



Funding Strategy Roadmap

Transforming New York State Crisis Response

Prepared for the Daniel's Law Task Force

December 13, 2024

PRINTING INSTRUCTIONS

This report contains two linked attachments for the CCSI Enhanced Mobile Crisis Response Model Cost Estimates tools. To print this report and include the CCSI tools:

- (1) print this document first
- (2) open the CCSI files using the links in Appendix D
- (3) print the CCSI files individually

Table of Contents

INTRODUCTION	1
<i>Transforming New York State Crisis Response: A Phased Approach to Funding Enhanced Community Crisis Response Services</i>	<i>1</i>
ROADMAP OVERVIEW	2
<i>Phase 1: Plan</i>	<i>2</i>
<i>Phase 2: Pilot</i>	<i>4</i>
<i>Phase 3: Align</i>	<i>5</i>
<i>Phase 4: Scale</i>	<i>6</i>
<i>Phase 5: Sustain</i>	<i>7</i>
APPENDIX A: OPTIONS ANALYSIS	9
APPENDIX B: NYS PROGRAM FUNDING SUMMARY	11
APPENDIX C: LANDSCAPE PROGRAM FUNDING SUMMARY	14
APPENDIX D: CCSI ENHANCED MOBILE CRISIS RESPONSE MODEL COST ESTIMATES	18
APPENDIX E: NYS OMH CRISIS SERVICES ANNUAL BUDGET SUMMARY	19

Introduction

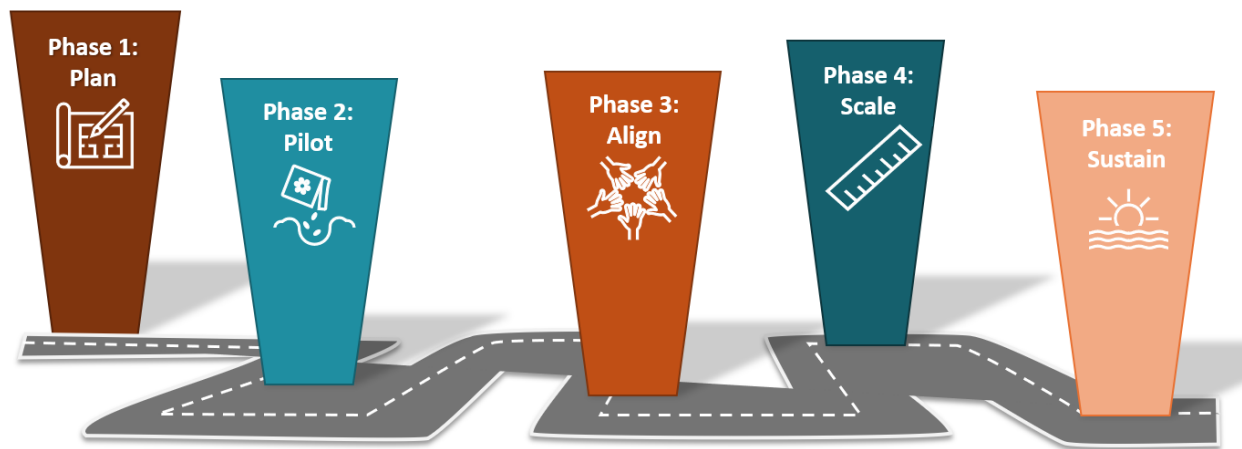
Transforming New York State Crisis Response: A Phased Approach to Funding Enhanced Community Crisis Response Services

This roadmap outlines a proposed phased approach to implementing a funding and governance framework in support of the Daniel’s Law Task Force’s objectives to enhance and expand community crisis response services across New York State. It is intended as high-level guidance and would require further development to operationalize.

Addressing funding needs in stages allows for short-term impact while building a foundation for sustainable systems change statewide. Phases may overlap and some activities may be iterative. Planning and pilot activities will provide insight into operational expenses and resource needs to inform refinement of the funding strategy as initiatives progress.

This roadmap draws from analysis of research findings and stakeholder input presented in *Transforming New York State Crisis Response: NYSTEC Summary of Findings Report* (Findings Report). Select Findings Report content and source materials can be found in the appendices for reference.


