Instructor Resource Guide

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Mental Health Officer

Course ID# 4201

Certification Course

Created: April 2022

ABSTRACT

This class is designed to certify an individual to be a statewide resource as a mental health officer (MHO), per Texas Occupations Code 1701.404, and the TCOLE Rule §221.11. An MHO assists responding law enforcement officers determine, if and what, actions can be taken regarding the individual(s)’s 4th Amendment rights, due to the individual(s)’s incapacitation caused by their mental health crisis. This course certifies an individual on how to identify applicable situations for intervention, appropriate local resources for the demographics of the jurisdiction, and best practices on building resource/community connections.

This course does not certify the applicant as a mental health care expert or mental health care service provider. This class is to achieve a voluntary and elite designation. The requirements to achieve this elite and voluntary designation reflect the gravity of the duties.

Instructor Resource Guide:

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit.

* A qualified instructor shall develop the IRG into a lesson plan that meets their organization and student needs.

*Please note: It is up to each Academy and/or Training Contract Provider to create a lesson plan based on the requirements outlined in the IRG for a particular topic*.

**Lesson Plan:**

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

* The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
* Any activity that is ***suggested*** is just that, an example or suggestion, and is not mandated for inclusion.
* Anything that is ***required*** must be included in the instructor’s lesson plan.

**Note to Trainers:**

**It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at** [**www.tcole.texas.gov**](http://www.tcole.texas.gov) **for edits due to course review.**

**Student Prerequisites (TCOLE Rule §221.11):**

|  |
| --- |
| 1. To qualify for a mental health officer proficiency certificate, an applicant must meet the following requirements:    1. currently appointed as a peace officer, county jailer, or justice of the peace;    2. at least two years' experience as a peace officer, county jailer, or justice of the peace;    3. if not currently a commissioned peace officer or county jailer, an applicant must meet the current enrollment standards;    4. if an applicant is a commissioned peace officer or county jailer, an applicant must not ever have had a license or certificate issued by the commission suspended or revoked;    5. if an applicant is a commissioned peace officer or county jailer, an applicant must have met the continuing education requirements for the previous training cycle;    6. successful completion of a training course in emergency first aid and lifesaving techniques (Red Cross or equivalent); and    7. successful completion of the current mental health officer training course and pass the approved examination for mental health officer proficiency. 2. The effective date of this section is January 14, 2010. |
|  |

Additionally, the student must have taken:

* De-escalation (TCOLE Course #1849) **AND**
* Crisis Intervention Training (TCOLE Course #1850) **OR** Mental Health for Jailers (TCOLE Course #4900)

Please note: Peace officers who completed the Basic Peace Officer Course after 2019 (BPOC 1000667, 1000696, 1000720), will have both 1849 and 1850 and meet the enrollment requirements.

**Instructor Prerequisites:**

* A mental health professional (actively in the mental health field, not just by education) with 2 years experience working with law enforcement.

**OR**

* A person who holds a Mental Health Officer certification who is actively involved with clinical mental health, mental health advocacy, and/or mental health education.
  + Due to fact that the environment in law enforcement is continuously evolving,

if not actively participating in the MHO responsibilities at some level, the experience and expertise becomes outdated.

**Length of Course:**

* Twenty-four (24) hours, minimum.

**Instruction Delivery:**

* In-person

**Assessment:**

* Training providers are responsible for documenting student assessments.
* Instructors are responsible for the mastery of all objectives in this course using various testing assessment opportunities.
  + The assessment questions for this certification course are provided at the end of this instructor resource guide. TCOLE has included 22 questions for the exam. We suggest the assessment should be a minimum of 20-questions for a 24-hour course.
* The minimum passing score shall be 80%.

