APPENDIX B: RECOMMENDATIONS BY RESPONSIBLE AGENCY/ORGANIZATION

Recommendation	L	_							Re	esponsib	le Agency/Org	ganization	
				Div	isions	3					J - 1,7 - 1		
	DHHS (overall)	DMH/DD/SAS	State Medicaid Agency	DAAS	DPH	DSS	Other Government Department	NCGA	LME/MCOs	Health Insurance Providers	Advocacy organizations	Health professional and frade organizations	Other
CHAPTER 2				<u> </u>									
				Π									
Recommendation 2.1: Support and Expand Availability of a Full Array of Mental Health and Substance Abuse Services through LME/MCOs.	X	Х	Х					Х	Х				
Recommendation 2.2: Create Medicaid Case Management/Recovery Navigation Options.			Х										
Recommendation 2.3: Require North Carolina Agencies to Share Data Cross-Agency.	Х	Х	Х	Х	х	Х	Department of Corrections		Х				
Recommendation 2.4: Assess and Address Disparities in the LME/MCO System. Recommendation 2.5: Expand		Х							Х				
Access to Mental Health and Substance Use Services.								Х					
Recommendation 2.6: Increase Utilization of Evidence-Based Mental Health and Substance Use Services and Tie Payment to Positive Health Outcomes.			Х						Х	Х			
CHAPTER 3													
Recommendation 3.1: Educate Communities on Available Mental Health and Substance Use Services		х	Х	х	Х				Х	Х	NAMI		Care Share Health Alliance, the Area Health Education Centers
Recommendation 3.2: Develop a Common Access Point for the Mental Health and Substance Use Prevention, Treatment, and Recovery System	Χ	Х	Х						X	X			First Responders
Recommendation 3.3: Increase Number of North Carolinians Trained in Mental Health First Aid		Х							Х				Local Boards of Education, North Carolina Center for Afterschool Programs, YMCA, Mental Health, Substance Use and Aging Coalition, and service providers
Recommendation 3.4: Involve Consumers and Local Communities in the LME/MCO Service Gaps Improvement Process		х							X				Local community members
Recommendation 3.5: Support and Encourage Crisis Response Stakeholders to Collaborate									Χ			Hospitals and health care systems	Local law enforcement, emergency medical services, community leaders, primary and specialty providers, patients and families, and philantrhopic organizations
Recommendation 3.6 Develop New Payment Models to Support Community Paramedicine Programs with Mental Health and Substance Use Crisis Response	X		Х				Department of Insurance		X	X		Health Care Systems and Facilities	

Recommendation				 				R	esponsib	le Agency/Org	ganization	
	DHHS (overall)	DMH/DD/SAS	State Medicaid H	HAQ	DSS	Other Government Departments	NCGA	LME/MCOs	Health Insurance Providers	Advocacy organizations	Health Care Providers	Other
Recommendation 3.7: Strengthen Training and Work Force Development								х			Professional associations of mental health and substance use workforce	North Carolina's community colleges, colleges, and universities, the Area Health Education Centers
Recommendation 3.8: Develop More Robust Transition to Practice System for Mental health and Substance Use Professionals		х	х		х			Х				Professional associations of mental health and substnace use workforce, the Area Health Education Centers, Univeristy of North Carolina System
Recommendation 3.9: Support Practice and System Transformation towards Integrated Care	Х											Center for Excellence for Integrated Care, Community Care of North Carolina, the Area Health Education Centers, and other technical assistance providers, philanthropic organizations
Recommendation 3.10: Update DMA's Telepsych Policy			х									
Recommendation 3.11: Maintain Adequate Funding for the NC STeP Program	Х											
Recommendation 3.12: Standardize Credentialing Across Systems								х		NC Hospital Association	Hospitals and health care systems	
CHAPTER 4												
Recommendation 4.1: LME/MCOs Should Act as Lead Player in Cross System Collaboration		х				Local Departments of Social Services		х			Primary care providers	Community Collaboratives, local Departments of Heatlh, local education agencies, juvenile courts, youth and families, and others
Recommendation 4.2: Support and Further Develop Local System of Care Community Collaboratives		х						Х				Community Collaboratives
Recommendation 4.3: Educate School Personnel on the Behavioral Health Needs of Adolescents						Department of Public Instruction						Local Education Agencies, local school boards, Superintendents, schools, North Carolina Sheriffs' Education and Training Standards Commission
Recommendation 4.4: Encourage Partnerships between Schools and LME/MCOs		Х				Department of Public Instruction		Х				Local school boards
Rec 4.5: Support the Implementation of Trauma- Informed Child and Family Serving Systems across North Carolina Counties	Х											
Rec 4.6: Submit Medicaid Waiver to Best Serve Youth with Serious Emotional Disturbance			Х				Х					

APPENDIX B: RECOMMENDATIONS BY RESPONSIBLE AGENCY/ORGANIZATION

Recommendation		Responsible Agency/Organization											
			DHH	S Div	isions								
	DHHS (overall)	DMH/DD/SAS	State Medicaid Agency	DAAS	DPH	DSS	Other Government Departments	NCGA	LME/MCOs	Health Insurance Providers	Advocacy organizations	Health Care Providers	Other
CHAPTER 5							,						
Rec 5.1: Establish Statewide Coordinated Leadership to Oversee Older Adult Health	Х	х	Х	х	Х		Department of Transportation	Х					
Rec 5.2: Increase Support for SHIIP Program								Х				Х	North Carolina Congressional Delegation, senior centers
Recommendation 5.3: Use GAST Teams to Train Communities on Issues of Older Adult Mental Health		х							Х				
Recommendation 5.4: Improve Capacity of Primary Care Practices to Screen, Treat, and Refer Older Adults to Treatment for Behavioral Health Needs												х	Alliant Quality, Community Care of North Carolina, the Center of Excellence in Integrated Care, and other technical assistance providers
Recommendation 5.5: Increase Care Management Services for Older Adults													Alliant Quality, Community Care of North Carolina, the Area Health Education Centers, professional associations
Recommendation 5.6: Increase Number of Eligible Behavioral Health Care Providers Billing Medicare													Primary care and behavioral health specialty associations, Community Care of North Carolina, the Center o Excellence in Integrated Care, Allian Quality, the Area Health Education Centers