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A Better Response

Improving America's Mental Health Crisis System

Someone to Talk To

Someone to Respond

A Safe Place for Help

JUNE 2024

Acknowledgements

Inseparable works to advance policy solutions that reflect the belief that the health of our minds and bodies is inseparable.

We have three primary areas of focus:

- **Closing the treatment gap for people with mental health and substance use conditions;**
- **Promoting school and youth mental health; and**
- **Improving crisis response.**

This report is dedicated to all those who have experienced a mental health, substance use, or suicidal emergency and who deserve a crisis system that ensures that no one's worst moment keeps them from living their best life.

This report was authored by Angela Kimball, Caitlin Hochul, David Lloyd, Keris Myrick, Pooja Mehta, Jake Swanton, Dana Balter, Laura Gorsky, and Dania Lofton with invaluable assistance from Breonna Gamble, Laura Blanke, and Dr. Jonathan Purtle.

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Inseparable would like to express our deep appreciation for the Substance Abuse and Mental Health Services Administration's (SAMHSA) transformative work to reimagine crisis care.

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A Better Response: Improving America's Mental Health Crisis System

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Crisis Response in America

OUR VISION

No one's worst day keeps them from living their best life.

Every day, people experience mental health, substance use, and suicidal emergencies. In a survey published in October 2022, half (51%) of all adults nationwide said someone in their family had experienced a severe mental health crisis.

Too often, those in crisis don't know who to turn to, and many don't receive the care they need. Every minute, an average of two people will attempt suicide; three people with a mental health condition will be booked into a jail; and eight calls, texts, and chats will be made to the 988 Suicide & Crisis Lifeline (988 call centers).

Mental health crises are health care emergencies and should be treated–and covered–just like physical health emergencies. Crises can range from distress due to a mental health or substance use disorder to experiencing mania, psychosis, or suicidality.

Crisis Response in America

While states across the country have made significant strides in improving crisis services in recent years, more is needed to ensure no one's worst day keeps them from living their best life. To that end, this report features policy solutions designed to advance the following three goals:

1. **Everyone in a mental health[1] crisis receives the right services at the right time and has a supportive, recovery-oriented experience of care.**
2. **Youth in mental health crisis and their families receive developmentally-appropriate services and supports.**
3. **Law enforcement involvement in a mental health crisis is the exception, not the rule.**

The crisis continuum of care supports these goals by ensuring people have **someone to talk to, someone to respond, and a safe place for help.** This commonsense approach, outlined in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care, gives people a clear pathway when they—or someone they know—experiences a mental health emergency. It also frees up law enforcement to focus on the job they are trained to do, reduces strain on overwhelmed emergency departments, and, most importantly, saves lives.

The Crisis Continuum of Care

[1] Throughout this report, our use of the term "mental health" is intended to include substance use disorders, suicide, and suicidal ideation.

Crisis Response in America

Congress has provided federal funding to help improve capacity at local and regional 988 call centers, to expand mobile response, and to develop crisis stabilization facilities. However, more needs to be done to support and sustain these efforts, including increasing federal funding to help states expand crisis services and collecting robust and transparent data on state crisis system capacity. Additionally, federal policymakers should ensure mental health crisis services outlined in SAMHSA guidelines are covered in the same manner that physical health emergency services are covered.

In 2020, Congress enacted the National Suicide Hotline Designation Act, which established 988 as a nationwide, three-digit number for the Suicide & Crisis Lifeline. 988 call centers serve an important role in the crisis continuum by ensuring people get the right help at the right time. In the year following its launch, 988 received nearly 5 million calls, texts, or chats, with less than 2% resulting in law enforcement involvement.

While federal funds and policies can help states make progress, they will not be sufficient to support statewide crisis systems. **State policymakers are uniquely positioned to shape and sustain reimagined crisis systems.** This report is intended to assist by providing examples of policies that work, state snapshots of data and policy, and other resources to inform policy-making. We hope it will help facilitate dialogue about what is working and how to improve services to serve anyone, anywhere, anytime.

The High Toll of Inadequate Crisis Response

Inappropriate crisis response can result in avoidable arrests, emergency department visits, trauma, and tragedy.

Even though mental health emergencies are common, most people don't know who to call when they experience one. Frequently, people call 911 and police officers respond, which can result in traumatic and costly outcomes.

Rates of children visiting emergency departments for mental health crises are rising.

From 2018-2021, **over 1 million children per year** visited emergency departments for mental health challenges.

Mental health-related emergency department visits have significant costs.

In 2017, mental health and substance use disorder emergency department visits in the US **cost more than $5.6 billion.**

People with mental health conditions are at higher risk of being jailed.

Nearly 4 in 10 people in jail or prison have a mental health condition.

Law enforcement encounters can end in tragedy.

Since 2015, **1 in 5 fatal police shootings** have been of people experiencing a mental health emergency.

The High Toll of Inadequate Crisis Response

> **They don't know how to handle people like me.**

Jeff White has lived most of his life in small Iowa cities surrounded by rural areas. As a person with depression and schizophrenia, his calls to 911 for help in the past often resulted in trips to the hospital or jail. "They don't know how to handle people like me," said White. "They just don't. They're just guessing." In most of those instances, he said **what he really needed was someone to help him calm down and find follow-up care.**

When he became a law enforcement officer 33 years ago, **Capt. Kevin Ickleberry** of the Bartlesville Police Department in Oklahoma didn't imagine he'd answer mental health crisis calls every day. "The last thing we want to do is handcuff somebody and stick them in the back of a police car or behind the cage," Ickleberry said. **"We want everybody to be safe. We want everybody to have a better life, and part of that is trying to get them the best services we can."**

> **The last thing we want to do is handcuff somebody and stick them in the back of a police car or behind the cage.**

The Crisis Continuum of Care

Fortunately, with appropriate and timely interventions, people can start on a road to recovery.

