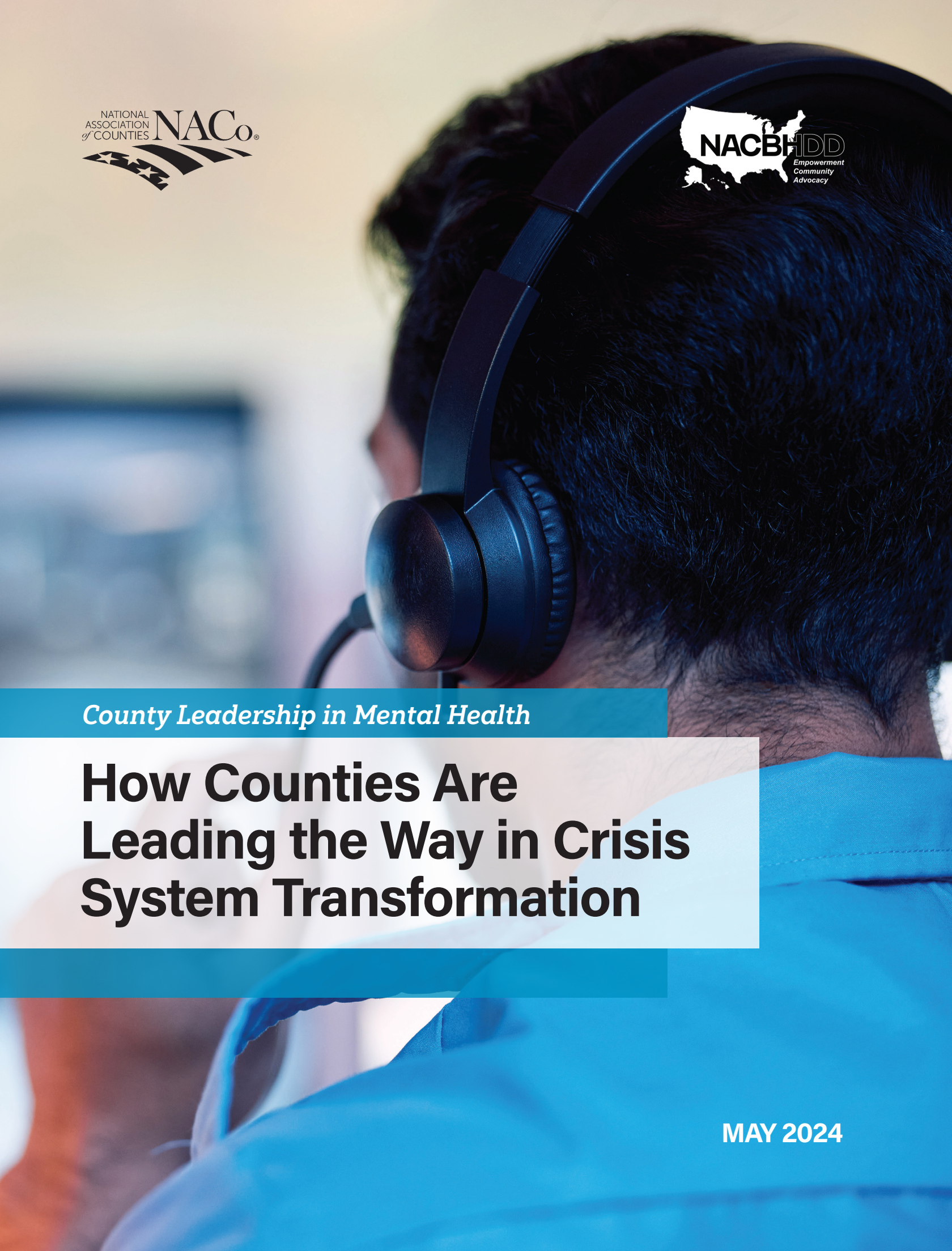

NATIONAL ASSOCIATION of COUNTIES NACo

NACBHDD Empowerment Community Advocacy

County Leadership in Mental Health

How Counties Are Leading the Way in Crisis System Transformation

MAY 2024

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SUMMARY

The launch of 988 in July of 2022 started a renewed focus on mental health crisis care, with increased investments and local collaboration nationwide. Counties, states and other forms of local governments each have different resources, relationships, and regulations that could affect the crisis system.

