

5527

Rep. Casimiro, Julie A.

From: Matt Ferner <matt@safercitiesresearch.com>
Sent: Tuesday, May 20, 2025 2:43 PM
To: Rep. Casimiro, Julie A.
Subject: More Mobile Crisis Response Teams Go Statewide



More Mobile Crisis Response Teams Go Statewide

1. In Ohio, “Mobile Response and Stabilization Services [for youth] will expand to all 88 counties” in the state by July, Kennedy Chase **reported** last week for Spectrum News. Governor Mike DeWine, a champion of expanding the mobile crisis response network, also known as MRSS, which has been deployed in 50 counties so far, said the programs are “already making a positive impact.” That’s because counties with MRSS “have seen better behavioral health outcomes, less juvenile justice involvement, fewer inpatient residential stays for children, and fewer children spending the night in emergency departments because of a behavioral health crisis,” Governor DeWine explained. **“This program and its expansion will put that emergency help within reach for kids, parents, teachers, and communities all across Ohio,” said Maureen Corcoran, the director of Ohio Medicaid.**

Mobile Response and Stabilization Services teams are composed of “social workers, peer support, and other trained [medical] professionals who work with

the young person and their family” during a mental health crisis, Delaney Ruth **reports** for WKBN. **Here’s how the mobile crisis response program works:**

- When a call comes in to 988—“about 18,000 calls, texts and chats [come in] each month” to the hotline—MRSS attempts to de-escalate the crisis over the phone, or “deploys trained professionals to help [youth] dealing with a behavioral health crisis” wherever they are located, whether that is at school, at an event, or at home. **The goal is to dispatch a provider within one hour.**
- Then, “after they de-escalate the situation, families receive follow up support for six weeks” after the initial call for service, helping to ensure that the young person remains stable and successfully returns to their normal routine.
- If needed, MRSS can also offer extended “in-home services, and connections [to] peer support, skill-building opportunities, and prevention resources.” **The state is planning to invest \$51 million to serve anyone under 20 who is in need of mental-health crisis care.**

Statehouse News Bureau’s Jo Ingles reports that “no one will receive a bill, because Medicaid and state funds pay for the services ... ensuring many kids in crisis will get help without having to go to a hospital or into the juvenile justice system.” Governor DeWine told the newspaper that “MRSS ... also reduces strain on other emergency services that might not be appropriate in this kind of situation.” **“We know this program works,”** said LeeAnn Cornyn, the director of the Ohio Department of Mental Health and Addiction Services. “It ensures kids and families receive the type of help they need when they need it, and it’s comforting for parents to know that they don’t have to figure out how to navigate these situations alone. Help is just a phone call away.”

REGIONAL MAP



REGIONS	COUNTIES
1	Hamilton County
2	Franklin County
3	Cuyahoga County
4	Defiance County, Fulton County, Henry County, Lucas County, Mercer County, Paulding County, Putnam County, Van Wert County, Williams County
5	Ashtabula County, Geauga County, Lake County
6	Portage County, Summit County
7	Mahoning County, Trumbull County
8	Adams County, Brown County, Clermont County, Lawrence County, Scioto County
9	Delaware County, Knox County, Licking County, Morrow County
10	Coshocton County, Fairbaird County, Guernsey County, Morgan County, Muskingum County, Noble County, Perry County, Washington County
11	Belmont County, Carroll County, Columbiana County, Harrison County, Jefferson County, Monroe County, Stark County, Tuscarawas County
12	Ashland County, Holmes County, Richland County, Wayne County
13	Montgomery County, Preble County
14	Crawford County, Erie County, Hancock County, Huron County, Marion County, Ottawa County, Sandusky County, Seneca County, Union County, Wood County, Wyandot County
15	Butler County, Clinton County, Warren County
16	Lorain County, Medina County
17	Clark County, Darke County, Greene County, Madison County, Miami County, Shelby County, Allen County, Auglaize County, Champaign County, Hardin County, Logan County
18	Athens County, Fayette County, Galia County, Highland County, Hocking County, Jackson County, Meigs County, Pickaway County, Pike County, Ross County, Vinton County

12 PROVIDERS BY REGION

Allwell Behavioral Health region 10	Butler Behavioral Health regions 1,15	Coleman Health Services regions 6,14, 17,18	Ohio Guidestone regions 3, 9, 11
Alta Care Group region 7	Child Focus region 8	The Counseling Center of Wayne and Holmes region 12	Ravenwood region 5
Applewood Centers region 16	Choices Coordinated Care Solutions region 13	Nationwide Children's Hospital region 2	Unison Health region 4

This is the next phase of an ongoing modernization of Ohio's public safety infrastructure that Governor DeWine has been spearheading, investing \$90 million "to strengthen mental health crisis response services" across Ohio. This campaign also includes other innovative efforts like:

- Opening "First-Of-Its Kind In Nation" Crisis Stabilization Center:** Governor DeWine led the effort to open a new crisis stabilization center—staffed by trained "nurses, psychology professionals, social workers [and] peer support" specialists—in Dayton, the "first of its kind in the nation," as [Sydney Dawes reported for Dayton Daily News](#). When a person is in the middle of a mental health crisis, they can walk in to the center, or be taken there by mobile crisis response teams or other first responders. The center is staffed by trained "nurses, psychology professionals, social workers [and] peer support employees." State leadership just broke ground on [a new crisis stabilization center in rural Ohio](#) that also "includes space for a mobile response services

team...[who] respond directly into the community to someone experiencing a mental health crisis, conduct safety assessments, de-escalate situations, and offer peer support.”

