

Crisis External Advisory Committee Meeting

02/07/2024

9:00 – 10:00 AM

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

Agenda

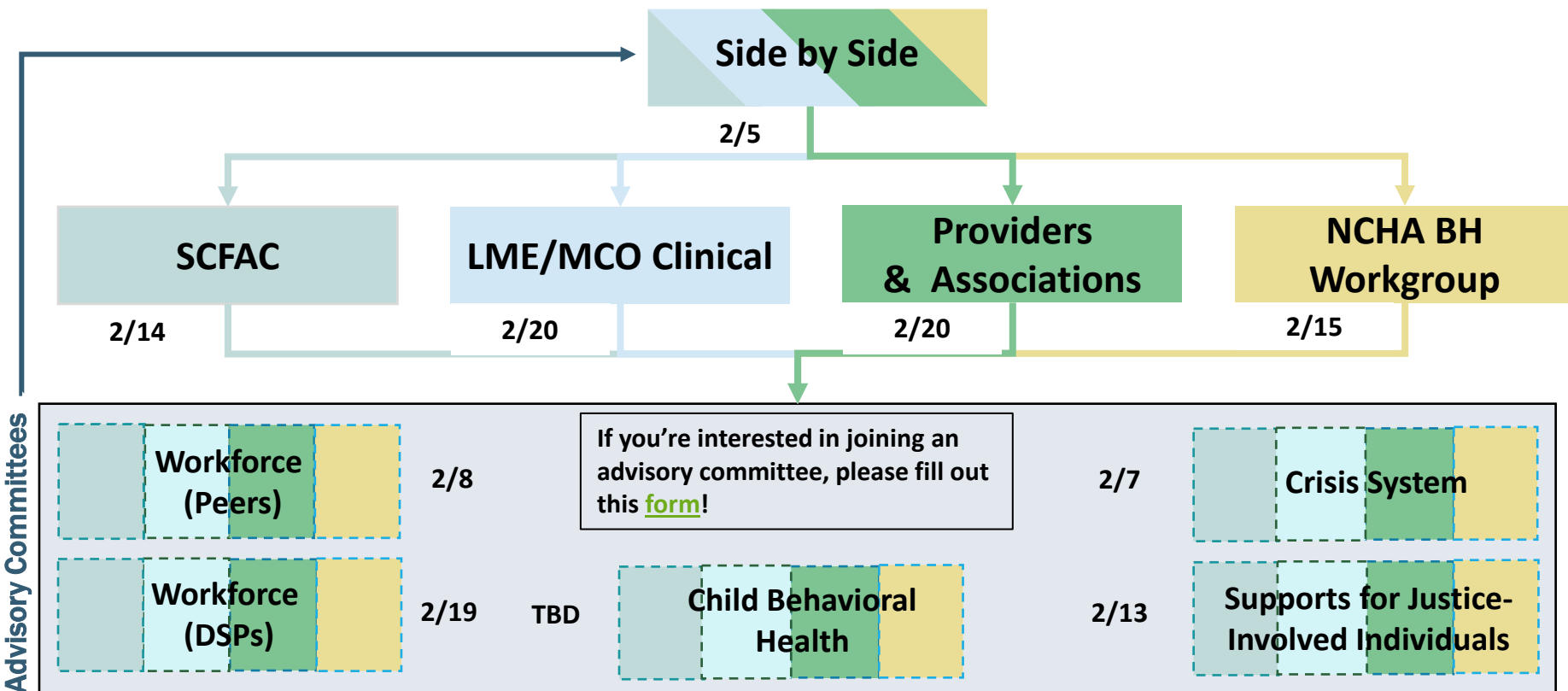
- Community Collaboration Model
- Introductions
- Discussion/Data Gathering
 - Non-Law Enforcement Transportation (NLET) Program Design
 - Mobile Outreach, Response, Engagement, & Stabilization (MORES) for Children and Adolescents

DMH/DD/SUS Community Collaboration Model



February Community Collaboration

Topic: Workforce (Peer Support)



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/Kidspace
Teri Herman	SPARC
Tisha Jackson	About 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

*Waiting on new LME/MCO post-consolidation

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
Erica Brown	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

North Carolina's Crisis Continuum

Someone to Call



- 988
- Peer Warm Line (coming FEB 2024!)

Someone to Respond



- Mobile Crisis Team Response
- MORES

Somewhere to Go



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

Non-Law Enforcement Transportation (NLET) Overview

- Many individuals currently experiencing a mental health crisis are placed under involuntary commitment (IVC) – even if they are willing to receive treatment voluntarily – to secure transport from law enforcement.
- Law enforcement provides transport when someone is under an IVC order in most counties.
- Law enforcement involvement in transportation, especially the use of handcuffs, can be traumatic and stigmatizing for patients.

North Carolina seeks to implement a *recovery-oriented* model for transportation as an alternative to law enforcement for these services.

