



**PARTNERS**  
Improving Lives. Strengthening Communities.

# Adult MH/SU Service Continuum

# Contents

- ▶ How to Access Non-Emergent Services
- ▶ Walk-In Centers
- ▶ Medical Necessity and Eligibility Criteria
- ▶ Crisis Services
  - ▶ Mobile Crisis Management
  - ▶ Facility Based Crisis
- ▶ Peer Support
- ▶ Critical Time Intervention: CTI
- ▶ Supported Employment
- ▶ Community Support Team (CST)
- ▶ Partial Hospitalization (PH)
- ▶ Assertive Community Treatment (ACT)



# Contents continued

- Psychosocial Rehabilitation
- Individual Supports
- SAIOP
- SACOT
- Community Guide- B3
- Respite- B3
- ADVP
- Day Supports



# How to Access Non-Emergent Services

- Contact Access at 1-888-235-4673
  - With the adult/guardian present so they can give consent.
  - Call center staff will gather demographic information and will schedule appointments based on needs.
    - Urgent needs within 48 hours days
    - Routine needs within 14 days
- Walk-In Centers or Hubs
  - Walk in for same day services.



# Walk-In Centers

Burke County

350 E. Parker Rd., Suite 100

Morganton, NC 28655

828-624-0300

Monday-Friday 8:00 a.m.-5:00 p.m.

Catawba County

327 1<sup>st</sup> Ave NW

Hickory, NC 28601

828-695-5900

Monday-Friday 8:00 a.m. – 5:00 p.m.



# Walk-In Centers

Cleveland County

200-3 Post Road

Shelby, NC 28150

704-600-6900

Monday – Friday 8:00 a.m. – 5:00 p.m.

Gaston County

2505 Court Drive

Gastonia, NC 28054

704-842-6476

Monday-Friday 8:00 a.m. – 3:00 p.m.



# Walk-In Centers

Iredell County

318 Turnersburg Hwy

Statesville, NC 28625

704-873-1114

Monday- Friday 8:00 a.m. – 2:00 p.m.

Lincoln County

311 E. McBee Street

Lincolnton, NC 28092

704-732-0018

Monday- Friday 8:00 a.m. – 5:00 p.m.



# Walk-In Centers

Surry County

847 Westlake Drive

Mt. Airy, NC 27030

336-783-6919

Monday – Friday 8:00 a.m. -1:00p.m.

Yadkin County

320 East Lee Avenue

Yadkinville, NC 27055

336-679-8805

Monday – Friday 8:00 a.m. – 3:00 p.m.





# Medical Necessity and Utilization Management

- Each service has specific criteria that must be met in order for an adult to be eligible for the service.
- Every Adult is not eligible for every service that is available.
- Medical Necessity is similar to standards used in screening an Adult Protective Services Referral.
  - If all criteria are not met, then an APS referral is not accepted.
  - If all entrance criteria are not met, then a service cannot be approved and provided.



# Medical Necessity and Utilization Management

- Eligibility for services is based on needs, and often changes over time.
- Service Authorization Process includes submitting documents for review by a Utilization Reviewer.
  - Enrollment in a benefit plan (Medicaid or State)
  - Service Authorization Request
  - Person Centered Plan or Treatment Plan- signed by all parties
  - Level of Care documentation- ASAM, Locus, NCSNAP, SIS
  - Other documents specific to particular services.



# Medical Necessity and Utilization Management

- Not all services require prior authorization. Crisis services and some SU services have “pass-throughs.”
- For services that require an authorization, licensed clinicians review the requests
- Only physicians and clinical psychologist can clinically deny a request
- UM reviewers can administratively deny a request if it does not contain all of the required information.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Crisis Services

# Mobile Crisis Management

What is Mobile Crisis Management?

Mobile Crisis Management involves all support, services and treatment necessary to provide an integrated crisis response, stabilization interventions and crisis prevention activities.

