After the Fact | Mental Health in America: The Intersection of Mental Health and Justice

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TRANSCRIPT

Dan LeDuc, Host: Welcome to “After the Fact” from The Pew Charitable Trusts. I’m Dan LeDuc. This season we've been discussing the state of mental health in America.

In this episode, we’re looking at what happens when mental health emergencies arise in communities. Today, there are more options available than calling 911, which often means a police response. In those cases, people in crisis sometimes don’t receive the help they need and instead end up in the criminal justice system. People with mental health conditions are jailed more than two million times each year, often for misdemeanor crimes. That 2 million is our data point for this episode. But some communities are creating new response teams for these types of emergencies, helping people get the care they need.

Julie Wertheimer, who directs Pew's mental health and justice project, explains.

Julie Wertheimer, project director, public safety performance and mental health and justice partnerships, The Pew Charitable Trusts: 911 has often been the only option for many communities, which often results in law enforcement being dispatched, because for a very long time, there weren't alternatives available. And so having clinicians available, having the opportunity to connect folks to community-based treatment, is actually the better option.

The focus should be on de-escalation where possible in that moment, and stabilization, which neither jails nor emergency rooms provide.

Dan LeDuc: And law enforcement itself is saying this, right? They know that this isn't the correct way to be dealing with the issues they face.

Julie Wertheimer: We've seen an increased awareness that law enforcement is not the appropriate response to these health crises. When you talk to police officers, sheriffs, they know they're not trained to appropriately deal with people experiencing mental health crises.

B.J. Wagner, senior vice president of health and public safety, Meadows Mental Health Policy Institute: While I was working as a police officer, I continued to see the same people struggling with what I know now as mental illness. And I continued to see them struggle with the same issues over and over again.

Dan LeDuc: B.J. Wagner is a former law enforcement officer who now works for the Meadows Institute of Mental Health in Texas. Her experiences in the mental health and justice systems inspired her to create a new model for responding to mental health emergencies.

B.J. Wagner: So often you'll hear people in and around both systems, law enforcement and mental health, say the system is broken. But I challenge those folks to think of it as, "The system can't be broken because it was never whole to begin with."

When we see people who have substance issues that lead to a life disturbance, or when we see people who have a mental health care need that's loud and volatile and presents with a public safety risk, we so often don't design responses for those populations with the care and the compassion that we do for the people living with mental health care needs that present in a more calm fashion. And I think that's the perspective often of public safety professionals and young officers when they are responding to these types of calls and get there and realize their choices are so limited.

So I wanted to leave law enforcement and go learn more about how the systems collide at the point of public safety contact.

Dan LeDuc: The problems don't just begin at arrest. Here's Julie Wertheimer on what can happen once someone with mental health concerns enters the justice system.

Julie Wertheimer: It's really patchwork and piecemeal and depends on what jurisdiction you're in, sometimes what judge you end up in front of. Some jurisdictions have programs at different points in the system that attempt to decriminalize mental illness, refer them to services. But not every jurisdiction has those programs. And so, while you can be diverted to treatment, which is more of an ideal scenario, other times folks can end up incarcerated and without receiving treatment for lengthy periods of time, which tends to exacerbate the underlying issues that led them to justice system involvement in the first place.

My hopes for improving mental health care are to make it more readily accessible, rather than requiring contact with the justice system. We've also come to understand that law enforcement can be especially detrimental to people of color.

We know about the tragic shooting of Walter Wallace Jr. in Philadelphia in October of 2020, who was a young Black man who was experiencing mental health crisis, had been engaged with service providers in the community previously due to his health issues, and was known to them.

And as a nation, we've also come to understand that these encounters can and do unfortunately result in fatality some of the time, and no one believes that's a good outcome.

Dan LeDuc: One solution that might help prevent outcomes like that of Walter Wallace Jr. is the 988 Suicide and Crisis Lifeline. 988, which rolled out earlier this year, is an evolution of the national suicide hotline intended to cover all aspects of mental and behavioral health when someone is in crisis that will hopefully become as familiar as 911.

Joseph Getch leads PRS, a behavioral health care organization in Virginia that is now receiving 85% of the 988 calls in that state. PRS also serves as a national backup center and a core chat center for the Suicide and Crisis Lifeline network.

