



HOW COUNTY ELECTED OFFICIALS CAN SUPPORT CRISIS TRIAGE CENTERS:

A Place for Community Members to Go During
a Behavioral Health Emergency



KEY TAKEAWAYS

County elected officials can support community members during a behavioral health emergency by increasing access to services such as crisis triage centers. These centers offer residents a physical location to access stabilization, treatment and connections to community-based services. County elected officials can assist by:

DETERMINING THE NEED

through resource and process mapping to understand if a crisis triage center is appropriate

ENSURING COLLABORATION

across county agencies and community partners to best serve residents through integrated care, and

SECURING FUNDING

from federal, state, local and private sources to develop a center and sustain operations.

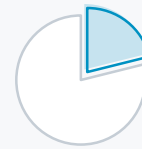
INTRODUCTION

Counties are using innovative ways to improve outcomes for residents with behavioral health conditions and reduce reliance on less effective, and sometimes more costly, response efforts. Nationally, people experiencing a behavioral health emergency account for one out of eight emergency room visits, and law enforcement officers spend at least 20 percent of their time helping community members in these situations.¹ As part of a robust [behavioral health continuum of care](#), crisis triage centers can offer residents somewhere to go for mental health and/or substance use treatment and connections to community-based providers. These centers may also serve as alternatives to arrest or hospitalization in certain circumstances.

Many counties are investing in crisis triage centers as part of the behavioral health continuum of care through national initiatives including [MacArthur Foundation's Safety and Justice Challenge](#), [Stepping Up](#) and [Familiar Faces Initiative](#). **By increasing access to crisis triage centers, counties can serve the needs of community members with behavioral health conditions, reserve emergency departments and law enforcement officers for other priorities and direct resources to improve community well-being.** This brief outlines the county elected official's role in planning, funding and developing crisis triage centers to support county residents experiencing a behavioral health emergency.



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



SOMEONE TO TALK TO

SOMEONE TO RESPOND

SOMEWHERE TO GO

WHAT IS A CRISIS TRIAGE CENTER?

Crisis triage centers provide **critical, timely and culturally appropriate services to community members** during a behavioral health emergency. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends these centers **adopt a “no wrong door” approach; provide multi-disciplinary services 24 hours a day, seven days a week; and offer connections to ongoing care.**²

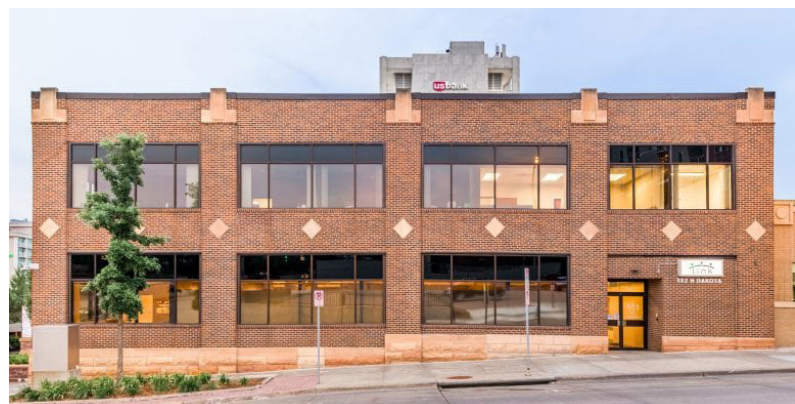
Typical services may include 23-hour observation, behavioral health assessments, medication management, substance sobering and detox, continued treatment over several days, peer support and/or case management. Centers may also co-locate community-based providers to support warm hand-offs after an emergency to continue a person’s recovery. Admittance to crisis triage centers is often voluntary, and centers prioritize the least restrictive interventions. These centers may accept walk-ins, provide law enforcement with an option to divert people away from jail and serve as alternatives to emergency department visits.


