N.C. Department of Health and Human Services

Accessing Crisis Prevention & Intervention Services

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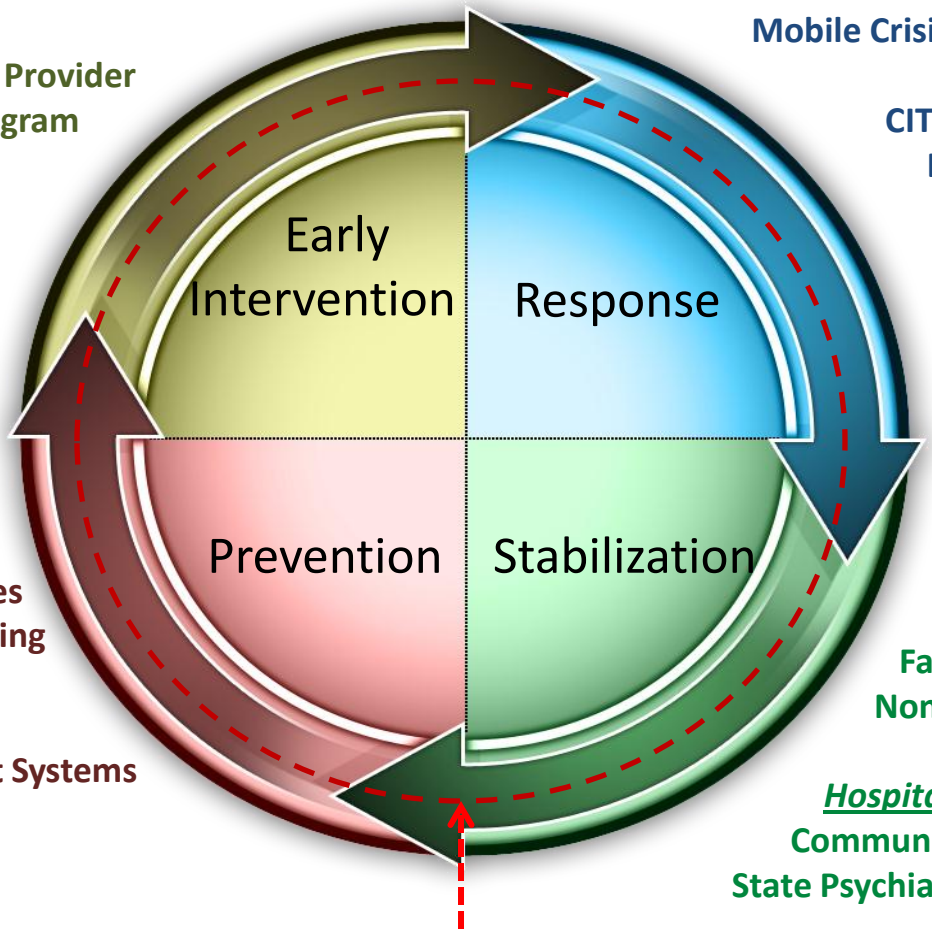
Building a **Crisis Services Continuum** to match a continuum of crisis intervention needs



Outpatient Provider
Same Day Access Program

LME/MCO Access Center

Primary Care Physician

Mobile Crisis Team

CIT Partnership
EMS Partnership

24/7 Crisis Walk-In Clinic

Hospital Emergency Dept.

Non-Hospital

23 hour Observation

Facility Based Crisis
Non-hospital Detox

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

Psychiatric Advance Directives
Crisis Planning

Community and Family
Support Systems

LME/MCO Care Coordination
Transition Support Services – ex: Critical Time Intervention

Illustration is a sample of crisis interventions and supports – does not reflect a full continuum.

Similarities and Differences

PUBLICLY FUNDED VS. PRIVATELY INSURED

Crisis Prevention & Early Intervention

Strategies

- Widely focused community efforts such as MH First Aid are available to all
- Self Directed Wellness Planning and Crisis Prevention tools such as Psychiatric Advance Directives are available to all

Challenges

- Rural vs. Urban and other workforce challenges affect all
- Basic benefit services such as outpatient therapy, and med management are especially limited for non-Medicaid eligible state funded recipients
  - Mostly group therapy is funded rather than individual
  - Significant challenges to affordable medication

Crisis **Response & Stabilization** Services

Uninsured or Medicaid Funded Consumers	Privately Insured Consumers
Call LME-MCO Access Center for Screening and Referral	Call Insurance Company
Call or go directly to an LME-MCO outpatient provider ("Same Day Access" or By Appointment)	Call or go directly to an in-network or out-of-network outpatient provider
Utilize the publicly funded crisis response services: • LME-MCO Access Center for triage • Mobile Crisis Team • Walk-in Crisis Center	Utilize the publicly funded crisis response services: • LME-MCO Access Center for triage • Mobile Crisis Team • Walk-in Crisis Center
Go to a Hospital Emergency Department	Go to a Hospital Emergency Department
Call 911	Call 911
Access Facility Based Crisis Bed, Non-Hospital Medical Detox	
Access Community Psychiatric Inpatient (3-way contract or state/locally funded) or state hospital bed	Access Community Psychiatric Inpatient or state hospital bed

Crisis Response & Stabilization Strategies & Challenges

- Response services such as Mobile Crisis and Walk-in Centers are available to all
  - But most private insurers do not reimburse for these effective levels of crisis assessment services
    - Funding challenges for state and local dollars
    - Pushes toward more emergency department care
- Medicaid array actually includes some services unavailable to most privately insured
  - Facility Based Crisis & Non-Hospital Detox beds
    - Well insured clients who might be well served in these less costly beds in their home communities are often sent for hospitalization far away so their insurance will pay

Crisis Response & Stabilization Strategies & Challenges

- Emergency departments are overwhelmed regardless of payor
- Accessing inpatient care is dependent upon both clinical and financial status
  - May be slightly more available for well insured, but often not due to capacity issues
- Navigating the transition from privately funded services into the public system is complicated
- Non Medicaid eligible state funded recipients who often have the most complex needs face the most challenges
  - Little case management-like activity available in the public system
  - Waiting lists for aftercare appointments
  - Lack of housing

Gaps in Crisis Services

Gaps in Crisis Services

- Walk-in ***Crisis*** Centers
  - Walk-in services in 83 counties --
  - **Only 6 operate on a 24/7 basis** with the full security and medical staffing needed to be a true diversion to emergency departments
- Effective Case Management
  - Short term evidence based models such as "Critical Time Intervention" reduce repeated crisis episodes
- Public awareness of resources for individual wellness
- Widespread training efforts for early intervention and stigma reduction by teachers, neighbors, pastors, etc.

Gaps in Crisis Services, Cont.

- Comprehensive definition and funding (by all payors) of a response **continuum**
  - Same Day Access
  - Walk-in Crisis Centers
  - 23 Hour Supervised Observation
  - Facility Based Crisis beds
  - Non-hospital medical detox beds
  - Non-ED Mobile Crisis Management
  - Community Paramedic Mobile Crisis Management
  - Peer Operated Crisis Respite
- Adequate geographic distribution and types of inpatient beds