

Will You Please, Please Help Me: New Opportunities for Mental Health Crisis Systems



Opening Remarks

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Panelists

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Will You Please, Please Help Me: New Opportunities for Mental Health Crisis Systems

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U.S. Department of Health and Human Services



SAMHSA At-A-Glance

Mission

Established in 1992 to reduce the **impact of substance abuse and mental illness** on America's communities

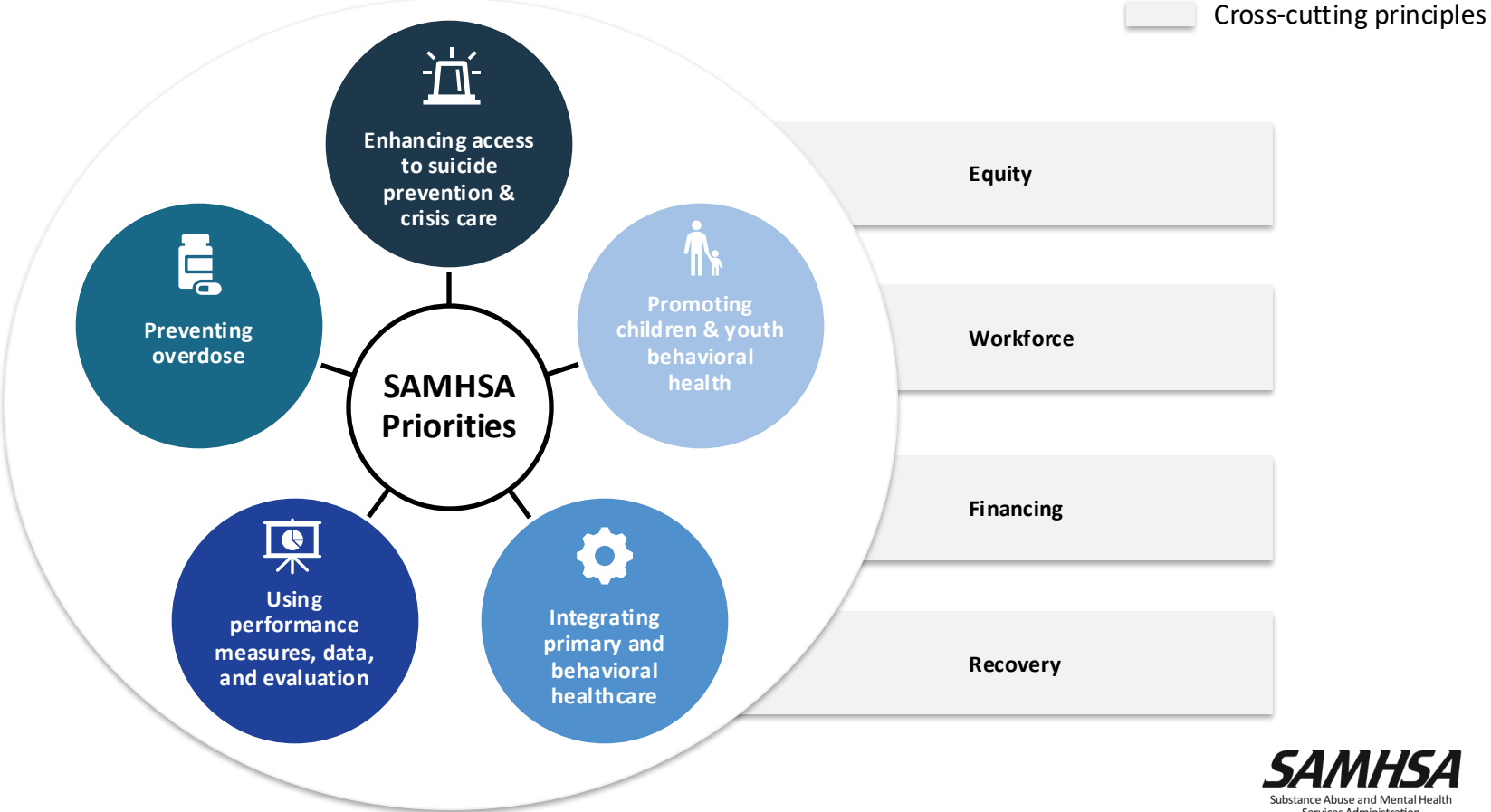
Priorities & principles

SAMHSA has identified **five core near-term priorities**, as well several cross-cutting principles

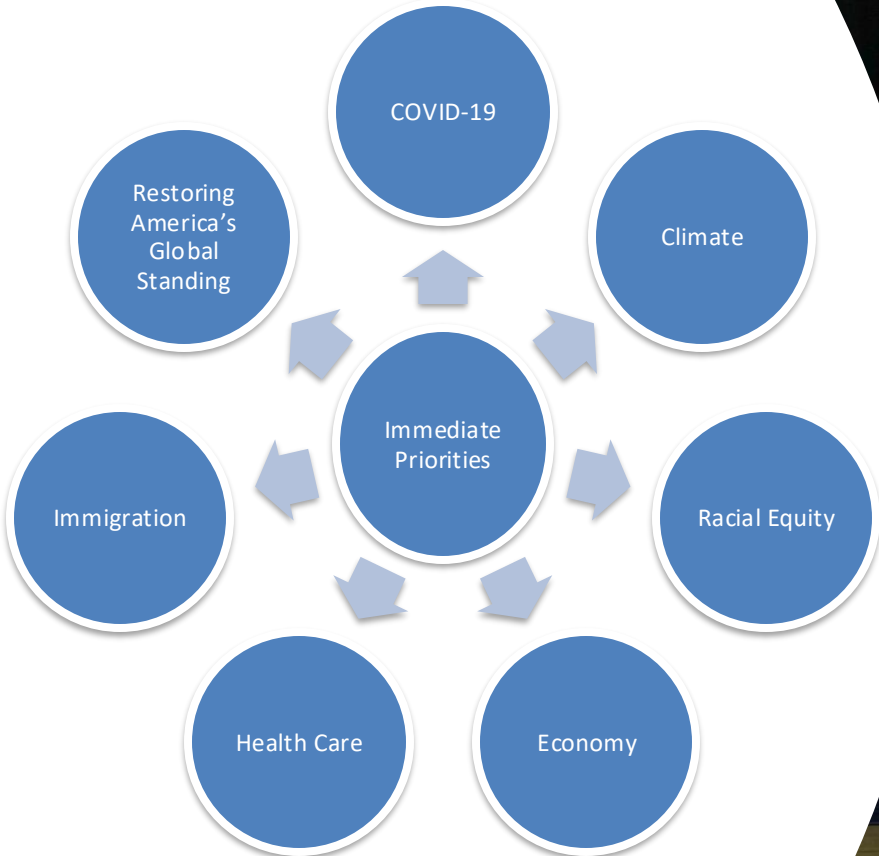
Budget

SAMHSA FY 2021 American Rescue Plan Act: **\$3.56B**
FY22 budget request: **\$9.7B**

