



COUNTY FUNDING OPPORTUNITIES TO SUPPORT COMMUNITY MEMBERS EXPERIENCING A BEHAVIORAL HEALTH CRISIS

County and local officials play a critical role in funding, implementing and coordinating a local behavioral health crisis continuum. To inform local decision making, NACo and NACBHDD developed a chart of funding opportunities across federal, state and county governments and non-government sectors. Counties can blend and braid these resources to build a robust, accessible and sustainable behavioral health crisis continuum of care that includes **someone to contact, someone to respond** and **somewhere safe to go**.



Scan the QR code to access the funding chart

Considerations

Crisis services cut across public safety, health care, education, public health and other sectors. Due to this broad nature, this resource includes funding focused on certain populations, like youth, and others that target a supportive piece of the continuum, like workforce or training.

BEHAVIORAL HEALTH CRISIS CONTINUUM OF CARE

Someone to Contact

The first part of a crisis continuum includes 24-hour staffed crisis call centers that provide immediate care and resources for individuals experiencing a behavioral health emergency. These call centers are equipped to take all calls/texts/chats, triage the immediate concern to assess additional needs and coordinate connections to care.

Someone to Respond

The second part of a crisis continuum includes mobile crisis teams (MCTs). Sometimes called crisis response teams or units, MCTs are community-based, face-to-face interventions that provide the least restrictive services to a resident wherever they are physically located. MCTs provide stabilization and treatment as well as deflect individuals away from the criminal legal system and emergency depart-

ments. These teams can include a combination of behavioral health clinicians, paramedics, peer support specialists, social workers and/or trained law enforcement.

Somewhere Safe to Go

The third part of a crisis continuum includes crisis receiving and stabilization centers that offer a different level of treatment than the options available over the phone or through an MCT when experiencing a behavioral health emergency. While the design and details vary, these centers often provide community members with access to out- and in-patient services, peer support networks, withdrawal management, medication adjustment, counseling, therapy and/or longer-term residential care. Many centers offer a dedicated first responder drop-off area and accept referrals and walk-ins.

A crisis response framework created by the Substance Abuse and Mental Health Services Administration (SAMHSA) recommends communities build infrastructure that provides **someone to contact (crisis lines), someone to respond (mobile crisis teams) and somewhere safe to go (crisis triage centers).**



**SOMEONE
TO CONTACT**

**SOMEONE
TO RESPOND**

**SOMEWHERE
SAFE TO GO**