

## Recommendation 2

### Improve mobile crisis options and functioning.

#### Introduction

In January 2021, DHS administered a public engagement feedback survey to collect input on 16 recommendations generated by the [Crisis Response Stakeholder Group](#). In this report, the overall response numbers and a summary of respondents' comments are described. This report summarizes the feedback on Recommendation 2. Then, we provide a deeper dive into the specific suggestions and concerns respondents provided, along with quotes that help to illustrate these comments.

#### Recommendation Description

Recommendations were briefly described in the survey, while more detail was provided in the Recommendations PDF document. Individuals taking the survey had the ability to download the recommendations document before starting the survey, but we do not know who took this step or not. Both descriptions are included below.

#### Recommendations Document

##### **Improve mobile crisis options and functioning.**

resolve Crisis Services' mobile crisis team currently serves Allegheny County residents by sending a team of mental health professionals to a person in crisis when they are called by the police or County residents. As the only licensed mobile crisis team in Allegheny County, and a high demand for mobile crisis response, there are limitations to their services, particularly during high call volume times. Ideas include:

- Improve the responsiveness, speed and follow-up care coordination of mobile crisis response
- Increase capacity of mobile crisis to respond to calls in suburban communities
- Improve the communication of mobile crisis with law enforcement (e.g., accurate estimates of availability, expectations around follow-up)
- Limit refusals to respond to requests for support from law enforcement
- Support police officers in communities where they are unable to leave their jurisdiction to take someone to care
- Provide a non-police response to "concerned citizen"-type calls

#### Survey

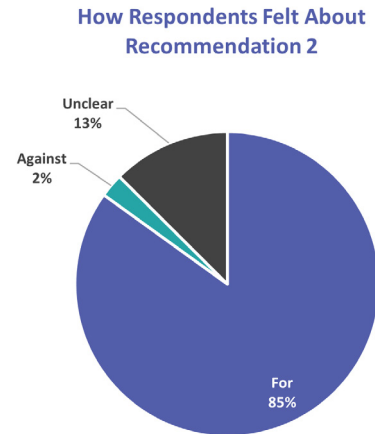
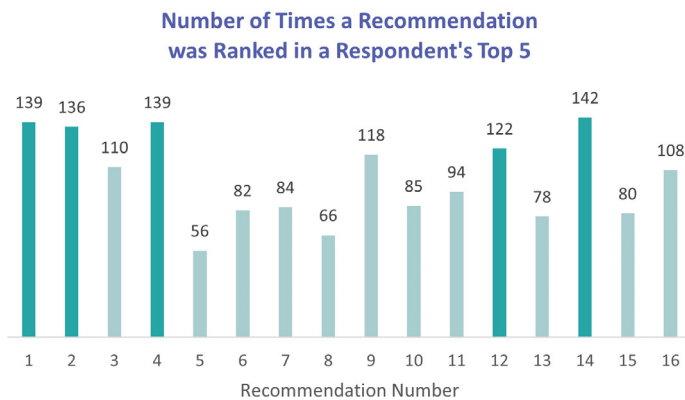
##### **Improve mobile crisis options and functioning.**

resolve Crisis Services' mobile crisis team currently serves Allegheny County residents by sending a team of mental health professionals to a person in crisis when they are called by the police or County residents. As the only licensed mobile crisis team in Allegheny County, and a high demand for mobile crisis response, there are limitations to their services, particularly during high call volume times.

*What do you think of this recommendation?*

## Number of Responses and Rankings

319 people had written comments about Recommendation 2. Responses were organized into three categories: Pro, Against and Unclear.<sup>1</sup> Additionally, 136 respondents ranked Recommendation 2 in their top 5. See rankings and descriptions for all recommendations in the chart and table below. The top 5 most-ranked recommendations are highlighted in the chart.



