

**CenterPoint Human Services
Local Crisis Services Plan**

Submitted to:

Department of Health and Human Services Division of MH/DD/SAS

Originally Submitted 2/28/2007

Revision Submitted 4/25/07

Attachments:

- Charts/Data/Analysis as Needed to Support Local Plan
- Other (List if applicable) Crisis Network Schematic

LME Crisis Services System--Environmental Scan:

CenterPoint's tri-county catchment area has inadequate community capacity for crisis services, resulting in high utilization of state hospital beds and/or more restrictive treatment options for consumers. Crisis needs include non-hospital face-to-face assessment, community-based child/adult inpatient capacity, intensive treatment options that offer an alternative to hospitalization (crisis respite, temporary housing with attached service options) and additional types/capacity of specific SA services (ambulatory detox, social setting detox, bi-lingual providers to offer detox and SA residential to non-English speaking populations, as well as increased utilization of ADATC). Currently, most consumers are evaluated in local Emergency Departments, where they experience long delays while awaiting assessment and/or admission to State Hospitals. Community-based inpatient beds were lost with the closure of two facilities - CenterPoint's free-standing inpatient facility and a large for-profit psychiatric hospital (Charter Hospital). Urban & rural hospitals, with the exception of Forsyth...

NOTE: SEE CONTINUATION OF "LME CRISIS SERVICES SYSTEM - ENVIRONMENTAL SCAN" ON ADDENDUM.

Summary of LME Local Crisis Planning Process:

- 1. Describe crisis planning activities and processes**
- 2. Specify and summarize the involvement of groups, stakeholders, hospitals, etc**
- 3. Summarize the role CFAC in Crisis Planning**

1. Crisis planning was included in the process of obtaining community input for the Local Business Plan. Strategic planning at CenterPoint began in May, 2005 with two CenterPoint Board retreats followed by a Leadership Team retreat, discussions with CFAC and CenterPoint's four Advisory Committees (Adult Mental Health, Developmental Disabilities, Substance Abuse, and Child & Family), the Provider Council, hospitals, and Community Focus Groups. The Regional and Local LME Crisis Plans are consistent.

2. Included in the planning process were the Board, CFAC, the Advisory Committees, Provider Council, Jail Diversion Task Force, and Community Focus Groups in all three counties (including the Mental Health Association of Forsyth and Stokes Counties, NAMI, Peer Support Association, elected officials, law enforcement, court personnel, United Way and the Mayor's Council for Persons with Disabilities).

3. CFAC originated the Jail Diversion Task Force years prior to the Division's request for a Crisis Plan. Through their needs assessment, research, endless meetings building relationships and brain-storming ideas, the vision for the Crisis Response Network (CRN) was defined. The Schematic of the CRN is attached to the Crisis Plan. CFAC is researching and supporting the development of a 24-hour Drop-In Center and has consistently supported the establishment of community crisis services.

A key focus of CenterPoint's LBP is to strengthen collaborations. Objectives aim (1) to facilitate the generation of strategic plans by both CFAC and the four Advisory Committees to support CenterPoint in reaching the LBP goals; (2) to assist CFAC in its defining how CenterPoint can support CFAC to discharge its statutory responsibilities; and (3) to support CFAC in defining strategies to make CFAC input integral to CenterPoint operation. CFAC has been allocated \$100,000 to identify CRN gaps and to research ways to address those gaps. Input on jail diversion and Mental Health Court programs is being sought. Both Board members and CenterPoint staff participate in CFAC, Advisory Committee meetings, Disproportionate Minority Council, Suicide Prevention Taskforce, CIT Planning Committee, Peer Specialist Association, Geriatric Specialty Teams, Emergency Responders Coalitions, Provider Council, Grassroots Re-entry Coalitions, Mental Health Associations and the National Alliance on Mental Illness. CFAC representatives reviewed and gave feedback on the draft LBP from August, 2006 through February, 2007 and have been involved in development of the Crisis Plan including evaluation of applications for Mental Health Trust Funds.

STR Management Function Assessment and Plan

Management Function:	Self-Assessment of Function (Specify: In Compliance, Partial Compliance, Not in Compliance)	Target Date and Plan for Completion (if not in full compliance)
24/7 Access	In Compliance	
Toll Free Number	In Compliance	
Direct Contact with qualified staff	In Compliance	
Screening for service type/urgency	In Compliance	
Referrals to appropriate care	In Compliance	

Urgent/Emergent Referral Pattern Assessment and Plan

For Youth and Adults specify or estimate the number of crisis cases in 2006. Then, for each sub-population, indicate the actions, protocols, practices to be utilized in performing STR functions that will support plan objectives.

YOUTH	→	2006 Crisis Cases	ADULT	→	2006 Crisis Cases
		150			2297

Youth MH	Adult MH
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How will STR support Youth MH plan objectives?	How will STR support Adult MH plan objectives?
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<p>Children/youth in need of hospitalization will be referred to hospitals within the catchment area rather than being transferred to the State Hospital.</p> <p>Contract & MOA with local free-standing hospital (Old Vineyard Youth Services) has been finalized so that services can be offered in the consumer's home community.</p> <p>When clinically appropriate, will divert consumers from hospitalization to less restrictive forms of treatment such as Intensive In-Home Services.</p> <p>In non-emergent cases, STR staff may refer to Care Coordination in order to determine most appropriate form of treatment and prevent escalation of situation.</p>	<p>Adults needing acute psychiatric services will be referred to hospitals within catchment area rather than being transferred to the State Hospital. Contract with Old Vineyard for 10 adult beds with potential additional capacity of 21 more beds is being finalized. Awaiting proposal from Recovery Innovations of NC to provide diversion and stepdown with temporary housing, clinical and support services.</p> <p>When clinically appropriate, will divert consumers from hospitalization to intensive services in the community such as partial hospitalization and/or new programs being developed ("Living Room" of Recovery Innovations, etc.)</p> <p>In non-emergent cases, STR staff may refer to Care Coordination to determine appropriate form of treatment and prevent escalation of situation.</p> <p>STR to assist in identifying those consumers who are repeatedly admitted to the State Hospital and in need of Care Coordination.</p>
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Youth DD	Adult DD
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How will STR support Youth DD plan objectives?	How will STR support Adult DD plan objectives?
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<p>Until new resources/funding sources are developed for youth DD, we will continue current plan of referring new Medicaid consumers to a provider for Diagnostic Assmt. and Targeted Case Mgt.</p> <p>Unfunded consumers will be referred to Care Coordination for assistance in obtaining needed services.</p>	<p>Until new funding sources are developed for Adult DD, we will continue plan of referring new Medicaid consumers to a provider for Diagnostic Assmt and Targeted Case Management.</p> <p>Unfunded consumers will be referred to Care Coordination for assistance in obtaining needed services.</p>
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Youth SA	Adult SA
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How will STR support Youth SA plan objectives?	How will STR support Adult SA plan objectives?
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<p>STR staff will receive more training in completing more thorough screening for SA issues with youth.</p> <p>Will make referrals to providers with SA expertise and capability of providing evidence-based practices.</p> <p>Increase referrals for Intensive In-Home Services for this population. Currently, provider DayMark Recovery has been awarded Mental Health Trust Funds for start up of Intensive In-Home services to youth with SA or dual SA disorders. They have hired a licensed SA professional to work on this team & training is in process.</p>	<p>STR will continue its practice of keeping Adult SA consumers in need of detox and residential treatment in the community.</p> <p>*Largest provider of detox/SA residential services in area (ARCA) has been awarded Mental Health Trust Funds to expand adult SA services to Spanish speakers.</p> <p>STR to assist in identifying those consumers who are repeatedly admitted for detox and SA residential treatment and in need of Care Coordination.</p>
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STR Statement of Intention

