Crisis Services:
Do we have the services we need?

Joint Legislative Oversight Committee on HHS
Subcommittee on Mental Health
February 24, 2014

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Cardinal Innovations

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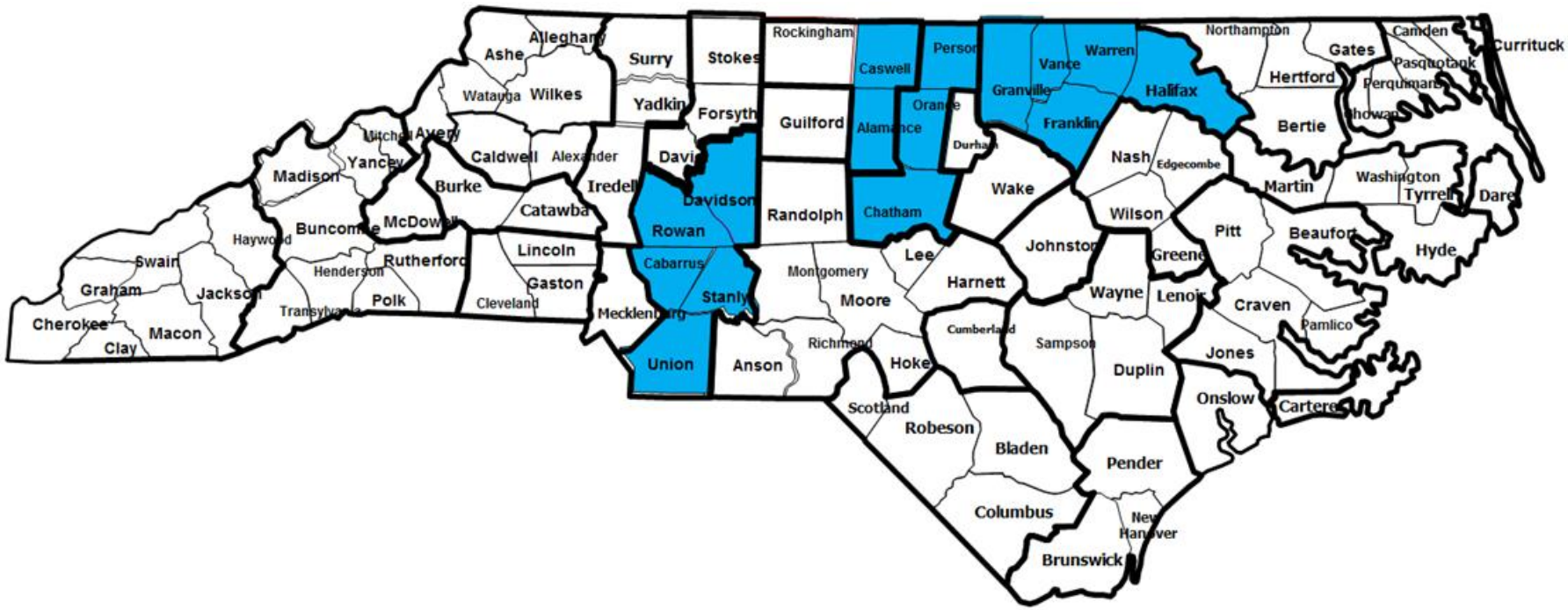

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- We have operated the Medicaid Managed Care Waivers for the past nine years.
- One of our first priorities was to develop a Crisis System in our catchment area.
- Crisis Services continue to be a high priority for us.

Agenda:

- Description of the components of a Crisis System and how these work together.
- Emergency Department utilization for Cardinal Innovations.
- Recommendations for a Crisis System

When People are Actively Engaged in Services the Crisis System should Look Like This

The System Looks Like This When People Enter through a Crisis Event

Crisis Solutions Initiative

Scorecard

Number of emergency department **admissions** with primary MH/DD/SA diagnosis in FY 2013.

149,629
out of 4,721,063 of all ED Admissions

3.2%
of all ED Admissions

Average **wait times** in emergency department for state hospital admission in FY 2013.

84.58
hours

3.52
days

Number of **readmits** to emergency departments within 30 days in FY 2012.

3,481
Readmits within 30 days
*For Persons with Primary Diagnosis, Medicaid Only
Most recent data available.