Some crisis centers or campuses incorporate standalone short-term residential beds or crisis stabilization units for people who need more observation and support. Other centers develop a blended model combining the above elements. Crisis triage centers can be standalone buildings or incorporated into existing mental health centers, hospitals or other healthcare facilities.

The type and function of a crisis triage center may vary based on identified community need, resource capacity and available partnerships with providers such as [Certified Community Behavioral Health Clinics](#) (CCBHCs). CCBHCs are community-based providers that receive flexible federal funding to provide behavioral health services and act as a connecting point to community-based resources.

About 79 percent of CCBHCs coordinate with hospitals and emergency departments to prevent avoidable admissions when residents experience a behavioral health emergency, saving \$39,000 per person annually.³ CCBHCs are often more accessible to communities with lower incomes and residents of color as they cannot reject or limit services by the patient’s ability to pay or location of residence and may provide telehealth and translation services as well as transportation through bus/cab vouchers or CCBHC-owned vehicles.⁴

Offering a single location or “campus” to access treatment and services, crisis triage centers can contribute to improved individual outcomes and address the underlying causes of a behavioral health emergency. Recognizing the benefits of these centers, elected officials can play an important role in helping determine the need for a potential center, ensuring collaboration and securing funding.





"A crisis stabilization center is not just a game-changer, it's a life saver, and it's critical to our local economy. Instead of flooding our courts and jails, we can dedicate ourselves to putting people back to work and most importantly back with their families. This is one of the most important decisions and investments this board will ever make to change lives in our county."

Matt Lundy, Commissioner, Lorain County, Ohio⁵

A COUNTY ELECTED OFFICIAL'S ROLE IN CRISIS TRIAGE CENTERS

Local elected officials can play an integral part in determining the need for a crisis triage center and supporting the subsequent steps to implementation. The decision to develop a crisis triage center can take several years and support across agencies and stakeholders. One element to success is leadership and direction from elected officials. As trusted members of the community who have a pulse on residents' needs, elected officials can elevate those voices and spearhead the process.

DETERMINING THE NEED

County elected officials can serve as a driving factor in the process to determine if a crisis triage center is necessary and feasible for the community. Many counties utilize the [Sequential Intercept Model \(SIM\)](#) to identify resources and strategically plan for a behavioral health continuum of care that leverages existing support and fills gaps in need for their specific populations. After the review process, counties will be able to determine which elements of the [crisis continuum of care](#) are present and what additions would be most useful and timely.

*** ORANGE COUNTY, N.Y.** (Pop. 401,310) stakeholders recently convened to redesign the behavioral health continuum of care and determined a stabilization center was not necessary or feasible at the time.⁶ They made this determination based on existing services, geography and transportation concerns, law enforcement capacity and costs associated with staffing. The county's robust mental health services include a 24 hour, seven days a week crisis call center co-located with the 911 call center, mobile crisis teams enhanced with peer supports for intervention and follow up and two behavioral health urgent care facilities.

*** After conducting SIM mapping, MINNEHAHA COUNTY, S.D.** (Pop. 197,214) stakeholders prioritized building a crisis triage center.⁷ Between June and September 2021, the center received more than 1,000 visits and decreased incarceration for people under protective custody in jail by 60 percent.⁸

*** Through several needs assessments over 20 years, KITSAP COUNTY, WASH.** (Pop. 275,611) officials recognized a behavioral health treatment gap existed, but funding remained a challenge.⁹ With guidance from an advisory committee, the county enacted a one-tenth of one percent sales tax for mental health services, enabling county commissioners to dedicate \$1.7 million to create the center.¹⁰ In the first year of operation, the center assisted 448 people and contributed to a 21 percent reduction in emergency room usage and 80 percent decrease in jail time for clients served.¹¹

*** In DOUGLAS COUNTY, KAN.** (Pop. 118,785), county commissioners and residents with lived experience serve on a board of directors to guide the [Treatment and Recovery Campus](#) slated to open in Fall 2022.¹² Douglas County invested approximately \$10.5 million to build the center, funded in part by a voter-approved, quarter-cent sales tax.

