# Crisis External Advisory Committee Meeting

July 3rd
9:00 – 10:00 AM

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

# Agenda

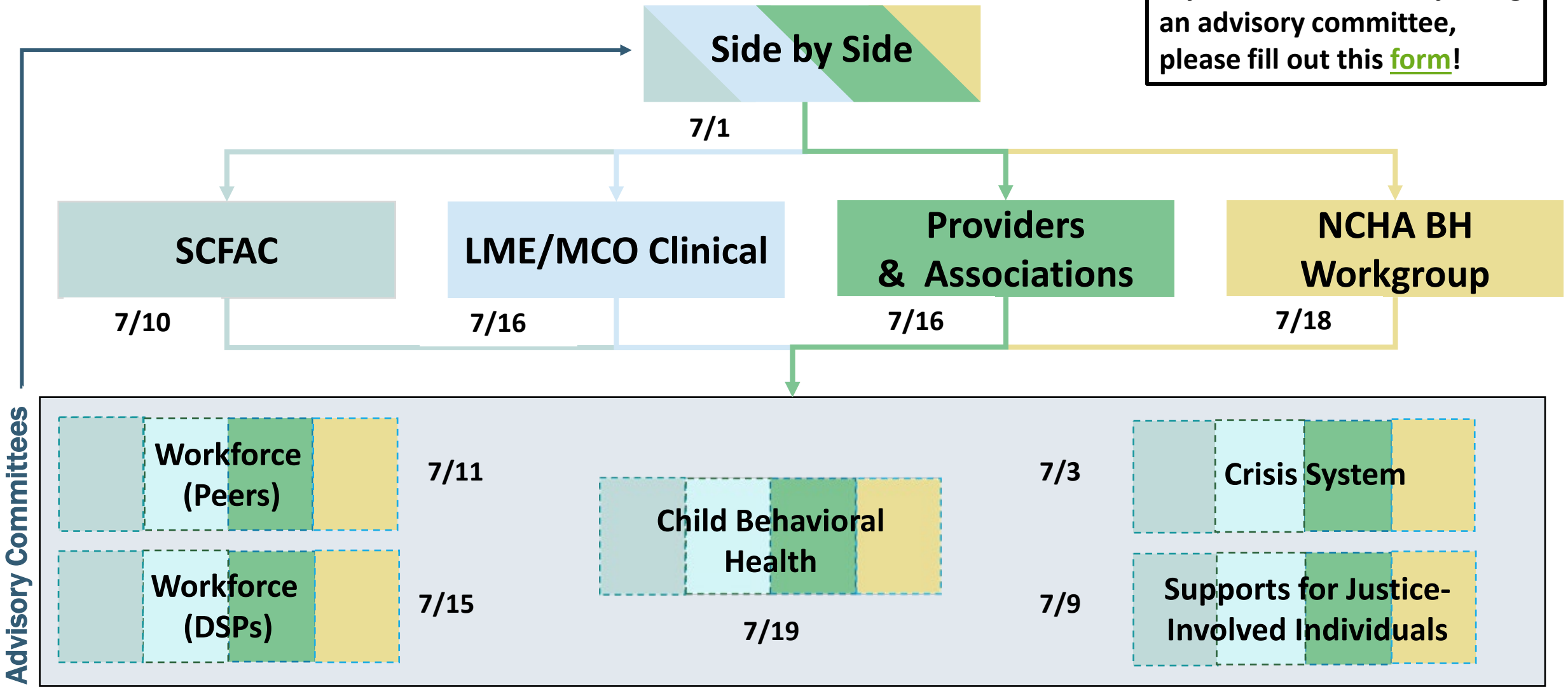
- Community Collaboration Model
- Crisis Investments Update
- Discussion
  - Mobile Crisis Improvements

# DMH/DD/SUS
# Community Collaboration Model

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

# July Community Collaboration

If you're interested in joining an advisory committee, please fill out this form!



