Recommendations

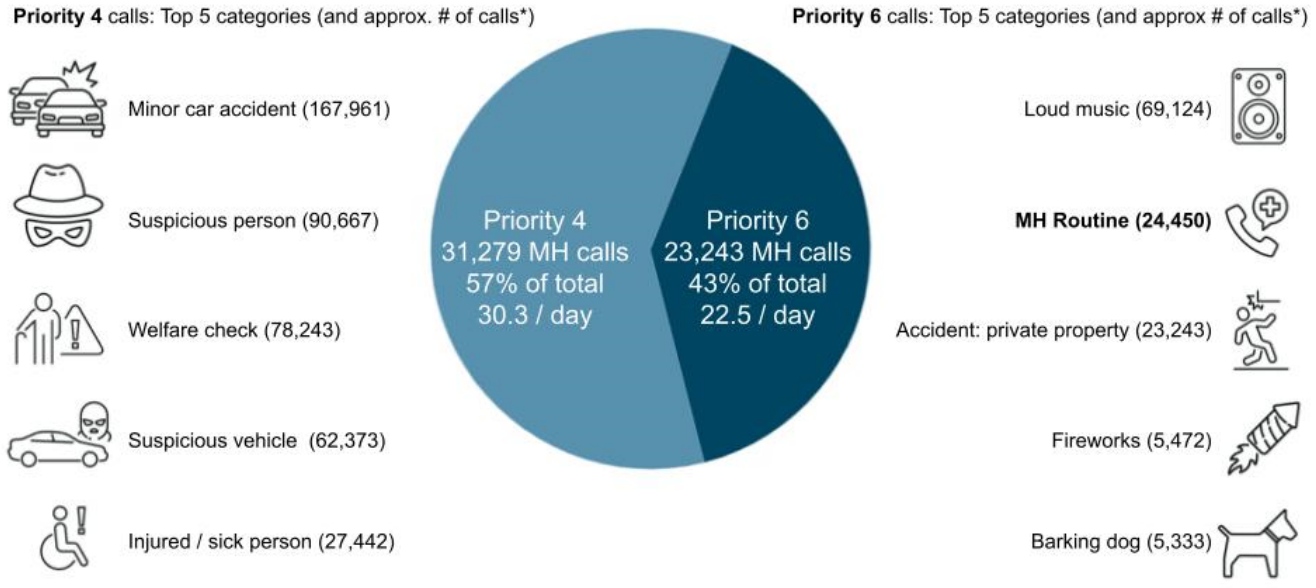
1) Approximately 43% of all mental health calls are coded as Priority 6 (lower level). These calls would benefit from **substituting** some of the response team to include mental health specialists.
2) Approximately 57% of all mental health calls are coded as Priority 4 (higher level). These calls would benefit from an **augmentation** approach to include Peer Specialists on the response teams.
3) We need a clearinghouse program to serve as an **intermediary** between the crisis response system and the city's human services network so individuals in distress can receive post-crisis care.
4) We need to **support** people that have reached-out so they can connect to SA's services network.

Current distribution of mental health calls for service

Our recommendations are based on an analysis performed by UTSA for the City of San Antonio[1]. This analysis reviewed 34-months of calls for service (CFS) data. The data includes Priority Levels for all calls, with Level 1 being the highest-priority, and Level 7 being the lowest priority. The data indicates that there are three primary types of calls that are categorized as **mental health calls**:

- Mental health disturbance (Priority Level 4)
- Mental health in progress (Priority Level 4)
- Mental health routine (Priority Level 6)

The graphic below depicts the top-5 categories of calls for each of those Priority Levels.



Based on UTSA Study of CFS data for COSA and SAPD. These are the total # of calls over 34 months

[1] https://www.sanantonio.gov/Portals/47/Files/UTSA-Report-20201-04.pdf?ver=2021-05-06-121643-027

How we can support the individuals that are calling for mental health support

As the graphic above depicts, **Priority 6** mental health calls are currently classified in the same way as many common "nuisances", such as fireworks, loud music, and barking dogs. If these mental health calls are deemed at the same lower-level of severity as public nuisances, then they seem like potential targets for a **substitution approach**. With a substitution approach, we could substitute some of the traditional law enforcement response team members with specialists that can offer longer-term support of the individual in need.

