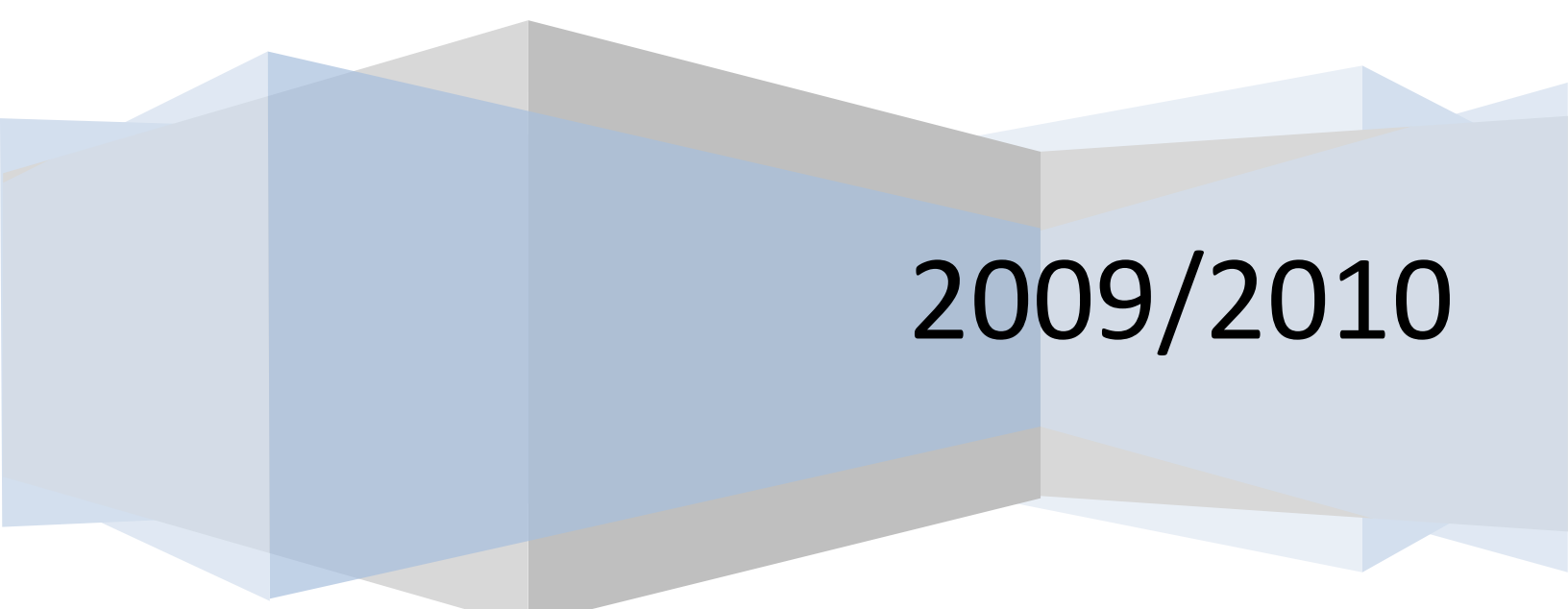


East Carolina Behavioral Health Local Business Plan Revision



2009/2010

This document is a revision to the 2008-2009 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.

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.

For ECBH to continue fulfilling this vital mission, we must foster innovative thinking and ensure that a full array of services is available.

Governance and Administration

1. ECBH employees will operate under policies and procedures that are compliant with URAC standards effective July 1, 2010.
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 areas on MH/DD/SA issues.
5. ECBH will enter into a management agreement to operate Albemarle Mental Health LME for the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Business and Information Management

1. ECBH will establish needed technology and infrastructure to manage AMHC.
2. ECBH website will be revised and maintained.
3. ECBH will enhance HR activities.
4. ECBH will insure the Call Center software is working properly.

5. Executive management will be able to make business decisions based on data provided by IT and QM.
6. Help desk functions will be improved.

Quality Management

1. To coordinate the effort to obtain national accreditation through URAC, by preparing and submitting the application for desktop review and preparing the organization for the on-site review. Once accredited, ensure on-going compliance with URAC standards to maintain accreditation.
2. To provide training and technical assistance to providers in order to improve compliance with the timely submission of NC-TOPPS assessments and meet minimum compliance standards with the DHHS Performance Contract.
3. To ensure compliance with all requirements of the DHHS Performance Contract and prepare for review utilizing the LME Monitoring Tool developed by the Division of MH/DD/SAS.
4. Quality Management will determine measure to ensure quality performance while ECBH manages AMHC.

Access

1. ECBH Access Staff will continue to disseminate the ECBH toll free number throughout the 9 county catchment areas through written and broadcast public service announcements and also by including the number prominently in all LME publications and on the LME website.
2. ECBH Access Staff will continue to modify and improve the appointment scheduling system to allow for scheduling electronically of all consumers by utilizing slot management through the CMHC system.
3. Continue to utilize the CMHC system to track hospital admissions to state and private hospitals and recidivism.
4. Continue to work with the jails and detention centers to assist with the scheduling of inmates upon release.
5. Continue 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.

