



**Emergency Detention Training  
for Law Enforcement and Local  
Judiciary: A Collaboration  
Between the LMHA & PD**

# Presenter Information

- **Dr. Diana Cantu**, CEO, Texoma Community Center – LMHA/LIDDA for Cooke, Grayson and Fannin Counties
- **Chief Zachary Flores**, Chief of Police – Sherman TX (Grayson County)
- **Loren Hervey, LPC-S**, Senior Director of Children’s and Crisis Services, Texoma Community Center – LMHA/LIDDA for Cooke, Grayson and Fannin Counties

# Presentation Overview

- What is a Community Center?
- Sherman Police Department Overview
- Why this kind of training?
- Components of the training
- Initial survey results of a small sample of trainees
- Cost/Benefit Analysis
- Importance of relationship building



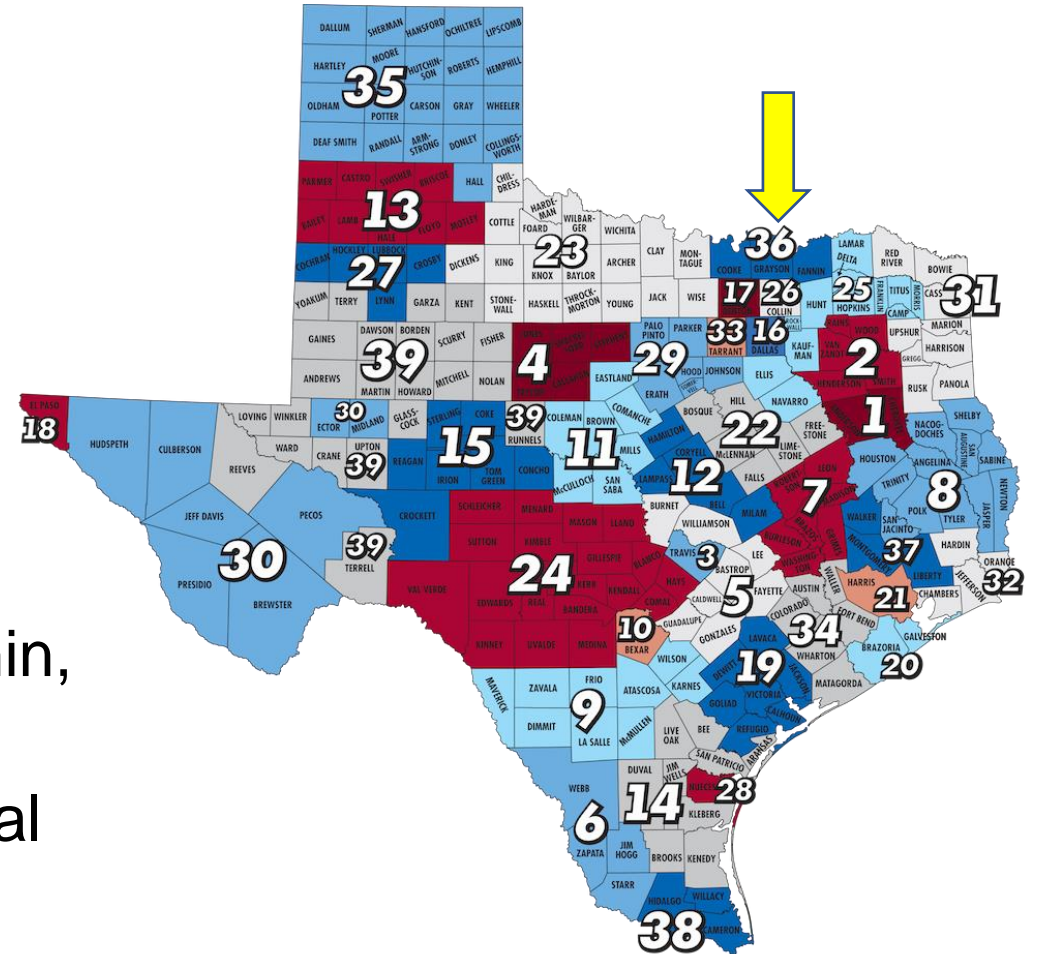
**What is a  
Community  
Center?**

# What is a Community Center?

- Texas Community Centers are units of local government
- The Texas Community Center system was founded in 1965
  - Texas Legislature authorized the establishment of local community and mental health and mental retardation centers (MHMR's) under the Texas Mental Health and Mental Retardation Act (*Article 5547-201 through 204, V.T.C.S., as amended*) through the appointment of members to local boards of trustees by local units of government.
- Health & Safety Code § 534.00 – Community Services  
Subchapter A – Community Centers
- Follow Texas Administrative Code – State Agency Rules
- Locally sponsored

