# Crisis System Advisory Committee

11/20/2023

# Agenda

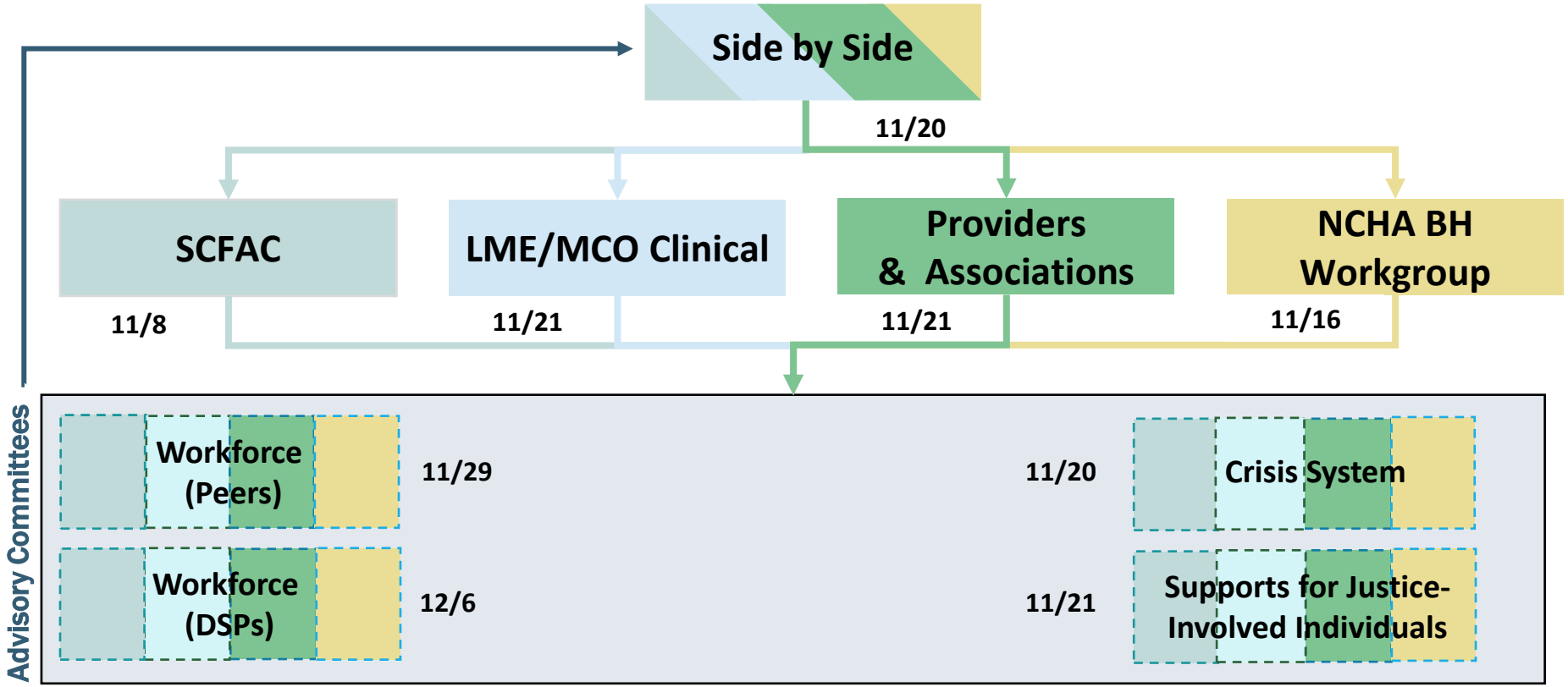
- DMH/DD/SUS Community Collaboration Model
- Introductions and expectations
- Current state of our Crisis System
- Crisis funding in the SFY24-25 Budget
- Areas of focus for investments

# DMHDDSUS
# Community Collaboration Model

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

# November Community Collaboration

## Topic: Crisis System



# Describing Our Community Collaboration Model

- We are building a structure for collaboration where information cascades across three levels of engagement. This structure allows us to present ideas, receive feedback, and collaborate on policy priorities.

- **Level 1**: Large scale public engagement. We use our Side By Side webinar to provide important updates to the public, proactively communicate key policy priorities, and answer questions from participants.

- **Level 2**: Focused engagement across a range of topics with key community partners. Our SCFAC meeting is an example.

- **Level 3**: Collaboration with advisory committees that are dedicated to a single topic. Advisory committees are made up of representatives from each of our key community partners. Advisory committees are being developed to discuss four key priority areas: crisis system, supports for justice-involved individuals, peer workforce, and direct support professional workforce. Input from advisory committees informs DMHDDSUS' policy development and future conversations.

# Introductions and Expectations

# Crisis System Advisory Committee Membership (1/2)

| Name | Organization |
|---|---|
| ***Providers*** | |
| Amanda Johanson | Triangle Springs |
| Ashley Sparks | Alexander Youth Network |
| Barbara -Ann Bybel | UNCH |
| Brianne Winterton | Coastal Horizons |
| Carson Ojamaa | Children's Hope Alliance |
| Christine Beck | North Carolina Children and Families Specialty Plan |
| Dave Jenkins | Cone Health |
| Glenn Simpson | ECU Health |
| Heather Hicks | Anuvia Prevention & Recovery Center |
| Joel Maynard | NCPC |
| Lisa Goins | Addiction Recovery Care Association 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 |
| Richard Edwards | CBCare |
| Ryan Estes | Coastal Horizons |
| Sarah Huffman | RHA |
| Teri Herman | SPARC |

# Crisis System Advisory Committee Membership (2/2)

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

| Name | Organization |
|---|---|
| ***Internal/Consultants*** | |
| Elliot Krause- Lead | DMHDDSUS |
| Kelly Crosbie | DMHDDSUS |
| Charles Rousseau | DMHDDSUS |
| Saarah Waleed | DMHDDSUS |
| Lisa DeCiantis | DMHDDSUS |
| Jocelyn Guyer | Manatt |
| Ashley Traube | Manatt |
| Garrick Prokos | Accenture |
| Essie Santillano | Accenture |
| Mary Ambrosino | Accenture |

# Crisis System Advisory Committee Draft Charter

The Crisis Systems Advisory Committee will advise and inform DMH/DD/SUS on key aspects of the design, implementation, and evolution of North Carolina's crisis services.

