National Association of State Mental Health Program Directors (NASMHPD) Annual Conference

Sonja Gaines
Deputy Executive Commissioner, MBA
268,581 Sq. Miles in Texas
268,356 Sq. Miles in 9 Other States
Texas Crisis Redesign
80th Texas Legislature (2007)
Texas Statewide Approach to Behavioral Health

- Statewide Behavioral Health Coordinating Council established H.B. 1, 84th Legislature, Regular Session, 2015.
 Benefit of Collaboration

“No organization can succeed on its own. The development of results-focused nonprofits and businesses creates a growing opportunity for these organizations to work together to create new possibilities that further their respective missions.” - James Austin, The Collaboration Challenge

<table>
<thead>
<tr>
<th>Uncoordinated Systems</th>
<th>Coordinated Systems</th>
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<tbody>
<tr>
<td>• Utilization of high-cost alternatives</td>
<td>• Effective Care</td>
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<tr>
<td>• Duplication of effort</td>
<td>• Improved Services</td>
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<td>• Less than adequate access to needed services</td>
<td>• Leveraged Funding</td>
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<tr>
<td>• Long waitlists</td>
<td>• Shared Outcomes and Responsibility</td>
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<tr>
<td>• Confusing to patients</td>
<td>• Shared Vision</td>
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<td>• Lack of focus on clinical well-being or early</td>
<td>• Innovation</td>
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<td>intervention and prevention</td>
<td>• Marketability to Funders</td>
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<td>• Big economic cost</td>
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Behavioral Health Matching Grants: HHSC Funds $282 Million Match $125 Million

MENTAL HEALTH GRANT PROGRAM FOR JUSTICE-INVOLVED INDIVIDUALS
Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.

COMMUNITY MENTAL HEALTH GRANT PROGRAM
Support comprehensive, data-driven mental healthy systems that promote both wellness and recovery.

HEALTHY COMMUNITY COLLABORATIVES
Build communities that support the ongoing recovery and housing stability of persons who are homeless and have unmet behavioral health needs.

TEXAS VETERANS + FAMILY ALLIANCE
Support community-based, sustainable, research-informed, and accessible behavioral health services to Texas veterans and their families to augment the work of the Veterans’ Administration.
## HHSC Grant Program Match Requirements

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<tr>
<th>Grantees Serving Counties with Populations over 250,000 (Urban)</th>
<th>Grantees Serving Counties with populations 250,000-100,000 (Rural)</th>
<th>Grantees Serving Counties with populations under 100,000 (Rural)</th>
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<tbody>
<tr>
<td>100% Cash and/or In-Kind</td>
<td>50% Cash and/or In-Kind</td>
<td>25% Cash and/or In-Kind</td>
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HR133 and American Rescue Plan Act (ARPA) Mental Health Block Grant (MHBG) Supplemental Funding Plan
$203.4 Million

Crisis Services
Housing Initiatives
Outpatient Capacity Expansion
Coordinated Specialty Care
Peer Recovery Support

COVID-19 Needs and Gaps
H.R. 133 and ARPA Substance Abuse Prevention and Treatment Block Grant (SABG) Supplemental Funding Plan $252.7 Million

- Public Awareness
- Community Development
- Overdose Prevention & Crisis Response
- Access to Treatment
- Virtual Services
- Recovery Support
- Housing Initiatives

COVID-19 Needs & Gaps
Texans experiencing anxiety, stress, or emotional challenges because of the COVID-19 pandemic now have a statewide support line available 24/7.

Additionally, the COVID-19 Mental Health Support Line has:

- Answered over 15,972 phone calls;
- Talked with Texans from 207 counties; and
- Hosted virtual support groups for frontline health care workers since May 2020.
Thank you

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Funding Opportunities for Expanding Crisis Stabilization Systems and Services

Kirsten Beronio, JD
Director of Policy and Regulatory Affairs
Overview

• Dramatic Increases in Block Grant Funding
• Using Block Grants to Support Statewide Crisis Systems
• Covering Provider Implementation and Construction Costs
• Discretionary Grants Supporting Crisis Stabilization Programs
• Medicaid Financing for State Investments in Crisis Stabilization Systems
• Existing Medicaid Authorities Supporting Coverage of Crisis Services
• New Opportunities in Medicaid – Mobile Crisis Teams and HCBS
• Telehealth as a Key Component of Crisis Stabilization
• Support for Crisis Stabilization through Alternative Payment Models
Dramatic Increases in Block Grant Funding

(Dollars in Millions)

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<tr>
<td>MHBG</td>
<td>$722.571</td>
<td>$757.571 (including $35 million for crisis set-aside)</td>
<td>$825.000</td>
<td>$1,500.000</td>
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<tr>
<td>SAPTBG</td>
<td>$1,858.079</td>
<td>$1,858.079</td>
<td>$1,650.000</td>
<td>$1,500.000</td>
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Using Block Grants to Support Statewide Crisis Stabilization Systems

- 988 highlights the need for collaboration and investment among numerous stakeholders and funding streams
- **Key actions for developing statewide systems include** –
  - Assess availability of existing crisis hotlines, call centers, mobile crisis, crisis stabilization centers
  - Develop protocols for responding to 988 calls, 911 and other hotlines
  - Provide training on equitable responses to disadvantaged communities
  - Implement electronic systems for tracking availability of services
  - Remedy barriers in state laws and regulations that block crisis response
  - Assess adequacy of Medicaid reimbursement rates
  - Ensure private insurance covers crisis stabilization services and programs
  - Support providers to bill Medicare and private insurance
  - Reexamine provider scope of practice restrictions
  - Expand use of peers for crisis response
  - Collect data to assess impact and ensure quality
Covering Provider Implementation and Construction Costs