22.5
Calls per day

Approximately 22.5 calls per day are classified as these Priority Level 6 "mental health routine" calls. These individuals should be supported "upstream" of a more acute, and expensive, crisis. An approach to support these individuals that includes follow-up from mental health specialists, such as Mental Health Peer Specialists, could help stave off further crisis interventions.

For the higher-level calls, it would be worth considering an **augmentation approach** where we can augment the mental health response teams with mental health specialists.

30.3
Calls per day

Approximately 30.3 calls per day are classified as the higher-level Priority Level 4 calls. Since these calls, by definition, require a higher-level of response, we would like to augment the existing response team with a clinician that can help **assess** the individual's needs, **and** a Mental Health Peer Specialist that could connect the individual to longer-term community supports.

The infrastructure we need to provide compassionate long-term community support

We need to support individuals beyond just the initial call for service. We should have the option for a comprehensive follow-up response for individuals that are **willing to become connected** to the human services network in San Antonio. Currently, there is no single coordinating program focused on connecting individuals to San Antonio's existing human services network, especially the community-based mental health programs.

This program would likely need to be outside of any government agency. This gives it the latitude to refer people to **any organization**, unlike government organizations which may have limitations. For example, a government organization might not be able to refer people to some faith-based programs. Coordinating models already exist in other disciplines, such as housing. The Housing and Urban Development (HUD) Continuum of Care (CoC) programs[2] are centralized coordinating entities designed to end homelessness within communities. A coordinating agency like this would be beneficial for mental health as well. It could serve as a clearinghouse to support the programs that provide mental health services, and would ensure that even small programs are able to provide support to the larger mental health system.

[2] https://www.hud.gov/program_offices/comm_planning/coc

Understanding the current resource connection efforts in our community

The idea of "care coordination" is not unique. Many organizations do this type of work, with varying levels of integration and efficacy. There are options as simple as providing resources that the end-user must navigate on their own, to options that include tight-integration between organizations that collaborate closely.

Below, we've outlined a few examples of these types of programs that already exist in our community, listed in order from most integrated to least integrated:

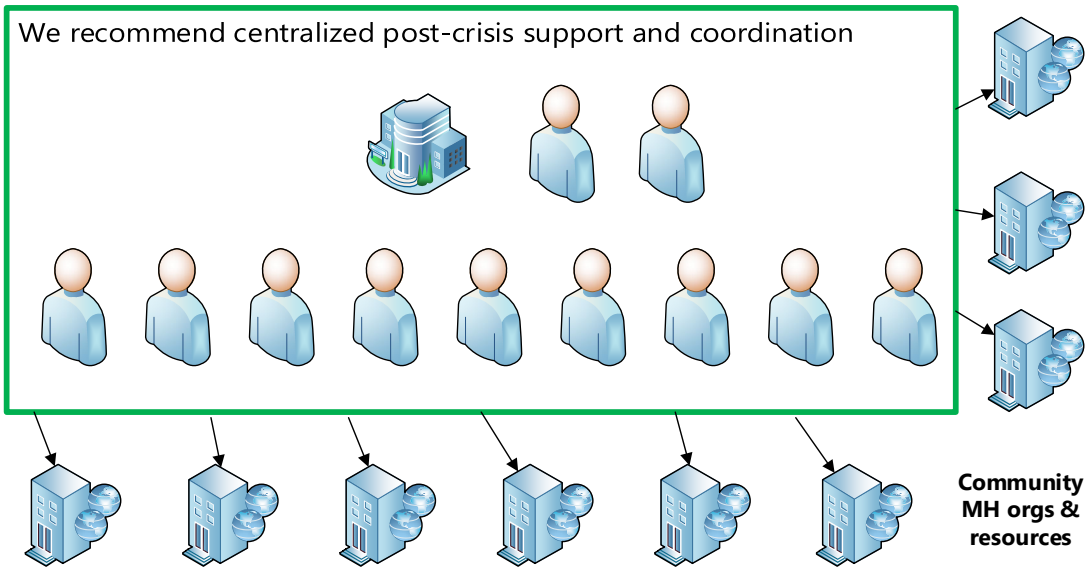
More integrated

Approach	Comments
Grow Healthy Together (Bexar County Health Collaborative)	Organizations join by invitation only. Uses a third-party technology vendor. Network includes about 10 organizations. Utilizes Community Health Workers (CHWs) to provide services.
Alamo Area Community Network	Open to community programs. Utilizes Signify Health as the technology platform, which can be a barrier to smaller organizations without dedicated IT support. Network includes about 46 organizations. Does not require specialized staff members. Referrals are made to other organizations in the network.
211	Led by United Way of San Antonio. Primarily serves as a resource directory without care coordination.
SACRD.org	Primarily a resource directory. A more robust and guided mental-health navigation tool is in-development. The tool does not currently include care coordination.

There is no "one" approach that is better than others. Each has its own merits and ideal use-cases.

A recommended model for post-crisis support

We recommend an approach that couples centralized care with referrals to community mental health programs. In our experience, individuals experiencing mental health challenges are more likely to need help with systems navigation and would benefit from a centralized approach that includes one-on-one support with clear linkages to community organizations for longer-term support.



Understanding the types of existing community-based mental health resources in San Antonio
Through post-crisis support, individuals can be connected to the resources they need. This can prevent potential relapses or the need for more acute care. These resources include mental health resources, but can also include other human services organizations that can help the individual address their social determinants of health.

Mental health services exist on a wide continuum, from community-based to clinical. Community-based programming changes quickly, so it is important to have specialists on the team that are familiar with the entire continuum of services and that can help the individual navigate to, and engage with, the most appropriate types of services. Below, we've outlined a few examples of the types of mental health services to which individuals can be referred:

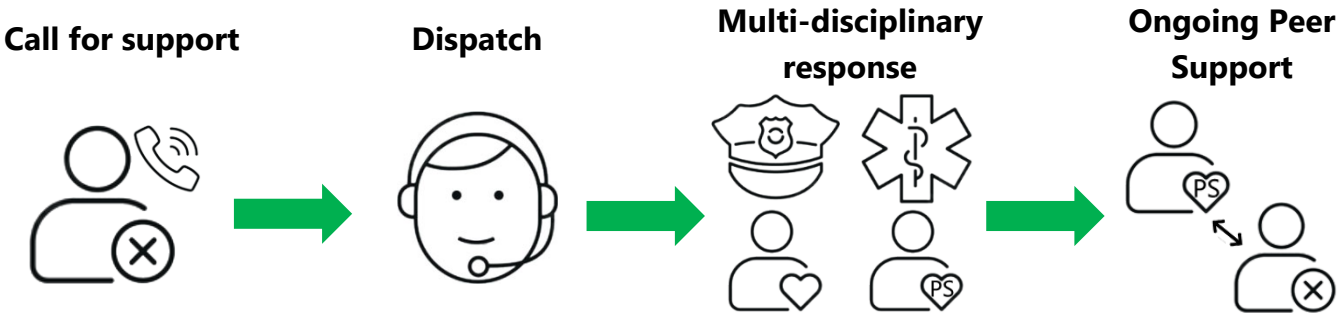
Provider Type	Comments
Inpatient care	• Private inpatient hospitals • Public inpatient hospitals
Outpatient services	• CHCS outpatient services • Clinical counseling services • Outpatient programs at local hospitals
Formal community programs	• NAMI Family-to-family and Peer-to-Peer programs • NOW Clinic
Informal community supports	• NAMI Connections Support groups • CHCS / HHSC warm-lines • Bridges-to-Care services at faith-based organizations • Open support groups (Depression and Bipolar Support Alliance, etc) • San Antonio Clubhouse • Connection Center at San Antonio Clubhouse • Prosumers International

The unique value of including Peers as part of the response and post-crisis teams
Certified Peer Specialists, which includes Mental Health Peer Specialists and Recovery Support Peer Specialists, can play a unique role in supporting people. Certified Peer Specialists are trained paraprofessionals that are certified by the Texas Health and Human Services Commission (HHSC) to provide support to individuals with mental health or substance use challenges. Peer Specialists are able to draw from **their own** personal lived-experience with mental health or substance use challenges to help others in their recovery processes.

