

Mecklenburg County

Area Mental Health Authority



BRIEFING BOOK

FY2006-2007

Mecklenburg County

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County Manager:

Harry L. Jones, Sr.

Area Mental Health Authority:

Grayce M. Crockett, Director



Vision/Mission

Area Mental Health Authority (AMHA) Vision:

“A community system that empowers and supports individuals to lead healthy and independent lives.”

Local Management Entity (LME) Mission:

“To promote and achieve through the provision of services the wellness, recovery and independence for Mecklenburg County citizens with mental health, developmental disability and substance abuse challenges by managing resources through an accessible, quality provider network and a collaborative community system that partners with individuals and families”

Provided Services Organization (PSO) Mission:

“To assist Mecklenburg County citizens with mental health, developmental disabilities and substance abuse needs, by meeting their maximum potential through quality services that reflect the recovery model and Best Practices as evidenced by effective and efficient treatment with positive outcomes.”

AMHA Fast Facts...

- **What We Do:** Publicly funded human services agency that administers and manages mental illness, developmental disabilities and substance abuse services. Part of Mecklenburg County government.
- **Focus population:** Those with significant mental health issues, developmental disability and substance abuse diagnoses who have limited or no ability to pay for services.
- **Location:** 429 Billingsley Road, Charlotte, North Carolina, 28215; various other locations.
- **Business (Main) Phone:** 704-336-2023
- **Area Director:** *Grayce Crockett* 704-336-8638, Grayce.Crockett@MecklenburgCountyNC.gov
- **Deputy Director:** *Carlos Hernandez* 704-336-6089, Carlos.Hernandez@MecklenburgCountyNC.gov
- **FY 2006-07 Budget:** \$101,575.693.00*

**includes approximately \$6.9 million in prior encumbrances*

- **Funding Sources FY2006-07:** Mecklenburg County (40.14%), State (34.12%), Medicaid (23.92%), Grants/Other (1.82%)
- **Total Served in FY2005-06:** 34,269
- **Total Served in FY2004-05:** 20,116
- **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
- Adults and children with substance abuse problems

Types of Services Offered Include:

Prevention
Screening and Evaluation
Emergency services
Community Support 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, options when selecting a provider, and all the rights and responsibilities that accompany the freedom to choose.

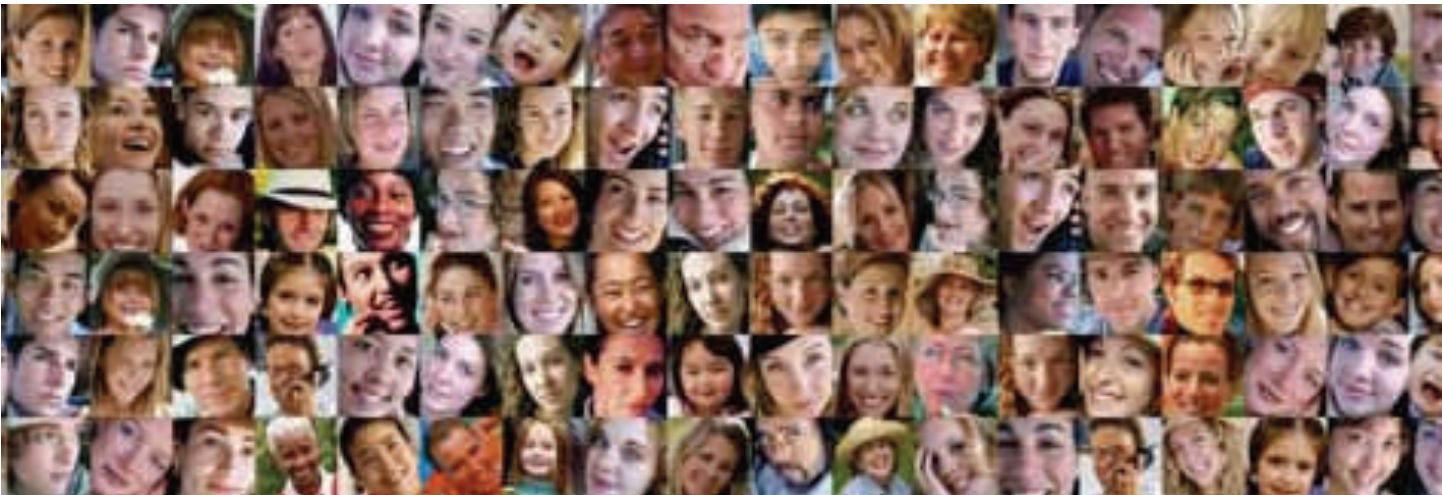


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Letter from the Area Mental Health Director




Mental Health reform continues at a rapid pace at the Area Mental Health Authority (AMHA). Significant system changes occurred during 2006 including a new state mental health Medicaid plan implemented in March. The new plan offers many new services and allows providers to bill Medicaid directly. This change has promoted increased provider growth in Mecklenburg County with increased access for consumers.

The AMHA was successfully reorganized into two distinct entities with two separate management teams. The Local Management Entity (LME) provides oversight and management of the public mental health, substance abuse and developmental disability system in Mecklenburg County. This oversight is accomplished through provider development, provider monitoring, Best Practice implementation, and care coordination for individual state and Medicaid funded individuals receiving public sector services. The Provided Services Organization (PSO) directly provides a limited number of highly specialized services to consumers. The majority of services provided through the LME are contracted to providers in the community.

The responsibility for Medicaid utilization management transitioned to a private company – ValueOptions beginning in July 2006. As a result of that loss of functional responsibility, the Local Management Entity (LME) lost \$3,163,014 from its state funded budget resulting in the elimination of 45 employee positions. Twenty-five of the positions were vacant and twenty employees were eliminated through a Reduction In Force.

2006 saw more consumers served with 34,269 Mecklenburg County citizens receiving some type of service from prevention to treatment compared to 20,116 in 2005. Two hundred and seventy-two new consumers were placed on the Community Alternative Program for the developmentally disabled. This was a huge benefit for these individuals as this was the first time in several years that new individuals from Mecklenburg County were added to this federal program. Nine hundred and fifty-five (955) jail inmates and 450 individuals in the homeless shelters received substance abuse services. Nine hundred and ninety-six children were served through the Children's Developmental Service Agency which provides evaluations for children birth to age 3 for developmental delays.



In 2006, the LME received its second accreditation from The National Committee for Quality Assurance (NCQA). Mecklenburg is the only local government entity in the country that has successfully achieved this recognition and accreditation identifying the quality focus of the organization.

The focus for 2007 will be to increase the number of consumers served especially for underserved individuals in the Latino, Asian and elderly populations. Work will continue for the implementation of our County's System of Care (a coordinated network of community-based services and supports that are organized to meet the challenges of youth with serious mental health needs and their families) through the further development of partnerships with the schools, juvenile justice and other major community stakeholders. Recovery model programs for adults will focus on individual empowerment with a consumer run "warm-line" under development.

Challenges will continue to abound during 2007 as state mental health reform evolves. The staff at AMHA is more than up to the challenge, and is continually shaping the way care is provided in our county and across the state with innovative and creative strategies. The goal is to assure that individuals who need services receive them in the most effective and efficient manner. We ask for your continued support as we enter yet another crucial year.

Sincerely,

Grayce Crockett
Area Director

The Director's Priorities

- Increased penetration into underserved populations through a community information campaign.
- Implementing the best practice models of care within the community of providers to include: person-centered planning, system-of-care for children, the recovery model for adults and cutting edge programs in the jails for both adults and adolescents.
- Assuring the safe and effective provision of care through continued monitoring of providers, with an emphasis on quality improvement.
- Assuring that consumers receive the right services at the right time through increased care coordination and care management.
- Increased community capacity to treat the most complex consumers locally as state resources downsize.
- Assuring cultural competence of the LME and our community of providers as outreach efforts to ethnically diverse cultures continues.

Call Center Focused on Simplifying and Standardizing Enrollment

The Mecklenburg County LME opened its Screening, Triage and Referral Call Center in September 2004.

