



MEMORANDUM

TO: Mayor and Council Members

FROM: Rey Arellano, Assistant City Manager

DATE: July 15, 2021

SUBJECT: Update Regarding Mental Health Diversion Initiative – Meadows Mental Health Policy Institute Interim Report

The purpose of this memo is to provide an update on the mental health diversion initiative. During the FY 21 budget process, City Council approved funding for the City Manager to fully implement the program recommended in the Meadows Mental Health Policy Institute for Texas (MMHPI) "[Recommendations for First Responder Mental Health Calls for Service](#)", May 15, 2019; and to engage a contractor to perform project management services to ensure implementation of the recommendations.

On October 1, 2020, City Council approved the execution of a contract with MMHPI to fully implement the recommendations from their report. Since contract execution, staff and Integral Care have worked closely with MMHPI to set an implementation schedule and establish goals to reach the milestone of 100% of all calls with a mental health component, which do not pose a risk to public safety, to be diverted from law enforcement response.

I provided updates and highlighted the project's progress in my memos dated [October 21, 2020](#) and [February 5, 2021](#).

Attachment A is MMHPI's Interim Report that presents the current implementation status of the Austin CARES Program and includes a status of the six recommendations from the May 2019 report:

1. APD Chief's Mental Health Program and Response Advisory Function Developed within the Behavioral Health and Criminal Justice Advisory Committee.
2. Mental Health training for call takers and dispatchers.
3. Mental Health Integrated Dispatch.
4. Sustainability of EMCOT, including Telehealth Expansion.

5. Collaboration with APD Crisis Intervention Team and Community Health Paramedic Program.
6. Community Outreach in Collaboration with NAMI (National Alliance on Mental Illness) Central Texas.

In addition, also attached is two-page document titled (Attachment B), “What works in Mental Health Dispatch” provided by the MMHPI, that highlights best practices for handling mental health crises by law enforcement professionals.

For additional information, please do not hesitate to contact me or EMS Assistant Chief Andy Hofmeister (Andy.Hofmeister@austintexas.gov).

cc: Spencer Cronk, City Manager
CMO Executive Team
Interim Chief Jasper Brown, Austin-Travis County Emergency Medical Services
Assistant Chief Andy Hofmeister, Austin-Travis County Emergency Medical Services
Interim Chief Joseph Chacon, Austin Police
Assistant Chief Richard Guajardo, Austin Police
Lieutenant Kenneth Murphy, Austin Police
Dawn Handley, Chief Operations Officer, Integral Care
BJ Wagner, Senior Fellow of Justice System Policy, Meadows Mental Health Policy Institute

Attachments:

- A. Meadows Mental Health Policy Institute’s Interim Report, Implementation Status of the Austin CARES Program
- B. “What Works in Mental Health Dispatch”

Implementation Status of the Austin CARES Program

Interim Report: City of Austin

July 15, 2021

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Contents

Introduction	3
Purpose, Development, and Format of the Interim Report.....	4
Current Status of Recommendation 1	5
May 2019 Recommendations.....	5
Current Implementation Status: Completed	6
Current Status of Recommendation 2	6
May 2019 Recommendations.....	7
Current Implementation Status.....	7
Next Steps for Full Implementation.....	8
Current Status of Recommendation 3	8
May 2019 Recommendations.....	8
Current Implementation Status.....	9
Next Steps for Full Implementation.....	10
Current Status of Recommendation 4	11
May 2019 Recommendations.....	11
Current Implementation Status.....	12
Next Steps for Full Implementation.....	13
Current Status of Recommendation 5	14
May 2019 Recommendations.....	14
Current Implementation Status.....	15
Next Steps for Full Implementation.....	15
Current Status of Recommendation 6	15
May 2019 Recommendations.....	16
Current Implementation Status.....	16
Next Steps for Full Implementation.....	17

Introduction

The City of Austin engaged the Meadows Mental Health Policy Institute (Meadows Institute) in late 2018 through early 2019 to identify improvements to the city's emergency response system. The engagement, guided by the Office of the City Auditor's report, *Austin Police Department Response to Mental Health-Related Incidents*, and informed by first responder best practices, included a data-driven analysis to support decisions and recommendations for policy and program developments. The Institute's report was issued May 19, 2019 and included six recommendations for improving the City of Austin's first responder system for people living with mental illness who experience a mental health-related emergency. Collectively, those recommendations are referred to as the Austin Coordinated Access to Resources and Essential Services, or Austin CARES program:

- *APD Chief's Mental Health Program and Response Advisory Function Developed Within the Behavioral Health and Criminal Justice Advisory Committee*
- *Mental Health Training for Call Takers and Dispatchers*
- *Mental Health Integrated Dispatch*
- *Sustainability of EMCOT, Including EMCOT Telehealth Expansion*
- *Collaboration with APD Crisis Intervention Team and Community Health Paramedic Program*
- *Community Outreach in Collaboration with NAMI Central Texas*

The City of Austin engaged the Meadows Institute again in April 2020 to fully implement the recommendations from The Institute's May 2019 report. In this second engagement, the Meadows Institute will complete the following deliverables:

- Review the current implementation status of the Austin CARES Program since the May 2019 report.
- Convene stakeholders with the City of Austin to create a strategy map and full implementation plans with unified progress benchmarks and reporting schedules among all city resources; and
- Identify individuals at the Austin Police Department (APD), Austin-Travis County Emergency Medical Services (ATCEMS), and Integral Care who are accountable for achieving the agreed-upon benchmarks, reporting progress towards those benchmarks, and coordinating directly with the Institute, as needed.

This interim report presents the Meadows Institute's draft findings regarding the current implementation status of the Austin CARES Program for review and feedback by stakeholders involved in the process.

Purpose, Development, and Format of the Interim Report

This interim report documents the implementation status of each of the six recommendations from the May 2019 report and provides a revised implementation strategy for full implementation of an alternative response to behavioral health emergency calls, referred to in this report as the Austin CARES Program. The project is focused on the Austin Police Department (APD) and those resources managed by the City of Austin. However, all parties recognize that developing an improved mental health emergency response requires close coordination with multiple other agencies, including the following core APD partners: Austin-Travis County Emergency Medical Services (ATCEMS), which provides EMS services, and Integral Care, the local mental health authority. In developing a revised strategy, the Meadows Institute was tasked with identifying the accountable individuals at APD, ATCEMS, and Integral Care responsible for achieving implementation benchmarks. Although this report designates an agency lead or command position as the task's accountable individual, we recognize that leadership for each agency may assign tasks to appropriate agency staff and designees. For each task, accountable individuals and designees will receive technical assistance and support from a Meadows Institute team member to achieve the implementation tasks and goals.

The Meadows Institute convened two strategy mapping sessions with stakeholders from APD, ATCEMS, Integral Care, and other organizations. We (Meadows Institute) reviewed the current status of progress during these sessions and facilitated discussions of realistic next steps toward full implementation of the six recommendations from the May 2019 report. In preparing this interim report, we also reviewed updated policies, notes from relevant meetings, and updated data. This report summarizes the original six recommendations and provides a brief discussion of the current implementation status of each.

The full implementation of these six recommendations will result in a comprehensive crisis prevention, intervention, and response system that will provide a health-centric response to people at risk of needing or in current need of mental health emergency services. Austin CARES was created to realize the Austin City Council's goal of establishing the earliest point in the emergency continuum through which 100 percent of mental health emergency calls to 911 that do not pose a risk to public safety are safely diverted from a law enforcement response into appropriate care. This diversion preserves the city's first response resources to focus on the safety of the City of Austin and its residents.

Current Status of Recommendation 1

Recommendation #1

*APD Chief's Mental Health Program and Response Advisory Function
Developed Within the Behavioral Health and Criminal Justice Advisory
Committee*

The Travis County Behavioral Health and Criminal Justice Advisory Committee (BHCJAC), a collaboration of Travis County criminal justice and behavioral health stakeholders, is an independent entity that works in a non-partisan framework to identify, build, and support strong criminal justice and behavioral health collaborative systems in Travis County. BHCJAC's mission is to develop and sustain a planning partnership to support people with behavioral health needs and to promote justice and public safety. It has 24 members representing various entities from the City of Austin and Travis County (e.g., Downtown Austin Community Court, APD, and Central Health) and behavioral health stakeholders (e.g., Integral Care, NAMI Central Texas, members of the advocacy community, and people with lived experience with mental health conditions).

Based on the shared value that behavioral health needs are best addressed through treatment alternatives rather than through the criminal justice system, jail, or prison, BHCJAC is an ideal group to serve as an advisory body to the Chief of Police for issues related to mental health emergency calls for service (mental health responses).