# Texoma Community Center

- Texoma Community Center (TCC) is one of 39 community centers Local Mental Health Authority (LMHA)
- Local Intellectual and Developmental Disability Authority (LIDDA)
- Primarily serve Grayson, Fannin, and Cooke Counties
- Certified Community Behavioral Health Clinic



The image features a dark blue background with a vertical line down the center. A large white circle is centered on this line. Inside the circle, the text "Sherman Police Department Overview" is written in a bold, black, sans-serif font, arranged in three lines.

**Sherman Police  
Department  
Overview**

# Sherman Police Department

- Sherman City Demographics – Approximately 42,000 people
- 71 Officers on Staff
- Mental Health Training
  - CIT, De–Escalation, MHPO or MHFA for Law Enforcement
  - 68 – Officers have successfully completed Crisis Training as of 10/1/2021
- Approximate number of MH calls - 760+
  - (Sept. 2020-2021)
  - #mhc999
    - Created this past February as a result of this training initiative



**Why This Kind  
of Training?**

# Where it all began...

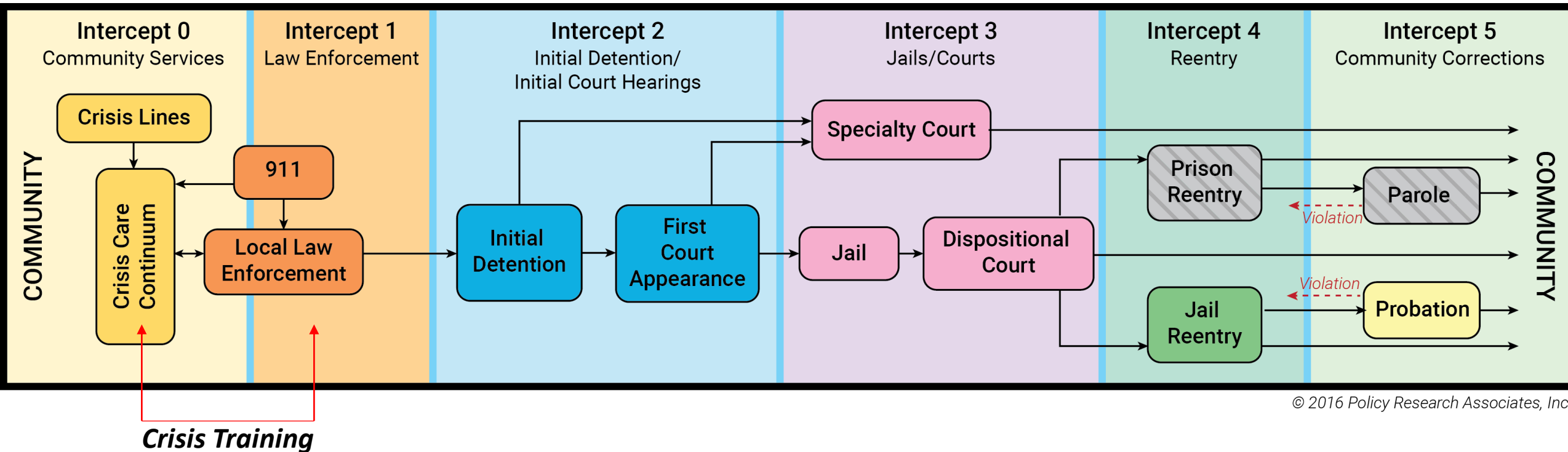
- Gap in communication between law enforcement and LMHA
- *How can we work together to improve crisis situations for both MCOT and Officers?*



# Ultimate Goals of LMHA/LEO Collaboration – Initial Meeting Goals

1. Improve number of street level diversions
2. Make appropriate referrals to LMHA
3. Determine if medical treatment/crisis assessment is necessary
4. Build confidence in Law Enforcement Officer's (LEO's) decision-making process when addressing a behavioral health issue/crisis
5. Improve information shared on EDO's
6. LEO/LMHA enhanced relationship

# Sequential Intercept Model



# Development of Training Content

- Anecdotal evidence
- Review of crisis calls (EHR) and prior EDO's
- Roundtable conversation between field training officers in PD and Sheriff's Department
  - Review of body camera videos by LMHA/PD
  - Interviews with LEO's
  - Interviews with MCOT
- Monthly staffing meetings with PD/LMHA
  - Ongoing
  - Staff MH situations



**Components  
of the Training**

# Crisis Training Class Details

- 8-hour class taught by LMHA staff (QMHP, LPHA)
- Participants:
  - Sherman Police Department Officers
  - Grayson County Sheriff Deputies (in progress)
- Working to get TCOLE credits for the course
  - Compliment/Enhance MHPO training

# Crisis Training Learning Objectives

- Recognize and identify when a behavioral health crisis is occurring.
- Understand the use of language to deescalate a situation to better determine if a crisis is indeed occurring.
- Write a proper EDO with required details that provides the necessary information to stakeholders involved in a crisis.
- Understand how to access TCC resources and services.



