



TO: Stan Standridge, Chief of Police

FROM: Martha Chumchal, Administrative Crime Analyst

DATE: August 2, 2023

SUBJECT: San Marcos Police Department Mental Health Response Analysis

INTRODUCTION:

Mental health concerns and cases can absorb a vast number of police resources in San Marcos due to the nature of cases the Mental Health (MH) Unit at SMPD is assigned. The unit tends to have anywhere from 10 to 30 cases worked by the three officers and a full-time qualified mental professional who acts as a Crisis Response Care Coordinator. These four individuals currently make up the unit in addition to a therapy K-9. They work under the mission of providing resources to those who would otherwise not have help or support, making it a point to touch base with individuals they feel may need follow-up or continued care. Resultantly, their caseload and dispersion of services are highly dependent upon the specific needs of each citizen contacted.

SCOPE OF DATA:

All mental health call response and outcomes occurring in San Marcos from August 2, 2022 to July 20, 2023 were recorded and analyzed for the current memorandum. These calls were pulled from the San Marcos Police Department's computer-aided dispatch system on July 21, 2023. During this span of time, the San Marcos dispatch center received 1,932 calls for service that involved a mental health or suspected mental health consumer. These calls included both officer-initiated work and citizen-initiated calls for service. Because officer-initiated calls, in this case, tended to be case follow-ups (wherein officers visited with patients and consumers), officer-initiated calls were removed from analysis. Therefore, only calls that originated from the 911 or non-emergency lines were included, resulting in an analysis of 1,179 calls. These calls were divided by outcome, namely those that ended in emergency detention and those that did not.

SUPPORTING CHARTS AND TABLES:

Included in the current document is:

- Chart One:* Mental Health calls ending in Emergency Detention by Priority Assigned.....Page 2
- Chart Two:* Unit Dispatched by Priority in Mental Health calls ending in Emergency Detention.....Page 3
- Chart Three:* Mental Health Calls not ending in Emergency Detention by Priority Assigned.....Page 4
- Chart Four:* Unit Dispatched by Priority in Mental Health calls not ending in Emergency Detention..Page 5
- Table One:* Officer Narrative of Calls ending in Arrest.....Page 6

I. ANALYSIS OF MENTAL HEALTH CALLS ENDING WITH EMERGENCY DETENTION

Of the 1,179 mental health-related calls originating from the 911 or non-emergency call line, 217 (18%) ended in emergency detention. Emergency detentions for mental health consumers are taken very seriously by the San Marcos Police Department and only used in incidents where the in-crisis individual meets the threshold of being an imminent danger to themselves or others. Otherwise, officers will simply aid in de-escalating the situation as emergency detentions or efforts to forcibly remove individuals from public property involves removing individual rights.

**It should be noted that 14 additional emergency detentions occurred as a result of officer-initiated calls (making up 2% of the 753 officer-initiated calls). Ten (71%) of these calls originated from the Mental Health Unit, two (14%) of these calls originated from Patrol, and two (14%) of these calls originated from School Resource Officers.*

For calls that ended in emergency detention:

- 51% (118 calls) were made in response to a known mentally ill individual (or mental health investigation)
- 38% (90 calls) regarded a suicidal subject
- 4% (9 calls) involved an overdose or poisoning
- 3% (8 calls) involved a law enforcement assist in the field
- The remaining 3% (6 calls) involved injuries/pain, service calls, or welfare checks

