Recommendation 6

Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system.

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 6. 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

Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system (including prevention services, early intervention supports, response to people in crisis, and post-crisis recovery). The crisis system is comprised of many distinct agencies (e.g. mental health providers, law enforcement, government, etc.) that operate independently and in collaboration with each other. To ensure the system as a whole is functioning for the people it is designed to help, and that cross-agency coordination and communication is occurring as intended, it's important to establish a structure and set of protocols to assess the system on an ongoing basis and ensure the effective implementation of improvements and innovations. Ideas include:

- Consider a decentralized, community-focused structure
- Cross-agency and cross-system coordination
- Raise awareness of services, including a public awareness campaign that addresses stigma (for providers, first responders, families of people with BH needs and more)
- Track crisis systems processes; 911 calls; and utilizations and outcomes data, including data by race
- Establish data/research infrastructure that truly measures the positive or negative impacts of crisis system on communities of color
- Support multi-agency case conferencing/after incident reviews to improve crisis system functioning
- Address racial bias in provider community, reflected in the way people are diagnosed, their discharge plans; and potential criminalization by public
- Work with individual regions of the County to focus on region-specific recommendations and needs – involve people from those communities in design and implementation efforts
- Consider creating a pseudo-governmental enforcement agency to ensure people are getting the type of care they should
- Create or utilize a mechanism for people to "complain" or communicate if they need help getting services or are not getting the right services; ensure follow-up and feedback
- Related: Assess and address racial disparities in access to services and supports
- Related: Establish an entity that is responsible for coordinating law enforcement resources and responses across the county

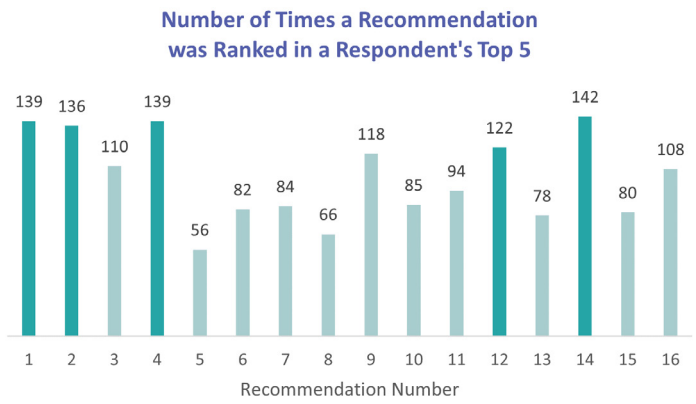
Survey

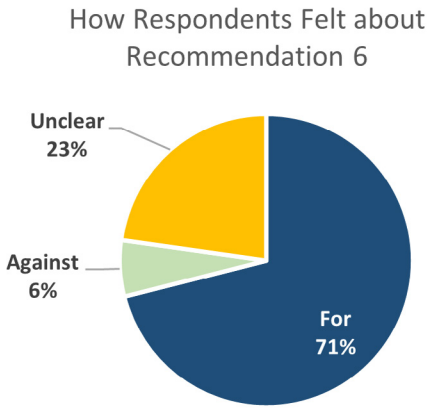
Recommendation 6: Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system (including prevention services, early intervention supports, response to people in crisis, and post-crisis recovery). The crisis system is comprised of many distinct agencies (e.g. mental health providers, law enforcement, government, etc.) that operate independently and in collaboration with each other. To ensure the system as a whole is functioning for the people it is designed to help, and that cross-agency coordination and communication is occurring as intended, it's important to establish a structure and set of protocols to assess the system on an ongoing basis and ensure the effective implementation of improvements and innovations.

What do you think of this recommendation?

Number of Responses and Rankings

290 respondents wrote in comments about Recommendation 6. Responses were organized into three categories: Pro, Against and Unclear.[1] Additionally, 290 respondents ranked Recommendation 6 as one of their top 5 recommendations. 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 6

Respondents overwhelmingly felt that structure and a set of protocols are needed within the crisis system; however, there remains a high level of skepticism regarding implementation. Respondents made a few suggestions regarding implementation, and at the same time had additional questions about who would hold agencies accountable and how it would be accomplished. Furthermore, many respondents mentioned that this system should not be focused on punitive actions for accountability, but instead be focused on adjusting service delivery and evaluation for effective interventions. Lastly, respondents feel that it will be key to survey individuals who work as frontline staff and people from the community who have utilized crisis services in the past to guide the creation of the structure and protocols.

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

- Cross-agency collaboration, accountability and solidarity within the crisis system
- Equity and engagement
- Direct service staff and community input
- 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.

