

The Behavioral Health Crisis System – Panel Discussion

November 15, 2023

Outline

- 1 Overview and Panelist Introductions
- 2 Framing the Issue – What is the Crisis System and How Does It Work?
- 3 Overview of the Behavioral Health Crisis System
- 4 Panel Discussion
- 5 2024 Session Outlook

Purpose

Today's panel on behavioral health will provide:

- An understanding of the different components of the crisis system;
- How the components work together;
- A discussion of lessons learned; and
- Possible future priorities for this system.

Meet the Panelists



Nelson Smith

Commissioner,
Department of
Behavioral Health
Developmental
Services




Deborah Warren

Deputy Director and
CSB Executive
Director, Arlington
County



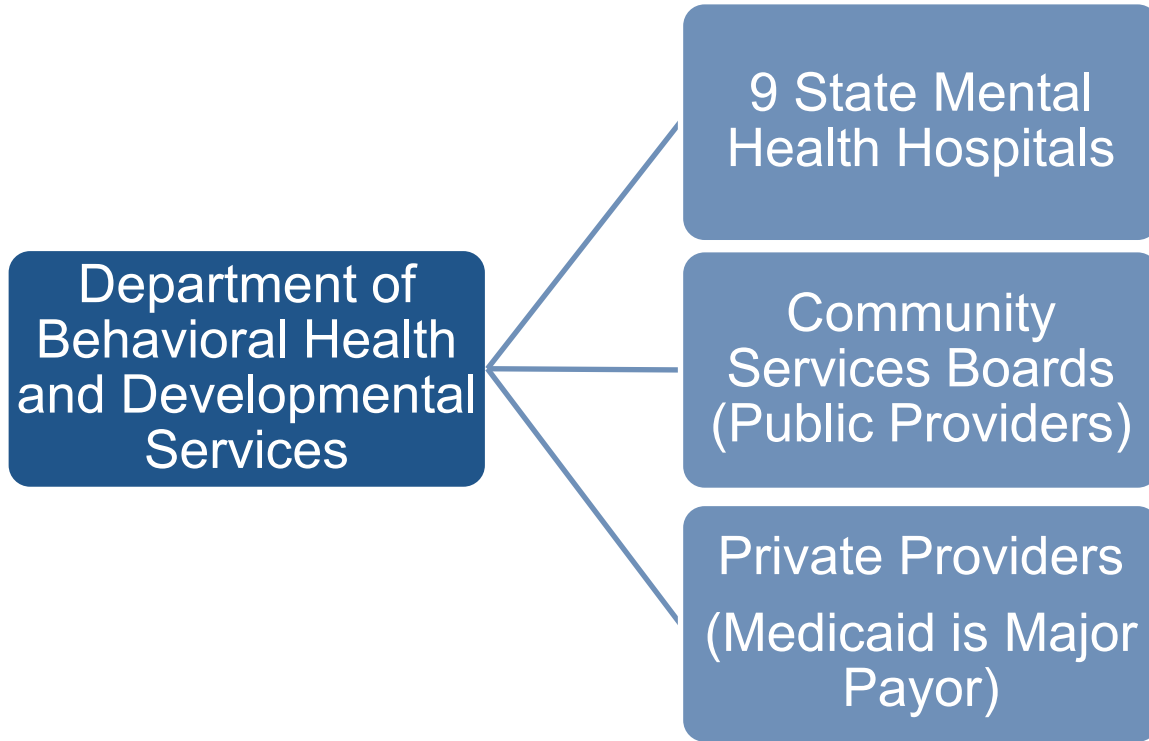
James Pritchett

Executive Director,
New River Valley
Community Services



Framing the Issue – What is the Behavioral Health Crisis System and How Does it Work?

Overview of the Behavioral Health System

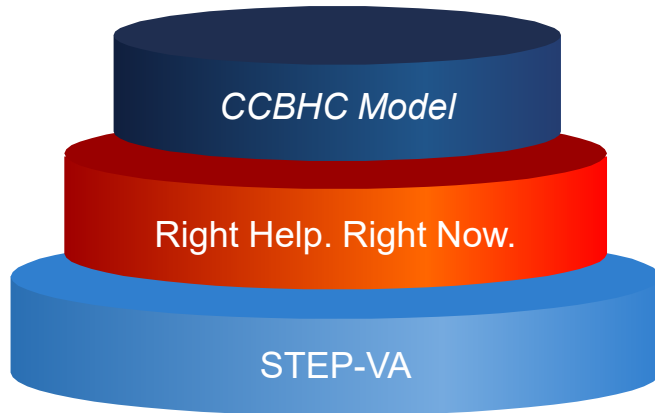


- Community Services Boards (CSB) are the gateway to the public system of behavioral health services.
- There are 40 CSBs in the Commonwealth and by law every locality must belong to one.
- In some localities CSBs are part of local government.

