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

Miriam Delphin-Rittmon
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration

Panelists

Wendy White-Tiegreen
Director, Office of Medicaid Coordination and Health System Innovation
Georgia Department of Behavioral Health and Developmental Disabilities

Kimberly Boswell
Commissioner, Alabama Department of Mental Health

Moderator

Dawn Lambert
Co-leader, Community Options Unit Connecticut Division of Health Services
Will You Please, Please Help Me:
New Opportunities for Mental Health Crisis Systems

Miriam Delphin-Rittmon, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
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
MHSA Priorities and Cross-Cutting Principles

SAMHSA Priorities

- Enhancing access to suicide prevention & crisis care
- Promoting children & youth behavioral health
- Integrating primary and behavioral healthcare
- Using performance measures, data, and evaluation
- Preventing overdose

Cross-cutting principles

Equity
Workforce
Financing
Recovery
SAMHSA and the Biden-Harris Administration

Immediate Priorities

COVID-19

Restoring America’s Global Standing

Climate

Immigration

Immediate Priorities

Racial Equity

Health Care

Economy

Restoring America’s Global Standing

COVID-19

Climate

Immigration

Immediate Priorities

Racial Equity

Health Care

Economy
### FY 2021 COVID Supplemental Funding: $4.25B

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

**SAMHSA FY 2021 Appropriation:**

+$6,017,000,000
<table>
<thead>
<tr>
<th>Grant/Program</th>
<th>Funding</th>
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</thead>
<tbody>
<tr>
<td>Block Grants for Community Mental Health Services</td>
<td>$1,500,000,000</td>
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<tr>
<td>Block Grants for Prevention and Treatment of Substance Abuse</td>
<td>$1,500,000,000</td>
</tr>
<tr>
<td>Community-Based Funding For Local Substance Use Disorder Services</td>
<td>$30,000,000</td>
</tr>
<tr>
<td>Community-Based Funding for Local Behavioral Health Needs</td>
<td>$50,000,000</td>
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<tr>
<td>National Traumatic Stress Network</td>
<td>$10,000,000</td>
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<tr>
<td>Project AWARE</td>
<td>$30,000,000</td>
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<tr>
<td>Youth Suicide Prevention (GLS State, Tribe, and campus)</td>
<td>$20,000,000</td>
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<tr>
<td>Certified Community Behavioral Health Clinics</td>
<td>$420,000,000</td>
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<tr>
<td>Appropriation</td>
<td>Budget Request</td>
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<td>-------------------------------</td>
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<tr>
<td>Mental Health</td>
<td>$2,936,528,000</td>
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<tr>
<td>Substance Use Prevention</td>
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<td>Substance Use Treatment</td>
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<tr>
<td>Health Surveillance and</td>
<td>$171,873,000</td>
</tr>
<tr>
<td>Program Support</td>
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</tbody>
</table>
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.
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 to 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**
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

|---|---------------------------------|----------------------------------------------------------|----------------------------------------|-------------------------------------------|

Pre-decisional and confidential – for internal distribution only
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

Wendy White Tiegren, M.S.W
Director, Office of Medicaid Coordination & Health System Innovation/Georgia Department of Behavioral Health & Developmental Disabilities
Georgia’s Current Crisis System

275,000 calls, texts and chats received
Crisis Intervention Hub
Georgia Crisis Access Line (GCAL)
Resolve or Refer (Outpatient)

Someone to Talk to
Director, Office of Medicaid Coordination & Health System Innovation/
Georgia Department of Behavioral Health & Developmental Disabilities
Wendy White Tiegreen, M.S.W

32,700 admissions to CSUs, BHCCs, detoxification facilities and SCBs
Somewhere to Go
BHCC
Crisis Service Center
Temp Obs
Crisis Stabilization

20,395 MCTS dispatches
Someone to Respond
2 Vendors
Behavioral Health Link
Benchmark

Note: Numbers reflect FY21 volume
Georgia’s Current Crisis System

<table>
<thead>
<tr>
<th>Someone to Talk to</th>
<th>Someone to Respond</th>
<th>Somewhere to Go</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal Crisis Response System</strong></td>
<td><strong>Formal Recovery Crisis Supports</strong></td>
<td><strong>Supporting and Preventative Outpatient Crisis System</strong></td>
</tr>
<tr>
<td>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.</td>
<td>Mobile Crisis Team Services (MCTS) are available 24/7 and provide community-based, rapid response to individuals in an active state of crisis.</td>
<td>Crisis Stabilization Units (CSUs), Behavioral Health Crisis Centers (BHCCs), detoxification facilities and inpatient psychiatric beds provide safe settings for stabilization and referrals.</td>
</tr>
<tr>
<td><strong>Peer Recovery SUD Warm Line</strong></td>
<td><strong>Peer Recovery MH Warm Line</strong></td>
<td><strong>Peer Wellness &amp; Respite Centers</strong></td>
</tr>
<tr>
<td><strong>Community Behavioral Health Centers</strong></td>
<td><strong>Emerging CCBHCs</strong></td>
<td><strong>Recovery Community Organizations</strong></td>
</tr>
<tr>
<td><strong>Emerging CCBHCs</strong></td>
<td><strong>Assertive Community Treatment/Community Support/Intensive Family Intervention Teams</strong></td>
<td><strong>Community Behavioral Health Centers Emerging CCBHCs</strong></td>
</tr>
<tr>
<td><strong>Peer Support Agencies/Providers</strong></td>
<td></td>
<td><strong>Peer Support Agencies/Providers</strong></td>
</tr>
</tbody>
</table>
Georgia’s Current Crisis System – Medicaid Financing

