• Mental Health
• Developmental Disabilities
• Substance Abuse

UPDATE

NORTH CAROLINA COUNCIL
COMMUNITY NEWS
January/February 2016

# Medicaid Transformation and Secretary Brajer's Remarks

DHHS Secretary Rick Brajer

The NC Department of Health and Human Services is invested in listening and engaging stakeholders in the Medicaid Transformation process. That was the main message from DHHS Secretary Rick Brajer at the NC Council's Closing Plenary session in Pinehurst on December 4th. He was very clear that he wants input on the Medicaid transformation waiver. He said there are still a lot of questions to be answered between now and June, when the new 1115 Medicaid waiver must be submitted to the federal Centers for Medicare and Medicaid (CMS). Rather than giving answers, he asked the audience to consider questions like, "How will integrated care work?" "Will LME/MCOs have responsibility for whole person care for specific populations?" "How can we encourage service linkages to long term care, hospitals, providers, etc.?" He wants stakeholder help to design "a unique system for North Carolina" for those receiving services, providing services, and all stakeholders.

The Secretary also shared with the Pinehurst audience his personal motivation for taking on the role of Secretary and the challenge of Medicaid Transformation. He told the audience that he is motivated by his Christian faith which informs his view of the world and those we serve. He also believes he is especially equipped to facilitate transformational change and has done this well in past positions.

### Stakeholder Feedback

In an October meeting with multiple stakeholder association representatives from MH/I-DD/SUD and healthcare, Secretary Brajer encouraged everyone to provide feedback both in terms of the impact on their members and the impact on the citizens of North Carolina.

In December, the NC Council provided written comments to the Secretary on top priorities for Medicaid Transformation. The highest priority identified by the NC Council membership was concern for the MH/I-DD/SUD populations who have complex needs and require both rehabilitative and habilitative services which may not be easily addressed in a medical model. These individuals tend to shift from Medicaid to State funding and back. In our letter to Brajer, the NC Council pointed out that, "LME/MCOs have a successful and important history with these consumers with the network of local services, and relationships with other human service agencies which are necessary to meet their needs." Feedback also stated that, "Behavioral health and I/DD provider agencies in many cases are different from physical healthcare providers in that many of their practitioners tend to be unlicensed and paraprofessional staff who practice in venues which are different from traditional medical settings. LME/MCOs have decades of history in partnering and managing that specialty care provider network." In addition, LME/MCOs are already capitated and achieving savings managing this population. The Council offered ongoing assistance with the development of the 1115 waiver based on lessons learned from the Medicaid 1915 (b)(c) waiver that has been successfully implemented by LME/MCOs and the provider networks.

The Coalition, a group composed of organizations representing consumers, families, advocates, providers, and professionals also offered its input. It wants to see the maintenance of a stable system which is adequately funded through the transition; and the creation of a high quality, fiscally sound system through a collaborative process that involves persons served, families, providers, LME/MCOs, state government and the General Assembly all working together. The Coalition also recommends the state use this system change opportunity to address unmet needs in a fiscally sound way using evidence-based practices.

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# New - Professional Training Discounts

NC Council is excited to provide a variety of trainings in Raleigh, Gastonia, and Clemmons for spring 2016. These trainings include Ethics, Cultural Competency, Supervision, LO-CUS/CALOCUS, Motivational Interviewing and ASAM, among many others, as well as a new series addressing issues of corporate culture in clinical businesses. February through June marks the time for many licensed professionals to renew their licenses, several professional licenses require 40 hours of continuing education every two years, and additional requirements for those with supervisory licensures.

To help meet this need in an even more cost-effective way, NC Council is offering discounts to those who attend two or more trainings between now and June 30, 2016. If you sign up for a new training (starting February 2016), you can receive $25 off an additional day of any training before June 30, 2016. To take advantage of this offer, you must call Karen Payne at 919-327-1500 and mention "SPRING TRAINING DISCOUNT." This offer is not accessible through the online registration process.

Please check our website for more information and additional details about the trainings that are scheduled for spring 2016.

If you are NOT on our current list to receive updates about our trainings or have questions about trainings, please contact Dr. Joanna Linn, LPCS, LCAS, CCS at jlinn@nc-council.org or call 919-757-5608.

*North Carolina Council of Community Programs has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6731. Programs that do not qualify for NBCC Credit are clearly identified. North Carolina Council of Community Programs is solely responsible for all aspects of the program.*

**Question: Can I get this discount if I have already signed up for a training this spring?**

**Answer: Yes, you can still get this discount, please call Karen at 919-327-1500**

**Question: What if I attended a training prior to February 2016 or sign up for a webinar?**

**Answer: Trainings attended prior to February 2016 and webinars do not apply towards this offer**

**Question: How does it work for trainings that involve multiple days?**

**Answer: You receive $25 off a new training for each day you attend. For instance, if you at-tend a two-day training, you can get $25 each off two additional one-day trainings OR $50 off another two-day or three-day training.**

**Question: If I am on staff at a member LME/MCO or a staff person at an Affiliate Member organization, can I also get the member discount in conjunction with this one?**

**Answer: Yes!**

*continued from cover...* # Medicaid Transformation and Secretary Brajer's Remarks

### Waiver Process

The next update on waiver activities from the State will be in March, as the date stipulated in the Medicaid Transformation law for representatives from DHHS is to report to the Legislative Oversight Committee on Medicaid and NC Health Choice. The report is to encompass the status of the waiver application (due June 1, 2016), waiver regions, the new Division of Health Benefits staffing, and timelines for MCO and Provider Led Entity solicitations and bids.

The Medicaid legislation also calls for the dissolution of the Division of Medical Assistance to be replaced with the Division of Health Benefits (DHB). This transition is to take place 12 months after Medicaid health managed care contracts begin or at a time earlier as determined by the Secretary of DHHS. Staff of the new DHB will not be subject to the same regulations as other state employees. The latest report on the Division of Health Benefits progress provided to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice and all the handouts provided at the January 12th meeting are available on line.

Another part of the Medicaid transformation law is the creation of an NC Innovations Center by DHHS. In May, the Department is expected to have a plan for an Innovations Center within the Division of Health Benefits that will assist Medicaid and NC Health Choice providers to achieve their goals of better care and lower costs for NC. The Innovations Center is based on the program developed by Oregon's Health Authority. The purpose of the Center is to provide learning collaboratives, peer to peer networks, and technical assistance that will provide training for providers to improve the care of NC's citizens.

### LME/MCO Mergers

Further mergers of LME/MCOs will be better known later this year. Secretary Brajer has put a temporary stop to current merger activities until he has had the opportunity to work with stakeholders to determine what the larger Medicaid system is going to look like. He has stated publically that he expects to provide details on future LME/MCO mergers between March and June of this year.

To date, the boards of CenterPoint Human Services and Cardinal Innovations have approved a merger, and Nash County has also made a request to merge with Cardinal. A law passed several years ago requires any mergers to be approved by the Secretary of DHHS.

### Joint Legislative Oversight Committee on Medicaid and NC Health Choice

March 1, 2016
1:00 p.m.
Legislative Office Building, room 643
Audio, click on room 643

### Joint Legislative Oversight Committee on Health & Human Services Meeting

March 8, 2016
8:30 a.m.
Legislative Office Building, room 643
Audio: click on room 643

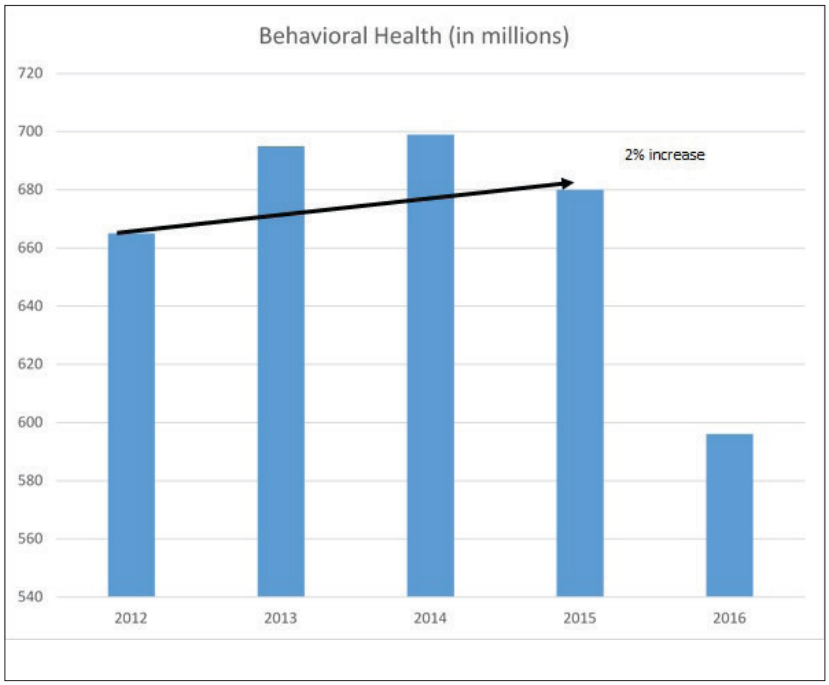
# LME/MCOs Successfully Manage Medicaid Another Year

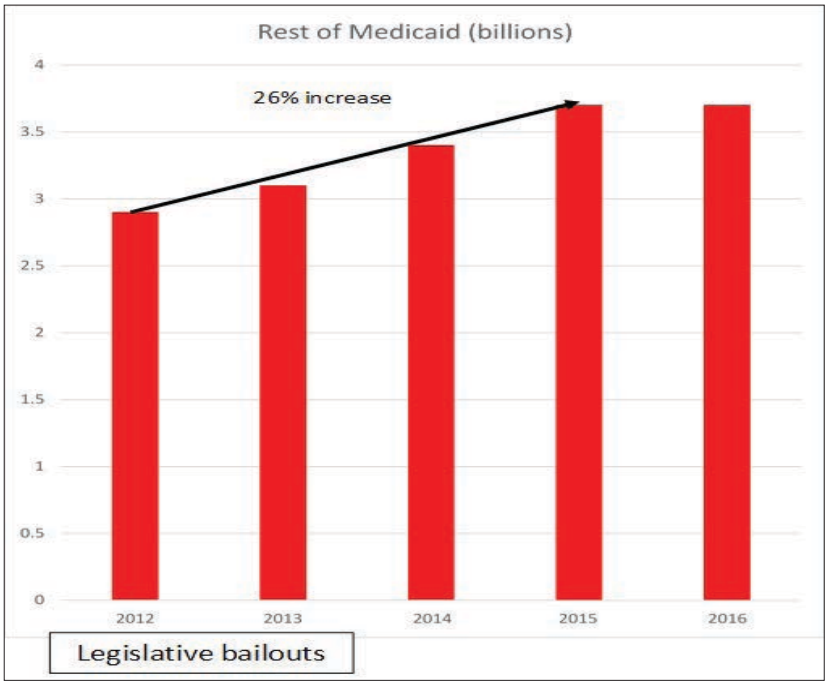
**LME/MCOs have out-performed the rest of Medicaid for another year. Despite being the largest part of the Medicaid budget; (24%), LME/MCOs have managed to stay within their budget projections, while the rest of Medicaid saw a 26% rise in costs.** In addition, the behavioral health and I-DD budget has shrunk while the rest of Medicaid has increased. This was the report to the Joint Legislative Oversight Committee on Medicaid and Health Choice at their meeting in January from Medicaid budget staff.

