



March 2008

## The Guilford Center: Focused Forward

### Executive Summary

#### North Carolina Mental Health Reform

The North Carolina General Assembly passed legislation in 2001 to reform the state's public mental health system over a five-year period. The Mental Health Reform Plan centered on treating consumers of mental health, developmental disabilities and substance abuse services in their own communities, rather than at large state-operated institutions. It also strived to reduce the state's administrative costs through increased efficiencies. At the initiation of the reform process, there were 33 area programs across North Carolina; there are currently 25 of them.

The state redefined the role of the area program from being a *provider* of care to becoming a Local Management Entity (LME): "local government agencies, either area authorities or county programs, which are responsible for managing, coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities and substance abuse services in the area served."<sup>1</sup>

In March 2006, the Secretary of the Department of Health and Human Services announced that LMEs were to be fully divested of direct care services other than 24/7 screening, triage and referral (STR), Crisis/Emergency and Medical Services by December 31, 2006.

The North Carolina General Assembly convened for short session in May 2006. On July 10, the Legislature passed Session Law 2006-142, House Bill 2077. This piece of legislation:

- Created a statutory definition for Local Management Entity (LME)
- Outlined the LME's function to be the management and oversight of the public Mental Health/Developmental Disability/Substance Abuse Service (MH/DD/SAS) system at the local level
- Restructured LME Board membership and limited terms
- Directed the Department of Health and Human Services (DHHS) to revise the State Plan as a strategic planning document with a mechanism for measuring performance
- Amended the power and responsibilities of the DHHS Secretary regarding the provision of local MH/DD/SA services

The Governor signed this legislation into effect on July 19, 2006.

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<sup>1</sup> This definition of Local Management Entity (LME) comes from the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services SFY 2006 Annual Report *Transformation: Collaboration to Put Consumers First*, downloadable from its Web site <http://www.dhhs.state.nc.us/mhddsas>.

## The Guilford Center FY 2006-07

In preparation for the December 31 deadline to divest direct services, the Guilford Center turned its effort toward transitioning consumers to community service providers. The Center planned numerous Provider Fairs in Greensboro and High Point as well as one-on-one consumer/provider meetings. These events afforded consumers and their family members opportunities to interact with appropriate agencies, thus helping them to identify the best provider to serve their needs. A flyer entitled "How to Choose a Provider" was developed and distributed, and is available to consumers and family members in all Guilford Center locations.

Divestiture necessitated a reduction of 122 staff positions at the Guilford Center. While easing employees through the divestiture process, the Center also worked with community providers to make certain that they were ready to assimilate a large population of public mental health, developmental disability and substance abuse consumers. Guilford Center provided a number of supports to enhance the quality of care while helping to build community capacity:

- **Best practice treatments** – The Guilford Center worked with its Best Practice Consultant and the Guilford County Substance Abuse Coalition to design a full continuum of care for the county's substance abuse treatment program. The Center's Best Practice Specialists in Mental Health, Developmental Disabilities and Substance Abuse worked with service providers to assure that treatment methods adhered to best practice standards.
- **Provider training** – In order to assure that community providers understood and followed complex federal and state regulations, the Guilford Center developed a strong curriculum of provider trainings. These courses were offered at a minimal cost and covered a wide range of important topics such as Person-Centered Thinking, HIPAA, NC-TOPPS, and Community Support Services. The agency also hosted periodic Provider Forums that gave service organizations a chance to ask questions and provide feedback on a number of timely issues.
- **Recovery Model** – The Guilford Center continued to promote the concept of Recovery throughout the organization and the community-at-large. Two graduates of the Center's December 2005 Peer Support Specialist training session were hired for the Bellemeade Crisis/Emergency Services unit.
- **Crisis/Emergency Services** – The State Department of Health and Human Services designated the Guilford Center as one of fifteen Crisis Planning Regions in North Carolina. As such, the agency worked with the Division of Mental Health, Developmental Disabilities and Substance Abuse (MH/DD/SA) Services, and a consultant to develop a continuum of crisis services that would meet the needs of all MH/DD/SAS consumers. The Center submitted a Crisis Plan, outlining its proposal to provide a full array of crisis services, to the State for approval. The plan received approval from the State.
- **Consumer choice and easy access to care** – The Center's toll-free ACCESS to Care telephone line continued to serve as the portal of entry for Guilford County consumers seeking MH/DD/SA services. This 24-hour, 7 day-a-week screening, triage and referral service was enhanced in FY 2006-07 with the addition of a toll-free teletypewriter (TTY) number for the deaf and hard of hearing.

In order to assess cross-cultural competency, the Guilford Center's Cultural Competency Committee reviewed the agency's policies, procedures, personnel practices, and public communications. When utilizing the Request for Proposal (RFP) process in service provider selection, the Center requires community service providers to demonstrate cultural competence.

