

## Executive Summary

# SPREADING AND SCALING INNOVATIVE CITY APPROACHES TO ADDRESS MENTAL HEALTH, SUBSTANCE USE AND HOMELESSNESS

## KEY TAKEAWAYS

- Mental illness, substance use disorder (SUD) and homelessness pose significant, interconnected challenges for cities.
- Cross-system approaches show promise to produce better outcomes for vulnerable populations during emergency response and crisis stabilization efforts.
- Several cities across the country are using cross-system collaboration to expand access to services and supports. These cities serve as exemplars for other cities as they work towards developing more effective emergency response and crisis stabilization efforts to help support individuals with mental illness, substance use disorder and/or those experiencing homelessness.
- City leaders offer a number of recommendations for other cities that would like to adopt similar approaches. Shifting the mindsets of policymakers and service providers to move toward a public health approach and employing effective collaborations at all levels of government are especially important steps towards implementing effective programming. State and federal leaders interested in supporting cities play a key role in the replication and scaling of emergency response and crisis stabilization initiatives for vulnerable populations.

## INTRODUCTION

Over the past six months, the National League of Cities (NLC) and Arnold Ventures have released a series of issue briefs and case studies that discuss innovative city-level efforts and practices that incorporate promising cross-systems approaches that have begun to improve outcomes for vulnerable individuals. The first issue brief in this series, "[Mental Illness, Substance Use, and Homelessness: Advancing Coordinated Solutions through Local Leadership](#),"<sup>1</sup> explores the scope of the problem and introduces innovative approaches that cities are using to maximize access to services and supports. The second issue brief, "[Working Across Systems for Better Results: City Efforts to Address Mental Health, Substance Use, and Homelessness Through Emergency Response and Crisis Stabilization](#),"<sup>2</sup> discusses the cross-systems nature of these and other approaches in greater detail. The third, "[Emergency Response and Crisis Stabilization: Cities Leading the Way](#)"<sup>3</sup>, details challenges and potential solutions for cities implementing these approaches. The issue brief also identifies a number of ways that state and federal government leaders can support cities in these efforts. This final executive summary summarizes the key takeaways and recommendations from this project.

The broad goal of this project was to help city leaders identify effective strategies and approaches for emergency response and crisis stabilization for individuals with mental illness, substance use disorder and/or those experiencing homelessness and to explore how these strategies and best practices might be replicated in their own cities.

## BACKGROUND

Millions of adults suffer from mental illness,<sup>4</sup> substance use disorder<sup>5</sup> and/or experience homelessness in the United States.<sup>6</sup> Historically, these individuals were often incarcerated or sent to emergency rooms instead of provided with the care and social supports and services needed. City leaders on the policy forefront acknowledge that they cannot arrest or hospitalize their way out of the problem. Instead, in many cases, they are now responding by connecting vulnerable populations to critical services. Despite this fundamental change in emergency response, many vulnerable individuals continue to enter into uncoordinated and fragmented systems of care that do not connect them to appropriate treatment and/or supportive services. Further spreading and scaling innovative cross systems approaches is necessary.

[Cross-system collaboration](#)<sup>7</sup> is crucial for helping vulnerable populations. Such collaboration offers a variety of benefits, including more efficient allocation of resources, creation of a continuum of support so that individuals are aided in all facets of their lives, and shared performance measures that can assess the efficacy of the systems involved.<sup>8</sup> This approach breaks down silos and allows collaboration from multiple sectors including first responders (police, fire, EMS), hospitals and emergency rooms, housing authorities, transportation, courts, religious organizations, and other community stakeholders. Many of the cities profiled in this project explicitly employ cross systems approaches.