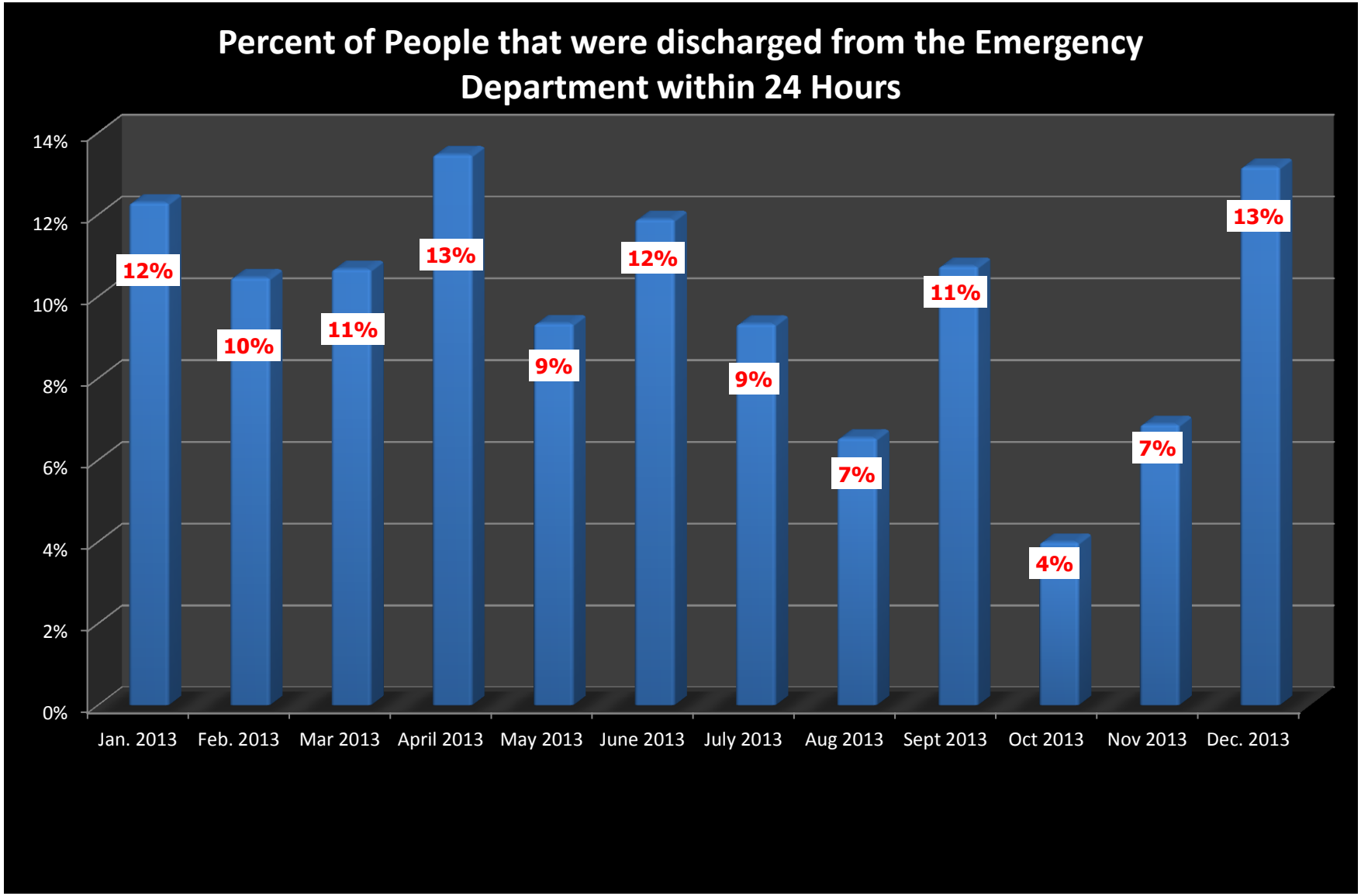
13%
of the total visits were re-admits within 30 days of the individuals previous visit

