State of Colorado
Mobile Crisis Response (MCR) Benefit

Stakeholder Engagement Meetings

Agenda

- Welcome and Introductions (5 mins)
- Mobile Crisis Response (MCR) Overview (10 mins)
- MCR Service Definition and System Design (30 mins)
- Q&A About New MCR Standards (10 mins)
- MCR Implementation Timeline and Next Steps (5 mins)

Introductions

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Mobile Crisis Response (MCR) Overview

Mobile Crisis Response (MCR) Overview

- Colorado is committed to operating a statewide crisis system that serves all Coloradans. As such, new MCR crisis services will be available on a statewide basis to any individual in crisis regardless of their health insurance status.
- The Colorado Department of Health Care Policy and Financing (HCPF) and the Behavioral Health Administration (BHA) are working in collaboration to enhance the Colorado mobile crisis response system, building on the work of existing mobile crisis partnerships.
- HCPF and the BHA are planning to establish a new mobile crisis response (MCR) benefit under Medicaid aligned ARPA requirements and national evidence-based and leading state best practices.
- HCPF and the BHA are taking advantage of a new federal option under the American Rescue Plan Act (ARPA) of 2021 that offers states enhanced federal Medicaid funding for up to three years for community-based mobile crisis services that meet federal requirements.
- The initial MCR benefit design is also informed by a comprehensive assessment of the current Colorado crisis system and significant stakeholder input. Stakeholder feedback on the proposed MCR benefit design will be integrated into the final design.
- Currently, HCPF and BHA are planning for a July 2023 launch of the new MCR benefit.

Goals of New MCR Benefit

- Improve the quality and consistency of mobile crisis services for Coloradans experiencing a mental health or substance use disorder crisis.
- Reduce unnecessary emergency department visits, inpatient hospitalizations and arrests of individuals experiencing a behavioral health crisis.
- Enhance efforts to connect individuals who have experienced a crisis to ongoing community-based mental health services.
- Strengthen provider capacity and expertise to ensure mobile crisis response services work effectively, including for members of targeted populations.
- Increase awareness of the MCR services and how to access them.
- Integrate the MCR benefit into other state crisis investments and initiatives, including rollout of 988.

Development of MCR for Colorado

- HCPF and BHA have worked closely with a wide variety of stakeholders and community partners to develop new standards that will:
  - Honor existing mobile crisis partnerships, including the role of law enforcement and co-response models that provide critical services to individuals in crisis.
  - Consider Colorado's unique geographic landscape and flexibility needed across urban, rural, and frontier communities to meet new requirements.
  - Better meet the needs of all Coloradans, including individuals with I/DD, other cognitive needs, children and youth and their families, and Tribal members.
  - Better integrate mobile crisis services into the care continuum, including ensuring access to secure transportation and coordination with follow up care and social services.

MCR Service Definition: Key Components

MCR Service Definition Overview

- HCPF and BHA have worked in partnership to develop a draft MCR service definition, which outlines the MCR service description and new MCR provider requirements.
- The MCR service definition aligns with federal requirements under ARPA, CMS guidance and national, evidence-based best practices for mobile crisis services.
- The MCR benefit was designed based on a six-month iterative process drawing from:
  - A comprehensive assessment and gap analysis of Colorado's current mobile crisis system policies
  - 30 interviews with a wide variety of stakeholders from urban, rural, and frontier communities
  - Feedback from a mobile crisis workgroup that began meeting regularly in February of 2022
  - Recommendations from SAMHSA best practices
  - Recent efforts by other states to rethink and revise their mobile crisis services
- HCPF and BHA are soliciting stakeholder feedback on the draft MCR service definition. Stakeholder input will be integrated into the final MCR service design to ensure that mobile crisis services meet the needs of the diverse populations across the state.