The center continues to centralize and standardize the enrollment process. Mecklenburg County residents can contact the center to become enrolled in the LME system. There are several ways to contact the center:

- Call Center: **704-336-6404**
- Out-of-county toll-free: 877-700-3001
- Fax: 704-432-3453
- TTY: 704-432-3452

The LME offers access to services through the call center 24/7. A caller requesting services speaks to a mental health, substance abuse or developmental disability professional, who asks a series of screening questions and then refers the caller to an appropriate community resource or to one of our community of providers for a comprehensive assessment. Consumers may also access one of the providers directly and the selected provider will then contact the LME to enroll/register the consumer.

"The call center offers a simpler, more consistent way for new consumers to enter our system," said Debbie Dukes, the LME's director of utilization management. "Callers requesting LME 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 and work with the consumer to determine the most appropriate services based on that consumer's needs."

"Our aim is to make entering our system simpler, and faster and more efficient," Debbie continued. "The important thing to remember is that not everyone will qualify for services; we serve those most in need and those with limited financial resources. But we will assist all callers in connecting with community resources that may be able to help."

This year, the call center will undergo another transformation. Consumers, stakeholders, and AMHA staff are working together to rename the Screening, Triage and Referral line and implement a community-wide marketing campaign to increase consumer awareness and access of the call center.

The LME Makes Available the Following Services:

- Evaluation for services and crisis intervention services for every disability area.
- Community support evaluates needs, links consumers to services, provides education and training and monitors progress at every stage of treatment.

Adult Mental Health Services

- Medication education, psychiatric evaluation, group and individual treatment.
- Access to acute residential psychiatric treatment and psychiatric emergency services.
- Partial Hospitalization offers day treatment and behavioral programming.
- Vocational services include sheltered work, individual and group supported employment.
- A psychosocial clubhouse which empowers members through skill building, interpersonal relations, activities of daily living, employment and education.
- Programming to the homeless who have a mental illness.
- Residential services including group homes and supervised living.
- Community Support Services.
- Assertive Community Treatment Team Services.

Adult Substance Abuse Services

- Day treatment services to inmates at Jail Central.
- Substance abuse, domestic violence and mental health screenings, assessment and referral to treatment for Work First recipients.
- Social detoxification, residential treatment, relapse prevention and aftercare.
- Crisis intervention, assessment, treatment planning, substance abuse prevention and education and family therapy.
- Dedicated program for women and their children including day treatment, intensive outpatient, supervised/group living.
- Community Support Services.

Child and Adolescent Services

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

Children's Developmental Services

- Early childhood evaluation and treatment, assessment and therapeutic services to children birth to age three.
- Assessment and evaluation of all children birth to age three whose parents have been adjudicated as abusive or neglectful.
- Support, education and counseling to families.
- Developmental day services and respite care.

Developmental Disabilities Services

- Assessment, evaluation and targeted case management.
- Residential services, including group homes, supported and independent living.
- Vocational services, including sheltered work, individual and group supported employment.
- Respite care.



Our Advisory Committee Marks Third Year, Makes Valuable Contributions

A Message From Sandy DuPuy, CFAC Chair

The Mecklenburg Consumer and Family Advisory Committee (CFAC) began its fifth year in 2007 and is very proud of what it has achieved 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).



Sandy DuPuy,
CFAC Chair

Notably, in 2006, the N.C. General Assembly passed Session Law 2006-142, HB 2077 which legally instituted Consumer and Family Advisory Committees as self-governing and self-directed organizations charged with advising local area authorities about planning and management of the local services system.

The Mecklenburg CFAC has always had 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 quality and consumer satisfaction with services. AMHA supports CFAC as a partner in creating a changed and strengthened 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.

While the state reform begun in 2001 has been uneven, and in many ways, has not lived up to its promise, CFAC applauds the resilience of AMHA during this time of transition and the positive local changes occurring at AMHA and with many providers. There has been much hard work and collaboration to make the changes mandated by the state occur as smoothly as possible. Changes include:

- **Enhanced access through the Screening Triage and Referral Call Center**
- **Expanded consumer choice in service providers**
- **Expanded services: crisis services, Community Mental Health Recovery Collaborative; peer "warm line" service for mental health consumers, transitional housing, and long term vocational support**

- **Increased meaningful involvement of CFAC and other consumers and families in planning and decision making and monitoring the quality of services**
- **Enhanced understanding among consumers about their rights including their right to change providers**
- **Increased focus on collecting data about outcomes**
- **Focus on person-centered planning and best practices**

CFAC makes annual written reports to the Mecklenburg Board of County Commissioners and quarterly reports to the state and works with commissioners, state staff, the State CFAC and legislators on specific issues. CFAC hopes to expand its policy advocacy so commissioners and state policy makers better understand Mecklenburg consumers' strengths and needs and the vital supports provided through AMHA that lead to recovery and greater independence.

A copy of the 2005-2006 CFAC Annual Report to the Board of County Commissioners is available by contacting Barbara Cross at 704-336-7462.

CFAC meets monthly on the third Thursday, 5:30-7:30 pm, at CMC Behavioral Health - Randolph, 501 Billingsley Road, 1st floor conference room. These meetings are public meetings; anyone is welcome to observe and may speak on issues of concern to them during the scheduled public comment time at the beginning of each meeting.

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 eualum22@earthlink.net.

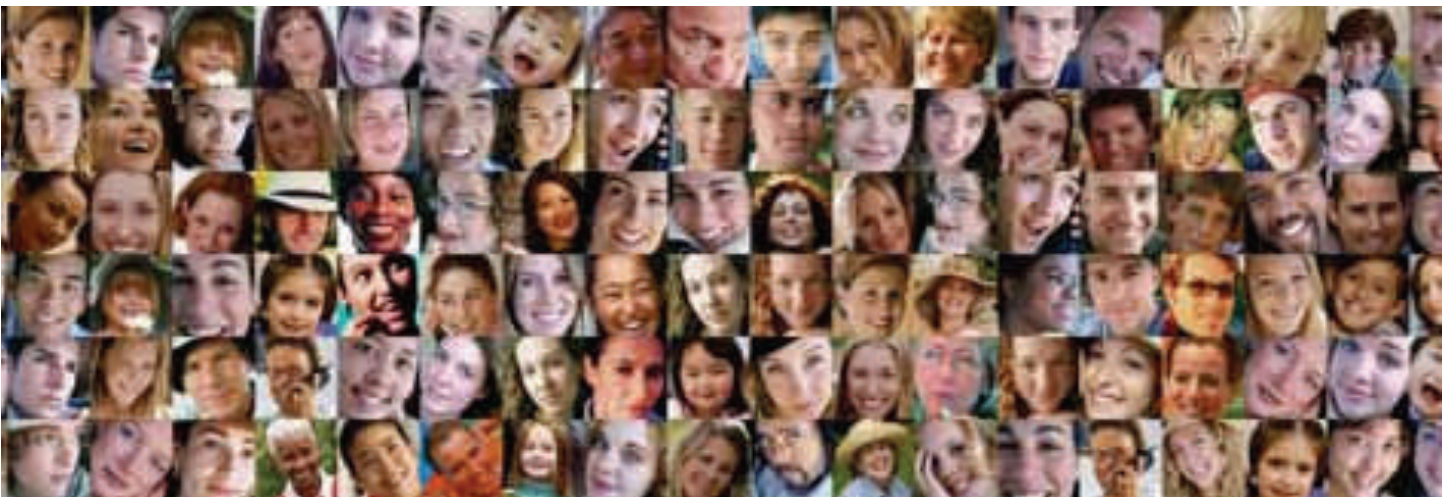
Sincerely,

Sandy DuPuy

Chair, Consumer and Family Advisory Committee



Operations



Operations Overview

In 2001, the mental healthcare system ‘reform’ plan was enacted into law by the North Carolina legislature (House Bill 381/Session Law 2001-437). With this “Blueprint for Change” as our guide, the Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Authority (AMHA) created a more fluid and responsive mental healthcare delivery system that positions AMHA as the primary ‘managers of care’ while a more robust and comprehensive network of service providers deliver care with a focus on consumer choice expansion.

With this mission in mind, the AMHA has transformed itself into an effective Local Management Entity (LME) – the common reference to the former Area Programs used by the Department of Health and Human Services (DHHS) – and has continued to grow and mature as a ‘manager of care’. Moreover, as part of the move toward privatization, AMHA separated into two functional groups – the Local Management Entity (LME) and the Provided Services Organization (PSO). As noted, the LME is the branch that manages and oversees services (manager of care), while the PSO is the group that is still providing a limited level of service (provider of care).

