How State Administering Agencies Can Support Best Practices in Crisis Response

NCJA Center for Justice Planning

INTRODUCTION

Funds administered through State Administering Agencies (SAAs), such as the Byrne Justice Assistance Grant (Byrne JAG) and the Byrne State Crisis Intervention Program (Byrne SCIP) provide an important opportunity to build a strong crisis response system that relies primarily on the behavioral health system, rather than the criminal justice system. Currently, many states do not have a robust or best-practice crisis response system. It's important that SAAs understand the consensus among behavioral health leaders about the services that should make up an effective crisis response system and where there are gaps in the current systems.

This brief describes the three core services of an effective crisis response system as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). It also describes how these core services intersect with the criminal justice system, and the vital role SAAs can play in supporting the development and expansion of best practice crisis services.

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KEY DEFINITIONS

As defined by the Bureau of Justice Statistics, **law enforcement** refers to the agencies and employees responsible for enforcing laws, maintaining public order and managing public safety. The primary duties of law enforcement include the investigation, apprehension and detention of individuals suspected of criminal offenses. Some law enforcement agencies, particularly sheriffs' offices, also have a significant role in the detention of individuals convicted of criminal offenses.

A **behavioral health crisis** is any situation where a person's mental health or substance use puts them at risk of hurting themselves or others or interferes with their ability to care for themselves. A crisis is generally defined by the individual experiencing it, and therefore, these individuals need timely and inclusive access to crisis care.

The **crisis response system** consists of an array of mental health services that support an individual in crisis and help move them toward a safe and stable outcome. An ideal crisis response system is easy to access, provides timely responses and is available to all members of the community. An ideal crisis response system is also community-based, meaning the services are provided in the least restrictive setting that can support safety and stability, such as homes, workplaces and other community settings whenever possible.

In the context of the crisis response system, **best practices** are those services defined by SAMHSA that meet the standard of care for people experiencing a behavioral health crisis.

Core Services of the Crisis Response System

Law enforcement agencies and other criminal justice partners have long been the default responders to mental health crises. However, there is a growing recognition that this places an unfair burden on law enforcement and that people in crisis deserve a response from a trained mental health professional.

SAMHSA describes three core services in a best-practice crisis response system. Many communities urgently need to develop these services:

1 **Crisis lines ("Someone to Talk To"),**

2 **Mobile crisis teams ("Someone to Respond"), and**

3 **Crisis receiving and stabilization facilities ("A Place to Go").**

These core services are detailed in SAMHSA's **National Guidelines for Behavioral Health Care.** As communities develop these core crisis response services, the responsibility for responding to a mental health crisis should transition from law enforcement to the mental health system.

Financial support through funding sources such as the Byrne JAG and Byrne SCIP programs administered by SAAs, are vital to supporting these new services. At the same time, collaboration between mental health and criminal justice systems is key to a smooth and safe transition for individuals experiencing crisis. In addition, when criminal justice services are a necessary part of a crisis response, criminal justice partners can design systems that use criminal justice resources strategically.

NOTE: *This brief describes key components of a crisis response system for **adults.** While children and youth require similar services, they are best served by providers specially trained to address their needs and by services tailored to their needs.*

1 "Someone to Talk To"

The first core service in a crisis response system is a crisis line, available 24 hours a day, seven days a week, where a person in crisis can reach a trained counselor to receive support.

BEST PRACTICE:

988 Suicide and Crisis Line

In 2022, the 988 Suicide and Crisis Line was launched as a national number for anyone needing crisis support. Calls to 988 are routed to state or regional crisis lines, where trained counselors provide support for people in mental health and substance use crises.

In most cases, a call to 988 can be resolved through de-escalation or connection to community-based services without the need for an in-person response.

TRANSITIONING TO BEST PRACTICES:

Historically, people have called 911 to report a mental health crisis, often leading to a law enforcement response. Many people still call 911 in these situations, because they are unaware of 988 or because they assume a mental health crisis is a danger to communities. Greater community awareness of 988 is one step to changing this perception and encouraging further use of 988 systems.

There's also an urgent need to promote inter-operability between the 911 and 988 systems, which are typically not designed to work together. To be most effective, 988 crisis lines should be able to triage and transfer a call to 911 if there is a public safety concern. At the same time, 911 centers should be able to transfer calls to a local crisis line in case of a mental health crisis. These connections will ensure that each call receives the safest, most appropriate response.