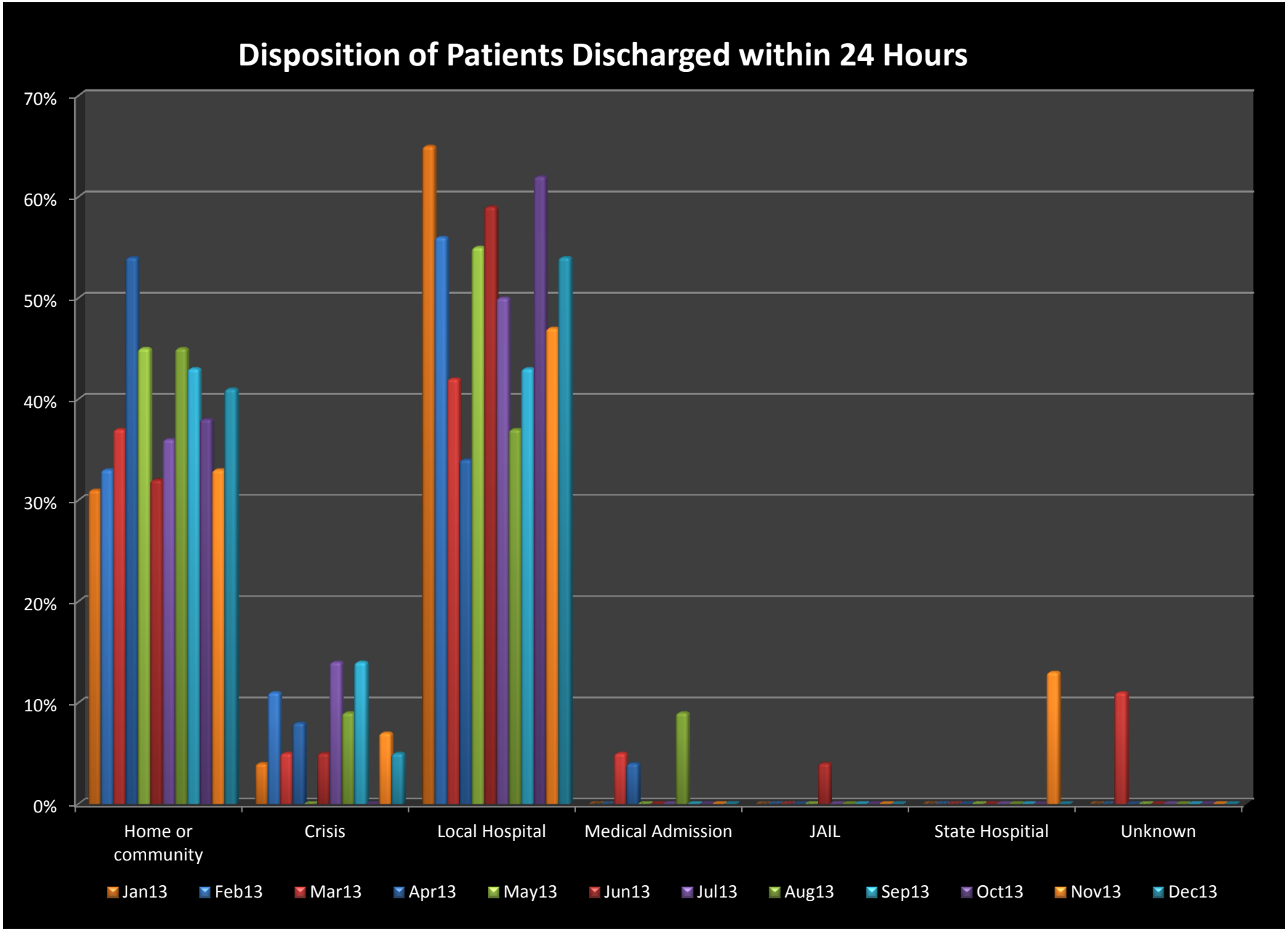
Cardinal Innovations: ED Utilization Study
December 1, 2012 – May 31, 2013
Medicaid Only

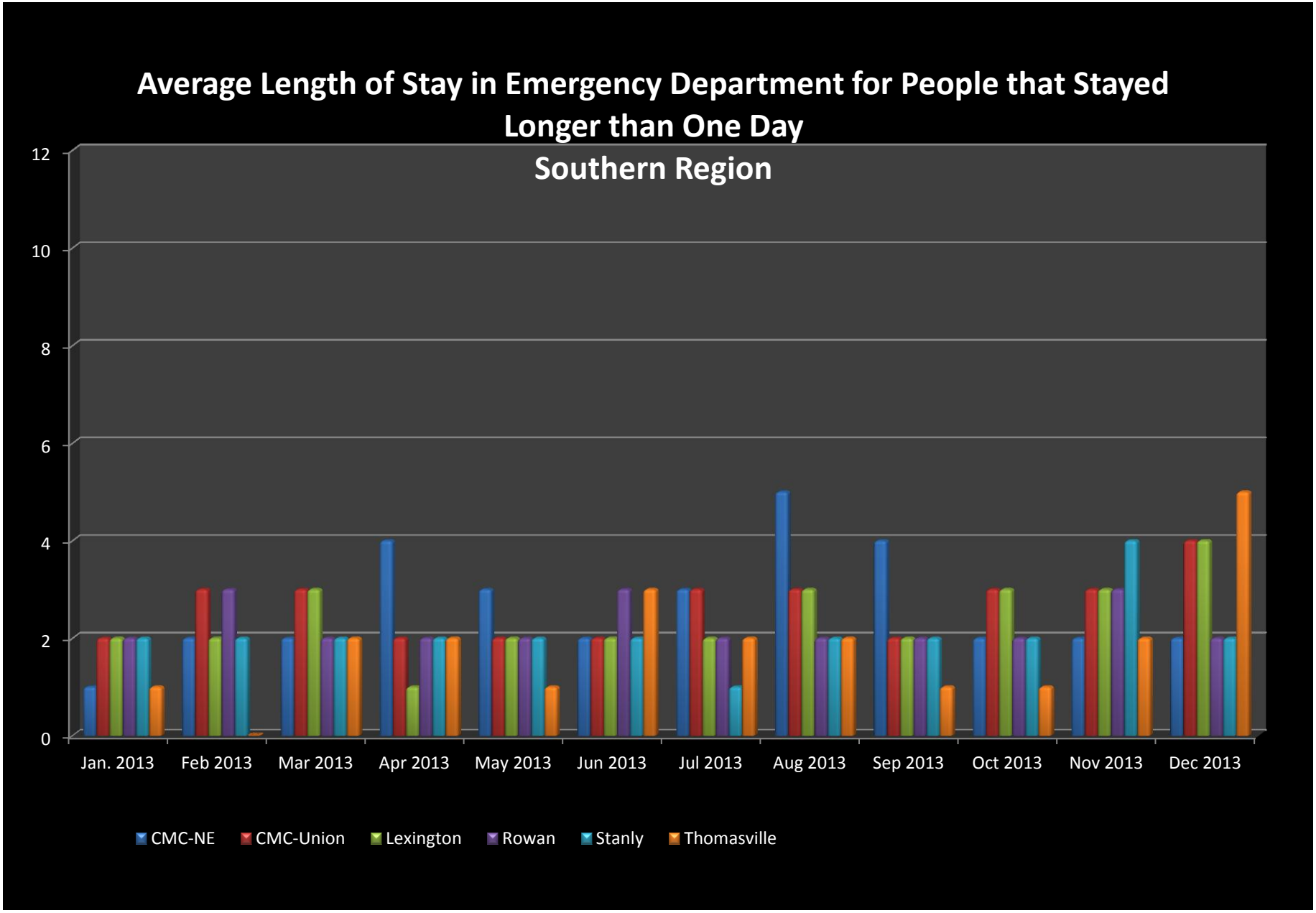
- **Unduplicated count of patients: 47,327**
- **Total ED visits: 72,300**
- **Behavioral Health Visits: 882 (1.2%)**
- **There were 112 people with 10 or more visits (regardless of treated diagnosis). This is .23% of the unduplicated count of patients. These 112 people had 1621 visits, 31 of these visits were for behavioral health issues.**

