

# MOBILE CRISIS

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Presentation to  
Joint Legislative Oversight Committee  
on Mental Health, Developmental Disabilities  
and Substance Abuse Services

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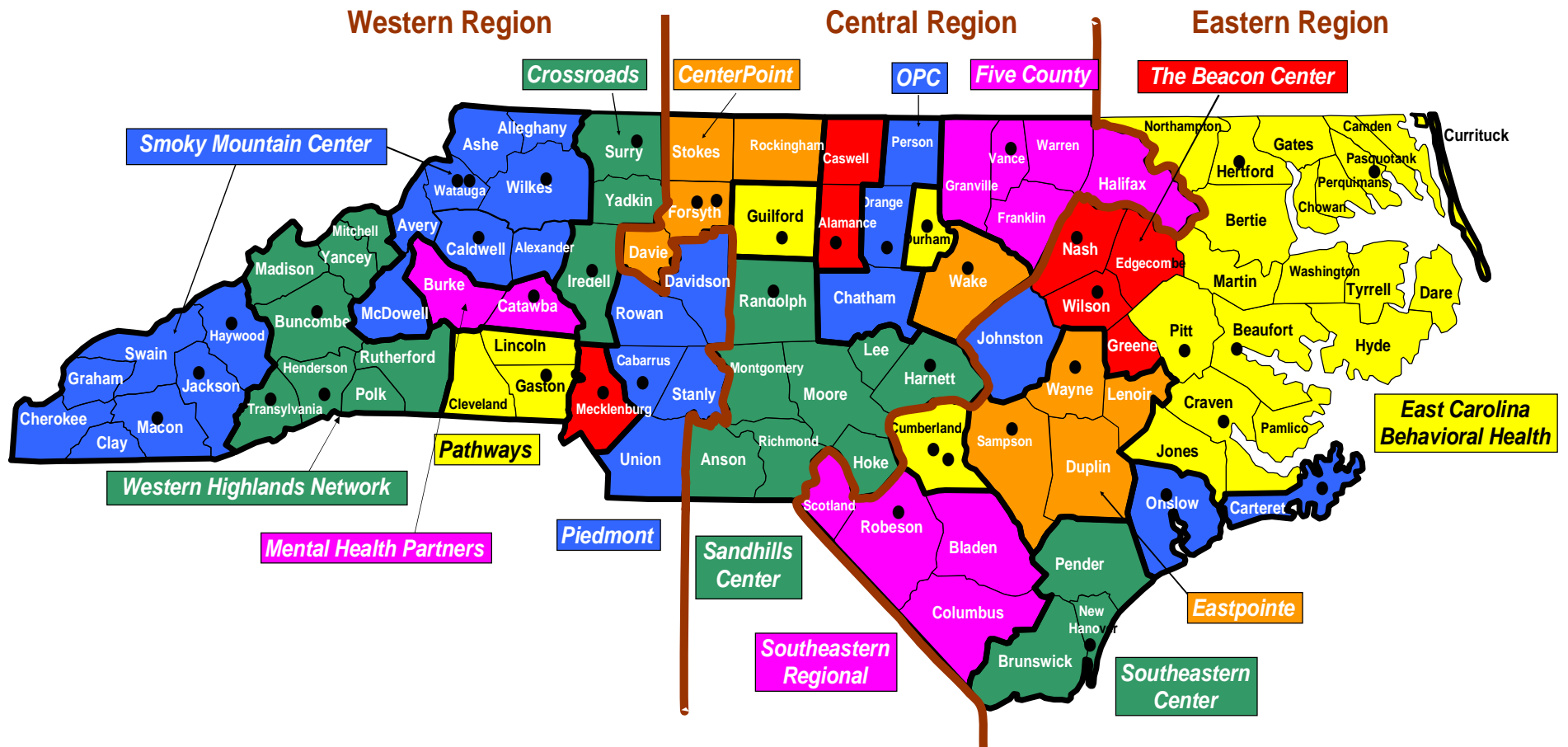
December 8, 2010

