

## **Comprehensive Crisis Services for Alamance-Caswell and Rockingham**

Alamance-Caswell-Rockingham's LME objective is to establish an expanded, more robust, and better integrated system than is currently available for addressing crises/emergencies for all Mental Health, Substance Abuse, and Developmental Disability consumers. Outcomes for the new system are to reduce hospital bed days and to serve clients in their local community as much as possible.

### **A Comprehensive Crisis Services would include:**

1. 24 Hour Access/Screening/Triage with warm-line transfer capability
2. Walk-in crisis and 24/7 Crisis Intervention
3. Mobile Crisis Team
4. Detoxification
5. Crisis Stabilization (23-72 hours) for all disabilities, (secure and non-secure)
6. Emergency Respite
7. Transportation

### **24 Hour Access/Screening/Triage with warm line transfer capability**

Alamance Caswell Rockingham LME currently provides screening, triage and referral functions for all three counties between 8am-5pm, Monday-Friday and serve as a single point of entry to all services. After hours, weekends, and holidays these services are provided by Psychotherapeutic Services (PSI). Both have warm-line transfer capability so that appointments can be made. TTY and Relay North Carolina are also available for the deaf and hard of hearing population along with foreign language interpretation service through Language Solutions, who provide immediate access to interpreters and can interpret up to 88 languages. The Access unit provides immediate response (telephone answered in 30 seconds), and can be dialed by a 1-800 number as well as locally. When a consumer calls in, a UM Coordinator (non-professional) or UM Specialist (Qualified or Licensed Professional) will answer the line. The UM Coordinator are trained to assess the priority of a call so appropriate triage can be made. The UM Coordinator obtains the callers name and phone number and then ask the caller risk question such as are you homicidal or suicidal. If they response yes to are you suicidal, homicidal or detoxing they are immediately referred to a UM Specialist for intervention and additional demographics are gotten later after the situation is handled. Note that if a consumer calls in and hits the "life threatening" option their call goes directly to a UM Specialist. Nights, weekends and holidays the UM Specialist handles the call from beginning to end –no UM Coordinator is used. The UM Specialist conduct the state standard

screenings, triage and make appropriate referrals. Warm line transfers are used to connect callers with the providers. The triage is important because it results in determining whether the call is emergent, urgent or routine. Screening, triage and referral may also occur through the LME's walk-in crisis services or through PSI's mobile crisis team. To improve the Access, Triage and Screening functions more staff during the day is needed to respond to phone calls in the standard six rings or 30 seconds and the identified crisis lines need to be re-routed to be answered by a live person instead of a machine. The toll free and TTY numbers will also need to be more accessible and in service.

**Below are identified areas of implementation to create a more comprehensive access, screening, triage and referral service. Target dates for their implementation are also identified.**

<b>AREAS OF IMPLMENTATION</b>	<b>INTERVENTION</b>	<b>COMPLETION TARGET DATES</b>
Staffing is needed to improve response time and availability of staff to respond to calls being received.	The LME is currently interviewing for two positions to replace a clinician that resigned & one that moved on to another position within the LME.	<b>September 1, 2007.</b>
Toll Free Access # needs to be accessible and in service	Numbers are being put on the Websites (provider and community) and are going to be easily identifiable.	<b>September 30, 2007</b>
A live person needs to answer the crisis line.	Communication programmers are being hired to come in and re-route the identified crisis numbers so that calls can be answered by a live person.	<b>September 30, 2007</b>
TTY machine-needs to be in working order	A work order to the phone company is being made to install a line that will support the TTY machine.	<b>September 30, 2007</b>

**Walk-in crisis & 24/7 Crisis Intervention**

The second identified step for the LME in offering a more comprehensive service array is to offer walk in crisis services. This is available in all three counties Monday thru Friday from 8am-5 pm. Alamance county clients currently come to the LME for services. Caswell clients are seen at the Caswell clinic by Caring

Family Network, a contract provider. In Rockingham the clients walk into Rockingham Mental Health Center and are currently seen by an LME employee. All three counties provide crisis intervention, stabilization and assessments for all disability groups. Care is provided within the state standard (2 hours for emergent appointments). A Qualified professional who has experience in developmental disabilities is also available to all providers. Although this service is currently available in all three counties. In two counties, Alamance and Rockingham, it is being staffed by the LME. This is not ideal and in order for the LME to become a total “manager of services”, other alternatives have been sought. The walk-in crisis team in Alamance County is currently being divested. A Request for Proposal (RFP) has been sent out with a target date of October 1, 2007 to have this service implemented in the community by the awarded provider. The RFP can be viewed at:

<http://www.acmhdds.net/pages/RFP/rfprfi.htm>

During the month of September the LME will do a media campaign to inform the community of how to Access Crisis services during the day and night.

