



Crisis Services Overview

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Behavioral Health Crisis Services

Panelists and Presenters

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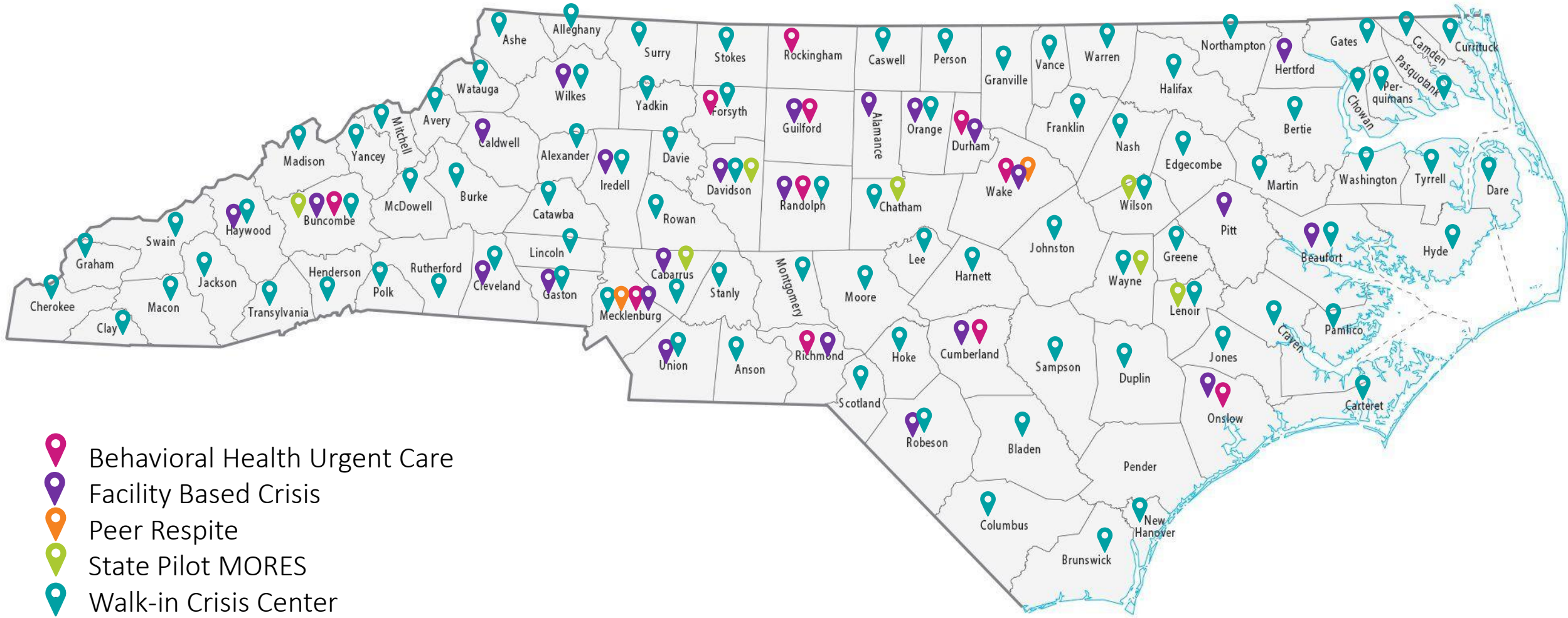
Objectives

- Provide an Overview of the BH Crisis Services Continuum
 - 988
 - Peer Warmline
 - Peer-Run Respite
 - Mobile Crisis Management
 - Behavioral Health Urgent Care
 - Facility-Based Crisis
 - Walk-in Crisis Center
 - Mobile Outreach Response Engagement and Stabilization (MORES)
- Provide Links to Resources

County Representation on Today's Webinar:

- Alamance
- Buncombe
- Burke
- Cabarrus
- Catawba
- Cleveland
- Columbus
- Durham
- Forsyth
- Gaston
- Guilford
- Hoke
- Iredell
- Lenoir
- Maricopa
- Mecklenburg
- Moore
- Nash
- Robeson
- Rowan
- Spartanburg
- Wake

Crisis Services Continuum



- Source: [NC Medicaid Crisis Providers](#)

988 Suicide and Crisis Lifeline

- 988 connects North Carolinians via **call, chat or text** to a trained counselor who will listen, offer support and provide community resources **24 hours a day, 7 days a week**.
- Early indicators suggest 988 is highly effective, **showing 90% of individuals with thoughts of suicide reported improvement** in how they were feeling by the end of their call.