- The Advisory Committee is chaired by DMH/DD/SUS and will consist of a group of representatives from consumer and family advisory committees, provider groups, the North Carolina Healthcare Association, and LME-MCOs.
- Members will serve a one-year term, with an optional second year.
- The Advisory Committee will advise on FY23 – FY24 budget investments under development that will inform the longer-term strategy/redesign of the justice-involved system.
- Recommendations are advisory only.
- The Advisory Committee may create ad-hoc technical groups ("subcommittees"), as needed, to develop formal recommendations on specific, high priority topics.

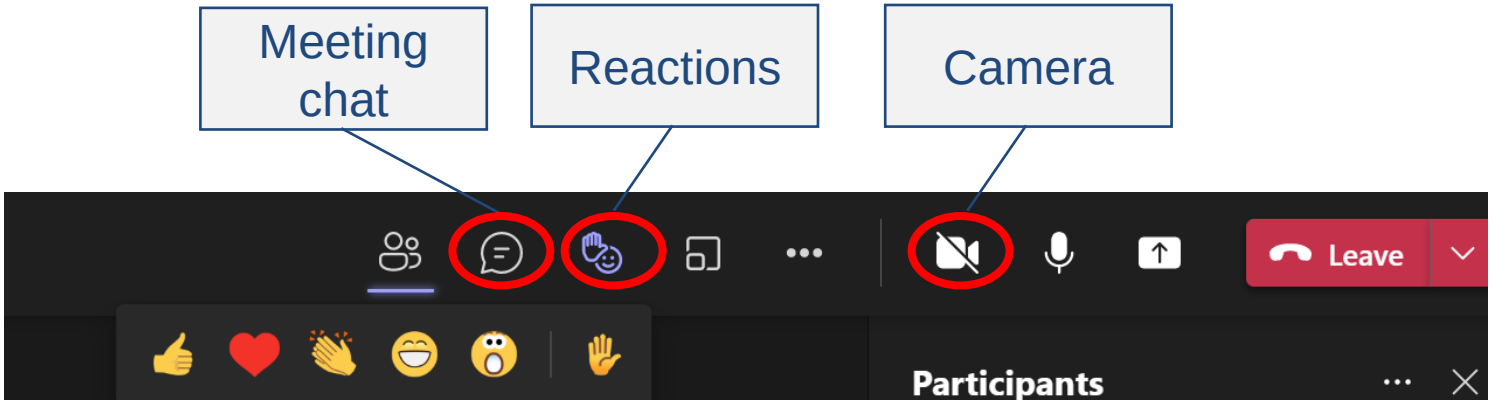
# Meeting Logistics and Expectations

Each Advisory Committee meeting will introduce key topics for discussion related to the Crisis System; initial meetings will set expectations regarding the nature and scope of issues to be addressed.

- The Advisory Committee will meet approximately once per month
- DMH/DD/SUS will seek to circulate agendas and materials with membership up to a week in advance of a meeting and post publicly.
- Members are expected to:
  - Regularly attend meetings, whether in-person or virtually.
  - Actively participate in conversations on key policy and design issues and provide meaningful feedback. For virtual meetings, please turn on cameras (if able), use reactions in Teams to share opinions on topics discussed, and share questions in the chat.
  - Bring issues raised during meetings back to their organizations to promote dialogue and communication between the Advisory Committee and a broader group of stakeholders.

# Engagement in Virtual Meeting

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 Crisis System

# Questions to Consider

- What are your pain points in the state's crisis system?
- What are your pride points in the state's crisis system?
- How can we invest in new or existing crisis services for:
  - Children
  - Youth
  - Adults
  - People with I/DD
  - People involved in justice system
- How can we strengthen BH SCAN?

# What we hear about NC's Crisis System

- What is 988?  Can I trust it?
- What is mobile crisis?
- Wait times are too long for mobile crisis

- Too many people are waiting in Emergency Departments
- Emergency responses are not tailored to my needs
- Services are not available where I live

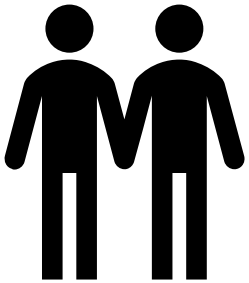
# North Carolina's Crisis Continuum

**Someone to Talk To (Connect)**

- 988
- Peer Warm Line (coming soon)

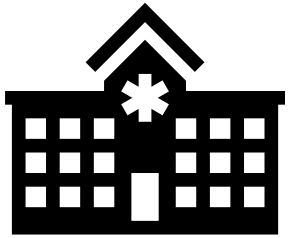
**Someone to Respond (Dispatch)**

- 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



# 988: Suicide and Crisis Lifeline

- National 9-8-8 Suicide and Crisis Lifeline was launched on July 16, 2022
- 24-hour access to trained crisis counselors
- Reached through
  - 988 or 1-800-273-TALK (8255) - call/text
  - Text *Ayuda* to 988
  - 988lifeline.org or 988lineadevida.org/– chat
- Calls routed to call center based on caller's area code
  - Intro message comes on with prompts
    - Press "2" Spanish (average 174 per month)
    - Press "1" Veterans line (average 1,933)
    - Press "3" LGBTQ+ (ages 13 – 24) (average 423 since July 2023)
  - Video phone caller directly routed to American Sing Language call center
- Assessment will determine the need for further intervention (Mobile Crisis, Law Enforcement, Warm Hand-off to LMEs, Referral to community)

