

## FROM PLANNING TO PRACTICE:

# Insights from a Survey of Crisis Stabilization Centers

**JANUARY 2026**

*Ashley Krider, MS, Policy Research Associates*

## Context

Crisis stabilization or crisis triage centers are facilities designed to provide immediate, typically short-term care and support for individuals experiencing mental health, substance use disorder, and other co-occurring needs. There is a wealth of public-facing resources focused on creating a robust behavioral health care continuum and the integral role that crisis centers play for individuals who may need a physical location to access care. However, minimal information exists comparing individual crisis centers and their operations. **This resource builds on existing publications by incorporating data from two surveys (2023 and 2025) of U.S. jurisdictions planning and operating crisis centers.** It contains specific and practical data regarding centers' service capacities, data collection and evaluation, staffing, funding, partnerships and collaborations, and critical challenges and lessons learned.

## Background

In early 2022, [Policy Research Associates, Inc.](#) (PRA) began hosting a virtual learning community of cities and counties planning and operating crisis stabilization centers. The group originated at the request of a single site and over three years grew to 95 representatives across 28 states.

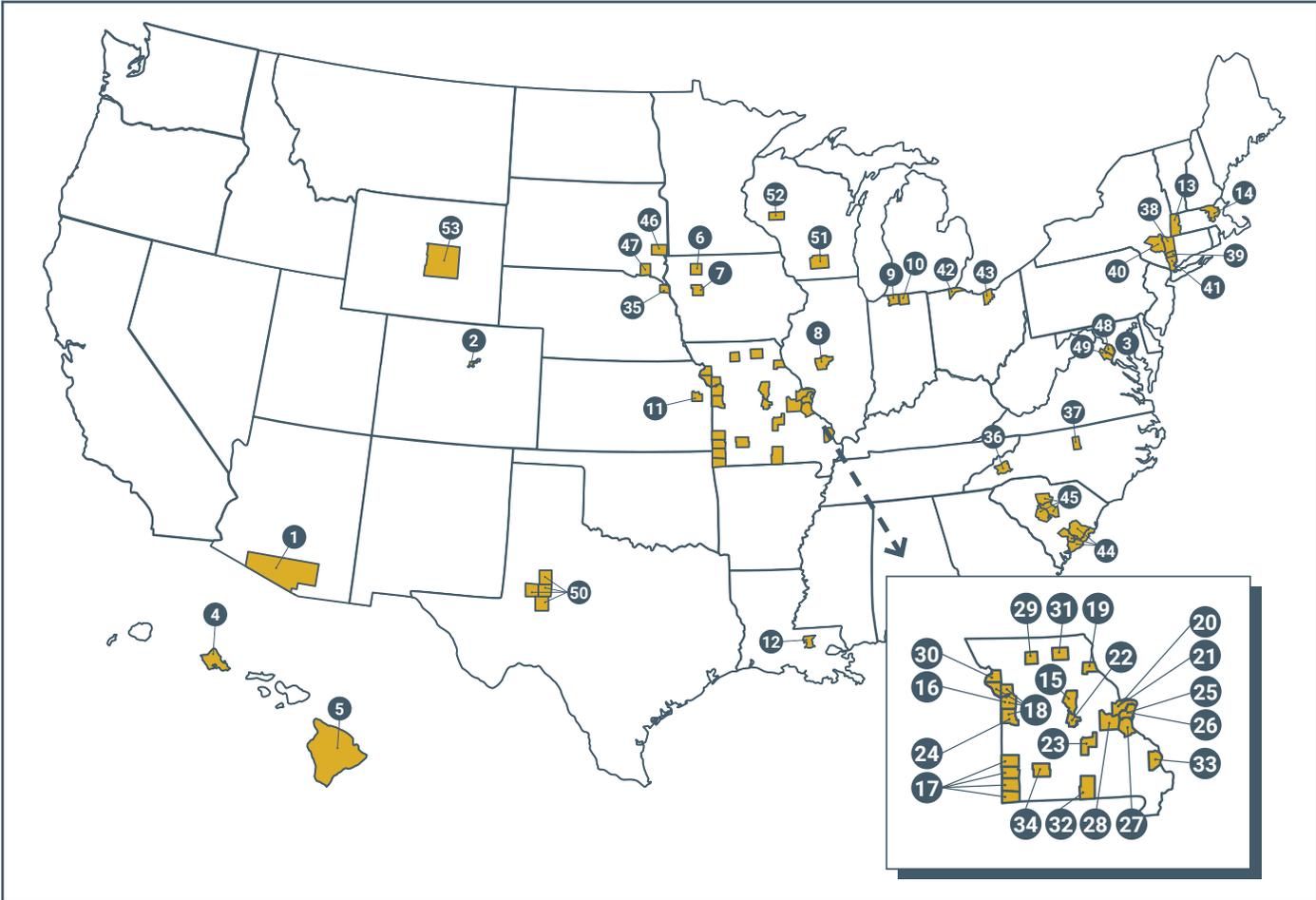
In 2023, PRA conducted a voluntary survey of the virtual learning community participants to learn more about their crisis centers. The survey's goals included facilitating peer-to-peer learning across centers, developing a "state of the service" snapshot, and highlighting the diverse landscape of crisis stabilization centers. In 2023, PRA received 31 total responses across 15 states, which were documented in a previously released [resource](#). In 2025, PRA revised the survey, primarily with

additional questions regarding sites' service capacity and data collection and evaluation metrics. PRA received 33 responses to the updated survey across 17 states. Nineteen (19) sites completed both the 2023 and 2025 surveys. **This resource incorporates data from the 64 total responses across both surveys, representing 53 unique planned or operational crisis centers in 21 states.**

## National Overview

There are 53 unique crisis stabilization centers represented in this report, 43 (81%) of which were open and operational as of November 2025 (see the map and table below). Operational centers that responded to the 2025 survey (the question was not asked in the 2023 survey), generally had a formal planning process of 2 to 5 years (48%), followed by 1 to 2 years (19%), and 7 to 12 months (15%). Only 11% of operational centers had a 6-month or less planning process and 7% spent longer than 5 years in planning before opening.

