

California County Behavioral Health Directors Association

HEALTH
MANAGEMENT
ASSOCIATES

Mobile Crisis Project
Discussion with the

California Association of Behavioral Health
Boards and Commissions

January 20, 2023

CONVERSATION TOPICS AGENDA



- Background and Conversation Drivers
 - Crisis Systems and Services Context

- CBHDA Mobile Crisis Project
 - Project Aim
 - Activities

- Discussion

- Wrap Up

CBHDA MOBILE CRISIS PROJECT TEAM SUPPORT HMA REPRESENTATIVES



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Health Management Associates (HMA) is a leading independent national research and consulting firm in the healthcare industry.

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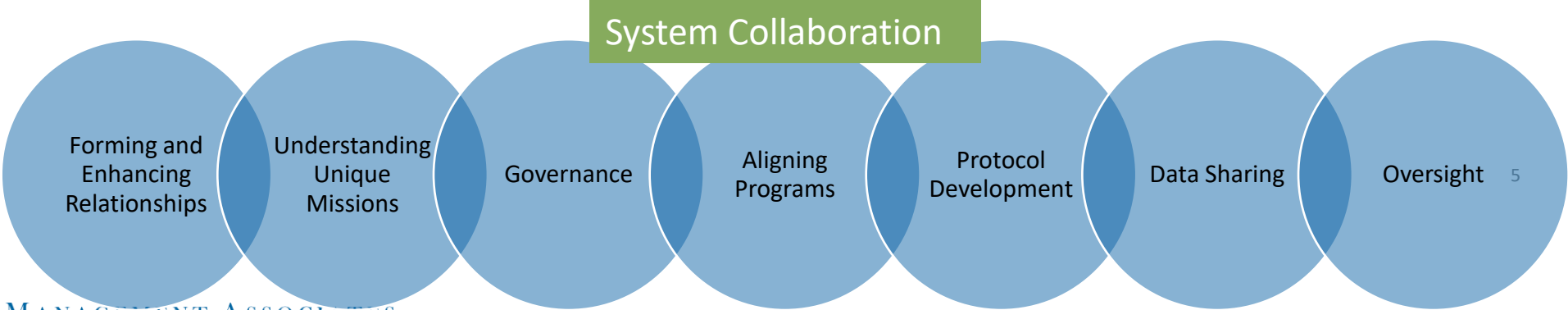
We help clients stay ahead of the curve in publicly funded healthcare by providing technical assistance, resources, decision support and expertise.

Crisis Systems and Services Context

OVERVIEW OF A COMPREHENSIVE CRISIS CONTINUUM



Source: WellBeing Trust, *Consensus Approach and Recommendations for the Creation of a Comprehensive Crisis Response System*, November 2021



NATIONAL PERSPECTIVE: CRISIS SERVICES BEST PRACTICES GUIDANCE

SAMHSA National Guidelines for Behavioral Health Crisis Care Excerpts about Mobile Crisis

<i>Mobile Crisis Minimum Expectations</i>	<i>Mobile Crisis Best Practices</i>
Include a licensed and/or credentialed clinician capable of assess the individual's needs	Incorporate peers within the mobile crisis team
Respond where the person is and not restrict services to select locations or particular days/times	Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion
Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations	Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement
	Schedule outpatient follow-up appointments in a manner synonymous with a warm hand-off in order to support connection to ongoing care