According to the state comptroller's monthly General Fund Financial Reports, LME/MCO budgets have also demonstrated Medicaid budget predictability every month since 2012, something legislators are seeking with the Medicaid Transformation, is already happening in the MH/I-DD/SUD system.

### Reinvesting Savings

Another benefit to a publically managed system is that Medicaid savings are reinvested back into services by LME/MCOs to improve the lives of North Carolina's most vulnerable citizens. See article on page 7.



# Task Force Gives Governor MH/SUD System Change Recommendations

The Governor now has input from the Task Force on Mental Health and Substance Use, the group he appointed last fall. Recommendations from the three work groups (Adults; Children, Youth and Families; and Opioid Abuse and Heroin Resurgence and Special topics) were announced at the January 19th meeting. The groups have identified a host of issues and statewide changes for each of their topic areas. The full reports with detailed recommendations can be found on the NC Council's website.

### Adults, Children, Youth and Families

Addressing the needs of the most vulnerable youth across the state was the task of this work group. Recommendations include increasing access, developing new services/professionals, and improving care coordination. A recommendation for the Juvenile Justice system is to make clinical case consultations and mental health liaison assistance available for Juvenile Court Counselors to assist them with service planning, resource identification, case management, and navigating the mental health system. Included in the recommendation for increasing access to care is a mandate for LME/MCOs to develop a work plan to assist schools to connect with providers, especially during a crisis. Another recommendation for NC is increasing the Juvenile Justice Jurisdiction age from 16 years to 18, thus allowing for improved access to mental health care through age 18 for troubled youth. The creation of a Trauma Advisory Council to bring together cross agency staff and trauma experts is also recommended. Stepping up System of Care and Care Coordination through improved data mining and technology was also addressed in the recommendations.

### Work Group on Adults

Adults with MH/SUD needs face a host of challenges, two important ones are housing and employment. The Work Group recognized these challenges and recommends the development of therapeutic housing and expansion of work opportunities by adopting a "place and train" model. They also want to bring back professional Case Management with a new service definition, incentivize the expansion ACTT teams, and increase the role of Peer Supports in our system. Further steps to integrate behavioral and health care are also recommended with the establishment of "health homes" for individuals with complex needs. The diversion of individuals from the criminal justice system to treatment is also recommended whenever possible.

### Opioid Abuse and Heroin Resurgence

Some startling statistics are offered as part of the Opioid Abuse Work Group's report:

- there are 97 painkiller prescriptions per 100 North Carolinians
- the number of drug overdoses was 1.5 times that of individuals killed in car accidents
- LME/MCOs report a doubling in the number of individuals receiving heroin treatment between 1997 and 2013.

The group recommends increasing the awareness of dangers of prescription opioid abuse and misuse to the public, prescribers and law enforcement. Increasing awareness of Medication Assisted Therapy (M.A.T) and the development of a state plan on the impact of the misuse of prescription drugs with solutions to address the problem directed at legislators was also recommended.

# North Carolina Planning for Certified Community Behavioral Health Clinics

Last year, NC was one of 23 states that received a $1 million planning grant from the Centers for Medicare and Medicaid Services (CMS) to work on developing Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs have been likened to Federally Qualified Community Health Centers (FQCHCs). The purpose of the grant is to develop a plan for a demonstration program in North Carolina implementing two CCBHCs programs that would be paid using a Prospective Payment System. The concept of CCBHCs was established under the Excellence in Mental Health Act.

CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services, particularly to vulnerable individuals with the most complex needs, including healthcare. They also coordinate care with other community-based providers and social service agencies. Care can also be contracted out to Designated Collaborating Organizations (DCOs).

A CCBHC is a provider that meets six categories of criteria that are defined by the Substance Abuse and Mental Health Services Administration (SAMHSA): 1) staffing, 2) availability and accessibility of services, 3) care coordination, 4) scope of services, 5) quality and other reporting, and 6) organizational authority. More information about these six requirements is available on SAMHSA's website. Oversight of CCBHCs will be conducted by LME/MCOs during the two-year demonstration period. Specifics regarding how CCBHCs will function in NC under Medicaid reform is still to be determined.

CCBHCs will provide comprehensive services including:

1. crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services and crisis stabilization
2. screening, assessment and diagnosis, including risk assessment
3. patient-centered treatment planning, including risk assessment and crisis planning
4. outpatient mental health and substance use services
5. outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. targeted case management
7. psychiatric rehabilitation services
8. peer support and counselor services and family supports
9. Intensive, community-based mental health care for members of the armed forces and veterans.

The planning for the CCBHCs in NC is being done jointly with the Division of MH/DD/SAS and the Division of Medical Assistance (DMA). A Steering Committee and four Planning Groups are representing 38 organizations meeting to develop the plan. The Planning Groups include: a Statewide Coordination Planning Group, Data Collection & Reporting, Prospective Payment System, and the Certification Planning Group. LME/MCOs are represented on the Steering Committee and all planning groups along with consumers, providers, university, advocacy and professional organizations. Federal rules require that both the Steering Committee and Governance Board be made up of at least 51% consumers and or family member representation.

The Certification Planning Group will be developing a letter of interest and a readiness assessment for those interested in becoming CCBHCs. The plan is to have one CCBHC in a rural area and one in an urban setting. Letters of interest to providers will be distributed through LME/MCOs and will be made available on the CCBHC website. CCBHC submissions from providers are to be completed by mid-March. Division of MH/DD/SAS Director Courtney Cantrell, Ph.D. will be making visits to LME/MCOs and providers during the month of February to offer more detailed information to interested providers.

Right now NC is considering two types of prospective payment systems for CCBHCs: one that provides for a daily reimbursement rate with optional bonus payments for meeting certain quality metrics and the other a monthly rate with required bonus payments.

NC is required to submit its implementation plan to CMS in October, 2016, with decisions being made before the end of the year. States will be expected to implement of the state plan beginning in January, 2017. If North Carolina is awarded the two-year demonstration grant, the demonstration program will launch between January 1st and July 1st, 2017, at which time all CCBHCs in the state will begin providing CCBHC services under a prospective payment system. The state's demonstration program will end two years after the launch date.

# LME/MCOs Investing in Our People

In North Carolina, all communities face different MH/I-DD/SUD needs and challenges. The public Local Management Entities/Managed Care Organizations (LME/MCOs) are responsible for assessing their communities needs each year. Because LME/MCOs are public and local, the process of identifying service gaps and needs is not done in isolation, but with those impacted by the care, their family members, providers and other community partners. Once identified, this is where public management pays off for North Carolina's citizens, the LME/MCO's invest their Medicaid management savings back into the community – not into profits. A yearly Gaps and Needs analysis is done each year, but up until recently, many identified needs have gone unaddressed due to lack of funding under a fee for service system, but because of effective management of Medicaid by all LME/MCOs, there are now funds to address their community's priorities. Below are examples of LME/MCOs priority projects and activities.

### Alliance Behavioral Healthcare – Multiple Initiatives Target Community Needs

In the past year and a half, Alliance has made significant progress on numerous initiatives that target identified service gaps and community needs. Steps to address crisis services gaps have been strong and have included the addition of facility-based crisis beds and rapid response crisis capacity for children in Wake County and expansion of crisis capacity including 23-hour observation in Cumberland County. Additional services have been added to assist with community transition from hospitals and jails, including Transitional Living beds and forensic post-release services in Wake County and expansion of Open Access/Same Day appointments in all counties and expansion of psychiatric services in Cumberland County.

Service capacity has been expanded in several areas, including Assertive Community Treatment teams in Cumberland and Johnston counties and the addition of Peer Support providers in all counties. Alliance has also taken actions to increase capacity to serve Spanish-speaking consumers and have opened the network to practitioners who are able to provide bilingual/bicultural care.

For the upcoming year, Alliance will be focusing on newly identified priorities such as: expanding services to meet geographic access and choice standards; developing a more uniform benefits package; expanding capacity for crisis, hospital diversion and respite services for all ages/disabilities; increasing the breadth, access and quality of residential treatment; and services for dually-diagnosed (IDD/MI) consumers. Other priority areas will be increasing services to the TBI population, expanding integrated care; and transportation resources. These priorities will serve as the foundation for 2015-16 network development activities and further discussions with consumers, stakeholders and providers on strategies for improving access, quality and outcomes of care. For more details on these plans go to the Alliance website.

### CenterPoint Human Service Priorities – Education, Crisis and Evidence Based Practices

The CenterPoint Human Services' 2015 Needs Assessment collected input from the Consumer and Family Advisory Committee (CFAC), provider focus groups and survey data from clients, family members, providers and stakeholders. Additionally, CenterPoint evaluated information from the NC Division of MH/DD/SAS, the U.S. Census Bureau, Medicaid, State and other funded paid claims.

CenterPoint identified a number of high priority areas of focus. Among those priorities were:

- Behavioral Health Urgent Care and Facility-Based Crisis Centers with co-located medical and recovery-focused services
- Increased client/community education regarding access to available services and supports
- Promoting Evidence Based Practices

During FY15, CenterPoint initiated plans for the Highland Avenue Center in Winston-Salem. Site preparation is already underway for the new facility, which will house the Forsyth Wellness Center in addition to a behavioral health urgent care, 16 crisis beds and an on-site medical clinic. CenterPoint operates community Wellness Centers in Stokes, Davie and Rockingham Counties. Each center offers activities and resources to meet the unique needs of the communities in which they are located. Recovery-focused programming addresses the eight components of whole person wellness: emotional, physical, social, intellectual, occupational, spiritual, financial and environmental.

