

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE FISCAL RESEARCH DIVISION
AND
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

LOCAL MANAGEMENT ENTITIES
CRISIS SERVICE PLANS

Session Law 2007-323
House Bill 1473, Section 10.49(o)

February 29, 2008

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

A Report on LME Crisis Service Plans February 29, 2008

The General Assembly enacted Session Law 2007-323, House Bill 1473, Section 10.49(o) that appropriated funds and outlined legislative requirements regarding the planning and development of a continuum of crisis services for mental health, developmental disabilities, and substance abuse consumers of all ages who are in need of crisis services.

Previous reports have outlined activities during State Fiscal Year (SFY) 2006-07 and the first quarter of SFY 07-08. Part I of this report provides information about crisis service system planning and implementation activities that have occurred during the second quarter of SFY 2007-2008 (October 1 through December 31, 2007.) Part II provides information submitted by Local Management Entities regarding implementation of their crisis services during the second quarter of SFY 2007-2008.

I. REPORT ON PROGRESS AND ACTIVITIES: OCTOBER 2007 - DECEMBER 2007

State Hospital Admissions

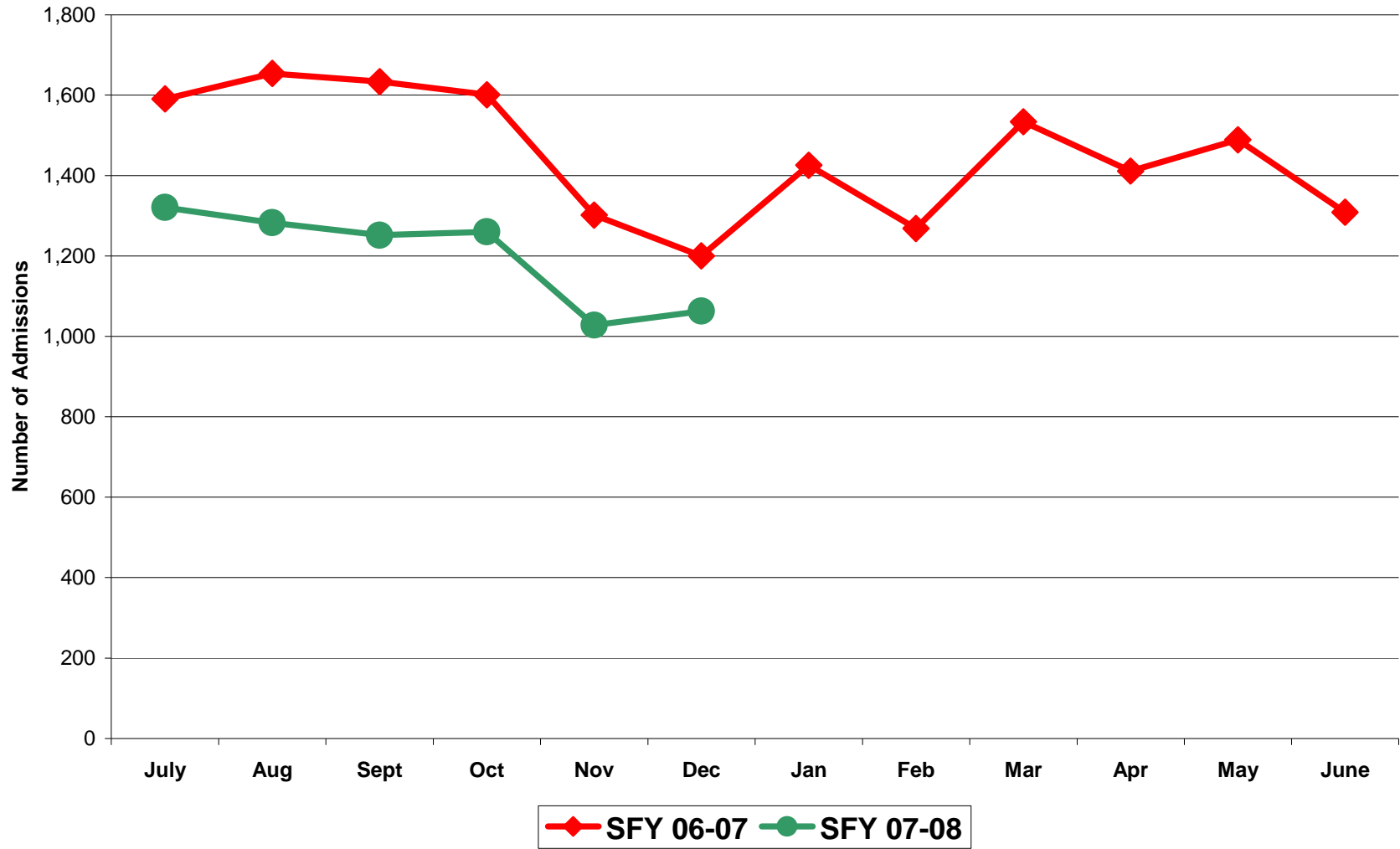
One of the anticipated outcomes of crisis planning and funding to develop effective crisis services in communities throughout North Carolina is that there would be a reduction in admissions to state psychiatric hospitals. Data about admissions were tracked in SFY 2006-07 to provide baseline information and to compare admissions in SFY 07-08. The table on the following page provides data for the first two quarters of SFY 06-07 data to data for SFY 07-08. The data for both years in the table for each LME take into account LME mergers that became effective July 1, 2007.

State Hospital Admissions SFY 07-08 compared to SFY 06-07

LME NAME	SFY 06-07 July 06- Dec 06	SFY 07-08 July 07 – Dec 07	Total change July - Dec
Alamance/Caswell/Rockingham	351	350	-1
Albemarle	213	127	-86
Beacon Center	559	358	-201
Burke-Catawba	187	129	-58
CenterPoint	504	318	-186
Crossroads	179	152	-27
Cumberland	169	226	+57
Durham	404	396	-8
Eastpointe	426	363	-63
East Carolina Behavioral Health	324	247	-77
Five County	334	317	-17
Foothills	157	88	-69
Guilford	397	410	+13
Johnston	169	120	-49
Mecklenburg	251	175	-76
Onslow-Carteret	170	170	0
Orange-Person-Chatham	232	177	-55
Pathways	272	125	-147
Piedmont	465	298	-167
Sandhills	523	275	-248
Smoky Mountain	234	200	-34
Southeastern Center	349	335	-14
Southeastern Regional.	166	163	-3
Unknown	162	115	-47
Wake	1,254	1,113	-141
Western Highlands	532	460	-72
Total	8,983	7,207	-1,776

The graph on the following page shows the number of admissions in SFY 06-07 and in the first two quarters of SFY 07-08.

State Hospital Admissions SFY 06-07 and SFY 07-08



Crisis Services Training and Resource Materials

Statewide Community Support and Targeted Case Management Conference

At this conference the following training about crisis services was presented by Kappy Maddenwald and Lee Vorderer from the Technical Assistance Collaborative, Inc.

- Understanding the Role of the First Responder on 11/6/07 as a full day pre-conference training
 - Understanding the Role of the First Responder on 11/7/07 as a 3 hour training
 - Crisis Response – What It Is and How to Do It on 11/8/07 as a 4 ½ hour training
- These trainings are available at no cost as power point presentations.

NC Council of Community Programs 2007 Conference in Pinehurst

At this conference the following training about crisis services was presented by Stephen Day from the Technical Assistance Collaborative, Inc and Bonnie Morell from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

- Comprehensive Crisis Service Systems on 12/10/07

Resource Material regarding Crisis Services

- The training curricula listed above will be posted on the Division's website for use by providers and LMEs.
- A resource document, Comprehensive Crisis Service Systems, developed by the Technical Assistance Collaborative, Inc. will also be posted.

Department of Health and Human Services

- On January 3, 2008, Secretary Dempsey Benton announced the establishment of a work group to review the implementation of the state's Crisis Service System, and the state's overall strategy for providing inpatient services (beds) across the state. The group will review the current implementation activities and refine the definition of the core level of crisis services which should exist in all areas of the state.

II. LOCAL MANAGEMENT ENTITIES CRISIS SERVICE QUARTERLY REPORTS September 2007 through December 2007

This section of the report contains narrative information from each of the LMEs about their crisis service plan start-up and service activities during the second quarter of SFY 2007-08. This information has been taken verbatim from the LME reports; therefore, it varies in the amount of detail provided. Each LME also submitted data about the number of State hospital admissions which is on page 4 of this report.

Alamance-Caswell-Rockingham. *Start-up funding:* (1) Walk-in crisis services in Rockingham county: \$50,000 allocated and not yet expended. Advanced Health Resources (AHR) began taking Walk-In Crisis in Rockingham County on 11/05/07. AHR is in the process of submitting FSR for reimbursement of funding. (2) Local hospital services: \$36,000 allocated and not yet expended. AHR has an allocated QP to go to Morehead Hospital to do crisis intervention and evaluations since the Hospital currently does not have designated staff to handle mental health crisis. This protocol began 11/05/07. They have done 8 evaluations (4 in November and 4 in December). Local resources are looked at first now and then state hospitalization if needed. AHR is in the process of submitting FSR for reimbursement of funding. (3) Hospital sponsorship: \$15,544 allocated and not yet expended. Will be used to purchase service from local hospitals so that clients can be served locally instead of being directed to the state hospitals. Beginning 11/05/07 Morehead hospital will be the initial focus with ARMC and Moses Cone also included in sponsorship programs. (4) After hours walk-in crisis services. \$52,000 allocated and not yet expended. Will be allocated and awarded during the RFP process to support the provider awarded the RFP to provide after hours walk in crisis services for all three counties. The anticipated date was but 1/31/08 but this has been pushed back-date unknown at this time. Our current crisis plan is currently being implemented. Rockingham stakeholders have been contacted. (Please refer to the attached document). We are currently arranging meetings with Caswell and Alamance with the same stakeholders identified for Rockingham in order to inform them of the LME functions and crisis services. Start dates as listed above are on target and we will continue to move forward assisting the providers and local hospitals in implementing our crisis plan through the upcoming quarter and fiscal year.

