

Mecklenburg County Area Mental Health Authority

*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

Briefing Book

FY2004-2005



Board of County Commissioners:

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County Manager:

Harry L. Jones, Sr.

Area Mental Health Authority:

Grayce M. Crockett, Director



MECKLENBURG COUNTY
Area Mental Health Authority

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AMHA Fast Facts...

- **What We Do:** Publicly funded human services agency that administers and manages mental illness, developmental disabilities or substance abuse services. Part of Mecklenburg County government.
- **Focus population:** Those with severe and persistent mental illness, developmental disability and substance abuse diagnoses who have limited or no ability to pay for services.
- **Location:** 429 Billingsley Road, Charlotte, North Carolina
- **Business (Main) Phone:** 704-336-2023
- **Area Director:** *Grayce Crockett* 704-336-8638, crockg@co.mecklenburg.nc.us
- **Deputy Director:** *Carlos Hernandez* 704-336-6089, hernacm@co.mecklenburg.nc.us
- **FY 2004-05 Budget:** \$92,925,491
- **Funding Sources FY2004-05:** Mecklenburg County (38%), State (31%), Medicaid (26%), Grants/Other (5%)
- **Total Served in FY2003-04:** 27,203
- **Total Served in FY2002-03:** 25,743
- **Total Served in FY2001-02:** 21,783

Services Offered To:

- Adults and children with mental illness
- Adults and children with developmental disabilities
- Children at-risk for developmental disabilities
- Adults and children with substance abuse problems

Types of Services Offered Include:

- Prevention
- Screening and evaluation
- Emergency services
- Case management and in-home support
- Outreach, skill development
- Detoxification
- Residential, inpatient and outpatient treatment

Our consumers

We refer to people who receive services as *consumers*. The designation of consumer reflects that people have choices about the services they receive, with all the rights and responsibilities that accompany the freedom to choose.

Table of Contents

A Letter from the AMHA Director 7
The Director’s Priorities 8
Call Center..... 9
Consumer and Family Advisory Committee (CFAC)..... 11
Operations Overview 15
The Mecklenburg Local Management Entity (LME) 17
LME Directory 19
The Provided Services Organization (PSO) 21
AMHA PSO Directory 22
Our Providers 23
Contracted Services Vendor List 25
Services Provided 29
 Area Mental Health Services 31
 Adult Substance Abuse Services 33
 Child and Adolescent Services 35
 Children’s Developmental Services 37
 Developmental Disabilities Services..... 39
 Housing..... 41
Who We Serve 43
 Three Year Comparison/Total Consumers Served 45
 Service Area Comparison..... 46
 Age of Consumers Served..... 47



Table of Contents (Continued)

FY2004-2005 Budget	49
Expenditures	51
Revenues	52
Managing for Results (M4R).....	53
What is M4R?	55
Mecklenburg County Scorecard.....	57
AMHA Scorecard	58
Appendix	65
Glossary of Acronyms	67

Letter from the Area Mental Health Director



Life at the Mecklenburg Area Mental Health Authority (AMHA) has been on the fast track for the last two years. Change has been constant and steady.

The driving force behind the changes at AMHA is sweeping public mental system reform approved by N.C. lawmakers in 2001. The reform calls for all public mental health agencies like Mecklenburg County's to contract out or privatize all direct-care services. Public programs are to operate as *local management entities* and concentrate on managing and administering services for consumers, instead of providing them.

Privatization will give consumers more choice of providers, and the competition among providers will spark improved services. Privatizing direct-care services, such as case management, has been a long, careful process that will continue into 2006. So far, we have contracted out 90% of our direct-care services, expanding our list of contract providers to more than 70. Other highlights for last year, include:

- Opening a new Screening, Triage and Referral Call Center to better serve consumers and simplify the enrollment process. (Read more on the next page.)
- Implementing new software to manage consumer information and claims.
- Integrating the Consumer and Family Advisory Committee (CFAC) into our business processes and decision-making. (Read more on page 11.)
- Successfully initiating a "system-of-care" program for children we serve, in which the child's care and treatment are coordinated through a multi-agency team that works collaboratively to ensure the best outcome for the child and the family.
- Reorganizing the agency into two distinct entities:
 1. The Provided Service Organization (PSO), which will continue to provide some limited direct services.
 2. Local Management Entity (LME), which will assure that consumers receive the right service in the right amount at the right time.

We will continue to face some challenges this year and next. We're still getting used to our new role as manager of services, and we will need to make adjustments as we go. Monitoring is one area where we'll need to focus. As directed by the state's reform efforts, we will need to monitor all licensed mental health agencies in the

county, even if we don't have a contract with them. That is a monumental task, especially considering that in Mecklenburg County there are more than **300** licensed providers that require some level of oversight.

The staff at AMHA is more than up to the challenge. Throughout these past months, employees have shown nothing but professionalism -- even as some of their positions were contracted out to other agencies. We ask that you continue to support us as we enter another crucial year in our transition.

Sincerely,
Grayce Crockett
Area Director

The Director's Priorities

1. Implementing the best practice models of care within the community of providers to include: person-centered planning, system-of-care for children and the recovery model for adults.
2. Assuring the safe and effective provision of care through increased monitoring of providers, with an emphasis on quality improvement.
3. Assuring that consumers receive the right services at the right time through increased utilization review and utilization management of all services funded by the LME.
4. Increased community capacity to treat the most complex consumers locally as state resources downsize.
5. Assuring cultural competence of the LME and our community of providers as outreach efforts to ethnically diverse cultures continue.

Call Center Focused on Simplifying and Standardizing Enrollment



The public mental health system reform plan approved in 2001 calls for improved access to care. With that goal in mind, the Mecklenburg County Area Mental Health Authority (AMHA) opened its new Screening, Triage and Referral Call Center in September 2004.

The center centralizes and standardizes the enrollment process. Mecklenburg County residents can contact the center to become enrolled in the AMHA system. There are several ways to contact the center:

- Local phone: 704-336-6404
- Out-of-county toll-free: 877-700-3001
- Fax: 704-432-3453
- TTY: 704-432-3452

AMHA offers access to services through the call center 24/7. A caller requesting services is connected to an intake specialist or a mental health professional, who asks a series of screening questions and then refers the caller to an appropriate community resource or to a contract service provider that performs assessments. After the initial assessment, an eligible consumer can access appropriate services from our community of providers, which includes more than 70 organizations.

"The call center offers a simpler, more consistent way for new consumers to enter our system," said Debbie Dukes, AMHA's director of utilization management. "Callers requesting AMHA services are asked a series of questions to determine the urgency of the request or need for services. They are then directed to an agency that will further assess the situation."

Our Advisory Committee Marks Third Year, Makes Valuable Contributions

A Message From Sandy DuPuy, CFAC Chairperson

The Mecklenburg Consumer and Family Advisory Committee (CFAC) began its third year in 2004 and is very proud of its achievements in fulfilling its mission to be a strong advocate for consumers receiving mental health, substance abuse and/or developmental disability services through the Area Mental Health Authority (AMHA).

The CFAC has a mutually respectful and constructive relationship with Grayce Crockett, AMHA director and her leadership team. The 18-member volunteer committee, composed only of consumers or family members of consumers, continues to have a major voice in developing policies and procedures that directly affect consumers and families and in monitoring activities designed to measure and improve the quality of services and consumer satisfaction with services. AMHA supports CFAC's goals to be a partner in creating a changed system of services and supports that are centered on consumers' goals for their lives, responsive to consumers' concerns and needs, and welcoming to consumer involvement at every level.



Sandy DuPuy,
CFAC Chairperson

While transitions can be rocky and uneven, CFAC applauds the positive changes occurring at AMHA and with providers during this time of transition. Changes include:

- Enhanced access through the Screening Triage and Referral Call Center
- Expanded consumer choice in service providers
- Enhanced ability to collect data about outcomes
- Focus on person-centered planning and best practices

There has been much collaboration to make the changes mandated by the state occur as smoothly as possible. Service providers are even consulting with CFAC to establish their own consumer advisory committees. CFAC makes quarterly written reports to the

CFAC (Continued)

Mecklenburg Board of County Commissioners and to the state and works with commissioners and state staff and legislators on specific issues. CFAC hopes to expand its policy advocacy with local commissioners and state policy makers in the coming year so that they better understand Mecklenburg consumers' strengths and needs and the vital supports provided through AMHA that lead to recovery and greater independence.

Anyone who wishes to have a copy of the detailed 2003-2004 CFAC Annual Report to the Board of County Commissioners can contact Betty Davis at 704-336-7462. CFAC meets monthly on the third Thursday, 5:30-7:30 pm, at the Sam Billings Center, 429 Billingsley Road, in the 2nd floor conference room.

Anyone is welcome to attend as an observer. There is a public comment time at the beginning of each meeting for any guest who would like to speak to the committee about an issue or concern.

Those who want additional information about membership on CFAC, the role of the committee or who want to share issues or concerns should contact me at 704-364-3315 or scoley03@earthlink.net.

*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

Operations



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Operations Overview

The N.C. legislature in 2001 approved a comprehensive reform plan aimed at improving public services for residents dealing with mental health, developmental disability and substance abuse issues.

The plan aims to get care to those most in need. It also encourages the active involvement of consumers and their families in decision-making.

Changing the way we operate

The reform plan also calls for a major change in the way services are delivered. Currently, Mecklenburg and other area mental health programs contract with outside companies and agencies to provide services. Prior to the reform efforts, area programs also routinely directly provided some services using county employees. Under the reform, local area programs like Mecklenburg's must manage and administer services, instead of directly providing them, using their own employees.

This means all remaining services -- except Children's Developmental Services -- still provided by Mecklenburg County employees must be contracted out to providers, although the County will act as a "safety net" at least for a period and continue to provide some services to the most complex consumers. The divestiture of services is expected to continue into 2006. The goal of privatization is to increase consumer choice and promote higher-quality care.

Separation of roles

As part of the move toward privatization, Mecklenburg AMHA has been separated into two functional groups -- the Local Management Entity (LME) and the Provided Services Organization (PSO). The LME is the arm that manages and oversees services, while the PSO is the group that's still providing services to residents.

The Mecklenburg Local Management Entity (LME)

LME-Focus on the Consumer

The Mecklenburg Local Management Entity (LME) is the managed care organization responsible for public behavioral healthcare in Mecklenburg County. All Mecklenburg County citizens are eligible to apply and be considered for services. The LME ensures that citizens can access services through the process of screening, triage, and referral in a manner that is timely, convenient and culturally competent. Based upon the consumer's diagnosis, history, ability to function and current circumstances, the consumer is identified as belonging to one or more target populations. As a member of a specific target population, the consumer is eligible for relevant services. These services have been shown to produce successful outcomes for persons having similar diagnoses, history, functional capacity, and circumstances. The State and Medicaid will pay for services provided to members of target populations within available resources. The consumer develops a plan that centers upon what it will take for him/her to reach life outcomes that are important to him/her. The consumer is assisted with this process by staff from the LME or from a provider organization, as well as other people whose support is necessary for the consumer to make progress toward his/her goals. These person-centered plans may be relatively brief and simple for persons who seek or qualify for limited and focused treatment interventions. The plans can also be very complex to reflect the intensity of involvement that a consumer with chronic and severe disorders may need to attain his/her goals.

