

Appendix B: Themes from Stakeholder Engagement

The New York State Technology Enterprise Corporation (NYSTEC) was hired to support fulfilling [sections \(a\), \(b\), and \(e\) of Chapter 57 of the laws of 2023](#) which instructs the Task Force to “conduct outreach and engage stakeholders.” These efforts focused on identifying key insights and best practices that could support New York’s vision for a trauma-informed, community-based crisis response system. The summarized findings provide an overview of both the current landscape and the potential paths forward to help guide the Task Force as it developed recommendations aimed at transforming crisis services in NYS, ensuring they are responsive, equitable, and scalable.

In the NYSTEC Summary of Findings document, stakeholder engagement is described as close to verbatim as possible to eliminate potential bias, however, there were instances where stakeholders were promised that their feedback would be shared with the Task Force in a manner that preserves their anonymity through deidentified quotes and/or aggregated summaries of their stakeholder group’s feedback. When feedback is offered as an aggregated summary, due diligence was conducted to provide the stakeholder group an opportunity to review and edit their input to ensure the group was represented accurately.

For the purposes of this report, the most common trends and themes shared through stakeholder engagement are summarized according to their stakeholder category.

Daniel’s Law Task Force Listening Sessions Themes and Highlights

To ensure that recommendations are grounded in real-world experiences, the Daniel’s Law Task Force conducted a series of listening sessions with a diverse group of stakeholders. These sessions provided a platform for gathering insights on current challenges and opportunities within the crisis response landscape. Stakeholders included individuals with lived experience, healthcare professionals, law enforcement, crisis response teams, and representatives from community organizations.

Representatives from the Task Force attended each session, actively engaging with participants to capture their feedback. Task Force members who were not present reviewed the session recordings to ensure a thorough understanding of public input. Through these sessions, the Task Force identified recurring themes and key issues that inform the recommendations presented in this report. This input from various perspectives highlighted both successes and barriers within existing crisis response systems. Included here are themes and highlights from each listening session.

November 20, 2023 – Virtual

- Focus on community and provider engagement
- Focus on preventing crises
 - Need for a robust, person-centered system of care

- Increase investment in programs like Community Oriented Recovery and Empowerment (CORE). (These are person-centered, recovery-oriented mobile behavioral health supports. They build skills and assist in community participation and independence)
- Utilize collaborative community responders instead of Law Enforcement for crisis response
 - Use Peers as responders who will be culturally sensitive and trauma-informed using lived experience
 - Minimize police response using models like [CAHOOTS](#)
 - Suggestions to utilize a clinician/peer team
- Need for racial justice to stop negative impact on BIPOC communities
- Need for accurate data to examine areas of the system that may be failing
- Need for redesign of crisis services overall to focus on the above suggestions

January 11, 2024 – hosted by the State University of New York at Stony Brook in Long Island

- Need for crisis response that is peer led, designed to decrease contact with police, and centered on engagement and access to the highest quality of care
- Focus on improving marketing for 988 to raise community awareness.
- Improve community-police engagement to reduce fear – improve law enforcement approach to a mental health crisis
- Improve use of mobile crisis teams and increase capacity (number of teams) to ensure coverage for the large geographic area of Long Island
- Consider the use of Lifespan Peers with a crisis specific credential on crisis teams
- Focus on community building and infrastructure of a crisis response system

January 18, 2024 – hosted by the City University of New York: John Jay College of Criminal Justice in New York City

- Need to utilize peers in crisis response and ensure ways to make it sustainable
- Emphasis on Peers as first responders instead of law enforcement
 - Support expressed for the use of Emergency Medical Technician's as a substitute for a peer response if not available
 - Support for community organizations as first responders as well
 - Police are okay as a backup, but should not be the first response
- Emphasis on how the initial response during a crisis impacts the overall trajectory of an individual's recovery
- Need to move away from a criminal justice approach to mental illness and crisis and move away from equating mental illness with violence
- Law enforcement response to behavioral health impacts BIPOC people disproportionately
- Need to humanize the response to mental health crisis and mental illness in general
- Support expressed for the [CAHOOTS Model](#)
- Need for better cross systems collaboration in developing crisis response
- Need for more local resources/coordination and involvement of local government in crisis response systems

April 16, 2024 – Virtual

- The religious community is willing to assist in crisis intervention development and implementation
- Need for peers and trained mental health professionals as first responders
- Need for response to cover lifespan of people in crisis, including a special focus on children
- Participants expressed fear and concern about the death of people with mental health conditions by law enforcement
- Desire for a community response and a local response that does not involve law enforcement
 - Feelings expressed that Law enforcement may lack empathy/understanding when dealing with individuals having a mental health crisis
 - The presence and interaction with law enforcement may cause trauma for people in crisis

