



Crisis Solutions Initiative

Improving Mental Health and Substance Abuse Crisis Services in North Carolina

Mental Health Crisis Intervention

State Efforts & Local Models

Featuring:

Cumberland County Post Release Forensic Team

and

Buncombe County Comprehensive Care Center

Crystal Farrow

Project Manager, Crisis Solutions Initiative

NC Division of MH/DD/SAS

NC Association
of County
Commissioners

Annual
Conference

August 20, 2015

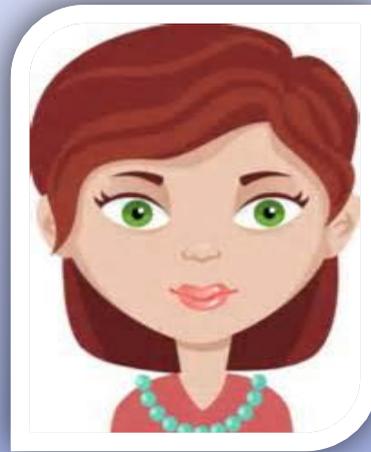


cri-sis (krss)

1. A crucial or decisive point or situation; a turning point.
2. A sudden change in the course of a disease or fever, toward either improvement or deterioration.
3. **An emotionally stressful event or traumatic change in a person's life.**
4. An unstable condition, as in political, social, or economic affairs, involving an impending abrupt or decisive change.
5. A point in a story or drama when a conflict reaches its highest tension and must be resolved.

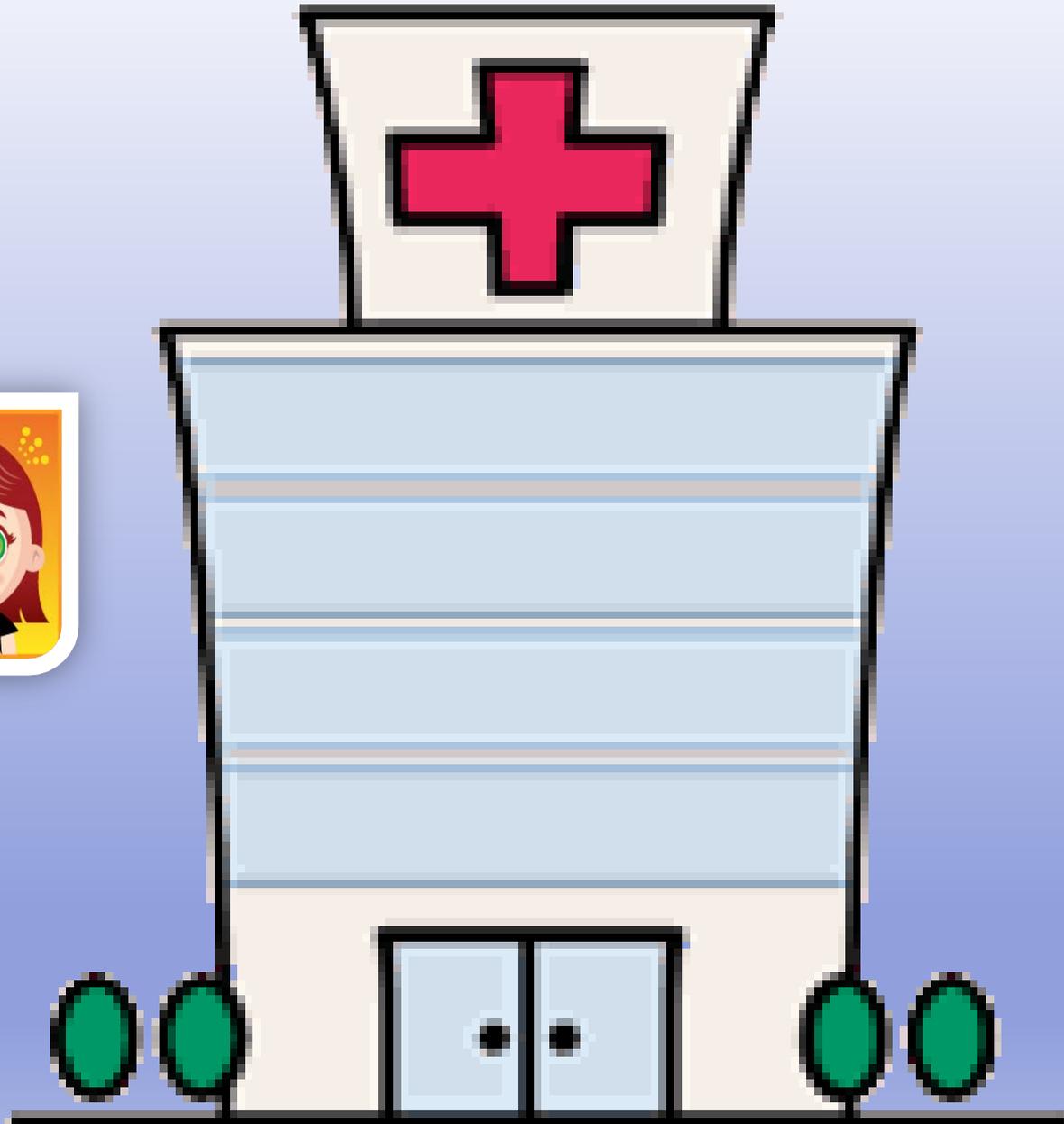
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Behavioral Health Crisis

