



SUICIDE PREVENTION AND INTERVENTION WORKGROUP

NC Division of
Medical Assistance

10/10/10



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*There are some things you
do not want to learn by
experience...*

A National Strategy

- In 2001 the then Surgeon General of the United States, David Satcher, M.D., Ph.D. issued the “National Strategy for Suicide Prevention: Goals and Objectives for Action”
- This plan is a blue print for national, state and community action.
- Recommended strategies include initiatives to reduce stigma, training for the recognition of at-risk behaviors, and promotion of effective clinical and professional practice and survivor and family support.

Substance Abuse and Mental Health Services Administration

- SAMHSA Seeks to Improve the Lives of People.
- Their goal is a high-quality, self-directed, satisfying life integrated in a community for all Americans.
- SAMHSA requires each state to develop a comprehensive suicide prevention and intervention plan.
- Goal 1.3 of the SAMHSA Strategic Plan is to: Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth and American Indians and Alaska Natives.

The Vision



**The State
CAP-MR/DD
Waiver**

1915 B/C Medicaid Waiver

CABHA

Overarching Goal:

**To successfully provide
easily accessible, high quality,
cost effective MH/DD/SA services
and supports that result in person-centered
outcomes for individuals served.**

Building success one step at a time.

2010

2011

2012

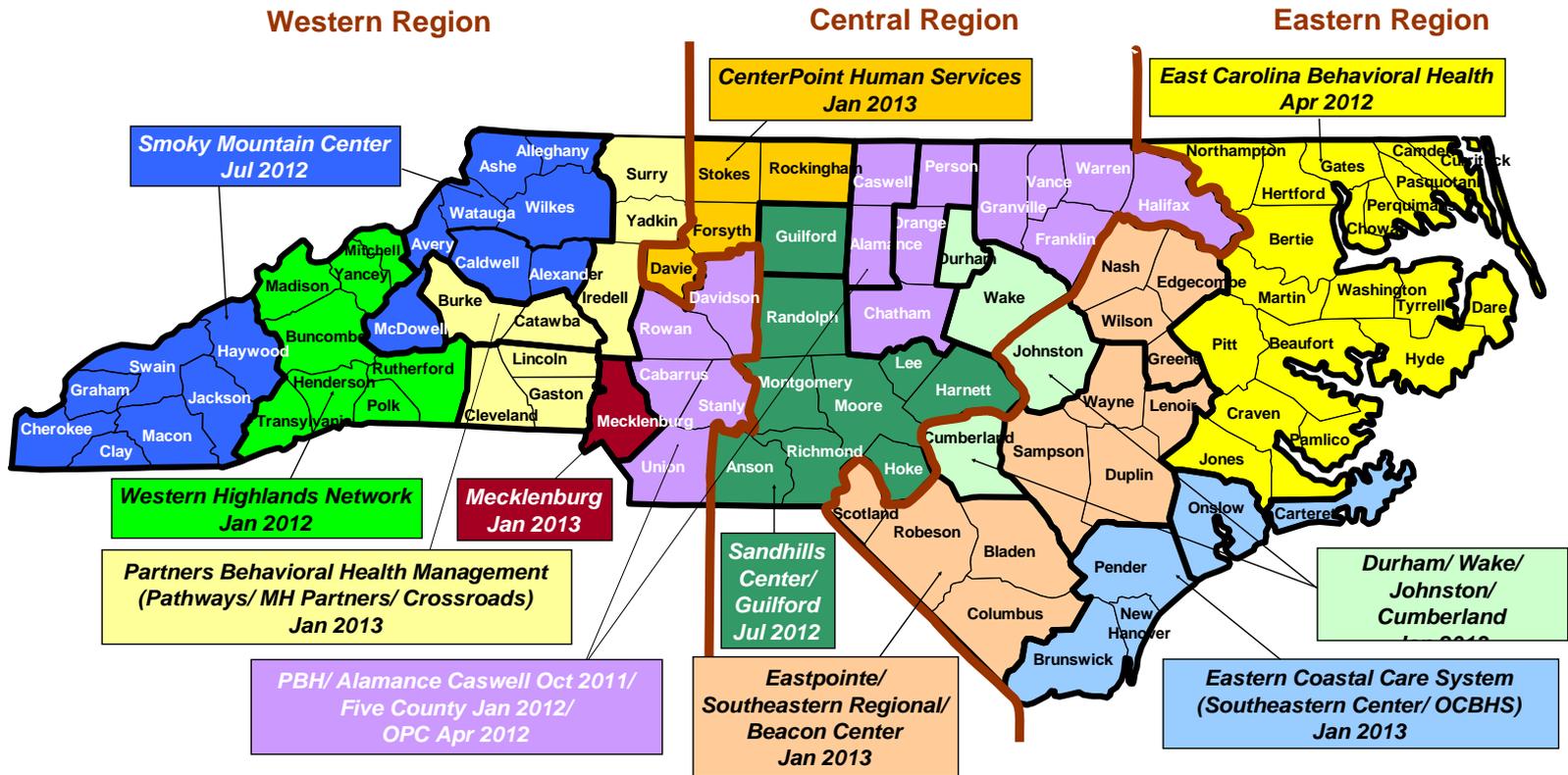
2013

Future

Medicaid Waiver/NCGS-122C Goals

- Improved: Access, Quality of Care, and Cost effectiveness
- Predictable Medicaid/State Costs
- Combine the management of State/Medicaid Service Funds at the Community Level
- Increased consistency, efficiency and economies of scale in the management of community services
- Support the purchase and delivery of best practice services
- Ensure that services are managed and delivered within a quality management framework
- Empower the LME-MCO to build partnerships with consumers, providers and community stakeholders with the goal of creating a more responsive system of community care.

Proposed Local Management Entity - Managed Care Organizations (LME-MCOs) and their Member Counties on January 1, 2013



Unless otherwise indicated, the LME name is the county name(s).
The lead LME name for the proposed LME-MCO is shown first.
Dates shown are the planned Waiver start dates.
Reflects plans as of February 9, 2012.

The Work

- In 1968 Dr. Edwin Shneidman founded the American Association of Sociology. He began his study of suicide in Los Angeles and later moved to the National Institute of Mental Health to direct their center for the prevention and intervention of suicide.
- There are now specialties in surveillance, school based interventions, community prevention, clinical practice, forensics, psychological autopsies and survivor and family support services

Working Together

- Programs at the national, level are working to prevent suicide. We will rely on their expertise
- Utilizing your commitment and North Carolina expertise we will develop a comprehensive plan for our state. The plan will provide guidance to both state and local systems.
- The plan will include the voice of survivors and families.

Thank you...

Questions / Thoughts / Comments....

