TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

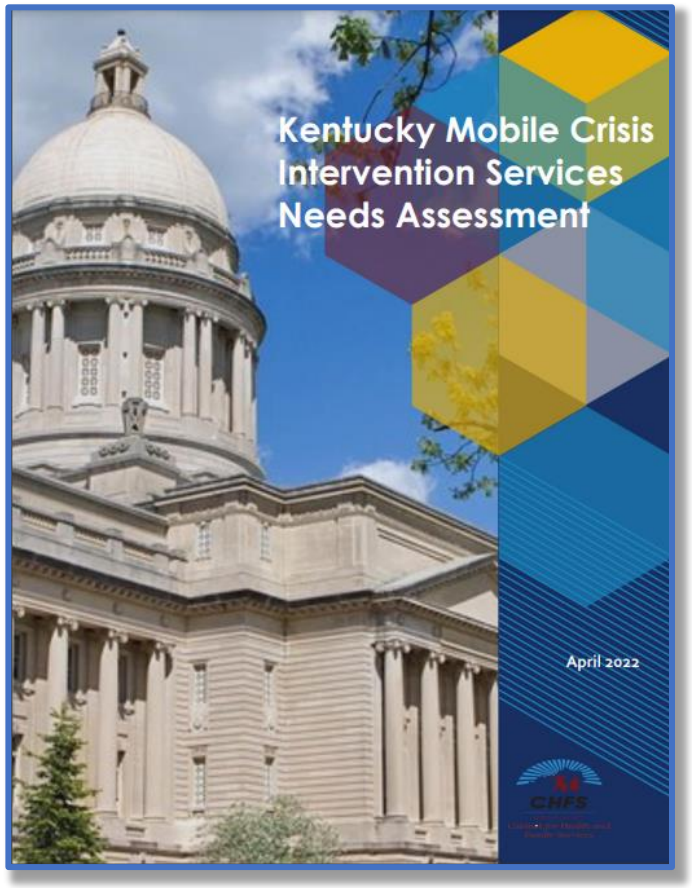
Kentucky Department for Medicaid Services

Mobile Crisis Intervention (MCI) Services Model

GARE Tool

March 1, 2023

Kentucky CMS MCI Services Planning Grant



https://www.chfs.ky.gov/agencies/dms/Documents/MobileCrisisInterventionAssessment.pdf

- **In September 2021, DMS was awarded a 12-month grant for $796,894.**
- **Planning Grant Outputs and Outcomes:**
  - Kentucky's MCI Services Needs Assessment report was published in April 2022.
  - Developed comprehensive framework for a statewide crisis services system as the ***Kentucky Commonwealth Model****:* community-based MCI services for Medicaid members who are experiencing a mental health or substance use disorder (SUD) crisis in the community.
  - Established evaluation matrix of the current array of MCI services and related assets across the Commonwealth, including provider capacity, service, utilization, service delivery, and financing mechanisms.
  - Explored alternative response methods that shift responsibility for MCI service provision to qualified, multi-disciplinary teams able to intervene at the time and at the site of crisis.
- **Other Outcomes**
  - DMS recognized the need for the complementary ***Kentucky Community Crisis Co-Response (CCCR) Model*** to embed behavioral health professionals within municipal entities (i.e., law enforcement, emergency medical services, etc.) to respond to an individual experiencing a behavioral health crisis.

Kentucky's Future MCI Model

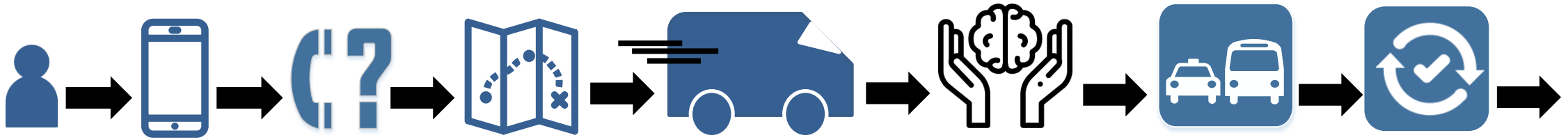
Example Triage Levels:

- Adult Triage Level 1: Resolved on the Phone, Referred to In-Person within 72 hours
- Adult Triage Level 2: MCT Dispatched
- Adult/Youth Triage Level 3: MCT Dispatched. LEO/EMS dispatched and on standby.
- Adult/Youth Triage Level 4: : MCT Dispatched. LEO/EMS dispatched and secures scene before MCT engages
- Youth All Triage Levels: MCT Dispatched
- Co-Responder Model: LEO/EMS/MCT/CRU Dispatch May Vary

MCT Resolution:

- Resolved at Scene
- Transport to Crisis Stabilization (23 hours)
- Transport to Crisis Stabilization (24+ hours)
- Transport to Emergency Department
- Transport to Home

23-Hour Crisis Observation Stabilization Services



Person in Crisis

988 Crisis Call Center (CCC)

CCC: Conducts Triage & Reviews Option for Co-Responder Model

CCC: Warm-Handoff and Location Determined

Commonwealth Model: Mobile Crisis Team (MCT) Dispatched to Location

MCT: Conduct Assessments & Intervention

MCT: Identify Transportation Needs

MCT: Refer and Confirm to Post-Crisis Services and Follow-up

Post-Crisis Services

Post Crisis Wrap-around & Referrals

Crisis Residential

Community Co-Responder Model:

- An individual may be served through a local co-responder model if it meets their needs
- Co-responder model may be led by LEO/EMS rather than a behavioral health practitioner through a Co-Responder Unit (CRU)
- DMS provides oversight to local models

MCT Technology:

- Remains on phone/telehealth with individual while in transit
- Utilizes EHR prior, during, and after visit
- Utilizes the Person-Centered Crisis Platform (PCCP) for referrals

Government Alliance on Race and Equity (GARE) Toolkit

- Seek to eliminate racial inequities and advance equity.
- Identify clear goals, objectives, and measurable outcomes.
- Engage communities in decision-making.
- Identify benefits and burdens, potential unintended consequences.
- Develop mechanisms for successful implementation and evaluation.

DMS is using the 6-step GARE tool to evaluate and integrate racial and health equity considerations into the Kentucky Mobile Crisis Intervention (MCI) initiative.

Step 1	• Determine proposal, results, and desired outcomes.
Step 2	• What does the data tell us?
Step 3	• How have communities been engaged in the process?
Step 4	• What are your strategies for advancing racial equity?
Step 5	• What is your plan for implementation?
Step 6	• How will you ensure accountability, communicate, and evaluate results?

Step 1

•Determine proposal, results, and desired outcomes.

Q. What is your proposal and the desired results and outcomes?

1. Describe the policy, program, practice, or budget decision (for the sake of brevity, we refer to this as a "proposal" in the remainder of these steps)

Mobile Crisis Intervention Services to all persons in Kentucky regardless of payer status, residence status, gender, race, ethnicity, immigration status or level of income. **No Wrong Door:** mobile crisis services for anyone, anywhere, anytime.

2. What are the intended "results" (*impacts and changes in the community*)?

~~Providers will be better equipped to dispatch mobile crisis response teams to the Commonwealth.~~

Transformative Mobile Crisis Service Delivery: Implement a model across the Commonwealth, which promotes consistent, responsive and adaptive community-based MCI services while demonstrating trust and inclusion.

Improving Kentuckians' Lives: Increase access to MCI service delivery and least-restrictive levels of crisis care while addressing health inequities and reducing unnecessary utilization of law enforcement and emergency departments.

Data-Driven Crisis System: Promote continuous system improvement through effective data collection, reporting, and analytics, and quality measures.

3. What opportunities for **racial equity** does this proposal have an ability to impact?

- ☒ Children and youth
- ☒ Community engagement
- ☒ Contracting equity
- ☒ Criminal justice
- ☒ Economic development
- ☒ Education
- ☐ Environment
- ☒ Food access and affordability
- ☒ Government practices
- ☐ Other _____
- ☒ Health
- ☒ Housing
- ☒ Human services
- ☒ Jobs
- ☒ Parks and recreation
- ☒ Planning / development
- ☒ Transportation
- ☒ Utilities
- ☒ Workforce equity

Step 2

•What does the data tell us?

1. Will the proposal have impacts in specific geographic areas (*neighborhoods, cities, or regions*)? What are the racial demographics of those living in the area?