The LME, as the organization responsible for managing state, federal, and county resources to provide the most effective care for citizens of Mecklenburg County, will authorize (payment for) services that are within the consumer's person-centered plan, using the process of utilization review. Staff who perform utilization review are highly qualified, licensed professionals in behavioral healthcare. They review key information about the consumer and carefully review the plan to be sure that it provides a strong probability for the consumer to be successful in progressing toward his/her goals. Any disagreement between the LME and the consumer about which and how much service is authorized results in an appeal process that is timely and objective. The consumer continues to receive services while the appeal process moves to a final determination.

LME (Continued)

The LME is concerned with customer satisfaction as well as a consumer's progress toward his/her life outcomes in the person centered plan. Surveys, studies, the Consumer and Family Advisory Committee and consumer representatives provide feedback to the LME about what is working and what needs to be improved. The LME is a quality improvement organization.

LME-Managing the Provider Network

The LME continuously evaluates the mental health, developmental disabilities and substance abuse service needs within the county. Information about emerging needs and changing trends in service use comes from a variety of sources:

- Utilization Review
- Consumer and Family Advisory Committee
- Planning and Collaboration Committee members representing: Mental Health Association, Council for Children, Substance Abuse Treatment Providers, ARC, National Alliance for the Mentally Ill, Juvenile Justice, Jails, Substance Abuse Prevention Directors, Behavioral Health Center-Randolph
- Department of Social Services
- Division of MH/DD/SA Services
- Demographic Analysis

Based upon this information, the LME recruits new service providers to increase capacity (more of what we are already doing) or to add new services to the network. Services that are targeted for reduction, modification or elimination are phased out.

Provider recruiting is primarily done using a "request for proposal (RFP)" process. The redesigned RFP process includes stakeholders, consumers and family members in the development of the RFP and the selection process. The Consumer and Family Advisory Committee makes final recommendations to the area director, who makes the selection of the qualified provider. Contracted providers report services to the LME both manually and electronically.

The LME actively reviews provider's programs to assess compliance with quality standards and to ensure that consumers' rights are respected and to support improvements in administrative and service processes. The LME manages reports about human rights violations, critical incidents or adverse events, complaints, appeals and grievances to ensure resolution for the consumer, and to analyze this information for trends.

LME Directory

Area Director	704-336-8638
Grayce Crockett	
Crockg@co.mecklenburg.nc.us	
Deputy Area Director	704-336-6089
Carlos Hernandez	
Hernacm@co.mecklenburg.nc.us	
Clinical Director	704-336-7149
Dr. Elizabeth Peterson-Vita	
Peterea@co.mecklenburg.nc.us	
Consumer Affairs and Community Services Director	704-336-4441
Dennis Knasel	
Knasedl@co.mecklenburg.nc.us	
Financial Services Director	704-336-5653
Julie Daughety	
Daughja@co.mecklenburg.nc.us	
Human Resources	704-432-0449
Judi Wilkins	
Wilkiju@co.mecklenburg.nc.us	
Provider Network Coordinator	704-336-2669
William Sims	
Simswa@co.mecklenburg.nc.us	
Quality Improvement Director	704-336-6595
Jan Sisk	
Siskjb@co.mecklenburg.nc.us	
Risk Management Attorney	704-336-5654
Libby Nurkin	
Drurye@co.mecklenburg.nc.us	
Special Projects Manager	704-335-7109
Carol Goerner	
Goernecj@co.mecklenburg.nc.us	
Facility Services	704-336-5734
James Cochrane	
Cochrja@co.mecklenburg.nc.us	
Utilization Management Director	704-432-1978
Debbie Dukes	
Dukesd@co.mecklenburg.nc.us	

The Provided Services Organization (PSO)

The Provided Services Organization (PSO) operates separately from the LME. This group of employees is still in the business of providing services to Mecklenburg County residents. The group includes mostly case managers and Children's Developmental Services staff.

Services currently operated by the PSO are:

- Consultation, education, prevention
- Case management for complex consumers in "safety net" (child and adolescent, developmental disabilities, adults with mental health and substance abuse disorders)
- Detoxification
- Work First
- An Assertive Community Treatment Team (ACTT)
- Child Development/Community Policing (CD/CP)
- Day Treatment (located at the jail and homeless shelters)
- Children's Developmental Services

AMHA PSO Directory

Area Director Grayce Crockett	Crockg@co.mecklenburg.nc.us	704-336-8638
Director of Provided Services Connie Mele	Melecc@co.mecklenburg.nc.us	704-336-7155
Adult Substance Abuse Treatment Kim Phillips	Phillka@co.mecklenburg.nc.us	704-336-5651
Adult Mental Health Case Management Tim Holland	Hollatm@co.mecklenburg.nc.us	704-336-6551
Child and Adolescent Case Management Karen Owens	Owenska@co.mecklenburg.nc.us	704-336-7383
Children's Developmental Services John Ellis	Ellisjl@co.mecklenburg.nc.us	704-336-7107
Child Development/Community Policing (CDCP) Sarah Greene	Greensm@co.mecklenburg.nc.us	704-336-2944
Developmental Disabilities Case Management Dellyne Samuel	Samuedc@co.mecklenburg.nc.us	704-336-7158
Substance Abuse/Mental Health Provided Services Tony Beatty	Beattr@co.mecklenburg.nc.us	704-336-5622
Substance Abuse Treatment in the Jails Otis Stroud	Strouo@co.mecklenburg.nc.us	704-336-8214
Substance Abuse Treatment in the Shelters Tom Lloyd	Lloydtr@co.mecklenburg.nc.us	704-336-7733

Our Providers

The Mecklenburg County Area Mental Authority (AMHA) contracts out about 90 percent of the mental health, developmental disability and substance abuse services we provide. Currently, we are not accepting unsolicited provider applications.

Our community-based provider network includes more than 70 agencies and organizations of different sizes. We work with them to make sure our consumers receive the best service and care possible.

AMHA:

- Offers ongoing training
- Provides information and updates on pertinent information related to providers
- Oversees and monitors how well providers are complying with state and federal regulations
- Offers a provider guide that summarizes and details provider responsibilities and goals

Our goal is to work in partnership with our providers to ensure consumers receive high-quality, appropriate care and services. Our provider relations staff maintains regular contact with our providers, monitoring their service, lending technical assistance and keeping contractors abreast of information they need to know.

In addition, we offer regular quarterly provider meetings to which all contracted and Area Authority-operated service providers are invited. The purpose of these meetings is to offer updated information that will assist providers. Our provider newsletter is printed quarterly.

Contracted Services Vendor List (as of January 2005)

Provider	Director	Age Range Served
2 nd II None	Melvin Jackson	Child/Adolescent
Access Family Services	Derek Bullard	Child/Adolescent
Adult Care and Share	LuAnn Peters	Adult
Agape Youth and Family Services	William Massey	Mental Health
Alexander Children's Center	Craig Bass	Child/Adolescent
Alliance Human Services	Charles Davis	Mental Health
ARC of Stanly	Peggy Terhune	Adult
Autism Services of Mecklenburg County	Marc Phillips	Adult and Child/Adolescent
Bethlehem Center	Mike Harris	Adult
Bridgette, Richard, PhD		Adult and Child/Adolescent
Charlotte-Mecklenburg Hospital Authority dba BHC-CMC Randolph	Laura Thomas	Adult and Child/Adolescent
Charlotte-Mecklenburg Hospital Authority dba Carolina Medical Center	Linda Gallehugh	Child/Adolescent
Charlotte-Mecklenburg Hospital Authority dba Charlotte Institute of Rehabilitation	John Humphreys	Adult
Chemical Dependency Center	Larry Snyder	Adult
CNC/Access	Judy Hardy	Adult and Child/Adolescent
Comprehensive Community Care	Regina Johnson	Adult
ComServe	Wayne Williams	Adult
Custrini, Robert Ph.D.		Child/Adolescent

Contracted Services Vendor List

Provider	Director	Age Range Served
Demakis, George		Adult and Child/Adolescent
Developmental Disabilities Resources	Gina Carrier	Adult
Eliada Homes, Inc.	Mark Upright	Child/Adolescent
Easter Seals UCP of NC	Anne McQuiston	Adult and Child/Adolescent
Elon Homes for Children	Robert Alexander	Child/Adolescent
Family Center	Chris Teat	Child/Adolescent
Family Preservation Services	Stephanie Starr	Child/Adolescent
Family Support Services	Tanya Jones	Adult
Gaskill, Frank Ph.D.		Child/Adolescent
Golden Rule of Charlotte, Inc.	Hattie Malone-Means	Child/Adolescent
Goodwill Industries	Michael Elder	Adult
Gould, Jonathan Ph.D.		Adult and Child/Adolescent
Guiding Shepherd	Gardner Hawkins	Child/Adolescent
Helms, Janice		Adult
Hilltop Adolescent Development	Richard Hill, Jr.	Child/Adolescent
HomeCare Management	Sara Grode	Child/Adolescent
Hope Haven	Alice Harrison	Adult
Howell's Child Care Center	Robert Ward	Adult
InnerVision	Cheryl Nicholas	Adult
Institute for Family Centered Services	Karen Pinnix-Ingram	Child/Adolescent

Contracted Services Vendor List

Provider	Director	Age Range Served
Keystone Charlotte, LLC, dba Keys of the Carolinas	Steve Chesney	Child/Adolescent
Kirkpatrick, H.D. Ph.D.		Adult and Child/Adolescent
Lifespan	Jennifer Miller	Adult
McLeod Addictive Disease Center	Gene Hall	Adult and Child/Adolescent
Mecklenburg Open Door	Ed Payton	Adult
Mental Health Association of North Carolina	John Tote	Adult
My B.O.T.H.E.R.S. House	Richard Taylor	Child/Adolescent
National Mentor Healthcare, dba N.C. Mentor	Charles Davis	Adult and Child/Adolescent
Nevins	Karen Smith	Adult
New Hope Treatment Centers	Lynn Askew	Child/Adolescent
Oates, David		Adult and Child/Adolescent
Person-Centered Partnerships	Christine Ramsey	Adult
Primary Care Solutions	William Bullock	Child/Adolescent
Professional Care Management	Tim Hagler	Child/Adolescent
Quality Family Services, Inc.	Theron Norris	Child/Adolescent
R & G Youth Services, Inc.	Gregory Covington	Child/Adolescent
ReNu Life, LLC	Diane Harrison	Adult
Residential Support Services	Lori Gougeon	Adult
Reverna Lynn Tonney, dba Comfrey Care, Inc.	Keith & Reverna Toney	Child/Adolescent
SCAR/Jasper Mountain	Dave Ziegler	Child/Adolescent
Scholars, Inc.	Narrell Joyner	Child/Adolescent

Contracted Services Vendor List

Provider	Director	Age Range Served
Skill Creations	Laurie Urland	Adult
Southeast Addiction Institute and Learning Center, Inc.	Thomas Austin	Adult
Strezelecki, Stephen Psy. D.		Child/Adolescent
Substance Abuse Prevention Services	Karen Simon	Adult
Sultan, Faye, Ph. D.		Adult and Child/Adolescent
Successions, Inc.	Kelly Scherer	Adult
The ARC of North Carolina, Inc.	Barbara Cooper-Robinson	Adult
The Right Choice MWM, Inc.	Shari Wright	Child/Adolescent
Thompson Children's Home	Jeff Lorence	Child/Adolescent
Thompson, Tonya		Adult
Three Springs, Inc.	Ron Brown	Child/Adolescent
Timber Ridge Treatment Center	Tom Hibbert	Child/Adolescent
Trotter, Scott		Adult
Turning Point Services	Tom Brittian	Adult
United Methodist Agency for the Retarded – WNC, Inc.	Steve Sellers	Adult
Verhaagen, David Ph. D.		Child/Adolescent
Youth Homes, Inc.	Frank Crawford	Child/Adolescent
Youth Network, Inc.	Dave Hoppe	Child/Adolescent

Area Mental Health, Developmental Disabilities and
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Services Provided



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Adult Mental Health Services

The Adult Mental Health Services Division provides either directly or through contracts:

- Prevention
- Psychiatric evaluation, medication education, group and individual treatment
- Case management, psychosocial rehabilitation, crisis stabilization
- Community psychiatric treatment services
- Psychiatric emergency services and access to acute residential psychiatric treatment
- Partial hospitalization that offers extensive outpatient treatment and behavioral programming
- Vocational services including sheltered work, individual and group supported employment

Program Highlights:

- Awarded a new Section 8 scattered housing program that will provide 5 new housing units for consumers with serious and persistent mental illness.
- Received a new state grant of \$199,350 for FY04 and 05 to fund outpatient treatment for consumers with co-occurring disorders and substance abuse consumers on mood-altering medications.
- Received new Shelter Plus Care grant in March 2004 for \$766,200 over five years that will allow between 20 and 25 new consumers to be served with housing.
- Held a conference to educate consumers about recovery in August 2004. About 200 consumers attended.
- Successfully transitioned some case management services to Successions, Inc. a contract agency.
- Planned to transition remaining case management to Person Centered Partnerships in early 2005.
- Successfully transitioned services for the severely and persistently mentally ill to Behavioral Health Center-Randolph, a part of the Carolinas Healthcare system.

