State Mental Health Agency Crisis Services

NRI's 2020-2021 State Profiles

September 2021

HIGHLIGHTS BASED ON 48 STATES RESPONDING TO THE POLICY COMPONENT OF NRI'S 2020 STATE PROFILES AS WELL AS SUPPLEMENTAL INFORMATION FROM STATES' MHBG 5% SET-ASIDE REPORTS

Behavioral Health Crisis Services

Behavioral health crises impact millions of individuals and families every year and developing comprehensive evidence-based systems to help individuals experiencing a crisis is a top priority of local, state, and federal governments. Well organized and functioning comprehensive crisis systems can reduce suicide attempts, reduce injuries to persons in crisis and others they are interacting with, reduce criminal justice involvement, and assure timely initiation of appropriate behavioral health services. Crisis services also serve a major role in increasing equity in access to behavioral health care.

Recommended Core Services for a Crisis System

In 2020, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) issued "*National Guidelines for Behavioral Health Crisis Care—A Best Practice Toolkit*." The Crisis Toolkit identified three core service elements for crisis systems.

- Regional or statewide crisis call centers coordinating in real time.
- Centrally deployed, 24/7 mobile crisis teams.
- 23-hour crisis receiving and stabilization programs.

State Mental Health Agency Support for Core Crisis System Services

State Mental Health Agencies (SMHAs) are working to assure a continuum of crisis services are available to assist individuals experiencing a behavioral health crisis. Based on information from the 2020 NRI Profiles and supplemental information from state's MHBG 5% set-aside for crisis services, in 2020,

- 49 (96%) states funded 24-hour call centers/hotlines.
  - 21 states reported 1,380,691 persons called their hotlines in the last year, an average of 65,747 calls per state.
- 48 (94%) states funded mobile crisis services.
  - 25 states reported mobile crisis teams responded to over 374,916 individuals in crisis.
- 47 (92%) SMHAs funded crisis receiving and stabilization programs that provided 23-hour crisis receiving and stabilization programs to reduce the use of emergency rooms and jails as initial service site for clients in crisis.
  - 11 states reported 83,928 clients received services in crisis stabilization programs.
- 39 (87%) states funded short-term residential crisis services staffed as a safe place for individuals in crisis to stay and receive treatment for one to three days.
  - 22 states reported 83,470 clients received services in short-term crisis residential programs.

96%

of SMHAs support 24-hour Crisis Hotlines

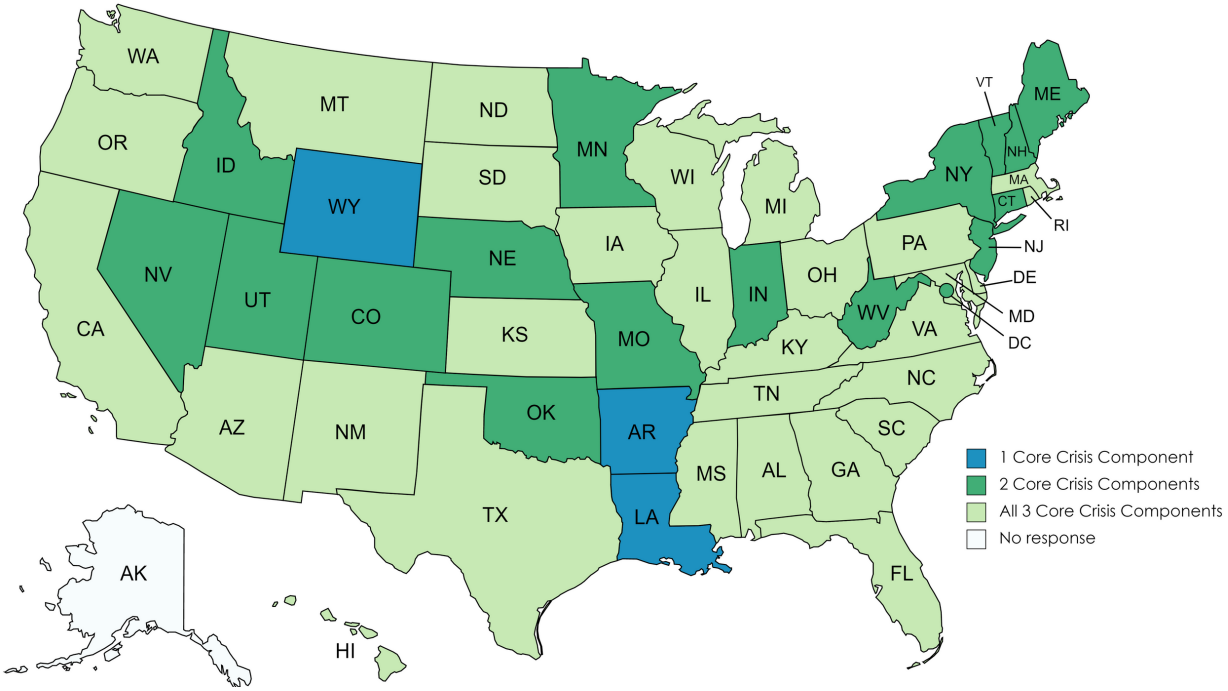
94%

of SMHAs support Mobile Crisis Teams

92%

of SMHAs have 23-hour Crisis Receiving and Stabilization Programs

State Support for Core Crisis Services (based on state responses to the 2020-2021 Profiles)



Financing Crisis Services

States reported expending more than $1.8 billion* supporting their behavioral health crisis service continuum. The majority of funding for crisis services ($1.1 billion or 61%) came from state government, an average of $39 million across the 28 reporting states. Medicaid contributed $369 million (21%) with an average of $26 million per state in the 21 states that were able to report Medicaid spending for crisis services. The remaining $326 million (19%) came from other funding sources, including the federal Mental Health Block Grant (MHBG), local government funding and substance use services funding. Only two states listed private insurance as a source of other crisis services funding.