To educate clients and community on access to services, CenterPoint launched an aggressive, multimedia public awareness campaign. The "What's Stopping You?" series of eight 30-second television spots and 2-minute web videos explored common cultural, social and economic barriers that prevent individuals from seeking help for behavioral health issues. The videos were supported by posters, billboards, bumper stickers and magnets. All materials promoted calling the 24/7 Customer Services call center to access services and information about community resources. CenterPoint continues to share the campaign through its website and social media.

CenterPoint, in partnership with network providers, has developed three Learning Collaboratives to promote availability of high quality Evidence Based Practices (EBPs) throughout the service network. Learning Collaboratives bring agency practitioners and CenterPoint staff together to problem-solve barriers and challenges and assure fidelity to the evidence-based models and service definitions. CenterPoint has three groups: 1) Assertive Community Treatment Team (ACTT) Learning Collaborative addresses areas of improvement identified through the Tool for Measuring Fidelity to ACTT (TMACT) review process for the four ACTT providers. 2) Supported Employment/Long

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## LME/MCOs Investing in Our People

Term Vocational Services (SE/LTVS) Learning Collaborative focuses on enhancing the delivery of Individual Placement and Support (IPS)-Supported Employment as a stand-alone service for those identified as meeting the criteria for the Department of Justice Transitions to Community Living settlement and the adult mental health/substance use population. Two providers deliver IPS; and 3) Intensive in Home (IIH) Learning Collaborative brings CenterPoint's nine IH providers together monthly to discuss EBPs and clinical models used to meet the clinical needs of youth and their families.

### Eastpointe – Partnering to Combat Bullying

Bullying of youth is an issue identified in Eastpointe's Gaps and Needs Assessment to be addressed in many of its communities. Eastpointe is addressing this issue in partnership with local school systems via Anti-Bullying Youth Summits, assemblies, and PowerPoint presentations for students, parents, and school administration, teachers, and staff. Eastpointe contracted with Leading to Change, a nationally awarded training agency, to work in tandem with Eastpointe to conduct the Anti-Bullying Campaign. Funding for implementation of this initiative has come from Eastpointe reserve funds, county contributions, and grant funds.

In July of 2015, Dr. Venkata Jonnalagadda, Eastpointe Medical Director, and Community Relations Specialists Melissa Reese, and Kim Hickerson presented Eastpointe's Anti-Bullying Initiative to medical student residents enrolled in the UNC Psychiatry program. They were given practical information that can be used in their private medical practice.

Thus far, Eastpointe has held summits in Edgecombe and Robeson Counties. Assemblies have been held in Nash and Scotland Counties. Bullying Awareness Sessions have been developed for the teachers and administration of Edgecombe and Scotland County schools. The campaign focus has been tailored for middle school or high school students, per the request of individual schools. The summits have allowed Eastpointe to reach over 100 students per event. Curriculum presenters were Eastpointe's Medical Director and Community Relations Specialists, and Leading to Change representatives. Also, in many locations, county dignitaries attended, and were frequently part of the program. In one instance, the County Manager shared with the students his own story of being bullied as a child. The emphasis of his presentation was how to overcome bullying.

Eastpointe is making great efforts to help the youth of our communities make a positive difference in their lives by empowering them to take a stand against bullying. Eastpointe's positive relationship with our schools is a key component to our Anti-Bullying Initiative.

### Partners Behavioral Health Management – Local Collaborations Key to Care

Partners Behavioral Health Management is committed to developing initiatives to improve lives and strengthen the communities we serve. Partners serves eight counties and each has diverse needs. By working together with local government agencies and providers, we create better ways for citizens to access and receive treatment.

Partners works with each of the eight Departments of Social Services (DSS) on the matters that are most critical for its community. For example, Cleveland County DSS and Partners are developing programs and treatment protocols that help children at risk of foster care stay out of foster care, and address the trauma that occurs when children are removed from the home.

Partners also has a Care Coordinator assigned to each of the local DSS agencies to provide care consolations to staff, quickly connect children and families to services, and follow the child's care to make sure that it is appropriate and beneficial. In most counties, the care coordinator works in the DSS office, which allows them to be available to DSS staff and understand the needs and challenges within the Child Protective Services unit.

Partners continues to strengthen community access to integrated care services through the development of Behavioral Health Urgent Care Centers and Integrated Care Centers. The centers are a partnership of behavioral health and primary care providers operating in a central location that offers a known, safe place for people to come when in need of urgent or routine care.

The Ollie Harris Behavioral Health Center in Shelby will be the newest Behavioral Health Urgent Care Center in the Partners network and is scheduled to open in summer 2016. The brand-new facility, located adjacent to the new Cleveland County Health Department and behind Cleveland County Department of Social Services, will allow people to access the full spectrum of behavioral health services in one location.

Lincoln Wellness Center opened in November 2014. The community quickly embraced the center as the "go-to" place to connect to services, especially for behavioral health crises. A survey of clients identified that over 40 percent would have went to the emergency department for their behavioral health needs if they had not learned about Lincoln Wellness Center.

Partners is also coordinating with Iredell County stakeholders and providers to develop an Integrated Care Center in Statesville by the end of 2016. Plans are to create a similar model to Burke Integrated Care, which opened in Morganton in May 2015. Since the opening of Burke Integrated Care, over 1,300 have received physical and behavioral health treatment, and over 200 individuals have made Burke Integrated Care their primary medical home.

### Sandhills – Focused on Children

An area identified by over 1,009 stakeholders for the Sandhills area was access and availability of services for children, particularly those with complex needs and multiple diagnoses. As a result, Sandhills Center has initiated three programs:

- Intensive individualized screening and planning with a residential provider to guide youth who have significant behavioral challenges, and those who need further assessment to develop appropriate treatment planning and recommendations.
- Targeted residential programs to meet the needs of children in specialized situations. Sandhills Center now has a contract with a provider to serve youth who are adjudicated and non-adjudicated for serious offenses.

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- A protocol for young people who have multiple diagnoses (I/DD and MH/SA), which provides step-by-step directives to prevent out-of-home placement and addresses crises with appropriate interventions. It also offers guidance for residential placement when necessary. This includes services such as psychotherapy, support groups, integrated care, the development of a behavioral plan and, if needed, an application to Murdoch Center -TRACK for crisis evaluation/placement. When individuals are unable to remain in their homes, the protocol lists directives for placement in therapeutic foster homes, Intermediate Care Facilities or Psychiatric Residential Treatment Facilities. A licensed care coordinator is assigned, discharge planning is discussed and the case is staffed with directors.

Sandhills has been able to implement these initiatives because of their efficient use of Medicaid service dollars. A number of other quality improvement projects are planned for future operations. All will build on the overall foundation of ensuring a strong network of providers to meet our members' unique needs.

### Smoky LME/MCO - Crisis Services Take Center Stage

Nationwide, people in a behavioral health crisis may have few options for care other than emergency departments, where treatment tends to be expensive and not tailored to mental health and addiction needs. Based on its 2015 Gaps and Needs Analysis, Smoky Mountain LME/MCO and partners are working to expand access to behavioral health urgent care and facility-based crisis centers in western North Carolina.

In Lenoir, Smoky has partnered with RHA Health Services, Caldwell County, the N.C. Housing Finance Agency and Foothills Services Inc. to establish a facility-based crisis center that will serve a three-county area. Construction costs for the facility, an addition to RHA's existing comprehensive care center, are expected to be $1.1 million. The facility's $1.8 million annual operating budget, including transportation and law enforcement presence, will be fully funded by Smoky. The 12-bed facility will serve adults closer to home while cutting costs for law enforcement transportation to distant facilities. Expanded walk-in hours and advanced medical clearance planned for neighboring McDowell County's comprehensive care center represent further investments into the crisis services continuum in Smoky's central counties.

In Buncombe County, a $2 million grant from the state's Crisis Solutions Initiative will allow Smoky and partners to launch C3@356, a regional comprehensive care center that will include 24-hour behavioral health urgent care, a facility-based crisis center, a community pharmacy, a peer living room program and a peer and family support center operated by the National Alliance on Mental Illness (NAMI). Key partners include RHA, Mission Health, Buncombe County Health and Human Services, NAMI Western Carolina and the Asheville-Buncombe Community Christian Ministry.

The center already offers outpatient and pharmacy services, with urgent care, peer living room and facility-based services beginning this spring and summer. Together with Family Preservation Services, Smoky is working to establish a 16-bed facility-based crisis center for children in Buncombe County. The facility, expected to be in operation late this summer, will be among the first in the state for children and will serve all of western North Carolina.

Additionally, Smoky and Appalachian Community Services are working to expand facility-based crisis capacity at Balsam Center in Haywood County. This includes expanding the number of beds from 12 to 16, increasing staffing and obtaining certification as an involuntary commitment drop-off site. These improvements are expected to be complete this spring.

Using Medicaid savings, Smoky has been able to set aside funds for all of these projects, based on need, and other community reinvestment initiatives in the works.

### Trillium Health Resources – Inclusive Help Where it is Needed

Trillium Health Resources has implemented two projects identified in a number of past gaps and needs analyses, but until now, funding was lacking to address them. As the result of LME/MCOs being able to reinvest their Medicaid management savings into the community, these services will become a reality. The first project are Healing Transitions facilities in Pitt and New Hanover counties. Healing Transitions will provide support in a peer-led social recovery model for anyone experiencing substance abuse. The second project is Tanglewood summer and afterschool programs. These will offer children with intellectual and developmental disabilities and their siblings the opportunity to experience activities in a truly inclusive environment. In addition, day support for adults with I-DD will also be provided including meaningful community involvement, participation in social clubs and support groups.

Trillium's 24-county catchment area contains 79,485 individuals experiencing substance abuse. At this time, there are no long-term residential treatment facilities in eastern North Carolina. Healing Transitions will be open to everyone, and provide underserved adults who live with alcohol and other drug addictions with a program to restore them to a healthy life through the following offerings: overnight emergency shelter, non-medical detoxification, and long-term; and a 12-step based residential peer-run recovery program. Trillium has been approved to begin design and construction for a facility in Pitt County, and hopes to have approval soon for another location in New Hanover County. Both are based on the model provided by Healing Transitions of Wake County.

