



MEMORANDUM

TO: Mayor and Council Members

FROM: Rey Arellano, Assistant City Manager

DATE: October 21, 2020

SUBJECT: Update on Mental Health Diversion

The purpose of this memorandum is to provide an update regarding the implementation of a Mental Health Diversion Program funded in the City's Fiscal Year (FY) 2019-20 budget, which serves as the foundation for full implementation that the City Council approved for FY 2020-21.

Background

The City Council allocated funding for improved mental health first response systems last year in an effort to achieve the following goals:

1. To better match a mental health crisis call with an appropriate mental health response.
2. To improve triage at the 911 Call Center to direct mental health calls more appropriately to Integral Care's Expanded Mobile Crisis Outreach Team (EMCOT) or the Austin-Travis County Emergency Medical Services Department (ATCEMS), and fewer to APD.
3. To get mental health clinicians on scene in response to mental health crisis calls to 911, particularly during the hours identified in the [Meadows Mental Health Policy Report](#) ("Meadow's Report") as the times of highest need.

Progress

The Austin Police Department (APD) collaborated extensively with Integral Care and ATCEMS to address the goals described above.

Goal #1: Appropriately connecting a mental health crisis call with an appropriate mental health response.

In December 2019, APD implemented the recommendations of the Meadows Report, which involves three phases. Phase 1 was the APD Emergency Communications Division's ("the

Division”) establishment of an innovative, collaborative Crisis Call Diversion (CCD) program with Integral Care, which focuses on appropriately diverting mental health related calls received by the Division to an Integral Care EMCOT Call Center Clinician (C3). The EMCOT C3 is embedded on the call center operations floor along with 911 Operators. The goal is to engage the caller in addressing mental health issues within the mental health treatment system, as opposed to the criminal justice system. Additional background about EMCOT is provided in the Attachment.

The EMCOT C3 position functions as an ancillary support service for a 911 Operator by accepting direct transfers of emergency calls that have a suspected or confirmed non-violent mental health crisis component. The EMCOT C3 provides the caller with complete triage screenings, assists with verbal crisis de-escalation, completes safety planning, dispatches Integral Care’s crisis teams, and provides other community referrals as appropriate.

During the FY 21 budget process, City Council approved funding for the City Manager to execute a contract with a project manager to implement the program commissioned from the Meadows Mental Health Policy Institute for Texas (MMHPI) ("[Recommendations for First Responder Mental Health Calls for Service](#)", May 15, 2019, MMHPI), which was initially adopted and funded by the Council in Fiscal Year 2019-20. On October 1, 2020, City Council approved the execution of a contract with MMHPI to fully implement the recommendations from their report. This agency will analyze data, set an implementation schedule, establish goals and report to City Council. The report will focus on achieving Council’s goals, including establishing the earliest date by which 100% of all calls with a mental health component, which do not pose a risk to public safety will be diverted from a law enforcement response.

Goal #2: Improving triage at the 911 Call Center to direct mental health crisis calls more appropriately to Integral Care or EMS and fewer to APD.

Integral Care and ATCEMS are currently working on Phase 2 of the program, which includes incorporating additional EMCOT C3 positions within the ATCEMS operations area to continue diverting non-emergency mental health calls to the C3. Integral Care created a training video for ATCEMS call takers, which provides detailed information on EMCOT services and how C3s can assist the ATCEMS call takers. Phase 2 is anticipated to be implemented by the end of October 2020.

Currently, EMCOT C3s can dispatch an EMCOT unit instead of an ambulance or APD response. In Phase 3, Integral Care, ATCEMS, and APD will develop protocols for EMCOT C3s to dispatch a multidisciplinary health care field unit (composed of one EMCOT clinician and one ATCEMS

Community Health Paramedic), in lieu of dispatching ambulances or APD officers. During FY 21, the working group will focus on implementation of Phase 3.