Importantly, the Mecklenburg County LME is the only public government entity managed behavioral healthcare organization that is recognized and accredited by the National Committee for Quality Assurance (NCQA) – the ‘Gold Standard’ for dependable and quality driven healthcare – for the second consecutive full term (2002-2005 & 2005-2008) accreditation. This level of recognition is founded on the LME’s distinction in managing care with the following guiding principles:

- Quality Driven – Quality Focused
- Consumer Driven – Consumer Focused
- Effective and Efficient Resource Management/Administration
- Community and Stakeholder Involvement/Inclusion
- Best Practice Supported Service Array
- Effective and Efficient Information Technology

The Mecklenburg Local Management Entity (LME)

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 Community of Providers

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:

- Consumer and Family Advisory Committee
- Planning and Collaboration Committee members representing: Mental Health Association, Council for Children's Rights, Substance Abuse Treatment Providers, ARC, National Alliance for the Mentally Ill, Juvenile Justice, Jails, Substance Abuse Prevention Directors, Carolinas Medical Center Behavioral Health Center-Randolph.
- Department of Social Services
- Division of MH/DD/SA Services
- MeckCARES Gaps Subcommittee
- Best Practice Committees
- LME Demographic Analysis
- LME Utilization Review

Based upon this information, new service providers may increase capacity (more of what we are already doing) or 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. The LME actively reviews provider programs to assess compliance with quality standards and to ensure that consumers' rights are respected. 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.

Housing

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

- Shelter Plus Care -- The Area Authority is the grantee for the Shelter Plus Care (SPC) program, a HUD funded housing assistance program submitted in collaboration with the local Continuum of Care McKinney-Vento Homeless Assistance Application. At this time, the Area Authority has five SPC grants, totaling over \$1,138,000 in rental assistance annually. Shelter Plus Care provides rental subsidies for persons who are homeless and disabled (SPMI, developmental disabilities, substance abuse, and or persons with AIDS). The SPC program is available to individuals who are considered to be chronically homeless disabled individuals. Homeless families are currently served who entered the program prior to 2005.

Program Highlights

- Six 811 HUD group homes serving over 30 people with severe and persistent mental illness and/or co-occurring substance abuse.
- Ten apartment complexes designated for people with several and persistent mental illness serving 37 individuals.
- Community expansion dollars (\$49,952) utilized to support seven individuals with mental illness in transitional housing and for emergency housing assistance.
- Two full-time LME positions dedicated solely to housing.
- Through a cooperative relationship between the AMHA and Charlotte Housing Authority consumers of the Area Mental Health Authority have access to Mainstream Section 8. These vouchers are available to disabled persons with low income. Any available vouchers are awarded to those individuals who have been on the waiting list. The Charlotte Housing Authority has closed its waiting list for new applications.
- Housing anticipates six more units and six additional Shelter Plus Care units for individuals in operation by Spring 2007.
- Over 65 individuals currently on the waiting list for affordable housing.

MeckCARES



MeckCARES is the *system of care* partnership among local child-serving agencies, families and the community. Its purpose is to improve outcomes for youth ages 10-21 who have a severe emotional problem and improve the lives of their families. MeckCARES adopts a unified approach across provider organizations. By enrolling in MeckCARES, families participate as partners in planning, delivery, and evaluation of services.

MeckCARES works to ensure that services are:

meckcares.charmeck.org

Youth-Guided and Family-Driven

Families partner with professionals on teams and are involved in all aspects of planning, service delivery and evaluation.

Team-Based and Persistent

Child and family teams consist of individuals agreed upon by the family. Despite challenges, teams persist in working toward shared goals.

Culturally and Linguistically Competent

Providers anticipate and respond to a family's language, cultural values, traditions and needs in planning and delivering care.

Collaborative

Services are well-integrated, and coordinated across provider organizations, and there is a commitment to smooth transitions between agencies.

Community-Based

The goal is to keep youth as close to home and to create natural supports (such as involving the youth's church, clubs, or community organizations) whenever possible.

Individualized, Strengths-Based

Providers use creative problem-solving with families and youth. Services are tailored to meet individual needs and strengths.

Outcomes-Based and Data-Driven

This approach to collaborative services is intended to improve the lives of youth, their families, and the community. Progress is monitored and plans are revised accordingly.

Cultural Competence

As Mecklenburg County continues to expand in size, so too does the population's cultural diversity. AMHA has been evaluating its readiness to manage these shifting demographics and consumer needs. Title VI of the Civil Rights Act requires that agencies receiving Federal funding meet the statutory requirements for serving individuals with Limited English Proficiency (LEP). The AMHA Cultural Competence Committee was established to meet those requirements and to evaluate the varying cultural needs throughout AMHA and Mecklenburg County. In doing so, this committee directs how AMHA and the community of providers can better serve consumers from all different cultural backgrounds.

Internally, the goals of the Cultural Competence Committee are to increase AMHA employee awareness about cultural differences and expectations, to have staff examine their own personal stereotypes and assumptions about others, and to offer educational opportunities about Title VI and cultural competence expectations.

The Cultural Competence Committee also wants to make sure that the community of providers is aware of culturally-informed Best Practices, and plans to monitor and facilitate providers' delivery of culturally competent services, and ensure that providers continue to educate themselves and adapt in accordance with the needs of a diverse and ever-changing community.

To increase awareness and promote cultural competence, AMHA will focus on expanding its organizational communication efforts. New AMHA staff will participate in cultural competence orientation training, and all AMHA staff will receive on-going training. Additionally, AMHA is actively recruiting bilingual and bi-cultural staff, and updating all of our Spanish language signage, brochures, and other materials. At the local level, AMHA will continue to collaborate with UNC Charlotte, outreach agencies, the Latin American Council, the Department of Social Services, the Governor's Council on Hispanic and Latino Affairs, and Title VI Collaborative teams. Future efforts include ongoing active participation in health fairs and community forums.

AMHA is also actively seeking demographic information from providers about the consumers that they serve, and will encourage providers to receive cultural competence training, to recruit adequate bilingual/bicultural staff, and to translate materials for languages representing 5% or more of the local population. In 2007, AMHA will also work with consumer advocate groups to establish a means for rating providers and for holding providers accountable for their cultural competence efforts.

Our Community of Providers

The Mecklenburg County LME *manages* services for those most in need and those with limited financial services, rather than *providing* the services. Our goal is to ensure the best service possible, while treating all consumers with compassion, dignity and respect.

Our community of providers includes more than 100 agencies and organizations of different sizes, which includes the AMHA Provided Services Organization (PSO). We work with them to make sure our consumers receive the best service and care possible and

- Offer ongoing training
- Provide information and updates on pertinent information related to providers
- Oversee and monitor how well providers are complying with state and federal regulations
- Set Best Practice standards that providers are encouraged to adopt in order to meet diverse consumer needs
- Offer a provider guide that summarizes and details provider responsibilities and goals

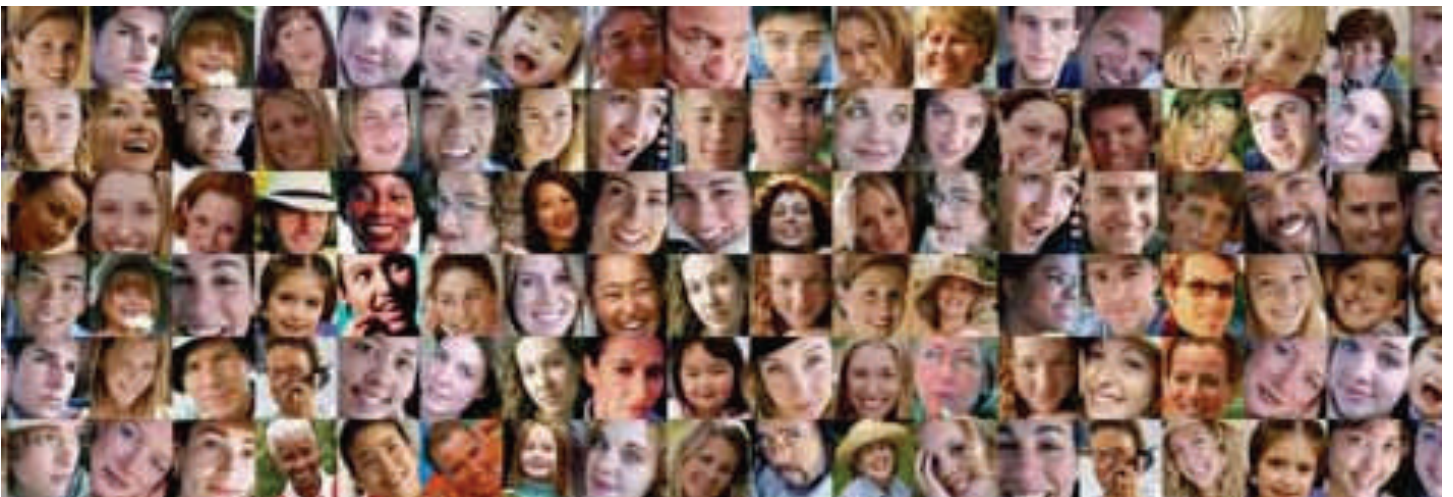
Our goal is to work in partnership with our providers to ensure consumers receive high-quality, appropriate care and services. Our provider relations staff maintains regular contact with our providers, monitoring their service, lending technical assistance and keeping contractors abreast of information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

