

**KITCHEN AND POOL AMENDMENT  
ITEM #96 – CM HARPER-MADISON**

Approve a resolution relating to Council direction for the FY 2020-21 budget and creating reporting requirements for Austin Police Department General Orders.

**ADD THE FOLLOWING WHEREAS (AFTER THE 8<sup>TH</sup> WHEREAS):**

“WHEREAS, for Fiscal Year 2020 Council budgeted for the implementation of a program of alternatives for first response to mental health crisis calls, and from December 16, 2019 to June 4, 2020 of 23,333 calls for service with a mental health component, 291 were transferred to a Crisis Center Counselor, indicating the need for continued development of additional alternatives and the resources to do so; and”

**ADD THE FOLLOWING, AS THE NINTH BULLET:**

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:**

The City Manager is directed to bring forward a baseline budget that:

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- Increases staffing for mental health first response, such as Community Health Paramedics, to ensure the full implementation of an alternative response to 911 calls related to mental health;
- Provides funding required to implement at full scale the First Responder Mental Health Calls for Service program outlined in the 2019 Meadows Institute Report, to include funding for mental health clinicians, call center training and support, equipment and technology, project management and implementation support. Funding shall reflect at least the amount in the City Manager’s budget proposed for FY 2021 for this program in the FY 2020 budget documents.

**BACKGROUND**

The Mental Health Diversion Initiative (*named the “First Responder Mental Health Calls for Service Program”*) is a program that addresses the response to mental health crisis in the most appropriate way – with a mental health professional. The recommendations included in the 2019 Meadows Institute Report “present an opportunity for the City of Austin to meet its goal of effective mental health crisis resolution and create a unique system addressing law enforcement and first responder system engagement with people in crisis.”

It has long been a goal of the Austin community to have four options when people call 911: “Do you need police, fire, EMS, **or a mental health professional?**” To achieve this goal, the city needs to ensure that a mental health professional option is always available to callers. The city

must also support the program with appropriate management, training, equipment, and technology, at a level to bring the program to scale.

National data shows that people of color, particularly Black Americans, may experience mental health crises with greater frequency and greater impact than other races. According to Mental Health America:

- Adult Black/African Americans are 20% more likely to report serious psychological distress than adult whites.
- Black/African Americans living below poverty are three times more likely to report serious psychological distress than those living above poverty.
- Adult Black/African Americans are more likely to have feelings of sadness, hopelessness, and worthlessness than are adult whites.
- And while Black/African Americans are less likely than white people to die from suicide as teenagers, Black/African American teenagers are more likely to attempt suicide than are white teenagers (8.3% v. 6.2%).
- Black/African Americans of all ages are more likely to be victims of serious violent crime than are non-Hispanic whites, making them more likely to meet the diagnostic criteria for post-traumatic stress disorder (PTSD). Black/African Americans are also twice as likely as non-Hispanic whites to be diagnosed with schizophrenia.

In Austin, Integral Care’s crisis programs serve a disproportionately high number of Black and Hispanic clients in the context of the Austin census. Integral Care's outpatient Crisis Programs and Crisis Helpline served the following populations in FY 19:

<b>Crisis Programs: Populations Served</b>	<b>Expanded Mobile Crisis Outreach Team</b>	<b>Mobile Crisis Outreach Team</b>	<b>Psychiatric Emergency Services</b>	<b>24/7 Crisis Helpline</b>
<b>Children: Black</b>	18.45%	14.7%	16.5%	13.5%
<b>Children: Hispanic</b>	38%	43.4%	47.9%	41.1%
<b>Adults: Black</b>	22.08%	15.9%	21%	18.5%
<b>Adults: Hispanic</b>	20.7%	20.5%	24.1%	20%