May 8, 2024 – hosted by Central Library of Rochester and Monroe County in Rochester

- Mental Health Professionals should be used in lieu of law enforcement
- There is a lack of helpful, reliable, and appropriate treatment for the community. The system is often not helpful and needs change
- People are often unaware of services
- Emergency services environments are not therapeutic or compassionate
- There is a need for sustainability and support for behavioral health and peer workers to continue to do the work and be available for this initiative
- Full support for peers and mental health professionals on crisis response teams instead of law enforcement
- Emphasis on need for law enforcement training to move towards a more appropriate behavioral health response
- Negative aspects of the current system disproportionately impact the BIPOC community/Individuals with disabilities
- Participants shared experiences of individuals in the BIPOC community who were in mental health distress and were seriously harmed during a law enforcement response.

People with Lived Experience

Opportunities were offered to individuals with experience receiving behavioral health crisis services or supporting someone who has received such services to share feedback through survey responses and qualitative interviews. The Office of Mental Health (OMH) Office of Advocacy and Peer Support Services (OAPSS), the Office of Diversity and Inclusion (OMH DEI), and the Nathan Kline Institute (NKI) Department of Social Solutions and Services Research partnered with NYSTEC to develop and administer surveys and interviews. Input sought from this group was collected with the intent of identifying potential ways for improving crisis services delivery from a person-centered perspective. Overall, the insights and ideas shared by participants focused on the following:

- Reducing the role of law enforcement and carceral approaches in crisis response and recognizing the roles that power, authority, and coercion can play in exacerbating risk in a given situation

- Desiring for peers to be the first point of contact in crisis and post-crisis follow-up
- Prioritizing the mental health and safety of the crisis response workforce to avoid burnout and harm while encouraging continuity of care
- Providing increased, higher quality, and standardized trainings, including but not limited to trauma, de-escalation, cultural humility, sensitivity, and communication
- Improving crisis response coordination, especially as it relates to the timing of responses, responding across different regions, and responses involving interdisciplinary teams
- Closing the gaps in the continuum of care, as well as emphasizing the importance of community supports, individualized treatment plans, preventative and follow-up care, and patient advocacy throughout that continuum
- Increasing accessibility to care by decreasing barriers throughout the continuum including, but not limited to, lowering costs, exploring geospatial differences, retaining a workforce from the community they serve, and providing patient education and support throughout their treatment plan

Peers Focus Group

Family and youth peer advocates from Families Together in New York State, Inc. participated in a focus group to discuss their ideas for integrating peer supports in the NYS crisis continuum of care. The discussion included feedback related to policy and workforce considerations that offer nuanced details to inform the development of actionable recommendations. Highlights from the discussion include:

Recruitment and Retention

- Peer Advocates will not choose this career without a living wage. The work is tough, conditions can be challenging, and passion alone is not enough. Inadequate pay and burnout lead to high turnover, negatively affecting youth and families in crisis who need reliable support.
- Peer advocates are being assigned to work in crisis intervention roles. Crisis intervention is outside their scope of practice, and they feel unprepared due to lack of training. If they are to provide these services, just like any other discipline, they need proper training, compensation, and support.

Policy

- When it comes to systems and services, “The crisis is the wait list.” Crisis often takes place, in the interim weeks/months that families are seeking and waiting for services. The State lacks a community-based system, which is part of the fundamental problem.
- Addressing systemic issues requires acknowledging the need for workforce stability, which is undermined by inadequate compensation that doesn’t reflect peers’ value. The current reimbursement rates need to be improved and should account for uncompensated time worked.

Practice

- Lived experience are a key component of advocacy. A Peer Advocate’s knowledge of what a family is going through can supersede having advanced degrees.

- It is important for youth in crisis to see that someone with lived experience got through the struggle. It empowers them and demonstrates a model of success.
- Advocates have relationships with the service providers. They assist with navigating the system and function as a liaison between service providers and families. Often times, advocacy is about physically “Getting people to the door.”
- Advocates are not only connecting families to resources, sometimes they are educating families on being resourceful when the resources are not there, and the child is on a waiting list.