In addition, we offer regular quarterly *InfoShare* meetings to which the community of providers are invited. The purpose of these meetings is to offer updated information that will assist providers. We also distribute a weekly “hot sheet” to providers to direct them to resources, state news and communication bulletins, best practice standards, and local training opportunities.

LME Directory

Area Director Grayce Crockett Grayce.Crockett@MecklenburgCountyNC.gov	704-336-8638
Deputy Area Director Carlos Hernandez Carlos.Hernandez@MecklenburgCountyNC.gov	704-336-6089
Clinical Director Dr. Elizabeth Peterson-Vita Elizabeth.Peterson-Vita@MecklenburgCountyNC.gov	704-336-7149
Consumer Affairs and Community Services Director Dennis Knasel Dennis.Knasel@MecklenburgCountyNC.gov	704-336-4441
Financial Services Director Julie Daughety Julie.Daughety@MecklenburgCountyNC.gov	704-336-5653
Human Resources Judi Wilkins Judi.Wilkins@MecklenburgCountyNC.gov	704-432-0449
Provider Relations Coordinator William Sims William.Sims@MecklenburgCountyNC.gov	704-336-2669
Public Information Specialist Jill Dineen-Scott Jill.scott@mecklenburgcountync.gov	704-336-3793
Quality Improvement Director Jan Sisk Jan.Sisk@MecklenburgCountyNC.gov	704-336-6595
Risk Management Attorney Elizabeth Nurkin Elizabeth.Nurkin@MecklenburgCountyNC.gov	704-336-5654
Facility Services James Cochrane James.Cochrane@MecklenburgCountyNC.gov	704-336-5734
Utilization Management Director Debbie Dukes	704-432-1978

*Provided Services
Organization (PSO)*



The Provided Services

The Provided Services Organization (PSO) operates separately from the LME. This organization continues to provide effective and efficient mental health, developmental disability and substance abuse services to Mecklenburg County residents. The group includes mostly community support workers and Children's Developmental Services staff.

Services currently operated by the PSO are:

- Community Support/Case management for the most challenging and fragile consumers (child and adolescent consumers that are in Youth and Family Services custody, developmentally disabled adults who have a developmental disability and mental illness and mentally ill adults with complicated and complex histories).
- Substance Abuse Services which include Prevention, Social Setting/Detoxification, Residential Treatment, Relapse Prevention, Comprehensive Outpatient Treatment (in the Jail and Homeless Shelters) and Community Support.
- Child Development/Community Policing (CD/CP) is a partnership with the Charlotte-Mecklenburg Police Department, and the Department of Social Services that provides 24/7 on-call response to children impacted by violence, abuse, and trauma.
- Children's Developmental Services provides early intervention services for children 0-3 years of age.
- Fighting Back is a recent addition to the PSO and provides science-based, community-based substance abuse prevention services that offers education and prevention information to 54 neighborhoods, schools, and community groups throughout the County.

Adult Mental Health Services

The Adult Mental Health/Provided Services Organization provides:

- Adult Community Support for consumers with severe and persistent Mental Illness or consumers with dual Mental Illness and Substance Abuse diagnoses.
- Services are provided in the community to help reduce psychiatric hospitalizations, in order for consumers to maintain stability within the Mecklenburg County area.

Program Highlights:

- Community Support initially only included Community Support Case Coordinators, whose responsibility is to develop and revise person-centered plans, monitor implementation of those person-centered plans, and provide other case management functions. In 2006, the staffing structure was reconfigured to add Community Support Assistants to help provide various skill building activities, symptom management and behavior management.

Child and Adolescent Services

The Child and Adolescent Services Division provides directly:

- Community Support Services that include case management, skill building, mentoring, supportive counseling, parenting education, medication, etc., to children and adolescents that are in custody of Youth and Family Services (YFS).

Adult Substance Abuse Services

The Adult Substance Abuse Services Division provides directly:

- Substance abuse prevention and education at Fighting Back, Jail North, and the Gatling Juvenile Detention Center.
- Crisis intervention at the Substance Abuse Services Center (SASC): this service includes social setting model detoxification and a chronic care program that keeps chronic recidivists from being cycled through the criminal justice system.
- Diagnostic assessments at the SASC and the homeless shelters.
- Community Support services based at the Tom Ray Center for consumers participating in or completing a treatment program.
- Family education at the SASC and at the homeless shelters.
- Treatment, including aftercare, to inmates at Jail Central.
- Comprehensive outpatient treatment at the shelters.
- Mental health assessment and counseling at the shelters.
- Residential treatment, relapse prevention and aftercare at the SASC.
- Services at the shelters and at the SASC are provided using the integrated dual-diagnosis treatment model.

Program Highlights:

- Implemented the integrated dual-diagnosis treatment model at the Substance Abuse Services Center and the homeless shelters.
- Implemented a program for Spanish speaking inmates at Jail Central, utilizing two bilingual substance abuse counselors.
- Improved medical services at the SASC by providing nursing coverage.



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 three 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 06, Children's Developmental Services (CDS) provided service coordination and multidisciplinary evaluation and treatment services to 1958 children in Mecklenburg County birth to age 3.
- Identified and provided training to 13 new provider agencies that will be enrolled in the CDS provider network. These providers along with the existing 34 provider agencies will deliver Occupational, Physical and Speech-Language Therapy, and for the first time in 2006 we also delivered Social Work and Psychological Treatment Services to children birth to age three and their families with known or suspected developmental delays and disorders.
- Earned 100% of state revenues and collected 130% of budgeted Medicaid revenues.
- 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 five.
- Based on the Yale model, CD-CP is a partnership between the Mecklenburg County Area Mental Health Authority, Charlotte-Mecklenburg Police Department, and the Mecklenburg County Department of Social Services that provides 24/7 on-call response to children impacted by violence, abuse, and trauma. The program celebrated its 10th year Anniversary this year.

Developmental Disabilities Services

The Developmental Disabilities Services Division provides directly :

Developmental Disabilities Targeted Case Management services are provided to individuals who meet criteria for the following:

- Adult, age 18 and over, meeting the State definition of Developmentally Disabled and having a co-occurring diagnosis of Mental Illness, and
- Individuals with Traumatic Brain Injuries and children under the age of 18 in Youth and Family Services (YFS) custody meeting the State definition of Developmentally Disabled.

The Service Modalities and mechanisms to address the needs of the population served include:

- Locating and coordinating sources of help so that the individual receives available natural and community supports.
- Obtaining input from individuals, providers, and significant others about the service delivery process.
- Facilitating the Person-Centered Planning and service delivery process.
- Identifying and securing services.