A 2020 NRI report on *Financing Mental Health Crisis Services* documents the experiences of state and local crisis service providers in working with health insurers to help support the behavioral health crisis service continuum. This report found although Medicaid was supporting mobile crisis and crisis stabilization services, most programs were having difficulty getting Medicaid support for crisis call centers and crisis services were having little success getting private insurance to support any of the Crisis Now service continuum. As a result, in most states the behavioral health crisis system was relying on state general and MHBG funds even when providing crisis services to individuals with private insurance or Medicaid coverage.

The FY2021 MHBG appropriations from Congress added a new 5% set-aside ($41.25 million) dedicated to support mental health crisis services. As part of the MHBG Covid Supplement, Congress also added an additional $41.25 million, making the total MHBG funding for mental health crisis services $82.5 million. In addition, as part of the American Rescue Plan, Congress added $1.4 billion to the MHBG with SAMHSA emphasizing to the states that these additional funds can be used to support mental health crisis services. These new MHBG funds will increase crisis services and expenditures in every state.

* NRI asked states to report total crisis services continuum expenditures by funding source, therefore, details about expenditures supporting call centers including non-Lifeline affiliated crisis call centers, mobile crisis, crisis stabilization, or other specific crisis services are not available. However, it is likely that the majority of the $1.8 billion of behavioral health crisis service expenditures supported more expensive services such as crisis residential treatment, crisis stabilization centers, and mobile crisis teams.

A major new challenge facing crisis services is the upcoming July 2022 implementation of a nationwide 3-digit (988) phone number for behavioral health crisis and suicide calls. The implementation of local crisis call centers able to answer 988 voice, text, or chat calls requires a major expansion of crisis call center capacity by states, along with increased need for mobile crisis teams to respond to calls, and crisis stabilization centers to meet the anticipated demands from the 988 system. SMHAs are working with their Governor and Legislature to develop new funding sources to support 988 and crisis services continuum

Number of Individuals Receiving Crisis Services

The most frequently used crisis intervention service was crisis hotlines, with 1,380,691 clients served in the 21 reporting states, an average of 65,747 clients per state using a 24-hour hotline/suicide line during the year (with a reported range from a high of 392,367 calls to low of 24). Mobile crisis was the second most frequently used service, with a total of 374,916 mobile crisis clients served (an average of 14,997 per state with 25 states reporting).

	24-Hour Hotlines	Mobile Crisis Teams	Residential Crisis Stabilization (less than 24-hours)	Crisis Residential Programs (more than 24-hours)	Psychiatric Emergency Rooms
Number of states offering service	49	48	47	40	13
Number of states reporting number of clients served	21	25	11	22	8
Total clients served	1,380,691	374,916	83,928	83,470	127,429
Average number of clients per state	65,747	14,997	7,630	3,794	15,929
Median number of clients served	26,133	9,998	6,193	2,878	5,671

Additional Crisis Services Supported by SMHAs

SMHAs support additional services and trainings to improve mental health crisis response including:

- 37 SMHAs work with law enforcement to provide Crisis Intervention Training (CIT).
  - 27 SMHAs provide funding support for law enforcement CIT training.
- 29 SMHAs work with hospital emergency departments to help them triage and treat individuals experiencing behavioral health crisis.
  - 32 SMHAs reported that individuals experiencing crisis remain in emergency departments when they are ready to be discharged because there are no suitable placements for them.
- To reduce clients' time waiting in emergency departments while an available treatment is found, many states are building web-based crisis bed registries to identify appropriate services more rapidly and arrange placement. Thirty states have been funded by SAMHSA through the NASMHPD Transformation Transfer Initiative (TTI) to work on building or expanding crisis bed registries.

Partnering with Emergency Rooms to Improve Crisis Services

While many states are developing 23-hour crisis response programs following the guidance of the SAMHSA Behavioral Health Care Crisis Toolkit—programs designed to reduce the reliance on emergency departments as initial service site for individuals experiencing psychiatric emergencies—most SMHAs (41) reported on additional initiatives working with emergency departments to improve crisis services and reduce hospitalization. . Examples of SMHA initiatives include:

- Working with hospital associations to develop and expand available crisis continuum of care.
- Developing data systems to track clients waiting in emergency departments.
- Embedding behavioral health peers in emergency departments to work with clients in crisis.
- Identifying and partnering to address "heavy user" clients who repeatedly cycle through emergency departments.
- Developing expedited psychiatric emergency procedures to clarify and streamline processes to get clients transferred to care.
- Having SAMHA psychiatrists available to emergency departments via telepsychiatry to interact with patients and emergency department medical staff conducting behavioral health assessments.
- Building data infrastructure to track client demographics to monitor equitable access to crisis services.

Psychiatric Advanced Directives

Thirty-six (36) states have laws or regulations supporting clients developing psychiatric advanced directives (PADs) designed to inform client's preferences for mental health treatment while they are experiencing a crisis and may be unable to provide informed consent. In 2020, SAMHSA sponsored the development and testing of a cellphone app called "My Mental Health Crisis Plan" that helps individuals develop and store a PAD on either an iPhone© or Android© device. Using this app, individuals experiencing a psychiatric crisis can share their PAD detailing their service preferences with staff from mobile crisis teams, crisis stabilization programs, emergency departments, or psychiatric hospitals. The app is available with no charge at: https://smiadviser.org/padapp.

For additional information about this Report, or the State Profiles Project,
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