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

Side by Side with DMH/DD/SUS

Improving our system together.

Kelly Crosbie

Director

NC DHHS Division of Mental Health,

Developmental Disabilities, and Substance Use Services

November 20, 2023

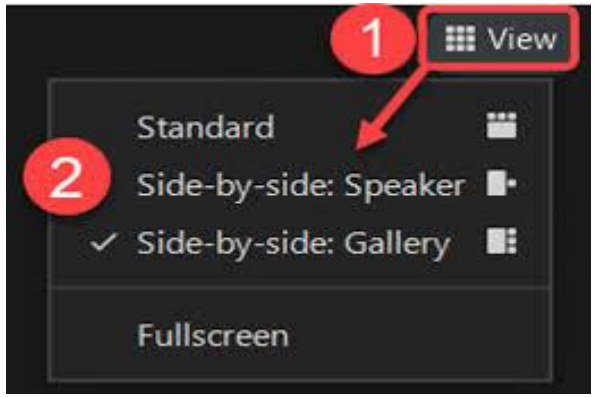
Housekeeping

- Reminders about the webinar technology:
  - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
  - Please make sure your microphones are muted for the duration of the call unless you are speaking or asking questions.
  - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows towards the end of the presentation.

Housekeeping

- American Sign Language (ASL) Interpreters and Closed-Captioning
  - ASL Interpreters and Closed-Captioning options will be available for today's event.
  - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes y subtítulos en lengua de signos americana (ASL). Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
  - Select the "View" feature located in the top-right hand corner of your screen

Agenda

1. Introductions
2. Updates
    - Scheduling for Upcoming Webinars
    - Appendix K
    - Behavioral Health Rate Increases
    - LME/MCO Consolidation
3. Crisis System
    - 988
    - New Funding for North Carolina's Crisis System
    - Mobile Crisis
    - Facility Based Crisis (FBC)
    - Behavioral Health Urgent Care (BHUC)
    - Mobile Response Stabilization Services (MORES)
    - North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC Start)
    - Behavioral Health Statewide Central Availability Navigator (BH Scan)
    - Non-Law Enforcement Transportation (NLET)
4. Q&A

Kelly Crosbie, MSW, LCSW, DMHDDSUS Director

- 27 years in MH/SU/IDD Field
- 12 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

