

## Recommendations

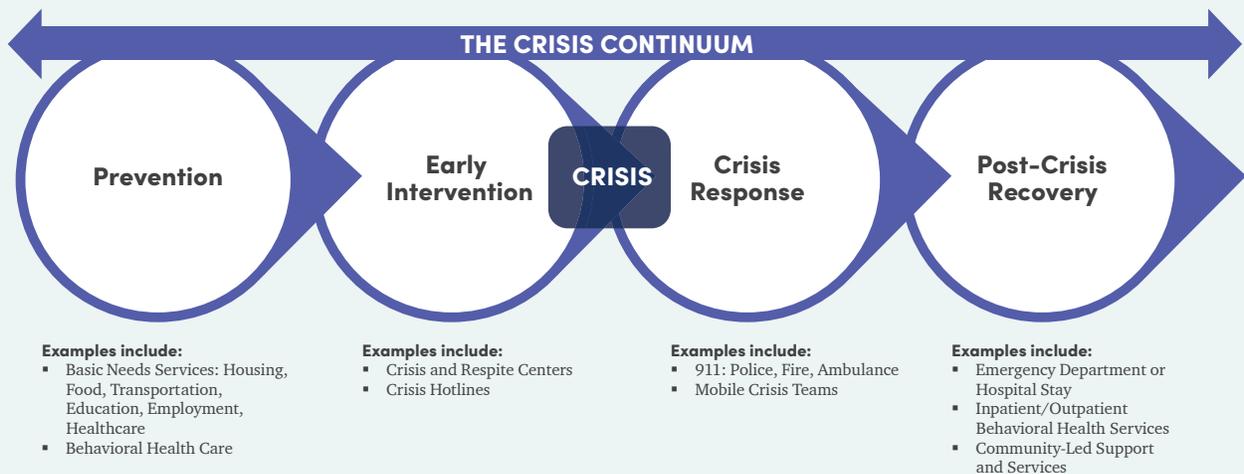
### Introduction

In September of 2020, the Allegheny County Department of Human Services and the Allegheny County Emergency Services co-convened the Crisis Response Stakeholder Group (CRSG). This workgroup was comprised of over 30 stakeholders from across the crisis system, including representatives from 911, law enforcement, City and County government, elected officials, foundations, provider agencies, and community members. It was formed to address the overreliance on emergency services for people with behavioral health needs as well as the racial inequities that persist throughout our crisis system.

The group has met regularly to map out the current crisis system and hear from a wide variety of stakeholders, including frontline staff and consumers. They identified gaps and opportunities within the system and developed a set of recommendations, which are outlined below.

### Defining Crisis

The CRSG defined a ‘crisis’ as an instance when emergency services are engaged because a person is in acute mental health distress, engaged in problematic substance use, is experiencing unsheltered homelessness or has an intellectual disability/autism. The CRSG utilized an overarching framework that divided the crisis continuum into four phases: prevention, early intervention, crisis response and post-crisis recovery. Recognizing these are not static categories and many services span across several of them, it nevertheless helped frame the workgroup’s understanding of ‘crisis’ and enabled them to think beyond “response” solutions when improving the crisis system as a whole.



## Vision and Goals

To begin, the CRSG created a shared vision for an improved crisis system and set of goals to accomplish their charge. In their vision:

- Crisis response is part of a system that builds trust with communities of color and meaningfully integrates community work, voices, skills, and expertise
- There are fewer people in active crisis
- Whenever possible, law enforcement is not the first or only response on behavioral health crisis calls
- Jail incarceration is no longer viewed as the primary method for connecting people to behavioral health services/supports
- People are aware of — and have more and easier access to — structurally competent, culturally humble, trauma-informed human services in the community.

In an effort to better meet the needs of people with behavioral health challenges, preventing crises whenever possible, and improving Allegheny County's response when crises do occur, the three goals of the workgroup were to:

- Improve the functioning of, and coordination between, our community's existing crisis services system.
- Develop new solutions that improve the quality and functioning of our crisis services system
- Advance strategies that increase racial equity

## Recommendations

### **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.**

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 in 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 the City 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)

### **2. Improve mobile crisis options and functioning.**

Resolve Crisis Services' mobile crisis team currently serves Allegheny County residents by sending a team of mental health professionals to a person in crisis when they are called by the police or county residents. As the only licensed mobile crisis team in Allegheny County, and a high demand for mobile

crisis response, there are limitations to their services, particularly during high call volume times. Ideas include:

- Improve the responsiveness, speed, and follow-up care coordination of mobile crisis response
- Increase capacity of mobile crisis to respond to calls in suburban communities
- Improve the communication of mobile crisis with law enforcement (e.g. accurate estimates of availability, expectations around follow-up)
- Limit refusals to respond to requests for support from law enforcement
- Support police officers in communities where they are unable to leave their jurisdiction to take someone to care
- Provide a non-police response to “concerned citizen” type calls

### **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.

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

### **4. Improve discharge planning from jails, hospitals, and emergency departments.**

Individuals leaving jail, the emergency department or hospitals may need continued services to address their behavioral health needs. A coordinated discharge plan can ensure these individuals receive the continued care they may need, and that no one falls through the cracks upon leaving a facility. Ideas include:

- Consider standardizing coordination with community providers at discharge from jail
- Need a way for jail discharge planners to know which providers the individual was previously connected to
- Reduce or eliminate fines and fees to ensure people have adequate financial resources to access housing
- All level 1 trauma centers should have a Licensed Clinical Social Worker or behavioral health experienced social worker available 24/7
- Create post-crisis teams that reach out to people after discharge to make sure they have the basic needs, services and supports they may need after leaving a facility
- Warm hand-off and immediate follow up is necessary, within 24 hours if possible
- Consider expanding the role of “Forensic Liaisons” to increase the geographic coverage of jail discharge planning

**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 (from food to mental health and substance use services).**

Improving the function and general awareness of one, widely known phone number to call when people need to get connected to immediate human services and supports can ensure people receive the help they need, when they need it. Ideas include:

- Enhance already established resources, such as the PA 2-1-1 phoneline operated by United Way and/or the Allegheny Link, through more public education and awareness efforts as well as better coordination with human services
- Involve health payer systems in this recommendation and others to contribute funding
- Ensure a focus on assisting the needs of people returning home from jail

**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. 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, 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

**7. Develop a system or resource with real time information on service availability (e.g., eligibility criteria; area or population served; appointment availability).**

When an individual with behavioral health needs wants to access services in the County, there is not one, go-to resource or system with real-time information about what services exist and their availability status. This makes it hard for individuals to easily find the help they want, and for behavioral health staff and law enforcement officers to make a quick referral to the right agency or service. Ideas include:

- Potentially leverage existing resources like Big Burg App, 211, United Way

- Consider resource’s utility for individuals, service providers, and law enforcement
- Leverage local community groups and advocates (e.g., soup kitchens, faith-based organizations) for making referrals and service connections. Provide training to local community groups and advocates on crisis needs and supports (e.g., Mental Health First Aid)
- Make it user-friendly for individuals looking for services, (e.g., guide their search with helpful questions/topics like “what type of service are you looking for?”; “what you can expect from a phone call”; and “how to talk about what they need”, instead of just a long list of resources and phone numbers that might feel overwhelming to navigate

### **8. Increase availability of easy access, low-barrier respite centers and similar models.**

Respite centers are physical spaces where individuals who feel like they might be close to experiencing a crisis can go to take a break, decompress, and talk with peers. Increasing access to respite centers could prevent crises from happening, and offer an alternative option for individuals who would prefer to speak with a peer, rather than a clinician. Ideas include:

- Consider adopting a “living room model” that looks and feels like you are walking into a friend’s house (welcoming, comfortable seating, etc.)
- Consider peer led and operated models, meaning people who have lived experience with mental health or substance use run them, and are there to help and talk with people
- Include safe places to stay
- Allow for walk-in, where people would not need an appointment or a diagnosis to receive support.
- Recovery-focused vs. clinical setting

### **9. Launch co-response teams to respond to 911 calls.**

In Allegheny County, a law enforcement officer that is dispatched to a 911 call involving an individual with mental health needs has the option to call the Resolve mobile crisis team to come to the scene and provide support services. Depending on Resolve’s capacity to respond and where the officer is located, there can be a time lag for this secondary response to arrive. In a co-responder model, a police officer and a mental health professional respond to behavioral health-related 911 calls together. Co-response teams allow for the police officer to make sure the scene is safe, and for the mental health clinician to support the individual experiencing a crisis. Ideas include:

- Leverage lessons learned from the Pittsburgh Bureau of Police and Allegheny Health Network pilot that is teaming up police officers and social workers
- Consider a peer support partner (someone with lived experience with mental health or substance use) + law enforcement officer model
- Consider a community paramedic + Crisis Intervention Team (CIT)-trained law enforcement officer model
- Consider a Resolve crisis worker + police officer model
- Could also consider Emergency Medical Services + Mental Health co-response model
- An additional model is one where law enforcement receives telephone or video support from a clinician while they are on the scene and that clinician conducts follow-up
- Use mental health advanced directives, which is when people are able to express their preferences, when not in crisis, on where to receive care and what treatments they are willing to undergo

### **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.**

The National Suicide Prevention Lifeline is working to implement a simple, direct three-digit code (988) for people experiencing a mental health crisis to call and speak with trained counselors.

They believe this could potentially divert many calls involving individuals in crisis away from 911. The 988 line could be implemented as soon as summer 2022, and will require an extensive marketing campaign to increase awareness throughout Allegheny County; this recommendation would support that effort. Additionally, there are several models across the country where teams of medics and mental health professionals, instead of police officers, are dispatched by 911 call centers to respond to calls for service that involve individuals in crisis (who are not a threat to themselves or others). Ideas include:

- Consider triaging 911 calls to a crisis hotline, where the individual can speak with a mental health professional, and improving coordination between the two entities
- Consider having a number other than 911 that people can call when they are in a crisis (crisis hotline exists but is not always used for this purpose) - one option could be 988
- Ensure that behavioral health responses that are deployed can travel efficiently to municipalities outside the City of Pittsburgh
- Consider how 911 calls can be triaged to an immediate clinical response including telephone support and/or dispatching an in-person behavioral health response
- Explore whether any municipalities (ESAs?) are interested in working with 911 to enable a non-police response to certain calls in their area
- This is where people with lived experiences could be a vital support to the system of care.

