

VERMONT RECEIVES ARPA PLANNING GRANT FOR EXPANDING COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES

The Centers for Medicare and Medicaid Services (CMS) indicated the purpose of community-based mobile crisis intervention services is to provide rapid response, individual assessment and crisis resolution by trained mental health and substance use treatment professionals and paraprofessionals in situations that involve individuals who are presumed to known to have a mental health condition and/or substance use disorder.

Vermont was awarded one of 20 Mobile Crisis State [Planning grants](#) by CMS to prepare for implementing qualifying community-based mobile crisis intervention services. The period of the award is September 30, 2021, through September 29, 2022.

“The planning grants provide funding to develop, prepare for, and implement qualifying community-based mobile crisis intervention services under the Medicaid program. Grant funds can be used to support states' assessments of their current services, strengthen capacity and information systems, ensure that services can be accessed 24 hours per day, 365 days per year, provide behavioral health care training for multi-disciplinary teams, or to seek technical assistance to develop State Plan Amendment (SPA), demonstration applications, and waiver program requests under the Medicaid program”¹

At the end of the planning period, eligible states may implement a Medicaid benefit option and receive an 85 percent federal match for these expenditures for the first three years during that time period. On December 28th, 2021, CMS released guidance providing information on the scope of and payments for qualifying community-based mobile crisis intervention services².

Under the planning grant award, Department of Vermont Health Access as lead with Departments of Mental Health, Health (Alcohol & Drug Abuse Programs division), Aging and Independent Living, Children and Families (Family Services Division), Public Safety, and Agency of Human Services central office are exploring feasibility of meeting those requirements to qualify for long term implementation and reimbursement rates. Beginning in January 2022, a technical assistance initiative with a national consulting group was launched to achieve the following:

1. STATEWIDE NEEDS ASSESSMENT

- Identify gaps and opportunities to coordinate across systems of care which will include a focus on increasing health equity across the population (mental health, substance use, and developmental disabilities; children, youth, families, adults, and elders) and with community-based organizations and law enforcement to ensure an effective, coordinated crisis continuum of care for Vermonters.
- Research and analyze evidence-based, best practice mobile crisis response systems nationally with a focus on what model(s) would work best in communities. The analysis will consider the

¹ <https://www.hhs.gov/about/news/2021/07/13/cms-addresses-substance-use-mental-health-crisis-care-for-those-with-medicaid.html>

² States may implement this option under an existing 1905(a) benefit category, 1915(i) SPA, 1932(a) SPA, 1915(c) HCBS waiver application, 1915(b) waiver application and/or an 1115 demonstration.

needs of different populations such as Vermonters with disabilities, Vermonters of all ages, Vermonters living in rural areas, and Vermonters experiencing disparities and inequities due to race and ethnicity, immigrant status, sexual orientation, or gender identity.

- Review and analyze workforce and systems capacity to inform a workforce development plan and an assessment of how to ensure timely 24-hour availability, 365 days a year throughout the state, including in rural areas. The analysis will consider the impact of using peer support specialists.

- Review and analyze existing trainings available to providers and community-based organizations, identify training gaps, and recommend training enhancements to ensure, at minimum, availability of training in trauma informed, health-centered care using a resilience and strengths-based lens, de-escalation strategies, and harm reduction. This includes a review and analysis of the existing platforms through which trainings can be made available.

- Review and analyze systems needs for providers and community-based organizations to ensure a coordinated system of care and ability to comply with Medicaid requirements.

- Review and analyze opportunities for interstate collaboration. This could include, but is not limited to, service provision and training, as well as identification of current and recommended protocols for specialty mobile crisis teams to ensure the use of appropriate assessment tools, soothing kits, and crisis plans for the different populations served which would increase health equity and access.

- Identification of opportunities for multi-payer collaboration to ensure a whole population approach to mobile crisis services in Vermont and maximize Medicaid coordination of benefits.

- Review and analyze current and recommended protocols for coordination with crisis call centers, 9-8-8, and emergency response entities, as well as schools and other social services.

- Review and analyze current quality/performance measure tracking and oversight capabilities for mobile crisis intervention services.

2. DEVELOP AND FACILITATE A ROBUST STAKEHOLDER ENGAGEMENT PLAN

In partnership with AHS departments, the TA will develop and facilitate an engagement plan that is tailored to local communities and is accessible to people with disabilities. The plan will, at minimum, involve each of the following stakeholders and modalities:

- Children, youth, families, adults, and elders with disabilities, mental health concerns and/or substance use disorders

- Disparately impacted populations such as LGBTQ, BIPOC, refugee, immigrant, Abenaki, and other communities

- Providers and community-based organizations

- Law enforcement

- State leaders

- Webinars

- Focus groups/forums

- Informational materials

3. IMPLEMENTATION AND BENEFIT DESIGN PLANNING

Development of draft and final implementation plans that ensure compliance with section 1947(b) of the Act and other applicable federal regulations, build upon the work already underway at AHS departments, and to the maximum extent possible integrate these existing efforts into a coordinated mobile crisis system of care for Vermonters. The implementation plan will include a Medicaid benefit

design that addresses gaps identified in the needs assessment and aligns with feedback received during stakeholder engagement. Recommendations in the draft plan may include a menu of options based on the potential scope and cost of the mobile crisis benefit.