

**Report from Mental Health Taskforce
On Mental Health Services in Macon County**

Compiled by:
Macon County Mental Health Taskforce
June 4, 2008

Introduction

The Macon County Board of County Commissioners, at the request of Mr. Ronnie Beale-Vice Chairman, appointed a Mental Health Taskforce to assess the state of mental health services in Macon County and make recommendations for service improvements based on the assessment findings.

The appointed taskforce members include: Ronnie Beale, Vice Chairman of Macon County Board of County Commissioners; Jim Bruckner, Director of Macon County Public Health and Co-Chair of Taskforce; Jane Kimsey-Director of Macon County Social Services and Co-Chair of Taskforce; Robbie Holland, Sheriff of Macon County; Don Sandoval, CEO of Angel Medical Center; Mike Neidig, Therapist with Mental Health Professionals; Kathy McGaha, Program Director of Macon County Healthy Carolinians; and Paula Ledford, Director of Exceptional Children's Program/Support Services with Macon County Schools. Smoky Mountain Center for Mental health, Developmental Disabilities and Substance Abuse Services staff members Rhonda Cox, Tammy Keezer and Judy Kuehn serve as Local Management Entity resource experts to the Taskforce.

The adopted Vision of the Mental Health Taskforce is *Healthy Community* and the adopted Mental Health Taskforce Mission is *Assure access to a comprehensive, integrated system of care for the citizens of Macon County*.

The Taskforce has met 10 times since the organizational meeting held on January 18, 2008. The public meetings were well attended by both the media and concerned citizens. In addition to the taskforce meetings, a mental health service providers' forum was held on March 7, 2008 with 26 mental health service providers attending. Individual mental health consumer interviews were conducted with 6 consumers by the Co-Chairs of the Taskforce. From the meetings, the forum and the interviews, information on mental health services in Macon County has been compiled and is provided under the headings of Population and Prevalence, Service Availability Issues, and Recommendations/Conclusions.

Population and Prevalence

Access to mental health services has long been an issue in this community. Consumers and their families, local mental health providers, public health and the health care community, county government, and a number of other community/social agencies have long been concerned about the state of mental health services in Macon County.

Access to mental health services was identified as an area of concern in the 2007 Macon County Community Health Assessments conducted by the Macon County Public Health Center and Health Carolinians of Macon County. Barriers identified during this survey included: Stigma, income/poverty, lack of integration of mental and physical health services, shortage of mental health professionals, need for funding of community based prescription medications and psychological service programs regional disparities, and cultural diversity.

The burden of mental illness on health and productivity in the United States has long been underestimated. It is estimated that 26.2 percent of Americans ages 18 and older, 1 in 4, suffer from a diagnosable mental disorder in a given year (approximately 1,401 Macon County residents). Based on the US Census Bureau's 2006 Survey approximately 80.2% of Western North Carolinians are age 18 or older (approximately 25,948 Macon County residents)¹. Of those who suffer with mental disorders, approximately 6 percent, 1 in 17, suffer from a serious mental illness (approximately 74 Macon County residents). Many who suffer from mental disorders nearly half (45 percent) meet criteria for two or more disorders, with illness severity strongly related to comorbidity.² One of the most prevalent comorbid diagnoses is substance abuse. The national prevalence estimate for North Carolina, as determined by the 2003-2004 National Survey of Drug Use and Health, is that 7.98% of adults ages 18 and above have a substance abuse problem in any given year (approximately 2,071 Macon County residents)³.

Mental health services within the framework of the determinants of health outcomes are among the most important to individual overall health as-well-as the health of the community at large. The economic impact of not being able to access necessary mental health services affects not only the person diagnosed with mental disorder, but the entire community: Housing, employment/income support, social programs, education, health care system, and other community based services/programs. Treatment of mental disorders resulted in a total estimated cost of \$6,740,289 in Macon County in Fiscal Year (FY) 07 (July 1, 2006 to June 30, 2007), making treatment of mental disorders one of the most costly programs in the community.

