

## **REQUEST FOR BOARD ACTION**

### **HENDERSON COUNTY, NORTH CAROLINA BOARD OF COMMISSIONERS**

**MEETING DATE:** May 19, 2006

**SUBJECT:** Mountain Laurel Community Services Update

**ATTACHMENTS:**

- 1) Mountain Laurel Public Information Handout
- 2) March 30, 2006 Times-News Article
- 3) April 28, 2006 Times-News Article
- 4) Mobile Assistance Team/Mobile Crisis Team Guide

**SUMMARY OF REQUEST:**

Mountain Laurel Community Services, the primary recipient of the County's Mental Health Maintenance of Effort Funds, has submitted the attached information as update to their ongoing efforts in our community. This packet is for informational purposes only.

**COUNTY MANAGER'S RECOMMENDATION/ACTION REQUIRED:**

No action required.

**5 Major Improvements in Local  
Mental Health,  
“Brought to You by Your own County  
Maintenance-of-Effort Support & Funding”**

**1 => “You Still Don’t Have to Call Asheville to Get Help –  
In fact, they’re now Calling Here for Help!”**

- You can call one main number for any Mtn Laurel clinic, for direct help
- Western Highlands, as the regional manager of care, highly recommends ML
- Mtn Laurel has an emergency HelpLine (1-888-617-6432) available 24/7/365

**2 => “In fact, You Don’t Have to Wait to Get Help...”**

- Most mental health providers offer flexible appt hours, but may have waits...
- Mountain Laurel still offers “Walk-In, No Turn Away” help every day
- Mountain Laurel offers longer, extended hours: M-F 8:30-8:30 and Saturdays

**3 => “Emergency Mental Health Care IS Available ...  
...and not just at the Hospital ER...”**

- Mental health providers are now responsible for their own emergency care ...  
but Mtn Laurel remains the community safety-net
- Mtn Laurel offers a 3-tier emergency system for the community
  - ACCESS Units screen and assess at each clinic
  - Mtn Laurel offers licensed clinical staff for face-to-face evals,  
treatment, and psychiatric backup as appropriate
- Visits to local hospital Emergency Rooms are now LAST resort for  
mental health issues, with only certain exceptions.

**4 => “If you need a Psychiatric Hospital, Help IS Available...  
... Beds are Scarce, and not Always the Answer!”**

- For Voluntary Hospital Admits, Mtn Laurel will help you find a bed...
- For Involuntary Hospital Admits, Mtn Laurel offers a HotLine to Magistrates,  
Law Enforcement, and Community Agencies needing technical advice
- Mtn Laurel provides Commitment Evals daily until 8pm, and hospital ERs  
provide Commitment Evals afterhours and on weekends.

**... AND ...**

## **5 => “Getting Help Now Means We Bring it To YOU...”**

- Through county “Maintenance of Effort” funds, Mtn Laurel offers OutReach and Outposting of clinical staff in stakeholder agencies:
  - Health Dept.... bi-lingual Spanish licensed counselor
  - County Jail .... licensed counselor for assessments and mini-mental health clinic, as well as Hotline for nursing/psych consults
  - Rescue Mission ... licensed counselor for assessments and mini-mental health clinic, as well as Hotline for nursing/psych consults
  - For youth, *all* county schools now see outposted Mtn Laurel counselors
- Also via MOE funds, Mtn Laurel offers a Mobile Assistance Team (MAT) to provide mental health consultation & assessments wherever needed, but especially at designated stakeholder agencies, such as Jail, Mission, DSS, Health Dept, Red Cross, schools, etc. The MAT program is a precursor to an eventual Mobile Crisis Team that might bring staff to your home.

**And, courtesy of grant funding won by New Vistas-Mtn Laurel, Mobile Crisis Teams are in place in Henderson, Transylvania & Buncombe counties as a part of New Vistas-Mtn Laurel management.**

- Community stakeholders, agencies AND consumers can now call Mtn Laurel for help, and if it’s invited and appropriate, Mtn Laurel will send Mobile Crisis staff to wherever the crisis is taking place, even at the consumer’s home, with help on the way within 30 minutes.

