

How to Successfully Implement a Mobile Crisis Team

As officers are increasingly tasked with responding to people in crisis, jurisdictions are seeking ways to support their law enforcement agencies while also addressing their crisis system needs. This may look different from one jurisdiction to the next, but can involve a range of options from crisis call centers to short-term crisis stabilization units.¹ For many communities, mobile crisis teams are a great option. Not only have they proven to be cost-efficient, but they often reduce reliance on traditional criminal justice measures such as arrest and citations, and reduce transfers to emergency rooms. This brief provides an overview of mobile crisis teams and offers four tips to ensure their success.²

What Is a Mobile Crisis Team?

A mobile crisis team typically includes a group of trained health professionals who can provide a range of services, such as nurses, social workers, and psychiatrists. While mobile crisis teams vary depending on the jurisdiction, they generally are not operated by law enforcement agencies. In fact, most mobile crisis teams are managed by community mental health organizations, hospitals, or government agencies, such as a health department.

Depending on a jurisdiction's needs, mobile crisis teams can be included as part of a comprehensive crisis services system or act as the sole model. Mobile crisis teams have the ability to directly administer medication, refer people to additional treatment, connect people to crisis care, and provide follow-up support. They can also provide on-the-scene crisis assistance, but only after first responders have de-escalated or confirmed that a situation is not an emergency.³ After being called by either first responders, dispatchers, or a mental health agency, mobile crisis teams will usually conduct a follow-up with individuals within 48 hours, either in person or by telephone.

Why Implement a Mobile Crisis Team?

Mobile crisis teams have freed officers' time and allowed them to focus on emergency situations involving crimes or public safety issues. They also provide people with appropriate mental health care and substance use disorder treatment. This kind of intervention has helped prevent many people from cycling through the criminal justice and hospital systems, which are often insufficient to manage their needs and can even exacerbate their underlying issues.⁴ Additionally, mobile crisis teams save jurisdictions money by reducing hospital admissions and incarceration for people with mental health needs or substance use disorders.⁵

1. In fact, the National Association of State Mental Health Program Directors (NASMHPD) identifies the following elements as essential to crisis systems: (1) regional or statewide 24-hour crisis call centers, (2) centrally deployed mobile crisis teams that are available 24/7, and (3) short-term crisis stabilization facilities. See NASMHPD, *A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness* (Alexandria, VA: National Association of State Mental Health Program Directors, 2018).

2. Ibid. Substance Abuse and Mental Health Services Administration, *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014); National Action Alliance for Suicide Prevention, *Crisis Services Task Force, Crisis Now: Transforming Services Is Within Our Reach* (Washington, DC: Education Development Center, Inc., 2016); Interdepartmental Serious Mental Illness Coordinating Committee, *The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017).

3. For officers, "emergency" typically denotes a life threatening or potentially violent situation. This is different from a crisis, which can be addressed only after the emergency has been defused.

4. "Crisis Now Transforming Crisis Services. Business Case: The Crisis Now Model," NASMHPD, accessed January 11, 2021. [↗](#)

5. NASMHPD, *A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness*; Substance Abuse and Mental Health Services Administration, *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*; National Action Alliance for Suicide Prevention, *Crisis Services Task Force, Crisis Now: Transforming Services Is Within Our Reach*; Interdepartmental Serious Mental Illness Coordinating Committee, *The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers*.

Four Tips to Ensure a Successful Mobile Crisis Team

1

Develop cross-system partnerships.

Assemble a planning team to determine if a mobile crisis team fits your jurisdiction's needs. This team should consist of law enforcement representatives, mental health and substance use disorder experts, agencies that serve people in the criminal justice system, people impacted by these systems, and community leaders and advocates.

Establish a shared mission and define goals for the mobile crisis team.

Outline clear roles, responsibilities, and processes through memorandums and agreements.

2

Provide cross-system training.

Train officers on how to recognize mental health symptoms and de-escalate crisis situations with people who have mental health needs. They should also be trained on how (and when) to refer or connect people to mobile crisis teams.

Train mental health specialists and substance use treatment providers on the role of law enforcement and when to request a mobile crisis team.

3

Identify and share data across systems.

Law enforcement, mental health professionals, and substance use treatment providers must identify baseline data⁶ prior to implementing the mobile crisis team.

Develop data use and information-sharing agreements to ensure that information can be legally shared.

Explore the possibility of creating a shared database.

Have regular meetings with cross-system partners to review and discuss data. This will help to determine if the mobile crisis team is meeting key objectives.

4

Ensure that the team has direct access to care.

Give mobile crisis teams access to care systems so that they can provide connections, not just referrals, from the initial crisis response through to treatment and supportive services.

Make sure the team has the capacity to follow up with individuals, at least for a six-month duration.

Example of Success

In October 2020, the **Village of Orland Park**, Illinois, Police Department (a recipient of a **Justice and Mental Health Collaboration Program** grant) began a Mobile Crisis Response Unit (MCRU) to respond to mental health calls. The MCRU includes both a mental health crisis and a public safety worker, and it is available 24 hours a day, 7 days a week. From October 30, 2020, through December 31, 2020, the department responded to 61 mental health calls. Of those 61 calls, the MCRU was on the scene for nearly half. Fifty-six percent of these calls were also resolved at the scene, with only 3 percent resulting in arrest and 13 percent resulting in emergency room visits. These numbers represent declines from the previous 2 reporting periods; for example, from April to June and July to September 2020, 76 percent (of 38 calls) and 68 percent (of 33 calls), respectively, led to hospital visits. Based on this initial success, the police department is already working to expand the program into 5 neighboring jurisdictions.

24/7

Mobile Crisis Response Unit availability

61

Responses from Oct. 30, 2020, through Dec. 31, 2020

56%

Calls resolved at the scene

3%

Calls resulting in arrests

13%

Calls resulting in transfer to the emergency room

6. What your agency chooses to identify as baseline data may vary. At a minimum, for many jurisdictions this will include the number of mental health calls for service, but leaders should not stop there. Some other examples of baseline data might include, but are not limited to, number of connections to resources, number of arrests involving people with mental health needs, and number of repeat calls to the same location. See The Council of State Governments (CSG) Justice Center, *Police-Mental Health Collaborations: Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs* (New York: CSG Justice Center, 2019), 3, 17-18. [↗](#)

Request Support

If your jurisdiction is interested in starting or enhancing your mobile crisis team or other **police-mental health collaboration** response model, visit the **Center for Justice and Mental Health Partnerships** for in-depth subject matter expertise. The center offers free training, resources, and specialized support to communities wanting to improve outcomes or enhance current responses for people in their criminal justice systems who have a mental illness or co-occurring substance use disorder.