## 16 Recommendations for Improving Crisis Prevention and Response

Rec	Description
1	Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis.
2	Improve mobile crisis options and functioning.
3	Support first responders across the county to receive needed, ongoing training.
4	Improve discharge planning from jails, hospitals and emergency departments.
5	Enhance designated phone line(s) for connecting individuals to human services so that healthcare systems, providers and discharge planners have one place to call when patients need immediate human services and supports.
6	Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system.
7	Develop a system or resource with real time information on service availability (e.g., eligibility criteria, area or population served, appointment availability).
8	Increase availability of easy access, low-barrier respite centers and similar models.
9	Launch co-response teams to respond to 911 calls.
10	Develop awareness around an alternative number to 911 that people can call when someone is experiencing a behavioral health crisis and explore strategies to provide a behavioral health response to 911 calls involving individuals in crisis.
11	Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.
12	Address basic housing needs.
13	Establish and fund more community-led and operated crisis response models.
14	Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day.
15	Develop a process to address mistrust and hurt between communities and government, including law enforcement.
16	Increase the number of Black, Indigenous and People of Color (BIPOC) behavioral health providers.

The highlighted recommendations were most often ranked in the top 5 by survey respondents.

<sup>1</sup> For responses were in favor of the recommendation. Against responses were against the recommendation. Unclear responses left it unclear what the respondent thought and included individuals whose comments made it seem likely that they misunderstood the recommendation as well as those who wrote comments responding to something other than the recommendation.

## Summary of Comments on Recommendation 2

Overall, respondents stressed that the capacity of mobile crisis response must be increased as current wait times for mobile crisis responders is too long.

Respondents suggested having more types of staff (e.g., social workers, those with mental health backgrounds, peers, etc) on mobile crisis teams; increasing the professionalism and skills of those on crisis teams; increasing the number of Black, Indigenous and people of color on crisis teams; and establishing more locations for crisis teams to dispatch from (e.g., in each neighborhood, at each police station, scattered around the County).

There were concerns about how law enforcement might continue to respond to crises even if these teams are established, and comments about the need for law enforcement to use mobile crisis teams when appropriate.

Responses to this recommendation were grouped into the following categories, which are described in more detail on the following pages:<sup>2</sup>

- More Capacity is Needed
- Law Enforcement-Related Responses
- Staff Changes are Needed
- Other Ideas and Concerns

---

<sup>2</sup> Some comments were assigned multiple themes and some responses didn't fit into a theme.

## More Capacity is Needed

Respondents stressed that more capacity and resources were needed for mobile response. Respondents reported there is often a long wait for resolve to respond to crisis calls, and sometimes there is no response at all.

Respondents suggested the following to improve capacity and response time:

1. Adding another provider (in addition to resolve) to manage capacity/geography
2. Adding more mobile teams
3. Adding more people on each mobile team
4. Adding more locations from which to dispatch teams
5. Mandating shorter response times
6. Creating a start-up fund for new organizations to use (for vehicles, training, staff) to provide mobile services
7. Creating neighborhood crisis teams with community members for high-volume times
8. Increasing capacity during high-volume times
9. Using data to assess where staff is needed and when
10. Categorizing calls to assess level of risk
11. Respond even for less “critical” calls
12. Prioritize calls from police
13. Be more responsive/timely to shelter and other housing providers, so they can avoid calling police for help

## What Respondents Said about Needing More Capacity

*“The fact that we have only one licensed crisis team is an obvious shortcoming for a mid-size city within a pretty populated County.”*

*“I agree with this recommendation as well. One organization should not be the only organization carrying the responsibility of handling crisis calls and mobile crisis response. That puts added pressure on the staff and organization as a [whole], increasing the likelihood of stress and [burnout]. We need to help people in crisis without causing crisis among those attempting to help.”*

*“Mobile crisis is crucial...Addressing the limitations to this service is very important because many people report finding mobile team ‘useless’ because of the wait time.”*

*“Improving call response time is a necessity. There have been multiple reports of individuals not utilizing resolve due to past experiences with poor response or a complete lack of response.”*

*“We need a hell of a lot more people available to assist. resolve usually takes several hours to respond and are short staffed. This would need to be a large agency that has multiple satellite locations or areas of responsibility.”*

