

# Changing the Landscape of Mobile Teams

Presented by

Michele Russell, LMSW and Elizabeth Jimenez, LPC



LA FRONTERA  
ARIZONA

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IMPACT-SUICIDE PREVENTION CENTER

# Welcome to Mobile Crisis

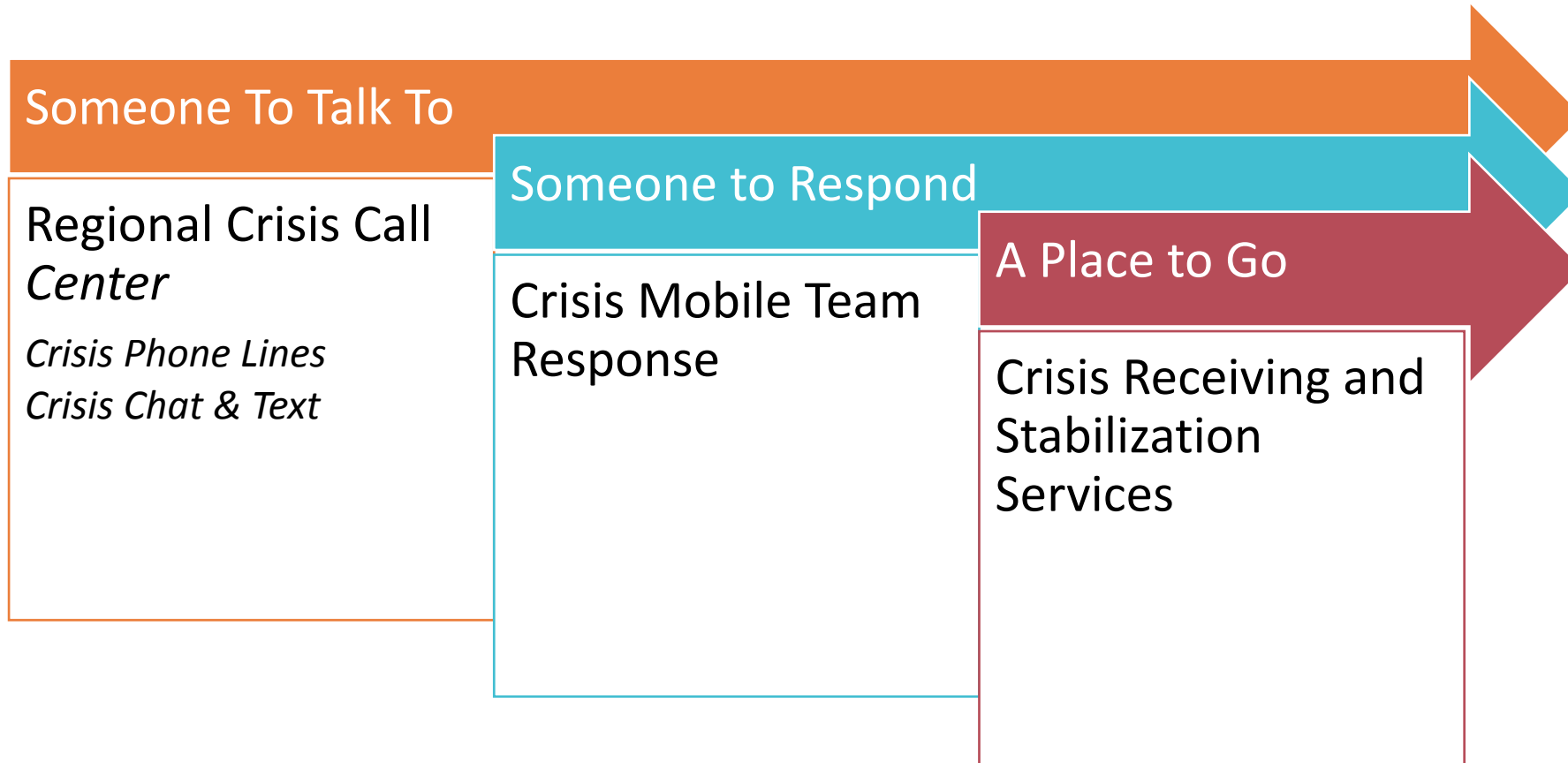
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- This is us providing mobile crisis services to the Phoenix metropolitan area and parts of Pinal County.
- We encourage and enjoy audience participation.
- Crisis Phone support and response provided since 1990
- Accredited by AAS and CARF

