Medicaid Waiver and MH/I-DD/SUD Services: What We Know Today

On March 17th, the Department of Health and Human Services released a plan to consolidate LME/MCOs into four regional programs. A date certain was not given for these changes, but LME/MCOs will be asked to provide DHHS Secretary Rick Brajer with merger plans by September, 2016. The four regions include:

**Eastern Region:** Trillium Health Resources and Eastpointe

**North Central Region:** Cardinal Innovations and CenterPoint Human Services (merger to occur July 1, 2016)

**South Central Region:** Alliance Behavioral Healthcare and Sandhills Center

**Western Region:** Smoky Mountain Center and Partners Behavioral Health Management

During the March 17th meeting with CEOs, Secretary Brajer made it very clear that if the mergers are successful and LME/MCOs continue to make progress, he is “1000% behind” the LME/MCOs and the 1915 (b)(c) Medicaid waiver well into the future.

An excerpt from the draft 1115 Medicaid waiver as it relates to integration of MH/I-DD/SUD and physical health states:

“The new system for North Carolina should be built upon the existing strengths of the LME/MCO system—strong clinical management; expertise in mental health, developmental disabilities and substance use disorders; innovation; commitment to collaboration and standardization; and dedication to integrated care for individuals with severe mental illness, chronic or severe substance use disorders and intellectual or other developmental disabilities.”

In the letter explaining his decision on consolidation of LME/MCOs to four regions, the Secretary stated that moving to four regions will improve statewide consistency, decrease administrative burden on providers, and improve care coordination for individuals temporarily placed outside their catchment areas. He also noted that additional LME/MCO consolidations will improve service quality, accessibility, accountability and long term sustainability, and will facilitate the ability to partner with other types of organizations once Medicaid reform begins.

NC Council Executive Director Mary Hooper said, “The LME/MCOs remain committed to the provision of high quality, innovative, and evidence-based treatment. Since 2013, their work as public managers for behavioral and I-DD services has demonstrated that consumers and their families can benefit, costs can be held in check, and provider networks can be robust and stable. As the state moves forward with managed care on the primary healthcare side, we look forward to sharing lessons learned in our change process, and we anticipate more and better opportunities to integrate healthcare across all services.”

The Secretary has offered LME/MCOs his support to assist in the merger process. He has asked for LME/MCO Board and staff input regarding implementation concerns, and is available for County Commissioner and local stakeholder discussions as well.

**Draft 1115 Medicaid Waiver**

Input was being sought by DHHS through April 18th on a draft of the 1115 Medicaid Waiver. The intent of the waiver is to move physical healthcare covered by Medicaid from a fee-for-service program to a managed care program with a strong emphasis on whole person care. The program envisions management of six regions by up to twelve Provider Led Entities (PLEs) and up to three statewide

Continued on page 3...
2016 National MH/I-DD/SUD Conferences

• Medicaid Managed Care Congress, May 18-20, 2016, Marriott Harbor Inn, Baltimore, MD
• Mental Health America's 2016 Annual Conference: Media, Messaging and Mental Health, June 8-10, Hilton Mark Center, Alexandria Virginia
• 2016 NAMI National Convention, July 6-9, 2016, Sheraton Denver Downtown, Denver, CO
• National Association on Addiction Disorders Conference, August 18-21, Denver, CO. Learn more.
• Medicaid Health Plans of America, mhpa 2016, September 21-23, 2016, Renaissance Hotel, Washington, DC

Upcoming State Meetings

April
• NC TIDE: Guiding Our Journey Towards Better Outcomes, April 24-27, 2016, Hilton Wilmington Riverside, Wilmington, NC, Register

May
• NAMIWalks 2016 – May 7, 2016
• 2016 NCACAY Legislative Conference- Prevention: The Best Investment for Our Youth, May 17-18, Holiday Inn Downtown, Raleigh, NC, Register
• Carolina HealthTEC Live, May 27, 2016, Crown Plaza Resort, Asheville, NC, event website

June
• NC Council Spring Policy Forum, Transformation Starts Today, June 20-21, 2016, Hilton North Raleigh Midtown, Raleigh, NC, Register Now!

July
• NC Foundation for Alcohol and Drug Studies 2016 Summer School, July 25-29, UNC Wilmington Campus, Learn More

October
• NAMI North Carolina's Annual Conference: Transforming the Face of Mental Illness in North Carolina, October 23-24, 2015, NC State University McKimmon Conference & Training Center, 1101 Gorman Street, Raleigh, NC 27606
• NC Psychiatric Association 2016 Annual Meeting & Scientific Session, September 8-11, 2016, Renaissance Asheville Hotel, Asheville, NC

December
• NC Council of Community Programs 2016 Conference and Exhibition, December 7-9, 2016, Pinehurst Resort, Pinehurst, NC

NC Council Upcoming Trainings - Around NC!

• Ethics Training: Jeopardy: It’s More than a Game - May 5, Clemmons
• Clinical Supervision in Behavioral Healthcare: Meeting the Service Definition Requirement - May 19-20, Gastonia
• Introduction to Motivational Interviewing - May 25-26, Raleigh
• New Frontiers: Corporate Culture in Behavioral Health - May 24, Clemmons
• CBT in Treating Chronic Pain: An Integrated Approach – June 2, Raleigh

Click here for more information and to register online
commercial plans. Four regional LME/MCOs will manage MH/I-DD/SUD services. The draft waiver offers numerous new ideas and proposes pilot programs to improve care integration for primary and behavioral/I-DD services. The draft waiver notes that LME/MCOs have begun to make investments in care integration, but that “we have proceeded as far as we can without major realignment of payment systems.” It is difficult to say at this early stage how the alignment of payment systems will manifest, but having all Medicaid under managed care is expected to support integration. The waiver also includes demonstration and pilot projects to further support behavioral and primary healthcare integration, including piloting components of a Special Needs Plan for individuals with severe mental illness, developmental disabilities and severe/chronic substance use disorders. Another demonstration would allow for a whole person sub-capitation to a comprehensive provider agency with the intent to create a whole person health home. The NC Council has developed a Medicaid Waiver and MH/I-DD/SUD Fact Sheet that notes key MH/I-DD/SUD points in the waiver.

Possible Timelines
In accordance with the General Assembly’s direction, NC DHHS will submit the 1115 Medicaid Waiver application to CMS (Centers for Medicare and Medicaid) on June 1, 2016. If CMS approves the waiver around January 1, 2018, the Department believes the following timeline can be anticipated:

- Develop draft Request for Proposals (RFP) and contract October 2016–January 2018
- Consult with Joint Legislative Oversight Committee on terms and conditions of the RFP, February 2018
- Finalize and issue RFP March 2018
- RFP responses due June 2018
- Pre-Paid Health Plan (PHP) awards September 2018
- Readiness reviews, November 2018–June 2019
- Pre-Paid Health Plan go live July 1, 2019

As noted above, these date ranges are contingent upon CMS approval on/about January 1, 2018. These are approximations and can be expected to change during the CMS approval process.

Below is a chart demonstrating the overlap between the six proposed primary care regions and four consolidated LME/MCO regions.

