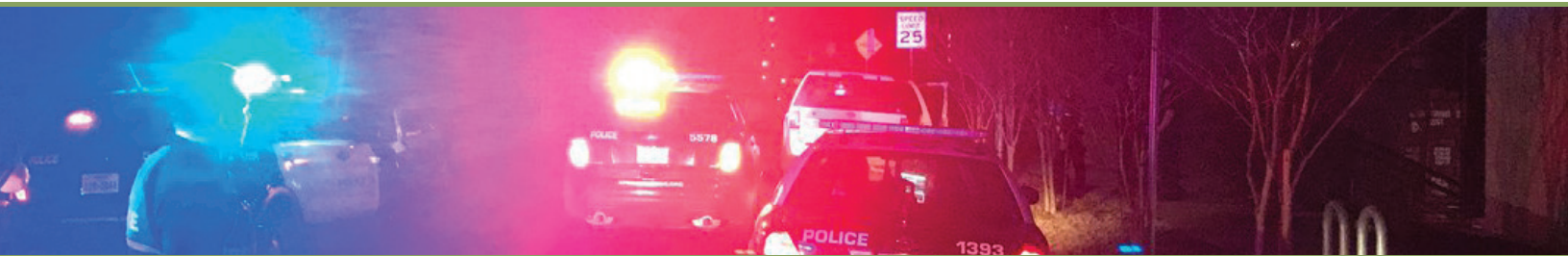


APD Response to Mental Health-Related Incidents: Budget Briefing



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.

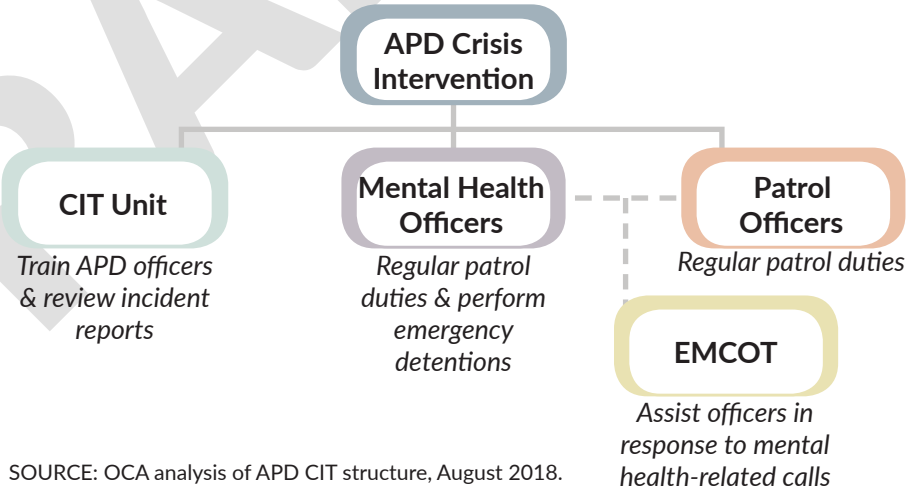
Summary

APD partners with Integral Care to provide on-site mental health clinicians for certain types of calls through Integral Care’s Expanded Mobile Crisis Outreach Team (EMCOT), but these resources are not always available and their ability to respond to crisis situations is limited.

For this audit, we used the Crisis Intervention Team Core Elements developed by CIT International¹ as the benchmark of our analysis. The Core Elements are recognized by law enforcement as a best practice for “police-based crisis intervention” and are shown in the blue boxes for this update. We also contacted six peer city police departments² to compare their crisis intervention program models with APD’s practices. APD has organized their response to people with mental health-related issues as shown to the right.

Background

This briefing provides information to City Council about draft audit findings involving APD’s partnership with Integral Care for mental health-related crisis services for the purpose of Fiscal Year 2019 budget discussions.



SOURCE: OCA analysis of APD CIT structure, August 2018.



Officer Training and Action

- CIT-certified training should include training on topics related to crisis intervention and mental health response as well as direct interactions with the community being served.
- CIT-certified officers should respond to crisis event and lead the intervention.

CIT-certified officers at APD are Mental Health Officers, or MHOs. APD meets State requirements for crisis intervention training for all officers and provides MHOs with additional training. However, this additional training did not fully align with all best practice elements. MHOs are not typically the first on-scene during crisis calls and do not lead the response. During mental health-related calls, the caller or the responding officer can request assistance from an MHO or EMCOT.

¹ CIT International is a non-profit organization focused on promoting community collaboration using the Crisis Intervention Team Program to assist people living with mental illness who are in crisis.
² Peer cities surveyed are Dallas; Houston; San Antonio; Philadelphia, PA; Phoenix, AZ; and Seattle, WA.

Summary, continued



Mental Health Partnership

- Partnership should exist between police and mental health professionals to provide treatment to individuals with a mental illness and training to officers.
- Mental health professionals should receive referrals from police officers.

APD reported responding to almost 12,000 mental health-related calls, and EMCOT reported being dispatched to 3,244 of those calls.

