



Meeting Notes

September 2, 2026

3:30 p.m. to 5:00 p.m.

Paso del Norte Health Foundation

Meeting Room C

221 N. Kansas, 19th Floor

El Paso, Texas 79901

Attendees:

Sharon Butterworth
Alba Calzada
Daniela Jimenez Chisolm
Chrystal Davis
Sandra Day
Monica De la Cruz
Jose Esparza
Jaclynn Flores
Patrick Gailey
Jose Garcia
Anna Hart
Josue Lachica
Dr. Lizette Lara
Teresa Laurenzana
Enrique Mata
David Ochoa
Annabelle Perez (JLC Chair)
Guillermo Ramirez
Rhonda Russ
Nicole Schiff
Abril Silvadoray
Rene Vargas
Luis Vasquez

Representing:

Paso del Norte Center at Meadows Institute
El Paso County Sheriff's Office - CIT
El Paso County Attorney's Office
Emergence Health Network
Paso del Norte Health Foundation
243rd Inspire Treatment Court
El Paso County Sheriff's Office
Emergence Health Network
Chief Deputy El Paso County Sheriff's Office
District Attorney's Office 34th Judicial District
Emergence Health Network
Paso del Norte Center at Meadows Institute
Larlo Behavioral Services
El Paso County Criminal Justice Coordination
Paso del Norte Center at Meadows Institute
NAMI El Paso (Board)
Judge 41st District Court
El Paso County Sheriff's Office
Emergence Health Network
Paso del Norte Center of Hope
Emergence Health Network – Chief of Diversion
El Paso County Public Defender's Office
El Paso County Sheriff's Office

Welcome

Judge Anna Perez convened the meeting at 3:35 p.m. and called for brief introductions.

EDO Process and Legislative Updates

Ms. Daniela Chisolm provided a brief overview of the EDO process and three related changes the developed as a result of bills passed during the 89th Legislative Session. She shared highlights of form changes as well as the importance of keeping frontline teams well informed on the processes. She offered to provide detailed trainings for those who are interested. Emergence Health Network is working to have the training integrated within the CIT Academy as one of the integral components. Ms. Chisolm responded to questions from the group. **Presentation slides are included with these notes.**

Competency Restoration Task Force

Ms. Anna Hart convened a first virtual meeting of the Competency Restoration Task Force on September 1st. She shared:

- that she reached out to the Judicial Commission on Mental Health (JCMH) for related policy items anticipated to go forward in the 90th Legislative Session.
- the group identified that CLOVER consulting is gathering data for a national level evaluation of existing forensic competency restoration programs that might lead to a national model. Group members will seek out any existing literature and monitor what results from CLOVER's evaluation efforts.
- The current Forensic Support Program's (FSP) efforts may help to identify cases in need of deeper review and action.
- There may be an upcoming training offered by Texas Health and Human Services Commission (HHSC)
- There is a need to bring in a clinical support member to the Task Force. A recent graduate fellow from Texas Tech Forensic Psychiatry may be available. Ms. Hart will investigate.

The next meeting is targeted for Monday, September 14th.

Other Business

Jail Diversion – Mr. Rene Vargas summarized information from the September Jail Diversion Committee held at 11:30 on September 2nd. Ms. Abril Silvadoray commented that the diversion unit has capacity and has served up to five individuals in recent weeks diverting them from the justice system. After some discussion, **Judge Perez requested that a separate category in other business be added called Diversion Center.**

PreEntry – Teresa Laurenzana shared highlights from the last PreEntry Work Group meeting held on August 28th. She responded to questions from the group. During the discussion Mr. David Ochoa commented that developing a group similar to the Court Appointed Special Advocates (CASA) program for children to help adults in need who are trying to recover from complex and co-occurring conditions. Judge Perez and Ms. Sharon Butterworth shared that the idea has come up before. Mr. Mata commented that groups like Punto de Partida are currently trying to assist with peer support and navigation, but these programs are grant funded and struggle to be sustained at a level that meets the need of the community. The group will continue exploring similar options.

Crisis System – 911/988 - MCOT/YCOT – Ms. Rhonda Russ shared that the activity under MCOT = 405 and YCOT = 64, total 514, is the highest ever. She also summarized recent data on crisis calls. Ms. Russ responded to questions from the group. **Judge Perez requested that EHN explore developing a chart with trends on the crisis data over time** explaining that such a tool could identify areas of progress and gaps that might not have otherwise been identified. **The August 2026 crisis line report is included with these notes.**

Announcements

- a) Upcoming TAY SIM Event October 14th
Enrique Mata reported that the Judicial Commission on Mental Health has been gathering information in preparation for the upcoming TAY SIM update event. He explained that the SIM update will emphasize the gaps that are experienced by Transition Age Youth (TAY) - for purposes of this SIM process defined as youth ages 16 – 24 years of age. The Judicial Commission on Mental Health lead facilitators are Dr. Lynda Frost, JD, PhD, and Doug Smith, MSSW. The event will be held from 9 am – 3 pm on Wednesday, October 14th at Emergence Health Network, 201 E. Main, 6th Floor. Parking is on your own and will not be validated. **Register for the in-person session here:** <https://www.eventbrite.com/e/el-paso-county-tay-behavioral-health-and-justice-planning-workshop-tickets-1996989789217?aff=oddtcreator>
- b) Upcoming NAMI Walk
Mr. Ochoa asked everyone to mark their calendars for the annual NAMI Walks event to be held on Saturday, October 10th at Ascarate Lake. This is the largest mental health awareness event in the region bringing together over 1500 individuals and families in support of mental health and timely access to care. The event is free. To register or for more information visit: [NAMIWalks](#)

Next Meeting

The next meeting is targeted for October 7th and planned to be held at the Paso del Norte Health Foundation, 221 N. Kansas, 19th Floor, unless otherwise notified.

Adjourn - Judge Perez adjourned the meeting at 4: 55 pm.