- * Recognizing that **CHATHAM COUNTY, GA.** (Pop. 295,291) spent nearly 50 percent of its annual operating budget on the local criminal legal system with recidivism rates near 50 percent, elected officials leveraged the national [Stepping Up initiative](#) to create an alternative to jail.¹⁴ The Gateway Behavioral Health Crisis Center opened in June 2020.¹⁵ The state provided a majority of the \$7 million funding, and the county contributes \$700,000 annually for operating costs.¹⁶

Once a determination is made to open a crisis triage center, elected officials can continue to support the planning process to guide collaboration across the many partners involved in building and operating a successful center.

“When folks are in crisis they need a place to go where there’s no wrong door, where well-trained behavioral health experts are ready to help, and where the surroundings are safe and comfortable.”

Nancy Thellman

Commissioner, Douglas County, Kan.¹³

ENCOURAGING DATA COLLECTION AND INTEGRATION



Dane County, Wis. County Executive Joe Parisi announces funding to construct a crisis triage center

Data collection and integration are critical in every step of the research, development and implementation phases. **Elected officials can encourage stakeholders to conduct and use assessments to determine the need for a center and who can be served most effectively.** Stakeholders can leverage and report on data when the center is operational to evaluate services and outcomes to identify improvements and prioritize resources.

- * After dedicating \$10 million to a crisis triage center in **DANE COUNTY, WIS.** (Pop. 561,504), the county executive tasked an external organization to conduct an analysis of needs.¹⁷ This assessment provided recommendations to optimize the center and improve behavioral health outcomes.¹⁸
- * Research conducted by the **SPRINGFIELD-GREENE COUNTY (MO.)** (Pop. 298,915) Health Department indicated a gap in crisis stabilization services.¹⁹ The county commission determined a Behavioral Health Crisis Center, certified as a CCBHC, would address this need best.²⁰ In the first 14 months of operation, the Center served more than 1,650 residents and saved first responders and medical providers an estimated \$4.4 million.²¹

ENSURING COLLABORATION

Coordination across stakeholders and agencies is critical in the crisis triage center development and implementation phases. **Elected officials can help build trust and partnerships by encouraging cooperation and communication.** Collaboration can help to highlight opportunities for partnership, direct resources to effective programs and engage community members. Law enforcement, local health care providers, community members, philanthropies, health departments and other stakeholders benefit when all are at the table to share their roles and perspectives. Often, this includes formal partnerships, working groups and intentional outreach to impacted community members. For example, many crisis triage centers serve as law enforcement drop-offs and alternatives to jail. Through partnerships between law enforcement and crisis triage center staff, this practice can help connect residents to appropriate treatment.

County elected officials can also work with and inform state leaders of the local barriers to access the behavioral health continuum of care and find opportunities for improvement. Intergovernmental coordination can help address and remove challenges associated with insurance, licensure and civil commitment statutes, for example.



Orange County, Calif. Supervisors and leaders open the mental health and wellness campus with a ribbon cutting ceremony.

- * **FRANKLIN COUNTY'S (OHIO)** (Pop. 1,323,807) [Mental Health and Addiction Crisis Center](#), scheduled to open in 2024, is a collaborative effort across county, state, hospital and philanthropic partners. Six planning committees, with county commissioners and community voices, drive the decision-making process. A group of community members with lived experience also guides development and service provision.
- * The Board of Supervisors in **ORANGE COUNTY, CALIF.** (Pop. 3,186,989) developed a public-private partnership between the county's health care agency and health insurer as well as several hospitals to develop the [Mental Health Center and Wellness Campus](#).²² The county invested \$16.6 million into the \$40 million project cost.
- * The **MECKLENBURG COUNTY, N.C.** (Pop. 1,115,482) Board of Commissioners designated mental health a top priority in 2020.²³ In partnership with local philanthropies, healthcare organizations, hospitals and law enforcement, the county has been a key funder and supporter of a new behavioral health urgent care facility opening in 2023.²⁴
- * With support from the sheriff and community members, the **ST. JOSEPH COUNTY, IND.** (Pop. 272,912) Council approved the use of American Rescue Plan Act (ARPA) Recovery Funds for a behavioral health crisis center.²⁵ Law enforcement views the crisis center as a way to reduce the jail population by 30 percent over the next three years and enhance community members' well-being.²⁶

