

Financing Behavioral Health Crisis Services: 2022



NRI's 2022 State Profiles

December 2022

Results from 44 states responding to the Crisis Component of NRI's 2022 State Profiles

Financing Behavioral Health Crisis Services

In 2021 Congress funded a new 5% set-aside of the Community Mental Health Block Grant (MHBG) to fund the expansion of behavioral health crisis services. States were encouraged to implement a continuum of behavioral health crisis services as highlighted in Substance Abuse and Mental Health Services Administration's (SAMHSA) **National Guidelines for Behavioral Health Crisis Care**, including a continuum of (1) Crisis Call Centers, (2) Mobile Crisis Teams (MCTs), and (3) short-term Crisis Receiving and Stabilization Facilities (CRSFs). In July 2022, the nation's behavioral health crisis continuum was strengthened with the launch of a national 3-digit (988) behavioral health crisis line that is available in every state and answered by almost 200 local call centers. Developing sustainable funding to support crisis services is a major focus of States as they work to expand behavioral health crisis services*.

States expended over \$1 Billion supporting behavioral health crisis services in FY 2022. This is a substantial underestimate as only 36 states reported expenditures for crisis services (see Table 1).

Table 1: State Mental Health Agency Expenditures for Crisis Services, 2022

State Spending for Crisis Services	Total	Average Expenditures per State	Number of States Reporting Expenditures	Number of Programs/ Centers	Average Per Program/ Center*
Lifeline (988) Call Centers	\$242,461,000	\$6,735,000	36	169	\$1,585,000
Non-Lifeline Call Centers	\$86,201,000	\$5,747,000	15	334	\$1,014,000
Mobile Crisis Teams	\$387,805,000	\$17,628,000	22	878	\$713,000
Crisis Receiving & Stabilization	\$84,305,000	\$4,684,000	15	174	\$897,000
Crisis Residential	\$198,919,000	\$11,701,000	16	324	\$944,000
Total	\$999,690,399	\$27,769,000		1,879	

*Note, not all states reporting number of crisis programs were able to report expenditures for crisis services. Average Expenditures per Program is calculated based on expenditures in reporting states divided by number of programs in each states reporting expenditure data.

*The National Alliance on Mental Illness (NAMI) has a website that is tracking the status of State Legislation to provide sustainable funding of Crisis Systems: <https://reimaginecrisis.org/map/>

29 STATES

Are Using Medicaid to Support Mobile Crisis Teams

Over \$1 Billion

Expended by SMHAs supporting Crisis Services

5 States

Have Telecom Fees that Support Crisis Call Centers

Funding Sources Paying for BH Crisis Services

Table 2 below shows that state general funds and the SAMHSA MHBG were the most frequently used funding sources for all behavioral health crisis services. The MHBG includes a requirement that states spend at least 5% of the MHBG on Crisis Services, but many states are using additional MHBG funds above the 5% set-aside to support crisis services.

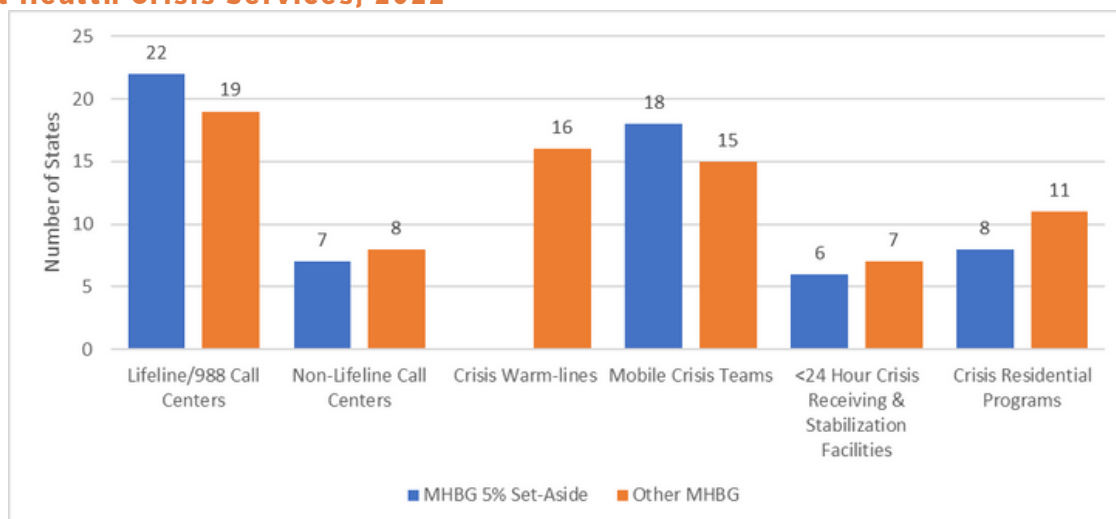
Table 2: Number of States Using Funding Sources to Support Behavioral Health Crisis Services, 2022

Funding Crisis Services	Lifeline/ 988 Call Centers	Non-Lifeline Call Centers	Mobile Crisis Teams	<24 Hour Crisis Receiving and Stabilization Facilities	Crisis Residential Programs
State General	30	19	34	24	31
MHBG 5% Set-Aside	22	7	18	6	8
Other MHBG	19	8	15	7	11
Other SAMHSA	28	7	10	3	4
Medicaid	7	7	29	19	22
New Medicaid MCT Option			17		
Cell/Phone Telecom Fee	5	0	2	1	0
Other Funding	16	11	5	9	7

