



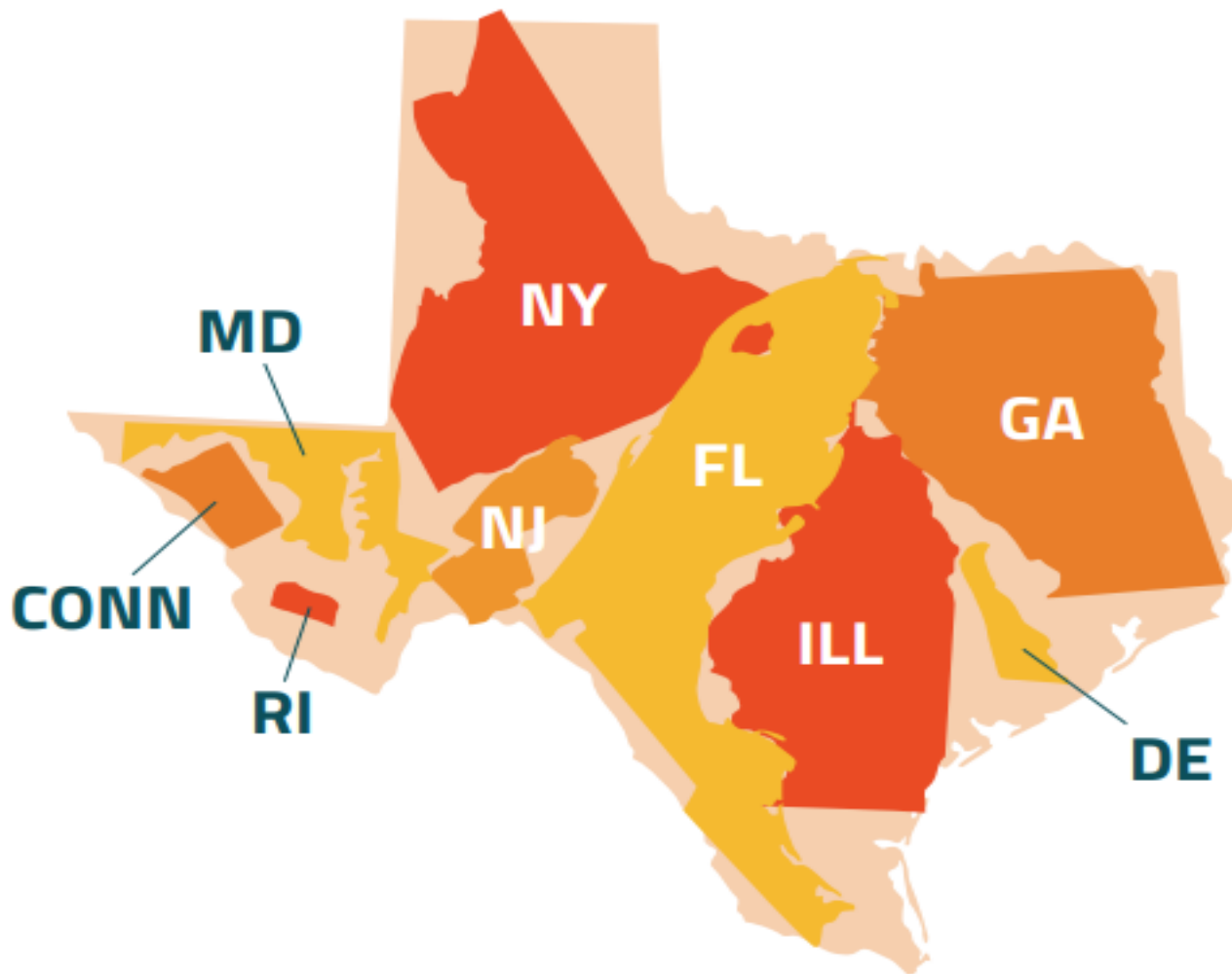
TEXAS
Health and Human
Services

National Association of State Mental Health Program Directors (NASMHPD) Annual Conference

Sonja Gaines

Deputy Executive Commissioner, MBA

268,581 Sq. Miles in Texas
268,356 Sq. Miles in 9 Other States



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Texas Crisis Redesign 80th Texas Legislature (2007)



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Texas Statewide Approach to Behavioral Health

- Statewide Behavioral Health Coordinating Council established H.B. 1, 84th Legislature, Regular Session, 2015.



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Benefit of Collaboration

"No organization can succeed on its own. The development of results-focused nonprofits and businesses creates a growing opportunity for these organizations to work together to create new possibilities that further their respective missions."