### 1115 Waiver Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
<th>LME/MCOs with Counties in Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey</td>
<td>Western Region</td>
</tr>
<tr>
<td>Region II</td>
<td>Alleghany, Ashe, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, Yadkin</td>
<td>North Central, South Central and Western Region</td>
</tr>
<tr>
<td>Region III</td>
<td>Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union</td>
<td>North Central, South Central and Western Region</td>
</tr>
<tr>
<td>Region IV</td>
<td>Alamance*, Caswell, Chatham, Durham, Franklin, Granville, Johnston, Nash, Orange, Person, Vance, Wake, Warren, Wilson</td>
<td>South Central, North Central and Eastern Region</td>
</tr>
<tr>
<td>Region V</td>
<td>Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland</td>
<td>South Central and Eastern Region</td>
</tr>
<tr>
<td>Region VI</td>
<td>Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne</td>
<td>North Central and Eastern Region</td>
</tr>
</tbody>
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### Medicaid Transformation Acronym Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CP</td>
<td>Commercial Plan</td>
</tr>
<tr>
<td>DHB</td>
<td>Division of Health Benefits</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>FFS</td>
<td>fee-for-service</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Centers</td>
</tr>
<tr>
<td>HIE</td>
<td>Health Information Exchange</td>
</tr>
<tr>
<td>IBHC</td>
<td>Integrated Behavioral Health Care</td>
</tr>
<tr>
<td>LTSS</td>
<td>Long-Term Services and Supports</td>
</tr>
<tr>
<td>PCCM</td>
<td>Primary Care Case Management</td>
</tr>
<tr>
<td>PCHC</td>
<td>Person-Centered Health Community</td>
</tr>
<tr>
<td>PCHM</td>
<td>Primary Care Medical Homes</td>
</tr>
<tr>
<td>PHP</td>
<td>Prepaid Health Plan</td>
</tr>
<tr>
<td>PIHP</td>
<td>Prepaid Inpatient Health Plan</td>
</tr>
<tr>
<td>PLE</td>
<td>Provider-Led Entity</td>
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</table>
Governor Proposes $30 Million for MH/SU Service and Increase for I-DD Slots

Citing a Medicaid budget that has remained on target for the last three years and building on the Crisis Solutions Initiative, the Governor is proposing to include new funding and services for the MH/I-DD/SUD system as part of his budget. The Governor invited key stakeholders to the mansion to announce these initiatives on April 11th. The NC Council was included in the list of invitees.

The Governor’s press release includes the following MH/I-DD/SUD related items:

Improving the lives of people with mental illness and substance use disorders ($30 million)

• Funds emergency housing for adults diagnosed with a primary substance use disorder or serious mental illness who are transitioning out of emergency departments, correctional facilities or institutions.

• Improves connections for individuals with mental health and substance use issues by funding more proactive, regular and often face-to-face contact and support. This case management model for adults will work closely with individuals during transition periods to create personalized plans and prevent hospitalization or interactions with the justice system. For children, this type of case management will focus on those in foster care, the juvenile justice system, and children with intellectual and developmental disabilities.

• Continues the partnership between the justice system and the healthcare system by investing in more specialty courts, such as recovery and drug courts.

• Expands Adult and Youth Mental Health First Aid training, a program with a proven record of success, to increase awareness and reduce stigma for those experiencing a mental health crisis, which promotes early identification and intervention for individuals with mental illness and substance use disorders. Our state is a national leader in this preventive training with more than 18,000 people trained in either adult or youth Mental Health First Aid.

• Addresses the state’s heroin and prescription drug use epidemic by increasing funding for Medication-Assisted Treatment and other preventive measures identified by the community and the Governor’s Task Force on Mental Health and Substance Use.

• Proposes legislation that would authorize access to Naloxone at pharmacies in North Carolina. Naloxone is a life-saving drug for anyone who overdoses on prescription opioids or heroin. A medical standing order, issued by the state health director, would allow Naloxone to be dispensed to anyone who requests it. More than 2,500 lives have been saved in North Carolina because of Naloxone.

• Invests in child facility-based crisis centers that work closely with Juvenile Justice, foster care programs and schools. These crisis centers will collaborate with case managers and families and will have the capacity to serve children with behavioral health needs who also have intellectual and other developmental disabilities and children who have experienced trauma.

The Governor’s proposals raise many questions about where these funds will be obtained, what the new services will look like, how they will be implemented, and costs. The Governor has said that more details will be provided when his complete budget is released later this month.

Expanding Medicaid and state services for older adults, including those with Alzheimer’s

• Adds 320 new slots to the Community Alternatives Program for Disabled Adults through the Medicaid program. This investment allows individuals and families facing Alzheimer’s, older adults and those with disabilities who need support to stay in their homes. Adding these slots will reduce the waiting list for these critical services. ($3 million)

• Increases funding for family caregiver support services, including respite care for caregivers. ($1 million)

• Expanding Medicaid services for people with developmental disabilities and Autism

• Adds 250 Medicaid Innovations Waiver slots to provide the needed services to help individuals with developmental disabilities live successful lives in the community. ($2.5 million)

• Builds on the 2015 law that expanded Autism health insurance coverage by ensuring those families who rely on Medicaid for support have the ability to access the same services for autism. Under this initiative, the Department of Health and Human Services will issue clear guidance to Local Management Entities-Managed Care Organizations to ensure that children with Autism Spectrum Disorder receive consistent statewide services under Early and Periodic Screening, Diagnostic and Treatment. The Department of Health and Human Services will also begin working with stakeholders to develop a Medicaid State Plan Amendment that outlines delivery of research-based intensive behavioral health treatments. This State Plan Amendment will be submitted to the Centers for Medicare & Medicaid Services by Sept. 1, 2016.

The Governor’s proposals raise many questions about where these funds will be obtained, what the new services will look like, how they will be implemented, and costs. The Governor has said that more details will be provided when his complete budget is released later this month.
Perspectives: Transitioning ADATC funding to the Community

In 2015, the North Carolina General Assembly passed a provision of the budget bill that transitions the funding of Alcohol and Drug Treatment Centers (ADATCs) to the community service funding managed by LME/MCOs. The overarching intent of the legislation is to provide a transition period for the ADATCs to move from being supported by state funds to being fully supported by receipts. In this first fiscal year, the full funding was a “passed through” from the LME/MCOs to the ADATCs. In the fiscal year beginning on July 1, 2016, 10% of what was the ADATC funding can be spent at the discretion of the LME/MCOs for Substance Use Disorders inpatient services by any qualified provider, including ADATCs. For each fiscal year after SFY2016-2017, there will be an additional 10% of what was designated for ADATCs that can be spent on community inpatient services by any qualified provider each fiscal year until such time as all of the funding previously allocated to the ADATCs is in the community and managed by LME/MCOs, at which time the ADATCs will be fully supported by receipts, such as private pay or insurance.

Three influential statewide leaders responded to the questions below from their perspectives. Mark Ezzell is the Executive Director of the Addiction Professionals of NC. Dale Armstrong is the DHHS Deputy Secretary for Facility-Based Behavioral Health and Developmental Disability Services; and Brian Ingraham is the CEO of Smoky Mountain Center LME/MCO and Co-Chair of the Governor’s Task Force on MH/SA Work Group on Prescription Opioid Abuse, Heroin Resurgence and Special Topics.

What are the three most critical tasks to address right now in order for this transition to be successful?

