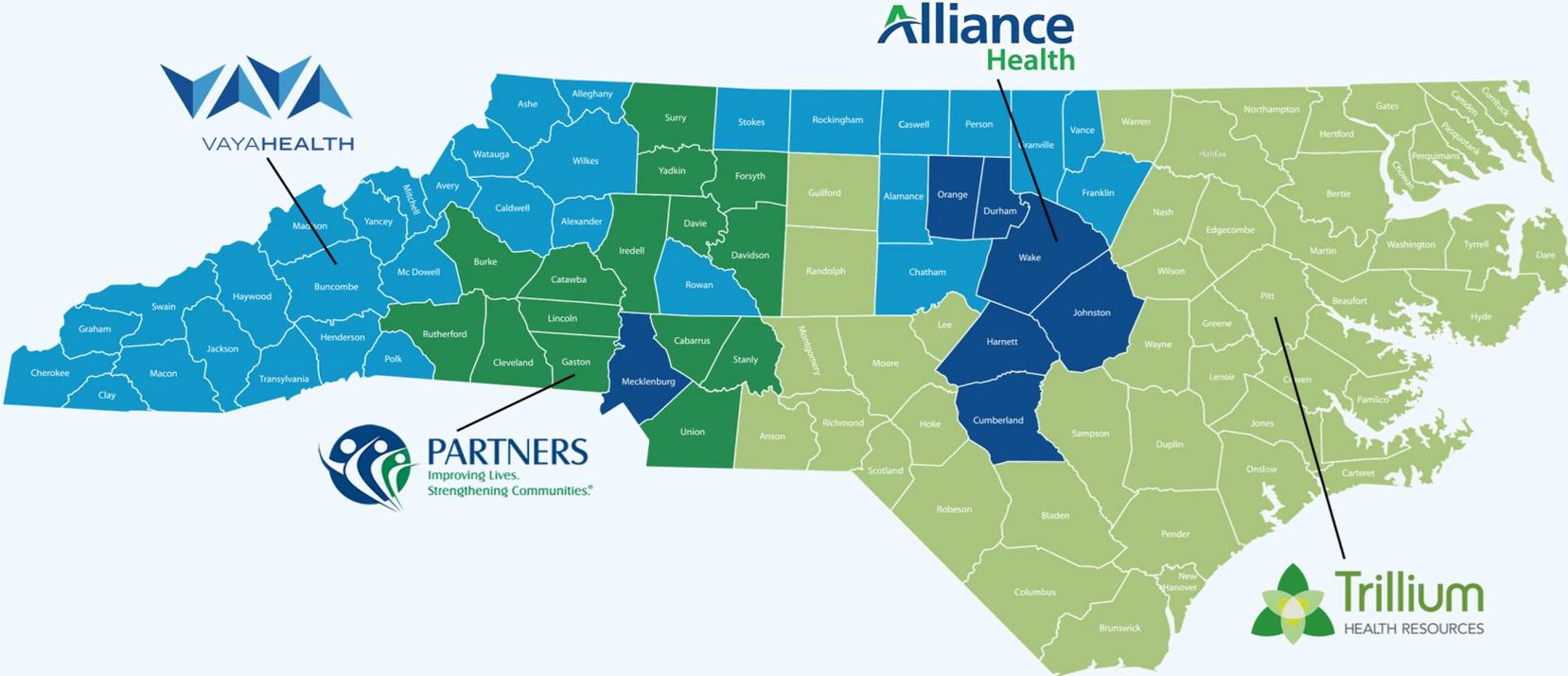


**NORTH CAROLINA ASSOCIATION OF  
PUBLIC COMMUNITY  
HEALTH PLANS**

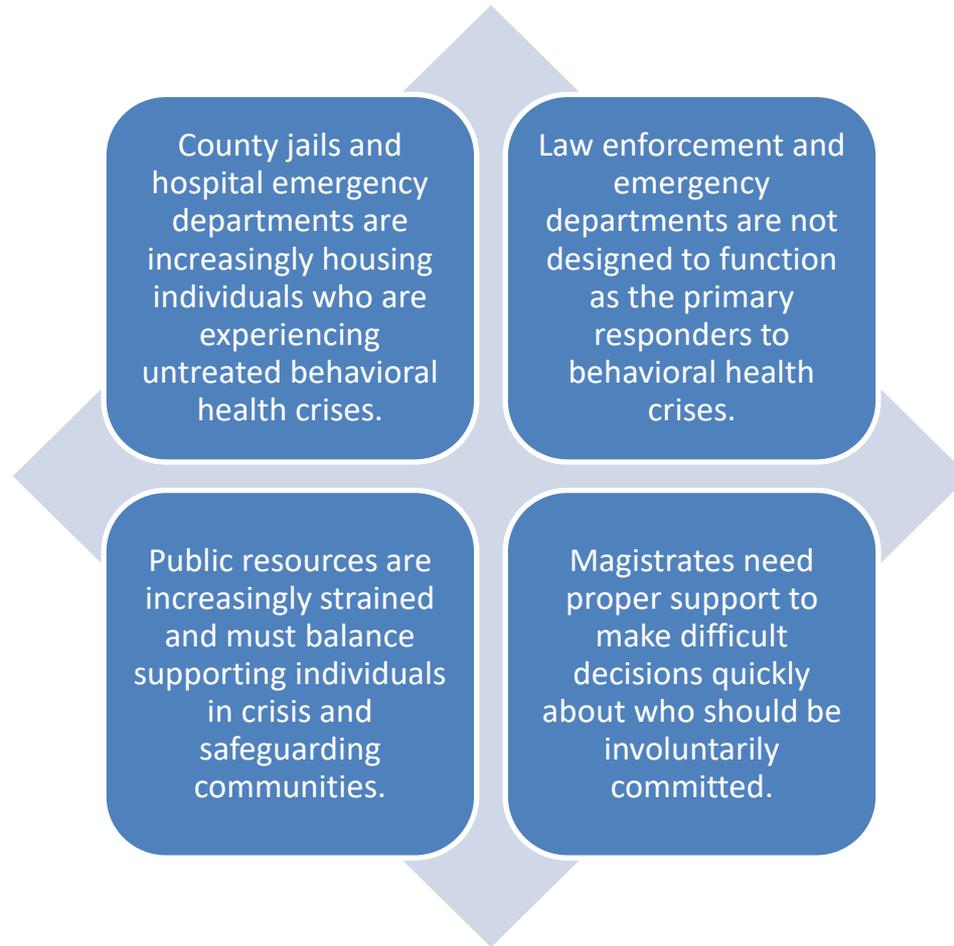
# **The Role of LME/MCOs in Crisis Response for North Carolina**

Senitria Goodman  
*Trillium Health Resources*

# NORTH CAROLINA ASSOCIATION OF PUBLIC COMMUNITY HEALTH PLANS



# The Current Reality



# What Involuntary Commitment Is Intended to Do

1

Provide evaluation  
by a qualified  
mental health  
professional.