FIGURE 1: ROADMAP SNAPSHOT



Note: Phases may overlap and some activities may be iterative.

Roadmap Overview


Phase 1: Plan

<p>Estimated Duration</p>	<p>Approximately 1-3 years to scale from initial planning activities to full implementation <i>Phases may overlap and some activities may be iterative.</i></p>
<p>Key Objectives</p> 	<ul style="list-style-type: none"> ● Request state budget funds to support enhanced community crisis response pilots. <ul style="list-style-type: none"> ○ Analysis of the following inputs indicates \$15-\$20 million could support approximately 6-8 pilots (estimating \$1.5-\$2.5 million per pilot). <ul style="list-style-type: none"> – <u>Coordinated Care Services, Inc.’s (CCSI) staffing cost estimates, detailed in Appendix D: CCSI Enhanced Mobile Crisis Response Model Cost Estimates.</u> <ul style="list-style-type: none"> ■ CCSI’s fiscal model for an enhanced mobile crisis response team staffed 24 hours a day, 7 days a week by full-time staff members estimates approx. \$1.2 million to staff an enhanced community crisis response program in a rural area, \$1.7 million in a downstate urban area, and \$1.3 million an upstate urban or suburban area. ■ These estimates represent staffing costs only and do not include any other potential operational costs. – Existing NYS and national programs outlined in <u>Appendix B: NYS Program Funding Summary</u> and <u>Appendix C: Landscape Program Funding Summary</u>. <ul style="list-style-type: none"> ■ Operational scope and costs associated with state and national programs were considered in conjunction with CCSI’s fiscal models for staffing enhanced mobile crisis response teams to determine an overall high-level estimate of pilot funding needs. ○ Additional initial funding of \$2 million would be needed to support the formation and initial implementation of the Technical Assistance Center focused on training, monitoring, data collection and analysis, and other duties outlined in the recommendations. ○ It is anticipated that there may be additional costs to implement and sustain technology needed to improve interoperability and data collection across the crisis services continuum and integration between 988 and 911, both locally and statewide that will be determined during implementation planning. ● Develop and release a Request for Proposals (RFP), similar to New Jersey’s recently released RFP for Community Crisis Response Teams, to disperse funds to


up to 8 Local Government Units (LGU) for planning and implementation of enhanced community crisis response pilots.

- The RFP should:
 - Outline specific criteria and performance metrics aligned with Daniel’s Law Task Force recommendations and recognized best practices for enhanced community crisis response.
 - Require applicants to define a proposed budget for planning and implementation costs necessary to launch a pilot program which fulfills RFP requirements.
- **Take steps to optimize Medicaid support.**
 - Monitor and evaluate [State Plan Amendment #22-0026’s](#) impact on crisis services, identifying opportunities for expansion as applicable, and working with the Centers for Medicare and Medicaid Services (CMS) to secure approval for proposed changes.
 - Request Centers for Medicare and Medicaid Services (CMS) Medicaid Managed Information Systems (MMIS) funding at enhanced rates of Federal Financial Participation (FFP) through an Advance Planning Document (APD) to support eligible systems planning costs (i.e., statewide needs assessments and analyses).
 - This [CIB on enhanced Medicaid Match for IT to Improve MH and SUD Access](#), issued by CMS on June 14, 2024, provides examples of eligible systems costs for activities to support crisis services.
 - Explore alignment with state and federal Medicaid initiatives, such as the New York Health Equity Reform (NYHER) 1115 Waiver Demonstration. In particular, consider potential to leverage [Workforce Investment Organization \(WIO\) funding](#).
- **Identify and pursue policy and/or legislative changes necessary to develop sustainable funding mechanisms for crisis services.**
 - Examples nationally have included considering a 988 telecommunications fee, directed funding through the State budget process, and ensuring adequate all payer reimbursement for services.


