



After the Fact | Meeting Crisis with Care: Transforming Mental Health and Justice

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TRANSCRIPT

Will Claxton, officer, Abilene Police Department: If you feel like you are stable and just need your meds, then now I would take that step forward into the Betty Hardwick side if you're needing that support and resources.

Dan LeDuc, host, "After the Fact" podcast: That's Will Claxton. He's a police officer in Abilene, Texas. You just heard him on the phone, talking to an Abilene resident.

Will Claxton: That being said, we'll probably come check on you next week, okay, and see if you've kind of got that ball rolling, all right? And see if we can't help you out.

As a police officer assigned to our community response team. I kind of break down that wall of what a traditional officer would do.

Dan LeDuc: Will was part of a community response team program to help respond to mental health calls from community members. The team is made up of a police officer, a crisis worker, and a paramedic from the Fire Department.

Andrea Reyes, mental health crisis specialist, Betty Hardwick Center: We usually come in in the morning and kind of review the calls from dispatch that we get from the night before.

Dan LeDuc: That's Andrea Reyes. She is a crisis worker on the community response team. She works to stabilize community members who are experiencing a mental or behavioral health crisis and quickly get them the care they need.

Andrea Reyes: Our goal is to keep people that are really mentally ill out of the ERs and keep them out of jail.

Live audio: There was a disturbance over some Cool Whip. She wasn't seen by crisis. Did they call fire or no? No, fire was not there.



Dan LeDuc: Josh Horelica, who you just heard, has also served on the community response team from 2021 to 2023. He is a paramedic for the Abilene Fire Department.

Josh Horelica, firefighter/paramedic, Abilene Fire Department: I medically clear patients or clients. If there's scrapes, bruises, I bandage it, but there's a need that's been pressing. It hasn't been talked about or hasn't been seen. Mental health has become an issue that just can't be overlooked anymore.

Dan LeDuc: Welcome to "After the Fact." For The Pew Charitable Trusts, I'm Dan LeDuc. In the United States, police officers, jail officials, and emergency room physicians are often the only people on call to respond to people in crisis.

Oftentimes, they don't have the right training to handle mental or behavioral health calls. And, as a result, people with mental health conditions are jailed more than 2 million times each year.

But communities across America are changing this narrative by trying something new. They're creating crisis response teams. These teams make up groups of professionals, like social workers, firefighters, and even police officers, who are specially trained in mental health crisis response. They work to help meet the needs of residents, keep folks out of jail, and reduce the strain on law enforcement.

This is the story of one of those teams.

Will Claxton: We are in Abilene, Texas.

Will Claxton: We have crime, homelessness, but we also have everything else you'd want. Family, friends, it's home.

Dan LeDuc: Abilene lies just on the edge of West Texas and, with its shopping, restaurants, and large hospital, serves as a connection hub for surrounding rural areas, known as the Big Country region. It's the kind of town where neighbors wave "hello" when they pass each other on the street, and people can get where they're going with no traffic. And locals look forward to the annual rodeo held every fall.

Julie Wertheimer, project director, mental health and justice partnerships, The Pew Charitable Trusts: We know that over 2 million Americans with mental illness are arrested each year, usually for some low-level offense or misdemeanor level.

Dan LeDuc: You're hearing from Julie Wertheimer; she is an expert who leads the mental health and justice partnerships project at The Pew Charitable Trusts.



Julie Wertheimer: We've seen an increase in the number of people who have experienced some sort of mental illness or behavioral health crisis, whether we're talking about substance use disorders or people experiencing co-occurring substance use and mental health disorders. And we know that law enforcement is not the most efficient way to respond to those incidents, those crises. So, it's been long overdue for a change.

Brad McGary: Everybody's aware of the national narrative that police encounters with people in mental crisis usually don't end well for either side.

Dan LeDuc: That's Lieutenant Brad McGary, also from Abilene. He helped start the town's community response team back in 2019.

Brad McGary: What we've tried to do is make our response less about a law enforcement response and more about the crisis response. They are truly looking at it from a facet of, what does this person need and how can we deliver it?

Will Claxton: Every law enforcement agency across America is dealing with mental health.

Dan LeDuc: That's Officer Will Claxton again.

Will Claxton: I think that more people are trying to readjust how police are responding to those calls.

Dan LeDuc: Will was promoted to a different position within Abilene's police department after we recorded these interviews. But when it comes to community response, he is not alone in his thinking.

Julie: When you talk to police officers, sheriffs, we've seen an increased awareness that law enforcement is not the appropriate response to these health crises but can be especially detrimental to Black and Brown communities.

Yolanda Lewis, executive vice president for justice and health, Meadows Mental Health Policy Institute: We're not just talking about race and why it matters, but it does.

Dan LeDuc: Yolanda Lewis is the executive vice president for justice and health at the Meadows Mental Health Policy Institute. The organization worked to help form the community response team in Abilene. She's also a former colleague of mine at Pew, where she directed our safety and justice portfolio. Pew and Meadows work closely together on mental health and justice issues in the United States.



Yolanda Lewis: My former experience as a practitioner has really kind of shaped the perspective that I have on research, and how it applies to the criminal justice system.

Dan LeDuc: In her past work as the district court administrator in Atlanta, she designed plans to help improve public safety, with a focus on mental health and justice reinvestment.

Yolanda Lewis: There is a need to provide evidence and information that truly represents how the system affects people, in the name of public safety, and then how it becomes a continuing case study for the need for deeper reforms.

Dan LeDuc: We're back with Andrea Reyes, the mental health crisis worker on the community response team.

Andrea Reyes: We have a client where you have to speak to him in third person, and if you don't talk to him in third person, he won't respond. Officers that aren't familiar with him or don't know him, they try to have a conversation with him.

Will Claxton: There was a situation at a gas station one day, and they were telling him he needed to leave, but they weren't talking to him in third person, so he wasn't listening. It was to the point where they were almost going to tase him.

As a police officer, if someone's in crisis, we just kind of get a quick little snapshot. The community response team came in and we were like, hey, we know this guy, let us talk to him. And we were able to get him out of the gas station, and the other officers were able to leave. But, I mean, it was going to end badly.

Dan LeDuc: What did the emergency services for a mental health crisis in Abilene look like before the community response team? Jenny Goode tells us more.

Jenny Goode, CEO, Betty Hardwick Center: Meadows Mental Health Policy Institute came to our community and did a needs assessment called the Smart Justice Assessment.

Dan LeDuc: Jenny is an Abilene resident and CEO of the Betty Hardwick Center, a local organization that helps treat adults and teens who are experiencing mental health challenges. She helped start the community response teams in Abilene.

Jenny Goode: They took some data from the 911 center and made a determination about how many of those involved behavioral health services and made some determinations about the challenges that our agencies were having in responding to them.



Brad McGary: Before the CRT units were built, an officer would go out, they would contact the mental health authority, who would send out a crisis worker. If it was going to be inpatient, they would have to try to find a facility that had a vacancy.

Will Claxton: Just being an officer, when I first started, if someone's having a mental health crisis, you would respond. That's fine. Make sure it's safe. Call Betty Hardwick. And calling Betty Hardwick meant getting in touch with Andrea.

Andrea Reyes: Prior to the community response team, I was a crisis team leader here at Betty Hardwick; we covered five counties. Sometimes there's just one worker. So, if we're an hour and a half away, then we have two police officers on scene waiting for a crisis worker to respond.

Brad McGary: And so that whole time, the officer is basically, okay, I'm done with what I have to do, but now I'm just kind of here waiting to see what's going to happen. Officers would get tied up for hours with a mental health patient instead of answering burglary calls and things that were more law enforcement specific.

Andrea Reyes: Initially they were going to call it the CRT, the crisis response team. But then we got to thinking, we don't want to just respond to crisis. We called it the community response team so we can engage with people in the community,

Dan LeDuc: The city saw early results from its community response teams. In 2020, teams responded to 1,651 mental health calls in Abilene. Those responses prevented 58 emergency room visits and 33 jail bookings—which is significant for a small city of 125,000.

Live audio: She called last night, she was drunk. Said that she was gonna take a bunch of pills. That may be something, so that may be someone we can just follow up with today.

Brad McGary: You're putting a lot of alpha type personalities in the same vehicle for 10 or more hours a day, going from one crisis to another crisis to another crisis. You're following up with people that were previously in crisis.

Josh Horelica: We also listen for 911 calls of suicidal people or possibly sometimes injured subjects or, um, just disturbances.

Dan LeDuc: That's Josh again. The firefighter on the response team.

Live audio: How were you last week? I didn't get to talk to you. I was, felt really, really depressed.



Brad McGary: Sometimes it's extremely stressful. Sometimes they want to bang their head on the wall.

Live audio: That the neighbor is going to shoot him with a gun. That the con party is going to grab his machete.

Josh Horelica: We do go into dangerous situations, sometimes unknowingly, sometimes knowingly. People can be unpredictable.

