



## East Carolina Behavioral Health

*serving...Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, & Washington counties*

---

### Provide Forum Minutes

July 13, 2010

Martin County Community College Auditorium

1:00 pm – 4:00 pm

1. Introductions / Welcome: Bland
  - a. Bland welcomed Providers and thanked them for taking the time to attend the Forum. He encouraged Providers to remind other Providers they dealt with to attend the Forums.
  - b. ECBH staff introduced themselves
2. Person Centered Plan Reminder: Bland
  - a. Reminder that the new form must be used when annual rewrite is due.
  - b. If incorrect form is used, the Provider will be called out during monitoring reviews
  - c. Please see handout #1
3. DMA Enrollment: Accreditation Benchmarks and Admission of Consumers to Services: Michelle
  - a. Accreditation Benchmarks:
    1. After 7/08-Providers must get accredited 1 year from date of DMA enrollment.
    2. This date has been the date on the NEA from the LME
    3. As of 10/09, there are no exceptions to achieving accreditation
    4. General Statute requirement
    5. Provider must be in process 3 months after DMA enrollment (NEA date)
    6. Involuntary withdrawal if benchmarks are not met—not appealable
    7. Should start accreditation process when application is submitted
    8. Please see handout # 2-IU 47
  - b. Admitting Consumers to Services:
    1. Providers must admit and serve consumers within 60 days of NEA date
    2. Must serve consumers even if not received Medicaid billing number
    3. Providers can bill 12 months retroactive
    4. Involuntary withdrawal if conditions are not met
    5. Please see handout # 3 A - CB #55
    6. Please see handout # 3 B - IU #63
4. Evidence Based Practices: Family Psycho-education: Bland
  - a. Treatment of severe MH populations
  - b. High percentage of consumers are cared for by family
  - c. Brings families into discussion of treatment options for consumers
  - d. Please see handout # 4
5. Implementation Bulletin # 75: Bland
  - a. Process time for CABHA is extended
  - b. Three (3) chances to re-submit information for CABHA certification
  - c. 6 month wait, if CABHA not achieved in 3 chances
  - d. Cannot sub-contract
  - e. Case Management part extended
  - f. Please see handout # 5

6. Endorsement Update: Cindy
  - a. Gives LMEs ability to prioritize endorsement for evidence-based services
  - b. Critically needed within its catchment area
  - c. CABHA in “good standing”
  - d. Any agency providing MST / ACTT or “whatever may emerge”
  - e. Providers working toward acquisition or merger
  - f. Must be centered around what is right for consumers
  - g. Must fill gaps quickly
  - h. Aid CABHA in being able to expand services—
  - i. Will return to Forum with roll-out plan in approximately 4 months
  - j. Providers must transition consumers—consumers needs must be met by CABHA
  - k. CABHA is Continuum of Care
  - l. Providers voted on supporting this stand—Majority agreed with “fast tracking”
  - m. Email Cindy with comments concerning “fast tracking of providers)
  - n. Please see handout # 6 –IU 62
  
7. Gaps and Needs Analysis: Mike / Cindy
  - a. Mission driven (Consumer comes 1<sup>st</sup>)
  - b. July 1, 2010 AMHC joined with ECBH
  - c. Met with stakeholder group (Providers, Law Enforcement, Religious, etc)
  - d. 23 Focus Groups
  - e. 7 County Managers
  - f. On-line surveys
  - g. Demographics (census)
  - h. Mapped services (GIS –shows Providers location)
  - i. Very diverse counties (“frontier service standards)
  - j. Pages 1-14 is an overview of the Analysis
  - k. AMHC consumers were underserved
  - l. Objective evaluation conducted by the Behavioral Healthcare Resource Program by the School of Social Work-UNC Chapel Hill, NC
  - m. New Opportunity to design an effective LME model for an extreme rural area
  - n. Prior to adding new services a financial and physical impact study will be conducted to determine the feasibility, need, and funding support for these services
  - o. Will be announcing PFAs in August
  - p. Please see handout # 7
  