Adult Substance Abuse Services

The Adult Substance Abuse Services Division provides either directly or through contracts:

- Substance abuse prevention and education, crisis intervention, assessment, treatment planning, case management, and family counseling
- Dedicated program for women and their children, including day treatment, intensive outpatient, supervised/group living
- Day Treatment services to inmates at Jail Central and prevention and education to youthful offenders at Jail North and Gatling
- Day treatment to homeless shelter residents
- Substance abuse, domestic violence and mental health screenings, assessment and referral to treatment for Work First recipients
- Social setting, non-hospital medical, and medical detoxification
- Residential treatment, relapse prevention and aftercare

Program Highlights:

- Printed a directory of Mecklenburg alcohol and drug abuse services and distributed to community agencies, schools and churches.
- Celebrated the 30th anniversary of the Substance Abuse Services Center (SASC) with special program in October 2004.
- Planned to transition the CASCADE program for substance abusing women to Community Choices, Inc. in February 2005.

Child and Adolescent Services

The Child and Adolescent Services Division provides either directly or through contracts:

- Case management services
- Psychiatric emergency and inpatient services
- Outpatient services, including intensive outpatient, day treatment, partial hospitalization, home and school based services
- Residential services, including group homes, therapeutic foster care, secure and non-secure residential treatment
- Respite care

Program Highlights:

- Made significant progress in the implementation of the system-of-care model, a widely recognized best practice for working with children, families and the community.
- Held system-of-care conference that attracted more than 245 people. Won state award for system-of-care pilot project.
- Developed a support group for parents called ParentVoice. The group has increased its mailing list from 60 to 357, held six trainings reaching 112 people and mailed 1,300 pieces of information to parents.
- The Community Development/Community Policing program designated as a regional training center for child development and community policing by Yale University.
- Successfully transitioned portion of case management services to private provider, Family Preservation.
- Planned to transition remaining case management to a provider, Professional Case Management in early 2005.

Children's Developmental Services

The Children's Developmental Services Division provides either directly or through its network of enrolled providers:

- Multidisciplinary evaluations to children birth to age five with known or suspected developmental delay or disability
- Treatment and specialized therapeutic services such as occupational therapy, physical therapy, speech-language therapy, nutritional therapy and infant mental health services
- Early intervention service planning, monitoring and coordination
- Parent education and developmental guidance
- Family support services through support groups and parent-to-parent matches

Program Highlights:

- During FY 04, provided multidisciplinary evaluation and treatment services to 923 children in Mecklenburg County birth to age 3. This is an 18 % increase in number served in FY 03 when 764 children received services. This was accomplished with no increase in funding resources.
- Solicited, trained and enrolled a network of 27 providers of treatment and special therapeutic services that serve children birth to age 3 in Mecklenburg County. Successfully transitioned all consumers receiving treatment services to this network of providers without disruption in services.
- Developed and implemented a mutually agreed upon protocol for receiving referrals from Youth and Family Services on all cases of substantiated abuse or neglect in children birth to age three. This should result in an increase in referrals of approximately 50% based on the 942 referrals received in FY 04.
- Developed an agreement with the Family Support Network of Mecklenburg County to provide an increased level of family support activity for families with children birth to age 5.

Developmental Disabilities Services

The Developmental Disabilities Services Division provides either directly or through contracts:

- Crisis Intervention and Diversion
- Psychiatric Services
- Outpatient Treatment
- Adult Day Care
- Case Management
- Personal Assistance
- Residential – Group Homes, Supervised Apartment Living and Alternative Family Living
- Vocational Services – Supported Employment and Adult Developmental and Vocational Program
- Respite
- Purchase of one-time items of equipment or services through state funds

Program Highlights:

- Achieved funding for 9 additional MR/MI consumers for community services as well as funding for five temporary crisis placements to divert persons from unnecessary psychiatric hospitalization.
- Continued to develop and implement the "person-centered" approach in serving consumers and continued to educate consumers on self-determination and how it fits into their lives
- Moved 60 people off the waiting list to receive community services because of participation in a state pilot project
- Transitioned portion of case management services to a private contractor, Family Preservation.
- Planned to transition remaining case management to the Arc of North Carolina in early 2005.

Housing

Adult consumers identify affordable, safe and supervised housing as one of their biggest needs. Programs targeted for this service include:

- Shelter Plus Care -- \$950,000 in tenant-based rental assistance.
 - _ Provides rental assistance for 75 people with mental illness;
1 person with co-occurring mental illness and substance abuse;
17 people diagnosed with chronic substance abuse; 27 people with HIV/AIDS and four people with developmental disabilities.
- Five (5) 811 HUD group homes serving 30 people with severe and persistent mental illness and/or co-occurring substance abuse.
- Four (4) apartment complexes designated for people with several and persistent mental illness serving 37 individuals.
- Low-income housing tax credit targeting plan -- 29 units will be targeted for people who are disabled.
- Community expansion dollars (\$49,952) utilized to support 7 individuals with mental illness in transitional housing and for emergency housing assistance.
- Developing two new Section 811 apartment grants for 15 new units scheduled for completion by 2004.
- Over 60 individuals currently on the waiting list for affordable housing.

