



Crisis External Advisory Committee Meeting

November 6th

9:00 – 10:00 AM

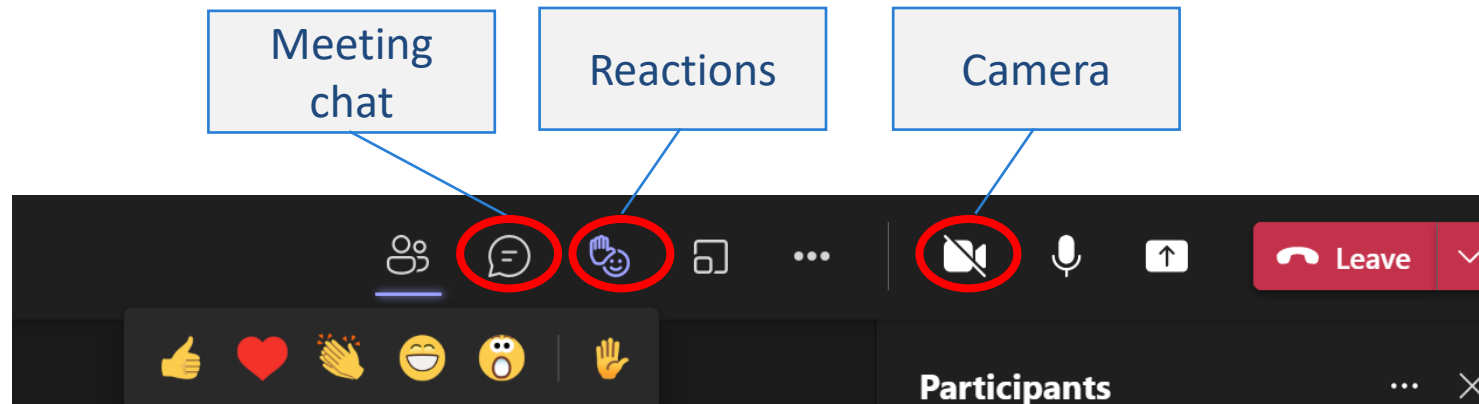
Division of Mental Health, Developmental Disabilities, and
Substance Use Services (DMHDDSUS)

Agenda

- Crisis Updates and Announcements
 - Housekeeping and Community Collaboration Model
 - Discussion
 - Crisis Technology: MC Dispatch
-

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.



Guidelines for Engagement

DMH/DD/SUS is committed to transparency in our work and creating shared spaces to engage in constructive dialogue.

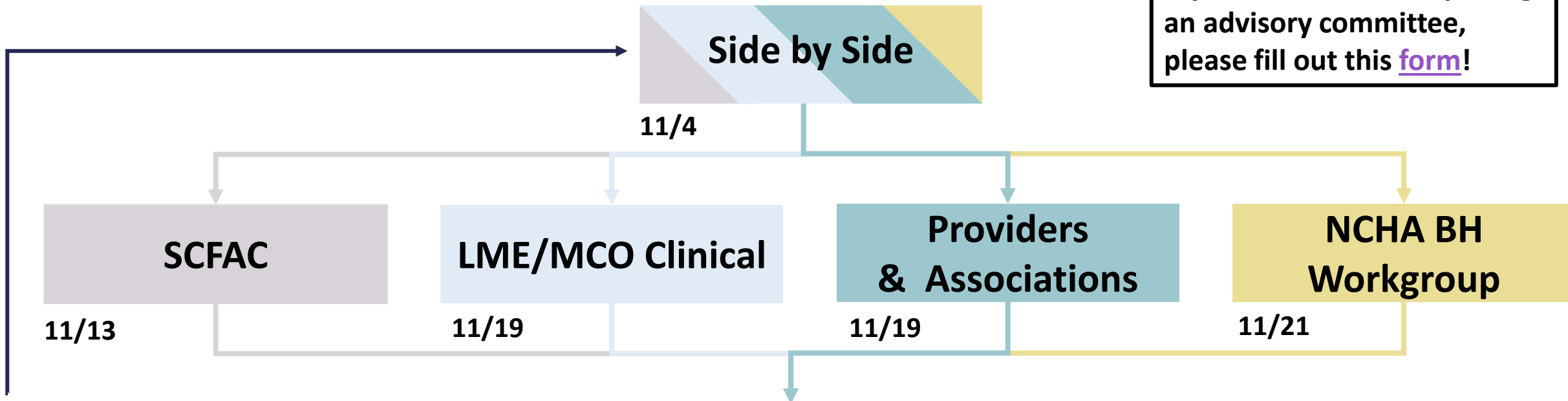
We acknowledge that these topics may be difficult, based on personal experiences and identities, and we honor your willingness to share valuable insight.