In partnership with Easter Seals and the Autism Society, Trillium will open Tanglewood summer programs in 11 sites in July 2016. The primary goal of Tanglewood is to create cost effective, sustainable, inclusive programs that offer supports and services using a family co-op model. The family co-op design will influence parents and caregivers to participate in the programs. Parents and caregivers may volunteer their time, chaperone events, teach classes, or assist with maintenance roles.

# TBI Waiver Out for Public Comment

At the January 19th meeting of the Joint Legislative Oversight Committee for Health and Human Services, Dave Richard, Deputy Secretary for Medical Assistance stated that a new waiver for Traumatic Brain Injury (TBI) would be submitted in late February. A draft of TBI 1915 (c) Home and Community based waiver has been released and is posted for public comment until February 26, 2016. DHHS was directed to submit the TBI waiver by the General Assembly during the last legislative session.

According to Division of MH/DD/SAS Director Courtney Cantrell, Ph.D., once approved, the waiver is slated to begin as a phased program in the Alliance Behavioral Healthcare catchment area because of their strategic mix of rural and urban counties. She noted that the target population would cover two levels of care - special rehabilitative hospital care and care for those needing skilled nursing in the community. During the first year, the waiver is expected to serve about 49 individuals, increase to 99 in year two and to 107 by year three. The waiver slot cost ceiling would be approximately $135,000 per person, but average cost for care is expected to be $60,000.

There was some discussion during the meeting about whether or not the TBI waiver would be rolled into the Innovations Waiver. After discussion with stakeholders, Dave Richard reported that it was decided that TBI waiver should be a stand-alone waiver, separate from the I-DD Innovations Waiver. There were concerns that rolling TBI into Innovations might dilute the focus on care for individuals with TBI.

# Public Management: Investing in Best Practice Care for Children

The NC Council of Community Programs is delighted to be a partner in an exciting new effort to bring Child First - a nationally recognized early childhood intervention model - to North Carolina.

Trillium Health Resources is investing significant savings into Child First with the intent of replicating the model and demonstrating its effectiveness in Trillium's catchment area. The Council is serving as the State Program Office for Child First in North Carolina and works closely with the Child First National Program Office located in Connecticut.

Child First is an evidence-based, two-generation model (parent and child) that works with very vulnerable young children and families, to develop nurturing parent-child relationships. When young children grow up in environments where there is violence, neglect, mental illness, or substance abuse, the stress can be toxic to their developing brains. Child First implements a two-pronged approach to prevent this damage by partnering with families to,

- Work to connect families to needed community-based services to decrease the stress, and
- Build strong, loving parent-child relationships that protect and heal the brain from trauma and stress. Our goal is a young brain focused on learning rather than a brain focused on survival.

Child First is an intensive early childhood, home based intervention that works with the most vulnerable young children and their families. Care can begin prenatally up to 6 years of age, and multiple children can be treated as a family system. Each case is assigned to a two person Team consisting of a Licensed Clinician and a Family Resource Partner, and every Team receives intensive supervision in order to ensure fidelity to the model. Child First has been proven to be a cost effective treatment program with significant positive outcomes:

- Child First children were 68% less likely to have language problems
- Child First children were 42% less likely to have aggressive and defiant behaviors
- Child First mothers had 64% lower levels of depression and/or mental health problems
- Child First families were 39% less likely to be involved with child protective services (sustained at 33% 3 years after follow up)
- Child First families members had a 98% increase in access to community services and supports.

The Child First State Program Director, with the support of the NC Council, will facilitate stakeholder involvement and communications across the state with the goal of extending the service beyond the Trillium catchment area.

When asked about this new program, Mary Hooper, MSW, the NC Council's Executive Director said, "The NC Council is very pleased to have been invited to partner in bringing this excellent initiative to young children and their families. We applaud Trillium's foresight in recognizing both the need for and potential of Child First. In recent months, I have personally learned a great deal about this model, and I have developed much respect for the work of Dr. Darcy Lowell and her team at the Child First National Program Office. In the coming months, I anticipate sharing Trillium's data and success stories with LME/MCOs across the state and hope that they will decide to partner with us to extend Child First's reach more widely."

Hope Jones Newsome

Staffing for the Child First State Office was completed in late 2015. **The Child First State Program Director, Hope Jones Newsome, MSW**, will oversee the implementation and administration of Child First. She will also engage with and educate other counties and LME/MCOs about the Child First program to aid in its replication throughout the state. Newsome said, "It is such an honor to be a part of this groundbreaking initiative in our state. North Carolina has a rich history of providing innovative services to our children and families with high risk factors. The Child First model uniquely addresses the challenges in our early childhood population that threaten the emotional and behavioral development as well as the overall well-being of children ages 0-6. Child First simultaneously addresses the needs of caregivers who have challenges with mental health, substance use, homelessness, domestic violence, poverty and child welfare involvement."

"My top priority over the course of the next several months is to assist the Child First National Program Office, Trillium Health Resources, and affiliate agencies in the successful implementation of the Child First model in 24 identified counties in eastern North Carolina. I will also work to garner support from local communities and state level stakeholders who have a vested interest in our early childhood population with the prospect of replication in other areas of the state."

Alicia Bell

**Alicia Bell, PhD Candidate, LPC, LCASA,** has been hired as the **Regional Clinical Director for Child First National Program Office** and is responsible for overseeing the clinical operations of Child First through reflective clinical consultation, technical assistance, and training to ensure model fidelity with affiliate agencies. She will work in partnership Hope Jones Newsome to help facilitate the replication of Child First in eastern North Carolina. Bell said, "I am thrilled to have the opportunity to continue my infant mental health journey with Child First. How wonderful to see our state build on its strong mental health foundation through the implementation of this evidenced based model.
Not only will we have the opportunity to serve our youngest citizens, but we hope to be part of multigenerational change for families of North Carolina. Additionally, Child First will be strengthening our

*Continued on page 13...*

# Ken Jones Retires from Eastpointe

Ken Jones

Eastpointe Chief Executive Officer Ken Jones announced his retirement from Eastpointe effective April 1, 2016. Jones has a 27 year career of service to the people of North Carolina who experience behavioral issues and disabilities. He has served as the CEO for Eastpointe for 10 years.

Ken started with the Duplin Sampson Mental Health Center as a computer programmer to develop software for basic accounting and claims reimbursement. After 8 years, Ken became the Business Officer, managing Information Technology, Accounting and Claims Management for Eastpointe. In 2006, he was appointed as the Area Director. During his tenure he served at the state level in various positions, including as Vice President of the FARO (Finance and Reimbursement Officers) conference, Chair of the Eastern Regional Directors, and Treasurer and Board Member for the NC Council of Community Programs. He has served on various state committees and continues to serve on the NC Traumatic Brain Injury Council and the Division of Health and Human Services Waiver Advisory Committee.

When asked about Ken and his work, **Mary Hooper,MSW, the NC Council's Executive Director**, said, "Ken has been a loyal member of the Council for more years than I can count. Despite the constant demands on his time, Ken has always been willing to step in and support the Council. In recent years, he served as our Treasurer, and we valued and appreciated his assistance. On a personal note, Ken's gentle nature and sincerity are traits that I will always value and appreciate. I look forward to future collaborations with him in his new role with the TBI Association."

During Ken's tenure as Eastpointe's CEO, the organization experienced a number of major transformations. In 2008, Eastpointe moved from providing services to managing services. In 2010, Eastpointe was one of two programs in the state to contract with DHHS to test a system for Medicaid service authorizations prior to statewide implementation of the 1915 (b)(c) waiver.

Ken stated that the biggest accomplishment and most significant change came between April of 2011 and January of 2013. During this time Eastpointe became URAC accredited; applied for and was selected to operate the Medicaid 1915(b)(c) waiver; merged three entities (Eastpointe, The Beacon Center and Southeastern Regional); convened a new board of directors; opened a new corporate office; expanded operations to the Rocky Mount and Lumberton sites; increased staff from 75 to 250; added many new policies and procedures; worked closely with its IT vendor to make significant upgrades; and credentialed over 700 licensed individual and group providers. In January of 2013, Eastpointe successfully began managing Medicaid funds for 12 counties. The basic motto of Eastpointe was to ensure that people needing behavioral health services received the right service, at the right place and at the right time. When Ken started as the CEO for Eastpointe in 2006, the budget was nearly $25M. The budget increased to $318M during his tenure. Along with other MCO Waiver sites, Eastpointe has saved North Carolina taxpayers millions of dollars.

Ken stated that he is "most proud of the many staff at Eastpointe who are focused everyday on improving our internal and external systems for staff, the community, providers and our members who are served. Staff members who have worked within Eastpointe have been through major changes over a short period of time, and they have done so with grace, professionalism, and much patience. It has been a true privilege to work with this group of dedicated and professional staff along with many people around the state who care about persons struggling with the disease of substance use, a mental illness or a developmental disability."

Colleagues that have worked closely with Ken Jones recognize his contributions.

**Rob Boyette, Eastpointe Chairman, Board of Directors**, said "Ken Jones is a caring, compassionate gentleman. Those traits served him and Eastpointe very well in the behavioral health field. Ken worked his way up through the profession, never losing the ability to connect the service directly with the needs of the individual. I deeply appreciate the opportunity to work with Ken and wish him well in the future."

**J.W. Simmons, Member of the Eastpointe Board of Directors**, and former Eastpointe Board Chairman, said, "Ken Jones, CEO of Eastpointe MCO retires' is not just another headline or media sound bite. This is about a man that has devoted decades of his life to serving the needs of those often unrecognized folks with behavioral health issues. Ken has repeatedly demonstrated integrity, compassion, determination, and clarity to the Board of Eastpointe MCO. From local mental health care to a twelve county managed care organization, Ken keeps the needs of those we serve first and foremost in our mission and delivery of service. Ken has demonstrated what it means to be a true leader in the dynamic and ever changing world of behavioral health. His ability to manage during extreme turbulence, bring people together, and remain humble, are traits of a champion that will be missed and never forgotten. I have indeed been fortunate and privileged to work with Ken Jones, truly a creative and innovative leader.

**Karen Salacki, Eastpointe Chief of External Operations,** said, "Ken has dedicated many years of service to assist the citizens of Eastern North Carolina with access to quality mental health, substance use and intellectual/developmental disabilities services. During his years of service he has been involved in the transformation of the service delivery system from the local Area Program that delivered services to the creation of the regional Managed Care Organizations that manage care provided by private providers. He will be missed and we wish him well in his future endeavors."

Ken will be entering the non-profit sector on April 1, 2016 to become the CEO for the Brain Injury Association of North Carolina.