Phase 2: Pilot

Estimated Duration	<p>Approximately 2-3 years to scale from initial planning activities to full implementation</p> <p><i>Phases may overlap and some activities may be iterative.</i></p>
<p>Key Objectives</p> 	<ul style="list-style-type: none"> ● Award selected RFP applicants and monitor pilot planning and implementation progress. <ul style="list-style-type: none"> ○ Successful pilots will: <ul style="list-style-type: none"> – Ensure crisis response service delivery within the pilot’s catchment area is aligned with the Daniel’s Law Task Force’s core principles and recommendations, and any other criteria outlined in the RFP. – Assess and improve processes, standards, and technology for triaging calls between 988 and 911 and dispatching community responders. – Strengthen coordination of local and regional funding streams, resources, and service delivery. – Implement best practices to maximize billing Medicaid and other payers for eligible services. – Establish mechanisms to track and evaluate progress, both for reporting purposes and to inform continuous improvement. ● Advance statewide efforts to strengthen, modernize, and integrate systems and technology necessary for crisis response service delivery coordination, data collection, and evaluation. <ul style="list-style-type: none"> ○ Continue to leverage enhanced Medicaid federal funding to support eligible planning activities and implementation activities, depending on progress. ● Continue to advance and operationalize policy and legislation necessary to develop sustainable funding mechanisms for crisis response services. <ul style="list-style-type: none"> ○ Legislation and policy change, such as allowing cross-agency collaboration on initiatives such as integrating 988 and 911, can optimize funding available to support and sustain improvements to crisis response services statewide. ● Formalize processes and mechanisms to support collaboration between the executive leadership of applicable state agencies.


Phase 3: Align

Estimated Duration	<p>Approximately 1-2 years to scale from initial planning activities to full implementation</p> <p><i>Phases may overlap and some activities may be iterative.</i></p>
<p>Key Objectives</p> 	<ul style="list-style-type: none"> ● Leverage lessons learned from pilot implementation and evaluation to inform an updated request for state budget funds. <ul style="list-style-type: none"> ○ Funds requested will support expanding existing pilots, establishing new pilots, and addressing any other needs identified through planning and piloting as applicable. <ul style="list-style-type: none"> – Potential ancillary resource needs considered in this budget request could include state costs for technology needed to improve interoperability and data collection across the crisis services continuum and advancing integration between 988 and 911, both locally and statewide. ● Provide opportunities for initial pilot participants to share funding-related insights with new pilot participants and other stakeholders. <ul style="list-style-type: none"> ○ These could include: <ul style="list-style-type: none"> – Differences between projected and actual costs to operationalize an enhanced community crisis response program. – Costs and outcomes of efforts to improve processes, standards, and technology for triaging calls between 988 and 911 and dispatching community responders. – Successful models for coordinating funding and resources at local and regional levels. – Best practices for maximizing insurance billing. – Efficiencies achieved by other LGU business areas (i.e., public safety) resulting from pilot activities. ● Continue to align state resources and mature processes for statewide governance when necessitated by funding requirements and for coordination with local/regional government entities. <ul style="list-style-type: none"> ○ OMH should continue to leverage MMIS enhanced Medicaid federal funding for eligible technology costs, potentially requesting funds for implementation of projects indicated by results of planning activities. <ul style="list-style-type: none"> – Collaboration with other state agencies potentially impacted by technical systems changes will be critical to affordability, efficiency, and long-term effectiveness.

Phase 4: Scale

<p>Estimated Duration</p>	<p>Approximately 2-3 years to scale from initial planning activities to full implementation <i>Phases may overlap and some activities may be iterative.</i></p>
<p>Key Objectives</p> 	<ul style="list-style-type: none"> ● Leverage lessons learned from pilot implementation and evaluation and other applicable findings to inform a request for recurring state budget funds. <ul style="list-style-type: none"> ○ This budget request would: <ul style="list-style-type: none"> – Encompass anticipated costs to transition existing pilots to an ongoing funding source and create opportunities for additional LGUs to apply for pilot funds to further operationalize enhanced community crisis response best practices statewide. – Include anticipated costs to implement and sustain technology needed to improve interoperability and data collection across the crisis services continuum and integration between 988 and 911, both locally and statewide. – Reflect cost insights garnered by evaluation of pilot programs and other activities to enhance crisis response services to date. ● Issue guidance to LGUs outlining funding-related insights gleaned from pilots and encourage implementation of emerging best practices whenever possible. <ul style="list-style-type: none"> ○ Use guidance as an opportunity to reiterate availability of funding, potentially through another round of RFP awards, for capacity-building and infrastructure needed to operationalize recommended best practices. ● Fully operationalize processes and mechanisms to align state resources and for statewide governance when necessitated by funding requirements and/or for coordination with local/regional government entities. <ul style="list-style-type: none"> ○ Ensure legislative and policy changes necessary to develop sustainable funding mechanisms for crisis services are enacted and maintained.

