

# Advisory Committee: Crisis Services

01/08/2024

10:00-11:00

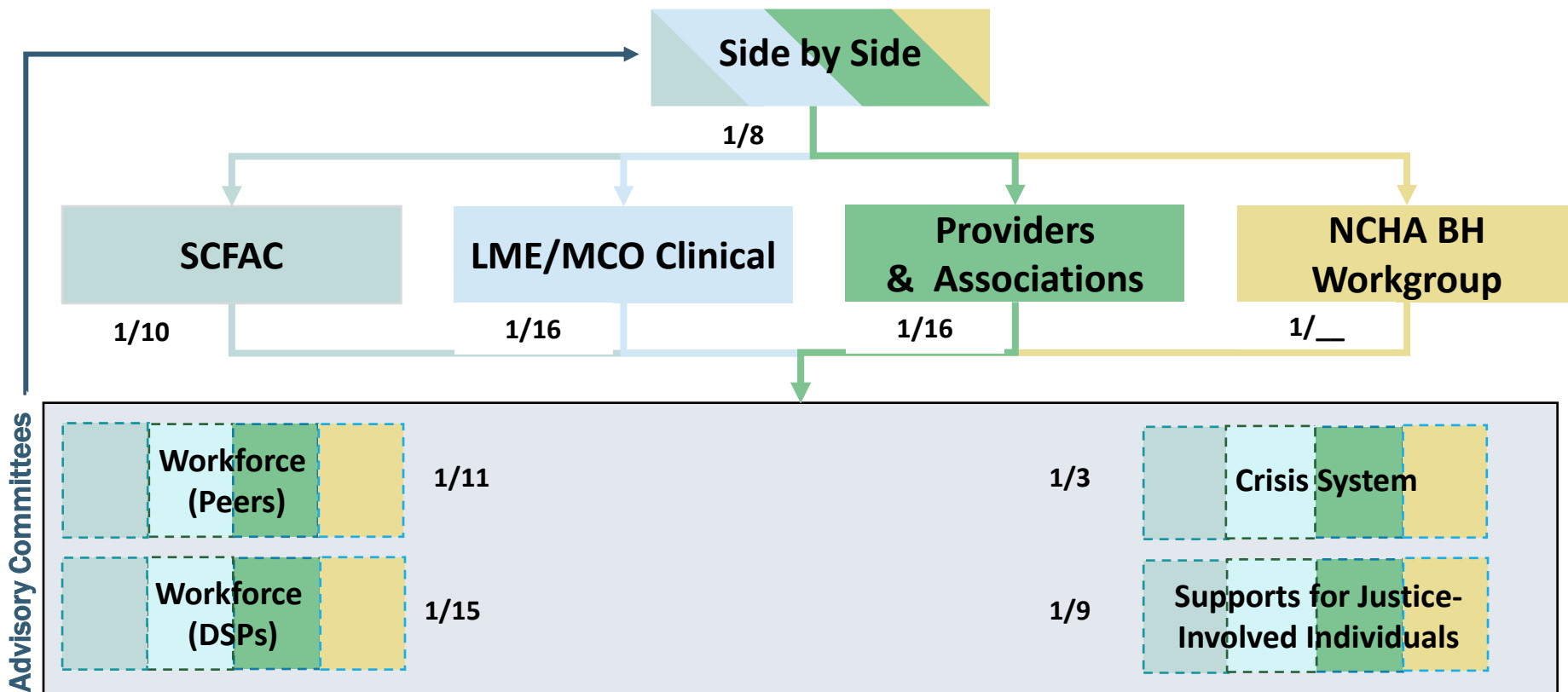
# Agenda

- Community Collaboration Model
- Introductions
- Discussion/Data Gathering
  - Mobile Crisis Management (MCM)

