



Crisis Care Mobile Units Program

Funding Fact Sheet



The Crisis Care Mobile Units (CCMU) Program integrates funds from two sources with different allowable uses:

- The California Department of Health Care Services (DHCS) received \$55 million in funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA). These funds can be used for direct services as described in the Request for Application (RFA) and must be expended by February 14, 2023.
- \$150 million of state general funds are part of the Behavioral Health Continuum Infrastructure Program (BHCIP). These funds are only available for behavioral health authorities to develop infrastructure that supports *mobile* crisis units that are not available through other sources, such as the Community Mental Health Services Block Grant (MHBG) or Substance Abuse Prevention and Treatment Block Grant (SABG).

Applicants must provide clear information on how these funds are to be used. This can be done through a separate budget justification that clearly indicates direct and infrastructure costs and is traceable back to the specific budgeted deliverables, or through detailed deliverable schedules with the specific infrastructure/direct services breakdown included. Likewise, awardees must ensure that they are tracking and reporting the costs funded by CRRSAA separately from those funded through BHCIP and that all activities and expenditures are allowable for that funding source.

The following information is intended to provide applicants for the CCMU Program Track 2 Implementation Grants with a general list of allowable activities and expenditures. (It will also inform Track 1 Planning Grant action planning.) Please review the RFA [here](#) for additional information on Tracks 1 and 2.

For questions regarding specific allowable and unallowable activities and expenditures, please email CCMU@ahpnet.com.

Grant Purpose and Program Intent

This funding will provide infrastructure and some initial direct service costs that make it possible for awardees to “implement a new, or expand an existing, CCMU program to be utilized for mobile crisis and non-crisis services.”

CCMUs are expected to be mobile and field based—not facility based.

These funds are primarily to support the expansion of CCMU teams and their access to the community.

A behavioral health CCMU program must

- Provide services to individuals experiencing behavioral health crises, including mental health crises, substance use crises, or co-occurring mental health and substance use crises;
- Prioritize services to individuals 25 years old and younger;
- Include appropriate staff, acting within their scope, who can assess the needs of individuals within the region of operation and provide direct treatment services, as well as a licensed mental health professional to oversee the program;
- Develop mobile crisis services available to reach any person in the service area in a home, school, workplace, or any other field-based location in a timely manner; and
- Connect individuals to facility-based or other follow-up care as needed through warm handoffs and coordinating transportation when and only when situations warrant transition to other available locations.

Percentage of Funds Used for Infrastructure

Update March 2022: The 25 percent limitation on direct service costs has been removed. CCMU Implementation grantees who request CRRSAA funding augmentation may allocate 100 percent of the additional CRRSAA funding received to direct services. This is not retroactive for funds that have been previously awarded through CCMU Rounds 1A and 1B.

The primary purpose of the CCMU funding opportunity is to support mobile crisis infrastructure needs and not direct service costs, due to the availability of other funding sources that support direct services,” such as SABG and MHBG. Note: the RFA also requires that applicants must “describe how they intend to fund CCMU direct services beyond the expiration of CRRSAA funding.”

Applicants applying for funding for more than one team are required to provide both an aggregated summary of the costs across all teams and individual team budgets.

Applicants must clearly distinguish between direct service costs and infrastructure costs. Direct service costs may not be moved into infrastructure after the direct service funding period ends.

What Type of Infrastructure Is Allowable? (\$150 Million BHCIP Funding)

CCMUs are a specific part of a crisis care continuum. Not all infrastructure related to crisis response is part of the CCMU Program.

Consider the following questions in providing a justification that the costs are reasonable, allowable, and allocated appropriately.

- This infrastructure is specifically and directly for CCMU teams that are delivering crisis response services in the field or intended to support the effective and efficient operation of CCMU teams. Costs for infrastructure that supports CCMU teams as well as crisis lines or other services must be allocated appropriately. BHCIP will only fund the portion of the infrastructure directly related to the CCMU program.
- This infrastructure is necessary for the new and expanded CCMU teams to be able to deliver mobile crisis response services.
- This infrastructure is not part of a facility-based telehealth service.
- This infrastructure is not part of isolated call centers.

Vehicles for CCMUs

Allowable

- Funds may be used to purchase or lease vehicles necessary for CCMU teams to be able to reach and serve individuals in crisis. Vehicles may include, but are not limited to, cars, SUVs, mobile medical clinics, and vans. Vehicles may also be customized to serve as a mobile behavioral health office, transport individuals in crisis, and be equipped with necessary technology and/or health equipment.
- Maintenance, gas, and insurance for vehicles is allowable.
- Vehicles must be dedicated to CCMU service, or costs must be allocated appropriately. Some ancillary services may be co-located, but the primary service must be crisis response. Vehicles may also be used for some non-crisis mobile services in the field.
- Secure parking for CCMU vehicles, including construction of a garage for safe storage when not in use, is allowable.
- Vehicles must remain dedicated to the CCMU use for the duration of the project and for the vehicle's lifecycle.

