

## Navigating Complexity: Overcoming the Unique Challenges to Mobile Crisis Response in Colorado









HEALTH MANAGEMENT ASSOCIAT

Stock Photo Posed by Model

## Learning Objectives

- Review and outline Colorado's unique mobile crisis response challenges and share information about Colorado's behavioral health secure transportation (BHST).
- Describe national best practice or lessons learned to best address Colorado's unique mobile crisis response challenges, including behavioral health crisis transportation.
- Identify potential principles or approaches to address the unique challenges facing mobile crisis providers in Colorado, including behavioral health crisis transportation.
- Identify needs or gaps necessitating future training and support for Colorado's mobile crisis providers around unique mobile crisis response challenges, including BHST.









## Unique Challenges for Colorado's Mobile Crisis Response Services

## Overview: Identifying the Biggest Challenges



Behavioral Health Transportation



Delivering Crisis Response in Rural Colorado



Managing the Distance Between Resources











## Behavioral Health Secure Transportation



#### Take A Moment to Consider...

• Do you experience challenges in securing transportation for clients in crisis?

• What are the biggest challenges?









History and Core Components of Behavioral Health Crisis Response in Colorado

## History of Colorado Crisis Continuum

Launch of Colorado Crisis Services and Crisis Line.

 Aurora theater shootings in July 2012, Governor John Hickenlooper initiated "Strengthening Colorado's Mental Health System: A Plan to Safeguard All Coloradans."

Since then, many legislative and grassroots efforts to grow and expand the system to best serve people in Colorado.

- Bills like SB 17-207 Strengthen Colorado Behavioral Health Crisis System and SB21-137 Behavioral Health Recovery Act.
- Launch of co-response programs.
- Early childhood mental health and Peer Support Professional network.









## Federal Opportunity



The American Rescue Plan Act was signed into law on May 11, 2021, and includes funding to support a wide range of infrastructure activities, programs, and services.



Provision 9817 of the Act increases the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS) spending for states who use the enhanced funds to "implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen" Medicaid HCBS.



ARPA Initiative 2.02. - Expand Behavioral Health Mobile Crisis Teams. HCPF will supercharge activities related to MCR teams utilizing ARPA 9813 and 9817 funds to develop a new standard and distribute funding to providers.









## Mobile Crisis Response

Colorado added to the crisis continuum by launching the enhanced Mobile Crisis Response (MCR) benefit available to all people in Colorado regardless of insurance status.

HCPF and the Behavioral Health Administration (BHA) have collaborated to design and launch this benefit via the American Rescue Plan Act (ARPA).

Colorado is eligible for an enhanced federal match for the first three years to offset the costs of ramping up services.











## Today: Re-envisioning the Colorado Behavioral Health System



Launch of the Behavioral Health Administration (BHA) cabinet memberled agency.



Expansion of coverage for services through 988, 1115 SUD waivers, improving care and coverage through peer workforce investments.



Following national trends and investments through Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid (CMS), and American Rescue Plan Act (ARPA) funding.











## **Crisis Services**





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#### ARPA 9813 Crisis Response Service Expansion (CRSE)

Based benefit development 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

#### ARPA 2.02 9817 HCBS

- Support the BHA to administer \$1.75 million via ASOs to providers in CO to meet MCR service standards by July 2023
- HCPF is collaborating with the BHA to support appropriate use of funds, monitor results, and report back to the federal government



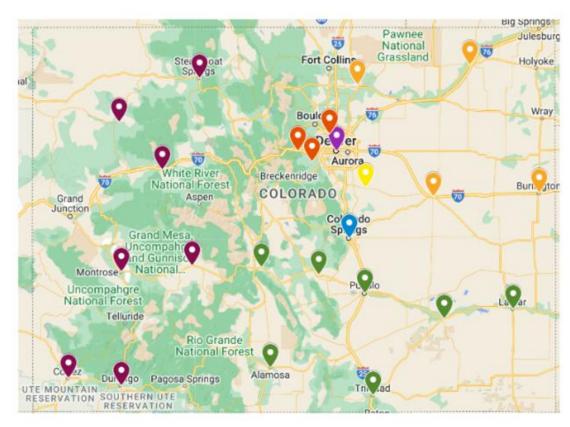
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## Development

