

Reflecting on Regionalization in Public Mental Health

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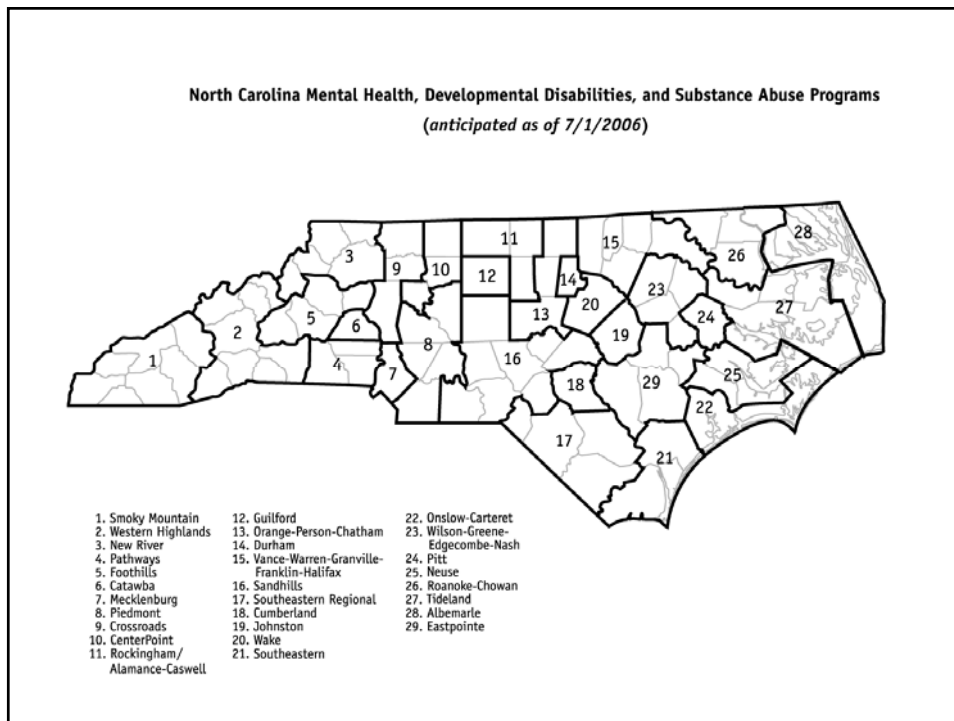
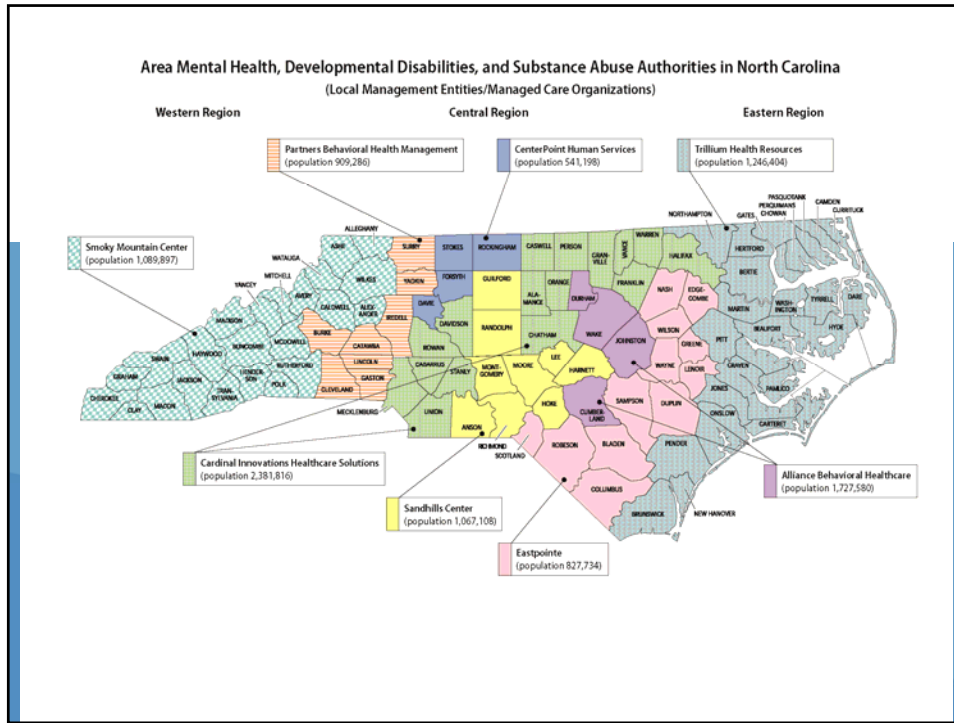
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S.L. 2017-41 (H 630)