Scheduling for Upcoming Webinars

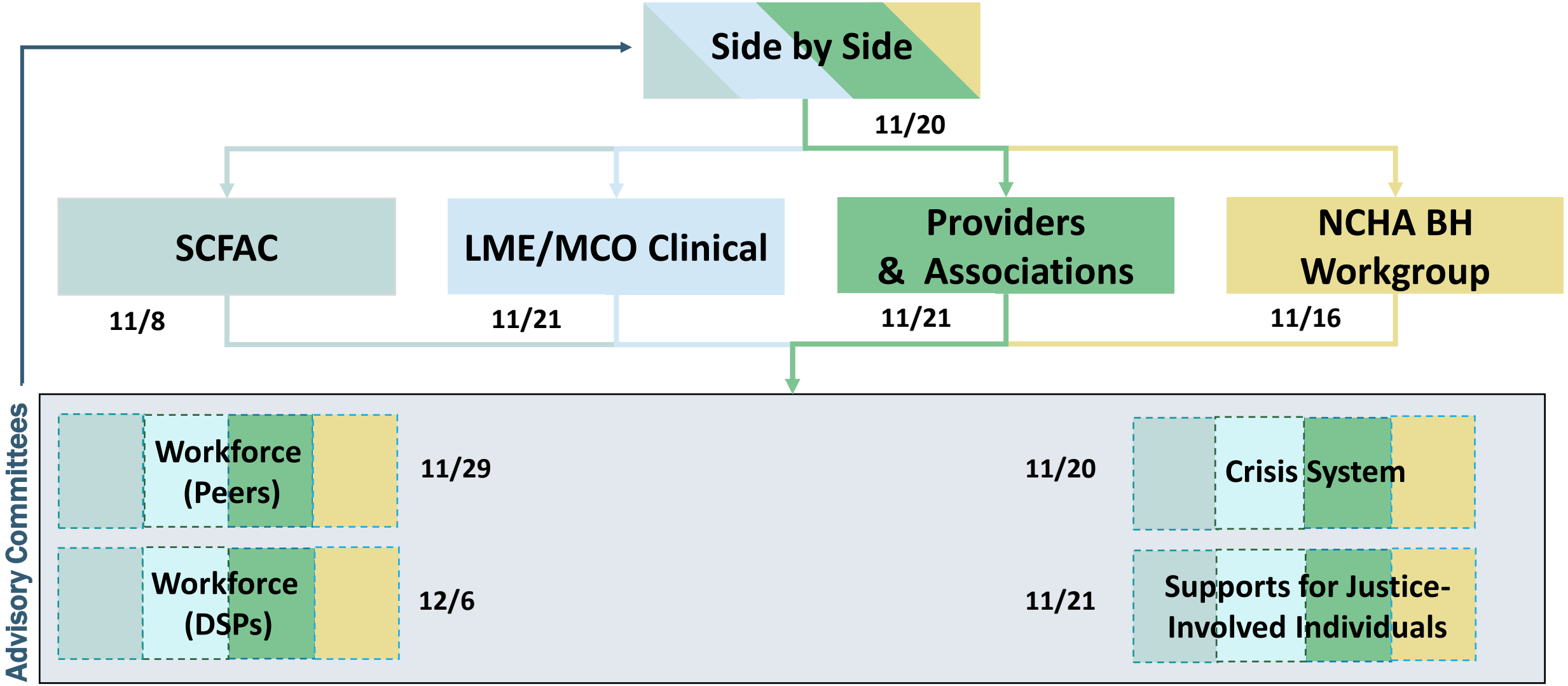
Scheduling for Upcoming Webinars

Date	Time	Agenda Topic
Nov. 20, 2023	2:00-3:00 p.m.	Crisis System
Dec. 4, 2023	2:00-3:00 p.m.	Supports for Justice-Involved Individuals
Jan. 8, 2024	2:00-3:00 p.m.	Behavioral Health Workforce Development

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

November Community Collaboration

Topic: Crisis System



How do I join my local Consumer Family Advisory Committee (CFAC)?

Contact your LME/MCO:

- **Alliance Health CFAC**
  - Email chwbreferrals@alliancehealthplan.org
  - Call Member and Recipient Services at (800) 510-9132
- **Eastpointe CFAC**
  - Call 1-800-913-6109
- **Partners Healthcare CFAC**
  - Email CFAC@partnersbhm.org
  - Call the CFAC Liaison at 704-884-2729
- **Sandhills Center CFAC**
  - Email Anne Kimball at annek@sandhillscenter.org
  - Call 1-800-256-2452
- **Trillium Health CFAC**
  - Email to Info@TrilliumNC.org
  - Call Trillium at 1-866-998-2597
- **Vaya Health CFAC**
  - Complete the online membership application
  - Call 1-800-893-6246 and ask to speak with a Vaya CFAC liaison

Updates

Appendix K Flexibilities

Update	What does this mean?
NC Medicaid has requested that Appendix K be extended to February 29th, 2024, for the Innovations and TBI Waivers.	If approved, all flexibilities allowed under Appendix K during the COVID-19 emergency will continue until February 29th, 2024.
NC Medicaid has requested that amendments to the Innovations and TBI Waivers start March 1st, 2024.	If approved, certain Appendix K flexibilities will end and certain flexibilities will be made permanent to both the Innovations Waiver and the TBI Waiver effective March 1, 2024. For more information about current flexibilities and where there will be changes, go to these links for TBI Waiver and Innovations Waiver.
We will keep everyone informed as we know more.	

BH Rate Increases

- The rate increases represent an **approximate ~20% increase in overall Medicaid funding** for behavioral health across all impacted services

- Rate increases should:
  - Recruit more BH providers into the public BH system
  - Improve access to inpatient psychiatric care in community hospitals

- Other goals include:
  - Promote alternatives to ED use for BH crises
  - Invest in recovery-oriented services
  - Support early intervention by investing in gateway services

- Medicaid rate increases will be effective for services provided on or after 1/1/2024

- Additional information will be shared via a Medicaid Provider bulletin

Link: Behavioral Health Reimbursement Rates Increased for the First Time in a Decade

LME/MCO Consolidation

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

Secretary's Directive (11/1)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. A consolidation agreement should be crafted by the parties and presented to the Department for consultation and approval no later than 30 days from the date of this Directive.

What do you need to know about consolidation?

- Questions?
- Key considerations?
- Pain points?
- Lessons learned from Cardinal → Vaya?

