

N.C. DIVISION OF MH/DD/SAS

The Crisis Solutions Initiative



... building a crisis services continuum to match a continuum of crisis intervention needs

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Introduction for the MFP Lunch n Learn

January 12, 2015



Crisis Solutions Initiative Challenges

- Recommend & establish community partnerships to strengthen the continuum of care.
- Promote education & awareness of alternative community resources to the use of emergency departments.
- Make recommendations related to data sharing to help identify who, when and where people in crisis are served, and what the results of those services are.
- Create a repository of evidence-based practices and provide technical assistance to LME/MCOs, providers, & other partners on how to respond to crisis scenarios.
- Recommend legislative, policy & funding changes to help break down barriers associated with accessing care.



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The Crisis Solutions Coalition

December 9, 2013



The Crisis Solutions Coalition

Priorities

1. Fund, define, and monitor 24/7 Walk-in Crisis Centers as alternatives to divert unnecessary ED visits AND as jail diversion sites for CIT officers
2. Provide training and support for all involved system partners – 911 responders, EDs, Providers, Consumers and Families, etc.
3. Re-work Mobile Crisis Teams
4. Fund the WHOLE service continuum -- Peer Support, Case management, Jail in-reach, EMS diversion, etc.
5. More inpatient beds are needed
6. Utilize our collective data
7. Treat the whole person – integrated care
8. EDs will continue to have a role and should be prepared to do so
9. Focus on prevention strategies like Psychiatric Advance Directives & MH First Aid



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Coalition Speakers



Critical
Time
Intervention



Recovery Oriented
Systems of Care



Behavioral Health &
Community Corrections



Peer Support
Services



Psychiatric Advance
Directives



Magistrate Training



Supports for Individuals with I/DD



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Local Crisis Coalition & LME-MCO Meetings



