

A Detailed Look at Virginia's Plan for Crisis System Transformation

National Models to know:

The Crisis Now Model (www.crisisnow.com):

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.



24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.



CRISIS STABILIZATION PROGRAMS

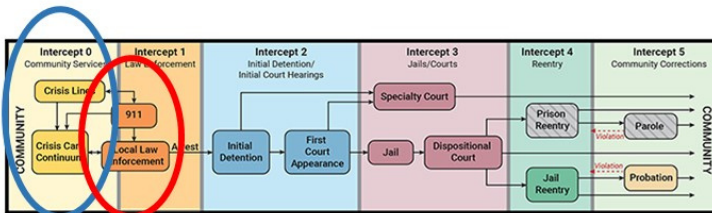
These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery oriented, trauma-informed care, significant use of staff, a commitment to Zero Suicide/Suicide Care, strong commitments to safety for consumers and staff, and collaboration with enforcement.

The Sequential Intercept Model:

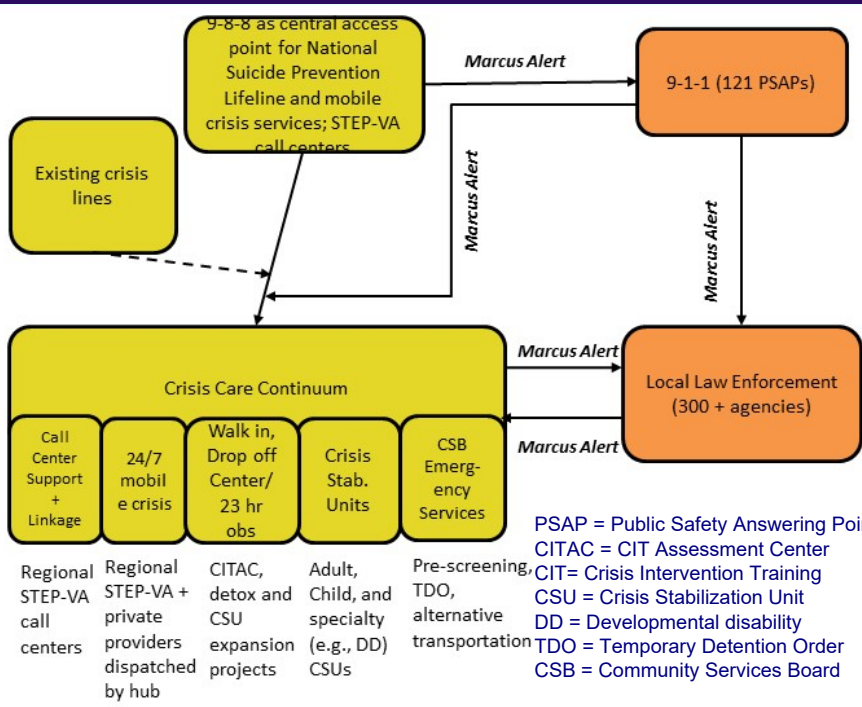


Blue = STEP-VA/Behavioral Health Mobile Crisis
Red = Marcus Alert

Marcus Alert

The Marcus-David Peters Act was signed into law in late 2020 and is complementary to other crisis investments. The Crisis Now model is primarily an Intercept 0 e Sequential Intercept Model, whereas the Marcus Alert focuses specifically on Intercept 1 and the intersection of Intercept 1 and 0. Both are necessary investments to build a coordinated, health-focused continuum of crisis services that are equitably accessible and supportive to all Virginians.

Understanding Virginia's Projects and Plans at Intercept 0 and 1:



9-8-8 Federal Requirements

A new federal law requires that all states use the three digit code 9-8-8 as a single access point to the National Suicide Prevention Lifeline and the crisis care continuum. Virginia will use this as the access point for mobile crisis services. This is required of all states by July 16, 2022.

Behavioral Health Enhancements

This refers to new Medicaid reimbursement rates. Four crisis rates for mobile crisis response, follow-up stabilization, 23-hour observation, and per diem for Crisis Stabilization Units are planned for December, 2021.

For further details, visit <https://www.dbhds.virginia.gov/marcusalert> or email marcusalert@dbhds.virginia.gov