

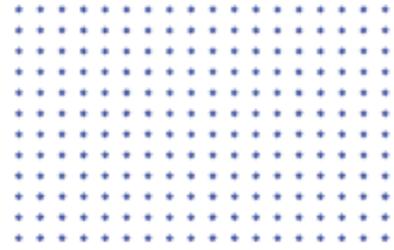


CPRC MENTAL HEALTH RECOMMENDATIONS

Community Police Review Commission (CPRC) / Austin, TX



ABOUT THE CPRC



The Community Police Review Commission (CPRC) consists of 10 unpaid volunteers appointed by the city manager to:

- Make policy-level recommendations regarding discipline, training, community relations, and the complaint process.
- Address any other issues of concern by the community.
- Review patterns and practices of the Austin Police Department.
- Assess critical incidents and review individual cases of police misconduct.
- Make fair and objective recommendations, and make decisions based only on the facts and evidence.
- Assess the effectiveness of the Office of Police Oversight.

The commission serves to oversee these matters independently and separately from the Office of Police Oversight and any other City of Austin organization. Learn about the Community Police Review Commission and how you can get involved in improving policing in Austin visit [ATXpolicecommission.org](https://atxpolicecommission.org)

Community Police Review Commission Members

Amani Seay – Chair

Tania Rosamond

Sukyi McMahon – Vice Chair

Erica Flores

Jessica Gonzales Bricker

Richard Segovia

Grayson Turner

Ryan Carlino

Joao Paulo Connolly

Elizabeth Castaneda

2021 MENTAL HEALTH RECOMMENDATIONS

1. The Chief of Police should authorize refresher Crisis Intervention Training biannually

- Resume administration of mental health training to all officers. APD had a goal of getting every officer trained to address mental incidents. COVID-19 forced the city and county to hit pause on the implementation of this training. The research shows that the impact of Covid-19 and unemployment compounded have increased the effects of mental illness across the city of Austin. As a community, we need a police department equipped to handle the increasing need to provide the necessary resources.
- Integrate the Austin Police Department’s Crisis Intervention Team member’s follow-up functions into the Homeless Outreach Street Team, including use of telehealth.
- Update the CPRC on the implementation timeline, including when the rollout will resume and information on any delays.

2. Review, implement and train officers on recommendations and protocols included in the *Suicide by Cop: Protocol and Training Guide*

- The [Suicide by Cop: Protocol and Training Guide](#) from the Police Executive Research Forum includes guidance for responding officers to use communication as the most important tool to ensure public and officer safety.
- Research indicates that communicating effectively with a suicidal person enables officers to resolve most incidents peacefully, without the need to deploy “less-lethal” weapons or other use of force.
- Austin has the highest per capita rate of police shootings during mental health calls among the 15 largest U.S. cities. This is a violation of international human rights standards, according to a report by University of Texas researchers and a local law advocacy group released September 18th, 2019.
- Collect and publish data on confirmed and suspected SBC incidents, including incidents that do not result in an OIS incident or the death of the subject.

3. Provide an update on the continued implementation of recommendations proposed in the MMHPI report

- In May of 2019, Austin City Council contracted with the Meadows Mental Health Policy Institute (MMHPI) to conduct a study on “...system improvements that will ensure that in an incident involving an individual in mental health crisis... receives clinical care as quickly as possible, thereby ensuring the safety and security of the individual and the community.”
- COVID-19 forced the city and county to hit pause on the implementation of recommendations. These recommendations include regular updates to the Travis County Behavioral Health & Criminal Justice Advisory Committee (BHCJAC). The reports provided to BHCJAC should be published on APD’s website.
- Update the CPRC on the implementation timeline, including when the rollout will resume and information on any delays.

4. Review and implement best practices for CIT Certified Officer protocols from comparable cities within CIT Certified Officers

- The [Galveston County Sherriff’s Department](#) utilizes plain-clothed Mental Health Deputies to assist in supporting response to a mental health crisis. Mental health deputies respond only to mental health calls, are not uniformed, use unmarked cars, and have a knowledge of and a collaborative relationship with the mental health services delivery

system. They focus on de-escalating and stabilizing the situation and utilizing the least restrictive environment for the person to receive support and treatment when necessary.

5. Routine mental health/psychiatric evaluations made mandatory for all officers every 3 years

- Austin Police officers have a mentally rigorous job that requires good judgment in dealing with stressful crisis situations. It is in the best interest for all officers to receive mandatory on-going mental health evaluations, counseling, and support to encourage healthy practices the same way we prioritize physical health and wellbeing. This evaluation should serve in addition to elective Peer Support services.
- The Blue H.E.L.P. study showed 228 officers died by suicide, while 132 officers died in the line of duty in 2019. Texas ranked third with 19 suicides in 2019, behind New York with 23 and California with 21.

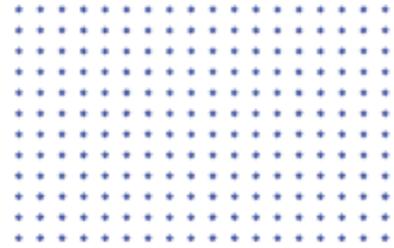
6. Add a minimum of 6 hours of trainings with specific focus on Intellectual and Physical disabilities

- The underfunding of healthcare and overfunding of police in Texas especially impacts people of color. Black and brown people are predisposed to disabilities due to economic racism and, most significantly, a lack of equal access to healthcare ([Source](#)). They are also more likely to encounter police violence.

7. Review CIT Training to include cultural competency

- This should include examples of mental symptoms and response strategies for (Black, Latino, Asian, LGBTQ, and Veterans) to best respond to our diverse Austin community.
- According to the [National Institute of Mental Health](#), men and women both experience depression, but their symptoms can be very different. Because men who are depressed may appear to be angry or aggressive instead of sad, their families, friends, and even their doctors may not always recognize the anger or aggression as depression symptoms.

BACKGROUND



The Crisis Intervention Team (CIT) model started in Memphis, Tennessee, in response to the police shooting of a person with a mental illness. CIT programs encourage 40 hours of classroom and experiential de-escalation training to help officers prepare to handle crises. A [2018 audit of APD's response to mental health-related incidents](#) found that APD's CIT program did not fully align with the "Memphis Model" of CIT.

In addition, the Police Executive Research Forum released a [Protocol and Training Guide](#) for Suicide by Cop (SBC) incidents in 2019. A handful of police departments around the country have implemented PERF's recommended protocol. APD does not appear to have adopted it yet. APD GOs do not specifically address SBC incidents. There are policies on how to handle a suicidal person and when to deploy CIT/CINT but no general orders that specifically direct officers on how to handle a suspected or confirmed SBC incident.

Austin has the highest per capita rate of police shootings during mental health calls among the 15 largest U.S. cities, a violation of international human rights standards.

As part of the FY2019 budget, [the Austin City Council contracted with the Meadows Mental Health Policy Institute \(MMHPI\)](#) to conduct a study on "system improvements that will ensure that in an incident involving an individual in mental health crisis, Austin's first responders will ensure that individuals receive clinical care as quickly as possible, thereby ensuring the safety and security of the individual and the community."

MMHPI analyzed APD calls for service, including crisis calls for service, from 2016 through 2018. MMPHI also analyzed Austin-Travis County EMS crisis emergency calls for the same time period. Through this analysis, MMPHI found:

- 45% of crisis calls to APD and EMS took place between 4 pm and 12 am with little variation between days of the week.
- The highest volume of crisis calls for service that resulted in police dispatch occurred in the downtown area, North Austin near the Austin State Hospital, and South Austin south of 290 West.
- Addresses with the highest number of calls for service were primarily at or near hospitals. Here, more than 75% of calls resulted in emergency detention. The top 10 addresses where calls for service resulted in emergency detention were all medical or mental health facilities.
- APD used a Level 2 response to resistance in 94 crisis calls for service and Level 1 response to resistance in 10 crisis calls for service.
- Of APD calls that included EMCOT engagement, a high number of people were diverted from jail, emergency detention, or the hospital – meaning that many people may have been connected to supportive community services.
- APD has certified a "commendable" 27.3% of its officers in CIT, but policies around the CIT stipend hinder responses to calls for service.

- APD provides a one-hour CIT training to 911 dispatch in addition to the TCOLE-certified training they receive.

From the MMHPI study, came the following recommendations:

1. Create a program and response advisory function within the existing Travis County Behavioral Health and Criminal Justice Advisory Committee.
2. Create a mental health crisis call identification and management training for all call takers at an estimated cost of \$100,000.
3. Integrate mental health clinicians directly on the 911 dispatch floor to participate at earlier triage point with call takers, divert calls to the most appropriate resources, and provide support and appropriate information to officers or medics on scene at an estimated annual cost of \$300,000.
4. Sustain the Expanded Mobile Crisis Outreach Team (EMCOT), including the use of telehealth capabilities to expand immediate access to crisis screening at an estimated cost of \$2.8 million per year.
5. Coordinate Austin Police Department’s CIT activities with EMS’ Community Health Paramedic program to shift from a reactive to proactive orientation.
6. Develop “what to do” educational materials in Spanish and other languages so that constituents know what to tell first responders and what to do to ensure effective communication when first responders arrive on scene at a cost of \$25,000