

PROMOTING HEALTH AND SAFETY THROUGH A BEHAVIORAL HEALTH CONTINUUM OF CARE

Establishing robust continuums of care help people before, during and after a behavioral health emergency. This interconnected system deflects and diverts people away from justice-system involvement and emergency room visits through an array of services that assist community members, regardless of their condition's severity level or their gender, age or cultural background.



BEFORE A BEHAVIORAL HEALTH EMERGENCY

Counties play an important role in providing prevention and early intervention services that focus on the environmental and social conditions impacting community members' wellness such as housing, education and employment.

- In **Harris County, Texas**, between October 2020 and January 2022, more than 1,000 people were permanently housed through Permanent Supportive Housing, and the time between intake and move-in decreased from 70 to 30 days because of additional resources.



DURING A BEHAVIORAL HEALTH EMERGENCY

SAMHSA's crisis response framework recommends a continuum that provides someone to talk to (crisis lines), someone to respond (mobile crisis teams) and somewhere to go (crisis triage centers).

- Between November 2020 and June 2021, the **Missoula County, Mont.** civilian-only mobile crisis team responded to 537 calls, leading to 169 emergency room and 13 jail diversions and saving about \$250,000.
- The **Deschutes County, Ore.** Stabilization Center conducted over 5,000 visits, served more than 1,600 individuals and diverted approximately 30 percent of residents from the emergency room between June 2020 and January 2022.



AFTER A BEHAVIORAL HEALTH EMERGENCY

Counties can assist community members through connections to community-based services, following-up on progress, supporting peer engagement and providing case management.

- In 2020, between 300 and 1,250 individuals signed into the Peer Living Room monthly at the C3365 Comprehensive Care Center in **Buncombe County, N.C.**