MCR Community Engagement and Dispatch

MCR Service Design Component	Summary of New Requirement
Engagement with Community Partners	• MCR Providers will work with ASO to design and implement a community engagement strategy (i.e., provide information, formalize relationships with community partners, promote continuity of care and diversion from the criminal justice system). • MCR Providers must also provide outreach materials on available MCR crisis services to stakeholders (e.g., families, BH providers, law enforcement, schools, social services, etc.) • These activities are in addition to marketing efforts coordinated by the BHA.
Dispatch	• MCR teams must respond to <u>all</u> requests for dispatch from the CCS statewide hotline/988 • MCR teams must follow dispatch criteria developed by the State to ensure consistency in decision-making across providers and with the CCS statewide crisis hotline/988 • Dispatch information must be documented in the CCS dispatch portal for all MCR regardless of the referral source

MCR Crisis Response Core Services

MCR Service Design Component	Summary of New Requirement
Mobile Crisis Response Activities	Initial face-to-face crisis response must be provided where the individual is in the community. Follow up crisis response may be conducted in person, via video (telehealth) or via telephone only, at the discretion of the MCR provider and agreed to by the individual and/or caregiver to stabilize the individual and/or discuss referrals. MCR activities must last no longer than 5 calendar days, including initial crisis response and follow up.
Initial Face-to-Face Risk Assessment	Initial face-to-face crisis risk assessment is updated to align with SAMHSA National Guidelines for Behavioral Health Crisis Case and evidence-based best practices. Initial crisis risk assessment no longer requires a full psychosocial assessment.
Brief Intervention, Stabilization, and De-Escalation	MCR teams will provide brief intervention, stabilization and de-escalation intended to maintain stability in the community, whenever possible. MCR teams will provide harm reduction interventions, including the administration of naloxone to reverse an overdose, if needed.
Crisis and Safety Planning	MCR teams will develop crisis safety plans in collaboration with individual in crisis and their family members and/or other social supports; safety plan should include advanced directives.

MCR Immediate Follow-Up Activities

MCR Service Design Component	Summary of New Requirement
Immediate Follow-Up Activities	MCR teams must ensure that an individual and authorized caregiver and/or family member(s) receive follow up by phone or in-person, based on clinical need and individual preferences, within 24 hours and up to 5 calendar days.
Follow-Up Crisis Response	Follow-up crisis response may be conducted face-to-face, telehealth, or via telephone only, based on an individual's clinical need and preferences.
Coordination with and Referrals to Health, Social, and Other Services and Supports	MCR staff are responsible for referrals and warm hand-offs to health and social services and supports, as needed. Initial contact should be made within 24 hours of the face-to-face crisis intervention and appointments should be attempted to be scheduled within 7 business days of referral. MCR provider will coordinate with individual's ASO, RAE, and/or BH provider to ensure continuity of care beyond 5 calendar days of the crisis episode.
Maintaining Relationships with Community Partners	MCR providers will work with ASO and RAEs to develop and maintain relationships with referral sources to and from MCR providers, including schools, law enforcement, BH and other crisis services providers, specialty facilities such as Psychiatric Residential Treatment Facilities and Qualified Residential Treatment Programs.
Secure Transportation	MCR teams will be required to provide or coordinate clinically secure transportation between levels of care through the crisis episode.

Relationship with I/DD, TBI, SMI, SED, Co-Occurring Disorders, and Cognitive Needs Service Providers

Summary of New Requirement
MCR staff must also be trained in responding to individuals with I/DD, TBI, SMI, SED, SUD, co-occurring disorders, and other cognitive needs/neurodiversity who are in crisis. MCR providers will collaborate with their ASO and must develop contractual relationships with local providers with expertise working with the populations referenced above. These providers must be engaged during or immediately after initial face-to-face intervention as needed to support individuals in crisis who do not already have an existing relationship with a provider. Telehealth may be used to secure expertise for individuals served by the MCR team with I/DD.