# Sarah Stroud Named New CEO of Eastpointe

Sarah Stroud

Sarah N. Stroud, Executive Vice President and Chief Financial Officer has been appointed the CEO of Eastpointe, effective immediately. This occurred just after the news of Ken Jones' retirement in April. The Board voted to appoint Stroud who brings more than 20 years of executive experience in financial, clinical, operational and network management roles with LME/MCOs across the state.

Prior to entering the behavioral health care industry, she spent fifteen years in management with organizations such as Duke Energy and Lowe's Companies, Inc.. Eastpointe Area Board Chair Rob Boyette, said, "Her deep knowledge of all aspects of the business and the industry, as well as her proven track record and commitment to Eastpointe's growth and delivering on its important mission makes her the ideal person to take on this important role."

Stroud said, "I'm honored to assume the role of CEO of Eastpointe, especially at a time when Eastpointe is as strong an organization as it has ever been. I intend to build on the organization's strength that Ken and our leadership team have worked hard to establish. I look forward to working with our dedicated staff and the counties we serve to continue to focus on innovative solutions to provide our members with the best care possible."

In her new role as CEO, Sarah will assume strategic leadership of the organization, responsible for setting the strategy and vision for Eastpointe. Jones will serve as Senior Advisor to the Eastpointe Area Board and Stroud through April 1 to ensure a seamless transition and leadership continuity.

*continued from page 11...* **Public Management: Investing in Best Practice Care for Children**

workforce, providing infant mental health clinicians with intensive training and the support of reflective consultation."

"Over the course of the next six months, my focus will be on supporting Clinicians and Family Resource Partners at affiliate sites across eastern North Carolina. Furthermore, I hope to educate communities about the Child First model and the importance of infant mental health in their area."

Trillium Health Resources is the first LME/MCO to replicate the Child First model in the state of North Carolina. Trillium Health Resources began its journey in providing evidence-based, trauma focused therapy to young children with its implementation of the Child-Parent Psychotherapy over a year ago. The NC Child Treatment Program and Trillium Health Resources partnered to bring Child-Parent Psychotherapy into their catchment area. Child-Parent Psychotherapy is an intervention for children from birth through age 6 who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavioral, attachment, and/or mental health problems, including post-traumatic stress disorder (PTSD). Three agencies in the Trillium Health Resources Network have committed to maintaining 38 specially-trained, licensed therapists for this program. These agencies are: Easter Seals UCP, Kids First and The Power of U. NC Child Treatment Program has played a pivotal role in preparing and training therapists in providing this valuable service.

As clinical expertise in Child-Parent Psychotherapy has developed, Trillium Health Resources sought to further strengthen service delivery to young children, thus leading to their contract with the Child First National Program Office in December 2015. Work is underway to train affiliate agencies in the Child First model. It is anticipated that Child First services will be offered to children and families in early Spring 2016.

# Understanding New Federal Medicaid Managed Care Rules

by Tara Larson and Melanie Bush

On May 26, 2015, the Centers for Medicare and Medicaid Services (CMS) released new proposed rules regulating Medicaid managed care. It is the first time the federal government has updated the regulations since 2002. Since then, Medicaid managed care has grown exponentially, providing care to 80 percent of Medicaid beneficiaries nationwide in 2015. At the same time the Affordable Care Act (ACA) created an entirely new subsidized market on Federally Facilitated Marketplaces (FFMs). The ACA placed a growing emphasis on clinical and financial integration of health care and health care financing across all payers in order to improve quality and efficiency to achieve the Triple Aim of providing better care at a lower cost for better health outcomes. The proposed rules attempt to create a framework for how to organize and deliver health care, as well as how Medicaid coverage should integrate across markets and with qualified health plans sold in the FFMs.

Public comment for the rules closed on July 27, 2015. Since these rules are quite extensive in nature, the Federal government likely received a significant number of comments. The rules have cleared the review by the Office of Budget Management. The general consensus is that the rules will get implemented with "tweaking", and the final rules are projected to be released in the Spring/Summer of 2016.

The more than 650 pages of rules are quite extensive, but major categories include: Market alignment with Medicare and private payers; Cross market advertising; Grievances and appeals; Medical loss ratios; Standard contract provisions; Actuarially sound capitation rates; Beneficiary protections; Availability of services, assurances of capacity, network adequacy standards; and Quality of care.

Although the LME/MCOs and ultimately providers will be held accountable to all the regulations, the following are of particularly interest in the current North Carolina environment.

### Medical Loss Ratio

The proposed rules outline a requirement for nationally uniform 85 percent medical loss ratio (MLR) - the percent of premium an insurer spends on claims and expenses that improve health care quality versus administration or other costs – using a standardized calculation methodology and allowing for "credibility adjustments" that take into account random events skewing loss ratios. States would continue to be allowed to set higher MLRs, and some are pushing for changes that would allow for inclusion of "in lieu of" services and other nontraditional services that improve health quality to be included in the calculation. The proposed rule follows actuarially sound capitation rate standards adopted by the National Association of Insurance Commissioners.

### IMD Mitigation

Since the enactment of Medicaid, states have been unable to receive federal matching funds for adults aged 18-64 who receive treatment at an institution of mental disease (IMD). The proposed rule partially mitigates the exclusion, distinguishing between short-term treatment and residential care, permitting states to include short-term stays in their capitation payments. Stays would be limited to fewer than 15 days in any month, with flexibility to create longer stays by aligning stays over two consecutive months (14 days in one month and 14 in the next).

### Long Term Services and Supports (LTSS)

The proposed rules also officially define LTSS for Medicaid managed care as:

"Services and supports provided to beneficiaries of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice, which may include the individual's home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting."

It standardizes the definition across plans and states and expands what is considered an LTSS service for many states. The proposed rule also codifies existing 2013 guidance on LTSS managed care allowed under 1915 (b) waivers, including guidance on: Adequate Planning; Stakeholder Engagement; Enhanced Provision of Home and Community Based Services; Alignment of Payment Structures and Goals; Support for Beneficiaries; Person-centered Processes; Comprehensive, Integrated Service Package; Qualified Providers; Participant Protections; and Quality.

### Network Adequacy

Under the proposed rules, states are required to set their own network adequacy standards using data on anticipated enrollment, expected service utilization, population health needs, the number and types of providers needed to deliver contractual services, the number of network providers not accepting new patients, and geographic accessibility of providers to enrollees. Network adequacy requirements ensure that access to care is reasonable based on time and distance standards and guaranteed by provider networks as well as measuring whether access to care is timely and whether managed care plans are compliant with required standards.

### Impact on North Carolina

These rules will directly apply to the LME/MCOs upon finalization, although there has been request by State Medicaid agencies that CMS allow for a period for transition for existing managed care plans to become into compliance. All new waivers will have to be in compliance at the time of implementation. This means that the commercial plans (CPs) and provider-led entities (PLEs) created under the new Medicaid reform legislation will have to be in compliance with these rules, as they are likely to be finalized and in effect by the time the 1115 waiver is approved.

Many of the areas addressed in the rules, should be familiar with the LME/MCOs and behavioral health providers. NC has many of the proposed rules in effect to some degree. However, like other states operating managed care such as the 1915b/c waiver, there will be required changes with timelines, adherence to outlined methodologies and the publishing and local rule promulgating to address areas that are required but are set at the State's discretion, such as network adequacy.

*Tara Larson is the Senior Healthcare Policy Specialist with Cansler Collaborative Resources, Inc. and Melanie Bush, Health and Human Services Specialist with Cansler Collaborative Resources, Inc.*

# Excellence Awards Highlight Community Partnerships

A hallmark of the public managed care system is the collaboration and partnership that happens at the local level among LME/MCOs, providers and other community stakeholders to offer innovative care and support in the community. The NC Council's 2015 Programs of Excellence Awards offer some of the best examples of these activities in NC's communities.

Photo (L-R): Khalil Nassar, PQA; Mike Shoupe, Burke Integrated Health; Julie Walker, The Cognitive Connection; Julie Causby, CCNC/ Access Care; Rhett Melton, CEO Partners; John Waters, Catawba Valley Behavioral Health; Melaina Rhoney, A Caring Alternative; Scott Gallagher, Burke Primary Care.

## Excellence in Care Integration - Partners Behavioral Health Management – Burke Integrated Health

In 2014, Partners Behavioral Health Management hosted a series of community meetings throughout its eight county area to discuss how to better serve individuals seeking care and how to make healthcare and behavioral healthcare accessible and seamless for the community. The result was the 2015 creation of Burke Integrated Health, a program designed to provide whole person care in Burke County and same day access to services and supports. In addition to behavioral healthcare, other community stakeholders such as local hospitals and the Department of Social Services often refer individuals to the center to initiate care. Accessibility is key, therefore the program is located on the public transportation route.

## Excellence in Best Practice Services Trillium Health Resources – PORT Human Services

PHOTO (L to R): Jennifer Hardee, Monique Hroncich, Ashley Buckhouf and Cynthia Lassiter all with PORT Human Services.

Recognizing a rich 28 year history for adolescent substance abuse services, Trillium Health Resources invests heavily in PORT Human Services (with 26 locations in the catchment area). Youth served by PORT often have the complication of not just substance use problem, but also have a mental health diagnosis. In 2009, PORT implemented the Seven Challenges evidence based program and since then, PORT has consistently achieved the highest rating for compliance with the best practice model. The program is designed to address the behavioral, emotional, environmental, academic, vocational and spiritual needs of the adolescent. Outcomes could not be better, they show that 100% of youth that complete the programs have continued involvement in outpatient treatment after they are discharged and continue to purse educational goals and report no further use of drugs or alcohol after graduation.

## Partnership to Improve Services – Smoky Mountain LME/MCO - Mountain Area AHEC

PHOTO: Smoky Mountain LME/MCO CEO Brian Ingraham and Elizabeth Flemming, MAHEC's continuing education planner

Smoky Mountain LME/ MCO and the Mountain Area Health Education Center have partnered together in the Western Region to support the advancement of care. From health clinics that provide integrated care to housing a subspecialty psychiatry programs for individuals with I-DD, to development of a regional workforce program to grow whole-person care, to programs providing healthcare to the most vulnerable, uninsured and homeless individuals in Buncombe County, MAHEC and Smoky strives to meet the needs of their community in many innovative and person centered ways. MAHEC is partnering with Smoky Mountain LME/ MCO and Mission Hospital on Project 1300 to provide person-centered, high quality healthcare to individuals at highest risk and in need due to complex physical, emotional and social conditions. A two part program, Project 1300 offers a teaching Free Clinic that provides healthcare for patients who are homeless or without resources and who have complex conditions and have difficulty getting the care they need. The second program is Buncombe county Medical Home which provides transitional outpatient healthcare for patients from Buncombe County who are uninsured and referred to Mission Hospital's inpatient care or ER. Outpatient care is provided for up to 60 days after a hospital discharge or ED visit at no charge to the patient.

