



THE
DURHAM CENTER

Managing Behavioral Health & Disability Services

**THE DURHAM CENTER
AREA AUTHORITY**

LOCAL BUSINESS PLAN

2007 – 2010

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Executive Summary

The Durham Center is a fully divested LME system with 150+ contract agencies that utilizes a System of Care approach in maintaining a County-wide network of services. We successfully implemented our 2003-06 Local Business Plan (LBP) after involving over 150 community members (consumers, family members, advocates, providers, professionals, board members, and public partners) in its development.

Our 2007-2010 plan has been developed in a similar fashion, but on a smaller scale. For this plan we have utilized our internal staff and standing committees which included our local CFAC, Provider Advisory Committee and Area Board Committees. In addition, several surveys have gone to our CFAC, Provider Community and other key stakeholders. Our draft plan was presented to our Area Board, CFAC, Provider Council and posted on our web site for two weeks with requests for feedback and suggestions that, for the most part, were incorporated into the plan.

This LBP was built upon our current operational strengths and ongoing strategic planning process which embraces evidence based practice models. Some of our major strengths moving into this plan include:

Implementation of Evidence Based Practices

The Durham Center has been a leader in the implementation of evidence based practices. As one of the pilot sites for the Mental Health Systems Transformation grant we have developed a strong infrastructure to support these practices. The Durham Center currently offers five (5) of the evidence based practices identified by SAMHSA for adults with mental illness as well as best practices for children and for substance abuse services. We have offered technical assistance, supported training of providers, and offered fidelity reviews of services. We have developed innovative marketing and educational materials to assist families, consumers and providers to access best practice services (Ex. Empowerment Center, Consumer Fairs, Care Review, NAMI,).

Support of Peer Run Services

The Durham Center provided strong support and leadership for the development of a true peer run drop in center. Now in its second full year of operation, The Triangle Empowerment Center has exceeded expectations. On average 65 consumers participate daily in classes and activities ranging from WRAP and peer specialist training, to computer, poetry, and job skills classes. Peer specialists from the Empowerment Center have gained employment as outreach specialists and as members serve as Consumer representatives on multiple community projects.

System of Care (SOC)

Our System of Care Unit, which has been a leader in the development and implementation of SOC community-wide, resulting in recognition with several State and National awards, has recently begun development of an Adult System of Care. There are monthly meetings with the directors of all the public agencies that work with children and families, in addition to the System of Care Council which meets monthly to operationalize the SOC outcomes and work through implementation issues.

We also believe our local business plan strategic objectives strongly support the Division of MH/DD/SAS strategic objectives. We have specific objectives related to three of the Division's four priority objectives for State Plan 2007-2010. These include: Right-size and stabilize a highly qualified provider system; Implement comprehensive crisis services and improve consumer outcomes related to employment and housing.

Governance and Administration

Mission:

The Mission of The Durham Center: We pursue a community effort dedicated to supporting the lives of citizens affected by mental illness, developmental disabilities, and substance abuse by assuring a collaborative, accessible, responsive and efficient system of services and supports.

The governance and administration function of the LME will further the mission of the agency by assuring that leadership, guidance, and oversight is provided throughout the Durham LME to assure that all of our responsibilities as the manager of services in our community are carried out.

Current Operations:

The Durham Center is a single county area authority, with a population in excess of 242,000, responsible for the management and oversight of the publicly funded mental health, developmental disabilities, and substance abuse services provided to Durham county citizens. The governance and administration functions of the LME provide this oversight through its Board of Directors, CEO, and other management staff with responsibilities related to planning, clinical direction, and corporate compliance. The Governance and Administration function, in addition to those activities outlined in the cost model, is responsible for the following: Human Resources, Public Relations/Communications, Crisis Program Oversight, Disaster Planning, Guardianship, Corporate Compliance and the Complaint investigations from SB 163

Area Board

The Durham Center is governed by a 12 member Area Board which meets all of the requirements outlined in G.S. 122C-118.1. The Board has three sub-committees – Executive, Finance, and Quality Management, as well as, their Board appointed Human Rights Committee. Each committee has staff support for minutes, schedule arrangements, and other support as needed and directed by each committee. The Board and it's subcommittees meet on a monthly basis, generally 10 to 11 times per year. All new members go through an orientation and training process. Training is a routine, ongoing part of each Area Board meeting with an emphasis on training and education on the area evidence based practices. The Area Board Executive Committee meets on a quarterly basis with the Executive Committee of our local CFAC to provide a forum for the exchange of information and to provide CFAC with a direct avenue to share any concerns that CFAC may have related to LME operations. In addition, many of our Board members routinely volunteer to participate in a variety of community and System of Care (SOC) activities such as Results Based Accountability (RBA), substance abuse advisory committee, and homeless initiative committees as well as, assisting the LME in RFP/RFI processes and evaluation committees.

Area Director/CEO

The Area Director is hired by the Area Board and serves at the pleasure of the Board. The Area Director is responsible for maintaining an effective relationship with the Area Board; developing and maintaining effective relationships within the community and with local and state officials; managing human services; fiscal management and performance; and overall LME leadership. The Area Director is evaluated on these indicators, and others outlined in Communication Bulletin 20, on an annual basis. During this past fiscal year, the Area Director has added a Deputy Director for Clinical Operations position to the governance and administration function of the LME. This position is responsible for a set of functions, such as strategic planning, disaster planning, facility development, crisis planning, etc. However, the underlying function is to assure continuity in the LME by mentoring and preparing a LME administrator to step in as an interim Area Director in the event of a vacancy at that level.

County Government Relations

As a single county area authority, governed by an Area Board, the LME Area Director has been charged with developing and maintaining an effective, collaborative relationship with our County Government. The Area Director actively engages, and when indicated involves, the County Manager, Deputy County Managers and Board of County Commissioners in furthering the mission of The Durham Center. There

are active ongoing interactions with the Durham County Finance Department, Human Resources Department and County Attorney's Office.

Human Resources

HR functions are handled as part of the governance and administration functions within The Durham Center. As a unit of local government in Durham County, the majority of The Durham Center human resource functions and requirements are through the County Human Resources Department. The functions that occur within the LME are coordinated through the Area Director's administrative assistance. Those duties include, but are not limited to: assisting team leaders with job postings of new positions; assuring that work plans and performance appraisals are completed on all staff; that all staff have up to date, accurate job descriptions; that vacancies are advertised and filled in an efficient manner; that bi-weekly time sheets are electronically submitted by all staff and serving as the liaison with Durham County Human Services on all personnel related issues.

LME Legal Services

As a unit of local government in Durham County all legal services needed by the Durham LME are handled through the Durham County Attorney's office. The County Attorney's office is responsible for seeing that affairs and actions of Durham County are conducted in accordance with federal, state and local laws. As needed and when required by Durham County governmental procedures, legal opinions are provided on laws, contracts, leases, deeds and other legal documents.

Policy Development

The LME Compliance Officer is responsible for policy development and revision. All policies are approved by the Area Board. Procedures to support those policies are approved by various agency staff. New policies are shared with our CFAC for their review and feedback. With The Durham Center's focus and emphasis on developing and pursuing evidenced based practices, all policies and procedures that relate to the clinical care of our consumer population are reviewed by our Clinical Team prior to review by other bodies.

Clinical Director/Medical Director

The Durham Center handles the activities and responsibilities of a medical director through a Clinical Director and a contracted consulting psychiatrist.

The Clinical Director is responsible for creating a clinical vision for The Durham Center that embraces the development and implementation of evidence based best practices. The majority of this responsibility is carried out through weekly Clinical Team meetings which the Clinical Director chairs. The clinical team membership consists of the LME Director, Clinical Director, Deputy Director of Clinical Operations, Finance Officer, Compliance Officer, SOC Unit Director and SOC Disability Specialists, UM Director, QM Director, Provider Relations Director, Consultant Psychiatrist and a CFAC representative. Some of the activities the team is charged with include setting service priorities; setting clinical policy, identifying service and quality problems/needs; identifying service gaps in conjunction with CFAC and other stakeholders; identifying "best practice" services and standards; monitoring implementation of clinical strategic plan components; and identifying clinical training needs.

The Consultant Psychiatrist is responsible for reviewing and/or approving JUH and IPRS authorization denials or appeals and serving as a member of the UM high risk/high utilizations committee. In addition serves as a consultant as specific issues/needs arise to provide input and consultation to:

- Clinical team around clinical policy, service planning, service quality
- Compliance Committee which reviews monitoring activities across departments and makes decisions regarding corrective action and removal of endorsement
- Care Review which reviews complex cases and involves participation of child/family or recovery team

Strategic Planning

From 2002 through 2005, the focus of The Durham Center was divestiture, development of the LME and development of a core array of services. Our original Local Business Plan, finalized in November of 2003, contained a three-year strategic plan ending in FY 05-06.

During 2005-2006 The Durham Center set about modifying the existing plan. The goal for that strategic planning process was to modify the final year of the previous plan, looking forward with a particular focus on the consumer and the array of services and strategies that would make System of Care philosophies come to fruition for Durham citizens with mental health, developmental disability and substance abuse needs. Any goals not already met within the previous plan were incorporated into a 1-year plan for FY 2006. As we looked at the strategies and priorities within that plan it was expanded to a three to five year working document with an annual updating process.

The plan contains three major overarching Durham Center goals and an array of broad strategic objectives that all of the teams within The Durham Center strive to achieve. Those objectives are reviewed on a routine basis by the agency Management Team and Clinical Team. All of the strategic objectives within this local business plan relate back to The Durham Center's overarching goals in our current strategic plan. These goals are listed below.

The Durham Center Strategic Goals

- I. Develop and sustain a **comprehensive array of high quality services** to meet the needs of individuals, including children and families, who suffer from emotional disturbance/mental illness, developmental disabilities and substance abuse

- II. **Improve the quality of services** through an integrated approach joining all components of the LME: Quality Management, Utilization Management, Contracts, Customer Services, System of Care, Corporate Compliance and Finance

- III. Develop **System of Care** Infrastructure
 - Within the Community
 - Within the LME

During this fiscal year (06/07), The Durham Center will engage our local CFAC, service providers, community SOC partners, families and other interested citizens in a needs assessment and gap analysis for the purpose of identifying gaps, needs and strengths to build upon to address service and supply needs related to behavioral health and developmental disabilities needs and the status of natural supports within the community. At the conclusion of that process our Strategic Plan goals and objectives will be revised and updated as needed for FY 07/08.

Public Relations/Communications

The Durham Center has a Director of Communication who is responsible for fostering a greater understanding of The Durham Center's mission, activities and System of Care within the community as well as broader dissemination of our messages to numerous audiences, including consumers and their families, providers, partners, the Area Board, civic leaders and the community. In addition, this position is responsible for managing all communications planning and developing and executing all internal and external communications strategy, including organizational advertising/promotion, news releases and other communications to the media, as well as PowerPoint and other presentations.

While the majority of collaboration activities within the Service Management Chapter are completed within that functional area, this position is responsible for The Durham Center's activities related to our social marketing plan and public awareness campaigns.

Crisis Programs

The development, oversight and direction for crisis programs are the responsibility of the Deputy Director of Clinical Operations and an identified Program Director/Liaison for Crisis Services.

Durham Center Access is just one of the components of our crisis response system.

Durham's Crisis Response System (CRS) is composed of several unique programs that are integrated into a community-wide network of crisis management that emphasizes provision of timely and accessible assistance, access to a comprehensive range of crisis services and supports and adherence to SOC values and principles. The CRS is operated within the TDC framework of System of Care and functions in accordance with local, state, federal and best practice standards. The CRS is routinely monitored for quality by our Provider Relations, System of Care and Quality Management Units. Programs included in the CRS are as follows:

The Durham Center Access (DCA) Program – The DCA is a 24/7 emergency response system that provides a less intensive and less expensive community-based alternative to local and State inpatient care. DCA services include: telephone and face-to-face screening and linkage to community providers; crisis risk assessments; psychiatric examinations; non-hospital medical detoxification services; 23 hour crisis chairs which provide short-term intensive intervention to stabilize acute or crisis situations; and 24+ hour crisis residential beds which provide a short-term alternative to inpatient psychiatric services for adults. In addition, the program provides screening for involuntary commitment. Services are provided to children, adolescents and adults who are experiencing a crisis due to a mental health, developmental disability or substance abuse problem.

Rapid Response Homes – Rapid Response Homes were developed in partnership with TDC Local Management Entity (LME), the Durham County Department of Social Services and the Department of Juvenile Justice and Delinquency Prevention to make available a therapeutic environment that offers treatment, structure and supervision to children with serious emotional disturbances while providing temporary relief to primary caregivers in order to reduce the constant and often stressful care of the child. Caring Family Network, a private non-profit provider, was selected through a competitive Request for Proposal (RFP) process to provide this much needed service. This periodic service may be provided in either a planned or an emergency basis and is designed to minimize the need for longer and/or more intensive out-of-home placements.

Mobile Crisis Intervention Team - The Center for Child & Family Health (CCFH), in conjunction with the Durham City Police Department (DPD), provides mobile crisis services for children and their families in Durham's District One sector. This program is designed to stabilize children during periods of acute crisis and distress, provide on-scene consultation regarding acute symptoms related to trauma and violence exposure, assess acute and extended service needs, coordinate access to necessary psychosocial and mental health services and deter placements in more restrictive settings (e.g., foster care, Juvenile detention, psychiatric hospitals). The Durham First Responders for Children model is based on a national model of police-mental health collaboration on behalf of violence exposed and traumatized children and families.

Duke University Inpatient Program - This program was developed collaboratively by The Durham Center and Duke University Health System, d/b/a "Duke University Hospital", to offer a short-stay, crisis stabilization inpatient program for eligible consumers. Individuals eligible for this program must meet all of the following criteria: Durham citizens:

- Be an adult at least 18 years old
- Consumers are indigent
- Open clients to The Durham Center
- Meet criteria for a DSM-IV diagnosis
- Meet criteria for inpatient hospitalization defined by:
 1. Imminent danger to self as defined by American Psychiatric Association.
 2. Imminent danger to others as defined by American Psychiatric Association.
 3. Potential danger to self or others coupled with impaired judgment. Impaired judgment is defined as the clouding of judgment by a physical or mental condition including but not limited to delirium or dementia.