SAMHSA Priorities and Cross-Cutting Principles



SAMHSA and the Biden-Harris Administration



FY 2021 COVID Supplemental Funding: \$4.25B

Grant/Program	Funding
Certified Community Behavioral Health Clinics	\$600,000,000
Suicide Prevention	\$50,000,000
Emergency Response	\$240,000,000
Community Mental Health Service Block Grant	\$1,650,000,000
Substance Abuse Prevention and Treatment Block Grant	\$1,650,000,000
Project AWARE (Advancing Wellness and Resiliency in Education)	\$50,000,000
National Child Traumatic Stress Network	\$10,000,000

**SAMHSA FY 2021 Appropriation:
+\$6,017,000,000**

SAMHSA FY 2021 American Rescue Plan Act: \$3.56B

Grant/Program	Funding
Block Grants for Community Mental Health Services	\$1,500,000,000
Block Grants for Prevention and Treatment of Substance Abuse	\$1,500,000,000
Community-Based Funding For Local Substance Use Disorder Services	\$30,000,000
Community-Based Funding for Local Behavioral Health Needs	\$50,000,000
National Traumatic Stress Network	\$10,000,000
Project AWARE	\$30,000,000
Youth Suicide Prevention (GLS State, Tribe, and campus)	\$20,000,000
Certified Community Behavioral Health Clinics	\$420,000,000

SAMHSA FY 2022 Budget Request: \$9.7B

Appropriation	Budget Request	Program Highlights
Mental Health	\$2,936,528,000	<ul style="list-style-type: none"> Community Mental Health Services Block Grant: \$1.6B Certified Community Behavioral Health Clinics: \$375M Suicide Prevention Programs: \$179.7M Project AWARE: \$155.5M National Child Traumatic Stress Network: \$81.9M
Substance Use Prevention	\$216,667,000	<ul style="list-style-type: none"> Strategic Prevention Framework: \$126.7M
Substance Use Treatment	\$6,408,943,000	<ul style="list-style-type: none"> Substance Abuse Prevention and Treatment Block Grant: \$3.5B State Opioid Response Grants: \$2.3B Targeted Capacity Expansion: \$147.9M Criminal Justice Activities: \$124.4M First Responders Comprehensive Addiction and Recovery Act: \$63M
Health Surveillance and Program Support	\$171,873,000	<ul style="list-style-type: none"> Program Support: \$83.3M Drug Abuse Warning Network: \$15M

988 and Crisis System

Background & context: 988 is a public health response to critical behavioral health system needs

- Nearly **45,000 suicides in 2020**
- Among **51 million adults** with any mental illness in 2019; 26% perceived an unmet need for services
- For **individuals with serious mental illness, nearly 48%** perceived an unmet need for services
- **Significant gaps in the system of care**, including crisis care, result in overreliance on the criminal justice system for the management of individuals with behavioral health conditions

988 Vision

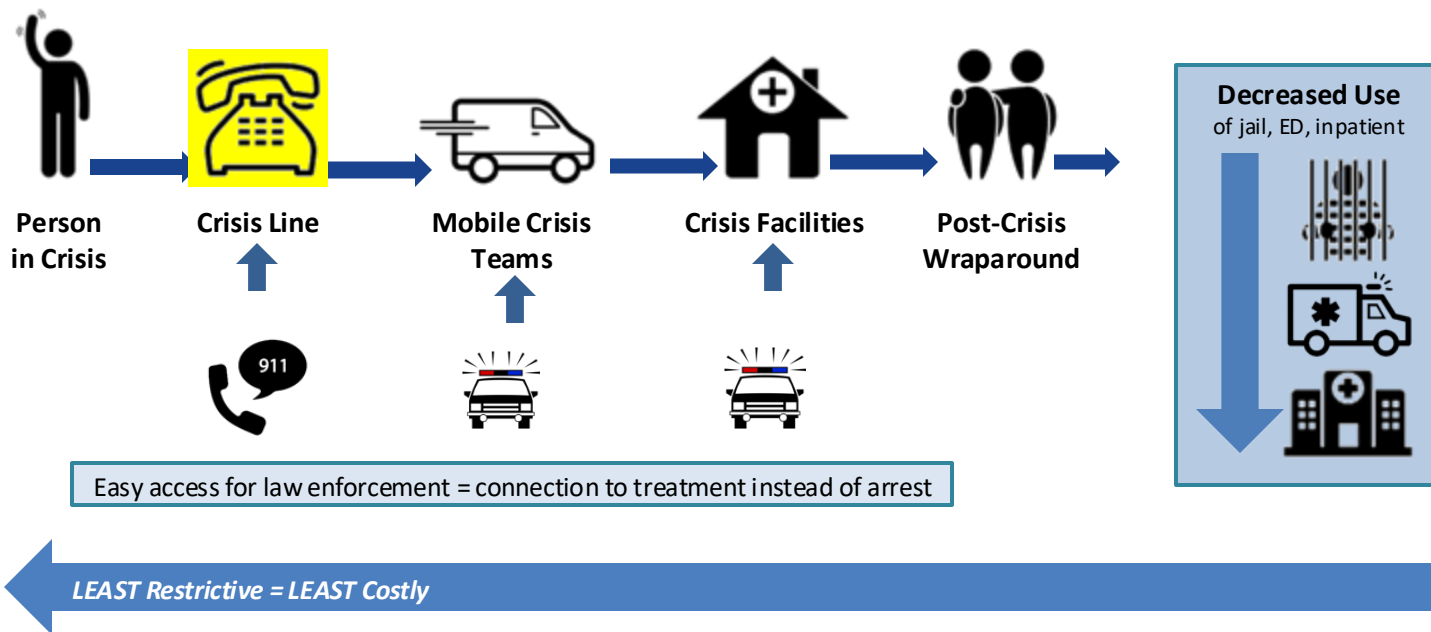
988 is a once-in-a-lifetime opportunity to strengthen and expand the National Suicide Prevention Lifeline and transform America's crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation.

