



# Behavioral Health Emergency Alternative Response

A TEXAS STATEWIDE UPDATE

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MEADOWS  
MENTAL HEALTH  
POLICY INSTITUTE

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## **Acknowledgments**

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## **About Meadows Mental Health Policy Institute**

Launched in 2014, the Meadows Institute helps Texas legislators, state officials, members of the judiciary, and local leaders identify equitable systemic solutions to mental health needs and has become Texas's most trusted source for data-driven mental health policy. The Meadows Institute is making a significant impact in multiple areas, helping Texas leaders expand the mental health workforce, improve access to care for veterans and their families, shift the focus of new investments toward early intervention, and address the mental health crisis in our jails and emergency rooms. Learn more at [mmhpi.org](http://mmhpi.org).

# A TEXAS STATEWIDE UPDATE

## Overview

The Meadows Mental Health Policy Institute (Meadows Institute) is participating in a national effort to transform mental health emergency response and bring that transformation to scale in select communities across Texas and the United States. This transformation in Texas centers on the Multi-Disciplinary Response Team (MDRT) approach to responding to calls to the 911 call center and navigates a path between an all-civilian approach (typified by Eugene, Oregon's CAHOOTS program) and a traditional law enforcement co-responder approach.

### Four important points inform this approach:

- The debate regarding response to mental health emergencies typically envisions two lanes, one civilian-only, the other focused on law enforcement. The MDRT approach integrates both law enforcement and civilian response in ways that respond to the multiple issues often raised in a single 911 call that may involve mental illness.
- A civilian-only approach to some types of mental health calls is appropriate; however, as illustrated below, a wholly civilian-only approach excludes a substantial range of emergency mental health calls made to 911 and a significant number of individuals in need, consigning people in situations with real or perceived threats to public safety to a traditional law enforcement response that all agree is undesirable.
- While the debate is too often framed as an "either/or" choice, a better framework allows for both a civilian-only approach to some calls and an MDRT approach to others.
- Finally, the establishment of MDRT capacity cannot occur as a single, isolated intervention. Rather, MDRT teams must be nested within a set of essential services that permit access to care beyond the immediate crisis.

