

Police Initiated Telehealth Assessment & Triage By Family Service League: An *OPEN MINDS* Program Profile

Founded in 1926, Family Service League, Inc. (FSL) is a 501(c)(3) community-based non-profit provider organization that offers addiction and mental health treatment; various models of integrated care; job training and employment support; family and community support; housing and homeless services; senior and caregiver services; and trauma and crisis counseling to adults, children, and families. Their mission statement is, “Transforming lives and communities through mental health, addiction, housing, and essential human services.”



Headquartered in Huntington, New York, FSL operates more than 60 programs across 20+ locations. The organization employs 724 staff members, serves approximately 50,000 individuals annually, and reported approximately \$70 million in total revenue for 2025.

In 2019, FSL developed a comprehensive clinical continuum that originally included a crisis stabilization center, a mobile crisis team, and a crisis hotline (FSL no longer operates the hotline). The stabilization center was the first of its kind and has served as a statewide prototype that led New York State to issue requests for proposals (RFPs) for additional stabilization centers. From the outset, FSL focused not only on scaling crisis services, but also on innovating to close system gaps, remove barriers to care, and leverage technology to improve access and outcomes.

Program Model

FSL's Police Initiated Telehealth Assessment and Triage program provides in-community and telephonic crisis support to law enforcement officers responding to individuals experiencing behavioral health crises. The program operates in partnership with the Suffolk County Police Department (SCPD) and nine Town and Village Police Departments. Following extensive training, roleplaying, and continuous quality improvement efforts, FSL established a six-step workflow:

1. The responding officer calls a dedicated law enforcement phone line.
2. The officer is connected to a licensed clinician and provides a summary, including demographics and the reason for the call.
3. A crisis worker sends an SMS text with a secure link that initiates a telehealth session through FSL's electronic medical record (EMR) on the individual's or officer's phone or tablet.
4. The crisis worker conducts a virtual engagement and completes a risk and dispositional assessment. These assessments average 20 minutes. If law enforcement involvement is no longer required, the

officer is formally released.

5. The crisis worker sends a dispositional email to relevant law enforcement personnel. Possible dispositions include continued telecrisis support, dispatch of a mobile crisis team, transport to a crisis stabilization center for further assessment (by police or via FSL's transportation coordination platform when clinically appropriate), linkage to follow-up care, or hospital transport.
6. Following the initial telecrisis encounter, crisis staff coordinate tailored follow-up services to ensure successful linkage to ongoing care and to monitor changes in risk status over time.

The program operates 24/7/365 for individuals ages 5 and older and covers all of Suffolk County—approximately 900 square miles and 1.5 million residents.

Fees & Funders

FSL finances its crisis services through a braided funding model that combines state funding, local government support, grants, and organizational fundraising. Additional revenue is generated when services are billable to Medicaid.

Effective January 1, 2025, New York implemented a commercial rate mandate law requiring fully insured commercial plans to reimburse certain contracted mental health and substance use services delivered by Office of Mental Health and Office of Addiction Services and Supports licensed programs. FSL reports this policy change is expected to strengthen long-term revenue generation.

“Our hope is that as we continue to demonstrate the value and cost-savings associated with this work, we can collaborate with key stakeholders to reallocate funds from broader system savings to sustain these services 24/7/365,” said Jeffrey Steigman, PsyD, FSL's chief strategy and innovation officer. “Without that reallocation, long-term sustainability remains a question.”

Program History

In 2021, at the request of state legislative leaders representing the rural east end of Long Island, FSL began convening meetings with Town and Village Police Chiefs. These discussions addressed growing law enforcement frustration with the time and resources consumed by behavioral health crisis calls, the cyclical nature of repeat encounters, and the lack of viable alternatives to emergency department transport.

Despite early resistance, particularly around adopting technology to overcome geographic barriers, one department agreed to pilot FSL's workflow, effectively bringing on-demand crisis services directly into the community.

“Officers have historically been the first responders for someone experiencing a behavioral health crisis in the community,” said Dr. Steigman. “Admittedly, most officers don't feel properly trained in such situations and are uncomfortable having to make dispositional decisions. Instead, they have often erred on the side of caution and relied on a reflexive response of transporting the individual in crisis to a hospital. This has led to systemwide increases in unnecessary hospital visits, frustration for those involved, and a lack of long-term solutions.”

Program Performance Outcome Metrics

FSL now completes more than 1,000 telehealth assessments annually, averaging approximately 120 per month. Eighty percent of these assessments result in diversion from higher levels of care, preventing hospital transport.

“This model has been a proverbial game changer for law enforcement and the field,” said Dr. Steigman. “As our collaborative relationships strengthened, the value-add quickly became apparent, and the number of referrals steadily increased across police departments.”

Successes, Challenges & Advice For The Field

FSL views its law enforcement diversion work as a major success, enabling crisis care to move upstream so individuals are connected to the right professional, at the right time, and in the right setting.

“Such timely engagement and intervention lead to better outcomes for clients served, both in the short and longer term,” said Dr. Steigman. “I would never have known when we first embarked on this journey that it would become a highlight of my career.”

Dr. Steigman emphasizes that program success hinges, in large part, on building and sustaining trust-based relationships between FSL and law enforcement. Gaining that trust requires a shared understanding of differences in culture and operational realities between the provider organization and law enforcement agencies.

Launching and sustaining these models inevitably involves resistance and operational hurdles. Strong change management processes and a clear program champion with decisionmaking authority are essential to maintain momentum and accountability.

“Persistence, ongoing training, and regular communication are key ingredients of success, as is the importance of data and letting the outcomes speak for themselves,” said Dr. Steigman. “I can’t say enough about the staff at FSL who wholeheartedly believe in the work and see the benefits and how they are part of something larger. They have been unwaveringly aligned with the mission, and the goal is that such models become the norm, rather than the exception.”

General Information	Key Executives & Officers
<p>Family Service League 790 Park Avenue Huntington, NY 11743 631-427-3700 https://www.fsl-li.org/</p>	<p>Karen Boorshtein, President & Chief Executive Officer Jeff Steigman, Chief Strategy Officer Shari Feld, Chief Financial Officer Christian Racine, Assistant Vice President for Behavioral Health Services Brooke Morris, Director of Clinical Crisis and Stabilization Services</p>



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