

Person-Centered Triage Approach: A New Paradigm for Handling Crisis Calls

Recent calls to “reimagine” mental health crisis and public safety responses have created a willingness to implement innovative approaches that both accurately identify mental health issues and improve the response for people experiencing a crisis.¹ The nation’s emergency call centers present one of the best opportunities to apply such innovations.

Currently, call center professionals possess limited triage tools and too often must rely solely on their best judgment to ascertain the level of risk associated with a mental health emergency call. While most agencies utilize internal triage methods, it can be challenging to determine whether violence or suicide (or both) are imminent and whether the incident can be resolved at the point of the call or if it requires further intervention.

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To assist in bridging that knowledge gap, the Meadows Mental Health Policy Institute has developed a new approach that enhances structured

judgment regarding a caller’s risk for suicide, self-harm or violence. This innovative and evidenced-informed strategy, known as **Person-Centered Triage Approach (PCTA)**, allows call center professionals to assess risk and deploy the appropriate resource to connect callers to care more quickly.²

PCTA is designed to decrease arrest and use of force while improving response times and connections to care for people experiencing a mental health crisis. It does so by providing call centers with a framework for early identification of mental health calls, equipping them with evidence-informed questions that elicit a caller’s self-perceived risk and care preferences. Combined, these elements create a tailored, care-forward response that balances risk, needs, and resources—while decreasing potential department liability by properly prioritizing responses to behavioral health emergencies. As a result, call center professionals and alternative public safety response programs are positioned to make better decisions about the nature of the crisis, which care resources to apply, and how quickly they should be deployed.³

One Call. One Goal. Better Care.

PCTA’s ultimate goal of creating better care in response to a mental health emergency call is supported by mounting evidence that suggests system change is needed at the point of a call.

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¹ Murphy, Ken and Kringen, Jonathan Allen. Research in Brief: “911, Do You Need Police, Fire, EMS or Mental Health Services?” *Police Chief Magazine*. <https://www.policechiefmagazine.org/research-in-brief-911-do-you-need-police-fire-ems-or-mental-health-services/>

² Peterson J, Skeem J, Manchak S. If you want to know, consider asking: how likely is it that patients will hurt themselves in the future? *Psychol Assess*. 2011 Sep;23(3):626-34. doi: 10.1037/a0022971. PMID: v

³ Salyers, M.P., Zisman-Ilani, Y. (2020). Shared Decision-Making and Self-Directed Care. In: Goldman, H., Frank, R., Morrissey, J. (eds) *The Palgrave Handbook of American Mental Health Policy*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-11908-9_

BY THE NUMBERS

Prioritizing Mental Health Calls Saves Lives and Prevents Incarceration



In Austin, when officers responded to calls for service in which callers initially requested mental health services, **police use of force was 41% lower** than in cases in which a call taker later made that determination.*

An average of **10% of law enforcement agencies’ total budgets** was spent responding to and transporting persons with mental illness in 2017.



21% of total law enforcement staff time was used to respond to and transport individuals with mental illness in 2017.**

* Source: Murphy, Ken and Kringen, Jonathan Allen. Research in Brief: “911, Do You Need Police, Fire, EMS or Mental Health Services?” *Police Chief Magazine*. <https://www.policechiefmagazine.org/research-in-brief-911-do-you-need-police-fire-ems-or-mental-health-services/>

**Source: Treatment Advocacy Center

ABOUT THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

The Meadows Mental Health Policy Institute provides independent, nonpartisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



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For example, by identifying mental health issues at the point of call, Austin, Texas has reduced arrests for this population of individuals by 45.5% and use of force by 41%. Additionally, in a recent UC Berkeley study involving more than accurate than clinical judgment and performed equivalent to, if not better than, industry-approved risk assessment tools.

Piloting Innovation

In communities across Texas and partners in three major metropolitan areas nationally, the Meadows Institute will soon pilot this first-of-its-kind call center approach. Pilot sites, known as the PCTA Collaborative, will document implementation strategies, outcomes, and opportunities for change to share with other jurisdictions facing similar challenges.

To learn more about PCTA, email the Justice and Health team at Meadows Mental Health Policy Institute at justiceandhealth@mmhpi.org.