The crisis continuum of care offers the promise of a better response, better outcomes, and better use of state and local resources. SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit outlines its three essential elements:

Someone to Talk To

Someone to Respond

A Safe Place for Help

This three-part mental health crisis response system acts like an efficient funnel. The vast majority of people in distress get the help they need from a 988 call center. Typically, only one in five people need help from a mobile response team. A relatively small number need crisis stabilization facilities. When all three tiers of support are in place, consistent with national guidelines–and when the system is financed to provide 24/7 capacity like other emergency systems–we can ensure that people get the right services when and where they need them.

The Crisis Continuum of Care

Someone to Talk To

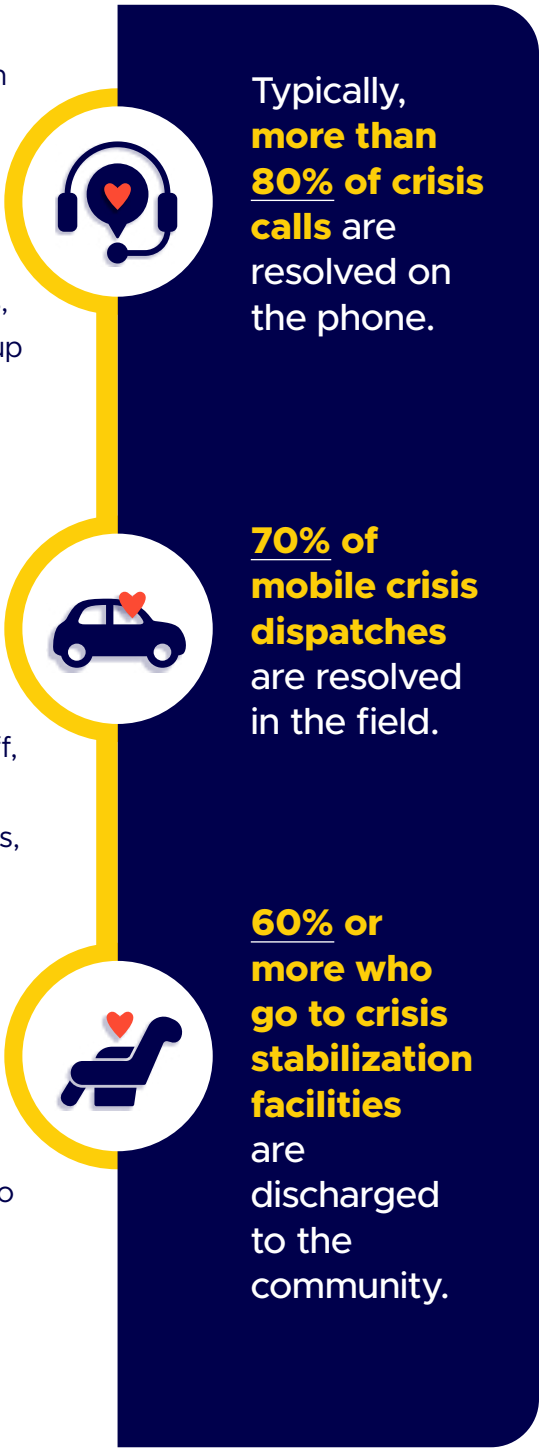
A strong crisis response system provides support from a trained crisis counselor at a 988 call center that doesn't require a person to say who or where they are. Call centers should have the capacity to rapidly respond to calls, texts, or chats with support and resources, as well as to deploy mobile response teams, link to crisis stabilization facilities,[2] and provide follow-up and coordination of services and support 24/7.

Someone to Respond

Mobile response teams, including specialized youth response, should be available to reach anyone who needs in-person support anywhere, anytime. Instead of relying on law enforcement to respond to crises, states should shift to specialized mobile response teams that have professional and paraprofessional staff, including peer support specialists, who are able to establish rapport, screen and assess, de-escalate crises, coordinate services and supports, and provide follow-up. Teams should also be able to provide or arrange non-law enforcement transportation, as needed.

A Safe Place for Help

Crisis stabilization facilities offer a safe place for observation and crisis stabilization in a home-like environment for less than 24 hours. For individuals who need additional care, crisis residential beds provide short-term stays that are typically under 7 days. Peer respite and in-home stabilization services, especially for youth, are important additional options to promote safety and recovery.



[2] Throughout this report, the use of the term "crisis stabilization facilities" is meant to include crisis receiving and stabilization facilities, crisis receiving "chairs," and short-term crisis residential beds.

A Better Response: State Policies that Work

Across the country, states are reimagining their mental health crisis response system to better serve individuals, their families, and the community.

A continuum of crisis services helps people get on a path of recovery, but only if the system is built for success and has sustainable funding. Unfortunately, in too many communities, crisis services and facilities are at risk—and some have even shut their doors—because policies did not support their sustainability.

Building for success means enacting policies that enable efficiency and effectiveness and, critically, that finance crisis system capacity 24/7 so that services are available to anyone who needs them, regardless of their ability to pay. These policies, outlined in the section below, are organized into five categories that bolster the continuum of care.

Policy Areas

- **Establish Sustainable Financing**
- **Ensure System Accountability**
- **Build System Infrastructure**
- **Develop Workforce Capacity**
- **Promote a Culture of Service**

Establish Sustainable Financing

No single funding source covers the cost of maintaining capacity for a continuum of crisis services. While states should use general funds that provide critical flexibility to cover non-billable costs and serve people who are uninsured or underinsured, they can and should diversify funding streams to provide greater sustainability. For example, federal law authorizes states to enact 988 surcharges to support crisis services, similar to 911 surcharges that finance dispatch of police, fire, and ambulance services. Finally, to support financial viability, all appropriate billing codes for all crisis services must be available and reimbursable at rates that recoup the cost of care.

