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Transforming Crisis Intervention: A Systems Approach from Pennsylvania's Office of Mental Health and Substance Abuse Services

October 28, 2025

Why Modernize the Crisis System?

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- To address the increased need for services and supports and lower the wait time to obtain clinical mental health care.
- To get individuals connected to the right type of help – not the emergency room or criminal justice involvement.
- To align Pennsylvania's system with SAMHSA's best practice guidance.
- To develop crisis intervention services regulations that update requirements which are thirty years old.

SAMHSA's Best Practice Guidelines

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- In 2020 SAMHSA released the **National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit**
- The toolkit can be found at the following link- National Guidelines for Behavioral Health Crisis Care (samhsa.gov)
- Designed to be an Integrated Crisis System able to address people experiencing either a Mental Health or Substance Use Disorder Crisis
- Established minimum expectations going forward for the delivery of crisis services

SAMHSA's Best Practice Guidelines

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- Comprehensive and Integrated Crisis Network aimed at assisting with:
  - Emergency Room boarding issues
  - Overdependence on restrictive longer-term Inpatient placements
  - Overuse of Law Enforcement
  - Diversion to Incarceration

SAMHSA’s Best Practice Guidelines

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- Based on Three Essential Core Services - **Someone to Call, Someone to Respond, A Safe Place for Help**
- Someone to Call - Regional Crisis Call Center (988)
- Someone to Respond - Crisis Mobile Team Response
- A Safe Place for Help – Crisis Receiving and Stabilization Facilities

988: Background & History

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- **2005**: National Suicide Prevention Lifeline (1-800-273-TALK)
- **2018**: National Suicide Hotline Improvement Act of 2018
  - Required a study on the feasibility of a three-digit access number to the NSPL
- **2020**: National Suicide Hotline Designation Act of 2020
  - Established 988 as the nationwide number for the National Suicide Prevention Lifeline (NSPL) and Veteran's Crisis Line (VCL)
- **2022**: 988 officially launches on July 16

988 is not new, but rather a new method of accessing an existing service.

Pennsylvania's 988 Network

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- 14 call centers across the commonwealth providing 24/7 voice coverage
  - A call center may cover a single county or multiple counties
  - Calls are routed based on caller's approximate location (geo-routing)
- 3 centers providing 988 chat/text services, with plans for expansion
  - Chat/text coverage is statewide, regardless of the caller's location
  - Geo-routing will be implemented for text over the next 18 months
- 12 of the 14 call centers are also community crisis providers

Pennsylvania's 988 call centers have longstanding relationships with their communities, predating 988 implementation.

988 Voice Routing in Pennsylvania

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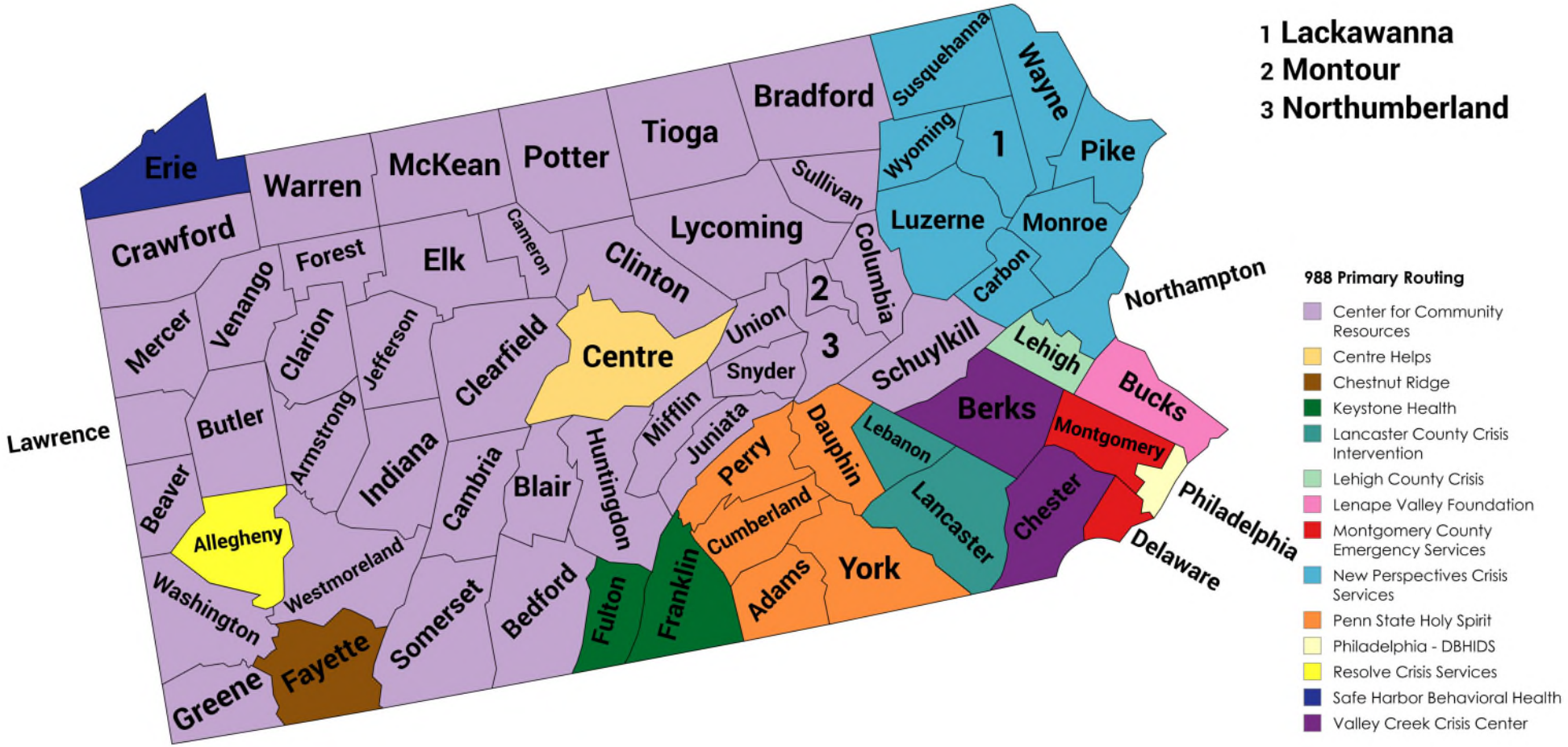

988 is Effective

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- Around 93% of contacts are resolved on the call, requiring no further intervention
- When calls do require further intervention, the intervention is typically mobile crisis
- Diversion from use of public safety services:
  - Only 0.58% of 988 calls in the past year required law enforcement dispatch
  - Only 0.41% of 988 calls in the past year required EMS dispatch
- A Columbia University evaluation of the NSPL found that nearly 98% of callers found the service to be helpful

988 Data Snapshot

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	September 2025	% Change – Month*	% Change – 12 Months Rolling (Oct. – Sept.)
988 Calls Received	13,569	+3.1%	+28.6%
988 Calls Answered	11,987	+2.3%	+24.3%
In-State Answer Rate: Voice	88.3%	-0.8%	-3.1%
Flowout Rate	2.9%	+0.6%	+1.4%
988 Chats/Texts Received	5,606	+4.0%	+11.1%
988 Chats/Texts Answered	1,015	-7.9%	-13.8%
In-State Answer Rate: Chat/Text	18.1%	-2.4%	-7.1%

988 Priorities

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- Ensure liability protections for both 911 operators and 988 crisis counselors
  - Worked with PEMA to draft legislative language to be included in 911 reauthorization
- Expand 988 chat/text capacity
  - Onboarding a new chat/text center in November 2025; will continue recruitment
- Secure sufficient and sustained funding for 988
  - Redrafted legislative language for a 988 telecommunications surcharge
- Improve integration of 988 into county crisis systems
  - Convening meetings of county leadership, crisis providers, and 988 centers

The Future of 988

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Mental Health Resources

If someone you know is in need of help, here are some resources:

Suicide and Crisis Lifeline

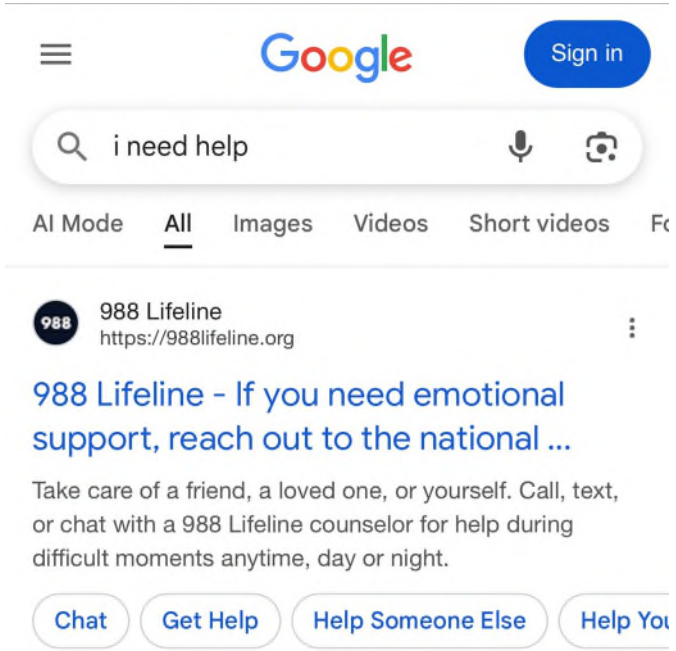
Call | SMS

Website

National Alliance on Mental Illness

Website

The results of your questionnaire will be saved to Health.



Someone To Respond: Mobile Crisis Teams

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- SAMHSA Expectations include-
- Use of two-person mobile crisis team method 24/7/365
- Respond to people where they are in the community (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times
- Inclusion of licensed and/or credentialed clinician capable of assessing the needs of the individual
- Connect individuals to facility-based care as needed through warm hand-offs and coordinate transportation when situation warrants transfer to other locations
- Best practices also encourage incorporating certified peers (CPS/CRS) within the mobile crisis team

Mobile Crisis (Continued)

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Mobile Crisis Tour- OMHSAS met with 42 licensed Mobile Crisis providers and County staff between April 2024 and April 2025 in order to-

1) Assess the current landscape of mobile crisis in the various pockets of the Commonwealth

2) Discuss opportunities for enhancement where needed to move toward alignment with SAMHSA expectations

3) Listen to challenges and barriers in meeting those expectations

Mobile Crisis (Continued)

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Challenges and Barriers: The top challenges and barriers expressed included:

1) Lack of availability of licensed professionals

2) Lack of funding / staffing challenges in meeting two-person teams 24/7

3) Availability / use of peers on mobile teams

- SAMHSA Expectations include:

1) Acceptance of all referrals
2) Not requiring medical clearance prior to admission but rather assessment and support for medical stability while in the program
3) Design of services to address mental health and substance use crisis issues
4) Employing capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway to transfer the individual to more medically staffed services if necessary
5) Be staffed at all time 24/7/365 with a multidisciplinary team including:
    a) Psychiatrists or psychiatric nurse practitioners (telehealth may be used)

b) Nurses

c) Licensed and/or credentialed clinicians capable of completing assessments in the region

d) Peers with lived experience similar to the experience of the population served

6) Offer walk-in and first responder drop-off options

7) Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy to first responders

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- Pennsylvania has chosen to refer to the 23-hour Crisis Receiving Facilities as Emergency Behavioral Health Walk-in Centers
- There are currently 48 Walk-in Centers with 82 locations licensed under our 1993 requirements. OMHSAS is currently in the process of assessing how many of these Centers look to meet the proposed revised crisis regulations.
- OMHSAS providing ARPA funding in 2021 to 5 grantees of Walk-in Centers meeting the SAMSHA model
- OMHSAS also provided another round of funding this year to 5 additional grantees of Walk-in Centers meeting the SAMHSA model

What's Needed

- Crisis Intervention Regulations
- Commitment of sustained funding to meet the SAMHSA model
- Parity from Commercial Insurance Payors
- Time – System Transformation

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Balancing the SAMHSA vision and what works for Pennsylvania

Impact of Change

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Who does it impact?

- Individuals, including adults, youth, and children, who receive behavioral health crisis intervention services.
- Current and new providers of crisis intervention services by modality:

1993 Modality Name	Chapter 5250 Modality Name	Providers	Locations
Telephone	Crisis Call Centers	35	
Mobile Crisis	Mobile Crisis	43	77
Medical Mobile Crisis	Medical Mobile Crisis	2	2
Walk-In Centers	Emergency BH Walk-In Centers	48	82
Residential	Crisis Stabilization Unit Services	21	23

Major Changes: Staff and Staff Training

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- **Staffing Changes**
  - Recognize Physicians Assistants as Medical Professionals
  - Newly add a category of “CIS Licensed BH Professionals”
  - Enhanced the role of RNs
  - Permit Certified Peers professionals to work as CIS BH Workers
- **Establishes Consistent Training Requirements**
  - Many of the required trainings will be available free of charge on MyOMHSAS

Modality Updates: Call Centers and Mobile

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- **Crisis Call Center Services**
  - Requires 24/7/365 operations
  - Acknowledge the role of text and chat in addition to phone calls.
  - Requires a licensed professional on duty 24/7/365 to dispatch mobile crisis*
- **Mobile Crisis Team Services**
  - Requires 24/7/365 operations
  - Requires deployment into the community
  - Requires two-person teams for most responses*
- **Medical Mobile Crisis Team Services**
  - Requires 24/7/365 operations
  - Requires a working medical professional (MD/PA/CRNP) 24/7/365

Modality Updates: Walk-In and Stabilization

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- **Emergency BH Walk In Centers**
  - Requires 24/7/365 operations
  - Ability to accept law enforcement and first responder drop offs
  - Ability to accept both voluntary and involuntary individuals
  - Availability of a physician 24/7/365 (can be on call through telehealth)
- **Crisis Stabilization Unit Services (formerly Crisis Respite)**
  - **I**ncreases length of stay from 120 hours (5 days) to 168 hours (7 days)
  - Retains 48-hour extension option
  - Maximum capacity expanded to 16 beds
  - Creates option for peer run CSUS without the need for waivers.

Regulations Update: Comment Period

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- **Comments are open through November 17, 2025**
- **IRRC #14-557 Package Available here:** https://irrc.state.pa.us/regulations/RegSrchRslts.cfm?ID=3475
- **Comments can be submitted to:**

RA-PWCRISISSRVSREGS@pa.gov