Service funding: (1) DD crisis. \$19,649 allocated. Monies moved within IPRS to cover shortfalls in other areas. (2) MH crisis. \$84,736 allocated. Monies moved within IPRS to cover shortfalls in other areas. (3) SA crisis. \$84,736 allocated. Monies moved within IPRS to cover shortfalls in other areas. (4) Mobile crisis: \$124,475 allocated and expended. Mobile Crisis is currently up and functioning. They continue to develop their plan in order to respond to the increase in calls and volume as the community becomes educated about their existence and consumers are now being diverted to mobile crisis instead of being sent to state hospitals (5) Crisis Non-UCR. \$22,719 allocated and expended. Supported a QP staff that worked out of Rockingham County Mental Health Center that handled any walk-in crisis consumers during regular business hours during the SFY 06-07.

Albemarle-Tideland. The crisis services plan was not yet approved as of December 31, 2007.

Beacon Center. *Start-up funding:* Mobile Crisis: MD hired, Waiver received from State, Salary plan and positions okayed with OSP, Positioned posted internal and external, Applications being screened and qualifying status being determined. Crisis start-up funding of \$80,424 and local funding of \$32,233.82 has been used for mobile crisis start-up.

Service funding: (1) 24/7/365 Crisis response. \$140,544 allocated and \$62,500 expended. We are contracting with two Emergency departments to provide crisis services, they are serving our entire four county area. (2) Mobile crisis. \$450,961 allocated and not yet expended. Service not operational and endorsed at this time. (3) Respite for crisis situation. \$87,840 allocated and not yet expended. (4) Facility based crisis. \$58,560 allocated and not yet expended. Request was based on Regional beds with ECBH, will need to reconsider plans since unit is not open yet. Have meeting with CPH to discuss them starting a facility. (5) Community Inpatient. \$29,280 authorized, not billed yet. Contract executed and hospital has been trained, no invoices received yet. (6) DD voucher respite. \$35,137 allocated and not yet expended. We have implemented in Edgecombe and Nash County and will need to do community education and contacts before we expand to Wilson and Greene County. (7) WRAP training. \$5,856 allocated and not yet expended. CFAC is targeting spring 08 for this program. Meet with MHA regarding WRAP and establishment of training site and future expansion. Targeting training for Spring.

Next steps: (1) Hire Mobile Crisis Team and operationalize, (2) Work with Wilson Community to adjust to closure of the Inpatient Unit, (3) Meet with CPH to discuss the operation of a Local Facility Based Crisis Center, (4) Community Intervention Training (CIT) kick off in April..

Catawba-Burke. *Start-up funding:* The full amount \$143,373 will be contracted for ES/Mobile Crisis services in Burke and Catawba Counties. This provider has already initiated infrastructure and staffing of this effort in anticipation of start-up funds associated with the approved Crisis Plan in 06/07. Funding now covers start-up for both counties, and this amount will be included in the full contract for these services through June, 08.

Service funding: (1) Mobile crisis/emergency services. \$292,968 from '07 continuation. \$39,968 was expended. \$301,705 from '08 expansion and \$184,974 not yet expended, but is pending contract to carry service through June'08 for ES/ Mobile Crisis services are provided by a single comprehensive provider covering Burke and Catawba Counties. This service is a pivotal part of our approved Crisis Plan and continuum of services. Efforts have now incorporated coverage of Burke and Catawba Counties so that this effort can continue decreasing State-facility psychiatric admissions and maximize use of other less-restrictive services in the crisis service array funded by other sources.

Next steps: MHSCC's Crisis Plan incorporates a service array funded from several revenue sources. Crisis Funds are supplemented by Mental Health Trust funds awarded for two Initiatives in 06/07 (working toward the reduction of MH/SA inpatient admissions), including indigent care funding to help support management through local psychiatric hospitals, Facility-Based Crisis Services, CIT training, transportation efforts by local law enforcement, psychiatric nurse triage efforts in one local ED, increased community support interventions, etc. Additionally, county share funds and other MHTFs support this comprehensive Crisis effort for both Burke and Catawba county consumers. The balance of Crisis funds will be used to fill service gaps as they become evident.

CenterPoint. *Start-up funding:* (1) Adult acute crisis beds \$13,047 allocated and expended. CenterPoint Human Services entered into a contract with Old Vineyard to 10 guaranteed adult acute crisis beds. To facilitate this arrangement, Old Vineyard had to make building improvements at its facility in Winston-Salem to accommodate the 10 beds. Start up funding was provided to assist with getting a wing at the facility solely dedicated to the 10 adult crisis beds. (2) Mobile crisis expansion \$100,000 allocated not yet expended. CenterPoint Human Services issued an RFP for a second Mobile Crisis Team and awarded the service to Forsyth Memorial Hospital. The contract with Forsyth Memorial Hospital will be presented to CenterPoint's Board of Directors on January 24, 2008 for review and approval. Once the contract is approved and fully executed, CenterPoint will provide start-up funding for Forsyth Memorial Hospital. (3)

Restart services \$22,321 allocated, not yet expended. CenterPoint Human Services has executed a contract with Recovery Innovations for the Restart services in our catchment area. Payment of start-up funding will begin in the third quarter FY08 and will be made in equal monthly installments thru July 2008.

Service funding: (1) Local psychiatric hospital Crisis funds allocated \$848,896, expended to date \$186,855. CenterPoint Human Services contracts with Old Vineyard for 10 guaranteed adult acute crisis beds. Total funding to date is \$972,019 which is a combination of UCR, Non UCR County Discretionary and CenterPoint fund balance. Crisis funds were not utilized until final continuation allocation was received. 319 served to date. (2) Mobile Crisis services are delivered by Daymark Recovery. RFP for Mobile Crisis was issued and awarded to Forsyth Memorial Hospital who will take over delivery of Mobile Crisis with a target date of 4/1/08. Total funding spent to date is \$22,157.63 from UCR funds. 62 served to date (3) SA Detox services are delivered by Addiction Recovery Care Assoc. Total funding spent to date is \$456,165.99 which is a combination of UCR, Non UCR and County Discretionary funding. 266 served to date. (4) Psychiatric inpatient: CenterPoint Human Services contracts with NC Baptist Hospital and Forsyth Memorial Hospital for inpatient beds. Total funding spent to date is \$238,977 which is a combination of UCR, County Discretionary and CenterPoint fund balance. 105 served to date.

Crossroads. *Start-up funding:* \$151,118 allocated and expended in SFY 07. (1) Facility based crisis center. Crossroads LME was not rebudgeted any start-up funding for SFY 07-08. Opened Crisis & Recovery Center (facility-based crisis center) with start-up funds for FY 07.

Next steps: 1/25/2008: Crossroads' Crisis & Recovery Center (our area's facility-based crisis center) received its involuntary commitment certification/status. Adding the capacity to accept court-ordered commitments should help to further decrease the number of admissions to state facilities for adult consumers. On 10/25/2007: Crossroads Behavioral Healthcare's (Crossroads) facility-based crisis center (called the Crisis & Recovery Center) provider, ASAP, UCP/Easter Seals re-opened in the 2006-07 fiscal year. The Crisis & Recovery Center has applied for involuntary commitment certification/status and awaits NC Division of Health Service Regulation response. The services provided by the Crisis & Recovery Center have helped to divert patients from Broughton State Hospital who can be served voluntarily. When the facility is designated for involuntary commitments, the service will help to further decrease admissions to state psychiatric facilities.

Service funding: (1) Mobile Crisis and Facility Based Crisis. \$697,469 allocated and \$184,193 expended. Easter Seals/ASAP operates the Crisis & Recovery Center, Crossroads' facility-based crisis center and provides mobile crisis services for our three counties - Iredell, Surry and Yadkin counties. 239- Referred to Mobile Crisis* and 73 – Referred to Facility-based Crisis (C&RC)*. *Number of individuals served based on STR calls and dispositions submitted from October 1, 2007 – December 31, 2007.

Next steps: Easter Seals/ASAP, our facility-based crisis center provider, received involuntary commitment certification/status from the NC Division of Health Services Regulation on December 10, 2007. Crossroads anticipates this should help decrease future adult state psychiatric usage.

Cumberland. *Start-up funding:* \$188,268 allocated. The LME has been meeting with the hospital on an ongoing basis to facilitate transfer of the services in the Roxie Avenue Center to the hospital. Having the hospital assume operation of the services will allow a seamless transition for adult consumers, who have been hospitalized, to move to a lower level of care in accordance with their clinical needs. Discussions have included costs for the hospital operating the programs during the licensure and endorsement process, to ensure there is no lapse in services. The Area Director and interim Hospital Administrator, including key staff from both

agencies, have been meeting on an ongoing basis relative to the proposed transition of services to the hospital and negotiation of the new contract. The new Hospital Administrator started last week. A meeting has been coordinated during the next two weeks that will include him. As noted above, start up funds will allow the program to operate during the licensure and endorsement process to ensure no lapse in services for the consumers.

Service funding: (1) Care coordination- Jail. \$60,000 allocated and \$25,111 expended. LME is providing this service for all of Cumberland County. 115 people served. (2) Detox, mobile crisis, and facility based crisis. \$438,472 are UCR funds and will be reported on IPRS. We have requested that \$296,304 be transferred from non-UCR to UCR. Detoxification services were provided to 157 people, mobile crisis to 30 people, and facility based crisis services to 217 people.