In Rockingham County Advanced Health Resources, a service provider, has been identified to provide walk-in crisis services Monday–Friday, 8am-5pm. As it has been difficult to acquire a Psychiatrist, they are currently in negotiations with ACT, who provide Tele-Health services. Tele-Health is the use of telecommunications for the care of patients and enables the providers to conduct an expert evaluation and to formulate a care plan without dependence on time or distance. Evaluation and management services are performed in real-time with the patient who is located at an originating (sending) site (Advanced Health is this case), connected to a distant site-ACT (receiving) with a real-time, two-way video and audio connection. The target date for completion of contract negotiations is August 1, 2007 for the service to be implemented September 1, 2007. During the month of August the LME will re-direct traffic and inform the community of the where crisis services will be starting September 1, 2007. This includes informing major stakeholders, such as police, magistrates, sheriffs, hospitals, schools, Department of Social Services, the health department, the Department of Justice, and Private providers. Please note this is not an exclusive list but major stakeholders.

**Below are identified areas of Implementation to create a more comprehensive Walk-in crisis service Monday-Friday 8am-5pm. Target completion dates needed are also listed.**

AREAS OF IMPLEMENTATION	INTERVENTION	TARGET COMPLETION DATES
<b>Divestiture of Crisis Walk-in services in Alamance County</b>	RFP sent out	October 1, 2007

<b>Transfer of crisis services to identified provider-Advanced Health Resources</b>	Advanced Health Negotiating with subcontractor for psychiatric services	August 1, 2007 Negotiation end target date  September 1-service implementation date
<b>Media to inform Rockingham community of Crisis Services</b>	<ol style="list-style-type: none"> <li>1. Magnets and pens will be obtained with 24 hour crisis numbers</li> <li>2. A news release will be done informing the Rockingham Community on how to access Crisis services (day and night).</li> <li>3. Major stakeholder will be contacted directly and informed verbally and given hard copies of how to access crisis services.</li> </ol>	<p>August 10, 2007</p> <p>August 17, 2007</p> <p>August 17, 2007</p>

In Caswell County Crisis services will be delivered by Caring Family Network starting August 1, 2007. Caring Family Network obtained the LME psychiatric services and has agreed to continue delivering crisis services in Caswell county since the volume is low-an average of two clients per week. Although this will look the same for this community since the same players will be delivering the service, the community does need to be informed on how to access crisis services day and night. They will follow the same media plan and timelines as Alamance County.

<b>AREAS OF IMPLEMENTATION</b>	<b>INTERVENTION</b>	<b>TARGET COMPLETION DATES</b>
<b>Media implementation for Alamance and Caswell County</b>	<ol style="list-style-type: none"> <li>1. Flyers made, mailed and delivered</li> <li>2. News release</li> <li>3. Major stakeholders contacted directly and informed verbally and by hard copy of how to access crisis services</li> </ol>	September 30, 2007

After hours, weekends and holiday all Crises are handled by *Psychotherapeutic Services (PSI)*, for all three counties. They do the screenings, triage and referrals and can Access their mobile team if needed. Note that Mobile Crisis is accessible 24/7 in all counties by (PSI).

*Psychotherapeutic Services* serve as gatekeepers to the community for crisis services during after hours, weekends and holidays. They authorize client stays to our detox and crisis beds, sponsor clients for inpatient stays at community hospitals and authorize state hospital admissions.

A clear gap in the delivery of crisis services is the walk-in capacity after hours, nights and weekends for all three counties. While Advance Health Resources has stated that they would be interested in expanding their crisis capacity to nights and weekends for Rockingham County, it would be after they get stable footing for the day time services. Currently Moses Cone Hospital in Winston Salem has a team of clinicians that handle walk-ins at Annie Penn Hospital in - Reidsville. Morehead hospital evaluates and dispositions clients from the Emergency room. Walk-in clients are currently being served by Alamance Regional Medical Center (ARMC) for Alamance and Caswell County. The LME will put out an RFP for this service by 1/31/08.