## CITY PROFILES

NLC and Arnold Ventures were able to identify upwards of 90 cities and counties with emergency response and crisis stabilization initiatives for vulnerable populations using publicly available information and a survey of NLC member cities. NLC and Arnold Ventures selected nine cities and counties to interview and profile based on criteria including geographic diversity, community size, and improving outcomes which suggest evidence of a successful approach:

1. **Fort Collins, Colorado** and the Fort Collins Police Force's **mental health co-responder program** in which behavioral health professionals respond to the scene of mental health/substance use disorder emergencies and help individuals get treatment and support services;
2. **Huntington, West Virginia** and the **Huntington Quick Response Team** that provides crisis stabilization within 72 hours to those who have experienced an overdose;
3. **Indianapolis, Indiana** and the **Indianapolis Police Department's Mobile Crisis Assistance Team** that responds to individuals experiencing behavioral health emergencies and connects them to a wide array of services instead of taking them to jail;
4. **Manchester, New Hampshire** and the Manchester Fire Department's **Safe Stations program** where individuals with SUD can present at a fire department to ask for SUD treatment, and firefighters assist them in getting connected to care;
5. **Philadelphia, Pennsylvania** and the city-run managed care organization **Community Behavioral Health** that acts as a single-payer for all behavioral health services for Medicaid recipients in the city/county;
6. **Rapid City, South Dakota** and the Rapid City Police Department's **Quality of Life Unit** that engages police officers and caseworkers to connect those experiencing homelessness and other vulnerable members of the Rapid City community to support and social services;
7. **San Antonio, Texas** and the San Antonio Police Department's **Mental Health Detail** that works to provide services for those experiencing behavioral health emergencies;
8. **Wake County, North Carolina** and Wake County's **Enhanced Mobile Crisis Pilot Program** that works together with a local behavioral health managed care organization to send mobile crisis clinicians to emergency calls that may involve mental illness; and
9. **Wichita, Kansas** and the Wichita Police Department's **Homeless Outreach Team** that helps those experiencing homelessness get connected to services.

Interviews with representatives from these cities surfaced a number of recommendations for other city leaders to consider when replicating and scaling these initiatives in their own cities. NLC, in partnership with Arnold Ventures, hosted a briefing on Capitol Hill in Washington, D.C. on October 30, 2019 to share these recommendations and meet with staff from relevant committees. In addition, NLC and Arnold Ventures hosted a policy convening with key stakeholders on October 31, 2019. Based on city interviews, the Capitol

Hill briefing and the policy convening, NLC and Arnold Ventures identified and expanded upon a number of barriers cities encounter to addressing these issues, while also offering further recommendations for federal, state and local policymakers to consider when supporting cities in their efforts in emergency response and crisis stabilization for those experiencing mental illness, SUD and/or homelessness.

## **BARRIERS AND RECOMMENDATIONS**

City leaders have many opportunities to use their authority and influence to improve local emergency response and crisis stabilization efforts at the local level, particularly in building collaborative partnerships and shifting the mindset of stakeholders to focus on public health. Their voices are also urgently needed to influence policy debates at the federal and state levels. Changes in federal and state policies on financing and treatment, data sharing and analysis, metrics and broader efforts to address social determinants of health are all necessary for city-level innovations to spread and reach a scale commensurate with the challenges cities face across the country.

### **Mindset Shift**

Many city leaders spoke about a necessary mindset shift when considering emergency response and crisis interventions for vulnerable individuals with mental illness, substance use disorder and/or those who are experiencing homelessness. The default approach to addressing these issues at the city level is often arrest or hospitalization. Changing the mindset of a broad array of city leaders to view substance use disorder, mental illness, and homelessness through a public health framework has been a major barrier to improving these conditions.

### **Recommendations to overcome barriers:**

- Instead of arrest and incarceration, the focus of interactions with vulnerable populations in emergency situations should be on increasing access to treatment, early intervention and prevention.
- Interventionists, whether they are healthcare providers or first responders, and the policymakers designing interventions should employ a public health framework.
  - Such a framework would approach interventions for vulnerable populations with a focus on the health outcomes of individuals and the well-being of the communities in which they reside.
  - A public health approach recognizes the multi-faceted nature of substance misuse, mental illness and homelessness and focuses on addressing the myriad of individual, environmental, and social factors that contribute to each of these issues.
- Sharing success stories from cities where communities are attempting to actualize this mindset shift, including many of the cities profiled in this project, can help spread a public health framework to assist vulnerable populations in emergency response and crisis stabilization situations.

