

## CRISIS RESPONSE:

# Cooperative Agreements for Innovative Community Crisis Response Partnerships

The purpose of this program is to create or enhance existing mobile crisis response teams to divert adults, children, and youth experiencing mental health crises from law enforcement in high-need communities. This program recognizes a high-need community as a community where mobile crisis services are absent or inconsistent, where most mental health crises are responded to by first responders, and/or where first responders are not adequately trained or equipped to diffuse mental health crises. Grant recipients will be expected to utilize SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit as a guide for best practices in the delivery of mobile crisis services.

### ELIGIBLE ENTITIES:

- Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or other public or private nonprofit entities.

### WHAT CAN BE FUNDED?

- The Key Personnel for this program are the Project Director at a minimum of 0.5 FTE level of effort; and the Project Evaluator at a minimum of 0.25 FTE level of effort.
- Create, or enhance existing, mobile crisis response teams to serve individuals in high-need communities utilizing SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit, as a guide for best practices in the delivery of mobile crisis services. Mobile crisis team requirements include the following:
  - » Mobile crisis response teams must plan to achieve 24/7 coverage for a defined service area (the identified high-need community or communities).
  - » Mobile crisis response should target response within one hour of dispatch (two hours for rural communities; three hours for remote communities).
  - » For safety and optimal engagement, mobile crisis response teams should utilize two

**Total Available Funding:**  
\$9 million

**Anticipated Number of Awards:**  
12

**Anticipated Award Amount:**  
Up to \$750,000 per year\*

**Length of Project:**  
Up to 4 years

**Cost Sharing/Match Required?**  
No

**Sample Solicitation from FY 2022:** [Cooperative Agreements for Innovative Community Crisis Response Partnerships](#)

\* Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

## CRISIS RESPONSE:

# Cooperative Agreements for Innovative Community Crisis Response Partnerships

providers per response (e.g., licensed counselors, social workers, physicians, EMTs, crisis workers, peers, etc.). If necessary, one provider can respond via telehealth.

- » Supplement, as needed, mobile crisis response by incorporating telehealth services to increase access to licensed / credentialed professionals in rural and remote communities.
  - » Individuals receiving mobile crisis team services shall receive stabilization in the community, when appropriate, and referral to community-based mental health services and recovery supports as needed.
  - » In order to support justice system diversion, respond without law enforcement accompaniment unless special circumstances warrant inclusion.
  - » Minimize to the extent possible involuntary transport by law enforcement/police following mobile crisis visits.
- Deliver crisis response services in a culturally responsive manner and offer service options in the primary language usually spoken by residents of the identified community or communities (or include translation services).
  - Establish and implement post-crisis follow-up protocols for all recipients of mobile crisis response services.
  - Provide developmentally appropriate/age-appropriate crisis response and post-crisis follow-up to adults, children, and youth.
  - Within 90 days of the grant award, develop and implement protocols for partnering and coordinating project activities with local law enforcement, the 988 call/contact center, and 911/ Public Safety Answering Points (PSAP).
  - Provide evidence-based crisis intervention training to providers and first responders serving individuals in crisis (e.g., triage/screening, including explicit screening for suicidality; assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; crisis planning and follow-up).
  - Develop and utilize collaborative safety plans/crisis plans as a part of the mobile crisis response that include addressing access to lethal means.
  - Develop and implement a data system to track mobile crisis response key performance indicators (KPIs) and mobile crisis response data and outcome metrics.
  - Apply a community crisis mapping model (e.g., Crisis Intercept Mapping) for the identified high-need service area that can be updated at regular intervals to inform partnerships and help identify service needs, service gaps, and opportunities to improve equity.
  - Coordinate project activities with relevant state efforts through the Mental Health Block Grant and Medicaid to support alignment of services and sustainability.