May 2019 Recommendations

- We recommended that BHCJAC consider whether its charter allows for this advisory role and, if not, amend the charter to reflect a new function of advising the APD Chief of Police on responses to people with a mental health emergency and the development of any additional behavioral health-related programs.
- We also recommended that APD provide quarterly reports to BHCJAC on mental health emergency calls for service items, including the number of mental health emergency calls for service, location of frequent mental health emergency calls for service, response to resistance on all mental health emergency calls (with limited case review as information allows), and the number of hours routine patrol spends managing mental health emergency calls for service. We recommend that APD should include in these reports any collaborations developed to conduct outreach and engagement to ensure people with mental health care needs are not subject to unnecessary stigma.
- In addition, we recommended that BHCJAC review Crisis Intervention Team (CIT) calls and provide structured feedback to the Chief of Police and this review should be conducted by the committee's entire membership, not an abbreviated workgroup; this would reinforce comprehensive, independent, and multidisciplinary advisement. This advisory function would allow the department to have an independent and dynamic

review of efforts for ongoing improvements, supports, and highlights of exceptional efforts that affect Austin residents in need of care.

Current Implementation Status: Completed

At the August 14, 2020, BHCJAC meeting, APD Assistant Chief Joe Chacon (who was named Interim Chief in March of 2021) provided a PowerPoint presentation containing the data elements recommended in the initial report. As a result of the initial presentation, committee members asked for additional information which was provided at the following September 2020 meeting. Assistant Chief Chacon was invited to provide a second report at the December 2020 meeting and attended the January 2021 meeting to respond to questions.

BHJAC leadership reviewed the group's charter and determined that the charter allows the committee to assume the advisory role recommended in the Institute's May 2019 report. Leadership also found the process of a regular update from APD, documented with a PowerPoint presentation, with APD responding to any questions at the next meeting to be an opportunity for meaningful review and input. BHJAC formally agreed to serve in the recommended advisory role at the February 12, 2021 meeting, when the following motion was approved:

"In relation to the Meadows Institute, a series of recommendations for APD to improve its mental health program in 2019. #1 Recommendation was to establish an advisory role to the Chief of Police. This is being completed by having Chief Chacon presenting quarterly to BHCJAC. If BHCJAC adds to minutes that we approve and vote that the presentations and allow the Meadows group to review, this will be beneficial. Chief Chacon is asking that we establish this going forward."

Recommendation #1			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
APD Chief's Mental Health Program and Response Advisory Function Developed within the Behavioral Health and Criminal Justice Advisory Committee	Completed in accordance with recommendation.	Yes	Completed 3/15/2021

Current Status of Recommendation 2

Recommendation #2

Mental Health Training for Call Takers and Dispatchers

The May 2019 report found that APD provides training for 911 call takers and dispatchers in accordance with the Texas Commission on Law Enforcement requirements. APD's 911 staff

receive instruction on standard operating protocols and call classification, including protocols for labeling or titling mental health emergency calls for service. The APD CIT program also provides a one-hour training class on crisis intervention for call takers. Despite this training, APD's training for call takers and dispatchers did not equip these front-line professionals for the central responsibilities of recognizing and managing mental health emergency calls.

May 2019 Recommendations

- We recommended that APD, in collaboration with NAMI Central Texas and Integral Care, create an evidence-based and research-informed mental health emergency call identification and management training for all 911 call takers. We further recommend that the training should be of high quality and include an academic or external professional review. Topics should include active listening, mental health symptom recognition, communication techniques for people experiencing a mental health emergency, and verbal de-escalation. Each 911 call taker should receive this training and demonstrate competency as a core part of their duties. Several curriculum examples exist and have been deployed with success in areas across the state and country.
- We recommended that APD establish a goal, and associated training schedule, to train all 911 call takers within 12 months of adopting the new training course. All new call takers should be required to complete this training and demonstrate competency in the material before being released to work independently.

Current Implementation Status

APD has implemented the Mental Health First Aid training program for 911 system dispatchers and call takers. This training has been a major effort for APD, with almost 200 staff trained to date, and is a positive initial step towards improved training. However, Mental Health First Aid does not contain some of the important training elements detailed in our initial recommendation, and additional work is required to implement call taker and system dispatcher training fully.

