Crisis Continuum Workgroup

May 12, 2021

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Agenda

Crisis Continuum Workgroup:

01 Introductions and review of Crisis Continuum Workgroup

02 Crisis Continuum Workgroup considerations

03 Challenges with the Current Child and Adolescent Crisis System

04 Best practice considerations for child and adolescent crisis systems

05 Breakout Sessions: Gaps and Priorities

06 Closing remarks and next steps

Introductions and review of Crisis Continuum Workgroup

- Introductions: Please put your name and your organization and/or role in the chat.

- Identification of Crisis Continuum Workgroup Community Co-Chair(s).

- Meeting times/days over the next 3 months:

  o June 9, July 14, August 19
  o 3:00 to 4:00 PM (4:30?)

- We request that comments or questions be placed in the chat to be answered at the end, addressed at the next meeting, and/or compiled and answered separately.

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Goals of Crisis Continuum workgroup over the next four months

- Identify short-term priority areas and solutions to better meet the emergency behavioral health care needs of children, youth, and families.

- Identify existing resources to leverage and identify gaps.

- Identify budget and other resource requirements for priority areas. Consider SAMSHA grant, American Rescue Act Funds, enhanced FMAP (85%) for Medicaid programs that cover mobile crisis intervention, and/or FY23 budget.

- For each priority area, create an implementation plan focusing on short-term and long-term needs and a series of measurable objectives.

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Crisis Continuum Workgroup Considerations

It will be important to align with other state work:

01 Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH): RFI Behavioral Health Crisis Care System: closed March 30, 2021

02 Faulkner Consulting Group and HMA assessed gaps in the BH system. Final report will identify policy and implementation priorities.

03 Executive Office of Health and Human Services (EOHHS): SAMSHA System of Care Expansion grant for Children's Behavioral Health "System of Care"

04 EOHHS: MCO procurement

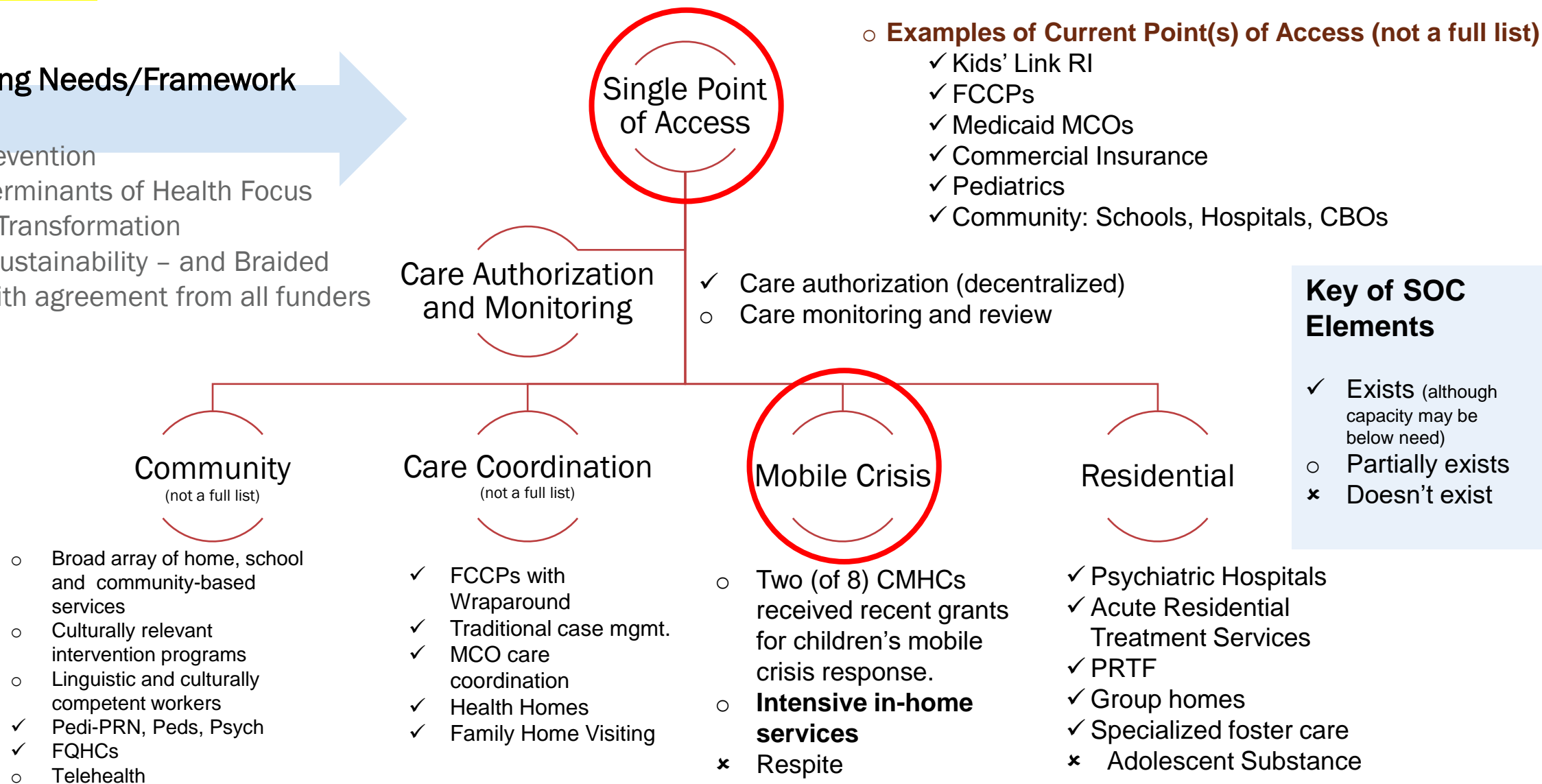### Overview of BHDDH Request for Information (RFI) Behavioral Health Crisis Care System

