

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)

August 31, 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

August 31, 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 three quarters of SFY 2007-08. Part I of this report provides information about crisis service system planning and implementation activities that have occurred during the fourth quarter of SFY 2007-2008 (April 1 through June 30, 2008.) Part II provides information submitted by Local Management Entities (LMEs) regarding implementation of their crisis services during the fourth quarter of SFY 2007-2008.

I. REPORT ON PROGRESS AND ACTIVITIES: APRIL 2008 - JUNE 2008

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 2007-08. The table on the following page provides data for SFY 2006-07 for comparison with data for SFY 2007-08. The data for both years in the table for each LME take into account LME mergers that became effective July 1, 2007 and July 1, 2008.

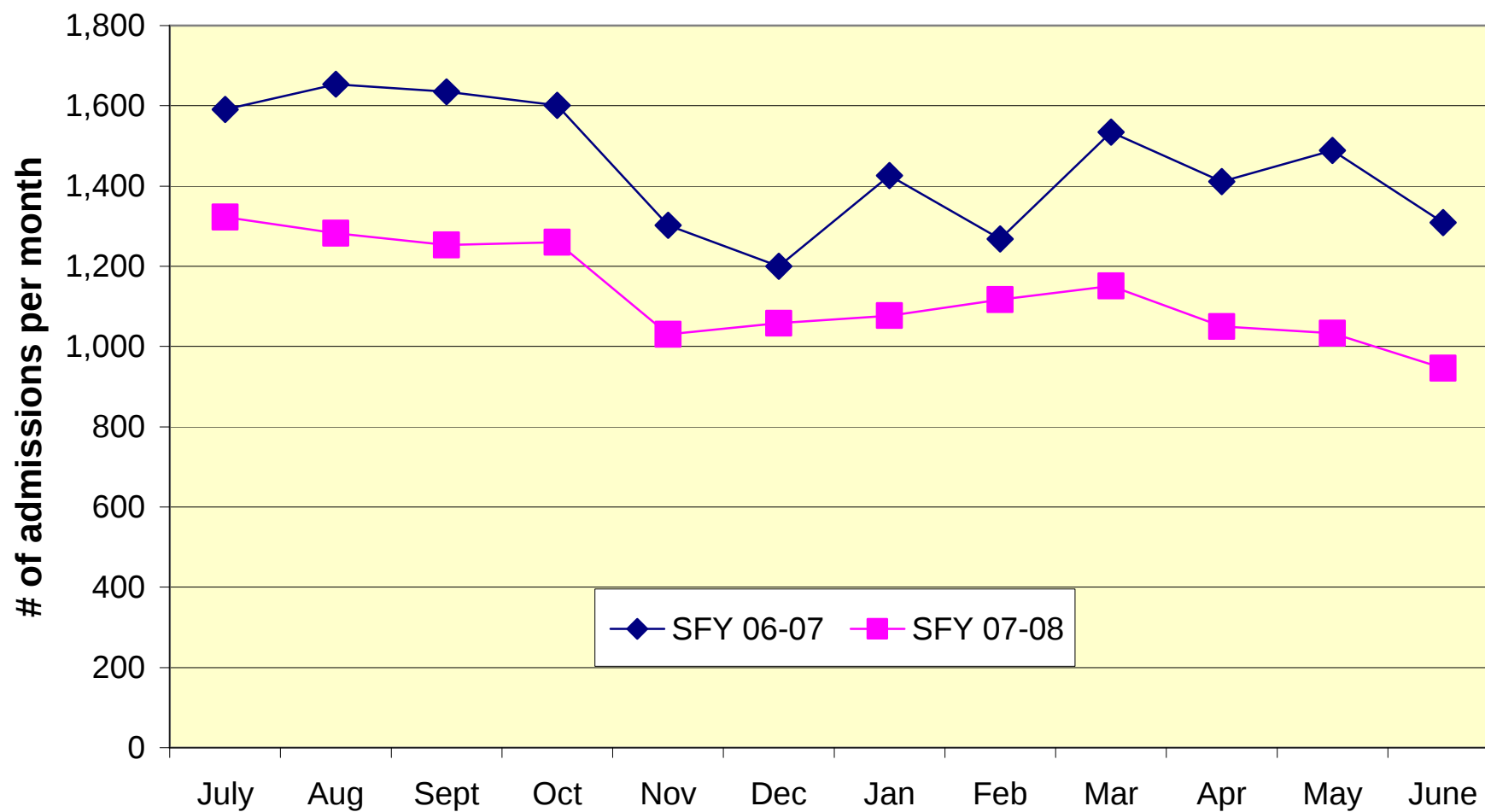
State Hospital Admissions SFY 2007-08 compared to SFY 2006-07

LME NAME	SFY 06-07 July 06- June 07	SFY 07-08 July 07 – June 08	Total change July - March
Alamance/Caswell/Rockingham	726	637	-89
Albemarle	401	186	-215
Beacon Center	1,054	633	-421
Catawba-Burke	364	236	-128
CenterPoint	978	658	-320
Crossroads	356	305	-51
Cumberland	400	455	55
Durham	786	779	-7
Eastpointe	811	655	-156
East Carolina Behavioral Health	635	481	-154
Five County	682	606	-76
Guilford	790	860	70
Johnston	351	213	-138
Mecklenburg	454	351	-103
Onslow-Carteret	323	267	-56
Orange-Person-Chatham	408	369	-39
Pathways	489	225	-264
Piedmont	847	576	-271
Sandhills	988	525	-463
Smoky Mountain Foothills	792	554	-238
Southeastern Center	679	568	-111
Southeastern Regional.	357	296	-61
Unknown	292	221	-71
Wake	2,428	2,154	-274
Western Highlands	1,029	769	-260
Total	17,420	13,579	-3,841

The number of admissions during SFY 2007-08 (July 2007 through June 2008) decreased by twenty two percent (22%) when compared to SFY 2006-07 admissions data (July 2006 through June 2007). The reduction in admissions appears to be partially related to the increased availability of local inpatient and crisis services in the community but also to the impact of state hospitals delaying admissions, and exercising diversion contracts when they reach 110% of capacity.

The graph on the following page shows the statewide total number of admissions to State psychiatric hospitals per month in SFY 2006-07 and the statewide number of admissions to State psychiatric hospitals in SFY 2007-08.

State Hospital Admissions FY 07 & FY 08



Crisis Services Activities and Training

April 2008 through June 2008

Department of Health and Human Services. A workgroup, established by Secretary Dempsey Benton reviewed the implementation of the state's Crisis Service System, and the state's overall strategy for providing inpatient services (beds) across the state. The Department developed recommendations for proposed next steps and priorities for implementation regarding mobile crisis teams, crisis intervention teams and crisis respite services for people with developmental disabilities, increased access to local psychiatric inpatient beds, and increased capacity for walk-in crisis sites and access to psychiatrists. These crisis service needs were included in the Governor's budget recommendations.

Statewide Consumer and Family Advisory Committee Conference. A statewide conference was held on February 29-March 1 for members of the State and Local Consumer and Family Advisory Committees. Sessions about crisis service planning and implementation were presented at this conference on February 29, 2008 in Winston Salem. Nine regional events for Consumer and Family Advisory Committees were held. Information about crisis service implementation and the responsibilities of local Consumer and Family Advisory Committees was presented at these events. In addition, training was provided for State CFAC members on June 11th.

Regional training and technical assistance. A training session was held in each of the three regions during the fourth quarter. Presenters were Stephen Day, Kappy Maddenwald, and Mary Fraser from the Technical Assistance Collaborative, Inc. In addition, Local Management Entities presented information about successful steps that have been taken to implement crisis services. Examples of the factors that were important to implementing a wide variety of crisis services in communities throughout the state were:

- Communication with the community stakeholders increased the focus on local need for services and led to support and collaboration. A variety of approaches were used to accomplish this including the formation of local crisis service task forces, establishing relationships with key stakeholders, and making information about access and service options widely available.
- Partnerships with provider agencies were viewed as making it possible to quickly respond to questions and resolve issues when they were identified. Support and clear understanding among agencies that were providing service and the Local Management Entity about the roles and expectations lead to successful crisis intervention.
- Training and staff expertise were also consistent themes in the descriptions of the implementation of effective crisis services.

II. LOCAL MANAGEMENT ENTITIES CRISIS SERVICE QUARTERLY REPORTS

April 2008 through June 2008

This section of the report contains narrative information from each of the Local Management Entities (LMEs) about their crisis service plan start-up and service activities during the fourth 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 3 of this report.

Alamance-Caswell-Rockingham. *Start-up funding:* (1) Walk-in crisis services in Rockingham county: \$67,544 allocated and expended. Advanced Health Resources (AHR) began taking Walk-In Crisis in Rockingham County on 11/05/07. (2) Local hospital services: \$36,000 allocated and 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. Local resources are looked at first now and then state hospitalization if needed. (3) Psychiatric support for Walk-in crisis services in Rockingham county: \$50,000 allocated and expended. To provide monetary support for Psychiatric coverage provided at Advanced Health Resources for walk-in crisis services. AHR began providing services to consumers in crisis in Rockingham County on 11/5/07.

Next steps: Our current crisis plan is currently being implemented. The LME has visited Rockingham and Caswell stakeholders to inform them of the LME functions and crisis services. The crisis committee has been meeting and a two sub-committee's have been started, the Transportation sub-committee and the Crisis Intervention Team sub-committee.