Collaboration can help ensure services are not duplicated, residents feel supported and stakeholders are aligned on priorities. It also helps direct resources and funding to effective and necessary services.

PROMOTING EQUITY

Elected officials can center equity in decisions related to service provision, outcomes and access to eliminate racial and ethnic disparities. Communities of color have disproportionately low levels of access to behavioral health care; Asian, Black and Hispanic or Latinx adults with a mental health diagnosis are less likely to receive treatment or counseling than white, multiracial or LGBTQ+ adults.²⁸ To reduce disparate outcomes, **elected officials can center the voices of people with lived experience and help increase access for those with the greatest need.**

- * The **WASHINGTON COUNTY, ORE.** (Pop. 600,372) Board of Commissioners supported county staff in completing a local needs assessment and community planning process to determine the need for and feasibility of a comprehensive substance use treatment center. County staff engaged more than 200 people, many of whom had experience with substance use disorders and treatment recovery.²⁹ The county also hosted specific focus groups for Muslim, Black, Latinx, immigrant, refugee and LGBTQIA2S+ community members. These interviews emphasized the importance of offering culturally responsive services and supporting transgender and nonbinary residents.³⁰
- * **MILWAUKEE COUNTY, WIS.** (Pop. 939,489) leaders are creating a [Mental Health Emergency Center](#) as part of a strategy to achieve racial equity and redesign mental health services. The county relied on insight from clients, community partners, advocates and service providers as well as community conversations and online stakeholder surveys.³¹ The center aims to reduce health disparities, and the planned location is central to where many people seeking treatment reside. The county and local health systems will equally contribute to the \$18 million construction and start-up costs.

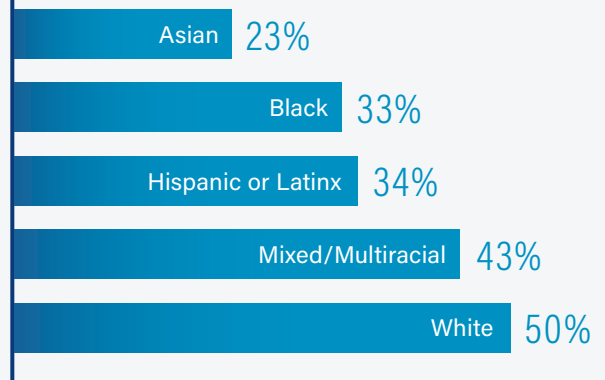
“Our vision in Milwaukee currently is that, by achieving racial equity we can become the healthiest county in the state of Wisconsin. And through this project, this takes us another step in the right direction to improve mental health services and improve the quality of life for Milwaukee County residents.”

David Crowley

County Executive, Milwaukee County, Wis.³²



Adults with a mental health diagnosis who received treatment or counseling within the past year



SECURING FUNDING

Crisis triage centers often require braided funding streams to support capital infrastructure and operations. Investing in a crisis triage center can benefit residents and community partners including hospitals, local service providers and public agencies. Because of this mutual benefit, it is often advantageous for all parties to financially contribute. **Elected officials may consider leveraging funding at each level of government and/or from hospitals and service providers for construction and operations.**

Federal Funding



Counties can access federal funding across several initiatives to support crisis triage centers. SAMHSA offers several funding opportunities, including block grants and dedicated resources to CCBHCs to carry out an array of comprehensive services.³³ The Department of Justice's Bureau of Justice Assistance also provides support for crisis triage centers through the Justice and Mental Health Collaboration Program.³⁴ Counties can also leverage ARPA Recovery Funds and Medicaid resources.

address [behavioral health needs](#) exacerbated by the pandemic. These include mental health and substance misuse treatment, hotlines and/or warmlines, crisis intervention services and overdose prevention.

