Crisis Continuum of Services Updates

November 9, 2021

The Commonwealth is continuing the development of best practice crisis services, in alignment with the Crisis Now model, which features three critical aspects of a comprehensive crisis system: someone to call (regional crisis call centers/988), someone to respond in the community (mobile crisis team, emergency services, and community care teams, including co-responder teams), and somewhere to go (23-hour observation, Crisis Stabilization Unit, linkage to community resource).

This is the 2nd in a series of monthly updates related to these efforts. The prior month's updates are attached with additional reference items. The data platform section will outline a short update that will come in the next week.

Licensing: Attached you will find the recent licensing memo regarding the licensing of crisis services. Specifically, the memo outlines the Emergency Services license and the transitioning of a community service board's (CSB) Emergency Services/Crisis Intervention license (#07-001) and/or locations to the Outpatient Services/Crisis Stabilization License (#07-006).

Despite these licensing changes, **there will be no change in CCS3 reporting until 7/1/2022.**

CSB Emergency Services:

Emails were sent in the prior weeks related to the requirements for certified Pre-Admission Screeners. We have been meeting with CSB's to discuss these changes in further depth and ask that CSB's that would like to discuss this matter reach out to us at the crisis_services@dbhds.virginia.gov. These meetings have been very helpful in informing next steps related to the matter. Below is a chart that we feel addresses the most common question of whom can conduct and who can bill for an assessment:

Certified Prescreener Type	**Can Conduct Prescreen WITHOUT additional supervisory requirements*** **	**Can Conduct Prescreen WITH supervision** by an LMHP (direct includes F2F contact, in person or video telehealth; or indirect supervision)**	**Able to bill Medicaid**		
			Supervision WITH F2F contact with client (in person or video telehealth)	Supervision WITHOUT F2F contact with client	Direct F2F services provided WITHOUT supervision

LMHP, LMHP-R, LMHP-RP, LMHP-S	Yes	Yes	Yes	Yes	Yes
QMHP (registered under DHP)	No	Yes	Yes	No	No
No QMHP or LMHP designation under DHP	No	Yes*	No	No	No

**Will be allowable per DBHDS until TBD in consultation with DHP*

***Supervision must consist of face-to-face training in the services until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained. (Link: Per the Department of Health Professions)*

***** Board supervision commensurate with license type is still required.

Emergency Services will be operating under the MNC for Mobile Crisis Response in regard to billing for services provided to an individual that is Medicaid eligible. The pre-admission screening meets the required activity of assessment for Mobile Crisis Response. Please see the publicly posted DMAS Mental Health Services Manual, Appendix (G): https://www.dmas.virginia.gov/for-providers/general-information/medicaid-provider-manual-drafts/ for additional required activities.

Crisis Stabilization Units:

A change from our partners at DMAS has been made. The requirement for 24/7 nursing at residential crisis stabilization units **will not go into effect until 12/1/2022**. Additionally, the requirement that a RN be on site was altered to allow an LPN to be onsite while an RN provides supervision as required.

Updated DMAS manual language:

"RCSU providers must have 24 hour in-person nursing. (RCSU providers have until 12/1/2022 to fully meet this requirement). Nursing can be shared among co-located programs as long as all individuals presenting for services receive a nursing assessment to determine current medical

needs, if any, at admission. Nursing services must be provided by either a RN or an LPN who is present on the unit. The LPN must work directly under the supervision of an RN in accordance with 18VAC90-19-70."

Marcus Alert:

The Marcus Alert Resource Toolkit is available on the DBHDS website (https://www.dbhds.virginia.gov/human-resource-development-and-management/health-equity/mdpa); this collection of resources regarding practices we hope to highlight aims to assist localities in planning and implementation. As more resources become available, the Marcus Alert team will add them to the webpage.

The Equity at Intercept 0 initiative seeks to develop training and infrastructure to ensure the integration of small, community-focused providers (focusing on Black-led, BIPOC led, and peer-led providers) into the crisis services system. The application review committee has selected a statewide crisis coalition and five other innovative projects for funding which are currently in contract negotiations. More details will be forthcoming with the finalization of contracts.

The five initial areas for the Marcus Alert submitted their local plans for DBHDS and Department of Criminal Justice Services (DCJS) approval; application reviews are currently underway and will be returned to localities by the November 9 deadline. The implementation date for these initial areas is December 1, 2021.

