

**State Consumer and Family Advisory Committee
For North Carolina**

Advocacy and Customer Service Section
3001 Mail Service Center
Raleigh, N.C. 27699-3001
(919) 715-3197 Phone (919) 733-4962 Fax

Marc Jacques
Chair

LaVern Oxendine
Vice-Chair

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Honorable Senators and Representatives of the LOC
Secretary, Aldona Wos
Deputy Secretary, Dave Richard
DMH/DD/SAS Director, Courtney Cantrell

The North Carolina State Consumer and Family Advisory Committee (SCFAC) would like to take this opportunity to highlight several ongoing SCFAC recommendations with regard to the North Carolina mental health, intellectual/developmental disabilities, and substance use service system. These items are part of ongoing discussions between the leadership of the Department of Health and Human Services and the State Consumer and Family Advisory Committee. SCFAC is deeply appreciative of the intent of efforts of the Legislative leadership, DHHS Secretary Aldona Wos, Deputy Secretary Dave Richard, and DMH/DD/SAS Director Courtney Cantrell in response to these ongoing themes. The SCFAC respectfully recommends that DHHS leadership and the North Carolina General Assembly continue efforts and achieve the following:

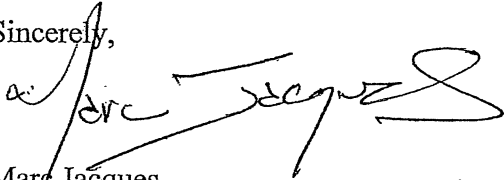
- Become a Recovery Oriented System of Care (ROSC). Create and adopt North Carolina Recovery to Practice guidelines as suggested by the Federal Substance Abuse and Mental Health Services Agency (SAMHSA) including a community based system consisting of best practice and emerging best practices including peer supports and peer-run services.
- Develop, implement and publish a North Carolina overarching policy statement on recovery and self-determination that will represent North Carolina's commitment to the recovery and self-determination of its citizens experiencing mental health, intellectual and developmental disabilities, and/or substance use disorders. Twenty states have already created such policy statements which communicate optimism to service recipients and clear expectations to organizations providing services.
- Write mental health recovery and self-determination into NCGS Chapter 122C "*Mental Health, Developmental Disabilities, and Substance Abuse Act*", as well as strengthen existing language around substance use recovery.
- Fund and facilitate the second one day North Carolina Recovery Summit in which diverse stakeholders come together and strategize around recovery to practice implementation.

- In response to emerging crisis solutions alternatives, develop and fund a Peer Run Respite program pilot in North Carolina. Overcome current barriers to RFP and implementation.
- Deepen success of community based services, increase employment, reduce recidivism and have better outcomes for people receiving services by creating and initiating higher standards for Psychosocial Rehabilitation (PSR) by cultivating and promoting the International Clubhouse standards. Create a Clubhouse Medicaid reimbursement definition or build a tiered reimbursement for dually accredited PSR programs. Create funding that will help PSR programs through the Clubhouse accrediting process.
- Develop and implement peer run non-medical detox programs Sobering Up Centers (SUC) statewide as a response to the crisis in our emergency rooms. This effort is envisioned as a collaborative effort between Hospitals, EMS, Police and Sheriff Departments as well as local Governments. Possible legislative action (precedents in other states already exist) could permit first responders to transport directly to SUC's. In essence this could create a new portal of entry into the system at tremendous savings and increased overall efficiencies in service delivery. This model already exists in North Carolina at The Healing Place of Wake County.
- Recommendations specific to Service Members, Veterans, and their Families (SMVF)
 - Develop outcomes and measurements for the SMVF population for the purpose of a determination and report on the agencies, entities, and establishments who serve the behavioral, mental health and substance use/abuse of this population determine and report on the state's definition of veteran in the general statutes, especially MCO's.
 - A definition of veteran or family member of military or a veteran for purposes of certification as a peer support specialist in the state of North Carolina. Propose to reinstate the "V" addition to certified peer support specialists in North Carolina. (For example, CPSS-V for certified peers with purposes to serve this population).
- Recommendations specific to IDD population
 - Provide case management professional who would facilitate the numerous layered communication requirements that IDD consumers and families have in coordinating start-up and ongoing services (medical, professional, and community) to meet the intense needs of individuals with IDD.
 - Identify and encourage ways to stabilize the system's ability to provide quality staffing coverage for individuals with IDD. The current high staff turnover rate across the state and the system's inability to provide back-up coverage is a growing concern as it is causing great stress and increased potential for harmful situations for individuals with IDD and their families.

SCFAC fully realizes the complexities of a paradigm shift from a system of care designed on maintenance to a system of care designed to help people recover and live self-determined lives. It is imperative that mental health, IDD, and substance use disorder costs be controlled while at the same time create a system of care in which citizens of North Carolina can be supported in their community of choice in a manner that allows them to manage their illnesses and get better (recovery). Recovery systems of care can provide a cost savings of up to 35% in public dollars built on the simple premise - that as people do better they use less services.

Thank you for your time and attention on these recommendations as you apply full intention and resources needed to accomplish the best quality of care for the citizens of North Carolina.

Sincerely,

A handwritten signature in black ink, appearing to read "Marc Jacques". The signature is stylized with a large initial "M" and a long horizontal stroke extending to the right.

Marc Jacques

Chair, NC Consumer and Family Advisory Committee