

# APD Response to Mental Health-Related Incidents



## Objective

The objective of this audit was to determine if the Austin Police Department (APD) is effectively receiving and responding to incidents involving people with mental health or other specialized needs.

## Background

Since 2008, APD reported a 95% increase in mental health-related calls. From 2014 through 2017, these calls accounted for about 7% of all calls for service. To respond to these type of calls for assistance, police departments across the country have followed the example of the “Memphis Model” of crisis intervention as documented in the CIT International Crisis Intervention Team Core Elements.

APD has organized their response to people experiencing mental health-related issues under this model.

We evaluated APD’s model against the best practice Core Elements and reported practices in six peer cities, including three Texas cities (see Appendix).

## What We Found

Overall, we found that some, but not all, APD practices align with the best practice model and practices reported in peer cities for responding to mental health-related calls for service. As a result, people experiencing a mental health crisis in Austin may be at higher risk of having a negative police interaction than people in a city that more closely aligns with best practices. We identified opportunities for improvement as noted below.

**Training:** APD’s crisis intervention training meets state requirements, but their certified training does not include the following best practice guidance that appears to be included in peer city trainings:

- cover specialized de-escalation and mental health crisis topic areas,
- include direct interactions with the community served, or
- offer regular refreshers to update officer knowledge and skills.

**Response:** APD does not dispatch crisis intervention-certified officers to lead crisis incidents, these resources are not always available when needed, and officers may not have all relevant information when responding to these calls.

**Evaluation:** APD does not follow best practice guidance to track and review crisis intervention incidents to improve outcomes. APD and other cities reported difficulties tracking and reviewing these incidents.

Also, Texas peer cities reported developing programs to identify and divert chronic mental health-related issues from police response to more appropriate health care-related resources.

## What We Recommend

- The Chief of Police should engage with mental health stakeholders to identify solutions that have worked in other communities, evaluate the needs and available resources in our community, and review what solutions could work to benefit people with mental illness in the Austin area.
- The Chief of Police should use the results of the stakeholder process noted in recommendation 1 to implement changes to the City’s crisis intervention program.

# Appendix - APD Practices are Not Consistently Aligned with the Core Elements or Practices in Other Cities

	Austin	Dallas	Houston	San Antonio	Philadelphia	Phoenix	Seattle
Population (2016)	947,890	1,317,929	2,303,482	1,492,510	1,567,872	1,615,017	668,849
Number of CIT Calls (2017)	12,004	15,593 (2016)	37,000	15,903	N/A	15,863	10,000
Crisis Intervention Team International Core Elements							
CIT Officers receive a 40-hour specialized training	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CIT-Trained Officers receive regular refresher trainings on topics of crisis intervention, de-escalation, and mental health	No	Yes; refresher training every 2 years	Yes; 8 hour advanced crisis intervention course each year	Yes; 4 to 8 hour crisis intervention course each year	Yes; 8 hour refresher training every 2 years	Yes; advanced crisis intervention courses each year	Yes; 8 hours of crisis intervention training every year
Call-Takers receive training on CIT crisis event call recognition	Yes; 24 hour crisis communication course	Yes; 8 hour training on identifying mental health issues	Yes; 2 to 4 hour training on identifying mental health issues	Yes; 16 hour crisis intervention training	Yes; training on questions to identify mental health issues	Yes; crisis intervention and negotiations training	Yes; crisis intervention training
Dispatchers identify nearest CIT officer and dispatch officer to crisis event	No; only upon request from caller or responding officer	Yes; forward call to Triage Specialist to dispatch appropriate unit	Yes; flag calls with CIT designation which triggers response by a CIT officer	Yes; ask if mental health resources are needed and code calls to CIT unit	Yes; flag calls as CIT and specifically route CIT officer	Yes; note calls with mental health issues and dispatch CIT team or CIT officer	Yes; dispatch CIT officer
Department partners with mental health professionals	Yes; Integral Care Expanded Mobile Crisis Outreach Team	Yes; Rapid Integrated Group Healthcare Team Care (RIGHT Care)	Yes; Harris County Center of Mental Health and IDD	Yes; two mental health professionals on CIT staff	Yes; JFK Behavioral Health Department of Philadelphia	Yes; Crisis Response Network	Yes; mental health professional on Crisis Response Unit staff
CIT Incidents are reviewed and evaluated for process improvements	No; incidents reviewed for follow up actions with individual, but not used for process improvements	No; no review of mental health-related police reports	No; training academy staff review incidents to determine if officer's actions complied with policy, but not used for process improvements	Yes; CIT Unit reviews mental health-related incidents for trends	No; training is reviewed annually for new topic areas, but no review of mental health-related calls	Yes; CIT team reviews mental health-related reports for trends or chronic issues	Yes; Crisis Response Unit reviews mental health-related incidents for trends and provides suggestions for improvement to command staff
Peer City Practice							
Self-registry or similar system (e.g., Smart 911)	No	No; briefly considered	No	No	Yes; individual or relatives can fill out form to register address for CIT response	No; system is in progress	Yes; individual or relatives can create SMART 911 profile that appears when calling 911
Co-Response model (police paired with mental health professional)	No	Yes; RIGHT Care unit with fire paramedic, police officer, and mental health professional	Yes; Crisis Intervention Response Team with police officer paired with master's level mental health clinician	No; two mental health professionals on CIT Unit staff, but do not respond to calls	No	No	Yes; Crisis Response Unit with police officers and one mental healthcare professional respond to crisis calls