**“Community Collaboration and Partnerships are Now the Rule, and Mental Health work is Teamwork”**

- With limited funds and resources, communities must rely on themselves
- Community agencies must avoid competition and in-fighting, and focus on sharing of resources to meet community needs, as seen by...
  - New Partnership-for-Health entity, providing community supports
  - Mtn Laurel collaboration with Jail, Mission, Health Dept, Schools
  - New initiative with Mental Health Task Force

**Mtn Laurel is sponsoring a community gathering on May 15<sup>th</sup>, 2006, from 12 to 2pm,  
At the Kaplan Auditorium in the Henderson County Library  
Purpose of the gathering will be to Re-Energize Community Involvement in  
Mental Health and Reform Issues**

**Barry E. Beavers, DCSW Director, Mtn Laurel Henderson Co Adult, & Transylvania Co Adult & Child**  
Email => [Bbeavers@mlcs.us](mailto:Bbeavers@mlcs.us) Telephone => 828-692-5741 828-884-2027

Scott Parrott  
 Times-News Staff Writer  
 scott.parrott@hendersonvillemews.com

## Changes Bring on Challenges

Mental Health Reform: A Question of Care  
 March 30, 2006

Amid continuing changes in the state mental health care system, the director of one local provider on Wednesday explained the reasoning behind the reform and the challenges faced since its launch.

Barry Beavers, the director of Mountain Laurel Community Services, told 32 audience members in the Henderson County Public Library the reform rested on three pillars. The state wanted to make sure the limited mental health care dollars were well spent, ensure patients received the proper care and offer patients more choices as they seek help.

"In that way, I think the ultimate objective of that was a good thing," Beavers said.

Despite a rocky course, the philosophy of the reform pushed through. Patients have more choices when it comes to seeking care. And the care no longer is found strictly in offices and state institutions. Mountain Laurel employees visit homes, jails and homeless shelters.

"We want to bring the help to the people, not them having to go out and get it," Beavers said. But changes carry challenges, and the state mental health reform lumbered beneath its fair share. The massive restructuring, adopted by state lawmakers in 2001, caused confusion among the mentally ill and their families. People fell through the cracks, winding up in jail, sleeping in homeless shelters.

On March 20, the state implemented new rules on which services Medicaid would cover the tab on, sparking renewed frustration and confusion among families, including Nancy Pace, who leads the local chapter of National Alliance for the Mentally Ill Young Families. "There's still a lot of confusion with families," said Pace, who sat in the audience during Beavers' presentation, called "*What's Happening To Our Mental Health System?*" The families weren't alone. The local agencies that watch over mental health care faced challenging state-imposed deadlines in notifying the people who would be affected by the new Medicaid rules about the changes.

Concerned callers swamped the phone lines for Western Highlands, which manages mental health care in eight counties, including Henderson, Polk and Transylvania. It hired temporary employees to handle the overwhelming amount of phone calls. Mountain Laurel faced similar challenges.

"The last three months have been a real struggle for providers," Beavers said. But he remains optimistic.

"In four to six months, I think we'll be through it," he said. It may be optimistic thinking, he added, but he believed the system would calm down. "We need to figure out what the issues are, and move on with problem-solving," Beavers said.

Last year, Mountain Laurel targeted challenges facing local jails, police, homeless shelters and patients. Mountain Laurel extended weekday office hours until 8:30 p.m., established walk-in help, where anyone who walked into the Mountain Laurel offices would receive care, without an appointment, and launched a help line, which patients and families could call any time around-the-clock.

Mountain Laurel also started to send case workers into the Henderson County Jail, the Hendersonville Rescue Mission, local hospitals and the Health Department. And it launched a Hotline for law enforcement officers, homeless shelters and others on the front lines to use when they needed help with a mental health case.



**Barry Beavers** talks to a group of people Wednesday during a forum on mental health at the Henderson county Public Library. (Patrick Sullivan / Times-News)

## Mobile Team Aids Families in Crisis

Late at night, mental illness drives a child into crisis. The child lashes out, throws things, threatens family members. Not too long ago, the police would have been called and the child taken into custody. The child likely would have wound up in an emergency room and later hospitalized for mental health treatment.

But a new program launched in Henderson County hopes to change the trying situation. Armed with a \$100,000 state grant, New Vistas-Mountain Laurel recently launched a mobile crisis team, which can respond to the homes of people in crisis. The team can help calm the situation. It also can help family members form ways to ease future crises and put them in touch with mental health care providers for follow-up sessions. Families can receive assistance 24 hours a day, seven days a week.

"That has not been something readily available in the past," said Barry Beavers, the director of Mountain Laurel Community Services. "In the past, a lot of community members, parents, clients have been upset that our help services ended at 5 p.m. even when Mountain Laurel extended office hours. Crises happen at three in the morning."