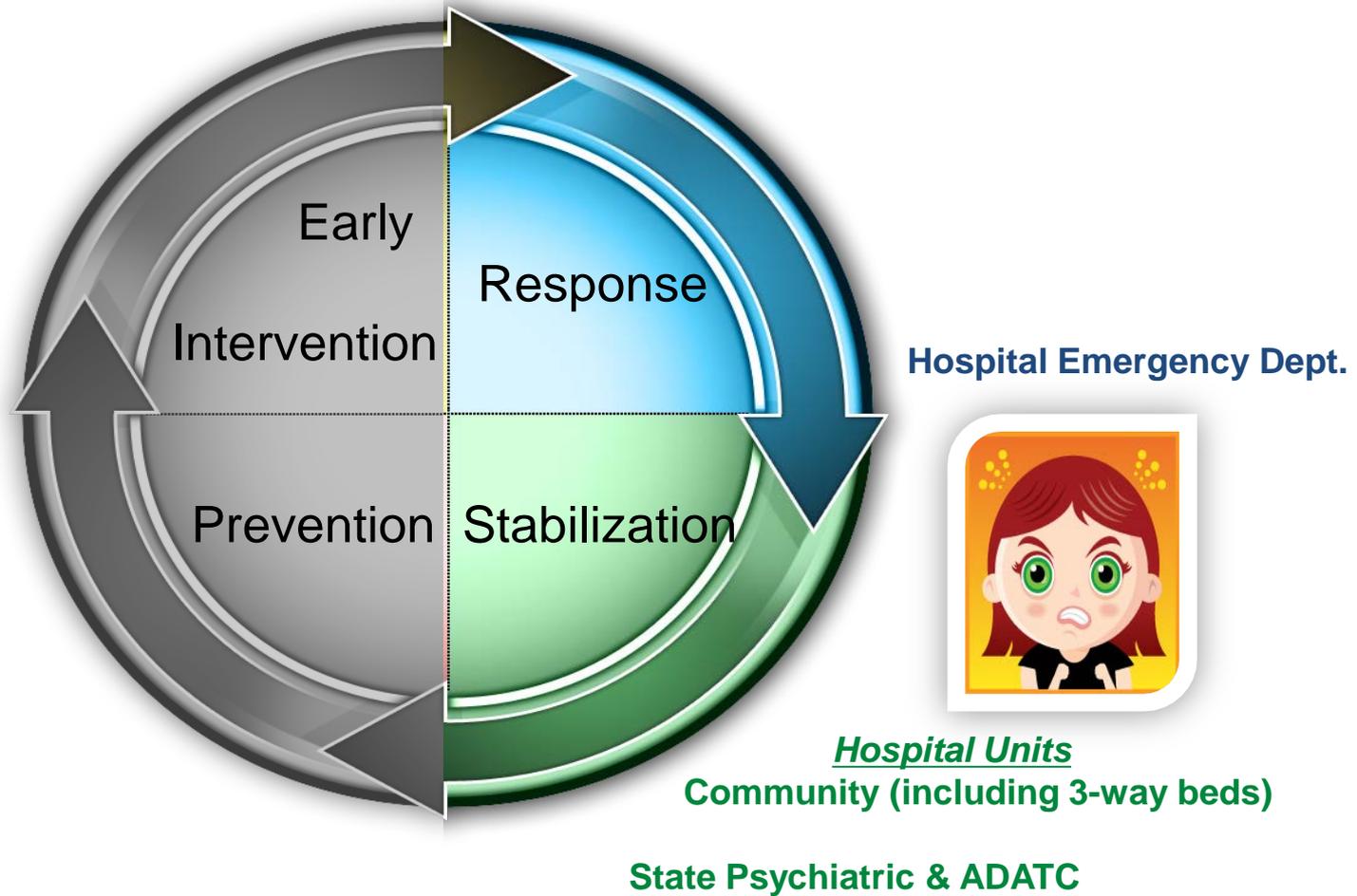


Behavioral Health Crisis



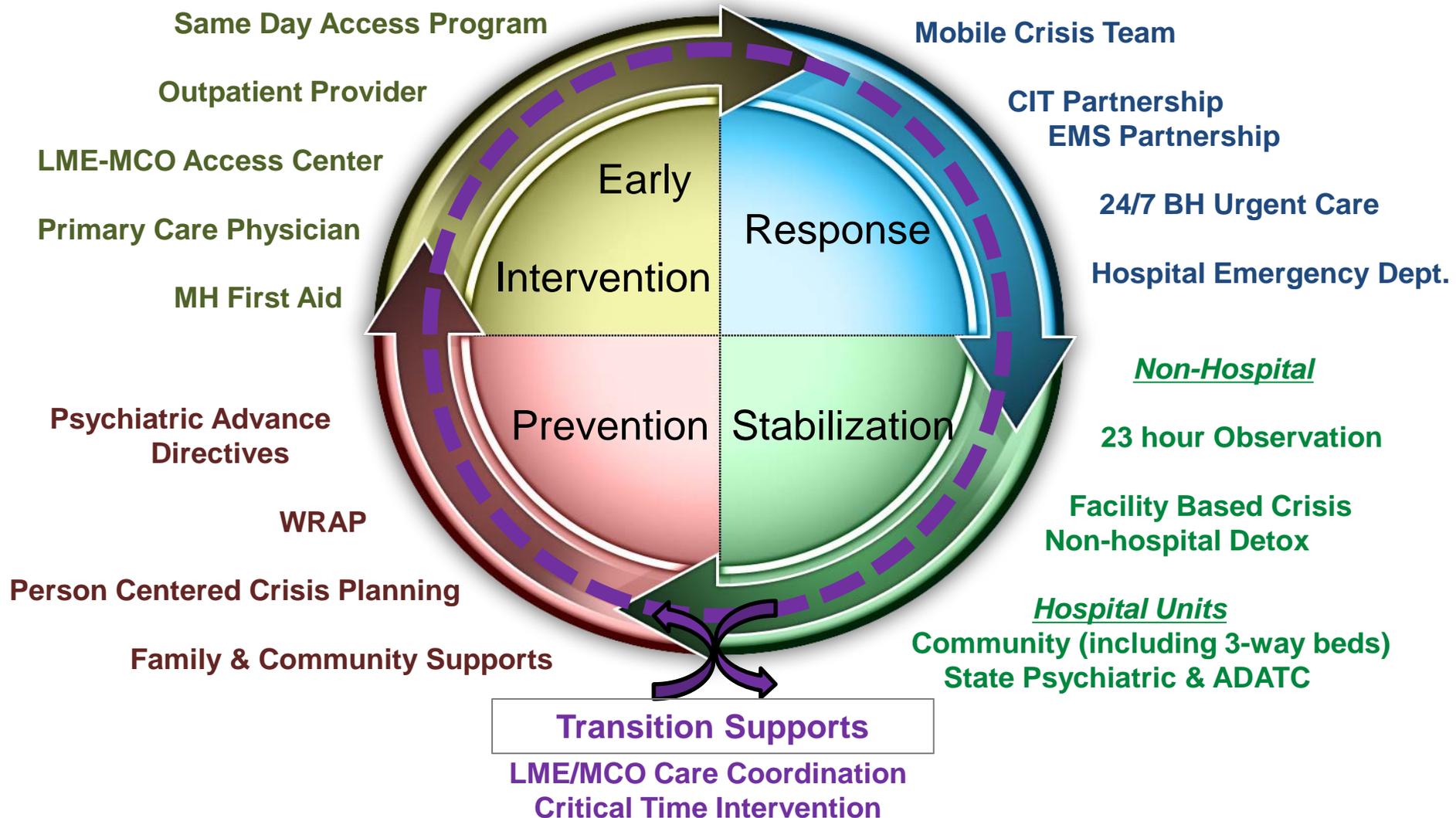


Crisis Services Continuum



Crisis Services Continuum

... building a crisis services continuum to match a continuum of crisis intervention needs





Effective Crisis Intervention offers an opportunity

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Crisis Solutions Initiative

Improving Mental Health and Substance Abuse Crisis Services in North Carolina

The NC Crisis Solutions Initiative focuses on identifying and implementing the best known strategies for crisis care while reducing avoidable visits to emergency departments and involvement with the criminal justice system for individuals in behavioral health crises.



Key Strategies

1. Work in partnership with all of the stakeholders in the crisis system.
2. Find what is working in locations across the state and nation.
 - Evaluate what makes a crisis intervention strategy effective.
 - Find ways to replicate and sustain successful models by eliminating barriers, and establishing policy and funding to support those models.



