

Behavioral health treatment capacity



2025

Expand funding to establish and support local behavioral health crisis co-responder programs and community-based behavioral health resources.

Background:

Cities are not traditionally direct behavioral health service providers, yet first responders are increasingly dispatched to behavioral or mental health calls as well as substance use crises. These crises can be both tragic and dangerous for the individuals, families, and communities involved.

Nationally, behavioral health and substance use concerns represent roughly 20% of 911 calls.



Source: Substance Abuse and Mental Health Services Administration

In communities across the state, extreme disparities exist in access to frontline first responders, behavioral health resources, and drug treatment.

52% of Washington cities identify the lack of behavioral health resources as a major concern for their community.

The Legislature has made significant investments in this system in the past few years, but major gaps remain. Many communities do not have local options to divert people into drug treatment—or the nearest service center is too often located many miles away from the community. Additionally, complicated and overlapping systems often mean that the responder who shows up first to the scene of a crisis may not be equipped to handle it.

Strong cities need:

- **Greater access** to the entire continuum of behavioral health services and substance use disorder (SUD) treatment for adults and juveniles, including:
 - Crisis response & case management
 - Inpatient & intensive outpatient treatment
 - Ongoing behavioral and mental health treatment and SUD treatment
 - Mental health support for students
- **Increased support** to provide additional training and certification as well as workforce development for co-responders.
- **Additional state funding** to establish and expand treatment facility capacity, including increased **workforce development** support.

Many cities are adopting alternative response programs that offer a holistic approach to individual needs, complementing or replacing traditional first responder programs. Community diversion options such as mental health co-responders; Let Everyone Advance with Dignity, formerly known as Law Enforcement Assisted Diversion (LEAD); and Community Advocates for Referral and Education Services (CARES) programs have proven successful. Early data from cities with alternative response programs show a marked reduction in jail bookings, crisis services events, and emergency department visits. For more information, read AWC's Public Safety State of the Cities report.

Contact:

Candice Bock
Government Relations Director
candiceb@awcnet.org

Jacob Ewing
Special Projects Coordinator
jacobe@awcnet.org