Innovative Ideas

- Having funding to support full-time employees rather than per-diem work would help stabilize the workforce.
- Successful programs to explore: [Family Ties of Westchester](#) and [AspireHope NY Inc.](#)

Public Safety Officials

Public safety officials provided insights into the integration of 911 and 988 systems and the evolving role of law enforcement in behavioral health crises. Engagement efforts included surveys, discussions with organizations such as the Law Enforcement Action Partnership (LEAP) and Vibrant Emotional Health, and meetings with public safety technology vendors like Carbyne. Key findings emphasized the need for improved infrastructure to support 911/988 call diversion, reduced law enforcement involvement in crisis response through alternative models, and the use of advanced technologies to enhance interoperability. Observations from the Municipal Police Training Council (MPTC) highlighted opportunities to strengthen police training and set benchmarks for effective crisis response. These findings underscore the importance of collaboration, technology integration, and consistent training to optimize public safety officials’ contributions to behavioral health crisis response efforts statewide.

NYS Local Government Partners

Local government stakeholders, including city and county representatives, highlighted critical gaps and opportunities in crisis response systems across New York State. Key areas of need include increased funding for crisis response teams, sustainable staffing, and technology upgrades to improve service delivery and coordination. Stakeholders emphasized the importance of local planning to address unique community needs, particularly in rural areas where geographic challenges and limited resources hinder timely responses. Coordination between 911, 988, and local crisis services was identified as a barrier, with many regions reporting partial integration or insufficient collaboration. Workforce shortages, low salaries, and limited training opportunities were repeatedly cited as obstacles to expanding services. Additionally, stakeholders stressed the need for community-based preventive measures, greater access to peer support, and investment in early intervention to reduce reliance on emergency responses. These insights underscore the urgency of state-level support to address disparities, improve system integration, and enhance the sustainability of local behavioral health crisis response systems.

Provider Network

Input from providers was sought through a survey to gain clarification on how and when they use crisis services and to garner their feedback on where there are opportunities to improve crisis services. A key survey question was, "From your perspective, what changes do you believe would improve crisis stabilization services in your area?" Responses from providers gave a range of ideas with the following overall themes:

- Recruit and retain more staff through higher pay and overall compensation that fairly compensates the workforce for the high intensity of crisis services and having to respond to unpredictable circumstances.
- Revise staffing policies to recruit individuals who are not licensed to mitigate the difficulty recruiting licensed professionals who are willing to work in the community.
- Provide training to all mobile crisis workers that includes cultural sensitivity, trauma-informed care, safety protocols, and administering Narcan.
- Improved communication and collaboration between providers throughout the crisis continuum of care.
- Better communication and care between providers and social supports.
- Reduce hospitalizations and arrests by providing a co-response model between law enforcement and social services agencies.
- Extend the length of time that someone can utilize crisis stabilization services.
- Provide higher level of care services to prevent chronic crisis.
- Expand access to services including mobile response teams, ambulances, transportation to stabilization centers, wraparound services, home visits, youth services, and respite housing.

Advocacy, Legal, and Community Organizations

The advocacy, legal, and community organizations stakeholder group are organizations that represent communities most impacted by the implementation of the Daniel's Law Task Force recommendations. Many of the organizations within this stakeholder group provided public comments at Task Force meetings. To round out what was shared at the Task Force meetings, a survey was distributed to these groups as a means to gather their feedback on considerations for developing recommendations.

Respondents were asked to provide three recommendations to the Task Force on behalf of their organization. Summarized highlights from their recommendations included:

Funding and Infrastructure Support Recommendations

- Ensure adequate funding and technical support is made available to localities who submit plans to create crisis response teams.
- Make sure there are adequate amounts of crisis respite centers and stabilization centers in every region to support individuals in need.
- Ensure resources are provided to expand the behavioral health workforce and provide funding for healthcare professionals to intervene in crisis situations.

- Increase funding for 988 to continue to scale the 988 system and its workforce.
- Launch pilot programs to expand peer supports across NYS.
- Increase base rates of reimbursement to allow not-for-profit agencies providing mental health services to attract qualified professionals with reasonable salaries commiserate to their qualifications and experience.
- Implementation must include expansion and funding of culturally responsive care through a continuum of services in each community.