1. Background and Context

**KNOWLEDGE CHECK**: Prior to beginning Unit One, a knowledge check is required.

* Before the introduction of any student learning objectives, the instructor is charged with creating and administering a knowledge check based on prerequisite De-Escalation and Crisis Intervention Training classes.
  + The goal is to make sure the students have a firm understanding of the principals taught in the prerequisite courses.
* Suggestions of ways to address this requirement:
  + A pre-test sent out to applicants prior to their attendance.
  + Pop quiz prior to beginning course content.
* How the knowledge check is administered, as well as the content reviewed in the knowledge check, is up to the organization as they design their version of the course.
  1. Categorize the responsibilities of a Mental Health Officer (MHO).
     1. **The MHO is a statewide resource designation, with MHOs specializing in information that pertains to their jurisdiction. By achieving this certification, the individual volunteers to be a resource within their jurisdiction. Successful completion of the course means offering informational services to all law enforcement (Peace Officers, County Jailers, and Telecommunicators) and Justices of the Peace.**
        1. **How the MHO is used varies widely across the state.** 
           1. **Some MHOs will be deployed to active scenes and be used on site.**
           2. **Other MHOs will always be a phone resource, someone on call to receive requests from responding officer(s) who are on scene, and they will be charged with assisting the responding officer(s) remotely.**

**SUGGESTED ACTIVITY:** Pre-Test knowledge application

* This particular activity is not required; the presenting organization should use an activity that best meets the needs of their students.
  + The presenting organization is encouraged to add additional illustrative activities throughout the course. The activities listed are the minimum number of activities.
* The goal is for the MHOs to practice the skills they theoretically proved from the pre-test.
* Remote crisis intervention and de-escalation tactics role-play and scenarios.
* If possible, have actual body cam/phone recordings of scenarios from the region/jurisdiction.
  1. Define the role of the MHO.
     1. **The MHO should primarily provide information (virtually/via an on-the-scene officer if not physically able to be present) to the officers attending to the individual(s) in a mental health crisis.**
        1. **Asking questions, answering questions, providing resources, and making recommendations. (See Appendix A for resources that have many examples of these kinds of questions and strategies.)**
           1. **Initial responding officer(s), the MHO, or other support on the scene can take point directly interacting with the individual(s) experiencing the suspected mental health crisis.**

**The MHO provides the information. The MHO is capable of taking over, but most of the time it will be the responding officers directly handling the individual in crisis, and it is up to the responding officer to request the assistance of the MHO.**

* + - * 1. **MHOs must get with their chain of command to best understand how their jurisdiction is utilizing this role.**

**Some jurisdictions use MHOs purely as remote informational resources, others deploy them to active scenes.**

* + - 1. **Making and maintaining a Mental Health Officer (MHO) Resource Guide.**
  1. Define the role of law enforcement as it relates to mental health.
     1. **Protect and serve, not to diagnose and treat.**
        1. **Law enforcement identifies that a mental health crisis is occurring and works to get the individual(s) in crisis to the appropriate resources.**
        2. **To protect and serve both the individual in crisis as well as those they are impacting.**
        3. **Law enforcement does not diagnose or provide any kind of healthcare, including mental health.**

**BEST PRACTICE**: If the responding officer has a suspicion an individual is experiencing a mental health crisis, the officer must always work with the assumption it is.

* 1. **Differentiate the three roles that are allowed to hold the MHO designation.**
     1. Peace Officer – active in the community, mobile, most flexible of the three on what they can do to help in crisis situations; as well as being able to follow-up with people to assist with continuity of care and attaining the resources they need. Able to assist justices of the peace with emergency detentions.
     2. County Jailer – regularly interacts with people with mental illness for longer periods due to incarceration, making county jailers a valuable source of information. County jailers may assist in treatment options/crisis stabilization of inmates through rapport building.
        1. See Appendix B for a copy of the county jailer “Screening Form for Suicide and Medical/Mental/Developmental Impairments” intake form used for mental health assessments.

**BEST PRACTICE**: The “Screening Form for Suicide and Medical/ Mental/Developmental Impairments” intake form for county jailers (Appendix B) is filled out by the county jailer for every individual at intake. It is considered a best practice to keep an up-to-date version of this form in the MHO Resource guide. The MHO should be prepared to assist the county jailer obtain the information to fill out this form. This helps get the person in crisis the proper help they need.

* + 1. Justice of the Peace – usually contacted by a person on someone else’s behalf. They are at a disadvantage because they must attempt to decide if someone is in crisis based solely on third-party information. (Please see Appendix A for a link to the Justice of the Peace Bench Book on mental health.)

**BEST PRACTICE**: The Justice of the Peace Bench Book on mental health is issued to all new justice of the peace at appointment, and it is written for lay people to understand the complex laws and requirements of dealing with mental health as it intersects with law enforcement. It is considered a best practice to keep an up-to-date version of this bench book in the MHO Resource Guide. (Please see Appendix A.)