### Map of Counties Served



## CRISIS CENTERS BY COUNTY

	CRISIS CENTER NAME	LOCATION	Included in 2023 Survey	Included in 2025 Survey
1	Connections Tucson Crisis Response Center	<a href="#">Pima County, AZ</a>	✓	
2	Behavioral Health Solutions Center	<a href="#">Denver County, CO</a>		✓
3	TBD	Washington, DC		✓
4	Behavioral Health Crisis Center	Honolulu County, HI		✓
5	TBD	Hawai'i Island, HI		✓
6	Alex's Place	<a href="#">Clay County, IA</a>	✓	✓
7	Turning Point	<a href="#">Sac County, IA</a>		✓
8	Memorial Behavioral Health Center	<a href="#">Sangamon County, IL</a>	✓	
9	Behavioral Health Crisis Center	<a href="#">St. Joseph County, IN</a>	✓	✓
10	Behavioral Health Crisis Center	<a href="#">Elkhart County, IN</a>	✓	✓
11	Treatment & Recovery Center	<a href="#">Douglas County, KS</a>		✓
12	The Bridge Center for Hope	<a href="#">Baton Rouge, LA</a>	✓	✓
13	Brien Center Community Behavioral Health Center	<a href="#">Berkshire County, MA</a>		✓
14	Restoration Center of Greater Lowell	Middlesex County, MA	✓	✓
15	Columbia Behavioral Crisis Center	<a href="#">Boone County, MO</a>		✓
16	Behavioral Crisis Center	<a href="#">Jackson County, MO</a>		✓
17	Ozark Center	<a href="#">Jasper County, MO</a>	✓	✓
18	Kansas City Assessment & Triage Center	<a href="#">Jackson, Clay, Platte, and Cass Counties, MO*</a>	✓	✓
19	Crisis Stabilization Unit (CSU@146)	<a href="#">Marion County, MO</a>	✓	✓
20	Wentzville Behavioral Health Crisis Center	<a href="#">St. Charles County, MO (1)</a>	✓	✓
21	St. Peters Youth Behavioral Health Urgent Care	<a href="#">St. Charles County, MO (2)</a>		✓
22	Jefferson City Behavioral Health Crisis Center	<a href="#">Cole County, MO</a>	✓	✓
23	Rolla Behavioral Health Crisis Center	<a href="#">Phelps County, MO</a>	✓	✓
24	Raymore Behavioral Health Crisis Center	<a href="#">Cass County, MO</a>	✓	✓
25	Dunnica Sobering Support Center	<a href="#">St. Louis County, MO (1)</a>		✓
26	Behavioral Health Urgent Care	<a href="#">St. Louis County, MO (2)</a>	✓	✓
27	Festus Behavioral Health Crisis Center	<a href="#">Jefferson County, MO</a>		✓
28	Union Behavioral Health Crisis Center	<a href="#">Franklin County, MO</a>		✓

	<b>CRISIS CENTER NAME</b>	<b>LOCATION</b>	<b>Included in 2023 Survey</b>	<b>Included in 2025 Survey</b>
29	<b>Behavioral Health Crisis Center</b>	Grundy County, MO		✓
30	<b>Behavioral Health Urgent Care Center</b>	<a href="#">Buchanan County, MO</a>	✓	
31	<b>Behavioral Health Crisis Center</b>	<a href="#">Adair County, MO</a>	✓	
32	<b>Behavioral Health Crisis Stabilization Center</b>	<a href="#">Howell County, MO</a>	✓	
33	<b>Behavioral Health Crisis Center</b>	<a href="#">Cape Girardeau County, MO</a>	✓	
34	<b>Behavioral Crisis Center</b>	<a href="#">Greene County, MO</a>	✓	
35	<b>TBD</b>	Dakota County, NE	✓	✓
36	<b>Behavioral Health Urgent Care</b>	<a href="#">Buncombe County, NC</a>	✓	
37	<b>Behavioral Health Center</b>	<a href="#">Alamance County, NC</a>	✓	
38	<b>Stabilization Center</b>	<a href="#">Dutchess County, NY</a>		✓
39	<b>TBD</b>	<a href="#">Putnam County, NY</a>		✓
40	<b>Crisis Support Center</b>	<a href="#">Ulster County, NY</a>		✓
41	<b>TBD</b>	<a href="#">Westchester County, NY</a>		✓
42	<b>Crisis Care</b>	<a href="#">Lucas County, OH</a>	✓	✓
43	<b>Crisis Recovery Center</b>	<a href="#">Lorain County, OH</a>		✓
44	<b>Tricounty Crisis Stabilization Center</b>	<a href="#">Charleston County, SC</a>	✓	✓
45	<b>Midlands Crisis Stabilization Center</b>	<a href="#">Richland County, SC</a>	✓	
46	<b>The Link</b>	<a href="#">Minnehaha County, SD</a>		✓
47	<b>The CORE Center</b>	<a href="#">Yankton County, SD</a>	✓	✓
48	<b>Chantilly Crisis Stabilization Unit</b>	<a href="#">Fairfax County, VA</a>		✓
49	<b>Woodbridge Crisis Stabilization Center</b>	<a href="#">Prince William County, VA</a>		✓
50	<b>Mental Health Center</b>	Howard County, TX	✓	
51	<b>TBD</b>	Dane County, WI	✓	✓
52	<b>TBD</b>	Eau Claire County, WI	✓	
53	<b>Central Wyoming Counseling Center</b>	<a href="#">Natrona County, WY</a>	✓	✓

\*Kansas City Metro

Of the 53 crisis centers included in this report, 38 (72%) serve an area with a population of 500,000 or less. Ten (19%) serve an area with 500,000-1,000,000 individuals. Only 2 centers (4%) serve an area with a population of 1,000,000-1,500,000, and 3 centers (6%) serve an area with more than 1,500,000 individuals. Forty-six (87%) centers are based in community settings, including 22 (42%) at Certified Community Behavioral Health Clinics (CCBHCs) and 1 (2%) at a Federally Qualified Health Center (FQHC). Five (9%) of centers are located within general or psychiatric hospital campuses, 2 of which (4%) are also CCBHCs. Two planned centers (4%) had not yet confirmed settings as of the 2025 survey.

## CRISIS CENTER SETTINGS

	Operational as of 11/2025?	SERVICE AREA POPULATION				SETTING	
		Up to 500K	500K-1M	1-1.5M	Over 1.5M	Hospital Campus	Community*
1	Connections Tucson Crisis Response Center in Pima County, AZ	Y	✓				✓
2	Behavioral Health Solutions Center in Denver County, CO	N		✓			✓
3	TBD in Washington, DC	N	✓			CCBHC	
4	Behavioral Health Crisis Center in Honolulu County, HI	Y		✓			✓
5	TBD in Hawai'i Island, HI	N	✓				FQHC
6	Alex's Place in Clay County, IA	Y	✓				CCBHC
7	Turning Point in Sac County, IA	Y		✓			✓
8	Memorial Behavioral Health Center in Sangamon County, IL	Y	✓			✓	
9	Behavioral Health Crisis Center in St. Joseph County, IN	Y	✓				CCBHC
10	Behavioral Health Crisis Center in Elkhart County, IN	Y	✓				CCBHC
11	Treatment & Recovery Center in Douglas County, KS	Y	✓				CCBHC
12	The Bridge Center for Hope in Baton Rouge, LA	Y		✓			✓
13	Brien Center Community Behavioral Health Center in Berkshire County, MA	Y	✓				CCBHC
14	Restoration Center of Greater Lowell in Middlesex County, MA	N	✓				✓