Rhode Island is seeking to develop a comprehensive crisis system of care for children, youth, and adults. Two significant developments in policy surrounding behavioral health crisis services will have <u>significant impact on the evolution of these services in Rhode Island</u>:.

➤ **Continued adoption of the Certified Community Behavioral Health Clinic (CCBHCs) model.** According to the National Council for Behavioral Health, CCBHCs are "designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals." CCBHCs are responsible for providing nine types of services, including 24/7 behavioral health crisis care.

➤ **Passage of the National Suicide Hotline Designation Act.** The passage of this legislation at the federal level requires that by July 16, 2022 all states make "988" the universal number to access their state's Suicide Hotline.

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DRAFT Core Elements of Proposed System of Care for Children

Overarching Needs/Framework Support:

Primary Prevention
Social Determinants of Health Focus
Workforce Transformation
Financial Sustainability – and Braided
Funding, with agreement from all funders

Single Point of Access

o **Examples of Current Point(s) of Access (not a full list)**
  - ✓ Kids' Link RI
  - ✓ FCCPs
  - ✓ Medicaid MCOs
  - ✓ Commercial Insurance
  - ✓ Pediatrics
  - ✓ Community: Schools, Hospitals, CBOs

Care Authorization and Monitoring

- ✓ Care authorization (decentralized)
- o Care monitoring and review

Key of SOC Elements

- ✓ Exists (although capacity may be below need)
- o Partially exists
- ✗ Doesn't exist

Community
(not a full list)

- o Broad array of home, school and community-based services
- o Culturally relevant intervention programs
- o Linguistic and culturally competent workers
- ✓ Pedi-PRN, Peds, Psych
- ✓ FQHCs
- o Telehealth

Care Coordination
(not a full list)

- ✓ FCCPs with Wraparound
- ✓ Traditional case mgmt.
- ✓ MCO care coordination
- ✓ Health Homes
- ✓ Family Home Visiting

Mobile Crisis

- o Two (of 8) CMHCs received recent grants for children's mobile crisis response.
- o **Intensive in-home services**
- ✗ Respite

