

Guilford Center Local Business Plan

Quarterly Report

First Quarter 2003-2004

Area Authority: Guilford

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Submission Date: 1st Quarter 2003-2004

I. Planning

- The Guilford Center Community Partners met on 9/12/03 and received mailings regarding implementation of the Local Business Plan on 7/10/03 and 8/29/03. Community Partners now includes more than 50 agencies and advocacy organizations. Recent additions to the group include representatives from the two local hospital systems, the Medical Society, healthcare clinics for indigent consumers, substance abuse providers, and special education services in the school system. The 9/12/03 meeting included discussion on program changes to meet Year 1 implementation requirements, the new Provider Relations Division, and divestiture activities.
- The Guilford Center is contracting with UNC-Greensboro's Center for the Study of Social Issues to do an analysis of our prevalence and penetration rates. The local United Way is conducting a community needs assessment on health and human service issues. This needs assessment is co-sponsored by eight community foundations and includes focus groups and data review/analysis. The result of this process will be a community agenda for health and human services. Our CFAC is developing a list of concerns, needs, and barriers to share with the Regional Consumer Advocate. When these activities are complete, our 3 year strategic plan will be revised.
- Guilford Center staff continue participation on the following community planning groups: Guilford Health Partnership, Guilford Access Partnership, Guilford School Health Alliance, Guilford County Partnership for Children, Guilford System of Care Community Collaborative, Guilford Mental Health and Aging Coalition, and Guilford Multicultural Advisory Coalition.

- Planning is underway for cooperative programs with the Department of Social Services, Housing Coalition, and Juvenile Detention Center to increase their mental health service capacity.

I.a. CFAC Involvement

- The Consumer and Family Advisor Committee met monthly. Activities included:
 - Completion/approval of Standing Rules
 - Addition of new member (increasing voting membership from 9 to 12 members)
 - Orientation session for new members
 - Review of State Plan 2003 LME/CFAC Relational Agreement (vote of approval expected at October meeting)
 - Review of Substance Abuse Request for Proposal Criteria developed by RFP committee
- Two CFAC members serve on the Guilford Center Quality Council, which provides a lead role in QI and monitoring activities. CFAC members serve on the RFP Committees for contracting out substance abuse services, psychosocial programs, PACT Teams and case management for the SPMI Adult Population. Two CFAC members serve on the Guilford System of Care Community Collaborative. CFAC members and other consumers will be included on other developing QI and program planning activities. CFAC members are in the process of identifying concerns, needs, and barriers to present to the Regional Consumer Advocate in November.

II. Governance, Management, and Administration

- New LME organizational structure was implemented 7/01/03. This includes creation of a new Provider Relations Division. The Provider Relations Manager has been hired. Recruitment is underway for new Client Rights Coordinator and Program Evaluator.
- Orientation for the Area Board has been planned and will be implemented in the 2nd quarter regarding our transition to an LME and their role as LME Board members.
- A restricted fund balance was established on 7/01/03 from Medicaid settlement funds (approved by the Area Board and County Commissioners) to pay for local hospitalizations, medications, and follow-up psychiatric services when other funds are not available. Use of these funds is to support diversion from state institutions.
- A Reduction-in-Force plan has been developed (following County policy) and has been implemented for employees affected by Year 1 divestiture.

III. Qualified Provider Network Development

- New Provider Relations Division was established 7/1/03. This Division includes Quality Improvement, Contract Administration, Network Operations, and Accreditation.
- Implementation of Year 1 of the Divestiture Plan is in process as follows:

Substance Abuse Request for Proposal Update

1. In February 2003, a substance abuse workgroup was formed to develop the program requirements and evaluation criteria for contracting out substance abuse services. The workgroup consisted of a representative from the Consumer and Family Advisory Committee, local community agencies, LME staff with expertise in serving clients with substance abuse, developmental disabilities and mental health issues and LME staff from our Hospital Diversion and Authorization programs.
2. The Guilford Center contracted with Paul Nagy from the Duke Addictions Program to lead the work group in “What are the Best Practices in Providing Substance Abuse Treatment Services in the Community?” The workgroup subsequently developed a Request for Proposal that is based on best practices for serving child, adolescent and adult target population groups. One of the requirements of the RFP is that only proposals from collaborations (one lead agency with a minimum of two partners) will be eligible for evaluation and potential funding through a contract. The workgroup developed this collaborative requirement to address continuum of care issues for the consumer. In addition, each collaboration will be required to use the North Carolina modified ASAM criteria for determining appropriate levels of care.
3. On August 26, 2003, the Substance Abuse RFP and the criteria to be used to evaluate proposals were presented to Consumer and Family Advisory Committee. The RFP was subsequently advertised in Charlotte, Greensboro, and Raleigh newspapers as well as in *Que Pasa?* and *The Peacemaker*, local minority newspapers. The RFP was mailed to interested parties on September 15, 2003.
4. The first question and answer session was held on September 29, 2003. Three additional question and answer sessions are scheduled for October, November and December. The purpose of these sessions is to answer questions about the proposal and collaborative contracting. Minutes of these meetings are taken and are mailed to all respondents. All questions regarding the RFP are directed to one person who will ensure that all potential applicants have access to the same information. Proposals are due January 23, 2004. Program start date will be July 1, 2004.