988 Suicide and Crisis Lifeline

Exciting News from the 988 Suicide & Crisis Lifeline:

Geo-routing is officially live for T-Mobile and Verizon U.S. Wireless Carriers!

Calls from help-seekers with these carriers will now be routed to the crisis center nearest to the caller's general physical location, rather than their phone number's area code.

This means that the North Carolina call center will begin receiving calls from area codes outside the state, if the caller is in NC.



The 988 Lifeline is also working with AT&T to activate geo-routing in the future.

Questions?

For more details on geo-routing, please review the [Geo-routing FAQ](#).

Statewide Peer Warmline

- The Peer Warmline will work in tandem with the North Carolina 988 Suicide and Crisis Lifeline by giving callers the option to speak with a Peer Support Specialist. Peer Support Specialists (or “peers”) are people living in recovery with mental illness and/or substance use disorder who provide support to others who can benefit from their lived experience.
- Like 988, North Carolina’s peer warmline is available 24 hours a day, 7 days a week.
- **1-855-PEERS NC (1-855-733-7762)**



Peer-Run Respite

- New trauma informed alternative to hospitals, emergency departments and involuntary commitment for people experiencing mental health crises
 - Hospitalization represents the most restrictive and costly approach to responding to people experiencing mental health crises.
- A peer-run respite is a free, voluntary, non-coercive, supportive, spiritually and creatively enriching alternative
- Guests stay up to 10 days.
- The peer-run respite is staffed 24/7 by a team of people who themselves have survived suicide attempts, trauma, and mental health related crises, and are specially trained in trauma-informed peer support.
- Does not require insurance nor is there a cost to stay and all guests can choose to maintain their employment, school, family and social connections without disruption
- This approach represents a significant shift in the way mental health crises are viewed and people experiencing them are understood and supported.

<https://promiseresourcenetwork.org/respite-the-plaza/>

Mobile Crisis Management

- Mobile Crisis Management (MCM) services are available 24/7 for crisis prevention or if you or someone you know is experiencing a crisis related to mental health, substance use, or developmental disabilities.
- Mobile Crisis teams can meet you in a safe location, including your home, school, or workplace.

Mobile Crisis Management

CRISIS SYMPTOMS MAY INCLUDE:

- Hearing voices
- Hallucinating
- Irrational behavior
- Expressing intent to harm self or others
- IV drug use
- Withdrawal from illegal substance use
- Using drugs while pregnant,
- Becoming unmanageable due to mental illness

WHAT YOU SHOULD KNOW

- No insurance is required to utilize mobile crisis
- No appointment is necessary to utilize this service
- No out-of-pocket costs
- Calls can be placed for yourself or a loved one
- Your privacy is always a priority
- Response will be immediate (within 2 hours)
- There are no age limitations on services

Behavioral Health Urgent Care

Behavioral Health Urgent Care (BHUC) sites provide immediate care to children, adolescents, adults, or families in crisis.

- A BHUC is an ***alternative to an Emergency Department visit.***
- Much like the physical health urgent care facilities, a BHUC is a designated intervention and treatment center where community members with urgent primary behavioral health needs can receive triage, care and referral. It is designed to ensure people are linked to the least restrictive and most appropriate level of care that promotes their continued recovery
- Individual's receiving care at a BHUC do not stay there, it is designed as a short-term intervention with a individually discharging in 23 or less hours
- The BHUC can initiate the involuntary commitment (IVC) petition via first-level evaluations (clinician petition) for people who require IVC.

*This is a Medicaid in-lieu of service

Behavioral Health Urgent Care

CARE MAY INCLUDE:

- Assessment and diagnosis for mental illness, substance use and intellectual and developmental disability issues
- Planning and referral for future treatment
- Medication management
- Outpatient treatment
- Short-term follow-up care
- Referral to appropriate level of care

HOURS AND LOCATIONS

- Each BHUC is operated by a MH/SUD provider
- Hours do vary based on location and the certification level of the BHUC
- To find a BHUC, search [here](#).
- State is working to add additional BHUCs

Facility-Based Crisis

Facility-Based Crisis (FBC) is a service that provides an ***alternative to hospitalization*** for an eligible individual who presents with escalated behavior due to a mental health, intellectual or development disability or substance use disorder and requires treatment in a 24-hour residential facility with 16 beds or less.