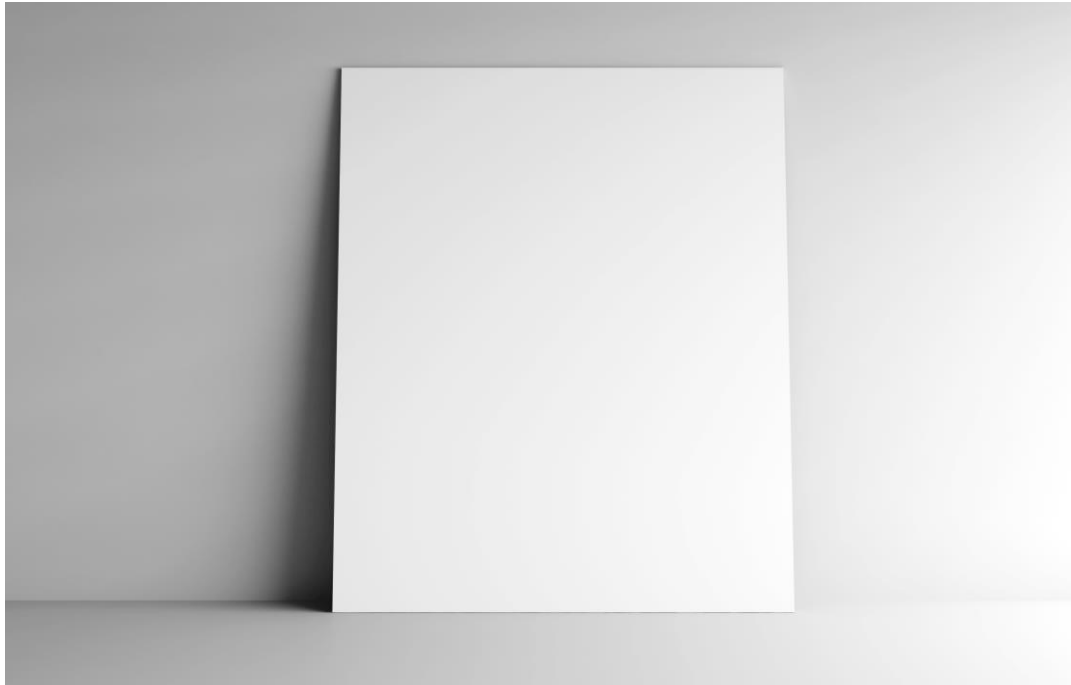
TAKING A STEP BACK TO GET A PERSPECTIVE

21st Century expectations for creating a crisis response system

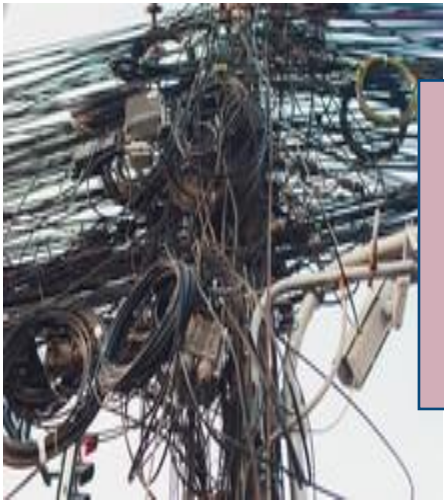


TAKING A STEP BACK TO GET A PERSPECTIVE

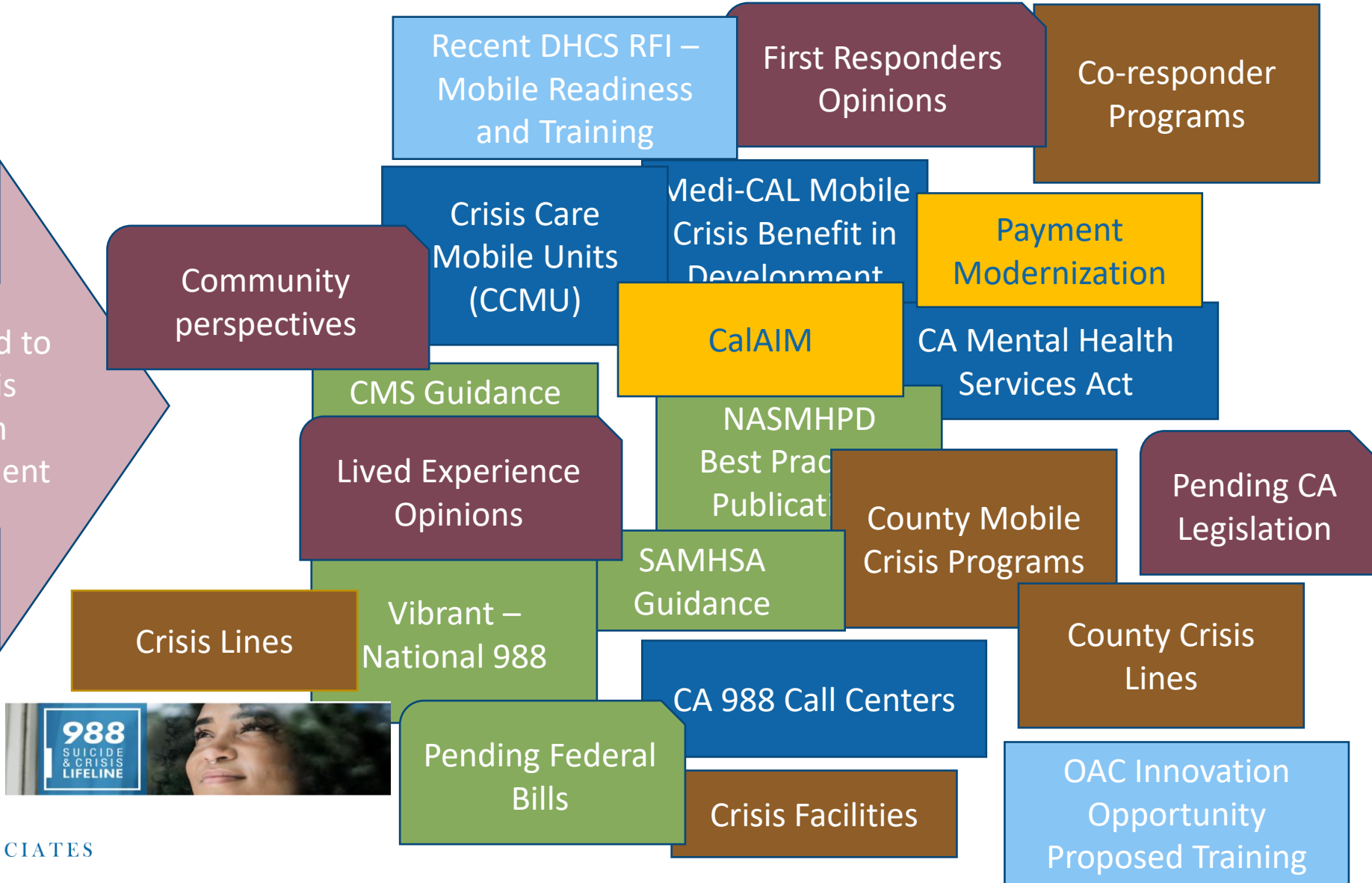
Yet, we are living in the 20th century realities for creating 21st century crisis response system, with a wide range of starting points