SAMHSA Mental Health Block Grant (MHBG) Support for Crisis Services

In 2021, Congress added over \$41 million new funds the MHBG as a new 5% set-aside dedicated for crisis services. SAMHSA distributed these funds to states, (states received between \$52,432 in Wyoming to \$5.4 million in California) with guidance that states should use these funds to plan for and implement the continuum of crisis services from the National Guidelines for Behavioral Health Crisis Care report. The new MHBG set-aside funds provided states with flexible funds dedicated to crisis services and states report using the new funds to support the components of their crisis system with the greatest need. In 22 states, the states dedicated the set-aside funds to support 988 call centers, while other states used funds for Mobile Crisis Teams, Crisis Stabilization programs, or other aspects of their crisis continuum. In addition to using the new 5% set-aside funds, many states reported devoting additional MHBG funds to support portions of their crisis continuum (see Figure 1).

Figure 1: Number of States Using the MHBG 5% Set-Aside and Other MHBG Funds to Support Behavioral Health Crisis Services, 2022



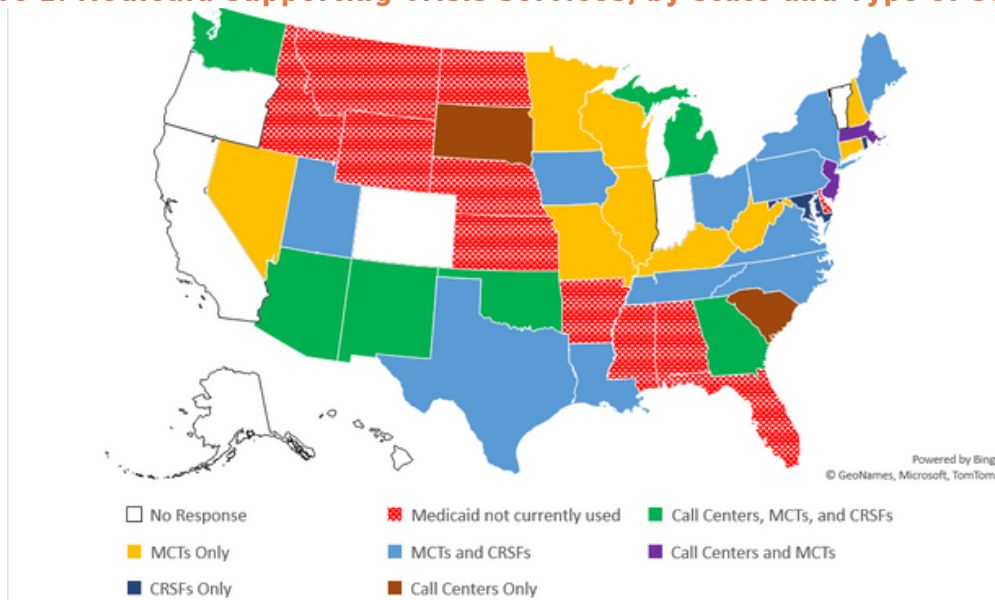
Use of Medicaid To Support Behavioral Health Crisis Services

Medicaid is the other major funding source identified by states for funding crisis services, with Medicaid mostly supporting face-to-face crisis services such as Mobile Crisis Teams (29 states), Crisis Receiving and Stabilization Facility services (24 states) and Crisis Residential services (19 states). The Medicaid Rehabilitation option is the most frequently utilized Medicaid option supporting behavioral health crisis services. Medicaid is supporting behavioral health crisis call lines in 13 states, with the Medicaid Rehabilitation option being used by 5 states and managed care waivers such as 1115 waivers (3 states) and 1915(b) waivers (3 states) also being used by states to support crisis call centers. Nine states are supporting crisis warm lines with Medicaid funding. Table 3 below shows the number of states using a variety of Medicaid options and waiver to fund these crisis services. Figure 2 shows which Crisis Now services are supported by Medicaid in each state.

Table 3: Number of States Using Medicaid Waivers/Options to Support Behavioral Health Crisis Services, 2022

Medicaid Waivers/Options Used to Fund Crisis Services	Crisis Call Centers	Crisis Warm Lines	Mobile Crisis Teams	<24 Hour Crisis Receiving and Stabilization Facilities	Crisis Residential	Other
Medicaid (all options/waivers)	13	9	29	24	19	12
Clinic option	0	1	2	4	1	0
Rehabilitation option	5	5	17	15	15	7
Targeted case management	0	1	1	2	1	2
1915(i) option	0	0	0	0	0	0
1115 waiver	3	3	6	6	6	3
1915(b) waiver	3	2	4	4	4	0
1915(c) waiver (HCB)	1	0	0	0	0	0
EPSDT	0	1	5	4	5	3
Other Medicaid	3	1	2	2	1	0

Figure 2: Medicaid Supporting Crisis Services, by State and Type of Service, 2022



**For Additional Information About this Report, or the SMHA Profiles Project,
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National Association of State Mental Health Program Directors Research Institute (NRI)