Behavioral Health Management



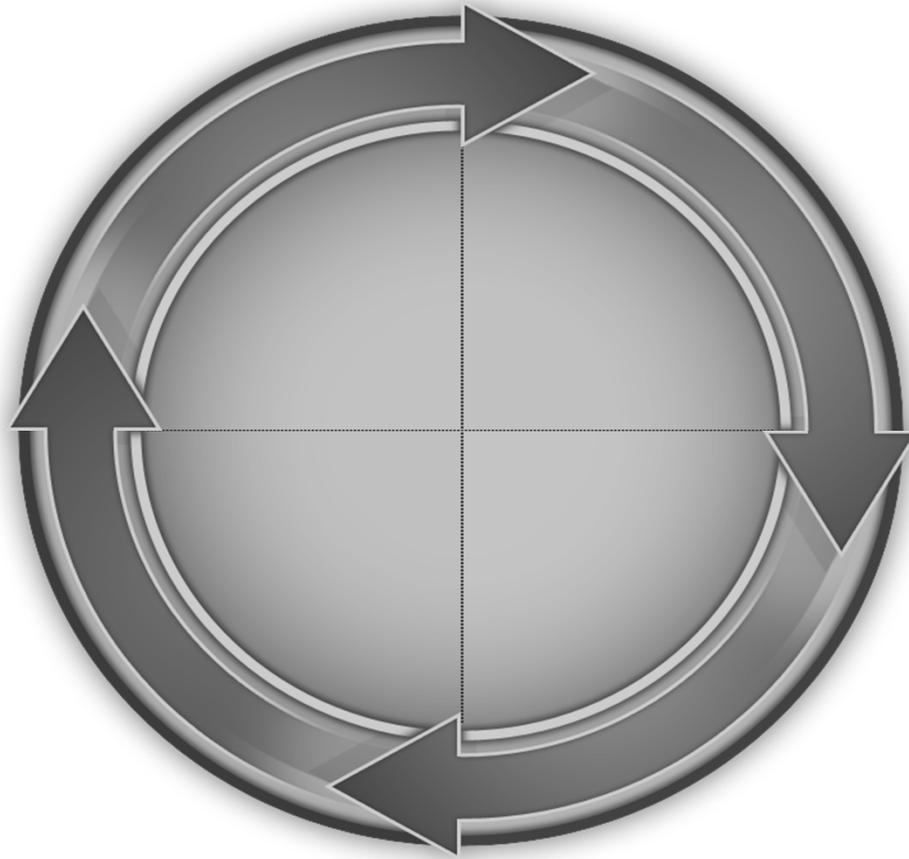


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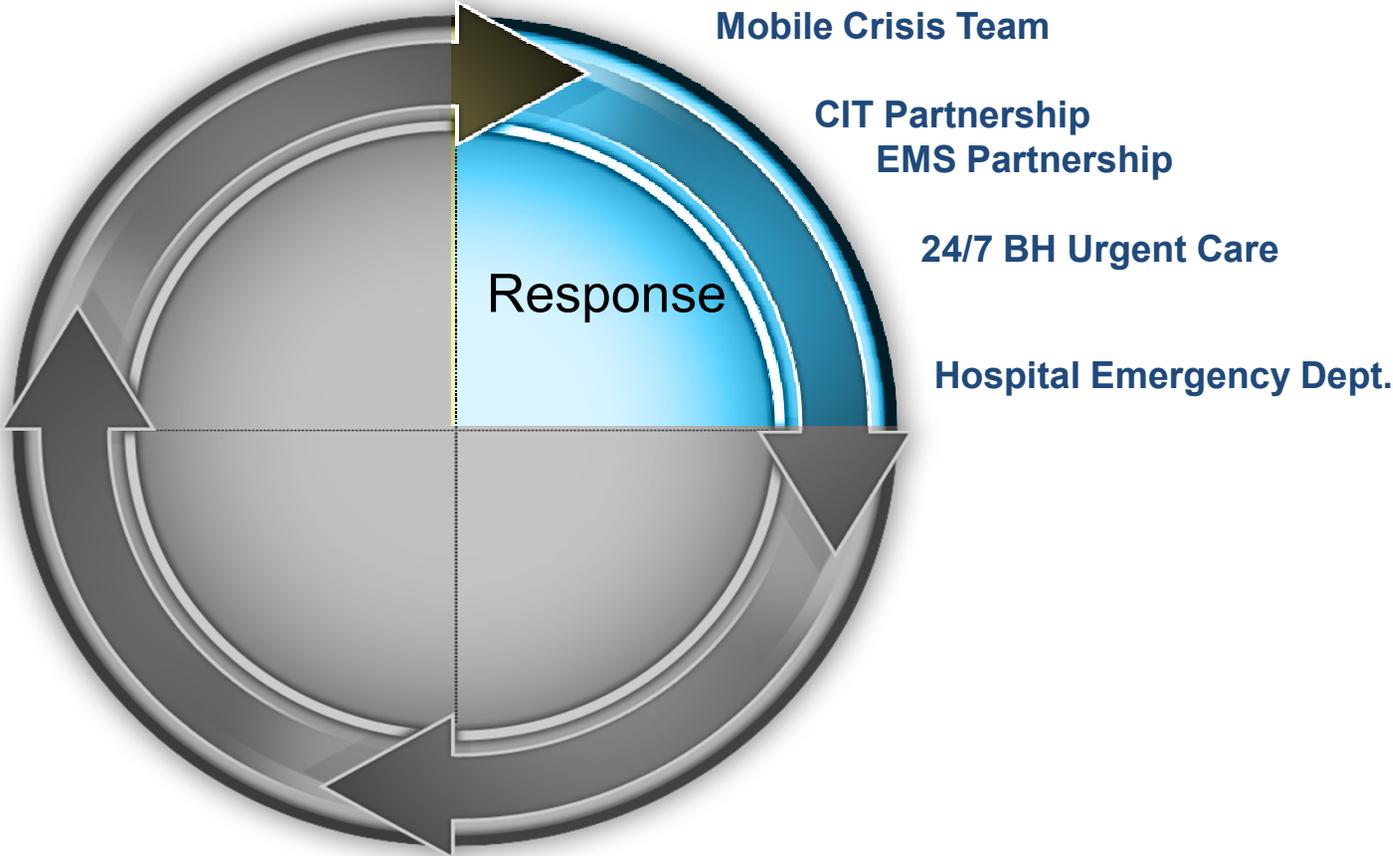
Visits to Providers



