

Recommendation 3

Support first responders across the County to receive needed, ongoing training.

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 on this recommendation are described. 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. Individuals taking the survey had the ability to download the recommendations document before starting the survey, but we do not know who took this step or not. Both descriptions are included below.

Recommendations Document

Support first responders across the County to receive needed, ongoing training. When someone is experiencing a crisis, it's important that the people who respond to them (whether peers, mental health professionals, law enforcement, Emergency Medical Services or a combination) have the appropriate training to meet the person where they are; de-escalate the situation; and connect them to the right services, should they want help. This requires developing ongoing and robust training opportunities which would be made available and encouraged throughout the course of an individual's career, and provided across the County's diverse municipalities, regardless of their size and resources. Ideas include:

- Standardize training for law enforcement, especially in municipalities outside the City of Pittsburgh (e.g., CIT, implicit bias)
- Related: Establish an entity that is responsible for coordinating law enforcement resources and training across the County to ensure that all agencies (particularly those outside of the City of Pittsburgh) have needed resources
- Ensure that training is ongoing and repeated to support new staff as well as existing staff
- Create shared understanding of crisis system and terminology
- Provide training on racial equity and best ways to engage people
- Address unique training needs of co-responder and other interdisciplinary teams
- Train all first responders on Narcan use (in the event of an overdose) and other harm reduction strategies with the understanding that those in active addiction may not want their help

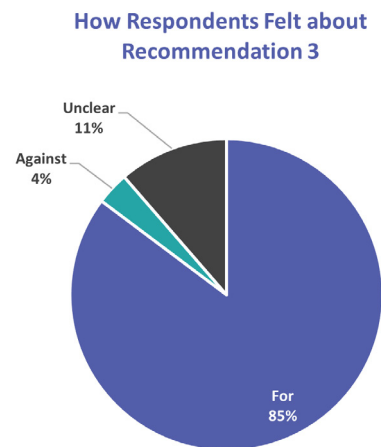
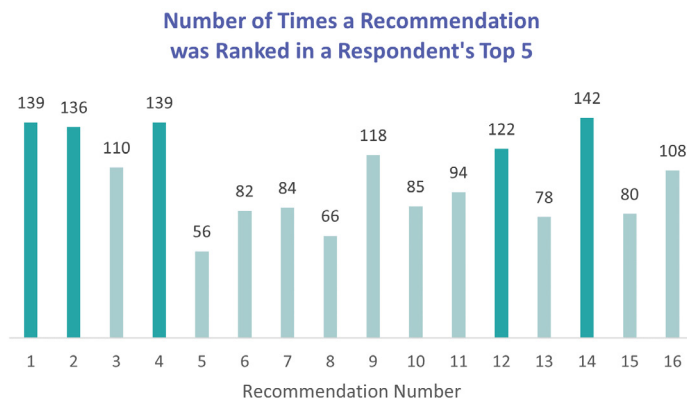
Survey

Recommendation 3: Support first responders across the County to receive needed, ongoing training. When someone is experiencing a crisis, it's important that the people who respond to them (whether peers, mental health professionals, law enforcement, Emergency Medical Services or a combination) have the appropriate training to meet the person where they are; de-escalate the situation; and connect them to the right services, should they want help. This requires developing ongoing and robust training opportunities which would be made available and encouraged throughout the course of an individual's career, and provided across the County's diverse municipalities, regardless of their size and resources.

What do you think of this recommendation?

Number of Responses and Rankings

328 respondents wrote comments about Recommendation 3. Additionally, 110 respondents ranked Recommendation 3 in their top 5. Responses were organized into three categories: Pro, Against and Unclear.¹ 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 3

Respondents overwhelmingly felt training was needed, though many also questioned whether training would lead to the desired results. Respondents suggested training on particular topics and populations, done by particular individuals, in specific training formats. Many offered suggestions for how to implement training successfully, with consideration toward how to manage training the plethora of first responder organizations in the County and how to measure whether training is successful.

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

- Training Content and Educators
- Training Implementation
- Training Usefulness
- Other Ideas/Concerns

² Some comments were assigned multiple themes and some responses didn't fit into a theme.

Training Content and Educators

Respondents suggested training on particular topics, done by particular individuals, in specific formats.

