RESOLUTION NO.

WHEREAS, there is strong scientific and policy consensus that mental health is a major factor in multiple areas of government responsibility and plays a particularly critical role in public safety; and

WHEREAS, reliance on law enforcement agencies as the primary response to mental health needs places significant burdens on individuals that are trained to handle criminal activity and may have minimal medical and mental health crisis intervention training and are not ideally positioned to access necessary resources for aftercare and case management that are key to effective treatment and prevention; and

WHEREAS, the use of the Austin Police Department (APD) as the default response for multiple social issues can complicate focus on its core mission of law enforcement and lead to serious unintended consequences for those in mental health crisis, the police, and the community at large; and

WHEREAS, like many other cities, the City has taken steps to rethink and reimagine how to best respond to mental health needs, including: (1) the Downtown Austin Community Court (DACC), which provides court diversion, connection to social services, and case management for low-level offenses that have a mental health component, (2) the Expanded Mobile Crisis Outreach Team (EMCOT), which sends qualified mental health workers with specialized crisis intervention training to respond jointly with law enforcement and provide follow-up services, ~~and~~ (3) 911 call center ~~mental health workers~~employees who can provide immediate support over the phone to callers in crisis such as mental health call clinicians (“call center clinicians”) and the Collaborative Care Communication Center (“Collaborative Care”); and (4) Community Health Paramedic Mental

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26 Health Responders who have specialized mental health training for patients
27 experiencing acute mental health crises; and

28 **WHEREAS**, evidence and experience strongly supports the efficacy of such
29 programs in providing more appropriate response to mental health needs and
30 producing improved outcomes, along with a more efficient use of City resources;
31 and

32 **WHEREAS**, Council has taken a number of recent steps to further expand
33 and support such programs, including the introduction of a DACC mobile court
34 program and additional funding for EMCOT, call center clinicians, and
35 Collaborative Care, with a goal of 24/7 coverage and having five Community
36 Health Paramedic Mental Health Responders available during the day; and

37 **WHEREAS**, it is necessary and appropriate to exercise the authority vested
38 in the City Charter, including the coordinated and integrated direction, supervision,
39 and control of all City departments and agencies to protect the safety and wellbeing
40 of all residents and to be responsible stewards of taxpayer money through the use
41 of policy and resources to achieve the most effective outcomes in the most efficient
42 way, while treating all people with respect, compassion, and dignity; **NOW,**
43 **THEREFORE,**

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

45 The City Manager is directed to prepare a report reviewing and analyzing
46 information, data, policies, and historical context and trends relating to the City's
47 response to and handling of mental health incidents and requests for service or
48 assistance that would be useful to the development and improvement of City
49 policies related to mental health response and determining what resources would
50 be required. The review should include all relevant City departments and agencies,

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such as, but not limited to, APD, Austin/Travis County Emergency Medical Services, Austin Fire Department, Code, Animal Services, and Parks and Recreation. The report is recommended to~~may~~ include:

1. Total number and ~~P~~percentage of 911 or 311 calls where the caller requests assistance or provides information related to mental health;

2. Total number and ~~P~~percentage of 911 or 311 calls where the caller does not request assistance or provide information related to mental health, but the call was later determined to be mental health related;

3. Total number and ~~P~~percentage of 911 calls diverted to a mental health call center employee and percentage of such diverted calls that were resolved without a police response and the total number and percentage of such calls that were unable to be routed to a mental health call center employee because no employees were available, with the data differentiated between call center clinicians and Collaborative Care, by shift, and by whether requested by a caller or transferred by another 911 dispatcher;

4. Total number and percentage of police interactions, both in response to calls for service or officer initiated, involving mental health, including an analysis of APD time and resources for individuals with the highest frequency of mental health interactions versus one-time callers;

5. Total number and percentage of police hours devoted to mental health related activity;

6. Total number and percentage of City responses to incidents or service requests involving mental health where mental health workers~~, such as~~