# 988: Facts & Figures

- **Every** person who connects with 988 is offered support
- Currently, about 7,500 people reach out 988 each month in North Carolina
- 60% of individuals are reaching out for the first time
- 40% are repeat callers looking for additional support
- 75% of individuals with thoughts of suicide reported improvement in how they were feeling by the end of their call
- North Carolina's average speed to answer is 14 seconds, while the national average is 41 seconds

# 988 Dashboard

## North Carolina 988 Performance Dashboard

Past 12 Months (11/22-10/23)

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

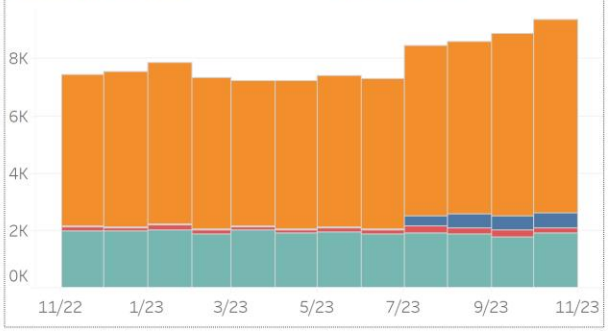
The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.

988 SUICIDE & CRISIS LIFELINE

| 94,763 | 98.0% | 14.2 seconds | 44.5% | 11.6% |
|---|---|---|---|---|
| NC Contact Volume | NC 988 Call Center Answer Rate | Avg Time to Answer Calls (NC 988 Call Center) | of Contacts are from Repeat Callers (NC 988 Call Center) | of Contacts Referred to Mobile Crisis (NC 988 Call Center) |

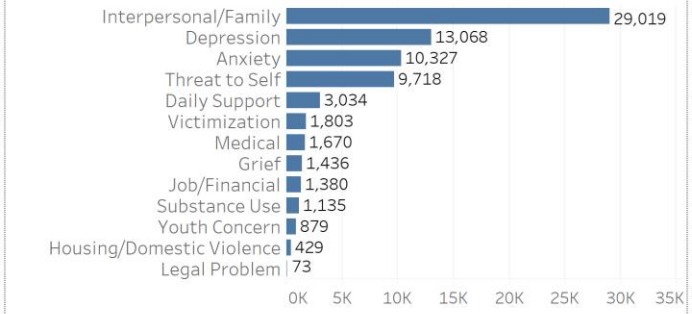
### Contact Volume

Veteran, Spanish, LGBTQ+ (available 7/23), NC 988 Call Center



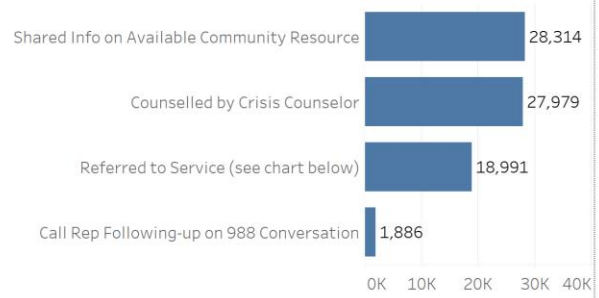

### Reason for Contacting 988 (NC 988 Call Center)

Caller can report multiple reasons



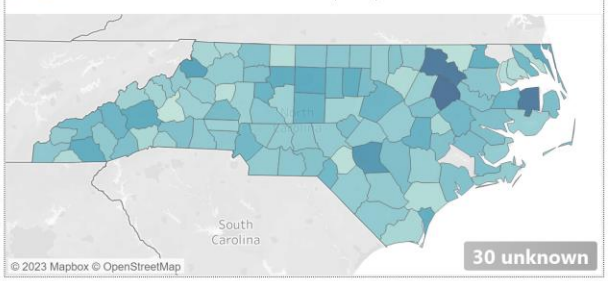

### Support Offered by 988 (NC 988 Call Center)

Caller can receive multiple supports

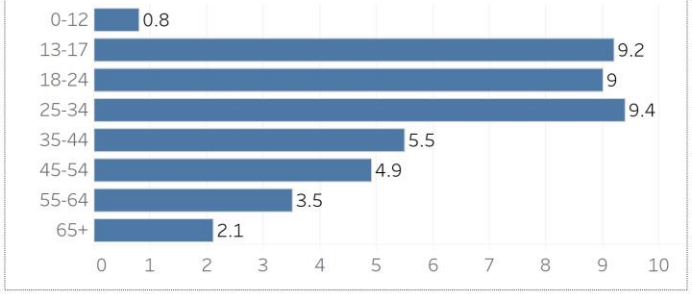



### Contacts Per 10K (NC 988 Call Center)

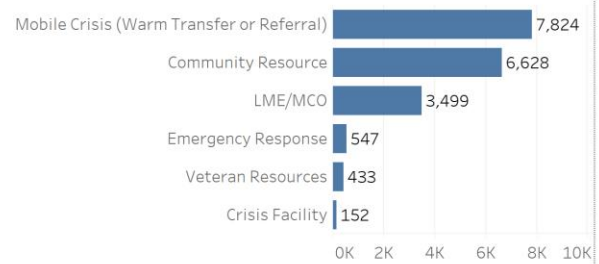
0 to 150; Counties with Fewer Than 10 Calls/Chat/Text Hidden




