

State Efforts Related to the Crisis Services Shortage

Gaps Analysis Process (September 2019)

Crisis stabilization services are mental health services that are provided after crisis intervention to help an individual return to his or her level of functioning from before the crisis ensued. Crisis services and supports also include prevention and support for caregivers.

This document highlights a few of the efforts that have been done, or are underway, by the Department of Human Services (DHS) or other state agencies related to the crisis services shortage, an issue that was prioritized during 2017 Gaps Analysis efforts. Crisis services include crisis stabilization and related crisis services and supports.

The Gaps Analysis is an ongoing process to understand and improve access to services systems for older adults, persons with disabilities, and children, youth and adults living with mental health conditions in Minnesota. Sharing information about actions taken and lessons learned is critical to the success of this process. For additional information, visit the [DHS Gaps Analysis website \(https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/gaps-analysis/\)](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/gaps-analysis/).

DHS Crisis Services Policy Team

The DHS crisis team is working with the Minnesota Department of Health Office of Rural Health and Rural Health Advisory Committee. The Rural Health Advisory Committee convened a workgroup to address barriers to rural mental health care in MN. Crisis response services have specifically been identified in rural MN as an area of focus, and the group is seeking to identify tools and best practices that support successful models of crisis response. This group is specifically looking to answer the following questions: what gaps exist among crisis response services in rural communities; what policy recommendations will contribute to long term sustainable mental health services; and how can we support ongoing efforts in rural communities, sustain successful initiatives, and promote best practices.

For more information about the DHS crisis team, please visit the [DHS mental health crisis website \(https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/mh-crisis-response-services/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/mh-crisis-response-services/).

DHS Crisis Sustainability work group

DHS is currently developing a crisis sustainability work group to better understand the costs and complexity of the funding structure for crisis services, and identify what is needed to make it more sustainable. This group will include stakeholders and will likely begin in 2019. For more information about this workgroup, email dhs.cmhcrisis@state.mn.us.

Olmstead workplans

DHS, in conjunction with the Minnesota Department of Education, is integrating Olmstead principles in the State's crisis services systems. When people with disabilities experience a crisis, it is important that they experience as little disruption in their living situation as possible and avoid unnecessary stays in institutional settings. The term 'crisis' covers a range of situations, such as behaviors that present potential harm, the loss of a caregiver, or a significant change in a medical or health condition that compromises the ability of a person to manage their symptoms. The State's vision is that people with disabilities will live, work, attend school, and conduct their daily lives in community settings even when experiencing a life crisis. If this is not possible, disruption to daily life will be brief, minimal, and targeted to meet the individual's choices and needs.

Up-to-date workplans and compliance reports are available on [Minnesota's Olmstead Plan website](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_documents). (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_documents)

Standardized referral process for crisis

In 2018, DHS standardized the referral process for all people with disabilities who seek DHS-operated Community-Based Services (CBS) crisis and residential services. Lead agency staff can now use the CBS referral process to initiate a referral for people who use the following services:

- [Community Support Services \(CSS\) mobile teams](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294602#mobile)
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294602#mobile)
- [CSS crisis homes](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294602#home)
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294602#home)
- [Minnesota Life Bridge \(MLB\)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_195872)
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_195872)
- [Minnesota State-Operated Community Services \(MSOCS\) residential services](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294604)
(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294604)

However, for people with developmental disabilities or related conditions whose county of financial responsibility is one of the seven metropolitan counties (i.e., Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, or Washington), lead agencies should continue to make referrals for crisis services through the [Metro Crisis Coordination Program \(MCCP\)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294601) (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-294601).

CMS Waiver Amendment - Crisis Respite

In 2017, The Centers for Medicare and Medicaid Services (CMS) approved a waiver amendment that increased the number of days a person can receive crisis respite from 21 to 180. It also approved out-of-home crisis respite to be provided by a 245D-license holder in a licensed hotel. If the person receives crisis respite services in a licensed hotel, the crisis respite provider must:

- Secure hotel lodging for the person
- Pay for the cost of the hotel room and meals for the person
- Send direct care staff to the licensed hotel to provide the amount, frequency, and type of crisis respite services as identified in the intervention plan

After seven days of crisis respite in a licensed hotel, the lead agency must submit documentation of continued need for crisis respite in a licensed hotel to DHS for review and approval on a weekly basis.

More information on waiver crisis respite can be found on DHS's online [Community Based Services Manual crisis respite page](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_002429) (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_002429).