JLC September 2nd Agenda

- *Welcome and Introductions*
- *EDO Process and Legislative Updates*
- *Competency Restoration Task Force*
- *Other Business:*
 - *Jail Diversion*
 - *Reentry Report*
 - *Crisis System – 911/988 - MCOT/YCOT*
- *Announcements*
 - *Upcoming TAY SIM Event October 14th*
- *Adjourn*



EDO Process and Legislative Updates

NAVIGATING THE CIVIL COMMITMENT PROCESS

*Presented by:
Daniela Jimenez Chisolm,
Senior Trial Attorney*



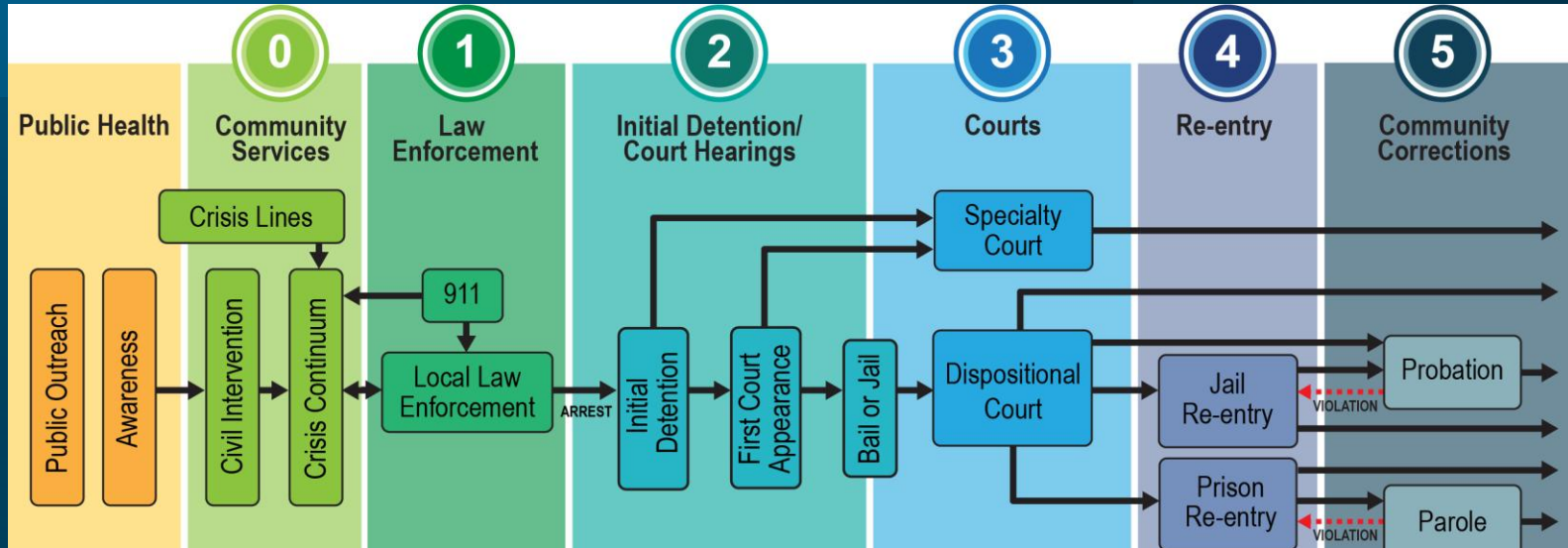
DANIELA JIMENEZ CHISOLM

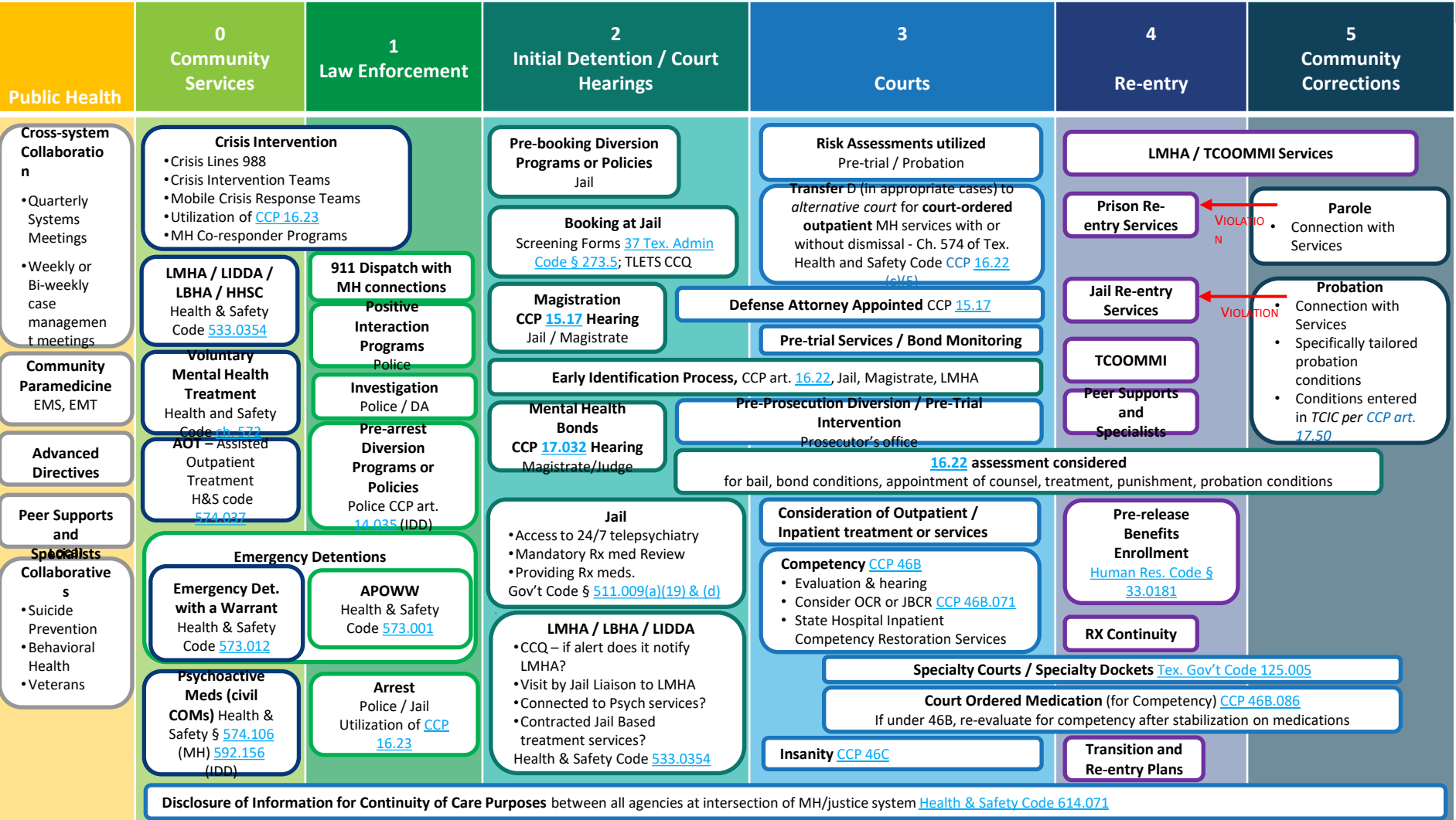
Senior Trial Attorney, El Paso County Attorney's Office