Phone line support, including administrative staff to support calls

Allowable

- Limited administrative support to link individual crisis calls to the specific CCMU teams and the CCMU team with the necessary resources, up to a maximum of five percent of total budget.
- Staff to support CCMU dispatch. If CCMU dispatch is part of a larger service (e.g., a call center), then only that portion of costs that are directly related to CCMU dispatch may be allocated to BHCIP funding. For example, if a crisis intervention specialist answers calls, conducts triage, and either refers the person to facility-based services or dispatches a CCMU team, then only that

portion of the cost of that crisis intervention specialist work that is directly related to dispatch of the CCMU teams is allowable. Likewise, if a call is received and as a result either emergency medical services (EMS), law enforcement, or a CCMU team is dispatched, only the costs related to dispatch of the CCMU team are allowable. Awardees must have a clear rationale for funding through this program (e.g., percentage of calls dispatched to CCMU, percentage of time involved in CCMU dispatch and follow up).

- Technology to support CCMU dispatch. If CCMU dispatch is part of a larger service, only that portion related specifically to CCMU dispatch may be allocated to BHCIP funding.

Unallowable

- Development of centralized call centers, including leases, facilities, purchase of equipment and/or software not in support of CCMU dispatch.
- Staffing of hotlines and behavioral health staff to field crisis phone calls or perform telephone crisis services not in support of dispatch.

Hardware and software for mobile units

Note: Hardware, software, and phone lines are only allowable when directly supporting a CCMU team. Other technology (e.g., texting apps, data collection software) that CCMUs share with other services may be allowable, but only if cost-shared appropriately with those other services (e.g., law enforcement, EMS, crisis call centers).

Allowable

- GPS
- Integrated communication systems in the mobile unit
- Any materials to interface CCMU teams with existing systems, including internet access
- iPads, laptops, and tablets for CCMU team members' use
- iPads, laptops, tablets, and telephones for use by individuals in crisis while they are at the mobile crisis vehicle or with a CCMU team member (not for telehealth services)
- Radios linking CCMU teams to law enforcement and/or medical partners
- Mobile phones, hot spots, and related service plans
- Software and hardware costs necessary to document and bill for crisis services
- IT and help center support specifically for the CCMU team(s)
- Purchase of dispatch technology specifically for the CCMU team(s)
- Software and hardware costs for CCMU data collection purposes, up to a maximum of 10 percent of total budget

- Software and hardware costs to connect individuals experiencing crises to services in the community during the crisis or for follow-up care, up to a maximum of five percent of total budget (exclusive of data collection 10 percent cap)

Unallowable

- Expansion of communication systems not specifically related to the needs of the CCMU
- Purchase of call center technology not for dispatch services
- Disproportionately high annual software licenses
- Purchase of hardware and software at the behavioral health or law enforcement offices that are not explicitly linked to the CCMU team
- IT and help center support to support the overall crisis response system

Developing peer supports within mobile crisis and non-crisis programs, including recruiting, training, and marketing

Allowable

- Establishing policies, protocols, job descriptions
- Recruitment and training for mobile/field-based peer positions
- Limited planning to ensure clear understanding of peer role and inclusion in CCMU teams
- Peer certification training and application fees

Unallowable

- Peers providing crisis response services (This is an allowable direct service cost under the CRRSAA funds.)
- Supervision of peers delivering crisis response services (This is an allowable direct service cost under the CRRSAA funds.)
- Peers providing hotline triage (unless related to dispatch services)

Training

Allowable

- Training of CCMU team members on evidence-based crisis intervention services
- Training for CCMU dispatch staff
- Crisis Intervention Training or other behavioral health CCMU-related training for law enforcement and other responders that are part of the CCMU team
- Training for facility-based crisis dispatch services in interfacing with CCMUs
- Technical assistance/consultation for rural community mobile crisis models

- Technical assistance/consultation on developing sustainable financing models for 24/7 mobile crisis response (Note: This may include a sustainability plan for continuing direct services after the end of BHCIP funding on 2/14/23.)
- Certification in mobile crisis–related best practices for CCMU team members

Unallowable

- Training that is unrelated to mobile crisis or delivery of services in the field
- Training for call center staff if they are not providing CCMU dispatch services
- Development of training facilities (e.g., electronic whiteboards, smart TVs)
- Training that is not both evidence based and directly related to mobile crisis response
- Travel for training that does not fall within the California subsistence guidelines
- Excessive training costs as determined on a case-by-case basis