# Crisis Investments Update

# $1.35 M Investment to Pilot Mobile Crisis and Crisis Co-Responder Services

**On May 7th, NC DHHS announced investments to pilot trauma-informed mobile crisis and co-responder services.**

## Crisis Co-Responder for Law Enforcement (CORE)

*Buncombe County, Person County and the City of Burlington*

**Under the CORE model, mental health professionals trained in trauma response work together with law enforcement to determine the best response when someone is experiencing a behavioral health crisis.**

## Crisis Assistance, Response and Engagement (CARE) team

*Orange County*

**The CARE team includes a crisis counselor, peer support specialist and EMT — will respond in lieu of law enforcement to behavioral health and low-level, non-violent offense calls as designated by the Chapel Hill Police Department and 911 Call Center.**

***To read the press release, click here**

# On June 19th the Alamance Behavioral Health Center Opened

**The center includes 24/7 crisis services, including triage, risk assessment, and intervention. In addition, it will also offer pharmacy services, a peer living room, and a dedicated child/family entrance.**

***To read the press release, click here**

# Mobile Crisis Discussion

# Mobile Crisis Management (MCM) Overview

**As a part of NC DHHS' work to strengthen the crisis system, the Department is seeking stakeholder feedback on potential changes to Mobile Crisis Management* in North Carolina. Changes to reimbursement to reflect these changes and make this service more sustainable are also being explored.**

## What is Mobile Crisis Management (MCM)?

- MCM teams provide an immediate, community-based response to a mental health or substance use crisis by meeting the person where they are and providing de-escalation and support.
- MCM is available 24/7/365.
- MCM is typically provided by a Qualified Professional (QP) responder with a Licensed Clinician providing backup.
- MCM teams conduct crisis assessments and help connect people to the care they need.

## Stakeholder Feedback Received to Date

- MCM team responses can exceed 2 hours in certain parts of the state.
- The level of service provided by a MCM team may be inconsistent and doesn't always allow the person to be stabilized in the community.
- Not all MCM teams transport people when a higher level of care is needed.
- The MCM reimbursement model does not support 24/7/365 mobile crisis coverage.

*DHHS is also exploring changes to **Mobile Outreach, Response, Engagement, and Stabilization (MORES)** to expand mobile crisis services for youth.

# Goals of Possible Changes to the Mobile Crisis Management (MCM) Service

**North Carolina seeks to ensure that individuals experiencing crises are met quickly and, to the extent possible, have their crises resolved in their communities.**

## MCM Goals:

- Further align the MCM service definition with evidence-based practice for serving people of all ages experiencing behavioral health crises.
- Expand mobile crisis capacity by maximizing flexibility for multiple models (e.g., co-response and community response models, use of telehealth).
- Improve response times and community stabilization rates.
- Ensure mobile crisis teams have access to training and technical assistance resources.
- Maximize federal Medicaid funding through enhanced state match authorized by section 9813 of the American Rescue Plan Act.

# Overview of Possible Changes: Multiple Delivery Models and Hybrid Teams (1/4)

**DHHS seeks to create more flexibility for MCM teams to help build capacity and improve response times.**

## Flexible Service Delivery Models

- Changes to the MCM clinical coverage policy could allow for different types of teams to respond if they meet minimum staffing requirements.
- New models could include co-responder models, community response, and community paramedicine.
  - These models could help increase capacity in areas of the state where "traditional" mobile crisis teams are difficult to sustain.

## Hybrid Teams

- While it is best practice to have at least two in-person responders as part of the team, the requirement can be a barrier to timely response.
- The state is considering revising the mobile crisis service to include a tiered model that allows for both one and two-person response (one team member can participate via telehealth).
- The state is considering a tiered rate that would incentivize a two-person response with both team members in-person.