MCR Provider and Team Requirements

MCR Service Design Component	Summary of New Requirement
MCR Provide/Agency Requirements	Any provider/agency that meets state licensure requirements, completes required training, and passes an initial and ongoing readiness review by the BHA may offer MCR crisis services. The BHA will authorize providers who can offer MCR services; ASOs contract with providers to offer MCR services by region.
MCR Team Requirements	Each MCR team must include multidisciplinary professionals and paraprofessionals. An initial mobile crisis response must be a paired response from two members of the MCR team. Follow-up visits to continue stabilization efforts, coordinate care and make referrals can be performed by a single member of the MCR team. MCR providers may request an exception to the initial in-person paired response. If an exception is granted, one individual must provide the initial response on-site and the other team member must participate using telehealth (visual and audio).

MCR Staffing Requirements

MCR Service Design Component	Summary of New Requirement
MCR Team Members	MCR providers may include a number of trained professionals on their teams, including behavioral health clinicians, social workers, EMT/Community paramedics, peer support specialists, mobile crisis case managers, nurses, and other trained crisis staff.
Role of Licensed Clinician	Every MCR team must include a licensed clinician or must have a licensed clinician immediately available via telehealth.
Role of Peer Support Specialist	Every MCR team must have access to a peer support specialist who can be included in the MCR team, as needed, and who can take the lead on initial engagement and assist with follow up services.
MCR Staff Specialized in Children and Youth who Experience Crisis	Every MCR team must include a staff member with specific training and expertise in serving children, youth and their caregivers who experience crisis.
Emergency Medical Technician (EMT)/ Community Paramedic	MCR teams may utilize Emergency Medical Technician- Paramedics with a Community Paramedic Endorsement (EMT P-CP) in alignment with a Community Integrated Health Care Service (CIHCS) agency that is working with the MCR team.

Training and Provider Requirements

MCR Service Design Component	Summary of New Requirement
Training	BHA will provide standardized training requirements though its new Learning Management System. Individual providers are responsible for completing required training. Training modules will include all current required training for MCR providers, in addition to, but not limited to: • Evidence-based and Promising Practices in Crisis Intervention, including De-escalation Strategies and Harm Reduction • Screening and Risk Assessment • Deaf, Hard of Hearing, and Deaf/Blind (DHHDB) standards of care • Crisis Plan Development and Use of Advanced Directives • Harm Reduction Strategies and Use of Naloxone and Other Supplies to Address Overdoses • Federal and State Requirements and Privacy and Confidentiality of Patient Information

MCR Service Standards

MCR Service Design Component	Summary of New Requirement
24/7/365 Availability	ASOs will determine provider capacity required to ensure 24/7/365 availability by region; individual provider availability/capacity may vary and will be defined between ASOs and MCR providers.
Timeliness	MCR teams must arrive at the community-based location where a crisis occurs within one hour of dispatch in urban areas and two hours in rural and frontier areas, as defined by the State.
Place of Service	MCR services should be provided in the individual's or caregiver's home or an appropriate alternative community-based setting. MCR teams may NOT respond to crises in facility-based settings, including hospital emergency departments, jails, or other inpatient settings.

