Status Report to

Joint Legislative Oversight Committee on Health and Human Services

Session Law 2012-128, Section 2

Study of Local Management Entity (LME) Efforts and Activities in the Area of Mental Health Crisis Management

October 1, 2012

North Carolina Department of Health and Human Services

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Session Law 2012-128, Section 2

Session Law 2012-128 requires the Department of Health and Human Services to study LME efforts and activities (i) to reduce the need for acute care inpatient admissions for patients with a primary diagnosis of a mental health disorder, developmental disability, or substance abuse disorder and (ii) to reduce the number of patients requiring three or more episodes of crisis services. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the Local Management Entities (LMEs) have established an array of crisis services resources to address the crisis services needs of people living in the state. These resources are intended to reduce the need for acute care inpatient hospitalization for people with developmental disability, mental health, and/or substance abuse disorders, who experience emergent crises. These resources include:

- 48 Mobile Crisis Management Teams
- 26 Facility Based Crisis Programs
- 60 Walk-In Crisis and Psychiatric Aftercare Clinics
- 6 NC START teams, and 12 Crisis Respite beds
  (START is Systematic, Therapeutic, Assessment, Respite and Treatment)
- Crisis Intervention Team (CIT) trained officers in each LME catchment area
  (3925 CIT officers in NC; 18% of the total law enforcement officers from the 280 participating law enforcement agencies)

North Carolina also has 113 hospital Emergency Departments (EDs) which are often used by people when they experience behavioral health emergencies.

DMH/DD/SAS is also developing a template to be used by LMEs to track crisis service levels and initiatives, relative to the use of EDs by persons with mental health, developmental disability and substance abuse crises. Data submitted by LMEs, via the template will populate a database which will assist in monitoring and reporting of findings consistent with the mandate of Session Law 2012-128.

Initial steps have been taken to being gathering information on LMEs efforts and activities to reduce inpatient admissions and to reduce the number of persons who have experienced 3 or more episodes of crisis. The LMEs, which have become, or are in the process of becoming Managed Care Organizations (MCOs), submitted brief descriptions of their progress.

Local Management Entity	Description of Efforts/Activities Relevant to SL 2012-128
Alliance Behavioral Healthcare (Durham-Wake-Cumberland-Johnston	▪ Each community (Wake, Durham, Johnston, Cumberland) is developing crisis plans to reduce admissions to EDs, and discerning how to integrate care coordination for frequent users of ED services. ▪ LME personnel have been meeting with EDs in each community to establish future protocols. ▪ Community Care of North Carolina (CCNC) Care Coordinator will be hired for each community.
CenterPoint Human Services	▪ CenterPoint utilizes a daily report that tracks people in EDs seven days a week. ▪ The spreadsheet changes color at certain time benchmarks as people are in the EDs longer. ▪ Care Coordinators go into the hospitals and begin working to get people into appropriate community settings. ▪ They use Assertive Engagement to target people in EDs who need to be diverted to other services.
CoastalCare	▪ The Chief Operating Officer (COO)/Deputy Area Director has been meeting with hospital directors and local sheriffs. ▪ Recovery Innovations has their crisis services and has a Facility-Based Crisis Center near the hospital. ▪ Site based trainings of staff have been provided by the COO. ▪ CoastalCare's plan to reduce ED admissions to hospitals is: o Presentation of a comprehensive ad campaign to inform the public of alternative behavioral health/ developmental disability resources; o Development of comprehensive Crisis Response Centers, 24/7, that can receive admissions directly from law enforcement or walk-ins; o Installation of signs at the ED informing the public of the Crisis Response Centers location; o Dissemination of brochures in the ED to inform the public of the Crisis Response Center and mobile crisis service; o Scheduling and conducting regular meetings with hospital personnel and law enforcement to improve the system; o Implementation of the Mobile Crisis Team model in each county; and o Working with magistrates to encourage the magistrate to call mobile crisis as a first step when someone desires to take out Involuntary Commitment (IVC) papers.