- Medicaid Admin Claiming
  - Medicaid Rehabilitation Option (with caveats)
  - State Funds
- Medicaid Admin Claiming
  - Mobile Crisis Response
  - State Funds
- Medicaid Rehabilitation Option
  - Crisis Service Centers
  - State Funds
- Medicaid Admin Claiming
  - Peer-Run Respite
  - State Funds
- Medicaid Rehabilitation Option
  - Outpatient Crisis Intervention
  - State Funds

Crisis/Access Line
Crisis Stabilization Units
Mobile Crisis Response
Crisis Service Centers
Peer-Run Respite
Outpatient Crisis Intervention

SAMHSA Block Grant Set-Aside

Wendy White Tiegreen, M.S.W
Director, Office of Medicaid Coordination & Health System Innovation/
Georgia Department of Behavioral Health & Developmental Disabilities

Unmuted
STATE HEALTH POLICY
NASHPCONF21 • SEPT 21-22, 2021
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)
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...

Wendy White Tiegreen, M.S.W

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

Wendy White Tiegreen, M.S.W

Director, Office of Medicaid Coordination & Health System Innovation/Georgia Department of Behavioral Health & Developmental Disabilities
Crisis Stabilization Units with Additional Components: Behavioral Health Crisis Center (BHCC)

- Crisis Service Center “walk-in”
  - Emergency Receiving & Evaluation

- Temporary Observation

- CSU Admission for Stabilization
  - Some CSUs are 16 and fewer (not IMDs)
  - Some CSUs are 17 beds + (IMDs)

- Living Room

- Referral to more appropriate service (hospital or community)

Note: Numbers reflect FY21 volume

Wendy White Tiegreen, M.S.W
Director, Office of Medicaid Coordination & Health System Innovation/
Georgia Department of Behavioral Health & Developmental Disabilities
Georgia’s Community-Based Crisis System Model +

- Recovery Orientation
- Competent & Supported Workforce
  - Including Certified Peer Specialists
- Culturally & Linguistically Competent/Equity Focused
- Child-Centered/Family-Driven
  - Social-Oriented Coordination (SOC) - Orientation
- Special Population Focused
  - (LGBTQ, Veterans)
- Technologically Efficient
- Behaviorally Supported for IDD/ASD
- Clinically Effective
- Leadership/Oversight

Wendy White Tiegreen, M.S.W
Director, Office of Medicaid Coordination & Health System Innovation/
Georgia Department of Behavioral Health & Developmental Disabilities
Financing Crisis Services In the Midst of COVID: Taking the Next Right Step
“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
<table>
<thead>
<tr>
<th>Actions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce</td>
<td>Reduce hospital emergency department admissions and jail bookings due to behavioral health crisis.</td>
</tr>
<tr>
<td>Promote</td>
<td>Promote integrated services, regardless of diagnosis (mental health, substance use disorder or co-occurring intellectual disability)</td>
</tr>
<tr>
<td>Decrease</td>
<td>Decrease the rates of referral to expensive and restrictive inpatient care with extended lengths of stay.</td>
</tr>
<tr>
<td>Develop</td>
<td>Develop a regional approach to crisis care through planning and collaboration</td>
</tr>
</tbody>
</table>

**Kim Boswell**
Commissioner, Alabama Department of Mental Health

**Alabama’s Crisis System of Care**

**Crisis Diversion Centers | Rural Crisis Care | Stepping Up Initiative | 9-8-8 Study Commission**
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
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
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
Required Program Elements

**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

Kim Boswell
Commissioner, Alabama Department of Mental Health
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
• $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
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)
### Medicaid CCBHC vs. SAMHSA CCBHC

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

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

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Kim Boswell  
*Commissioner, Alabama Department of Mental Health*
## Summary of Funding

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

### State Funds (2020-2022)

<table>
<thead>
<tr>
<th>Crisis Centers</th>
<th>Mobile Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>- General Fund $20m</td>
<td>- General Fund $2.5m</td>
</tr>
<tr>
<td>- Special Mental Health Fund $5m</td>
<td>- SAMHSA Block Grant crisis services set aside $5k</td>
</tr>
</tbody>
</table>

### 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

### 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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**Kim Boswell**  
*Commissioner, Alabama Department of Mental Health*
CCBHC Scope of Services

Screening, Assessment, Diagnosis
Patient-centered Treatment Planning
Outpatient Mental Health/Substance Use Disorder (MH/SUD)
Crisis Services 24-Hour Mobile Crisis Crisis Stabilization

Peer Support
Psychiatric Rehab
Targeted Case Management
Primary Health Screening & Monitoring
Armed Forces and Veteran’s Services

Must be delivered directly by a CCBHC
Delivered by a CCBHC or a Designated Collaborating Organization (DCO)

Kim Boswell
Commissioner, Alabama Department of Mental Health
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