Mark: 1) Each LME/MCO must honestly access the level and quality of community-based services for those requiring residential inpatient services with 24 hour medical staffing (ASAM level 3.1 and higher). Also, those facilities should be able to work with those with co-occurring mental health disorders. 2) Where community based service gaps exist, they must be filled by quality providers providing the same level of care as ADATCs. Frankly, this will be hard to do - proving 24/7 medical care for an indigent population with co-occurring issues is exceedingly expensive. 3) We must create better follow up care models for those in recovery, whether treated in ADATCs or in less intensive community settings. Substance Use Disorder is a life-long disease that must be treated as such.

Dale: 1) Sustain current services to ensure needs are met for individuals across the state (involuntary commitments, emergency department referrals, safety net, etc.) 2) Determine the appropriate ADATC service array in each region of the state. 3) Continue collaboration in addressing service gaps/needs as a shared responsibility for caring for both the indigent and insured population.

Brian: For starters, we should confirm alignment between the plan submitted by the Division of MH/DD/SAS to the Legislative Oversight Committee and Fiscal Research, with the legislation. That validation is important for us all to have a starting point that is consistent.

It is essential that both short and long-term planning be done to address restructuring of ADATC/community-based inpatient services. To optimize those efforts it would be helpful to have further clarification on legislative restrictions for how the funding can be utilized for service delivery.

In addition to the planning referenced above, now is the time to also be thinking about where specialized services/programs for the Substance Use Disorder population with specialized needs will fit.

How do you envision the long term structure of the SUD system improving with this change?

Mark: Some are skeptical that the community capacity will exist throughout NC to duplicate the ADATC level of care closer to home and at little to no cost to indigent populations. I’m hopeful, though. It CAN work if there is enough funding to create quality community based resources prior to the completion of this transition. That’s why we’re glad the legislature opted to make this a gradual transition, with reports and other safeguards built in to access the progress along the way.

Dale: Right-sizing services in all regions of the state, creating market-driven utilization and building capacity for each level of care in the substance use disorder system.

Brian: The up-sides to this change are present in the following opportunities: 1) The potential for increased cost effectiveness as services are restructured. 2) Enhancing the fit for inpatient level of care within the overall continuum of substance use and co-occurring mental health disorder care. The goal being to allow for more fluidity in levels of care both moving up and down the continuum. 3) Strengthening the bridging of services between inpatient care and community-based care to make transitions as seamless as possible - all to maximize the treatment value individuals receive.

What must occur over the next few years for the State to successfully achieve this vision?

Mark: We must continue to create capacity, create assurances that people needing extensive inpatient services are having their needs appropriately met, and we must involve substance abuse professionals and those with lived experience in the planning and evaluation of these changes.

Dale: Identification of ADATC services needed that can be billed to generate third-party revenue for the ADATCs to remain 100% receipt-supported. Prioritizing on-going efforts to improve the service system to fully develop and manage the utilization of a comprehensive array of substance use disorder services with an established methodology to assess outcomes along the continuum.

Brian: Recommendations for the next few years include: fully embedding the ADATC/inpatient level of care into a full continuum of sustainable substance use and co-occurring mental health disorder care offered in our communities. This recommendation carries with it the need to identify adequate funding streams so that ALL NC citizens have access to the care which will assist them in attaining long term recovery. Consideration should be given to increased flexibility around the stipulations for the levels of care that can be utilized with this funding, as outlined in the legislation.
Stakeholder Engagement Group Interviews MH/I-DD/SUD Leaders about Medicaid Reform

The NC Stakeholder Engagement Group recently launched a video series of “Policy Chats” to help everyone more effectively engage with state leaders on Medicaid Reform during the public hearings held mid-March through mid-April by the Department of Health and Human Services.

The group has interviewed a number of statewide leaders that include LME/MCO representatives, DHHS staff, and the legislature. These videos are geared to ward educating stakeholders about the reform efforts going forward. The NC Council was very pleased to assist in this effort and our own Executive Director Mary Hooper’s video can be found on the website.

The group describes themselves saying, “The NC Stakeholder Engagement Group (NC SEG) is a cross-disability advocacy initiative focusing on shaping the long-term support and service systems through meaningful engagement and dialogue with policymakers. We are currently the only group in North Carolina that consists solely of individuals receiving services and their family members.” Learn more at www.ncseg.com.
Survey Shows Overall Increase in Provider Satisfaction with LME/MCOs

For a second year in a row, the Division of Medical Assistance has surveyed LME/MCO network providers to assess their satisfaction with their LME/MCOs. The results demonstrate that in just over two years, LME/MCO public management has consistently improved and is generally working well for providers. The survey compilation is from a 2015 survey of 2,891 providers statewide which became available in February, 2016.

LME/MCOs are doing very well in numerous key areas:

• Overall satisfaction with LME/MCOs: 79.2% (up from 77.9%)
• Overall satisfaction with provider network: 77.2% (up from 74.1%)
• Authorizations for treatment and services are made within required timeframes: 82.4% (up from 79.4%)
• LME/MCO staff respond quickly to provider needs: 72.9%
• Claims processed in timely and accurate manner: 87.2% (up from 81.6%)
• LME/MCO staff give consistent and accurate information about claims issues: 74.3% (up from 71.6%)
• LME/MCO staff is easily accessible for information, referrals and scheduling of appointments: 77.9% (up from 76.4%)
• LME/MCO staff are referring consumers whose clinical needs match my agency: 64.6% (up from 61.4%)
• Provider network keeps providers informed about changes: 77.9% (up from 76.7%)

A few areas that have shown improvement, but to a lesser extent include the following: satisfaction with appeals process (50.3%), provider interest’s being adequately addressed by the local Provider Council (52.2%) and helpfulness of local provider network meetings (62.1%).

This survey was compiled by The Carolinas Center for Medical Excellence, an External Quality Review Organization (EQRO) for the Division of Medical Assistance. To review the survey results in their entirety, click here.

Consumer Perception of Care: Positive Results

Each year, the Division of MH/DD/SAS works in partnership with LME/MCOs and their provider networks to conduct a consumer satisfaction survey called the Consumer Perception of Care. The results for 2015 were just released.

Looking at survey results from 2011 (pre-public managed care) through 2015, the majority of answers from consumers are generally trending upward. The survey asked adults (over 18), youth (12-17 years old) and families (children under 12) their thoughts on State-funded, Medicaid and federal block grant funded MH/I-DD/SUD services in areas such as: access to services; treatment planning; quality and appropriateness of services; cultural sensitivity; outcomes; functioning; social connectedness; and general satisfaction. The upward trend is an indicator that the LME/MCO management of the Medicaid waiver in conjunction with their management of all other behavioral health and I-DD service funding is improving the system. It is important to note that the trend upward is despite recent cuts to State funding and the decrease in the power of the State service dollar in building a service system. General satisfaction with care has stayed about the same for all three consumer groups: Adults 92%, Youth 81% and Families 92%.

Some of the highest rated areas in this year’s survey included:

• Adult satisfaction with quality and appropriateness of services: 94%
• Youth satisfaction with cultural sensitivity: 90%
• Family satisfaction with cultural sensitivity: 97%
• Access to care for Adults and Families: 91%
• Family treatment planning: 93%

Consumer Outcomes

Outcomes are a key factor in determining if care is working for clients and effecting their daily lives in a positive way. Adult outcomes include the ability to better deal with daily problems, better control over their lives, ability to deal with crisis, getting along better in family, social situations, work, etc. The survey found that statewide 75% of adults said things were better, while 21% of clients offered neutral answers and 3.5% of adults gave a negative response. Youth outcomes include being able to better handle daily life, doing better in school, coping and getting along better with family and others found 69% of those receiving care said things were better while 26% answered neutrally and 4.5% said things were worse. For families receiving services for their children, outcomes were child getting along better with family, friends, other people, improvements in school, and improved ability to cope found 69% of families felt their child was doing better in these areas, 24.6% answered in the neutral and 6.3% said worse.