A workgroup has been established to implement Recommendation #2 with participation by required stakeholders. ATCEMS Assistant Chief Andy Hofmeister has facilitated the workgroup meetings with support from the Meadows Institute. The workgroup has completed a review of national training models and curriculum. Invitations have been extended to join the multidisciplinary workgroup that will review the draft training curriculum and suggest revisions, as needed.

Next Steps for Full Implementation

Recommendation #2			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
Mental Health Training for Call Takers	Incomplete: A review of Mental Health First Aid is complete and gaps in training have been identified. Stakeholders have reviewed additional training models and are in the process of completing the first draft of Austin Mental Health Training for Call Takers and Dispatchers. The first draft is due 6/1/2021.	Additional steps needed for full implementation include first draft, advisory review, edit, final draft, adoption of training, and approved training schedule.	9/30/2021

Current Status of Recommendation 3

Recommendation #3 *Mental Health Integrated Dispatch*

Serving as the first contact a person makes when calling 911, the 911 call center is a vital triage point. As noted in the May 2019 report, there have been critical times when behavioral health elements may not have been understood by the 911 call taker or passed along to the responding officer. Further, sometimes a law enforcement response may not be the most appropriate response for a person calling 911. Trained licensed professionals play a vital role in triaging these needs, ensuring assignment to the most appropriate resources available, and supporting the officer with all necessary and available details while they are on scene. We provided examples of effective collaboration with licensed clinicians embedded in or readily accessible to 911 call centers who have demonstrated efficacy in diverting non-emergent calls away from police and EMS to community-based care.

May 2019 Recommendations

- We recommended that the City of Austin collaborate with Integral Care to place clinicians directly on the dispatch floor as an integrated component of 911 operations. Implementation and program design should reflect the needs of Austin and consider modifications, including participating at an earlier triage point with 911 call takers, increasing the ability to divert calls to the most appropriate resources (e.g., Enhanced Mobile Community Outreach Team or EMS), and providing support and appropriate information to officers on scene.

- We recommended that these embedded 911 call center clinicians hold Criminal Justice Information Systems (CJIS) clearance and complete the Texas Commission on Law Enforcement 911 call taker education course to enter information directly into the Computer Automated Dispatch system and communicate directly with officers on scene.
- We recommended that 911 call center clinicians have access to Integral Care computer and data systems while in the call center and that policies support the sharing of necessary information with police and EMS to reduce the risk of escalation and poor outcomes for mental health emergency calls for service and to provide consultative services as well as diversion services.
- We recommended that the Austin 911 call center amend policies to direct all 911 call takers to ask, “Do you need police, fire, EMS, or mental health?” for every 911 call. Any mental health 911 call would be immediately transferred to a 911 call taker who has completed and demonstrated competency in mental health training for 911 call takers, adding on a call center clinician member when available for consultation as well as direct resource services.

Current Implementation Status

Call center clinicians from Integral Care are now embedded with the 911 call center from 8:00 am to midnight Mondays through Fridays and from 10:00 am to 8:00 pm on Saturdays and Sundays. Integral Care established 24/7 coverage on May 2, 2021, exceeding the timeframe recommended. APD and Integral Care are developing a unified policy and protocols for the use of the embedded clinicians.

Assistant Chief Andy Hofmeister, with Austin Travis County Emergency Medical Services, is facilitating the Recommendation #3 workgroup. Meadows Institute staff have reviewed national best practices for determining risk as part of triage in 911 call centers, and the workgroup has reviewed the information. Policy, protocols, and training documents are being developed with the indicated due dates.

On February 1, 2021, the City of Austin added a fourth triage question option, “Mental Health Services,” to the 911 answering script. The new greeting is “Austin 911, do you need Police, Fire, EMS, or Mental Health Services?” A caller requesting mental health services is connected to an on-site clinician during hours that a clinician is available. If a clinician is not available, a Crisis Intervention Team (CIT) officer is dispatched. Implementing the mental health call option was a critical first step to full implementation of Austin CARES, and we are not aware of another 911 system in the country that offers this mental health option to callers.

