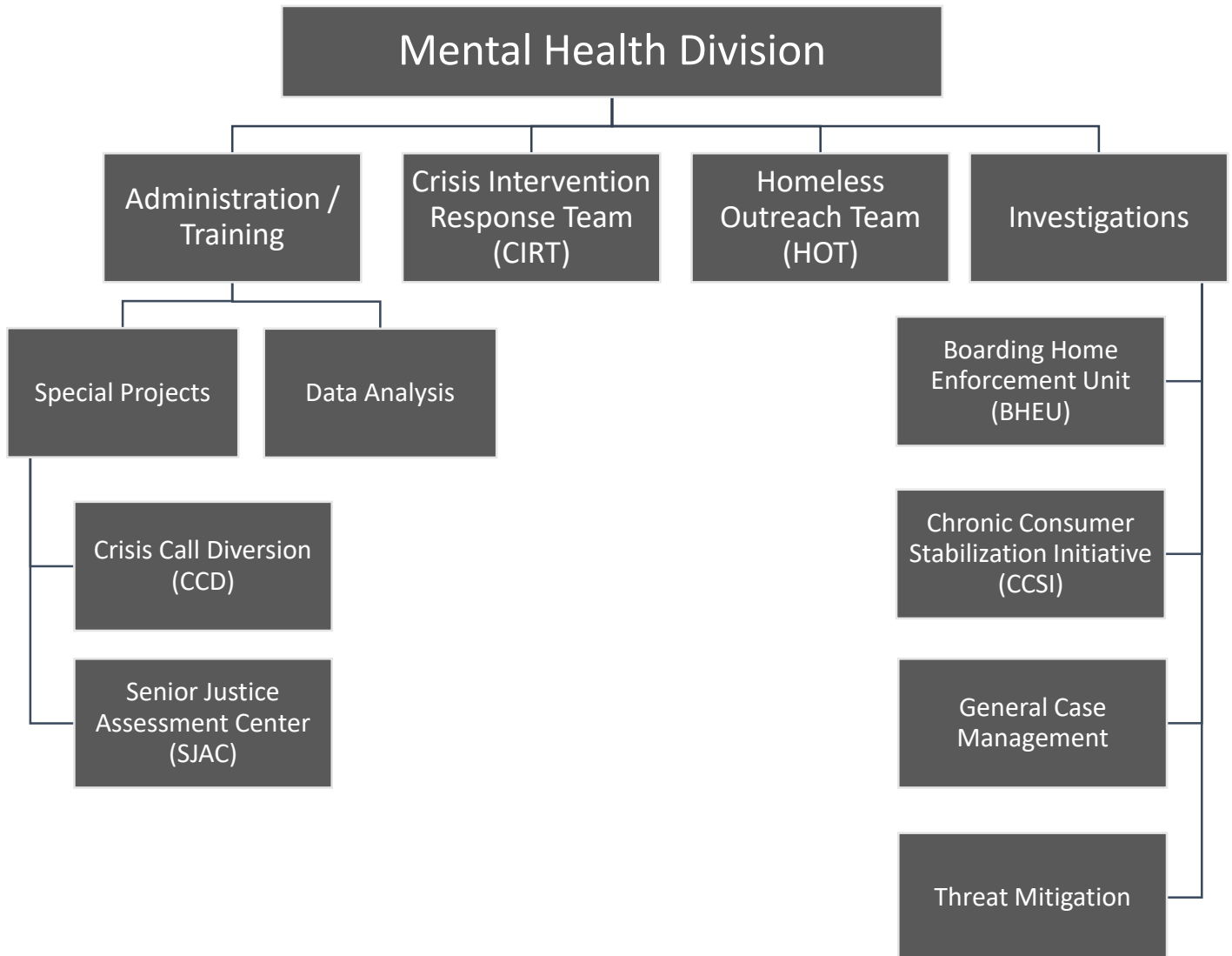
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# Organizational Chart





# A HISTORICAL PERSPECTIVE

The 40-hour crisis intervention training began as a pilot program in July 1999 and was expanded department-wide in March 2000. By January 2001, the Houston Police Department had the largest CIT program in the nation with approximately 700 officers (25%) of patrol having received the training. Due to the size and complexity of Houston's CIT program, Chief Harold L. Hurtt approved the formation of the Mental Health Unit (MHU) in 2007. In July 2007, Chief Hurtt mandated that all new officers will be required to complete the 40-hour CIT course as part of their cadet training. In May 2008, MHU also began the Crisis Intervention Response Team (CIRT), which partners a licensed mental health clinician on patrol with a CIT officer. January 2011, MHU established the Homeless Outreach Team (HOT), which is a proactive team of officers partnered with a licensed social worker. Together, they engage homeless individuals and provide them with links to various social services and opportunities for permanent housing. Also in January 2011, the U.S. Department of Justice selected HPD as one of six designated regional learning sites for mental health and law enforcement response training. As a learning site, HPD provides information on its multi-faceted strategies for responding to individuals in serious mental health crises, hosts visitors from across the nation, and trains law enforcement and mental health personnel from across the region, state, and nation. On May 25, 2013, Chief Charles A. McClelland, Jr., elevated MHU to full divisional status, now recognized as the Mental Health Division. As of January 2019, HPD remains the largest CIT program in the nation with over 3,300 officers having completed the CIT curriculum.

# DIVISION PROFILE



## Introduction

The Mental Health Division (MHD) is currently assigned to Field & Support Operations and consists of 39 full-time personnel. Full-time personnel assigned to MHD includes one commander, one lieutenant, six sergeants, two officers assigned as CIT instructors, six officers assigned to the Investigative Unit, 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), two officers assigned to Special Projects, one senior office assistant, and one Public Service Officer (civilian).

## Mission

To provide a more professional and humane response to individuals in serious mental health crises.

## Purpose

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. The Mental Health Division works closely and in collaboration with the mental health community at-large to accomplish this goal.





# Chief of Police



**Art Acevedo**

*“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.”*



# Executive Assistant Chief

## Field & Support Operations

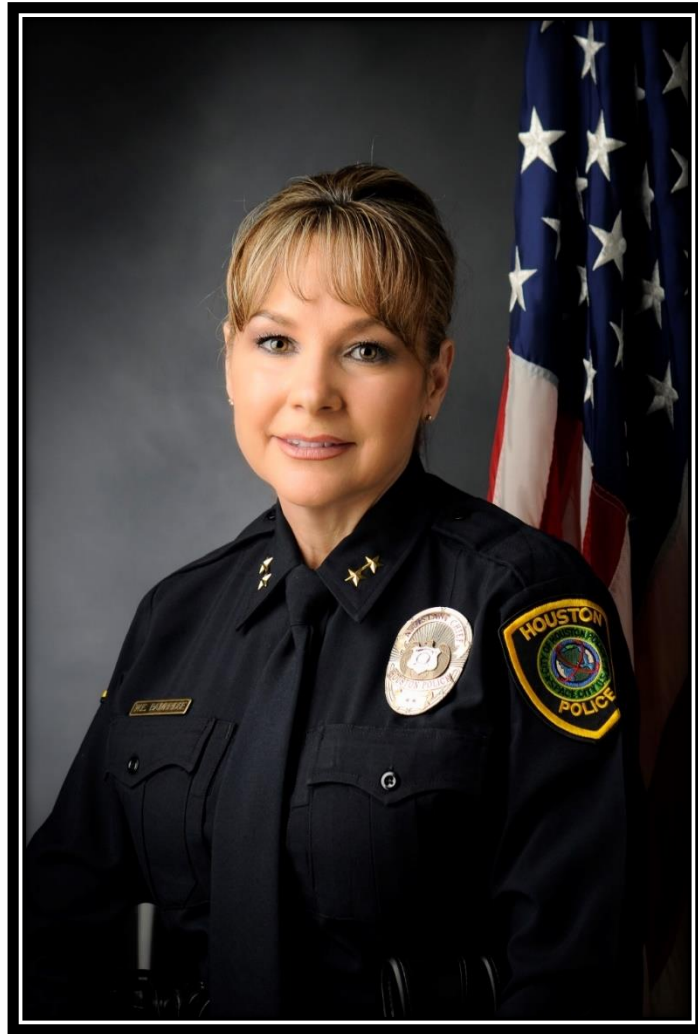


**Troy Finner**

*"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."*

# Assistant Chief

## Patrol Region 3 Command



**Wendy Baimbridge**

*"The Houston Police Department is dedicated to identifying the unmet needs and barriers in the community that contribute to an individual's inability to engage and remain in mental health treatment in lieu of cycling through the criminal justice system. We are looking forward to continuing our mission with the collaborative efforts of our mental healthcare professional partners in the upcoming year."*

# Commander

## Mental Health Division



**Bill Staney**



# Commander's Year in Review

*"2018 brought exciting changes to the Mental Health Division (MHD) as mental health-related calls for service continued to rise over 7% (38,346 calls) from 2017. MHD joined in the Mayor's Challenge to Prevent Veteran Suicide, partnering with the Veterans Administration, The Harris Center for Mental Health & IDD, Houston Fire Department, Mental Health America and other veteran-supporting agencies to develop a comprehensive plan to prevent suicide of veterans and their families. MHD also expanded training offerings of Trauma Effected Veterans, a 36-hour class to provide officers additional tools to de-escalate and provide help for veterans in crisis. This year also saw the establishment of permanent funding for the Crisis Call Diversion Program which places crisis call counselors in the 911 center to handle non-emergent mental health calls, providing citizens with better referral and treatment options and allows police and EMS first responders to remain in-service. The Threat Mitigation & Investigations Unit was established to identify, engage, stabilize and monitor individuals who may pose a danger to themselves or others through appropriate supportive contacts, mental health assessments, mental health referrals, and coordination with investigative partners. MHD also participated with the Major Cities Chiefs Association to establish best practices for Threat Mitigation. Additionally, due to both legislative mandate and desire to provide additional Crisis Intervention training, several additional TCOLE approved courses were developed to expand officer training and tools regarding mental health issues and de-escalation techniques. MHD also hosted many site visits from agencies around the US & Canada to demonstrate our programs and provide technical assistance. In September, the Judge Ed Emmett Jail Diversion Center opened to support the decriminalization of mental illness by diverting low level offenders with mental illness away from jail and into treatment. MHD was instrumental in this endeavor by producing an officer's training video and providing program support and operational guidance. Lastly, the Homeless Outreach Team (HOT) saw the retirement of its founding supervisor, Sergeant Steve Wick, a nationally renowned advocate for helping homeless individuals get off the streets and into recovery. Sergeant Wick's position is being filled by Sergeant Roger Espinoza, who has been training with the HOT team, brings a wealth of mental health and substance abuse training with him. It's our hope to see a low barrier shelter established in Houston to provide a transitional hub for all chronic homeless to receive assistance to get off the street, control addiction, and/or receive mental health treatment and stabilization."*

# COLLABORATION IS KEY TO SUCCESS



*Left to Right:*

Commander Bill Staney; Assistant Chief Wendy Baimbridge; Director Ann MacLeod, Comprehensive Psychiatric Emergency Program, Harris Center for Mental Health and IDD; Major Mike Lee, Mental Health and Jail Diversion Bureau, Harris County Sheriff's Office; Chief Executive Officer Wayne Young, Harris Center for Mental Health and IDD

# COMMUNITY PARTNERSHIPS

Alzheimer's Association of Houston and  
Southeast Texas

Arc Greater Houston

Ben Taub Psychiatric Unit

Bristow/PATH Homeless Unit

Coalition for the Homeless of Houston

Council on Recovery Houston

Crisis Hotline (713-HOTLINE)

Harris Center for Mental Health & IDD

Harris Center Helpline and Crisis Line

Harris Center Neuro-psychiatric 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 3-1-1

Main Street Ministries

Mayor's Office for Homeless Initiatives

Mayor's Citizen's Assistance Office

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 (844-303-7233)

Salvation Army

SEARCH Homeless Services

Social Security Administration

Star of Hope Mission

Suicide Hotline (1-800-SUICUDE)

Teen Crisis Hotline (713-529-TEEN)

Texas Adult Protective Services (APS)

Texas Department of Public Safety

United States Department of Veterans  
Affairs

And many more....



# ORGANIZATIONAL MANAGEMENT



The staff of the Mental Health Division is comprised of civilian and classified personnel from external agencies including; the Harris County Sheriff's Office, The Harris Center for Mental Health & IDD, and the Metropolitan Transit Authority Police Department.



# Mental Health Division

## HPD Leadership



*Left to Right:*

Sergeant J. D. Ramirez; Sergeant J. Silva; Sergeant S. Wick; Assistant Chief W. Baimbridge (Patrol Region 3 Command); Commander W. Staney; Sergeant N. Groves; Lieutenant P. J. Plourde; Sergeant A. Sanchez; Sergeant R. Nassif; Sergeant R. Espinoza



# Mental Health Division

## Harris Center Leadership



*Left to Right:*

Kisha Lorio, CIRT Program Director; Aimee Warren Clinical Team Leader; Omar Sesay, PATH Director; Ann Macleod, Program Director Crisis Division – Harris Center; Wayne Young, Chief Executive Officer of the Harris Center





# Harris County Sheriff's Office

## Mental Health & Jail Diversion Bureau



*Left to Right:*

Lieutenant Tommy Shelton; Lieutenant Donald Wine; Captain Walter Bailey; Major Mike Lee

# CRISIS INTERVENTION RESPONSE TEAM

The Crisis Intervention Response Team (CIRT) supports the mission of the Houston Police Department by handling the most serious of mental health crisis calls. This is accomplished through collaboration with the Harris Center for Mental Health and IDD. The Crisis Intervention Response Team's focus is to bring a peaceful resolution by the use of on-scene evaluations, telephone consultations, and the use of Tele-Medicine to provide needed services.

The teams pair an advanced crisis intervention trained police officers, with masters-level clinicians, to support the street officers' efforts in responding to the most serious of crisis-related calls for service. This concept allows the use of intervention and de-escalation, along with Emergency Detention Orders and hospitalization as primary methods, in lieu of arrest and incarceration.

CIRT teams also respond to Special Weapons and Tactics (SWAT) call-outs and Hostage Situations, while also providing Jail Assessments and Clinical Transfers. The teams are able to serve the family members of mental health consumers by providing insight, and up to date information into the mental health process. Crisis Intervention Response Teams are available 24 hours a day, 7 days a week, in both Houston and Harris County.



