

SAMHSA

Substance Abuse and Mental Health
Services Administration

National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

What were we trying to learn?

- A more comprehensive understanding of the **strengths and challenges that exist in local crisis systems.**
- By interviewing CMHs, crisis stabilization units, crisis lines, law enforcement, dispatch agencies, etc.... we aim to **learn useful strategies or approaches on local-levels that can be used across Michigan.**
- How crisis systems are meeting **SAMHSA's National Guidelines for Behavioral Health Crisis Care.**



Someone to call



Someone to respond

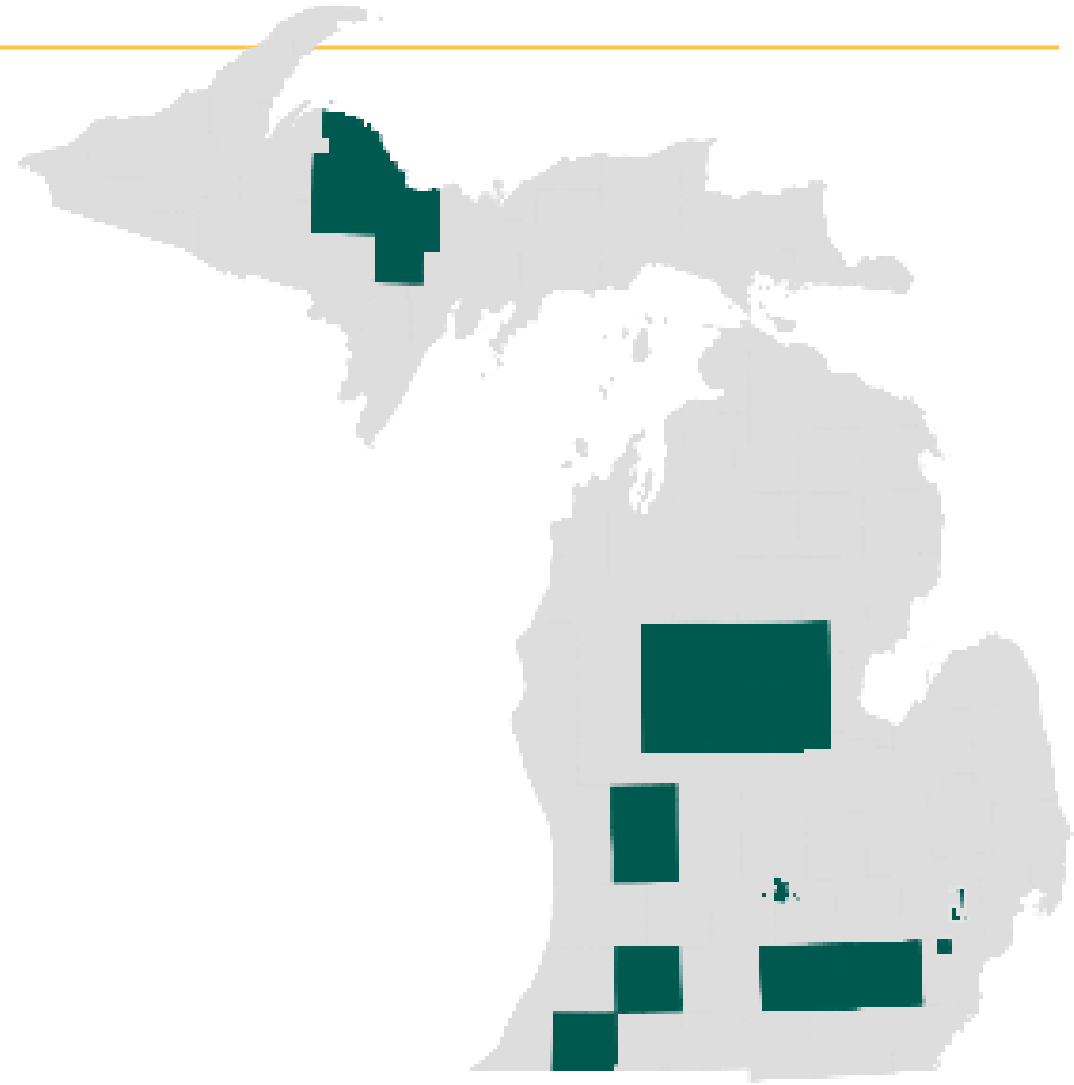


A place to go

SAMHSA guideline assessments

Our process

- Assessing 10 Michigan sites in observance to SAMHSA's national guidelines of crisis care.
 - 48 interviews across the crisis continuum.
- Completed interviews and conducted qualitative data analysis.
 - Transcribed interviews, used NVivo to complete coding, operationalized the guidelines and developed site specific scorecards.
- Used SAMHSA guidelines as an assessment tool.
 - Created site specific reports.