CenterPoint's new manager for STR who started on 2/26/07 will devote his efforts solely to the management of this function. He will provide training and supervision to the STR staff to verify that consumers are being directed to the most appropriate, evidence-based practice in their community. Consumers needing short term hospitalization will be referred to hospitals within the catchment area. When clinically appropriate, attempts will be made to refer consumers to less restrictive forms of treatment (Partial Hospitalization, Intensive In-Home services, etc.) at the time of initial screening. Additionally, CenterPoint is negotiating with Family Services for a "warm line" to provide active listening and crisis prevention/early identification services.

Additional STR Measurable Outcomes (List up to two)

- Outcome: Decrease admissions to Children's Psychiatric Services at JUH by 5%.
- Outcome: Decrease admissions to Adult Acute Unit so that bed day allocation is not exceeded.

Footnotes:

STR Assessment and Plan

Statement of Need

Expansion of community beds for children/adolescents in crisis are needed to negate the need for hospitalization at JUH. Old Vineyard Youth Services (Old Vineyard) currently provides residential beds for sexually aggressive youth, girls ages 13-17, and 30 acute beds for children and adolescents, with 6 beds designated for children ages 5-12. With the implementation of System of Care in the catchment area and an initiative to provide in-county placement, further expansion of services is needed. Strategies addressing these needs are found in Chapters 3 and 5 of CenterPoint's new LBP.

Environmental Scan/Readiness

There has been a 300% increase in psychiatric consumers in crisis in Emergency Departments. This results in delays in consumers receiving care with law enforcement frequently spending 3-12 hours in Emergency Departments rather than providing patrol services. Consequently, there is intense interest by consumers, families, medical centers, law enforcement, providers, and CenterPoint in creating alternative crisis capability. Due to inadequate capacity & aversion by local facilities to treat indigent patients, CenterPoint experiences a high level of referrals to the state hospital system. Providing accessible local care linked to the local provider network supports family involvement & allows enhanced discharge planning & care coordination to indigent & Medicaid consumers.

Statement of Intention

CenterPoint and Old Vineyard have collaborated over the last several months to develop initiatives for a state-of-the-art crisis response system based in a free-standing facility that is readily accessible with local inpatient beds for both indigent and Medicaid consumers from CenterPoint's catchment area. CenterPoint and Old Vineyard now intend to fully operationalize the plan. A contract & MOA with Old Vineyard has recently been finalized. Face-to-face non-hospital crisis assessment should be available by 6/1/07.

FY06 Child MH State Hospital Admissions	92	FY07 Child MH Admission target	78
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What will you do differently to obtain this result?

A contract will be finalized with Old Vineyard for 24/7 crisis assessment services. Mobile Crisis and 1st Responder will be fully utilized.

FY06 Child MH crisis service demand	69*	FY07 Anticipated Child MH Crisis service demand	109**
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What will you do differently to obtain this result?

With recently awarded Mental Health Trust Funds, DayMark Recovery Services will expand Intensive In-Home Services with availability of an ASAM-certified child psychiatrist, licensed SA professionals and SA-specific training to staff. These services will be available to children and adolescents with SA, MH or dual SA/MH treatment needs. In addition, CenterPoint will work with providers to facilitate LME/Provider linkages on Mobile Crisis events and improvements in providers' "First Response".

Additional Child MH FY07/08 Measurable Outcomes (list up to two)

Outcome: Decrease admissions to JUH for children by 5%.

Outcome: Decrease emergent/urgent calls regarding youth, due to full utilization of 1st Responder system.

Footnotes: * Combined total of 51 emergent and 18 urgent as reported by contracted STR provider where data is not comprehensive. Combined total of 132 including 10 emergent/unknown disability and 122 urgent/unknown disability not included. ** Combined annualized total of 85 emergent and 24 urgent based on actuals tracked by CenterPoint's in-house STR department.

Child Mental Health Assessment of Crisis Services

Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority
Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives	
		mm/yy		(Y/N)	(High, Medium or Low)	
			24/7 Crisis Line	Y	H	H
			1st Responder	Y*	H	H
			Mobile Crisis Outreach Team	Y	H	H
Currently, DayMark provides this service during business hours only. A contract with Old Vineyard Youth Services to provide 24/7 face-to-face crisis assessment is expected to be finalized by 6/1/07.			Walk-in Crisis Services	N	H	H
			Transportation	N	H	H
			Urgent Appt<48 hrs	N**	M	M
Limited community respite is provided but no in-home respite.		N/A	In-Home Respite	N	L	L
Local hospitals indicate the reimbursement rate does not support costs associated with provision of 23-hour observation beds. Negotiations continue, but may not succeed, due to this financial barrier. Therefore, CenterPoint is exploring alternate funding for crisis respite service.			23hr Obs/Crisis respite	N	L	L
Local inpatient provider discussions.	In negotiation.	03/07	Crisis Stabilization Unit	N	L	L
Analyze need for expanded capacity with Old Vineyard Youth Services. Maintain back-up contract with Forsyth Medical Center.		01/08	Secure Non-State Inpt (Voluntary)	N	H	H
Analyze need for expanded capacity with Old Vineyard Youth Services. Maintain back-up contract with Forsyth Medical Center.		01/07	Secure Non-State Inpt (Involuntary)	N	H	H
			State Inpatient Hospital Facility	Y	M	L

Footnotes: * When fully operational. ** Without additional funding for IPRS providers, it is not possible to provide appointments within 48 hours for all urgent consumers.

Statement of Need

The community needs increased capacity for emergency and planned community respite services as a response to crises experienced by individuals with DD and their families. Murdoch Center, the primary existing resource for this service, has a waiting list, a cumbersome admission process and is not geographically accessible. There is a need for training of law enforcement professionals and Mobile Crisis Teams regarding appropriate identification and response to children who may have DD or a dual MH/DD issue.

Environmental Scan/Readiness

Horizon Center in rural Stokes County offers limited facility-based respite for children with DD. In-home respite is not currently available. Child consumers with DD may currently access Mobile Crisis Services. CIT training for law enforcement includes information regarding appropriate response to individuals with DD.