Joseph Getch, CEO, PRS: Our job when we get a call is to try and manage the crisis in the moment, to listen to what their needs are and, when appropriate, to connect them to local resources.

A lot of what people are experiencing that is a crisis to them may not be a crisis to others. So, an example is somebody, maybe they've lost their job, and they're wondering about how they're going to feed their family, how they're going to pay their rent. So just being connected to local resources, like a food pantry, being connected to community housing, this is sort of the first step to allow them to call somebody and get some help in the moment.

Our goal of course is always to resolve it at the lowest level; to de-escalate, provide the supports to ensure that that individual can remain safe in their community versus having to escalate that and get police involved.

Dan LeDuc: Could you just walk us through what happens in your call center? The phone rings, someone has called 988. What happens next?

Joseph Getch: First thing, they get a welcoming crisis worker to ask them why they're calling today, to get that initial perspective. Shortly thereafter, we do a risk assessment to determine sort of what's the nature of the crisis, and we go through that screening.

After that, it's more about active listening, providing reassurance to them, and then determining what level of intervention may be needed if we're unable to resolve it on the call itself.

Dan LeDuc: Who are you getting the most calls from?

Joseph Getch: The demographics are challenging because a lot of times calls are anonymous. There's no requirement to share certain information with us. Sometimes they volunteer that information, you know, like, “I’m having a hard time with my history teacher,” or “I'm being bullied at school.”

So that gives some indication of that. “I've lost my job.” Well, that's obviously somebody that's older. Through the knowledge that we're gaining, we have some insight into what we think those demographics look like, and we definitely knew that we were seeing a trend in younger people that were accessing 988 and accessing the chat services.

In terms of our busiest time of the day: 6 p.m. to 1 a.m. is typically the busiest time for us. And that kind of makes sense, right? That's when folks are off work, right? And they're still up and before they go to bed. So that's the peak time for our call center.

Dan LeDuc: Let's talk about the people in your operation who answer the phones. What kind of training do they get and what, what prepares them for something like this? Because it's got to be a tough job. You never know what someone's going to say when you pick up the phone.

Joseph Getch: It is a difficult job. And our crisis workers go through a very rigorous training program. There's 90 hours of training. Once they've successfully completed that, then they'll start taking calls on the line with an on-the-job trainer. Not everyone successfully completes training, and that's part of what the training program is designed to do, is to make sure that we have very capable crisis counselors that meet all of the requirements and expectations to make sure that we can manage calls safely. Also, we really promote the use of paraprofessionals in our work.

Dan LeDuc: A paraprofessional, in this instance, can be thought of like a paramedic, but for emergency behavioral health care.

Joseph Getch: There's not a specific degree, for example, that's required to be a crisis worker with PRS. There's actually data to support that paraprofessionals, versus trained clinicians, are able to really engage a caller at a different level.

Dan LeDuc: What are some of the unexpected challenges of putting something sort of brand new like this together?

Joseph Getch: I would say our greatest fears in advance of the launch of 988 was what to expect. We anticipated that there was going to be an increase in volume, but to what degree we didn't know for sure.

In the first three days following the launch we saw almost a doubling in volume, which is just amazing.

We wanted to make sure we had every available crisis counselor. So, despite that increase in volume, we were able to maintain and even improve our call-answer rate because of the capacity building and the preparation that we put in behind it.

Dan LeDuc: One of the challenges around 988 is that unlike 911 calls, are currently routed via area code rather than actual physical location. So, if your phone has a California area code, your call will be routed there even if you're in Virginia.

Joseph Getch: We want to make sure people that live in Virginia are getting a response from a Virginia-based call center and not an out-of-state call center because we're going to best understand the resources that are necessary for them in that region.

We really want to have a system that's the equivalent of 911 for behavioral health, that's an important aspect of it.

Dan LeDuc: Could you delineate the difference between 988 and 911? How do they all work together?

Joseph Getch: I think what's changing in Virginia is that people that are experiencing a behavioral health crisis or some other crisis that call 911, they now have the option of being able to communicate with us as a call center. And then to provide the opportunity again for us, if for some reason that call escalates while we're handling it and it turns out it requires a 911 response, then we're able to connect back with them.

The idea for us as a call center is to try and manage that crisis, determine whether or not it requires a higher-level response, and in about 3% of the cases of folks that call in, there may be an active rescue. And that often is somebody who has, for example, already overdosed. We will then call 911 and get the appropriate response. But in the vast majority of cases, about 80% of those, we're able to completely de-escalate that call and resolve the crisis with the crisis worker and the caller.