*Mission: Providing Innovative Solutions to Complex Problems; We work with Community Partners to build a Safe, Strong and Healthy Arizona*



# SAMHSA Model



# Mobile Crisis Response

Multi-Disciplinary  
Team (2 or more  
individuals)

Rapid  
Community-Based  
Response 24/7/365

Accepts all  
Dispatch Requests

Minimize law  
enforcement  
involvement

Includes Peers

Connects to Care  
through Warm  
Handoffs

Prioritizes  
Community  
Stabilization

Provides or  
Coordinates  
Transportation

Trained in Trauma  
Informed Care,  
De-escalation and  
Harm Reduction



# EMPACT Mobile Crisis Program



- Our team consists of a master's degree crisis therapist and crisis specialist who are either a bachelor level clinician or peer
- Services are community-based and available 24 hours a day, 365 days a year
- Average response time is 36-43 minutes
- Teams are not just assessing and referring, but working toward crisis resolution



# Crisis Response

- Welfare checks
- Social concerns
- Aggression
- Psychosis
- Depression
- Coordination of care
- Family conflict
- Anxiety
- Substance use
- Housing concerns
- Medication concerns
- Domestic violence
- Suicide/homicide thoughts



# Crisis Dispatch

Team Assigned:  Call Date:  Dispatched Time:  Referral Date:  Received Time:   County:

AHCCCS ID:  Last Name:  First Name:  DOB:  Gender:  Race/Ethnicity:

Address:  Address 2:  Cross Streets:

Phone Nbr: ( ) -  Preferred Language:  Pets:  Weapons:  Contagious:  Reason for Call:

Plan:

Who Called:  Name:  Phone: ( ) -

Contact PD?  Badge Nbr:

Transfer From Law Enforcement:  Law Enforcement Location:

Solari Called Fire or Police:  Fire or Police:  Dialed Number:

DispoNarrative:

Comments:

Additional Comments:

Psych Acuity:  Danger Acuity:  DTO:  DTS:  HxDTO:  HxDTS:

Medical:  Current COT:  Hair:  Height:  Identifying Marks/Clothes:

Child Restraint:  Special Alerts:  Medications:  Substances:

Risk Assessment



# What to Expect

Arriving at the scene and providing any immediate de-escalation

Connecting with the call source

Introduction/informed consent with the identified member in crisis

Inquiring about the nature of the crisis

- Assessment is embedded in this conversation



# What to Expect

Inquiring about strengths, formal and informal supports and available resources

Staffing the crisis call with the clinical on-call

Developing and implementing a plan with the member and supports to meet their needs and address any safety concerns

Crisis coordination with any identified providers and mandatory reporting



# Assessing Danger to Self/Others

## Our strategy

- **Be direct** – use a direct, matter-of-fact approach when raising the topic
- When asking about suicide, inquire
- Notice hesitancy and body language
- Appear *unhurried and comfortable* when talking



# What do I Need to Assess

- Hopelessness
- This is the #1 risk factor for a suicidal gesture. Discuss client's future orientation or lack there of.
- Assessing ideation, plan, means, lethality, acuity, and Intent.