Next steps: Pending approval of our amended Crisis Plan, we will continue to provide Care Coordination Services at the County jail and to determine providers and costs associated with Mobile Crisis, placements for patients released from state psychiatric facilities, staff to develop discharge plans and secure group living arrangements and placements for our more difficult to treat consumers. The LME participates in quarterly meetings with all Department Heads whose staff are involved in services to individuals incarcerated in the jail.

Durham. *Start-up funds:* (1) Facility based crisis. \$147,004 allocated and expended. The funds were allocated to us in FY07 as non-UCR. The funds were spent to support our facility based crisis center for non billable activities.

Service funding: Adult MH crisis \$53,467 allocated and \$43,274 expended for contract with a provider for Facility Based Crisis services to cover Durham County. Adult SA \$154,816 allocated and \$153,686 expended for contract with a provider for Facility Based Crisis services to cover Durham County. 633 served. The dollar figures above represent the facility based crisis claims that we pulled down through IPRS. The number of consumers served represents the number of clients seen in our crisis facility in the first quarter. Not all the services provided are billable. Many are funded through non UCR or County dollars. As of the December 20, 2007 checkwrite, The Durham Center's state funds were moved to single stream. In future reports, we will report facility based crisis activity based on payments to our contracted provider in lieu payments from the IPRS to The Durham Center. To date, we have paid over \$1 million for services provided in our Crisis Facility which includes County funds.

Next steps: Durham LME will (1) be working with Durham Center Access (Crisis Facility) to prepare for a transition from the current 13,000 square foot non-secure facility with 12 beds to a new 27,000 square foot secure facility with 16 beds designed to serve individuals who have been involuntarily committed as well as voluntary admissions. The opening of the new facility is scheduled for late summer 2008. This project was made possible by collaboration between The Durham Center, Durham County, Duke University, and Freedom House (local crisis provider agency). The facility will also have an expanded capacity for 23 hour chairs from 6 currently to 11 in the new facility. This facility will also house the Screening, Triage and Referral department of Durham LME, substance abuse assessors, and substance abuse brief treatment and IOP programs. The new facility will be on the campus of Durham Regional Hospital which will provide enhanced access to medical services as well as better access to bus transportation. (2) as a result of a recent focus review of crisis services, Durham LME has identified that over 40% of those presenting for crisis services are homeless, and over 70% have substance abuse as one of their presenting problems. Access to transitional housing has been identified as one of the critical service gaps so are working with three local providers, TROSA, the Recovery Center

and a mental health provider yet to be determined to establish 15 more transitional living beds. These beds are scheduled to be available in March of 2008. (3) In order to address the larger issues around homelessness, our new Adult System of Care Coordinator has initiated meetings with our local homeless shelter, Urban Ministries, law enforcement, and other human service agencies to better address concerns about how to connect homeless persons to needed services, and reduce readmissions to local jails and state hospitals. This group will be meeting at least monthly. (4) Durham LME has also developed a plan to respond to the needs of our high-risk/high-cost consumers in the hospital. This plan includes designating funding to support reimbursement to specific providers (IDDT, ACTT, Hospital Team, CS Team) to begin the engagement and treatment process for the target population while at the Hospital. At the same time we are in the process of adding three care coordinators to work with high-risk/high cost consumers. One will serve as Hospital Liaison, working with state and local hospitals, while the other two may focus more on the local community including persons identified through crisis services, jails, and shelters. (5) Durham LME is also working with Durham County jail to facilitate access to needed services. Nurses at the jail conduct mental health screenings shortly after admission for all inmates and refer to staff of the Criminal Justice Resource Center (CJRC), an LME contract agency, when more in depth assessment is needed. The Jail liaison at CJRC helps to facilitate scheduling of needed services such as psychiatric consultation while in the jail, and also contacts provider agencies for those who are already connected to facilitate collaboration. Durham LME crosschecks jail admissions on a daily basis with our active consumer database in order to identify which consumers are connected and their community provider agency.

Eastpointe. *Start-up funding:* (1) respite beds \$125,000 allocated and \$27,173 expended. Utilization of respite beds for those individuals beginning to escalate into a crisis situation. Eastpointe is currently funding two beds. We have contracts with other providers to provide respite for services to be provided on a fee for service basis. (2) Mobile Crisis \$49,152 allocated and not yet expended. Currently have an RFP pending for a mobile crisis team to begin services beginning 1/1/08.

Next steps: RFP's for mobile crisis teams were put out in October 2007 and Easter Seals UCP was selected as the best candidate to develop mobile crisis teams in Eastpointe's four county catchment areas. Currently technical assistance and stakeholder meetings have been and are continuing to be scheduled involving the Mobile Crisis Team leadership and stakeholders in the four counties. Easter Seals is recruiting staff for the first mobile crisis team. In the meantime, the LME is working closely with local community partners and providers to ensure that crisis services are provided. Specifically, we trained providers on 10/24/07 regarding first responder responsibilities and crisis plan development. We continue to work closely with local hospitals to establish plans for the diversion of consumers prior to the utilization of emergency services. Scheduled meetings include; 10-19 4 hospitals to discuss Mobile Crisis Team, 10-24 100 providers to discuss first responder responsibilities, and 10-25 law enforcement in the 4 counties to discuss plans for CIT.

Service funding: (1) 24/7/365 crisis response: \$136,955 allocated and \$62,045 expended. Continue to provide an on-call service in the four county catchment area so that all consumers that call with an emergency can receive after hours care. 812 served. (2) Mobile crisis: \$687,450 allocated and not yet expended. RFP's for mobile crisis teams were put out in October 2007 and Easter Seals UCP was selected as the best candidate to develop mobile crisis teams in Eastpointe's four county catchment areas. Currently technical assistance and stakeholder meetings have been and are continuing to be scheduled involving the Mobile Crisis Team leadership and stakeholders in the four counties. Easter Seals is recruiting staff for the first mobile crisis team. (3) Respite beds: \$125,000 allocated and \$27,168 expended. These beds are

receiving limited use due to the lack of a current provider of Mobile Crisis services. However, if the beds are not secured at this time then they will likely be unavailable in the near term. (4) Transportation costs: \$45,000 allocated and \$18,525 expended. On-going transportation support for local law enforcement support for transportation as well as support of staff and contractors providing crisis services. (5) Alternative Crisis placement: \$60,000 allocated and \$5,800 expended. Will work in conjunction with the Mobile Crisis Team. (6) Crisis Intervention Team training: allocated \$60,000 and \$5,800 expended. Continued CIT training
Next steps: RFP's for mobile crisis teams were put out in October 2007 and Easter Seals UCP was selected as the best candidate to develop mobile crisis teams in Eastpointe's four county catchment areas. Currently technical assistance and stakeholder meetings have been and are continuing to be scheduled involving the Mobile Crisis Team leadership and stakeholders in the four counties. Easter Seals is recruiting staff for the first mobile crisis team. In the meantime, the LME is working closely with local community partners and providers to ensure that crisis services are provided. Crisis Planning training event was conducted on October 21, 2007 to over 100 Eastpointe Area providers. Trainers were a psychiatrist and psychologist with extensive experience responding to MH/DD/SA emergencies. Included in the training was techniques of crisis counseling and developing sophisticated Crisis Plans. These two senior level clinical staff delivered a multi-hour presentation at the Pinehurst conference that also spoke to first responder responsibility. We continue to work closely with local hospitals to establish plans for the diversion of consumers prior to the utilization of emergency services. Conducted meetings include; 10-19 4 hospitals to discuss Mobile Crisis Team, and 10-25 law enforcement in the 4 counties to discuss plans for CIT.

East Carolina Behavioral Health (ECBH). *Start-up funding:* (1) Mobile crisis: \$462,000 allocated but not yet expended. RFA completed- Provider selected- Contract negotiation in process. (2) Facility based crisis: \$294,250 allocated and \$31,951 expended. Two programs operating not consistently at census- Third program under contract negotiation in Beaufort County. (3) Respite: \$50,000 allocated but not yet expended. RFA completed- Providers selected- Contract negotiation in process. (4) Community respite: \$50,000 allocated and not yet expended. RFA completed- Providers selected- Contract negotiation in process. (5) Public Private Partnership (PPP) hospital beds: \$233,740 allocated and \$25,400 expended. Two hospitals under contract still negotiating with 3 additional hospitals for PPP beds.

Next steps: Awarding funding to selected agencies through the RFA process. The RFAs executed were for Mobile Crisis for all 9 counties of ECBH, Community respite and hourly respite. ECBH will continue to work on negotiating with local psychiatric hospitals to purchase indigent bed days to use in lieu of state beds. ECBH staff will continue to work with providers to develop more comprehensive crisis plans with consumers and families. ECBH will also continue to work with providers to access other resources such as mobile crisis, peer support, facility based crisis, detox and respite as alternatives when crisis arises. ECBH is also working with all state funded outpatient providers to ensure access to patient assistance programs to ensure availability of medications for individuals without insurance to ensure access to needed medications. ECBH continues to provide free classes to consumers in Wellness Recovery Action Planning including a Crisis and Post Crisis planning component and Peer Support in addition to opening Hope Station a peer run drop in center in Greenville. Hope Station will be opened in the next quarter and hopefully overtime provide an additional alternative for individuals in crisis in the Pitt County area with future plans to develop similar programs in other ECBH area counties.