Psychosocial Rehabilitation Program Request for Proposal Update

1. In July 2003, a workgroup was formed to develop the program requirements and evaluation criteria for contracting out the psychosocial rehabilitation services provided out of the Bellemeade Center in Greensboro. The workgroup consisted of a representative from the Consumer and Family Advisory Committee and LME staff with expertise in serving clients in the current psychosocial program. The workgroup subsequently developed a Request for Proposal (RFP) that is based on best practices for serving adult target population groups. The guiding principles for serving clients under the RFP are that service delivery must be: cross disability, customer driven, community based, provide a continuum of service, and be data driven.

2. The RFP will be advertised in the *Greensboro News and Record*, and *Que Pasa?* and *The Peacemaker*, local minority newspapers, on October 18, 2003. The representative from the Consumer and Family Advisory Committee, who participated in the development of the RFP, will present the RFP to the CFAC Committee on October 28, 2003.
3. The RFP will be mailed to interested parties on October 30, 2003. A question and answer session is scheduled for November 17, 2003. Minutes of the question and answer session will be mailed to all individuals and agencies on the mailing list.
4. The applications are due January 22, 2004; the highest ranking proposals will be invited for an interview on January 28, 2004.
5. Proposed program start date is March 15, 2004.

PACT Request for Proposal Update

1. In October 2003, a workgroup will be formed to develop the program requirements and evaluation criteria for contracting out PACT services. The workgroup will consist of a representative from the Consumer and Family Advisory Committee and LME staff with expertise in serving clients in the current PACT program. The workgroup will develop a Request for Proposal (RFP) that is based on best practices for serving adult target population groups for PACT services.
2. The RFP will be advertised in the local newspapers in November 2003 and will be presented to the Consumer and Family Advisory Committee prior to publication.
3. The RFP will be mailed to interested parties mid-November, 2003. A question and answer session will be scheduled for the end of November, 2003. Minutes of the question and answer session will be mailed to all individuals and agencies on the mailing list.
4. The applications are due the beginning of February, 2004; the highest ranking proposals will be invited for an interview by the end of February, 2004.
5. Proposed program start date is March 31, 2004.

Case Management Services for the Intensive Adult (SPMI) Population Request for Proposal Update

1. In October 2003, a workgroup will be formed to develop the program requirements and evaluation criteria for contracting out case management services for the SPMI adult population. The workgroup will consist of a representative from the Consumer and Family Advisory Committee and LME staff with expertise in serving clients in the current PACT program. The workgroup will develop a Request for Proposal (RFP) that is based on best practices for serving adult target population groups. The RFP will ensure that appropriate firewalls are established so that a provider will not treat a consumer simultaneously in case management and another service.

2. The RFP will be advertised in the local newspapers the end of November 2003 and will be presented to the Consumer and Family Advisory Committee prior to publication.
3. The RFP will be mailed to interested parties the beginning of December, 2003. A question and answer session will be scheduled for mid-December, 2003. Minutes of the question and answer session will be mailed to all individuals and agencies on the mailing list.
4. The applications are due the beginning of February, 2004; the highest ranking proposals will be invited for an interview by the end of February, 2004.
5. Proposed program start date is March 31, 2004.

IV. Service Management

- Placed a clinical case manager with the Guilford County Department of Social Services to better coordinate services and to prepare for the divestiture of child case management.
- Began discussions with the Guilford County Department of Social Services regarding the movement of three vacant case manager positions to DSS for the purpose of providing clinical case management to children in custody of DSS who are clients of the Guilford Center.
- Consolidated four child units into two eliminating two supervisory positions in preparation of divestiture.
- Consolidated four adult units into two eliminating two supervisory positions in preparation of divestiture.
- Diversion and Community Placement Team became functional on 7/1/03. The primary purpose of the team is to assist individuals returning to the community to find appropriate services and to engage in community outreach targeting the homeless and other difficult to reach populations.
- Diversion Team identified gaps in community services for future development and contracting.
- Diversion Team entered into an agreement with shelters in High Point and Greensboro for 2 beds to be used for clients on a temporary basis.
- Met with a potential provider for ACTT and Intensive Case Management Services. A Request for Proposals to begin a pilot regarding these services will be completed next quarter.
- Added a Ph.D level staff person to Crisis Emergency Services to serve children and their families. This has allowed us to reduce child hospital admissions.
- Completed transition of 55% of identified non-target population consumers served by the Guilford Center. Consumers have been moved to other community providers and natural supports.
- Began transition meetings with the Developmental Evaluation Center and other community agencies related to the birth to 3 Early Intervention Program.

