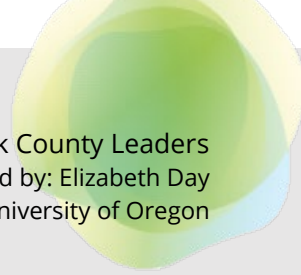# Mobile Mental Health Crisis Units

Research Brief

Prepared at the Request of New York County Leaders
Compiled by: Elizabeth Day
Cornell University and University of Oregon

THE PROBLEM

Across the U.S. and New York, mental health disorders have become a major issue:[1]

1 in 5 adults lived with a mental illness: 57.8 million in 2021.[2]

Percent of New York high schoolers who felt sad or hopeless almost every day for two or more weeks.[3]

35%

In rural counties, this issue is particularly alarming. Nearly 65% of nonmetropolitan counties do not have psychiatrists and **over 60% of rural Americans live in designated mental health provider shortage areas.[4]**

Mobile health care delivery is an innovative model of health services delivery that provides a wide variety of services to vulnerable populations. Studies estimate **over 2,000 mobile units** serve communities across the U.S.[5]

MOBILE UNIT SUSTAINABILITY AND FUNDING

First, we reached out to counties across New York to ask leaders how they sustain their mobile mental health crisis units. Then, we dug into the literature and spoke with experts to get additional insights from across the U.S.

Insights from Counties across New York

We asked county leaders,
"How is your mobile mental health crisis unit funded and sustained?"

Our team received responses or found information online for 39 counties.
- A substantial portion of counties in New York have contracts with external agencies who handle their county's mobile mental health crisis services (22 counties).
- Other counties who responded to our requests for information have had to discontinue their mobile units due to lack of funding or referrals (two counties).
- Counties that did describe their funding mechanism described a combination of state aid funds, billable services, and grant funding (three counties).

Insights from the Literature

Creative Approaches to Mobile Crisis Response
Programs differ across the U.S. in terms of approaches. In talks with experts and through reviewing the literature, our team learned about three strategies that might be worth exploring:

① Approaches to staffing
Several leaders in New York counties discussed the inefficient use of a variety of professionals – mental health clinicians, as well as hospital staff – when mobile crisis units need to be responsive 24/7 but aren't receiving calls (and billing services) during all of those hours, or when individuals don't actually meet the criteria for hospital response. Using teaming approaches, where professionals are cross trained to provide additional services when necessary, is a promising approach.

Example	Ute Pass Regional Health Services Approach https://www.uprhsd.org/pact/map-mental-health-assessment-program/ In this model, **paramedics in a rural county are trained to respond to crises** and have the authority to medically clear people in crisis, as well as determine if an ER or crisis facility is necessary. This approach has saved the county over $35,000 in transport costs and $145,000 in downstream healthcare costs.

② Integrating telehealth
Implementing mental health services remotely during a police response may help with a) utilizing mental health professionals' time more efficiently and b) police officers making decisions regarding when an individual needs to be transported somewhere else for care.

③ Cross-agency collaborations
When county agencies or departments can work together to fund, supply, and staff units, the services become more sustainable and embedded in the community. These partnerships most often involve collaborations between the police departments, community service or mental health departments, and mental health programs (private or county-run). The drawback is that these types of collaborations may not be feasible in rural areas.

Example	Oregon's CAHOOTS Program https://www.eugene-or.gov/4508/CAHOOTS Crisis Assistance Helping Out on the Streets is a mobile crisis intervention program staffed by White Bird Clinic personnel using City of Eugene vehicles. This **relationship has been in place for nearly 30 years** and is well embedded in the community.

Funding

Medicaid and funds through the American Rescue Plan Act are the most mentioned options for funding mobile crisis services.

> Additional information on ARPA:
> Princeton University's State Health & Value Strategies Program
> https://www.shvs.org/american-rescue-plan-provides-a-new-opportunity-for-states-to-invest-in-equitable-comprehensive-and-integrated-crisis-services/
>
> Additional information on Medicaid:
> National Academy for State Health Policy
> https://nashp.org/mobile-crisis-maximizing-new-medicaid-opportunities/

Example	Ohio's Mobile Response and Stabilization Services https://mrssohio.org/ Families with youth and young adults up to age 21 who are experiencing difficulties or distress can receive assistance within 60 minutes. The service is **fully funded through Medicaid and braided funding** through Ohio's Department of Mental Health and Addiction.

ADDITIONAL RESOURCES

Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police: Vera researchers identified seven key areas where communities can take action to develop antiracist, equitable crisis response programs.
- Additional information: https://www.vera.org/civilian-crisis-response-toolkit

Crisis Response Review of the Literature: synthesizes the literature on nine models of crisis response
- Full text: https://www.milwaukeemhtf.org/wp-content/uploads/2021/02/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf

Daniel's Law in New York: Establishes a statewide emergency and crisis response council to encourage local governments to develop preventive, rehabilitative, crisis response services
- Additional information: https://www.nysenate.gov/issues/daniels-law-0

National Center on Mobile Response & Stabilization: Resources and a learning community focused on increasing the understanding and quality implementation of MRSS models.
- Additional information: https://theinstitute.umaryland.edu/our-work/national/mrss/

Small & Rural Agency Crisis Response: A National Survey and Case Studies: a national study on how small and rural law enforcement agencies respond to calls involving people who are in crisis.
- Full text: https://www.policinginstitute.org/publication/small-rural-agency-crisis-response-a-national-survey-and-case-studies/

FUNDING & SUPPORT

METHODS

Findings presented in this brief come from a literature review of academic peer-reviewed studies, as well as a review of research and findings from non-partisan think tanks, foundations, and organizations. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal statistical methods for summarizing results and exploring reasons for differences in findings across studies.

REFERENCES

[1] Mental Health America (2023). *Youth Data 2022.* https://mhanational.org/issues/2022/mental-health-america-youth-data.

[2] National Institutes of Mental Health (2021). *Mental Illness*. https://www.nimh.nih.gov/health/statistics/mental-illness

[3] Office of Population Affairs, U.S. Department of Health and Human Services (2019). New York Adolescent Mental Health Facts. https://opa.hhs.gov/adolescent-health/adolescent-health-facts/adolescent-mental-health-data-sheets?state=New%20York

[4] Morales, D.A., Barksdale, C.L., & Beckel-Mitchener, A.C. (2020). A call to action to address rural mental health disparities. *Journal of Clinical and Translational Sciences 4* (5):463-467. https://doi.org/10.1017%2Fcts.2020.42.

[5] Yu, S. W., Hill, C., Ricks, M. L., Bennet, J., & Oriol, N. E. (2017). The scope and impact of mobile health clinics in the United States: a literature review. *International Journal for Equity in Health*, *16*(1), 1-12.