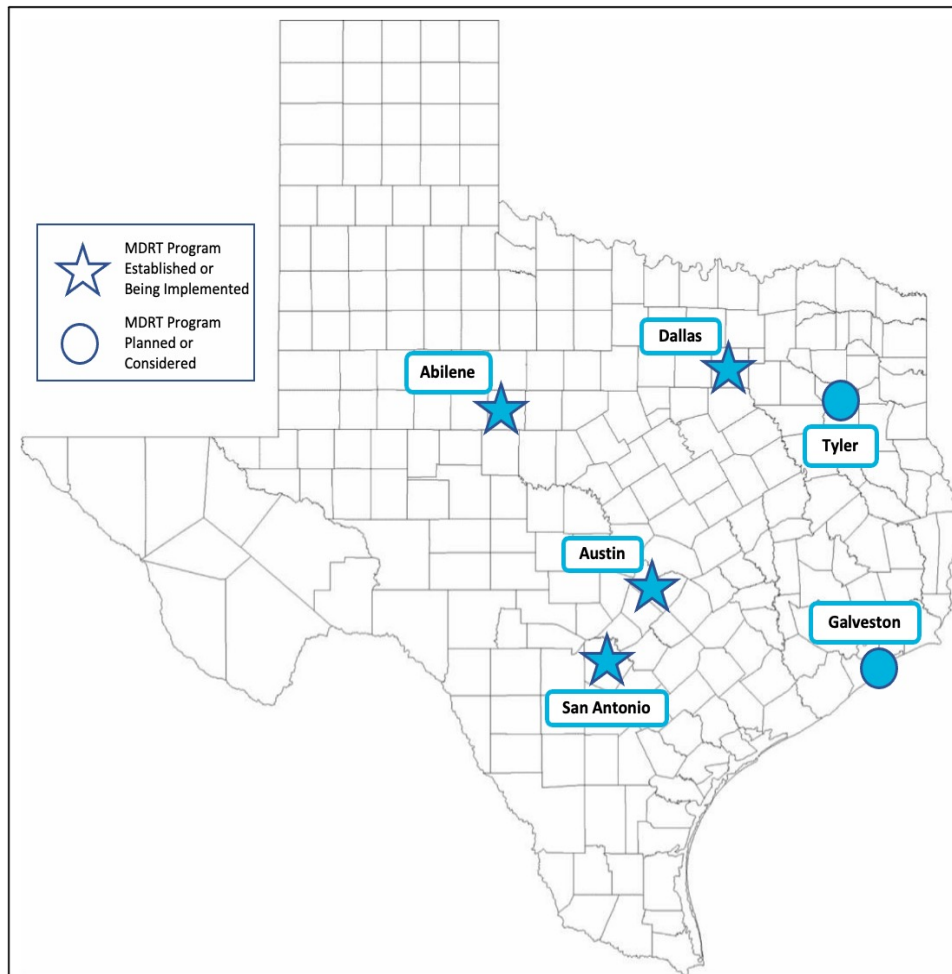
## THE CURRENT STATE OF MDRT IN TEXAS

In Texas, there are currently seven communities in different stages of MDRT implementation. We anticipate that there will be at least twenty teams operating in these communities by the end of 2022.

### Current and Projected Number of MDRT Teams by Site

	Abilene	Dallas	San Antonio/ Bexar County	Austin	Galveston	Tyler
Start / 2019	1	1	-----			
Current / 2021	2	8	2	-----		
Projected / 2022	2	10	3	1	2	2

## Status of MDRT Implementation Sites Across Texas



## ACTIVE MULTI-DISCIPLINARY RESPONSE TEAM PROGRAMS IN TEXAS

### City of Dallas

The Dallas Rapid Integrated Group Healthcare Team (RIGHT Care) became operational in Dallas in late January 2018 and was developed as a data-driven emergency response embedded in a multi-million-dollar, three-year Dallas County Smart Justice Project grant from the W.W. Caruth, Jr. Fund at the Communities Foundation of Texas. It developed through a partnership between the City of Dallas, Dallas Police Department, Dallas Fire-Rescue Department, Parkland Health and Hospital System, and other community agencies and stakeholders. The program is operated by the Dallas Fire-Rescue Department and administered by the City of Dallas Office of the City Manager.

Currently, the RIGHT Care program has seven multi-disciplinary response teams and three single units operating throughout the city, and its initial single implementation team responded to almost 3,000 mental health calls in 2020 – more than one-fifth of total mental health calls in this city of 1.3 million people. RIGHT Care responses resulted in more than 800 hospital diversions and 350 jail diversions, while serving more than 1,700 unique clients. Less than 4% ended up in jail, half of whom were required to do so under outstanding arrest warrants predating RIGHT Care contact.

Dallas is committed to expanding the program to ten teams by the end of 2022. These teams respond to all mental health emergency calls in their districts, including calls referencing a potential risk to public safety. Currently, these teams answer just over half of all mental health calls (13,154 in 2020) with the goal of answering 85% of all mental health calls through the next expansion in November 2021, and 100% with further expansion in 2022.

## City of Abilene

Abilene's first Multi-Disciplinary Response Team, called a Community Response Team (CRT) began operation in June 2019. A second team started operating in January 2021. The CRTs are comprised of a paramedic from the Abilene Fire Department, a police officer from the Abilene Police Department, and a behavioral health crisis professional from the Betty Hardwick Center (the local community mental health center). In 2020, Abilene's CRTs responded to 1,651 mental health calls – more than one-fifth of total mental health calls in this city of 125,000 people.<sup>1</sup> Those responses resulted in 58 hospital diversions and 33 jail diversions. In Abilene, 80% of the calls answered by the CRTs require the presence of a police officer due to real or perceived public safety risks.

