The Crisis Solutions Initiative

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

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Update for DSS Directors Call
March 3, 2015
The NC Crisis Solutions Initiative focuses on identifying and implementing the best known strategies for crisis care while reducing avoidable visits to emergency departments and involvement with the criminal justice system for individuals in behavioral health crises.
Key Strategies

1. Work in partnership with all of the stakeholders in the crisis system.

2. Find what is working in locations across the state and nation.
   - Evaluate what makes a crisis intervention strategy effective.
   - Find ways to replicate and sustain successful models by eliminating barriers, and establishing policy and funding to support those models.
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
Crisis Services Continuum

Early Intervention
- Mobile Crisis Team
- CIT Partnership
- EMS Partnership
- 24/7 BH Urgent Care
- Hospital Emergency Dept.
- Non-Hospital
- 23 hour Observation
- Facility Based Crisis
- Non-hospital Detox
- Hospital Units
- Community (including 3-way beds)
- State Psychiatric & ADATC

Response
- LME/MCO Care Coordination
- Critical Time Intervention

Prevention
- Transition Supports
- Same Day Access Program
- Outpatient Provider
- LME-MCO Access Center
- Primary Care Physician
- MH First Aid
- Psychiatric Advance Directives
- WRAP
- Person Centered Crisis Planning
- Family & Community Supports

Stabilization
- LME/MCO Care Coordination
- Critical Time Intervention

Services & Supports listed are examples, not necessarily a complete list.
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
MH First Aid – a continued commitment

• $500,000 to fund Instructor Trainings for both Adult & Youth programs + purchase workbooks for participants

• 2 youth and 2 adult MHFA Instructor Trainings for 2015.

• As of January 2015: 213 certified Instructors have trained 8,086 people as Mental Health First Aiders.
Community Paramedicine BH Crisis Response

• $115,000 for start-up and ongoing support of local partnerships (EMS, LME-MCO, & BH Crisis Center) who utilize trained paramedics to divert BH consumers from unnecessary ED visits

• Wake program operational for 5 years + Onslow started September 2014

• Recently awarded 7 mini-grants of $5K each – Durham, Halifax, Forsyth, Rockingham, Brunswick, Guilford, McDowell

• Drafting state-funded service definition, rates, reimbursement standards
Critical Time Intervention

- $1,460,000 to support 4 pilot sites of CTI
  - EBP, intensive short term case management model
  - Assists adults with MI who are going through critical transitions, including from institutions to community
  - Invitation to Apply issued to LME-MCOs and the proposals are currently under review for selection
  - Will also contract with UNC-BHRP for training/technical assistance to assure model fidelity
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
Nearly $8 million awarded to enhance crisis solutions in North Carolina

DMH/DD/SAS has awarded funding to four projects...

- **Smoky Mountain Center**, with RHA Behavioral Health, will develop a 24-hour Behavioral Health Urgent Care Center to serve adults and children, and a co-located 16-bed crisis unit for adults.

- **CenterPoint Human Services**, with Monarch, will develop a 24-hour Behavioral Health Urgent Care Center for adults and children, and a co-located 16-bed crisis unit for adults in Winston-Salem.

- **Eastpointe**, with Monarch, will renovate and expand an existing 11-bed facility - adding five beds while increasing safety and security measures for adults, and develop a co-located Behavioral Health Urgent Care Center in Lumberton.

- **Cardinal Innovations Healthcare Solutions**, with Monarch, will develop the state’s first 16-bed crisis facility for children and adolescents in Charlotte.
Crisis Provider Survey

• Developed by DMH/DD/SAS and DMA staff

• Intended to inform our understanding about …
  – available resources for persons in behavioral health crisis
  – and, the provider community’s perception of the adequacy and quality of those resources

• Included traditional MH/DD/SAS provider community plus other provider partners
  – Hospitals, DSS, CCNC, EMS, Law Enforcement, etc.

• Electronically available for 1 month – November 2014

• 11 questions + Comments Option
Survey Results

• Well received – 1,161 providers responded!
• Providers represented all LME areas (135-360 per catchment area)
• Providers have consumers in all 100 counties
• 50% of responding Providers indicated they are part of a community collaborative that is actively pursuing crisis system solutions and/or seeking to improve the local crisis system.
### Providers Responding

<table>
<thead>
<tr>
<th>Respondent's Profession</th>
<th>Bar Graph</th>
<th>Response Total</th>
<th>Response Percent</th>
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<tbody>
<tr>
<td>MH/SA Outpatient Provider</td>
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<td>239</td>
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<tr>
<td>County Social Services</td>
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<td>Comprehensive or Enhanced MH/SA Service Provider</td>
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<tr>
<td>I/DD Service Provider</td>
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<tr>
<td>Other</td>
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<td>10%</td>
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<tr>
<td>MH/SA Licensed Individual Practitioner</td>
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<tr>
<td>Community Care of North Carolina (CCNC) Care Manager</td>
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<td>52</td>
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<tr>
<td>Hospital or Psychiatric Inpatient Facility</td>
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<tr>
<td>Hospital Emergency Department (ED)</td>
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<tr>
<td>Domestic Violence Program</td>
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</table>

Total Respondents: 1136 100%
For More Information

• MH First Aid
  - [http://www.mentalhealthfirstaid.org/cs/](http://www.mentalhealthfirstaid.org/cs/)

• Critical Time Intervention
  - [http://sssw.hunter.cuny.edu/cti/](http://sssw.hunter.cuny.edu/cti/)
  - [http://unccti.org/](http://unccti.org/)

• BH Urgent Care
  - [http://jtcommunicationbulletins.ncdhhs.gov/](http://jtcommunicationbulletins.ncdhhs.gov/)

• Crisis Solutions Initiative
  - [http://crisisolutionsnc.org/](http://crisisolutionsnc.org/)
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