



MEMORANDUM

To: Mayor and City Council

From: Jon Fortune, Deputy City Manager 

Date: October 5, 2026

Subject: **Letter Regarding No Wrong Door**

On Monday, August 3, 2026, City of Austin staff sent a [memorandum](#) to Mayor and City Council regarding the *No Wrong Door: Coordinated Crisis Response Program*. On Wednesday, September 30, 2026, Mayor, City Council, and staff received a letter from the American Civil Liberties Union of Texas (ACLU, TX) providing feedback about the City's *No Wrong Door* initiative. On Thursday, October 1, 2026, staff provided additional information on the *No Wrong Door* initiative that addressed feedback given in the September, 30 2026 letter from ACLU in a memorandum to Mayor and City Council. All three items are attached here for your reference.

Should you have any questions, please contact me at jon.fortune@austintexas.gov.

cc: T.C. Broadnax, City Manager
Erika Brady, City Clerk



MEMORANDUM

To: Mayor and City Council

Through: Jon Fortune, Deputy City Manager *JF*
Stephanie Hayden-Howard, Assistant City Manager *SHH*

From: Carrie Rogers, Government Relations Officer *CR*

Date: August 3, 2026

Subject: **No Wrong Door: Coordinated Crisis Response Program**

The purpose of this memorandum is to provide information relating to a new initiative to support individuals at the intersection of homelessness, public safety, and mental health.

Overview

As part of Austin's commitment to supporting our community's most vulnerable residents, the City Manager's Office established *No Wrong Door* (NWD), a coordinated crisis response program to reduce the cycle of arrests, emergency room visits, and homelessness among people with the most complex social and behavioral health needs. NWD's mission is to collaboratively identify permanent supportive solutions for high utilizers via community services such as housing, social support, health care, behavioral health, and substance use treatment, aiming for positive client progress across the ecosystem. The phrase "no wrong door" is frequently used in health and human services to indicate that there is no required, specific point of entry for treatment or services.

High utilizers, in the context of NWD, are currently defined as people who generate disproportionate demand and are indexed in the top 1% of number of arrests, behavioral health call-outs, substance use-related incidents, or Criminal Trespass Notices. This clearly defined population is causing excessive system costs and resource use across multiple response systems, while also risking their health and safety by living in perpetual crisis without dedicated care. Across the entire emergency response system, the street is the most expensive setting, compared with shelter, jail, and health care. Leaving this population without structured, sustained intervention costs more in public safety, emergency medical, and community impact than the coordinated response provided by the NWD framework.

According to the Meadows Mental Health Policy Institute (MMHPI), there are at least 950 people in Travis County who are at this intersection of the local emergency response system. This high-utilizer

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population has a significant financial impact across the local criminal justice, homelessness, and health care capacity. The cost is estimated to be \$144,000 per person, or a total cost of \$137 million annually.

Without adequate or consistent alignment, it has been challenging for each individual agency or organization *alone* to capture and quantify the needs of high utilizers, make informed decisions, and further improve response to this population. Collaborating through a common effort supports transparency, builds trust, aids in analysis for improved services, and streamlines workflows. This coordination will also reduce operational demands in public safety departments while ensuring specialized services for this unique population.

Program Partners

Connecting high-utilizing individuals with coordinated community services and appropriate medical care involves many partners. To address these issues, participating agencies entered a Memorandum of Understanding (MOU) to share resources and information with the mission of reducing the impact of high utilizers on community resources in Austin-Travis County. The MOU approach involves data-driven inquiry, personalized care plans, and advocating for innovative policy and program responses. Each client must authorize a release of information via form before data is shared between organizations.

NWD consists of 17 local and regional agencies and organizations, each serving their community by engaging individuals who are statistically identified as high utilizers of the Austin-Travis County criminal justice, health care, and homelessness systems. Within the City of Austin, Austin Homeless Strategies & Operations (HSO), Austin Police (APD), Austin-Travis County Emergency Medical Services (EMS), Austin Fire (AF), and Austin Community Court (CC), along with external emergency response partners, including Ending Community Homelessness Coalition (ECHO), Travis County District Attorney, Travis County Attorney, Central Health, Downtown Austin Alliance, Integral Care, Ascension Texas, Baylor Scott & White, CapMetro, and The Sobering Center.

NWD partners meet monthly for executive leadership discussions involving all participating departments, agencies, and organizations. These executive conversations have focused on strategic progress and updates, with leadership from NWD partners addressing interlocal coordination efforts, shared legislative priorities, and client referral pathways. Operationally, designated staff from NWD partners will meet biweekly for multi-agency meetings throughout 2026 to discuss the service needs of NWD high utilizers – in compliance with applicable laws – and follow up with individualized care coordination and case management. This collective planning, along with the resulting data, ongoing client outcomes, and systemic impacts, will present opportunities to better influence broader structural and procedural functions.

In addition, Austin Mayor Kirk Watson convened leadership at the City, Travis County, Integral Care, and Central Health to examine behavioral health contract requirements, available resources, and how services could be provided more effectively. For example, the City has had nearly a dozen behavioral health-related programs performing similar or adjacent work and serving multiple departments. The lack of coordination has led to confusion and poor triage at the time of crisis.

Legislative Efforts

Ahead of the 90th Texas Legislature, Austin Government Relations (AGR) has been working with the Office of the Governor, Senator Tan Parker, Representative Donna Howard, and additional legislative leaders and stakeholders across the State to discuss and craft legislation aimed at addressing the gaps identified during the development of NWD – among them the lack of appropriate beds and gaps between service points.

On June 24, 2026, APD Chief Lisa Davis and HSO Director David Gray testified before the House Committee on Intergovernmental Affairs for the interim charge hearing on *Mental Health Impacts, Homelessness, and System Recidivism*. Chief Davis spoke on the structural problem of custody transfer and the insufficient local capacity impacting law enforcement's response to people in crisis. Director Gray shared that while local housing capacity is scaling, the need is growing faster for medically acute high utilizers who lack suitable housing options.

Austin provided written testimony from Mayor Watson, Chief Davis, and Director Gray for the July 7th Senate Health and Human Services Committee interim charge hearing on *Strengthening Crisis-Related Mental Health and Homelessness Services*. Their testimony called for ongoing funding to expand regional mental health beds, emphasizing the creation of a crisis care facility for Central Texas and nearby areas. They also supported statutory amendments to improve the efficiency and appropriateness of medical and judicial procedures under state psychiatric law. Local governments statewide echoed similar concerns and issues in their communities.

Mayor Watson submitted a letter to the Sunset Advisory Commission, outlining procedural challenges and proposing legislation to resolve these problems, as part of the current review of the Texas Health and Human Services Commission.

Funding

NWD is currently supported through existing program resources within APD, EMS, HSO, AGR, and CC. A realignment of current behavioral health and homelessness programs across the City's public safety departments as well as HSO and CC is underway. There are four pending grants from the Department of Justice (DOJ) and Texas Office of the Governor (OOG) to further support this work and a planned, joint appropriations request with Travis County and Central Health for the Texas Legislature to fund a Central Texas Mental Health Crisis Care Center.

Reporting

Routine reporting will be provided to the City Council. While new initiatives take time to grow roots, there are significant milestones achieved through this ongoing collaboration.

- Austin and Travis County have committed to pursue and construct a mental health crisis center together.
- Integral Care and Central Health have committed to participate in daily bed availability reporting via the Capital Area Trauma Regional Advisor Council (CATRAC) dashboard. Daily access to open mental health beds for Austin-Travis County first responders will be a critical tool.
- Executed Memorandum of Understanding with 17 partners, including the District Attorney and County Attorney.

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- Realigning duplicative behavioral health program dollars to fund a more streamlined, coordinated triage of mental health calls for service.
- Developing a universal inventory of resources across partners that is available to first responders and additional responsive care such as HSO.

Next Steps

A briefing to the City Council is planned for September 2026. City staff continue to collaborate with local and regional stakeholders for administrative, legislative, funding, data exchange, and service coordination priorities. Should you have any questions, please contact Carrie Rogers, Government Relations Officer, at carrie.rogers@austintexas.gov or Maris Herold, Austin Police Chief of Strategic Initiatives, at maris.herold@austintexas.gov.

cc: T.C. Broadnax, City Manager
Erika Brady, City Clerk
Jason Hadavi, City Auditor
Mary Jane Grubb, Municipal Court Clerk
Judge Sherry Statman, Municipal Court
CMO Executive Team
Department Directors

Attachment: Attachment A – *No Wrong Door* one-pager / As of July 22, 2026
Attachment B – Mayor Watson Letter to the Sunset Advisory Commission regarding the Health and Human Services Commission Review

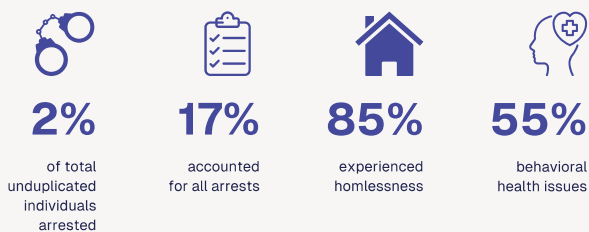
No Wrong Door

Coordinated Crisis Response Across Public Safety, Mental Health, & Homelessness

Unprecedented local need

Many people with complex social and behavioral health needs cycle through a fragmented emergency response system, across law enforcement, emergency medical care, the criminal justice system, emergency health systems, and community service providers.

High system utilizers (APD data 2021-'25)



Justice-involved clients (2023)



- **High system utilizers without sustained care** cost taxpayers \$137 million annually for at least 950 people across Travis County hospitals, emergency rooms, police services, and jail.
- **Integral Care's** psychiatric crisis stabilization beds cost \$776 per day on average, and the Extended Observation Unit up to \$2,283 per day.
- **Austin State Hospital's** daily average fee is \$917 for adult inpatient services.

Ongoing efforts & service gaps

Austin-Travis County is advancing its regional response through specialized interlocal initiatives, including deflection efforts addressing public safety, mental health, and homelessness. Although services are available across the community, **demand continues to increase** due to the number and complexity of cases, while minimal bed availability creates additional pressure.

Immediate crisis care for complex co-occurring cases remains one of the most acute gaps in the Austin-Travis County continuum of care. Long-term treatment options for significant and chronic substance use and mental health conditions are scarce, often leading to discharge to the street with only a short-term fix and no sustained care plan. Intermediate, step-down residential capacity is just as important for ongoing care.

Central Health, Travis County's hospital district, and Integral Care, the Local Mental Health Authority, are adding beds and expanding capacity, but **state support is crucial**.

No Wrong Door

Coordinated Crisis Response Across Public Safety, Mental Health, & Homelessness

System-wide needs

Available resources have not kept pace with accelerating demand for appropriate service capacity that is both accessible and available. People who most frequently use emergency response systems require **more personalized, ongoing behavioral health care** than the general population in need of mental health services. Meeting that need **requires specialized capacity** beyond conventional housing and homelessness services, and it is also where the crisis-care gap is most apparent.

This means **additional inpatient beds** for psychiatric, substance use disorder treatment, and extended observation as well as a **24/7 dedicated, single-point, no-refusal receiving option** for law enforcement, first responders, and walk-in referrals.

Legislative considerations

01

Fund a mental health crisis care center for complex co-occurring cases

Invest in a mental health care continuum that builds out a holistic crisis response through alternatives to incarceration including intensive outpatient services, additional residential capacity to bridge the gap between acute crisis, and independent living, and step-down services for all.

02

Expand warrantless emergency detention authority beyond peace officers

Authorize trained mental health professionals, such as physicians, nurses, and clinicians, to initiate warrantless detention for local law enforcement to defer medically acute cases to health professionals and focus on public safety responsibilities.

03

IMD Medicaid Waiver to allow expansion of step-down residential treatment

A Section 1115 Waiver allows treatment for patients with co-occurring conditions in a step-down residential facility, alleviates the bottleneck in the mental health system of care, and is significantly more affordable than patients cycling through expensive, uncompensated ER visits and county jails.

04

Remove exclusionary criteria for hospitals

Remove policies that deny or restrict care to people due to specific disabilities or a related condition.

05

Track regional inpatient psychiatric & behavioral health bed availability

Amend Texas Health and Safety Code (Sections 773.112 & 773.114) to leverage existing RAC reporting infrastructure to include inpatient psychiatric and behavioral health bed capacity.



Office of Mayor Kirk Watson

301 West Second Street, Austin, TX 78701

July 24, 2026

The Honorable Lois Kolkhorst
Chair, Sunset Advisory Commission
P.O. Box 12068
Austin, Texas 78711

Dear Chair Kolkhorst:

I want to first thank you again for the years of service you have invested not only in the State of Texas but specifically your tireless efforts to improve public health in Texas. Your leadership in the areas of maternal health, nutrition, and behavioral health have demonstrated your deep commitment to improving the health of all Texans. I also thank you for our years of service and working together in the Texas Senate. I have great memories.

After listening to the testimony at your July 7th Senate Health and Human Services hearing on the mental health and homelessness interim charge, I am both encouraged and frustrated. Following millions of dollars in investment, we know far more than we did when you first started, and we have made significant progress under your leadership. Yet in many ways, we are still far from achieving a comprehensive solution for these complex and elusive challenges that impact every corner of this state – welding the rotors as they whirl.

The wisdom and serendipity of your dual role as Chair of the Sunset Advisory Commission and Chair of the Senate Health and Human Services Committee is not lost on us. At this opportune moment in our respective leadership roles, I wanted to share some thoughts and recommendations on the intersection of local government and the important work of the Texas Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).

Austin has long been a partner with HHSC, DSHS, Department of Family Protective Services (DFPS) and many other state agencies. With this in mind, we offer the following comments on Austin priorities, potential statutory changes, and funding recommendations related to or adjacent to HHSC's work.

General Comments

Austin supports a strong state-local partnership that prioritizes prevention, community stability, and efficient delivery of essential health and human services. Continued investment in core public health infrastructure and community-based services will help Texas communities respond to growing behavioral health services, housing, and public health challenges while easing the increasing strain on local healthcare organizations and the emergency healthcare system.

Austin encourages policies that streamline service delivery, reduce administrative burden, and strengthen coordination between state agencies, healthcare providers, and local and regional community partners. Austin also encourages the strengthening of DSHS by transitioning it to an independent department within the State government, with mental health and nursing homes moving from HHSC to DSHS as part of the emergency healthcare system. Texas needs to have a clear and coordinated healthcare service that is better positioned to lead public health strategy, modernize the public health infrastructure, and support Texans' healthcare needs. This level of leadership is critical as local public health departments face significant budget challenges due to substantial cuts in federal funding and ongoing uncertainty related to likely additional cuts in core public health grants.