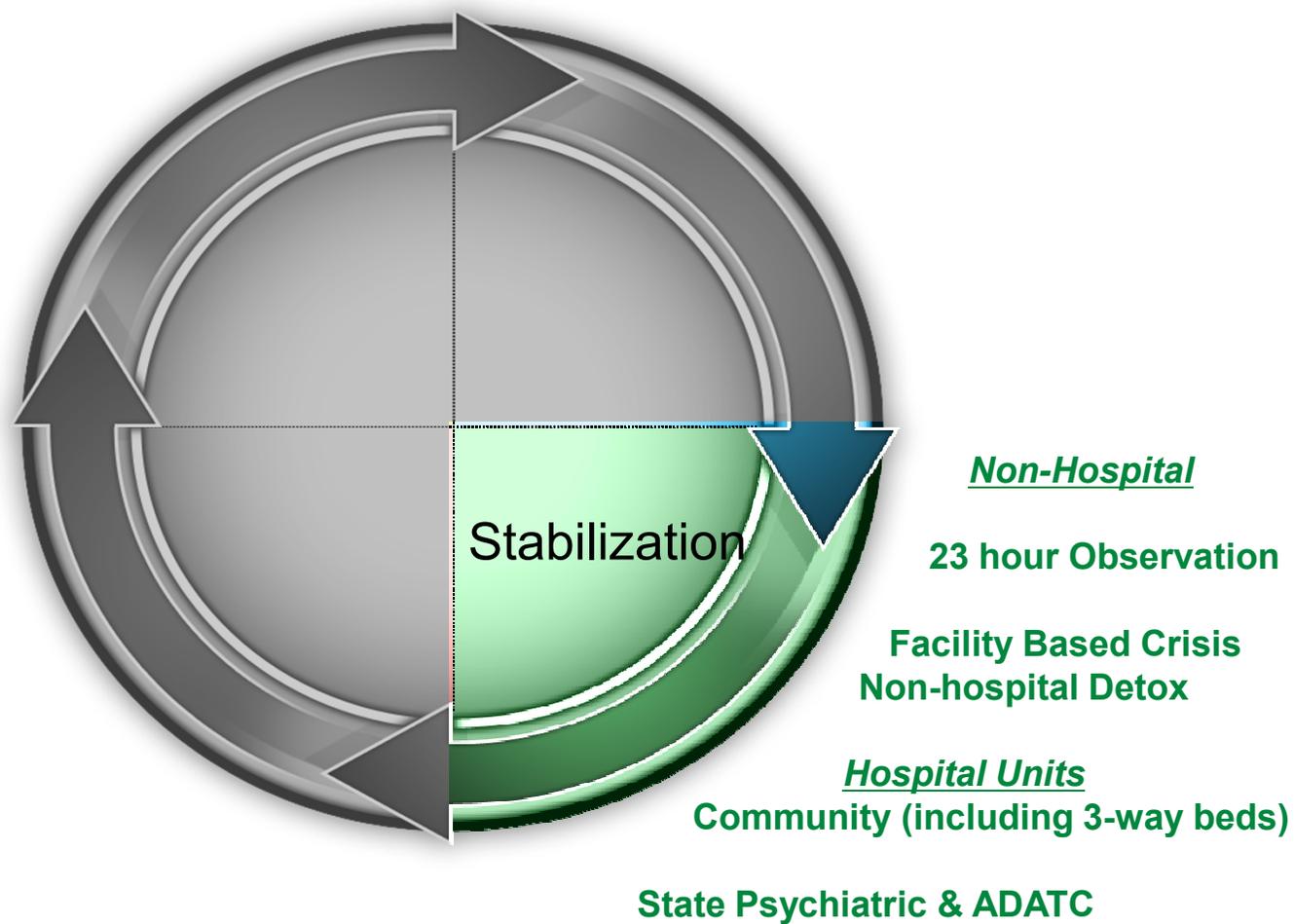
Crisis Services Continuum



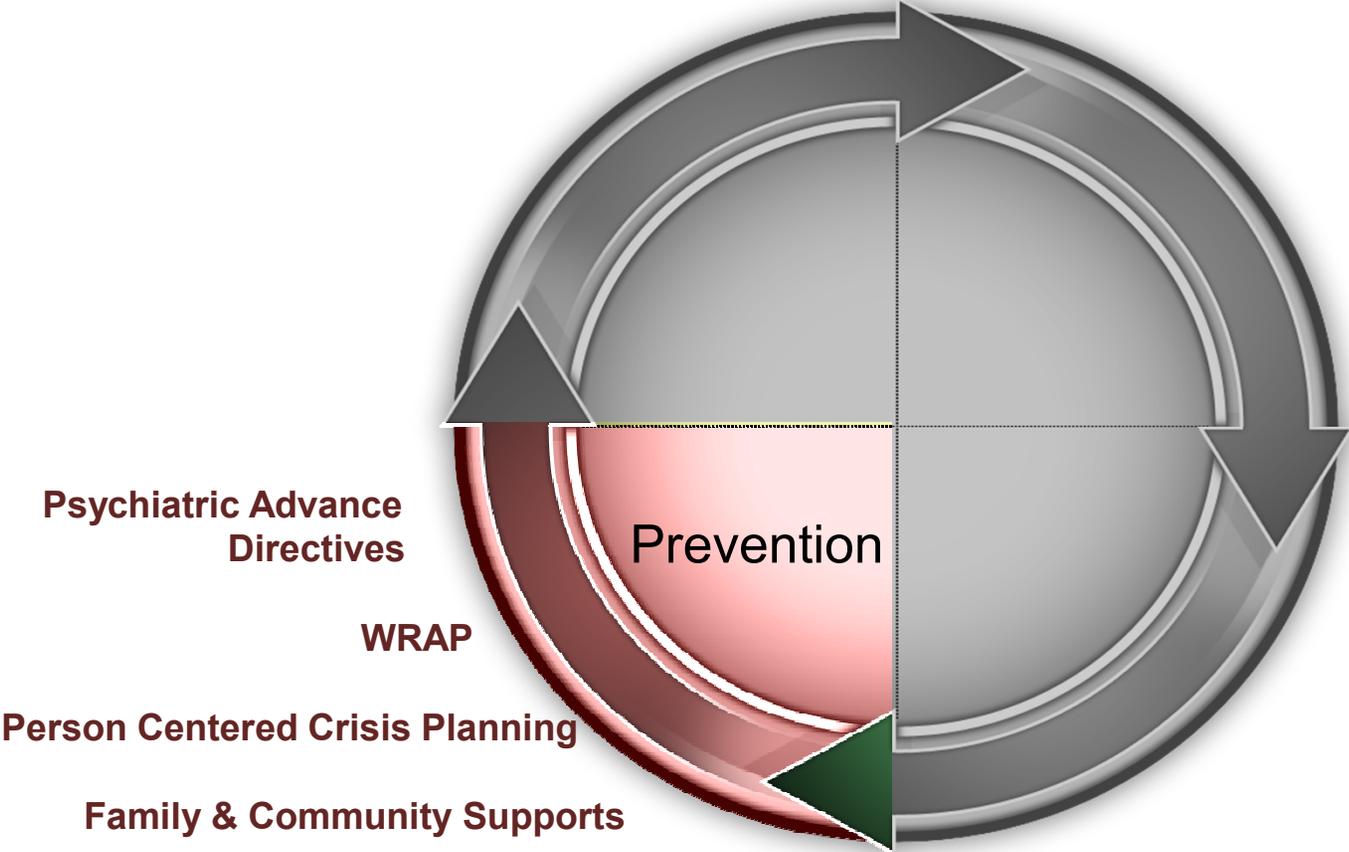
Crisis Services Continuum



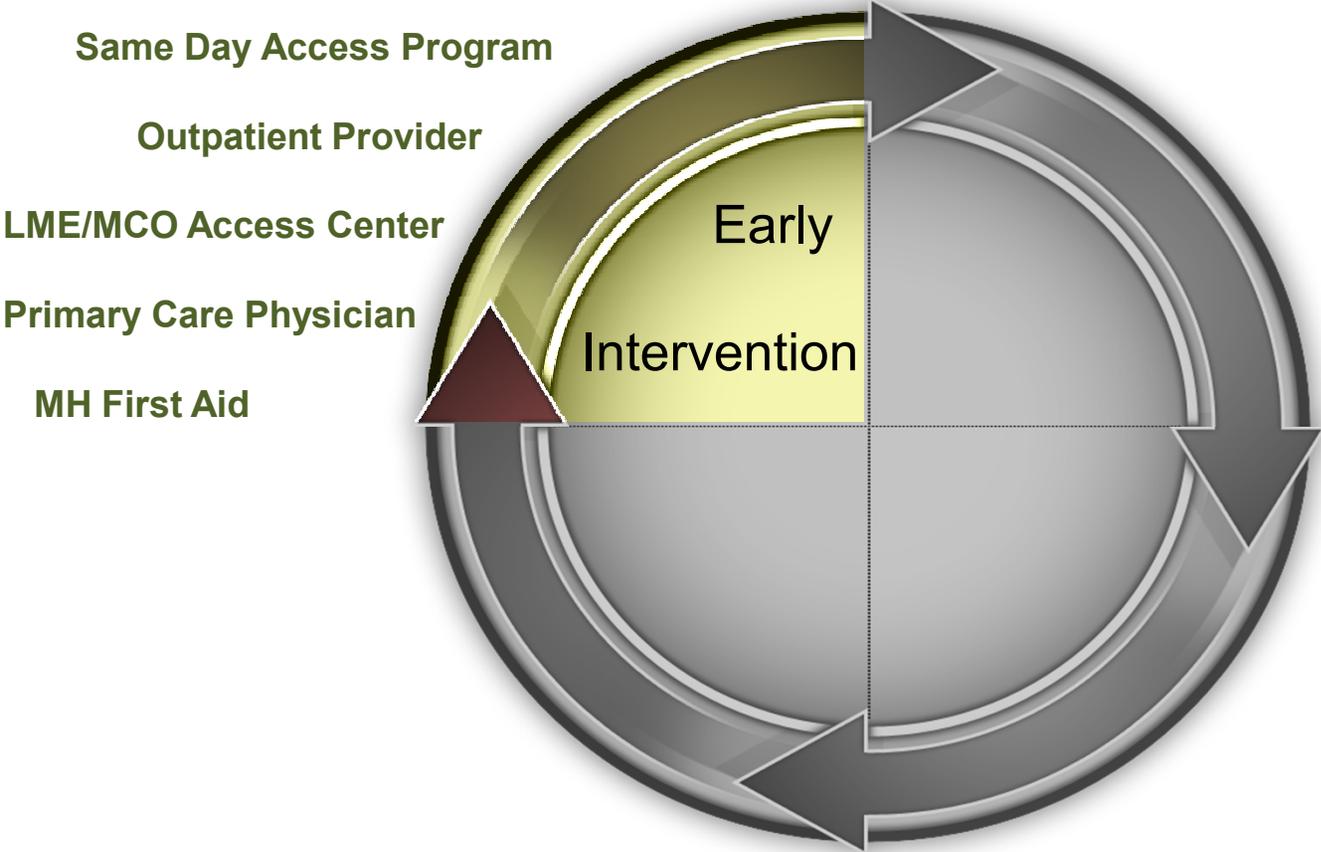
Crisis Services Continuum



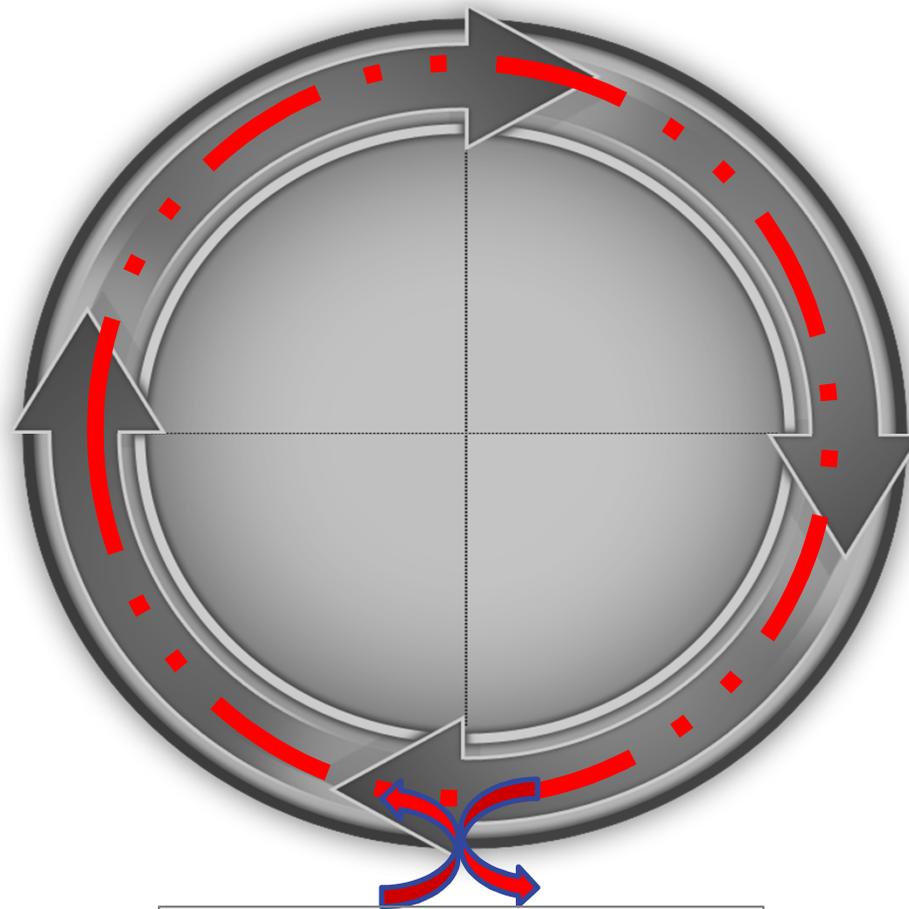
Crisis Services Continuum



Crisis Services Continuum



Crisis Services Continuum