Phase 5: Sustain

Estimated Duration	Ongoing
<p>Key Objectives</p> 	<ul style="list-style-type: none"> ● Request a recurring annual state budget allocation for enhanced community crisis response services. <ul style="list-style-type: none"> ○ This recurring budget allocation would: <ul style="list-style-type: none"> – Encompass anticipated costs to continue and expand operationalizing enhanced community crisis response best practices statewide through additional pilots and eventually through recurring payments to LGUs. – Include anticipated costs to implement and sustain technology needed to improve interoperability and data collection across the crisis services continuum and integration between 988 and 911, both locally and statewide. ● As pilots become fully operationalized, transition funding structure to recurring payments to LGU for crisis response services costs. Consider tying a portion of payments to performance metrics to incentivize adoption of identified standards and ensure accountability. <ul style="list-style-type: none"> ○ Performance metrics could include: <ul style="list-style-type: none"> – Demonstrating desired outcomes (i.e., reduction in inpatient admissions, decrease in deaths by suicide, decrease in law enforcement involvement, increase in calls transferred from 911 to 988, etc.) – Reporting LGU cost savings attributable to implementing community-led enhanced crisis response best practices such as reduced hospitalization and/or incarceration. – Achieving a target for billable services. ● Continue and mature processes, mechanisms, and policy/legislation to align state resources and enable statewide governance when necessitated by funding requirements and for coordination with local/regional governance entities. <ul style="list-style-type: none"> ○ Supplement state and LGU costs for enhanced community crisis response with cost savings achieved through cross-agency collaboration and aligning state and local/regional resources. ● Continue to optimize state, federal Medicaid support, and commercial insurer support. <ul style="list-style-type: none"> ○ Maintain and update the SPA and issue associated guidance to payers and providers as needed. ○ Continue to access enhanced Medicaid federal funding for eligible systems costs as applicable.

	<ul style="list-style-type: none">○ Continue to ensure crisis response services are incorporated into state and federal Medicaid transformation initiatives whenever possible.○ Continue to ensure commercial insurer payment for crisis services.
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Appendix A: Options Analysis

Option	Rationale	Considerations
<p>Request a general funds/state budget appropriation for enhanced community crisis response services and establish short-term and long-term processes to distribute funding and evaluate impact.</p>	<ul style="list-style-type: none"> ● Potential for both short-term and long-term high impact. ● Several states use general funds to offset the impact of non-billable crisis services. ● Funding could support crisis services capacity-building and 988/911 systems integration and triage/dispatch process improvements. 	<ul style="list-style-type: none"> ● Initial funding could focus on establishing enhanced community response pilots aligned with Daniel’s Law Task Force core principles and recommendations. Funding could be dispersed through an RFP process similar to one recently utilized in New Jersey.
<p>Implement a 988 telecommunications fee.</p>	<ul style="list-style-type: none"> ● Potential for long-term high impact. ● Literature review indicates 988 telecommunications fees used to generate a sustainable funding stream for behavioral health crisis services is a practice with promising results in states where implemented. 	<ul style="list-style-type: none"> ● Inseparable’s A Better Response: Improving America’s Mental Health Crisis System estimates a telecom fee of \$0.98 would generate approximately \$19.8 million annually that could be reinvested in the behavioral health crisis response system.
<p>Monitor, evaluate, and expand State Plan Amendment (SPA) #22-0026 for Outpatient and Residential Crisis Intervention (CI) Services, and issue associated guidance to payers and providers as needed, to ensure maximum Medicaid reimbursement for eligible services.</p>	<ul style="list-style-type: none"> ● Potential for long-term high impact. ● New York State has received Federal Medicaid approval for Medicaid reimbursement of behavioral health crisis services through implementation of SPA #22-0026 and should continue to expand the SPA’s scope as applicable. 	<ul style="list-style-type: none"> ● SPA #22-0026 is approved by CMS, and NYS has issued associated guidance to payers and providers. Continuation of these efforts will be advantageous without additional burden to OMH and other state partners.