Statement of Intention

CenterPoint is currently collaborating with Old Vineyard Youth Services for face-to-face crisis assessment and stabilization services and acute care, which would be a resource for individuals with a dual MH/DD diagnosis. CenterPoint will explore with community partners and families the feasibility of returning Murdoch residents to their home communities. However, initial responses from families indicates their preference for these severely involved consumers to remain at Murdoch Center. CenterPoint will also pursue a RFP for in-home respite services if funding can be identified.

FY06 Child DD State Hospital (and Developmental Center?) Admissions	3	FY07 Child DD State Hospital (and Developmental Center?) Admission Target	2
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What will you do differently to obtain this result?

CenterPoint will maintain current efforts.

FY06 Child DD crisis service demand	1* **	FY07 Anticipated Child DD Crisis service demand	4* ***
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What will you do differently to obtain this result?

CenterPoint will maintain current efforts.

Additional Child DD FY07/08 Measurable Outcomes (list up to two)

Outcome:

Outcome:

Footnotes: * A consumer with DD may be assigned a primary or secondary MH diagnosis when assessed for inpatient or other crisis services, making the reliability of the data questionable. **As reported by contracted STR provider where data is not comprehensive. Combined total of 132 including 10 emergent/unknown disability and 122 urgent/unknown disability not included. *** Combined annualized total of 2 emergent and 2 urgent based on actuals tracked by CenterPoint's in-house STR department.

Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority	
Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives		
		mm/yy		(Y/N)	(High, Medium or Low)		
			Intervention	*24/7 Crisis Line	Y*	L	L
				1st Responder	Y	L	L
				**Mobile Crisis Outreach Team	Y	L	L
DayMark Recovery provides daytime emergency assessments during business hours only. Discussions are underway with Old Vineyard Youth Services regarding face-to-face crisis assessments 24/7 & the service is expected to be available by 6/1/07.				Walk-in Crisis Services	Y	L	L
				Transportation	N	L	L
			Disposition	***Urgent Appt<48 hrs	Y**	L	L
CenterPoint will explore funding for this service.				In-Home Respite	N	L	L
				Short Term Crisis Respite	N	L	L
Frye Regional Hospital.				****Secure Non-State Inpt (Voluntary)	Y	L	L
Frye Regional Hospital.				****Secure Non-State Inpt (Involuntary)	Y	L	L
			State DD Center Respite	N	L	L	

NOTE: Items with an asterisk may include the following components that are part of the foundation for the development of a more comprehensive crisis system for individuals with DD (See attached information regarding START model). * 24/7 crisis line and 1st responder should include access to consultation with PhD psychologist with expertise in DD and behavioral healthcare. ** Mobile Crisis should include Master &/or bachelor level clinicians with expertise in DD behavioral healthcare. *** Urgent appointment with PhD psychologist for development of behavior plan or other supports. ***** Inpatient only when other options fail and with access to PhD psychologist with expertise in DD and behavioral healthcare to provide consultation.

Footnotes: * Due to funding and staffing availability limitations, PhD psychologist consultation is unavailable. ** There is no problem securing appointments for urgent Medicaid consumers within 48 hours; however, there is limited availability of such appointments for urgent IPRS consumers under current funding.

Statement of Need

While state hospitalizations of Child SA remain low at JUH, the Child SA population is under-identified and under-served in the community. An Adolescent SA residential treatment facility is needed. Providers need best practice training in treating this population.

Environmental Scan/Readiness

CenterPoint has identified an ASAM-certified child psychiatrist who will work with DayMark Recovery Services on start-up of Intensive In-Home Services to adolescents with SA or dual SA/MH needs, as Mental Health Trust Funds have been awarded. DayMark has recently hired a licensed SA professional to work on the Intensive In-Home team. After being trained at the SA Summer School on group services to adolescents with SA issues, DayMark will implement groups. CenterPoint has identified funding and developed a training plan for providers, LME staff, consumers/families and other stakeholders that includes Integrated Dual Disorder Treatment & other evidence-based training on SA services.

Statement of Intention

CenterPoint intends to emphasize best-practice approaches across the provider network to effectively identify need and deliver services, especially before Child SA consumers transition to the Adult SA population. Further, CenterPoint intends to use its best efforts to establish an Adolescent SA residential treatment capability.

FY06 Child SA State Hospital Admissions	3	FY07 Child SA State Hospital Admission target	5
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What will you do differently to obtain this result?

CenterPoint is negotiating with Wake Forest University Baptist Medical Center for a child psychiatrist with additional qualifications (ASAM) and experience with Child/Adolescent SA to provide training in evidence-based practices and to deliver direct psychiatric services in the community. CenterPoint will continue to strengthen its formal and informal relationships with Old Vineyard Youth Services.

FY06 Child SA crisis service demand	4*	FY07 Anticipated Child SA Crisis service demand	2**
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What will you do differently to obtain this result?

The First Responder System will be fully utilized. Mobile Crisis will be aggressively marketed leading to increased utilization. Care coordination will be provided in appropriate cases of high utilization. With increased visibility, CenterPoint anticipates increased demand.

Additional Child SA FY07/08 Measurable Outcomes (list up to two)

Outcome:

Outcome:

Footnotes: * Combined total of 1 emergent and 3 urgent as reported by contracted STR provider where data is not comprehensive. Combined total of 132 including 10 emergent/unknown disability and 122 urgent/unknown disability not included. ** Combined annualized total of 2 emergent and 0 urgent based on actuals tracked by CenterPoint's in-house STR department.

Child SA Assessment of Crisis Services

Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority
Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives	
		mm/yy		(Y/N)	(High, Medium or Low)	
			24/7 Crisis Line	Y	H	H
			1st Responder	Y*	M	H
			Mobile Crisis Outreach Team	Y	M	H
Currently, DayMark provides this service during business hours only. A contract with Old Vineyard Youth Services to provide 24/7 face-to-face crisis assessment is expected to be finalized by 6/1/07.			Walk-in Crisis Services	N	M	H
			Transportation	N	H	H
			Urgent Appt<48 hrs	N	M	M
Service is unavailable and would be of questionable assistance to this population.			In home respite	N	L	L
Local hospitals indicate the reimbursement rate does not support costs associated with provision of 23-hour observation beds. Negotiations continue, but may not succeed, due to this financial barrier. Therefore, CenterPoint is exploring alternate funding for crisis respite service.			23hr Obs/Crisis Respite	N	L	L
Working with community provider for service.	Finalizing contract.	03/07	Crisis Stabilization Unit	N	H	H
			Ambulatory Detox	N	L	L
Community provider contract with Old Vineyard Youth Services.	Negotiating.	TBD	Non-State Adolescent Inpatient	N	H	H
Community provider contract with Old Vineyard Youth Services.	Negotiating.	TBD	Secure Non-State Adolescent Inpt	N	N	M

Footnotes: * When fully utilized.