# CRISIS INTERVENTION RESPONSE TEAM

## CIRT Staff



HPD Officers, HCSO Deputies, and Harris Center Clinicians



# 10 YEAR ANNIVERSARY



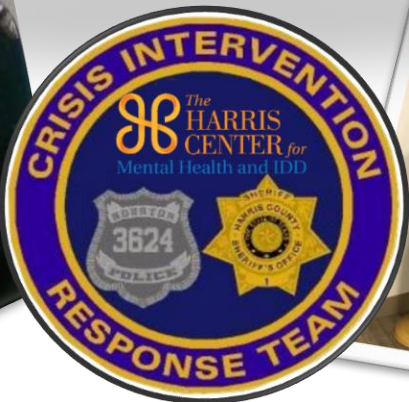
South Central Sub Station  
Home of CIRT



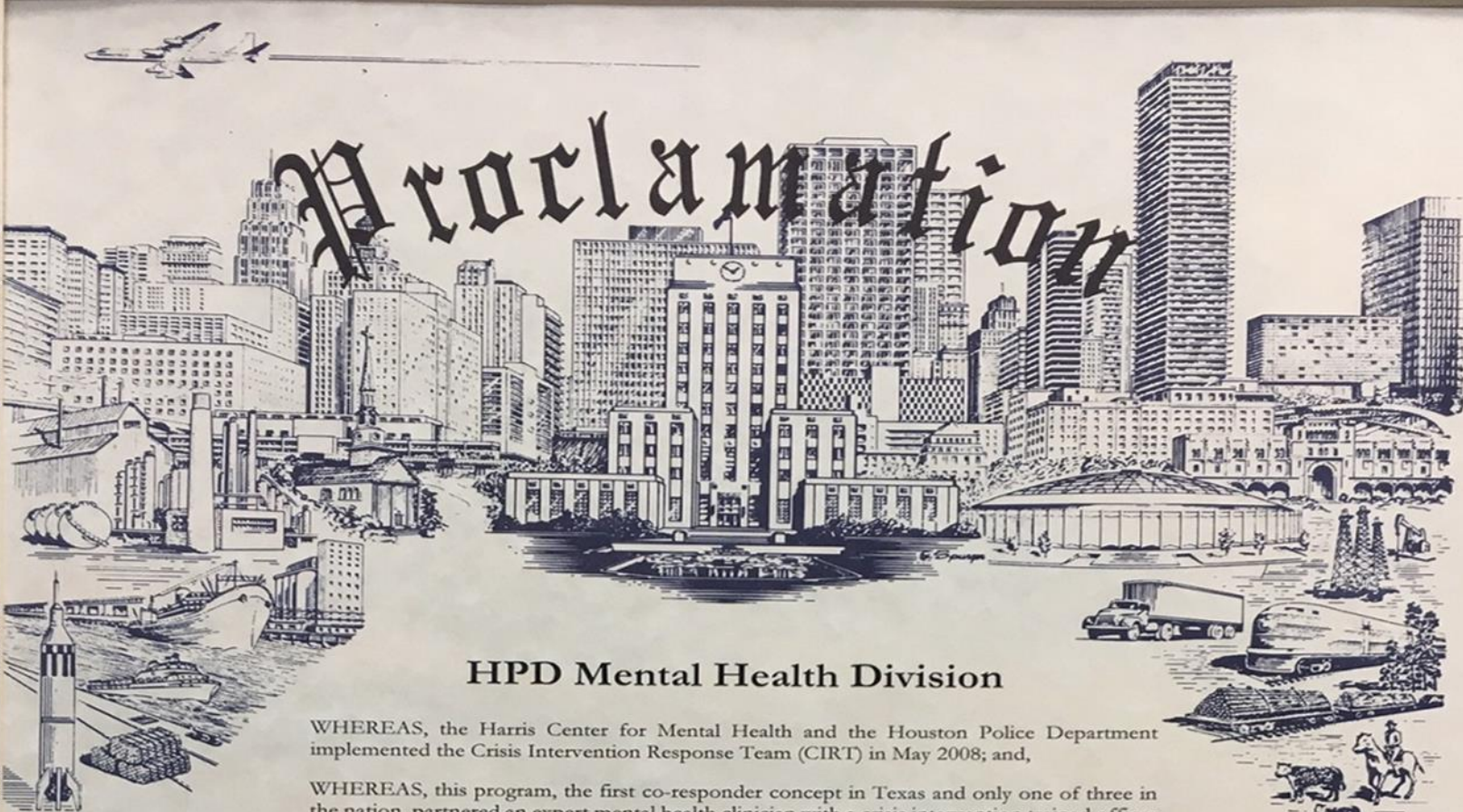
CIRT Team Members











## HPD Mental Health Division

WHEREAS, the Harris Center for Mental Health and the Houston Police Department implemented the Crisis Intervention Response Team (CIRT) in May 2008; and,

WHEREAS, this program, the first co-responder concept in Texas and only one of three in the nation, partnered an expert mental health clinician with a crisis intervention trained officer and provided a proactive response to individuals in need of mental health services who contacted 911. Through the CIRT program, a response plan could be developed prior to arrival on the scene and the most appropriate services in the community for individuals in need of mental health services could be sought out. Less than one percent of all CIRT interactions over the past ten years have resulted in arrest; and,

WHEREAS, the Harris County Sheriff's Office joined with HPD and Harris Center's CIRT program in October 2011, vastly increasing the number of individuals in the Houston/Harris County community that have been impacted by the compassionate response from CIRT staff and agencies; and,

WHEREAS, the Council of State Governments selected Houston as one of 10 police departments to act as a national behavioral health and law enforcement learning site because of the collaboration; and,

WHEREAS, on April 11, 2018, the Harris Center will be recognizing the Mental Health Division for 10 years of collaborative partnership and innovation with the Crisis Intervention Response Team. The City of Houston commends and appreciates the commitment and innovation set forth by the Crisis Intervention Response Team and extends best wishes for continued success.

THEREFORE, I, Sylvester Turner, Mayor of the City of Houston, hereby proclaim April 11, 2018, as

## HPD Mental Health Division Day

in Houston, Texas.



In Witness Whereof, I have hereunto set my hand and have caused the Official Seal of the City of Houston to be affixed this 29<sup>th</sup> day of March, 2018.

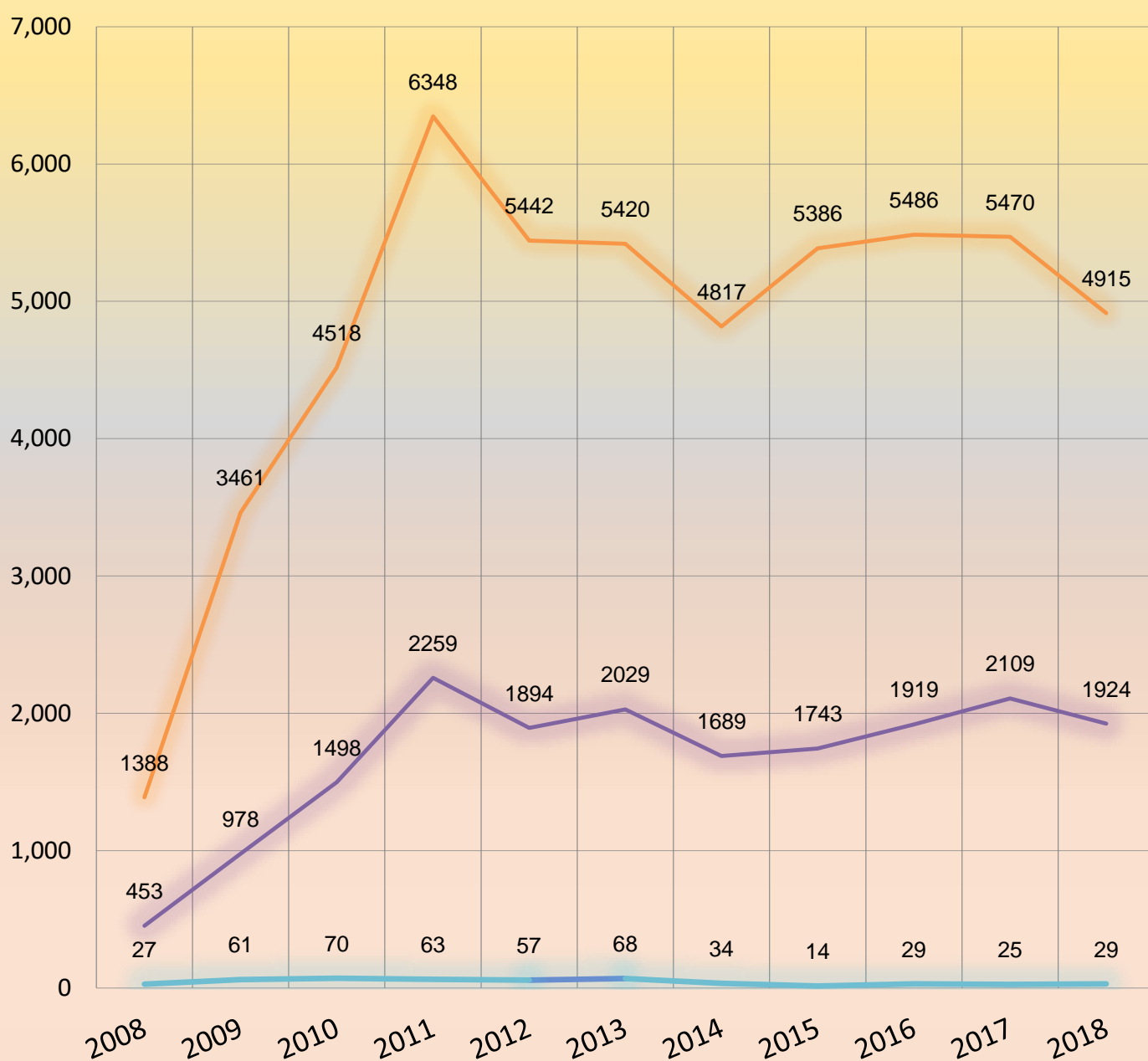
Sylvester Turner  
Mayor of the City of Houston



# 10 YEAR MILESTONE

10 YEAR TIMELINE

CALLS FOR SERVICE   EMERGENCY DETENTION ORDERS   ARRESTS



# CIRT 2018 METRICS

4915

**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.

**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.

1924

187

**Jail Diversions** – 3.8% of the total calls for service ran by CIRT Teams resulted in 187 jail diversions. These are the number of criminal offenses committed by consumers in a mental health crisis in which municipal or county charges were diverted for emergency treatment.

**Jail Assessments** – When prisoners in HPD jails 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 Jail. Harris County has a forensic psychiatric unit inside the jail and can address the prisoner's mental health problem.

59

# VETERAN SUICIDE PREVENTION

Officer Nick Baines, who has been with the CIRT program for 11 years, has partnered with the Harris Center Community Work Group for Vets to address the needs of Trauma Affected Veterans, the epidemic of Veteran Suicide, Mental Health and Homelessness. Being a veteran himself, Officer Baines has taken it upon himself to champion this cause. The result of this initiative has helped to shift the focus of the Law Enforcement and Mental Health communities towards identifying risk factors of veteran suicide, and moving towards treatment and prevention. Officer Baines has also partnered with the Veteran's Administration to develop a Tele-Medicine pilot program to further address the issue of Veteran Suicide. Officer Baines is also a key member of the Mayor's Challenge to reduce Veteran Suicides. It is not only the recognition of the need as a Mental Health Professional, but the resulting effort that he takes, that made him worthy of the nomination of Mental Health Peace Officer of the Year.



Senior Police Officer Nick Baines

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*"Participating in the Veterans Initiative has been an honor and privilege, being that I am a Desert Storm veteran. My goal is to be able to assist any veteran in need. I will continue toward that goal at the highest level possible!"*



# HOMELESS OUTREACH TEAM

The Homeless Outreach Team (HOT) is comprised of one HPD sergeant, six HPD officers, one Metro Police Department officer, and four case workers from the Harris Center for Mental Health and IDD. Formed 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. Through the HOT Team's controlled issuance of homeless identification, the homeless community can begin to reestablish their identity if he or she has no official documentation. 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, and to obtain permanent supportive housing through permanent homes, group homes or shelters.

# HOMELESS OUTREACH TEAM

## HOT Staff



HPD Officers, Metro Police, and Harris Center - PATH



# SERGEANT STEVE WICK

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*“The chronic  
homeless: it’s  
a combination  
of addiction  
and mental  
illness.”*



This past year, the Homeless Outreach Team saw the retirement of one of its founding members, Sergeant Steve Wick. In 2010, Sergeant Wick took part in presenting a plan for a Homeless Outreach Team in the Houston Police Department. He believed that there had to be a better way of dealing with the homeless related problems than just constantly arresting people for Class C misdemeanors. For eight years, the avid bicyclist was able to parlay his decades of experience as a police officer into an effective method of bridging the gap between police and the homeless population of Houston.

Each week, Sergeant Wick personally visited the major homeless encampments on his bicycle, and knew many of its residents by name. He is responsible for helping over 1,000 people get previously unattainable financial assistance by providing identification letters. After 38 years in law enforcement, he has left a lasting and positive impact on the relationship of policing and the homeless population of the City of Houston. Sergeant Wick is featured in a 26 minute community service video titled “*Shepherds in Blue*”. The video can be found on You Tube and other social media platforms as well as the HoustonCIT.org website.



# HOT 2018 METRICS

**7091**

**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.

**Services Offered** – 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.

**11245**

**2787**

**Services Accepted** – 25% of the services offered were accepted by homeless individuals. Persistence, rapport building, and trust between the police and those living on the streets is time consuming and very challenging.

**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.

**323**

**986**

**Identification Letters Issued** – 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.

# SUCCESSFUL INTERVENTION & HOUSING



# Curtis B.

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 B. and learned he 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 tend 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 the HOT team was ready to transport him to any location that would address his needs. Because of his addiction to alcohol, Curtis would always refuse. It was clear Curtis was in physical pain, but he would hide his injuries making it difficult for HOT or paramedics to determine the cause and extent of his medical ailments.

The team did not give up on Curtis. HOT took the time through multiple follow-up visits and continued outreach of resources, shelter and medical help. Time was taken to peel back some of the layers and issues that fueled his alcohol addiction. After several visits by HOT officers and case managers, officers were able to convince Curtis to seek medical attention. In addition, Curtis was not completely willing to stay sober, he did decide to consider the path of sobriety while seeking medical attention.

HOT team members transported Curtis to Methodist Hospital where he was admitted on the same day due to his medical needs. HOT team member Officer Mansfield followed up with Curtis the following week and learned that Curtis had to have emergency surgery and the lower part of his leg was amputated due to the length of time he had allowed the injury to deteriorate.

Curtis stated he did not realize how severe his leg infection was until it was thoroughly examined by hospital staff. Curtis did admit that he allowed the pain to continue because he chose to drink alcohol rather than seek medical attention.

After his hospitalization, 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 members home. HOT also continued to assist him in getting his benefits restored and the care that he needs. Curtis was very thankful of HOT's intervention and admitted that without their help, 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 remains sober.



# CHRONIC CONSUMER STABILIZATION INITIATIVE



## What is CCSI?

Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department and the Harris Center for Mental Health & IDD. CCSI is a program 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 either through their own initiative or by family and/collateral contacts. CCSI Staff work with these individuals to attempt to engage them 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.

## Eligibility

Participants are identified and referred to the Chronic Consumer Stabilization Initiative Program (CCSI) through the Houston Police Department's Mental Health Division. Eligible individuals have an extensive history of interactions and contacts with the Houston Police Department. 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.

# CHRONIC CONSUMER STABILIZATION INITIATIVE

## CCSI Staff



*Left to Right:*

Sergeant A. Sanchez; N. Cole, Harris Center; M. Gonzalez, Harris Center; J. Shields, Harris Center; J. Anthony, Harris Center; Officer L. Moulton; G. Pequeno, Harris Center; J. Musick, Harris Center

# CCSI 2018 METRICS

110

**Number of Clients Served** – Total number of clients who were opened for services at any given period of time during the calendar year.

**Care Coordinator Contacts** – Care coordinators routinely keep in communication with their clients multiple times throughout the week. This proactive approach helps to keep them engaged with the program.

10272

3452

**Client Initiated Contacts** – Clients on the CCSI program are encouraged to contact their care coordinators whenever there is a need for assistance, services, or simply 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.

