

ARPA Project: 2.02 Expand Mobile Crisis Services

Presented by: Emily Holcomb, Mobile Crisis Policy Advisor at HCPF

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Mobile Crisis Response

- Colorado is adding to the crisis continuum by launching a new Mobile Crisis Response (MCR) benefit available to all Coloradans regardless of insurance status
- The Department and the Behavioral Health Administration (BHA) are collaborating to design and launch this benefit via the American Rescue Plan Act (ARPA)
- Medicaid providers may receive an enhanced federal match for the first three years to offset the costs of ramping up services

Goals

- Improve Service Quality
- Reduce Unnecessary Service Utilization and Arrest
- Enhance Client Connections To Community Based Services
- Strengthen Network Capacity, Especially For Target Populations
- Increase Awareness
- Integration Within The Crisis Service Continuum

Project Background

ARPA CRSE 9813 funding supports

- Benefit development based on: Substance Abuse and Mental Health Services Administration (SAMHSA), ARPA, Centers for Medicare & Medicaid Services (CMS), and other state and national best practices
- Community engagement with MCR stakeholders including:
 - Service definition feedback statewide and virtual meetings
 - Technical assistance to stakeholders on implementation of this benefit
- Needs Assessment and Readiness Review of providers

HCBS ARPA 2.02 9817

- Support the BHA to administer funds via ASOs to providers in CO to meet MCR service standards by July 2023
- Our role is collaborating with the BHA to do this work, and monitoring the results of their work to report back to ARPA funders

Mobile Crisis Response Overview

- ✓ Occurs where a client is at, in the community, to offer relief & stabilization
- ✓ Dispatched through 988, 911, Colorado Statewide Crisis line & other direct crisis channels
- ✓ MCR is delivered by a multi-disciplinary mobile crisis response team with specialized crisis training & expertise set by federal requirements (BHA Crisis Professional training to be Crisis Professional provider type, BHE endorsement)
- ✓ MCR providers are required to coordinate follow up services to ensure continuity of care for the client
- ✗ MCR is not a replacement for ongoing mental health and substance use disorder treatment services
- ✗ MCR does not replace or stop other crisis response services, but is another option for communities & is an opportunity for greater collaboration across crisis providers

Availability

- MCR under the CCS program is available at all times, 24 hours a day, 7 days a week and 365 days a year statewide
- The face to face response must occur within 1 hour of dispatch in urban areas, and 2 hours in rural/frontier areas
- Must be a paired response, prioritizing dual in person responses but the second person may be via telehealth
- It is delivered in community, not in facilities where other crisis services are available like emergency departments

Service Activities

Service Activities

- Engage with community partners, dispatch to coordinate dispatches, community referrals, and eventual public facing marketing
- Initial face to face response including a risk assessment, brief intervention, and safety planning
- Immediate follow up within 24 hours and for up to five days after to ensure continued stabilization, identification of needs
- Secondary follow up within 7 days for a warm-handoff to additional services