*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

Who We Serve

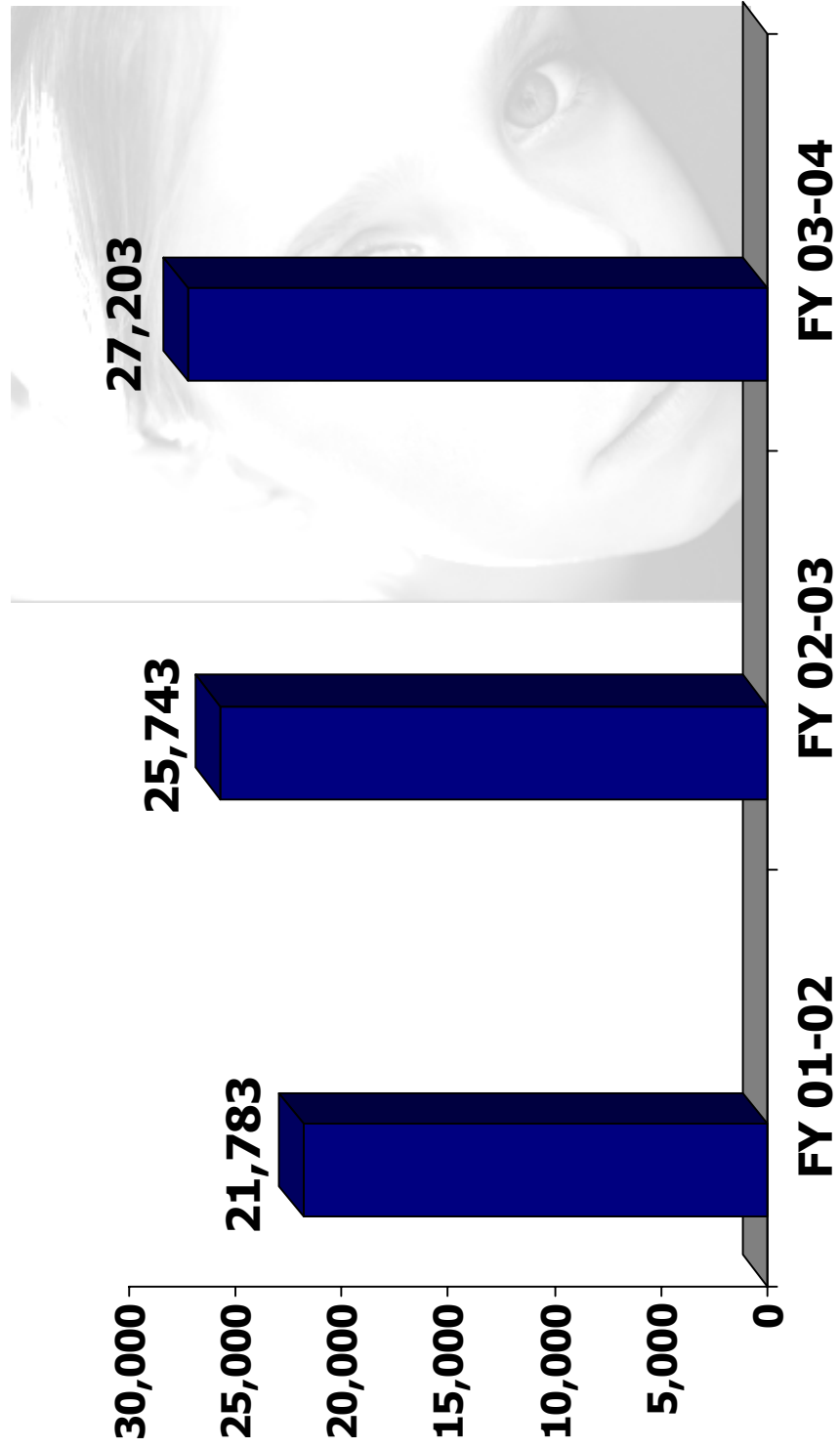


MECKLENBURG COUNTY
Area Mental Health Authority

People • Pride • Progress • Partnerships



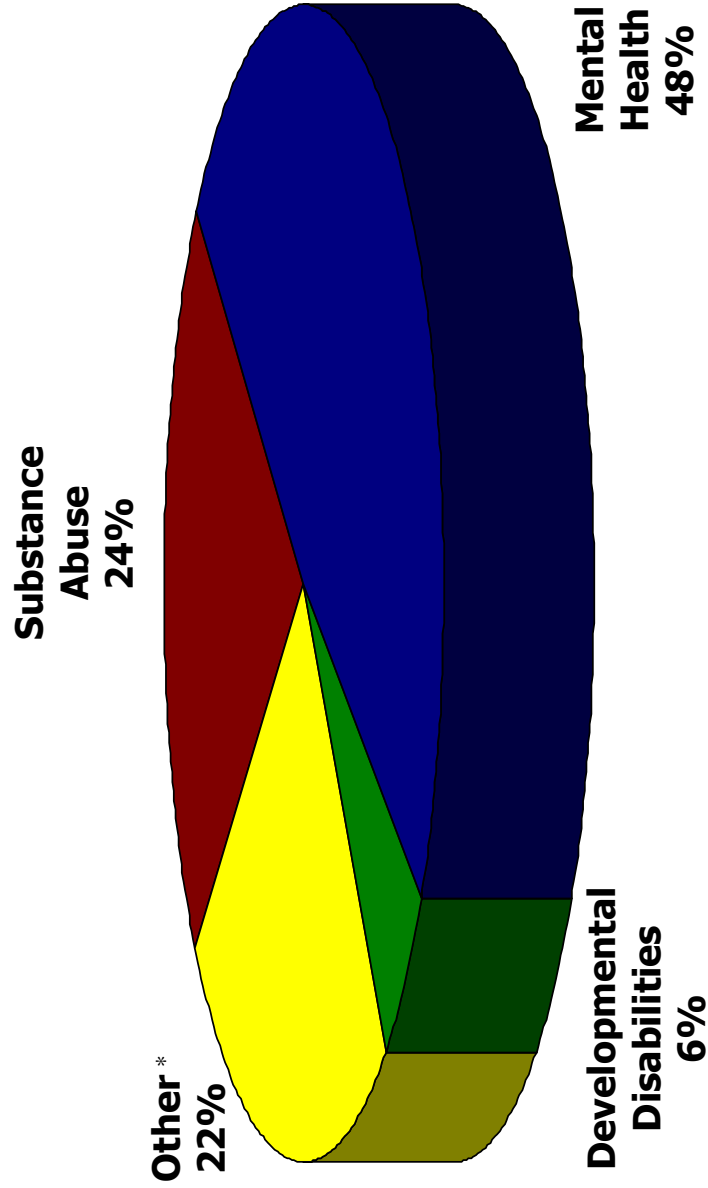
Area Mental Health Authority Three-Year Comparison Total Consumers Served



Area Mental Health Authority

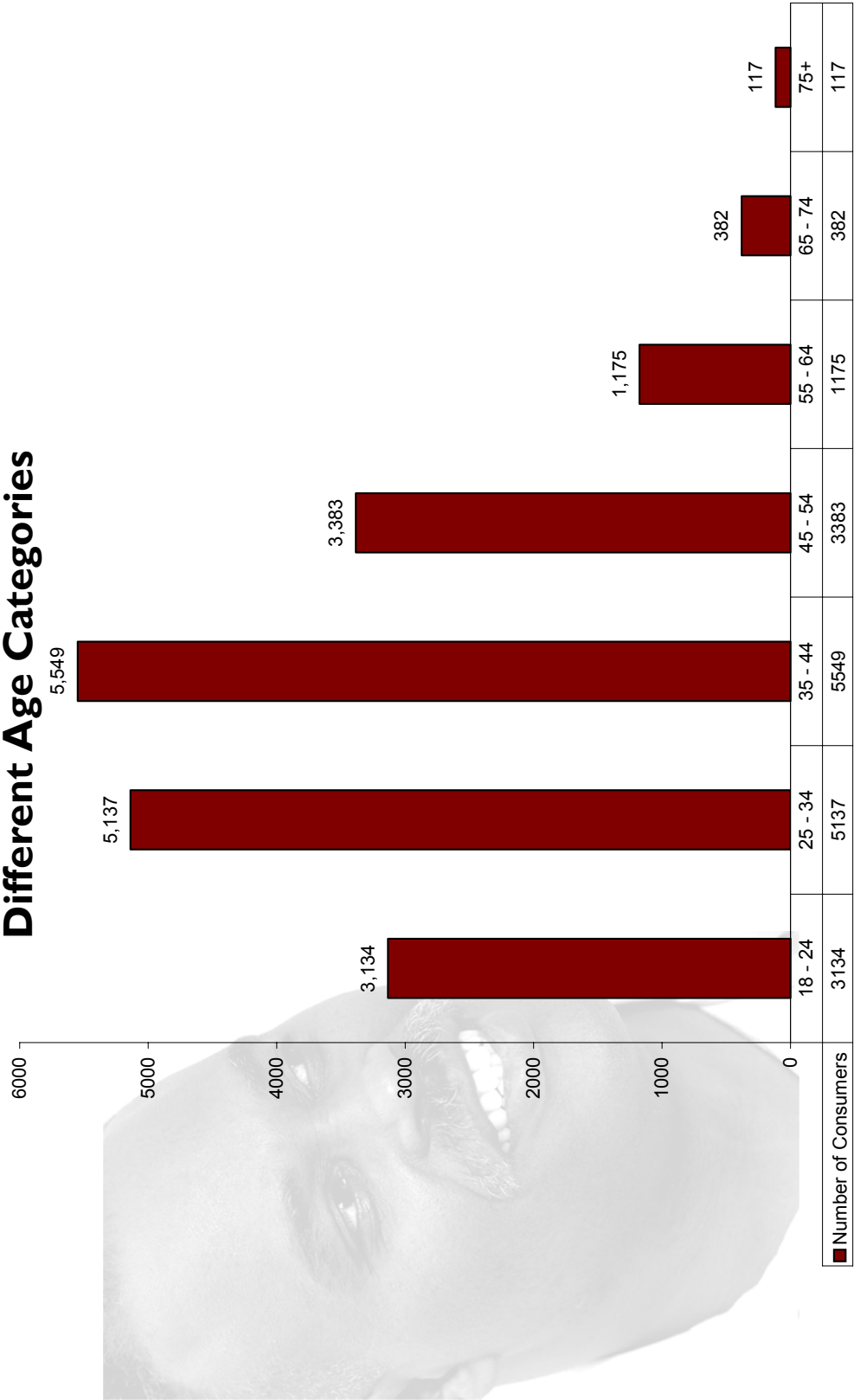
FY2003-2004

Total Consumers Served: 27,203
Service Area Comparison



*Other includes prevention, assessments, and deferred diagnoses.

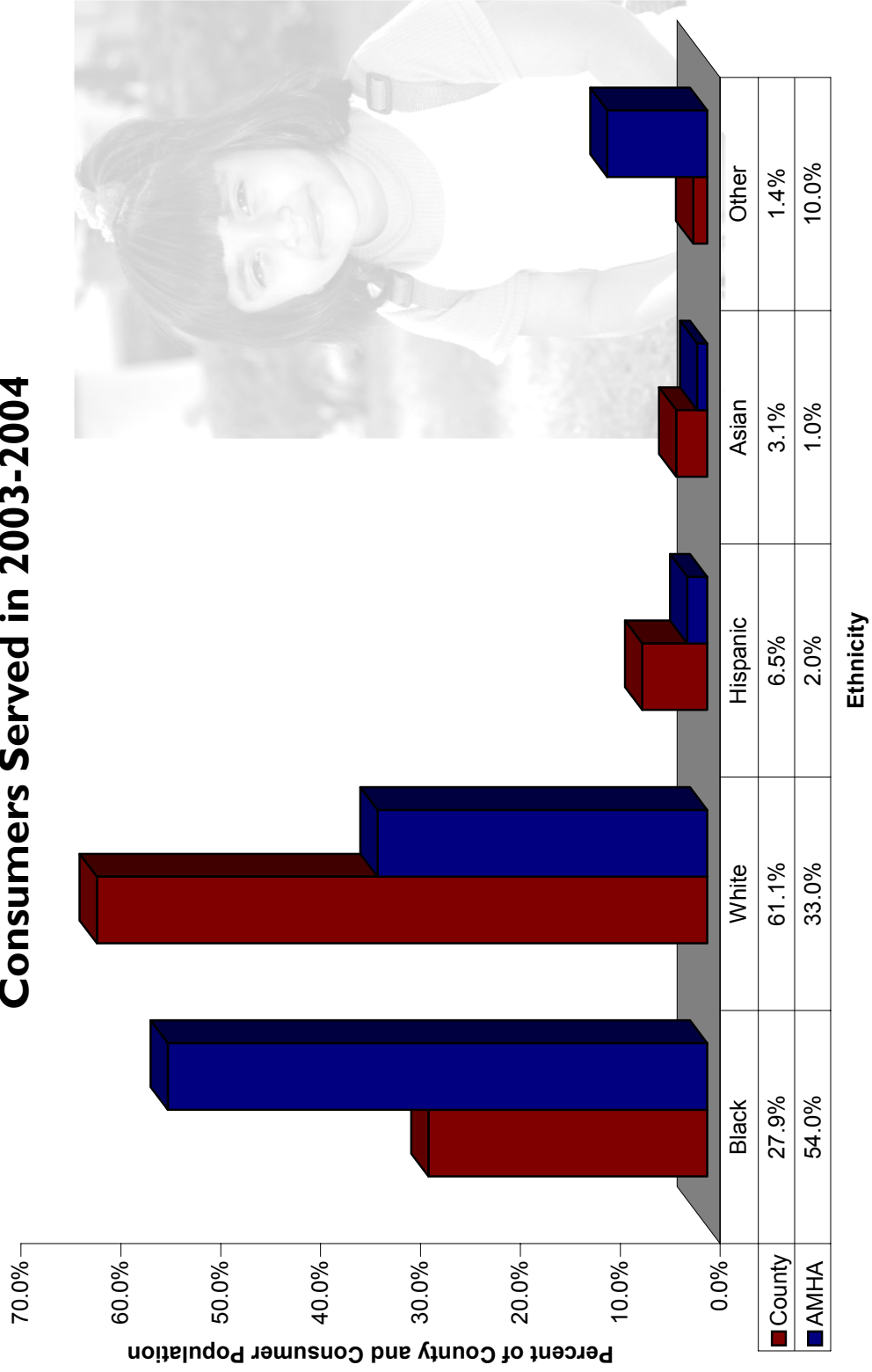
Area Mental Health Authority FY 2003-2004 Number of Adult Consumers in Different Age Categories