# Mobile Crisis Team

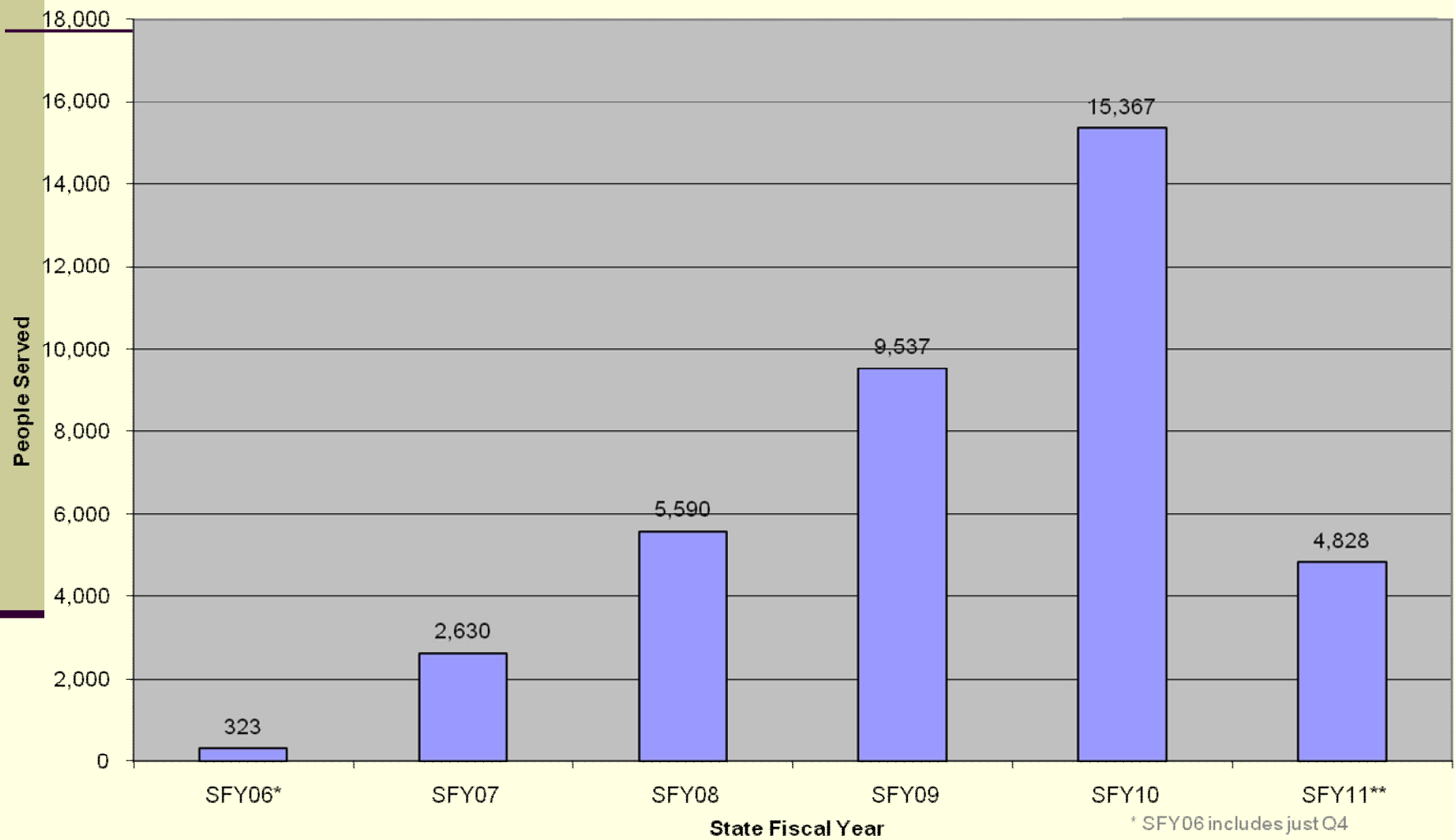
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- Service Definition approved in 2006
- First state appropriation in 2008
- Funded by state funds and Medicaid fee for service
- Critical component in crisis service array
- Available 24/7/365
- Meet the individual where they are – as close to a persons home as possible
- Goal is to avoid Emergency Room or Inpatient admission
- Currently 41 Teams covering all counties

