

## San Antonio, Texas:

# ADDRESSING MENTAL HEALTH CRISES WITH A SPECIALIZED MENTAL HEALTH DETAIL EMBEDDED IN THE POLICE DEPARTMENT

## OVERVIEW

San Antonio, Texas is the second-most populous city in Texas and home to nearly 1.5 million individuals, representing approximately five percent of the state's population.<sup>1,2</sup> Nineteen percent of individuals in San Antonio live below the federal poverty level.<sup>3</sup> Statewide, Texas' overdose death rate is 10.5 per 100,000 population.<sup>4</sup>

In response to an increasing number of emergency behavioral health calls, the San Antonio Police Department (SAPD) developed the Mental Health Detail (MHD).<sup>5</sup> Launched in 2008, the SAPD MHD responds to calls related to mental health issues, deescalates mental health emergencies, and connects individuals living with mental illness to appropriate care.

San Antonio has developed a number of innovative programs that target the challenges of SUD, homelessness, and mental health issues. This case study focuses on the MHD and presents key takeaways for

other cities considering similar cross-systems approaches.

## PROGRAM DESCRIPTION

### SAPD Mental Health Detail

Originally a team of two officers who received training through a crisis intervention team (CIT) program, the MHD has subsequently expanded to include ten officers, two detectives, and several social service and health care providers contracted to the city by Baptist Healthcare System. All members of the MHD receive CIT training which teaches members of the detail to effectively respond to calls from people experiencing a mental health crisis, de-escalate mental health emergencies, and coordinate treatment with local behavioral health providers. In addition, local community behavioral health providers are brought in to educate the detail about serious mental illness. Within the greater police department, 96 percent of officers are CIT trained, and all cadets receive CIT training in the police academy.

The MHD's work typically begins when 911 dispatchers send patrol officers to respond to calls. All dispatchers take a 16-hour telephonic CIT course to help identify and recognize an individual with a mental health related issue. When a call comes into 911, patrol officers are initially dispatched. If a situation appears to involve an individual experiencing a mental health crisis, the responding officer will hand off the case to the MHD. MHD responders arrive in plain clothes and unmarked cars, assess the individual, and transport the individual to an appropriate facility. Once an individual has been transported to a facility, MHD officers will stay with the individual for as long as necessary to ensure that they are connected to treatment.

Over the course of the MHD's work, team members recognized a need for enhanced case management and follow-up for high-need individuals. In January 2018, the MHD launched the chronic crisis stabilization initiative (CCSI), which helps remove barriers to treatment for individuals who have been detained on an emergency basis three or more times in a month. MHD officers participate in the discharge process, and escort newly released individuals to pharmacies to ensure that they receive any prescribed medications. The MHD officers also follow up for 90 days to confirm that the clinicians are in contact with the individuals and are addressing housing, employment, and other issues that may negatively impact mental health.

Finally, the MHD runs a Threat Assessment Group (the Group). The Group began in March 2018 and investigates threats of violence made by individuals, some of whom may have mental illness. Detectives investigate violent threats, assessing whether the individual making them has the means to carry them out and explore whether the individual may have

untreated or unmanaged mental illness. If the Group confirms an individual making a threat is suffering from mental illness, the individual undergoes threat mitigation where he or she is connected to treatment within CCSI and his or her weapons may be confiscated. Clinicians lead treatment, however the Group/CCSI continues to monitor progress of the individual and follows up with him or her consistently for 90 days. Individuals who are treatment compliant for 90 days can receive additional follow-ups quarterly, biannually, or annually.

Rather than solely part of the justice system, members of the MHD see themselves as part of a comprehensive behavioral health care system, partnering with neighboring hospitals, psychiatric facilities and other community support systems to meet the needs of individuals in crisis.

## RESULTS

The SAPD found that over the course of one year, the police department had nearly 700 contacts with 43 individuals with high utilization rates of police services (i.e. multiple 911 calls for police services; three or more emergency detentions in a one-month time period; or use of violence, threats of violence or weapons at the time of police encounter). Within one year of implementing CCSI, police contacts decreased by approximately 68 percent. Further, more than half of the 43 individuals identified as high utilizers had no police contact in the final quarter of 2018, including one individual with substance use disorder who, in the previous quarter, had 86 police encounters.

The Group has completed 160 threat investigations since its inception in March 2018. MHD officers have found that emergency detainment and admission to a

hospital for individuals experiencing mental illness who may pose a danger to themselves is preferable to admission to jail. Individuals may be in and out of jail in a matter of weeks and lost to follow-up but connecting individuals to treatment enables the Group to monitor treatment for 90 days or longer.

