

Mental Health Oversight Committee: Progress during FY 2013 in implementing *Enhanced Emergency Services*

10 Designated Agencies submitted proposals for enhanced emergency services funding for FY 2013. They are listed below with a list of program enhancements services provided.

Summary: The Enhancements across the system of care were intended to increase the capacity of our community mental health system to provide much needed emergency response to those in need of intensive services during periods of destabilization and/or crisis. Each of the Designated Agencies proposed programmatic changes with the funding available. In general, the DA's all focused on the following areas:

- Expanding their capacity to provide mobile outreach and crisis intervention and stabilization
- Expand residential crisis alternatives to hospitalization
- Enhancing case management services for those in Adult Outpatient services, who need that level of assistance, but are not meeting eligibility requirements for CRT or DS programs
- Increasing use of peer support services to provide care and social support to those in need
- Improve interface with Law enforcement where there is overlap with persons who have mental health problems and have come in contact with the criminal justice system.

By Designated Agency:

1. CMS
 - a. Developed a system of emergency response/ doubled staff to respond across all programs with improved linkage to ongoing care after crisis intervention
 - b. Mobile crisis implemented
 - c. Increased interface with law enforcement
 - d. Still working on developing 2 additional crisis beds; plans in place to purchase a house
2. CSAC
 - a. Hired a Stabilization Coordinator and forming an E Team to cover all populations/programs served
 - b. Non-categorical case management initiated
 - c. Report reduction in ER visits and police intervention, reduction of hospital admissions, and increased individual satisfaction
 - d. Recruiting for peer mentors
3. HCRS
 - a. Increased residential services for alternatives to hospitalization and community treatment- ~40 positions
 - b. Enhanced crisis care centers
 - c. Increased mobile support outreach

- d. Implemented non-categorical case management
 - e. Expanded police social worker program
 - f. Interfaces with law enforcement, and health care reform programs
4. HC
- a. Decrease hospitalization of CRT clients
 - b. Non-categorical case management
 - c. Enhanced nursing services
 - d. Enhanced/supportive housing, shared living partner program, enhanced case management
 - e. STEPPS IOP and START
 - f. Mobile Crisis Services
5. LCMHS
- a. Enhanced AOP services
 - b. Non-categorical case management
 - c. Mobile crisis team and interface with law enforcement
 - d. Increased peer supports
6. NKHS
- a. Flexible Cadre Staffing
 - b. Embedded case workers with law enforcement/intercept I
 - c. Non-categorical case management
 - d. Diversion space
 - e. Working on STB beds
7. NCSS
- a. Mobile outreach and increased coordination with other programs with additional staff
 - b. Non-categorical case management
 - c. Crisis stabilization
8. RMHS
- a. 2 additional crisis beds
 - b. Increased mobile crisis capacity
 - c. Non-categorical case management
9. UCS
- a. Mobile crisis
 - b. Increased peer support
 - c. Non-categorical case management
 - d. Outpatient capacity increased for AOP
 - e. Expand access to crisis stabilization center
10. WCMHS
- a. Increased psychiatric nurse practitioner time
 - b. Street intervention/mobile crisis enhanced
 - c. More involvement with Law enforcement
 - d. ER diversion center planned
 - e. Provision of respite to divert from hospitalization