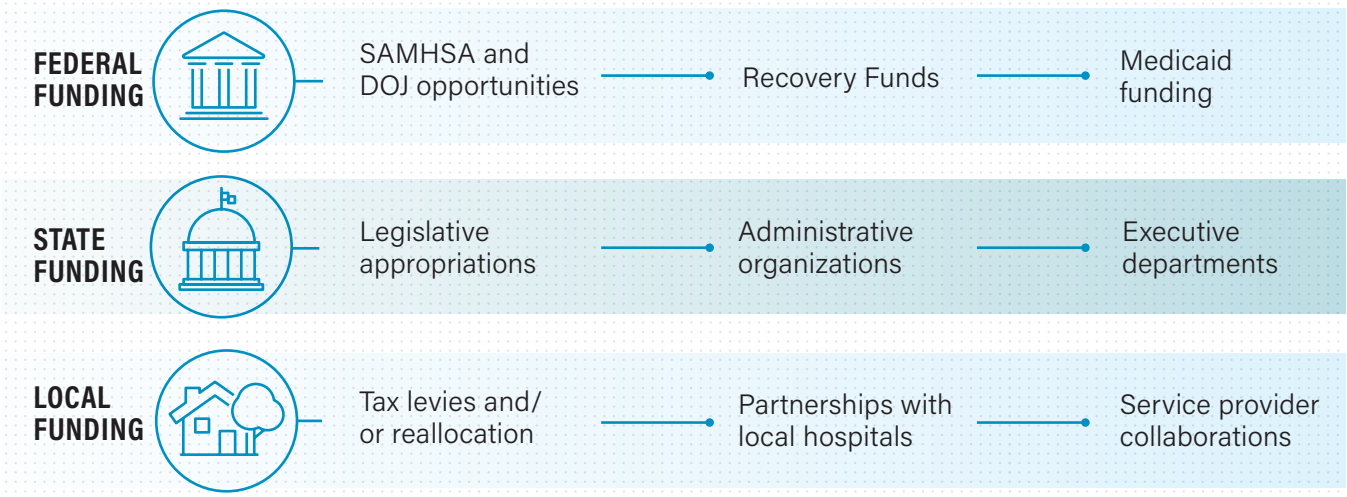
*** LORAIN COUNTY, OHIO** (Pop. 312,964) is dedicating \$4 million in funding from ARPA and the county's opioid settlement to a new crisis diversion center.³⁵ Additional construction support comes from the county's behavioral health authority, congressional earmarks, state budget, private donors and foundations.³⁶ The center will offer 32 beds, divided equally among mental health and substance misuse treatment.

*** FULTON COUNTY, GA.** (Pop. 1,066,710) is dedicating \$17 million in ARPA funding to develop a behavioral health crisis center to help adults and adolescents.³⁷

RECOVERY FUNDS

Under the Coronavirus State and Local Fiscal Recovery Fund (Recovery Fund), part of the American Rescue Plan Act (ARPA), the federal government allocated [\\$65.1 billion in direct funding to counties](#) that may be used for new or enhanced services that

Counties can leverage, blend and braid:



LEVERAGING OPIOID SETTLEMENT FUNDING

In February 2022, a \$26 billion multi-district settlement resolved a manufacturer's and three distributors' liabilities in over 3,000 opioid crisis-related suits nationwide. Over the next two decades, local governments will receive settlement funds for prevention, treatment and recovery efforts to be used primarily for opioid remediation strategies.³⁸ Elected officials may consider dedicating some of these resources to services and treatment available at crisis triage centers.

