

Building a Comprehensive and Coordinated Crisis System

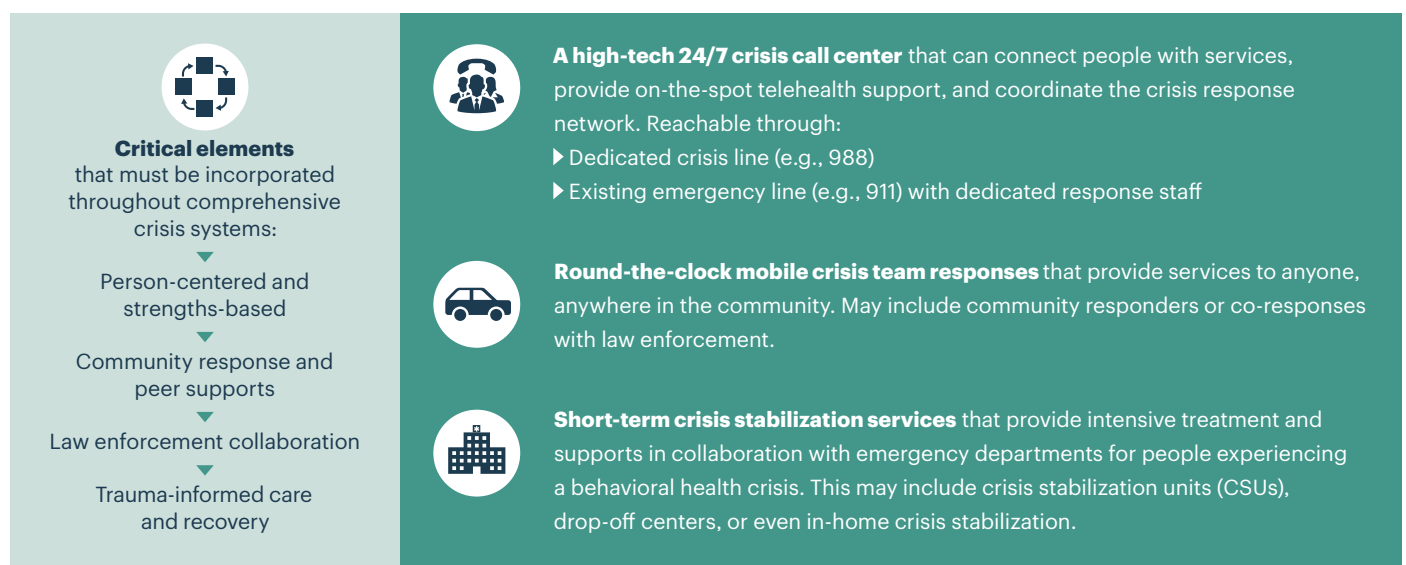
With growing concerns about the overreliance on police officers, particularly as first responders to people in behavioral health crisis, community leaders are increasingly looking to expand their crisis response options. Some communities have added response alternatives that divert calls at dispatch to services such as local crisis lines when appropriate. Others have implemented specialized teams, established facilities that give police officers more options to resolve crisis situations, or even created community responder models that primarily comprise service providers and only involve police officers when an emergency arises.

Despite these nationwide efforts, many communities have implemented discrete and often siloed crisis services that can be insufficient to meet community needs. To be most effective, crisis responses should be developed as part of a larger comprehensive, coordinated system, informed by community crisis data and led by a diverse group of community stakeholders. This brief presents the continuum of responses that are central to a comprehensive crisis system and offers best practices on how communities can build a system that aims to reduce crisis by prioritizing behavioral health needs through pathways to treatment and services.

A Continuum of Crisis Responses

Understanding the various crisis response options is critical to planning a response, incorporating needed services throughout the crisis system more broadly, and addressing the community’s immediate needs. **See Figure 1: Essential Components of Local Crisis Responses** for an overview of the continuum of crisis responses.

Figure 1: Essential Components of Local Crisis Responses



While responses are one piece of a **crisis system**, communities can use the options in Figure 1 as a launching pad to build out their comprehensive system. Understanding needed responses, capacity, and resources can help inform decisions on prevention and aftercare services.