		Operational as of 11/2025?	SERVICE AREA POPULATION				SETTING	
			Up to 500K	500K- 1M	1-1.5M	Over 1.5M	Hospital Campus	Community*
15	Columbia Behavioral Crisis Center in Boone County, MO	Y	✓					CCBHC
16	Behavioral Crisis Center in Jackson County, MO	Y		✓				CCBHC
17	Ozark Center in Jasper County, MO	Y	✓					CCBHC
18	Kansas City Assessment & Triage Center in Jackson, Clay, Platte, and Cass Counties, MO (Kansas City Metro)	Y				✓		✓
19	Crisis Stabilization Unit (CSU@146) in Marion County, MO	Y	✓					CCBHC
	Wentzville Behavioral Health Crisis Center in St. Charles County, MO	Y	✓					CCBHC
21	St. Peters Youth Behavioral Health Urgent Care in St. Charles County, MO	Y	✓					CCBHC
22	Jefferson City Behavioral Health Crisis Center in Cole County, MO	Y	✓					CCBHC
23	Rolla Behavioral Health Crisis Center in Phelps County, MO	Y	✓					CCBHC
	Raymore Behavioral Health Crisis Center in Cass County, MO	Y	✓					CCBHC
25	Dunnica Sobering Support Center in St. Louis County, MO	Y			✓			✓
26	Behavioral Health Urgent Care in St. Louis County, MO	Y			✓		✓	
27	Festus Behavioral Health Crisis Center in Jefferson County, MO	Y	✓					CCBHC
28	Union Behavioral Health Crisis Center in Franklin County, MO	Y	✓					CCBHC
	Behavioral Health Crisis Center in Grundy County, MO	Y	✓					CCBHC
30	Behavioral Health Urgent Care Center in Buchanan County, MO	Y	✓					CCBHC
31	Behavioral Health Crisis Center in Adair County, MO	Y	✓					CCBHC
32	Behavioral Health Crisis Stabilization Center in Howell County, MO	Y	✓				CCBHC	
33	Southeast Behavioral Health Crisis Center in Cape Girardeau County, MO	Y	✓					✓
	Behavioral Crisis Center in Greene County, MO	Y		✓				✓
35	TBD in Dakota County, NE	N	✓					CCBHC

		Operational as of 11/2025?	SERVICE AREA POPULATION				SETTING	
			Up to 500K	500K- 1M	1-1.5M	Over 1.5M	Hospital Campus	Community*
36	Behavioral Health Urgent Care in Buncombe County, NC	Y	✓					✓
37	Behavioral Health Center in Alamance County, NC	Y	✓					✓
38	Stabilization Center in Dutchess County, NY	Y	✓					✓
39	TBD in Putnam County, NY	N	✓					✓
	Crisis Support Center in Ulster County, NY	N	✓					✓
41	TBD in Westchester County, NY	N		✓				TBD
	Crisis Care in Lucas County, OH	Y		✓				✓
	Crisis Recovery Center in Lorain County, OH	Y	✓					✓
	Tricounty Crisis Stabilization Center in Charleston County, SC	Y		✓				✓
45	Midlands Crisis Stabilization Center in Richland County, SC	Y	✓				✓	
	The Link in Minnehaha County, SD	Y	✓					✓
	The CORE Center in Yankton County, SD	Y	✓					✓
	Chantilly Crisis Stabilization Unit in Fairfax County, VA	Y				✓		✓
	Woodbridge Crisis Stabilization Center in Prince William County, VA	Y				✓		✓
50	Mental Health Center in Howard County, TX	Y	✓					CCBHC
51	TBD in Dane County, WI	N		✓				✓
52	TBD in Eau Claire County, WI	N	✓					TBD
53	Central Wyoming Counseling Center in Natrona County, WY	Y	✓					CCBHC

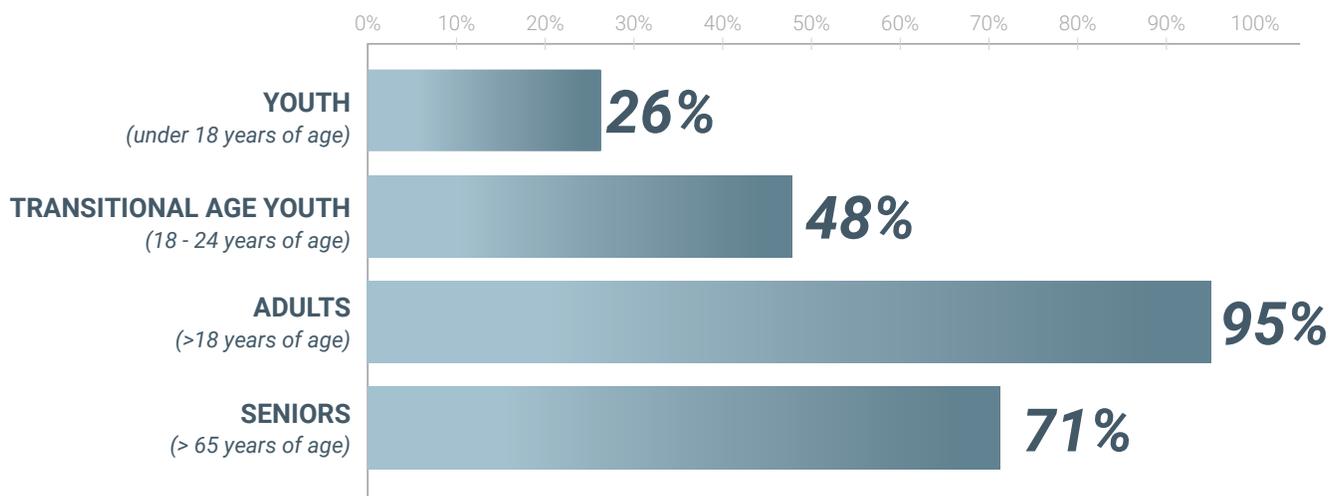
\*"Community" includes state and county agency buildings and notes Federally Qualified Health Centers (FQHCs) and Certified Community Behavioral Health Centers (CCBHCs) where indicated

## Service Capacity

Respondents to the 2025 survey (this question was not asked in the 2023 survey) were asked approximately how many clients they currently serve per month, or anticipated serving if not yet operational. Forty-one percent (41%) serve 101-250 clients per month, followed by 28% serving 251-300 clients per month. Fifteen percent (15%) of centers serve 50-100 clients per month, and 13% serve less than 50 clients per month. Only 3% of centers serve more than 500 clients per month.

## ? Which ages does (or will) your crisis center serve?

Almost all (95%) of crisis centers included in this resource serve adults ages 18 and older. Twenty-six percent (26%) serve youth under age 18, and 48% serve transitional age youth, defined in the surveys as ages 18-24. Seventy-one percent (71%) of centers also serve seniors ages 65 and older. At least one of the centers provides limited services to youth (e.g., urgent care) but only admits individuals 18 years and older.



## ? What is (or will be) your center's potential length of stay?

Many crisis centers have multiple potential lengths of stay (LOS), depending on programs and individuals' needs. Sixty-nine percent (69%) of the centers represented in this resource offer services with a LOS of 23 hours or less, such as immediate crisis observation and stabilization. Forty-nine percent (49%) of centers have programs with LOS greater than 23 hours. Twenty-five percent (25%) offer programs with LOS of 7 days or longer, while only 10% of centers have LOS of 30 days or longer.

