

The North Carolina Division of Mental Health,
Developmental Disabilities, and Substance Abuse Services

**North Carolina Institute of
Medicine Task Force on
Behavioral Health Services for
the Military and their Families**

Flo Stein

Thursday, March 18, 2010

The North Carolina Public System-State Operated Healthcare Facilities

- 4 Regional Psychiatric Hospitals
- 3 Alcohol and Drug Treatment Centers
- 4 Developmental Disability Centers
- 2 Neuro-medical Treatment Centers
- 2 Residential Schools for Children

The North Carolina Public System-The Community

- ❑ There are currently 24 Local Management Entities (LMEs)
- ❑ Most have responsibility for multiple counties that join together under one LME
- ❑ Duties include management of a provider network, authorization and eligibility determination, care coordination, quality management, community collaboration and consumer affairs.

Focus on Veterans and Their Families

- ❑ In 2008 the NC General Assembly approved the designation of OEF/OIF Veterans and their Families as a target population
- ❑ Any veteran or family members may access any state funded crisis stabilization service.
- ❑ Veterans and Family members may access other services if benefits have been exhausted or a not available

Screening Access and Triage (STR)

- ❑ The LME provides access to services 24 hours per day, seven days per week to assure a uniform statewide process
- ❑ Qualified, trained staff are on duty to provide system navigation and linkage to crisis services.
- ❑ Staff provides brief screening to determine if a MHDDSA problem exists and assesses the urgency of the situation
- ❑ If the individual has an emergency situation he/she is immediately transferred for a clinical evaluation

The Front Line-Mobile Crisis Teams

- Expertise in MH/SA/DD required
 - START available for DD consultation
 - Access to psychiatrist

- Available 24/7/365

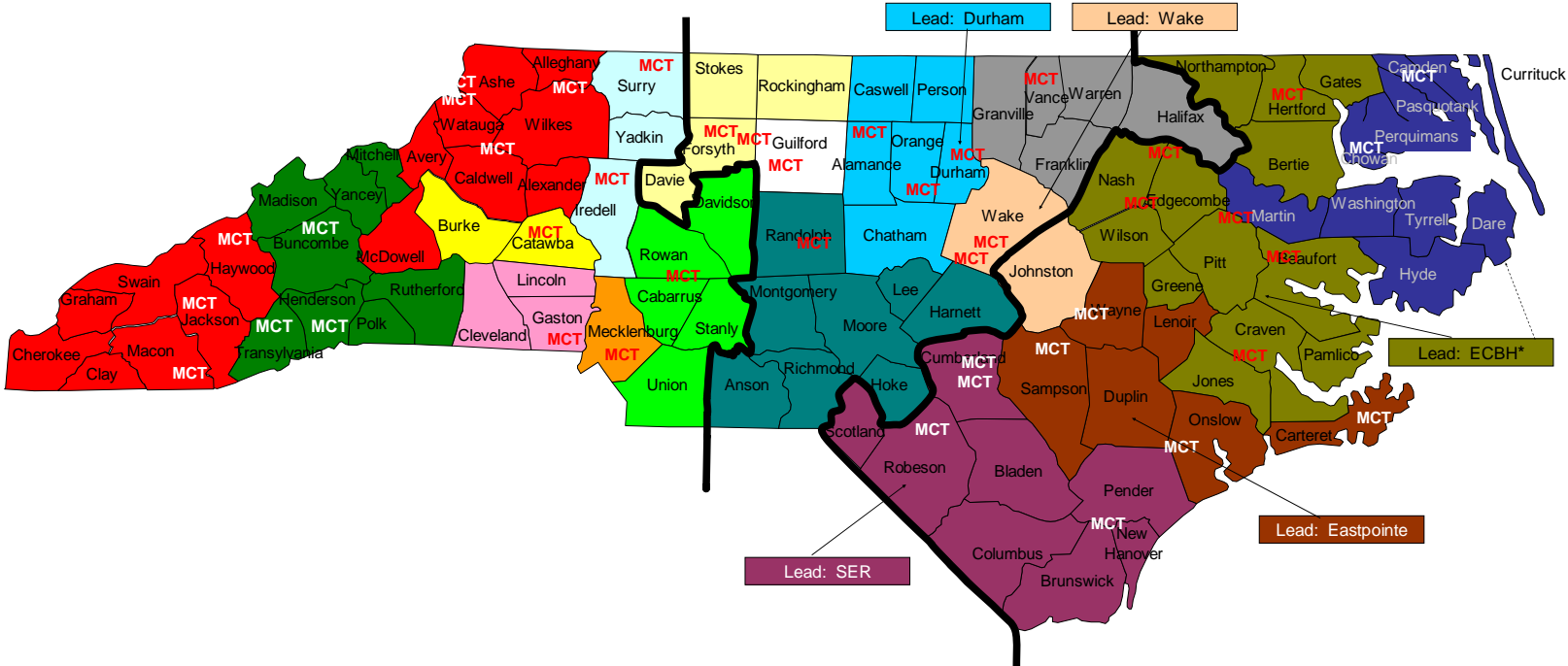
- As of 11/09, 42 Mobile Crisis teams endorsed and providing services in NC

