

# Transportation in Behavioral Health Crisis Services: 2022

NRI's 2022 State Profiles

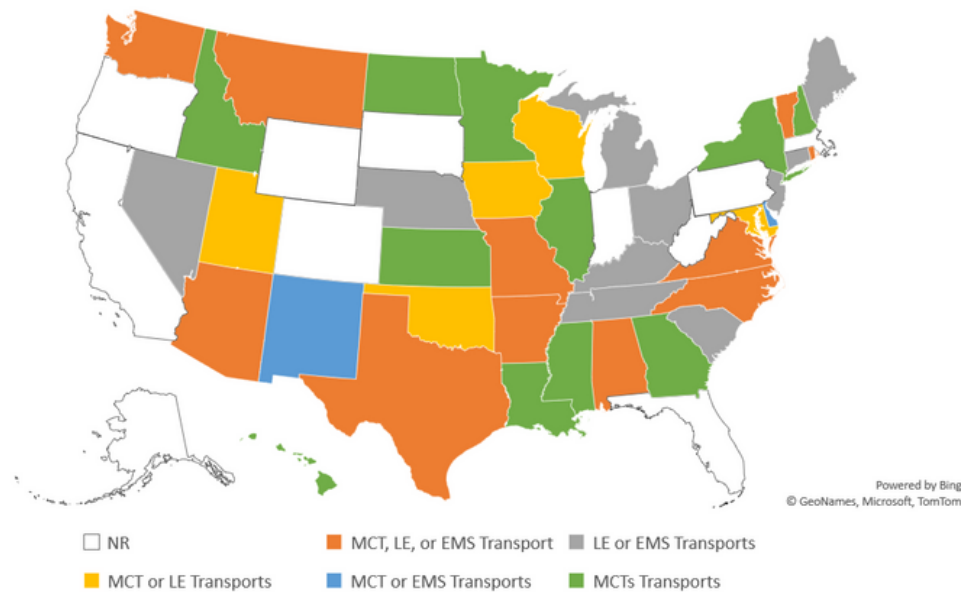
Updated April 3, 2023

**Results based 48 states responding to the Crisis Component of NRI's 2022 State Profiles**

## Transportation of Client Receiving Crisis Services

Historically, individuals experiencing behavioral health crises are transported to emergency rooms, hospitals, or crisis stabilization programs by law enforcement in marked police cars. Law enforcement procedures often require persons in transit are restrained (often handcuffed) while being brought to care. Having law enforcement transport to behavioral health services is very stigmatizing for those transported and is burdensome to law enforcement.

**Figure 1: How States Transport BH Clients needing Crisis and Other BH Services 2022**



MCT = Mobile Crisis Team, LE = Law Enforcement, EMS = Emergency Medical Service

Twelve states have developed transport alternatives for individuals in crises. Twelve states are working to change policies or laws that require law enforcement or emergency medical services (EMS) to transport individuals with behavioral health crises.

In 24 states, state or local rules still require law enforcement to transport individuals to crisis stabilization programs, emergency rooms or psychiatric hospitals. In 9 states when law enforcement transports clients, rules require the individual be restrained (handcuffed) during transport.

In 22 states EMS services can transport clients. In 6 states, EMS must take individuals to a hospital or emergency department—they are not permitted to transport to Crisis Stabilization Programs.

**12 STATES**

Have developed Alternatives to Law Enforcement Transporting Clients

**6 States**

Policies require EMS to Take Clients to EDs instead of Crisis Centers

**24 States**

Policies require Law Enforcement to Transport Clients in Crisis

## States Reporting Alternatives for Transporting Clients for BH Services

12 States provided narrative descriptions of alternatives for transporting clients

- AZ: All covered transportation services are outlined in the AHCCCS Medical Policy Manual <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>.
- DE: Contracted for behavioral health patient transportation services.
- HI: Stabilization Facilities provide transport.
- IA: Some Mental Health and Disability Services (MHDS) regions have developed alternative transportation options to reduce reliance on law enforcement for individuals involuntarily committed.
- NH: For clients with SUD who go to the state access points for SUD called the Doorways - the doorway has flex funds available for clients to use for transportation to respite or treatment - this is funded by the State Opioid Response Grant - NH is working to integrate the BH system more fully - this is the SUD access point and different but related to the MH access point.
- NM: Currently in development of alternative transportation options.
- NV: Non-emergency Behavioral Health can transport.
- OK: The SMHA contracts with four vendors to transport client if facility is more than 30 miles away. The coverage is statewide.
- PA: In some regions, MCT's may transport some individuals but those being sent to the ED for an involuntary emergency evaluation are usually transported by ambulance or police/constables. There are no OMHSAS/licensing requirements for restraining of individuals during transportation, but it is common for law enforcement or EMS to restrain during transport. We are in the process of developing new crisis regulations that require team delivered mobile response, we expect this will reduce the number of instances that require police involvement in mobile crisis services.
- RI: EMS can transport a person in a behavioral health crisis to a 24/7 triage center as an alternative to the ED.
- TN: There are Amerimed EMS services in place for most all counties for secondary transport. Law enforcement does transport in most cases of involuntary inpatient treatment.
- VA: Through a contracted vendor, Virginia provides a statewide program of alternative transportation to acute psychiatric facilities for individuals detained for psychiatric evaluation and treatment.

## States Working to Change Policies/Laws About Crisis Service Transport

- AL: Working with Alabama Department of Public Health who regulates EMS
- AR: working to allow ambulances to transport to CSUs.
- IL: The Community Emergency Services and Supports Act requires this to be addressed at a regional level.
- KY: Kentucky is reviewing transportation services as part of its CMS Medicaid Mobile Crisis Planning Grant.
- MD: This is under discussion with EMS partners.
- ME: Seeking to allow EMS to transport to crisis stabilization center. Also interested in having MCTs provide transport for voluntary clients.
- MI: Examining more flexibilities for non-ambulance and non-law enforcement transport and some counties have made advances in this area.
- NV: Working with regional PSAP's to determine what is needed to change policy for alternative destinations
- NY: NYS MHL was expanded to allow law enforcement drop offs at Crisis Stabilization centers.
- TN: In FY20, State funding created a grant program under Tennessee's Department of Finance and Administration in the area of Mental Health Transportation under TCA 33-6-406. The Mental Health Transport program was established to assist sheriff's departments, which are required by Tennessee law to provide emergency mental health transport to individuals who are experiencing a behavioral health trauma and require hospital or treatment resources. All 95 county Sheriff's Offices are eligible for grant funding.
- WA: Law enforcement or EMS must transport if individual is involuntary. State is exploring options to expand and include MCT teams transporting voluntary.
- WV: An interim legislative study group was appointed to "undertake an evaluation of the utilization of alternative transportation providers and the development of standards that define the role, scope, regulation, and training necessary for the safe and effective utilization of alternative transportation providers and . . . identify potential financial sources for the payment of alternative transportation providers. Recommendations regarding such evaluation shall be submitted to the President of the Senate and the Speaker of the House of Delegates on or before July 31, 2022.

**For Additional Information About this Report, or the SMHA Profiles Project,  
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