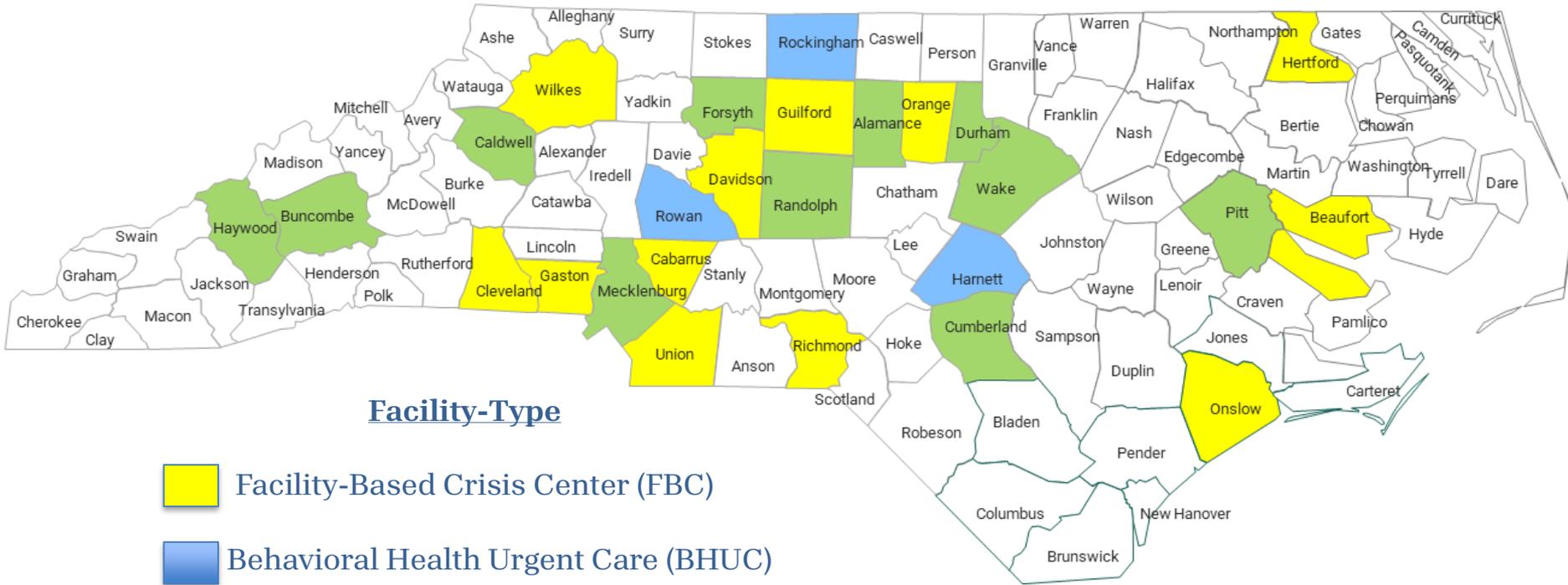
2

Stabilize individuals  
experiencing an  
acute psychiatric  
crisis.

3

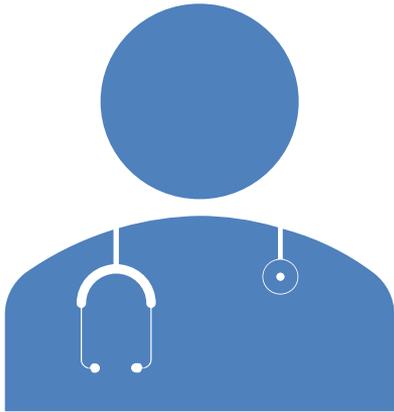
Protect both the  
individual and the  
community using  
the least restrictive  
means.

# Community Crisis Centers



## Facility-Type

-  Facility-Based Crisis Center (FBC)
-  Behavioral Health Urgent Care (BHUC)
-  Facility-Based Crisis Center and Behavioral Health Urgent Care



## Where the System Breaks Down

- Delays in accessing clinicians for timely crisis intervention and risk assessments.
- Limited alternatives available to law enforcement at the point of crisis.
- Individuals unnecessarily transported to jail or emergency departments.
- Long wait times in emergency departments while waiting to be seen by doctors and nurses who are also managing needs of other patients.

# LME/MCO Role in IVCs



Responsible for managing member access to behavioral health crisis services through its provider network.



Reimburse treatment providers for care to members.



Link members to ongoing treatment after crisis episode.