### Contacts per 1K by Age Group (NC 988 Call Center)




### Service Caller Referred To (NC 988 Call Center)



# NEW Funding for North Carolina's Crisis System

# 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

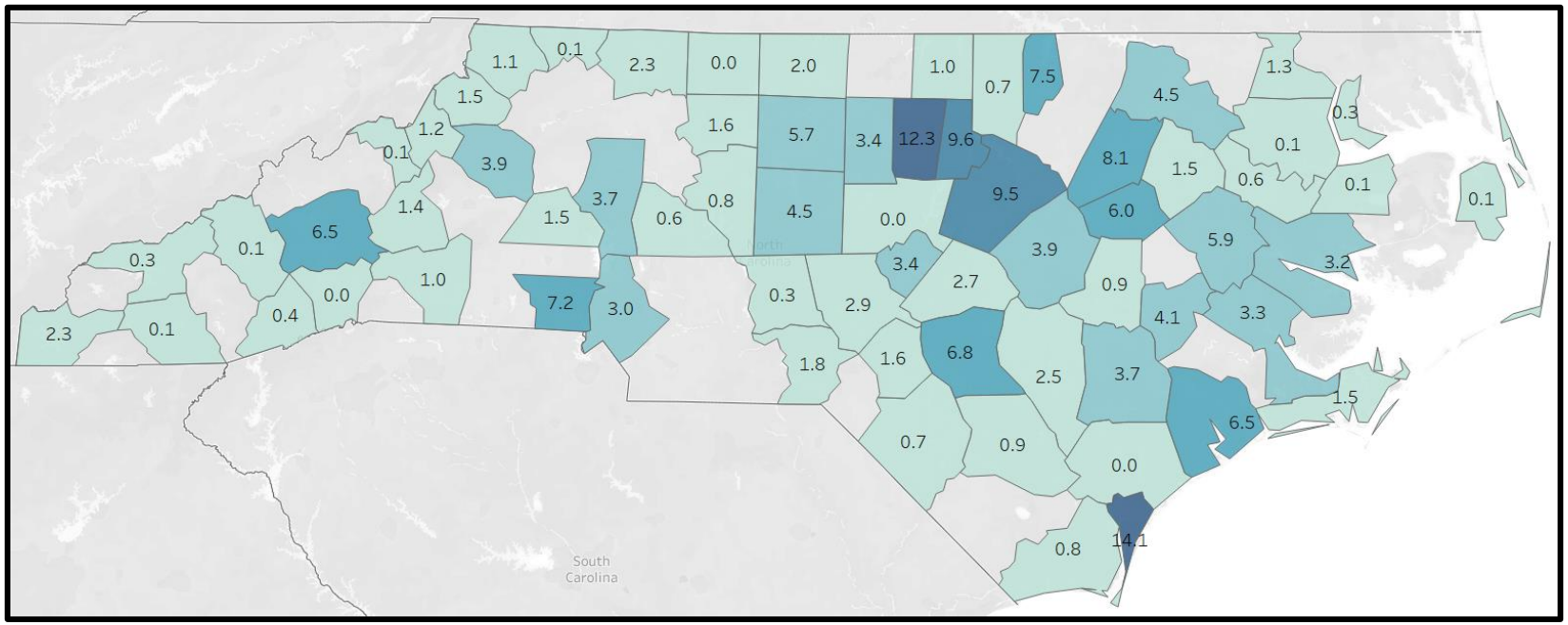
- Fund infrastructure to allow current DMH/DD/SUS programs to expand their reach
- Use data and community input to prioritize projects based on need

## 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

# # Individuals Waiting in an ED Each Day

- The high # of individuals waiting in the ED show that the crisis system isn't working
- Issues include (but are not limited to):
  - Not enough Facility Based Crisis Centers or Behavioral Health Urgent Care
  - Mobile crisis services aren't necessarily meeting the needs of the community
  - Communities may not know of or trust these BH-specific crisis services
  - Lack of pre-emptive services or places for people to get higher levels of care



# 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

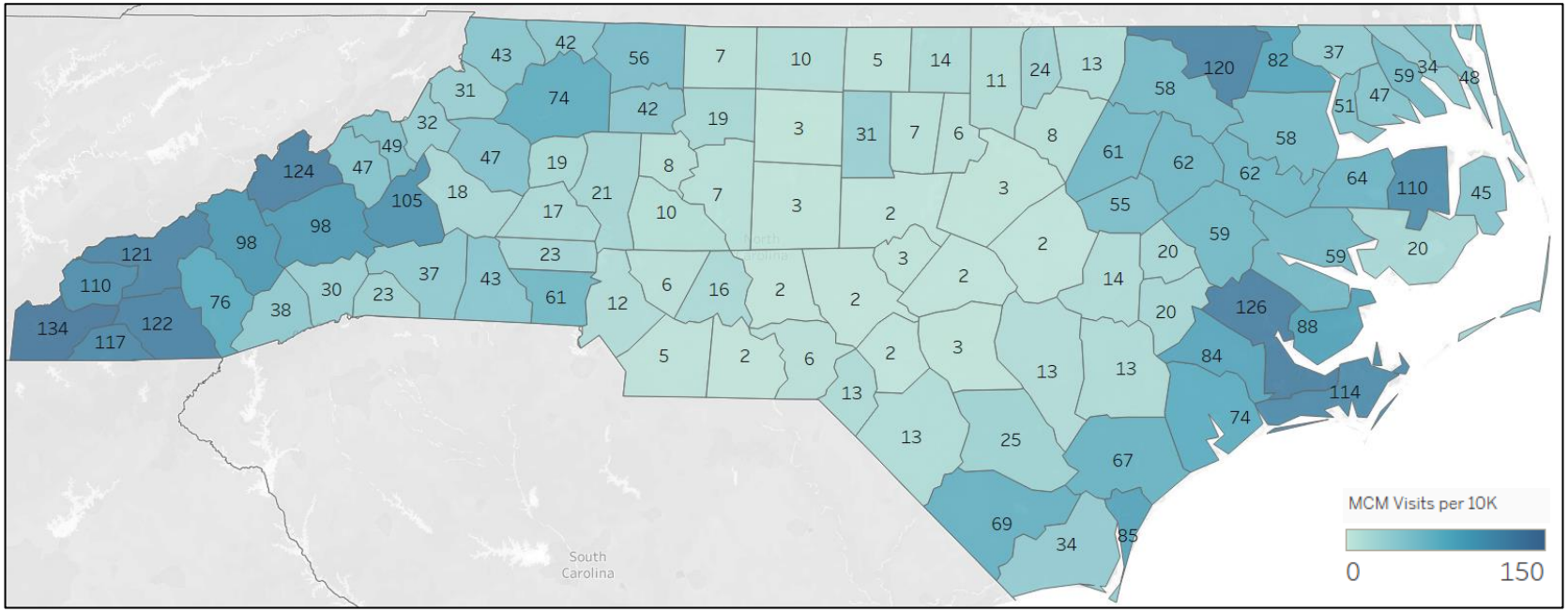
- **Challenges**
  - Mobile Crisis team responses can exceed 2 hours
  - The level of service provided by a Mobile Crisis team may be inconsistent and may not allow the person to be stabilized in the community
  - Not all teams transport individuals when a higher level of care is needed