- Facility-Based Crisis Service is a direct and indirect, ***intensive short-term***, medically supervised service provided in a physically secure setting, that is available 24 hours a day, seven (7) days a week, 365 days a year
- Average length of stay is 7-14 days

Facility-Based Crisis

SERVICES INCLUDE:

- Medical assessment and medical monitoring
- Psychiatric assessment and evaluation
- Individual, family, and group therapeutic services
- Physical activity
- Leisure activities
- Aftercare arrangements to decrease the risk of relapse

HOURS AND LOCATIONS

- Each FBC is operated by a MH/SUD provider
- Some FBCs are specific to children or adults
- To find a FBC, search [here](#).
- State is working to add additional FBC facilities

Walk-in Crisis Centers

- Same Day Access and Walk-in Crisis Services: provide crisis assessment/evaluation, triage and interventions for adults, children, and adolescents in need of crisis mental health and substance use services.
- These centers have experienced and licensed professionals whose goal is to evaluate and stabilize people in crisis, which can reduce the need for hospitalization or more intensive care in acute psychiatric units and substance use treatment facilities.
- To find a walk-in crisis center, search [here](#).

Mobile Outreach Response Engagement & Stabilization (MORES)

Mobile Outreach Response Engagement and Stabilization (MORES) is a team-based crisis intervention pilot for children and adolescents and their families ages 3-21 years experiencing escalating emotional and/or behavioral needs.

- The caller/family defines the crisis-this allows for a more proactive/preventative intervention for youth and their families
- MORES provides up to eight weeks of follow-up services for individuals who have experienced a behavioral health crisis.
- There are several MORES programs operating across the state

MORES

MORES INCLUDES

- Crisis Response, Intervention and de-escalation
- Counseling
- Behavioral Assistance
- Stabilization
- Advocacy
- Skill Building
- Med Management
- Caregiver and Youth Engagement
- Stabilization, Referral, and Linkage

PROVIDERS AND LOCATIONS

- [State pilot MORES Teams](#)
- [Alliance MORES Teams](#)
- Funding/Payer coverage varies across the programs

SPARC MORES Program

- Began serving youth and their families in December 2022 in Mecklenburg County.
- SPARC MORES program serves youth and their families who have Alliance Medicaid.
- MORES program has supported youth and their families across a wide range of crisis needs.
- This program supports all families in Mecklenburg County. Surrounding counties may be served based on availability. Contact the MORES Team to inquire.

How to Connect Families to SPARC MORES Program

1. The family can call the MORES Crisis line 24/7/365 at 704-614-8807
2. A clinical/professional support (i.e., DSS, DJJ, Hospital Social Worker, School Counselor, etc.) can call the MORES Crisis Line 24/7/365 at 704-614-8807
3. A clinical/professional support (i.e., DSS, DJJ, Hospital Social Worker, School Counselor, etc.) can submit an online referral through our referral portal at www.sparcprograms.net and select submit referrals and use referral code 5152. This should not be submitted without the family's knowledge/consent

Ideally, families will call and request MORES.

Choosing a Specific Service

Determining Which Crisis Service Is Right For You

When thinking about the continuum of care available for a behavioral health crisis, you can liken it to a physical health crisis: What can be treated by a visit to your PCP? What can be treated by a visit to an urgent care? What is a true emergency and requires a trip to the ED?

- ❖ Can it be triaged by someone coming to you?
- ❖ Does it require a same day visit with a licensed staff?
- ❖ Do you need a few days to get stabilized?
- ❖ Is it a life-threatening emergency?

Resources

Resources

- NC Department of Health and Human Services:
 - [Crisis Services Page](#)
 - [List of Crisis Providers](#)

Tailored Plan and Standard Plan BH Crisis Lines

STANDARD PLANS

- **AmeriHealth Caritas:** 833-712-2262
- **Healthy Blue:** 844-594-5076
- **United Health Care Community Health Plan:** 866-734-2012
- **WellCare of NC:** 833-207-4240
- **Carolina Complete Health:** 855-798-7093

TAILORED PLANS

- **Alliance Health Plan:** 877-223-4617
- **Partners Health Management:** 833-353-2093
- **Trillium Health Resources:** 888-302-0738
- **Vaya Health:** 800-849-6127

Question and Answer

Could Facility Based Crisis services address persons in a manic episode?	Yes, this could be utilized for a client experiencing symptoms congruent with a manic episode.
Which crisis services are available in other languages?	All the services have access to translators to meet multiple language needs. In terms of staff in the programs who are bi/multilingual, you would need to contact the specific provider of the service.
What is the difference in BHUC and walk in crisis services?	They often meet many of the same functions with immediate triage/assessment and can provide referral assistance. One of the main differences is many of the BHUCs are available 24/7 where as the walk in crisis centers have certain hours of operation. And some of the BHUCs will allow a person to be there for 23 hour observation as well.

Thank You!

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