We Monitor Use of our Emergency Departments on a Daily Basis

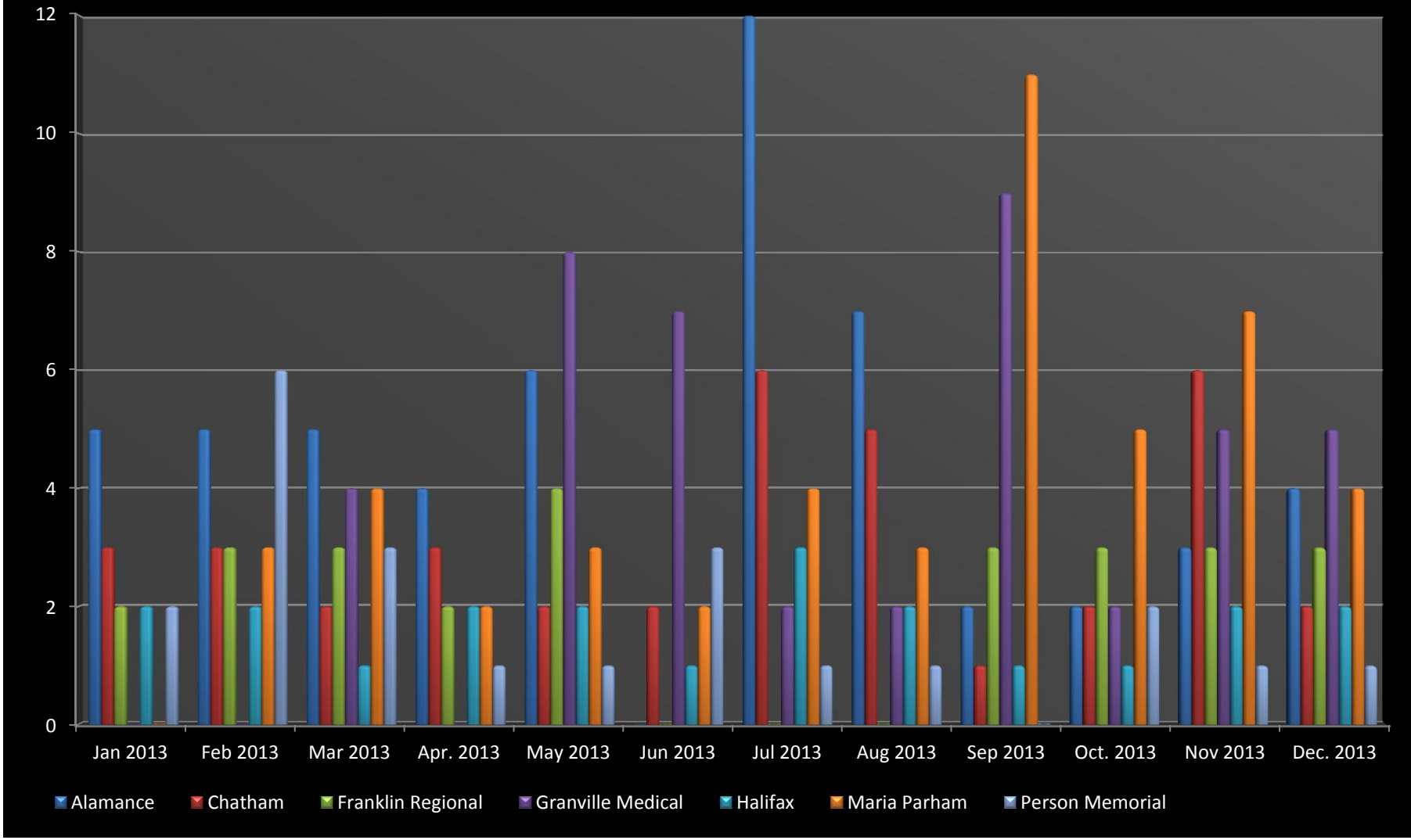
Facility	# of Consumers	Total # of Days
CMC NE	0	0
CMC Union	1	1
Lexington	3	5,4,1
Thomasville	0	0
SRMC	0	0
RRMC	0	0
CMC Waxhaw	0	0
Alamance	**2**	**5,2**
Maria Parham	**1**	**2**
Granville	0	0
Franklin	0	0
Halifax	1	2
Chatham	**0**	**0**
Person	0	0
UNC Hospitals	3	2,1,1