Provider and Team Requirements

Provider/Agency Requirements

- Must have received a BHA endorsement by meeting all standards

Staffing Requirements

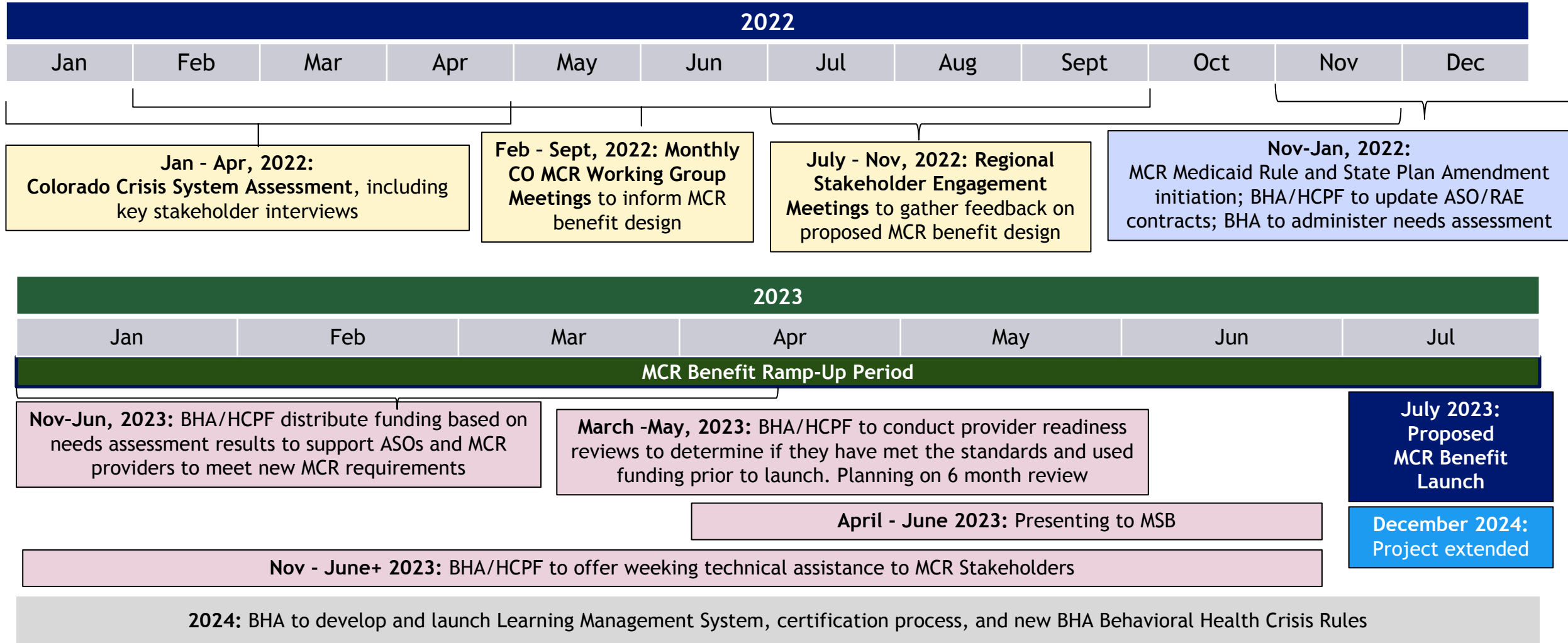
- Must be multidisciplinary professionals and paraprofessionals with BHA crisis training.
- Teams must include a licensed behavioral health clinician, peer support professional, and staff with training in child, youth and family crises
- Teams must also have access to community providers during or immediately after a crisis who serve people with with intellectual and developmental (I/DD), serious emotional disturbances (SED), substance use disorders (SUD), traumatic brain injuries (TBI), individuals who are Deaf/Hard of Hearing or Deaf-Blind (DHOHDB), other cognitive needs/neurodiversities

Project Status

Current and upcoming activities

- Through an interagency agreement with the BHA, they are distributing funding to providers through the Administrative Service Organizations (ASOs) to help them meet new standards.
- Over the next few months, we will continue to offer technical support to ASOs, RAEs, and providers and host a variety of trainings
- Prior to launch, providers will have to undergo a readiness assessment to be BHA endorsed and able to enroll in Medicaid

Timeline of MCR Work



Next Steps

TA Meetings: Request any accessibility related accommodations at least 1 week prior to the meeting:

1. First Thursday of the month 11 am -12 pm: [General Stakeholders](#). This meeting will include full program updates and we recommend it if you can only attend one meeting a month
2. Second Thursday of the month 11 am -12 pm: Designed for [ASOs & RAEs](#)
3. Third Thursday of the month 11 am -12 pm: Designed for [Client/Member & Community](#)
4. Fourth Thursday of the month 10 am - 11 am: Designed for [Providers & Potential Providers](#)

Arrange meetings with RAEs to provide more details and technical assistance

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Questions from MCR team

In general, BHA and HCPF MCR team would like to work more with you and your organizations!

- How would you like to be included:
 - MCR team to return to BHIS for updates and/or feedback
 - MCR team attend other smaller meetings
 - BHIS members attend MCR TA meetings
- In future meetings:
 - Are providers supported to meet enhanced standards?
 - Consider approach to
 - Care coordination, recruiting employees including peer support professionals, accessing priority population community contractors, community engagement and marketing, other



Questions?

Contact Info

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Thank you!