Statement of Need

For the past several years CenterPoint has over-utilized the State hospital due to the closure in 2000 of both its own in-patient unit and Charter Hospital. In 2003, CenterPoint contracted with a local hospital for face-to-face crisis assessments but due to EMTALA, hospital protocols, and risk management concerns, this does not meet the community's needs. Having a face-to-face non-hospital emergency assessment and short-term in-patient beds in the community will alleviate that problem. Strategies addressing this area are found in Chapters 3 and 5 of the new CenterPoint LBP.

Environmental Scan/Readiness

CenterPoint, in collaboration with the community, generated the Crisis Response Network (CRN), a comprehensive continuum of crisis services for the community. Items already implemented under CRN include Jail Liaison, Mobile Crisis, CIT Training, First Opinion Waiver, Screening/Triage/Referral, crisis walk-in capability during weekdays and child/adolescent in-patient crisis services. The community is not only ready, but insistent, on the expansion of community in-patient crisis services, further CIT trainings, jail diversion, community-based re-entry, and creation of a Mental Health court.

Statement of Intention

CenterPoint intends to increase non-hospital face-to-face crisis assessment and community in-patient capacity through Old Vineyard, who will open adult MH beds. By 6/1/07, we will operationalize 10 adult acute care beds. Face-to-face crisis assessments will be available as well. In FY08-FY09, adult acute care capacity could be enhanced by an additional 10-20 beds dependent on availability of funding of start-up costs. Overflow will be accommodated under contracts with Forsyth Medical Center and Davis Regional Hospital. State hospital admissions and utilization will be focused on chronic, primarily SPMI, individuals. *

FY06 Adult MH State Hospital Admissions	896	FY07 Adult MH Admission target	1001
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What will you do differently to obtain this result?

In addition to the strategies discussed above under *Intent*, efforts with WFU/Baptist Medical Center have resulted in their recent agreement for the Mobile Crisis Team to evaluate consumers in their Emergency Department, which can at times divert consumers from hospitalization.

FY06 Adult MH crisis service demand	591*	FY07 Anticipated Adult MH Crisis service demand	1187**
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What will you do differently to obtain this result?

Training of providers on adequate crisis plans, targeted enhancements of the First Responder system and increased care coordination activities will focus on prevention and early-intervention strategies. A "warm line" is being negotiated with Family Services.

Additional Adult MH FY07/08 Measurable Outcomes (list up to two)

Outcome: Maintain bed utilization of geriatric population within allocation.

Outcome:

Footnotes: * Combined total of 504 emergent and 87 urgent as reported by contracted STR provider where data is not comprehensive. Combined total of 242 including 16 emergent/unknown disability and 226 urgent/unknown disability not included. ** Combined annualized total of 927 emergent and 260 urgent based on actuals tracked by CenterPoint's in-house STR department.

Adult Mental Health Assessment of Crisis Services

Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority
Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives	
		mm/yy		(Y/N)	(High, Medium or Low)	
			24/7 Crisis Line	Y	H	H
			1st Responder	Y	L	H
			Mobile Crisis Outreach Team	Y	L	H
Currently, DayMark provides this service during business hours only. A contract with Old Vineyard Youth Services to provide 24/7 face-to-face crisis assessment is expected to be finalized by 6/1/07.	In process.	07/07	Walk-in Crisis Services	N	H	H
Alternate transportation for state hospital discharged consumers		01/08	Transportation	N	H	H
Group CS services will be utilized to timely connect consumers with services.		05/07	Urgent Appt<48 hrs	N*	H	H
			In-Home Respite	N	L	L
Local hospitals indicate the reimbursement rate does not support costs associated with provision of 23-hour observation beds. Negotiations continue, but may not succeed, due to this financial barrier. Therefore, CenterPoint is exploring alternate funding for crisis respite service.	Pending funding		23hr Obs/Crisis respite	N	L	L
Working with Crisis Recovery Center, Statesville.	Initial contacts made	TBD	Crisis Stabilization Unit	N	M	M
Old Vineyard.	In negotiation	**	Secure Non-State Inpt (Voluntary)	N	H	H
Old Vineyard.	In negotiation	**	Secure Non-State Inpt (Involuntary)	N	H	H
			State Inpatient Hospital Facility	N	H	H

Footnotes: * While Medicaid consumers can access timely care, there is insufficient funding for IPRS consumer demand for appointments for assessments within the timeframe. ** Contracts with 3 hospitals but service not utilized due to reimbursement rate. ** 10 acute care beds and face-to-face crisis assessment by 6/1/07; 10-20 additional acute care beds FY08-09, depending on start-up funding.

Statement of Need

The community needs increased capacity for emergency and planned community respite services as a response to crises experienced by individuals with DD and their families. Murdoch Center, the primary existing resource for this service, has a waiting list, a cumbersome admissions process, and is not geographically accessible. There is a need for training for law enforcement professionals through CIT, as well as for Mobile Crisis Teams, on appropriate identification and response to adults who may have DD or a dual DD/MH issue.

Environmental Scan/Readiness

Adult consumers with DD may currently access Mobile Crisis Services and local hospitals for inpatient services. CIT training for law enforcement includes information regarding appropriate response to individuals with DD.

Statement of Intention

CenterPoint is currently collaborating with Old Vineyard Youth Services for face-to-face crisis assessment and stabilization services and acute care, which would be a resource for individuals with a dual MH/DD diagnosis. Contract is expected to be finalized by 6/1/07. Additionally, CenterPoint will explore the feasibility of establishing in-home respite services.

FY06 Adult DD State Hospital (and Developmental Center?) Admissions	8	FY07 Adult DD State Hospital (and Developmental Center?) Admission Target	11
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What will you do differently to obtain this result?

CenterPoint will explore the feasibility of in-home respite services.

FY06 Adult DD crisis service demand	1* **	FY07 Anticipated Adult DD Crisis service demand	16* ***
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What will you do differently to obtain this result?

CenterPoint will maintain existing efforts.

Additional Adult DD FY07/08 Measurable Outcomes (list up to two)

Outcome:

Outcome:

Footnotes: *A consumer with DD may be assigned a primary or secondary MH diagnosis when assessed for inpatient or other crisis services, making reliability of the data questionable. **Combined total of 1 emergent and 0 urgent as reported by contracted STR provider where data is not comprehensive. Combined total of 242 including 16 emergent/unknown disability and 226 urgent/unknown disability not included. ***Combined annualized total of 7 emergent and 2 urgent based on actuals tracked by CenterPoint's in-house STR department.

Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority
Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives	
		mm/yy		(Y/N)	(High, Medium or Low)	
			*24/7 Crisis Line	Y	L	L
			*1st Responder	Y	L	L
			**Mobile Crisis Outreach Team	Y	M	M
Currently, DayMark provides this service during business hours only. A contract with Old Vineyard Youth Services to provide 24/7 face-to-face crisis assessment is expected to be finalized by 6/1/07.	In process.	07/07	Walk-in Crisis Services	N	M	M
Alternate transportation from State Facilities for those discharges.		01/07	Transportation	N	L	L
			***Urgent Appt<48 hrs	Y	L	L
			In-Home Respite	N	H	H
			Short Term Crisis respite	N	H	H
Old Vineyard . See AMH Assessment of Crisis Services.	**	****	****Secure Non-State Inpt (Voluntary)	Y	L	L
Old Vineyard. See AMH Assessment of Crisis Services	**	****	****Secure Non-State Inpt (Involuntary)	Y	L	L
	***		State DD Center Respite	N	M	M

NOTE: Items with an asterisk may include the following components and are part of the foundation for the development of a more comprehensive crisis system for individuals with DD (See attached information regarding START model). * 24/7 crisis line and First Responder should include access to consultation with PhD psychologist with expertise in DD and behavioral healthcare. ** Mobile Crisis should include Master &/or bachelor level clinicians with expertise in DD behavioral healthcare. *** Urgent appointment with PhD psychologist for development of behavior plan or other supports. **** Inpatient only when other options fail and with access to PhD psychologist with expertise in DD and behavioral healthcare to provide consultation.

Footnotes: * Training and increased understanding of DD consumers is needed throughout the system. ** Frye Regional Hospital is available but is not in the local community. *** Waiting list for State DD Center Respite and burdensome approval process negates the availability of the service. **** 10 acute care beds and face-to-face crisis assessment by 6/1/07; 10-20 additional acute care beds FY08-09, depending on start-up funding.

Statement of Need

There is a need for additional services, capacity and funding within the SA service array, especially for the non-English speaking population (Spanish speakers). Non-hospital emergency assessment after hours does not exist currently, although strategies to address this area are included in Chapters 3 and 5 of the CenterPoint Local Business Plan. Additional funding is needed for ASAM Level IV detox (medical inpatient), as well as a review of the rate for ASAM Level II detox. For Non-Hospital Medical Detox, adequate capacity exists for English-speakers only (ARCA); currently consumers... **NOTE: SEE CONTINUATION OF "ADULT SA CRISIS SERVICES PLAN - STATEMENT OF NEED" ON ADDENDUM.**

Environmental Scan/Readiness

Gaps exist in the Substance Abuse service array within the catchment area, especially for the non-English speaking population (Spanish speakers). Within the SA service continuum, there is a need for development of services that do not currently exist, for increased capacity in certain existing services and for increased funding overall. The need for non-hospital emergency assessment after-hours is true for adults with SA issues, as it is for AMH. Strategies addressing this area are included in Chapters 3 and 5 of CenterPoint's new LBP. Adequate capacity exists for "Secure... **NOTE: SEE CONTINUATION OF "ADULT SA CRISIS SERVICES PLAN - ENVIRONMENTAL SCAN / READINESS" ON ADDENDUM.**

Statement of Intention

Details of plans to expand SA services are specified in the SA environmental scan above. CenterPoint intends to establish after-hours non-hospital emergency assessment capability through a contract with Old Vineyard. Recent MH Trust Fund awards will allow creation of Ambulatory Detox (Insight/Partnership for Drug-Free NC), as well as access and culturally competent delivery of Non-Hospital Detox & Residential services to Spanish speakers (ARCA). The feasibility of Social Setting Detox will be explored. CenterPoint will press for expansion of SA-IOP & SA-COT and for rate adjustments where appropriate. Plans will be implemented to **increase admission & bed day utilization for ADATC.**

FY06 Adult SA State Hospital Admissions	372	FY07 Adult SA State Hospital Admission target	352
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What will you do differently to obtain this result?

Admissions to state hospitals will be decreased with the availability of these new or enhanced options in our local community (face-to-face non-hospital assessment, Ambulatory Detox, Non-Hospital Medical Detox for Spanish speakers).

FY06 Adult SA crisis service demand	680*	FY07 Anticipated Adult SA Crisis service demand	640**
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What will you do differently to obtain this result?

Community enhancement of crisis services will decrease State Hospital use. CenterPoint will focus on quality improvement of services and delivery of Evidence-Based SA services. Training on EBP's & other skills will be offered to the SA provider community.

Additional Adult SA FY07/08 Measurable Outcomes (list up to two)

Outcome:

Outcome:

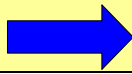

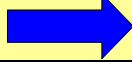





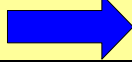



Footnotes: * Combined total of 400 emergent and 280 urgent as reported by contracted STR provider where data is not comprehensive. Combined total of 242 including 16 emergent/unknown disability and 226 urgent/unknown disability not included. ** Combined annualized total of 412 emergent and 228 urgent based on actuals tracked by CenterPoint's in-house STR department.

Adult SA Assessment of Crisis Services

Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority	
Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives		
		mm/yy		(Y/N)	(High, Medium or Low)		
			Intervention	24/7 Crisis Line	Y	H	H
				1st Responder	Y	L	H
				Mobile Crisis Outreach Team	Y	L	H
Currently, DayMark provides this service during business hours only. A contract with Old Vineyard Youth Services to provide 24/7 face-to-face crisis assessment is expected to be finalized by 6/1/07.	In process.	07/07		Walk-in Crisis Services	N	H	H
Alternate transportation for state hospital discharged consumers		01/08		Transportation	N	H	H
		05/07	Disposition	Urgent Appt<48 hrs	N	M	M
Group CS services will be utilized to timely connect consumers with services.				23hr Obs/Crisis respite	N	H	L
Local hospitals indicate the reimbursement rate does not support costs associated with provision of 23-hour observation beds. Negotiations continue, but may not succeed, due to this financial barrier. Therefore, CenterPoint is exploring alternate funding for crisis respite service.				Crisis Stabilization Unit	N	M	M
Insight/Partnership for a Drug-Free NC has been awarded a Mental Health Trust Fund (Initiative D) to establish this service.	Funds awarded	FY08		Ambulatory Detox	N	L	L
Will explore feasibility and, as possible, identify and/or develop a provider to deliver the service.				Social Setting Detox	N	L	L
Currently, service is available & adequate for English speakers only (ARCA). ARCA has been awarded a Mental Health Trust Funds (Initiative C) to establish culturally competent bi-lingual SA Non-Hospital Medical Detox and SA Residential Services.	Funds awarded	FY08		Non-Hospital Medical Detox	N	H	H
				Non-State Inpatient Detox	Y	H	H
				Secure Non-State Inpt (Voluntary)	Y	H	H
				Secure Non-State Inpt (Involuntary)	Y	H	H
Will develop plan to increase utilization of ADATC Planning will include local Emergency Depts, Mobile Crisis Teams, Sheriff Departments and existing/new providers delivering face-to-face crisis assessments (DayMark Recovery, Old Vineyard, Recovery Innovations).				State ADATC Acute	Y	H	H