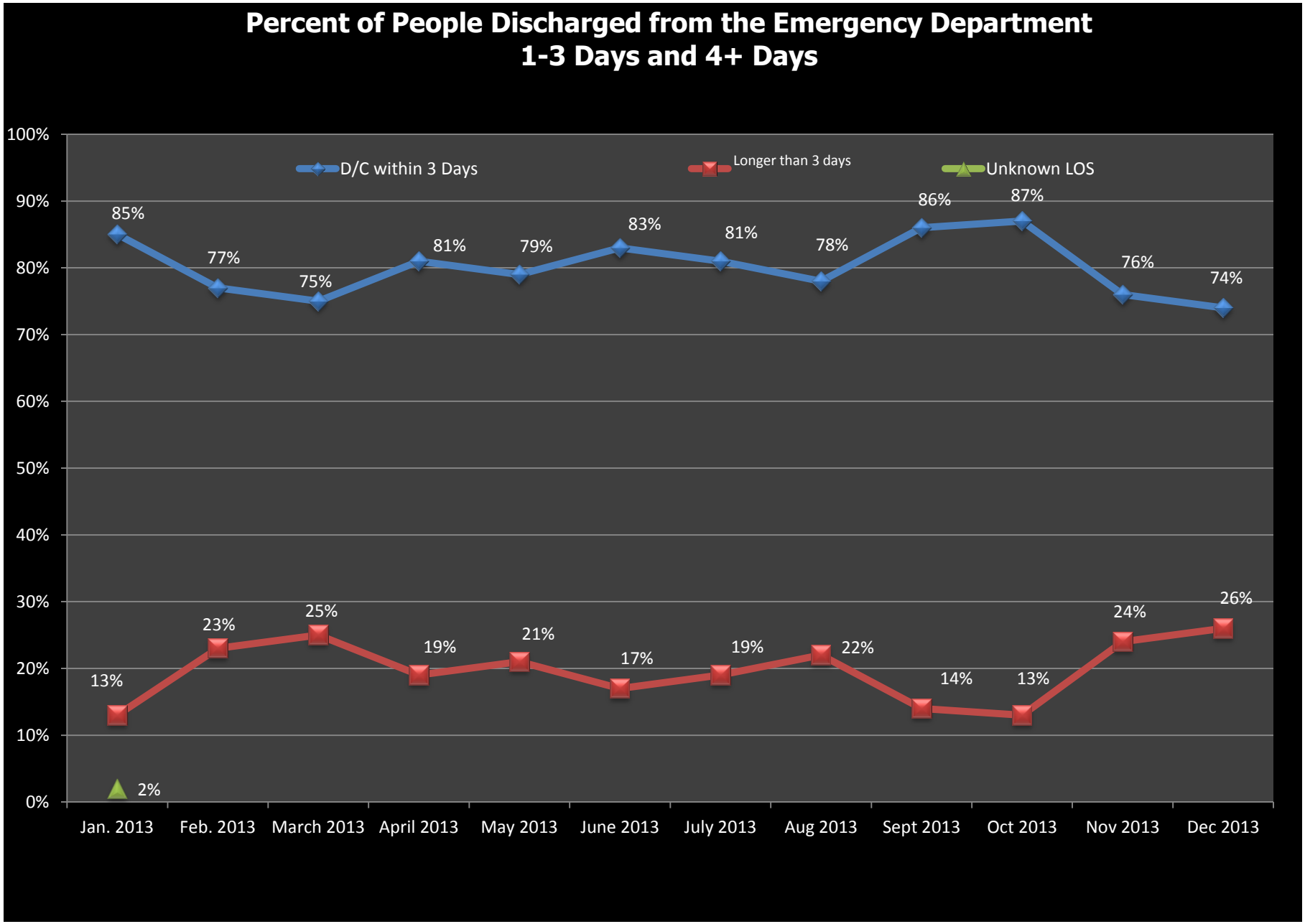

Percent of People that were discharged from the Emergency Department within 24 Hours
14%
12%
10%
8%
6%
4%
2%
0%
12%
10%
11%
13%
9%
12%
9%
7%
11%
4%
7%
13%
Jan. 2013
Feb. 2013
Mar 2013
April 2013
May 2013
June 2013
July 2013
Aug 2013
Sept 2013
Oct 2013
Nov 2013
Dec. 2013