* For example, **WASHINGTON COUNTY, ORE.** (Pop. 600,372) and **BROWARD COUNTY, FLA.** (Pop. 1,944,375) are considering using this funding to develop or expand addiction treatment and recovery centers.³⁹

MEDICAID FUNDING

Counties can use Medicaid funding to sustain operations and reimburse care providers for services to eligible populations. Counties may also elect to use federal Medicaid waivers to adapt their system of care to support local needs.

* California created the Drug Medi-Cal Organized Delivery System (ODS) using Medicaid waivers to provide organized, local substance use disorder services throughout the continuum of care by improving the standard of care for community-based providers and reimbursing them.⁴⁰ Counties opting into Drug Medi-Cal ODS submit regional plans for approval by the state. Early adopters include **LOS ANGELES** (Pop. 10,014,009), **MARIN** (Pop. 262,321), **RIVERSIDE** (Pop. 2,418,185) and **SANTA CLARA** (Pop. 1,936,259) counties.

* The **DOÑA ANA COUNTY, N.M.** (Pop. 219,561) Crisis Triage Center includes Medicaid billing as a critical part of funding.⁴¹ Using a state-certified billing rate, the center uses Medicaid funding for staffing and operations under contract with statewide Managed Care Organizations (MCOs). Between June 2021 and 2022, the center served approximately 700 clients.⁴²



State Funding



Counties can also leverage state funding for capital infrastructure and use statewide guidance to plan for crisis triage centers. State funds are often one piece of the resource landscape and can complement other funding streams.

* Arkansas selected **SEBASTIAN COUNTY** (Pop. 127,799) as one of four counties to receive \$1.6 million, appropriated by the legislature, to create a 16-bed Crisis Stabilization Unit (CSU).⁴³ The [Five West CSU](#), part of the county CCBHC, serves a catchment area for six counties. Post CSU-stay, clients experienced fewer medical and jail-related events and were 12.2 percent less likely to be booked into jail.⁴⁴

* Washington state provided capital construction funds for the 10-bed [Tri-County Crisis Stabilization Facility](#) in **ISLAND COUNTY, WASH.** (Pop. 86,857) to meet the needs of residents in three counties. The regional behavioral health administrative organization provided \$1 million, and one-tenth of one percent of the county sales tax revenue contributed to the \$6 million construction cost.⁴⁵ MCOs, private insurance companies and Medicare pay for patient services.

* **WHATCOM COUNTY, WASH.** (Pop. 226,847) leaders leveraged \$7 million from the state Department of Commerce, \$2.5 million from the regional behavioral health administrative organization and \$3 million from the county behavioral health fund to construct a [crisis stabilization center](#).⁴⁶



Whatcom County, Wash. officials break ground for the crisis stabilization center.

Local Funding



Local funding is a common way to support crisis triage center construction and operations. Funding mechanisms can include tax levies, local partnerships with hospitals and shared funding with service providers. **Local funding is often reflective of community priorities, and elected officials can capitalize on this support to fund crisis triage centers.**

COUNTY FUNDING

To meet the unique needs of a community, county leaders can finance local solutions by raising funds through tax levies or redirecting resources in the local budget.

“Sometimes as officers, we don’t have options, so we make that decision to go ahead and arrest somebody. Everybody’s in agreement this is the missing link in St. Joseph County. We’re hoping we can at least help individuals get somewhere they’re going to get help.”