## **FINANCING AND SUSTAINABILITY**

The MHD is funded through local taxes that are allocated by the San Antonio City Council. The size of the unit is determined by the chief of police and is based on the city's population and overall police force size. Additionally, San Antonio's Department of Human Services awarded a contract to cover the costs associated with three clinicians from Baptist Healthcare System to staff the MHD. Funding is provided every one to two years based on the city council's legislative calendar. At its inception, the police chief requested that the unit be funded as a budget line item separate and apart from general police funding - this has allowed the unit flexibility in hiring non-police counseling staff and contributes to its sustainability.

The SAPD MHD also receives indirect research support from the Meadows Mental Health Policy Institute, which provides independent, data-driven and policy and program guidance to improve mental health services in Texas.

## **COLLABORATION ACROSS SYSTEMS**

The city of San Antonio has invested significantly in initiatives and organizations that assist people experiencing homelessness, SUD, and/or mental illness. The SAPD MHD collaborates with a number of public and private agencies, ensuring integrated, responsive care. Examples include:

### **Integrated Mobile Partners Action Care Team (IMPACT)**

IMPACT is a cross-systems partnership between the SAPD MHD, the San Antonio Fire Department/Mobile Integrated Healthcare Team, and local behavioral health and social service providers. The program uses multi-agency teams to offer individuals experiencing homelessness medical treatment or navigation through the city's social services network. This initiative removes barriers to treatment by ensuring that case management is available from emergency response to crisis stabilization to treatment. Upon coming into contact with the team, individuals experiencing homelessness who are willing to accept help are transported and connected to social services and health care treatment.<sup>6</sup> Of the 3,030 contacts the IMPACT program made from October 2015 through February 2018, over half were referred to behavioral health or social services providers.

### **The South Alamo Regional Alliance for the Homeless (SARAH)**

SAPD (or MHD) works closely with the South Alamo Regional Alliance for the Homeless (SARAH) across San Antonio and Bexar Counties to support individuals experiencing homelessness. As the local Continuum of Care Lead Agency, SARAH is charged with creating an improved social services system that effectively provides support, coordination, and housing to homeless populations in this area.

### **Center for Health Care Services (CHCS)**

CHCS provides integrated care to children and adults with mental health conditions, substance use challenges and intellectual or developmental disabilities in and around the 19 offices it operates throughout San Antonio. CHCS is a key referral site for the MHD. The

organization offers a wide range of programs to assist people who are experiencing homelessness, including outreach, residential shelter, mental health and SUD treatment, skills training, rental assistance, and case management. Additional services include a 24-hour crisis and substance use hotline, a crisis stabilization unit, a mobile crisis outreach team, mental health services, SUD treatment, HIV services, primary care, and community reintegration/therapeutic justice services.<sup>7</sup> CHCS is funded through municipal tax revenue; Medicaid reimbursement; and grants from hospitals, pharmaceutical companies, and faith-based organizations.<sup>8,9</sup>

## ROLE OF CITY LEADERSHIP

The city council is publicly supportive of the program and has provided funding for the MHD since its inception in 2008. As part of the city's budget proposal for fiscal year 2019, the mayor and city council identified filling police department vacancies and expanding the MHD as priorities. Members of the city council have also participated in "ride alongs" with officers of the Mental Health Detail. Of particular importance, the Police Chief has been a strong champion of the unit since its inception.

## LESSONS LEARNED

### Responding to Challenges

SAPD MHD identified several challenges that they are working to overcome to provide more effective and comprehensive emergency response and crisis stabilization services.

**Facilitate long-term treatment.** It is often difficult to get individuals experiencing mental illness, substance use disorder, and/or homelessness into long-term treatment.

This is not only because these individuals may be resistant to such treatment, but also because the system creates a number of barriers to accessing care. For example, clinicians may need orders of protective custody to treat an individual, but these orders cost approximately \$450 for each individual. Clinicians must also go, in person, to court to ask for orders of protective custody; they cannot request these orders remotely. Transportation costs from hospitals or emergency rooms to long-term treatment facilities may not be covered. These logistical and monetary barriers make access to long-term treatment difficult. SAPD MHD representatives believe there is more the state of Texas can do to facilitate long-term treatment by removing or mitigating some of these barriers.

**Mitigate continuing threats.** The Threat Assessment Group may take away the weapons of the individuals it investigates or prevent individuals from purchasing new weapons. However, these threat mitigation techniques are often temporary. If an individual has not been committed to a psychiatric treatment facility, they may retrieve their weapons once an investigation is complete as well as purchase new weapons. In San Antonio, of the more than 150 cases where the SAPD removed weapons from the home of an individual, there were only five cases where this intervention was permanent. Representatives from SAPD are hopeful that state and federal policy makers can pass legislation to make the Threat Assessment Group's activities more effective and permanent.