Next Steps for Full Implementation

Recommendation #3			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
Mental Health Integrated Dispatch	<p>Complete: C3s are currently available Monday – Friday 0800 -0000 and Saturday and Sunday 1000-2000.</p> <p>Complete: All clinicians currently supporting the integrated dispatch have been granted CJIS clearance.</p> <p>Complete: Call center has initiated the “Mental Health” fourth option.</p> <p>Incomplete: C3 can enter information directly into CAD and communicate with officers on scene.</p> <p>Incomplete: Collaborative policies for Integral Care, APD, and ATCEMS are still under development. Consultative policies are not developed.</p>	<p>C3s are available 24 hours per day 7 days per week including Monday through Friday from 8:00 a.m.to midnight including Saturday and Sunday 1000-2000.</p> <p>CJIS clearance completed.</p> <p>Adding “Mental Health” as an answering option completed.</p> <p>TCOLE training including a path leading to licensure as a tele-communicator was provided for Integral Care's consideration. Additional options are currently being explored.</p> <p>Completion of the integrated collaborative polices for APD, ATCEMS, and Integral Care, including consultative services for on-scene first responders.</p>	7/01/2021

Current Status of Recommendation 4

Recommendation #4 *Sustainability of EMCOT, Including Telehealth Expansion*

Our May 2019 report found that the Enhanced Mobile Community Outreach Team (EMCOT) program has proven to be a valuable part of Austin’s mental health emergency response system. The program’s structure, which allows for direct dispatch of crisis staff to mental health emergency calls for service with officers, permits rapid assessment and immediate connections to care for vulnerable people across the city. However, the program has limitations that must be addressed alongside any plans to sustain and expand its use. Because of the unpredictable nature of police calls for service, crisis workers are unable to deploy to every call in which they could be of benefit. Further, as we heard in multiple stakeholder committee meetings, there are times when this response is significantly delayed, if not impossible, because staffing patterns do not meet the need.

Evidence in Texas and from cities across the country shows that mobile telehealth is proving to be a workforce multiplier, significantly enhancing systems, and enabling an immediate connection to mental health emergency and other health services¹. Austin is uniquely situated to create a system that specifically meets the city’s unique needs while demonstrating an innovative approach that could be a model for other cities across the country.

May 2019 Recommendations

- We recommended that the EMCOT program remain at its current size and scope. However, EMCOT should expand the use of telehealth for immediate access to mental health emergency care services which would reduce the cost of adding staff. In collaboration with APD, ATCEMS, and Integral Care, protocols should be developed to maximize the use of telehealth connections with EMCOT for care services to expand EMCOT’s reach and capacity, expand the scope of calls that clinicians can respond to without introducing additional risk to the clinician, and decrease wait time for clinicians’ arrival. Collectively, these measures would put officers and ambulances back into service more rapidly.
- We recommended that EMCOT clinicians assigned to the telehealth service be housed at the 911 call center and work as EMCOT telehealth mental health emergency screeners while supporting call center clinician functions. Co-location for EMCOT telehealth services is a workforce multiplier for the call center clinician function and integrates this first responder-focused service directly into the first responder workflow. This

¹ Texas Health and Human Services Commission. (2021, January). *All Texas Access Report*. Texas HHSC <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/all-texas-access-report-dec-2020.pdf>

consolidated workplace model enhances cross-system collaboration and increases shared learning and debriefing opportunities.

- Based on call data cross-referenced with EMCOT data, we recommended having one EMCOT telehealth clinician on duty, Mondays through Fridays from 8:00 am to 3:00 pm. For evening coverage, the time of day with the highest number of mental health emergency calls for service to both APD and ATCEMS, we recommended including two EMCOT telehealth clinicians from 3:00 pm to midnight. Recommended weekend coverage includes one EMCOT clinician on duty Saturdays and Sundays from 3:00 pm to 11:00 pm. We recommended this staffing in addition to current EMCOT deployment patterns and clinicians.
- We recommended partners collaborate with the city to develop a strategic plan to sustain EMCOT telehealth expansion beyond the initial funding period. This collaboration should include Central Health, Integral Care, Travis County, and others who would benefit from program activities. The city should also collect and evaluate outcomes, including the expanded program's impact on APD and ATCEMS resources and reductions in individual mental health emergency recurrence, response to resistance, misdemeanor arrests for people experiencing mental health crises, and other metrics as determined by Integral Care, the City of Austin, and APD.

Current Implementation Status

Integral Care leadership has committed to maintaining EMCOT at its current scope and size and integrating telehealth with EMCOT. Integral Care and APD have developed initial policies and protocols that identify telehealth as a limited-service and primary screening tool only. The policies and associated training include how to access a clinician through telehealth and how to facilitate the use of iPads in the field but does not identify telehealth as the primary EMCOT resource in the areas identified in the program recommendations. This will limit telehealth implementation and could lead to poor outcomes as it creates system barriers to full implementation.