SYSTEM PARTNERS	Impact of Partnership					Partnership Priority			Partner Stated Measure of Crisis Plan Success
	None	Interaction	Collaboration	Integration	Transformation	Low	Medium	High	
DSS									
Forsyth County			X				X		24/7 walk-in crisis capability.
Stokes County		X					X		24/7 walk-in crisis capability.
Davie County		X					X		24/7 walk-in crisis capability.
Public Health Department									
Forsyth County			X				X		24/7 walk-in capability.
Stokes County		X					X		24/7 walk-in capability.
Davie County		X					X		24/7 walk-in capability.
Hospitals (Local and SOS)									
Forsyth Medical Center			X					X	Decrease indigent consumers in emergency room.
WFU Baptist Medical Center		X					X		Decrease indigent consumers in emergency room.
Stokes-Reynolds Hospital		X					X		Adequate crisis services at other sites.
Davie County Hospital		X					X		Adequate crisis services at other sites.
Frye Regional		X					X		Adequate services for DD consumers in crisis..
JUH			X					X	Decrease admission and bed day utilization.
Broughton		X					X		No increase in utilization.
ADATC				X				X	Increase admissions and bed day utilization of ADATC.
Law Enforcement									
Forsyth Co. Sheriff			X				X		Decreased wait times in emergency rooms. Pre-booking diversion options. CIT.
Davie Co. Sheriff			X					X	Decreased wait times in emergency rooms. CIT training.
Stokes Co. Sheriff			X					X	Decreased wait times in emergency rooms. CIT training.
Winston-Salem Police				X					Decreased wait times in emergency rooms. CIT training.
Police: Coolomee, Kernersville, King Mocksville	X						X		Decrease wait times in emergency rooms. CIT training.
Courts									
Mocksville Magistrate			X				X		Jail diversion.
Winston-Salem Magistrates			X				X		Pre-booking options.
Forsyth County		X					X		Mental Health Court established.
Jails									
Stokes			X				X		Pre-booking diversion.
Forsyth		X					X		Pre-booking diversion.
Davie	X						X		Pre-booking diversion.
Homeless Services									
PATH		X					X		Care plans at time of discharge.
Bethesda		X					X		Care plans at time of discharge.
Samaritan Ministries		X					X		Care plans at time of discharge.
Rescue Mission		X					X		Care plans at time of discharge.
School Districts									
Winston Salem/Forsyth County			X				X		24/7 walk-in capability.
Davie County		X					X		24/7 walk-in capability.
Stokes County		X					X		24/7 walk-in capability.
Other									
Forsyth Futures*				X				X	Pressures decreased county-wide on systems impacted by lack of crisis capacity.
Comm'n to End Homelessness				X				X	24/7 walk-in capability. Care plans at time of discharge.
Old Vineyard Youth Services				X				X	Reduced state hospitalizations and recidivism.
Forsyth County JCPC				X				X	Pre-detention diversion.

Footnotes: * Forsyth Futures is a collaborative comprised of residents, organizations and institutions working together to solve critical issues in Forsyth County in the areas of health, education, safety and economic stability.

KEY PARTNER	Indicate Type of Verbal/Written Communication or Protocol Essential to Success of Community Crisis Plan						KEY PARTNER
	Law Enforcement		Identify CIT Responders	911 protocol to refer to CIT	CIT contact Mobile Crisis/other		
		UM re Crisis Plan with Provider	Care Coordination to UM	STR to Care Coordination	Disposition to CIT & STR		
State Hospital		Notify LME of Admission	Receive Treatment History	Discharge Planning	Contact STR for Aftercare Appointment		LME
		Follow-up on Missed Appointments	Track Consumer Compliance	Schedule Aftercare Appointment	Discharge Planning		
LME		Involve in Crisis Plan Draft	Inform on Approved Plan, Funding, Timing	Recommend reporting mechanisms	Timely updates on impact, outcomes		CFAC, Advisory Committees
		Advise LME	Articulate Consumer Needs, Views	Research on Gaps	Partner with LME on Implementation		
Homeless Services		Protocol for Accessing Services	Capacity Communication				Law Enforcement, Transporters
			Confirm transport with LME	Deliver Discharge Care Plan	Notice State Hospital Discharges		
Old Vineyard		Comprehensive Funding	Clear Data Reporting Protocols	Continual Communication	Joint Public Awareness Plan		LME
			Solution-Oriented Collaboration	Clearly Communicated Expectations	Effective Contract for both Parties		
Provider Network		Enhanced First Responder Capability	Effective Crisis Plans	24/7 Availability for Crisis Contact	Commitment to Divert from Jail, Emergency Departments		LME
		Training, TA	UM Clinical Review of Crisis Plans	Outcome/Data Reporting Requirements	Clear Contractual Requirements		
Statement of Need							
<p>In order for the community crisis plan to be successful, crisis partners should continue to move towards addressing the political, social, and economic challenges that could impact crisis outcomes. Additionally, to enhance integrative partnership at all levels of the crisis continuum, the community needs its crisis partners to actively ensure that decision-making communication within the business, educational, and healthcare industry is to open to consumer participation.</p>							
Goals/Objectives							
<p>Regular feedback should be obtained from system partners (1) to evaluate success toward achievement of each partners goals; (2) to implement any revisions or additions that may be indicated; and (3) to identify any gaps in services or partner participation, with a plan to address.</p>							

#NAME?

SUMMARY OF DATA and/or MOAs THAT SUPPORT LOCAL PLAN

List of Data Sources or MOAs	Time Span	Is Data Attached in Regional PDF? Y/N	Data Limitations or Other Notes
Forsyth Medical Center Contract	FY07	N	Upon funding of Old Vineyard Youth Services contract, FMC will be the back-up provider.
Davis Regional Hospital	FY07	N	Upon funding of Old Vineyard Youth Services contract, Davis will be a back-up provider.
Therapeutic Alternatives	FY07	N	Contract finalized for Geriatric Specialty Team.
ARCA	FY07	N	Existing contract.
Horizon	FY07	N	Existing contract.
Old Vineyard Youth Services	FY07	N	Draft contract awaiting full execution.
STR Data (ProtoCall FY06 & CenterPoint FY07)	FY06,07	N	ProtoCall data not comprehensive and with questionable reliability.
CenterPoint Authorizations for State and Local Hospital Admissions	FY06,07	N	
CenterPoint Crisis Response Network Schematic	Ongoing	Y	Implemented services in color.
Forsyth Futures	Ongoing	N	Board of Directors

**CenterPoint Human Services
Regional Planning Group
Crisis Services Plan**

Submitted to:

Department of Health and Human Services Division of MH/DD/SAS

28-Feb-07

Revision Submitted 4/25/07

Regional Plan Attachments

- Charts/Data/Analysis as Needed to Support Regional Plan
- Financial Plan Specifying Funding Sources and Gaps

Regional Planning Group: CenterPoint

Regional Lead: CenterPoint

LME Lead	LME Name
CenterPoint Human Services	CenterPoint Human Services 4045 University Parkway Winston-Salem, NC 27106-3325 Betty P. Taylor, CEO/Area Director 336-714-9118 P 336-607-8636 F btaylor@cphs.org

Briefly describe the process used by the Regional Group to develop this plan:

In 2004, CenterPoint's catchment area consisting of Stokes, Davie and Forsyth Counties, had felt the impact of the closures in 2000 of both CenterPoint's inpatient beds and the facility operated by Charter Hospital. In response, CFAC established its Jail Diversion Task Force to address suitable alternatives for incarcerated consumers. The Task Force included consumers, family members, advocacy groups, hospitals, DSS, DPH, Commissioners, law enforcement, providers, and others. The Task Force's challenge grew to define a community crisis continuum of services. CFAC, the National Alliance on Mental Illness, and the Mental Health Association of Forsyth County were active leaders in generating the continuum reflected in the Crisis Response Network (CRN), schematic attached. The importance of the work became even clearer with the failure of CenterPoint's main divested provider in late summer of 2005. Conversations with Forsyth Medical Center, Wake Forest University Baptist Medical Center, Stokes-Reynolds Hospital, and Davie County Hospital... **NOTE: SEE CONTINUATION OF "REGIONAL CRISIS ASSESSMENT & PLAN", SECTION 1, ON ADDENDUM.**

Upon review of Local LME service array and gaps, the Regional Crisis Planning Group unanimously attests the following:

(1) The following services under the CRN are operational with varying degrees of capacity (daytime walk-in crisis; medical detox; non-hospital detox; inpatient beds; respite bed; Mobile Crisis Team; CIT; outpatient services (MH/SA/DD); (2) 24/7 community crisis services, especially expansion of local inpatient bed capacity, are crucial to the delivery of effective community MH/SA/DD services; (3) the catchment area includes one urban and two rural areas with unique cultures and needs; and 4) The Regional and Local LME Crisis Plans are consistent.

After attempts to obtain access to additional Crisis Service Capacity through a community hospital or other community facility, the Regional Crisis Planning Group unanimously attests the following:

Negotiations that began approximately two years ago with all area hospitals (Wake Forest University/Baptist Medical Center, Forsyth Medical Center, Stokes-Reynolds Hospital, Davie County Hospital) have not resulted in adequate community capacity for face-to-face assessment and inpatient services for either children or adults. Only Forsyth Medical Center has contracted with CenterPoint to deliver these two services, albeit in inadequate amounts. WFU/Baptist Medical Center has consistently declined to contract for services or to allow non-employees to evaluate consumers in their Emergency Department. A recent breakthrough is the agreement by Baptist Hospital to allow non-hospital staff to complete assessments in their Emergency Department, which will enable Mobile Crisis Teams in Forsyth County to evaluate consumers on-site, resulting in quicker response for consumers and the possibility of diverting from inpatient hospitalization those consumers whose needs could be safely managed with the availability of intensive, immediate outpatient services. Mobile Crisis... **NOTE: SEE CONTINUATION OF "REGIONAL CRISIS ASSESSMENT & PLAN", SECTION 3, ON ADDENDUM.**

After determination that the needed capacity of available local inpatient is not sufficient and that a facility-based crisis center is needed and sustainable on a long-term basis, the Regional Crisis Planning Group proposes the following plan to secure additional inpatient capacity or facility-based crisis capacity:

Old Vineyard Youth Services of Universal Health Services currently provides services to children and adolescents at its campus in Winston-Salem. Current capacity includes 45 beds for sexually aggressive youth, 12 beds for girls ages 13-17, and 30 acute beds for children and adolescents with 6 beds reserved for ages 5-12. Old Vineyard currently has 18 acute licensed beds that can be operationalized to serve MH/DD/SA adults as CenterPoint's 24/7 crisis provider.

REVISED CENTERPOINT CRISIS PLANS
(Re-Submitted 4/25/07)

LOCAL CRISIS PLAN - ADDENDUM

PAGE: SUMMARY OF PLANNING PROCESS (PAGE 1)

SECTION: LME Crisis Services System–Environmental Scan (Continuation)

NOTE: The following environmental scan is a continuation of the first section (titled “LME Crisis Services System – Environmental Scan”) of the first page (titled “Summary of Planning Process) of the Local Crisis Services Plan.

...Forsyth Medical Center have been unwilling to commit to serving indigent populations. Baptist Hospital was the only local facility with child inpatient beds until Old Vineyard Youth Services recently opened acute beds for children. Baptist Hospital declines to contract with CenterPoint despite past and ongoing negotiations. Baptist Hospital has only recently agreed for non-employees to complete assessments in the Emergency Department, which affected utilization of Mobile Crisis Teams in Forsyth County.

The following crisis efforts are currently underway, with strengths, limitations and back-up plans noted:

- Negotiations that began approximately two years ago with all area hospitals (Wake Forest University/Baptist Medical Center, Forsyth Medical Center, Stokes-Reynolds Hospital, Davie County Hospital) have not resulted in adequate community capacity for face-to-face assessment and inpatient services for children or adults. Efforts to improve crisis services through participation by these local hospitals continue via regular contacts by CenterPoint’s Medical Director and CEO. A recent breakthrough is the agreement by Baptist Hospital to allow non-hospital employees to complete assessments in the Emergency Department, which will enable Mobile Crisis Teams in Forsyth County to evaluate consumers on-site, resulting in quicker response for consumers and the possibility of diverting from inpatient hospitalization those consumers whose needs can be safely managed with intensive, immediate outpatient services. Mobile Crisis Teams and First Opinion Waiver services are currently operational in both Stokes and Davie Counties, with some assessments occurring in hospital Emergency Departments there. CenterPoint continues to explore with Baptist Hospital how barriers to greater partnership can be surmounted and will push to finalize service contracts.
- A contract was recently finalized (March 2007) with Old Vineyard Youth Services, a free-standing acute care facility in Winston Salem, for delivery of acute care services to children. Joint crisis planning continues, with plans to add face-to-face non-hospital crisis assessment 24/7/365 and adult acute care beds, by a target date of 6/1/07. At their April 26 meeting, the CenterPoint Board of Directors will be asked to approve a contract with Old Vineyard for guaranteed capacity of 10 adult beds, with an additional 11 beds available if not otherwise used. Old Vineyard has space, bed allocations, physician capability and interest in increasing service delivery in the CenterPoint area. Prior to implementation of this plan, they must hire/train staff and complete building renovations. Funding is a potential barrier that will be clarified and addressed on an ongoing basis and will include a combination of Medicaid,

county and state funds. Should Old Vineyard be unable to deliver face-to-face non-hospital crisis assessment, CenterPoint will determine the capacity of other providers, specifically Recovery Innovations of NC and DayMark Recovery Services, to deliver this service. DayMark currently provides the service during business hours.