Crisis Solutions Initiative

Challenges

- Recommend & establish community partnerships to strengthen the continuum of care.
- Promote education & awareness of alternative community resources to the use of emergency departments.
- Make recommendations related to data sharing to help identify who, when and where people in crisis are served, and what the results of those services are.
- Create a repository of evidence-based practices and provide technical assistance to LME/MCOs, providers, & other partners on how to respond to crisis scenarios.
- Recommend legislative, policy & funding changes to help break down barriers associated with accessing care.



The Crisis Solutions Coalition



December 9, 2013

Key Strategy 1: Work in partnership with all of the stakeholders in the crisis system.

The Crisis Solutions Coalition Priorities

1. Fund, define, and monitor 24/7 Walk-in Crisis Centers as alternatives to divert unnecessary ED visits AND as jail diversion sites for CIT officers
2. Provide training and support for all involved system partners
3. Re-work Mobile Crisis Teams
4. Fund the WHOLE service continuum -- Peer Support, Case management, Jail in-reach, EMS diversion, etc.
5. More inpatient beds are needed
6. Utilize our collective data
7. Treat the whole person – integrated care
8. EDs will continue to have a role and should be prepared to do so
9. Focus on prevention strategies like MH First Aid

Key Strategy 2: Find ways to replicate and sustain successful models.



Progress & Current Projects

\$8,365,833 allocated for SFY 2015

Combination of funding streams

New state appropriation of \$2,200,000

+ MH & SA Block Grant funds

Ten Projects

- Collegiate Wellness Centers
- Community Recovery Centers
- Veterans Crisis Line
- Peer Operated Hospital Diversion
- Innovative Technologies
- Group Home Employee Skills Training
- Mental Health First Aid
- Community Paramedicine BH Crisis Response
- Critical Time Intervention
- BH Urgent Care/Facility-Based Crisis Units



MENTAL
HEALTH
FIRST AID™

www.MentalHealthFirstAid.org

- \$500,000 funded Instructor Trainings for both Adult & Youth programs + purchased workbooks for participants
- An evidence-based 8 hour curriculum that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders
- People trained in Mental Health First Aid have greater confidence in providing help to others and are more likely to advise them to seek professional help.

North Carolina now has more than 300 instructors who have trained more than 10,000 people on Mental Health First Aid.



MENTAL
HEALTH
FIRST AID™

www.MentalHealthFirstAid.org



“Thank you so much for the fantastic training this week. I never imagined that later in the day I would be using the training! I had a situation with a resident who had a boyfriend who was intending on harming himself, via text! I walked her through the action plan steps on the phone and she was able to relay the information until help arrived! Which, by the way, was the crisis team at Cardinal!”



Choosing Programs for Funding

- **Competitive Invitation to Apply for Funds**
 - LME/MCOs and identified providers
 - Applications demonstrating:
 - Community need
 - Data-informed planning
 - Clearly stated anticipated outcomes
 - High levels of community readiness, engagement, participation
 - Local contributions of time, talent, buildings, funds, etc.
- **DHHS funding is a contribution and a catalyst**



Community Paramedicine BH Crisis Response

- Provide start-up and ongoing support of local partnerships who utilize trained paramedics to divert BH consumers from unnecessary ED visits

- EMS
- LME/MCO
- BH Crisis Center



- Based on Wake program operational for 5 years + Onslow program started September 2014



\$5000 EMS Mini-Grants



Posted: Monday, July 20, 2015 9:09 am

The grants are small. But they'll provide a big help, health officials say.

The goal is to get people going through a mental health crisis the help they need, which isn't always at an emergency room, said Jim Albright, director of Guilford County Emergency Services.

“The reality is a mental health emergency without a medical emergency is best served somewhere other than an emergency room,” Albright said. “We’re trying to put the patient in the best place for their care when the real root of their issue is psychological.”

Durham, Halifax, Forsyth, Rockingham, Brunswick, Guilford, McDowell, Lincoln, Orange, Stokes, and Franklin



Critical Time Intervention

- Intensive short term case management
- Assists adults with MI who are going through critical transitions, including from institutions to community
- \$1,460,000 to support 4 pilot sites



CTI Sites & Focus Populations

- Cardinal Innovations/UNC Center for Excellence – rural Alamance & Person areas
- Trillium Health/Coastal Horizons/RHA – EDs in New Hanover & Onslow
- Partners/Phoenix – Homeless in Gaston
- Alliance/Fellowship Health – Jail in Cumberland



Critical Time Intervention and Jail Diversion

ANN K. OSHEL, ALLIANCE BEHAVIORAL
HEALTHCARE

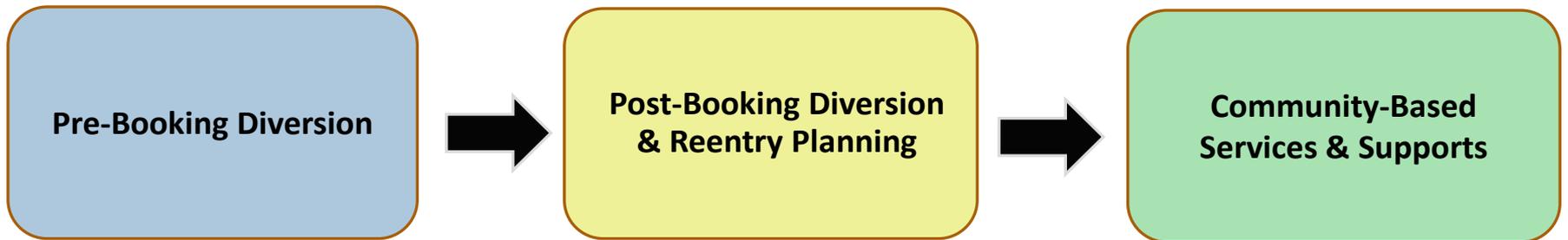
WAYNE CANNON, CUMBERLAND SHERIFF OFFICE

MAJ. LARRY TROTTER, CUMBERLAND SHERIFF
OFFICE

Alliance
BEHAVIORAL HEALTHCARE



Cumberland County Jail Diversion Continuum



Pre-Booking Diversion

Crisis Intervention Team

- Multi-agency law enforcement & first responder program
- Established in 2009, total certified 653
- Rapid & effective crisis response
- Promotes treatment as an alternative to arrest and incarceration
- Clinical follow-up after each CIT encounter
- Tandem response with Mobile Crisis Team
- Crisis & Evaluation Unit (CIT Drop-off) in partnership with Cape Fear Valley Medical Center.

