



Health Staff Seminar  
Behavioral Health Trends in Crisis Response and Treatment

October 13, 2022

# Panelists



Vikki Wachino

Principal, Viaduct Consulting, LLC and  
Executive Director, Health and Reentry Project



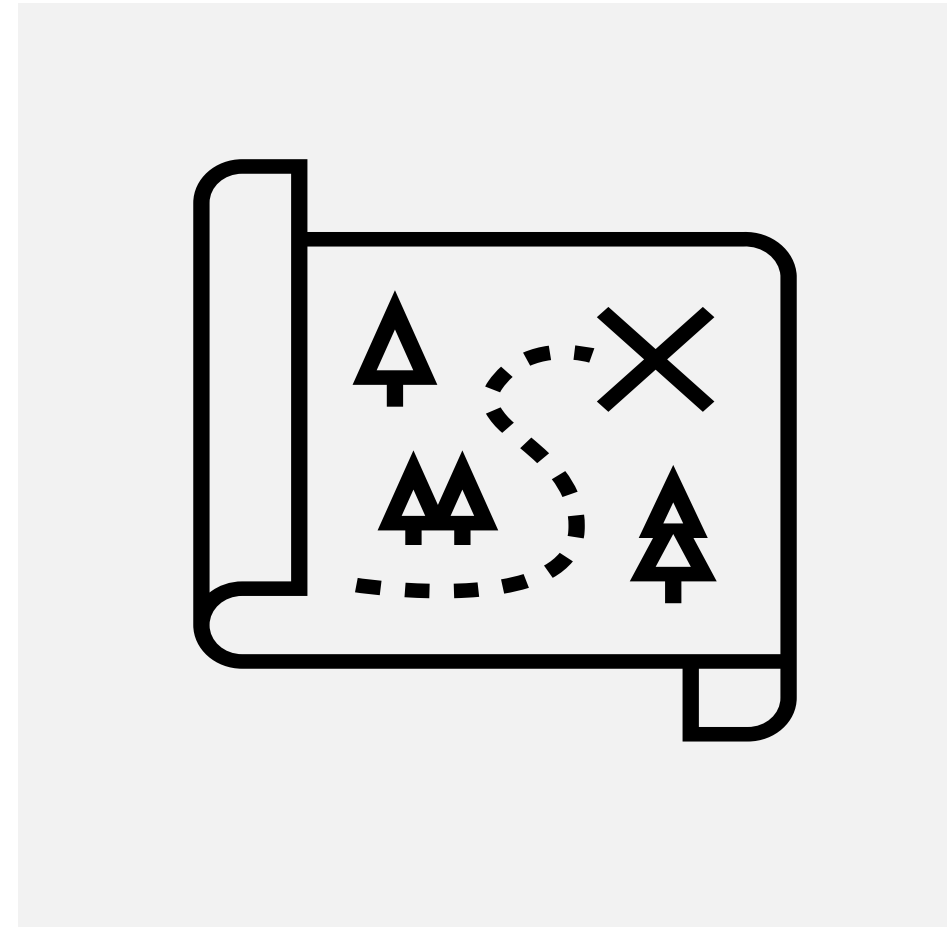
Kevin Martone

Executive Director,  
Technical Assistance Collaborative

# Session Overview

Objectives: Stay awake, learn and have fun!

- Intro/Check-in
- Information
- Discussion
- Questions
- Table Discussion
- Share Out



# Behavioral Health Issues Facing People in the US

- Rates of suicide increased more than one third between 1999 and 2018
- Overdose death rates continue to set new records
  - Rates for adolescents *doubled* between 2019 and 2020—and *tripled* for black male adolescents
- Rates of mental illness for adults increased 15 percent between 2016 and 2020, driven by increasing rates of depression for young adults
- High rates of unmet need: 57 percent of people who need care don't get it
  - Rates of unmet need are even *higher* for Asians and Pacific Islanders, Black people, and Hispanic people
- These crises reverberate through major sectors of US society, including health care, public health, criminal justice, housing, education, and employment

SOURCES: The Brookings Institution, Tackling Unfinished Business and Taking on Current Challenges: Putting Biden's Mental Health Proposals in Context, 2022; Kaiser Family Foundation, Recent Trends in Mental Health and Substance Use Concerns Among Adolescents 2022; Agency for Health Care Policy and Research, 2019 National Quality and Disparities Report