Use of Telehealth and Other Technology

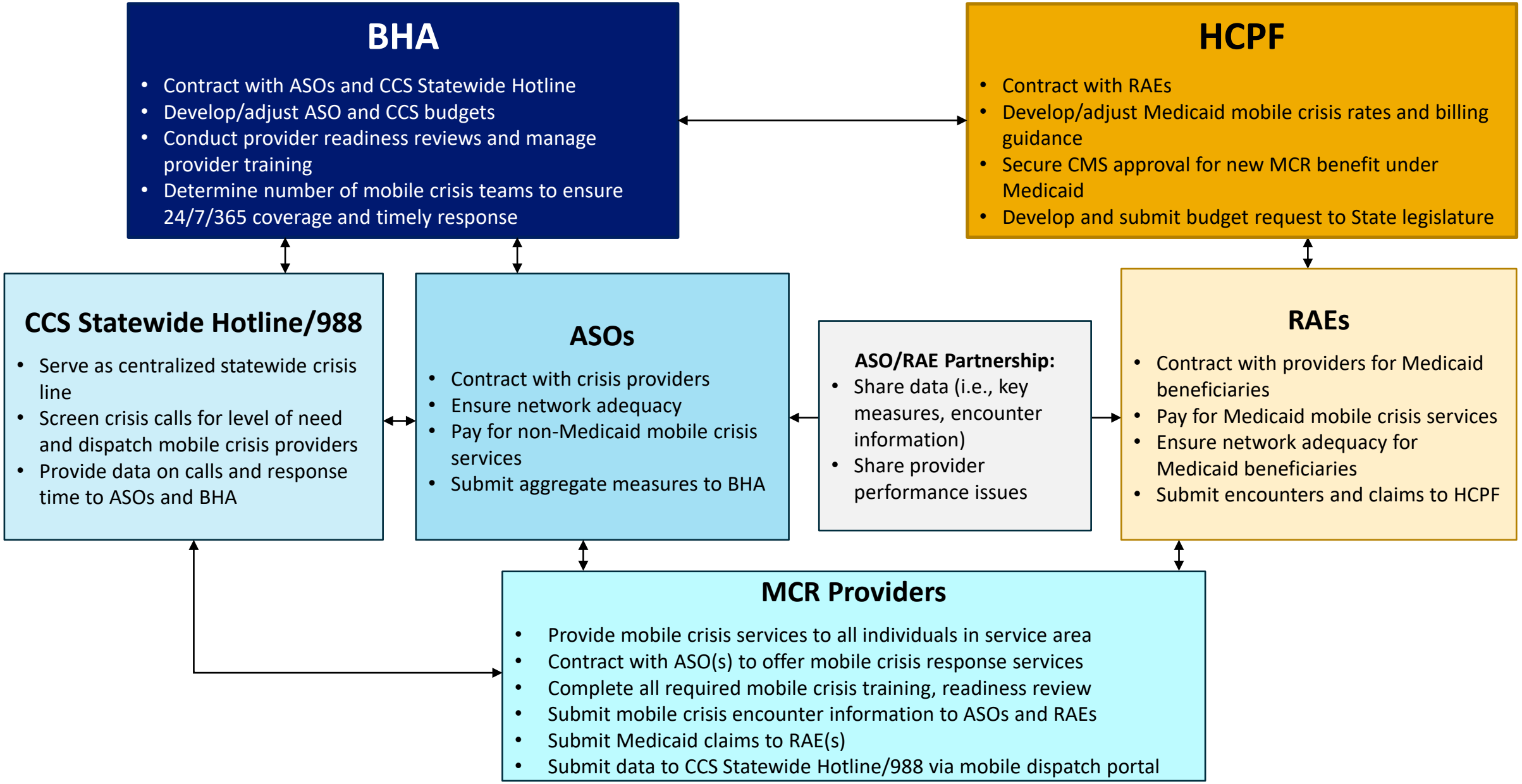
MCR Service Design Component	Summary of New Requirement
Use of Telehealth and Other Technology	Telehealth for the initial mobile crisis response may only be provided when there is one member of the MCR team in-person and the MCR provider requests and received permission from their ASO to provide telehealth. Other technology should also be accessible to providers when needed to ensure mobile crisis teams are able to communicate with all individuals in crisis, including individuals who are Deaf, Hard of Hearing, or Deaf-Blind, such as Communication Access Realtime Translation (CART) services, closed captioning, videophone, amplified and captioned phones, smartphones and tablets, and other Augmentative and Alternative Communication devices.

