ASPE
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

OFFICE OF BEHAVIORAL HEALTH, DISABILITY, AND AGING POLICY

Federal Funding Compendium of Crisis Services: Final Report

Prepared for
the Office of the Assistant Secretary for Planning and Evaluation (ASPE)
at the U.S. Department of Health & Human Services

by
RTI International

December 2024

Office of the Assistant Secretary for Planning and Evaluation

The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the U.S. Department of Health and Human Services (HHS) on policy development in health, disability, human services, data, and science; and provides advice and analysis on economic policy. ASPE leads special initiatives; coordinates the Department's evaluation, research, and demonstration activities; and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies; develops policy analyses; and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

Office of Behavioral Health, Disability, and Aging Policy

The Office of Behavioral Health, Disability, and Aging Policy (BHDAP) focuses on policies and programs that support the independence, productivity, health and well-being, and long-term care needs of people with disabilities, older adults, and people with mental and substance use disorders. Visit BHDAP at https://aspe.hhs.gov/about/offices/bhdap for all their research activity.

NOTE: *BHDAP was previously known as the Office of Disability, Aging, and Long-Term Care Policy (DALTCP). Only our office name has changed, not our mission, portfolio, or policy focus.*

This research was funded by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation under Contract and carried out by Research Triangle Institute. Please visit https://aspe.hhs.gov/topics/behavioral-health for more information about ASPE research on behavioral health.

FEDERAL FUNDING COMPENDIUM OF CRISIS SERVICES: FINAL REPORT

Authors

Kiersten Johnson, Ph.D.
Tami Mark, Ph.D.
Minglu Sun, Ph.D.
Colleen J. Watson, B.S.
Miku Fujita, B.S.E.
RTI International

Judith Dey, Ph.D.
Joel Dubenitz, Ph.D.
Laura Jacobus-Kantor, Ph.D.
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

December 3, 2024

Prepared for

Office of Behavioral Health, Disability, and Aging Policy
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

The opinions and views expressed in this report are those of the authors. They do not reflect the views of the Department of Health and Human Services, the contractor or any other funding organization. This report was completed and submitted on September 29, 2023.

TABLE OF CONTENTS

LIST OF FIGURES AND TABLES

INTRODUCTION

A behavioral health crisis service system is an important set of services that seeks to help people when they are in greatest need. The demand for these services has increased dramatically in the United States in recent years and, consequently, revealed vulnerabilities in the existing system.[1] The crisis system is currently fragmented, increasing the risk of adverse public health outcomes, borne out by costly hospitalizations, unneeded contacts with the criminal justice system, and deaths by suicide.[2]

Evidence of a depleted system has resulted in a call for sweeping changes to the behavioral health landscape. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed guidelines for a comprehensive crisis care continuum, comprised of three components: someone to call, someone to respond, and a place to go.[1] In July 2022, the three-digit "988" dialing code became fully operational across all telephone service providers in the United States, allowing anyone to connect with a behavioral health crisis response contact center at any time. There have also been renewed efforts to expand mobile crisis response teams to avoid unnecessary engagement with law enforcement first responders who have historically been the de facto responders to individuals experiencing behavioral health crises.[2] Finally, for those requiring intensive care beyond mobile crisis engagement, there are increased efforts to offer crisis receiving and stabilization facilities as alternatives to hospital emergency rooms.

> *"A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way."*
>
> *SAMHSA's 2020 National Guidelines for Behavioral Health Crisis Care--A Best Practice Toolkit*

In conjunction with these changes in guidance, federal and state governments have invested more resources in implementing a comprehensive and specialized crisis response system for behavioral health crises. Historically, crisis response systems have been federally supported through a variety of financing sources, including Medicaid, Medicare, the U.S. Department of Veteran Affairs, the U.S. Department of Defense, formula block grants and one-time congressionally-directed appropriations that are disseminated through discretionary grants, cooperative agreements, programs, and demonstration projects. Funding to support crisis services is spread across multiple federal agencies, including SAMHSA, the Centers for Medicare & Medicaid Services (CMS), the U.S. Department of Justice (DOJ), and the Centers for Disease Control and Prevention (CDC).

The implementation of 988, along with the anticipated subsequent increase in referrals to the crisis service and utilization across the continuum, has prompted additional targeted funding for crisis services. However, there is a need for greater understanding around the interplay of these shifts in the behavioral health crisis system and the way in which it is funded. The goal of this project, funded by SAMHSA and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and carried out by RTI International, is to examine recent changes and trends in federal funding sources to support behavioral health crisis services. This work builds on knowledge gained during a fiscal year (FY) 2022 study to examine the readiness of the United States crisis response system for implementation of 988 (FY 2022 ASPE/RTI 988 Readiness project).

METHODOLOGY

We conducted a multi-stage environmental scan of federal funding sources, beginning with a review of all congressional appropriations for FYs 2020-2023 to identify allocations specific to crisis services. We then conducted a systematic review of select federal agencies' budgets to gather detailed budget allocations for targeted funding amounts. Finally, we identified federal agency information on how the funding was allocated to states, such as the results of competitive and discretionary grant applications.