Service funding: (1) Mobile crisis: 189,703 allocated and \$654 expended. Two providers for all nine counties of ECBH. 4 persons served. (2) Community respite: \$200,000 allocated and \$4,72

expended. One provider- negotiating more capacity. 1 person served. (3) Respite: \$120,000 allocated and \$46,680 expended. Six providers for all nine counties insufficient capacity. 45 people served. (4) Inpatient bed days: \$233,740 allocated and \$27,195 expended. Currently two hospitals for all nine counties. 18 people served. (5) Peer run services and recovery education: \$923,295 allocated and \$461,646 expended. Two centers-Craven, Jones, Pamlico, Pitt- County Funded . Persons served: 234 Wellness Recovery Action Plan (WRAP), 495 First Responder Crisis Training (FRCT), 68 Community Intervention Team (CIT), 545 Warm line.(6) Facility based crisis: \$294,250 allocated. \$413,929 expended. Two for all nine counties One under development. 379 people served.

Next steps: ECBH is using a total of \$2,014,885 to fund our crisis plan. \$1,090,590.00 of that funding is state funds. Next steps include negotiating contracts for agencies awarded RFAs. Once contracts are in place ECBH will begin working with providers selected to increase capacity. Additionally, ECBH uses \$923,295.00 to fund peer run drop in centers and Wellness Education for all consumers and families in Craven, Jones, Pamlico and Pitt Counties. The funds used for the peer run drop in centers are county MOE funds from the counties identified. These centers do not restrict access based on target population identification therefore provide a great natural resource for the community.

Five County: (1) DD behavioral specialist: \$13,000 allocated and \$1,122 expended. DD Specialist has agreed to provide trainings. Have surveyed providers for interest. Have submitted names of providers to DD Specialist. He is to contact them. Contract to be finalized. (2) Community Intervention Team (CIT) officer: \$5,000 allocated and not yet expended. Contract has recently been established with NAMI to manage the program. CIT trainings of law enforcement are scheduled for March and May. (3) Facility based crisis. \$119,027 allocated and not yet expended. The RFP for the program was published/advertised on 1/17/2008. Bidders conference was held on 1/24/2008. Contract should be finalized with the DD Specialist and trainings scheduled/initiated. Applications for the RFP for the Facility Based Crisis must be submitted by 2/25/2008, with service to be initiated by 7/1/2008. CIT trainings for law enforcement officers are scheduled for March and May of 2008.

Service funding: (1) DD behavioral specialist: \$60,000 allocated and not yet expended. DD Specialist has agreed to provide training on crisis prevention to providers with DD consumers in the Five County catchment area. Providers have been surveyed for level of interest. The names of the providers (8 agencies) interested have been provided to the DD Specialist and he is to contact them to begin providing training. (2) Adult MH crisis homes. \$20,000 allocated and not yet expended. Finalizing admission process and criteria for the homes with a provider. (3) Facility based crisis: \$664,212 allocated and \$3,305 expended. Established contracts with Freedom House and PORT Human Services for Facility Based Crisis. However, these contracts are for beds in their existing facilities, all out of the Five County catchment area. An RFP for a Facility Based Crisis program within the Five County area was advertised on 1/17/2008. (4) Contract for inpatient hospital beds for indigent consumers: \$120,000 allocated and not yet expended. Working on developing contracts with private psychiatric hospitals to allow admission of indigent consumers as a diversion from State hospital admissions.

Next steps: Five County advertised an RFP for a Facility Based Crisis program on 1/17/2008 and held a bidders conference on 1/24/2008. Applications must be submitted by 2/25/2008. Contract should be finalized with the DD Behavioral specialist, such that he should be able to begin providing training to providers on how to avoid/effectively intervene in crisis with DD consumers. The goal is to have the adult crisis homes operating by the next quarter. Two of the

homes are ready, but the admission and referral criteria are being finalized with the provider. Five County is actively working with our Mobile Crisis provider to bring their service more in line with true Mobile Crisis. They have submitted a plan to Five County for doing so and we are negotiating with them in regards to their plan. Five County has contracts with two providers for Community Support Team that specifically focuses on discharges from John Umstead Hospital. One is currently operating and the other is ready to begin. Five County is also finalizing plans with a provider in Halifax County for a similar service. Progress continues in regard to the development of a Recovery Home. Five County has established a contract with NAMI to manage the CIT program. A total of 39 law enforcement officers have been trained, with additional trainings scheduled for March and May. Five County is now providing its own STR 24/7/365. Five County is continuing to work on entering crisis plans from providers into the Five County database for access by STR and the contracted crisis providers. Three child crisis homes have opened.

Foothills (FAP). *Start-up funding:* (1) Mobile crisis: \$95,414 allocated and expended. The MCT provider started full service delivery on November 1, 2007. There is a fully staffed MCT based out of Hickory, NC serving our area. The team is serving primarily at the hospital EDs in McDowell and Caldwell Counties, with some services also provided at the MH clinics during the day (emergency walk-in screenings). Alexander Co. consumers are currently served primarily in Catawba area hospital EDs, as there is no hospital facility in Taylorsville. (2) Detox/Facility based crisis: \$199,840 allocated and \$4,586 expended. We will need to use some of the funding to contract for Detox/Crisis services in the upcoming gap in services.

Next steps: (1) We will monitor the MCT activity levels through electronic data entry, monthly activity reports, and follow-up with community resources, other providers, and clients. CVBH will be expected to appear before our Board of Directors in February to give a progress report to date. CVBH has asked to continue MCT services even after they pull out of our MHCs, and we will continue the MCT arrangement for the time being. (2) For most of the quarter, we were unclear as to the decision from the Division on whether Foothills will retain the full allocation we were awarded in March, as the allocation letter combined several Crisis categories into one budget line and we had no way to tell if the \$148,000 was carried over or reduced. This complicated the contracting process. In January, we found out that the allocation did indeed get cut, but that it was a separate allocation for the rest of the Crisis category..

Service funding: (1) Detox/Facility based crisis. \$153,095 allocated and \$126,858 expended. * Foothills FBC: One provider - covering four county area - service closed 12/15/07. 200 people served. (2) Foothills area program emergency services and mobile crisis. \$100,000 allocated and not yet expended. fully operational: November - 54 Individuals; December - 73 Individuals Provider struggling with billing entry operationalization, hence there has been no money expended to date. (3) Three detox center contracts.\$45,000 allocated and not yet expended. Contracts started December 28, 2007, therefore no money expended as of quarter's end. (4) FAP ACCESS go-outs as if MCT services - hospital ED & ICU face-to-face visits. \$80,000 allocated and \$6,000 expended. October - 49 Individuals; Matching funds allocated by Foothills LME Area Board to provide MCT-like services when LME not allowed to bill for said service provision

Next steps: (1)We anticipate primarily using this crisis money to supplement the activities of the new MCT contract beginning November 1, 2007. (2) A portion of the funds will also be used, as it was last year, to support FBC and Detox services. We were again unsuccessful in our efforts to divest our Facility Based Crisis Detox Center and were forced to decide that Foothills could

not maintain the facility with our available financial resources. The facility was closed on 12/15/07. We will therefore be contracting with other providers (Insight Recovery, ARP/Phoenix Neil Dobbins, and Synergy) for these services, using the local crisis money. (3) We continue to consider using crisis funding to encourage the development of Crisis resources for children, including a crisis placement and case managers to liaison between community stakeholders and clients in crisis in McDowell County. We are forming a plan to use available MHTF money for expanded intensive adolescent SA services and will report on this in the next quarterly report.

Guilford. *Start-up funding:* (1) Mobile crisis: \$170,432 allocated and \$108,900 expended. 2 Sr. Practitioners who continue to make follow up community visits to patients who are high risk for repeated hospitalizations and/or incarcerations. They work to identify and connect them with appropriate services and community resources. Staff are assigned to the Crisis Unit and the plan is to continue to provide this service. (2) Local inpatient sponsorships: \$94,547 allocated and \$66,358 expended. Continue to add 2 additional 4-day sponsorships to local behavioral health units to divert from JUH.

Next steps: (1) Mobile Crisis: Will continue to provide outreach to patients who are at high risk for hospitalizations and incarcerations and to follow up on patients who do not show for re-entry appointments after inpatient care at State and local psychiatric hospitals. Staffed by two Sr. Practitioners, one in Greensboro and one in High Point to work with patients to identify needs and connect them with appropriate community resources to enhance their ability to remain successfully in the community. (2) Local Inpatient Sponsorships: In addition to the existing sponsorship capacity to local inpatient behavioral health units, will continue to add two per month to cover four-day stays to divert those needing inpatient from JUH and provide treatment in the community. Two liaisons participate with consumers and staff in the discharge planning process and facilitate communication between providers and inpatient staff. Both liaisons are Sr. Practitioners, both assigned to the Crisis Unit with one working with Moses Cone Hospital Behavioral Health and one with High Point Regional Hospital Behavioral Health. (3) A vendor, Bridgeway Behavioral Health, has been selected to provide substance abuse treatment to Guilford County residents (non-hospital detox, social setting detox, long-term residential, IDDT, IOP and Out Patient treatment to Guilford County residents. In addition, patients will be encouraged to continue to attend groups for at least one year after completion of treatment. Bridgeway is currently in the hiring process and we anticipate that some services will start in February with full operation in April.

Service delivery funding: (1) Mobile crisis \$170,432 allocated and \$109,219 expended. As of March 1, 2007, have 2 licensed Sr. Practitioners assigned to Crisis Unit to provide community outreach to decrease hospital and jail recidivism and increase engagement in appropriate treatment services and community resources. 271 served. (2) Local inpatient sponsorships: \$94,547 allocated and \$66,358 expended. Continue to add 2 additional 4-day inpatient sponsorships per month to local behavioral health units to divert from JUH. 20 served.

Next steps: (1) Planning to continue providing community outreach by the 2 Sr. Practitioners to patients at high risk of inpatient and jail recidivism with the goal of diverting from JUH, local inpatient behavioral health units and the judicial system. (2) Will continue with 2 additional sponsorships per month at Moses Cone and High Point Regional Hospital Behavioral Health units. In addition to the inpatient coverage, Crisis Services has liaisons to participate with patients and staff in discharge planning and to facilitate communication between providers and hospital staff. One liaison works with High Point Regional Hospital and one with Moses Cone Hospital.; (3) A vendor, Bridgeway Behavioral Health, has been selected through the RFP

process, to provide substance abuse treatment (non-hospital detox, social setting detox, long-term residential, IDDT, IOP and Out Patient treatment) to Guilford County residents. Bridgeway is currently in the hiring process and plans to be fully operational in April.

