

The 2023 Technical Assistance Coalition Paper Series:

Connected & Strong



The *Connected and Strong* series focuses on implementing a connected, strong, accessible, and effective behavioral health crisis services system nationwide. Beginning with the “umbrella paper” that covers leading policy themes related to each of the subsequent papers, the series highlights key areas of consideration and puts forth recommendations for specific strategies to connect the oftentimes fragmented crisis care system and strengthen America’s approach to providing behavioral healthcare overall, in accordance with President Biden’s Unity Agenda. Below is a summary of the 10 papers in the series.

1. **Connected and Strong: Strategies for Accessible and Effective Crisis and Mental Health Services (Pinals & Schofield)** examines the factors related to President Biden’s Unity agenda, and the surrounding opportunities and goals to enhance mental health services in a variety of ways across the country, building out 988 and crisis response serves, strengthening the workforce, reducing reliance on law enforcement for crisis response, and more. The paper reviews the NASMHPD “Beyond Bed” series of papers, and their focus on helping policymakers, providers and others build a robust, accessible and effective continuum of psychiatric care as an alternative to relying upon only institutions and inpatient services. With the impacts of COVID-19 and the current need to shift from pandemic operations to post-pandemic circumstances, there is a great deal of work needed to be done for this continuum of care to be realized. *Connected and Strong* provides an overview of current challenges, and outlines principles that can help guide policymakers to help move the system forward for better crisis services and access to quality care.

President Biden’s Unity Agenda Policy Action Area 1: Strengthen System Capacity

2. **Peer Support Services Across the Crisis Continuum (Brinkley & Volpe)** explores the pivotal role of peer support specialists within crisis services and their potential to enhance behavioral health services in a way that meets the needs of all populations. It examines current barriers and challenges to integrating peers into crisis service systems, and how peer support specialists should operate in varied settings across the continuum of care, including schools, jails, emergency rooms, community-based organizations, and other crisis services. This paper emphasizes the significance of a diverse peer workforce in advancing behavioral health equity by recognizing and addressing the unique needs and experiences of individuals from various backgrounds. It puts forth recommendations for leaders across the behavioral health system to capitalize on the unique skill sets of peers across all components of the crisis continuum.

3. **Growing and Strengthening the Behavioral Health Crisis Response Workforce (*Washington & Shaw*)** describes the current behavioral health crisis workforce shortage and puts forth organizational and systemic strategies to grow and strengthen this workforce. It focuses on the mental health and well-being of existing professionals and the importance of building a stronger and more diverse workforce. It highlights the challenges faced by the current workforce, such as compassion fatigue and the impact of cumulative historic trauma and workplace discrimination. Furthermore, the paper addresses the need to recruit a more robust crisis workforce, emphasizing the importance of staffing that addresses community needs across populations to enhance effectiveness and responsiveness in crisis interventions.

President Biden's Unity Agenda Policy Action Area 2: Connecting Americans to Care

4. **Medical Approaches to Mental Health and Substance Use Crisis Encounters (*Browning, Cotes, St. George, Riddle & Pinals*)** delves into key aspects of acute psychiatric and physical health care within the crisis continuum, focusing on the role of medications, medical clearance procedures, and Emergency Medical Services (EMS) protocols. The paper explores the induction and initiation of treatments for acute psychiatric and Substance Use Disorder (SUD) presentations. Furthermore, it highlights important considerations around medical supports and linkages in crisis receiving and urgent care services, screening processes for co-occurring physical and behavioral health conditions and how these processes can improve access to care for marginalized populations. Lastly, the paper discusses the importance of EMS protocols in behavioral health crisis interventions and the collaboration between EMS and psychiatric services.
5. **Innovative Uses of Technology to Enhance Access to Services within the Crisis Continuum (*Kazandjian & Neylon*)** examines opportunities to utilize technology to enhance access to behavioral health services, focusing on its application during behavioral health crises. It recommends ways in which technology can be harnessed to improve access to services, highlighting specific areas such as bed registries, appointment schedulers, and the use of telemedicine in the field. The paper discusses the efficacy of these technological interventions, potential barriers to implementation, and the role of state governments in facilitating technological connections. This paper also describes some of the innovations with Artificial Intelligence, some of its potential usages and some of its risks, noting the need for careful planning as these new technologies emerge. Furthermore, it explores how the optimization of available service capacity through technology can support under-resourced communities, addressing the importance of equity and access in crisis response.
6. **988 and 911 Interoperability: Leveraging Strengths and Opportunity (*Stephenson, Naturale, Miller & Pinals*)** dives into the great complexity of best practices and procedures for integrating 911 and 988 services within the crisis response system. It discusses considerations and minimization of risks related to both 911 diversion and unnecessary law enforcement engagement. The paper explores strategies to build trust among minority populations in such collaborations, drawing from lessons learned from the history of 911 and ongoing inequities. It also investigates how these collaborative 988/911 relationships can benefit minority populations who may have mistrust towards 911 and law enforcement. Finally, the paper delves into the relationship between mobile crisis teams and law enforcement, emphasizing the importance of setting up systems that can prioritize positive responses to best help people access care, while also training law enforcement in mental health and cultural competence, and cross training other first responders for the new models of interoperability.
7. **Facilitating Rapid Access to Outpatient Mental Health and Substance Use Care (*Boak & Parks*)** describes best practices and effective models for achieving same day/next day appointments in Community Mental Health Centers (CMHCs) and Certified Community Behavioral Health Centers (CCBHCs). It focuses on maintaining quality of care and fiscal sustainability while ensuring timely access to services. Additionally,

the paper examines the potential impact of these initiatives on under-resourced minority populations, addressing the importance of access in mental health care for all populations when they need it.

8. **Increasing Equitable Access to Co-Occurring Care (*Gaba, Wangari Walter, & Pinals*)** highlights the importance of creating and strengthening capacity to meet the needs of individuals with co-occurring mental health and substance use disorders (CODs) with a specific focus on improving access to SUD services, including medications for addiction treatment (MAT), even in the context of a COD. It provides two illustrative case examples that examine aspects of CODs and the cultural and systemic issues that together play a role in outcomes, providing thoughtful analyses to help enhance understanding of these complex conditions. It emphasizes the need for integrated care to effectively address the co-occurrence of mental health and substance use disorders.
9. **Intersectionality: Faith, Mental Health and Community Partnerships (*Brown, Wanstrath, Gruttadaro, & Shumann*)** elevates the critical role of faith-based partnerships in increasing access to effective and meaningful behavioral health crisis care and behavioral healthcare generally, particularly for historically marginalized communities. It highlights various models employed by faith organizations of a variety of denominations to promote mental health, raise awareness, and provide behavioral health services within religious settings. The paper discusses the significance of pastoral counselors, the use of clergy as trusted messengers, and the role of religious coping in supporting mental health.

President Biden's Unity Agenda Policy Action Area 3: Supporting Americans by Creating Healthy Environments

10. **Long COVID and Vulnerable Populations (*Ogbu-Nwobodo, Hwong, Goldman, Murphy & Dilley, MD*)** explores the recognition and management of Long COVID in crisis care and other behavioral health settings for both adults and children. It addresses the impacts of Long COVID, including psychological symptoms, and examines the health disparities that have contributed to the disproportionate effects of COVID-19. The paper also discusses challenges in the identification of Long COVID syndrome, and the challenges related to accessing specialty services to support rehabilitation for individuals experiencing Long COVID, and provides guidance for practitioners and systems in seeking to meet the needs of individuals suffering from psychiatric symptoms associated with Long COVID and/or co-occurring Long COVID and mental illness.