



Services for Children with MH/IDD and Complex Needs

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Settlement Agreement



- Signed on October 14, 2016
- Disability Rights NC v. Department of Health and Human Services
- Outlines plan to assist children with MH/IDD and Complex Needs

Who are Children with Complex Needs ?



- ✓ Medicaid eligible
- ✓ Ages 5 and under 21
- ✓ Diagnosed with a Developmental disability (including Intellectual Disability and/or Autism Spectrum Disorder) and a Mental Health Disorder
- ✓ At risk of not being able to return to or maintain placement within the community

Some Indicators and Risk Factors (but not limited to):

- Danger to self or others
- Numerous school suspensions and expulsion
- Frequent ED visits
- Frequent Out of home placements
- Frequent IVCs
- Involvement with DSS
- Involvement with DPS – Juvenile Justice



How Do I get Access to Services?



- Contact your LME-MCO 24/7 Access/Crisis Center
- LME/MCO Access staff will screen to make a determination as to whether or not the child may be a “child with complex needs”
- If child meets “complex needs”, the Access staff will make an internal referral for the child to a designated Care Coordinator and will receive services determined to be medically necessary and have been authorized
- If child does not meet “complex needs” then they will be referred to receive medically necessary services and resources within the community



- Assessments – Completed within last 5 years by a licensed or credentialed professionals outside of the LME-MCO who have experience diagnosing and treating IDD and MH
- Murdoch Center Children’s Outpatient Assessment Clinic – Two half-days per month pilot program which opened 4/3/17 in Butner for 25 central region counties. Interdisciplinary team reviews clinical information and makes recommendations for appropriate services and supports likely needed for a child to maintain community placement.
- EPSDT (Early and Periodic Screening, Diagnosis and Treatment) – Medicaid’s comprehensive healthcare benefit plan for those under 21yrs with a menu of benefit services available to be tailored to individual and developmental needs
- Case Management – Available under EPSDT as an adjunctive service to Care Coordination. Not duplicative and must be medically necessary and authorized. By May 1, 2017 DHHS will offer training to providers specifically around Children with MH/IDD and Complex Needs



- NC START (North Carolina Systemic, Therapeutic Assessment, Respite, and Treatment) – DMH/DD/SAS allocated \$400k to the LME/MCOs to be used by START teams to provide community-based crisis prevention and intervention services for individuals with IDD and Challenging behaviors.
- Data Collection – Data will be collected and analyzed at Murdoch Children’s clinic and through LME-MCOs quarterly to determine trends.
- State Administrator Role – Will have day-to-day operational oversight over this program under the guidance of DMH/DD/SAS. Seeking to fill this position.
- Governor’s Recommended Budget - \$6.2 million to build system capacity by funding Murdoch Center Children’s clinic expansion, FTEs at LME-MCO and at DMH/DD/SAS, NC START for children expansion, and services for children with MH/IDD and complex needs

If Having Trouble Accessing Services...

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Three-Way Psychiatric Inpatient Care

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Basic Information: 3 -Way Contracts

- Increase availability of community psychiatric hospital beds
- Contract between a Community Hospital, DHHS and an LME to purchase **expanded** Inpatient Psychiatric Capacity
 - LME: manages and authorizes
 - Hospital: inpatient treatment and discharge planning/medications
- Eligibility:
 - Indigent adults
 - MH and SA
 - Inpatient level of care
 - Involuntary and Voluntary



Basic Information: 3 -Way Contracts

- All-Inclusive Payment Rate = \$750 per day (Hospital Daily Rate + Psychiatric Care + Discharge Medications);
 - Enhanced rate = \$900 (higher acuity inpatient care)
- Encourages diversion of some short-term admissions from State Psychiatric and ADATC facilities
- Intended to reduce ED wait times (“psychiatric boarding”)
- Requires discharge planning and follow-up community care



