Report to
The Vermont Legislature

Mobile Crisis: Inventory of Mental Health Crisis Response Programs

In Accordance with Act 112, Section 1

Submitted to:	House Committee on Health Care Senate Committee on Health and Welfare
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Legislative Language

On or before January 15, 2023, the Department of Mental Health, in consultation with the Agencies of Education and of Human Services and the Department of Public Safety, shall submit the Mobile Crisis Needs Assessment report required by the Department's federally-funded mobile crisis state planning grant, including the stakeholder engagement summary and the mobile crisis benefit implementation plan, to the House Committee on Health Care and to the Senate Committee on Health and Welfare.

Executive Summary

The state of Vermont and the Vermont Agency of Human Services (AHS) is one of 20 states that received a federal planning grant to support expanding community-based mobile crisis intervention services for Medicaid beneficiaries. This is an important opportunity to build on the State's crisis services in developing a statewide community-based mobile crisis response system that meets the needs of people experiencing a mental health or substance use crisis. Comprehensive mobile crisis services can help to improve the health and well-being of all Vermonters.

Stakeholder engagement is vital as any effort to transform the crisis care system must reflect the needs and values of relevant stakeholders, especially marginalized populations whose needs persistently go unmet. Input from stakeholders was gathered in various mediums and forums as described in the included reports; that input informs the development of and implementation plan for an enhanced and sustainable benefit that meets the needs of Vermonters experiencing mental health or substance use crises.

The gaps and opportunities identified in the *Vermont Mobile Crisis Services Needs Assessment* report highlight the strategies necessary to coordinate across systems of care, including 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.

Among the recommendations provided in the closing section of this report, the Needs Assessment determined that Vermont should:

1. Identify a single entity should be accountable for oversight of performance of the crisis system and ensure services are delivered in alignment with best practice. Ensure that this entity is adequately resourced to fulfill its task.
2. Integrate 988 within front end crisis response to ensure seamless experiences for individuals and promote effective community partnerships
3. Require a multidisciplinary team for mobile crisis team staffing requirements in alignment with best practices and CMS guidance
4. Peers should be explicitly stated as required staffing for MCTs. Further, peer supports for family members/caregivers should be included in crisis services for youth. Vermont's recent legislation requiring peers be included in mobile crisis team staffing will advance the efforts to improve workforce development that is necessary for 24/7 two-person response teams
5. Train providers on core clinical competencies to serve the following special populations:
   a. Individuals with intellectual and developmental disabilities
   c. Culturally and linguistically diverse populations
   d. Older adults
   e. Veterans
   f. Homeless individuals
   g. LGBTQIA2+

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Introduction

The Centers for Medicare and Medicaid Services (CMS) has issued guidance and related requirements for states in order to receive reimbursement for mobile crisis response services through the Medicaid program that aligns with and supports SAMHSA's National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit.

CMS describes the purpose of community-based mobile crisis services as providing 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 have a mental health condition and/or history of substance use. The service must provide, as appropriate, screening and assessment, stabilization and de-escalation, and coordination with and referrals to health, social and other services and supports, and health services as needed. The mobile response must be available 24/7/365 with services being delivered outside of a hospital or facility setting. CMS also indicates that mobile response must be delivered by a multi-disciplinary team that includes at least one behavioral health care professional qualified to provide an assessment within their authorized scope of practice under state law and could also include other professionals, paraprofessionals, and peers with "expertise in behavioral health or mental health crisis intervention". In addition, the team must be trained in trauma-informed care, de-escalation strategies and harm reduction. While Vermont has an existing Medicaid benefit for mobile crisis services, the American Rescue Plan Act (ARPA) funding affords Vermont a unique opportunity to enhance and expand existing community mobile crisis services, advance best practices, and positively impact reach and sustainability.

Mobile Crisis Needs Assessment

Stakeholder Engagement

Stakeholder engagement is vital as any effort to transform the crisis care system must reflect the needs and values of relevant stakeholders, including and especially marginalized populations whose needs persistently go unmet. Mobile crisis response provides Vermont with an opportunity for transformational change to implement community-based crisis response. Public input into the mobile crisis response system has been a cornerstone of the design process.

Interviews, focus groups, and meetings were held with consumers, families, community members, providers, community-based organizations, schools, law enforcement, state agencies, and more. The State specifically took care to target input from historically marginalized populations, such as:

- Transitional age youth, families, adults, and elders most impacted by the crisis service system
- Service providers and community stakeholders
- First responders including law enforcement and Emergency Services
- Refugees and immigrant communities
- Hospitals
- State leaders
- Schools
- People with intellectual and developmental disabilities
- LGBTQI+

The needs assessment was informed by the following stakeholder engagement activities: a virtual townhall, a statewide survey, and key informant interviews. All information has been made public, as it has become available on the state's Mobile Crisis Planning Grant website.