* 1. Distinguish the difference between an MHO and other mental health/law enforcement roles in the state of Texas.
     1. Crisis Intervention Team
     2. Local Mental Health Authority (LMHA)

**SUGGESTED EXERCISE: Learning Objective 1.5**

* **Have students research and properly identify the LMHA, CIT Coordinators, and fellow MHOs in the potential MHOs jurisdiction.**
  1. Assemble information an MHO is expected to provide.
     1. **Creation of the MHO Resource Guide.**
        1. **The MHO Resource Guide should include all legal information regarding mental health crisis intervention as it intersects with law enforcement:**
           1. **It has four (4) mandatory areas to be considered an MHO Resource Guide:**

**Legal considerations that are directly impacted by mental health.**

**Demographics of the officer’s jurisdiction.**

**Local resources for each of the identified demographics in the respective MHO’s jurisdiction.**

**Mental Health Crisis Symptom Identification aids as well as de-escalation techniques.**

**BEST PRACTICE:**  **Maintaining MHO Resource Guide:**

* **Legal statutes section should be reviewed every time legislative updates are issued.**
* **Resource and jurisdictional demographic sections should be reviewed and contacted every six months, partially due to turnover at the resource.** 
  + **Memorandums Of Understanding (MOUs) should be audited prior to reaching out to community resources. (See Section 2.4 for more information on MOUs.)**
* **Crisis Response Section should be reviewed every two years.**
  1. ****Distinguish**** what is NOT the role of the MHO or the responding officer.
     1. **The MHO is only a resource on the law, as it intersects with law enforcement and mental health, and the resources available to an individual experiencing a mental health crisis. Neither the responding officer nor the MHO should ever be presented as a mental healthcare professional. Neither the responding officer nor the MHO should ever attempt to diagnose or treat anyone.**

**REQUIRED EXERCISE: Building Unit 1 Mental Health Officer Resource Guide**

* **Begin to build the MHO Resource Guide.**
  + **The student must present their final project, their version of the MHO resource guide, to the instruct/training to receive full certification in this course.**
  + **How the student builds their guide and what the instructor will accept to meet this requirement is up to the organization putting on the course.**
* **Students should build the MHO roles and responsibilities section of their Resource Guide.**

1. Legal Responsibilities
   1. **Define the mental health officer role in legal terms.**
      1. Occupations Code 1701.404
         1. Originally established in 1993, the provision for Certification of Officers for Mental Health Assignments under Occupations Code 1701.404 was expanded in 2009 to include justices of the peace.
      2. Texas Commission on Law Enforcement's Rule §221.11
   2. Specify the legal steps following a mental health crisis.
      1. Texas Code of Criminal Procedure 16.23
      2. [Texas Health and Safety Code, Title 7, Subtitle C, Chapter 573](https://statutes.capitol.texas.gov/Docs/HS/pdf/HS.573.pdf)
         1. **Subchapter** A**lists the appropriate steps in the apprehension of a person suffering from a mental health crisis, as well as the transportation for emergency detention by guardian.**
         2. **Subchapter** B **applies to magistrates or justices of the peace in relation to emergency apprehension and detention.**
         3. **Subchapter** C**describes emergency detention, release, and the rights of the person apprehended.**
   3. Specify the legal rights of person(s) identified as suffering from a mental health crisis.
      1. Texas Health and Safety Code, Title 7, Subtitle C, Chapter 573.
         1. **Lays out the exact information the individual in crisis should be informed of following apprehension, transportation, and possible evaluation.**
      2. Texas Health and Safety Code, Title 7, Subtitle C, Chapter 571.003.
         1. Provides definitions needed to fully understand and implement laws related to mental health.
         2. Gives guidance on authority as it relates to mental health and intellectual and developmental disabilities.
         3. It is important to note the difference between regular mental health issues and a mental health crisis.
            1. Example: if someone is drunk and they are being arrested for public intoxication, but there is no apparent crisis, none of these laws are triggered.

