

COMMUNITY PARAMEDICINE MOBILE CRISIS MANAGEMENT

APPLICATION FOR NC DMH/DD/SAS FUNDING CAPACITY BUILDING GRANT

Introduction:

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), NC DHHS, began the "Crisis Solutions Initiative" in December 2013 and is committed to supporting a full continuum of crisis prevention, early intervention, response, and stabilization services and supports.

DMH/DD/SAS recognizes the valuable role that local Emergency Medical Services personnel play in the assessment and intervention of individuals in behavioral health crisis. DMH/DD/SAS has also observed and studied the positive outcomes associated with several local partnerships where Community Paramedicine programs have established partnerships with behavioral health crisis providers in non-hospital settings and with the Local Management Entity-Managed Care Organizations (LME-MCOs) that are responsible for the publicly funded networks of behavioral health services. Wishing to replicate and sustain this successful model of care where individuals whose crisis intervention needs may be well met in alternative treatment settings outside of hospital emergency departments, the DMH/DD/SAS has prioritized funding to further develop and promote this service of Community Paramedicine Mobile Crisis Management. DMH/DD/SAS is pleased to be working in partnership with the NC Office of EMS (OEMS) on strategies to accomplish this goal.

Two kinds of funding are available. Established programs may be eligible for service dollar reimbursement via contracts between the LME-MCO and the EMS agency. (An application for service funds is a separate document from this one.) **Programs who are in development are encouraged to apply for a capacity building grant by completing this Interest/Readiness Application.**

Applications require participation by three partners.

1. An Emergency Medical Services organization
2. A non-hospital provider of behavioral health crisis services who has a contract in good standing with the LME-MCO
3. A Local Management Entity-Managed Care Organization

The local partners need to familiarize themselves with the requirements for the EMS organization and individual EMS personnel that are found in the attached document describing the draft standards for a Community Paramedicine Mobile Crisis service. Questions and requests for technical assistance may be directed to either the OEMS or the DMH/DD/SAS at any time during the application process.

Funds may be requested to support expenditures within the EMS agency that are directly related to successful development of a Community Paramedicine Mobile Crisis Management service. Examples

include, but are not necessarily limited to, development of policies, procedures, and protocols that will enhance effective triage and referral of behavioral health patients, costs associated with necessary training, development of data keeping systems required to report outcomes, facilitation of communication strategies among the local partners.

Applications will be reviewed jointly by DMH/DD/SAS and OEMS. A total of six awards of up to \$5000.00 each are available for the current fiscal year ending on June 30, 2015. Awards will be made on a first-come basis until the funding is exhausted. Applications will be accepted through March 31, 2015. Funds will be distributed from the DMH/DD/SAS to the LME-MCO partner via an allocation letter that requires the LME-MCO to allocate the funding to the EMS partner and report on the specific goals achieved with the funding.

Partner Organizations:

LME-MCO:

Application contact: Name, Title, email, phone _____

EMS organization:

Application contact: Name, Title, email, phone _____

Behavioral Health crisis service provider: _____

Application contact: Name, Title, email, phone _____

Specific counties to be served with this project: _____

Readiness Review:

Community Paramedicine Mobile Crisis Standards review:

- The Partner Organizations have each reviewed the draft standards in the attached document and confirm that:
 - The EMS organization is prepared to utilize the grant funding in order to achieve full readiness to implement the service as described.
 - Yes
 - No
 - The Crisis Service Provider agency is prepared to support the EMS organization's efforts by working collaboratively in the developmental process and preparing for the increased volume of consumer visits.
 - Yes
 - No
 - The LME-MCO is prepared to develop a contractual relationship with the EMS organization to access service funding in the future.
 - Yes
 - No
- The EMS organization holds a valid EMS license as issued by the NC Department of Health and Human Services/Office of Emergency Medical Services, and meets all requirements

established within NC General Statute 131E-155 and within NC Administrative Code 10A NCAC 13P.

Yes

No

- The EMS organization employs practitioners who are credentialed at the level of “emergency medical technician – paramedic” as defined in NCGS 131E-155.

Yes. Number of EMT-Paramedic staff _____

No

Please describe the current options for assessment and crisis intervention for individuals in behavioral crisis upon an EMS response.

Please describe your community’s vision of how community paramedics might intervene to offer alternatives to transport to hospital emergency departments for individuals in behavioral health crisis.

Please describe any barriers that exist to creating an effective emergency department diversion program.

How will these grant funds assist the local partnership and the EMS agency to build an effective community paramedicine mobile crisis response? Please describe the specific strategies these funds will support.

Status of Current Partnerships:

Do the partners in this application currently have agreements in place to allow paramedic responders to divert consumers with mental illness and substance use disorders who are medically stable to non-emergency department behavioral health crisis resources?

- Yes
- No

If Yes, describe the current working relationships between the 3 partner applicants. Describe any existing strategies that include details of any formal and/or informal contractual relationships, memoranda of agreement, and/or funding arrangements.

Community Assessment Information:

Please complete the following table answering these questions:

- List each hospital emergency department in the applicable counties identified in this application.

- What is the average number of non-medically complicated behavioral health consumers transported by EMS to each local emergency department for the last 12 months?
- What is the projected number of these consumers who will be diverted and successfully served in an alternative behavioral health destination?

| Name of hospital emergency department | Average number of BH consumers transported/ month to hospital ED | Projected number of BH consumers who will be diverted to BH services/month |
|---------------------------------------|--|--|
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Questions or requests for technical assistance may be directed to:

NC Division of MH/DD/SAS Contact
 Crystal Farrow
crystal.farrow@dhhs.nc.gov
 919-715-1294

NC Office of EMS Contact
 Regina Godette-Crawford
regina.godette@dhhs.nc.gov
 (919) 855-3950

This application may be submitted, via email, mail, or FAX, to:

Crystal Farrow
 Project Manager, Crisis Solutions Initiative
 NC DHHS
 Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
 325 N. Salisbury St, Suite 628
 Raleigh, NC 27603
crystal.farrow@dhhs.nc.gov
 919-715-1294 (office)
 919-508-0976 (FAX)

THANK YOU FOR YOUR INTEREST IN THE COMMUNITY PARAMEDICINE MOBILE CRISIS PROGRAM