As a more suburban area, Abilene utilizes a virtual clinician in dispatch to triage behavioral health calls through the Betty Hardwick Center contract crisis line. This model has served as an example for mid- to moderate-sized communities across Texas. The community has been very supportive of the MDRT program, which has attracted attention from both the media as well as other jurisdictions wanting to implement similar programs.

## Bexar County

The Bexar County Specialized Multidisciplinary Alternative Response Team (S.M.A.R.T. Team) is made up of two MDRTs that serve the unincorporated area of Bexar County and its 26 suburban cities. The S.M.A.R.T. Team, which is directed by the County and administered by the Southwest Texas Regional Advisory Council, began operations in October 2020 with funding from the Bexar County Commissioners Court and includes a paramedic from a private ambulance service, a clinician with the Center for Health Care Services (the local community mental health center), a deputy from the Bexar County Sheriff's Department, as well as a peer with lived experience who provides continuity of care services and follow up.

In just over a year of operating, the teams have answered 806 calls across the county for the 550,000 county residents who live outside of San Antonio. The team's call eligibility includes calls that include episodes of violence, cases with weapons, people with known criminal histories, and substance use and intoxication, combined with a mental

health component. They can respond to every mental health call in Bexar County with the only exception being an active shooter or active hostage. The county plans to expand to two additional teams, with the goal of answering 100% of the mental health calls in Bexar County in 2022.

## MULTI-DISCIPLINARY RESPONSE TEAM PROGRAMS COMING ONLINE IN 2022

### City of Austin

The Austin Coordinated Access to Resources and Essential Services (Austin CARES) program is a multi-agency collaboration involving the Austin Police Department (APD), Austin-Travis County Emergency Medical Services (ATCEMS), and Integral Care, the local community mental health center. Steady progress on MDRT program implementation is being made, with a projected start date of early 2022 for an initial team which we project will be able to serve at least 20% of the 44,000<sup>2</sup> mental health calls made annually by the 975,000 residents of the city.

The project team has fully implemented its reforms to the mental health dispatch process for 911 and developed a training process to help dispatch call staff better detect unstated crises and more effectively communicate needs to responding personnel while reducing risk of escalation on scene. The communications center has also added a fourth option to an incoming 911 call, in which the caller now has the option to choose between police, fire, EMS, or mental health services. The Austin CARES Program has also been paired with a civilian-only response system modeled on CAHOOTS, as well as a homeless street outreach team and a traditional mobile crisis team. The city has developed protocols for which team to dispatch based on the presence or lack of perceived public safety risks.

### Galveston County

In May 2021, the Meadows Institute, supported by the Pew Charitable Trusts, released a systemwide assessment of Galveston County's mental health system that reviewed the current status and a range of improvement options related to the county's ongoing multi-year partnership to improve Galveston County's pretrial system, including its pretrial mental health diversion options. One key finding was that law enforcement needed a more effective model to

<sup>1</sup> While the call number may seem high compared to larger cities, the City of Abilene Police Department uses a mental health key word search and detailed mental health sub-unit identifiers to capture nearly every call that has a mental health element, regardless of the coding of its primary purpose (which is all that the other departments track).

<sup>2</sup> The Austin Police Department, similar to Abilene, utilizes a detailed mental health sub-unit identifier to capture nearly every call that has a mental health element, regardless of the coding of its primary purpose (which is all that the other departments track).



address the needs of those with a mental health emergency. In response, leadership for the City of Galveston has prioritized implementation of two MDRT teams with the capacity to serve at least 75% of the 250 mental health calls made annually by the 50,000 residents of the city.

Support for the MDRT program throughout Galveston County has been overwhelming, with twenty-one police chiefs and the sheriff department desiring to participate in the program and have representation within their municipalities. The Meadows Institute is working with local foundations and the involved governments to identify funding sources to establish two MDRT teams by the end of 2022 to provide “proof-of-concept” in the City of Galveston while maximizing the existing support for additional program expansion across the county, including the potential establishment of a regional MDRT model to reach more of the county’s 350,000 total residents.