**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.

347

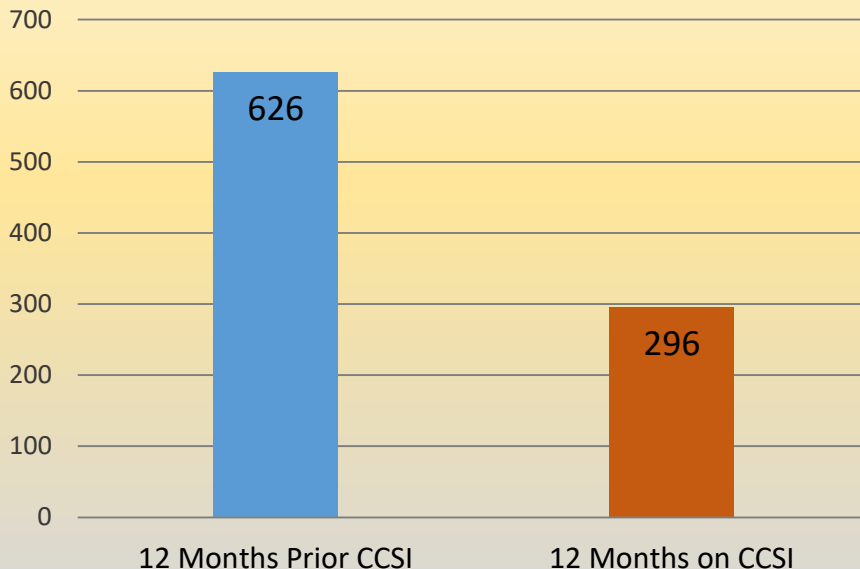


# CCSI 2018 STATISTICAL DATA

Avg. Cost Savings

**\$79,450**

Number of Client EDOs



One of the prerequisites to enrolling into the CCSI program is having a minimum of at least 3 emergency detention orders (EDOs) within a 12 month period. During 2018, a total of 110 active clients previously had a combined total of 626 EDOs prior to enrolling with the program. While on the program, the total number of EDOs reported dropped by 330: **a 53% reduction.**

## AVERAGE COST SAVINGS FORMULA

1 CIT Call: 2 (hours) X 2 (officers per policy) x \$60.19 (per hour) = \$240.76 (per call)

330 (calls/EDOs) X \$240.76 = \$79,450

## CCSI FACTS

- Total number of active clients served throughout the calendar year – **110 clients**
- The average length of service for clients served in 2018 – **750 days**
- Range of admission days – **8 to 2,971 days on the program**
- Number of new clients enrolled into the program – **49**
- Number of clients graduated or discharged from the program – **46**

## BENEFITS OF REDUCTION

The average time spent on a CIT call in 2018 was approximately 2 hours. Processing someone for an emergency detention can take a few hours due to lack of bed space in a psychiatric or emergency room facility. Intense case management and care coordination by mental health professionals yields fewer interactions by patrol officers, minimizes the possibility for injuries to the consumer and police, and redirects patrol resources to address more crime issues.

# CCSI SUCCESS STORIES

Chris D.

Another of CCSI success stories comes from a consumer named Chris. Chris is diagnosed with Depression and Schizophrenia. One day the consumer came to the Houston Sobriety Center and met with Officer Moulton. The consumer stated “I need help and want to feel normal “. The consumer met all qualifications for the CCSI program and agreed to services. The consumer was found to have 4 arrests ranging from Assault, Criminal Mischief and Terroristic Threats. The consumer had been taken to the Neuropsychiatric Center on ten different occasions. Once the consumer was assigned a care coordinator the intense case management began. The consumer entered several programs but would fail and revert back to living in a delusional world believing that someone was out to kill him. The intense case management continued. Eventually, Chris was able to find housing with the help of CCSI. After housing was established the consumer was able to find a job and has been successful in maintaining an extremely challenging work schedule. He is currently taking all of his medications as prescribed and also has improved in his ability to manage his psychiatric health. Chris has not been in the hospital or had any police contact since May of 2018. Pictured in the background is Chris on the left and Officer Moulton on the right.





## Antoine J.

Another typical success story comes from a twenty-four-year-old man named Antoine J. Antoine agreed to share his story of how he had a rocky and difficult life prior to becoming involved with the CCSI program. Early on the consumer was diagnosed with Schizoaffective disorder. Antoine became known to the Houston Police Department due to numerous encounters, arrests, and hospitalizations. Antoine was approached by CCSI and offered a chance to voluntarily join the program in 2016. However, during that time the consumer was arrested for several assaults on care home staff members and fellow consumers. After agreeing for services with the CCSI program, the consumer went from being arrested several times, along with a number of police contacts a year to zero encounters or any psychiatric hospitalizations since March of 2017. The consumer is currently living at home with his grandmother and has begun his search for employment. Antoine is able to make his own doctor appointments and take his medication as prescribed. Antoine has shown significant improvement in his ability to manage his own psychiatric treatment and is leading a much more stable life. Because of intensive care coordination and constant outreach, the collaboration of both the Houston Police Department and the Harris Center has helped to transform Antoine's life for the better and reach that goal of minimizing the interactions with police and reducing psychiatric emergency hospitalizations. Pictured in the background of this story is Antoine J. on the left and Harris Center Care Coordinator Jonathan Anthony.



# BOARDING HOME ENFORCEMENT UNIT

The Boarding Home Enforcement Unit 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 Home 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 BHEU 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.

# BOARDING HOME ENFORCEMENT UNIT

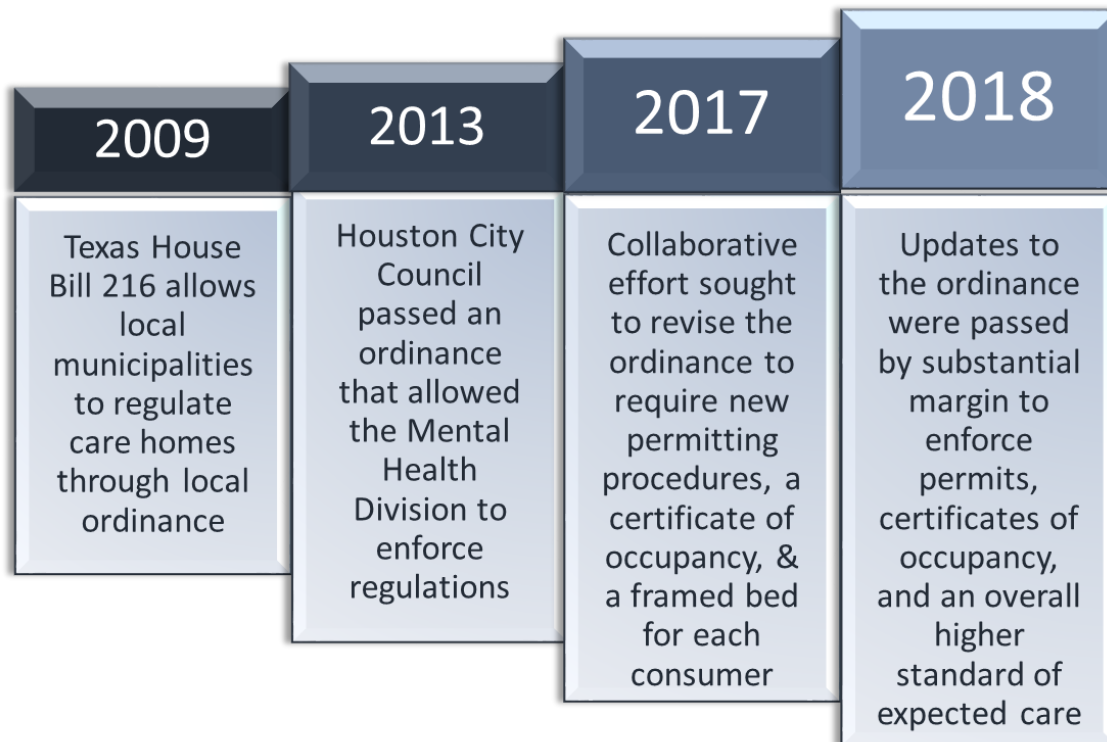
## BHEU Staff



Officer T. McKnight and Officer J. Llorente



# BHEU TIMELINE



2013

## Defining Boarding Homes

In 2013, Houston City Council passed a boarding home ordinance to regulate the care facilities in the City of Houston. The ordinance states that a boarding home is an establishment that:

- Furnishes, in one or more buildings, lodging to three or more persons with disabilities or elderly persons who are unrelated to the owner of the establishment by blood or marriage; and
- Provides residents with community meals, light housework, meal preparation, transportation, grocery shopping, money management, laundry services, or assistance with self-administration or medication, but does not provide personal care services as defined by Section 247.002 of the Texas Health and Safety Code to those persons.



# Ordinance 2018-255

- Boarding home owners must now become permitted instead of registered.
- A boarding home permit can now be revoked if an owner refuses to correct health and safety violations in the facility.
- A Certificate of Occupancy is now required, ensuring compliance with city building code. This ensures both an acceptable number of residents and an allotted minimum of at least 200 square foot per person.
- Boarding home operators must now provide a framed bed to each consumer, furthering the higher standard of expected care.

## Boarding Home Enforcement Codes

<b>CC1618:</b>	Operate a boarding home without registering it with the city of Houston
<b>CC1619:</b>	Failure to post boarding home registration certificate
<b>CC1620:</b>	Failure to post provisions of Section 102.003 of the Texas Human Resources Code
<b>CC1621:</b>	Failure to post phone number for Department of Family & Protective Services
<b>CC1622:</b>	Failure to maintain records sufficient to verify information per Section 28-454
<b>CC1623:</b>	Owner/Operator fails to notify director of criminal activity
<b>CC1624:</b>	Owner/Operator or employee fails to provide documentation of identity
<b>CC1625:</b>	Owner/Operator fails to provide access to books
<b>CC1626:</b>	Owner/Operator fails to implement written fire and evacuation plan
<b>CC1627:</b>	Owner/Operator fails to instruct staff/residents on how to use emergency exits
<b>CC1628:</b>	Owner/Operator fails to maintain proof of emergency exit training
<b>CC1629:</b>	Owner/Operator fails to post evacuation plan
<b>CC1630:</b>	Owner/Operator fails to maintain documentation of evacuation plan training
<b>CC1631:</b>	Owner/Operator fails to store flammable supplies outside of living area
<b>CC1632:</b>	Owner/Operator fails to have fire extinguishers inspected annually
<b>CC1633:</b>	Owner/Operator fails to have fire extinguishers recharged when necessary
<b>CC1634:</b>	Owner/Operator fails to provide smoke alarms in sleeping, kitchen & laundry areas
<b>CC1635:</b>	Owner/Operator fails to provide carbon monoxide detectors
<b>CC1636:</b>	Owner/Operator fails to provide visual smoke alarm for hearing impaired resident
<b>CC1637:</b>	Failure to permit access to boarding home facility
<b>CC1638:</b>	Owner/Operator fails to supply first aid supplies
<b>CC1639:</b>	Supply false information concerning a boarding home



# BHEU 2018 METRICS

539

**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.

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

462

236

**Inspections Conducted** – 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.

**Code Violations Warnings** –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. If the problem is still not fixed a citation will then be issued.

1264

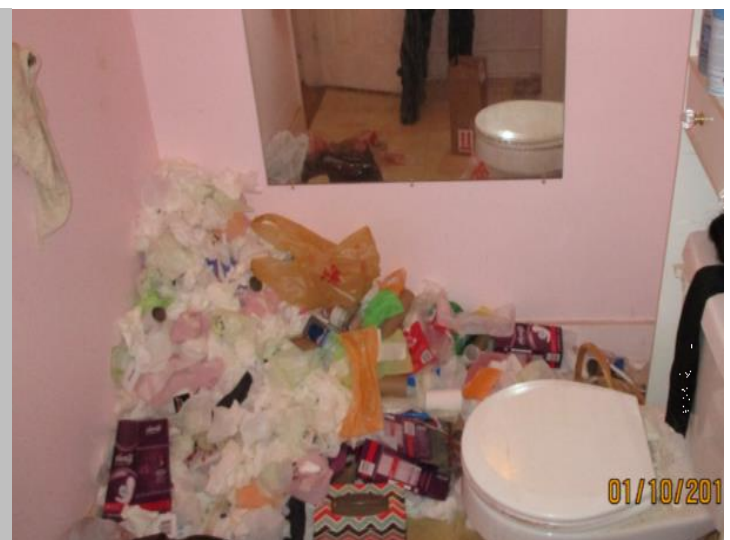
551

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

# Boarding Home Conditions



Boarding home living conditions can vary drastically. Some homes (above) are kept in pristine orderly condition while other homes are found to be poorly maintained and dilapidated (below) due to the lack of proper management, illegal operations, or financial neglect. While many boarding home operators are following the Code of City Ordinances, some property owners refuse to become compliant with the laws and continue to take financial advantage of disabled clients residing at these facilities. Officers J. Llorent and T. McKnight conduct on site home inspections, issue first time warnings, and return for follow-up inspection to determine if any progress has been made to become compliant with the law. If necessary, the officers will issue several citations and testify in Municipal Court.



# 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

## SJAC Staff Members



*Left to Right:*

Officer A. Romo; Barbara Lopez, Program Manager; Dr. Julia Hiner, Geriatrician UT Health; Ryshenique Eaglin, Administrative Assistant; Robert Butler, Forensic Case Manager

# Benefits of SJAC

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:

- SJAC is equipped with a fully functioning forensic exam room which allows a nurse to conduct forensic exams, physical and functional evaluations and medical records review. This may put a senior citizen at ease conducting this type of exam in a setting away from a hospital.
- 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.
- SJAC has a fully functioning interview room equipped with video and audio recording capabilities. Any detective investigating a crime involving an elderly individual who is an SJAC client is welcome to use this room for their investigation.
- Forensic Case Managers can complete psycho-social assessments to determine the client's needs, as well as case coordination for social services referrals. The case manager will also stay in contact with law enforcement liaisons for HPD and HCSO on clients who have ongoing police investigations.
- 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, UT Health, and any others added when appropriate for the cases discussed.

# The Doctors of SJAC

SJAC contracts with UT Health for a geriatrician and a psychiatrist to provide:

- Capacity Assessments
- Medication and Medical Record Review
- Geriatric Physical Exam

Both doctors are available to go out to SJAC client homes. Many times it is difficult for the elderly to find transportation to and from appointments, especially if they have limited mobility or are bed bound. This service is free of cost to the SJAC client with their consent for SJAC services.



Dr. Garma Arora  
Geriatric Psychiatrist



Dr. Julia Hiner  
Geriatrician



# SJAC Success Story

The Harris County Guardianship Program is a part of the Department of Family and Protective Services Adult Division. The Complainant in this investigation, Mr. John, was assigned a Guardian after he was deemed to be mentally incapacitated.

Houston Police Officer Jason Garcia learned through a referral by Harris County Guardianship to the Senior Justice Assessment Center that Mr. John was possibly exploited out of real property that belonged to him. The referral from Guardianship came after Mr. John's Guardian obtained a form on the Harris County Clerk website that indicated his property was deeded to a corporation. Mr. John was deemed incapacitated before that time making this transaction fraudulent as he could not legally consent due to his lack of capacity.

Officer Garcia was then able to determine an owner of the company who bought Mr. John's property. After further investigation it was also found that the notary listed on the deeded document was deceased as of November 2014. This property belonging to Mr. John was fraudulently sold to another Houston citizen who bought the property in good faith.

Through the diligent investigation by Officer Garcia and with the help of various SJAC core members, including the Harris County District Attorney's Office, Harris County Guardianship Program, and a County Attorney, Harris County was able to reacquire the property belonging to John and the Suspect was charged with Theft of an Elder in addition to Forgery.

**The Outcome:** Through the coordination of SJAC core members Mr. John's estate was awarded \$27,500.

# SJAC 2018 METRICS

154

**New Cases Opened** – A multi-disciplinary team of medical, legal, law enforcement, and social service professionals convene weekly to review the merits of a case and to determine eligible criteria have been met for specialized investigation.

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

91

47

**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.

**Felony Charges Filed** – Number of felony charges accepted by the district attorney's office assigned to the Senior Justice Assessment Center after an in-depth investigation has been completed.