Structured Post-Booking Diversion & Reentry Planning

- Coordinated release of identified detainees with serious mental illness, substance use disorders or intellectual/developmental disabilities
- Contingent upon arrangements for clinically indicated post-release behavioral health services
- Release facilitated by a legal mechanism, such as a plea-deal, court order, “time served” per judge, or unsecured bond
- Direct transfer or “warm handoff” to provider at the time of release

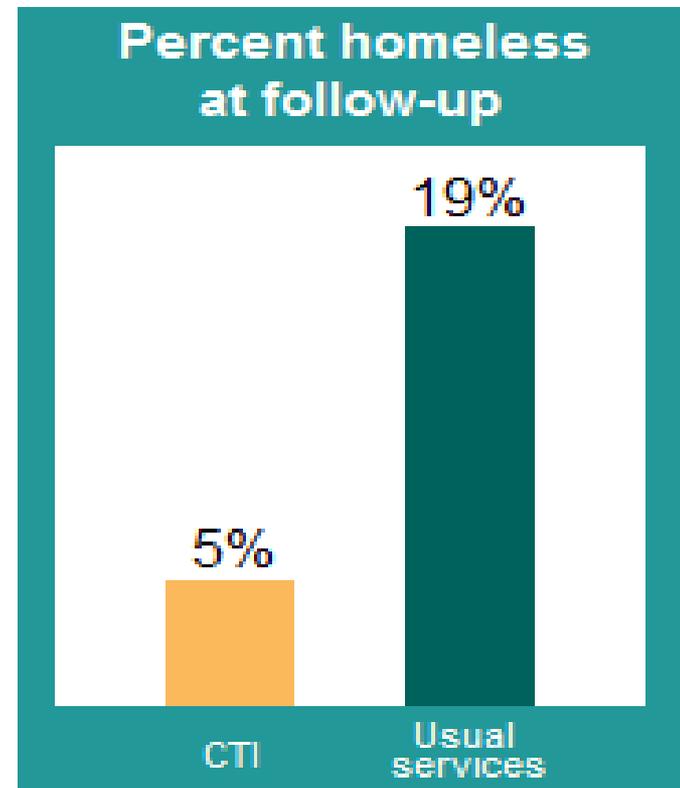
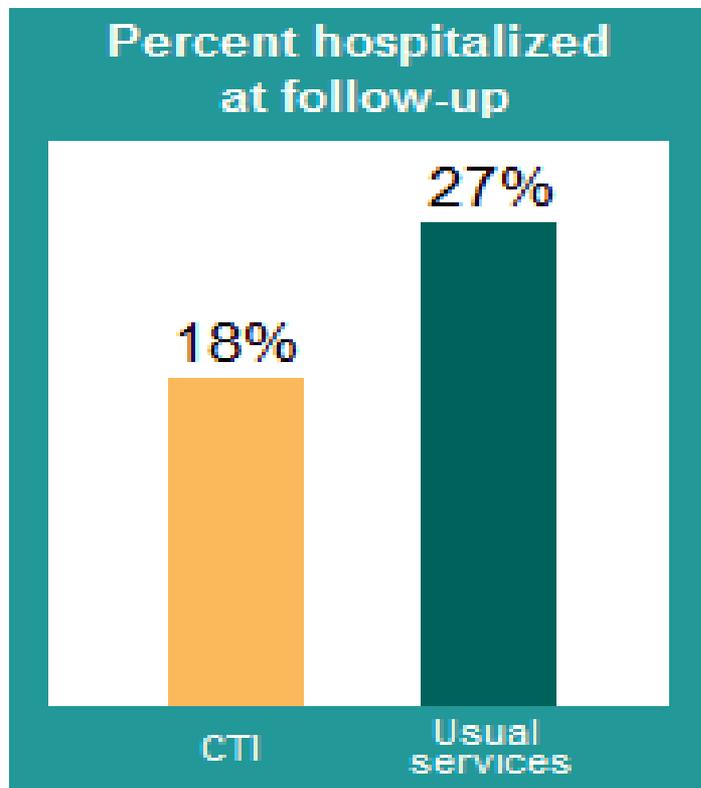
Community-Based Services & Supports

- Assertive Community Treatment Team
- Intensive Outpatient Substance Abuse Program
- Community Support Team
- Vocational Rehabilitation

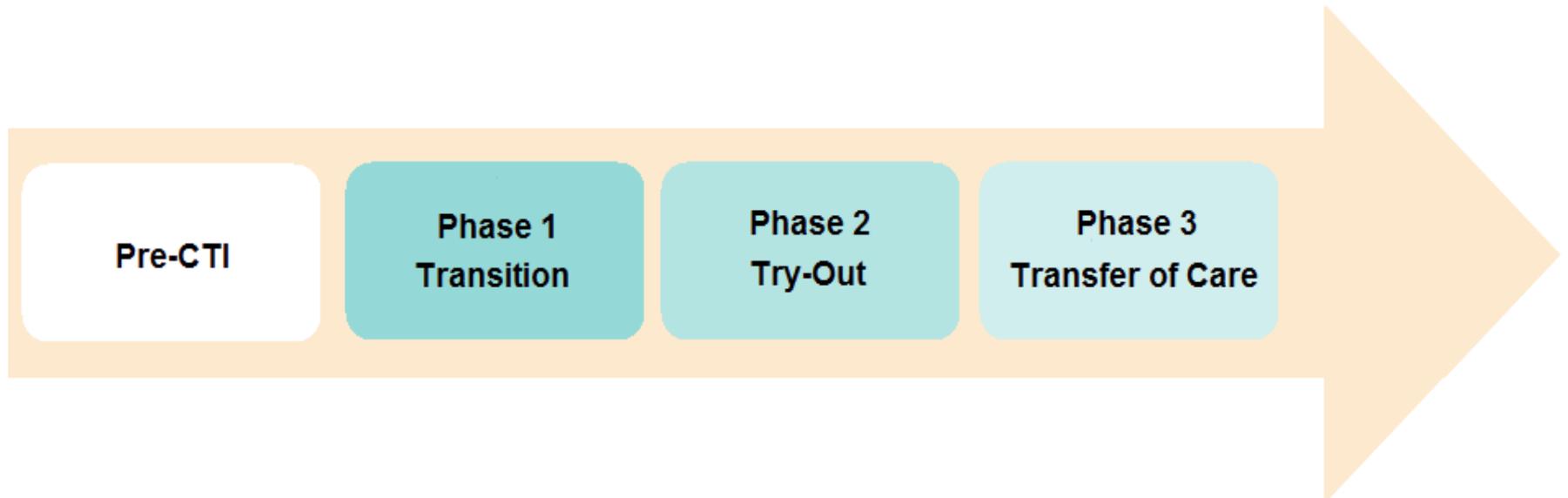
What is Critical Time Intervention (CTI)?