## Programs of Excellence Sponsors

**Alexander Youth Network**
**AlphaCM, Inc.**
**Brynn Marr Hospital**
**Community Choices, Inc.**
**DDR, Inc.**
**Frye Regional Medical Center**
**GHA Autism Supports**
**Holly Hill Hospital**
**HomeCare Management Corporation**
**Ingenuity Health**
**LIFESPAN**
**Monarch**
**Nazareth Children's Home**
**Netsmart**
**Old Vineyard Behavioral Services**
**Perkins+Will**
**ResCare**
**Southern Pharmacy Services**
**The Echo Group**
**Therap Services, LLC**
**Universal Mental Health Services**

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## Crisis Response - Partners Behavioral Health Management – Lincoln Wellness Center Behavioral Health Urgent Care Center

PHOTO (L-R): Boyce Smith, Phoenix Counseling Center; Kimberly Green, Lincoln EMS; Karen Creech, Partners; Lt. Dwite Shehan, Lincolnton Police Department; Rhett Melton, CEO, Partners.

Partners Behavioral Health Management actively involves their local communities in focused collaborative meetings. Through these meetings, it was determined that there was frustration with the traditional crisis response and a true need for a local evaluation and treatment center. To resolve this issue, Partners worked with four behavioral health providers to create the Lincoln Wellness Center. Partners offered their former mental health center at a reduced lease to serve as the facility site. The Lincoln Wellness Center (LWC) allows police, EMS and others a safe alternative to hospital ER rooms for individuals experiencing a behavioral or substance abuse crisis. Lincoln Wellness uses an Open Access Model for walk in's and crisis, but also offers scheduled appointments through the Partners 24/7/365, 1-800 access line. In addition, Partners has conducted Crisis Intervention Training for police officers, EMS and 911 workers to help them better respond to individuals experiencing a MH/SA crisis and give them information about the LWC as an alternative to the use of the ER. Partners has experienced a steady drop off in ER visits for behavioral health crisis, thus providing both the individual and officers a better alternative for care that saves time and money.

## Prevention, Outreach and Wellness – Eastpointe – Kinston Teens Youth Summit

PHOTO: Left to right: Ken Jones, Eastpointe CEO, Chris Suggs, Kinston Teens, Dr. Venkata Jonnalagadda, FAPA, Eastpointe Medical Director

Eastpointe has been an active partner with the Kinston Teens program. Kinston Teens was founded by 14 year old Chris Suggs, a student at Kinston High School. Kinston Teens has 70 active youth who participate and meet on a regular basis to make a positive impact on their local community. Suggs is an inspiration to his fellow students and his community, born with a congenital heart defect, he has had to endure multiple open heart surgeries, but despite this, he commits himself and his energy to making life better for others. Kinston Teens brings local youth together to work on positive projects, one was in response to local gang violence, the group raised funds to send their leaders to New York City to receive special training to combat gang violence and influence among youth. This summer they sponsored a day long Kinston Teens Youth Summit which offered workshops and presenters focused on combating bullying and the impact on adolescent mental health.

## Consumer Directed Supports – Trillium Health Resources - Martin Enterprises

PHOTO: Johnathan Ellis, Trillium Board Member, Susan Daugherty, Martin Enterprises and Leza Wainwright, CEO Trillium

Trillium Health Resources supports innovative, effective community services within their 24 county area. Martin Enterprises is a recognized program that provides Adult Developmental Vocational Programs, Group Homes, Vocational Services, Psychosocial Rehabilitation and other innovative services to the community. They work to provide opportunities, training and support to individuals striving to be as independent as possible at home, work and within the community. Individuals who attend Martin Enterprises are taught the skills to live independently by building on their self-help skills, community living, academics, personal and social adjustment, and work. Occupational choices for those at Martin Enterprises are diverse, from food operations to creativity, individuals can participate in: operating an eatery within a local hospital, assembling kayaks, packaging products for outside companies, a full service promotional products/ embroidery/silk screening company and utilizing recycled materials to create one of a kind items sold in the community.

## Public Awareness and Advocacy – Alliance Behavioral Healthcare - It's Time to Re-think Campaign

PHOTO: Doug Wright, Director of Consumer Affairs, Alliance, Dan Shaw, CFAC Member, Alliance, Matthew Schwab, Spokesperson, and Doug Fuller, Director of Communications for Alliance

Alliance Behavioral Healthcare launched the "It's Time to Re-Think" campaign in 2015. The vision and intent of this stigma reduction campaign was to address societal misperceptions and prejudices across disability areas. The issues highlighted were led by and decided by the people Alliance serves, their families and advocates. How people living with behavioral health issues are perceived and treated was the crux of the campaign. Actual consumers and family members delivering the message was a powerful component that brought to life the struggles of recovery and acceptance. The campaign consisted of a multi-pronged approach that included: a series of television commercials reaching almost 600,000 homes across the Alliance region; video messaging appearing before 54 multiplex theaters across Durham, Raleigh, Cary and Fayetteville area; as well as 1200 posters and 30,000 pieces of print materials strategically distributed across the region. The campaign's message videos can be found on the Alliance website www.alliancebhc.org along with a toolbox of resources for providers and stakeholders to use in sharing the campaign's message.

# Combating the Leading Drug Epidemic with Regional Opioid Summit

The popularity and prevalence of opioid use, particularly prescription painkillers, has led to the largest drug epidemic plaguing our country. According to the Centers for Disease Control and Prevention (CDC), 16,000 people a year, or 44 people a day, die from prescription opioids. From drug companies to prescribers to addiction enablers, it is essential to find solutions and opportunities for recovery, and that starts with those of us on the front lines.

On March 11, 2016, Partners Behavioral Health Management and the NC Council of Community Programs are bringing together medical and behavioral health professionals, prevention experts and other key stakeholders (state and local leaders, law enforcement, first responders, legislators, and emergency management personnel) to explore the opioid epidemic and discuss ways to better combat its effect.

The Opioid Summit will be held at the Statesville Civic Center from 8 a.m. - 4:30 p.m. This free summit, hosted by Partners Training Academy, will focus 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.

The keynote speaker is Dr. A. Thomas McLellan, founder and chairman of the Board of Directors at the Treatment Research Institute. Dr. McLellan was the principal developer of the Addiction Severity Index (ASI) and the Treatment Services Review, two widely used substance abuse instruments.

This event will be limited to the first 350 registrants and lunch is provided. Partners Behavioral Health Management and the NC Council of Community Programs are co-sponsors of this program. This co-sponsorship and continuing education credits have been approved by NBCC. *NC Council of Community Programs is an NBCC Approved Continuing Education provider. The ACEP is solely responsible for this program, including the awarding of NBCC credit. Applications for credit from NBSAPPB, and CMEs have also been submitted for this event.*

For more information and to register, please visit www.partnersbhm.org or http://www.nc-council.org/opioid-summit/

### Agenda for Opioid Summit
### March 11, 2016
### Statesville Civic Center


| | |
|---|---|
| 7:45-8:30 | Registration |
| 8:30-8:55 | Welcome, introductions, announcements for the day.<br>Prevention Overview - Sarah Potter |
| 9:00-10:15 | Motivational Interviewing for Healthcare Professionals - David R. Swann, MA, LCAS, CCS, LPC, NCC |
| 9:00-10:15 | Suboxone: Who, What, When, Where and Why - Dr. Bobby Kearney |
| 9:00-10:15 | Pitfalls of Using Opioids for the Treatment of Chronic Pain - Dr. Mel Pohl |
| 9:00-10:15 | Law Enforcement Innovations - Donnie Varnell |
| 9:00-10:15 | Non-Narcotic Interventions for Pain Management - Dr. Kashyap Patel |
| 10:15-10:30 | Break |
| 10:30-11:45 | Suboxone: Who, What, When, Where and Why - Dr. Bobby Kearney |
| 10:30-11:45 | NC Good Samaritan Law Overview - Hyun Namkoong, MGH, MPH |
| 10:30-11:45 | Partnership for Success Grant- Panel Discussion Facilitated by Maceo Mayo |
| 10:30-11:45 | Pregnant Women with Opioid Addiction - Gaston STAR Program |
| 11:45-12:15 | Lunch is served |
| 12:15-1:30 | Keynote Address: Why Integrate Addiction Care into Mainstream Medicine? - A. Thomas McLellan, PhD |
| 1:30-1:45 | Break |
| 1:45-3:00 | Pain & Addiction, Challenges and Controversies - Dr. Mel Pohl |
| 1:45-3:00 | Expanding Naloxone Access in NC - Hyun Namkoong, MGH, MPH |
| 1:45-3:00 | Partnership for Success Grant - Discussion Facilitated by Maceo Mayo |
| 1:45-3:00 | The Continuum of Care - Panel Discussion Facilitated by Lynne Grey, MA LPC LCAS CSI |
| 1:45-3:00 | Integrated Care/Evidence-Based Screening Tools for Rapid Identification of Substance Use Disorders and Mental Health Disorders - David R. Swann, MA, LCAS, CCS, LPC, NCC |
| 3:00-3:15 | Break |
| 3:15-4:30 | Voices of Recovery (3 individuals in Recovery from Opioids) |
| 4:30 | Adjourn |

# Training for Cultural Aspects of Behavioral Healthcare Agencies

Starting last year, the NC Council began offering a unique training to address the current issues and evolution of cultural competency in behavioral healthcare. Joanna Linn, Ph.D. LPCS, LCAS, CCS, at the NC Council of Community Programs and Michelle Edelen, MBA, at the Division of MH/DD/SAS realized they had a common interest to highlight the "elephants in the room." They created a new type of cultural competency training from their own diverse backgrounds, but with their shared belief and passion for change and reducing discrimination in the workplace; in particular, the more subtle types of issues that often go undiscussed. Specific to behavioral healthcare, they designed this to address ethical implications for a trained workforce where recognizing and dealing with these issues are essential for progress and growth.