- Gap analysis and assessment
- 30+ key informant interviews
- Service definition workgroup
- 7 virtual state tour meetings
- 24 in-person state tour meetings
- Statewide meetings
- 30+ technical assistance meetings





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#### **Key Enhancements**

Requires a paired in-person response available 24/7 within 1-2 hours - can mix telehealth and in person

Must be in community locations - cannot be a facility-based response, such as in emergency departments, jails, or qualified residential treatment programs

Expanded workforce - encompasses any "Crisis Professional," prioritizing peer support professionals as required and core MCR team members

Standardization of training and services - developed BHA learning management system (including training on priority populations), Crisis Professional Curriculum, and BHA Standard Crisis Assessment Tool

Clarifying roles of emergency responders



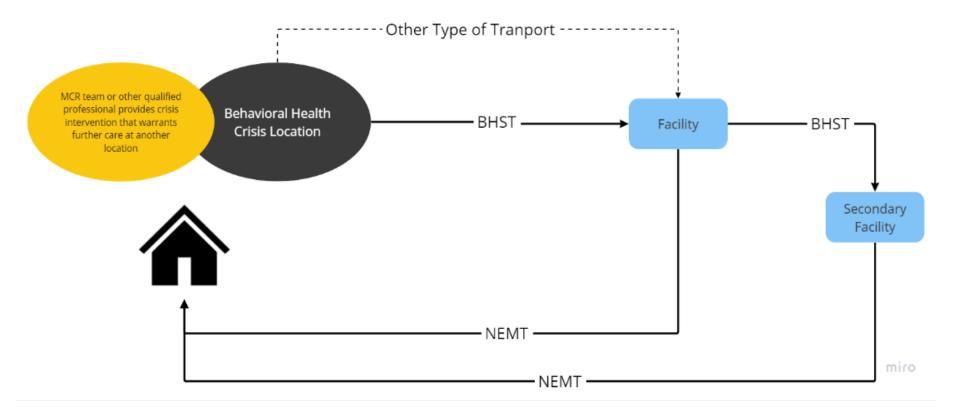
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## MCR & BHST Interaction





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## Behavioral Health Secure Transport Basics

HB 21-1085 mandates secure transportation for behavioral health crises with payments from Health Care Policy and Financing (HCPF) no later than July 1, 2023.

- New alternative option for secure transportation throughout levels of behavioral health care
- Administratively simple
- Billed separately from other services, including Mobile Crisis Response (MCR)
- Regulated by individual counties (agency license & vehicle permits)

CDPHE Rule <u>6 CCR 1011-4</u>



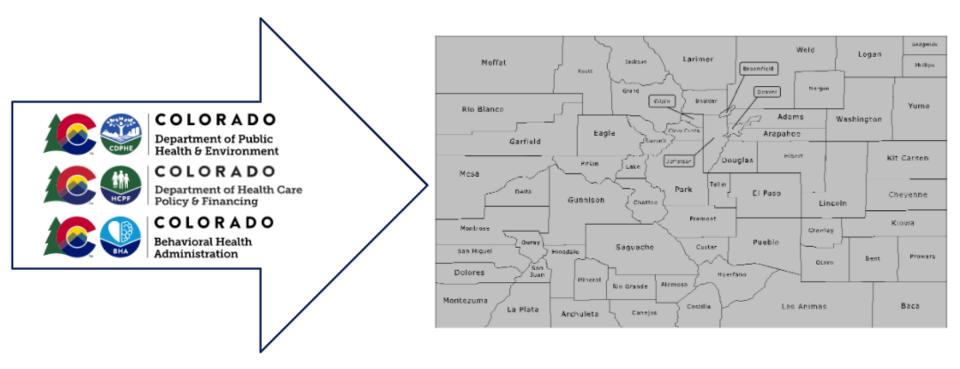








## BHST Collaborative Effort



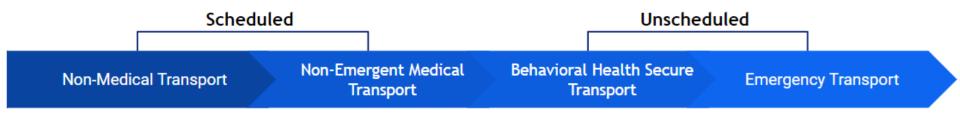


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## Medicaid Transportation Spectrum



Scheduled trips to non-medical places that support member health and community integration