- Evidence based practice designed for persons with severe mental illness or co-occurring disorders transitioning from homelessness or institutions to community living
- Three member team:
 - Team Leader/Licensed Clinician
 - Case manager
 - Peer Support Specialist
- Nine month, three phase, intensive case management model
- Model has wide applicability to vulnerable populations during critical transition times

The Evidence Behind CTI



Three Phase Model



Seven Focus Areas for Intervention

- Housing and Housing Crisis Management
- Psychiatric Treatment and Medication Management
- Substance Abuse Treatment
- Medical Treatment
- Social Supports
- Financial
- Legal

Why We Selected the Jail Population

- Addressing challenges:
 - High rate of recidivism among persons with behavioral health conditions booked in the detention center in the absence of community supports
 - Increase in both jail census and level of acuity for persons with behavioral health conditions that pose a threat the physical safety of detention staff and inmates
 - Very limited ability for comprehensive discharge planning while incarcerated due to high volume and complex needs
 - Lack of awareness for many individuals about how to access community services often resulting in a return to jail to get basic needs met
 - Social risk factors that lead to high rates of recidivism. Ie unemployment, poverty, homelessness, lack of educational attainment
- Stepping Up Initiative

Target Population for CTI

- Persons 18 and older with a diagnosed or suspected mental illness, with or without a co-occurring substance use disorder and/or a co-occurring developmental disability
- History of erratic or non-engagement in treatment services
- Persons eligible for the existing Diversion Program
 - 5 or more bookings within two years OR
 - 3 bookings in last year
 - Misdemeanor, low level, non-violent felony
 - In 2014, 55 inmates referred to the Diversion Program
- Special consideration given to 18-30 year olds
 - Account for the highest percentage of those referred to the Diversion Program
- Referrals can also be considered from Jail Mental Health Team

Cumberland Post Release Forensic Team

- Fellowship Health Resources selected provider
- 1:15 caseload ratio
- Project 40 persons served
- Impact Outcomes
 - Increase in number of inmates with stable housing at release
 - At least 50% of participants in CTI will engage with treatment for 2 visits within 14 days post release
 - At least 60% of participants in CTI will remain engaged with treatment at least 30 days post release
 - Reduction in participants admitted to crisis facilities post release
 - Reduction in numbers of participants who are re-arrested within 6 months of release

“If we knew what to do we most likely would already be doing it”

unknown

Addressing Transformational Change





February 10, 2015 For Immediate Release:

Nearly \$8 million awarded to enhance crisis solutions in North Carolina

DMH/DD/SAS has awarded funding to four projects...

- **Smoky Mountain Center**, with RHA Behavioral Health, will develop a 24-hour Behavioral Health Urgent Care Center to serve adults and children, and a co-located 16-bed crisis unit for adults.
- **CenterPoint Human Services**, with Monarch, will develop a 24-hour Behavioral Health Urgent Care Center for adults and children, and a co-located 16-bed crisis unit for adults in Winston-Salem.
- **Eastpointe**, with Monarch, will renovate and expand an existing 11-bed facility - adding five beds while increasing safety and security measures for adults, and develop a co-located Behavioral Health Urgent Care Center in Lumberton.
- **Cardinal Innovations Healthcare Solutions**, with Monarch, will develop the state's first 16-bed crisis facility for children and adolescents in Charlotte.



What is a BH Urgent Care Center?

- Outpatient clinic fully equipped to provide walk-in CRISIS assessments
- May initiate crisis intervention services and/or med management
- Designated site to receive consumers in need of the first examination in the Involuntary Commitment process.
 - Facility is secure—with facility design elements and/or staffing components.
 - The program is able to manage the safety and custody requirements of the IVC consumer
- Manages the bed-finding process for those consumers who require an FBC, detox, or inpatient level of care
- Functions as an alternative to a hospital emergency department for BH Crisis Intervention



What is a Facility-Based Crisis Unit?

- Short-term (3 – 7 days) community-based residential
- Offers crisis stabilization and/or detoxification
- Can accept consumers in need of Involuntary Commitment
 - Reduces need for lengthy law enforcement transports
- Allows for more efficient connections to ongoing outpatient care
- Available now for adult consumers – 22 units statewide
- DMA & DMHDDSAS are in the process of promulgating clinical policy so Child and Adolescent units may be developed
- **Functions as an alternative to inpatient psychiatric hospitalization for some consumers**