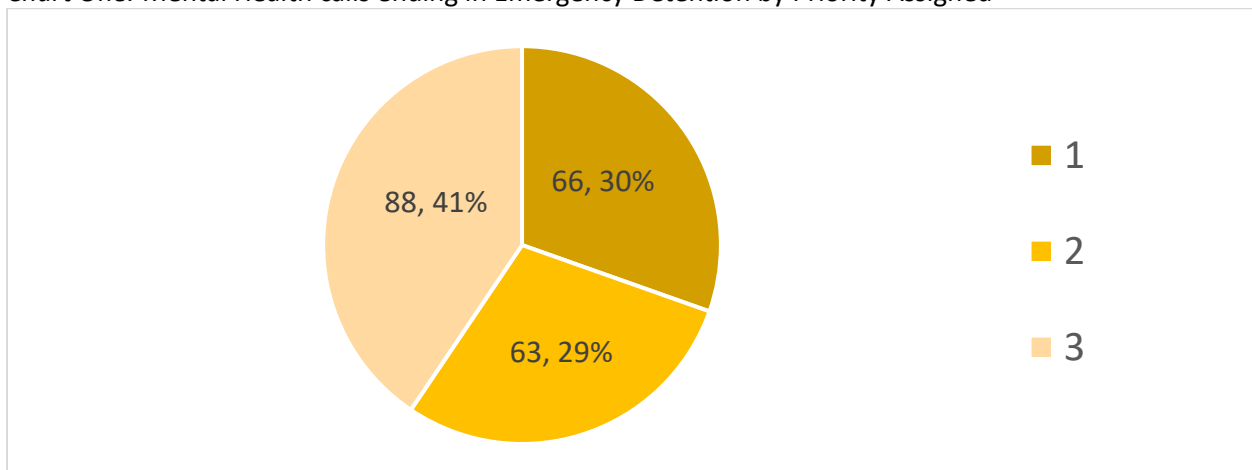
IA. ANALYSIS OF MENTAL HEALTH CALLS ENDING WITH AN EMERGENCY DETENTION BY PRIMARY UNIT RESPONSE

Please note that primary responding unit simply refers to the first unit dispatched. This does not mean that the Mental Health Unit was not dispatched, just not dispatched first, depending on the priority assigned, circumstances of the call when received in dispatch, or availability of the unit (see Chart One for a breakdown of priority assigned in the analyzed calls).

For calls that ended in Emergency Detention:

- Patrol was the primary responding unit in 156 calls (72%)
- Mental Health was the primary responding unit in 37 calls (17%)
- EMS or Fire were the primary responding unit in 22 calls (10%)

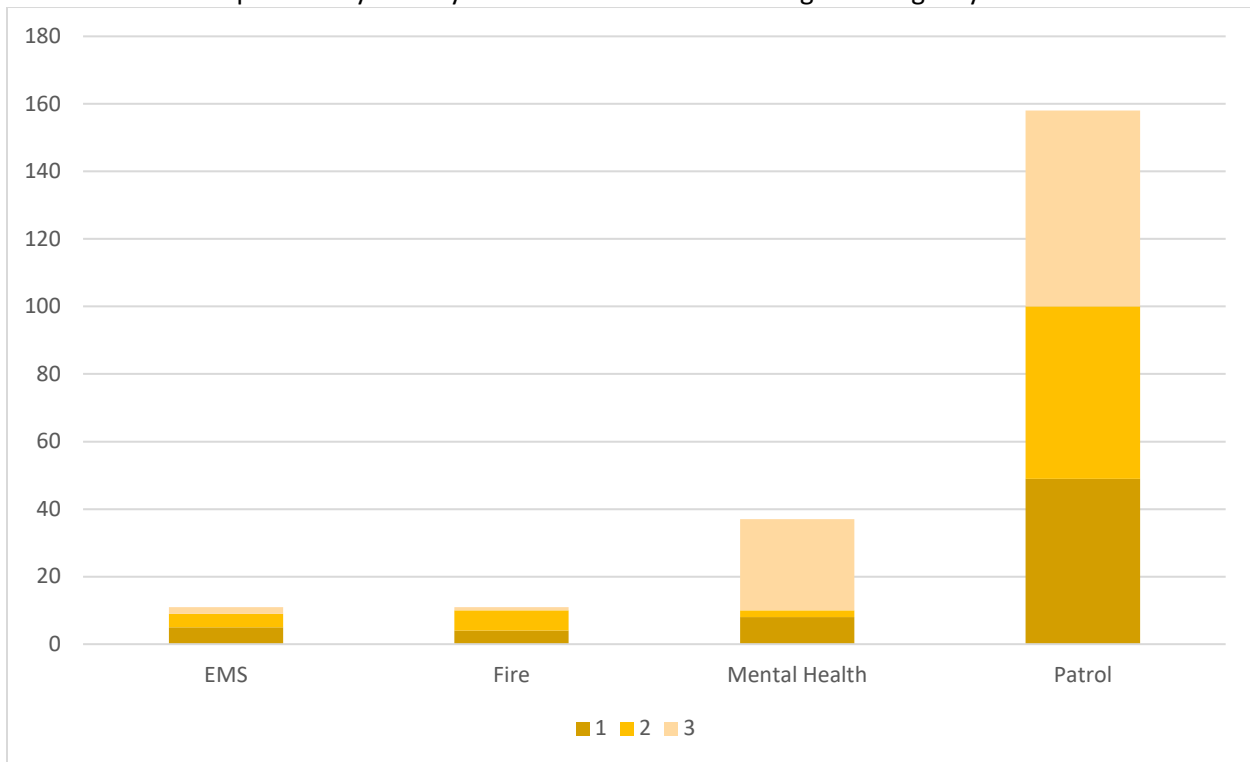
Chart One: Mental Health calls ending in Emergency Detention by Priority Assigned



