

March 21, 2025

Acting Director Christopher Carroll
Principal Deputy Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Room 13-E-30
Rockville, MD 20857

Re: SAMHSA [Mobile Crisis Team Services: An Implementation Toolkit Draft](#)

Dear Acting Director Carroll,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) on the draft of the Mobile Crisis Team (MCT) Toolkit.

ABHW is the national voice for payers managing behavioral health insurance benefits. ABHW member companies provide coverage to 200 million people in the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, our policy work strives to ensure that physical and behavioral health care is integrated and coordinated. ABHW is focused on guaranteeing better outcomes for whole-person care for all individuals and communities.

We appreciate SAMHSA's dedication to strengthening behavioral health crisis services across the continuum. ABHW supports expanding the use of MCTs, which help individuals with immediate MH and SUD crisis interventions and connect people with appropriate treatment and services. MCTs also save variable resources by reducing the incidence of arrest and psychiatric hospitalization.¹

I. Chapter 3: Peer Supports:

ABHW is grateful that peer support and Peer Support Specialists are consistently referred to throughout the toolkit as essential to meeting urgent and emerging MH and

¹ https://csgjusticecenter.org/wp-content/uploads/2021/04/Field-Notes_Mobile-Crisis-Team_508FINAL34.pdf

SUD treatment needs. SAMHSA notes that an MCT team should include at least one licensed/credentialed behavioral health clinician who participates in a clinical assessment of the needs of the person in crisis and an unlicensed individual, such as a peer support provider who is preferably certified or working towards certification.

ABHW fully supports the inclusion of peers into MCT, as they can be vital in helping people with MH and SUD conditions. Having personally experienced these challenges, experienced and MCT-trained peer support providers are particularly effective at establishing rapport with people in crisis, given their lived experience with MH or SUD conditions and their first-hand knowledge of the behavioral health treatment system. Additionally, SAMHSA notes that peer support services are a voluntary service for people in crisis. ABHW appreciates that the toolkit mentions that peers can help the family of an individual in crisis and the primary caregiver feel understood, supported, and respected.

II. Chapter 11: Data and Evaluation of MCT Services:

Behavioral health crisis response systems can be improved by incorporating technology-based solutions such as data integration with call center systems, real-time mobile crisis dispatch, and state-wide bed capacity tracking. While SAMHSA posts overall performance metrics for the 988 Lifeline, ABHW recommends that more specific call log data on what people are calling about and the referral outcomes be publicly available.

Additionally, patient data must be accessible to established providers and health plans to improve crisis response and care coordination. Data should be easily shared as patients transition from one level of care to another, and a patient's established health plans and providers should be able to see what is happening to them as they transition between different services.

III. Chapter 12: Financial Stability:

We appreciate the toolkit highlights commercial insurance has broadened the scope of behavioral health services that are eligible for reimbursement, such as peer support providers for crisis services. MCT services may also be eligible for reimbursement through a fee-for-service (FFS) payment or an alternative payment structure when negotiated.²

Medicare does not currently cover mobile crisis care. ABHW encourages Medicare to clarify the scope of its coverage and include MCT as a covered emergency service.

Thank you for the opportunity to provide feedback on this toolkit draft. We are committed to working with SAMHSA and other partners to find opportunities to

² See SAMHSA [Mobile Crisis Toolkit](#), Chapter 12: Financial Sustainability, page 259.

improve behavioral health access for all individuals. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at cohen@abhw.org.

Sincerely,

A handwritten signature in black ink, reading "Deborah H. Witz". The signature is written in a cursive style with a large, stylized "D" and "W".

Debbie Witchev, MHA
President and CEO