# Training Topics

- Defining a crisis
  - Definition of a crisis
  - Purpose of Mobile Crisis Outreach Team
  - Confidentiality/Information sharing in a crisis
- LMHA Responsibilities per Texas Administrative Code
- Review order types – Emergency Detentions, Peace Officer Warrant, Magistrate Warrant, Order of Protective Custody

# Training Topics cont.

- Case studies/examples
  - Examples of previous LEO encounters
    - Conduct retrospective analysis of each case study
- Transportation
- Paperwork
- Voluntary Admissions
- De-escalation techniques
- Use of force
- State hospitalization process
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Medical Clearance
- Court ordered mental health services
- Liability
- Juveniles
- Overview of TCC Services
- Referral process



**Initial Results  
of the Training**

# Initial Survey Data

- Pre and Post training survey questions
  1. I can recognize & identify when a behavioral health crisis is occurring.
  2. I feel confident in writing an EDO with required details that provides necessary information to stakeholders in a crisis situation.
  3. I understand how to access Texoma Community Center resources and services.
  4. I am confident in using person-centered, people first language to deescalate a behavioral health crisis.
  5. I understand the criteria and requirements in utilizing EDO's.
  6. I feel confident contacting TCC for a crisis and other resources.
  7. I know how to submit a referral to TCC for individuals that may need services.

# Preliminary Survey Data

	PRE	POST
<b>Q1</b> - I can recognize & identify when a behavioral health crisis is occurring.	95%	100%
<b>Q2</b> - I feel confident in writing an EDO with required details that provides necessary information to stakeholders in a crisis.	95%	100%
<b>Q3</b> - I understand how to access Texoma Community Center resources and services.	47%	100%
<b>Q4</b> - I am confident in using person-centered, people first language to deescalate a behavioral health crisis.	84%	100%
<b>Q5</b> - I understand the criteria and requirements in utilizing EDO's.	89%	100%
<b>Q6</b> - I feel confident contacting TCC for a crisis and other resources.	42%	94%
<b>Q7</b> - I know how to submit a referral to TCC for individuals that may need services.	47%	94%

# Results of Training from LMHA's Perspective

- MCOT Team feels more confident working with LEO's
- LPHA's receiving improved documentation on EDO's and other paperwork that allow for better informed decisions on Least Restrictive Environments (LRE)
- Improved communication between LMHA & LEO
  - LEO "staffs" situations with Crisis
  - Inquisitive and share situations
- Developed an online referral process to improve accessibility to services by LEO's and the community

24 HOUR CRISIS LINE (877) 277-2226 OR DIAL 911



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[IDD Services](#)

[Adult Services](#) ▾

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# Law Enforcement Resources

Texoma Community Center is committed to providing local law enforcement with resources needed to assist in recognizing signs of mental illness or substance use disorders. To discuss resources or processes involving law enforcement and mental health, please feel free to contact Texoma Community Center.

## Contact Information

Local (903) 957-4701

Toll Free (877) 530-2228

24-HOUR Crisis  
(877) 277-2226

## Health & Safety Code



[VIEW/DOWNLOAD](#)

<a href="#">Cooke County</a>
<a href="#">Application for Emergency Apprehension and Detention</a>
<a href="#">Fannin County</a>
<a href="#">Grayson County</a>



# Referral

## Referral Form

If you or the person you are referring is experiencing a crisis, please call 1-877-277-2226! This referral form is for non-crisis situations.

