Recommendation 1

Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis.

Introduction

In January 2021, DHS administered a public engagement feedback survey to collect input on 16 recommendations generated by the Crisis Response Stakeholder Group. In this report, the overall response numbers and a summary of respondents' comments are described. This report summarizes the feedback on Recommendation 1. Then, we provide a deeper dive into the specific suggestions and concerns respondents provided, along with quotes that help to illustrate these comments.

Recommendation Description

Recommendations were briefly described in the survey, while more detail was provided in the Recommendations PDF document. Survey takers had the ability to download the PDF before starting the survey but we do not know who took this step or not. Both descriptions are included below.

Recommendations Document

Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis. A crisis walk-in center is a physical location an individual can go to when they need support and stabilization during a crisis. Staffed with psychiatrists, clinicians, nurses and peer specialists, they can be an alternative to an emergency room or even jail for someone who is need of immediate mental health or substance use services. These, along with other pre-arrest diversion services, should be available 24/7 to individuals in crisis. Ideas include:

- Utilize a "no refusal policy" for individuals and law enforcement (accepts anyone, regardless of presenting need, diagnosis/dual-diagnosis, acuity or insurance)
- Increase availability of 24/7 crisis stabilization units
- Consider developing a regionalized network of crisis walk-in centers (for individuals outside of Pittsburgh)
- Utilize these centers or services for pre-arrest diversion: law enforcement officers could take or refer individuals in crisis here, avoiding an arrest and jail
- Need to be able to keep people both voluntarily (who do not meet involuntary hold criteria) as well as people who meet involuntary commitment criteria (also known as a 302)
- Have someone with lived experience of the disease of addiction who is now on the journey of sustainable recovery be on hand to assist individuals in need of services
- Related: Consider transportation access (both in terms of location for individual walk-in/law enforcement access and transportation options such as public transportation and car services)

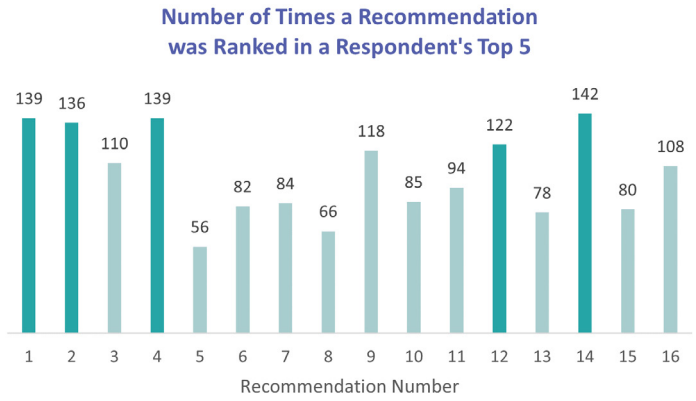
Survey

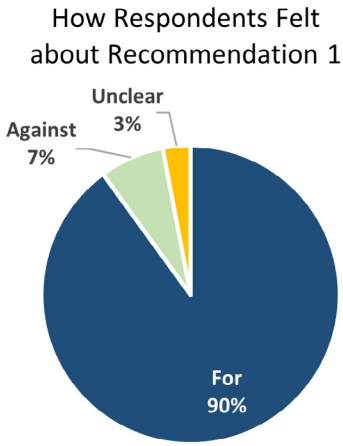
Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis. A crisis walk-in center is a physical location an individual can go to when they need support and stabilization during a crisis. Staffed with psychiatrists, clinicians, nurses, and peer specialists, they can be an alternative to an emergency room or even jail for someone who is need of immediate mental health or substance use services. These, along with other pre-arrest diversion services, should be available 24/7 to individuals in crisis.

What do you think of this recommendation?

Number of Responses and Rankings

312 respondents wrote in comments about Recommendation 1. Responses were organized into three categories: Pro, Against and Unclear.[1] Additionally, 139 respondents ranked Recommendation 1 as one of their top 5 recommendations, tying Recommendations 1 and 4 for the second most prioritized recommendation. See rankings and descriptions for all recommendations in the chart and table below. The top 5 most-ranked recommendations are highlighted in the chart.