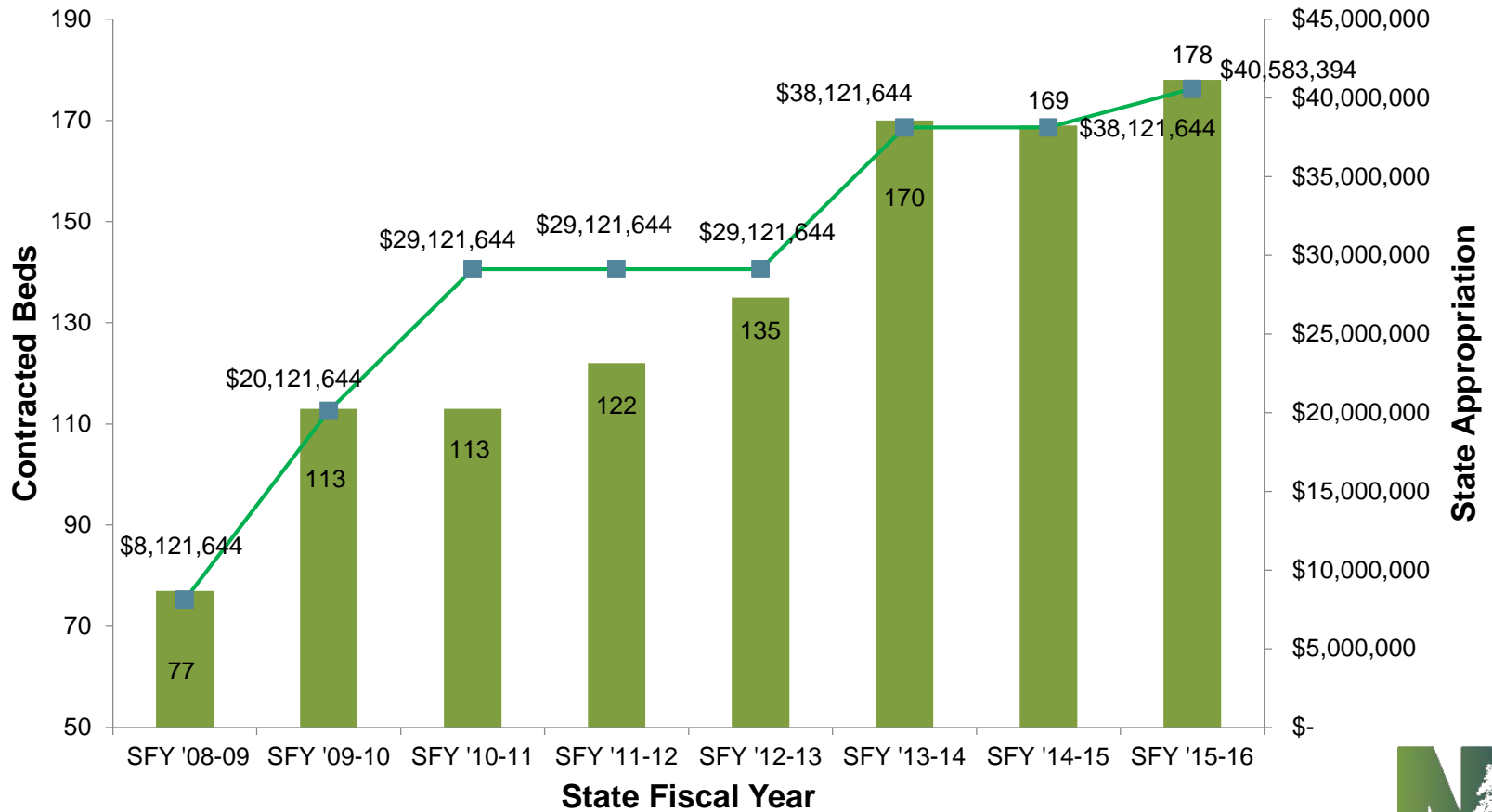
3-Way Hospitals, Beds & Dollars SFY 2017

- 29 community hospitals
- 179 beds available
 - 6 of these are for Enhanced 3-way care
- Total funds: \$40,583,394

