SAMHSA
Substance Abuse and Mental Health Services Administration

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Strengthening Partnerships Between Providers of Homeless Services and Behavioral Health Crisis Teams

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INTRODUCTION: This brief covers practical strategies to help providers of homeless services prepare for behavioral health crises, coordinate with crisis providers for effective on-scene responses, and support individuals after behavioral health crises.

Overview

People who are homeless experience behavioral health crises at higher rates than the general population, yet they often face significant barriers to timely, appropriate crisis care.[1] The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a behavioral health crisis as "any experience of stress, emotional, or behavioral symptoms, difficulties with substance use or a traumatic event that compromises or has the ability to negatively impact an individual's well-being, safety, and/or the ability to function."[2] SAMHSA distinguishes a behavioral health crisis from a behavioral health emergency, which "may result in significant harm to self, others or grave disability" without immediate intervention.[3]

This distinction is important because crisis systems are increasingly recognizing 1) a person does not have to be in imminent danger to benefit from crisis services and 2) individuals should be able to receive support based on their own experience of crisis. Without timely intervention, behavioral health crises can escalate into emergencies, which in turn can contribute to repeated emergency department visits, psychiatric hospital admissions, incarceration, and housing instability.[4,5] Providers of homeless services are often the first to recognize early warning signs of escalation, giving them a critical role in connecting people to crisis support. Their ability to de-escalate situations, offer brief intervention, safety, and/or disposition planning, and connect people to crisis, ongoing, and follow-up services when appropriate is essential. Strong partnerships between providers of homeless services and crisis teams ensure that individuals receive timely, person-centered care through coordinated responses. Clearly defined roles, well-established communication pathways, trauma-informed and recovery-oriented approaches, and warm handoff referrals can all help individuals connect to appropriate services.[6]

Understanding Crisis Teams: What They Do and What to Expect

Behavioral health crisis systems provide de-escalation, assessment, stabilization, and connection to appropriate services for individuals experiencing a behavioral health crisis. Although crisis systems differ across communities, most include a combination of 24/7 crisis call centers, mobile crisis teams, co-response teams, crisis stabilization services, and emergency rooms to support individuals during a crisis.[7] Understanding how your local system works is essential to building an effective partnership (see Table 1).

Table 1: Common Components of a Behavioral Health Crisis System

Programs You May Work With	What You Need to Know	Resources
988 and Local Crisis Call Centers	Available 24/7 by call, text, or chat for mental health–, substance use–, and suicide-related crises. Local crisis centers may provide these services directly, and local crisis lines may have different hours.	Locate your 988 call center. Learn more about fostering partnerships with 988 through the 988 Partner Toolkit.
Mobile Crisis Teams	Behavioral health professionals (often including a peer specialist) who respond in the community to assess, de-escalate, stabilize, safety plan, support disposition development, and connect individuals to care. Follow-up services are often provided by civilian crisis response teams. Access is typically through 988 or a local crisis line, though referral pathways differ by community.	Learn more about mobile crisis team roles and expectations through the *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care* and Mobile Crisis Team Services: An Implementation Toolkit (SAMHSA).
Crisis Stabilization Services	Provide immediate assessment and short-term stabilization as an alternative to hospitalization. Availability, referral requirements, and hours differ by community.	To learn about what may be available in your state, see Crisis Stabilization Services: A Safe Place for Help (NRI).
Other Local Response Partners	Your area may have additional crisis components, such as co-response teams, specially trained officers, or other community-based programs that divert individuals from emergency departments or the justice system.	For a more robust inventory of crisis system components, please see SAMHSA's *Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services*.

Because every community's crisis system is different, you should learn what services are available, how to access them, and what to expect before a crisis occurs. This preparation will help you to determine when a crisis response is appropriate, communicate effectively with responders, and better support the individual experiencing the crisis. Contact your local behavioral health authority or crisis provider to learn more about the resources available in your community.