Towards this goal, Dr. Linn and Ms. Edelen created an innovative, highly-interactive one-day training that encourages participants to discuss the real issues that affect lives and the healthcare workplace through activities that allows each person and group to delve into the tougher areas of what we need to discuss in authentic and positive ways. This approach makes the training a unique experience at each event, as each participant's voice and interest shape the day and conversations, along with relevant ethical codes and information from DSM-5. They have presented this training multiple times in Gastonia and Raleigh and are scheduled to conduct a series of four trainings for Cardinal Innovations Healthcare Solutions staff in Kannapolis and Chapel Hill in March and April 2016.

This training will also be offered on April 7 in Raleigh, open to anyone, and will offer 5 NBCC Approved Credit hours. It is limited to the first 20 registrants.

Dr. Linn and Ms. Edelen will also be presenting a modified version of this training, "The New Frontier of Corporate Cultures and Clinical Professionals," on March 15 in Clemmons, NC from 9:30 am-2:30 p.m.. This will be part of a larger series on "Being the New Innovative Workplace" designed for Clinical Agencies. This series will extend into April and feature several outstanding expert trainers and topics, and an open discussion-style format to learn from the latest research in businesses to provide any businesses within the MH/I-DD/SUD spectrum with the tools and ideas to create positive cultures for innovation and change.

Some previous comments from participants:

*"Very good. Challenging especially for supervisors and new board directors"*

*"WONDERFUL TRAINING ….good information and lots of time for questions and group work"*

*"I really like the way the material was delivered. The speakers understood the subject and made the training fun."*

*"Very helpful and supportive for client engagement"*

For more information or to register for either of these events, go to the NC Council of Community Programs website at www.nc-council.org/available-trainings/

# Consumer Caucus Offers System Recommendation

For over ten years individuals served in our system and their family members that attend the NC Council's Pinehurst Conference are invited to hold a caucus to discuss important issues of the day and make recommendations on system improvements for the coming year. This year, the group met and discussed system finance, Medicaid transformation, and much more. The meeting was facilitated by Kurtis Taylor, Chair of the NC State CFAC. The group's recommendations included the following in order of importance:

- **The consumers of North Carolina urge the legislature to repeal the proposed $153 million cut to LME/MCO funding in the second year of the budget.** The proposed second year cut would be a direct cut in services provided to persons with disabilities. The legislature must understand that this is not simply a reduction in funding to a business, but this would negatively impact the lives of thousands of consumers and their families. Also, our state must be careful not to fall below the mandatory maintenance of effort funding as required by the Federal Government to receive our block grant dollars. The proposed $153 million dollar cut could impact this maintenance of effort.
- **In regards to Medicaid reform, we express that writing CFACs into any new statute or contract is imperative.** Consumer and family presence must be mandatory and permeate throughout any changes made to the system. Also, we must maintain a local presence in order to advocate effectively for consumers and families, and any managing entity in our state (PLE's, ACO's, MCO's, etc.) must receive local input from consumers and their families in order to be sure that people are receiving the services that they need and to ensure that people's human rights are being protected.
- **This group recognizes the lack of training and education for new leaders and new advocates in our state.** Many people are elected or appointed to serve on various committees, but are not trained in effective advocacy or effective leadership. We ask that periodic trainings be provided throughout the state for CFAC members, as well as for the general public. This is imperative as advocates get older and cycle off committees and new leadership must be established.
- Stigma is still a huge issue in our state. Many people have a distorted (even negative) view of persons with disabilities. This is often due to a simple lack of knowledge and understanding. **We believe that our state would benefit greatly from establishing an anti-stigma campaign to educate the public and to help change perception.** This effort would also prove to save lives, as many people today do not seek help for mental health and substance use disorders simply because of the shame and stigma attached to these issues. People should not continue to die because of the shame that society casts upon them. Let's do our best to eradicate stigma at all levels. The campaign should include regional resource fairs for all three disability groups to educate the communities.
- **This group requests that we achieve and maintain true stability within our system of care.** Every time the system becomes stable, more changes come. We also want the system to be a true Recovery-Oriented System of Care which provides the full continuum of services and the recovery supports necessary to keep consumers out of crisis and prevent relapse.
- Having diversity among all disability groups has been challenging throughout the state. Often, there is too much focus on one particular group. **We encourage the intentional recruitment of diverse people to represent all three disabilities on CFACs and other advocacy committees.**
- **The group suggested that our state figure out a way to "fast-track" the credentialing of service providers in neighboring states.** This would provide a tremendous benefit to consumers and families that must drive long distances to receive services when they could be connected to a service provider much closer to them in a neighboring state.
- We also discussed the common occurrence of people completing detoxification or a hospital stay and being discharged with only a few days' supply of medication while their next appointment with a provider is sometimes weeks away. **It is imperative that these people are equipped with enough of their medication to last until their next appointment.** Otherwise, they often go back into crisis all over again.
- Certainly, we would be remiss if we did not take this opportunity to **encourage our legislators to move forward with Medicaid expansion.** One of our state's biggest problems is the lack of funding to provide services for the uninsured and the under-insured. Medicaid expansion will provide a way to fund services for thousands and thousands of North Carolinians who currently do not have a way to pay for the services they desperately need.

If you would like to reach Kurtis Taylor to get more information on these recommendations his email is kurtis.taylor@oxfordhouse.org.

## GLEANINGS from around the state

- The NC Council's December Conference and Exhibition – Innovate, Integrate, Motivate was another success with over 750 participants and over 100 exhibitors! If you would like to re-live the experience or if you are looking for pictures for your website or marketing purposes, you can download professional photos from Cramer Gallimore Photography Studio at http://www.cgphoto.com/nccouncilpinehurst2015/. Be sure to mark the dates for 2016 Pinehurst conference - December 7-9, 2016.

- Tiny homes are becoming a viable housing option for homeless people with mental illness. The UNC Center for Excellence in Community Mental Health, in collaboration with The Farm at Penny Lane, is in the process of building a tiny home community to help mentally ill homeless people receive housing and therapy at an affordable price. The project is currently in its first phase, and the first participant will move into the project's first tiny home in the spring on a trial basis. Participants in this research project will live in the home and receive therapy based on the farm's principles of a holistic and sustainable approach to improving the lives of those with mental illness. Rebecca Sorensen, community development consultant of The Farm at Penny Lane and recent master's graduate of UNC, helms the project. Research participants will be clients currently being served by the UNC Center for Excellence in Community Mental Health. More information.

Trillium's Sensitive Santa Program

- Over the Christmas holidays, Trillium Health Resources offered a **Sensitive Santa Program** to children in its catchment area across 13 locations. It provided an opportunity for children who otherwise would not have been able to visit Santa to enjoy the experience in accessible locations across eastern North Carolina. Children who use wheelchairs, experience anxiety in large crowds, or have increased sensitivity to sensory stimuli were able to visit with Santa in quiet environments without flashing lights, loud music or long lines. "Children with intellectual and/or developmental disabilities are often times not able to go to the mall to visit Santa because the lights are too bright, and the music and other noise is too loud," said Christie Edwards, project manager with Trillium. "Sensitive Santa offers an alternative for those families so that every child was able to experience seeing Santa and having a picture to capture the moment."

- Construction on the new Cherry and Broughton hospitals is progressing. It has been reported that Cherry's construction is now complete, but that due to the need to train staff on the new hospital technology, transfer administration, etc., patient occupancy will not occur until May. Broughton is expected to be complete in December, 2016 or March, 2017. Both facilities will provide state-of-the-art patient care settings and technology to assist staff.

- Recognizing that TBI is a serious national public health epidemic resulting in long-term or permanent disability or death, Governor McCrory in conjunction with the Division of MH/DD/SAS, the Brain Injury Advisory Council and the Brain Injury Association of NC has proclaimed March Brain Injury Awareness Month in North Carolina. Brain Injury Awareness Month is recognized nationally as well.

## GLEANINGS from around the NATION

- U.S. Department of Health and Human Services (HHS) has announced proposed revisions to the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 CFR Part 2 which were published in the Federal Register on February 9, 2016 for feedback by April 11, 2016. The goal of the proposed changes is to facilitate information exchange within new health care models while addressing the legitimate privacy concerns of patients seeking treatment for a substance use disorder. The HHS press release states, "HHS is proposing to modernize the existing rules because new models are built on a foundation of information sharing to support coordination of patient care; the development of an electronic infrastructure for managing and exchanging patient data; and an increased focus on performance measurement and quality improvement within the health care system. HHS wants to ensure that patients with substance use disorders have the ability to participate in new integrated health care models without adverse consequences that could result from inappropriate disclosure of patient records. Due to its targeted population, the Part 2 rules provide more stringent federal protections for patients with substance use disorders records than most other health privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA)."

- A non-partisan Comprehensive Behavioral Health System Reform bill was recently introduced in Congress which would provide new funding for MH/SUD services, invest in workforce training, and provide a comprehensive plan to improve the U.S. behavioral healthcare system among other things. The new legislation combines the best ideas from several other pieces of mental health legislation developed in 2015. To learn more you can review a summary of the legislation by section, or read a one page summary.

- The state of Virginia will be implementing a Medicaid managed care long-term services and supports program (MLTSS) by March 2017. The program is expected to serve 129,500 dual eligible and Medicaid only enrollees statewide. Initially the program will not include those residing in ICF-MR facilities and those with I-DD enrolled in the Home and Community Based waiver. These individuals will be transitioned after the redesign of the state's Medicaid IDD waiver. The MLTSS program will be phased in regionally beginning in March 2017. The program is an evolution of Virginia's dual eligible demonstration, Commonwealth Coordinated Care (CCC), which ends December 2017. People enrolled in the CCC will be phased into the MLTSS program when the CCC ends. The MLTSS program is expected to be fully operational with all regions and eligible beneficiaries included by January 2018. To learn more go to http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx

- Requirements under the Affordable Care Act (ACA) have resulted in new Medicaid rules on Covered Outpatient Drugs. The rules address key areas of Medicaid drug reimbursement and changes to the Medicaid Drug Rebate Program. The rules will ensure that Medicaid rebates accurately account for market prices, maximizing taxpayer savings, close loopholes, and incentivize pharmacies to utilize generic drugs by ensuring proper reimbursements for their cost. CMS Fact Sheet.

- President Obama has signed an executive order aimed at reducing gun violence and making America's communities safer. The order requires an increase in criminal background checks, funding for new ATF agents, and a $500 million increase for mental health treatment. The order also increases the reporting of those disqualified from purchasing a firearm due to mental health reasons. New rules will be developed by DHHS to remove legal barriers that prevent States from reporting information about those with mental health issues. For more information go to the White House website.





