



Programmatic Priorities in Crisis Response (2022-2023)



INTRODUCTION

The purpose of this brief is to educate decision-makers in State and local government, law enforcement, behavioral health, community organizations, partners, and other community members on the rich history of the mission and work of Crisis Services, and to present our recommendations on how together we must enhance crisis care and response to our community. Every decade brings unique challenges, and Crisis Services has always been there to work with community members to find a response to those challenges.

The vision of Crisis Services began by a group of concerned citizens in 1966 who advocated for a place for people having thoughts of suicide to seek help. They worked diligently for two years with the Mental Health Association, the Psychological Association of WNY, and the Erie County Department of Mental Health to create our mission. These founding mothers and fathers built Crisis Services which began operations in November 1968, offering a 24-hour/7 days a week mental health hotline response for the first time.

In 1978, more members of our community identified the lack of advocacy services for victims of rape. Expanding beyond the hotline model for the first time, Crisis Services created the Advocate Program to provide rape crisis services. Crisis Services staff and volunteers provided in-person, 24-hour response to victims seeking treatment at all local hospitals. Hotline and follow-up support was also provided. In 1983, the Advocate Program was designated by the NYS Department of Health as the Rape Crisis Center for Erie County. In 1995, the Advocate Program began providing those same hotline and in-person services to domestic violence victims.

In 1980, Crisis Services took the response to hotline calls for help for persons experiencing a mental health crisis to the next level. The Emergency Outreach Program (now known as Mobile Outreach Program) was developed to provide the next level of care for individuals with acute emotional crisis, with the goal of helping those at harm to self or others. For the last 41 years, teams of mental health professionals from Crisis Services have provided an immediate in-person response to assess the needs of the person in mental health crisis anywhere in the county, to determine how to best keep them safely in the community, or to transport the person to the hospital for further psychiatric evaluation when necessary. In 2013, the Crisis Intervention Team Project began work to improve training for police responding to mental health crises and improve the co-response with mental health professionals.



In 1990, Crisis Services' Police/Mental Health Coordination Project (PMHCP) began. A collaborative effort with representatives of police agencies, psychiatric hospitals, emergency mental health services, the legal community, consumers, and local and state government in Erie County, the PMHCP meets bi-monthly to review police and emergency mental health services response to individuals in crisis, examine new approaches and procedures, and works to improve the community support necessary for individuals with mental illness to live safely in the community. The development of the Crisis Intervention Team model in Erie County began with discussions and work by members of the PMCHP.

In the midst of the COVID-19 pandemic, with heightened community awareness of racial and social injustice, and the critical mental health needs that exist in our community, Crisis Services continues to serve as the only 24-hour community-based safety net in our community. As the most comprehensive crisis center in Upstate New York, Crisis Services' 53 years of 24-hour service, crisis intervention expertise, and commitment to collaboration serves as the major leader in helping improve crisis care for our community residents based in a trauma informed and equitable framework.

Organization's Mission: Crisis Services is a 24-hour comprehensive crisis center and community resource whose first responders provide support to anyone in need. We save lives by restoring safety, promoting emotional strength, and reducing the impact of trauma through intervention, education, prevention, and community collaboration.

Our Vision: A community where people in crisis find safety, help & hope.

Crisis Services fulfills community needs, 24 hours a day, through the following program services:

- 24-Hour Crisis Hotline (Crisis Counseling Program)
- Mobile Outreach Program
- Mobile Transitional Support Program
- Crisis Intervention Team (CIT) Training Project
- CIT Crisis Case Management Program
- Police Mental Health Coordination Project
- Trauma Response Services
- Advocate Department (for Survivors of Rape, Domestic Violence and Elder Abuse)
- Community Education and Training

SERVICE IN PLACE: 24/7 Hotline

Description: The 24-Hour Crisis Hotline serves as the hub for all departments and programs of Crisis Services. It operates 24/7/365 and is staffed by professionals trained to provide crisis intervention, emotional support, referral, and triage to other services (both internally within Crisis Services and externally to area partners). This Hotline has been in existence since 1968, and is a well-known, reliable resource in the community. Our Crisis First Responders manage all levels of crisis situations with specialized training in suicide prevention, emergency mental health, domestic violence, rape, sexual assault, trauma and addiction. In 2022, our Hotline Counselors helped 79,450 callers with various crisis situations and emotional support needs.

