

## **CRITICAL NEEDS OF THE PROPOSED CONSOLIDATED EIGHT COUNTY LOCAL MANAGEMENT ENTITY**

Data presented in the needs assessment document, the system reform design, and local program experience point to a number of areas of critical need in the years to come.

### **1. Expanded emergency and crisis stabilization services for children, adolescents and adults.**

While all three area programs provide emergency services which meet or exceed DMH and COA requirements, it is clear that an enhanced response system, including crisis stabilization, is essential. Planning is currently underway to develop the best feasible integrated continuum of emergency interventions, for both adults and children. Such a continuum would provide critical support for consumers and families and would reduce the use of inpatient or other unnecessarily restrictive care.

*6/30/03 update:*

*There are plans to develop mobile crisis response for adults and children, a centralized crisis stabilization facility for adults, dispersed crisis respite for children and adolescents in foster and group homes, and enhanced crisis in-home services for children and adolescents. Further discussion about the feasibility of creating centralized free-standing crisis stabilization services for adolescents awaits further clarification of service definitions and available funds from the State.*

### **2. Increased community psychiatric inpatient capacity for adults.**

The LME region already has an acute shortage of psychiatric inpatient beds for adults. As a result, many consumers are hospitalized at Broughton Hospital who could be served locally. The planned closure of a large number of adult beds at Broughton creates a critical need for the development of additional acute beds. Planning for the development of such a capacity, in collaboration with the prospective Smoky Mountain LME, has already begun.

*6/30/03 update:*

*Extensive planning with one vendor regarding the development of a 16 bed, centralized free-standing crisis stabilization program is continuing. Efforts are being made to find land and develop a facility for this program.*

### **3. Improved access for Latino consumers and their families.**

Statewide data indicates that the Latino population has very inadequate access to mental health, developmental disability and substance abuse services. Generally, utilization in

our region appears to be somewhat better than the state, but still far below what would be expected based on epidemiological data on the prevalence of mental illness, addictions and developmental disability. While some initial efforts have been made to increase access to mental health services within the primary care environment and through Early Childhood Intervention, a more concerted planning effort is necessary to address this need.

*6/30/03 update:*

*A productive meeting has already occurred with representatives of Western North Carolina Health Services, a major Asheville-based integrated health and mental health services provider regarding the capacity to serve the Latino population. A more general meeting with current and potential providers to the Latino population will occur in the near future.*

**4. Development of additional small, local facilities, preferably with the capacity for crisis respite for consumers with developmental disabilities.**

The planned downsizing of regional institutions for individuals with developmental disabilities requires an increase in community resources. One necessary solution, of course, is to increase the number of CAP slots, but this is a state, not a local decision. If sufficient CAP funding is made available, the development of more Alternative Family Living and Supported Living homes will be possible. In addition, some individuals with complex medical and/or behavioral needs would benefit from new local ICF beds in a group home setting. A residence has already been identified for this purpose and planning is ongoing to make this program a reality. This project includes crisis respite beds.

*6/30/03 update: none*

**5. Outreach and expanded community-based services for geropsychiatric consumers.**

With the planned closure of Broughton geropsychiatric beds, it is necessary to increase support in the community, particularly to long-term care facilities. The state is in the process of funding such a local effort on a statewide basis and implementation of intensive case management and consultation services should begin in the spring.

*6/30/03 update:*

*Staff has been hired to begin this initiative. This service will be integrated with case management services for the SPMI population and will be divested accordingly.*

**6. Expanded support for primary care delivery of mental health and substance abuse services for children and adults.**

Significant community efforts are currently underway to promote the effective delivery of mental health services in both adult and pediatric primary care environments. It has long been understood that more mental health and substance abuse care is delivered in the primary care environment than in any other setting (especially for adults). Given the system reform emphasis on target populations, it is all the more essential that basic MH/SA care be effectively integrated with primary care. The success of the pilot programs must be translated into models which are suitable for the entire LME area.

*6/30/03 update:*

*Current initiatives include efforts in pediatric offices, the MAHEC Family Health Center, the Hot Springs Health Program, and the Buncombe County Health Center. Discussions have also been held about a possible merger between Blue Ridge Community Health Services and Mountain Laurel (a private non-profit mental health services provider in the Trend area).*

## **7. Expansion of school-based services for children and adolescents.**

Current school-based services are highly effective in identifying high-risk children and adolescents and in providing helpful interventions. Such services should be available to all school systems which want them. During the planning period, all school systems will be asked to identify the level of services they would like to have implemented. The recent Great Smoky Mountains Epidemiological Study, completed by Duke University, underlined the importance of this approach.

*6/30/03 update: The process of soliciting school system interest has begun, but a full initiative is contingent on review of the new service definitions to be released in July, 03. If the service definitions are supportive of school-based services, all school systems in the eight county area will be approached.*

## **8. Improve public information regarding the availability of services and the grievance and appeals process.**

Survey information to date suggests that many citizens are not aware of the array of services available and that many consumers and family members are not fully aware of their grievance and appeals rights. Planning groups need to be formed to develop new approaches to communicating this information to prospective and current consumers and family members.

*6/30/03 update: Public education and management of appeals and complaints will be among the responsibilities of the Director of Community and Consumer Relations, who will report directly to the Chief Executive Officer.*