

Austin FIRST Pilot



Austin Field Integrated Response Support Team (FIRST): A multi-disciplinary approach to support High Acuity Mental Health Incidents

A Historic Lens on National Adverse Outcomes

LOCAL NEWS

Body camera video shows deadly Baltimore County police shooting during mental health episode

**Paramedic sentenced to 4 years probation in
connection with Elijah McClain's death**

CRIME & SAFETY

Man in mental health crisis shot dead in struggle
with police in Oswego County

**AP team reveals harms of forced sedation
during police encounters**



Mary Chris Jaklevic

May 31, 2024

Share:



Lt. Nathan Sheppard, Portland (OR) Police Bureau

“There is need for more proactive, appropriate, individual-person-centered approaches to assisting persons with mental illness.”

The Current 911 Call Decision Tree



City of Austin Meadows Institute Report (2019)

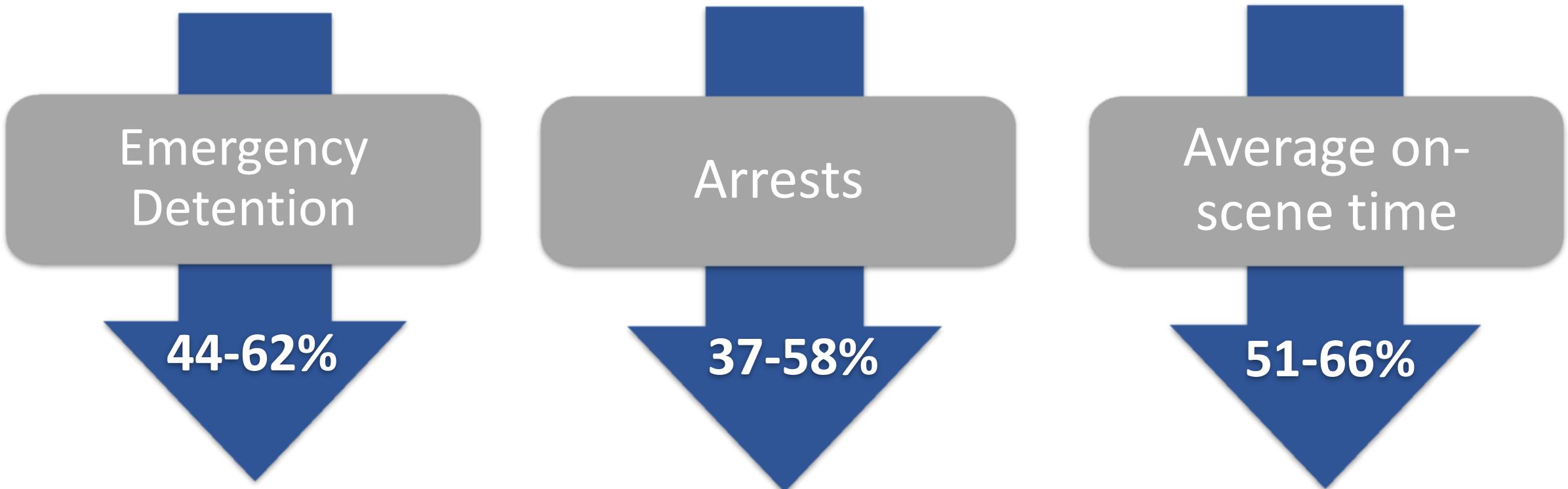
May 2019: Provided recommendations for improving the city's response to 911 calls involving individuals in a mental health crisis.

Goal: Ensure rapid clinical care to improve safety for the patient and community.

