Developing a Mental Health Crisis Plan

- Involve the patient. Crisis planning is driven by the consumer. Crisis plans revolve around the needs, concerns and wishes of the patient. Without patient input, the plan could make a crisis more difficult for a patient and the family. Some states list patient involvement as a patient right under their mental health laws.

- Collect information. Talk with the patient and his family to find out about his plans and goals. Ask them to describe what it is like when he is feeling well and when he is feeling out of control. Ask about preferred medications, allergies, unacceptable medications, treatments, unacceptable treatments and other health conditions. Make sure you ask why the patient feels the way he does. Inquire about what treatment options and facilities he has used and if he would use them again. Find out if the patient has children or pets that other family members may need to take care of during a mental health crisis. Also, collect contact information for relatives and friends who need to be notified in an emergency. Ask about other medical professionals who work with the patient. Finally, be sure to ask the patient for any other input they would like to include in the crisis plan.

- Record the plan. Use the information you gathered to put the patient's crisis plan in writing. Many mental health facilities offer templates for this purpose. While a template is helpful, ensure the plan is tailored to the patient's needs. Include the patient's name, phone number and birth date. Use headings such as Emergency Contacts, Health Needs, Allergies, Preferences, Children, Medications and Special Considerations.

- Confirm with the patient. Let the patient review the crisis plan and confirm that it reflects their wishes. If it does not accurately reflect the wishes of the patient, then make changes as necessary. Have the patient sign the crisis plan to show they are in agreement.

- Make the plan available. The patient should receive a copy of the crisis plan and the plan should be placed in the patient's medical records. On call doctors who treat the patient should have access to the crisis plan in case an emergency occurs when the regular physician is off duty.
Crisis Issues in the Family

Q. What is the Crisis Intervention Team (CIT) Program?
A. It is a program that educates patrol officers about mental illness and tactics and techniques to help verbally de-escalate situations involving individuals in serious mental health crises.

Q. When should I call for a CIT officer?
A. When the situation involves a person in a serious mental health crisis.

Q. Who should I call to request a CIT officer?
A. If the situation is an emergency, dial 9-1-1. When you are transferred to a police department call taker, request a CIT officer. If the situation is not an emergency, call the Houston Police Department dispatch directly at 713-884-3131. Tell the call taker the situation involves a person in a serious mental health crisis and request a CIT officer.

Q. What is the CIT officer able to do?
A. If the person in mental health crisis voluntarily wants mental health treatment, the officer may transport the person to one of three facilities: Ben Taub Hospital if the person has a serious medical problem in addition to his mental health problem, the Neuropsychiatric Center, or the Veterans Administration Hospital if the person is a veteran and if he has been seen at the facility previously.
If the person is mentally ill and poses a substantial risk of imminent harm to self or others, Texas Peace Officers have the authority to take the individual to a facility for an emergency mental health evaluation, even if the person is involuntary. The officer may use whatever force he needs to get the individual to the facility for evaluation. The person may be held for up to 48 hours for the evaluation. During the evaluation, the doctor(s) evaluating the individual will determine if the individual needs additional treatment.
If the individual does not pose a substantial risk of harm to self or others and does not want help, the officer has no authority to take any action. The officer may make a referral to the Mental Health Mental Retardation Authority’s (MHMRA) Mobile Crisis Outreach Team (MCOT).

Q. What if the person is mentally ill and has committed a crime?
A. If the person in mental health crisis and has committed a class C misdemeanor, the officer will not file the criminal charge. The officer will attempt to seek assistance for the individual. If the person in crisis has committed a class B misdemeanor or greater, the circumstances of the crime will determine if criminal charges are filed. If criminal charges are filed, the person in mental health crisis will be brought to the Neuropsychiatric Center for a brief evaluation. Once stabilized, the person will be booked into the Harris County Jail that has a forensic psychiatric unit in the jail. Harris County jail personnel will be notified by the arresting officer(s) of the individual’s mental state.
Q. What are my options if a person is mentally ill but has not committed a crime and does not pose a substantial risk of imminent harm to self or others?

A. One option is to call the Mobile Crisis Outreach Team (MCOT) if you are in Harris County. This is a team of mental health professionals who respond to individuals in the community (the person’s residence, on the street, in schools, etc.) The team will conduct an on-site evaluation of the person and attempt to stabilize him and link him to treatment. Follow-up visits may be scheduled. MCOT members do not have the authority to take forcible action. In Houston, MCOT members work closely with the Houston Police Department’s Crisis Intervention Team. MCOT members will call for a CIT officer to respond to an individual in serious mental health crisis who poses a substantial risk of imminent harm to self or others.

A second option is to go to the Mental Health Division of the Harris County Clerk's Office. The Mental Health Division is located at the University of Texas Harris County Psychiatric Center (UTHCPC), 2800 South MacGregor Way, and open from 8 a.m. to 4 p.m., Monday through Friday, except holidays. The telephone number is 713-741-6024.

Anyone over the age of 18 who has personal knowledge of someone they believe poses a danger to him or herself or to others, but the danger is not imminent and does not require the immediate intervention of law enforcement personnel, may request a mental health warrant.

Involuntary Commitment Process for Adults

To begin the involuntary commitment process, the applicant (person who is filing for commitment) requests and completes an application for a warrant from the Mental Health Division of Harris County Clerk's Office at UTHCPC. MHMRA staff at UTHCPC screen applicants once a bed is available.

A warrant may then be issued by the Harris County Clerk's Office. The whereabouts of the person must be known so that a Harris County Deputy Constable may take the person to UTHCPC.

The UTHCPC physician must provide a medical certificate within 24 hours of the patient's admission in order for the court to determine if it is necessary to issue an order of protective custody (OPC). Once the OPC is issued, an attorney is appointed to the case. Probate Courts #3 and 4 are located at UTHCPC, 2800 South MacGregor Way, and may be contacted by calling 713-741-6020.

Within 72 hours of the issuance of the OPC, the probable cause hearing is held in which the judge determines whether to hold the person at UTHCPC until the mental health hearing. The applicant does not have to be present at this hearing.

The mental health hearing must occur within two weeks of detention. In Harris County, this final hearing is usually within eight days. During the mental health hearing, the court determines the appropriate treatment based on testimony provided by the applicant (usually a family member or friend), medical experts and the patient. The result of the hearing may be:

- Dismissal
- A court order for outpatient treatment
- Inpatient hospitalization