The Crisis Solutions Initiative

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

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Update to the Crisis Solutions Coalition
July 28, 2014
Reviewing our Charge
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
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 – 911 responders, EDs, Providers, Consumers and Families, etc.

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 Psychiatric Advance Directives & MH First Aid
Initiative Status Update

• Discovery of promising practices
  – Site visits
  – Surveys
  – Research
  – Workgroups
N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Expert Guest Speakers

- Critical Time Intervention
- Psychiatric Advance Directives
- Peer Support Services
- Magistrate Training
- Recovery Oriented Systems of Care
- Supports for Individuals with I/DD
Visits to Providers
Update on the Coalition’s Priorities

1. 24/7 Walk-in Crisis Centers
   - BH Urgent Care Providers workgroup
     • Refining & defining levels of “walk-in” services
     • Next steps – Invite LME-MCO partners to join

2. Provide training and support for all involved partners
   - LME-MCOs have many ongoing efforts dedicated to 1st responder and community education
   - Centralized website as a resource: [www.CrisisSolutionsNC.org](http://www.CrisisSolutionsNC.org)
Update on the Coalition’s Priorities

3. Re-work Mobile Crisis Teams

- January 2015 Practice Improvement Collaborative in planning
  - Focus on state-of-the-art Mobile Crisis models
  - Host nationally known experts
  - Develop consensus vision for broad based change
Update on the Coalition’s Priorities

4. Fund the WHOLE service continuum
   
   - MH & SA Block Grant funds – $6.1 million
     
     • BH Urgent Care, EMS diversion service, Peer operated hospital diversion, Group Home Employee Skills Training, Critical Time Intervention, Recovery Centers, MH First Aid, Innovative Technologies
   
   - Legislative interest in funding BH Urgent Care & Facility Based Crisis (inc. for youth)
     
     • Pending final budget
Update on the Coalition’s Priorities

5. More inpatient beds are needed
   - Legislative report

6. Utilize our collective data
   - Ongoing Data workgroup with diverse stakeholders
     • Resulted in demos and negotiations about sharing of NC DETECT data
     • Continued efforts to refine data gathering and analysis

7. Treat the whole person – integrated care
Update on the Coalition’s Priorities

8. A continued role for EDs

9. Focus on prevention strategies
   - MH First Aid and Youth MH First Aid taking off!
   - Initiated conversation with partners about promoting Psychiatric Advance Directives
Crisis Services Continuum

Early Intervention
- Mobile Crisis Team
- CIT Partnership
- EMS Partnership

Response
- 24/7 Crisis Walk-In Clinic
- Hospital Emergency Dept.

Prevention
- Non-Hospital
- 23 hour Observation
- Facility Based Crisis
- Non-hospital Detox

Stabilization
- Hospital Units
- Community (including 3-way beds)
- State Psychiatric & ADATC

Transition Supports
- LME/MCO Care Coordination
- Critical Time Intervention

Peer Support & Respite Services
- Same Day Access Program
- Outpatient Provider
- LME-MCO Access Center
- Primary Care Physician
- MH First Aid
- Psychiatric Advance Directives
- WRAP
- Person Centered Crisis Planning
- Family & Community Support
- LME-MCO Care Coordination
- Critical Time Intervention