At the onset of each call, 911 Operators ask callers an initial triage question as to whether they need Police, Fire, or EMS. When the program reaches full capability with 24/7 EMCOT C3 coverage, 911 Operators will add a fourth triage question option, "Mental Health Services." This additional question will further assist the operator to appropriately route mental health related calls.

Also included in the Fiscal Year 2020-21 budget, the City Council approved \$1.4 million towards expanding and enhancing the Integral Care EMCOT contract for clinical staff and telehealth services, and \$1.1 million to expand the mental health diversion initiative within the Community Health Paramedic Program by adding seven new positions and necessary equipment. This additional funding will further support these efforts in directing mental health crisis calls more appropriately to Integral Care and EMS, and fewer to APD.

Goal #3: Referring mental health clinicians in response to mental health crisis calls to 911, particularly during the hours identified in the MMHPI report as the times of highest need.

The Meadows Report identified the hours of 8:00 a.m. to midnight, seven days a week, as the most critical times for stationing EMCOT C3s at the Combined Transportation, Emergency, and Communications Center (CTECC)/APD 911 Call Center, to field phone calls and provide telehealth services. Effective December 16, 2019, EMCOT stationed a C3 onsite at CTECC to field phone calls during the hours of 8:00 a.m. to midnight, Monday through Friday, and Saturdays from 10:00 a.m. to 8:00 p.m. On October 6, 2020, EMCOT increased C3 availability to include Sundays, between the hours of 10:00 a.m. to 8:00 p.m. The expanded service hours will reach more people and connect them with the appropriate mental health services during the times they are critically needed.

The Meadows Report recommended co-locating Integral Care telehealth clinicians at CTECC. Due to space constraints at CTECC, EMCOT currently provides telehealth services from Integral Care's Dove Springs Clinic during the hours of 8:00 a.m. to midnight, Monday through Friday. With additional funding received in FY 21 (6 additional FTEs to work at CTECC and 3.5 FTEs to collaborate with CHP medics overnight), EMCOT will be able to cover:

- CTECC 911 calls 24/7 with two C3s working at all times;
- 24/7 field response (at least one team, in collaboration with CHP);
- 24/7 telehealth response (at least one clinician, working at Dove Springs);

- With the designation of additional space at CTECC (two work stations and two private offices), EMCOT will have the ability to:
 - Station two C3s at CTECC 24/7;
 - Assign a clinician to provide telehealth services onsite at CTECC and station a supervisor to oversee EMCOT's collaboration with CTECC onsite.

Public Engagement

The Meadows Report specified that Integral Care, ACTEMS, and APD would report quarterly outcomes to the Behavioral Health Criminal Justice Advisory Committee (BHCJAC). APD has initiated and provided the BHCJAC with quarterly reports, with the most recent report submitted on August 14, 2020. Since the inception of the C3 program, of the calls transferred to the Integral Care staff stationed at CTECC, an estimated 85.4% are true diversions from law enforcement intervention. In anticipation of receiving additional funding, Integral Care and ATCEMS met on July 17, 2020, to explore the feasibility of EMCOT fielding ATCEMS phone calls in addition to APD calls. Now that funding has been approved, this topic may be revisited as part of the plan implementation.

During FY 20, APD and Integral Care met with community advocates, including Grassroots Leadership, National Alliance on Mental Illness, Austin Justice Coalition, and Just Liberty to discuss the Meadows Report recommendations and future program expansion. FY 21 funding in the amount of \$25,000 is directed toward community outreach to underserved communities, program implementation, and interagency coordination, which will provide opportunities for continued interagency collaboration.

Next Steps

With the FY 21 budget adoption, Council approved a total of \$3.8 million for the full-scale implementation of the Mental Health Diversion Initiative, including expansion of additional EMS for Community Health Paramedic positions, expansion of EMCOT services, community outreach, and program development efforts.