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 110 individuals served. (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 Mental Health Center. *Start-up funding.* (1) Telemedicine Services/equipment: \$135,921 allocated and expended. Telemedicine connectivity has been established with Martin General Hospital, Washington County Hospital, Chowan Hospital, Outer Banks Hospital, Cherry Hospital, and outlying outpatient clinics within the 10-county region.

Next steps: There continues to be no changes since the April 25, 2008 report regarding start up funds. Albemarle received approval of its Crisis Plan on February 22, 2008 and as stated within the plan, Albemarle continues to expand in the provision of daytime crisis services via remote locations (telemedicine connected to the 23-hour Crisis Unit), within the 10 county catchment area to outlying clinics, regional jails, and hospitals instead of consumers accessing services via the emergency room.

Albemarle has contracted with Holly Hill Hospital to provide after-hours face to face services at Outer Banks Hospital, Martin General Hospital, and Washington County Hospital emergency room departments. Albemarle secured bed days for indigent consumers at Holly Hill Hospital in Raleigh and Northside Behavioral Hospital in Ahoskie to reduce the need for admissions to Cherry Hospital. Also in the last quarter, Albemarle provided the initial start-up funding for Integrated Family Services to provide a mobile crisis team within the catchment area with a July 2008 implementation.

Service funding: (1) 23-hour Crisis Unit and Face to Face Consults: \$2,451,051 allocated and expended. The 23-hour crisis unit is in operation and provides crisis coverage and psychiatric consultation to 10-county region-July 1, 2007-June 30, 2008. Providers also consult with the 23-hour crisis unit when in need of assistance with their consumer and crisis situation. Total number of individuals served is 2,512. This includes 1,477 face-to-face consults, 416 admissions to 23-hour unit, and 619 telemedicine consults. (2) Three mobile crisis teams. No allocated recurring crisis service funding \$91,518 expended. Contracted with Integrated Family Services for start up to provide a mobile crisis team for four counties of the 10-county area. (3) After-Hours Face to Face Access: \$58,513 allocated and expended. Holly Hill began providing after-hours face to face clinical assessments at the following hospitals: Martin General Hospital, Outer Banks Hospital, and Washington County Hospital. Pungo District Hospital will provide after-hour face to face for Hyde County residents in conjunction with 23-hour crisis unit.(4) Inpatient Beds for the Indigent: Holly Hill: No crisis service funding allocated but \$30,000 expended. 6 patients admitted to Holly Hill. Northside Behavioral Hospital: No crisis service funding allocated but 105,000 expended. Albemarle has a contract with Holly Hill to provide 30 bed days for indigent consumers. Albemarle reimbursed Northside Behavioral Hospital for inpatient services provided to indigent consumers who were from Albemarle's catchment area.

Next steps: Albemarle established telemedicine connectivity at Pungo District Hospital to provide emergency coverage for our Hyde County consumers since Pungo District Hospital is a 30 minute access point. In conjunction with the clinical staff from Pungo and Albemarle's 23-hour crisis unit, emergency interventions will be coordinated for the Hyde County consumers. Telemedicine connectivity has been established at Cherry Hospital for Care Coordination and negotiations are continuing with WBJ regarding the same.

Beacon Center. *Start-up funding:* (1) Mobile Crisis: Start-up funding of \$80,424 was allocated and has been expended. MD hired, 7 other positions offered with 5 accepting. One of these will be resigning at the end of July, 08. Director hired in July. Applications being screened and qualifying status determined. Local funding to support start-up operations of \$181,733.

Service funding: (1) 24/7/365 Crisis response. \$125,000 allocated and \$125,000 expended to date. Numbers served 1/08- 3/08 by ERs during this quarter were: 1,665 MH adults; 145 MH children; 445 SA adults. This is an increase of MH adults seen in ER's during this quarter but a significant decrease in SA adults seen when comparing to the previous quarter. We are going to do a joint QA study with the ER's to look at the detail of these consumers. We have seen a significant decrease in the number of admissions to our state hospital. Over 380 less people have been sent to State facilities in this fiscal year compared to the previous year. (2) Mobile crisis. \$223,266 allocated but not yet expended. (3) Community Inpatient. We have successfully contracted with both local Inpatient Units, Coastal Plain Hospital and Wilson Medical. Wilson unit is temporary closed due to the resignation of their MD. They are actively interviewing and hope to have this unit open soon.

Catawba-Burke now Mental Health Partners. *Start-up funding:* (1) ES/Mobile Crisis: Start-up funding of \$143,373 was allocated and expended. ES/Mobile Crisis Services for Burke and Catawba counties fully functioning.

Service funding: Mobile Crisis/Emergency Services. \$292,968 from 07 continuation and \$301,705 from 08 expansion allocated and \$520,114.49 expended. Number served to date is 449. Funding supports: (1) a Single Mobile Crisis/ES provider for Burke and Catawba counties; (2) Indigent care funding for psychiatric inpatient in 3 hospitals; and (3) Initial phase development of 23-hour Supervised Crisis observation unit in Burke, and smaller capacity in Catawba

Next steps: MHP continues implementation of its Crisis Plan with primary focus currently on the initial phases of establishing a 23-hour Supervised Crisis Observation Unit in Burke (a partnership effort among the LME, the Mobile Crisis provider and Grace Hospital) and a smaller capacity in Catawba county. Phase I of this effort will provide on-site Crisis Evaluation, Psychiatric Evaluation and comprehensive assessment /scheduled follow-up services for voluntary clients experiencing a crisis that have been medically cleared through a hospital ED, and determined through the ED to not need hospitalization. On-site Crisis services in Burke currently operate from Sunday 5pm through Friday 8am followed by a M-F “Morning Clinic” to manage the psych. evaluation, assessment and scheduled follow-up services.

As reported earlier, Phase II (anticipated later in FY 08/09) will expand the on-site Crisis observation services to a 24/7/365 operation at the Burke Mental Health Center. Other initiatives in process are the development of a similar (yet more limited) supervised crisis observation unit at the Hickory site, with weekday “Morning Clinic” capacity. Mobile Crisis/ES will continue partnerships with law enforcement in CIT initiatives, supported through county and other funding sources. One CIT training has been completed for Catawba law enforcement, and training for Burke officers is planned for September. Additionally, crisis outreach efforts with the magistrates’ office are expanding in relation to the involuntary commitment process; proposals are being considered in making ES/Crisis staff available on-site during peak hours to help in triage efforts that may be more clinically appropriate and less-restrictive than initiating the commitment process. Overall, crisis efforts still show positive effects on reducing the number of state-facility psychiatric admissions for this catchment area, reduced by 50% in fourth quarter FY 07/08 as compared to fourth quarter FY 06/07.

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 and expended. CenterPoint Human Services issued an RFP for a second Mobile Crisis Team and awarded the service to Forsyth Memorial Hospital. To assist Forsyth with implementing mobile crisis services and up fitting a team, start up funding was allocated. (3) Restart services \$22,321 allocated and expended. CenterPoint Human Services has executed a contract with Recovery Innovations for the Restart services in our catchment area. To assist with implementing this service for our catchment area, start up funding was allocated.

Service funding: (1) Local psychiatric hospital Crisis funds \$848,896 allocated expended to date. CenterPoint Human Services contracts with Old Vineyard for 10 guaranteed adult acute crisis

beds. Total funding to date is \$1,968,653 which is a combination of UCR, Non UCR County Discretionary and CenterPoint fund balance. 645 individuals served. (2) Mobile Crisis services. During the 4th Qtr. Forsyth Memorial Hospital became the provider for Mobile Crisis services. To date \$100,000 from Crisis Start Up funding and \$125,000 from Hospital Pilot funding has been spent getting the mobile crisis team developed and delivering services. 95 individuals served. (3) SA Detox services are delivered by Addiction Recovery Care Assoc. Total funding spent to date is \$686,120 which is a combination of UCR, non UCR and County Discretionary funding. 477 individuals served. (4) Psychiatric inpatient: CenterPoint Human Services contracts with NC Baptist Hospital and Forsyth Memorial Hospital for inpatient beds. Total funding spent to date is \$857,762 which is a combination of UCR, County Discretionary and CenterPoint fund balance. 274 individuals served. Note: Funding allocated to Non UCR Crisis was reduced to \$848,896 as a result of realigning of funds to UCR age and disability specific crisis budget line items where earnings occurred prior to final continuation allocation.

Crossroads. *Start-up funding:* SFY 06-07 allocated startup funding of \$151,118 was expended in FY 07 to open Crisis & Recovery Center (facility based crisis). Crossroads LME was not re-budgeted any start-up funding for SFY 07-08.

Next steps: Crossroads continues to use our facility-based crisis center to serve adult crisis consumers and our mobile-crisis team for all crisis consumers. During the 4th quarter of 2007-08, 14 involuntary commitments were served at the C&RC rather than using the state psychiatric facilities. Among these involuntary commitments, 13 were discharged to a lower level of care (typically outpatient services) and 1 was transferred to a higher level of care (after 1 day to inpatient mental health).

Service funding: (1) Mobile Crisis and Facility Based Crisis. \$697,469 allocated and \$ 697.469 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. 964 people - Referred to Mobile Crisis and 301 people- Referred to Facility-based Crisis (C&RC).

Next steps: Crossroads arranged for local Crisis Intervention Team (CSI) designation training for three (3) sheriff deputies. We plan to send eight more deputies to the next CSI training located in Winston-Salem in September. These trained officers will help identify mental health consumers and help direct to appropriate clinical services. Diane Morrison, Administrative Director, Clinical Services and Catherine Arnold, Director, Communication, continually meet with our Sheriff Departments to discuss concerns and develop strategies regarding involuntary commitments.