<p>Leverage Centers for Medicare and Medicaid Services (CMS) Medicaid Managed Information Systems (MMIS) enhanced funding for eligible system integration and technology costs.</p>	<ul style="list-style-type: none"> ● Potential for short-term and long-term moderate impact. ● CMS authorizes funding at enhanced reimbursement rates (90% Federal Financial Participation [FFP] or federal match rate for planning and implementation; 75% FFP for operations) for projects with a clear and measurable benefit to Medicaid. ● CMS has issued guidance on technology and system integration costs related to crisis services that are eligible for MMIS funding. 	<ul style="list-style-type: none"> ● States access enhanced MMIS funding through submission of Advance Planning Documents (APDs) to CMS and must comply with federal and state regulations. This includes APD updates at least once per Federal Fiscal Year (FFY), collaboration with the State Medicaid Agency (SMA), compliance with security and privacy requirements, and alignment with Streamlined Modular Certification (SMC) guidelines. ● States are responsible for project costs not reimbursed by CMS and must have funds available, such as state general funds, to cover the portion of costs not reimbursed by federal Medicaid funds.
<p>Continue and expand billing support for mobile crisis teams for all payers.</p>	<ul style="list-style-type: none"> ● Potential for short-term and long-term moderate impact. ● There is national consensus that insurance reimbursement alone will not be sufficient to sustain behavioral health crisis services. However, taking steps to maximize reimbursement by Medicaid and commercial payers could reduce costs that would need to be covered through other funding streams. 	<ul style="list-style-type: none"> ● NYS has passed legislation requiring payment by Medicaid and commercial insurers for mobile crisis services. ● OMH partnered with CCSI to assist mobile crisis providers with adopting business and billing practices to support implementation of SPA# 22-006. CCSI works with mobile crisis providers to analyze patterns of service, expand Medicaid billing, and evaluate the impact of increased Medicaid billing. ● Ensuring all providers receive this kind of technical assistance, with a focus on billing to commercial payers as well, could increase mobile crisis providers' revenue.

Appendix B: NYS Program Funding Summary

Program Name	Location / Service Area	Funding Overview
Albany County Crisis Officials Responding and Diverting (ACCORD)	Albany County and surrounding areas	<ul style="list-style-type: none"> Initiated with a \$170,000 to add two social worker positions in the Albany County Department of Mental Health and an additional \$30,000 for a partnership with the University of Albany for program evaluation. In December 2021, Albany County received a \$350,000 investment from the NYS Legislature to help ACCORD expand into neighboring communities. Annual program costs average approx. \$200,000.
Project Alliance	Westchester County	<ul style="list-style-type: none"> Estimated crisis services budget for Westchester County is \$5.2 million. Primary funding sources include American Rescue Plan Act funds, Medicaid Managed Care billing, county direct Opiate Abatement Settlement funding, and other county sources.
Behavioral Health Emergency Assistance Response Division (B-HEARD)	New York City	<ul style="list-style-type: none"> \$55 million allocated in the fiscal year (FY) 2023 city budget to pilot B-HEARD, with a recurring \$55 million city budget allocation proposed to sustain the program.
C.A.R.E. (Crisis Alternative Response & Engagement) Team	Tompkins County	<ul style="list-style-type: none"> Funded primarily through the county, OMH Mobile Crisis Team funds, and Medicaid billing whenever possible. Budget/cost estimate not available.
Diagnostic, Assessment, and Stabilization Hub (DASH)	Suffolk County	<ul style="list-style-type: none"> With the exception of the phone system, which was paid for by a philanthropic donation, the program is funded primarily through OMH, OASAS, and Substance Abuse and Mental Health Services Administration (SAMHSA) grants and some Medicaid and Medicare billing. Budget/cost estimate not available.
Erie County Crisis Services	Erie County	<ul style="list-style-type: none"> 2022 financials show \$6.3 million in expenditures and \$7 million in revenue. It is unclear which specific crisis services these figures represent.