Integral Care has 500 iPads available to deploy in the community as part of a coordinated expansion. An initial cohort of 100 iPads was distributed to APD officers in March 2020. To date, iPads have not been distributed to ATCEMS.

Currently, EMCOT telehealth is available as a screening-only service and only within APD services, excluding EMS, Monday through Friday from 8:00 am to 6:00 pm rather than the recommended hours reflected in the table below. Integral Care tentatively plans to add staff and expand coverage pending an evaluation of the expansion program. That said, we recommend implementation fully align with the recommendations prior to evaluating the

telehealth expansion of EMCOT as an evaluation prior to implementation may yield inaccurate results and present a barrier to achieving the diversion results the city council desires.

Next Steps for Full Implementation

Recommendation #4			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
Sustainability of EMCOT, Including Telehealth Expansion	<p>Completed: Funds have been allocated to sustain EMCOT in its current size and scope.</p> <p>Incomplete: Telehealth is identified as a referral service and not yet integrated into EMCOT services. The service is in limited geographic deployment and partial coverage. It is not yet operational as a complete telehealth care service for law enforcement and EMS.</p> <p>Incomplete: Policy and training for use of telehealth including iPad technical use, EMCOT integrated service use, and access to and services provided by EMCOT virtual clinicians. The limited training, which refers to telehealth as a referral service, has been completed for the initial 100 officers who have received iPads but EMS has not yet been brought into the expanded project.</p> <p>Incomplete: 100 iPads have been distributed to Edward and Ida sectors.</p> <p>Incomplete: EMCOT is currently available for Telehealth services Monday- Friday 0800-1800.</p>	<p>EMCOT should be sustained in its current size and scope.</p> <p>EMCOT is expanded by the use of telehealth in certain APD and EMS service districts. Telehealth protocols will be developed in collaboration with APD, EMS, and Integral Care to maximize the use of telehealth connections with EMCOT for emergency care service. MMHPI recommends using telehealth as the primary EMCOT service in these identified districts to expand the reach and capacity of EMCOT.</p> <p>Full implementation will require that iPads be placed in APD patrol vehicles and Austin EMS ambulances in city council districts 1, 3, and 9 as well as in the areas along I-35 noted in Maps 8 and 9.</p> <p>An EMCOT telehealth clinician will be available</p>	8/17/2021

Recommendation #4			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
		Monday – Friday 0800-0000. Saturday and Sunday 1500-2300 as the primary response for EMCOT.	

Current Status of Recommendation 5

Recommendation #5 *Collaboration with APD Crisis Intervention Team and Community Health Paramedic Program*

In our May 2019 report, we found that the Community Health Paramedic program (CHP) with Austin-Travis County EMS is an example of innovation that meets the city’s unique needs. CHP was established in 2006 to develop new ways to serve people who call 911 for non-emergent needs or conditions that other services could better address. CHP has developed partnerships with various local agencies, including Integral Care, Central Health, and Community Care. CHP includes a team of nine medics and one commander. The team engages patients in their homes or community settings to establish referrals and appointments with a primary care doctor, provide referrals to mental health services, and provide education on resources throughout Austin to address everyone’s needs before a medical or mental health emergency arises.

We also found that the APD CIT Unit currently provides similar outreach services as CHP. However, these services are reactive, not proactive, and do not include coordination with partners in health care, social services, or behavioral health care.

May 2019 Recommendations

- We recommended that APD coordinate with CHP to integrate CIT outreach and follow-up for mental health emergency calls with CHP’s services. This integration should include assigning at least one of the CIT Unit team members to the CHP program full time to conduct additional outreach, serving people who need mental health emergency care who call the 911 call center or have an interaction with APD while they are experiencing a behavioral health emergency. To ensure adequate staffing, an EMCOT telehealth connection should be integrated into the CHP team to support CIT follow-up and outreach.
- We recommended that APD reevaluate the practice of CIT officers conducting mental health outreach checks without the presence of behavioral health, paramedic, or social

services partners. APD should consider the risk of liability as well as the stigma created when a police agency delivers mental health outreach.