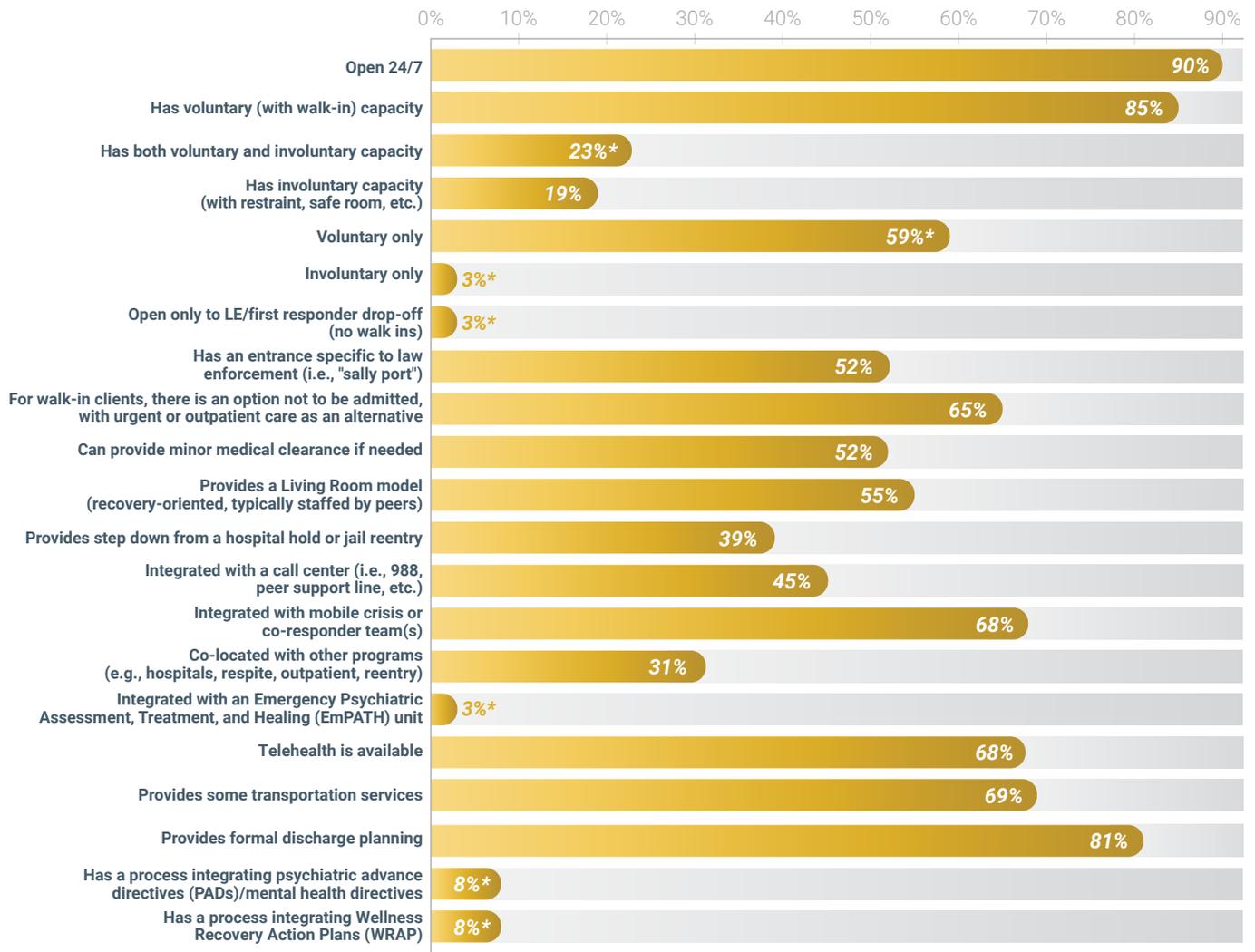
## ? What are or will be your crisis center's exclusionary criteria, if any?

About half (54%) of the crisis centers would exclude individuals exhibiting or at risk of violent behavior or who were non-ambulatory/unable to walk without assistance (43%). Sixteen percent (16%) of centers would exclude individuals who were intoxicated (often referring to a hospital or detoxification center, if available), with a few specific mentions of BAC limits over 0.1 or 0.3%.

Some centers may exclude individuals with medical or behavioral conditions that could not be safely managed within the center (13%), such as vitals outside of a stable range, or individuals

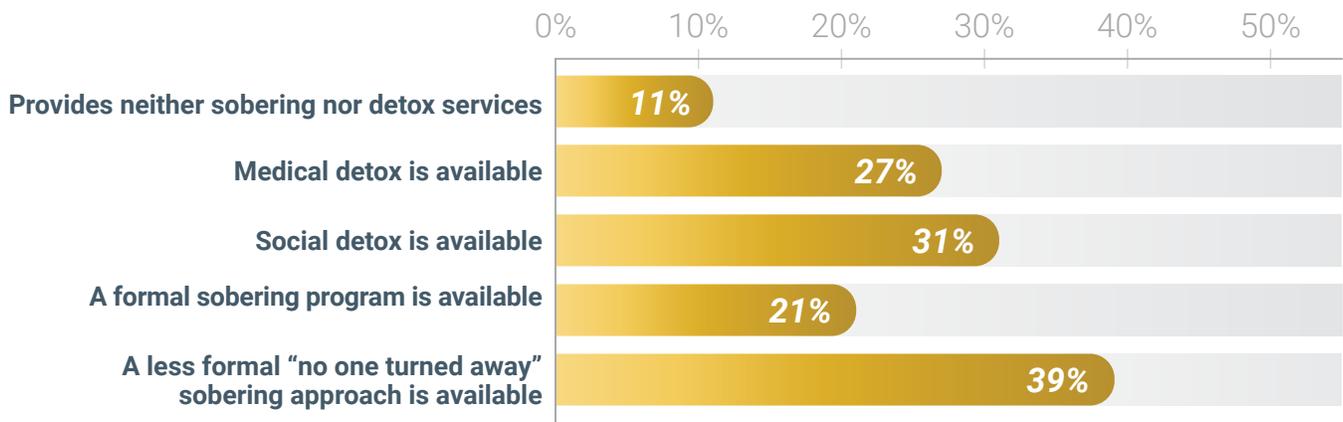
who are unable to complete self-care and Activities of Daily Living (ADLs) (7%). Some centers may exclude individuals with an intellectual or developmental disability as their primary diagnosis (11%) or who have a previous criminal history (11%), primarily sex offense convictions. Eight percent (8%) of centers might exclude individuals with current suicidal ideation and/or recent attempts, although medical clearance may allow individuals to receive services. Other less common exclusions were active community supervision on probation or parole (3%), confirmed pregnancy (2%), if the individual had been “kicked out” of the center previously (2%), or if they require 1:1 staffing for any reason (2%). Sixteen percent (16%) of centers stated that they had no exclusionary criteria.

### ? Which features below apply (or will likely apply) to the crisis centers?



\*Not specifically asked in the 2023 survey; data listed are for 2025 survey respondents only

Most (89%) of the crisis centers have some alcohol and drug sobering and/or detoxification capacity, with only 11% of centers offering neither. Thirty-one percent (31%) of centers provide a social detox model, while 27% provide more comprehensive medical detox support. Twenty-one percent (21%) offer a formal sobering program while 39% have a less formal (i.e., “no one turned away”) approach. Some centers may not have sobering/detox services directly onsite, but they are connected nearby or within the broader agency to facilitate access.