- Began implementation of Year 1 of the Divestiture Plan (see Qualified Provider Network Development section for details).

V. Access to Care

- Implemented a fully staffed 24/7 call center on 7/01/03.
- Implemented a revised authorization process involving 9 care managers.
- Began the authorization of services for clients with developmental disabilities for all services.
- Identified high cost consumers and began assignment to care managers for review.
- Identified highly utilized services, such as Community Based Services, for review by care managers.
- Linked our Access system to the United Way 211 Information and Referral System.
- Began development of a Consumer Handbook related to managed care functions of the LME.
- The Guilford Center is participating in The State of Latino Health Coalition which, under sponsorship of The N.C. Center for International Understanding at UNC-CH, is visiting Mexico to learn how to improve access to health and mental health care for Latino immigrants.

VI. Service Monitoring and Oversight: Quality Management

- Began Implementation of 10A NCAC 27G.0600, Area Authority or County Program Monitoring of facilities and services:
 - Mailed information to all internal providers and contract providers regarding changes in incident reporting.
 - Provided direct training to internal providers, CAP Coordinator and Network Operations Supervisor regarding changes in incident reporting.
 - Began revision of policy/procedure C-14, regarding the Incident Reporting System.
 - Incorporated critical incident reporting expectations into Network Provider Contracts.
 - Provided on-site monitoring to thirteen external provider sites in Guilford County.
 - Began development of a local Report Card System to use in monitoring contract providers.
 - Reformulated Quality Improvement Contractors Committee to adapt to internal restructuring and to include DSS representative.
- Reformulated Quality Council to incorporate representatives from CFAC and from external providers in providing oversight for our Quality Management System.
- Notified Area Program Child & Family staff of new rule 10A NCAC 27G.0506, Communication Procedures for Out-of-Home Community Placement.
- Recruited, interviewed, and selected applicant for Client Rights Coordinator position.
- Trained Client Rights Committee in rules changes for Client Rights in Community MH, DD, SAS 10A NCAC 27C, D, E and F.
- Explored options for national accreditation appropriate for an LME. Will move forward with this when we receive further direction from the State.

- With the assistance of a national consultant, Tom Lucking, who specializes in quality management and evaluation, a Quality Measure Matrix has been adopted to guide quality assurance processes for the Provider Network (matrix available on request).

VII. Evaluation

- The Guilford Center is contracting with UNC-Greensboro's Center for the Study of Social Issues to do an analysis of our prevalence and penetration rates.
- Recruitment has begun for the new Program Evaluator position.
- Outcome indicators are included in all RFP's to make Provider Network applicants aware of expectations. These outcome indicators are complete for the Substance Abuse RFP and in process for the other RFP's for Year 1 divestiture. CFAC members are included in the work groups that develop the outcome indicators.

VIII. Financial Management and Accountability

- Custom reports have been created and are being used to monitor and evaluate for optimization of third party payments.
- A severance package is provided for all staff affected by Reduction-in-Force due to reorganization as an LME or divestiture.
- A workshop was provided for staff who may be affected by divestiture on starting a private practice. Instructional materials on budgeting for a private practice have been posted on The Guilford Center website.

IX. Information Systems and Data Management

- The Guilford Center has continued to operate successfully on the IPRS system.
- The Guilford Center has been chosen and has functioned as a Beta site to test the development of HIPAA compliant 837 and 835 transactions.
- The Guilford Center has tested and successfully implemented a process to post electronically IPRS and Medicaid payments. The development has substantially reduced labor costs associated with manual posting.
- The Guilford Center conducted a Technical Environment Assessment of all contract providers to evaluate readiness for electronic transactions and prepare for a trial implementation.
- The Information Systems Unit has made management reports available on the desktop. These "Guilford Reports" have live data for the most common reports essential to business functions in the agency. This allows managers to have up-to-date data for making critical decisions.
- The Guilford Center has complied with all HIPAA requirements.

X. Collaboration

- See "Planning" section regarding CFAC and Community Partners activities. In addition, the Partners meetings facilitate opportunities for groups with common interests to form both ad hoc work groups and longer-term collaborations, For example, at the last meeting, a group formed to discuss issues related to the transfer of Early Intervention Services to the DEC. Other Partners are beginning discussions on ways to work together to serve our mutual consumers.