Accessing treatment services for mental disorders ties directly to an individuals overall health. Early detection and treatment for mental health symptoms and/or problems has proven to be highly effective; however, fewer than 1 in 3 people actually receive necessary services.⁴

¹ US Census Bureau. <http://www.census.gov>

² The National Institute of Mental Health (NIMH) is part of the National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services. <http://www.nimh.nih.gov/health/statistics/index.shtml>

³ Smoky Mountain Center Community Development Plan, April – September 2008.

⁴ Regier DA, Narrow WE, Rae DS, et al. The de facto mental and addictive disorders service system. Epidemiologic Catchment Area prospective

As part of this review process, the Mental Health Taskforce conducted several meetings, focus groups, individual interviews and requested services information from the Local Management Entity – Smoky Mountain Center (SMC).

Report on Mental Health Consumer Interviews

The basis of this report focuses on the issues surrounding mental health reform and its impact on Macon County residents/mental health consumers.

Overall, the six interviews conducted by Jim Bruckner and Jane Kimsey went extremely well. Interviewees identified areas of concern with mental health services in Macon County, and offered their suggestions for improvement.

The interviews revealed many issues; however, the most significant were: Local access to urgent/emergent mental health services; ineffective or at times non-existent provider – provider, provider – client, client- provider communication; and, a shortage of local mental health professionals (psychiatrists and counselors).

With that said, it should be noted that many of the comments made by the consumers/interviewees reflected positively on the system once an individual was able to connect with a provider or another individual (not necessarily associated with the mental health system) and/or program (AA, NA, etc.) that aided them in navigating the bureaucracy.

Below are the consumer concerns w/comments and suggested improvements:

Consumer Concerns

- Lack of Information/Communication/Coordination-
“Everything with mental health is confusing.”
“No one to call when you need help.”
“Get what you fight for.”
“Information is almost nonexistent.”
“Feel like you are out there on your own.”
“Biggest challenge was where to go.”
- Lack of Psychiatric Services-
“Had to act out to get services.”
“Fight at start...took 6 months to see psychiatrist.”
“Psychiatrist here in county would be good.”
- Lack of or ineffective Crisis Services-
“Hit or miss.”

“Persistence is the key.”

- Lack of Convenient Services-
“Had to go outside of county.”
“People must be given choices and they must be local.”
“Everything is driven by the money.”
- Lack of Workforce-
“Everything keeps changing.”
“No one returns phone calls.”
“Want a professional sitting down listening to me.”

Consumer Suggestions for Improvements

- Care Navigator
- List of available services and providers-available in print and by phone
- Case Management Services
- Help Line like Ask a Nurse
- Specialized summer programs for children
- Dissemination of information on how to appropriately access services
- Follow-up services regarding consumer satisfaction
- Homeless Shelter
- More Support Groups

Report from Community Mental Health Service Provider Meeting

The taskforce members met with local mental health providers in an effort to gain a better understanding of the issues faced by those providing direct clinical services to mental health clients. Providers were given time to speak on the challenges encounter while providing clinical services, where they see gaps in service delivery, and to provide suggestion that might improve the system.

Challenges Identified by Service Providers

- Not receiving authorization for medically necessary mental health services
- Unable to attract and retain qualified mental health professional
- Lack of funding and/or funding available decreasing
- Excessive paperwork requirements
- Increasing administrative overhead
- Lack of transportation/affordable housing/child care
- Lack of medication management
- Limitation on number of visits through State funded services (improved recently)
- Limitation of Community Support Services

- Lack of coordination between Service Providers
- Lack of coordinated referral system between all Services Providers
- Limited Crisis Services
- Limited Inpatient Psychiatric Beds
- Access to Medicaid/Eligibility rules for Medicaid
- Fragmentation of services for consumers
- Number of services authorized are insufficient
- Funneling of people to high-end services as opposed to catching them early on

Questions Posed to Smoky Mountain Center

Smoky Mountain Center – Service Data

1. What is the unduplicated number of clients, the number of outpatient visits, and the type of visits for Macon County mental health clients for FY '06-'07?

We understand that the information desired is the total number of consumers served and the number of services provided per consumer. A total of 430 Child Mental Health, 27 Child Developmental Disability, 5 Child Substance Abuse, 843 Adult Mental Health, 83 Adult Development Disability, and 230 Adult Substance Abuse consumers served during calendar year '07 for Macon County.