Policy Recommendations

- **Fund 988 call centers and related services** through a small federally-authorized telecom fee, similar to 911 surcharges on phone bills
- **Maximize federal funding** by applying for a three-year enhanced Medicaid match rate of 85% for mobile response services
- **Ensure commercial insurance covers mobile crisis response** in the same manner as EMS and ambulance services
- Direct the state insurance department to **enforce federal commercial coverage requirements** for crisis receiving and stabilization services
- **Invest state general funds that provide flexibility** to cover system development and non-billable costs
- Require state-regulated payers to **cover all recommended billing codes** in *Sustainable Funding for Mental Health Crisis Services*
- Require Medicaid and commercial insurers to **reimburse providers at rates that cover costs of care**

Establish Sustainable Financing

Policy Examples

Implementing a 988 Surcharge

MINNESOTA Chapter 70 (2023) establishes a monthly 988 telecommunications fee of up to $0.25 per line per month to supplement federal, state, and local funding. California, Colorado, Delaware, Maryland, Nevada, Oregon, Vermont, Virginia, and Washington also have 988 surcharges, ranging from $0.12 to $0.60.

Pursuing Enhanced Medicaid Match

ALABAMA The Alabama Medicaid Agency successfully applied for a State Plan Amendment that provides enhanced Medicaid match for mobile crisis services.

Ensuring Mental Health Emergency Services Coverage

VIRGINIA S 1347 (2023) specifies that individual and group health insurance coverage shall include mobile crisis response services and support, and stabilization services provided in a residential crisis stabilization unit.

Investing State General Funds

ALABAMA SB 106 (2022) provided $24 million for four crisis diversion centers, $12 million to establish two new crisis diversion centers, and $5 million for a pilot mobile crisis center for children and adolescents.

Ensure System Accountability

Crisis response systems should be accountable for achieving positive outcomes, facilitating collaborative partnerships in communities and between systems, and serving anyone, anywhere, anytime. To facilitate this, policymakers can take steps that promote coordination, measurement, and learning and improvement.

Policy Recommendations

- **Require data collection, analysis, and reporting** throughout the crisis response system
- **Include crisis system measurement, information-sharing, and performance standards** in Medicaid contracts
- **Facilitate coordination and information sharing with other emergency response systems,** like 911, and key system stakeholders and partners
- **Establish a state advisory board** of key stakeholders to inform development and improvement of crisis response systems
- **Ensure annual reporting to legislative bodies,** including any gaps, needs, regulatory barriers, and recommendations, to ensure the delivery of best practice crisis services

Ensure System Accountability

Policy Examples

Capturing Crisis System Data

TENNESSEE Tennessee's Department of Mental Health and Substance Abuse Services maintains a public-facing crisis services dashboard, as well as robust internal dashboards, that allow the agency to: monitor an individual's journey through crisis services and ensure they receive appropriate and timely care; identify system gaps and needs; improve planning and alignment of services; and enhance transparency.

Setting Standards in Contracts

ARIZONA Arizona's Medicaid agency, the Arizona Health Care Cost Containment System, sets performance standards for contracted providers and requires them to collect specific crisis continuum metrics and participate in a data and information sharing system.

Facilitating 988/911 Coordination

NEVADA Nevada convened a 988/911 Interoperability Workgroup, including the Nevada Association of Counties, the Nevada Sheriffs' and Chiefs' Association, and state-wide Public Safety Access Points (PSAPs, or 911 call centers), to identify needs and concerns and to take steps to build processes and capacities to support coordination and collaboration between 988 and 911.

Establishing Legislative Reporting

MASSACHUSETTS Chapter 177 (2022) establishes a state 988 commission within the Executive Office of Health and Human Services to provide ongoing strategic oversight and guidance regarding 988 services. The commission submits its findings and recommendations annually to the legislature.

Build System Infrastructure

Effective crisis services rely on a highly coordinated system of care that ensures the right type of care at the right time. This requires strong infrastructure–including appropriate technology, transportation, treatment systems, and facilities–designed to meet the needs of specific populations, including children and youth, in real time.

Policy Recommendations

- **Adopt definitions, across all payers, that are consistent with SAMHSA's best practice guidelines** for 988 call centers, mobile response, 23-hour crisis receiving and stabilization services, crisis residential services, peer respite, and in-home stabilization services
- **Ensure dedicated crisis-related transportation options** that reduce reliance on law enforcement
- **Leverage technology** to allow first responders, schools, and others to connect users with a mental health professional through a virtual platform
- **Develop capacity for all three components of crisis response,** including youth-specific services
- **Support warm lines and peer-run crisis respite** to provide an appropriate level of support to people with less acute struggles
- **Permit on-site medication storage and dispensing** for crisis receiving and stabilization and crisis residential facilities

Build System Infrastructure

Policy Examples

Providing Alternative Transportation

OKLAHOMA Oklahoma offers RideCARE, an alternative (non-law enforcement) transportation option, to urgent recovery centers, crisis centers, and other treatment facilities for people experiencing a psychiatric emergency, though it is only available for rides over 30 miles.

COLORADO San Luis Valley Behavioral Health Group in Colorado piloted recovery-oriented transport for individuals in crisis. The agency retrofitted two Ford Explorers with Plexiglass and cameras for security and with blankets and snacks for comfort. Drivers are trained in CPR, Mental Health First Aid, and in building rapport with clients.

Leveraging Technology

OKLAHOMA Oklahoma provided nearly 30,000 iPads with a MyCare software app to first responders, schools, jails, emergency rooms, and more, allowing them to connect users to a mental health professional or peer support specialist at a Certified Community Behavioral Health Center (CCBHC). The iPads have increased access to crisis de-escalation services, particularly in rural areas, and have reduced inpatient hospitalization and expenses related to first responders.

Meeting the Needs of Youth

OHIO Ohio's Mobile Response and Stabilization Services, or MRSS, provides an on-site response 24/7 to young people under the age of 21 who are experiencing difficulties or distress. MRSS does not triage calls; the crisis is defined by the caller and there is a "just go" approach. After the initial crisis is stabilized, intensive, in-home services and connections to other services may continue for up to 42 days.