Residential

- ✓ Psychiatric Hospitals
- ✓ Acute Residential Treatment Services
- ✓ PRTF
- ✓ Group homes
- ✓ Specialized foster care
- ✗ Adolescent Substance

The Governor's Office issued a report on November 30, 2018, "Improving Behavioral Healthcare for Youth in Rhode Island." From this, several interstate working group were established to further review and identify solutions. One working group focused on behavioral health emergencies.
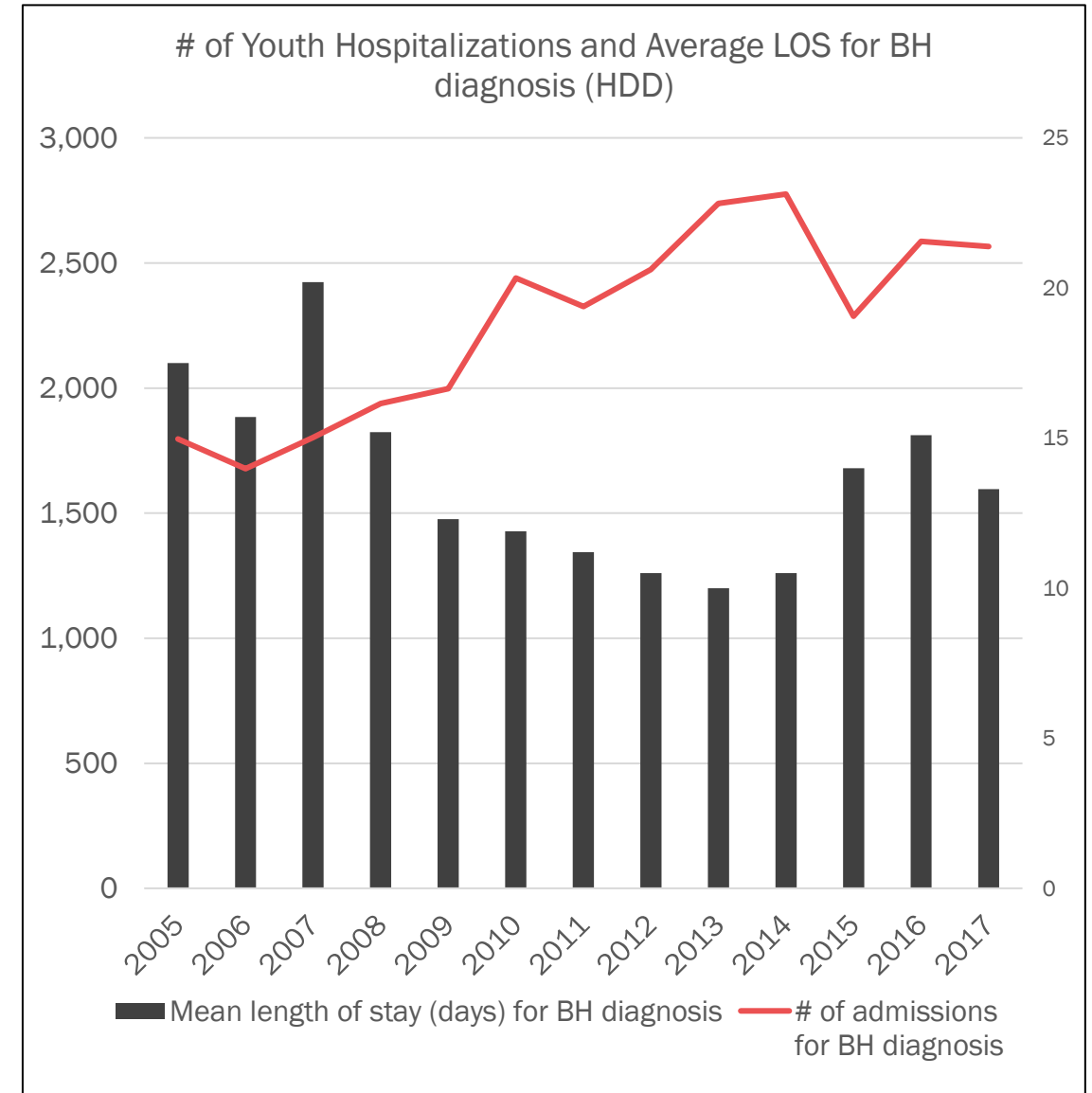
The rates of emergency department (ED) and Psychiatric