



**MECKLENBURG COUNTY**  
**Area Mental Health, Developmental Disabilities and**  
**Substance Abuse Services**  
**September 17, 2010**

**PROVIDER HOT SHEET**

- ⇒ **RFA to Expand the Peer Support Specialist Pool by Providing Training Funds through LMEs** - Attached is a new peer support initiative sponsored by the Division. If your agency is interested in partnering with the LME around this training and the development of the application please contact Grayce Crockett (704-336-8638 or [Grayce.Crockett@mecklenburgcountync.gov](mailto:Grayce.Crockett@mecklenburgcountync.gov)) no later than Wednesday September 22, 2010 as the turnaround time is very short. Per the requirements we will need at least one CABHA interested in order to move forward. **There will be an information meeting for interested individuals and agencies on Friday, September 24<sup>th</sup> at 9 AM at the Sam Billings Center in Conference Room A/B.**
- ⇒ **Request for Information (RFI): Adult Mental Health Integrated Services Continuum** – Mecklenburg County Area MH/DD/SA Services (AMH) would like to identify a certified Critical Access Behavioral Health Agency (CABHA) to operate the entire integrated continuum of Adult Mental Health services currently provided by Mecklenburg Open Door, Inc. effective December 1, 2010. Please see information attached. **The mandatory information session will be on Wednesday, September 22<sup>nd</sup> at 3:30 PM at the Sam Billings Center in Conference Room A/B.**
- ⇒ **Attention: Critical Access Behavioral Health Agencies Enrollment/Authorization/Billing Seminars for September/October**

Three more Enrollment/Authorization/Billing seminars have been scheduled in the coming weeks at the sites listed below. Information presented at the seminars is applicable to all providers who have been certified as CABHAs or are in the process of certification.

Attendees are encouraged to review Implementation Updates #73, Special #75, #76, #77 and #78 in preparation. An updated training packet will be available on the DMA website the week of the trainings: <http://www.ncdhhs.gov/dma/provider/seminars.htm> **Please print the packet and bring it to the training as there will be only limited copies available.**

Registration will be done on a first-come, first-serve basis the day of the training, so plan accordingly. **Due to limited space, we request that attendance be limited to two staff members per agency. See space availability below.** The training is specifically geared towards those staff members in charge of the administrative tasks of enrollment and billing.

Sessions will begin at 9:00 a.m. and end at 12:00 noon. Providers are encouraged to arrive early to complete registration. Lunch will not be provided at the seminars. Because meeting room temperatures vary, dressing in layers is strongly advised.

Date	Location
September 29, 2010	<b>Central Region (space for 75 participants)</b> The Durham Center LME 501 Willard Street Durham, NC 27701
September 30, 2010	<b>Western Region (space for 230 participants)</b> Western Piedmont Community College, Moore Hall Auditorium 1001 Burkemont Avenue Morganton, NC 28655

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Date	Location
October 5, 2010	<b>Eastern Region (space for 102 participants)</b> The Beacon Center 500 Nash Medical Arts Mall Rocky Mount, NC 27804

Medicaid enrollment questions may be directed to CSC at 1-866-844-1113, option 2 for CABHA  
<http://www.nctracks.nc.gov/provider/providerEnrollment/>

\*Authorization questions may be directed to ValueOptions:

1-888-510-1151 – Medicaid

1-800-753-3224 – Health Choice

[http://www.valueoptions.com/providers/Network/North\\_Carolina\\_Medicaid.htm](http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm)

\*Authorization questions for Durham should be directed to The Durham Center:

(919) 560-7100

<http://www.durhamcenter.org>

\*Authorization questions for Eastpointe should be directed to Eastpointe:

1-800-513-4002

<http://www.eastpointe.net>

Medicaid claims questions may be directed to HP Enterprise Services at 1-800-688-6696 or 919-851-8888.  
In addition, on-site provider visits will be provided by HP Enterprise Services upon request.

⇒ **Important Incident Response Improvement System (IRIS) Updates (*please forward to all IRIS users*):**

1. IRIS provides the LME with a list of incident reports that were initiated in the IRIS system but were not submitted. The LME is not able to view these partial reports. **One email** will be sent to the supervisor listed on the report to make the agency aware of this concern. Providers may respond back through email or by contacting Linda Margerum at 704-336-7187. If there is no response within 1 week, the unsubmitted report will be removed from the system. **Providers will still be responsible for submitting the incident within the 72 hour timeframe, as required by rule.**
2. The date function in IRIS is not working properly. Please use calendars to enter all dates until further notice. Typing dates manually will often cause an error message.
3. Until further notice, DO NOT answer any questions on the “Last Appointment” tab in the “Consumer/Services” section of IRIS. Skip this tab completely. Using it may cause error messages.
4. Supervisors must check the attestation button or the report will not submit. This may generate a lost report or an error message.
5. If you get an error message, logout of the IRIS program before trying again.

For more information about entering incidents into IRIS, please refer to your *IRIS Technical Manual* (available on the Division of MH/DD/SAS website).

**Additional IRIS Training Offered:**

- **IRIS Training for New Users** is available for those who have not attended any previous IRIS training. Sessions will be provided on Oct 12<sup>th</sup> and Nov 9<sup>th</sup> from 9:00-11:00 AM.
- **IRIS Troubleshooting for All Users** will provide hands-on assistance to new users as well as those seeking additional experience with IRIS. These open sessions will be held from 11:00-12:00 PM in the Computer Lab at the Watkins Center following each New User session (*listed above*).

To register, please email Nancy Cody at [nancy.cody@mecklenburgcountync.gov](mailto:nancy.cody@mecklenburgcountync.gov). Include the class requested, the participant's name, the agency's name, and the session date. You will receive confirmation by email. All sessions will be held at the Carlton Watkins Center, 3500 Ellington Street, Charlotte, NC 28211.

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New User sessions will be located in the Cedar Room and Troubleshooting sessions will be located in the Computer Lab.

**Space is limited and REGISTRATION is REQUIRED. Please do not send unregistered staff to the training. Limit 2 staff per agency. Thank you.**

⇒ **Implementation Update #78**

- CAP-MR/DD Update
- Providers of TCM-IDD
- Update on TCM-MH/DD
- Medicaid Reimbursement Rate Update
- CST Revised Limits
- Medicaid Recipient Notifications
- LME UR Update
- UR Adverse Determination Letters
- CABHA Transition Data
- CABHA Business Ownership

⇒ **InfoShare** – The next Mecklenburg County AMH Provider InfoShare is scheduled for Wednesday, October 6, 2010, 9:00 – 11:00 in the Fellowship Hall at Covenant Presbyterian Church, 1000 E. Morehead Street in Charlotte. The program begins promptly at 9:00 AM and doors close at 9:15 AM. All contract and MOA providers are required to attend.