Build System Infrastructure

Policy Examples *(Continued)*

Meeting the Needs of Youth

OREGON Oregon's YouthLine, which is a service of Lines for Life, Oregon's 988 Suicide & Crisis Lifeline, offers confidential crisis support and help by and for teens from 4-10 PM, with adult supports available at all other times.

Supporting Warm Lines

GEORGIA The Peer2Peer Warm Line provides support 24 hours a day from certified peer support specialists who are trained to help people who may not need an emergency response, but who are struggling. Warm lines can also help prevent problems from escalating into crises and are an important complement to crisis lines.

Develop Workforce Capacity

Developing and equipping mental health providers with the specialized skills they need is key to delivering quality care to those in crisis and putting individuals on a path to recovery. It is also important that states update licensing and credentialing standards and liability protections to support a crisis response workforce.

Policy Recommendations

- **Incorporate peer services** into crisis response systems
- **Enact liability protections** for crisis response staff and facilities
- **Support training and retention** of specialized crisis response staff
- **Update licensing and credentialing standards** to include a range of crisis response professionals, paraprofessionals, and facilities

Policy Examples

Promoting Peer Services

ARIZONA In Arizona, peers serve on mobile crisis teams alongside licensed clinicians, helping individuals who are experiencing a crisis feel safe, supported, hopeful, and connected to care.

Develop Workforce Capactiy

Policy Examples *(Continued)*

Promoting Peer Services

OREGON HB 2980 (2021) appropriated $6 million over two years for four peer respite centers to provide a voluntary, nonclinical, short-term residential support setting for individuals who are experiencing acute distress, anxiety, or emotional pain that may lead to the need for a higher level of care.

MISSOURI The Burrell Center's Behavioral Crisis Center of Missouri employs peer support specialists to promote engagement, assist clients in identifying their strengths and recovery practices that work for them, coach clients to set meaningful goals and develop strategies to achieve them, and provide hope through their own lived experiences.

Protecting Against Liability

WASHINGTON HB 2088 (2024) extends previously enacted liability protections for 988 crisis call center staff and mobile response teams to crisis stabilization and 23-hour crisis relief center staff, mobile teams, and facilities operated by tribes, and for transport of patients to behavioral health services.

Credentialing Crisis Workers

UTAH Utah's administrative rules include certification requirements for crisis workers and statewide crisis line standards. Crisis worker certification requires successful completion of prescribed training by an eligible individual, which includes licensed mental health professionals, certified case managers, and certified peer support specialists, among others.

Promote a Culture of Service

In order to realize the true potential of reimagined crisis systems that dramatically reduce costly emergency department visits and hospitalizations, law enforcement involvement, and tragic outcomes, it is critical to create a culture of serving anyone, anywhere, anytime.

Policy Recommendations

- **Require mobile response providers to "just go" when requested** and prohibit providers from triaging calls or refusing to serve certain people, places, or times
- **Require crisis providers to "just serve" anyone in crisis** and prohibit providers from rejecting a person for being "too acute," "too agitated," or "too intoxicated," and from specifying a percentage of patients that may be refused
- **Establish population-specific services** to meet community needs

Policy Examples

"Just Serve" Approach

ARIZONA Arizona's crisis system provides 24/7 crisis stabilization services without rejecting people with complex or severe behaviors or needs. One provider, Connections Health Services, has the tagline: "We accept everyone. Just walk in. No exceptions. No judgment."

Promote a Culture of Service

Policy Examples *(Continued)*

Advancing Population-Specific Services

WASHINGTON Washington's Native and Strong Lifeline is a 988 crisis line dedicated to serving Indigenous people[3] in Washington state. Calls are answered by trained Native crisis counselors who understand Native cultures and healing. The Native and Strong Lifeline was created in WA HB 1477 (2021) with a biennial appropriation of $1 million.

[3] For more considerations on meeting the needs of tribal members, see the *988 Convening Playbook: States, Territories, and Tribes*.

State Progress: Building a Better Response

Inseparable's state snapshots capture each state's current crisis call center capacity and mobile response and stabilization needs, as well as an overview of the state's progress in adopting financing and accountability-related policies that ensure there is someone to talk to, someone to respond, and a safe place for help for anyone, anywhere, anytime. States are measured against the following metrics:

Call Center Capacity

Metric	Target
988 in-state answer rate The percentage of 988 Suicide & Crisis Lifeline calls routed to a state that are answered by an in-state call center provides a basic signal of in-state capacity.	**In-state answer rate of at least 90%**

Crisis Response Needs

Metric	Target
Mobile response teams The Crisis Resource Need Calculator provides an estimate of the number of mobile response teams needed in each state based on total population and geographical size.	**Target number based on total state population and geographical size**

Crisis Response Needs *(Continued)*

Metric	Target
Crisis stabilization The Crisis Resource Need Calculator provides estimates of the number of **23-hour crisis receiving chairs** and **short-term crisis residential beds** needed in each state to serve as an alternative to emergency departments or hospitalization.	**Target numbers based on total state population and geographical size**

System Financing

Metric	Scoring
988 surcharge State legislation establishes a surcharge on phone lines to support 988 crisis response systems, like 911 surcharges on phone bills.	● YES ○ NO
Enhanced Medicaid match for mobile response State Medicaid option applied for and approved by the Centers for Medicare & Medicaid Services to secure an 85% federal matching rate for qualifying mobile response services for three years.	● YES ○ NO
Commercial insurance coverage State insurance code specifies that qualified mobile response and crisis stabilization services must be covered in the same manner as physical health emergency services.	● YES ◐ PARTIAL ○ NO

State Progress: Building a Better Response

System Accountability

Metric	Scoring
Crisis system advisory body Statutory establishment of a state advisory board of key stakeholders to inform development and improvement of crisis response systems.	● YES ◐ PARTIAL ○ NO
System coordination Statutory requirement to facilitate coordination and information sharing with other emergency response systems, like 911, and key system stakeholders and partners.	● YES ◐ PARTIAL ○ NO
Annual legislative reporting Statutory requirement for annual reporting to legislative bodies on the mental health crisis system, including gaps, needs, and recommendations.	● YES ◐ PARTIAL ○ NO
Data collection Statutory requirement to collect, analyze, and report actionable data on call center, mobile response, and crisis stabilization components that allows states to ensure timely and effective care and implement quality improvement.	● YES ◐ PARTIAL ○ NO

States may have statutes, regulations, or data that were not captured in our research or were not available for this publication. If you have additional or updated information you would like included, please email us at **info@inseparable.us**.