# Coordination of Care

Coordinating care is used to assist continuity of care with mental health agencies, supports, doctors, etc., to contribute to the well-being of the individual

Coordinating care can also help with sharing liability if an individual is a danger to self/others



# Follow-Up Teams

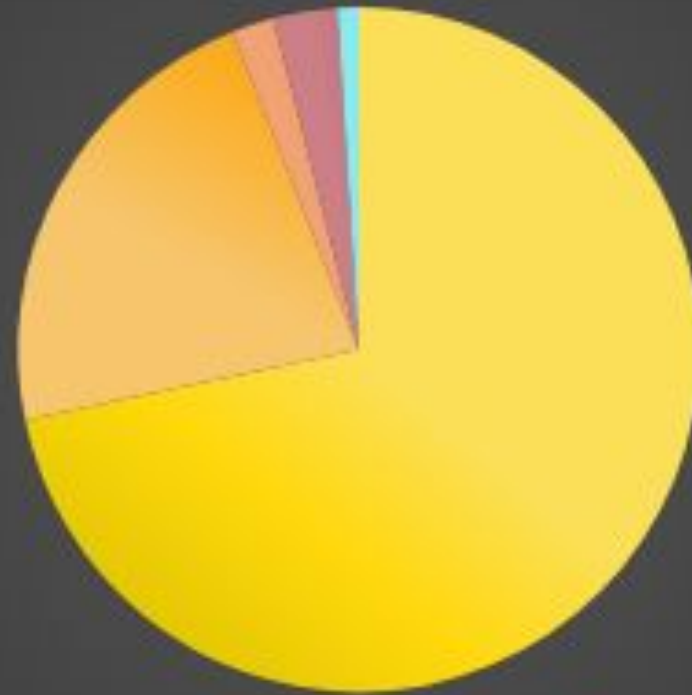
- Phone or face-to-face follow up services are available the next day following the mobile crisis intervention
- Follow up team is available 7 days a week and consists of a peer and a specialist
- Clients benefit from continued contact and support outside their natural supports directly after a crisis
- Great resource to **empower** or further **support** the client and keep them in their natural environment
- Requires a lot of collaboration between mobile teams and follow-up teams



# Mobile Team Outcomes

## August 2025

Mobile Team Outcomes



Community Stabilized Psychiatric Petition Medical Detox



# How do we Community Stabilize?

- Ask our clients if they want to talk
- Have the client tell their story
- Identify strengths and coordinate with supports
- Provide trauma informed care
- Staffing the mobile interventions
- Embrace our program and agency philosophy.
- Additional referrals for after the crisis connection to resources
- Phone or face-to-face follow up support after the initial crisis



# Evolution of Crisis Services

Responding to  
requests from PD

911 diversion

The Roll Out of  
988

911  
Communications  
Training

Partnering with  
Law Enforcement  
and Fire



# Evolution of Crisis Services

- Increased awareness of mental health
- Increased volume of requests for crisis support
- Growth of crisis services
- Meeting the acute needs of community members
  
- We continue to evolve!



# Perspective on Safety



# Training

- Week 1-New Hire Orientation
  - De-escalation
  - Vehicle orientation
  - Community safety
  - DTS/DTO training
  - Mandated reporting
- Week 2 & 3
  - Shadowing mobile teams
- First Month-Crisis New Hire
  - Crisis management theory
  - Crisis assessment and interventions
  - Mental status exams
  - Self-care
- Second month
  - CPR/First aid
  - CPI (Crisis Prevention Institute)



# Training

- Third Month
  - Motivational interviewing
  - Trauma-informed care
  - Safety planning
  - Working with at-risk populations
  - Substance use
  - Sexual assault and domestic violence
  - Legal and ethics in crisis work
- ASIST
- Ongoing Lunch and Learns
- Cop Culture



# Benefits of Supervision

- Enhances employee retention
- Improves job satisfaction and morale
- Improves management of personal and professional demands
- Demonstrates agency dedication to professional support, growth and development
- Supports team cohesiveness and belonging
- Improved quality of care
- Reinforces ethical and best-practice standards
- Oversight and monitoring of fidelity to documentation standards