16 Recommendations for Improving Crisis Prevention and Response

Rec	Description
1	Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis.
2	Improve mobile crisis options and functioning.
3	Support first responders across the county to receive needed, ongoing training.
4	Improve discharge planning from jails, hospitals and emergency departments.
5	Enhance designated phone line(s) for connecting individuals to human services so that healthcare systems, providers and discharge planners have one place to call when patients need immediate human services and supports.
6	Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system.
7	Develop a system or resource with real time information on service availability (e.g., eligibility criteria, area or population served, appointment availability).
8	Increase availability of easy access, low-barrier respite centers and similar models.
9	Launch co-response teams to respond to 911 calls.
10	Develop awareness around an alternative number to 911 that people can call when someone is experiencing a behavioral health crisis and explore strategies to provide a behavioral health response to 911 calls involving individuals in crisis.
11	Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.
12	Address basic housing needs.
13	Establish and fund more community-led and operated crisis response models.
14	Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day.
15	Develop a process to address mistrust and hurt between communities and government, including law enforcement.
16	Increase the number of Black, Indigenous and People of Color (BIPOC) behavioral health providers.

The highlighted recommendations were most often ranked in the top 5 by survey respondents.

[1] For responses were in favor of the recommendation. Against responses were against the recommendation. Unclear responses left it unclear what the respondent thought and included individuals whose comments made it seem likely that they misunderstood the recommendation as well as those who wrote comments responding to something other than the recommendation.

Summary of Comments on Recommendation 1

Respondents enthusiastically supported the recommendation of improving walk-in crisis centers with caveats that the centers must be strategically located, properly staffed with high quality professionals and peers of diverse backgrounds that represent the populations they serve, and should operate 24/7. Many respondents emphasized the need for marketing and education campaigns to raise awareness of the existence and purpose of crisis centers and how to access them. Some expressed the belief that these services already exist and should not be duplicated; however, greater investment in existing services is warranted.

Responses to this recommendation were grouped into the following categories, which are described in more detail on the following pages: [2]

- Location/Accessibility
- Transportation
- Operations
- Staff
- Marketing and Awareness of Service
- Cost
- Other Ideas/Concerns

[2] In addition to identifying whether respondents were in favor of or against the recommendation, each response was also assessed for themes. Responses were grouped and counted according to those themes. Some comments were assigned multiple themes and some responses didn't fit into a theme. For example, some comments were simply "Yes!" or "Good idea!" These comments were counted as "Pro" votes, but not assigned any theme.

Location/Accessibility

There were suggestions made about where crisis centers should be located. Suggestions varied from a central location in downtown Pittsburgh to multiple locations throughout the County. Many expressed the need for accessibility to a center for all. Some suggested communities should be consulted as to the location of a center in their community.

1. **There should be multiple crisis centers** in strategically selected neighborhoods throughout the County
2. **Everyone in the County should have access** to a crisis center
3. **A central Pittsburgh location** is important for accessibility
4. **Communities should be consulted** to determine whether they want a center in their community
5. **Strategically locate centers** based on volume of need

What Respondents Said about Location and Accessibility

"Before distributing access centers, DHS should look at current volume trends to determine what geography is appropriate and how crisis services should intersect with hospital emergency departments. Given the desire to staff with multiple providers in a given location, replicating the service and distributing the capacity may not provide better access - just geographically distributing and replicating costs. Are other emergency programs 'connected to' or otherwise linked to crisis programs in a consistent way? What IT and communication infrastructure exist to ensure integrity and consistency across the County?"

"I believe this is a great idea. Due to Western Psych/Allegheny County having one site currently (resolve) rooms fill up quickly. County residents should have equal access to this center. It is difficult for community members in the north, south and west to utilize. A central location like downtown Pittsburgh would be more ideal than the East End."

"I strongly agree with this one. Lack of available locations leads many to call 911 or visit emergency rooms."

"I think that is a great idea. They just need to be made more widely available and placed in many different areas around Pittsburgh so that even people in the more suburban areas such as Wilkinsburg and Penn Hills can access them."

"Will these crisis center locations be in high poverty and crime areas? Have to reach people with little resources."

Transportation

Respondents expressed that many people in crisis have no way to get to a center, so transportation must be provided. Respondents also suggested the importance of mobile units to meet individuals where they are and safely transport them to a center.

1. **People in crisis do not have transportation** to get to a crisis center
2. Important to have **mobile units** to meet people where they are and to safely transport them to a center

What Respondents Said about Transportation

> *"Many of the crisis services cannot transport clients. Often our families do not have access to transportation - especially late at night. If crisis teams could transport, they could ensure that evaluations take place and services are received."*

> *"Great idea. I've seen this work when I lived in Asheville, North Carolina. It kept patients out of the emergency room and could help stabilize patients for up to 23 hours. Police started taking patients there instead of to the ER or jail when they found someone in mental health crisis on the street."*

> *"I believe that the walk-in centers are great! However, I think the focus should be on increasing mobile teams to respond to crisis as asking someone in a crisis to be clear-minded and able to identify and go to a crisis center can be incredibly daunting - particularly for those without a natural support system."*

Operations

Respondents noted that the process for obtaining crisis center services must be streamlined and quick. Services must be available around the clock. Crisis centers must provide a welcoming and compassionate environment.