Area Mental Health Authority

FY 2003-2004

Ethnicity Comparison County Population and Consumers Served in 2003-2004



*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

Budget FY2004-2005

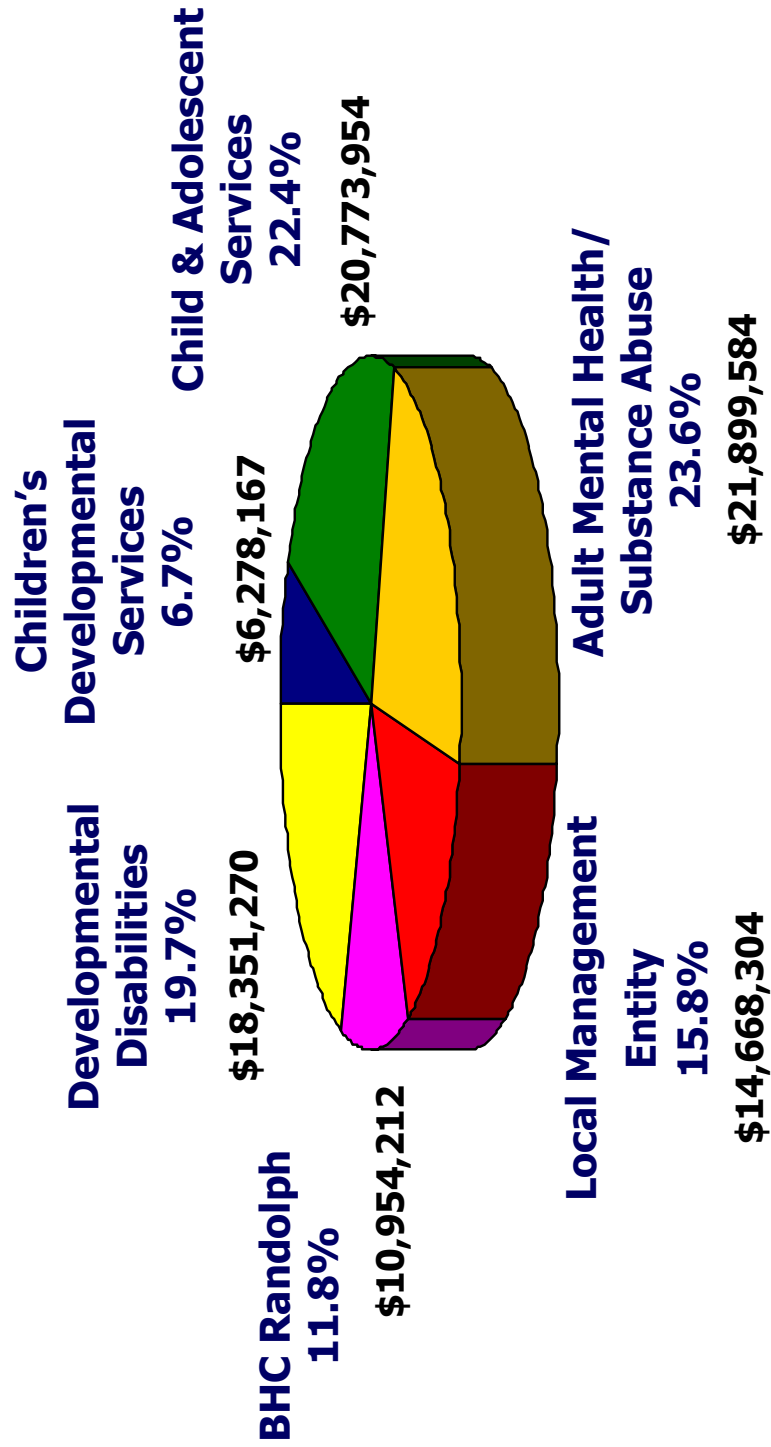


MECKLENBURG COUNTY
Area Mental Health Authority

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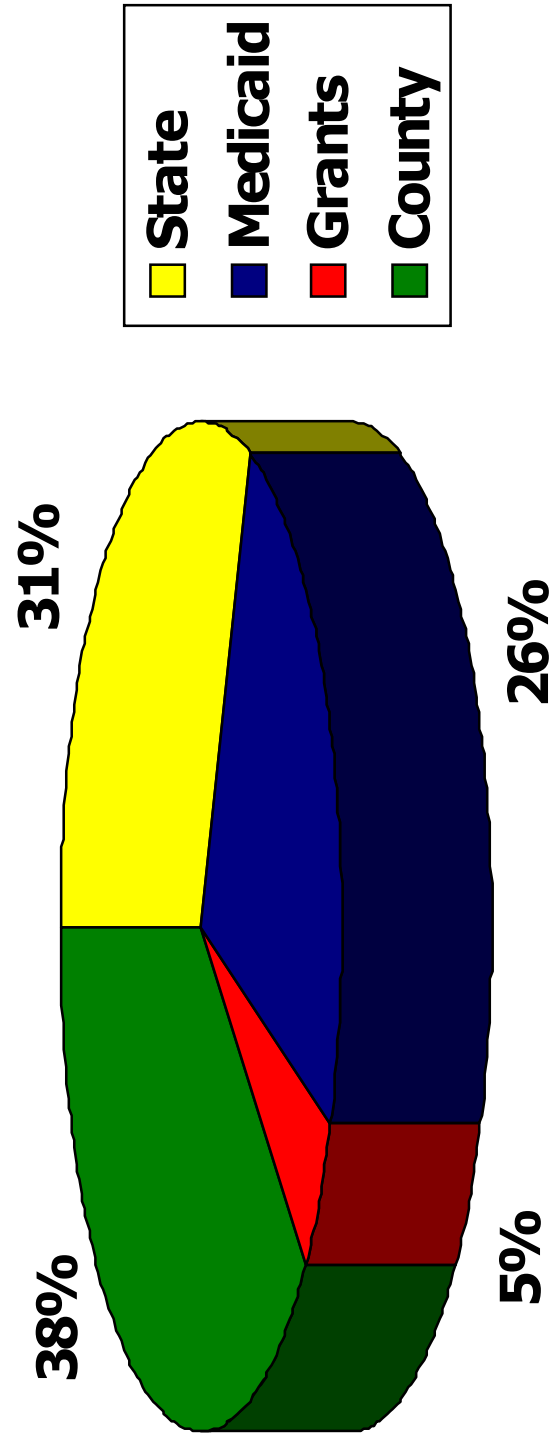
**Area Mental Health Authority
FY 2004-2005 Budgeted Expenditures
\$92,925,491**



Area Mental Health Authority

FY 2004-2005 Budgeted Revenues

\$92,925,491



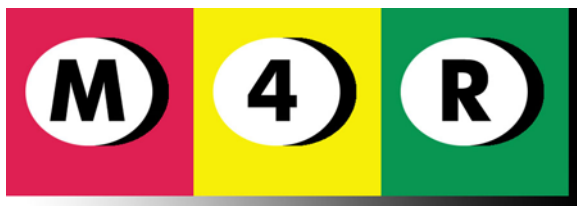
*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

Managing For Results



MECKLENBURG COUNTY
Area Mental Health Authority

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MANAGING FOR RESULTS



Managing for Results (M4R) is a management method used to ensure we are accountable for what we achieve...our roadmap to success:

- It helps us focus on defining the results we want to achieve and funding for those programs and services that work best.
- To accomplish this, we must strategically plan for
- our future and measure our performance.

Strategic planning helps an organization identify:

- Desired Outcomes (What do we want to achieve):
Increased service value
- Strategy (How will we achieve it):
Focus on customer satisfaction in the design/delivery of services
- Measure (How will we know we achieved it):
Customer Satisfaction Rating

The County's Community & Corporate Scorecard is really a different way of explaining the organization's strategic plan.

- It lists what we intend to accomplish in several areas.
- It is called a "balanced scorecard" because the desired outcomes are organized by balanced perspectives.

Mecklenburg County's Balanced Perspectives are:

- **Customer/Stakeholder:**
How satisfied are our customers, and what value are stakeholders receiving?
- **Internal Business Processes:**
How well do we perform our vital processes to deliver services?
- **Financial:** How well do we manage funds and other public assets?
- **Employees & Organizational Capacity:**
How skilled and capable are our employees and our organization?



The Mecklenburg Board of County Commissioners (BOCC) envisioned what Mecklenburg County could and should become in the year 2015: a community of pride and choice for people to Live, Work and Recreate.

There are 13 key elements in the BOCC's Vision 2015 statement:

1. Celebrate Diversity
2. Literacy & Workforce Preparedness
3. Self-Sufficiency
4. Service Value
5. Awareness of Responsibilities, Services & Results
6. Violence, Injury and Emotional Harm
7. Communicable Diseases
8. Efficiency in Justice Services
9. Parks & Open Spaces
10. Improved Air, Water, and Land
11. Access to Public Facilities
12. Historic Sites and Landmarks
13. Economic Development and Job Opportunities

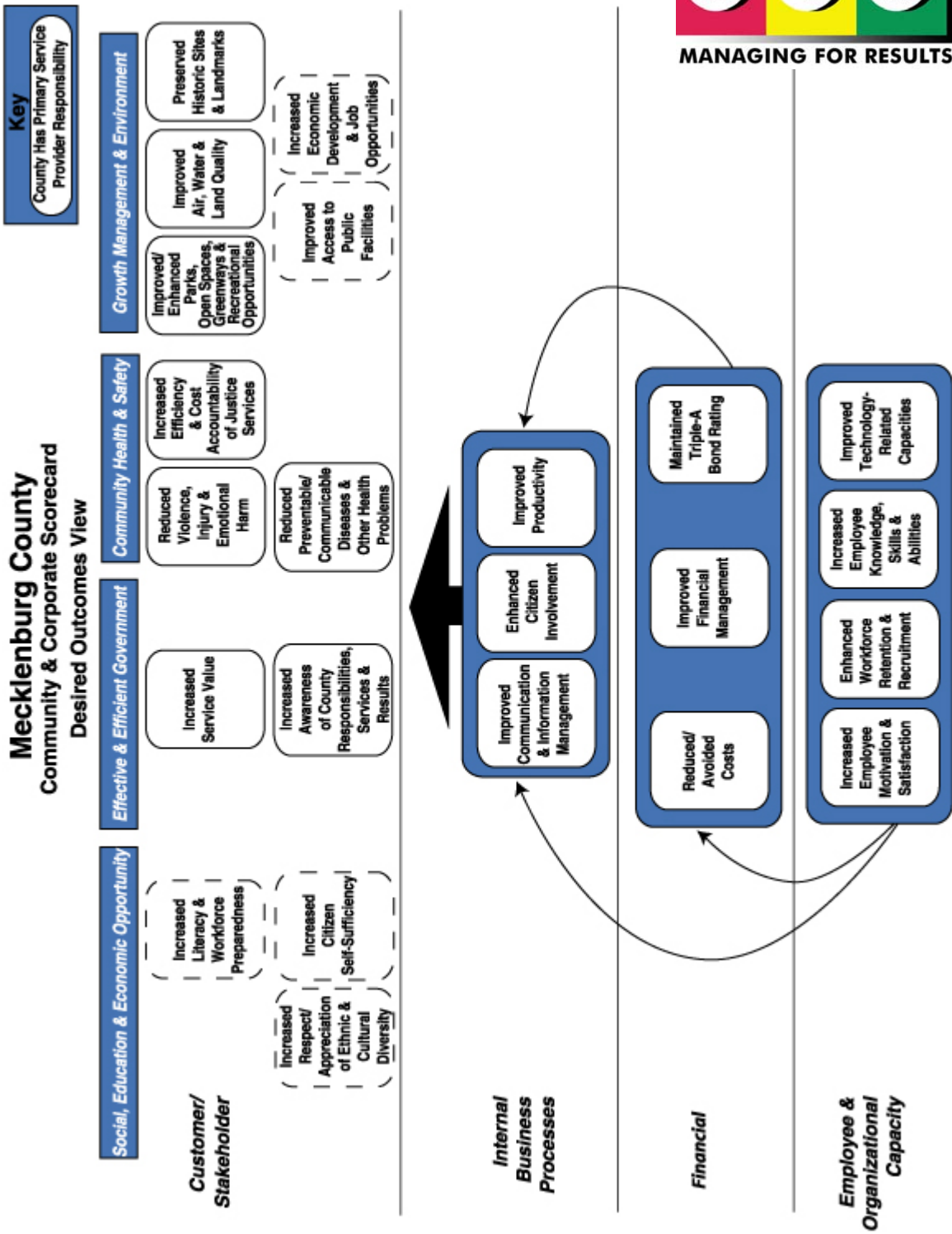
These elements are grouped into four related areas - called FOCUS AREAS. All programs and services provided by Mecklenburg County fall into one of the following four Focus Areas:

- Community Health & Safety
- Effective and Efficient Government
- Social, Education and Economic Opportunity
- Growth Management and Environment

The Mecklenburg County's Balanced Scorecard helps us our achieve goals by focusing on results and by funding what works.