53

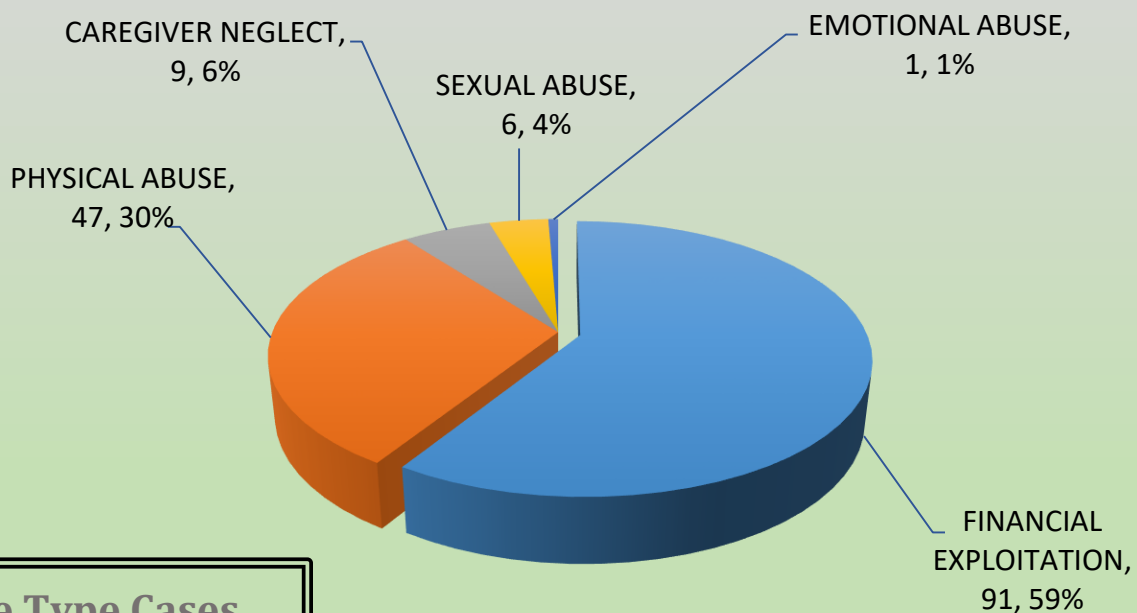
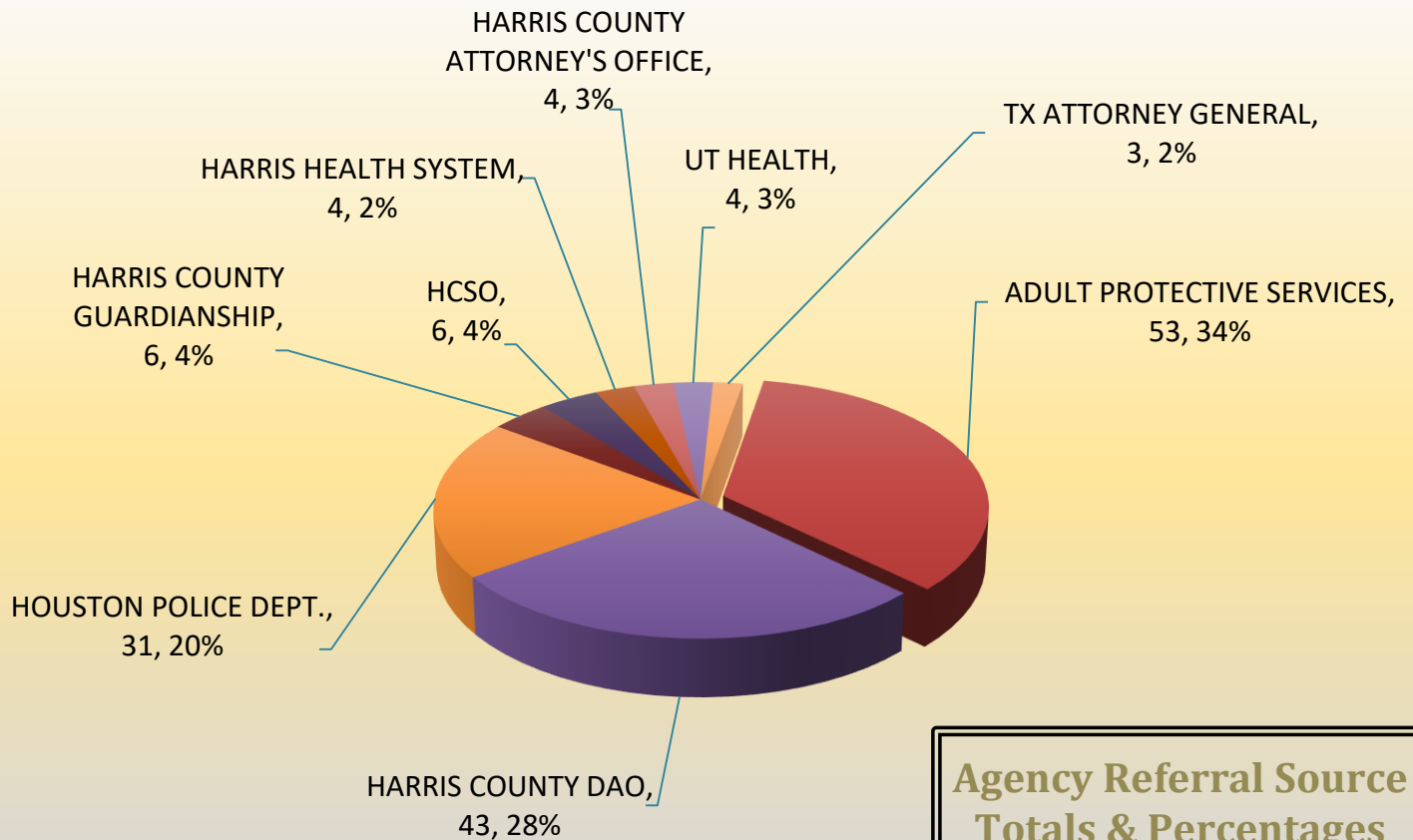
31

**Cases Referred from HPD** – Any investigative division may refer cases to the SJAC that involves an individual 65 years of age or older.

**APS Referral Cases** – A large percentage of cases referred to the SJAC originate from the Adult Protective Services due to complaints received by third party reports.

53

# SJAC Program Statistics 2018







# CRISIS CALL DIVERSION

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.

- Total **HPD** CIT calls handled by CCD tele-counselors – 4342
  - CIT CFS diverted from patrol – **1597**
  - Assessments with completed Suicide Safety Plans – 352
  - Assessments with completed Violence Safety Plan – 350
  - Referrals accepted by consumers to Harris Center services (MCOT, PATH, etc.) and other community services – 1858
  - Referrals refused – 472
- Total **HFD** CIT calls handled by CCD tele-counselors – 1283
- CIT CFS diverted from HFD – **800**
  - These are typical co-responding HFD/HPD calls, i.e.: Psych Disturbance/CIT

# CCD Staff Members



*Left to Right:*

Chassidy Ingram, Phone Counselor; James Greathouse, Phone Counselor; Kaitlin Pham, Phone Counselor; Cravanta Johnson, Phone Counselor; Cinthia Milian, Program Manager; Eleanor Thompson, Phone Counselor; Chiara Jaranilla, Program Coordinator.



# CCD 2018 METRICS

2397

**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..

**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.

4342

2745

**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.

**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.

1137

# CCD Highlights

## Mental Health Warrant Referral

The caller contacted Houston Emergency Center and requested a welfare check for his sister who was living in her home with no food, water, gas, etc. The CCD Crisis Counselor reached out to the client's brother who stated that he met an Adult Protective Services investigator at the client's home on several occasions but the client refused to let him or the APS investigator into the home. The caller disclosed the client being diagnosed with multiple mental illnesses and being non-compliant with medication management. The caller stated the client was likely to deny being in an active mental health crisis and would likely hide her symptoms from police.

The caller agreed to cancel the welfare check and accepted a referral to obtain a mental health warrant. CCD followed-up with the caller who developed a plan with his support system to check on the client until being able to file a mental health warrant. The client was hospitalized on the Mental Health Warrant and no additional calls have been placed to 911 since CCD intervention.

## Mobile Crisis Outreach Team Referral

A female caller was connected directly to a CCD Crisis Counselor by a Houston Emergency Center Call Taker. The female caller disclosed that she and her husband moved to Houston from out of state and were living in a trailer on an abandoned property. The caller reported her husband was intoxicated, verbally abusive and locked her out of the trailer. The caller disclosed her husband was a person living with multiple mental illnesses, was not taking medication and needed to be hospitalized.

HPD patrol responded to the scene and determined the caller's husband did not meet criteria for involuntary hospitalization. The CCD Crisis Counselor followed-up multiple times over the next two days. The CCD Crisis Counselor was eventually able to speak with the husband who disclosed being a Veteran and self-medicating with alcohol. The husband disclosed he was ready to obtain mental health care. The couple accepted MCOT referrals and met with MCOT face-to-face until deciding to move to their home state where it would be easier to obtain mental health care and government benefits.





# CIT TRAINING UNIT

## Goals

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 three 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.

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

# CIT Training Unit



*Left to Right:*

Senior Officer Rebecca Skillern; Sergeant Robin Nassif; Officer Alfred Rivera

# 2018 TRAINING UNIT METRICS

3381

**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.

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

275

260

**HPD 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 21st century and a skill set required today.

**Veteran HPD Officers Trained** – 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.

82

986

**Outside Agencies 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.



# Site Visits from Outside Agencies



Pasco County Sheriff's Office



Miami Dade Police Department



Las Vegas Police Department



Aurora Police Department



Cook County Sheriff's Office

# JUSTICE ★ CENTER

## THE COUNCIL OF STATE GOVERNMENTS

### *Collaborative Approaches to Public Safety*

In 2010, the Bureau of Justice Assistance of the U.S. Department of Justice, has designated the Houston Police Department as one of the original six regional law enforcement – mental health learning sites. Because of its innovative programs, the Houston Police Department’s Mental Health Division has been setting the national standard for developing specialized multi-faceted response strategies through successful collaborations with the local mental health authority, The Harris Center for Mental Health and IDD, since 1991. The Houston Police Department provides various crisis intervention training to all levels of law enforcement, including other public service agencies, behavioral health agencies, correctional facilities, and other similar entities who serve individuals with serious mental health issues. Over the past 8 years, the Mental Health Division has provided training, informational resources, and guidance to several hundred different agencies seeking assistance in developing their own crisis intervention or special mental health response programs. In 2018, 191 public agencies and non profit organizations received crisis training or resource information.



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



# Outside Agencies Trained or Assisted

Acadia Healthcare	Deer Park Police Department
Alvin Community College Police Dept.	Department of Homeland Security
Amarillo Police Department	Department of Public Safety
American Addiction Centers	Detroit Police Dept.
Arlington Police Department	Durham Regional Police Service
Arnold Foundation	East Tawakoni Police Department
Aurora Police Department	El Paso County Sheriff's Office
Austin Police Department	El Paso Police Department
Australian College of Mental Health Nurses	Emergence Health Network
Baltimore Police Department	Eskenazi Behavioral Health - Mobile Crisis Outreach Team
Bastrop Police Department	Everett Police Department
Bay Area Community Emergency Response Team	Federal Bureau of Investigations
Baylor College of Medicine	Florida Court System
Baylor Scott & White Healthcare	Fort Bend County Sheriff's Office
Bayou Vista Police Dept.	Galveston College
Baytown Police Department	Galveston College Law Enforcement Academy
Beacon Community Connections	Galveston Police Department
Beaumont Police Department	Groesbeck Police Department
Behavioral Health Center of Corpus Christi	Halliburton
Bell County Sheriff's Office	Harris County Constable Pct. 1
Bellaire Police Department	Harris County Constable's Office Pct. 2
Ben Taub Hospital	Harris County Constable's Office Pct. 4
Big Thicket National Preserve	Harris County Constable's Office Pct. 5
BNSF Railway Police Dept.	Harris County Constable's Office Pct. 6
Border Region Behavioral Health Center	Harris County District Attorney's Office
Boston Police Department	Harris County Public Health
Brooklyn Park Police Department	Harris County Sheriff's Office
Bureau of Alcohol, Tobacco, Firearms & Explosives	Haskell County Sheriff's Office
Calgary Police Service	Hope and Healing Center & Institute
Cameron County Emergency Communication District	Hopewell Health Centers
Charleston County Consolidated 9-1-1 Center	Houston Community College Police
Charlotte Police Department	Houston ISD Police Department
Charlotte-Mecklenburg Police Department	Houston Public Library
City of Largo Police Department	Houston Recovery Center
City of South Padre Environmental Health Service	Humble Police Department
Clear Creek ISD Police Department	Illinois Circuit Court of Cook County
Collin County Law Enforcement Academy	Including Kids Autism Center
Colorado School of Public Health	Insight Risk Management
Columbus Police Dept.	Jasper Police Department
Conch Valley Reg. LE Academy	Jersey Village Police Department
Conroe Police Department	Jewish Family Services
Corpus Christi Police Department	Journey Mental Health
Council Member David W. Robinson's Office	Katy Police Department
Council of State Governments	Kellogg Brown & Root
Cumberland Police Department	Kingwood Pines Hospital
Cy-fair ISD Police Department	Klein ISD Police Department
Cypress Fairbanks ISD Police Department	KPRC Television
Dallas Police Dept.	La Marque Police Dept.
	Lafayette Parish Police Department



LaJoya ISD Police Department	Pasco County Sheriff's Office
Laredo Police Department	Pearland Police Department
Largo Police Department	Pharr Police Dept.
Las Vegas Metropolitan Police Department	Pinehurst Police Department
Laser Shot	Plano Police Department
Law Enforcement Action Partnership	Police Executive Research Forum
League City Police Department	Port Arthur Police Department
Leon Valley Police Department	Port Houston Police Dept.
Liberty County Attorney's Office	Psychotherapy Networker
Liberty County Constable Pct. 1	Rochester Police Dept.
Liberty County DA's Office	Rogers Police Department
Liberty County Sheriff's Office	Roswell Police Department
Longview Police Department	Salt Lake City Behavioral Health
Lyndon B. Johnson Hospital	San Francisco Police Dept.
Madison Police Dept.	San Jacinto County Constable Pct. 2
McKinney Police Dept.	San Jose Police Department
Meadows Mental Health Policy Institute	Sherman Police Department
Mecklenburg County Department of Public Health	South Texas College
Memorial Villages Police Department	Spring Valley Police Department
Mental Health America of Northern Kentucky & Southwest Ohio	Star of Hope Mission
Metro News-Canada	Sugar Land Police Department
Miami Dade Police Department	Sweeny Police Department
Milwaukee Police Department	Tempe Police Dept.
Minneapolis Police Department	Texas Attorney General's Office
Monroe County Office of Mental Health	Texas Board of Pardons & Paroles
Mont Belvieu Police Department	Texas Juvenile Justice Dept.
Montgomery County Constable's Office Pct. 1	Texas Policy Lab
Montgomery County Constable's Office Pct. 4	Texas Southern University
Montgomery County Constable's Office Pct. 2	The Wall Street Journal
Montgomery County ISD Police Dept.	Travis County Constable's Office Pct. 1
Montgomery County Sheriff's Office	Travis County Sheriff's Office
Montgomery Police Department	Tropical Texas Behavioral Health
Morgan's Point Police Department	Tucker Police Department
NAMI Gulf Coast	Tucson Police Department
National Council for Behavioral Health	Tulsa Police Department
Network of Behavioral Health Providers	UH - Victoria
New York Police Dept.	UH Graduate School of Social Work
Newsy	United Nations University
Nixon Police Department	University of Houston Police Dept.
North East ISD Police Dept.	UTMB Police Department
Norwood Police Department	Val Verde County Sheriff's Office
NYC Dept. of Health & Mental Hygiene	Walden University
Office of Mayor Sylvester Turner	Webster Police Department
Office of Sebastian County Judge	West Columbia Police Dept.
Omaha Police Department	Williamson County Sheriff's Office
Orlando Police Department	YMCA
Pasadena ISD Police Dept.	
Pasadena Police Department	

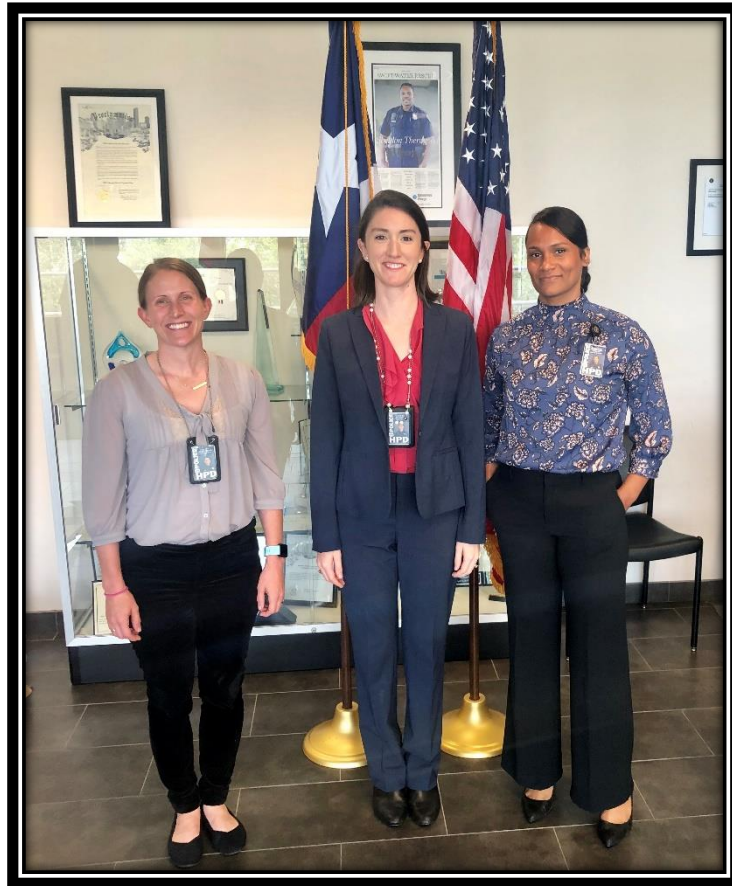
# THREAT MITIGATION & INVESTIGATIONS

The Threat Mitigation & Investigations Unit is comprised of three investigators who are tasked with reading all mental health crisis related incident reports that are completed by the Houston Police Department. Certain reports which meet the criteria of a mental health nexus are then entered into a secured CIT database. The CIT database was created for the purpose of tracking all known mental health consumers who have had encounters with police officers, researching and identifying behavioral patterns brought to our attention, and using this data to assess potential risks to consumers and the public.