- Daniela Jimenez Chisolm is a Senior Trial Attorney with the Mental Health Litigation Unit at the El Paso County Attorney's Office. With more than 15 years of legal experience, she has built her career at the intersection of mental health and the law, serving as a defense attorney, prosecutor, civil commitment litigator, and statewide judicial educator.
- Previously, Ms. Jimenez Chisolm served as a Senior Staff Attorney with the Texas Judicial Commission on Mental Health (JCMH), where she helped develop statewide judicial education programs and practical resources to improve court responses to individuals with mental illness. Drawing on extensive courtroom experience litigating civil commitment proceedings and leading the Juvenile Prosecution Unit, she brings a unique perspective on Texas mental health law across the civil and criminal justice systems. She is a frequent speaker and trainer on Texas mental health law, civil commitment proceedings, and interdisciplinary collaboration.



The Sequential Intercept Model





LEARNING OBJECTIVES

1. Summarize the legal process of an involuntary inpatient or outpatient mental health court commitment and explain when these legal interventions are implemented.
2. Provide examples of successful community-based outpatient programs utilized for involuntary court commitments.
3. Describe the role of physicians or medical professionals in the legal process of involuntary mental health court commitment.

Civil Commitments

**COURT ORDERED
INTERVENTION TO
HELP SOMEONE
SUFFERING FROM A
MENTAL HEALTH
ILLNESS**

2 TYPES:

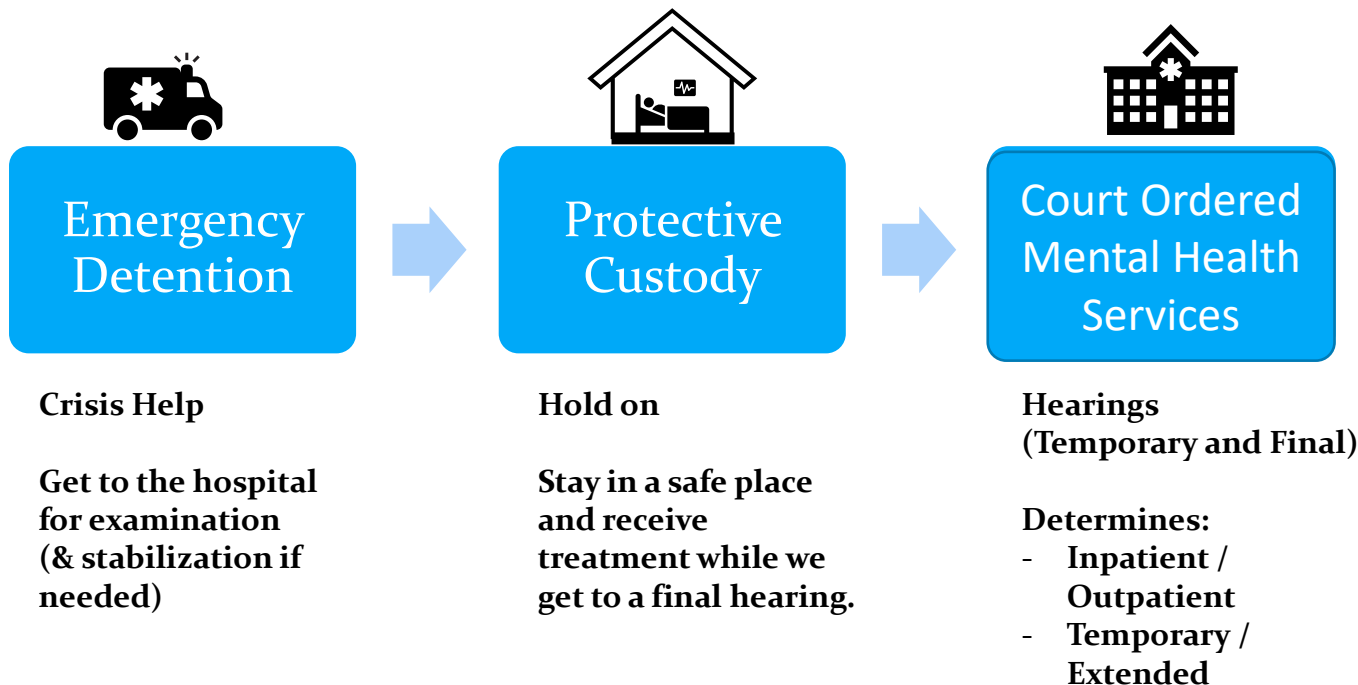
INPATIENT

OUTPATIENT



Big Picture

3 Steps of Involuntary Commitment



Step 1: Emergency Detention Order

1

**Emergency
Detention
Order (EDO)**

2

**Protective
Custody
Order (PCO)**

3

**Court
Order**



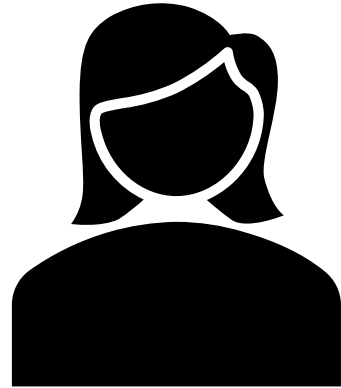
Emergency Detention Order



**WARRANTLESS DETENTION
BY A PEACE OFFICER**



**APPLICATION BY AN
ADULT**



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 Order

1. Purpose?

- Evaluation

2. Duration

- 48 Hrs (includes time waiting in the facility before prelim exam)