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**PROVIDER COUNCIL REMINDERS AND UPDATES**

⇒ **Provider Council Minutes** for the Executive Board, General Membership and Committees are published and available on-line at the following website:  
<http://chameck.org/MECKLENBURG/COUNTY/AREAMENTALHEALTH/FORPROVIDERS/Pages/MPCouncil.aspx>

⇒ **Provider Council Sub-Committees** – Three standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The three committees are:

- **Training and Development Committee** Trasha Black (Co-Chair), Genesis Project, [tblack@genesproject1.org](mailto:tblack@genesproject1.org), 704-596-0505
  - ◆ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650 x1105, [angela@trcmwm.com](mailto:angela@trcmwm.com).
    - > The next scheduled meeting is **Wednesday, October 20, 2010 at 9 AM** in the Carlton Watkins Center Multipurpose room.
- **Provider Relations Sub-Committee**
  - ◆ Kira Wilson (Co-Chair), The Arc of NC, 704-568-0112, [kwilson@arcnc.org](mailto:kwilson@arcnc.org)
  - ◆ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, [Tim.Holland@pcpartnerships.org](mailto:Tim.Holland@pcpartnerships.org)
    - >The Provider Relations Committee will meet on **Wednesday, October 20, 2010 at 12:00 PM** to 1:30 PM in the Carlton Watkins Center Multipurpose room.
- **Provider Outreach Sub-Committee** – The Provider Outreach Committee is a new sub-committee, the general purpose of which is to establish mechanisms for the Provider Council to connect with new providers, to provide them basic resource information and to introduce them to the Provider Council.
  - ◆ Miranda Little (Co-Chair), Family Preservation Services, Inc., 704-344-0491, [mlittle@fpscorp.com](mailto:mlittle@fpscorp.com)
  - ◆ Becky Millis (Co-Chair), Family Preservation Services, Inc., 704-334-0491, [Rmills@fpscorp.com](mailto:Rmills@fpscorp.com)
    - >The next meeting will be on **Wednesday, October 20, 2010 at 1:30 PM** in the Carlton Watkins Center Multipurpose Room.

**Mecklenburg Area MH/DD/SA Services**  
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**EDUCATION AND TRAINING OPPORTUNITIES**

- ⇒ **AMH Trainings at the Watkins Center.** You **must** register to attend. Please send an e-mail to [amhtrain@mecklenburgcountync.gov](mailto:amhtrain@mecklenburgcountync.gov) to register, in which you will receive confirmation. Please bring this confirmation with you to class, as space is limited.
- Eating Disorders - October 8<sup>th</sup> from 8:30 – 11:30am
  - Suicide Prevention Training - Oct 28<sup>th</sup> from 1:00pm – 3:00pm
  - Domestic Violence Training - Oct 27<sup>th</sup> from 9:00am – 12:00pm
  - Smoking Cessation - Oct 27<sup>th</sup> from 1:00pm – 4:00pm
  - Smoking Cessation - Oct 28<sup>th</sup> from 9:00am – 12:00pm
- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar.** Please feel free to print and post at your locations or pass it on to anyone you feel would benefit from our trainings. To register, go to [www.meckpromise.com](http://www.meckpromise.com). If you have any questions or concerns, please feel free to contact us at (704) 525-4398, ext. 207. <http://www.meckpromise.com/node/43>
- ⇒ **The Mecklenburg County Provider Council** has developed a comprehensive Training Calendar designed to serve as a one-stop location to view training events occurring in Mecklenburg County that are supported or sponsored by the provider community, the LME, AHEC or other entities. Following is a link to submit training events: <http://www.meckpromise.com/node/75>. To view training events, click on the following link: <http://www.meckpromise.com/mptc>
- ⇒ **The LME Monthly AMH Training Calendar** is posted on-line at the following link: <http://charmeck.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/ProviderTraining.aspx>
- ⇒ **TIP – Training in Innovation and Practice** –The NC Council of Community Programs and the Administrative Services Organization, a group of providers, continue to offer training to help providers adapt to changing circumstances. For a list of currently scheduled training events and to register, go to [www.nc-council.org](http://www.nc-council.org).
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**WEB RESOURCES**

- ♦ **NC DIVISION OF MH/DD/SAS:** <http://www.ncdhhs.gov/mhddsas/>
- ♦ **MECKLENBURG AMH:** <http://mecklink.charmeck.org>
- ♦ **AMH BEST PRACTICES COMMITTEES AND SCHEDULE:**  
<http://charmeck.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/BestPracticeTeams.aspx>
- ♦ **HOT SHEET ARCHIVE:**  
<http://charmeck.org/MECKLENBURG/COUNTY/AREAMENTALHEALTH/FORPROVIDERS/Pages/HotSheets.aspx>

# Peer Support Specialist (PSS) Training Request for Applications

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## **I. INTRODUCTION**

The North Carolina Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) is seeking applications from six Local Management Entities (LMEs) to establish PSS training programs. Preferably, two LMEs from each of the three regions West, Central and East to provide Division approved Peer Support Specialist (PSS) Training to qualified individuals.

## **II. BACKGROUND INFORMATION**

Per G.S. 143C-9-2 Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs.

Moneys in the Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs shall be allocated to area programs to be used only to:

1. Provide start-up funds and operating support for programs and services that provide more appropriate and cost-effective community treatment alternatives for individuals currently residing in the State's mental health, developmental disabilities, and substance abuse services institutions.
2. Facilitate reform of the mental health, developmental disabilities, and substance abuse services system and expand and enhance treatment and prevention services in these program areas to remove waiting lists and provide appropriate and safe services for clients.
3. Provide bridge funding to maintain appropriate client services during transitional periods as a result of facility closings, including departmental restructuring of services.

Peer Support Specialists are people living in recovery with mental illness and /or substance abuse and provide support to other consumers who can benefit from their lived experiences. The DMH/DD/SAS understands the need for trained and qualified Peer Support Specialists and the value of peers working with peers in mental health and substance abuse services. State and local programs have been working to increase opportunities for Peer Specialists.