Most Clients who are in a psychiatric crisis are transported to the emergency department of a hospital or a psychiatric facility where an emergency detention order is completed. If the client is left at location, they still may be in need of further resources. Investigators can refer clients to the Mobile Crisis Outreach Team (MCOT) or the Crisis Intervention Response Team (CIRT) to make sure they get the assistance and resources needed. Investigators also make referrals for outside agencies including Adult/Child Protective Services (APS/CPS) and the Department of Public Safety.

Referrals are received from the local and outside law enforcement agencies, local government, consulates, citizens, as well as from the Chief of Police, the City of Houston Mayor's Office, the Criminal Intelligence Division (CID), and the Federal Bureau of Investigations (FBI).

# Investigative Staff



*Left to Right:*

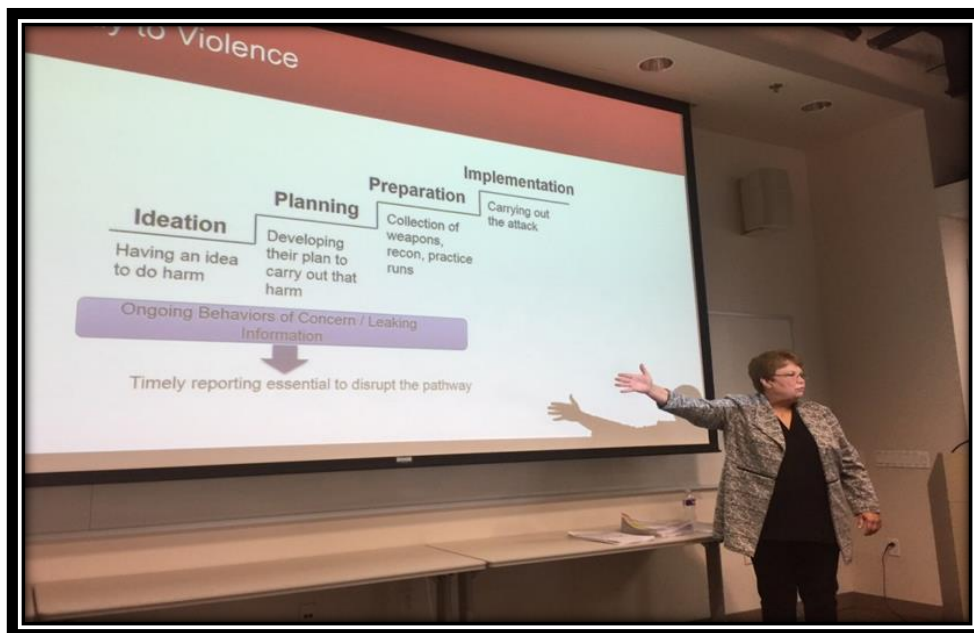
Officer K. Vogelsang; Officer E. Scheibe; Officer B. Bookman

Each incident report or outside request is reviewed and the appropriate referral or contact is made by the investigators. 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. All investigations are done with the hope of preventing a future crisis and, if possible and appropriate, defer prosecution.

In 2018, the operational decision was made to transition the Investigations Unit into Threat Mitigation. The concept of mitigating threats begins with identifying clients who have a potential to create violence against others. After identifying potential threats to stakeholders, investigators establish and continue to maintain contact with clients and their surrounding support systems. Investigators observe the client's ongoing behavior and offer them resources as needed and develop strategies to mitigate harm.



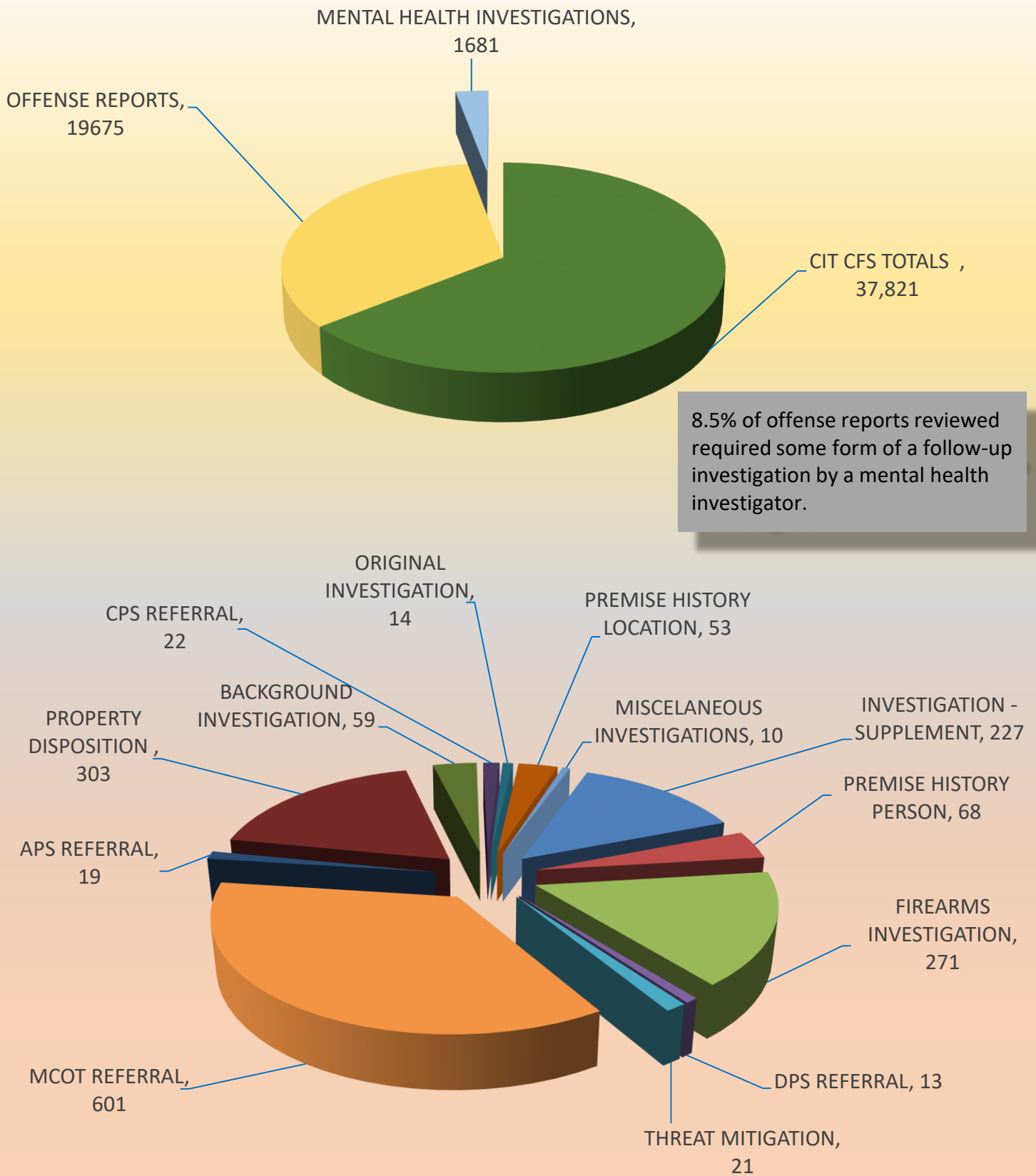
# Threat Assessment Training



Former HPD Assistant Chief Vicki King

On May 9, 2018, the Mental Health Division hosted a special training seminar for personnel of the HPD's Mental Health Division, Family Violence, Major Offenders, the Harris Center for Mental Health and IDD and the Harris County Sheriff's Department Mental Health Division. The training seminar, presented by former HPD Assistant Chief Vicki King was *An Introduction to Mental Health Assessment – Prevention of Violence Via Intervention*. Chief King, now an Assistant Chief for the University of Texas Police - Houston, started a Threat Management Unit within her organization. At UT, Chief King works with multidisciplinary teams to identify risks and behaviors and develop intervention strategies in order to prevent or mitigate violence in the workplace. Chief King is certified in the NABITA and WAVR-21 threat assessment instruments and is a recognized expert in the threat assessment field, presenting this material to organizations nationwide. The course material included identifying the pathway to violence, threats beyond mental illness, how to connect the dots and developing interventions strategies including mental health services when appropriate. The majority attending the training commented that the training seminar was one of the best they'd ever attended. This information is being put to use in developing a threat mitigation component of the Mental Health Investigations Unit.

# MHD Mental Health Investigations 2018 Statistics



# AWARDS AND RECOGNITIONS





# CIT Officer of the Year Award



*Left to Right:*

Mayor Sylvester Turner; Officer Stephen Augustine; Chief Art Acevedo

Officer Stephen Augustine has been a part of the Mental Health Division since 2007 and is a valued CIRT officer. From his arrival in the division, Officer Augustine has consistently managed his uncommitted time by assisting officers throughout the department in handling incidents involving mentally ill complainants, handling referrals sent out by Harris Center, conducting Jail Assessments, and responding to SWAT scenes and any assignment sent to him without hesitation. Officer Augustine has shown the ability to handle difficult situations in a calm manner, demonstrating patience and self-control with citizens in crisis situations.

# City of Houston Bravo Award



*Left to Right:*

Mayor Sylvester Turner; Officer Sheldon Theragood

In May, Officer Sheldon Theragood, who is also a Homeless Outreach Team Officer, was recognized as one of six city employees receiving the Bravo Award. This award recognizes city employees whose selfless service on the job and in the community are creating a positive impact across the city of Houston. Officer Theragood received accolades not only for his work with the homeless but for his mentoring, counseling and outreach opportunities to encourage and make a positive impact on local youth. Through his nonprofit organization, Theragood Deeds, Officer Theragood has held multiple events for both the young and the old. His passion for helping local youth, the homeless and the community is a shining example of public service. Great job Officer Theragood!!

# Star of Courage Award

Each year at the Liberty White Out game, the Houston Texans recognize one outstanding first responder based on peer nomination for showing bravery and commitment to Houston. This game serves as a tribute to all of Houston's first responders for their dedication to the community and is way for the Texans to say "thank you" for all they do. The Star of Courage award highlights one first responder for outstanding bravery and service.

This year, Houston Police Department Mental Health Division Officer Sheldon Theragood was honored for his work in the community. The Texans and Hudson Trane made a \$10,000 donation in his name to the 100 Club of Houston, an organization that supports the dependents of fallen firefighters and law enforcement officials. A luncheon was held in his honor at the Houston Police South Central Patrol Station on Saturday, September 22.

In addition to an extensive history of service to youth and the community, Officer Theragood runs ***TheraGood Deeds***, a nonprofit organization that provides mentoring, counseling and outreach opportunities to encourage a positive impact on youth also known as Future Achievers. Officer Theragood believes in the need to maintain a relationship with kids while instilling that it is extremely rewarding to volunteer their time and talents. With his ever-present smile and positive attitude, he challenges himself, as well as others, to perform a Good Deed daily.



---

*"Impacting the world, one good deed  
at a time!"*





# NAMI CIT Officer of the Quarter Award

Police Officer Henry Posas of the Eastside Division received the CIT Officer of the Quarter award for his handling of suicide in progress. Officer Posas was dispatched to the scene after a female called stating her boyfriend was despondent and wanted to commit suicide. When Officer Posas arrived, he found the male standing in the hallway of the apartment. The male was acting erratic, delusional and felt that people were out to kill him. Officer Posas attempted to calm the male down and kept advising that he was there to help him.

The male turned and reached into his pocket, out of the officer's view, and took out a pocket knife and placed it to his own neck. Officer Posas drew primary weapon but continued to try and deescalate the situation by talking to the male insuring him that he was there to help and instructing him to put the knife down. The male kept the knife to his neck and then swung it toward his stomach in a stabbing motion several times. Officer P. Dung and HFD ambulance personnel arrived to assist. Officer Posas maintained his composure and professionalism and continued to try get him to put down the knife.

Fearing the male would barricade himself in the open room with the knife and his girlfriend, Officer Posas



Pictured are: Dr. Jane Malin, Board President, NAMI Houston; Commander Bill Staney; Officer Henry Posas

made the decision to use his Conductive Energy Device (CED) to prevent the male from hurting himself and others. As Officer Dung drew his weapon to cover Officer Posas, Officer Posas continued trying to calm the male and instructed him to put the knife down. The male repeatedly placed the knife to his own neck and then swing it towards his own stomach and then place it to his side. When the opportunity for appropriate action was presented, Officer Posas discharged his CED, striking the male causing him to fall to the ground and drop the knife. After a brief struggle, the male was taken to the hospital under an emergency detention order.

Officer Posas remained calm under stress, continually engaging and reassuring the male throughout the encounter that he was there to help him. Officer Posas exercised outstanding judgment which kept the male from seriously harming himself or anyone else and was able to get the male into the hospital for much needed assistance.



**NAMI**

National Alliance on Mental Illness

# Greater Houston

# NAMI CIT Officer of the Quarter Award

On April 16, 2018, Officer Lorenzo Ward and his partner responded to a Welfare Check call reporting a suicidal woman. The reportee contacted Houston police after viewing the complainant on a Facebook Live broadcast where the complainant reportedly stated that she “wanted to end it all.” Officer Ward and his partner eventually located her in a vehicle in a basement level parking garage near TC Jester and Allen after an extensive search.

Officer Ward engaged the complainant and began building a rapport with her, learning that she had been diagnosed with Bipolar Disorder and had reported concerns about possible psychosis as well. The complainant reported that she was suicidal but also stated that she wanted help, adding that she had not committed suicide yet because of her two daughters. Officer Ward convinced her to lower her car window, then slowly began to approach her while he continued to verbally deescalate the crisis. Once close enough, Officer Ward was able to reach into the window and then unlocked the car door and transported the complainant to the Neuropsychiatric Center (NPC) under an emergency detention order.

While being interviewed at NPC, the complainant stated that she had originally planned to try to grab the officer’s gun (possibly forcing him to shoot her).