Stage 1: Congressional Appropriations

Our initial step entailed conducting a comprehensive review of congressional appropriations spanning FYs 2020-2023. We also reviewed the explanatory statements of the appropriations to better understand the congressional intent. This was executed with the objective of identifying specific allocations dedicated to crisis services. To ensure a thorough discovery of all pertinent crisis service-related programs, we employed an array of search terms, including: "crisis," "crisis intervention training," "crisis intervention team (CIT)," "988," "9-8-8," "hotline," "lifeline," "suicide," "behavioral health," "mental health," "mental illness," "mental," and "substance use disorder."

The search resulted in paragraphs extracted from the respective appropriations documents. We then collated a systematic summary of these programs into a spreadsheet. We also gathered detailed information, incorporating the source document, applied search term, corresponding page number, and a descriptive text segment from the congressional appropriations outlining the respective programs.

Funding Categorizations

During the first stage, **we worked closely with ASPE** to define program funding categorizations of "targeted" (i.e., funding specifically designated to support crisis services); "relevant-but-not-targeted" (i.e., funding that could be used to support crisis services, but did not stipulate that as a requirement); and "not relevant" (i.e., funding not allocated for crisis services) for FYs 2020-2023. In what follows, we provide additional descriptions along with specific examples within each category.

We classified programs as **targeted** if their goal and operations were intrinsically linked to crisis services. For instance, funding to support the 988 Suicide & Crisis Lifeline (formerly the National Suicide Prevention Lifeline or NSPL) was classified under the targeted category because the program is aimed at provision of crisis intervention services. Similarly, the crisis services set-aside of Mental Health Block Grants (MHBGs) was classified as a targeted program, because these funds are specifically designated to support a core set of crisis care elements.

The **relevant-but-not-targeted** category was designed for programs whose allocated funding *may* be utilized for crisis services, but is not explicitly earmarked as such. This category included numerous programs, or subsets of programs identified from CMS, CDC, and congressional appropriation documents, with a significant number attributed to SAMHSA. For instance, the Certified Community Behavioral Health Clinics (CCBHCs) program funds clinics that provide coordinated comprehensive behavioral health care and are expected to provide 24/7 crisis services as one of their core services. However, it is unclear how much funding is specifically allocated to crisis services from the overall budgets of $200.00 million, $249.25 million, $250.00 million, and $552.50 million for FYs 2020-2023, respectively. In a similar vein, while MHBG grantees were required to use at least 5% of MHBG funds for crisis services starting in FY 2021, they may have chosen to use more. This equates to an additional $4.55 billion of MHBG funding that *may* have been used for crisis services from FY 2021 through FY 2023, as well as $679.22 million in FY 2020 before the set-aside was established, from funding sources including the American Rescue Plan Act (ARPA). Other examples include the DOJ's Justice and Mental Health Collaboration Program, SAMHSA's COVID-19 Emergency Response for Suicide Prevention Grants, the

Garrett Lee Smith (GLS) Suicide Prevention State/Tribal Youth Suicide Prevention and Early Intervention Grant Program, and GLS Campus Suicide Prevention Grant.

Given the limited specification of the relevant-but-not-targeted funding, ASPE and RTI jointly decided to focus solely on targeted funding in subsequent stages of the environmental scan. As a result, our coverage of the relevant-but-not-targeted category was not comprehensive; rather, it serves as an illustrative reference for the funding that can be, though is not required to be, used to support crisis services.

The **not relevant** category was assigned to programs that surfaced during our search but did not allocate any funding towards crisis services. For instance, funds allocated for international disaster rehabilitation and reconstruction assistance for countries in crisis, found using the search term "crisis," were not in the scope of our study.

As our research strategy refined over time, we gradually phased out the inclusion of programs deemed not relevant in our compiled spreadsheet. Consequently, ***Appendix A*** encapsulates all search results from congressional appropriations falling under the targeted and relevant-but-not-targeted categories.

Stage 2: Federal Agencies

Following the initial environmental scan, we synthesized information from all targeted programs. The bulk of these programs were administered by SAMHSA, with others funded through CMS and the DOJ. We then reviewed FYs 2020-2023 budget documents of these respective agencies, as well as those of the CDC, to pinpoint funding allotments for all programs providing crisis services.

Stage 3: State-Level Allocations

The third step involved reviewing and searching for the total award and detailed state-level allocations for each program. As a general procedure, we accessed grant dashboards for SAMHSA, grant awards list for DOJ, and conducted a Google search for CMS program-related information. Additionally, we utilized the search results from the Tracking Accountability in Government Grants System (TAGGS) website as a quality control measure to confirm the completeness of our data and to check for any missed funding allocations.

The specific search processes for each program within their respective agencies are delineated in ***Appendix A***.

Methodological Strengths and Limitations

Our environmental scan's methodology capitalized on a combination of top-down and bottom-up search approaches, yielding a comprehensive catalog of targeted programs. The top-down approach began with congressional appropriations and agency documents, while the bottom-up approach relied on grant dashboards and official websites. This methodology was carried out in an effort to ensure that no targeted programs were overlooked during our research. Notably, during the bottom-up process of collecting detailed funding information, we discovered additional funding sources related to crisis services from the SAMHSA dashboard and TAGGS website. It is likely that these additional funds originate from programs that were not initially characterized or described as crisis services-oriented programs in agency documents. The heterogeneous language across originating budget documents and subsequent awards can preclude specific links of these awards to the originating programs.

It is important to note that the specific scope of this project did not encompass crisis services funded through existing insurance programs such as Medicare, Medicaid, and private insurance, which account for 68% of mental health expenditures.[3] Additionally, while we included FY 2023 in the scope of our environmental scan, not all of the proposed funding amounts were fully allocated as of the writing of this report.