# Some Major Directions in Behavioral Health Policy

- Meeting the needs of children and youth
- Coordinating and integrating care
- Realizing the full potential of mental health parity
- Strengthening behavioral health to change the role of law enforcement and the criminal justice system
  - Expanding access to crisis services
  - Meeting the health and behavioral health needs of people as they leave incarceration
- Expanding the behavioral health workforce
- Increasing access to services through telehealth

# Levers for Policy Progress

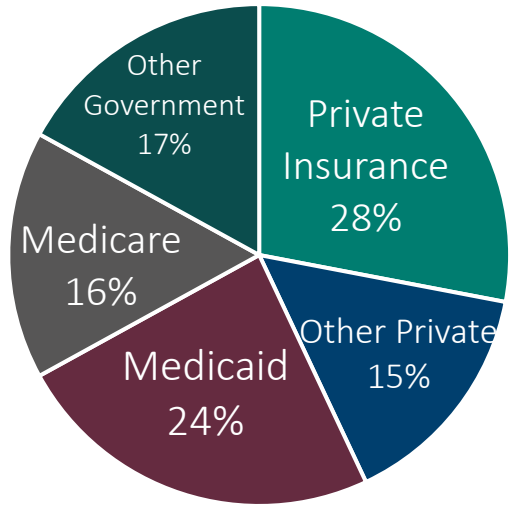
- Opportunities to expand access to people experiencing a behavioral health crisis, building on implementation of new suicide and crisis call line, 988
- Significant federal/state policy and grant resources, including through:
  - SAMHSA, American Rescue Plan and other federal grant funding
  - Medicaid policy changes (Medicaid mobile crisis, temporarily increased matching rates for home and community-based services, new grant resources directed at serving kids in schools, pending new policies on Medicaid at reentry)
  - Certified Community Behavioral Health Centers
- New policies can build on groundwork that has already been laid, including through federal laws on mental health parity and the Affordable Care Act



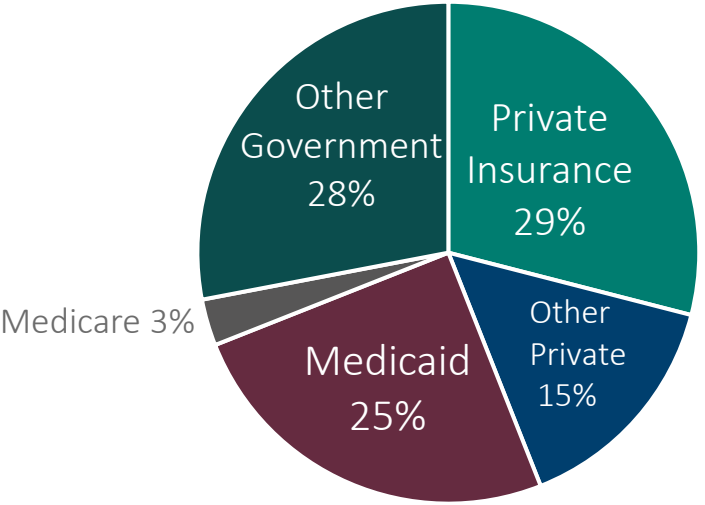
# Medicaid and Private Insurance Finance Most Behavioral Health Services

Share of spending in 2015:

## Mental Health



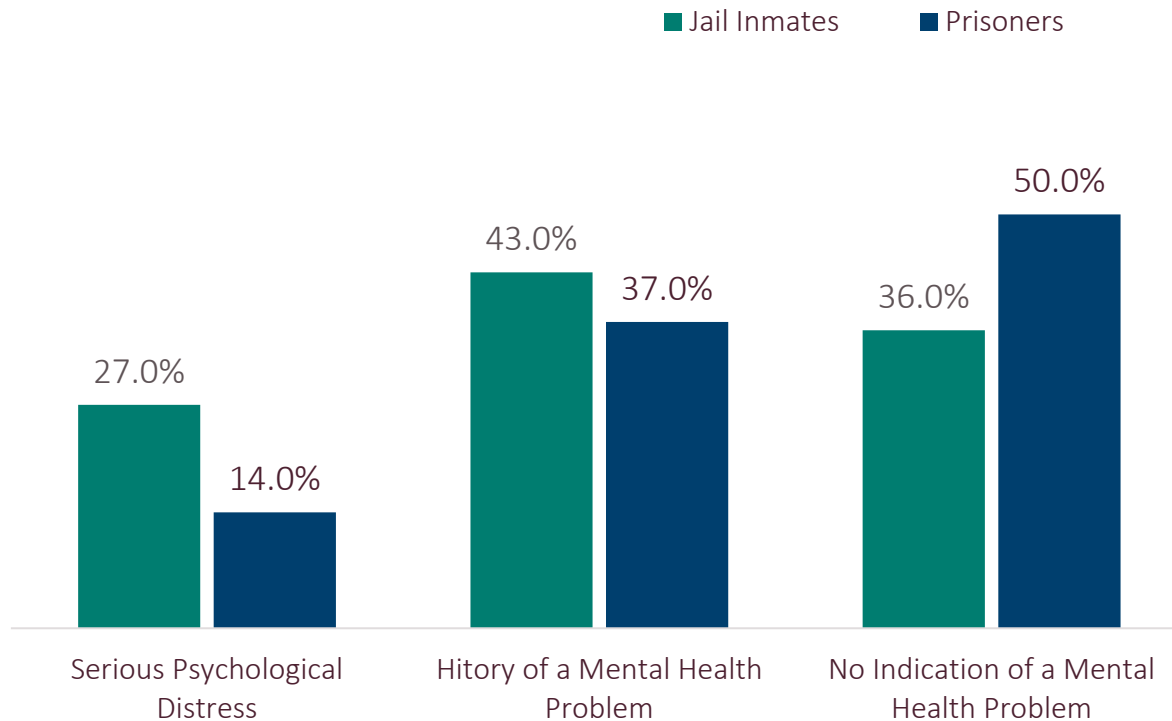
## Substance Use Disorder



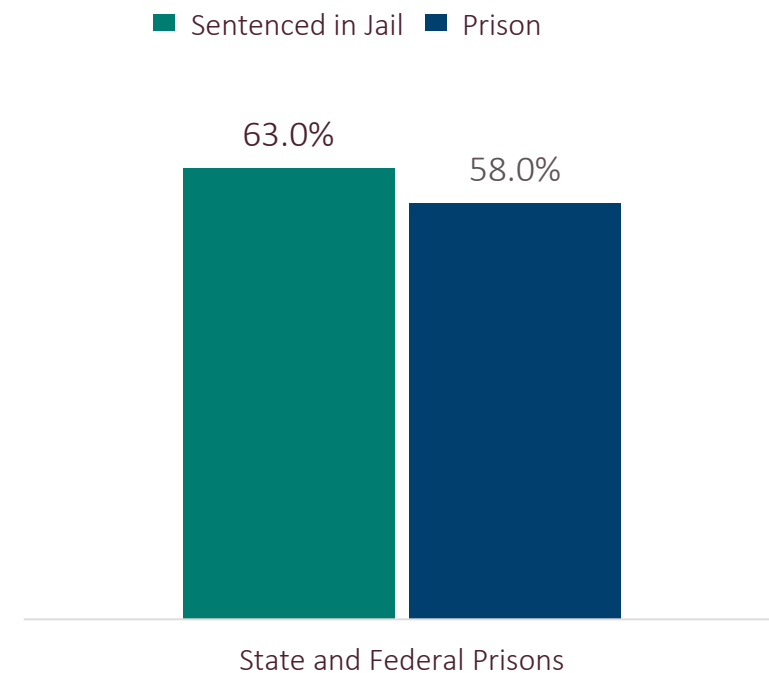
Source: SAMHSA Behavioral Health Spending and Use Accounts 2006-2015, 2019. "Other government" includes federal, state and local funding.

# Justice-Involved Populations Face High Rates of Substance Use Disorder and Mental Health Conditions

**Mental Health Status of Prisoners and Jail Inmates by type, 2011-2012**



**Meets clinical criteria for drug dependence or abuse, 2007-2009:**



SOURCE: Bureau of Justice Statistics, National Inmate Survey, 2011-12. Bureau of Justice Statistics, Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007-2009.



