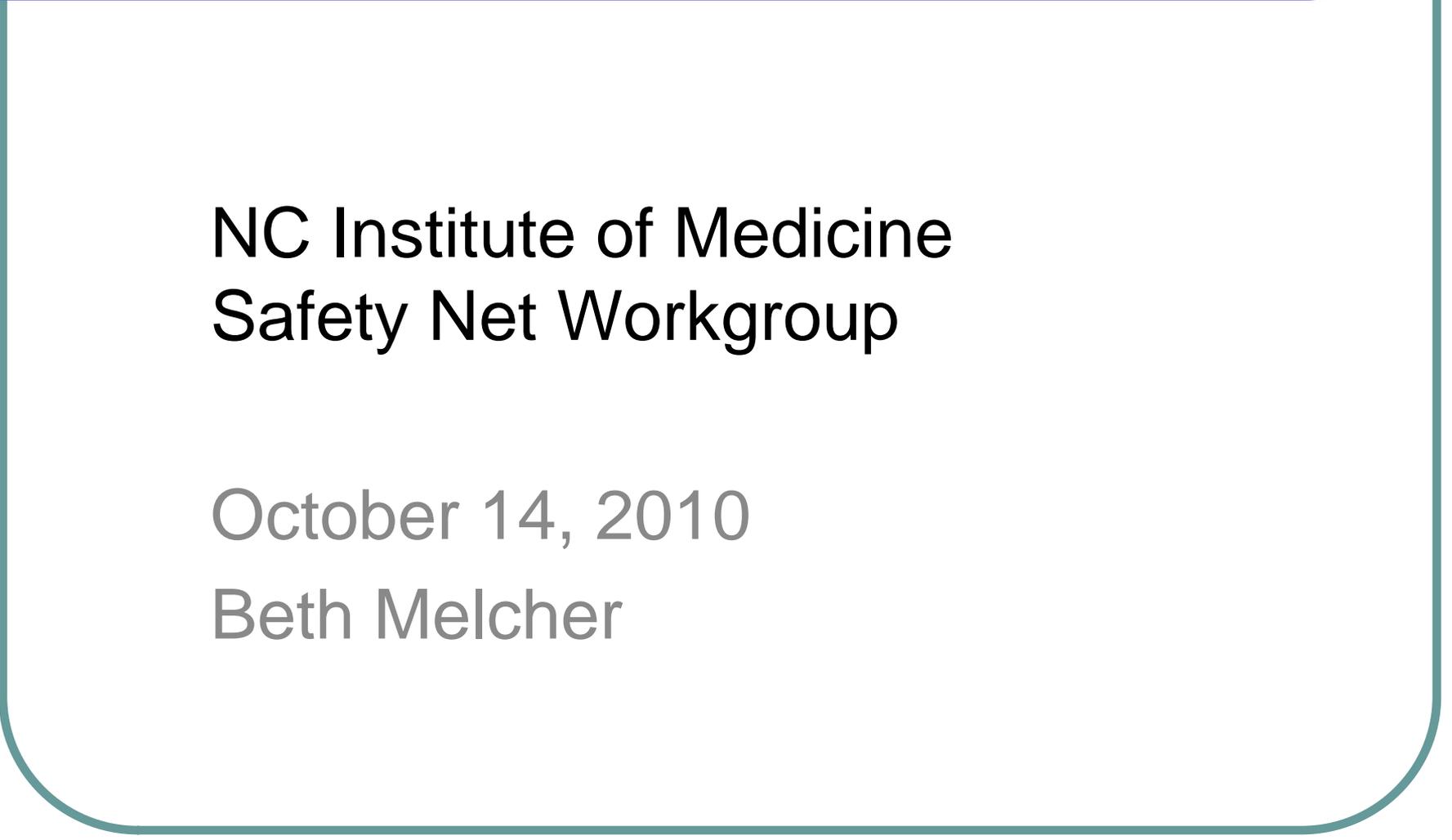




NC Institute of Medicine Safety Net Workgroup

October 14, 2010

Beth Melcher



MH/DD/SA System

Safety Net: Mission to provide to the uninsured on a free or reduced cost basis

- **State Institutions**
- **Community Services**
 - Local Management Entities
 - Critical Access Behavioral Health Agencies (CABHAs)
 - Urgent/Emergent Response

Institutions

- Four Regional Psychiatric Institutions
 - Broughton, Central Regional, Cherry, Dix
- Three Alcohol Drug Treatment Centers
 - Julian Keith, RJ Blackley, Walter B. Jones
- Three Developmental Centers
 - Caswell, J Iverson Riddle, Murdoch
- Three Neuro-Medical Centers
 - Black Mtn, O'Berry, Longleaf
- Two Residential Programs for Children
 - Whitaker, Wright

Local Management Entities

- Currently 23 LMEs
- Service Management & Coordination Functions
 - Service Management, STR, Care Coordination
 - General Administration and Governance
 - Consumer affairs and customer relations
 - Claims Processing
 - Business Management and Accounting
 - Information Management
 - Quality Management
 - Provider Management

Critical Access Behavioral Health Agencies

- Reduce clinical fragmentation – Reduction of “Stand Alone” service delivery
- Increase provider “1st Responder” capacity
- Embed case management in comprehensive clinical provider
- Insure that consumers have access to an array of appropriate clinical services
- Increase accountability within the MH/SA service
- Provide a competent clinical platform on which to implement best practice service models