### Other changes could also be on the way.

On Thursday, the Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services approved proposals that would put an extra \$160 million toward problems facing mental health care in North Carolina. The proposal is being drafted into a bill, which legislators will likely consider in the upcoming short session set to start May 9.

Western Highlands, which manages mental health care in Henderson and seven other counties, received the \$100,000 grant from the state. It chose Mountain Laurel to launch the mobile crisis team, which is up and running in Henderson County and slated to start Monday in Buncombe County. The six other counties covered by Western Highlands, including Polk and Transylvania, should receive the service by mid-summer.

"This additional resource helps us move forward in developing a comprehensive crisis services plan for the entire region," said Arthur D. Carder Jr., the Western Highlands CEO. "Consumers, family members, advocates, board members, and many others have consistently identified crisis services as a major gap in services. While this is not a solution to all the concerns, it is a step in the right direction." Mental health advocates are pushing for a permanent location in the eight-county region where people in crisis can seek help and remain until they are stable again. Crisis services are needed when a person's illness reaches the point where the person can no longer handle the demands of everyday living. Until now, most people in crisis have had to be taken to a facility, sometimes far from home, for evaluation and referral.

Beavers said Mountain Laurel was selected to implement the service because it launched a similar program last year that has shown success. In the wake of mental health reform in 2001, the mentally ill flooded homeless shelters and emergency rooms, and overburdened local law enforcement. In response, Mountain Laurel launched a crisis assistance team to help ease the burden. Mountain Laurel recently received a \$71,000 grant to bring the program to Transylvania County.

With the new mobile crisis service, a team of mental health professionals goes to the person's home or another location where the crisis is occurring. The team evaluates the person's needs, diffuses the situation if possible and determines what the next step should be. If the team can help the person on site, the next step may be referral to a local provider for follow-up while the person continues to live at home. If help cannot be provided on-site, the person might need to be referred to out-of-home care.

"Our goal is to enable consumers in crisis to remain at home whenever possible," Don E. Herring, director of the Western Highlands Access and Emergency Services, said in a news release. "Research shows that if consumers can maintain their home, school and/or work environments during crisis instead of being removed to out-of-home care, their chances for long-term psychiatric stability and/or substance use sobriety are greater." If the person does not receive care through a local mental health or substance abuse provider, the crisis team will work with the person and their family to develop a plan. The plan would outline specifics for handling a crisis in the future, the idea being to prevent a future crisis. People who regularly see a mental health care provider will already have developed a crisis plan, an integral part of their regular treatment.

The mobile crisis services will be available to residents regardless of whether they are regular patients of Western Highlands mental health care providers. But a difference exists in the way services are accessed. People who already receive therapy or other direct services from providers in the network should first call their provider. The provider will attempt to stabilize the person by phone or face-to-face meetings before referring them to the mobile crisis team.

Mountain Laurel's HelpLine can be reached at **(888) 617-6432**. People who do not receive services on a regular basis from local providers should call Western Highlands at 828-225-2800 on weekdays and 1-800-951-3792 after hours and weekends.



**Mobile Assistance Team (MAT)**

**And**

**Mobile Crisis Team (MCT)**

- *Bringing Help to Consumers Where They Need It*

## ***What's the Difference Between MCT and MAT?***

- **Full-fledged Mobile Crisis Teams (MCT) are very expensive to staff and maintain, because they include highly-credentialed professionals for around-the-clock availability & response**
  - **Staff includes an LCSW, LCAS, and MD**
  - **Backup staff includes DD expert, RN, Paraprofessionals, and new Peer Specialists**
  - **Team must be prepared to go anywhere where there's a crisis ... *even to a consumer's home!***
  - **MCT only billable for clear & convincing crises (life or death mental health/SA/DD crises)**
- **However, Mobile Assistance Teams are a streamlined version of MCT ... MAT is fairly easy to implement with a modest investment of local funding, and can be responsive to most community needs.**
  - **MAT staff *may* include licensed professionals such as with MCT, but it's not required (can use LPCs, LMFTs, LCSWs, LCASs, *or* unlicensed staff specially-trained)**
  - **MAT staff expect to respond primarily to community stakeholder requests for assistance with ongoing clients or non-clients (Ex: Jail, Shelter, DSS, ERs)**
  - **MAT response to emergencies without staff who are properly licensed/privileged may not be billable to Medicaid/Health Choice; thus, grant funding needed**