July 7th Senate Hearing – The “Worried Well,” Super Utilizers and Anosognosia

You and I both know that in most industries, it's easier to focus on the “worried well” — the low-hanging fruit. Our mental health care system faces similar challenges, such as limited funding, bed capacity transparency, and a shortage of qualified clinicians. As a result, many facilities struggle to serve the complex behavioral health and social needs of this highly visible population effectively. In Austin and across Texas, there's often nowhere for them to go. The default disposition for these individuals is either jail or a hospital emergency department, both of which are very expensive options and not the appropriate level of care for the patient. The impact on our healthcare systems is significant and contributes to ER overcrowding, meaning care for others is delayed while the ER bed is occupied sometimes for days before the patient can be dispositioned. More often than not, these patients are seen, stabilized, provided an outpatient referral, and return to the streets to repeat the cycle. Our local healthcare executives, mental health experts, and public safety experts all continuously report negative impact of underinvestment in mental health services, which leads to more costly and less efficacious short-term fixes.

I want to be very clear – the challenge with many of these folks is not that they do not want care – they do not *realize* they need it. This lack of insight into their own debilitation, called anosognosia, is the reason mandated treatment is a critical tool. The state, under the doctrine of *parens patriae*, is compelled to protect individuals who are unable to protect themselves. By protecting these members of our community through mandated treatments, we are better able to protect Texas.

No Wrong Door – System Coordination

Since April 2026, the Austin Police Department is leading a multi-agency coordination effort focused on connecting the top 100 of the estimated 950 highest utilizers in Travis County to services called *No Wrong Door* (attached). A memorandum of understanding (MOU) was developed to ensure appropriate protection of data sharing across agencies, as well as a Release of Information (ROI) form for clients. This effort has confirmed what practitioners have long known and what you heard at your July 7th hearing. There is an absence of enough high-acuity beds and lack of compelled system coordination.

Austin State Hospital

According to Austin State Hospital (ASH), less than half of its patients are from Travis County. ASH patients committed through the county court, even if they hail from another county, would be recorded as a Travis County/Integral Care patient, based on their county of commitment, not their county of residence.

- Patients considered Not Guilty by Reason of Insanity averaged approximately three years' stay before community reintegration.
- Beds are no longer turning over at previous rates of 7-10 days; patients are staying significantly longer, reducing overall availability.

People remain at ASH not due to ongoing clinical need, but because no appropriate community housing options exist for them to transition to. Intermediate step-down supply would have to expand significantly in Travis County or the patient's home county to truly relieve the bottleneck.

Criminal Justice Diversion Programs

In March of this year, Austin Police Chief Lisa Davis attended a community meeting at our downtown central library. While there, on another floor, a man stood up from his computer and proceeded to beat to death the man sitting next to him. Chief Davis was summoned to the incident, where she personally arrested the suspect.

This violent offender had approximately a dozen felony offenses, with half of them being dismissed due to prosecutorial discretion following an incompetency finding. He then participated in a diversion program where he spent six months in inpatient care before the incident. Without question, diversion must be handled within a post-adjudication structure, in which a sentence is deferred pending successful completion of an extended mental health program.

Systematically, diversion can help, but it's not foolproof, and success depends largely on a local justice system's ideologies and capacity to strengthen any favorable outcomes, especially among people experiencing homelessness who lack the basic needs to remain stabilized after leaving the structure of diversion.

Transparency, Reporting and Data

Under [26 Texas Administrative Code 306.153](#), Texas funds community-based private psychiatric beds using state general revenue allocated to Local Mental Health Authorities (LMHAs). If a private psychiatric hospital signs a vendor contract with an LMHA to accept these state-funded patients, they must report bed utilization and capacity directly to that specific LMHA. A universal real-time reporting platform for bed availability exists, but is not operationally being used between hospitals, LMHAs and psychiatric hospitals. Regional Advisory Councils (RACs) already use a statewide, real-time bed availability reporting platform, called *EMResource* for hospitals and could serve as the platform to expand reporting on in-patient psychiatric facilities. *EMResource* already has in-patient psychiatric reporting capability used by acute care hospitals. By amending Texas Health and Safety Code [Sections 773.112](#) and [773.114](#) of the Texas Health and Safety Code to leverage existing RAC reporting infrastructure to include inpatient psychiatric and behavioral health bed availability, Texas can better address the primary stopgaps that stall healthcare legislation: cost to taxpayers and administrative burden on staff. DSHS' *EMResource* can update emergency department status, facility statuses, including diversion, and physical bed counts, and can bypass the need to develop a new system. This same system was used during the pandemic for daily COVID bed reporting and is optimal for local psychiatric bed reporting needs.

We understand that the Hospital Preparedness Program (HPP) grant largely funds the RAC is one of the grants that is at risk of being decreased or eliminated at the Federal level. We recommend appropriating these funds to DSHS and task the RACs to develop a mental health system of care,

like they have successfully done for trauma, stroke, and are concurrently developing for perinatal care systems. DSHS also identified in their self-evaluation the need for a disaster fund similar to Texas Department of Emergency Management (TDEM) for disaster response given the often years delay in FEMS reimbursement.

Substance Use Disorders

More than 30 years ago, there was a shift in thinking within the substance abuse field that promoted the idea that only voluntary treatment was effective. This prompted many psychiatric facilities and psychiatrists to abandon involuntary options despite the existing legal framework at the time. Drug courts emerged as a response to the gaps in purely voluntary approaches and turned out to be effective through judicial authority compelling someone toward sobriety.

San Antonio has successfully piloted chemical dependency commitments, producing strong outcomes in programs starting with medical detox, moving to inpatient rehab, and leading to sober living. Structured treatment through Assisted Outpatient Treatment (AOT) was also very successful when paired as *court-ordered* treatment. The pilots began by approaching people who were repeatedly entering and leaving rehab voluntarily, asking whether they would be open to a program they could not leave early from. People responded positively, and the initial cohort comprised people who were voluntarily willing to be committed.

The legal bar for a chemical dependency commitment in San Antonio-Bexar County is lower than for a standard Peace Officer Emergency Detention (POED), as it only requires a finding that the person's substance use makes it foreseeable (not necessarily imminent) that harm will occur to themselves. For people using methamphetamine, opiates, or large quantities of alcohol, meeting this criterion was relatively straightforward clinically. Inpatient commitment can last up to 90 days, can be converted to outpatient status for up to one year, and modification between inpatient and outpatient status is permitted; this function would be transformative in Austin-Travis County.

Pilot participants would be near the end of their 90-day inpatient commitment in excellent condition, presenting themselves as sober, engaged, and voluntarily wanting to continue treatment. Attorneys, however, found it difficult to justify keeping them on involuntary commitment when they appeared mentally competent and were willingly participating. In nearly every case, once taken off commitment, clients relapsed within approximately two weeks.

Funding has been identified as the single largest barrier to ongoing success, as the local LMHA has cited policy that only covers chemical dependency treatment when it is part of treating a crisis resulting from a mental illness. This means that law enforcement must wait for someone to medically deteriorate to the extent of being a danger to self or others before they can intervene again, as chemical dependency treatment is not funded as a standalone service once a mental health crisis is stabilized. Even then, intervention on AOT requires that a motion be filed first, followed by a court hearing to convince a judge that someone meets a high legal threshold.

Using chemical dependency warrants in metropolitan areas like Austin-Travis County promotes continuity of care through a preplanned process where officers leverage relationships with clients to pre-fill the warrant and complete acute portions after a live assessment confirmed the individual meets the criteria. The chemical dependency warrant could then be converted to a full chemical

dependency commitment, whereas starting with a POED doesn't sufficiently specify the chemical dependency component as the primary purpose for care continuity.

Travis County has not used any type of mental health warrant since 1989, when the then-probate court judge first decided to discontinue them. However, APD and the County Attorney's office are encouraged by the concept of involuntary chemical dependency commitment (in tandem with Assisted Outpatient Treatment) to sustain involuntary clinical treatment as a specialized alternative for substance use disorders.

Peace Officer Emergency Detention (POED)

Chapter 573 of the Health and Safety Code only authorizes peace officers to detain an individual for psychiatric evaluation. Published medical evidence has identified that this approach leads to a high percentage of individuals being detained inappropriately as evidenced by the discontinuation of the order following psychiatric evaluation. The evidence also identifies that clinicians are more qualified at identifying individuals who are in need of a "hold" for psychiatric evaluation.

A Meadows Institute evaluation in Austin identified the top locations for a POED response by the Austin Police Department as either a hospital emergency department or a psychiatric facility, largely to issue these orders on individuals who have already been evaluated by a physician who has determined the need. This approach wastes valuable law enforcement resources that are better utilized responding to emergencies in the community. The utilization of peace officers as the sole professional who can make the determination of the need to hold an individual, also means that it is likely a large percentage of the individuals detained are done so inappropriately. These issues are particularly impactful in rural communities who have limited law enforcement and EMS resources and often long transport times to move the individual to a location for appropriate assessment.

Recommended Statutory Changes

The combination of challenges outlined above – nowhere to go and no warm hand-offs between service points – informs the following:

- Amend [Texas Health and Safety Code Chapter 241](#) to address exclusionary criteria for hospitals by removing policies that deny or restrict care to people due to specific disabilities or a related condition.
- Amend [Texas Health and Safety Code Chapter 573](#) code and create a subsection to allow physicians and their delegates the ability to issue a hold order for psychiatric evaluation to defer medically acute cases to health professionals.
- Amend Texas Health and Safety Code [Sections 773.112](#) and [773.114](#) to leverage the existing RAC reporting platform to include inpatient psychiatric and behavioral health bed capacity with required reporting every four hours of all facilities with in-patient psychiatric beds.
- Amend [Texas Health and Safety Code Chapter 574](#) to reduce State legal threshold for involuntary psychiatric intervention for participants under Assisted Outpatient Treatment demonstrating clear evidence of clinical deterioration/substantial likelihood of treatment nonadherence.
- Amend [Texas Health and Safe Code Chapter 573](#) to require coordinated discharge between local entities for transportation, follow-up medication and care, including contingencies for nonadherence.
- Amend [Texas Government Code Chapter 531](#) and [Texas Occupations Code § 1701.404](#) to implement and fund Crisis Worker Certification as required training for staff on Mobile Crisis

Outreach Teams (MCOT) and Receiving Centers in Texas to work in the state's crisis continuum for MCOT field deployment and warrantless emergency detention triage, and establish standardized statewide requirements.

- Amend [Texas Health and Safety Code Chapter 462](#) to require mandatory participation by residential substance use rehabilitative facilities to sustain involuntary clinical treatment for substance use disorders through chemical dependency commitments.
- Amend [Texas Health and Safety Code Chapter 614](#) to authorize data sharing for efficient service coordination by authorizing reasonable information exchange between public agencies for people in recidivism to enable coordinated resource navigation for Individualized Service Plans.

Recommended Administrative Changes

- Amend [Chapter 25 Texas Administrative Code 133](#) to address exclusionary criteria for hospitals by removing policies that deny or restrict care to people due to specific disabilities or a related condition.
- Amend [Chapter 25 Texas Administrative Code 157.123](#) to require Texas RACs to include inpatient psychiatric and behavioral health bed capacity and funds RACs to develop a mental health system of care, as a component of the emergency healthcare system
- Amend [Chapter 26 Texas Administrative Code 306.201](#) to require transportation, follow-up medication and care, including contingencies for nonadherence.
- Review disability determinations and claims, which currently take a minimum of 275 days for an initial decision. Appeals and reconsideration requests can take two years or longer to resolve. While federal funding constraints may limit the agency's capacity, the review could evaluate potential efficiencies, including streamlined intake requirements, improved case triage, process and staff support, quality review, and the use of AI-enabled tools.

Funding Considerations

- Fund statute changes recommended in Texas Health and Safety Code Chapter 573 and Chapter 574.
- Fund a Central Texas mental health crisis center for complex co-occurring cases. Specifically, invest in a mental health care continuum that builds out a holistic crisis response through alternatives to incarceration, additional residential capacity to bridge the gap between acute crisis and independent living, and step-down services for all: *no wrong door*.
- Fund intensive outpatient services that are community-based to preserve jail capacity and reduce pressure on local emergency response systems.
- Provide additional funding to DSHS to solidify funding for the RACs to support the enhancement of the *EMResource* platform, create regional tele-psychiatry resources for consultation services, and create regional navigation for patient care and placement support for first responders and critical access hospitals.
- Seek a federal IMD Medicaid Exclusion Waiver to increase access to inpatient treatment for adults with severe mental illness and allow for expansion of step-down residential treatment.
- Create a Disaster Contingency Account similar to Account 453 that may be utilized by DSHS who has responsibility for the medical care and public health component of disaster response. This will strengthen the ability of DSHS to deploy Emergency Medical Task Force

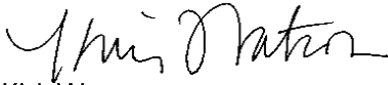
(EMTF), through the lead RACs, resources during emergencies. These teams have been critical in the responses to rural communities who have been impacted by natural and manmade disasters.

Closing

Appended to this memorandum are additional suggestions relating to the work of HHSC.

Again, I appreciate your leadership and I am grateful to have you in this role at this moment in time. We also value our HHSC partnership approach with local governments and community providers. We stand ready to support collaborative solutions that improve health outcomes, strengthen prevention efforts, reduce recidivism, and expand access to essential services for Texans. Call on me. You may also visit with Carrie Rogers, Austin Government Relations Officer, at carrie.rogers@austintexas.gov.