Adults in substance use recovery report that 86% are not likely to use alcohol or drugs that have not been prescribed to them. For youth answering the same question, 81% agreed they would not be using alcohol or drugs.

You may view the full Consumer Perception of Care report on the Division’s website.
Innovative Ways LME/MCOs are Meeting Community Needs

LME/MCOs, their community partners, and providers are regularly collaborating to improve services and care to those in their communities. Below are highlights covering what is happening around the state. You can also keep up with LME/MCO activities on the NC Council’s website.

Alliance Behavioral Healthcare - Expands Integrated Healthcare Partnerships

Alliance Behavioral Healthcare has partnered with Duke University Health System (DUHS) and Carolina Behavioral Care (CBC) to launch two innovative new initiatives to enhance the integration of behavioral and physical healthcare and improve client health outcomes. Alliance is committed to whole person care achieved through partnerships with physical and behavioral health providers.

In the first collaboration, Alliance is providing funding and technical support to DUHS-Northern Piedmont Community Care and Duke’s Division of Community Health to enhance the ability of Duke Medical Outpatient Clinic in Durham to identify patients with behavioral health issues and provide whole person care.

With two Alliance-funded behavioral health professionals embedded at the clinic, many of the clinic patients can be treated on the spot using a collaborative model blending behavioral and physical healthcare without having to immediately refer to a behavioral health provider at another location. This initiative facilitates early identification of behavioral health and substance use disorders and promotes integrated treatment. For the person, this means an immediate start of behavioral health treatment in tandem with care of physical health conditions. Equally important, access to community psychiatric providers can be reserved for individuals with serious and persistent mental illnesses.

Another initiative supported by Alliance is being launched simultaneously to integrate primary care inside a Carolina Behavioral Care (CBC) outpatient psychiatric clinic where Duke has placed a primary care provider. Alliance is funding CBC to hire a clinic nurse care manager to help provide an array of supports to individuals who experience both psychiatric and physical health issues, including access to medication, transportation and housing.

This onsite primary care ensures an integrated healthcare response to the untreated physical health conditions of CBC patients as well as a critical bridge to long-term primary care. Person-centered care, which is built on patient or client choice, allows the person to be treated where he or she feels most comfortable. Some people prefer their behavioral health care treatment within their medical practice, while others prefer treatment within their behavioral health care practice.

CenterPoint Human Services – Community Wellness Centers

With three wellness centers fully operational in Stokes, Davie and Rockingham, CenterPoint broke ground in April for the beautiful Highland Avenue Center in Winston-Salem.

This facility will house the Forsyth Wellness Center in addition to a behavioral health urgent care, 16 crisis beds and an on-site medical clinic.

Health Integration Peer Program (HIPP) courses, Wellness Recovery Action Plan (WRAP) trainings, nutrition classes, financial literacy sessions, yoga, aromatherapy and arts/crafts activities are a few of the activities offered at the Wellness Centers. Programming focuses on “whole person” health and the eight dimensions of wellness promoted by the Substance Abuse Mental Health Services Administration (SAMHSA).

The unique needs of each community are reflected in monthly offerings. For example, healthy activities and educational programming related to diabetes are regularly offered at the Rockingham Wellness Center, while the Stokes County Wellness Center hosts meetings of the Suicide Prevention Task Force and domestic violence groups. Stakeholder input continues to guide CenterPoint in shaping each center to fit the needs of their communities. Membership is not required at the Centers and most activities are offered FREE of charge.

Eastpointe - Community Education

To provide education on child substance abuse issues and county specific statistics on youth and substance use locally, Eastpointe staff, the NC Parent Resource Center, and the Wilson Substance Abuse Coalition recently made a presentation to the Carolina Family Health Center Clinic physician staff meeting in Wilson County. Eastpointe provided information regarding the LME/ MCO’s functions, their provider network of care, and Mobile Crisis Services.

The presentation also included introduction of a tool that could be used in physician offices to assess child substance use. The tool is referred to as CRAFFT, a behavioral health screening tool for use with children and adolescents under the age of 21 recommended by the American Academy of Pediatrics Committee on Substance Abuse.

Partners Behavioral Health Management Successfully Trains 400 on Opioid Addiction

On March 1, 400 local doctors, healthcare providers, first responders, law enforcement officers, parole officers and county health department personnel attended Partners Behavioral Health Management’s first-ever Opioid Summit, co-sponsored by the NC Council of Community Programs.

Continued on page 9...
The misuse of and abuse of opioids - narcotic medications most commonly used for pain - is one of the fastest growing epidemics in our society today. Opioid addiction can lead to emotional, psychological, and physical symptoms that affect both users and their families.

“Partners is committed to improving lives and strengthening communities,” said Rhett Melton, CEO of Partners Behavioral Health Management. “We provided this training conference for the people on the frontlines of the opioid epidemic. We need their help to turn this trend around.”

The free summit offered 17 presentations focused on early identification of substance use disorders, overdose reversal strategies, medication-assisted treatment procedures, alternative pain management options, and the latest best practices in the prescribing of opioids. Dr. Thomas McLellan, a leader in addiction research and co-founder and chairman of the Board of Directors for the Treatment Research Institute, provided the keynote address. His presentation “Why Integrate Addiction Care into Mainstream Medicine?” referenced current best practices in matching individualized outpatient care to the unique needs of the person in treatment.

Participants were also able to learn about the struggles of addiction from three people living with a substance use disorder. The Voices of Recovery session represented a combined 74 years of recovery. All three speakers worked, or currently work, to help others learn to live life without drugs.

The information shared at the Opioid Summit is available for download at opioidsummit.partnersbhm.org

Sandhills Center Reinvests In Services, Earns Reaccreditation and Expands Integrated Care

Sandhills Center reinvested savings in services by increasing reimbursement rates to providers of various critical services. The latest increase took effect Feb. 1. Some of those services include: Behavioral Health Long-Term Residential, Psychiatric Residential Treatment Facility, Community Support Team, Psychosocial Rehabilitation and Opioid Treatment.

“These increases are only possible due to the collaborative effort of Sandhills Center, our Provider Network and community partners continually working to provide the right services to assist our members,” said Victoria Whitt, Chief Executive Officer of Sandhills Center.

Sandhills Center recently earned URAC reaccreditation in the following areas: Health Call Center, Health Utilization Management and Health Network, effective May 1, 2016 through April 30, 2019. Accreditation demonstrates accountability in business practices, and confirms Sandhills Center’s commitment to quality for members, families and stakeholders.

Sandhills Center continues its efforts to put a large focus on embracing the Integrated Care philosophy, which has shown to be the most effective approach to caring for people with multiple healthcare needs. Sandhills Center has nine providers in a pilot project to take Integrated Care one step further. Sandhills Center is utilizing a polypharmacy tool which helps Care Management/Utilization Management (CM/UM), Clinical Screening and Triage, and Care Coordination to identify medication outliers and polypharmacy. In February, all prescribers within the Sandhills Center Provider Network began receiving notices of Behavioral Health and Opioid/Pain Pharmacy Quality Indicators which are outside of evidence-based practices. This is a joint project between Care Management Technology and Sandhills Center.