Meadows Institute Report: Implemented Recommendations

- APD Chief's Mental Health Program and Response Advisory Function Developed within the Behavioral Health and Criminal Justice Advisory Committee (BHCJAC)
- Mental Health training for call takers and dispatchers
- Mental Health Integrated Dispatch
- Sustainability of EMCOT, including Telehealth Expansion
- Collaboration with APD Crisis Intervention Team and Community Health Paramedic Program
- Community Outreach in Collaboration with NAMI (National Alliance on Mental Illness)

Impact of Adding Call Center Clinicians (C3): 2019-2025



Austin FIRST Multidisciplinary Team



OCMO

- Clinical Guidelines and Credentialing
- Clinical Oversight and Quality Improvement

EMS

- Community Health Paramedics (CHP)
- Long Term Case Management
- CHP Responders
- Collaborative Care Communications Center (C4)

Integral Care

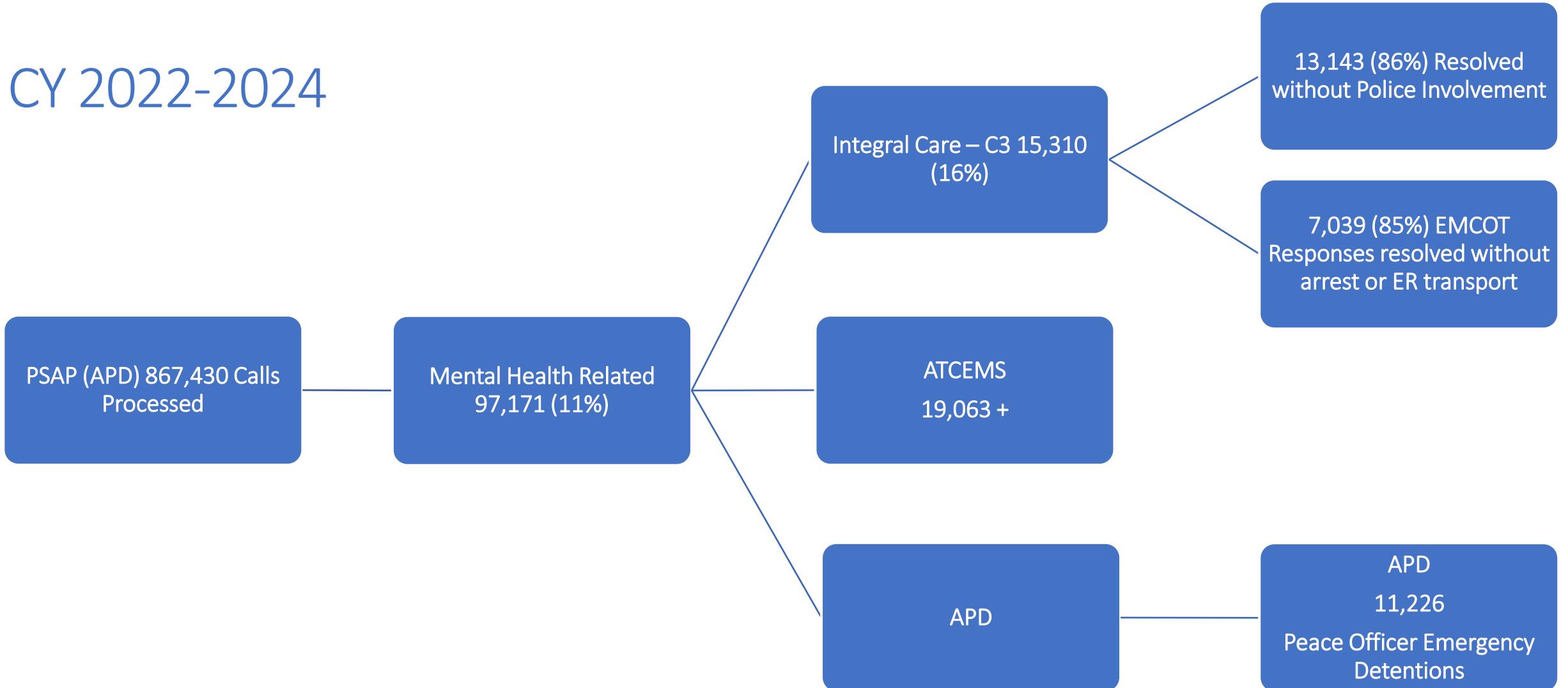
- Expanded Mobile Crisis Outreach Team (EMCOT)
- Communications Center Clinician (C3)
- 988-Crisis Help Line
- ATCEMS/APD Co-Response

APD

- **All Officers: 56 Hours of Mental Health and De-Escalation Training**
- Crisis Intervention Team (CIT)
- CARES Team

Data Response to Resolution 20250130-080

CY 2022-2024



Why are we doing this pilot?