- James Austin, The
Collaboration Challenge

Uncoordinated Systems	Coordinated Systems
<ul style="list-style-type: none">• Utilization of high-cost alternatives• Duplication of effort• Less than adequate access to needed services• Long waitlists• Confusing to patients• Lack of focus on clinical well-being or early intervention and prevention• Big economic cost	<ul style="list-style-type: none">• Effective Care• Improved Services• Leveraged Funding• Shared Outcomes and Responsibility• Shared Vision• Innovation• Marketability to Funders

Behavioral Health Matching Grants: HHSC Funds \$282 Million Match \$125 Million



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MENTAL HEALTH GRANT PROGRAM FOR JUSTICE-INVOLVED INDIVIDUALS

Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.

COMMUNITY MENTAL HEALTH GRANT PROGRAM

Support comprehensive, data-driven mental health systems that promote both wellness and recovery.



HEALTHY COMMUNITY COLLABORATIVES

Build communities that support the ongoing recovery and housing stability of persons who are homeless and have unmet behavioral health needs.

TEXAS VETERANS + FAMILY ALLIANCE

Support community-based, sustainable, research-informed, and accessible behavioral health services to Texas veterans and their families to augment the work of the Veterans' Administration. ⁶

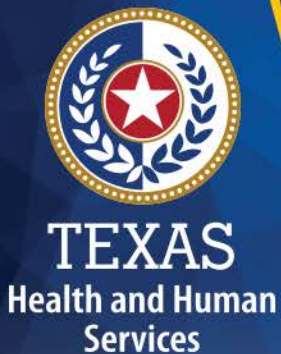
HHSC Grant Program Match Requirements



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Grantees Serving Counties with Populations over 250,000 (Urban)	Grantees Serving Counties with populations 250,000-100,000 (Rural)	Grantees Serving Counties with populations under 100,000 (Rural)
100% Cash and/or In-Kind	50% Cash and/or In-Kind	25% Cash and/or In-Kind

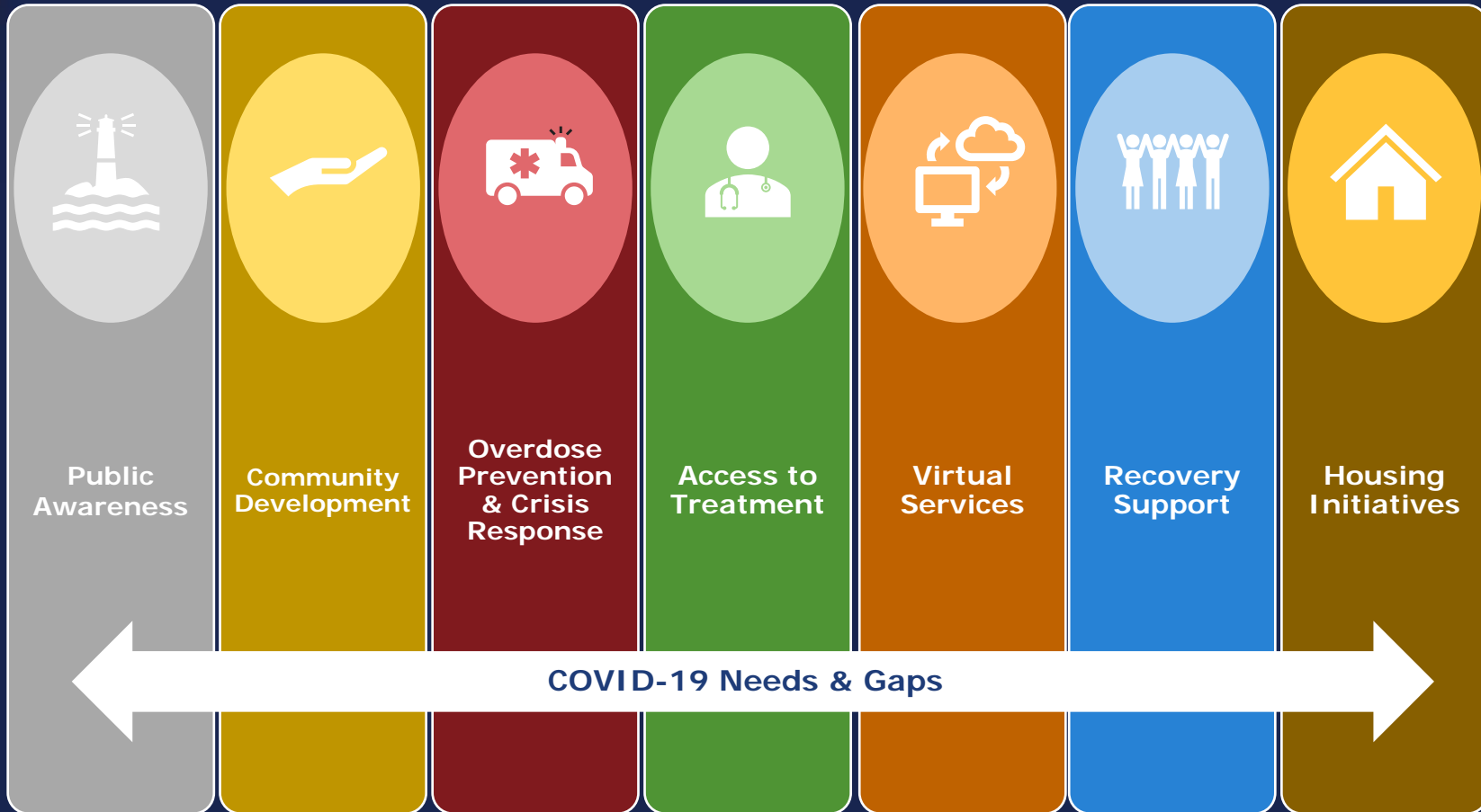
HR133 and American Rescue Plan Act (ARPA) Mental Health Block Grant (MHBG) Supplemental Funding Plan \$203.4 Million