For the above listed consumers, a total 46,054 outpatient visits (duplicate count) were provided for Macon County residents during calendar year '07. Of these, 8157 outpatient visits were paid from State-funds managed by Smoky Mountain LME and 37,897 outpatient visits (duplicate count) were paid from Medicaid funds managed by Value Options. This data is based on the Medicaid definition of outpatient visits and consists of “visits” not “units of service” meaning a visit could be a 15 minute unit or it could be hourly event.

During first and second quarters of this fiscal year 07/08 beginning July 1st, there have been 5 re-admissions to the Adult Recovery Unit at Balsam out of 38 total Macon County admissions to the unit.

It is extremely difficult to calculate the number of services per consumer in a meaningful way due to the service categories and the method in which services are rendered. Instead we are putting together a report to be provided at a later date with an overview on services organized by four service categories (inpatient, outpatient, residential and emergency services). We will demonstrate this data by both adult and child as well as by disability group and funding source (Medicaid vs. State).

2. What is the total number of mental health beds available to serve Macon County clients? Broken down by categories – Crisis? Acute? Long-term?

	State Hospital Inpatient Bed Category	Bed Day Allocation per year	Virtual Beds Based on Bed Day Allocation
SMOKY MOUNTAIN	ADULT Bed Day Allocation	5962	16
	ADULT LONGTERM Bed Day Allocation	3346	9
	CHILD Bed Day Allocation for ages 5-12	0	0
	CHILD ADOLESCENT Bed Day Allocation	1485	4
	GERIATRIC Bed Day Allocations	1037	3
Total Bed Day Allocation For SMOKY MOUNTAIN CENTER		11830	32

Inpatient capacity for Macon County

The Balsam Center Adult Recovery Unit (ARU) is a 12 bed, adult Facility Based Crisis facility primarily serving our 7 southern region counties.

ADATC: There is no specific bed day allocation limitation for SMC. SMC makes referrals along with the rest of the western counties. However, there is a greater likelihood of acceptance of referrals or direct transfers from the Adult Recovery Unit. As explained below, no specific beds are allocated to SMC. All beds are “equal opportunity beds.”

State Hospital: Smoky Mountain Center does not “own” or have exclusive access to, State Hospital beds. We do have a limit on the number of bed days which are assigned to SMC for each major bed day category. This is our limit for all 12 counties. However, despite the fact that we underutilize these beds, we often can not get individuals in to Broughton because they are full. This is the case regardless of the individual’s county of residence. We have asked that some beds be assigned to SMC so that we can ensure access to our citizens, but the State has not been able, or willing, to do this.

Private Hospitals: There is not sufficient capacity for psychiatric inpatient beds in North Carolina. SMC refers to many psychiatric hospitals across North Carolina. Frequently, private hospitals are full, or they do not wish to accept our referrals for some other reason (medically complicated, high risk, etc.) We do not have exclusive access to any private psychiatric inpatient beds at this time.

3. What is the average cost per day for psychiatric care at Balsam Center? What is the average cost per day for detox care at Balsam? What is the number of Macon County clients admitted to Balsam Center that are self-pay?

During first and second quarters of State FY (SFY) 07/08 there were a total of 38 Macon County admissions to the Balsam Center ARU, 33 were state funded or 87%. Balsam Center can bill Medicaid directly. We will provide more detail in the next report as to average cost per day for a stay at Balsam. Services for consumers admitted to the Balsam Center are based on a bundled rate and psychiatric services (meaning services provided by the Psychiatrist – medication management or assessments) are not billed separately. There is no difference in the daily rate between an admission for detox vs. mental health.

A bed day at Balsam Adult Recovery Unit (ARU) for detox and Facility Based Crisis as previously presented are the same daily rate. The daily rate is \$324.27.

4. What is the cost per session with a psychiatrist for mental health services?

Based on an (estimated hourly service fee of an) event lasting approximately 1 hour, the rate is \$173.30. Adding 15% to this figure will include overhead and support costs of \$199.30 per hour.