Sincerely,



Kirk Watson
Mayor

Cc: Members of the Texas Sunset Advisory Commission
Sadie Smeck, Policy Analyst, Sunset Advisory Commission
Lyle Blanco, Policy Analyst, Sunset Advisory Commission
T.C. Broadnax, Austin City Manager
Lisa Davis, Austin Police Chief
Maris Herold, Austin Police Department, Chief of Strategic Initiatives
Dr. Mark Escott, Austin Chief Medical Officer
David Gray, Austin Homeless Strategies and Operations Director
Robert Luckritz, Austin-Travis County Emergency Medical Services Chief
Carrie Rogers, Austin Government Relations Officer
Adrienne Sturup, Austin Public Health Director

Encl: Attachment A – Additional HHSC Sunset Recommendations
Attachment B – Austin-Travis County *No Wrong Door* Program Overview

Attachment A – Additional HHSC Sunset Recommendations

Program	Recommendations
Public Health Provider Charity Care Program	- Oppose Charity Care pool reductions that support uncompensated care delivery. - Support long-term sustainability planning prior to 2030.
Aging Adults	- Expand availability and accessibility of services for aging adults and caregiver support. - Ensure facility regulation oversight and QA mechanisms.
Community Health Workers	- Expand Community Health Workers reimbursements for Centers for Medicare and Medicaid Services. If not reimbursable, consider prioritizing preventive and community-based care models. - Implement statewide workforce development strategies.
Infectious Disease Prevention	- Support local public health preparedness and rapid outbreak response capacity. - Maintain needed disease surveillance for identification and response to public health threats.
Data	- Strengthen interoperability between state and local systems. - Continue investment in public health data modernization initiatives.
Funding and Grants	- Continue efforts to reduce administrative burden for local health departments. - Maintain flexible grant structures for community specific needs. - Ensure continuity of funding for proven public health and human service programs. - Fund chemical dependency treatment, as it is not funded as a standalone service.
Local Mental Health Authorities	- Strengthen coordination between LMHAs and local public health systems. - Fund and support crisis response services and behavioral health continuity of care. - Expand access to integrated behavioral health and substance use services.
Public health infrastructure and effective health and safety policies	- Support sustainable DSHS public health data systems and disease surveillance. - Support sustainable State laboratory capacity and public health emergency preparedness infrastructure. - Support sustainable local disease prevention infrastructure, outbreak, preparedness, and access to preventive public health services. - Support sustainable food safety policies and inspection frameworks that protect public health, support consumer confidence, and promote efficient coordination with local business.
Continuum of care, prevention services and access to basic needs for at-risk Texans	- Strengthen behavioral health, intellectual and developmental disability (IDD), crisis response, and substance use services, including Sobering Center operations and crisis care. - Support FYI Vouchers and housing stability supports. - Support public health infrastructure, HIV/STI prevention services, disease surveillance and public health emergency preparedness. - Expand food access (WIC/SNAP), maternal and child health services, early childhood supports and affordable childcare access. - Support senior, disability, and vulnerable population services.
Disability determinations and claims	Review the disability determination and claims process to identify potential efficiencies, including streamlined intake requirements, improved case triage, process and staff support, quality review, and the use of AI-enabled tools.

September 30, 2026

Via Email

Mayor Kirk Watson and Members of the Austin City Council
City of Austin
301 West Second Street
Austin, Texas 78701

Re: No Wrong Door Concerns

Dear Mayor Watson and Members of Council:

We write about Austin's No Wrong Door program. We share the program's goal of coordinating housing, treatment, and other services for people with complex behavioral needs, and we want that work to succeed. However, some of No Wrong Door's current practices raise urgent legal and policy concerns. We respectfully ask you to take the following steps:

1. Either eliminate law enforcement involvement in No Wrong Door, or ensure full and formal adoption of the attached Safeguards for Law Enforcement Contact with No Wrong Door Participants ("Safeguards");
2. Ask city staff to clarify basic No Wrong Door program details, including at the October 6, 2026 City Council work session, and adopt any revisions through Council action as necessary; and
3. Request regular briefings on the City's legislative agenda as it relates to mental health and criminal justice issues.

We raise these concerns after conversations with city officials, a review of program documents, and discussions with lawyers representing those impacted by the No Wrong Door program.¹ We welcome additional information and would appreciate the opportunity to meet at your earliest convenience.

I. COUNCIL SHOULD EITHER END LAW ENFORCEMENT INVOLVEMENT IN NO WRONG DOOR OR ADOPT CRITICAL SAFEGUARDS

¹ Memorandum from Carrie Rogers, Gov't Rels. Officer, City of Austin, to Mayor & City Council, City of Austin, *No Wrong Door: Coordinated Crisis Response Program* 1 (Aug. 3, 2026) (on file with author) [hereinafter Aug. 3 Memo]; Memorandum of Understanding, *No Wrong Door Working Group on Austin-Travis County's High Utilizers* 6 (July 24, 2026) (on file with author) [hereinafter MOU]; Telephone Conversation with Carrie Rogers, Dir., Austin Gov't Rels. Off., City of Austin (Sept. 11, 2026).

By the City's own account, No Wrong Door exists to connect "people with the most complex social and behavioral health needs" to services.² The MOU states its purpose as "reducing the impact of high utilizers on community resources."³ Mayor Watson has described it as working "through dedicated peer support and reducing public safety interactions."⁴ These are legitimate policy goals, but many program questions remain unanswered and, as described to us by numerous stakeholders, the program relies on police to identify and approach the people it aims to help. This raises serious concerns. We urge the city to either end law enforcement involvement in No Wrong Door or fully and formally adopt the attached Safeguards for Law Enforcement Contact with No Wrong Door Participants.

A. Austin Police Department officers are approaching represented people in jail, without notifying their lawyers, and asking them to sign documents that affect their legal rights.

We understand that Austin Police Department ("APD") officers staffing No Wrong Door regularly initiate contact with people in jail who already have lawyers. Frequently, the officers do not notify those lawyers or invite them to attend these conversations. They ask each person to sign a form releasing comprehensive mental health and medical information without representation to advise the person whether to speak or sign or what to say.⁵ The City's own data shows that more than half of the people it counts as high utilizers have behavioral health issues.⁶ Many of the people asked to sign this form, therefore, likely live with mental illness. When police seek consent from a person in jail without counsel, particularly if they are suffering from mental illness, whether that consent is actually voluntary is a serious question.

B. No Wrong Door shares sensitive information with police and prosecutors, with no assurance it will stay out of criminal proceedings or involuntary commitment decisions.

The release officers ask people to sign authorizes sharing all of their health information, including psychiatric history, with every agency on the form, including APD, the

² Aug. 3 Memo, *supra* note 1, at 1.

³ MOU, *supra* note 1, at 1-2.

⁴ Kirk Watson, Mayor, City of Austin, *Central Health Approved Budget with Mental Health Investments*, City of Austin Council Message Board (Sept. 9, 2026, 9:28 PM), <https://austincouncilforum.org/viewtopic.php?t=2306&sid=f09fd5589f28db78a2d16514a5196f50>.

⁵ MOU, *supra* note 1, at 2; No Wrong Door Serv. Coordination Team, Authorization to Share Information 1-2 (n.d.) (unpublished form) (on file with author).

⁶ Aug. 3 Memo, *supra* note 1, attach. A, at 1 (reporting that 55% of high system utilizers had behavioral health issues).

Sheriff, the County Attorney, and the District Attorney. It permits use of that information "for other legal purposes."⁷ What a person tells a psychiatrist is generally confidential, with limited exceptions such as when there is a probability of imminent physical injury.⁸ There are no comparable protections applying to what a person tells a Texas peace officer or mental health information shared under the release. This makes law enforcement contact initiated under No Wrong Door especially risky for targeted individuals because it could impact their liberty interests. This may already be playing out. In one reported instance, an Austin police officer involved in No Wrong Door made a recommendation related to bond directly to a court, having consulted neither the prosecution nor defense.

The lack of restrictions on how police and prosecutors may use information gathered as a result of No Wrong Door is also concerning, because city and county leaders have signaled support for expanding involuntary commitment. The Sunset Advisory Commission letter attached to the City's memo calls mandated treatment "a critical tool," and Central Health's newly approved budget commits \$33.1 million to inpatient psychiatric beds that Mayor Watson says "directly advances No Wrong Door."⁹ As that capacity grows, nothing in the No Wrong Door program's documents seems to limit how shared medical information, or information collected as a result of law enforcement contact initiated by No Wrong Door, may be used in cases involving potential involuntary commitment.

C. No Wrong Door is relying on Austin police officers, who hold the power to arrest, to reach people with complex needs and connect them to care.

Austin police officers lead outreach for No Wrong Door. But the program serves people whose needs are often medical and social. When someone has a heart attack, the city sends paramedics. People experiencing mental illness, addiction, or homelessness should likewise be met by professionals trained to connect them to care. In one instance reported to us, an individual on the No Wrong Door list was tracked down because of their name on the list and then detained, searched and arrested. The risk of these potentially dangerous encounters might be minimized with non-law enforcement agencies leading outreach. It is therefore worth carefully reviewing APD's role in this program and assessing where, if at all, it is appropriate.

⁷ No Wrong Door Serv. Coordination Team, *supra* note 5, at 1-2.

⁸ See Tex. Health & Safety Code Ann. §§ 611.002, 611.004.

⁹ Aug. 3 Memo, *supra* note 1, attach. B, at 2.

D. No Wrong Door selects people by their arrest records, which measure contact with police, not the health needs the program exists to address.

City officials have confirmed that the main criterion for being placed on the No Wrong Door list triggering additional scrutiny and contact is eight or more arrests. Arrests measure contact with police, not health needs. A list built on arrests, followed by more police contact under the current program design, risks deepening the cycle No Wrong Door aims to break.

II. COUNCIL SHOULD ASK CITY STAFF TO ANSWER IMPORTANT QUESTIONS ABOUT NO WRONG DOOR OPERATIONS

We ask Council to direct staff to answer the following questions clearly and specifically, including at the October 6 work session:

- Did representatives from either the public defender's office or the Capital Area Private Defender Service review and approve the No Wrong Door MOU?
- How are people identified and placed on the program's list, and who makes that decision?
- How many releases have been signed?
- Of the releases signed, how many were signed in jail or by people with pending charges?
- Of the releases signed, how many were signed by people with serious mental illness?
- What does "peer support" mean in the context of this program?
- What specific metrics will be used to measure the program's success?
- Have police made bond recommendations based on No Wrong Door participation or information gathered as a result of it?
- Can staff guarantee that no information gathered through No Wrong Door will be used in criminal proceedings or to involuntarily commit anyone?
- Will staff incorporate the Safeguards for Law Enforcement Contact with No Wrong Door Participants, or does adopting them require Council action?

III. COUNCIL SHOULD REQUEST REGULAR BRIEFINGS ON THE CITY'S LEGISLATIVE AGENDA AS IT RELATES TO INVOLUNTARY DETENTION AND CRIMINAL JUSTICE ISSUES

The City of Austin's Governmental Relations Office has confirmed that it is working with state lawmakers on legislation drawing on Mayor Watson's letter to the Sunset

Advisory Commission included in the August 3 memo to Council.¹⁰ The proposals in the Sunset letter would change how Texas responds to people with psychiatric conditions and substance use disorders.¹¹ For example, the letter proposes to change the legal standard for forcing psychiatric treatment on people in court-ordered outpatient programs.¹²

The letter also asserts that "[w]ithout question, diversion must be handled within a post-adjudication structure, in which a sentence is deferred pending successful completion of an extended mental health program."¹³ In Texas, post-adjudication diversion generally means probation after a conviction. The judge sets a sentence and suspends it while the person serves probation in the community. Even if the person completes probation successfully, this conviction remains on their record. But if they violate any condition, the judge may revoke probation and impose the suspended sentence. Probation is difficult for many to complete, and it can be even harder for people experiencing serious mental illness. Whereas routing more people to probation guarantees a lifelong criminal record and increases the likelihood of incarceration, pretrial diversion can allow a person to complete an educational or mental health program and have the case dismissed without a guilty plea. A rule that diversion must be post-adjudication "without question" would eliminate that option.

We recognize that responding better to people experiencing mental illness when they come into contact with the criminal legal system involves challenging questions. Because the City's legislative agenda on this topic could influence that response statewide, we urge Council to request regular briefings on its legislative agenda as it relates to mental health or criminal justice.

We welcome the opportunity to meet and work with the City and its partners to meet the shared goal of protecting everyone's rights while working to connect people to services that they need.

¹⁰ Telephone Conversation with Carrie Rogers, *supra* note 1.

¹¹ *Aug. 3 Memo*, *supra* note 1, attach. B, at 5–6

¹² *Id.* at 5

¹³ *Id.* at 3.

Sincerely,

Cate Graziani,

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Savannah Lee, MSW

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Disability Rights Texas

Adeola Ogunkeyede

Chief, Travis County Public Defender

(not on behalf of Travis County)

Snehal Patel, MD

Internal Medicine Physician

Melissa Shearer

Travis County Mental Health Public Defender

(not on behalf of Travis County)

United Workers of Integral Care

Proposed Safeguards for Law Enforcement Contact with No Wrong Door Participants

We support No Wrong Door's goal of coordinating housing, treatment, and other services for people with complex needs. Because law enforcement and prosecuting agencies participate in NWD, however, the program must clearly separate voluntary service coordination from criminal investigation, prosecution, and court advocacy.

The risk of confusion is greatest when a participant is in custody, has a pending charge, is the subject of any criminal investigation, or is represented by counsel. Before law enforcement personnel contact an NWD participant through the program or use NWD information in those circumstances, we request that NWD adopt the following safeguards as written policy.

1. Clear Identification of Role and Voluntary Participation

Before any substantive NWD-facilitated interaction, a law enforcement officer should:

- Identify themselves by name and agency and clearly state that they are acting as law enforcement;
- Display a badge or other official credentials;
- Explain the purpose and general subject of the proposed contact;
- Explain that the officer is not a case manager, treatment provider, advocate, or member of the participant's defense team; and
- Tell the participant whether the interaction is voluntary, what information may be shared, who may receive or use it, and that the participant may consult defense counsel before deciding whether to participate.

NWD should not present law enforcement contact in a manner that could reasonably cause a participant to believe the officer is a confidential service provider or is acting solely in the participant's interest. Consent or information obtained without a clear explanation of the officer's identity, purpose, and role should not be treated as informed consent or a voluntary statement.

2. Advance Notice to Defense Counsel

When an NWD participant is in custody, has a pending charge, or is represented by counsel, NWD should notify assigned defense counsel before any proposed law enforcement contact through the program concerning services, release planning, bond, or another matter that may affect the participant's criminal case. Notice should be provided at least 48 hours in advance when reasonably practicable and, in all cases, before the contact occurs.

The notice should identify:

- The participant;
- The officer's name and agency;
- The proposed date, time, and location of the contact;
- The purpose and general subject of the contact; and
- Contact information for the responsible NWD or law enforcement representative.

Counsel should have a meaningful opportunity to advise the participant, attend the meeting, or request additional safeguards. After-the-fact notice does not provide that opportunity.

3 New Arrests and Renewed Consent

A new arrest materially changes the context in which an NWD participant may interact with law enforcement. Upon learning that a participant has been arrested or charged, NWD should notify defense counsel and pause law enforcement contact through the collaborative process until counsel has had a reasonable opportunity to advise the participant.

A prior diversion agreement, program enrollment, notification, or Release of Information should not be treated as consent to law enforcement contact about a new arrest or to the use of NWD information in a new criminal matter.

The current NWD Release of Information states that it may remain valid for up to two years unless revoked. We therefore request a written policy requiring a new, informed Release of Information for each new arrest or newly filed charge before NWD authorizes law enforcement contact or case-specific information sharing related to that matter. The participant should receive a plain-language explanation of the proposed contact, the information to be shared, the recipients, the permitted uses, and the right to consult counsel before signing.

