

# OVERVIEW OF CRISIS FUNDING SOURCES AVAILABLE TO STATES AND LOCALITIES

Last updated March 2, 2022

The table below is a reference tool for states and counties seeking to understand the primary sources of crisis funding available to them. It summarizes the funding sources, amounts, and allowable uses for the funding.

Allowable uses of funding sources for behavioral health (BH) crisis care activities typically fall into one of three categories and might apply to one or more service types across the crisis care continuum:

1. Planning and design. Labor is associated with the strategic planning necessary to establish a BH crisis care system (for example, creating a budget, determining where to build facilities, and developing a staffing and hiring plan).
2. Infrastructure. Building or buying and retrofitting crisis stabilization facilities, purchasing and outfitting mobile crisis units, and setting up crisis call lines or hubs.
3. Services. Clinical and nonclinical care for individuals experiencing BH crises (such as call-line consultations, stabilization, tests or evaluations, acute inpatient stays, and emergency department visits).

While federal funding (SAMHSA and CMS) remains a major funding source for BH crisis care, additional revenue streams could diversify and expand the funding base. Examples include mobile phone fees to support crisis care, reimbursements from commercial insurers, community partnerships, philanthropic support, and debt financing.



# Financing options available to states and localities

Preliminary

Source of funding	Funding	Total amount	Applicable components in BH crisis care services continuum				Allowable use of funds		
			Regional crisis call center hub	Crisis mobile teams response	Crisis receiving and stabilization facilities	Broad community-based crisis services	Planning and design	Infra-structure	Services
CMS	Medicaid waivers	Varies by state	✓	✓	✓	✓		✓	✓
	Enhanced matching rates for mobile crisis intervention	Varies		✓					✓
	CCBHC demo	Varies		✓	✓	✓		✓	✓
SAMHSA	Community Mental Health Services Block Grant	\$2.9B <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓
	CCBHC expansion grants	\$375M <sup>2</sup>		✓	✓	✓		✓	✓
	Substance Abuse Prevention and Treatment Block Grant	\$6.6B <sup>3</sup>	✓	✓	✓	✓		✓	✓
	SAMHSA State Opioid Response Grant	\$1.42B	✓	✓	✓	✓		✓	✓
	SAMHSA Tribal Opioid Response Grant	\$37.6M	✓	✓	✓	✓		✓	✓
	SAMHSA 988 Appropriations	\$282M <sup>4</sup>	✓					✓	✓
	State 988 mobile phone fees	Varies	✓	✓	✓	✓		✓	✓

1.FY 2022 Budget Request is \$2.9B based on Department of Health and Human Services FY 2022 Justification of Estimates for Appropriations Committees (p27). Mental health crisis systems set-aside in the MHBG is 5%

2.FY 2022 Budget Request is \$375M based on Department of Health and Human Services FY 2022 Justification of Estimates for Appropriations Committees (p4)

3.The Substance Abuse Prevention FY 2022 Budget Request is \$216.7 million and the Substance Abuse Treatment FY 2022 Budget Request is \$6.4 billion

4.In FY 2022, SAMHSA has allocated \$282 million to crisis call centers to strengthen network operations and local crisis centers. Of this amount, \$105 million is for building up staffing at US states' and territories' local crisis call centers.

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Descriptions and additional resources on these funding sources are outlined below.

## Centers for Medicare and Medicaid Services (CMS)

### Medicaid waivers

The amount of financing available via Medicaid waivers varies by state. A waiver is necessary to allow Medicaid to reimburse states for costs incurred from certain crisis services. Even if an 1115 Waiver is in place, the state may renew it to access enhanced, matching funds for these services. Additional details on relevant Medicaid waivers are outlined below.

### 1115 Waivers

- State Medicaid agencies can apply for experimental, pilot, or demonstration projects, which the US Secretary of Health and Human Services can approve through Section 1115 of the Social Security Act on a case-by-case basis.
- Additional resources:
  - [Medicaid Section 1115 Waiver Overview](#)

### Home and community-based services (HCBS) waivers and 1915(i) state plan amendments (SPAs)

- States can provide HCBS for certain Medicaid populations through Section 1915(c) HCBS waivers and Section 1915(i) SPAs.
- Additional resources:
  - [MACPAC Guidance on Behavioral Health Services Covered Under HCBS Waivers and 1915\(i\) SPAs](#)

- [Medicaid State Waivers List](#)