- If you have a question, wish to express an idea, or share a concern, please use the raise hand feature or the chat function.
- We ask that you are mindful of time to ensure as many members as possible have a chance to provide input and share their thoughts.
- We may interrupt dialogue to keep the space constructive. One of our staff members will connect you with our DMHDDSUS team for additional conversation offline.

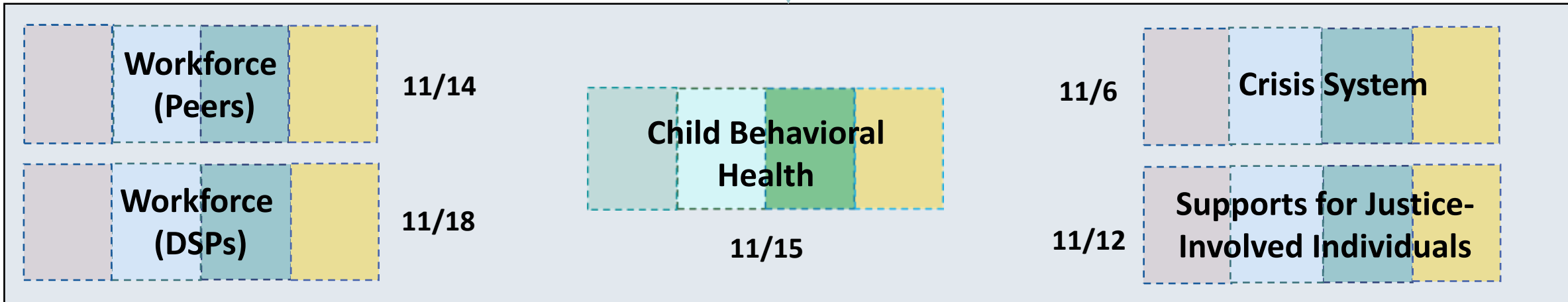


November Community Collaboration

If you're interested in joining an advisory committee, please fill out this [form](#)!



Advisory Committees



**Exciting News from the 988 Suicide & Crisis Lifeline:
Geo-routing is officially live for T-Mobile and Verizon U.S. Wireless Carriers!**

Calls from help-seekers with these carriers will now be routed to the crisis center **nearest to the caller's general physical location**, rather than their phone number's area code.

This means that the North Carolina call center will begin receiving calls from area codes outside the state, if the caller is in NC.



The 988 Lifeline is also working with AT&T to activate geo-routing in the future.

Questions?

For more details on geo-routing, please review the [Geo-routing FAQ](#).

Find the most up-to-date information on disaster recovery safety, flexibilities for Medicaid recipients, mental health and disability-related resources on the [DMHDDSUS Weathering the Storm](#) webpage.

Weathering the Storm

Get Help



Crisis Services

Resources include 988 Lifeline, Peer Warmline, Mobile Crisis Teams, and Behavioral Health Urgent Care.



Disaster Distress Helpline

National helpline for disaster crisis support 24/7. Call or text 800-985-5990.



Disability Disaster Helpline

Helpline for disability-related disaster response 24/7. Call or text 800-626-4959.



Hope4NC Helpline

Help for Helpers. Call the Hope4NC Helpline, 855-587-3463. Support is available 24/7.



NCDHHS  **SOMETHINGS**

have partnered to provide

Free Mental Health Support For Teens in North Carolina

impacted by Hurricane Helene



Somethings is a mental health platform that connects **teens and young adults** with **Certified Peer Support Specialist** mentors and can provide referrals to **licensed therapists**.

Services are available via text and video calls after school from 3:00-11:00 p.m. and on weekends.