5. What is the average cost for an emergency service in Macon County?

We understand the information desired here is the staffing costs vs. billable cost and reimbursement. The billing and reimbursement cost is essentially the same whether the service is provided by a Community Based Clinician in Macon County or whether the service is provided at the Emergency Services Unit at Balsam. The same billing codes and procedures are used and the same level of credentialed staff are providing the service. Based on the total cost of emergency services for 24x7x365 coverage for the Southern Region, the average cost per event is \$414.31.

An important clarification for committee members to understand is the reason or necessity for a consumer to be assessed at the local emergency department and then also assessed by a SMC Community Based Clinician at the emergency department or by a SMC Emergency Services Staff at Balsam. Before a consumer can be admitted to a psychiatric inpatient unit there must be evidence of medical stability and medical clearance must be obtained by medical staff. Sometimes this medical clearance includes blood alcohol levels or other lab results depending on the presenting problem.

6. What is the total amount of services provided for indigent or nonbillable care for Macon County clients?

Current services that are provided by SMC staff and fall into this category include but are not limited to: care coordination for consumers being discharged from inpatient care and returning to the community, management and monitoring of outpatient commitments from inpatient care, consultation and staffing cases with service providers regarding specific cases, guardianship services, housing assistance and coordination, and assessments for inmates at the jail.

7. What is Macon County's annual allocation specifically budgeted for? What percent of this allocation is directed to infrastructure or indirect costs? What specific services are obtained and what discretion does the county have in directing this allocation?

Funds are specifically budgeted for psychiatric services and the Balsam Center Adult Recovery Unit. All funds are used for direct client services and no County support is used to fund administration.

Specific services related to the budgeted allocation include the following: Med Management, psychiatric evaluations & facility based crisis services (Adult Recover Unit at Balsam Center). Individual counties do not have discretion in the specific allocation of continuing maintenance of effort funds. Division of Mental Health's expectations are that the county maintenance of effort will continue at the existing level except in cases of across the board cuts made by local governments to all their county supported services/departments, including SMC. Using a regional approach, the SMC board of directors allocates financial resources during the review and adoption of the SMC budget. County specific interests are expressed through the participation of the County representatives in that Board process.

8. How much and what percentage of the state mental health funding Smoky Mountain Center receives serves Macon County clients? How much discretion is allowed in directing state funds for mental health services to Macon County clients?

As stated above, individual counties have no direct discretion in the allocation of resources. That responsibility is vested within the SMC Board of Directors. Although, citizens of all SMC counties have equal access to all services offered through the SMC benefit plan and network of providers. Again, refer to the enclosed spreadsheet for comparisons to other counties.

An important point to note is that some services are available to Macon County residents which are not available in other counties. Those services include but are not limited to: Substance Abuse Intensive Outpatient Program (SAIOP), Meth Pilot SAIOP, several DDA Group Homes formerly run by SMC now operated by private providers, and beginning April 1st Domestic Abuse Intervention Program for perpetrators of domestic violence.

9. In the Fiscal Year '06-'07 audit, the statement is made under Management's Discussion and Analysis that \$2,908,606 of the unreserved fund balance, \$9,214,657, is designated for future client services. Please describe specifically what these services will entail for Macon County clients?

Again, any and all appropriations are presented to and approved by the SMC Board of Directors prior to implementation. In preparing the SMC budget for SFY 08/09 the budgeting associated with the development of the utilization management plan is intended to result in service *in excess* of historic levels, which will require an additional commitment between \$100,000 and \$200,000 to support increased billing levels. Should this additional projected service utilization occur, it may result in a request of the SMC Board of Directors for the use of that portion of the fund balance designated for future client use. Meeting this goal however is dependent on many factors, many of which are related to the availability of providers and their ability to increase their programming and subsequent units of service.

Service Availability Issues

From the data/information gathered by the Taskforce the following issues list was compiled. The list also includes current ongoing efforts taking place in the community to address identified concerns.