Holly Hill Hospital – Short term, crisis stabilization inpatient program for eligible consumers:

- Clients must be residents of Durham County at the time of admission

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- Must be an adult at least 18 years of age
 - Consumers are indigent
 - Consumers will be current (open) clients of The Durham Center.
 - Consumers will be referred from Durham Center Access and receive prior approval for admission, in writing, by The Durham Center or its designate, Durham Center Access, in accordance with an established authorization process.

John Umstead Hospital - The state operated hospital's primary purpose is to provide an inpatient facility to diagnose and treat persons with psychiatric disorders, to restore them to an optimal level of functioning, and to return them to the community. This service is provided for client's age 6 years and up. Other important hospital functions are to promote education and research in mental health.

Provider Agency First Responder Capability - It is a requirement that Community Support agencies (and other agencies providing services whose definition includes the requirement) have the capacity to respond to consumers enrolled /admitted to their agency on a 24-hour, 7-day a week, 365 days per year basis. Each contract agency agrees to be responsible for designating an after-hours employee for direct telephone contact from consumers currently receiving services from that provider (or from those consumers' families/other supports or agencies on behalf of a consumer). The Durham Center monitors this list of contacts.

Comprehensive Crisis Plans – TDC contract agencies are required to develop comprehensive crisis plans for each child or adult consumer that identifies potential problems and describes proactive/reactive methods for addressing these emergency episodes. TDC provides technical assistance for developing these plans and monitors providers to assure that crisis strategies address potential needs.

Our goal for Durham Center Access is to become a designated facility for involuntary commitments. This will require moving to a new location to meet the requirements for a locked facility. Plans are underway now to locate potential properties that may be purchased or leased depending upon available funds.

Guardianship

The Durham Center is one of three Durham County government agencies (DSS and DPH) who are authorized by NC Statute to serve as public guardian for incapacitated adults. Currently the Executive Director of The Durham Center has been appointed by the Clerk of Courts as Guardian of Person for a total of forty-one 41 wards. Each of these wards has a primary mental health or developmental disability and the Court determined each was incapacitated and that no individual and/or corporation are available to serve as guardian. It is noted that public agencies are appointed as guardians only when there is no other appropriate individual or corporation available to serve.

The duties of the agency designated as Guardian of the Person includes all powers and duties designated in North Carolina General Statutes Chapter 35A. This includes but is not limited to assuming custody of the ward's person and making provisions for his or her care, comfort, maintenance, training and educational needs and taking care of the ward's personal property. Largely this is accomplished by approval and oversight of the person centered plan and/or individual plan of care. Guardian of the person also gives consent authorizing the ward's obtaining and receiving appropriate medial, legal, psychological and other professional care. The agency files annual accountings with the Clerk of Court, ensures annual bonds are applied for annually for each ward as well as receiving/reviewing reports prepared by DSS and DPH for their public guardianships and forward these to the Durham Clerk of Court.

When The Durham Center was a direct service provider, each ward was assigned to a Unit Manager to assure that these duties were completed. While The Durham Center has divested, these duties remained and the statute continues to make the Area Director the person assigned as the guardian of the person. In order to assure that the needs of these wards are met, we have a contracted employee who performs these specific duties for a limited number of hours each month.

Disaster Planning

The Durham Center Local Business Plan 2007 -2010

The Durham Center, consistent with the NC Division of MH/DD/SA directives, is engaged in preparing the LME Emergency Operations Plan consistent with the Divisions LME Emergency operations Plan template introduced in August 2006. The Durham Center is an active member of the County-wide Disaster Preparedness and Mobilization Committee and the behavioral health emergency response in the design phase is closely coordinated with the County's overall emergency planning.

In late 2006, The Durham Center organized a Provider Agency Disaster Preparations Planning Working Group. The purpose is to develop guidance to assist the provider Agencies in their preparations to provide assistance, education and supports to the enrolled persons during and after potential disaster events. The Committee met monthly and currently quarterly. The Durham Center also organized and sponsored a two day training on Disaster Response for provider staff. Forty-two 42 people participated. More targeted and time limited training events are now under consideration as a strategy to have a broader penetration into larger numbers of provider staff.

In the coming year The Durham Center will be participating in table-top and simulated disaster response test phases orchestrated by the County Emergency Management Agency. It is also expected that a document will be prepared, and distributed, to the Community Support agencies and Targeted Case Management agencies which will provide guidance on disaster preparations.

Corporate Compliance

The Durham Center has a staff person designated with the responsibility of Policy Management and Corporate Compliance. In addition to these functions, the person is responsible for seeking LME Accreditation, Development and Oversight of the Local Business plan, and oversight of the complaint investigation process.

A Corporate Compliance committee was formed during FY05-06 to advise the Compliance Officer and to assist in the implementation of the compliance program, working alongside Quality Improvement and Provider Relations staff. The Compliance Committee is designed to identify overlapping issues with providers, to coordinate reviews across multiple interested parties and to initiate full compliance review when indicated. It provides a forum for the aggregate review of resolved customer complaint issues that may indicate provider system issues and has responsibility for the disposition of complaints that arise in other areas of the agency. When allegations of fraudulent activity are brought to the Compliance Officer directly or through the Compliance Hotline, the Compliance Committee allows for confidential review of the allegation and an assignment of staff, if necessary, to assist the LME Complaint Investigator complete investigations.

Complaint Investigations

The Durham Center separated the complaint investigation function from both Customer Services and Provider Relations and tied it to Corporate Compliance. While most complaints come through the Customer Services section, in order to keep their role pure in regards to advocating for consumers, there is no tie with the investigation process. It was separated from Provider Relations so that section could focus on endorsement and ongoing provider monitoring.

All complaints that cannot be resolved at an informal level within Customer Services and require a formal investigation are referred to the QA Specialist responsible for complaint investigations. This person follows all of the rules which have been outlined in APSM 30-1 for the completion of complaint investigations. This process includes: contacting providers via a form notice which informs them that the Durham Center LME is in receipt of a complaint concerning the provider; completing a formal investigation within 30 days; submitting a report of investigation findings within 10 working days of the date of completion of the investigation and then monitoring any plans of correction that are required as a result of the investigation. Investigation status and follow up are routinely reported on at the Corporate Compliance Committee meetings.

Strategic Objectives:

Goal II Improve the quality of services through an integrated approach joining all components of the LME: Quality Management, Utilization Management, Contracts, Customer Services, System of Care, Corporate Compliance and Finance		
Objective	Timeframe	Responsible Party
Develop FY 07 - 09 Strategic Work Plan <ul style="list-style-type: none"> Review current objectives within plan and note status Review agency Mission statement and revise if indicated Complete a new gap analysis process – involve CFAC and other stakeholders Review Strategic Plan and incorporate new gap analysis data Share revised Strategic plan with all stakeholders 	04/30/07 09/30/07, annually thereafter 12/30/07 annually thereafter 02/01/08 annually thereafter	LME Mgt Staff Deputy Director/QM Staff Deputy Director/QM Staff Deputy Director/QM Staff
Goal III Develop System of Care Infrastructure - Within the Community		
Objective	Timeframe	Responsible Party
Ensure that LME internal policies & service development are congruent with SOC <ul style="list-style-type: none"> Complete new policy and procedure manual – assure compliance as a manager of service rather than provider Develop/implement any needed policies and procedures to go through CARF accreditation process 	07/07 12/07	Compliance Officer Compliance Officer/Mgt Team
Develop Comprehensive Crisis Response System <ul style="list-style-type: none"> Relocate DCA Meet requirements for a locked facility Accept involuntary admission 	05/08	Deputy Director of Clinical Operations
Seek Funding Support for Best Practices Services and System of Care <ul style="list-style-type: none"> Fund only EBP for new consumers Provide transition services to consumers already in service who do not wish to move to an EBP 	07/07 Ongoing	UM UM
Goal III Develop System of Care Infrastructure - Within The Durham Center		
Objective	Timeframe	Responsible Party
Strengthen Communication and Public Relations --Community Focus <ul style="list-style-type: none"> Develop/implement marketing strategies to increase general public awareness of MH/DD/SAS issues Create a community-wide “recovery culture” that supports recovery from substance addictions Develop/nurture media relationships to help facilitate increased media attention to MH/DD/SA issues Develop/implement system of electronic communication of organizational information to provider community 	07/07 Ongoing	Director of Communications

--Consumer Focus <ul style="list-style-type: none"> • Provide communications and public relations support to Customer Services • Provide communications technical assistance to CFAC to assist with it's recruitment efforts and informational needs • Develop and revise as necessary print and web-based informational materials to better inform consumers and their families about the services offered by The Durham Center 	07/07 Ongoing	Director of Communications
Obtain National Accreditation <ul style="list-style-type: none"> • Become CARF accredited as a manager of service 	12/08	Compliance Officer
Manage board, LME Committees, Workgroups and Organizational Planning teams <ul style="list-style-type: none"> • Develop and administer Stakeholder survey • Review survey results and recommendations • Meet with identified stakeholders to review recommendations and finalize a task list • Implement recommendations 	02/07 06/07 07/07 09/07	Area Director Mgt Team Area Director/Mgt team Area Director/Mgt team
Increase Community Collaboration <ul style="list-style-type: none"> • Complete Disaster Plan • Complete document for provider agencies on disaster plan preparation 	09/07 07/07	Deputy Director of Clinical Operations

Resource Allocation: (5.56)

1 Area Director
1 Deputy Director of Clinical Operations
1 Administrative Assistant
.5 Processing Assistant from Service Management
1 Compliance Officer
1 Director of Communications
1 QA Specialist
.75 Clinical Director/Medical Consultant
.5 Guardianship Coordinator

7.75 FTE's – this is .53 over the 30% variance within the Cost model. This variance is due to the Complaint investigations from Provider Relations being within the Governance and Administration functions within Durham's functional structure. The operating cost of these functions is a \$ 470,243. This is 2.23% below the cost model projection of \$ 480,735

Business Rules:**Rules that enhance:**

1. *There is a commitment to develop and implement evidence-based/best practices through a system of care as the way services are delivered to individuals and families.*

The System of Care (SOC) model ensures that services are more effective and efficient for the consumers and family members. Child and Family Teams reduce duplication of services and encourages all service providers and informal supports to work together.

2. *All RFP's and RFI must go through clinical team*

This rule allows new contracts for IPRS and/or County Dollars to be tied to our strategic plan. Prior to this rule contracts were awarded in a non-consistent manner across the agency which led to many instances of staff not being aware of what services were available as well as contracts being offered for services that were not priorities within the agency.

3. *New consumers coming into the system as of 7/1/07 will be assessed for need and only offered evidence based or a best practice services.*

This rule will assure that we are using our local and state dollars to support EBP and provide consumers with amount of service needed.

Rules that inhibit:

1. *Operating on a Fee for Service basis for all individuals limits the type(s) of service that can be offered as well as the frequency (i.e. unable to offer IDDT), particularly in the substance abuse arena where the majority of individuals do not have Medicaid requiring the offering of very little service to those who need more.*

Offering more and better services can be obtained by being creative and having flexibility with State funds.

2. *LME's aren't allowed access to paid claims data for direct enrolled providers due to possible HIPAA issues.*

Lack of authorization or claims data for Medicaid consumers is affecting several functions across the LME. This makes it difficult to provide care coordination for Medicaid consumers as well as collect data such as NCTOPPS, admission, discharge, etc. Because we no longer authorize Medicaid services, we do not have updated information about which agencies are providing care. Without current information, we struggle to provide any specific information to Medicaid consumers who call requesting assistance with transfers or services. This results in confusion for all concerned and a lack of coordinated and effective care. We also struggle knowing what providers are responsible for completing various data requirements on a timely basis. These issues would all improve if timely paid claims data were provided to the local LME.

3. *Any willing and qualified provider can direct enroll as a Medicaid provider.*

The endorsement process has allowed our system to become too large too quickly. Our providers feel that the Durham Provider Community is too large and has the potential to create an adversely, as compared to a healthy, competitive environment and ultimately dissension among the provider community. In addition, the providers report that one major negative result from the endorsement process is the ability for staff to "provider hop", which definitively impacts the quality of service delivered to our consumers.

Business Management and Information Management

Mission:

The Business Management and Information Management function of the LME will further the mission of the Agency by accurately and responsibly accounting for all public funds using healthcare system technologies that are suitable for a local behavioral environment. The Information Management Department will do this by:

- Supporting other Durham Center departments
- Effectively applying technology in order to
 - Insure the safety and security of patient data
 - Decrease data errors
 - Increase efficiency
 - Reduce staff workload
 - Streamline processes
 - Change business requirements quickly

Current Operations:

The Business Management and Information Management functions are both reported in this section. The IT Director, however, reports to the Quality Management Administrator. Due to the close collaboration between the Finance Officer and IT Director to assure that the vital functions of Claims processing, Claims adjudication and related IPRS reporting occur on a timely basis, all the Information Management functions are being reported within this chapter.

As a single county area authority, The Durham Center is considered a department of the county for the purposes of Chapter 159 of the General Statutes. Given this, while the LME has its own Finance Officer and related team, there is close collaboration between The Durham Center and the Durham County Finance Office to assure that we meet all of the expectations of Durham County in relation to their budget and fiscal control processes.

Additionally, the IT Department, in the same manner, works closely with the Durham County Information Management Department to assure that The Durham Center meets all of the overarching hardware, software and security protocols adopted by the County.

Finance

The Finance Officer is responsible for all financial functions including but not limited to financial reporting to the State, County and Area Board, development of budget in collaboration with LME Clinical Team, tracking of all provider and LME expenditures and revenue, maintenance of IPRS attending provider elements, reconciliation of IPRS and Medicaid denials in conjunction with Accounts Receivable, coordination with County during annual audit, supervision of staff, and approval of time worked for payroll functioning.