	▪ The Mobile Crisis Team is deployed to do assessments, determine next steps and provide education to the families. ▪ CoastalCare also has the following: o A Crisis Collaborative that meets regularly; o Regular review of the ED admission data; o Working relationship with CCNC regarding the high cost and high risk individuals that they share; o Use of three way contract to reduce admissions to the ED and to state hospitals; o Operation of a Facility Based Crisis Program for short term stabilization; o A written Crisis Plan for their catchment area; and o Educational services to address issues such as mental health first aid and reduction of the stigma associated with mental health, developmental disabilities and substance abuse. ▪ Funding is a significant barrier for CoastalCare in trying to address these plans. There is not enough money to do all of these things and provide an adequate array of community based services.
East Carolina Behavioral Health (ECBH)	▪ ECBH has the following: o Illness Management and Recovery Education classes in all 19 counties; o Care Coordinators assigned to those individuals who are considered special or target population members. These staff provide assessment, linkage, treatment planning and monitoring for individuals; o Crisis respite facility, a partial hospitalization, facility based crisis, non-medical detoxification services in the community throughout the catchment area; o 12 Advanced Access Agencies that cover the 19 county area that offer access points within the same day or next day, as well as offer walk-in appointments; o A predictive modeling technology system that will assist in better predicting crisis engagement based on patterns and trends in data specific to quality of care indicators; o 10 Community Educators who facilitate a Community Collaborative in each county to identify gaps and needs in services and issues that may arise that need specific interventions; and o Routine Executive Management staff meetings with local hospital administrators to discuss resources and services that are available.
Eastpointe	▪ Eastpointe has a reliable Mobile Crisis Team; a good

	relationship with the hospitals; and the LME also has walk-in clinics in each county.
Guilford Center for Behavioral Health and Disability Services	▪ Monarch, Inc., a contract provider based in Albemarle, NC, has recently taken over crisis services and is working with the Division of Health Services Regulation to become licensed as a Facility Based Crisis program, which will serve as an alternative to ED admission and inpatient for some consumers who experience crises.
Partners Behavioral Health Management	▪ LME Medical Director has been meeting with each local EDs to identify current practices, open dialogue for future protocols, and make the EDs aware of existing community and LME resources.
PBH-Cardinal Innovations Healthcare Solutions	▪ PBH has a primary crisis provider, which is Daymark. ▪ Daymark provides Mobile Crisis Management (MCM) and manages several licensed Facility Based Crisis Centers. ▪ Any individual receiving a service within the crisis continuum is required to file an enhanced crisis plan for Access Clinicians. ▪ The crisis plan is utilized by the Access Clinicians to de-escalate a crisis situation, link to appropriate care, and inform emergency responders of crisis plan items. ▪ PBH has daily contacts with all the EDs within the PBH area as well as into the newly expanded local operation centers to monitor the census of individuals in the ED. ▪ They also obtain recent assessments, IVC orders, and medication information. ▪ PBH Access Care staff also assists with locating placement out of the ED into an acute care setting or community based setting.
Sandhills Center for Mental Health, Developmental Disabilities, and Substance Abuse Services	▪ Sandhills personnel are calling the EDs daily to see who is in the ED waiting to be screened and/or processed/waiting for a hospital admission. ▪ The LME is tracking anyone in the ED longer than 24 hours, and is working with their crisis provider to prevent unnecessary ED admissions. ▪ The LME is actively engaged in the disposition process in situations when persons are in the ED for more than two days.
Smoky Mountain Center	▪ Smoky Mountain Center has implemented a Crisis/ED Initiative workgroup that focuses on high risk/high cost consumers, Walk-In/MCM services and performance management, data management, community collaboration/hospital meetings, and community outreach/education.

Western Highland Network	▪ Western Highland Network is prioritizing and encouraging the use of first responders through the Access Unit and establishing access to walk in centers across all eight counties in cooperation with providers. ▪ The LME has spent a great deal of time cultivating relationships with all local hospitals, regarding the crisis resources (Mobile Crisis teams, etc.). ▪ The LME has also developed three-way contracts for inpatient beds in local hospitals.