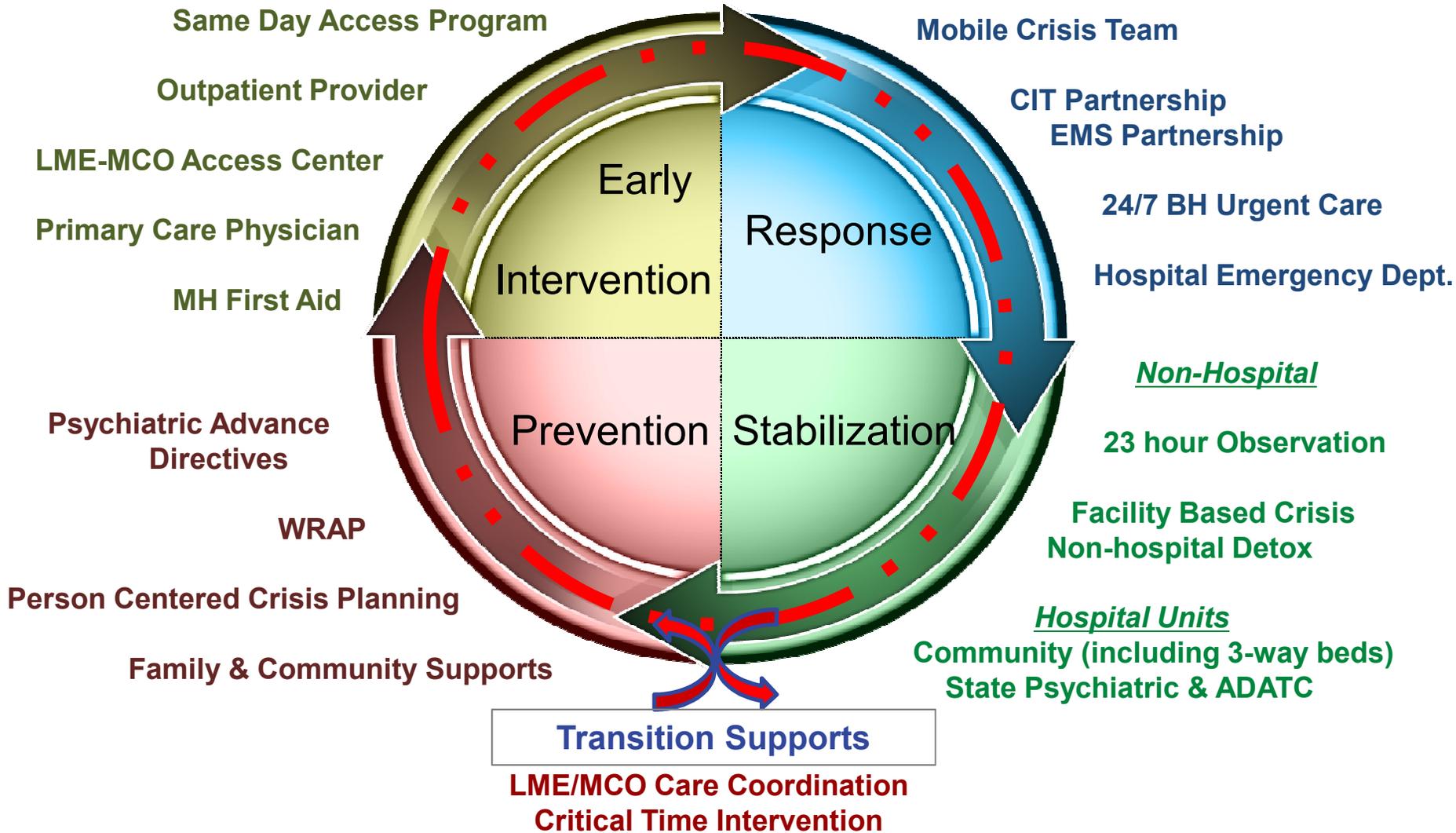


Transition Supports

LME/MCO Care Coordination

Critical Time Intervention

Crisis Services Continuum





Progress & Current Projects

- Funding allocated
 - Combination of funding streams
 - New state appropriation - \$2,200,000
 - MH Block Grant - \$4,239,833
 - SA Block Grant - \$1,856,000
 - DOJ Settlement funds - \$ 70,000
- \$8,365,833**



Ten Projects

1. MH First Aid
2. Group Home Employee Skills Training
3. Veterans Crisis Line
4. Collegiate Wellness
5. Addiction Recovery Centers
6. Innovative Technologies
7. Community Paramedic Mobile Crisis
8. Critical Time Intervention
9. Peer Operated Hospital Diversion
10. BH Urgent Care & Facility-Based Crisis



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1. MH First Aid – a continued commitment
 - \$500,000 to Fund Instructor Trainings for both Adult & Youth programs + purchase workbooks for participants
 - Dates and locations secured for 2 youth and 2 adult MHFA Instructor Trainings for 2015.
 - As of October 2014: 191 certified Instructors have trained more than 6,066 people as Mental Health First Aiders.
2. Group Home Employee Skills Training (GHEST)
 - \$65,000 to renew 3-day workshops for .5600A group home staff, via a contract with UNC - BHRP
 - An interactive program intended to reduce Law Enforcement transports and ED visits for group home residents in crisis.