However, EMCOT is not staffed 24 hours a day and is not available to respond to all mental health-related calls. We compared EMCOT staffing with mental

health-related calls over four weekdays in May 2017 and March 2018. We found that, on average, EMCOT was not available to cover 22% of the mental health-related calls during that period. This was largely due to EMCOT not staffing the overnight hours. As shown in Exhibit 1, the highest mental health-related call volume occurs in the evening hours when EMCOT staff are nearing the end of their shifts. EMCOT staff are not available again until the morning.

According to APD and Integral Care, EMCOT is useful for calls where an officer's presence is no longer required or where the officer's presence may be detrimental to the situation. These incidents are low-risk from a safety perspective, but may be complex from a diagnostic perspective.

However, both APD and Integral Care management noted that EMCOT team members, who are not police officers, should not be sent to calls that could place them in danger. By policy, EMCOT does not respond in any situation that might be classified as a high-risk call, such as a call where a weapon is involved. This would include suicide attempts where the person is reported to have a weapon, even if their stated intention is to use it on themselves.

APD's partnership with Integral Care brings needed mental health expertise in alignment with the best practices noted above. However, they are not always available to bring these resources to every call or to crisis calls where this expertise may be needed most.

Peer Cities

All six peer cities have partnerships with local mental health providers. In addition to these partnerships, San Antonio and Seattle police departments have mental health professionals on staff.

Some of the peer cities reported operating limited "co-response models" of service where police officers and mental health professionals jointly respond to priority mental health-related calls.

Seattle reported sending members of its Crisis Response Unit, made up of five sworn officers and one mental health professional, to SWAT calls and all calls involving active suicide attempts.

In Texas, Houston reported sending its Crisis Intervention Response Team, made up of a patrol officer and a mental health professional, to all SWAT calls. The Dallas Police Department's RIGHT Care teams, made up of a patrol officer, a Dallas Fire Department paramedic, and a social worker are called to the scene by responding patrol officers.

Exhibit 1: Mental Health-Related Call Volume, by Year and Time of Day

	2014	2015	2016	2017
12 AM	371	369	388	376
1 AM	311	319	322	349
2 AM	280	282	290	319
3 AM	225	261	238	259
4 AM	199	213	199	212
5 AM	170	197	163	164
6 AM	183	204	208	211
7 AM	223	216	249	214
8 AM	274	311	341	334
9 AM	336	384	385	411
10 AM	362	455	457	426
11 AM	448	462	512	468
12 PM	499	480	541	481
1 PM	494	456	559	514
2 PM	437	531	509	486
3 PM	467	537	526	525
4 PM	526	517	580	595
5 PM	478	605	578	603
6 PM	485	544	574	575
7 PM	556	564	647	625
8 PM	513	565	634	584
9 PM	515	550	587	594
10 PM	472	485	550	595
11 PM	422	428	475	462

SOURCE: OCA analysis of mental health-related calls reported by APD, July 2018.

Summary, continued

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.

During our peer city analysis, we noted that the Texas cities have instituted or just undertaken various 9-1-1 call diversion efforts. In general, these programs aim to identify the most frequent users of 9-1-1 calls for service and either divert those calls to more appropriate resources or proactively connect people in need to support services, which should reduce or prevent the need for police responses in the future. Reducing the number of calls for service means that these departments can use their law enforcement resources to focus on other priority issues.

Houston

The Houston Police Department, in collaboration with Harris County, reported having a Chronic Consumer Stabilization Initiative. This effort was designed to identify, engage, and provide services to people diagnosed with a chronic mental illness and a history of multiple interactions with the police. The goal of this program is to reduce the number of interactions between people with mental illness and the police, connect them with appropriate services, and reduce the number of admissions to emergency rooms. Houston reported a decrease in these interactions since the start of the program as well as 2,100 calls diverted from the 9-1-1 system since 2017.

San Antonio

The San Antonio Police Department reported setting up a program called the Chronic Crisis Stabilization Initiative. San Antonio works with partner organizations to identify frequent service users. The police work alongside licensed clinicians and proactively meet with people with specialized needs. The goal of this program is to provide assistance to people in need, such as ensuring they are taking prescribed medications, and prevent avoidable use of the 9-1-1 system.

Dallas

Dallas reported having over 6,000 people with mental health issues who are “super-utilizers” of emergency services. The Dallas Police Department and other regional partners started the RIGHT Care program to better assist this population and other residents. This grant-funded program pairs a paramedic and a behavioral health professional with a Dallas police officer to jointly respond to calls for service. The goal of this program is to reduce recidivism rates and provide more cost-effective and appropriate care for this segment of the population. It can also free up law enforcement and EMS personnel to respond to other high-priority calls. Also, we noted that Austin’s Homeless Outreach Street Team (HOST), while more narrowly focused, has a cross-functional membership that is similar to the Dallas RIGHT Care team.

Next Steps:

The draft audit report is currently being reviewed by APD management. Based on the current findings and our understanding that more information is needed to identify the right solutions for Austin, we will be discussing recommendations with APD management that focus on engaging the people who are most informed and affected by these issues to identify and implement workable solutions. Those solutions may be different than the ones that are currently in place and, if so, will likely take some time to identify and fully implement.

We anticipate presenting the draft audit to the Council Audit and Finance Committee at an upcoming meeting.