Mobile Crisis

- Common locations for service provision
 - Emergency Departments, Community Based (homes, provider offices), Schools
 - Work closely with law enforcement

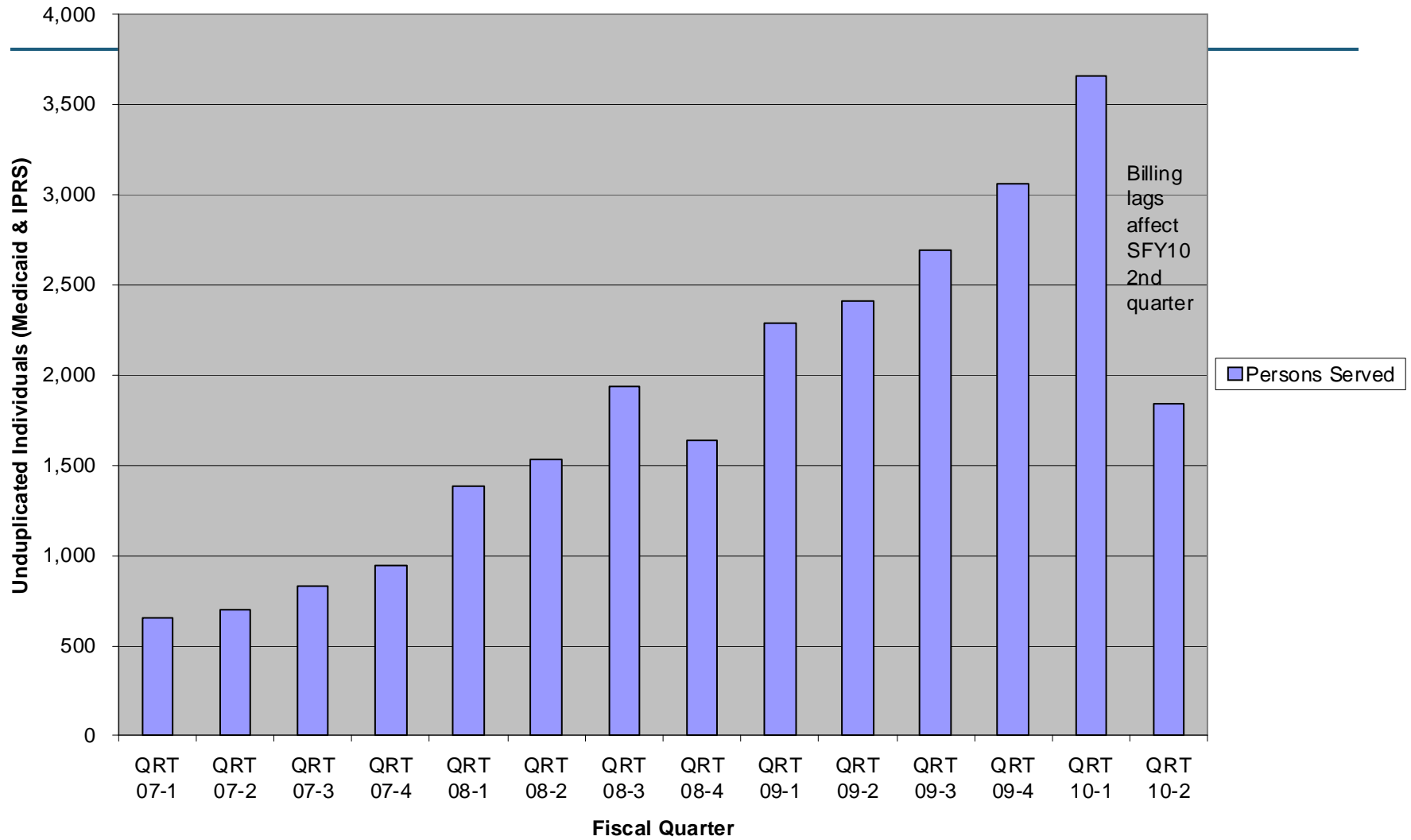
- Mobile Crisis teams can work in ED settings in 18/23 LME catchment areas
 - Credentialing issues
 - Alternative services available provided by ED
 - 50-60% of those individuals assisted by mobile crisis teams do not enter the hospital

North Carolina Regional Mobile Crisis Teams



* ECBH has a management agreement (dotted line) with the state for oversight of Albemarle.