# **DMH/DD/SUS Community Collaboration Model**



## January Community Collaboration



# Introductions

# Crisis System Advisory Committee Membership (1/4)

| Providers             |  |
|-----------------------|--|
| Name                  | Organization                               |
| Amanda Johanson       | Triangle Springs                           |
| Ashley Sparks         | Alexander Youth Network                    |
| Barbara-Ann Bybel     | UNCH                                       |
| Benjamin Horton       | Veterans Services of the Carolinas - ABCCM |
| Brianne Winterton     | Coastal Horizons                           |
| Carson Ojamaa         | Children's Hope Alliance                   |
| Christine Beck        | UnitedHealth Group                         |
| Corie Passmore        | TLC  |
| Dave Jenkins          | Cone Health                                |
| Elizabeth Barber      | Threshold, Inc.                            |
| Glenn Simpson         | ECU Health                                 |
| Heather Hicks         | Anuvia Prevention & Recovery Center        |
| Jill Hinton           | Licensed Psychologist                      |
| Joel Maynard          | NCPC                                       |
| Kirsten Smith         | Children's Hope Alliance                   |
| Lisa Goins            | Addiction Recovery Care Association Inc.   |
| Luwanda Smith Daniels | Alternative Behavioral Solutions Inc.      |
| Margaret Hunt         | Youth Villages                             |
| Micah Krempasky       | WakeMed                                    |
| Morgan Coyner         | APNC                                       |
| Natasha Holley        | Integrated Family Services, PLLC           |
| Nicholle Karim        | NC Healthcare Association                  |
| Paula Bird            | Novant Health                              |
| Peggy Terhune         | Monarch                                    |
| Rachel Crouse         | Coastal Horizons Center, Inc.              |

# Crisis System Advisory Committee Membership (2/4)

| Providers         |   |
|-------------------|---|
| Name              | Organization  |
| Russell Rainear   | Private EOR   |
| Ryan Edwards      | CBCare  |
| Ryan Estes        | Coastal Horizons                                      |
| Samuel Pullen     | Novant Health   |
| Sarah Huffman     | RHA   |
| Sarah Roethlinger | Youth Focus, Inc.                                     |
| Tammy Margeson    | The Hope Center for Youth and Family Crisis/Kidspeace |
| Teri Herman       | SPARC   |
| Tisha Jackson     | Abound Health   |
| Trish Hobson      | The Relatives   |

| LME-MCOs                 |              |
|--------------------------|--------------|
| Name                     | Organization |
| Brian Perkins            | Alliance     |
| Barbara Hallisey         | Eastpointe   |
| Sabrina Russell-Holloman | Sandhills    |
| Liza Go-Harris           | Partners     |
| Benita Hathaway          | Trillium     |
| Cindy Ehlers             | Trillium     |
| Annette Daugherty        | Trillium     |
| Tina Weston              | Vaya         |
| Laurie Whitson           | Vaya         |
| Lesley Jones             | Vaya         |

# Crisis System Advisory Committee Membership (3/4)

| Consumer and Family Advisory Committee |              |
|--|--------------|
| Name                                   | Organization |
| April DeSelms                          | SCFAC        |
| Bob Crayton                            | Vaya CFAC    |
| Johnnie Thomas                         | SCFAC        |
| Patty Schaeffer                        | SCFAC        |

| Community Partners  |  |
|---------------------|--|
| Name                | Organization   |
| Anthony Marimpietri | NAMI - Orange County                                   |
| Dawn Koonce         | Murdoch Development Center                             |
| Gayle Rose          | UNCG - Center for Youth, Family and Community Partners |
| Michele Chassner    | The Hope Center for Youth and Family Crisis/Kidpeace   |
| Naglaa Rashwan      | UNCG   |
| Nancy Keith         | ECU Health   |
| Shagun Gaur         | Autism Society of North Carolina                       |
| Sherri McGimsey     | NAMI   |