Peer Specialists are unique in their role because they are not clinicians and they are not case managers, but they can provide supports that someone might receive from both of those types of professionals. Peers are utilized in different types of roles at different organizations, so their day-to-day responsibilities will vary by employer or program. Commonly, Peer Specialists will work with individuals by holding space to listen to the individual, often helping with problem solving and resource navigation. Most importantly, the Peer Specialist models that **recovery is possible**. Similarly, Peers' lived experience allows them to connect with a distressed individual at a different level of connection. Peer relationships are not like clinical relationships that "terminate". Peer relationships can continue indefinitely when it makes sense for both individuals.

How all of this might look, in-practice

Individuals would call for emergency support, just like they do today. The individuals that answer those calls would dispatch the calls, just like they today. The individuals responding to those calls would change, depending on the priority-level of the call. As stated earlier, lower-level (Priority 6) calls could **substitute** some of the traditional response team with mental health clinicians, including Peer Specialists. Higher-level (Priority 4) calls would have multi-disciplinary teams that are **augmented** with Peer Specialists. Those Peer Specialists would be part of an ongoing support team that would continue to offer support to the individual after the initial call for support.



Budget Considerations (Summary)

Below, we've outlined a proposed budget **structure** based on a combination of our own experience, and similar budgets for programs in Seattle and Denver. It presupposes a response structure that includes Multi-disciplinary Response Teams, coupled with post-crisis support. It also assumes referrals can be made to any programs in the community, and that community-tools such as SACRD.org would be used for resource identification and navigation. Separate detailed budgets are available, upon request.

Scenario 1 is based on just a single MDR team, with follow-up support. We estimate that this structure could serve approximately 30% of the Priority 6 calls for the year (based on data from the Denver STAR program).

Scenario 1: A <u>one-team</u> MDR solution with post-call support (LEO salaries not included)					
Category	**Dispatch**	**MDR Team**	**Post-call Support**	**Total**	
Personnel	$ 8,510	$ 187,200	$ 215,800	**$ 411,510**	Does not include law enforcement officer salaries
Fringe		$ 37,440	$ 43,160	**$ 80,600**	
Vehicles		$ 40,000	$ 40,000	**$ 80,000**	
Uniforms		$ 900	$ 1,200	**$ 2,100**	
Technology		$ 6,000	$ 10,000	**$ 16,000**	
Supplies		$ 2,400	$ 4,800	**$ 7,200**	
Consumables		$ 9,600		**$ 9,600**	
	$ 8,510	**$ 283,540**	**$ 314,960**	**$ 607,010**	

Scenario 2 is based on three MDR teams, with a commensurate level of follow-up support.

Scenario 2: A <u>three-team</u> MDR solution with post-call support (LEO salaries not included)					
Category	**Dispatch**	**MDR Team**	**Post-call Support**	**Total**	
Personnel	$ 25,529	$ 561,600	$ 648,960	**$ 1,236,089**	Does not include law enforcement officer salaries
Fringe		$ 112,320	$ 129,792	**$ 242,112**	
Vehicles		$ 120,000	$ 120,000	**$ 240,000**	
Uniforms		$ 2,700	$ 3,600	**$ 6,300**	
Technology		$ 18,000	$ 30,000	**$ 48,000**	
Supplies		$ 7,200	$ 14,400	**$ 21,600**	
Consumables		$ 28,800		**$ 28,800**	
	$ 25,529	**$ 850,620**	**$ 946,752**	**$ 1,822,901**	

Care Response Budget: Scenario 1

Scenario 1: Limited Pilot with just one Multi-disciplinary Response Team, not including SAPD salaries

Section 1: Summary

Category	Call-Related	Response-Related	Post-Call	Total	
Personnel	$ 8,510	$ 187,200	$ 215,800	**$ 411,510**	Does not include law enforcement officers
Fringe		$ 37,440	$ 43,160	**$ 80,600**	Does not include law enforcement officers
Vehicles		$ 40,000.00	$ 40,000.00	**$ 80,000**	
Uniforms		$ 900.00	$ 1,200.00	**$ 2,100**	
Technology		$ 6,000.00	$ 10,000.00	**$ 16,000**	
Supplies		$ 2,400.00	$ 4,800.00	**$ 7,200**	
Consumables		$ 9,600.00		**$ 9,600**	
	$ 8,510	**$ 283,540**	**$ 314,960**	**$ 607,010**	

