



SUSTAINABLE FINANCING STRATEGIES FOR CRISIS SYSTEMS

INNOVATION AND DETERMINATION: HOW THREE STATES ARE ACHIEVING COMPREHENSIVE, COORDINATED AND SUSTAINABLE BEHAVIORAL HEALTH CRISIS SYSTEMS

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**KEY INTERVIEWS
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Common Themes

1. Realization of Need for Change
2. Vision for New System
3. Creative Leadership
4. Intense Collaboration
5. System Design Matters
6. Incrementalism
7. Leveraging Medicaid and Braided Funding
8. Attention to Operational Details
9. 988 Specific Strategy

Newton's First Law

The law of inertia. An object with no net forces acting on it which is initially at rest will remain at rest. If it is moving, it will continue to move in a straight line with constant velocity.

Source: <https://www.britannica.com/science/law-of-inertia>

Realization of Need for Change

In response to *excess use of Inpatient services, Virginia's journey began about five years ago* when the Department of Behavioral Health and Disability Services (DBHDS) and the Department of Medical Assistance (DMAS) collaborated with the Farley Center at the University of Colorado to develop an enhancement proposal for a trauma-informed, evidence-based, and cost-effective behavioral health care continuum.

Utah consistently ranks in the top ten in the United States for suicide deaths . From 2016 – 2018, Utah had an average of 647 suicides per year and 4,574 suicide attempts. The Division of Substance Abuse and Mental Health (DSAMH) has been taking action to change this using strategic initiatives to plan, develop and implement programs, and track goals and outcomes.

Vision for New System

Utah SB155 created the 988 Mental Health Crisis Assistance Account, designed to strengthen and fund the crisis system. The account was appropriated \$15.9M to support all 988 services as well as the continuum of crisis services including 988 call centers, mobile crisis, crisis receiving and stabilization...

The development of a vision document entitled the “Virginia Medicaid Continuum of Behavioral Health Services” (2018) provided recommendations to achieve the vision of improved behavioral health care for Virginia’s Medicaid population. This included a comprehensive Crisis System.

Vision for New System

1. Member and family member involvement at all system levels;
2. Collaboration with the greater community;
3. Effective innovation by promoting evidence-based practices;
4. Expectation for continuous quality improvement;
5. Cultural competency
6. Improved health outcomes;
7. Reduced health care costs;
8. System transformation;
9. Transparency;
10. Prompt and easy access to care; and
11. The Adult Service Delivery System-Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems.

Creative Leadership

7 Definitions of Leadership

1. Leaders Motivate. A leader is a dealer in hope. ...
2. Leaders Make Decisions. Leadership is doing the right things. ...
3. Leaders Coach. Good leadership consists of showing average people how to do the work of superior people. ...
4. Leaders Are Confident. ...
5. Leaders Influence. ...
6. Leaders Innovate. ...
7. Leaders Get Results.

Source By Anna Mar Simplicable

Newton's Second Law

The second law states that the acceleration of an object is dependent upon two variables - the net force acting upon the object and the mass of the object. The acceleration of an object depends directly upon the net force acting upon the object, and inversely upon the mass of the object.

Source: <https://www.physicsclassroom.com/class/newtlaws/Lesson-3/Newton-s-Second-Law>

Intense Collaboration

1. The Utah Behavioral Health Crisis Response Commission, effective 3/11/2021 [Code Section 63-18202](#), provides oversight/recommendations for the crisis system including what would comprise a sustainable funding source, including a 988 fee. The large membership is heavily 911 first responders and law enforcement as well as three members of the telecommunications industry.
2. VA Project **BRAVO** (originally called Behavioral Health Redesign and then Behavioral Health Enhancement), was launched in 2018 under the leadership of DMAS and DBHDS with strong stakeholder engagement. Over 100 stakeholders from provider groups, community service boards (CSBs), providers, criminal justice, Public Service Access Points (PSAPs), and mobile crisis teams collaborated.
3. In 2021, Arizona facilitated more than 10 stakeholder meetings and focus groups with people who have lived experience with behavioral health crises and conducted a survey of those with lived experience who have engaged with the crisis system.

SYSTEM DESIGN MATTERS









System Design

1. Governance/Stakeholder Engagement
2. Medicaid Eligibility Coverage
3. Geography – Statewide – Regions –
4. Role of Medicaid Managed Care
5. Provider Organizations – Traditional Public verse Private
6. Services and rates
7. Available Funding sources
8. Youth and Children
9. Specialty populations (IDD)

System Design Matters

- ***AZ funds crisis services through a single MCO in each region for the first 24 hours.*** Expectations are fully detailed for all crisis services in contract and policy. Funding is braided including Medicaid, SAMHSA block grants and local dollars. Capitation funding is delineated on a per member per month basis for adults and children.
- ***In VA, the financial modeling by Mercer (contractor) looked at utilization, billing codes, etc. to help direct the system in a sustainable direction.*** A rate structure is critical, and Virginia required the MCOs to use the network and pay established rates. This thoughtful rate approach coupled with MCO mandated expectations around crisis, Medicaid expansion and integration have resulted in Medicaid becoming a significant part of the overall sustainability strategy for Virginia.