Questions to Ask Your Local Crisis Provider Before a Crisis Happens

- → What options are available for someone in crisis?
  - ↘ Who should they call?
  - ↘ Who will respond?
  - ↘ Where is a safe place to go?
  - ↘ How do they access the services?
  - ↘ Who is eligible to receive services (e.g., children, youth, adults)?
- → What is within the scope of the crisis response services?
- → What are the provider's hours of operation?
- → What geographic areas does the provider cover?
- → What information is helpful for me to share when I request a crisis response?
- → When should I call this provider's team versus 988 or 911?
- → What follow-up does the provider's team typically provide after the initial response?

Understanding Roles and Expectations

One of the most common challenges during a crisis response is ensuring a shared understanding of the roles of different crisis response workers; this shared knowledge can prevent differences in expectations. Although crisis providers and homeless response providers have the same goal of helping the individual, they bring different expertise and responsibilities to the situation. Understanding each partner's responsibilities and any limitations helps establish realistic expectations, reduce confusion, and support a coordinated crisis response.

Table 2: Common Responsibilities in Crisis Response

Crisis Teams: What They Do	Crisis Teams: What They Do Not Do	Providers of Homeless Services: How to Support During Crisis
• Respond to behavioral health crises and, when appropriate, acute behavioral health emergencies • Assess psychiatric symptoms, substance use, and any immediate safety concerns • De-escalate, assess, and determine the least restrictive clinically appropriate intervention • Develop short-term stabilization plans and connect individuals to appropriate care to support stabilization	• Provide long-term case management or ongoing clinical services • Conduct ongoing outreach or locate individuals who have left the scene • Resolve ongoing social needs or provide housing navigation and housing placement (some teams will provide referrals or have short-term support) • Transport people to locations beyond defined limits	• Share relevant information about the person's current situation, location, and history, and any safety concerns • Remain on the scene, when appropriate and safe, until the crisis team arrives • As appropriate, continue supporting engagement while the crisis team completes the assessment • Understand that response time may vary based on the individual's needs, crisis provider capacity, and call volume • Follow up after a crisis to connect the individual to supportive services • Collaborate with the crisis team to determine the next steps, even if the decision or outcome is unexpected

Building Strong Working Relationships Before a Crisis Happens

The most effective crisis responses begin long before the first crisis call. Providers of homeless services and behavioral health crisis teams work together most effectively when they understand one another's roles, have existing communication pathways, and have an established relationship prior to a crisis.

Relationship-building can be informal but intentional. Simple activities to reinforce regular contact, create shared learning opportunities, and deepen understanding can all build trust over time. Potential strategies to foster relationships include the following:

- **Establishing direct contact pathways.** Many crisis teams have dedicated provider back lines or supervisor contacts that allow partner agencies to quickly connect with the appropriate responder or follow up without going through the centralized line. Initiate a meeting with your crisis response partners to learn whether these options are available, what phone number to call, and the name and email address of the best point of contact.
- **Scheduling regular check-ins.** These ongoing (monthly or quarterly) scheduled meetings help partners stay connected, maintain familiarity, and problem-solve common issues. These meeting should also incorporate case conferencing, including discussion of individuals with frequent crisis encounters. For examples of cross-sector case conferencing to support individuals with frequent encounters, check out the Familiar Faces Initiative or the HUB model (police led).
- **Participating in ride alongs, field shadowing, and joint outreach opportunities.** Observing one another's work in real settings deepens understanding of day-to-day practices, clarifies roles during a crisis response, and builds trust in each other's processes.
- **Engaging in cross-training.** Providers of homeless services can share expertise on outreach, trauma-informed engagement strategies, housing navigation, and local housing resources, and crisis teams can provide training on de-escalation, crisis intervention, and navigating the behavioral health system.
- **Sharing basic information.** Providing basic information about your team, services, and any relevant context for individuals served can ensure crisis teams deliver more informed responses.
- **Formalizing referral pathways and information-sharing agreements.** Developing standardized, bi-directional referral pathways, supported by clear policies, procedures, and workflows, helps both partners know how to route individuals to one another and respond consistently. Formal agreements between organizations, such as releases of information (ROIs), memoranda of understanding (MOUs), or business associate agreements (BAAs), can further clarify roles, enable appropriate information sharing, and strengthen coordination.

These strategies can create a foundation for consistent crisis response and make developing shared tools and protocols that clarify expectations easier.

Practice Example: Bay Cove, Massachusetts

Bay Cove Human Services, a Certified Community Behavioral Health Clinic in the greater Boston area, stresses the importance of ongoing relationship-building and program awareness. Bay Cove brings together crisis and homeless services through multidisciplinary hub meetings and strong care coordination during and after the crisis.[8]

Developing Practical Tools to Support Crisis Response

Many providers of homeless services find it useful to create standardized tools and simple resources to support consistency during crisis responses. These tools can strengthen collaboration across organizations, reduce staff uncertainty during high-stress situations, and ensure individuals receive timely responses. Some examples of these tools include the following:

- **Crisis decision trees,** which help staff members determine when to manage a situation internally through de-escalation, when to call 988 or mobile crisis, and when 911 may be necessary.
- **Crisis contact lists** with direct numbers for crisis teams, supervisors, and after-hours lines so staff have quick access to necessary resources.
- **Postcrisis follow up checklists,** which outline responsibilities after the immediate crisis has been resolved, including who reconnects with the individual, how partner agencies communicate, and any ongoing care coordination needs. This tool ensures that no one is overlooked after a crisis (see Checklist Tool Example).
- **One page escalation guide,** which outlines what staff members should do and whom they should contact if a situation worsens or crisis teams are unavailable.

These tools should be concise, easy to find, regularly updated with input from crisis partners, and incorporated into training for consistent use.

Action Steps During a Crisis

De-Escalation Strategies

If you are with an individual who is in crisis or is escalating, you can use verbal and nonverbal de-escalation strategies to reduce their distress and lower the risk of escalation to potentially dangerous behaviors or other crises.[9] Effective de-escalation strategies include the following:

- **Use person-first language and active listening.** Respond to what you hear from the person and avoid labeling the individual. Use language such as "experiencing suicidal thoughts" versus "wanting to commit suicide."
- **Pay attention to physical space and use nonthreatening, nonverbal communication.** Be mindful of standing too close or standing over the individual. Keep a relaxed posture and project a sense of regulation.
- **Be empathic and nonjudgmental.** Understand that this may be the worst moment of their life. Offer a sense of hope.
- **Emphasize the relationship and connection.** If you understand an individual's preferences and needs, you can remind them of those preferences and needs, advocate for them, and employ known coping techniques.
- To learn more de-escalation techniques, see the *De-Escalation Training PowerPoint* from the National Council for the Homeless.

After you have tried these techniques, if the situation continues to escalate beyond your ability to safely manage, contact your local crisis provider. Strategies to promote successful coordination are highlighted below.

Coordinating During a Crisis

When a crisis occurs, the groundwork you have laid with crisis partners becomes crucial. The information that providers of homeless services share when requesting crisis response helps crisis teams determine the type of response needed, prepares the responding team, promotes safety, and supports effective, trauma-informed engagement (see below).

INFORMATION TO GATHER BEFORE CONTACTING A CRISIS PROVIDER

- **Location**
  - Where is the person located (specify address if one is available)?
- **Contact Information**
  - If no contact information, current clothing/color of clothing for identification during outreach/engagement.
- **Engagement**
  - Does the person want support?
  - Will they engage?
- **Current Behaviors**
  - What is their current state (e.g., calm, distressed, agitated, withdrawn, mute)?
  - What are they physically doing?
  - What are they saying?
- **Safety**
  - Are there any immediate (or known history of) safety concerns (e.g., weapons, intoxication, environmental concerns/animals)?
- **Relevant Information**
  - What is any relevant history you know of, such as behavioral health connections, history of crisis response, any known responsibilities, their preferred name, and other engagement information (e.g., they will respond only if you identify yourself; they have a trauma history, so approach slowly; they have a spouse who is not currently at the location but may return)?