North Carolina's Crisis System

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

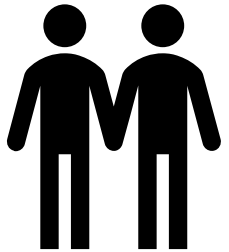
North Carolina's Crisis Continuum

Someone to Talk To (Connect)

- 988
- Peer Warm Line (coming soon)

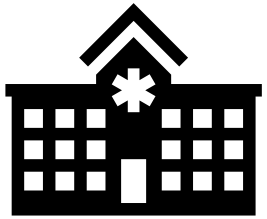
Someone to Respond (Dispatch)

- 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

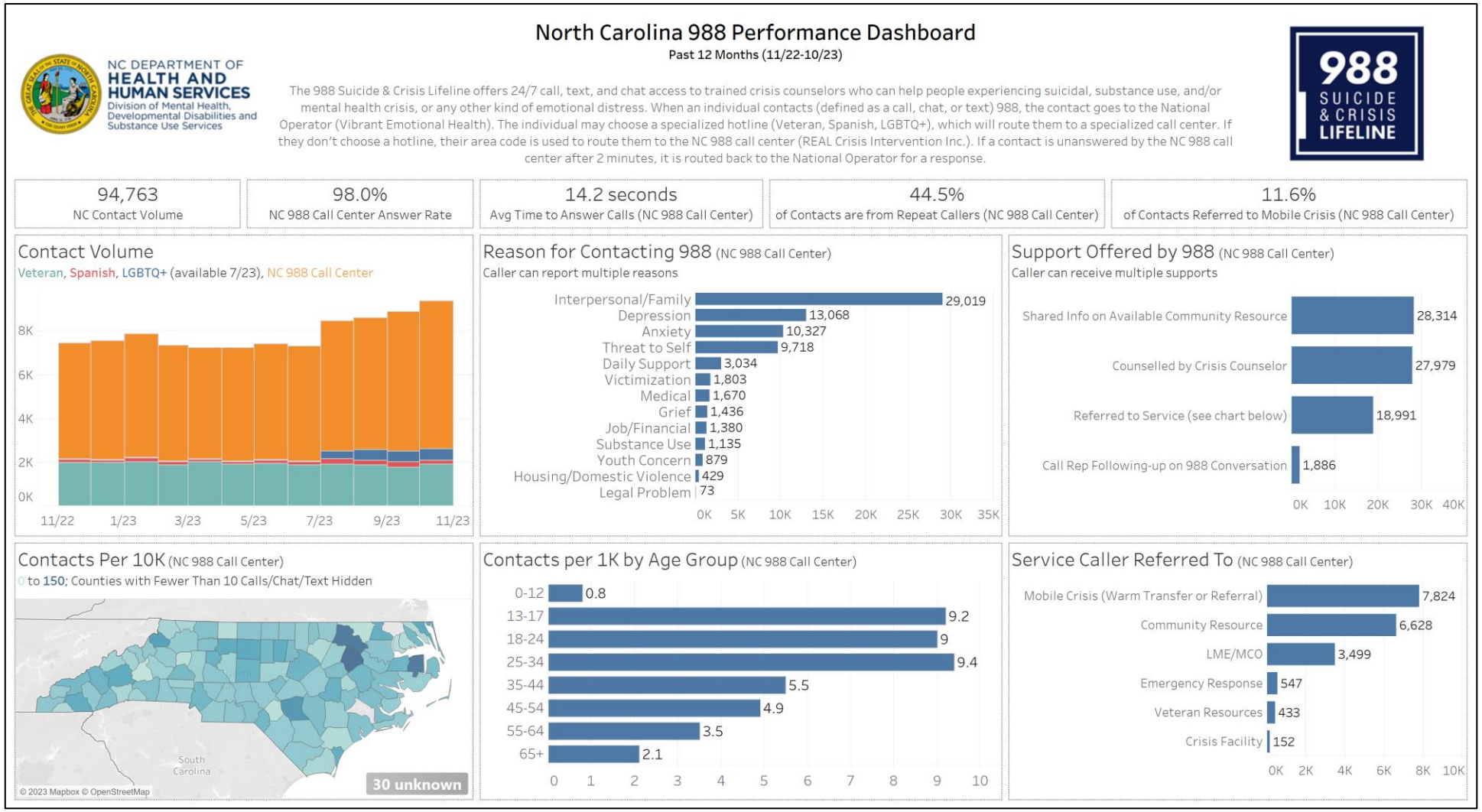
- National 9-8-8 Suicide and Crisis Lifeline was launched on July 16, 2022
- 24-hour access to trained crisis counselors
- Reached through
  - 988 or 1-800-273-TALK (8255) - call/text
  - Text *Ayuda* to 988
  - 988lifeline.org or 988lineadevida.org/– chat
- Calls routed to call center based on caller's 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 Sign 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

The dashboard can now be accessed on the DMHDDSUS website.