- **Service quality** – As the Guilford Center divested services to local providers, the agency established new procedures to improve its monitoring efforts, enhance its incident reporting procedures and increase its efficiency in billing processes.
- **Fiscal accountability** – As a Local Management Entity, the Guilford Center remained accountable for the financial conduct of its contracted providers to whom services were divested. In order to assure provider viability, the Center routinely evaluates each provider's financial status, examines its accounting/billing procedures and monitors its ability to manage funds/transactions.

Just as the Guilford Center transitioned consumers and employees through the changes caused by state reform, public confusion and concern necessitated frequent and far-reaching communication efforts by the agency. As the LME for Guilford County, the Center aggressively countered negative media attention stemming from publicity in other regions of North Carolina where reform was problematic. Electronic media proved to be one of the most efficient methods for quickly dispensing time-sensitive information to providers and the public. The Center developed the *Provider FYI*, an e-newsletter, and added a Provider Corner and a Consumer Corner to its Web site.

Staff from the Guilford Center worked within the community to provide educational and supportive services to local schools, parent/teacher groups, mental health support groups, faith-based organizations, employers, and professional associations. Center representatives held leadership positions in several community initiatives related to developmental disabilities, mental health, and substance abuse issues.

The Guilford Center's Consumer and Family Advisory Committee (CFAC) was an active force in shaping the local implementation of Reform. CFAC participated in developing the criteria used by the Center in assessing and selecting private providers for various divested services. CFAC members served on the LME's Quality Council, and assisted in planning the Consumer Corner, a section of the agency's Web site for consumers and their family members.

### **Recent Developments FY 2007-08...**

In November 2006, the Guilford Center appeared before a special meeting of the Board of County Commissioners to present a proposal for converting an existing county facility to a county-funded substance abuse treatment center. The Board voted unanimous approval. An extensive Request for Proposal process to locate the appropriate service provider(s) ensued. In November 2007, the Guilford Center named Bridgeway Behavioral Health, Inc. as the provider for the treatment center. Bridgeway began offering assessments and individual outpatient therapy with clients appropriate for that service on February 25, 2008. Other services will be added as sufficient clinical staff is in place.

The Guilford Center has collaborated with many other local government agencies and community interest groups to push initiatives forward that are designed to improve the quality of life for all Guilford County citizens:

- **Jail Liaisons** – The LME worked with local law enforcement and the judiciary to create Jail Liaisons, mental health and substance abuse treatment professionals who coordinate services with classification officers, drug court and mental health diversion teams.
- **Mental Health Court** – Guilford Center staff assisted county officials in planning and implementing a mental health court to better evaluate, understand and recommend appropriate treatments and alternatives to incarceration for individuals with mental health issues. The program is up and running in Greensboro. A High Point office will open early in 2008.
- **Homelessness** – The Guilford Center supports many projects to reduce homelessness in Guilford County. Staff representatives served on the Greensboro Housing Coalition and the Task Force on Ending Homelessness. In February 2007, the agency invited local interest groups and housing representatives to collaborative sessions to apply for state funding of a pilot program to build community Housing Support Teams. The collaborative was subsequently awarded \$644,280 to initiate the program. The LME is partnering with Family Service of the Piedmont, Inc., Open Door Ministries of High Point, and Greensboro Housing Coalition in this collaborative effort to eliminate homelessness in Guilford County.
- **Guilford System of Excellence** – In March 2007, the Guilford Center initiated collaborative sessions involving representatives from government, law enforcement, the judicial system, advocates, and others to plan an integrated, system-wide response to substance abuse based on scientifically proven best practices. This evolved into the System of Excellence of which the new county-funded treatment center is a part. Another major

component, the Guilford Academy of Substance Abuse Recovery Advocates, trains first responders to become community resource leaders. The first class graduated in October 2007. Another training session is planned for fall 2008.

- **North Carolina Behavioral Health Partnership** - The agency is working in partnership with the Smoky Mountain and Mecklenburg LMEs to develop standardized statewide procedures for various business/administrative functions.

The Guilford Center, along with the other LMEs in North Carolina, was required to submit a Business Plan for 2007-2010. In preparation for the plan, the Center conducted an extensive countywide survey to identify service gaps and to determine what the public perceived as its key focus areas for the next three years. The Center agreed that its five areas of focus for strategic planning through the year 2010 would be:

- **Substance Abuse Services**
- **Recovery Model**
- **Crisis Services**
- **Housing**
- **Reduction of State Hospital Admissions**

In 2007, the Guilford Center aggressively pursued funding opportunities for new initiatives centered on the goals of mental health and/or substance abuse recovery. In March, the Center was successful in its grant application for \$35,197 from State Mental Health Trust Fund monies for Family Service of the Piedmont, Inc. to expand and enhance its community support service staff. The following month, the Center received startup funds of \$292,000 from the Trust Fund for Recovery Innovations of North Carolina to establish the "Restart" program, a recovery-based alternative crisis service for adult consumers with mental illness and/or co-occurring substance abuse disorders.