Get started now

In partnership with

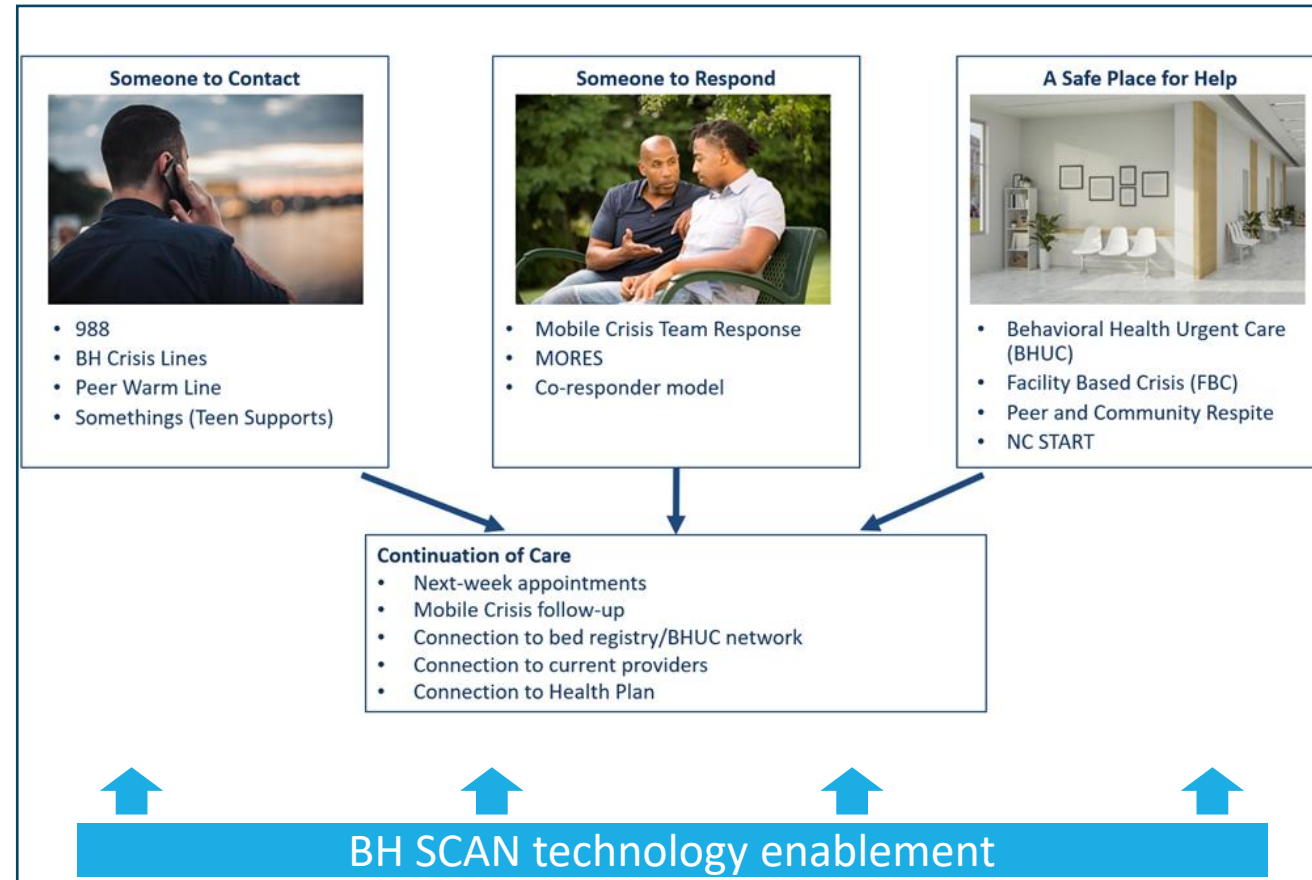
Alliance
Health

Crisis Technology: MC Dispatch

BH SCAN – Behavioral Health Statewide Central Availability Navigator

More than Just a Bed Registry

Currently covers
**bed registry for
inpatient
placements** via
OpenBeds



Our vision is to
build a technology
system that
**supports the entire
crisis continuum**

Mobile Crisis Response
and Tracking

Bed Registry and Digital
Referrals

Crisis Technology Design – Alignment to Strategic Goals

Strategic Priority and Goals

We will develop a more robust crisis system that meets the needs of people who are in distress, so that there is always someone to talk to, someone to respond and somewhere to go.

Our Goals

Strengthen the Crisis System

Goal 5.1: Connect to Crisis Care. Connect individuals to appropriate crisis services and facilitate seamless handoffs

Goal 5.2: Increase Timely Mobile Crisis Care. Ensure timely, quality crisis care in the community and connect individuals to the appropriate level of care.

Goal 5.3: Increase Community Crisis Facility Use. Increase use of community-based behavioral health crisis facilities (e.g., BHUCs, FBCs) as an alternative to higher levels of care.

Goal 5.4: Decrease Inappropriate ED Stays. Decrease inappropriate use of EDs for children, adolescents, and adults in crisis.

