



NAVIGATING THE CIVIL COMMITMENT PROCESS: A Clinical and Legal Perspective

*Presented by:
Roberto Kutcher-Diaz, M.D.
Daniela Chisolm, Assistant County Attorney*

NAVIGATING THE CIVIL COMMITMENT PROCESS: A Clinical and Legal Perspective

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.



MEET YOUR PRESENTERS



ROBERTO KUTCHER DIAZ, MD

*Resident, Texas Tech University
Health Sciences Center*



DANIELA CHISOLM
*Sr. Trial Team Chief, El Paso County
Attorney's Office*





ROBERTO KUTCHER DIAZ, MD

*Resident, Texas Tech University
Health Sciences Center*

Roberto Kutcher Diaz is originally from San Juan, Puerto Rico. He completed his bachelor's degree in biopsychology at the University of California, Santa Barbara, where he first discovered his passion for mental health. Kutcher Diaz completed his master's degree in Public Health at the San Juan Bautista School of Medicine in Caguas, PR, where he graduated Summa Cum Laude. Kutcher Diaz received his medical doctorate from Universidad Central del Caribe in Bayamon, PR. Currently, Kutcher Diaz is finishing my 3rd year of residency at Texas Tech, after which he will begin his child and adolescent psychiatry fellowship. During his time in residency, Kutcher Diaz learned a lot about the medical-legal aspects of psychiatry through his training, working with both medical and legal professionals, and one of his goals is to create awareness of how the system works to aid access to appropriate care, especially in the context of acute mental illness.

DANIELA CHISOLM

*Sr. Trial Team Chief, El Paso County
Attorney's Office*

Assistant County Attorney, Daniela Chisolm, is a Senior Trial Attorney in the Mental Health Litigation Unit at the El Paso County Attorney's Office. Chisolm represents the State of Texas in the civil court commitment processes. Chisolm is a former defense attorney for those individuals in the court commitment process. She has a unique perspective of being on both sides of the civil commitment laws creating in depth insight to the systemic barriers for both sides in the mental health system. Chisolm trains local, statewide and national mental health stakeholders. Chisolm serves as the Vice President on the Board of Directors for NAMI El Paso. Chisolm is passionate about improving the mental health system.



Civil Commitments

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

2 TYPES:

INPATIENT

OUTPATIENT

Initiating the Process

1

**Emergency
Detention
Order (EDO)**

2

**Protective
Custody
Order (PCO)**

3

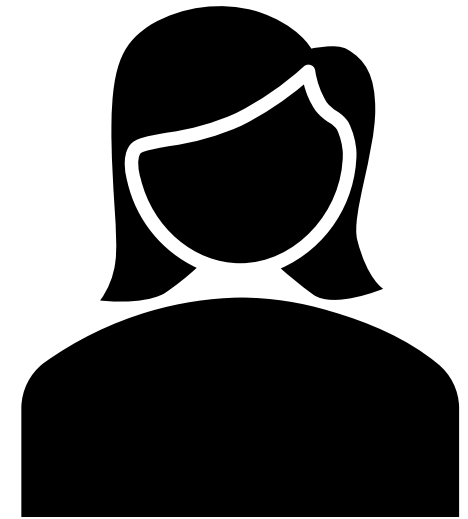
**Court
Order**



EMERGENCY DETENTION ORDER



**WARRANTLESS DETENTION
BY A PEACE OFFICER**



**APPLICATION BY A
PHYSICIAN OR ADULT**



EMERGENCY DETENTION ORDER

Elements of EDO

1. MENTAL ILLNESS

AND

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



Mental Illness Defined:

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

Mental Illness DOES NOT Include:

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





EMERGENCY DETENTION ORDER

RISK OF HARM:

- 1. Must be based on personal observation**
- 2. Context is key (jingle bells)**



VS





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)**

Notification—Emergency Detention NO. _____

DATE: _____ TIME: _____

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

_____ D.O.B.: _____

NOTIFICATION OF EMERGENCY DETENTION

Now comes _____, a peace officer with El Paso Police Department,
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 :

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

x _____ BADGE NO. _____
PEACE OFFICER'S SIGNATURE

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--Emergency Detention

NO. _____

DATE: _____ TIME: _____

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

_____ D.O.B.: _____

NOTIFICATION OF EMERGENCY DETENTION

Now comes _____, a peace officer with El Paso Police Department,
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 :

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

x _____ BADGE NO. _____
PEACE OFFICER'S SIGNATURE

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.

“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.

Notification - Emergency Detention NO. _____

DATE _____ TIME _____

THE STATE OF TEXAS
FOR THE BEST INTEREST AND PROTECTION OF

_____ DOB _____

NOTIFICATION OF EMERGENCY DETENTION

Now comes _____, a peace officer with El Paso Police Department,
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.

