

APPENDIX A

Congressional efforts to support crisis services

2014

Congress passed the Protecting Access to Medicare Act (PAMA), which authorized a demonstration program to allow states to test new strategies for improving community behavioral health services through Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC demonstration aims to improve the availability, quality, and outcomes of ambulatory behavioral health services. SAMHSA developed and is in the process of updating CCBHC criteria. Existing and proposed criteria would require CCBHCs to offer emergency crisis intervention (crisis call capacity), mobile crisis response, and crisis receiving stabilization services (including urgent care).

2018

Congress passed the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (Support) Act. Section 5022 of the SUPPORT Act requires the Children's Health Insurance Program (CHIP) include coverage of mental health services (including behavioral health) necessary to prevent, diagnose, and treat a broad range of mental health symptoms and disorders, including substance use disorders (SUDs).

2020

Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. The Lifeline is a national network of over 200 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. At the state level, in addition to existing public and private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

2021

Congress passed, and President Biden signed, the American Rescue Plan Act (ARPA) providing \$1.9 trillion in stimulus funds as a response to the COVID-19 pandemic and sought to speed the United States' recovery by addressing both the health and economic impacts of the pandemic. Section 9813 of this Act established a new state Medicaid option to provide community mobile crisis intervention services for individuals experiencing a mental health or substance use disorder crisis. Available for a five-year period beginning in April 2022, the new option reflects recognition that community-based mobile crisis intervention services are a key element of an effective behavioral health crisis continuum of care. As an incentive to state adoption, ARPA provides for an 85 percent enhanced federal matching rate for qualifying mobile crisis services provided to Medicaid beneficiaries for up to 12 quarters. This statute also provided funding for planning grants for states through the Centers for Medicare & Medicaid Services (CMS) to design and implement this new Medicaid option for community-based mobile crisis response services authorized under ARPA. In December of 2021, CMS released a State Health Official Letter providing additional detail to state Medicaid agencies that were interested

in pursuing enhanced match for their crisis programs. Section 2701 of ARPA provided a significant boost to the Mental Health Services Block Grant by appropriating \$1.5 billion. These increases to the block grant are in addition to funding previously appropriated by Congress for FY 2021. In addition, ARPA provided \$140 million to SAMHSA for workforce funding to support the 988 workforce for a two year period beginning in July 2022. The grants are intended to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory.

Congress also passed the Consolidated Appropriations Act of 2021 (P.L. 116-260) which includes a new 5 percent set-aside in SAMHSA's Mental Health Services Block Grant for evidence-based crisis care programs to address the needs of individuals with serious mental illness and children with serious emotional disturbance.

The United States Senate introduced the Behavioral Health Crisis Services Expansion Act. The bill would have established requirements, expanded health insurance coverage (including commercial coverage), and directed other activities to support the provision of behavioral health crisis services along a continuum of care. This legislation was a precursor to the legislation passed in December 2022 discussed below.

The Bipartisan Safer Communities Act in 2021 provided \$50 million in supplemental grant funding to help states and territories expand and enhance the 988 start-up

2022

In December 2022, Congress passed, and President Biden signed, the Consolidated Appropriations Act, 2023. This bill set forth several important provisions regarding federal action to expand the continuum of crisis services. Important provisions include:

- Requiring SAMHSA to develop an office to coordinate work relating to behavioral health crisis care across federal departments including CMS and the Health Resources and Services Administration (HRSA), as well as external stakeholders. The major objective of the office is to increase access to local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post-crisis follow-up care provided by 988 and CCBHCs' SUD and mental health providers. Congress provided \$5 million for this Office. The office is required publish these best practices within one year of enactment (December 2023) and maintain the best practices for three years after the date of enactment of this Act.
- Creating important parameters regarding the delivery of crisis care including no prior authorization of crisis services from commercial insurers (including group health plans), providing crisis care that serves all individuals regardless of age or ability to pay, and addressing psychiatric stabilization including individuals stabilized on the scene by mobile teams.
- Section 1122, which requires HHS to establish a \$10 million pilot program for states, localities, territories, Indian tribes, and tribal organizations to establish new, or enhance existing, mobile crisis response teams that divert individuals in crisis from law enforcement.
- Section 4123, which requires CMS to reimburse for crisis psychotherapy for Medicare beneficiaries.

- Section 5124, which provides \$8 million for CMS to establish a technical assistance center to help states design, implement, or enhance a continuum of crisis response services for children, youth, and adults covered under Medicaid and CHIP. It also requires CMS and SAMHSA to issue guidance to States regarding Medicaid and CHIP beneficiaries that recommends several key activities:
 - Defining and using Medicaid and CHIP funding to establish a continuum of crisis response services including crisis call centers, mobile crisis response, other crisis response services delivered in the community, residential facilities, and hospital settings
 - Promoting culturally competent, trauma-informed care, and crisis de-escalation.
 - Addressing how states under Medicaid and CHIP may support the ongoing implementation of crisis call centers (including youth-specific call centers)
 - Describing best practices for coordinating and financing a continuum of crisis response services through Medicaid managed care organizations
 - Identifying policies and practices to meet the need for crisis response services with respect to Medicaid beneficiaries in urban, rural, and frontier communities, differing age groups, cultural and linguistic minorities, individuals with co-occurring mental health and SUD conditions, and individuals with disabilities
 - Providing guidance to states on how Medicaid beneficiaries can access crisis response services without requiring a diagnosis, the use of presumptive eligibility at different stages of the crisis continuum, and the use of telehealth to deliver crisis response services