



N.C. Department of Health
and Human Services

Mental Health Crisis Solutions Initiative

Joint Legislative Oversight Committee on Health and
Human Services

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Our Behavioral Health Crisis System is in Crisis

- Fragmented approach to crisis intervention
- Crisis services are not integrated into the larger service and support systems
- Fragmented funding and reporting
- Not well linked to outcomes
- Lacking an effective crisis intervention continuum that emphasizes prevention and early intervention in addition to emergency response and stabilization services



The Challenges

- People with behavioral health crises are turning to Emergency Departments in high numbers
- Wait times in Emergency Departments for access to psychiatric inpatient care is excessive
- High repeat visits to Emergency Departments reflect a system that is not able to effectively connect people to ongoing services
- Law Enforcement and the Criminal Justice system have become, by default, overly involved with people in behavioral health crisis



Solutions: Focus on and Expand upon Existing Strategies that Work

- With our LME-MCO partners and Behavioral Health provider partners:
 - Refine and standardize successful approaches to Care Coordination
 - Develop alternatives to Emergency Departments
 - Walk-In Crisis Centers and Short-Term Residential Treatment Options
 - Same day access for urgent care
 - Tele-psychiatry
- With our community responder partners:
 - EMS Pilot Programs
 - Continued Crisis Intervention Team implementation
- With our consumer, family, and advocacy partners
 - Mental Health First Aid
 - Person-Centered Crisis Prevention Plans and Wellness Planning



Solutions: Reduce barriers

- Reduce regulatory burdens and streamline paperwork requirements for providers
 - Example: Decrease redundancy in the “IVC designation” process between DHSR & DMHDDSAS reviews
- Modernize and centralize an on-line resource for families, law enforcement, and anyone else seeking help in a crisis
- Use existing flexible funding to support innovation and evaluate strategies at local community level



Solutions: Building Partnerships

- The responsibility for crisis intervention and treatment extends beyond DHHS.
- Hospitals, EMS, schools, law enforcement, the faith community, and family and consumer organizations (among others) all have valuable roles to play to help people with mental illness and substance use disorders stay out of crisis and to help them return to recovery after a crisis.



The Crisis Solutions Coalition

- Solution oriented group
 - Tasked with examining the intersections of systems around people in crisis
 - Charged to strategize and cooperate in finding solutions to historical barriers
- Key partners: Law enforcement, criminal justice, hospital association, EMS, Community health centers, LME-MCOs, BH providers, advocacy organizations



Tasks for the Crisis Solutions Coalition

- Make recommendations related to data sharing across systems
- Evaluate research on evidence based practices
- Provide technical assistance to each other on promising strategies
- Develop education and marketing about alternatives to the use of emergency departments
- Recommend policy changes
- Consider the right balance of funding and other resources to promote the development of a comprehensive array of crisis intervention solutions