AMHA Vision: "Reach Your Maximum Potential"



AMHA Balanced Scorecard

Focus Area: Effective and Efficient Government

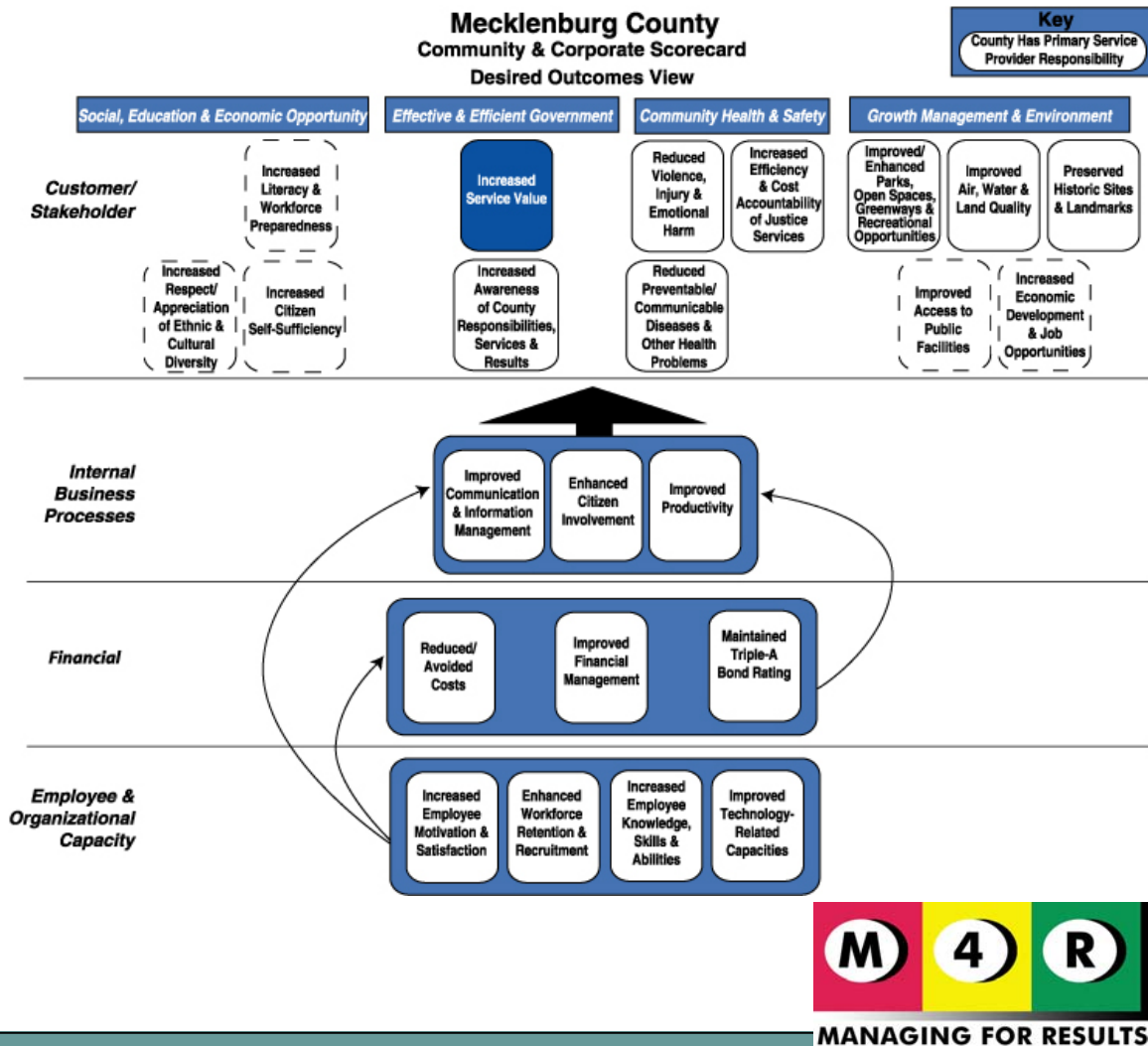
Perspective: Customer/Stakeholder

Desired Outcome: Increased Service Value

Measure: Service providers surveyed will either agree or strongly agree that AMHA has been helpful and beneficial to their organization.

FY 04 Results: 87% of all service providers surveyed either agreed or strongly agreed.

First Quarter FY 05 Results: A recent annual survey (October 2004) found that 89% either agreed or strongly agreed.



AMHA Vision: "Reach Your Maximum Potential"
MANAGING FOR RESULTS

AMHA Balanced Scorecard

Focus Area: Effective and Efficient Government

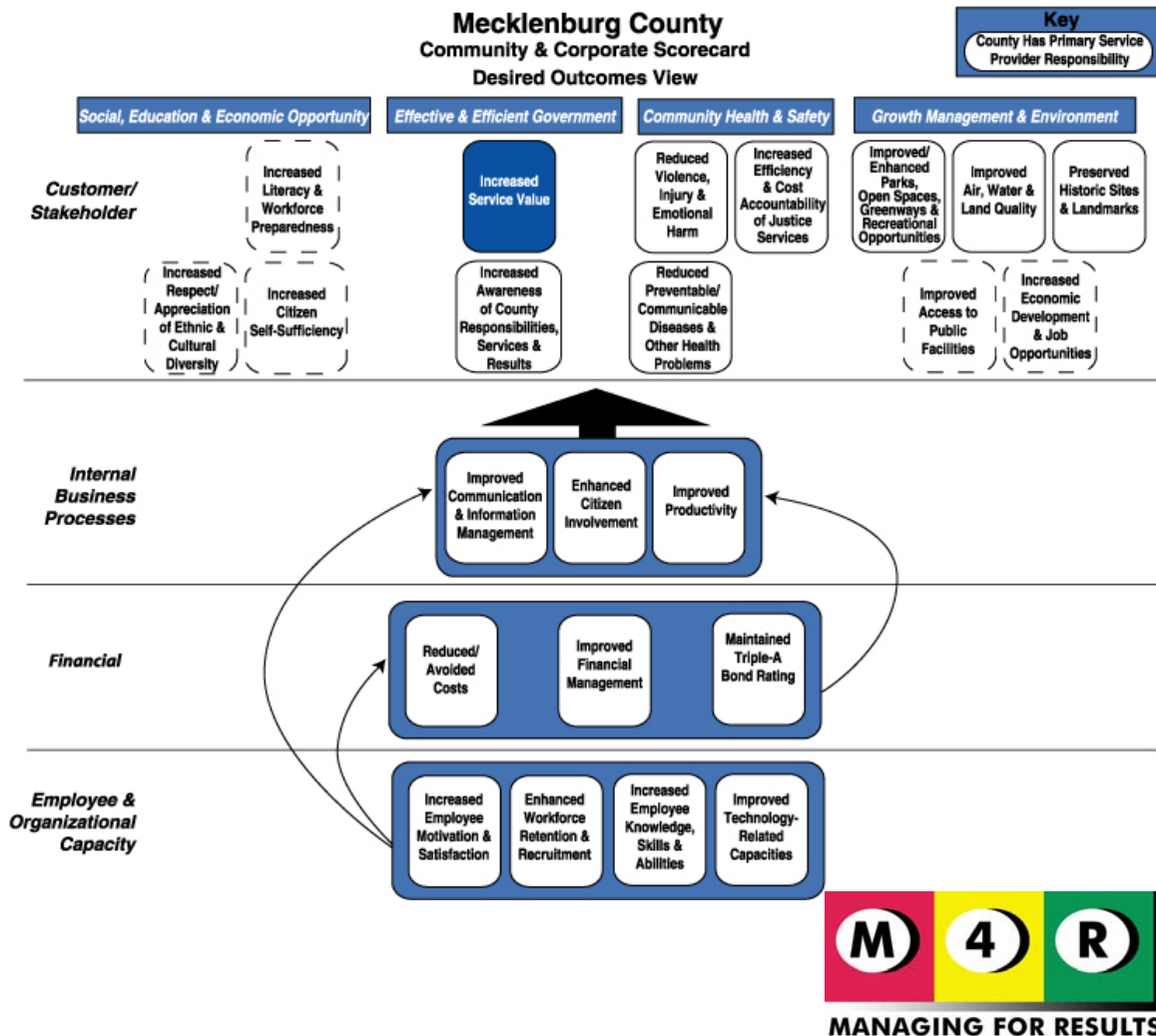
Perspective: Customer/Stakeholder

Desired Outcome: Increased Service Value

Measure: Consumers surveyed will either agree or strongly agree that they are satisfied with the services provided to them by or through Area Mental Health Authority.

FY 04 Results: 86% of all consumers surveyed will either agree or strongly agree that they are satisfied with the services provided.

First Quarter FY 05 Results: A recent annual State survey (October 2004) is currently being summarized.



AMHA Balanced Scorecard

Focus Area: Community Health and Safety

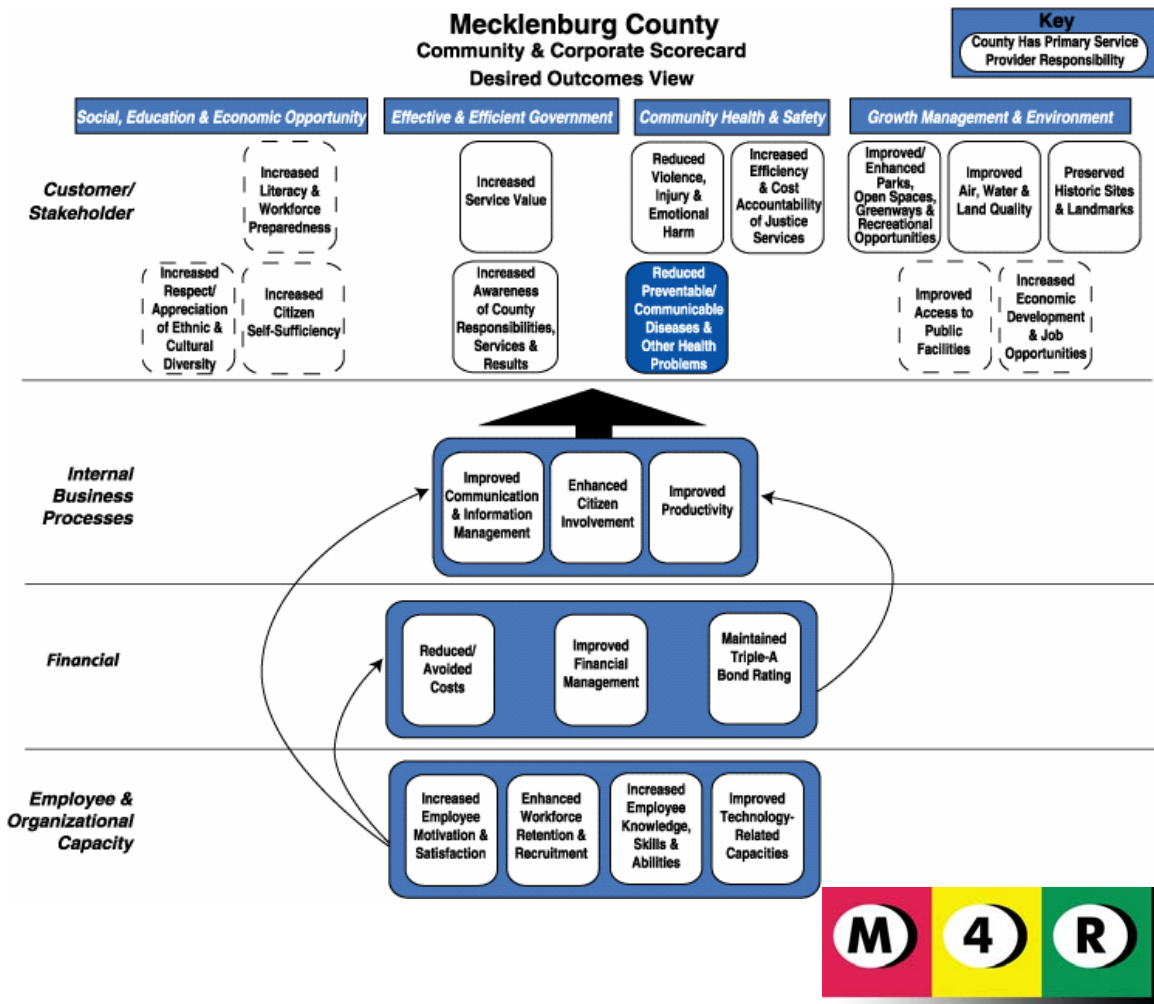
Perspective: Customer/Stakeholder

Desired Outcome: Reduce preventable/communicable diseases and other health problems.