*“Love this, definitely needed. We have used resolve and have often had to wait hours, which could be too late.”*

*“I think it’s a great service, but due to limitations, it just takes way too long to address or respond to a situation.”*

*“I have called resolve multiple times professionally and for family, a crisis team only ever actually came out once. They’re overburdened.”*

*“I agree! I had to call 911 for a wellness check for a neighbor experiencing mental illness because resolve would not come. We need mobile crisis options!!!”*

*“They are slow to respond and many times it is several hours for their response and it is easier and quicker to take to the hospital for evaluation.”*

*“There has historically been more demand than capacity. Those times when crisis services could avert a more serious situation, individuals and families can’t access support resulting in escalation. For example, I was recently working with an individual trying to get support related to upcoming criminal proceedings. He was unable to access MH services and within two weeks committed suicide.”*

*“There needs to be additional providers. One service provider, let alone one with as much stigma as resolve. While it provides an essential service, being the only provider creates a void in which at times clients don’t get the care or attention they deserve.”*

*“Awesome, can this be looked at having neighborhood crisis teams involving community professionals who can be first contact which could help high call volume times?”*

## Law Enforcement-Related Responses

Respondents suggested ideas and addressed concerns about law enforcement, with some stressing the importance of avoiding law enforcement in crisis situations and others noting that crisis teams could complement law enforcement responses.

1. Some respondents hoped the expansion of mobile crisis teams would help to limit/avoid law enforcement involvement, and provide an option for law enforcement to call when dealing with a mental health situation.
2. Some respondents suggested mobile teams could co-respond with law enforcement and could complement that work law enforcement does, and some others suggested co-locating mobile response teams at precincts and fire stations.

## What Respondents Said about Law Enforcement and Mobile Crisis Response

*“We need more of these units, one for every police department outside of the City of Pittsburgh and one for each precinct in the City.”*

*“I think we should have many many more of these mobile teams including social workers who are attached to police units and deploy along side police. This could reduce unnecessary shootings in our communities and redirect folks to MH support instead of jail.”*

*“I don’t know what needs to be improved - or we just need to increase capacity. If we market this ‘service’ to police officers, they may be able to accompany or advise. Their engagement style is much different from law enforcement and they’re trained to calm people down - and often - especially in communities of color - the presence of police winds people up.”*

*“Improvement is needed, as is reliance on these teams via law enforcement. If law enforcement doesn’t use the system it won’t matter how many resources are added or how much capacity this team has.”*

*“Absolutely. Unless they have been trained for MI crises, police should not be the only people helping clients when they experience crises.”*

*“This is 100% needed. At this time, police are often sent in such situations and police are not trained for an acute mental health crisis and can often make it worse. I think police would also appreciate not being put in a position they are not trained for.”*

*“I agree. I do STRONGLY believe that the police be left out of any type of crisis responding as much as possible or completely. They are not properly trained and if they are, they still have shown many times to not react in the proper way causing children, people of color, and people in general harm, death, or further trauma. I also know people will not take the proper action to help someone in crisis for fear of police involvement.”*

## Staff Changes are Needed

Respondents suggested changes to mobile team staffing that they felt could improve mobile services, such as including staff with different expertise on mobile teams, increasing the diversity of staff and better supporting staff.

1. Some respondents suggested that individuals or teams should have more/different kinds of expertise, with some respondents' suggestions conflicting with each other. Suggestions included:
  - Staff should be more skilled in mental and behavioral health
  - Staff should only be mental health workers, not social workers
  - Staff should have at least a master's in psychology or social work
  - Staff should be trained in de-escalation, radical acceptance and problem-solving; supporting people with intellectual and developmental disabilities; and have knowledge of what crises look like for different mental health conditions
  - Staff should be culturally competent
  - Staff should be able to work with LGBTQIA+ populations
  - Teams should include peer workers
  - Teams should include adult- and pediatric-trained providers
  - Hiring requirements should be relaxed to allow for more candidates
  - Mobile teams should be multi-disciplinary (expertise with SUD and MH)
2. Some respondents stressed the importance of crisis workers reflecting the community they are working in as well as the need for more staff who are Black, Indigenous and People of Color (BIPOC).
3. Some respondents identified that staff for mobile units should be better paid and supported.
4. Some expressed concern for the mobile crisis response staff, especially with how the system stands today. Respondents mentioned that the staff was easily burnt out because their lack of capacity and that enough staff would need to be added to relieve this pressure and reduce turnover.