- A crisis continuum includes[1] :
  Someone to Contact: Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text, and chat).
  - **Examples:** 988 call centers, crisis call centers, and text lines.

  Someone to Respond: Mobile crisis teams available to reach any person in the service area in their home, workplace, or any other community-based location of the individual in crisis in a timely manner.
  - **Examples:** mobile crisis response teams, law enforcement co-responder models, emergency medical services.

  A Safe Place for Help: Crisis Stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.
  - **Examples:** crisis stabilization centers, Certified Community Behavioral Health Clinics (CCBHCs), sub-acute and acute crisis residential treatment programs, hospital emergency rooms.

Enhancing this continuum in local communities will require support from all levels of government through resource sharing, implementing best practices, and funding. This brief will explore how counties are building out their crisis continuum as awareness of 988 and demand for services increases.

BACKGROUND

America's 3,069 counties are integral to the local behavioral health system of care, including crisis care. Each year counties invest billions in the infrastructure in community health, hospitals, and social services, as well as $107 billion in justice and public safety systems[ii]. Since its launch, 988 has received 9.6 million calls, texts, and chats.[iii] Demand could increase significantly given that a poll in October 2023 found that only 22% of respondents were familiar with 988 and 29% had never heard of it.[iv]

Counties are working to develop and support new models of servicing individuals in crisis that are tailored to fit the unique needs of their community. As exemplified by Los Angeles County (CA), King County (WA), and Monroe County (NY), innovation is occurring at the county level. The need for long term support, collaboration and shared learnings are critical as these systems mature.

County Case Study in System Coordination

LOS ANGELES, CALIFORNIA

Population size: 10,014,009

Los Angeles is a large, diverse county that is home to over fifty different law enforcement agencies, over 50% of households speak a language other than English at home and one in three were born outside of the US.[v] This diversity has also allowed for a radical rethinking of the crisis response system.

In June of 2020 the Los Angeles County Supervisors initiated the Alternative Crisis Response (ACR) initiative. The objective of the ACR is to have a robust, reliable and timely 24/7 mental health alternative to law enforcement response for individuals experiencing a mental health crisis. The ACR spans the crisis continuum including:

Someone to Contact

Individuals can contact crisis services through a number of different means including dialing the 988 call center (managed by Didi Hirsch), diversion from 911 call centners or by contacting Los Angeles County Department of Mental Health's (DMH) ACCESS Help Line. To ensure a no-wrong-door to access crisis care countywide DMH partners with law enforcement to develop a 911-988 diversion protocol that has been implemented throughout the City of Los Angeles, with planning underway to expand throughout the rest of the County.

The 988 call center and DMH ACCESS Help Line receive similar numbers of contacts. For the 988 call center, they average 5,000 calls a month with 95% of those calls safely resolved over the phone. The DMH Access Help Line receives roughly 4,000 crisis calls per month with half requiring field dispatch.[vi] Challenges exist for the 988 call centers since calls from numbers with out-of-state phone numbers would be routed based on area code instead of their location.

Los Angeles County also leads the coordination of its crisis services with the wide range of other mental health-related services being developed throughout the County as alternatives to law enforcement involvement. DMH has launched specialized teams to assist individuals experiencing chronic homelessness and profound mental health needs. The County seeks to ensure that these various resources operate in a complementary and coordinated fashion such that residents can be easily connected to the appropriate resource.

Call Routing

It is critical for callers to be directed to the appropriate local crisis line providers to ensure access to appropriate services. Call routing, often referred to as georouting, and geolocation are related issues but involve different technical, legal, privacy, and cost considerations.

Georouting is a way of directing phone calls locally without including precise location information in the transferred call data. If implemented for 988, the call would be connected to a crisis center near their physical location, rather than based on the area code of their phone number. On March 21, 2024 the Federal Communications Commission (FCC) issued a Notice of Proposed Rulemaking that would require a georouting solution to be implemented for all wireless calls to 988.

