

10 Steps For System Leaders And Advocates To Create The Ideal Crisis System

What can system leaders at the state and regional/county level do to facilitate development of ideal community behavioral health crisis systems? What can advocacy organizations do to encourage state leaders, legislators, funders and policymakers to support progress at all levels? This report provides detailed guidance for how to address these issues at many levels. Here are 10 steps that can help to focus and prioritize these efforts:

1. Establish, articulate and communicate a systemwide vision of ideal behavioral health crisis systems for all: The core of this vision is that behavioral health crisis systems are an essential community service that should be at least on par with the responsiveness of emergency and urgent medical care - every person gets the right response every time. Incorporate core values in the vision: welcoming, hopeful, trauma-informed, recoveryoriented, integrated and designed with the goal of eliminating disparities in response for those who are most vulnerable and marginalized.
2. Develop an implementation plan: As part of the vision, articulate a 10-year plan for working collaboratively with all system intermediaries, funders and communities to make step-by-step progress toward achieving universal progress. Remember that implementing universal 911 response systems took a decade or more.
3. Disseminate this report as a guiding document: Highlight the essential elements of the system and encourage development of a system-wide conversation to adopt the vision. Essential elements that might be highlighted for purposes of conversation include local accountability (accountable entities), all-payer financing, system performance metrics, crisis continuum (e.g., call center, mobile crisis, urgent care, crisis center, various types of crisis residential programs, intensive community crisis intervention), response to all ages and population groups, clinical/medical leadership, peer support and best practices for crisis intervention.
4. Perform baseline self-assessment: Encourage communities to come together to perform a systemwide baseline assessment of the current behavioral health crisis system, using the Report Card to track progress across the system over the course of the 10-year plan.
5. Identify performance metrics: Using this report, convene system stakeholders to identify the most important quality metrics for behavioral health crisis system performance that all system intermediaries should be accountable to achieve.
6. Award planning and implementation grants: Develop a process to award community crisis collaboratives grants (possibly matching grants) for planning and implementation. This can begin with a few pilot communities, then slowly disseminated to the whole system. Continually measure progress in all communities across the system, rewarding small steps forward over time.
7. Create a framework for identifying and empowering accountable entities: Identify mechanisms for regional and local accountability for crisis system performance. These could be based on regional intermediary system structures and/or on existing templates for delineating community accountability for EMS.

8. Require all-funder participation: Require all private and public behavioral health funders to contribute appropriately to the funding of the community behavioral health crisis system that serves the people covered by or affected by their funding. This includes all types of insurance plans.

9. Require coverage of and adequate rates for all elements of the crisis continuum: Identify clear definitions of the various components and services in the behavioral health crisis continuum and require that Medicaid and other funders reimburse for those services (e.g. urgent care centers, crisis centers, residential crisis services, mobile crisis, intensive community crisis intervention) at rates that at least cover costs. Medical urgent care and emergency services do not operate at a loss; neither should commensurate behavioral health crisis services.

10. Incorporate best practice standards into system regulations: This report provides guidance for regulations that address items such as no force first, advance directives, medical screening, integrated response to individuals with co-occurring mental health/substance use disorder and behavioral health/intellectual and developmental disabilities and so on.