It is our position, based on our extensive crisis response expertise, that this Hotline remain the access point for all crisis intervention services in Erie County. Crisis Services hotline serves various hotline roles for Erie and Chautauqua County, afterhours support for numerous mental health providers and serves as the Western New York's network center for 988, formerly known as National Suicide Prevention Lifeline (NSPL). We are strategically working to implement the federal guidelines for this expansion in WNY and the support needs outlined below will help us expand services and coordination of the crisis response system in our community. We know that expansion to this existing infrastructure is more efficient and cost-effective than creating additional crisis hotlines or response systems within the community.

FUTURE NEEDS AND RECOMMENDATIONS

#1: Enhanced remote working capacities to ensure seamless service and to strengthen our disaster plan.

Crisis Services had already began meeting with other Crisis Centers around the country in 2019, prior to COVID-19, regarding consideration of adding remote employees in the Hotline program. We obtained an understanding of capacity and sustainability of remote employees. In 2020, Crisis Services worked to implement an agency-wide contingency plan in order to continue our 24-hour services during the COVID 19 pandemic.

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As a crisis center, we are classified as 'Essential Services' and remained fully operational and continued services, including the hotline, and on-site throughout the pandemic years. Our disaster recovery planning was boosted due to the pandemic. We worked to establish a secondary recovery site for all phone and computer network systems. This infrastructure positions us to continue to expand remote options for our emergency level services while expanding remote options for daily operations. We continue to build upon the lessons learned from the pandemic by creating the most effective infrastructure for seamless 24-hour services, including remote access options.

SERVICE IN PLACE: 911 Call Diversion Pilot Project

Description: Crisis Services, along with Erie County Central Police Services and Buffalo Police Department's 911 Dispatch, completed a pilot for a 911 Call Diversion model in 2020/2021. This Diversion model, similar to a model that is operating effectively in Broome County, NY, trains 911 Dispatchers/Call Takers to identify calls related to mental health crises and re-route these calls to Crisis Services 24-hour hotline instead of dispatching a patrol officer. This reduces unnecessary police response to mental health calls. Broome County found the following as a result of their initiative:

- Transports by police to CPEP (comprehensive psychiatric emergency program) dropped from 70% to 37% in a two-year period.
- Very few calls had to be re-referred to 911 for a police response, once assigned to the mental health professionals.

In the fall of 2020, Crisis Services was given permission to use funding from a local private Foundation to run the pilot project to assess need and effectiveness in our local area. Buffalo Police 911 Dispatch staff were trained by Crisis Services to use the CIT (Crisis Intervention Team) Training Model. This training was condensed to a one-day training that provides tools on how to identify potential mental health issues in a call, how to access a CIT Officer, and how to safely de-escalate a caller. Crisis Services has been providing this training to local Police Departments for years and developed the training into a virtual format, so that training can continue to be delivered during COVID-19.

As mentioned in the Broome County 911 Diversion model, many of these calls do not require a police response, so a model like this supports diversion from police resources at a very early point in the crisis. When the call is diverted to a crisis hotline, trained hotline counselors can provide support and further assessment and, when necessary, refer to our Mobile Outreach Program for a face-to-face crisis response. If a 911 response is truly needed, as assessed by the hotline counselor, the call can be referred back to 911 Dispatch for a police response. This service has received local County funding to support its expansion into more law enforcement agencies in Erie County and currently operates 5 days/week, 14 hours/day.

SERVICE IN PLACE: 24/7 Mobile Outreach Services

Description: The Mobile Outreach Program, which began in 1980, provides emergency mental health evaluations for individuals at risk of psychiatric hospitalization. Referrals are received from a variety of sources including, but not limited to, family members, mental health clinics, doctors, or the individual themselves. In 2022, there were 3,526 open cases for this specialized service resulting in 1,277 in person assessments and interventions for individual in mental health crisis.

The program works closely with law enforcement officers in Erie County, with 15% of program referrals come from law enforcement, who are guaranteed a rapid response by Mobile Outreach to assist them while on-scene (typically a response time of 30 minutes or less).

This program is staffed by licensed mental health professionals (social workers and counselors) and other professionals who provide 24/7/365 rapid access to emergency mental health services.

The licensed mental health professionals in this program are the sole 9.45 Designees for Erie County residents 18 years of age and older. These individuals are designated by the Erie County Commissioner of Mental Health, per the NYS Mental Hygiene Law, and have the authority and responsibility to enact an involuntary transport (9.45) to a psychiatric emergency room for further evaluation.