Provide direct, life-saving service to all with suicidal or mental health crises through a strengthened and expanded network of Lifeline call centers.

Link Lifeline callers with a community-based crisis care system ready to deliver needed services.

988 and Crisis System

The crisis system: crisis lines are an essential component of an effective and comprehensive mental health crisis response system



Current Lifeline network

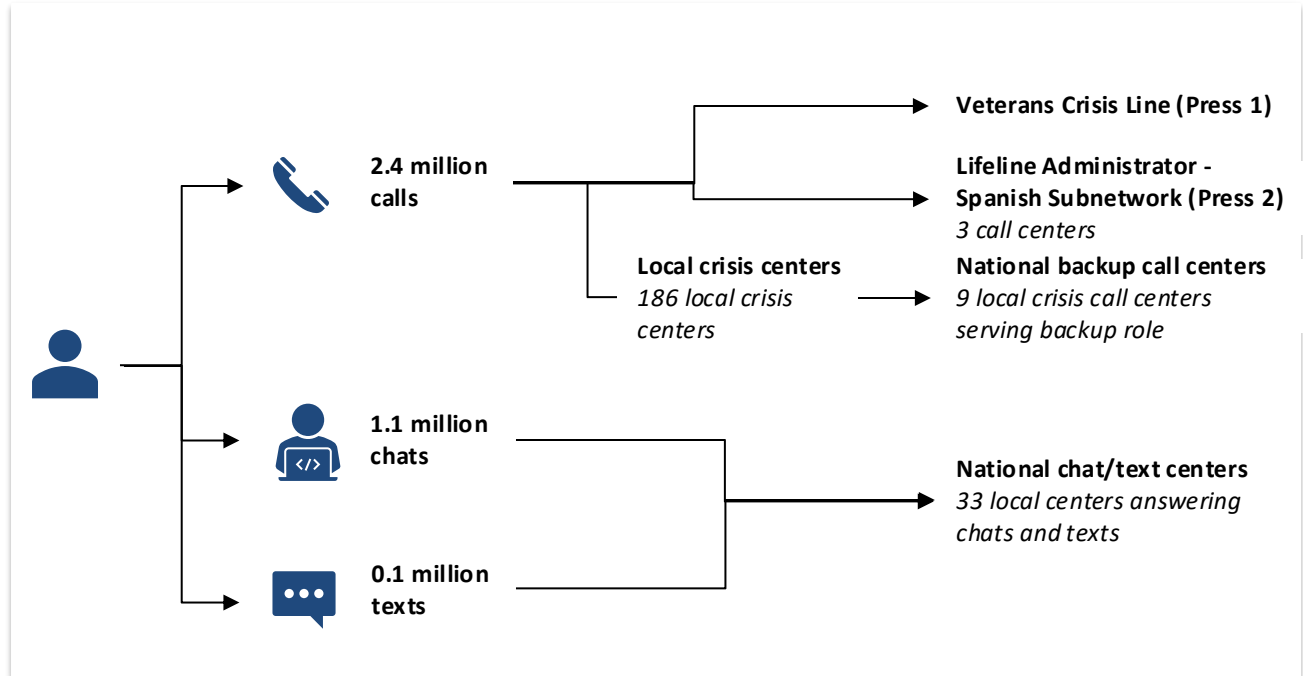
The National Suicide Prevention Lifeline consists of multiple layers

In FY21, the Lifeline is expected to receive **3.6 million contacts**

When they reach the current Lifeline, callers are given three options:

- **Press 1** and caller is connected to the **Veterans Crisis Line**
- **Press 2** and caller is connected to **Spanish Subnetwork**
- **Remain on the line** and caller is connected to **nearest crisis center**; if local crisis center is unable to answer, the caller is routed a national backup call center

When they reach the current Lifeline, chat/text users are connected to a **centralized network of chat and text centers**



Lifeline effectiveness

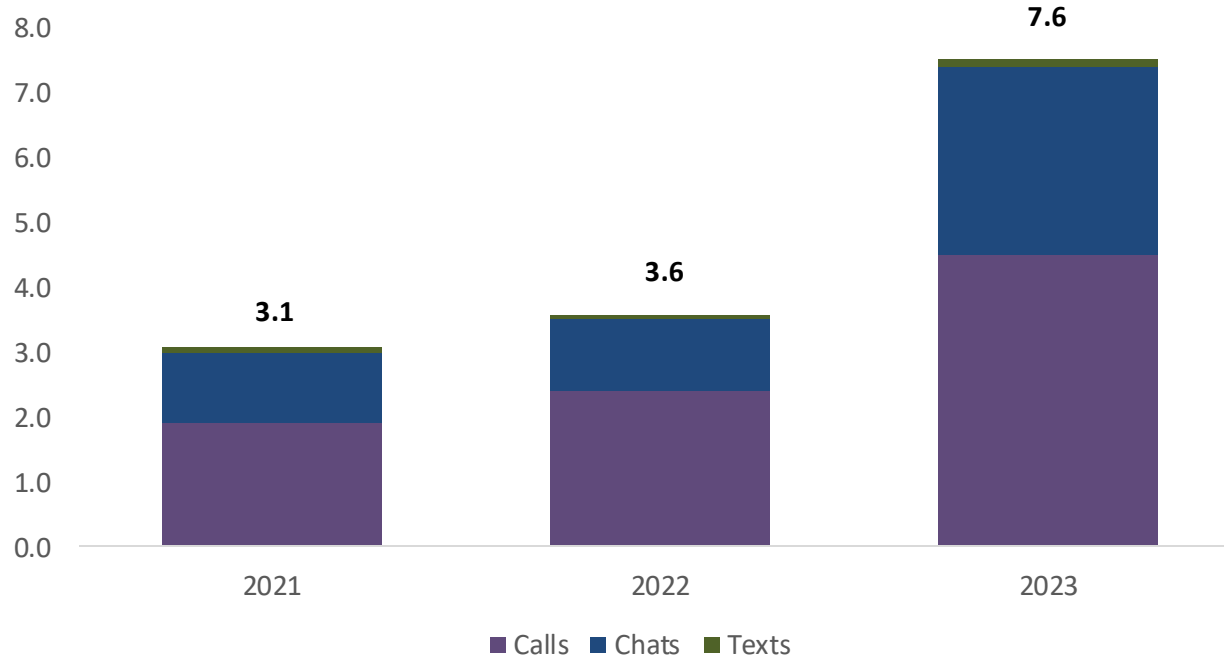
The Lifeline has demonstrated success in helping to support callers experiencing mental health crises