3. What if more time is needed?

- Second EDO (must be based on new conduct)



Emergency Detention Order

Elements of EDO

1. MENTAL ILLNESS

AND

**2. RISK OF HARM TO SELF
AND/OR OTHERS
(DETERIORATION)**



Updated Emergency Detention Standard



Mental Illness
+ likely imminent harm
+ one of these



Meets ED standard

- A. a substantial risk of serious harm to himself or others;
- B. severe emotional distress and deterioration in the person's mental condition; or
- C. an inability to recognize symptoms or appreciate the risks and benefits of treatment;

Legislative Change 1

Anosognosia Can be Considered in Emergency Detentions

- ▶ The new law adds the “inability of the person to recognize symptoms or appreciate the risks and benefits of treatment” when looking at the criteria for an emergency detention.
- ▶ This law improves access to mental health care when a person has anosognosia, a neurological condition that causes people to be unaware of their psychiatric condition and can be diagnosed in connection with psychotic disorders, including schizophrenia and bipolar disorder.



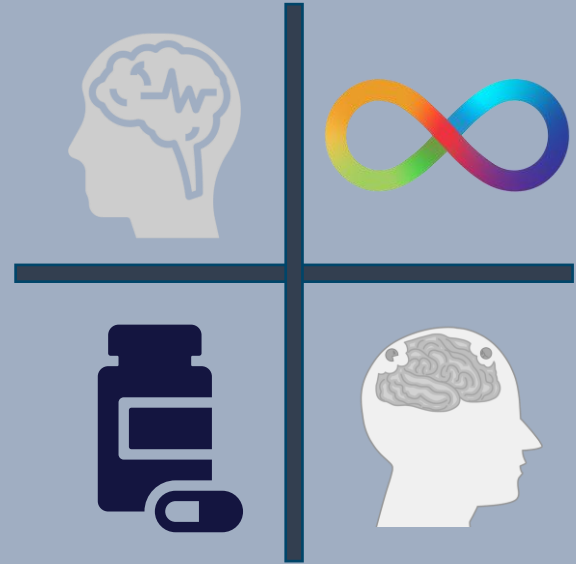


Mental Illness Defined:

Disease or condition that substantially impairs a person's thoughts, perception of reality, emotional process, judgment, or gross impairs behavior.

Mental Illness DOES NOT Include:

- ~~Epilepsy~~
- ~~Dementia~~
- ~~Substance Abuse~~
- ~~Intellectual Disability~~



Legislative Change 2



Update to the Law Enforcement Emergency Detention Form



New Notification of
Emerg. Detention
Form

This new law improves the required form for peace officers carrying out emergency detentions without a warrant.

The proposed modifications add areas for officers to explain the bases for affirmative declarations of evidence of mental illness, substantial risk of harm, and the need for temporary restraint.

Old Form



Notification -- Emergency Detention NO. _____

Date: _____ Time: _____

**THE STATE OF TEXAS
FOR THE BEST INTEREST AND PROTECTION OF:**

NOTIFICATION OF EMERGENCY DETENTION

Now comes _____, a peace officer with (name of agency) _____,
_____, of the State of Texas, and states as follows:

1. I have reason to believe and do believe that (name of person to be detained) _____
evidences mental illness.

2. I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to
himself/herself or others based upon the following:

3. I have reason to believe and do believe that the above risk of harm is imminent unless the above-named person is
immediately restrained.

4. My beliefs are based upon the following recent behavior, overt acts, attempts, statements, or threats observed by me or
reliably reported to me:

5. The names, addresses, and relationship to the above-named person of those persons who reported or observed recent
behavior, acts, attempts, statements, or threats of the above-named person are (if applicable):

For the above reasons, I present this notification to seek temporary admission to the (name of facility) _____
inpatient mental health facility or hospital facility for the detention of (name of person to be
detained) _____ on an emergency basis.

6. Was the person restrained in any way? Yes ☐ No ☐

PEACE OFFICER'S SIGNATURE _____ BADGE NO. _____

Address: _____ Zip Code: _____

Telephone: _____

A mental health facility or hospital emergency department may not require a peace officer to execute any form other than this
form as a predicate to accepting for temporary admission a person detained under Section 573.001, Texas Health and Safety
Code.

NOTIFICATION OF EMERGENCY DETENTION

CASE NO. _____ DATE: _____ TIME: _____

THE STATE OF TEXAS

FOR THE BEST INTEREST AND PROTECTION OF: _____

DOB: _____ Race: _____ Gender: _____ Phone Number: _____

Address: _____

Now comes _____, a peace officer with _____
(name of agency) of the State of Texas, and states as follows:☐ I have reason to believe and do believe that _____ (person detained) evidences mental illness; AND☐ I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to himself/herself or others based on the person's behavior or evidence the person is experiencing severe emotional distress and deterioration or the person evidences an inability to recognize symptoms or appreciate the risks and benefits of treatment to the extent that the person cannot remain at liberty; AND☐ I have reason to believe and do believe that the risk of harm is imminent unless the above-named person is immediately restrained.1. My above-stated beliefs are based upon the following recent behavior, severe emotional distress and deterioration, overt acts, attempts, statements, or threats observed by me or reliably reported to me (may use attachments):

_____2. The names, addresses, phone numbers, and relationship to the above-named person or those persons who reported or observed recent behavior, acts, attempts, statements, or threats of the above-named person or relevant witnesses who witnessed the above-named person being detained are (if applicable):

_____ADULT 65 YEARS OF AGE OR OLDER ☐ YES ☐ NO If yes, age: _____CHILD 17 YEARS OF AGE OR YOUNGER ☐ YES ☐ NO If yes, age: _____

FOR A CHILD 17 YEARS OF AGE OR YOUNGER (if yes):

My belief the child is at risk of imminent serious harm unless immediately removed from the parents' custody is based on the above-stated facts showing the parents or guardians are presently unable to protect the child from imminent serious harm.