As part of this effort, the Division implemented the North Carolina Certified Peer Support Specialist program (NCCPSS). University of North Carolina Behavioral Healthcare Resource Program (UNC BHRP) administers the certification and recertification processes on behalf of the Division. The Division reviews and approves the forty-hour Peer Support Specialist training curriculum. Complete information on the NCCPSS Program is found at <http://pss-sowo.unc.edu/pss>.

It is vital to increase the availability of trained Peer Support Specialists. The Division of Medical Assistance (DMA) and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) have submitted the Peer Support Specialist (PSS) Service Definition to Centers for Medicare and Medicaid Services (CMS). Upon approval, only Critical Access Behavioral Healthcare Agencies (CABHAs) will have the opportunity to provide the new Peer Support Services when it is authorized to begin.

## **III. TIMELINE**

The RFA is due to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Advocacy and Customer Service, no later than 5:00 pm on October 15, 2010. Notification by email will be provided to all applicants by November 15, 2010. Allocation letters for successful applications will be

promptly processed and mailed to successful applicants. The LMEs will develop their own training calendar, but must spend funds to meet their training pool targets by the end of the funding period June 30, 2011.

#### **IV. PEER SUPPORT SERVICE OVERVIEW**

UNC BHRP has administered the NCCPSS program on behalf of the Division of Mental Health since 2006. Currently, there are only 204 NCCPSS with 175 employed as reported by UNC BHRP. The Peer Support Specialist training is important for the following reasons:

- **System Benefit:** Peer Support Services is a new Medicaid billable initiative and its success is dependent on having a pool of North Carolina Certified Peer Support Specialists (CPSS) ready for employment. A broad pool of CPSS is a possible incentive for CABHAs to provide this service, as they will not have financial responsibility to pay for a consumer to meet the criteria to become a North Carolina Certified Peer Support Specialist.
- **Labor Pool Benefit:** All billable Medicaid services as well as most alternative services with peer positions require the consumer to meet North Carolina Certified Peer Support Specialist criteria. The cost to attend Peer Support Specialist training is a barrier to many consumers, preventing them from pursuing this certification.
- **The Recovery Model Benefit:** The Recovery Community in this state and across the country has strongly encouraged recovery-based community services.

#### **V. PEER SUPPORT SPECIALIST TRAINING CURRICULUM**

In order to meet the NCCPSS criteria, the training must be provided by an instructor using a Division approved curriculum from the following list:

- "Take Your Heart to Work" (East Carolina Behavioral Health)
- Peer Specialist Training Manual (Recovery Works)
- Peer Employment Training Workbook (Meridian Behavioral Health Services)
- Peer Employment Training Workbook (Recovery Innovations of NC)
- PBH Peer Support Specialists (Piedmont Behavioral Healthcare)

#### **VI. THE NORTH CAROLINA CERTIFIED PEER SUPPORT SPECIALISTS (NCCPSS)**

It is expected that the LME will offer training to consumers that meet the following criteria:

- Be a current or former consumer of mental health and/or substance abuse services.
- Have a minimum of 1 year of demonstrated recovery time between diagnosis and application as NCPSS.
- Meet the minimum employment requirements for Peer Support Services (for example, able to communicate orally and in writing).

Please review all application materials and supporting documents on the NCCPSS website <http://pss-sowo.unc.edu/pss>.

#### **VII. ELIGIBLE APPLICANTS**

The RFA must include specific targets and outcomes in order to train a minimum of 20 consumers given local circumstances such as market, travel and volume of applicants. It is expected the LMEs will assist and assure each consumer who successfully completes the training to also complete an additional 20 hours of training and have

valid certificates verifying attendance and participation. These trainings should compliment the type of service/program the individual will be working in. (Training such as, but not limited to, Wellness Recovery Action Planning, Person Centered Thinking, Personal Assistance in Community Existence (PACE), Crisis Prevention, First-Aid).

## **VIII. COSTS ASSOCIATED WITH TRAINING**

Costs associated with providing the Division approved Peer Support Specialist training will likely vary across LMEs. LMEs may have some flexibility in how they create the budget for their training, where they have their trainings, amount of travel costs provided and how they schedule the trainings within the budget period (a single training for a large group or 2 or more trainings for several groups).

## **PART 2. LME SELECTION PROCESS**

The selection of the LMEs will be conducted by a committee consisting of Division staff from the LME System Performance Team, Best Practice Team, the Advocacy and Customer Service Section, a State Consumer and Family Advisory Committee (SCFAC) member as well as individuals from the Recovery Community. This committee will determine the selection of the 6 LMEs based on the following criteria:

- The LME has a demonstrated history of activities promoting the Recovery Model and the use of NCCPSS. The LME has a support letter from their local Consumer and Family Advisory Committee (CFAC).
- The LME has a commitment from one or more of its CABHAs to provide Peer Support Services in its local region once it is approved, and submits a letter of partnership from these CABHAs. The letter will describe the CABHA's commitment to implementing Peer Support Services and to the Recovery Model.
- The LME details the method to evaluate the effectiveness of this program.
- The LME describes its plan to conduct forums and job fairs, etc to increase employment opportunities for NCCPSS and to promote the Recovery Model to providers and other stakeholders.
- The LME has a detailed timeline describing the implementation of this project.
- The selected LMEs will be monitored for compliance according to Division performance standards. It is a reasonable expectation that *at least 20* consumers per LME will be provided the Division approved Peer Support Specialist Training.
- The LME will assist and assure 100% of the people successfully completing the training to become a NCCPSS.

## **PART 3. LME TRAINING PLAN**

The selected LMEs will develop a training target plan to build its pool of trainees utilizing a committee of two LME staff (one from Customer Services and one from Provider Relations), two members of their CFAC, and two members from the local Recovery Community. This committee will determine the selection of the trainees on the following criteria:

- Be a current or former consumer of mental health and/or substance abuse services
- Have a minimum of 1 year of demonstrated recovery time between diagnosis and application as NCPSS
- Agree to participate and complete the Peer Support Specialist training
- Be committed to completing the NC Certified Peer Support Specialist process
- Meet the minimum employment requirements for Peer Support Services specified on the BHRP website (i.e., able to communicate orally and in writing).



**Appendix A**  
**Request for Application**  
**Peer Support Specialist Training**

**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
**Advocacy and Customer Service & Community Policy Management Section**

Initiative: Mental Health Trust Funds (MHTF) for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs for Peer Support Specialist Training.