The financial reporting includes the monthly LME expenditure report, quarterly and year end Fiscal Monitoring Report (FMR), and monthly or quarterly Financial Status Report (FSR). In order to complete these reports, expenditures and revenue are tracked on a monthly basis using the County's financial system which includes a general ledger. A listing of all provider payments by month and funding source is also used to verify the entries in the County's financial system. The system has six (6) cost centers assigned to the LME. They are categorized as Administration, Crisis, Adult, Child, Pharmacy, and Court Services. The Administration cost center entries are used to create the LME expenditure report. This is submitted to the state on a monthly basis. The Crisis, Adult, Child, and the Court Services cost centers are used to report non UCR expenditures on the FSR. Copies of the invoices and checks are kept along with a log and the report. For ease of tracking, the report is submitted to the State's Regional Accountant on a monthly basis instead of the required quarterly basis. All cost centers are used to create the FMR, which is submitted to the State's Regional Accountant, and to create the financial statements that are presented to the Finance Committee, which is a sub committee of the Area Board.

The yearly budget is created in collaboration with the LME Clinical Team. Year to date expenditures and use of IPRS funds are reviewed with the team to assess needs for each disability for the following year. Recommendations are presented to the Finance Committee, Area Board, and the County Commissioners. Beginning with the 07/08 budget cycle, the recommendations will also be presented to our local CFAC. The Area Board presentations are usually done during a budget retreat. This year our local CFAC was a part of that retreat. This CFAC participation will be an ongoing part of our budget review process.

The Finance Officer, in coordination with the County Auditor, verifies state and federal funding, reports and inaccuracies, and creates a final report on the impact to the County's fund balance.

The Finance Officer is also responsible for creating and maintaining a manual of "how to" functions specifically related to his or her role. Some Finance Officer duties are absolute key to the financial organization and stability of The Durham Center and are very time sensitive. Should the duties not be able to be performed for any length of time, necessary financial reporting to the State and/or County could delay and/or prohibit incoming revenue.

Claim Adjudication/Claims Processing

Claims processing from providers are handled through the use of a custom developed application. The IT Director, in collaboration with the Finance Officer developed this application. The application utilizes the State-mandated excel template which is then converted into a comma-separated-value (.csv) template to electronically upload 100% of all provider submitted claims without manual data entry from staff. All provider claims are converted into a HIPAA-compliant ANSI 837 file prior to submission into The Durham Center's enterprise application, eCura. By handling only electronic claims from providers, Durham Center Billing is able to devote more staff resources to other areas of concern without unnecessary overhead for data entry.

In order for claims to process, one of the requirements is the enrollment of attending provider numbers into the IPRS system. The Finance Officer is responsible for ensuring that all sites linked to an authorization in the eCura system are enrolled with IPRS with the necessary information for claims processing.

The process in which provider claims are validated is handled through both the custom upload system and the eCura enterprise system. Over 40 adjudication rules combined allow The Durham Center to effectively limit those provider claims that are invalid or are lacking sufficient data elements. Those claims that pass adjudication are routed to the eCura check print process for payment and IPRS file generation, while failed claims appear on an automatically-generated report that is able to be emailed, faxed, or mailed to the provider in order to provide detailed information on each claim that failed adjudication.

The Durham Center Billing Coordinators are responsible for the entire cycle of claims processing. Claims are submitted by providers in a timely fashion in order to meet the deadlines imposed by the state and County. The files are processed within 24 business hours of receipt. A response is emailed back to the provider stating that "the file has been received" so the provider can be assured that the claims are being handled. The claim files are processed through our internal system against the edits.

The different levels of errors are reviewed for possible internal resolution. Past history has shown that internal assistance will have better results than returning the error to the provider without further explanation. An electronic report is produced daily of all processed claims indicating a status of either "approved" for payment or "denied." Providers are emailed their section of the report for confirmation on each claim received. Check runs are completed twice a week in advance of the County check request deadline. Check requests are delivered to the County at the end of each week and a corresponding check is picked up the following week. Paper remittance advices and checks are either picked up by the providers or mailed to a specific address. Copies of both are given to the Accounts Payable section for filing.

Accounting

Accounts Receivable

The Accounts Receivable Coordinator is currently responsible for the filing and tracking of all CAP Waiver supplies, IPRS client eligibility, various internal reporting, and IPRS reports. This position is responsible for preparing the IPRS and Medicaid deposit information for Accounts Payable. Training and coordination of A/R duties currently performed by the Finance Officer is currently underway and will be completed by December 2007.

The CAP Waiver Supplies are currently billed through the LME until such time when they are approved by the Division of Medical Assistance to be an enrolled service. CAP supply vendors are established as vendors with the County in order to issue payment. Vendors send in invoices that are client specific. If an invoice is over \$1,000, it is reverted to the Accounts Payable Coordinator to follow the purchase order process. When that is complete, the invoice is given back to the Accounts Receivable Coordinator. The invoices are filed to Medicaid using a specific CAP Medicaid provider number. Each check write, this position reviews the denials and can do one or more of the following: resubmit the claim with the necessary paperwork, coordinate with insurance company for coverage, coordinate with support broker for client information, or work with vendors or any other parties to resolve the denials.

The Accounts Receivable Coordinator is responsible for the daily maintenance of client eligibility. This position reviews a variety of internal daily reports to proactively identify certain errors. IPRS reports are reviewed and client errors are resolved through IPRS online. 834 files are created and submitted to the state on a daily basis.

Various internal reports are reviewed daily to proactively identify items that could cause Medicaid or IPRS denials such as, but not limited to, inaccurate Medicaid Identification numbers, address issues and services provided outside of IPRS benefit packages. Errors are corrected and when necessary, communication with the Care Coordination support staff and/or Finance Officer is complete.

The A/R Coordinator is responsible for the utilization of various IPRS reports. Several reports are used to create the IPRS deposit which is categorized by IPRS budget code, age and disability and given to Accounts Payable to post. The paper Medicaid remittance and advice is also used in the creation of the Medicaid deposit prior to posting by Accounts Payable. IPRS reports are also utilized to identify retroactive Medicaid clients and claims that were previously paid to IPRS but will now be recouped. We are responsible for obtaining those funds back from the provider or verifying payment by Medicaid for non direct enrolled services.

Electronic remittance advices for both Medicaid and IPRS weekly check write cycles are reviewed. Denials from previous week's that have been resolved are removed from the outstanding claims list. Denials for the current week are researched and resolved or recouped from the provider. Coordination with Accounts Receivable is required for errors related to client eligibility. On going training is in process to transfer some functions of the A/R reconciliation to the Accounts Receivable Coordinator.

Accounts Payable/Purchasing

The Accounts Payable Coordinator is responsible for all aspects of the purchase order requisition such as, but not limited to, ensuring correct information is on applicable forms, maintaining copies of information at the LME, verifying that correct signatures have been obtained, sending any copies to the Contracts Departments, and ensuring availability of funds by source. This position will also be responsible for sending contracts to the County with the purchase order requisitions and obtaining Area Director's signature where needed. Copies of the contract must be made and remain in the Finance Department at the LME. Any invoices over \$1,000 must have a purchase order and/or a signed contract and must go through the proper County channels. This position will receive invoices from non-service providers and issue payment according to the invoices. All County auditing procedures must be followed.

This position is responsible for cash deposits, electronic fund transfers, and accurate posting of both into appropriate general ledger accounts. The Durham Center utilizes the County's Finance function for the recording of all incoming funds. Funds are separated into federal, state, or miscellaneous cost centers

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and into disability or age categories when applicable and possible. This position is also responsible for the maintenance of LME supplies, leased equipment such as copy machines, review and monitoring of cell phone usage and local distance calls, and review and accuracy of all non service provider invoices. The position also assists the Finance Director with maintenance and tracking of County owned vehicles.

Information Management, Analysis and Reporting

In order to provide the best possible support, The Durham Center Information Management divides the LME into 4 distinct functions: Clinical, Financial, Administrative, and Quality Management. Clinical operations are those LME functions that are involved in the clinical treatment of Durham Center clients. Financial operations are those LME functions that are involved with the monetary obligations of MH/DD/SA services. Administrative operations involve the management and support of the LME. Quality Management operations are concerned with making sure that the Clinical, Financial, and Administrative operations of The Durham Center LME are performing effectively. The Durham Center Information Management Team is able to create various reports in order to provide Quality Management operations with the necessary data and tools to effectively evaluate LME operations as a whole.

In order to provide reports that show the effectiveness of the LME and reports that show data process issues, The Durham Center Information Management Team currently employs two distinct reporting systems: Durham Center Reporting and Durham Center Data Management.

Durham Center Reporting allows authorized staff to generate their own necessary reports and analyze the report results against different date ranges. The Durham Center IT department creates the reports, and then publishes them on The Durham Center intranet to insure quality and consistent data. All reports in Durham Center Reporting are available for download into Microsoft Excel format in order to allow for additional analysis. An example of a report from Durham Center Reporting would be "CMSED clients that received services between 7/1/05 and 6/30/06".

Durham Center Data Management Reports are reports that are assigned to Durham Center staff based upon function and responsibility. Data Management reports serve the purpose of displaying data that is not consistent or fails a Durham Center LME business rule. By assigning Data Management Reports to the staff responsible for ensuring data consistency, The Durham Center is able to identify areas where additional training is needed or to identify business processes that need improvement. An example of a Durham Center Data Management report would be "STR screening forms with an invalid or missing screening date".

Additional Information Technology responsibilities are handled through Durham County

Strategic Objectives:

Goal II Improve the quality of services through an integrated approach joining all components of the LME: Quality Management, Utilization Management, Contracts, Customer Services, System of Care, Corporate Compliance and Finance		
Objective	Timeframe	Responsible Party
Data Collection and Management		
--Data tracking solutions	07/07 December 2008	IT Team
<ul style="list-style-type: none"> Create web-based provider portal to allow Durham LME contract agencies the ability to submit reporting and receive data through a secure online connection. Begin centralization of data tracking system Complete centralized data tracking system Ongoing support of centralized data tracking system 	07/07 07/08 07/09	IT Team
--Data reporting solutions	07/07 07/08	IT Team
<ul style="list-style-type: none"> Concentration on state reporting requirements Development of centralized data reporting system Implementation of centralized data reporting system 	07/07 07/08	IT Team
--IT equipment support and maintenance	07/09	
<ul style="list-style-type: none"> Continuing support and maintenance Production Server replacement Continuing Support and maintenance 	07/07 07/08 07/09	IT Team
--Web site	07/07 07/08 07/09	IT Team
<ul style="list-style-type: none"> Design/Testing of new Provider Portal Implementation of Provider Portal Continuing development of Provider Portal 	07/07 07/08 07/09	IT Team
Goal III Develop <i>System of Care</i> Infrastructure - Within The Durham Center		
Objective	Timeframe	Responsible Party
Claims Processing: Internal and External		
<ul style="list-style-type: none"> Complete implementation of A/R system based on known state changes in the 837 and 835 and any policy changes around service codes and rates Increase in rate of accepted claims sent to IPRS to greater than 99% upon their first submission Decrease provider claims errors to less than 5% for first-time claims. 	July 2007 July 2007 September 2007	IT Manager and Finance Officer IT Manager and Finance Officer Finance and IT Teams
Reporting	September 2007	IT Manager and Finance Officer
<ul style="list-style-type: none"> Create electronic reports from the A/R system to distribute to Board Finance Committee and internal committees. The reports will be located in an easily accessible location for staff members to produce for a time frame of their choosing. 		
Team Development		
<ul style="list-style-type: none"> Complete cross training of A/R functions between Finance Officer and A/R Coordinator Updates to the Finance Department procedure manual to be completed after all above objectives are complete. 	December 2007 July 2008	Finance Officer Finance Officer
Data Management		
<ul style="list-style-type: none"> Create a mechanism to analysis authorized services versus billed claims, (IBNR). Clinical Team, Care Coordination, Finance, and Management will analyzed the reports based on age, disability, funding source, and benefit packages to determine trends in services and measurable outcomes and to ensure that evidence based practices (EBP) are apparent in each area. 	March 2008	IT Manager, Finance Officer, Clinical Team

Resource Allocation (11.76 Business – 6.67 IT):

Current FTEs assigned to perform the Business Management function:

1 Finance Officer

2 Accounting Techs II

2 Accounting Clerks III

5 FTE's – This is outside the 30% variance within the cost model. This difference is found in our relationship with Durham County. As a local unit of government for GS 159 – many of our business functions are both guided by and completed by the Durham County Finance Department. In addition, Durham County handles most risk management issues.

Current FTEs assigned to perform the Information Management function:

1 Computer Systems Admin III

3 Program Analysts

1 Network Technician

5 FTE's This is within the 30% variance within the Cost Model. The operating cost of these functions is \$ 994,614. This is 20.76% below the cost model projection of \$ 1,201,066.

Business Rules:**Rules which enhance:**

1. Fee for services claims submitted by providers for payment will be processed within 24 hours of receipt and if approved, will be paid within three (3) weeks.

This rule allows The Durham Center to draw down IPRS funds more efficiently which could prevent a possible reduction in funds by the State.

2. In order to meet prompt pay, approved claims are paid to providers prior to reimbursement from the state. Upon claim denials from the state, if no resolution is available, the claims will be recouped from providers' future submissions.

We recognize that our IPRS and Medicaid denials can be due to our own inaccuracies in our system such as keying client information incorrectly, failure to update a target population with the IPRS, etc. In order to prevent the providers from having financial liability in these instances, paying them prior to reimbursement from the state allows us to focus on error prevention and allows the provider's to focus on providing clinically appropriate service to their clients.

3. The Durham Center IT Department will do custom programming to meet the state billing/reporting requirements.

In order to meet State expectations for file format changes, The Durham Center has had to devote significant resources to be able to develop custom applications to satisfy changing specifications. While staff time is currently dedicated to this, the LME had been spending significant funds working with a software vendor to try to meet these changing needs. The software vendor was not able to meet the changing requirements. Internal staff completing these requirements has enhanced our ability to more quickly meet changing requirements.

Rules which inhibit

1. Inconsistent, inaccurate, and untimely communication from both the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse

This type of communication results in confusion across the state for LMEs and providers. In addition, these communications often result in last minute changes to procedures, both manual and electronic, for both the LME and the providers which can have a direct effect on the services being provided.