Disposition of Patients Discharged within 24 Hours
70%
60%
50%
40%
30%
20%
10%
0%
Home or community
Crisis
Local Hospital
Medical Admission
JAIL
State Hospital
Unknown
Jan13
Feb13
Mar13
Apr13
May13
Jun13
Jul13
Aug13
Sep13
Oct13
Nov13
Dec13

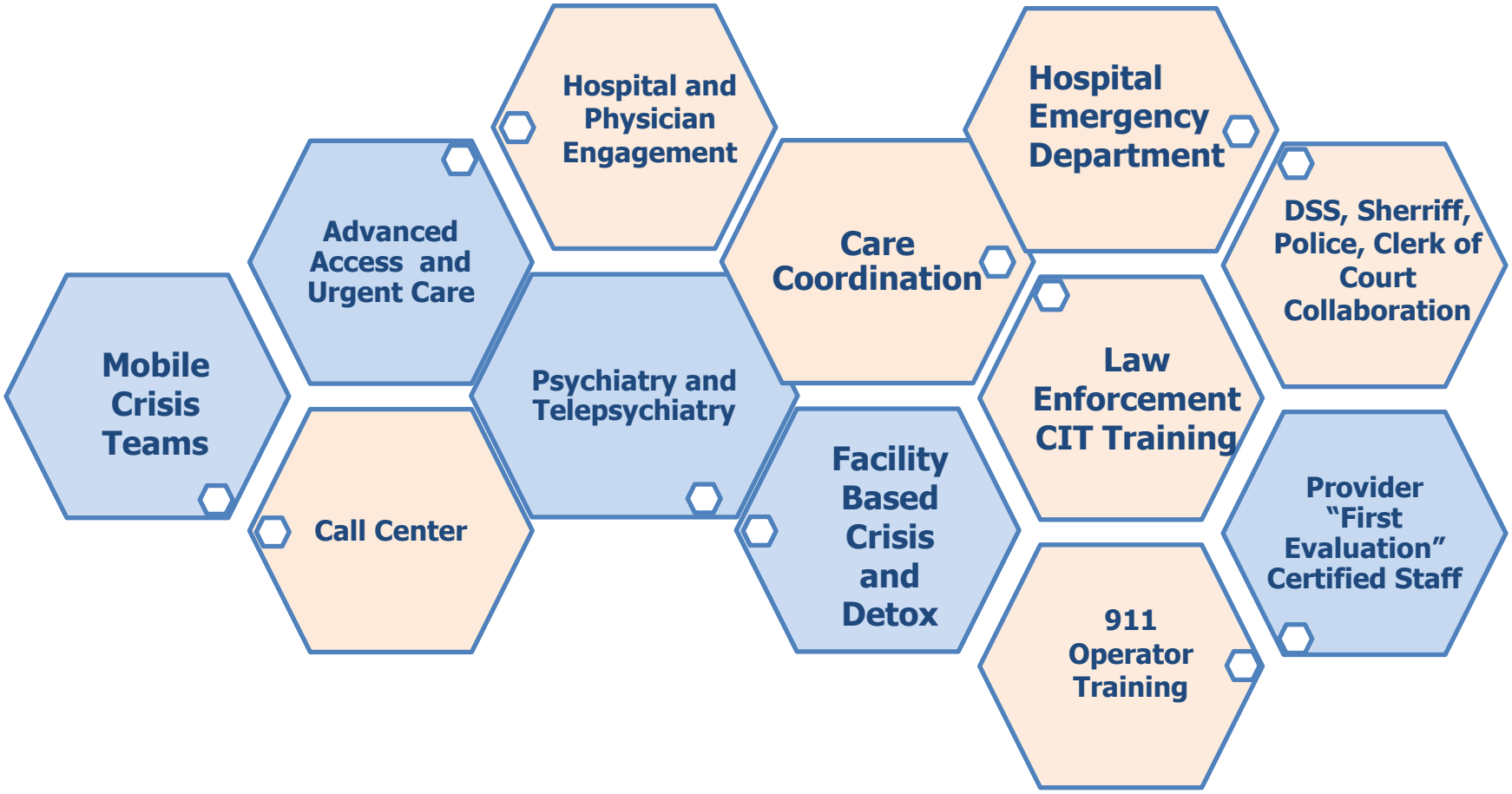

Average Length of Stay in Emergency Department for People that Stayed Longer than One Day
Southern Region
12
10
8
6
4
2
0
Jan. 2013
Feb 2013
Mar 2013
Apr 2013
May 2013
Jun 2013
Jul 2013
Aug 2013
Sep 2013
Oct 2013
Nov 2013
Dec 2013
CMC-NE
CMC-Union
Lexington
Rowan
Stanly
Thomasville