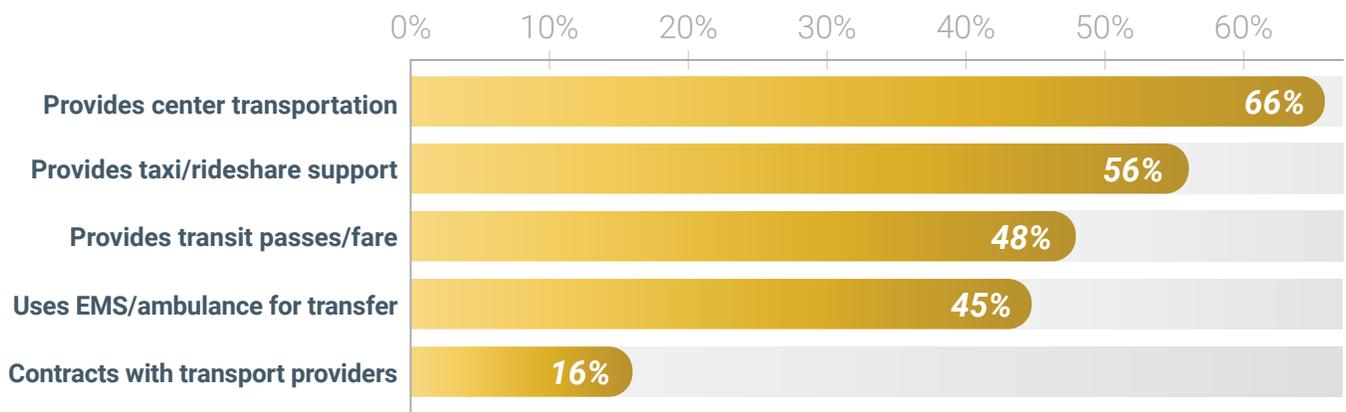
### Describe your bed capacity (or planned capacity) according to the services provided.

The crisis centers surveyed ranged from four total beds to 32. Specific designations included:

- Private exam rooms/medication administration areas
- Community rooms for quiet space
- Withdrawal management/detox/recovery beds
- Crisis unit lounge chairs or rooms, often for up to 23 hours
- Longer-term stabilization/residential beds
- Separate beds for harm reduction units
- Separate beds for respite care

## ? How are you handling (or planning to handle) transportation to or from your center?

When asked about transportation options to or from the crisis centers, many facilities reported using center-owned vehicles (66%), offering taxi or ride share assistance (56%), or providing public transportation passes or fare (48%). Forty-five percent (45%) utilize EMS/ambulance transport to higher levels of care, while 16% contract with other transportation services.



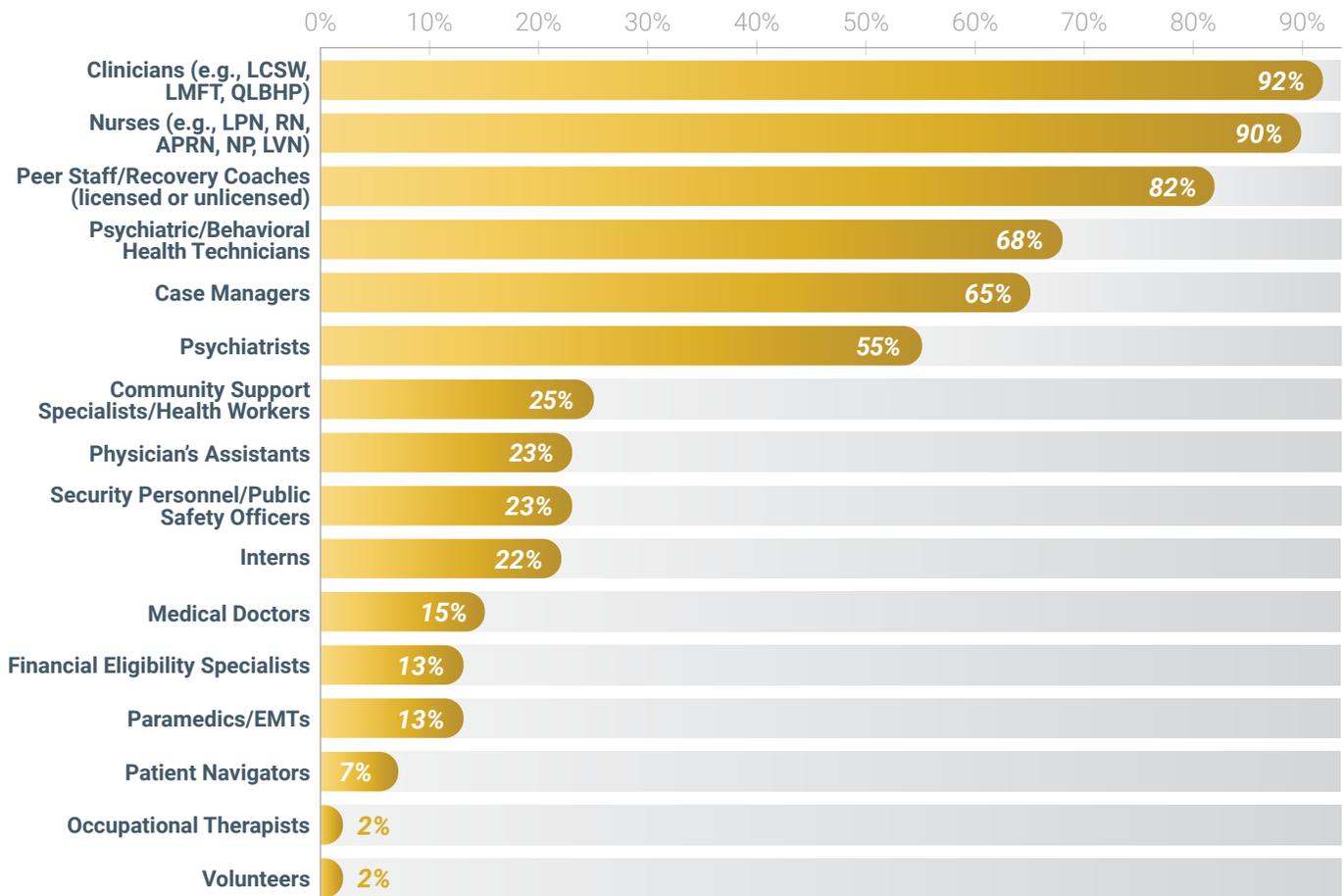
## Staffing and Partnerships

### ? What entity is (will be) your center's behavioral health and/or medical provider?

Seventy-five percent (75%) of crisis centers included in this resource currently contract or plan to contract with a non-profit organization or Certified Community Behavioral Health Clinic (CCBHC) to provide behavioral health and/or medical services. Seventeen percent (17%) engage or plan to engage in hospital or university collaborations. Seven percent (7%) of centers partner with county-run agencies such as mental health departments, while five percent (5%) utilize state-run agencies. Only two percent (2%) of centers contract with for-profit providers, while another 10% of respondents have not yet determined who their provider(s) would be.