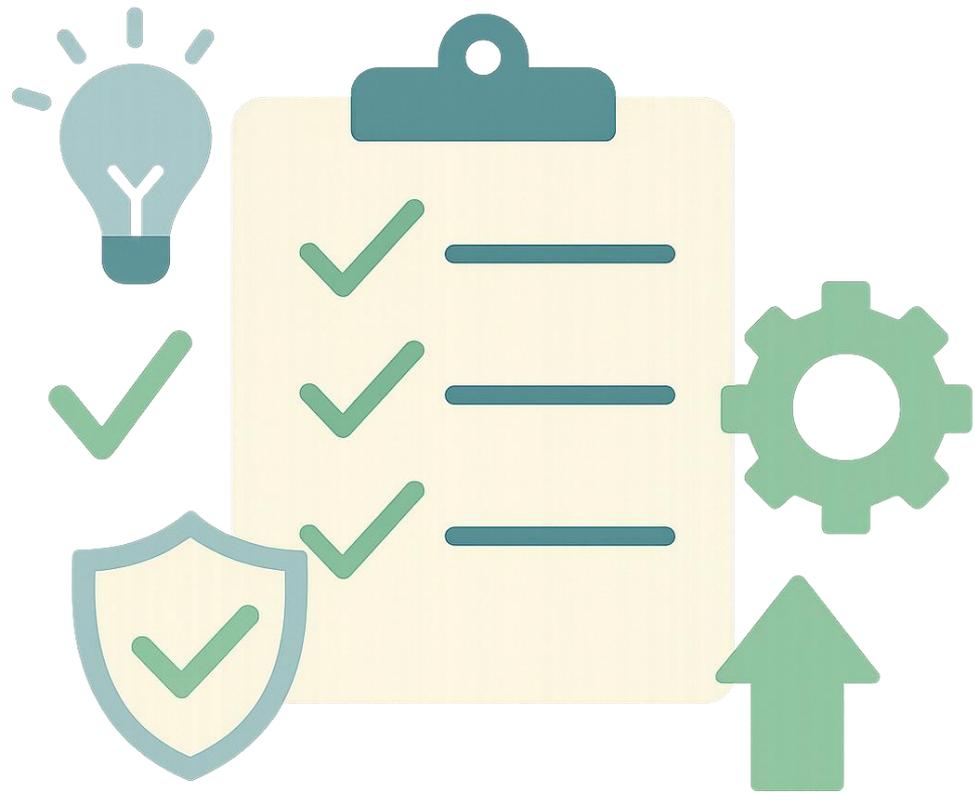
# Post-IVC Wraparound Services

- Tailored Care Management
- Clubhouse Model
- Triangle Residential Options for Substance Abusers (TROSAs)
- Community Transition Services
- Occupational Therapy
- Peer Run Action Recovery
- Peer Living Rooms

# **Impact of LME/MCO Funding Flexibility**

- Recidivism Reduction Educational Programs Services, Inc. (RREPS)
- Housing Support
- Employment Support
- Faith-Based Organizations
- Neighborhood Connections

# Recommendations

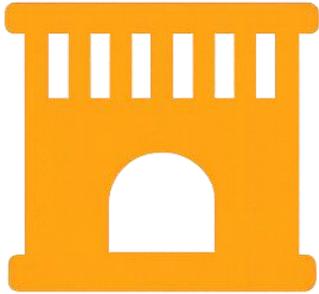




## **Mobile Crisis: The Missing Infrastructure**

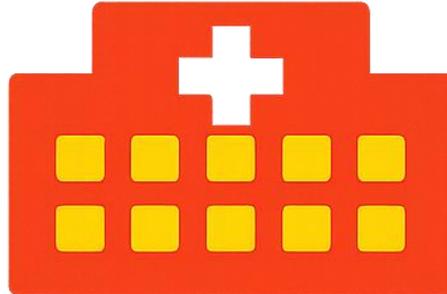
- Immediate, on-scene response by licensed mental health professionals.
- Real-time risk assessment and de-escalation.
- Clinical determination of next steps instead of carceral custody and transportation, or release into the community without stabilization.

# Mobile Crisis Eases System Burdens



**JAIL**

Fewer individuals  
booked into jail  
solely due to mental  
illness.



**HOSPITALS**

Reduced emergency  
department contact  
and wait times.



**COMMUNITY**

Improved safety  
outcomes for the  
public and first  
responders.

# What Legislators Can Do

1

Support sustained funding for Mobile Crisis services availability for magistrates in all 100 counties.

2

Make Mobile Crisis the default front door for IVC determinations, assessment and treatment planning.

3

Collaborate with stakeholders to develop IVC-specific Mobile Crisis response protocols.

# The Bottom Line



People in behavioral health crisis need clinicians, not hospital waiting rooms, jail cells or extended transportation time in law enforcement vehicles, to stabilize.



Mobile Crisis delivers the right response at the right time.



LME/MCOs are positioned to make this work—if the infrastructure is funded.