NWD should create a policy and process for a client to revoke any prior consents/releases at any time and have an effective solution to distribute that revocation to all stakeholders who may rely on any prior release.

4 Limits on Case and Court Communications

Law enforcement personnel should not use an NWD-facilitated contact to question a participant about the facts or circumstances of a pending charge or solicit information that may be used in a criminal investigation or prosecution.

If a participant begins discussing a pending case, the officer should state that the matter cannot be discussed, redirect the conversation, and end the interaction if the participant continues.

No NWD case manager, service provider, or participating law enforcement officer should send a bond recommendation or other case-specific communication directly to a judge or court. Any information that a participating law enforcement agency believes should affect bond or another court decision should be provided through the prosecutor assigned to the case and disclosed to defense counsel before it is presented to the court.

Likewise, information obtained through NWD's service coordination process or a trusted service relationship should not be used to investigate or prosecute a participant, support a bond condition, or influence disposition unless disclosure is legally required or supported by legally sufficient authorization. When disclosure is proposed, defense counsel should receive advance notice to the extent permitted by law.

These limits preserve the distinction between collaborative services and the adversarial criminal process without preventing appropriate service coordination.

5 Written Policy and Accountability

NWD should incorporate these safeguards into a written protocol and provide the protocol to all participating agencies, personnel, participants, and defense representatives.

The protocol should require documentation of law enforcement contacts, notices to counsel, consent or Release of Information decisions, and communications with prosecutors or courts.

It should also provide a clear process for participants and defense counsel to report concerns, obtain prompt clarification, suspend disputed contact while it is reviewed, and seek corrective action when a contact does not comply with the protocol.

NWD can connect participants to important services, but its success depends on clear boundaries. A participant should never have to guess whether a person is acting as a police officer or a service provider, whether a conversation is voluntary, or whether information shared for services may affect a criminal case.

These safeguards are intended to ensure that collaboration does not bypass counsel, obtain case-related information through a trusted service relationship, or influence bond and other court decisions outside the ordinary adversarial process. The practices addressed above can create serious constitutional and ethical concerns, particularly when a participant is in custody, has pending charges, or is represented by counsel.

We ask the NWD Working Group to adopt these safeguards in writing before further NWD-facilitated law enforcement contact with participants in those circumstances.

Clear written rules will protect participants, guide participating agencies, and support appropriate collaboration.



MEMORANDUM

To: Mayor and City Council

Through: Jon Fortune, Deputy City Manager 
Stephanie Hayden-Howard, Assistant City Manager 

From: Robert Kingham, Austin Community Court 

Date: October 1, 2026

Subject: **No Wrong Door City Council Briefing on October 6, 2026**

The purpose of this memorandum is to provide an update on the *No Wrong Door* (NWD) program and the City Council briefing scheduled to support individuals at the intersection of homelessness, public safety, and mental health. An initial [memorandum on No Wrong Door](#) was distributed on August 3, 2026. A briefing is planned for the October 6th City Council work session.

Background

The NWD program broadly aligns with City Council resolutions passed in the last several years regarding the intersection between homelessness, mental health, and the criminal justice system. For example, in November 2025, Austin City Council passed [Resolution No. 20251106-024](#), directing the City Manager to develop a plan to prioritize, expand, and align the operations of street and community outreach for individuals experiencing homelessness and to emphasize the importance of vital and mental healthcare services connections and housing. In January 2025, the City Council adopted [Resolution 20250130-080](#), which directs the City Manager to, among other things, comprehensively assess “information, data, policies, and historical context and trends relating to the City's response to and handling of mental health incidents and requests for service or assistance that would be useful to the development and improvement of City policies related to mental health response and determining what resources would be required.” Finally, in [Resolution No. 20210204-049](#), City Council identified ending homelessness as one of its top priorities and authorized the multi-disciplinary Housing-focused Encampment Assistance Link (HEAL) initiative as a means to achieving that goal. In many ways, and as further described below, the NWD program advances all of these City Council-directed goals.

Overview

As part of Austin’s commitment to addressing mental health, homelessness, and public safety, the City Manager’s Office launched No Wrong Door, a coordinated multi-agency approach for crisis response, service engagement, and follow-up care centered on individuals with complex social and

behavioral health needs. NWD's mission is to collaboratively identify permanent supportive solutions for high utilizers via community services such as housing, social support, health care, and substance use treatment, aiming for positive client progress across the ecosystem. The phrase “no wrong door” is frequently used in health and human services to indicate that there is no required, specific point of entry for treatment or services. The program is not the initiative of any one department but rather a joint commitment with stakeholders to reduce the cycle of recidivism *together* by prioritizing public safety as a pathway to services through partner communication, service history, and care continuum plan visibility.

To minimize repeat crisis contacts across the same defined concentration of people, Austin’s public safety departments (Austin-Travis County Emergency Medical Services, Austin Fire, and Austin Police) respond to service calls for people displaced and often with physical or behavioral disabilities, triage for immediate service needs, transport to medical care or shelter, and coordinate with direct services providers for follow-up resource navigation and case management as needed to resume continuity of care.

NWD consists of local and regional agencies and organizations, each serving their community by engaging individuals who are statistically identified as high utilizers of the Austin-Travis County criminal justice, health care, and homelessness systems. High utilizers, in the context of NWD, are currently defined as people who generate disproportionate demand and are indexed in the top 1% of total contacts. Often, these individuals experience co-occurring issues such as mental and behavioral health deterioration, substance use, and homelessness.

Following the August 3rd memorandum, City staff held meetings with each City Council member to discuss No Wrong Door and answer questions about program operations. The following are staff responses to those questions in anticipation of the October 6th briefing to City Council.

No Wrong Door Overarching Program Goals

- Establish ongoing coordination between local emergency response systems and community service providers regarding high-acuity individuals with significant and persistent social and behavioral health needs and substance use disorders.
- Advocate for additional support and investment to manage existing operations and scale efforts in other priority areas within Austin.
- Reduce public safety interactions with individuals with high-acuity mental and behavioral health needs.
- Develop dedicated referral pathways to stability for high-utilizers of the local emergency response system with high-acuity needs.

Program Structure

The City Manager’s Office is the executive lead department for NWD, with direct participation from the following Austin departments: Austin Community Court (CC), Austin-Travis County Emergency Medical Services (EMS), Austin Fire (AFD), Austin Homeless Strategies and Operations (HSO), Austin Police (APD), and Austin Public Health (APH).

High Volume System Utilizers

As the concept of NWD was being considered, a concept was developed that could provide a possible template for how a high utilizer system might be identified. APD records were examined for the period from January 1, 2025, through September 30, 2025, to identify persons who had the following:

- High levels (i.e., approximately the top 1%) of arrests (8 or more);
- Mental health call-outs (six or more);
- Substance-use-related incidents (four or more); or
- Criminal trespass notices (10 or more).

That procedure generated 361 people who appeared on at least one of those lists. To reduce that list to 100, top utilizers from EMS, CC, and AFD records were compared for overlap, along with intelligence from the Public Order Team. The original concept to support 100 of the highest utilizers was generated in December 2025 and served as the baseline template. City staff identified individuals who had since died or substantially reduced their involvement with public safety and removed them from the list. Based on feedback from officers, the original procedure to identify potential NWD candidates was refined and simplified to focus on two principal criteria: (1) overall involvement with public safety (as assessed by total number of contacts) and (2) evidence of mental health challenges in public safety records.

A high utilizer is initially defined as someone in the top 1% of total contacts based on these criteria. For the period January 1, 2026, through August 31, 2026, this algorithm produced a total of 665 persons who met the criteria. Through data-sharing agreements with external service providers, NWD can determine whether an individual is involved in similar cycles to further refine and prioritize a primary list of high utilizers across systems beyond public safety, promoting attention, diligence, and care for their service needs. Race or ethnicity data are not considered as eligibility criteria for participation in the program, and this information is not requested or captured through the standard HIPAA-compliant NWD Release of Information (ROI) forms archived by EMS. NWD partners, however, realize that historically marginalized communities may be overrepresented among the identified high utilizers, but that analysis has not been performed.

Preliminary Data

- From May 20, 2026, to August 18, 2026, 99 Austin Police (APD) high utilizers experienced crisis contacts roughly once every 11 days. Since their involvement in No Wrong Door, their average has improved to a crisis contact every 16 days, marking a 31% decrease or about 10 fewer contacts per person annually. Their contacts are now almost exclusively with crisis intervention officers and/or a member of the NWD continuum.
- Within the same period, the 28 highest-risk APD high utilizers initially had crisis contacts every 6 days. With No Wrong Door involvement, this has extended to once every 14 days, a 57% reduction or 35 fewer contacts per person each year.

Public Safety Engagement

Police Role: APD has an important role in NWD because police officers are often the first to respond when a community concern generates a call for service. Many of these situations are complex and do not meet the criteria for a mental health-only response. They may involve suspected criminal activity, victimization, immediate safety concerns, or behavior that poses a risk to the individual or others. As a result, police are often an appropriate first responder, even when the person may also benefit from behavioral health or other supportive services. APD crisis intervention officers are familiar with many high-utilizer individuals, have been trained on how to influence supportive service choices, and, as a last resort, can detain individuals with homicidal or suicidal thoughts, psychosis, command auditory hallucinations, paranoia, or severe sleep deprivation under Texas Health & Safety Code Chapter 573. The officers APD has assigned to the NWD team are all certified crisis intervention officers.

Coordinated Efforts: While APD initially served as the primary public safety partner for response and engagement, NWD has always been a collaborative model. Its impact depends on partners both within and outside the City bringing their respective resources, expertise, and services to the table. For example, persons housed through NWD are connected to housing in coordination with HSO and community housing partners. Persons receiving behavioral health treatment are connected to care through Integral Care. EMS facilitates case-conferencing meetings, coordinates caseload assignments with APD, and helps ensure persons are successfully connected to appropriate care and services. Together, these newly established partnerships are beginning to address the underlying needs driving repeated calls for service and reducing the need for recurring public safety responses. Early results indicate that, within the first 90 days of NWD engagement, APD contacts with high utilizers decreased by more than 30%.

NWD APD Officers use a Records Management System (RMS) report-writing software to alert officers to current NWD clients and the care continuum plans in place for the individual. For example, a subject with an Intellectual and Developmental Disability (IDD) on a criminal trespass call may have a bed at the Marshalling Yard. This gives officers an immediate option to divert from the criminal justice system (jail) to the Marshalling Yard.

The Capital Area Private Defender Service (CAPDS) has expressed concerns about APD officers assigned to the NWD team interviewing individuals with pending criminal charges. APD is sensitive to these concerns and has adopted, with the assistance of the City's legal department, Standard Operating Procedures (SOPs) for the NWD team that address many of the issues CAPDS raised. NWD officers seek to meet clients where they are and where they can most effectively provide assistance. Most NWD interactions occur in the community, including on the street, at a client's residence, or at other locations where officers can connect with the client. Jail interviews may occur at various points during a client's involvement with NWD and are generally used when officers have been unable to locate or contact a client in the community and subsequently learn that the client has been arrested or is otherwise in custody. Because some NWD clients have frequent interactions with the criminal justice system, jail interviews can be a part of maintaining contact and providing continuity of services. In these circumstances, NWD officers may meet with the client in the jail to maintain contact, assess current needs, and provide or coordinate appropriate resources and services. Regardless of when or where the interaction occurs, the purpose of an NWD jail interview is service navigation and resource coordination, rather than investigation or discussion of the client's pending criminal case. Among other things, the SOPs set out the NWD mission and establish protocols for officers who are meeting with high utilizers in a jail or custodial setting. The SOPs instruct officers to advise these high utilizers of their rights; record interviews on body-worn cameras; and inform high utilizers that the purpose of the interview is not to discuss any criminal case, but to offer navigation assistance to resources available through the NWD program and elsewhere (e.g., resources through Veterans Affairs). The SOPs also require NWD officers to make reasonable efforts to notify attorneys for high utilizers prior to any jail interview.

Alternatives to Incarceration and Connections to Care: **NWD APD officers have not arrested a single NWD client since being assigned to the program.** It is not a crime to live with a Severe Mental Illness (SMI), but unfortunately people with SMI, who are in crisis, may sometimes have frequent contacts with police and other public safety agencies due to criminal misconduct or unsafe behaviors. One of the core missions of the officers assigned to the NWD team is to deflect and divert people away from the criminal justice system when possible. Although NWD officers

cannot disregard their legally imposed duties to execute lawful arrest warrants signed by a judge or to make arrests without a warrant when authorized by law (see Tex. Code of Crim. Proc. Art. 2A.051), the NWD officers can connect high utilizers to community resources and collaborate with other providers to reduce interactions with police, enhance public safety, and achieve the goals of the NWD project. As of the distribution of this memorandum, NWD officers have successfully carried out their proactive mission of engaging high utilizers and connecting them with appropriate service providers before a call for service is generated, without making arrests or taking other official police action.

As of Monday, September 28, three BOLOs (“Be On the Lookout” notifications) have been issued in connection with No Wrong Door clients. These notifications are used as a limited operational tool to assist officers in locating an NWD client when necessary and, importantly, to notify officers that an individual they encounter is currently receiving services through the NWD program. A NWD BOLO may provide relevant information to assist officers in safely and appropriately responding to an encounter, including a request to contact NWD personnel, known medical or behavioral health considerations, available support services, active warrants, or other relevant officer-safety information. The intent is to facilitate communication, continuity of care, and an appropriate public-safety response – not to initiate an arrest against the individual. BOLOs are not generated simply because there has been a period of no contact with the NWD team. A BOLO is used only when there is a specific, articulable reason that locating or identifying a particular NWD client would assist the team in addressing a current need or concern. Circumstances may include a change in the client’s treatment or service plan, escalating or concerning behavior, a time-sensitive need to connect the client with services, or another circumstance requiring assistance in locating the individual. The decision to issue a BOLO is made on a case-by-case basis and is intended to be a limited communication and location tool, not a routine response to a lack of contact. The limited use of BOLOs to date reflects this approach. The NWD unit has issued approximately three BOLOs during its first seven months of operation. More broadly, BOLOs are a standard law-enforcement communication tool used for a variety of legitimate purposes, including locating missing or endangered persons, identifying persons of interest, notifying officers of officer- or public-safety concerns, and locating victims or witnesses. NWD BOLOs serve a similar communication purpose while being specific to the needs of the NWD program.

BOLOs are a standard law-enforcement communication mechanism and are not arrest warrants. The issuance of an NWD BOLO does not, by itself, create legal authority to detain or arrest an individual. Any enforcement action remains governed by applicable law and existing department policy. At present, the NWD BOLO is also the primary mechanism available to NWD officers to alert other department personnel that an individual who is unable to be located is actively engaged with the NWD program and that NWD resources may be more appropriate when that individual is encountered in the field – in other words, to ensure that a crisis intervention officer is engaged.