Geolocation also known as automated location information, would include the precise location in the transferred call data. If implemented emergency responders could know where to go in case of an emergency. Geolocation services are not currently enabled for 988 but they are for calls to 911.

"The Alternative Crisis Response initiative demonstrates some of the successes and challenges that are part of creating a sustainable, coordinated effort to develop and provide a timely and effective alternative to law enforcement response when it comes to helping individuals experiencing a mental health crisis. Both mental health professionals and law enforcement teams share a common goal of assisting the community while preserving and protecting lives. It is important that we work together to ensure a seamless, coordinated system is in place, so we can ensure the best possible outcomes for those involved in mental health-related crisis."

— Dr. Lisa H. Wong, Director of the Los Angeles County Department of Mental Health

Someone to Respond

If an individual needs services, the ACCESS Help Line can connect the caller with community-based supports. The county deploys a variety of mental health field intervention teams (FIT) to respond to crisis utilizing cross-system partnerships including:

- **Law Enforcement Co-Responder Teams (LET),** where a clinician is embedded with law enforcement to respond, are present in over 40 police departments.
- **Field Intervention Teams (FIT),** are teams of a clinician and peer advocate that provide crisis intervention in the community, evaluate individuals for hospitalization, and facilitate treatment in the least restrictive setting for care. There are 45 directly operated teams, 15 contracted teams, with additional teams during after-hours to provide 24/7 coverage countywide.
- **Psychiatric Mobile Response Teams (PMRT),** are directly operated teams of a clinician and peer advocate that can respond to a crisis. There are 45 PMRTs in the county.
- **Therapeutic Transport Teams,** are teams of a clinician, peer advocate, and clinical driver from the County DMH embedded within Los Angeles and Santa Monica Fire Departments that offer a supportive and expedited alternative to the transportation needs of acute mentally ill clients requiring involuntary holds. There are 15 Therapeutic Transport Programs in the county.[vii]

A Safe Place to Get Help

Los Angeles County ACR system seeks to treat clients experiencing a behavioral health crisis in the least restrictive setting for care, including alternatives to hospitalizations where appropriate. In Los Angeles County these services include:

- **Psychiatric Urgent Care Centers (UCC),** are short-term stabilization facilities contracted by DMH that provide a warm, less clinical environment. They provide assessment, therapy, medication services and referrals. Individuals stay for less than 24 hours. There is capacity for 162 people across nine facilities in the County.
- **Crisis Residential Treatment Programs (CRTP),** are services in a non-institutional residential setting contracted by DMH for individuals experiencing an acute psychiatric episode or crisis who do not have medical complications. Services include assessment, therapy, rehabilitation and medication support. Services last up to 3 months with linkages to intensive outpatient treatment or other care. The average length of stay is 30 days.[viii] The current capacity in Los Angeles County is 264 beds.
- **Inpatient Facilities/Hospitalization,** DMH reserves 67 beds to reduce wait times, increase clients linked to services and reduce clients released to the state. These beds are used for less than 72 hours.

"The Crisis Care Centers initiative is a transformational and sustained investment in behavioral health services for our region, creating immediate access for those in crisis and connecting them to a larger network of supports. From calling 988 and talking with a provider to having a mobile crisis team respond in person or walking into a 24/7 urgent behavioral health care facility—this initiative will help make sure all the crisis services are coordinated, staffed, and working together to meet people in their moment of need."

— King County Executive Dow Constantine

County Case Study in Financing

KING COUNTY, WASHINGTON

Population size: 2,269,675

Sustaining services through consistent funding is critical as the crisis continuum is built out in local communities. To help strengthen their crisis system King County voters approved the Crisis Care Center Levy in April 2023. The levy will create a countywide network of five crisis care centers, restore and expand mental health residential treatment beds and strengthen the community behavioral health workforce.

This nine-year levy will strengthen services in King County by creating places for people experiencing an urgent behavioral health need to access immediate appropriate care. This levy will raise $1.25 billion over 9 years.[ix]

The Crisis Care Levy Centers will accomplish three things:

1. Establish and operate five crisis care centers; one in each of the four crisis response zones, and a fifth focused on youth (younger than 18).
2. Restore the number of mental health residential treatment beds to at least 355 beds and expand the availability and sustainability of residential treatment.
3. Expand and sustain workforce through crisis workforce investments, workforce development partnerships, and investing in King County's community behavioral health workforce.