The Division is requesting Application(s) from Local Management Entities (LMEs) to submit for Peer Support Specialist Training that will be supported Per G.S. 143C-9-2 Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs. The LME cannot request any of this funding for LME administrative costs or for services provided directly by the LME. However LMEs who have Divisions approved PSS training curriculum may use their own curriculum for the training. Application(s) should address the needs for training consumers using a Division approved Peer Support Specialist curriculum and the other requirements to meet North Carolina Certified Peer Support Specialists (NCCPSS) criteria.

Applications should be completed on the enclosed Word document form. A Word document electronic copy of the Application will be available on the Division's web page at <http://www.ncdhhs.gov/mhddsas>. Questions regarding the Application may be addressed to Wes Rider (910) 520-9027 or via email [Wes.Rider@dhhs.nc.gov](mailto:Wes.Rider@dhhs.nc.gov) and Debbie Webster (919)-715-2774 or via email [Debbie.Webster@dhhs.nc.gov](mailto:Debbie.Webster@dhhs.nc.gov).

A transmittal letter signed by the LME Director and by the CABHA(s) Director partnering with the LME is required, along with six (6) copies of the Application, to be submitted by surface mail to Kerry Lynn Fraser, Advocacy and Customer Service, 3009 Mail Service Center, Raleigh, NC 27699-3009, or delivered to Kerry Lynn Fraser at DMH/DD/SAS, Albemarle Building, Suite 1156, Raleigh, NC 27603. Applications will be reviewed by a committee and recommendations for funding will be provided to the Acting Section Chief and the Chief of Community Policy Management for final decisions regarding approved Applications. Notification by email will be provided to all applicants by November 15, 2010. Allocation letters for successful applications will be promptly processed and mailed to successful applicants.

**Applications must be received by ACS no later than 5:00 PM on Friday, October 15, 2010**

DMHDDSAS USE Only:  
Example: MHTF SFY 10-PSS-01

DMHDDSAS Application #

DMHDDSAS USE Only:

Date and Time received

## Peer Support Specialist Training Application

### Division of Mental Health, Developmental Disabilities and Substance Abuse Services Advocacy and Customer Service & Community Policy Management Section

1	Name of LME	
2	LME Project Coordinator Name & Title	
3	Telephone No. of LME Project Coordinator	
4	E-Mail of LME Project Coordinator	
5	Name of Project	
6	Funding Amount Requested SFY 10-11	

**Note: Total funding amount requested for PSS training should not exceed approximate stated average award amount**

**Provide information below regarding the CABHA(s) that the LME will partner with and submit a letter of partnership for this initiative.**

7	CABHA Director	
8	CABHA Address	
9	CABHA Project Coordinator	
10	Telephone No. of Project Coordinator	
11	E-Mail Address of Project Coordinator	

**Provide information below regarding the CABHA(s) that the LME will partner with and submit a letter of partnership for this initiative.**

	CABHA Director	
	CABHA Address	
	CABHA Project Coordinator	
	Telephone No. of Project Coordinator	
	E-Mail Address of Project Coordinator	

**Provide information below regarding the CABHA(s) that the LME will partner with and submit a letter of partnership for this initiative.**

	<b>CABHA Director</b>	
	<b>CABHA Address</b>	
	<b>CABHA Project Coordinator</b>	
	<b>Telephone No. of Project Coordinator</b>	
	<b>E-Mail Address of Project Coordinator</b>	

**PLEASE ATTACH YOUR RESPONSES TO THE FOLLOWING QUESTIONS #12-18 USING NO MORE THAN 3 PAGES FOR EACH ANSWER.**

**12.** Describe the LME demonstrated history of activities promoting the Recovery Model and the use of NC Certified Peer Support Specialist. The LME must include a support letter from the local CFAC.

**13** The LME submits a letter of partnership from these CABHAs. The letter will illustrate the CABHA’s commitment to implementing Peer Support Services, once the definition is approved, and will describe their commitment to the Recovery Model including CABHA staff training.

**14.** Describe how the LME plans to evaluate the effectiveness of the project.

**15.** Describe the LME’s plan to conduct forums and job fairs, etc to increase employment opportunities for Peer Support Specialists and to promote the Recovery Model to providers and other stakeholders.

16. Provide a detailed timeline for the implementation of this project.

17. Given budgetary considerations of your proposal, describe the LME's plan to ensure that at least 20 consumers will be trained. Describe the plan to ensure the consumers chosen will meet the requirements to become a North Carolina Certified Peer Support Specialist.

18. Describe the LME's plan to assist and ensure that 100% of the PSS training participants that successfully complete PSS training will become a North Carolina Certified Peer Support Specialist.

**Appendix B  
Peer Support Specialist Training  
Budget Worksheet**

**LME Application for SFY 10-11 Mental Health Trust Fund (MHTF)**

**Peer Support Specialist Training requested total amount \$ \_\_\_\_\_**

**Name of LME submitting RFA \_\_\_\_\_**

**Name of CABHA(s) Partnering with the LME \_\_\_\_\_**

**Indicate projected # of trained Peer Support Specialists with this budget \_\_\_\_\_**

	<b>Total Figures</b>	Explanation/Details (attach supporting documents)
# of Trainees	#	
Trainer's Professional Fee	\$	
Cost of Training		
Meeting Room Expenses	\$	
Material Costs	\$	
Supply Cost		
Meals (indicate meals for each day based on state per diem: Breakfast \$7.75/Lunch \$10.10/Dinner \$17.30 inclusive)	\$	
Transportation Costs	\$	
Hotel Costs (based on State Per diem at \$65.90 + per night)	\$	
\$15 Check per PSS trained persons made payable to PSS-BHRP (NCCPSS application process)	\$	
20 hours of additional training for certification purposes	\$	
<b>Total Cost</b>	\$	

➤ **The process to become a North Carolina Certified Peer Support Specialist also requires that each person that successfully completes PSS training also successfully complete an additional 20 hours of training that will help the person understand the job and be successful with peers. PLEASE INDICATE LME TRAINING COURSES THAT WOULD MEET THIS REQUIREMENT (training such as but not limited to, Mental Health, First Aid, WRAP, Person Centered Thinking, PACE, Crisis Prevention)**

**Appendix C**  
**LME Trainee's Selection Committee**

**I. Please identify below that you have a commitment from your LME trainee's selection Committee.**

- Identify two LME staff (one from Customer Services and one from Provider Relations)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

