

**COMMUNITY HEALTH AND EQUITY
COUNCIL COMMITTEE
SPECIAL MEETING – MENTAL HEALTH
MARCH 22, 2021 7:00PM
VIDEOCONFERENCE**

Members Present:	Councilmember Ana Sandoval, Chair, <i>District 7</i> Councilmember Robert Treviño, <i>District 1</i> Councilmember Jada Andrews-Sullivan, <i>District 2</i> Councilmember Rebecca Viagran, <i>District 3</i> Councilmember Shirley Gonzales, <i>District 5</i>
Staff Present:	Erik Walsh, <i>Assistant City Manager</i> ; Maria Villagomez, <i>Deputy City Manager</i> ; Monica Hernandez, <i>Assistant City Attorney</i> ; Karen Falks, <i>Deputy Chief, SAPD</i> ; Lt. Angel Castillo, <i>SAPD, Southwest Texas Fusion Center</i> ; Capt. Michael Brown, <i>SAPD, Southwest Texas Fusion Center</i> ; Officer Jon Sabo, <i>Mental Health Unit, SAPD</i> ; Nancy Cano, <i>Office of the City Clerk</i>
Others Present:	Sarah Hogan, <i>STCC Division Director, STRAC</i> ; Doug Beach, <i>Chair, National Alliance on Mental Illness</i> ; Ben Brubaker, <i>Clinical Coordinator, White Bird Clinic</i> ;

Call to order

Chairwoman Sandoval called the meeting to order.

1. A briefing on the Police Department's response to calls for service for mental health emergencies [Deputy Chief Karen Falks and Captain Jon Sabo, SAPD]

Deputy Chief Falks reported that crisis intervention training was a collaborative effort between law enforcement and the mental health community and was designed to help police officers handle incidents involving persons living with mental illness or suffering from a mental health crisis. She stated that in 2006, Chief McManus was appointed Chief of Police and implemented and mandated that every cadet enrolled at the San Antonio Police Academy undergo 40 hours of crisis intervention training; thereafter, in 2008, Chief McManus developed the Mental Health Unit (MHU); and in 2010, he developed the Crisis Intervention Team (CIT). She noted that each Police Officer was required to undergo eight hours of yearly in-service CIT training, 40 hours of the State Mandated Course #1850, and 40 hours of Mental Health Peace Officer #4001 training. She added that Dispatchers /911 Call Takers are required to undergo 16 hours of Crisis Communication training. She noted that from May 2003 through January 2021, MHU has provided CIT training to over 3,100 SAPD Officers, 1,800 BCSO and other agencies, 375 SAFD Paramedics and Firefighters, and over 72 different agencies at the Local, State and Federal levels. She stated that MHU also provided Children's Crisis Intervention Training for First Responders who deal with children, including School Resource Officers, EMS, Military First Responders, and US Customs and Immigration. She added that since 2020, MHU provided weekly in-service training in an 8-hour block that addressed best practices, updates, completion and implementation of Emergency Detention Protocols.

Deputy Chief Falks stated that the MHU received the majority of calls through the SAPD CAD system and responded citywide when requested by patrol units and their duty hours were Monday through Friday, 7:00 am to 5:00 pm. She noted that in 2020, the MHU received over 2,000 requests for assistance from SAPD Officers, Supervisors, and community referrals. She explained that the Program for Intensive Care Coordination (PICC) was comprised of MHU members, the SAFD EMS Mobile Integrated Healthcare Team, and clinicians with the Center for Healthcare Services (CHCS) with the following objectives:

- Prioritize additional layer of outpatient services with an intensive team approach to better address patient needs
- Identify top 100 High Utilizers via the Law Enforcement Navigation Program – 6 or more Emergency Detentions (EDs) in a one-year period.
- Designed to reduce EDs and inpatient services
- Provides case management, medication management, psychosocial rehabilitation, transportation and connections to other services
- Designed to “meet the patient where they are at” both physically and mentally