Program Highlights:

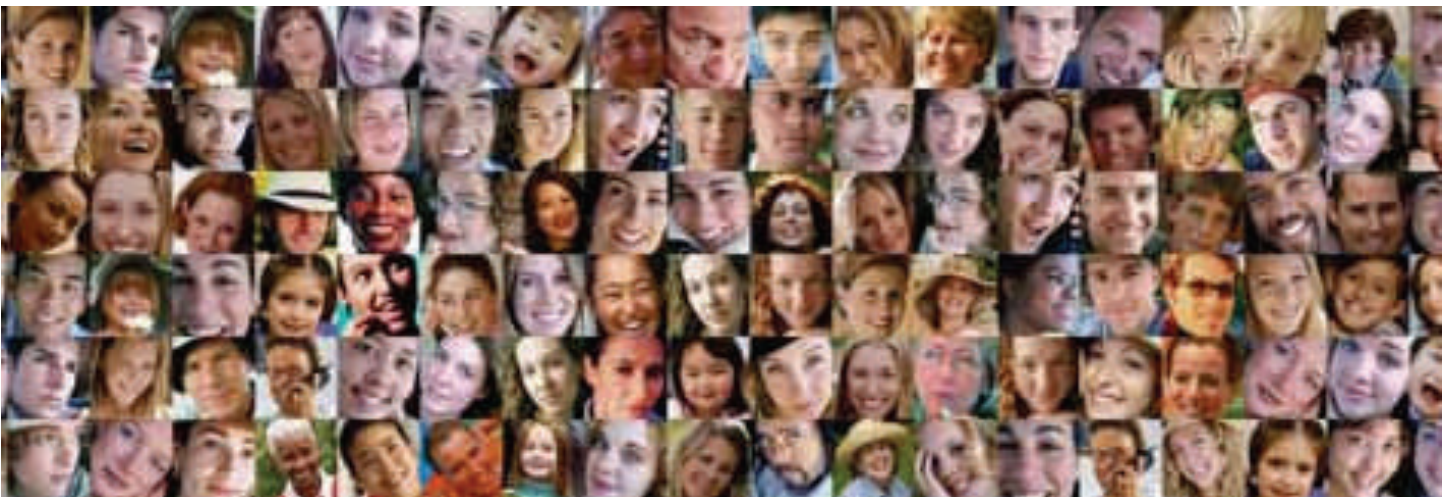
- Continued to develop and implement the "person-centered" approach in serving consumers and continued to educate consumers on self-determination and how it fits into their lives.
- All staff have received Person-Centered Plan training.
- With the elimination of the service known as Community Based Service (CBS) from the North Carolina Medicaid State Plan effective March 19, 2006, ensured that 22 persons with Mental Retardation /Developmental Disabilities (CAP-MR/DD) would not experience a loss of service. (CAP-MR/DD is a Medicaid community care funding source for persons with mental retardation /developmental disabilities.)

AMHA PSO Directory

Area Director Grayce Crockett Grayce.Crockett@MecklenburgCountyNC.gov	704-336-8638
Director of Provided Services Connie Mele Connie.Mele@MecklenburgCountyNC.gov	704-336-7155
Child & Adolescent Mental Health and Adult Mental Health—Senior AMH Manager Raquel Cox-Tennal Raquel.Cox-Tennal@MecklenburgCountyNC.gov	704-336-5406
Child & Adolescent Community Support Baheerah Muwwakkil Baheerah.Muwwakkil@MecklenburgCountyNC.gov	704-432-1541
Child Development-Community Policing (CD-CP) Sarah Greene Sarah.Greene@MecklenburgCountyNC.gov	704-336-2944
Substance Abuse Services Tony Beatty Tony.Beatty@MecklenburgCountyNC.gov	704-336-5622
Substance Abuse Services Center Kim Phillips Kim.Phillips@MecklenburgCountyNC.gov	704-336-5651
Substance Abuse Services—Jail Central Otis Stroud Otis.Stroud@MecklenburgCountyNC.gov	704-336-8214
Substance Abuse Services—Men/Women’s Shelters Tracy Klucina Tracy.Klucina@MecklenburgCountyNC.gov	704-336-7733
Children’s Developmental Services John Ellis John.Ellis@MecklenburgCountyNC.gov	704-336-7107
Developmental Disabilities Case Management Dellyne Samuel Dellyne.Samuel@MecklenburgCountyNC.gov	704-336-7158

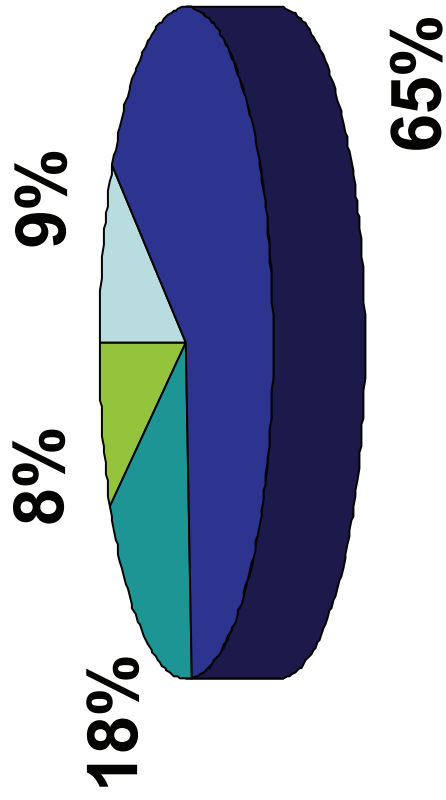


Consumers

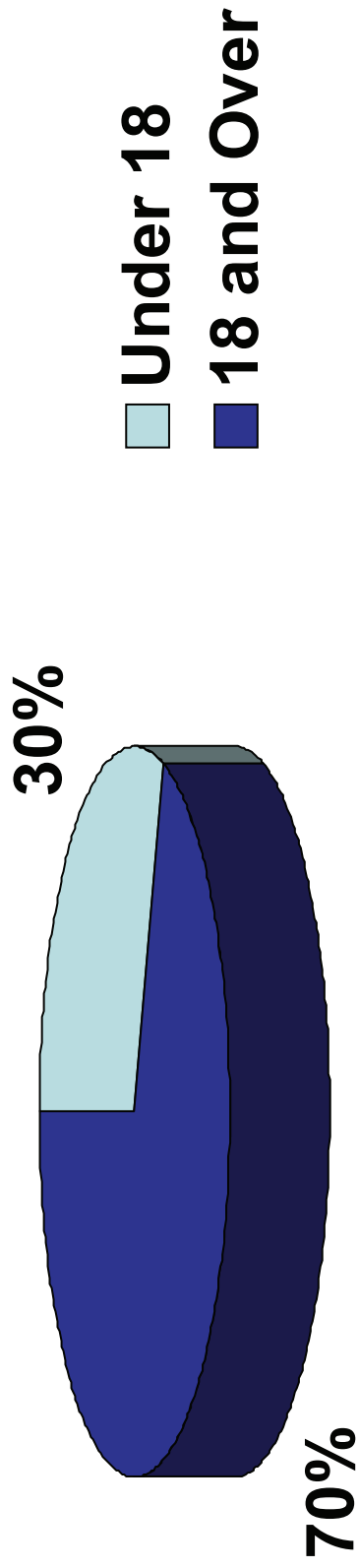


Disability Areas

- Children's Developmental Services
- Mental Health
- Substance Abuse
- Developmental Disabilities