### City of San Antonio

In March of 2021, the Meadows Institute was engaged by the City of San Antonio to analyze current practices of the San Antonio Police Department (SAPD) in response to mental health calls, develop recommendations to improve this response, and provide technical assistance to improve the broader first response system related to mental health emergencies. The Meadows Institute was asked to identify potential programmatic and system transformation opportunities informed by existing data on integrated response best practices to ensure that first responders had the capacity to facilitate timely access to needed care for people experiencing a mental health emergency.

A broad range of recommendations were offered to expand policing and community approaches to mental health emergency response, and in September 2021 the City of San Antonio City Council passed a budget funding at least one MDRT team for implementation for 2022 and continued planning and technical assistance to establish the program more broadly. This team will have the capacity to serve at least 35% of the 24,000 mental health calls made annually by the 1.45 million residents of the city. In addition, Bexar County and the City of San Antonio are also developing and implementing protocols to coordinate between this effort and the S.M.A.R.T. team MDRT program implemented by Bexar County that was discussed above.

### City of Tyler

The Smith County Behavioral Health Leadership Team was formed in June 2015 to address the behavioral health needs

of the county. In 2017, the Meadows Institute was invited to provide an independent assessment to identify system needs and gaps and to provide concrete, practical recommendations for addressing them. After completion of the assessment in 2019, the local community mental health center – the Andrews Center – partnered with the Smith County Sheriff’s Department to provide mobile telehealth crisis assessments and direct connections to the Andrews Center mobile crisis outreach team and crisis care staff. However, that program ended in 2020 when funding expired.

In June of 2021, Tyler requested additional technical assistance from the Meadows Institute and is currently in the initial stages of MDRT program planning and implementation. To date, the Meadows Institute has hosted a virtual technical assistance session, provided sample MDRT policies for clinical call center operations, examples of call trees, and shared MDRT operating procedures from other successful MDRT locations. We anticipate the establishment of two MDRT teams in 2022 with the capacity to serve at least 70% of the approximately 500 mental health calls made annually by the 110,000 residents of the city.

## MENTAL HEALTH 911 CALLS IN TEXAS COMMUNITIES

Making informed, data-driven decisions is critical when determining the steps needed to reform emergency mental health response in each community. However, not every community defines and captures mental health 911 calls in the same way, and in some areas, the data are not yet defined or captured at all. As a result, it is difficult to compare volume in different communities. For example, and as noted above, Austin and Abilene reported very high call volumes relative to their populations (more than 44,000 mental health 911 calls in Austin, a city of 975,000 people, and 8,000 mental health calls in Abilene, a city of 125,000 people), while San Antonio reported 24,174 mental health calls in a city of 1.45 million people and Dallas, a city of 1.3 million people, reported just 13,154. As the transformation of mental health emergency response continues to evolve, standardizing data collection processes regarding the type and number of mental health 911 calls and creating uniform definitions will be essential to making data-driven decisions to tailor appropriate planning, capacity, and implementation for each community. However, even in the absence of standardization, it is critical that communities use whatever data are available to examine the entire range

of calls and not simply focus on a subset, such as those appropriate for civilian-only response versus those that involve a public safety component.

## KEY CONDITIONS IN SELECTED COMMUNITIES

Transformation of an emergency medical response and treatment system requires more than transformation of the point of initial response. This is particularly true with the MDRT response, since an MDRT team is equipped to provide rapid identification of acute mental health and broader health and social needs, the team requires options for connecting people with additional assessment, treatment, and resources as alternatives to emergency rooms and jails. Based on the experience of systems implementing these reforms over the last year, the Meadows Institute has identified six essential conditions for MDRT success that need to be augmented and aligned with MDRT implementation, if that implementation is to be successful:

- **Licensed clinical support for the 911 call center.** Staffing 911 call centers with clinical support is critical to an effective MDRT program. A clinician embedded in the call center, or available via telehealth, can assess the presence of a mental health emergency and dispatch a MDRT unit instead of a traditional patrol unit. Clinical support at the 911 call center can also connect first responders in the field to appropriate community services, provide consultation, and link to area resources to avoid jail detention or transport to an emergency department.

