

OASIS · AT A GLANCE

Why ERs and police become the default crisis response

There is no missing phone number that would have prevented most of these calls. There is a missing service system, and the gap it leaves gets filled by the two responders who show up for everything: the emergency room and the patrol car. Neither is built for autism. Both are what's left when nothing else exists.

BY JIM PALASTY · 13 MIN READ · WHERE THE GAP GETS SHIFTED

3

GAPS THAT SHIFT RISK TO 911

No mobile crisis team. No crisis respite bed. No after-hours case manager. Each missing piece routes the call to a badge or an ER bay.

How it works

THREE STEPS

STEP 1

Map your gaps



STEP 2

Pre-load the script



STEP 3

Debrief and document

Scripts for the moment you need them

Calling 988	"This is an autistic adult in a behavioral crisis, not a psychiatric emergency. Please send mobile crisis, not police, if available."
If 911 is unavoidable	"He is autistic and non-speaking. He is not violent. Please send a CIT-trained officer if one is available."
At the door	"This is a crisis communication card. Please read it before approaching."
At the ER	"He has a sensory processing profile. Please dim lights and reduce noise where possible."

A STORY WE KNOW



Andre's son had three police contacts in one year, each one during a meltdown at home that his family had no other number to call about after 6pm. After the third, Andre requested his county's mobile crisis response data through a public records request. There wasn't one. He brought that absence, in writing, to the county CMH board meeting three months running. The county applied for American Rescue Plan Act mobile crisis funding the following budget cycle. It took a year to stand up. His son has had zero police contacts since the team started responding instead.

THE MISSING PIECE HAD A NAME. SOMEONE HAD TO SAY IT OUT LOUD, IN PUBLIC, THREE TIMES.

What matters, at a glance

Gap 1: no mobile crisis team

Without a clinician who comes to you, 911 dispatch defaults to the only responder that's always available: a patrol car.

Gap 2: no crisis respite bed

Without a place to de-escalate outside the home, the ER becomes the only "somewhere else" anyone can name.

Gap 3: no after-hours case manager

Crises don't wait for business hours. When the case manager's voicemail is the only option at 9pm, families call 911 instead.

988 can dispatch differently

In many areas, 988 can warm-transfer to mobile crisis instead of police, if you ask directly and the county has built that capacity.

Prevention scripts

One for calling 988, one for a 911 dispatcher, one for an officer at the door. Rehearsed in advance, not improvised under stress.

Documentation drives the fix

Every ER visit and police contact you log becomes the evidence your county needs to fund the missing piece.

BRING THESE · CHECK AS YOU GO

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|--|---|
| ☐ A written crisis communication card in your family member's bag or wallet | ☐ Your county's mobile crisis dispatch answer, in writing |
| ☐ Three rehearsed scripts: 988, 911, and at-the-door | ☐ Registration with your local special-needs registry, if one exists |
| ☐ A running log of every crisis contact and its outcome | ☐ Your CMH board's meeting schedule |

YOUR MOVE

When you can't avoid the next crisis call, here is how you prepare for it now

- 1 Call 988 today and confirm whether mobile crisis dispatch exists in your county.
- 2 Write and rehearse your three scripts before you need them.
- 3 Register with any special-needs or premise-alert registry your local police maintain.
- 4 Log every ER visit and police contact, with date, outcome, and gap that caused it.
- 5 Bring the log to your CMH board or DD council meeting.
- 6 Ask directly what it would take to fund the missing piece.

The gap in the system doesn't call 911. Your family does, because nothing else picked up.

RESOURCES NAMED IN THIS POST

crisisnow.com · <https://www.crisisnow.com/>

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ABOUT THE AUTHOR



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