Two method approach to operationalization

Example of a guideline

SAMSHA explicit operationalization

Example minimum expectation

“Implement real-time GPS technology in partnership with the region’s crisis call center hub to support efficient connection to needed resources and tracking of engagement” (SAMHSA, pg.18).



Application of guideline

“Mobile crisis teams should use GPS-enabled tablets or smart phones to support quick and efficient call hub determination of the closest available teams, track response times, and ensure clinician safety” (SAMHSA, pg.17).

CBHJ adapted operationalization

Example minimum expectation

“Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program” (SAMHSA, pg.22).



There was no existing actionable explanation of how to apply this guideline or a clear definition of what meets the criteria of “medical clearance”.



Not requiring medical clearance prior to arrival, but rather engage in assessment and support for medical stability by providing at minimum first-aid kit level care. Program; service(s) available on site.

Site-specific reports against the SAMHSA guidelines

The SAMHSA reports enable us to capture a snapshot of agencies across various points on the crisis continuum.

Report format

1. Current system operations
 - Agency's services across the crisis continuum
2. The score cards
 - Noting the agency's alignment with the guidelines
 - Noting the agency's misalignment X's
 - The inability to score due to lack of evidence or support for justification of alignment
3. Discussion of the agency's alignment
 - Measuring the alignment
4. Recommendations



SAMHSA site report examples



SAMHSA Guideline Report: The City of Lansing

September 2023

Background

The Center for Behavioral Health and Justice (CBHJ) interviewed several agencies across the crisis continuum to assess existing strengths and challenges, using the [SAMHSA National Guidelines for Behavioral Health Services in Crisis Care](#). These guidelines offer a standardized framework for communities to enhance their behavioral health crisis care through self-assessment and tailored local-level strategies. Ultimately, SAMHSA's guidelines serve as a blueprint for communities to enhance the quality and accessibility of their behavioral health crisis services, leading to better outcomes for people in crisis.

The SAMHSA guidelines were originally designed to assess components of behavioral health crisis care (e.g., crisis lines, mobile crisis, and crisis stabilization units). However, the traditional crisis system (e.g., public safety answering points, law enforcement, and emergency department) often leads to behavioral health crises every day. **People in crisis deserve the same level of care regardless of where they first encounter the behavioral health system or the traditional emergency response system.** Local-level communities can align their efforts by using SAMHSA's guidelines as common system benchmarks. Crisis system mapping and technical assistance were provided by the MDHHS Mental Health Diversion Council. The SAMHSA guideline interviews and mapping were supported by Blue Cross Blue Shield of Michigan Foundation, Ethel and James Flinn Foundation, and the Endowment Fund, and Herrick Foundation.

Lansing's Crisis Continuum

After conducting a crisis mapping session and multiple interviews involving the Crisis Continuum Authority of Clinton Eaton Ingham Counties (CMHA-CEI), McLaren ED, Ingham County, and the Lansing Police Department Social Work (LPD SW), the CBHJ has developed several recommendations aimed at further aligning Lansing's Crisis Continuum of Care with SAMHSA guidelines. Lansing has demonstrated a



SAMHSA Guideline Report on Central Michigan: Mecosta, Osceola, Isabella, Clare, Midland, and Gladwin Counties

Report completed January 2024; reflects crisis system as of summer, 2023.

Background

The Center for Behavioral Health and Justice (CBHJ) interviewed several agencies across Michigan's crisis continuum to assess existing strengths and challenges, using the [SAMHSA National Guidelines for Behavioral Health Services in Crisis Care](#). These guidelines offer a standardized framework for local communities to enhance their behavioral health crisis care through self-assessment and tailored local-level strategies. Ultimately, SAMHSA's guidelines serve as a blueprint for communities to enhance the quality and accessibility of their behavioral health crisis services, leading to better outcomes for people in crisis.

SAMHSA agencies aggregated scores

Table 2: 'Someone to call' SAMHSA guidelines scores by agency type

SAMHSA Shorthand	Crisis Line Total	PSAP Total	988 Total
24/7	4	10	10
Clinical Triage	9	0	8
Answer Every Call	9	9	10
Suicide Risk	10	9	10
Mobile Coordination	8	6	2
Warm Handoff	9	2	1
Caller ID	3	10	0
GPS	2	8	0
Bed Registry	0	0	0
Schedule Outpatient Call	8	0	1

Data source: CBHJ qualitative interviews (n=48), 2023-24

CMH-operated crisis lines demonstrated strong protocols.

- Offering clinical triage.
- Assessing suicide risk.
- Performing warm handoffs.
- Scheduling outpatient follow-up calls.

SAMHSA agencies aggregated scores

Table 3: 'Someone to respond' SAMHSA guidelines score by lead agency

SAMHSA Shorthand	Mobile Crisis Total	Law Enforcement Total
Clinician	10	6
Anywhere Anytime	5	3
Warm Handoff Respond	9	7
Peers	7	3
Without LE	7	0
GPS Respond	3	5
Schedule Outpatient Respond	10	6

Data source: CBHJ qualitative interviews (n=48), 2023-24

- Mobile crisis teams generally were not available 'anywhere at anytime'.
 - Safety concerns.
 - Lack of GPS technology.
- Co-response teams often were not 24/7.
 - Lack of peers.
 - Did not offer follow up.

SAMHSA sites aggregated scores

Table 3: 'A place to go' SAMHSA guidelines score by agency type

SAMHSA Shorthand	CMH Center Total	ED Total
AcceptAll	8	10
NoMedClearanceReq	8	10
MH+SUD	10	10
PhysHealth	2	10
AllStaff	5	2
Psych	9	2
Nurses	5	10
Clinicians	10	7
Peers	8	3
LEDropOff	9	10
AcceptAllNoReject	7	5
SuicideRiskGo	10	10
ViolenceRisk	10	3
CrisisReceiving	5	10
LEDedicatedDrop	6	9
SupportBeds	7	5
BedRegistryGo	0	0
Coordinate	10	4

Data source: CBHJ qualitative interviews (n=48), 2023-24

- Standard emergency departments could fulfill basic crisis stabilization unit criteria.
- Emergency departments fulfilled more of SAMHSA's guidelines for places to go than the CMH centers did.

SAMHSA sites aggregated scores

Table 1: SAMHSA minimum expectations and best practice guidelines scorecard by site

	Site A	Site B	Site C	Site D	Site E	Site F	Site G	Site H	Site I	Site J
Crisis Line (/10)	7	5	7	6	7	7	6	5	5	7
988 (/10)	3	5	5	3	7	5	5	5	5	5
PSAP (/10)	6	4	5	4	6	6	6	5	6	6
<i>Call total (/30)</i>	16	14	17	13	20	18	17	15	16	18
Mobile Crisis (/7)	7	4	7	3	5	3	7	3	6	6
Law Enforcement (/7)	0	0	3	4	5	3	6	0	4	5
<i>Respond total (/14)</i>	7	4	10	7	10	6	13	3	10	11
CMH Center (/18)	11	9	13	12	17	14	16	9	15	13
ED (/18)	12	10	11	13	15	12	10	11	10	16
<i>Go total (/36)</i>	23	19	24	25	32	26	26	20	25	29
Total (/80)	46	37	51	45	62	50	56	38	51	58

Data source: CBHJ qualitative interviews (n=48), 2023-24

What did we learn about crisis services across the continuum?

Common themes

Crisis services across all the sites are only partially meeting the guidelines and there are common challenges and successes across the state.



Challenges

- **Utilization of peers in crisis continuums.**
- **Lack of 'places to go' in rural areas.**
- **Lack of connection between 911 and mobile crisis teams.**
- Defining community response.
- Defining medical clearance.
- Safety concerns.
- 24/7 crisis line criteria.

Successes

- Crisis lines connecting to mobile teams.
- Mobile crisis teams respond without law enforcement.
- CMHs have multidisciplinary teams with peers.
- Mobile response teams connect individuals to ongoing care.
- Connection to facility-based care through warm hand-offs.



Questions?