



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
July 18, 2011

PROVIDER HOT SHEET

⇒ Mecklenburg LME is gathering input about our continuum of crisis services. This input will help us update our Crisis Services Plan and guide decisions about future funding. We will hold a series of community-wide meetings that will be facilitated by Zohreh Yamin of Piurek and Associates. Zohreh has extensive experience providing management consulting services to governmental entities and has been successful in increasing capacity for rehabilitative and recovery oriented services, including peer and family support services as well as an array of other crisis services.

These meetings will be open to consumers, families, providers, and other stakeholders. **Space is limited so we ask that you register by email to Barbara.Cross@MecklenburgCountyNC.gov or by phone at 704-336-7462 by July 29.** Please plan to attend one of these sessions:

- August 1, 2 pm or 5:30 pm - Carlton Watkins Center 3500 Ellington Street, Charlotte, NC.
- August 2, 10 am or 2 pm - Carlton Watkins Center 3500 Ellington Street, Charlotte, NC.

For those unable to attend in person, an on line survey will be made available to collect your input. Details about the survey will follow.

⇒ **Flexible Funding for Adults**

Flex funds are available for individuals registered with the LME who are at risk of admission to or discharging from a State Hospital who may be in need of emergency financial assistance to access housing or to avoid the loss of housing. Assistance may also be provided for security deposits, utilities, medications, or food allowances pending Food Stamp approval. All requests for funding must address needs of the individual as identified in the Person Centered Plan. The **LME-34 At Risk Adults Flex Funds Policy and Flex Funds Request Form** and are posted online at:

<http://charmeck.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/ProviderDocuments.aspx>.

For further information or questions, please contact Paige Walther, LPC at 704-336-3022.

⇒ **LME/CABHA Quality Improvement Director's Meeting**

Since August of 2010 the NC Council of Community Programs has assisted in arranging quarterly network meetings for CABHA QI Directors and CABHA Training Coordinators. The purpose of the meetings is to share information, identify common issues, and suggest strategies for improving quality services and provider training throughout the system. The format of the meetings has included a morning meeting of CABHA Training Coordinators and a joint meeting in the afternoon with CABHA QI Directors and the LME QI Forum.

All CABHA Training Coordinators and QI Directors are invited to participate in the next network meetings scheduled for **August 24, 2011**. The Training Coordinator Network meeting will begin at 9:00am and end at 12:00pm. The LME/CABHA QI Directors meeting will begin at 1:00pm and conclude at 3:30 pm. Both meetings are at the Royal Conference Center, 3508 Hillsborough Street, Raleigh. Lunch is on your own. Please go to www.theroyalbanquet.com for driving directions.

For planning purposes, please RSVP via email for these meetings:

To attend the Training Coordinators Network please email Michael Owen: Michael@nc-council.org.

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
July 18, 2011

To attend the LME/CABHA QI Forum meeting please email Mary Hooper: Mary@nc-council.org.

⇒ **Translating Consumer Information into Spanish**

Providers often experience difficulty in finding appropriate Spanish-language materials for consumers. Reliance on software or online programs to translate is not recommended, as the information translated can be grammatically incorrect and may not present the information in a readable and/or culturally-appropriate manner. Moreover, material that is translated literally often loses the meaning of the message and could even be offensive or insulting to the reader. Please review the state's recommendations and standards when translating materials from English to Spanish (see link below).

<http://lsntap.org/sites/all/files/DEVSPAN-web.pdf>

⇒ **Continuum of Crisis Services**

The LME has engaged Piurek and Associates to assist in efforts to improve the scope of Mental Health, Intellectual and Developmental Disabilities, and Substance Abuse Crisis Services. This process will include public input and result in an updated LME Crisis Services Plan. In the fall, the LME expects to release RFP's for services identified through this process. There will be several opportunities for individuals to give input, including community meetings on August 1 and 2, and an internet based survey and feedback portal. To learn more about Piurek and Associates, visit their web site:

<http://www.piurek.com/>

⇒ The Department of Justice has released [a new technical assistance document](#) describing public entities' obligations and individuals' rights under the integration mandate of Title II of the Americans with Disabilities Act (ADA) and the 1999 landmark Supreme Court decision, *Olmstead v. L.C.*

Additionally, in commemorating the 12th anniversary of the *Olmstead* decision, the department launched a new section of its ADA website, www.ada.gov/olmstead, providing information and resources about the decision and its enforcement.