Enablement Through Technology

We will invest in technology improvements to support the development of a data technology system that offers **seamless transition of care** and **efficient resource usage** across the crisis continuum.

- Facilitate **seamless connection between crisis lines and mobile response teams via single BH SCAN mobile crisis technology for response and tracking**, driving timely, efficient access to crisis care and providing visibility to mobile response for monitoring and oversight.
- Build a **network of state systems** that can be used by 988 and other crisis service providers to **support closed-loop referrals and tailored resource connection** for people in crisis.
- **Improve and expand utility of BH SCAN bed registry** to facilitate connecting adolescents, children, and adults to appropriate placements in both inpatient and community-based crisis facilities to divert from or minimize inappropriate ED stays.
- **Improve pathways to share health information**, engage care management, and integrate behavioral health crisis care into whole-person health care continuum.

Current State of Mobile Crisis Response



Current Process

- Mobile crisis teams are contacted by phone / warm transfer
- Triage is conducted by both crisis call line and MC provider
- Enrollment with enhanced services is ascertained by asking the caller and then validated with the LME-MCO
- Dispatching includes multiple handoffs as well as multiple systems with double documenting
- Tracking mobile unit availability and status is achieved via a variety of non-fit-for-purpose tools
- GPS may be used for asset tracking, but not status updates
- Some MC providers use tablets, hotspots, or mobile apps to document notes and make referrals onsite or provide telehealth service, if needed
- MC provider EHRs and electronic records systems vary in ability to appropriately document crisis cases



SAMHSA National Guidelines for Regional Crisis Call Center Technology (Air Traffic Control Model 5 Functional Targets)

- Status Disposition for Intensive Referrals
- 24/7 Outpatient Scheduling
- Crisis Bed Registry
- High-Tech, GPS-enabled Mobile Crisis Dispatch – Mobile crisis teams should use *GPS-enabled tablets or smart phones to support quick and efficient call hub determination of the closest available teams, track response times, and ensure clinician safety.*
- Real-time Performance Outcomes Dashboard – Effective crisis service models utilize *outwardly facing performance reports* measuring a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and *service accessibility performance.*

Stay tuned for digital referral updates

Value Potential of BH SCAN Mobile Crisis Technology

Current Process Pain Points



- Long response times
- Long distances and geographic challenges
- Lack of trust in the mobile response system
- Lack of standardization
- Lack of visibility and data
- Lack of community awareness

Key Benefits of In-system Mobile Crisis Referrals



- Improved ability to **support “air traffic control” model**, minimizing handoffs and increasing speed to dispatch
- **Shared platform with facility-based care referrals** for more unified connection to next-step care



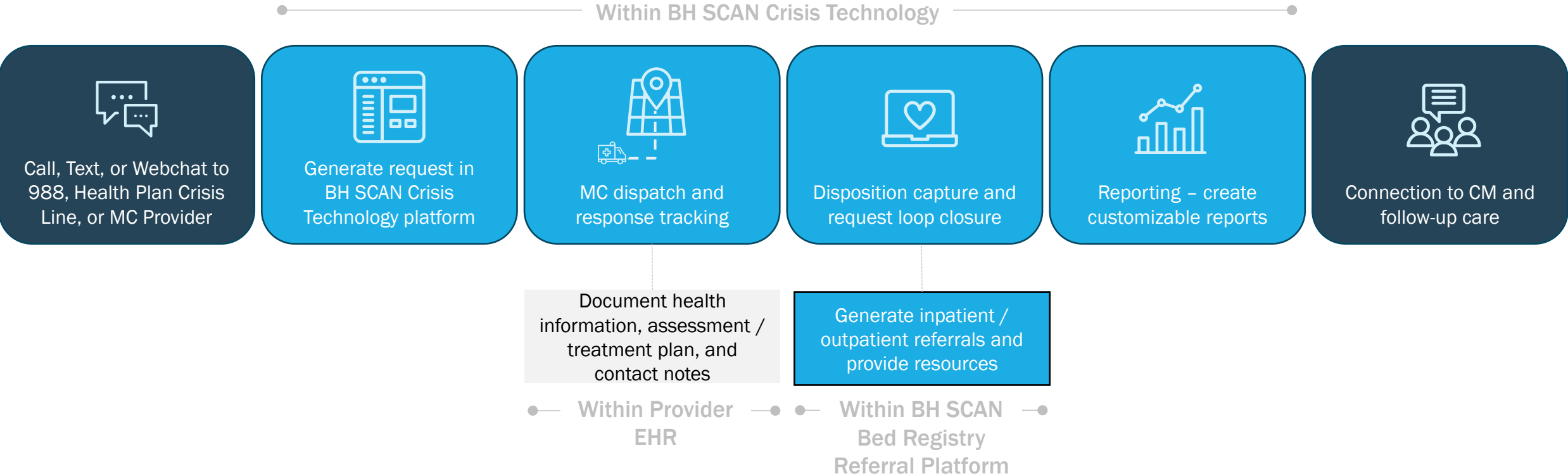
- Ability to **determine closest available response unit**
- Ability to **estimate and communicate response time and response window**
- Ability to **track mobile response** from request through disposition



