

Assessment of State Planning Grants for Community-Based Mobile Crisis Intervention Services Under the American Rescue Plan Act of 2021



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Research Objective and Design

In the absence of sufficient, well-integrated mental health crisis care, law enforcement and emergency departments have become the default mobile crisis system.¹ As the largest payer of behavioral health services, Medicaid can help develop states' response capacity for mental health and substance use crises. Most states, however, have limited coverage for such services.² Under the American Rescue Plan Act of 2021, the Centers for Medicare & Medicaid Services (CMS) awarded 20 state Medicaid agencies with 12-month planning grants totaling \$15 million to increase their capacity to provide community-based mobile crisis intervention services for Medicaid individuals. These grants allow development of state plan amendments (SPAs), section 1115 demonstrations, or section 1915(b) or 1915(c) waivers to cover community-based mobile crisis services.³

The research objective was to clarify awardee state use of planning grants through a systematic review of quarterly reports and other documentation that states provided to CMS as a condition of grant participation. The review, which was conducted from February to July 2023, began as a part of the National Evaluation of the American Rescue Plan.

Principal Findings

State planning grant awards ranged from \$381,331 to \$953,336. States that received a planning grant engaged with affected organizations and individuals—including behavioral health entities, first responders, healthcare providers, community members, and tribal and rural representatives—to determine the status of their mobile crisis systems. These engagements occurred in a variety of settings, from town halls to surveys, and allowed states to gain insights on the needs of their population (e.g., providing services or documents in languages other than English) and to understand current gaps in coverage and availability of services (e.g., need for a crisis provider type). States used their funding for needs assessments, technical assistance, trainings and certifications, creation or modification of billing codes and coverage policies, and submissions of SPAs or waivers. As of October 2023, CMS has approved mobile crisis SPAs for eight of the planning grant states: California, Kentucky,

Massachusetts, Montana, North Carolina, Oregon, Wisconsin, and West Virginia.⁴ Additionally, several states have integrated their mobile crisis response systems with the 988 Suicide and Crisis Lifeline in an effort to establish cohesion and sustainability. After the initial 12-month grant period, 16 states received a 1-year, no-cost extension to continue implementing their plans.

Exhibit 1. State Planning Grant Recipients and SPA Approvals

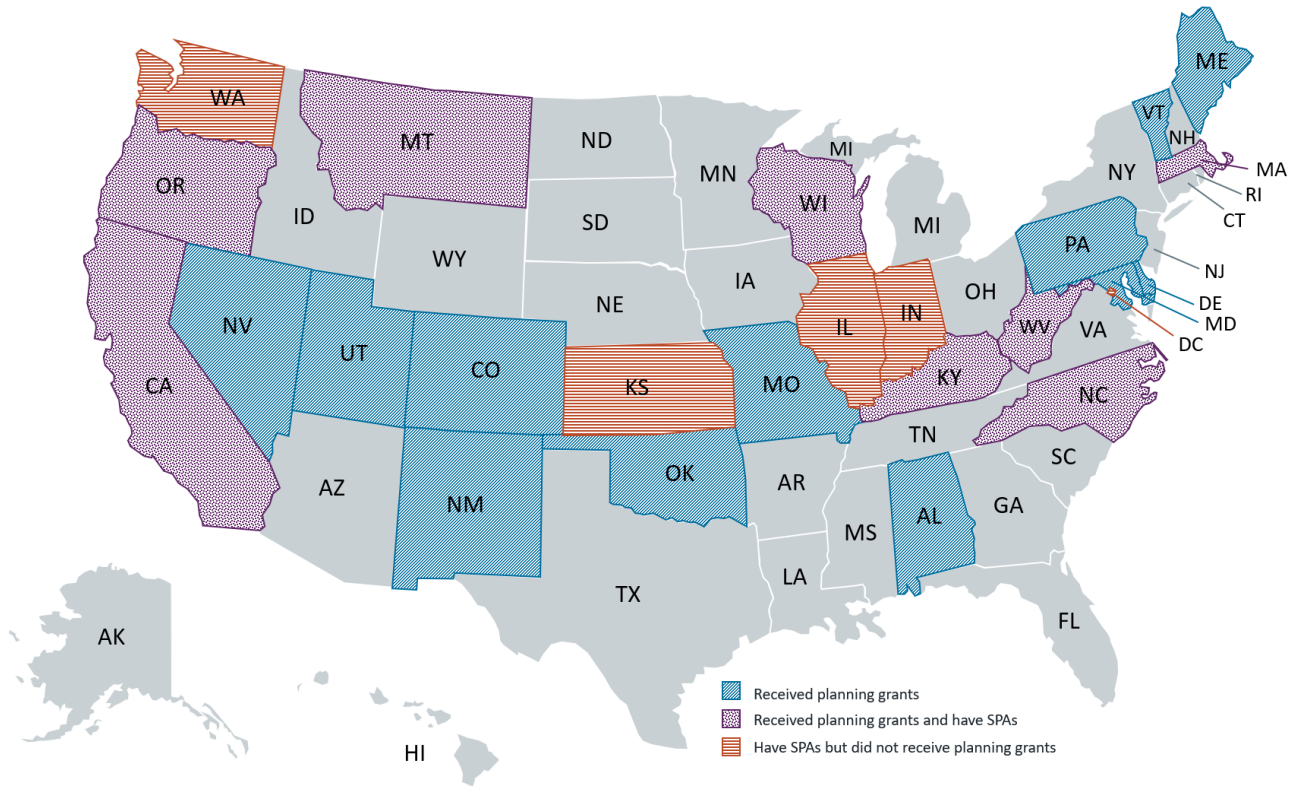


Exhibit 2. State Planning Grant Information

State	Funding	SPA Approval Date	1-Year, No-Cost Extension
Alabama	\$953,336		●
California	\$853,238	July 2023 ⁵	●
Colorado	\$818,278		●
Delaware	\$536,357		●
Kentucky	\$796,894	September 2023 ⁶	
Maryland	\$800,365		●
Massachusetts	\$888,264	June 2023 ⁷	●
Maine	\$929,502		●
Missouri	\$653,765		●
Montana	\$585,609	October 2023 ⁸	

State	Funding	SPA Approval Date	1-Year, No-Cost Extension
North Carolina	\$948,335	November 2022 ⁹	●
New Mexico	\$476,665		
Nevada	\$615,937		●
Oklahoma	\$381,331		
Oregon	\$952,951	September 2022 ¹⁰	●
Pennsylvania	\$772,205		●
Utah	\$382,601		●
Vermont	\$953,336		●
Wisconsin	\$853,504	May 2023 ¹¹	●
West Virginia	\$847,527	September 2023 ¹²	●

Conclusions

States that received a planning grant through the American Rescue Plan Act of 2021 have kick-started the advancement of community-based mobile crisis intervention systems by determining the needs of their residents and the gaps in current infrastructure. Of the 20 states that received planning grants, eight have successfully passed SPAs to improve their mobile crisis response systems. Several other states, including those that did not receive a planning grant, are working to develop sustainable mobile crisis response systems through SPAs and other vehicles. This process is complex, and many states have found that more time and resources are needed to make these systems sustainable, as indicated by the number of states that requested a 1-year, no-cost extension for the planning grants. Future research should follow state actions around developing sustainable mobile crisis response systems for their unique populations through SPAs and other approaches, such as expanded coverage policies and streamlined mobile crisis certifications.

Disclaimer: The contents of this document do not represent the views of the Centers for Medicare & Medicaid Services.

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