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## **Integrated Crisis Response Teams to Improve Mental Health Outcomes in the Community**

The law enforcement community is often asked to provide assistance to individuals experiencing mental health crises. Unfortunately, police officers may not be provided the appropriate resources to respond in a manner consistent with the principles of crisis management and resolution, which may worsen mental health outcomes, increase rates of crisis service utilization, and bloat the criminal justice system.

Integrated crisis response teams partner law enforcement with mental health professionals to divert individuals experiencing mental health crises from the criminal justice system to community-based services. Community based services can improve mental health outcomes with integrated medical and psychiatric care, case management, and peer support services. In addition to improved mental health outcomes, integrated crisis response teams have been shown to improve law enforcement officer confidence in responding to mental health crises and reduce costs associated with the utilization of law enforcement, criminal justice, and hospital resources.

### **The Challenge: Law Enforcement as First Responders to Mental Health Crisis**

In 2017, nearly one in five Texans were living with a mental health diagnosis.<sup>1</sup> Fewer than half of those individuals received mental health services. Individuals with untreated mental health concerns are at an increased the risk of victimization, suicide, and homelessness.<sup>2</sup> Should an individual experience a mental health crisis, family, friends, and concerned bystanders may contact law enforcement. Unfortunately, police officers may lack the specialized training, resources, and community connections to effectively implement or incorporate evidence-based crisis interventions.

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<sup>1</sup> National Institute of Mental Health. (n.d.) *Mental Illness*. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

<sup>2</sup> Mental Illness Policy Org. (n.d.). *Consequences on Non-Treatment*. <https://mentalillnesspolicy.org/consequences/untreated.html>

The consequences of an inadequate response to mental health crises are numerous. A person in crisis may not receive the mental health services needed for stabilization. Without the proper support, an individual in crisis may harm themselves or others, misuse substances, or deplete limited hospital or crisis resources.<sup>3</sup> If law enforcement is called to the scene and does not feel adequately prepared, they may perceive an individual in crisis as dangerous, increasing risk of injury to both parties.<sup>4</sup> In jail or prison, a person with an untreated mental health condition may experience exploitation, neglect, and isolation, worsening their mental health and increase the likelihood of post-release recidivism.<sup>5</sup>

The impact of a law enforcement-centric response to mental health crises has numerous consequences. It costs taxpayers an average \$35,000 to incarcerate an individual for one year.<sup>6</sup> Further, individuals with untreated mental health disorders often serve longer sentences, compounding the cost incurred by taxpayers. Additionally, overcrowded jails and prisons can jeopardize service provision and prison staff safety. High turnover rates for prison staff further decrease the quality of supervision provided to prisoners and inmates, compromise safety, and increase the expense of the criminal justice system.<sup>7</sup>

### **The Solution: Integrated Crisis Response Teams**

The cumulative effect of an inadequate or inappropriate response to a mental health crisis has been to transform the criminal justice system into the largest provider of mental health services in Texas. Jail diversion and reentry programs for individuals with mental health disorders can improve engagement in community-based mental health services, reduce criminal justice involvement, and decrease rates of crisis or emergency service utilization.<sup>8</sup> Integrated crisis response teams comprised of law enforcement officers, mental health professionals, and paramedics have been shown to be effective de-escalating crisis situations and diverting individuals with mental health disorders from the criminal justice system.

The RIGHT Care program in Dallas County demonstrates the efficacy of integrated crisis response teams. A mental health clinician fields 9-1-1 behavioral health calls, providing referrals to community-

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<sup>3</sup> Khalsa, H., Denes, A., Pasini-Hill, D., Santelli, J., & Baldessarini, R. (2017). Specialized Police-Based Mental Health Crisis Response: The First 10 Years of Colorado's Crisis Intervention Team Implementation. *Psychiatric Services*, 69(2). 239-241

<sup>4</sup> Hails, J., & Borum, R. (2003). Police Training and Specialized Approaches to Respond to People with Mental Illness. *Crime & Delinquency*, 49(1). 52-61

<sup>5</sup> Zgoba, K., Reeves, R., Tamburello, A. & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online*, 48(2).