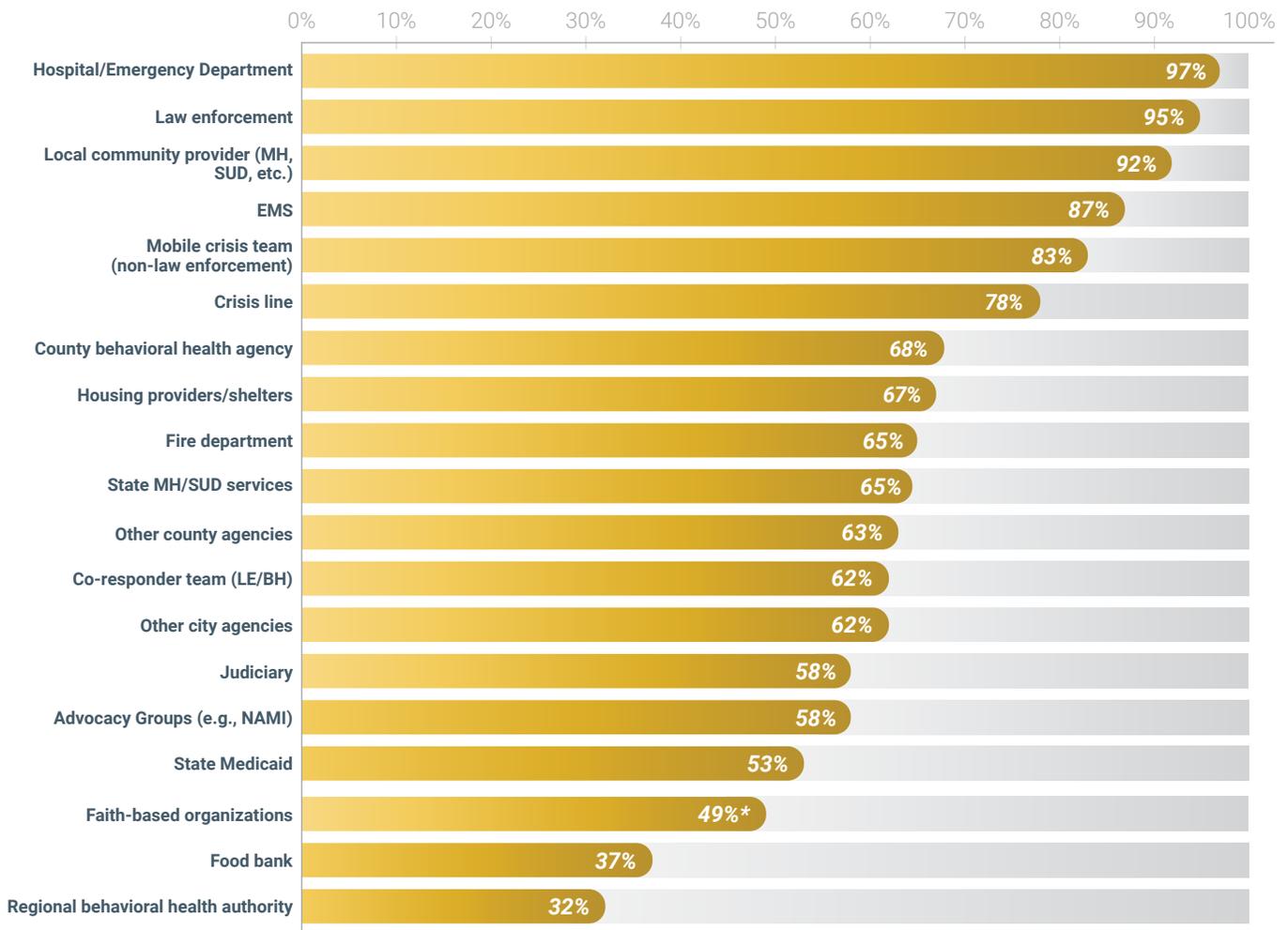
## ? How is the crisis center staffed, or how do you anticipate it will be?

The crisis centers included in this report show a significant diversity in staffing. Almost all centers (92%) employ or plan to employ clinicians (such as Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, and Qualified Licensed Behavioral Health Professionals) and nurses (90%). Eighty-two percent (82%) employ peer support staff or recovery coaches, some licensed, some not. The majority employ psychiatric or behavioral health technicians (68%), case managers (65%), and psychiatrists (55%). Twenty-five percent (25%) of centers employ community support specialists and health workers. Twenty-three percent (23%) employ physician’s assistants, and 23% employ public safety officers or other personnel for security purposes. Twenty-two percent (22%) utilize interns while only 2% include volunteers. Fifteen percent (15%) employ medical doctors, while 13% employ paramedics or EMTs. Another thirteen percent (13%) employ financial eligibility specialists. Small numbers of centers employ patient navigators (7%) and occupational therapists (2%). Individual respondents also mentioned recreational therapists and non-clinical administrative support staff.



## ? Which groups are partnering (or likely will) with the crisis center, whether formally or informally?

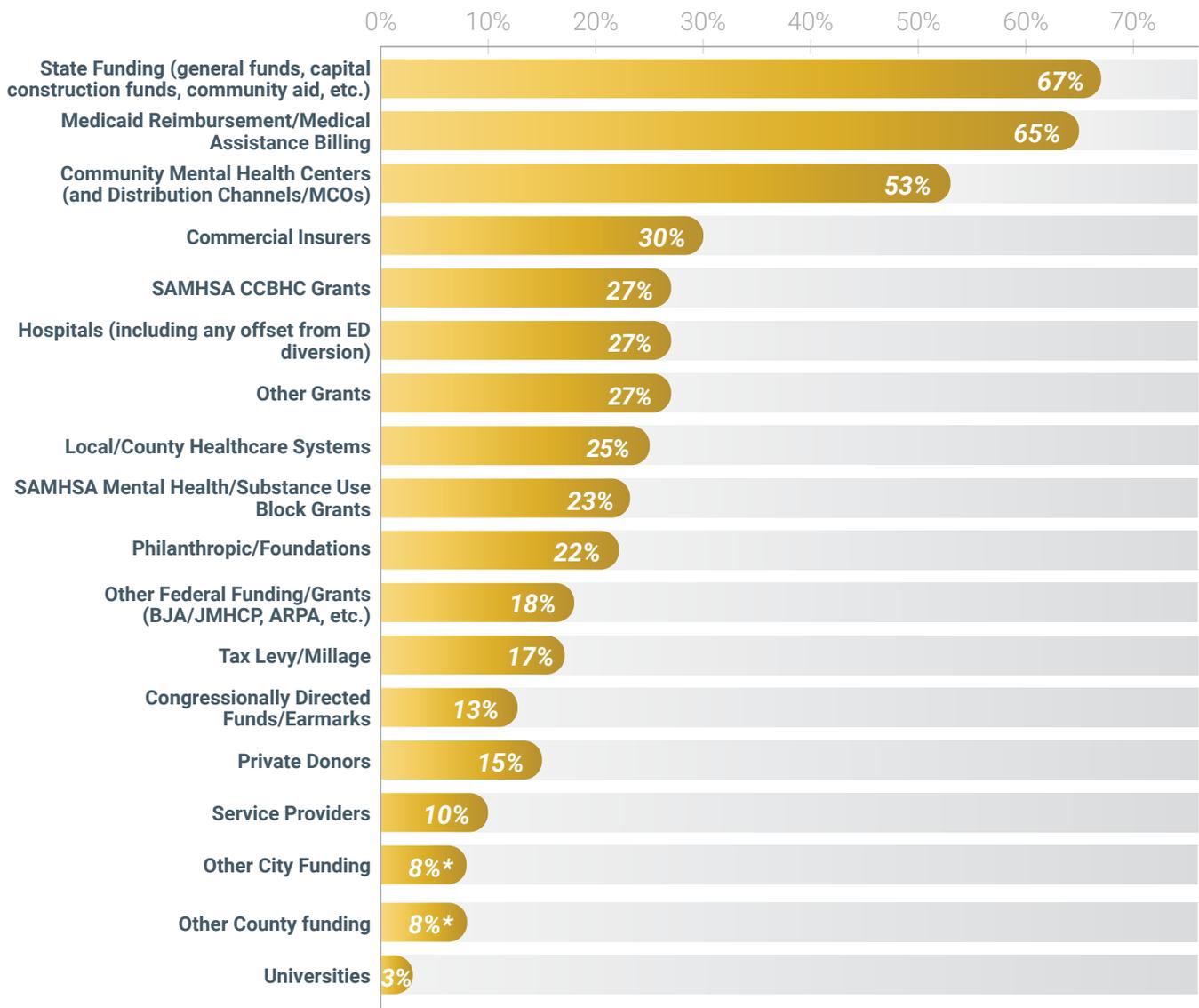
Almost all crisis centers included in this resource collaborate with hospitals/emergency departments (97%) and law enforcement (95%), or expect to, if they have not yet opened. Additional common partners are local community providers such as mental health or substance use (92%), EMS (87%), and mobile crisis teams that are separate from law enforcement (83%). Most centers also partner or plan to partner with crisis lines (78%), county behavioral health agencies (68%), housing providers and shelters (67%), fire departments (65%), state mental health and substance use services (65%), and other county and city agencies (63% and 62%, respectively). Sixty-two percent (62%) of centers partner or will partner with law enforcement/behavioral health co-responder teams, and 58% engage the judiciary. Fifty-eight percent (58%) also partner with advocacy groups such as the National Alliance on Mental Illness (NAMI). Some crisis centers collaborate with State Medicaid (53%), faith-based organizations (49%\*), food banks (37%), and regional behavioral health authorities (32%).