☐ I provided notice to the child's parent(s) or guardian(s) of my intention to file this notification.☐ I was not able to provide notice to the child's parent(s) or guardian(s) of my intention to file this notification because:

Parent(s)/Guardian(s) Contact Information (if known): _____

USE OF RESTRAINT

Was the person physically restrained in any way? ☐ YES ☐ NOIf YES, reason for physical restraint: ☐ Officer Safety ☐ Person's Safety ☐ Other: _____CALL ORIGINATED AT: ☐ Public Area ☐ Residence ☐ School/University ☐ Group Home ☐ Hospital ☐ Other _____

OBSERVATIONS/HISTORY If YES to any question below, provide additional information.

	YES	NO	UNK	NOTES
Harm to self or stating an intention to harm self?				
Previous suicide attempt?				
Harm to others or stating an intention to harm others?				
Previous serious harm or injury to others?				
Previous psychiatric hospital treatment?				
Reported mental health diagnosis?				
Prescribed psychiatric medications?				
Current psychiatric medications taken?				
Sleeping difficulty?				
Substance Use Disorder?				

TRANSPORTED TO: ☐ Hospital/Emergency Room ☐ Mental Health Facility ☐ Other _____

For the above reasons, I present this notification to seek temporary admission to the (name of facility) _____

_____ inpatient mental health facility or hospital facility for the detention of (person detained) _____ on an emergency basis.

(If applicable) I have transferred the person detained to Emergency Medical Services Personnel (Name & Agency) _____

_____ for transport on (date) ____/____/____ at (time) _____.M.,

pursuant to a memorandum of understanding between agencies, and I have determined that transferring the person for transport is safe for both the person and the personnel.

PEACE OFFICER'S PRINTED NAME: _____ BADGE NO. _____

PEACE OFFICER'S SIGNATURE: _____

Address: _____ Zip Code: _____ Telephone: _____

A mental health facility or hospital emergency department may not require a peace officer or emergency medical services personnel to execute any form other than this form as a predicate to accepting for temporary admission a person detained by a peace officer under Section 573.001, Texas Health and Safety Code.

Legislative Change 3



Clarify a Peace Officer does not have to remain after Presentation & Documentation of an APOWW

“Physician” Defined:

“PHYSICIAN” includes those:

- A. Licensed to practice in Texas
- B. Employed by a Federal agency licensed to practice in any state; or
- C. Residents licensed under physician-in-training permit at a Texas post graduate program approved by the Accreditation Council for the Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board.

APPLICATION FOR EMERGENCY DETENTION
TO EL PASO COUNTY JAIL MAGISTRATE
MUST BE SIGNED BY A PHYSICIAN ONLY

DATE: _____ Time: _____ APPLICANT'S NAME / TELEPHONE: _____

I, the above applicant, physician, make this application for the emergency detention of

_____,
DOB _____, who can be found at _____ El Paso, TX 79 _____

EMERGENCY DETENTION IS SOUGHT FOR THE FOLLOWING REASONS:

1. I have reason to believe and do believe that the person evidences mental illness and/or is chemically dependent.
 2. I have reason to believe and do believe that the person presents substantial and imminent risk of harm to self or others unless the person is immediately restrained.
 3. My above stated beliefs are based on the following specific recent behavior, overt acts, overt attempts or threats, or evidence of severe emotional distress and deterioration in the person's mental or physical condition to the extent that the person cannot remain at liberty. "Recent" means within the past 10 days.
- (Include information regarding the person's eating; drinking; recent weight loss/gain; hygiene; and living conditions)

(Please continue on separate sheet if necessary).

which were personally observed by me _____ (PHYSICIAN OBSERVER) and my
relation to the detained is as follows: _____, AND/OR which were reliably
reported to me by _____ (REPORTER) whose relation to the
detained is as follows: _____.

Executed under penalty of perjury at _____ AM/PM on the _____ day of _____, 20____.

SIGNATURE OF PHYSICIAN

FOR FACILITY USE ONLY - Effective September 1, 2007 a person accepted for a preliminary examination may be detained in custody for not longer than 48 hours after the time the person is presented to the facility unless a written order for protective custody is obtained. A physician shall examine the person as soon as possible within 12 hours after the time the person is apprehended.

Accepted for Preliminary Examination for Emergency Detention (i.e., time Patient arrived to this facility) on this _____ day of _____, 20____ at _____ AM/PM

SIGNATURE OF FACILITY EMPLOYEE

Completed Preliminary Examination for Emergency Detention on this _____ day of _____, 20____ at _____ AM/PM

SIGNATURE OF FACILITY PHYSICIAN

FILED THIS _____ day of _____, 20____ at _____ a.m. / p.m. with the office of the COUNTY CLERK as
cause number _____.

Deputy

Emergency Detention Order

Sample Form: Application for Emergency Detention by Adult



1. INFORMATION ON THE PERSON FOR WHOM YOU ARE SEEKING THE EMERGENCY DETENTION:

Name: _____ DOB: _____ AGE: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone#: _____ Cell#: _____ Other Contact#: _____

How long has the person been at their present address? _____

If the person CANNOT be found at his/her home address, please provide an address where the person CAN be found: _____

Have you contacted law enforcement prior to submitting the Application for Emergency?