- Seriously suicidal persons call, chat, or text the Lifeline.
- **Callers' intent to die is significantly reduced during the call.**
- Counselors **able to obtain collaboration on over 75% of imminent risk calls.**
- Follow up calls by Lifeline centers to suicidal callers are experienced by 90% of callers as helping keep them safe and not kill themselves.
- **Suicidality reduced among 50% of those accessing chat.**
- “Third-party callers” calling the Lifeline when they are worried about someone deemed to be at imminent risk are provided a range of interventions which can supplement, and at times replace, calling 911.

Projected State

Volume Growth Over Time

Projected calls, chats, and texts (millions)



Source: SAMHSA and Vibrant estimates

988 roadmap – core elements

We believe there are four critical elements to focus on ahead of 988's launch



1 Robust federal planning and convening



2 Enhanced Lifeline network and crisis call center capacity



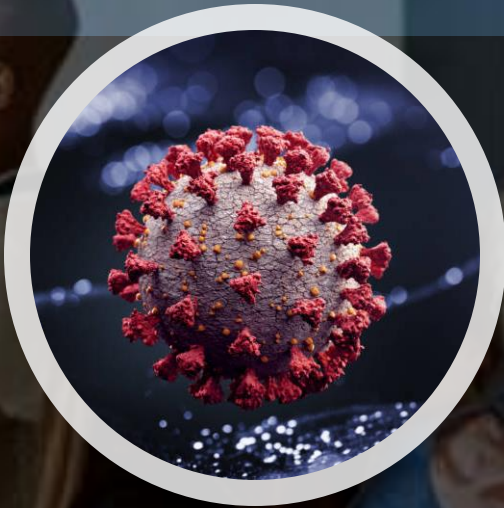
3 Clear messaging and public awareness



4 Sustainable crisis system transformation

Potential impact of 988

- A sufficiently resourced 988 system will be a **catalyst for behavioral health system transformation**
- Through effective 988 implementation, **millions of individuals in crisis** can receive support and linkage each year, resulting in:
 - **decreased suicides**
 - **better engagement in services**
 - **less interaction with law enforcement**
- Success requires **federal investment and leadership** to ensure adequate system capacity and to support coordinated, equitable, person-centered design



A Commitment to Behavioral Health



NEW OPPORTUNITIES FOR MENTAL HEALTH CRISIS SYSTEMS



Georgia's Current and Emerging Crisis System Financing



Many do not know what to do in the event of a mental health crisis and their actions can place unnecessary burden on local law enforcement and emergency services, which rarely provide the most effective response for the individual experiencing the behavioral health crisis.



The 9-8-8 law requires Georgia to enhance the current system's ability to respond to those experiencing a behavioral health crisis by providing:



Someone to talk to

- Available 24/7 for calls, text and chat
- Peer-run hotline offering callers emotional support, staffed by volunteers who are in recovery themselves, also called a peer warm line



Someone to respond

- Mobile crisis available statewide
- Coordinate with 9-1-1/ EMS as appropriate
- Outpatient community provider response



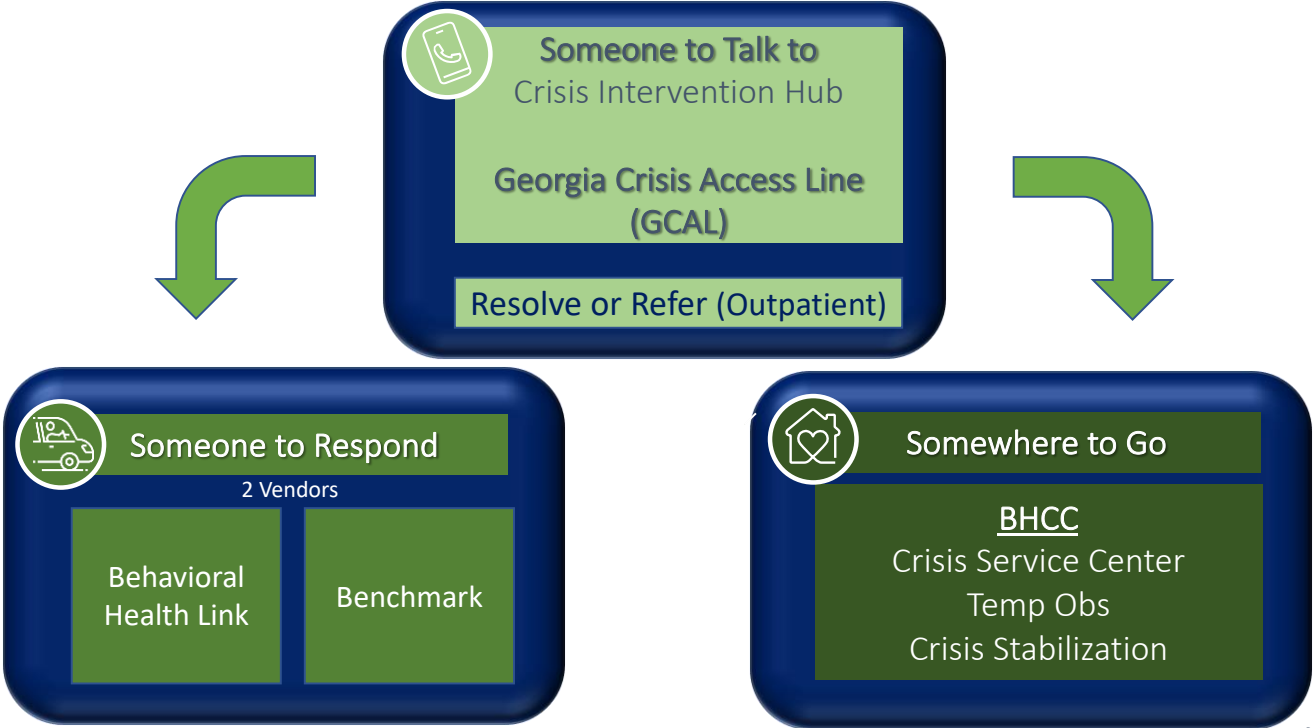
Somewhere to go

- Crisis stabilization units
- Crisis service centers
- Peer wellness respite
- Detox and Substance Use Disorder (SUD) treatment
- Inpatient beds
- Outpatient crisis

