No Wrong Door: Coordinated Crisis Care

Briefing

City Council Work Session – October 6, 2026

Agenda

- Current State
- Problem Statement
- Future State
- Questions
- Appendix Slides

City Council Priorities

Current State: City Council prioritizes homelessness and mental health

- No Wrong Door (NWD) broadly aligns with Council resolutions passed in the last several years regarding the intersection between homelessness, mental health, and the criminal justice system.
  - **Resolution No. 20251106-024** – Emphasize the importance of vital and mental healthcare services connections and housing.
  - **Resolution 20250130-080** – 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.
  - **Resolution No. 20210204-049** – City Council identified ending homelessness as one of its top priorities and authorized the multi-disciplinary HEAL initiative as a means to achieving that goal.

Current State

No Wrong Door:

Coordinated Crisis Care

Austin Leads in Response

Current State: City Council prioritizes homelessness and mental health

- Austin is **the first in the country to add a mental health option to 9-1-1** system.
- City and Integral Care operate **Austin CARES**, pairing APD, EMS, and Integral Care to coordinate care for High Utilizers of all three entities.
- Integral Care's **EMCOT** team responds to mental health calls in collaboration with law enforcement and EMS's **Community Health Paramedics** and has Call Center Clinicians (C3s) integrated at CTECC.
- **The Homeless Outreach Street Team (HOST)** combines Homeless Strategies and Operations, APD, Integral Care, EMS, and Community Court to connect unhoused adults with housing, case management, mental and primary health care, and alcohol and drug treatment.

Source: City of Austin

Travis County

Current State: We are building operational muscles now while also co-investing in the future state.

2023: Forensic MH Project

5 Recommendations

1. Implement Counsel at First Appearance (CAFA)
2. Data Sharing & Technology Improvements
3. Establish Housing Options via pilot programs
4. Expand Peer Programs
5. **Build a Mental Health Crisis Care Center**

2024: MH Jail Diversion Steering Committee

Identified high-priority problems to solve:

1. **Create a 24/7 single, no-refusal, drop-off location with standardized triage and intake process**
2. **Increase crisis / inpatient bed capacity, including facilities for involuntary commitments**
3. **Scale step-down options and create more connections to housing**
4. **Improve patient navigation by integrating systems and using our data in smarter ways**

Travis County

Current State: Travis County and Central Health's FY27 budget include commitments to build out a robust, at scale, mental health system, including a Mental Health Crisis Center

Building our Collective Capabilities

Crisis Care Diversion Pilot: Launched in 2024, the 2-part Pilot leverage's existing resources to immediately address community needs.

1. Expanded Psychiatric Emergency Services (PES)
   - **93% of clients did not have an additional arrest within 30 days**
   - **2,179 people served**
2. Therapeutic Diversion Program (TDP): A specialty 25-bed shelter with up to 90-day stay
   - **91% of clients connected to BH services**
   - **83% of clients did not have an additional arrest**
   - **87% did not have a new ED admission within 30 days**
   - **330 people served**
   - **More connections to housing are needed**