Policy and Procedure Recommendations

- Support the inclusion of peers throughout the crisis care continuum including prevention services, crisis response, and follow-up care. Center the crisis care continuum on consensual, community-informed care, and de-escalation.
- Prioritize having peers lead crisis response services and minimize the presence of law enforcement and eliminate the inclusion of law enforcement whenever possible.
- Establish a Peer Oversight Board composed of people living with serious mental illness to provide guidance and accountability for the mental health crisis response system and its implementation.
- Develop an oversight structure that holds all mobile crisis teams to a uniform and transparent standard of quality, including minimizing the use of police and hospitalization, cultural humility, community representation, use of force, and quality of services provided.
- Educate and train law enforcement personnel and other first responders on all aspects of behavioral health including cultural humility, trauma-informed care, mental health disorders, substance use disorders, and individuals with intellectual and developmental disabilities.
- Address the silos separating people with disabilities and co-existing behavioral or mental health conditions preventing cross-agency service access.
- Provide affordable professional development and education options to encourage individuals to pursue a career as a mental health provider and subsequently bolster the crisis services workforce. Develop a workforce pipeline so community members with diverse backgrounds can more easily be trained to become mental health providers.
- Make mental health care accessible to crisis services responders to reduce burnout and workforce turnover.
- Transition behavioral health crisis calls out of the 911 system and use 988 as a 24/7 triage system for calls.
- Give real-time resolution and/or support when there is a discrepancy between the response team and the dispatching 988 contact center.
- Integrate 988 with the social service system to connect callers to programs and services that are accessible and community-based to address root cause stressors, such as, housing insecurity, poverty, and systemic barriers to accessing care.
- Develop uniform eligibility criteria that be adjusted due to the unique needs related to region, race, available services, financial circumstances, and historical experiences with service providers.
- Better support transitional services, crisis stabilization centers, and follow-up care that are provided by community-based organizations.
- Distribute surveys on an ongoing basis to collect data for program evaluation and accountability.

- Ensure that crisis services are equitable to the community served. If a community has been successful implementing crisis intervention trainings to law enforcement, then that success must continue. There cannot be a one-size fits all approach statewide.
- Members of the community must be involved in recommending what type of crisis services are needed in their area.

Crisis Services Subject Matter Experts

Similar to the Peers Focus Group, crisis services subject matter experts participated in a focus group to discuss best practices for the crisis continuum of care and to offer ideas around prioritization for Task Force recommendations. Highlights from the key takeaways from subject matter experts included the following:

Sustainable Funding Innovative Practice and Solutions

- Different crises are funded in different ways, depending on who is paying or whether police involvement or CCBHC involvement. "The funding drives the model."
- Look at Maine and Arizona for examples of sustainable funding. Maine has clear oversight, by the state, who could create the crisis system they wanted through RFPs and specific funding. Arizona is successful with braided funding, so there is access to everyone.
- Prospective payment system allows flexibility/innovation. Important to build specific program into cost report and justify a need for it.
- Sustainable funding not just about the right funding mechanism, it's also about the culture within the agency systems. Providers have been deficit funded for so long, they may not see the need to get into Medicaid and insurance during a crisis. Need to teach agencies about billing in new way and change a substantial cultural with agencies.
- The state may fund the "fire station model" of people not being busy. Passive services that take place and being able to cover that overhead is important, not just the billable parts.

Workforce Innovative Practice and Solutions

- Develop a robust crisis workforce with focus on traits and training over formal education credentials.
- Build and consider the infrastructure necessary for support. Create Centers of Excellence/Capacity Building Centers to develop creative training curriculum, offer coaching and support to providers, understanding competencies.
- Data-driven approach is needed in creating, retaining, and supporting a quality workforce. Utilize data to assess skills, ensure fidelity/alignment to a specific model selected, design targeted training and support to target gaps in skills and ensure workforce competency development. Survey the workforce, themselves, regarding needed support, beyond basic competencies.
- Strengthen pipelines by improving recruiting, retention, and career pathways. Diversify this field, making it more attractive to potential workforce. Partner with educational institutions for field placements and work-study opportunities and promote technical school programs for behavioral health (i.e., Oregon) early on, engaging people beyond traditionally clinical paths.

- Consider workforce from a children and family perspective. Peers to include people with lived experience. Integrate youth peers/near-age peers and parent support/family caregivers' peers with lived experience in children and family services.
- Need professional recognition for peers. Acknowledge peers as professionals, providing appropriate support and compensation. Their qualification should be equal to a professional qualification.

Collaboration with Law Enforcement Innovative Practice and Solutions

- Interoperability between 911 and 988 is needed. Need good relationship between mental health and law enforcement (i.e., Harris Center in Texas). 911 gets embedded under law enforcement and behavioral health crises needs to be separated out.
- Need a consistent approach to assessing risk to public around immediate danger and talking about weapons. Opportunity for standardized, consistent way of identifying immediate danger as a result of violence or weapons in play.
- Encourage specificity when assessing safety and dangerousness. Ensure understanding of first responder partners' lingo (i.e., "weapon in possession" vs. "gun on site").
- Exhaust efforts to avoid law enforcement functioning as the lead responder.