- **Distributing cost-free Narcan around the state:** Ohio’s overdose deaths have been falling for the last two years, following the state’s cost-free “**distribution of the opioid overdose-reversing drug [Narcan].**” The Ohio Department of Health has given out over “291,000 kits last year alone contributing to over 20,000 known overdose reversals.”

2. New Jersey Launches “Mobile Crisis Outreach Response Teams Statewide,”

South Jersey Local News

reported last week. The mobile crisis response teams are composed of “a two-person team in the field under remote supervision by a third professional,” who are all “trained in trauma-informed care, de-escalation, harm reduction strategies, safety/risk screening, assessment, stabilization techniques, [and] crisis planning.” When a call comes in to the 988 crisis hotline (which answered **69,000 calls** in the state in 2024), a counselor will assess the crisis, and can dispatch the mobile crisis response team “without law enforcement or other emergency personnel.” “**Help is truly** only a phone call or text message away,” said Gov. Phil Murphy.

After arriving at the scene, the responder team (which includes “**a trained peer-support specialist**”) can provide “transport to crisis stabilization and receiving centers, Certified Community Behavioral Health Clinics or hospital emergency departments” around the state. Then, after the immediate call for service, the team follows up with “support and ongoing care... connecting individuals with providers” of medical care or other services. “The need for mental health, substance use, and suicide crisis services remains high. People in distress who call, text, or chat 988 will tap into a system of care that extends

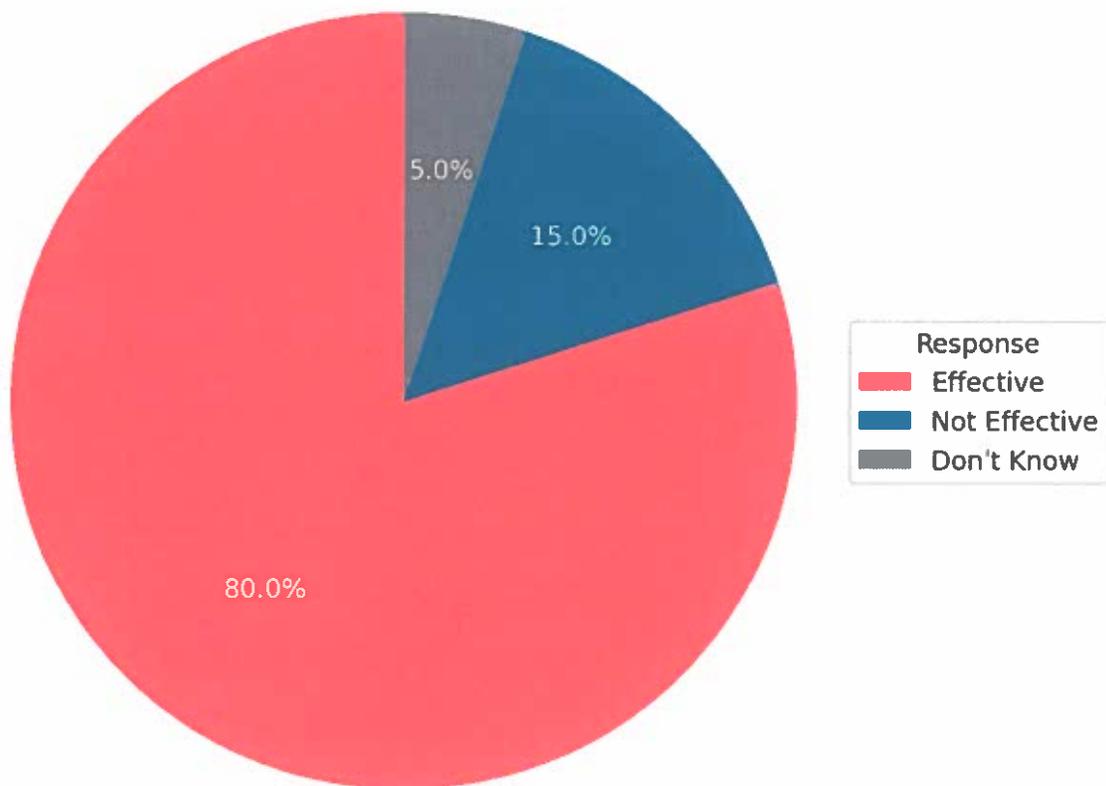
past that initial outreach,” **said Human Services Commissioner Sarah Adelman.**