ENVIRONMENTAL SCAN FINDINGS

The first two stages of the environmental scan--namely, the identification of targeted programs and their budgeted amounts for FYs 2020-2023 based on: (1) congressional appropriations; and (2) federal agency budgets--resulted in a range of crisis-related programs from SAMHSA, CMS, and DOJ. The third and final stage resulted in identification of a small number of programs that did not appear in the appropriations documents we searched in the first two stages, but that were relevant to include in the awards summary breakdown. In what follows, we include a brief description of all the crisis-related programs we identified throughout the three-stage environmental scan, and their original budgeted amounts, if available. In subsequent sections, we leverage available data on actual funding awarded, including at the state-level.

SAMHSA

- The NSPL was first implemented in 2005 and re-introduced as the 988 Suicide & Crisis Lifeline in 2023. The allocated funds from this program were intended to support the infrastructure of network operations for 988 contact centers, such as backup systems, specialized services, chat and text centers, as well as data and telephone infrastructure. The funds also covered standards, training, quality improvement, evaluation, and oversight. The NSPL program was allocated $19.00 million, $24.00 million, and $101.62 million for FYs 2020-2022, respectively.
- In FY 2023, the NSPL ceased to receive funding, and a new program called 988 and Behavioral Health Crisis Services was introduced, with a historic amount of $696.90 million proposed, and $501.6 million ultimately invested, in the president's budget. This program is intended to support 988 Suicide & Crisis Lifeline infrastructure, including the expansion, coordination, and outreach of local crisis services. Additional sources of funding to support the 988 Suicide & Crisis Lifeline infrastructure include the Bipartisan Safer Communities Act (BSCA) and ARPA.
- The MHBG program includes a set-aside for evidence-based crisis care programs that support the needs of individuals in crisis, including those with early serious mental illness, and provide 24/7 access to well-trained mental health professionals. The set-aside is intended to fund “some or all” of a set of core crisis care elements, including centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, and regional or state-wide crisis contact centers coordinating in real time. Although MHBGs have been issued for several years, FY 2021 was the first year that recipients were required to set-aside a part of these funds for crisis services. In FYs 2021 and 2022, a 5% set-aside budget of $35.00 million and $41.83 million, respectively, were designated for set-aside crisis services as part of the MHBG. The FY 2023 budget proposed that the set-aside percentage be increased to 10%, but this request was not realized. The set-aside percentage remained at 5% in FY 2023, resulting in a budget of $82.63 million. As with 988 and Behavioral Health Crisis Services, a portion of MHBGs were funded by the BSCA and ARPA.
- The Community Crisis Response Program (CCRP) is a cooperative agreement opportunity to create or improve mobile crisis response teams. A primary goal of the CCRP is to divert adults, youth, and children experiencing behavioral health crises away from law enforcement or first responders who do not have sufficient training in behavioral health crisis response. $8.9 million in CCRP funds were awarded across ten states in FY 2022, although this was not accounted for in appropriations documents from either SAMHSA or Congress, but rather, uncovered via searches of actual awarded amounts. The CCRP is included in the congressional Consolidated Appropriations Act of 2023 under the name “Mental Health Crisis Response Partnership Pilot Program” and was allocated $10 million per year for FYs 2023-2027.
- Miscellaneous other relevant awards were discovered during the bottom-up stage of our environmental scan. These awards were of program types that were classified as relevant-but-not-targeted based on the appropriations documentation, because their funds were not required to be used for crisis services, but certain awards under these programs were then determined to be relevant

based on detail given with the actual awarded amounts. These discretionary awards included: (1) a Congressional Directive Spending Project to establish a Crisis Stabilization Unit; (2) two awards under the Section 223 Demonstration CCBHC Program specifically designated to support mobile crisis response teams; and (3) two SAMHSA Projects of Regional and National Significance that involve providing CIT training. These five awards are identifiable in ***Appendix B*** by this note in the "Notes" column: "This award was identified as relevant during the bottom-up search, but is part of a program that was classified as relevant-but-not-targeted based on appropriations documentation."

CMS

- CMS awarded $15 million in planning grants to 20 state Medicaid agencies to develop a state plan amendment, Section 1115 demonstration application, or Section 1915(b) or 1915(c) waiver request to provide qualifying community-based mobile crisis intervention services. The following State Medicaid Agencies were awarded planning grants: Alabama, California, Colorado, Delaware, Kentucky, Massachusetts, Maryland, Maine, Missouri, Montana, North Carolina, New Mexico, Nevada, Oklahoma, Oregon, Pennsylvania, Utah, Vermont, Wisconsin and West Virginia. CMS issued guidance on the state options to provide qualifying community-based mobile crisis interventions on December 28, 2021.

DOJ

- The Collaborative Crisis Response Training program facilitates crisis response training for law enforcement and correctional officers on how to effectively partner with mental health agencies and respond to individuals with behavioral health conditions and disabilities. In FYs 2021-2023, the program was allocated budgets of $2.33 million, $4.25 million, and $2.00 million, respectively.
- The Connect and Protect: Law Enforcement Behavioral Health Response program aims to foster collaboration between law enforcement and behavioral health systems in order to enhance public safety responses for individuals with mental illness or co-occurring mental illness and substance use who interact with the criminal justice system. In FYs 2021-2023, the program was allocated budgets of $18.27 million, $15.36 million, and $17.00 million, respectively.
- The CIT program supports the implementation of CITs by embedding behavioral or mental health professionals with law enforcement agencies and training law enforcement officers and embedded professionals in crisis intervention response. In FYs 2020-2023, the program was allocated budgets of $0.10 million, $9.11 million, $7.02 million, and $11.50 million, respectively.