- **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

- Utilization of mobile crisis teams is inconsistent across NC
- Additional research needed to understand causes of higher/lower utilization



# Facility Based Crisis Centers (FBCs)

Somewhere to Go

- **What is it?**
  - FBCs provide crisis stabilization in a short-term residential setting as an alternative to hospitalization for adults, children, and youth in crisis
  - FBCs provide short-term intensive evaluation, treatment intervention, and behavioral management
  - FBCs have up to 16 beds, are staffed by nurses, QPs, substance use specialists, certified peer support specialists, and a psychiatrist on call
  - Individuals typically stay up to 14 days

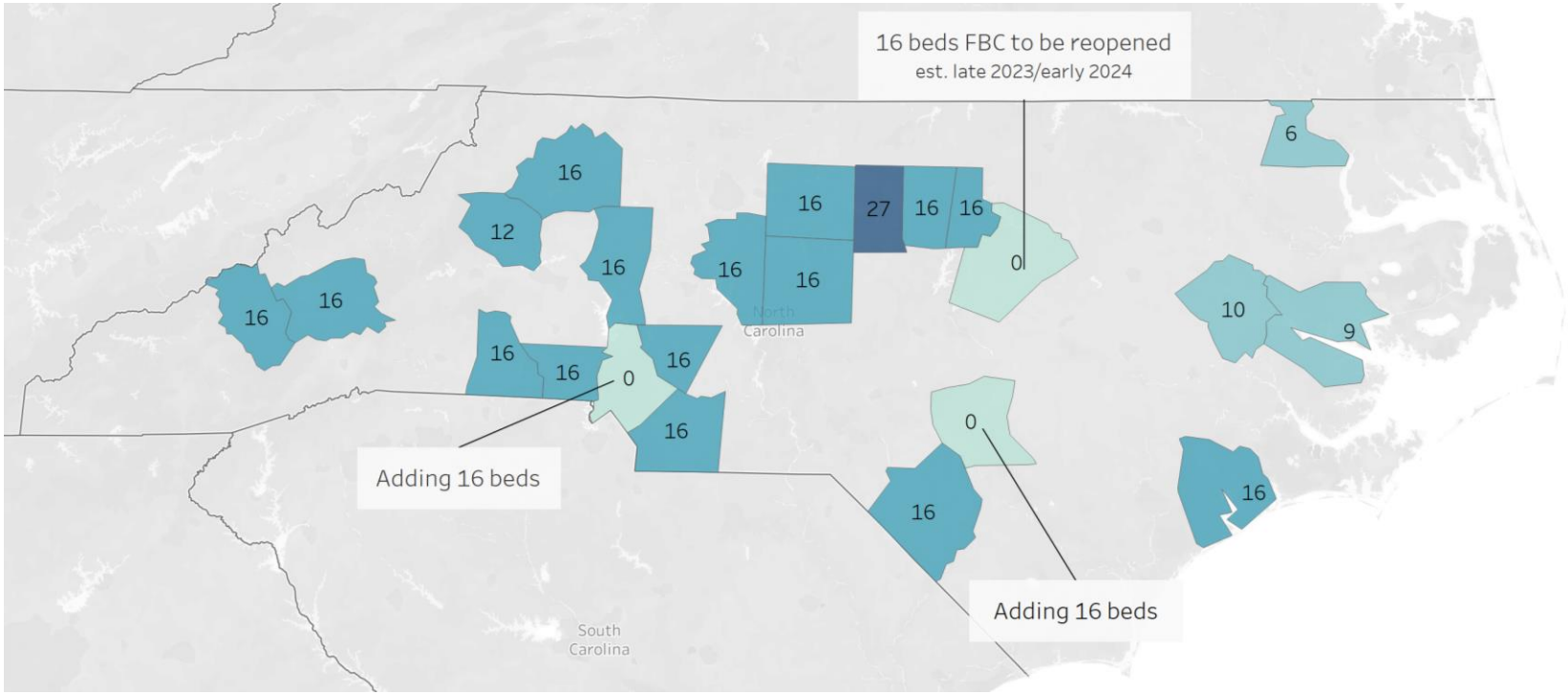
- **Challenges**
  - FBCs are not accessible throughout the state – may not be enough beds for adults and/or youth
  - People experiencing a crisis may not know that an FBC is an option
  - Admission criteria varies
  - Do not provide medical stabilization

