



Members of the Behavioral Health Commission, thank you for the opportunity to speak as a representative of rural mental health crisis intervention services.

Center for Community Resources (CCR) was founded in 2002 in Butler County to assist the community as a single point of contact. Since our inception, CCR has expanded our service territory to include nearly all counties in Pennsylvania. CCR provides supportive services for individuals and families seeking information, referral, crisis intervention and service coordination. Areas include mental health, intellectual disabilities, substance abuse and other human service needs.

CCR provides 24/7/365 crisis intervention services in 25 rural counties across the Commonwealth. Our services include telephone, chat, text, walk in and mobile crisis response, dependent on the needs of our county partners. We practice the "firehouse" model of crisis intervention- staff are available and ready to respond 24/7/365. We employ our staff at a competitive wage and offer a comprehensive benefit package. Salary and benefits comprise nearly 80% of the budget. The expense of a 24/7/365 staffing pattern in a fee for service model is not sustainable. As such, we advocated for an alternative payment arrangement and currently operate with an APA in most of our crisis contracts.

Our primary goal in providing crisis intervention is to meet the person where they are, complete an assessment that includes a safety risk assessment for the individual and others involved and explicitly assess for suicide risk. We strive to de-escalate and resolve the crisis, so a higher level of care is not needed. We provide linkage to supports and services in the community, develop a safety plan and offer follow up services to determine if the services were provided in a timely manner and met their needs.

CCR has partnered with the National Suicide Prevention Lifeline since 2007. We are part of the national network of over 200 local crisis call centers, one of ten national core chat centers, one of three call centers assisting Pennsylvania in the Capacity Building grant, one of 13 crisis call centers in the state and one of two text and chat providers in the state.

CCR partners with local law enforcement, provides CIT training and/or participates in the local CIT. An example of this partnership is Juniata Valley Behavioral and Developmental Services, Lewistown Police Department (PD) Mifflin County and CCR collaborated to bring a co-responder to the Lewistown PD with PCCD funding. The co-responder is employed by CCR but embedded in the PD. They are available to ride along, assist on scene, connect to local resources, and provide follow-up. The co responder model has been very successful in rural Mifflin County. As is the culture in many rural areas, police are called to respond to a variety of situations, but by partnering with a co-responder there has been diversion from higher levels of care leading to decrease costs and decreased trauma for the individual in need. This

Connecting People to Services





fiscal year the program is expanding with two additional co responders to work with three additional PD's.

In addition to the co responder model, CCR provides walk in crisis services and assessment in five counties, with three additional walk-in centers slated to open over the next 6 months. Walk in provides police and the community at large an alternative to going to the emergency department when experiencing a mental health crisis. Our trained crisis staff complete an assessment, and provide resources to the individual, while providing the individual a break from the situation that led to the crisis.

In the last five years, and especially the past two years, we have seen changes in the reason individuals engage in crisis services. Many callers are coping with under/unemployment, housing, food, utilities, mortgage or rent. In addition to struggling with social determinants of health (SDOH), we are seeing an increase in the number of callers and the intensity of those calls. Because of the limited resources available in rural communities the cycle of unresolved needs and engagement with crisis continues. The SDOH needs identified are not funded by private insurance or Medicaid and the burden falls to County base funds. If the funding available in FY 2022-2023 budget was used to increase County base funds to address SDOH, the impact would be felt by residents and the human service community across the commonwealth.

Over our 20 years CCR has adapted to the changing human service landscape by engaging with new partners and funding streams to sustain the agency, to increase our staffing compliment and offer performance-based raises to retain staff. The funding available in the FY 2022-2023 budget could be used to increase salaries, provide loan forgiveness and scholarships to those entering the behavioral health field.

In conclusion, CCR encourages the members of the Commission to consider allocating the one-time funding to increase County base funding to address SDOH, increase funding to crisis providers for retention bonuses to maintain trained staff, and increase funding for mobile crisis expansion to divert from higher levels of care.

Thank you for the opportunity,

Beth Gillan, MA
Executive Director
Center for Community Resources

Connecting People to Services