Best Practices to Build a Comprehensive Crisis System

Conduct a system mapping exercise. Community leaders should bring together law enforcement officials and health and human service providers to inventory the existing crisis system. Individuals representing communities of color, who are disproportionately impacted by the criminal justice and behavioral health systems,¹ and people who have experienced behavioral health crises firsthand should also be included in decision-making. The stakeholder group should explore coordination of existing crisis services as well as the community's relationship with local law enforcement when determining gaps. This exercise will also help the group adopt a goal or vision that exemplifies the need to move beyond the "revolving door" of unnecessary jail bookings and emergency department visits for people in crisis to a "no wrong door" approach, providing people with more service options in real time.²

Gather data on key crisis call metrics and their outcomes. At the outset, the stakeholder group should gather the number of behavioral health calls and review data on peak call times, locations, service type, and dispositions, which may intersect with jail and emergency department data. Call types that are not coded as behavioral health calls but may have a behavioral health component also should be reviewed. Each jurisdiction's data acquisition process will be distinct,³ but regardless of where the data is being pulled from, the stakeholder group will need to establish information-sharing protocols to protect people's privacy while also supporting the need to share health information among relevant partners.⁴

Implement crisis services at greatest need first. Communities' continuum of crisis service needs and resources will vary. For example, crisis centers are a popular and effective, but costly, response model. Some jurisdictions may determine that less expensive crisis service interventions, such as mobile crisis teams or crisis call centers, could fill needed gaps. The stakeholder group should use their data to complete a prioritization process to identify which intervention would have the most significant impact and most quickly meet their needs, including straightforward policy changes for existing services or elimination of redundancies.⁵ Going through this process can help justify continued funding for long-term plans and highlight opportunities for collaboration to develop more expensive crisis services.

Measure performance and consider sustainability. Whether the community's new intervention is funded through pilot grant funds or agency budgets, performance measures and evaluation plans should be made early and tracked regularly. By doing so, the community is positioned to attract future funding, which could be used to expand on a response or implement other necessary models. It is important to gather participant stories to amplify the positive benefits of the program.

1. Jeremy Travis, ed., and Bruce Western, ed., *The Growth of Incarceration in the United States: Exploring Causes and Consequences* (Washington, DC: National Academies Press, 2014), 63; Julian Chun-Chung Chow, Kim Jaffe, and Lonnie Snowden, "Racial/Ethnic Disparities in the Use of Mental Health Services in Poverty Areas," *American Journal of Public Health* 93, no. 5 (May 2003): 792–797.

2. Substance Abuse and Mental Health Services Administration (SAMHSA), *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit* (Washington, DC: SAMHSA), 11. [↗](#)

3. Within every jurisdiction, there are myriad forms of technology being used to capture crisis calls depending on where they originate. For most, Public Safety Answering Points (PSAPs) are responsible for receiving 911 calls and processing them according to a specific operating policy. However, multiple dispatch systems can exist in one jurisdiction (e.g., police, fire, and EMS), and some may even have multiple police departments, each operating their own dispatch system and not sharing the same PSAP. These PSAPs will all have different coding for calls, which can make it difficult for communities to determine common reasons for calls or to be able identify people who are frequently accessing multiple systems.

4. The Council of State Governments (CSG) Justice Center, *Sharing Behavioral Health Information: Tips and Strategies for Police-Mental Health Collaborations* (New York: CSG Justice Center, 2019). [↗](#); "Sharing Behavioral Health Information Within Police-Mental Health Collaborations," CSG Justice Center, accessed April 21, 2021. [↗](#)

5. The CSG Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation, *The Stepping Up Initiative: In Focus: Prioritizing Policy, Practice, and Funding Improvements* (New York: CSG Justice Center, 2020). [↗](#)

The Council of State Governments Justice Center offers free in-depth subject matter expertise and can connect you to communities that are currently implementing some of these approaches. Visit the [Center for Justice and Mental Health Partnerships](#) to learn more.

Additional Resources

[The 911 Call Processing System: A Review of the Literature as it Relates to Policing](#) by Vera Institute of Justice

[Crisis Now: Transforming Services Is within Our Reach](#) by National Action Alliance for Suicide Prevention