

An Overview of Colorado's Mobile Crisis Response (MCR) Benefit

The American Rescue Plan Act (ARPA) enacted in March 2021 provides states with enhanced federal Medicaid funding for up to three years to provide community-based mobile crisis intervention services to people in a mental health or substance use disorder crisis. In Colorado, the Department of Health Care Policy and Financing (HCPF) and the Behavioral Health Administration (BHA) are working together to take advantage of this opportunity to establish a new mobile crisis response (MCR) benefit as part of broader improvements to Colorado's crisis system.

Currently, HCPF and BHA are planning for a July 2023 launch of the new MCR benefit. It is designed to offer timely help to individuals in crisis; reduce the unnecessary involvement of law enforcement in behavioral health crises; and to offer community-based care instead of emergency department visits and hospitalizations when possible. Even though the ARPA option only applies to Medicaid beneficiaries, Colorado is committed to operating a statewide crisis system that serves all Coloradans. As such, the new MCR benefit will be available on a statewide basis to any individual in crisis without regard to their insurance status.

Key Elements of the new MCR Benefit

HCPF and BHA have designed the new MCR benefit to meet federal ARPA requirements and to align with national, evidence-based "best practices" for mobile crisis. This new service will be essential as the State implements its approach to 988 that will link callers to community-based providers who can deliver a full range of crisis care services, if needed. In constructing the design, HCPF and BHA drew from a comprehensive assessment and gap analysis of Colorado's current mobile crisis system policies, as well as stakeholder interviews and feedback from a mobile crisis workgroup that began meeting regularly in the spring of 2022.

Key elements of the new MCR benefit include:

- **24/7/365 Availability.** MCR services will be available through a regional network of mobile crisis providers identified by Behavioral Health Administrative Service Organizations (BH-ASOs) and under contract to the BHA and Regional Accountable Entities to ensure 24/7/365 availability.
- **Places of Service.** Mobile crisis services must be delivered in community-based settings wherever the person is having a crisis such as a home, on the street or in a school or library. Under federal ARPA requirements, they cannot be provided in hospitals or other facility settings (e.g., jails, emergency rooms, other inpatient facility settings).
- **Services Covered.** Services provided by MCR teams must include community-based crisis intervention, screening, assessment, stabilization and de-escalation, safety planning, transportation assistance, connections to health, social, and other services and supports, and follow up care for a period of 5 days after the immediate crisis.

- **Dispatch Requirements.** MCR teams are required to respond to dispatch requests made by the Colorado Crisis Services Line without conducting their own independent assessment of whether MCR services are warranted, as well as to other requests for mobile crisis teams made by law enforcement, individuals, families, community members, school staff and others.
- **Multidisciplinary Teams.** During a crisis, each MCR team must include at least two behavioral health professionals and/or paraprofessionals with the appropriate skills and expertise to respond to a crisis. MCR team also must offer access to a peer support specialist and to a licensed clinical professional who can conduct an assessment during the crisis (even if this must be done via telehealth). To participate in a MCR team, providers must meet state licensure requirements, complete required training, and pass an initial readiness review.
- **Role of Law Enforcement.** Under the ARPA option, law enforcement officials cannot count as a member of the multi-disciplinary crisis team and their time cannot be reimbursed with federal Medicaid funds. They, however, may accompany a team on a crisis call if they are needed for reasons of public safety.
- **Training.** Members of the MCR team must be trained on an array of issues and techniques, including, but not limited to de-escalation techniques, culturally competent care, harm reduction, trauma-informed care, working with people who have intellectual or developmental disabilities, strategies for children and youth in crisis, supporting individuals who are deaf, hard of hearing and/or blind, and partnering with tribal communities to deliver crisis services.
- **Transportation.** MCR teams must provide or coordinate necessary transportation throughout the crisis episode. MCR providers are expected to help arrange for secure transport when it is needed and, in some instances, may also serve as the provider of the secure transport benefit. If they provide secure transport, they will be reimbursed for this separately since the MCR benefit and the new secure transport benefit are separate benefits under federal law.
- **Working with Specialized Populations and Providers.** MCR teams, in collaboration with BH-ASOs, must develop relationships with local providers with expertise working with people with intellectual and development disabilities, traumatic brain injury, severe mental illness, serious emotional disturbance, co-occurring disorders, deaf, hard of hearing and deaf-blind individuals, and individuals with other cognitive needs or who reflect neurodiversity.

Please contact CO_Crisis_Stakeholder_Engagement@healthmanagement.com for more information.

In addition, you can ask questions, provide input and share comments about Colorado's new Mobile Crisis Response benefit [HERE](#) anytime.