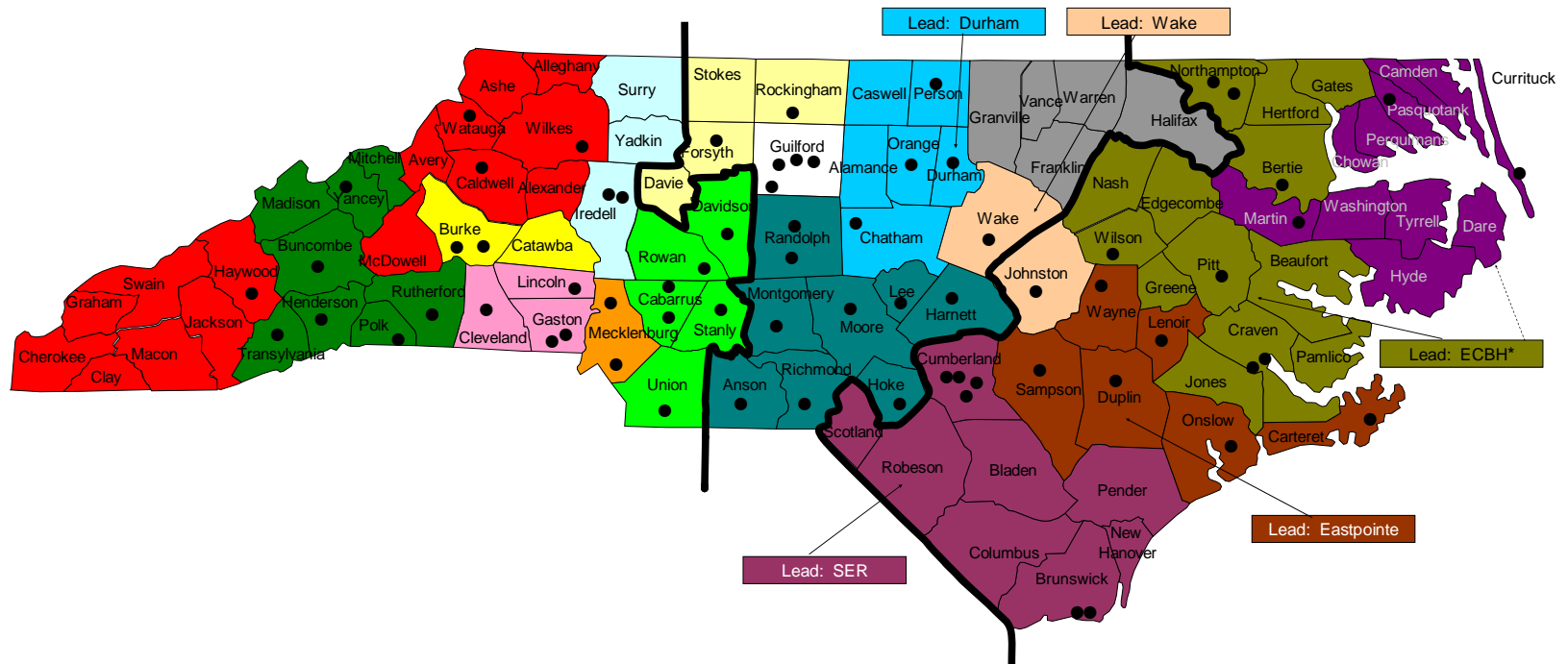
Mobile Crisis: SFY07 - SFY10YTD Number of Pesons Served by Quarter



Crisis Services on Demand

- ❑ Walk-in Crisis and Psychiatric Aftercare Programs. At a walk-in site an adult, adolescent or family in crisis can receive immediate care. Staff includes a psychiatrist, registered nurse and a clinical social worker . Services may be face-to-face or via telepsychiatry.
- ❑ Facility Based Crisis Services-Provides an alternative to inpatient for adults or children with MH or SA acute crisis situation.

North Carolina Walk-in Crisis and Immediate Psychiatric Aftercare Centers



* ECBH has a management agreement (dotted line) with the state for oversight of Albemarle.

Other Crisis Access Points

- ▣ State Hospitals
- ▣ Local Inpatient Psychiatric Hospital beds- DMHDDSAS contracts with local hospital across the state to provide improved access to inpatient care.
- ▣ There are 90 new beds available in local communities

Other Services

Available to Veterans and Families

- ❑ LME is responsible for benefits management for veterans and their families. The LME will make a referral to the appropriate provider.
- ❑ When a benefit is not available through the Department of Defense or Veterans Affairs individual may be referred to local providers. Veterans may be eligible for Medicaid services.

Services Coordinated by LMEs

- ❑ In FY 2009 2828 individuals were admitted to services through LMEs
 - ❑ 2393 were men (84.6%)
 - ❑ 435 were women (15.4%)
 - ❑ 278 were less than 25 years old
 - ❑ 131 were 65 or over
-
- ❑ The Division through contract with the Alcohol and Drug Council of NC provides vouchers to the National Guard for clinical substance abuse assessments.

What needs to Be Done

- ❑ Orientation for LME Directors with introduction to National Guard Resiliency Services
- ❑ Establish point of contact system between LMEs and Stephenie Nissen of the National Guard
- ❑ Develop and deliver training for STR supervisors and develop on-line training for STR personnel
- ❑ Design and implement training for the crisis response system

More Recommendations

- ❑ Encourage the LME to make training available to their providers
- ❑ LMEs should encourage independently licensed clinicians to enroll as TRICARE providers
- ❑ Develop military/veterans specific treatment responses
- ❑ The Practice Improvement Collaborative will recommend evidence based practices for veterans and families
- ❑ Continue to support the suicide hot line provided through CARELINE