Current Implementation Status

There is active, although siloed, collaboration among CIT, CHP, Integral Care, and other community providers that serves as a foundation for improving outcomes through a new system-wide integrated collaborative process. Our review for this report examined the protocols for the Homeless Outreach Street Team (HOST) as a starting point for this broader system transformation. The Downtown Austin Community Court is a partner in HOST along with resources provided by APD, EMS, and Integral Care. These resources include officers allocated from the CIT program at APD. However, the HOST team does not perform public safety or law enforcement functions. Instead, it is a vital part of the clinical care continuum and initial connection to social services.

Next Steps for Full Implementation

Recommendation #5			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
Collaboration with APD Crisis Intervention Team and Community Health Paramedic Program	Incomplete: APD and EMS are reviewing policies and workflow. A draft workflow is being developed to guide a reassignment of appropriate mental health emergency follow ups, which do not pose a public safety risk, to CHP.	Mental health emergency care follow-up services that do not contain an element of public safety risk will be referred to CHP for follow up. CIT will only provide follow-up services for cases where an identified and viable public safety risks exists.	8/17/2021

Current Status of Recommendation 6

Recommendation #6

Community Outreach in Collaboration with NAMI Central Texas

Our May 2019 report found a high number of responses to resistance² at Levels 1 and 2 in areas where people of Hispanic descent living in poverty resided. We recognized that further study is needed to understand this finding fully.

May 2019 Recommendations

- We recommended that APD work closely with NAMI Central Texas to develop Spanish language materials for its “What to Do” educational program. This program provides people living with mental illness and their loved ones with quick checklists of what to tell police when calling for help and what to do to ensure effective communication with police when they arrive. These materials should be provided at community locations across areas with populations of people of Hispanic descent. Also, officers working in these areas should provide these materials to the communities in which they work.
- We also recommended that APD and NAMI Central Texas partner with local organizations, such as The Hispanic Alliance, to host community meetings for introducing these materials and officers to people throughout the areas of the city with populations of people of Hispanic descent.
- We recommended similar partnerships and outreach to Asian-American communities in collaboration with an existing organization such as the Asian-American Resource Center.

Current Implementation Status

A workgroup has been established to implement Recommendation #6 with participation by all required stakeholders. ATCEMS Assistant Chief Andy Hofmeister has facilitated workgroup meetings with staff support from the Meadows Institute. The workgroup has met twice and found that NAMI has several resource documents, many already translated into Spanish, that can be revised and updated for community distribution. The workgroup is completing a final review of these documents to ensure that updated processes and resources that are part of Austin CARES are properly included. Once finalized, documents will be printed and distributed. The workgroup is considering the best options for printing, including laminated cards, magnets, or other methods.

The City of Austin is facilitating another workgroup for community engagement around the use of the 311 and 911 systems. Members of the Recommendation #6 workgroup are also participating in the City’s community engagement process and will ensure the work is coordinated.

² Response to Resistance is an officers force response when encountering resistance. Resistance is defined in the Texas Penal Code section §38.03 as – Intentionally preventing or obstructing a person known to be a peace officer (or a person acting in a peace officer’s presence and at that officer’s direction) from effecting an arrest, search, or transportation of the actor or another by using force against the peace officer or another.

Next Steps for Full Implementation

Since the initial Meadows Institute report in May 2019, stakeholders in Austin, working

Recommendation #6			
Implementation Item	Current Status	Full Implementation	Final Completion/ Due Date
Community Outreach in Collaboration with NAMI Central Texas	All NAMI resource materials have been reviewed. Integral Care conducted a reading literacy review and their edits have been incorporated into the documents. APD has a translator for all documents not currently translated into Spanish. Scheduling for the dissemination of the resource materials is currently being conducted with APD District Representatives. APD, EMS, Integral Care, and NAMI PIO's, in coordination with MMHPI staff, will convene to discuss targeted dissemination via all means of media.	Awareness events will be placed on the APD and EMS public engagement calendar. This would include District Representative activities, Coffee with A Cop, Community Resource Fairs, engagement at cultural events and facilities in the areas identified in the recommendations, and social media engagements. Additionally, resource material will be distributed to patrol officers in the identified areas for general use in encounters with the public.	9/30/2021

collaboratively, have made significant progress toward implementation of the six recommendations from the 2019 report. While work is incomplete on specific recommendations, in every case there has been progress and the foundation exists for full implementation by the end of 2021. This is to the credit of those involved, as creating an integrated approach to crisis response is complicated, involves multiple systems, and requires executive leadership. The fact that Austin has advanced this work, particularly during a pandemic, illustrates a commitment to system transformation that will have a major impact in Austin and serve as an example to communities across Texas.