Notes: Chart One provides a break-down of the priority level of Mental Health calls ending in Emergency Detention. Priority 1 represents the highest priority.

To better illustrate how primary unit response occurs, Chart Two provides an illustration of primary unit dispatched by priority in the calls that ended in emergency detention.

Chart Two: Unit Dispatched by Priority in Mental Health calls ending in Emergency Detention



When broken down in this way, it is apparent that:

- EMS or Fire tended to be primarily dispatched in priority 1 or 2 calls. This represents physical injury or loss of life.
- Mental Health tended to be primarily dispatched in priority 3 calls.
- Patrol was primarily dispatched evenly across priority 1, 2, and 3 calls. This should be indicative of call center policy which highlights that patrol is the default dispatch when circumstances are unknown, a criminal offense is suspected to have occurred, or a mental health officer is not available.

IB. ANALYSIS OF CASE CLOSURE FOR MENTAL HEALTH CALLS ENDING WITH AN EMERGENCY DETENTION

Mental Health calls that ended in emergency detention largely resulted in a mental health investigation (203, 94%). However:

- 3% (6 calls) of emergency detentions led to no case created due to lack of follow-up (determined by lack of compliance or no need for follow-up)
- 3% (6 calls) of emergency detentions ended in a suicide attempt case
- 1% (1 call) of emergency detentions ended in a lost property case
- 1% (1 call) of emergency detentions ended in a Criminal Mischief case

0 of these calls led to an arrest.

II. ANALYSIS OF MENTAL HEALTH CALL NOT ENDING IN EMERGENCY DETENTION BY PRIMARY UNIT RESPONSE

In 82% of calls originating from the 911 or non-emergency lines, the individual or situation responded to did not meet emergency detention requirements. For these calls:

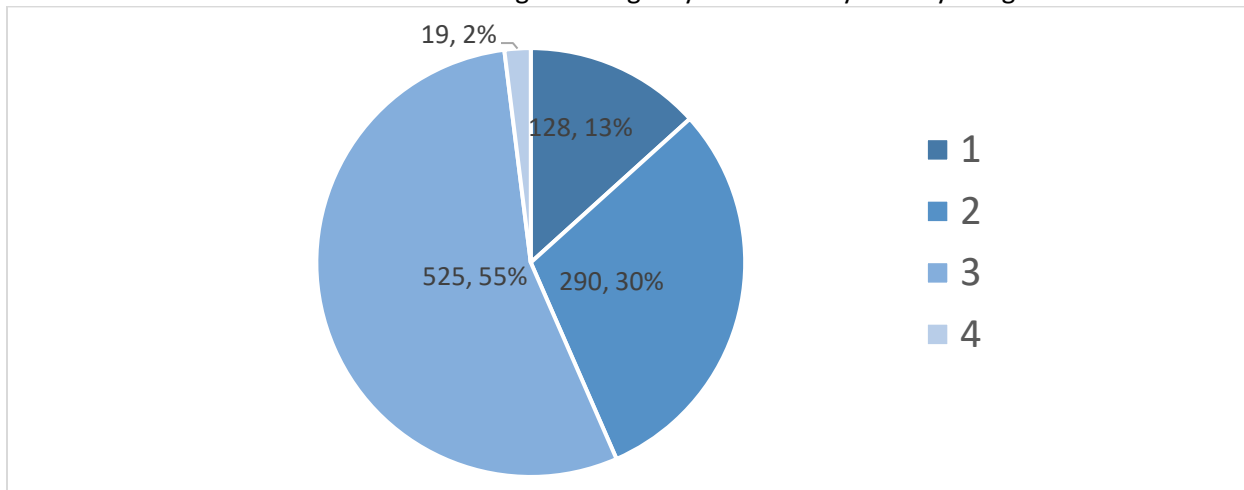
- Patrol was the primary responding unit in 58% of calls (678 calls)
- Mental health was the primary responding unit in 20% of calls (232 calls)
- EMS and Fire were the primary responding units in 3% of calls (40 calls)

Remaining calls were primarily responded to by:

- The Crime Reduction Unit (3 calls) or
- School Resource Officers (2 calls)

Based on primary response, it may be assumed that a majority of the mental health-related calls coming into the San Marcos dispatch center—that did not end in emergency detention—have been a lower priority. In this case, Patrol is dispatched first *if* the Mental Health Unit is not available (in the case that Mental Health Officers are not available, two patrol officers are dispatched). A priority analysis finds that 55% of calls that did not end in emergency detention were listed priority 3 and 2% were priority 4 (see Chart Three):

Chart Three: Mental Health Calls not ending in emergency detention by Priority Assigned



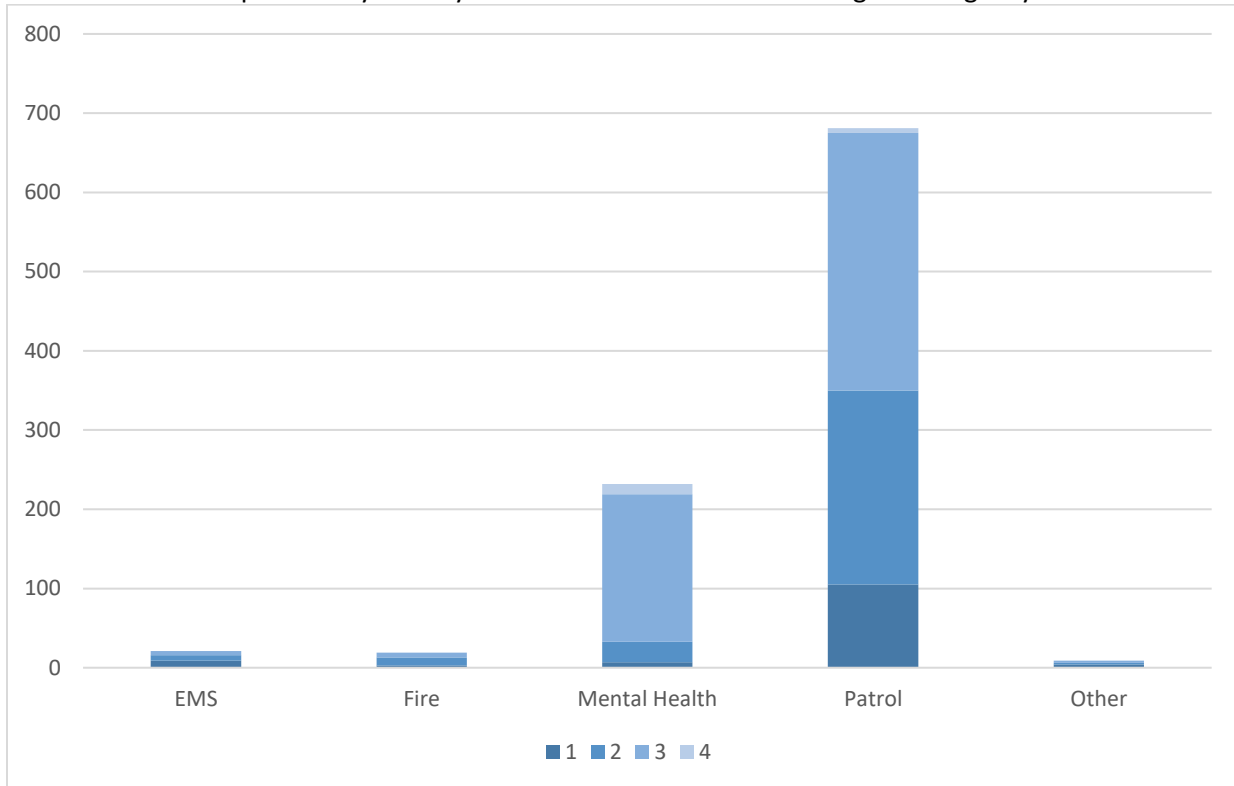
Note. Chart three provides a break-down of the priority level of Mental Health calls that did not end in Emergency Detention. Priority 1 represents the highest priority.