# Overview of Possible Changes: Transportation (2/4)

**Adding transportation as a reimbursable component of the MCM service would help address the gap in community-to-facility transportation.**

## MCM Transportation

- When it is safe to do so, the mobile team could provide transportation to individuals after completing the initial crisis assessment.
- If the MCM team cannot provide transportation, the team could help arrange it.
- Other states have implemented this approach to ensure that individuals in crisis are receiving trauma-informed care.
- This proposed change would complement North Carolina's Non-Law Enforcement Transportation Pilot which will provide transportation between crisis facilities and transportation home upon discharge.

# Overview of Possible Changes: Staffing and Training (3/4)

**Increasing staffing flexibility and expanding training for MCM teams will help ensure team members who respond to crises are qualified and trained to provide people the help they need.**

## Staffing

- Require all mobile crisis teams to have access to clinical staff who can complete crisis assessments, access to staff with I/DD and TBI expertise, and access to a staff member who is a certified first examiner for IVC.
- Increase timely response by allowing both one-person and two-person response to crises.
- One-person responses would need to include a QP or provider with comparable qualifications (or higher) who has access to a licensed professional via telehealth.
- Two-person responses could include additional types of staff members (e.g., peer support specialists, EMTs, and community health workers).
- Anyone responding must carry naloxone.

## Training

- Consider adding new training for all staff in crisis assessments, I/DD and TBI, and naloxone administration.
- Consider establishing a statewide technical assistance entity to support training development and oversight.

# Overview of Possible Changes: Follow-Up and Timely Response (4/4)

**DHHS would like to ensure that all individuals who receive MCM services receive timely access to services and follow-up care.**

## Follow-Up

- Follow-up should be used to support continued resolution of the crisis and include the creation of or updates to the beneficiary's crisis safety plan, and additional referrals to ongoing supports as needed.
- MCM would be required to conduct follow up with an individual within 72 hours of the initial response.
- MCM would need to notify an individual's health plan within 24 hours of the initial response.
- Any team member can conduct follow-up activities in person or via telehealth.

## Timely Response

- North Carolina can work towards building a network of MCM teams that offers beneficiaries access to in-person MCM services within **30 minutes in urban areas** and **within 60 minutes in rural areas.**
- DHHS is exploring how it can support new MCM teams to expand capacity across the state.

# Discussion Questions

- What are your thoughts on the ability of existing mobile crisis teams to send two team members in person (e.g., QP + peer) or have a team member available virtually throughout the response?
  - What type of support would mobile crisis teams need to implement this model (e.g., TA, technical assistance, technology)?
- To what extent will mobile crisis teams be able to identify and contract with licensed professionals who can conduct an IVC first exam if needed? What support would be needed to support this?
- How many additional teams would be needed to achieve a 30-minute response time in urban areas and 60-minute response time in rural areas?
- How feasible is it for a mobile crisis team to provide transportation? What support would be needed to add this to the service?
- Are there additional changes the state should consider that weren't discussed?

# Ongoing and Upcoming Crisis Priorities

## Non-Law Enforcement Transportation Pilot

Pilot program that offers NLET to people requiring hospitalization or crisis services due to a behavioral health condition.

RFP expected to be released late summer/early fall 2024.

Service delivery to begin early 2025.

## Crisis to Care Design

Standardization and improvements across the crisis system, including: Mobile Crisis, MORES, FBC, BHUC.

## Crisis Technology

Creating a system to support the crisis continuum, including Bed Registry, Mobile Crisis, and 988.