- Identify at least one CABHA staff from each CABHA(s) the LME will partner with:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- Identify two members of your local CFAC

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

- Identify two members from your local Recovery Community

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

## **Appendix D**

### **North Carolina Certified Peer Support Specialist Requirements**

The North Carolina Certified Peer Support Specialist Criteria

Individuals may apply who meet the following criteria:

- Be a current or former consumer of mental health and/or substance abuse services.
- Have a minimum of 1 year of demonstrated recovery time between diagnosis and application as PSS.
- Have attended and successful completed a Division of MH/DD/SAS approved PSS training curriculum and have a valid certificate from that training
- Have completed an additional 20 hours of training and have valid certificates verifying attendance and participation. These trainings should compliment the type of service/program the NCCPSS will be working in. (Training such as, but not limited to, the mental health and/or substance abuse service to be delivered, Wellness Recovery Action Planning, Person Centered Thinking, Personal Assistance in Community Existence (PACE), Crisis Prevention, First-Aid)..
- Submit two (2) completed Personal Reference forms

Information about the North Carolina Certified Peer Support Specialist application requirements can be found at <http://pss-sowo.unc.edu/certification>



## MECKLENBURG COUNTY

Area Mental Health, Developmental Disabilities and Substance Abuse Services  
Sam Billings Center  
429 Billingsley Rd., Charlotte, NC 28211-1098

**Date: September 17, 2010**

**To: Interested Certified Critical Access Behavioral Health Agencies**

**Re: Request for Information (RFI): Adult Mental Health Integrated Services Continuum**

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Mecklenburg County Area MH/DD/SA Services (AMH) would like to identify a certified Critical Access Behavioral Health Agency (CABHA) to operate the entire integrated continuum of Adult Mental Health services currently provided by Mecklenburg Open Door, Inc. effective December 1, 2010.

The integrated continuum includes:

- Community Support Team
- Transitional Residential Services: a 38 bed unit for individuals who are returning to the community from Broughton who are at risk of homelessness or who are at risk of going to Broughton or a local psychiatric hospital.
- Recovery Solutions: a 30 bed jail diversion initiative which is a criminal justice-mental health partnership designed to reduce the rate and severity of recidivism while ensuring appropriate treatment
- Permanent supported housing: includes group homes (5 homes, 6 consumers each), apartments (5 complexes with 48 units total and scattered site condominiums (19 total units); most of these are HUD-811 projects.
- Walk-in clinic and telemedicine services: includes diagnostic assessment, brief individual and group counseling, medication evaluation and management
- Development of a 12 bed crisis stabilization unit that meets all state facility licensure and standards; the focus will be on jail diversion and will act as a resource for mobile crisis diversion.

### **TARGET POPULATION**

Populations served include adults 18 years of age and older who have been identified as having diagnoses that fall into categories of Severe and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI) or co-occurring SPMI or SMI with Substance Abuse challenges.

### **PROVIDER REQUIREMENTS**

Must be a certified North Carolina Critical Access Behavioral Health Agency  
Must have demonstrated experience in operating residential programs and behavioral health clinical services

**PEOPLE • PRIDE • PROGRESS • PARTNERSHIP**

Responsible for the Provision of Mental Health, Developmental Disabilities, and Substance Abuse Services



## ADULT MENTAL HEALTH INTEGRATED CONTINUUM

Must have knowledge of HUD housing regulations and requirements  
Must have knowledge of and experience with serving SPMI and SMI populations  
Must operate services and supports within the context of Recovery Model philosophy and guiding principles  
Must be able to implement an effective transition plan that will be seamless to consumers and that will not disrupt consumer services and supports  
Must demonstrate sufficient financial resources to ensure a smooth transition with no disruption in services.

### SERVICES

Services and staffing are to be provided in accordance with the specific requirements of the NC Division of Medical Assistance (Medicaid) and Integrated Payment and Reimbursement System (IPRS funded) service definitions. The provider is required to be fully endorsed to provide the services included where applicable.

### FUNDING AND UTILIZATION MANAGEMENT

Services will be provided in accordance with approved Medicaid and IPRS Service Definitions and will be billed and paid at the current State and Medicaid Rates. Prior authorization is required and must be based on medical necessity.

### REQUEST FOR INFORMATION AND PROPOSED PLAN

Interested agencies should submit a proposed plan in response to this RFI. The Plan must include all elements listed below.

### PROPOSALS MUST INCLUDE THE FOLLOWING ELEMENTS:

- A. A two page application form (attached).
- B. A brief description of the agency's guiding principles, vision and mission.
- C. A description of the agency's experience with the populations and the continuum of integrated services described above.
- D. Qualifications (resume or curriculum vitae) of the person(s) in the organization who will have primary responsibility for service implementation and supervision.
- E. Credentials and experience of staff that will provide services.
- F. A Transition Plan to be operational by December 1,2010 and to minimize disruption to current consumer services and support
- G. Proposed line item operational budget
- H. Budget narrative
- I. Audited Financial Statement for the last 2 years.

### REVIEW CRITERIA AND TIMELINE

- A Technical and Community Review Team will score proposals based on the attached Review Criteria. This team will make recommendations to the Consumer and Family Advisory Committee (CFAC).
- Final recommendations will go before the CFAC for approval and recommendations.
- The Area Director will have final responsibility for selection of the provider.
- Mandatory Information Session  
3:30 PM, Wednesday, September 22  
Sam Billings Center, Conf. Room A/B  
429 Billingsley Rd., Charlotte, NC

**ADULT MENTAL HEALTH INTEGRATED CONTINUUM**

- Proposal Due Date 5:00 PM on Friday, October 1, 2010
  - Technical Review Completed October 4, 2010
  - CFAC Review and Recommendation October 6, 2010
  - Final Decision Announced October 8, 2010
  - Implementation begins December 2010
- 
- **Please prepare six (6) copies of your plan and submit them in soft binders.**
  - **Proposals, not including attachments, must be no longer than 8 pages, double-spaced using a 12 pt. font.**
  - **All pages must be numbered**
  - **Each section must be tabbed and labeled by the letter of the proposal elements indicated above**
- 
- Proposed plans must be received no later than the end of the business day (5:00.p.m.) on **Friday, October 1, 2010** and sent to:

*Dennis Knasel, Director Consumer Affairs and Community Services  
Sam Billings Center  
429 Billingsley Road  
Charlotte, NC 28211*

[Dennis.Knasel@MecklenburgCountyNC.gov](mailto:Dennis.Knasel@MecklenburgCountyNC.gov)

RFI: Adult Mental Health Integrated Services Continuum  
Review Criteria

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Following are review criteria for scoring of proposals submitted. Each proposal will be read and scored using these criteria.