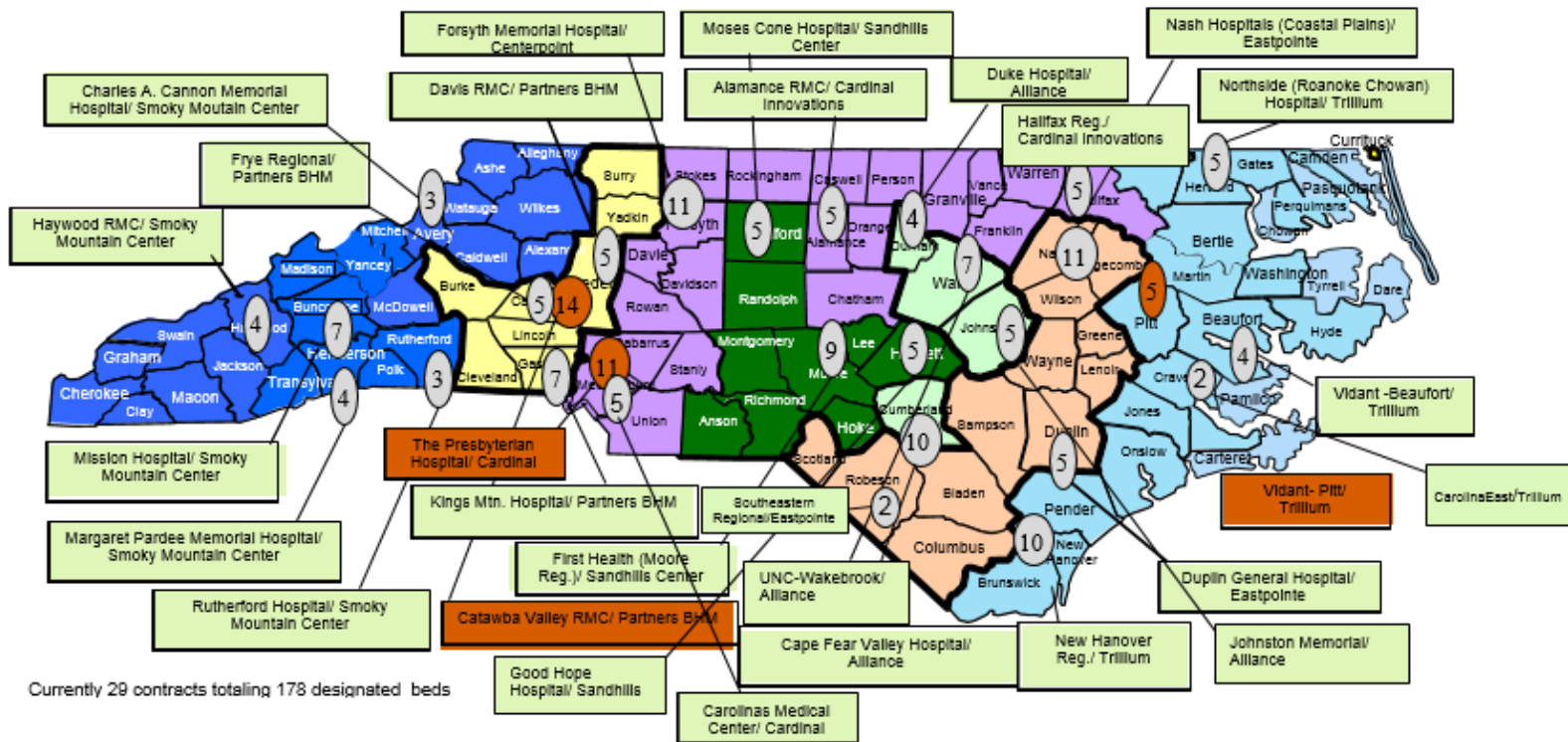


3-Way Hospitals, Beds & Dollars

3 Way Contracted Beds and Funding Since Enacting Legislation



3-Way Contract Community Hospital Beds as of 6/30/16



* Please note that contract totals for Vidant (Pitt), Catawba Valley Medical Center, and Presbyterian Hospitals contain 2 enhanced beds each