• Start-up and improvement costs for providers include --
  • Hiring staff
  • Developing billing capabilities for Medicare, Medicaid, private insurance
  • Implementation of health information technology
  • Improving telehealth capabilities

• Prohibitions on use of funds for construction creates barriers to addressing the following needs:
  • Developing new capacity to care for individuals experiencing behavioral health crises
  • Modifying existing facilities to accommodate walk-ins and drop-offs
  • Developing separate space for special populations including children and youth

• Other Key Funding Opportunities include
  • US Treasury Dept. Coronavirus State and Local Relief Funding
  • Earmarks in FY 2022 Appropriations
Discretionary Grants Supporting Crisis Stabilization Programs and Services

• Significant increased funding for Community Mental Health Centers including CCBHCs in Consolidated Appropriations Act

• Permissible uses include –
  • Enhancing capacity to address crisis and emergency response
  • Supporting increased capacity and availability of crisis beds
  • Expanding mobile crisis mental health services
  • Coordination among crisis centers and hotlines
  • Providing alternatives to hospitalization and incarceration

• Small proportion may be used for renovations
Medicaid Financing for State Investments in Crisis Stabilization Systems

- CMS State Medicaid Director Letter (SMDL) on Innovative Delivery Systems for Individuals with Serious Mental Illness or Serious Emotional Disturbance

- Regular Medicaid authorities that can support crisis systems include --
  - Medicaid reimbursement for administrative costs at 50%:
    - For example, Georgia Crisis Access Line
  - Higher administrative match for technology-based activities under Medicaid Information Technology Architecture (MITA):
    - 90% match for implementation and 75% match for operations
  - SMDL refers to several activities as potentially qualifying:
    - Establishing and operating crisis call centers
    - Supporting technologies to link mobile crisis teams to beneficiaries in need
    - Enhancing data-sharing capabilities between hospitals and community-based organizations
    - State development of telehealth enabling technologies and electronic bed registries

- Untapped Children’s Health Insurance Program funds for Health Services Initiatives
Existing Medicaid Authorities for Supporting Coverage of Crisis Services

- **Medicaid SMDL on SMI/SED points out crisis services that are directly coverable:**
  - Screening, assessment, diagnosis, treatment services, case management, psychiatric rehabilitation services, peer supports, and family supports.

- **Some not directly covered –**
  - Outreach and engagement, team coordination and supervision
  - Can be covered as ancillary costs

- **Other excluded services – crisis residential settings if IMDs**
  - Two Sec. 1115 demonstration initiatives allow for longer stays in a treatment settings
  - State plan amendment to cover these services when focused on SUD

- **Reimbursement should support crisis services available 24/7 and without an appointment**
  - Team-based reimbursement rates - better fit for crisis stabilization
    - Allow professional fees to be billed separately
  - Managed care authorities offer flexibility and support braided funding
New Opportunities in Medicaid – Mobile Crisis Teams

• 85% federal match for 12 quarters between April 2022 and 2027
• For covered services outside a facility to beneficiaries experiencing MH or SUD crises
• Supplement, not supplant state funding for mobile crisis
• Multidisciplinary two-person teams available 24 hours 7 days a week
• Trained in trauma-informed care, de-escalation, and harm reduction
• Include a professional authorized to conduct an assessment
• Able to provide screening/assessment, stabilization, and coordination with health and social services
• Relationship with local medical and behavioral health providers
New Opportunities in Medicaid – Home and Community-Based Services

- Ten percentage point increase on federal match for HCBS April 2020-2021
- For improvements or expansions to HCBS over three-year period April 2021 through March 2024
- Can be reinvested one time as state share of expanded HCBS services matched at higher rate during first year, April 2021-2022
- Requirement to maintain coverage, eligibility, and provider rates for HCBS in effect April 2021 until additional federal funds are spent
- HCBS eligible for reinvestment covering state share of crisis stabilization services under Medicaid rehab services option or other
- Additional federal funds can be used for many activities to improve crisis stabilization systems – e.g., infrastructure development
Telehealth as a Key Component of Crisis Stabilization

- Expanded coverage of telehealth can support crisis stabilization systems
- Include coverage of audio-only telehealth
  - Especially important for rural areas and underserved populations
- Recent Medicare improvements—should influence other coverage
  - Covers MH and SUD treatment via telehealth in individual’s home or community regardless of geographic location
  - Reimbursement at same rate as in person – but no facility fees
  - Covers audio-only for MH and SUD
- Requirement that beneficiary must have been seen by the provider in-person within prior six months for MH only
Support for Crisis Stabilization through Alternative Payment Models

- **Certified Community Behavioral Health Clinic Model**
  - Criteria include 24/7 crisis stabilization services
  - Flexible cost-based daily or monthly payments covering mobile and facility-based crisis stabilization
  - Some states have added this provider reimbursement to their Medicaid state plans

- **Emergency Triage, Treat, and Transport (ET3) Model**
  - Medicare 5-year demo covering transport to alternative locations and treatment in place including via telehealth
  - Alternative locations can include crisis stabilization centers
  - Additional support also offered to local governments to expand triage services for 911 callers
  - CMS guidance issued on incorporating similar payment and delivery models in Medicaid

- **Partnerships with Hospitals and Health Systems**
  - Maryland example: grants supporting collaborations between hospitals and community providers to develop crisis stabilization systems