Crisis System Components Defined

- **988** - The federally required single access number for suicide prevention and crisis care.
- **Virginia's Co-Response Model (Marcus Alert)** - The Virginia law to enhance mental health awareness and response in crisis situations involving 911 and 988.
- **Crisis Intervention Team Assessment Center (CITAC)** – Location for law enforcement to take an individual in crisis for assessment and stabilization.
- **Crisis Receiving Centers (CRC)** – Facility for an individual in crisis with 23-hour crisis observation / stability capability.
- **Crisis Stabilization Units (CSUs)** – Residential unit that provides evaluation and treatment.
- **Mobile Crisis Teams** – Team of mental health professionals that can respond to an immediate crisis in the community.

Crisis System is Evolving



Evolution of the System

- Prior to STEP-VA, crisis services were provided through a variety of services and programs.
- In 2017, STEP-VA was launched to provide a minimum set of services (including crisis) across all Community Services Boards (CSBs) in the Commonwealth.
- Part of Governor Youngkin's initiative "Right Help. Right Now." is to accelerate the transformation of the crisis system.
- The goal is the federal Certified Community Behavioral Health Clinic (CCBHC) model.
 - This model provides a comprehensive set of services, with care coordination, and must provide 24/7 crisis services.

Virginia's Co-Response Model Promotes Connection to the Behavioral Health Continuum of Care

- Mental health awareness response and community understanding services (Marcus Alert) system or the co-response model is a set of protocols to:
 - Initiate a behavioral health response to a behavioral health crisis;
 - Divert those in crisis to behavioral health services when possible; and
 - When diversion is not possible, facilitate a specialized response that is behavioral-health informed, supports connection to the behavioral health continuum of care, and minimizes physical confrontation and use of force.
- Each locality that has implemented the co-response model receives \$600,000 GF each year through DBHDS, totaling \$6.0 million GF in FY 2024.
 - DCJS also received \$1.0 million NGF in FY 2022, \$1.5 million NGF in FY 2023, and \$1.5 million GF in FY 2024 to support the co-response model, primarily used for Crisis Intervention Team (CIT) training. (NGF is from federal American Rescue Plan Act funds.)
- The Virginia 988 Suicide & Crisis Lifeline call centers support the co-response model and are primarily funded through fees from wireless carriers.

Sources: § 37.2-311.1, Code of Virginia; Department of Criminal Justice Services, Written Plan for Roles, Engagement, and Progress Measurement for DCJS and Law Enforcement in the Marcus Alert System, October 2021.

911 and 988 Dispatchers Use a Four-Tier Triage Framework Under the Co-Response Model

Level 1

Appropriate for phone intervention with behavioral health specialist.

Level 2

Immediate need for in-person behavioral health support.

Level 3

Urgent issues such as aggression, florid psychosis, suicide risk, or emergency custody order.

Level 4

Direct, immediate threats to life including active suicide attempt, assault with ability to do significant harm, or any accessible firearm.

Behavioral Health Response

- **Level 1** – Required Transfer to 988
- **Level 2** – Likely Transfer to 988
- **Level 3** – Potential Law Enforcement Back-Up, Optional Transfer to 988

**Law Enforcement*
Response,
Behavioral Health
Support**

Source: Department of Criminal Justice Services, Written Plan for Roles, Engagement, and Progress Measurement for DCJS and Law Enforcement in the Marcus Alert System, October 2021.*Could include emergency medical services.