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76 EMCOT, responded together with police, as well as the total number
77 and percentage of City responses where mental health workers
78 responded (including call center-only responses) instead of police,
79 differentiated between call center clinicians, Collaborative Care,
80 EMCOT, or Community Health Paramedic Mental Health Responders
81 and by shift;

82 7. Total number and percentage of City responses to incidents or service
83 requests involving mental health where mental health workers were
84 requested to respond together with or instead of police (including call
85 center-only responses), but no such workers were on duty or were
86 otherwise unable to respond, differentiated between call center
87 clinicians, Collaborative Care, EMCOT, or Community Health
88 Paramedic Mental Health Responders and by shift;

89 8. Data comparing the response times and outcomes (e.g., arrest,
90 emergency mental health detention, citation, referral to mental health
91 or other services, serious bodily injury or death, etc.) of mental health
92 calls with a police-only response to calls with a mental health worker
93 (e.g., EMCOT) response (including call center-only responses) or
94 joint police and mental health worker response, differentiated between
95 call center clinicians, Collaborative Care, EMCOT, or Community
96 Health Paramedic Mental Health Responders including a breakdown
97 of misdemeanor, non-violent felony, and felony arrests made by APD
98 for people with mental health issues;

99 9. Percentage of the 911/311 or APD interactions with the mental health
100 population involving individuals who are also experiencing

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101 homelessness, as well as demographic data, such as race, gender, age,
102 for those experiencing mental health crisis;

103 10. Current policies related to the transport of individuals with mental
104 health needs to hospitals, the Sobering Center, or other medical
105 facilities by APD versus alternatives, such as basic life support
106 ambulances;

107 ~~8.~~11. Current policies concerning when 911 calls are routed to call center
108 clinicians and Collaborative Care employees when callers choose the
109 "mental health" option at the beginning of the call, and how other 911
110 dispatchers are trained and instructed to identify when a call is to be
111 transferred to mental health triage when the "mental health" option is
112 not selected by the caller;

113 ~~9.~~12. The current number of APD officers with mental health-specific
114 training or certifications, the types of training and/or certifications
115 received, percentage of shifts where one or more such officers are
116 available, policies regarding how police officers with mental health
117 training are used and deployed, and policies regarding when and how
118 to request joint response with mental health workers; and

119 ~~10.~~13. Current police academy curriculum or other training required for all
120 APD cadets and officers related to handling incidents and encounters
121 related to mental health.

122 For items 1-9~~8~~, above, a suggested time frame for the information provided would
123 be at minimum from the last three years (2022, 2023, and 2024) and grouped on an
124 annual basis.

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126 **BE IT FURTHER RESOLVED:**

127 The City Manager is directed to include as part of the report: a comparison
128 of response models, call-taker and dispatch systems, and outcomes to comparably-
129 sized cities that have implemented alternative response models; a cost-benefit
130 analysis comparing a police-only response, a mental health worker-only response
131 (e.g., EMCOT, Community Health Paramedic Mental Health Responders), and a
132 joint police and mental health worker response; recommendations for potential
133 policy changes to enable the City to respond efficiently and effectively to all
134 mental health related incidents and requests for service; recommendations for
135 potential policy changes to assist staff with medical and crisis
136 response/intervention training specific to mental health; and estimates of the
137 resources and funding required to implement the recommended policy changes and
138 identifying potential sources of such funding.

139 **BE IT FURTHER RESOLVED:**

140 In forming recommendations for potential policy changes, the City Manager
141 is directed to engage with and seek feedback from community stakeholders
142 including, but not limited to, front-line responders such as APD and Community
143 Health Paramedic Mental Health Responders, EMCOT staff, call center clinicians
144 and Collaborative Care staff, and justice and mental health advocacy groups.

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146 **BE IT FURTHER RESOLVED:**

147 The City Manager is directed to present the report to the Public Safety
148 Committee by no later than the end of April 2025, in order for the Council and City
149 staff to consider the recommendations in preparing the fiscal year 2025-2026
150 budget.

151

152 **ADOPTED:** ________________, 2025 **ATTEST:** _______________________
153 Myrna Rios
154 City Clerk

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