- Ability to **monitor results of mobile crisis services** to support evaluation of response model and implementation
- Increased **visibility to demand and ability to respond for network capacity planning**
- Increased ability for **quality monitoring and oversight**

Mobile Crisis Dispatching Process: Future Vision

Overview of future mobile crisis dispatching process (applies to MORES dispatch as well).



Proposed Mobile Crisis Dispatch Tech Design

The following aims and technology advancements highlight the development of a unified BH SCAN platform for mobile crisis dispatch, focused on enhancing visibility, increasing accountability, and streamlining the dispatch process.

We aim to...

Provide visibility and improve accountability for mobile crisis response

through...



One shared system for 988, Health Plan crisis lines, and Mobile Crisis /MORES providers to generate a mobile response request



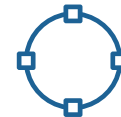
Reportable response tracking from request through disposition – including request status, client demographics, location tracking, and response disposition details.

Streamline the process for mobile crisis dispatch

through...



Filterable location-based deployment of mobile crisis units



Call Line Systems and MC Provider EHR integration to allow service providers to remain in their normal workflow system as able.



Seamless coordination and communication between crisis continuum stakeholders (crisis line responders, mobile crisis / MORES responders, and LMEs).

Changes in Experience: A Sample Story



Brad, 34-year-old male lives in a rural county

Crisis Line Call



Feeling desperate, Brad calls a crisis line and reports severe anxiety and thoughts of self-harm. The crisis counselor recommends MC response.

Outreach to Mobile Crisis Response



NOW: Crisis counselor relies on additional staff to call MCM provider and gives information verbally with potentially duplicative triage activities performed by MCM team

NEW: Crisis counselor sends electronic request for MC response directly while on the phone with Brad, and triage results are transmitted electronically

Dispatch Mobile Crisis Team



NOW: Brad is uncertain on wait time for MC

NEW: Crisis counselor can provide real-time ETAs and updates

Arrival On-site & Stabilization



NOW: MC provider calls LME to confirm arrival, and LME has limited visibility to active calls

NEW: MC provider acknowledges arrival with one-click, and LME gains real-time visibility to active calls



NOW: Crisis counselor manually follows up with MC providers

NEW: Crisis counselor has live updates on the disposition, outcomes, and referrals of all requests

Closeout and Post-event



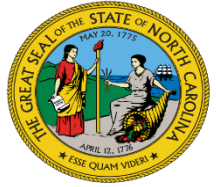
NOW: LME relies on self-reporting to understand MC utilization and needs for follow-up

NEW: LME can monitor performance and outcomes using automated system data in near real-time



NOW: DHHS has limited visibility to understand MC response

NEW: DHHS receives de-identified reporting for better visibility on the overall mobile crisis response system



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

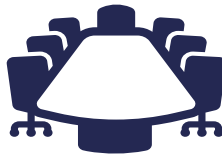
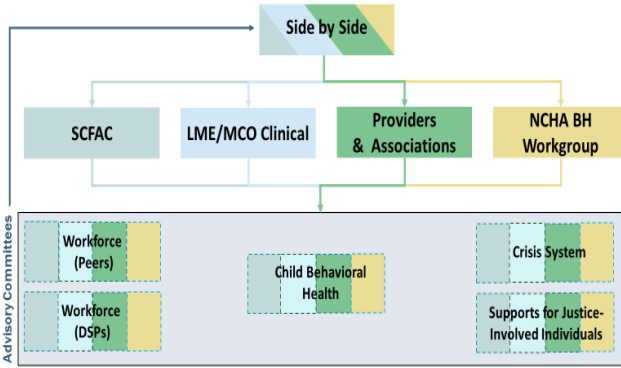
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Q & A