MCR System Design

MCR System Roles and Responsibilities

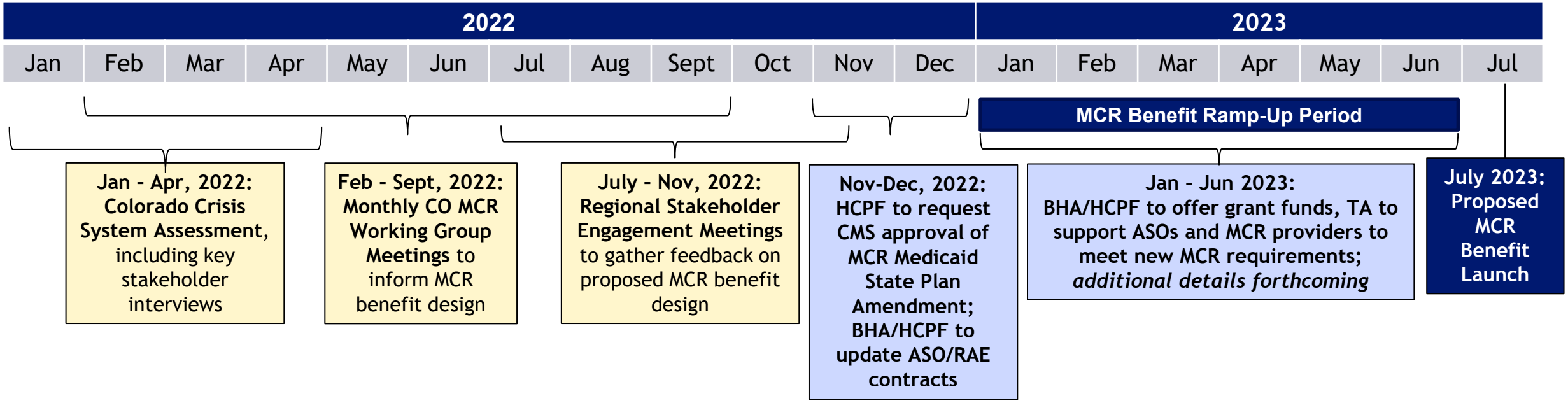
- **Strong partnership between BHA and HCPF.** BHA will oversee the full crisis continuum of services and partner with HCPF to oversee the delivery of MCR services.
- **Same service for all Colorado residents**. Equal access to high-quality services for all Colorado residents.
- **Single lead for network development.** ASOs will establish the mobile crisis provider network. RAEs will work with ASOs to ensure that there is an adequate network in place for Medicaid beneficiaries.
- **Coordinated, streamlined reporting.** Reporting to and from MCR providers, ASOs, RAEs, BHA, HCPF, and the CCS statewide hotline/988 will be streamlined.
- **Role of RAEs for Medicaid beneficiaries.** RAEs will be responsible for provision and oversight of MCR services consistent with other services offered, including contracting with MCR providers (working closely with the ASOs to ensure network adequacy) and reimbursing providers for MCR services delivered to Medicaid beneficiaries.
- **Enhanced focus on fiscal sustainability.** MCR providers will be expected to be more responsible for seeking reimbursement from the appropriate payer—especially RAEs for Medicaid beneficiaries.

MCR System Design



MCR Implementation Timeline

All dates are subject to change.



HCPF and BHA have developed a draft MCR service definition based on ARPA requirements, other state best practices, and feedback from key stakeholders and a CO MCR Working Group. Additional stakeholder feedback on the draft MCR service definition and is currently being collected through a series of in-person and regional stakeholder meetings. Stakeholder feedback will be incorporated into the final MCR benefit design.

Additional Stakeholder Feedback Opportunities

For additional information on CO MCR, including the full MCR service definition and upcoming stakeholder meeting dates, please see the BHA website here: https://bha.colorado.gov/blog-post/join-us-for-colorado-crisis-virtual-stakeholder-sessions

To submit questions or additional feedback on the MCR service definition or system design, a stakeholder feedback form is available here: https://bit.ly/3yoI9ZM

We are launching implementation focused virtual workgroups. To indicate interest in work groups and/or receiving ongoing updates about this work, visit this form: https://bit.ly/3DM02pJ

Additional Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit, 2020. Available at: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

- The American Rescue Plan Act (ARPA) of 2021. See amendments to Section 1947 of Title XIX of the Social Security Act re: State Option to Provide Qualifying Community- Based Mobile Crisis Intervention Services, pg. 210. Available at: https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf

- Centers for Medicare & Medicaid Services (CMS) State Health Official (SHO) Letter #21-008 Re: Medicaid Guidance on the Scope and Payments for Qualifying Community-Based Mobile Crisis Intervention Services, December 28, 2021. Available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf.

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