**Criterion 1: Experience and Capability (20 Points)**

1. The proposal lists verifiable experience with projects or contracts (most recent five years) that exemplify direct provision of services for the population to be served. (5 points)
2. Program implementation track record - the proposal offers evidence of prior success at implementing the proposed services for the specific target population(s). (5 points)
3. The provider describes and demonstrates a commitment to quality of services to adults with SMPI and SMI in the context of Recovery Model philosophy and principles. (5 points)
4. The proposal describes a commitment to supporting consumers in directing their person centered plans and in supporting community connections and natural supports. (5 points)

**Criterion 2: Technical Approach (10 Points)**

1. The application contains the required elements. (5 points)
2. Proposal demonstrates an understanding and adherence to utilizing evidence based practices and approaches in the delivery of services and supports. (5 points)

**Criterion 3: Program Implementation and Management (20 Points)**

1. The proposal demonstrates a commitment to developing capacity and specifies a plan to accomplish this goal. (5 points)
2. The proposal includes a commitment to program evaluation and describes outcome measures and an outcome tracking system. (5 points)
3. The proposal describes a commitment to inclusion of consumers and family members in all aspects of program and policy management. (5 Points)
4. The proposal includes a commitment to building and developing relationships in the community consisting of relevant stakeholders. (5 points)

**Criterion 4: Staffing, Supervision and Training (20 Points)**

1. The proposal describes services provided by well-qualified, well-trained and appropriately supervised staff with required qualifications to provide the services specified. (10 points)
2. The proposal describes how staff will be trained and supervised. (10 points)

**Criterion 5: Budgetary Plan (30 Points)**

1. The proposed expense budget is commensurate with the level of effort needed to provide the services outlined in the proposal. (7 points)
2. The proposed revenue budget is commensurate with the level of income that is needed to provide the service outlined in the proposal. (7 points)
3. The proposed expense budget is consistent with current budget allocations and requests no additional funds from the AMHA beyond that stated in the RFI. (6 points)
4. The agency's audit and/or financial statement(s) exhibit financial stability. (10 points)

PROVIDER APPLICATION

1. Contact Information

Agency Name: \_\_\_\_\_

Agency Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Telephone: Office- \_\_\_\_\_ Office Hours: \_\_\_\_\_

Fax- \_\_\_\_\_ Office Manager: \_\_\_\_\_

Mobile - \_\_\_\_\_ Pager- \_\_\_\_\_

Primary Contact Person and Title: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Executive Director/CEO: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Clinical/Medical Director: \_\_\_\_\_

2. Authority: List name of person(s) in agency who has authority to negotiate a contract with Mecklenburg County MH/DD/SAS. \_\_\_\_\_

3. Agency Legal Entity Type:

- C-Corporation                       General Partnership                       Cooperative
- S-Corporation                       Sole Proprietorship                       Not for Profit
- Limited Liability Corporation                       Limited Liability Partnership

4. Agency Federal Tax ID #: \_\_\_\_\_

5. Ownership: List the name(s) and SSN# for individuals who own at least 5% interest in the business.

Name	Social Security Number	Percentage ownership

6. Is your agency staffed and equipped to serve:

- Physically Handicapped? Yes  No                       Deaf/Hard of Hearing? Yes  No
- Blind/Visually Impaired? Yes  No                       Behaviorally Disruptive? Yes  No
- Sexually Aggressive? Yes  No
- Foreign Languages? (Specify) \_\_\_\_\_

<b>7. Insurance coverage and Professional Liability</b>	<b>Yes</b>	<b>No</b>
A) Have you ever had a claim against you? If "Yes", please list the name and amounts of the insurance and disposition.	<input type="checkbox"/>	<input type="checkbox"/>
B) Are there any current, unsettled claims?	<input type="checkbox"/>	<input type="checkbox"/>
C) Have you ever had a policy cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
D) Has there ever been any action or investigation against you or any owner or qualified professional in your agency relating to:		
1) license?	<input type="checkbox"/>	<input type="checkbox"/>
2) certification?	<input type="checkbox"/>	<input type="checkbox"/>
3) registration?	<input type="checkbox"/>	<input type="checkbox"/>
4) privileges?	<input type="checkbox"/>	<input type="checkbox"/>
5) billing practices?	<input type="checkbox"/>	<input type="checkbox"/>
E) Have you or any owners ever been convicted of a crime, including, but not limited to, crimes involving children, fraud, or narcotics other than minor traffic violations? If "Yes", please list charge, disposition and dates.	<input type="checkbox"/>	<input type="checkbox"/>
F) Have any adverse actions been filed against you by		
1) Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
2) Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
3) Other Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
G) Have you or has anyone in your company who has an ownership, managerial or clinical role ever been sanctioned by any professional organization or government agency?	<input type="checkbox"/>	<input type="checkbox"/>
H) Have you ever had a contract cancelled by another Area Program in North Carolina or similar entity in another state?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered "yes" to any of the above questions, please explain in an attachment.**

- 8) Please list all relevant contracts your agency currently has or has had for the past three (3) years other than contracts with Mecklenburg County AMH. (If you have not had relevant contracts, please list agencies that are familiar with your organization's business and professional practices.)**

**Please include for each:**

- A) Agency/LME name**
- B) Contact name**
- C) Phone number**
- D) Email address**
- E) What services are/were provided**
- F) Beginning and ending dates**
- G) Dollar amount of contract**



## Looking Back on 2010-11 and Looking Ahead to 2011-13

### *Review of the FY2010-11 Budget*

#### **Highlights:**

- Raising revenue was “off the table”: little appetite for tax reform in an election year.
- Budget gap of \$1.2 billion closed by cuts, fund transfers, and one-time solutions.
- State lawmakers expected \$1.6 billion in federal aid; the state will get just over \$1.7 billion.
- Biggest cuts to Health & Human Services, followed by Education and Justice & Public Safety.
- Some of last year’s cuts at least partially restored (mental health, AIDS drugs, Health Choice)

#### **A Dire Situation Got Worse**

On June 30, 2010, the General Assembly passed the adjusted state budget for fiscal year 2010-2011. The final General Fund budget provides for \$18.96 billion in appropriations, which is almost 16 percent less in state-funded spending than would be needed to maintain services at 2008-2009 levels and more than 3 percent less than originally allocated in the 2009-11 biennium budget.

