

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 22 August 2019

Response Date: 5 September 2019

Type of TA Request: Complex

Request:

The requestor noted that their organization has conducted several behavioral health landscape assessments for states and communities severely impacted by a disaster. Although the results from these assessments have varied from location to location, one theme consistently emerged, which was the need for solutions to address access to behavioral services in rural or low resource communities during and after disasters.

In an effort to address this need, the requestor is seeking assistance through ASPR TRACIE to scope out the following:

- Cost of developing and operating a mobile crisis unit.
- Identification of funding resources, such as grants or loans to assist in the procurement of a mobile crisis unit.
- Identification of revenue that can be generated for sustainability of mobile crisis units (e.g., grants, fee-for-service).

Response:

The ASPR TRACIE Team conducted a search for resources pertaining to mobile crisis units. We also reached out to an ASPR TRACIE Subject Matter Expert (SME) Cadre member to gather additional feedback. Section I in this document provides comments from our SME. Section II contains resources regarding the cost of developing and operating a mobile crisis unit. Section III includes links to information on funding resources. Section IV provides materials on how revenue can be generated to sustain mobile crisis units. Finally, Section V includes additional resources gathered that may be helpful to this request (e.g., considerations for mobile crisis units, case studies). **NOTE:** Resources marked with an asterisk (*) appear in more than one category.

Overall, our search revealed the following:

- It was difficult to gather references that provided an exact cost for starting a mobile crisis unit, however, we found a few resources related to potential costs for operating and sustaining units
- We were able to find several resources that provided examples of state programs and potential funding mechanisms.
- We found that funding for mobile crisis units varies by state/territory; therefore, the resources gathered may not all be applicable to any one particular state.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- After Hurricane Katrina, Columbia University's [National Center for Disaster Preparedness](#) operated two separate mobile disaster services: one for health checks and one for behavioral health services.
- The feedback that was received on these mobile units was that the health services mobile unit was extremely popular while the behavioral health mobile unit was way underutilized.
- At that time, we suggested that they combine the behavioral health assessment as part of the physical health care for the mobile units. However, I do not believe they ever combined them.

II. Resources Related to the Cost of Developing and Operating a Mobile Crisis Unit

Illinois Department of Healthcare and Family Services. (2018). [Frequently Asked Questions: Mobile Crisis Response \(MCR\) and Crisis Stabilization](#).

This document provides answers to frequently asked questions, including those specific to the costs and reimbursement process to operate mobile crisis services.

* National Action Alliance for Suicide Prevention: Crisis Services Task Force. (2016). [Crisis Now. Transforming Services is Within Our Reach](#).

This document provides information on the crisis care services available in the U.S. and the actions needed to bring them to communities not currently served. **NOTE:** Page 19 provides information on the cost-effectiveness of mobile crisis services. Section 5, "Financing Crisis Care" (beginning on page 37), also addresses the costs and funding sources for such services.

New York Department of Health, Office of Mental Health. (2019). [Crisis Intervention Service - Mobile Crisis Calculated Rates](#).

This document provides the costs associated with various crisis intervention services provided in New York.

New York Department of Health, Office of Mental Health, Office of Alcoholism and Substance Abuse Services. (2019). [Crisis Intervention Benefit: Mobile Crisis Component Benefit and Billing Guidance](#).

This document provides billing information specific to mobile crisis services provided in New York.

- * U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies](#).

This report summarizes the clinical and cost-effectiveness of different types of crisis services. It also presents case studies of various approaches that states are using to coordinate, consolidate, and combine fund sources in order to provide crisis services. **NOTE:** Examples of state programs, and costs and funding are identified on pages 35-45. A section on “Funding Crisis Services: Overview” is also provided and begins on page 15.

III. Funding Resources such as Grants/Loans to Assist in the Procurement of a Mobile Crisis Unit

- Bland, M.V. (2018). [Overview of Maryland’s Crisis Service System](#). Maryland Department of Health, Behavioral Health Administration.

This PowerPoint presentation provides an overview of the various crisis services provided in Maryland, to include mobile crisis teams. Maryland currently has 13 mobile crisis team programs across the state, and those communities that are underserved are primarily rural areas in the west and south. **NOTE:** Behavioral health crisis response grant program information is provided on slide 18.

- * Kansas Department for Aging and Disability Services. (2019). [Mental Health Task Force Report to the Kansas Legislature](#).

This report provides information on the behavioral health services provided in Kansas, along with recommendations to address gaps that are in the existing system. **NOTE:** The section titled, “Topic 2: Maximizing Federal Funding and Funding from Other Sources,” which begins on page 24 addresses funding sources and reimbursement rates.

- Maryland Behavioral Health Advisory Council. (2017). [Strategic Plan: 24/7 Crisis Walk-in and Mobile Crisis Team Services](#).

This document provides an environmental scan of the behavioral health crisis response system services provided in the state of Maryland, and a framework for the future success of these services. **NOTE:** The economic impact of such crisis services is addressed on page 10, and funding resources for mobile crisis units in Maryland is addressed on pages 16-18.

- * National Action Alliance for Suicide Prevention: Crisis Services Task Force. (2016). [Crisis Now. Transforming Services is Within Our Reach](#).

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- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2019). [Substance Abuse and Mental Health Block Grants](#).

This website provides links to SAMHSA block grants that provide funding for substance abuse and mental health services. **NOTE:** Although funding may not be specific to mobile crisis units, other services provided may be applicable.

- * Vestal, C. (2018). [Federal Ban on Methadone Vans Seen as a Barrier to Treatment](#). Pew Trusts.

The author explains how mobile methadone services work in various states, including funding (federal grant money) and challenges (U.S. Drug Enforcement Administration bans on these services). The article includes a list of locations in states and Puerto Rico where these vans are used and cites Hurricane Maria-specific challenges.

IV. Resources Addressing Revenue that can be Generated for Sustainability of Mobile Crisis Units

NOTE: The environmental scan demonstrated that the most frequently reported funding sources for crisis services are state and county funds, and Medicaid. According to the National Association of State Mental Health Program Directors Institute, the following states have Medicaid Funded Mobile Crisis Services:

- [AZ](#)
- [CT](#)
- [DE](#)
- [FL](#)
- HI
- [MS](#)
- MD (each county has a site)
- [NC](#)
- [NJ](#)
- NM
- [OK](#)

- VT
- WI

The following states also provide mobile crisis services; however they may or may not be Medicaid funded: [GA](#), [MN \(Clay, Otter Tail, Wilkin Counties\)](#), [NY](#), [NY \(Buffalo and Erie Counties\)](#), [New York City](#), [SC \(Charleston and Dorchester Counties\)](#), [TN](#), [TX](#),

States use various mechanisms to identify Medicaid service definitions. It is important to note that while some states publish Medicaid crisis services in Medicaid manuals, others list services in state legislative code, which can be challenging to locate ([SAMHSA](#), 2014).

The environmental scan also revealed that crisis services can be funded through:

- Fee-for-service
- Grant funding
- [Case Rates](#)
- Sub-capitation
- Partial capitation
- Private Insurance Payments

Additional Relevant Resources:

- * Kansas Department for Aging and Disability Services. (2019). [Mental Health Task Force Report to the Kansas Legislature](#).

This report provides information on the behavioral health services provided in Kansas, along with recommendations to address gaps that are in the existing system. **NOTE:** The section titled “Topic 2: Maximizing Federal Funding and Funding from Other Sources,” which begins on page 24, addresses funding sources and reimbursement rates.

- * U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies](#).

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V. Additional Resources

- Allen, M.H., Forster, P., Zealberg, J., and Currier, G. (2002). [Report and Recommendations Regarding Psychiatric Emergency and Crisis Services. A Review and Model Programs Description](#). American Psychiatric Association.

This document provides information on the various model programs available for psychiatric crisis services. Of particular importance are the sections on: Mobile Response, Ambulatory Crisis Care, and Telemedicine (all beginning on page 18); Mobile Psychiatric Emergency Service (beginning on page 53); and Mobile Psychiatric Urgent Care Service (beginning on page 63). **NOTE:** This document is outdated but may still provide useful information.

