

## Guidance for the revision of the FY 2020-2021 for the Mental Health Block Grant Application for the new Crisis Services 5% set-aside

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. Congress specifically provided an increase to federal fiscal year (FY) 2021 MHBG appropriation over the FY 2020 level to help states meet this new requirement without losing funds for existing services. The appropriation bill has the following requirement for the new 5 percent set-aside.

*Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, 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, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.*

A fully developed crisis response system is responsive any time and any place. What does a person in crisis need? Someone to talk to, or someone to respond, or a safe place to go for evaluation, stabilization and follow up. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. SAMHSA recognizes that the development of fully accessible and responsive crisis services involves complex problem solving with multiple entities and systems. We also recognize that strategic crisis services implementation can result in better care and cost savings through the reduction in avoidable emergency department visits, psychiatric admissions, police engagement, arrests, incarcerations and 911 calls.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes “[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)” as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

SAMHSA is requesting states to implement this 5 percent set-aside through a “request for revision of the 2020-21 MHBG plan” within the Environmental Factors, Section 15. Crisis

Services. States are encouraged to fund programs to meet the needs of persons with crisis services, specifically utilizing the SAMHSA's *National Guidelines for Behavioral Health Crisis Care*, tool kit. States may address the three core services either through enhancing existing program activities or through developing a set of new activities based on the tool kit.

It is expected that the states' capacity to implement crisis services will vary based on the actual funding from the 5% allocation. It is also recognized that with the timing of the allocation distribution, states may need to dedicate the rest of the current fiscal year to planning, training, and/or infrastructure development while targeting program implementation to the following year. Additionally, many states have begun implementing such models or similar approaches and can build on these existing efforts through their proposed MHBG plan revision. States must submit their plan revision request proposal into the FY 2020-2021 MHBG Behavioral Health Assessment and Plan in Section C. Environmental Factors and Plan, 15. Crisis Services. This section initially requested to report how states and local communities identify and effectively respond to, prevent, manage and help individuals, families, and communities recover from crises. States should also complete line 10, Crisis Services (5%) in Table 2 State Agency Planned Expenditures [MH] under Section B: MHBG.

SAMHSA requests states to submit the following with the proposal.

- Update the checkboxes and add any comments in the comment boxes in Section C. Environmental Factors and Plan, 15. Crisis Services
- Update Table 2 to reflect the 5% set-aside funds

Include a description of the current status of your states crisis program as well as proposed plan for expenditure of the 5% set aside. We recommend the following information when submitting the proposals.

- Description of the status of the state's current crisis system. Please describe in terms of the following three elements: current access to local crisis call centers, the availability of mobile crisis behavioral health first responder services and the availability and or utilization of short-term crisis receiving and stabilization centers. The suggested framework for describing your states current system capacity is below. Receipt of this data will enable us to track national development and utilization of each of the crisis components over time.
- Stages of Implementation terms:
  - a) The **Exploration-Planning** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.
  - b) The **Installation** stage: occurs once the state has proposed a plan and begins making the changes necessary to implement the service based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.
  - c) **Early Implementation**: occurs when the state has the core crisis service implemented in some parts of the state, about 25% or less persons have access to that service.

- d) **Middle Implementation** stage: occurs when the state has the core crisis service implemented such that about half of the people in your state have access to that service.
- e) **Majority Implementation:** occurs when the state has the core crisis service implemented in most parts of the state so that most people have access.
- f) **Program Sustainment** stage: occurs when implementation is statewide and has a clear funding plan.

We request that you indicate what stage each of the three elements is in your state and submit this back to us in your application.

	Exploration Planning	Installation	Early implementation Less than 25% of people in state	Middle Implementation About 50% of people in state	Majority Implementation At least 75% of people in state	Program Sustainment
Someone to talk to						
Someone to respond						
Place to go						

Other program implementation data that might be useful to characterize crisis services system development. These are included for your consideration only and we recognize that some of these are not readily available. These are based on data components that some states and localities have found useful in measuring impact and outcome of crisis services.

1. Someone to talk to: Call Center Capacity
  - a. Number of locally based crisis call Centers in state
    - i. In the Suicide lifeline network
    - ii. Not in the suicide lifeline network
  - b. Number of Crisis Call Centers with follow up Protocols in place
  - c. Total number of calls statewide and by local crisis call center
  - d. Percent of 911 calls that are identified as MH related
2. Someone to respond: mobile behavioral health crisis capacity
  - a. Number of mobile responders that are independent of first responder structures (police, paramedic, fire)
  - b. Number of mobile responders that are integrated with first responder structures (police, paramedic, fire)

- c. Number of mobile responders that employ peers
  - d. Number of police responses to mental health crises
3. Place to Go: Available resources in the state
  - a. Number of Emergency Departments
  - b. Number of Emergency Departments that operate a specialized behavior health component.
  - c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hr units that can diagnose and stabilize individuals in crisis)
  - d. Number of hours of overtime by law enforcement related to accompaniment of persons with MH conditions in ED or other settings.
  - e. Number of persons boarded in ED (In ED longer than 24 hours and waiting for psychiatric admission.)
- Clearly describe the proposed/planned activities utilizing the 5% set aside for FY 21, including an estimated budget. States may be at different stages for different geographic locations. States will be required to report on what activities have been completed throughout the grant with this set-aside funding.
- Via the revision request, upload the document (word or pdf) using the upload tab into Section C. Environmental Factors and Plan, 15. Crisis Services. Please title this document “Crisis Services in FY 21”. Upon submission, SAMHSA will review the revision proposals to ensure they are complete and responsive. Once the revision proposal is approved by SAMHSA, the allotment for the 5 percent set aside will be awarded to the state.