This expansion, which will soon include **24/7 coverage**, is part of a larger effort statewide to expand and bolster the state’s “crisis response continuum and ensure families in crisis have someone to call, someone to respond, and somewhere to go when experiencing a mental health, substance use” crisis, like the state’s network of “receiving and stabilization centers, and crisis diversion homes,” NJ.com **reported.**

3. Voters Across The Country Overwhelmingly Support Mobile Crisis Response Teams.

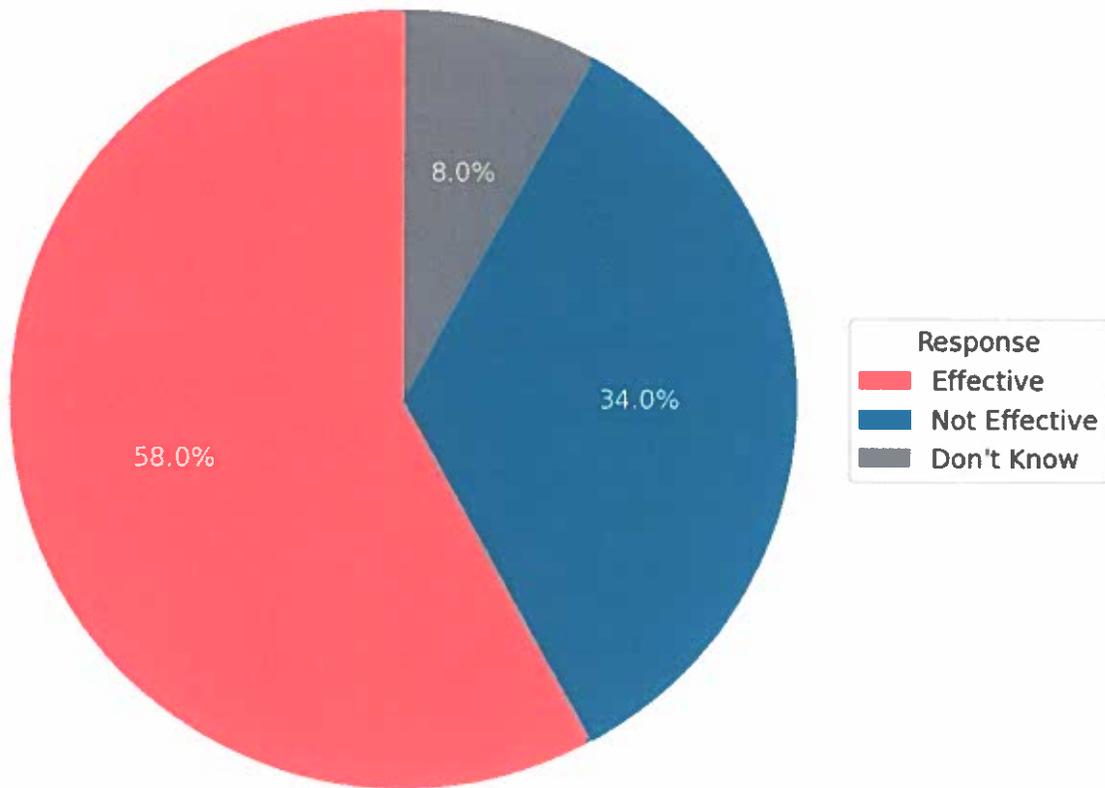
As Safer Cities recently **reported**, 80% of voters say “mobile crisis response units” are “effective” at “making your community safer.”

- By a 65-percentage point margin—80% to 15%—voters view mobile crisis response units as “effective.”
- These results also reflect broad bipartisan support, including 89% of Democrats and 72% of Republicans who say mobile crisis response units are effective.
- 86% of respondents agreed with the statement that “police officers often show up with sirens blaring, bright lights, and firearms. They also are trained to use their authority to control a situation. These work in a home invasion, for example, but can backfire when dealing with people in acute mental crises because they further escalate the situation.”



- **When Forced To Choose, Voters Prefer New Public Safety Dollars Dedicated To Mobile Crisis Units Rather Than Hiring More Police Officers.** After participants heard arguments for and against mobile crisis response teams, we asked: “Knowing what you know now about mobile crisis units, if your city or community was looking to invest additional funding to make your city safer, would you prefer that they ... spend the additional funds on mobile crisis units to address community safety [or] spend the additional funds on hiring more police officers to address community safety.” **Here are the results:**

 - **58%** = “Spend the additional funds on mobile crisis units to address community safety.”
 - **34%** = “Spend the additional funds on hiring more police officers to address community safety.”



We'd love to hear from you! If your jurisdiction is working on an innovative program to advance public safety, please email us at matt@safercitiesresearch.com.



Safer Cities provides coverage and analysis on innovative efforts to deliver more safety for our cities and our country.

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