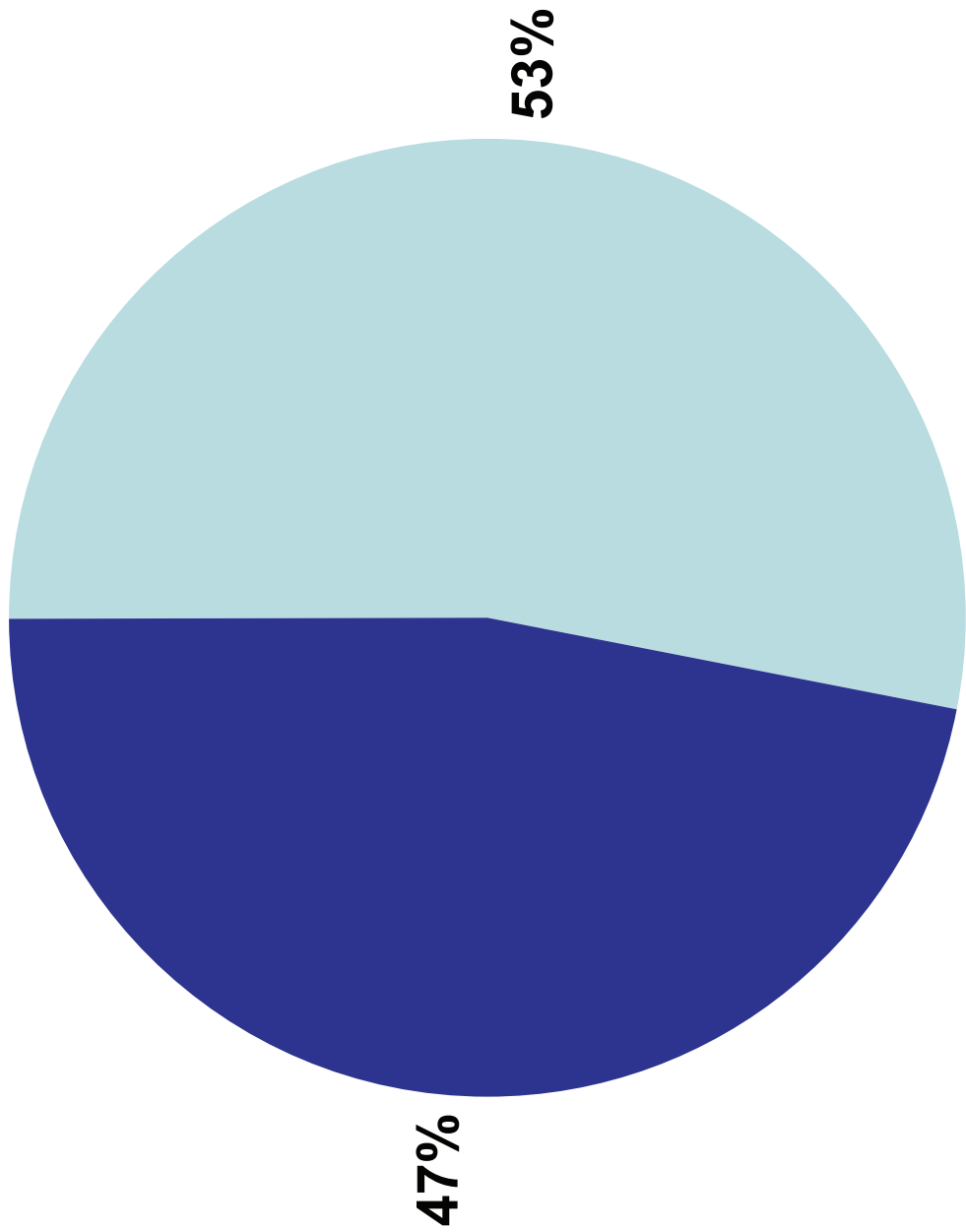


Age Range



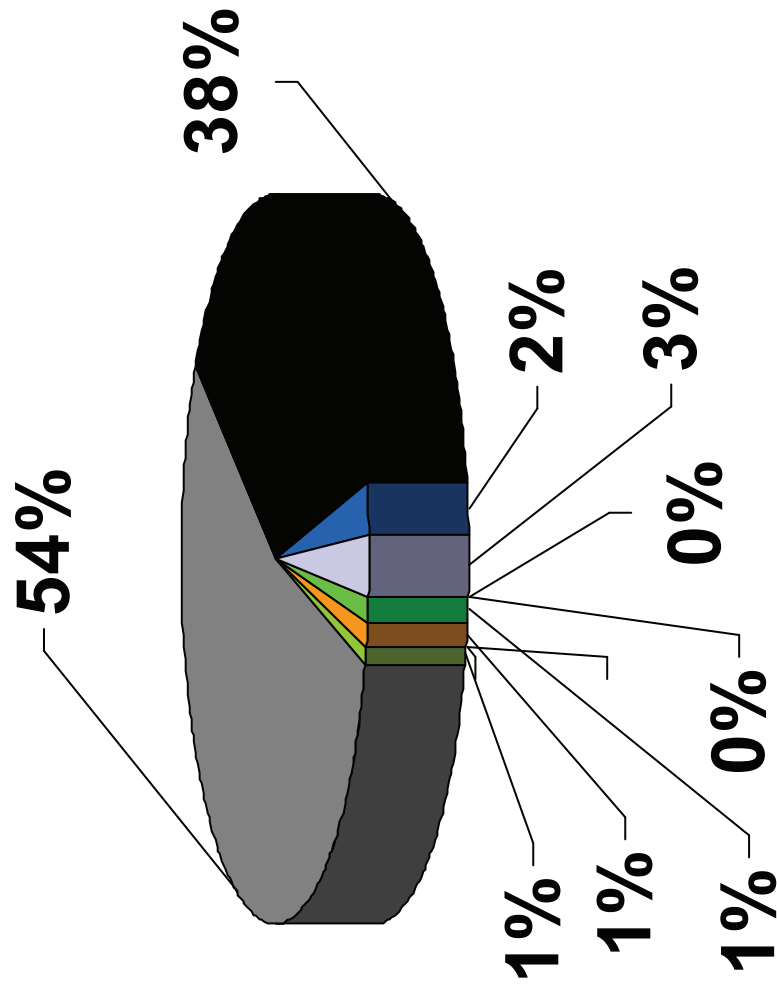
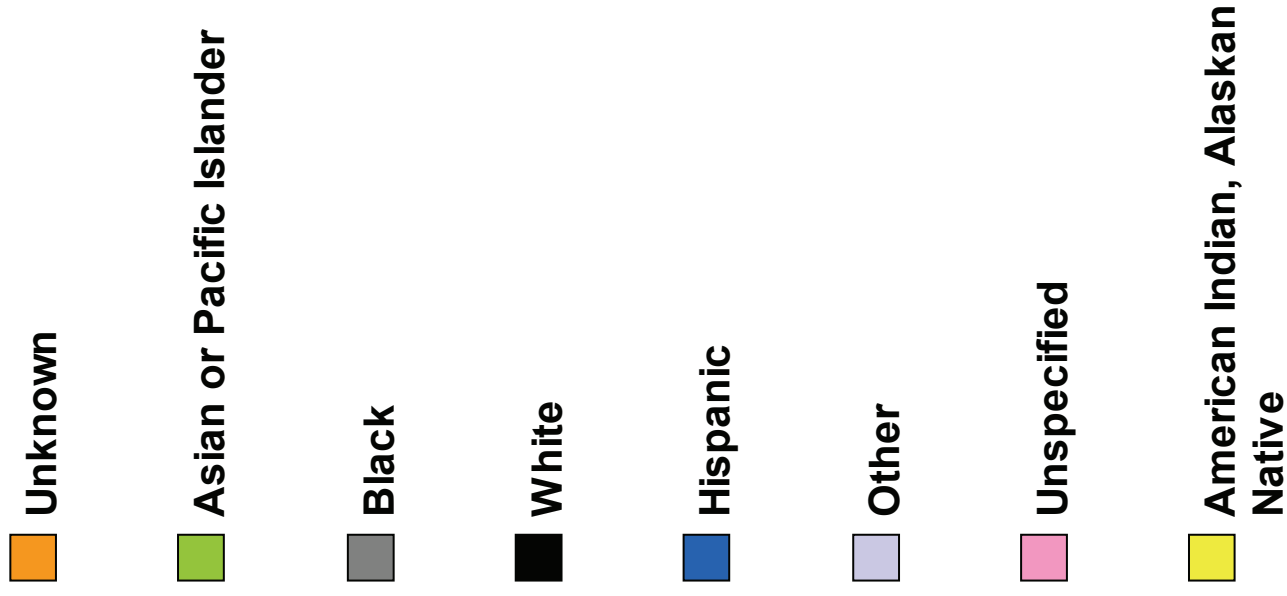