Essex County Crisis Services	Essex County	<ul style="list-style-type: none"> ● The Essex County Mental Health Association (MHA) receives funding through OMH to support 988 and related activities. Other crisis services are funded through county funds and Medicaid billing when possible. ● Budget/cost estimate not available.
Liberty Resources	Central NY	<ul style="list-style-type: none"> ● Funding and resources vary between counties in the program’s services area but the program relies primarily on a fee-for-service model. ● Budget/cost estimate not available.
Mental Health Association of the Southern Tier's Mobile Crisis Services (MHA ST)	Broome County	<ul style="list-style-type: none"> ● Funding is managed by Broome County using state aid. ● Budget/cost estimate not available.
Mobile Crisis Intervention Team – MHA Dutchess County	Dutchess County	<ul style="list-style-type: none"> ● In 2022, the program reported \$20.5 million in total revenues and \$19.1 million in total expenses. ● The program is funded primarily through MCO contracts, Medicaid billing, and other state and federal funding streams.
Orange County Crisis Services	Orange County	<ul style="list-style-type: none"> ● Orange County’s 2024 budget for its redesigned crisis service delivery system is \$2,968,753. ● Crisis services are supported by several long-term funding streams, mostly from state and local sources. ● Phones, equipment, technology, and operating costs for call center, mobile crisis, and peer services are paid for with county-allocated state reinvestment grant funds and general funds. ● The 911 Emergency Communications Center provided an in-kind donation of floor and office space to support 988/911 co-location. ● Continuum of care funding comes from the county. ● Additional funding for a Crisis Intervention Training (CIT) coordinator, expansion of Mobile Crisis Response Team services, and \$3 million in peer funding was made available via legislation. ● County Director says an additional \$1.5 million for peer services would allow for expansion.
Rochester Person In Crisis (PIC)	Rochester	<ul style="list-style-type: none"> ● PIC received \$662,800 in FY 2021 to fund the pilot program.

		<ul style="list-style-type: none">● In 2023, the PIC team received a \$175,205 grant from the federal Department of Justice.● The PIC staffing budget is about \$1.9 million annually, including leadership.● PIC's contract with Goodwill/988 was \$195,000 for 2023-2024.
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Appendix C: Landscape Program Funding Summary

Program Name	Location	Funding Overview
<p>Community Response Team/Community Outreach Psychiatric Emergency Services (COPES)</p>	<p>Oklahoma</p>	<ul style="list-style-type: none"> ● Approximate budget amounts for each COPES co-response program offered are below. Estimates do not include additional First Responder costs: <ul style="list-style-type: none"> ○ Community Response Team (COPES Mental Health Professional, Tulsa Police & Tulsa Fire Paramedic)- \$200,000 ○ Alternative Response Team (COPES Mental Health Professional and Tulsa Fire Paramedic) - \$210,000 ○ Integrated Response Team (COPES Mental Health Clinician embedded in Tulsa Police Divisions) - \$325,000 ● In FY24, COPES responded to 14,660 crisis intervention calls, approximate budget is \$5.7M. This budget is separate from the above program costs. 911 and 988 -related costs are integrated into the total COPES budget. ● Funding sources include Oklahoma State Medicaid, Oklahoma Department of Mental Health, Tulsa Area United Way, private philanthropic grants, and federal grants
<p>Arrive Together</p>	<p>New Jersey (statewide)</p>	<ul style="list-style-type: none"> ● The 2024 Seabrooks-Washington Law appropriated \$12 million to support 6 counties to pilot community-led rapid response programs, with grants to be awarded of up to \$2 million per municipality.
<p>Center for Community Resources – Mobile Crisis</p>	<p>Centre County, Pennsylvania</p>	<ul style="list-style-type: none"> ● Funded through a combination of grants, county base dollars and Health Choices (in PA this is the behavioral health component of Medical Assistance). ● Budget/cost estimate not available.
<p>Clinician Led Community Response (CLCR)</p>	<p>Indianapolis, Indiana</p>	<ul style="list-style-type: none"> ● The pilot program was granted \$2 million in funding and requested an additional \$1 million in recurring funding via the 2024 budget. ● Indiana has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
<p>Community Responders for</p>	<p>Amherst, Massachusetts</p>	<ul style="list-style-type: none"> ● Independent funding stream from the Town of Amherst; also receives state and federal grants. Approximate annual cost is \$621,520.

