

## NCACC MH Task Force - December 2, 2014

The task force members participated in a facilitated conversation to generate ideas about how the committee might best serve as an education mechanism for the NCACC and how commissioners as individuals might best use their influence to enhance or improve the delivery of services to those in need.

Ideas: What Can We Do As Task Force?

- Define what counties need to identify services and for consumer to access services
- Active MH Task Force to educate, develop ideas for advocacy;
- Get involved with your LME; ask them to meet with the county board of commissioners
- Share ideas with other counties: models of practice, successful programs;
- Network with churches to communicate portal to services

Ideas: What Can We Do as County Commissioners?

- Hold LMEs accountable; need authority. Refocus on GS 122(c) authority.
- Education: MCO is tied to Medicaid business model.
- LMEs need to create a welcoming, friendly environment, a friendly front door, and easy access; county commissioners need to demand this.
- Convince Legislature we need more county commissioner representation
- Communicate financial impact on law enforcement in the counties;
- Get Public Health Boards involved.

Other Ideas:

- Discuss Veterans, Elderly, Housing
- Share best practices from Task Force members
- Discuss how we communicate MH needs to our citizens (e.g., group homes)
- Speaker suggestion: LEO trainer on Crisis Intervention - find out who does this.
- Create Website Template
- Meet 2nd Tues in March, April, June, July, and August 20-23 annual conference in Pitt.

The Task Force next discussed the county perspectives on the strengths and in the current business model for MH/DD/SA services.

#### Strengths of LME-MCO System:

- Local service delivery rather than privatization; community-based services
- Local presence, imbedded in community agencies;
- Can use B3 savings for housing for vulnerable citizens (find out more about B3 program) - B3 funds are controlled by local boards - Winston-Salem has 24-hr crisis center accessed by rural counties that is funded this way.
- Tele-psych services using technology especially helps in rural counties;
- Intervention crisis units take pressure off local law enforcement agencies;
- CIT for law enforcement: involves 911 officers, there is a new Veteran's module; partnership to train; direct services. State funds this training through grants to LMEs
- These two ideas were on the "Strengths" page but could also be read as recommendations or good ideas from Beth's Coastal Care Initiatives. (Need to clarify: "Representation from CFACs on LME Boards" and "Attend Recovery Intervention meetings" – these appear to be good ideas from New Hanover report).

#### Weaknesses/Barriers in LME-MCO System:

- Bureaucratic red tape for veterans to access services (and civilians);
- Salaries for administrators (CEOs) are too high;
- Need more services to deal with elder abuse and teen suicides; people need to know where to get help.
- Lack of involvement in school systems and colleges (suicide prevention)
- Lack of services in rural areas; people can't reach services due to distance
- Need connections to businesses, companies, parents
- Need more involvement from county commissioners and school systems (e.g., gang prevention)
- Lack "branding", especially since all the mergers; we don't know who to contact; they should be more out front, and visible.
- Lack of certainty, unstable, we're not committed to the current organization because it will change
- Need better services for the homeless; how to access services
- they don't look at the military veterans returning home as a part of the community - they need services locally, not just at the VA
- We don't know who the providers are in the community, providers need to meet the county commissioners.
- Problems with CFAC attendance in rural areas due to travel distance
- Weak role of county commissioners, no accountability for outcomes

- Unsure if model is working and unsure of outcomes - the system is changing every two years and everyone is waiting for direction.
- Regions are too large; funds should be contributed more equally.

## **Synopsis**

### Strengths of System:

1. It is LOCAL. Service delivery is local, it is embedded in community agencies, there is a local presence.
2. There are flexible funds available to meet locally-identified priorities (B3).
3. Crisis Intervention Teams work well and minimize pressure on law enforcement; DHHS has developed a new Veterans module; the State provides funds for training.
4. Tele-psych works in the rural areas

### Weaknesses of System:

1. Not enough services to the elderly (elder abuse), schools and colleges (teen suicides), veterans, and the homeless
2. There is no local identity: providers are scattered, there is no visible "door" - people, businesses, companies, commissioners don't know where to go or who to call for help.
3. There is no local accountability for outcomes; the role of local elected officials is weak.
4. Regions are too large: change is constant, organizations are not seen as stable.

### What the Task Force Can Do:

1. Be active: educate commissioners, share ideas about model practices and successful programs.
2. Identify the services available in the counties and how citizens can access them; consider a web-site template counties could use to help connect citizens to services.
3. Understand better the MCO/LME Business Model.
4. Study:
  - Crisis Intervention Training for Law Enforcement
  - Services to Veterans, Homeless, and Elderly
  - Connections to Schools
  - B3 funds (flexible, how to access)
  - How to communicate MH needs to citizens (e.g., group homes) and

### What Commissioners Can Do:

1. Hold LMEs Accountable - DEMAND a welcoming, friendly environment, a friendly front door, and easy access.
2. Get involved with your LME; ask the LME to meet with the Board of Commissioners
3. Create networks between the LMEs, the churches, the schools; get the Local Public Health agency and Board involved.
4. Help other commissioners understand the financial impact on county law enforcement agencies.