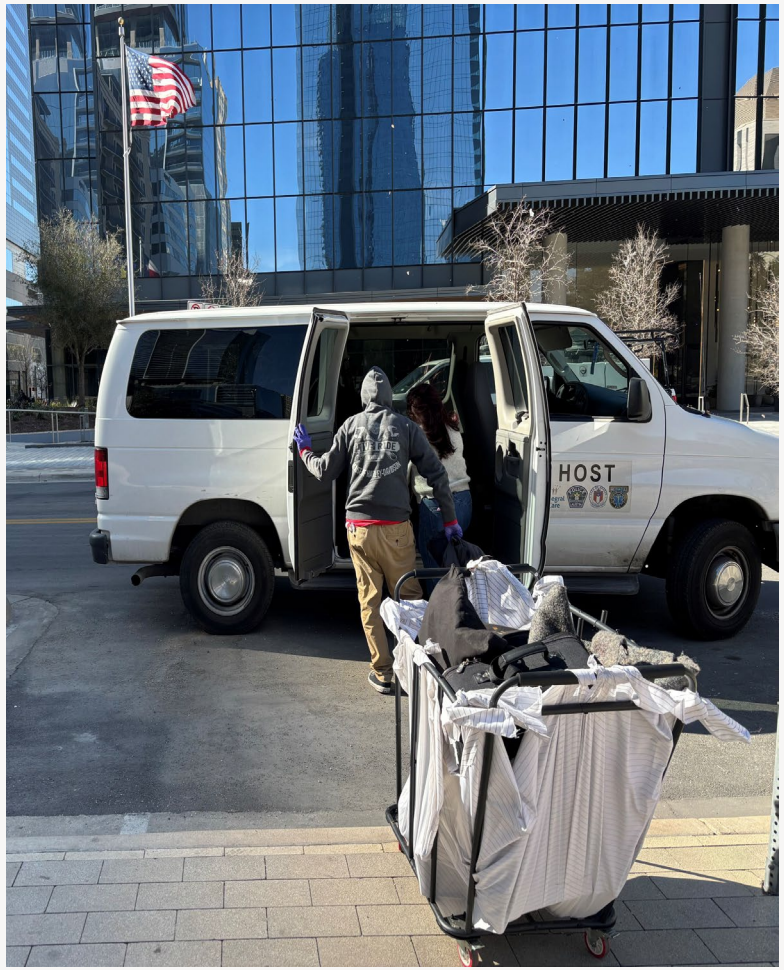
Building a Robust Continuum of Care

- Pledged funding to Diversion & Deflection
  - $91M in one-time funds
  - $15M in ongoing funds
- Connections to housing: $2.0M for PSH support service for projects coming online in FY27 and FY28
- Building operational muscles and expanding programs
  - $3.7M for the Therapeutic Diversion Program
  - $3.2M for ACT, Jail Based-Intake, and Assisted Outpatient Treatment

State of the Homeless Response System

Current State: System is becoming more efficient at helping people.

- From homeless prevention programs to permanent supportive housing, **investments across a continuum of care deliver results.**
- The rate of people becoming homeless for the first time decreased by 5%, **the first decline in first-time homelessness since 2020.**
- **More people are moving into housing**, with over 3,000 people housed by homeless services across Austin. Nearly 70% of move-ins occurred with minimal housing assistance.
- The homeless response system is housing people more efficiently. **The overall median wait time for housing decreased by 25%**.



Source: Ending Community Homelessness Coalition

Local Unsheltered Population

Current State: Chronic homelessness + physical & behavioral health needs

- Homeless shelter clients are required to **independently perform activities of daily living** (e.g., bathing, dressing, eating, toileting, etc.).
- Clients who cannot perform these functions require a **level of support provided by licensed health care centers** (e.g., state hospitals, acute care hospitals, state supported living centers, etc.).
- The **lack of suitable beds** for individuals with high acuity mental health needs means many of these individuals remain on the street after discharge from hospitals.
- While Central Health and Integral Care are adding beds and services for these individuals, **more regional and state investments are necessary to meet the demand.**

Source: Ending Community Homelessness Coalition

Integral Care

Current State: Local Mental Health Authority and Local Intellectual Developmental and Disability Authority (LMHA/LIDDA)

- Integral Care serves as the lead **behavioral health** provider for NWD, coordinating mental health treatment, IDD services, substance use services, crisis care, housing supports, and long-term recovery for individuals with the most complex needs.

- Integral Care provides a **full continuum of care**, from routine outpatient services to crisis services, and maintains robust housing and homelessness teams. Integral Care connects individuals to the right level of care, including inpatient treatment, aftercare, and the broader mental health system.

Source: Integral Care

Integral Care

Current State:

Local Mental Health Authority and Local Intellectual Developmental and Disability Authority (LMHA/LIDDA)

Source: Integral Care

Supporting Complex Populations

Current State: Several existing efforts support complex populations

Sequential Intercept Model →	Intercept 0 Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercepts 2–4 Courts, Jail & Reentry
City of Austin	HOST NWD ACT **PSH Support Services** HSO Street Outreach EMS Community Health Paramedics EMS Collaborative Care Communication Center	**EMCOT C3** **EMCOT Field Response** Austin FIRST CARES	Austin Community Court Road to Recovery
Travis County	MCOT ACT Expansion Crisis Care Diversion Pilot: Psychiatric Emergency Services IDD Services: Care Coordination, Crisis Respite, and Intake and Enrollment	**EMCOT C3** **EMCOT Field Response** Crisis Care Diversion Pilot: Psychiatric Emergency Services	Jail Based Intake and Care Navigation Outpatient Competency Restoration Assisted Outpatient Treatment Mental Health Bond Program Therapeutic Diversion Program

Shared investment: City and County both fund EMCOT through Integral Care; County recently approved dollars to support PSH.

Additional investment: The above is not a complete representation of all County funded programs and operations serving this population.

Problem Statement

No Wrong Door:

Coordinated Crisis Care

Unprecedented Local Need

Current State: High demand remains for mental health & substance use care

Defined, identifiable population is cycling through a fragmented emergency response system and driving undue system costs across justice, health, and homelessness response simultaneously.