- Services is available 24/7/365
- Response time is typically under 2 hours
- Delivered in the least restrictive environment possible
- Contact Access for referrals 1-888-235-4673



# Eligibility Criteria

The adult is eligible for mobile crisis management when:

- The adult is experiencing an acute, immediate crisis and has insufficient or severely limited resources or skills needed to cope with the crisis.
- The adult presents with impaired judgement, impulse control or cognitive or perceptual disabilities, or
- The adult is intoxicated or in withdrawal and is in need of SUD treatment and is unable to access the needed services without immediate assistance.
- Cannot be provided if the adult is currently receiving ACTT or Medical or Non-Medical Substance Abuse Residential Treatment.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Facility-Based Crisis

# Facility-Based Crisis

## What is Facility-Based Crisis?

- An alternative to hospitalization for adults with mental illness or substance use disorder.
- 24- hour residential facility that provides support and crisis services in a community setting.
- Short-term
- Evaluation, treatment and stabilization for acute crisis situations.





# Eligibility Criteria

- A mental health or substance use disorder diagnosis is present, or the adult has a condition defined as an intellectual and developmental disability as defined by GS 122-C3(12a).
- The adult has either a functional impairment, crisis intervention, diversion or after-care needs, or is at risk for placement outside of the natural home setting, and



# Eligibility Criteria continued

- Interventions have not restored or improved the adult's functioning and the adult is unable to remain in the natural setting due to:
  - Symptoms associated with a diagnosis that present a risk of out-of-home placement or
  - Intensive verbal and/or limited physical aggression due to symptoms of a diagnosis or
  - At risk of lose of services, placement or community support systems as a result of functional problems associated with a diagnosis.

The service must be ordered by a primary care physician, psychiatrist, or licensed psychologist





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Peer Support Services

# Peer Support

## What is Peer Support?

- An evidence based, individualized, recovery focused approach that promotes the development of wellness self-management, personal recovery, natural supports, coping skills, and self-advocacy skills and development of independent living skills for housing, employment and full community inclusion.
- Services are provided in the natural environment as much as possible.



# Eligibility Criteria

Adults ages 18 and older with identified needs in life skills, who:

1. Have an MH and/or SUD diagnosis present; and
2. Meet LOC criteria for LOCUS Level 1 or ASAM Level 1; or
3. Individuals in the special population receiving treatment planning who have Serious and Persistent Mental Illness (SPMI) who reside in an Adult Care Home determined to be an Institution for Mental Disease; individuals with SPMI transitioning from Adult Care Homes and State Psychiatric Institutions; and individuals diverted from entry into Adult Care Homes due to preadmission screening and diversion.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Critical Time Intervention (CTI)

# CTI

## What Critical Time Intervention?

- An intensive 9 month case management model designed to assist adults age 18 years and older with mental illness who are going through critical transitions.
- This Evidence Based Practice promotes a focus on recovery, psychiatric rehabilitation, and bridges the gap between institutional living and community services.



# Eligibility Criteria

- Individuals eligible for CTI are navigating critical transitions and are not connected to other community based services currently meeting their clinical needs.
- Critical transitions include the following:
  - Discharge from psychiatric inpatient settings
  - Release from correctional settings
  - Transition out of foster care settings into adult services
  - Transition from homelessness into housing
  - Transition from highly structured residential settings, such as adult care homes, into independent living





# Eligibility Criteria Cont.

- A. A primary SPMI/SMI diagnosis. Individuals with a primary diagnosis of an intellectual/developmental disability, substance use disorder or personality disorder are not the intended eligibility group, and
- B. Is not already connected to community based care that is currently meeting their clinical needs and
- C. Has at least three of the following functional impairments:
  - At risk of homelessness or homeless
  - Lack of positive social support/natural supports network
  - Inability to perform activities of daily living adequately
  - Lack of basic subsistence needs (food stamps, benefits, medical care, transportation)
  - Inability to manage money
  - Substance use with negative impact
  - Unemployment/underemployed/lack of employment skills





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Supported Employment

# Supported Employment

## What Supported Employment?

- A person-centered, individualized, evidence-based model that assists MH/SA Individuals who are 16 year of age and older to choose, acquire and maintain paid employment in the community.
- Individual eligibility is for those who:
  - Have not achieved competitive employment
  - Employment has been interrupted
  - Employment has been inter-mitten



# Zero Exclusion

## Zero-Exclusion criteria:

- Not excluded because of active substance use, history of violent behavior, criminal background, cognitive impairments, treatment or medication non-compliance or personal presentation
- Anyone who expresses a desire to work
- Assisted with job placement regardless of the reason a job ended or number of jobs held