**BEST PRACTICE: Explaining available resources**

* If working remotely with a responding officer, the MHO is a resource for the responding officer, not the person in crisis.
* If the MHO is responding in person, they can (but do not have to) take point, and work to help determine what services are applicable for the individual(s) experiencing the mental health crisis.
  + It is important to re-emphasize that MHOs are NOT to diagnose a person with a mental health issue. They are there to provide resources and legal information to the person or patient if present on scene.
    1. Texas Health and Safety Code, [Section 574.045](https://statutes.capitol.texas.gov/Docs/HS/htm/HS.574.htm#574.045)
       1. **Describes in detail the appropriate actions to take when transporting a person suffering from a mental health crisis.**
    2. Texas Health and Safety Code, [Section 576.021](https://statutes.capitol.texas.gov/Docs/HS/htm/HS.576.htm#B)
       1. **Refers to the rights of a person or patient relating to treatment.**
       2. **The MHO will act as the liaison between a resource and the patient.**
       3. **The MHO will provide the steps following apprehension and legal rights triggered by the identified mental health crisis.**

****KNOWLEDGE CHECK**: Student learning objectives 2.1, 2.2, and 2.3**

* **There is a required knowledge check at this time, below is an example of the kind of knowledge check activity that can be done.**
* **Suggested activity: Jeopardy! MHO: Legal Edition**
  + **The instructor can create categories and questions based on the student learning objectives in Unit 2.**
  + **Split the class into three or four teams. Have each team work together to correctly identify the actions the laws dictate the officers take.**
  + **The team with the most points once all categories and questions are cleared – wins.**
  1. Interpret the legal function of a Memorandum of Understanding (MOU).
     1. According to Black’s Law Dictionary: Memorandum of Understanding (MOU) is two or more parties expressing mutual accord on an issue as stated on this type of document.
     2. Texas Health and Safety Code, Section 573.005, addresses the legal requirements of MOUs and when they are required and what they must contain.
     3. Practical application of MOUs:
        1. Usually initiated from the bottom up to solve a problem. Traditionally they are approved by chiefs, commissioners, city council, or mayor.
        2. Informal, just a memo to share information, resources, parking, office space, vehicles, surplus property, certain funds (like auction proceeds, grants, or gifts), etc.
     4. MOUs are only housed within the organizations that participate in them. It is up to the MHO to work to identify any relevant existent MOUs within their jurisdiction.
        1. This is done through networking and research by the MHO.
     5. MHO responsibilities regarding MOUs.
        1. The MHO must work with their organization to become aware of what policies there are and what MOUs currently exist. If the agency does not currently have any MOUs, the MHO should consult their chain of command to find out who has the authority to enter into these kinds of agreements at their organization.
        2. The MHO must know what MOUs are in place, with what agencies, and what the MOU entails.

**KNOWLEDGE CHECK**:  **Student learning objective 2.4**

* **The goal is to make sure the usage and application of MOUs are understood.**
* **There is a required knowledge check at this time, below is an example of the kind of knowledge check activity that can be done.**
* ****Suggested** activity: Student’s write a mock MOU proposal for their chain of command to review.** 
  + **The instructor provides an example of an external resource with whom the MHO might want to have an MOU.**
  + **The instructor should provide a scenario that might necessitate an MOU.**
  + **The student will then develop their own mock MOU proposal to put forth to their chain of command for approval.**

**REQUIRED EXERCISE: Building Unit 2 Mental Health Officer Resource Guide**

* During this portion of the MHO Resource Guide building exercise, the student should build the legal considerations and responsibilities section.
  + It is recommended as a best practice to keep a record of all applicable MOUs in the MHO Resource Guide.

1. Resources and Networking
   1. Analyze the dominant population of the area the MHO will be most active.
      1. The MHO is charged with identifying the macro demographics in their jurisdiction and surrounding area. This can be done through several avenues:
         1. The U.S. Census, internal/departmental statistics, county records, and/or paid data sources such LexisNexis or WestLaw (if the learner’s organization has a contract with them).
            1. The goal is to identify the resources that will likely be deployed most frequently based on the demographics of the area the MHO will service.

A MHO in Harris County will have very different demographics than the MHO in Brewster County.

* + - * 1. Should include resources for any dependents of the individual experiencing the mental health crisis.

Examples include, but are not limited to, minors, adults with disabilities, senior citizens, etc.