Cross-agency Collaboration, Accountability and Coordination Within The Crisis System

Respondents suggested that collaboration, coordination and accountability occur across all agencies involved in the crisis system. Respondents expressed the following ideas and concerns in their comments:

1. Collaboration and coordination to reduce silos amongst human service agencies serving those in crisis
    a. Braiding funds to support services across the system
    b. Resource fair for crisis agencies to learn about new services
    c. Multi-agency case conferencing
    d. Community/neighborhood-focused resource list
    e. Determine which agency is responsible for aspects of procedures and protocols
    f. Ensure the procedures and protocols work outside of human service agencies (i.e., police officers responding to domestic 911 calls)
    g. Consistency, clarity and communication
    h. Improve continuity of care
2. Accountability
    a. Respondents wanted to know how systems operating outside of human service agencies can be held accountable
    b. Respondents wanted to know what accountability will look like within the crisis system
    c. Respondents suggested that the accountability measures shouldn't be purely punitive
    d. Which entity will hold the crisis system accountable?
    e. Respondents suggested that the crisis system should be held accountable to each other and creating a system where roles are understood across agencies
    f. Respondents suggested a satisfaction survey done by an outside entity to ensure accountability within the system
    g. Respondents suggest that whatever type of entity that has authority (steering committee, advisory board) will need the power to hold non-performing providers accountable

What Respondents Said about Cross-agency Collaboration, Accountability and Coordination Within The Crisis System:

"Yes, absolutely. We have been trying to accomplish this for years; however it is important to note that our 'crisis system' response does not and is not in most cases mental health clinical professionals so we must assure that we are establishing a structure - protocols that can meet the immediate need, employ other system response asap when needed and follow up. For example, there are many cases where police respond to a home and document the home is deplorable - or a domestic with children present and both parents have injuries - no arrest was made - multiple calls to the home for IPV in one month or more - they may refer to OCYF - they do not take protective custody or fear that by arresting both parents the children will go into the system - when in fact the lack of response to take protective custody (when warranted) causes the children to suffer more abuse, neglect, etc., which has been documented in many Act 33 child death cases or child near death fatalities when police reports were reviewed. Our magisterial court system, for example, is another system where a parent may face a charge for drugs, or aggravated assault and they are involved with CYF but the police do not know that nor does the Judge and CYF is not aware the arrest has happened unless the docket is reviewed frequently or a family member or other alerts CYF. These are very large systems, and we need some central system to assure safety and collaboration. Arrest and criminal records are public records. We must make every effort to assure that our police, fire, EMS, hospital, CYF, DHS, and civil systems are trained in each system. We have police responding to crisis and are not aware of a dependency court order or some need trained on how to access and read a custody order in the computer system. The right hand needs to know what the left hand is doing. We do not have coordinated collaboration even between our court systems."

"Emphasis on cross-agency and cross-system coordination and communication. There needs to be more of that. At times I feel like everyone is working in their little corner of the crisis world, unaware of new service that has come about or old service that exists. Maybe having some sort of resource fair (of course post-COVID) that allows agencies/services to get to know each other would be helpful. Also, definitely utilizing a community- or neighborhood-focused resource list."

Equity & Engagement

Respondents recommended that people within the community will be involved in determining their own needs and that there is an advocacy plan at every level of implementation. Respondents expressed the following ideas and concerns in their comments:

1. Respondents noted that the following population groups should be included in planning:
    a. Black/African Americans
    b. People of color
    c. Individuals with intellectual and developmental disabilities
    d. Users of service and those who do not connect with services due to past experiences
    e. Frontline direct service personnel
2. Respondents noted patients must be treated with dignity and respect, and their choice should be taken into account
3. Respondents wanted to reduce the practice of "turfing" cases: placing patients into treatments or programs they do not wish to participate in simply because it's what's available and easiest for the staff person working with a particular customer
4. Respondents said the development of protocols should not come from administrators who have little or no experience in direct service

What Respondents Said about Equity & Engagement

"Glad this is finally being discussed but it's huge. Patients are seen as burdens to get off one's plate. Concern for caring for the human and not 'turfing the case' is a must. Ex. Patient expresses they not be admitted to WPIC, but WPIC is the easiest placement for the professional, so guess where the patient ends up. Well, the option to discount patient choice, due to prioritizing system needs, must be eliminated as an option. And YES, i mean zero option ever. If it's allowed at all, it will always be the first option. People do what's easiest and terfing burdens will always be easier than arranging the care a person voices they want. Giving 'treatment' that is NOT what people want is counter productive. Nobody complies with it and they shouldn't. So, you pay for care that makes people reject help in the future because you used force to offer what exists despite it being harmful not helpful. The current system runs to rescue a drowning man, and when they ask for a flotation device, the system says, 'Sorry, don't have that' and instead shackles a boulder to them."

"This would be helpful to the general population but does not address the concerns for individuals with intellectual disabilities that live with community living agencies."

"I think this recommendation needs to be examined very carefully before being put in place. Protocols are an excellent idea, but who puts them in place? Who determines the protocol? Best practice is not always in line with reality. Is there going to be punitive measures if protocol is not followed to the letter? Is there going to be input from the people who actually do the work or is it going to come from administration, many of which have not done the work?"