# Eligibility Criteria

- A. Age 16 or older AND
- B. Axis I or II Diagnosis of Mental Health or Substance Use AND
- C. Experience difficulties in:
  - a. Functional Impairment
  - b. Crisis Intervention/Aftercare Needs
  - c. At Risk of Placement in a More Restrictive Setting

AND

Desires to work or has pattern of un-, under- or sporadic employment and needs assistance to obtain competitive employment due to functional limitations and behaviors associated with the individual's diagnosis.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Community Support Team

# Community Support Team(CST)

## What Community Support Team?

- Provided by a Community-Based Team
- For Persons with Complex and Extensive Mental Health/Substance Use Treatment Needs
- Addresses Rehabilitative and Recovery Goals as Identified in the Comprehensive Clinical Assessment (CCA)
- Includes Direct Treatment and Case Management Interventions



# CST Interventions

CST includes the following interventions as clinically indicated:

- Individual Therapy;
- Behavioral-modeling, modification and/or rehearsal;
- Substance Use Disorder treatment interventions;
- Development of relapse prevention/disease management strategies to support recovery;
- Psychoeducation for beneficiary, families, caregivers or others involved with the beneficiary's care
- Psychoeducation regarding identification and self-management of medication and communication with the prescriber;





# CST Intervention, cont'd:

- Intensive case management to include assessment, planning, linkage and referral to paid and natural supports, monitoring and follow-up;
- Arranging for any needed evaluations: medical, psychiatric and psychological;
- Crisis management to include crisis planning and prevention.



# CST Eligibility Criteria

- Significant impairment in at least two life domains which is related to the individual's MH/SU diagnosis and impedes independent functioning in the community

Four of the following:

- High use of psychiatric hospitals (2 or more in a year) or an extended stay (30 days or more), crisis services;
- History of inability to use traditional outpatient services: missed appointments or difficulty maintaining medication schedules;
- Medication refractory: lacks full response to medication or difficulty taking medication;
- Co-occurring Disorders
- Legal issues related to MH/SU diagnoses



# CST Eligibility Criteria cont'd:

- Homeless or at high risk of homelessness due to MH/SU diagnoses
- Clinical evidence of suicidal gestures, persistent suicidal ideation in past 3 months;
- Ongoing inappropriate public behavior in the community- in past 3 months;
- Physical aggression, intense verbal aggression or both toward self or other in past 6 months sufficient to create functional problems in home, school, job, community;
- A less intensive level of care has been tried and found to be ineffective **AND**

No evidence that alternative interventions would be equally or more effective than CST.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Partial Hospitalization

# Partial Hospitalization (PH)

What is Partial Hospitalization?

PH is a short-term service for acutely ill adults and children.

PH provides:

- group therapy and activities;
- individual therapy;
- recreational therapy;
- community living skills;
- interpersonal skills;
- coping skills and
- medical services.



# Partial Hospitalization

PH is different from other Day Treatment Programs in that the consumer's presentation is acute and medical services with medical oversight by a physician is included as part of the program.

PH services offer support and structure to assist an individual with coping and functioning on a day-to-day basis to:

- Prevent hospitalization
- Step down from a higher level of care
- Offer stabilization in the community for a consumer who might be utilizing multiple services at a high intensity.



# PH Eligibility Criteria:

## Medical Necessity

Must have a mental health or substance use disorder

**AND**

Level of Care Criteria: LOCUS=4-5; ASAM=1-2.5

**AND**

The individual is experiencing difficulties in at least one of the following areas:

A. Functional impairment, crisis intervention/diversion/aftercare needs, and/or at risk for placement outside the natural home setting,

**AND**



# PH Eligibility Criteria, cont'd

B. The individual's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any **one** of the following apply:

1. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalizations, and/or institutionalization; or
2. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting; or





# PH Eligibility Criteria, cont'd

3. Being at risk of exclusion from services, placement or significant community support system as a result of functional behavioral problems associated with diagnosis; or
4. Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized intervention and activities; or
5. Service is a part of an aftercare planning process (time-limited or transitioning) and is required to avoid returning to a higher, or more restrictive level of services.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# **Assertive Community Treatment Program**

# What ACT does?

ACT teams assist beneficiaries in achieving

- **Personal goals**
- **Enhancing community integration and regaining valued roles**
- **Because beneficiaries may resist services; ACT utilizes planned assertive engagement techniques which largely consist of**
  - 1. rapport-building strategies**
  - 2. facilitating meeting basic needs, and motivational interviewing techniques.**