Including the expected \$1.6 billion in federal aid, the total general fund appropriations in the adjusted 2010-11 budget totaled to \$20.6 billion. Although state lawmakers received less than the expected amount in federal Medicaid assistance (\$343 million versus \$482 million), the state will receive an unexpected \$300 million in additional funds for teachers that must be spent before September 2012.

The budget gap continued to balloon after last year’s cumulative gap of \$4.6 billion; this year policymakers faced an additional shortfall of \$1.2 billion caused by revenues coming in over \$700 million below expectations while enrollment in Medicaid and post-secondary education skyrocketed.

Lawmakers made clear early on that after last year’s temporary tax increases, raising revenue was “off the table”. Thus, policymakers relied almost exclusively on spending cuts, efficiencies, and one-time fixes to address this year’s shortfall. These measures enabled lawmakers to minimize harm to state services in the short-run while postponing tackling the budget crisis to come when temporary taxes expire and federal recovery dollars disappear next year.



### ***Looking Ahead to 2011-13***

State policymakers closed the \$9.4 billion 2009-11 biennium budget gap with more than \$2.6 billion in federal aid, about \$2.2 billion in temporary taxes, and about \$4.6 billion in net cuts and fund transfers.

The combination of the slow pace of the expected recovery and the simultaneous expiration of both federal aid and the temporary taxes at the end of this fiscal year is likely to leave state policymakers facing an even more extreme budgetary challenge than they faced at the beginning of 2009.

### ***The Looming Budget Gap***

Even after taking the substantial cuts of 2009-11 into account, state policymakers are likely to confront a budget gap of nearly \$6 billion over the course of the next two fiscal years (see chart). Getting services back to pre-recession levels would likely require about \$10 billion in additional revenues over two years: equivalent to increasing taxes across the board by over 25 percent.

The absolute scale of the budget gap is nearly the same as the gap policymakers faced policymakers in 2009-11, but this time the state can expect little additional assistance from the federal government beyond the end of this fiscal year.

Furthermore, the state has already made the “easy” cuts, many of which simply shifted spending to later years, and is also likely to see major unplanned growth in costs to the State Health Plan and State Retirement Systems, each accounting for several hundred million dollars.

### ***The Case for Revenue Reform***

The scale and severity of the coming revenue shortfall should clearly demonstrate the need to reform the state’s revenue system as part of a balanced approach to closing the budget cut, including raising enough revenue to support the state’s needs long into the future. Taking a cuts-only approach to closing the 2011-13 budget gap would be truly devastating to the state’s economy and families that are already struggling with the impact of the recession. Raising adequate revenue in the short- and long-term must be part of the solution.

<b>Defining the 2011-13 Budget Gap</b>	
<b>FY 2010-2011 Budget</b>	
<b>FY10-11 <u>Final Adjusted</u> General Fund Budget + Federal Recovery Dollars</b>	<b>\$ 20,613,819,711</b>
<b>FY10-11 <u>Original Continuation</u> Budget</b>	<b>\$ 22,554,891,906</b>
<b>FY 2011-2013 Biennium Budget (estimated)</b>	
<b>FY11-13 <u>New Continuation</u> Budget (2010-11 service levels)</b>	<b>\$ 43,300,000,000</b>
<b>FY11-13 <u>Pre-Recession Continuation</u> Budget (2008-09 service levels)</b>	<b>\$ 47,400,000,000</b>
<b>Preliminary Estimate of FY 2011-2013 Budget Gap</b>	
<b>FY11-13 <u>Budget Gap</u> (2010-11 service levels)</b>	<b>\$ 5,800,000,000</b>
<b>FY11-13 <u>Budget Gap</u> (2008-09 service levels)</b>	<b>\$ 9,900,000,000</b>

## Mecklenburg County Community Collaborative Care Review Teams Fact Sheet

### WHAT

Mecklenburg County's Care Review Teams (CRTs) are a cross-organizational mix of parents and professionals who assist child and family teams achieve the outcomes they are working toward. They act in a consultative and collaborative manner, promoting System of Care principles:

- ▶ Family-driven
- ▶ Youth-guided
- ▶ Culturally and linguistically competent
- ▶ Strong reliance on community supports systems
- ▶ Collaboration across agencies
- ▶ Home, community, and school-based
- ▶ Individualized strength-based care
- ▶ Data-driven for continuous improvement
- ▶ Holding ourselves and each other accountable

At the end of the meeting, your team will walk out with an action plan.

### FOR WHOM

The CRTs are open to child and family teams working with children with severe emotional disturbances. The Community Collaborative strongly encourages child and family teams to come to Care Review before they have exhausted all resources.

### WHERE

The CRTs are held at the Watkins Center, 3500 Ellington Drive, Charlotte, NC 28211

### WHEN

Team A – 2<sup>nd</sup> Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team B – 4<sup>th</sup> Friday of each month (1 hour slots) 1:00pm, 2:00pm, and 3:00pm

Team C – Level III/IV Residential Reauthorizations requests - 1<sup>st</sup> and 3<sup>rd</sup> Friday of each month and the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of each month  
(30 minute slots) 1:00pm, 1:30p, 2:00pm, 2:30pm, 3:00pm, and 3:30pm

### HOW

To schedule a time with Care Review, contact Paula Cox at Area Mental Health: by phone at 704-432-4267 or by e-mail at [paula.cox@mecklenburgcountync.gov](mailto:paula.cox@mecklenburgcountync.gov). Child and Family teams will generally be scheduled on a first come, first served basis.

### WHY

- To obtain the SOC Coordinator/Representative or designee's signature on discharge plans for reauthorizations of residential level III/IV services.
- To get a fresh perspective, especially when:
  - a young person is at risk of an out-of-home placement
  - the team needs help making progress toward its goals
  - the team would like help sorting through disagreements and building consensus among team members
  - the team would like to be coached about options before an issue of custody is brought before a judge
- For review of all requests for out-of-state placement

Revised 12.15.09



SAVE THE DATE!



MECKCARES

Cordially Invites You to Our

**Providers!  
Families!  
Youth!  
Agencies!**

Come learn all about our community's System of Care in a fun, educational atmosphere.