NOTE: *NCJA created* **this fact sheet** *that provides a concise overview of 988, including its history and opportunities for State Administering Agencies (SAAs) to maximize the benefits of 988.*

2 "Someone to Respond"

Most of the time, a phone conversation can stabilize a mental health crisis. When a phone call is not enough, 988 or 911 will dispatch someone to respond to the person experiencing crisis in the community.

BEST PRACTICE: Mobile Crisis Teams

The best practice for responding to a crisis in the community is a mobile crisis team, which offers a rapid response by specially trained mental health professionals, such as social workers, counselors or peer support providers. These professionals provide an array of services, including de-escalation, triage, assessment and referral to other services if needed. Law enforcement is not typically part of a mobile crisis team, because the presence of officers may not be necessary, and can unintentionally frighten a person in crisis. To learn more about mobile crisis teams, review **this SAMHSA resource.**

TRANSITIONING TO BEST PRACTICES:

In communities with mobile crisis teams, law enforcement agencies can work to ensure that they are dispatched appropriately. In addition to transferring calls to 988, law enforcement agencies can ensure that officers and dispatchers know how to request a mobile crisis team if they identify a mental health crisis. Similarly, the mobile crisis team should be able to request law enforcement backup in case of a safety concern, or assistance needed to transport a person in crisis to a receiving center or emergency room (ER).

ENSURING SAFE AND EFFECTIVE RESPONSES WITHOUT A FULL MOBILE CRISIS TEAM:

When there are no mobile crisis services, it's urgent that all community partners advocate for the expansion of these services. At the same time, law enforcement can partner with mental health providers, mental health advocates and community organizations to ensure that alternative responses are as safe and effective as possible. Continue to the **next page** for examples of programs filling the gap when communities lack best practice mobile crisis services.

2 "Someone to Respond" continued

ENSURING SAFE AND EFFECTIVE RESPONSES WITHOUT A FULL MOBILE CRISIS TEAM:

Here are examples of programs filling the gap when communities lack best practice mobile crisis services:

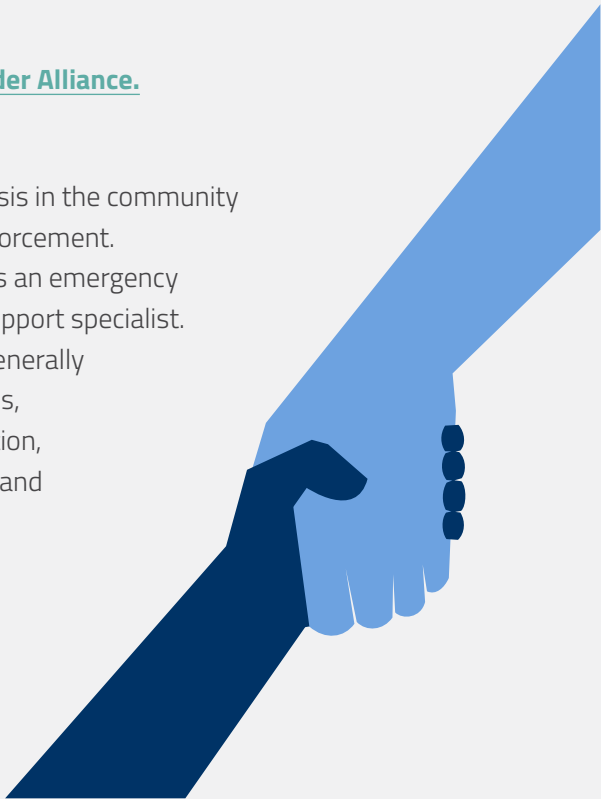
- **Law Enforcement Only Response: Crisis Intervention Teams:**
  When mental health services are not available, the gold standard of response is a Crisis Intervention Team (CIT) officer. CIT programs are led by a cross-systems steering committee of law enforcement, mental health providers, and mental health advocates to improve coordination during a crisis and provide specialized training to patrol officers. CIT programs include people with lived experience of mental health conditions to ensure that officers learn to provide a sensitive response. To learn more about Crisis Intervention Team Programs, visit **CIT International** or the **National Alliance on Mental Illness.**