The department also expanded its existing ADA.gov E-mail subscription service to include *Olmstead* enforcement. To monitor developments, a subscription link is provided at www.ada.gov/olmstead.

⇒ **Enhanced Services for Children or Adolescents**

When working with children or adolescents (less than 21 years of age for Medicaid, less than 18 for State funded services) who need enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must complete the following requirements and attest to them on the PCP:

- Meet with the Child and Family Team, OR
- Scheduled a Child and Family Team meeting, OR
- Assign a TASC Care Manager, AND
- Confer with the clinical staff at the LME to conduct care coordination.

Jennifer Moore, LPC an Intensive Care Manager in the LME, is the contact for care coordination and can be reached at 704-432-0077.

⇒ **Quarterly Reminder**

Elements of a Functional First Responder System

The Mecklenburg County Consumer and Family Advisory Committee (CFAC) and LME consider the following elements to constitute a Functional First Responder System (FFRS):

- The provider has a 911 prompt for medical crisis on their voicemail system.
- The provider has a prompt that provides a phone or pager number for assistance with "urgent" or "crisis" needs that cannot wait until the next business day (this number should connect to a person and not another telephone number or voicemail.)

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
July 18, 2011

- If crisis number contacts a pager, the message explains briefly what the caller will hear and how to respond.
- If the caller does not reach a live person, the voicemail message gives the caller a wait time of no more than 15 minutes to expect a return call.
- If the caller does not reach a live person, the call is returned within 15 minutes.
- Each **CABHA shall provide all consumers with a phone number to contact a live person 24/7/365 for use when crises occur. First response may be telephonic, but face to face intervention shall be attempted prior to referral or if necessary, in conjunction with other crisis responders. (New requirement as of April 6, 2011 from NC Division of Mental Health)**

All providers of enhanced Medicaid services that are required to serve as First Responders should ensure that these elements are included in your First Responder System. The LME and representatives from CFAC will periodically test providers through Mock Calls to ensure compliance with these requirements.

Recommendations to providers:

- Keep the LME informed with up to date contact information.
- Check the LME's website under Provider Services for your agency's web pages. These web pages are designed for consumers so it is extremely important for all information to be accurate.
- Implement the 15 minute time limit for calls to be returned and include that time in all phone messages.
- Tell callers what to do if they do not receive a response within 15 minutes. This is an important element that needs to be added to most provider messages – even those who succeeded in the mock calls.
 - Some agencies recommend calling 911 or give the Mecklenburg Mobile Crisis Team number as a back-up if a consumer receives no response to their crisis call.
 - CFAC does not recommend referring to 911 as a back-up. It is an inappropriate and expensive resource for someone in a crisis that can better be addressed by a mental health professional.
 - Using the Mobile Crisis Team as a back-up responder is acceptable as long as this is not a substitute for an agency's implementation of its own first responder system.
- Identify the agency or say "crisis line" when answering the crisis line. Most providers answered the crisis line with "hello".
- Periodically do an internal check of your own system after hours to make sure it is working. This should include: is easy to understand the message – is it loud enough, clear enough, are phone numbers clearly announced and repeated a second time.

⇒ Your single point of contact for all suggestions, input, feedback, questions and concerns regarding the Hot Sheet should be directed to Jill Scott, AMH Information/Education Coordinator at Jill.Dineen-Scott@MecklenburgCountyNC.gov. Click [here](#) to subscribe to the weekly Hot Sheet releases.

CLINICAL CORNER

⇒ Our most recent Infoshare highlighted the need for a holistic approach to care that integrates treatment for both behavioral health and physical health needs. There are many people under age 65 who have no employer group health insurance. They have too much income to qualify for Medicaid and are not yet eligible for Medicare. Because of significant pre-existing medical conditions, they have not been able to buy an individual health insurance policy. The Centers for Medicare & Medicaid Services have an exciting new program that offers health insurance coverage to these individuals. Please click [here](#) to learn more about this program, and share the information with consumers and families so that we can ensure the best health possible for the people we serve.

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
July 18, 2011

CONSUMER AND FAMILY ADVISORY COMMITTEE UPDATE

⇒ **NEW OFFICERS**

New CFAC officers elected in June are Sandy DuPuy, Chair, scoley03@earthlink.net and Steve McCallum and Reverend Dorothy Davis, Co-Vice Chairs.