Child Health and Development Institute of Connecticut, Inc. (2018). [Issue Brief 65 - Mobile Crisis Services: An Effective Approach for Reducing Emergency Department Utilization.](#)

This brief addresses the use of mobile crisis intervention services in the state of Connecticut and how it has helped reduce the number of emergency department visits for behavioral health conditions among the youth (ages 18 and younger). **NOTE:** This document does not specifically address the use of mobile crisis units during disaster but may still provide useful information with regards to the success of having such services available to the youth as needed.

DiLeo, P. Rowe, M., Bugella, B, et al. (2017). [The 2012 Sandy Hook Elementary School Shooting: Connecticut's Department of Mental Health Crisis Response.](#) (Abstract only.) Journal of School Violence. 17(4): 443-450.

This case study details how the state deployed a standing network of clinicians, under incident command, to provide care for survivors.

Federal Emergency Management Agency (FEMA). (2015). [Crisis Counseling Assistance & Training Program.](#)

FEMA implements the Crisis Counseling Program (CCP) as a supplemental assistance program that assists individuals and communities recovering from natural and human-caused disasters through the provision of community-based outreach and psycho-educational services. It includes two grant mechanisms: 1) the Immediate Services Program which provides funds for up to 60 days of services immediately following a disaster declaration; and 2) the Regular Services Program which provides funds for up to nine months following a disaster declaration.

Henry J. Kaiser Family Foundation. (2019). [Medicaid Behavioral Health Services: Crisis Services.](#)

This website provides a table with state by state information indicating whether Medicaid behavioral health services for a crisis are covered in that state, and if there are any copayments required or limits on services.

Massachusetts Behavioral Health Partnership. (2012). [Mobile Crisis Intervention.](#)

This document provides the policies and procedures that Mobile Crisis Intervention program providers and staff must follow when providing behavioral health services to the youth (under the age of 21) in Massachusetts. It outlines the components of services provided; staff requirements; service, community, and collateral linkages; quality

management; and process specifications. **NOTE:** This document does not specifically address the use of mobile crisis units during disaster but may still provide useful information with regards to mobile crisis units.

McClure, D., Paddock, E., Hawkins, R., and Mitra-Majumdar, M. (2017). [Pay for Success and the Crisis Intervention Team Model](#). The Urban Institute.

The authors define the Pay for Success (PFS) model, which uses “data and evaluation to determine whether a program is successful and will be paid for by government. Thus, the risk of paying for programs that might not work is also shifted away from the government.” Starting on page 16, the authors explain how to enhance existing Crisis Intervention Team programs with PFS, and provide a comprehensive decision-making process regarding combining the models.

National Alliance on Mental Illness. (2019). [Crisis Intervention \(CIT\) Programs](#).

This webpage explains how, “In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families.” Guidance for building and locating a program is provided under separate tabs.

National Center for Disaster Preparedness. (2010). [Legacy of Katrina: The Impact of a Flawed Recovery on Vulnerable Children of the Gulf Coast](#).

This report provides scant information on the mobile medical units that were sent to provide healthcare for Hurricane Katrina survivors. This step “eventually led to the creation of three permanent CHF pediatric programs in the Gulf region.”

Rogers, J. C. (2019). [2014 Mudslides in Oso, WA](#). In *Disaster Mental Health Case Studies: Lessons Learned from Counseling in Chaos*.

The author (a volunteer with the American Red Cross) shares her experiences serving on a Disaster Mental Health team in response to the 2014 landslides that contributed to 49 fatalities near the town of Oso, WA. The chapter includes professional and personal lessons learned.

Shapiro, G., Cusi, A., Kirst, M., et al. (2015). [Co-responding Police-Mental Health Programs: A Review](#). (Abstract only.) *Administration and Policy in Mental Health and Mental Health Services Research*. 42(5): 606-620.

The authors reviewed literature (primarily based on Canadian agencies) to examine the benefits associated with this type of program. Overall, these partnerships were found to reduce pressure on the justice system. The reference list includes links to articles that detail these types of programs.

Usher, L., Watson, A.C., Bruno, R., et al. (2019). [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#).

This document includes chapters on CITs in general, building the infrastructure to support a CIT, planning and delivering officer training, and sustaining and growing CIT programs. Resources and examples are provided at the end.

* Vestal, C. (2018). [Federal Ban on Methadone Vans Seen as a Barrier to Treatment](#). Pew Trusts.

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