Stage Two of Working Group (report 2/2019)

- Develop recommendations regarding legislative and regulatory changes necessary to improve collaboration between counties . . .
- Develop a vision for transitioning the State from a county-administered system to a regionally administered system and identify general benefits and challenges associated with making such a transition.





Characteristics

- Agency functions
- Geographic area served
- Administration and Governance

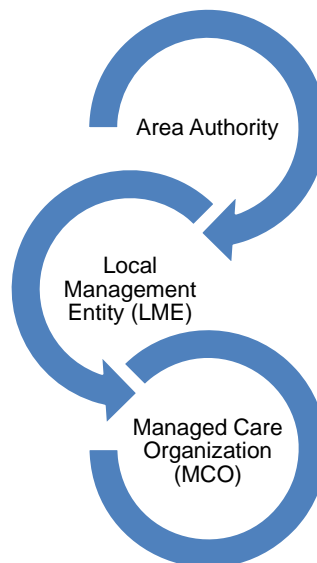
Two Concurrent Trends Since 2001

- Change in size of geographic area served
- Change in agency functions

Change in Functions

- ❑ 2001 Legislation—Area mental health authorities become “local management entities”
- ❑ 2011 Legislation—Area authorities become “managed care organizations”

Terminology



Change in Catchment Area

- ❑ 2001—39 area authorities must consolidate into 20 by 2007
- ❑ 2006—a minimum population of 200,000 or a minimum of six counties
- ❑ 2013—a minimum population of 500,000
- ❑ 2014—DHHS report recommends consolidation down to 4 area authorities

Area Authority Administration and Governance

- ❑ Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985
 - GS Chapter 122C, Article 4
- ❑ Local Government Budget and Fiscal Control Act
 - GS Chapter 159, Article 3



The Area Mental Health Authority

- A county must provide MH/DD/SA services through an area authority
- A separate local government, not an agency or department of a particular county or city
- Governed by an “area board” appointed by county commissioners

Establishing the Agency

- Two or more BOCCs must jointly establish an area authority with approval of DHHS Secretary
- “Disengaging” from one LME and “realigning” with another requires Secretary approval
- Secretary can dissolve an LME that doesn’t meet State performance standards

G.S. 122C-115.

“Multicounty Area Authority”

- A “public authority” for purposes of GS 159
- Responsible for its own budgeting and financial management
- Must appoint a budget officer
- Must appoint a finance officer

Before 2012—Single County Area Authority a Permissible Option

- Single county: Department of county for purposes of LGBFCA (GS 159)
 - Must submit budget for approval of county commissioners
- Multi-county: A “public authority” for purposes of GS 159
 - Responsible for its own budgeting and financial management



Joint Exercise of Powers— Interlocal Cooperation

Any “unit of local government” and any other unit of local government may enter into contracts or agreements with each other to execute any “undertaking.” GS 160A-461.

“Unit of Local Government”

Means a county, city, consolidated city-county, local board of education, sanitary district, . . . or other “local political subdivision,” authority, or agency of local government. GS 160A-460.



“Undertaking”

Means the joint exercise by two or more units of local government—or the contractual exercise by one unit for one or more other units—of any power, function, public enterprise, right, privilege, or immunity of local government. GS 160A-460.

Questions?



Resources:

- “Mental Health Services,” by Mark F. Botts, in County and Municipal Government in North Carolina, Second Edition, 2014
sog.unc.edu/publications/book-chapters/mental-health-services