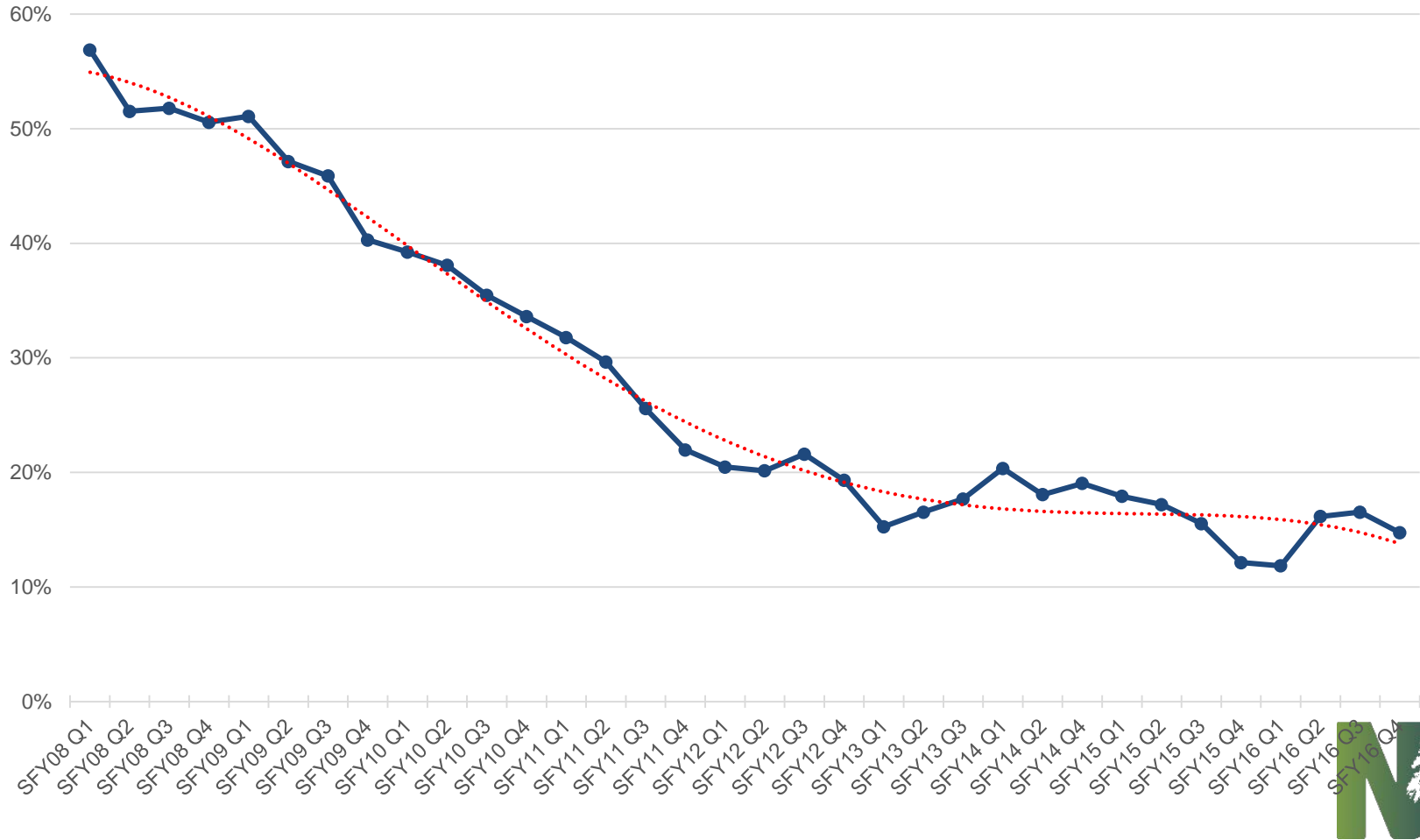
Intended Impact of Three-Way Contracts

1. Reduce Need for Short-Term LOS (≤ 7 days) in State Hospitals
2. Decrease ED Wait Times & Impact of Law Enforcement
3. Stop Trend toward Closure of Community Hospital Beds



Short-Term (≤ 7 days) @ State Hospitals

**% of State Hospital Discharges with 7 or Fewer Days of Care
(SFY 2008 - SFY 2016)**



Status of the Intended Impacts

1. Substantial reduction in Short-Term LOS at State Hospitals:
 1. From 57% in SFY 2008, Quarter 1
 2. To 15% in SFY 2016, Quarter 4

2. No recent or current ED Wait Time data available

3. 451 bed increase in licensed psychiatric beds in community hospitals:
 1. From 1,232 beds in 2007
 2. To 1,683 beds in 2016



SFY 2016 Three-Way Beds Utilization

- \$35,012,521 Paid for 3-Way Inpatient in SFY 2016
 - \$34,687,521 for YP 821 (Lower Tier 3-Way Inpatient Care)
 - 46,250 bed days
 - \$325,000 for YP 822 (Enhanced 3-Way Inpatient Care)
 - 361 bed days
- 10,294 admissions
- 50% Involuntary Committed Persons
- LOS: 5.89 days
- 24% from Out-of-Area
- CL 2015 Re-Admissions within 30 days: 811 or 10%



SFY 2017 Three-Way Contracts Update

- 8% Reduction in 3-Way Contracts for Facility Based Crisis and Non-Hospital Medical Detox
- Revised Contract Requirements:
 - Service description
 - Eligibility & Medical Necessity criteria
 - Authorization and continued stays
 - Monitoring



Networking Break!





Community Behavioral Health Paramedicine Pilot Program

*Bob Kurtz, Ph.D.
Program Manager – Justice Systems Team
DMH/DD/SAS*



Community Behavioral Health Paramedicine Pilot Program FY 16-17



Background

- People experiencing psychiatric crises often ended up in hospital E.D.s when they could more appropriately be treated in alternative, less costly settings.
- While EMS could divert to E.D. alternatives, they were only paid for taking consumers to the E.D.
- The Community Behavioral Health Paramedicine program was established to provide funds and a mechanism for reimbursement of EMS when they transport to crisis intervention alternatives to the E.D.
- Based on a successful model using paramedics in Wake and Onslow counties.



Advantages of E.D. diversion

- Fewer people with behavioral health crises end up in the E.D. - the E.D.s are less overwhelmed with our consumers.
- Services are less intrusive in alternative settings than E.Ds.
- Costs of treatment are lower when provided in alternative settings.
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- Care coordination is simplified when the individual is treated at the LME-MCO's contracted crisis provider.
- About 30% of E.D. visits could be diverted.



Phase 1 Implementation

- Began in SFY 2015, using state appropriation of \$225,000 and federal block grant funds to provide awards of \$5,000 to:
 - Establish partnerships and protocols between:
 - EMS agencies,
 - LME-MCOs
 - Crisis providers
 - To cover costs of providing CIT training to paramedics in 11 counties.
 - To draft standardized clinical guidelines
 - To study and select reimbursement mechanisms for services provided by EMS agencies.