Awards Summary

In total, the environmental scan resulted in identification of a total of $577.75 million subsequently awarded to states to support crisis services from FY 2020 through FY 2023 by SAMHSA, CMS, and DOJ (***Table 1***). The results of these awards, including a breakdown of agency, funding year, award title, and award details are available in ***Appendix B***. In what follows, we present summary descriptions of agency, crisis component, and state findings. The data below include awards made as of June 2023; the 2023 award amounts do not reflect the total amount of funding that will ultimately be awarded in FY 2023 and thus may appear artificially low.

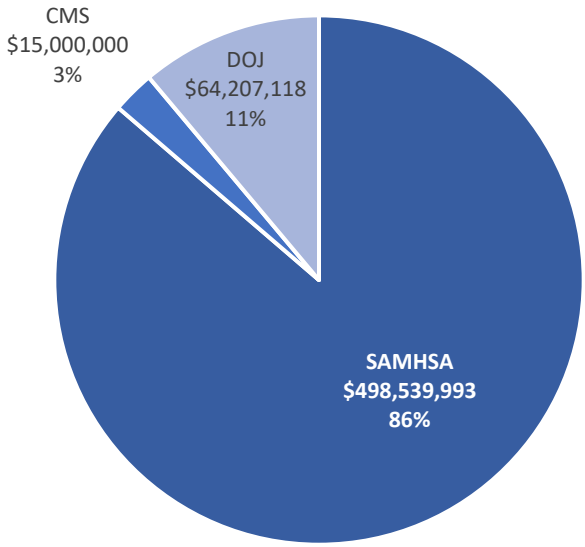
Table 1: Awards for Crisis Services by Agency and Year					
	2020	2021	2022	2023*	Grand Total
SAMHSA	---	$227,417,081	$222,952,046	$48,170,867	**$498,539,993**
CMS	---	$15,000,000	---	---	**$15,000,000**
DOJ	$99,993	$29,609,141	$34,497,984	---	**$64,207,118**
Grand Total	**$99,993**	**$272,026,222**	**$257,450,030**	**$48,170,867**	**$577,747,111**

*As of June 2023.

Agency Findings

Across the three federal agencies that fund targeted crisis service programs, most (86%) funding was awarded by SAMHSA, while 11% was awarded by DOJ and 3% by CMS (***Figure 1***).

Figure 1. Total Awards by Agency, FYs 2020-2023*



*As of June 2023.

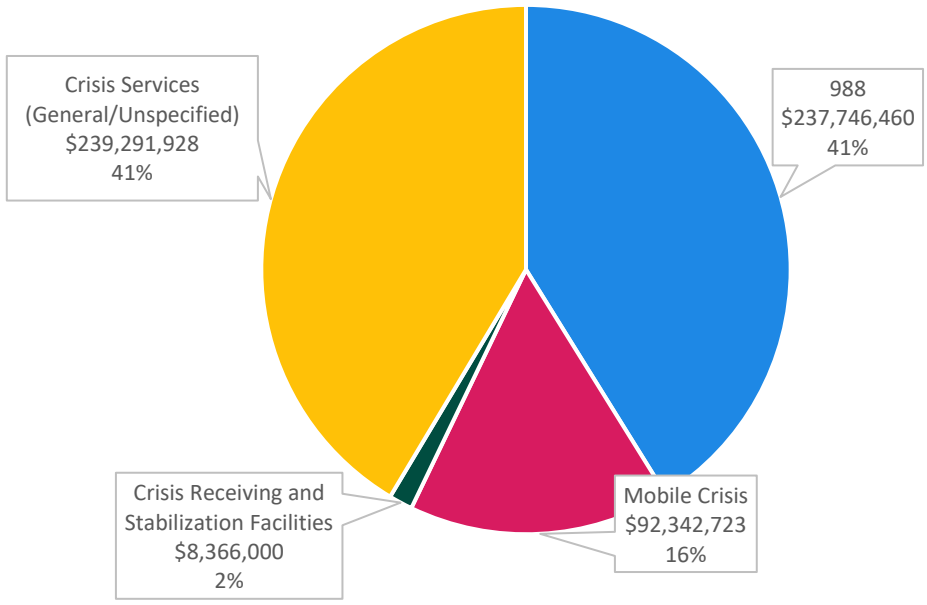
In general, congressional appropriations and associated agency budgets suggest a strong positive increase in the amount of targeted funding for behavioral health crisis services. Trends are less demonstrable across awarded amounts, as FY 2023 budget allocations have not all been awarded/reported by the time of this analysis. However, we can expect a continued increase in the overall total awarded over time based on the ceiling amounts projected in congressional appropriations and agency-specific budgets. For example, the $501.6 million provided in FY 2023 to support 988 alone exceeds the total awards for 988 captured across all agencies for FYs 2020-2023.

SAMHSA and DOJ have consistently increased funding for targeted crisis services across a range of programs during the examined timeframe. In contrast, the funding approach adopted by CMS stands out due to its distinct structure. It commenced with a designated allocation of $15 million during the planning phase in FY 2021.