Average Length of Stay in the Emergency Department for People that Stayed Longer than One Day
Northern Region

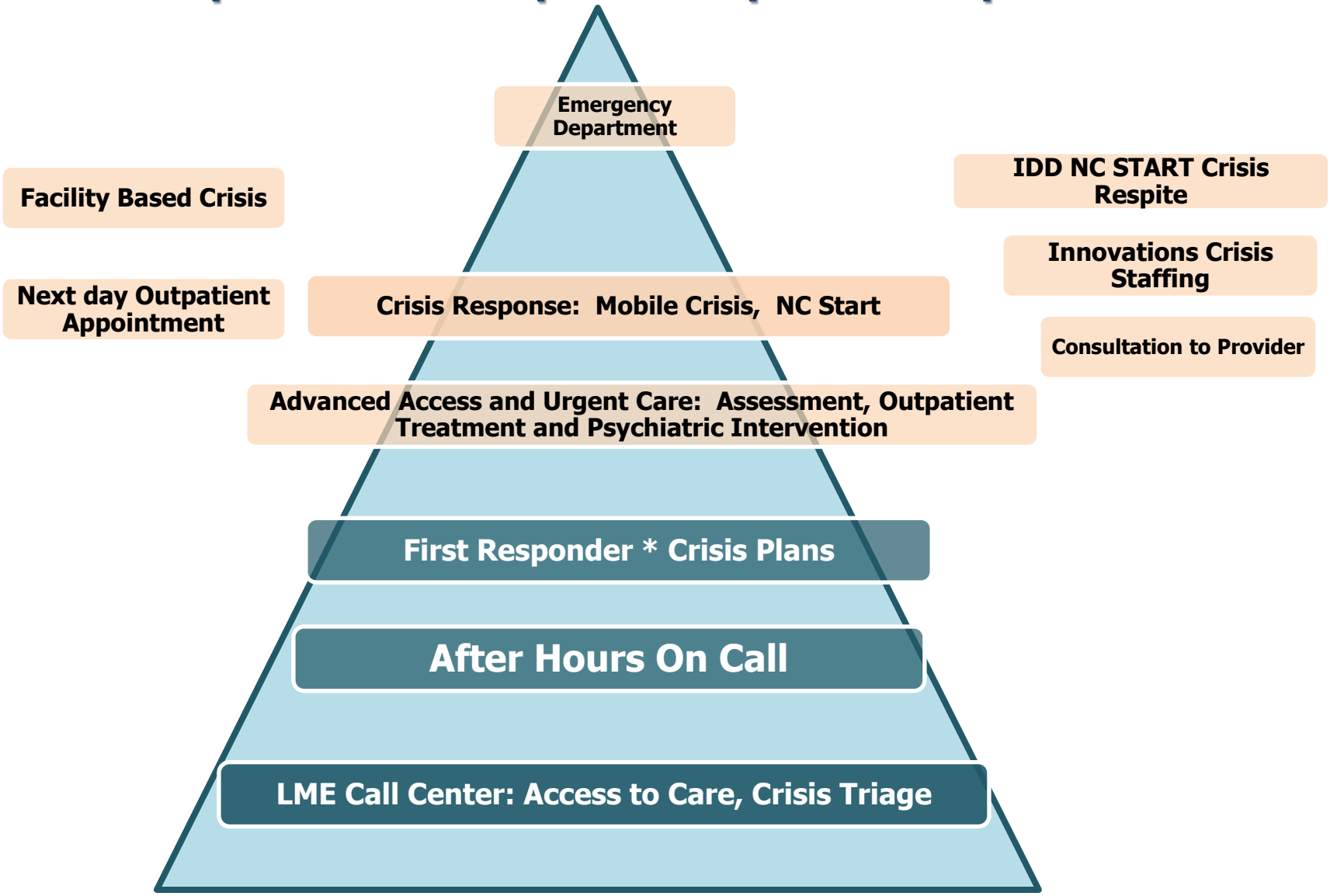



Percent of People Discharged from the Emergency Department
1-3 Days and 4+ Days
D/C within 3 Days
Longer than 3 days
Unknown LOS
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
85%
77%
75%
81%
79%
83%
81%
78%
86%
87%
76%
74%
13%
23%
25%
19%
21%
17%
19%
22%
14%
13%
24%
26%
2%
Jan. 2013
Feb. 2013
March 2013
April 2013
May 2013
June 2013
July 2013
Aug 2013
Sept 2013
Oct 2013
Nov 2013
Dec 2013

Crisis System Components



Crisis System: A person can enter at any point along the pyramid; the lower the point of engagement, the more we can do to provide care to prevent inpatient hospitalization.