Co-Response Model Requires Protocols and Community Coverage to Help Address Behavioral Health Crises



Co-Response Model Protocols

Protocol #1	911 Public Safety Answering Points (PSAPs) must integrate the four-level urgency triage framework and set policies and workflows to transfer calls from 911 to 988.
Protocol #2	Each regional mobile crisis hub must establish an agreement with any law enforcement agency that will be providing back-up assistance.
Protocol #3	Law enforcement agencies must have a specialized response available by addressing four areas: leadership policies, mental health first aid or equivalent training for all officers, and crisis intervention and specialized Co-Responder Model training for some officers.

Co-Response Model Community Coverage

Mobile Crisis Teams	<ul style="list-style-type: none"> The STEP-VA mobile crisis teams, comprised of behavioral health professionals, meet the minimum requirement for Co-Responder Model community coverage. STEP-VA requires responses within one hour (or 90 minutes for rural areas).
Additional Community Care Teams (Optional)	<ul style="list-style-type: none"> Telehealth behavioral health services; Additional mobile crisis teams for more rapid response; and Community Care Teams, which may include law enforcement/first responders and may provide community mental health awareness and services, in addition to crisis response.

Source: Department of Criminal Justice Services, Written Plan for Roles, Engagement, and Progress Measurement for DCJS and Law Enforcement in the Marcus Alert System, October 2021; Section 37.2-311.1, Code of Virginia; email communication with DCJS staff, November 1, 2023.

Other Local Co-Response Model Requirements

- Establish a voluntary database where individuals can provide their mental health and emergency contact information to the 911 and co-response model systems (required by July 2022).
- Outline preferential deployment and appropriate coverage of officers who have received crisis intervention team (CIT) and co-response model training.
 - While it is not required, a co-response model best practice is to have sufficient CIT-trained officers available each shift for all behavioral health responses.
 - CIT Training is a 40-hour training that supports a deeper understanding of mental illness and crisis intervention, as well as collaboration between first responders and behavioral health professionals.
- Enact law enforcement policies and training to support understanding of community policing, the use of force continuum, de-escalation techniques, and officer wellness.
 - When possible, officers in specialized responses use plain clothes and unmarked vehicles.
- Attend cross-sector quarterly meetings.

Source: Department of Criminal Justice Services, Written Plan for Roles, Engagement, and Progress Measurement for DCJS and Law Enforcement in the Marcus Alert System, October 2021; Section 37.2-311.1, Code of Virginia.



Virginia's Comprehensive Crisis System

Senate Finance and Appropriations Committee Retreat

November 15, 2023


Nelson Smith, Commissioner
Department of Behavioral Health &
Developmental Services



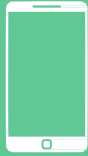


**RIGHT HELP.
RIGHT NOW.**

Transforming Behavioral Health Care for Virginians

1. Ensure same-day care for individuals experiencing behavioral health crises
 2. Relieve law enforcement's burden and reduce the criminalization of mental health
 3. Develop more capacity throughout the system, going beyond hospitals, especially community-based services
 4. Provide targeted support for substance use disorder and efforts to prevent overdose
 5. Make the behavioral health workforce a priority, particularly in underserved communities
 6. Identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps
- 

Someone to Call



Crisis Call Centers

When someone calls 988, a trained crisis worker will provide support such as safety planning, referrals, and a listening ear. If needed, crisis workers can connect to the full continuum of services. Through Virginia's co-responder initiative (Marcus Alert) appropriate calls to 911 can be routed to the 988 call centers.

Someone to Respond



Mobile Crisis

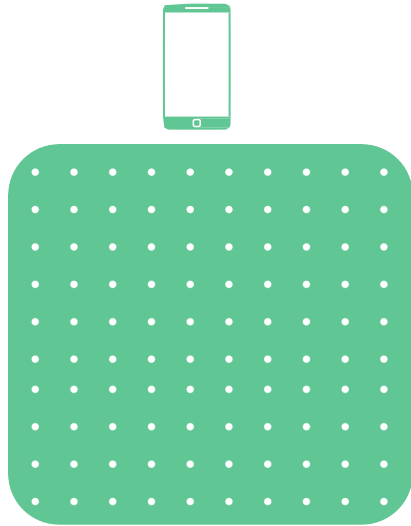
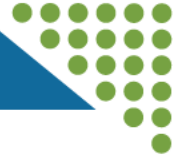
Mobile crisis teams are deployed in real-time, 24 hours a day, to the location of the individual experiencing a behavioral health crisis. These rapid responders provide on-scene evaluation, intervention, and connection to follow-up resources.