1. 24/7/365 Assessment Center and central receiving site/facility for emergency (under 2 hours) behavioral health evaluation and crisis intervention for individuals experiencing acute psychiatric symptoms or problems with substance abuse...(would be nice if it could be co-located with Angel Medical Center Emergency Room...may help with ED diversion). To include medical screening and transportation (Detox, CSU, release to home, etc.)

Emergency Department Staffing

- Per NC DHHS standards, individuals who are "emergent" are to receive services within 2 hours. "Services" can include being seen at the Emergency Department as the individual is considered to be in a safe environment. In efforts to relieve consumer travel distance, decrease law enforcement time outside of the county, and improve coordination of care, SMC Emergency Services (currently located at the Balsam Center) will decentralize and work within local hospital Emergency Department's in SMC's Southern Region (Haywood County to Cherokee County). This region is divided into Zones 1-3. Zone 1 site is Haywood Regional Medical Center. Zone 2 sites will be Angel Hospital and Harris Regional Hospital (Jackson/Macon/Swain). Zone 3 site will be Murphy Medical.

- Decentralizing staff requires a much higher staffing requirement than a centralized location. Each Zone requires a minimum of 5 full time licensed clinical staff to provide 24/7/365 emergency coverage.
- Timeline: Regional coverage is dependent on each Zone having enough staff to meet coverage hours. Emergency Services has advertised and is hiring for both Zones 1 & 2. These positions will be employed by SMC. Zone 3 coverage will be contracted. A RFP has been initiated for Zone 3. Murphy Medical has expressed interest in responding to the RFP directly. Zone 1 coverage is ramping up. In order for Zones 2 & 3 to begin decentralization, (a) enough qualified staff must apply for each zone and be privileged through the hospitals and (b) Zone 3 must have an identified provider and adequate staff coverage.
- In the interim, Emergency Services will continue to provide centralized coverage with support from locally licensed Community Based Clinicians who respond to local hospitals to perform emergency assessments and assist linking the consumer to the right level of care.

Drop-in Center

- A drop-in center is approved in the SMC FY09 budget; the RFP is being developed and reviewed with plan to go out by the end of May 2008. The targeted start date is July 1, 2008; however this is contingent on response from providers, recruiting necessary staff, and training needed/ requirements. This center will most likely be housed in the old Smoky Mountain facility on Thomas Heights Road in Franklin.

2. Crisis Stabilization Unit (CSU) (would be nice if it were local)

- A proposal for a 23 hour CSU to be housed a Balsam center was proposed to all the Sheriff's over a year ago which would have supported the local sheriff taking custody of consumers under commitment and transitioning custody back to county of origin once inpatient bed was arranged. SMC agreed to financially support (fund 5 positions) the local sheriffs who performed this duty.
- SMC has partnered with HRMC to create a 16 bed inpatient unit which is currently being renovated. Staff positions are posted and interviews are taking place.
- SMC has partnered with Meridian Behavioral Health in developing a child crisis bed within a therapeutic foster care setting.
- SMC is in the process of partnering with several long term care facilities to create hospital diversion beds for elderly at risk for inpatient hospitalization.

3. Mobile Crisis Team based in Macon County to provide services as needed

- Mobile Crisis is an Enhanced Medicaid Service which has very specific staffing and coverage requirements. SMC worked with the Division of MH/DD/SAS for start up funds and provided RFP's. Providers responded that given the requirements that is not financially feasible to support the MCT definition. This is consistent with other rural mental health catchments.

Alternatives: Decentralization of Emergency Services and local Community Based Clinicians will support some of this need.