Data Platform:

The data platform under development by DBHDS will act as the underpinning of crisis services and will operate in two phases. Phase one will work to implement "off the shelf" modules for the system to use in a rapid fashion. These modules will include intake and assessment, mobile crisis dispatch, bed registry functions, scheduling, and data analytics.

Currently, the crisis data platform is on schedule to be ready by December 1, 2021, with trainings on platform operation being scheduled in the last week of November. Due to the rapid development of the phase one platform items, a follow up email will be coming earlier than our outlined monthly updates. This follow-up email will include:

Crisis Assessment: We are currently finalizing the DBHDS crisis assessment for services. Initially, we explored the use of the LOCUS/CALOCUS, but an option was provided that better fits our system needs as it pertains to Marcus Alert, data collection, and potential interoperability with other crisis related documents. This Crisis Assessment was developed by Behavioral Health Link who has developed and provided mobile crisis services in conjunction with a similar data platform, and has used this information to build out crisis systems. It has been reviewed by several groups of subject matter experts from across our system and listed as their preferred assessment.

Crisis Education and Prevention Plan (CEPP): The final revisions of this tool are underway and should be released soon. The CEPP is individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis.

DBHDS Crisis Services Trainings: **This was featured in the last update. New information has been added in the FAQ's section at the bottom.*

Trainings for mobile crisis services and the crisis call center staff are in the process of being developed. The goal is to adopt and modify the crisis call center training for dissemination among 911 telecommunicators. DBHDS is aware of the inclusion of crisis trainings in the medical necessity criteria from DMAS and acknowledges that the full complement of trainings will not be fully prepared prior to December 1st, 2021. The trainings are intended for the providers of Community Stabilization and Mobile Crisis Response.

Children's Mobile Crisis Training

The Children's Mobile Crisis Training Curriculum is complete and currently designated instructors are being prepared for the training of regional staff. The expectation is that staff providing children's mobile crisis services will be trained by June 30th, 2022. New hires providing children's mobile crisis will be given 90 calendar days from hire date to complete this training.

Adult Mobile Crisis Training: NEW information

While the Children's Mobile Crisis Training Curriculum is complete, the Adult Mobile Crisis Training Curriculum is still under development and may not be ready until early 2022. Updates will be provided in future communications. The Adult Mobile Crisis Training will utilize similar modules as the Children's Mobile Crisis Training, and our intent is to develop a short track for individuals who want to be certified in both.

During the period in which the Adult Mobile Crisis Trainings is being developed, DBHDS asks that staff need only show evidence of trainings in the following categories to meet the training expectation during this period. The categories to be trained on:

Safety

De-escalation

Screening, Triage, and Assessment,

Trauma

Developmental Disabilities

Adult/Geriatric population specific training

Once the Adult Mobile Crisis Training Curriculum is complete, individuals will have 8 months to become trained on the curriculum.

Training FAQ's

1. Do CSB Preadmission Screeners need to take these trainings?
   a. No. While the Preadmission Screening is an activity featured in the Mobile Crisis Response MNC, the certification training for Preadmission Screeners is sufficient for them to provide that function. If a Preadmission Screener were to provide the Mobile Crisis Response or Community Stabilization roles, then they would need to take the Mobile Crisis Curriculums.
2. Do REACH staff need to take that these trainings?
   a. Yes, REACH staff will need to become trained in the mobile crisis curriculums and adhere to the time frames listed above.
3. What is the status of trainings for the Children's Mobile Curriculum?

- Twenty-two (22) instructors successfully complete the children's mobile crisis train-the- trainer.
- The regions have identified 310 initial individuals to be trained in the children's mobile crisis curriculum (these numbers are subject to change as onboarding occurs).
- Number of identified initial individuals to be trained by region:
  Region 1: 49
  Region 2: 60
  Region 3: 100
  Region 4: 44
  Region 5: 57
- Regions have either started training in October and November (Regions 1, 3, 4, and 5) or have developed a training plan (Region 2).
- In addition to providing a second train-the-trainer in early 2022, Briljent, the curriculum developer, is creating three tool kits (new instructor, mentor, and best practices for master instructors).
- Regions have either started training in October and November (Regions 1, 4, and 5) or have developed a training plan (Regions 2 and 3).

Questions regarding the contents of this email should be directed to:

crisis_services@dbhds.virginia.gov