Gender



Female
Male

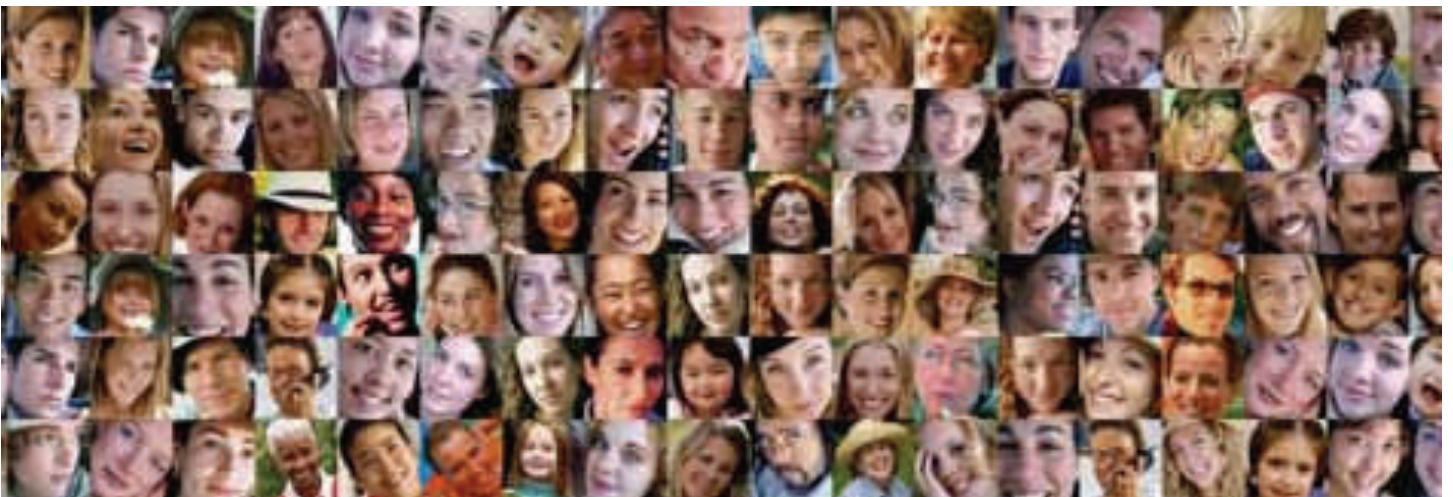
Race





Budget

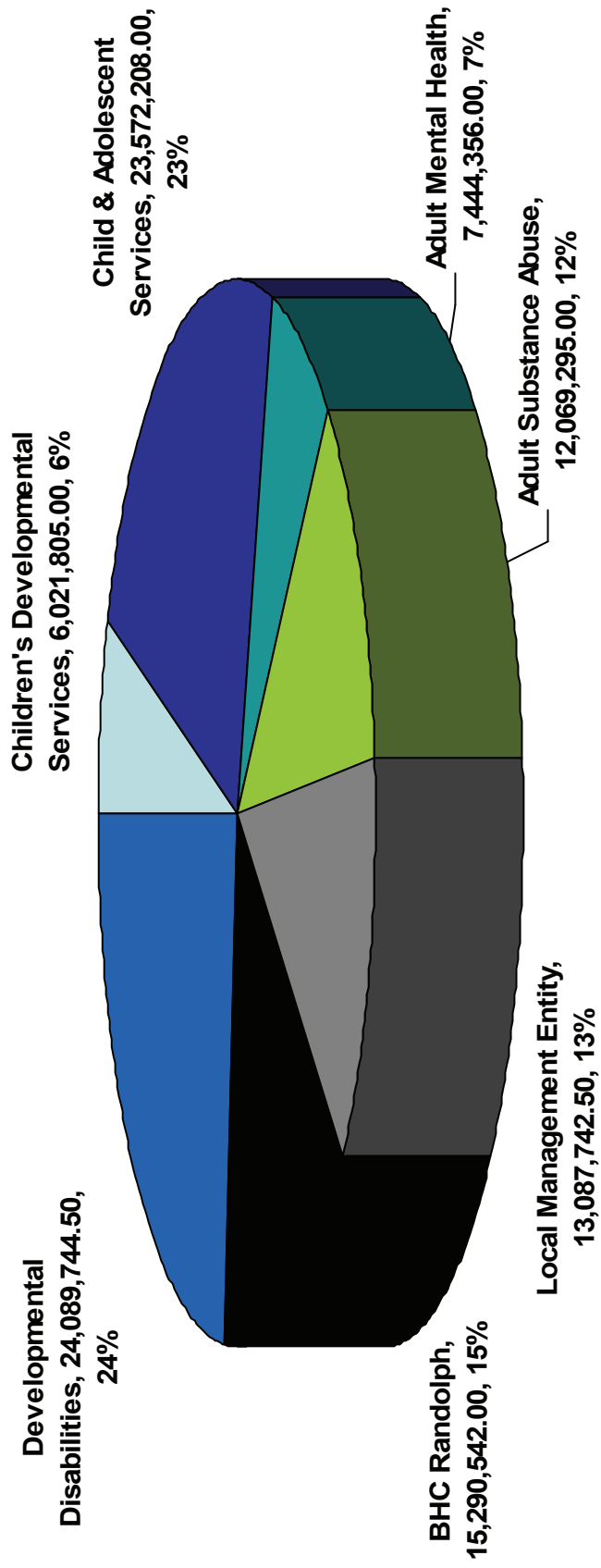
FY 2006-2007



Area Mental Health Authority

FY 2006-2007 Budgeted Expenditures

\$101,575,693.00

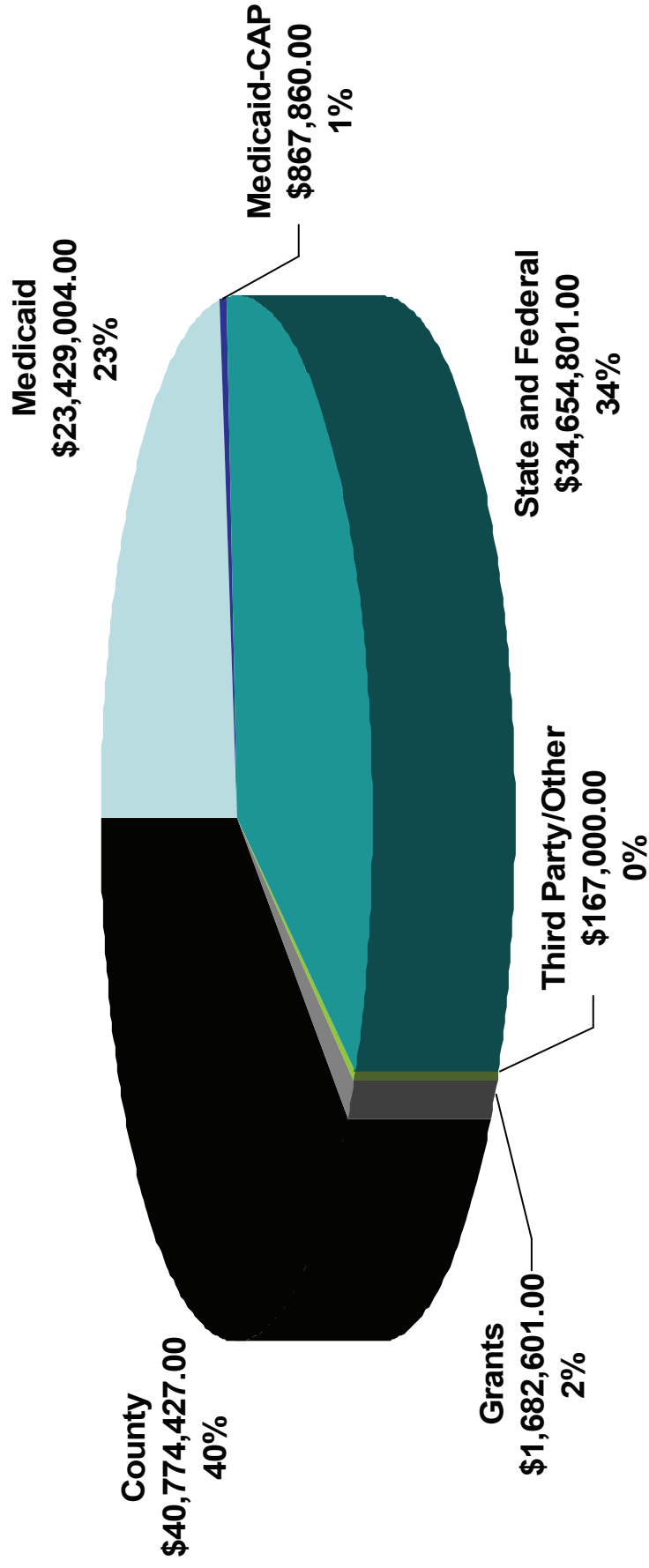


**Total expenditures and total revenue include approximately \$6.9 million in prior year encumbrances.*

Area Mental Health Authority

FY 2006-07 Budgeted Revenues

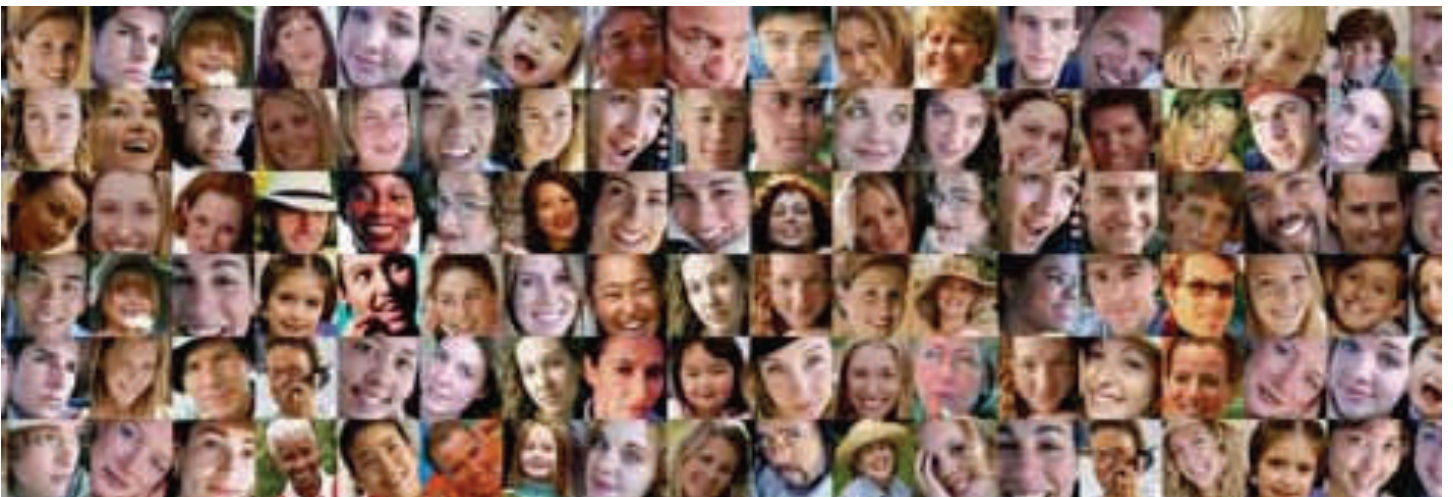
\$101,575,693.00



**Total expenditures and total revenue include approximately \$6.9 million in prior year encumbrances.*



Managing for Results





Mecklenburg County Community & Corporate Scorecard-Mental Health Index

Focus Area: Community Health & Safety

Desired Outcome: Reduced Preventable/Communicable Diseases & Other Health Problems

Performance Measure: Mental Health Index

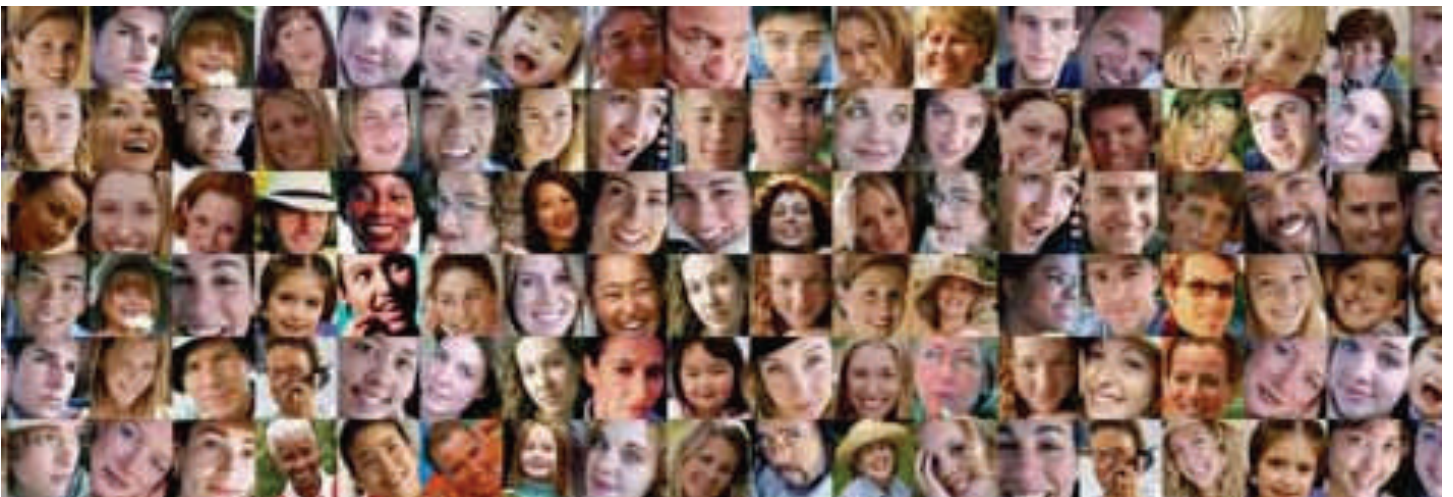
(Target = Attainment of goal for at least 75% of measures)

Measure	2015 Target	FY06 Actual	FY07 Target
Access to Services			
Increase access to Mental Health, Developmental Disabilities and Substance Abuse services by decreasing consumer wait time for emergency, urgent and routine appointments.	98%	98%	98%
Increase local Service Capacity, demonstrated by "Using less than allocation of State Hospital bed days."	90%	113%	100%
Preventative Health			
Individuals receiving Substance Abuse Prevention Services	22000	20206	20212
Consumers served by Children's Developmental Services	3500	3591	1608*
Consumer & Family Self-Reliance			
Increase Percentage of Severely Emotionally Disturbed (SED) Children and Adolescents receiving services at home or in home like environment (not in out-of-home placements)	87%	87%	84%

*For FY06, the number of consumers is being gathered by BCMS Census Entity Report which reports only the number of consumers referred that received services. Due to the new state eligibility requirements, not all children referred will be served because they do not meet the new STATE eligibility requirements.



Appendix



AMHA

Glossary of Acronyms

AMHA	Area Mental Health Authority
AP	Area Program
ACTT	Assertive Community Treatment Team (intensive response for high risk mental health consumers)