Step 2 of 3

66%

## Step One: Referred Individual Information

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Name of Referred \*

### Insurance Information

This individual uses  
Medicaid

This individual uses  
Medicare

This individual uses  
Other Insurance

Insurance Unknown

This individual does not  
have Insurance



**From:** TCC <mailrelaysystem@gmail.com>  
**Sent:** [REDACTED]  
**To:** TCC Aftercare Services  
**Subject:** New Referral Submission [REDACTED]

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and k

**Are you an employee of TCC?**

No

**Step One: Referred Individual Information**

**Name of Referred**

[REDACTED]

**Insurance Information**

- Insurance Unknown

**Date of Birth**

[REDACTED]

**Gender**

female

**Ethnicity**

Non hispanic

**Race**

White

**Address**

[REDACTED]

**Step Two: Referrer Information**

**Referrer Name**

[REDACTED]

**Relationship to Individual**

Sherman Police Officer

**Date of Referral**

05/11/2021

**Email**

[REDACTED]@sherman.com

**Office/County Individual Referred To**

Grayson

**Individual is a(n)**

Adult

**Reason for Referral**

[REDACTED] called 9-1-1 stating "they" were trying to get her. contact was made with [REDACTED] and it was determined she was not in any danger at the time. During the contact [REDACTED] admitted to being a MHMR consumer, and that she had been off her medication for approximately 1 month. [REDACTED] refused to go to the hospital and did not meet the criteria for an EDO.

**If applicable, is the parent/guardian aware that a referral has been made**

N/A

# Results of Training from PD's Perspective

- Empowered officers to make street level diversions/referrals
  - Not everyone needs to be arrested
- Started tracking mental health Calls - #MHC999
- Developed Supplemental EDO Paperwork
  - Disconnect between bodycam and summary on EDO
- Officers are making referrals street level

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

Tex. Health & Safety Code 573.011-.012

SUPPLEMENT EMERGENCY DETENTION FORM

Case No. \_\_\_\_\_

THE STATE OF TEXAS  
VS.

IN THE JUSTICE COURT  
PRECINCT TWO  
COOKE COUNTY, TEXAS

Defendant

Name of Person (Defendant) for whom apprehension and detention are sought: \_\_\_\_\_

DOB: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Physical Description: Sex: Male / Female Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair (color & length) \_\_\_\_\_ Eye Color \_\_\_\_\_

Other identifying information \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

My Relationship to this person:  Stranger  Spouse  Parent/Step Parent  Friend  Former Spouse

Adult Child  Other (please specify) \_\_\_\_\_

I have reason to believe and do believe that \_\_\_\_\_ is mentally ill and that, unless the person is immediately restrained, there is imminent substantial risk of harm to the person or others. The risk of harm is \_\_\_\_\_

My beliefs are based on the following specific recent behavior, overt acts, attempts or threats:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant

SWORN TO AND SUBSCRIBED BEFORE me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public or Justice of the Peace



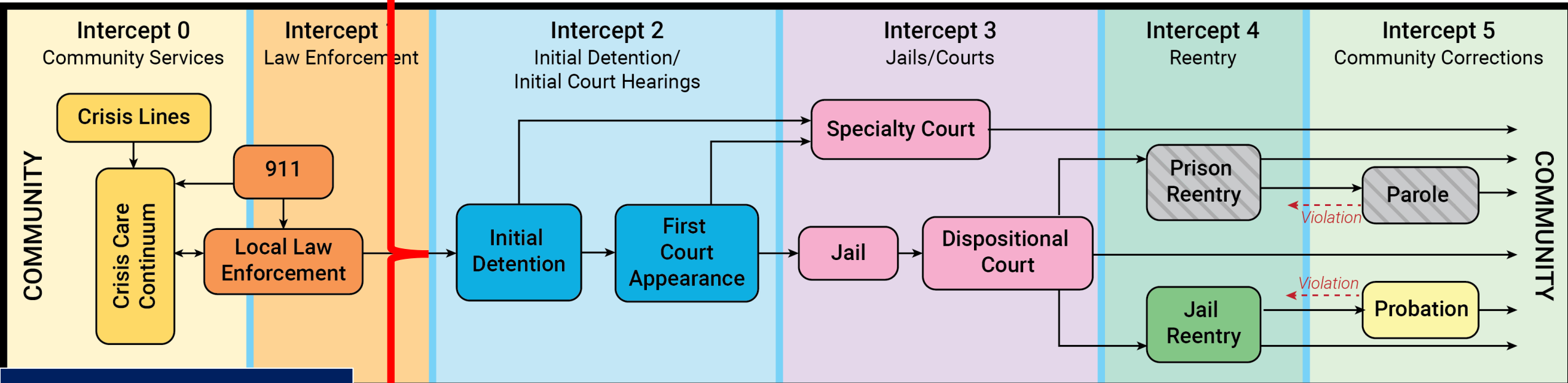
Multiple horizontal lines for handwritten notes or signatures.