- Exponential population growth and gaps in the local emergency response system **increase the likelihood that someone will use emergency services or enter the criminal justice system** rather than appropriate clinical care.

People who most frequently use emergency response systems require **more personalized, ongoing behavioral health care** than the general population in need of behavioral health services. Meeting that need also **requires specialized capacity** beyond conventional housing and homelessness services, and it is also where the crisis-care gap is most apparent.

Source: Integral Care, Austin-Travis County Emergency Medical Services, Austin Police

Resources Have Not Scaled to the Need

Current State: Less beds and clinicians while demand grows

- Areas of Travis County carry federal Health Professional Shortage Area (HPSA) designations. **HPSA designation with a severity score of 14**, as behavioral health provider shortages affect nearly all of Texas.
- **Austin State Hospital** (ASH), state-run psychiatric facility for Central Texas, operates at or near 100% capacity across 240 single-person rooms. Renovated in 2024.
- Since 2021, the **metro area has seen a decline in inpatient psychiatric beds,** from 803 to 754.
- **Integral Care** operates 85 intermediate/step-down transitional beds to stabilize mental health crises and connects people to ongoing care.
- **The Sobering Center** has 20 beds for safety sobering individuals who are publicly intoxicated and will open 14 new beds to bridge individuals to treatment.

Source: Ending Community Homelessness Coalition, Austin State Hospital, Austin American-Statesman, Integral Care, Sobering Center

We Keep Seeing the Same People

Current State: Estimated Number of Annualized Costs

County and Statewide (total annual costs)

Area	Estimated Number of High Needs, High Risk Persons	Cost per High Needs, High Risk Person	Total Annualized Cost to Government
Travis County	950	$144,000	$137,000,000
State of Texas	18,500	$175,000	$3,203,000,000

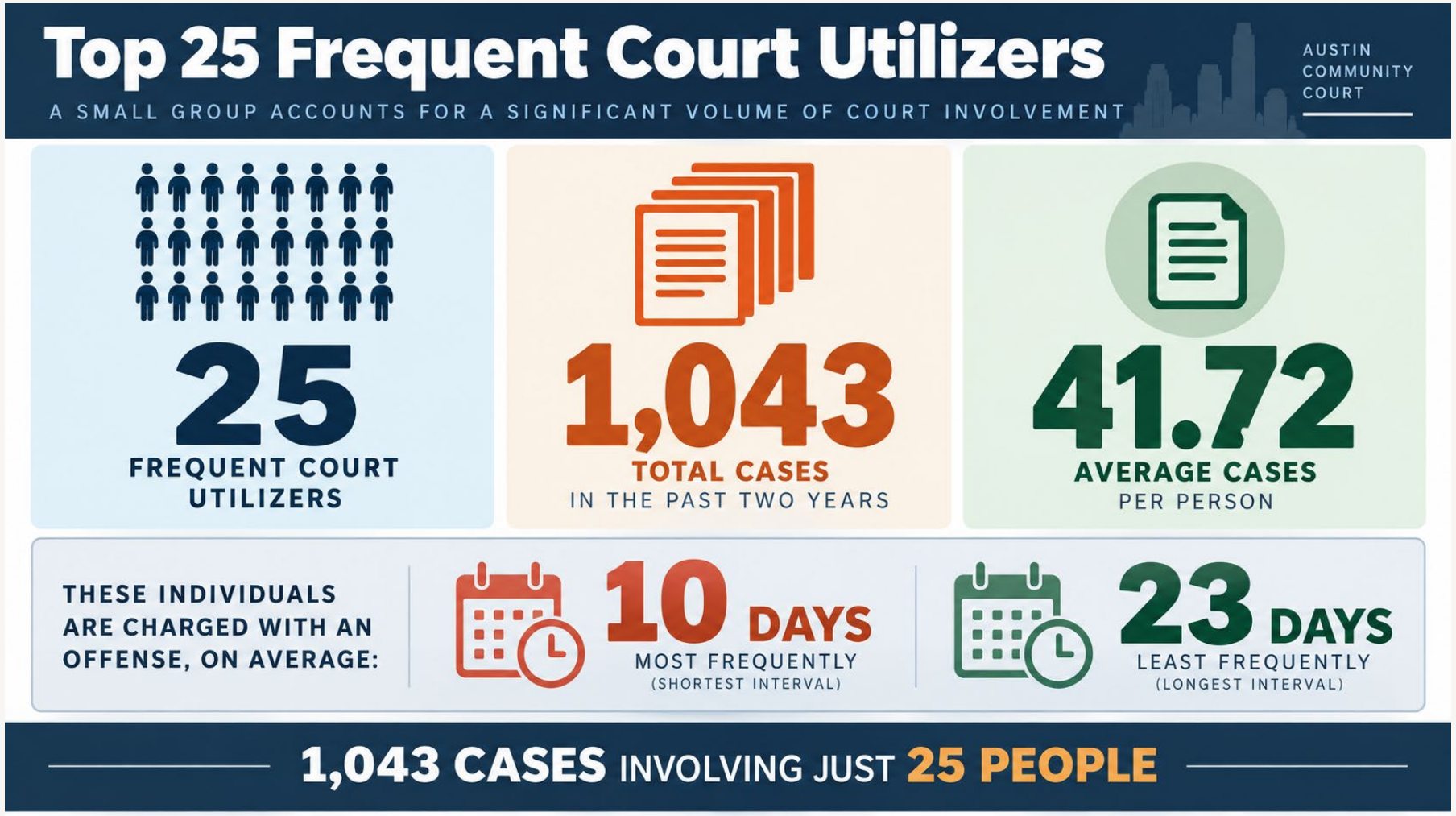
City of Austin Departments (sampled annual costs)