# Significant Federal Medicaid Policy Reforms are Under Active Consideration

- Eleven states have proposed covering some Medicaid services prior to release through section 1115 demonstration waivers, a longstanding tool for piloting new approaches
  - California, Massachusetts, Utah, Kentucky, Vermont, Arizona, Montana, New York, Washington, New Jersey, Oregon
  - This has never been done before; federal law has prohibited it
- CMS is required to issue guidance to states on using 1115 waivers to cover services in the 30 days before release
- Pending legislation, the Medicaid Reentry Act, would authorize Medicaid to cover services for people who are incarcerated in the 30 days prior to release
- The [Health and Reentry Project](#) is working with diverse stakeholders to advance approaches to [redesigning reentry](#)

# Building Stronger Behavioral Health Systems: Challenges and Assets

## CHALLENGES

- ✘ Immediacy of 988 implementation
- ✘ Bridging mental health and SUD
- ✘ Breaking down silos between behavioral health agencies, Medicaid agencies, housing, criminal justice
- ✘ No specific road map to strengthening behavioral health
- ✘ Staffing and operational limitations post-pandemic
- ✘ Significant behavioral health workforce shortages

## ASSETS

- ✓ Historically large amounts of available grant funding
- ✓ New policies provide state and federal levers for change
- ✓ Available technology solutions
- ✓ Attention to racial equity
- ✓ High degree of public focus and awareness
- ✓ Significant state and federal interest

# Resources

- Mobile Crisis Teams: A State Planning Guide for Medicaid-Funded Crisis Response Services (Technical Assistance Collaborative, January 2022)
- Federal Policy Recommendations to Support State Implementation of Medicaid-Funded Mobile Crisis Programs (Technical Assistance Collaborative, January 2022)
- How Medicaid Can Advance Mental Health and Substance Use Crisis Response (Well Being Trust, April 2021)
- [Redesigning Reentry: How Medicaid Can Improve Health and Safety by Smoothing Transitions from Incarceration to Community](#) (Health and Reentry Project, July 2022)
- [Medicaid and Reentry: Policy Changes and Considerations for Improving Public Health and Public Safety](#) (Health and Reentry Project, March 2022)



# Behavioral Health Trends in Crisis Response and Treatment

**Kevin Martone**

**Executive Director, TAC**

**Board President, NARMH**

October 13, 2022

**TAC is a nonprofit organization dedicated to helping our nation's human services, health care, homelessness, and affordable housing systems implement policies and practices that empower people to live healthy, independent lives in the communities they choose.**

# Context for Behavioral Health Crisis Services

- National push to add crisis response capacity
- Drivers:
  - Lack of access to upstream services resulting in behavioral health emergencies
  - Basic need for crisis services as core services in a well developed system
  - Reliance on law enforcement as primary response, often with associated negative outcomes
  - Lack of standards, evidence-based practices
- Someone to Call; Someone to Go; Somewhere to Go (SAMHSA)

# From Public Safety to Public Health

## Public Safety Approach

- Use of force occurs frequently;
- Arrests and incarceration for a range of offenses, mostly petty misdemeanors;
- Unnecessary drop-offs at emergency departments/hospitalizations