# North Carolina Regional Mobile Crisis Teams



**Mobile Crisis Management**  
**Growth in People Served: Medicaid & IPRS Combined**



\* SFY06 includes just Q4

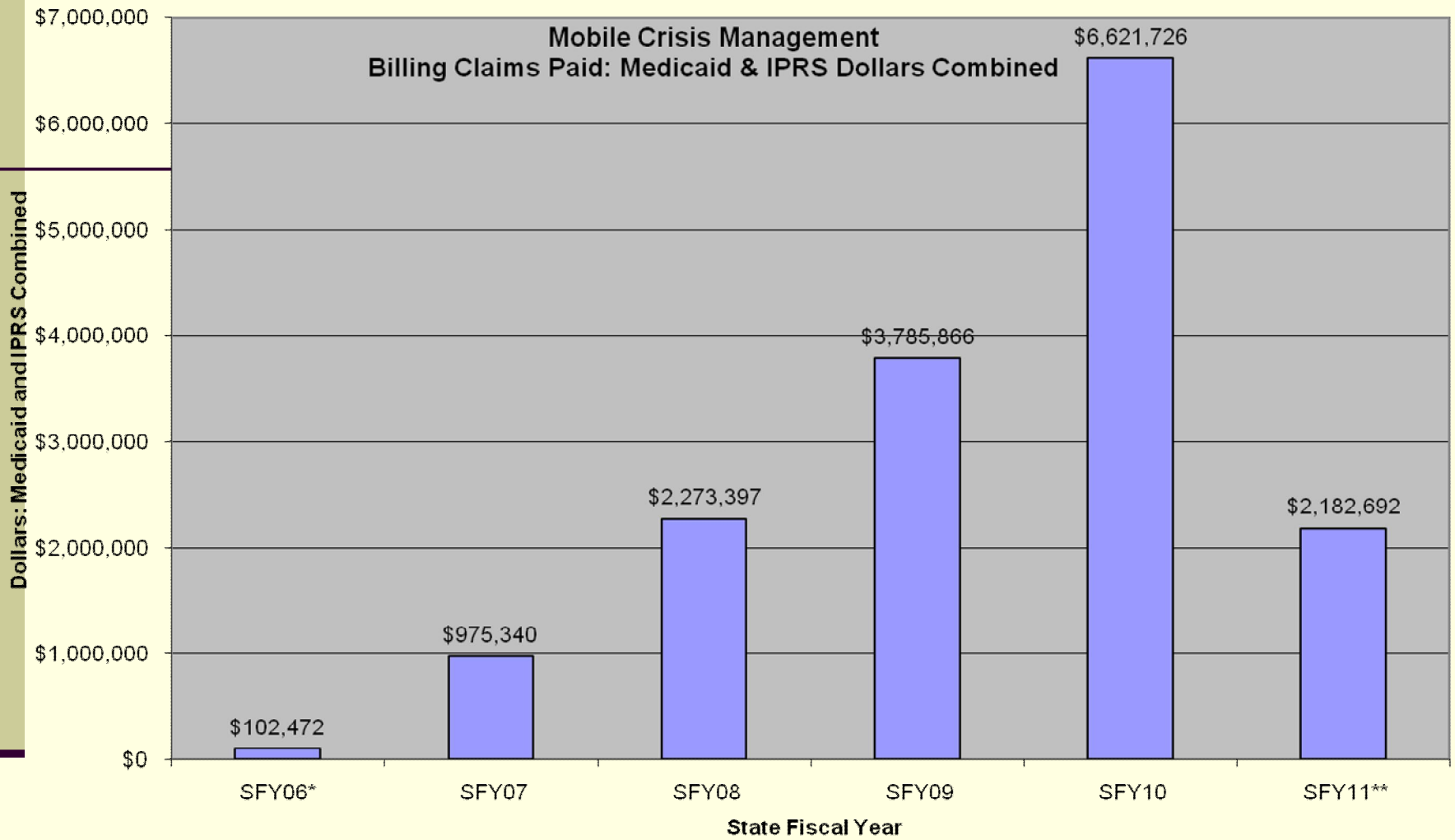
\*\* SFY11 includes just 3.5 months

# Mobile Crisis Funding

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- Recurring state allocations
  - \$5.7 million
- Medicaid fee for service
  - \$3.1 million
- IPRS
  - \$3.6 million
- Non-allocated non-UCR funds
  - \$3.8 million

Cost per episode of care approximately \$552



\* SFY06 includes just Q4

\*\* SFY11 includes just 3.5 months

# Mobile Crisis Team Staffing

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- Psychiatrist availability
- Substance Abuse staff (CCS,CSAC,CCAS)
- QP who is a Nurse, CSW, or Psychologist
- QP or AP with experience in Developmental Disabilities
- Other team members may be non-licensed qualified professionals and paraprofessionals

# Accessing Mobile Crisis

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- Crisis Call to LME STR
- Direct Call From
  - Law Enforcement
  - Magistrates
  - Behavioral health providers
  - Non-behavioral health providers
  - Emergency Room