Agency	Sample High Utilizer Alias	Rate of Response	Public Safety Costs
Austin-Travis County Emergency Medical Services	"Frank"	1 incident every 4.3 days	$77,545.00 *EMS charges* $3,120.00 *costs in wages alone*
Austin Fire	"Jane"	1 incident every 7.25 days *4 firefighters/incident* *11.56 total hours on scene*	$1,664.76 *costs in engine staff wages alone*
Austin Police	"Oscar"	1 incident every 4.4 days	$21,126.37 *costs in wages alone*

Source: Meadows Mental Health Policy Institute, Austin-Travis County Emergency Medical Services, Austin Fire, Austin Police

Community Court High Utilizer

Current State: Shifting from repeat transactions to coordinated intervention



Source: Austin Community Court

Future State

No Wrong Door:

Coordinated Crisis Care

Enter No Wrong Door

Future State: Coordinated Crisis Care

Eliminating silos, expanding local coordination, and integrating service approaches

Coordinated crisis care program to disrupt the cycle of repeat crisis response

The term *"no wrong door"* is frequently used in health and human services to indicate that there is **no required, specific point of entry for services**

Individualized Service Plans instead of forcing individuals into the existing systems

Photo Credit: *Austin Current*

Operational Framework: The New Normal

Future State: Ongoing efforts in motion

Meeting People Where They Are	Creating the Connective Tissue Across Partners
Identifying individuals in need, build rapport, regardless of entry point and understanding their specific circumstances and service needs. Through case conferencing partners can share relevant information to connect individuals with options that align to their immediate needs. Emphasizing warm hand-offs, directly connecting individuals to providers and support.	Implementing coordinated person-centered solutions by collectively **connecting** acute high utilizers to coordinated community services and organizations that can provide the most appropriate services, establishing ongoing **coordination between systems and providers**, enhancing ongoing data and records in compliance with applicable laws, and creating direct connections to **clinical interventions**, community-based services, and treatment options that align with their immediate needs. By creating this connective tissue across people, services, data, and systems, we are building a more integrated and responsive model that serves the needs of individuals today while establishing the pathways and infrastructure necessary to support our community in the future.

NWD Partners & Stakeholders

Austin

Formal MOU Partners

Austin

County of Travis, State of Texas

Sobering Center
Serving Austin & Travis County

Ascension Seton

CapMetro

Central Health
Travis County Hospital District

District Attorney, The State of Texas, Travis County, Austin

ECHO

integral care

Meadows Mental Health Policy Institute

Sheriff, Travis County, Texas

Community Stakeholders

LifeWorks

The Other Ones Foundation

Mobile Loaves & Fishes
Serving Goodness.

Down Austin Town Alliance

Austin EMS Association

Austin Police Association
Since 1949

Austin Firefighters Association
IAFF Local 975

Who is No Wrong Door Serving?

