**Crisis Receiving Stabilization Services**

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| **Required Policy** |

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| **Policy Required** | **Update Current or Create New** | **Draft or Policy Name** |
| **No Wrong Door -**A policy defined by SAMHSA as effective systems that must ensure a person needing treatment will be identified, assessed, and receive treatment, either directly or through appropriate referral, no matter where services are sought. This means that people presenting for treatment for a mental disorder should be routinely screened for substance use disorder, and all people presenting for treatment for substance use disorders should be screened for mental disorders.  The Contractor shall enact a “No Wrong Door” policy in which no individual is turned away, any individuals who can be served are served, and any individuals who cannot be served are connected to providers that offer the needed services. The Contractor shall submit their policy to the State for approval.  a. The policy shall include a commitment and plan to serve individuals with violent and/or justice-involved histories.  b. The policy shall include a commitment and plan to serve individuals with intellectual and/or developmental disabilities.  c. The policy shall include a commitment and plan to, at a minimum, assess youth before referring them to youth-specific providers.  The Contractor shall accept anyone for services regardless of their religion, marital status, disability, medical condition, ability-to-pay, gender-identity, sexual orientation, race, national origin, or ancestry. | NEW | CRSS No Wrong Door |
| The Contractor will conduct its duties under this grant pursuant to the standardized procedures and policies in the 988 Operations and Training Manual. |  | Not in Existence |
| The Contractor shall design their services to address mental health and substance use crisis issues. | New | No Wrong Door CRSS |
| The Contractor must offer walk-in, referral, and drop-off options.  The Contractor must offer a dedicated first responder drop-off area | New | No Wrong Door CRSS |
| The Contractor must maintain the capacity to accept 90% of all referrals, walk-ins and drop-offs with a no rejection policy for drop-offs from first responders | New | No Wrong Door CRSS |
| The Contractor shall not require medical clearance prior to admission. Instead, the Contractor will provide assessment and support for medical stability while providing Crisis Receiving and Stabilization Services | New  Existing CDC admission? | No Wrong Door CRSS |
| The Contractor shall incorporate some form of intensive support beds into a higher acuity program (could be within the services’ own program or within another provider) to support flow for individuals who need additional support. | New | FLOW CHART |
| The Contractor shall work with and accept individuals in crisis from all Mobile Crisis Teams dispatched by a Crisis Response Center. | New | FLOW CHART |
| The Contractor must provide services or connections to services that address substance use crisis issues (i.e., overdose treatment, SUD treatment, detox treatment, etc.). | New | External Referral |
| The Contractor must screen for suicide risk and complete comprehensive suicide risk assessments and safety planning when clinically indicated. | CP.01.01.34.00  UPDATE |  |
| The Contractor must screen for violence risk and complete more comprehensive violence risk assessments and safety planning when clinically indicated. | New  Existing Safety Planning- review | VIOLENCE RISK? |

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| **Required Training** |

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| **Training Required For** | **Training** | **Training Name and Location** | **Cadence** |
| The Contractor will ensure that its staff is trained, and document said training, in accordance with the 988 Operations and Training Manual. The Contractor shall furnish this documentation at the State’s request. | Manual Not published | All training will be housed in HealthStream |  |
| The Contractor must use Peers with lived experience to discharge individuals for the crisis receiving and stabilization services. | Peer Certification and Training |  |  |
| The Contractor shall train and monitor all staff to ensure the provision of care that meets the social, cultural, and linguistic needs of all individuals served. | Cultural awareness | HEB: Diversity in the Workplace (Cultural/Socioeconomic diversity)  HEB: Building an Inclusive Workplace Culture (Culture/Socioeconomic diversity for managers).  HEB: Diversity in the Workplace | Does not indicate |

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| **Required Documentation** |

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| **Required Documentation** | **Item** |  |
| The Contractor shall submit all Crisis Receiving and Stabilization Services-related marketing efforts to the State for approval | Marketing |  |
| The Contractor must employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed. | Staffing Pattern |  |
| The Contractor must be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community. | Staffing Pattern |  |

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| **Data Requirements** |

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| Project Manager shall be responsible for submitting reports, sharing claims packets, coordinating scheduling requests, and other project management duties. |  |
| The Contractor shall collaborate with the State’s shared data platform vendor to create a real-time capacity registry that receives referrals from within Indiana’s 988 Crisis Response System, coordinates connections to ongoing care, and shares critical details across the crisis system. |  |
| The Contractor shall allow the State’s software systems to integrate (through an API, ESB, or other means) with its electronic health records system so that Hoosiers experience an integrated and unified 988 Crisis Response System. |  |
| The Contractor shall interface with 988, 911, and emergency/law enforcement operations in accordance with the 988 Operations and Training Manual. |  |
| 100% acceptance rate from walk-ins, first responder drop-offs, and Mobile Crisis Team referrals | Quarterly Progress Report |
| 100% of discharged individuals who are eligible to receive a follow-up by Crisis Receiving and Stabilization Services will receive a follow-up within 30 days of discharge. | Quarterly Progress Report |
| 80% of individuals who are discharged from Crisis Receiving and Stabilization Services will receive a follow-up from the peer who discharged them. | Quarterly Progress Report |
| 90% of individuals who are discharged from Crisis Receiving and Stabilization Services are referred to at least one behavioral health outpatient service after discharge. | Quarterly Progress Report |
| Number of People Served – CRSS  **Definition:** Number of unique individuals who receive Crisis Receiving and Stabilization Services tracked by the county in which the individual resides | On a quarterly basis, the Contractor shall provide an Outcomes Data Report to the State. The Outcomes Data Report shall contain details, at an aggregate and monthly level, |
| Type of Crisis Individuals Experienced - CRSS  **Definition:** Number of unique individuals served who are experiencing the following crisis type:   * Suicidal * Homicidal * Adult mental health and serious mental illness * Youth mental health and serious emotional disturbance * Substance use disorder * Other |  |
| Demographics of Individuals Served - CRSS  **Definition:** Number of unique individuals served by the following demographic groups:   * Gender Identity * Age Group * Race * Ethnicity * Veteran Status * Intellectual Disability/Developmental Disability |  |
| Referral Sources – CRSS  **Definition:** Number of unique individuals referred to the Crisis Receiving and Stabilization Services program from the following entities:   * Law Enforcement * Medical Hospitals * Psychiatric Hospitals * Behavioral Health Providers * Schools * Department of Child Services * Faith-based Organizations * Homeless Shelter * Family and Friends |  |
| Naloxone Dispensations - CRSS  **Definition:** Number of Naloxone dispensations during the provision of CRSS |  |
| **Definition:** Number of unique individuals who received a follow-up contact whether over telephone call or via an in-person visit |  |
| Mean Length of Stay  **Definition:** Average number of hours an individual remains at a facility that provides Crisis Receiving and Stabilization Services |  |
| Transfers for Medical Care  **Definition:** Number of Individuals transferred from a Crisis Receiving and Stabilization Services program to an emergency department for medical care |  |
| Diversion from Higher Levels of Care  **Definition:** Number of individuals diverted from higher levels of care, including but not limited to emergency departments and jails |  |
| Repeat Visitors  **Definition:** Number of people admitted to the Crisis Receiving and Stabilization Services program this reporting cycle who have previously been admitted |  |
| Follow Up Visits  **Definition:** Number of individuals who complete an outpatient follow-up visit after discharge |  |
| Cost of Care  **Definition:** Total cost of care for each individual served |  |
| Payors & Insurance Types  **Definition:** The number of instances an individual in crisis has the following types of primary insurance:   * Medicaid * HIP * Medicare * Medicaid and Medicare * Private Insurance * TRICARE * Other * None |  |
| On a quarterly basis, the Contractor shall provide the State with a written status report in narrative format that highlights the progress made towards standing up its Crisis Receiving and Stabilization Services Program by including details of successes, next steps, current challenges, future barriers, community engagement, and collaboration with other providers. This report shall also highlight best practices the Contractor is implementing, community partners that the Contractor is working with and referring to, and any other details the Contractor deems important. This report is the Contractor’s opportunity to communicate its needs, wants, successes, and challenges to the State. The State, in its sole discretion, may also request qualitative reports to be verbal. |  |