Incrementalism

State and Legislative Commitment to Suicide Prevention

2017

- Mental Health Crisis Line Commission
- Psychological Medical Examiner/Suicide Prevention Researcher
- Ongoing state funds in suicide prevention
- Elementary school suicide prevention

2018

- Telehealth Pilot Program
- Statewide Coalition established
- Governor's Suicide Prevention Fund
- Establishes MCOT
- Crisis Worker Certification
- Stabilization and Mobile Response
- Crisis Line expands statewide
- Secondary school suicide prevention

2019

- Firearm Safety Program
- Suicide Prevention in DOPL
- Suicide Loss Account
- Psychiatric Consultation
- Bereavement Services
- School Safety Line becomes SafeUT
- School based personnel (LAs, LEAs, DPS, DSAMH)
- Expansion to LGBTQ+, increased risk

2020

- Receiving Centers
- MCOT expansion
- Warm Line
- Expansion of SafeUT
- School based mental health screening

2021

- First Responder Mental Healthcare
- MCOT expansion
- Behavioral Health EMT license
- Increased suicide prevention funding to schools
- Mental health allowed absence

Blue Indicates K-12 Education focused legislation

Leveraging Medicaid and Braided Funding

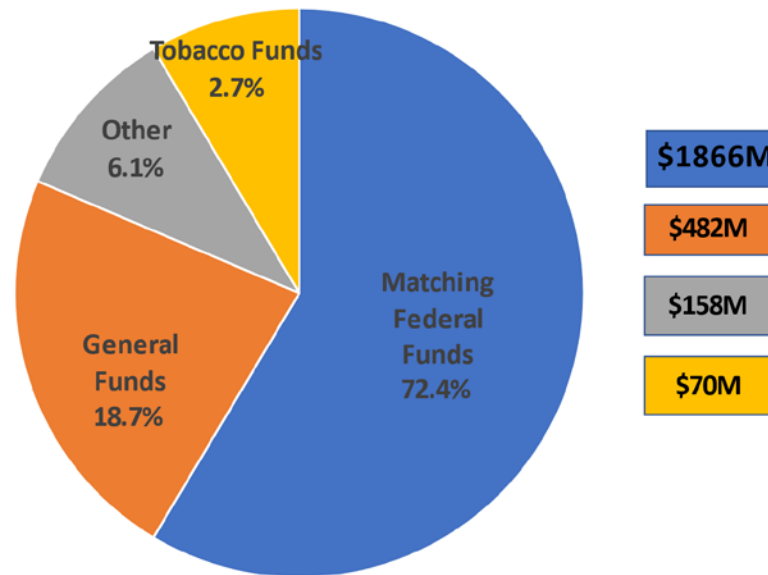
In fiscal year (FY) 2020, Arizona spent \$245 million on these services – Medicaid funded the majority (\$217 million) and State and local funds were used to serve individuals who were not eligible for Medicaid (\$28 million).

Utah Crisis Funding

Total Funding	General Funds	Medicaid	MHBG & SAPT Block Grants	ARPA & COVID-19	
\$39,688,932	\$36,112,536	\$788,900	\$371,971	\$2,395,525	
100%	91%	2%	1%	6%	

Leveraging Medicaid and Braided Funding

AHCCCS Behavioral Health System Funding FY22



Leveraging Medicaid and Braided Funding

VA Service Fees. Virginia was the first state to enact 988 service fee legislation (March 18, 2021). The law is very comprehensive, covering all provisions in the 988 Model Bill and creating 988 crisis contact centers (utilizing calls, chats and texts that are interoperable across emergency response systems), community care teams, and mobile crisis teams. Their Crisis Contact Centers Fund is a dedicated and non-reverting fund. 988 fees from wireless bills include a monthly fee of \$0.12 assessed on wireless accounts and \$0.08 on prepaid accounts to be deposited into the Crisis Call Center Fund.

The bill also provided for 911 enhancements - next generation of 911, i.e., direct dial, notification, and dispatchable location requirements. The 2021 Fiscal Impact Statement provided by the Department of Taxation states that the Crisis Contact Centers Fund would receive \$9.2 million in FY22 and \$10 million in FY23 and each year beyond

Attention to Operational Detail – VA Report

Service Name/ Procedure Code	Rate Range	Modifier Criteria
Multisystemic Therapy H2033	\$46.03 to \$55.03 per 15 minutes	New vs. Established Team QMHP/C or CSAC/S Master's vs. bachelor's degree
Functional Family Therapy H0036	\$34.11 to \$44.17 per 15 minutes	New vs. Established Team QMHP/C or CSAC/S Master's vs. bachelor's degree
Mobile Crisis Response H2011	\$63.18 to \$117.27/ per 15 minutes	LMHP-type Emergency vs. Non-Emergency Custody Order Prescreening QMHP-A/QMHP-C/CSAC with or without PRS or CSAC-A, A/C/E, and # of QMHPs
Community Stabilization S9482	\$35.76 to \$76.29 per 15 minutes	LMHP-type QMHP-A/QMHP-C/CSAC with or without PRS or CSAC-A, A/C/E
23-Hour Crisis Stabilization S9485	\$817.83 per diem	Emergency Custody Order (ECO) or Temporary Detention Order (TDO)
Residential Crisis Stabilization Unit H2018	\$684.48 per diem	Emergency Custody Order (ECO) or Temporary Detention Order (TDO)
Applied Behavior Analysis 97151- 97157 0362T, 0373T	\$11.35 to \$68.11 per 15 minutes	LBA, LMHP, LABA, Technician Level 2 staff or additional staff with child

Specific 988 Strategy

AZ required MCOs to pick a single vendor that met state requirements to serve as a singular call center for 988 and all crisis lines. AZ was starting from a point of having one of the highest current answer rates for Lifeline.

VA improved in-state call answering rate by 35 percentage points, from 50% to 85% and has made system design decisions to establish regions and limit number of call centers and has increased quality expectations

Utah enacted legislation that included funding for 988 and created a commission to make recommendations on how to sustain funding for 988.

Crisis System Sustainability Challenges

1. Workforce
2. Rural Expectations and Capacity
3. Coordination with Sovereign Tribal Nations
4. Lack of Parity for Medicare and Commercial Payers
5. Ensuring Appropriate Access and Resources for Children

QUESTIONS