***Individuals experiencing several challenges at once, such as*:**

- serious mental illness
- substance use
- chronic medical conditions
- homelessness
- trauma

And who fall in the top 1% of emergency response demand, measured by frequency of:

- behavioral health emergencies
- substance use–related emergencies
- arrests

Our Most Vulnerable

Austin

Unhoused

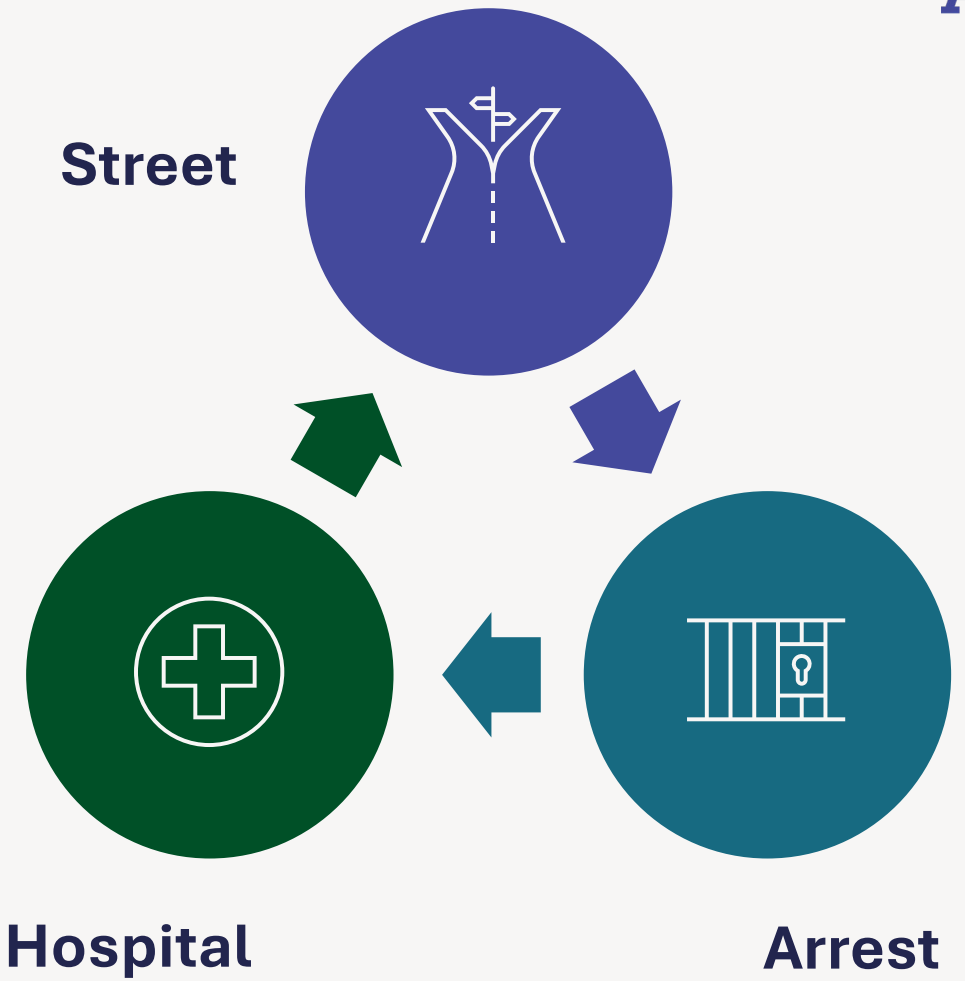
2x more likely to become a victim of sexual assault

Unhoused + Experiencing Mental Health Challenges

~4x more likely to become a victim of sexual assault

Unhoused + Experiencing Mental Health Challenges + Female

~20x more likely to become a victim of sexual assault



Source: Austin Police

Desired Outcomes + Measurable Results

Public Safety Interactions

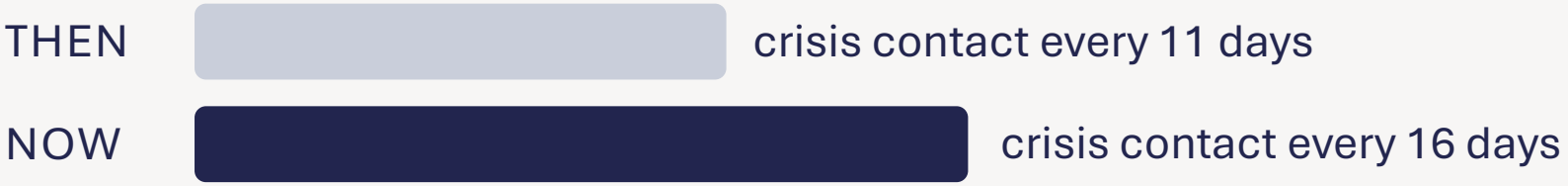
Stabilization + Connections to Care

Housing + Supportive Services

Initial Results: Fewer Crisis Contacts

Rate of APD contact, over 90 days (from May 20, 2026)