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*Director, Office of Medicaid Coordination & Health System Innovation/
Georgia Department of Behavioral Health & Developmental Disabilities*

Georgia's Current Crisis System



Note: Numbers reflect FY21 volume

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Georgia's Current Crisis System



Someone to Talk to

Someone to Respond

Somewhere to Go

Formal Crisis Response System



The Georgia Crisis and Access Line (GCAL) and My GCAL app are available 24/7 for calls, text and chat. National Suicide Prevention Lifeline (Lifeline) calls are currently routed to GCAL.



Mobile Crisis Team Services (MCTS) are available 24/7 and provide community-based, rapid response to individuals in an active state of crisis.



Crisis Stabilization Units (CSUs), Behavioral Health Crisis Centers (BHCCs), detoxification facilities and inpatient psychiatric beds provide safe settings for stabilization and referrals.

Formal Recovery Crisis Supports



Peer Recovery SUD Warm Line
Peer Recovery MH Warm Line



Peer Wellness & Respite Centers
Recovery Community Organizations

Supporting and Preventative Outpatient Crisis System



Community Behavioral Health Centers
Emerging CCBHCs

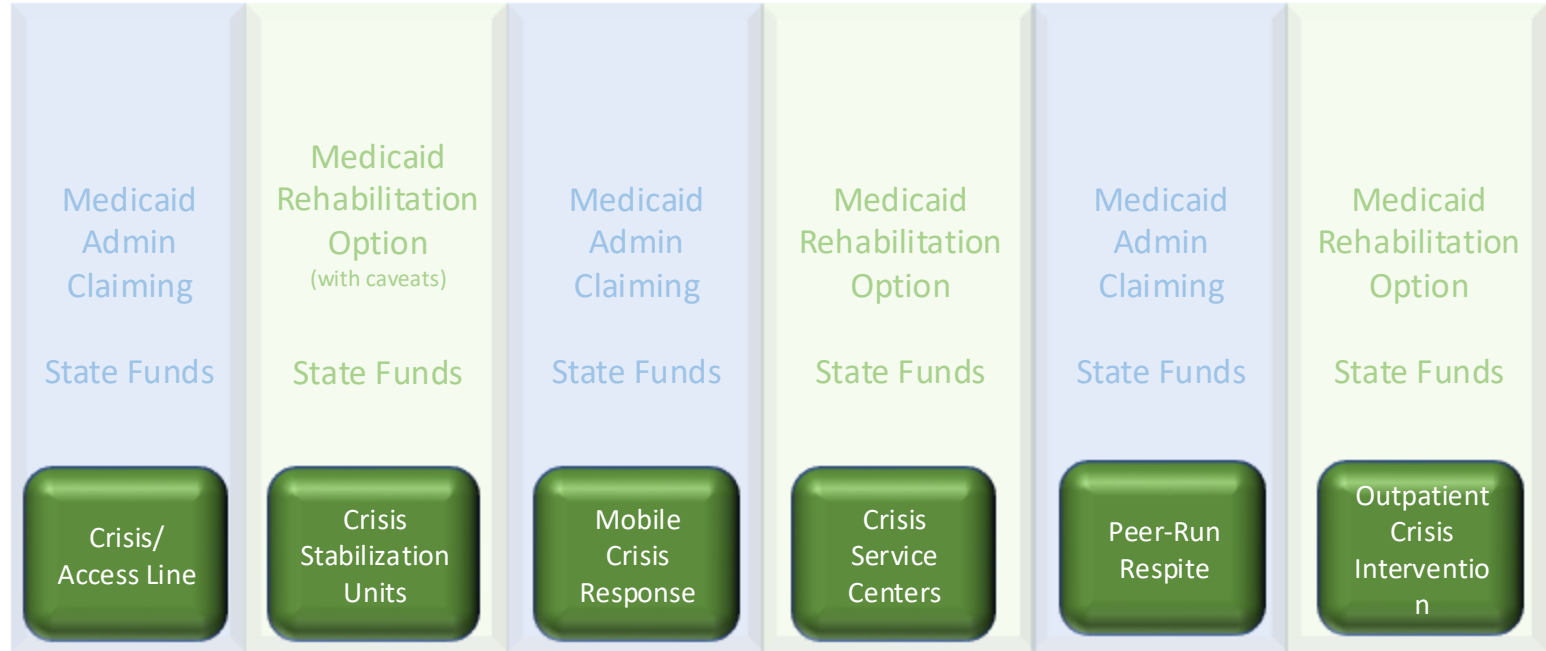


Community Behavioral Health Centers
Emerging CCBHCs
Assertive Community Treatment/Community Support/Intensive Family Intervention Teams



Community Behavioral Health Centers
Emerging CCBHCs
Peer Support Agencies/Providers

Georgia's Current Crisis System – Medicaid Financing



SAMHSA Block Grant Set-Aside

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Georgia's Current Crisis System – Financing Assumptions



Assumptions/Considerations

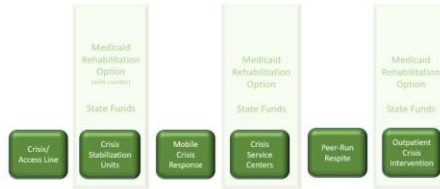
- Georgia is not a Medicaid eligibility expansion state
- Crises for individuals with BH/IDD may manifest similarly
- Individuals in BH/IDD crisis shouldn't have to account for insurance coverage
- Diagnoses may not be a yield in a telephonic/mobile crisis intervention
- Full notes may not be an outcome in a telephonic/mobile crisis intervention
- Capacity is needed even when intervention is not being provided (FFS not our preferred approach for Crisis Hub and Mobile Crisis [yet!])
- Crisis intervention can be provided by non-diagnosticians (but are not provided by volunteers)

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Georgia's Current Crisis System – Medicaid Financing



Medicaid Rehabilitation Option

Includes some incremental services and some program services:

- Incremental Services
 - Individual Counseling
 - Group Training & Counseling
 - Family Training & Counseling
 - Case Management
 - Peer Support
 - Physician Services
 - Nursing Services
 - More...
- Programmatic Services
 - Crisis Stabilization
 - SA Intensive Outpatient
 - Assertive Community Treatment
 - Intensive Family Intervention
 - Psychosocial Rehabilitation
 - More...

