

Crisis Solutions Initiative

Improving Mental Health and Substance Abuse Crisis Services in North Carolina

Crisis Solutions Coalition Meeting Minutes - April 10, 2017

- I. Welcome and Introductions of Coalition Group
- II. Introduction of new Project Manager - Nicole Cole
- III. Introduction of and Remarks by Interim Senior Division Director - Dr. Jason Vogler
- IV. Introduction and Remarks by new Medical Director - Dr. Jonnalagadda
- V. A Review of Progress and Discussion of Future Priorities
 - a. Dr. Vogler provided an update on FBCs, BHUCs, and three-way bed contracts
 - b. Expansion of TCLI monies
 - c. Adult Case Management Pilot Awardee – Vaya - Mission Hospital and RHA
 - d. Child Case Management Pilot Awardee – Alliance – Youth Village and Kids Peace
 - e. NC LEAD– Law Enforcement Assisted Diversion Program – looking to obtain additional funding to get more officers trained
 - f. Mental Health First Aid - Increasing the number of NC individuals getting certified and trained. As of April 1, 2017, 35, 680 citizens were trained and 509 were certified Mental Health First Aid instructors
 - g. Psychiatric Advanced Directives – In their training phase with getting education out into the community for individuals experiencing a MH/IDD/SU crisis to become more aware that they can get access to and have an advanced directive available just like a medical directive
 - h. Critical Time Intervention – currently available and was a direct result of the work of the coalition

Top Priorities – Survey discussion – 29 different agencies participated and noted the following priorities:

1. Need for more inpatient beds
2. Better Coordination of Care
3. More Alternative Community Based Settings (FBCs, BHUCs, etc)
4. More IDD services
5. More Effective Mobile Crisis Teams
6. More Transitional Housing
7. More Transportation
8. More Education and Training

Suggestions for the Future Direction of the Coalition:

- Hospital representative suggested a broader focus on care transition, for example – coming out of an inpatient setting
- LME-MCO (Alliance) – Moving forward with the service definition development in order to make MCM more effective

- NAMI – CIT and Diversion away from ED, how to access CIT services across the state, changing language from “consumer” to “family and peer”
- Duke Researcher – Eliminating usage of shackles for individuals of all ages and transportation being an issue
- Wake County Human Services – 1. Opioid epidemic, encouraged collaboration at state level between DPH and DMH/DD/SAS and a local level 2. Housing – if can provide additional housing, can keep people out of crisis
- HB 818 – Section 7 - Attack on First Responder is considered a hate crime, which is a policy issue, and individuals within MH/IDD/SU system may not have the capacity to know that information. Education is needed for first responders (i.e. EMS staff, LE staff, etc.)
- Suggestion presented about having a panel (i.e. 2 staff from LE, EMS, SW, School system, hospital, LME-MCO, provider agencies) that have a crisis system network that can be showcased regionally

VI. Presentations –

1. See slide presentation from Iris Green and Nicole regarding Children with MH/IDD and Complex Needs (slide 1- 7)
2. See slide presentation from Art Eccleston regarding Three –Way Bed Contracts (slide 8-19)
3. See slide presentation from Bob Kurtz regarding Behavioral Health Community Paramedicine Crisis Pilot Program (slide 20 – 37)
4. See slide presentation from Eric Harbour and Lisa DeCiantis regarding Child and Adult FBCs and BHUCs (slide 38 – 44)

VII. Questions following presentations

1. **Will the expansion occur for the Murdoch Center Outpatient assessment clinic to the rest of the state?** After six months, MDC and the Division of State Operated Healthcare Facilities (DSOHF) will evaluate the pilot to make recommendations for resources needed to fully operationalize the Clinic and determine the need for additional Clinics in other areas of the state.
2. **What services can be available for children with complex needs through NC START for kids?**
Therapeutic Coaching, etc.
3. **Duke researcher – Will there be more money for three-way bed expansion?** Funding has been requested
4. **Definition for how beds were identified?** Whether they are brand new or currently not in use to be determined as a “new” three-way bed.
5. **Are they tracking the “emergent” and “urgent” information?** Yes, BHUCs submit quarterly data reports to DMHDDSAS regarding this information amongst other data points as well.
6. **What are we looking at when awarding the FBC and BHUC grants?** Looking at a template with what the system looks like? DSOHF – agreed, there is a criteria and they are looking at discharge and continuity of care
7. **How many of the FBCs currently have the IVC designation?** 12 facilities
8. **Additional funding allocated for FBCs and BHUCs?** Not at this time.