



Crisis Solutions Initiative Crisis Funds Allocation Plan SFYs 2015 & 2016

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Available Funds

- **Combination of funding streams**
 - **New state appropriation - \$2,200,000**
 - **MH Block Grant - \$4,239,833**
 - **SA Block Grant - \$1,856,000**
 - **DOJ Settlement funds - \$ 70,000**
- \$8,365,833**



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Ten Projects

1. MH First Aid
2. Group Home Employee Skills Training
3. Veterans Crisis Line
4. Collegiate Wellness
5. Addiction Recovery Centers
6. Innovative Technologies
7. Community Paramedic Mobile Crisis
8. Critical Time Intervention
9. Peer Operated Hospital Diversion
10. BH Urgent Care & Facility-Based Crisis



Allocation Plans Vary Depending upon the Project (Planning for 18 month commitment for all new service projects)

1. MH First Aid – a continued commitment

- \$500,000 to Fund Instructor Trainings for both Adult & Youth programs + purchase workbooks, through contracts with The National Council and UNC – BHRP

2. Group Home Employee Skills Training (GHEST)

- \$65,000 to renew 3-day workshops for .5600A group home staff & to evaluate the results.
- An interactive program modeled after CIT and intended to reduce Law Enforcement transports and ED visits for group home residents in crisis.
- Contract with UNC - BHRP



3. Veterans Crisis Line

- \$250,000 in partnership with NC Division of Veterans Affairs to activate a call center for veterans and their families... **NC4VETS**

4. Collegiate Wellness

- \$750,000 to establish 6 Collegiate Wellness & Recovery sites, through a contract with the UNC system

5. Addiction Recovery Centers

- \$335,000 will provide a state contribution to the creation of peer and volunteer supported community recovery centers.
- DMH contract with 1 organization.



6. Innovative Technologies

- \$82,000 to support crisis prevention strategies for individuals with the use of innovative technologies.
- LMEMCOs will be offered an “Invitation to Apply for Funds”. DMH anticipates 2 – 4 awards.

7. Community Paramedic Mobile Crisis

- \$115,000 for start-up and ongoing support of local partnerships of EMS depts., LMEMCOs, and BH Urgent Care Centers who utilize trained paramedics to divert BH consumers from unnecessary ED visits
- LMEMCOs and their partners may apply for funds on an individual basis



8. Critical Time Intervention (CTI)

- \$1,460,000 to support 4 pilot sites of CTI, an EBP short term case management model to prevent crisis relapse for individuals exiting institutions**
- LMEMCOs will be offered an “Invitation to Apply for Funds”. DMH anticipates 4 awards**
 - 2 for proposals focused on the DOJ Adult Care Home population**
 - 2 for proposals which may also support jail, hospital, homeless or other high risk individuals**
- Non-UCR funds for start-up and UCR “alternative service definition”**
- \$70,000 training and technical assistance for LMEMCO and provider staff will be supported through a contract with UNC BHRP**



9. Peer Operated Hospital Diversion

- \$700,000 to pilot two sites of 4 – 6 beds each for a short term overnight peer operated hospital diversion program**
- MHBG funds cannot be used for capital expenditures**
- Provider organizations will be offered an “Invitation to Apply for Funds”.**
 - Responses must include a letter of support with the LMEMCO’s stated commitment to accept the allocation and support project development**



10. BH Urgent Care & Facility Based Crisis

- **\$3,993,833 to address the #1 priority of this Coalition**
 - **\$2,200,000 new recurring state appropriation + block grant \$\$\$**
 - **Legislative direction and requirements establish basis for spending**
 - **Increase the number of facilities. Increase the number which are IVC designated. Provide reimbursement for services. Establish FBC for children and adolescents.**
 - **Fund mix allows for combination of capital improvements, service and other operating dollars in program budget proposals**
- **LMEMCOs will be offered an “Invitation to Apply for Funds”. DMH anticipates 4 awards for proposals with clear strategies to reduce ED visits and inpatient stays.**



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Questions, Comments, and Coalition Discussion