

**BHR**

Behavioral Health Response



# Crisis Response Unit

6 Months Later

**We Care, We Listen, We Respond... 24 Hours a Day**

# 911 Diversion Program: Then to Now

The Crisis Response Unit “CRU” in the last six months has continued as a team of cops and clinicians with one mission: **saving lives**. The focus of the CRU continues to be deescalating situations resulting from behavioral health and/or substance use, responding to traumatic situations, and assisting those in a crisis. The CRU continues to resolve situations on the scene by providing resources in “real-time” and connecting individuals with services as needed.

Since the start of the program on February 8, 2021; 1,528 individuals have engaged with the CRU to date.

# 6 Months Ago, Until Now

- ① Total engagements: **1,528**
- ① In February, CRU engaged **135** individuals.
- ① In July, CRU engaged **573** individuals, which is **438** more than the initial month.
- ① This an average of **255** individuals engaged each month.

# 6 Months Ago, Until Now

 Engagements per district to-date:

Districts	February	July	Year-to-date	YTD Average
1	13	53	180	30
2	21	43	171	29
3	25	39	162	27
4	31	143	363	61
5	20	158	345	58
6	23	81	212	35

 St. Louis City Jail: **183**

# Top 5 Problems Addressed (6 Months Ago, Until Now)

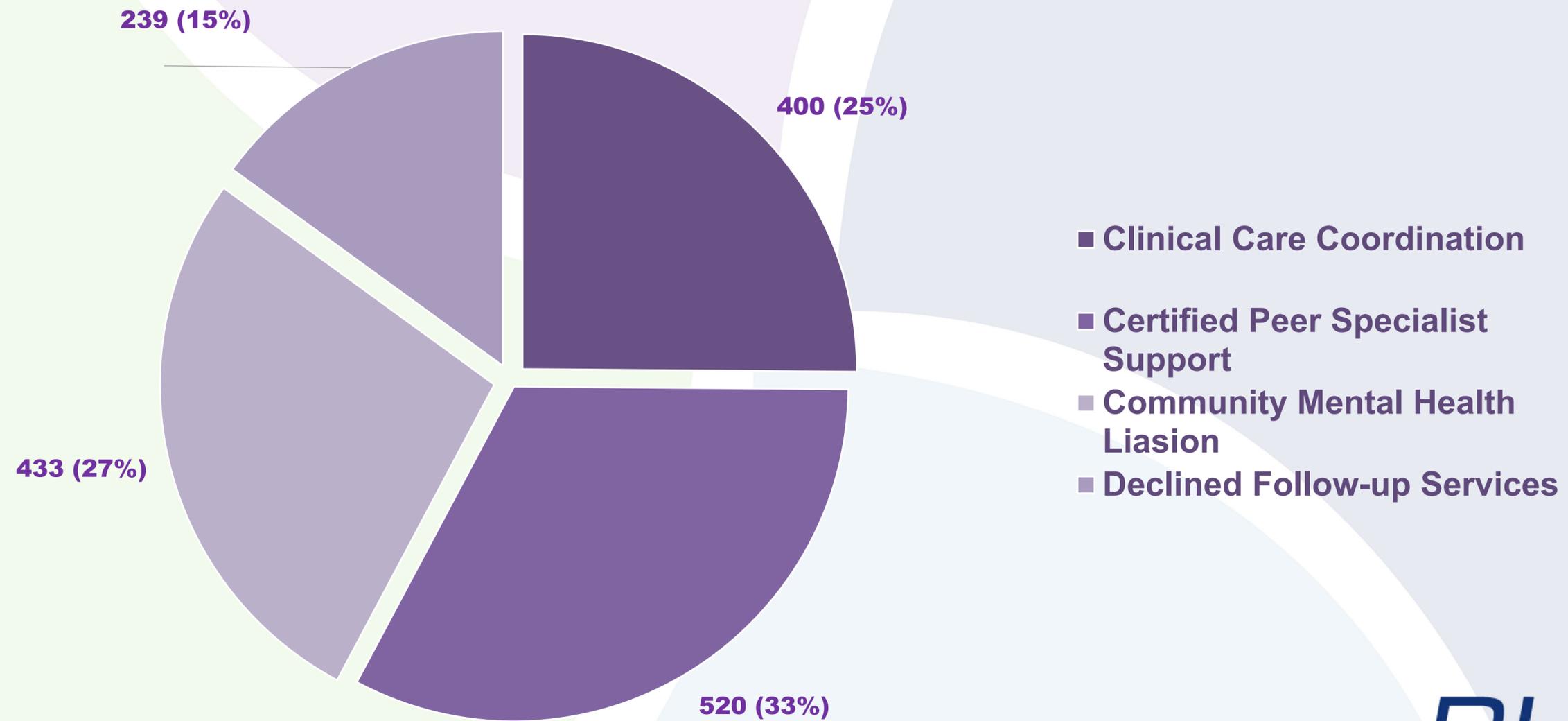
Beginning	March	April	May	June	July	Year-to-Date
Acute psychiatric crisis <b>(36)</b>	Acute psychiatric crisis	Non-Acute Mental Health Needs	Housing	Housing	Housing <b>(106)</b>	Housing <b>(309)</b>
Non-Acute Mental Health Needs <b>(20)</b>	Non-Acute Mental Health Needs	Acute psychiatric crisis	Acute psychiatric crisis/ Education and job assistance	Inability to meet basic needs	Education and job assistance <b>(79)</b>	Acute psychiatric crisis <b>(226)</b>
Currently Suicidal <b>(29)</b>	Currently Suicidal	Housing	Currently Suicidal	Education and job assistance	Non-Acute Mental Health Needs <b>(78)</b>	Non-Acute Mental Health Needs <b>(214)</b>
Domestic Violence <b>(13)</b>	Housing	Substance Use	Non-Acute Mental Health Needs	Acute psychiatric crisis	Acute psychiatric crisis <b>(58)</b>	Education and job assistance <b>(189)</b>
Housing <b>(12)</b>	Substance Use	Currently Suicidal	Substance Use	Currently Suicidal	Domestic Violence <b>(54)</b>	Inability to meet basic needs <b>(170)</b>