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Georgia's Current Crisis System – Medicaid Financing



Medicaid Administrative Funding

42 CFR § 433.15 - Rates of FFP for administration

(a) **Basis.** Section 1903(a) (2) through (5) and (7) of the Act provide for payments to States, on the basis of specified percentages, for part of their expenditures for administration of an approved State plan.

(b) **Activities and rates.**

(7) All other activities the Secretary finds necessary for proper and efficient administration of the State plan: 50 percent. (Section 1903(a)(7).)

SMD# 18-011 – Opportunities to Design...Systems for Adults with a SMI or Children with a SED

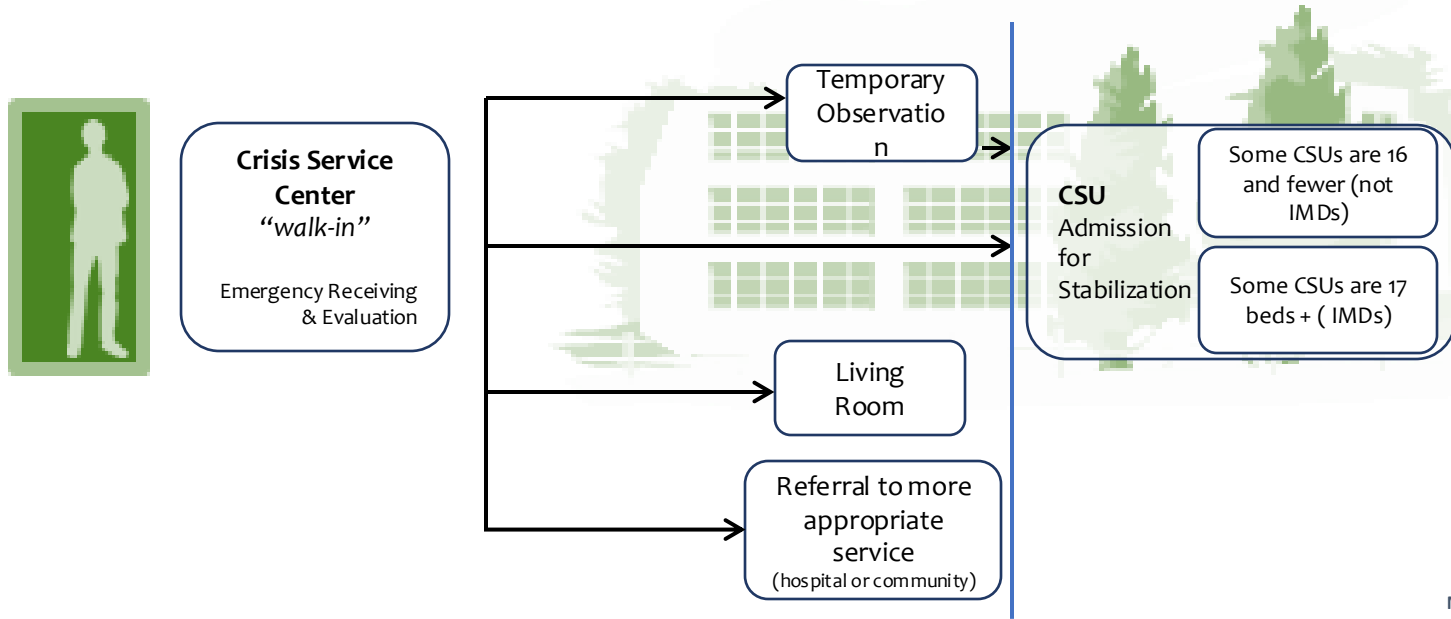
“...Furthermore, states may be able to access administrative match for crisis call centers...However, in order to access administrative match for crisis call centers, a state would have to justify in a reasonable manner how many callers are Medicaid beneficiaries in order to properly allocate costs to Medicaid.”

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Crisis Stabilization Units with Additional Components: Behavioral Health Crisis Center (BHCC)



