

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 32 Number 36
September 19, 2022
Print ISSN 1058-1103
Online ISSN 1556-7583

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Oregon becomes first state to expand mobile crisis services via Medicaid

In what's being referred to as "historic," the U.S. Department of Health and Human Services on Sept. 12 announced that Oregon has become the first state to receive Medicaid reimbursement for mobile crisis intervention services. Oregon mental health advocates say they are hoping for stable funding to build the state's crisis services infrastructure.

Oregon was the first state to seek and be granted approval for this new Medicaid option, and other

states are strongly encouraged to follow Oregon's model of expanding access to vital crisis care services, the Centers for Medicare & Medicaid Services (CMS) stated in a news release. Individuals with Medicaid who have a mental health or substance use condition, such as opioid use, and are experiencing a crisis will be provided with screening and assessment, community-based stabilization and de-escalation as well as coordination with, and referrals to, health, social and other services.

Oregon Gov. Kate Brown, U.S. Sen. Ron Wyden (D-Oregon) and other officials who made the announcement in an open press call reminded participants that mental health is a key part of President

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Bottom Line...

Oregon's mental health community is encouraged about the new Medicaid option. They hope for more stable funding and an expansion of crisis service availability.

Mental health provider shortages remain a concern in public schools

Despite an unprecedented level of engagement in trying to address the mental health needs of school-age children, many school districts still face considerable barriers to offering effective services as the 2022–23 school year gets rolling. A report released this month by the Kaiser Family Foundation states that a shortage of qualified mental health professionals continues to stymie schools' mental health service response.

The report, "The Landscape of

School-Based Mental Health Services," states that as the new school year began, around 1 in 5 surveyed public schools had vacant positions for mental health staff. During the previous school year, only a little over half of surveyed school leaders strongly or moderately agreed that they could effectively provide mental health services, with provider shortages cited as the primary reason for concern among those less certain of their schools' capacity.

The data is based on the 2022 School Pulse Panel survey, conducted periodically during the year by the National Center for Education Statistics and the U.S. Census Bureau. The data cited in the Kaiser

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Bottom Line...

Many school districts continue to lack qualified mental health professionals to meet the post-pandemic needs of their student populations.

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Biden’s unity agenda. “CMS is a proud partner with Oregon, the first state to expand mobile crisis services through Medicaid,” said CMS Administrator Chiquita Brooks-LaSure. “We want to help people living with Medicaid. We will continue to expand access to these critical services.”

“After years of disinvestment, Oregon is stepping up to ensure Oregonians have the right services at the right time,” Brown stated. She said community-based mobile crisis intervention services teams will be dispatched if requested by 988 call centers (see related story, beginning on page 3). Trained individuals will provide de-escalation, crisis screening and assessment services, she noted.

Added Brown, “The behavioral health workforce will be appropriately compensated for the difficult and stressful work that they do for individuals experiencing crises in the home and community.”

Wyden noted that many communities are clamoring for fresh approaches regarding mental health and public safety and bringing the two together. Wyden pointed to

the success of Oregon’s Crisis Assistance Helping Out On The Streets (CAHOOTS) program, a mobile crisis intervention program launched 30 years ago in Eugene. The program sends behavioral health professionals as first responders following a 911 call for someone experiencing a behavioral health emergency. “CAHOOTS has been proven to work, de-escalating a crisis [and] getting them the help they need,” he said.

Wyden added: “Now the rest of the country has the chance to pick up on this groundbreaking [program] that pioneered in my home state. It’s time for the CAHOOTS mobile response model to be taken nationally.”

Providers, advocates respond

The chief strategy officer of Milwaukie, Oregon-based Cascadia Health said the company is encouraged about the Medicaid option. “We’re excited that CMS chose Oregon as the first state to receive this new federal funding for crisis services,” Eric Sevos told *MHW* in an email. “We’re hopeful this funding will expand the availability of lifesaving mental health crisis services across the state, particularly in communities that do not yet have these programs in place.” Mobile crisis

response in Oregon and beyond is a proven model that helps people experiencing mental health crises, he stated.

Sevos added, “We’re proud to provide mobile crisis services through our Project Respond program for people in Multnomah County, and we’re excited for similar programs to be created statewide. With the infrastructure of 988 in place, expanding mobile crisis services could mean that in the future, anyone in Oregon dialing 988 could receive lifesaving crisis care that meets them where they are and helps them stabilize and connect to resources.”

The enhanced investment from the federal government will allow for some expansion of the mobile crisis infrastructure, said Chris Bouneff, executive director of the National Alliance on Mental Illness (NAMI) Oregon. “Oregon has a strategy here for implementing 988,” he told *MHW*. “It was one of a few states to adopt legislation to implement 988 and tie it to our broader crisis system.”

“The great news is that this is a huge first step, he said. “It’s not a final product. We still got work to do. More funding is needed.”

Bouneff explained that in Medicaid, you get paid when you respond, like a fee-for-service model.