Somewhere to Go

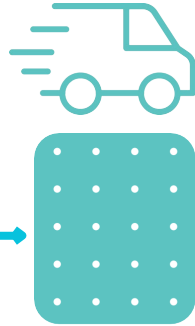


Crisis Stabilization Sites

23-hour Crisis Receiving Centers and short-term residential Crisis Stabilization Units provide a safe, secure, community-based environment for assessment, resources, and emergent crisis treatment.



If **100** people call 988, **80** of those calls can be resolved over the phone.



Mobile response can be dispatched for the remaining **20**.



Of those 20, nine may need further treatment at a Crisis Stabilization Site.



Out of those nine, one may require services at a higher level of care, like a hospital, while the other eight can return safely to the community.





Launched 2022; marketing this fall

Currently two call centers covering Virginia

Currently 90% of calls resolved on phone



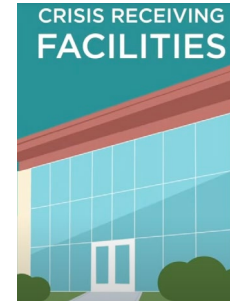
Goal: ability to respond in one hour

Currently 90 teams statewide:

- 50 CSB Mobile Crisis Teams
- 40 cross-trained REACH teams

Capable of resolving 70% of calls

911 involvement for life-threatening cases



23-hour/ short-term stabilization

Currently 86 existing or funded facilities (CSUs, CITACs and CRCs) statewide:

- 51 adult and 1 children's CRC chairs
- 117 adult and 21 children's CSU beds

30% of mobile crisis calls go to crisis centers

Individuals in crisis should be matched with the appropriate level of care to meet their needs safely and effectively at that time.

Risk Level



Low

Moderate

High



Call Centers

- Peer Warm Line
- Peer Recovery Centers
- CSB Same Day Access
- Grief & Other Support Groups
- Transportation Referrals

Mobile Crisis

- Behavioral Health & Law Enforcement Co-Response

Crisis Stabilization Sites

- Acute Psychiatric Inpatient
- State Hospitals
- Partial Hospitalization Program
- Medically Managed Detox
- CPEP

Crisis Intervention Continuum



Panel Discussion



**ARLINGTON
VIRGINIA**

Human Services

Spotlight: Crisis Care

November 2023

Deborah Warren,
Deputy Director



Visit Our Website
www.arlingtonva.us/dhs



Biggest Challenges



Covid

Pivot to remote work

Pivot back to in-person work



Staffing

Workforce shortages hit at the same time needs were increasing



Time

Program development can take years: conceptualizing & planning, siting, funding, staffing, operationalizing



Funding

Never enough for what we want to do!

Arlington Crisis Intervention Center

- Launched May 2023
- Assessment, observation, de-escalation
- 5 recliners
- 23-hour crisis stabilization
- Prescriber & nursing support
- Special Conservators of the Peace (10)
- 100% locally funded
- \$3.4 million operating budget



Mobile Outreach Support Team

Launched July 2023

Goals

- Increase access to MH & SUD treatment.
- Decrease role of non-clinical first responders.
- Provide alternatives to incarceration for those engaged in “nuisance crimes/behaviors.”
- Decrease Emergency Department visits and psychiatric hospital admissions.

Staff

- Licensed Behavioral Health Clinician
- Certified Peer Recovery Specialist
- TOW/PATH Outreach Worker

Services

- Triage/screening, including explicit screening for suicidality
- Assessment, de-escalation/resolution
- Peer support
- Coordination with medical and behavioral health services
- Crisis planning and follow-up
- Homeless outreach
- Dissemination of harm reduction tools



Hospital Collaboration

VHC Health: Major expansion announced January 2023 for new Rehabilitation and Behavioral Wellness Center

- 24-bed adolescent unit
- 24-bed adult unit
- 24-bed recovery & wellness unit

Five outpatient programs:

- Adolescent Intensive Outpatient Program
- Adult Intensive Outpatient Program
- Adult Recovery & Wellness Intensive Outpatient Program
- Adult Partial Hospitalization Program
- Outpatient Behavioral Health Clinic



Crisis System Overview in the New River Valley



James Pritchett

Executive Director,
New River Valley
Community Services

Successes in the Crisis System in the New River Valley:

- Implementing the Certified Community Behavioral Health Clinic (CCBHC) model.
- Development of a crisis continuum based on the Crisis Now Model for individuals experiencing behavioral health crisis.
- Strengthening community partnerships to address the needs of individuals, as well as the impacts on the communities served.