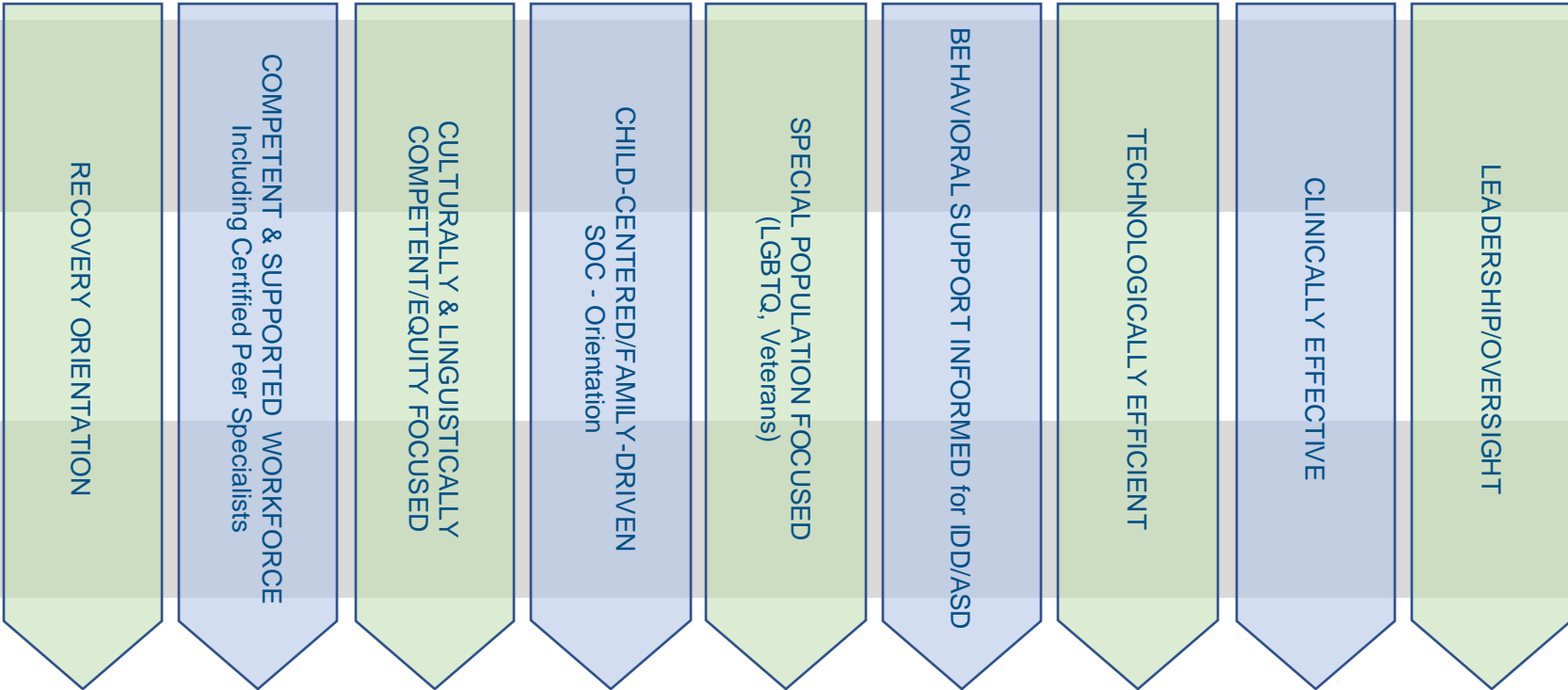
Note: Numbers reflect FY21 volume

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Georgia's Community-Based Crisis System Model +



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Financing Crisis Services In the Midst of COVID: Taking the Next Right Step



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“The ideal crisis system of care – an array or continuum of components, processes and services managed collectively and interlinked.” *Roadmap to the Ideal Crisis System (p.14)*

Must have a funding mechanism that includes:

- Collaboration so there is universal eligibility
 - Multiple strategies for successful financing
 - An accountable entity for producing a global budget
 - Payment for all populations
 - Provider participation requirements
 - Adequate rate setting
-

Kim Boswell

Commissioner, Alabama Department of Mental Health

Alabama's Crisis System of Care

- Current components of crisis care and how they are funded
- Using American Rescue Plan Act funding as bridge funding for crisis services and transitioning to CCBHC
- Plan for long-term sustainable funding

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Commissioner, Alabama Department of Mental Health

Reduce	Reduce hospital emergency department admissions and jail bookings due to behavioral health crisis.
Promote	Promote integrated services, regardless of diagnosis (mental health, substance use disorder or co-occurring intellectual disability)
Decrease	Decrease the rates of referral to expensive and restrictive inpatient care with extended lengths of stay.
Develop	Develop a regional approach to crisis care through planning and collaboration

Alabama's Crisis System of Care

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Crisis Now Model: Transforming Crisis Services In Alabama

Four Core Elements for Transforming Crisis Services

- *Crisis Stabilization Programs*
 - Crisis Diversion Centers
- *24/7 Mobile Crisis*
 - Rural Crisis Projects
- *Essential Principles and Practices*
 - Participation Requirements
 - Recovery orientation
 - Trauma informed
 - Collaboration with law enforcement
 - Commitment to zero suicide
- *High-tech Call Centers*
 - 9-8-8 Study Commission

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Crisis Centers 2021

WellStone Behavioral
Health (Huntsville)

AltaPointe Health (Mobile)

Montgomery Area Mental
Health Authority
(Montgomery)

Crisis Center 2022

TBA

Funding

- Three Crisis Centers funded the first year through \$18m in State General Fund budget and \$3m Special Mental Health Fund
- Fourth Center funded in FY2022
 - Fifth Center will be requested in FY2023 budget
 - Sustainable funding for Crisis Centers
 - Crisis Centers will transition to CCBHC model
 - Used Georgia's funding model for the first crisis centers

Provider Participation Requirements

- Established requirements through an RFP process including:
 - Universal eligibility
 - Payment for all populations
 - Access to services through 9-8-8 crisis call center

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24/7 Mobile Crisis Teams with Law Enforcement Co-response

State General Fund budget appropriation of \$2.5 million for 5 existing programs

- FY2022 continuation funding secured for 5 programs originally funded through FY2021 supplemental appropriation
- Funded two additional mobile crisis teams through SAMHSA block grant set aside and ARPA crisis services set aside
- Applied for the CMS State Planning grant for mobile crisis services to assist with securing Medicaid reimbursement for mobile crisis teams in partnership with the Alabama Medicaid Agency
- Mobile crisis teams will be deployed through 9-8-8 crisis call center
- Some portion of the uncompensated care will be funded through the 9-8-8 surcharge

Rural Crisis Care: Mobile Crisis Services

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Policy Level

- Pass a county-level Stepping Up Proclamation
- Submit MOUs from identified community partners
- Convene and facilitate a strong planning committee that includes membership from various sectors
- Develop referral system with local jail and emergency rooms

Individual Level

- Provide case management
- Conduct “Crucial Conversations” in local communities
- Conduct Stepping Up “Month of Action” activities in May

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FY2020 Screening Results

- 9,701 inmates were screened for SMI
 - 11% screened positive (1,108)
 - 955 were confirmed SMI
- 6,653 inmates were screened for SUD
 - 45% screened positive for (2,965)
 - 7% received an assessment (192)
 - 151 inmates were confirmed SA
- 106 individuals in a hospital emergency department were screened for SMI
 - 88 screened positive for SMI
 - 87 were confirmed SMI
- 104 individuals in a hospital emergency department were screened for SUD
 - 21 screened positive
 - 18 were confirmed SUD

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- \$1.8m allocated in the State General Fund budget for FY2021
- Expand to 28 counties in FY2021 and FY2022 to expand Stepping Up services to additional counties
- Sustainable funding will come through CCBHC or shifting the case management to a Medicaid State Plan service

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Where does this lead us?