- First Responder Role of Providers: Current consumers being receiving enhanced services comprised of clinical home responsibilities (i.e. Community Support, Community Support Team, ACTT, SAIOP, MST, Intensive In-Home, etc.) should be seen in crisis and emergent situations by their provider before contacting the LME, crisis providers or other agencies for assistance. These Clinical Home Providers are required by endorsement and the service definitions to fulfill the role of "First Responder". These providers must have policies and capacity in place to "respond in a clinically appropriate way to their consumers on a face-to-face basis and also telephonically at all times (24/7/365), with face-to-face emergency response within 2 hours of notification of need. When "first response" is done in a timely manner, it is anticipated that there will be fewer after-hours requests by the consumer for help. If the first responder has exhausted all of the clinically appropriate options and there are immediate unresolved health and safety concerns, the first responder should contact the crisis service for assistance in implementing additional professional help (e.g. involuntary commitment, detoxification, emergency medical care, law enforcement involvement).⁵
4. Urgent psychiatric care access ("urgent" is defined as non-emergency care—which is not needed within 2 hours—but needed within 2 days or before routine care is available...this includes services for individuals running out of critical medication)
- SMC is working to get more psychiatrists involved – in an effort to make WNC/Macon Co. more appealing to providers SMC is offering a stipend to any network provider to support cost associated with having a psychiatrist on staff
 - Hiring of psychiatric staff has been challenging despite, national headhunters, loan repayment option as rural mental health provider
 - SMC psychiatric staff are willing to provide consultation to primary care physicians who have questions or need assistance in supporting patients
 - Consumers needing medication management only can either be referred directly for that service by the assessing provider, an attending physician or other involved agency. SMC psychiatrists are available to consult with primary care physicians on an as-needed and requested basis. Additionally, SMC psychiatrists have specified

⁵ DHHS Q&A dated 3/15/06: <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdef3-15-06qaemail.pdf>

- emergency slots available for consumers in crisis or at risk of running out of medication.
5. Jail recidivism program focused on assessment and limited treatment of inmates for mental health disorders and/or comorbidity of substance abuse and mental health disorders (or dual diagnosis) while incarcerated and after release. Includes: Assessment at booking; full mental health assessments when inmates are appropriately identified; limited treatment program while incarcerated; substance abuse psycho-educational program directed towards wellness and recovery while incarcerated; use of a Care Navigation to connect inmates upon release from jail with appropriate mental health and/or substance abuse services.
 - Jail recidivism program: MCDF staff doing the initial screenings at booking – red flag inmates/set priority for evaluation; use current SMC Licensed Professional assigned to the Detention Facility to conduct full assessments and be available for crisis intervention/ evaluations; and, use SMC staff to link inmates with services upon release
 - Substance Abuse Services: Provide psycho-educational counseling and treatment for inmates while incarcerated.
 - SMC has a Community Based Clinician (CBC) / Licensed Professional in Macon County to provide emergency assessments for high need inmates, provide consultative support to jail staff and link inmates to appropriate services upon release. Memorandum of Agreement (MOA) currently in development to further define roles & relationship.
 - In addition SMC has offered to pay for treatment services in the jail setting or provide jail treatment in the jail setting.
 - SMC is currently recruiting for a Qualified MH professional (Bachelor Level +2 yrs exp or Masters level +1yr exp) to provide support for jail and other stakeholders in linking high need consumers to appropriate care.
 6. Prevention/Treatment efforts in the schools
 - SMC has a full time Prevention Coordinator that currently works with community collaboratives, schools, DSS, etc. to implement best practice curriculums around high risk behaviors (ex. Substance Abuse Prevention, Safe Dates, Divorce Care, Parenting Classes, Violence Prevention, etc.). This position in partnership with the Community Based Clinicians works to coordinate community collaborative efforts and helps train and fund facilitators to offer these curriculums.
 - SMC staff met with Macon County Schools staff to discuss prevention and early intervention K-12 curriculum implementation in the schools and was referred to the

School Health Advisory Counsel (SHAC) team. SMC is actively working with the SHAC.

- Macon County Sheriff's Office, Macon County Public Health Center, and Healthy Carolinians have partnered with the school system to provide students, parents, and staff with education opportunities focusing on mental health and substance abuse issues. These opportunities have taken many forms: assemblies, presentation to classes, and continuing education for staff. The most recent approval of the Youth Risky Behavior Program highlights the need for ongoing education.