Measure: Consumers in Adult Case Management will not require inpatient psychiatric hospitalization.

FY 04 Results: 97% of the consumers in this population group did not require hospitalization.

First Quarter FY 05 Results: 98% of the consumers in this population group did not require hospitalization.



AMHA Vision: "Reach Your Maximum Potential"

AMHA Balanced Scorecard

/Focus Area: Community Health and Safety

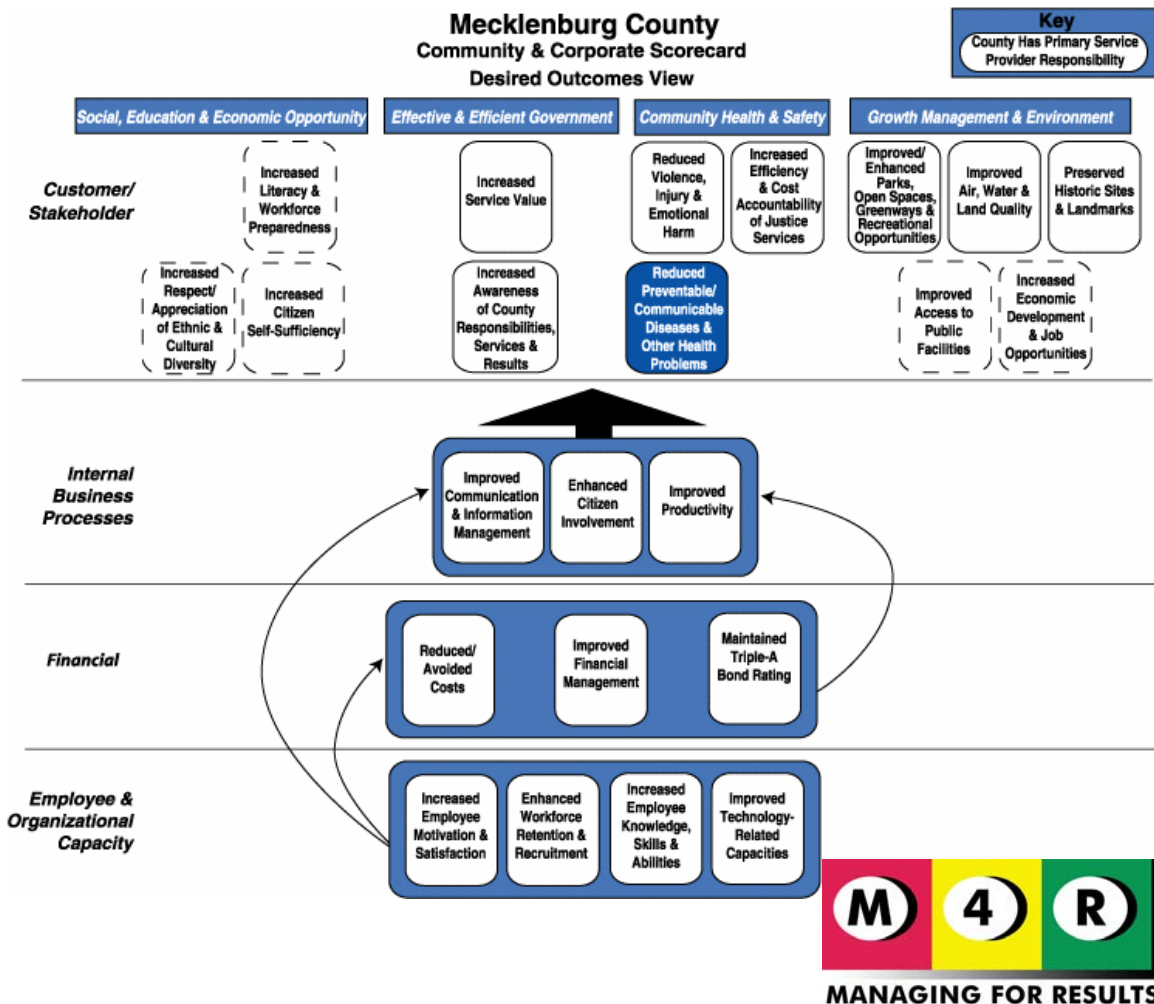
Perspective: Customer/Stakeholder

Desired Outcome: Reduce preventable/communicable diseases and other health problems.

Measure(s): 15% or less of the consumers who complete the jail substance abuse program will be readmitted for substance abuse treatment within 90 days.

FY 04 Results: 85% not readmitted.

First Quarter FY 05 Results: This data is currently being collected.



AMHA Balanced Scorecard

Focus Area: Community Health and Safety

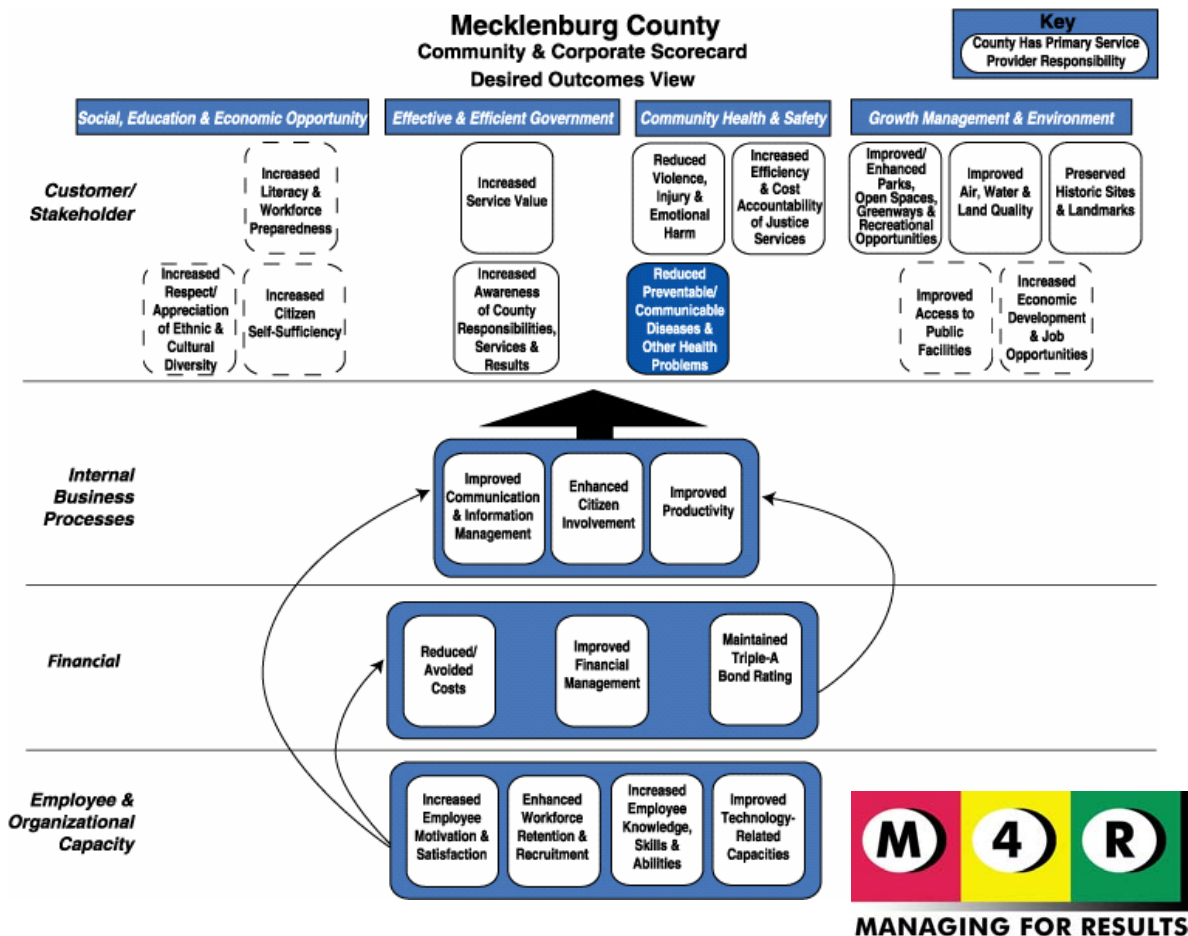
Perspective: Customer/Stakeholder

Desired Outcome: Reduce preventable/communicable diseases and other health problems.

Measure: Children and adolescents receiving services through AMHA shall receive those services at home, or in a home-like environment.

FY 04 Results: 92% of children and adolescents receiving services through AMHA received those services at home, or in a home-like environment.

First Quarter FY 05 Results: 90% of the consumers in this population were receiving services in the above setting; work is underway to increase this percentage to reach the above goal.



AMHA Vision: "Reach Your Maximum Potential"