This initiative will be implemented statewide and will increase community-based behavioral health crisis service delivery in neighborhoods/cities/regions across the Commonwealth. This initiative takes into consideration race and socioeconomic demographic factors on a local level to ensure the unique needs of communities are met. We are increasing access to services in rural communities, many of which have limited access to behavioral health crisis services due to external factors.

According to US Census the breakdown of racial demographics is: 8.6% Black or African American; 1.7% Asian; 2.2% 2+ Races; 4.2% Hispanic or Latino. While Black or African American individuals represent nearly 9% of Kentucky's population, the following counties have the highest diversity indices: Jefferson (55.4%), Christian (54%), and Fayette (52%).

Step 2

•What does the data tell us?

2. Is there any data about existing racial inequities? Do you know what might be driving these inequities?

Age, race, ethnicity, and sexual orientation are each associated with higher rates of mental health issues:

- Nationally, 65% of Hispanic or Black/African Americans with Any Mental Illness (AMI) do not receive treatment (compared to 50% of the White population). Among those with SMI, 48.7% of Hispanic or Latinx individuals received mental health services in 2020, compared to 69.5% of Whites.
- In Kentucky, 26.8% of adults 18-44 identifying as multi-racial are affected by poor mental health (compared to 20.8% nationally) and 28.1% of adult identifying as American Indian/Alaska Native (compared to 21.3% nationally.
- In 2019, Kentucky ranked 33rd in the nation for rates of adverse childhood experiences (ACEs). Being treated or judged unfairly due to race/ethnicity is a known ACE.
- BIPOC Medicaid population is under utilizers of services.

The Kentucky MCI Needs Assessment (2022) is used in the planning and implementation of the model. The project team evaluated (and continues to evaluate) data on racial inequities through national reports (e.g. CDC, SAMHSA, HRSA) and state-level data from Medicaid and DBHDID. Qualitative data on racial and health equity was collected from stakeholder engagement that informed the Needs Assessment.

~~We have access to the mobile crisis initiative needs assessment racial state data. Some of the reasons that may be driving inequities are lack of provider information, transportation barriers, and cultural stigma.~~ In 2001, the US Surgeon General released a report on Mental Health and Culture, Race, Ethnicity. The report stated "persisting structural racism is a key driver of disparities in mental health care". Ongoing work, through this initiative, will continue to evaluate factors driving inequities. Known factors driving racial inequities in behavioral health crisis services include:

- Mistrust and fear of treatment
- Perceived discrimination in the healthcare system
- Cultural stigma
- Lack of evidence-based practices in mental health treatment due to limited diversity in medical research
- Barriers related to SDOH like transportation
- Mental health provider shortages and diversity in the provider community (3% U.S. psychologists identify as Black/African American and 10% U.S. psychiatrists identify Black/African American, Latinx, or AIAN).

3. What additional data do you need? Are you able to get it?

~~We need to better track or identify racial information from providers and beneficiaries. We need to determine if the no show data in the portal is stratified to capture race. We plan on working with Medicaid Innovation Collaborative to work with MCOs to gather better data.~~

While data was collected and analyzed during the creation of the Needs Assessment, additional data will be required to create a reliable baseline. Additional data points include call center resolution metrics, regional provider capacity, demographic data (including race/ethnicity) on individuals served, consumer satisfaction (self-reported), and encounter data for Medicaid/commercial insurance/self-pay/no-pay groups. It will be required for service providers to report on data that will inform the evaluation of health disparities (i.e. race/ethnicity, gender identity, age, and sexual orientation). Standardized definition and collection of data will enable "populations served analysis", reporting on service delivery outcomes by demographic, geographic, and SDOH factors.

There are some observed limitations in obtaining the required data points including privacy regulations protecting behavioral health information (state and federal). Given the sensitivity of behavioral health crisis, collection of information relevant to track racial and health equity can be a challenge. Currently, 988 crisis call centers do not collect race data due to stated concerns around call taker implicit bias potentially (and unintentionally) leading to an increase in escalation (e.g. police involvement). DMS, the MCI Governance Committee, and the MCIS-ASO will work together to consider appropriate alternatives and ensure adequate solutions are implemented. Additionally, there may be a need to gather data from other entities such as law enforcement, EMS, and 911 Public Safety Answering Points (PSAPs) that would create additional complexities.

