

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Certified Community Behavioral Health Clinics (CCBHCs)

Crisis Response Systems



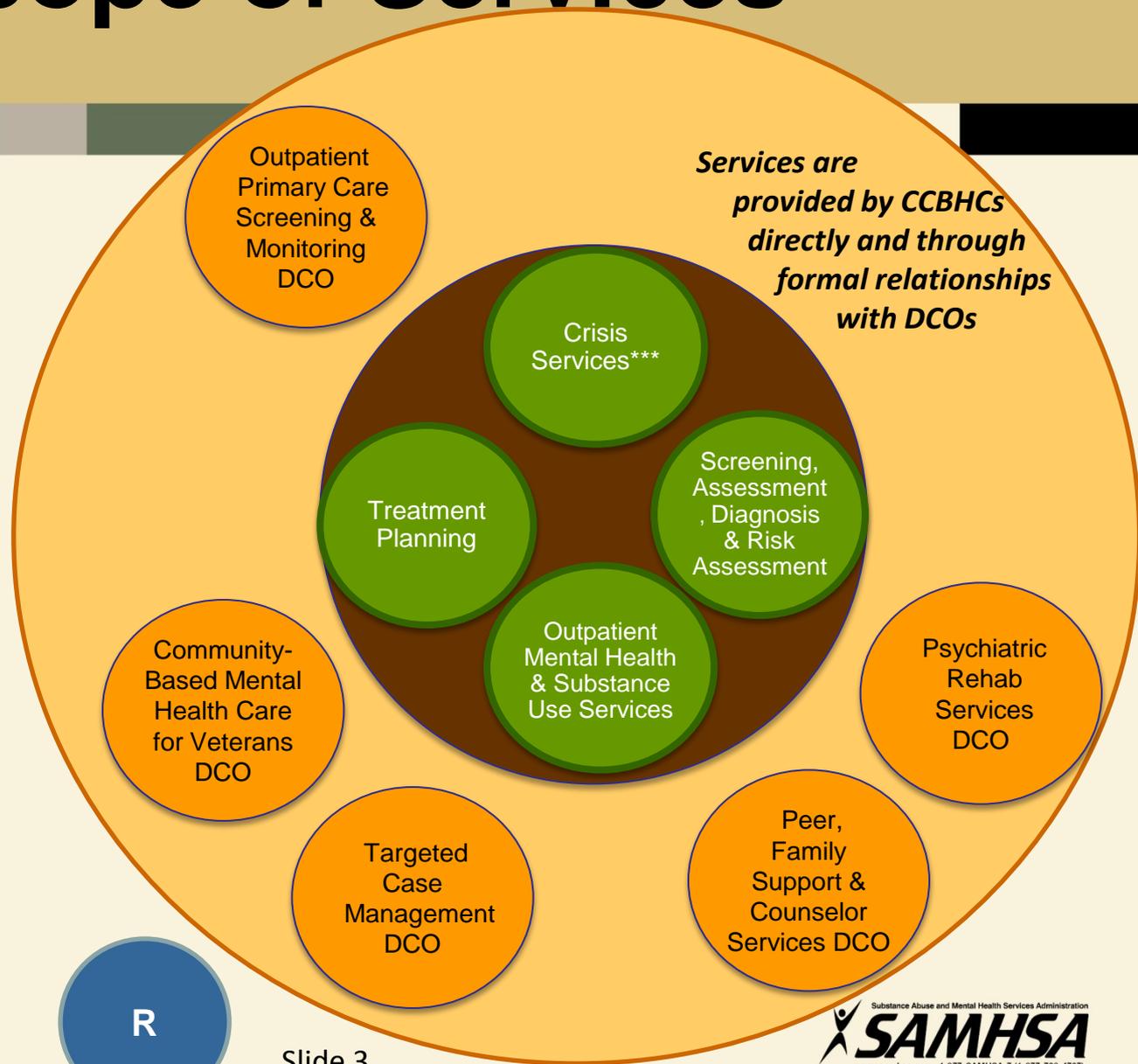
Scope of Services

CCBHCs directly provide services in green***

Additional required services are provided directly or through **formal relationships** with Designated Collaborating Organizations (DCOs)

Referrals (R) are to providers outside the CCBHC and DCOs

*** “unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise.”



Key Criteria

- **Robust and timely crisis behavioral health services to individuals and their families across the life span**
- **Provided directly by the CCBHC** *Unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise. The state-sanctioned system acts as a DCO*
- **No Refusal of service 2.d.1 and 2.e.1**
- **States define each term: 24 hour mobile crisis teams, Emergency crisis intervention services and Crisis stabilization**
- **Crisis Services include suicide crisis response and address crises related to substance abuse/intoxication**
- **Establishes protocol specifying law enforcement's role**
- **May include peer services**