For an excellent and timely resource on state legislation, see NAMI's 988 Crisis Response Legislation Map.

STATE SNAPSHOT
Alabama

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**74%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**50**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**269**
Estimated # of short-term crisis residential beds needed	**229**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	◐	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$4.92 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Alaska

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**69%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**12**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**40**
Estimated # of short-term crisis residential beds needed	**34**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$0.72 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Arizona

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**100**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**394**
Estimated # of short-term crisis residential beds needed	**335**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	○

System Accountability

Crisis system advisory board*	◑
System coordination	○
Annual legislative reporting	○
Data collection**	○

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

* AHCCS established a 988 advisory committee

** AHCCS requires data collection in its Medicaid managed care contracts

$0.98 monthly telecom surcharge would generate about:

$7.0 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

Arkansas

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**75%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**28**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**166**
Estimated # of short-term crisis residential beds needed	**141**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$3.0 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
California

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**85%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**396**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**2,174**
Estimated # of short-term crisis residential beds needed	**1,850**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	◐

System Accountability

Crisis system advisory board**	◐
System coordination	◐
Annual legislative reporting	◐
Data collection***	◐

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

* $.08-$.30

** May be disbanded after 1/1/2024

*** Through 2029

$0.98 monthly telecom surcharge would generate about:

$38.7 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Colorado

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**75%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**64**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**313**
Estimated # of short-term crisis residential beds needed	**266**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	○

System Accountability

Crisis system advisory board**	◑
System coordination	○
Annual legislative reporting***	◑
Data collection	○

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

* Up to $.30

** Enterprise Board

*** 988 call center(s) only

$0.98 monthly telecom surcharge would generate about:

$5.7 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Connecticut

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**29**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**196**
Estimated # of short-term crisis residential beds needed	**167**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage*	◐

System Accountability

Crisis system advisory board	○
System coordination	●
Annual legislative reporting	○
Data collection**	◐

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* Urgent crisis centers and crisis stabilization only

** Crisis stabilization only

$0.98 monthly telecom surcharge would generate about:

$3.5 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Delaware

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**78%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**9**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**53**
Estimated # of short-term crisis residential beds needed	**45**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	●
System coordination	○
Annual legislative reporting	●
Data collection**	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* $.60

** Permissive only

$0.98 monthly telecom surcharge would generate about:

$0.97 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

District of Columbia

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**85%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**5**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**39**
Estimated # of short-term crisis residential beds needed	**33**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$0.68 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Florida

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**80%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**215**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**1,171**
Estimated # of short-term crisis residential beds needed	**996**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

State law or action:

● YES ◐ PARTIAL ○ NO

System Accountability

Crisis system advisory board*	◐
System coordination	○
Annual legislative reporting**	●
Data collection	○

† As of April 2024

* Expands existing behavioral health commission to include crisis response

** Through 2026

$0.98 monthly telecom surcharge would generate about:

$21.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Georgia

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**82%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**78**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**578**
Estimated # of short-term crisis residential beds needed	**492**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$10.5 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Hawaii

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**73%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**13**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**78**
Estimated # of short-term crisis residential beds needed	**66**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$1.4 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Idaho

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**88%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**23**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**96**
Estimated # of short-term crisis residential beds needed	**82**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$1.8 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Illinois

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**74%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**100**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**700**
Estimated # of short-term crisis residential beds needed	**596**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board*	◐
System coordination	●
Annual legislative reporting	○
Data collection**	◐

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* Focused on 911/988 coordination

** Requires recommendations for data

$0.98 monthly telecom surcharge would generate about:

$12.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Indiana

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**94%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**50**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**368**
Estimated # of short-term crisis residential beds needed	**313**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$6.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Iowa

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**87%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**26**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**173**
Estimated # of short-term crisis residential beds needed	**148**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$3.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Kansas

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**88%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**30**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**160**
Estimated # of short-term crisis residential beds needed	**136**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

State law or action:

● YES ◐ PARTIAL ○ NO

System Accountability

Crisis system advisory board	●
System coordination	●
Annual legislative reporting*	◐
Data collection*	◐

† As of April 2024

* 988 call center(s) only

$0.98 monthly telecom surcharge would generate about:

$2.9 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Kentucky

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**85%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**33**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**246**
Estimated # of short-term crisis residential beds needed	**209**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	◐	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$4.4 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Louisiana

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**43**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**256**
Estimated # of short-term crisis residential beds needed	**218**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$4.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Maine

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**92%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**15**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**74**
Estimated # of short-term crisis residential beds needed	**63**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination*	●
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* Two bills: HP 1498 (2022) and HP 1420 (2024)

$0.98 monthly telecom surcharge would generate about:

$1.3 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Maryland

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**45**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**332**
Estimated # of short-term crisis residential beds needed	**283**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* $.25

$0.98 monthly telecom surcharge would generate about:

$6.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Massachusetts

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**87%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**58**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**379**
Estimated # of short-term crisis residential beds needed	**323**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	◐

System Accountability

Crisis system advisory board	●
System coordination	○
Annual legislative reporting	●
Data collection	●

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$6.9 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Michigan

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**80**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**549**
Estimated # of short-term crisis residential beds needed	**467**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$9.9 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Minnesota