Crisis Care Centers are welcoming, therapeutic spaces for individuals in a mental health and/or substance use crisis. Every crisis care center will include 24/7 behavioral health urgent care providing walk-in access to treat a wide range of mental health and substance use needs, with the potential for short-term stays through 23-hour observation spaces and crisis stabilization units for up to 14 days to help people stabilize.

The county's levy funds will be critical to jump start capital development and operational service costs that are not currently covered by health insurance or other fund sources. These local investments can expedite the timeline to open crisis care centers at scale to meet urgent needs while simultaneously pursuing longer term financial solutions such as more comprehensive insurance reimbursements for crisis services.

As states and counties build out their crisis continuum several key challenges persist surrounding funding, staffing and transportation ensuring that services are available 24/7. Unlike other health care services which often rely on reimbursement per treatment episode, crisis care requires new payment structures.

Firehouse Model: while the specific structure may vary, the funding design should ensure that staff are available for fixed periods through out the day and night. This can be done through a "firehouse" payment model in which providers or organizations receive a predictable, upfront set amount of money to cover the predicted cost of all or some of the services for a certain period of time with the option for retroactive reconciliation of payment to real costs to prevent overpayment.[1]

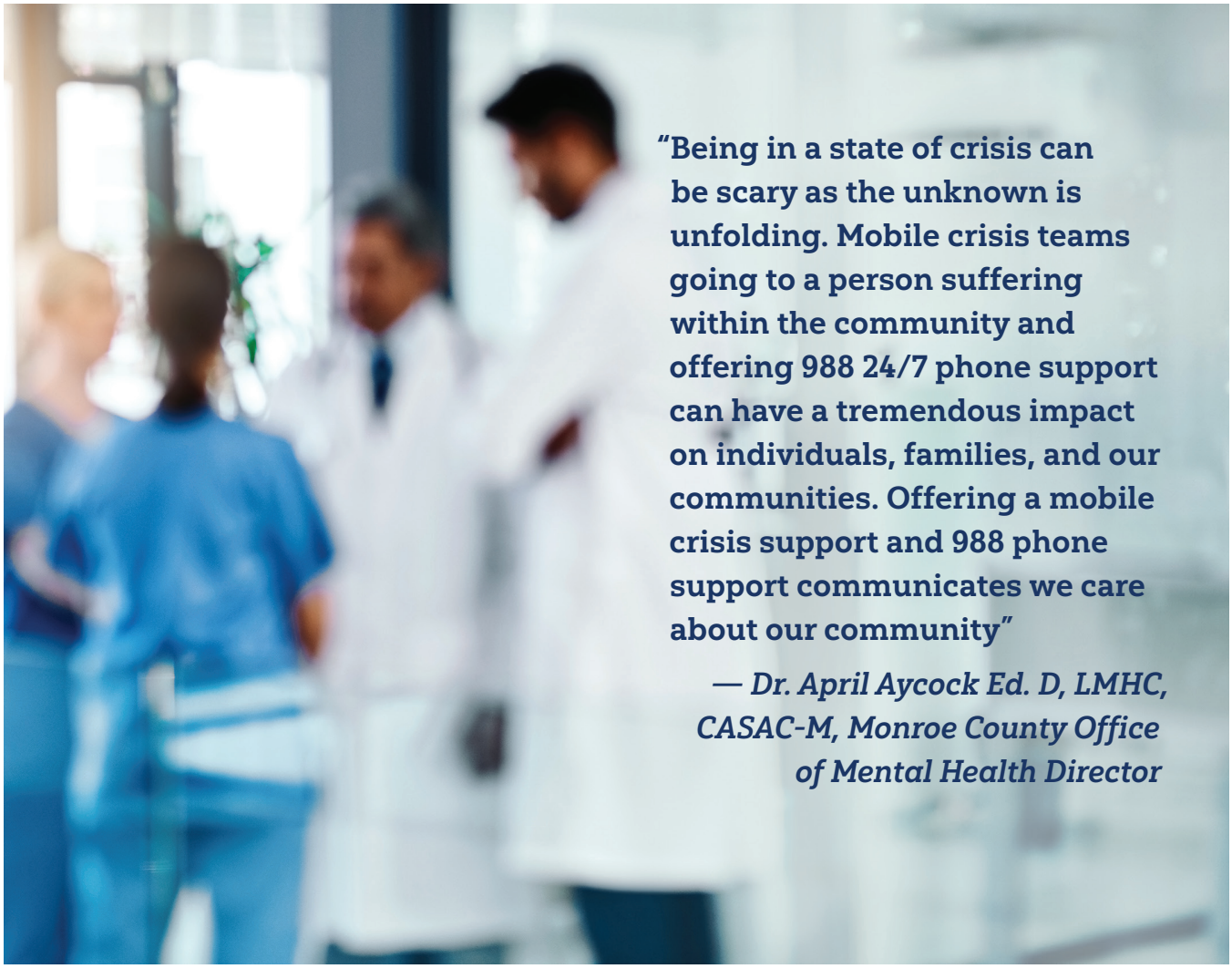
County Case Study in Crisis Response

MONROE COUNTY, NEW YORK

Population size: 759,443

Ensuring that anyone in the community can access behavioral crisis care during an emergency, regardless of background, is key in encouraging those in need to seek help. Following the death of Daniel Prude, who died in police custody in 2020, Monroe County established a Mental Health and Substance Use Disorder 90-Day Task Force. The Task Force took on the responsibility of developing and implementing short-term strategies to address immediate gaps in the community's behavioral health emergency and crisis response systems and improve the ability to meet the needs of all community members.[x]