**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 persons 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

- Diagnosis
- Physician's Personal Observations Of Behavior Indicative Of Harm

NO CONCLUSORY STATEMENTS



Emergency Detention Order

Sample Form:

Application for Emergency
Detention by Adult (anyone other
than physicians & law enforcement)

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

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



SUBMITTING PAPERWORK EMERGENCY DETENTION WARRANT

THE PAPERWORK IS EMAILED/DELIVERED TO:

COUNTY ATTORNEY'S OFFICE, MENTAL HEALTH UNIT

Michele Rodriguez: Michele.Rodriguez@epcounty.com

Marisol Nevarez: MaNevarez@epcounty.com

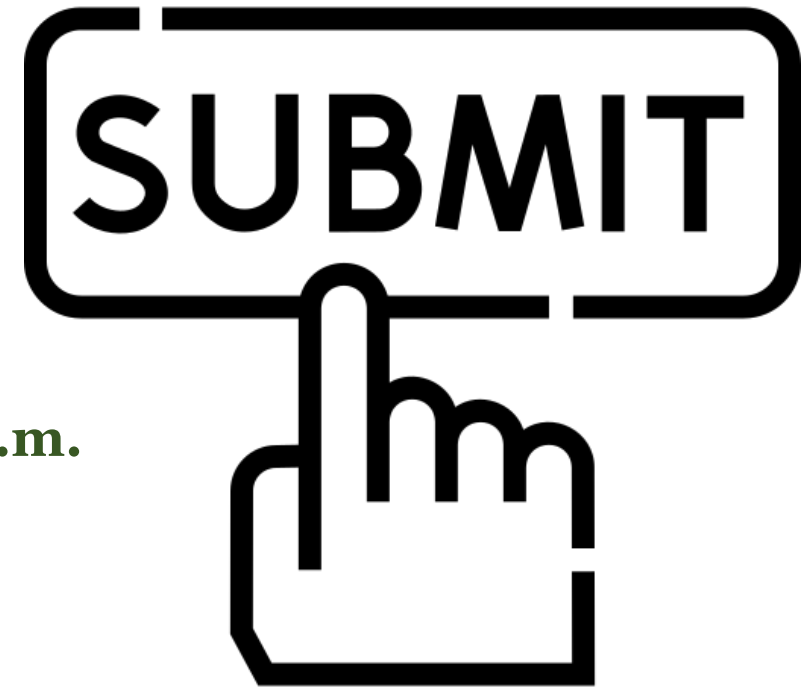
Monday – Friday (except holidays)

During: 8:00 a.m. – 12:00 p.m.

The Magistrate – Jail (Physicians ONLY)

**Monday - Friday after 12:00 p.m.
weekends and holidays**

FAX: (915) 546-2256



What is it?

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

How does a PCO get granted?

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



CERTIFICATE OF MEDICAL EXAMINATION

NO. _____

THE STATE OF TEXAS IN THE PROBATE COURT OF
 AND THE COUNTY OF _____
 AND DISTRICT OF _____
 EL PASO COUNTY, TEXAS

WITNESSETH: _____

STATE OF TEXAS
 COUNTY OF _____

CERTIFICATE OF MEDICAL EXAMINATION

I, the undersigned, a person licensed to practice medicine in the state of Texas, in a person employed for or upon having a license to practice medicine in the state of the United States, do hereby certify, to wit:

1. My name is _____
 M.D. No. _____, do the _____ day of _____, 20____, at _____
 in the city of _____, in the county of _____, State of Texas,
 and the _____ of the following location: _____
 Patient, whose address is: _____

YES NO I certify to the accuracy, if obtained by the Proposed Patient's consent, of the information that I have provided in this certificate.

2. My opinion of the patient and purpose of this 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. (State only the circumstances which led to the person's behavior or by evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot reason or thereby will 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, LEAVING JURISDICTION OVER THIS MATTER. HEARINGS ARE HELD AT THE EL PASO PSYCHIATRIC CENTER, 4635 ALAMEDA AVE., EL PASO, TX 79905, AT 9:00 A.M., EVERY MONDAY AND THURSDAY.

EXHIBITED 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

7. (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:

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

7. (c) (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. (State only the circumstances which led to the person's behavior or by evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot reason or thereby will the time of the hearing). The detailed basis for such an opinion is:

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

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

On or about 03/16/2021 (date), the proposed patient said the following:

46-year-old Hispanic female with PPH of Bipolar Disorder, previous psychiatric admissions, and previous suicidal attempt admitted to Medical ICU after walking in front of a car. Patient suffered multiple fractures to jaw, ribs, and pelvis. Patient states she walked in front of car because she was "fed up." She reports she hears voices telling her to kill herself. She reports she walked out of house on day of accident floating on two pillowcases and experienced an out of body experience. She reports she was in contact with two strangers that day with whom she communicates telepathically. She alleges they were able to sync up, obtain a bible and burn the same pages of said bible at the same time at different locations.

5. (b) **On or about 03/16/2021, the proposed patient committed the following act(s):**

Patient was awake and alert. Cooperative with interview but disheveled. Patient has decreased eye contact. Her speech was clear, with increased rate and volume. Mood is described as "not so good." Affect is flat and congruent with stated mood. Thought process is circumstantial and tangential with flight of ideas. Thought content are devoid of suicidal ideation and homicidal ideation at this time. Patient endorses paranoid, grandiose and bizarre delusions as well as auditory hallucinations. Judgement and insight are poor as evidenced by events leading to admission.

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:

Patient requires inpatient psychiatric treatment as patient is a danger to herself, danger to others, and at further risk of deterioration and decompensation. Patient is currently in a manic episode which renders her unable to make rational decisions. Patient requires inpatient psychiatric treatment and observation at this time.

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



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

QUESTIONS?

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