IOWA CRISIS SYSTEM DEVELOPMENT

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Iowa Integrated Health Planning and Advisory Council
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IOWA | Health and Human Services

National Guidelines for Behavioral Health Crisis Care

The National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit was published by SAMHSA and describes three core pillars of a comprehensive and effective crisis continuum:

Iowa Crisis System Development Timeline

Crisis System Evaluation

HMA Scope of Work

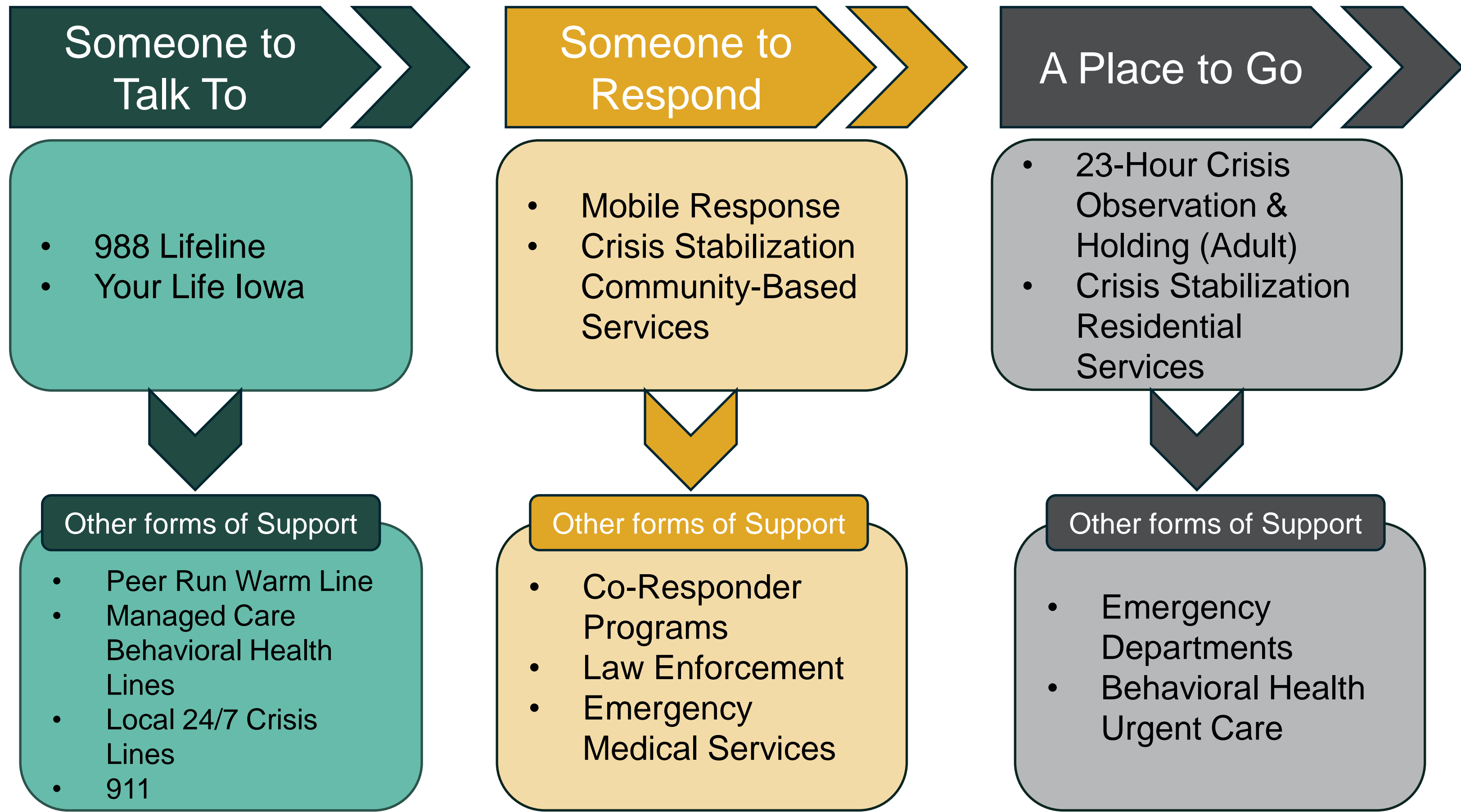
Key Findings

Recommendations

HMA Scope of Work

- Iowa HHS contracted with Health Management Associates (HMA) to provide technical assistance and recommendations for Iowa's crisis continuum of care with the goal of developing a behavioral health crisis system.
- HMA completed:
  - Assessment of Iowa's current crisis system
  - Focused stakeholder engagement
  - Recommendations