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**50**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**308**
Estimated # of short-term crisis residential beds needed	**262**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting**	◑
Data collection**	◑

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

* Up to $.25

** 988 call center(s) only

$0.98 monthly telecom surcharge would generate about:

$5.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Mississippi

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**98%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**24**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**164**
Estimated # of short-term crisis residential beds needed	**140**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$2.9 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Missouri

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**94%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**49**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**337**
Estimated # of short-term crisis residential beds needed	**286**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$6.0 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Montana

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**96%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**17**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**58**
Estimated # of short-term crisis residential beds needed	**50**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	◐	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$1.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Nebraska

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**87%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**18**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**106**
Estimated # of short-term crisis residential beds needed	**90**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

State law or action:

● YES ◐ PARTIAL ○ NO

System Accountability

Crisis system advisory board	○
System coordination	●
Annual legislative reporting	○
Data collection	○

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$1.9 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Nevada

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**68%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**43**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**167**
Estimated # of short-term crisis residential beds needed	**142**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board**	◑
System coordination	●
Annual legislative reporting***	◑
Data collection	○

State law or action:

● YES ◑ PARTIAL ○ NO

† As of April 2024

* Up to $.35

** Advisory Committee for a Resilient Nevada includes crisis system

*** 988 call center(s) only

$0.98 monthly telecom surcharge would generate about:

$3.0 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

New Hampshire

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**83%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**13**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**75**
Estimated # of short-term crisis residential beds needed	**63**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	◐

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$1.3 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
New Jersey

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**74%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**67**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**490**
Estimated # of short-term crisis residential beds needed	**417**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	◐

System Accountability

Crisis system advisory board	○
System coordination	●
Annual legislative reporting	●
Data collection	●

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$9.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
New Mexico

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**30**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**115**
Estimated # of short-term crisis residential beds needed	**98**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$2.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
New York

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**88%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**161**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**1,074**
Estimated # of short-term crisis residential beds needed	**914**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	◐

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	◐
Data collection	◐

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$19.8 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

North Carolina

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**81%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**82**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**571**
Estimated # of short-term crisis residential beds needed	**485**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	◐	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

◐ YES ◑ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$10.2 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

North Dakota

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**12**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**42**
Estimated # of short-term crisis residential beds needed	**36**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$0.76 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Ohio

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**88**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**642**
Estimated # of short-term crisis residential beds needed	**547**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$11.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Oklahoma

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**88%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**38**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**217**
Estimated # of short-term crisis residential beds needed	**184**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$3.9 million annually

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STATE SNAPSHOT
Oregon

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**80%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**48**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**230**
Estimated # of short-term crisis residential beds needed	**196**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	●
Enhanced Medicaid match for mobile response	●
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	●
System coordination**	◐
Annual legislative reporting	○
Data collection***	◐

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* $.40

** Legislative report

*** 988 call center(s) only

$0.98 monthly telecom surcharge would generate about:

$4.2 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Pennsylvania

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**109**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**704**
Estimated # of short-term crisis residential beds needed	**599**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

State law or action:

● YES ◐ PARTIAL ○ NO

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$12.7 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

Rhode Island

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**98%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**8**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**58**
Estimated # of short-term crisis residential beds needed	**49**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$1.1 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

South Carolina

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**81%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**49**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**279**
Estimated # of short-term crisis residential beds needed	**238**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	○	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$5.0 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

South Dakota

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**86%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**11**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**48**
Estimated # of short-term crisis residential beds needed	**41**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$0.87 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Tennessee

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**53**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**372**
Estimated # of short-term crisis residential beds needed	**317**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection*	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* State agency collects crisis system data

$0.98 monthly telecom surcharge would generate about:

$6.8 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Texas

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**84%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**271**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**1,578**
Estimated # of short-term crisis residential beds needed	**1,342**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$28.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Utah

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**94%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**34**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**174**
Estimated # of short-term crisis residential beds needed	**148**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	●
System coordination*	◐
Annual legislative reporting	●
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* Call center coordination only

$0.98 monthly telecom surcharge would generate about:

$3.2 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Vermont

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**80%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**6**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**34**
Estimated # of short-term crisis residential beds needed	**29**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	○
System coordination	○
Annual legislative reporting	○
Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* $.72 (for a number of uses, including 988 Lifeline contact centers)

$0.98 monthly telecom surcharge would generate about:

$0.63 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Virginia

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**87%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**64**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**468**
Estimated # of short-term crisis residential beds needed	**398**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage**	◐

System Accountability

Crisis system advisory board***	◑
System coordination	◐
Annual legislative reporting	◐
Data collection****	◑

State law or action:

◐ YES ◑ PARTIAL ○ NO

$0.98 monthly telecom surcharge would generate about:

$8.5 million annually

† As of April 2024

* $.12

** Two bills: SB 1347 (2023) and S 543 (2024)

*** Permissive, not mandatory

**** 988 call center(s) only

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Washington

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**89%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**82**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**414**
Estimated # of short-term crisis residential beds needed	**352**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge*	◐
Enhanced Medicaid match for mobile response	◐
Commercial insurance coverage	◐

State law or action:

◐ YES ◑ PARTIAL ○ NO

System Accountability

Crisis system advisory board	◐
System coordination	◐
Annual legislative reporting**	◐
Data collection	◐

† As of April 2024

* $.40

** Expires June 30, 2024

$0.98 monthly telecom surcharge would generate about: $7.6 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT

West Virginia

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**14**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**99**
Estimated # of short-term crisis residential beds needed	**84**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	◐	System coordination*	◐
Commercial insurance coverage	○	Annual legislative reporting**	◐
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* Permissive, not mandatory

** 988 call center(s) only

$0.98 monthly telecom surcharge would generate about:

$1.8 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Wisconsin

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**77%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**53**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**320**
Estimated # of short-term crisis residential beds needed	**272**