Section 2: Details

Category	Phase of work	Item	Hourly	Qty	Total	Comments
Personnel						
	Call-related	ECT CTOs	$ 33.98	96	$ 3,262	These are all based on the Denver STAR budget for Dispatch / Call Center support
		DSS	$ 39.74	8	$ 318	
		Dispatcher	$ 43.74	32	$ 1,400	
		EC Supervisor	$ 55.53	32	$ 1,777	
		Agency Trainer	$ 54.78	32	$ 1,753	
	Response-related	LCSW	$ 37.00	2080	$ 76,960	Their primary role is to assess
		Peer Navigator, Sr	$ 23.00	2080	$ 47,840	Their primary role is to connect them to the ongoing support team
		Paramedic	$ 30.00	2080	$ 62,400	Their primary role is to ensure the individual does not have medical needs.
		SAPD Officer	*$ 43.00*	*2080*		*We estimate an SAPD officer cost of $89,440, but we are not including their costs in the estimate based on the assumption that they are already responding to calls today*
	Post-call related					
		Program Manager	$ 43.00	520	$ 22,360	Part-time program management
		Program Coordinator	$ 32.00	2080	$ 66,560	Full-time oversight, with a clinical / case management background
		Peer Navigator, Sr	$ 23.00	2080	$ 47,840	There would be two experienced Peers that would alternate between being in the field and being in the office to provide ongoing support
		Peer Navigator, Mid	$ 19.00	2080	$ 39,520	These would be Peers that primarily work in the office, providing support
		Peer Navigator, Mid	$ 19.00	2080	$ 39,520	

Scenario 1: Limited Pilot with just one Multi-disciplinary Response Team, not including SAPD salaries

Category	Phase of work	Item	Rate	Salary	Total	Comments
Fringe						
	Response-related	LCSW	20%	$ 76,960	$ 15,392	
		Peer Navigator, Sr	20%	$ 47,840	$ 9,568	
		Paramedic	20%	$ 62,400	$ 12,480	
		SAPD Officer	20%	$ 17,888		*We estimate $3,578, but are not including it based on the assumption that SAPD is already responding to calls today.*
	Post-call related					
		Program Manager	20%	$ 22,360	$ 4,472	
		Program Coordinator	20%	$ 66,560	$ 13,312	
		Peer Navigator, Sr	20%	$ 47,840	$ 9,568	
		Peer Navigator, Mid	20%	$ 39,520	$ 7,904	
		Peer Navigator, Mid	20%	$ 39,520	$ 7,904	

Category	Phase of work	Item	Cost	Qty	Total	Comments
Vehicles	Response-related	Car	$ 40,000.00	1	$ 40,000.00	Primary vehicle when responding to calls. Other cities lease their vehicles from government fleets, or have them contributed in-kind from fleet management
	Post-call related	Car	$ 40,000.00	1	$ 40,000.00	Vehicle to transport people to services, appointments, etc
Uniforms	Response-related		$ 60.00	15	$ 900.00	"Soft" uniforms (polos / khakis) for all team personnel
	Post-call related		$ 60.00	20	$ 1,200.00	
Technology	Response-related		$ 2,000.00	3	$ 6,000.00	Computers, tablets, radios, software licenses
	Post-call related		$ 2,000.00	5	$ 10,000.00	
Supplies	Response-related		$ 200.00	12	$ 2,400.00	
	Post-call related		$ 400.00	12	$ 4,800.00	Office supplies, Printing, etc
Consumables	Response-related		$ 800.00	12	$ 9,600.00	Water, food, basic hygiene products or articles of clothing, etc

Care Response Budget: Scenario 2

Scenario 2: Full Implementation Pilot with **three** Multi-disciplinary Response Teams, not including SAPD salaries