1. First responders should be trained on how to respond to individuals with:
 - a. Intellectual Disabilities
 - b. Autism
 - c. Developmental Disabilities
 - d. Neuro-atypical individuals
2. Curriculum should include:
 - a. De-escalation training
 - b. Suicide training
 - c. Crisis intervention
 - d. Mental Health First Aid
 - e. When and how to engage with mobile crisis teams/available services for individuals
 - f. Drug & alcohol
 - g. Information about common mental health diagnoses
 - h. Sexual Orientation, Gender Expression & Gender Identity (SOGIE)
 - i. Trauma-informed care
 - j. Intimate partner and family violence & lethality assessments
3. Respondents suggested curriculum should be developed with resolve.
4. Respondents suggested experiential training and real-life training would be useful, including visiting homeless shelters and camps.
5. Respondents suggested bringing in actors from local universities to role play individuals in crisis to allow first responders a chance to practice skills real-time in front of panel/camera to allow for post-practice debriefing.
6. Respondents felt that any training program must include individuals from the most impacted communities, individuals with intellectual or development disabilities, those with MH diagnoses, and those who have lived experience in crisis; alternatively, others felt training must be done by PhDs, MDs and licensed clinicians.
7. Behavioral Health providers should also be trained on law enforcement culture, practices & skills.
8. Respondents suggested training should be face-to-face; others suggested it be virtual, or offered in a multitude of ways: webinars, guest speakers, etc.

What Respondents Said about Training Content:

“Yes! Please! We ABSOLUTELY need officers and responders trained better! CIT trained officers and EMS are so much better with our folks during crisis. I’ve seen officers escalate situations instead of calm them because they don’t understand MH.”

“Of course—but PLEASE make sure that adults with the conditions are part of developing and training; it will not be effective if only ‘professionals’ are consulted or respected in this process.”

Training Implementation

There were suggestions and concerns related to implementing training throughout the County. Many called for training to be ongoing and progressive, as well as mandatory, and suggested a mechanism for assessing training's effectiveness. There was some concern about the difficulty of overseeing/organizing such a massive training effort.

Respondents expressed the following ideas and concerns in their comments:

1. **Training must be ongoing/continuous/progressive:** Respondents said training could not be a one-time module, but needed to be an ongoing, frequent training that is regularly updated for new information. Respondents suggested that other professions (i.e., teaching) require regular professional development training and that it makes sense for first responders to have the same kinds of requirements.
2. **Make mandatory:** Respondents said training should be required/mandated.
3. **Assess Training Effectiveness:** Respondents said it was not enough to have the training – there needed to be some sort of way to assess whether the training is working. There were several assessment suggestions:
 - a. Having a “test” in which first responders are watched by a panel/camera as they respond to actors in crisis, and then debriefed afterward.
 - b. Monitoring first responders to ensure they are implementing training practices, perhaps in the form of regular supervision. (An example was given here about how therapists receive weekly, hour-long, one-on-one supervision from more experienced therapists/supervisors where cases are debriefed and therapist is given guidance and have their methods reviewed/critiqued.)
 - c. Benchmarks for the percentage of first responders trained.
 - d. Program evaluation of training to determine effectiveness.
 - e. Qualitative research to understand officer's perspective of trainings.
4. **Too Big?** There was concern that taking on such a huge endeavor, with so many municipalities, would be a logistically difficult (perhaps impossible) challenge, that would cost too much (time and money) to implement.
 - a. There was specific concern about who would oversee all the agencies and training and what authority that oversight entity would have.
 - b. There was request for training to be provided at no or minimal cost for the smaller municipalities, since they are often under resourced but would still benefit from training.
 - c. There was a note that smaller municipalities would need assistance finding substitutes for their officers while training was taking place.

What Respondents Said about Implementing a Training Program:

“Training should be mandatory. And training should not simply be a box that is checked. Especially law enforcement officials should be monitored and have to show that they are implementing training practices regularly.”

“This recommendation is good especially if training can truly be ongoing and repeated to ensure accuracy as well as create a shared importance of addressing a MH need in a MH way.”

“Very good recommendation and there is a definite need for initial and ongoing education, training. The education is needed throughout the county across all disciplines. In addition crisis clinicians need better education re: first responder abilities, laws and culture.”

*“With all due respect the only first responders in my experience who need this training are the police. I can’t tell you how many times police have *escalated* situations with my clients. The training needs to be mandatory and frequently renewed.”*

“I think this is one of the most important on the entire list. Robust, continuous training is the only way to prepare first responders to MI crises”.

“Absolutely! The need for proper de-escalation training is deafening. These need to be mandated and there should be an application of skill acquisition demonstration to provide robust accountability. This should not just be a pdf or online training that someone flips through and calls it a day and checks a box.”

“It needs to be required, not merely made available and encouraged. All first responders will come into contact with people having a mental health crisis—numerous times—and it is important for people to be treated well in that situation and not experience ableism, violence or murder.”

Training Usefulness

Many of the respondents whose comments were categorized into this theme were focused on whether training would be effective for law enforcement. Despite doubt concerning whether training would be useful/effective or not, respondents were nevertheless mostly in favor of it taking place.