<p>Equity, Safety & Service (CRESS)</p>		<ul style="list-style-type: none"> ● Massachusetts has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
<p>Crisis Assistance Helping out on the Streets (CAHOOTS)</p>	<p>Eugene, Oregon</p>	<ul style="list-style-type: none"> ● The CAHOOTS program budget is about \$2.1 million annually, inclusive of costs outside of the contract with the White Bird Clinic. The White Bird Clinic’s budget for CAHOOTS averaged \$804,122 annually for Fiscal Years (FY) 2018-2023. ● CAHOOTS receives funding from Eugene and Springfield city governments, through its partnership with the White Bird Clinic, a Federally Qualified Health Center (FQHC), and donations. Currently funding allocated through the Eugene Springfield Fire Department budget supports the contract with the White Bird Clinic to administer the program. As an FQHC, White Bird Clinic receives Medicaid reimbursement for care coordination and other eligible services. Eugene’s contract with the White Bird Clinic requires them to provide: <ul style="list-style-type: none"> ○ Patrol, crisis intervention, and transportation services within the geographic corporate boundaries of the City of Eugene, with an emphasis on the downtown area. ○ A crew to staff one van in service 24 hours a day, 365 days a year. ○ A crew to staff a second van for 1000-2200 hours. ○ Additional staff/crews for holidays and/or special events as requested by the City of Eugene. ○ Additional budget and resourcing details are available here: 2019-03240-White-Bird-CAHOOTS-Services---SIGNED (eugene-or.gov) ● Oregon has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
<p>Gerstein Centre-Toronto Community Crisis Service (TCCS)</p>	<p>Toronto, Canada</p>	<ul style="list-style-type: none"> ● In 2024, the Ministry of Health provided the program with \$4.8M and the City of Toronto provided \$5.0 M.
<p>Holistic Empathetic Assistance Response Teams (HEART)</p>	<p>Durham, North Carolina</p>	<ul style="list-style-type: none"> ● The funding for the program comes from the city budget. ● Budget/cost estimate not available. ● North Carolina has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).

Missouri Mobile Crisis Response	Missouri (statewide)	<ul style="list-style-type: none"> ● Missouri secured \$16.7 million, a combination of state and federal funding, to support mobile crisis response and 988 implementation efforts in 2023.
Mobile Crisis Intervention Services	Connecticut (statewide)	<ul style="list-style-type: none"> ● Budget/cost estimate not available. ● Funding sources include state line item appropriations, American Rescue Plan Act funds, and provider Medicaid billing, Providers bill through Medicaid SPA. ● “Just go” model allows for billing Medicaid and include 45 days of follow up.
Mobile Crisis Intervention Services	Arizona (statewide)	<ul style="list-style-type: none"> ● In FY20, Arizona spent \$245 million on crisis services, which include three regional 24-hour hotlines, mobile crisis response teams, and facility-based crisis stabilization. Medicaid funded the majority (\$217 million) and State and local funds were used to serve individuals who were not eligible for Medicaid (\$28 million). In 2011, the State General Office allocated \$16 million to the AHCCCS. ● Arizona Health Care Cost Containment System (AHCCCS) contracts with Regional Behavioral Health Authorities (RBHA) to administer crisis services. Services available to all Arizonans regardless of Medicaid eligibility or insurance coverage include 24/7 crisis hotline services, mobile crisis teams, and crisis stabilization facilities. The RBHAs contracted by AHCCCS coordinate and leverage federal, state, county, and local funding streams to support regional service delivery. ● Arizona has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
Mobile Crisis Services	Georgia (statewide)	<ul style="list-style-type: none"> ● Total annual budget is unclear, but the state increased the budget by \$6.3 million in 2024. ● Funding is mostly state appropriations with some Medicaid Administrative match funding. ● Georgia has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
Philadelphia’s Mobile Crisis Services	Philadelphia, Pennsylvania	<ul style="list-style-type: none"> ● The teams receive \$9 million from the city budget for FY 2024. ● Mobile crisis services are jointly funded by City and State.