Crisis Component Findings

Forty-one percent of federal funding for targeted crisis services was awarded in the form of MHBGs and thus was not specific to any one component of the crisis continuum (***Figure 2***). Another 41% of the funding was designated for programs related to 988, 16% was allocated to mobile crisis services, and 2%--just two awards total--was allocated to crisis receiving and stabilization facilities.

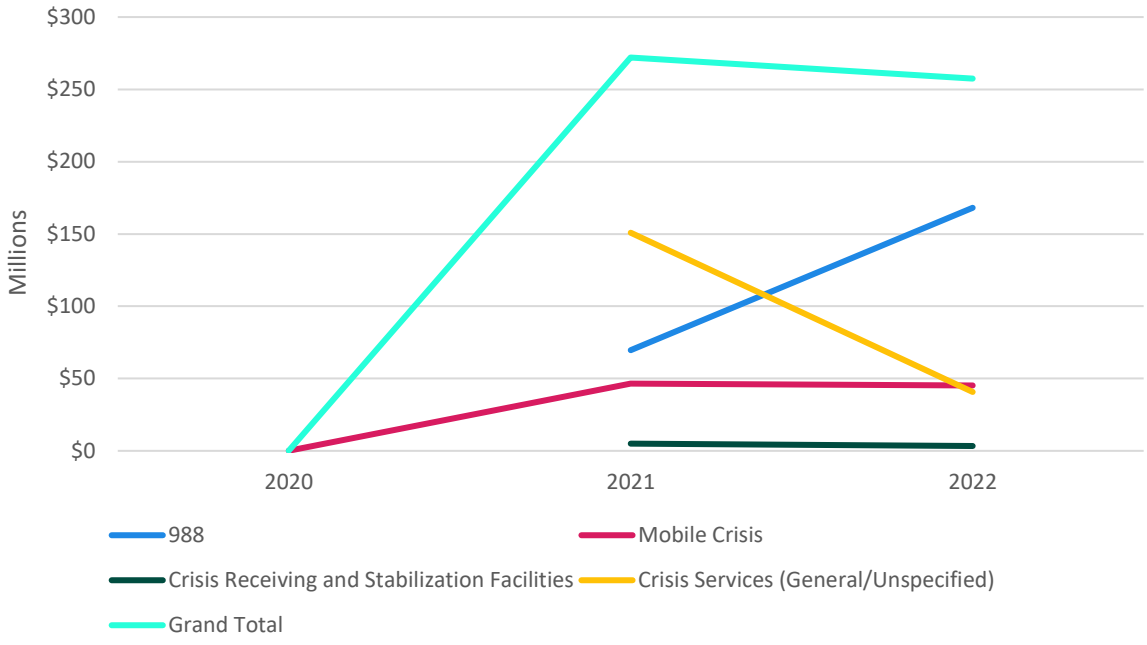
Figure 2. Total Awards by Crisis Continuum Component, 2020-2023*



*As of June 2023.

Targeted awards for crisis services increased dramatically from just under $100,000 in FY 2020 to $272.03 million in FY 2022 (***Figure 3***). While overall the largest category of awarded funding from FYs 2020-2023 was for general or unspecified crisis services, there was a substantive increase in component-specific funding, most notably for 988. For example, between FY 2021 and FY 2022, the number of distinct awards for 988 increased from 3 to 128. The funding amount increased in parallel, from $69.64 million to $168.11 million. Meanwhile, the number of distinct awards for general or unspecified crisis services decreased from 379 in FY 2021 to 237 in FY 2022, representing a shift away from funding crisis services in general and toward funding specific services, such as 988.