Officer Signature

Date



# Mental Health/Jail Diversion Intercept



**Implications of incorrect or insufficient EDO???**

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**Cost/Benefit  
Analysis**

# Cost/Benefit Analysis

- **Cost**

- 8 Hour Class – 1 class every other week
  - 2 TCC staff provide training
- Materials – Binders, Copies - \$250
- 8 hours of LEO's time

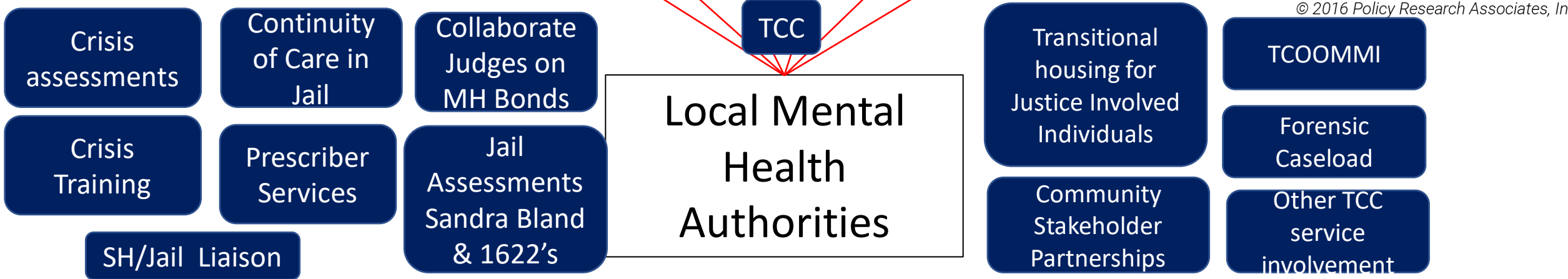
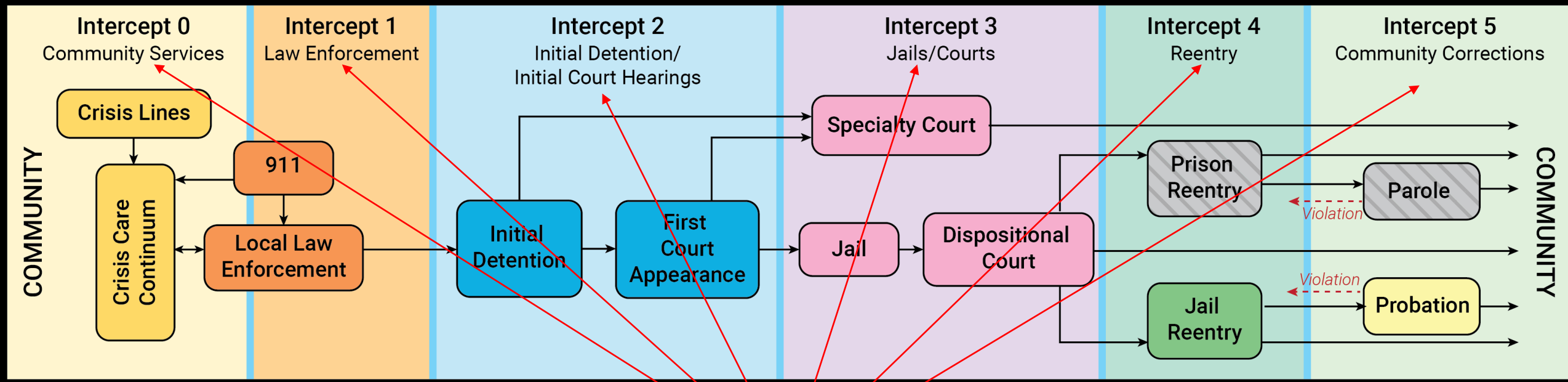
- **Benefits**

- Increased online referrals and follow-ups
- Increased confidence and efficacy of LEO's in the field
- Better details on EDO's = better crisis assessments and placement
- Better MH data for LEO's & LMHA
- Improved diversions
- Improved communication
- Creates improved outcomes for the community
- Judicial system is better informed



**Importance of  
Relationship-  
Building**

# Sequential Intercept Model





# Importance of Collaboration

“The single most significant common denominator shared among communities that have successfully improved the criminal justice and mental health systems' response to people with mental illness is that each started with **some degree of cooperation** between **at least two key stakeholders** one **from the criminal justice system** and the **other from the mental health system.**”

Criminal Justice/Mental Health Consensus Project Council of State Governments - June 2002 -  
Executive Summary, Section IV, p. xx

# Questions or Comments