- The current collaboration between Integral Care, ATCEMS, and APD is successful in managing **low and moderate acuity** mental health crises.
- **High acuity** incidents require a more specialized skill set and a multi-disciplinary approach. This pilot is focused on improving outcomes for patients during these time-critical high acuity events.
- Low acuity: Mild or stable symptoms; manageable with no immediate risk of harm
- Moderate acuity: Noticeable distress; moderate impairment with some safety concerns
- High acuity: Severe; Acute psychiatric crisis with high risk of harm and/or imminent danger to self or others



Multi-disciplinary response team



Single vehicle response



Pilot Location and Day/Times

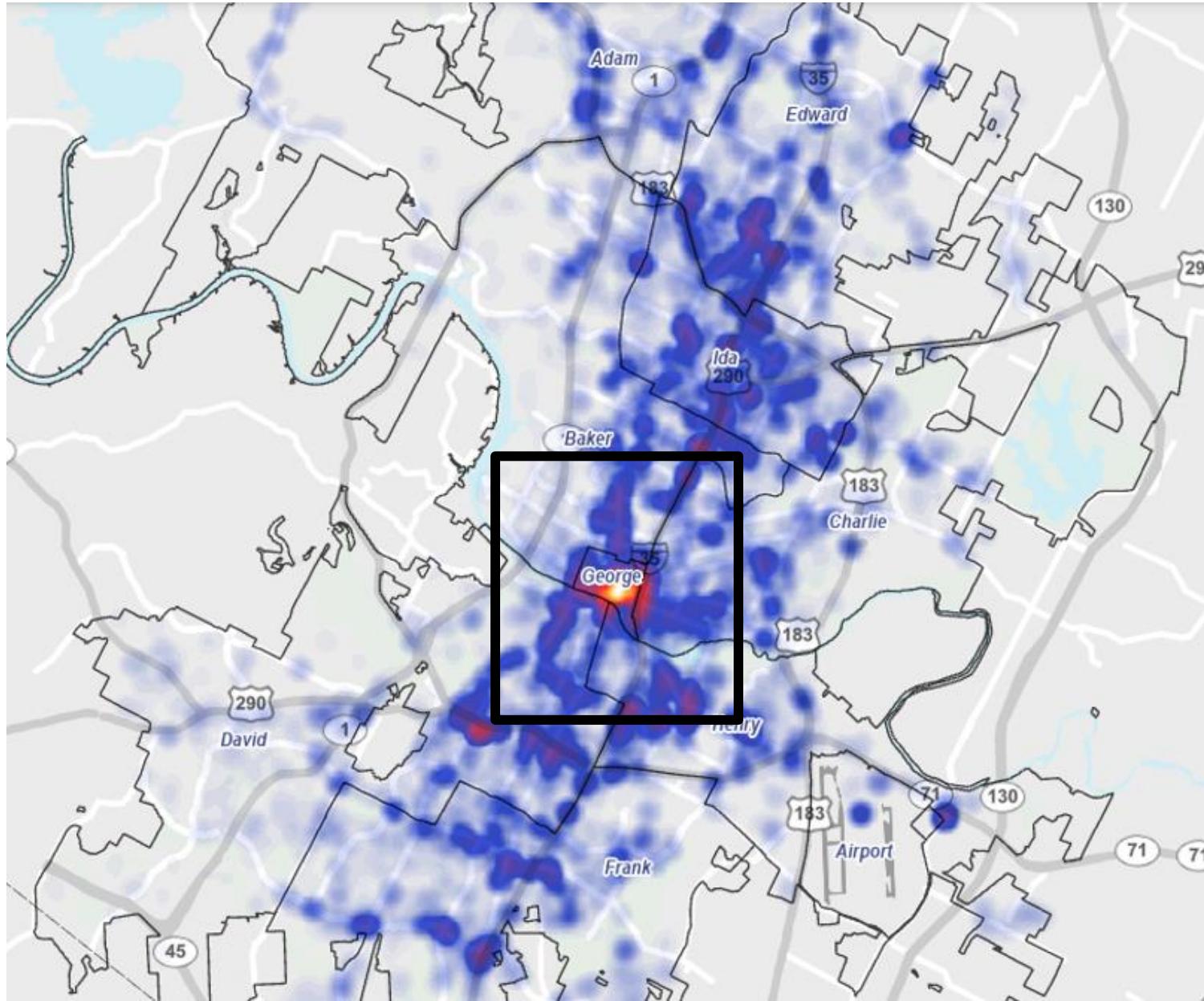


OCMO System Clinical Quality Improvement process



Dispatched as primary response and proactive self-assignment to existing incidents