Townhall

On March 22, 2022, public administrators conducted a virtual "town hall" as the first step to understanding how to best meet the needs of Vermonters A virtual townhall was conducted on March 2, 2022.

- Slides from the townhall
- Video recording of the townhall

Surveys

A broad-based survey was distributed to a variety of stakeholders to gather insight into Vermonters' experiences, perceived successes and challenges of the existing crisis system and recommendations for improvement. A total of 270 responses were received from various stakeholders including mental health and substance use providers; designated agencies; consumers, family members, and peers; hospitals and emergency departments; law enforcement; emergency medical services (EMS); and schools. Both qualitative and quantitative data gleaned from the survey is used throughout the needs assessment to describe the current state of crisis services within the state as well as to inform options for consideration and recommendations.

Key Informant Interviews

Interviews were conducted with key informants from the following organizations/agencies to confirm and gather additional detail on themes that emerged from the survey:

- Vermont Department of Health's Division of Substance Use Programs (formerly, the Division of Alcohol

and Drug Abuse Programs) – Clinical Services, Quality

- Department of Mental Health – Care Management, Quality, Operations, Research and Statistics o Department of Disabilities, Aging, and Independent Living – Clinical Services, Quality
- Department of Public Safety – Mental Health Programs
- Department of Public Health o Intellectual and Developmental Disabilities Services Providers
- Vermont Care Partners – Team Two o Designated Agencies Directors
- NAMI VT Peer Support Focus Groups – focus groups were conducted with the following groups of people to further supplement information gathered from the survey and stakeholder interviews:
- First responders including 911 public-safety answering point (PSAPs), law enforcement and EMS
- Designated Agencies o Mental Health & Substance Use Providers
- Schools
- People, and families of people, with a history of receiving crisis services

Stakeholder Engagement Survey Quantitative Results

In July of 2022, the Stakeholder Engagement Survey Quantitative Results were completed and shared.

Needs Assessment Report

In June of 2022, the Vermont Mobile Crisis Needs Assessment final report was completed and shared.

For the mobile crisis benefit implementation plan, please refer to Report to The Vermont Legislature Mobile Crisis: Outreach Services In Accordance with Act 185, Section E.314

Recommendation

(Excerpt from the Vermont Mobile Crisis Needs Assessment from HMA)

"Current oversight of mobile crisis services does not exist in any meaningful way. Oversight of the DA emergency services is primarily the responsibility of DMH, however DMH is not sufficiently resourced to allow for robust quality oversight." Towards this end, the Department recommends fulfilling the following recommendations suggested by Health Management Associates:

6. Identify a single entity should be accountable for oversight of performance of the crisis system and ensure services are delivered in alignment with best practice. Ensure that this entity is adequately resourced to fulfill its task.
7. Integrate 988 within front end crisis response to ensure seamless experiences for individuals and promote effective community partnerships
8. Require a multidisciplinary team for mobile crisis team staffing requirements in alignment with best practices and CMS guidance
9. Peers should be explicitly stated as required staffing for MCTs. Further, peer supports for family members/caregivers should be included in crisis services for youth. Vermont's recent legislation requiring peers be included in mobile crisis team staffing will advance the efforts to improve workforce development that is necessary for 24/7 two-person response teams
10. Train providers on core clinical competencies to serve the following special populations:
    a. Individuals with intellectual and developmental disabilities
    c. Culturally and linguistically diverse populations
    d. Older adults
    e. Veterans
    f. Homeless individuals
    g. LGBTQIA2+
11. MCT contract requirements should explicitly state service must be available 24/7 in community settings
12. Create Emergency Service Standards and Mental Health Provider Manual to include substance use in populations served
13. Follow-up services should be included in MCT model with expectations and protocols for follow up care provided to youth and adults after a crisis encounter inclusive of time elements (up to 3 days for adults and up to 7 days for youth). Vermont should leverage enhanced Federal Funding for follow-up services provided by mobile crisis teams
14. Utilizes crisis system technology best practices that support integration across crisis services including:
    a. Electronic health records
    b. GPS-enabled mobile dispatch
    c. Electronic devices for mobile teams
15. AHS should determine targets for performance on each of the quality metrics. At minimum, quality metrics for the mobile crisis teams should include:
    a. Average response time
    b. Disposition of the case
    c. Location of intervention (community mental health center, home/work, ED etc.)
    d. Percentage of individuals who receive follow-up care within 48 hours
16. Potential policy and financing options for developing a multi-payer strategy that may include:
    a. Adding mobile crisis services to the essential health benefit (EHB) benchmark plan

b. Enforcing the federal Mental Health Parity and Addiction Equity Act (MHPAEA) that would require mobile crisis services to be included under parity through legislation
c. Enacting legislation to require fully insured and large groups and state employee health plans to [cover] mobile crisis services