



**CONCLUSION:** Although Crisis Centers largely follow the recommended guidelines, the Department of Mental Health has deficient strategic control, which leads to a lack of accountability. To determine the effectiveness of Crisis Centers and the impact on the communities they serve, better and more consistent data collection is necessary. Additionally, logistical barriers such as transportation and EMS reimbursement should be addressed to improve the quality and access to crisis care. Finally, the equal-funding model does not account for the specific needs of each center. Modifications to the Crisis Center funding model may allow for efficiencies to be gained.

### Crisis Center Background

Crisis Centers were established to give individuals with a mental health or substance use crisis an appropriate place to receive care (24/7/365) while reducing strain on jails and hospitals. Centers accept individuals through walk-ins and drop-offs by family, friends, law enforcement, or EMS. Crisis Centers provide stabilization, evaluation, psychiatric services, as well as referrals to community resources.

- ### RECOMMENDATIONS
- **Provide** clear reporting methodology for each data point reported by Crisis Centers.
  - **Implement** a quality control process to ensure data accuracy.
  - **Require** Medicaid and private insurance to reimburse EMS drop-offs at the emergent rate at state-funded Crisis Centers.
  - **Create** a needs-based funding model that accounts for the number of individuals served, geographic factors, and capacity for each facility.
  - **Differentiate** funding between start-up and annual operations.

### Key Findings

- There are deficiencies in the Department of Mental Health’s strategic control.
  - Monthly data reports contain inconsistencies, suggesting a lack of quality control and accountability in reporting.
  - Consistent methodology is needed to determine Crisis Centers effectiveness and impact.
- Adequate financial reimbursement for EMS providers is a barrier to bring consumers to the Crisis Center.
- Transportation barriers exist for consumers after leaving the Crisis Center.
- Crisis Centers **consistently** operate with fidelity to the guidelines.
- The equal funding model does not consider capital expenditures, operational costs, or differences in needs of populations.
- Capital expenditures drive early Crisis Centers costs but differ significantly.
- For most centers, operations and administration make up over 85% of total expenditures by the fourth year of funding.
- Utilization drives cost-effectiveness because of large, fixed costs.

**Crisis Centers funding and operational status timeline by fiscal year. Total funding since FY21 is \$175,000,000.**