7. Community information/education/marketing

- SMC develops a yearly Community Education Plan which outlines a year long action plan for consumer driven and community wide information opportunities. Ex. Each year on tax free weekend, SMC provides handouts, give aways, etc. on child mental health issues at Wal-Mart, a variety of printed materials regarding services and role of the LME are printed and distributed to local stakeholders and consumers, posters are distributed and posted at local businesses (who will allow posters). Newspaper inserts are printed regarding mental health issues, participate in provider fairs, any invitation where LME is invited to speak on mental health or substance abuse issues (community groups, etc.), participating in interagency councils, etc. Next year, bill boards will be up with the toll free phone number (TTY capability is available) and specialty topics (System of Care, Drug treatment)
- SMC's Community Based Clinicians are available for education and training around MH/SA and DD specific issues or systems issues.
- Community Based Clinician (CBC) participates in local community forums and interagency collaboratives to assist with information dissemination.
- Training around System of Care, Value Options, etc. are held at the LME to DSS, DPI, and the provider community either free of charge or at a low rate.
- SMC has a designated staff member (local CBC) who is responsible for coordinating monthly community provider meeting in Macon County. They will also be coordinating the quarterly stakeholder meetings.
- Suggestions: local county website to assist in promoting local LME network and non-network providers in advertising services, yearly community resource guide that covers all services to be developed as newspaper insert or on county website.

8. Prevention/Early Detection/Access

- Consumers accessing services through SMC's Access Line are referred for an assessment to determine level of need. For consumers deemed to need routine care, a contract provider completes the assessment and makes recommendations for on-going

- services – those services may include basic benefit services (individual, group or family therapy) or enhanced benefit services (community support, ACTT, SAIOP, etc.). Many consumers unfortunately enter the system in crisis without any previous treatment, which is a more costly than consumers who pursue treatment options before a crisis ensues.
- Prevention and basic benefit services for state or Medicaid consumers is available in all twelve counties currently managed by SMC. Prevention services are rarely taken advantage of by consumers unless prompted by another ancillary agency.
 - SMC has partnered with Health Carolinians to provide prevention services around adolescent substance abuse in public forum settings as well as with Sheriff Holland on the topic of Risky Behaviors and the “choking game”.
 - SMC’s charged is to serve the most severely and acutely mental ill, developmentally disabled or substance abusing individuals as defined by legislation.
 - Medicaid consumer’s not meeting criteria for the most severely or acutely mentally ill, developmentally disabled or substance abusing target populations are referred to basic benefit services with any directly enrolled Medicaid provider of their choice. State-funded consumers not meeting criteria are given information about providers they may contact who accept private pay or have sliding scale fee-based services. Otherwise, both Medicaid and state-funded eligible consumers are referred for an assessment and potential recommendation for higher level or enhanced benefit services based on recommendations made by the assessing provider.
 - State-funded services are authorized by SMC LME following Level of Care Criteria based on the severity of need or medical necessity. Medicaid services are authorized by Value Options based on medical necessity criteria.
 - Consumers needing medication management only can either be referred directly for that service by the assessing provider, an attending physician or other involved agency. SMC psychiatrists are available to consult with primary care physicians on an as-needed and requested basis. Additionally, SMC psychiatrists have specified emergency slots available for consumers in crisis or at risk of running out of medication.
9. Care Navigation/Community Based Clinician (CBC)
- CBC’s ideally work closely with major stakeholders such as DSS, Jail, School, DJJ, HD, etc. around staffing high need consumers/cases and linking the consumer to the appropriate services around MH/SA/DD.
 - CBC & providers also work with consumers to link with alternative care

- Involvement/education of primary care providers in/on management of behavioral health clients and mental health medication management.
10. Involvement/education of primary care providers in and/or on management of behavioral health clients and mental health medication management.
- Grant opportunities for integrated health care

Recommendations/Conclusion

For the approximately 1,401 Macon County residents who suffer with mental disorders, access to the full continuum of mental health services is not a luxury; it is a fundamental need. It is imperative that federal and state legislators stop reducing funding for local mental health programs. Cutting funding and increasing the bureaucracy by implementing complicated policies and processes will not only lead to continued inefficiencies, but also increased suffering for those with mental illness. These trends also create additional strain on the local economy through continued and/or increased inappropriate utilization of the current mental health system, social services, emergency services, hospitals, and the judicial/correctional systems.

Future local mental health planning efforts need to start immediately and be the responsibility of Healthy Carolinians of Macon County. Approximately \$6,000 in initial funds is needed to support the planning process and additional staff necessary to help coordinate/facilitate these efforts.