Bill Redman

Sheriff, St. Joseph County, Ind.²⁷

- * With community support voiced during a public hearing process, **PIMA COUNTY, ARIZ.** (Pop. 1,043,433) elected officials added bond measures to the ballot to raise funding for behavioral health services. These two bond measures, approved by over 60 percent of voters, supported the construction of an \$18 million [Crisis Response Center](#) (CRC) and expansion of the neighboring \$36 million Behavioral Health Pavilion. The county rents the building to the service provider for one dollar per year, and Medicaid funds the services. Annually, the CRC serves 12,000 adults and 2,400 youth.⁴⁸
- * **SANTA FE COUNTY, N.M.** (Pop. 154,823) voters approved a \$2.5 million bond, funded with property taxes, to convert a county-owned building to a crisis treatment facility.⁴⁹ To support operational costs, the county commission authorized a gross receipts tax.⁵⁰ [La Sala Center](#) provides outpatient mental health crisis treatment and detox services and accepts walk-ins and referrals from law enforcement and other first responders. Between June 2021 and January 2022, the center helped more than 600 people detox, and over 90 percent of patients continued their recovery journey after leaving the center.⁵¹
- * **CAMBRIA COUNTY, PA.** (Pop. 133,472) dedicated savings achieved in administering state funds allocated for county behavioral health services, rather than county tax dollars, to fund the \$873,000 in renovation and startup costs for a walk-in crisis center.⁵² The walk-in center will be located in a county-owned building.

HOSPITAL FUNDING

Annually, nearly 5 million emergency department visits involve a behavioral health need, requiring hospitals to dedicate many resources to this group.⁵³ Some community members experiencing a behavioral health emergency may be better served in crisis triage centers. Hospitals may partner with these centers or reinvest a portion of savings from avoided emergency department visits into a center to avert future costs.

* **CHARLESTON COUNTY, S.C.** (Pop. 408,235) opened the 10-bed [Tricounty Crisis Stabilization Center](#) (TCSC) to offer residents a short-term crisis treatment option and alternative to arrest. The facility is part of the state's department of mental health and receives funding from local agencies and hospitals.⁵⁴ The hospitals expect to recoup some of their investments through cost savings due to reduced emergency department visits. In 2017, admissions to the TCSC diverted 132 people from the hospital and 92 residents from the emergency department.⁵⁵

* The [Restoration Center](#) in **BEXAR COUNTY, TEXAS** (Pop. 2,009,324) features a walk-in assessment center and 48-hour extended observation unit (EOU). The county hospital pays for the EOU beds that are reserved for individuals referred to crisis stabilization instead of inpatient care.⁵⁶ Since opening its doors in 2008, the Center diverted over 100,000 people from local emergency departments and jails and saved taxpayers approximately \$96 million.⁵⁷

SERVICE PROVIDER FUNDING

Counties also partner with local service providers to braid diverse funding streams and coordinate care. Counties may choose to allocate local funds to community-based organizations while relying on the providers' fundraising capacity and staffing to operate the center. Often with deep ties to the community, these service providers understand local needs and can serve as a resource hub.

* **DURHAM COUNTY, N.C.** (Pop. 324,833) partners with a community-based provider that manages the [Durham Recovery Response Center](#). The county utilizes discretionary funding to support indigent communities who do not have access to Medicaid. MCOs and regional contractors contribute additional funding and staffing resources.

* **DEKALB COUNTY, GA.** (Pop. 764,382) partners with a nonprofit service provider to deliver crisis stabilization services at the [Regional Crisis Center](#). A combination of funding from the county general fund, state grants administered to the service provider, donations and fee-for-service options supports the center.⁵⁸

By leveraging funding from various sources, **elected officials can support sustainable behavioral health programs that meet community needs.**

Investing in crisis triage centers can help improve resident's access to services, improve long-term recovery outcomes, reduce the misuse of jails and emergency departments and direct resources to effective programs and practices.



CONCLUSION

Counties are establishing crisis triage centers and connected services to provide community-based treatment options for residents during a behavioral health emergency. Crisis triage models vary based on the needs of the local community. Elected officials can contribute to this component of the behavioral health continuum of care by helping to determine the need, encourage collaboration and secure funding for these centers. With long-term strategic planning and support from community, state and federal partners, crisis triage centers can operate as an integral asset within a community.

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