# Mobile Crisis Activities

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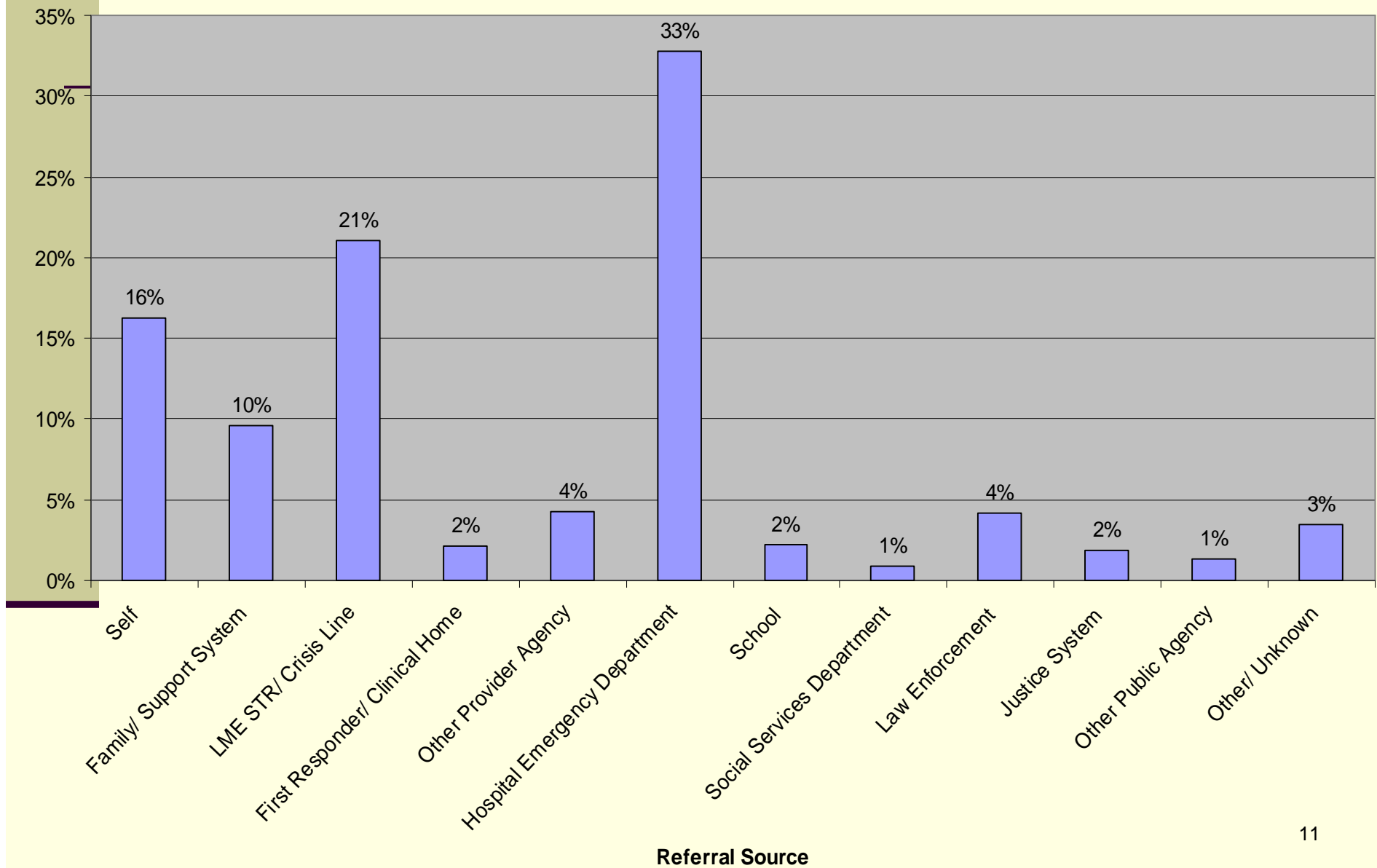
- Provide support to decrease crisis and allow individual to remain in their home
- Crisis Assessment (including assessment of appropriate setting for continued care of patient based on risk factors for danger to self or others)
- Recommendations for behavioral management of disruptive behavior
- Coordinate with police Crisis Intervention Teams
- Help locating an inpatient psychiatric bed if needed
- Coordinate services required to discharge an individual from an Emergency Room to community based service
- Facilitate referrals to crisis stabilization resources, or other community intervention services or supports
- Brief Treatment/Intervention
- Development of a Crisis Plan

# Response Location

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- Individual's home
- Schools
- Magistrate's offices
- Urgent care centers
- Group homes
- Consumer's Home
- Medical/primary care offices
- Emergency departments
- Police stations, jails, and other community sites