⇒ **CFAC SEEKS NEW MEMBERS**

A CFAC member must be a resident of Mecklenburg County, be a consumer or family member of a consumer who receives or received services and must not be an employee of a provider, an advocacy agency or the LME. Members serve one to three year terms. Please click [here](#) for the application and see brochure attached. Please encourage persons you serve to consider coming to a regular meeting to observe.

⇒ **VISIT A CFAC MEETING**

CFAC meets monthly on the third Thursday from 5:30 - 7:30 pm at the Sam Billings Center on Billingsley Road. Meetings are open to anyone. There is a public comment time at the beginning of each meeting when anyone may express interests or concerns to CFAC.

⇒ **Mecklenburg CFAC First Responder Project**

As representatives for consumers and families, the Mecklenburg CFAC has an overarching goal to ensure that all persons receiving services through the provider network of the Mecklenburg LME are able to achieve the goals for recovery and independence that they set for themselves. It is our belief that persons, through their own efforts and with the support of natural allies and high quality service providers, can enhance their quality of life. The support of professional and caring providers is key to enhancing the probability that individuals can achieve their goals.

Service definitions require that Clinical Home providers have staff available 24/7/365 to act as first responders for their consumers who believe they are in a crisis. This can include a face to face intervention by provider staff but always means that staff can be reached by phone. CFAC developed a first responder project and set standards for an optimal first responder system. The purpose of the standards is to ensure that all providers use clear and easy to follow directions about how to reach a first responder through the agency's main telephone number and that consumers who call know what to expect about how the provider responds to a crisis call. The LME has supported the CFAC standards and has frequently publicized them in the weekly Provider Hot Sheet.

Beginning in 2007, CFAC implemented a series of telephone surveys to check providers' first responder availability. Using a prepared script, CFAC members make mock calls to providers to see if individuals who believe they are in a crisis can, in fact, call their clinical home provider and receive the assistance they need in a timely way.

The CFAC First Responder Project Chair works with LME staff to develop the list of providers to be called, to organize the callers and compile responses. CFAC members are provided with verbal and written instructions for making the calls and a spreadsheet to document when calls are made, which standards are met and any additional comments about the calls such as whether the crisis responder identified himself or his agency when responding to the call. Calls are made after business hours over a specific number of days for each survey. Some providers are called more than one time if there is any question about the response.

Six surveys were completed before the most recent survey which was conducted between mid-February and early April 2011.

Click [here](#) to review Seventh Survey Report.

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
July 18, 2011

ON THE MOVE

- ⇒ **Mobile Crisis Team** – Effective August 1, 2011, Heather Douglas will be assuming the role of Director. Ms. Douglas can be reached at 704-566-3410, x4 or by email at hdouglas@santegroup.org.
- ⇒ **Easter Seals UCP ACT Team**–
- Paulette Hartfield is the new ACT Team Leader for Easter Seals UCP. Paulette can be reached at Paulette.Hartfield@nc.eastersealsucp.com – 704-902-5890
 - Laurie Nappier is the new Assistant ACT Team Leader for Easter Seals UCP. Laurie can be reached at Laurie.Nappier@nc.eastersealsucp.com – 704-928-6732
 - Jane Pearson is the new ACT Team Nurse for Easter Seals UCP. Jane can be reached at Jane.Pearson@nc.eastersealsucp.com – 704-928-5425

PROVIDER COUNCIL REMINDERS AND UPDATES

- ⇒ **Provider Council Sub-Committees** – Four standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The four committees are:
- **Training and Development Committee**
 - ◆ Trasha Black (Co-Chair), Genesis Project, tblack@genesisproject1.org, 704-596-0505
 - ◆ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650 x1105, angela@trcmwm.com.
 - > The next scheduled meeting is **Wednesday, July 20, 2011 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
 - ◆ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, Tim.Holland@pccpartnerships.org
 - > The next scheduled meeting is **Wednesday, July 20, 2011 at 1:30 PM** in the Carlton Watkins Center Multipurpose room.
 - **Provider Outreach Sub-Committee** – The general purpose 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
 - ◆ > The next meeting will be on **Wednesday, August 17, 2011 at 12 PM** in the Carlton Watkins Center Multipurpose room. **No July meeting.**
 - **Quality Improvement Sub-Committee** - The general purpose of this committee is to collectively organize a sound quality approach to delivery of clinical service as well as general standards for quality for MH/SA/DD providers.
 - ◆ Angela Bunting (Co-Chair), BWB Connections, 704-595-5553 Angela.Bunting@connectionsbw.com
 - ◆ Sonyia Richardson (Co-Chair), Another Level Counseling & Consultation, 704-548-5298 srichardson@anotherlevels.com
 - ◆ > The next meeting will be on **Wednesday, July 20, 2011 at 10:30 AM** in the Carlton Watkins Center Multipurpose room.