System Financing and Accountability PROGRESS

System Financing		System Accountability	
988 phone surcharge	○	Crisis system advisory board	○
Enhanced Medicaid match for mobile response	◐	System coordination	○
Commercial insurance coverage	○	Annual legislative reporting	○
		Data collection	○

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

$0.98 monthly telecom surcharge would generate about:

$5.8 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

STATE SNAPSHOT
Wyoming

Ensuring a Better Mental Health Crisis Response

Call Center CAPACITY

988 Call Centers

In-state answer rate† (goal = **90% or higher**)	**90%**

Crisis Response NEEDS

Mobile Response Teams

Estimated # of mobile response teams needed	**11**

Crisis Stabilization

Estimated # of 23-hour crisis receiving chairs needed	**32**
Estimated # of short-term crisis residential beds needed	**27**

System Financing and Accountability PROGRESS

System Financing

988 phone surcharge	○
Enhanced Medicaid match for mobile response	○
Commercial insurance coverage	○

System Accountability

Crisis system advisory board	●
System coordination	●
Annual legislative reporting	●
Data collection*	◐

State law or action:

● YES ◐ PARTIAL ○ NO

† As of April 2024

* Call center(s) and usage only

$0.98 monthly telecom surcharge would generate about:

$0.57 million annually

This snapshot is intended to prompt dialogue and policies to better meet statewide crisis system needs; it reflects national data and state statutes available at the time this report was published. Crisis system accountability measures are based on statutory requirements; some states may have these elements in place without statutes.

APPENDIX A
Financing Opportunities for Crisis Response

The National Suicide Hotline Designation Act established 988 as a nationwide three-digit number for crisis response, but it did not include federal funding. Instead, it allowed states to enact a surcharge on monthly telecom bills, as is done with 911, to support a crisis continuum of care. Since then, Congress has made several one-time appropriations that many states have used to fund crisis services.

Below are several existing funding opportunities states can take advantage of to maintain or expand their crisis service systems.

988 Telecom Surcharge

Across the country, 911 surcharges on phone lines help support dispatch of police, fire, and ambulance services. Federal law authorizes states to enact similar 988 surcharges to support crisis services. At the time of this report, California, Colorado, Delaware, Maryland, Minnesota, Nevada, Oregon, Vermont, Virginia, and Washington have done so.

Centers for Medicare & Medicaid Services (CMS)

Medicaid helps extend state general funds by drawing down federal matching funds, but may only be used for people in crisis who are Medicaid-eligible or for crisis-related costs that are billable under Medicaid.

Medicaid Enhanced Mobile Response Services Option

The American Rescue Plan created a new Medicaid option that allows states to apply to receive an enhanced 85% federal medical assistance percentage (FMAP), or federal matching rate, for qualifying mobile response services for three years. This option, unless extended by Congress, will end March 31, 2027.

- Mobile response services must be delivered by a multidisciplinary team that includes at least one behavioral health professional
- If mobile response services are not currently covered or if changes are needed, states must submit a Medicaid state plan amendment or waiver application

APPENDIX A
Financing Opportunities for Crisis Response

Medicaid Administrative Match

Medicaid provides a 50% administrative match in all states that may be used to cover administrative costs for crisis systems. However, a 90% matching rate may be available to develop certain data-sharing and telehealth-enabling technologies and a 75% match for operating costs under the Medicaid Information Technology Architecture (MITA). Examples of potentially qualifying costs include:

- Tablets for mobile response teams to connect with clinicians via telehealth
- Software to facilitate communication between mobile response teams, call centers, and other clinicians
- Electronic bed registries
- Implementing text and chat technologies for Lifeline call centers

Medicaid Benefits for Crisis Services

Medicaid encourages states to cover the mental health crisis services recommended by SAMHSA, but states must include these as benefits in their Medicaid programs and "turn on" appropriate codes that allow for reimbursement. In addition, states should ensure that their Medicaid programs are updated to allow billing by a broad range of crisis response personnel, including peer support specialists.

Medicaid Certified Community Behavioral Health Clinic (CCBHC) Demonstration

States that participate in the CCBHC Medicaid demonstration are able to take advantage of a flexible payment methodology to support an array of services, including mobile response and crisis stabilization services. Missouri, for example, added a CCBHC payment rate to their state plan amendment that incorporates costs that may not typically be covered, such as outreach and engagement costs, care coordination, and team-based consultation.

Medicaid Institution for Mental Diseases (IMD) Exclusion Waiver for Crisis Residential Settings

Medicaid prohibits payment for services provided in certain psychiatric facilities serving non-elderly adults if the facilities have more than 16 beds. This is known as the IMD exclusion. However, states may be able to cover services in these facilities for up to 15 days under a Medicaid managed care rule. In addition, states may apply for a section 1115 demonstration initiative that waives the IMD exclusion for crisis residential settings with over 16 beds if the state takes a number of steps to improve community-based behavioral health care.

APPENDIX A
Financing Opportunities for Crisis Response

For additional ways to maximize use of Medicaid and other federal funds, see: Medicaid Building Blocks to Advance Crisis Services and States' Options and Choices in Financing 988 and Crisis Services Systems.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Lifeline Program

Historically, the federal 988 Suicide & Crisis Lifeline program has been funded to primarily support national infrastructure, including a backup network to assist when local Lifelines are over capacity, and to provide training, guidelines, and messaging for the Lifeline network of crisis call centers. More recently, Congress has appropriated additional funds that have allowed state and local Lifeline call centers to receive some federal funding.

Mental Health Block Grant

The federal Mental Health Services Block Grant (MHBG) is determined by Congressional appropriations and funds are distributed to states based on a formula. States are required to dedicate at least 5% of their MHBG funds for core crisis service elements.

APPENDIX B
State Behavioral Health Agency Expenditures

SAMHSA's Snapshot of Behavioral Health Crisis Services and Related Technical Assistance Needs Across the U.S. shows expenditures on core elements of crisis systems among reporting states. Many of these expenditures have a strong return on investment.

