



# Integrating 9-1-1 and Behavioral Health Response

## Overview

9-1-1 is an emergency line locally staffed and often administered by law enforcement. Depending on the community, county and municipality, dispatch services may be located at multiple 9-1-1 call centers. When a person calls 9-1-1, telecommunicators assess the situation and attempt to resolve it. If the 9-1-1 telecommunicator is unable to quickly resolve the situation by phone, they will dispatch first responders such as sheriff's deputies, police, emergency medical technicians, or firefighters to ensure public safety. Because 9-1-1 telecommunicators may or may not be trained or equipped to identify people experiencing a behavioral health crisis, they frequently dispatch first responders and law enforcement officers to a behavioral health crisis.

Without coordination and collaboration between law enforcement, 9-1-1 and behavioral health providers, law enforcement is often the de facto responder for assisting people experiencing a behavioral health crisis.

## Innovations with 9-1-1 Integration

In some Texas communities, local mental health and local behavioral health authorities (LMHAs/LBHAs) and law enforcement have developed alternative responses to minimize law enforcement involvement in responding to people in behavioral health crisis through collaboration and hard work.

- Integral Care, the Travis County LMHA, reports that 82 percent of the calls transferred to a behavioral health clinician are resolved without involving law enforcement or emergency medical service personnel.<sup>i</sup>
- The Harris Center, the LMHA for Harris County, diverted almost 7,500 calls from law enforcement response between March 2016 and March 2021 which saved more than \$2 million in resources for the police department.<sup>ii</sup>
- The Dallas Rapid Integrated Group Healthcare Team (RIGHT) Care, a pilot program between the Dallas police and fire departments and Parkland Health and Hospital System, went live in January 2018. RIGHT implemented several

co-responder teams and embedded mental health clinicians in the 9-1-1 call center which has assisted with over 4,300 calls through July 2020.<sup>iii</sup>

It is neither quick nor easy to embed behavioral health clinicians within the 9-1-1 call centers. There are multiple agencies, staff, and policies that require alignment when setting up an integrated 9-1-1 system. All LMHA/LBHAs who adopted this integrated system advise it takes time to develop. Once it is fully functioning, the system allows clinicians to triage calls, conduct risk assessments, and direct the responses for a person in crisis once public safety concerns have been addressed.

Additionally, the 9-8-8 hotline, a nationwide resource for mental health and suicide prevention, will launch in July 2022. Although people who call the 9-8-8 hotline will be seeking mental health assistance, they may be diverted to a 9-1-1 call center. The potential increase in call volume may increase the number of behavioral health calls encountered by 9-1-1 telecommunicators.

---

<sup>i</sup> Integral Care. *Combined Transportation, Emergency, and Communications Center Crisis Call Diversion Program Cost Analysis*, October 2020.

<sup>ii</sup> Neylon, Kristin. (2021, December 14). Embedding crisis response in Harris County's 911 Dispatch Center. #CrisisTalk. Retrieved December 15, 2021, from <https://talk.crisisnow.com/embedding-crisis-response-in-harris-countys-911-dispatch-center/>

<sup>iii</sup> *Transforming police responses to Mental Health Emergencies: Rapid Integrated Group Healthcare Team (Right Care)*. MMHPI. (2021, June 2). Retrieved December 16, 2021, from <https://mmhpi.org/project/right-care/>