

CSR-TTAC EBP WORKSTREAM

Building a Crisis Response System on What Works: The Case for Follow-Up Care

Imagine a crisis response system built on what works. What if every response in a crisis setting was not only compassionate, but also effective, reliable, and backed by evidence? Imagine a future where crisis workers can draw upon strategies that are supported by research, strengthened by professional expertise, and responsive to the needs of communities. A future where every action is grounded in evidence and adapted to meet those experiencing a crisis where they are at.

EVIDENCE-BASED PRACTICES: ESSENTIAL TOOLS AND CHALLENGES IN CRISIS RESPONSE

Behavioral health crisis systems in the United States are rapidly evolving as the demand for crisis services grows in response to a high national prevalence of depression, overdoses, suicides, and behavioral health needs.^{1,2,3,4} According to the CDC, 12.8 million adults seriously thought about suicide, 3.7 million made a plan, and 1.5 million attempted suicide, resulting in over 49,000 people dying by suicide in 2023.⁵ Demonstrating the demand for crisis services since its launch in 2022, the 988 Lifeline has fielded nearly 18 million contacts, including over 12 million calls, 3 million texts, and nearly 3 million chats.⁶

As behavioral health systems adapt to growing demand and evolving expectations, the pressure to deliver timely, effective, and compassionate care is greater than ever. Put simply, the stakes are high as lives, families, and communities depend on our ability to respond and deliver services. Having tools and practices that work and making sound decisions regarding what tools and practices to adopt and implement at the local level is essential.



In the evolving landscape of behavioral health crisis response, the terms “evidence-based practices” (EBPs) and “evidence-based practice” (EBP) are often used interchangeably, but they actually refer to distinct concepts. Understanding the difference is key to building systems that are both scientifically sound and responsive to individual needs.

EBPs are specific interventions or programs that have been tested and proven effective through rigorous scientific research. These practices are typically manualized, replicable, and supported by multiple peer-reviewed studies showing positive outcomes.

Examples of EBPs used in behavioral health crisis care include:

Motivational Interviewing
for clients in substance use crises

Safety Planning Intervention
for individuals at risk of suicide

Cognitive Behavioral Therapy (CBT)
for anxiety and depression

Assertive Community Treatment (ACT)
for severe and persistent mental illness

In short, EBPs represent the “what” or the actual interventions implemented that have a solid track record of success.

In contrast, evidence-based practice is a decision-making framework. It is not a single intervention or protocol, but rather a structured process of clinical reasoning that integrates:

- Best available research evidence
- Client or family values, goals, and preferences
- Provider expertise and contextual knowledge

This three-part model (figure at right), adapted from the field of evidence-based medicine,⁷ helps providers choose, adapt, and apply interventions—including EBPs—in ways that make sense for each unique individual or situation.

So while an evidence-based practice might be the tool or practice (e.g., using the Crisis Now model), evidence-based practice is the approach used to decide whether, when, and how to use that tool or practice.

Currently, many crisis workers face barriers including limited training and a flood of emerging guidance and information on evidence-based practices and effective care. A recent survey found that 75% of behavioral health responders receive training only once per year, with many lacking confidence in their skills.⁸ While states recognize the importance of training, including in evidence-based tools and practices, they face shortages both with their workforces and availability of trainings.⁹ Further, frontline workers frequently carry heavy caseloads, managing high-acuity clients with complex trauma histories, suicide risks, and co-occurring disorders—often without adequate time or resources.¹⁰ As evidence and guidance rapidly emerge, practitioners are struggling to synthesize and implement recommendations effectively.