# ACT Team Membership

Team Leader:

Psychiatric Care Provider

Nurse

Substance Abuse Specialist

NC Certified Peer Specialist

Vocational Specialist

Office Staff

Qualified Professional(s)

75% of services shall be provided in the community



# Eligibility Criteria

Is 18 years of age, has a current DSM-5 serious and persistent mental health diagnosis **and** has significant functional impairment as demonstrated by **one** of the following:

- Significant difficulty consistently performing routine tasks required for basic adult functioning in the community with or without assistance from others (for example, caring for personal business affairs; obtaining medical, legal and housing services; recognizing dangers or hazards to self and possessions; meeting nutritional needs; personal hygiene,



# Eligibility Criteria cont'd

- Significant difficulty maintaining employment at a self-sustaining level or consistently carrying out head-of-household responsibilities(meal preparation, household tasks, budgeting, or child-care) **and**

One or more of the following indicators of high-service needs:

- High acute psychiatric hospital use(2+ admissions during the past 12 months) or psychiatric emergency services;
- Persistent and recurrent severe psychiatric symptoms (affective, psychotic, suicidal, etc);



# Eligibility Criteria Cont'd

- Coexisting mental health and substance use disorders of significant duration (6 months +)
- High risk/recent history of criminal justice involvement
- Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness or imminent risk of homelessness;
- Residing in an inpatient or supervised community residence but clinically assessed to be able to live in a more independent living situation if intensive services are provided or requiring a residential or institutional placement if more intensive services are not available **or**
- Difficulty effectively using traditional office-based outpatient services; **and**



# Eligibility Criteria cont'd

- There are no indications that available alternative interventions would be equally or more effective based on North Carolina community practice standards service array.







**PARTNERS**  
Improving Lives. Strengthening Communities.

# Psychosocial Rehabilitation

# Psychosocial Rehabilitation

- Psychosocial Rehabilitation is a day program designed to help adults with psychiatric disabilities increase their functioning so that they can be successful in the environment of their choice with the least amount of ongoing professional intervention.
- Helps the adult to increase community living skills, personal care skills, social relationships, use of leisure time, educational opportunities and employment opportunities.
- Available at least 5 hours per day.



# Eligibility Criteria

- A mental Health diagnosis is present
- The adult has unmet needs related to maintaining personal care, meal preparation, housing, or access to social, vocational, and recreational opportunities.
- The adult has impaired functioning in at least two of the following:
  - Employment
  - Management of financial affairs
  - Ability to procure needed public support services
  - Appropriate social behavior
  - Activities of daily living



# Eligibility Criteria

- Psychosocial Rehabilitation cannot be provided at the same time as Partial Hospitalization and Assertive Community Treatment Team.



# Individual Support- B3

- A “hands-on” service for persons with Serious and Persistent Mental Illness that is used to teach and assist individuals in carrying out Instrumental Activities of Daily Living, such as meal preparation, shopping, and managing money.
- The expected outcome is independent living in the community.
- The need for services should decrease and fade over time as the adult becomes more independent.



# Eligibility Criteria

- The adult must be a Medicaid recipient.
- The adult must be 18 years or older with a SPMI diagnosis(Schizophrenia, Bipolar Disorder).
- Must have a Locus of level II or greater.
- This service can be received 90 days prior to transitioning into independent housing.





**PARTNERS**  
Improving Lives. Strengthening Communities.

# Substance Use Disorder Services

# Substance Use Disorder Services

- ▶ Partners has a robust continuum of Substance Use Disorder services including:
  - Individual/Group Counseling
  - Medication Assisted Treatment
  - Opioid Treatment Programs
  - Substance Abuse Intensive Outpatient Program
  - Substance Abuse Comprehensive Outpatient Treatment
  - Ambulatory Detox
  - Medically and Non-Medically Monitored Residential treatment
  - Facility Based Crisis (detox)
  - Hospital Detox





# Substance Use Disorder Services

- Entrance into SU treatment starts with an assessment by a licensed clinician who will make treatment recommendations based on ASAM criteria.



# Questions?



# Contact Information

- Lynne Grey, MH/SA UM Manager
- 704-884-2542
- [lgrey@partnersbhm.org](mailto:lgrey@partnersbhm.org)