Cumberland. *Start-up funding:* (1) Care Coordination Jail. \$60,000 allocated and \$54,640.31 expended. The Jail Services Coordinator continues partnership with all involved stakeholders. Information from the Community Detention Center Committee, that involves the LME, Sheriff's Department and Health Department, is shared to ensure that the mental health needs of those incarcerated, including assessment, medication and coordination of care occurs. (2) Mobile Crisis. \$60,000 allocated and \$60,000 expended. Mobile crisis provider has experienced staff turn over that has impacted on services. The LME has endorsed another mobile crisis provider and they are fully operational at this time. (3) Child respite: \$68,268 allocated and \$65,458.71 expended. Child Respite program has diversified the population to be served through having additional training to staff. This has allowed them to accept referrals on a wider variety of children with needs. The LME is funding the additional funds needed for the program from

county dollars. Total crisis start-up allocation (NR) available in SFY 08: \$188,368. Expended: \$180,098.84.

Next steps: Through the Detention Center Committee, further use of the Jail Coordinator will be identified and instituted into the services provided. The LME will evaluate whether the newly endorsed crisis services provider is in need of dollars to assist them in implementation of the service

Service funding: (1) Facility Based Crisis: \$15,000 allocated and expended. One provider-program currently operated by the LME. Primarily serves Cumberland County. 95 individuals served; (2) Detox: \$183,312 allocated and expended. One provider- program currently operated by the LME- Cumberland County. 469 individuals served. (3) Mobile crisis: \$15,000 allocated and expended. Two providers- Cumberland County. 71 individuals served. Total crisis service recurring allocation allocated and used in SFY08 \$213,312.

Next steps: Dollar amounts represent crisis specific funds expended for services; however, there are other funds supporting the service areas. Number of consumers represents admissions into each service area. The majority of consumers accessing the Roxie Avenue Center are presenting with primary substance abuse diagnoses, with some co-occurring diagnoses. The LME is pursuing National Accreditation for the Roxie Avenue Center due to the program not being transitioned to another provider at this time. The hospital has hired a new CEO and the Area Director and he have met to discuss next steps in the partnership with the hospital relative to Roxie Avenue Center. The LME has also met with another provider of inpatient/crisis services (currently not providing any services in Cumberland County). If the transition to the hospital does not occur, this provider is interested in development of services in Cumberland County. The LME has evaluated length of stay in the crisis program and determined that the slightly longer length of stay has decreased recidivism. All community partners are evaluating strategies to decrease waiting period in the emergency room.

Contracts with surrounding LMEs for use of the Child Respite Center are being finalized with the other LMEs. Use of the facility is being analyzed relative to its role in the crisis continuum of care. Education will continue to be provided to DSS and other community partners on an ongoing basis relative to the use of this service for children and families in crisis.

Second mobile crisis provider is fully operational. Calls from STR are routed to the two providers on a rotating basis. The second provider has demonstrated a high degree of responsiveness to calls and made to face to face visits, in accordance with the service definition. The LME is analyzing response times and results from the use of Mobile Crisis Services.

To better educate all community providers on crisis services and the role of the First Responder in the Clinical Home, the LME sponsored training for all providers, at no cost to the provides, to assist them in understanding crisis services and response protocols. The appropriate use of the crisis continuum will be analyzed in the next quarter to evaluate progress.

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: (1) Adult MH crisis \$53,467 allocated and \$43,274 expended as of 12/31/07. We contract with a provider for Facility Based Crisis services to cover Durham County. (2)

Adult SA \$154,816 allocated and \$153,686.22 expended as of 12/31/07. We contract with a provider for Facility Based Crisis services to cover Durham County. 803 individuals served.

Next steps: The dollar figures above represent the facility based crisis claims that we pulled down through IPRS. The number of consumers on the third line represents the unduplicated number of consumers seen in our crisis facility during the first three quarters of FY08. Not all the services provided are billable. Many are funded through non UCR or County dollars. On average, 49 % of consumers have only a substance abuse diagnosis, 30% have only a mental health diagnosis, and 21% have a dual diagnosis of mental illness and substance abuse.

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 almost \$2.4 million for services provided in our Crisis Facility which includes County funds. As of June 30,, 2008, our year to date spending has been in the following categories:

Beds	\$644,417
Security	\$218,830
Psychiatric Services	\$80,745
DCA Operation	\$1,435,234

Including evaluations, chairs, detox, stabilization, etc.

Please note that The Durham Center financial records do not close until the end of August. These figures will increase slightly to account for end of year billing. We can send a revised report once the fiscal year closes.

The Durham Center continues to build and enhance the community's crisis continuum. The following is an update on the advances toward creating a full continuum of crisis services and supports:

- Durham Center Access, our facility-based crisis center, looks forward to an upcoming transition from a 12-bed non-secure 13,000 square foot facility to a much larger and well-equipped 26,000 square foot 16-bed facility secure facility. The facility is being designed to meet the standards as a NC facility designated to individuals who have been involuntarily committed, as well as voluntary admission. We anticipate this move will divert additional admissions and allow easier connections to local providers upon discharge from crisis services. Construction activities are underway and the opening of the new facility is scheduled for July-August 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. Plans include for this facility to 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.

- Hospital Liaison was hired to coordinate engagement efforts between the State facilities and local providers of service to improve outcomes. The Hospital Liaison is responsible for following consumers into the community and working with them and their identified providers to ensure that the initial post-discharge contact is successfully made. She was hired in March 2008.
- Coordination with our adult System of Care and the local homeless shelter to streamline and improve connections between consumers and services, with priority emphasis placed on patients being discharged from State hospitals.
- Developed and have begun to implement a pilot program to incentivize selected providers, utilizing local funding, to go directly to the hospital to engage consumers who are considered hospital “high utilizers” in active discharge planning. Expected outcomes include establishing rapport prior to discharge from the hospital resulting in increased likelihood of participation with the provider upon discharge.
- Additional Care Coordinators have been hired to work with our high-risk and high-cost population, both before and after admission to the hospital, to ensure this population receives appropriate services with sufficient intensity to address their needs prior to hospitalization and after discharge.
- In the process of establishing Mobile Crisis team(s) designed to respond individuals in need in the community 24/7. MC provides immediate access to acute mh, dd and/or sa services to effect symptom reduction, harm reduction and/or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports/services. Current plans include a trial run by October 2008.
- Have added an additional 16 transitional living beds by contracting with two new providers. This was in response to the finding that over 40% of individuals presenting to crisis services were homeless.
- Local inpatient capacity at Duke has increased recently, creating additional diversion opportunities from State facilities and allowing better access to local follow-up care.

Eastpointe. *Start-up funding:* (1) respite beds \$125,000 allocated and \$82,173 expended. Two respite beds are funded for use when families or other caretakers are in need of relief from the constant, and often stressful care of a MI or MI/DD consumer. These respite beds are used primarily on an emergency basis as an alternative to hospitalization when the consumer is in crisis but not posing an imminent danger to self or others. (2) Mobile Crisis \$49,152 allocated and not expended. Eastpointe previously negotiated a contract with a private provider to develop a mobile crisis team. However, progress toward implementation was moving so slowly that Eastpointe is once again seeking RFPs for a mobile crisis team. We are currently providing technical assistance to providers interested in developing a mobile crisis team

Next steps: Eastpointe continues to address the Mobile Crisis team need by issuing another RFP for the service and exploring opportunities with service providers. We are increasing contracts for respite services with providers and have purchased capacity for children and adults in the served counties. Capacity expansion is estimated to continue increasing to have sufficient capacity for mobile crisis when it is implemented.

Service funding: (1) 24/7/365 crisis response: \$446,720 allocated and \$334,830 expended. Toward divestiture of all clinical services and complete establishment of Local Management Entity status, on 7/01/08 Eastpointe divested its 24/7/365 Mobile Crisis Service to the four Eastpointe area hospital ERs. Eastpointe has contracted with a Crisis Service Provider to provide 24/7 /365 telephonic and face-to-face (hospital ED) emergency- crisis response. Numerous Emergency Crisis Services Counselors (ECSC) are available in each county to serve crisis needs. 1,621 served. (2) Mobile crisis: \$50,000 allocated and not expended. Eastpointe previously negotiated a contract with a private provider to develop a mobile crisis team. However, progress toward implementation was moving so slowly that Eastpointe is once again seeking RFPs for a mobile crisis team. We are currently providing technical assistance to providers interested in developing a mobile crisis team. Contract cancelled. New contracts in negotiation. (3) Respite beds: \$125,000 allocated and \$82,173 expended. 21 individuals served. Two respite beds are funded for use when families or other caretakers are in need of relief from the constant, and often stressful care of a MI or MI/DD consumer. These respite beds are used primarily on an emergency basis as an alternative to hospitalization when the consumer is in crisis but not posing an imminent danger to self or others. (4) Transportation costs not included above: \$45,000 allocated and expended. 54 individuals served. On-going transportation support for local law enforcement support for transportation as well as support of staff and contractors providing crisis services. (5) Walk-in Crisis Services/Hospital Care: \$800,000 allocated and \$750,033 expended. 1,161 individuals served. Eastpointe has contracted with Wayne Memorial Hospital, Duplin-General Hospital, Brynn Marr Hospital, and Holly Hill Hospital to accept indigent, uninsured patients as part of our effort to reduce the number of admissions to the state psychiatric facilities. (6) Crisis Intervention Team training: allocated \$20,000 and \$8,000 expended. Crisis Intervention Training has been established with Law Enforcement in Eastpointe's catchment area. Training is ongoing.