**Mobile Crisis: 15,184 Total Referrals  
from January to June 2010**

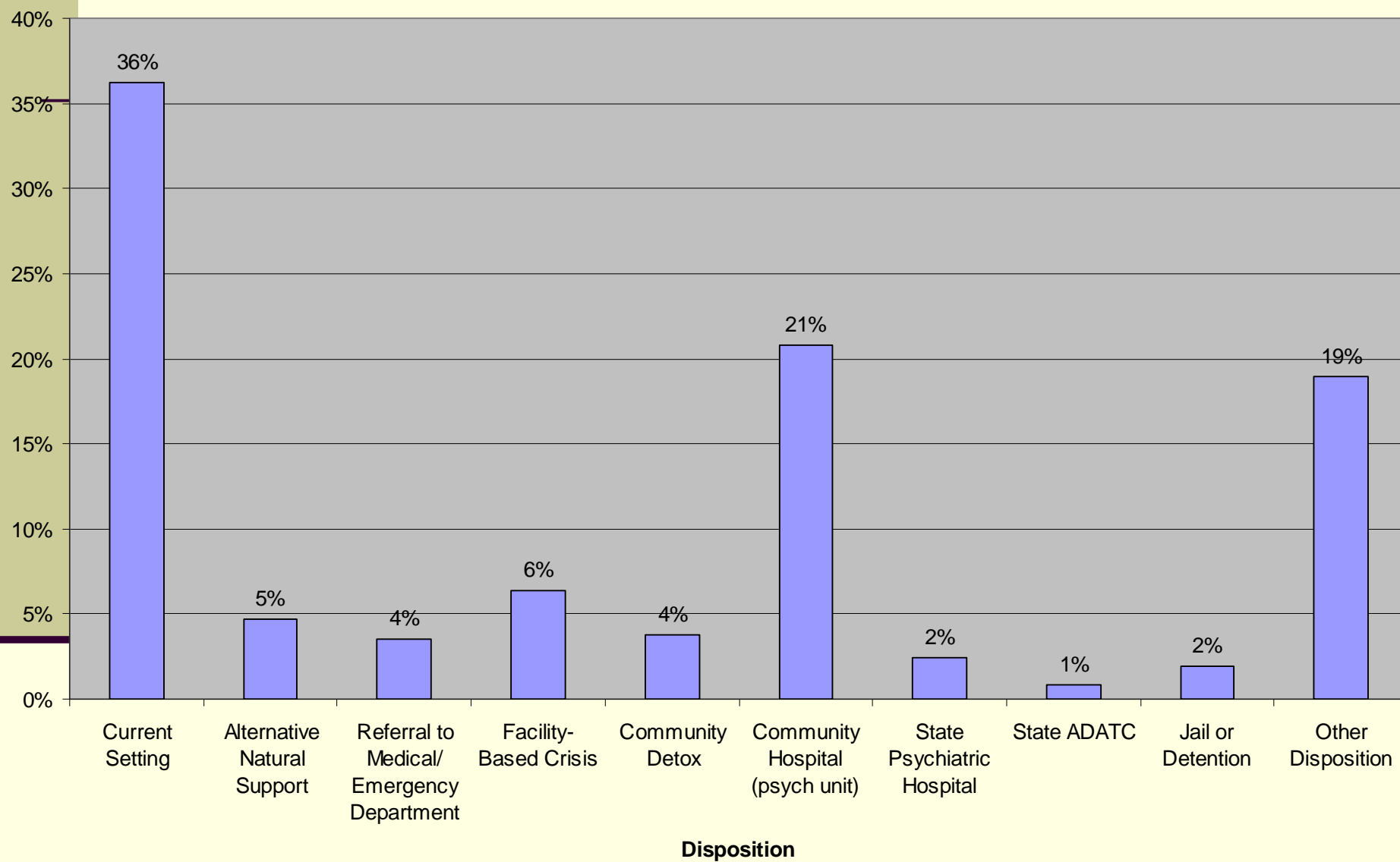


# Results of Mobile Crisis Interventions

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- 15,110 episodes of service Jan-June, 2010
- Increase from 13,335 episodes of service over the previous 6 months
- 77% of dispositions were to community and 23% to an inpatient setting
- Dispositions to Emergency Department decreased from 5% to 4% from the previous 6 months
- Dispositions to Facility Based Crisis increased to 6% from 5% over the previous 6 months
- Dispositions to Hospital inpatient setting decreased from 31% to 23%