6. Continue to track necessary data for URAC accreditation including but not limited to information on blockage rates, average speed of answer, and abandoned rates.
7. Continue to collect data on appointments scheduled beyond timelines to improve system performance.
8. Continue to assure the utilization of the correct statewide regional referral form for State Psychiatric Hospitals and Alcohol and Drug Abuse Treatment Centers.
9. Continue to collect data on show rates for aftercares.
10. Continue to collect data on recidivism rates of consumers discharged after 90 days and 180 days.
11. Continue to collect data on whether consumers seen by Mobile Crisis Team were linked to a clinical home.
12. Continue to collect data on outpatient commitments and provider response to no-show.
13. To develop and implement work practices to obtain national accreditation for Health Call Center.
14. Access will manage AMHC STR.

Service Management

1. To develop and implement work practices to obtain national accreditation for Health Utilization Management.
2. To improve compliance with service authorization timelines as specified in the NC-DHHS Performance Contract and in accordance with URAC standards.
3. To implement measures to decrease administrative denials of requests for service authorization.
4. Continue to refine the Post Payment Clinical Review process as per Performance Contract requirements to ensure that services delivered are clinically appropriate and are provided according to the specified guidelines.
5. Continue to design a benefit plan for state funded target population consumers that is flexible in order to maximize the services consumers may receive throughout the year within the limits of available funding while supporting the use of natural and community supports as well as application for other appropriate payor sources e.g. Medicaid, Medicare, CAP, etc.
6. Continue to review and provide feedback to providers regarding completion of both state funded and Medicaid PCP/service plans in accordance to the use and implementation of the PCP Instruction Manual and compliance with DHHS policies, procedures, and guidelines.

7. Continue to maintain a list of consumers wishing to be considered for participation in the CAP-MR/DD Waiver and prioritize the list based upon each consumer's acuity of need in order to process eligibility determination requests.
8. Continue to provide/enhance care coordination activities for: consumers without a clinical home, high cost/high risk consumers, and Value Option "cases of concern" referrals.
9. Service Management will assume and manage AMHC UM.

Provider Relations

1. Continue to perform provider endorsement activities in accordance with the policies, processes, and timeframes outlined in the DHHS Provider Endorsement policy.
2. Create and implement provider training materials.
 - a) The first task of the Training Committee is to develop the annual provider training calendar for the ECBH provider community with Bland Baker as the lead. The committee will include provider representatives for each of the following CMH, CDD, AMH, ADD, ASA, CSA and MRMI and a Consumer and Family member (CFAC). The calendar will include three types of trainings-
 - Quarterly - new provider orientation, NCTOPPS, client rights, incident reporting, Person Centered Planning, Crisis Planning, Quality Management (POC, QI Plans etc.)
 - Monthly - specific topics, treatment of specific diagnosis, special initiatives, Evidence Based Practices, Clinical Supervision, etc.
 - Annual - disaster planning, cost finding, etc....
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. Identify and contract with a qualified consultant to conduct an assessment of cultural competency. Identify the behavioral health needs (symptoms and syndromes that affect the diagnosis) of consumers in the community. Develop and implement effective, culturally appropriate, and culturally competent treatment services. Evaluate methods for offering training on Latino culture, assessment, and engagement. Utilize data from cultural competency assessment to start a culturally competent pilot project.
5. Ensure full implementation of previous fiscal year Request for Proposal (RFP) awards as a result of the LME Gaps/Needs Analysis.

6. Provider Relations will incorporate the management of AMHC provider network.

Customer Services

1. Participate in updating the ECBH website to be more consumer friendly and to contain information on complaints, rights, and natural community supports.
2. Develop and implement a notification process regarding consumer complaints to meet the NC Administrative Rule regarding complaints and URAC standards.
3. Expand the HRC Membership and provide training for providers and ECBH staff on Client Rights and Confidentiality.
4. The Housing coordinator will apply for funds through the American Recovery and Rehabilitation Act. These funds, if awarded, will be used to prevent homelessness and rapidly re-house those who are already homeless.
5. Continue development of complaint data base in CMHC to allow for more accurate data collection and cross functionality with other departments.
6. Customer Services will incorporate and manage AMHC complaints.

External Operations

1. First Commitment Waiver - ECBH will continue to participate in the First Commitment Evaluation 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.
2. DD START - Continue to 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.
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. Objectives for this year include: (a) Recruitment of working and committed members per By-Laws (b) Increased community awareness and involvement in the Local Empowerment

Groups of the four areas that will involve all nine communities. (c) Enhancement of CFAC information on the ECBH website.

4. 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. Objectives for this year include:
 - Developing and managing indigent care contract with community hospitals as an alternative to state hospitals.
 - Continue the 3-Way Hospital Diversion contract with Beaufort Regional Medical Center and add Northside Hospital to the 3-Way Hospital Diversion contract.
 - Continue to increase the capacity and responsiveness of the existing mobile crisis teams in the nine county ECBH areas and the four county Beacon Center areas.
 - Develop a network of walk-in crisis centers in partnership with ECU Brody School of Medicine, Department of Psychiatry and community providers that provide immediate psychiatric aftercare, including the use of telepsychiatry to the ECBH/Beacon Center Crisis Area.
 - Fully implementing the DD START Teams and Crisis Respite.

5. External Operations will evaluate and implement capacity expansion for the AMHC area under the ECBH management agreement.