Crisis Service Line
Perceptions
Keys for Police
The Need

- Approximately 350,000 police behavioral health interactions each year in the U.S.
- “Do our jobs” We need to treat not incarcerate.
- Decrease the stigma
Strong Relationships: Police & First Responders

- Call for assistance only when absolutely necessary
- No wrong door
- Personalized customer service
- Provide behavioral health education
- Regular meetings with police & first responders
What resources do we provide to Law Enforcement?

- 23-hour crisis stabilization
- Sub-acute inpatient crisis stabilization
- 24/7 outpatient
- Acute inpatient evaluation & treatment
- Crisis Respite
Service Locations

- 10 facilities
- 5 States
Crisis Training

- Evidence-based
- Nationally recognized best-practice
- Examples:
  1. CPI (Crisis Prevention Institute, non-violent)
  2. T.O. (Therapeutic Options)
Staff

- Appropriate ratios of staff-to-guest
- Engaged and positive
- Job specific training
- Peers are key
- Tools for staff that enhance safety
Physical Environment

- Open and welcoming
- Non-institutional
- Soft lighting and colors
- Access to outdoor space
- Space for privacy
- Anti-ligature
- Safe seclusion and restraint rooms in acute settings
Lessons Learned

- Don’t sacrifice safety for recovery
- Police are an invaluable ally
- Always say yes, you can triage and divert when needed
- Working to help police helps reduce stigma “Do the Right Thing!”
Effective Crisis Response From the Law Enforcement Perspective

- **Goal** – Diversion from CJ to BH System when appropriate
- Early Intercepts are key to healthy communities, reducing suicide, reducing use jail, ER, crime, etc.
- Not just “Quality” Services but key Concept “Accessibility”
Anytime the police are diverting to Behavioral Health System
Positive Sign

- **Common concerns/questions**
  - Time want us to stay - “gotta go”
  - Getting the “hot-potato”

- **Law-Enforcement’s Perception of Behavioral Health’s Role in the Interaction**
  - You’re the helping people/experts
Effective Crisis Response  
Remove the Barriers!

No Wrong Door Philosophy = **Customer Service**” as defined by the Needs of the Cops (quick as well)

<table>
<thead>
<tr>
<th>Potential Barriers</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Debating if appropriate setting</td>
<td>✓ Jails</td>
</tr>
<tr>
<td>✓ Too Drunk/Not Drunk Enough!</td>
<td>✓ Curbs</td>
</tr>
<tr>
<td>✓ Medical Clearance</td>
<td>✓ Missed Opportunities</td>
</tr>
<tr>
<td>✓ Calling to come back</td>
<td>✓ Tenor</td>
</tr>
<tr>
<td></td>
<td>✓ ED’s</td>
</tr>
<tr>
<td></td>
<td>✓ TIC</td>
</tr>
</tbody>
</table>
Effective Crisis Response

- Needs to be faster & easier than jail

- Long-Term positive or implications
  - Police are not “required” to do this
  - You have the power to reinforce or undo – “No UM” Please 😊
  - 2001 Experience
  - Path of least resistance – sidewalks, etc.

- Different “barriers” in Rural than Urban due to density, etc., but the same “culture” should apply regardless of demographics, etc.
  - Blended Funding
  - Achieving Trip Aim Outcomes
    - Patient Experience, Improved Outcomes. Cost Savings