- Planning has been initiated with Recovery Innovations of NC, a recovery-based service provider new to NC. This provider has experience and plans to offer temporary and transitional housing; vocational, educational and treatment services and supports; and strong Peer Support Specialist involvement as a component of CenterPoint’s crisis continuum. Initial discussions have included a “Living Room” program that would offer very short-term (up to 5 days) temporary residential services, with clinical treatment and support services attached. Another option is a “Re-Start” program that would offer up to 30 days of temporary residential service, along with clinical and support services. These programs could serve as a step-down option to shorten inpatient stays or as a diversion from hospitalization for consumers who could be safely served outside of the hospital. While the service philosophy of Recovery Innovations is strongly recovery-based and therefore desirable, they have little/no experience with NC Medicaid billing limitations (services of Peer Support Specialists are not billable to Medicaid in NC, unlike the other states where Recovery Innovations operates). We will need to carefully assess potential budgets/business plan to determine the likely financial viability of the proposed service delivery plan. Should a contract with Recovery Innovations fail to come to fruition, CenterPoint will explore whether other service providers, especially those with existing housing experience and knowledge of NC Medicaid billing, could deliver similar services. CenterPoint’s strength in this endeavor is our strong history of local community leadership regarding housing options for individuals with disabilities, as well as the fact that we have existing providers who are experienced and currently delivering housing services within the three counties of the catchment area.
- While certain Substance Abuse Services currently exist, there are significant gaps in the Substance Abuse service array within the catchment area, especially for the non-English speaking population (Spanish speakers). No Ambulatory Detox or Social Setting Detox currently exists. Insight/Partnership was recently awarded a MH Trust Fund allocation to create and offer Ambulatory Detox services. Insight has historically experienced difficulty in billing and cash flow that potentially weakens their sustainability; however CenterPoint is currently collaborating with Insight and the Division on a consultation designed to improve quality of financial management and service delivery. CenterPoint will explore the feasibility of Social Setting Detox and, as possible, will identify and/or develop a provider to deliver the service. Adequate capacity exists for “Secure Non-State Inpatient – Voluntary and Involuntary” (Forsyth Medical Center) for both English-speaking and Spanish-speaking populations. For Non-Hospital Medical Detox, adequate capacity currently exists for English-speakers only (ARCA); currently consumers without English language skills are turned away. The recent award of a Mental Health Trust Fund allocation will enable ARCA to hire bi-lingual staff to serve Spanish-speakers who have little/no English language skills. In addition, CenterPoint will assist ARCA in investigating additional funding sources to create and enhance a culturally sensitive treatment environment for this population in their facility. CenterPoint is currently identifying barriers and will develop a plan to increase admissions and bed day utilization for ADATC through collaborative planning with the Division, local Emergency Departments Mobile Crisis Teams, sheriff’s departments and existing/new providers delivering face-to-face crisis assessments (DayMark Recovery, Old Vineyard Youth Services, Recovery Innovations).

- Critical Incident Training (CIT) has been completed for 40 law enforcement officers in Forsyth County. Additional training is planned for Forsyth County, as well as for Davie and Stokes Counties. The next training sessions are scheduled for May 21-25, 2007.
- CenterPoint is has identified funding and finalized a comprehensive training plan to deliver System of Care and Evidence-Based or Best Practice training for consumers, families, providers, LME staff, and a variety of community stakeholders (Juvenile Justice, school system, DSS, Public Health, etc.). Improvements in the delivery of clinical and support services to consumers should result in improved functioning and increased linkages with natural supports, leading to a decrease in the use of crisis services.

PAGE: ADULT SA CRISIS SERVICES PLAN

SECTION: Statement of Need (Continuation)

...without English language skills are turned away. ADATC is not fully utilized due to a number of barriers. Ambulatory and Social Setting Detox do not currently exist. Increased capacity is needed for SA-IOP & SA-COT. While there are some 12-step recovery houses, there is a documented need for expanded halfway house capacity, along with transitional housing for homeless SA consumers.

SECTION: Environmental Scan / Readiness (Continuation)

...Non-State Inpatient – Voluntary and Involuntary” (Forsyth Medical Center) for both English-speaking and Spanish-speaking populations. Additional funding is needed for ASAM Level IV Detox and a rate review is needed for ASAM Level II services (SA-COT). For Non-Hospital Medical Detox, adequate capacity currently exists for English-speakers only (ARCA); currently consumers without English language skills turned away. The recent award of a Mental Health Trust Fund allocation will enable ARCA to hire bi-lingual staff to serve Spanish-speakers who have little/no English language skills in both their detox and residential services. In addition, CenterPoint will assist ARCA in investigating additional funding sources to create and enhance a culturally sensitive treatment environment for this population in their facility. CenterPoint is currently identifying barriers and developing a plan to increase admissions and bed day utilization for ADACT through collaborative planning with the Division, local Emergency Departments Mobile Crisis Teams, sheriff’s departments and existing/new providers delivering face-to-face crisis assessments (DayMark Recovery, Old Vineyard Youth Services, Recovery Innovations). While there are some 12-step recovery houses, there is a documented need for expanded halfway house capacity, along with transitional housing for homeless SA consumers.

No Ambulatory Detox or Social Setting Detox currently exists. Insight/Partnership was recently awarded a MH Trust Fund allocation to create and offer Ambulatory Detox services. Insight has historically experienced difficulty in billing and cash flow that potentially weakens their sustainability; however CenterPoint is currently collaborating with Insight and the Division on a consultation designed to improve quality of financial management and service delivery. CenterPoint will explore the identification and development of a provider to deliver Social Setting Detox.

REGIONAL CRISIS PLAN - ADDENDUM

NOTE: The following addendum is a continuation from Page 2 of the Regional Crisis Services Plan.

Section 1 (continuation)

... continued but failed to generate commitments in which the hospitals would play a pivotal role. John Umstead Hospital highlighted areas for immediate attention, Commissioners were briefed, and a new partner, Old Vineyard Youth Services, was identified to provide crisis services in the community. Additional areas for future focus include regional SA adolescent SAIOP and SACOT services, adult and child dual diagnosis services for all disabilities, DD respite alternatives, and culturally competent crisis and other services for the non-English speaking populations.

Section 3 (continuation)

... Teams and First Opinion Waiver services are currently operational in both Stokes and Davie Counties, with some assessments occurring within hospital Emergency Departments there. CenterPoint will continue to explore with Baptist Hospital how barriers to greater partnership can be surmounted and will push to finalize service contracts. Efforts to improve crisis services through participation by all local hospitals will continue via regular contacts by CenterPoint's Medical Director and CEO.

Proposed Crisis Response Network

(Orange indicates areas completed or under implementation)