Section 1: Summary

Category	Call-Related	Response-Related	Post-Call	Total	
Personnel	$ 25,529	$ 561,600	$ 648,960	**$ 1,236,089**	Does not include law enforcement officers
Fringe		$ 112,320	$ 129,792	**$ 242,112**	Does not include law enforcement officers
Vehicles		$ 120,000.00	$ 120,000.00	**$ 240,000**	
Uniforms		$ 2,700.00	$ 3,600.00	**$ 6,300**	
Technology		$ 18,000.00	$ 30,000.00	**$ 48,000**	
Supplies		$ 7,200.00	$ 14,400.00	**$ 21,600**	
Consumables		$ 28,800.00		**$ 28,800**	
	$ 25,529	**$ 850,620**	**$ 946,752**	**$ 1,822,901**	

Section 2: Details

Category	Phase of work	Item	Hourly	Qty	Total	Comments
Personnel						
	Call-related	ECT CTOs	$ 33.98	288	$ 9,786	These are all based on the Denver STAR budget for Dispatch / Call Center support
		DSS	$ 39.74	24	$ 954	
		Dispatcher	$ 43.74	96	$ 4,199	
		EC Supervisor	$ 55.53	96	$ 5,331	
		Agency Trainer	$ 54.78	96	$ 5,259	
	Response-related	LCSW	$ 37.00	6240	$ 230,880	Their primary role is to assess
		Peer Navigator, Sr	$ 23.00	6240	$ 143,520	Their primary role is to connect them to the ongoing support team
		Paramedic	$ 30.00	6240	$ 187,200	Their primary role is to ensure the individual does not have medical needs.
		SAPD Officer	*$ 43.00*	*2080*		*We estimate an SAPD officer cost of $89,440, but we are not including their costs in the estimate based on the assumption that they are already responding to calls today*
	Post-call related					
		Program Manager	$ 43.00	2080	$ 89,440	Part-time program management
		Program Coordinators	$ 32.00	4160	$ 133,120	Full-time oversight, with a clinical / case management background
		Program Admin	$ 22.00	2080	$ 45,760	Providing administrative support to the team
		Peer Navigator, Sr	$ 23.00	6240	$ 143,520	There would be two experienced Peers that would alternate between being in the field and being in the office to provide ongoing support
		Peer Navigator, Mid	$ 19.00	6240	$ 118,560	These would be Peers that primarily work in the office, providing support
		Peer Navigator, Mid	$ 19.00	6240	$ 118,560	

Scenario 2: Full Implementation Pilot with **<u>three</u>** Multi-disciplinary Response Teams, not including SAPD salaries

Category	Phase of work	Item	Rate	Total Salary	Total Fringe	Comments
Fringe						
	Response-related	LCSW	20%	$ 230,880	$ 46,176	
		Peer Navigator, Sr	20%	$ 143,520	$ 28,704	
		Paramedic	20%	$ 187,200	$ 37,440	
		SAPD Officer	20%	$ 17,888		*We estimate $3,578, but are not including it based on the assumption that SAPD is already responding to calls today.*
	Post-call related					
		Program Manager	20%	$ 89,440	$ 17,888	
		Program Coordinator	20%	$ 133,120	$ 26,624	
		Program Admin	20%	$ 45,760	$ 9,152	
		Peer Navigator, Sr	20%	$ 143,520	$ 28,704	
		Peer Navigator, Mid	20%	$ 118,560	$ 23,712	
		Peer Navigator, Mid	20%	$ 118,560	$ 23,712	

Category	Phase of work	Item	Cost	Qty	Total	Comments
Vehicles	Response-related	Car	$ 120,000.00	1	$ 120,000.00	Primary vehicle when responding to calls. Other cities lease their vehicles from government fleets, or have them contributed in-kind from fleet management
	Post-call related	Car	$ 120,000.00	1	$ 120,000.00	Vehicle to transport people to services, appointments, etc
Uniforms	Response-related		$ 60.00	45	$ 2,700.00	"Soft" uniforms (polos / khakis) for all team personnel
	Post-call related		$ 60.00	60	$ 3,600.00	
Technology	Response-related		$ 2,000.00	9	$ 18,000.00	Computers, tablets, radios, software licenses
	Post-call related		$ 2,000.00	15	$ 30,000.00	
Supplies	Response-related		$ 600.00	12	$ 7,200.00	
	Post-call related		$ 1,200.00	12	$ 14,400.00	Office supplies, Printing, etc
Consumables	Response-related		$ 2,400.00	12	$ 28,800.00	Water, food, basic hygiene products or articles of clothing, etc