BHC	Behavioral Health Center - Randolph/Carolinas Medical Centers
CAP/MR-DD	Community Alternatives Program for persons with Mental Retardation/Developmental Disabilities that provides community services to those who qualify for care.
DD	Developmental Disabilities (e.g., mental retardation, autism)
DHHS	NC Department of Health and Human Services
DMH/DD/SAS	NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
HIPAA	Health Insurance Portability and Accountability Act (affects confidentiality and data security)
HUD	Housing and Urban Development
IPRS	Integrated Payment and Reporting System (State's payment system for LMEs)
LME	Local Management Entity
MH	Mental Health (e.g., psychiatric illnesses, behavioral disorders)

MOA	Memorandum of Agreement (written document for how one or more agencies will work together)
MOU	Memorandum of Understanding (same as MOA)
MR/MI	Co-occurring disorders (mental retardation/ mental illness, includes those formerly identified through “Thomas S.” class action)
NCQA	National Committee for Quality Assurance (accredits managed care organizations)
QI	Quality Improvement (continuous improvement of services, outcomes, processes)
SA	Substance Abuse (e.g., alcohol dependence, drug addiction)
SED	Severely Emotionally Disturbed (children and adolescents who are at greatest risk for needing mental health services)
SMI	Severe Mental Illness (e.g., mood disorders, some personality disorders)
SPMI	Severe and Persistent Mental Illness (e.g., schizophrenia, bipolar disorders)
SAMHSA	Substance Abuse and Mental Health Administration of the Federal Government
SOC	System of Care (best practice treatment of children and adolescents)
UM	Utilization Management (regulate services in relation to system capacity)
UR	Utilization Review (case review to assess appropriateness and necessity of care)

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

Sam Billings Center
429 Billingsley Road
Charlotte, NC 28211
(704) 336-2023 Administration

(704) 336-6404 Help Center
www.mecklenburgamha.org

*“A community system
that empowers
and supports individuals
to lead healthy and
independent lives.”*



People Pride Progress Partnerships