Johnston. *Start-up funding:* \$89,902 allocated and \$6,546 expended. After several months delay in getting architect plans approved by DFS, the project was begun in January to build a four bed crisis stabilization unit for Behavioral Health in Johnston Memorial Hospital. At present, most of the construction has been completed, but special doors, locks and other equipment have been ordered that have not been received. Recruitment has begun to find staff for the unit, but none have been hired. It is expected that the unit will be staffed and ready by the end of February. Although it is estimated that this unit is 50% completed in terms of construction, most of the cost will be in finishing the construction and staffing the unit. .

Next steps: In the coming quarter, it is expected that the unit, which was to account for the startup funding, will open and begin services.

Service delivery funding: \$422,419 allocated. (1) Inpatient hospital. \$472,815 expended. Johnston Memorial Hospital Behavioral Health Unit. 127 served. (2) Child-crisis respite: \$51,237 expended. 6 sites for Johnston County Catchment area. We have already drawn down more than our allotted recurring crisis dollars at the 6 month mark in IPRS services YP820 (Inpatient Hospital) and in Child Crisis Respite services. We anticipate using other local and state dollars to assure that these services are continued.

Next steps: (1) Hope to initiate Adult Respite Program in coordination with a local adult care home in the community. We anticipate identifying a provider and writing relevant protocols, policies and procedures by March 2008. (2) Plan to initiate CIT training with local law enforcement. (3) have hired a part-time consultation/education specialist to do provider training; one of the first trainings will be crisis management/diversion for community support providers.

Mecklenburg.

Startup funding: (1) Mobile Crisis \$56,615 allocated and \$53,347 expended. Start-up funding continues to be used to support 2nd team for expanded hours. These funds will continue to be used to support the 2nd team for the remainder of the FY. (2) Crisis Plan Training. \$90,000 allocated and \$7,509 expended. On October 9, a full-day training event in crisis planning was provided for consumers/families with interactive, disability specific training for adult and child consumers/families with 115 consumers/families in attendance. Provider has presented plan and curriculum for comprehensive disability specific crisis planning and 1st responder training for all providers to include a module for consumers/families. Initial training sessions are planned for implementation in 3rd quarter. (3) LME/STR Marketing. \$25,000 allocated and expended. Completed in 1st quarter (4) Consultant/planner for facility based crisis center. \$50,000 allocated and \$24,718 expended. Initial meetings have been held with Chinn and Associates, consultant/planner and County Real Estate development. Planner provided information re similar crisis facilities and programs and presented optional plan designs. The Committee provided input on program and space needs. An initial conceptual design was submitted by the planner for feedback/input from the crisis planning committee. Additional data is needed re utilization and capacity needs. Planning will continue as more information is gathered.

Next steps: (1) Continue to fund 2nd shift for Mobile Crisis Team. (2) Implement training in crisis planning and 1st responder service for providers and consumers. (3) Continue to work with designer/architect re space planning for crisis facility. This will continue consideration of renovating existing structure as opposed to new building.

Service funding: (1) Mobile crisis. \$256,349 allocated and \$36,330 expended. MCT continued to operate with two mobile crisis teams to cover 24/7 operations. They report that through December calls have increased by 63% for same period in 0607 (September – December). Provider served 214 people and has increased focused marketing in targeted communities and increased involvement with CMPD. Representatives from CMPD were recently hosted by the provider for a training/meeting with police department at their operation in Baltimore. Provider has met with Charlotte Mecklenburg Schools (CMS) to develop protocols for use of Mobile Crisis and is developing MOA with CMS. (2) DD Crisis respite. \$40,000 allocated and \$24,400 expended. Two consumers diverted from Broughton by admission to Crisis AFL. Numerous others referred for admission to Crisis AFL/Respite but either did not meet admissions criteria for crisis or full admission application was not submitted by case manager. (3) Peer Support Program. \$50,000 allocated and not yet expended. Provider has submitted initial proposal to expand a peer support program to address working with consumers in crisis and with a goal of diverting and avoiding hospital admissions by using peer and natural supports.

Next steps: (1) Continue to work with Mobile Crisis provider to enhance relationship with the community, specifically CMPD and Charlotte Mecklenburg Schools in order to continue to increase utilization. (2) Crisis planning committee has recommended that DD UM review the admission process for DD Crisis Respite to determine if changes need to be made in the referral/admission process and/or if case managers need additional training. (3) A proposal has been put forward to release an RFP to identify a provider to develop and implement a team (similar to Community Support Team or ACT Team model) for the purpose of providing assessment, behavioral treatment planning and service delivery to consumers with developmental disabilities who are experiencing a crisis. The intent is to put in place a behavioral management plan to be implemented in the consumer's place of residence to address current crisis and prevent future crisis. The assessment and initial treatment may be combined with DD Crisis Respite in an AFL facility when needed for a limited period of time. The LME will complete feasibility analysis and funding requirements for a proposal in preparation for RFP

Onslow-Carteret Behavioral Healthcare Services (OCBHS). *Start-up funding:* (1) Respite. \$34,000 allocated and not yet expended. In process of posting RFI's for three alternative family living situations. (2) Mobile Crisis. \$40,000 allocated and expended. SOS was endorsed and received their DMA number in July 2007. The service was initiated in the catchment area in July and has been extremely effective. This service was expensive for the provider to initiate and still will require start-up once the allocation is received. (3) Facility based crisis. \$60,000 allocated and not yet expended. Meeting set-up with Department of Health Regulations to discuss how to license the Onslow Main Center as a Regional Community Respite site for persons with MH and SA issues. SOS is looking at requesting licensure of 4-beds adjoined to the Detox unit temporarily. OCBHS is anticipating moving the OCBHS Medical Psychiatric Services to a different site which would then vacate the Main Center building which is in front of the detoxification unit. This space should be vacated by the Med./Psych service within 6 months. OCBHS would like to hire an architect to develop a plan to renovate the main center site into a 15 bed crisis community respite facility

Next steps: (1) Respite: The agency is in the process of posting RFI's to identify 3 Alternative Family Living Providers to maintain available beds for community respite for individuals experiencing a crisis/emergency. These families will be trained as soon as they are identified to support clients experiencing crisis. (2) Facility Based Crisis: SOS agency is currently consulting with Division of Health Regulations to co-license the detox unit for community respite for persons with substance abuse and/or mental health issues. SOS is currently looking for a six bed

site for a facility based crisis service in Carteret. Additional dollars (small amount) have been identified to the FBCS to minimally secure the location. Once licensure is complete, Provider will apply to have both sites designated as IVC acceptance sites.

Service funding: (1) Respite for crisis services. \$38,432 expended to date. Quality Care (Onslow and Carteret), House of David (Onslow and Carteret), Carolina Choice (Onslow and Carteret), LeChris (Carteret), IQolitics (Onslow), Claytor Home (Onslow and Carteret), Easter Seals (Onslow and Carteret). 16 people served. (2) Crisis Response 24/7/365 (phone or face-to face). \$86,000 allocated and \$56,597 expended. SOS provides 24/7 crisis response in catchment area. (3) Non-hospital medical detox (ASAM Level III.7-D). \$700,000 allocated and \$448,736 expended. Onslow and Carteret (CASP agency). 408 people served. (4) Community Inpatient (Psychiatric and SA): \$50,000 allocated and \$94,220 expended. Brynn Marr Hospital (Onslow and Carteret). 16 people served. (5) Transportation: \$16,000 allocated and not yet expended.

Next steps: (1) OCBHS is currently developing a procedure to voucher out financial assistance to individual clients for transportation. OCBHS has contracts with taxi cabs when a client has a need that cannot be met by another resource. OCBHS is currently talking with the Sheriff's Department to purchase secure transportation for individuals who are in an emergency but do not meet the criteria for commitment or can be diverted from hospitalization. (2) Provider (SOS, Inc.) is in the process of meeting with DFS to seek licensure for Detox and Community Respite in the same location. Provider has located a possible location in Carteret County and will be meeting with the construction staff from DFS to determine what may need to be done to the facility to bring it to licensure standards for Facility Based Crisis. Provider is currently in process of working on license for Community Respite at Detox site. Same Provider is searching for suitable facility in Carteret County. Once licensure is complete, Provider will apply to have both sites designated as IVC acceptance sites. (3) The CIT training was scheduled for November 26, 2007 in Raleigh. CFAC members and LME staff attended this training. (4) Service Management received 214 calls and provided oversight, technical assistance and guidance to providers. Service Management has participated in several treatment team meetings with providers to support effective treatment in the least restrict environment. Service Management has been involved in 14 high risk consumers and facilitated the placement and ensured PCPs are very detailed and meet all requirements. (5) The crisis workers/provider community has access to all consumers via the Defran system which includes access to the Crisis plan and the full PCP including diagnosis and medication information. All Discharge summaries are uploaded into the Defran system to ensure everyone has access to the most current information including medication. (6) The LME continues to meet monthly with Carteret General Hospital to assure clients receive appropriate services and are transitioned from the hospital expeditiously and effectively. The hospital has been very satisfied with the mobile crisis management provider responding to individuals at the hospital instead of 1st responders from several agencies. The LME is in the process of setting-up meetings with Onslow General Hospital. (7) Through the endorsement reviews, several providers received technical assistance and plans of correction relating to client's PCP and crisis plans. The technical assistance related to effective treatment based on symptoms and appropriate interventions to increase stabilization and prevent emergencies. (8) An extensive amount of technical assistance, monitoring and corrective action has been initiated with provider agencies to improve person-centered and crisis planning for person's experiencing an emergency.