Justice System Involvement and Behavioral Health

NWD creates a framework where high utilizers – including people with a justice-involved background – are identified to address gaps in care between contact and engagement with law enforcement and first responders. Officers, paramedics, and firefighters only know what they see at the moment of a call for service, not what happens across care providers between interactions with public safety systems. NWD partners seek alternatives beyond traditional institutions for individuals trapped in the cycle of recidivism through daily client care, local and organizational coordination, and expanding systems of care by legislative advocacy.

Unless a court mandates treatment, local deflection options remain available for high utilizers with the most significant social and behavioral health needs. While deflection is the general priority as appropriate, it may not be an option in all cases depending on the underlying circumstances of the relevant criminal offense.

NWD does not criminalize opportunities to connect people to care, replace other efforts to address local homelessness and behavioral health interventions, or position the City to provide direct services, as the City will continue to refer people to local care continuum community-based organizations for resource provision so that these people in the future are less likely to have interactions with the criminal justice system.

Data and Records

EMS is the repository for the standard and HIPAA-compliant “Release of Information” (ROI) forms. High utilizers who choose to sign the ROI agree to permit several of the NWD partner agencies to share their medical information for purposes of recommending treatment and care options. EMS is the lead agency connecting with high utilizers to determine whether they wish to sign an ROI. EMS personnel are trained to make a preliminary determination of whether a person is competent to make decisions about their medical treatment.

Reporting

Quarterly reporting will be provided to the City Council to include metrics along the lines of the following outcomes:

- Increased connections to resources, including behavioral health services, psychiatric medications, substance use recovery, co-occurring treatment interventions, step-down care, homelessness services, supportive housing options, transportation for people with complex physical and behavioral health needs, and basic needs.
- Enhanced local service coordination among public safety, direct service providers (behavioral health, substance use, and homelessness), and additional agency and organizational partners.
- Minimize repeat contacts with law enforcement, including repeat calls to the same location, mentions in police reports, arrests, emergency detention, and jail bookings.
- Reduction in police officer time on scene and interactions due to effective crisis de-escalation, stabilization techniques, mediation skills, and transfer from law enforcement to supportive solutions.
- Length of stabilized behavior as noted through fewer crisis service episodes, emergency department encounters, and psychiatric inpatient admissions following initial engagement/enrollment.
- Prioritized behavioral health resources and increased funding investments for additional service capacity.

Funding and Resources

Funding: NWD is currently supported through existing program resources within ATCEMS, Austin Fire (AFD), Austin Government Relations, Austin Homeless Strategies and Operations (HSO), Austin Community Court (CC), APD, and Austin Public Health (APH). On September 9, 2026, Central Health approved \$54 million in new mental health investments which will benefit NWD clients, including \$33.1 million for 22 inpatient beds and 10 psychiatric emergency department beds as part of a potential hospital expansion at Dell Seton Medical Center. Integral Care is also realigning at least \$1.7 million in existing services to support No Wrong Door implementation, including

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multiple clinicians for highest-intensity outpatient care for people with the greatest medical acuity and multiple psychiatric hospitalizations.

Additionally, there are four pending grants from the DOJ and Texas Office of the Governor (OOG) to further support this work.

Resources: Capital Area of Texas Regional Advisory Council (CATRAC) completed a mental health dashboard in September 2026 to facilitate local psychiatric inpatient bed availability reporting. The technology was fully implemented, allowing psychiatric hospital facilities to begin reporting immediately. Specifically, CATRAC created user accounts, sent educational resources to participating facilities, and hosted an onboarding meeting.

Community Stakeholder Outreach and Engagement

Austin has been engaged with multiple stakeholders throughout the development of NWD, including Austin state and federal legislators, the Office of the Governor, the Office of the Lt. Governor, the Office of the Speaker, U.S. Department of Housing and Urban Development, LifeWorks, Texas Homeless Network, Texas Municipal League, Downtown Austin Alliance, Real Estate Council of Austin, Texas Harm Reduction Alliance, Texas Public Policy Foundation, Capital Area Private Defenders Services, and the ACLU of Texas.

Legislative Strategy

Austin is facilitating shared legislative goals with partners, where aligned, to advocate for legislation, administrative changes, and dedicated funding to expand crisis stabilization and step-down residential treatment capacity, strengthen pre-arrest alternatives to incarceration and inpatient hospitalization, and enhance capacity to connect individuals with high acuity needs to coordinated care and treatment.

Next Steps

A memorandum on operational outcomes to date is anticipated to be provided in December 2026. City staff continues to collaborate with local and regional stakeholders to improve coordination and close gaps between services. Should you have any questions, please contact me at robert.kingham@austintexas.gov.

cc: T.C. Broadnax, City Manager
Erika Brady, City Clerk
Jason Hadavi, City Auditor
Mary Jane Grubb, Municipal Court Clerk
Judge Sherry Statman, Municipal Court
CMO Executive Team
Department Directors

Attachment: Attachment A – Training and Qualifications
Attachment B – Sample Costs & Data: Austin-Travis County Public Safety High System Utilizers
Attachment C – *No Wrong Door* Standard Operating Procedures

Attachment A – Trainings and Qualifications

Dept	Current Training	What it Covers	Timing / Frequency	Notes
APD	TCOLE-mandated cadet mental health training	40 hours of lecture, roll play scenarios, and testing; Intellectual Developmental disabilities; Deescalation, communications; legal requirements; policies and procedures; local resources (CIT, NWD, BTAM, Integral Care, NAMI)	Academy training Additional training through Integral Care	Approx. 65% co-taught with outside partners, primarily Integral Care. No ongoing mental health training program after academy. An 8-hour course every 4 years is only offered as needed.
APD NWD Officers	TCOLE-mandated 40 hour cadet mental health training TCOLE 4001/4201 CIT/MHO Certification Course or equivalent (40 hours) APD Basic Leadership 1.0 Course or equivalent (40 hours) TCOLE 1014 Basic Instructor Course (40 hours)	Additional lecture, roll play scenarios, and testing; Intellectual Developmental disabilities; Deescalation, communications; legal requirements; policies and procedures; local resources (CIT, NWD, BTAM, Integral Care, NAMI)	Academy training Required training Additional training through Integral Care	NWD Officers to receive quarterly crisis training by Integral Care, either online or in person
911 operators	Crisis Communication Skills; Crisis Call Diversion; TCOLE Basic Telecommunicator Course	Crisis communication; crisis call diversion; handling callers in mental or emotional crisis	Course-based / initial training	Include Module 10: Callers in Mental or Emotional Crisis.
EMS	Frontline Academy Training	Mental health and crisis-related content during academy training	Academy training	Field units have access to support resources

Date: October 1, 2026
Subject: No Wrong Door City Council Briefing on October 6, 2026

Dept	Current Training	What it Covers	Timing / Frequency	Notes
EMS CHP	Additional training with Integral Care; de-escalation training	Behavioral health response; de-escalation; crisis support; coordination with C4 and EMCOT	Specialized additional training	CHP and C4 serve as resources to frontline ambulances.
HSO / HEM	Mental Health First Aid; EMS CHP de-escalation training; recorded training for new employees	Mental health awareness; recognizing and responding to crisis; de-escalation; operational guidance	Ongoing access / onboarding support	Integral Care provides Mental Health First Aid. Recorded trainings available for future staff. Watershed crew training recorded on 04/20/2026
Austin Community Court	CPI Verbal Intervention training	Verbal intervention and de-escalation	All-staff training	Applied to courtroom staff, community service crew leaders, social workers, outreach staff, and Violet Keepsafe Storage Program staff.

Attachment B – Sample Costs & Data: Austin-Travis County Public Safety High System Utilizers

Austin Police

- Between August 11, 2025, and March 31, 2026, “Oscar” was involved in 74 patrol incidents – **a rate of 1 incident every 3.1 days**.
- Those 74 incidents involved a total of 220 officers, who spent **a total of 329.02 hours on scene**. That is an average of 4.4 officer hours per incident and represents nearly fourteen 24-hour days. At a minimum hourly rate of \$64.21, that’s a total cost of \$21,126.37 in officer wages alone for this one individual.

Austin-Travis County Emergency Medical Services

- Between January 1, 2026, and June 30, 2026, “Michael” was seen by EMS 75 times – **a rate of 1 incident every 2.4 days**. Those 75 incidents kept an ambulance occupied for **a total of 93.75 hours**. That represents nearly four 24-hour days an ambulance was unavailable for emergency response.
- Between January 1, 2026, and June 30, 2026, “Frank” was seen by EMS 42 times – **a rate of 1 incident every 4.3 days**. His EMS-billed **charges totaled \$77,545.00** for those incidents at an average rate of **\$1,846.31 per contact with EMS**.

Austin Fire

- Between August 11, 2025, and March 31, 2026, “Jane” was involved in 32 incidents – **a rate of 1 incident every 7.25 days**.
- Those 32 incidents involved 4 firefighters per incident, who spent a total of **11.56 hours on scene**. That averages **21.7 minutes per incident**. Using the minimum average engine staff hourly rate of \$35.57, that’s a total cost of \$1,644.76 in firefighter wages alone for this one individual.

Recap

Across police, EMS, and fire, a small number of individuals with frequent crisis contacts place a heavy, recurring demand on public safety and emergency responders.

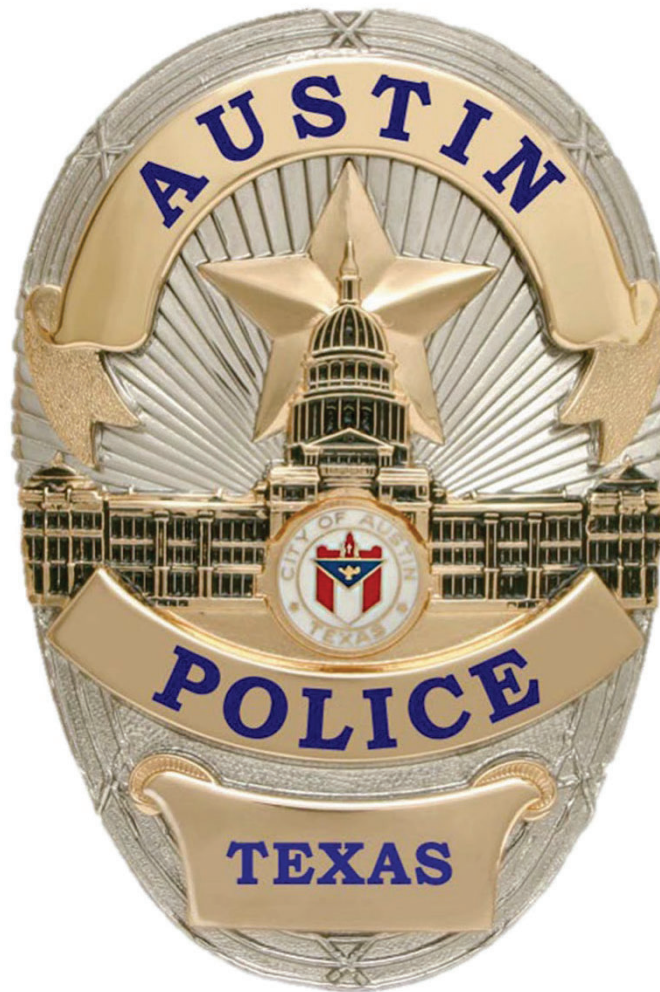
- In under eight months, “Oscar” was involved in a police incident every 3.1 days, consuming more than 329 officer hours and \$21,000 in officer wages.
- In six months, “Michael” needed EMS every 2.4 days and kept an ambulance out of service for nearly 94 hours, while “Frank” needed EMS every 4.3 days and generated nearly \$78,000 in billed charges.
- Over the same period as “Oscar,” “Jane” was involved in a fire response every 7.25 days, consuming more than 46 firefighter hours at a cost of over \$1,600 in wages.

The documented amounts for only the individuals listed that are influencing a cost figure **total \$100,316.13 in public safety wages and EMS charges**, and every hour spent on these calls for service was an hour responders were unavailable for other emergencies.

AUSTIN POLICE DEPARTMENT

NO WRONG DOOR

STANDARD OPERATING PROCEDURES



2026

AUSTIN POLICE DEPARTMENT
NO WRONG DOOR
STANDARD OPERATING PROCEDURES

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.01 Statement of Purpose

The No Wrong Door team was developed in March 2026 to address high utilizers of the criminal justice, homeless, and healthcare systems ("Systems") within the city of Austin. High utilizers place a disproportionate strain on organizational budgets and put or find themselves in situations which jeopardize their health and safety. This population includes consumers with complex needs and issues that include medical, housing, substance abuse, criminal and untreated mental illness. The NWD team was designed to solve problems, coordinate and collaborate with other community partners to deflect or divert the high utilizers away from 911 response resources and the criminal justice system. The APD NWD sworn officers will be members of the city led No Wrong Door Working Group. The mission of the No Wrong Door Working Group (Working Group) initiative is to strive to find permanent supportive solutions for high utilizers of the Austin-Travis County criminal justice, healthcare, and/or homeless systems. The services that will be a part of these solutions include, but are not limited to: housing, social services, mental health services, and substance abuse counseling. The Working Group is committed to fostering communication and collaboration among the specified agencies and organizations listed herein below ("Parties") to review ongoing data and records for the purpose of evaluating and prioritizing services provided to high utilizers in our community.

.02 Organization and Staffing

- A. The Department undergoes periodic evaluation to ensure it is organized to meet the changing needs of the Austin community. This evaluation may result in changes, over time, to redistribute resources to address contemporary issues and conditions optimally. APD-HR will maintain personnel allocation information.
- B. The Unit is staffed by:
 - 1. 1 Sergeant (supplied by the current CIT/BTAM Sergeant)
 - 2. 1 Corporal/Detective
 - 3. 4 Officers

.03 Utilization and Deployment

- A. Utilization
The No Wrong Door Unit (NWD) will:
 - 1. Assist and/or respond to any patrol request involving a call related to subjects on the NWD client list.
 - 2. Act as a central source of information on departmental incident reports related to NWD clients.
 - 3. Act as a community liaison between the Department and homelessness service providers, local mental health providers, hospitals, advocates and consumers and
 - 4. Fulfill any additional responsibilities related to mental health as deemed necessary by the Department and the supervisor.
 - 5. Actively participate in the No Wrong Door Working Group.
- B. Deployment
The No Wrong Door Unit is composed of sworn and non-sworn personnel that work to address high utilizers of the criminal justice, homeless, and healthcare systems ("Systems") within the city of Austin. As such unit personnel will work collaboratively with other members of the department or outside agencies.
- C. Hours of Operation
The No Wrong Door Unit is a 24-hour a day, 7 day a week unit and shall be staffed as follows:
 - 1. 7 A.M. to 5 P.M. Monday through Friday and as needed, depending upon the needs of the Department.
 - 2. Outside of 7 AM to 5 PM, Monday through Friday, a minimum of one supervisor and one officer shall be available on a call-back basis. On-call officers and supervisors shall be available at any time while on-call, to report depending on the needs of the Department. Additional on- call resources shall be utilized as needed.

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- D. "On-Call" Duty: Officers, Corporal and the NWD Supervisor (Sergeant) are required to accept rotational "on call" duty for the NWD program. The purpose of on-call duty is 24 hour operational coverage for the program and support for the consumers. Many of the subjects being supported by the NWD team have highly complex needs and could go into crisis at anytime. The NWD officers will have the ability to respond during and outside their operational period as needed.
1. Officers, Corporal and the NWD Supervisor (Sergeant) are required to accept rotational "on call" duty. The unit sergeant (or designee) will establish a roster rotating all personnel equitably.
 2. The NWD Sergeant will alternate on-call supervisory responsibilities with the NWD Corporal.
 3. An officer "on call" is available to be called to work after leaving the job site, weekends, on a holiday or on a regular day off.
 4. The officer may, with advance supervisory approval, secure a qualified replacement for all or any part of their "on-call" assignment. The unit sergeant will notify Communications and update the computer aided dispatch (CAD) system to reflect the "on call" officer and/or any change to the "on call" personnel.
 5. The "on-call" officer will maintain a normal off-duty lifestyle, but will maintain a communications link with the Department and carry the city issued cell phone or provide a telephone number where he / she can be reached at all times.
 6. In accordance with current departmental policy regarding the take home vehicles, the "on-call" officer will be provided a city vehicle in order to respond immediately to the designated location. The "on-call" officer will only respond to the designated location in a city vehicle assigned to the NWD Unit. If the "on-call" officer resides beyond the "on-call" limits as defined in departmental policy, the officer will respond to the NWD Unit or the appropriate city vehicle drop off location to pick up a city vehicle before responding to the designated location.
 7. The "on-call" officer will be notified by Communications when he/she are needed to assist and/or respond after regular duty hours. The sergeant will be notified by the "on-call" officer prior to the officer returning back to on duty status after regular duty hours.
 8. The "on-call" officer will be available in person or by telephone to direct and/or assist Uniformed Patrol or other departmental personnel as needed after hours.
 9. The unit Sergeant or designated "on-call" Sergeant will determine the necessity to respond or not respond to a scene on a case-by-case basis.
 10. Compensation
 - a. An officer "on call" receiving a call back to duty will be paid as defined in the Department's current Meet & Confer contract and departmental policy.
- E. No Wrong Door Working Group (Working Group): The Working Group is comprised of approximately 17 agencies and organizations, each performing a function in the community where it encounters community members who are high utilizers of the criminal justice, homeless, and healthcare systems ("Systems"). Their mission is to reduce the impact of high utilizers on community resources in the Austin-Travis County area through data-rich inquiry, individual-based solutions, and advocate for innovative responses to programming and policies.
1. Monthly Meetings: The work group will hold monthly meetings to discuss cases and program improvements.
 - a. Each monthly meeting will be attended by at least one member of the NWD sworn team.
 - b. Coordination and management of the work group will be done by the NWD project manager and assisted by all agencies.
 - c. Subjects will only be discussed with the entire management team when an ROI has been signed by the client.
 - d. The APD team is required by the MOU to submit a list of the top 50 high utilizers being managed by the team. The Austin Police Department, Austin Fire Department, and Austin/Travis County Emergency Medical Services will each compile a list of fifty individuals within the highest level of contact with their respective agency. An internal staff member will consolidate the three lists into a single list by removing duplicates and retaining only individuals who appear on at least two of the three agency lists. The final list will include only individuals' names and dates of birth. The list will be distributed to the other service-provider Parties. Each Party may use the list to determine if the respective agency or organization provided services to any of the listed individuals.
 - e. Data sharing with the group will be assisted by APD crime analyst team.
 - f. See MOU for further guidelines

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F. Jail Interviews.

The NWD team often works with clients that are justice involved. One of the goals for the NWD team is deflecting clients away from the criminal justice system when appropriate. That cannot always be avoided, which leads to clients being arrested and booked into TSCO or WILCO or other agency custody by patrol or other departments. Jail Interviews are an essential tool that can assist the NWD team in connecting with the clients in a safe location where supports are available.

1. Procedures for Jail Interviews:

- a. Prior to any jail interview, NWD officers will connect with any assigned detectives to the case to verify NWD is not interfering with an open investigation. Review if the case is a direct file arrest or warrant.
- b. Provide a Miranda Warning to all in custody interviews. The goal of the interview is to offer mental health resources not to interrogate the subject about the arrest. The goal is to connect and offer services, not to address or ask any questions about the arrest. This will be expressed to the subject during their conversation.
- c. All interviews will be captured on BWC and uploaded to the appropriate CIT related case jacket unless evidence or statements are made pertaining to criminal investigations.
- d. Evidentiary statements made by the suspect: if statements are made by the suspect that pertain to an active criminal investigation or regarding the arrest the officer will upload any recordings to that case, notify the assigned detective or ca/da, and document the statements in a supplement.
- e. Follow department policy 403 "Follow Up Investigations"

G. Operational methods:

The NWD unit must be self-motivating, resourceful, collaborative and problem solvers. The high utilizers tend to have complex and unique needs that cannot be solved by one method, treatment or solution. Below are some of the methods that the NWD team will often employ or work towards but is not all encompassing or exhaustive and the officers are able to explore other options to address the needs of the consumer:

1. Relationship building with the consumer.
 - a. Connection with the consumer; often and by varied methods (text/call/in person)
 - b. Better understanding their needs and supports.
2. Resource Coordination:
 - a. Integral Care, mental health needs, substance abuse treatment, etc.
 - b. Housing; ECHO, HSO, HOST, etc.
 - c. Any other services needed local or outside APD jurisdiction that will lead to the greatest level of success and stabilization.
3. Connecting subjects with familiar supports; friends, family, loved ones willing to support the consumer.
4. Travel or relocation support when appropriate; shelters, family, other.
5. Defection from 911 and patrol resources.
6. Jail Deflection when appropriate.
7. Safety/security support for other community partners when interacting with a consumer who has violent or safety concerns.
8. Connection to psychiatric services through voluntary or involuntary methods
9. Connection and support with specialized services specific to the consumer; substance abuse treatment, medical needs, etc.
10. Connection and support with funding; federal, medical, local, etc.

.04 Goals, Objectives, and Performance Measures:

- A. The City of Austin publishes Department goals and performance measures. Periodic reports will be made to the Chief, City Manager, and City Council as required.

B. Mission Objectives:

The mission of the NWD Team is to:

1. The core mission of the initiative is to find permanent supportive solutions, including housing, social services, mental health services, substance abuse counseling, and other services for the high utilizers.

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2. Collaborating through a common effort will support transparency, build trust, aid in analysis to deliver better services, and provide more streamlined processes for Parties working with this population.
 3. Recidivism reduction of high utilizer subjects use of emergency services
 4. Enhance public safety through specialized crisis response
 5. Support the goals of the No Wrong Door Working Group through active participation, data-sharing (as permitted), and coordinated case management
 6. Obtain ROI (Release Of Information) from clients/consumers that NWD engages with to assist coordinating resources.
 7. When appropriate and within policy, deflect and divert from the criminal justice system.
 8. Connect high utilizer subjects to community supports, resources and long-term case managers so they may live stable lives and no longer have a need to overly consume community resources.
 9. Follow the guidelines, agreements and requirements in the No Wrong Door Working Group On Austin-Travis County's High Utilizers MOU. See current MOU for further.
- C. Guiding principles of the NWD Working Group On Austin-Travis County's High Utilizers:
1. Be committed to collaboration and prioritization of all available services to this high-risk population.
 2. Maintain leadership support for the development and implementation of interagency protocols, including data-sharing, case review, interdisciplinary training, and other goals of the team in compliance with all applicable laws including, without limitation, HIPAA, Part 2 and similar state privacy and security laws and regulations.
 3. Designate a representative of each Party to the No Wrong Door initiative and make the team meetings a priority for their agency or organization and their representative.

.05 Personnel Duties, Authority, and Responsibilities

A. Confidentiality

All reports and follow ups conducted by the NWD Unit are strictly confidential in nature. No member of the unit will disclose information gained from their official duties as a departmental employee to persons who have no legitimate "need to know" and/or fails to meet the "continuity of care" requirement as mandated by law.

1. No Wrong Door Release of Information (ROI): "Release of Information" or "ROI" means a written authorization from an applicable individual (a) to release Individual Data solely for the purposes, and to the recipients, identified therein, (b) signed by the individual to whom the Individual Data pertains and (c) containing the elements required by the particular law(s) governing the use and disclosure of the Individual Data including, without limitation, all required elements for the release of PHI under HIPAA and SUD records under Part 2.
 - a. Officers shall make a good faith effort to obtain a ROI (Release Of Information) from clients/consumers that NWD engages with to assist coordinating resources.
 - b. The current ROI created by City Legal Team and on file for all program participants.
 - c. Signed ROI's will be documented on the internal client list spreadsheet as well as versadex report, to include date of signature and expiration which is 2 years after signed.
 - d. Austin/Travis County Emergency Medical Services will maintain records of all signed ROI forms and will provide a copy of the executed ROI to any Party from whom Individual Data is requested.
 - e. Completion of the ROI is voluntary and not a requirement for program involvement. NWD officers will still problem solve and case manage any subject in need.

B. Uniforms

The sergeant and assigned officers while on-duty will have a complete uniform at their assigned work station, in their vehicle or at another location that is readily accessible in case of an emergency such as weapons of mass destruction, civil disturbance, natural disaster call ups or needs of the Department. Maintaining a complete uniform at their primary residence is not considered to be readily available for emergency deployment.

1. Each sworn personnel will be provided two APD badged polo shirts from PCO.
2. All Sworn employees will abide by APD Policy Plain Clothes Attire 801.5.1 Sworn Guidelines and Prohibited Attire – Sworn 801.5.2

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C. Duties and Responsibilities

1. HOST duties:

The APD HOST duties and responsibilities will be absorbed by the No Wrong Door program. The NWD program is focused on high utilizers and those mentally ill persons experiencing homelessness. The NWD team are subject matter experts for the department on the nexus of mental health issues and homelessness. HOST duties will be a secondary mission and will be superseded by the needs of NWD program.

- a. The Sworn members of the NWD team will support and assist HOST related duties and responsibilities to include:
 - i. APD's HOST ID Program
 - ii. Specific request for assistance by the civilian HOST team members.
 - iii. HSO request for support of operations
 - iv. Act as a liaison between the homeless community, service providers, law enforcement agencies and the citizens of Austin.
 - v. Act as a resource for patrol units and other divisions.
 - vi. Utilize department resources to assist other agencies with determining proper placement of persons experiencing homelessness.
 - vii. Coordinate and provide training related to homelessness, and homelessness in conjunction with mental health.
 - viii. Provide homelessness related training for law enforcement personnel, cadets and homeless providers.
 - ix. Attend Community Forums, and other homelessness related community meetings.
 - x. Provide law enforcement / homelessness related information to the Department and direct Chain of Command.
 - xi. Respond to requests and provide homelessness related information to the APD and City of Austin Public Information Offices.
 - xii. Fulfill any additional responsibilities related to homelessness as deemed necessary by the Department.

2. Sergeant

General duties and responsibilities, inclusive, but not limited to the following:

- a. The Supervisor over the NWD program will be the CIT/BTAM Sergeant.
- b. Reports to the lieutenant of Strategic Intelligence.
- c. Complies with the Department's Policy Manual; the No Wrong Door Unit Standard Operating Procedures (SOPS); local ordinances and state law.
- d. Directly supervises and manages deployment of the No Wrong Door Unit officers and its administrative personnel for maximum effectiveness.
- e. Rotate "on-call" duties with the NWD Corporal.
- f. Distribute cases in an equitable manner based upon unit resources available at that time.
- g. Responsible for securing offense reports as needed.
- h. Updates report locations and title codes as needed per departmental policies.
- i. Complies with and monitors subordinates' compliance with Department policies and procedures, local ordinances and state law.
- j. Assists employees in developing their professional and interpersonal skills. The sergeant addresses issues and sub- standard performances through the use of formal techniques that include, but are not limited to counseling, performance evaluation, training and/or discipline.
- k. Conducts yearly sworn employee performance evaluations, to include:
 - i. Conducting a performance evaluation on each employee under the sergeant's command;
 - ii. Counseling employees on their performance;
 - iii. Providing each employee with a copy of the performance evaluation and
 - iv. Maintaining a copy of each employee's performance evaluation.
- l. Support patrol personnel in the documentation and appropriate follow up of mental health incidents by utilizing unit resources.
- m. Reviews a sample of open cases monthly for each officer assigned to the NWD Unit.
- n. Monitors the thoroughness of follow ups and timely report documentation by unit officers by reviewing such offense reports and/or other associated documentation.
- o. Briefs the lieutenant on extraordinary and/or newsworthy cases.
- p. Assists the Public Information Office (PIO) with the release of information to the media with the prior approval of the chain-of- command.