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Mental Health Weekly (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the third Monday in April, the first Monday in September, the last Monday in November and the last Monday in December. The yearly subscription rates for **Mental Health Weekly** are: Print only: \$808 (personal, U.S./Can./Mex.), £501 (personal, U.K.), €633 (personal, Europe), \$975 (personal, rest of world), \$8,742 (institutional, U.S./Can./Mex.), £4,463 (institutional, U.K.), €5,643 (institutional, Europe), \$8,742 (institutional, rest of world); Print & online: \$889 (personal, U.S./Can./

Mex.), £541 (personal, U.K.), €685 (personal, Europe), \$1,056 (personal, rest of world), \$9,412 (institutional, U.S./Can./Mex.), £4,806 (institutional, U.K.), €6,076 (institutional, Europe), \$9,412 (institutional, rest of world); Online only: \$646 (personal, U.S./Can./Mex.), £334 (personal, U.K.), €421 (personal, Europe), \$646 (personal, rest of world), \$8,381 (institutional, U.S./Can./Mex.), £4,279 (institutional, U.K.), €5,410 (institutional, Europe), \$8,381 (institutional, rest of world). For special subscription rates for the National Council for Mental Wellbeing, USFRA, The College for Behavioral Health Leadership, NACBHDD and Magellan Behavioral Health members, go to [http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/\(ISSN\)1556-7583](http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/(ISSN)1556-7583). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com. © 2022 Wiley Periodicals LLC, a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

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“We need to find a very stable, reliable [and] predictable revenue that helps mobile crisis intervention services [become] a 24-hour infrastructure,” he said.

Mental health advocates are hoping that Oregon will have 24/7 responders actually on the scene much more quickly than the state is able to do now, said Bouneff. The 988

available around the clock. “If your house is on fire or you have a heart attack, someone is at your place within minutes,” he said. “NAMI would like to see that type of robust mobile crisis service when [individuals] are experiencing a behavioral health crisis. The combination of financing allows people to be available 24/7.”

Bouneff. “Ultimately, that’s where we want to be.”

He added, “The costs for what we want to try and do cannot be done entirely on the backs of Medicaid. It can be an important contributor; you have to make sure you have robust services because this is a significant federal investment. This is still a big deal; let’s not oversell it.”

‘The behavioral health workforce will be appropriately compensated for the difficult and stressful work that they do for individuals experiencing crises in the home and community.’

Gov. Kate Brown

connection to the in-state call center will hopefully mean a greater opportunity for crises in Oregon to be de-escalated, said Bouneff. “That takes a stable source of revenue [that is] not dependent on how many times you can bill Medicaid,” he added.

Bouneff explained that a “firehouse model” is needed as part of the mobile crisis services infrastructure. The model is when a firefighter or an ambulance responder is always

“We have to pay mobile crisis [service responders] to be there ready to respond and available when someone calls,” said Bouneff. “That’s where financing gets more challenging.” The state needs more funding to maintain that type of infrastructure that doesn’t depend on the number of times you go out in a day, week or month, he said. “You have to pay for the infrastructure to be maintained 24 hours,” said

Expanding access

CMS’ Brooks-LaSure said she looks forward to additional states expanding access to behavioral health care. “Oregon is blazing the trail and helping millions of Americans get the care that they need,” she said. Through Medicaid, CMS intends to continue to expand access to these critical services, noted LaSure.

LaSure added that CMS awarded \$15 million in planning grants to 20 state Medicaid agencies for the purpose of developing a state plan amendment Section 1115 demonstration application to provide qualifying community-based mobile crisis intervention services.

“Biden’s strategy is to transform mental health services for all Americans,” as reflected in the fiscal year 2023 budget, said LaSure. The unprecedented investment to support the 988 suicide and crisis care hotline is part of this strategy, she noted. •

988 call volume, wait times improved compared with last year

In the days following an announcement by the U.S. Department of Health and Human Services (HHS) that use of the 988 suicide and crisis lifeline, launched July 16, increased in call volume by 45%, along with improved answer rates and wait times compared with the 10-digit National Suicide Prevention Lifeline one year ago, suicide prevention and mental health experts gathered to discuss the evolution of 988, its impact on individuals, and hopes for the future.

PsychU.org on Sept. 13 hosted the webinar, “988: What’s the Scoop?

Bottom Line...

The 988 crisis lifeline continues to evolve, noted webinar presenters. However, funds are still needed to expand its capacity, infrastructure and workforce.

A Discussion with Experts in Suicide Prevention & Mental Health.” Comprising more than 70,000 physicians, psychiatric nurse practitioners, clinicians, care managers, and other mental health professionals, PsychU focuses on improving the future of mental health care through

information, discussion and collaboration.

The crisis line is a three-digit version of the prior National Suicide Prevention Lifeline. “The ultimate goal is to ensure folks are not calling 911 when experiencing a mental health crisis, but rather 988,” Jonathan Singer, Ph.D., LCSW, professor at Loyola University’s School of Social Work and emeritus president of the Association of Suicidology, founder and host of the Social Work podcast, and PsychU speaker and collaborator, told attendees.

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