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To PW, CrisisServicesRegs <RA-PWCRISISSRVSREGS@pa.gov>

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Thank you for the opportunity to review the crisis regulations. My comments and suggestions are below. Please let me know if you have any questions or if there is any other way 4BI can support.

Criminal Background Checks... I would make it more explicit that providers CAN hire people with criminal backgrounds. While there are certainly some criminal histories that would suggest a poor fit for crisis work, many people who would be strong crisis workers, including peers, are better suited for the role than those without criminal backgrounds. If we exclude people for their lived experience we are doing the people of Pennsylvania a disservice and making it unnecessarily difficult to staff these programs.

When it comes to records, please keep in mind that providers won't always be able to get all the information they wish about a client in crisis. Keeping record requirements as flexible as possible for crisis prevents providers from being penalized for the nature of the work.

SAMHSA has removed the National Guidelines from their website so your link no longer works. I suggest OMHSAS post the document PDF on their website and you link to that.

Need to add the expectation that individuals are served in the least restrictive setting possible and that hospitalization, voluntary or otherwise, is not the default care setting for those seen in crisis.

I recommend against the requirement of having licensed behavioral health professional "supervise" the provision of mobile crisis services but recommend that they are available for consultation as needed. Licensure has very little to do with crisis and the skills developed and tested for in licensure only loosely overlap with crisis services. With limited licensed staff available in PA, this requirement pulls these staff from programs that do benefit from licensure (CRRs, OP, RTFs) and creates barriers for mobile crisis teams to staff up in a way that doesn't improve the care provided.

Having medical mobile crisis teams be supplemental to a mobile crisis team but also require them to be 24/7/365 means a community would have to have twice the staff they actually need so that they can fully staff both teams. I recommend removing the 24/7/365 requirement of the medical mobile crisis team if they are intended to supplement a mobile crisis team. The staff requirements this creates will make it unlikely that this service will be available in most parts of PA.

I would remove the use of restraint and seclusion. That's how staff get hurt and people don't trust healthcare. If it isn't permitted, they will find a way to de-escalate verbally. If it is permitted, they will use it and people will get hurt.

I would extend the crisis stabilization unit period to two weeks and remove the "additional 48 hour" option. This reduces the administrative burden for providers and payors of asking for 2

additional days and better aligns with the time it takes to stabilize someone who was in such a serious crisis that they could not remain in their home.

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