



New Funding is Available for Mental Health Mobile Crisis Teams

The new COVID-19 relief bill – the American Rescue Plan, H.R. 1319 – provides new federal funding for mental health mobile crisis teams.

Mental health mobile crisis are highly effective, both as an alternative to the police responding to individuals with mental illness and as a way to meet the urgent needs of individuals with mental illness or substance use disorder.¹

Settlement agreements negotiated by the Bazelon Center and the U.S. Department of Justice to implement the community-based services mandate of the Americans with Disabilities Act and the U.S. Supreme Court’s decision in *Olmstead*, 527 U.S. 581 (1999), routinely include requirements to expand mobile crisis services.²

Section 9813 of the American Rescue Plan creates a new funding stream, as part of the Medicaid program, to support an expansion of mental mobile crisis teams. The funding stream can be tapped for five years, starting April 1, 2022. For the first three years, when a State takes advantage of this funding opportunity, the federal government pays for 85% of the cost (or more in the few states with a regular match greater than 85%). That means if a State invests \$1 million in new mobile crisis teams, it can generate an additional federal contribution of more than \$6,000,000. Services need not be provided statewide.

The State must file an amendment to its Medicaid plan or seek or amend a waiver to secure the additional funding. The bill provides funding for grants to states to help them with developing an amendment.

Mobile crisis services must meet certain criteria to qualify for Medicaid funding under the new program. They must be:

1. furnished “outside a hospital or other facility setting” to an individual who is “experiencing a mental health or substance use disorder crisis,” and
2. provided by a “multidisciplinary mobile crisis team” that is “available 24 hours per day, every day of the year.

Additionally, the multidisciplinary team must:

3. include “at least 1 behavioral health care professional” qualified to conduct an assessment and “other professionals or paraprofessionals with appropriate expertise in

behavioral health or mental health crisis response, including nurses, social workers, peer support specialists, and others,”

4. be “trained in trauma-informed care, de-escalation strategies, and harm reduction,”
5. be “able to respond in a timely manner” and “provide screening and assessment, stabilization and de-escalation, and coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed,” and
6. “maintain[] relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, crisis respite centers, and managed care organizations (if applicable).”

See American Rescue Plan (Section 9813) at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>.

¹ *Defunding” the Police: and People with Mental Illness*, Bazelon Center for Mental Health Law, <http://www.bazelon.org/wp-content/uploads/2020/08/Defunding-the-Police-and-People-with-MI-81020.pdf>; *Diversion to What? Evidence-Based Mental Health Services That Prevent Needless Incarceration*, Bazelon Center for Mental Health Law (Sept. 2019), <https://secureservercdn.net/198.71.233.254/d25.2ac.myftpupload.com/wp-content/uploads/2019/09/Bazelon-Diversion-to-What-Essential-Services-Publication-September-2019.pdf>; ; Martone et al., *Olmstead at 20: Using the Vision of Olmstead to Decriminalize Mental Illness* (Sept. 2019), https://www.tacinc.org/wp-content/uploads/2020/02/olmstead-at-twenty_09-04-2018.pdf.

² Bernstein, Burnim, and Murphy, *Diversion, Not Discrimination*, Bazelon Center for Mental Health Law (July 2017), <http://www.bazelon.org/wp-content/uploads/2018/07/MacArthur-White-Paper-re-Diversion-and-ADA.pdf>.