- In a continuing effort to educate and increase collaboration among community organizations, more than 50 presentations were made in the past six months, leading up to and in the first quarter of Year 1 implementation. These have reached board members and staff of advocacy groups, healthcare facilities, contract provider agencies, judges and court staff, school special services, civic groups and others.
- In addition to collaborative efforts described in the initial Local Business Plan, there was particular focus on the following areas in the past quarter:
 - The Geriatrics Team works with community care facilities to enhance their ability to manage consumers with psychiatric disorders and, thus, decrease hospitalization. They also collaborate with care facilities and psychiatric hospitals on discharge planning to enhance community placements.
 - The Diversion Team collaborates with Housing Coalitions in Greensboro and High Point in numerous ways. These include conducting assessments and providing mobile crisis services in homeless shelters; obtaining agreement for homeless shelter beds specifically set aside for Guilford Center diversion needs; working with battered women's shelters for women presenting in crisis/emergency services; and working with a provider of residential services to expand respite services for diversion clients.
 - Our staff continues collaborations with organizations serving immigrants and refugees. One new project, the State Latino Health Coalition, aims to improve access to health and mental health care for this growing population. Another project with the UNCG Center for New North Carolinians and the Guilford Community Collaborative has produced a handbook of cultural profiles, with information provided by immigrant and refugee populations, to help service providers offer more culturally sensitive services.
 - Our Substance Abuse Request for Proposal work group initiated a new requirement for potential contract providers, who must submit proposals showing collaboration in service provision with a minimum of three agencies. This also will serve as a model for the requirement for collaboration in future services contracting.

Communication Bulletin #003

Management of State Plan Target and Non-Target Populations

Non-Target (TNC) Population

- In December 2002 The Guilford Center identified 1017 consumers who did not meet target population criteria and were receiving services from The Guilford Center.
- As of October 1, 2003 The Guilford Center has 562 consumers in service who do not meet target population criteria, a reduction of 55%.
- The current breakdown of non-target population consumers is as follows:

Adult with Mental Illness	352
Child with Mental Illness	207
Adult with Dev Disability	1
Child with Dev Disability	2

- As of July 1, 2003 all new requests for services from non-target population individuals have been referred to other community providers and/or community supports. Referrals are based on the needs of the individual and the source of payment available to the individual.
- Currently, non-target population consumers are engaged in a planning process to transition from Guilford Center services to other community providers and/or community supports.

Communication Bulletin #004 Housing

- A Guilford Center staff person has been assigned the responsibility of coordinating with community agencies around issues involving housing. This staff person is also a member of the Guilford County Housing Coalition.
- The Guilford Center's Diversion Team has established relationships with local shelters and housing resources. This relationship has resulted in local shelters designating beds for use by The Guilford Center until stable housing options can be found.
- The Guilford Center's Diversion Team and Contracts Unit are working to develop a contract with a local provider to establish temporary room and board services at Kendall Cottage for Diversion clients.
- The Guilford Center's Community Partners group consists of a number of agencies involved in housing. On-going communication with these agencies has been of great importance to The Guilford Center as it plans for system reform.

Communication Bulletin # 005 Q & A for County

Commissioners/Managers

- Communication Bulletin #005 was distributed to the Guilford County Manager and the Guilford County Commissioners' Liaison to the Area Board.

Communication Bulletin #006 Community Hospitals

- The two community hospital systems in Guilford County (Moses Cone Health System and High Point Regional Health System) co-sponsored community focus groups as part of the Guilford Center's Local Business Plan development process.
- Both hospital systems are members of Guilford Center Community Partners, described in the Planning section of this report.
- The Guilford Center Director has had several meetings with the presidents of the two hospital systems regarding behavioral health services and system reform.
- Both hospital systems have contracts as part of our Provider Network.
- Staff from our 24/7 Access Call Center and Crisis Emergency Services have established a close working relationship with the two hospital systems.

Communication Bulletin #007 Best Practice-Adult Mental Health

- Guilford Center management and clinical staff will attend the November 2003 training sponsored by The N.C. Council of Community Programs on "Overview of Evidence Based Practices for Adults with Severe Mental Illness and The Implementation Tool Kits".
- Robert Wood Johnson evidence-based practice tool kits will be obtained as soon as they are available. Training will be developed for Guilford Center and Provider Network staff based on the tool kits. This training may be cosponsored with Greensboro AHEC.
- Best practice criteria are included in all RFP's for the Provider Network.

Guilford Center Director

Date: