

NO. 5: EFFECTIVE COORDINATION BETWEEN CRISIS SERVICES AND UPSTREAM SUPPORTIVE HOUSING AND SUPPORTED EMPLOYMENT PROGRAMS

Because behavioral health, housing, and employment service systems often operate independently of one another, system leaders must take steps to ensure cross-system coordination.

Background

Housing and economic security are widely acknowledged as [social determinants of health](#) (SDOH). Homelessness and housing instability are highly correlated with mental health and substance use conditions. Individuals with behavioral health conditions often face special barriers to housing and employment. Yet because behavioral health, housing and employment service systems often operate independently of one another, system leaders must take steps to ensure cross-system coordination – particularly for individuals who experience behavioral health crises. Providers within all these systems should employ culturally responsive and evidence-based practices to respond to such individuals. Culturally responsive services are imperative as those who identify as Black, African American, or American Indian/Alaska Native are overrepresented among people experiencing homelessness. Making housing, employment, and other supports more accessible to BIPOC communities can help address important SDOH, reduce crisis risk, and support recovery.

Key Program Features and Strategies to Support Crisis Prevention, Mitigation, and Recovery

Culturally tailored crisis planning and crisis assessment capabilities must be integrated throughout behavioral health, housing, supported employment, and homelessness systems. Staff members of these service systems should reflect the client population racially and ethnically, and should utilize [cultural humility](#) practices. These systems should incorporate peer providers with lived experience of homelessness and behavioral health conditions into service provider teams. To respond to the needs of individuals and to support crisis mitigation, these systems must ensure that individuals are proactively engaged in community-based settings. Providers must ensure the appropriate response to individuals experiencing a crisis regardless of their location (i.e., unsheltered in encampments, in vehicles, temporarily residing in shelters, or in permanent housing) and these services must be available 24 hours a day, 7 days a week. For behavioral health and homeless services systems to fully realize this goal, the leaders of crisis services, upstream supportive housing, and supported employment programming will need to coordinate and/or integrate their programs. See below for additional Key Program Features and Strategies.



The NASMHPD - TTI Knowledge Bites [webinar series](#) was produced by the [National Association of State Mental Health Program Directors](#) in 2023. Each webinar is accompanied by a Knowledge Bite summarizing recommendations, community examples, and resources.

Additional Key Program Features and Strategies

CRISIS SYSTEM	SUPPORTIVE HOUSING PROGRAMS	SUPPORTED EMPLOYMENT PROGRAMS
Require follow-up care to support warm handed referrals to housing and employment programs.	Ensure individualized crisis plans and utilize Wellness Recovery Action Plans (<u>WRAP</u>) to enhance support, to promote wellness and mitigate crisis.	Ensure individualized crisis plans and utilize <u>WRAP</u> to enhance support, promote wellness, and mitigate crisis.
Promote active coordination of care with upstream services through clinical conferencing and real-time communication, as appropriate.	Utilize low client to staff caseload ratios so that comprehensive services are available in a timely manner.	Maintain ongoing coordination with clinical treatment team and housing providers and adjust the cadence as needed.
Engage in cross-training opportunities with housing and supported employment program providers and create bi-directional referral systems with U.S. Department of Housing and Urban Development (HUD) homeless Continuums of Care (CoCs) and vocational rehabilitation divisions.	Review and adjust service frequency and intensity of services based on individual's needs.	Ensure identified protocols for coordination during a crisis, including when and how to connect with crisis services.
Utilize a “no wrong door” approach to crisis response.	Orient supportive housing providers to crisis service coordination protocols and create relationships with local crisis providers.	Train supported employment providers in identification of crisis risk factors and offer adjustments to employment supports as needed.

Recommendations

- As states enhance their behavioral health crisis response systems to support successful implementation of the 988 Suicide & Crisis Lifeline, State Behavioral Health Authorities (SBHAs) should commit to culturally responsive supportive housing and supported employment that utilize evidence-based and evidence-informed practices within their systems to address SDOH, reduce crisis risk, and support individuals in their recovery.
- SBHAs should utilize contracting and regulatory standards to ensure that crisis providers engage in cross-system training and coordination with supportive housing, supported employment, and homelessness systems, including CoC providers, vocational rehabilitation divisions, and local Individual Placement and Support providers.
- Design policies, regulations, service definitions, and performance monitoring to 1) reinforce key features of the provided services that make them effective in crisis prevention, mitigation, and recovery, and 2) ensure their alignment and coordination with the crisis response system.
- Equip supportive housing and supported employment providers with guidance, tools, and protocols, and offered training and technical assistance to effectively assess, plan for, and intervene to prevent and resolve crises. Train them on protocols for accessing local crisis systems and services. Offer peer providers supportive supervision that meets the specific needs of peers helping peers.
- SBHAs and providers should invest in recruiting and retaining a diverse, culturally responsive workforce, and should partner with trusted community leaders who can help engage BIPOC providers both in upstream services that improve SDOH and reduce crisis risk, and in crisis services.

Additional Resources

- **SAMHSA**
[Coordinating Systems of Care to Provide a Comprehensive Behavioral Health Crisis Response to Individuals Experiencing Homelessness](#)
- **TAC**
[Boosting the Power of Harm Reduction: Creating a Comprehensive and Culturally Responsive System of Care Serving People Experiencing Homelessness with Substance Use Disorders](#)
- **National Association of State Mental Health Program Directors**
 - [Effective Behavioral Health Crisis Care for Individuals Experiencing Homelessness](#)
 - [The Role of Supportive Housing, Case Management, and Employment Services in Reducing the Risk of Behavioral Health Crisis](#)