# Crisis System Advisory Committee Membership (4/4)

| Internal/Consultants |                             |
|----------------------|-----------------------------|
| Name                 | Organization                |
| Elliot Krause- Lead  | DMHDDSUS                    |
| Kelly Crosbie        | DMHDDSUS                    |
| Charles Rousseau     | DMHDDSUS                    |
| Saarah Waleed        | DMHDDSUS                    |
| Lisa DeCiantis       | DMHDDSUS                    |
| Tanya Thacker        | DMHDDSUS                    |
| Erica Asbury         | DMHDDSUS                    |
| Jessie Tenenbaum     | DHHS                        |
| Hannah Harms         | DHHS                        |
| Sandy Terrell        | DHB                         |
| Renee Clark          | DHHS Office of Rural Health |
| Jocelyn Guyer        | Manatt                      |
| Ashley Traube        | Manatt                      |
| Ahimsa Govender      | Manatt                      |
| Jacob Rains          | Manatt                      |
| Garrick Prokos       | Accenture                   |
| Essie Santillano     | Accenture                   |
| Mary Ambrosino       | Accenture                   |

# Housekeeping

We encourage those who are able to turn on cameras use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# **North Carolina's BH Crisis System**

## **Part 3**

# Behavioral Health Budget Provisions

**\$131M** is going towards crisis across SFY23-25

Crisis

| Provision   | FY24   | FY25   |
|---|--------|--------|
| Crisis System (e.g. mobile, FBCs)   | \$30M  | \$50M  |
| Crisis Stabilization (short-term shelter)                                 | ~\$3M  | ~\$7M  |
| Non-Law Enforcement Transportation Pilot Program                          | \$10M  | \$10M  |
| BH SCAN   | \$10M  | \$10M  |
| Justice-Involved Programs (re-entry, diversion, and capacity restoration) | \$29M  | \$70M  |
| Behavioral Health Workforce Training                                      | ~\$8M  | \$10M  |
| NC Psychiatry Access Line (NC PAL)  | ~\$4M  | ~\$4M  |
| Behavioral Health Rate Increases  | \$165M | \$220M |
| State Facility Workforce Investment                                       | \$20M  | \$20M  |
| Electronic Health Records for State Facilities                            |        | \$25M  |
| Child Welfare and Family Well-Being                                       | \$20M  | \$60M  |

# Guiding Principles for Identifying Investments

## Year 1

- Fund infrastructure to allow current DMH/DD/SUS programs to expand their reach
- Use data and community input to prioritize projects based on need

## Year 2

- Fund innovative programs that require research and design
- Change existing programs to improve service quality and/or build path for long-term sustainability

# North Carolina's Crisis Continuum

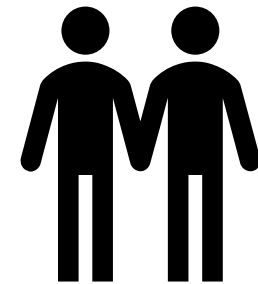
## Someone to Talk To (Connect)

- 988
- Peer Warm Line (coming soon)



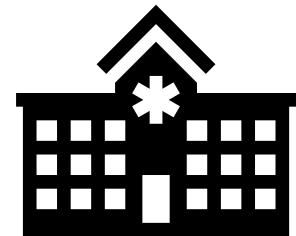
## Someone to Respond (Dispatch)

- Mobile Crisis Team Response,
- CIT Law Enforcement/EMS



## A Safe Place To Go (Stabilize)

- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis (FBC)
- Peer and Community Respite, NCSTART



# Mobile Crisis Teams

## Someone to Respond

- **What is it?**

- Mobile Crisis teams provide an immediate response to a mental health or substance use crisis by meeting the person where they are in the community. Mobile Crisis Management (MCM) is available 24/7/365
- MCM is typically a QP responder with clinical backup
- MCM involves crisis stabilization assessments and interventions for community stabilization

