Funding sources

Understand the funding sources eligible for Suicide and Crisis Lifeline implementation

The 988 Suicide and Crisis Lifeline offers numerous opportunities to improve crisis response.

The National Suicide Hotline Designation Act enables states to pass legislation to support planning and implementation. In addition, many states are using federal funding sources to plan for and implement the 988 Suicide and Crisis Lifeline.

To support states with understanding the funding sources eligible for Suicide and Crisis Lifeline implementation, BerryDunn's state government consulting team has developed a grant opportunity resource.

For guidance on the specific populations that each grant is intended for, please reference page 4.

SERVICES BY FUNDING SOURCE

	Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant	SAMHSA State Opioid Response Grant (SOR)	SAMHSA Tribal Opioid Response Grants (TOR)	SAMHSA Transformation Transfer Initiative (TTI)	Tribal Behavioral Health Grant Program (Native Connections)	American Rescue Plan Act of 2021	Federal Medical Assistance Percentage (FMAP) for Long-term Services and Supports (LTSS) program	Medicaid Building Blocks to Advance Crisis Services	Building Block 2: Increasing access to Home- and Community-Based Services (HCBS)	Building Block 3: Using managed care to organize delivery of services	Building Block 4: Strengthening service delivery through 1115 demonstration waivers	Building Block 5: Financing crisis-related administrative spending
Comprehensive mental health services						■						
24/7 mobile crisis units						■						
Evidence-based services to individuals with suicide risk												
Peer coaches in hospital emergency departments	■											
Medications for Opioid Use Disorder (MOUD)		■										
Prevention, treatment, and recovery activities for individuals with opioid use disorder		■	■									
Crisis services implemented through State Opioid Response (SOR) program, such as 24 hour crisis, mobile crisis response, peer support, crisis stabilization units, crisis residential services, and training on crisis services		■										

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Culturally appropriate, evidence-based treatment											
		■									
Peer support, recovery coaching, spiritual support, and recovery housing services											
		■									
Program development and implmentation, including mental health, trauma, suicide, and substance abuse prevention programs serving youth. Related services may include at-risk youth follow-up, mental health awareness training, and substance misuse prevention strategies.											
				■							
988 crisis services, including behavioral health provider expansion, service expansion, mobile crisis LGBTQ+ specialization, and wraparound crisis services for children and youth											
			■								
24/7 crisis line services											
					■						
Screening and assessment, stabilization and de-escalation, and coordination with and referrals to health, social, and other services and supports as needed											
					■						
Diagnostic, screening, preventive, and rehabilitative services to address physical or mental conditions and restore individual functioning											
							■				
Remedial and medical services provided by licensed practitioners, such as paramedics and addiction counselors											
							■				
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)											
							■				
Home- and Community-Based Services (HCBS)											
								■			
Alternative services and settings that are cost effective, clinically appropriate substitutes for crisis services											
									■		
Strengthen service delivery for people with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) through 1115 demonstrations that prioritize expanding access to crisis services as part of a broader continuum of care											
										■	
Long-term Services and Supports (LTSS) 100% reimbursable to states											
						■					

	SAMHSA Mental Health Block Grant Set-Aside	Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant	SAMHSA Tribal Opioid Response Grants (TOR)	American Rescue Plan Act of 2021	Medicaid Building Blocks to Advance Crisis Services	Building Block 3: Using managed care to organize delivery of services	Building Block 5: Financing crisis-related administrative spending	SAMHSA Community Mental Health Services Block Grant (MHBG)	SAMHSA Mental Health Block Grant Set-Aside	Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant	Federal Medical Assistance Percentage (FMAP) for Long-term Services and Supports (LTSS) program

OPERATIONS BY FUNDING SOURCE

Short-term residential crisis stabilization beds

■										

Coordination of regional and state crisis call centers real time

■										

Crisis phone lines and warm lines

	■					■				

Same or next day appoinments for SUD treatment services

	■									

Improvements to information technology infastructure for providers in rural and frontier areas

	■									

Treatment coverage for justice involved patients re-entering communities

		■								

Administrative and IT costs, incluidng crisis call center improvement and establishment, system integration activities supporting 988 activities, cell phones/iPads for state staffed MCTs, etc.

			■			■				

Multi-disciplinary team (e.g., nurses, social workers, trained peers)

			■							

On-site or off-site services for the homeless

				■						

Managed care programs that operate on a regional basis and establish a specific provider network

					■					

PROGRAM MANAGEMENT BY FUNDING SOURCE

Progress monitoring in a community-based mental health system

							■			
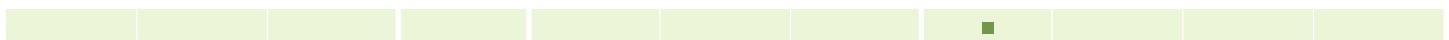
Plan, implement, and evaluate activities that prevent and treat substance abuse

									■	
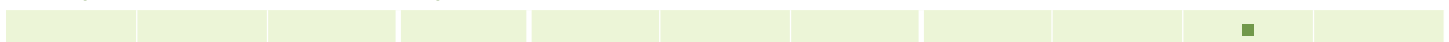
Intended populations

Each grant listed below is intended for specific populations.

Grant	Intended population
SAMHSA Community Mental Health Services Block Grant (MHBG)	Adults with SMIs and children with SEDs
Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant	Target populations include pregnant women and women with dependent children, intravenous drug users, individuals with tuberculosis, individuals with HIV/ AIDS, persons involved in the justice system, persons involved in the child welfare system, Black, Indigenous, and People of Color (BIPOC), LGBTQ+ individuals, rural populations, and youth who are using or are at risk for using alcohol and tobacco
Building Block 2: Increasing access to Home- and Community-Based Services (HCBS)	Low income and Medicaid-eligible seniors and people with physical and developmental disabilities
Building Blocks 3-5	Low income and Medicaid-eligible individuals 3: Using managed care to organize delivery of services 4: Strengthening service delivery through 1115 demonstration waivers 5: Financing crisis-related administrative spending, and the Medicaid Building Blocks to Advance Crisis Services
American Rescue Plan Act of 2021	Medicaid-eligible individuals experiencing a mental health or SUD crisis outside of a hospital or other facility setting
SAMHSA Tribal Opioid Response Grants (TOR)	Members of federally recognized American Indian or Alaska Native tribes
Tribal Behavioral Health Grant Program (Native Connections)	Youth (24 and under) of federally recognized American Indian or Alaska Native tribes who are at risk of suicide and/or substance use
SAMHSA Transformation Transfer Initiative (TTI)	American Indian/Alaska Native (AI/AN) communities, LGBTQ+, children, and adolescents
Federal Medical Assistance Percentage (FMAP) for Long-term Services and Supports (LTSS)	Medicaid-eligible American Indian/Alaska Native (AI/AN) patients in Indian Health Services (IHS)
SAMHSA State Opioid Response Grant (SOR)	Allows states the flexibility to identify intended targeted populations for funds
SAMHSA Mental Health Block Grant Set-Aside	Any population