8. ECBH Plan of Correction
  - a. Please see handout # 8
  
9. Misc:
  - a. ECBH System of Care Training: Nancy Cleghorn
    1. System of Care Coordinators will be offering the 11 hours System of Care / Child & Family Team training monthly over the next few months.
    2. Watch for ALERTS for scheduling
    3. Registration will be on ECBH website
    4. If questions, please contact System of Care Coordinator for your county or Nancy Cleghorn
  - b. Make sure that Licensed Professionals are actually performing services and not just “signing off” on work

*Next meeting will be August 10, 2010*

*Approved by: Bland Baker*

*Approved: July 26, 2010*

*Submitted by: Becky Smith*



## East Carolina Behavioral Health

*serving...Beaufort, Bertie, Craven, Gates, Hertford, Jones,  
Northampton, Pamlico, & Pitt counties*

---

### **PERSON CENTERED PLAN REMINDER !!!!**

As a reminder, as outlined in Implemental Update #68, beginning July 1, 2010, the new format **MUST** be used **when the next annual re-write of the PCP is due**

- For example, if the date on the current PCP is March 12, 2009, the annual rewrite is due by March 12, 2010 and **MAY** be completed using the new format. The annual rewrite due the next year, March 12, 2011 **MUST be on the new format.**
- If the date on the current PCP is August 10, 2009, the annual rewrite is due by August 10, 2010 and **MUST be on the new format.**

The new PCP format and supporting documents may be found at:

<http://www.ncdhhs.gov/mhddsas/pcp.htm>

The new PCP format includes:

- One Page Profile
- Action Plan
- Crisis Plan
- Signature Page

A revised PCP Instruction Manual is posted along with the new PCP format and Update/Revision pages. In addition, supplemental pages are posted, that include the Person Centered Thinking Tools and Guidelines for use in preparing the One Page Profile and for use by providers to assist in implementation of the PCP.



# ECBH LME PLAN OF CORRECTION

Provider Forum  
Williamston, NC  
July 13, 2010

**ECBH has heard the provider communities' concerns and is committed to partnering and building a stronger relationship. We have reviewed constructive feedback from provider groups and the Essential Partner Survey.**

# Concern #1

**ECBH staff often fails to return calls or emails promptly. Many times they cannot answer questions or follow up in a timely manner.**

# ECBH Action and Changes

4

- ❑ ECBH will implement a designated provider relations call center available to answer all provider calls from 8:30 a.m. until 5:00 p.m. Monday-Friday.
- ❑ ECBH will work collaboratively with the provider network to develop a provider inquiry system. This will document all provider inquiries to ensure that they are tracked and followed-up on.
- ❑ ECBH will provide training for ECBH staff and providers to understand and clarify what the LME's role is in providing assistance.

- ❑ The ECBH IT department is developing a system for providers to log in system issues so they can be tracked.
- ❑ In addition, Customer Service training will be provided to all ECBH employees and the “Essential Partner Survey” will continue to collect data on the satisfaction of the provider network.

## Concern #2

**ECBH often deviates from policies and interprets things differently or does not provide providers with written policies as justification for rules they are enforcing.**

# ECBH Action and Changes

7

- ECBH will ensure that all their policies and procedures, as well as policies, procedures, and “pilots” of the Division will be followed.
- ECBH will ensure that all deficiencies cited with providers will be supported by a Rule, Statute, and/or Policy and cite the specific Rule, Statute, and/or Policy.
- ECBH will also improve communication exchanges at Provider Forums and in Provider Alerts.

## Concern #3

**ECBH staff often fail to honor grandfather clauses when timelines are changed by the state.**

# ECBH Action and Changes

- ECBH will make sure that new timelines are only applied to the providers that enter the process after the change.
- This will not be the case in instances where the change is effective immediately per the Division's instruction, or is not permissible by DHHS.

## Concern #4

**ECBH should ensure that all eligible providers are able to compete for all Requests For Proposal (RFP) processes to ensure fairness.**

# ECBH Action and Changes

11

- ECBH will share the Procedure regarding the RFP process and continue to advertise RFPs to all providers.

## Concern #5

**ECBH should develop a comprehensive provider list which includes provider, services and payments accepted.**

# ECBH Action and Changes

13

- ❑ The ECBH website currently contains a comprehensive listing of all network providers.
- ❑ Providers are responsible for adding their own information regarding which services are provided and the payment types that are accepted.
- ❑ A disclaimer will be added to the listing that indicates this is a fluid document that will change as the status of providers changes.
- ❑ ECBH will only include current providers on the website.