1. **Services must be provided quickly** via short wait times and quick assessments
2. Must be **available 24/7**
3. Ensure climate is **welcoming, non-judgmental, non-coercive**

What Respondents Said about Operations

"If staff are appropriately trained, and the center is non coercive and not simply a different form of incarceration that feels nicer than jail, this could be one good resource for folks in crisis."

"This is a critical part of our crisis system. We have too many services that are contingent to a 9-5 schedule which does not respond to the times/places crisis occurs."

"This is an important recommendation. In the spring of 2005, I spent eight hours in the Allegheny General emergency room waiting to be assessed during a mental health crisis. I was blessed to have my husband and both parents with me to keep me there, but I cannot imagine I'd have stayed if I was there on my own."

"I think it is important to deemphasize the role of psychiatrists and other medical model approaches that focus on coercion and psych meds. I would really love a crisis center to primarily include peer specialists and be a very welcoming environment. It should feel friendly, human, and warm and cozy…I think it would be great for it to feel more like a community center with other activities there. Maybe a space for support groups, community events, etc. So, it doesn't feel so clinical and sterile. Somewhere people feel comfortable going and is trusted. The community should heavily be involved in it in all ways with a high level of oversight into its operations and transparency of them and of hiring (which interviews should include people with lived experience). There is not really 'urgent care' for mental health so this could be a first step. What if a walk-in crisis center was more like a coffee shop? A big hug? A spiritual moment?"

"The idea of the 'no refusal policy' is promising, especially with individuals currently being turned away due to not having a dual-diagnosis. With this recommendation, like all that entail a MH crisis team response, we must ensure that there is a mental health professional available at the time of the admission into the walk-in center and/or how to handle 'wait time' if there is any."

"Yes, this is a great idea to have urgent care for MH needs. It would be great to partner with existing urgent care centers to offer psychiatric support so consumers can start or re-start psychotropic medications faster when they aren't feeling well and cannot wait for an outpatient appointment. This would help people who fall between the cracks or get sick on holidays and weekends."

"Great idea, wrap around services (i.e., housing assistance) or consultation may help to promote advancement in life as well as mental well being."

Staff

Many respondents expressed the imperative of highly qualified, diverse staff and those with lived experience. Concern was raised about the availability and affordability of professional staff and the possibility of burnout for all staff, given the 24/7 schedule.

1. Respondents made multiple calls for **diverse staff,** including Black and Indigenous individuals, and a staff that reflects the community it serves
2. Respondents suggested that centers should be staffed with **peers and those with lived experience**
3. Respondents expressed need for **highly qualified staff.** Respondents requested PsyD, PhDs and MSWs be on staff
4. Respondents expressed concern about the **ability to pay enough to hire and keep professional staff** at multiple locations 24/7 and avoid staff burnout
5. Respondent suggested **telehealth psychiatry** as a way to contain cost

What Respondents Said about Staffing the Crisis Centers

"Excellent addition. It should be utilized as a first line of defense, and the diversity of staff is equally as important so there is a balance to meet the individual where they are at."

"We have had folks turned away from resolve when the staff determined it was a drug-induced delusional state. I don't know if this is a common occurrence, but I do believe it to be a dangerous one. Something to consider."

"These centers are often staffed with new, unlicensed clinicians who are very susceptible to burnout. Supervisor turnover is high, leaving staff unsupported. This decreases quality of care. Would there be funds to better pay staff, and be able to support licensed professionals for longer periods of time? I do agree we need more walk-ins. And higher quality within them."

"Yes, if the crisis walk in centers were located within communities that are identified as areas that have the most need and staffed by culturally diverse teams of psychiatrists, clinicians, nurses and peer specialists so that the person in need would feel welcomed, not by smiling faces but by persons who are sensitive to their needs."

"This is a great idea, but the staff and professionals need to be highly trained in how to communicate in the way that person needs and educated on diverse issues and the various mental health conditions that people experience; be willing to not immediately medicalize or stigmatize; be open-minded and have consideration for all aspects (social, emotional, economic, environmental) of what is causing the crisis."

"I agree with this recommendation. I think there should also be an emphasis on ensuring that people who work on the crisis lines have appropriate triage skills and properly direct people to other resources for housing, etc. when needed."

Marketing and Awareness

Respondents expressed views that the existence of crisis centers is not well known or understood, and a broad marketing plan would be necessary to get the word out, reduce the stigma and encourage use of crisis centers.