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
July 18, 2011

EDUCATION AND TRAINING OPPORTUNITIES

- ⇒ **MeckCARES Training Institute** offers a full range of high-quality classroom and now [online courses](#) that meet state service definitions and requirements and will empower you to improve outcomes for youth and families.
- Learn about System of Care principles and practices
 - See how Child and Family Teams should operate
 - Gain knowledge, power and respect to strengthen families and improve lives

Register Today! <http://charmeck.org/mecklenburg/county/MeckCARES/training/Pages/default.aspx>

- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar.** MeckPromise is offering free Wellness, Recovery & Crisis Education classes for consumers and providers at our new location 1041 Hawthorne Lane, Charlotte, NC 28205. Please feel free to drop by and see what we've got going on! For more information on our classes please call the main number at 980-321-4021 or John Cunningham at 980-321-4025 or via email at jcunningham@meckpromise.com to request a current calendar.

- ⇒ **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.

- ⇒ **Mental Health Association** offers various training opportunities to include QPR (Question, Persuade, and Refer) suicide prevention training. Please visit website <http://mhacentralcarolinas.org> or call 704-365-3454 for more information.

WEB RESOURCES

- ⇒ [NC Division of MH/DD/SAS](#)
- ⇒ [NC Division of MH/DD/SAS Provider Endorsement Information](#)
- ⇒ [NC Division of MH/DD/SAS Implementation Updates](#)
- ⇒ [Mecklenburg AMH](#)
- ⇒ [AMH Best Practices Committees and Schedule](#)
- ⇒ [AMH Hot Sheet Archive](#)
- ⇒ [AMH Provider Document Library](#)
- ⇒ **1915 (b)(c) Waiver Updates from Division Medical Assistance**
- [Comparison: NC Innovations and CAP-MR/DD Waivers](#)
 - [LME-MCO Appeal Process](#) (per federal CFR 438.400)

Pre-Existing Condition Insurance Plan—New Coverage Option for the Uninsured

If you have had a hard time finding health insurance because of a pre-existing condition or if you've been turned down for insurance coverage and feel like you're out of options, you're not out of luck. You may now be eligible for a new program created by the Affordable Care Act -- the *Pre-Existing Condition Insurance Plan*.

This transitional program is available for children and adults in all 50 states and the District of Columbia who have been locked out of the health insurance market because of a pre-existing condition. In 2014, Americans—regardless of their health status—will have access to affordable health insurance when the nation transitions to a new marketplace.

Under this new program, you'll receive health coverage for a wide range of medical benefits including physician's services, hospital care, and prescription drugs. All covered benefits are available to you—even to treat a pre-existing condition. You won't be charged a higher premium because of your medical condition and your eligibility is not based on your income. Like standard health insurance plans, you'll be required to pay a monthly premium, a deductible, and some cost-sharing expenses. Premiums may vary depending on where you live, your age, and which health plan you choose.

The Pre-Existing Condition Insurance Plan is already getting results that are changing the lives of Americans across our nation who don't have health coverage and need medical care. James H., who lives in Texas, was diagnosed with brain cancer in 2010. . Shortly after his diagnosis, James' insurance company rescinded his insurance coverage claiming that his cancer was a pre-existing condition. James knew that his lack of coverage was a death sentence. Fortunately, James was able to join the Pre-Existing Condition Insurance Plan in Texas and is now receiving the medical treatment he needs.

Cathy A., who lives in Ohio and is a small business owner, has Systemic Lupus which has required very little treatment over the years, but she has consistently been denied health insurance because of her medical condition. Cathy noted that "without me working and paying the bills, my firm would close." After enrolling in the Pre-Existing Condition Insurance Plan in Ohio, Cathy now has the peace of mind she deserves and she doesn't have to worry about the financial instability that goes with being uninsured.

These stories are just a snapshot of what we're hearing from people across the nation who are participating in the *Pre-Existing Condition Insurance Plan*.

To qualify, you must: be a citizen of the United States or residing here legally, have been uninsured for at least 6 months before applying, and have a pre-existing condition or have been denied insurance coverage because of your health condition.