CABHA Requirements

- Active National Accreditation of at least 3 years
- Medical Director
- Clinical Director
- Quality Management/Staff Training Director
- Continuum of care for population served

CABHA Requirements

Must provide the core services of:

- ❑ Comprehensive Clinical Assessment
- ❑ Medication Management
- ❑ Outpatient Therapy

Must deliver at least two enhanced services in the same location where it provides the three core services to create a continuum of care

CABHA Requirements

Services that must be delivered within the CABHA structure:

- ❑ Community Support Team (CST)
- ❑ Intensive In-Home (IIH)
- ❑ Day Treatment
- ❑ MH/SA Case Management
- ❑ New Service: Peer Support – Pending CMS Approval. Proposed implementation date = January 1, 2011

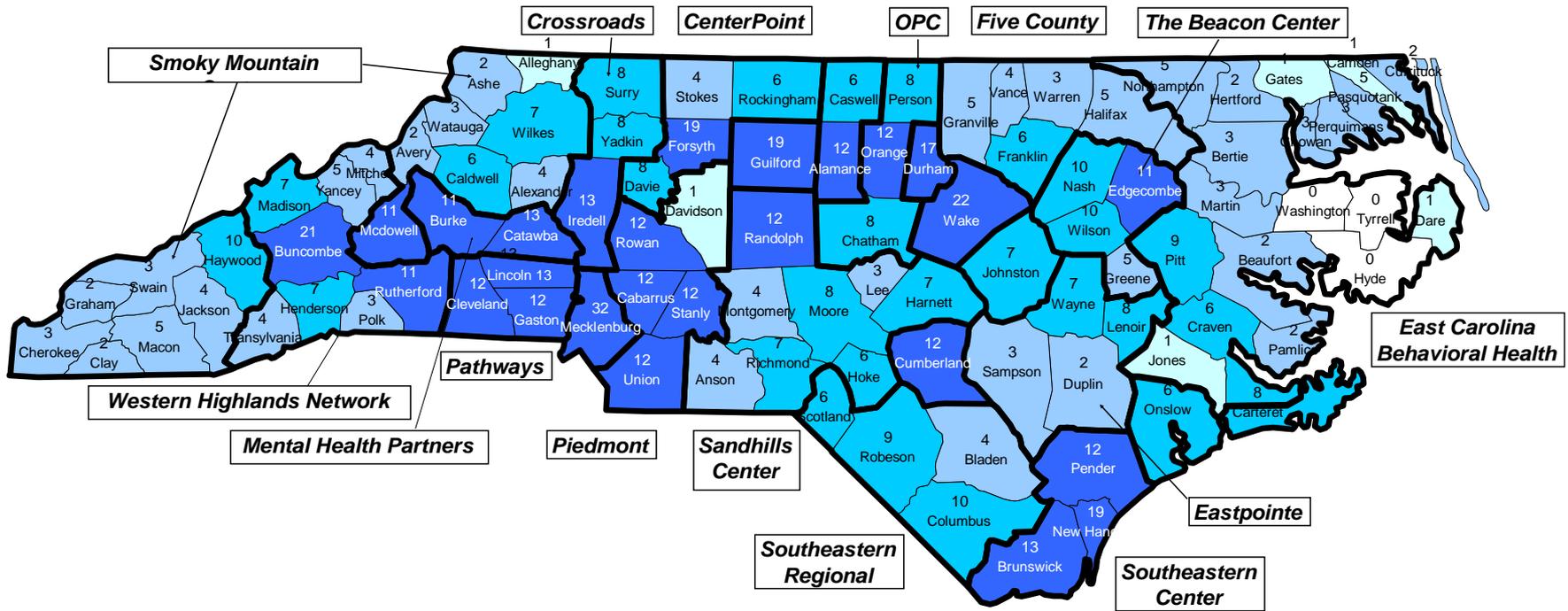
Service transition complete December, 2010

Distribution Of CABHA Services

- CABHAs by county
 - 6 Counties = 1 CABHA
 - 36 Counties = 2 – 5 CABHAs
 - 29 Counties = 6 – 10 CABHAs
 - 26 Counties = 11 – 15 CABHAs

NOTE: 3 Counties do not currently have consumers receiving CABHA required services

Home Counties of Individuals Served by Fully Certified CABHAs with Community Support Team, Day Treatment and/or Intensive In-Home Services as of September 30, 2010



Number of CABHAs Serving Individuals	
0	3 counties
1	6 counties
2 to 5	36 counties
6 to 10	29 counties
11 plus	26 counties

Urgent/Emergent

- 40 Mobile Crisis Teams

- Cover all counties
- Available 24/7

- Walk-in Clinics

- 75 clinics
- Psychiatric care
- Evaluation, triaging/assessing all adult/child/mental health and substance abuse
- Immediate intervention and referral
- Interim care, including medication management

Three Way Hospital Contracts

- Goal to increase community psychiatric hospital capacity
- Appropriation by the General Assembly
- Contract between the state, LME, and community hospital
- Currently 25 hospitals for 121 beds for a total of \$29 million
- FY 2010 4,450 served