# CALENDAR of events

## 2016 National MH/I-DD/SUD Conferences

- National Council for Behavioral Health, NatCon Conference 2016, March 7-9, 2016, Las Vegas, Nevada.
- START National Training Institute, It Takes a Village: The Value of Community Networks, March 14-16, 2016, Sheraton, Atlanta, GA.
- 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,
- Medicaid Health Plans of America, mhpa 2016, September 21-23, 2016, Renassance Hotel, Washington, DC

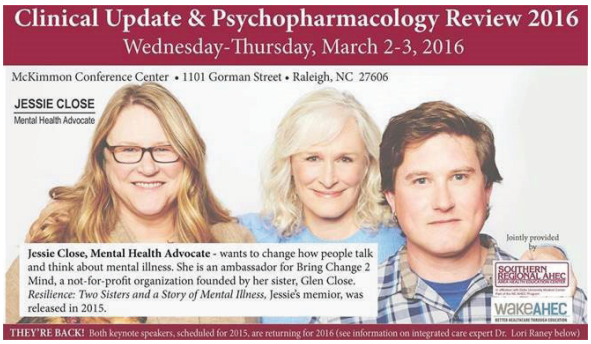
## Announced Upcoming State Meetings

### February

- NCPA Division of Independent Professional Practice (DIPP) Annual Conference, February 20, The Friday Center, Chapel Hill, NC

### March

- Clinical Update, March 2-3, 2016, McKimmon Center, Raleigh, NC




### May

- NAMIWalks 2016 – May 7, 2016

### September

- NC Psychiatric Association 2016 Annual Meeting & Scientific Session, September 8-11, 2016, Renaissance Asheville Hotel, Asheville, NC

## NC Council Upcoming Trainings - Around NC!

- **Adolescent Suicide Prevention and Intervention**, February 24, Raleigh, NC
- **PCP Development and Service Notes: Creating Documentation with Clinical Quality and Accuracy**, February 26, Raleigh, NC
- **Provider Implementation Training for LOCUS/CALOCUS**, March 3, Clemmons, NC
- **Thriving in the Clinical World: Compassion Satisfaction and Compassion Fatigue**, March 8, Clemmons, NC
- **Cognitive Behavioral Therapy**, March 9-11, Raleigh, NC
- **Opioid Summit with Partners BHM**, March 11, Statesville, NC
- **New Frontiers: Corporate Culture in Behavioral Health**, March 15, Clemmons, NC
- **Substance Abuse and Personality Disorders**, March 17, Raleigh, NC
- **Adolescent Suicide Prevention and Intervention** - Partners, March 22, Gastonia, NC
- **Motivational Interviewing and Group Psychotherapy**, March 23, Clemmons, NC
- **ASAM's Patient Placement Criteria!**, March 25, Raleigh, NC
- **Building Strong Teams in Clinical Businesses**, April 5, Clemmons, NC
- **The Ethics of Cultural Competency in Behavioral Health,** April 7, Raleigh, NC
- **Resiliency in the Clinical Workforce**, April 12, Clemmons, NC
- **Conversations for Corporate Change: Achieving Goals with MI-Informed Communication**, April 19, Clemmons, NC
- **Depression in Older Adults: Treatment Techniques**, April 21, Raleigh, NC
- **Motivational Interviewing and Group Psychotherapy**, May 12, Raleigh, NC
- **Clinical Supervision**, May 19-20, Gastonia, NC
- **Introduction to Motivational Interviewing**, May 25-26, Raleigh, NC

**For more information and to register online go to www.nc-council.org/trainings**

# Upcoming NC Innovations Waiver Listening Sessions

**February 16th**
**5:30pm – 8:00pm**
Beaufort County Ag Center
155-A Airport Road
Washington, NC 27889

**February 17th**
**5:30pm – 8:00pm**
Eastpointe
514 E. Main Street
Beulaville, NC28518

**February 18th**
**5:30pm – 8:00pm**
Trillium Health Resources
3809 Shipyard Blvd
Wilmington, NC 28403

**March 1st**
**5:30pm – 8:00pm**
CenterPoint Human Services
4035 University Parkway
Winston Salem, NC 27106

**March 2nd**
**5:30pm – 8:00pm**
FirstHealth Conference Center
Monroe Auditorium
9305 NC Hwy 211
Pinehurst, NC 28374

**March 3rd**
**5:30pm – 8:00pm**
Creedmoor Baptist Church
6001 Creedmoor Road
Raleigh, NC

## PEOPLE GLEANINGS

- In early January, DHHS Secretary Rick Brajer announced several staffing changes which reflect his commitment to our service system saying, "that two of the many critical focus areas for DHHS are mental health and substance use" for 2016. To assist the Secretary to directly engage in and support this initiative, he will have some new staff reports. Division of MH/DD/SAS **Director Courtney Cantrell, Ph.D.** and **Jessica Keith**, Special Advisor on ADA will report directly to Secretary Brajer. In addition, **Dale Armstrong**'s title will change to Deputy Secretary of Facility-based Behavioral Health and I/DD Services, and he will continue to focus on facility-based issues as well as serve as the Secretary's lead for the Governor's Task Force on MH/SUD.
- Last November the NC MH/I-DD/SUD system lost a strong leader and advocate, **Mike Mayer, Ph.D.**. Mayer was a past NAMI NC Board President. NAMI NC wrote a tribute to Mayer saying he was "an accomplished professional who was sought out for his expertise in working with people with disabilities, not only here in North Carolina, but throughout the country. But that was just a part of the great work Mike did; he also worked in other countries as well, as evidenced by his work to start a clinic in Africa. Mike's leadership in NAMI NC as Board President helped us through the transition of our new executive director, as well as positioning NAMI NC to be a "go to" organization in the state for issues related to mental illness and those affected by it. We at NAMI NC hold Mike's family in our thoughts and prayers as we all say goodbye to a dear friend, who indeed, had a life well lived. The NAMI NC community mourns the passing of Mike Mayer, PhD, a dear friend, advocate, leader.

Mike Mayer, Ph.D.

- **Celia Cox** has been named the new Budget Manager, supervising all budget/finance staff for Division of MH/DD/SAS. Celia worked in the private sector before starting her state government career with the NC DHHS in January of 1997. She has served in budget and accounting roles for most of those 19 years. Celia has worked for the NC Office of Administrative Hearings/Rules Review Commission and previously served as a budget analyst at the Office of State Budget and Management. She served in a management capacity for the NC Secretary of State for six years as well as several other state management roles.
- The Division of MH/DD/SAS has hired **Ken Schuesselin**, as its Consumer Policy Adviser to the Division Director. The Consumer Policy Advisor is a member of the Division's Executive Leadership Team, and is the lead advisor to the Division in assuring that the programs, services and policies that are developed and managed are consistent with best practices in recovery-based initiatives and supportive of self-determination. Schuesslin also leads the Division's effort to build a network of services and systems that established the critical need for individuals to participate in their treatment, recovery and support. In this role Ken works with LME/MCOs, DHHS Divisions, county agencies, citizen groups, consumers, consumer family members, as well as local and State CFACs to guarantee that disability populations are adequately represented in the state's efforts. Schusselin says, "All I ever wanted was to have the opportunity to discover my limitations myself, free of the stigma and preconceived notions of what I was, or was not, capable of becoming. I see my role as helping to create a system, and a community, where everyone has that same opportunity." Current projects include capacity building in the area of Consumer Operated organizations, and the development of the behavioral health Peer workforce.
- Alliance Behavioral Healthcare has named **Dr. Tedra Anderson-Brown** as its next Medical Director, following the retirement of Dr. Khalil Tanas in January. She has served as Assistant Medical Director at Alliance since 2013, where she has played a key role in shaping the organization's clinical operations. Prior to joining Alliance, Dr Anderson-Brown served as a Physician Peer Advisor with Value Options for seven years and as an Addiction Psychiatrist at a State addictions treatment center. Dr. Anderson-Brown received her MD from the Duke University School of Medicine and held Residency and Fellowship appointments within the Duke University Health System. She is Board Certified in adult psychiatry and addiction psychiatry.

# Who We Serve:

## Life after Traumatic Brain Injury: A Client's Amazing Success Story

At age 24, Kimberly Bullins had it all. She was a successful professional, a loving mother, and an independent young woman. In one split second, a serious car accident injured her brain and changed her life forever.

Prior to the accident, Kim led a full and active life with many hobbies and interests. She was an avid fan of country music and loved to cook traditional Southern foods. However, her brain injury prevented her from being able to continue to participate in many of the activities she had formerly enjoyed.

In subsequent years, Kimberly struggled to accept and adapt to the limitations imposed by her traumatic brain injury (TBI). She experienced episodes of anger and depression as she struggled to cope with her situation. Short-term memory loss was particularly frustrating for her.

**Kim was referred to this new working art gallery, where her talent and creativity came alive.**

In the summer of 2010, physical instability and falls became frequent and interfered with her mobility. Kimberly resided in a Rockingham County group home and participated in day programming with provider UMAR. Jonathan Briggs, UMAR's Director, reached out to CenterPoint for assistance. Kimberly's Care Coordination team at CenterPoint found extra resources for which Kim was eligible. As a result, staff was hired to help her at the day program and at her residence.

In 2014, Kim was adjusting well at the group home, but was less successful at her job. In November, UMAR opened Art on Scales in Reidsville. Kim was referred to this new working art gallery, where her talent and creativity came alive. Kimberly sparkles now that she is doing work that matches her interests and skills. She was recently voted "Artist of the Month" by her peers.

Jonathan Briggs, Kimberly Bullins and Nancy Thacker

Kim's happiness is visible to all those around her. She beams when she speaks about her experiences at the studio, and describes Art on Scales as a "wonderful place to brainstorm with your friends." Kimberly finds it "encouraging to watch what your friends are doing." When asked how it makes her feel to be with other artists, Kim stated, "It gives me so much joy to see how much ability they have."

Kim has tea time with her friends once a week and enjoys connecting with the community. She volunteers with Meals on Wheels and finds pleasure in helping others. Kimberly understands how important it is to have support. "Every little bit (of attention) helps," she said.

Kim's statements are often witty and profound. She loves jewelry because, "It makes the appearance of a person much more delightful." Her advice to others with intellectual/developmental disabilities, "Trust in yourselves. Take it as you've got it,'cause at least you've got it!"