- ✓ \$4,200 for part time staff 10 hours per week for 24 weeks
- ✓ \$1,800 for program planning, travel, meeting incentives, and other program activities

Assistance through the Healthy Carolinians of Macon County will be instrumental in implementing the Taskforce's short-term recommendations and developing the long-term recommendations to address the mental health needs for the county residents. Healthy Carolinians of Macon County will submit a report with program and funding recommendations to the Macon County Mental Health Taskforce by December 31, 2008.

The short-term recommendations of the Taskforce have been determined as bulleted:

- Support development of 24/7/365 Assessment Center at AMC ER to provide local emergent crisis intervention. Concern is noted that those in need of mental health services may have extended wait times at AMC for an inpatient bed to become available; however, availability of regional crisis bed is increasing due to 16 crisis beds being opened August 2008 at Haywood Regional Hospital and 10 crisis beds being opened

October 2008 at Cannon Memorial Hospital. Additionally the cost and time of travel will be significantly reduced by providing assessments locally.

- Support plans to open a Drop-In Center in Macon County no later than July 1, 2008. This new resource will provide local access in an identified community setting for immediate assessments and linkages to appropriate mental health care.
- Smoky Mountain Center has agreed to convene local service providers meetings on a regular basis, which the Taskforce would request be held quarterly and begin by August 1, 2008. Invitation of Taskforce members to the first meeting is requested.
- Support the school based mental health services subcommittee recommendations to develop an RFP for school based mental health services and/or to fund testing coordinators allowing guidance counselors to provide school based mental health services.

Cost analysis is being completed on each option.

- Develop alternatives for transporting mental health recipients for involuntary commitment proceedings based on NC General Statutes 122 C-251(g). Involve the county transportation authority in developing alternatives and determine cost benefit analysis of each alternative.
- Explore development of local information and referral line and/or county website page for accessing mental health services.

The Mental Health Taskforce will continue to meet quarterly to review the status of mental health services in Macon County and will continue to advocate for the development and implementation of quality, local community based consumer mental health care.

Task Force Members: Ronnie Beale, Jim Bruckner, Robbie Holland, Jane Kimsey, Kathy McGaha, Mike Neidig, Don Sandoval, Andy Shields, Brian Welch, Paula Ledford, Rhonda Cox, Tammy Keezer, Judy Kuehn

Action Item: Improve Access to Mental Health Services

Desired State: Fully Functioning/Integrated Mental Health Services for the Residents of Macon County.

Strategic Objectives: (the Why's)

1. Develop a Comprehensive Plan for Meeting the Mental Health Needs of Macon County Residents
2. Increase Integration/Collaboration Among all Health Care Providers (physical, mental and others)
3. Put in Place a Care Navigation System
4. Establish a Jail Recidivism/Diversion Program
5. Improve Health Status

Expected Outcomes: (Measurable)

1. Completed Plan
2. Improved Access to Comprehensive Mental Health
3. Improved Mental Health Status of Macon County Residents
4. Improved Overall Health Status of Macon County Residents
5. Improved Collaboration Among Community Health Care Providers (physical, mental and others)
6. Care Navigation System in Place and Fully Functioning
7. Jail Recidivism/Diversion Program Tailored to Meet the Needs of the Community

Key Tasks:	Provisional Time-scale in Months:				Deadline	Responsibility	Additional Resources:
	0-6	6-12	12-18	18+			
1. Conduct assessment of current mental health services	4				April 30, 2008	Task Force Membership	
2. Determine funding streams and assess disbursement processes	4				April 30, 2008	Task Force Membership	
3. Draw on the experts (e.g., mental health providers and consumers)	4				April 30, 2008	Task Force Membership	
4. Compile a Taskforce Report for Presentation to County Commissioners	5				May 30, 2008	Jane Kimsey & Jim Bruckner	
5. Develop implementation plan		12			December 31, 2008	Healthy Carolinians of Macon County	- Task Force Members
6. Develop an outline for future services		12			December 31, 2008	Healthy Carolinians of Macon County	- Task Force Members