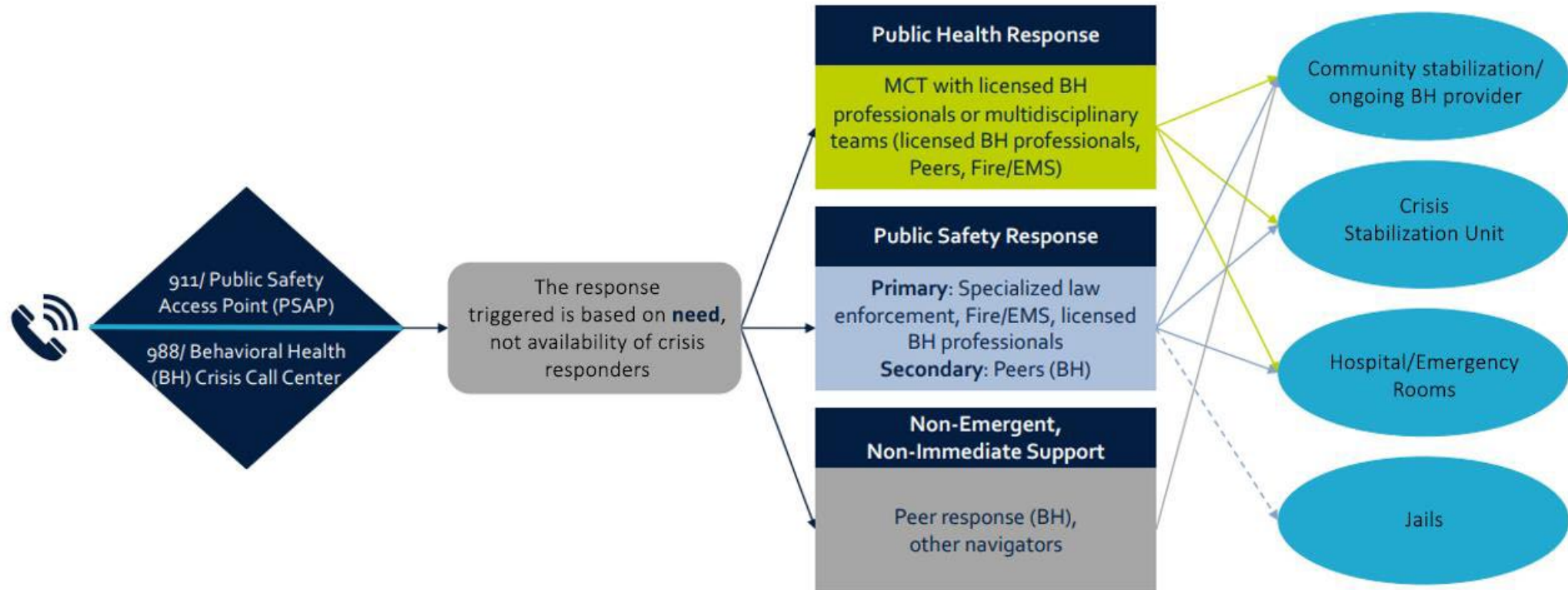
## Public Health Approach

- Prevention, early intervention, treatment, recovery supports;
- Social Determinants of Health
- Behavioral health teams/interventions;
- Linkages to appropriate services;
- Reduced arrests/incarcerations

The default response in many communities is 911 and law enforcement, EMS, and Fire – especially in rural and remote areas.



# Behavioral Health Emergency Response System



Source: TAC and MMHPI Behavioral Health Emergency Response Funders Collaborative, 2022

# Takeaways

- Upstream Services – Key to preventing and resolving crises
- SAMHSA - Someone to Call; Someone to Go; Somewhere to Go
- Behavioral Health-led Mobile Crisis Response Teams
- Capacity and What is it?
- Need to consider MH and SUD; Adults/Youth; Other co-occurring disabilities
- State standards and regulations – balancing statewide policy and local nuances
- Funding Issues – Medicaid, General Revenues, Other payers?
- Workforce Challenges
- Partnerships, collaboration, coordination – state and local; vertical and horizontal

# Models and Approaches

## What happens? What is ideal?

### Call Centers

- 911, 988, Other crisis and warm lines

### Responses

- Police-only
- Police-led Crisis Intervention Team (CIT)
- Co-response
- Mobile Crisis Response - staffed/led by behavioral health team

### Dispositions

- Use of force, arrest, incarceration
- Emergency departments, hospitals
- Crisis stabilization facilities
- Crisis respite, crisis residential, crisis case management

# Keep in Touch with TAC!

Text **TACINC** to 22828

Sign up to receive our monthly newsletter, posts from our blog *Access*, and occasional updates on events and opportunities.