## Concern #6

**ECBH should develop policies on the state funded provider network (including size in each program, number of providers allowed in to particular services and when new providers will be allowed in the network).**

# ECBH Action and Changes

15

- ECBH will share Procedures on the development of the ECBH provider network.
- ECBH will annually update its Gaps and Needs Analysis to assess the need for additional services and will use that assessment to plan for RFP's.

## Concern #7

**ECBH should serve as a liaison between the provider community and the Division to obtain answers.**

# ECBH Action and Changes

17

- ❑ ECBH will ensure that we serve as a liaison and answer questions between the provider community and the Divisions (DMA and DMH/DD/SA) when it is within the scope of the Performance Contract between ECBH and DMH/DD/SA and/or the MOA/State Contract between ECBH and providers.
- ❑ If ECBH staff do not have the answer, ECBH staff will seek the answer/clarification from the Divisions and will follow-up with the provider in a timely manner.

## Concern #8

**ECBH should give more respect and cooperation to all providers.**

# ECBH Action and Changes

19

- ECBH encourages all concerns and complaints about the courteousness of ECBH staff to be voiced using our 24/7/365 number. **ALL** complaints will be investigated in a timely manner.
- Providers will receive acknowledgement that their complaint is being filed, will receive notification of the outcome of the complaint review and measures that were taken to correct the problem (if necessary). Providers will have an opportunity to appeal if they are dissatisfied with the outcome.

## Concern #9

**ECBH and Providers should work in partnership to ensure consumers are receiving quality care.**

# ECBH Action and Changes

21

- ECBH will ensure that providers are represented in agency-wide committees and work groups (i.e., Quality Improvement Committee, Human Rights Committee, Clinical Advisory Committee, etc.) in order to ensure that consumers are receiving quality care.

## Concern #10

**ECBH has cancelled and rescheduled endorsement visits and waited until the last day of timeframes to endorse providers.**

# ECBH Action and Changes

- ECBH will ensure that endorsement visits are only cancelled and/or rescheduled for valid reasons (i.e., scheduling conflicts, at the provider's request, etc.) and not for the sole purposes of using the entire timeframe allotted by policy.

**Any additional  
recommendations  
for us?**

*Thank you  
for attending*

# **East Carolina Behavioral Health**

## **Town Hall Meetings Community Planning**

**June 2010**

*Presented by  
Cindy Ehlers, MS, LPC and Mike Kupecki, MA*

# Mission

**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 oriented system that is flexible, accessible, and respects the individual's freedom of choice.**