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

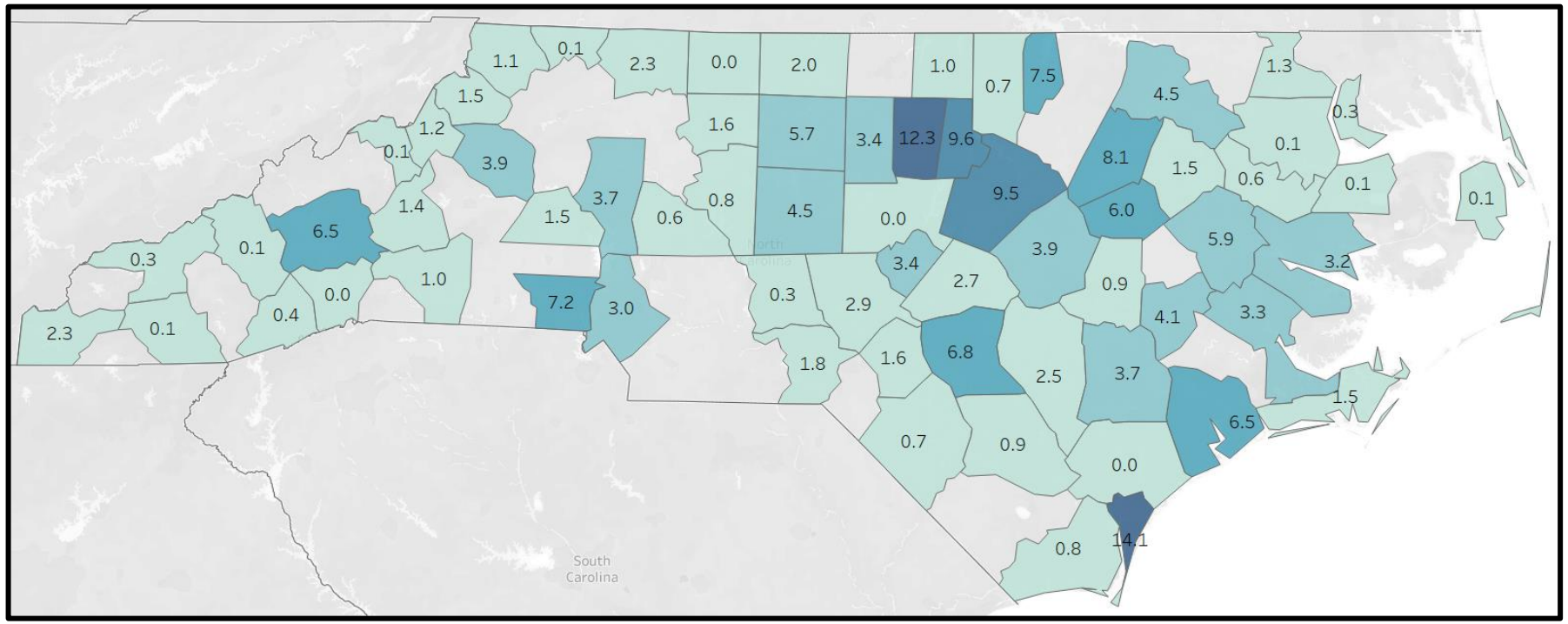
- Fund infrastructure to allow current DMH/DD/SUS programs to expand their reach
- Use data and community input to prioritize projects based on need

