

American Rescue Plan's New State Option for Community-Based Mobile Crisis Interventions

Manatt Health

June 14, 2021, 12:00 – 1:00 PM ET

STATE
Health & Value
STRATEGIES
COVID-19

A grantee of the Robert Wood Johnson Foundation

About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

*Support for this webinar was provided by the Robert Wood Johnson Foundation.
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Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

COVID-19 Resources for States

State Health and Value Strategies has an accessible one-stop source of COVID-19 information for states at www.shvs.org/covid19/. The webpage was originally designed to support states seeking to make coverage and essential services available to all of their residents, especially high-risk and vulnerable people, during the COVID-19 pandemic. As we transition to a new phase, this continues to be a good resource for states as they focus on vaccinations and recovery.

About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit www.manatt.com/ManattHealth.aspx

About CAHOOTS

CAHOOTS (Crisis Assistance Helping Out On The Streets) provides mobile crisis intervention 24/7 in the Eugene-Springfield, Oregon metro area, and is a part of White Bird Clinic. White Bird Clinic is a collective environment organized to enable people to gain control of their social, emotional and physical well-being through direct service, education, and community. For more information, visit <https://whitebirdclinic.org/cahoots/>

Agenda

- **Overview of American Rescue Plan (ARP) Option for Mobile Crisis Intervention Services**

- **Key Considerations for States on Mobile Crisis Intervention Services:**
 - **Qualifying Services**
 - **Promising Models**
 - **Eligible Populations**
 - **Leveraging Funding for a “Firehouse Model”**

- **Looking Ahead**

- **Discussion**



Overview of ARP Option for Mobile Crisis Intervention Services

States Face an Imperative to Address Surging Behavioral Health Needs

Investing in behavioral health crisis services can help states address:



Surging drug overdoses



Increasing rates of anxiety and depression among adults and adolescents



Deep rooted systemic inequities in health care and law enforcement, leading to disparities in behavioral health coverage, access, and outcomes



States are preparing to implement 988, a new national hotline for behavioral health crises that goes live in July 2022.

It is also crucial for states to refine the role of law enforcement in responding to behavioral health crises

Source: [Public Law No: 116-172](#); [Provisional Drug Overdose Death Counts](#); [Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health](#)

ARP Provides State Option and Enhanced Funding for Community Mobile Crisis Intervention Services

State Incentives to Adopt Option

85% Enhanced Federal Matching Rate

Applies to qualifying services for first three years of state coverage

\$15 Million in State Planning Grants

To support planning (e.g. assessment of current crisis services and disparities in access) and implementation of crisis services, and development of state plan amendments (SPAs) or waiver requests to take up the option



Source: [Public Law No: 117-2](#)

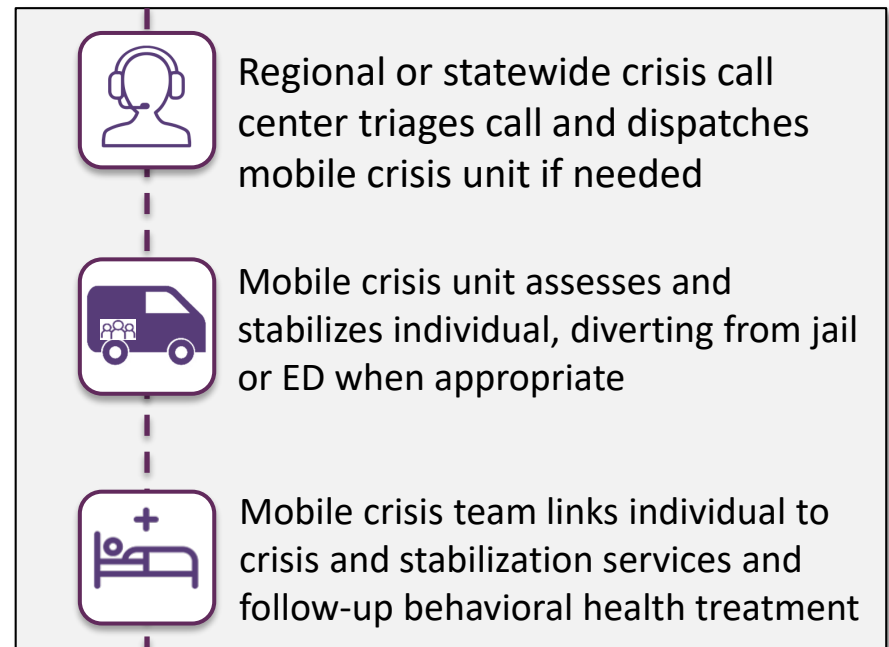
States can also use their increased Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funding to help stand up this Option

Mobile Crisis Services Provide Rapid Behavioral Health Support to Individuals in Crisis

The mobile crisis state option is one critical tool available to states to invest in comprehensive and integrated crisis infrastructure that:

- ✓ Addresses immediate crisis to keep people safe in the moment
- ✓ Connects individuals to behavioral health treatment and mitigates further crisis episodes
- ✓ Reduces stigma associated with and “criminalization” of behavioral health crises
- ✓ Lessens the reliance of communities on police as first responders for behavioral health issues

Mobile crisis response is a core element of effective crisis response



Source: [Evaluation of a Mobile Crisis Program: Effectiveness, Efficiency, and Consumer Satisfaction](#); [Assessing the Impact of Community-Based Mobile Crisis Services on Preventing Hospitalization](#); [Distraught People, Deadly Results](#)



Key Considerations for States on Mobile Crisis Intervention Services

ARP's Definition of Community Mobile Crisis Intervention Services is Flexible

Qualifying community mobile crisis intervention services must be available in a continuous and timely manner by a multi-disciplinary mobile crisis team that:



Has at Least One Behavioral Health Professional and Other Professionals/Paraprofessionals with Expertise in Behavioral and Mental Health



Is Trained in Trauma Informed Care, De-escalation Strategies, and Harm Reduction



Provides Screening, Assessment, Stabilization, De-escalation and Coordination with Health care and Other Supports



Maintains Relationships with Community Partners (e.g., medical, behavioral, and crisis providers)

Source: [Public Law No: 117-2](#)

Crisis Models for States to Consider as They Develop ARP-Consistent Service Definitions

Today, many states and localities operate crisis models that are funded through a combination of Medicaid, state, local, and other funding, and leverage different professionals based on community need and workforce capacity



***Mobile Crisis
Teams***



***Emergency
Medical Services***



***Co-Response
Teams***

Many localities already fund and operate crisis response models, which could be expanded upon with increased ARP funding

Mobile Crisis Teams: Spotlight on Crisis Assistance Helping Out on the Streets (CAHOOTS)



Established over 30 years ago, CAHOOTS provides mobile crisis intervention 24/7 in Eugene-Springfield, Oregon and is a national model

- Operated by White Bird Clinic, a community mental health clinic, as a free, confidential alternative or addition to police and emergency medical services (EMS)
- Team consists of medic (nurse or emergency medical technician (EMT)) and crisis worker with several years experience in mental health
- Sits within the police department, and responds to requests typically handled by the police and EMS
- Individuals may request support from CAHOOTS or dispatchers may connect an individual to CAHOOTS if appropriate for the situation



Mobile Crisis Units

- Are available in at least 19 states and localities, with Medicaid coverage in at least 13
- Respond to crisis calls within specified timeframes
- Often follow-up with individuals post crisis to assure linkages to services

Source: [CAHOOTS](#); [CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention](#)

Specially Trained EMS Behavioral Health Teams Can Address Behavioral Health Crisis



- Localities leverage their existing EMS infrastructure and dispatch specialty trained paramedics and EMTs following 911-calls to respond to behavioral health crisis situations
- These teams help divert individuals in crisis to facilities other than emergency departments
- These teams can also monitor patients with behavioral health needs following crisis episodes



Example: North Carolina

North Carolina, in partnership with its behavioral health MCOs, launched a community paramedicine mobile crisis management pilot

- Paramedics received advanced mental health and SUD training
- Dispatched to respond to behavioral health calls
- Paramedics may treat and release patient or transport them to crisis receiving centers, depending on the situation

Source: [Final Report on the Community Paramedic Mobile Crisis Management Pilot Program](#)

Co-Response Teams Pairs Law Enforcement and Behavioral Health Professional for Crisis Response



Most commonly, specially trained officer and behavioral health professional ride together in the same vehicle for an entire shift. Alternatively, the behavioral health professional meets officers at the scene and they handle the call together



Law Enforcement Only: Crisis Intervention Teams (CIT)

- Comprised of police officers who have completed 40-hour crisis intervention training
- Dispatched to respond to calls involving individuals with behavioral health concerns
- Intended to divert individuals from criminal justice system to mental health and/or SUD treatment

States Can Expand Eligibility for Community Mobile Crisis Intervention Services

States can maximize eligibility for and tailor mobile crisis intervention services to meet the needs of populations who have unmet behavioral health needs



Children & Adolescents

- States can design child/adolescent-focused models to address growing behavioral health crisis needs of this population and avoid out-of-home placements
- State Example:** Massachusetts Behavioral Partnership provides child-centered and family-centered mobile crisis intervention services for youth



I/DD

- Individuals with I/DD are more likely to be diagnosed with a mental health disorder than other individuals
- States/communities can design specific programs and incorporate I/DD trainings for first responders
- State Example:** Tennessee MCOs provide behavioral health crisis prevention, intervention and stabilization for enrollees with I/DD receiving managed LTSS



Black, Latino(a), and LGBTQ Populations

- Black and Latino(a) populations are impacted by systemic racism in law enforcement and health care
- States can cultivate equity-driven, culturally competent mobile crisis services for Black, Latino(a), and LGBTQ populations through trainings and provider outreach

Sources: [Emergency Services Program: Mobile Crisis Intervention Practice Guidelines](#); [Intellectual and Developmental Disabilities: A Review of the Literature on Police-based and Other First Response Models](#); see notes for additional citations.

States Can Use the New ARP Option and Funding to Support a “Firehouse Model” for Crisis Services



“Firehouse Model”

Mobile crisis service providers who are “on-call” 24/7 and may be dispatched to anyone at any time

- Current funding for crisis services is piecemeal and inadequate to sustain a firehouse model
- ARP allows states to claim 85% enhanced federal match on these services for the first three years of the option
 - States with Medicaid expansion can draw down 90% federal match for the Medicaid expansion population
- States can enhance crisis provider reimbursement rates to reflect cost of making “on call” mobile crisis services available to Medicaid enrollees



Looking Ahead

Looking Ahead

The ARP mobile crisis option enables states to lay the groundwork for a more equitable, comprehensive, and integrated crisis system that connects individuals in behavioral health crisis with specialized and appropriate behavioral health treatment

Immediate Next Steps

- Track ARP \$15 million planning grant opportunity
- Establish process for designing mobile crisis intervention model, including generating a cross-agency stakeholder process
- Identify opportunities to integrate activity with 988 implementation planning
- Assess current crisis services and where crisis services fits in treatment continuum
- Grow understanding of disparities in access to services and criminalization of behavioral health conditions and addiction
- Address cross-payer issues

Ongoing Steps

- Identify sustainable options for crisis investments once temporary funding elapses
- Continue to engage and train communities and stakeholders to design and implement culturally competent system in which individuals in crisis and their families, providers, and first responders can engage without stigma or fear

Discussion

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Thank You

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