High Acuity Recommendations



Downtown (George Sector): A View on High Acuity Incidents

Sector Street Boundaries:
MoPac, Lady Bird Lake, IH-
35, W. MLK Jr. Blvd, Enfield
Rd.

Pilot Plan

Base of Operations: George Sector

Planned Phase 1

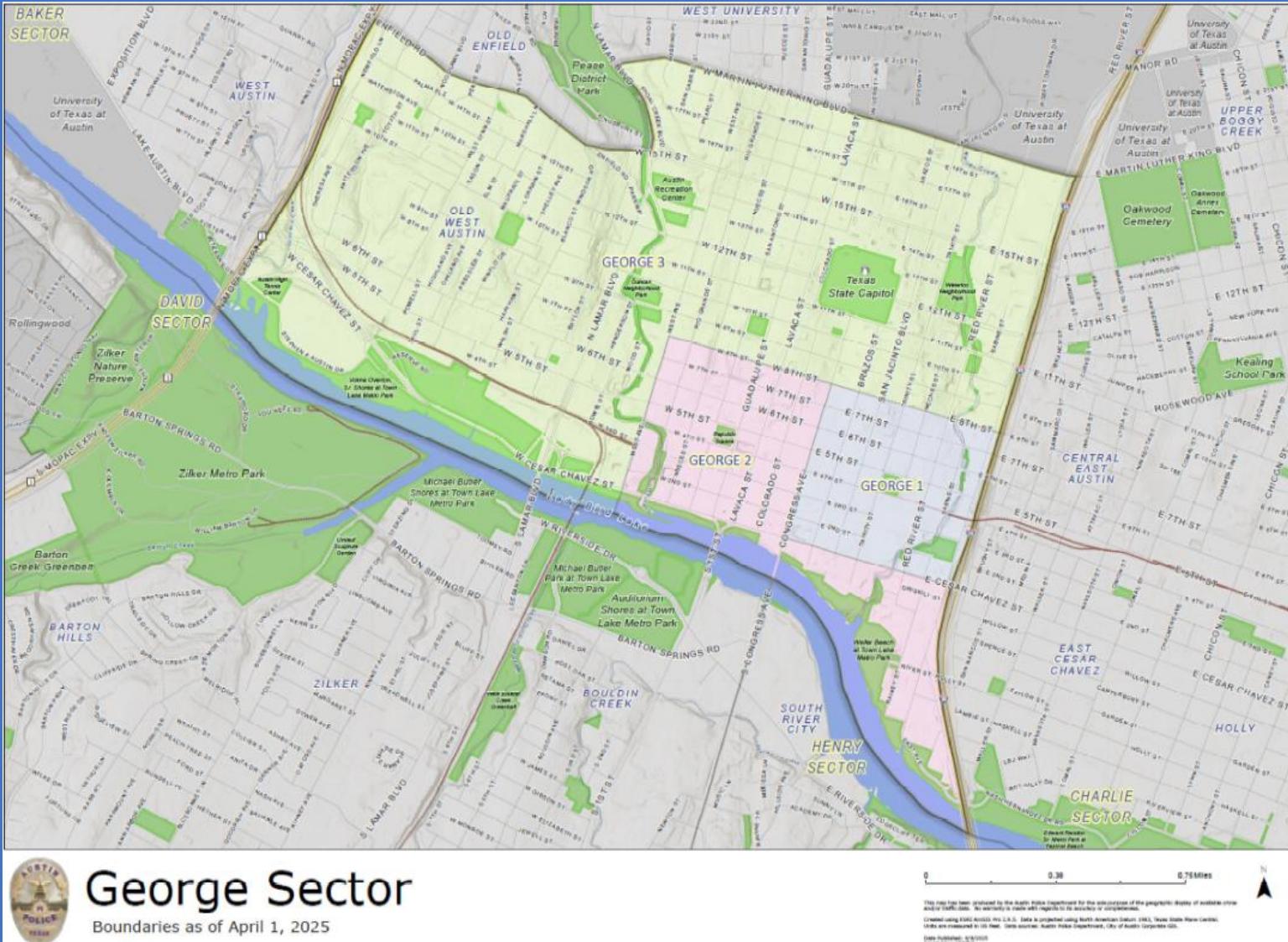
Implementation: October 2025

Units: One

Days: Monday-Thursday

Hours: 8am-6pm

Duration: 6 Months



Core Values



Safety



Collaboration



Dignity



Compassion



Patient-Focused



Holistic

Intended Impacts

- Enhance and build on existing efforts across all partner agencies
- Integrated Multi-disciplinary Team
- Increase Opportunity for De-escalation
- Optimize Care Pathways
- Efficient Use of Resources
- Improve Public Trust
- Decrease Adverse Outcomes

Goals

Minimize

Minimize Use of Force: Reduce the need for force through coordinated, de-escalation-based interventions.

Ensure

Ensure Safety: Protect the well-being of individuals in crisis, responders, and the public.

Reduce

Reduce Repeat Calls: Address root causes to decrease recurring crises involving the same individuals.

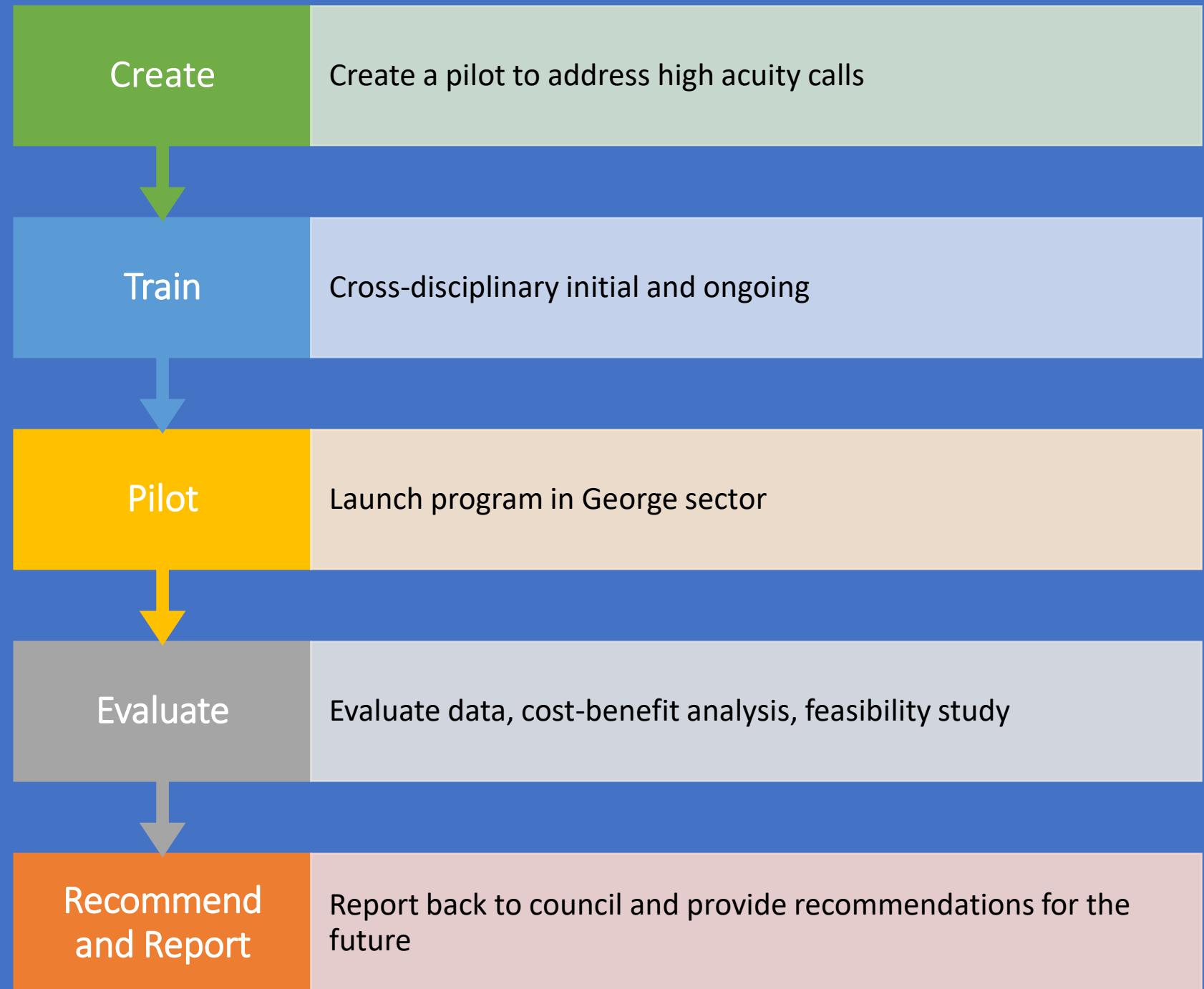
Improve

Improve Care Linkage: Increase successful connections to mental health, substance use, and social services.

Provide

Provide Whole-Person Care: Deliver integrated, trauma-informed crisis response that meets physical, emotional, and social needs.

Our Roadmap



Pilot Training Kickoff:

Thursday,
Sept. 4th,
2025

Pilot team: Experienced mental health responders

Training: Focused on team dynamics and cross-disciplinary education.

Duration: 8am – 5pm

Team members and backup
members, in attendance:

- APD: 6
- ATCEMS: 5
- Integral Care: 3

Supervisors:

- APD: 3
- ATCEMS: 2
- Integral Care: 3
- OCMO: 3

Pilot Training Kickoff:

Thursday,
Sept. 4th,
2025

Training topics covered:

- Legal Considerations/Capacity and Consent
- Peace Officer's Emergency Detention (POED)
- ATCEMS and APD Policies
- De-escalation/Trauma-informed care
- Scene safety education
- Sedation Considerations/Red Flags/Medical Mimickers
- Scenarios and debrief

Pilot Training Kickoff:

Thursday,
Sept. 4th,
2025

Presenters included:

- **OCMO:** Chief Medical Officer/EMS System Medical Director and the Deputy Medical Director
- **APD:** Officers from the Training Academy/Hostage Negotiation and the Crisis Intervention Team
- **Integral Care:** Trainer/Clinician

Pilot Training:

Thursday,
Oct. 2nd &
16th, 2025

Topics:

- Standard Operating Procedures
- Dispatch procedures auto-dispatch and self-assignment)