As stated previously, Council executed a contract with MMHPI to oversee implementation of the program. A kick-off meeting occurred on October 5th with stakeholders, ATCEMS Assistant Chief Andy Hofmeister will serve as the City's project manager and will ensure the working group, which is comprised of City departments, Integral Care and key stakeholders collaborate and work closely with the contractor to effectively connect mental health crisis calls with the appropriate mental health response.

Staff anticipates providing quarterly updates to Mayor and Council on this project's progress.

Should you have any questions, please contact Assistant Chief Andy Hofmeister (Andy.Hofmeister@austintexas.gov).

cc: Spencer Cronk, City Manager
CMO Executive Team
Chief Brian Manley, Police Chief of Austin Police Department
Chief Ernesto Rodriguez, EMS Chief, Austin-Travis County Emergency Medical Services
Assistant Chief Andy Hofmeister, Austin Travis County Emergency Medical Services
Dawn Handley, Chief Operations Officer, Integral Care

Attachment - Expanded Mobile Crisis Outreach Team (EMCOT) Background

Expanded Mobile Crisis Outreach Team (EMCOT) Background

Integral Care's Expanded Mobile Outreach Team (EMCOT) program was launched in 2013 to help address the growing needs of first responders in addressing mental health related needs. EMCOT's services follow the fifteen essential principles for any appropriate crisis response outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), which include:

1. Site-based psychiatric screening and psychiatric crisis assessment
2. Access to a prescriber as needed
3. Diversion to the appropriate community-based care and resources
4. Short-term follow-up to ensure stabilization of the individual's immediate crisis and link the individual with ongoing care and resources

EMS and law enforcement agencies can request EMCOT through the 911 Call Center for real time co-response for psychiatric crises. In the summer of 2013, EMCOT piloted its first operations of dispatch and co-response with Austin-Travis County Emergency Medical Services' (ATCEMS) Community Health Paramedics (CHP) and went operational department-wide in 2014. In 2014, EMCOT also piloted its first operations with the Austin Police Department (APD) in two sectors and went operational department-wide that same year.

When EMCOT's clinicians arrive on scene, they strive to release the first responder from the scene within the first 10-15 minutes of arrival so that they may be available for public safety and other medical emergencies. EMCOT clinicians provide an assessment that includes consideration of suicide risk, housing status, food security, substance use, mood, psychosis, psychosocial needs, safety planning, and disposition planning with the person experiencing a mental health crisis.

EMCOT aims to connect individuals with the help and support they need in the least restrictive environment of care in order safely address the individual's needs. When determining a disposition following the assessment, this can result in the following linkages:

1. The individual remains in the community and will receive follow-up services from EMCOT or another entity;
2. EMCOT facilitates admission to Integral Care's Crisis Respite facility, Next Step;

3. EMCOT facilitates admission to one of Integral Care's Crisis Residential facilities, including The Inn, 15th Street Jail and Hospital Diversion Program, and The Judge Guy Herman Center for Mental Health Crisis Care;
4. EMCOT facilitates voluntary admission to one of the county's psychiatric hospitals;
5. EMCOT facilitates the steps needed to advocate for an involuntary admission to one of our county's emergency departments or psychiatric hospitals, in conjunction with law enforcement, per the Texas Health Code: Emergency Detentions.

EMCOT can provide community-based follow-up services for up to 90 days after the initial crisis assessment to ensure support for the person throughout the duration of the crisis episode, and to help secure linkage to ongoing behavioral health services. All of these follow-up services (including counseling, case management, medical provider assessments, prescriptions for medications, and living skills trainings) occur outside of a clinic setting and are always in the community. EMCOT provides services at a location of the client's choice, typically in the individual's residence, school, place of employment, a coffee shop, or a restaurant, depending on client preference. These follow-up services help an individual avoid re-occurrence of the current crisis and reduce the likelihood of future crises by providing treatment and support throughout the crisis, while ensuring that they have a treatment team to work with as they move out of the crisis.