\*eligible to Medicaid waiver members only Scheduled trips to provide continuity of care to members, including planned outpatient or inpatient appointments Urgent transportation to members in behavioral health crisis Urgent and emergent transportation due to medical emergency to highest level of care











## Behavioral Health Secure Transport Eligibility Criteria

A Health First Colorado member is eligible for Secure Transportation Services if the member is in a Behavioral Health Crisis. A Behavioral Health Crisis, which can include both mental health and substance use-related issues, may be established by one of the following professionals:

- An intervening professional as defined in Section 27-65-102(20), C.R.S.;
- Skilled professional as defined in 2 C.C.R. 502-1;
- Independent professional person as defined in Section 27-65-102(19), C.R.S.;
- Certified peace officer as defined in 4 C.C.R. 901-1, Rule 1(k), Section 21.400.1; or
- An Emergency Medical Services (EMS) provider as defined in 6 C.C.R. 1015-3:1, 2.22.



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## Covered and Non-Covered Services

Covered and non covered services		
Covered Services	Non-Covered Services	
Voluntary and involuntary transportation	Charges when the member is not in the vehicle	
Transportation from the site of the BH crisis to the closest, most appropriate facility	Health First Colorado Medicaid Member directed requests for BHST	
<ul> <li>Transportation between the following types of facilities:</li> <li>An emergency medical services facility, including but not limited to: hospitals, hospital units, health entities, community mental health centers, crisis stabilization units, or acute treatment units.</li> <li>A facility designated to treat individuals receiving involuntary treatment;</li> <li>An approved SUD treatment facility</li> <li>A walk-in crisis center (WIC)</li> <li>A behavioral health entity (BHE) licensed with a current 24 hour endorsement</li> </ul>	Transportation arranged for a member's convenience when the member is not in a BH crisis	
	Transportation when the member is chemically restrained	
	Transportation where restraints were used within the context of a voluntary transport	
	Transportation when the member requires medical treatment, or active or ongoing medical monitoring	
	Transportation provided by law enforcement	
	Transportation after discharge from a hospital which is considered Urgent NEMT	



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## Additional Information and Resources











National Trends and Best Practices in Mobile Crisis and Transportation

#### Challenge One

## Transportation for Behavioral Health Crises





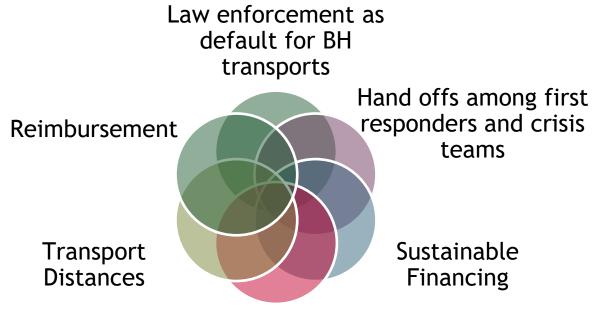






## National Scan: Non-Emergent Transportation Models

## National Challenges In Behavioral Health Crisis Transportation



Minors: detainment & custody











## California: Enhanced Rate For Mobile Crisis Transport

- California: Beginning 2023, if mobile crisis provides transportation or accompanies a beneficiary via NMT, the team can receive an add-on reimbursement to reflect the expanded nature of its mobile crisis encounter in such circumstances.
- Approved State Plan Amendment for enhanced rate for mobile crisis transport.
- The supplemental reimbursement is a fixed amount provided above the base rates, for qualified NEMT services rendered during the applicable time period.



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## National Scan: Involuntary Transportation Models

## Virginia: Private Vendor For Alternative Transport

- Allocated \$7 million general funds for alternative transport
- Statewide private transportation vendor, G4S, transports alternative custody for individuals subject to a temporary detention order (TDO), who are awaiting transport to an inpatient bed.
- All drivers and dispatch service personnel complete Mental Health First Aid and CIT courses, are dressed in plain clothes, unarmed, and used unmarked vehicle.
- A pre-screening process is completed to determine whether the individual was eligible for transportation.
- Any individual who posed a legitimate risk of harm or presented a flight risk was ineligible for alternate transportation with private NEMT and law enforcement would be responsible for transportation
- The use of restraints is not program under any circumstances.