1. **Training May Not Change Attitudes/Actions:** Respondents expressed doubt that training would be enough on its own, and suggested training may not change behavior or beliefs, especially among law enforcement.
 - a. Respondents suggested the culture of law enforcement doesn't allow for training like this to work. Respondents said law enforcement/first responders don't value mental health care or understand behavioral health issues, and that the punitive culture of policing was too deeply rooted to respond well the training.
 - b. Respondents suggested studies have shown training doesn't change how first responders react to crises.
 - c. Respondents noted that without accountability for violent actions and poor behavior, training would not work.
2. **Different Kind of Response Needed**
 - a. **Co-Response:** Respondents suggested including social workers, mental/behavioral health care workers on 911 police dispatches to help manage crises and/or that police know when and how to call for peer services/resolve.
 - b. **MH-trained response:** Respondents suggested special crisis units should exist (like SWAT, flood response, negotiators) to respond to crises. There could be a certain number of trained officers per shift per zone.
 - c. **No Police response:** Respondents suggested police not respond to crisis situations at all, given historical inability to respond effectively to those crises. Respondents suggested that only behavioral health workers respond in crises instead.
3. **First Responders Must Buy In:** Respondents noted that the effectiveness of the training would depend on an individuals willingness and interest in the training.

What Respondents Said about Training Effectiveness:

"I'd be curious to know if there's evidence for this type of training being effective for first responders. It sounds like a good idea in theory, but officers who have had race discrimination training, for example, can still act in ways that are harmful to minority populations. I see value in mental health staff being involved, but law enforcement training seems like it could be less effective."

"Even with the proper training, law enforcement is not going to be as good as mental health professionals who have gone to college and worked in mental health crisis settings their whole career. Law enforcement is not crisis management."

"Honestly seems non practical and unrealistic. Also training does not change skills and attitudes/beliefs and then behavior."

"I think it is important that such training is provided, but I don't think this should be the only fix. Increasing the network of crisis organizations like resolve needs to happen in tandem. Even with the proper training, law enforcement is not going to be as good as mental health professionals who have gone to college and worked in mental health crisis settings their whole [career]. Law enforcement is not crisis management."

"High quality training is a good thing, but also important to have the right fit. Rather than training law enforcement to be social workers, send social workers instead of law enforcement. The punitive and racist culture of policing is very deeply rooted. Not sure how much training would ever change that. Divert from law enforcement to other services WHENEVER possible!"

"I think it sounds amazing and like what is needed to have these professionals be able to serve their community to the fullest extent. However, my experience interacting with police officers through working as a therapist in the Western Psych ED leads me to believe that the amount of training needed would be daunting."

"I think this is a back up plan. Having the crisis team respond is better because they are trained/licensed in mental health and crisis. The rest of responders need a complete culture shift to change the way things are."

"When you have a hammer, everything [looks] like a nail,' i.e., law enforcement folks typically have certain tricks in their bags, and use them. We need to equip them with more skills if we want them to respond in different, more nuanced and helpful ways. Better yet, I believe we clearly have expanded what we expect from police too broadly; developing and deploying the staff with the specific skills needed would be the best intervention."

"I think that there needs to be more awareness of de-escalation tactics for first responders in general. But, I sometimes fear that the presence of first responders (especially law enforcement) automatically heightens the situation because of the public's distrust of these entities. I hear of other cities/counties that send a mobile crisis team along with law enforcement to calls. This feels like a huge undertaking (and has a lot of barriers in itself), but I feel like this may be a more effective way to ensure de-escalation tactics are used regularly."

Other Ideas and Concerns

There were some ideas mentioned that didn't fall into an overarching category. These ideas are outlined below:

1. Ideas

- a. Provide incentives to agencies to implement trainings
- b. Train school districts, agencies, businesses and athletic groups
- c. Include ED nursing staff in trainings
- d. Provide mental health care to police/EMS to help address burnout and compassion fatigue
- e. Add more services to help address people's behavioral health needs so that there is less dependence on first responders
- f. Create dispatch system for social workers
- g. Provide MPOETC credit for training
- h. Police shouldn't bring firearms into crisis situations

2. Concerns

- a. Police are concerned for their lives and will do what it takes to keep themselves safe

What Else Respondents Said:

"It's insulting to try to continue to push blame/responsibility to law enforcement when this is a problem created by the broken mental health system that fails to keep the community safe by repeatedly trying to force people to live in a community that they are unsuited for. Most police agencies send their officers to crisis training and mental health training. In my department more training would not help at all."

"Good. Also needs to include supporting first responders' mental health and coping needs. This is a very tough job."

"Law enforcement training is critical. Be sure to allow for training to offer MPOETC credits. When trying to provide training to suburban departments, we have had issues with small departments not being able to easily spare officers because of their limiting staffing flexibility and need to maintain on duty officers. Training is especially important for small or under-resourced departments. If the training was able to be provided or free or at minimal cost it would also help these departments."