In most cases, these transports are done in partnership with local law enforcement. However, not all Mobile Outreach responses involve law enforcement. Approximately 60% of cases are responded to solely by Mobile Outreach mental health professionals.

It is the goal of this program to divert individuals from unnecessary presentations at local psychiatric emergency rooms, as well as divert individuals away from law enforcement involvement, including jail presentations, when mental health services are more appropriate.

Funded by the Erie County Department of Mental Health and Erie County Medical Center, Mobile Outreach is the sole contracted agency by Erie County Medical Center's psychiatric emergency room (CPEP) to provide this service.

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Impact made by Crisis Services Mobile Outreach Program:

- Over a five-year period, Mobile Outreach has diverted 64% of the clients they respond to in the community, from emergency psychiatric hospital presentation and /or jail.
- On average, our Mobile Outreach program conducts intakes into this program upwards of 400 individuals annually.
- In 2022, on average, 17% of clients received a response within 30 minutes of the time of call, with another 10% being seen within four hours, and a total of 74% of people being seen the same day as the call.

FUTURE NEEDS AND RECOMMENDATIONS

#1: Reduced police presence where mental illness can be addressed by trained mental health counselors.

The community is calling for less police response in situations dealing with mental illness. At the current time, any police officer can call in to Mobile Outreach 24/7 and receive on-site assistance within thirty minutes. However, our 24/7 hotline receives calls that will, inevitably, warrant an immediate welfare check police response due to safety issues (i.e., an overdose in progress, or an individual who reports having weapons).

At the present time, Mobile Outreach is unable to respond to these calls until contacted by the on-site police officers asking Mobile Outreach to respond. We would like to move towards dispatching our Mobile Outreach staff immediately to these welfare checks as soon as they are dispatched. Investment to expand our Mobile Outreach workforce will broaden our immediate response capabilities that currently necessitates police getting on-scene and then contacting Mobile Outreach if they are needed.

#2: Implement a fully-staffed and supported Co-Responder Dispatch Model.

As mentioned previously, Crisis Services is the sole provider of adult mental health designee services for Erie County. An opportunity we recommend is to have Crisis Services Mobile Outreach Counselors embedded within high volume police

jurisdictions to respond to crisis calls as they come in to dispatch. These designees are licensed mental health professionals that can co-respond alongside officers and provide immediate crisis intervention, assess for safety and 9.45 criteria, and work to divert from hospitalization when possible. We strongly believe our four decades of mobile crisis response work, content expertise of crisis intervention, suicide prevention and mental health crisis will provide a comprehensive level of crisis care that will significantly assist how mental health calls are responded by the police department and provide the most efficient, effective and holistic level of care for those in heighten crisis requiring this level of multidisciplinary response. The hours for positions such as this could be determined by the Police Department, and when these designees are not working, the larger Mobile Outreach team would still be able to seamlessly respond. This model would require additional staffing resources in the program.

#3: Bring Mobile Outreach to remote/rural communities.

Crisis Services, in partnership with a local rural law enforcement agency, has been developing a pilot project which will allow officers in remote areas to quickly access Mobile Outreach staff virtually for an individual in crisis. Officers will be able to access Crisis Services over a tablet (via Zoom) and a Mobile Outreach Counselor can talk to the client directly and help assess if an in-person response is needed. This begins the assessment/intervention immediately versus waiting for the intervention to start when the Crisis Services team arrives on scene. It is still being evaluated if full mental health assessments can be completed in this manner, but being able to connect with Mobile Outreach quicker, in a remote manner, will have potential applications across all police departments. As data becomes available from the pilot project, it is our recommendation that this model be expanded across other police departments, especially departments in rural communities.

SERVICE IN PLACE:

Crisis Intervention Team (CIT) Training for Police

Description: Crisis Services has been the sole provider of Crisis Intervention Team (CIT) training for local law enforcement since 2013. As of the start of 2023, Crisis Services has trained 774 officers across Erie County (including officers from the Buffalo Police Department).

At the current time, Crisis Services is in year three of a five-year federal SAMHSA grant supporting CIT training. This grant is overseen by the Erie County Department of Mental Health and supports a full-time CIT Training Coordinator, who provides multiple trainings per year across Buffalo and Erie County. This training is free to all law enforcement officers in Erie.

CIT training is specialized training to assist law enforcement in responding to individuals with mental illness. Officers are identified by their departments and attend a week-long training, run by Crisis Services' CIT Training Coordinator, and in partnership with local law enforcement.