H.R.133 and ARPA Substance Abuse Prevention and Treatment Block Grant (SABG) Supplemental Funding Plan \$252.7 Million



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COVID-19 Mental Health Support Line



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Texans experiencing anxiety, stress, or emotional challenges because of the COVID-19 pandemic now have a statewide support line available 24/7.

Additionally, the COVID-19 Mental Health Support Line has:

- Answered over 15,972 phone calls;
- Talked with Texans from 207 counties; and
- Hosted virtual support groups for frontline health care workers since May 2020.

Texas Health and Human Services
COVID-19 Mental Health Support Line

If you or someone you know is feeling overwhelmed by the COVID-19 pandemic, **help is available.**

Speak with a mental health professional for help dealing with anxiety, depression, stress, grief or worry 24/7.

Call the toll-free COVID-19 Mental Health Support Line at **833-986-1919.**

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MSL COMM 20200501 - June 2020



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Thank you

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**National
Association
for Behavioral
Healthcare**



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Funding Opportunities for Expanding Crisis Stabilization Systems and Services

Kirsten Beronio, JD
Director of Policy and Regulatory Affairs

Overview

- **Dramatic Increases in Block Grant Funding**
- **Using Block Grants to Support Statewide Crisis Systems**
- **Covering Provider Implementation and Construction Costs**
- **Discretionary Grants Supporting Crisis Stabilization Programs**
- **Medicaid Financing for State Investments in Crisis Stabilization Systems**
- **Existing Medicaid Authorities Supporting Coverage of Crisis Services**
- **New Opportunities in Medicaid – Mobile Crisis Teams and HCBS**
- **Telehealth as a Key Component of Crisis Stabilization**
- **Support for Crisis Stabilization through Alternative Payment Models**



Dramatic Increases in Block Grant Funding

(Dollars in Millions)

	FY 2020 Appropriations Enacted 12/2019	FY 2021 Appropriations Enacted 12/2020	FY 2021 CAA Supplemental Appropriations Enacted 12/2020 Spending Deadline: 03/2023	American Rescue Plan Act Enacted 03/2021 Spending Deadline: 09/2025
MHBG	\$722.571	\$757.571 (including \$35 million for crisis set- aside)	\$825.000	\$1,500.000
SAPTBG	\$1,858.079	\$1,858.079	\$1,650.000	\$1,500.000



Using Block Grants to Support Statewide Crisis Stabilization Systems

- **988 highlights the need for collaboration and investment among numerous stakeholders and funding streams**
- **Key actions for developing statewide systems include –**
 - Assess availability of existing crisis hotlines, call centers, mobile crisis, crisis stabilization centers
 - Develop protocols for responding to 988 calls, 911 and other hotlines
 - Provide training on equitable responses to disadvantaged communities
 - Implement electronic systems for tracking availability of services
 - Remedy barriers in state laws and regulations that block crisis response
 - Assess adequacy of Medicaid reimbursement rates
 - Ensure private insurance covers crisis stabilization services and programs
 - Support providers to bill Medicare and private insurance
 - Reexamine provider scope of practice restrictions
 - Expand use of peers for crisis response
 - Collect data to assess impact and ensure quality



Covering Provider Implementation and Construction Costs

- **Start-up and improvement costs for providers include --**
 - Hiring staff
 - Developing billing capabilities for Medicare, Medicaid, private insurance
 - Implementation of health information technology
 - Improving telehealth capabilities
- **Prohibitions on use of funds for construction creates barriers to addressing the following needs:**
 - Developing new capacity to care for individuals experiencing behavioral health crises
 - Modifying existing facilities to accommodate walk-ins and drop-offs
 - Developing separate space for special populations including children and youth
- **Other Key Funding Opportunities include**
 - US Treasury Dept. Coronavirus State and Local Relief Funding
 - Earmarks in FY 2022 Appropriations