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

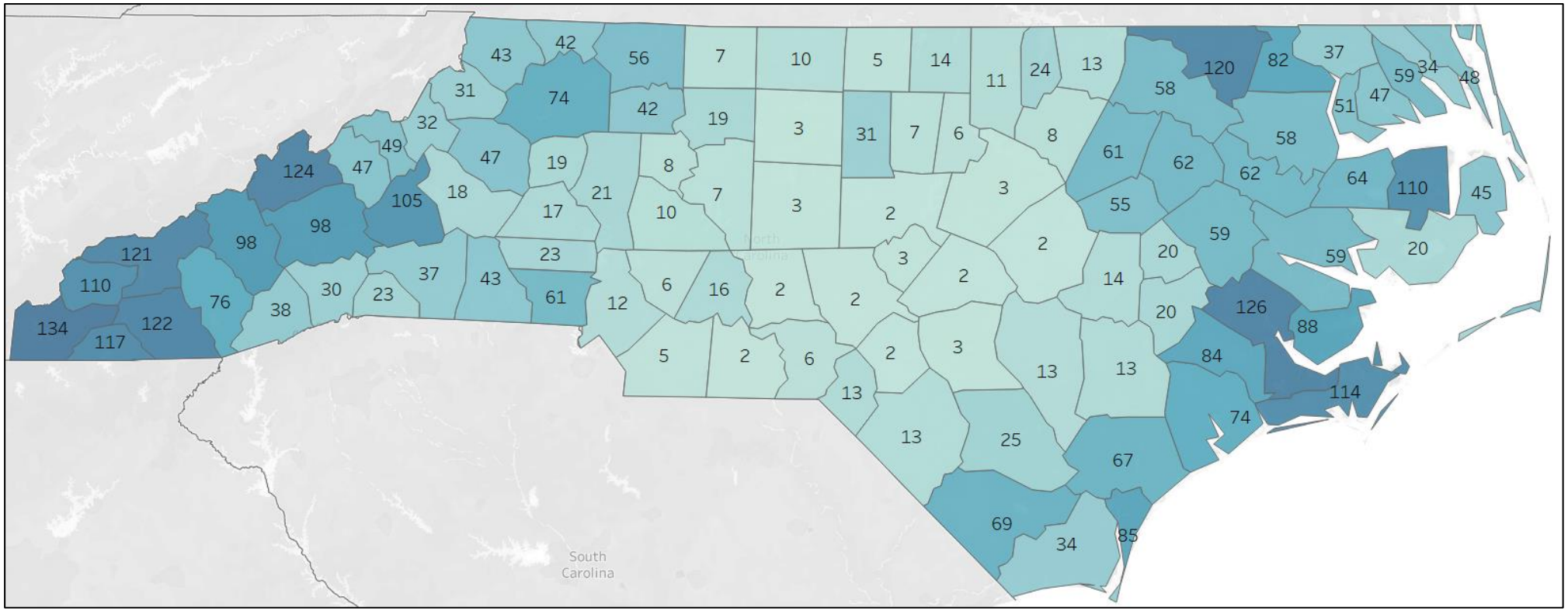
Someone to Respond

- **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



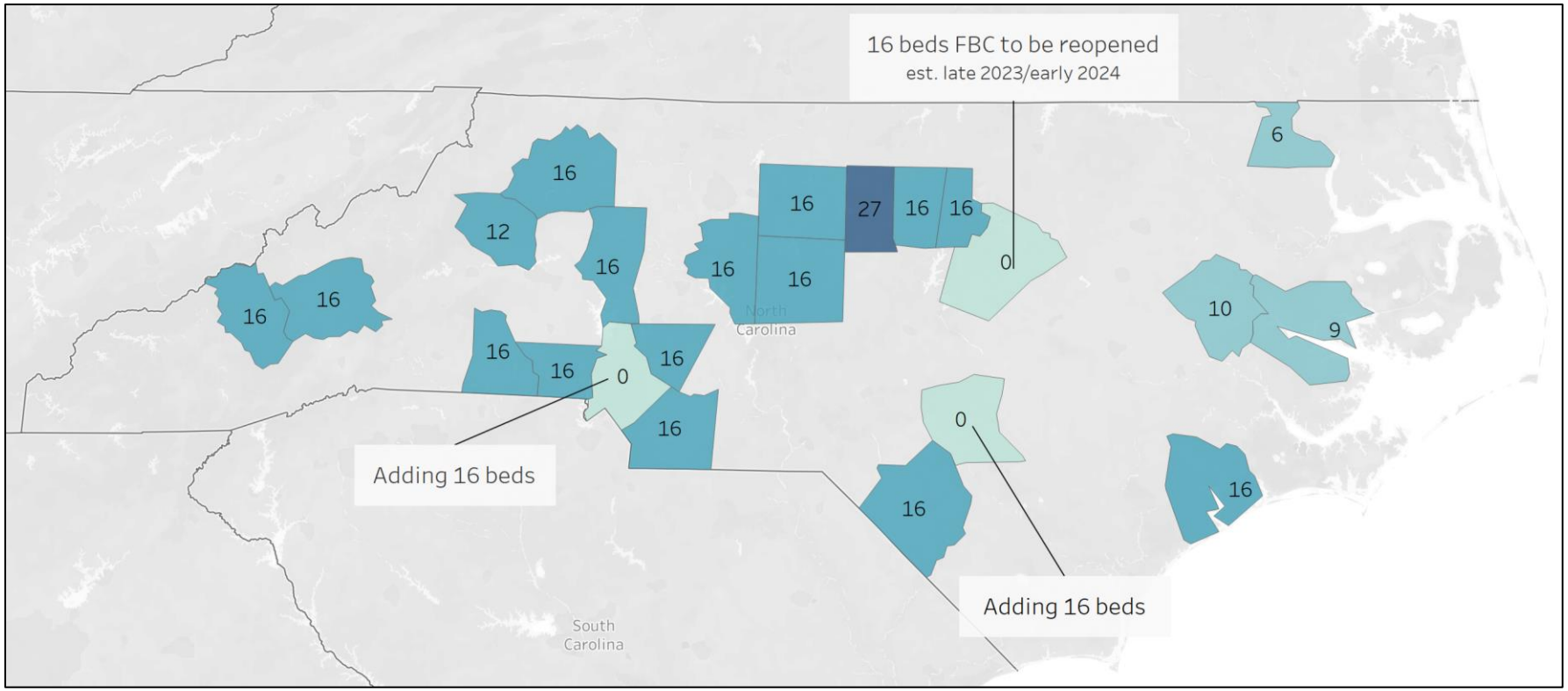
Facility Based Crisis Centers (FBCs)