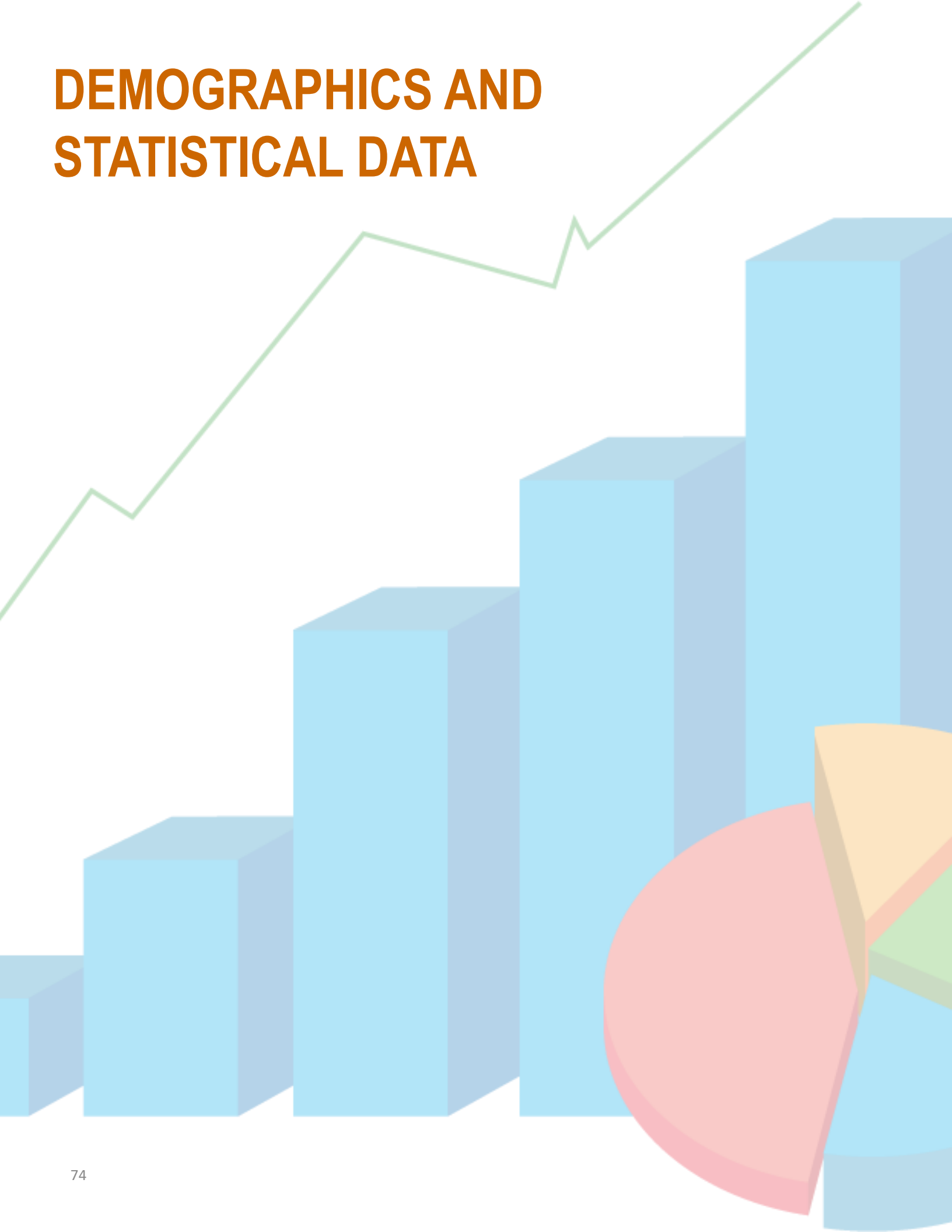


Pictured are: Dr. Jane Malin, Board President, NAMI Houston; Commander Bill Staney; Officer Lorenzo Ward

Fortunately, Officer Ward, by using the techniques he learned during Crisis Intervention Training, was able to avert any harm the complainant had planned for herself and possibly for any officers who encountered her.

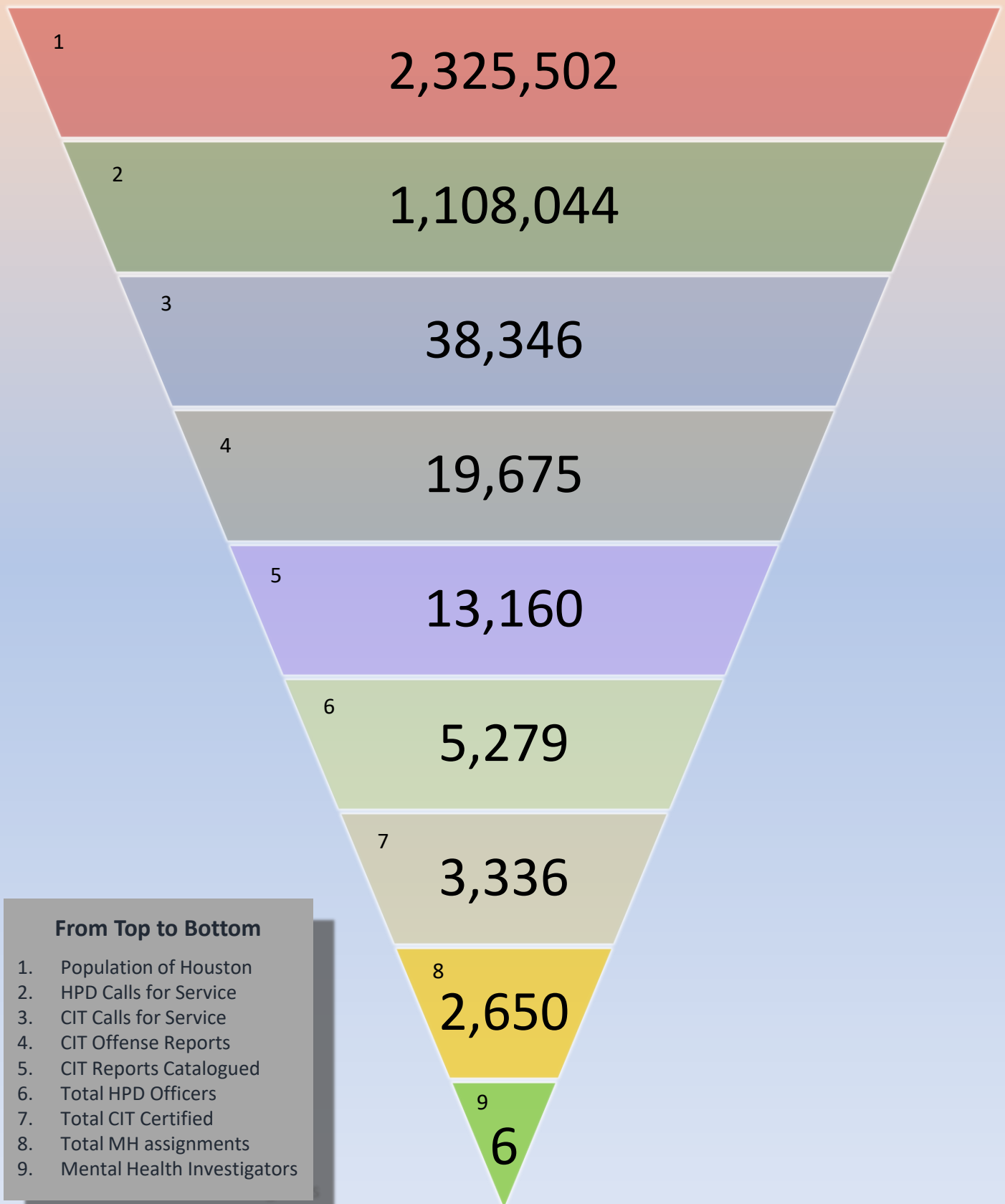
Because of his patience and professional engagement with this complainant, utilizing CIT techniques, she is receiving assistance and hopefully will get the treatment she needs to keep from going into such a crisis again. For his actions that day, the National Alliance on Mental Illness presented Officer Ward with a CIT Officer of the Quarter award.

# DEMOGRAPHICS AND STATISTICAL DATA

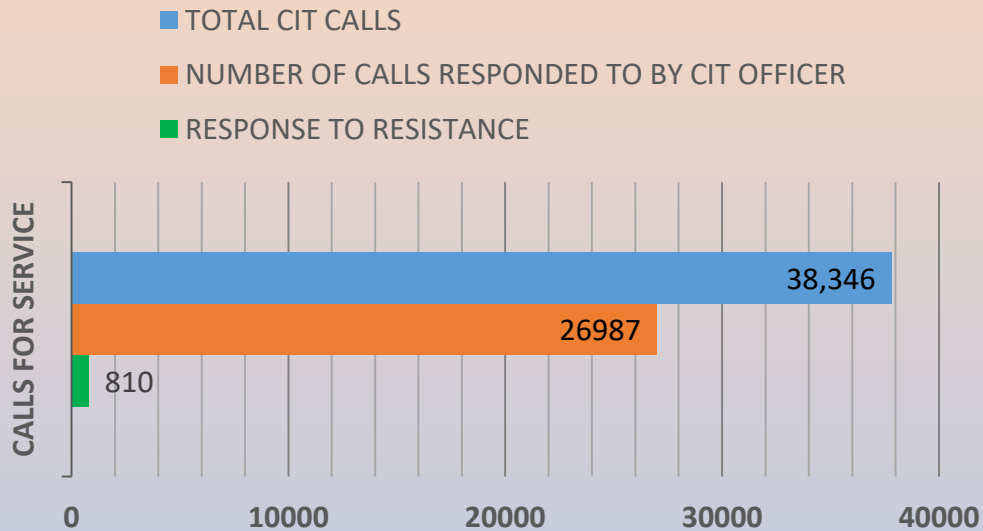




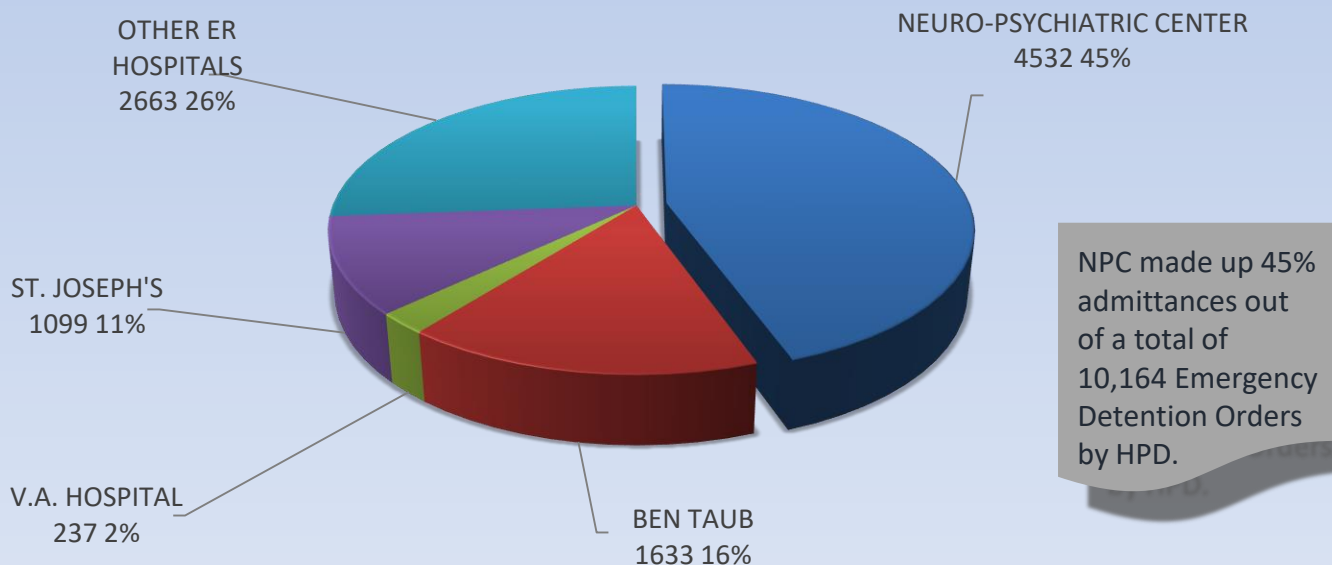
# General Statistical Numbers - 2018



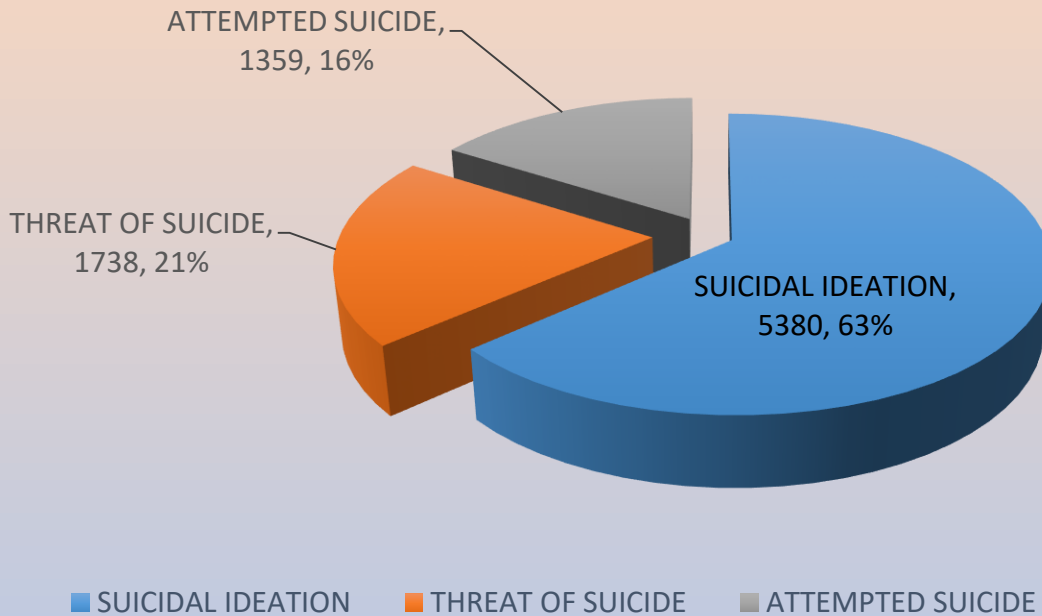
# Crisis Intervention Statistics - 2018



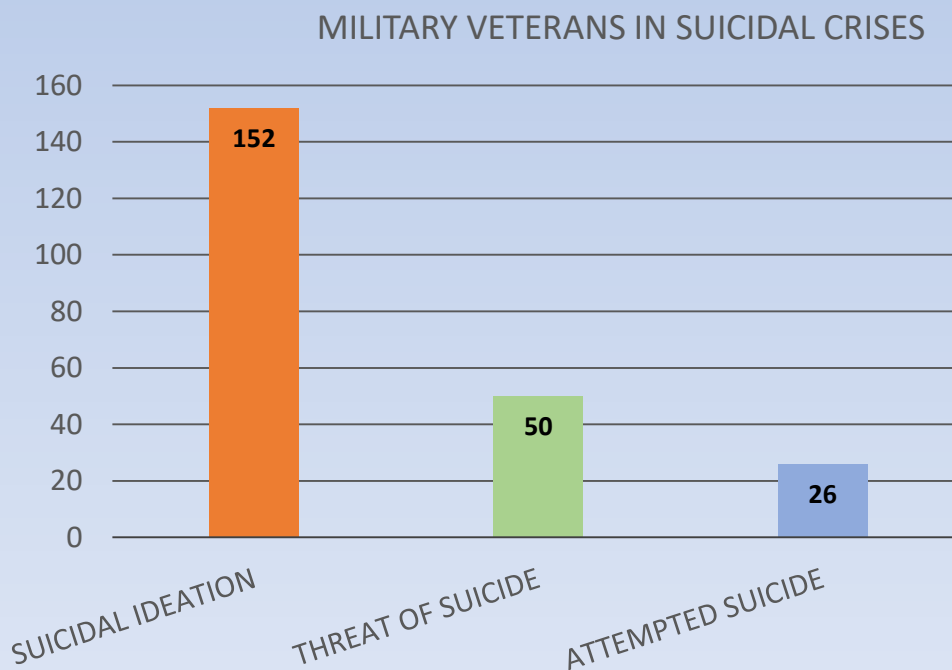
71% of all Crisis Intervention (CIT) related calls for service were responded to by a primary unit who was CIT certified. This is a significant increase since 2004 when only 25% of all CIT calls were answered by a CIT trained officer. The overall goal for increasing these numbers is to reduce serious injuries to both the mental health consumer and the officers on the scene. 40 hours of de-escalation training and proper crisis management response over the years has had a huge impact as to how consumers are safely detained. As a result, only 810 (2%) incidents of response to resistance (use of force) have occurred out of 38,346 CIT calls.