\*Not specifically asked in the 2023 survey; data listed are for 2025 survey respondents only

# Funding

Securing funding is a crucial aspect of operationalizing crisis centers. Program costs include start up (training, equipment, facilities) and ongoing management costs (personnel, contracted services, etc.). However, as [one economic analysis](#) of a regional crisis stabilization unit concluded, “in the setting of an epidemic of mass incarceration, the costs of establishing and maintaining a CSU may well be worth the investment.” The chart below shows how many crisis centers are receiving or exploring funding across various potential sources. Braiding and blending of funding streams, otherwise known as collaborative funding, is common across crisis centers. See *Additional Resources: Funding-Specific* below for more information on funding options to support crisis centers.

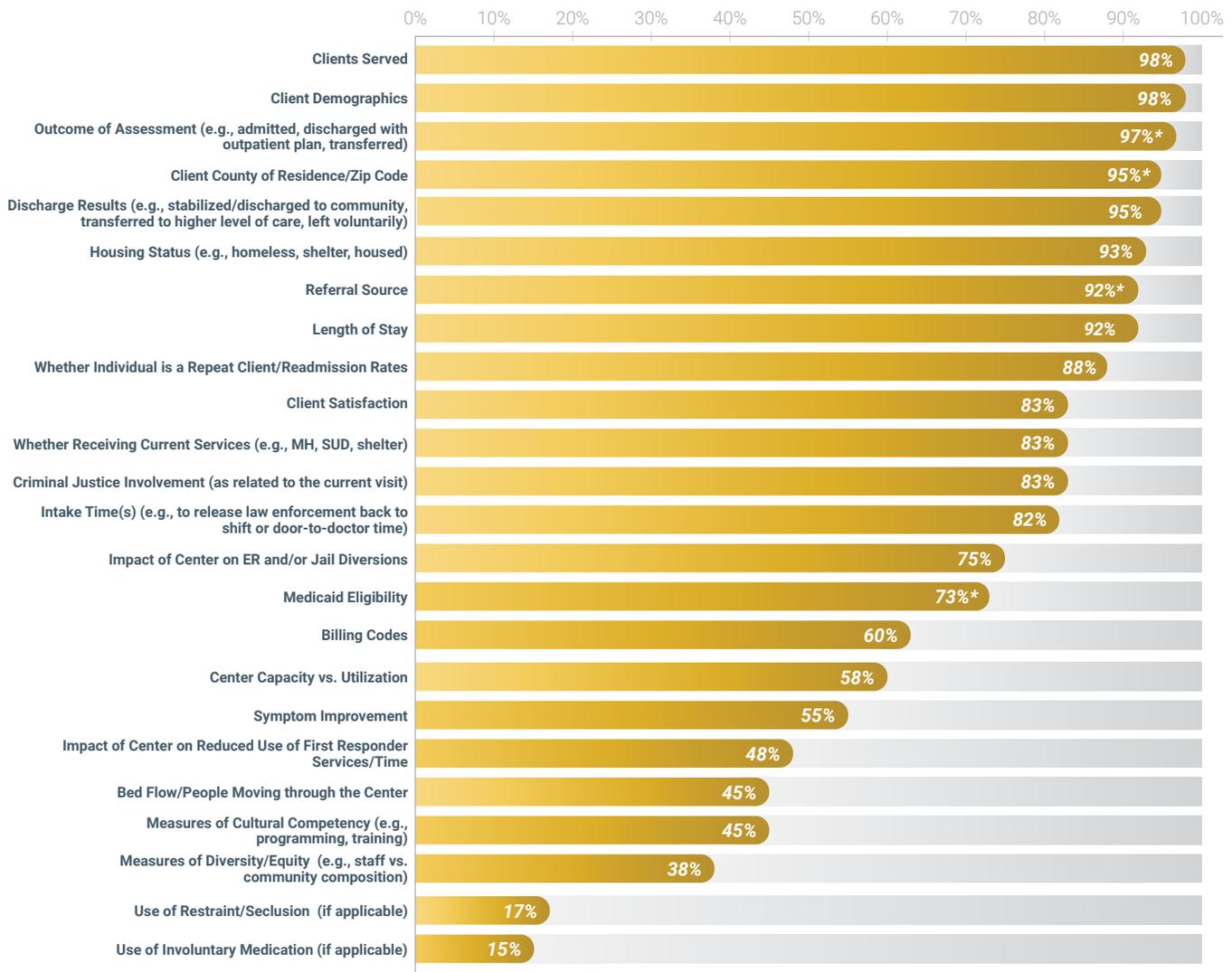


\*Not specifically asked in the 2023 survey; data listed are for 2025 survey respondents only

## Data Collection and Evaluation

Almost all (95%) respondents' centers collect or will collect data via electronic health records. Eighteen percent (18%) of centers utilize health information exchanges, and 13% include customized software such as iCentrix or myAvatar. While not a category included on the surveys, 17% of centers indicated they used manual tracking via paper or Excel.

Respondents were also asked about specific data metrics and performance indicators. The chart below shows how many crisis centers are collecting or planning to collect each indicator. Some states have public-facing crisis services data dashboards, including [Alabama](#), [Ohio](#), [South Dakota](#), and [Utah](#).