- Critical decision making, cognitive bias, and error prevention
- Scenarios and case reviews



Case Reviews



Scenario-Based Training



Quality Improvement



Trauma-Informed, Culturally Competent Care



Collaborative Communication



Wellness & Debriefing

Ongoing Training Plan

Call Triage and Dispatch

- Representatives from APD and EMS Communications are developing call triage and dispatch procedures.
- Communications personnel will receive training about these new processes when complete.
- The Pilot team will be able to self-assign to existing calls and will be auto-dispatched by the call center.

What We're Tracking

Response times

Scene times

Staffing requirements

Repeat interactions

Dispositions

Injuries to personnel

Adverse Outcomes

Diversions From:

Arrest/Jail

Emergency Detention

Emergency Room Visit

Community Advisory Group

Members:

Downtown Austin
Community Court (DACC)

Downtown Austin Alliance
(DAA)

Homeless Strategy Office (HSO)

Sobering Center

Member with Lived Experience

Strategic Planning

Address blind spots

Connection with the community

Feedback

Transparency

Next Steps



Evaluate Pilot Phase of High Acuity Calls



Continue to receive feedback from Community Advisory Group



Scale based on learnings and key findings using data driven analysis



Ongoing Quality Improvement and Training

Austin FIRST: Turning Crisis Into Care