hospitalizations have been rising in Rhode Island for children.
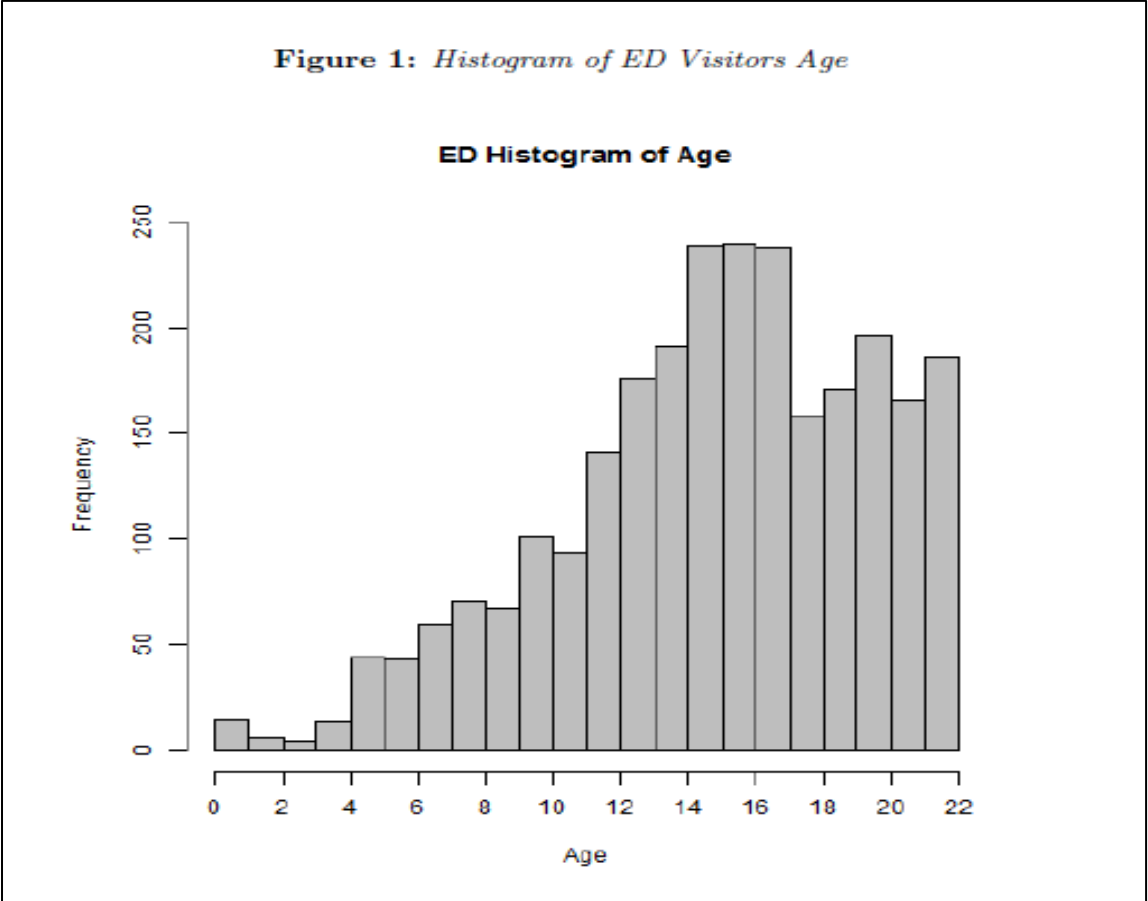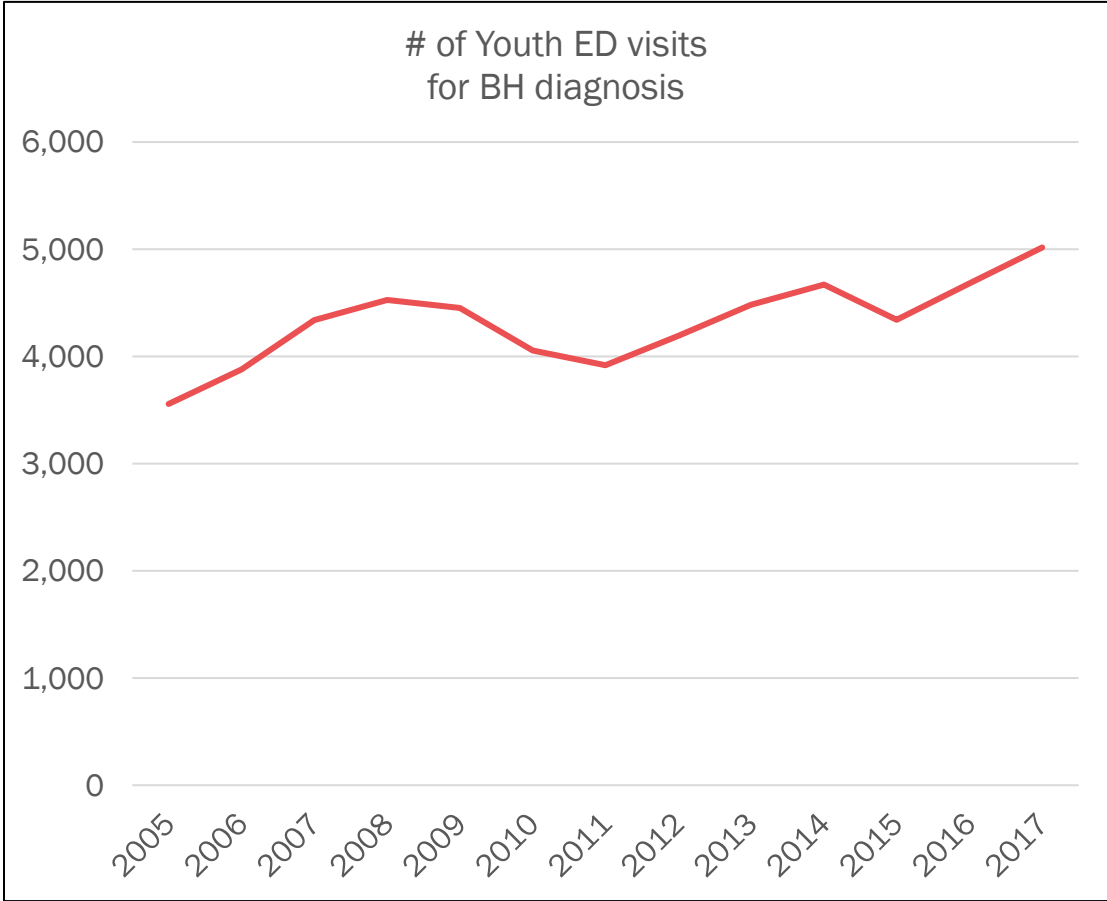
Gaps in several services critical to developing a high-quality crisis continuum, particularly mobile crisis response and stabilization.