Figure 3. Awards by Crisis Continuum Component, FYs 2020-2022



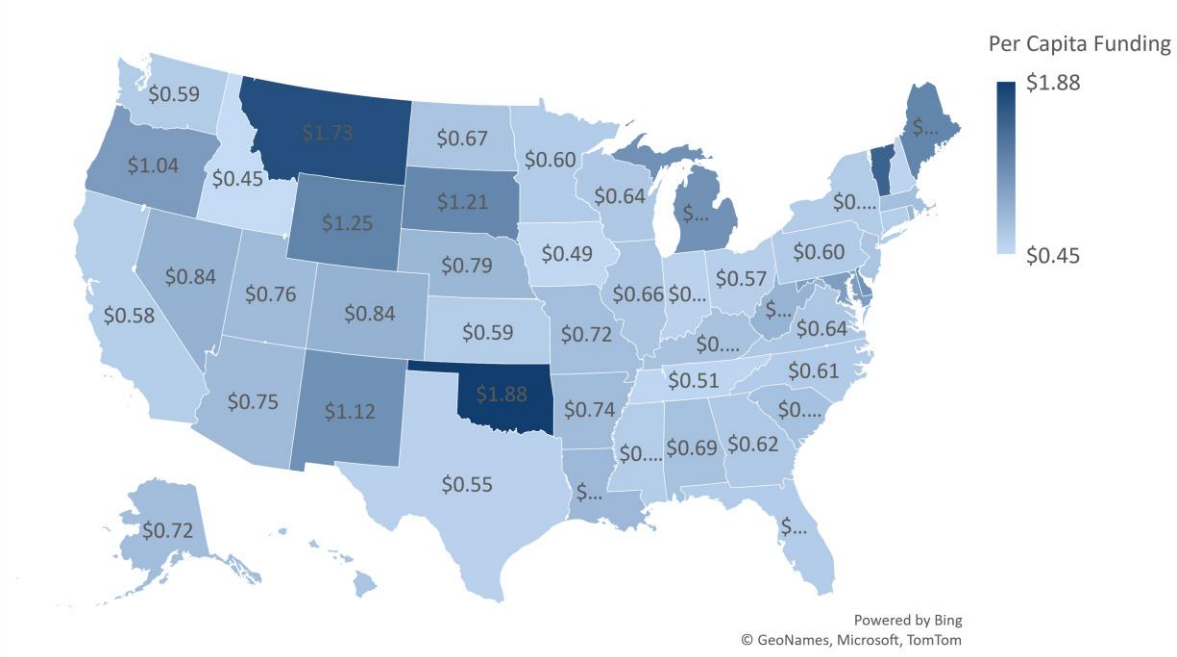
State Findings

From FY 2021 to FY 2023, the total amount of federal funding awarded to states for crisis services ranged from $1.13 million (North Dakota) to $51.68 million (California). These sums include all awards we identified during the bottom-up search; for a full list of awards included in the calculations for all tables and figures, see the "Agency Awards" tab of ***Appendix B***. ***Table 2*** displays the top five and bottom five states in order of total amount of funding (FYs 2021-2023), including Washington, D.C. ***Figure 4*** is a heat map of states and their per capita funding, on average from FY 2021 through FY 2022. The top five and bottom five states in order of per capita funding are not necessarily the same as the states with the highest and lowest total funding. For example, California and Texas are the states with the greatest and second-greatest total award amounts, respectively. However, in terms of per capita funding, they are ranked 43rd and 46th (respectively) out of 51. Conversely, Wyoming is ranked 48th in total funding, but 4th in per capita funding. A possible explanation for this is that crisis services are economies of scale, and thus states with larger populations operate at a lower cost per capita, while smaller states, states with more rural populations, and states with less developed behavioral health infrastructure may require more funding to establish crisis services that are consistent with the national guidelines. Without understanding the funding needs of the states, it is difficult to interpret these findings in isolation.

Although the total amount of funding in ***Table 2*** includes all awards from FY 2021 through FY 2023, the average per capita funding presented in ***Figure 4*** includes data for only FYs 2021-2022 because the 2023 annual population estimate was not yet available from the U.S. Census Bureau at the time of writing, and because the in-progress funding totals from 2023 artificially deflate the annual per capita average.

Table 2: Total Federal Funding for Crisis Services, by State		
Rank	**State**	**Total Funding (FY 2021-2023)***
1	CA	$51,677,807
2	TX	$36,869,658
3	FL	$29,686,596
4	NY	$26,408,262
5	MI	$24,254,476
…		
47	NH	$1,628,795
48	WY	$1,520,538
49	DC	$1,417,652
40	AK	$1,180,987
51	ND	$1,132,060

Figure 4. Average Per Capita Federal Funding Targeted for Crisis Services, 2021-2022



CONCLUSION

Recent changes to the behavioral health crisis system infrastructure are similarly observed in the shifting funding landscape. Like the push towards a single continuum of behavioral health crisis services, funding is generally moving toward a targeted framework. In other words, whereas funding for crisis services has historically operated in a piecemeal context (e.g., relevant-but-not-targeted funding allocations that are difficult to capture), there are an increasing number of funding sources specifically intended to support crisis services.

This process is still in early stages, limiting the extent to which conclusions may be drawn. In general, targeted funding for crisis response remains small relative to overall agency budgets, though the proportion has increased over time. For example, targeted crisis response funding constituted just $19 million, or 0.003% of SAMHSA's FY 2020 overall budget request of $5.68 billion. In 2023, President Biden's budget request included $862.16 million for crisis response, or 8.06% of the $10.7 billion overall. The extent to which these new levels of funding will be maintained beyond early implementation of 988 is unclear.

To understand investments in crisis services, it is also important to consider ways in which federal spending interacts with the role that claims based service expenditures are expected to play in the future. According to 2014 data, Medicare, Medicaid, and private insurance paid for 68% of total mental health expenditures.[3] Moving forward, Medicaid is allowing new vehicles through which states can cover their provision of crisis services, such as mobile crisis.[4,5] CMS is also proposing to increase the value of psychotherapy for crisis services to pay 150% of the usual Physician Fee Schedule rate when this crisis care is provided outside of health care settings.[6] It is possible that ongoing insurance billing may allow some of these targeted federal funding efforts to be phased out or lowered over time. However, some crisis services may be hard to cover without blended funding streams because it can be difficult to obtain individuals' insurance information in a time of crisis. This may be a bigger issue for 988 Lifeline contacts, when the caller, chatter, or texter is anonymous unless they are asked, and agree, to provide their information. Moreover, funding sources necessarily vary across the uninsured, under-insured, and commercially insured.

Many of the existing challenges in the behavioral health crisis system also impact our ability to fully understand the funding underlying it. In our FY 2022 Readiness study, for example, we found that states are at different stages in their implementation of crisis service components. Specifically, 2021 MHBG application data demonstrated that states reported being, in general, furthest along in implementing 988/crisis contact center services, with most room for growth in implementing crisis receiving and stabilization facilities. However, investments in these facilities were cited in fewer than one-half of the narrative responses describing the use of 5% set-aside funds. Similarly, current findings suggest that less than 1% of targeted funding is specifically intended to support crisis receiving and stabilization facilities. The targeted funding efforts associated with this component may change over time as states further their readiness to implement the full extent of the crisis care continuum.