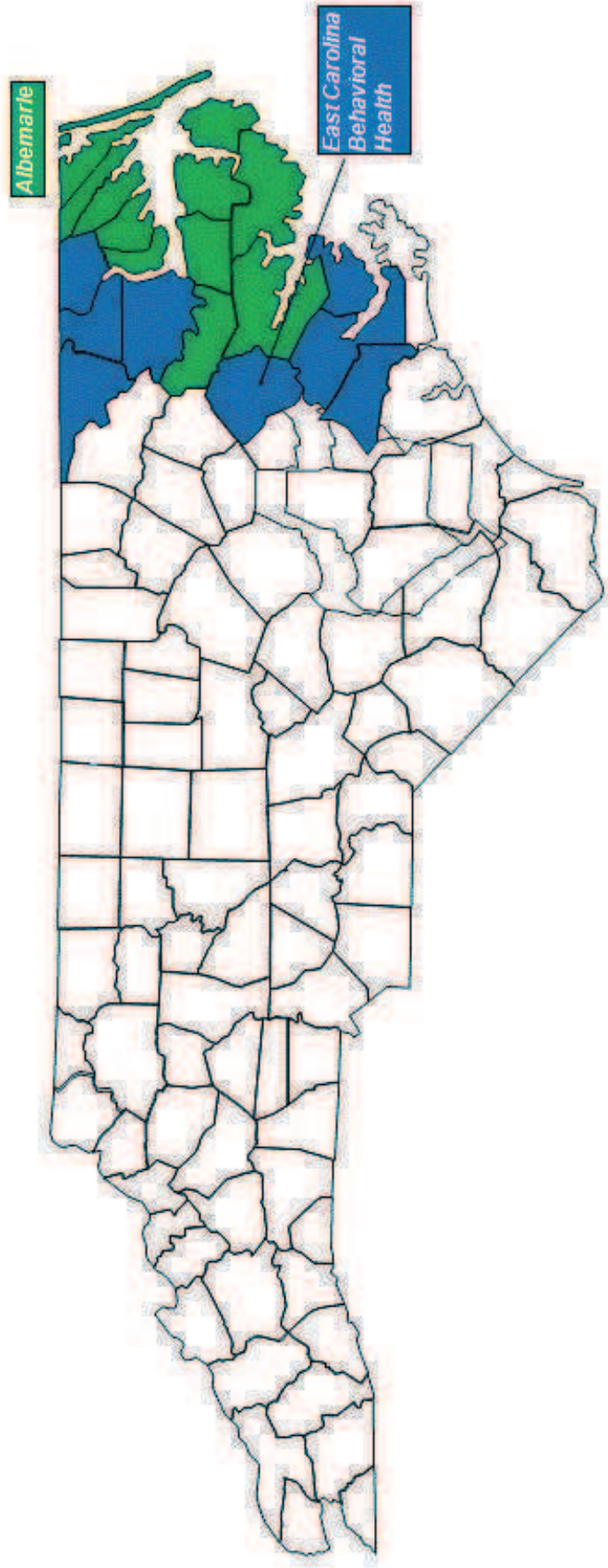


# East Carolina Behavioral Health

- NC System reform yielded the merger of four former local Area Programs transformed into local management entities. Prior to reform each had been in existence for over 35 years as a local program.
- ECBH was born on July 1, 2007
  - The result of several mergers, now serving 19 counties: Bertie, Beaufort, Craven, Gates, Hertford, Jones, Pamlico, Pitt, Northampton, Camden, Currituck, Chowan, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, and Washington.
- Governed by a Local Board
- ECBH offices are in New Bern, Ahoskie, Greenville and Elizabeth City



# East Carolina Behavioral Health July 2009



# Gaps Analysis

## Albemarle Mental Health LME



### Prepared by:

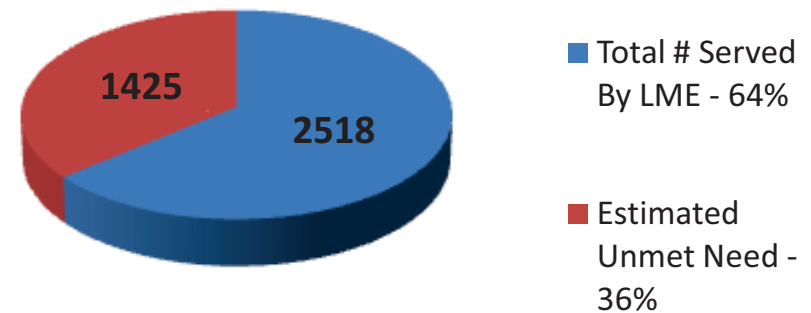
The Behavioral Healthcare Resource Program  
School of Social Work  
University of North Carolina at Chapel Hill



# Children's Mental Health

County	2009 Population Projections Ages 3+	Population Ages 3-17	12% Estimated SED Population Ages 3-17
Camden	9,513	1,695	203
Chowan	14,155	2,772	333
Currituck	22,709	4,091	491
Dare	32,237	5,447	654
Hyde	5,317	857	103
Martin	22,897	4,639	557
Pasquotank	39,739	7,877	945
Perquimans	12,800	2,222	267
Tyrrell	4,108	694	83
Washington	12,588	2,559	307
<b>LME Total</b>	<b>176,063</b>	<b>32,853</b>	<b>3,943</b>
<b>Total # Served by LME</b>			<b>2518</b>