These designated officers, with their specialized training in mental health, are targeted to respond to calls identified by dispatch as potential mental health issues. They are also trained to bring in mental health professionals, particularly Mobile Outreach, to assist.

The basic goals of CIT training focus on both officer and client safety, as well as re-directing individuals with mental illness away from the criminal justice system and into the mental health system. The training prioritizes de-escalation techniques to minimize officers from having to go "hands on" during a situation.

Crisis Services coordinates regular meetings with law enforcement officers who assist with the CIT training to evaluate sustainability, stay abreast of best practice, and make sure we are meeting the needs of local law enforcement.

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FUTURE NEEDS AND RECOMMENDATIONS

#1: Shared investment in CIT Training and expanded participation for all Erie County police departments.

It is our recommendation for all police departments to commit and invest in having their officers be CIT trained. Some towns have a large percentage of their officers trained, while others have only a few. We recommend that this commitment become a county wide expectation for all police Departments to have CIT trained officers.

#2: Officers from various departments assist with the training.

A benefit with our CIT training curriculum is the utilization of existing CIT Officers to conduct sections of the training. The officer's departments are providing these trainers pro bono. Crisis Services would like to see financial recognition to cover costs for departments that send officers to assist with training, particularly when these tasks fall outside the responsibilities of their regular role.

#3: Secure and sustain funding for the CIT Training Coordinator.

The Training Coordinator position is currently funded through a SAMHSA grant, which will end in September of 2023. To continue to fulfilling this important role for the community, and keeping the training at no-cost for law enforcement, different funding will need to be secured to sustain this critical position after that point.

#4: Secure and sustain funding for other core groups, including dispatches and corrections officers.

The CIT training is geared at patrol officers in Erie County. Over time, temporary funding has been secured to provide short-term CIT training geared to other groups critical to the system of care, such as dispatchers and corrections officers. We believe that all roles in the criminal justice system would benefit from the CIT model of training. To train these groups ongoing, additional funding would need to be secured.



SERVICE IN PLACE:

Crisis Intervention Team (CIT) Case Management Services

Description: Crisis Services provides crisis case management services to individuals referred by law enforcement. This program started in 2014. Typically these individuals are struggling with mental illness and are having regular contacts with the police, as a result of their mental illness.

These services are provided by Crisis Case Managers funded through the Erie County Department of Mental Health. They work with individuals with the goals of hospital diversion, diversion away from future law enforcement interface, and assisting with secure linkages to mental health and other services in the community. In 2022, this program had a diversion from hospital rate of 96%.

FUTURE NEEDS AND RECOMMENDATIONS

#1: Co-locate case management services into police departments.

Ideally, all police departments should have a Case Manager assigned to them. In smaller jurisdictions, one Case Manager may be shared between a few departments. This model has proven to offset officer time in repeatedly responding to individuals with mental illness, which often results in individuals accessing higher levels of care unnecessarily (such as a psychiatric emergency room visit).

SERVICE IN PLACE:

Advocate Department Trauma-Informed Response to Sexual Assault and Domestic Violence Survivors

Description: The Advocate Department is the arm of Crisis Services that provides comprehensive services to survivors of domestic violence, family violence, elder abuse and sexual assault. The Advocate Program is a New York State approved Non-Residential Domestic Violence service provider and the NYS Department of Health (DOH) designated Rape Crisis Program for Erie County. This full service department provides 24-hour crisis response via Hotline and at all Erie County emergency departments, case management & therapy services as well as prevention and education. Clients can access case management services, safety planning, supportive counseling, criminal justice, medical or legal advocacy and accompaniment to court proceedings, linkage to victim compensation, and referrals to community resources.

Advocate staff have been co-located at the following law enforcement agencies for over two decades: Buffalo Police Department Special Victims Unit; Erie County Sheriff's Domestic Violence Unit; Town of Tonawanda Police Department's Family Violence Unit. The work of the Advocate Department is about creating safe and secure connections with survivors. Ensuring survivor comfort and reducing trauma remain goals to improve the quality and efficacy of interventions provided by the organization.

Since 2003, the department houses a Sexual Assault Forensic Examiner Program serving two of our hospitals system 24/7 across two counties. The SAFE Program works with both Kaleida and Catholic Health Systems, covering nine hospitals in Erie and Niagara Counties.

Since 2010, Advocate staff have answered Hotline calls for the NYS Domestic and Sexual Violence Hotline, on behalf of the NYS Office for the Prevention of Domestic Violence. A text and chat feature was added in 2020 to increase access for survivors amidst the pandemic.