And then there's that in-between piece, right? Depending on where you live, you may have an option for a mobile crisis deployment. But if you're in a more rural area, that may not be an option.

One way of describing 988 is a front door. But there are multiple doors, right? So, 988 is just one door into the behavioral health system. But it's not the ultimate step to making sure that it addresses the larger issues.

Dan LeDuc: As innovative as the 988 system is, what's just as important is who will respond to a crisis call to that number. It varies depending on where you live. In Dallas, B.J. Wagner, the former police officer, has been working on an alternative response for people having a mental health episode.

B.J. Wagner: People that will be served very well by 988, their needs can be met by a civilian member of our social services profession, without a first responder or public safety professional.

But if we stop there, then we disenfranchise an entire population. We know there are people who experience their mental health emergencies, and they do look and often act in a volatile way. And those people who experience mental health emergencies in that way deserve alternative responses.

We developed a public safety alternative response team in one area of Dallas called “RIGHT Care.” It's an MDRT, multidisciplinary response team.

And it now covers the entire city of Dallas 24 hours a day. And it’s providing that alternative response to anybody who needs a mental health service.

Dan LeDuc: So let's talk specifically about what this was like. What does their response look like?

B.J. Wagner: Ideally 988 operators would triage the call. And if that person does not need a public safety response, they would not receive a response that included a law enforcement officer. They would receive a response that included civilian providers that can care for their needs in the most appropriate way.

But if the 988 operator perceived that there was a public safety risk, then they would work with a 911 operator to dispatch a public safety alternative response team that would look like an MDRT that had a law enforcement officer to ensure the patient's safety, the safety of onlookers, and the safety of the team members.

This team would go out and assess for chronic medical needs, stabilize the crisis at hand or the emergency at hand, and connect to immediate care and long-term care and conduct follow-up.

They have 14 teams citywide and provide services 24 hours a day.

The program has proven to be so beneficial that the city of Dallas, they have actually taken on the expense of operating the team and expanding the team. When they launched in January 2018 to the end of 2019, Parkland Hospital, which is one of the busiest emergency departments in the country—they also operate a psychiatric emergency room—saw a 20% decrease in psychiatric emergency room presentations from the RIGHT Care district compared to a 30% increase citywide.

During the same period, the Dallas police department received 1,083 officer hours redeployed to the patrol district where the RIGHT Care team was working. And that team maintained less than 2% arrest rate for new offenses for every encounter that they had during their operation. As a matter of fact, the teams have been so successful that Chief Eddie Garcia has made RIGHT Care part of his violence reduction plan for the entire city of Dallas.

Dan LeDuc: When good ideas happen in places, they get modeled and changed and spread around the country. Is that starting to happen with this?

B.J. Wagner: It is. We've seen multidisciplinary response teams deployed in other areas of Texas, including Abilene, which has been very successful. Chicago has adopted this program. Fontana, California; Santa Fe, New Mexico. It looks different in Chicago than it does Dallas. Santa Fe, New Mexico, I'm sure is quite different than Fontana, California.

When communities are proud of their program, it becomes a very good model for public safety alternative responses. If a community finds that this model simply won't work for them, for whatever reason, they should keep at the forefront, ensuring public safety can be a part of their response.

Dan LeDuc: Let's go back to Julie Wertheimer for the final word.

Julie Wertheimer: If in the next five years we have true 911/988 interoperability in jurisdictions across the country, that will be success. What I mean by true interoperability is the idea that you can call either number and the appropriate response will be dispatched. And that response will largely be non-law enforcement or non-law enforcement led, so that we are focusing on truly decriminalizing people with behavioral health issues.

Dan LeDuc: We're learning more and more about how mental health is a key part of a community's overall public health. We hope you'll join us next time for our final episode in this series, to learn more about how organizations in many cities are expanding mental health services and trying hard to reach immigrant and other disenfranchised groups to provide needed care.

Thanks for listening. For The Pew Charitable Trusts, I'm Dan LeDuc and this is "After the Fact."

If you or someone you know needs help, please call or text the 988 Suicide and Crisis Lifeline at 988, or chat with someone who can help at www.988lifeline.org by clicking on the "Chat" button.