Iowa's Current Crisis Response Continuum



Someone to Talk To

Best Practices and Iowa Gaps

Someone to Talk To

Minimum Expectations for a Regional 24/7 Call Center	**Iowa**
Operate 24/7/365	✓
Clinicians overseeing clinical triage and other trained team members	✓
Answer every call or coordinate overflow coverage	✓
Assess risk of suicide within each call	✓
Coordinate connections to mobile crisis services in Region	**GAP**
Connect individuals to facility-based care via warm handoffs	✓
Best Practices - Minimum Standards AND:	
Incorporate Caller ID Functions	**GAP**
Implement GPS-enabled technology to dispatch mobile crisis	**GAP**
Use real-time regional bed registry technology	**GAP**
Schedule outpatient follow-up appointments via warm handoff	✓

Key Findings

Someone to Talk To

- Iowans overwhelmingly prefer a single statewide crisis line
- 911 PSAPs are interested in increased collaboration and partnership with crisis partners
- Additional support to the 911 transfer to 988 pilots could improve partnership and result in outcomes to be replicated across the state

Someone to Talk To

- 988 Lifeline
- Your Life Iowa

Other forms of Support

- Peer Run Warm Line
- Managed Care Behavioral Health Lines
- Local 24/7 Crisis Lines
- 911

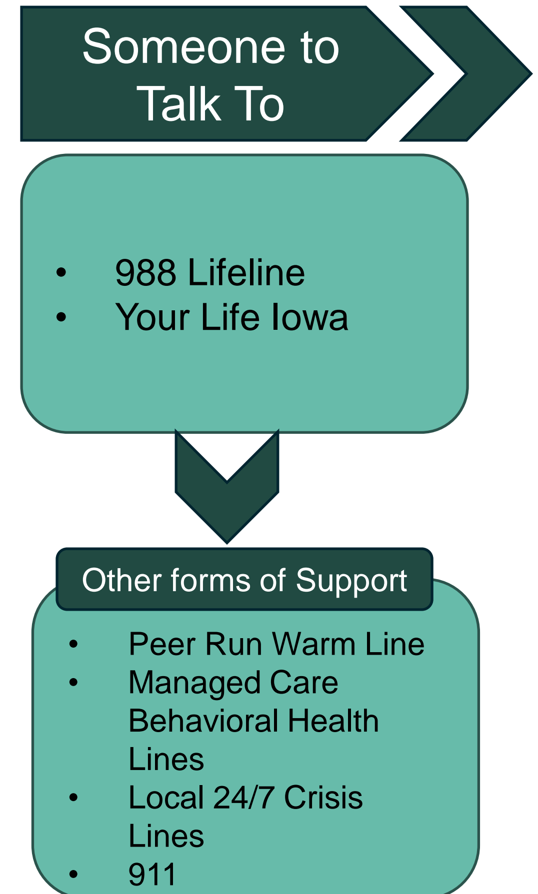
Recommendations

Someone to Talk To

Recommendation 1: Transition to using 988 as Iowa's single statewide crisis line and provide a funding model to meet resource needs and utilization patterns

Recommendation 2: Implement a statewide dispatch model for mobile crisis services through 988.

Recommendation 3: Provide additional resources and support to reinforce the 911 transfer to 988 pilots.



Someone to Respond

Best Practices and Iowa Gaps

Someone Respond

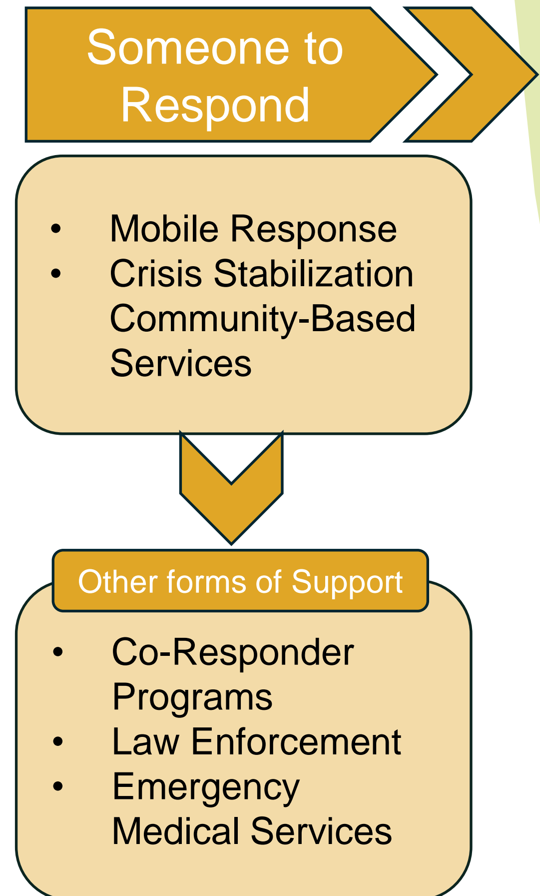
Minimum Expectations to Operate a Mobile Crisis Team (MCT)	**Iowa**
Include a licensed and/or credentialed clinician capable to assess needs of individuals	**GAP**
Respond where the person is (home, work, park, etc.)	✓
Connect individuals to facility-based care as needed via warm handoffs	✓
Best Practices - Minimum Standards AND:	
Serve individuals with MH conditions and SUD	**GAP**
Delivery by a multidisciplinary team	**GAP**
Incorporate peers	**GAP**
Respond without law enforcement unless special circumstances warrant inclusion	**GAP**
Implement real-time GPS technology in partnership with crisis call center hub	**GAP**
Follow-up crisis stabilization services and support provided by the MCT	**GAP**
Schedule outpatient follow-up appointments via warm handoff	✓

Key Findings

Someone to Respond

Mobile Crisis Response

- ➢ Including law enforcement as crisis response staff is out of alignment with best practices and CCBHC requirements
- ➢ Expanding eligible qualified staff permitted to conduct a crisis assessment would positively impact the current workforce issues
- ➢ Opportunity to leverage telehealth to support a two-person response
- ➢ Follow up standards don't align with best practices



Key Findings

Someone to Respond

CSCBS

- Underutilized program that is duplicative of robust follow up services provided by mobile crisis response

Law Enforcement

- The role of law enforcement varies across the state
- The lack of mobile crisis response in some areas has led to an expanded crisis response role for law enforcement and emergency medical services

Someone to Respond

- Mobile Response
- Crisis Stabilization Community-Based Services (CSCBS)

Other forms of Support

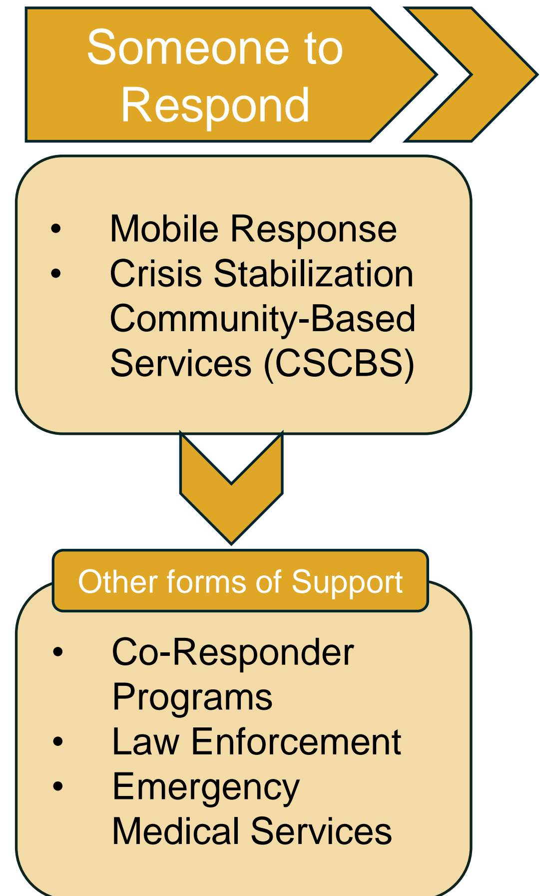
- Co-Responder Programs
- Law Enforcement
- Emergency Medical Services

Recommendations

Someone to Respond

Recommendation 1: Make changes to accreditation standards to align with best practices including:

- Require a multidisciplinary team response that includes at least one behavioral healthcare professional qualified to provide an assessment
- Include SUD in the definitions for crisis services
- Exclude law enforcement as qualified crisis response staff
- Include telehealth as a permitted modality for one of the two-person mobile team response
- Require follow-up services with expectations and protocols for youth and adults
- Require providers to offer services in the individuals' preferred languages, including American Sign Language, or provide access to a trained interpreter service