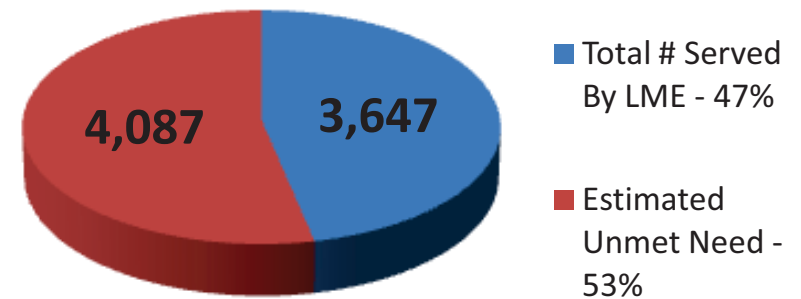
Percentage of Estimated SED Population Served by AMHC Providers - SFY '09



# Adult Mental Health

County	2009 Population Projections Ages 3+	Population Ages 18+	5.4% Estimated SMI Population Ages 18+
Camden	9,513	7,818	422
Chowan	14,155	11,383	615
Currituck	22,709	18,618	1,005
Dare	32,237	26,790	1,447
Hyde	5,317	4,460	241
Martin	22,897	18,258	986
Pasquotank	39,739	31,862	1,721
Perquimans	12,800	10,578	571
Tyrrell	4,108	3,414	184
Washington	12,588	10,029	542
<b>LME Total</b>	<b>176,063</b>	<b>143,210</b>	<b>7,734</b>
<b>Total # Served by LME</b>			<b>3,647</b>

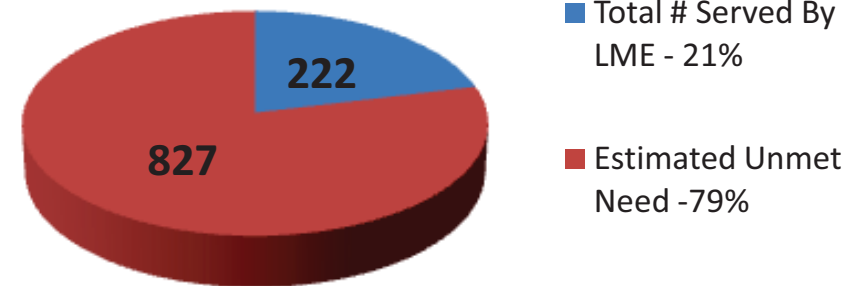
Percentage of Estimated SMI Population Served by AMHC Providers - SFY '09



# Children's Developmental Disabilities

County	2009 Population Projections Ages 3+	Population Ages 3-17	DD in Ages 3-17 (3.2%)
Camden	9,513	1,695	54
Chowan	14,155	2,772	88
Currituck	22,709	4,091	130
Dare	32,237	5,447	176
Hyde	5,317	857	27
Martin	22,897	4,639	148
Pasquotank	39,739	7,877	251
Perquimans	12,800	2,222	71
Tyrrell	4,108	694	22
Washington	12,588	2,559	82
<b>LME Total</b>	<b>176,063</b>	<b>32,853</b>	<b>1,049</b>
<b>Total # Served by LME</b>			<b>222</b>

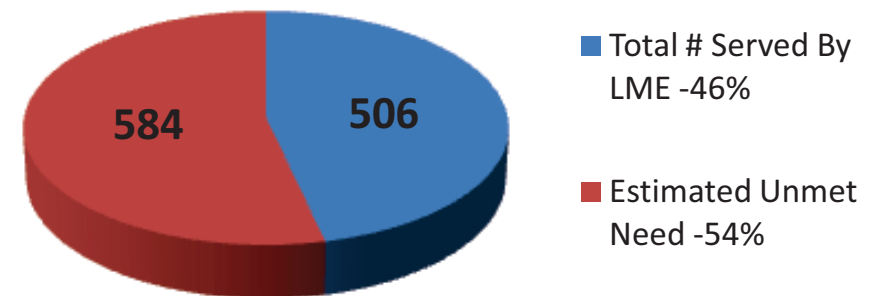
Percentage of Estimated Child DD Population Served by AMHC Providers - SFY '09



