## Texas County Mental Health Law Plan Pilot Project



## Class 1: Civil Commitment January 26, 2024

Kristi Taylor, J.D. Kama Harris, J.D.

Michael Gomez, J.D. Daniela Chisolm, J.D.

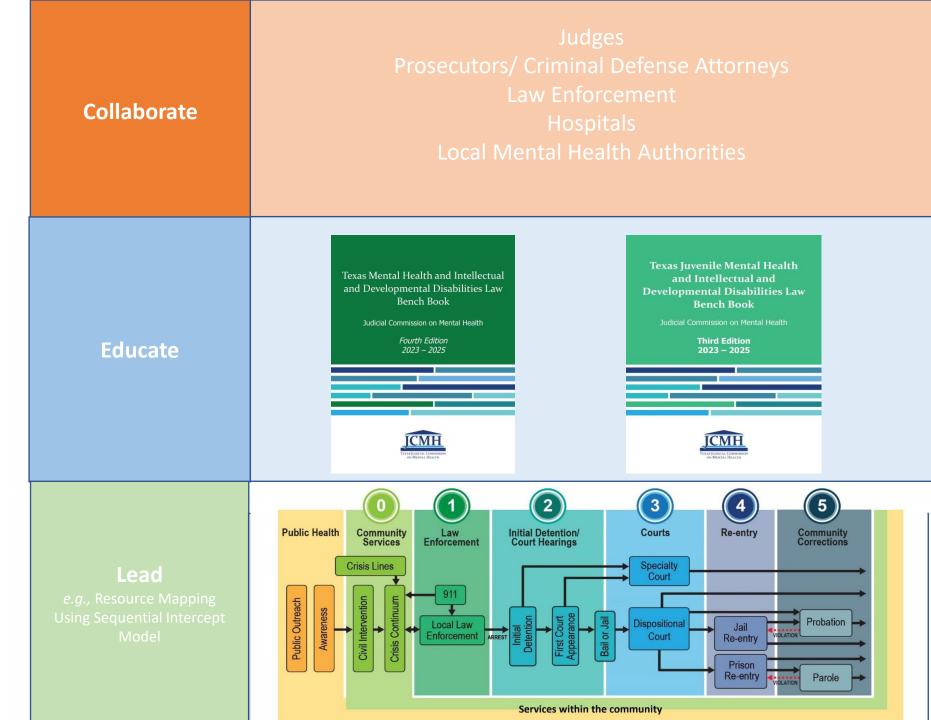




#### TEXAS JUDICIAL COMMISSION ON MENTAL HEALTH

The mission of the Judicial Commission on Mental Health is to engage and empower court systems through collaboration, education, and leadership, thereby improving the lives of individuals with mental health needs, substance use disorders, and intellectual and developmental disabilities.

The JCMH created strategies under three main categories



## Problems in Mental Health Systems

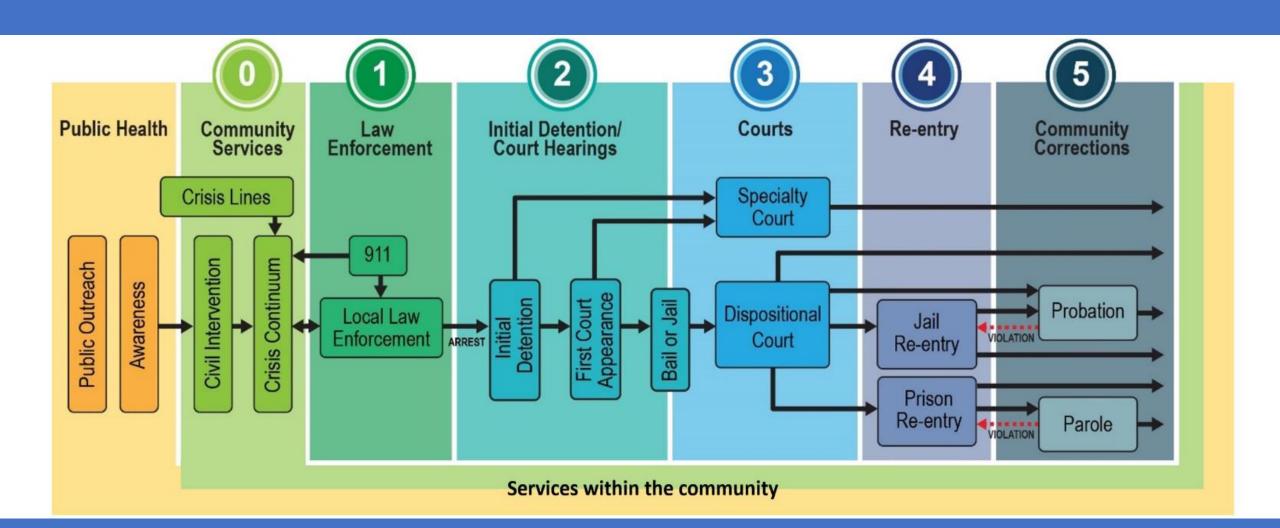
COMPLICATED LAWS THAT REQUIRE COORDINATION

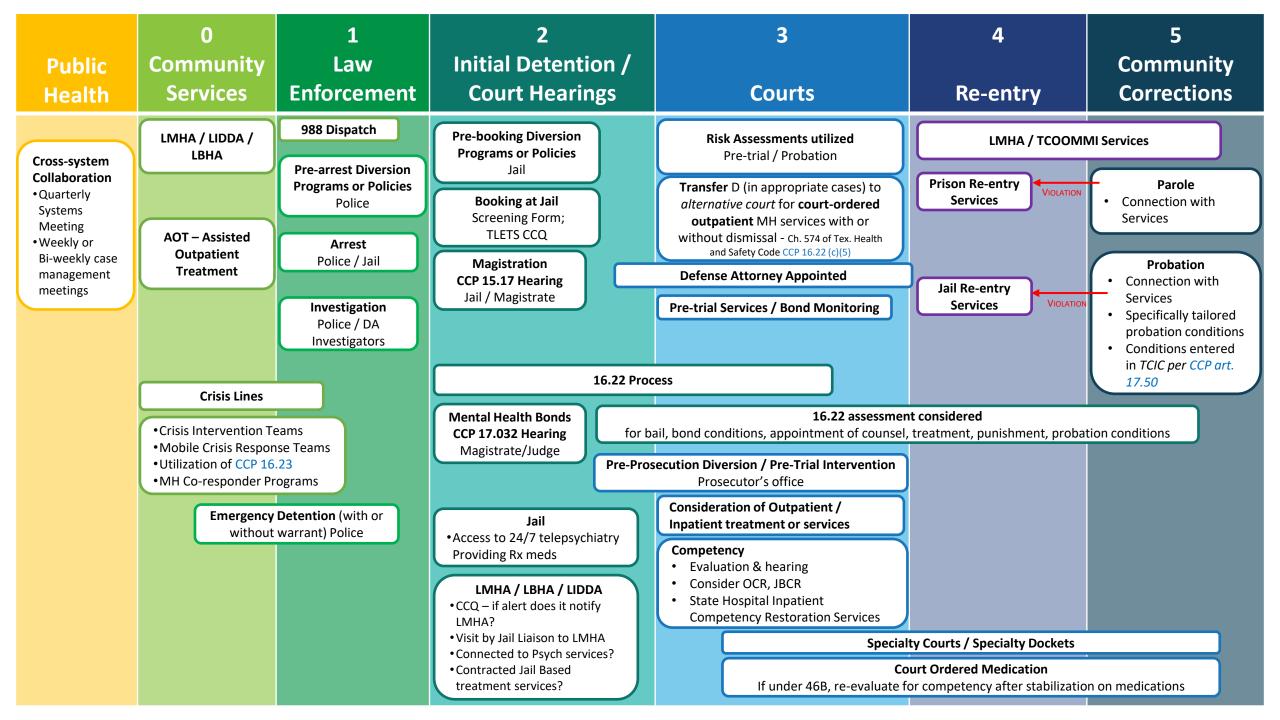
A Lack of Coordination and Knowledge that leads to the system itself serving as a barrier to appropriate treatment and diversion.

Greater numbers of people deteriorating in jail when diversion was possible.

Frustration and blame between stakeholders.

## Sequential Intercept Model

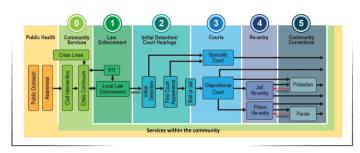






## MENTAL HEALTH LAW PLAN

Checklist 1



## Implementation

#### **Four Virtual Classes**

1) Civil Commitment: Jan. 26<sup>th</sup> 12-1:30

2) Early Identification: Feb. 9<sup>th</sup> 12-1:30

3) Specialty Courts: Feb. 21st 12-1:30

4) Competency Restoration: Mar. 8<sup>th</sup> 12-1:30

\* plus\*

**Individual Local Checklist Workshops** 

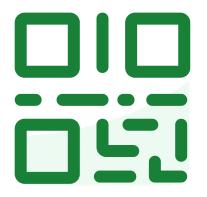
### Guest Speakers

 Michael Gomez, Chief Trial Attorney, Mental Health Division, El Paso County, Texas

Daniela Chisolm, Assistant County Attorney,
 Mental Health Division, El Paso County, Texas

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<sup>(</sup>i) Start presenting to display the joining instructions on this slide.

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#### What County are you representing?

# Workshops Using the County Mental Health Law Plan Checklists

#### **Intercept 3 Courts**

#### Diversion

	Are diversion alternatives being considered for individuals when appropriate? Are diversion alternatives well known in the county? If not, is there a point of contact for this information?
	Are risk assessments utilized in the pretrial process?
	Is our pretrial office assisting clients with MI and IDD with accessing treatment and working toward diversion?
	Does the county have a process for pretrial diversion by "Dismiss & Transfer?" i.e., transferring cases to alternative courts for court-ordered outpatient mental health services with or without dismissal? <a href="https://dx.doi.org/10.108/j.gc/">H&amp;S Code Ch. 574; CCP art. 16.22(c)(5).</a>
	Does the county have a process to ensure the defendant has current, necessary medications to assist with recovery and stabilization?
	<ul> <li>Is there a process set out to re-evaluate for competency after stabilization is reached on medications for 46B defendants? <u>CCP art. 46B.0755.</u></li> </ul>
	Are stakeholders trained on the court-ordered medication legal process? <u>H&amp;S Code § 574.103106</u> ; <u>CCP art. 46B.086</u> .
	Does my county have a streamlined process for conducting the civil medication hearing and then the criminal medication hearing, for a 46B defendant, as necessary?
_	Are the probate courts and criminal courts working together to expedite the required two-step
	hearing process? H&S Code § 574.103-106 and CCP art. 468.086.
M	hearing process? <u>H&amp;S Code § 574.103-106</u> and <u>CCP art. 46B.086</u> .
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# Mental Health Law Plan Template Preview

#### [YOUR] County Mental Health Law Plan

#### . Involuntary Commitment

- A. Emergency Detentions
- i. Procedures
  - a) With a Warrant
    - Not Used. Judges do not hear emergency detention applications.
    - Used. Judges hear ED applications.
      - Type of Judges Allowed to hear ED cases in [THIS] county:
        - o All magistrates within county.
        - Local Judge with Probate Jurisdiction
        - o Other
        - Link to administrative order, if applicable.
      - Hours judges are available to hear ED applications:
        - 0 24/7
        - o 9am-5pm weekdays
        - o 9am-5pm weekdays & weekends
        - o Other \_\_\_\_\_
      - · Method of accepting applications
        - o Electronic (Dr. and LMHA workers): contact info
        - o Non-electronic: contact info / Procedure
  - b) Without a Warrant
    - □ Not Used. No peace officer may make an APOWW.
    - ☐ Used. Apprehension by a Peace Officer without a Warrant
      - · Entities allowed to do APOWW in [THIS] County:
        - o All law enforcement agencies and entities and officers.
        - o Specific agencies (Local PD, SO, etc.)
          - · Any officer within the specific agencies.
          - Only specific teams within those specific agencies (CIT, MCU, etc.)
        - Specific teams only \_\_\_\_\_\_
        - o Other\_\_\_\_
      - Availability of APOWWs
        - o Specific hours only: \_\_\_\_\_
        - o Specific locations only: \_\_\_\_\_
        - o Other \_\_\_\_\_
      - · Who to contact for APOWW:
        - For public: contact info
        - o For hospitals: contact info

ii.	Forms  Link to SCOT form and local forms.
iii.	Detention Logistics
	a) Locations to Facility
	□ Local emergency rooms:
	<ul> <li>Name and contact info.</li> </ul>
	Specific mental health facilities:
	<ul> <li>Name and Contact info.</li> </ul>
	<ul> <li>Direct contact to check for bed availability:</li> </ul>
	□ Other:
	b) Transportation from Facility
	☐ To emergency room
	<ul> <li>Contact info (Police, EMS, SO, etc.)</li> </ul>
	☐ To mental health facility
	□ Upon Release

▶ B. Orders of Protective Custody

C. Court Ordered Mental Health Services

#### **Understand: Pilot Program Goals**

#### Resources/Input

- Checklist
- Template
- Technical Assistance
- Bench Books
- and other tools

#### **Activities**

• Pilot Program to determine if MH Law Plans are beneficial

#### Output

 MH Law Plans encourage collaboration, efficiency, costsavings, and accountability to county mental health law systems

#### **Outcome**

MH Law Plans will lead to fewer people with MI or IDD in the criminal justice system when diversion is possible and appropriate

## Benefits to the Pilot Counties

- -- Clarifies roles within counties
- --Streamlines complex MH processes
- --Provides access to FREE resources
- --Identifies MH best practices
- -- Creates accountability

#### Agenda

12:00 PM Welcome and Overview

12:10 PM Emergency Detention

12:40 PM OPC + Application for Court-Ordered Mental

**Health Services** 

1:00 PM AOT Courts

1:15 PM Involuntary Medications

## How familiar are you with Emergency Detentions?



- ☐ I have personally issued/ been involved in an Emergency Detention Process
- ☐ I have seen it done before / know the basics
- ☐ I am familiar with the concept
- □ I am completely new

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## How familiar are you with Emergency Detentions?

#### **Big Picture**

#### **3 Steps of Involuntary Commitment**



**Crisis Help** 

Get to the hospital for examination (& stabilization if needed)

Hold on

Stay in a safe place and receive treatment while we get to a final hearing. Hearings (Temporary and Final)

#### **Determines:**

- Inpatient / Outpatient
- Temporary / Extended

#### What is Emergency Detention?

What → Legal procedure to detain

**Vho** → a person experiencing a severe mental health crisis

**Vhy** → for a preliminary examination and crisis stabilization

#### Purpose of an Emergency Detention?

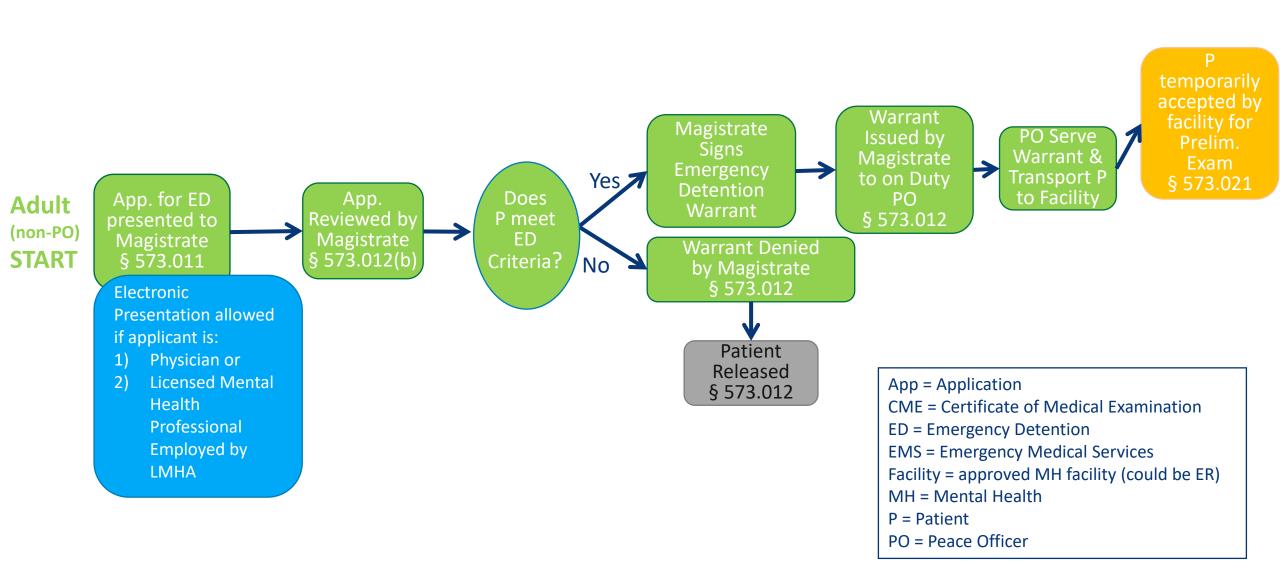
- → Keep a person from harming themselves or others.
- → Get someone to a facility for any necessary treatment.
- → Place the person in the <u>least restrictive</u>, most appropriate setting while safeguarding their legal due process rights.

## **Types of Emergency Detention**

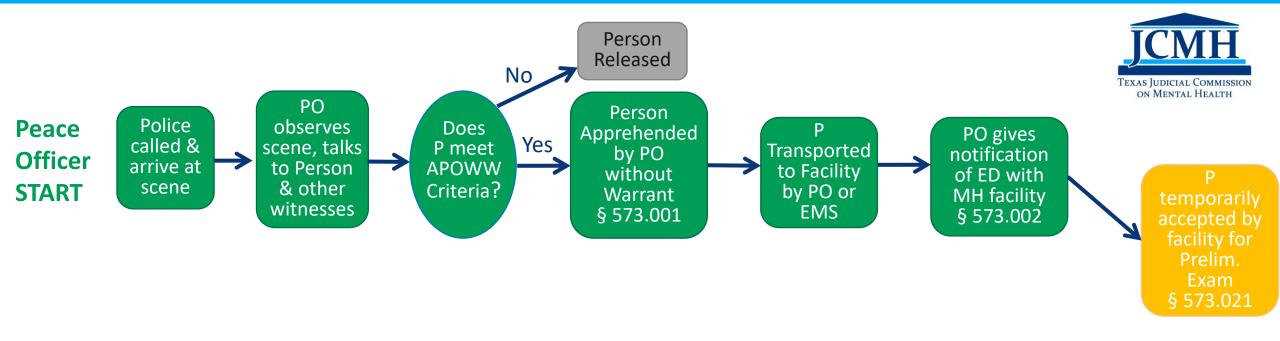


- 1. With a Warrant
  - Doctor or Licensed Mental Health Professional employed by LMHA
  - Any other adult
- 2. Without a Warrant Peace Officer
- 3. Without a Warrant Guardian

#### **Emergency Detention With a Warrant**



#### **Emergency Detention Without a Warrant (APOWW)**



App = Application

CME = Certificate of Medical Examination

ED = Emergency Detention

EMS = Emergency Medical Services

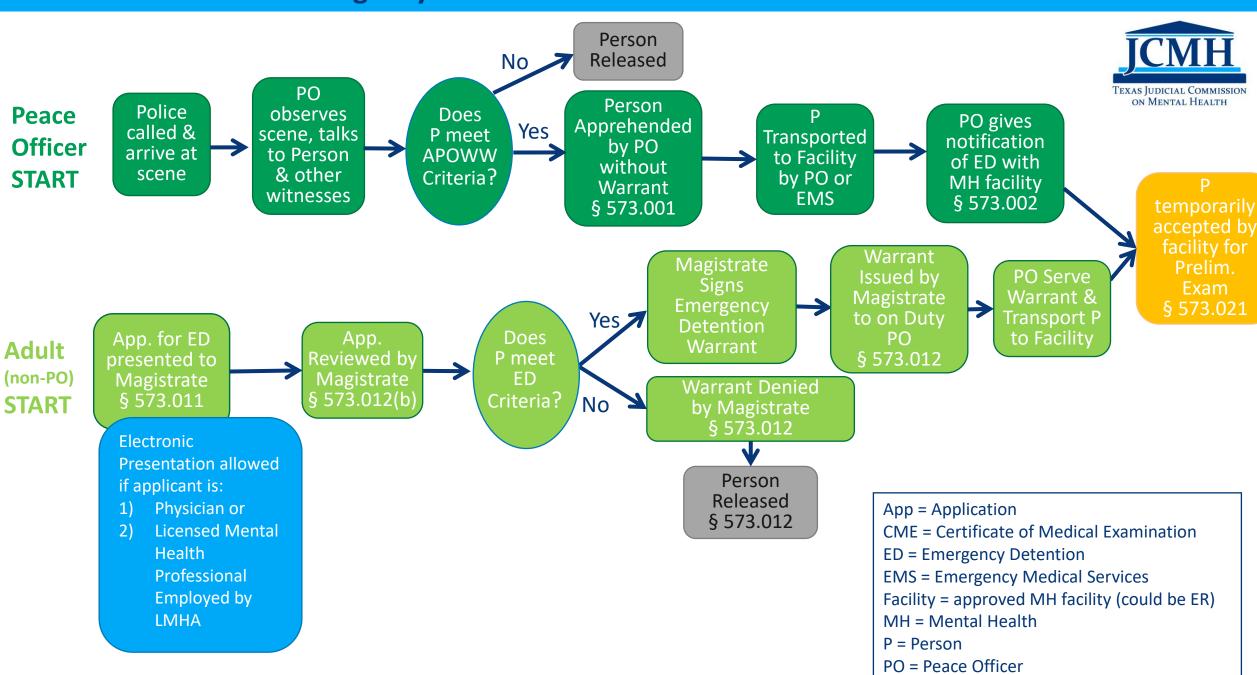
Facility = approved MH facility (could be ER)

MH = Mental Health

P = Person

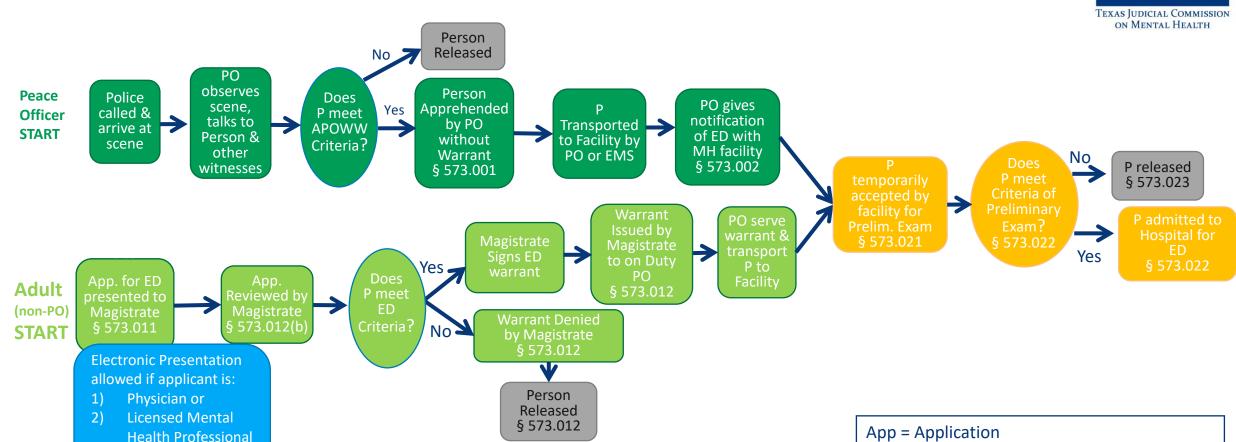
PO = Peace Officer

#### **Emergency Detentions –With and Without a Warrant**



#### **Emergency Detention Process**





**Employed by** 

**LMHA** 

CME = Certificate of Medical Examination

ED = Emergency Detention

EMS = Emergency Medical Services

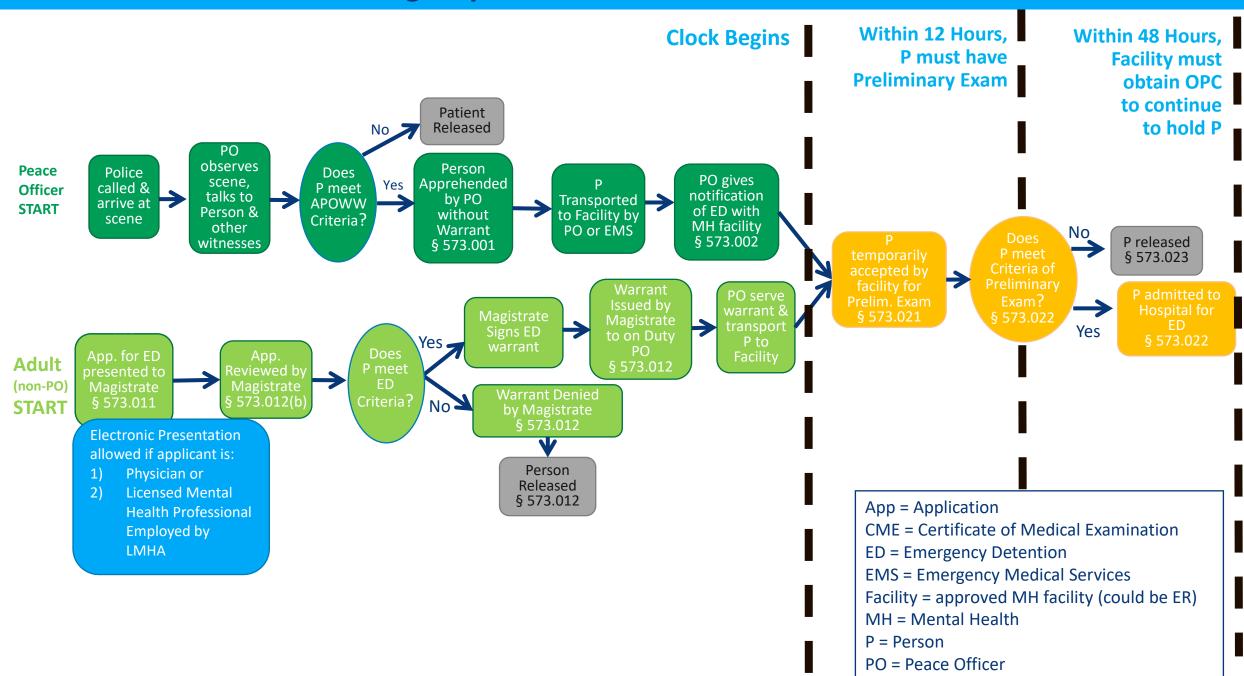
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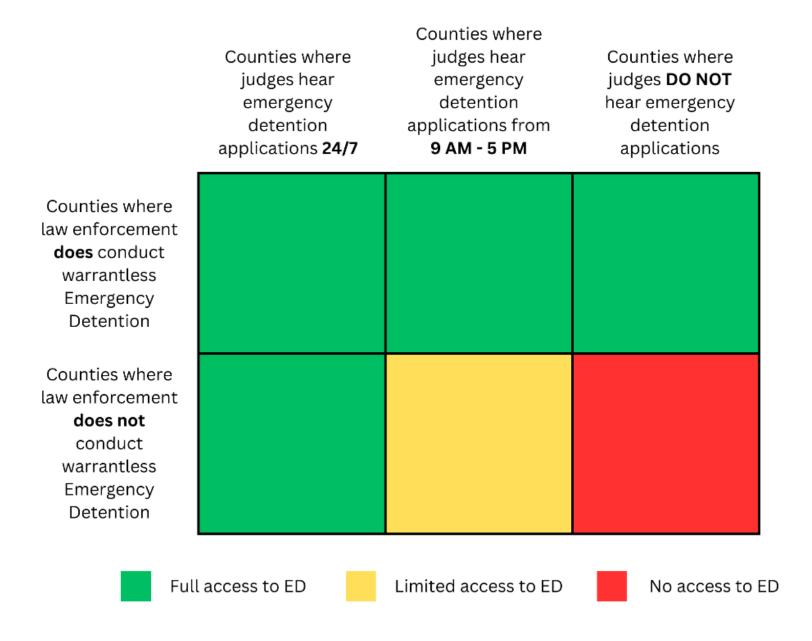
#### **Emergency Detention & Civil Commitment**



## Frequent Issues with Emergency Detentions

Judicial Police Hospital Across the Board

## Judicial / Court Issues



## OPCs (or PCOs) + Application for Court Ordered MH Services



#### What is it?

- An application is a request to the court to formally hold a commitment hearing.
- OPC is an order from the court that allows a MH facility to keep a patient in custody before the commitment hearing is held.

## OPCs (or PCOs) + Application for Court Ordered MH Services



#### **How does a OPC get granted?**

- A OPC gets temporarily approved through a CME and possibly finalized at a probable cause hearing. (PC hearing must be held within 72 hours)
- If probable cause is found, OPC is granted until hearing on commitment is held.

