

NORTH CAROLINA ASSOCIATION OF PUBLIC COMMUNITY HEALTH PLANS



We are dedicated to improving the health and well-being of North Carolina's communities through advocacy, collaboration, and support for our state's four LME/MCOs and the members, families, and providers we serve.

www.NCPublicHealthPlans.com

What Mobile Crisis is Designed To Do

- 24/7/365 rapid-response crisis teams serving people where they are.
- Stabilizes individuals in homes, schools, and community settings, using telehealth only to augment, not replace the in-person response.
- Diverts people from EDs, jails, and inpatient facilities.
- Provides assessment, de-escalation, and connection to needed care.



Mobile crisis is one of the state's tools to keep behavioral health crises out of emergency rooms and the justice system.

Operational Constraints of Mobile Crisis

- LME/MCOs serve as the safety net and use state funds to cover uninsured and underinsured individuals. Medicaid covers Mobile Crisis, but commercial insurance and Medicare typically do not.
- Although classified as a “team service,” most responses involve one responder in the field. That professional is typically not licensed, limiting who can conduct first level IVC evaluations.
- Teams must respond 24/7 regardless of coverage, creating cost and workforce pressures.

These factors influence where and when Mobile Crisis can realistically conduct first level IVC evaluations.

Implications Under Iryna's Law

- Mobile Crisis is not the most practical service for first level IVC evaluations.
- However, with the right supports, LME/MCOs can deploy Mobile Crisis and other crisis-continuum clinicians to perform these exams.

Supports Needed

- ✓ Licensed examiners
- ✓ Secure evaluation locations
- ✓ Coordinated crisis system workflows

First Level Evaluation Considerations

To operationalize Iryna's Law, the system requires:

Infrastructure

- Secure evaluation spaces
- State hospital bed capacity

Workforce and Funding

- Investment to recruit and retain licensed, state certified examiners
- Funding for LME/MCOs to use all crisis continuum clinicians, not just mobile crisis

System Coordination

- Defined evaluation timelines
- Care linkage for individuals not meeting IVC criteria but needing services

Outpatient Commitment and Mobile Crisis

- Mobile Crisis may play a role in outpatient commitment, but it is not a standalone solution.
 - Mobile Crisis teams could assist with well-being checks for individuals not following through on court-ordered treatment.
 - This fits within the broader crisis continuum but relying on Mobile Crisis alone would not address gaps in long-term care and continuity of services.
- The current outpatient commitment process presents operational challenges and would likely require structural changes to the system to function effectively.

LME/MCOs stand ready to be part of the solution and would welcome the opportunity to return to the committee with potential policy considerations related to outpatient commitment.

Questions?

Thank you!

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LME/MCOs are Rooted in Community



Community Accountable. We are answerable to the people we serve—ensuring transparency, trust, and outcomes that matter.



Community Responsive. We listen first and act with urgency—adapting services based on real-time needs and feedback.



Community Integrated. We work across systems—bridging healthcare, housing, education, justice, and more to support the whole person.



Community Driven. We are led by local voices—especially those of individuals and families with lived experience.