

Strengthen Community Responses and Minimize Criminal Justice Involvement

ESSENTIAL ELEMENT 1: Comprehensive Behavioral Health Crisis Systems

POLICY

Court leaders should be knowledgeable about what constitutes an effective behavioral health crisis system and encourage community stakeholders to strive for improvements. Crises that involve behavioral health issues represent the widest point of the funnel that potentially leads a person to the criminal justice system. The earliest contact with a person in crisis often represents the first opportunity to divert the person to care and treatment rather than to jail and punishment. Appropriate interventions at this point lead to better outcomes for the individual, more efficient use of justice system resources, and increased public safety.

EVIDENCE-BASED PRACTICES

Core structural elements of a comprehensive behavioral health crisis system must include:

Regional or statewide crisis call centers, coordinating in real time

- Crisis call services offer real time access to a live person every moment of every day for individuals in crisis. Regional or statewide, 24/7, clinically staffed crisis call centers provide telephonic crisis intervention services to all callers, meet national suicide prevention lifeline operational guidelines regarding suicide risk assessment, and offer air traffic control quality coordination of crisis care in real time. This means

that coordinators know where every individual is, where they are going, what is available, and what they need at all times.

Centrally deployed, 24/7 mobile crisis response

- Mobile crisis team services must include a licensed clinician capable of assessing the needs of individuals within the region of operation, respond to wherever the person is and not restrict services to certain locations or to times of day, and must be able to connect individuals to facility-based care as needed through warm handoffs and coordinated transportation.

23-hour crisis receiving and stabilization programs

- Crisis receiving and stabilization services offer the community no-wrong-door access to mental health and substance use care, operating much like a hospital emergency department that accepts all walk-ins. Mental health crisis referrals, including working with persons of varying ages and clinical conditions, regardless of acuity, will inform program staffing, physical space, and structure of the services. For example, using chairs or recliners in lieu of beds. Fundamentally, it needs to be easier and quicker for law enforcement and other responders to bring someone to a crisis stabilization location than to jail or the emergency room.

Essential crisis care principles and practices:

1. Address recovery needs
2. Ensure significant role for peers
3. Provide trauma-informed care
4. Provide Zero Suicide/Suicide Safer Care
5. Ensure safety and security for staff and people in crisis
6. Provide crisis response partnerships with law enforcement, dispatch, and emergency medical services
7. Review Psychiatric Advanced Directives (PAD) where available

GETTING STARTED

A jurisdiction should begin by evaluating its current crisis system by using the Report Card listed above, and/or the Crisis Now [Crisis System Scoring Tool](#), then by gathering all related stakeholders to assess the results, identify gaps, and design next steps.

NEXT GENERATION

Innovation, Technology, New Practice

Approved by Congress in 2020 and set to go live nationwide by July 2022, 988 will serve as America's first three-digit number dedicated to mental health, an alternative to 911 for mental health-related crises. As important as a universal, consistent mental health crisis number, equally impactful is the provision in the law that authorizes local jurisdictions to add a user fee to cellular telephone and other lines, and to dedicate those funds to building the crisis response infrastructure. This new resource and point of contact have the potential to transform crisis systems and their resources across the country, however, this transformation realization will only become a reality if jurisdictions opt to assess the fee in order to build their capacity to deliver services.

Institutionalization, Sustainability, Funding

The 988 authorization is also the key to institutionalizing effective crisis responses from

jurisdiction to jurisdiction, state to state, and providing a reliable, stable source of sustainable funding. It is in the interest of all justice and behavioral health stakeholders to seize this new opportunity to fundamentally reform our system of early responses for people in behavioral health crisis.

RESOURCES

Two comprehensive resources have been released recently. First, SAMHSA's comprehensive [Crisis Services: Meeting Needs, Saving Lives](#), which includes several products within the overall publication, including *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*, from which the above best practices were derived, *Effective Behavioral Health Crisis Care for Individuals Experiencing Homelessness, Using Technology to Improve the Delivery of Behavioral Health Crisis Services in the U.S.*, *Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit*, *Strategies for the Delivery of Behavioral Health Crisis Services in Rural and Frontier Areas of the U.S.*, and *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*.

Second, in 2021 the Group for the Advancement of Psychiatry released [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#). This extensive resource adds a focus on coordination, collaboration, system change and leadership, financing, data and performance measurement, and includes a Community Behavioral Health Crisis System Report Card.

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