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- q. Submits weekly bullets to the lieutenant referencing unit activity, accomplishments, training, etc.
 - r. Submits monthly reports to the lieutenant on accomplishments and plans for the unit based on the goals of the Department.
 - s. Monitors the unit's budget in the area of overtime, commodities and contractual and approves purchases within the Department's budget guidelines.
 - t. Reports anticipated personnel and equipment needs to the lieutenant during the budget preparation process each year.
 - u. Represents the Austin Police Department and the No Wrong Door Unit at meetings with other law enforcement agencies, social service organizations, committees and the community.
 - v. Participates in or assigns unit officers to participate in educational and public relations presentations.
 - w. Ensures that unit officers qualify with duty weapon(s) and attend in- service training and other mandatory training assignments.
 - x. Performs quarterly inspections of assigned unit employees and equipment issued to them by the Department and maintains completed inspection forms on file for review.
 - y. Inspects annually and maintains an accurate list of the unit's assigned equipment and vehicles. Inventory inspections of the assigned resources will occur and be forwarded to the lieutenant of in January of each calendar year.
 - z. Accomplishes projects, tasks and duties within guidelines and timelines as established by the lieutenant.
 - aa. Approves or denies leave requests and overtime based on the unit's needs.
3. Detective/Corporal
- General duties and responsibilities, inclusive, but not limited to the following:
- a. Reports to the sergeant of the No Wrong Door Unit.
 - b. Complies with the Department's Policy Manual; the No Wrong Door Unit Standard Operating Procedures (SOPS); local ordinances and state law.
 - c. Act as the Supervisor of the NWD in the absence of the NWD Sergeant.
 - d. Primarily responsible for leadership and daily active management of the NWD team when the sergeant is not available. As described in APD General Orders: 110.2.6
- CORPORAL/DETECTIVE
- e. Investigate and/or assist other APD Units on criminal cases with a mental health component when assigned and deemed appropriate by the NWD Sergeant or NWD Chain of Command.
 - f. Responsible for securing office files and/or equipment at the conclusion of the officer's designated shift.
 - g. Informs the unit's sergeant or the lieutenant if the sergeant is unavailable of extraordinary or newsworthy incidents.
 - h. Accomplish projects, tasks and duties within guidelines and timelines established by the NWD Unit sergeant.
 - i. Assists other law enforcement agencies, social services agencies and the community with issues related to mental health.
 - j. Attend mental health provider/consumer meetings as scheduled and performing all other law enforcement job related duties as assigned by the unit's sergeant, chain-of-command and/or the Department.
 - k. Assists the Public Information Office (PIO) with the release of information to the media with the prior approval of the Intelligence chain-of-command.
 - l. Performs administrative duties in the unit's administrative area (answering phones and assisting customers) as needed.
 - m. Seeks the approval of the unit sergeant prior to working overtime, compensatory time or flex time.
4. Senior Patrol Officer
- General duties and responsibilities, inclusive, but not limited to the following:
- a. Reports to the sergeant of the No Wrong Door Unit.
 - b. Complies with the Department's Policy Manual, the No Wrong Door Unit Standard Operating Procedures (SOPS), local ordinances and state law.
 - c. Knowledgeable of the Texas Health and Safety Code applicable to the Emergency Detention criteria and procedures and other statutes related to mental health services.
 - d. Checks their personal queue in the Versadex reporting system and is responsible for accurate, complete and up-to-date records on all designated cases in that queue.

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- e. Accepts responsibility for and manages a case load of clients assigned to the officer by the supervisor or designee. The Officer will be responsible for client management, problem solving and working towards reduction of the consumer's impact on public resources.
 - f. Supports and assists patrol officers and other departmental personnel with incidents related to the community's mental health and No Wrong Door Clients.
 - g. Follow-up of designated mental health cases, as needed, when the consumer was taken to a hospital/facility, and document hospital transport in supplement.
 - h. Follow-up with family members to obtain additional information, evidence and/or provide services referencing a designated mental health case or individual.
 - i. Follow-up and document designated No Wrong Door mental health cases requesting an in-home visit and/or contacting an individual's caseworker/provider.
 - j. Complete Peace Officer Emergency Detention probable cause affidavits on individuals that meet the Emergency Detention statute's criteria.
 - k. Perform transports in unmarked patrol units, as needed for individuals that meet the Emergency Detention criteria.
 - l. Generate document files to include copies of an Emergency Detention and any original evidence such as photos and suicide notes as needed.
 - m. Responsible for securing office files and/or equipment at the conclusion of the officer's designated shift.
 - n. Informs the unit's sergeant, corporal or the lieutenant if the sergeant is unavailable of extraordinary or newsworthy incidents.
 - o. Accomplish projects, tasks and duties within guidelines and timelines established by the No Wrong Door Unit sergeant.
 - p. Assists other law enforcement agencies, social services agencies and the community with issues related to mental health.
 - q. Attend mental health provider/consumer meetings or functions associated with the No Wrong Door program as scheduled and performing all other law enforcement job related duties as assigned by the unit's sergeant, chain-of-command and/or the Department.
 - r. Attending the No Wrong Door Working Group
 - s. Assists the Public Information Office (PIO) with the release of information to the media with the prior approval of the Intelligence chain-of-command.
 - t. Performs administrative duties in the unit's administrative area (answering phones and assisting customers) as needed.
 - u. Seeks the approval of the unit sergeant prior to working overtime, compensatory time or flex time.
 - v. NWD Unit Officers should use a co-response model when appropriate or available. The Officers are encouraged to collaborate with the NWD program partners such as Integral Care's Expanded Mobile Crisis Outreach Team, EMS Community Health Paramedic Unit, Austin Fire Department or any other community supports.
 - w. Integral Care is the local mental health authority for Travis County.
 - x. Case referrals to Bluebonnet Trails Community Services Mobile Crisis Outreach Team will be made by contacting the Bluebonnet Trails Crisis Hotline (800)841-1255. Bluebonnet Trails Community Services is the mental health authority for Williamson County.
 - y. Case referrals to the EMS Community Health Paramedic Unit will be scheduled by contacting CHP100 at 512-978-0415.
 - z. Austin Cares- work as a member of the multi-disciplinary team that consist of APD, Travis County EMS and Integral Care.
5. Administrative Personnel
- a. The No Wrong Door team is currently being supported by the CIT unit administrator.
 - b. General duties and responsibilities, inclusive, but not limited to the following:
 - c. Reports to the sergeant of the No Wrong Door Unit.
 - d. Complies with the Department's Policy Manual, the NWD Unit Standard Operating Procedures (SOPS), local ordinances and state law.
 - e. Accomplish projects, tasks and duties within guidelines and timelines as established by the No Wrong Door sergeant.
 - f. Responsible for answering phones in the office and will take messages and/or return calls as needed,
 - g. Responsible for completing memorandums and correspondence for the unit sergeant and/or the Strategic Intelligence chain-of-command.

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- h. Responsible for completing all designated office duties on a daily basis.
- i. Provide No Wrong Door statistical reports on a monthly and yearly basis as it relates to departmental documentation.
- j. Provide supporting documents to the Probate Court Clerk for weekly hearing as requested and to act as a liaison with the court reference its court hearings.
- k. Responsible for maintaining corrected and up-to-date documentation as it relates to the unit's phone lists, timesheets, correspondence and master NWD training roster.
- l. Responsible for securing all office files and/or equipment at the conclusion of the employee's designated shift.
- m. Monitors and maintains available office supplies to meet the needs of the unit.
- n. Reports equipment malfunctions and/or inoperability to the appropriate service representative for repair and/or service.

.06 General Expectations while Teleworking

A. General Responsibilities

- 1. Work performed at alternate locations is considered official business, and employees must comply with all appropriate policies and procedures.
- 2. The total number of hours employees are expected to work will not change while teleworking. Any deviation from normally scheduled work hours requires prior approval by a supervisor and must be documented appropriately on the employee's timesheet.
- 3. Employees must safeguard information used or accessed while teleworking. Employees must follow applicable policies and laws related to the handling and accessing of information.
- 4. All employees must have completed Securing the Humans Cyber-Security Awareness Training for Police and all other mandated training by the COA CTM department.
- 5. CTM requires installing virus and firewall protection on an employee's personal computer. The employee is responsible for keeping this software up to date on security patches (The City of Austin provides free downloads of Antivirus and Firewall software).
- 6. Teleworking access must be scheduled in advance and approved by the employee's immediate supervisor.
- 7. If technical difficulties occur while teleworking, employees must report those issues to the Help Desk by either Desk-CTM.Help@austintexas.gov or 512-974-HELP and to their supervisor.
- 8. If employees cannot access the COA network and do not have sufficient work tasks to accomplish without this access, they may be required to come into the office to complete the workday or use some approved vacation to account for the time lost.
- 9. Employees are expected to perform their work during approved teleworking hours, although reasonable amounts of time for rest and meal breaks are permitted. Employees may conduct personal business during these rest and meal breaks.
- 10. Employees will forward their work desk number (if applicable) to their work cell phone.
- 11. Employees will monitor their phone/email and respond accordingly and in a timely manner.

B. Supervisor Responsibilities

- 1. Establish clear guidelines and expectations for teleworking employees and communicate them directly to each person.
- 2. Specific tasks will be identified based on the employee's role, such as updating offense reports, reviewing interview videos/audios, conducting research/follow-up on suspects or targets, updating external databases, generating affidavits, etc.
- 3. Because teleworking does not lend itself to in-person observation, supervisors should focus on results-based assessments.
- 4. Supervisors will determine appropriate measures for monitoring and evaluating the successful completion of assigned tasks. This could be through Versadex entries, documents sent for review, other database entries, other unit-specific tracking mechanisms, etc.
- 5. Standards must be specific, measurable, and realistic.
- 6. Ensure all teleworking employees receive official communications in a timely manner.
- 7. Communicate via telephone (voice, not text) with each teleworking employee at least once during each work day. Discussions to include, but not limited to:
 - a. Any assistance or modification of work assignments needed to ensure performance expectations are met or exceeded.
 - b. Any challenges (personal or professional) interfering with employee's ability to complete their assigned tasks successfully.

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8. Regular feedback is vital to the success of teleworking. Supervisors should address and resolve problems quickly to prevent escalation or further interference in an employee's ability to telework effectively.
 9. Ensure the unit's main line phone number is properly monitored during normal duty hours.
 10. Some units currently have this number forwarded to teleworking administrative personnel.
 11. Whenever the main number is not forwarded to an admin during duty hours, it will be forwarded to an on-duty supervisor's work cell phone. That supervisor will be responsible for monitoring it accordingly and responding to missed calls in a timely manner.
 12. In units with multiple supervisors, they will coordinate to ensure the main line is always forwarded to an on-duty supervisor during duty hours.
 13. Ensure tip lines, unit emails, and other methods of public communication continue to be monitored regularly and responded to/followed up on appropriately.
 14. Identify unit-specific thresholds requiring in-person response (if applicable) and supervisor notification procedures.
 15. Coordinate team conference calls at least once a week to maintain unit cohesion and employee interaction.
 16. Maintain communication with chain-of-command to provide updates on employee wellness, unit performance, and problems encountered.
 17. Coordinate vehicles as necessary to ensure appropriate unit readiness to respond to scenes as needed per the vehicle share plan developed by Investigative Commanders. =
- C. Employees may apply to the telework program by completing the electronic Telework Request Form (TRF) in the APD Staffing at
<https://cityofaustin.sharepoint.com/sites/APDHumanResources/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FAPDHumanResources%2FShared%20Documents%2FAPD%20Telework%20Request%20Portal%20FAQ%2Epdf&parent=%2Fsites%2FAPDHumanResources%2FShared%20Documents>

.07 Personnel Selection Procedures

- A. Anticipated vacancies in No Wrong Door Unit will not be posted throughout the Department. The Chief of Police will finalize all selections for assignments to the No Wrong Door unit. To assist the Chief with this process, the Commander or Lieutenant of Strategic Intelligence will compile a list of recommended candidates for anticipated vacancies. The Commander or Lieutenant will ensure a thorough background review is completed on any recommended candidates and that a packet is prepared listing, at a minimum, each candidate's years of experience, work assignments, IAD history, commendations, training history and any other relevant information. The below minimum qualifications will be considered in the selection of No Wrong Door personnel; however the Chief of Police will make these appointments as necessary in the best interest of the Department.
- B. The Strategic Intelligence Unit Director/ARIC/CIT/NWD Lieutenant is appointed at the discretion of the Chief of Police. See ARIC SOP for further.
- C. The No Wrong Door Sergeant is the current assigned CIT Unit Sergeant. See the CIT unit SOP for selection of the position.
- D. Corporal/Detective in the No Wrong Door Unit are selected by the Sergeant of the Crisis Intervention Unit with final approval of the chain of command up to Chief. The selection is Based on:
 1. Minimum Qualification- Hold the rank of Detective/Corporal
 2. Preferred Qualification-
 - a. Two years as a Detective/Corporal.
 - b. Experience in an investigative unit investigating and filing criminal charges. Experience in the process of obtaining arrest and search warrants in the various jurisdictions of the City of Austin.
Or
 - c. Corporal experience. Experience managing and leading officers in a self-motivating unit. Demonstrated ability to provide day-to-day leadership, guidance, and accountability while maintaining unit standards and operational objectives. The corporal serves as a leadership resource for unit personnel, promotes professional development, and assists in resolving issues that affect unit effectiveness.
 3. Preferred Training Courses-
 - a. TCOLE 4001/4201 MHO or equivalent course.
 - b. APD Basic Leadership 1.0 or equivalent course
- E. Senior police officers of the No Wrong Door Unit are selected by the sergeant of the Crisis Intervention Unit with the final approval of the chain of command. The selection is based on:
 1. Minimum Qualification- Hold the rank of Officer in good standing.

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2. Preferred Qualification-
 - a. Four years as an Officer with APD in good standing.
 - b. Self-motivating and positive reviews in past SSPR's
3. Preferred Training Courses-
 - a. TCOLE 4001/4201 MHO or equivalent course.
- F. The Division administrative supervisor with final approval of the Department's Human Resources Division selects the administrative personnel for the CIT Unit. The selection is based on:
 1. Attainment of a high school diploma or GED,
 2. Prior general clerical and or secretarial experience,
 3. Submission of an application to the Human Resources Department and
 4. An oral interview that analyzes:
 - a. Situational reasoning,
 - b. Interpersonal skills,
 - c. Verbal skills,
 - d. Writing skills,
 - e. Dependability and
 - f. Initiative.

.08 Training and Development

- A. [Due to the interdependent interaction required of the sworn and non-sworn personnel to accomplish the team's objectives, a team concept will be emphasized thereby creating a fundamental knowledge requirement from all personnel in all aspects of the unit's responsibilities.
 1. The sergeant of the Austin Police Department Crisis Intervention Unit will attend mandatory in-service training, firearms qualification and other specialized training approved by the Department which may include first line supervision, resource allocation, instructor certification, mental health training, etc.
 2. The officers and corporal of the Austin Police Department No Wrong Door Unit will attend mandatory in-service training, firearms qualification and other specialized training approved by the Department which may be related to mental health services, instructor certification, weaponry, communication techniques, computer skills, etc.
 3. Administrative personnel of the Austin Police Department Crisis Intervention Unit will attend at least sixteen (16) hours of training approved by the City of Austin and the Department which may include computer skills, payroll liaison, interpersonal skills and verbal or written skills.
- B. Due to the nature of law enforcement in conjunction with improving work performance, new training methods and tactics are developed daily which may benefit the unit's assigned personnel. The purpose of providing personnel additional knowledge, new tactics and methods is to improve the assigned personnel's overall ability to perform their job responsibilities more effectively, competently and safely. In order to enhance the unit's effectiveness, the unit sergeant will further review and/or recommend to the Investigations II chain-of-command any training which may assist in the personnel's professional and educational development.
- C. All Sworn members of the No Wrong Door Unit will have completed the following training prior to or within the first year of assignment to the unit:
 1. TCOLE 4001 or 4201 CIT/MHO Certification Course or equivalent
 2. APD Basic Leadership 1.0 Course or equivalent
 3. TCOLE 1014 Basic Instructor Course

.09 Annual Inspection

- A. The No Wrong Door Unit will cooperate with Risk Management when they perform a staff inspection of the team. The purpose of the staff inspection is to compare the department's formal expectations with the actual performance of the team carry them out and should be included under the duties and responsibilities section of your SOPs.

