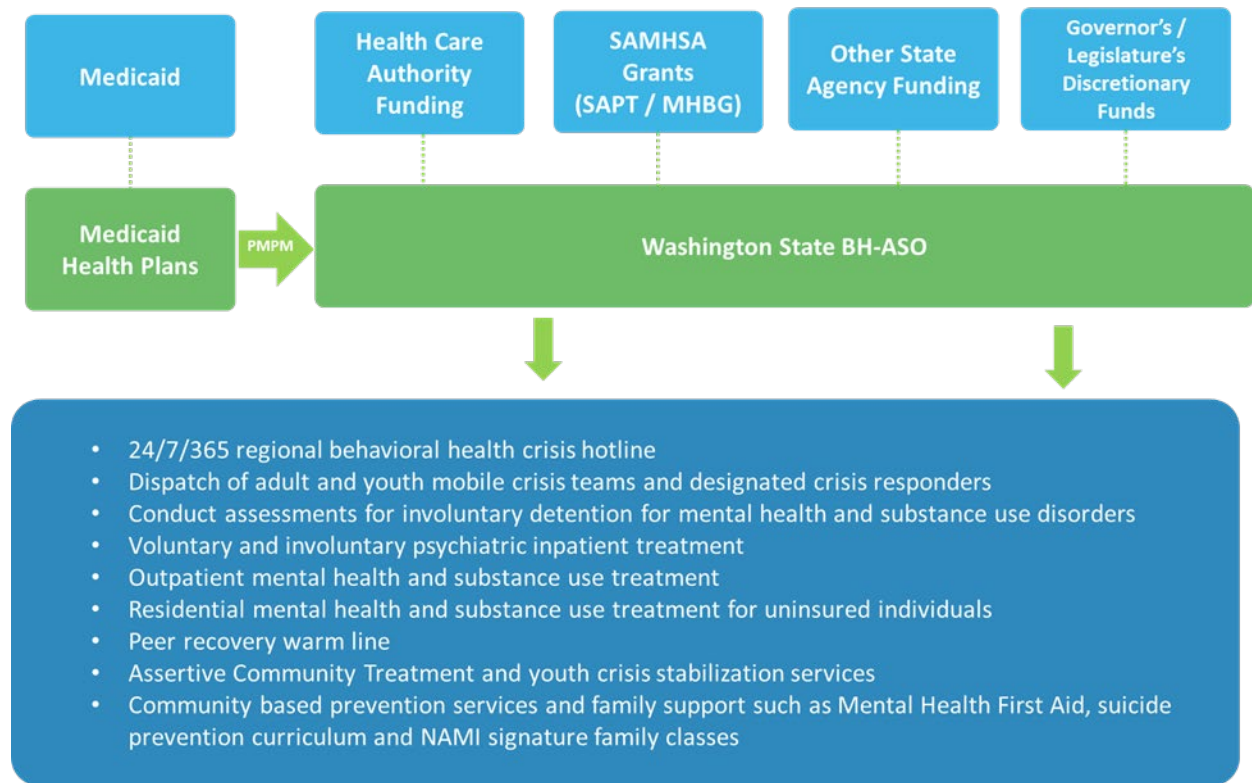


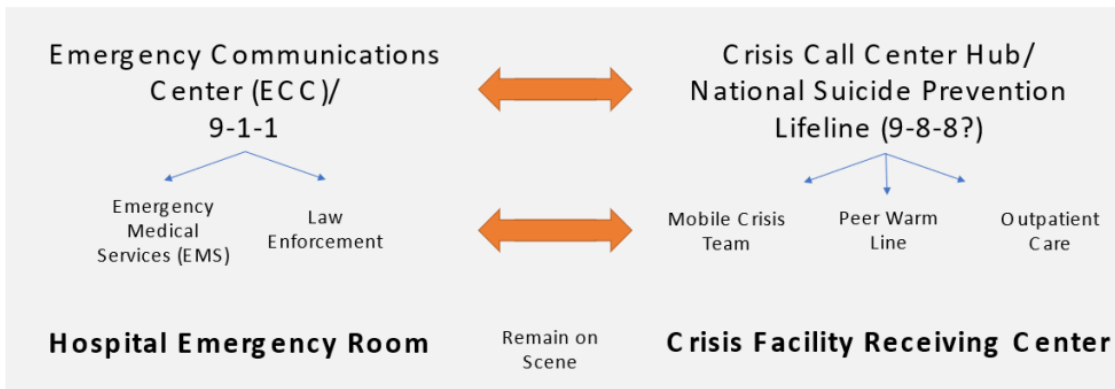
HB 2281 Crisis System Service Funding & Delivery Model

Below is the WA model for using braided funding to deliver Mobile Crisis Response services.



KDADS is currently developing this type of model, which is why you see various funding streams for crisis services being woven together to fund the different services in the system of care. Over the next several months KDADS will use the 988 Planning grant we received to work with stakeholders to develop our own model for use in Kansas, but many aspects are likely to be similar. This bill is significant in bringing robust crisis services to rural and frontier counties in Kansas. **Funding from HB 2281 would help increase access to services that reduce hospitalizations.** Below is the Crisis Now model, which demonstrates how 988 could work parallel to how 911 works if we fund it adequately.

Dedicated Mental Health Crisis Response Model



As contrasted with co-responder models or communities where the crisis response defaults to law enforcement and hospitals, the dedicated approach ensures law enforcement and hospitals are only involved as required by their core mission, public safety and/or medical stabilization. The vast majority of psychiatric crises require neither.