2. The Durham Center must abide by the County's purchasing and payment timelines which can inhibit the resolution of emergency situations.

The Durham Center utilizes the County's financial system which is responsible for issuing checks. The County has weekly print cycles and rarely allows manual checks to be issued. In addition for non service provider invoices, the County has a 30 days payment policy regardless of when the invoice was received. These restrictions can prohibit us from expediting a payment to particular entities.

3. LME's must meet the IPRS File format specifications.

Numerous changes to IPRS file format specifications – Unrealistic timelines in order to modify 834, 837, and CDW file formats in order to meet State-mandated deadlines has caused the IT staff to devote extra resources in order to stay current.

Provider Relations and Development

Mission:

The Provider Relations and Development function of the LME will further the mission of the Agency by developing and maintaining a collaborative and comprehensive Provider Community by providing satisfactory customer service and technical assistance, ensuring that operations within Provider Relations are directionally aligned with the State Plan and the LME strategic plan, and supporting providers that follow evidence based practices.

Current Operations:

Provider Relations primary purpose is to recruit, develop, and maintain a collaborative and comprehensive Provider Community to provide quality and evidence based practices services to the consumers of Durham County. We value building community capacity that includes the identification of existing community resources and gaps that allows Durham County consumers to have choice among quality providers. Providers are the forerunner for service delivery and this department serves as a central point of access; as well as, a liaison for the providers by performing the following activities:

Community Development

Based on gap analysis results, Provider Relations in conjunction with our System of Care Team Leader, SOC Specialist and our Clinical Team tries to solicit prospective providers to ensure availability of an adequate array of services. When soliciting Providers, it is The Durham Center's objective to acquire needed mental health, development disabilities and substance abuse services and supports at a fair and economical price, with appropriate attention to quality of care, adherence to best-practices, and maintenance of existing care relationships and service community. Depending on the circumstances, various methods for selecting Providers may be used including, but not limited to, Competitive Procurement, Procurement to Obtain Best Prices Without Selective Contracting, Non-Competitive Solicitation and/or Selection of Providers, Request for Information (RFI), Request for Qualification (RFQ), and Request for Proposal for Services (RFP). The RFP/RFI/RFQ process requires The Durham Center LME to define the service array in detail, as well as the quality outcome measures, which Providers are expected to demonstrate.

Provider Contracting

The Durham Center LME offers state-funded contracts only to those Providers who take part in an official RFP/RFI/RFQ process or in response to special needs. During FY 05-06, Providers who received state-funded contracts last fiscal year, and who were interested in receiving a state-funded contract this year had to submit Quality Improvement (QI) plan for review and approval by The Durham Center prior to receiving a state-funded contract. Moreover, The Durham Center LME incorporates additional services into current Providers' contracts based on The Durham Center LME's defined needs. These additional services must be a natural extension of existing services in the Provider's current contract. The Durham Center believes this process provides a uniform and consistent approach for establishing contracts with new Providers and adding new services to current Providers' contracts. The Durham Center utilizes the DHHS Standardized provider contract. Additionally, The Durham Center utilizes the Master Services Agreement (a Durham County contract) for Providers who also access County funds.

Provider Endorsement & Monitoring

The Durham Center has adopted and implemented the policies and procedures outlined in the Division of MH/DD/SA Services Communication Bulletin #44 and subsequent bulletins and Implementation Updates to train, endorse, and issue Direct-Enrolled Funded agreements (Memorandum of Agreements) to Providers. We have set a goal of 100% adherence to the endorsement timelines and this is also a performance measurement for our Contract Management Specialist's annual Performance Appraisal.

The Durham Center LME monitors the provision of public services by Category A and B Providers in its catchment area through a variety of monitoring activities. The frequency and extent of those activities will vary depending on the following factors:

- The number and severity of level II and level III incidents and the Providers response. The Quality Management Team will initiate the request.

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- The number and types of complaints, Provider response and conclusions of investigation of complaints. The Quality Management Team or Customer Service Team will initiate the request.
 - Failure to complete required outcome measures (NC TOPPS and DD COI) in a timely manner
 - Failure to comply with general reporting requirements found within The Durham Center Operations Manual.

The System of Care Unit with participation from the Utilization Management and Contracts Unit facilitate Clinical Quality Reviews for “Clinical Home” (Community Support, Targeted CM, etc) providers. The purpose of these reviews is to assure that services and supports delivered to Children and Adults with mental health, developmental disabilities and/or substance abuse issues and their families are based on quality plans and provided in accordance with best-practice and System of Care (SOC) standards through the person/family centered planning process. In reviewing the consumers’ medical record, The Durham Center (TDC) seeks to determine areas that meet expectations, as well as, areas needing to be improved through mutual collaboration with the Provider Community.

We value high consumer and family satisfaction; therefore, we find it very important that during a crisis, providers are accountable for timely response to consumer and family needs. As a result, for the past year and half, Provider Relations conducts mystery calling of each providers’ emergency number every six (6) months after business hours, on the weekend, and/or holidays to ensure that the providers’ emergency telephone numbers and/or pagers are valid and accessible for all Durham County consumers.

Provider Relations, during the past fiscal year, offered two training events related to the CARF accreditation process. This training was free to providers and was to assist them in gaining knowledge about both the review process and the standards they would need to meet.

Technical Assistance/Training

We value providing timely and reasonable technical assistance regarding new State initiatives and local policies and procedures and as a result of quantitative/quality review findings, as a result of monitoring site visit(s), and/or in conjunction with any Plan of Correction (POC) that may be required after any local, state, or federal audit or license review. Provider Relations ensures that training/technical assistance needs are provided in a mutually satisfactory manner to both parties regarding time frames, urgency of need, and/or staff to be involved. Instructional/training events are normally scheduled based on needs determined from providers. In addition, training collaboration is often sought whenever feasible, between The Durham Center or groups of Area Authorities/LMEs, and Providers or groups of Providers, in order to effectively and efficiently utilizes the resources available to each party. Moreover, The Durham Center offers instructional/training in conjunction with the quarterly All-Provider Meeting. Provider Relations has also developed and continues to coordinate with other LME departments an array of trainings into a Provider Training Schedule/Library, which is posted on our website and distributed to the Qualified Provider Community by email. This training resource assists providers to meet competency requirements and broadens their knowledge in the field and is directly relevant to delivering quality services consistent with evidence-based practices (i.e. wraparound, recovery philosophy, self-determination, and specific models of practice, such as ACTT, children’s home-based models; in addition, specific interventions such as skill building curriculum development, crisis planning, etc.).

Provider Complaints & Grievances

If problems arise between the Provider and The Durham Center in the delivery of services, the parties shall attempt, whenever possible, to resolve these problems, informally, in a reasonable and timely manner. In the event that informal resolution is not appropriate, or is unsuccessful, the process outlined in GS 122C-151.4 shall be followed.

Informal Dispute Procedures: In the event a dispute arises in the delivery of services between the Provider and The Durham Center, the parties are encouraged to resolve these problems in a reasonable and timely manner. The Provider will have ninety (90) days from the end date of the authorization for a particular service to bring forth an

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appeal/dispute. This may include face-to-face discussion of the dispute with all involved parties and the Contract Management Specialist, if the Provider requests. The assigned Contract Management Specialist would arrange this meeting, if the Provider desires. The Durham Center will acknowledge receipt of the written statement within ten (10) business days with a decision regarding the dispute. If the Provider is not satisfied with the decision, they are encouraged to appeal the dispute to The Durham Center's Customer Service Department with ten (10) business days. The appeal must be in writing, contain a copy of the original dispute, a copy of The Durham Center's response, and an explanation of why this response is not satisfactory. Within fifteen (15) business days, The Durham Center will convene a meeting of the appropriate parties to meet with the Provider. Additional information will be gathered and alternative solutions to the grievance will be discussed. A written response will be provided to the Provider within ten (10) business days of the meeting.

Formal Dispute Procedures: In the event that an informal resolution is not appropriate or is unsuccessful, the Formal Dispute Resolution Procedure shall be followed. The areas of dispute specifically outlined in GS 122C-151.4 shall be resolved through this process. The Durham Center's policy on Appeal of Area Authority Decisions will be followed.

<ul style="list-style-type: none"> Implementation of the intensive wraparound service, tracking outcomes and using results to continue to modify service interventions for both IPRS and Medicaid clients. Implementation of the fidelity review process On-going coaching and training to assist providers with quality SOC practice. Continuing to modify service delivery based on findings in fidelity review process 	06/08 12/08 06/09	Child MH Specialist/Clinical Team
<p>Residential Services - specific treatment focus that emphasize the individual and development of Residential Level IV</p> <ul style="list-style-type: none"> The individualized residential budget has been redeployed to develop an IRT for a court-involved youth with physical aggression tendencies. LME is contracting with out-of-state provider with expertise in providing individualized wraparound care for youth in residential placement. (LME hopes that this IRT becomes a model of care for the community) Revise Care Review process to provide greater assistance for Child & Family Teams in developing and implementing individualized plans. Develop a quality indicators tool to use to review youth in out-of-home placement. Begin review of all children in out-of-home placement longer than 3 months. Purchased land and submitted architect plans. (Items purchased for facility.) Develop expectations for Level IV re: re-education components with Whitaker staff. Work with DPS to identify school staff. Develop multi-agency admissions/review process. Develop quality improvement plan for facility. Anticipate opening Level IV by mid-2008. Market resource Review outcomes for Level IV consumers and implement quality improvement plan 	06/07 12/07 07/06 06/08 12/08	Child MH Specialist/Clinical Team
<p>Multi-Systemic Therapy (MST)</p> <ul style="list-style-type: none"> Four MST providers established. Protocols implemented. DJJDP partnership emphasized Referrals are low. Providers engage in outreach efforts. Identification of barriers. On-going efforts to resolve barriers to engagement of consumers in this service. 	06/06 07/07 12/07 ongoing	Child MH Specialist/Clinical Team
<p>Intensive Day Treatment</p> <ul style="list-style-type: none"> Assess need for Day Treatment with community partners. Identify best practice and see what's viable given service definition. Identify start-up funding. 	07/07 12/07 06/08	Child MH Specialist/Clinical Team
<p>Family Support & Education</p> <ul style="list-style-type: none"> LME staff support establishment of SOC family support group. Begins discussion of potential model for Durham with community partners with family education and support experience in Durham LME continued support to SOC family support group. Will become part of a new service component that the public mh system will offer in Durham to both Medicaid and non-Medicaid families of child/youth consumers Continued development of this service component including evaluation of impact on child/youth's progress in service. 	07/07 07/08 07/09	Child MH Specialist/Clinical Team
<p>Improve Service Access and Service Quality for 3-5 year olds</p> <ul style="list-style-type: none"> Collaborate with Council for Children with Special Needs to develop a survey of mh/dd/sas providers re: ebp, education and expertise of providers with the young children population Work with community early childhood partners to map young children's access to socio-emotional supports and services and service flow. Look at data on young children currently in the mh system Create tools and materials that will assist broader community in understanding what mh services and supports exist for young children. Develop an RFP for pilot project for an ebp for young children with mh concerns. 	07/07 07/08	Child MH Specialist/Clinical Team

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<ul style="list-style-type: none"> • Based on results develop a broader implementation plan • .Support training for providers of ebp for young children with mh concerns • If funding exists, implement one component of plan identified based on ebp. • Determine whether Medicaid service definition for intensive in-home could support a best practice in-home intensive program for young children. (Collaborate with DSS on targeting services for young children in foster care.) 	07/09	
Objective SA Service Array	Timeframe	Responsible Party
<p>Stimulate a "recovery culture" within the Durham Community</p> <ul style="list-style-type: none"> • Take leadership role in congealing the resources and technical expertise of community partners interested in a SA media campaign (i.e. Partnership for a Healthy Durham, Alcohol/Drug Council of NC, and Durham Health Dept.) • Develop a public-private partnership tapping into the Durham creative community (ad agencies, film/video production companies, etc.) to create and execute a wide-ranging SA media campaign • Recruit corporate support for SA media campaign • Conduct focus groups with key stakeholders and audience segments to develop campaign messaging • Local newspaper presence roughly quarterly (or more regularly) including feature articles and/or advertising • Produce two print pieces (brochure, poster, etc.) with messaging to be determined • Provide community education through increased presence in the school system and at public events, such as town hall meetings, health fairs, etc • Develop a plan for evaluation of media campaign • Produce SA media campaign leveraging contribution of services from private sector to include some or all of TV/radio, newspaper and other print, internet, direct mail, billboard, point of purchase, kiosk, movie screen • Purchase broadcast airtime and print space • Execute evaluation plan for media campaign 	07/07	<p>SA Specialist/Clinical Team</p> <p>Director of Communication</p> <p>Other Durham SA Partners</p>
<p>Deliver SA services through a SOC framework_utilizing an integrated teamwork approach to achieve better outcomes</p> <ul style="list-style-type: none"> • Provider training • Teaching Case Conferences: Develop protocols, criteria, forms, etc, educate providers, begin conferences • Infrastructure development • Development of System of Care training curriculum, modification to address SA training evaluation 	07/07 ongoing	SA Specialist/Clinical Team
<p>Recruit, support and maintain a qualified SA <u>workforce</u> capable of meeting the demands of the community</p> <ul style="list-style-type: none"> • Provider Training applicable to SA Certification requirements (SA, ASAM, Adolescent., Curriculum) • Teaching case conference • Workforce Incentives (workforce study, administration) Training scholarships • Incentive bonuses (modeled after Smart Start Wages Project) 	07/07 ongoing	SA Specialist/Clinical Team
<p>Develop a sustainable provider community able to provide easily accessible, quality services within existing rules and funding sources</p> <ul style="list-style-type: none"> • Provider Technical Assistance • Business Development • Quality Improvement/evaluation • Performance Based Contracting 	07/07 ongoing	SA Specialist/Clinical Team