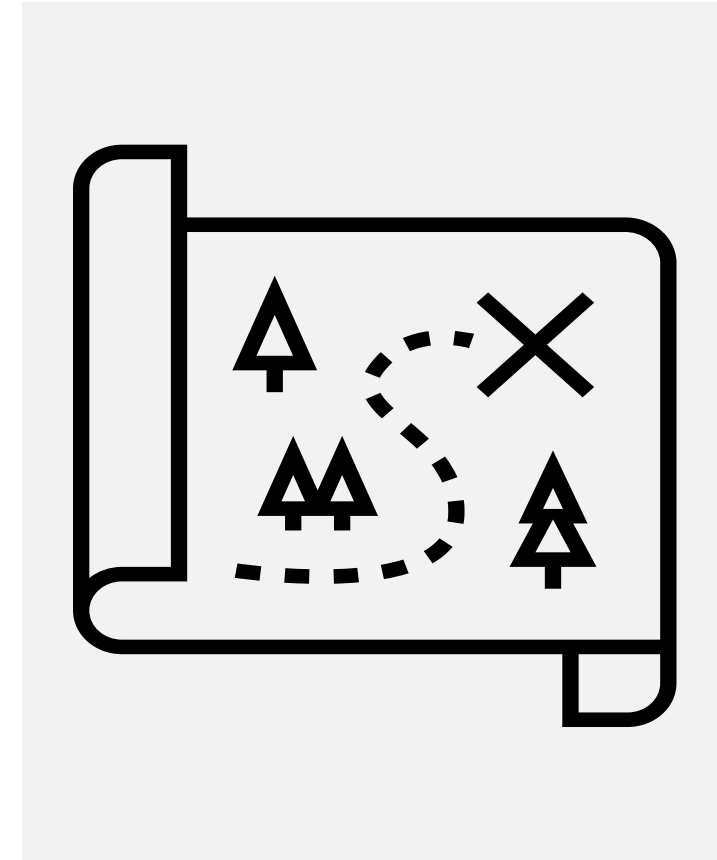


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*Housing and service strategies  
that work for people*

# Discussion and Questions

- Objectives: Stay awake, learn and have fun!
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# Table Discussion: Up to 15 minutes

- 1 minute: Choose a question, move to table
- 1 minute: Identify your reporter
- 2 minutes: Record your thoughts
- 7 minutes: Share thoughts with the table
- 2 minutes: Discuss/Questions
- Last minute: Choose ideas to share in 1-2 minutes

#1: Which of your state agencies/committees are responsible for these issues?

Are they working together? If so, how, or if not, how could they? Share out 2-3 examples.

#2: What are your favorite sources of behavioral health policy information?

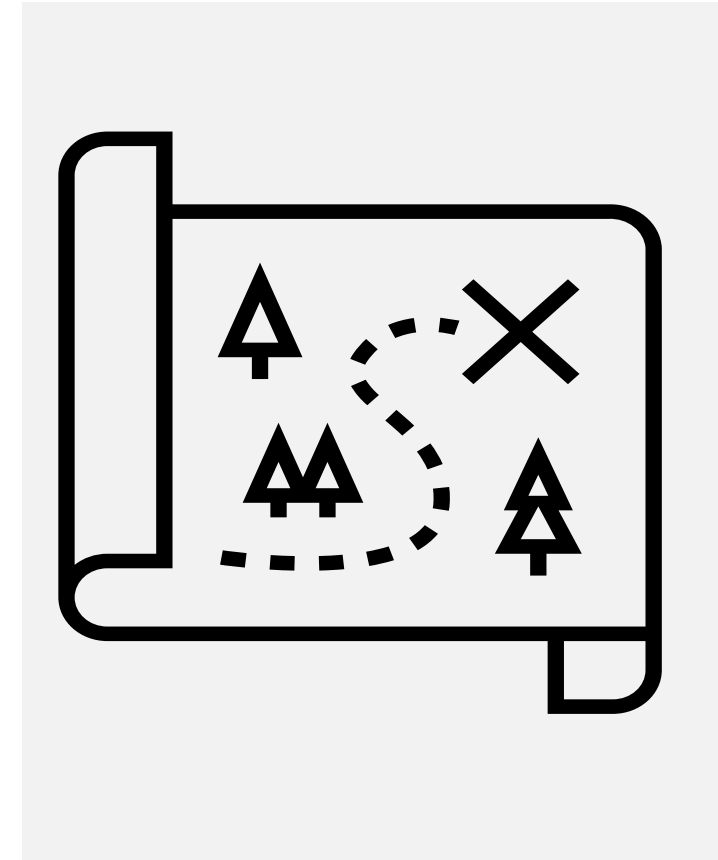
How can NCSL strengthen capacity for legislative staff/legislators around behavioral health issues? Share out 2-3 examples of each.

#3: What cautions did the legislature consider or not expect?

What roadblocks have come up and how did you mitigate them? Share out 2-3 examples.

# Share Out

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**Karmen Hanson**  
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**Thank you,  
and reach out anytime!**

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