Orange-Person-Chatham (OPC). *Start-up funding:* (1) Mobile Crisis Team. \$131,015 allocated and \$99,818 expended. OPC allocated the start-up funds from the approval of our

Crisis Plan primarily for FY08 Mobile Crisis services as the 2nd year of implementation funds for Mobile Crisis ended in FY07. These funds have allowed us to continue to provide Mobile Crisis services uninterrupted for the first half of this year despite not receiving our allocation letter until late in the 2nd quarter. OPC staff and stakeholders have worked very hard over the past year to educate our community, local hospitals, and providers about Mobile Crisis services and continue to do so. We believe that the Mobile Crisis and Facility Based Crisis services that Freedom House and RTS of Alamance provide are at least in part responsible for the decrease in state psychiatric hospital admissions that we have seen since this same period last year. The Freedom House Mobile Crisis team is currently serving all three OPC counties and successfully diverted 116 people from hospitalization in FY07. For the second quarter there were 67 Mobile Crisis events.

Next steps: (1) Since receiving our FY08 allocation letter, OPC has completely reworked allocations and contracts in order to adjust for changes in various funding categories. It is important to note that although we did receive additional crisis service funds, because OPC lost service dollars in the MH, DD, and SA categories we were forced to shift funds that had been previously allocated for crisis services from those pots to the new crisis funds line item. Essentially this means that the additional crisis funds we received in FY08 are being used primarily to fund existing crisis services such as FBC and Detox (not expansion initiatives as we had hoped.) OPC will continue to partner with Freedom House on the provision of Mobile Crisis Services over the coming quarter. (2) On October 29th OPC contracted with DDTI to provide a Crisis Planning and Management training for our TCM and DD provider community. It was well attended and we have begun conversations with DDTI regarding the possibility of them developing a Part II DD Crisis training that would be more in depth in the future. In addition, OPC's Clinical Specialist in our QI department is currently working on the development of a crisis planning training that we hope will be ready to offer to our MH and SA providers later this fiscal year. (3) OPC also requested and DMH approved the transfer of some CMH funds to Non-UCR in order to implement "Rapid Response" (emergency therapeutic foster care) with new providers this fiscal year. Two new providers of the service were identified and this service was re-implemented on December 7th. (4) Over the coming quarter OPC will continue to work with our local hospitals, existing and new providers of Adult MH and SA services on maintaining the crisis service continuum that we currently have in place (including walk-in crisis service provision) despite significant changes in our Adult MH/SA provider community.

Service delivery funding: See below. (1) Facility based crisis and detoxification services: Ongoing- provided by Freedom House and RTS of Alamance for all three counties (2) Mobile Crisis: Ongoing- provided by Freedom House. Funded by both the funds from approval of OPC Crisis plan and crisis funds received in FY08.

Funding: (1) In FY07, OPC received a total of \$70,868 in MH Crisis Expansion funding broken down by \$56,194 for adults and \$14,174 for children. The same amounts were received for ASCS and CSCS crisis populations, and \$35,434 in DD crisis funding. OPC earned all of our ASCS funds primarily through Facility Based Crisis and Detox services. In May of 2007, we requested that \$52,000 of our AMCS and \$14,000 of our CMCS funds be transferred to Non-UCR as we had utilized all of our SA Crisis UCR funds and the transfer was needed to help cover excess costs there as well as cover some other crisis related activities not otherwise billable. These Non-UCR funds totaling \$66,000 were paid out to Freedom House and other providers based on crisis services provided and billed to us (Facility Based Crisis, Detox, & Crisis Assessments.) (2) After receiving the FY08 allocation letter, OPC submitted a request to transfer the entire amount of our crisis fund allocation from Non-UCR to UCR because we believed we would need the full amount of our crisis funds for Detox/FBC/ Mobile Crisis service provision. We were notified late this week that DMH has processed this request so billing will

now be able to flow via the UCR system. We will have data available on funds drawn down for the 3rd quarter report

Pathways. Start-up funding: (1) Halfway house-female, 8 beds Lincoln County . \$25,000 allocated and \$10,000 expended. DHSR approved license on January 18, 2008 and balance of start-up will be paid in late January. House is already full. (2) Transition house-4 beds Cleveland county: \$110,000 allocated and \$25,000 expended. Facility licensed held up by DHSR construction section for 6 bed home-former group home which was renovated prior to this provider rent of the home. Staff hired and expected opening date of February 1 at the latest. Balance of start-up expenses will be paid to provider in February. Have consumers identified for all 6 beds waiting for discharge at Broughton.

Next steps: Third quarter will see consumers being served in both facilities

Service delivery funding: (1) Bed days at Kings Mountain Hospital-adult SA. \$6,000 allocated and \$6,000 expended. 28 people served. Inpatient days for three county catchment area-now that these funds have been spent the contract will be increased by the additional crisis dollars received in LME allocation. (2) Bed days at Gaston Memorial Hospital-adult MH. \$7,000 allocated and \$7,000 expended. 43 people served. Inpatient days for three county catchment area-now that these funds have been spent the contract will be increased by the additional crisis dollars received in LME allocation. (3) Bed days at Kings Mountain Hospital-adult MH. \$38,209 allocated and not yet expended. 71 people served. Inpatient days for three county catchment area-at 91% of current contract amount so these funds will be used in full in third quarter. (4) Child respite providers: \$20,000 allocated and not yet expended. Released RFP for Rapid Response Home 2 beds for Lincoln County and 7 beds for Gaston County to begin services on February 15, 2008. RFPs due to LME by 1/29/08. (5) Comprehensive crisis training. \$10,000 allocated and not yet expended. Have contacted LME team liaison to assist in finding qualified trained on first responder and mobile crisis. Had identified Project Start as model and understand Division will have this assistance team in the future to work with LMEs and providers.

Piedmont (PBH). Start-up funding: (1) Facility based crisis. \$399,609 allocated and not yet expended. Currently, PBH is actively reviewing our budget based on NC Division of MH/DD/SAS recent state funding cut of 3.5 million dollars to PBH. PBH needs to verify the overall impact of the cuts on service delivery in the PBH system. Also, continued concerns with the EMTALA issues that began beginning in February 2007, PBH has been proceeding cautiously and are waiting on clear resolution to begin moving forward with the Facility Based Crisis Center expansion due to the possibility of decreased utility of that service as a viable alternative to hospitalization for consumers in local emergency rooms. PBH continues put more energy into expanding local hospital contracts for additional hospital beds to be accessible for our consumers with State only funding. PBH has added Stanly Memorial Hospital, High Point Regional Hospital and Rowan Regional Hospital for a total of 48 local beds that are accessible for state funded consumers. PBH is close to additional contracts with 2 other local hospitals, Moses Cone and the CMC system hospitals. For the Facility Based Crisis expansion; PBH has been in discussions with Daymark Recovery Services to open and operate a second Facility Based Crisis center in Davidson County or Union County. PBH has had initial discussions about utilizing a building in Davidson owned by the county that was the old Davidson County Mental Health facility. PBH plans to submit a grant application with Daymark to the Kate B. Reynolds fund in February based on potential grant monies available. (Original Plan to submit in December was not held due to incompatible schedules with the KB Reynolds representative) Initial planning has begun at PBH on a work plan for start up and implementation of this program.

Next steps: (1) PBH to finalize budget review and assess overall system impact of recent significant State Funding cuts. (2) PBH is still waiting to receive a final ruling on EMTALA issues related to Facility Based Crisis Centers and referrals from local ERs. (3) Continue contracting process with Local Hospitals for indigent bed coverage. (4) Plan to submit a grant proposal to the Kate B. Reynolds fund for additional support for a Facility Based Crisis Center in Davidson or Union County (5) Secure the rights (through lease or donation) to the Building formerly utilized by the Davidson County Mental Health Services. Preliminary discussions are currently underway. (6) Finalize the work plan process for start-up and implementation of the Facility Based Crisis Center in Davidson. (7) Engage an Architect to begin planning building renovations to establish the Facility Based Crisis Center within code for licensure.

Service funding: (1) Mobile crisis. \$1,272,458 allocated and \$192,520 expended. Currently PBH has one provider of Mobile Crisis Services Daymark Recovery Services, Inc. This service covers all five PBH counties for both Adults and Children MH and SA disabilities. 643 persons served. (2). Facility based crisis. \$1,690,632 allocated and \$525,878 expended. Currently PBH continues to have 16 beds in the Crisis Recover Center at Kannapolis. This Center covers all of five PBH counties for Adults with MH and SA disabilities. 484 persons served. (3) Social Setting detox. Not allocated separately, \$14,892 expended. Currently PBH has one provider for Social Setting Detox Services, Mecklenburg Detox. This agency will accept consumers from all of five PBH counties for Adults with SA needs meeting this level of care. 26 people served (4) Non-hospital medical detox. Not allocated separately, \$49,157 expended. Currently PBH has one provider for Non Hospital Detox Services. ARCA. This agency will accept consumers from all of five PBH counties for Adults with SA needs meeting this level of care. 50 people served. (5) Innovations crisis services. Not allocated separately, \$30,858 expended. Currently PBH has 18 providers for Innovations Waiver – Crisis Services. All of five PBH counties are covered for this service for the DD population. 85 people served. (6) Access: \$1,141,360 allocated and \$460,749 expended. The PBH Call Center phone software captured 16552 calls year to date for FY0708. This includes queued calls for our placement team within Access. The Call Center is operational 24 hours per day 7 days per week and covers all of five PBH counties for adults and children with MH, DD, and SA disabilities. (7) Access outreach team: \$874,542 allocated and \$357,772 expended. PBH operates an outreach team under our Access/STR unit. This unit currently has 5 Master’s prepared, licensed staff that covers one of the PBH 5 counties each. A dedicated State Hospital Liaison, a dedicated DD Olmstead Liaison, a dedicated Criminal Justice Services Liaison, a dedicated Substance Abuse Services Liaison, a dedicated Child and Youth Primary Care integration specialist and 2 managing supervisors. All five PBH counties are served by the Access – Outreach Team. 634 people served. (8) Advanced Access. Not allocated separately, \$265,817 expended. Daymark Recovery Services, Inc, (PBH contracted crisis services provider) has Advanced Access sites in each of the PBH counties. These sites are available for walk-ins from 8 AM to 8 PM Monday through Friday. 2,169 people served.