## OPCs (or PCOs) + Application for Court Ordered MH Services



#### What if they don't get an OPC?

- Patient is released
  - Possibly work with LMHA to create community safety plan
- Another Emergency Detention may not issue unless there are new facts

3/25/2024

- If PCO granted, Patient will remain detained until Final Hearing
- If PCO NOT granted, Patient must be released.
  - Either way a Final Hearing will be set for the next Court Date. (Mon/Thurs).
  - Psychiatrist must prepare 2nd CME stating that if not committed, patient will be in imminent risk of harm to self or others because of Mental Illness.



Fun fact: There is no definition for "psychiatrist"

## FINALHEARING

ON MENTAL HEALTH

- Physician must testify as expert witness
- Must prove by clear and convincing evidence that:
  - Patient suffering from a Mental Illness
  - Imminent risk of harm to self or others
  - Suffering from a severe and abnormal physical, psychological, and emotional distress and that because of that distress PT unable to function independently.
- Must be held within 30 days
- Patient must be committed before the court can order psych meds
- ✓ Once committed, facility will look into outpatient

## AFTER FINAL HEARING





MFDS





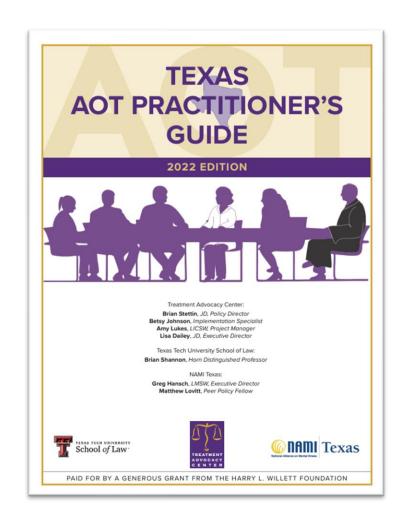
MODIFICATIONS AOT

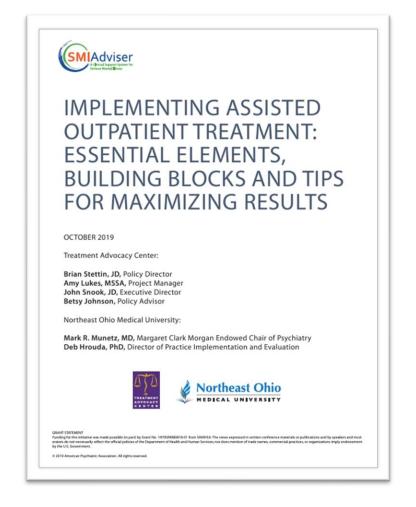




#### **AOT Courts**







#### **Court Ordered Medications (COMs)**



- ► Civil
- Criminal (under 46B—competency)

#### **Civil Court-ordered Medication (COM) Process**

Patient is refusing psychoactive medications.

Yes

 Respondent is under court order for inpatient MH services.
 OR

2. Respondent is in custody awaiting trial in criminal proceeding and was ordered to receive inpatient MH services in the last 6 months.

Yes

- State seeks med order in the Probate Court. Physician completes Appl. to Administer Meds. H&S 574.104.
- Physician MUST sign with statements from H&S 574.104
   (b).
- State, or treating physician on behalf of the state, may file Application for Court-Ordered Meds with Court with Probate Jurisdiction (574.105)

Coordinates Witnesses for Hearing

Court must find by Clear & Convincing Evidence that:

- Treatment with proposed medication is the best interest of the patient
- 2) The patient lacks the **capacity** to make a decision regarding the administration of the proposed medication

or

factors in 574.106(b).

Yes

- 2) if the patient was ordered to receive inpatient mental health services by a criminal court with jurisdiction over the patient, and either:
  - A. the patient presents a danger (see H&S Code 574.1065) or
  - B. the patient:
    - i. Presents a dangerAND

ii. has **remained confined in a correctional facility for a period exceeding 72 hours** while awaiting transfer for competency restoration treatment

CAPACITY STANDARD

OR Court holds Hearing 574.106

**Probate** 

Within 30 days of application

DANGEROUSNESS STANDARD

COMs Denied

No

Court shall consider



**COMs Granted** 

under H&S Code

#### **Contact Information**

Kristi Taylor, Executive Director, JCMH

Kristi.taylor@txcourts.gov

Kama Harris, Staff Attorney, JCMH

Kama.Harris@txcourts.gov



**Daniela Chisolm**, Sr. Trial Attorney, El Paso County Attorney's Office d.chisolm@epcounty.com

















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