Meadows Mental Health Policy Institute

What Works in Mental Health Dispatch Training?

An emerging concern at the intersection of law enforcement and mental health policy is determining what are best practices in handling mental health crises by law enforcement professionals. Here we discuss the merits of specialized training for 911 call takers and emergency dispatchers over mental health first aid training.

Findings from a five-year analysis of officer reports indicate that the biggest predictor of a mental health 911 call for service outcome (transport to treatment in lieu of transport to jail) was *what the dispatcher told the officers as they were dispatched to the scene*.¹

Data indicated that calls where the officer was informed by the 911 dispatcher that the individual in crisis was suspected to have suicidal ideation had the highest likelihood of resulting in a mental health outcome of transport to treatment. Additionally, the analysis indicated:

- Calls that were dispatched as a general call for assistance, a disturbance, suspicious person, assault, suspicion of a crime, or to meet a citizen were far less likely to result in a mental health outcome of transport to treatment, even if ultimately the primary concern was a mental health crisis.
- When a dispatcher was specific about a crisis caller's mental health need (for example, the individual was described as not taking their medication and was in crisis as a result), the likelihood of transport to treatment was significantly higher than nonspecific dispatches.

In instances when the officer was provided detail about the 911 call for service by the dispatcher, the responding officer was able to make a more accurate assessment on the scene regarding the signs and symptoms of mental or physical health needs. The officer was also more likely to divert the individual in crisis from potential harm or violence to themselves or others on the scene. This suggests officers had the necessary background information needed to make informed decisions about how to approach the situation as well as whether or not the situation might necessitate the use of physical force.

Meanwhile, Mental Health First Aid (MHFA) focuses on teaching the risk factors of mental health concerns as well as the warning signs of an impending crisis. The training is beneficial for responders who might encounter an individual in crisis, but this is also its key shortcoming. The potential success of MHFA relies on the convergence of a person in crisis with a trained

¹ Ritter, C., Teller, J., Marcussen, K., Munetz, M., Teasdale, B. (2011). Crisis intervention team officer dispatch, assessment, and disposition: Interactions with individuals with severe mental illness. *International Journal of Law and Psychiatry*, 34(1), 30-38.

responder.² MHFA has generally been provided to individuals who will have direct, face to face contact with persons who may have a mental illness, and as such, is likely inadequate standing alone to train 911 call center operators, given that they do not have face to face contact with individuals³. Given this, it is important that MHFA, if provided, be supplemented with curriculum addressing reality based training for telephonic mental health emergency identification, officer communication, call tree implementation, and alternative response options and selection criteria.

Training 911 call takers and dispatchers to recognize and triage mental health crises telephonically and relay the appropriate information to trained officers equips public safety communications systems to help individuals in need despite physical distance and lack of direct contact, and allows the mental health response to be proactive rather than reactive.

Additional research on best practices in 911 dispatch training echoes the need to train dispatchers to not only recognize mental health-related 911 crisis calls for service, but also calls that require a public safety response. This highlights the importance of describing in specificity the details of the crisis call when dispatching officers.⁴ Research on emerging programs considered to be best practices find that an officer sent to a 911 call for service scene with as much information as possible allows law enforcement to resolve the encounter more efficiently, which means the officer(s) may return to public safety needs quickly while ensuring the best possible outcome for the person in need. This research supports the critical role of a dispatch team mental health clinician to provide guidance to 911 dispatchers and the responding officers, as opposed to providing only transfer care connections. Best practices regarding the utilization of a mental health dispatch team clinician as a primary component of coordinating the emergency response may increase the diversion of individuals to treatment when that is the most appropriate outcome. This research may serve as a guide for the partnership between Austin Police Department and Integral Care in both training development and implementation of the clinical dispatch program.

² Wong, E.C., Collins, R.L., Cerully, J.L. (2015) Reviewing the Evidence Base for Mental Health First Aid: Is There Support for its Use with Key Target Populations in California? *RAND Health Quarterly*. 5(1):19. <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v5/n1/19.html>

³ Mental Health First Aid: Research Summary. <https://www.mentalhealthfirstaid.org/wp-content/uploads/2021/04/MHFA-Research-Summary-April-2021.pdf>

⁴ Watson, A.C., Fulambarker, A.J. (2012). The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. *Best Practices in Mental Health*, 8(2), 71.