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3. Veterans Crisis Line

- \$250,000 in partnership with NC Division of Veterans Affairs to activate a call center for veterans and their families... **NC4VETS**

4. Collegiate Wellness

- \$750,000 to establish 6 Collegiate Wellness & Recovery sites, through a contract with the UNC system

UNC-Charlotte

NC A&T

UNC-Chapel Hill

UNC-Greensboro

UNC-Wilmington

ECU

5. Addiction Recovery Centers

- \$335,000 will provide a state contribution to the creation of 5 peer and volunteer supported community recovery centers.



6. Innovative Technologies

- \$82,000 to support crisis prevention strategies for individuals with the use of innovative technologies.
- LME-MCOs will be offered an “Invitation to Apply for Funds”. DMH anticipates 2 – 4 awards.

7. Community Paramedic Mobile Crisis

- \$115,000 for start-up and ongoing support of local partnerships of EMS depts., LME-MCOs, and BH Urgent Care Centers who utilize trained paramedics to divert BH consumers from unnecessary ED visits
- LME-MCOs and their partners may apply for funds on an individual basis



8. Critical Time Intervention (CTI)

- \$1,460,000 to support 4 pilot sites of CTI, an EBP short term case management model to prevent crisis relapse for individuals exiting institutions
- LME-MCOs will be offered an “Invitation to Apply for Funds”. DMH anticipates 4 awards
 - 2 for proposals focused on the DOJ Adult Care Home population
 - 2 for proposals which may also support jail, hospital, homeless or other high risk individuals
- Plus, \$70,000 training and technical assistance for LME-MCO and provider staff will be supported through a contract with UNC - BHRP



9. Peer Operated Hospital Diversion

- \$700,000 to pilot two sites of 4 – 6 beds each for a short term overnight peer operated hospital diversion program
- Provider organizations will be offered an “Invitation to Apply for Funds”.
 - Responses must include a letter of support with the LME-MCO’s stated commitment to accept the allocation and support project development



10. BH Urgent Care & Facility-Based Crisis

SECTION 12F.5. (b) From funds appropriated ... the Division shall use ... \$2,200,000 in recurring funds:

- To increase the number of co-located or operationally linked behavioral health urgent care centers and facility-based crisis centers.
- To increase the number of facility-based crisis centers ... for the custody and treatment of involuntary clients ... The Department shall give priority to areas of the State experiencing a shortage of these types of facilities.
- To provide reimbursement for services provided by facility-based crisis centers.
- To establish facility-based crisis centers for children and adolescents.



What is a BH Urgent Care Center?

- Outpatient clinic fully equipped to provide walk-in CRISIS assessments
- May initiate crisis intervention services and/or med management
- Designated site to receive consumers in need of the first examination in the Involuntary Commitment process.
 - Facility is secure—with facility design elements and/or staffing components.
 - The program is able to manage the safety and custody requirements of the IVC consumer
- Manages the bed-finding process for those consumers who require an FBC, detox, or inpatient level of care
- **Functions as an alternative to a hospital emergency department for BH Crisis Intervention**



What is a Facility-Based Crisis Unit?

- Short-term (3 – 7 days) community-based residential
- Offers crisis stabilization and/or detoxification
- Can accept consumers in need of Involuntary Commitment
 - Reduces need for lengthy law enforcement transports
- Allows for more efficient connections to ongoing outpatient care
- Available now for adult consumers – 22 units statewide
- DMA & DMHDDSAS are in the process of promulgating clinical policy so Child and Adolescent units may be developed
- **Functions as an alternative to inpatient psychiatric hospitalization for some consumers**



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Involvement Welcomed!

- Continue coalition building among stakeholders and the sharing of resources that promote integration of behavioral and physical health
- We have a need to find good strategies for public education about available resources



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Discussion

Questions

Comments



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For More Information

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