In Rhode Island, when a child experiences a behavioral health crisis, parents may not know what to do, or who is available to help meet their child's needs.

# of Youth Hospitalizations and Average LOS for BH diagnosis (HDD)

Mean length of stay (days) for BH diagnosis — # of admissions for BH diagnosis

Rhode Island data shows increases in Youth Behavioral Health Emergency Department utilization

# of Youth ED visits for BH diagnosis

Figure 1: *Histogram of ED Visitors Age*

ED Histogram of Age

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Challenges with the Current Child and Youth Crisis System

The challenges outlined below illuminate the need to reconfigure the behavioral health crisis system toward a full continuum of supports and services, built on the collaboration of child-serving systems and leveraging technology.

Lack of a comprehensive system

Reactive and fragmented approach. Lack of a comprehensive coordinated crisis response system for children and youth

Misuse of Emergency Departments (EDs)

Pediatric behavioral health ED visits nationwide have increased dramatically across the United States in recent years.

Law Enforcement Involvement

As first responders, police are frequently accessed for behavioral health crises in children and families.

Lack of mobile crisis services

Lack of statewide, coordinated mobile crisis services.

Racial Inequity

Crisis events are often responded to with disciplinary or legal action, disproportionately affecting Black and Latinx/Hispanic youth.

Lack of Prevention

Universal behavioral health promotion and early identification and intervention systems to minimize crises from occurring in the first place.

Best Practice Considerations for Child and Adolescent Crisis Systems

2018 National Association of State Mental Health Program Directors (NASMHPD):
Making the Case for a Comprehensive Children's Continuum of Care

2020 SAMHSA:
Crisis Best Practice Toolkit

Best practice considerations for achieving a paradigm shift in our child and adolescent crisis system, away from a reactive and fragmented approach toward a full continuum of supports and services, built on the collaboration of child-serving systems and leveraging current technology.

https://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf

This workgroup will outline child-specific considerations to augment the SAMHSA Crisis Best Practice Toolkit, with an emphasis on developmental attunement, youth and family engagement, and cultural responsiveness and equity.

https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

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2018 NASMHPD: Making the Case for a Comprehensive Children's Continuum of Care

Crisis Continuum Infrastructure, Components, and Services

- Single point of access
  - Crisis hotline
  - Triage
  - No wrong door
  - Electronic Health Record (EHR)

- Mobile Response and Stabilization Services (MRSS)
  - Assessment
  - Crisis intervention and initial identification
  - Crisis stabilization
  - Residential crisis stabilization
  - Recovery and reintegration

- System coordination and community collaboration - ongoing engagement, communication, support and training with:
  - Primary health care providers
  - Behavioral health care providers
  - Schools
  - Community organizations
  - Child welfare
  - Law enforcement
  - Emergency departments
  - Juvenile justice

- Workforce strategies

- Financing a crisis continuum of care

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2020 SAMHSA: Crisis Best Practice Toolkit

Core Services and Best Practices

1. Regional Crisis Call Center: Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat).

   o Should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide

   o Should offer air traffic control (ATC) – quality coordination of crisis care in real-time.

2. Crisis Mobile Team Response: Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; and

3. Crisis Receiving and Stabilization Facilities: Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

Although there are many other services that will be incorporated into the continuum of a comprehensive system of care, these three programmatic components represent the three true crisis service elements when delivered to the fidelity of the Crisis Service Best Practice guidelines defined in this toolkit.

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20 Minute Breakout Session

Five randomly assigned breakout groups. Please identify a member of your group to take notes and report out for the group.

As a group:

1) Identify the top 3-5 gaps in our current behavioral health crisis system for children and youth (infrastructure, components, and/or services)

2) Identify the top 3-5 priority areas to focus our initial work in improving our behavioral health crisis system for children and youth.

3) Report out identifying the ranking of each priority

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Breakout Session Report Out

	Gaps	Priorities
Group 1	Access and capacity issues (HTBS, etc), clinical training, family work not sufficient,	Workforce, care coordination,
Group 2	Workforce and capacity and reimbursement, more robust clinical continuum (access issues), geographic access	Mobile components and single point access
Group 3	Sharing of communication and medical hx (have readily available), funding different across payors, parent education and advocacy (ex. Cedar)	
Group 4	Lack of access to appropriate services, lack of workforce (clinical), lack of communication, understanding of what is out there, EHR not shared,	Appropriate use of whatever we come up with (calls from hospital – not appropriate), workforce, workforce, workforce, SPOA
Group 5	Lack of staffing, licensed staff (independently), relationships w/insurance	

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Next Crisis Continuum Workgroup Meeting

The next workgroup meeting will be:

Wednesday, June 9, from 3:00 to 4:00 PM

For any questions or additional thoughts, <u>or if you are interested in co-chairing this workgroup</u> - please contact:

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Thank you!

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