# Adult Developmental Disabilities

County	2009 Population Projections Ages 3+	Population Ages 18+	DD in Ages 18+ (.79%)
Camden	9,513	7,818	60
Chowan	14,155	11,383	85
Currituck	22,709	18,618	143
Dare	32,237	26,790	196
Hyde	5,317	4,460	33
Martin	22,897	18,258	138
Pasquotank	39,739	31,862	255
Perquimans	12,800	10,578	79
Tyrrell	4,108	3,414	26
Washington	12,588	10,029	75
<b>LME Total</b>	<b>176,063</b>	<b>143,210</b>	<b>1,090</b>
<b>Total # Served by LME</b>			<b>506</b>

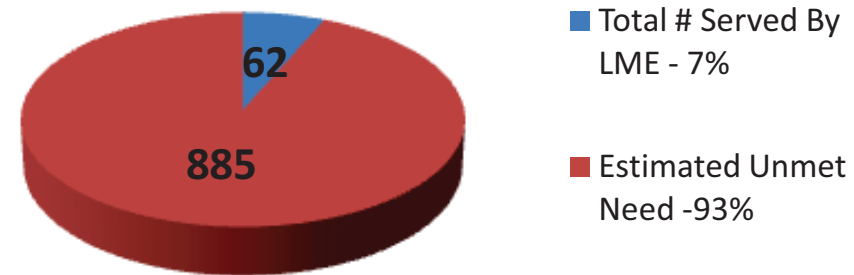
Percentage of Estimated Adult DD Population Served by AMHC Providers SFY '09



# Children with a Substance Abuse Disorder

County	2009 Population Projections Ages 3+	Population Ages 12 -17	SA in Ages 12-17 (6.79%)
Camden	9,513	789	54
Chowan	14,155	1,182	80
Currituck	22,709	1,897	129
Dare	32,237	2,158	147
Hyde	5,317	361	25
Martin	22,897	1,871	127
Pasquotank	39,739	3,352	228
Perquimans	12,800	972	66
Tyrrell	4,108	296	20
Washington	12,588	1,043	71
<b>LME Total</b>	<b>176,063</b>	<b>13,921</b>	<b>947</b>
<b>Total # Served by LME</b>			<b>62</b>

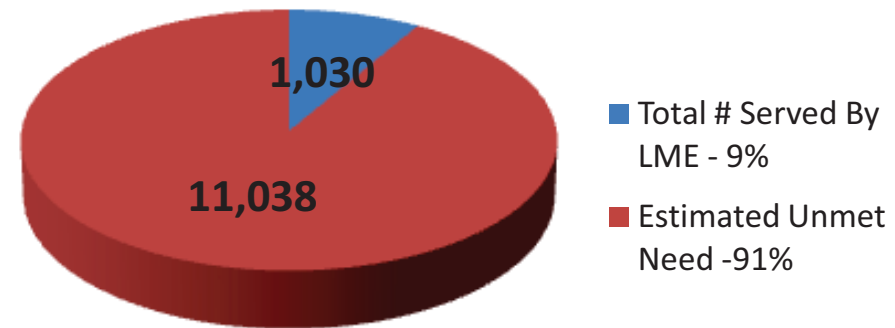
Percentage of Estimated Child SA Population Served by AMHC Providers SFY '09



# Adult Substance Abuse

County	2009 Population Projections Ages 3+	Population Ages 18+	SA in Ages 18+ (8.37%)
Camden	9,513	7,818	659
Chowan	14,155	11,383	954
Currituck	22,709	18,618	1,564
Dare	32,237	26,790	2,170
Hyde	5,317	4,460	357
Martin	22,897	18,258	1,541
Pasquotank	39,739	31,862	2,809
Perquimans	12,800	10,578	880
Tyrrell	4,108	3,414	284
Washington	12,588	10,029	850
<b>LME Total</b>	<b>176,063</b>	<b>143,210</b>	<b>12,068</b>
<b>Total # Served by LME</b>			<b>1030</b>

Percentage Estimated Adult SA Population Served by AMHC Providers - SFY '09






# Gaps Analysis Findings

- Services in each disability area, as well as each age specific disability area, were under performing compared to the performance of the LMEs as a whole under the Albemarle LME system.
- All of the disability populations are dramatically underserved in the former Albemarle LME based upon NC's projections for services:
  - Substance abuse services, supported by funds from Albemarle LME for both adults and adolescents, are almost non-existent throughout the Albemarle service area.
  - Developmental Disability services throughout the region, especially for children, are woefully inadequate.
  - While mental health services for both adults and children have the lowest unmet need, the unmet need for mental health services throughout the region is far from acceptable.