The DCO Arrangement with a State-Sanctioned System

- *A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a **formal relationship** with the CCBHC and delivers services under the same requirements as the CCBHC.*
 - **Payment for DCO services included within the scope of the CCBHC PPS**
 - **DCO encounters treated as CCBHC encounters for purposes of the PPS.**
 - **The CCBHC maintains clinical responsibility for these services**
 - **Required services that cannot be provided by either the CCBHC directly or by a DCO are referrals. Payment for those referred services is not through the PPS but is made through traditional mechanisms within Medicaid.**
 - **Formal Relationship: Evidenced by contract, MOA, or MOU describing mutual expectations, accountability, and funding.**

Related Criteria

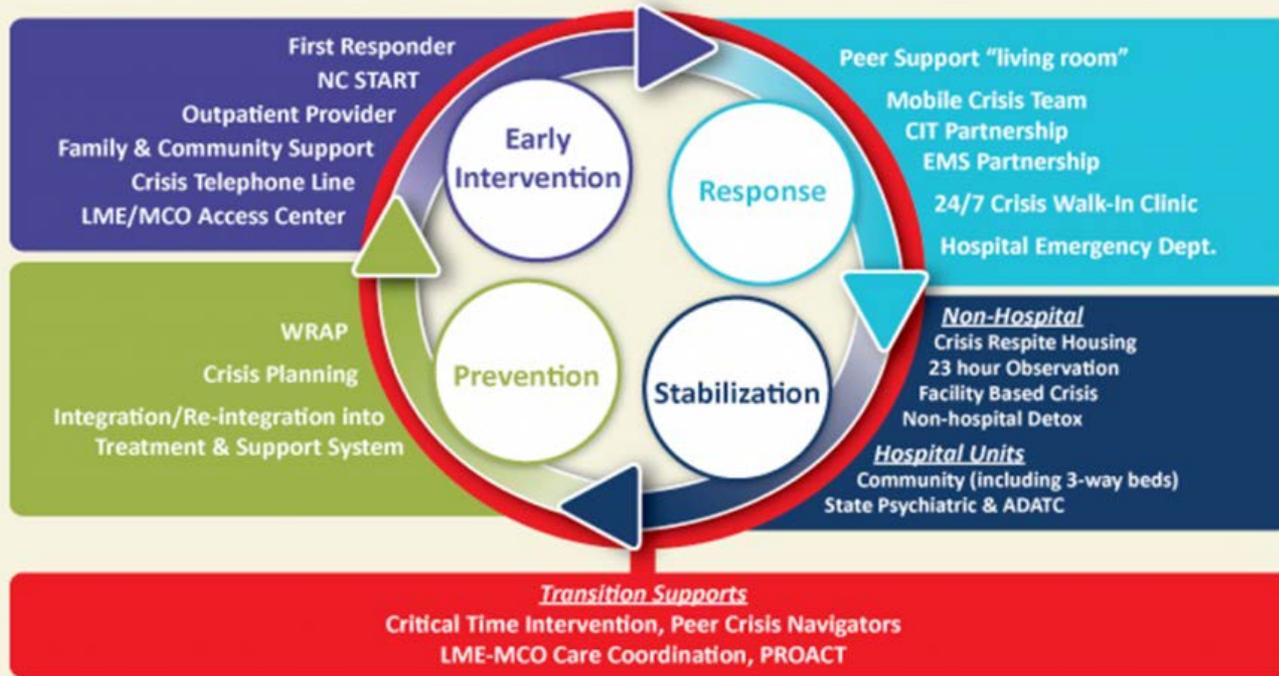
- **CCBHCs have relationships with local EDs and other sources of crisis care to facilitate care coordination, discharge and follow-up (2. Introduction)**
- **A continuum of crisis prevention, response, and post-vention services 2.c.2**
- **Consumers educated about crisis management services, PADs, and hotlines at initial evaluation 2.c.3**
- **Protocols to address the needs of CCBHC consumers in crisis who come to EDs; 2.c.4 and to reduce delays for initiating services during and following a psychiatric crisis 2.c.5**
- **CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations 2.c.6**
- **CCBHC develops crisis plan with each consumer eg, WRAP and PADs 3.a.4**
- **CCBHC has agreement with suicide/crisis hotlines and warmlines 3.c.3;**

Example of Continuum of Crisis Response

BUILDING A

Crisis Services Continuum

TO MATCH A CONTINUUM OF CRISIS INTERVENTION NEEDS



Residential Services Are Not Included in the PPS

- **Residential services cannot be included in the PPS. Crisis stabilization is a required service under the certification criteria at Program Requirement 4.c.1. Residential crisis stabilization is not required to be provided by the CCBHCs and, if provided, cannot be reimbursed under the PPS. States may continue to have residential crisis stabilization in their state plan and receive the current Medicaid payment for it. Services provided in the home, which are contemplated by the certification criteria (Program Requirement 2.a.5) or in other natural settings, and reimbursable through the PPS, should not be referred to as residential services in order to avoid confusion.**

Emergency Crisis Intervention

- **Emergency crisis intervention services are services such as psychiatric emergency response and ambulatory detox. Emergency crisis intervention may involve hotlines, statewide crisis response systems, on-duty and/or on-call staff, and must integrate response protocols with hotlines, EDs, and law enforcement.**
 - *“Medicaid regulations outline, but do not necessarily or consistently define, the types of services states can provide. Therefore, states vary widely in how they describe their services. Some states may offer a variety of services under a single program name. For example, “crisis intervention” may include mobile crisis. In some instances, services that are covered within a broad category are clearly delineated, and in other instances, there are no narrower definitions of services contained within.*
Substance Abuse and Mental Health Services Administration. Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies. HHS Publication No. (SMA)-14-4848. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

24 Hour Mobile Crisis Teams

- **As a general matter, 24 hour mobile crisis teams provide rapid crisis response to consumers and families at a range of community settings and to provide assessment, brief intervention and linkage/referral and collaboration with other crisis and behavioral health services, such as crisis hotlines which may perform triage and dispatch functions.**
 - *The American Psychiatric Association (APA) Task Force defines mobile crisis services as having the “capacity to go out into the community to begin the process of assessment and definitive treatment outside of a hospital or health care facility,” along with a staff including “a psychiatrist available by phone or for in-person assessment as needed and clinically indicated”* cited in Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*. HHS Publication No. (SMA)-14-4848. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Crisis Stabilization

- **Crisis stabilization services provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization such as 23 hour crisis stabilization beds, crisis stabilization units, and crisis respite and crisis residential services. Crisis stabilization services may also follow emergency room visits and psychiatric hospitalizations.**
 - *Crisis stabilization is “a direct service that assists with deescalating the severity of a person’s level of distress and/or need for urgent care associated with a substance use or mental health disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services.”*
 - *“The term crisis stabilization was used by many states to describe crisis residential services; however, some other states further defined crisis residential services, crisis respite services, and stabilization services.”* Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*. HHS Publication No. (SMA)-14-4848. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

Crisis Response for Children and Families

“Mobile crisis response and stabilization services are instrumental in defusing and de-escalating difficult mental health situations and preventing unnecessary out-of-home placements, particularly hospitalizations. Mobile crisis services are available 24/7 and can be provided in the home or any setting where a crisis may be occurring. In most cases, a two-person crisis team is on call and available to respond. The team may be comprised of professionals and paraprofessionals (including peer support providers), who are trained in crisis intervention skills and in serving as the first responders to children and families needing help on an emergency basis. In addition to assisting the child and family to resolve the crisis, the team works with them to identify potential triggers of future crises and learn strategies for effectively dealing with potential future crises that may arise.” Joint CMCS and SAMHSA Informational Bulletin, May 7, 2013.

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>

Detoxification Services in the Context of Crisis Response

Ambulatory and Medical Detoxification (criteria 4.c.1): The revised [American Society of Addiction Medicine \(ASAM\)](#) criteria list five levels of Withdrawal Management for Adults. It is a requirement that the CCBHC will have the first four available and accessible levels as part of their crisis services. These services need to be readily available and accessible to people experiencing a crisis at the time of the crisis. The four levels include:

- 1-WM: Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery.
 - *The CCBHC must directly provide 1-WM.*

Detoxification Services in the Context of Crisis Response

- 2-WM: Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation, likely to complete withdrawal management.
 - *The CCBHC is encouraged to directly provide 2-WM.*
 - *May be provided through a DCO relationship or by referral.*
- 3.2-WM: Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.
 - *May be provided by the CCBHC, through a DCO relationship or by referral.*
 - *If residential, it is not part of the PPS*
- 3.7-WM: Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, or nursing monitoring.
 - *May be provided by the CCBHC, through a DCO relationship or by referral.*
 - *As a residential service, it is not part of the PPS*

Questions and Discussion