Next steps RFP's for mobile crisis teams were issued in October 2007 but unfortunately the selected provider was unable to fulfill the contract requirements and the team was not established. Eastpointe has again issued an RFP for Mobile Crisis and is working with the provider network to develop a qualified Mobile Crisis provider (***please see previous note regarding Mobile Crisis Team***). Eastpointe continues to work closely with local community partners and providers to ensure that crisis services are provided. Eastpointe is currently working with multiple private providers to ensure that ongoing 24/7 crisis services are available throughout the service area. These providers are available to see crisis patients in local settings without the consumer reporting to local emergency departments. Eastpointe has established protocols so these identified providers are available to see all consumers regardless of the consumer's clinical home. Additionally, Eastpointe has contracted with Holly Hills to ensure that Emergency Crisis Service Counselors are available 24/7/365 in all of our counties. These Emergency Counselors are available in all four counties to handle after hours emergencies. We continue to work closely with local hospitals to establish plans for the diversion of consumers prior to the utilization of emergency services. As was noted in the previous quarter our work with the local hospitals has been extensive and we now have the wherewithal to place consumers in our local facilities as well as in two private facilities. Our work with the hospitals has included establishing "safe areas" in the emergency departments and increasing the safety of the in-patient setting at the local psychiatric units. This arrangement with the local hospitals serves as a means for Eastpointe to lessen its utilization of the State facilities as

we continue to develop the continuum of care that will allow interacting with consumers in a meaningful manner to as to prevent the emergency from occurring.

East Carolina Behavioral Health (ECBH). *Start-up funding:* (1) Mobile crisis: \$462,000 allocated and \$159,720 expended. Providers in process of developing capacity and implementing service. RHA began providing Mobile Crisis in Craven, Jones and Pamlico Counties June 1, 2008. Integrated Family Services, which currently services Bertie, Gates, Hertford and Northampton counties, expanded services to include Pitt County on June 16 and will expand to serve Beaufort County October 1, 2008. Proposals cover a two year implementation time frame to develop capacity to provide immediate and comprehensive services to all nine counties. (2) Facility based crisis: \$767,714 allocated and \$75,282 expended. Two programs operating-not consistent at census (75%) -third program in Beaufort County is under development; facility has been renovated and approved by DRSR Facility Management Section and in final stages of licensure. (3) Respite: \$50,000 allocated but not yet expended. Funding awarded to increase capacity, provider developing capacity, no invoices received to date. (4) Community respite: \$50,000 allocated and not yet expended. We received no response to RFI to develop Community Respite, but we are partnering/supporting Solid Foundations to license and open a 4-bed community respite program in Bertie County. Program: The program did not require start-up funding but will be supported through our state unit cost reimbursement. (5) Public Private Partnership (PPP) hospital beds: \$233,740 allocated and \$216,506 expended. Increased capacity to four hospitals under contract still negotiating with 3 additional hospitals for PPP beds Total crisis start-up allocation (NR) available in SYF 08: \$1,564,486 and \$1,081,488 expended. Many activities in process, time needed to develop capacity.

Next steps: Funding awarded to selected agencies through the RFA process. The RFAs executed were for Mobile Crisis and Hourly Respite for all 9 counties of ECBH. ECBH successfully negotiated 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, which is one of the core issues related to crisis in our area based on our assessment. 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, since many providers are unfamiliar with such services or resources and frequently refer directly to the ER for crisis. ECBH continues to work 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.

The Recovery Education and Peer Supports (REPS) section of ECBH provides peer supported education for people with psychiatric and/or life struggles in the 9 county area. The HOPE Station in Greenville and the Oasis in New Bern offer Wellness Recovery Action Planning (WRAP), which contains a crisis component that evidence suggests reduces the need for crisis services. These Recovery Education centers also offer daily classes that promote and maintain wellness and even certify Peer Support Specialists and WRAP facilitators, increasing the likelihood of employment opportunities. REPS are committed to decreasing stigma through many ongoing projects that promote awareness. REPS staff are mobile and replicate these classes for any community of individuals, such as colleges, churches and shelters. Trainings for providers are tailored to meet their specific interests, such as how WRAP can be an adjunct to the Person-Centered Plan. Law enforcement officers and dispatchers have opportunities to receive training on the most effective way to interface with individuals who may have mental health or addiction struggles. ECBH REPS is expanding our training to include local emergency

response agencies for the purpose of integrating an appropriate behavioral response and possibly peer supported relief to victims of disaster.

ECBH continues to work with local emergency response agencies to develop CIT programs to improve outcomes for individuals who interface with this type of first responder. ECBH continues to provide CIT training to dispatchers and other law enforcement and first responders (including hospital police, university police and school resource officers) in all 9 counties, and provides an eight hour mental health training as part of orientation for all new Greenville Police Officers. CIT is partnering with providers to create efficiencies/systems for startup of mobile crisis and other community based crisis response systems. ECBH is assisting other LMEs in the region in the development of their CIT programs and participates in the NC CIT State Advisory Committee to develop standards/systems/video for CIT for Officers and Telecommunicators.

ECBH continues to have strong partnerships with local hospital EDs and providers regarding face to face walk-in in crisis management. ECBH funds all four hospitals for Emergency Room Services with additional dollars not reflected in this plan as this was already in place prior to the merger of ECBH. ECBH also funds face to face walk-in crisis service access with specific providers through a no wrong door approach for consumers. ECBH is a fully divested LME and provides this type of walk-in crisis service with providers in each area who can offer a full continuum of services beyond the crisis assessment. The funding for this model is also not included in this plan as it was already in place prior to the plans development, therefore not needing to be created.

Service funding: (1) Mobile Crisis: \$189,703 allocated and \$5,436 expended. Two providers all nine counties of ECBH there is a billing lag. 22 individuals served. (2) Community Respite: \$200,000 allocated and \$53,809 expended. Increased from one to three providers- negotiating more capacity- 22 individuals served. (3) Respite: \$120,000 allocated and \$9,143 expended. Increased from six to ten providers-all nine counties-insufficient capacity. 78 individuals served. (4) Public-Private Partnership Bed Days: \$233,749 allocated and \$216,506 expended. Currently two hospitals-all nine counties-there is a billing lag. 58 individuals served. (5) Peer Run Services and Recovery Education: \$923,295 allocated and \$705,487 expended. Two centers-Craven, Jones, Pamlico, Pitt- All County Funded. 1840 hours of WRAP, FRCT, and peer support specialist training. 92 CIT officers trained and 675 Warm Line calls. 78 CIT, 675 Warm Line. (6) Facility Based Crisis: \$294,250 allocated and \$818,104.54 expended. Two- all nine counties One under development. 659 individuals served.

Next steps: ECBH is using a total of \$2,689,767.00 to fund our crisis plan. \$1,766,472.00 of that funding is state funds. Next steps include working with providers to implement increased 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 and therefore provide a great natural resource for the community.

Five County: Start-up: (1) DD behavioral specialist: \$13,000 allocated and \$1,122 expended. Contact was made with a DD specialist. He has been provided names of providers interested in training on crisis prevention and had begun to contact some providers. The contract with Five County still has not been finalized. (2) Community Intervention Team (CIT) officer: \$5,000 allocated and \$5,312.41 expended. Contract was established with NAMI to manage the program.

16 Law Enforcement Officers were trained in March and 22 in May. (3) Facility based crisis. \$119,027 allocated and not yet expended. An RFP for the Facility Based Crisis Program was advertised on 1/17/2008, but no providers responded. However, a letter of intent has now been signed with Recovery Innovations to develop the Facility Based Crisis program over the 08/09 fiscal year.

Next steps: Efforts will continue to try and finalize the contract with the Developmental Disabilities specialist so that provider trainings on crisis prevention can be scheduled. A new CIT training for Law Enforcement Officers is scheduled for October of 2008. As indicated, a letter of intent was signed with Recovery Innovations for the development of a Facility Based Crisis Center for the fiscal year 08/09. They are in the process of looking for a site for the program.

Service funding: (1) DD behavioral specialist: \$60,000 allocated and not yet expended. Contact was made with a DD behavior specialist for providing training on crisis prevention to providers. He has been provided names of interested providers and he has made some contact with providers. However, the contract with him has not been finalized. (2) Adult MH crisis homes. \$20,000 allocated and not yet expended. A contract has now been signed with a provider for the establishment of a 3-bed crisis/respite home. (3) Facility based crisis: \$664,212 allocated and \$36,954 expended. 27 individuals served by Freedom House. Contracts were established with Freedom House and PORT Human Services for Facility Based Crisis, but those providers are not located in the Five County area. They continue to take Five County referrals. An RFP for a Facility Based Crisis program was advertised on 1/17/2008, but no provider responded. However, a letter of intent has now been signed with Recovery Innovations to establish a Facility Based Crisis Program in fiscal year 08/09. (4) Contract for inpatient hospital beds for indigent consumers at private psychiatric hospitals: \$120,000 allocated and \$120,000 expended. 211 individuals served. A prior contract existed to pay for admission of indigent consumers to the Mental Health Unit at Halifax Regional Medical Center, but that was for voluntary admissions only, with a limit of 4 days. That has now been extended to 7 days. That service was being funded through Community Capacity funds and is now being funded through a combination of Community Capacity and crisis funds plus local dollars. Crisis and local funds are also being used for a contract that has now been established with Holly Hill Hospital to pay for the admission of indigent consumers to their psychiatric unit. This allows for 7-day admissions and does cover involuntary commitments. A total of 406,830.00 dollars, including Community Capacity and crisis funds, as well as local dollars has been spent on the two hospital contracts.

Next steps: Efforts will be made to finalize the contract with the DD behavioral specialist and help coordinate the trainings in crisis prevention for DD providers. Five County has signed a contract with a provider for a three-bed respite/crisis home to be established in fiscal year 08/09. Currently, there are two child crisis homes/respite beds. They are funded through Five County funds. Five County will continue to work with the provider to establish a third home in Halifax County. Five County will continue to work with the Mobile Crisis provider (Holly Hill) to refine and expand their service and work on establishing Mobile Crisis for Halifax County. Five County is currently contracting and will continue to do so with two providers for Community Support Teams for Central Regional Hospital. This has been funded through Mental Health Trust funds and IPRS dollars. Five County will continue to contract with a provider in Halifax County to assess all Halifax county discharges from the State hospital. This is being funded through IPRS dollars. Five County will also be establishing a walk-in center in Henderson that will focus on assessing all discharges from Central Regional Hospital the day of discharge and providing follow-up services for those consumers who are seen by Mobile Crisis and return to

the community. Five County has established a contract with NAMI to manage the CIT program. A total of 16,766.59 has been spent this year. A training for Law Enforcement Officers is scheduled for October 2008. Five County has signed a letter of intent with Recovery Innovations to establish a Facility Based Crisis program in fiscal year 08/09. Five County is pursuing contracts with additional private psychiatric hospitals (Northside, Pavilion Hospital in Virginia) for indigent psychiatric beds. Five County is also in discussion with providers regarding the establishment of a transitional group home for adults with mental illness.

Foothills.

Start-up funding: (1) Mobile Crisis Team. \$95,414 allocated and expended. Mobile Crisis Team is a contract service and provided by a provider in Catawba County. They serve the Foothills 3 county area, Alexander, Caldwell and McDowell Counties. Mobile Crisis responds mostly to the local hospital emergency rooms. They complete assessments and facilitate placements if needed. Mobile Crisis responds both day and night in the 3 county area. This contract will end on June 30 when Foothills Area Authority merges with Smoky Mountain Center. New River will be providing Mobile Crisis and also operate the outpatient clinics in the 3 former Foothills Mental Health Clinics. (2) Detox/Facility Based Crisis Service. \$4,586 allocated and expended. The Detox/Facility Based Crisis Center closed in December 2007. Foothills continued the contracts with the three providers for Detox services. Intensive In-home and MST Services. \$131,788 allocated and \$20,884 expended for Intensive In-Home and \$13,159 expended for MST. Contracts have continued with the two providers who services are In Home and MST to families who have SA issues. (3) Crisis beds \$63,466 allocated. These funds have been set aside for utilization in establishing crisis beds for all target populations in conjunction with Smoky Mountain Center after July 1, 2008. Total start-up allocation available SYF 08 \$295,254 and \$134,043 expended. Foothills Area Authority will merged with Smoky Mountain Center on July 1, 2008. Monitoring will continue and will be incorporated with Smoky Mountain Center's Report next quarter.

Service funding: (1) Detox/Facility Based Crisis. \$194,142 allocated and expended. 200 individuals served. Foothills Detox/Facility Based Crisis Center was closed on 12/15/07. Three providers have contracts to provide Detox services and are located outside the Foothills catchment area. (2) Emergency Services and Mobile Crisis. \$100,000 allocated and \$126,840 expended. 119 served this quarter and 396 served total this year. Mobile Crisis responded to 50 clients in April, 43 in May and 26 in June. FAA paid the provider \$34,710.00 each month. Foothills ACCESS to care Director and Lead Clinician meet with hospital and law enforcement agencies. Frye Hospital Representative periodically attends ACCESS team meetings. The representative from Old Vineyard also networks with ACCESS and occasionally attends the team meetings. ACCESS to Care team toured Frye South facilities and met staff. (3) Three detox center contracts. \$70,000 allocated and \$24,419 expended year to date. 19 individuals served. ACCESS to Care and UM met to develop a protocol to track admissions and funding. (4) Foothills ACCESS go out as if Mobile Crisis to hospital ED and ICU face to face. \$6,000 allocated and expended. 49 individuals served. Board approved funds to pay for emergency responses provided by Foothills staff. LME was not allowed to bill for direct services. There was no other provider willing to provide mobile crisis services until November 1, 2007 when a private provider agreed to contract for this service. Total crisis recurring allocation for SFY \$370,142 allocated and \$351,401 expended.

Next steps: Contracts for Detox and other services will be developed through the Smoky Mountain Center.

Guilford.

Start-up funding: (1) Mobile crisis: \$170,432 allocated and expended. 2 Sr. Practitioners continue to make follow up community visits to patients who are at high risk for repeated hospitalizations and/or incarcerations. They work with these patients to identify existing and needed community resources to enhance successful discharge. Status checks on patients who no-show for re-entry appointments and encourage them to engage in appropriate level of services. Manage Out Patient Commitments. (2) Local inpatient sponsorships: \$94,547 allocated and expended. Continue to use this funding for additional inpatient sponsorships at local behavioral health units in addition to the existing \$1,071,855 funding.

Next steps: (1) Mobile Crisis: Plan is to continue to provide community outreach to patients who are at high risk for repeated psychiatric hospitalizations and/or incarcerations. Provide follow-up on those patients who do not show for re-entry appointments made 3 days after discharge from State and local behavioral health facilities. Manage Out Patient Commitments for Guilford Center patients. Accept referrals for community outreach and status checks from Medication Management staff to work with patients who are not engaged in services and need assistance to successfully remain in the community. (2) Local Inpatient Sponsorships: Plan is to continue to provide sponsorships as clinically appropriate and beds and funding are available. In addition to sponsorship Funding, 2 Sr. Practitioners, one at High Point Regional Hospital Behavioral Health and one at Moses Cone Behavioral Health, as liaisons to participate in discharge planning, meet with sponsored patients to develop a treatment rapport and facilitate communication between providers and inpatient staff. (These 2 positions are in addition to the 2 JUH liaisons from the LME.) (3) Update on Local Substance Abuse Treatment Facility: Bridgeway Behavioral Health has begun to provide outpatient as well as low and high intensity residential treatment with an average residential utilization rate of 88% of the available 40 beds. The 16-bed detoxification unit will start as soon as staffing issues are resolved.

Service delivery funding: (1) Mobile crisis \$170,432 allocated and expended. 433 individuals served this quarter and 688 YTD. Continue to provide community outreach and assistance to patients who are high risk for repeated hospitalizations and/or incarcerations. 2 Sr. Practitioners work with patients, families and providers in Guilford County to identify existing and needed community resources and assist them in making connections based upon patient choice of providers. (2) Local In-patient sponsorships: \$94,547 allocated and expended. 34 individuals served. Continue to use this funding for additional inpatient sponsorship at local behavioral health units in addition to existing \$1,071,855 funding.

Next steps: (1) We plan to continue to provide community outreach by the 2 Sr. Practitioners to patients at high risk for inpatient and jail recidivism with the goal of diverting from JUH, local inpatient behavioral health units, local emergency department and the judicial system. In addition to the \$170,432 to fund these 2 positions, travel expenses are covered by the LME. (2) Will continue with the additional sponsorships per month at Moses Cone and High Point Regional Hospital behavioral health units with the allocated funding in addition to \$1,071,855 for sponsorship money. (3) Bridgeway Behavioral Health has begun to provide outpatient and low and high intensity residential services with an average utilization rate of 88%. Detoxification services will start as soon as staffing issues have been resolved. Bridgeway funding has been provided by Guilford County Commissioners at \$2.7 million. (4) Guilford County funds 2 Sr. Practitioners to work within the Guilford County Jails and Prison Farm to assist inmates with substance abuse and/or mental health disorders make a successful transition back into the community after release. (5) In order to increase our ability to follow up with patients being discharged from state psychiatric facilities, all patients are brought back to the Crisis/Emergency

Services Unit for a face-to-face status check to make sure they understand their medication and other discharge instructions and to identify and assist with obtaining community resources needed to assist them to successfully remain in the community. Patients are provided a light lunch and transportation to their residences. (6) Training for providers in First Responder responsibilities has been offered with very little interest. The Guilford Center is looking at ways to make this training more attractive to providers such as providing CEUs and charging minimal attendance fees. (7) We are in the process of developing “mystery shopper” protocol to use to audit providers’ telephone messages instructing their consumers how to access help if they experience a crisis after office hours. Prior to conducting these audits, providers will receive information as to appropriate coverage and instructions for after hours emergencies experienced by their consumers. (Past audits have shown a large number of messages on providers’ phones are for the consumer to go to the Guilford Center’s Crisis/Emergency Services Unit, to a local Emergency Department or call 911 if they experience a psychiatric crisis.) (8) Meetings are held with the 3 ACTT providers in Guilford County to share information and brainstorm service provision. (9) As local beds at Moses Cone and High Point Regional Hospital and other community behavioral health units are more difficult to access, we are finalizing a contract with Old Vineyard to sponsor 8 days of inpatient treatment per month for adults and children.

Johnston.

Start-up funding: Building a Crisis Stabilization Unit with 23 hour observation beds in Johnston Memorial Hospital. \$89,902 expended. At this point, the four bed crisis stabilization/observation unit is completed: it is fully furnished/equipped. Johnston LME has hired an additional clinical staff member to work in this unit along with the JCMHC staff psychiatrists to screen and evaluate consumers in the unit and to begin planning. Johnston Memorial Hospital has hired security personnel to staff the unit. All protocols and procedures developed by Johnston Mental Health Medical Director have been written and communicated to staff at Johnston Memorial. The only delay in making the unit operational at this point is that Johnston Memorial is in process of hiring LPN’s to staff the unit and has had difficulty in doing this due to lack of qualified staff availability. It is expected that this will be accomplished and the unit will be operational by the end of August, 2008

Service funding: (1) Inpatient hospital. \$783,202 expended. 203 individuals served. Johnston Memorial Hospital Behavioral Health Unit. (2) Crisis respite. \$141,945 expended. 67 individuals served. For Johnston County Catchment area. Total crisis service recurring allocation for use in SFY 08. We were uncertain how to document the above information: As is evident above, we drew down substantially more than our allotted recurring crisis dollars IPRS services YP820 (Inpatient Hospital) and in Crisis Respite services. We used other local and state dollars to assure that these services continued and were reimbursed.

Next steps: (1) We have begun negotiations/planning with a local provider to implement an Adult MH Respite bed within the next six months. (2) We have begun planning with the Johnston Sheriff Department to implement CIT training within the next six months. (3) We have done one provider training regarding crisis management/planning for community support providers.

Mecklenburg.

Start-up funding: (1) Mobile Crisis \$56,614.75 allocated and expended. Start-up funding to support 2nd team was completed in 3rd quarter. Second team is 100% operational. (2) Crisis Plan Training. \$90,000 allocated and expended. Training manuals and curriculum for all age/disability groups have been completed and initial training on the two part Crisis Education

for consumers with mental health and or addiction challenges began in May, 2008. Training modules are targeted toward consumers, families and providers and focus on crisis planning and prevention. The training was originally piloted at Charlottetown Manor and has since been open to the community at large. A Crisis Educator specific to the DD population has been hired and is working with stakeholders from that field to establish crisis education to meet their needs.

Additionally, a Crisis Manual subcommittee comprised of stakeholders, family members and consumers have convened each Friday to develop a comprehensive manual for providers detailing components of a crisis plan and developing individualized, creative crisis plans. The current project of this subcommittee is to develop a Mecklenburg County Crisis Assessment Tool as a companion to the state crisis plan. Staff recruitment completed. Curriculum development is occurring weekly during subcommittee meeting comprised of stakeholders, consumers and family members. Curriculum includes three trainings as well as a Crisis Manual for providers and crisis toolkit for consumers and families. Training One is to begin mid-May. Marketing plan to be implemented May 1st. **(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 \$48,617.32 expended. Facility design, staffing plan and budget proposal have been completed. However, due to the excessive cost of building a new facility, a decision was made to seek a provider with potential to develop facility based crisis services in existing space. A provider operating similar services to consumers in a jail diversion program and to consumers discharged from inpatient treatment presented a proposal which was accepted. The provider is in a start-up phase of facility planning and renovations at this time and is scheduled to begin operations in January, 2008.

Service funding: (1) Mobile crisis. \$256,349.45 allocated and \$241,144.08 expended. 858 individuals served. 2nd shift was added in Sept. '07. . Actual hours expanded to 7:00 am – 9:00 pm, with two teams available during heaviest cross-over hours. Remaining hours are covered by oncall system. Dispatches/volume has shown significant increase and usage over prior year; increasing 50% over the prior year. Volume increase due to establishing relationships with CMPD, local school system, hospitals, and providers. (2) DD Crisis respite. \$50,000.00 (Initially \$40,000 with \$10,000 County funding added.) 13 individuals (using 239 of 250 allocated bed days) Additional funding added to the local allocation to cover the additional days. No other change in status. (3) Peer Support Program. \$50,000 allocated and expended. 10 referrals; 56 Bridger contacts; 78 contact hours. Peer Services has engaged in community outreach to promote the Peer Service run Drop-In Center, Peer Bridger Program as well as a Warm Line operated Monday through Friday from 9:00am until 5:00pm. The Peer Service Program has marketed all of these programs currently to both professionals and mental health consumers in the following arena(s); Urban Ministry, CMC Behavioral Health Care, Crisis Assistance Ministry, Successions, Inc., Quality Family Services and Person Centered Partnership community support providers. Peer Services has also formulated “grass-roots” marketing by engaging Drop In Center participants in meaningful conversation as well as sharing information and providing resources, including the Warm Line and the Peer Bridger Program. Currently, Peer Services is striving to pass along quality information pertaining to resources in Mecklenburg County to better the lives of mental health consumers, professionals supporting individuals with a mental health diagnosis, and the general community at large. Staff is participating in LME efforts to establish Peer Services service definition.

Next steps:

- Continue Mobile Crisis Services and monitor utilization to consider need for a 3rd team to work night shift.

- Continue implementation of crisis plan training for consumers and providers.
- Continue renovation of crisis facility with target implementation date of 01/01/09 to include relocating Mobile Crisis Teams to operate out of the crisis facility.
- First CIT training is scheduled for August 25th through August 29th to include officers from Mecklenburg County Sheriff's Office and Charlotte Mecklenburg Police Department. We will continue to provide monthly or quarterly CIT training to include outlying police departments, local college and universities and the Charlotte Mecklenburg School system resource officers.
- Active participation in development and implementation of regional START teams.
- Continue local DD Respite (planned and crisis) with local and State funding.
- Issue RFP for additional capacity for Rapid Response crisis respite for child/adolescent consumers/families.

Onslow-Carteret Behavioral Healthcare Services (OCBHS).

Start-up funding: (1) Facility based crisis. Funding was moved to UCR for crisis services. Implementation delayed due to lack of funds available for crisis start-up.

Next steps: The LME has experienced significant shortfalls in funding by the State this fiscal year which has impacted the development and continued service delivery for a local crisis system. The primary issue has been that Detoxification services were moved to the crisis allocation. In the past, the agency received increased funding under substance abuse for detoxification services. In the current fiscal year, detoxification services were moved by the State under the crisis allocation. Detoxification services cost approximately \$800,000 per year. This is almost the entire crisis allocation. The crisis allocation is intended to support multiple services such as mobile crisis management, community respite, periodic respite, inpatient hospitalization, transportation and clinical evaluation.

Service funding: (1) Respite for crisis services. \$64,965 expended to date. Quality Care (Onslow and Carteret), House of David (Onslow and Carteret), Carolina Choice (Onslow and Carteret), LeChris (Carteret), LeChris (Onslow), Claytor Home (Onslow and Carteret), Easter Seals (Onslow and Carteret). 61 individuals served. . (2) Crisis Response 24/7/365 (phone or face-to face). \$86,000 budgeted and \$113,194 expended. SOS provides 24/7 crisis response in catchment area. (3) Non-hospital medical detox (ASAM Level III.7-D). \$700,000 budgeted and \$894,404 expended. Onslow and Carteret (CASP agency). CASP funds have been fully exhausted. Additional funds are needed to support out-of-catchment services. 656 individuals served. . (4) Community Inpatient (Psychiatric and SA): \$50,000 allocated and \$60,129 expended. Brynn Marr Hospital (Onslow and Carteret). 25 people served. (5) Transportation: \$16,000 allocated and \$124 expended. (6) Mobile Crisis \$298.266 expended.

Next steps: CIT: The LME received an allocation from the Division to initiate CIT in the local community. The LME hosted two events for local law enforcement and community partners to begin initiating the IT project. The events were successful supporting buy-in to the CIT philosophy. The plan is to begin training law enforcement in the first half of the FY 2009.

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.

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.

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 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 allowed Mobile Crisis services to be provided uninterrupted for the first half of this year. The Mobile Crisis and Facility Based Crisis services available in our area continue to prove effective tools in helping to divert individuals from the state hospitals. The Freedom House Mobile Crisis team continues to serve all three OPC counties. For the fourth quarter of FY08 there were 83 people served by Mobile Crisis services. Of these 83 events, 71 were successfully diverted from a state hospital (41 were referred to Facility Based Crisis services, 11 to local hospitals, 16 to other community providers, and only 5 ended up being admitted to a state hospital).

Next steps: Continue to work with our providers and stakeholders, as well as monitor the provision of crisis services within OPC area. Continue to meet regularly with Freedom House, UNC Hospitals, and other providers as needed. OPC will continue to partner with Freedom House on the provision of Mobile Crisis Services over the coming quarter (including working with DMH on the enhancement and expansion of Mobile Crisis services across the state.) OPC has requested CMH funds be moved to Non-UCR again this coming FY to maintain the provision of Rapid Response (emergency therapeutic foster care) services. A first responder/crisis planning training for our MH and SA providers was held earlier this month and will be offered on a regular basis throughout the coming year. Plan to work with surrounding LME's and DMH regarding regional DD START team development as well.

Service delivery funding: (1) Facility based crisis and detoxification services: FY 07: \$56,694 Adult MH Crisis services allocation and \$56,694 Adult SA Crisis services allocation expended in FY 07. 82 individuals served by crisis expansion funds for these two services (note: many more received the service through other funding FY 08 \$612,000 allocated and 686,000 expended. 852 individuals served (includes Medicaid and IPRS). Ongoing- provided by Freedom House for all three counties. Funded by both the funds from approval of OPC Crisis plan and crisis funds received in FY08. (2) Mobile Crisis: Up to \$296,000 allocated and \$222,000 expended (includes funds from crisis plan approval). 54 individuals served in FY 07 and 303 served in FY 08 (includes IPRS and Medicaid). Ongoing- provided by Freedom House for all three counties. Funded by both the funds from approval of OPC Crisis plan and crisis funds received in FY08.

Pathways. *Start-up funding:* (1) Halfway house-female 8 beds Lincoln County: \$25,000 allocated and expended. 8 of the 8 beds were full the entire quarter. (2) Transition house-4 beds Cleveland County: \$110,000 allocated and \$41,158 expended. House was licensed and opened on March 6. 6 of the 6 beds are full with discharges from the long-term unit at Broughton.

Next steps: Looking for a house in Lincoln County to open another transitional program.

Service delivery funding: (1) Bed days at Kings Mountain Hospital-adult SA. \$7,000 allocated and \$7,000 expended. 34 individuals served. Inpatient days for three county catchment area. Other crisis money has been allocated to cover ongoing bed day use that has exceeded this capacity. (2) Bed days at Gaston Memorial Hospital-adult MH. \$7,000 allocated and \$7,000 expended. 58 individuals served. Inpatient days for three county catchment area. Other crisis money has been allocated to cover ongoing bed day use that has exceeded this capacity. (3) Bed days at Kings Mountain Hospital-adult MH. \$0 allocated. 0 served. Inpatient days for three county catchment area- moved funding to jail diversion since use does not warrant additional funds to complete this fiscal year. (4) Child respite providers: \$19,566 allocated and expended. 36 individuals served. RFP awarded on Feb. 15. Opened 8 beds on March 3 and all were full by March 7 and have remained full 98% of this quarter. (5) Comprehensive crisis training. \$0 allocated. Moved funds into jail diversion since Division will have this assistance team in the future to work with LMEs and providers. (6) Gaston jail diversion position: \$47,643 allocated and expended. 342 individuals served. Been operational since August and was originally slated to use county funds. With IPRS shortage, this position from the approved plan will use funds that are being reallocated.

Next steps: Pathways increased our emergency medication fund, purchased inpatient bed days on the psychiatric unit at Gaston Memorial Hospital and Kings Mountain Hospital for indigent, purchased days for indigent inpatient detox at Kings Mountain Hospital, funded start-up for a third transitional house program in Lincoln County and Mobile Crisis, and implemented Rapid Response beds. All of these increased our crisis continuum and helped with diversion alternatives to use of state hospital beds.

Piedmont (PBH). *Start-up funding:* (1) Facility based crisis. \$399,609 For the Facility Based Crisis expansion; PBH has been in discussions with Daymark Recovery Services to open and operate a second and third Facility Based Crisis center in Davidson County and Union County. PBH has had board approval to purchase buildings in Davidson county that was the old Davidson County Mental Health facility and a physician's office in Union County. PBH plans to submit a grant application with Daymark to the Kate B. Reynolds fund in September based on potential grant monies available. Initial planning has begun at PBH on a work plan for start up and implementation of these programs. Architects have been identified for construction planning

Next steps: 1 PBH to finalize budget review and assess overall system impact of recent significant State Funding cuts; 2 Continue contracting process with Local Hospitals for indigent bed coverage. 3 Plan to submit a grant proposal to the Kate B. Reynolds fund for additional support for a Facility Based Crisis Center in Davidson and Union County 4 Purchase the Building formerly utilized by the Davidson County Mental Health Services. Preliminary discussions are currently underway. 5 Purchase the Building in Union county. 6 Finalize the work plan process for start-up and implementation of the Facility Based Crisis Center in Davidson and Union Counties. 7 Finalize agreements with 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 \$501,137 expended. 1,437 distinct individuals served. 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. (2). Facility based crisis. \$1,690,632 allocated and \$916,501 expended. 811 distinct individuals served. Currently PBH continues to have 16 beds in the Crisis Recover Center at Kannapolis. This Center covers all of five (5) PBH counties for Adults with MH and

SA disabilities. (3) Social Setting detox. Not budgeted separately, \$18,947 expended. 64 distinct individuals served. Currently PBH has one provider for Social Setting Detox Services. Mecklenburg Detox. This agency will accept consumers from all of five (5) PBH counties for Adults with SA needs meeting this level of care. (4) Non-hospital medical detox. Not budgeted separately. \$94,454 expended. 92 distinct individuals served. Currently PBH has one provider for Non Hospital Detox Services. ARCA. This agency will accept consumers from all of five (5) PBH counties for Adults with SA needs meeting this level of care. (5) Innovations crisis services. Not budgeted separately. \$37,850. 11 distinct individuals served. Currently PBH has 18 providers for Innovations Waiver – Crisis Services. All of five PBH counties are covered for this service for the DD population. (6) Access: \$1,141,360 allocated and expended. The PBH Call Center phone software captured 31,918 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 (5) PBH counties for adults and children with MH, DD, and SA disabilities. (7) Access outreach team: \$874,542 allocated and expended. 1,602 distinct individuals served. PBH operates an outreach team under our Access/STR unit. The Outreach 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 5 PBH counties are served by the Access – Outreach Team. (8) Advanced Access. Not budgeted separately, \$477,222 expended. 3,443 distinct individuals served. 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. (9) State Funded Community Hospitals. Not budgeted separately, \$1,724,429 expended. 511 distinct individuals served. 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.

Next steps: PBH is focusing on several initiatives with our Crisis Services plan:

- 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.
- Improvement in First Responder activities through specific training of our agencies providing first responder services. (ACT, Community Support, Residential, MST etc.)
- Improvement in Crisis Respite and Respite services through the implementation of the PBH 1915B (3) waiver services.
- 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.
- Enhance our Innovations Waiver services through our renewal by requesting definition updates to establish First Responder process for current definitions.
- Continued work towards expansion of the Facility Based Crisis Services capacity through the addition of Davidson County and Union County based Facility Based Crisis Services Centers.
- 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.

(Continued trainings of all Community Support agency staff under contract with PBH.)

Sandhills. *Start-up funding:* \$308,491 was allocated and \$524,395 has been expended. Sandhills Center was involved in a number of Crisis Services efforts that resulted in the full utilization of the Crisis Funds noted above. To date, these funds have been expended for the following purposes associated with the Center's Crisis services Plan: (1) Good Hope Inpatient 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 potential 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. A contract is under negotiation with an inpatient management company, initial construction drawings have been reviewed by the State Division of Health Care Regulation and a Certificate of Need application is underway to transfer sixteen beds from the State Hospitals to Good Hope Hospital. (2) Crisis Intervention Training (CIT): Sandhills Center is working with a group of community stakeholders including: NAMI-Moore County, 1st Health, Sandhills Community College and the Moore County Sheriff's Office to implement CIT in the Sandhills Area. We are delighted to note that we have just completed our initial week long CIT Program involving fifteen law enforcement officers from four different agencies. A second CIT Training Program is scheduled for July 2008. (3) Additional Crisis Funds have been expended in support of night/weekend emergency services, start up funding for the Center's Hospital Transition Teams, and to provide medical support for indigent psychiatric care.

Service funding: \$1,000,633 has been allocated and \$2,030,708 expended for the following crisis services billed through IPRS: (1) Local inpatient (YP820) \$1,870,297 expended. 818 individuals served. Six hospitals. (2) Facility based crisis (YP 485) \$146,320 expended. 123 individuals served. Two facilities.. (3) Social setting detox (YP 790) \$14,091 expended. 22 individuals served. One facility.

Next steps: During FY 2007-2008, Sandhills Center has made an aggressive and effective effort to implement our Crisis Services Plan. These efforts have resulted in a 46.9% reduction in State Hospital Admissions during the July 2007-June 2008 time period as compared to total admissions during FY 06-07. A key element in the Center's success during FY 07-08 was the expansion of its Crisis Service Continuum through the implementation of two Hospital Transition Teams. These teams are designed to insure that consumers exiting hospital settings are effectively integrated into community treatment alternatives—this effort is focused on the goal of reducing readmissions to State hospitals. The Center has continued to expand its financial commitment to detox and residential treatment services for SA consumers and community inpatient services across our eight county area.

Smoky Mountain (SMC). *Start-up funding:* Crisis start-up for Northern and Southern Regions: \$209,780 was budgeted and expended. After obtaining approval from the Division of MH/DD/SAS, contracts were initiated with Cannon Memorial Hospital to assist with start up costs for their new 10 bed adult psychiatric unit (\$58,351.92 for beds, mattresses, security cameras, security equipment, and bathroom safety modifications.), and Haywood Regional Medical Center (HRMC) for start up costs for their 16 bed adult psychiatric unit (\$35,764.08 for beds, mattresses, stacking chairs, task chairs, desks and

workstations.) SMC provided funding to renovate a wing of HRMC (6th floor west) to provide a safe and attractive space in which to serve psychiatric clients. This included creating a congregate space, replacing drop ceiling, replacing or covering fixtures, installing security cameras, door locks, piano hinges on doors, security screens over windows, flooring and painting. All remaining crisis start up funding (\$1,059,780) was expended in the 4th quarter.

Service funding: **(1)** Balsam Center facility based crisis: \$ 1,286,698 has been expended. 525 admissions fiscal year to date. 399 State funded. 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. 76% of the clients served do not have Medicaid or other insurance. **(2)** Synergy Recovery Facility Based Crisis: \$569,917 has been expended. 612 admissions fiscal year to date. 344 State funded. Synergy continues to provide detox and dual diagnosis services for SMC and other western LMEs. Synergy actively collaborates with SMC and New River Behavioral Health. **(3)** Southern Region Emergency Services: \$879,245 has been expended. 1,860 face-to-face emergency interventions at the Balsam Center and in the community. A total of 3,988 calls were handled by emergency services. SMC hired a full time on site Broughton liaison effective July 1 serving all 15 counties. SMC has initiated a contract for a child crisis bed in the Southern Region.

SMC has made slow progress in recruiting licensed staff for emergency services. We will have adequate staff for Haywood, Jackson, Macon and Swain counties by August. However, a viable model has not been finalized with the far west of the catchment area (Cherokee, Clay and Graham), since provider organizations did not feel they had adequate staff. We are working closely with the local hospital, Murphy Medical Center, to explore their potential for providing the service through the hospital. Additional funding is needed to enhance services.

Despite significant challenges with Medicaid/Medicare and cash flow at Haywood Regional Medical Center, development of a 16 bed adult psychiatric unit there has proceeded, though opening of the unit has been delayed approximately 10 weeks. The LME has approved contracts with HRMC for procurement and operation of the unit. The HRMC board of directors approved de-allocating 16 acute care beds to permit a CON exemption. Renovation of the unit has proceeded over the past quarter, and is due to be completed in July. Recruitment of psychiatrists and nurses continues to be very challenging. The unit is scheduled to open in September.

(4) Northern Region Emergency Services: \$910,792 has been expended. 3,396 total seen, 888 of these were mobile crisis contacts. New River Behavioral Health continued to operate two mobile crisis teams serving our 5 Northern Region counties. With the impending merger of Foothills and Smoky Mountain Center LME on July 1, NRBH agreed to expand into the counties of McDowell, Caldwell and Alexander Counties on July 1. During the latter half of this quarter, NRBH was preparing for this expansion. Among other things, this involved developing a dispatch procedure to respond to calls in the former Foothills counties, now referred to as our Central Region. Additional funding is needed for one additional mobile crisis team. Effective July 1, SMC hired a North/Central Region emergency services coordinator to oversee crisis services for this 8 county region.

SMC initiated a procurement contract with Cannon Memorial Hospital for their new 10 bed adult psychiatric unit in Avery County. This contract will ensure priority access for individuals who

are indigent, or who would otherwise be referred to the State Hospital. Cannon plans to open the new unit October 1.

Smoky Mountain was allocated \$1,403,287 in recurring crisis service funds and expended \$3,273,945. There were 5256 face-to-face emergency interventions for the 12 counties.

Next steps: SMC is using single stream dollars, over and above our crisis allocation, as well as Medicaid and other 3rd party funding, to meet crisis needs in our 12 county service area, to meet crisis needs in our 12 county service area as reflected above.

Southern Region: The LME will continue to work with local hospitals and Sheriffs as we implement a “mobilized” community based crisis intervention program across our southern region counties. Progress has been hampered by recruitment challenges and the lack of an able provider in the western counties. HRMC plans to open the psychiatric unit in September.

Northern Region: : SMC will continue working with New River Behavioral Health to enhance mobile crisis services, including the implementation of a dispatch service, and to assist NRBH in expanding their mobile crisis into McDowell, Caldwell and Alexander Counties. 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

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 are projected to reduce State Hospital admissions by a minimum of 50%. 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.

Southeastern Center. *Start-up funding:* Crisis start-up allocation available in SFY 08 \$184,750. (1) CIT \$2,040 allocated and expended. Offered the first local CIT 40 hour training from January 7-11 to 17 officers in New Hanover and Brunswick Counties. Total officers trained this fiscal year is 38. CIT now funded ongoing from another source. (2) Crisis Station. \$15,000 allocated and expended. Repairs and maintenance to the Crisis Station. Security upgrades in order to better serve involuntary clients. (3) Private inpatient beds: \$4,305 allocated and expended. Paid for inpatient stay at Brynn Marr for two non-Medicaid consumers. (4) DD Crisis Respite. \$801 allocated and expended. (5) Facility Based Crisis. \$162,604 allocated and expended. Added staffing to expand capacity for 24/7 admissions and care coordination with Emergency Department of local hospital.

Service funding: (1) Bridge Builders Peer Support: \$45,834 allocated expended. 141 individuals served. One provider fully operational serving New Hanover and Brunswick counties. (2) Child and Youth crisis beds: \$60,000 allocated and expended. 30 individuals served. Three providers fully operational serving Brunswick, New Hanover, and Pender counties. (3) Crisis station: \$214,829 allocated and expended. 2,850 individuals served. This service is now being provided at local hospital ED all three counties. (4) Facility based crisis: \$864,213 allocated and expended. 430 individuals served. This service was added here as the funding was realigned this fiscal year. One provider fully operational. Serves Brunswick, New Hanover, Pender.

Next steps: Mobile Crisis is still being explored with several providers one of which is operational as a Medicaid enrolled service provider.

Southeastern Regional (SRMH/DD/SAS). *Start-up funding:* (1) Mobile crisis. \$61,462 allocated and expended. One position filled. Other position was offered, but applicant declined. We are recruiting again. We will pay for this other position with recurring Mobile Crisis Team funding. *A de-allocation request was processed at the request of Southeastern Regional LME during April 2008. This reduced total Non-UCR Crisis funding by \$350,000. The justification follows: SER has found that Crisis services (mobile crisis management, facility-based crisis, inpatient hospital) have been billed and paid for out of other IPRS funding pots (adult MH & adult SA) throughout this fiscal year. Increases to both ADMH & ADSA have been requested and approved this fiscal year. Crisis services are being provided in this catchment area, but some of the funding is flowing through other age/disability categories (in UCR).

Service funding: (1) 24/7/365: LME screenings: 7,389. (1) One provider, SRMH/DD/SAS. As of 07/008, SRMH/DD/SAS is performing after-hours on-call services. We no longer have a contract with ProtoCall. (2) Mobile crisis: \$92,495 allocated and \$92,495 expended. 877 individuals served. 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. Both providers serve the catchment area of Bladen, Columbus, Robeson and Scotland counties. (3) Respite. Continue to utilize services provided through contract with Cumberland LME. (4) Facility based crisis. \$406,199 allocated and expended. 227 individuals served. This funding is being used to support the operational costs on a non-ucr basis, after first subtracting out any Medicaid billings. One provider (SRMH/DD/SAS). Catchment area served is Bladen, Columbus, Robeson, & Scotland counties. (5) Community inpatient. \$99,566 allocated and expended. Funds have been used to support the operational costs of the local in-patient physicians. *A de-allocation request was processed at the request of Southeastern Regional LME during April 2008. This reduced total Non-UCR Crisis funding by \$350,000. The justification follows: SER has found that Crisis services (mobile crisis management, facility-based crisis, inpatient hospital) have been billed and paid for out of other IPRS funding pots (adult MH & adult SA) throughout this fiscal year. Increases to both ADMH & ADSA have been requested and approved this fiscal year. Crisis services are being provided in this catchment area, but some of the funding is flowing through other age/disability categories (in UCR).

Wake. *Start-up funding:* (1) Geropsychiatric Mobile crisis: The selection team interviewed and chose a provider. Provider and LME staff is working together on start-up budget and contract negotiations. (2) Facility design, construction and renovation 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 \$241,011 allocated and expended: Schematic design work is complete. Architectural team and Wake staff is holding forums with CFAC, WCHS Board, other stakeholders prior to presentation for approval by Wake Board of Commissioners in August 2008. (3) Purchase of local inpatient care at Holly Hill Hospital: \$217,540 allocated and expended. Purchased care for 26 clients (unduplicated), total of 31 hospital stays, total of 276 bed days.

Next steps: (1) Geropsychiatry Mobile Crisis Team: Finish budget and contract negotiations and implement service. (2) Facility design, construction, and renovation: Seek Board of Commissioners approval of schematics and OK to move to next phase. (3) Indigent care at Holly Hill Hospital: Continue to purchase local inpatient care using both State IPRS funding and county funding mechanisms.

Service funding: (1) Local MH inpatient at Holly Hill Hospital and Facility based crisis at Wake Alcohol Treatment Center. \$1,384,784 budgeted and expended. 493 Individuals served. Re-aligned funding approved. Expenditures earned through UCR at Wake ATC. (2) Mobile crisis team (geropsychiatry) Funding re-aligned to UCR above. (3) Other Adult MH to be determined Re-aligned to UCR above. (4) Child MH respite, non-Medicaid Community Support for detention, emergency medication assistance. \$13,855 budgeted and \$2,740 expended. 5 individuals served. Four active providers. (5) Child SA respite, non-Medicaid Community Support for detention, emergency medication assistance. \$9,855 was re-aligned to UCR and \$3,385 was expended. 4 individuals served. (6) DD-individual crisis plans \$19,637 budgeted and expended. 12 individuals served. Three active providers.

Western Highlands (WHNLME). *Start-up funding:* (1) Crisis stabilization unit. \$254,094 allocated and expended. Staff have been hired and trained, and final licensing and endorsement details have been addressed. The Crisis Stabilization Unit has opened and is operating. (2) Child Therapeutic Foster Care beds. \$37,060 allocated and expended. Two providers are under contract and providing TFC beds serving 20 clients. We continue to have TFC available related to DSS and DJJP use. Reported figures are preliminary un-audited financial amounts.

Service funding: (1) Hospital-based psychiatric evaluations: \$163,507 allocated and expended. 510 individuals served. 3 area hospitals serving region. Other hospitals also available for the service. (2) Emergency services: \$375,052 allocated and expended. 749 individuals served. 3 providers available to serve all eight counties of WHN LME. Providing outpatient ES, Walk-in, phone, emergency room, commitment evaluations and on-call services. (3) Specialized emergency services: \$34,190 allocated and expended. 235 individuals served. 12 providers across 8-county region providing on-call and first responder services (4) Eating disorders program \$20,000 allocated and expended. 1 individual served. One-time allocation to serve single client needing emergency service due to severe eating disorder (5) Substance abuse crisis detox: \$829,188 allocated and expended. 446 individuals served. Regional service provider for all 8-counties. (6) Crisis Intervention training. \$3,750 allocated and expended. Educational materials provided for Crisis Intervention Trainings. Reported figures are preliminary un-audited financial amounts.