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## Texas: Evolving Role of Law Enforcement in Transporting People in Crisis

- After detaining a person in need of a psychiatric admission for emergency detention, law enforcement may provide the transportation to a mental health facility or may have a MOU with emergency medical services to provide the transport
- While law enforcement may transport, the person may not be transported in a marked police or sheriff's car or accompanied by a uniformed officer unless other transportation is not available





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## Involuntary Transportation Models

Jurisdiction	Model	Links
Vermont	<ul> <li>Designated Sheriff Departments, Mental Health Transport Teams and other designated transportation teams are the method of transportation for individuals under the commissioner's custody.</li> <li>Special transport for under the age of ten (10) into be done whenever possible by parents, guardians, ambulance teams, mental health transport staff in safe vehicles, or specially designated-sheriff alternative vans in plain clothes.</li> </ul>	Involuntary_Transportati on_Manual_and_Standard s_0.pdf (vermont.gov) Transport checklist: <u>Transportation</u> <u>Supervision_Checklist_f</u> or_Persons_on_Involuntar y_Status.docx (live.com)
Oregon	<ul> <li>Secured transportation is part of their non-emergency medical transport services; Transport services is provided by a private transport vendor for clients in danger of harming themselves or others</li> <li>Vehicles are a sport utility vehicle or small van. Secured vehicles are set up in the style of a police vehicle with safety precautions and plexiglass partitions.</li> </ul>	OAR 410-141-3940 - Transportation: Secured Transports — Oregon Administrative Rules (public.law)



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## Involuntary Transportation Models (cont)

Jurisdiction	Model	Links
Virginia	<ul> <li>Private alternative transportation group, Allied, deployed statewide</li> <li>Specialized training in CIT, de-escalation.</li> <li>Funded through legislative appropriation.</li> <li>In 2021, G4S completed 2,246 safe transports statewide since the first trip in October 2019. The average trip statewide is 190 miles. These efforts have saved law enforcement over 5,000 hours of time.</li> </ul>	20210318 Alternative Transportation.pdf (vachiefs.org)
Washington State	Passed legislation and allocated \$100,000 of the general fund—state appropriation for fiscal year 2023. The study must assess: Challenges ambulance companies and emergency responders have in billing Medicaid for involuntary transportation services, whether current transportation rates are a barrier to access and if so what type of increase is needed and the possibility of creating a specialized type of involuntary transportation provider	<u>GetPDF (wa.gov)</u>











#### Challenge Two

## Serving Rural/Frontier Colorado













# Take A Moment to Consider (part 1)...

 Do you serve areas that are rural or frontier?

• What are the biggest challenges to serving rural and/or frontier areas of Colorado?



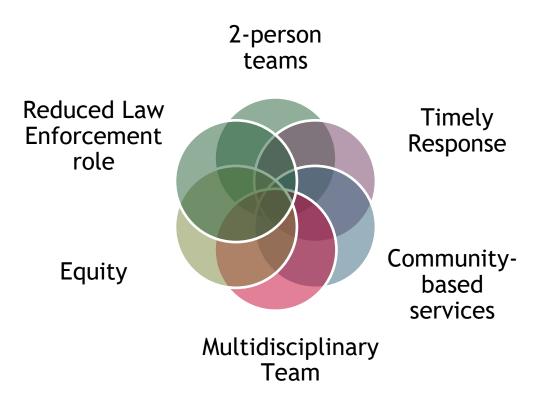






Challenges and National Best/Emerging Practices: Rural Mobile Crisis Programs and Services

## Mobile Crisis Program Principles: Review



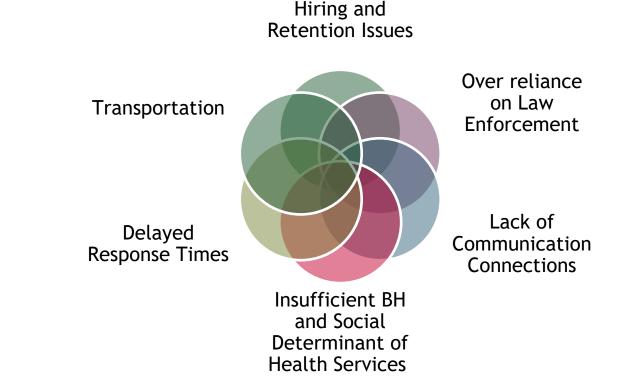








## National Challenges Facing Rural Mobile Crisis Programs & Services





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## Rural/Frontier: Options for Improvement