Follow Up is Critical to Prevent Readmission and Future Crisis:

Need Vs. Availability

- **LMEs are responsible for Medicaid Enrollees. Medicaid covers 16% of the population in North Carolina.**
- **We are also responsible for the uninsured. The uninsured comprise 20% of the population in North Carolina.**
- **We have no direct relationship to the other 64% of the population.**

Services for the Uninsured

- A large amount of our state dollars are used to pay for Crisis Services.
- However, State dollars are only 18% of our total budget.
- While we have saved taxpayers over $200 million dollars in Medicaid funds over a six year period because our Medicaid costs have been reduced by 24%, the needs of our uninsured far exceed the available state dollars.
- More than 50% of the people that come to us with a mental health or substance use crisis are uninsured, or poorly insured.
- We cannot offer the same level of services to the uninsured as we do for Medicaid enrollees.
- We focus our state funds on the following:
  - Advanced Access
  - Mobile Crisis
  - Facility Based Crisis

State Dollars for Non-Crisis Services are Very Limited

- No cost of living increase in state funding since 1992.
- State funds for community services have been significantly reduced over the past 10 years.
- At the same time, there has been significant population growth in many areas of the state. North Carolina has nearly 9.8 million people today.
- Approximately 2 million people are uninsured.

Gaps in the System: Engagement in Services will reduce Crisis Events for Many People

The following services will provide important services for people that frequently use Crisis Services:

- **Housing: a continuum of housing services are needed from small group homes to independent living. (Needed for Medicaid and Uninsured populations that are severely disabled)**
- **Medicare does not pay for community based rehabilitative services needed by people with serious mental illness and addiction.**
- **Enhanced services that are needed for the Uninsured and Medicare:**
  - **Assertive Community Treatment Team (ACTT)**
  - **Outpatient Treatment and Medication**
  - **Mobile Crisis**
  - **Supported Employment**
  - **Peer Support Services**
- **Substance Use Treatment Services for the Uninsured and Medicare:**
  - **Residential Treatment**
  - **Intensive Outpatient**
  - **Medications to support abstinence**

Access to Specialized Inpatient Treatment will Reduce Wait Times in Emergency Departments

We have difficulty locating inpatient services for patients with the following special needs:

- **High Acuity Patients that are aggressive.**
- **People with mental illness that also have serious substance use conditions and who are addicted to substances.**
- **People with developmental disabilities that also have mental illness.**

Needed Inpatient Capacity Should be Re-Evaluated

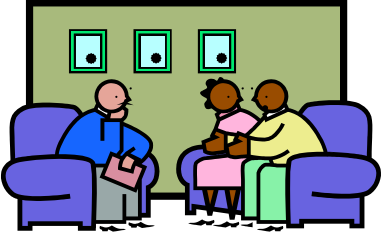
Psychiatric Bed Inventory Cabarrus, Davidson, Rowan, Stanly and Union Counties			
Hospital	Adult	Geriatric Only	Total
CMC-Northeast	0	10	10
Rowan Regional	20	20	40
Stanly Regional	12	0	12
Thomasville Medical	0	45	45
Total	32	75	107

There are only 32 inpatient psychiatric beds for 459,675 adults. This means there is one bed for every 14,365 adults under the age of 65.

Summary:

- **All the services that we need to reduce crisis events currently exist.**
- **Medicaid Enrollees should be receiving the care that they need.**
- **While we provide Crisis Services for the uninsured, we do not have sufficient state funding for necessary treatment.**

Addendum: Descriptions of a few Key Crisis Services



What is Advanced Access?

- Advanced Access is a model of urgent care.
- Consumers, determine their need for this service.
- Consumers can *walk in* for evaluation and treatment 8 am – 8 pm Monday – Friday.
- DAYMARK provides Advanced Access in our Southern Counties; RHA operates a facility in Alamance County. We are working with providers in our Northern Counties to establish an Advanced Access model.

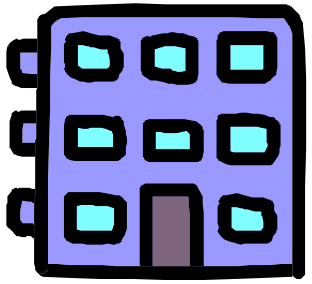
Mobile Crisis Response

- Clinicians are available to respond to urgent calls 24/7.
- Clinicians respond to homes, community settings and local hospitals Emergency Departments.
- This is not an emergency response. It is an urgent care service; so it can take up to two hours for a clinician to respond to a location.

Innovations Crisis Services

Developmental Disabilities: Innovations Crisis Services provide additional staff to support an individual experiencing crisis that allow the person to remain in their current placement. The Innovations Provider for the consumer must arrange for this service.

Cardinal Innovations Facility Based Crisis



- A facility based crisis center is an alternative to psychiatric hospitalization for consumers that do not need the level of care that a hospital offers.
- It is a 16 bed locked facility and accepts involuntary commitments. Substance Abuse treatment (detoxification) is also provided at the crisis center.
- The facility has 24 hour psychiatric support and has daily contact from the supporting psychiatric team.
- We have opened our first Crisis Center in Kannapolis in 2006 and our second in Monroe in 2010.