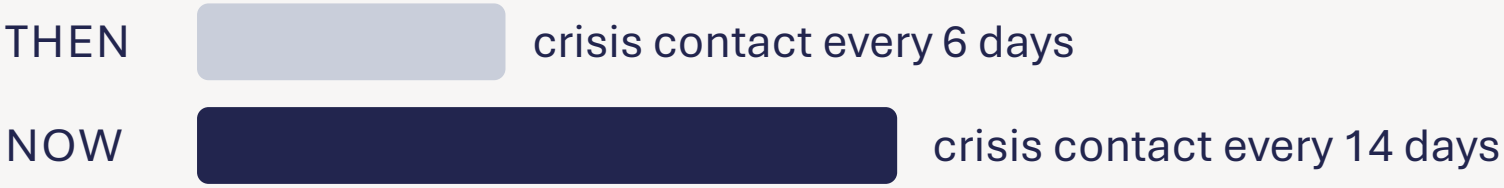
ALL NWD (n = 99)



10 fewer contacts per person per year

-31% reduction

HIGHEST RISK (n = 28)



35 fewer contacts per person per year

-57% reduction

SO FAR...

300+ fewer contacts with APD officers

AND interactions with service-based organizations are ***increasing*** freeing up first responders for emergencies

Source: Austin Police

High Utilizer Across Systems: “Oscar”

Average number of monthly contacts

Before No Wrong Door Enrollment

9.7x 10.5x

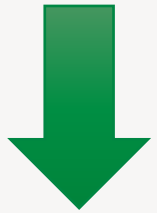
After No Wrong Door Enrollment

2.8x 3.5x

Police Contacts

-74%

EMS Contacts

 -66%

No Wrong Door teams have assisted Oscar with obtaining vital documents and basic services, and attempted family reunification to further encourage stability.

Source: Austin Police, Austin-Travis County Emergency Medical Services

High Utilizer Across Systems: “Eve”

Average number of monthly contacts

EMS Contacts

5.1x → **8.3x**

June 2025 – March 2026 **April – August 2026**

Emergency Detentions

1.4x → **4.5x**

Dec. 2024 – Sept. 2026 **February – June 2026**

Both EMS contacts and Emergency Detentions have **increased** in frequency.

"Eve" is clearly in crisis and in critical need of supportive care and services.

"Eve" was recently transitioned to Austin State Hospital due to the intensive coordinated efforts among partner agencies, facilitated through No Wrong Door.

Source: Austin Police, Austin-Travis County Emergency Medical Services

Key Takeaways

Austin

State and National issue

Closing service gaps among partners

Police contacts decreasing

Contacts with service-based entities increasing

High rate of program participation

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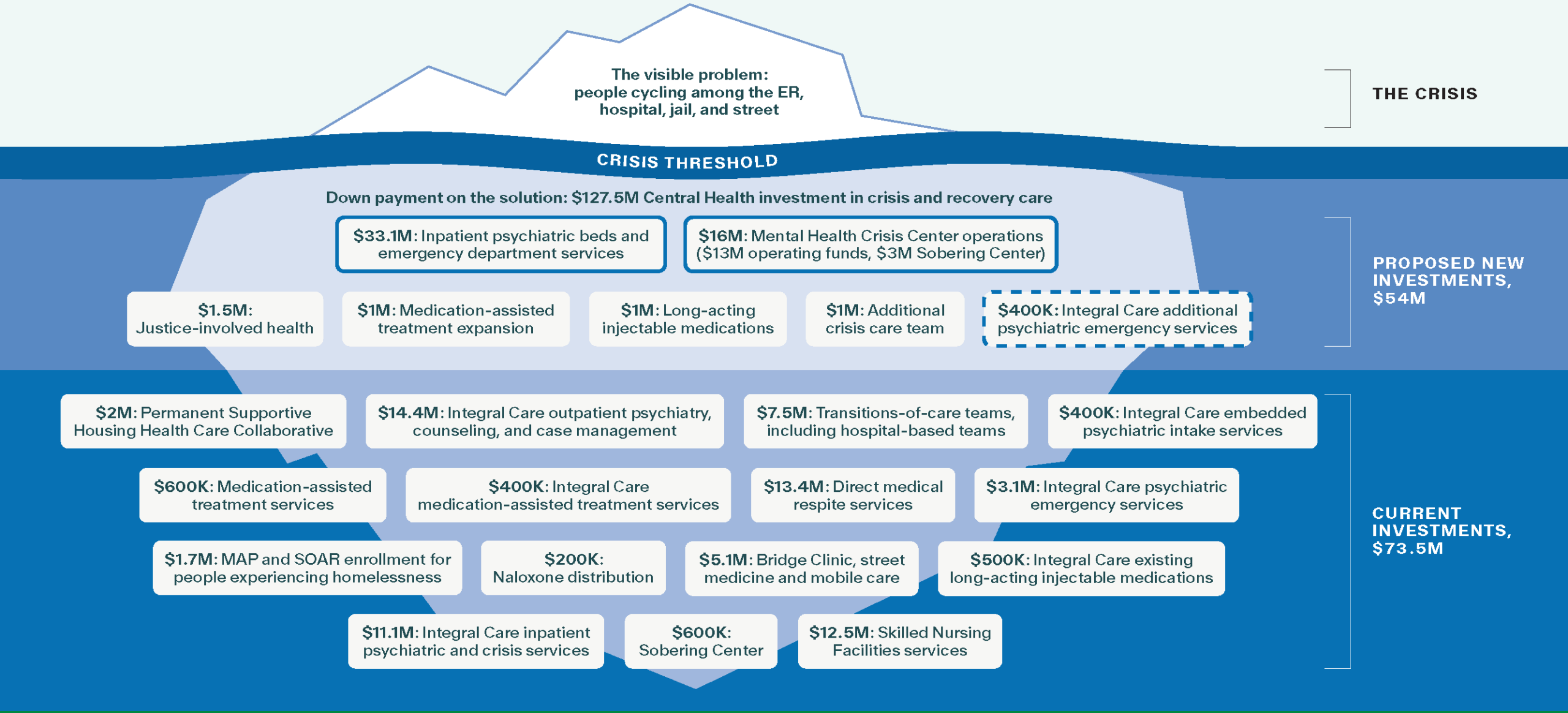
Crisis and Recovery Care Investments



