

January 2016

Monthly Update from State SOC Coordinator¹

DMH/DD/SAS

I. Governor's Taskforce on MH/Substance Use

(See DMH website – home page. There were 3 workgroups: Adults; Children, Youth & Families and Prescription Opioid Abuse, Heroin Resurgence and Special Topics. Website has been updated this week to include minutes from the workgroup meetings. On January 19th the Workgroups shared recommendations. Child, Youth & Families workgroup's presentation included 7 main recommendations around the following areas:

- Education/stigma/primary prevention
- Increase access and workforce development
- Trauma focused state
- System of Care
- Data and technology
- Standardization/Accountability
- Cross system collaboration

Unfortunately up until this week, the website included some general MH/SA and DJJ service mapping information that I found interesting and had wanted to suggest that SOC Coordinators take a look at as example of service mapping. But I see those have been removed. Will see if I can get a hold of that information to send out as an fyi.

II. Focus on Children/Youth with both MH and Intellectual or Developmental disability issues

DRNC, DMH and DMA have been working together for the past nine months to develop and implement a protocol for meeting the full range of needs (including medical care) for this dual diagnosed population. Workgroup includes several content experts. As part of the process, each MCO has identified consumers who have not been able to get their needs met in the current system. NC will be the first state to develop a statewide protocol for this population.

III. Facility Based Crisis Services for Children Service Definition was released in December.

IV. State Level Cross-Systems WorkGroup

Division of Medicaid Assistance

I. Open SPA

CABHA is going away. So the State Plan Amendment for Medicaid will be opened. This will provide opportunity to make revisions to IIHS and Day Treatment Service Definitions. There is expected to be several (8?) forums around the state (starting in February) to give stakeholders an opportunity to give II.

¹This update summary is intended to share general information about state level policy work. Consider these quick alerts. Document is not intended as either official notification or an in-depth educational tool. Please seek more information before acting on any information presented here.

January 2016

II. 1915 c SED Children Waiver was sent to General Assembly on December 1st. DMA is waiting to see whether the General Assembly decides that the application should be submitted to the federal government.

Child Welfare/Behavioral Health Interface

- Major news has been the DSS Federal Review presentation from last week:

“Of 14 performance factors on which the state was evaluated, North Carolina failed to reach the standards the federal government set as successful in all of them. While changing review procedures make comparisons difficult, North Carolina was in successful "substantial conformity" with six of the 14 outcomes or factors during its 2007 report” Info-Net

As is always the case, the headlines oversimplify a number of the complex factors underlying the review results. However, we can expect that the DSS system will see a lot of change in the coming years. There are opportunities for a closer partnership between child welfare and behavioral health system.

- Project Broadcast Trauma Summit – November, 2015. [One step in a series of steps where DSS and DMH have been promoting local DSS and MCOs to work together to problem solve effective ways to get the most appropriate behavioral health services to children in DSS custody. DSS and MH top leadership are talking about the best way to follow up the work that was begun at the Summit.]
- Child Well-being Committee – Closed meeting involving Duke Endowment, Benchmarks, DSS, DMH, representatives from local Communities, etc.

Juvenile Justice/Behavioral Health Interface

- JSAMH continues to be held as a positive model for cross-systems collaboration. SOC coordinators need to prepare for the possibility that some of the SOC efforts promoted at the State Level will be asked to follow the JSAMH workplan model.
- (Lisa might be able to report on a couple of developments)

Department of Public Instruction/Behavioral Health Interface

- Exceptional Children’s Department initiated a DPI Mental Health Stakeholders’ Group in June. Group is composed of DPI staff, local school personnel, Division of Mental Health staff, DRNC staff, family advocacy group members, and individual family members. Group has met approximately every other month. Focus has been the development of a survey that will be distributed all over the state via schools, community collaboratives, family organizations and a range of other community distribution channels in order to gather information about the needs and concerns across the state about mental health services in schools and in the community for

January 2016

all students who need some level of support. Once data has been gathered and analyzed, the objective will be for this stakeholder group to develop a set of recommendations that could eventually become legislation.

State Collaborative

In December, Committees reported on their activities for 2015 and discussed proposed work for 2016. (The Strategic Planning Session Report is expected to be ready in February.)