- **Challenges**

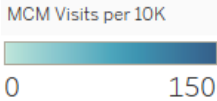
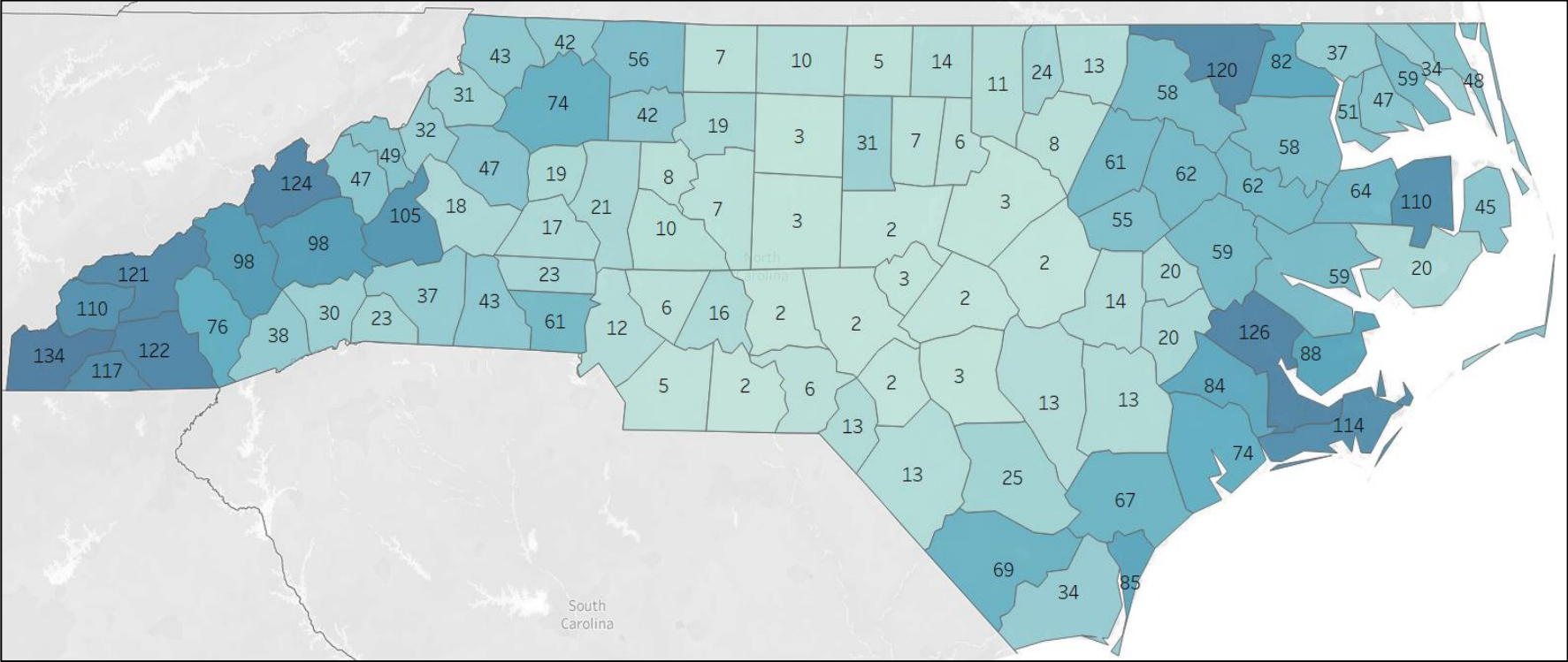
- Mobile Crisis team responses can exceed 2 hours
- The level of service provided by a Mobile Crisis team may be inconsistent and may not allow the person to be stabilized in the community
- Not all teams transport individuals when a higher level of care is needed

- **Goals**

- Mobile Crisis response times are shorter than 2 hours
- 80% of individuals can be receive the supports they need to remain in the community