Program 590	Illinois (statewide)	<ul style="list-style-type: none"> ● Budget/cost estimate not available. ● Funded through a combination of federal block grants, and state and local funding streams.
Resolve Crisis Services – Mobile Crisis Unit	Allegheny County, Pennsylvania	<ul style="list-style-type: none"> ● The County Department of Human Services pays University of Pennsylvania Medical Center (UPMC) around \$1.6 million a year for Resolve’s mobile, residential, and walk-in crisis services. ● From mid-2018 through mid-2020, county dollars covered between 18% to 28% of resolve’s quarterly costs, with state programs covering most of the rest. ● Resolve also bills the state and private insurers for services.
Street Crisis Response Team (SCRT)	San Francisco, California	<ul style="list-style-type: none"> ● The annual budget was about \$13.5 million in 2022. ● Funded through business tax and San Francisco General fund, and Proposition C money (a tax that funds services for unsheltered individuals with substance use and psychiatric disorders.) ● San Francisco has also secured private support from the Robert Wood Johnson Foundation to fund a rigorous evaluation of SCRT. ● California has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
Support Team Assisted Response (STAR)	Denver, Colorado	<ul style="list-style-type: none"> ● Total funding available in 2022 was \$3.8 million, including a grant from Caring for Denver which matches State General Fund support. ● In 2022, in addition to the General Fund investment, the Denver Department of Public Health & Environment was awarded a grant from the Caring for Denver Foundation of \$1.395 million to expand the program. ● Additionally, Medicaid reimbursement helps reduce the costs associated with having clinicians from WellPower work within the program. ● Colorado has a State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services State Plan Amendment (SPA).
Mobile Crisis Outreach Team (MCOT)	Texas (statewide)	<ul style="list-style-type: none"> ● Federal and state funding are administered via counties. By example, Travis County received \$13 million in state and federal funding, plus an additional \$1 million from the county.

Appendix D: CCSI Enhanced Mobile Crisis Response Model Cost Estimates

Note: The attached files, “CCSI Full Staff Enhanced Mobile Crisis Response Costing Model” and “CCSI Per Diem Enhanced Mobile Crisis Response Costing Model,” describe cost estimates and Medicaid billing assumptions for potential enhanced mobile crisis response models developed by Coordinated Care Services Inc. (CCSI), in partnership with the New York State (NYS) Office of Mental Health (OMH). These are high-level projections meant to inform planning for enhanced community crisis response pilots and programs. Actual operational costs will vary depending on factors such as geography, population density, and volume of services provided.

To access the attached files, click on the following file names:

[CCSI Full Staff Enhanced Mobile Crisis Response Costing Model](#)

[CCSI Per Diem Enhanced Mobile Crisis Response Costing Model](#)

Appendix E: NYS OMH Crisis Services Annual Budget Summary

The table below presents an overview of OMH’s annual budget for statewide crisis services programs provided by OMH’s Community Budget and Financial Management (CBFM) division.

Program Category	State General Funds	Federal Grants	Medicaid	Grand Total
Crisis Call Centers (988/Lifeline/All Other)	\$60,000,000	\$30,688,126	\$657,279	\$91,345,405
Mobile Crisis Teams	\$3,150,000	\$5,950,000	\$2,456,312	\$11,556,312
Comprehensive Psychiatric Emergency Programs (CPEP)	\$14,355,766	–	–	\$14,355,766
Crisis Receiving and Stabilization	\$27,600,000	\$27,356,142	\$1,287	\$54,957,429
Crisis Residence	\$12,149,364	\$14,414,000	\$14,993,052	\$41,556,416
Home Based Crisis Intervention (HBCI)	\$30,000,000	–	–	\$30,000,000
Grand Total	\$147,255,130	\$78,408,268	\$18,107,930	\$243,771,328

Assumptions:

- State funds are reflective of budgeted amounts for 7/1/24 - 6/30/25.
- Federal grants are reflective of active awards at this time - many of which are multi-year awards for the spend-down period.
- Medicaid funds are reflective of actual Medicaid billables for 4/1/23 - 3/31/24.



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