An MCI Governance Subcommittee will be tasked with creating processes and procedures to standardize data collection and reporting under the MCI model. A robust multi-year evaluation plan including a measurement framework is in development to ensure development and implementation incorporates monitoring procedures using standardized data collection and analysis methods as well as process, impact, and outcome measures. This approach provides a solid foundation to assess project status, progress, purpose, and overall success and performance of the project including the outcomes of the model implementation and rollout. The evaluation will examine improved outcomes resulting from increased on-scene clinical assessments, use of appropriate level of care, decreases in expensive arrests and jail admissions, and reduction in ED admissions and psychiatric hospitalizations.

Step 3

•How have communities been engaged in the process?

1. Who are the people in community who might be most affected by this proposal? How have you involved these community members in the development of this proposal?

Any person in KY in crisis could potentially be impacted by this initiative. Some subgroups that may be impacted are those with lower SES, persons who do not have transportation to get to appointments or to the emergency departments, SMI population, and the uninsured.
~~Community engagement for this initiative through providers was initiated with little success. Providers reached out to peer support and advocacy groups through roundtables as well as members. Some ideas are to reach out to local champions in the community to educate and promote the implementation of mobile crisis.~~
During the MCI Planning phase, Kentucky conducted targeted, yet broad, stakeholder engagement. Implementation presents opportunities to expand on prior engagement, particularly targeting groups that provided limited feedback during planning due to project timing constraints. Stakeholder engagement activities are underway for 2023, and include groups underrepresented in previous engagements as well as community-based champions. Efforts are being made to re-engage organizations serving or representing underserved populations like BIPOC and LGBTQ+.
An in-depth communication plan to reach all Kentuckians and providers has been generated. The communication plan outlines strategies for community outreach to advance implementation: announcing launch of services and continuum, driving awareness of MCI services, workforce recruitment/development, education and training, reducing stigma. Communication activities are planned for a range of audiences on the state-level, community-level, and to the public.

2. What has your engagement process told you about what groups might benefit from this proposal? Have you learned anything about who might be burdened by this proposal?

~~The individuals who are not receiving services but need them will benefit. The community will benefit from having another option to address behavioral health crisis. Also, this is an opportunity for~~ Our initiative centers on "MCI services for anyone, anywhere, anytime regardless of payer status". The objective is that any individual who needs services can benefit from this proposal. Groups that will especially benefit are individuals with SMI, underrepresented demographics including BIPOC and LGBTQ+, residents of rural communities, individuals experiencing health disparities, children and youth, and the medically underserved.

The engagement process emphasizes effective messaging and transparency. Effective messaging will result in increased trust in crisis services, particularly in historically marginalized communities that have experienced limited access to behavioral health services. The communication plan outlines how the initiative can build public trust (e.g. consider Black/African American community's experience with law enforcement and validate their concerns).

This initiative includes streamlining the crisis process across the state for response, intervention, and follow up care. Providers may be burdened at first during training process of learning the mobile crisis continuum.

Step 4

•What are your strategies for advancing racial equality

1. Given what you have learned from research and community involvement, how will the proposal increase or decrease racial equity?

The initiative will improve racial equity by increasing access to behavioral health crisis services, diversion from arrest and incarceration, diversion from ED and hospitalization, and delivery of care coordination that addresses SDOH. Additionally, it will increase racial equity and health equity through the collection of disaggregated racial data. Also, the awareness and stigma component within community will be addressed more effective as education will increase awareness and reduce stigma.

2. What are potential unintended consequences? What can be done to reduce any negative impacts?

~~There may be a gap that we failed to identify or were not aware could potentially happen due to the initiative, but currently cannot identify one.~~ Providers within the crisis continuum may have to navigate rapid increase in service utilization as a result of increased public awareness. Timelines have been drafted to allow adequate planning and preparation.

3. What are ways in which existing partnerships could be strengthened to maximize impact in the community?

Existing partnerships will continue to strengthen ~~communication ongoing~~. Leverage community-based organizations committed to serving specific populations to ensure effective messaging.

There will be opportunities for training and increasing the capacity for access to services through partnerships. We can encourage existing partners to adhere to quality measures and identify positive outcomes of service. Partnerships will increase the utilization of community health workers who are trained to assist with the process more effectively and increase the workforce.