Again, to better illustrate how primary unit response occurs, Chart Four provides an illustration of primary unit dispatched by priority in the calls that did not end in emergency detention.

From this chart, it is evidenced that:

- EMS and Fire were less likely to be dispatched primarily than in calls that ended in emergency detention, but remained to be most likely dispatched in higher priority calls that did not end in emergency detention.
- The Mental Health Unit was more likely to be primarily dispatched to priority 3 calls
- Patrol appeared to be the primary response for a majority of the higher priority calls. Again, this should highlight dispatch policy that patrol is the default dispatch when circumstances are unknown, a criminal offense is suspected to have occurred, or a mental health officer is not available.

Chart Four: Unit Dispatched by Priority in Mental Health calls **not ending in Emergency Detention**



IIA. ANALYSIS OF CASE CLOSURE FOR MENTAL HEALTH CALLS NOT ENDING WITH AN EMERGENCY DETENTION

Of the 962 calls that did not end in Emergency Detention:

- 96% (927 calls) ended in no case created
 - No arrests derived from these calls and circumstances did not warrant an offense report or mental health follow-up
- 1% (13 calls) ended in a mental health investigation
 - *11 of these cases prompted Mental Health Unit follow-up*
 - *2 of these cases led to arrests involving drug offenses and defying a protective order (see Table One for details)*
- .5% (4 calls) involved alcohol offense cases
- .3% (3 calls) involved death investigations
- .2% (2 calls) involved assault cases
- .2% (2 calls) involved criminal mischief cases
- .2% (2 calls) involved narcotics/drug laws
- .2% (2 calls) involved drunkenness cases

The remaining seven cases involved (1 call) driving while intoxicated, (1 call) missing persons, (1 call) runaway, (1 call) sex offense, (1 call) trespass, (1 call) violation of court order, and (1 call) warrant service.

Stemming from these 35 cases, 18 arrests were made in response to criminal offenses (see Table One for the officer’s narrative and reasoning for arrest).

Table One: Officer Narrative of Calls ending in Arrest

Case Type Created	Condensed Officer Narrative
Alcohol Offense	Mental Health Officers responded to CSR for a Mental Health Investigation. It was determined that O1 did not meet criteria for an Emergency Detention, but that he was extremely intoxicated. O1 admitted to having consumed Mushrooms and Vodka. O1 was being extremely belligerent with hospital staff, and he could barely stand up on his own without assistance. O1 was arrested for Public Intoxication and transported to HCLEC without issue.
Alcohol Offense	Officers were dispatched in reference to a suicidal person. Officers arrived and spoke to O1 who said his girlfriend tried to kill herself. O1 was obviously drunk, slurring his speech, unsteady on his feet, and smelling strongly of alcohol. O1 stated he would show officers how he would hurt himself and was then placed in handcuffs and placed under arrest at approximately 2045hrs based on the danger to himself or others.
Alcohol Offense	O1 charged with public intoxication.
Alcohol Offense	An intoxicated, suicidal male entered the SMPD lobby where he became verbally and physically resistant with officers. The male was placed into a WRAP restrain for his safety; transported for medical clearance and jailing for his charges.
Assault	Officers were dispatched in reference to a mental health investigation. Upon arrival, it was learned that O1 assaulted V1 during a verbal argument. O1 was later placed under arrest for Assault Causing Bodily Injury Family Member and transported to HCLEC.
Assault	V1 called to report his girlfriend O1 was trying to kill herself inside his apartment. When officers arrived, it was discovered that V1 had been punched in the face and suffered a bloody nose. O1 also did not want V1 to leave her so she stood in the doorway preventing him from leaving the apartment. She was arrested for Assault FV and Unlawful Restraint.
Drunkness	A call-for-service was generated for an intoxicated male who was un-clothed. Officers made contact with subject at the location and he was determined to be publicly intoxicated. He was placed under arrest for PI.
Drunkness	Officers were dispatched in reference to a verbal disturbance. Upon arrival, officers made contact with O1 outside who was intoxicated. O1 was placed under arrest and transported to the Hays County jail for booking.
DWI	Officers responded to a mental health investigation. Officers located a vehicle which was driving on two flat tires on the IH 35 Frontage Road. The vehicle was driven by O1. Officers conducted field-sobriety tests on O1 after signs of intoxication were observed. O1 was placed under arrest for DWI.
Mental Health Investigation	O1 was arrested for Violation of Conditions of Bond stemming from a recent Protective Order for a family violence related incident.
Mental Health Investigation	SMPD responded regarding a mental health call for service. Once on scene, officers met with O1 and O2. O1 and O2 had active warrants out of Eagle Pass. O1 also had narcotics on her person when she was searched.
Narcotics/Drug Laws	Officers responded to a mental health investigation. Upon talking to O1, he was found to have possession of a controlled substance (Methamphetamine). O1 was arrested and taken to HCLEC.
Narcotics/Drug Laws	Officers were dispatched regarding a mental health investigation. O1 was subsequently arrested for possession of a controlled substance (THC).

Table One Cont.

Case Type Created	Condensed Officer Narrative
Trespass	SMPD arrested O1 for criminal trespass.
Criminal Mischief	SMPD Officers were dispatched regarding a Physical Disturbance. Upon arrival officers made contact with O1. After conducting an investigation, O1 was placed under arrest for Criminal Mischief after she caused significant damage to one of the hospital rooms. O1 was transported to HCLEC.
Criminal Mischief	Officers responded to hospital for a vandalism call. Suspect had destroyed a phone belonging to the hospital and was arrested.
Violation of Court Order	Officers were dispatched in reference to a verbal disturbance. O1 had consumed alcoholic beverages when he had been court ordered he to not possess or use any alcohol. O1 was placed under arrest and transported to jail without further incident.
Warrant Service	Officer was dispatched regarding a suicidal subject formally diagnosed with bipolar disorder. While enroute to the location, I requested SMPD dispatch to check the subject for active warrants. O1 was shown to have a warrant in TCIC out of Austin for Criminal Mischief at the felony level. Once the warrant was confirmed, I transported O1 to HCLEC for booking. I notified booking of his mental health status. O1 was compliant without issue.