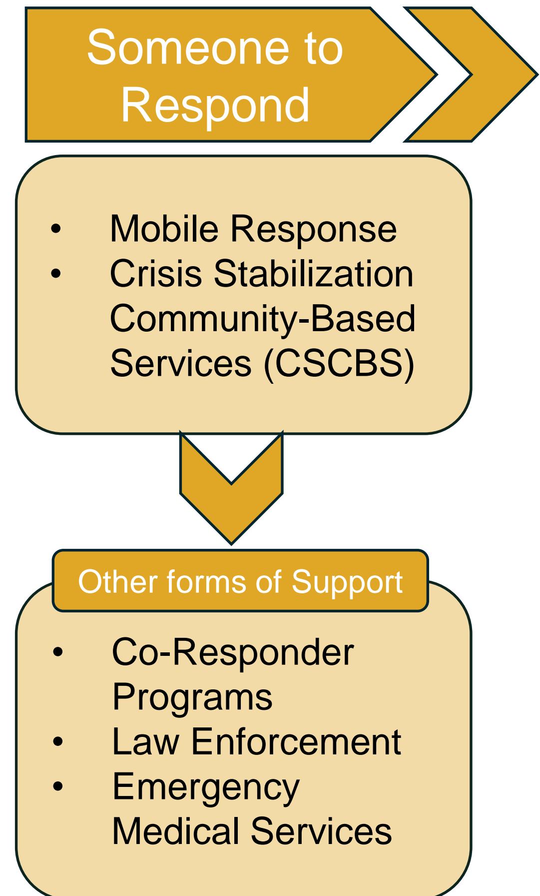
Recommendations

Someone to Respond

Recommendation 2: Expand eligible qualified staff permitted to conduct a crisis assessment to include master's level unlicensed and bachelor's level clinicians

Recommendation 3: Require mobile response teams to have a memorandum of understanding with schools to strengthen partnerships

Recommendations 4: Sunset CSCBS and require mobile crisis response to provide follow-up services



A Place to Go

Best Practices and Iowa Gaps

A Place to Go

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service	Iowa
Accepts all referrals	GAP
Not require medical clearance prior to admission	GAP
Design services to address MH and SUD crisis issues	GAP
Employ capacity to assess and deliver care for minor physical health needs	✓
Staffed 24/7/365	✓
Offer walk-in and first responder drop-off options	✓
Accept all referrals at least 90% of the time with a no rejection policy for first responders	GAP
Screen for suicide risk and complete comprehensive suicide risk assessments	✓
Screen for violence risk and complete more comprehensive violence risk assessments	✓

Best Practices and Iowa Gaps

A Place to Go

Best Practices – Minimum Standards AND:	Iowa
Functions as a 24-hour or less crisis receiving and stabilization facility	✓
Offer a dedicated first responder drop-off area	GAP
Incorporate some form of intensive support beds into a partner program	✓
Include beds within the real-time regional bed registry system operated by the crisis call center hub	GAP
Coordinate connection to ongoing care	✓

Key Findings

A Place to Go

- 23-hour crisis observation services and crisis stabilization residential services do not serve individuals with a substance use disorder, which is not in alignment with bet practices
- It is unclear if 23-hour crisis observation services are underutilized due to the limited data available
- The CMS time and distance analysis suggests inequity in access to 23-hour observation and youth crisis residential services for metro, micro metro, and rural counties

A Place to Go

- 23-Hour Crisis Observation & Holding (Adult)
- Crisis Stabilization Residential Services

Other forms of Support

- Emergency Departments
- Behavioral Health Urgent Care

Recommendations

A Place to Go

- Ensure reporting compliance by all 23-hour crisis observation providers
- Conduct a county-level assessment of time and distance standards for 23-hour observation & crisis stabilization residential services to determine optimum location need
- Increase capacity for 23-hour observation and holding services & youth crisis stabilization residential services

A Place to Go

- 23-Hour Crisis Observation & Holding (Adult)
- Crisis Stabilization Residential Services

Other forms of Support

- Emergency Departments
- Behavioral Health Urgent Care

Recommendations

Standardization in Crisis Services

- Mobile Response – Quality Measurement

- Universal crisis assessment inclusive of a health-related social needs screening and level of care utilization system.

- Standardized crisis response trainings aligned with best practices for mobile response

- Standardized crisis response trainings for all crisis response staff
- Include Recovery Coaches as eligible crisis response staff

- Allow supervised “on the job experience” for one year in lieu of “one year of experience in behavioral mental health services”

- Add 23-hour crisis observation and CSRS to CareMatch

Next Steps

Next Steps

- Stakeholder Feedback on Report
  - Review executive summary with crisis providers
  - Webinar with opportunity for feedback on the report
  - Develop a FAQ document

Questions

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