- Community Resources
- Flex Funds
- Child and Family Teams
- Enrollment Process
- Natural and Informal Supports
- System of Care Coaching
- Case Consultation

# System of Care OPEN HOUSE

FUN!

FOOD!

RESOURCES &  
INFORMATION!

GIVEAWAYS!

**WEDNESDAY, NOVEMBER 17**

**3:00 P.M. TO 6:00 P.M.**

**CAROLE A. HOEFENER COMMUNITY CENTER  
610 EAST 7<sup>TH</sup> STREET**

*Parking is available behind the building*

Please R.S.V.P. by November 12 to  
Francesca Morgan at  
Francesca.Morgan@MecklenburgCountyNC.gov  
call (704) 432-4592



Mecklenburg Provider Council

# Family Therapy that Works!

**Facilitators:**

**Kok-Mun Ng, Ph.D., LPC, NCC**

**Paul R. Peluso, Ph.D.**



**Session 1: October 22, 23, and 24.**

**Session 2: November 5, 6, and 7.**

**Location: Holiday Inn University**

**Cost: \$120.00 plus \$10 for CEU documentation.**

**Total Training Hours: 24.**

**REGISTRATION:** Register online: [www.genesisproject1.org](http://www.genesisproject1.org) (Registration fees will be payable via Paypal) Training is limited to 50 persons per session.

The training fee is nonrefundable and cannot be applied to a future training.

Register early, space is limited.



**Kok-Mun Ng, Ph.D., LPC, NCC**, is an Associate Professor in the Department of Counseling at the University of North Carolina at Charlotte, North Carolina. His research and clinical interests include marriage and family, attachment, psychological assessment, well-being, emotional intelligence, counselor education and supervision, and multicultural and cross-cultural counseling issues. His publications include articles in state, national, and international journals and book chapters. He recently co-edited *Attachment: Expanding the Cultural Connections* with Dr. Phyllis Erdman. Dr. Ng currently serves as a member of the NBCC-International Advisory Council. He served on the Board of Directors of NBCC from 2006 to 2009. He frequently conducts mental health counseling and related training workshops and presentations in state, nationally, and internationally settings.



**Paul R. Peluso, Ph.D.** is an Associate Professor and doctoral program coordinator at Florida Atlantic University. He is the co-author of *Couples Therapy: Integrating Theory, Research, & Practice* (Love Publishing) and *Principles of Counseling and Psychotherapy: Learning the Essential Domains and Nonlinear Thinking of Master Practitioners* (Routledge Publishing), and the forthcoming book *Changing Aging, Changing Family Therapy*. In addition, he is the editor of the book *Infidelity: A Practitioner's Guide to Working with Couples in Crisis* (Routledge Publishing). He is a licensed marriage and family therapist (FL), and an AAMFT Approved Supervisor. Dr. Peluso is the author of over 25 articles and chapters related to family therapy, couples counseling, and Adlerian Theory.

**For more information on this "Family Therapy that Works" training, please contact, Dr. Trasha Black, PhD, LPC, NCC, Clinical Director at Genesis Project 1, Inc. (704.596.0505)**

**[[tblack@genesisproject1.org](mailto:tblack@genesisproject1.org)]**

# Family Therapy that Works!

## Family Therapy That Works! A Training on Two Empirically Based Family Therapy Approaches for Practitioners

In an age of accountability, payers and consumers of all forms of mental health services are requiring practitioners to adopt practices and approaches that have shown empirical evidence of being effective and efficacious. The field of family therapy has not been immune to this trend, and, in many cases, has embraced it. This has led to some of the most exciting and innovative approaches to family therapy being developed. Specifically, Brief-Strategic Family Therapy (BSFT) and Multi-Dimensional Family Therapy (MDFT). Each of these approaches embodies both the historical roots of family systems theory and the cutting edge of family interventions. In this multi-day, multi-modal training, participants will be introduced to, and immersed in, each of these approaches, and their application to helping couples and families with a wide variety of presenting concerns.

### Topics to be Covered:

Review of General Systems Theory and Historical Family Systems Approaches

Review of Efficacy and Effectiveness Research of Family Therapy

Brief Strategic Family Systems Theory

Origins

Definition of Key Structures

Treatment Strategy

Techniques

In-Depth Case Discussion and Treatment Planning

Video Presentation

Role-Play

Research-Based & Outcome Measures

Multi-Dimensional Family Systems Theory

Origins

Definition of Key Structures

Treatment Strategy

Techniques

In-Depth Case Discussion and Treatment Planning

Video Presentation

Role-Play

Research-Based & Outcome Measures

Trends in Family Therapy and Practice of BSFT & MDFT

Clinical Competencies

Multicultural issues

Client Participation in Treatment Outcomes

Emerging Issues



In addition to the 3 days of training (7 hours each, total 21 hours), participants will be required to read material prior to training and complete a quiz within a week after the training (equaling 3 hours). The trainers will provide the training material to participants in CDs

# WALK TO



*presents*

## Legislative & Candidates Reception

An opportunity to meet with candidates and constituents from Mecklenburg County to discuss the importance of mental health services & delivery

**Thursday, September 23**

**6:30 – 8:30 P.M. @ The Duke Mansion, 400 Hermitage Rd**

This event is designed to increase awareness about the stigma related to mental illnesses, promote understanding of the importance of mental health services, and encourage citizens to become better engaged in the election process. Election Day is November 2.

This event is free and open to the public, however space is limited and reservations are required. (Reservations are on a first come basis.) To reserve your space today, email: [mha@mhacentralcarolinas.org](mailto:mha@mhacentralcarolinas.org) or call 704-365-3454 and leave a message for Kathryn. Carpooling to this event is strongly encouraged.

Please visit our website to learn more about promoting mental wellness through advocacy, education and prevention:  
<http://www.mhacentralcarolinas.org>

*MHA is a proud member of the United Way of Central Carolinas.*

**Mental Health Association of Central Carolinas  
(MHA)**

**3701 Latrobe Drive, Suite 140  
Charlotte, NC 28211  
Phone (704) 365-3454  
[www.mhacentralcarolinas.org](http://www.mhacentralcarolinas.org)**

**PEOPLE • PRIDE • PROGRESS • PARTNERSHIP**

Responsible for the Provision of Mental Health, Developmental Disabilities, and Substance Abuse Services