<sup>6</sup> Federal Register: The Daily Journal of the United States Government. (2018, April 30). *Annual Determination of Average Cost of Incarceration*. Retrieved from <https://www.federalregister.gov/documents/2018/04/30/2018-09062/annual-determination-of-average-cost-of-incarceration>

<sup>7</sup> Kaufman, C. (2019, December 18). *Solutions to a National Problem: Correctional Officer Turnover in the U.S. Policy Perspectives*. Retrieved from <https://policy-perspectives.org/2019/12/18/solutions-to-a-national-problem-correctional-officer-turnover-in-the-u-s/>

<sup>8</sup> Meadows Mental Health Policy Institute. (2016, February 10). *Texas Mental Health Landscape: Brief Overview*. Retrieved from <https://www.texasstateofmind.org/wp-content/uploads/2016/02/Brief-Overview-of-Landscape.pdf>

based services as necessary. In the event of mental health crisis, the clinician moves to dispatch a RIGHT Care team. The police officer secures the location, the paramedic conducts a medical evaluation, and the social worker assess the individual's mental health needs, transporting them to community-based services as appropriate and necessary.

Since its founding in January of 2018, the RIGHT Cares program has answered between 200 and 250 behavioral health calls per month.<sup>9</sup> Approximately 30% of individuals in crisis are diverted from jail or the emergency room and roughly 20% are connected with outpatient mental health services. Further, the integrated crisis response team has reduced disorderly conduct, public intoxication, and trespassing citations by 10%, helping to alleviate the social and financial strain incurred with minor offenses.<sup>10</sup>

Additionally, the RIGHT Care team has saved the Dallas Police Department in excess of 1,000 patrol hours and has helped to shift public perception of law enforcement, improving the safety of police officers, community members, and individuals in crisis.<sup>11</sup> Finally, the utilization of integrated crisis response teams adheres to the guidelines of the Safe Policing for Safe Communities Executive Order signed by President Trump that incentivizes co-responder programs such as RIGHT Care.

### **Policy Issues to Address**

To improve the quality of life of all Texans living with mental health concerns, NAMI Texas supports:

- Greater initiatives on state, county, and local levels to promote greater integration between clinical mental health services and criminal justice to divert individuals in mental health or substance use crisis from the criminal justice system
- Improved leadership and funding to expand community-based crisis service capacity to ensure that behavioral health systems can adequately address urgent and emergent behavioral health needs independent of law enforcement
- Expanded behavioral health system capacity to underserved and marginalized communities to correct disparities in access and availability of essential mental health and substance use services
- Increased transparency and accountability in health systems to ensure the proper utilization of local, state, and federal resources and to improve system responsiveness to consumer identified gaps in care

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<sup>9</sup> Fortune, J. (2017, December 7). *RIGHT Care Pilot Program [Memorandum]*. City of Dallas. [https://dallascityhall.com/government/Council%20Meeting%20Documents/pscj\\_3\\_right-care-pilot-program\\_combined\\_121117.pdf](https://dallascityhall.com/government/Council%20Meeting%20Documents/pscj_3_right-care-pilot-program_combined_121117.pdf)

<sup>10</sup> Miller, T. (2020, July 17). *For Mental Health 911 Calls, Dallas Found Success in Social Workers*. D Magazine. Retrieved from <https://www.dmagazine.com/frontburner/2020/07/for-mental-health-911-calls-dallas-found-success-in-social-workers/>

<sup>11</sup> Davis, H. (2020, July 20). *Texas program's new response to mental health-related 911 calls changing 'how people look at policing'*. Fox News. Retrieved from <https://www.foxnews.com/us/texas-program-changing-the-way-mental-health-911-calls-are-handled-this-is-changing-the-way-people-look-at-police-officers>