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

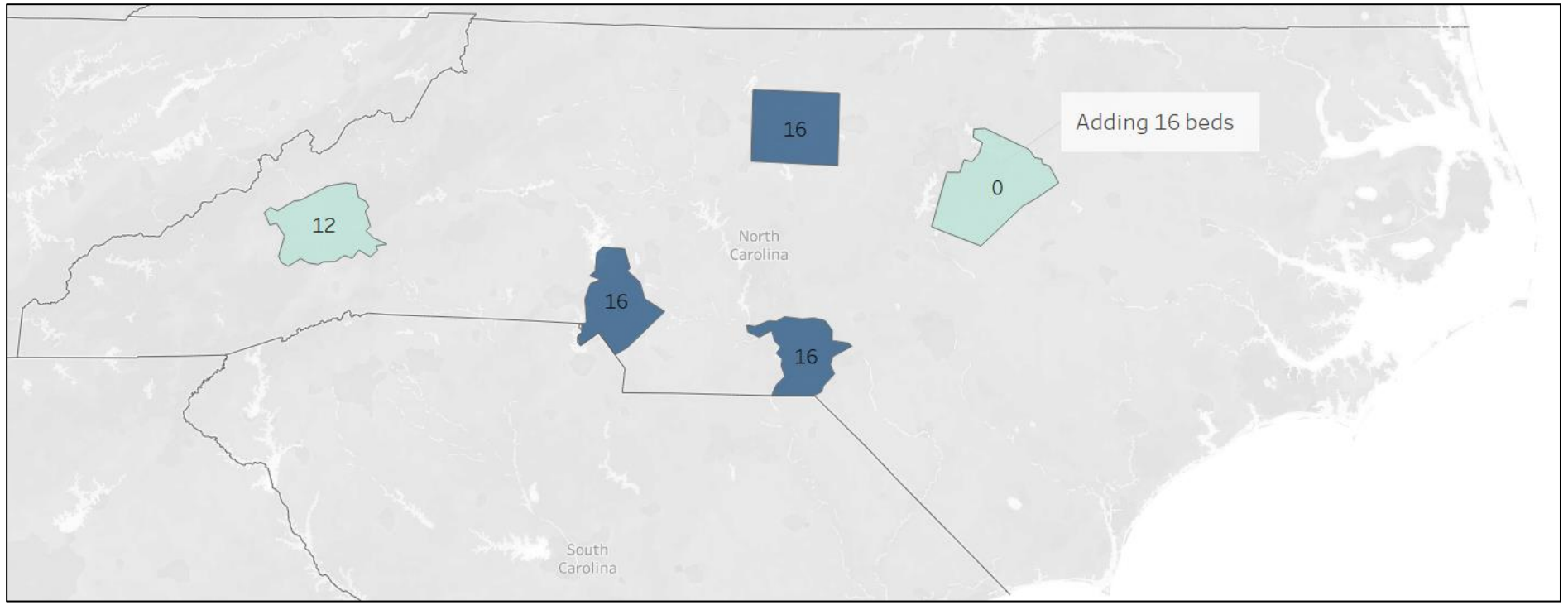
Licensed Beds at Adult FBCs

- 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



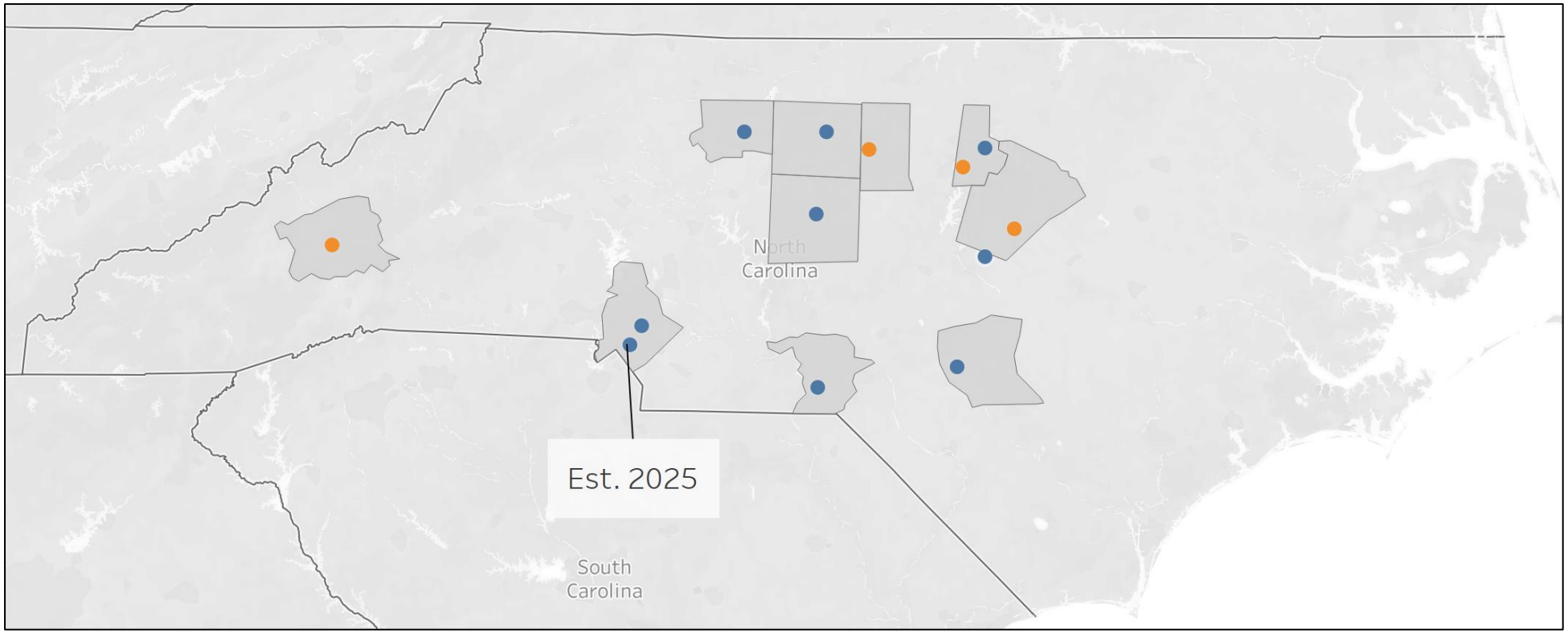
