

Crisis Solutions Coalition 3-31-2014 Meeting Notes

Dave Richard greeted participants and opened the meeting. He recognized Rep. Susan Martin who is attending this time. Rep Martin said the LOC members are interested in input on solutions.

Dave also spoke briefly about his new role as Deputy Director for Behavioral Health and Long term Supports. The Department will use this structure as a way to strengthen the partnership, communication, and collaboration across DMHDDSAS and DSOHF to build a true continuum of care. He introduced Courtney Cantrell, Acting Director of DMH and Dale Armstrong, Director of DSOHF.

Dave highlighted 2 projects/opportunities starting--built on recommendations from previous meetings-- where we need and want partners. Invited participants to find out more information at the break and volunteer with:

1. Art Eccleston who will be leading an effort to implement SURVEYS OF EMERGENCY DEPARTMENT USERS, and
2. Leesa Galloway who will be leading a 6 MONTH CAMPAIGN PROMOTING THE USE OF PSYCHIATRIC ADVANCE DIRECTIVES

Both projects are described in the newsletter in the packets.

Crystal Farrow gave a short presentation offering a framework to understand, and develop the crisis services continuum. Prevention, Early Intervention, Response, Stabilization, and Transition Supports are all needed as pieces of an effective continuum that will eventually reduce our over-reliance on emergency departments for behavioral health crisis care. The speakers and discussions at the Crisis Solutions Coalition are meant to spark creativity, conversation, and collaboration on solutions at both the local and state levels. Examples are the 2 projects noted above. (See presentation.)

Chris Budnick presented on Recovery Oriented Systems of Care, outlining and highlighting the differences between acute care/treatment oriented systems and recovery oriented systems designed to support long term recovery from the chronic mental health and substance use illnesses. An ROSC framework is essential to consider as we put together crisis intervention solutions around the entire continuum. (See presentation.)

Marc Jacques and Laurie Coker presented on the use and value of Peer Support Services in recovery strategies and hospital diversion as cost effective evidence based and promising practices. There are a variety of models used much more extensively in other states, many funded through MH Block grant dollars. (See presentation.)

Bebe Smith presented on Critical Time Intervention – a short term intensive case management service model currently grant funded in Orange County. CTI is flexible and may be tailored for specific population needs. Certainly, could be a good strategy for North Carolina, restoring some case management function to the continuum. (See presentation.)

Discussion points:

- Any crisis initiative that ignores housing will fail. Recommends looking at a place in Mecklenburg. 75-80% drops in ED visits, jail, inpatient. Housing first model, with case management.

Crisis Solutions Coalition 3-31-2014 Meeting Notes

- Asheville has a similar housing first 30 bed model.
- LMEMCO Care Coordination is not intended to be case management and is not capable of replacing the lost case management. Long term supports are needed after crisis stabilization and even CTI.
- Dave stressed that this initiative a Department level initiative – there are connections being made with Housing, DMA, Aging Services, etc.
- Re: jobs and the fears of some clients that they will lose benefits if employed -- Medicaid Buy In: accessing Medicaid is no longer a barrier if employed
- Recovery principles can be included in Mobile Crisis when the service is done well
- ROSC as a foundation will save dollars across systems that could be re-invested

Dave made a few announcements about “solutions in progress” to conclude the meeting.

- The new Scorecard is in the participant packets.
 - The data outcome workgroup participants have assisted to research and improve accuracy of original measures.
 - We have now synced up the 3 measures to reflect the same quarter. T
 - The data is still **baseline** – reflecting the July – Sept 2013 information – before this initiative was announced.
- Everyone is encouraged again to go to the new website crisissolutionsnc.org
 - Roanna Newton and Nicole Cole from the DMH Customer Services Team will monitor and maintain accuracy, field incoming questions, etc.
 - The first mail is coming in.
- Staff are about to undertake some more detailed review of high priority services. These are not “monitoring” efforts. They are efforts to understand and describe our current service array and define strengths and gaps.
 - **24/7 Walk-in Crisis Providers** – Crystal hosting focused conversations beginning next week
 - **Site visits of Facility Based Crisis units** – Art and Crystal will be on the road soon.
- Everyone is encouraged to read the Joint LOC Subcommittee on MH report and the Medicaid Reform Advisory Group report. Links are here:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=144&sFolderName=\HHS%20Subcommittees%20by%20Interim\2013-14%20HHS%20Subcommittees\Mental%20Health%20Subcommittee%20Folder>

http://www.ncdhhs.gov/pressrel/2014/2014-03-17_medicaid_reform_plan.htm