For example, a Minnesota Department of Human Services analysis of mobile response found the state realized **$3.90 in benefits for every $1.00 invested** in the mobile response program due to reduced hospitalization and crime.

A study of cost savings from using a 16-bed crisis residential facility instead of hospitalization for individuals with acute psychiatric needs in Austin, Texas, indicated that **crisis residential care saved the health care system between $1.87 and $2.82 million annually** during FY 2017-2019.

An analysis of the Maricopa County, Arizona crisis system estimated that a $100 million investment resulted in:

- **$250 million in avoided psychiatric inpatient costs**
- **$37 million in avoided emergency department costs**
- **A reduction of 45 cumulative years of emergency department psychiatric boarding**

2022 State Behavioral Health Agency Expenditures on Crisis Services

Crisis Service Type	No. of States Reporting	Total No. of Programs or Centers Reported	Average Spending per Program or Center*
Lifeline Call Centers	41	185	$1.84 million
Non-Lifeline Call Centers	15	344	$0.71 million
Mobile Response Teams	25	1,287	$0.54 million
<24 Hour Crisis Stabilization	22	237	$2.10 million
Short-term Crisis Residential	23	407	$1.67 million

* Not all states reported both numbers of programs and expenditures; average expenditures per program or center were calculated based on reported expenditures divided by the number of programs in each state that reported expenditures.

APPENDIX C
Model Commercial Insurance Coverage

As the landscape of crisis response evolves, it is important to update state statutes and regulations to ensure that mental health mobile crisis response and crisis stabilization services are covered as emergency services under state-regulated health plans. It is also important to ensure that the full range of crisis response providers and facilities are appropriately credentialed and licensed to allow billing of health plans. Crisis service providers, especially mobile response teams, may also require the staffing, training, and infrastructure necessary for billing insurance plans.

States should also enforce federal No Surprises Act (NSA) provisions that require commercial insurance to reimburse behavioral health emergency services provided in state-licensed crisis receiving and stabilization facilities. The NSA requires that crisis receiving and stabilization services be reimbursed in the same manner as other emergency services, including without prior authorization or regard to whether the provider is in or out of network.

In 2022, Washington State became the first state to enact legislation (HB 1688) to align state statute with the NSA and require coverage of mobile response and crisis stabilization services in the same manner as other emergency services.

State Model Language for Coverage of Behavioral Health Emergency Services

The following model language, courtesy of The Kennedy Forum, is intended to assist state legislators in ensuring appropriate coverage of behavioral health emergency services.

SECTION 1. Definitions

(a) The following definitions apply for purposes of this Act:

(i) "Behavioral health emergency services" means the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs of those experiencing a mental health or substance use disorder emergency. These include, but are not limited to, crisis intervention, mobile response teams, and crisis receiving and stabilization services.

(ii) "Mental health and substance use disorders" means a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization's International Statistical Classification of Diseases and Related Health Problems, or that is listed in the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Changes in terminology, organization, or classification of mental health and substance use disorders in future versions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders or the World Health Organization's International Statistical Classification of Diseases and Related Health Problems shall not affect the conditions covered by this section as long as a condition is commonly understood to be a mental health or substance use disorder by health care providers practicing in relevant clinical specialties.

(iii) "Mobile response teams" means a multidisciplinary behavioral health team as defined in the American Rescue Plan Act of 2021 (Section 1947(b)(2) of Public Law 117-2).

(iv) "Crisis receiving and stabilization services" means facility-provided short-term services (under 24 hours) with capacity for diagnosis, initial management, observation, crisis stabilization and follow up referral services to all persons in a home-like environment.

SECTION 2. Coverage for Behavioral Health Emergency Services

(a) Every [insurance] policy issued, amended, or renewed on or after [insert date], that provides hospital, medical, or surgical coverage shall cover behavioral health emergency services provided to [an insured] experiencing, or believed to be experiencing, a behavioral health emergency. Coverage of such services shall be without the need for any prior authorization determination and whether the health care provider furnishing such services is a participating provider.

(b) [An insured] shall only be responsible for in-network cost sharing. If behavioral health emergency services are provided by a non-participating provider, [the insurer] shall ensure that [the insured] pays no more in cost sharing than [the insured] would pay if the same services were provided by a contracted provider.

(c) The [Commissioner] shall enforce federal emergency services coverage requirements, including for behavioral health services provided in independent freestanding emergency departments, pursuant to the No Surprises Act (including 26 U.S. Code § 9816, 29 U.S. Code § 1185e, and 42 U.S. Code § 300gg-111) and its implementing regulations.

(d) The [Commissioner] shall verify that each treatment limitation placed on behavioral health emergency services is fully compliant with the federal Mental Health Parity and Addiction Equity Act and its implementing regulations. For each non-quantitative treatment limitation placed on mental health or substance use disorder services within the emergency classification of care, the [Commissioner] shall request each [insurer's] parity compliance analysis prepared pursuant to 42 U.S. Code § 300gg–26(a)(8) and verify that each analysis demonstrates compliance. Behavioral health emergency services shall be placed within the emergency classification of care in the same manner as physical health emergency services.

(e) The [Commissioner] shall adopt rules, under [insert relevant section of state law], as may be necessary to effectuate any provisions of this Section.

(f) If the [Commissioner] determines that an insurer has violated this section, the [Commissioner] may, after appropriate notice and opportunity for hearing in accordance with [relevant section of code], by order, assess a civil penalty not to exceed [twenty-five thousand ($25,000)] for each violation, or, if a violation was willful, a civil penalty not to exceed [fifty thousand dollars ($50,000)] for each violation. The civil penalties available to the commissioner pursuant to this section are not exclusive and may be sought and employed in combination with any other remedies available to the commissioner under this code.

(g) An [insurer] shall not adopt, impose, or enforce terms in its policies or provider agreements, in writing or in operation, that undermine, alter, or conflict with the requirements of this section.