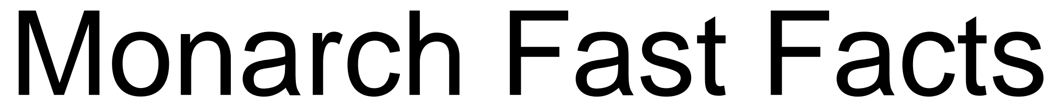
Community Crisis Services

Peggy Terhune, Ph.D.

2/24/14



Monarch Fast Facts

- Statewide provider across North Carolina
- Budget about $70,000,000
- Staff about 1700
- Serve about 5000 people daily with I/DD, MH, SA issues
- Have been working in managed care for seven years
- Provide residential, vocational, day, and BH supports (bill about 100 different services)

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- What do we know?
  - People who experience MH needs may not come for services until the pain is great.
  - The sooner treatment is started, the shorter the treatment and the less expensive.
  - Prevention and early intervention are key tools to divert crisis
  - The first 30 days after hospitalization are crucial.

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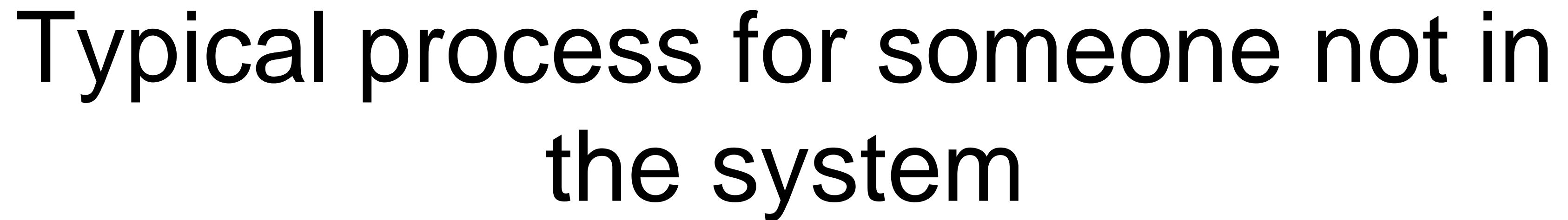

Typical process for someone not in the system

- Decide TODAY that I want to be seen.
- Call psychiatrist and given appointment in 2-3 months unless person is suicidal.
- In that 2-3 months, mental illness progresses and person needs immediate help.
- Person sees primary doc who attempts to prescribe meds or
- Family/Friends take the person to the ED or call police.

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- Doc assesses person, but doc is not specialist
- Docs may also be dealing with person’s medical issues (likely no primary doc)
- Person is judged to be in need of hospitalization
- Wait for hospital bed for up to 2 weeks.
- No MH treatment provided in ED.

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- Open Access
- Mobile Crisis
- ACTT
- Facility Based Crisis
- ED support
- Psycho/social issues (care coordination)
- Education/MHFA/Stigma issues

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Monarch’s Open Access Model

- No appointment for walk in
  - Can be seen same day as discharge from hospital
  - See a licensed clinician (therapist) for assessment and to get into MCO system
  - See a psychiatrist for assessment and med prescription if appropriate
  - Walk out with script/appointment for next day services.

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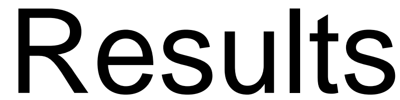

If Monarch did not have a walk in open access center, I would have received my services from:

- 27% Go to ED
- 33% Not gotten services anywhere
- 21% waited weeks/months to get services from someone else
- The rest: urgent care, primary doc, another agency today

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- Goal is to be onsite less than 3 hours (2.12 Ave)
- Have open access staff on site plus hubs
- 3 telemedicine hubs with therapists and psychiatrists (Guilford, Wake, Mecklenburg)
- Can accept Medicaid/Medicare/Insurance

OASIS

- Tool to assist with coordination of care between Open Access Clinics
- Think “Airplane Terminal” Arrival/Departure Screen
- Real-Time Capabilities
- Eyes On the Ground