# Gaps Analysis Findings...continued



–It appears as if the historical utilization of Albemarle funding streams supported the LME structure, but did not support the development of an adequate provider network for any of the disability areas in any of the county areas, especially adult and adolescent substance abuse and children’s developmental disabilities.

–It was apparent in virtually all of the focus groups held in each of the 10 Albemarle counties that there were no expectations for local services. In some counties, local citizens were not aware of the Albemarle LME, its expectations to serve all 10 counties, or that local citizens could access care for these disability groups.

# Recommendations

- New opportunity to design an effective LME model for an extreme rural area.
- Creative rethinking of the mode, model, and delivery of local services.

These two issues create an environment in which a new mind set for the delivery of mental health, developmental disabilities, and substance abuse services in an extreme rural area could develop into an innovative model. This could result in the crafting of a network that is truly more effective and creative than any that currently exist anywhere in North Carolina.



# System Recommendations

- Prior to adding any new services to the existing network, the managing LME should conduct a financial impact study to determine the feasibility, need, and funding support for those new services.
- Given the circumstances created by the Albemarle LME history, it is vital that there be an overt attempt by the managing LME to be transparent in each of the 10 county areas.
- The LME should develop a plan to increase services, access, crisis services, and core services in each of the disability areas. The plan should revolve around a design that creates core services for the entire region rather than in each county. These counties cannot each afford an entire set of county specific services and the workforce and provider network does not exist at this time to support expansion in this manner.



# System Recommendations

- Given the current emphasis on health care reform and the extreme rural nature of the service area, the managing LME should look to the future and employ new technologies such as tele-health and tele-medicine delivery systems in the design of the continuum of care for this geographic area.
- Increase access to services – develop, publish, and market a plan to increase access to MH/DD/SA services throughout the 10 county area.
- Mobile Crisis services need to exist in all 10 counties in the Albemarle LME area and needs to serve children and adolescents, as well as adults.



# Adult Mental Health and Substance Abuse Specific Recommendations

- Community Planning to develop Detox setting co-located in hospital or jail setting in Dare County.
- Develop MH and SA service providers with a focus on Recovery Oriented System of Care, co-located with Primary Care through local Health Departments, Community Care Clinics or FQHCs.
- Develop travelling teams for MH and SA to reach Hatteras Village and Ocracoke Island.
- Develop Peer Support Service provider organizations for all rural areas.



# Child Mental Health and Substance Abuse Specific Recommendations

- Develop School Based Mental Health and Substance Abuse Services that interface with Intensive In-Home service providers when needed.
- Develop Request for Funding Applications to develop one or two Level II Family Type providers in the area.
- Develop annual seed grant process to increase development of services through System of Care.



# Intellectual and Developmental Disability Specific Recommendations

- Develop Request for Funding Applications to create a program of self directed supports.
- Develop Request for Funding Applications to create innovative independent and companion living resources to increase development of less restrictive supported housing service options.
- Develop Request for Funding Applications to create innovative hourly and weekend respite services throughout the area.
- Develop Request for Funding Applications for a long term supported employment vendor.



# Next Steps

ECBH is in the final stages of completing the merger activity with AMHC. This will be complete July 1, 2010.

Announce RFAs in August, 2010, with 60 day timeframe

Receive applications by October, 2010.

Review applications and complete awards by November 30, 2010.

Award funding of start up by January, 2011.

Full implementation of new services or service delivery methods by July, 2011.



# Interest

If you are an interested stakeholder and want to serve on a review committee please contact Mike Kupecki at

[mkupecki@ecbhlme.org](mailto:mkupecki@ecbhlme.org)

If you are interested in downloading or reading a copy of the entire gap and needs analysis please visit our website at

[www.ecbhlme.org](http://www.ecbhlme.org)

# Questions

Thank you for your time and interest in services for your community.

ECBH is looking forward to a wonderful journey improving services together.