AMHA Balanced Scorecard

Focus Area: Social, Education and Economic Opportunity

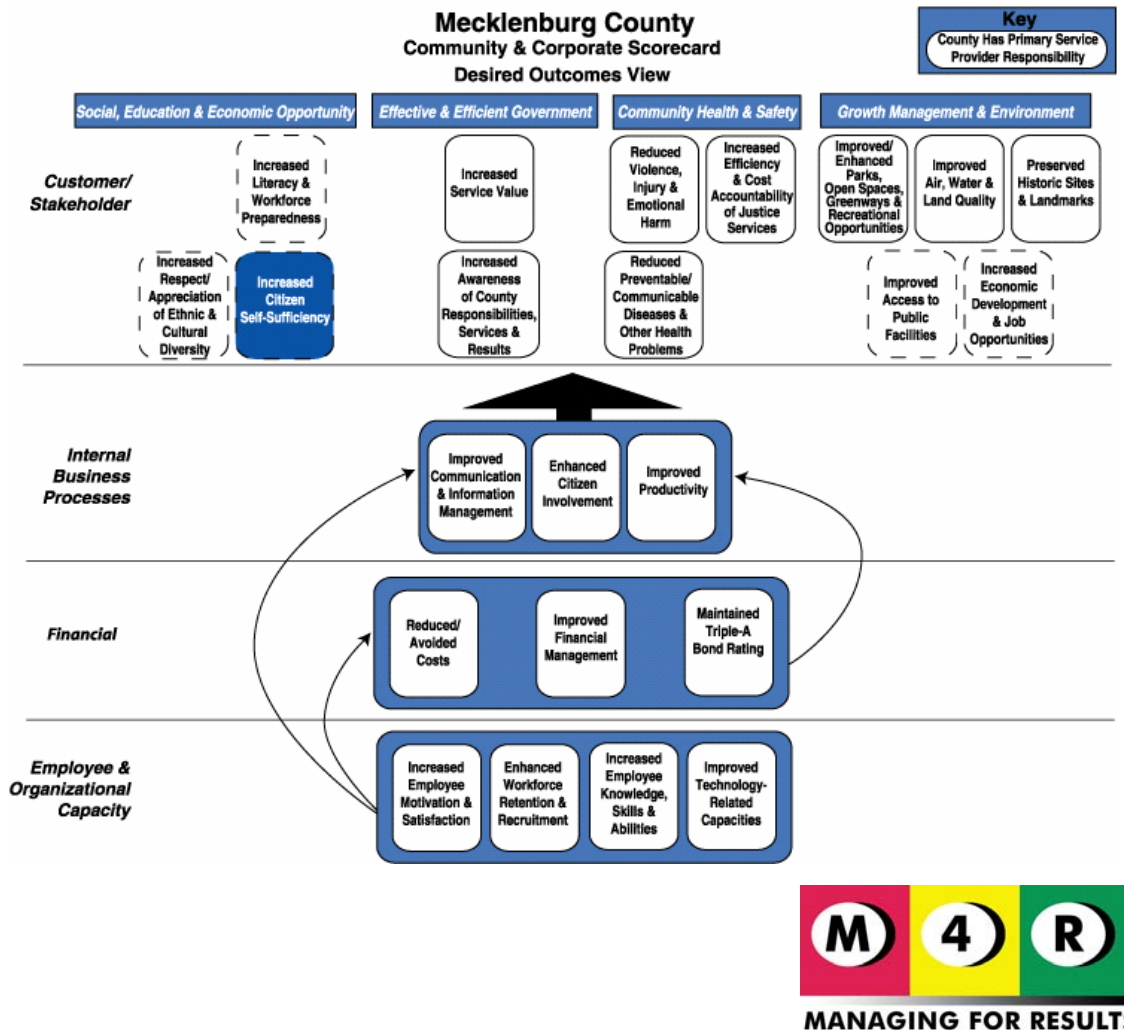
Perspective: Customer/Stakeholder

Desired Outcome: Increased citizen self-sufficiency

Measure(s): Increase /improve consumer access to services provided by the county (Screening, Triage & Referral Call Center).

First Quarter FY 04 Results: 95% accessibility achieved in Screening, Triage and Referral.

First Quarter FY 05 Results: 100% accessibility achieved in Screening, Triage and Referral.



AMHA Balanced Scorecard

Focus Area: Social, Education and Economic Opportunity

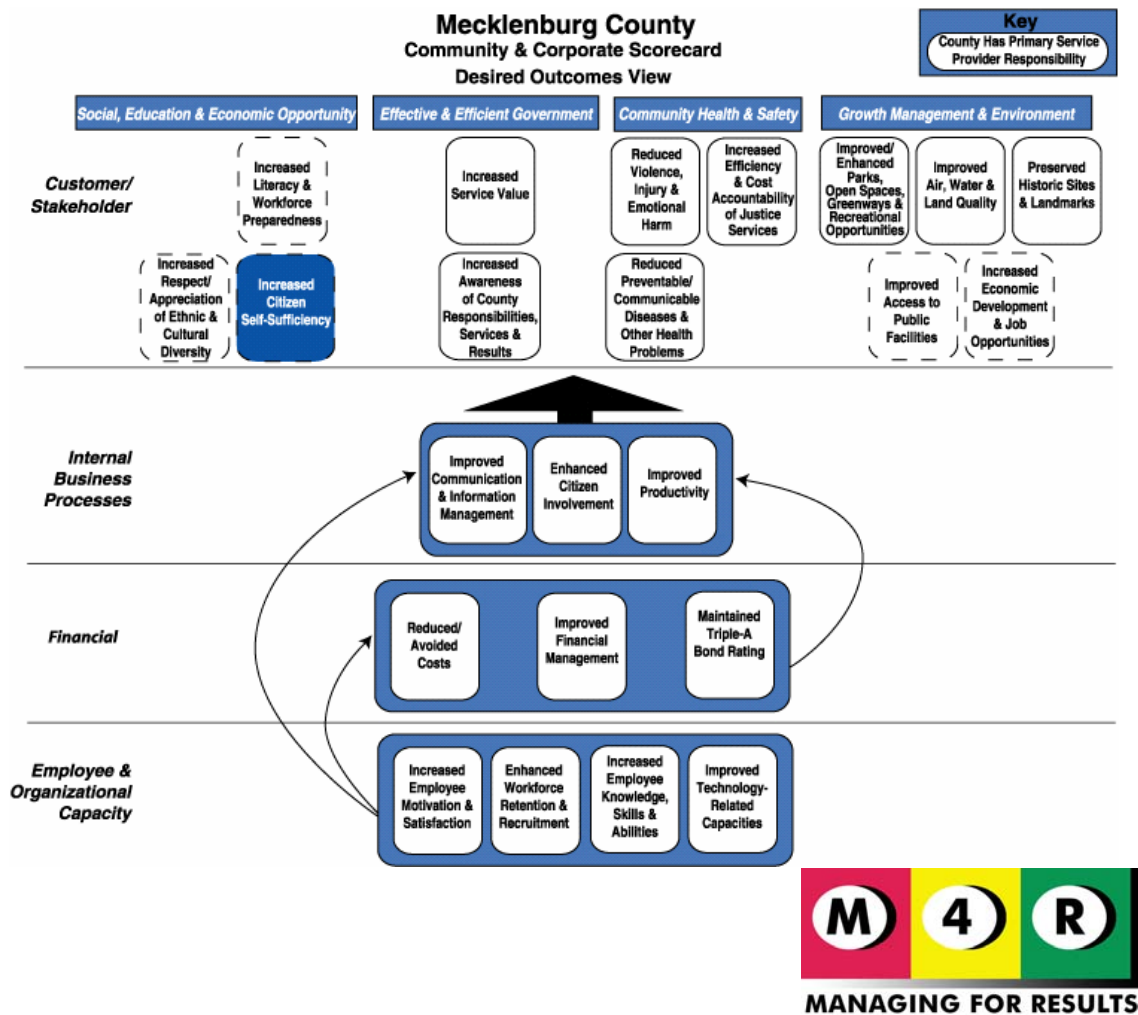
Perspective: Customer/Stakeholder

Desired Outcome: Increased citizen self-sufficiency

Measure(s): All adult mental health consumers will be engaged in vocational pursuits.

FY 04 Results: 55% of all adult mental health consumers were engaged in vocational pursuits.

First Quarter FY 05 Results: This data is currently being collected.



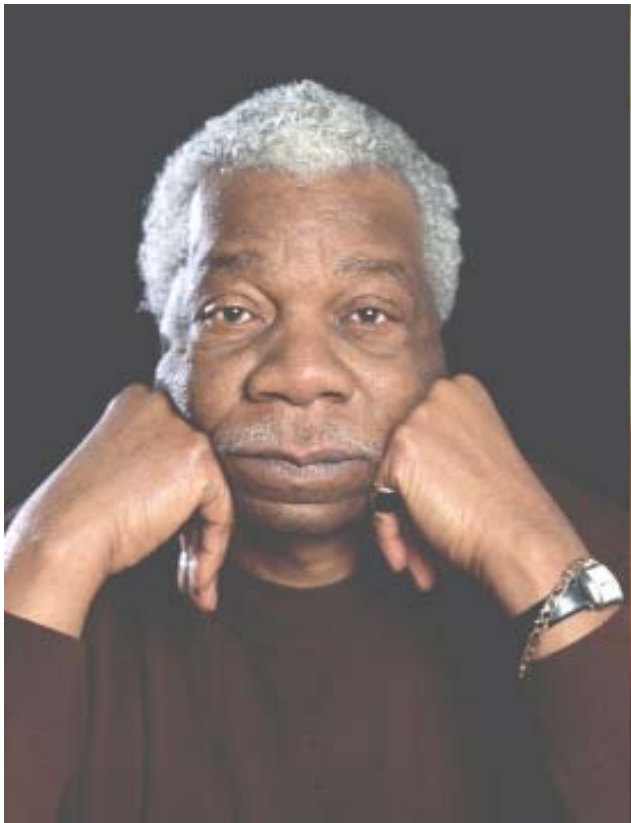
AMHA Vision: "Reach Your Maximum Potential"

*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

Appendix



MECKLENBURG COUNTY
Area Mental Health Authority
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AMHA

Glossary of Acronyms

122C	NC Statues for public behavioral healthcare
42 CFR	Federal Statues for substance abuse confidentiality
AMHA	Area Mental Health Authority
AP	Area Program
AOD	Alcohol or Drug Treatment
ACTT	Assertive Community Treatment Team (intensive response for high risk consumers)
BHC	Behavioral Health Center - Randolph
CAP/MR-DD	Waiver of Medicaid regulations that allow 1:1 staff to consumer care
CAFAS	Child/ Adolescent Functional Assessment Scale
CDW	Consumer Data Warehouse (required reporting of consumer data to the state)
DD	Developmental Disabilities
DMH/DD/SAS	NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
DMA	Division of Medical Assistance (Medicaid)
COI	Consumer Outcome Inventory (state required survey)
CQI	Continuous Quality Improvement
CTSP	Comprehensive Treatment Services Program (At-Risk Children/Adolescents)
DHHS	Department of Health and Human Services
DSM IV	Diagnostic and Statistical Manual (Psychiatric diagnoses)
EAP	Employee Assistance Program
ER	Emergency Room (medical or behavioral health)
GAF	General Assessment of Functioning (adults with mental illness)
HIPPA	Health Insurance Portability and Accountability Act (affects confidentiality and data security)
HUD	Housing and Urban Development

AMHA

Glossary of Acronyms

ICF	Intermediate Care Facility
ICFMR/DD	Intermediate Care Facility serving persons with Mental Retardation/Developmental Disabilities
IPRS	Integrated Payment and Reporting System (State's payment system for Area Programs)
LOC	Level of Care (types of services that can be provided based on consumer functioning)
LOS	Length of Stay (time from admission to discharge, usually for residential programs)
LME	Local Management Entity
MH	Mental Health
MOA	Memorandum of Agreement (written document for how one or more agencies will work together)
MOU	Memorandum of Understanding (same as MOA)
NCQA	National Committee for Quality Assurance (accredits managed care organizations)
NC-SNAP	NC-Support Needs Assessment Profile (used with persons who have Developmental Dis.)
PH	Partial Hospitalization
PID	Personal Identification Number (unique to consumer)
PACT	Program of Assertive Community Treatment (see ACTT)
PSR	Psychosocial Rehabilitation
QA	Quality Assurance (compliance with standards)
QI	Quality Improvement (continuous improvement of services, outcomes, processes)
QM	Quality Management (frame work for assessing and improving services, operations, etc.)
SA	Substance Abuse

AMHA

Glossary of Acronyms

SED	Severely Emotionally Disturbed (18 or less who are at greatest risk for needing services)
SMI	Severely Mentally Ill Adults
SPMI	Severe and Persistent Mental Illness
SSA	Social Security Administration
SAMHSA	Substance Abuse and Mental Health Administration of the Federal Government
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SOC	System of Care
MR/MI	Co-occurring disorders (mental retardation/ mental illness) formerly Thomas S.
UM	Utilization Management (regulate services in relation to system capacity)
UR	Utilization Review (case review to assess appropriateness of care - necessary or not)

Mecklenburg County Area Mental Health Authority

*Area Mental Health, Developmental Disabilities and
Substance Abuse Authority (AMHA)*

AMHA Vision: “Reach Your Maximum Potential”