CALIFORNIA MOBILE CRISIS - A VIEW FROM THE BALCONY 20TH CENTURY REALITY



Translated to CA crisis system environment



BRIEF OVERVIEW OF THE FUTURE LANDSCAPE – SPECIFIC TO MOBILE CRISIS

- Center for Medicare and Medicaid (CMS)
 - ARPA – Section 9813 creates a new state Medicaid option for mobile crisis services
 - CMS Mobile Crisis Guidance *Highlights* provided to states
 - ✓ Enhanced Medicaid federal match to 85% for mobile crisis
 - ✓ Response times – state can set but encouraged 1 hour
 - ✓ 24/7/364 – required
 - ✓ Team composition – discretion to the states within the following
 - BH Professional according to state regulations
 - Other person on the team – BH Professional, paraprofessional and encourage use of peers
 - ✓ Administrative claiming (optional) at 90% to support technology, etc.

CA MEDI-CAL MOBILE CRISIS

□ CA DHCS – Behavioral Health Information Notice 22-064 (December 19, 2022)

Highlights

- Community response available 24/7
- Allowable qualified mobile crisis team members (e.g., professionals, para-prof, peers)
- Crisis Assessment
- Crisis Response – trauma-informed focus on resolution
- Crisis Planning
- Facilitation of Warm Handoffs
- Referrals to ongoing services
- Follow-up Response times
 - ✓ 60 minutes urban
 - ✓ 120 minutes rural
- Community partnerships
- Coordination with law enforcement – respond without law enforcement unless safety concerns

CBHDA Mobile Crisis Project

CBHDA MOBILE CRISIS PROJECT – PURPOSE AND FOCUS

Three focal points for the project:

1. Staffing Models/Tools

- Team composition, predicting capacity and fulfilling 24/7/365 availability requirements, recruitment/retention, etc.

2. Financing Models

- Budgeting for new requirements, payment/reimbursement approaches, considerations for technology and costs for call centers interoperability with mobile crisis

3. Collaboration with Law Enforcement

- Uncover lived experience needs regarding when and how to engage law enforcement, understand perspectives of law enforcement, exploration of protocols, expanding current CA best practices, role of co-responder models

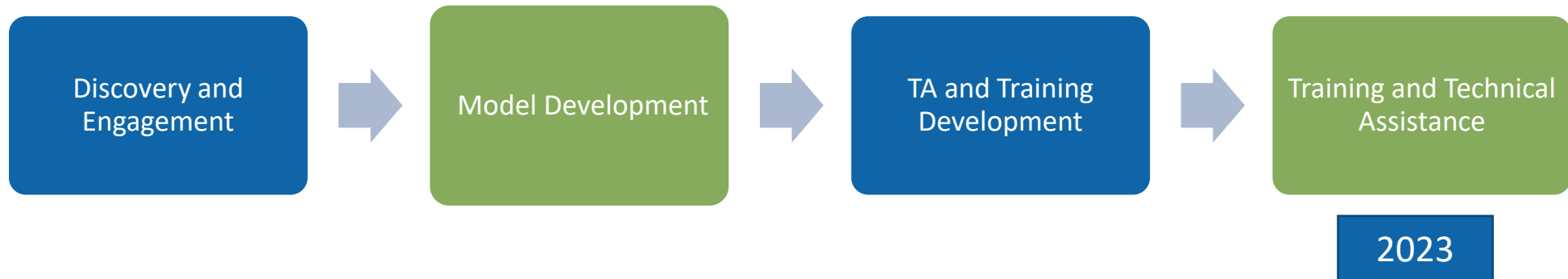
**Geographic
Distance and
Population Density**
(Urban, Rural,
Frontier)