Non-Law Enforcement Transportation (NLET) Program Design Approach

Overview

- DMH/DD/SUS will use \$10 million in funding to pilot a NLET program for:
 - Adults, children and adolescents requiring transportation on a voluntary basis or on IVC after the first exam between facilities and clinics (e.g., from an emergency department to a facility-based crisis center)
 - Individuals in crisis that need transportation upon discharge from a facility
- This program will be piloted in a select regions

Goals

- Provide trauma-informed, person-centered treatment that de-stigmatizes behavioral health care
- Reduce the number of IVCs
- Help inform and align with the state's IVC modernization project to update 122C statutory requirements and state policies

Non-Law Enforcement Transportation (NLET) Program Discussion Questions (1 of 2)

- What is the experience of individuals requiring transportation between crisis facilities?
- To what extent are caregivers allowed to accompany children and adolescents during transportation between facilities?

Non-Law Enforcement Transportation (NLET) Program Discussion Questions (2 of 2)

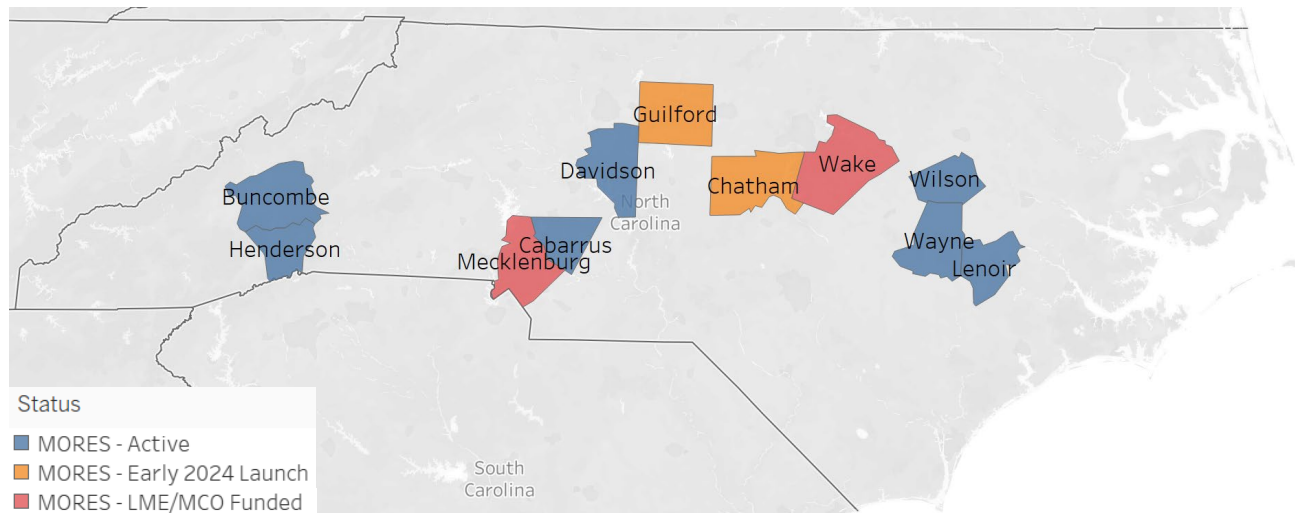
- What NLET options are currently available for individuals who need transportation across settings of care?
- What NLET options are currently available for individuals who need transportation following discharge from an inpatient or crisis facility?
- What recommendations do you have for the state for its NLET pilot (e.g., eligibility, staffing, timeframes, types of vehicles, accompaniment)?

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

- MORES is a team-based crisis response and follow-up intervention for children and adolescents experiencing escalating emotional and/or behavioral needs and their families
- Provided by a licensed clinician and a family support partner in coordination with a psychiatrist for consultations
- Provides immediate telephonic support to the child/adolescent and/or their support system
- MORES teams help stabilize children and adolescents in community settings by providing follow-up care for 2-4 weeks

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

- DMH/DD/SUS-funded MORES programs operate in seven counties and will expand to two more this year.
- Alliance provides a similar MORES service in each of their counties that only serve Medicaid and state-funded service recipients.



MORES Outcomes

MORES in NC (7/1/23-12/23/23: DMH/DD/SUS funded teams only):

- 106 total clients
- 460 face-to-face visits
- 1,761 phone and video calls to families for support and services
- Outcome data is still preliminary

MORES-like programs in other states:

- Connecticut saw a 25% reduction in ED visits among children who used a comparable program compared to children who did not use the program
- Avert ED visits, admission into restrictive treatment settings, unnecessary court involvement, and declines in functioning for children and youth

MORES Discussion Questions (1 of 2)

- How do MORES teams interact with mobile crisis teams?
- How are they integrated with other crisis services?
- How do community members find out about MORES teams?
- Do community members know them? Trust them?

MORES Discussion Questions (2 of 2)

- Where are MORES referrals coming from (e.g., 988, 911, LME-MCOs, emergency departments, DSS, schools, providers)?
- Where are there opportunities for improvement to this service?