Behavioral Health Urgent Care (BHUC)

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



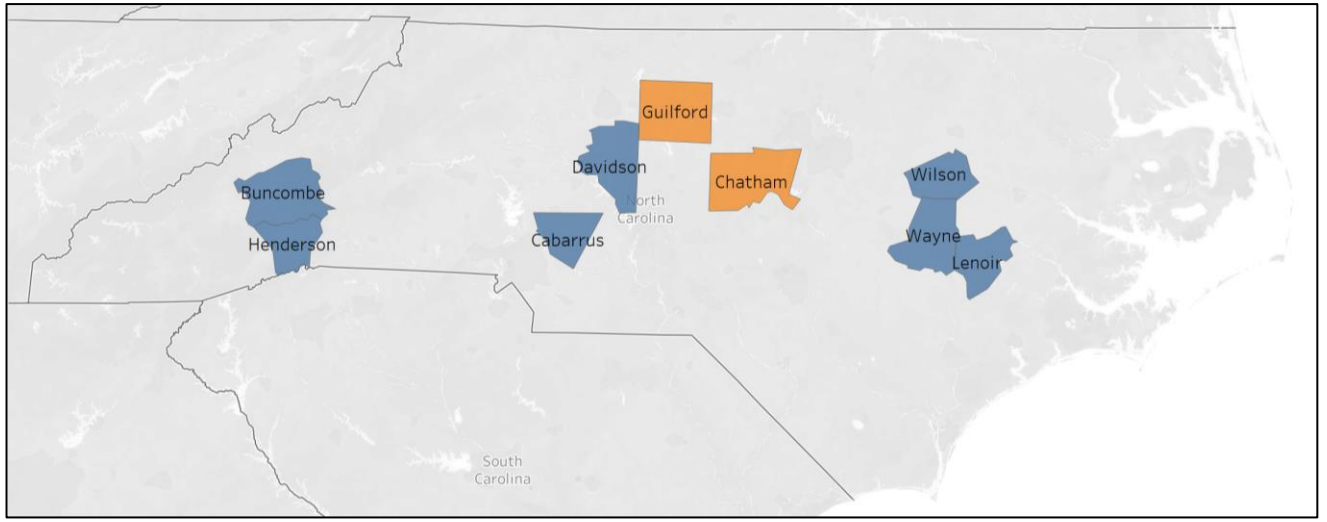
Mobile Outreach, Response, Engagement, & Stabilization (MORES)

