



COMMUNITY CRISIS SERVICES PLAN

Wake County



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Introduction

Why a county-specific community crisis services plan?

Session Law 2018-33 (SB630) represents a significant revision to North Carolina's Involuntary Commitment (IVC) law. The most recent revised bill put into effect the requirement for every LME/MCO to develop local area crisis services plans. Alliance Health covers four single counties, each with unique strengths, challenges and needs. Each of the four counties in the Alliance Health catchment area has its own local area or community crisis services plan.

Wake has been at the forefront in North Carolina in regards to developing and organizing a community crisis system. Wake opened its 24/7/365 Crisis and Assessment center in 1993, providing a combination of 24/7 STR, phone and walk-in crisis assessment, involuntary commitment evaluations, 23 hour observation, and the centralized "drop-off site" for police CIT officers. Wake County expanded crisis services in 2010 with the construction of the WakeBrook campus, which included expansion of inpatient psychiatric services, facility-based crisis, and non-hospital detoxification as well as relocation of the Wake Crisis and Assessment unit. Wake was also one of the first communities to develop a local crisis collaborative, inclusive of community stakeholders, looking to improve behavioral health crisis services and reduce the unnecessary use of the local emergency departments. Over the years the landscape of crisis services in Wake has evolved and expanded, consisting of an array of services delivered within the community. Mobile Crisis Management services are delivered by a team of mental health professionals through Therapeutic Alternatives. For individuals experiencing non-emergent behavioral health issues, Monarch operates a Behavioral Health Urgent Care that accepts walk-ins. UNC Healthcare assumed operations of the WakeBrook crisis campus in 2012 and provides an array of crisis services on through its Crisis and Assessment Services, 28-bed inpatient psychiatric unit, Facility Based Crisis and Detox Services.

Brief summary of Involuntary Commitment (IVC) law revisions

IVC Laws provide for custody, transportation and evaluations for individuals identified as potentially having a mental illness or substance use disorder that may be a danger to themselves or others.

IVC also allows an individual found to be a danger to themselves or others to be remanded into the custody of a facility that provides treatment for mental illness or substance use when that individual does not voluntarily seek treatment.



Wake County Community Crisis Services Plan

According to revised Senate Bill 630, every LME/MCO shall adopt a community crisis services plan to facilitate first examinations in conjunction with a health screening at the same location. This plan shall be comprised of separate “local area crisis services plans,” for each of the local areas or regions within the catchment area (local areas/regions defined by LME/MCOs).

Alliance Health developed the local area crisis services plan in coordination with the county crisis collaborative groups that were already meeting regularly. Each county crisis collaborative is comprised of members from various agencies and organizations, including law enforcement and other first responders, connected to the crisis services continuum.

Crisis collaborative & stakeholders who developed the plan

The Wake County crisis collaborative group meets monthly to discuss strategies to reduce the number of mental health and substance use crises, reduce inappropriate utilization of the local emergency departments and to provide a space to share data and brainstorm opportunities to improve the quantity and quality of crisis services in Wake County. The stakeholder group is comprised of members who represent the following:

- Local Hospitals
 - o Duke Raleigh Hospital
 - o UNC Rex Hospital
 - o WakeMed Health & Hospital
- Monarch
- NAMI of Wake County
- Therapeutic Alternatives
- UNC WakeBrook Crisis & Assessment, Facility Based Crisis
- Wake County Emergency Medical Services
- Wake County Manager’s Office
- Wake County Magistrate’s Office
- Local Law Enforcement
- Alliance Health

Representatives of the Standard Plans were also invited to provide input and will receive a final copy of this plan. The Wake Chief Magistrate provided the following statement regarding an effective communication process within the county. *“One system that has been working really well when it is a clinician initiated petition is having the Custody Order faxed directly to the facility where the respondent is located, which saves law enforcement time and also gets the commitment order over faster.”* This practice will be continued.