CBHDA MOBILE CRISIS PROJECT – PURPOSE AND FOCUS

Project Aim

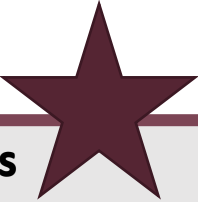
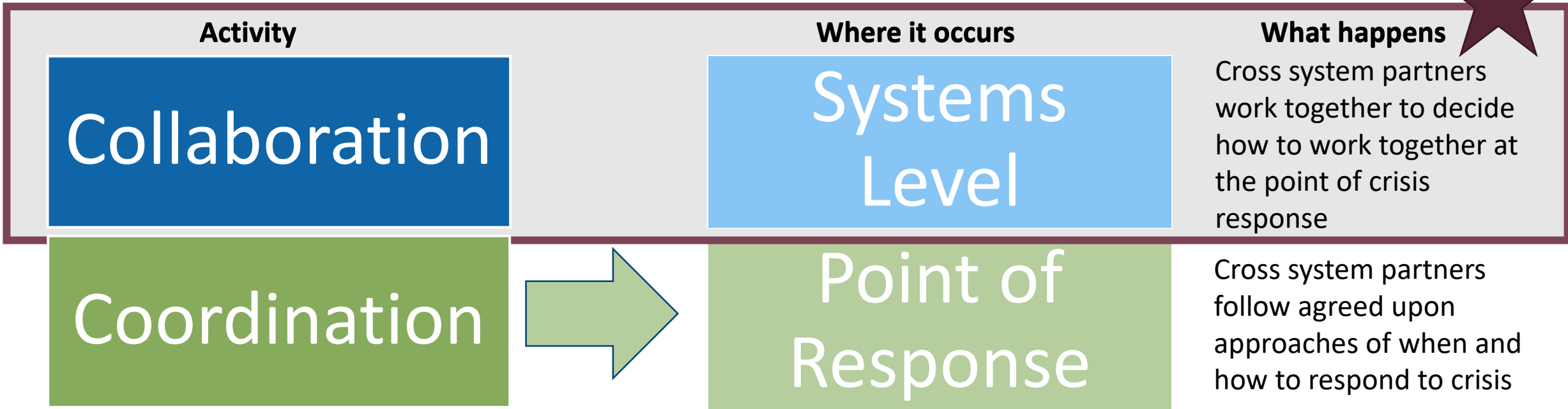
Create visual models and practical tools to help counties prepare for the new federal benefit and create a more efficient and effective mobile crisis response system.

Project Approach



SAMPLE OF THE TECHNICAL ASSISTANCE SUPPORT COLLABORATION

Collaboration with Law Enforcement



Sample TA: System Collaboration Model

Purpose: Cross system partners decide how to work together *at the point of crisis response to achieve the best outcomes for all.*

- Identify and reach out to stakeholders – find interested and passionate parties
- Listen and learn about each other: organizational mission, culture, values, needs, preferences
- Identify resources to work together, as needed – meeting space, facilitator
- Identify data and or other resources available to understand current environment



- Prioritize needs and preferences
- Develop your strategy and action plans
- Develop protocols for working together at the point of crisis response (e.g., when to involve police)
- Identify needed data to collect
- Determine length of time to move forward

- Reporting out data collected
- Celebrate successes
- Identify areas of continued growth
- Collectively advocate for system improvements

- Communicate new protocols
- Provide training for law enforcement, mobile crisis, others
- Rehearse new approaches
- Launch new protocols

Discussion

DISCUSSION QUESTIONS



- What are the **strengths** of the current crisis delivery system overall and specific to mobile crisis?
- What are the **biggest challenges** for crisis systems and services in California?
- What is **most needed** going forward?
- What would you suggest would be most useful in delivering care to different special populations? (e.g., adults, youth, differently abled, etc.)
- What do you think is most critical for counties to get right as they expand and enhance mobile crisis response services?
- What else is on your mind about mobile crisis services?

Wrap Up