Prior to establishing the 90-Day Task Force, Monroe County operated a Mental Health Forensic Intervention Team (FIT) who received referrals from law enforcement after crisis situations and linked individuals to services. Since 2017, FIT operated Monday through Friday from 9:00 a.m. to 5:00 p.m., which limited its ability to fully serve the community to traditional working hours. In



"Being in a state of crisis can be scary as the unknown is unfolding. Mobile crisis teams going to a person suffering within the community and offering 988 24/7 phone support can have a tremendous impact on individuals, families, and our communities. Offering a mobile crisis support and 988 phone support communicates we care about our community"

— Dr. April Aycock Ed. D, LMHC, CASAC-M, Monroe County Office of Mental Health Director

2019, FIT expanded its hours to 9:00 a.m. to 10:00 p.m., but the needs for support continued. Following the Task Force report in 2021, the County invested $1 million to expand FIT to 24 hours, 7 days a week, and added staff to meet the operational needs. Grants from Justice and Mental Health Collaboration Program and Finger Lakes Performing Provider System also supported the FIT expansion.

The growth of FIT enhanced Monroe County's capacity to de-escalate crisis situations and provide referrals. FIT has continued to evolve by including peers, a co-response pilot with law enforcement, and leveraging data to distribute staff based on forecasted call volume.[xi] The City of Rochester invested funds and resources to create a Person in Crisis response team (PIC) for City residents. FIT and PIC helped to improve crisis response to all community members. The Monroe County Office of Mental Health (MCOMH) recognized that not all response requires a mobile crisis team so partnered with many stakeholders to implement a 988 hotline locally, which is operated by Goodwill of the Finger Lakes.

The county has continued its coordination among community members and stakeholders after the Task Force completed its work. Since 2021, MCOMH has held weekly meetings with two local hospital systems, New York State Office of Mental Health (NYS OMH), and the County Emergency Communications Department (including 911) to continue improving the county's crisis continuum. Through these meetings an alternative destination pilot was developed to help individuals in crisis to be connected to care quickly, while alleviating hospital room emergency room overcrowding. NYS OMH subsequently approved the pilot.