Source: Central Health

Central Health's Bridge Mobile Team connects patients wherever they are – whether on streets or in shelters – to primary care, behavioral health services, medications, and social supports.

Central Health's FY27 New $54M Mental Health Investments

$33.1M Designated for inpatient Psychiatric Beds and Emergency Department (ED) Services (construction and operations):

- 22 Inpatient Psychiatric Beds
- 10 Psychiatric ED Bays

$16M Designated for Mental Health Crisis Center (MHCC):

- $3M Designated for Sobering Center, Part of Crisis Center
- $13M Planning, Start-up and Operating Funds

$1M Additional Crisis Care Team:

- 2 Psychiatrists, 2 Care Managers, and 1 Counselor

$1M Long-Acting Injectables - Antipsychotics & Buprenorphine

$1.5M Justice Involved Health & Community-Based Health Services (Complex Primary Care)

$1M Medication Assisted Treatment Expansion

$400K for Additional Psychiatric Emergency Services by Integral Care (reflected in the FY27 base budget)

Source: Central Health

CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

TRAVIS COUNTY

The University of Texas at Austin
Dell Medical School

integral care

Mental Health Crisis Care Continuum and Proposed Timeline

PHASE 1 (2027) ------▶ PHASE 2 (2030) ------▶ PHASE 3 (2032)

Accelerated Expansion

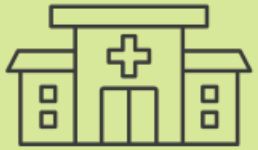
Hospital

Psych Triage/ Psych Emergency
- 10 beds

Psych Inpatient
- 22 beds

Herman Center
- 16 beds

Mental Health Crisis Center (MHCC)