* 1. Analyze the subset population within the area the MHO will be most active.
     1. Smaller population groups will vary from jurisdiction to jurisdiction.
        1. Examples of minority groups to look for including, but not limited to:
           1. Uninsured vs insured
           2. Law enforcement personnel
           3. Military personnel vs veterans, etc.
           4. Citizen vs non-citizen
           5. Religious minority groups or cultures
     2. Taking time to understand the minority groups needs allows an officer to address the needs of the individual more efficiently and effectively in crisis when a one-off occurrence happens.
        + 1. I.e., a female from a very conservative religious culture, such as a fundamental practitioner of the Church of Jesus Christ of Latter-Day Saints or a member of an Ultra-Orthodox Jewish sect, may need to only be handled by female responding officers, or may be unwilling to be seen by male doctors at the receiving facility.
          2. Military personnel/veterans experiencing a mental health crisis have many more resources available to them than non-military citizens.

**REQUIRED EXERCISE: Continue building Unit 2 Mental Health Officer Resource Guide**

* Required MHO Resource Guide building exercise.
* During this portion of the MHO Resource Guide building exercise begin to build the demographics section.
  1. Analyze credible resources.
     1. Research credible resources that individual(s) in a mental health crisis can be referred to.
        1. To be considered credible, the resource should have state and/or federal credentials to work in mental health and crisis work.
        2. Examples of resources to look for including, but not limited to:
           1. Local Mental Health Authority (LMHA)
           2. Mental health facilities (not just hospitals/emergency rooms)
           3. Facilities for the chronically mentally ill or homeless
           4. Religious support groups that have been certified in crisis work
           5. Emergency housing, food, and clothing options
  2. Demonstrate techniques to network with identified potential resources.
     1. Research before reaching out
        1. Prior to calling on a resource, the MHO should have done full due diligence:
           1. Are there other MHOs in this jurisdiction? Has this resource already been developed by someone else?

All MHOs in a jurisdiction should work together and share resources.

When a new MHO enters a jurisdiction, it is ideal to coordinate with other regional MHOs that operate within the same jurisdiction.

* + - * 1. Who is the best contact for building a relationship at this potential resource?

The head doctor, a nurse in charge of a shift, an administrator, or someone else?

Why is the MHO approaching this resource?

How would the MHO want to use the resource? What does an ideal version of this relationship look like?

* + 1. Ready to reach out: The goal of initial contact is to secure a face-to-face meeting (not to secure the relationship, yet).
       1. Telephone etiquette for networking
          1. Possible example: no command presence, people can “hear” a smile.
       2. Email and written correspondence
          1. Possible example: B.L.U.F. – Bottom-Line Up-Front theory

**SUGGESTED ACTIVITY:** Student learning objective 3.4B

* **Suggested** activity: Practice writing an outreach email in class.
  + Research a possible resource, identify a possible contact, and practice drafting an introductory email in class.
  + The email should have the goal of gaining a face-to-face meeting to see if the organization might be a good fit to be resource for the MHO’s jurisdiction.
    - 1. Knocking on doors
         1. Be prepared with questions, be polite, bring business cards.
         2. Be ready for door keepers. Be ready for “no”. Many medical practices are approached daily by salespeople and others trying to gain access to their decision makers. They hire unofficial gate keepers to turn people away. The MHO must be ready to overcome these built-in obstacles.
    1. Meeting etiquette
       1. Try to make it as convenient as possible for the potential resource, allow them to choose as much as possible about the meeting: time, place, etc.
       2. Ask probing questions about the resource to best understand their needs and wants from a partnership with the MHO.
          1. Examples (not limited to):

How does this resource work?

What does the resource need to assist law enforcement?

What are the resource’s needs at in-take?

What are next steps after in-take?

What can the MHOs partnership do for the resource organization?

What value can the MHO bring to the resource?

* 1. Identify the most common obstacle to building relationships with resources.
     1. The most common obstacle to successfully developing a new resource is bad prior interactions with law enforcement.
        1. A commonly expressed feeling from mental health resources is law enforcement simply uses the resource to get rid of someone they did not want to deal with, i.e., playing “hot potato” with problematic individual(s).
  2. Define how to overcome the most common obstacle to building a relationship with resources.
     1. Be a conscientious partner, make sure to check on the resources’ needs and expectations.
        1. Resources are partners not dumping grounds – if the responding officer does not want to deal with it, the resources probably do not want too, either.
        2. Use the right resource, at the right time, and for the right reason.
           1. Example: A chronically homeless individual would gain more from a resource that specializes in helping individuals with chronic mental illness and housing issues than a hospital emergency room.
     2. Setting aside command presence
        1. When reaching out to possible resources for development it is paramount to work to set aside command presence.
           1. The individuals the MHO will be working to cultivate are outside of the command structure. The resources have committed no infraction.
           2. Command presence is about asserting rightful authority.
        2. Asking vs commanding when building relationships
           1. Asking creates a reciprocal environment.
           2. Asking creates open communication so all parties can best meet the need of an individual in crisis as well as having their organizational needs met.

