The Mental Health Community Crisis Continuum and The Importance of Community Mobile Crisis Teams

Introduction

While funding has been secured to implement 988 (the new phone number for the National Suicide Prevention/Behavioral Health Crisis Line), funding remains nonexistent for mobile crisis teams to complete the community crisis continuum.

Mobile crisis teams are a unique and effective way for people experiencing a crisis to receive specialized, community-based behavioral health care. Rather than transporting individuals in crisis to hospitals for treatment, mobile crisis teams will meet the person where they are and provide immediate on-site intervention. This will help to decrease the misuse of criminal justice and emergency medical resources as responses to behavioral health crises and allow for the future reallocation of finances throughout the community to places where they can have a stronger impact. Funding for Mobile Crisis is essential to the success of our crisis system of care.

Funding for Mobile Crisis Teams

The Governor's proposed FY'23 budget includes funding for the 988 line for year one at $12.8M. However, the budget does not include any funding for mobile crisis teams, which are a critical component of the community crisis system that 988 aims to build. Federal funds are available to support mobile teams generous matching formulas. (See link for Federal funding opportunities: https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf).

The lack of funding for mobile crisis will leave many people in need with a lack of follow up and engagement, which are critically important to crisis resolution and safety. Ultimately, nonexistent, or inadequate crisis care will continue to result in lengthier and costlier hospital stays for people in crisis, in the overuse of law enforcement personnel and resources, and in tragic outcomes for New Jersey residents in need caused by a lack of access to care[1].

While S311/A2036 contains a broad structure for mobile crisis, there is no mechanism to fund this service in the bill. A fiscal note has been prepared and costs are indeterminate. As reference, we know that the cost of the Children's System of Care's mobile crisis service is $16M/year, and that the cost of Colorado's highly successful mobile system of care is $19M/year (population: 5.8M).

[1] Substance Abuse and Mental Health Services Administration, 2020 *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary*

We urge Governor Murphy to utilize all available Federal funds to support the mobile crisis teams and take advantage of the generous match (85%) available to states for approximately 5 years.

Below we will detail the background and importance of mobile crisis teams in filling the gap in New Jersey's community crisis continuum.

Background

Many individuals in the COVID-19 era seeking treatment are new to our state's system of behavioral health care. With extensive wait times seen across New Jersey for mental health and substance use treatment, persons seeking care may have no recourse but to wait and suffer, which often leads to more serious outcomes and crisis conditions. A comprehensive, community-based continuum of crisis services is necessary to address the needs of our residents experiencing serious behavioral health crises.

In early 2022, MHANJ conducted a research study to evaluate the average length of wait times for outpatient community mental health services in New Jersey. Our study found that:

- Over **15% of facilities contacted were unresponsive** to any of 3 phone calls made by surveyors; this is a major concern for individuals seeking appointments for mental health services.
- Even more concerning, **25%** of facilities contacted **are not accepting new patients.**
- Of the facilities that are accepting new patients, wait times for counseling and psychiatric appointments are lengthy, often more than 3 months after an intake appointment. Wait times for medication appointments can be as long as 4 months after intake.
- Wait times for intake, counseling, and medication appointments vary largely across all counties, with **some having few or no appointments available at all.**

As excessive wait times for outpatient mental health treatment persist statewide, more than half of New Jersey residents remain in need of timely and effective care[2]. Over the past year in New Jersey, 57% of adults with any mental illness (AMI) did not receive treatment for their conditions, and 59% of youths with major depressive episode (MDE) did not receive treatment for their conditions (MHA)[3]. Additionally, in 2020, the lives of 679 New Jersey residents were lost to suicide[4], and 260,000 adults had serious thoughts of suicide[5].

By implementing a full continuum of community crisis care, we can help to address the gaps in getting people the help they need. Together, the 988 line, newly-formed stabilization centers,

[2] Mental Health America, 2021 *The State of Mental Health in America 2022*
[3] Mental Health America, 2021 *The State of Mental Health in America 2022*
[4] Centers for Disease Control and Prevention, *WISQARS Fatal Injury Data*
[5] Mental Health America, 2021 *The State of Mental Health in America 2022*

newly-funded EISS in each county, peer-run respites AND mobile community crisis teams will create a full continuum of crisis care in our state, providing individuals experiencing behavioral health crises with someone to talk to, someone to come, somewhere to go (SAMHSA)[6].

Implementing Mobile Crisis Teams

A comprehensive and integrated network like the 988 line and mobile crisis teams is currently missing in our state's continuum of crisis care and is critical to the success of the behavioral health care system. The implementation of the new 988 mobile crisis hotline and mobile crisis teams throughout the state will help to fill the gaps that presently exist within New Jersey's behavioral healthcare system. Specifically, instituting community-based mobile crisis care throughout the state will help to keep people connected to care in the community, out of hospitals, and out of the criminal justice system.

Mobile crisis programs have proven highly effective in other states where already implemented. Data from each respective program listed below has shown:

- Arizona - Arizona Health Care Cost Containment System (AHCCCS)
    - South Arizona call line receives approx. 10,000 calls per month: 80% are solved over the phone; 70% of crises are resolved by mobile crisis teams in the field.
    - Financing model uses "braided funding", a variety of funding sources- most money comes from Medicaid and SAMHSA block grants; uses some state and local funds.
- Colorado - Supported Team Assisted Response (STAR)
    - In first year, STAR successfully responded to 1,396 calls. Of these calls, there were no arrests, no injuries, and no police backup was ever needed.
- Minnesota – Mental Health Crisis Services
    - Minnesota's Mental Health Crisis Services has an 85% hospital diversion rate, and 60% of people utilizing mobile crisis services in Minnesota remain in their current place of residence following the call (with others utilizing other services such as crisis stabilization and crisis residential services).
    - Just 4% of those served by mobile crisis go to an ER, and only 11% go to inpatient psychiatric treatment.
- Oregon – Crisis Assistance Helping Out On The Streets (CAHOOTS)
    - Over the last six years, the demand for CAHOOTS services has increased significantly: 2014- CAHOOTS handled 9,646 calls for service; 2019- handled 18,583 calls for service.
    - CAHOOTS diverts 5-8% of calls from the police.

[6] Substance Abuse and Mental Health Services Administration, 2020 *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary*

- The program has been in place and effective for nearly 30 years and is well-embedded into the community.

Thank you for your time and consideration of funding behavioral health mobile crisis teams in New Jersey.

The MHANJ is a statewide non-profit organization that strives for children and adults to achieve victory over mental health and substance use disorders.

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