# Appendix

# Advisory Committee Members

# Crisis System Advisory Committee Membership

| Providers | |
|---|---|
| **Name** | **Organization** |
| Amanda Green | Atrium Health - Behavioral Health Charlotte |
| Amanda Johanson | Triangle Springs |
| Annette K. Gibbs | Carobell. Inc. |
| Ashley Sparks | Alexander Youth Network |
| Barbara-Ann Bybel | UNCH |
| Benjamin Horton | Veterans Services of the Carolinas - ABCCM |
| Brianne Winterton | Coastal Horizons |
| Brittney Peters-Barnes | NC START |
| Carson Ojamaa | Children's Hope Alliance |
| Christine Beck | North Carolina Children and Families Specialty Plan |
| Cindy Estes | Novant Health |
| Corie Passmore | Tammy Lynn Center |
| Corye Dunn | Disability Rights NC |
| Dave Jenkins | Cone Health |
| Eileen Slade | NC START Central |
| Elizabeth Barber | Threshold, Inc. |
| Erika Taylor | Brody School of Medicine at East Carolina University, Dept. of Family Medicine |
| Erin Jamieson Day | Community Impact NC |
| Glenn Simpson | ECU Health |
| Heather Hicks | Anuvia Prevention & Recovery Center |
| Jacob Schonberg | UNC Institute for Best Practice |
| Jade Neptune | Carolina Dunes Behavioral Health employee, student |
| Jill Hinton | Licensed Psychologist |
| Joel Maynard | NCPC |
| Joyce Harper | Freedom House Recovery Center, Inc. |

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| Providers | |
|---|---|
| **Name** | **Organization** |
| Karen McLeod | Benchmarks |
| Kelvin Barnhill SR | Flovi Services |
| Kerri Erb | Autism Society of NC |
| Kirsten Smith | Children's Hope Alliance |
| Laura McRae | Pinnacle Family Services |
| Lisa Goins | Addiction Recovery Care Association Inc. |
| Luke McDonald | Novant Health |
| Luwanda Smith Daniels | Alternative Behavioral Solutions Inc. |
| Lysha Best | RI |
| Marcie Boyes | Easterseals UCP |
| Margaret Hunt | Youth Villages |
| Micah Krempasky | WakeMed |
| Michelle Ivey | Daymark |
| Michelle Kluttz | NC START East/West |
| Mona Townes | Integrated Family Services, PLLC |
| Morgan Coyner | APNC |
| Natasha Holley | Integrated Family Services, PLLC |
| Nicholle Karim | NC Healthcare Association |
| Pablo Puente | ServiceSource |
| Paula Bird | Novant Health |
| Peggy Terhune | Monarch |
| Rachel Crouse | Coastal Horizons Center, Inc. |
| Rebecca Peacock | CriSyS |
| Robyn Codrington | CriSyS |
| Russell Rainear | Private EOR |

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| Providers | |
|---|---|
| **Name** | **Organization** |
| Ryan Edwards | CBCare |
| Ryan Estes | Coastal Horizons |
| Samuel Pullen | Novant Health |
| Sandy Feutz | RHA |
| Sarah Huffman | RHA |
| Sarah Roethlinger | Youth Focus, Inc. |
| Sherrell Gales | Abound Health |
| Tammy Margeson | The Hope Center for Youth and Family Crisis/Kidpeace |
| Teri Herrmann | SPARC Network |
| Therese Garrett | WellCare NC |
| Tisha Jackson | Abound Health |
| Trish Hobson | The Relatives |
| Venkata Ravi Chivukula | Novant Health |

# Crisis System Advisory Committee Membership

| LME-MCOs and Standard Plans | |
|---|---|
| **Name** | **Organization** |
| Dr. Uzama Price | Alliance Health |
| Brian Perkins | Alliance Health |
| Melissa Payne | Alliance Health |
| Natalie Barnes | Alliance Health |
| Jay Patel | Alliance Health |
| Sandhya Gopal | Alliance Health |
| Liza Go-Harris | Partners Health Management |
| Doug Gallion | Partners Health Management |
| Tara Conrad | Partners Health Management |
| Michelle Stroebel | Partners Health Managment |
| Cindy Ehlers | Trillium Health Resources |
| Benita Hathaway | Trillium Health Resources |
| Hannah Coble | Trillium Health Resources |
| Laurie Whitson | Vaya Health |
| Lesley Jones | Vaya Health |
| Tina Weston | Vaya Health |
| Tracy Hayes | Vaya Health |
| Eric Harbour | WellCare NC |

