



MEMORANDUM

TO: Mayor and Council Members

FROM: Rey Arellano, Assistant City Manager

DATE: February 5, 2021

SUBJECT: Update Regarding Mental Health Diversion Initiative

The purpose of this memo is to provide an update on the mental health diversion initiative and announce the addition of “Mental Health Services” as a fourth option to the 911 answering script.

During the FY 21 budget process, City Council approved funding for the City Manager to fully implement the program recommended in the Meadows Mental Health Policy Institute for Texas (MMHPI) "[Recommendations for First Responder Mental Health Calls for Service](#)", May 15, 2019; and to engage a contractor to perform project management services to ensure implementation of the recommendations.

Staff subsequently recommended and Council approved a contract with MMHPI in October 2020. Staff has worked with the contractor to set an implementation schedule and establish goals to reach the milestone of 100% of all calls with a mental health component, which do not pose a risk to public safety, to be diverted from law enforcement response.

In my memo of [October 21, 2020](#), I highlighted updates on those goals:

1. Goal #1: Appropriately connecting a mental health crisis call with an appropriate mental health response.
2. 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.
3. 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.

Progress

With contract kick-off conducted in early November 2020, efforts were focused on implementing Goal #2/Phase I: enable 911 operators to identify mental health crisis calls and determine whether the call could be diverted to an alternative, non-police response.

Full implementation of Phase I began on February 1, 2021, with the addition of a fourth triage question option, “Mental Health Services”, to the 911 answering script. The new greeting is “Austin 9-1-1, do you need Police, Fire, EMS, or Mental Health Services?” A caller stating they require mental health services initiates an immediate transfer to an on-site mental health clinician or, if a clinician is unavailable, an immediate dispatch of a Crisis Intervention Team (CIT) officer.

Integrating licensed clinicians within the process to triage a mental health crisis call and act as a consultant/advisor to responding units allows for a more informed response, which reduces the risk of harm to callers and officers. This approach also allows 911 operators to quickly divert non-police related calls that do not involve a risk to the public or to the caller’s safety to the most appropriate resource available, thereby enhancing the efficiency of the police service by dispatching police to those events requiring a law enforcement response.

To date, MMPHI has not identified any other department in the country including mental health crises as a 911 triage option, making this concept a uniquely Austin innovation.

MMPHI and staff are now looking ahead to establishing a plan for implementing Goal #2/Phase II: 911 operators process a request for mental health services (MHS) in a method similar to the current process for EMS or Fire requests.

If a caller requests only MHS, and no other services, the 911 operator will immediately transfer the caller to a clinician without further questions from the 911 operator. The clinician will triage the call to determine if the clinician or Integral Care’s Expanded Mobile Crisis Outreach Team (EMCOT) can handle the call, or if the call requires a police response. During this time, the 911 Operator will remain on the line as the clinician triages the call, as the operator currently does with EMS and Fire calls. This allows the 911 Operator to streamline MHS-only requests and allows a trained clinician to make an informed decision concerning the response, instead of a 911 Operator.

The following steps are necessary to accomplish Phase 2:

1. Provide basic Computer Aided Design (CAD) call entry training for the clinicians (an expansion on the clinician’s current function).
2. Develop a risk determination call triage tree (guidelines for the clinicians and 911 Operators for MHS calls).

3. Training for the clinicians to make a quick determination (60-120 seconds) regarding the proper response for a MHS request.
4. Training for the 911 Operators to use the MHS risk determination call triage tree when the clinician is unavailable for an immediate transfer
5. Reviewing the MHS data to determine when the call volume suggests the 911 call center should staff a second clinician.

As Phase I matures, staff will begin focusing on outlining a strategy to accomplish these five steps to support full implementation for Phase II. We will continue to provide Council with quarterly progress updates on this project. For additional information, please do not hesitate to contact me or EMS Assistant Chief Andy Hofmeister (Andy.Hofmeister@austintexas.gov).

cc: Spencer Cronk, City Manager

CMO Executive Team

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