"Definitely agree and this is an important factor in ensuring the system works. Structure and protocols should include ways to assess that Black/African American and other POC are having their needs met effectively and with quality to THEIR standards. This means including Black and other POC voices from the ground up."

Direct Service Staff and Community Input

There were a few ideas from respondents who wanted diverse input for the structure and protocols within the crisis system. Respondents also noted that much of the time, frontline staff are held accountable for implementation and success but are often overburdened with bureaucracy, which prevents them from helping patients/customers in need. Respondents expressed the following ideas and concerns in their comments:

1. Overburdened staff
    a. Expectations are too high for staff to perform, which increases the stress experienced by staff causing burnout and staff leaving the field
2. Increased training/cross training for frontline staff
3. Increase availability of services: respondents suggest that services should be made available 24 hours a day, 7 days a week
4. Respondents suggest obtaining input from social workers, therapists, community organizers, nurses and non-psychiatric nurses

What Respondents Said about Direct Service Staff and Community Input

"This sounds good in theory. There are serious concerns regarding these 'protocols' being made by a group of managers who don't actually know/remember what it is like to be on the frontline and understand the real problems facing workers."

"In theory good. However, the cross-system intent and oversight seldom meets the realities for providers, and the front line staff and actually tend bog the sub systems down."

"Good idea but need to involve more mental health professionals in protective services unit. Constant assessment should include an assessment of the staff in each unit, ensuring that many people are cross trained in crisis situations. Every unit needs to know exactly what the others do and what services they offer."

"Again, it's a great idea in theory. However, if you are not going to staff the agencies responding 24 hours a day, 7 days a week, 365 days a year, there is little to no point. The default will continue to be CYF for children and police for adults."

The system that we are building an alternative to has all of its power concentrated into a few particular jobs (law-enforcement, physical doctors & psychiatrists) and is heavily reliant on restraints and antipsychotics. The alternative should prioritize oversight by people who work in the other parts of the mental healthcare and crisis system (social-workers, therapists, community organizers, nurses, non-psychiatric nurses) … and it should go without saying that mentally ill and people who use crisis services as well as BIPOC should be prioritized."

Other Ideas and Concerns

There were some ideas mentioned that didn't fall into an overarching category; however, these ideas are a mix of concerns from respondents who are for, against or unclear in their support for this recommendation.

Respondents expressed the following ideas and concerns in their comments:

1. Concerns regarding accountability
    a. How is anyone going to be able to hold police accountable?
2. Respondents stated that this recommendation will be difficult to implement.
3. Respondents are concerned that the burden of additional oversight will restrict agency's ability to perform services.
4. Respondents feel like this system could be intrusive on an individual's rights.
5. Respondents feel that the system is broken, and no one can be held accountable in a broken system.
6. Respondents fear that this will create more "red tape."
7. Respondents suggested to eliminate duplication of services that are inefficient and ineffective.
8. Respondents suggest investing more into service coordination and case management.

What Respondents Said about Additional Ideas and Concerns:

"Important - but who would provide the oversight? How would agencies be held accountable? Would there be more focus on meeting a metric for the agency than providing care?"

"I agree that this is critically important, and am concerned that it will be difficult establish and make effective due to 'turf battles;' whoever leads such an endeavor will have to known to most others involved, have the tenacity and toughness to stick to his/her guns, AND the unqualified support of the heads of all agencies involved."

"I think this will just create more regulations and red tape for non-profit agencies. It would be better to invest more in service coordination and case management by paying more for existing services to retain staff who have this knowledge and experience collaborating with many distinct agencies."

"You are pointing out the inherent flaws in bureaucracy. Of course this needs to be done. But it has never been done in any bureaucracy in any institution in any country in any developed nation. When you solve this problem, pass it on. I know if would simplify the operations in colleges for one example. The reason I mention college, is that they are a relatively small operation compared to what you are discussing and they can't even do it."

"Yes, the caseloads of probation makes it impossible for them to support the individual or the providers who need their support. The existing system needs fixed if you want to hold people accountable."

"I like the idea of it, but I'm sure it will only create more paperwork and actual work while not improving the overall system."

"Sounds like still another layer of bureaucracy, unless at the same time you eliminate duplication of services and inefficient, ineffective programs. There are many that can be replaced."

"It is very idealistic. Each of these systems of care (MH providers, law enforcement, government.... and don't forget the intermediaries such as BH MCOs) and intervention have multiple, complex operational issues. They do not have the same needs or language or infrastructure as one another. And their information and process needs are not arbitrary (so they cannot just be 'replaced' with a common structure for all). May not be achievable to act as a "consolidated full crisis system."

"Standardizing services may help, or it may hurt. We need innovation and changing the system more than trying to standardize a broken system.

"No one can 'be held accountable' in a broken system. You're forcing staff to be stuck between a rock and a hard place. They can't actually help people if they follow flawed policies with no support and then get punished for doing so."