Next steps: PBH is focusing on several initiatives with our Crisis Services plan. (1) Continued decrease of the State Hospital admissions and Bed Day Utilization through expanded local options (Private Hospitals, Detox, FBC etc), increased involvement in discharge planning and follow-up post hospitalization through our Access Outreach Team, care management of high risk consumers as identified through our Utilization Review committee. (2) Improvement in First Responder activities through specific training of our agencies providing first responder services. (ACT, Community Support, Residential, MST etc.). (3) Improvement in Crisis Respite and Respite services through the implementation of the PBH 1915B 3 waiver services. (4) Continued improvements in the utilization of the Innovations Crisis services through more thorough identification of consumers in need of this service as indicated through utilization review and care management activities with the DD population. (5) Enhance our Innovations Waiver

services through our renewal by requesting definition updates to establish First Responder process for current definitions. (6) Continued work towards expansion of the Facility Based Crisis Services capacity through the addition of a Davidson County or Union County based Facility Based Crisis Services Center. (7) Improvement in the coordination of care through specific training by the LME to our Community support providers in roles and expectations in Coordination of Care. (Trainings of all Community Support agency staff under contract with PBH occurred during this past quarter.)

Sandhills. *Start-up funding:* \$308,491 was allocated and \$191,535 has been expended on the following: (1) Good Hope Hospital start-up. Sandhills center is involved as part of a group of community stakeholders who are working toward the goal of opening a sixteen bed free standing adult psychiatric unit in the existing Good Hope Hospital facility. This effort represents a complex task- funds have been allocated for the following; an architectural study of the renovation costs associated with the reopening of the building, an environmental study designed to identify environmental hazards associated with the facility, and an allocation of funding to the Good Hope Board of Directors for the purpose of completing renovation drawings and hiring a consultant to facilitate the reopening process. (2) Crisis Intervention Training (CIT). Sandhills Center is in the process of working with a group of community stakeholders to implement a CIT Program in Moore County with the goal of expanding this program to the entire Sandhills Area. Funding has been allocated to the Moore County Sheriff's Department to support this effort. (3) Additional Crisis funds have been expended in support of night/weekend crisis activities (e.g. paying ER physicians to assess committed patients) and to provide financial support for indigent inpatient psychiatric care.

Service funding: \$1,000,633 has been allocated and \$787,724 expended for the following crisis services billed through IPRS: (1) Local inpatient \$729,575. Six hospitals in Sandhills area served 349 people. (2) Facility based crisis \$49,859. Two facilities in Sandhills area served 45 people. (3) Social setting detox \$8,290. One facility in Sandhills area served 7 people.

Next steps: Over the past few months, Sandhills Center has made an aggressive and effective effort to implement our Crisis Services Plan. These efforts have resulted in a 44.9% reduction in State Hospital Admissions during the July-December 2007 period as compared to a similar period during 2006. Additional implementation steps during the next quarter include the following: (1) The implementation of Hospital Transition Teams designed to insure that consumers exiting hospital settings are effectively integrated into community treatment alternative. This effort will focus on the goal of reducing readmissions to State Hospitals, and (2) The continued review and expansion of SA Detox and Residential Treatment options and the continued monitoring of funding availability for community inpatient psychiatric treatment.

Southeastern Center. *Start-up funding:* was all used in SFY 06-07 and was one-time funding. *Service funding:* (1) Bridge Builders Peer Support: \$50,000 allocated and \$12,500 expended. Began to provide services including Community Support Team (currently serving 8 people with 5 referrals, Peer Bridger services at Cherry hospital to 37 people, and peer support services to 27 people in New Hanover and Brunswick counties. (2) Child and Youth crisis beds: \$60,000 allocated and \$7,503 expended. Contract established with Coastal Horizons Crisis Line/Open House for crisis respite beds for children and adolescents. Additional contract established with Cumberland Area Mental Health/Developmental Disabilities/Substance Abuse Authority for crisis respite beds for children and adolescents. (3) Community Intervention Team: \$3,000 allocated and \$2,040 expended. Offered the first local CIT 40 hour training from January 7-11 to 17 officers in New Hanover and Brunswick Counties. (4) Crisis station: \$15,000 allocated and \$15,000 expended. Repairs and maintenance to the Crisis Station. Security upgrades in order to better serve involuntary clients. (5) Inpatient beds: \$4,305 allocated and expended. Paid for inpatient stay at Brynn Marr for two non-Medicaid consumers. (6) Mobile crisis: \$57,108 allocated and not yet expended. Still talking with several agencies about providing the service. (6) DD crisis response: \$190,214 allocated and \$42,149 expended. ARC of North Carolina Crisis Services for DD consumer. Next steps: (1) Bridge Builders provider is fully operational. (2) The providers for C&Y crisis beds are fully operational. (3) CIT training curriculum has been developed and the first week of training provided for law enforcement departments of Brunswick, New Hanover, and Brunswick counties (4) Crisis station is fully operational. (5) Mobile crisis is being proposed by two providers. Meetings to be scheduled for review of the proposals.

Southeastern Regional (SRMH/DD/SAS). *Start-up funding:* (1) Mobile crisis. \$151,777 allocated and \$15,438 expended. One of two permanent positions has been filled. We anticipate filling the other in February 2008.

Next steps: (1) Recruit for the remaining FTE specified in the Crisis Plan. (2) Continue to advertise to increase awareness of service availability. (3) Conduct another “First Responder” training session for the provider community on February 21, 2008. (4) Conduct Crisis Response Team training on February 20, 2008.

Service funding: (1) 24/7/365 Screening, Triage and referral. Not funded with crisis dollars *1 provider (SRMH/DD/SAS for daytime; contract w/ Protocall for after-hours) catchment area of Bladen, Columbus, Robeson, & Scotland served. The Southeastern Regional LME Crisis Plan includes a contract with Wake LME to receive after-hour crisis calls for us. However, this contract did not materialize. We are currently in the process of implementing after-hour crisis services internally. We are also in negotiations with several other LMEs to provide this service for them (2) Mobile crisis: \$117,082 allocated and \$42,322 expended. This funding is being used to support the operational costs on a non-ucr basis, after first subtracting out any Medicaid billings. Two providers: (A) (SRMH/DD/SAS) catchment area of Bladen, Columbus, Robeson, & Scotland served; (B) Evergreen Behavioral (fully endorsed w/ staff, awaiting billing # from Medicaid) catchment area of Bladen, Columbus, Robeson, and Scotland served. 417 people served. (3) Respite: Not funded with crisis funds. Continue to utilize services provided through contract with Cumberland LME. (4) Facility based crisis. \$819,572 allocated and \$296,250 expended. This funding is being used to support the operational costs on a non-ucr basis, after first subtracting out any Medicaid billings. 1 provider (SR/MH//DD/SAS) catchment area of Bladen, Columbus, Robeson, & Scotland served. 112 people served. (5) Community inpatient. Not funded with crisis funds. So far this year, these funds have not been used to support this service. 1 provider (SRMH/DD/SAS) catchment area of Bladen, Columbus, Robeson, & Scotland served. 565 people served.

Next steps: (1) Expand care coordination functions to monitor high cost, high risk consumers, and provide a clinical home for consumers who have not yet been connected to a provider. (2) Pursue a contract and MOA with NC Mentor for crisis therapeutic foster care services. (3) Sponsoring and coordinating training for providers to aid in improving the model fidelity of their Intensive-In-Home Services. (4) Building substance abuse provider capacity by hosting web-based substance abuse supervision; and sponsoring and coordinating training for providers.

Upcoming Training Events: Utilizing ASAM Criteria w/Substance Abuse Adults (01/22/08) and Understanding Substance Abuse Issues for the Non-SA Professional (02/13/08). Also our child/adolescent utilization at the state psychiatric hospital has increased. The LME is in the process of analyzing this increase in admissions, and trying to identify the cause. Currently, our Medical Director is reviewing each admission to determine the appropriateness of these admissions, and if other services could be used to divert future admissions. The LME is also actively pursuing additional services to address the needs of this population

Smoky Mountain. Smoky Mountain Center noted that their report is not limited to just the crisis expansion money. It is a comprehensive report of how they are funding and providing crisis services across 12 counties. They noted that they are spending much more on crisis that was specifically allocated. *Start-up funding:* \$231,169 was budgeted and \$98,464 was expended for crisis start-up for Northern and Southern regions. Our crisis plan start up included building security enhancements in the two crisis units within the SMC catchment area, Synergy Recovery and The Balsam Center. The Balsam Center security enhancements are complete. Security camera installation at Synergy Recovery facility is complete and funds have been expended. Staff report the cameras have been a significant enhancement to security and quality of care. SMC hired and deployed staff to pilot community based crisis intervention in Haywood County. Synergy Recovery decided, in collaboration with SMC, not to implement a “23 hour” program within the Synergy facility as was outlined in the original crisis plan. This change is due to a number of factors including the plan for local inpatient capacity, and the changing needs of Synergy Recovery.