## Key Quotes for this Theme:

*“resolve is the only option for mobile crisis, and their competence and usefulness is very hit or miss, depending on the specific staff who respond. Expanding mobile crisis is needed, but only paired with appropriate and adequate training around radical acceptance, problem solving and deescalation.”*

*“Mobile crisis units need to be staffed by mental health professionals, not social workers. Most visits are ineffective, as staff is unprepared for crisis situations. Often consumers are left with no help from these units. Need more units and different providers...”*

*The populations I serve have had terrible experiences with resolve and do not want them called during a crisis. In cases where resolve has been called, they have escalated crisis situations or caused clients to shut down all communication. We need crisis response that is culturally in tune with Black and Indigenous communities, as well as LGBTQ communities.*

*“Good idea but how many people are on this team? More people could be overwhelming and make the situation worse. Do they look like the person in crisis (diversity)? Are they there to help keep them safe? Talk directly to the person in crisis if they are able to talk. Ask what they need. Provide options for the person in crisis so they have autonomy over choices...”*

*“As long as those mental health professionals have at least an MA in Psychology or MSW degree... resolve’s hotline number is better than who they have in the field. PHD Psychologists are told more times than not in sessions the horrific experiences people have with in person resolve network thus suggest staying away from them when at all possible. Better off getting/looking into partnerships with PSYD/PhD Duquesne and Point Park University academia program referrals for students trained in wholistic mental health empathy and human dignity.”*

*“These mobile teams, like that of their more permanent counterparts, should include members of the community that they are serving.”*

*“This would be helpful but may be hard to keep staffed as this is a high anxiety provoking job and I would think turnover is high.”*



## Other Ideas/Concerns for Mobile Crisis Response

There were some ideas mentioned that didn't fall into an overarching category:

1. Some respondents suggested that improving and expanding mobile crisis response would be better than or a perfect complement to physical crisis centers. Some respondents noted that mobile teams would be more accepted by a community versus physical crisis centers that might be objected to by neighbors.
2. Some suggested having better responses for children and their families, including a more timely response for children and the ability for children or teens to stay overnight in a facility that is not their home.
3. Some expressed the need for more avenues for 302 processes than via the mobile team.
4. Some were concerned that mobile teams would face safety risks and said there needed to be a way to account for this.
5. Some were concern about how the expansion of mobile services would be paid for, though this was less of a concern than it was for physical locations.
6. Some said marketing of mobile services was needed so that residents of Allegheny County would be more aware of the service and their ability to use it.
7. One suggested Pittsburgh Mercy should do mobile response for their own clients to reduce the load off of resolve.
8. Some suggested having a service provider unaffiliated with UPMC, WPIC or resolve, given people's poor experiences with those entities.

### What Respondents Said:

*"I think this has even more potential than a walk-in center (though still necessary). When an individual is in crisis and cannot get themselves to the center, I think it's critical that someone informed can go to them. Someone in the crisis in the community has often been viewed by others as a threat & law enforcement are often sent. If those in crisis can call themselves or someone calls on their behalf, this would be immensely helpful."*

*"The main problem I see is getting the word out and making sure people are aware this is an option. The brick and mortar locations are great because quickly after they pop up, people will know they are there. For the mobile units, I feel like that's easier for people to forget they can call that number."*

*"Good idea. In addition to increasing these services, I wonder whether more outreach/marketing about how to access them, and in what situations, would make them more accessible."*

*"Even with concerned citizen calls, the element of safety is questionable until the response occurs. Thus if mental health professionals are responding to these calls, they would need physical protection in the event an act of violence occurs."*