Participation in Integrated Care by our provider network is essential to Sandhills Center’s success. Our Medical Director, Dr. Anthony Carraway, has implemented tools and scripts for internal use to promote this concept. A periodic newsletter soon will be distributed to all providers that will offer the latest information. Other scripts and tools are being developed for CM/UM to assist providers and members to become familiar with the process of Integrated Care, or the inclusion of all providers in the treatment process.

Sandhills Center is developing additional scripts that relate to certain disease states such as diabetes. The scripts are intended to guide providers and members through a series of physical health questions that are derived from evidence-based best practices. This has implications for overall health, as well as for future utilization of physical health services.

Smoky Mountain LME/MCO – Reinvesting Savings into Saving Lives

State Senators Terry Van Duyn, a Buncombe County Democrat and Jim Davis, a Macon County Republican, joined forces on March 22 in Asheville to support Smoky Mountain MCO’s new campaign to distribute more than 2,600 free opioid overdose reversal kits in western North Carolina.

In an effort to help stem rising numbers of accidental drug overdoses, Smoky Mountain LME/MCO will utilize $100,000 in Medicaid savings to fund the purchase of NARCAN®, the first and only nasal spray approved by the U.S. Food and Drug Administration. NARCAN® is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdoses and can be administered by any person, in any location, while awaiting emergency assistance. Used correctly, the nasal spray can reverse the effects of an overdose on opioid drugs, such as heroin and prescription painkillers. Smoky is partnering with the N.C. Harm Reduction Coalition (NCHR) to distribute NARCAN® nationally.

Nationally, the rate of opioid overdose deaths has increased 200 percent since 2000, and unintentional drug overdoses threaten to become the leading cause of accidental death in North Carolina. In January, the governor’s Mental Health and Substance Use Task Force opioid abuse subcommittee, co-chaired by Smoky CEO Brian Ingraham, recommended increasing access to naloxone to help fight this epidemic.
continued from page 9... Innovative Ways LME/MCOs are Meeting Community Needs

“Our sheriffs, hospital administrators and treatment providers here in western North Carolina are all on the same page: heroin and opioid addiction is a very real problem throughout the region,” said Smoky’s Ingraham. “The state task force saw an epidemic stretching to all corners of the state. True solutions will take hard work by many people over many years, and this initiative will both save lives in the here and now and pave the way for future efforts.”

Smoky’s NARCAN® initiative is one of a dozen current or upcoming projects to reinvest any Medicaid cost-savings back into local western N.C. communities. Learn more at smokymountaincenter.com, nchrc.org and narcannasalspray.com.

Trillium Health Resources - Receives Homeless Grant & National Reaccreditation

Trillium Health Resources recently received $902,502 for two Permanent Supportive Housing Renewal Grants. The $902,502 is part of an $18 million grant awarded to the state by the U.S. Department of Housing and Urban Development (HUD). The Tier 1 Continuum of Care grants support the Obama Administration’s efforts to end homelessness by providing critically needed housing and support services to individuals and families experiencing homelessness.

The Permanent Supportive Housing Program, formerly the Shelter Plus Care Program, is a federally funded program that provides rental assistance to people with disabilities who are experiencing homelessness. Trillium’s program specifically targets people who have a serious mental illness, substance use issues, and/or intellectual developmental disabilities. This award will enable Trillium to continue to assist approximately 100 households throughout its catchment area.

“We are so grateful to be able to bring this additional federal funding to the people of eastern North Carolina,” said Cindy Ehlers, VP of Clinical Operations with Trillium. “Trillium has made many strategic investments successfully targeted to our area, and will continue these efforts to seek out even more development opportunities in the area of housing. We greatly appreciate the opportunity to continue building solutions to problems in all our communities and look forward to another highly successful venture with this project.”

Another noteworthy item was that Trillium Health Resources was recently awarded URAC reaccreditation in three areas – their Health Call Center, Health Utilization Management and Health Network. URAC is a nationally recognized accreditation required for Medicaid behavioral health managed care organizations in NC.

“Trillium strives to render quality services to our members,” says Trillium CEO Leza Wainwright. “URAC accreditation is a tangible indicator that we are achieving that goal.”

“By receiving URAC accreditation, Trillium Health Resources has demonstrated a commitment to quality health care,” said URAC President and CEO Kylanne Green. “Quality health care is crucial to our nation’s welfare, and it is important to have organizations that are willing to measure themselves against national standards and undergo rigorous evaluation by an independent accrediting body.”
Autism Awareness and Acceptance Month

by Kerri Erb

Each April the world celebrates Autism Awareness Month. Autism Spectrum Disorder (ASD) is the second most common developmental disability following intellectual disability. On April 1st, the Centers for Disease Control and Prevention (CDC) released an update to its ongoing surveillance study of autism prevalence. The study comprises eleven states, including North Carolina. The CDC began the surveillance study in 2000.

The prevalence data that we read and hear about in the news and on line (1 in 68 8-year-old schoolchildren nationally, or up to 1 of every 59 8-year-old schoolchildren in North Carolina) is the result of the CDC’s work. One item that stood out in the report is that North Carolina leads the nation in early diagnosis of children with autism (median age 37 months). This means our state is identifying, referring, and diagnosing kids earlier than anywhere else in the country. We urge all agencies to continue encouraging and helping parents and caregivers to seek a comprehensive evaluation when concerns arise.

Our system of care in North Carolina is critical not only for appropriate and early diagnosis, but also for referral and treatment for children and adults with ASD. With an early diagnosis, children and families are able to access available support services through their schools and other organizations. This saves real dollars for families and our state. Access to high quality interventions has been cited to cut the cost of care for an individual with autism by an estimated $1,000,000 over the lifespan.

We must continue these efforts, because every individual with autism deserves the opportunity to receive appropriate and personalized treatments. Children with autism grow up to be adults with autism. Early intervention and supports are important, but we must also invest in and expand services and resources for individuals with autism who are transitioning to adulthood. The 1 in 59 children will become 1 in 59 adults living, working, and contributing to their communities. The current adult population living with autism also needs supports and opportunities, so we must not focus solely on the early years. Often, as children age out of school we find they have not accessed the system in NC and are faced with multiple barriers to needed services.

During the 2015 legislative session SB 676 passed and was signed into law. It will allow more families access to services through commercial health insurance in NC effective July 1. We applaud the work of advocates and families, and ultimately the Governor and DHHS’s recommendations made on April 11th to further increase access to these services with a stand-alone service that will provide evidenced based treatment through Medicaid. We also applaud the local efforts of LME/MCO’s who are addressing these needs now through EPSDT.

Finally, we want to note that while awareness, diagnosis, treatment and support is critical, acceptance is equally important. We have all heard the adage, “If you have met one person with autism, you have met one person with autism.” Unique skills and strengths should be supported and engaged in our communities and workplaces. We are pleased to see a great deal of support to improve employment services across the state. This must continue. As a community we want to the dialogue to continue the shift to acceptance, while we continue to communicate awareness and understanding of the unique needs of individuals on the autism spectrum.

We are fortunate to have a great deal of high quality programs in North Carolina. We encourage LME/MCOs to ensure those in their systems do have access to appropriate services, well-trained and experienced staff and agencies.

Autism Resources
The list below is a starting point in your search for more information about autism and supports in North Carolina.

Family Support/Information and Referral
Autism Society of North Carolina
ECAC
Family Support Network
Arc of North Carolina

Diagnostics and specialty evaluation services
CIDD
TEACCH Autism Program
Duke Center for Autism and Brain Development
CDSA (0-3)
Murdoch Developmental Center

Trainings for Parents and Professionals
Autism Society of North Carolina
TEACCH Autism Program
ECAC
AHEC system

Service Providers with Autism specific programming
Autism Society of North Carolina
Easter Seals UCP NC VA
GHA Autism Supports
TEACCH Autism Program

And many, many more…

Other resources: NC APSE; Extraordinary Ventures; ASAN and Autism Speaks.

Kerri Erb is the Chief Program Officer for Autism Society of NC.
Don’t Miss the 2016 Spring Policy Forum - Transformation Starts Today

North Carolina is again on the brink of major change that will affect the MH/I-DD/SUD service system. Right now details are still being worked out, but one thing is clear: the opportunity to work with new partners, focus on treatment for the whole person, and strategically plan your organization’s future in a new paradigm is now. Thus, Transformation Starts Today.

For individuals and organizations that want more information as they make plans to meet this challenge, the NC Council’s Spring Policy Forum is designed to address several aspects of Medicaid Reform in order to better prepare you for the future. Providers will be offered tools to help determine a successful strategy moving forward. All attendees will hear details on the 1115 Medicaid waiver which will be submitted for federal approval on June 1st. A look at our system’s current safety net and how to preserve this during these changing times will be considered as will the innovation and training providers will need in order to be successful.

The Spring Policy Forum will offer training that supports all MH/I-DD/SUD stakeholders including: LME/MCO Managers and Management Team Members, Board Members, Clinicians, MH/I-DD/SUD Service Provider CEOs and Management Staff, Supervisors, Clinical Directors, Medical Directors, Quality Improvement Staff, Counselors, Service Coordinators, Social Workers, Advocates, Consumers, Consumer and Family Advisory Committee Members, and others interested in our system.

Money Saving Offers
The NC Council is offering several money saving ways to attend the conference. As a way to encourage as much consumer and family participation as possible, we are offering a 50% discount on registration to those attendees. Early bird registration prices are available through May 10th, and organizations sending three staff for the full event may register a 4th staff for FREE. Register and learn more today!

Continuing Education Available
Once again, the Spring Policy Forum will be co-sponsored by the Southern Regional AHEC which will be providing a total of 7 contact hours and NAADAC and social worker credits. This program does not provide specific NBCC Credits. However, per Licensed Professional Counselor licensure guidelines, LPCs may submit up to 15 contact hours of continuing education by attending programs by affiliates of the National Area Health Education Center Education (NAO). SR-AHEC is a member of the NAO.

Medicaid Transformation: A Closer Look

On June 1st, North Carolina submits its 1115 Medicaid waiver proposal to CMS in support of innovation and service integration in alignment with North Carolina’s Quadruple Aim: Better Care Experience, Better Health in Communities, Improved Clinician Engagement and Support, and Per Capita Cost Containment. These are all good goals that we want to translate into our MH/I-DD/SUD system, and understanding the state’s expectations will be key. Attendees to this year’s Spring Policy Forum will have an opportunity to hear directly from NC’s decision makers on these critical issues.

The Opening Plenary Session brings together THE leaders responsible for the development AND the implementation of this next phase of Medicaid - Rick Brajer, NC DHHS Secretary, Dave Richard, NC Deputy Secretary for Medical Assistance, and Dee Jones, NC Division of Health Benefits Chief Operating Officer. They will offer their insights into this critical topic that will impact consumers, communities, stakeholders, providers, and managers alike.

Those attending will receive an overview of NC’s 1115 Medicaid Waiver, including details about service regions, infrastructures, and whole person integration plans. A discussion of the early indicators regarding the federal response to the proposed waiver will also be offered. Identifying next steps and how to maintain individual and community input into the Medicaid planning and implementation process will also be discussed.

Because this waiver is a “North Carolina solution” as Secretary Brajer says, the waiver draft language states that, “The new system for North Carolina should be built upon the existing strengths of the LME/MCO system—strong clinical management; expertise in mental health, developmental disabilities and substance use disorders; innovation; commitment to collaboration and standardization; and dedication to integrated care for individuals with severe mental illness, chronic or severe substance use disorders and intellectual or other developmental disabilities.” The Opening Plenary session will provide more detail about what this means for you.

This year’s Opening Plenary session is sponsored by OPEN MINDS.
Keys to Determining a Successful Strategy for Medicaid Transformation

Medicaid Transformation in North Carolina undoubtedly provides opportunities to work with new partners and expand the scope of work within your organization. The difficult part is determining your direction and what will be the best strategic move for your organization. If you are facing this challenge, you should attend Market, Math and Metrics: Three Keys to Optimizing Your Strategy for NC’s Medicaid Reform. This session will be led by Joseph Naughton-Travers, Ed.M., Senior Associate with OPEN MINDS. Since joining OPEN MINDS in 1998, Naughton-Travers has developed business solutions for provider and professional organizations, state and county government, technology companies, and venture capital firms. His areas of expertise include strategic planning and metrics-based management, electronic health record (EHR) and technology selection and corporate compliance.

When it comes to assessing how to move forward with a new strategy or to achieve the necessary performance, the number of potential resources and “first steps” for health and human service organizations can be daunting. However, in most cases, it comes down to three elements: market research for planning, math for decision-making, and metrics for management. Knowing the key market issues, the value of “math,” and the right performance metrics is essential to strategically superior decision-making in the current and future market.

Those attending this session will identify how to understand potential customers, contributors, and funders through market research; discuss how to carefully “do the math,” adjust the model, and make the right decisions when developing operational and financial models. The group will also be able to identify how to ensure you have the right measures, timely reporting, and staff information literacy to take data and turn it into meaningful, actionable information to improve performance.

You don’t want to miss this very timely and informative session.

Medicaid Reform Demands Innovation

There are many changes taking place at both the federal and state levels around transforming Medicaid to a more modern program. The driving force behind these changes is the implementation of the Affordable Care Act and the evolution of Medicaid as a major funding source in health care. The intent is to drive Medicaid toward becoming a better managed program while encouraging improvements in services and payment systems, leaving behind the days of fee for service. To this end, North Carolina included in the legislative bill on Medicaid Transformation a provision creating the North Carolina Medicaid and Health Choice Innovations Center within the newly created Division of Health Benefits (DHB). There are already Innovations Centers at the state and federal levels, including the Oregon Health Authority Transformation Center and the federal Centers for Medicaid and Medicare (CMS) Innovation Centers. Innovations Centers serve as a resource to provide technical assistance for providers that will allow them to be successful and meet the state’s performance expectations.

At the session entitled, Innovation Center: Moving us Toward Transformation, attendees will delve into the ways in which an Innovations Center can benefit providers as we progress in Medicaid Transformation. Session participants will learn about the components of these models and how they may be developed in North Carolina with initiatives such as learning collaboratives; peer-to-peer networks; clinical standards and supports; conferences and workshops. The Innovations Center model is a means for providers to understand the expectations that the DHHS and DHB have for providers who serve consumers receiving public funding. This session will provide an opportunity for attendees to impact NC’s Innovations Center and offer input. During the session, participants will work together to develop recommendations on how an Innovations Center can most assist NC’s behavioral health and I-DD providers in Medicaid Transformation, and final recommendations will be sent to DHHS.

The session will be led by two individuals with tremendous knowledge and influence in the Medicaid transformation. Dee Jones is the Chief Operating Officer for the DHHS Division of Health Benefits; and Tara Larson is a national Medicaid expert and Senior Healthcare Policy Specialist with Cansler Collaborative Resources, Inc.
Taking Care of NC’s Safety Net

When change occurs there is always the possibility to both gain and lose something. As North Carolina undergoes Medicaid Transformation, it is possible that the less visible functions of the public sector safety net may need special attention, so keeping a close eye on these important functions that serve so many in our communities will be critical. The session entitled Is There a Safety Net for the Safety Net? will address how to anticipate and respond to possible holes in the safety net as the Medicaid system is transformed.

Attendees will identify examples of important public sector functions that must be maintained regardless of future funding mechanisms. A discussion of why and how collaborative opportunities among public agencies in communities must be expanded will also be covered. How other states that are transforming their Medicaid systems are protecting their safety net will also be discussed.

This session will be led by two speakers well acquainted with the importance of a public safety net. Marti B. Knisley, MA is a retired Senior Consultant with the Technical Assistance Collaborative (TAC). She has over five decades of experience as a local and state human services administrator. She has served as Director of Department of Mental Health in Ohio and the District of Columbia and Deputy Secretary of Mental Health in the Pennsylvania Department of Public Welfare. She has advised state and federal agencies on the development of supportive housing, supported employment, Medicaid financing and community services for people with disabilities. Also presenting will be Mark Botts, JD, Associate Professor, University of NC School of Government, Chapel Hill. Botts has studied and taught mental health law in North Carolina since 1992. His expertise includes confidentiality of medical records, involuntary commitment law and procedure, governance and administration of the public mental health system.

Joining our speakers will be a facilitated response panel representing the perspectives of LME/MCOs, Departments of Social Service, Public Health, and County Commissioners.

Influence of Politics and Policy on Medicaid’s Future

If you have been paying attention to what is going in politics today, you know there are distinct ideologies and division driving this year’s elections. Imagine a Trump or Cruz presidency, or a Clinton or Sanders administration. Each will have very different areas of focus and goals. This year’s Spring Policy Forum Closing Plenary will afford attendees a rare opportunity to talk directly with a national expert who regularly runs in these political circles - Ron Christie is a former Bush White House Staff Advisor, a Senior Political Strategist, Commentator, and Author. He appears frequently on CNN, MSNBC, The Situation Room with Wolf Blitzer, Lou Dobbs Tonight, Hardball with Chris Matthews, and other programs.

The Closing Plenary session Politics, Policy and Medicaid: What’s in the Future? is an exciting opportunity for conferees to learn from Ron Christie. He will discuss trends and projections in physical health care and MH/ID/DD/SUD services from the perspective of a political and legal analyst. With presidential, gubernatorial, U.S. and North Carolina congressional seats open in these elections, there are likely to be significant changes on the horizon. Is the combination of North Carolina’s Medicaid Transformation and the elections a perfect storm in the making or is it serendipity?

Not only will Christie provide insights on issues around the structuring of physical, behavioral and I-DD services, he will also identify strategies for being a strong advocate in our changing environment. This session will allow time for conferees to interact in the discussion and have an opportunity to inquire about pervasive questions and potential resolutions with Mr. Christie and other conferees. The session will cover the national trends in behavioral health and I-DD services, as well as changes that will impact these services; the projected changes to Medicaid’s structure and the public safety net; and the potential impacts of national elections on behavioral health and I-DD services.
Eastpointe Human Services’ medical director, Dr. Venkata Jonnalagadda, has been appointed to the North Carolina Medical Board by Gov. Pat McCrory. Born in Kakinada, India, Jonnalagadda is a partner in private practice with Greenville Psychiatric Association P.A., serves on the adjunct teaching faculty in the Department of Pediatrics at East Carolina University’s Brody School of Medicine, and works as a clinical psychiatrist with the federal Veterans Administration. She is president of the Pitt County Medical Society and a member of the Ethical and Judicial Affairs Task Force for the North Carolina Medical Society. In 2015, McCrory appointed her to a three-year term with the North Carolina Commission of Public Health. The 13-member North Carolina Medical Board is responsible for licensing, monitoring, disciplining and guiding physicians, physician assistants and the other health care professionals.

Governor Pat McCrory has bestowed The Order of the Long Leaf Pine to Ken Jones. The award was presented to Jones by Senators Brent Jackson and Louis Pate. The Order of the Long Leaf Pine is given for exemplary service to the State of North Carolina and the community that is above and beyond the call of duty. This award is granted to citizens who stand out in their communities and who have devoted their lives to serving others; and whose efforts have made a significant impact and strengthened North Carolina. The award was presented at a retirement reception honoring Jones, the former Chief Executive Officer of Eastpointe Human Services. On hand to witness Jones receive the honor from Governor McCrory were family, current and past Board members, and provider and consumer representatives.

The NC Council is very sad to report the passing of John Littlefield Crawford, 97 of Franklin, NC. John passed away peacefully on March 30, 2016. Although not a mental health leader himself, John nonetheless regularly supported our system through his wife of 74 years Dorothy Crawford. Dorothy served as a long time Board member at Smoky Mountain Center, a member of the Commission on MH/DD/SAS and other statewide groups. John faithfully drove Dorothy from the Sylva area to Raleigh on many occasions over her long career. John also attended almost every NC Council Spring Policy Forum and Pinehurst conference over the past 20 years. He will be greatly missed.

John was honored with a full military funeral. He was rightfully very proud of his service to his country in WWII. His obituary describes how he trained fighter pilots, “He was in flight training at Goodfellow Field, San Angelo, TX on Pearl Harbor Day. Following basic flight training, he went on to advanced flight training in fighter planes. After receiving his wings and commissioned as a 2LT in the Army Air Corps, he became an instructor in advanced flight training school for fighter pilots, training not only American pilots, but many allied pilots from Turkey, Bolivia, Peru, France, and other countries. Although he requested overseas action as a fighter pilot, he was told he was more valuable as an instructor so he remained at Moore Field, Mission TX, moving up the chain of command from Assistant Squadron Commander all the way to Group Commander. A member of the “Greatest Generation”, he helped close Moore Field following the end of WW II and was discharged from active duty. He remained active in the Army Air Corp Reserves and later the US Air Force Reserves until retiring from the reserves as a Lieutenant Colonel in 1969.”

Dr. Venkata Jonnalagadda

Sen. Jackson, Ken Jones and Sen. Pate

John Littlefield Crawford

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The Governor’s Task Force on Mental Health held its final meeting on April 7th in order to refine its recommendations. Recommendations cover the areas of: Adult/Emergency Housing, Adult and Child Case Management, Supportive Case Management, Court Based Diversion, Opioid Treatment, Prescription Drug Abuse, and the development of local Task Forces. The group will make final recommendations to the Governor on May 1st. Details and handouts from the Task Force meetings are on line.

A lawsuit brought in 2011 against the Department of Health and Human Services by Disability Rights NC alleging that the state violated Medicaid and the Americans with Disabilities Act by making personal care services (PCS) criteria more restrictive for those living at home has now been settled. A Federal District Court has ruled that the state’s PCS rules were unlawful. To learn more, go to the Disability Rights NC website.

Carolina HealthTEC Live will take place on Friday, May 27, 2016 at the Crown Plaza Resort, in Asheville, NC. It is the premier behavioral health technology conference and expo in the Southeast. Proudly sponsored by Smoky Mountain MCO, the event is open to providers, policymakers for mental health, intellectual and developmental disability and substance use issues and individuals receiving these services. Carolina HealthTEC Live is an interactive opportunity for industry members to share and evaluate the latest advances in technology enabled care (TEC). Guided discussions about the application of TEC will address specific regional challenges, helping participants identify gaps in the behavioral health care continuum and solutions to strengthen our system. This unique event will also afford attendees the opportunity to hear from internationally-known, innovative leaders in the mental health, intellectual and developmental disabilities and substance use disorder fields: Dr. Gabor Mate, Luis Perez and Lynne Seagle

Your attendance at Carolina HealthTEC Live is a step forward in providing the most advanced care to the most vulnerable populations. Visit the event website to register or find more information. (Approval pending for N.C. Substance Abuse Professional Practice Board CEUs)

A bill that could potentially affect licensing for some NC MH/I-DD/SUD professionals has been drafted, and is expected to be introduced when the General Assembly reconvenes later this month. The bill essentially either eliminates certain licensing boards or consolidates licensing of certain professions. MH/I-DD/SUD Boards affected by the draft bill are: Licensed Marriage and Family Therapists and Substance Abuse Professionals whose licensure would be consolidated and transferred to the existing LPC Board; Interpreter licensing which would be eliminated; Employee Assistance Program professional licensing which would be eliminated; and Pastoral Counselor licensing which would also be eliminated.

NAMIWalks will be Saturday, May 7, 2016, 9:00 a.m. - 12:30 p.m. at the Dorothea Dix Campus, Raleigh, NC. Give the gift of help and hope to thousands of individuals in North Carolina affected by mental illness and their families. Register for NAMIWalks today! Registration is FREE and only takes a few minutes. Can’t be there on May 7? Join as a virtual walker.

Daymark was recently recognized as a Health Information Technology (HIT) Top Performer by scoring the highest in the nation for its level of HIT functionality as scored by the HIT Value Model. The Award was received at the National Connections Conference sponsored by Netsmart Technologies in Washington, DC. The HIT Value model assesses to what degree an organization is maximizing the use of an Electronic Health Record (EHR) with 10 Measures across 5 Domains. Daymark was also recognized for creating its own technology layer that runs on top of the EHR called I-CARE, Integrated Care Alerts for Review and Engagement leveraging data made available from Community Care of North Carolina. ICARE Solution and Meaningful Use Systems are used by Daymark to facilitate the treatment of the “whole person” across service areas for Medicaid patients.

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Two important rules governing MH/I-DD/SUD services are currently being revised. New MH/SA Parity rules that will apply to Medicaid and CHIP were released by CMS at the end of March. HHS Secretary Sylvia M. Burwell said, “Today’s rule eliminates a barrier to coverage for the millions of Americans who for too long faced a system that treated behavioral health as an unequal priority. It represents a critical step in our effort to ensure that everyone has access to the care they need.” Details can be found at Medicaid.gov. In addition, SAMHSA is taking comments on new rules governing substance abuse privacy 42 CFR. The new rules would allow provider organizations to share information about an individual who has been diagnosed or treated for substance use disorder. HIPPA requirements are still maintained, but the consent form would allow for more general disclosure to treating agencies. SAMHAS has posted some frequently asked questions regarding these new rules.

A bill that could have a major impact on mental health care in the U.S. is under consideration in the U.S. Senate Committee on Health, Education, Labor, and Pensions, but has not had any action since mid-March. The bill, known as the Mental Health Reform Act (S. 2680), has widespread support from the largest national advocacy groups. If enacted, the bill would improve coordination between federal agencies that service individuals with mental illness; update the Community Mental Health Services Block grant to help states care for those with mental illness; promote evidence based approaches; and increase access to care for veterans, homeless, individuals, women and children. More information can be found at the U.S. Senate website.

March was an important month: National Brain Injury Awareness Month and National Developmental Disabilities Awareness Month!

According to the Brain Injury Association of America, each year an estimated 2.4 million children and adults in the United States sustain a traumatic brain injury (TBI), and another 795,000 individuals sustain an acquired brain injury (ABI) from nontraumatic causes. TBIs can affect the functionality of the brain—affecting thinking, reasoning, and memory. Whether the victim is an adult, a child, or an infant, TBIs can have a major impact on individuals and their families. To raise awareness of traumatic brain injury, the Brain Injury Association of America recognizes National Brain Injury Awareness Month every March. The National Child Traumatic Stress Network offers resources on traumatic brain injury for families, medical professionals, and military families.

The Arc, one of the leading organizations dedicated to promoting the inclusion of people living with developmental disabilities (DD) used March’s DD Awareness month to prepare folks for the 2016 presidential election. They stressed the importance of knowing and exercising your voting rights. The "Know Your Voting Rights" campaign features a number of helpful resources from knowing where to vote, and what to do if you feel your rights are being violated.

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Registration Brochure
Who We Serve:

by Marlissa Cunningham

Jason’s goal in life is to live with more independence. During his time with LifeWorks he learned about cooking, made lots of friends, secured an internship with TJ Maxx, learned how to balance a budget, looked for a place to live, and practiced grocery shopping.

Jason Risoldi is a program participant in the LIFESPAN LifeWorks Program in Charlotte, NC. Over the past year LifeWorks has helped to enrich Jason’s life.

Jason is from Baltimore, Maryland. He is a writer, loves to exercise and loves to be active in the community such as visiting with friends and going to the mall. He likes to watch football and baseball. He is easy to get along with, really respectful and friendly.

Before Jason started working with LIFESPAN, he barely had friends and was always dependent on his father and had little experience with cooking, housework, paying bills and was dependent on his father for transportation and was unemployed.

Jason’s goal in life is to live with more independence. During his time with LifeWorks he learned about cooking, made lots of friends, secured an internship with TJ Maxx, learned how to balance a budget, looked for a place to live, and practiced grocery shopping.

He also took on a leadership role as President of Overcoming Obstacles. Overcoming Obstacles is a social program within LifeWorks that meets once a month where the program participants plan as a group on what activities the group wants to do such as bowling, mini golf, or eating at a restaurant. They also talk about peer pressure, family issues, and obstacles in life that impact everyone as individuals and how to overcome them.

During the Internship, the management at TJ Maxx saw his abilities and decided to hire Jason. He works one day a week for 4 hours, but that will increase over time. In the past, Jason always had to rely on others like family and Special Transportation for getting around but now he knows how to take the city bus. He walks from his apartment and takes 3 different buses to get to his new job. He is also saving money and has more control over his schedule.

Jason likes LIFESPAN because the program helps individuals with disabilities learn life skills so they can become more independent. Jason said “the LIFESPAN staff is friendly, helpful, respectful, and supportive.”

He believes that LIFESPAN can help him get to the next level. He has hopes and dreams just like everyone. He writes stories and hopes to be published one day. Jason also wants to have his own place and get a girlfriend.

Jason has accomplished a lot and he is very proud of himself. LIFESPAN is also very proud of Jason!

Marlissa Cunningham is a Volunteer Coordinator with LIFESPAN, Inc. For more information on LIFESPAN, go to www.lifespanservices.org.