- **Same-day walk-in clinic and prescriber services.** Relationships with providers who will accommodate same-day walk-in clinic and prescriber services are essential. One of the great advantages of the multi-disciplinary team is that it is designed to address emergencies on site, affording people the opportunity to stay in their homes with little to no disruption of their lives and support systems. However, some people will need to be taken elsewhere to ensure their safety or for prescriber services, respite, or other supports. Walk-in clinic staff have adequate time to complete a thorough assessment and provide access to prescribers and prescription services, without the chaos often experienced in jails and emergency departments. There are a variety of ways in which this coordination can occur. Community mental health clinics with designated walk-in and priority appointments for the MDRT program serve a uniquely valuable role in emergency services by enhancing continuity of care and providing long-term community-based services in a familiar and consistent setting.

- **Crisis intervention and other training for officers, clinicians, and paramedics.** While MDRT offers a superior modality for actual response, Crisis Intervention Team (CIT) remains a critical component to law enforcement training in general and is a prerequisite to MDRT implementation. When based on research and presented with high quality, CIT training has been shown to increase officers' confidence in responding to mental health emergency calls, improve their knowledge base, and reduce their perceived stigma of mental illnesses. However, CIT training is not enough to ensure an adequate response; even communities with long histories of CIT can still put police in situations where that training is not sufficient to prevent a tragic outcome absent more capable response models, such as MDRT. Additionally, 40 hours of CIT training does not provide law enforcement officers with the necessary medical training to differentiate needs that can be managed by a next day urgent care appointment versus those requiring emergency medical care, so people continue to be taken unnecessarily to emergency departments for that needed triage and, too often, to jail if the officers decide that detention is preferable. With community health paramedics taking a lead role in the MDRT response, it is vital that they, too, receive CIT training. In addition, MDRT staff should receive training on policies and procedures as a group, so each member understands the responsibilities of the others. Ideally, the officers, mental health clinicians, and community health paramedics should receive all their training together as a team to enhance shared learning, knowledge, and experiences.

- **24/7 community hospital bed capacity.** Often, communities debate the need for "more beds" without considering whether there are programs in place that can reduce the need for those beds and that, in many instances, can have an impact on jail bookings as well. These programs also can provide treatment options for the MDRT program, assuring that the teams do not operate in a vacuum. One option that is central to the MDRT program success is to provide short-term hospitalization or extended observation services as an essential element of the transformed system.

- **Crisis medical care capacity for people under the influence of intoxicants.** People who experience frequent mental health emergencies often have primary or comorbid substance use treatment needs. When emergency response systems are not equipped to respond to people who are under the influence of intoxicants, they are often limited to law enforcement responses, which can result in arrests. An essential element of the MDRT program is its capacity to

provide effective emergency medical interventions for people who are under the influence of alcohol or other intoxicants.

- **Access to a housing referral network.** While only a small proportion of calls have resulted in direct linkages to housing in MDRT implementations to date (approximately three percent of calls to date for the Dallas RIGHT Care program), to ensure that people lacking safe housing do not inappropriately end up in a jail or hospital bed, a housing referral network is essential. The network can also support effective collaboration to secure successful housing and shelter connections in times of urgent need.

The status of each element for each selected Texas community is provided in the table below. This permits a comparison of where investments are required across communities that are in the process of implementing or expanding MDRT.