### **11. Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.**

In Allegheny County, data shows racial inequities in accessing preventative care; Black adults are less likely to access preventative care, and more likely to utilize crisis services, while their White counterparts are more likely to access preventative care and have lower utilization rates of crisis services. Improving and expanding prevention and outreach (in particular for communities of color) can make sure everyone gets the services and supports they need before a crisis occurs. Ideas include:

- Support a large-scale training of mental health first aid in communities to help residents better understand and identify mental health need
- Consider expanding the mobile trauma-van response that travels to communities and provides trauma-informed services to individuals impacted by crises
- Consider expanding or creating new community health deputy programs that can conduct community-based check-ins with neighbors, and offer preventive support

### **12. Address basic housing needs.**

Many people with behavioral health needs also need access to stable housing. There are a variety of barriers that currently exist, including policies that limit housing options for people with criminal records, or quality concerns about housing options for people with behavioral health needs. In an effort to support existing and new efforts, ideas include:

- Provide guidance to local housing authorities and landlords to reduce collateral consequences of criminal records, and other barriers to housing for people with behavioral health needs and justice system contact
- Address substandard/poor quality housing that is targeted at people with behavioral health needs
- Reduce or eliminate fines and fees to ensure people have adequate financial resources to access housing
- Expunge criminal records or change policies to limit landlords' ability to use justice history as a barrier to housing (this is also a critical strategy to increase access to employment)
- Convene a network of landlords that are committed to supporting people with behavioral health needs
- Strengthen eviction prevention and intervention supports (e.g., hotels as short-term housing for people who've been evicted or neighborhood legal services for eviction prevention)

- Crisis workers should be able to connect individuals in crisis with temporary housing when needed
- Pilot a permanent supportive housing model designed specifically for individuals who frequently utilize services (such as the FUSE model)

### **13. Establish and fund more community-led and operated crisis response models.**

Recognizing that community members are experts in understanding their own community needs and, in particular, that Black communities have been historically and are presently harmed by the crisis response system, community-led and operated crisis response models would be designed for and by community members. This can ensure more responsive and accessible services for community members, and improve engagement and use of supports for those who may not immediately trust service providers. Ideas include:

- Increase awareness of existing models within the county and broaden their reach
- Fund new community-led solutions that address behavioral health needs
- Increase the number of Black, Indigenous and People of Color (BIPOC) behavioral health providers that exist in Allegheny County

### **14. Make sure qualified, trained front line 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.**

High-quality staff (including social workers, mental health professionals, and other frontline staff) are critical to a healthy functioning crisis system. Ensuring that individuals in crisis always have access to top notch care and support, no matter the time of day, requires that staff have manageable caseloads and are adequately supported and compensated in their roles. Burn out is far too common in the social services sector, and ultimately impacts the individuals being served. Focusing efforts on cultivating a strong workforce that is available 24/7 will enable frontline staff to meet clients where they are, provide the best services possible, and ultimately reduce avoidable calls to 911 or to law enforcement. Ideas include:

- Establish opportunities for providers, case managers and care coordinators to meaningfully collaborate. Could include cross-agency case-conferencing and networking
- Increase salaries for front line staff and/or offer other benefits (e.g., student loan payment, bonuses, incentives, more/better professional development opportunities)
- Establish policies or regulations such as county maximum caseloads and length of psychotherapy sessions to improve quality of services
- Improve support to residential provider staff to reduce reliance on police/911 to address minor onsite incidents
- Support people with lived experiences of justice systems and behavioral health systems (peers) to succeed as front-line staff, and ensure fair compensation

### **15. Develop a process to address mistrust and hurt between communities and government, including law enforcement.**

The City of Pittsburgh started this work in 2015 through a collaboration with the National Initiative for Building Community Trust & Justice. Pittsburgh was selected as one of six pilot sites to employ strategies, examine policies, and develop evidence through research to reduce implicit bias, enhance procedural justice, and promote racial reconciliation. Ideas include:

- Leverage the work that has previously been done with the National Initiative for Building community Trust & Justice
- Build on this effort to acknowledge and address the history of racial trauma in all of Allegheny County, and the mistrust and hurt that has built up over time between government (including law enforcement) and communities of color, with a particular focus on Black communities

## **16. Increase the number of Black, Indigenous, and People of Color (BIPOC) behavioral health providers.**

More representation in the field of behavioral health is crucial. Anyone seeking behavioral health supports and services should be able to find mental health professionals, social workers, psychiatrists and other professionals that can relate to and empathize with their cultural background. Ideas include:

- Support capacity building efforts of Black, Indigenous, and People of Color agencies
- Implement equity in hiring practices for city and county agencies; incentivize equity in hiring practices for providers
- Provide for more contracting for people with lived experiences of justice and behavioral health systems (peers) including supports like employment programming
- Consider college recruitment pipeline to behavioral health professions for Black, Indigenous and People of Color