



ADAM SMITH

WASHINGTON'S 9TH DISTRICT

Behavioral Health Crisis Care Centers Act **Rep. Adam Smith (WA-09)**

Background: Behavioral health crisis care systems across the country have long relied on uneven and inadequate funding leaving the few jurisdictions with crisis care systems underdeveloped. The Substance Abuse and Mental Health Services Administration's *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit* cites crisis receiving and stabilization facilities as a critical component of the crisis care continuum. As more federal funding becomes available for crisis care, it is important that there is a specific funding stream for crisis stabilization services that coordinate with wraparound services when the highest acuity individuals are in need.

Often a person in crisis just needs a place to go. In Seattle, Downtown Emergency Services Center's Crisis Solutions Center functions as a resource for first responders to bring individuals in crisis. There, a person can receive services in a voluntary short-term inpatient setting and then receive referrals to long-term services including housing that meets that person's needs. It is one of limited resources for crisis stabilization in the area.

The **Behavioral Health Crisis Care Centers Act** will provide noncompetitive funding through formula grants for states, cities and counties, and tribal governments to build and expand crisis stabilization services with co-located housing and other wraparound services.

- These one-stop centers would coordinate with governmental and non-governmental organizations to connect people with the service providers they need.
- One-stop centers would emphasize services for immediate crisis stabilization as well as locating suitable housing for individuals.
- One-stop centers would rely on a range of professionals from clinicians to social workers to peer support specialists and community health workers.

Funding could be for a range of activities needed to establish, operate, or expand one-stop crisis centers including:

- Acquiring or constructing facilities,
- Training, hiring, and retaining staff,
- Coordinating with governmental and non-governmental partners,
- Conducting outreach, and
- Providing technical assistance and capacity building to service providers and community partners working with the one-stop.

Recipients can also subgrant funds to non-governmental organizations to help provide the most appropriate services.

As we strive to build up capacity to reach out to people in crisis through the 9-8-8 Suicide and Crisis Lifeline and mobile crisis response teams, it will be more critical to rely on programs that provide temporary shelter with the capacity to refer individuals to services that remedy underlying social issues. To overcome the initial financial barrier that local jurisdictions face, it is critical that the federal government provide resources to create and support the crisis care systems across the United States.