**REQUIRED EXERCISE: Building Unit 3 Mental Health Officer Resource Guide**

* Required MHO Resource Guide building exercise
* During this portion of the MHO Resource Guide building exercise, the student should build the resource section.
  + Best practice: Have a subsection of the resources that are being cultivated but are not yet fully secured.
  1. Facilitate networking within the MHO’s jurisdiction.
     1. MHOs are responsible for notifying all law enforcement and justices of the peace in their jurisdiction of their services.
        1. There are many ways of achieving this and should be as diverse as the MHOs in the course.

**BEST PRACTICE:**

* Always coordinate with the chain of command on the best way to disseminate MHO related information within the jurisdiction.
* Once an approved method from the MHOs chain of command is established, the MHO should reach out to all law enforcement and justice of the peace jurisdictional partners at least once every six months.

**REQUIRED EXERCISE: Building Unit 3 Mental Health Officer Resource Guide**

* Required MHO Resource Guide building exercise
* During this portion of the MHO Resource Guide building exercise, the student should build the law enforcement networking sub-section of their resources portion of the MHO guide.
  + It should include all information about extant relationships as well as track potential resources that are still being developed.

**KNOWLEDGE CHECK:** Student learning objective 3.7

* Required knowledge check exercise on networking practical skills exercise
* **Suggested** knowledge check exercise: Phone call etiquette boot camp.
  + Once students have identified potential resources, the students create a contact list from the information they have gathered.
  + Use the list of identified potential resources created in the previous activity as a contact list.
  + Confirm the potential resources have not already been developed as a resource with the appropriate chain of command.
  + The goal is to secure a meeting to see if this is an organization that will make a good partner. The goal is not to secure the relationship yet.
  1. Organize a resource networking meeting.
     1. Have a plan, be ready to deviate.
        1. The MHO should know what they are trying to achieve with a meeting, prior to asking for a meeting.
        2. When asking for a relationship, it must be reciprocal. Understand the MHO is going with their hand out.
           1. The resource may have asks that were not anticipated. Be ready with how to handle these asks that are outside of the MHO’s authority.

Only say no if necessary. Try to be accommodating to the potential resource when possible.

Not all resources are the right resource. It is not a failure if a relationship is not a good fit for the MHO/jurisdictional needs and capacities.

The MHO should be continuously vetting the resource throughout the interview and onboarding process.

* 1. Plan how to onboard a resource.
     1. MHOs are responsible for managing all aspects of the relationships they develop with their resources. How they manage the relationship can be impacted by (not limited to):
        1. Organization, agency, and chain of command preference
        2. Possibly local laws
     2. MOUs are drafted to make a loose agreement between the parties.
     3. No agreements should be entered into without proper chain of command approval.
  2. **Describe how to maintain relationships with resources.**
     1. MHO should act as a gatekeeper to their resources:
        1. Resources are hard to develop, and it is best to have limited points of contact for the resource once a relationship is developed.
        2. Anytime a resource is referred out, the MHO should ideally follow up with both the initial responding officer and the resource.
        3. The goal is to make sure:
           1. The individual in crisis got the care they needed.
           2. The relationship with the resource was maintained.
           3. The responding officer got the assistance they needed from the MHO.

# COURSE REFERENCES

Brister, PhD., LPC, Teri. “Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency (NAMI).” *Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency (NAMI) | Care Guides*, 1 Jan. 2018, <https://careguides.med.umich.edu/navigating-mental-health-crisis-nami-resource-guide-those-experiencing-mental-health-emergency-nami>.

“Library for Texas Judicial Commission on Mental Health.” *TexasJCMH*, <http://benchbook.texasjcmh.gov/index>.

