crisis to care
COLLABORATIVE

Community Listening Sessions

The Crisis to Care (CTC) Collaborative was developed to address persistent challenges in the behavioral health crisis response system, including fragmented services, coordination limitations, and ongoing overreliance on law enforcement and 911. The effort is committed to operating in a transparent manner, while utilizing existing knowledge, national expertise and best practices, comprehensive data, and information sharing to achieve meaningful improvements to a somewhat fractured existing structure.

CTC Collaborative members represent municipal and county governments, law enforcement and emergency services, healthcare and behavioral health providers, advocates and people with lived experience. To learn more about the CTC Collaborative and a complete list of its members, visit **CrisisToCare.org**

Community Listening Sessions

To ensure the CTC Collaborative's work benefits from the voices of people with lived experience and the residents of Erie County, two community listening sessions were held on August 13, 2025 (Buffalo, NY) and October 22, 2025 (Cheektowaga, NY).

Nearly 100 community members participated, including individuals with lived experience and their families, service providers, and first responders.

At each session, attendees were divided into small discussion groups with CTC Collaborative members serving as facilitators and notetakers. The groups were asked a series of questions that focused on three key components of a behavioral health crisis response system – Someone to Call, Someone to Respond, and Somewhere to Go.

The feedback highlighted the community's desire for a crisis response system that is clear, well-coordinated, and people centered. Residents also want a mental health and trauma-informed approach at every stage — from the moment someone calls for help, to the response on scene, to the care that follows.

The CTC Collaborative is grateful to the community members who participated in the sessions and will use the information to guide its work.

The following are themes that emerged from the discussions along with participants' quotes.

Someone to Call

How should emergency hotline calls (911, 988, and local crisis hotline numbers) involving a mental health crisis be handled?

- Compassionate, calm communication from the first interaction. No transfers, long holds, or confusion.
- Call takers trained in mental health. Callers are effectively triaged and connected to the appropriate resource (clinicians, peers, mobile teams).
- Clear next steps. Callers want information about what will happen next and have the call taker stay on the line until support arrives.
- Equity and trust prioritized. Callers want culturally responsive, trauma-informed engagement.
- Navigation support starting at the call. A crisis system that is easier to access with a simpler, more unified entry point into services.

What participants said:

- "When I call, I really appreciate when the person sounds calm, compassionate, and actually listens."
- "It helps when the call taker knows the resources and can guide me toward the right services."
- "Please don't transfer me or put me on hold — every minute counts when someone is in crisis."
- "Sometimes it feels like the person answering is rushed, burnt out, or not trained enough to understand what I really need."

Someone to Respond

Who should be dispatched when an on-scene response is necessary?

- Trained responders. Mental-health professionals (clinicians, peers, social workers, co-responders) should be the primary first responders.
- Police involvement only when necessary for immediate safety concerns.
- Trauma-informed responders. People in crisis deserve a respectful, culturally aware response that feels non-threatening and relationship-building.
- Adequate staffing. Workforce shortages limit response times and impact the quality of care. There is a need for better staffing, training, and retention to stabilize services.

What participants said:

- "I want someone who will sit with me, talk with me, and treat me like a person — that makes all the difference."
- "Co-responders and trained officers can be really effective when they work together and know how to de-escalate."
- "Police shouldn't be the first responder — it can feel intimidating, especially for people of color."
- "Sometimes responders don't know how to help, and you get bounced around between people who aren't trained in mental health."
- "How can I convince my son his illness does not make him a criminal, if when we call for help, he is put in the back of police car?"

Somewhere to Go

Where should a first responder bring someone experiencing a mental health crisis who needs immediate care?

- The hospital should not be the default. ECMC's Comprehensive Psychiatric Emergency Program (CPEP) was described as overcrowded, chaotic at times, and not appropriate for everyone experiencing a mental health crisis.
- More options. People experiencing a mental health crisis should have options for care (e.g. crisis stabilization centers, respite models) that are calm, comfortable, and allow family involvement.
- Age-appropriate care. Children and older adults require specialized care and there should be expanded inpatient and stabilization capacity.
- Better coordination of care after the crisis. Providers should ensure there is a warm handoff, so individuals aren't left navigating complex systems alone after a crisis episode.
- More preventative support. To reduce the likelihood and severity of crises, programs focused on housing, health benefits, and school-based support are essential.

What participants said:

- "A calm, quiet, welcoming space — somewhere safe with privacy and support — that's what we need in a crisis."
- "Having options, like crisis centers or respite programs, gives people a sense of choice and dignity."
- "CPEP feels chaotic — a big open room with people walking around. It can be overwhelming and re-traumatizing."
- "There aren't enough age-appropriate places for kids or older adults, and sometimes the only option is the hospital even when it doesn't fit."