4. Are the impacts aligned with your community outcomes defined in Step #1?

Yes.

Step 5

•What is your plan for implementation

1. Provide a short description of your plan to implement your proposal.

The communication plan is designed with racial and health equity in mind to ensure all individuals and groups have an opportunity and a voice. DMS, the governance committee, and the administrative oversight entity will work together to ensure adoption of protocols and standards for service delivery across the continuum and that messaging is standardized across the channels (i.e. website, social media, advertising, and press releases). A resource dedicated to monitoring communications on public-facing pages will ensure messaging is generating awareness. ~~In person town hall meetings will be scheduled and invitations sent out to the public.~~

DMS, their sister agencies, and community partners will work together to execute communication activities throughout the implementation. Continued evaluation of communication outcomes, partnerships, and collaboration is necessary to ensure appropriate messaging and perspectives are accounted for.

2. Is your plan:

Realistic?

☒Yes ☐No

Adequately funded?

☒Yes ☐No

Adequately staffed with personnel?

☒ YES ☐No

Adequately resourced with mechanisms to ensure successful implementation and enforcement?

☒Yes ☐No

Adequately resourced to ensure on-going data collection, public reporting, and community engagement?

☒Yes ☐No

If the answer to any of these questions is no, what resources or actions are needed?

Step 6

•How will you ensure accountability, communicate, and evaluate results?

1. How will you document success and achieving the goals of the proposal?

Data stratified by race, ethnicity, housing, SDOH and reported monthly. Results data from communications and community outreach will further inform the developing needs of Kentucky's MCI model. DMS will review data and determine where the focus should be going forward. Outcomes may be communicated to the public through multiple channels to build trust.

3. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long-haul?

~~The contractor will receive directives to continue ongoing communications and community outreach and community health workers sharing and promoting materials and information about the initiative.~~

Administrative oversight will assume responsibility for collaborative partnerships and relationships with communities across Kentucky. The governance committee will evaluate success of ongoing efforts to advance racial and health equity, as well as identify challenges/barriers and opportunities. System wide improvements and priorities will continue to be data-driven through analysis of through effective data collection methods, reporting, and analytics, and quality measures. Mechanisms will be in place to collect feedback from consumers, providers, and community supports within the continuum (e.g. satisfaction surveys, support lines, in-person/virtual meetings).

2. What are your messages and communication strategies/plans that will help advance racial equity specific to this proposal?

Drivers of the initiative include the stakeholder engagement plan, the communication and community outreach plan, evaluation plan, and the project plan. DMS along with the governance committee and the administrative oversight entity will ensure accountability and sustainability.

The following strategies will be employed throughout continued communication and outreach:

- **Lead with Shared Values:** When developing content, first consider the audience and the overarching objective. Identify your audience's values and consider how those values align with your goals and overarching objective.
- **Be Relentless about Vision:** Repeat the MCIS-ASO mission and vision. Messaging and content may change according to the audience, but the mission and vision should remain consistent.
- **Balance Data with Story:** Leverage opportunities to embed data and visualizations within the narrative content. This helps relate facts in the context of individual's lives.
- **No One Likes to Be Labeled:** Avoid unintentionally negative language that may trigger implicit bias. For the purpose of this project, all messaging must promote equity and inclusion as well as person-centered/person-first.
- **Generalizations are Shortcuts:** Draw from research and evidence-based practices.
- **Be Reflective:** Continue to evaluate internal perspectives (i.e., what perspective or information might we be missing?). This might indicate where new partnerships and collaboration are needed. Ensure input and feedback are sought after and received from individuals representing your audience and/or diverse backgrounds

Additionally, specific communication and marketing efforts incorporate use of community roadshows, public awareness campaigns, provider and consumer surveys, targeted workforce recruitment (including efforts to diversify the behavioral health crisis workforce), a continuum training series, topic-focused webinars (e.g. health equity, meeting the unique needs of your community, and leveraging community-based supports), and a variety of marketing materials to reduce stigma (e.g. featuring consumer stories and lived experience). ~~Town halls, social media, emails, newspapers, newsletters. The strategy is to be in constant communication with the public, providers, and stakeholders. We have an identified email address for all questions pertaining to mobile crisis services~~.