When the Crisis Team Arrives

If the person knows and trusts you and your presence will help with engagement, consider staying on the scene after the crisis team arrives. When they arrive, quickly confirm who is leading the interaction. Crisis teams typically lead the clinical assessment and safety decisions, and providers of homeless services can provide context and support engagement and remain available if their presence continues to help. Depending on the assessment, the individual may 1) remain in place with a safety plan, 2) be referred to community-based services, 3) be transported to crisis stabilization or an emergency department, or 4) decline services. Individuals have the right to decline crisis services unless they meet the criteria for emergency intervention.[10] If the person declines services, continue to reach out to them, monitor them for changes in risk or wellness, and provide ongoing coordination with crisis services as needed. Be sure you understand the outcome because this will guide the next steps and help you re-engage post-crisis.

HELPFUL TIPS DURING THE ON-SITE RESPONSE

- → **Introduce the crisis team.** If the person is known to you and it is safe to do so, introduce the team, which can help alleviate anxiety and increase receptivity.
- → **Share relevant information and context.** Briefly highlight recent changes, known triggers, and any safety concerns.
- → **Be prepared for delays.** Crisis team response times vary based on needs, staffing, distance, and call volume. Continue de-escalation as long as it is safe to do so and keep the crisis team updated.
- → **Know when to seek additional support.** If the situation escalates or becomes unsafe, you are uncertain of how to proceed, or the response is significantly delayed or unavailable, communicate with your supervisor and follow your agency's protocols.
- → **Clarify the next steps before leaving.** Confirm the outcome and any follow-up needs.

Postcrisis Support

Postcrisis coordination is essential to ensure continuity of care and support stabilization. Providers of homeless services play an important role in helping individuals maintain stability in the community. Homelessness and crisis partners should agree on how discharge notifications will be shared, who is responsible for reconnecting with the person, how quickly the homeless response or supportive housing provider should reassess needs, what to do if contact is lost, and how documentation will be handled.

After a crisis event, crisis teams typically provide immediate follow-up for up to 72 hours or one week after the event. If you have a relationship with the individual, reconnect with them and offer additional support, reassess housing needs and reengagement with services, and debrief the event. If the individual was hospitalized, you can coordinate with the crisis team to support housing or other needs upon discharge. Refer to the checklist below to confirm that all necessary steps are covered.

Checklist Tool Example

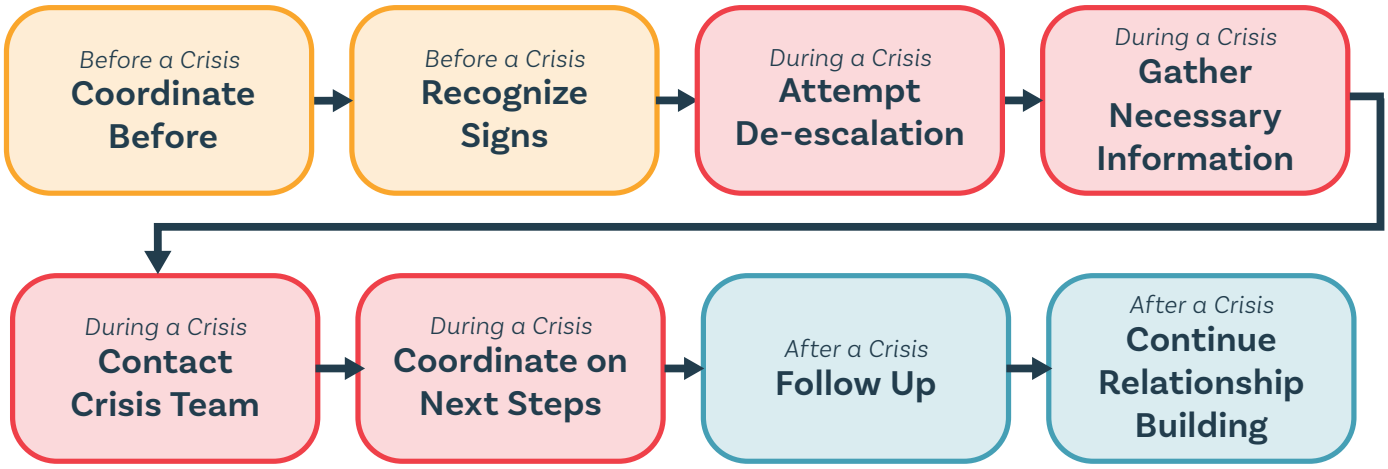
- ☐ **Confirm the outcome.** Determine if the person was hospitalized, released, transported elsewhere, or declined services. Note that the crisis team or hospital may be unable to share this information without an ROI; when possible, obtain an ROI to support coordination and continuity of care.
- ☐ **Reengage between 24 and 72 hours after the event.** Early follow-up helps support continued stabilization and rebuilds trust.
- ☐ **Address immediate needs that could contribute to another crisis.** Determine whether the crisis created new barriers or unmet needs (e.g., lost shelter bed or belongings, needs food, disrupted benefits, needs medical connection).
- ☐ **Update housing and service plans.** Adjust housing assessments, goals, safety plans, and housing interventions based on what happened.
- ☐ **Coordinate for individuals with repeated crisis encounters.** For people with repeated crisis involvement, case conference with Coordinated Entry or other system partners to develop cross-sector strategies.