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In 2012, Crisis Services began management of the 24-hour Domestic Violence Helpline for Erie County. As of January 2019, the Program now operates Prison Rape Elimination Act (PREA) Statewide Rape Crisis Hotline for NY on behalf of OPDV. This critical expansion provides support for incarcerated survivors of sexual abuse. New York is the 7th state to launch a statewide hotline for this population. New York's coordinated network of specially trained rape crisis programs or PREA Centers, who provide emotional support, counseling, and advocacy. Crisis Services provides the centralized hotline services and serves as the Western New York PREA Center. Case Managers provide sexual assault and core non-residential DV services, including information and referral, legal, medical, and law enforcement advocacy and supportive counseling.

In 2015, the department launched the Campus Advocate Program, co-locating staff on campuses throughout the county. This work led to referrals for students, faculty and staff who are experiencing domestic violence, on or off campus and requires state level coordination as many survivors are attending school away from home.

Crisis Services is a Regional Center for Sexual Violence Prevention, a NYSDOH funded public health initiative addressing the primary prevention of sexual violence in local school and nightlife communities.

The Advocate Program Director chairs Erie County's Rape Crisis Advisory Committee (RCAC), which began in 2002. The RCAC is comprised of local stakeholders committed to providing a coordinated community response to sexual violence in Erie County, many of whom also are linked to domestic violence units at their agencies. Members include Erie County District Attorney's Office Special Victims Bureau, various law enforcement agencies including Buffalo Police, Town of Tonawanda Police, Erie County Sheriff's Office, Cheektowaga Police, campus law enforcement, the Forensic Lab, Erie County Medical Examiner's Office Forensic Toxicology Laboratory, SANE nurses from Niagara and Erie County, campus prevention and Title IX staff, prevention educators, the Child Advocacy Center; ECMCs HIV Immunodeficiency Clinic, and the Air Force Reserves, in addition to various Advocate Program staff. The committee has also responded to the greater educational needs of the community by providing multi-disciplinary conferences.



In Summation

Crisis Services is a well-established and respected community based organization. We are the sole provider that offers a 24-hour, continuous crisis response that is unduplicated in our region. We deliver essential services to Erie County and provide vital support to local law enforcement, medical response hospitals, other emergency personnel and the larger behavioral health system.

As demand grows to redirect individuals in crisis away from unnecessary police engagement and toward mental health systems, Crisis Services calls for increased collaboration and community assessment prior to developing new services where interventions already exist within our 24-hour operations.

Like many non-profit organizations across the nation, Crisis Services balances maintaining operations with deeply impacted staff capacity due to a number of factors and, most notably, due to how the COVID pandemic changed the shape of employment. Beyond recruitment, exposure to trauma is a reality of this work and turnover requires constant navigation. The ability to pay staff more for the intensive services they provide our community requires serious consideration and external financial support.

As a non-governmental, private not-for-profit agency, Crisis Services is responsible for raising operating and program funds through grants in a funding environment that is highly-competitive and shifts all the time. Financial support is not guaranteed while community need is constant; a drop in grant funding or other fundraising revenue means a loss in services to our region, which runs the risk of individuals losing access to life-saving interventions. Crisis Services similarly calls for increased cost-sharing, investment and multidisciplinary partnership to maximize resources and improve outcomes for individuals.

CRISIS SERVICES SAVES LIVESTHROUGH:

Improved Safety • Immediate Response • Effective Intervention • Community Collaboration

Our Mission?

We are a 24-hour comprehensive crisis center and community resource whose first responders provide support to anyone in need. We save lives by restoring safety, promoting emotional strength, and reducing the impact of trauma through intervention, education, prevention, and community collaboration.

Our Vision?

A community where people in crisis find safety, help and hope.

In 2022, Crisis Services First Responders:

Answered **80,190** crisis calls to our 24-Hour Hotline.

Conducted **1,277** mental health emergency outreach visits in the community.

Ensured **558** domestic and sexual violence survivors seen at area hospitals received intervention and safety in their time of need.

Crisis Services Is:

- WNY's only agency accredited by the **American Association of Suicidology**
- The NYS Department of Health's **Designated Rape Crisis Center for Erie County**
- The interceptor of all WNY calls to **988 Lifeline**
- The training hub for over 750 Erie County police officers under the **CIT Team Project Model**
- The **after-hours phone service** for 28 mental health clinics in WNY

THESE ARE THE MEASURES OF OUR SUCCESS.

We invite you to learn more about our important work:



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