Deputy Chief Falks reported that SAPD, SAFD, CHCS and the Southwest Texas Regional Advisory Council (STRAC) worked in collaboration to reduce the number of high-volume EDs and assisted with early intervention through assessments, navigation to the appropriate facility, monitoring patient’s treatment plan, and conducting follow up visits. She noted that the collaborative efforts were funded by the South Texas Crisis Collaborative (STCC). She explained that the Chronic Crisis Stabilization Initiative followed up with individuals that generated a high number of 911 calls to reduce the frequency of contact with law enforcement. She added that the Threat Assessment Team was created in 2018 to assess and manage public safety threats by individuals diagnosed with possible mental illness. She explained that if immediate action did not need to be taken then types of services the person needed would be identified. She highlighted that officers were trained to identify and avoid escalators and to implement de-escalation skills. She stated that a two-pronged approach was used when weapons were involved or when violence had occurred, or was occurring, which required a patrol supervisor to respond to the scene. She explained that State law enabled police officers with the authority to complete an involuntary emergency detention that met certain criteria: If an individual made a threat of harm to self or to others, or if the officer recognized that the individual was in some kind of mental decompensation. She added that the Bexar County MHU Team requested warrants at the Bexar County Courthouse and served them upon individuals that were not in immediate danger.

2. A briefing on the CAHOOTS (Crisis Assistance Helping Out On the Streets) Mobile Crisis Response Program presented [Benjamin Brubaker, Clinical Co-Coordinator, White Bird Clinic]

Ben Brubaker reported that the program entitled Crisis Assistance Helping Out on the Streets (CAHOOTS) began in 1989 and provided an innovative approach to mobile crisis intervention under the White Bird Clinic philosophy: Client-centered services, harm reduction model, trauma-informed care, and a consensus-based collective. He stated that CAHOOTS was a federally qualified health center with a medical clinic, a dental clinic, peer support and drug and alcohol treatment. He added that CAHOOTS Behavioral Health First Response teams were staffed with a crisis intervention worker and EMT that underwent an average of over 500 hours of field training and 30 hours of classroom instruction that

emphasized support and stabilization in the field with the least intervention necessary. He noted that team members were unarmed and relied on verbal de-escalation.

Mr. Brubaker reported that requests for CAHOOTS services were received through the public safety system and were triaged by Call Takers and Dispatchers and CAHOOTS teams were dispatched via radio on non-priority police channels. He stated that over 105,000 calls for service (CFS) were placed through the Eugene Police Department in 2019; approximately 18,000 involved a CAHOOTS response with 15,000 of those calls dispatched to CAHOOTS as sole response calls. He noted that of the 15,000 calls dispatched to CAHOOTS, 13,000 would have required a Patrol or Fire/EMS response. He added that the estimated rate of diversion from arrest/criminal legal involvement was 5.8% and only 311 requests for patrol cover for aggressive patients were needed. He highlighted that CAHOOTS mental health clinicians were able to identify maladaptive coping skills from lethality risks and were able to respond in a warm handoff or transport to a service provider or agency.

3. A briefing on the Southwest Texas Crisis Collaborative (STCC) and Specialized Multidisciplinary Alternate Response Team (SMART) Pilot Program [Sarah Hogan, Director, Southwest Texas Regional Advisory Council (STRAC)]

Sarah Hogan reported that STRAC's mission was to reduce death and disability related to trauma, disaster, and acute illness through the implementation of well-planned and coordinated regional emergency response systems over 22 counties in the Southwest Texas region. She noted that the STCC created a Behavioral Health Division in 2017 based on multiple studies and data collected since 2015 and due to a reported 9,000 EDs that occurred in the community annually. She provided baseline data on patients, encounters, and costs within the 22 counties in the STRAC region: 3,507 Super Utilizers; 62,504 encounters; \$175 million within the mix of mental health, homeless, and high utilizer populations; Mental Health Population: \$200 million; Homeless Population: \$80 million; High Utilizer Target Population: \$19 million.

Ms. Hogan reported that law enforcement navigation was rolled out in 2018 as the first program to be established in the STCC mental health response, and included over 34 law enforcement agencies. She stated that the program was designed to identify individuals that were medically stable in a mental health crisis while in law enforcement custody, and routed them to the closest, most appropriate mental health facility. She noted that MEDCOM was a 24/7 dispatch center and a division of STRAC that coordinated air medical support, 911 calls related to mental health, and routed approximately 500 trauma patients monthly within the 22-county region. She added that MEDCOM collected real time bed status for all psychiatric facilities that utilized an online tool to provide their diversion status, and provided courtesy notification to the receiving psychiatric facility for incoming patients.

Ms. Hogan reported that a total of 17,815 cases were processed through law enforcement navigation from January 2020 through December 2020, and 65% of patients were transported by law enforcement to psychiatric facilities. She noted that there were 20,313 cases processed in 2019 which indicated that the decrease in cases in 2020 could be due to the impact of the COVID-19 Pandemic.