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<p>Develop a comprehensive array of high-quality services and supports to meet the needs of individuals and families who suffer from drug or alcohol addiction or who are dually diagnosed</p> <ul style="list-style-type: none"> • Develop new services or increase current capacity • Short-term residential • Adolescent Services <ul style="list-style-type: none"> ○ Residential- 10 bed ○ Intensive Outpatient provider • Increase Outpatient Providers and Capacity-New Service definitions IOP, SACOT, CS • Enhance existing Services • Services for individuals without Medicaid • Strengthen Outpatient and Community Support functions of Methadone Treatment 	07/07 ongoing	SA Specialist/Clinical Team
<p>Develop Strategies to support the development of needed SA services</p> <ul style="list-style-type: none"> • SA Clubhouse • Prevention Education Services • Community Support Services and Counseling • Structured Outpatient Program (SAIOP) • Structured Outpatient Program for Adolescents (SAIOP Day Treatment) 	07/07 ongoing	SA Specialist/Clinical Team
Objective - DD Service Array	Timeframe	Responsible Party
<p>Community based day activities</p> <ul style="list-style-type: none"> • Investigate feasibility of developing adult day health program • Community Life Services 	07/07	DD Specialist/Clinical Team
<p>Educate consumers, families, provider agencies and others on existing community resources</p> <ul style="list-style-type: none"> • Encourage Support Brokers to access community resources and natural supports, and site them in PCP's • Provide training on person centered thinking and develop/encourage opportunities for Support Brokers to learn about community resources 	07/07 12/07	DD Specialist/Clinical Team
<p>Protocols specific to supporting persons with Autism Spectrum Disorder</p> <ul style="list-style-type: none"> ▪ Investigate current practices/barriers for individuals with Autism ▪ Determine current service options, possible funding sources, and the number of persons we serve and those that may require future supports ▪ Expand personal assistance and developmental therapy provider base to include expertise in autism services ▪ Through a collaboration with The Autism Society provide training to LME staff Support Brokers, providers and others regarding the history and support options for persons with Autism 	09/07 12/07 07/07 10/07 on-going	DD Specialist – Clinical Team
<p>Expand Supported Employment</p> <ul style="list-style-type: none"> • Ensure that service is offered by educating case managers regarding Supported Employment Options • Provide training to support service brokers • Facilitate presentations by providers to support brokers • Facilitate VR presentations to service brokers on eligibility, services offered, and referral process • Increase number of SE providers by developing an RFP 	07/07 04/07 07/07 07/07 done	DD Specialist/Clinical Team

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<p>Independence Optimizing Services for dually diagnosed MR/MI population</p> <ul style="list-style-type: none"> ▪ Develop specialized capacity with experienced providers to work with this population ▪ Conduct clinical reviews on an on-going basis to ensure appropriate service delivery and appropriate use of resources ▪ Provide training to LME staff Support Brokers, providers and others regarding the history and support options for MR/MI population 	<p>07/07 on-going 07/07 on-going 12/07 on-going</p>	<p>DD Specialist – Clinical Team</p>
<p>Promote Increased Community Participation</p> <ul style="list-style-type: none"> ▪ Through an RFI process, encourage community agencies to become actively involved the supports planning and delivery process ▪ Increase consumer and family awareness of and participation with community resources ▪ Increase request for Personal Assistance, Developmental Therapy and Supported Increased support broker and direct care worker awareness of community resources. ▪ Increase participation by the community at large in determining how to maximize community resources. ▪ Increase the number of people that consumers are connected to. ▪ Increase community life activities for consumers ▪ Decrease the reliance on Facility/ Program based restrictive services. ▪ Redirected funding to support people in the community. 	<p>07/07 07/07 on-going 07/07 on-going 07/07 ongoing 07/07 ongoing 07/07 ongoing 07/07 ongoing 07/07 ongoing</p>	<p>DD Specialist – Clinical Team</p>
<p>Promote EBP/Best Practice</p> <ul style="list-style-type: none"> • Identify the best practice continuum for persons with developmental disabilities and identify gaps in Durham's continuum. • Conduct pilot study to investigate the benefits of time limited intensive case management • Conduct Clinical quality reviews with existing DD case management providers • Review CQR data for existing services and make changes as warranted. • Develop working relationships with private provider community for the purpose of evolving EBP 	<p>On-going 07/07 07/07 on-going 07/07 on-going 07/07 on-going</p>	<p>DD Specialist – Clinical Team</p>
<p>Promote and coordinate Developmental Center and ICF-MR community transitions</p> <ul style="list-style-type: none"> ▪ Increase the number of individuals transitioning into the community ▪ Increase community capacity to adequately provide non-facility based supports ▪ Development collaborations between the Durham Center and the Murdoch Center and ICF-MR group homes. ▪ Development training curriculum to assist facility-based staff in developing an increased awareness of community resources, person-centered planning, and the use of the <i>Supports Intensity Scale</i>. ▪ Provide training to residents, families/guardians and staff regarding community resources, person-centered planning and other discharge related topics. 	<p>07/07 on-going 07/07 on-going 07/07 on-going 07/07 on-going 07/07 on-going</p>	<p>Community Transition Specialist</p>
<p>Promote independence optimizing housing options</p> <ul style="list-style-type: none"> ▪ Encourage provider agencies to participate in the development of Supported Apartments/ Condominiums ▪ Redirect funding to support people in housing options of their choice ▪ Educate consumers, families case managers and provider's regarding available housing options 	<p>On-going</p>	<p>DD Specialist – Clinical Team</p>
<p>Protocols specific to supporting persons with Traumatic Brain Injuries</p> <ul style="list-style-type: none"> • Investigate current practices/barriers for individuals with TBI • Collaborate with the Division of MHDD/SAS to develop LME/Provider training curriculum • Determine current service options, possible funding sources, and the number of persons we serve and those 	<p>07/07 07/08 on-going 07/08</p>	<p>DD Specialist/Clinical Team</p>

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<ul style="list-style-type: none"> that may require future supports Through a collaboration with The Traumatic Brain Injury Association and the Star's Program provide training to LME staff Support Brokers, providers and others regarding the history and support options for persons with TBI. 	07/07 on-going	
Goal III Develop <i>System of Care</i> Infrastructure - Within The Durham Center		
Objective	Timeframe	Responsible Party
<p>Endorsement</p> <ul style="list-style-type: none"> Conduct monitoring and performs audits (when applicable) in accordance with Monitoring Policy Process endorsement applications & perform reviews in accordance with DHHS/DMA Policy and Procedure 	When indicated per Monitoring Policy	Provider Relations Team
<p>Requests for Information & Requests for Proposals</p> <ul style="list-style-type: none"> Effectively and efficiently develops and manages RFIs/RFPs in accordance with the Procurement Policy and Clinical Team Schedule 	Ongoing	Provider Relations Director
<p>Provider Records</p> <ul style="list-style-type: none"> Ensure that providers' demographic information on TDC's website is 90% accurate. Ensure that 95% of the active contracts demographic information, service/service codes, and site information are accurately entered in IT database Maintains a comprehensive and complete filing system 	Ongoing Ongoing Ongoing	Provider Relations Team
<p>Managing Contract Requirements</p> <ul style="list-style-type: none"> Review and update Operations Manual twice a year Each Provider Relations Staff person shall develop, negotiate, review, distribute, and implement at least forty-five (45) contracts agreement per year prior to the start of the new fiscal year per Federal/State/local regulations. Facilitate monthly Provider Orientations Plan, facilitate, and represent the LME in quarterly All-Provider Meetings to keep providers abreast of all State Initiatives and changes Respond to phone calls, emails, and voicemails within forty eight (48) hours. Review provider emergency telephone numbers every six (6) months after hours, on the weekend, and/or holidays to verify that the emergency telephone number is a valid operating number and/or pager for consumers 	June 07-ongoing Ongoing Ongoing Ongoing Ongoing Ongoing	Provider Relations Director Provider Relations Team
<p>Reporting</p> <ul style="list-style-type: none"> Complete monthly QM Monitoring Report prior to the 15th & DHHS Monitoring Report prior to the 20th of each Completes DHHS Proximity Report annually 	Ongoing	Provider Relations Team Provider Relations Director
<p>Team Development</p> <ul style="list-style-type: none"> Develop and maintain procedure manual for Contracts Management (Provider Relations) Unit Make revisions as needed 	Ongoing Ongoing	Provider Relations Director Provider Relations Director

Resource Allocation (8.4):

1 Contract Management Administrator
3 Contract Managers
.50 Processing Asst from Consumer Affairs
.50 SOC Team Leader
.50 MH Specialist
.50 SA Specialist
.50 DD Specialist

6.5 FTE's - this is within the 30% variance within the Cost model. The operating cost of these functions is **\$ 710,438**. This is 2.71% over the cost model projection of \$ 691,194.

Business Rules:

Rules which enhance:

1) *The Durham Center has implemented a formal RFI/RFP process in seeking new providers and/or services.*

The Durham Center publishes Request for Information or Request for Proposals when seeking providers for certain services. Recent RFIs/RFPs included identification and contracting with providers for Family Psycho-education, Illness Management, Consumer-Run Drop-In Center, Multi-Systemic Therapy, Substance Abuse Clubhouse, and Child Path services. This formal process affords The Durham Center the opportunity to choose the most qualified provider for the service.

2) *The Durham Center requires that residential placement for children are within 60 minutes/60 miles of Durham County.*

The Durham Center's internal policy regarding out of home residential placement embraces the concept of children receiving mental health services and supports in their homes, schools, and community. When out of home placements are needed, The Durham Center's policy states that those placements should be within 60 minutes/60 miles of Durham County (provisions for extenuating circumstances exists). This policy was developed in collaboration with our System of Care partners and strengthens the qualified residential provider community.

3) *Letter of Support Requirement (Communication Bulletin #49)*

This requirement brought forth a standardized process for LMEs to fulfill the requirements set forth in G.S. 122C-233.1.

Rules which inhibit:

1) *LMEs are required to endorse providers in accordance with Communication Bulletin #44.*

LME are required to endorse providers for Medicaid Enhanced Benefit Services without the provider having to demonstrate the ability and/or capacity to perform the services for which they are endorsed. The Durham Center is required to honor corporate verification from other LMEs without regard for assessment of need in our catchment area. The results have been too many providers of the same service(s) without business, clinical, or educational experience, some with only GEDS, in an environment that is unable to support multiple providers in a competitive environment. LMEs need to be given the authority to not have to contract with in such circumstances.

2) *Inadequate incentives for recruitment of providers for State-Funded (IPRS) services.*

LMEs need to be given technical assistance and/or additional funding to provide incentives to qualified providers to provide non-Medicaid consumers with quality and/or evidence based services which these consumers normally do not received and to assist providers with workforce/start up cost.

3) *Lack of Medicaid Data hinders the formula provided by DMH to issue Letters of Support.*

LMEs desperately need to be given Medicaid data regarding children placed in out of home placement in order to provide correct data regarding need of residential facilities in its catchment area. Also, DMH need determine if the need for additional .5600 facilities has been met state-wide. If we continue to issue letter of supports for .5600, we're going to more than likely create a similar situation that Level III facilities faced years ago.

Customer Service/Consumer Affairs

Mission:

The Customer Service/Consumer Affairs function of the LME will further the mission of the Agency by creating, promoting, and sharing the organizational focus on the needs of internal and external customers and consumers. The customer service team's number 1 goal is caring for our customers, from consumers to providers from our staff to our community.

Current Operations:

The Customer Service/Consumer Affairs team for the Durham LME is not tied to any other function within the LME. In order to protect their role as an advocate for the consumer they are not involved in routine monitoring, complaint investigations or the incident review process. Their main focus is to respond to complaints from consumers, family members and providers, and to provide support to our local CFAC.

The Customer Service Department (CSD) is responsible for all calls coming into the Durham Center, including Durham Center Access, registering all consumers in the agency database, handling all customer complaints, compliments and investigations, providing staff support to the Consumer Family Advisory Committee (CFAC), processing requests for protected health information, Non-Medicaid appeals and consumer orientation and satisfaction.

In an effort to determine the CFAC's perception of its relationship with TDC, a survey was recently sent to CFAC members to illicit their feedback and suggestions. An independent consultant compiled the survey and made recommendations for improvements both with the relationship between the CFAC and The Durham Center and to improve the CFAC itself. These recommendations have been incorporated into The Durham Center strategic plan.

Support to Committees

The Consumer Affairs Administrator is the liaison to CFAC. As the liaison, this staff person performs all support functions for meetings including recording meeting minutes and posting them on The Durham Center website. Other LME staff provide agency updates, report on policy changes and provide training on various topics. As policies are revised and/or created within The Durham Center they are shared with CFAC for their feedback and as needed indicated changes may be made.

In order to further promote evidence based practices, LME staff and others invite guest speakers to meetings to talk about those practices. In the recent past there have been presentations on crisis intervention training (CIT), person centered plans (PCP) and community housing. Additionally, many of The Durham Center staff has provided presentations on different functions within the LME.

Members of CFAC participate on several committees at the Durham Center LME which includes the Executive Committee, Quality Management Committee, Clinical Team, Housing Committee, Human Rights Committee and the Area Board

As noted in the board approved CFAC policy, the CFAC has its own identified budget within the LME. Members are provided with stipends for meetings they attend. The budget also accommodates registration and travel costs for conferences, training, workshops etc...

Trainers and specialists are invited to CFAC meetings to educate members on many areas of behavioral health. In the recent past a facilitator was brought in to assist with CFAC plans for structure and direction (Maggie Glenn Report)

CFAC has access to reports generated by the LME through its Board QI Committee representative. The data within these reports are explained at those meetings as well as at Area Board meetings. CFAC members receive Area Board packets at their meeting every month. Special reports are discussed for clarification.

Support is provided to the Client Rights Committee by the Complaint Investigator (QA Specialist) located in the Governance and Administration chapter. The QA Specialist/Liaison performs supportive functions to the CRC such as reminder calls of meetings; recording committee minutes; inviting guest speakers and the sharing of LME and Division updates.

Complaints, Appeals and Grievances

When consumers and/or providers call the Durham Center and share that they have a complaint, those calls are referred to Customer Services. Customer Services will log all complaints into the Customer Services Complaint database. On a quarterly basis that data is compiled and submitted to the Division of MH/DD/SAS.