Buncombe County Comprehensive Care Center C3@356

Presented by: Genny Pugh
Smoky Mountain LME/MCO
August 20, 2015



Toll-Free Access to Services: 1-800-849-6127 / TTY: Relay NC 711

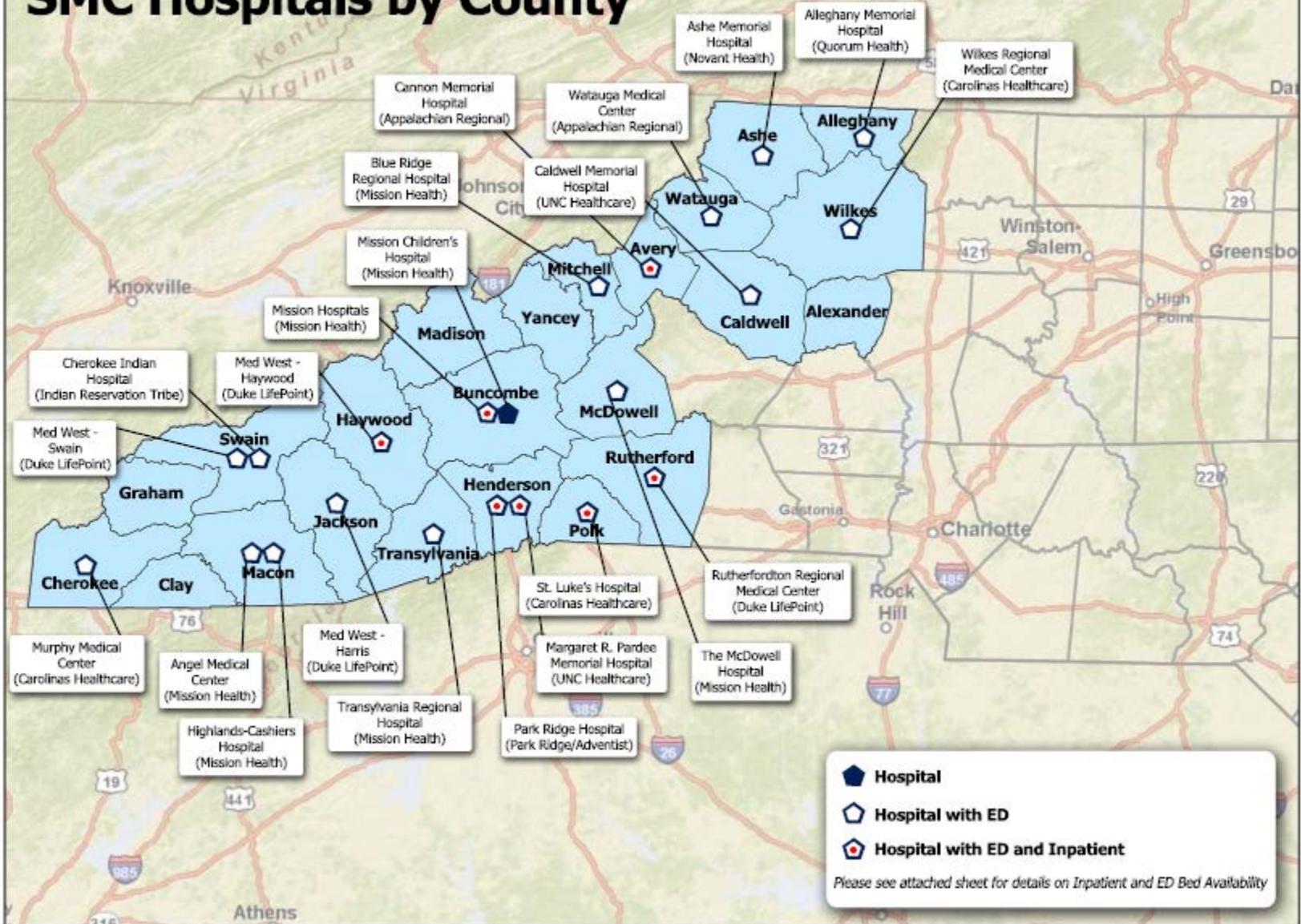


The History and the Challenge

- Behavioral Health Crisis at an all time high in Western NC
- Growing Emergency Department volume and lengths of stay
- Insufficient inpatient treatment capacity



SMC Hospitals by County



Growing the Crisis Continuum in Smoky Counties

- Development of the Comprehensive Center Model – same day access to crisis care
- Growing the capacity and response of Mobile Crisis Teams
- Building local capacity in for Prevention, Early Intervention, Recovery Oriented Systems of Care and Community Resilience Model



CCCs as Regional Resources – The Smoky Development Plan

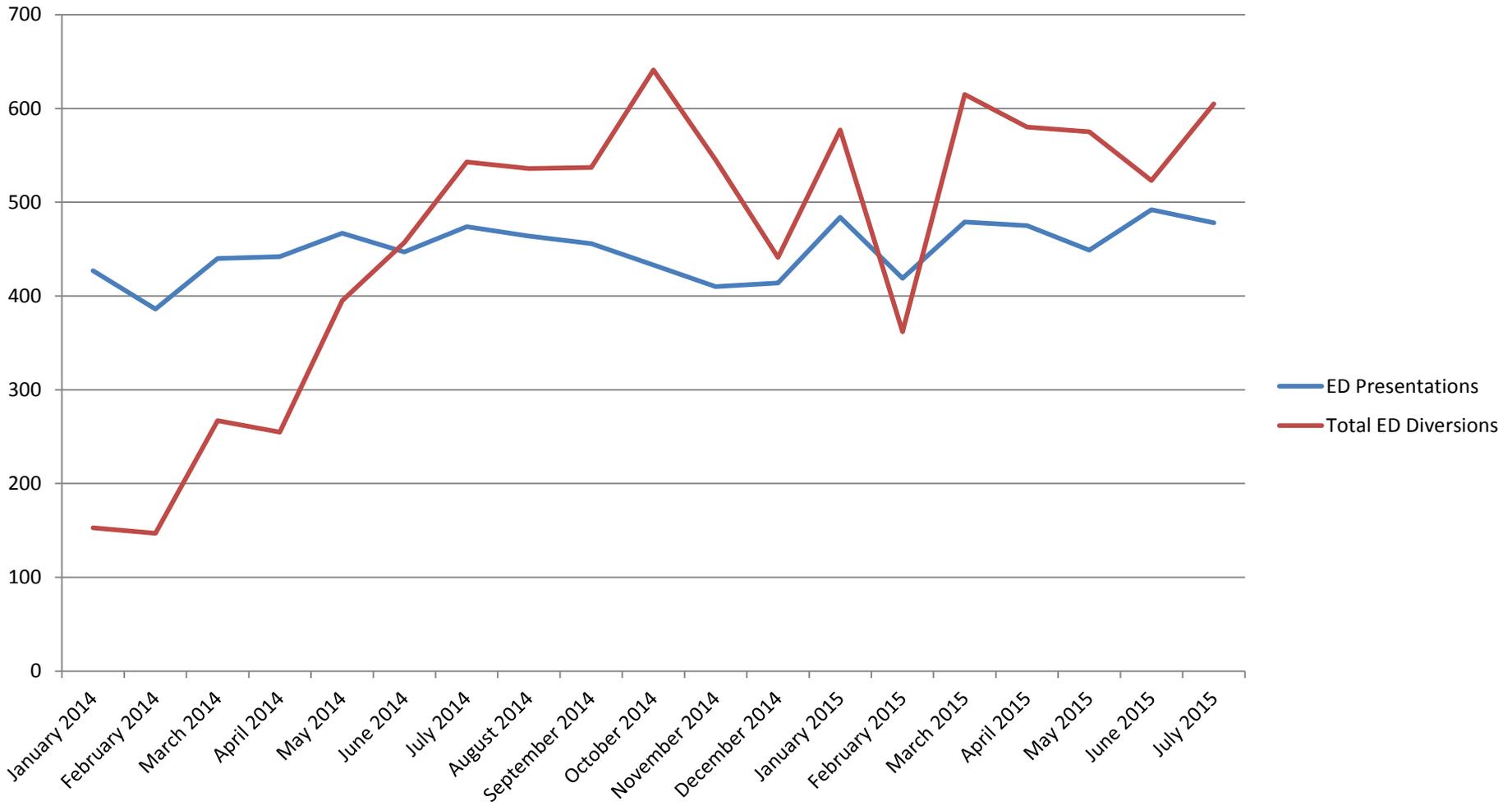
- The Balsam Center (ACS in Haywood County)
- Caldwell CCC / FBC (RHA in Caldwell and McDowell Counties)
- Northern CCCs (Daymark in Watauga and Wilkes)
- C3@356 (RHA in Asheville)



Buncombe County

ED Presentations vs. ED Diversions

January 2014-July 2015



C3@ 356 Partners/Stakeholders

- Smoky Mountain LME/MCO
- RHA Health Services, Inc.
- Family Preservation Services
- Mission Health
- Buncombe County Health and Human Services
- Asheville Buncombe Community Christian Ministries (ABCCM)
- NAMI Western North Carolina
- *DHHS Crisis Solutions Initiative*



C3@356

- Initial Conceptualization – Summer, 2014
- Formulation of Partnership – Fall, 2014
- Development of CSI Proposal and Funding Request – November/December, 2014
- Grant Selection – January, 2015
- Fund Award – February, 2015
- Implementation Team Work – February, 2015 to completion