Psych Triage
- 40 adult; 6 youth

Extended Observation
- 16 adult; 0 youth

Sobering/Withdrawal
- 40 recliners; 20 single rooms

Psych Inpatient
- 48 adult; 12 youth

Crisis Residential
- 16 adult rooms

MHCC Justice Annex

Psych Triage
- 10 chairs/recliners

Extended Observation
- 4 beds

Sobering/Withdrawal
- 10 beds

Step-Down

Crisis Residential
- 50 beds

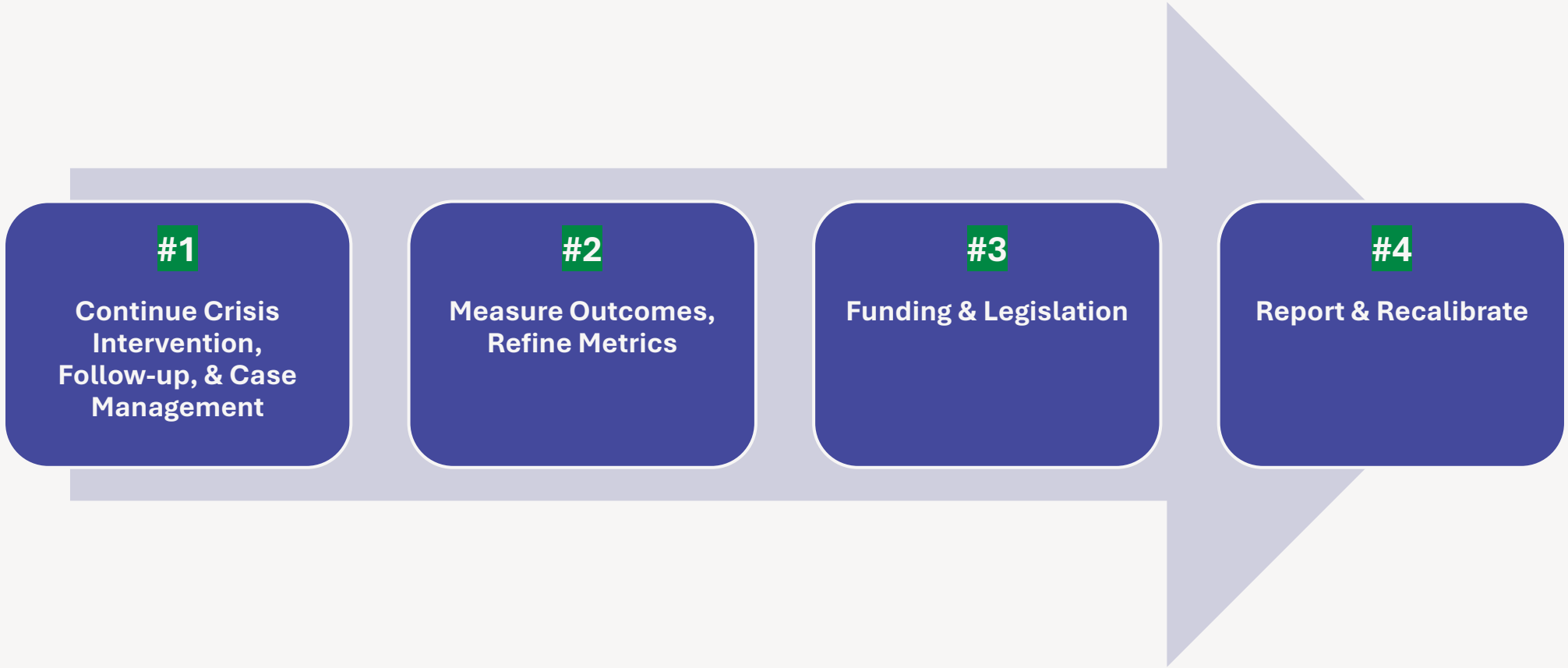
Crisis Respite
- 50 beds

Community

- Outpatient Mental Health, Medical, and Substance Use Care
- Permanent Supportive Housing – Healthcare Collaborative

Next Steps

Future State: Operationalizing integrated care continuum



Questions?

No Wrong Door:

Coordinated Crisis Care

Thank you!

Appendix Slides

- Proposed Metrics
- Mental Health Training
- Possible legislative items

Proposed Metrics

Preliminary Outcome Measures for Further Consideration

- Increased connections to resources
  - 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.
- Minimized repeat law enforcement crisis contacts
  - Including repeat calls to the same location, mentions in police reports, arrests, emergency detention, and jail bookings
- Reduction in public safety 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 & increased funding for additional service capacity

Public Safety Training

Dept	Current Training	What it Covers	Timing / Frequency	Notes
APD	TCOLE-mandated 40-hour cadet mental health training	40 hours of lecture, role play scenarios, and testing; Intellectual Developmental disabilities; De-escalation, 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, role play scenarios, and testing; Intellectual Developmental disabilities; De-escalation, 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
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.

90th Legislative Session

Possible Legislative Items

Partners Agree

- **Fund a mental health crisis care center** for complex co-occurring cases
- **Remove exclusionary criteria** for hospitals
- **Enact data sharing provision** for efficient service coordination
- **Fund intensive outpatient services**
- **Request and fund IMD Medicaid Waiver** to allow expansion of step-down residential treatment

Additional Considerations

- Extend **emergency detention authority to EMS and licensed mental health providers**
- **Support** regional inpatient psychiatric & behavioral health **bed availability reporting**
- **Fund 988 Trust**
- **Fund and support State Supported Living Centers (SSLCs)**
- **Fund Intermediate Care Facilities (ICFs)** for persons with Serious Mental Illness