The Customer Service Team may address complaints directly by a conflict resolution process, or by referring the issue to The Durham Center staff person responsible for conducting complaint investigations. The complainant will also be offered the option of accessing the provider's internal complaint process or conflict resolution services facilitated by The Durham Center. Consumers are not *required* to participate in the provider's conflict resolution or complaint process before submitting a complaint to the Durham Center. If the issue is resolved either by the provider's or the Durham Center conflict resolution process, the results are documented.

This informal review must be completed within 10 days and if not resolved in that time period or if the resolution is not satisfactory, the complainant may file a grievance with the Durham Center LME Client Rights Committee. When the outcome of the informal process is the need for an investigation, the information is forwarded to the Durham Center Complaint Investigator. The referral for investigation is documented in the Customer Service Complaint Database. When the investigation is complete the outcome is also recorded in the database.

The complainant who disagrees with the results of the informal process or the investigation findings may file a grievance with the Client Rights Committee. Grievances are recorded on a standardized form and forwarded to the Staff person assigned to the Client Rights Committee who will assure that the grievance gets to the Chair of the Client Rights Committee.

The Customer Services Staff coordinate the non-Medicaid appeals process as outlined in Communication Bulletin 63 and 38. When Service Management Staff suspend, reduce or deny a state funded service the Division form letters are generated by Service Management and sent to Customer Services. In the event of an appeal the Customer Service staff coordinates the actions that need to occur within the Durham Center.

System Navigation

The Customer Services team assures that Welcome packets are sent to all new consumers entering our system where we schedule the initial appointment. The packet contains information on how to obtain services as well as general information about different types of services, client rights, Medicaid, CFAC, the privacy act brochure, a survey seeking general information as well as the consumers experience accessing services, and the number to TDC if they have questions. A week after the consumers initial appointment, the Customer Service team conducts a call back survey to ensure that the consumer made it to their appointment and if needed reschedules the appointment.

Customer Services and Rights

The Customer Service staff, in conjunction with the Director of Communication, routinely sponsor and/or attend Community events where information is shared with the community, general public and our consumer. Some examples of these events over the past year include a Block Party, Provider Fair, Information Fair, Kiosk for drug awareness at the Mall and Town Hall Meetings. Staff also participates in other sponsored community fairs in the community by different agencies and departments.

Brochures are given out to the public at the community events similar to those mailed to all new consumers. These include brochures on consumer rights. Community Support workers are given access to handbooks to give out and go over with consumers.

Other Consumer outreach efforts for informational and educational purposes include our media campaign where recovery stories are published in the local newspapers and Town Hall meetings.

Consumer Satisfaction

Two methods used to assess consumer satisfaction by the customer service staff are call back surveys and the surveys included in the welcome packs. An attempt is made to complete a call back survey for every new consumer scheduled for “intake” as a follow-up to ensure provider contact for appointments and that service started. If needed, appointments are rescheduled for consumers. A survey is included in each welcome packet that is in a format that can be folded and dropped back in the mail, postage free. This survey inquires about the consumer’s experience with The Durham Center and accessing services. In addition to these surveys to gauge consumer satisfaction other activities are carried out by the QM Department.

Strategic Objectives:

Goal III Develop System of Care Infrastructure - Within The Community		
Objective	Timeframe	Responsible Party
Support and enhance the function of the CFAC		
<ul style="list-style-type: none"> • Expand the CFAC by <ul style="list-style-type: none"> ○ Requests for membership through the media ○ Newsletters to representative ethnic groups ○ Solicitation through TDC provider network <ul style="list-style-type: none"> ▪ Recruitment materials should include information about stipends for attendance, child care, transportation, etc. • Involve CFAC in TDC quality management process by providing reports, opportunities for discussion and input regarding the administration of local mental health services <ul style="list-style-type: none"> ○ Have CFAC representative on QI Committee share report information with committee ○ Have QM Director come to meetings on a quarterly bases and make reports on current agency QM activities ○ Have CFAC representative on Clinical Team make routine reports to the CFAC regarding clinical oversight activities • Provide user-friendly information regarding the existing service system and funding sources. <ul style="list-style-type: none"> ○ Create orientation materials for new CFAC members; ○ Create a descriptive manual with clearly identified sections that would permit inserting new information as it becomes available; ○ Regular presentations by knowledgeable TDC employees. <ul style="list-style-type: none"> ▪ Information to be stated in a manner that avoids the use of acronyms and jargon and easily understood by laypeople. • Provide CFAC with quarterly reports from the Provider database. <ul style="list-style-type: none"> ○ show the number complaints received ○ provider monitoring visits completed ○ complaint investigations performed and plans of correction requested. • Assure that CFAC is involved in an annual gap analysis process. 	12/07 ongoing	CFAC, Customer Service Administrator Communications Director
	07/07 ongoing	CFAC, QM Administrator, Other LME staff
	07/07 ongoing	CFAC, Customer Service Administrator, Other LME staff
	07/07 ongoing	Customer Service Administrator
	07/07 ongoing	Deputy Director Clinical Operations
Support and enhance the function of Client Rights Committee		
<ul style="list-style-type: none"> • The Client Rights Committee will have a representative from the Substance Abuse Community join the committee • The Client Rights Committee will hear presentations from two residential-based Human Rights Committees • The Client Rights Committee will review all complaints filed each month 	07/07 07/07 ongoing 07/07 ongoing	QA Specialist/ Staff to CRC
Goal III Develop System of Care Infrastructure - Within The Durham Center		
Objective – Customer Service	Timeframe	Responsible Party
LME Call Center <ul style="list-style-type: none"> • Review phone system to see if there are upgrades to enhance to phone functions. 	12/07	Customer Service, IT, STR Teams

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<ul style="list-style-type: none"> If updates are available work with other effected areas, such as STR to implement a new system 	07/08	
Complaints & Grievances <ul style="list-style-type: none"> Continue to receive all complaints Enter into complaint database – assuring all state required elements are captured Produce the quarterly complaint report for submission to the state. 	Daily Quarterly, ongoing	Customer Service Team
Mailings and Communications <ul style="list-style-type: none"> Mail welcome packs to all new consumers on a weekly basis Review materials in welcome pack Work with Communications Director on any needed revisions 	Weekly, ongoing 12/07 ongoing	Customer Service Administrator
Committee Liaison <ul style="list-style-type: none"> Continue to be active in community events and presentations and assist with hosting awareness events. 	Ongoing	Customer Service Administrator
Customer Satisfaction <ul style="list-style-type: none"> Complete call back survey weekly. Review the process for effectiveness Review survey tools, revise as needed 	Weekly 12/07 07/08	Customer Service Team Customer Service Administrator

Resource Allocation (3.30):

1 Customer Service Administrator

3 Customer Service Specialists

4 FTE - this is within the 30% variance within the Cost model. The operating cost of these functions is **\$ 279,101**. This is 6.43% over the cost model projection of \$ 261,168.

Business Rules:

Rules that enhance:

1. Customer service will send out all IPRS reduction and denial letters to consumers.

This enhances our care by moving UM out of the appeal process for these services. If there are concerns about services the consumer can then contact CSD and the Non-Medicaid appeal process can take place.

2. Welcome Packets are sent to all new consumers of The Durham Center.

This enhances our services by providing every new client a welcome packet so that the consumer knows that TDC is committed to treating them with dignity, and respect and that they have rights related to making choices for their personal growth and fulfillment as a consumer being served in our network.

3. All complaints will be tracked in the Customer Service Database.

Customer Service Database tracking of complaints is a key responsibility to our consumers at The Durham Center. This helps ensure that they are receiving quality services.

Rules that inhibit:

1. All calls will be logged into Contact Tracking in our information management system.

Contact Tracking - a process of tracking all calls that come through The Durham Center on our main line. The calls are logged into the database of eCura to report the number of calls received at the center. We identify the calls by priority, reason, insurer, status, and type. This is a tedious time consuming process because every call on the main line and 1-800 number is tracked and the system is not fast moving. This data is used for reports. This process will be reviewed and if the system can not be sped up – then a new process will be implemented.

2. A call back survey will be completed on every consumer referred for an appointment.

Call back surveys are completed weekly with all new consumers who are referred to the provider community. While the responses received are generally good, only a very small percentage of calls made result in a survey being completed. This process will be reviewed.

Service Management

Mission:

The Service Management function of the LME will further the mission of the Agency by assuring timely access to a comprehensive, coordinated and integrated array of services and supports based on best-practices and System of Care standards.

Current Operations:

The Durham Center implements Service Management functions through a collaborative effort between the Care Management Unit and the System of Care unit. There are no silos within the agency. These units work collaboratively to assure that we meet all the needs of our geographic region in the areas of STR, care coordination, authorization of state dollars and community collaboration. All three disciplines (mental health, substance abuse and developmental disabilities) are represented across the teams, each with the appropriate clinical expertise to act on and respond to clinical matters.

Screening, Triage and Referral

The Durham LME maintains a 24/7 toll-free Access line. LME staff dedicated to the STR Access function is available telephonically from 8 AM through 6:30 PM Monday through Friday excluding LME holidays. Staff assess the urgency of each callers according to the acuity guidelines of emergent (care initiated within 2 hours), urgent (care initiated within 48 hours) and routine (care initiated within 7 days). Emergent situations are transferred to Durham Center Access for crisis care. After hours and weekends, the phones are transferred to Durham Center Access where consumers can also walk in. STR staff honors consumer choice of provider or assists the consumer to make a choice of provider. The initial appointment is given to the consumer based on Provider schedules submitted to the Unit Administrator. The unit works collaboratively with providers to assure that schedule changes are accommodated as needed.

The STR staff is working diligently to meet the State's expectation that calls be handled, on average, within 10 minutes. Currently the Durham Center is averaging closer to twelve (12). This is mostly due to the amount of time it takes to explain to consumers about provider choice and then sharing with them the many choices that they have available. Hopefully, this time frame will drop during the upcoming year as we move to funding and authorizing evidence based practices. This will limit the number of providers available for the state local funded consumer.

Once the appointment is scheduled, the initial assessment for the non-Medicaid consumer is authorized. The authorization is transmitted to the provider to assure a seamless transition for the consumer. In cases where the consumer does not appear to meet target population, the caller is referred to community resources through the Durham Network of Care. Access/STR services are available for consumers whose primary language is not English or who are deaf or hard of hearing.

The STR support staff person processes all registration information received from Providers and assures that the required CDW data is entered into the management information system for timely submission to the state.

All PCP's that are received on state and locally funded consumers are received through Provider Link. This program allows the STR staff to have electronic access to all crisis plans. Once the Service Management team receives clarification from the Division on the Durham Center's authority to request, receive and review the PCP's for all Medicaid consumers, the crisis plans will be available for those consumers also. In our current operations we don't have a way to know what Medicaid consumers in our catchment area have received enhanced services. The STR team has developed a report that can be generated by our management information system to follow up on 15% of consumers for whom no PCP is received in 45 days. This process will be implemented once there is clarification regarding the 15% involving both Medicaid and non-Medicaid or only non-Medicaid consumers.

Care Coordination

The Service Management team, comprised of staff from both System of Care and Care Management Units works with providers on particular issues such as consumers stepping down from the hospital, individuals that are involved in juvenile justice/criminal justice or social services systems.

The Durham Center has placed particular emphasis on care coordination between our department and the criminal justice system and Department of Social Services. The purpose of the partnership between The Durham Center (TDC) and the local DSS, the Department of Juvenile Justice and Delinquency Prevention (DJJDP) and the Administrative Office of the Courts (AOC) is to ensure continuity of care between agencies, improve communication, coordination, access and quality through a focus on best practices behavioral healthcare. We have liaisons in both of these systems.

Two recent additions in our efforts to coordinate care have involved the addition of a high risk care coordinator and the reassignment of a staff person to serve as a Crisis Program Liaison/Director at our contracted Durham Center Access.

The High Risk Care Coordinator is responsible for oversight of Durham residents with identified mental health needs who have exhibited high risk behaviors in the community and who have also been high utilizers (HU) of community resources such as frequent contacts with hospital ERs, state hospitals, jails, etc. This person's role is proactive in nature and was created to identify gaps in types and capacity of services that may be contributing to consumer/community reliance on these crisis driven, high cost/low benefit interventions. The staff person partners with agencies and providers to develop procedures and protocols to foster more stable and consistent service delivery in the community. An example of how this would be accomplished would be through conducting activities such as reviewing hospital discharge plans for High Utilizing consumers to ensure thorough, well-thought out aftercare planning. The position will partner with Case Support Workers, as needed, to identify potential "cracks" in service delivery and explore options for eliminating those "cracks" before crises occur.

The role of the Crisis Program Liaison/Director is to provide administrative and clinical oversight of Durham Center Access's 24 hour/7 days per week operations including overseeing and coordinating treatment and support to Durham citizens experiencing a mental health, developmental disability, or substance abuse related crisis requiring an enhanced level intervention to prevent hospitalization or similar restrictive level of care placement. In addition the DCA Administrator will be the administrative liaison to consumers, families, providers and external stakeholders.

Members of our System of Care team routinely participate on child and family teams to review our "high utilizer" cases. The SOC staff has provided numerous trainings over the past several years for providers about SOC, best-practices, Child and Family teams, how to facilitate teams and much more.

The Service Management team, comprised of staff from both System of Care and Care Management Units participate in a "High Utilizer" Committee chaired by the Clinical Director. This committee is reviewing individuals who are "high utilizers" of service to ensure that they are receiving the most effective and appropriate services. As necessary the SOC staff also work as a liaison for individuals that do not currently have a clinical home, but are accessing crisis services (hospital, crisis center).

The System of Care Unit facilitates Clinical Care Reviews monthly for both children and adults. On average there are 24 for children and 6-8 for adults completed. These Care Reviews are staffed by representatives from public and private community agencies (ie; direct care providers, DSS, DJJ) and consumers who help to provide technical assistance, quality improvement and barrier-resolution assistance to CFT and Support Teams. These Care Review teams work with consumers and families to access needed services and supports, solve problems, overcome system barriers, and identify gaps in local services. The Teams help ensure that CFT and Support Teams are using all available resources to develop alternatives to hospitalizations, jail and placement outside of the home. Care Review Teams share responsibility and accountability to promote Durham's System of Care, and to actively support and model best practice approaches.

Concurrent Review of Medicaid-covered PCPs

As noted above, The Durham Center Care Management staff are awaiting clarification from the Division on our authority to complete these reviews as well as what the outcome of those reviews might be i.e. will we be able to affect qualitative change in plans as needed. Once this clarification is received the Care Management staff is prepared to proceed with the review of those plans

Utilization Management

The Utilization Management Unit is responsible for the timely authorization of non-Medicaid services, State Hospital days and review of Person-Centered Plans. UM specialists are experienced clinicians who are dedicated to system-of –care principles and receive ongoing training in evidence-based practices. Staff reviews an authorization request concurrently with the PCP for medical necessity and best –practice standards, and authorizes needed services within the resources available. If a service cannot be authorized, the consumer and provider are notified as required by the Division.

UM Specialists also provide ongoing technical assistance to providers and consumers regarding referral resources and PCP development and assist providers to de-mystify target population criteria. Calls and emails to the unit are answered or returned in a timely fashion to promote collaborative relationships with provider partners.

UM specialists participate, with the System of Care team and the Clinical Director and Psychiatrist Consultant, in regular meetings to identify high utilizers of services and make recommendations to providers for changes in the plan of care. Care review teams, under the leadership of the System of Care Team, are available to bring together providers, consumers, families, and community partners to assist in care planning and/or resources to improve outcomes for consumers and families.

Community Collaboration

Through the Durham System of Care we have a Memorandum Of Understanding with other community partners. In addition to the MOU with other agencies, there are monthly meetings with the directors of all the public agencies that work with children and families, the System of Care Council (Deputy Director/Senior Administrator level) meets monthly to operationalize the SOC outcomes and implementation issues. There is a leadership roundtable which is comprised of supervisors from the key public and private agencies that work with children and families. The Durham Center has a strong Community Collaborative that has accomplished many important tasks around outcomes, partnering with the faith community (www.durhamfaithweb.org), transitioning youth to the adulthood, best practices and developing a strong community care review process for children that are at risk of out-of-home placement.

The Durham Center also works hard to ensure that there is a comprehensive array of services and supports. We have offered technical assistance, supported training of providers, and offered fidelity reviews of services. In addition, The Durham Center developed innovative authorization “packages” using the new service definitions and state IPRS funds to provide financial support to allow providers to offer the practice while meeting model fidelity. The Durham Center is now exploring new funding strategies to allow our providers to offer these practices in a way that is financially viable to consumers who are not Medicaid eligible.

Strategic Objectives:

Goal I. Develop and sustain a comprehensive array of high quality services to meet the needs of individuals, including children and families, who suffer from emotional disturbance/mental illness, developmental disabilities and substance abuse		
Objective	Timeframe	Responsible Party
Hospital - reduce usage and length of stay <ul style="list-style-type: none"> • Short-term Community Inpatient • Continue to work with Holly Hill to utilize their services for short term community inpatient • Develop capacity for Duke to do direct admit for short term community inpatient • Identify outcomes and track Work with JUH to <ul style="list-style-type: none"> • Have quicker discharges to appropriate community placements • Connect new consumers to rapid screening and access to providers • Increase utilization of community resources for step down Include providers in discharge planning at admission 	07/07 Ongoing 07/07 Ongoing	Service Mgt Team, Clinical Team
Housing capacity <ul style="list-style-type: none"> • Ensure housing development and independent living funds are spent and meet contract expectations • Seek additional funding for ILI • Track outcomes for housing initiative • Ensure that providers have the most up-to-date housing resources available • Implement a electronic/on-line resource • Continue to support the SOC Housing Committee implement strategic plan for housing • Provide training and technical assistance on housing options/issues for providers • Develop additional supported housing units 	07/07 12/07 12/07 07/08 07/07 ongoing 12/07 07/08 on	Service Mgt Team, Clinical Team
Develop capacity and awareness around employment issues <ul style="list-style-type: none"> • Increase the number of peer specialists hired in the system • Develop capacity and awareness of the resource of peer specialists • Develop a collaborative partner with other businesses/organizations/agencies to improve employment opportunities for individuals with disabilities • Create public relations and marketing strategies around employment issues 	12/07 12/07 07/08 07/07 ongoing	Service Mgt Team, Clinical Team Director of Communications
Homelessness issues - Participate in the 10 Year Plan to end Homelessness <ul style="list-style-type: none"> • Assist in the development of a System of Care for Homeless individuals • Improve on the transition of individuals from PATH to MH/SA services • Increase the number of individuals that access the MH/SA system • Develop capacity of providers to work with homeless individuals • Increase the number of "natural support" organizations and individuals that are willing to assist individuals that are homeless and have a disability (i.e. Churches, etc.) • Work with providers to reduce the number of Durham Center consumers that are homeless 	12/07 07/07 07/07 ongoing 12/07 ongoing	Service Mgt Team, Clinical Team

<p>Case specific care coordination and technical assistance</p> <ul style="list-style-type: none"> Identify system issues associated with cases Track issues raised and report system issues to system of care collaborative and/or clinical team Ensure that appropriate referrals are made Link appropriate services/supports/agencies and follow-up to assure linkages occurred Provide continued training on PCP/EBP's LME staff begins to work with community partners to address systematic barriers. Care Coordinators and LME liaisons collaborate to develop protocols and procedures to reduce barriers to service access. Work with provider supervisors to fold the new protocols and procedures into regular practice 	<p>07/07 ongoing</p> <p>12/07 ongoing</p> <p>07/08</p>	<p>Service Mgt Team, Clinical Team</p>
<p>Transition Supports for moving from child to adult services</p> <ul style="list-style-type: none"> New Collaborative workgroup (<i>Linking to Adult Services</i>) established to look at the process for child's transition to adult services. Workgroup's goal is to develop a transition protocol. Begin planning with MHA to develop a Level III, independent living facility. (Identify local partners with youth-to-adult transition planning experience to assist with the model development.) Identification of land, resolution of zoning issues, development and submittal of architect plans Open independent living facility 	<p>07/07</p> <p>07/08</p> <p>12/09</p>	<p>Service Mgt Team, Clinical Team Provider Relations Team</p>
<p>Adequate service coordination for MR/MI</p> <ul style="list-style-type: none"> Ensure that MR/MI designated funding is being used appropriately using the second level review process Educate providers on appropriate use and intensity of services Transition appropriate individuals to independent living 	<p>07/07</p> <p>12/07</p> <p>07/08</p>	<p>Service Mgt Team, Clinical Team</p>
<p>Goal III Develop System of Care Infrastructure - Within The Community</p>		
<p>Objective</p>	<p>Timeframe</p>	<p>Responsible Party</p>
<p>Seek funding support for best practice/evidence based services and system of care</p> <ul style="list-style-type: none"> Educate area board on ebp's Seek approval from Area Board to only fund ebp' starting FY 07/08 using local and state funds Identify providers to offer evidence based/best practice services through RFP process Develop evaluation process to track consumers in these best/evidenced-based practice services using NC-TOPPS. Determine specific outcomes that will be tracked. Develop contracts with providers chosen in RFP Process/terminate contracts with contractor not chosen for FY 08 Discuss implementation issues with chosen providers Review and agree upon authorization packages Determine how to handle "transition services" for established clients and develop protocol for referrals/transfer between agencies Implement Best/Practice Evidence Based practices Evaluate ebp's packages for fy 08/09 make any needed changes Review outcomes to be tracked – make any needed modifications 	<p>01/07</p> <p>02/07</p> <p>03/07</p> <p>03/07</p> <p>04/07</p> <p>04/07</p> <p>04/07</p> <p>05/07</p> <p>07/07</p> <p>03/08</p> <p>04/08</p>	<p>Service Mgt Team, Clinical Team Provider Relations Team</p>

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Resource Allocation (20.99):

1 Care Management Administrator
1 Crisis Program Director/Liaison
.50 SOC Development Team Leader
7 Care Mgmt Spec
4 Care Mgmt Spec - contract
4.5 Clerical Support Staff
1 Court Liaison
1 Community Liaison.
.50 Processing Assistant (from front desk - part of call center)
1 DSS Liaison
.5 Adult Specialist
.5 DD Specialist
.5 LME SA Specialist
1 High Risk Care Coordinator

23 FTE's this is within the 30% variance within the Cost model. The operating cost of these functions is \$ 1,775,250. This is 5.98% over the cost model projection of \$ 1,669,134.

Business Rules:**Three rules which enhance –****1. STR will be performed in-house during business hours.**

The decision to bring STR in-house during business hours has improved the functioning of the unit. Having staff dedicated to providing screenings who are responsive and knowledgeable of processes and providers and who have S/T/R functions as their primary job duty assures that consumers are attended to in a timely fashion. Our strong relationship with our crisis provider makes after-hours assistance available on a local level staffed by professionals knowledgeable of local resources and processes.

2. The Durham LME will use standardized level of care authorization guidelines which streamline the authorization process.

These guidelines are revised as necessary in response to changing needs or identified special populations or programs such as evidenced based practices.

3. Children who are identified as needing out-of-home placement must attend a Care Review meeting.

As a part of our System of Care, we have developed 5 Care Review teams made up of cross-disciplinary representatives (DSS, Schools, DJJDP, Public Health, Family Support, etc.) that assist child and family teams (CFT) with potential methods of keeping youth in their home. This process provides a number of resources to the CFT as well as holding the team accountable to ensuring that this is a last resort and there is a plan for quick reunification when possible.

Three Rules which inhibit –**1. Any willing Medicaid provider may be direct enrolled and the LME must provide a choice of all providers to the consumer.**

The large number of Medicaid MOA providers (61 Adult Community Support Providers and 61 Child Community Support Providers) makes it difficult for the STR unit to inform consumers about all available choices and maintain the standard average call length specified by the Division.

2. LME's are directed to provide concurrent review of 10% of Medicaid PCPs for appropriate plan components.

It is not clear what the Division expects the LMEs to do with the results of this review process, other than provide technical assistance to providers on PCP development. If we find that changes to the PCP are recommended, it is not clear that there is any authority to do more than recommend this to the provider.

3. LME's are to assure that evidence based practices are implemented.

The lack of service definitions for several of the adult evidence based practices, specifically, Integrated Dual Disorder Treatment, Family Psycho-education, Supported Employment and Wellness Management and Recovery. This provides another level of complexity and a barrier for providers trying to implement these services to meet the fidelity of the model.

Quality Management

Mission:

The Quality Management function of the LME will further the mission of the Agency by ensuring that a continuum of services and supports meet basic standards of best practice and continuously improve over time to provide optimal quality of life for Durham consumers.

Current Operations:

Quality Management operations at The Durham Center are designed to monitor, evaluate, report and improve upon a comprehensive array of Evidence Based Practice services provided to consumers with mental health, substance abuse and developmental disabilities. Contained within the operational framework are both quality assurance and improvement activities. Quality assurance activities focus upon the safety of consumers and compliance with regulatory statutes, rules and standards. Quality improvement activities focus upon continual progress in improving both the LME service system and external service systems.

Quality Management efforts are guided by The Durham Center's Strategic Plan and all departments are involved in ensuring that planning objectives are met. The overall direction Quality Management takes is the result of a collaborative effort between the LME, its Board of Directors, Internal Committees, providers, consumers, CFAC members and other external stakeholders.

Data Analysis/Reports:

DD COI outcome data is submitted per Division requirements and NC TOPPS outcome data is reviewed and reported to internal committees, the Board QI committee and the Community through monthly Board Reports. Monthly Board Reports are also placed on the Durham Center's website for viewing. Other data analyzed and contained in Board Reports include:

- State Hospital Utilization- reported monthly
- DCA Crisis Utilization Hospital/Diversion- reported monthly
- STR emergent, urgent, routine- reported quarterly
- Population census-quarterly and prevalence/penetration- annually
- Consumer specific including satisfaction, complaints and clients rights-investigations-reported quarterly
- Provider Specific-audits, endorsement, letters of support, CQR and provider trainings-reported quarterly
- Incidents and death-reported quarterly.
- Provider Data Profile. The QM department is currently in the process of implementing this provider performance instrument using standardized indicators. Compliance will be monitored monthly, reported to the Corporate Compliance Committee as needed and to the QI committee and Board quarterly

Quality Improvement:

The Quality Management department is responsible for the collection and submission of annual consumer satisfaction surveys and National Core Indicators as required by the Division. In addition, the QM department has developed an Annual QI Report that providers are required to submit by March 10th. Aggregate summary data related to consumer satisfaction is included along with QI projects which describe ongoing provider quality improvement efforts. The QM department is responsible for submitting the LME's own QI efforts by developing and submitting 3 to 5 QI projects annually.

Quality Assurance:

As per The Durham Center's QI Plan Policy and Procedure, provider QI plans are evaluated by QM staff and must be approved prior to a provider receiving a contract. QM Staff also review Level II and III incidents reported by providers in compliance with 10A 27G .0600 and offer technical assistance and training when needed. Any client rights violations are submitted to the Client Rights committee monthly for review. The submission of quarterly incident reporting following DHHS guidelines to meet best practice standards is also part of the department's responsibilities. If providers are out-of-compliance with

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quarterly incident reporting, monitoring- by the Provider Relations department staff can occur along with required plans of correction per the Provider Monitoring Policy and Procedure of The Durham Center. Provider Relations staff is also responsible for quality assurance activities related to audit coordination and compliance of 122C Licensed Providers/Endorsed Service Providers. Complaints which result in an investigation are conducted by corporate compliance staff and reported to the Corporate Compliance Committee.

Strategic Objectives:

Goal II Improve the quality of services through an integrated approach joining all components of the LME: Quality Management, Utilization Management, Contracts, Customer Services, System of Care, Corporate Compliance and Finance		
Objective: Monitoring & Evaluation	Timeframe	Responsible Party
Consumer Satisfaction, Annual CSS Survey, National Core Indicators, Provider Reporting for CSS <ul style="list-style-type: none"> • Meet DHHS guidelines for the submission of annual CSS surveys • Meet standards for participation and submission of accurate and complete NCI surveys. • Review of Annual QI Reports by provider-CS section 	Due yearly on 3/10 with first submission in 07 Ongoing	QM Team
Provider Reported Program Evaluation <ul style="list-style-type: none"> • Review of Annual QI reports by provider-program evaluation section • Provide TA if needed 	Due yearly by 3/10 ongoing	QM Team
Provider QI Projects <ul style="list-style-type: none"> • Review of Annual QI reports by provider-QI Project section- 	Due yearly by 3/10 ongoing	QM Team
LME QI Projects <ul style="list-style-type: none"> • Submit 3 to 5 QI project according to format & timeframe requirements 	Yearly	QM Team
Incident Management <ul style="list-style-type: none"> • Review all Level II and III incidents reported by providers as defined in 10A NCAC 27G .0600 • TA and training 	As received As needed	QM Team
State Reporting: Quarterly Incident Reporting <ul style="list-style-type: none"> • Submission of quarterly reports following DHHS guidelines and meeting best practice standards • Monitoring and Plans of Correction for those providers out of compliance. • Report quarterly data from reports to include: occurrence of adverse medication reactions; # of Durham consumers who died by suicide; and the total number of consumers who died to the QI Committee, Corporate Compliance and Area Board 	Quarterly	QM Team
Consumer Outcome Data-NC-TOPPS –EBP, DD-COI <ul style="list-style-type: none"> • Continue with Plans of Correction For Out of Compliance with monthly review and quarterly report to Corporate Compliance Committee, QI Committee and Board 	Quarterly ongoing	QM Team
Ensure EBP Outcomes <ul style="list-style-type: none"> • Initiate a process to analyze and report NC TOPPS outcomes per each EBP program • Reports to Corporate Compliance, as needed and QI Committee and Board quarterly. 	07/07,ongoing reports	QM Team

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Objective: Reporting Trends and Analysis	Timeframe	Responsible Party
<p>State Hospital Utilization</p> <ul style="list-style-type: none"> Analyze and report monthly to the Area Board, QI Committee and/or Management Team data and trends for all units to include: admissions and bed utilization; % of readmissions to inpatient Psych units within 15 to30 days of discharge; # of persons seen for follow-up within 5 days; % of persons discharged and seen within 5 days; average length of stay; diagnosis of consumers discharged. Reported to Management team, QI Committee and Area Board 	<p>Monthly/Quarterly Ongoing</p>	<p>QM Team, IT Team, SOC Team</p>
<p>DCA Crisis - Utilization/Hospital Diversion</p> <ul style="list-style-type: none"> Analyze and report monthly to Board data and trends regarding bed & chair utilization and diversions; error reports; diagnosis; # of consumers discharged from DCA with no authorizations for follow-up services. 	<p>Monthly Ongoing</p>	<p>QM Team, IT team, DCA Team</p>
<p>UM Standards/STR Access to include: reasons for denial; # of authorizations for each service by target population group; referral distribution by provider during quarter by Medicaid/IPRS; % of crisis interventions resulting from a suicide attempt; % of screenings requiring services.</p> <ul style="list-style-type: none"> Report quarterly to Management Team, QI Committee and Area Board. Screenings-emergent, urgent and routine data also reported quarterly 	<p>Monthly/Quarterly Ongoing</p>	<p>QM Team, IT Team, UM-STR Team</p>
<p>Client Profile - Consumers served to include: % of Medicaid recipients receiving services; % of persons served by LME by target population and AMSPM; % of adults with MI living in their own residence by target population; diagnoses of consumers admitted in quarter; # of consumers admitted as indigent, later approved for Medicaid, by provider; # of discharges(or no authorization request); waiting lists for SA, Child, Adult, Housing, Pharmacy and CAP-MRDD services; CIT data received from police; High Utilizer Report</p> <ul style="list-style-type: none"> Report quarterly to Management Team, QI Committee & Area Board Report annually regarding consumer prevalence/penetration data - % served of county population with disability; with disability and expected to present for services. 	<p>Monthly/ Quarterly Annually</p>	<p>QM Team, IT Team; SOC Teams</p>
<p>Consumer Specific to include: # and type of formal complaints; client rights, consumer satisfaction surveys with CS/STR experience</p> <ul style="list-style-type: none"> Report aggregate data quarterly to Board, QI Committee and Management Team 	<p>Quarterly Ongoing</p>	<p>QM Team, Customer Service Team, Other LMEs collaborating with TDC in consumer CS/STR satisfaction;</p>
<p>Provider Specific- Audits, endorsement, letters of support, CQR, Incidents</p> <ul style="list-style-type: none"> Continue to analyze the above data and report all provider specific findings quarterly to Board 	<p>Quarterly Ongoing</p>	<p>QM Team, Contracts Management, SOC Team</p>

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<p>Customer Service to include: # of calls requiring resolution; average time for resolution; volume of incoming calls; consumers wait time to speak to a clinician; # of rings it takes to answer a call.</p> <ul style="list-style-type: none"> • Report aggregate data to Management team, QI Committee and Area Board. 	Quarterly	QM Team, Customer Service Team
<p>Risk Management Assessment</p> <ul style="list-style-type: none"> • Identify indicators that serve as potential risk to LME and report to Corporate Compliance Committee, Management Team and QI Committee 	Monthly Ongoing	QM Team
<p>Performance Report Card</p> <ul style="list-style-type: none"> • Development of Provider/LME performance profile using standardized indicators. • Analyze compliance monthly- Report to Corporate Compliance as needed and QI committee and Board quarterly • Place on TDC website 	By 7/08 Monthly Quarterly By 7/08	QM Team/IT Team/TDC contracted Providers

Resource Allocation (2.5):

1 Quality Management Administrator

1 Quality Management Specialist

1 HS Planner Evaluator

3FTE's – this is within the 30% cost variance in the cost model. The operating cost of these functions is \$ 211,440. This is 17.39% over the cost model projection of \$ 174,680.

Business Rules:**Rules which enhance:**

1. In order for providers to access IPRS funds they are required to submit a Quality Improvement Plan to the Quality Management Department for review and approval prior to their contract being finalized.

This Durham Center policy enhances the quality of service delivery to consumers by ensuring that all contracted providers have a comprehensive plan in place which addresses: a. the agency's adherence to its policies and procedures; b. its quality assurance functions; c. its quality improvement processes; and d. the identification of indicators and methods used to evaluate outcomes.

2. Providers of IPRS funds are required to submit a yearly Quality Improvement Annual Report for review and approval per their contract agreement.

This Durham Center policy enhances continued quality improvement in service delivery to consumers by ensuring that all contracted providers identify measured successes as well as issues and trends that have decreased healthy outcomes for consumers. QI annual reporting requirements include: a. the submission of QI projects that identify areas for change; b. aggregate results of agency consumers satisfaction surveys; c. QI committee minutes and d. program evaluation outcome results.

3. In order for Providers of IPRS funds to continue to receive funding, they shall demonstrate timely reporting of NC TOPPS interviews on all consumers receiving Evidence Based Practice treatment.

This Durham Center Policy will enhance treatment effectiveness by enabling LME staff to track and analyze desired outcomes of consumer mental health care including employment, self care, interpersonal relationships and community participation.

Rules which inhibit:

1. The LME through its providers will collect outcomes information on the DD COI consumer.

Since implementation in 1999-2000, one report has been received on the content of COI's submitted. Regular Division reporting to LMEs regarding the functioning of DD consumers at admission would provide valuable information that could influence and enhance the design of services for this population. The LME could also share these reports with providers, which might positively impact on provider reporting compliance as well.

2. LMEs shall collect data and submit reports related to provider outcomes and activities.

Providers are not submitting Medicaid data to LMEs as required by their MOA and State-Funded agreement. This makes it extremely difficult to report on the actual number of consumers served with accuracy. The ability to track all consumers served and to adequately meet Division reporting requirements would be significantly enhanced if DMH/DD/SAS mandated providers to submit Medicaid consumer data to us in a timely manner.

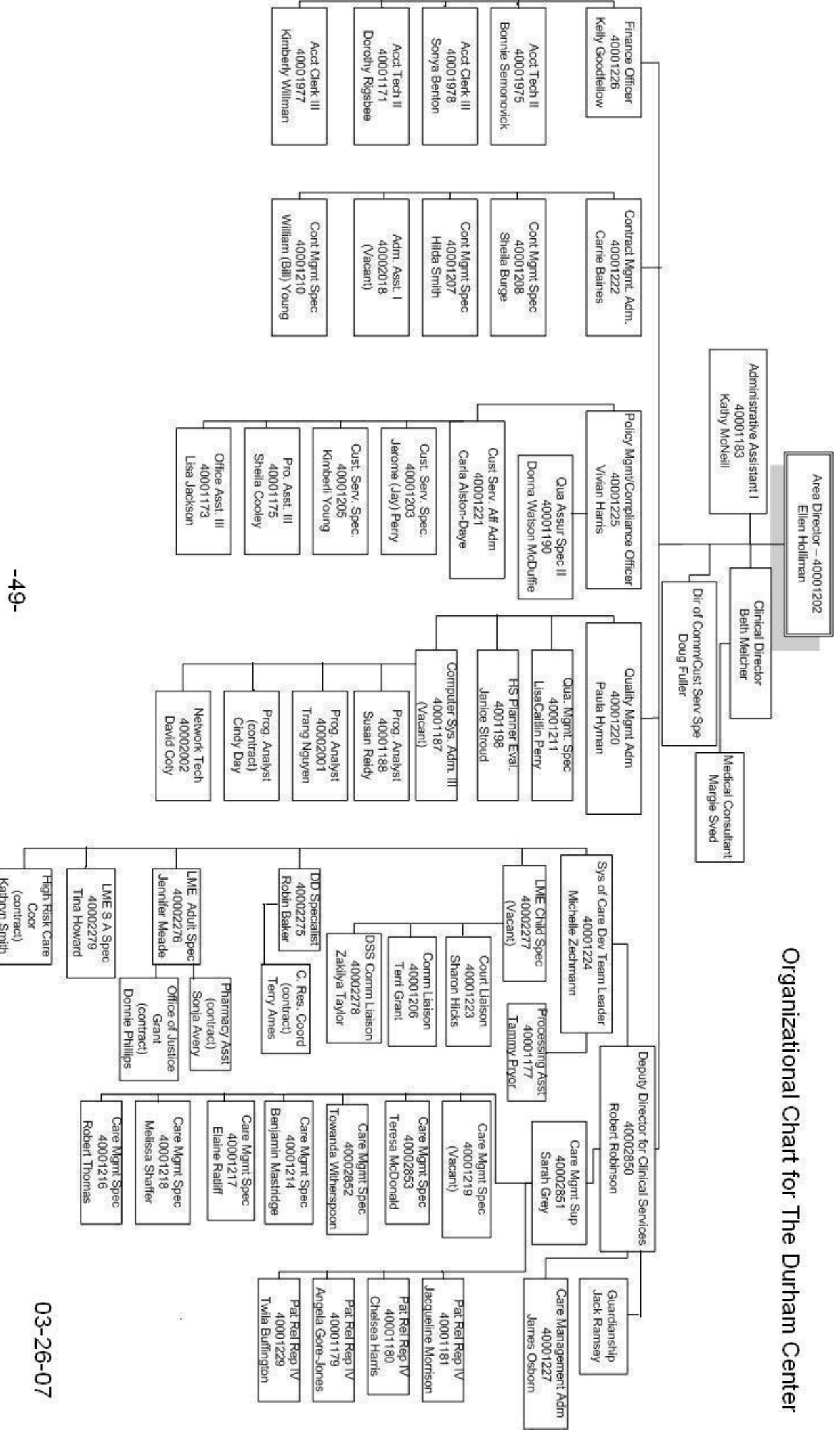
3. The LME through providers will administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards.

Annual Consumer Satisfaction survey results have been sporadically available on the Division website. The Durham Center has, therefore, been unable to report results to providers, consumers and other stakeholders. Understanding and reporting consumer satisfaction lends direction to quality improvement efforts. These efforts would be greatly enhanced if survey results were placed on the State website annually, within a certain timeframe, and with notice given to LMEs prior to results being posted.

Acronym Table

ACTT	Assertive Community Treatment Team
AOC	Administrative Office of the Courts
APSM	Administrative Publications System Manual
AR	Accounts Receivable
ASAM	American Society of Addiction Medicine
CAP	Communities Alternatives Program
CARF	Commission on Accreditation of Rehabilitation Facilities
CDW	Consumer Data Warehouse
CFAC	Consumer Family Advisory Committee
CIT	Crisis Intervention Team
COI	Consumer Outcome Inventory
CQR	Clinical Quality Review
CRS	Crisis Response System
CS	Customer Services
CSD	Customer Services Department
DCA	Durham Center Access
DHHS	Department of Health and Human Services
DJJDP	Department of Juvenile Justice and Delinquency Prevention
DPD	Durham Police Department
DPH	Durham Public Health
DSS	Department of Social Services
EBP	Evidence Based Practice
HIPAA	Health Insurance Portability and Accountability Act
HR	Human Resources
HU	High Utilizers
IBNR	Incurred but not reported
IDDT	Integrated Dual Disorder Treatment
ILI	Independent Living Initiative
IOP	Intensive Outpatient Program
IPRS	Integrated Payment and Reporting System
IRT	Individualized residential treatment
IT	Information Technology
JUH	John Umstead Hospital
LBP	Local Business Plan
LME	Local Management Entity
LOC Grids	Level of Care
MH/DD/SA	Mental Health, Developmental Disabilities and Substance Abuse
MHA	Mental Health Association
MOU	Memorandum of Understanding
MST	Multi-Systemic Therapy
NAMI	National Alliance on Mental Illness
NCTOPPS	North Carolina Treatment Outcomes and Program Performance System
PATH	Projects for Assistance in Transition from Homelessness
POC	Plan of Correction
QM	Quality Management
RFI	Request for information
RFP	Request for proposal
RFQ	Request for qualifications
SA COT	Substance Abuse Comprehensive Outpatient Treatment Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SOC	System of Care
STR	Screening, Triage and referral
TDC	The Durham Center
UM	Utilization management
WRAP	Wellness Recovery Action Plan

Organizational Chart for The Durham Center



The Durham Center

LME Functional Organizational Chart