Passage of HB 2281 would provide a fee fund that supports not only the phone response but also base of funding to support the Crisis Now model in Kansas, and when braided with existing state and federal funding sources has the potential to modernize our system of care and demonstrate significant SGF cost savings by reducing hospitalizations and ED visits. The Crisis Now model calculator below demonstrates both the costs and savings to the state of implementing this model. This calculator below demonstrates total all funds costs for a population of 1M, Kansas has a population of 2.9M and so figures below could be multiplied by 2.9 to determine potential Kansas costs and projected savings of a braided funding system like Washington’s model.

Crisis Now Crisis System Calculator Projections - Pop. 1,000,000		
	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	24,000	24,000
# Initially Served by Acute Inpatient	16,320	3,360
# Referred to Acute Inpatient From Crisis Facility	-	1,336
Total # of Episodes in Acute Inpatient	16,320	4,696
# of Acute Inpatient Beds Needed	500	144
Total Cost of Acute Inpatient Beds	\$ 164,179,200	\$ 47,237,736
# Referred to Short-Term Bed From Stabilization Chair	-	5,342
# of Crisis Beds Needed	-	41
Total Cost of Short-Term Sub-Acute Beds	\$ -	\$ 13,356,000
# Initially Served by Crisis Stabilization Facility	-	12,960
# Referred to Crisis Facility by Mobile Team	-	2,304
Total # of Episodes in Crisis Facility	-	15,264
# of Crisis Stabilization Chairs Needed	-	48
Total Cost of Crisis Stabilization Chairs	\$ -	\$ 18,840,137
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	7
Total # of Episodes with Mobile Team	-	7,680
Total Cost of Mobile Teams	\$ -	\$ 2,761,644
# of Unique Individuals Served	16,320	24,000
TOTAL Inpatient and Crisis Cost	\$ 164,179,200	\$ 82,195,517
ED Costs (\$1,233 Per Acute Admit)	\$ 20,122,560	\$ 5,789,675
TOTAL Cost	\$ 184,301,760	\$ 87,985,192
TOTAL Change in Cost		-52%

This bill would establish 988 as a **statewide front door/ no wrong door** access point for callers. 988 calls will be answered by a local 988 center, and then if those operators were busy by statewide backup 988 centers. The 988 centers would have the ability to transfer callers to the statewide mobile crisis dispatcher that could then send local response teams either **CMHC/CCBHC teams** for mental health or **CDDO teams** for I/DD responses. **This model assures an equitable distribution of access to these services across the state and brings critically needed crisis services to rural and frontier counties, bringing relief to local law enforcement agencies and hospital emergency departments.**

Funding from the HB 2281 could be used to cover:

988 Promotion \$1M

Statewide media campaign to promote the use of 988 instead of 911 by the public for behavioral health emergencies and as a no-wrong-door access point for local behavioral health services.

988 Centers \$3M

988 call centers will answer 988 calls 24/7 statewide. Phone counselors at these centers will de-escalate callers in a suicidal or mental health crisis over the phone. If the caller needs a higher level of care, counselors will stay on the line while a mobile crisis team is dispatched to their location. Funds will be used for operational support, technology upgrades, and staffing needs. 1 FTE for KDADS 988 Project Coordinator

Care Transition \$500K

A care transition program is an evidence-based program in which 988 call centers provide follow-up services to stay in contact with recently discharged state hospital patients until they can establish outpatient behavioral health services. Funds will be used for outbound call operations and staffing.

Mobile Crisis \$5.5M (avg. cost per episode \$360.00) Required All Funds for statewide coverage \$8.2M SMI and \$2.8M IDD, total \$11M.

Mobile crisis response is a team of behavioral health professionals who respond to people in crisis on the scene to intervene during the crisis. Mobile crisis teams provide emergency screening, assessment, and triage at the point of the crisis, with the goal of referring people to the appropriate level of care, and subsequently serving as a diversion from Law Enforcement, Emergency Departments or Psychiatric Hospital. Mobile crisis teams typically include a behavioral health clinician and a medical professional (RN), Peer Support Specialist, and/or police officer. These funds would also help finance teams needed in HB 2373 for I/DD Mobile Crisis Response services, and operational support to CCBHCs in delivering 24/7 crisis response reducing the fiscal impact of Sub for SB 238. 1 FTE for KDADS Mobile Crisis Project Coordinator

Crisis Stabilization \$4M (avg. cost per episode \$1,234.00) Required All Funds for statewide coverage \$56M

Crisis Stabilization services provide emergency psychiatric care to individuals who must currently go to the local Emergency Department to seek behavioral health treatment. Individuals typically have access to an interdisciplinary team consisting of nurses, social workers, prescribers, and Peer Support Specialists. These funds would be used to provide operational support to expand crisis services in rural areas to help reduce costs for the uninsured.

Crisis Residential \$1.9M

Crisis Residential Programs distinguish themselves from these other levels of care due to their home-like environment, blended psychosocial model of care, multi-day lengths of stay, and healthy mix of autonomy and accountability. These funds would provide operational support to cover the cost of services to the uninsured and expand crisis services to rural communities.

Suicide Prevention Program \$1.5M

Financial support for the implementation of prevention strategies identified in the State Suicide Prevention Plan. An upstream prevention component is essential to reduce the rate of suicide deaths in Kansas. Funds will be used to implement evidence-based youth suicide prevention programs in partnership with the Attorney General's Office and KDHE. 1 FTE for KDADS State Suicide Prevention Coordinator