



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

Discussion of Recommendations

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Foundation of Recommendations

The following recommendations emphasize the creation of a collaborative system of prevention, intervention, and continuity of care. Ensuring that vulnerable people in need of care have access to services before they need to call 911 can decrease the risk of engagement with law enforcement or arrest.

By creating a system that is rooted in high quality training; adheres to policy, oversight, and accountability; and deploys the most current best practices in crisis response programs, the risk of officers having to use response to resistance tactics should be greatly reduced when they inevitably have to respond to a crisis call for service.

Foundation of Recommendations

In considering recommendations to strengthen crisis response in Austin, it is worth noting that there are evolving models that integrate crisis response within a general health framework. In such models, the primary response usually involves an EMT as a core part of the response. There are recommendations in this report that strengthen this type of integration between law enforcement, mental health, and healthcare.

Advisory to the Chief of Police

Behavioral Health and Criminal Justice Advisory Committee

- The Travis County BHCJAC is an ideal group to serve as an advisory body to the Chief of Police for issues related to crisis calls for service (mental health responses).
- The Travis County BHCJAC Should consider if its charter allows for this advisory role and, if not, amend the charter to reflect a new function of advising the Austin Chief of Police on responses to people in crisis and the development of any additional behavioral health-related programs.

Advisory to the Chief of Police

The Austin Police Department should provide quarterly reports to the Travis County BHCJAC on crisis call for service items. Items to consider include:

- the number of crisis calls for service,
- location of frequent crisis calls for service,
- response to resistance on all crisis calls (with limited case review as information allows), and;
- the number of hours routine patrol spends managing crisis calls for service.

Lastly, the department should consider including items related to collaborations developed to conduct outreach and engagement.

Mental Health Training for Call Takers

The Austin Police Department (APD), in collaboration with NAMI Austin and Integral Care, create an evidence based and research informed crisis call identification and management training for all call takers and dispatchers.

- Topics should cover, but not be limited to, active listening, mental health symptom recognition, communication techniques for people experiencing a mental health crisis, and verbal de-escalation.
- Each call taker should receive this training and demonstrate competency as a core part of their duties.
- All back training should be complete within 12 months of curriculum adoption.

Mental Health Integrated Dispatch

- The City of Austin should 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 innovations including participating at an early triage point with call takers, developing the ability to divert calls to more appropriate resources, and providing support and appropriate information to officers and medics on scene.
- *The call center clinician should have access to Integral Care computer and data systems in the call center, and policies should support the sharing of necessary information to reduce the risk of escalation and poor outcomes for crisis calls for service to Austin police officers as well as EMS services.*

Mental Health Integrated Dispatch

Austin 911 Operators should ask all callers: *Do you need police, fire, EMS or **Mental Health***

- Callers requesting mental health should be connected with a mental health trained dispatcher and a call center clinician.
- Additional collaborative protocols should be developed to ensure appropriate resources are provided when a mental health clinician is not available in the call center.

Sustainability of EMCOT - Including Tele-Health Expansion

There is evidence in Texas and in cities across the country that mobile tele-health is proving to be a workforce multiplier, significantly enhancing systems and making it possible to immediately connect people to crisis and health services.

- The EMCOT program should be sustained in its current size and scope. This investment should also include an expansion of the program through the use of tele-health for immediate access to crisis screening while limiting the cost of adding staff.
- Mobile tele-health equipment should be placed in APD patrol vehicles and 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.

Sustainability of EMCOT - Including Tele-Health Expansion

Protocols should be developed in collaboration with APD, EMS, and Integral Care to maximize the use of tele-health connections with EMCOT for crisis screenings.

This serves to:

- expand the reach and capacity of EMCOT,
- expand the scope of calls that clinicians can respond to without introducing additional risk to the clinician,
- decrease any wait time for clinicians' arrival, and;
- put officers and ambulances back into service more rapidly.

Community Paramedic Program Collaboration with Austin Police Department CIT

APD should coordinate with the Community Paramedic Program (CPP) to integrate CIT outreach and follow up for crisis calls with the CPP team's services.

- This integration should include assigning at least one of the CIT Unit team members to the CPP team full time to conduct additional outreach, serving people in crisis who call the 911 call center or have an interaction with APD while they are experiencing a behavioral health crisis.
- To ensure adequate staffing, an EMCOT tele-health connection should be integrated into the CPP team to support CIT follow up and outreach.

APD should reevaluate the practice of CIT officers conducting mental health outreach checks without having a behavioral health, paramedic, or social services partner present. APD should consider the risk of liability as well as the stigma created when mental health outreach is delivered by a police agency.

Community Outreach in Collaboration with NAMI Austin

APD and EMS should work closely with NAMI Austin to develop Spanish language materials for its “What to Do” educational program.

- These materials should be provided at community locations across the area identified in Map 11.
- Officers and Medics working in this area should provide these materials to people they come into contact with in the course of their duties.
- APD, EMS, and NAMI Austin should partner with local organizations such as The Hispanic Alliance to host community meetings for introducing these materials, and officers, to people throughout the areas noted in Map 11.

This effort should also be extended to Asian American communities in collaboration with an organization such as the Asian American Resource Center.