States are searching for solutions that:

- **Address the high health care spending attributable to people with mental illness or substance use disorders**
 - Allocate existing dollars more efficiently
 - Engage people in treatment early and keep them from developing poor health outcomes
 - Go beyond episodic crisis response to models that link people in crisis to a full care continuum
 - Acknowledge and address the contributing role of social determinants of health
 - Improve care integration and adequately address physical health conditions among people with behavioral health diagnoses
- **Reduce high levels of unmet need**
 - Bring people into care whose needs have long gone unmet
 - Strengthen partnerships and referral relationships across social service systems
 - Build capacity in the behavioral health system to respond to rising community need
- **Align with existing state initiatives** (e.g. CCBHC, waivers)

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Medicaid CCBHC

versus

SAMHSA CCBHC

States can implement the CCBHC model without waiting to be added to the demonstration. CCBHC expansion grants serve as a springboard.

Medicaid CCBHC Demonstration	SAMHSA CCBHC Expansion Grants
Open to only 10 participating states	Open to individual clinics in ALL states
Administered by state Medicaid and Behavioral Health authorities within guidelines set by SAMHSA/CMS	Administered by SAMHSA
States determine certification criteria using SAMHSA guidance as a baseline (tailored by states)	Grantees must meet SAMHSA baseline CCBHC certification criteria
CCBHCs are certified by their states	CCBHCs are funded by SAMHSA; do not receive state certification
CCBHCs receive special Medicaid payment methodology (known as PPS)	CCBHCs receive \$2 million/year for 2 years; continue to bill Medicaid and other payers per usual

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Summary of Funding

ADMH – Accountable entity for producing a global budget for crisis services

State Funds (2020-2022)

Crisis Centers

- General Fund \$20m
- Special Mental Health Fund \$5m

Mobile Crisis

- General Fund \$2.5m
- SAMHSA Block Grant crisis services set aside \$5k

Case Management

- General Fund \$2.8m
- Special Mental Health Fund \$1m

Bridge (2021-2024)

CCBHC SAMHSA Expansion grants

- AltaPointe \$2m

ARPA funding

- Funding to transition to CCBHC
- Funding to support workforce initiatives while we complete a comprehensive rate study
- Funding to support technology to support a bed registry
- Funding for a comprehensive rate review

SAMHSA

- Mobile crisis team
- FEP

Sustainable Funding (2023+)

CCBHC

- Crisis services
- Prospective provider payment
- Payment for all populations
- Universal eligibility
- Person-centered treatment

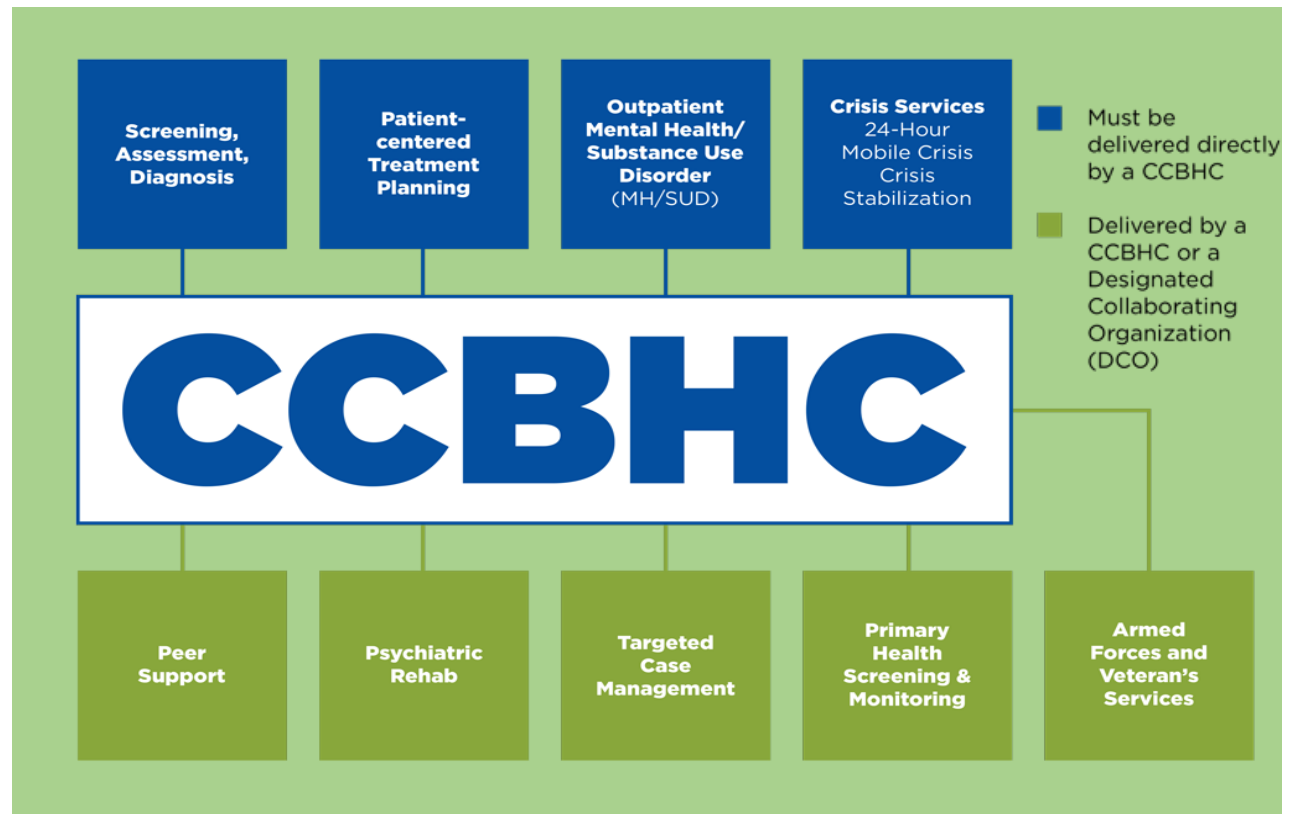
9-8-8 Surcharge

- Uncompensated care
- Ongoing technology support

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CCBHC Scope of Services



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Knowledge of the path cannot be substituted for taking the next right step.

What is the next right step for your state?

- Find the people who are committed to the same set of values and partner with them.
- If possible, use state funds to pilot and experiment so that you build your program around the need instead of the strings attached to the dollars.
- Consider using American Rescue Plan Act funds as bridge funds and demonstrate success through measurable outcomes.

Take the next right step!

Kim Boswell

Commissioner, Alabama Department of Mental Health

Q&A