Buncombe County

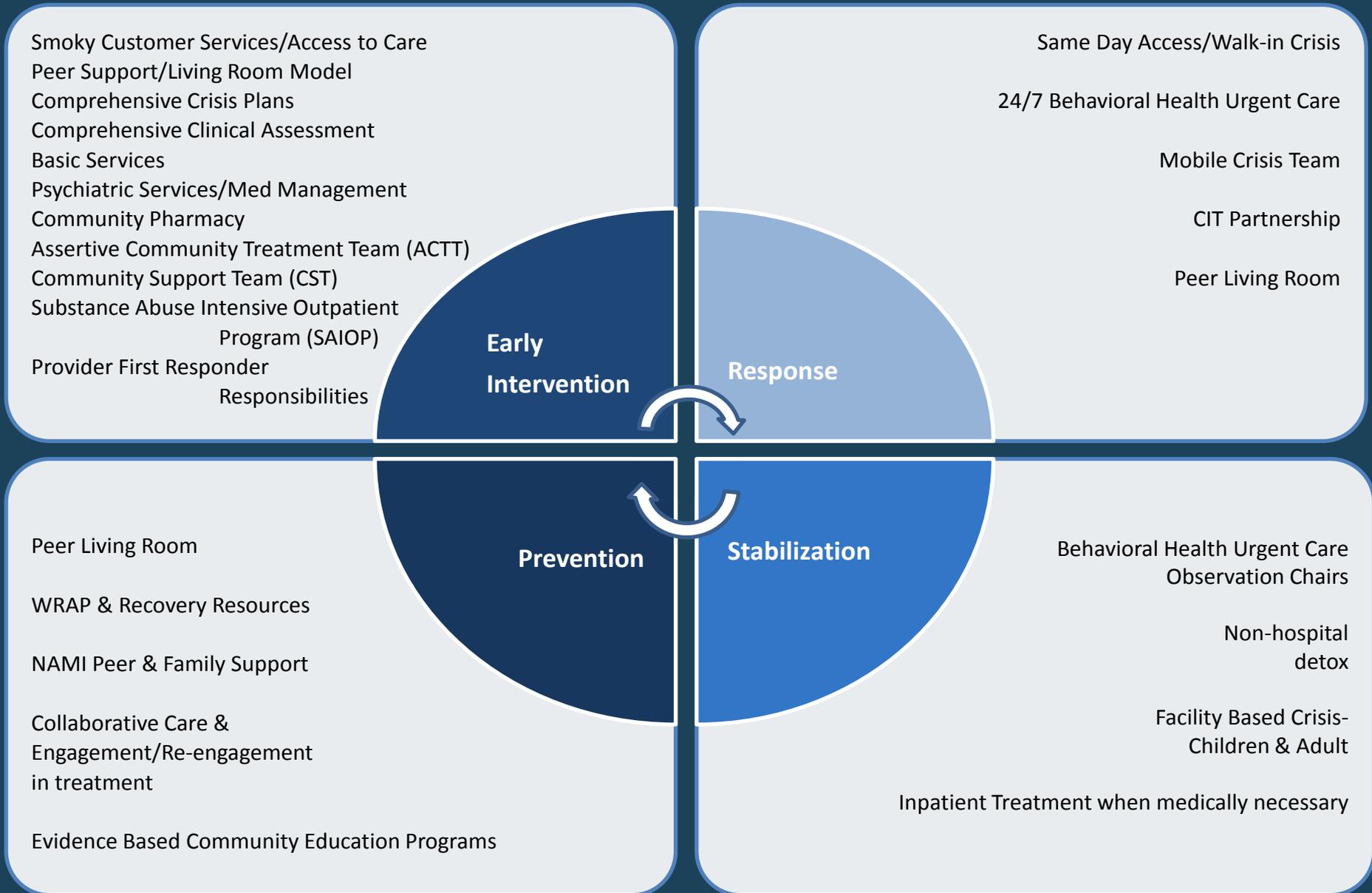
Comprehensive Care Center

Co-located at 356 Biltmore Avenue in Asheville:

- Behavioral Health Urgent Care – 24/7 for all ages and all disabilities
- Facility-Based Crisis Services for Children and Adults with MH/SU/IDD concerns
- Mobile Crisis Management Services
- Outpatient Behavioral Health Services / Same Day
- Peer Led Living Room Model
- NAMI Family and Peer Support
- ABCCM Community Pharmacy



Creating the **C3356** Crisis Services Continuum



Program Objectives

- Enhance and further develop a continuum of crisis services within a Recovery-Oriented System of Care
- Decrease the community's dependence on costly and potentially ineffective and/or counter-therapeutic services and interventions



C3@356 Project Manager

C3@356 Implementation Project Manager

C3@356 Implementation Project

Project Overview

BHUC-FBC-OPT

Child FBC

Community
Education

Building Design
and Renovations

Finance and
Sustainability

Peer
Living Room

Pharmacy

DESCRIPTION:

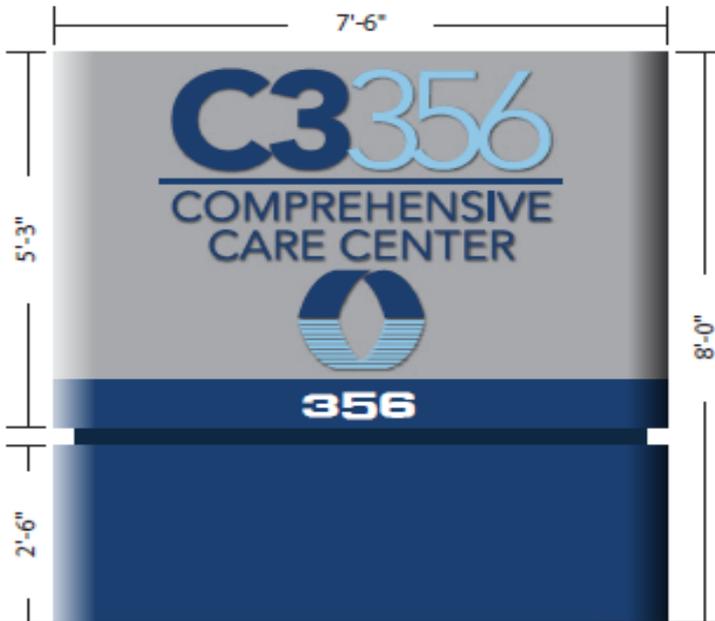
Roadside Sign

NOTES:

PREPARED FOR:
RHA Mgt. Services

APPROVED BY:

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Proposed Sign - 60 sq.ft.

- Double sided
- Internally illuminated
- Routed aluminum faces
- Translucent push thru copy
- Half-round vertical edges
- Aluminum body



Existing sign - Landscaping to be altered for visibility



Proposed Sign replacement at 15' setback from right of way.