“Interactions with Individuals with Intellectual and Developmental Disabilities\*.” *International Association of Chiefs of Police*, <https://www.theiacp.org/resources/policy-center-resource/intellectual-and-developmental-disabilities>.

“One Mind Campaign.” *International Association of Chiefs of Police*, <https://www.theiacp.org/projects/one-mind-campaign>.

“Responding to Persons Experiencing a Mental Health Crisis.” *International Association of Chiefs of Police*, <https://www.theiacp.org/resources/policy-center-resource/mental-illness>.

Definition of Experts (Black's Law Dictionary).” *The Law Dictionary*, 9 Nov. 2011, <https://thelawdictionary.org/experts/>.

“What Is Memorandum of Understanding (MOU)? Definition of Memorandum of Understanding (MOU) (Black's Law Dictionary).” *The Law Dictionary*, 19 Oct. 2012, <https://thelawdictionary.org/memorandum-of-understanding-mou/>.

**Appendix A**

**Supplemental Resources:**

International Association of Chiefs of Police have a resource center for providing guidance to law enforcement officers when responding to or encountering persons experiencing a mental health crisis/individual with intellectual and developmental disabilities.

[Responding to Persons Experiencing a Mental Health Crisis (theiacp.org)](https://www.theiacp.org/resources/policy-center-resource/mental-illness)

[Interactions with Individuals with Intellectual and Developmental Disabilities\* (theiacp.org)](https://www.theiacp.org/resources/policy-center-resource/intellectual-and-developmental-disabilities)

The Judicial Commission on Mental Health provides two comprehensive and easy to use bench books. Even with variations in resources, options, and local practices, the statutes discussed in these bench books provide a baseline for procedures aimed at identifying and addressing the needs of persons with mental health challenges or Intellectual Developmental Disabilities (IDD).

[Bench Books | Texas Judicial Commission on Mental Health (texasjcmh.gov)](http://texasjcmh.gov/publications/bench-books/)

**Appendix B**

**Intake form for County Jailers**

The Texas Commission on Jail Standards created and maintains the Screening Form for Suicide and Medical/ Mental/Developmental Impairments intake form for county jailers. This form is required for every individual at intake.

[Home - Texas Commission on Jail Standards (state.tx.us)](https://www.tcjs.state.tx.us/)

<https://www.tcjs.state.tx.us/wp-content/uploads/2019/08/ScreeningForm-SMMDI_Oct2015.pdf>

**Appendix C**

**A Community Support Guide for Alternatives to Impatient Mental Health Treatment**

The Texas Health and Human Services created and maintains this guide. The purpose is to educate public partners of the Health and Human Services Commission to better understand mental health care in Texas. This guide provides information regarding the services available across the state and the organizations that can help connect people to those resources.

<https://www.hhs.texas.gov/sites/default/files/documents/services/mental-health-substance-use/community-suport-guide-alt-inpatient-mh-treatment.pdf>.

**Question Bank:**

1. Mental Health Officers are responsible for being a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resource.
   1. Local only
   2. Regional only
   3. National
   4. **Statewide**
2. Fill in the blank: List the three roles that are allowed to hold the MHO designation:

Peace Officer

County Jailer

Justice of the Peace

1. Which is not one of the four mandatory areas of the MHO Resource Guide?
2. Legal Considerations
3. Demographics within a jurisdiction
4. **Racial psychological profiles**
5. Local Resources
6. Mental Health Crisis Symptom Identification aids
7. What is not one of the four ways a Mental Health Officer can assist other officers on calls (in person/remotely) with individuals in mental health crisis:
8. Asking Questions
9. Answering Questions
10. **Taking control of the individual in crisis**
11. Providing Resources
12. Making Recommendations
13. The role of law enforcement as it relates to mental health is:
    1. To diagnose mental illnesses.
    2. To judge a person for not taking their medication properly.
    3. **Protect and serve both the individual in crisis as well as those they are impacting.**
    4. Become a mental health professional to do both jobs.
14. Which of these is a responsibility of a MHO?
    1. MHO is a mental healthcare professional.
    2. MHO is responsible for the diagnosis of a subject experiencing a mental health crisis.
    3. MHO is responsible for locating an inpatient service provider for an individual in custody for an emergency detention.
    4. **MHO is a local resource on the law and how it intersects with the local mental health system.**
    5. None of the above.
15. (True/**False)** One MHO should hold all the resources for one area and disseminate as they see fit.
16. (**True**/False) If the responding officer has a suspicion that an individual is experiencing a mental health crisis, the officer should always work with the assumption that it is.
17. (True/**False**) The role of the MHO is to diagnose individuals experiencing a mental health crisis.
18. Local Mental Health Authority (LMHA) can be described as:
    1. The largest hospital an area.
    2. An association of local non-profits.
    3. **An entity with a specified region responsible for planning, policy development, and allocation of mental health services.**
    4. The entity that establishes laws and city ordinances.
19. (True/**False**) A Memorandum of Understanding (MOU) is required to transport an individual in a mental health crisis to an approved resource.
20. MOUs are usually approved by the following entities, EXCEPT:
    1. City Council
    2. **Responding Officers**
    3. Chiefs of Police
    4. Commissioners
21. The Code of Criminal Procedure, Article 16.23, requires:
    1. All officers must arrest any subject that violates a statute in the Penal Code that is in their presence, regardless of an indication of a mental health crisis.
    2. All officers may arrest a subject that commits a non-violent misdemeanor in their presence if the person is suffering from a mental health crisis.
    3. **All officers must attempt to divert a subject experiencing a mental health crisis that has committed a non-violent misdemeanor that also does not fall under Chapter 42 of the Penal Code.**
    4. All officers have discretion whether to arrest for any offense in the Penal Code.
22. According to a Health and Safety Code 573.001, Apprehension by Peace Officer Without Warrant, there are three criteria to meet the standards of emergency detention. Which of the following is NOT one of those criteria?
    1. Believes the person is a person with mental illness.
    2. Because of that mental illness there is a substantial risk of serious harm to self or others unless immediately restrained.
    3. There is not enough time to obtain a warrant.
    4. **The individual was posing no immediate threat to themselves or others.**
23. Which of the three options may a peace officer not form the belief that a person meets criteria for warrantless apprehension based on:
24. Representation of a credible person.
25. The conduct of the person or the circumstances under which the person is found.
26. **A third party insists the individual is experiencing a mental health crisis, and their testimony is the only evidence.**
27. Which of the following is not one of the four requirements for an individual to be detained under Health and Safety Code 573.003, Emergency Detention:
28. Suffering from a mental illness
29. Substantial risk of harm to self or others
30. Must be immediately detained
31. There is no time to obtain a warrant
32. **A third party says that this is a mental crisis**
33. During an emergency detention a preliminary evaluation is required by a physician, for this purpose physician is defined as following, EXCEPT:
    1. Person licensed to practice medicine in this state.
    2. Person employed by a federal agency who has a license to practice medicine in any state.
    3. Person authorized to perform medical acts under a physician-in-training permit at a Texas postgraduate training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board.
    4. **Person with a license to practice medicine in New York, Florida, or California.**
34. What is an appropriate amount of restraint to use on a patient in mental health crisis?
    1. Any force necessary to subdue the subject and make suer all laws are upheld at all costs.
    2. The officer should never handle an individual in a mental health crisis. Only medical professionals should restrain an individual in mental crisis.
    3. **The restrain should be no more restrictive of the patient's physical or social liberties than is necessary to provide the patient with transportation to the most effective treatment and to protect adequately against any danger the patient poses to himself or others.**
    4. All of the Above
35. What is the goal of Texas Health and Safety Code, Section 571.002?
    1. To establish a clear chain of custody for individuals in crisis.
    2. **To provide to each person having severe mental illness access to humane care and treatment.**
    3. To teach an officer how to assess the mental health of an individual prior to giving access to mental health care.
    4. The steps to certify an officer as a mental health professional.
36. If an emergency detention is about to expire before the filing of an OPC, can another emergency detention be filed? (Yes/**No**)
37. The following are all examples of subpopulation demographics (but not limited to) to identify for inclusion in an MHO Resource Guide, EXCEPT:
    1. Uninsured
    2. Law Enforcement Personnel
    3. Military Personnel
    4. **Insured Citizen**
    5. Non-citizen
38. How can a MHO identify the macro demographics in their jurisdiction and surrounding area?

A. Conduct a survey via Survey Monkey

B. Consult the U.S. Census

C. Collect and consult internal departmental statistics

**D. Both B & C**