Detention? ☐ YES ☐ NO

If YES, when was the last time? _____

What was the outcome? _____

2. APPLICANT INFORMATION:

Applicant's Name: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone#: _____ Cell#: _____ OTHER#: _____

Place of Employment: _____

Work Address: _____ Work Phone#: _____

Email address: _____

What is your relationship to the person for whom you are seeking an emergency detention?

When and where did you last see or hear from proposed patient?

Answer: _____

3. EVIDENCE OF MENTAL ILLNESS:

Does the person have a mental illness **diagnosis**? ☐ YES ☐ NO

If "YES", what is the diagnosis? (e.g., *Bipolar disorder, schizophrenia*):

Answer: _____

When was the person diagnosed?

Answer: _____



4. RISK OF HARM TO SELF: ☐ YES ☐ NO

Please provide a detailed account of how this person has physically harmed, attempted to physically harm or threaten to harm him/herself within the past 10 days because of his/her mental illness.

PLEASE INCLUDE THE DATE(S) WHEN YOU PERSONALLY OBSERVED THE INCIDENT(S)

DATE (MUST BE WITHIN 10 DAYS OF APPLICATION TO INCLUDE TODAY)	SPECIFIC OVERT ACT PERSONALLY WITNESSED

5. RISK OF HARM TO OTHERS: ☐ YES ☐ NO

Please provide a detailed account of how this person has physically harmed, attempted to physically harm or threatened to harm another person within the past 10 days because of his/her mental illness. In addition, include the name of the person who received any injuries, and when it occurred.

PLEASE INCLUDE THE DATE(S) WHEN YOU PERSONALLY OBSERVED THE INCIDENT(S)

DATE (MUST BE WITHIN 10 DAYS OF APPLICATION TO INCLUDE TODAY)	SPECIFIC OVERT ACT PERSONALLY WITNESSED

Emergency Detention Process



Within 48 Hours, Facility must obtain OPC to continue to hold P

P released § 573.023

P admitted to Hospital for ED § 573.022

Within 12 Hours, P must have Preliminary Exam

Clock Begins

P temporarily accepted by facility for Prelim. Exam § 573.021

Does P meet Criteria of Preliminary Exam? § 573.022

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 = Patient
PO = Peace Officer

Peace Officer START

Police called & arrive at scene

PO observes scene, talks to P and other witnesses

Does P meet APOWW Criteria?

No

Patient Released

Yes

Patient Apprehended by PO without Warrant § 573.001

P Transported to Facility by PO or EMS

PO gives notification of ED with MH facility § 573.002

PO serve warrant & transport P to Facility

Warrant Issued by Magistrate to on Duty PO § 573.012

Magistrate Signs ED warrant

Does P meet ED Criteria?

Yes

App. Reviewed by Magistrate § 573.012(b)

App. for ED presented to Magistrate § 573.011

Electronic Presentation allowed if applicant is:
1) Physician or
2) Licensed Mental Health Professional Employed by LMHA

No

Warrant Denied by Magistrate § 573.012

Patient Released § 573.012

STEP 2: Protective Custody Order (PCO)

1

**Emergency
Detention
Order (EDO)**

2

**Protective
Custody
Order (OPC)**

3

**Court
Order**

APPLICATION & ORDER OF PROTECTIVE CUSTODY (OPC)



WHAT IS IT?

An application is 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



How OPC granted

OPC temporarily approved through a CME and possibly finalized at probable cause hearing (PC hearing must be held within 72 hours)

NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF:

IN THE PROBATE COURT OF

EL PASO COUNTY, TEXAS

(INITIALS ONLY)

D.O.B.: _____

CERTIFICATE OF MEDICAL EXAMINATION

I, the undersigned, a person licensed to practice medicine in the state of Texas, or a person employed by an agency having a license to practice medicine in any state of the United States, do hereby certify, to wit (PLEASE PRINT LEGIBLY):

1. My name is _____,

M.D./D.O. On the _____ day of _____, 20____, at approximately
_____ a.m./p.m., at the following location:

_____, I evaluated and
examined _____ (Name of Proposed
Patient), whose address is: _____

☐ YES ☐ NO Prior to the examination, I informed the Proposed Patient that communications with me would not be privileged.

2. My diagnosis of the physical and mental condition of the Proposed Patient is:

3. **The Proposed Patient has been under my care:**

- ☐ since _____(INDICATE TIME PERIOD). OR
☐ I am performing a consultation evaluation only.

4. **My prior or current treatment, if any, of the Proposed Patient has been as follows:**

5. **In my opinion, the Proposed Patient:** (check all that apply)

- ☐ is mentally ill; **and**
☐ as a result of that illness is likely to cause serious harm to self; and/or
☐ as a result of that illness is likely to cause serious harm to others; and/or
☐ is suffering severe and abnormal mental, emotional or physical distress; experiencing substantial mental or
physical deterioration of the ability to function independently which is exhibited by the inability, except for reasons of indigence, to provide for basic needs, including food, clothing, health or safety; and is not able to make a rational and informed decision as to whether or not to submit to treatment; and/or
☐ is unable to participate in outpatient treatment services effectively and voluntarily and whose mental illness is severe and persistent, and/or
☐ is chemically dependent and, as a result of that chemical dependence is likely to cause serious harm to self, or is likely to cause serious harm to others, or will, continue to experience deterioration of the ability to function independently and is unable to make a rational and informed decision as to whether or not to submit to treatment.

5. (a) **The factual basis for my opinion is as follows (*Be specific, give all details.*):**

On or about _____ (*date*), the proposed patient said the following:

5. (b) **On or about _____, the proposed patient committed the following act(s):**

6. **(Note: Complete this section only if seeking an order of protective custody.)**

I am of the opinion that the Proposed Patient, because of mental illness, presents a substantial risk of serious harm to self or others if not immediately restrained. (*Harm may be demonstrated either by the person's behavior or by evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot remain at liberty until the time of the hearing.*) **The detailed basis for such an opinion is:**

7. *(Note: Complete this section only if seeking an order for extended mental health services.)*
☐ YES ☐ NO - I am of the opinion that the Proposed Patient's condition is expected to continue for more than 90 days.