Issue	Considerations
Workforce and Staffing	<ul> <li>Hiring/Retention Bonuses</li> <li>Task Shifting (involve alternative service providers)</li> <li>Peer support professionals</li> <li>Per-diem and on-call</li> <li>Locally placed staff (per-diem/on-call)</li> <li>Role for EMS</li> <li>Telehealth (centralized sharing of clinical resources)</li> </ul>
Role of Law Enforcement	When Law Enforcement is required to respond connect via telehealth
Communications	Satellite phones
Insufficient BH/SDOH Providers	Telehealth
Response Time	See above: Workforce and Staffing & Role of Law Enforcement











# Take A Moment to Consider (part 2)...

Addressing the Unique Challenges Facing Mobile Crisis Providers in Colorado: Principles and Approaches

- How can the national approaches shared be tailored to meet the unique needs of Colorado for:
  - Mobile Crisis Response Services
  - Transportation





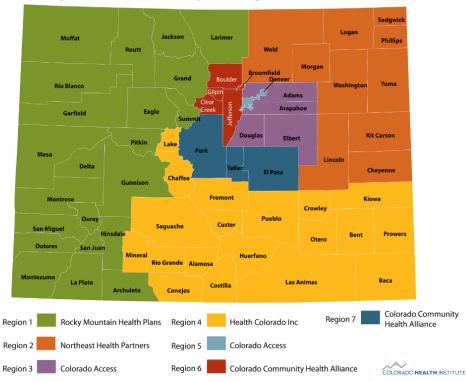






## Future Training and Support for Mobile Crisis Providers

#### Locating the Behavioral Health Resources in Your Area



**Regional Accountable Entity (RAE) Regions in ACC Phase Two** 

- To learn more about the BH resources in your area, contact the Regional Accountable Entity (RAE) that is associated with your region.
- To learn about BHST availability in your area, contact the local 988 call center

The Ways of the RAEs | Colorado Health Institute

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# Take A Moment to Consider (part 3)...

• What training does your organization/staff need related to transportation?

 What training does your organization/staff need related to serving Colorado's rural and frontier areas of Color?









To better inform our future trainings as well as request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



#### https://bit.ly/bhprovidertrainingsurvey



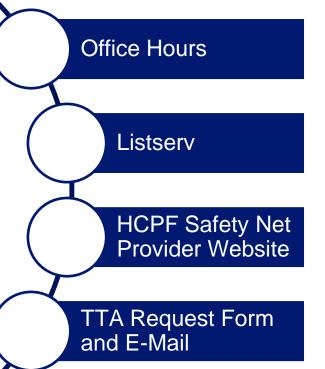








## Appendix A: Additional Resources



Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the <u>HCPF</u> <u>Safety Net Landing Page</u> for details & registration information.

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: <u>Register Here</u>

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <u>https://hcpf.colorado.gov/safetynetproviders</u>

Request TTA support or share your ideas, questions and concerns about this effort using the <u>TTA Request Form</u> or e-mail questions and comments to: <u>info@safetynetproviders.com</u>











## Appendix B: References

- California 2022 State Plan Amendment: <u>SPA 22-0009 Approval (ca.gov)</u>
- California DHCS Behavioral Health Bulletin, November 2022: <u>DHCS Letterhead Template (ca.gov)</u>
- Oklahoma: <u>A Primer on 988 in Oklahoma</u>
- Oklahoma 1115 Waiver: <u>CMS 1115 Waiver States Demonstrations Group</u>: <u>Oklahoma</u>
- Texas: <u>Uniform Transportation Standards | Texas Health and Human Services</u>
- California: Department of HealthCare Services: Medi-Cal Mobile Crisis Services Benefit Implementation
- Vermont: <u>Involuntary\_Transportation\_Manual\_and\_Standards\_0.pdf (vermont.gov)</u>
- Virginia: <u>20210318 Alternative Transportation.pdf (vachiefs.org)</u>
- Transportation Supervision Checklist
- Oregon: <u>OAR 410-141-3940</u>
- Colorado:
  - The Ways of the RAEs
  - <u>6 CCR 1011-4</u>
  - Urgent NEMT
  - HCPF Crisis Services Providers
  - Behavioral Health Secure Transportation
  - <u>Crisis Services</u>
  - Mobile Crisis Response