Live audio: They said they left you a food box. Did you get it? Uh, kind of no. You want Josh to check your vitals?

Josh Horelica: You kind of know what to look for in terms of, you know, schizophrenia, bipolar, but actually seeing clients on a daily basis and up close and personal, it definitely helps.

Live audio: Please. Because I'm ... this is it. Four months, or you ain't getting no new body, no new life, and no next life. I, I won't give it to you. We'll see you. I'll reach you later, OK? See you.

Andrea Reyes: We're being invited into these people's houses on the worst day of their life sometimes. And it's like, having to be the calm to their chaos and try to tell them that we're going to take the best care of them or their loved one. We're in Texas, people have guns, there's weapons.

Live audio: Come out this way so the vicious dogs don't attack y'all.

Josh Horelica: Sometimes my cop will say, hey, we need to move this situation from talking to them in their house to let's talk to them on the front yard or outside.

Live audio: But we're gonna have to roll outta here. OK. We just wanted to stop by and check on you.

Will Claxton: As a police officer, I am security. We don't make decisions alone. We don't go to a call and I show up and say, hey, we're going to do this and that's the way it's going to be. We discuss all of our calls as a team.

Sometimes they may have not had the best interactions with law enforcement in the past. And so, coming in there in this team aspect, we can kind of bridge that gap and rebuild it.

Live audio: Luckier than me. I never win when I go. You ever win? I never win. You're gonna add more bingo? Every once in a while.



Andrea Reyes: There's a lot of people that are hesitant about mental health.

We have been cussed out many times, and we continue to go back. And it's just about letting these people know, like, you can cuss us out, that's fine, but we're still going to show up.

Live audio: I see your clinic appointment. Oh yeah. Dec. 5. That's good. Dec. 5. Dec. 5.

Grant: Paws are a bit orange. The scales here are more orange too. The eyes are orange. That is definitely Speedy. And that is how you tell the sex of a box turtle. Orange. Think a man with a tan. Man rhymes with tan.

Will Claxton: Say that I look forward to seeing Grant, hopefully as much as he looks forward to seeing us.

Dan LeDuc: Grant is an Abilene resident that the team checks in on regularly. He lives with his dad and struggles with his mental health. Before the community response team, Grant would often make noise in the street when going through a mental health crisis. Neighbors would call the police, and he'd end up in the hospital.

Josh Horelica: Grant, he's a good guy. We met under unfriendly circumstances.

Andrea Reyes: People would often call in on him because he would be in the street.

Josh Horelica: He often has suicidal thoughts. He wants to run out into the road and get run over and just be done, and it's all over. People just being mean to him online.

Grant: If you've spent as much time on the internet as I have, we can be very cynical and hateful.

Josh: And so, we've built enough relation to where he trusts us and trusts our opinion and showing him that not everybody's perfect and not everybody online deserves your time. Some people are on there just to be mean. He makes puzzles that are nationally recognized by puzzle magazines and puzzle enthusiasts.

Andrea: He's actually working on putting a puzzle together to see if he can stump us. Have you been working on your puzzles?

Grant: Yeah, I'm working on those you get ours, yet I guess it slipped my mind, but I'm going to send myself an email reminder. Ready for it, I'm ready see if you can stump us, I'm ready for the Grant puzzle.



Will Claxton: If he is in crisis, I can call Grant on the phone, and I can talk to him for 10-15 minutes and change his mood completely and put him in a better place.

Grant: Like I said, I think volunteering at Christian Service Center, I want that to, I don't want to say it changed my life, but it certainly changed my past day or so and want to.

Josh Horelica: He's excited about volunteering at his church, and you know, helping Meals on Wheels and just, uh, using his existence to be the better for other people.

Grant: The community response team, they just keep me in check and give me advice.

Andrea Reyes: It's just him and his dad, and so I think a lot of times, Grant gets lonely, and to be somebody there that he can talk to and to come see him and show compassion and let him know that we care, I mean, I think it helps him.

Grant's father: I was at the point I didn't know what to do for him.

Dan LeDuc: That's Grant's dad, Gary.

Grant's father: He'd run out and tried in the street and in front of cars, and I didn't know what to do. I can't run very fast because I had a broken hip. And I'm really thankful for them, for what they're doing. Abilene's lucky to have them.

Josh Horelica: I've learned a lot that the books really can't kind of cover. Almost treat it like it's not a thing, if that makes sense. You know, kind of humanize it, you know, talk to people, look at them in the eyes, try and empathize and feel what they're going through.

Grant: I'm just feeling a lot better. I want to make it a habit, volunteer my time more.

Grant's father: Absolutely, and I think you're doing a good job, Grant. Mode is to get out of the house and get out of my hair and getting out of the house is great too. Remember we talked about that. You know we talked about walking on days like today. Just going for a walk. Feels great outside.

Will Claxton: You're an officer, most situations you're taking people to jail. And now I get to keep people out of jail. That's pretty neat.

Dan LeDuc: You're hearing Will again. He, along with other community response team members, are speaking to a room full of local nursing students. They are trying to get the word out about the work they do.



Will Claxton: It brings me great pride knowing that what we're doing here in Abilene is being noticed across the nation, and people are reaching out to us to become a part of what we're doing here and try to emulate it across the nation. What seemed maybe so small at the beginning is, is growing bigger and bigger daily.

Dan LeDuc: Abilene is just one example of how response teams can meet community needs. But these response teams should not be applied with a one-size-fits-all approach. Abilene is situated in West Texas, and the racial demographics of the town are majority white.

And in some communities, a law enforcement response can be more triggering for people in crisis. A response team in a larger or more racially diverse city might be made up of different professionals, like nurses or social workers. These professionals might receive different training that helps them respond to situations relevant to that community. Ultimately, successful response teams are built to meet the unique needs of the communities they serve. We're back with Julie.

Julie Wertheimer: We've come to understand that different jurisdictions will have different challenges. But if in the next five years we are focusing on decriminalizing, people with behavioral health issues and intervening with clinical services and not law enforcement and the criminal legal system, that will be success.

Andrea Reyes: I absolutely think this is a resource needed in any community.

Having officers trained to handle these situations, having medics, crisis workers available, you're less likely to have a violent outcome. You're less likely to have repeat cycles of crisis. If we don't do something to get in front of it, it's just going to get worse.

We've seen an uptick in a lot of our calls, just people that just need to talk to somebody. You know, they don't necessarily know how or know why or know where to go to. Sometimes we get a call, and it's just all they needed to do was to talk to somebody.

Live audio: That's Margie calling back. Hi, Margie. Hey, where are you guys at in town? You want us to come see you? I'd love to see you guys.

Dan LeDuc: Margie is another resident the response team visits regularly. She's struggled with her mental health after the death of her son.

Live audio: Margie, how are you? Hey, I'm great. Good to see you. There you go. You look happy. Your spirits are back. Back, oh yeah. Life is good.

Andrea Reyes: Margie, today was the birthday of her son that has passed,



Margie: I have anxiety because I lost my son. And I was crying in a meltdown and they showed up at my house. Thank God. They helped me, they got me into some outpatient counseling, and they've checked up on me regularly just to make sure things were going good.

They just don't see you and forget about you. They're constantly involved.

Andrea Reyes: She always talks about how, you know, his favorite cake is a funfetti cake, and she makes him one every year, and she gives it away. And so, we took her a funfetti cake for her to be able to eat instead of giving it away.

Live audio: Enjoy your cake. I will. I'll go home and I'll probably share it with the babies. Of course you will. Two blue pits and he runs the house. Or he thinks he does.

Josh Horelica: Lot of times on the engines or the ladder trucks or even on the ambulances, you see the person calling 911. We treat them, take them to the ER.

We know hypothetically they got better because we took them to the hospital, but getting to see them on a regular basis, seeing them get the new job that they wanted or getting into the class that they wanted to or even just getting to talk to their parents again because they're stable enough, that's a huge reward that we don't often get to see in our line of work.

Brad McGary: It could be a death in the family, they lost their job, a divorce, anything that you could possibly think of to hit that crisis threshold. And what the team allows, it's a softer, more balanced approach. They know that on any given day, they've got three friends that are going to come see them.

Andrea Reyes: We're going to be consistent and we're going to keep knocking on your door until you realize that we're on your team and we're here to help you out.

Josh Horelica: We get to a point where we've built pretty good relationships with people. Just last month we took one of our clients' husbands a birthday cake, and he bawled.

He broke down crying and, you know, it just touches your heart a different way. He said he hasn't been given a birthday present in years. So, seeing a 65-, 70-year-old man just absolutely bawling over a piece of strawberry cake that you took him, you know, it just, it kind of touches on your heart. And just being able to be that for someone.

Dan LeDuc: Thanks for listening. To hear more stories like this, visit us at pewtrusts.org/afterthefact. And if you have questions or feedback that you'd like to



share, let us know what you want to hear about, you can write us at podcasts@pewtrusts.org. 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.