8. I recommend that the Proposed Patient receive the following treatment:

I UNDERSTAND THAT BY SIGNING THIS CERTIFICATE OF MEDICAL EXAMINATION, I MAY BE CALLED/SUBPOENAED TO TESTIFY ABOUT THIS EXAMINATION WITHIN 1 TO 5 DAYS, BEFORE THE PROBATE COURT, HAVING JURISDICTION OVER THIS MATTER. HEARINGS ARE HELD AT THE EL PASO PSYCHIATRIC CENTER, 4615 ALAMEDA AVE., EL PASO, TX 79905, AT 9:00 A.M., EVERY MONDAY AND THURSDAY.

EXECUTED AND SWORN TO UNDER PENALTY OF PERJURY this ____ day of _____, 20____.

(Physician's Signature)

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 20____.

NOTARY PUBLIC in and for the STATE OF TEXAS

My Commission Expires: _____

APPLICATION & ORDER OF PROTECTIVE CUSTODY (OPC)



- ✓ If OPC granted, Patient will remain detained until Final Hearing
- ✓ If OPC NOT granted, Patient must be released.
- ✓ Either way a Final Hearing will be set for the next Court Date.
- ✓ 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.

Step 3: Court Order

1

Emergency
Detention
Order (EDO)

2

Protective
Custody
Order (OPC)

3

Court
Order



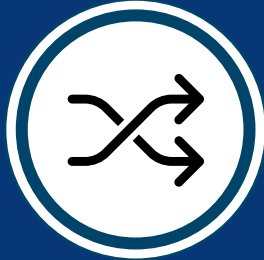
FINAL HEARING

- ☑ **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



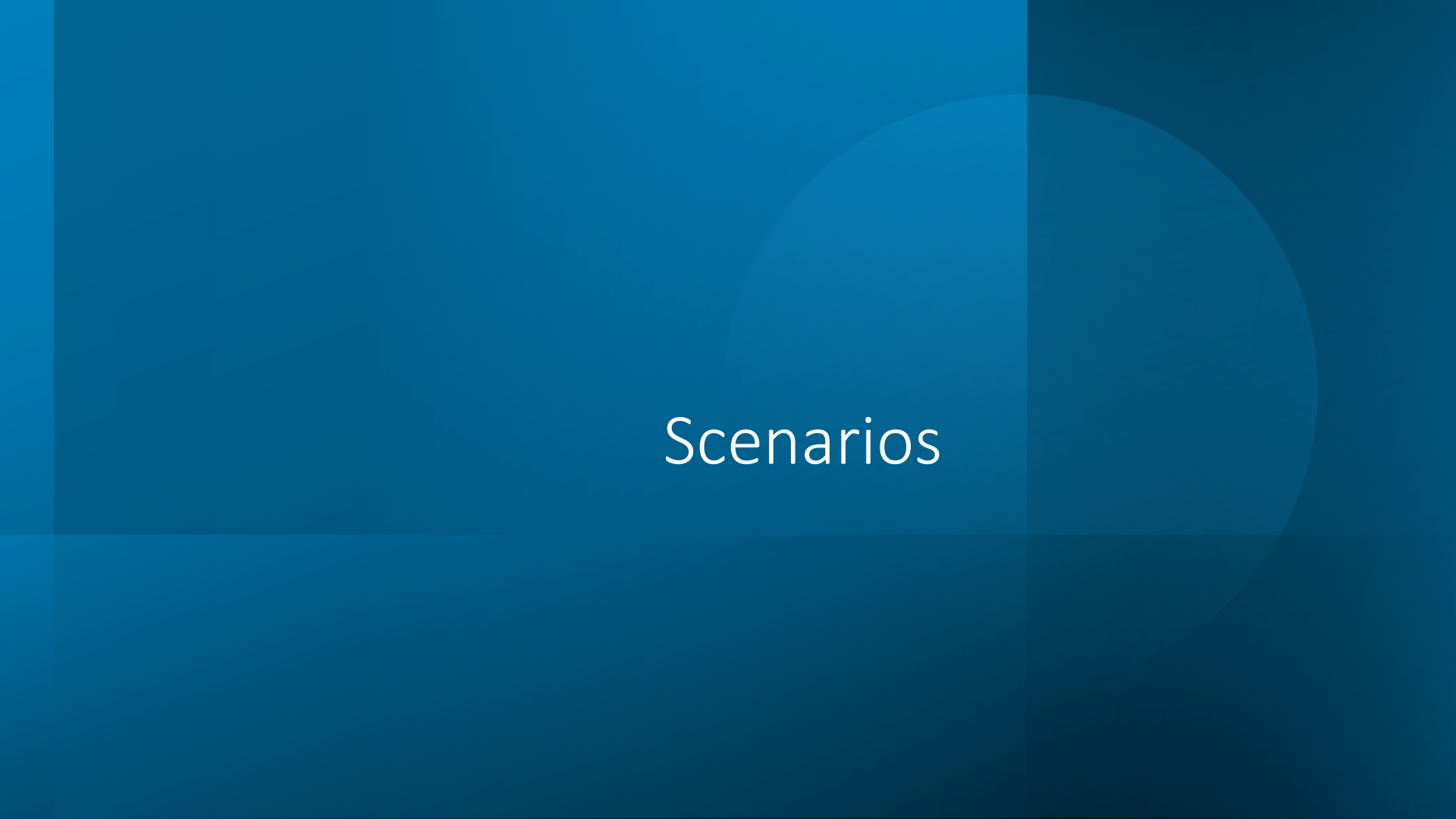
PSYCH
MEDS



MODIFICATIONS
AOT



DISCHARGE

The background is a solid dark blue. A large, semi-transparent light blue circle is positioned on the right side, partially cut off by the edge. A vertical line of a slightly lighter blue shade runs through the center of the image, passing through the circle.

