



## Transforming Crisis Services: State and County Partnerships



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

## Why modernize the crisis system?

- PA crisis system is governed by 1993 unpromulgated crisis regulations that are basic.
- Reduce dependence on emergency departments and jails
- Create an avenue for immediate access to crisis support
- Eliminate the criminalization of mental health symptoms– 2016 Stepping Up Initiative

- County-administered mental health system- 67 counties
- There are 48 mental health administrators governing mental health services in county/county joinders agreements
- Crisis Intervention Services are funded under the “rehab” option of the Medical Assistance Plan.
- 5<sup>th</sup> most populated state with significant urban areas and very rural counties.
- Behavioral Health carve-out state, which means BH-MCOs are core partners

- PA 988 call centers
  - Counties are no longer required to operate their crisis lines
  - Statewide answer rate of 89% as of December 2023
  - Statewide crisis services/resources database
  - Mobile crisis deployment
- Revised the 302 Bulletin to address the imminency standard in the law, clarifying the life of a warrant as hours, not days, and providing clarity that an individual serving a warrant days after it was issued has the right to determine if it is still valid.
- Revising crisis intervention service regulations to mirror SAMHSA's best practice behavioral health crisis system model.
- Distributed over 41 million dollars to support crisis system modernization with state and federal funds for 988 operations.

- Mobile Crisis teams collaborate with 988 call centers to ensure that 988 call centers can deploy mobile teams and track response times.
- Expand Access to Mobile Crisis: teams must be two people and respond to calls continuously- 24 hours daily.
- Embedding Certified Peer Specialists on mobile crisis teams
- Mobile crisis teams respond to local law enforcement requests when it is determined a mobile crisis team response is more appropriate.
- Creation of Emergency Behavioral Health Crisis Walk-In Centers
- Creation of regulations for peer-run crisis stabilization programs

- Increased access to peer support by changing the eligibility requirement for becoming a Certified Peer Specialist (CPS).
- Developing a Crisis Intervention Worker certification with Temple University on MYOMHSAS, which includes 30 free CEUs.
- Create Family Peer Support Certification
- Crisis endorsement training for all peer professionals.
- Support local NAMI Affiliates to engage in crisis system planning and CIT steering committees.
- DOC Bridge project to recruit appropriate re-entering individuals to crisis roles.



## PA BEHAVIORAL HEALTH CRISIS SYSTEM ROADMAP