- **Goal**
  - Provide a safe and welcoming space that allows for crisis stabilization

# # Licensed Beds at Adult FBCs

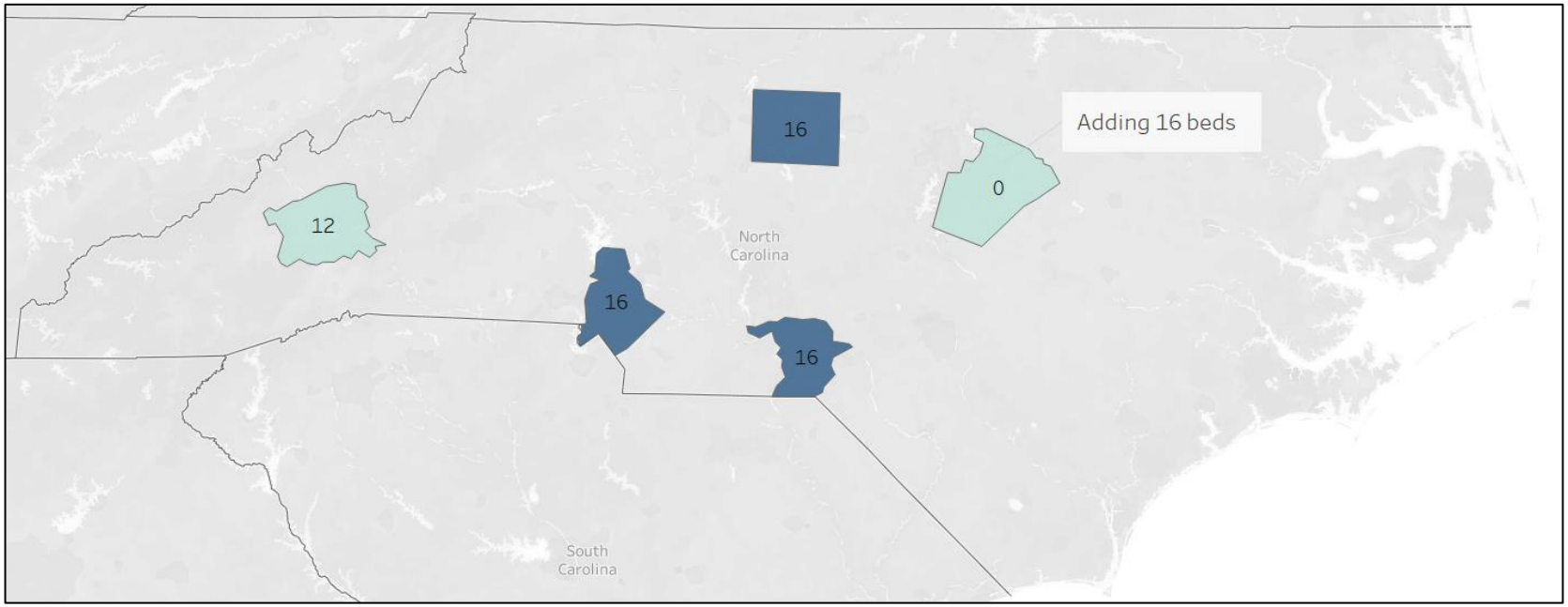
- Shows distribution of the 304 current Adult FBC licensed beds across the state, and where the expected 64 new Adult FBC beds will be added (over the next 3 years)

- Shows what areas of the state may not have enough capacity



# # Licensed Beds at Youth FBCs

- Shows distribution of the 60 youth FBC licensed beds across the state
- Shows what areas of the state may not have enough capacity



# Behavioral Health Urgent Care (BHUC)

Somewhere to Go

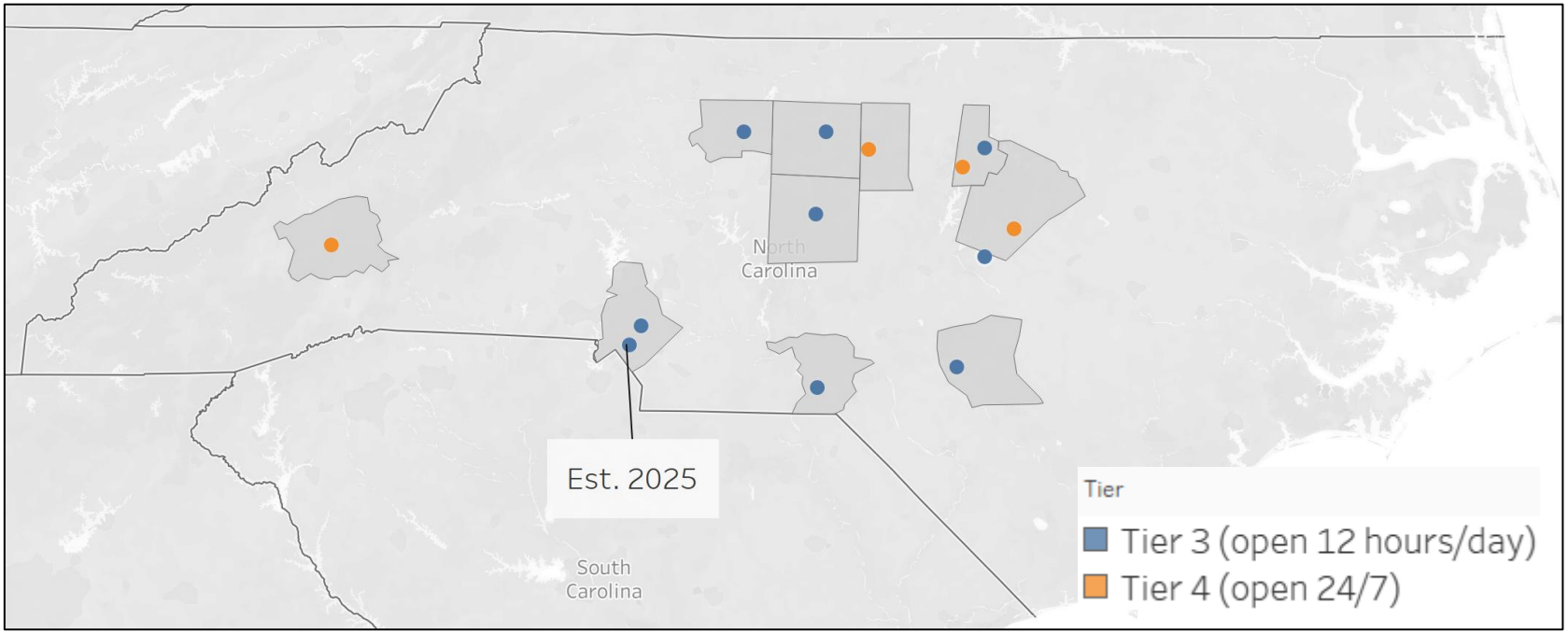
- **What is it?**
  - BHUCs provide triage services, crisis risk assessment, stabilization, evaluation and intervention for children and adults and serve as an alternative to the emergency room for people experiencing a crisis
  - Each BHUC usually has ~12 chairs, operates either 24 hours or 12 hours a day, and are staffed by a nurse, clinician, SU specialist, QPs, certified peer support specialist, with a psychiatrist on call