Phase 2 Implementation

- Now underway:
 - Thirteen EMS sites* elected to participate
 - LME/MCOs contracted with EMS for per-event service reimbursement.
 - Two tier rate structure
 - \$164 for treat / no transport event
 - \$211 for treat & transport event
 - Federal block grant funds funding was made available to supplement uncovered costs.

*Alliance Behavioral Health – Wake EMS and Durham EMS
Cardinal Innovations – Orange EMS, Halifax EMS, & Franklin EMS
Centerpoint Human Services – Forsyth EMS, Stokes EMS, and Rockingham EMS
Partners Behavioral Health – Lincoln EMS
Sandhills Center – Guilford EMS
Smoky Mountain – McDowell EMS
Trillium Health Resources – Onslow EMS and Brunswick EMS



Transportation Counts

For Svc Events Reported with FY17 Dates

Count	Transportation Type							
EMS Program	No Transport (Treat on Scene)	Transported to Alternative Location	Transported to ED	Transported to Psychiatric Hospital	Grand Total	No Transport Svc Value @\$164	Alt Loc Svc Value @\$211	Total Value
Durham EMS	109	16	335		460	\$ 17,876	\$ 3,376	\$ 21,252
Forsyth EMS	8	6	20		34	\$ 1,312	\$ 1,266	\$ 2,578
Halifax EMS	23	2	114		139	\$ 3,772	\$ 422	\$ 4,194
Lincoln EMS	33	41	177		251	\$ 5,412	\$ 8,651	\$ 14,063
McDowell EMS	10	16		2	28	\$ 1,640	\$ 3,376	\$ 5,016
Onslow EMS	12	3	54		69	\$ 1,968	\$ 633	\$ 2,601
Stokes EMS	5		6		11	\$ 820	\$ -	\$ 820
Wake EMS	155	139	345	68	707	\$ 25,420	\$ 29,329	\$ 54,749
Grand Total	355	223	1,051	70	1,699	\$ 58,220	\$ 47,053	\$ 105,273

First table shows data through Feb. 2017, second table shows data for all of FY 2016

Fiscal Year

Transportation Counts

For Svc Events Reported with FY16 Dates

EMS Program	No Transport (Treat on Scene)	Transported to Alternative Location	Transported to ED	Transported to Psychiatric Hospital	Grand Total	No Transport Svc Value @\$164	Alt Loc Svc Value @\$211	Total Value
Durham EMS	41	9	124		174	\$ 6,724	\$ 1,899	\$ 8,623
Forsyth EMS	2		4		6	\$ 328	\$ -	\$ 328
Guilford EMS		6	6	7	19	\$ -	\$ 1,266	\$ 1,266
Halifax EMS	3	1	422		426	\$ 492	\$ 211	\$ 703
Lincoln EMS	52	59	263		374	\$ 8,528	\$ 12,449	\$ 20,977
McDowell EMS	17	5			22	\$ 2,788	\$ 1,055	\$ 3,843
Onslow EMS	79	85	348		512	\$ 12,956	\$ 17,935	\$ 30,891
Wake EMS	272	200	930	75	1,477	\$ 44,608	\$ 42,200	\$ 86,808
Grand Total	466	365	2,097	82	3,010	\$ 76,424	\$ 77,015	\$ 153,439

466 365 2,097 82



		51% Diverted to Lower LOC									
Count	Final Disposition										
EMS Program	Outpatient/ Community MHDDSA Svcs or Supports	Facility Based Crisis	Non- Hospital Detox	Home pending LOC availability	Transfer to a Hospital ED	Community Psychiatric Inpatient service	State Psychiatric Hospital	Left AMA/Refu sed Services	Transfer to a Tier IV BH Urgent Care Ctr	State ADATC	Grand Total
Durham EMS	9				1			3		1	14
Forsyth EMS	1							1		1	3
Halifax EMS				2							2
Lincoln EMS	4	5	1	1	1			3			15
McDowell EMS	1					1					2
Onslow EMS									1		1
Wake EMS	22	18	19		9	47	3	1		1	120
Grand Total	37	23	20	3	11	48	3	8	1	3	157
Percent of Total	24%	15%	13%	2%	7%	31%	2%	5%	1%	2%	100%