Ms. Hogan stated that the Specialized Multidisciplinary Alternate Response Team (SMART) was formed to respond to low level, non-violent mental health related calls with safety being the priority, using a least restrictive approach, increasing the availability of patrol officers, providing a warm hand-off

from the clinician on scene to the next level of care, and to provide case management, connection to outpatient services or peer support as necessary.

4. A briefing on the National Alliance on Mental Illness (NAMI) San Antonio chapter's efforts to improve law enforcement's response to mental health emergencies [Doug Beach, Board Chair, NAMI San Antonio]

Doug Beach reported that 50% of mental illness began by age 14, and 75% began by age 24 which highlighted the importance of monitoring the health of youths and young adults and promoting heightened awareness. He added that there was a current bill in the State legislature that would provide counseling opportunities to youths through the schools through a collaborative process. He stated that UT Health Science Center provided a clinic for individuals to receive wellness checks to divert further mental de-compensation. He reported that in October 2020, NAMI and other partner agencies started a program to educate local faith-based organizations, churches, and congregations on mental health to empower them to become part of the solution and provide more opportunities and options for community support and engagement. He noted that mental health was a holistic issue and basic health principles of diet, exercise, socialization, and the avoidance of risky behaviors and stress promoted better health outcomes, especially for young people affected by mental illness.

Mr. Beach reported that mental health issues also affected law enforcement officers that were called upon to do difficult work, under stressful situations, and that also had their own personal issues. He noted that they needed ongoing care, counseling, and support groups. He noted that in a county that was the size of Bexar County, 7% or 140,000 residents, had a serious mental illness. He quantified the existence of mental illness by highlighting that one in four people had a mental health issue in any given year, which potentially impacted approximately 200,000 residents in Bexar County.

Councilmember Andrews-Sullivan asked if military veterans suffering from post-traumatic stress disorder (PTSD), or that were diagnosed with combat syndrome could have an identifier seal placed at their homes or on their drivers license that could inform law enforcement officers and agencies when a call for service was placed. Deputy City Manager Maria Villagómez stated that staff could explore alternatives and make further recommendations for the Committee.

Councilmember Treviño asked of the role of the City's Department of Human Services (DHS) in leading a collaborative partnership effort and the coordination of outreach specialists. Deputy City Manager Villagómez stated that the Department of Human Services used a more proactive approach that was focused on individuals that were homeless or had issues with substance abuse or mental health and provided them with referral resources. She added that DHS managed the clinicians contracted through the Center for Health Care Services in this new program which had room to grow and maximize resources. She stated that staff could explore opportunities for outreach specialists to lead collaborative efforts.

Councilmember Viagran requested further information about CAHOOTS teams and training. She noted that MHUs and law enforcement agencies could also partner agencies that assisted with mental health calls for service. She called for a survey or poll to be conducted of SAPD Officers to ask them of their input, needs, and recommendations for mental health response calls. Mr. Brubaker stated that 40 staff members were needed to staff all of the vans effectively on a 24/7 basis. He explained that staff

underwent field training by riding along with partner teams during their first month of onboarding training. He noted that classroom training was more specific and depended on levels and certifications and included radio protocol.

Councilmember Gonzales noted that funding of mental health programs was an issue. Deputy City Manager Villagomez stated that the Meadows Foundation was in partnership with Metro Health and was conducting an evaluation of the City's mental health services within SAPD, with the goal of providing alternative methods and available funding sources to this Committee and the City Council.

Chairwoman Sandoval invited Committee members to provide any follow up questions to her team or Assistant City Manager David McCary's team and called on the presenters to give their final remarks.

Mr. Beach stated that the mental health care system was in crisis and highlighted that there were more people in jails in the State of Texas waiting for mental health competency restoration than there were available state hospital beds.

Ms. Hogan stated that mental health was a medical condition and should be treated as such. She spoke of the need for first responders to be trained in mental health and clinicians and behavioral health professionals needed public safety training.

Mr. Brubaker stated that the Housing First approach served as a platform to provide permanent housing to homeless individuals and was an approach that stabilized individuals and reduced the criminalization of behavioral health issues and homeless individuals.

Deputy Chief Falks stated that SAPD had made great strides in its de-escalation techniques and recently-implemented policies and was open to recommendations and working with partner agencies to provide for the most vulnerable residents that were living with mental illness.

Adjourn

There being no further discussion, the meeting was adjourned at 9:00 pm.

Ana Sandoval, Chair

Respectfully Submitted,

Nancy Cano, Office of the City Clerk