Discretionary Grants Supporting Crisis Stabilization Programs and Services

- **Significant increased funding for Community Mental Health Centers including CCBHCs in Consolidated Appropriations Act**
- **Permissible uses include –**
 - Enhancing capacity to address crisis and emergency response
 - Supporting increased capacity and availability of crisis beds
 - Expanding mobile crisis mental health services
 - Coordination among crisis centers and hotlines
 - Providing alternatives to hospitalization and incarceration
- **Small proportion may be used for renovations**



Medicaid Financing for State Investments in Crisis Stabilization Systems

- **CMS State Medicaid Director Letter (SMDL) on Innovative Delivery Systems for Individuals with Serious Mental Illness or Serious Emotional Disturbance**
- **Regular Medicaid authorities that can support crisis systems include --**
 - Medicaid reimbursement for administrative costs at 50%:
 - For example, Georgia Crisis Access Line
 - Higher administrative match for technology-based activities under Medicaid Information Technology Architecture (MITA):
 - 90% match for implementation and 75% match for operations
 - SMDL refers to several activities as potentially qualifying:
 - Establishing and operating crisis call centers
 - Supporting technologies to link mobile crisis teams to beneficiaries in need
 - Enhancing data-sharing capabilities between hospitals and community-based organizations
 - State development of telehealth enabling technologies and electronic bed registries
- **Untapped Children's Health Insurance Program funds for Health Services Initiatives**



Existing Medicaid Authorities for Supporting Coverage of Crisis Services

- **Medicaid SMDL on SMI/SED points out crisis services that are directly coverable:**
 - Screening, assessment, diagnosis, treatment services, case management, psychiatric rehabilitation services, peer supports, and family supports.
- **Some not directly covered –**
 - Outreach and engagement, team coordination and supervision
 - Can be covered as ancillary costs
- **Other excluded services –crisis residential settings if IMDs**
 - Two Sec. 1115 demonstration initiatives allow for longer stays in a treatment settings
 - State plan amendment to cover these services when focused on SUD
- **Reimbursement should support crisis services available 24/7 and without an appointment**
 - Team-based reimbursement rates - better fit for crisis stabilization
 - Allow professional fees to be billed separately
 - Managed care authorities offer flexibility and support braided funding



New Opportunities in Medicaid – Mobile Crisis Teams

- 85% federal match for 12 quarters between April 2022 and 2027
- For covered services outside a facility to beneficiaries experiencing MH or SUD crises
- Supplement, not supplant state funding for mobile crisis
- Multidisciplinary two-person teams available 24 hours 7 days a week
- Trained in trauma-informed care, de-escalation, and harm reduction
- Include a professional authorized to conduct an assessment
- Able to provide screening/assessment, stabilization, and coordination with health and social services
- Relationship with local medical and behavioral health providers



New Opportunities in Medicaid – Home and Community-Based Services

- Ten percentage point increase on federal match for HCBS April 2020-2021
- For improvements or expansions to HCBS over three-year period April 2021 through March 2024
- Can be reinvested one time as state share of expanded HCBS services matched at higher rate during first year, April 2021-2022
- Requirement to maintain coverage, eligibility, and provider rates for HCBS in effect April 2021 until additional federal funds are spent
- HCBS eligible for reinvestment covering state share of crisis stabilization services under Medicaid rehab services option or other
- Additional federal funds can be used for many activities to improve crisis stabilization systems – e.g., infrastructure development



Telehealth as a Key Component of Crisis Stabilization

- **Expanded coverage of telehealth can support crisis stabilization systems**
- **Include coverage of audio-only telehealth**
 - Especially important for rural areas and underserved populations
- **Recent Medicare improvements— should influence other coverage**
 - Covers MH and SUD treatment via telehealth in individual's home or community regardless of geographic location
 - Reimbursement at same rate as in person – but no facility fees
 - Covers audio-only for MH and SUD
- **Requirement that beneficiary must have been seen by the provider in-person within prior six months for MH only**



Support for Crisis Stabilization through Alternative Payment Models

- **Certified Community Behavioral Health Clinic Model**
 - Criteria include 24/7 crisis stabilization services
 - Flexible cost-based daily or monthly payments covering mobile and facility-based crisis stabilization
 - Some states have added this provider reimbursement to their Medicaid state plans
- **Emergency Triage, Treat, and Transport (ET3) Model**
 - Medicare 5-year demo covering transport to alternative locations and treatment in place including via telehealth
 - Alternative locations can include crisis stabilization centers
 - Additional support also offered to local governments to expand triage services for 911 callers
 - CMS guidance issued on incorporating similar payment and delivery models in Medicaid
- **Partnerships with Hospitals and Health Systems**
 - Maryland example: grants supporting collaborations between hospitals and community providers to develop crisis stabilization systems



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**Questions?
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