# Suicidal Incidents - 2018



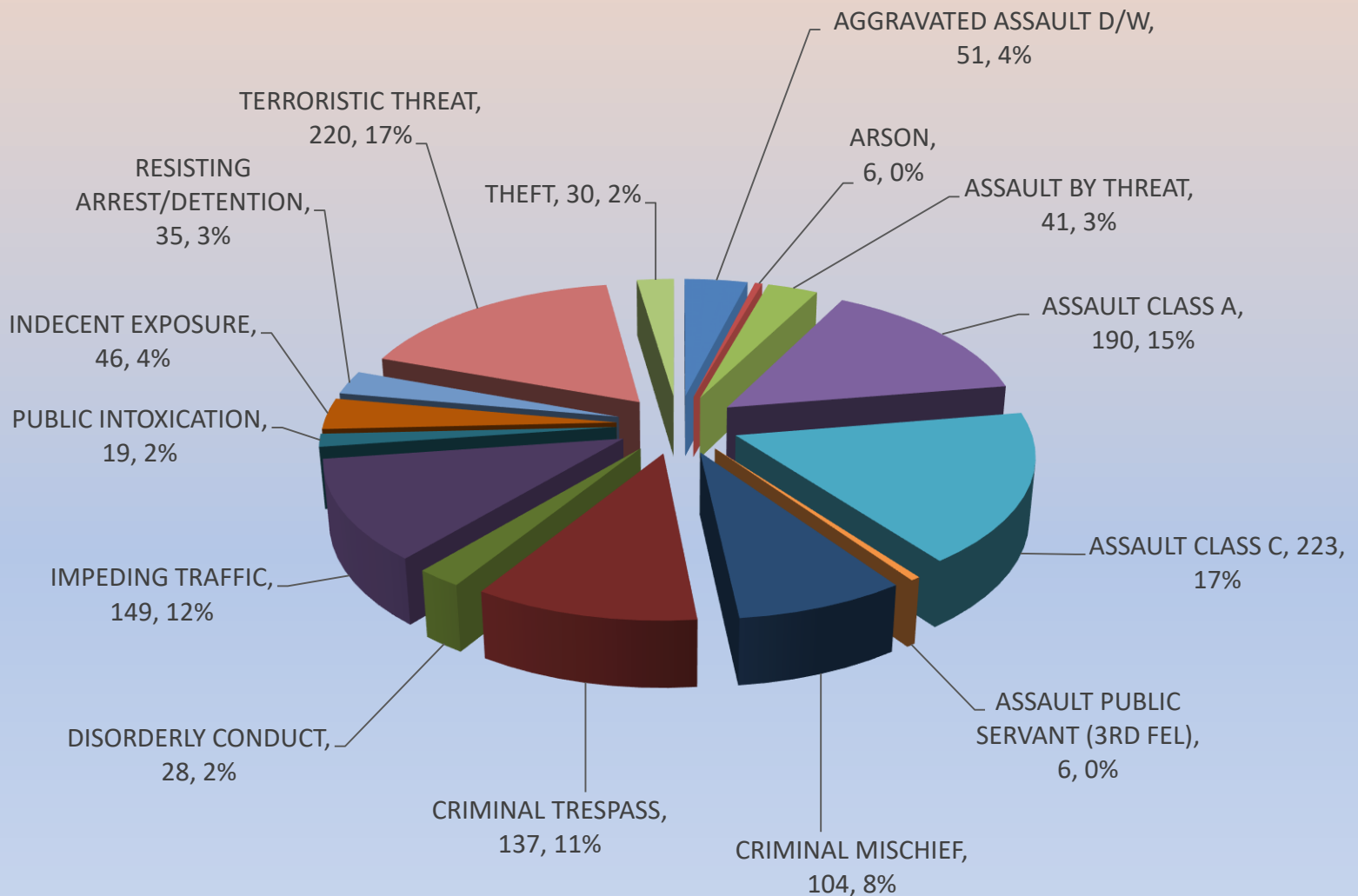
In 2018, of the 37,821 crisis calls, there were **8,517** reported incidents that involved individuals with a suicide related nexus. Of this subset, 63% of mental health consumers reported having thoughts of suicide; of which 21% of them were not taking prescribed medications.



This chart shows the number of incidents where a veteran was in a suicidal crisis. 228 emergency detention orders were filed for immediate intervention and treatment.



# Criminal Activity – Jail Diversions

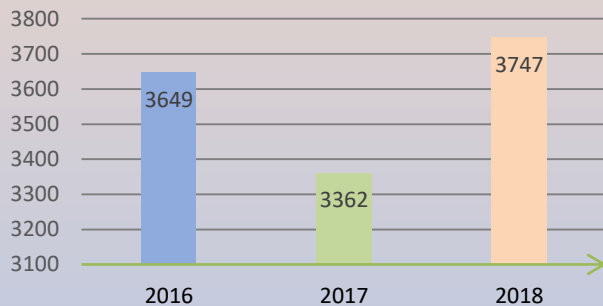


Shown in the pie chart are some of the most common types of criminal activities diverted from the criminal justice system due to serious mental health crises. Police officers have discretion to divert most Class C misdemeanor offenses and also when discussing higher misdemeanor and felony charges with the District Attorney's Intake office. When charges are diverted, officers will transport people in serious crisis to a psychiatric facility for emergency evaluation.