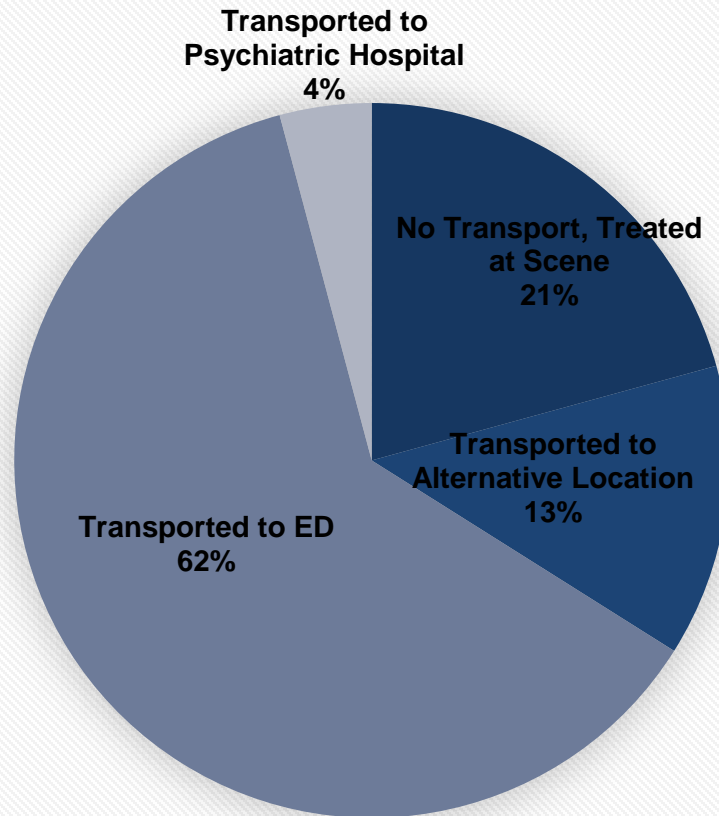
Note: 66 events were missing the Final Destination and are not included in the above table.

First table shows FY 2017 through February, second table shows all of FY 2016

		48% Diverted to Lower Level of Care											
EMS Program	Outpatient/ Community MHDDSA Svcs or Supports	Facility Based Crisis	Non- Hospital Detox	Home pending LOC availability	Transfer to a Hospital ED	Community Psychiatric Inpatient service	Jail/Deten tion Center	Psychiatric Residential Treatment Facility	State Psychiatric Hospital	VA Hospital	Left AMA/Refu sed Services	Transfer to a Tier IV BH Urgent Care Ctr	Grand Total
Durham EMS	3	1				2					3		9
Halifax EMS	1												1
Lincoln EMS	10	25		3	8	1					8		55
McDowell EMS	4										1		5
Onslow EMS												2	2
Wake EMS	28	30	28	5	17	73	1	2	4	1	8		197
Grand Total	46	56	28	8	25	76	1	2	4	1	20	2	269
Percent of Total	17%	21%	10%	3%	9%	28%	0%	1%	1%	0%	7%	1%	100%



Transportation Destination for EMS Events Determined to be Related to Behavioral Health Issues

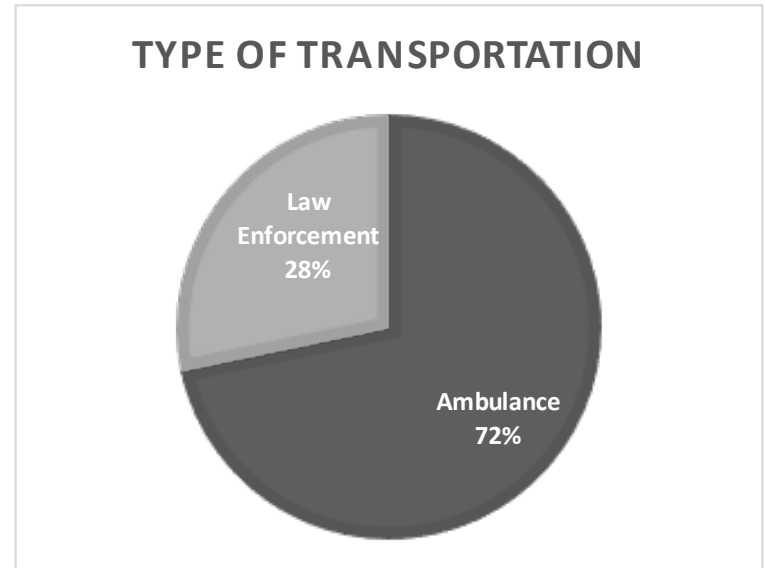


Type of Transportation to Alternative Destination

Count	Transport Mode (TRANSALTFAC)		
EMS Program	Ambulance	Law Enforcement	Grand Total
Durham EMS	16		16
Forsyth EMS	6		6
Halifax EMS	2		2
Lincoln EMS	40	1	41
McDowell EMS	15	1	16
Onslow EMS	3		3
Wake EMS	78	61	139
Grand Total	160	63	223