Scenarios

Criminal Offense + Delusion Anosognosia

- Applicant states the individual, Brian, has schizophrenia, stopped medication, and is experiencing command hallucinations telling him to “fight back.”
 - Brian denies having mental illness and denies hallucinations, despite direct observation of him responding to unseen stimuli.
 - Brian wants to “strike first before they get me.” Continues to swing metal rod around and hits the neighbor's car.
- **Key Facts:**
 - Anosognosia → inability to appreciate risk
 - Risk not in threats, but in property damage/possible future harm to other

I'm Not Sick My Family Is Lying

- A 24-year-old student with first-episode psychosis believes her parents “implanted a tracker in her.”
 - She refuses to eat at home because she believes the food is drugged.
 - She has lost 15 pounds in 3 weeks.
 - She denies illness and says she “just needs to detox.”
 - No overt threats or attempts at self-harm.
- **Key Facts:**
 - Anosognosia → inability to appreciate risk
 - Weight loss + medical risk = deterioration
 - Risk not in threats, but in impaired judgment + inability to meet basic needs
 - A strong EDO despite lack of “dangerous act”



Living Conditions Collapse

A 62-year-old man with bipolar disorder refuses to acknowledge illness and stopped medication months ago.

Adult Protective Services reports he is:

- keeping rotting food
 - not paying bills
 - leaving the stove on
- wandering at night believing he is "searching for hidden messages"

He denies all concerns and says, "I don't have a mental illness — they want my house."

Key Facts:

- Anosognosia causing inability to appreciate risks
- Severe deterioration
- Safety risks (fires, wandering)
- Classic scenario for new EDO standard

Substance Use + Mental Illness

- A 30-year-old man with schizoaffective disorder is using meth.
 - He is seen arguing loudly with unseen people outside a gas station.
 - He is not attacking anyone, but he is paranoid and trying to enter locked vehicles.
- **Key Facts:**
 - Mental illness + substance use
 - Judges often struggle: “Is this just drugs?”
 - The law allows EDO if mental illness substantially impairs judgment and creates risk
 - Not solely substance abuse — mental illness is clearly present

ER Repeated Visits

- A nurse at a local ER reports that a 55-year-old man with schizophrenia has been in the ER three times this week asking for help “because the government is watching me.”
 - He is not violent. He denies self-harm.
 - However, he has stopped taking medication, is dehydrated, not eating well, and is sleeping in the parking lot.
 - Staff are worried about severe deterioration.
- **Key Facts**
 - Mental illness
 - Not classic harm—but significant deterioration
 - Fit for discussion under updated “severe emotional distress/deterioration” prong



Diabetes

► Facts:

- Woman with known schizophrenia refuses insulin for diabetes because she believes “the doctor is replacing my blood with chemicals.”
- Has not eaten in 48 hours; EMS reports early diabetic crisis.
- She denies illness and insists she is “being poisoned.”

Key Facts:

- Medical danger and mental illness
- Deterioration as self-endangerment
- Injury not caused by violence

QUESTIONS?

DANIELA JIMENEZ CHISOLM, *Senior*
Trial Attorney D.Chisolm@epcountytexas.gov



Competency Restoration Task Force

Other Business



- a) Other Business:
- b) Reentry Report
- c) Crisis System – 911/988 - MCOT/YCOT

V. Announcements

- a) TAY SIM Gathering at EHN on October 14th



El Paso County SIM Update with Transition Age Youth (TAY) Emphasis

The Judicial Commission on Mental Health and the Paso del Norte Center at Meadows Institute will host an intensive day long event on:

Wednesday October 14th from 9:00 am – 3:00 pm.

NEXT MEETING



**The Next Justice Leadership
Council General Meeting is
targeted for Wednesday,
October 7th from 3:30 – 5:00 pm**



Adjourn

Preventing Isolation and Promoting Social Connection

“isolation and silos weaken our communities; without strong communities, we cannot pull together in times of hardship and our diversity turns from a source of strength to a source of conflict. **When we have strong connections with each other everything is possible”.**

- U.S. Surgeon General Dr. Vivek Murthy

Due 1ST of the Month

Crisis and Emergency Services Jail Diversion Committee Data Report

Month of: August

Crisis Hotline

REPORTING INFORMATION:		DATA:	
Percentage of PD Call Referrals to Emergency Departments		4.36%	
Total Referrals to Emergency Departments		190 (6.23%)	
Number of PD Calls	Total	133	
	EPPD	122	
	Socorro PD	2	
	Horizon PD	5	
	EPISD PD	1	
	Sherriff's Office	2	
	San Elizario Marshall	1	
	UTEP PD	0	
Number of CIT Referrals to Emergency Departments	Total	57	
	CIT	52	
	School Based	1	
	CIT-SO	4	

Crisis Hotline Call Breakdown

REPORTING INFORMATION:		DATA:
Total Monthly Calls	3048	
EHN Crisis Hotline Calls	1154	
EPCJ Crisis Calls	2	
988 Suicide & Crisis Lifeline Calls	1112	
911 Diversion Calls	70	
311 Diversion Calls	18	
Number of EPCSO Calls	3	
Staff Line & Police Line Calls	690	
OUTCOMES		
Rescue Services	95	
Mobile Crisis Outreach Requests	270	
Crisis De-escalation	1718	
Hospital Coordination	500	
Information and Referral	465	

Extended Observation Unit

REPORTING INFORMATION:		DATA:	
EOU admissions:		56	
Crisis walk-ins assessed:		292	
Crisis walk-ins with EOU Disposition:		33	
Law Enforcement drop-offs:		8	

Due 1ST of the Month

Recidivist patients:	1 month	0
	3 months	0

Crisis Intervention Team

REPORTING INFORMATION:	Total Calls:	Remained in Community	Received In-Patient Mental Health Service	Hospitals-ERS	Other/Comm Follow up	Jail
CIT EPPD:	225	70	54	66	31	4
CIT EPCSO:	64	23	17	18	6	0
CIT Horizon PD:	14	6	3	2	3	
CIT School Based:	66	49	6	11	0	0