June 5, 2023 "Supporting the Next Generation of Emergency and Mental Health Response"

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Chairman Kinsey, Chairman Solomon, and members of Veteran's Affairs, Emergency Preparedness, and Human Services Committees, thank you for the privilege to meet with you today and share my perspective on the important topic. I hope that some of you have had the opportunity to view the video that I shared last week to help lay a foundation for this discussion.

By a show of hands, how many of you know someone who has passed away due to suicide? Many of us have shared this difficult experience or have walked with a close family member or friend trying to navigate this type of tragic loss. In Pennsylvania we lose a person to suicide every 4 hours. According to the CDC, nationally, suicide is the 11th leading cause of death claiming over 48,000 lives in 2021, or 1 death every 11 minutes. As a reminder, July 16, 2022, almost one year ago, 988 went "live."

Where are we now: Today, the Commonwealth has 13 - 988 call centers providing support to individuals experiencing a behavioral health crisis. The last year has been "the best of times and the worst of times." It has been the best of times because there is such opportunity to develop a seamless system to provide the right kind of support based on the need of the person. It is the worst of times because we are faced with vast workforce shortages and high turnover rates. This holds true for both the 988 call centers and the emergency services workforce.

The Department of Human Services provided grant funding opportunities for County Mental Health offices to propose projects to expand and enhance crisis services to align with SAMHSA's best practice guidelines. These grants were funded using American Rescue Act Plan Act funds and were awarded just prior to the Christmas Holiday. Some counties decided not to respond to the grant and expressed concern that programs could not be sustained with grant funds, aka "one time money." Programs are currently under development. Funding for these projects will end June 30, 2025, 2 years from now. I am hopeful that conversations such as this will be helpful in ensuring the approval of long-term sustainable funding to maintain services developed by these grants.

I am aware of a work group formed by PEMA to navigate the complexities of the interface between 988 and 911. I envision that many counties are or soon will be establishing protocols with our 911 partners to strengthen the relationship between 988 and 911. Other states have worked through these needs and now provide an appropriate response to the need presented in a safe and efficient manner. As you know, today, often law enforcement is the first responder to many behavioral health crises. Many counties provide Crisis Intervention Team (CIT) Training for law enforcement. This is a 40-hour training that is co-facilitated by law enforcement and mental health. We believe the benefit of the training is immeasurable. This collaboration has

helped to begin to shape the "next gen" culture. County mental health offices have developed working relationships with police, EMS, and 911 through providing CIT. Part of the training is exclusively devoted to training in de-escalation, a skill that is extremely helpful when helping someone dealing with mental illness, or another disease course that may resemble mental illness. Ultimately it helps the officer to slow the escalated incident down and help to provide the best support.

Here is where we move to the **Vision to Support the Next Generation of Emergency and Mental Health Response:**

With the inception of 988 there is awareness that we are participating in a large culture shift, a positive change from my perspective. Changing "how we do things here" obviously takes time and requires all of us to work together to benefit our communities. Our goal is to consistently provide 3 effective components within the crisis continuum:

- ✓ Someone to Talk to
- ✓ Someone to Respond
- ✓ Somewhere to Go

988 provides the framework for "someone to talk to." Currently Counties also continue to maintain their local crisis call centers, but as we move through this culture change, this also could change. Counties may choose to only use the 988 call centers, rather than continue to provide a local crisis line. The obvious benefit to having a local crisis line is that local crisis programs know local resources best. The Office of Mental Health and Substance Use Services (OMHSAS) is currently developing a 988-resource directory that will soon go live. 988 Call centers will have access to other resources in other communities to help callers who need support but may not necessarily be at imminent risk for suicide.

I've heard some refer to 988 as kind of a "air traffic control" for emergency behavioral health. Eventually 988 teams will be consistently able to work with local crisis and 911 partners to determine the best response to meet the need. If a behavioral health call comes to the 911 center, protocols will be established to collaborate with crisis to determine the most effective response. Some states have found it beneficial co-locate staff from 988 in the 911 call center to triage calls for effective dispatch. These are conversations that may be occurring with the PEMA led workgroup.

Nationally, the lifeline has established a target of a 90% call answer rate within 20 seconds by the fall of 2023. Pennsylvania is working hard to meet these targets but are faced with barriers. Staffing and dedicated sustainable funding are likely the greatest challenges. Last summer the Commonwealth had a "soft opening for 988." In other words, 988 is operational but there is little financial resources provided. 988 in Pennsylvania is largely funded by County based Mental Health funds. As you are aware, the county based mental health system has been flat funded for many years. Currently, many counties struggle to meet the needs in our communities. Some local crisis programs are not able to operate 24 hours a day, 7 days per

week. As the call centers continue to receive more calls; the focus remains on ensuring an efficient call response rate, however there will be need for additional crisis staff to adequate maintain and support full time mobile team outreach. The goal is to provide a mobile crisis response when a person is experiencing a behavioral health crisis, rather than a law enforcement response. The mobile crisis team will be made up of a mental health professional and a peer support specialist, this is a person with lived experience with mental illness, or a recovery support specialist, a person lived experience with a substance use disorder. Law enforcement will continue to be actively engaged, but only when there is a concern for that the person may be violent or may have a weapon. When fully implemented, mobile crisis teams will lessen the burden placed on our law enforcement professionals. I must share though; we've been so impressed with the knowledge and caliber of our law enforcement officers. We are grateful for their expertise and teamwork.

Finally, there must be somewhere for people to go to receive immediate support. A few counties already have Crisis Walk-in Centers that help divert people from the Emergency Department. This type of program is mostly found in urban centers and provides care for up to 23 hours. Using ARPA grant funds, a few additional Regional Crisis Walk-in Centers are under development. This will provide psychiatric "urgent care" for individuals who need it. These walk-in centers will be staffed by peers and clinicians to meet the person where they are and offer a caring supportive environment for the person to stabilize, then hopefully be able to return home rather than be directed to inpatient. Crisis walk in centers will also be designed to accept everyone and provide a quick drop off for police if an officer is needed for assistance. This will maximize efficiencies and will decrease the time that police officers get "stuck" in the Emergency Department waiting.

Realities and Next Steps: The success of changing the Crisis Continuum really depends on us, all of us. I noticed the resolution that was passed identifying May 25th as Trauma Awareness Day, I say well done. As a nation we are learning much more about how trauma impacts not only our mental health, but also our physical health. I highly recommend that each of you find the book, "The Deepest Well," written by Dr. Nadine Burke Harris. It is an amazing read about how trauma impacts us across a life span. I also highly recommend the movie, "Resilience, the Biology of Stress & the Science of Hope. Both the book and the movie are accessible in many of our local libraries.

As we recognize the need for trauma awareness, it is imperative that services are funded to offer support quickly and efficiently. Benjamin Franklin was correct in his famous saying, "An ounce of prevention is better than a pound of cure."

When a person is experiencing a behavioral health crisis, or has an emergency requiring 911, obviously trauma has occurred. It is imperative to have caring professionals who are trained and fully equipped to offer care and hope to our local citizens. Thank you.