

Nuts and Bolts of Behavioral Health and I-DD for Legislators Training a Success

About 25 participated in the i2i Center's first annual legislative education event on May 17th. The training was geared to new and seasoned legislators, and areas of focus aligned with the mission of the i2i Center – integrated, whole person care and the public system. Based on the questions asked, the legislators expressed great interest in the whole person care approach and importance of funding the public system.

Leza Wainwright, CEO of Trillium Health Resources, presented on the funding structures of the current system. Topics addressed included the following: how services are funded, how funds are distributed across the system, funding levels by disability, administrative requirements, service delivery vs management funds, and finally, changes on the horizon. A long-time advocate for the BH/I-DD public system, Rep. Verla Insko noted the huge disparity between the State funds available and the services needed by uninsured North Carolinians. In the discussion, it was noted that there have been no new state dollars allocated to MH/IDD/SUD since 2010.

Victor Armstrong, MSW, VP, Behavioral Health for Atrium Health talked about whole person care and what this means when talking about the MH/IDD/SUD community. Victor noted that coordinating care for individuals with co-morbid mental health and medical conditions can improve outcomes, increase the quality of care while reducing costs, and boost consumer satisfaction. He emphasized that wellness is the goal of whole person care, and that whole person care must include all aspects of a person's life – physical, emotional, occupational, spiritual, social and intellectual. The only way whole person care can be achieved is for everyone to work together: healthcare, public health, government, community, nonprofits, philanthropy, education, business and others. i2i Center Executive Director Mary Hooper took the opportunity to note that the need for system-wide collaboration reflects the fundamental concept of i2i Center: *to bring together divergent groups to work on issues in whole person care.*

Rep. Mary Ann Black raised the issue of ways to identify high need/high risk consumers and coordinate their care effectively. Wainwright identified current mechanisms including the case management component of Assertive Community Treatment Teams and the care coordination that takes place at the LME/MCO level as ways the system meets this need. Rep. Black asked about the system cost savings related to care coordination, information that is not currently available.

Rep. Tamara Barringer made a point that the Recovery community is an integral part of the care for individuals with mental illness and substance use disorders. She suggested that this must be a component of each consumer's whole person care circle. Tom Savidge, CEO of PORT Health, a large provider of substance abuse treatment, agreed that the recovery community has an important role to play in whole person care, but also noted that services are still underfunded when it comes to for individuals seeking recovery treatment.

Handouts for this event included a comprehensive Glossary of Terms for MH/IDD/SUD and a comparison of benefit packages and funding levels for Medicaid recipients and the uninsured. As a service that i2i Center offers to all stakeholders, these, as well as the presenters' power point presentations, can all be downloaded at the [i2i website](http://i2icenter.org/events/legislature/).
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The legislative training was generously sponsored by:

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