**Create a policing culture that prioritizes treatment over arrest.** In September 2019, a 7-year-old boy with autism and behavioral health issues was removed in handcuffs from his school by the San Antonio

Independent School District (SAISD) police during a behavioral health crisis. In contrast, representatives from the SAPD MHD note that MHD officers receive training to avoid the use of force or handcuffs whenever possible. Combined with their lack of police uniforms, MHD attempts to encourage a policing culture where individuals experiencing mental illness, substance use disorder, and/or homelessness are connected to treatment instead of arrest. While SAPD does not control policing protocols for SAISD police, the state of Texas has contributed to a policing culture that is more responsive to individuals in need with its passage of the Sandra Bland Act. The Act requires police officers across the state to complete a “40-hour...education and training program on de-escalation and crisis intervention techniques to facilitate interaction with persons with mental impairments.”<sup>12</sup>

### **Key Takeaways for Cities**

For other cities considering similar cross-systems approaches to supporting individuals with substance use disorder, those experiencing homelessness, and those with mental health issues, there are several key lessons that can be learned from the SAPD MHD.

**Emphasize connections to care and follow-up.** Programs that aim to help vulnerable populations, such as people experiencing homelessness, SUD or mental illness, must do more than simply drop off individuals at clinics or hospitals for treatment. Consistent and meaningful follow up with individuals can ensure that they are receiving needed services and can result in reduced recidivism. Further, this follow-up should occur promptly;

addressing an individual’s healthcare and social needs upwards of six months after a behavioral health emergency will not meaningfully impact rates of recidivism. In San Antonio, once the MHD addressed barriers that individuals experienced in seeking and continuing care, they were able to interrupt cycles of repeat interactions with police.

**Integrate clinicians with law enforcement in crisis response teams.** Having non-police social workers, therapists, and/or counselors on the team improves communication with community-based clinicians and can help overcome information sharing barriers. Further, a trained clinician may be able to establish trust with an individual in need when a police officer cannot.

**Finance initiatives through a dedicated budget to promote sustainability.** The MHD is able to hire non-police staff, including clinicians, to support their work because they have a unit level budget within the larger police budget. This can also insulate the unit from organizational changes in the police and fire departments.

**Use data to demonstrate value to stakeholders.** Delivery of case management or medical services provided after release from jail has been associated with a reduced risk of re-arrest.<sup>13</sup> For cross-systems initiatives, demonstrating this connection is paramount. Program evaluations, such as the pilot study conducted by the SAPD, can help tell the story of overall program results to stakeholders, including details impacting public safety costs such as police response frequency, number of calls to dispatch, personnel time saved, etc.

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Unless otherwise noted, all information is based on an interview with the San Antonio Police Department.

# ENDNOTES

- 1 United States Census Bureau. "2013-2017 American Community Survey 5-Year Estimates. ACS Demographic and Housing Estimates: Sonoma County, CA; Fort Collins, CO; Huntington, WV; Indianapolis, IN; Manchester, NH; Philadelphia, PA; Raleigh, NC; Rapid City, SD; San Antonio, TX; Wichita, KS." [https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_5YR/DP05/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP05/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000).
- 2 <https://www.census.gov/quickfacts/fact/table/sanantoniocitytexas/POP060210>
- 3 United States Census Bureau. "2013-2017 American Community Survey 5-Year Estimates. Selected Economic Characteristics: California, Colorado, Indiana, Kansas, New Hampshire, North Carolina, Pennsylvania, South Dakota, Texas, West Virginia." [https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_5YR/DP03/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP03/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000).
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- 5 Rambaldi C. "SAPD: Mental health calls are up, citywide programs making a difference" Fox San Antonio. (February 27, 2018). <https://foxsanantonio.com/news/local/sapd-mental-health-calls-are-up-citywide-programs-making-a-difference>
- 6 Beltran J. "SAPD team takes new approach in targeting chronic homelessness" San Antonio Express-News. (July 24, 2016). <https://www.expressnews.com/news/local/article/SAPD-team-takes-new-approach-in-targeting-chronic-8406227.php>
- 7 The Center for Health Care Services. <https://chcsbc.org/>.
- 8 Id.
- 9 Helman S. "The San Antonio Way: How One Texas City Took on Mental Health as a Community - and Became a National Model." The Boston Globe. (2016). <https://www.bostonglobe.com/metro/2016/12/10/the-san-antonio-way-how-one-texas-city-took-mental-health-community-and-became-national-model/08HLLKsq1JdXSTZppaECk2K/story.html>.
- 10 City of San Antonio. "FY2019 Adopted Operating and Capital Budget." (2018). <https://www.sanantonio.gov/Portals/0/Files/budget/FY2019/Adopted-Budget-Document-Web-Version.pdf>
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- 12 Sandra Bland Act. (2017). SB1849. <https://capitol.texas.gov/tlodocs/85R/billtext/html/SB01849F.htm>
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