### **Financing**

City leaders note that financing plays a large role in capacity building and sustaining innovative approaches. Cities currently face challenges getting funding to flow from the federal to state to local levels. For example, Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Justice (DOJ) funding goes to states, but not directly to localities, leaving cities waiting for state governments to pass along funding.

**Recommendations to overcome barriers:**

- Cities should receive funding quickly. This funding should provide them with the flexibility to address their city’s unique concerns.
- Funding from SAMHSA, including block grant funds and State Opioid Response funding, should be used to implement and/or sustain emergency response/crisis stabilization initiatives.
- The Center for Medicare and Medicaid Innovation (CMMI) should develop a special initiative with cities to test innovative approaches to emergency response and crisis stabilization.
- Funders, both governmental and private, should also financially support communities in mapping their existing emergency response, crisis stabilization, behavioral health, and social support systems to better coordinate treatment, services and resources.
- Given the myriad of potential avenues for funding, cities should be able to braid and blend funding from multiple local, state, and federal sources to ensure the longevity of their initiatives.

**Collaborative Partnerships**

Cities across the country have different social, medical, administrative and judicial capacities. Consequently, the organizations involved in partnerships to provide emergency response and crisis stabilization services will vary by city. For instance, smaller cities often lack robust social services and/or psychiatric inpatient treatment. Larger cities may have more resources, but the organizations responsible for these resources do not always work together effectively. Assessing existing stakeholders and how they can work together

to reduce the burden of homelessness, SUD and mental illness in a community can be difficult.

**Recommendations to overcome barriers:**

- More coordination across levels of governmental partners (i.e. federal, state, county, and local), as well as organizational partners, will help stakeholders form more effective partnerships that emphasize each partner’s strengths and support each partner’s weaknesses.
- Counties and communities can form regional response networks to leverage their collective power to develop comprehensive and integrated approaches in emergency response and crisis stabilization where they otherwise lack individual community capacity.
- Partnerships should allow for more dynamic financing opportunities like local wellness trusts. Such “dynamic” funding is broadly attractive to donors of all motivations focused on the community.
- Businesses can serve as collaborative partners if stakeholders take the time to educate and encourage business owners to employ individuals in recovery. Opportunities to engage in a full life and the community can encourage vulnerable populations to stay in treatment
- Federal agencies and private entities should work to identify partnership opportunities to augment existing public dollars invested in enhanced emergency response and crisis stabilization efforts.

## **Reducing Barriers to Treatment**

Ensuring individuals in mental health, substance use and/or homelessness emergencies are efficiently connected to treatment is an integral part of an effective emergency response and crisis stabilization approach. When individuals are lost to follow-up after an emergency episode, they may cycle through a series of emergency response encounters without entering treatment to assist with their long-term needs. Unfortunately, the demand for treatment in many cities outpaces supply.

### **Recommendations to overcome barriers:**

- Several states have introduced legislation to expand telehealth prescribing for medication assisted treatment (MAT) to help meet this demand. Other states should follow suit.
- The Centers for Medicare and Medicaid Services (CMS) recently finalized a rule to include opioid use disorder counseling among the list of covered telehealth services in Medicare. In continuing its trend toward expanding coverage of telehealth services, CMS should explore other ways it can use its regulatory authority to expand access to behavioral healthcare services.
- CMS, along with SAMHSA, DOJ, the Health Resources and Services Administration (HRSA), the United States Interagency Council on Homelessness (USICH) and other federal agencies should collaborate directly with cities to identify the characteristics of high-need individuals and vulnerable populations and to help design interventions that account for a diverse range of experiences, backgrounds and preferences.

- When considering funding these initiatives, crisis stabilization efforts should be a covered benefit in block grant funding.
- Mental and behavioral health services should be reimbursed at rates comparable to physical health services so that access to care is not restricted by narrow provider networks.

