

History of Crisis Committee

2006 – Session Law 2006-66 ([Senate Bill 1741, Section 10.26](#)) specified required crisis service planning activities and appropriated start up funding for Crisis services.

July – September 2006

- Based upon requests from the LMEs, 15 regional groupings of LMEs were designated to plan the development of regional facility based crisis services.
- Each LME submitted an inventory of their existing crisis services in early September 2006.
- RFP for consultants to assist with crisis service planning and implementation was issued & proposals were received and reviewed in September 2006.

October – December 2006

Contract with Technical Assistance Collaborative (TAC) was awarded in November 2006 and will be in effect through June 30, 2008

January – March 2007

- Preparation of a Crisis Plan template and instructions for Local Management Entities – three one-day meetings were held in various locations in February 2007. The final plan template was sent to all LMEs on February 13, 2007.
- ACR LME developed a Crisis Plan Survey and distributed at February 15, 2007 Provider Forum to providers to help develop the 3 year Crisis plan. The survey asked questions such as:
 - *What areas of Crisis would you like to see improved in the community and how?*
 - *What crisis component do we NOT have in our community that you would like to have available?*
 - *What would help your agency in responding to a Crisis?*

The survey was forwarded out to the provider network and placed on the LME website. The survey also asked providers/stakeholders if they would like to participate in the development of the plan. [All names were submitted to Ms. Graham to develop a listing of interested participants, which is now the Crisis Committee Planning Committee.](#)

Results from the Survey were as follows: The first 5 priorities are as follows:

1. Transportation
 2. Secured Non-State Inpatient Involuntary Treatment Hospital Issues
 3. Crisis Stabilization
 4. Crisis Respite – we do have respite beds for children.
 5. Walk-In Crisis
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- **Submission & Review of Crisis Plans** – All LMEs submitted a crisis plan on or before the March 1, 2007 due date. Staff from the Division using a standardized review tool developed by TAC reviewed each plan. Each plan was evaluated and ranked into 3 possible categories – recommended, recommended with required edits, or not recommended.
 - **Allocation of Start up funds for Crisis Services** – In accordance with the legislation, each LME was to receive a share of the \$5,250,000 in start up funds. ACR LME received technical assistance from TAC throughout April – June 2007. *ACR LME plan was approved on 9/28/07 with start up funds of \$153,544 allocated.*

July 2007 – September 2007

(Narrative information taken directly from ACR LME Crisis Plan)

Advanced Health Resources has established a facility to begin taking Walk-In crisis in Rockingham County on November 5, 2007. Local hospital services: Advanced Health Resources will allocate a QP to Morehead Hospital to do crisis intervention and evaluations since the hospital currently does not have a designated staff to handle mental health crisis. This position will be in place November 2007 and will enable the hospital to serve consumers that in the past would have been sent directly to the state hospital. Funding will be allocated to local hospitals so that clients can be served locally instead of being directed to the state hospitals. Beginning in November 2007, Morehead Hospital will be the initial focus with ARMC and Moses Cone also included in the sponsorship programs. The LME plans to issue a RFP to select another provider of after hours walk in crisis services for all three counties. It is anticipated that the RFP will be sent out by January 31m, 2008. LME will continue intensive work with stakeholders regarding crisis implementation.

Data –

State Hospital Admissions SFY 07-08

The data is based on total admissions and not the number of admissions taking the population of the individual catchment areas into account.

	SFY 07-08 1 st Qtr. Admissions	SFY 06-07 1 st Qtr. Admissions	Change
ACR LME	191	199	-8

SFY 06-07 Crisis Service Funds Paid and Persons Served

Mobile Crisis H2011 – *State IPRS paid for 51% of the mobile crisis funds and 49% was Medicaid reimbursement.*

	Dollars Paid	Persons Served
ACR LME	\$8,229	14

Facility Based Crisis S9484 – *State IPRS paid for 80% of the facility based funds and 20% was Medicaid reimbursement.*

	Dollars Paid	Persons Served
ACR LME	\$113,112	124

Non-Hospital Medical Detoxification - *State IPRS funds paid for 84% of the non-hospital medical detoxification funds and 16% was Medicaid reimbursement.*

	Dollars Paid	Persons Served
ACR LME	\$3,911	3

Local Inpatient – *State IPRS funds paid for 6% of the local inpatient funds and Medicaid paid for 94%.*

	Inpatient Hospital Dollars Paid	Persons Served	Total All Services/Dollars Paid	Persons Served
ACR LME	\$1,637,425	291	\$1,762,676	424