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- Have seen 10407 walk ins from July 1-Dec 31.
- People love it and tell their friends.
- Currently negotiating – soon hope to be providing assessment in 24-40 primary care offices for children and adults so care can be maintained in primary care office

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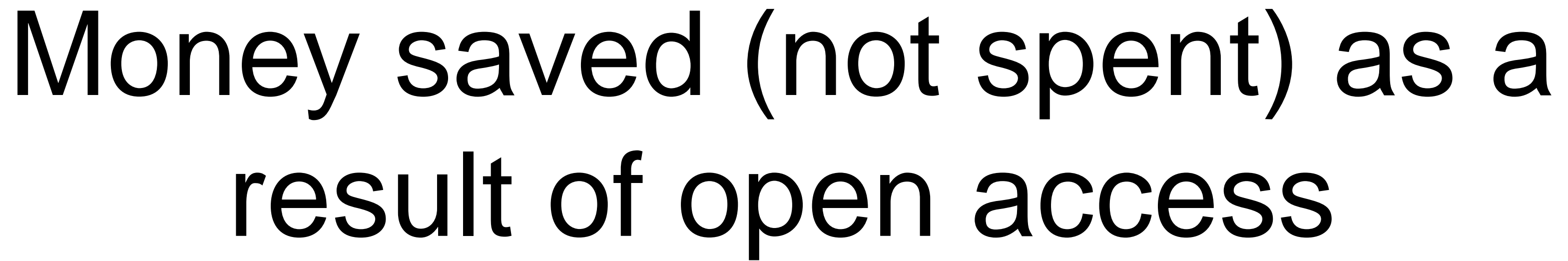

Money saved (not spent) as a result of open access

- $3.3 Million in diversion dollars (6 months)
- x 2 - $6.6 Million in open access savings annually and it only costs us about half that to provide it).

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Total Walk-Ins

Month	Walk-Ins
October	139
November	217
December	187
January	270
February	492
March	696
April	761
May	832
June	553
July	1170
August	1274
September	1706

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Walk in in centers that have been open more than one year

Total Walk-Ins

Month	Total
February 2013	492
March 2013	553
April 2013	678
May 2013	708
June 2013	553
July 2013	789
August 2013	783
September…	727
October 2013	963
November 2013	765
December 2013	787
January 2014	902

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- Staff on call 24/7
- Can go anywhere to see person in crisis
- Calls come from families/police/who else?
- Clinician assess and either creates safety plan or takes to ED
- Want to begin treatment at home to avoid Emergency Department

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Facility Based Crisis

- Mini hospital that has about 11 beds.
- People come in and begin treatment immediately
- Ave stay is 5.27 days
- Upon Discharge, linked with community services.
- Requires non-UCR money to operate

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- In Greensboro, police may bring person to our center and release to our officer
- 465 people ended up under IVC in Monarch's Crisis Assessment Center in Guilford County and stayed with us for any length of time (data covers the last 6 months.)
- 29% were discharged from Monarch's Crisis Assessment Center and went to a community based psychiatric inpatient hospital.
- 3.4% were discharged from Monarch's Crisis Assessment Center and went on to a state psychiatric hospital.
- 6% had to be sent to an emergency department due to acute needs beyond our capacity to meet
- 61% were discharged to appropriate community based services without the need for hospitalization.
- Our average length of stay is 2.58 days.

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Emergency Department Support

- ECU has telemed program
- Monarch in process of agreement to provide psychiatrists 24/7 to assess and consult
- Doc in ED makes final determination and enters all info into ED record.

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Transitional Care Team Sandhills and P4CC

- First 30 days are the most difficult. People typically end up going back to ED. So Team:
  - Tracks all discharges
  - Provides intensive support for 30 days
  - Links to all medical and behavioral appointments
  - Ensures Medication Reconciliation
  - Ensures housing/food/money stable

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Questions

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