.10 Records Management and Special Reporting

- A. The No Wrong Door Unit is responsible for accurate and complete documentation reference any departmental mental health related call when a report has been written.
- B. Any and all documentation obtained by the No Wrong Door Unit from sworn departmental personnel reference a mental health consumer is considered confidential information and restricted to law enforcement use only. This information is not open for public record as it falls within the Texas Open Records Act A315.02 section B1, which states: Other Exceptions under the Texas Open Records Act allow or require the Department to withhold the following: Information, which if released, would be an

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unwarranted invasion of personal privacy. This includes any information which would tend to identify the victim offenses, an attempted suicide and other mental or medical conditions.

- C. The client list will also be the responsibility of the No Wrong Door staff and analyst. The client list will be shared as per the MOU, policy and as law provides.

.11 Case Management for Officers and client selection to the No Wrong Door Program

A. Case selection, assignment and clearance

The goal of the NWD team is daily case management of consumers who have been deemed high utilizers of public emergency and community services in the Austin Community through various metrics. The team will be fluid and dynamic in their selection of consumers that best fit the mission of the project. Nothing in this policy will preclude the team from addressing complex consumers that would benefit from their investigation and coordination.

1. The NWD team will manage approximately 100 clients at any given time. Even though there are more than 100 high utilizers in the Austin area the current staffing and capabilities limits the operational efficiency to this manageable number.
2. The NWD Work Group MOU requires APD, AFD and EMS to each compile a separate specific list of fifty individuals within the highest level of contact with their respective agency. The NWD sworn staff will coordinate with the crime analyst and their supervisor to create the 50 top priority subjects to collaborate with the other agencies on. See MOU for more information on the data sharing responsibilities.
3. Selection:
 - a. Selection of the NWD clients will generally follow the following criteria and procedure:
 - i. Identify consumers with the highest total APD interactions and
 - ii. Observable mental health factors, diagnosis or observations and
 - iii. Confirmation with the supervisor or designee on selection of the client to the case load.
 - b. Identification of this population will be with the assistance of the assigned Crime Analyst, referrals from patrol, personal identification by the team, referral from the community partners, inner department request, etc.
 - c. Other factors include subjects experiencing homelessness, substance abuse, untreated mental illness, IDD, etc will be taken into consideration.
 - d. Nothing in the above section precludes adding a consumer to the work load if the unit supervisor approves of the subject's addition.
4. Assignment of case load will be done by the supervisor or designee. Each officer will have approximately 25 consumers assigned to them for management. NWD is a team effort and all officers should be familiar with the current list or able to address situations in the absence of the assigned investigator.
5. Case Clearance. The goal for the NWD program is eventual transition of each consumer to a community based service provider for treatment, services and long-term case management. The NWD program is short term crisis management and resource coordination team for those consumers who have refused traditional community services, violent or dangerous or otherwise.
 - a. Consumers will be removed from the NWD work load when:
 - i. No or minimal contact with emergency services, hospitalizations, or arrest for the last 90 days.
 - ii. Consumer has stabilized or received treatment or services that have greatly affected their well-being and have moved them from crisis or emergency services.
 - iii. Consumer has relocated out of jurisdiction, deceased, imprisoned or otherwise no longer capable of being a high utilizer in Austin.
 - iv. When deemed appropriate for removal after the conference with the supervisor or designee.
 - b. Once removed from active case load, all consumers will be archived by the crime analyst for statistical data and program integrity.
 - c. Nothing in this section requires removal from the work load if upon conference with the supervisor it is determined that a client still requires monitoring or follow up by the NWD team.

.12 Case Management for Detective/Corporal

- A. The No Wrong Door Unit is not an investigative unit and no criminal offenses are auto routed for investigation. If a special situation arises and a case is assigned to the NWD detective/corporal, the following standard guidelines will apply.

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- B. Review new case assignments and attempt to contact the victim within the 1st workday of assignment as time and case load allows. Detectives shall use all reasonable efforts to establish contact with a victim to include but not limited to phone calls, text messages, emails, contact cards, location visit/ knock-and-talk, and BOLOs. Detectives should ensure at least 3 attempts to contact the victim prior to suspending the case. Documentation shall include the date and time attempted, and the method attempted. Ex: Feb 8, 2022 @ 2:37pm – Voice Message left on phone. Additional attempts shall not include calls to a disconnected phone number, or a known incorrect email address.
- C. Review report for accuracy such as time, date, location, title code, attempted/completed and contact information and update the case details as needed.
- D. The initial contact and introduction will be by phone when practicable. The investigator will determine the victim's preferred method of contact for future communication.
- E. Document investigative actions and contacts in a supplement and reasonably keep the victim apprised as to the status of the investigation.
- F. Ensure that all viable leads have reasonably been pursued and documented in a supplement.
- G. If an investigator receives a call from a victim on a case that was cleared by the unit supervisor, they will review the report and respond appropriately to the victim.
- H. Ensure that the appropriate clearance is used to close the case, and the investigator will enter the date, time and method of victim contact under the clearance block.
- I. Sergeants will be available to Detectives for consultation and case guidance at any stage of an investigation. Detectives shall approach any available sergeant for guidance, which shall be provided immediately or scheduled as soon as practicable.
- J. Detectives shall consult with Sergeants and the office of the District Attorney or County Attorney to determine how to best proceed in analyzing evidence that may be important to the case when such assistance is needed.
- K. Detectives will be flexible about when and where they interview a victim. Detectives have relatively flexible schedules and shall consider moving their work hours to accommodate a victim's schedule.
- L. Detective generally has access to an on-call car and will be flexible about meeting a victim where they feel comfortable talking about their case if a victim is unable or prefers not to in an office.
- M. Detectives will ensure that any victim needing or requesting transportation to interviews receives appropriate assistance. When such needs arise, Detectives shall contact Victim Services to coordinate transportation.

.13 Case Management for Sergeants

- A. The No Wrong Door Unit is not an investigative unit and no criminal offenses are auto routed for investigation. If a special situation arises and a case is assigned to the detective/corporal, the following standard guidelines will apply.
- B. The Sergeant over the No Wrong Door unit has responsibility to review and assign when appropriate.
- C. The Sergeant will review each report for accuracy and completeness.
- D. Deficient reports will be brought to the attention of the respective patrol supervisor who approved the report.
- E. The Sergeant will close cases that do not require follow-up investigation or have investigative leads. A supplement to the report will be written stating the report was reviewed and the reason why it was closed.
- F. Diary dates on cases assigned to investigators will be case specific as determined by the Sergeant but initially shall not exceed three months. The purpose of a diary date isn't to set an arbitrary deadline for case completion but a time indicator for a comprehensive case review to alert supervisors to cases where a Detective might require more extensive assistance. The diary date is an "exception" flagging technology that changes the color of a case status on a display screen to red to bring attention that the case needs to be reviewed and discussed with the unit supervisor.
- G. If a case remains open past the diary date, the Sergeant will meet with the investigator to review and consult on the case. The Sergeant will note the status and plan of action with the investigation and a new diary date will be set accordingly.
- H. In the Sergeant's absence a Detective will be designated as "acting Sergeant" and will assume responsibility for assigning cases. Detectives will not perform case assignment duties unless they are serving in an "acting" capacity.
- I. Sergeants will read and review submitted cases to ensure that the report is complete, and all reasonable leads have been pursued and that proper clearance codes have been applied to the case.
- J. If the Sergeant agrees that all reasonable leads have been pursued and the proper clearance has been applied, they will enter their name in the 'approved by' section of the clearance block.

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- K. If the report is not complete, or requires further investigation, the Sergeant will reject the submission under that investigator's 'Follow-up' block and provide the investigator with guidance in completing the case.
- L. Sergeants shall ensure they are available to Detectives when on duty or on call to provide guidance and direction to detectives.
- M. Sergeants will meet often with Detectives on cases to provide review, direction, and consultation as may be needed on a case-by-case basis.
- N. Sergeants will provide close oversight including work plans with clear objectives, tasks, and timelines for cases.
- O. The Detective assigned to the case will have primary responsibility, and reassignment should only occur when necessary or justified. Sergeants are responsible for case reassignment.
- P. When a Detective leaves the No Wrong Door Unit, a Sergeant will:
 - 1. Meet with the departing Detective to review their active cases.
 - 2. Ensure that the departing Detective has completed all necessary steps for the successful transfer of their cases.
 - 3. Confirm that all active cases are reassigned.
 - 4. If meeting with the departing detective is not possible, a Sergeant will review and reassign that Detective's active cases and meet with the newly assigned Detective(s) to discuss the cases and determine how to proceed

.14 Case Management for Lieutenants

- A. At the beginning of each month, the Lieutenant over the investigative unit will conduct a comprehensive audit of five investigators within his/her division. Five different investigators will be selected each month until all of the investigators in the division have been audited, at which time the audit process will restart. In this audit, the Lieutenant will assure that:
 - 1. The investigator's queue is up-to-date and being maintained
 - 2. Open investigations are being worked and the proper contacts have been made.
 - 3. All viable leads have been pursued in cases that have been closed
 - 4. Diary date deadlines are being met
 - 5. The Sergeant is reviewing reports and approving the "clearance block"

.15 Collection and Preservation of Evidence

- A. No Wrong Door personnel will adhere to the departmental policies and division procedures regarding the collection and preservation of evidence.

.16 Equipment/Vehicle Operation and Control

- A. In the course of the No Wrong Door Unit's operations, all assigned personnel will abide by the Department's policies regarding city issued equipment assigned to the unit and/or its personnel. Property management includes the maintenance of the existing equipment, maintaining accurate records on the equipment and the procurement of new equipment that updates and replaces current equipment.
- B. All assigned sworn personnel will abide by the Department's policies regarding the operation of any city vehicle. Vehicular management includes the operational condition of the vehicle in addition to reporting any damage or unsafe operational status to the appropriate vehicular maintenance entity.
 - 1. Equipment Issued: A complete list of issued and/or assigned equipment to the team will be maintained by the sergeant. The list will include all authorized equipment necessary for the team to perform its departmental duties safely and efficiently. In addition, the sergeant will perform periodic inspections per policy and inventory per policy.
 - a. In addition to the equipment already issued to all APD officers, NWD officers will be issued or entrusted and be responsible to properly care for the following City property:
 - i. Assigned police unit take home/on-call vehicle
 - ii. Laptop
 - iii. Two Department badge polos
 - iv. Headphones
 - v. Digital voice recorder
 - vi. Computer docking station
 - vii. Axon Belt attachment which is issued by APD equipment.
 - 2. Vehicular Assignment: Presently, the No Wrong Door Unit has 5 five unmarked vehicles assigned to the unit or however many units are needed based on current staffing levels of the unit.
 - a. The vehicles are only for the use of those personnel assigned to the unit unless approved by the unit sergeant or above or mandated by the Department.

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- b. The vehicles will not be operated in a pursuit and their operation will be in compliance with departmental policies and procedures.
- c. Collisions will be reported immediately to the unit sergeant.
- d. The officers assigned to the No Wrong Door are responsible and will coordinate regular maintenance on the vehicles.
- e. Unit personnel taking a vehicle home will comply with existing departmental policies and procedures governing their use and response.
- f. Unit personnel will ensure the "Take Home Vehicle" Form is completed every calendar year and/or when newly transferred to the unit.
- g. Unit personnel will comply with departmental policies and procedures on the operation and use of the in-car video camera, recording devices and tapes.
- h. Each assigned vehicle will be equipped with the following minimum equipment:
 - i. Forward facing red and blue warning lights,
 - ii. Rear facing red and blue warning lights,
 - iii. Prisoner transport cage, except for the supervisor and corporal vehicles
 - iv. Headlight flasher,
 - v. Emergency siren / PA system,
 - vi. Two-way radio convert-a-com,
 - vii. Flashlight charger,
 - viii. Fire extinguisher and
 - ix. Mounted video camera / recorder.

.17 Continuity of Operations Plan (COOP)

- A. APD's COOP is designed to ensure that all units can continue the performance of essential functions under a broad range of circumstances. APD tests and updates COOP several times a year, so it is imperative that APD unit supervisors be familiar with and prepared to execute any or all portions of their respective command's COOP annex.
- B. The No Wrong Door is assigned to the Strategic Intelligence division. The Strategic Intelligence's COOP annex is annexed Annex Q.
- C. In accordance with No Wrong Door and Annex Q, the No Wrong Door's secondary operating site is located at Austin PSTC, 4800 Shaw Ln. Austin Tx. 78744.
- D. The No Wrong Door's Emergency Relocation Group (ERG) is listed in the unit's annex.
- E. Operating from the assumption that the primary work area is completely inaccessible, this section should detail how the unit's records (e.g., unit group drive, case jackets, etc.) will be backed up and made available at the secondary work site. All No Wrong Door personnel have assigned laptops that will be used such an event.
- F. Reconstitution is when agency personnel resume normal agency operations at the original or new primary operating facility. The No Wrong Door supervisors within the chain of command are designated the reconstitution managers. The No Wrong Door's reconstitution managers will coordinate their reconstitution efforts with APD's DOC and Emergency Planning and Response Unit.
- G. The No Wrong Door will review it is section of Annex Q each calendar quarter, and anytime there is turnover in supervision at any level in the chain of command to ensure the following:
- H. Any applicable Memoranda of Agreement for continuity facilities are still valid and up-to-date.
- I. Continuity facilities still meet the needs of the No Wrong Door.
- J. Assess No Wrong Door needs in anticipation of requests to the APD DOC to ensure the continuity of operations for the No Wrong Door in the event of a full-scale exercise or continuity event, to include but not limited to:
 - 1. Equipment (computers, phones, etc.)
 - 2. Database access
 - 3. Vehicles
 - 4. Temporary additional personnel
 - 5. Furniture, if not provided by the secondary operating location
 - 6. Office supplies
 - 7. Facilities maintenance (electricity, water, structure repair, etc.)
- K. In accordance with APD's Emergency Management Test, Training, and Evaluation (TT&E) program, the No Wrong Door's sergeant will ensure the unit is prepared to participate in full-scale exercises, which will entail moving the unit to its secondary site, with little or no notice.

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Approved:

James
Turner

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Turner
Date: 2026.09.01
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Sergeant James Turner

9/1/26

Date

Fausto
Rodriguez

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Lieutenant Fausto Rodriguez

9/3/26

Date

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Rodriguez

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Date: 2026.09.03
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Commander

9/3/26

Date