# Crisis System Advisory Committee Membership

| Consumers and Family Members | |
|---|---|
| **Name** | **Organization** |
| April DeSelms | SCFAC |
| Bob Crayton | Vaya CFAC |
| Carol Conway | PACID |
| Church Wendy | Self |
| Crystal White | Easterseals UCP |
| Hannah Russell | Special Education Consultant |
| Jessica Aguilar | Grupo Poder y Esperanza |
| Johnnie Thomas | SCFAC and Wake NC 507 CoC |
| Michelle Laws | SCFAC |
| Nancy Johns | NAMI-Wake, Alliance CFAC, NCCPSS, HEYPEERS |
| Patricia-Kay Reyna | Center on Brain Injury Research and Training |
| Patty Schaeffer | SCFAC |
| Sharon O'Donnell | Self |
| Sherri McGimsey | NAMI |

# Crisis System Advisory Committee Membership

| Community Partners | |
|---|---|
| **Name** | **Organization** |
| Alicia Brunelli | Freedom House Recovery Center, Inc. |
| Amber Howard | Appalachian District Health Department |
| Anthony Marimpietri | NAMI - Orange County |
| Ashley Barber | Alamance County Health Department |
| Avi Aggarwal | NAMI Wake County |
| Ben, Millsap | CCR Consulting |
| Cait Fenhagen | Orange County Criminal Justice Resource Center |
| Chiquita Evans | Neighbors for Better Neighborhoods |
| Darryl Hubbard | Alcohol/Drug Council of North Carolina (ADCNC) |
| Dawn Koonce | Murdoch Development Center |
| Denise Foreman | Wake County |
| Denise, Price | Forsyth County Government |
| Desireé Gorbea-Finalet | Disability Rights North Carolina |
| Diane Coffey | Parent to Parent Family Support Network |
| Gayle Rose | UNCG - Center for Youth, Family and Community Partners |
| Jai Kumar | North Carolina Healthcare Assoication |
| Jeremy Fine | UNC |
| Johana Troccoli | Duke Health |
| Kristy LaLonde | Pride in NC |
| Marvin Swartz | Duke |
| Michele Chassner | The Hope Center for Youth and Family Crisis/Kidpeace |
| Naglaa Rashwan | UNCG |
| Nancy Keith | ECU Health |
| Philip Woodward | North Carolina Council on Developmental Disabilities (NCCDD) |
| Shagun Gaur | Autism Society of North Carolina |

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| Community Partners | |
|---|---|
| **Name** | **Organization** |
| Tara Fields | Benchmarks |
| Tracie Potee | Soar Parenting and Life Wellness Coaching Services Inc. |
| Troy Manns | CHPD/CHT Crisis Unit |
| Vicki Smith | Alliance of Disability Advocates |
| William Edwards | Transitional Services Center, inc |

# Crisis System Advisory Committee Membership

| Internal/Consultants | |
|---|---|
| **Name** | **Organization** |
| Hannah Harms | DHHS |
| Jessie Tenenbaum | DHHS |
| Renee Clark | DHHS Office of Rural Health |
| Kelsi Knick | NC Medicaid |
| Michelle Merritt | NC Medicaid |
| Sandy Terrell | NC Medicaid |
| Stephanie Wilson | NC Medicaid |
| Kelly Crosbie | DMHDDSUS |
| Erica Asbury | DMHDDSUS |
| Tanya Thacker | DMHDDSUS |
| Charles Rousseau | DMHDDSUS |
| Elliot Krause | DMHDDSUS |
| Kelly Crosbie | DMHDDSUS |
| Keith McCoy | DMHDDSUS |
| Lisa DeCiantis | DMHDDSUS |
| Saarah Waleed | DMHDDSUS |
| Essie Santillano | Accenture |
| Mary Ambrosino | Accenture |
| Jocelyn Guyer | Manatt |
| Ashley Traube | Manatt |
| Erica Brown | Manatt |
| Ahimsa Govender | Manatt |
| Jacob Rains | Manatt |