- ☐ **Debrief as needed with crisis partners to discuss opportunities to improve future responses.** Discuss effective approaches and barriers and schedule regular collaboration meetings to promote cohesion and trust.

Practice Example: Boston Medical Center

Boston Medical Center holds regular trainings for providers of homeless services to build understanding of when and how to engage behavioral health crisis teams more effectively.[11]

Figure 1. Coordination Steps Before, During, and After a Crisis



Conclusion

Strong partnerships between providers of homeless services and behavioral health crisis teams are formed over time through intentional communication, trust-building, and shared understanding. Clearly defined roles, consistent use of shared tools, practical workflows, and ongoing coordination can improve crisis response, enhance continuity of care, and ensure that individuals receive timely, coordinated care during what may be one of the worst moments of their lives.

Coordination requires ongoing communication, trust, and adaptation. These everyday practices can help you manage complex situations in the moment, make informed decisions under pressure, and stay connected to the right supports for the people you serve.

> "A key positive outcome is the potential for stronger coordination that truly benefits our clients." —Service provider at Keys to Change Arizona

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Endnotes

1 U.S. Department of Housing and Urban Development, *Office of Community Planning and Development, The 2023 Annual Homeless Assessment Report to Congress* (Washington, DC: U.S. Department of Housing and Urban Development, 2023), https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf.

2 Substance Abuse and Mental Health Services Administration, *Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services,* HHS Publication No. PEP24-01-037 (2025), https://library.samhsa.gov/sites/default/files/model-definitions-pep24-01-037.pdf.

3 Ibid.

4 National Health Care for the Homeless Council, "Homelessness and Health: What's the Connection?" October 14, 2025, https://nhchc.org/resource/homelessness-and-health-whats-the-connection/.

5 M. Balfour and S. Zeller, "Community-Based Crisis Services, Specialized Crisis Facilities, and Partnerships with Law Enforcement," *Focus: The Journal of Lifelong Learning in Psychiatry 21*, no. 1 (2023): 18–27, https://pmc.ncbi.nlm.nih.gov/articles/PMC10172540/.

6 Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020), https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf.

7 Substance Abuse and Mental Health Services Administration, *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care,* PEP24-01037 (2025), https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf.

8 Holly Boginski, Bay Cove Human Services, in discussion with the author, June 2026.

9 J. K. St. Louis, De-Escalation (National Council for the Homeless, 2021).

10 Emergency intervention criteria vary by state but generally include imminent risk of serious harm to self or others and, in many states, grave disability or an inability to safely care for basic needs due to a behavioral health condition. See A. V. Barnard et al., "Grave Disability, Basic Needs, and Welfare and Protection: Statutory Definitions for Involuntary Commitment across States," *Psychiatric Services* 77, no. 2 (2026): 104–13, https://pubmed.ncbi.nlm.nih.gov/41373124/.

11 Polly Hanson-Grodsky, LICSW, Clinical Director of Community Behavioral Health Clinics, Boston Medical Center, in discussion with the author, June 2026.