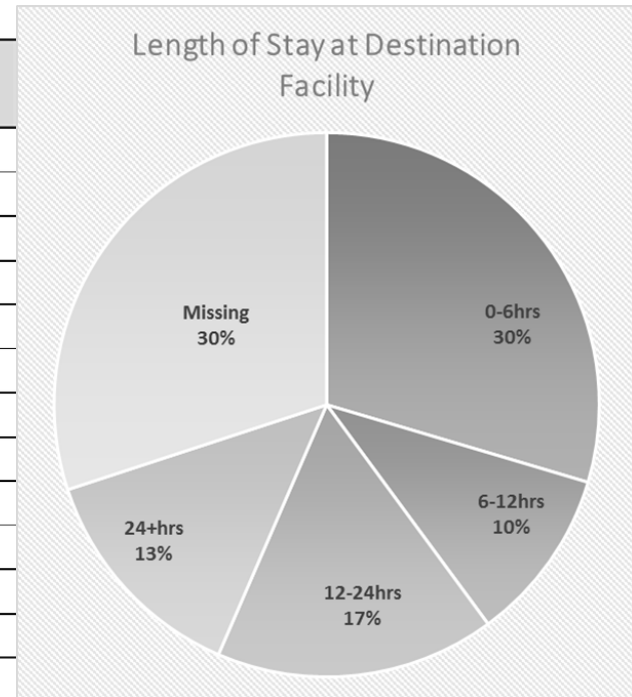
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63



Length of Stay at Destination Facility

Count		Alt Location LOS					Grand Total
EMS Program	Destination Facility	0-6hrs	6-12hrs	12-24hrs	24+hrs	Missing	
Durham EMS	Recovery Response Center	8			6	2	16
Forsyth EMS	Daymark	1				1	2
	Monarch	1				2	3
	Novant Behavioral Health Asse	1					1
Halifax EMS	RHA	2					2
Lincoln EMS	Crisis Detox					8	8
	Lincoln Wellness Center	12	1			14	27
	Phoenix				2	4	6
McDowell EMS	RHA Walk In Clinic	2				14	16
Onslow EMS	RHA					3	3
Wake EMS	Healing Transitions	1	6		3	8	18
	Wakebrooke	38	16	37	19	11	121
Grand Total		66	23	37	30	67	223



If Transported to ED from Altern. Destination, Why?

Count	EDReason (Applicable) (TRANSALTFAC/TRANSED)			
EMS Program	Medical Clearance	Medical Emergency	Patient Chose to Go to ED	Grand Total
Durham EMS	1			1
Lincoln EMS			1	1
Wake EMS		9		9
Grand Total	1	9	1	11

If Transported to ED from scene, Why?

Count	Reason Transported to ED							
EMS Program	Center Capacity	Medical Clearance	Medical Emergency	Patient Chose to Go to ED	Psychiatric Acuity	Tier III Closing Time	Missing	Grand Total
Durham EMS		252	34	11	38			335
Forsyth EMS		3		6	10	1		20
Halifax EMS		14	17	1	79		3	114
Lincoln EMS	3	44	66	39	10	15		177
Onslow EMS		2	1	14	37			54
Stokes EMS		1	2	2	1			6
Wake EMS	17	109	130	73	15		1	345
Grand Total	20	425	250	146	190	16	4	1051

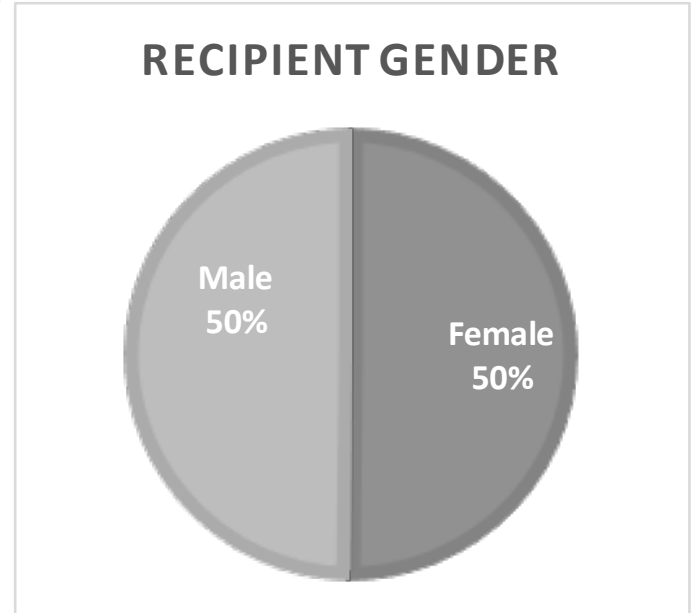


Who was served?