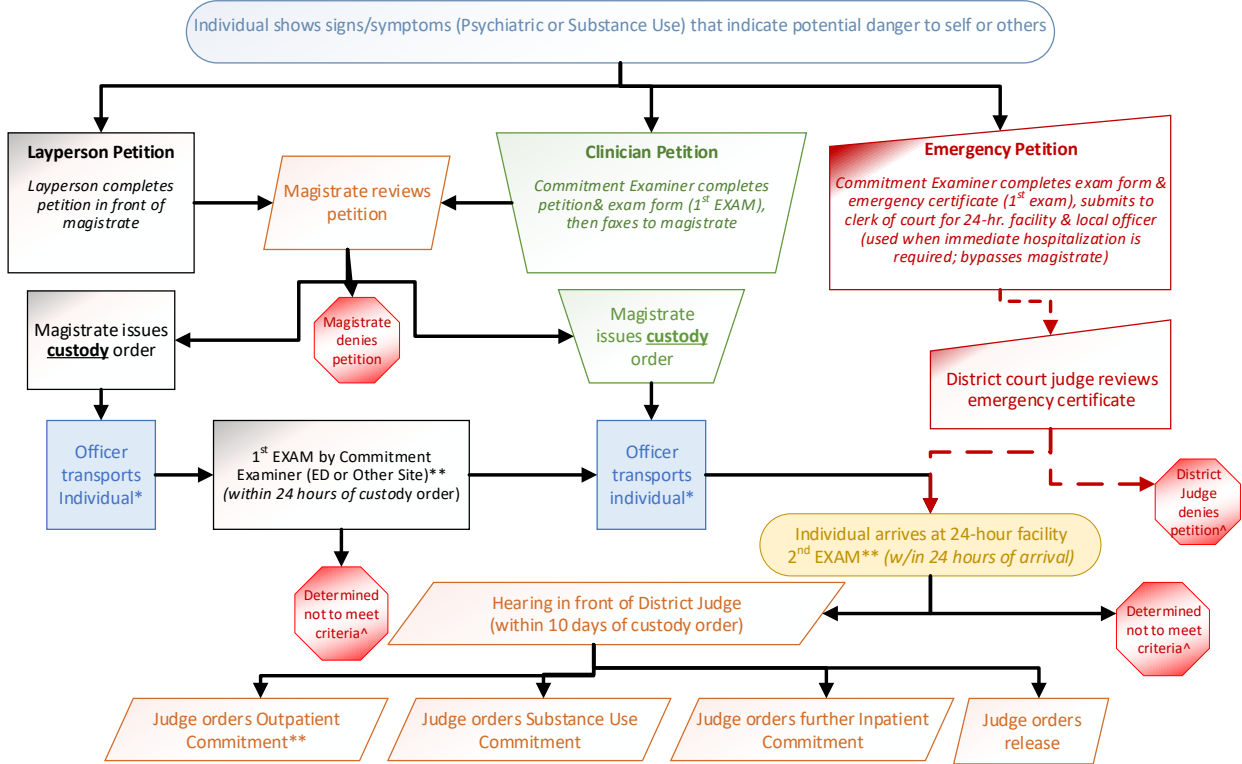
Wake County Crisis Services

The following serves as a list of the current crisis service providers in Wake County. The providers listed deliver specific services related to each category of the crisis continuum.

- 24-Hour crisis telephone line
 - Alliance Health Access Call Center
- Walk-in crisis services:
 - Monarch Behavioral Health Urgent Care
 - WakeBrook Crisis and Assessment
 - Holly Hill Respond
 - Triangle Springs Hospital
- Mobile crisis outreach
 - Therapeutic Alternatives MCM
 - Enhanced Mobile Crisis/Advanced Para-medicine team
 - Advanced Para-medicine ED diversion
- Crisis respite/residential services
 - Lutheran Family Services child respite
 - Methodist Home for Children and Access Family Services Rapid Response Beds
- Crisis stabilization units/facilities
 - 23-Hour beds: UNC WakeBrook
 - Facility Based Crisis UNC WakeBrook
 - Detox Services: UNC WakeBrook

Involuntary Commitment Process

NC Involuntary Commitment Process (IVC): Inpatient Treatment^^



Based on Information from Criteria for Involuntary Commitment in NC (Mark Botts, 2009, UNC School of Government); Commitment Issues for Law Enforcement (NCAG, 2014); and SB630 IVC Revisions (2018). * Officer must take the individual into custody within 24 hours or new order needed. ** If individual is found in need of Involuntary Outpatient Psychiatric or Substance Use Treatment, the provider will be identified and the individual will be released from custody; returned to residence after 1st Exam. ^ If determined not to meet IVC criteria, individual is released and proceedings are terminated. ; ^^ Individual can, at any time, elect to have voluntary treatment. If voluntary, law enforcement will not transport.

County Transportation Agreement

The Wake County involuntary commitment transportation agreement adopted pursuant to G.S. 122C-251(g) which identifies the law enforcement officers, designees under G.S. 122C-251(g), or individuals or entities otherwise required to provide custody and transportation of a respondent for a first examination in conjunction with a health screening at the same location required by G.S. 122C-263(a) and G.S. 122C-283 is incorporated herein by reference to it. The Transportation Agreement provided by Wake County is attached.

List of Facilities (first examination + health screening tool)

The following are facilities that are not emergency departments that are able to complete the first examination and health screening tool:



- Monarch Behavioral Health Urgent Care: *319 Chapanoke Road, Suite 120, Raleigh, NC 27603*
- UNC WakeBrook Crisis and Assessment: *107 Sunnybrook Road, Raleigh, NC 27610*
- Holly Hill Hospital: *3019 Falstaff Road, Raleigh, NC 27610*
- Triangle Springs Hospital: *10901 World Trade Boulevard, Raleigh, NC 27617*

[Approved and recommended training for IVC responders/transporters](#)

The recommended training for law enforcement first responders responsible for responding to and transporting individuals experiencing a mental health crisis is:

Crisis Intervention Team (CIT) training

More than a training, [CIT](#) is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness and/or addictions. The CIT model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.

The recommended training for community and family members responding to individuals experiencing mental health crises is:

Mental Health First Aid

This training, offered upon request at various community locations, is designed to teach individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders in their community.