

Local Business Plan

2008/2009



This document is a revision to the 2007-2010 Local Business Plan that will serve as a guide for ECBH for advancing mental health developmental disabilities and substance abuse services over the next year. Its development has been a collaborative effort among ECBH staff, consumers, families, advocacy groups, public and private partners and other community stakeholders who provided input.

For ECBH to continue fulfilling this vital mission, it must foster innovative thinking and ensure that a full array of services are used to meet the needs of our communities.

East Carolina Behavioral Health works in partnership with people who face significant challenges related to substance abuse, mental illness, and/or developmental disability. Our commitment is to provide consistently excellent, person-centered, family-oriented services within a recovery based system that is flexible, accessible, and respects the individual's freedom of choice .

Governance and Administration

1. ECBH employees will operate under policies and procedures that are compliant with URAC standards effective July 1, 2009.
2. ECBH will comply with all areas of DHHS/LME contract.
3. ECBH Board members will operate in full compliance with S.L. 2006-142 regarding structure of area boards and under a single set of bylaws and will begin to receive education and training to ensure they are unified and operating as one.
4. ECBH will provide an educational training session for all Boards of Commissioners and legislative representatives in our nine county area on MH/DD/SA issues.

Business and Information Management

1. ECBH website will be revised and maintained.
2. ECBH will enhance HR activities.
3. Call center software working properly
4. Executive management able to make business decision based on data provided by IT and QM.
5. Improve help desk functions

Quality Management

1. Review, revise, and develop ECBH policies and procedures to comply with URAC Accreditation standards.
2. Conduct training for providers on NC-TOPPS in order to increase provider compliance with reporting requirements. Continue to monitor NC-TOPPS database for compliance and take appropriate action with providers (i.e., POC requests, endorsement action, etc.) when necessary.
3. Utilize Crystal Reports for data management as a way to drive data-driven decision making organization-wide.
4. Implement Corporate Compliance Committee.
5. Build and submit application to URAC for accreditation desk review and prepare for site review.
6. Participate in Certified Quality Analyst Training through the Council on Quality Leadership to enhance knowledge of data management.
7. Develop a quality improvement plan to reduce bed day utilization and recidivism.

Access

1. Disseminate the ECBH toll free number throughout the 9 county catchment area through written and broadcast public service announcements and also by including the number prominently in all LME publications and on the LME website.
2. Continue to enhance appointment scheduling system to allow for scheduling electronic appointments with key IPRS providers by utilizing slot management through the CMHC system.
3. Develop and utilize the CMHC system to track hospital admissions to state and private hospitals and recidivism.
4. Work with the jails and detention centers to assist with the scheduling of inmates upon release.
5. Implement effective Mobile Crisis across all 9 counties that includes not only telephonic and face to face assessment capability but also the capacity to provide crisis prevention activities with includes such services as follow up on aftercares and outpatient commitments.
6. To increase care coordination services for consumers who are being discharged from state facilities, hospitals, or emergency services that do not have a clinical home provider ; to include participating in discharge planning and working with the consumer and primary care physician until the consumer is connected to a clinical home provider

Service Management

1. To authorize routine state-funded services based upon a properly completed authorization request, PCP and in accordance with the LME's benefit plan for consumer's target population(s) within 14 calendar days and urgent request within 24 hours.
2. To update the PPCR process to comply with specified requirements in the Performance Contract to ensure that services delivered are clinically appropriate and provided according to the specified guidelines. This shall include the development, maintenance, and implementation of an ongoing plan that addresses the scope and frequency of post payment reviews of non-Medicaid funded services.
3. To identify and provide care coordination for consumers having high cost and/or high need, including participating in PCP planning, facilitating appropriate connections to primary health care services.
4. Review the PCPs received from direct-enrolled Medicaid providers for quality; use and implementation of the PCP Instruction Manual along with compliance with DHHS policies, procedures, and guidelines. Verify that all PCP crisis plans of previously hospitalized individuals includes mobile crisis in the crisis plan.

Provider Relations

1. Create and implement provider training materials (power points, calendar, etc.) that will include all LME specific processes, navigating MH system of services, normal operational procedures of a provider agency, POC process, after-hours services and alternatives to in-patient services, including CIT, and basics of QI/QA processes. Create list of identified operational procedures and relay to providers as a guide, not to be considered all inclusive (such as STR/CDW adm form, PCP enrollment, etc.).
2. Creation and Implementation of an electronic comprehensive provider agency database that includes the capacity to compile provider data and will create a variety of summary reports.
3. Development of electronic provider files for storing critical documents such as contracts, MOAS, endorsement activity, etc. that are accessible by all applicable LME staff in any office.
4. Implement formalized RFP process in conjunction with Gap & Needs Analysis completion.

Customer Services

1. Distribution of Customer Service Handbook and training program for Providers and Consumers about this Handbook by November 2008.

2. Develop uniform distribution list and website notices to communicate with consumers, families and other community stakeholders across all areas regarding addressing service needs and gaps in local communities.
3. Develop a Community Education and Resource Program for those counties where this type of resource does not exist.
4. Develop training program to work with providers to understand and adhere to Client Rights and Confidentiality.
5. Develop a Housing Resource Program for improving housing options to people with MH/DD/SA issues including providers so consumers and families can have better access to housing alternatives.

External Operations

1. **First Commitment Waiver** - ECBH will participate in and implement the second phase of the First Commitment Evaluation Study as requested by the General Assembly and DMH. Through participation in the First Commitment Waiver, ECBH and its partners will enhance the local crisis continuum by creating a less traumatic experience for consumers by accessing crisis/commitment services through mobile crisis teams, facility based crisis and walk-in crisis centers in a timely manner, avoiding unnecessary visits to local Emergency Departments and state hospitals, by June 30, 2009.
2. **DD START**- Develop and implement the DD START Model in the eastern 34 counties which includes providing community based crisis intervention and prevention services to individuals with developmental disabilities and behavioral health care needs. Develop two DD START teams and one four-bed Crisis Respite program by June 30, 2009.
3. **Consumer and Family Advisory Committee- Continue** to develop and support the ECBH Consumer and Family Advisory Committee to be the representative voice for consumers and families who are users of mental health, developmental disabilities and substance abuse services by June 30, 2009. Objectives for this year include: a) Recruitment of working and committed members per By-Laws b) Increased community awareness and involvement in the L.E.G.'s of the four areas that will involve all nine communities. c) Development of CFAC Web site.
- **Regional Crisis Plan** Develop and implement the regional crisis plan which shall be responsive to the needs of persons served by expanding the local crisis resources while reducing dependence on local Emergency Departments and use of state hospitals by June 30, 2009. Objectives for this year include:
 - Developing and managing indigent care contract with community hospitals as an alternative to state hospitals.

- Increase the capacity and responsiveness of the existing mobile crisis teams and expand to new areas as requested by the DMH.
- Develop a network of walk-in crisis centers that provide immediate psychiatric aftercare, including the use of telepsychiatry.
- Fully implementing the DD START Teams and Crisis Respite.