



9-8-8 National Suicide Prevention Lifeline Implementation Act Legislative Specifications

Substance Abuse and Mental Health Services Administration

- **Behavioral Health Crisis Coordinating Office:** Authorize \$10 million for a Behavioral Health Crisis Coordinating Office under the direct control of the Assistant Secretary of Mental Health and Substance Use to support technical assistance, data analysis and evaluation functions to develop a crisis care system.
- **National Suicide Prevention Lifeline:** Increase the authorization ceiling for the existing line-item to \$240 million, within this allocation, provide resources for specialized services for LGBTQ individuals, people of color and other underserved populations.
- **Regional/Local Lifeline Call Center Program:** Authorize a free-standing line-item for \$441 million that would provide federal funding (for the first time) for technology, training, and operations for the 250+ regional/local lifeline call centers.
- **Mental Health Block Grant Crisis Care Set-aside:** Permanently authorize the \$2.235 billion in MHBG funding appropriated through the combined Consolidated Appropriations Act and the American Rescue Plan allocations. Include and authorize the 10% set aside for crisis services. Amend the existing set-aside to establish a minimum crisis care funding floor for every state.
- **Mental Health Crisis Response Partnership Pilot Program:** Authorize \$100 million for a new pilot program for communities to create, or enhance existing, mobile crisis response teams composed of licensed counselors, clinical social workers, physicians, EMTs, crisis workers, and/or peers to respond to people in crisis and provide immediate stabilization and referral to community-based mental health services and supports; peer and provider navigation teams that address high risk individuals; and in home crisis stabilization teams that may provide care for a more extended period.



Health Resources Services Administration

- **HRSA Capital Development Grants:** Broaden these capital projects to include crisis receiving and stabilization programs as well as call centers. Recipients of these grants would be required to demonstrate working relationships with local CBHOs, CMHCs, CCBHCs and other local mental health and substance use care providers including inpatient and residential treatment settings. Entities may be eligible for these grants regardless of whether they are nonprofit, for-profit, or not-for-profit.
- **Expand behavioral health workforce training programs** (HRSA Behavioral Health Workforce Education and Training (BHWET) Program; SAMHSA Minority Fellowship Program (MFP), and HRSA Graduate Psychology Education (GPE) Program); expand National Health Service Corp eligibility to include crisis call centers, mobile crisis teams, crisis receiving and stabilization programs.

Department of Health and Human Services

- **Behavioral Health Crisis Services Expansion Act (H.R. 5611 & S. 1902):** Expanding access to and oversight of mental health and substance use disorder crisis response services.

Social Security Act Amendments: Medicaid

- **State Crisis Care Option:** Amend Sec. 9813 of the ARP...the mobile crisis state option...to add: a) unambiguous Medicaid financing for regional/local lifeline call center operations b) crisis receiving and stabilization programs/beds in home and facilities and c) seek options to extend/expand mobile crisis FMAP incentives
- **IMD Amendments:** Shrink the IMD payment prohibition to exclude psychiatric acute care crisis beds run by Community Behavioral Health Organizations (as defined by Section 1913 (c) of the PHSA and Section 223 of the PAMA) and community residential programs. Require CMS to issue guidance that crisis stabilization units are excluded from the IMD prohibition and specifying length of stays and size of facility permitted.
- **Excellence in Mental Health and Addiction Treatment Expansion Act (S. 2069/H.R. 4323).** Expand the existing 10 state Medicaid demonstration to permit any state to participate and authorize 9-8-8/CCBHC partnerships where CCBHCs would help dispatch mobile crisis teams and administer crisis stabilization programs/beds in states and counties where they operate.