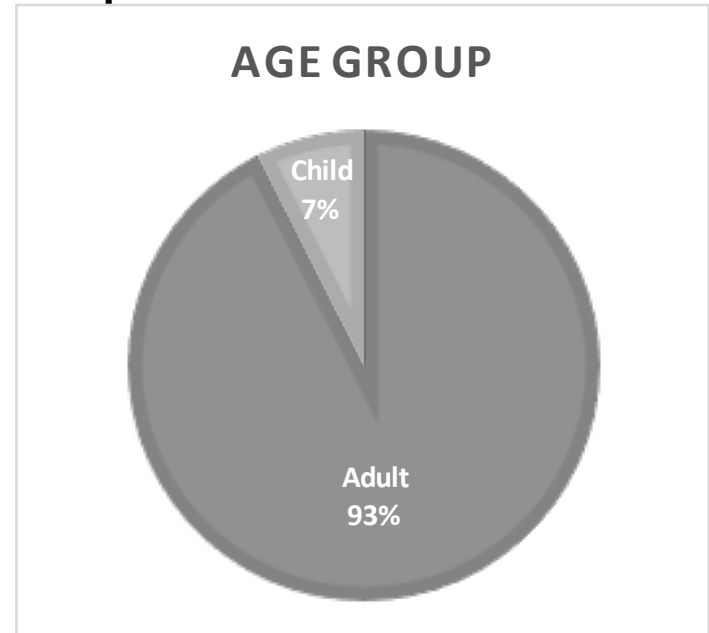
Gender of Persons Not Transported and Transported to Alternative Location

Count	PtGende ▾		
EMS Program ▾	Female	Male	Grand Total
Durham EMS	76	49	125
Forsyth EMS	7	7	14
Halifax EMS	19	6	25
Lincoln EMS	40	34	74
McDowell EMS	15	11	26
Onslow EMS	10	5	15
Stokes EMS	5		5
Wake EMS	118	176	294
Grand Total	290	288	578



Age Group of Persons Not Transported and Transported to Alternative Location

Count	Age Group		
EMS Program	Adult	Child	Grand Total
Durham EMS	118	7	125
Forsyth EMS	13	1	14
Halifax EMS	23	2	25
Lincoln EMS	66	8	74
McDowell EMS	24	2	26
Onslow EMS	15		15
Stokes EMS	5		5
Wake EMS	271	23	294
Grand Total	535	43	578



Disability of Persons Not Transported and Transported to Alternative Location

Count	Behavior	HealthDisability					
EMS Program	Mental Illness (MH)	Substance Used Disorder (SUD)	MH/SUD	Intellectual/D evelopmental Disorder (IDD)	MH/IDD	MH/SUD/IDD	Grand Total
Durham EMS	99	19	7				125
Forsyth EMS	8	1	3		2		14
Halifax EMS	21	1	2	1			25
Lincoln EMS	55	10	8	1			74
McDowell EMS	21		5				26
Onslow EMS	9	1	4			1	15
Stokes EMS	4		1				5
Wake EMS	143	100	39	4	8		294
Grand Total	360	132	69	6	10	1	578
% of Total	62%	23%	12%	1%	2%	0%	100%



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**Behavioral Health Urgent Care
(BHUC)
Adult Facility Based Crisis (FBC)**

*Lisa DeCiantis, MA, LPC
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Child Facility Based Crisis Centers

- Two new sites recently selected through RFA process and funded through Dix Trust Funds
- Alliance and Vaya were the two awardees. Alliance plans to up fit an existing building in southeast Wake county. Vaya is renovating a building near Mission Hospital in Asheville
- \$1,000,000 each to cover start-up costs.
- Third site in Mecklenburg currently under construction with anticipated opening in fall 2017.



Behavioral Health Urgent Care (BHUC) Adult Facility Based Crisis (FBC)

- Six 24 hour Behavioral Health Urgent Cares
- 19 Tier III Behavioral Health Urgent Cares
- 7,676 – visits to BHUC's of patients either emergent or urgent in Quarter 1 of SFY17
- Of the 6 sites that operate 24 hours they offer 38 observation chairs
- 22 Adult FBC's across the state
- Offering 294 Beds that are an alternative to inpatient





3 Award sites for BHUC/FBC

- Cardinal – Daymark
 - Opening a 24 hour BHUC in Wintson-Salem which will be co-located with outpatient services and a medical clinic (Summer 2017)
 - Opening a FBC in Davidson County (Spring 2017)
- Eastpointe – Robeson County
 - Opening a 24 hour BHUC and co-located FBC in Lumberton (Summer 2017)
 - Construction continues – had set backs due to Hurricane Matthew



- Vaya – RHA
 - C3356 has been opened 24 hours since July 2016
 - an average of 272 walk-ins per month
 - 1,780 episodes of care stabilization (through Feb. 2017)
 - Peer Living Room – 5,560 visits since March 2016; 1,962 unduplicated (an Avg. of 164 individuals utilizing the service each month); and an avg. of 66 NEW individuals utilizing the service each month
 - Neil Dobbins FBC will be moving to be co-located, anticipated June 2017



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