- **Challenge**
  - BHUCs are not accessible throughout the state
  - People experiencing a crisis may not know that a BHUC is an option

- **Goal**
  - Provide a level-of-care appropriate for individuals experiencing a crisis as an alternative to the ED

# Map of BHUC Facilities in NC

- BHUCs operate in 10 counties, and Tier 4 BHUCs offer ~90 observation chairs across the state
- Counties without BHUC may not have an alternative to the ED for people experiencing crisis



# Mobile Outreach, Response, Engagement, & Stabilization (MORES)

Someone to Respond

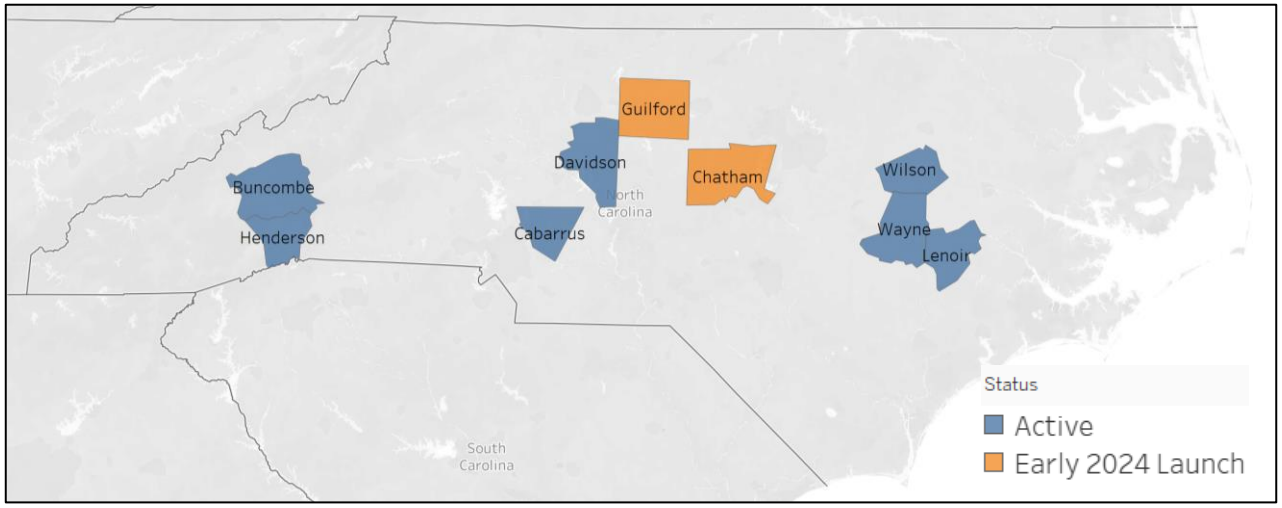
- **What is it?**
  - MORES stabilize children and adolescents in community settings by providing follow-up care for 2-4 weeks
  - MORES teams offer stabilization of children and adolescents the community by providing follow-up care for 2-4 weeks
  - MORES is provided by a licensed clinician and a Family Peer Support Partners and access to a psychiatrist for consultation.
  - Immediate telephonic support to the child/adolescent and or the support system

- **Challenge**
  - Not accessible in all areas of the state
  - Families may not know how to reach them

- **Goal**
  - Allow children and adolescents to remain at home in the community with their support system

# Map of Counties with a MORES Program

- DMHDDSUS-funded MORES programs operate in 7 counties and will expand to 2 more in early 2024. Alliance funds comparable programs in 2 counties that only serve Medicaid and state-funded service recipients
- In the first four months: (7/23-10/23) ~250 face to face visits, ~1,000 phone calls to families, and ~70 clients served
- Connecticut saw a 25% reduction in ED visits among children who used a comparable program compared to children that didn't use the program