Next steps: SMC is currently working with stakeholders to develop a new plan to use the remaining start-up funds. This plan will be submitted to the Division for review and approval.

Service funding: (1) Balsam Center facility based crisis: \$464,510 has been expended. The Balsam Center continues to serve individuals in crisis due to psychiatric symptoms or addiction in a recovery environment from Haywood, Jackson, Macon, Swain, Graham Cherokee and Macon Counties. 70% of the clients served do not have Medicaid or other insurance. 269 admissions fiscal year to date 210 State funded. (2) Synergy Recovery Facility Based Crisis: \$266,112 has been expended. Synergy has continued to provide detox and dual diagnosis services for SMC and other western LMEs. Synergy has become an active participant in Northern Region emergency services meetings with New River Behavioral Health. They are actively recruiting for clinicians, and New River is helping with clinical time due to a staffing shortage at Synergy. 284 admissions fiscal year to date 248 State funded. (3) Southern Region Emergency Services: \$401,876 has been expended. The LME continues providing emergency services for Haywood, Jackson, Macon, Swain, Graham Cherokee and Macon Counties. Emergency services, including involuntary commitment exams, is provided centrally at the Balsam Center and also at Haywood Regional Medical Center. The LME is recruiting for staff to expand the community based crisis intervention program. The LME continues to make significant progress in developing local inpatient capacity, with plans to open a 16 bed adult psychiatric inpatient program at Haywood Regional Medical Center July 1, 2008. However, the State hospital crisis, and resulting hospital wait times of up to 120 hours, has put extreme pressure on emergency services, the Balsam Center, hospital emergency rooms and law

enforcement. Some local sheriffs no longer maintain custody of involuntary respondents until treatment can be secured, which is a significant problem for the local hospital and the LME. SMC continued to meet with Sheriffs and hospital administrators to address these challenges. SMC has also engaged with the NC Hospital Association in the western region. Face-to-face assessments at the Balsam Center declined in the 2nd quarter as more individuals remained in local emergency rooms due to medical stability concerns and changes in law enforcement procedure. 1125 face-to-face emergency interventions at the Balsam Center and in the community. A total of 2278 urgent and emergent calls were handled by emergency services. (4) Northern Region Emergency Services: \$361,016 has been expended. New River Behavioral Healthcare's mobile crisis unit serves Avery, Alleghany, Ashe, Watauga and Wilkes counties for SMC. The mobile crisis service gathered under the umbrella of one area-wide director in Dec 2007. Consolidating the two separate teams strengthened the service with the application of one consistent philosophy. The director is based in the largest county (Wilkes) as part of a re-formed crisis team bulked by an additional 18 FTEs. Our goal is to reduce referrals to inpatient settings by enhancing relationships with community resources (hospitals, schools, law enforcement, community-based organizations) and professional supports to the greatest extent possible. SMC is working closely with Cannon Memorial which plans to open a 10 bed adult psychiatric program October 1, 2008. SMC is working closely with Synergy Recovery to ensure it meets the needs of the community and is integrated with, and supported by, Northern Region Emergency Services. SMC met with general hospitals and sheriffs to address current challenges. 1394 – total seen. Of these, 230 were mobile crisis contacts.

Next steps: (1) SMC is using single stream dollars, over and above our crisis allocation, to meet crisis needs in our 12 county service area as reflected above. (2) Southern Region: The LME is working with local hospitals and Sheriffs to implement a “mobilized” community based crisis intervention program across our southern region counties. SMC is actively recruiting an additional 2.5 FTE to complete the response teams for Haywood, Jackson, Macon, and Swain Counties. An RFP is ready for distribution on 01/30/08 seeking a provider for community based crisis intervention in the Cherokee, Clay and Graham county region which will fully mobilize emergency response in the southern region. SMC is working with Haywood Regional Medical Center to open a 16 bed adult psychiatric inpatient program by July 1, 2008. Renovation plans and recruitment are underway. SMC signed an agreement with the State to transfer beds from Broughton Hospital. The inpatient program will be integrated with the Balsam Center and emergency services. (3) Northern Region: SMC will continue working with New River Behavioral Health to enhance an already robust mobile crisis unit. The LME will meet with hospital administrators, sheriffs and New River Behavioral Health on February 5 to discuss ongoing crisis needs and opportunities. The LME will meet with Cannon Hospital in February to begin drafting a contract for the psychiatric unit. The LME will work with Cannon to ensure the psychiatric unit meets hospital and community needs, is integrated with the northern region crisis system, and is financially viable. (4) Hospital Pilot: SMC is working with all parties at the State, regional, and local level to implement the pilot program to reduce State Hospital utilization. All aspects of this plan are well under way. Inpatient capacity is planned for the northern and southern regions which is projected to reduce State Hospital admissions by a minimum of 50%. Child crisis beds and geriatric residential enhancement projects are underway. The LME is recruiting an on-site Broughton liaison and enhancing care coordination capacity. The LME will continue working with the State Hospital and State Operated Services to implement the pilot program. It is critical that all bed day categories for which the LME is responsible are managed by the LME.

Wake. *Start-up funding:* (1) GeroPsychiatric Mobile crisis: \$275,000 allocated and not yet expended. This program development is part of the Wake Crisis Plan as well as part of a partnership with the local ED's. A Mobile Crisis Team directed toward the specialty population of geropsychiatry is expected to make an impact on reduction of bed days at the State hospital, by supporting in-home and in-facility crisis resolution and stabilization of placements for the population. Staff and partners have spent significant time on researching best practice models for this type of service in order to meet the unique needs of the population and to write a proper RFP to find a qualified provider. (2) Facility design, construction and renovation \$431,500 allocated and not yet expended. Wake County has just contracted with an architectural firm for design and construction management of new Crisis facilities that will include a walk-in Crisis Center, 16 facility based crisis beds, and 16 non-hospital medical detox beds, plus 16 inpatient SA treatment beds. Project total is estimated at 21-24 million dollars. This 431,500 will go towards the project cost.

Next steps: (1) Geropsychiatry Mobile Crisis Team: Anticipate advertisement of RFP and selection of provider to begin start-up of the service during the next quarter. (2) Facility design, construction, and renovation: (a) The architect is scheduled to begin work with the County and other stakeholders on February 6. (b) Wake County has been working with CMS to clarify IMD issues, assisted by Tara Larsen of DMA. A conference call is scheduled within the next 2 weeks. (b) Once the IMD issues are clarified, the County and the architect will move forward with licensure regs discussion with DHSR.

Service funding: (1) Local MH inpatient at Holly Hill Hospital and Facility based crisis at Wake Alcohol Treatment Center. \$960,484. (2) Mobile crisis team \$310,080. (3) Other Adult MH to be determined \$27,760. (4) Child MH respite, non-Medicaid Community Support for detention, emergency medication assistance. \$27,855. (4) Child SA respite, non-Medicaid Community Support for detention, emergency medication assistance. \$27,855. (5) DD crisis plans \$69,637, \$1,013 expended. Since the final allocation letter was received in November, and due to a short Holiday schedule for the Wake Board of Commissioners, the allocation was just accepted into the County budget on 1/22/08. We also have some realignment requests pending. We anticipate those to be completed very soon and will begin posting the expenditures against these dollars very soon also.

Western Highlands (WHNLME). *Start-up funding:* (1) Crisis stabilization unit. \$200,000 allocated and not yet expended. Opening has been delayed further by recently discovered safety concerns that are being addressed by the construction contractor. The latest projected opening date is late February. Staff have been hired and are being trained, and final licensing and endorsement details are being addressed. Provider is in process of requesting start-up funding within the week with payment within the next 2 weeks. This will appear on the next report. (2) Child therapeutic foster care beds. \$60,000 allocated and \$3,487 expended. Due to State Rules changes for Therapeutic Foster Care, the original contract provider for WHN discontinued this service. We have found a new provider who began contracting in December and have two crisis stabilization beds available and will be able to add at least three more beds as demand increases. We continue to have TFC available related to DSS and DJJP use. (3) 72 hour bed use in local hospital. \$31,154 allocated and not yet expended. The contract with Rutherford Hospital for 72-hour crisis stays and services is now in place and the unit has begun to accept admissions. Negotiations with other hospitals are currently under way to provide diversion from state facilities for indigent consumers. Contract signatures obtained in December. We expect to begin receiving invoices in third quarter.

Next steps: Recently discovered unaddressed and unanticipated safety concerns have further delayed completion of the construction of the Crisis Stabilization Unit. This quarter we hope to finish construction, complete licensing and endorsement processes, and begin admitting

consumers. We now have couple of TFC Crisis Stabilization beds available, and we are prepared to expand bed availability as demand increases this quarter to help stabilize youth. The 72 hour stabilization contract is finally in place at Rutherford Hospital, and we have begun to admit consumers to this service. With the Rutherford contract in place, we will focus on negotiations with other local hospitals who seem to be showing increased interest in developing diversion services using crisis funding as well as the additional diversion funding Western Highlands has received for indigent consumers.

Service funding: (1) Hospital-based psychiatric evaluations: \$155,904 allocated and \$57,190 expended. Two area hospitals serving region. Other hospitals also available for the service. 228 people served. (2) Emergency services: \$345,052 allocated and \$99,476 expended. Three providers available to serve all eight counties of WHN LME. They provided outpatient emergency services, walk-in, phone, emergency room, commitment evaluations and on-call services. 408 people served. (3) Specialized emergency services: \$152,400 allocated and \$11,813 expended. Thirteen providers across 8-county region providing on-call and first responder services. 104 people served. (4) Eating disorders program \$20,000 allocated and expended. One-time allocation to serve single client needing emergency service due to severe eating disorder. (5) Substance abuse crisis detox: \$666,096 allocated and \$333,048 expended. Regional service provider for all 8-counties. 103 people served.