Each state may use different methods to determine whether you have a pre-existing condition and whether you have been denied health coverage. To find out more about the Pre-Existing Condition Insurance Plan, including eligibility, plan benefits and rates and how to apply, visit www.pcip.gov or Click on "Find Your State" and select your state from a map of the United States or from a drop-down menu for details.

You can also dial the Call Center toll free at **1-866-717-5826 (TTY 1-866-561-1604)**. The Call Center is open 8 A.M. to 11 P.M. Eastern Time.

###

CONSUMER & FAMILY ADVISORY COMMITTEE

Results of Seventh Survey

Survey of Clinical Home Providers:

CABHAs, TCM DD Providers, Substance Abuse IOP and COT Providers and MST Providers

Sixty (60) providers were surveyed by 7 CFAC members from mid-February through early April 2011. Providers represented were 43 CABHAs, 8 TCM DD providers, 3 SA IOP providers, 5 SA COT providers, and 3 MST providers. Some of the providers also provide other clinical home services. Some were called more than one time. Calls were made after normal business hours including weekend days and evenings.

There were 3 categories of responses:

- The first category is providers who had a perfect response. This means that every element of the proscribed first responder system was in place and staff responded to the crisis call within the 15 minute time limit. There were 29 providers (approximately 48%) who had a perfect response.
- The second category is providers who were successful in answering calls or returning calls within the 15 minute time limit but who missed 1 element of an optimal first responder system. There were 9 (approximately 15%) in this category.
- The third category is providers who failed to respond at all or who did not have a working phone number. Six had every element of an optimal system in place but still failed to respond to the mock crisis call. There were 22 (approximately 37%) in this category.

Providers who responded perfectly were: A Caring Alternative, Access Family Services, Anuvia Prevention and Recovery, Another Level Counseling and Consultation, CMC Behavioral Health Center – Randolph, Barium Springs Homes for Children, Bridgebuilders Family and Youth Services, Community Choices, Inc., Carolina Family Comprehensive Services, Inc., Footprints Carolina, Inc., Innovative Support Services, LLC, Institute for Family Centered Services, Inc., National Mentor Healthcare, LLC, Onecare, Inc., Person Centered Partnerships, Primary Care Solutions, Procure Therapeutic Agency, Inc., Quality Family Services, Restoration Concepts, RHA Health Services, Strategic Interventions, STEPs Developmental Academy, Successions Inc., The Arc of NC, Thompson Child and Family Focus, TrueVisions, and Wilson's Professional Care

Conclusions

The total number of clinical home providers who did respond to mock crisis calls was 38 out of 60 (about 3/5 or 63%). 9 of those had 1 element missing from an ideal first responder system but they responded appropriately to the crisis call.

- 28 of 41 CABHAs were successful
- 4 of 8 TCM providers were successful
- All 3 SAIOP providers were successful
- 1 of 5 SACOT providers were successful
- 2 of 3 MST providers were successful.

The total number of clinical home providers who did not respond to the mock crisis call was 22 out of 60 (about 37% or 2/5).

- 13 of 41 CABHAs
- 4 of 8 TCM providers

- 4 of 5 SA Comprehensive OP
- 1 of 3 MST providers

CFAC considers it unacceptable for any clinical home provider to be unavailable as a first responder to the persons they serve. CFAC expects 100% compliance by first responders.

Recommendations to providers:

- Keep the LME informed with up to date contact information.
- Check the LME's website under Provider Services for your agency's web pages. These web pages are designed for consumers so it is extremely important for all information to be accurate.
- Implement the 15 minute time limit for calls to be returned and include that time in all phone messages.
- Tell callers what to do if they do not receive a response within 15 minutes. This is an important element that needs to be added to almost all provider's messages – even those who succeeded in the mock calls.
 - Some agencies recommend calling 911 or give the Mecklenburg Mobile Crisis Team number as a back-up if a consumer receives no response to their crisis call.
 - CFAC does not recommend referring to 911 as a back-up. 911 is for true health related emergencies. It is an inappropriate and expensive resource for someone in a crisis that can better be addressed by a mental health professional.
 - Using the Mobile Crisis Team as a back-up responder is acceptable as long as this is not a substitute for an agency's implementation of its own first responder system.
- Identify the agency or say "crisis line" when answering the crisis line. Most providers answered the crisis line with "hello".
- Periodically do an internal check of your own system after hours to make sure it is working. This should include if it is easy to understand the message – is it loud enough, clear enough, are phone numbers clearly announced and repeated a second time.