A behavioral health crisis is an acute episode of severe distress associated with a mental health or substance use disorder and requires emergency intervention. Behavioral Health Crisis Care (BHCC) is a model of care designed for these emergency situations and covers the gap between law enforcement response and inpatient care. Effective BHCC may lower the risk of hospitalizations, involvement with the justice system, housing insecurity, early death, and suicide (SAMHSA, 2022). The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) stresses that crisis services are for “anyone, anywhere, and anytime” as BHCC services are meant to be “no-wrong-door safety net services.” Recently, SAMHSA developed and shared best practices for BHCC.

**BHCC best practices include serving clients of all ages and offering the following services:**

1. Emergency psychiatric walk-in services
2. Crisis intervention teams
3. Onsite stabilization
4. Mobile or offsite crisis responses
5. Suicide prevention
6. Peer support specialists

Indiana University’s Center for Health Policy researchers, Ashlyn Burns, M.P.H., Dr. Nir Menachemi, Dr. Valerie A. Yeager, Dr. Joshua R. Vest, and Dr. Olena Mazurenko, investigated the adoption of BHCC best practices across the United States. The study utilized data collected from 9,385 mental health treatment facilities. Key findings are as follows:

- Only 6% of mental health treatment facilities fully adopted BHCC best practices.
- Suicide prevention was the most common BHCC service, offered by 69.8% of facilities.
- BHCC best practices were significantly associated with public (vs. private) ownership, accepting self-pay or Medicare patients (vs. not), and receiving grant funding.

Overall, efforts are needed to promote the wider use of BHCC best practices and increase access to this patient-centered model of care.