The lack of a single set of crisis service definitions that has been uniformly adopted in practice further hampers quantifying allocated funding. For example, what constitutes a crisis receiving and stabilization facility can vary considerably across areas, making it difficult to track funding amounts consistently. Similarly, it is possible that agency budgets include other services to treat individuals experiencing a mental health crisis that are not explicitly labeled as such. This concern is, in part, underscored by the fact that we identified more targeted funding from SAMHSA through the bottom-up approach than with the top-down approach. This disparity likely stems from the identification of additional funds sourced from programs not initially characterized as crisis services-oriented in their budget document descriptions, although certainly allowable. Crisis services itself is a relatively new term, though it includes services that have existed for years.

Moving forward, we can expect a continued shift from the piecemeal, relevant-but-not-targeted funding streams to a more discrete, targeted financing system that offers increased insight into the evolution of the crisis care continuum. Accordingly, it will be important for the behavioral health crisis system to adopt a consistent set of terms and definitions to be used in both implementation and financing contexts.

REFERENCES

1. Substance Abuse and Mental Health Services Administration. (2020). *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf.

2. Substance Abuse and Mental Health Services Administration. (2021). *Ready to Respond: Mental Health Beyond Crisis and COVID-19*. https://www.samhsa.gov/sites/default/files/ready-to-respond-compendium.pdf.

3. Mark, T.L., Yee, T., Levit, K.R., Camacho-Cook, J., Cutler, E., & Carroll, C.D. (2016). Insurance financing increased for mental health conditions but not for substance use disorders, 1986-2014. *Health Aff* (Millwood), 35(6), 958-965. doi: 10.1377/hlthaff.2016.0002. PMID: 27269010.

4. Randi, O. (2021). Blog -- American Rescue Plan Act Allows States to Expand Mobile Crisis Intervention Services for Children and Youth Through Medicaid. Section 9813. National Academy for State Health Policy. https://nashp.org/american-rescue-plan-act-allows-states-to-expand-mobile-crisis-intervention-services-for-children-and-youth-through-medicaid/#:~:text=Section%209813%20of%20the%20ARPA,starting%20on%20April%201%2C%202022.

5. U.S. Department of Health and Human Services, Center for Medicaid and CHIP Services. (2021). Letter from Daniel Tsai Deputy Administrator and Director -- Baltimore, MD, to State Health Official. SHO # 21-008. RE: Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services. https://www.medicaid.gov/sites/default/files/2021-12/sho21008.pdf.

6. Seshamani, M. & Jacobs, D. (2023). Blog -- Important New Changes to Improve Access to Behavioral Health in Medicare. Centers for Medicare & Medicaid Services. https://www.cms.gov/blog/important-new-changes-improve-access-behavioral-health-medicare.

ACRONYMS

ARPA	American Rescue Plan Act
ASPE	Office of the Assistant Secretary for Planning and Evaluation
BSCA	Bipartisan Safer Communities Act
CCBHC	Certified Community Behavioral Health Clinic
CCRP	Community Crisis Response Program
CDC	Centers for Disease Control and Prevention
CFDA	Catalog of Federal Domestic Assistance
CIT	Crisis Intervention Team
CMCS	Center for Medicaid and CHIP Services
CMHS	Community Mental Health Services
CMS	Centers for Medicare & Medicaid Services
COVID-19	Novel Coronavirus
DOJ	U.S. Department of Justice
FY	fiscal year
GLS	Garrett Lee Smith
MHBG	Mental Health Block Grant
NOFO	Notice of Funding Opportunity
NSPL	National Suicide Prevention Lifeline
OPDIV	Operating Division
SAMHSA	Substance Abuse and Mental Health Services Administration
TAGGS	Tracking Accountability in Government Grants System

APPENDIX A: AGENCY-SPECIFIC SEARCHES

SAMHSA 988 and Lifeline Grant Search Process:

1. We searched the SAMHSA grants dashboard (https://www.samhsa.gov/grants/grants-dashboard) using these parameters:
    a. Keyword = 988.
    b. Notice of Funding Opportunity (NOFO) Fiscal Year = 2020, 2021, 2022, 2023.
    c. Center = Community Mental Health Services (CMHS).
2. Under the "NOFOs" tab of the search results (NOT the "Awards" tab), we read the description of each NOFO number and decided if it was a 988/Lifeline grant.
3. For each NOFO number that we decided was relevant, we clicked "View Awards", and included all the results in the "Agency Awards" tab of ***Appendix B***.
4. As a QC/cross-check, we also searched for 988/Lifeline-related SAMHSA grants on taggs.hhs.gov (TAGGS) using these parameters in Advanced Search:
    a. Funding FY = 2020, 2021, 2022, 2023.
    b. Award Title = lifeline.
    c. Operating Division (OPDIV) and Program Office = SAMHSA.
5. We removed all results that were not relevant to crisis services, based on the description (e.g., college campus suicide prevention grants, substance use grants that happened to be called "lifeline" programs, general community mental health improvements).
6. We repeated the search, this time using 988 as the Award Title. This yields 158 results.
7. We again repeated the search, this time using "community crisis" as the Award Title. This yields 49 results.
8. We compiled the results from steps 4, 6, and 7 and cross-referenced the resulting list with the list we already had from SAMHSA.gov.
9. TAGGS showed some additional lifeline grants that were not listed on SAMHSA.gov or were listed with conflicting award amounts. There were five grants to Vibrant Emotional Health listed in TAGGS that were not listed on SAMHSA.gov. Additionally, one award appeared in both SAMHSA.gov and TAGGS, but the amount was about $1 million less on SAMHSA.gov as compared to TAGGS.
10. We decided not to include grants that appeared in TAGGS but not on SAMHSA.gov. These awards are recorded in the "Excluded Awards" tab of ***Appendix B***:
    a. For the award that appeared on both TAGGS and SAMHSA.gov but the award amount differed, we decided to use the SAMHSA.gov amount.
11. In the search of TAGGS for 988/Lifeline-related grants, we came across some SAMHSA grants for mobile crisis, CIT, and crisis receiving and stabilization facilities. We decided to leave in these results, but not to do a more comprehensive search for grants of these types, at least not yet, as the appropriations documents we looked through originally in the "top-down" phase of our search did not mention these. These awards include CCRP grants for mobile crisis as well as miscellaneous other awards which are identified by this note in the Notes column of the "Agency Awards" tab of ***Appendix B***: "This award was identified as relevant during the bottom-up search, but is part of a program that was classified as relevant-but-not-targeted based on appropriations documentation."