# Top 5 Results of Events (6 Months Ago, Until Now)

Beginning	March	April	May	June	July	Year-to-Date
Referred to hospital psychiatric unit for evaluation <b>(30)</b>	Referred to hospital psychiatric unit for evaluation	Referred to community behavioral agency	Referred to community behavioral agency	Referred to community behavioral agency	Referred to community behavioral agency <b>(250)</b>	Referred to community behavioral agency <b>(605)</b>
Referred to medical facility for medical reasons <b>(30)</b>	Resources offered and accepted on scene	Resources offered and accepted on scene	Referred to hospital psychiatric unit for evaluation	Resources offered and accepted on scene	Resources offered and accepted on scene <b>(142)</b>	Resources offered and accepted on scene <b>(442)</b>
Resources offered and accepted on scene <b>(29)</b>	Referred to community behavioral agency	Referred to hospital psychiatric unit for evaluation	Resources offered and accepted on scene	Referred to hospital psychiatric unit for evaluation	Referred to hospital psychiatric unit for evaluation <b>(82)</b>	Referred to hospital psychiatric unit for evaluation <b>(318)</b>
Referred to community behavioral agency <b>(29)</b>	Referred to existing provider for follow-up	Referred to existing provider for follow-up <b>(34)</b>	Referred to existing provider for follow-up <b>(117)</b>			
Non-emergency: Referral for community-based services <b>(21)</b>	Referred to medical facility for medical reasons	Non-emergency: Referral for community-based services	Non-emergency: Referral for community-based services	Referred to medical facility for medical reasons	Referred to medical facility for medical reasons <b>(12)</b>	Non-emergency: Referral for community-based services <b>(42)</b>

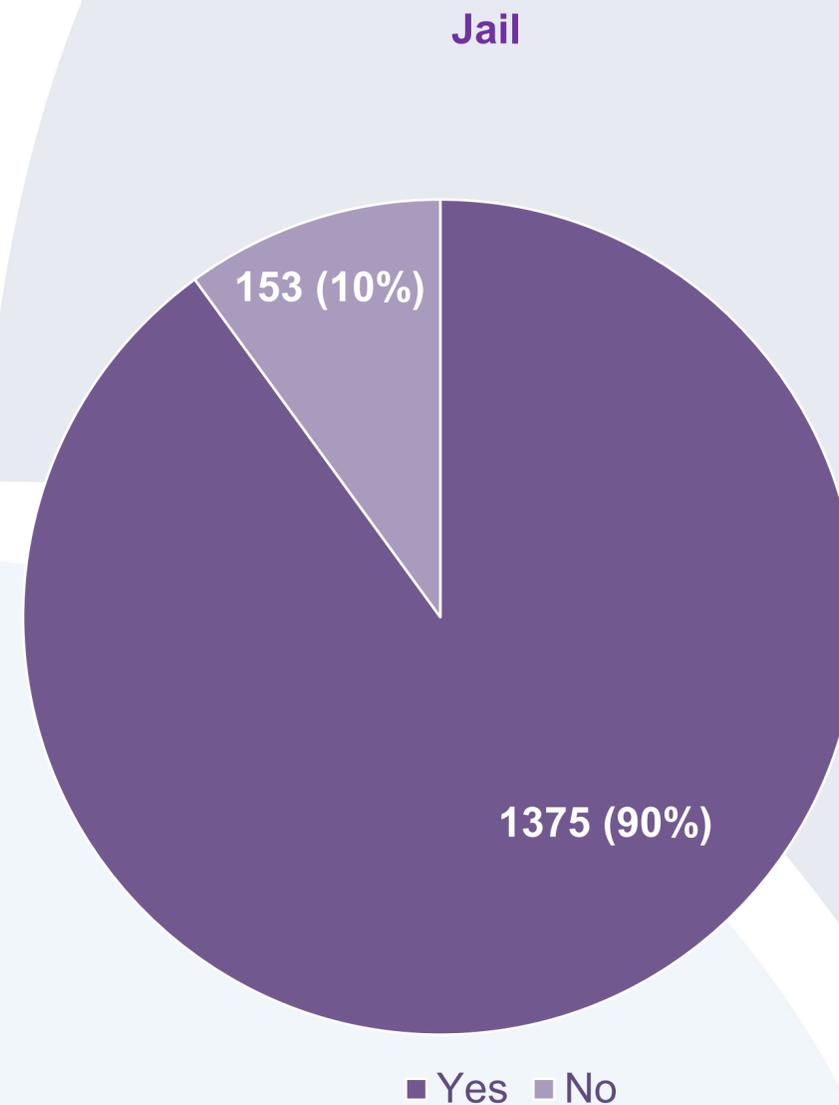
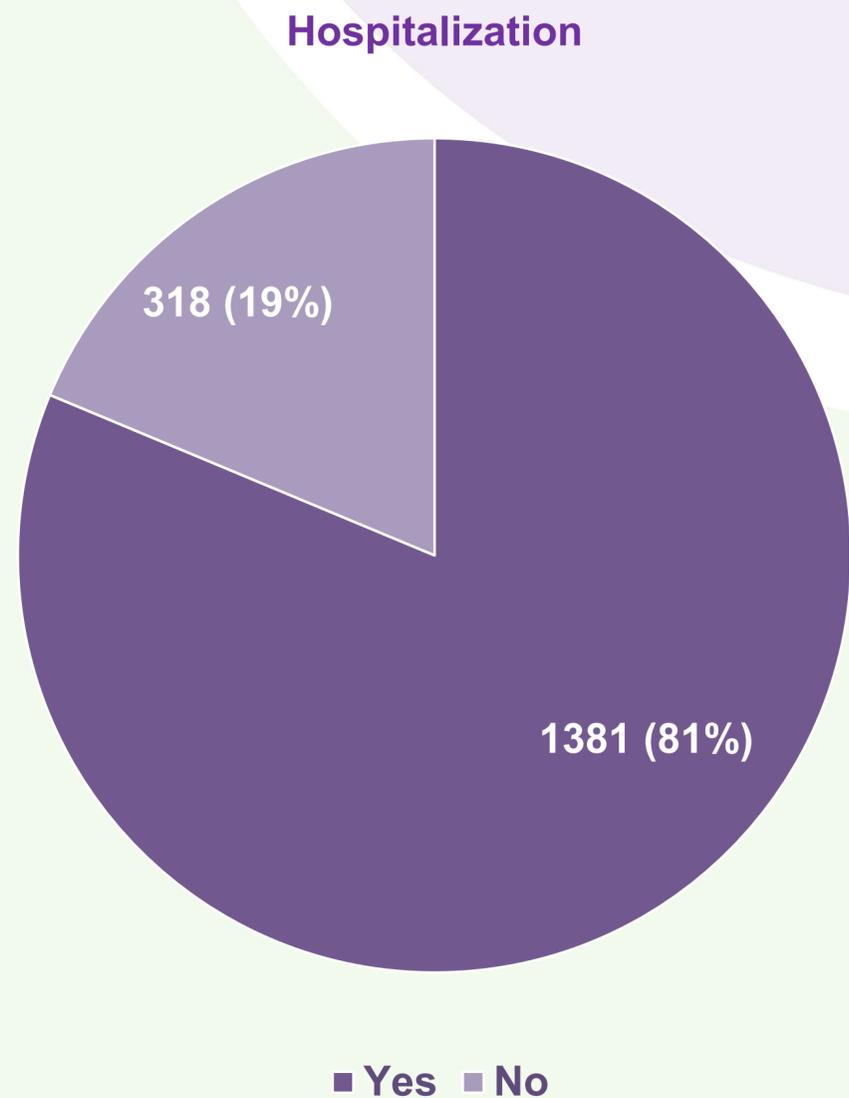
# Crisis Response Unit Community Support Data

## Ongoing Community Support



# Crisis Response Unit Diversion Data

## Percentage of Individuals Diverted



# Crisis Response Unit Testimonials

My experiences with the Crisis Response Unit has been great. I have had the opportunity to see firsthand the important and difficult job the STLPD deals with on a daily basis. In my limited time with the 911 Diversion Team, I have seen a huge variety of times where as partners we were able to reach individuals in their time of need in ways we would not be able to individually before this program was created.

One incident stands out more than the rest for me. One day we had a young mother who was distraught after a breakup with her fiancée so she decided to park her vehicle onto some train tracks in an attempt to end her life. With the help of Officer Harris and Officer Helm, we were able to peacefully remove the young mother off of the train tracks and escort her to the hospital. This is just one of many incidents that I have experienced since joining the Crisis Response Unit. I strongly believe that our city has some of the best Police Officers in the country and working hand in hand with them is a big step in the right direction for our city. We really do SAVE LIVES.

~ T. Sharp, CRU Clinician ~



# Crisis Response Unit Testimonials

Thank you BHR and Trish for all your help and support. Because of BHR, my children can play in a yard again. “Thanks with tears in her eyes”. (7/30/2021) – CRU Feedback card

~ **A. Russ, St. Louis City Resident** ~

# Crisis Response Unit Testimonials

"Around 3:45pm a call came out for an 18 year old with autism who had run away from an assisted living facility in Nashville TN. The man who found the teen on the Greyhound bus was a NAMI advocate and recognized that the teen needed help. He had been reported missing two days ago by the assisted living facility and made his way to St. Louis by Greyhound. The teen was transported to Central Patrol until district officers could contact Nashville PD and client's mother who has guardianship. Officer Lynch bought the teen dinner and several district officers played catch with him at the station. We all comforted and stayed with the teen until he was transported to Cardinal Glennon where he eventually fell asleep. Nashville PD and client's mother were contacted and they were on the way to St. Louis. So much team work on this call from CRU, the NAMI advocate, Officers Lynch and Fairchild, Sgt. Singh, and Cardinal Glennon staff."

~ M. Baker-Wilmes, CRU Clinician ~