1. Respondents stated that **people do not know about crisis centers now** – where they are, how and when to use them
2. Many respondents expressed the need to **create awareness campaigns** and to market new and existing crisis centers widely
3. Respondents expressed the need for campaigns to **de-stigmatize BH issues** and the use of crisis centers

What Respondents Said about Marketing and Awareness of Crisis Centers

"This is a good recommendation. However, there should be significant work done before to raise awareness of these crisis walk-in centers. There will also need to be a social deconstruction of the negative social stigma surrounding mental health and mental crisis. That there is a crisis walk-in center set up does not guarantee that it will be proactively utilized. There needs to be an understanding and acceptance of what it is, the services it provides and that it is a safe location."

"If highly accessible & known about, could & should be an excellent alternative to an ER or police involvement."

"I think too there should be ongoing educational outreach to bring the availability of these services to light to all communities. Many non-English speaking communities may need liaisons in their native language to help them access these services as well. There are many organizations providing similar services, but the siloed services go underused as they are just that…siloed and there is not, from what I've seen, an up-to-date index by the need that is readily available and user-friendly."

"I think that this is a great priority. However, I think there needs to be a big focus on informing the public that the crisis centers exist. Many people find them synonymous with inpatient care or don't know that the crisis center is even an option. There needs to be more psychoeducation around the availability and importance of this resources."

Cost

Respondents expressed concern about the cost of multiple crisis centers.

1. **Hiring and maintaining staff, particularly at multiple locations 24/7, would be cost prohibitive** – especially psychiatrists
2. Some respondents thought the **entire idea was too expensive**

What Respondents Said about Cost

> *"Seems too expensive. People can just go to existing authorities if in need like the police who can then direct them to specific professionals."*

> *"It's a great idea, the only thing I worry about is how much it would take to staff a bunch of different locations. Also, would it just be one per neighborhood or every other neighborhood? Obviously the more frequent they are the harder it is to keep them all staffed 24/7. Could potentially repurpose some community centers in some neighborhoods…?"*

> *"Don't also create a cost burden on an already underfunded system. I would use existing facilities rather than build new ones. These sites may not be really busy so don't add burdensome costs. Attach them, for example, to existing ERs or mental health facilities. Reduce costs to afford more distributed access with more sites this way. Consider using volunteers such as medical students to staff off hours. We did this when I was in med school and it not only expanded coverage more cost effectively, but also gave new professionals insight that they would not otherwise have."*

Other Ideas and Concerns

There were some comments that didn't fall into an overarching category. These comments were:

1. There is a need for specialized services for seniors and those with ID or autism.
2. There is a need to build trust with the communities and those who would use the services.
3. A respondents suggested including churches as a part of walk-in centers planning.
4. Respondents worried COVID would limit the use of walk-in services.
5. Respondents noted that services already exist and should be expanded rather than establishing new services.
6. Respondents worried that people in crisis might not have the clarity of mind, the ability or the will to make it to a crisis center.
7. Respondents expressed concern for staff safety.

What Else Respondents Said:

"Great idea. I used to work in behavioral hospital and once a week was assigned to do evaluations in the ER. Unless it was an acute issue, mental health patients were triaged as absolutely the last individuals to be seen in the ER. That certainly did not make things better."

"This is a good suggestion. However, as many peoples experiencing crises may not be in the position or mindset to go to a specific location, I would prioritize increasing mobile crisis teams."

"A great idea but may not be very useful/functional for individuals with ID and autism."

"Seems like a redundancy, why not just add the additional staff needs at hospitals?"

"This seems great! I do think it'd be important to clearly state whether individuals would be granted some degree of amnesty (if they admit to illegal activity). It would also be important to give service recipients a sense of the costs associated. For those without insurance, would they still be welcome? How much would they have to pay? I do think it could be tricky to get people to a physical location (especially if they're in the midst of a crisis), but I do think naming it a 'walk-in center' makes it seem more approachable/accessible than an emergency room."

"I think this recommendation is very important. We need more crisis walk-in centers in general, but I also think that there needs to be more specialized crisis walk-ins that focus on specific issues/populations. For instance, the homeless geriatric or geri-psych populations are in serious need of support. A specialized crisis center for these populations may be more effective in making connections and coordinating the services that are needed for the geriatric population. We also need more crisis centers/shelters for the AOD population. With the increased number of shelters, there also needs a to be an increased recruitment and training of medical staff and support."

"I think it already exists in resolve Crisis, who does an absolutely horrendous job of assisting police officers when dealing with individuals in crisis. It ALWAYS requires additional work from law enforcement and does not assist us in any way at all. If more centers were available maybe it would help, but we would likely get the same old 'we're full' or 'we can't help them' response, which ultimately makes police look like the bad guys to the community."