County leadership has strengthened access to care. MCOMH coordinates with Rochester Regional Health System on a crisis stabilization program that provides crisis support, mental health and substance use treatment, and peer support. Recognizing the gap that many youth and young adults face while in crisis, the County has also partnered with Rochester Medical Center to develop a 24/7 child and teen crisis support program.[xii]

POLICY SOLUTIONS

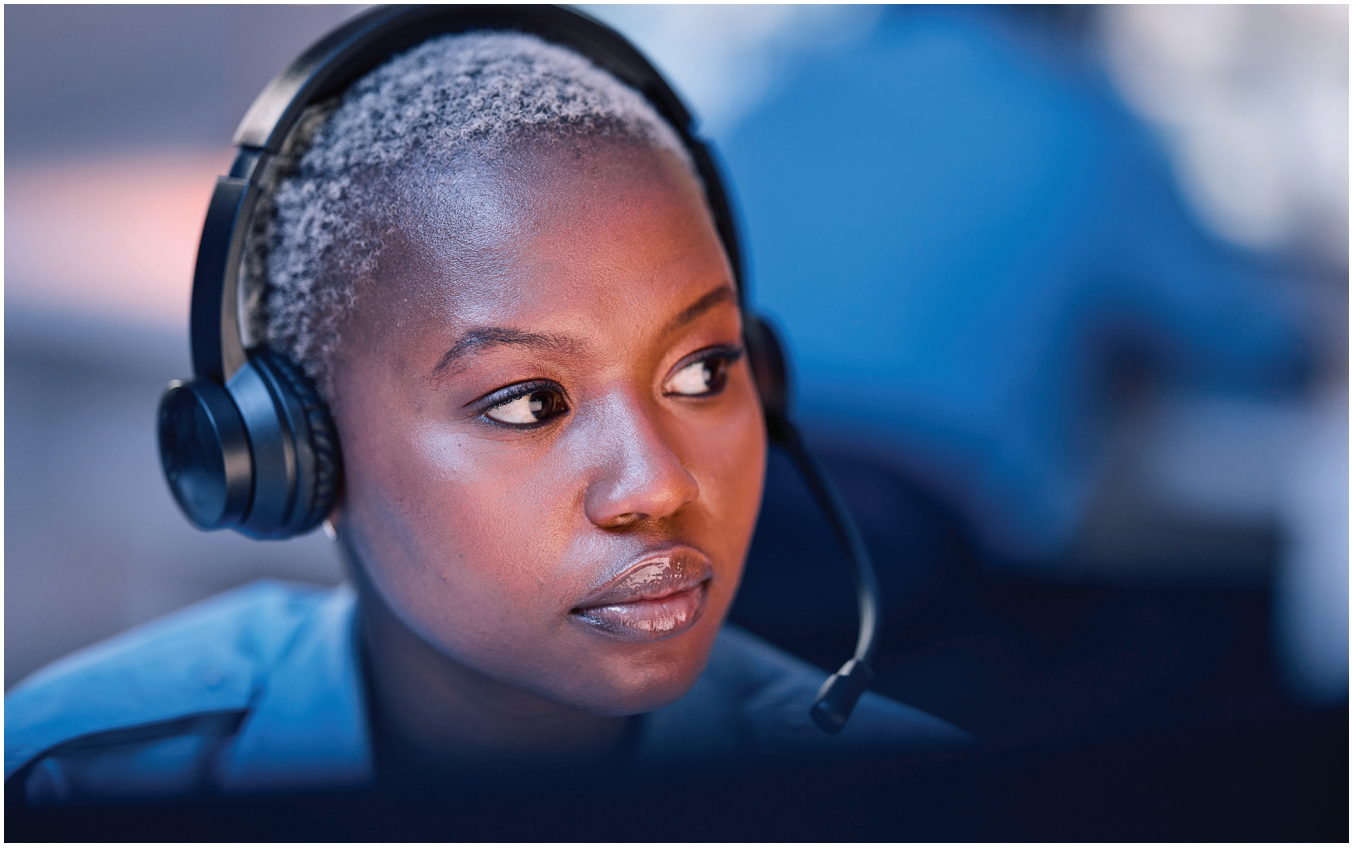
Enhancing this continuum in local communities will require support from all levels of government through resource sharing, implementing best practices and funding. Intergovernmental partnerships are key to addressing policy barriers, investing in key infrastructure needs, and ensuring sustainability of a robust crisis continuum.