INTRODUCING SAMHSA’S 988 CSR-TTAC EVIDENCE-BASED PRACTICES (EBP) WORKSTREAM

SAMHSA’s 988 CSR-TTAC is launching the EBP Workstream, a new initiative designed to bridge the gap between research and real-world crisis response. The EBP Workstream will cut through the noise, highlighting practices and tools that are both effective and practical, grounded in SAMHSA’s most recent guidance, and informed by emerging



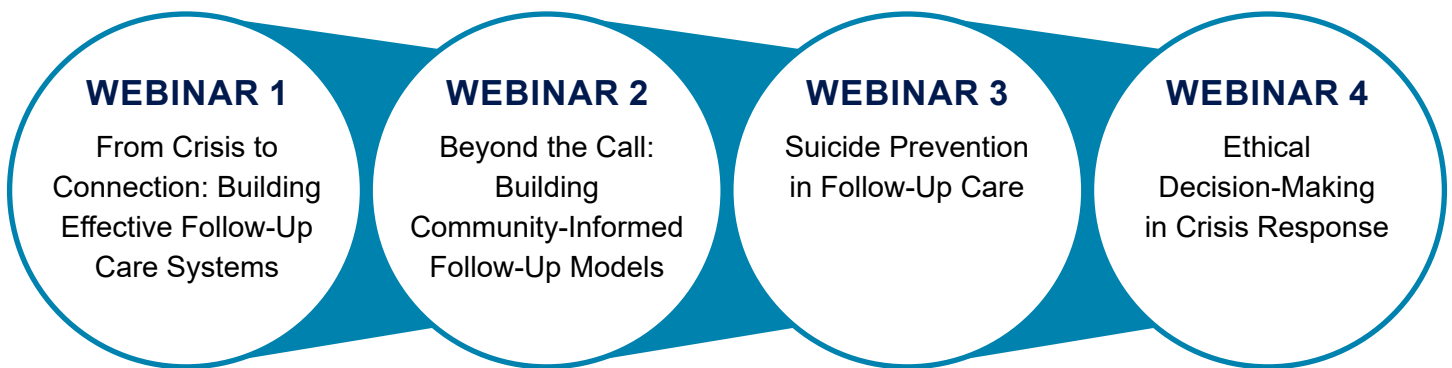
innovations from the field. Each webinar will equip crisis workers and leaders with actionable strategies that can be adapted as needed and applied to improve outcomes in their local communities. Through this effort, the EBP Workstream aims to promote higher quality of care and better outcomes among those served across the behavioral health crisis care continuum.

WHAT'S NEXT?

In the coming months, the EBP Workstream will host a series of workshops focused on follow-up care and ethical decision-making. Follow-up care is not just a recommendation but a standard that

should be planned for and occur at every point on the crisis continuum to ensure continuity, reduce risk of repeated crises, and build trust. Crisis services in behavioral health rely upon strong ethical standards to guide decisions and thoughtful, principled responses in the face of complex crisis situations. The series will host four webinars:

- From Crisis to Connection: Building Effective Follow-Up Care Systems,
- Beyond the Call: Building Community-Informed Follow-Up Models,
- Suicide Prevention in Follow-Up Care, and
- Ethical Decision-Making in Crisis Response.



Through this series, we will introduce participants to key concepts of follow-up care and explore how timely, person-centered follow-up care can improve engagement, continuity of care, and improve outcomes for individuals using crisis services. We will begin by looking at how we can support building effective follow-up care systems and use community-informed practices that meet the needs of individuals and communities served. Then we'll apply these concepts to suicide prevention, exploring how to employ and strengthen safety planning and risk monitoring and utilize warm handoffs between levels of care. We will conclude the series with an overview of ethical principles and their application in guiding decision-making in crisis response.

The EBP Workstream will support follow-up care and ethical decision-making by:

- Sharing real-world stories from experts and crisis workers who have implemented evidence-based practices and strategies.

- Providing tools and templates for integrating EBPs into daily workflows.
- Offering interactive webinars to deepen skills and connect peers.

We recognize each community has its own unique identity and individualized needs. We're excited to offer Office Hours after each webinar session to provide additional support to participants. Office Hours will provide an opportunity to connect and better understand individual needs so we can provide more appropriate resources and support.

STAY TUNED

Are you ready to move from "what works?" to "what works here, now, for us?" Join us as we build a future where every crisis response is informed, effective, and responsive to communities.

Be on the lookout for our upcoming webinar series!



CITATIONS

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- 7 Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: what it is and what it isn't. *BMJ*, 312, 71-72. doi: doi.org/10.1136/bmj.312.7023.71.
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