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



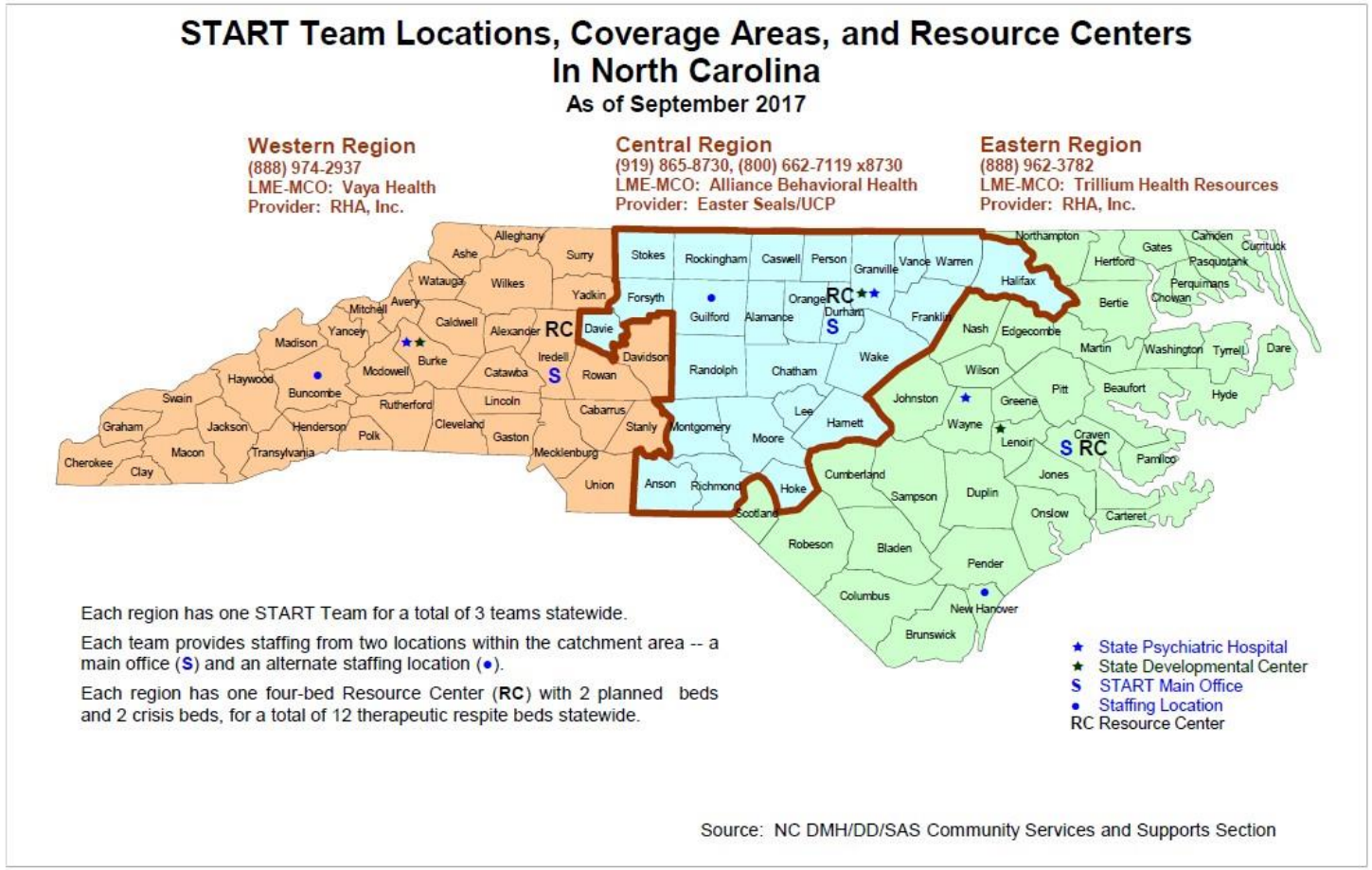
North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC START)

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

Q&A

Questions and feedback are welcome at BHIDD.HelpCenter@dhhs.nc.gov.

The recording and presentation slides for this webinar will be posted to the Community Engagement & Training webpage.

Thank you!