Policy barriers for effective and timely crisis response and care include proper routing of calls to local call centers and restrictive reimbursement criteria. Georouting for all 988 calls should be implemented nationwide so calls are directed to local resources.

For those individuals that need long-term in-patient care policies that restrict the ability of Medicaid to reimburse services create another obstacle for recovery. Currently Medicaid is prohibited from covering an individual's care at an institution of mental disease with more than 16 beds, referred to as the IMD exclusion.[xiii] Eliminating this exclusionary policy would empower counties to connect their community members with appropriate treatment and ease administrative burdens.

As the crisis continuum is built out long-term infrastructure investments are needed. This includes direct and flexible resources to support the recruitment, training and retention of a sufficient behavioral health workforce. Additionally, technology that enables coordination across sectors will be critical for timely and efficient responses, care coordination, and post-crisis follow up.

Underscoring these solutions is the need for sustainable financial resources including state user fees to fund 988 operations, Medicaid reimbursement and braiding and blending of appropriate funding streams.



CRISIS RESPONSE ELEMENT	PROBLEM	PROPOSED POLICY SOLUTION	IMPACT
Suicide Life-line	Calls are routed based on area code, not location of caller	Georouting of calls to crisis centers near the callers physical location	Routing calls based on the location of the call would remove delays in connecting to local services
Behavioral Health Workforce	Over half of the U.S. population live in a mental health provider shortage area[xiv]	Enhance funding authorizations for existing programs Remove barriers to create clear pathways into behavioral health profession	New financial incentives and clear pathways would result in an increase of individuals taking jobs in the behavioral health field and increase access
Financing	Long-term financial support is needed to build up county systems	State and federal support for expanding evidence-based crisis response models Authorization of Medicaid financing for crisis continuum and removal of exclusionary policies	Sustainable systems can be built to the unique needs of the community

SOURCES

[i] SAMHSA, National Guidelines for Behavioral Health Crisis Care
[ii] NACo, Behavioral Health Conditions Reach Crisis Levels: Counties Urge Stronger Intergovernmental Partnerships and Outcomes
[iii] SAMHSA, 988 Lifeline Performance Metrics, April 2024
[iv] NAMI, Poll of Public Perspectives on 988 & Crisis Response (2023)
[v] United States Census Bureau, Los Angeles County California Profile
[vi] County of Los Angeles Department of Mental Health, Bi-Annual Update on Alternative Crisis Response, April 1, 2024
[vii] Los Angeles County Department of Mental Health, Therapeutic Transport Program
[viii] Los Angeles County Department of Mental Health, Alternative Crisis Response Fact Sheet, April 2024
[ix] King County, Crisis Care Centers Levy Implementation Plan 2024-2032,
[x] Monroe County, Mental Health and Substance Use Disorder 90-Day Task Force: Priorities and Action Plan
[xi] Monroe County Office of Mental Health. (2023). Forensic intervention team [Tableau].
[xii] Monroe County Office of Mental Health. (2023). Emergency psych [Tableau].
[xiii] NACO/NACBHDD, Overcoming Barriers for Equitable Care Access: How the IMD Exclusion Impacts Counties
[xiv] HRSA, National Center for Health Workforce Analysis, Behavioral Health Workforce, December 2023

ABOUT NACo

The National Association of Counties (NACo) strengthens America's counties, serving nearly 40,000 county elected officials and 3.6 million county employees. Founded in 1935, NACo unites county officials to:

- Advocate county priorities in federal policymaking
- Promote exemplary county policies and practices
- Nurture leadership skills and expand knowledge networks
- Optimize county and taxpayer resources and cost savings, and
- Enrich the public's understanding of county government.

ABOUT NACBHDD

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) is the premier national voice for county behavioral health and intellectual/developmental disability authorities in Washington, DC. Through our work in policy, advocacy, and education, NACBHDD elevates the voices of local leaders on the federal level in Congress and the Executive Branch. NACBHDD is incorporated as a non-profit 501(c)(3).

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