### **CMS funding for Mobile Crisis Intervention Services**

- Authorized under President Biden's American Rescue Plan, states have a new option for supporting community-based Mobile Crisis Intervention Services for individuals with Medicaid. For a five-year period, starting on April 1, 2022, states with an approved coverage and reimbursement authority through the state plan, Section 1915(b) waiver programs with corresponding authority, Section 1915(c) HCBS waiver programs, or Section 1115 demonstration projects may receive an 85 percent federal medical assistance percentage for expenditures on qualifying community-based Mobile Crisis Intervention Services. Previously, CMS awarded \$15 million in planning grants to 20 states to expand community-based Mobile Crisis Intervention Services for Medicaid beneficiaries.
- Additional resources:
  - [Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services](#)
  - [CMS Press Release](#)

### **Certified Community Behavioral Health Clinics (CCBHC) demonstration**

- Section 223 of the Protecting Access to Medicare Act of 2014 supports the creation and evaluation of a demonstration program for up to eight states. These eight states may implement CCBHC according to specific criteria that emphasize high-quality and evidence-based practices. The CARES Act of 2020 expanded the demonstration program to two additional states.
- Additional resources:
  - [CMS Demonstration Program Overview](#)
  - [The National Council's CCBHC Funding Streams](#)
  - [The National Council's CCBHC Locator](#)

## **SAMHSA**

### **Community Mental Health Services Block Grant (MHBG)**

- The MHBG supports states and communities in creating comprehensive local mental health resources. SAMHSA requires 5 percent of MHBG funding to be set aside or explicitly dedicated to crisis services.
- Additional resources:
  - [SAMHSA Community Mental Health Services Block Grant](#)

### **SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG)**

- The SABG's primary objective is to fund the planning, implementation, and evaluation of activities that prevent and treat substance use. The SABG's COVID-19 and American Rescue Plan supplemental funding also support additional activities to improve crisis care. These activities include:
  - Providing peer coaches in hospital emergency departments

- Operating a crisis phone line or “warm lines” by treatment providers
- Increasing access to care—including same- or next-day appointments—for those who need treatment services for substance use disorder (SUD)
- Improving providers’ information technology infrastructure in rural and frontier areas
- Additional resources:
  - [SAMHSA Substance Abuse Prevention and Treatment Block Grant](#)

### **SAMHSA State Opioid Response (SOR) Grant**

- The SOR grant aims to address the opioid crisis by (1) increasing the accessibility to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder (OUD), (2) reducing unmet treatment needs, and (3) curtailing opioid overdose-related deaths through prevention, treatment, and recovery activities. Crisis services implemented through the SOR grant include:
  - 24-hour crisis lines
  - Mobile crisis response
  - Peer support
  - Crisis stabilization units
  - Crisis residential services
  - Training in crisis services
- Additional resources:
  - [SAMHSA Guidance](#)

### **SAMHSA Tribal Opioid Response (TOR) Grant**

- The TOR grant seeks to mitigate the opioid crisis in tribal communities by increasing access to culturally appropriate, evidence-based treatment, including medication-assisted treatment using FDA-approved medications.
- Additional resources:
  - [SAMHSA Tribal Opioid Response Grants](#)

### **CCBHC grant**

- The CCBHC grant provides funding for clinics from all states, if they meet the CCBHC criteria within four months of the award date.
- Additional resources:
  - [The National Council’s CCBHC Criteria](#)
  - [The National Council’s CCBHC Funding Streams](#)
  - [The National Council’s Guidance for CCBHC Implementation](#)
  - [The National Council’s CCBHC Locator](#)

## **SAMHSA 988 Appropriations**

- In the fiscal year 2022, SAMHSA has allocated \$282 million to crisis call centers to strengthen network operations and local crisis centers. Of this amount, \$105 million is for increasing staffing at US states' and communities' local crisis call centers.
- Additional resources:
  - [SAMHSA 988 Appropriations Report](#)

### **General resources:**

- [SAMHSA Grant Application Guidance](#)
- SAMHSA provides grants from its three centers: the Center for Mental Health Services (CMHS), the Center for Substance Abuse, Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT). You can find more information on their grants [here](#).

## **State 988 mobile phone fees**

- The National Suicide Hotline Designation Act of 2020 grants states the ability to collect fees on phone bills to support 988 related services.
- Additional resources:
  - [The Model Bill for Core State Behavioral Health Crisis Services Systems](#)