AREAS OF IMPLEMENTATION	INTERVENTION	TARGET COMPLETION DATES
<b>Afterhours, weekends, &amp; holidays walk-in service for all three counties</b>	RFP for Rockingham and Alamance-Caswell Counties	January 31, 2008 for RFP to be created

**Mobile Crisis Team**

Mobile Crisis is the 3<sup>rd</sup> component of the LME’s comprehensive crisis service. PSI is our current Mobile Crisis providers. They serve clients of all disabilities in all three counties. This is a valuable service that is being highly underutilized. To get the word out about this resource they will be included in the media plan. Their contact number, and flyer will be handed out as well as information on what they provide.

AREAS OF IMPLEMENTATION	INTERVENTION	TARGET COMPLETION DATES
<b>Media plan to advertise mobile crisis</b>	1. Flyers made, mailed and delivered 2. News release 3. Major stakeholders contacted directly and informed verbally and by hard copy of how to access crisis services	September 30, 2007

## **Non-Hospital Medical & Social Setting Detoxification Unit**

The 4<sup>th</sup> component of the LME's comprehensive crisis service is having detox services. We currently have non-hospital medical and social setting detox available in our catchment area.

Alamance-Caswell-Rockingham Counties are served by Addiction Recovery Care Association (ARCA), Freedom House and Residential Treatment Services (RTS). Most often consumers are referred to RTS due to distance. Consumers who are in need of this service often encounter a wait for a bed. The need for more detox beds has been identified as a need for all three counties, so the LME will work with RTS on increasing their detox bed capacity from 8-16.

While detox is the first step, to increase the chance of long term stable recovery, **a continuum of care is needed**; therefore, the LME will also work with RTS to institute a new transitional housing program, for Rockingham and Caswell County. The LME will also assist Alcohol Drug Services (ADS) with opening an office in Rockingham County to offer Individual outpatient, outpatient group and community support for adults and children. Rockingham and Caswell County are being targeted due to the high volume of hospitalizations and lack of resources in these areas.

**It is notable that the LME has already discussed the options above with the identified providers. Target service date will be three months after crisis dollars are received.**

## **Crisis Stabilization (23-72 hours) for all disabilities. (secure and non-secure)**

The fifth component of the LME's comprehensive crisis service is crisis stabilization. The goal of a crisis stabilization unit is to stabilize the consumer and re-integrate them back into the community quickly. The typical length of stay is less than five days. The LME currently have three crisis stabilization providers; RTS, Freedom House, and ASAP. RTS and Freedom House serve the SA population and ASAP serve children in crisis. All three serve the entire catchment area. Crisis stabilization for children is provided by ASAP. This service is currently underutilized and community collaborative members are seeking out solutions to address this concern. RTS and Freedom House serve SA consumers. Most of our consumers go to RTS because it is close. RTS is often full; therefore The LME will work with RTS to increase their crisis beds. Although Freedom House is an option it is at the minimum of 45 minutes away for most consumers.

**It is notable that the LME has already discussed with RTS increasing their bed capacity. Target service date will be three months after crisis dollars are received.**

## **Emergency Respite**

The sixth component of the LME's comprehensive Crisis service is Emergency Respite. It allows the client to be temporarily removed from their environment. This service has been especially successful in diverting Development Disability consumers from the hospital. The LME has had preliminary discussions with two DD providers to discuss their interest in providing crisis respite and expanding their additional respite services. One provider is currently providing facility-based and in-home respite services to children and adults but it is on a scheduled bases. The other currently only serves adults but has expressed an interest in serving children as well. Both providers are open to providing **crisis** respite and preliminary quotes have been obtained. **Target service date will be three months after crisis dollars are received.**

## **Transportation**

Transportation is the seventh identified service of the LME's comprehensive crisis service. The ability to transport individuals in need of crisis services in a safe, timely, and cost effective manner is critical to operations. The LME will provide taxi vouchers for consumers who need a way to access services on an emergency basis. For instance, if a client is accepted at Freedom House for detox but doesn't have a ride, a taxi voucher will be used to transport the client to the destination. **This service target date will be a month after receiving the funds to deliver the service.**

## **Things to note:**

In implementing this plan it is imperative that First Responders training also occurs so that our crisis systems are not the front line for clients who are being seen at agencies who have "first responders" duties. As providers are continually reminded of their responsibilities individually a formal training will need to occur.

Also as we move forth in establishing a more efficient and vast array of crisis service it is our expectation that the Crisis Committee identified through community surveys, will carry out this plan along with the LME to build more crisis services in the community. No doubt in the future a broader array of services will be needed.