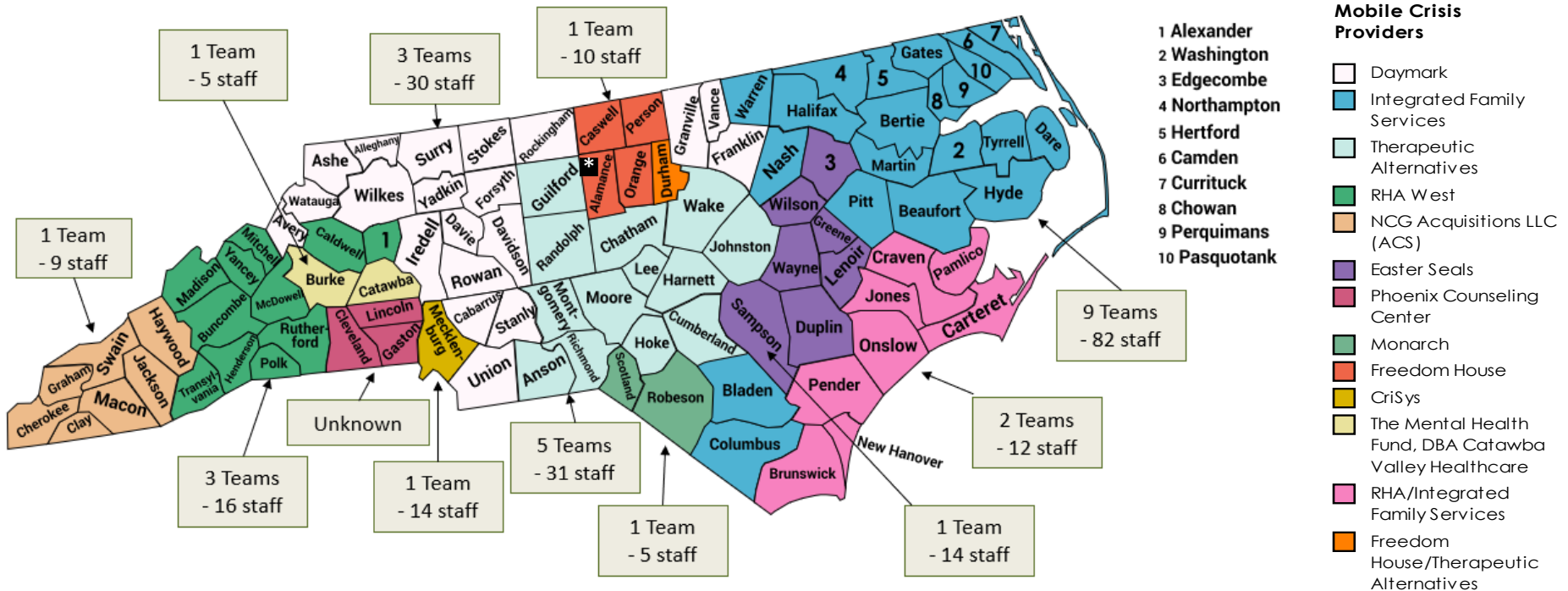
# Mobile Crisis Visits per 10,000

8/22-7/23; State Funded Services & Medicaid Funded; Uses NC population as denominator





# Mobile Crisis Teams



Please reach out to us with any changes so we can update our map!

Figure adapted from September 2022 North Carolina Crisis Current State Assessment conducted by RI International.  
 \*Alamance now served by Freedom House and RHA

# Mobile Crisis Discussion (1/4)

## Utilization

- What factors may impact disparate mobile crisis use across the State?
- Where are mobile crisis referrals coming from (e.g., 988, 911, LME-MCOs, providers)?
- Do community members know and trust the mobile crisis provider?
- On average how quickly are mobile crisis able to respond?

# Mobile Crisis Discussion (2/4)

## Staffing

- How are mobile crisis teams staffed?
  - To what extent are peers integrated into the team response?
  - Are any mobile crisis teams piloting the use of two-person response teams

## Funding

- How are mobile crisis teams currently funded to serve individuals in crisis regardless of insurance status? To what extent is the funding model sustainable?

# Mobile Crisis Discussion (3/4)

## Community Stabilization

- To what extent are mobile crisis teams stabilizing individuals in the community?
- To what extent are mobile crisis teams able to stabilize an individual experiencing a substance use crisis? Reverse overdoses?
- To what extent are mobile crisis teams able to stabilize an individual with co-occurring I/DD and TBI needs?

# Mobile Crisis Discussion (4/4)

## Role in Crisis Continuum

- What does effective partnership between mobile crisis and the community look like?
- To what extent are mobile crisis teams able to transport individuals to other levels of care?
- Are community-based treatment alternatives to mobile crisis being used in your community?

Where are there other opportunities to improve this service?

**Thank you!**