SAMHSA MHBG Search Process:

1. We started by trying to pull all MHBG funding allotments from samhsa.gov. This involved going to a separate link for each state and year (this page is the jumping-off point: https://www.samhsa.gov/grants-awards-by-state) and manually copying, pasting, and formatting.
2. We switched to taggs.hhs.gov, which has a spreadsheet of all MHBG funding allotments.
3. From taggs.hhs.gov, we exported a spreadsheet of all results of a search using the Keyword, "Block Grants for Community Mental Health Services."
4. We deleted all grants of Award Class Type = DISCRETIONARY, keeping only grants of Award Class Type = BLOCK.
5. Deleted all grants of Award Title = BSCA CENTER FOR MENTAL HEALTH BLOCK GRANTS. We classified BSCA grants as relevant-but-not-targeted, because it is not clear how much, if any, of each BSCA-funded award went specifically to crisis services. (Note that many programs included in ***Appendix B*** are funded by the BSCA, but it is not always clear from online documentation which specific awards received funding from the BSCA as opposed to other funding sources.)
6. Because the goal of this search was to identify MHBGs and no other awards, we deleted the small number of search results that had a Catalog of Federal Domestic Assistance (CFDA) other than 93.958, keeping only grants with Assistance Listing = Block Grants for Community Mental Health Services.
7. We kept only grants where Fund FY = 2020, 2021, 2022, or 2023, regardless of the Issue FY. Our understanding is that Fund FY = the FY that the grant was authorized, and Issue FY = the FY that the funds were disbursed.

CMS Mobile Crisis Grant Search Process:

State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services were awarded to State Medicaid Agencies by CMS through the Center for Medicaid and CHIP Services (CMCS). Twenty states were recipients of the grants, including Alabama, California, Colorado, Delaware, Kentucky, Massachusetts, Maryland, Maine, Missouri, Montana, North Carolina, New Mexico, Nevada, Oklahoma, Oregon, Pennsylvania, Utah, Vermont, Wisconsin and West Virginia. We obtained a record of all 20 CMS Mobile Crisis Grants from taggs.hhs.gov using these search terms on the Advanced Search page (https://taggs.hhs.gov/SearchAdv):

1. Funding FY = 2021.
2. OPDIV = CMS.
3. Assistance Listings: CFDA = 93639.

DOJ Collaborative Crisis Response Training Program and the Law Enforcement Behavioral Health Responses Search Process:

1. We initiated the search process with the program name on the Bureau of Justice Assistance grant awards list, available at https://www.ojp.gov/funding/bja-fy21-grant-awards.
2. We exported a record of the state-level grant allocations into a comprehensive spreadsheet.

DOJ Crisis Intervention Teams Search Process:

1. Given that the CITs program forms a subset of the Office of Community Oriented Policing Services Community Policing Development Microgrants Program, we obtained information about the CIT program from its official website, accessible at https://cops.usdoj.gov/cit.
2. We were able to access the funding allocations from documents detailing the awards, such as https://cops.usdoj.gov/pdf/2021AwardDocs/cpd/Award_List.pdf.

APPENDIX B: ENVIRONMENTAL SCAN

See attached Excel.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:
aspe.hhs.gov/reports

ABOUT THE AUTHORS
Kiersten Johnson, Ph.D., Tami Mark, Ph.D., Minglu Sun, Ph.D., Colleen J. Watson, B.S., and Miku Fujita, B.S.E., work at RTI International.

Judith Dey, Ph.D., Joel Dubenitz, Ph.D., and Laura Jacobus-Kantor, Ph.D., work in the Office of Behavioral Health, Disability, and Aging Policy in the Office of the Assistant Secretary for Planning and Evaluation.

SUGGESTED CITATION
Johnson, K., Mark, T., Sun, M., Watson, C.J., Fujita, M., Dey, J., Dubenitz, J., & Jacobus-Kantor, L. Federal Funding Compendium of Crisis Services: Final Report. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December 3, 2024.

COPYRIGHT INFORMATION
All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Subscribe to ASPE mailing list to receive email updates on new publications:
aspe.hhs.gov/join-mailing-list

For general questions or general information about ASPE:
aspe.hhs.gov/about