

Listening Sessions

In November 2020, DHS held listening sessions via Microsoft Teams to hear directly from individuals with lived experience engaging with crisis services, frontline staff at behavioral health, crisis and homeless services agencies, and law enforcement officers from across the County. The four listening sessions, with over 30 participants in total, allowed for a greater number of important perspectives to weigh in on the gaps and opportunities that exist in our crisis system as well as provide feedback on early-stage recommendations generated by the Crisis Response Stakeholder Group. Key themes from the listening sessions were shared back to the CRSG and integrated into the list of recommendations.

Frontline Staff

We held two listening sessions with frontline staff from provider agencies. Participants provided a diverse range of perspectives and expertise, from across disciplines including mental health, substance use, homelessness, primary care and community health. There were a variety of frontline staff roles represented, including therapists, case managers, psychiatrists, street outreach workers, crisis clinicians, and certified peer specialists, among others. This allowed for a rich conversation about their experiences working with individuals who encounter the crisis response system. Some themes and ideas that arose from these groups:

- Challenges around resource scarcity and getting people into treatment (e.g., long wait lists)
- Disparities in the way people of color and LGBTQIA+ identifying individuals are treated in the crisis system
- System fragmentation and the need for better communication and coordination across agencies
- The need to build the capacity of mobile response teams
- Better compensation and fewer caseloads for provider staff to reduce burn out in the sector and to provide the best services possible
- Increased and ongoing training opportunities for provider staff, including crisis intervention, de-escalation, mental health, etc.
- Access to an advocate and/or resource navigator to be a warm hand-off for police or hospitals, especially during off-hours.
- County centralized system to know what resources exist, and availability/openings (a real-time, up-to-date referral system and resource guide)
- Community-based mobile response teams responsible for a certain radius to improve response times
- A robust workforce pipeline to get more representation of people of color in helping professions, especially therapeutic roles

Individuals with Lived Experience

DHS held a listening session with individuals with lived experience engaging in crisis services, or who have family members, friends or loved ones who have. Experts in their own experiences, these critical perspectives shed light on several shortcomings and opportunities that exist within crisis response. Some themes and ideas that arose from this group:

- Communities outside the City of Pittsburgh don't have access to as many behavioral health resources and supports; the need to support neighboring communities to address gaps

- Racial disparities are obvious throughout the system
- Police involvement can escalate a situation and create trauma for individuals with mental health needs
- Explore accessible alternatives, like peer-led respite centers (warm, welcoming, non-institutional)
- Provide more support to family members of individuals with substance use or mental health challenges.
- Neighborhood-based mediators that police could call when someone wants to press charges against person with MH or SUD
- Mental Health Urgent Care as an alternative to existing options (e.g., inpatient, committed, outpatient with a therapist)
- Non-police response to concerned citizen-type calls
- Meaningfully include people with lived experience in design and implementation of programs

Law Enforcement

DHS held a listening with law enforcement officers from across Allegheny County. The officers represented 11 unique municipalities and boroughs across the County, ranging from Penn Hills, one of the largest municipalities outside the City of Pittsburgh to Homestead, one of the smallest. Police officers, often the first responders to individuals in behavioral health crisis, offered unique perspectives on how to improve the system. Some themes and ideas that arose from the group:

- The need for a variety of “no wrong door”/”no refusal” drop-off options, so that officers can more readily help individuals get to care, including individuals who may not be comfortable with a specific provider
- More timely, more communicative mobile response options
- Access to telephone/virtual consultation while in the field and real-time information on available resources.
- Addressing housing needs, including substandard housing conditions, is crucial
- More clarity and information around what resources are available for individuals experiencing a crisis
- Improved discharge planning from the jail