## STATUS OF KEY CONDITIONS IN TEXAS COMMUNITIES

	Abilene	Austin	Dallas	Galveston	San Antonio	Tyler
Licensed clinical support for the 911 call center	Supportive of MDRT Operations	Supportive of MDRT Operations	Supportive of MDRT Operations	Currently Lacks Capacity	Currently Lacks Capacity	Currently Lacks Capacity
Same-day walk-in clinic and prescriber services	Supportive of MDRT Operations	Developing Capacity	Supportive of MDRT Operations	Currently Lacks Capacity	Currently Lacks Capacity	Currently Lacks Capacity
Crisis intervention and other training for officers, clinicians, and paramedics	Supportive of MDRT Operations	Developing Capacity	Supportive of MDRT Operations	Currently Lacks Capacity	Supportive of MDRT Operations	Currently Lacks Capacity
24/7 community hospital bed capacity	Developing Capacity	Currently Lacks Capacity	Supportive of MDRT Operations	Currently Lacks Capacity	Supportive of MDRT Operations	Currently Lacks Capacity
Crisis medical care capacity for people under the influence of intoxicants	Supportive of MDRT Operations	Currently Lacks Capacity	Developing Capacity	Currently Lacks Capacity	Developing Capacity	Currently Lacks Capacity
Access to a housing referral network	Developing Capacity	Supportive of MDRT Operations	Developing Capacity	Currently Lacks Capacity	Developing Capacity	Currently Lacks Capacity



## The Value and Limitations of Civilian Co-Response Teams

Some communities are addressing only the subset of mental health crisis calls that expressly do not pose a public safety risk, relegating the remaining calls that do pose such risks to an unreformed law enforcement centric response. Civilian-only response teams do provide a valuable service by replacing law enforcement responses for crisis calls that do not pose a public safety risk. Such teams can also help address many calls of lower acuity originating from the soon-to-be-established 988 alternative crisis lines. However, by design, these teams are unable to address the fuller range of 911 calls that pose a public safety risk, expressly reference a risk of violence, or pose a level of actual or perceived risk that cannot be determined with certainty until the response to the emergency occurs. In many communities, civilian-only response teams also do not have the capacity to initiate involuntary commitments, again relegating these needs to an unreformed response option. In comparison, MDRT teams are expressly designed to be able to respond to mental health calls involving higher levels of acuity, including calls that may require medical treatment, reference a weapon or threat of violence, involve unknown or perceived risks, involve overdose or the need for substance use disorder care, and potentially necessitate involuntary commitment. The table below provides a high-level overview of selected co-response programs across the nation and their ability to respond to different types of crises.

### SELECTED CO-RESPONSE PROGRAMS' EXCLUSIONARY CRITERIA FOR CRISIS RESPONSE

Program Name	Will Respond to Calls That Include		
	Reported Violence	Reported Presence of Weapons	Person Reportedly Under the Influence
B-Heard Response Program, New York City, New York (Civilian Only)	X	X	X
Behavioral Health Responder Program, Albuquerque, New Mexico (Civilian Only)	X	X	✓
CAHOOTS, Eugene, Oregon (Civilian Only)	X	X	✓
Crisis Response Team, Abilene, Texas (MDRT Model)	✓	✓	✓
Rapid Integrated Group Healthcare Team Care, Dallas, Texas (MDRT Model)	✓	✓	✓
Street Crisis Response Team (SCRT), San Francisco, California (Civilian Only)	X	X	X*
Support Team Assisted Response (STAR). Denver, Colorado (Civilian Only)	X	X	✓

\* May respond to persons under the influence depending on other case variables, including need for medical care and safety to responders.

## SUMMARY

*There is no single solution to transforming the response to mental health emergencies. Unfortunately, the current debate too often presents reform as a binary choice between maintaining the status quo and responses that utilize a civilian-only response. In both situations, the likely outcome is a continued overreliance on jails and hospital emergency departments. The MDRT approach allows for the integration of both approaches, while also providing resources to address general health problems concurrently experienced by a person in a mental health crisis. To effectively address the full continuum of potential treatment needs in their communities, policymakers should address both civilian-only response options and options such as MDRT with the capacity to address the significant number of mental health related calls that fall outside the criteria for a civilian-only response. Failing to do so risks compounding current inequitable mental health responses and extending the over-policing of certain mental health calls for service, especially for historically marginalized populations.*