## **Social Determinants of Health**

Root causes of poor health – or social determinants of health (SDOH) – like housing insecurity, unemployment and lack of transportation contribute to homelessness, SUD and mental illness. Addressing these causes can relieve the burden in emergency response and crisis stabilization scenarios and prevent them from reoccurring. However, the upstream causes of SUD, mental illness and homelessness are challenging to address and require even more coordination among partner organizations.

### **Recommendations to overcome barriers:**

- Cities, states and the federal government should ensure that they are using more consistent definitions for criteria for services (e.g. homelessness). Consistent definitions will enable resources to flow from all levels of government and all agencies to those who need them.
- CMS should expand Medicaid benefits to cover non-medical emergency transport and housing supports.
- Federal agencies including the Department of Housing and Urban Development (HUD), Department of Transportation (DOT) and Department of Education (ED) should adequately fund affordable housing, job creation, public transit, early childhood education, and public schools.

- Businesses can assist with social determinants like unemployment and economic hardship by employing individuals who are in treatment and/or recovery
- The Department of Health and Human Services (HHS) — specifically the Centers for Disease Control and Prevention (CDC) — should create a special office to provide funding and assistance to local health departments to better address social determinants of health and integrate efforts into a comprehensive response to crisis intervention.

### **Data Sharing and Analysis**

Data sharing and analysis are important parts of any emergency response and/or crisis stabilization initiative that seeks to connect individuals to the services they need to survive and thrive. Nevertheless, there is confusion and fear about data sharing among partners in emergency response and crisis stabilization efforts because of laws like the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Laws are often interpreted inconsistently and can lengthen, if not prevent, robust data sharing.

#### **Recommendations to overcome barriers:**

- HHS should coordinate a multi-agency workgroup to identify barriers and make recommendations to improve data sharing across systems (e.g. criminal justice, health, social services, etc.)
- The DOJ, HHS, ED and other federal agencies should issue guidance to cities on how to effectively navigate HIPAA and FERPA such as by creating toolkits for cities to ensure progress and compliance.

### **Metrics**

Better metrics can enable city leaders to measure the success of their emergency response and crisis stabilization initiatives to understand what is working well, and what needs further improvement. Currently, there are conflicting definitions between agencies for service quality. These conflicting definitions hamper the ability of city leaders to assess the efficacy of their approaches in emergency response and crisis stabilization and as a result, city leaders are limited in their ability to modify approaches for greater impact.

#### **Recommendations to overcome barriers:**

- Cities, states and the federal government should work together to align program definitions.
  - Cities should also have guidance on what success in emergency response and crisis stabilization looks like and how to best measure it in the near and long terms.
  - Both outcome and process measures are necessary for this endeavor.
- In addition to data sharing compliance assistance, SAMHSA, CMS, HRSA, DOJ, USICH and other federal and state agencies should work with cities to identify, collect, and analyze data on emergency response and crisis stabilization initiatives.
- SAMHSA, CMS, HRSA, DOJ, USICH and other federal and state agencies should also provide technical assistance and funding to help cities collect these data and assess the effectiveness of programming.

## CONCLUSION

For cities interested in developing and implementing better emergency response and crisis stabilization systems for residents experiencing SUD, mental illness and/or homelessness, there are a number of existing city examples from which community leaders can learn and build upon. Federal and state governments can also support the spread and scale of these initiatives to assist vulnerable populations as noted above. Given the scope of the challenges posed by mental illness, substance use disorder and homelessness, more cities should invest in the types of initiatives described in this project. The cities described in the case studies, as well as the recommendations they offered, can serve as a starting point for cities across the country to provide emergency response and crisis intervention for those experiencing mental illness, substance use disorder or homelessness in their jurisdictions.

### About this Project

With generous support from Arnold Ventures, the National League of Cities (NLC) is exploring city-level approaches and practices surrounding emergency response and crisis stabilization for individuals suffering from mental illness, substance use disorder and/or homelessness. The broad goal of this project is to provide a resource to help city leaders implement effective strategies to address these complex issues. City leaders may adapt the strategies included here to address their city's specific challenges with mental illness, substance use disorder and homelessness.

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# ENDNOTES

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