\*Not specifically asked in the 2023 survey; data listed are for 2025 survey respondents only



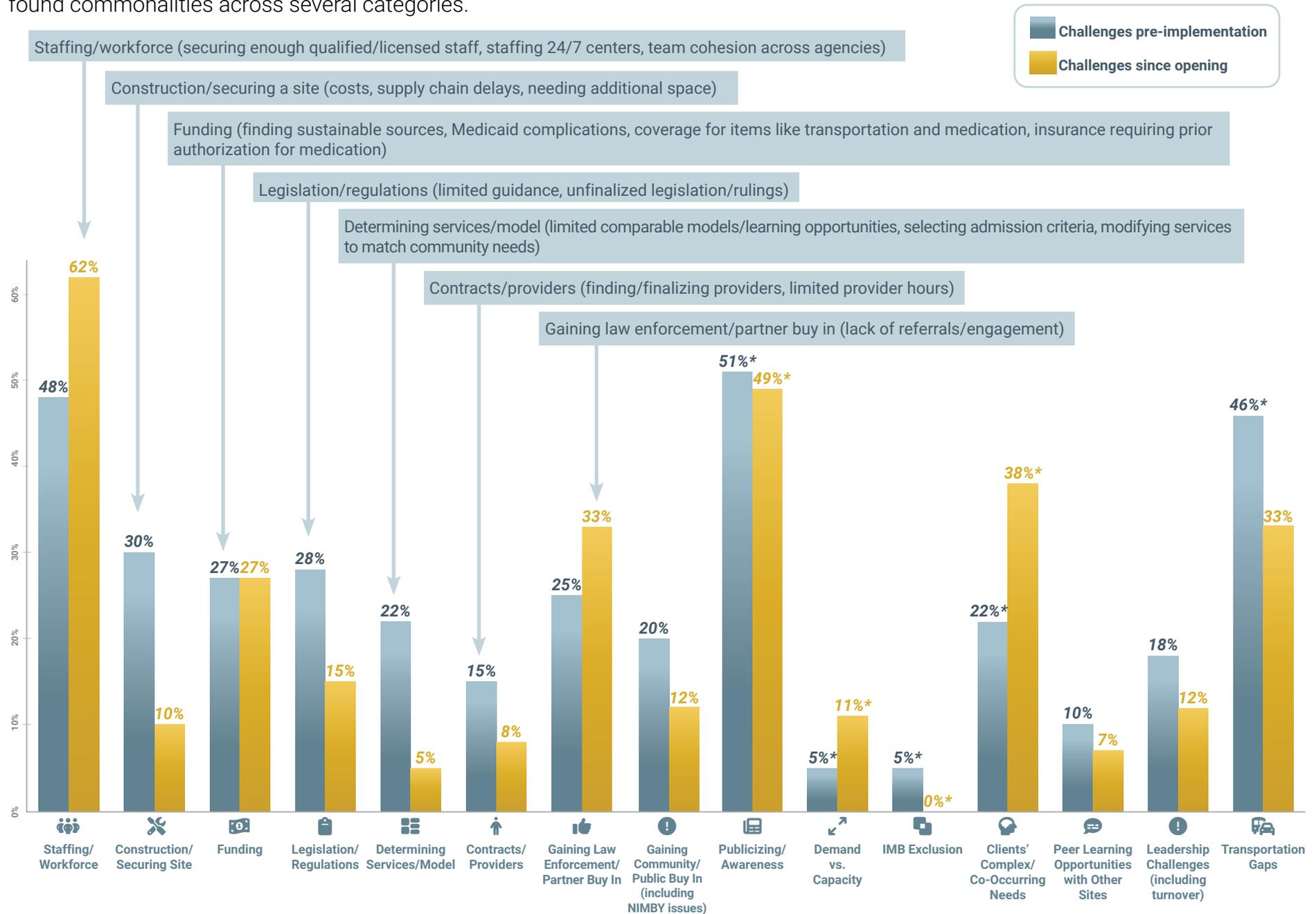
Additional metrics not listed in the survey but included by respondents are: the reason for a denial (exclusion criteria); the need for any law enforcement response; native language/any need for interpreter; and entry source (walk ins vs. EMS vs. law enforcement).

The surveyed crisis centers also provided insights into how their programs are evaluated and audited. Various methods are employed internally and externally, including:

- Agency oversight (e.g., mental health department)
- Conducting quality improvement/management audits, including clients and charts
- Review of client satisfaction surveys
- Formal state licensure or accreditation (e.g., by the Commission on Accreditation of Rehabilitation Facilities)
- Fidelity to evidence-based practice monitoring

# Lessons Learned

We asked sites about their most significant “pain points” or challenges both in planning and since implementation (if applicable) and found commonalities across several categories.



\*Not specifically asked in the 2023 survey; data listed are for 2025 survey respondents only



## Key Insights

- “Keeping the unit staffed is our most significant issue right now. We are not taking police drop-offs until we get fully staffed, and we’ve had huge challenges getting enough staff to work evenings and weekends.”
- “Trying to get sustainable Medicaid rates/codes, and for MCOs to understand the services and how they differ.”
- “Drain of resources and decreased capacity holding involuntary patients who are awaiting bed availability at state hospital.”
- “Not having peer learning groups such as these to learn and grow.”
- “Making sure we think of “everything” before opening.”

We also asked operational sites to describe any changes they would like to see in their centers. The most common responses centered around staffing, which is consistent with earlier data. Specific changes included covering staff shortages, increased staffing ratios and diversity (such as withdrawal and peer support), more competitive salaries, and better staff integration and communication across multiple agencies. Several respondents talked about expanding current services, which in some cases was tied to staffing capacity. They would like to see additional substance use-specific resources such as medical detox and increased after-care resources, particularly housing. Additional desired service expansion included for juvenile populations, offering an onsite pharmacy and Medicaid specialist, and better coordination with medical needs. Funding (including per diem rates), increased awareness for community members, higher utilization by law enforcement, and filling transportation gaps were also mentioned.

 Some sites offered specific advice for jurisdictions planning or implementing crisis centers:

“ Be patient and have active listening sessions with both internal and external stakeholders.

“ As you’re planning, document decision-making to level set and avoid having the same discussions repeatedly when new partners join.

“ Make sure the state Medicaid plan has sustainable rates in place before opening.

“ Create ongoing connections to other centers for support and education.

“ Make sure you are speaking to your neighbors, HOAs, and business groups constantly to avoid potential NIMBY and negative press effects.

“ Peer support is crucial!

“ Partner early and well with law enforcement.

“ Develop trusting relationships with your community partners and hospitals.

## Additional Resources

### General

- National Association of State Mental Health Program Directors Research Institute, Inc. (2025). [Behavioral Health Crisis System Outcomes and Information Technology, 2025](#).
- National Council for Mental Wellbeing. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- Arnold Ventures. (2020). [Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response](#).
- Substance Abuse and Mental Health Services Administration. (2025). [2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#).

### Funding-Specific

- Crisis Now. (2022). [Overview of Crisis Funding Sources Available to States and Localities](#).
- Crisis Now. (2022). [Sustainable Funding for Mental Health Crisis Services: Healthcare Crisis Service Coding Guidelines to Support Standardized Billing and Access to Coverage from All Insurers](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).

## Learn More

If your jurisdiction is planning or implementing a crisis stabilization center and is interested in joining PRA's bimonthly Operationalizing Crisis Centers virtual learning community, please contact Ashley Krider at [akrider@prainc.com](mailto:akrider@prainc.com).

## Citation

Policy Research Associates. (2026). *From planning to practice: Insights from a survey of crisis stabilization centers*. Troy: Author. <https://www.prainc.com/resources/crisis-stabilization-centers-2026/>

## Acknowledgments

This report was created with support from the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge initiative, which seeks to address over-incarceration by changing the way America thinks about and uses jails. More information is available at [www.SafetyandJusticeChallenge.org](http://www.SafetyandJusticeChallenge.org).