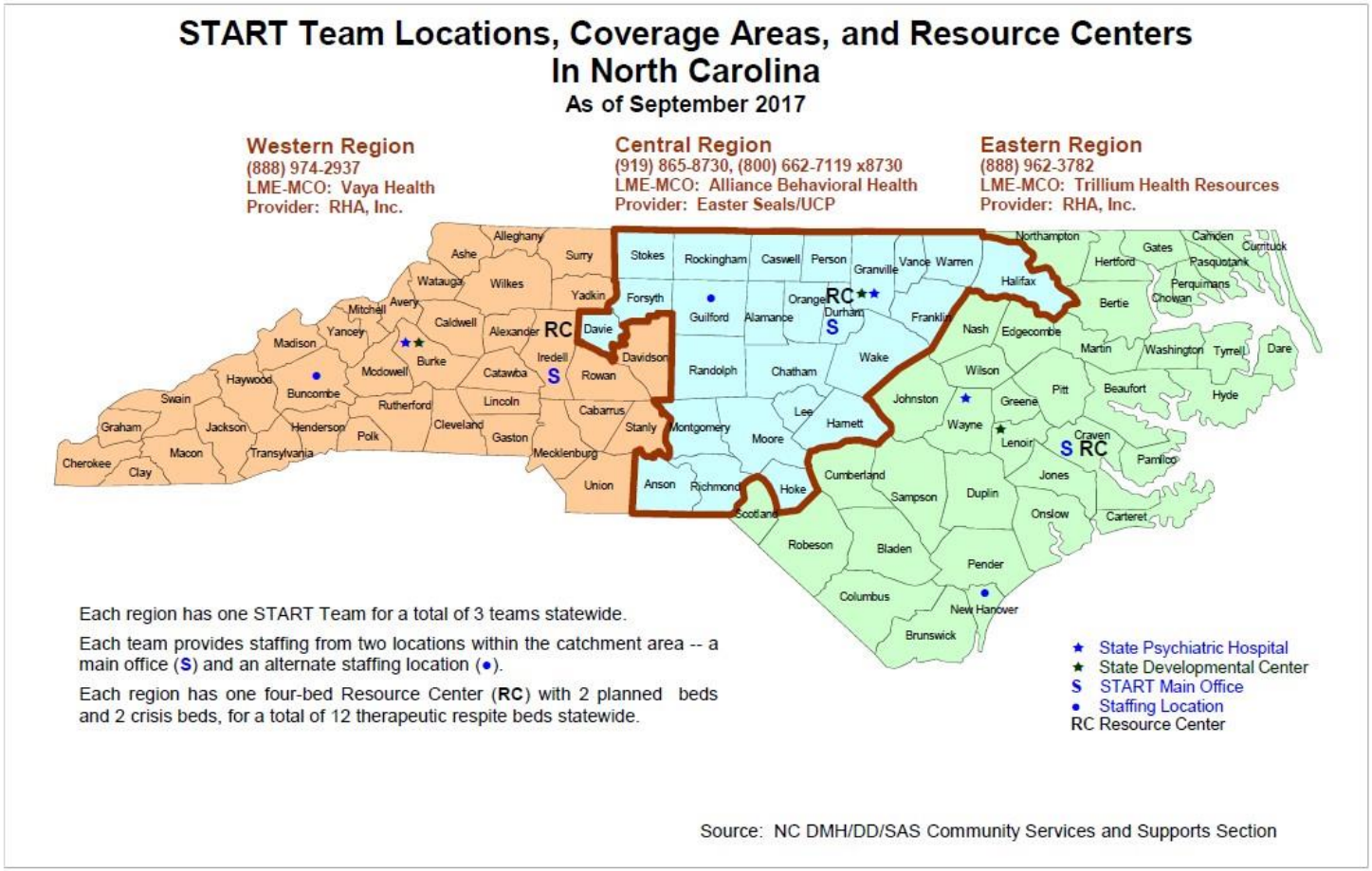
# North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC START)

Someone to Respond / Somewhere to Go

- **What is it?**
  - NC START provides follow-up after a crisis for people 6 and older who have I/DD and co-occurring complex mental health needs and/or behavioral challenges
  - Services include: NC START coordinator, crisis and planned respite, consultation, training and outreach, and therapeutic coaching
    - Child participants can receive in-home therapeutic coaching
    - Adult participants can receive community-based therapeutic programs
- **Challenges**
  - Not a 'first responder' service (like mobile crisis) for new consumers; can support current consumers in crisis
  - Waitlists for some regions can be long
  - Requires support network to provide the full array of services
- **Goals**
  - Decrease use of traditional emergency services
  - Maintain community-based residences
  - Reduce likelihood of future crises

# Map of NC START Regions

- 3 teams statewide (1 for each region)
- 12 respite beds statewide (4/region)



# BH Statewide Central Availability Navigator (BH SCAN)

- **What is it?**
  - Bed Registry: captures data on open, operational, and licensed beds for psychiatric inpatients and facility based crisis
  - Allows for digital referrals to those facilities (in development)
- **Future Vision**
  - Bed registry has bed availability for inpatient, FBC, BHUC, PRTF, other residential levels of care,
  - Bed Registry, 988, and Mobile Crisis Deployment Management are connected
  - 988: captures screening and suicidality assessment and follow-up data, and allows the operator to connect individuals to other services (e.g. mobile crisis, crisis facilities) and next day appointments
  - Mobile Crisis Deployment Management: tracks Mobile Crisis team availability, captures service requests, and enables Mobile Crisis teams to receive digital referrals
- **Goal**
  - Accessible crisis services that support seamless transitions of care and efficient resource usage

# Non-Law Enforcement Alternative Transportation Pilot

- **What is it?**
  - Individuals who need transport between different levels of care will be transported by an unmarked vehicle by specially trained drivers
  - Many individuals who need inpatient treatment are placed in a law enforcement vehicle and handcuffed, even though most individuals have not committed a crime

- **Goals**
  - Provide a trauma-informed, person-centered treatment that de-stigmatizes the receipt of behavioral health care