DATE: 07/15/2015

CONCEPT BY: MS

CONSULTANT: TOM DIETERLY

CONCEPT ID: RHA Asheville Set 70912 MS.pdf

SCALE: 1/2" = 1'

PAGE: 1 OF 5

REVISION: 1

FASTSIGNS
ASHEVILLE

ILLUMINATED DIVISION
1202 Patton Ave. • Asheville, NC 28806
p 828.251.2211 f 828.251.0005



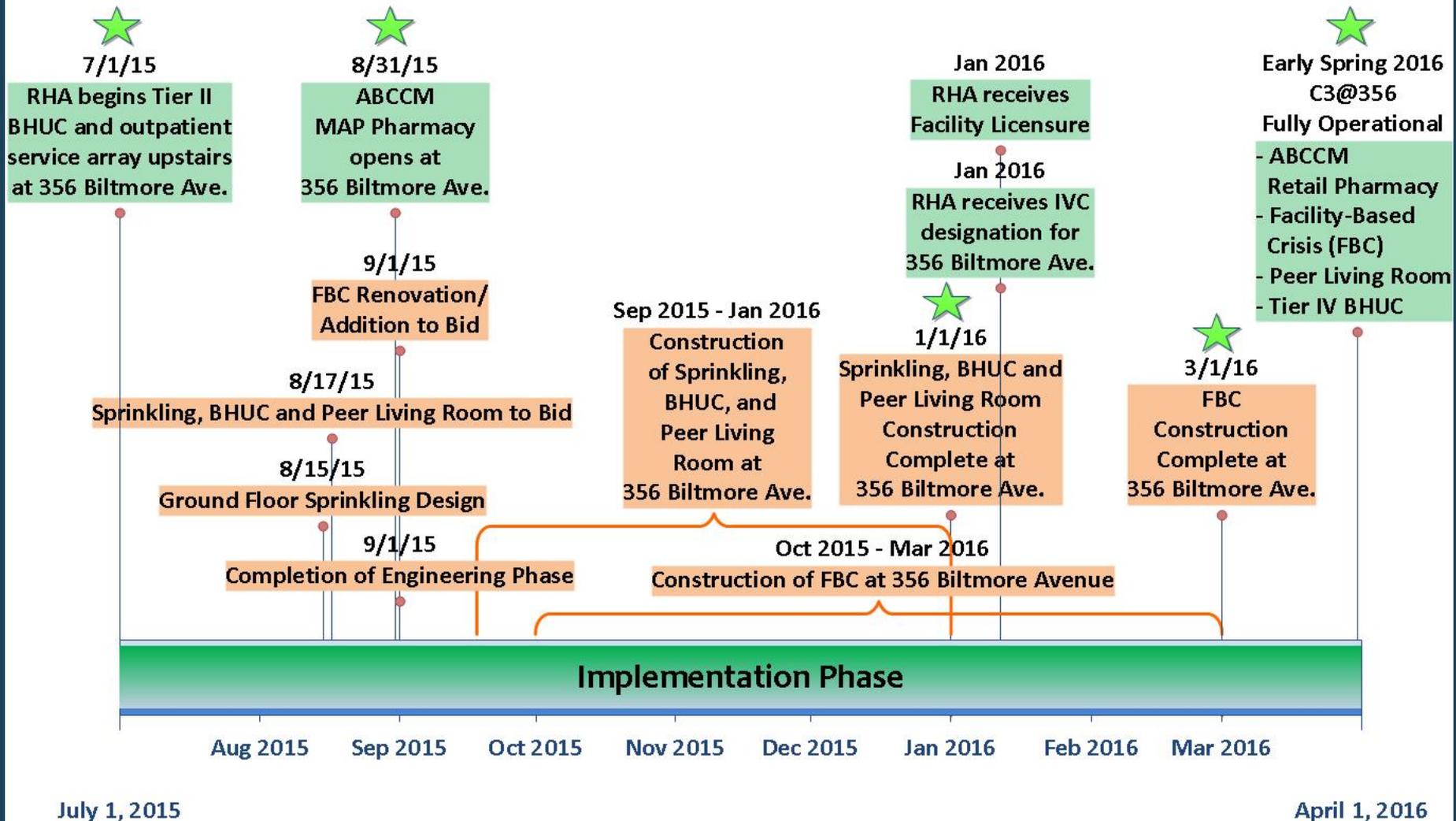
Progress Toward the Vision:

- Funding Secured for Construction and Start Up
- Project Management Plan in Process
- Program Design Near Completion
- Lower Floor Design Complete; Upper Floor Renovations Complete
- RHA Adult Outpatient open; Pharmacy to open on August 31, 2015
- Engineering and Construction Bids in process









Note: NAMI Western Carolina will maintain its existing operations at 356 Biltmore Avenue, serving individuals and families through the renovation process and continuing after C3@356 is fully operational.

CRISIS SOLUTIONS NORTH CAROLINA



AN INITIATIVE OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

HOME

THE CRISIS SOLUTIONS COALITION

MENTAL HEALTH FIRST AID

FOR INDIVIDUALS AND FAMILIES

LOCAL COMMUNITY SOLUTIONS

CONTACT US

Do You or Someone You Know Need Help with a Crisis?

CALL 911 if this is a medical or life threatening emergency. If you need the police, ask for a CIT officer. They have received extra training on handling these situations. If this is NOT a medical or life threatening emergency, look in the directory below for resources in your county.

FINDING HELP FOR SOMEONE IN A CRISIS RELATED TO MENTAL ILLNESS OR SUBSTANCE USE

Behavioral health crises can be serious but most **do not** require a visit to a hospital emergency department. Using other specialized crisis services may help you avoid a lengthy visit to an emergency department and connect you more quickly to ongoing resources to support your recovery.

North Carolina's publicly funded crisis services may be used by anyone regardless of insurance status or an ability to pay. These services are managed by agencies called Local Management Entities/Managed Care Organizations (LME/MCOs). Unless you are in a life-threatening emergency, call your LME/MCO's 24-hour toll-free number. The staff answering will help you find the right services for your specific needs.

Select County

Crisis Solutions for Individuals and Families

Prevention and Planning

Many crisis events can be prevented or have fewer negative consequences with a good plan and a well informed support system. To head off a crisis:

- Keep your regular appointments and work with your doctor and treatment team to develop a plan that will work for you. Call them first if you are experiencing any problems. They know you best.
- Keep contact information for the family and friends who can be a support to you.
- Develop a written crisis plan. There are excellent planning tools available to guide you and your providers and other supports.

During your Crisis Planning, you might consider making a **Psychiatric Advance Directive**.

Psychiatric Advance Directives are legal instruments that may be used to provide a record of a competent person's specific instructions or preferences regarding future mental health treatment, in preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. A Psychiatric Advance Directive can help you to stay empowered even in a crisis and is another useful tool for managing your recovery and preferences for care.

For more information on the Crisis Planning and the Psychiatric Advance Directive, visit the sites in the "Helpful Links for Crisis Planning" box.

Helpful links for Crisis Planning:

- [Person Centered Crisis Prevention and Intervention Plan](#)
- [Wellness Recovery Action Plan](#)
- [Psychiatric Advance Directives](#)

www.CrisisSolutionsNC.org

Crisis Solutions Initiative

Improving Mental Health and Substance Abuse Crisis Services in North Carolina

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