

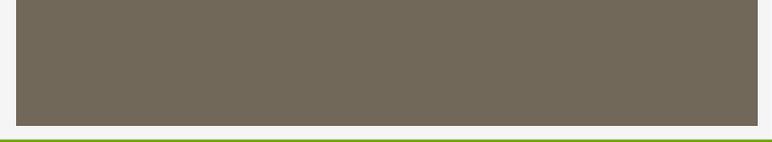
# LME MCO VISION

**Suicide Prevention, Intervention and Recovery  
Supports**

**Debra Farrington, LCSW, MSW  
OPC Care Management Director**

# Overview

- A vision for NC
- MCO responsibilities
- Practical implementation
- Critical Success Factors
- Questions/Discussion



We don't need money to  
make this better!

# NC Goals for Expanding Waiver

- To improve access to MH/DD/SA services
- To improve quality of MH/DD/SA services
- To improve outcomes for people receiving MH/DD/SA services
- Improve access to primary care for people with mental health, developmental disabilities and substance abuse
- To improve cost benefit of services
- Effectively manage all public resources assigned to the MCOs

Taken from 1915 (b)(c) Medicaid Waiver Initial DHHS Strategic Implementation Plan

# A vision for NC

implements a full range of strategies and interventions targeted to all North Carolinians that focuses on

- Prevention of suicide through health promotion, training and education
- Engaging families, laypersons and faith community as full partners
- Early Identification of those most at risk of suicide
- Provision of evidenced based services to address mental health issues
- Coordination between formal support systems
- Follow up and recovery supports

# Local Management Entity/MCO Responsibilities

- Manage all publicly funded MH/DD/SA services
- 24/7/365 Screening Triage and Referral (STR)
- Care Coordination
- Community Relations (Collaboration)
- Consumer Affairs and Customer Service
- Utilization Management
- Financial Management and Accountability
- Network Management
- Quality Management

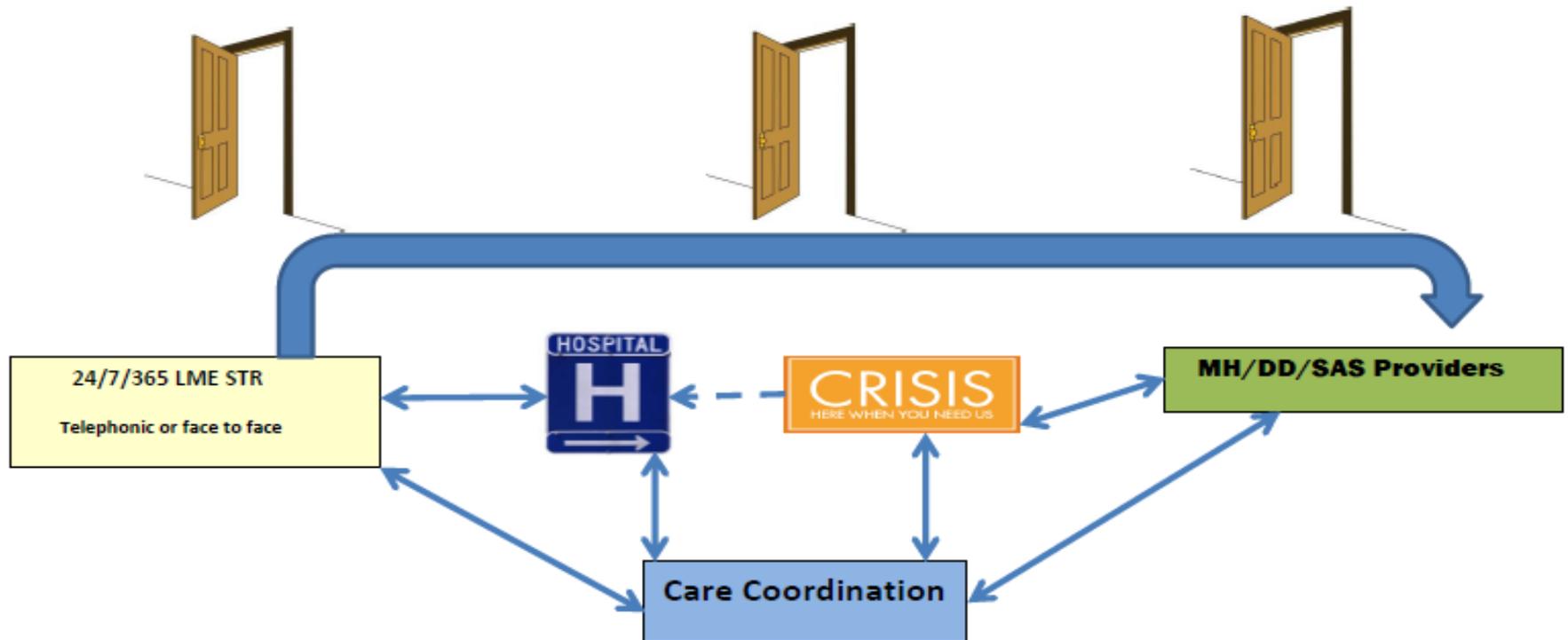
## Practical Implementation- Prevention

- **Community Relations**
  - Outreach activities
  - Community advisory councils
  - Anti-stigma efforts
- **Consumer Affairs**
  - Primary Consumer or Family member
  - Connect with support groups
- **Network Management**
  - Closed Network of Providers
  - Training providers
- **Quality Management**
  - Standards of care
  - Health and Safety monitoring

# Practical Implementation- Intervention, Linkage, Follow- up

- **Access/STR**
  - Proper triage
  - Prompt referral
- **Crisis Service Intervention**
  - Mobile Crisis
  - Support in ED
- **Evidenced Based Interventions**
  - Types of practices MCOs must have
- **Care Coordination is critical**
  - Follow up and support

## Interface between STR, Care Coordination and Providers



# Care Coordination

- Links consumers who have special care needs (who do not have a provider) with needed services and supports.
  - For high risk, high cost individuals
  - Coordinating, linking, monitoring
- Includes:
  - Working with Hospital Liaison to follow-up with non-enrolled consumers discharged from state and private institutions
  - Tracking referrals to provider from hospitals
  - Following up on consumers with emergent and urgent needs referred to providers by STR
  - Working with STR to get needed services for non-target populations
  - Hospital Transition Team – Delivered by a private provider

# LME Care Coordination

- For persons in need of MH/DD/SA services
  - being discharged from
    - State facilities
    - Community hospitals
    - Emergency Departments
    - Crisis services
    - Homeless shelters
    - Domestic violence programs
    - Jails
    - Detention center
    - Training schools
    - Prisons
  - Who do not have connection to a clinical home provider



# Critical Success Factors

- Timely Access
- Proper Triage and Referral
- Care Coordination
- CCNC/LME connection
- Creative Financing
  - Training
  - Specialized Rates
  - ED Services payment

# DISCUSSION