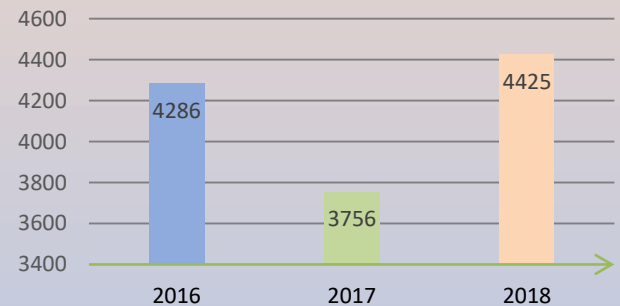
# Demographical Data - 2018

## Cases Involving Major Mental Health Diagnoses

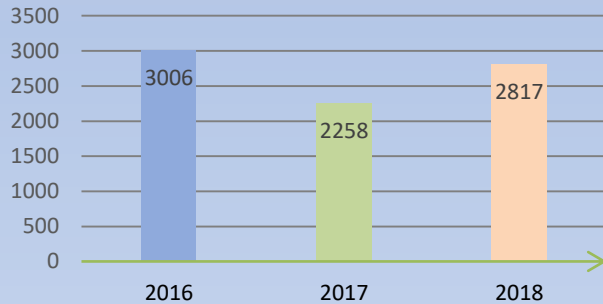
SCHIZOPHRENIA



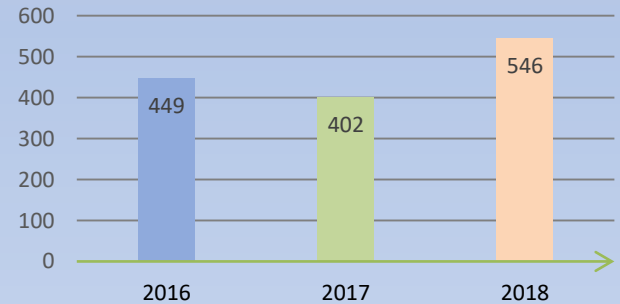
BI-POLAR DISORDER



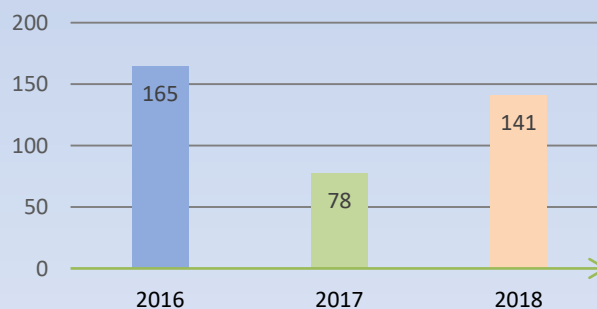
MAJOR DEPRESSION



PTSD



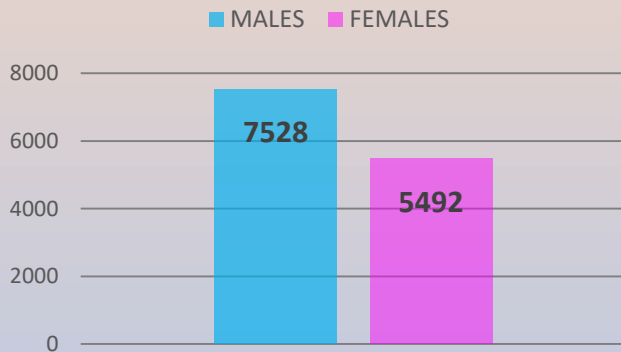
DEMENTIA



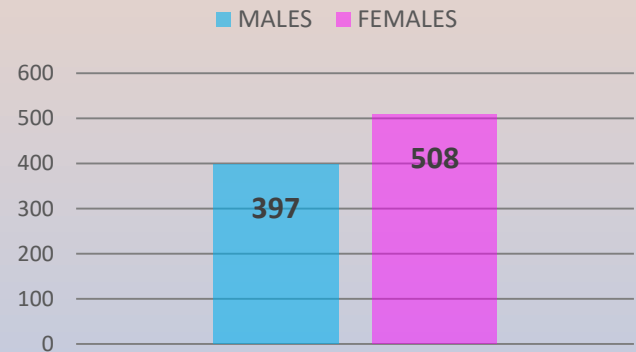
# Demographical Data - 2018

## CIT Incidents Broken Down by Race and Gender

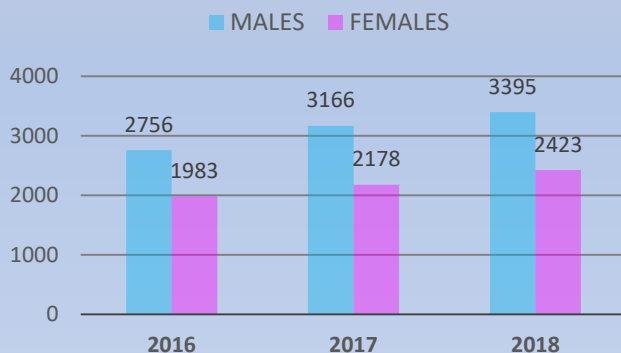
### ADULTS



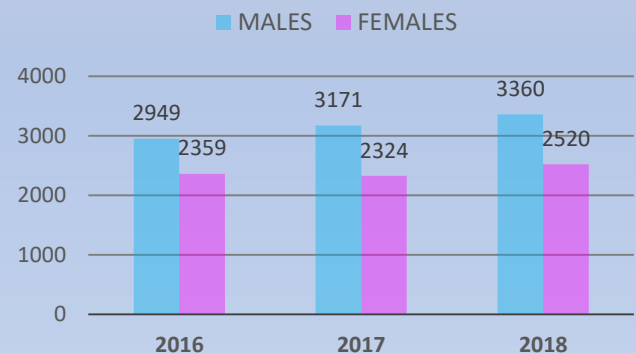
### JUVENILES



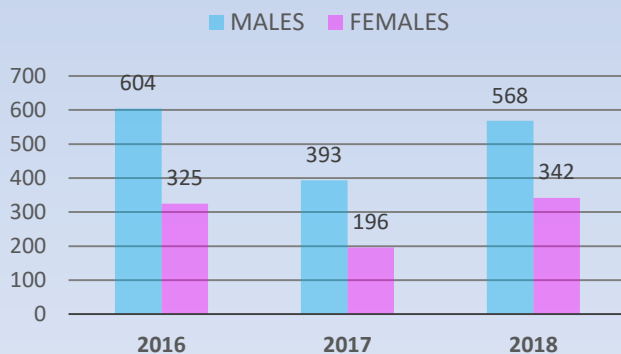
### CAUCASIAN



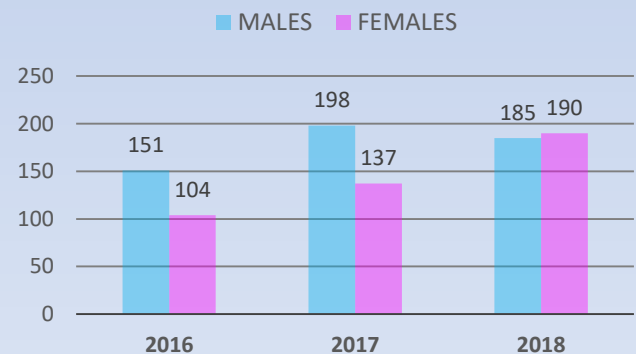
### AFRICAN-AMERICAN



### HISPANIC



### ASIAN

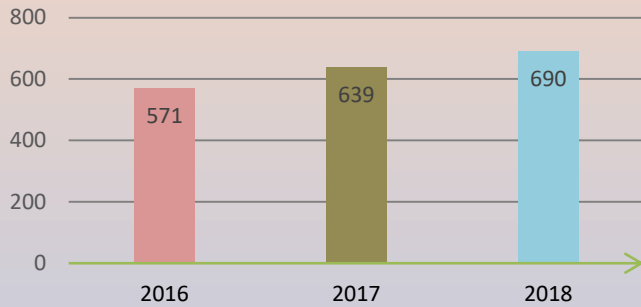




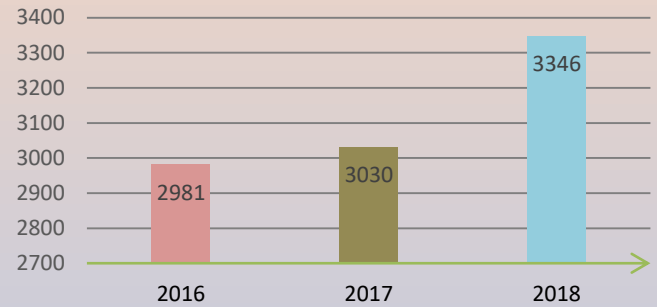
# Demographical Data - 2018

## CIT Incidents Broken Down by Age Groups

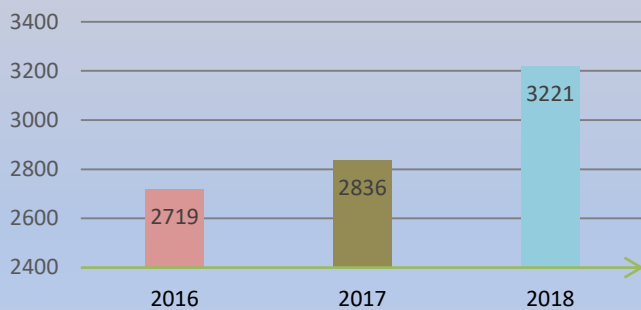
17 - 19 YEAR OLDS



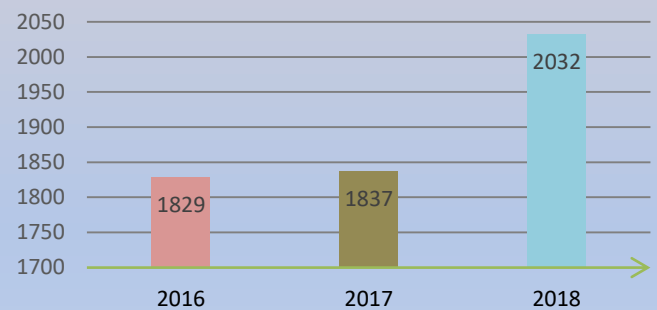
20 - 29 YEAR OLDS



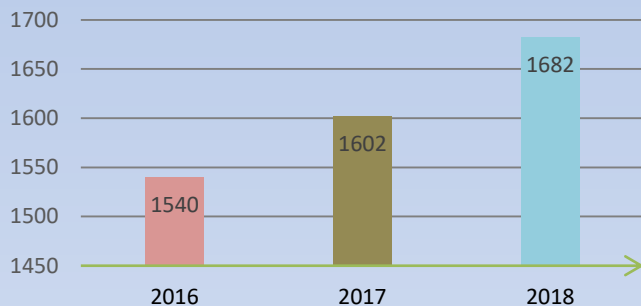
30 - 39 YEAR OLDS



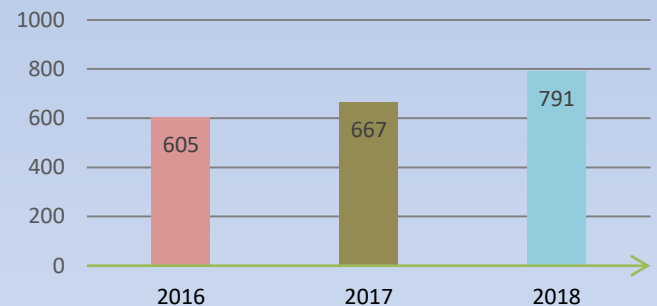
40 - 49 YEAR OLDS



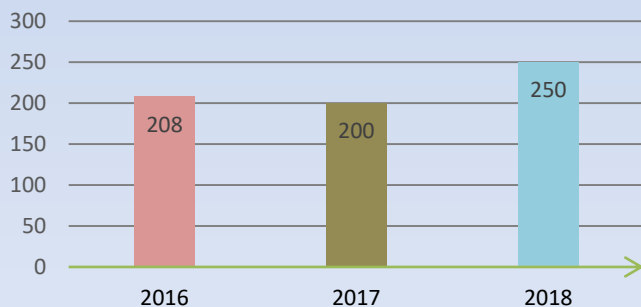
50 - 59 YEAR OLDS



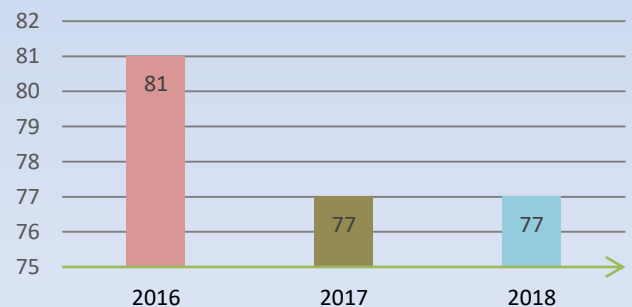
60 - 69 YEAR OLDS



70 - 79 YEAR OLDS



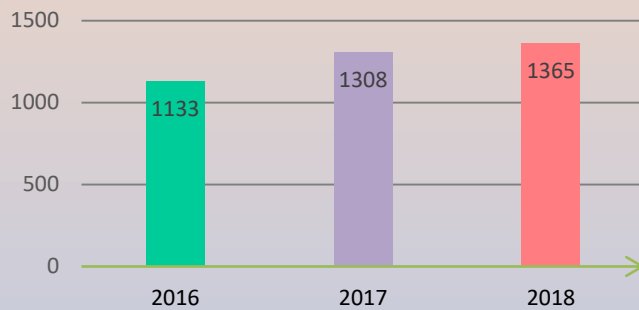
80 - 89 YEAR OLDS



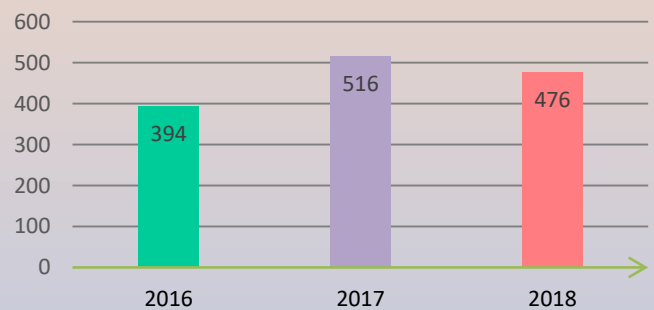
# Demographical Data - 2018

## Chronic Consumer Cases with Multiple Emergency Detentions

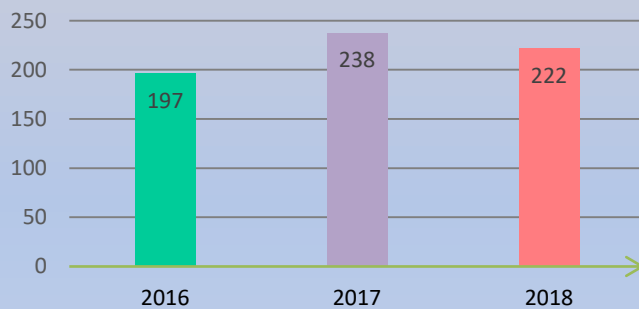
### TWO EMERGENCY DETENTIONS



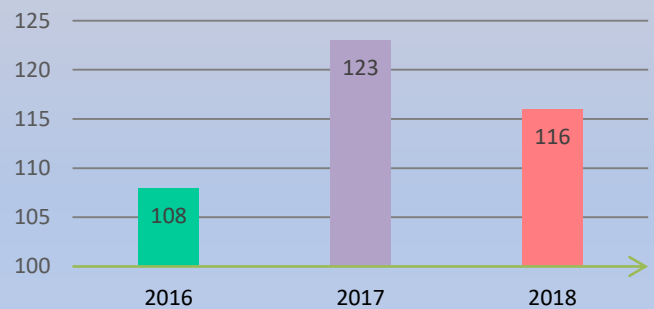
### THREE EMERGENCY DETENTIONS



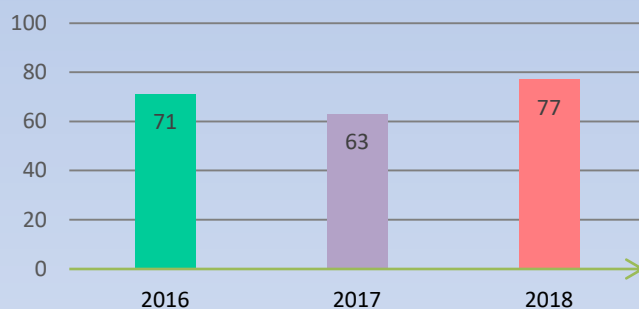
### FOUR EMERGENCY DETENTIONS



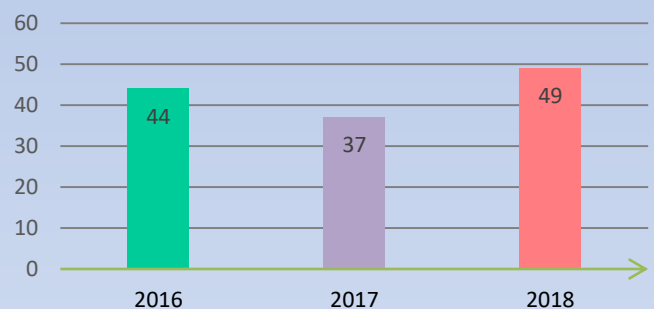
### FIVE EMERGENCY DETENTIONS



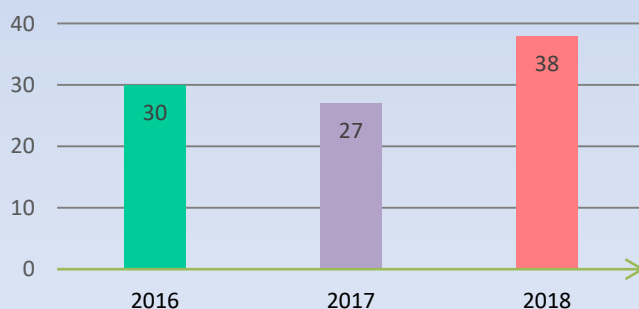
### SIX EMERGENCY DETENTIONS



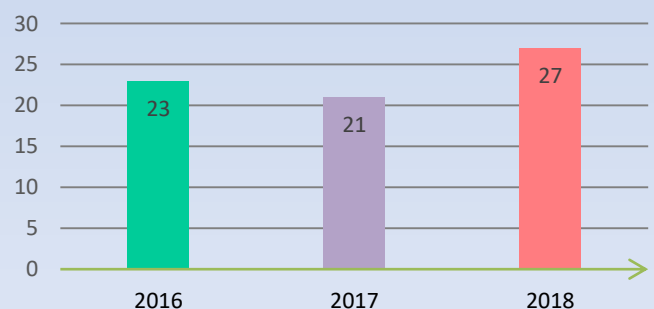
### SEVEN EMERGENCY DETENTIONS



### EIGHT EMERGENCY DETENTIONS



### NINE EMERGENCY DETENTIONS



# 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.)



# Community Resources

## ***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.....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)

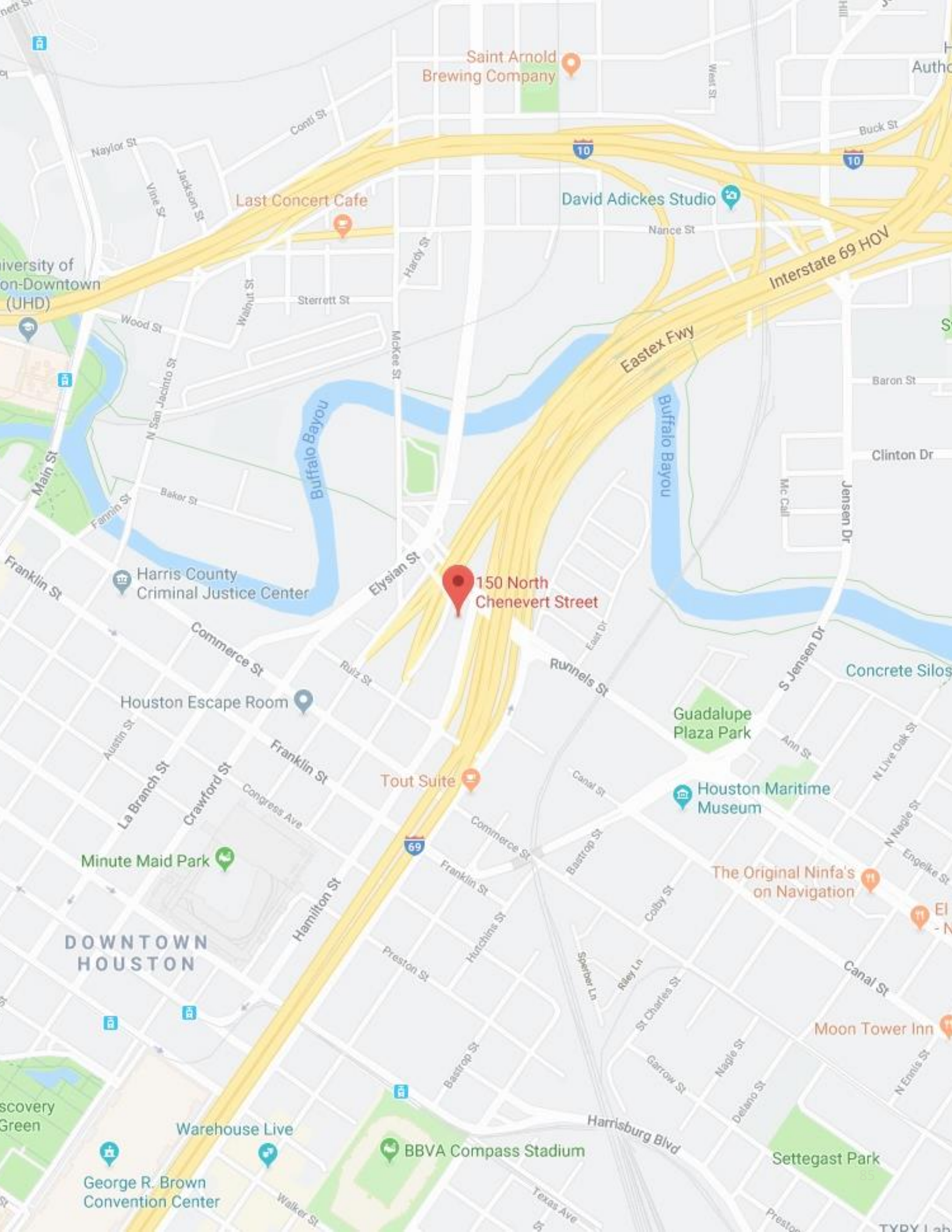
The Harris Center (MHMRA).....[www.theharriscenter.org](http://www.theharriscenter.org)

Mental Health America-Houston.....[www.mhahouston.org](http://www.mhahouston.org)

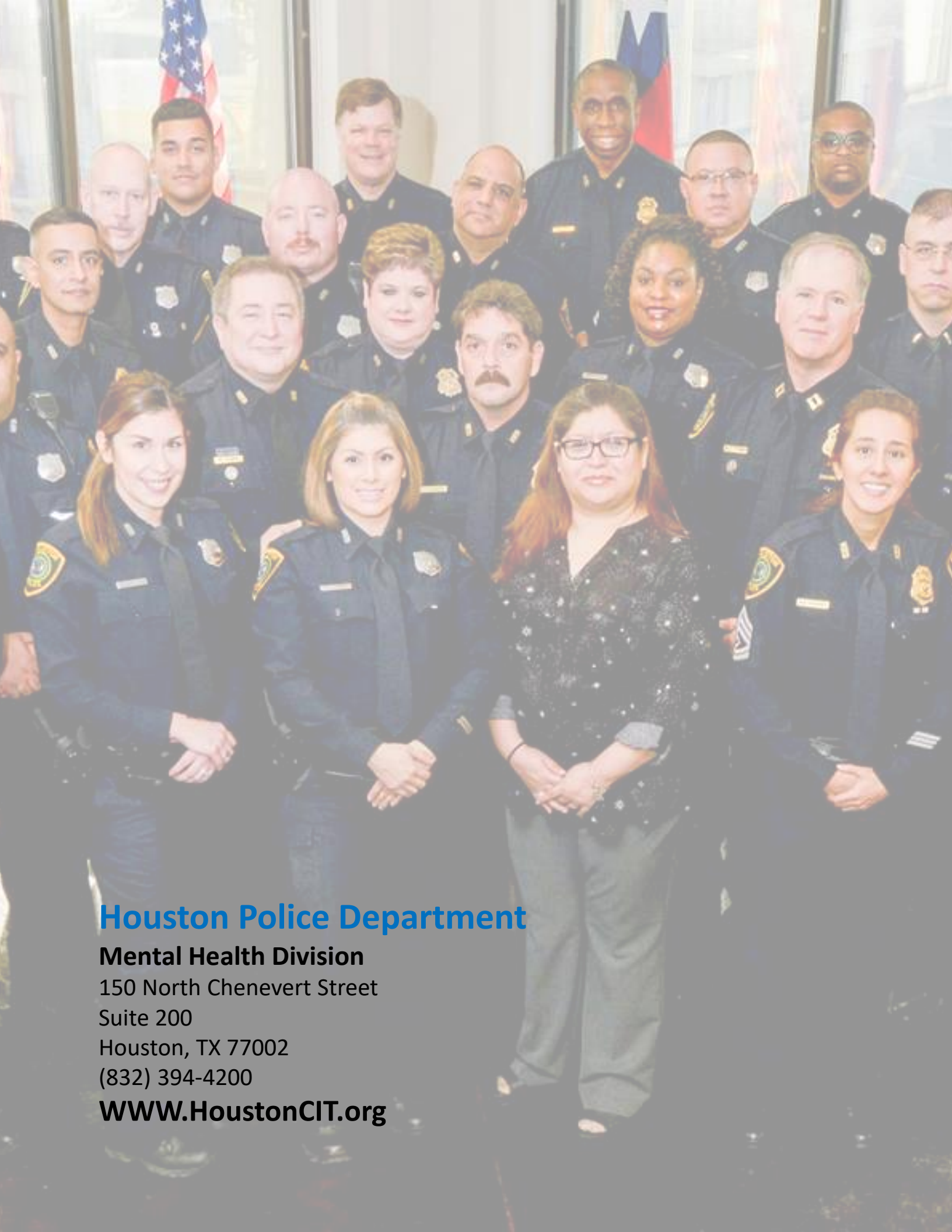
National Alliance on Mental Illness.....[www.nami.org](http://www.nami.org)

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

**[WWW.HoustonCIT.org](http://WWW.HoustonCIT.org)**