# Why Self-Care is Important in Crisis Work



The emotional nature of calls experienced



Feeling the need to “fix” the situation

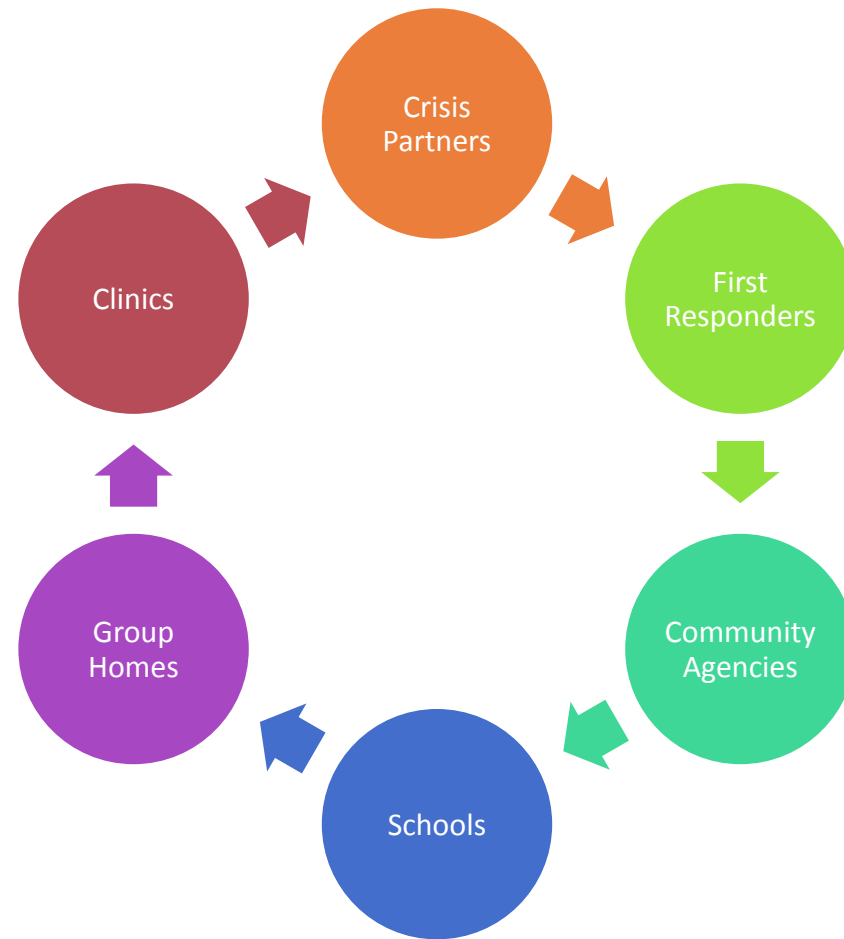


Minimal breaks-calls can be back-to-back



Compounding stress

# Community Partners



# Lessons Learned

- Recruiting, hiring and training are constant
- Importance of having consistent discussions within our crisis community
- Having forums available to talk to community partners
- Utilizing a system's based approach
- Offering follow up services for next day reassessment and support
- Adjustment is constant!
- Community trainings about crisis services are helpful



# References

- <https://www.kff.org/mental-health/issue-brief/a-look-at-the-latest-suicide-data-and-change-over-the-last-decade/#:~:text=When%20adjusted%20for%20population%20growth,14.4%20deaths%20per%20100%2C000%20individuals.>
- <https://www.nbcnews.com/news/latino/rising-latino-suicide-rates-worry-community-leaders-rcna134363>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7875255/>
- <https://www.apa.org/news/press/releases/2022/11/mental-health-care-strains>



A white SUV is parked in a parking lot. In the background, there is a covered walkway with several cars parked underneath it. The sky is clear and blue. The text "Thank You & Questions?" is overlaid on the image in a large, white, sans-serif font.

**Thank You & Questions?**