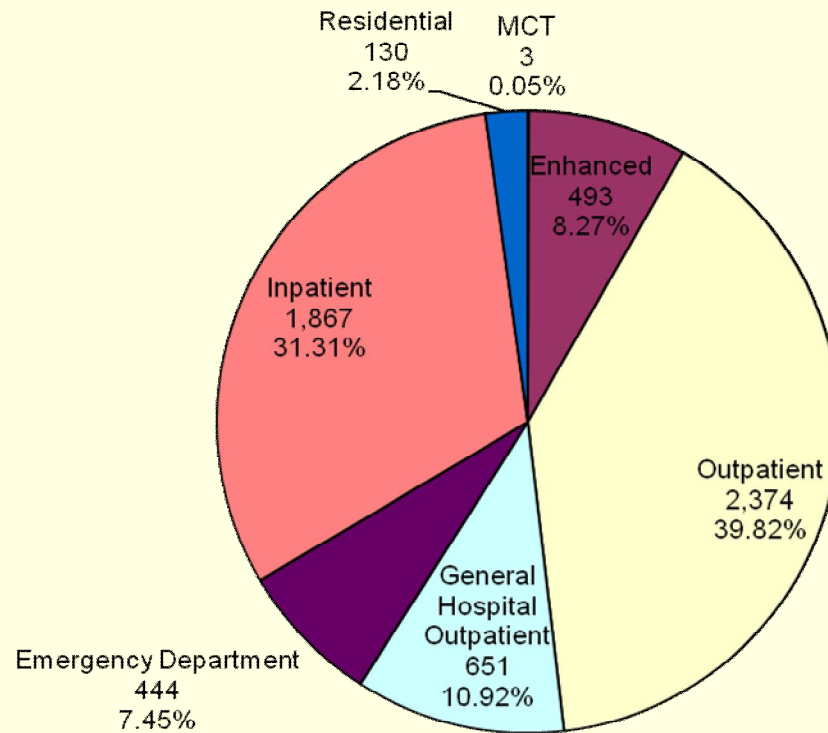
**Mobile Crisis: 15,110 Total Disposition  
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## Units of Service Received by Individuals Within 14 Days of MCT by Service Type

Source: Medicaid and IPRS

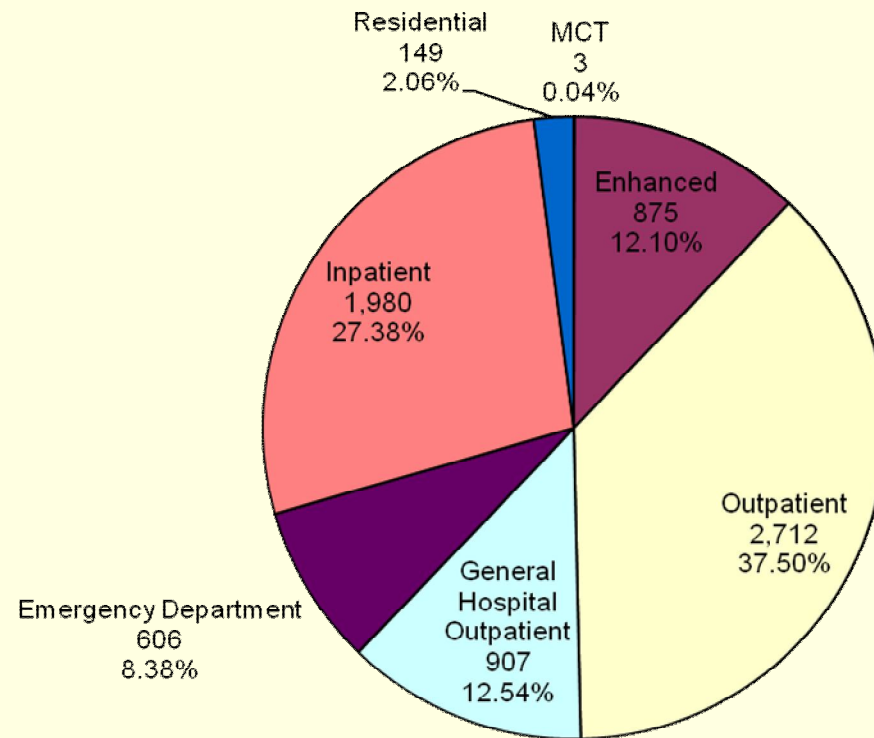
January through June 2010



## Units of Services Received by Individuals Within 30 Days of MCT by Service Type

Source: Medicaid and IPRS January through June 2010

N=8,373





Questions?