- **Law Enforcement/Mental Health Co-Response:**
  Some communities use a co-response model, where a mental health professional and a law enforcement officer respond together to a crisis and address mental health issues along with any safety concerns. Together, the team has the flexibility to respond to a variety of calls, from outreach to frequent users of services to managing a high-risk situation. The mental health professional provides services including de-escalation, assessment and referral, and sometimes follow-up after a crisis. There are several variations of this model: sometimes the mental health provider is employed as an employee of the law enforcement agency, and in other cases, they work for a provider agency. In some programs, the provider rides in the officer's cruiser, ensuring a simultaneous response; in other programs, the provider travels separately, allowing one provider to serve a larger geographical area.

  To learn more about co-response, visit the **International Co-Responder Alliance.**

- **Community Response Teams:**
  Some communities use a community responder model to address crisis in the community and divert low-level, non-violent crisis calls without involving law enforcement. A community response team typically includes two members, such as an emergency medical technician (EMT), a crisis counselor, firefighter and/or peer support specialist. While the scope of these teams varies between communities, they generally respond to an array of community needs including mental health crisis, homelessness and quality of life issues. They may provide de-escalation, first aid, connection to resources, homeless outreach, transportation and other services. They do not respond to high-risk situations.

  To learn more about community response teams, visit the website for **CAHOOTS** and **Denver STAR,** two examples of community response teams.



3 "A Place to Go"

Most mental health crisis situations can be resolved by crisis lines or mobile crisis teams. However, some people may need care in a mental health stabilization facility or inpatient hospital.

BEST PRACTICE:

Crisis Receiving and Stabilization Facilities

The best practice for facility-based care is a crisis receiving and stabilization center. These facilities are open 24 hours a day, seven days a week, all year-round and are staffed by a team of mental health professionals and peer support specialists. While these centers are the least-developed part of the crisis response continuum, they provide vital services to people with a variety of mental health and substance use crises, including connecting people to care that the facility is not equipped to provide (e.g. urgent medical care or detoxification services). Crisis receiving centers should not turn anyone away; they accept walk-ins and referrals, as well as drop-offs by police and other first responders. The **Fusion Model** is one example of a crisis receiving and stabilization service combining a warm and welcoming environment with immediate access to care. To learn more about crisis receiving and stabilization facilities, review **this SAMHSA resource.**

TRANSITIONING TO BEST PRACTICES:

In communities with a crisis receiving center, mobile crisis teams, law enforcement and other responders should transport people in crisis to this service rather than the ER. Law enforcement agencies should also advocate for a dedicated entrance for first responders to facilitate a speedy transfer of custody.

ENSURING SAFE AND EFFECTIVE RESPONSES WITHOUT CRISIS RECEIVING AND STABILIZATION CENTERS:

In the absence of a crisis receiving and stabilization facility, it may be necessary for a person in mental health crisis to go to the ER in certain circumstances, such as a suicidal crisis, overdose or other risk to self or others. Unfortunately, most ERs are not equipped to address mental health crisis. ERs often do not have mental health crisis providers on staff and people in crisis face significant trauma, including the use of restraints and long waits to transfer for inpatient services (a practice called "ER boarding").

In communities without crisis receiving and stabilization facilities, coordination between ERs, mobile crisis teams and law enforcement can save time and improve conditions. Law enforcement agencies should advocate for a speedy, standardized process for transferring custody from law enforcement to the ER. SAAs, along with mental health and law enforcement partners, can also advocate for ERs to offer mental health peer support and develop or use a statewide database to track inpatient psychiatric bed capacity.

To learn more about the challenges ERs face in addressing mental health crisis, visit the **American College of Emergency Physicians** website.

Conclusion

Most states need to expand their crisis response systems. While every state should have a crisis line receiving calls from 988, there are many opportunities to coordinate 988 with 911, and an urgent need for more mobile crisis services and crisis receiving and stabilization facilities.

SAAs can play a key role in supporting and advocating for these services. As new services come online, law enforcement and other first responders should coordinate with the mental health system to ensure the smooth transition of responsibilities. Law enforcement will also need to continue to collaborate with mental health professionals when a mental health crisis involves a safety or criminal concern.

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