Coordination and planning activities to manage multiple CCMUs and coordination with local and regional organizations

Allowable

- Attending or organizing regular planning meetings
- Portion of director, senior manager, or analyst time to build relationships, establish MOUs, coordinate to ensure access for CCMU teams, prevent duplication of effort
- Reasonably allocated amount of time for data collection, quality assurance, and ongoing enhancements of CCMU services
- Improvements to electronic health records (EHRs), development of common data collection tools, modifications to EHRs
- Coordination of CCMU services with local law enforcement agencies, EMS, California Family Urgent Response System, and schools/community centers
- Data collection and submission of quarterly reports through June 30, 2025
- Staff who are engaged strictly in outreach/engagement, community education, and marketing of CCMU program
- Marketing materials

Unallowable

- Supervision of CCMU teams (This is an allowable direct service cost under the CRRSAA funds.)
- Costly data management systems, as determined on a case-by-case basis
- Costs that would normally be included in the indirect services rate

Other infrastructure expenses

Allowable

- Some reasonable and allocable office-related expenses (e.g., desk, laptop) for CCMU direct service staff to work from while they are not in the field are allowable, but they should not be a primary focus of the grant.
- Field-based telehealth services that are conducted by members of the CCMU team in response to a crisis call are allowable.

Unallowable

- Facility renovations and significant leases that are not a part of the CCMU program.
- Sobering stations or outpatient programs or initial crisis services at psychiatric facilities.
- Facility-based telehealth-related costs are not a part of the CCMU program. Because this is for mobile crisis in the field, facility-based telehealth-related services and infrastructure are outside the intended purpose of these funds.
- Direct service staff initiating crisis services at a behavioral health facility rather than traveling to locations where individuals are experiencing crisis.
- Indirect costs as an individual deliverable.

What Types of Direct Services Are Allowable? (\$55 Million CRRSAA Funding)

Items listed as direct services may not be considered allowable infrastructure.

Update March 2022: Purchase of CCMU infrastructure may be considered allowable direct service expense if the CRRSAA direct service funding does not supplant previously awarded BHCIP infrastructure funding. CRRSAA direct service funding may only be allocated to infrastructure costs after all BHCIP funding is either fully obligated or expended. CRRSAA funds that are used for infrastructure costs may not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility or purchase major medical equipment. This is not retroactive for funds that have been previously awarded through CCMU Rounds 1A and 1B.

Direct services funds are provided through SAMHSA CRRSAA and must be completely expended by February 14, 2023.

The scope of work for a CCMU program is in the [RFA](#) on page 2 and is also listed on page 1 of this document. Direct services staff must deliver these services.

The allowable direct services CCMU teams should provide are described in the RFA. CCMU direct services staff are expected to provide direct services in the field. While not responding to crisis calls, direct services staff may engage in training, outreach, and other activities to support the CCMU in the field.

- Mental health and/or substance use crisis and non-crisis services for uninsured or underinsured individuals without coverage for medically necessary services including:
 - Treatment services by licensed and appropriately certified clinicians
 - Triage/screening and assessment
 - De-escalation/resolution peer support
 - Coordination and referral with medical and behavioral health services
 - Crisis planning and follow-up
- Peer support services in conjunction with crisis intervention services
- Specified engagement activities (e.g., bus passes, gift cards) to facilitate and encourage referral or follow-up care for crisis clients

Allowable

- Mental health and substance use clinicians, consultants, or contractors to deliver the required CCMU mental health and/or substance use crisis services in the field when other funding is not available
- Peers working as part of a CCMU to provide peer support services in the field
- Program manager and direct supervision of CCMU direct service staff, including clinical supervision (Note: This is allowable as direct services, not as infrastructure.)
- Expanding number of teams, hours teams are available, geographic reach of teams; implementation of new types of teams is allowable and encouraged
- Mobile services at schools, emergency rooms, community centers, colleges, homes, streets, shelters, etc.
- Follow-up care, including transporting individuals to behavioral health facilities and warm handoffs to staff
- Field-based telehealth services that are conducted by members of the CCMU team in response to a crisis call

Unallowable

- Clinicians, peers, or crisis intervention specialists answering crisis telephone calls to a hotline or call center
- Facility-based telehealth services or staff time engaged in telehealth rather than services directly in the field
- Crisis services that are initiated at a behavioral health facility rather than in the field
- Staff who are providing services at behavioral health agencies rather than primarily in the field
- Salaries for law enforcement or EMS personnel
- Mobile crisis services that are limited to mental illness only and do not also respond to substance use disorder–related crises or only address substance use crises and do not address mental illness

- Teams cannot deny services for youth aged 25 and under, but some teams may specialize in youth.