Crisis System Overview in the New River Valley



James Pritchett

Executive Director,
New River Valley
Community Services

Challenges Experienced in the New River Valley:

- Workforce to support new initiatives as well as other community-based services.
- Administrative burdens associated with licensing, regulations, and Medicaid managed care organizations.
- Transitioning to a new paradigm of services.

Regional Collaboration Efforts:

- Working with private providers and other Community Service Boards to ensure 24/7 coverage.
- Strong partnership with the region's call center and developing partnerships with law enforcement across the region.
- Connecting individuals and other providers with resources.

Panel Questions

- In talking about crisis response, why is it important to plan and implement these services as a fully integrated continuum?
- How is the new 988 number working in your community at this early stage? How do we compare to other states?
- What is the status of Virginia's Co-Responder and Alert system implementation in your community and how will it impact crisis response?
- What types of partnerships or relationships have been developed in your communities with law enforcement to address crisis response?
- What challenges are you facing in improving the crisis system in your communities and what would you suggest the General Assembly prioritize in this next session?



2024 Session Outlook

2024 Session Outlook

The General Assembly may wish to consider agency requests of:

- \$34.3 million GF for additional Crisis Receiving Centers and Crisis Stabilization Units.
- \$10.0 million GF for comprehensive psychiatric emergency departments.
- \$10.0 million GF to establish additional mobile crisis teams.
- \$2.6 million GF to enhance Crisis Intervention Team (CIT) Training.

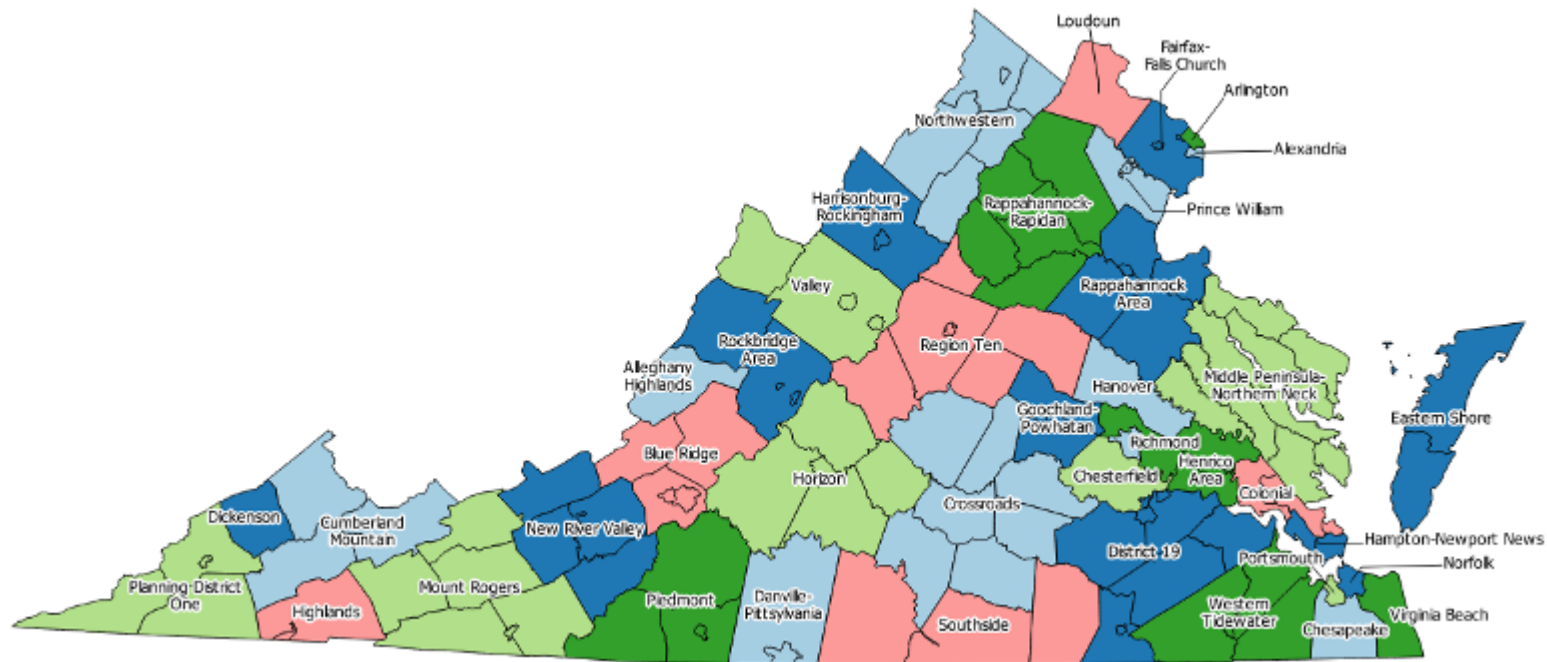
Additional considerations may need to include:

- Review of the Administration's implementation of crisis funding and evaluation of the progress in meeting the goals for the system.



Appendix

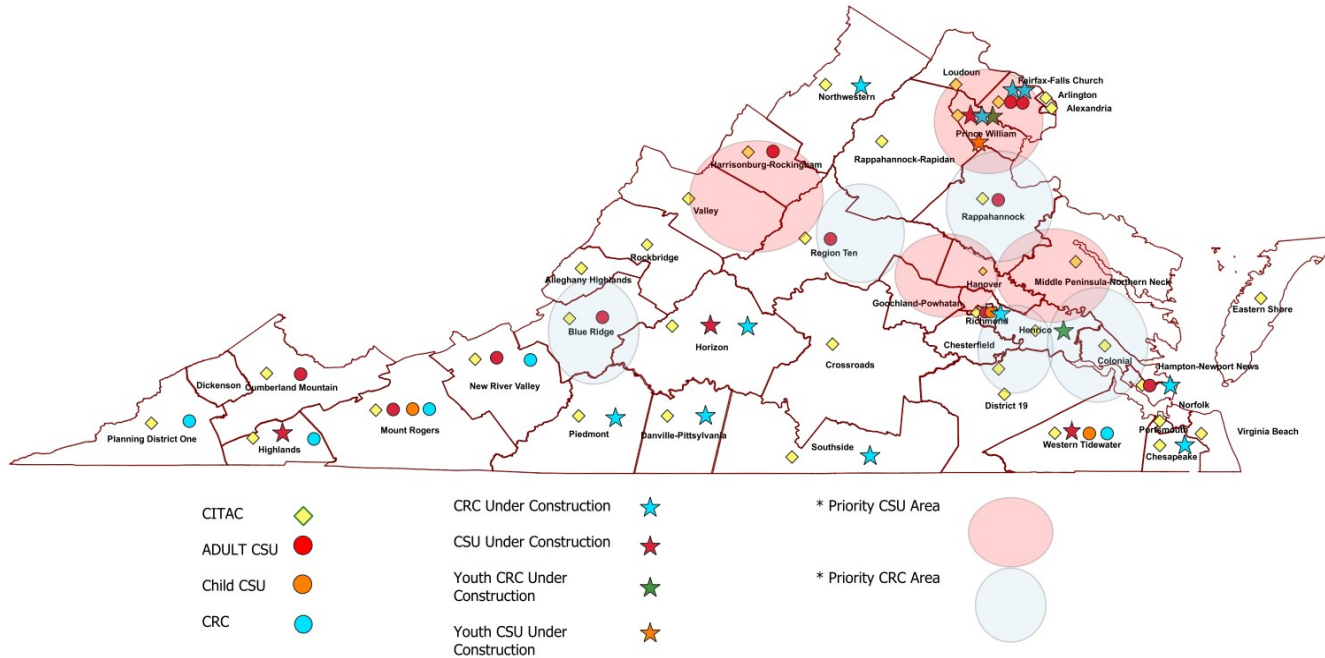
Community Services Boards System



Source: Department of Behavioral Health and Developmental Services.

Crisis Sites in Virginia

Existing and Planned Crisis Sites, including Priority Areas



Source: Department of Behavioral Health and Developmental Services data as of November 2023.

NOTE: Priority Areas identified as accessible within one hour of a facility, population coverage of at least 250,000, TDO rates outside of standard deviation, and evaluation of readiness and assets.