

ALAMANCE-CASWELL-ROCKINGHAM  
LOCAL MANAGEMENT ENTITY

319 N. GRAHAM-HOPEDALE ROAD, SUITE A  
BURLINGTON, N.C. 27217

**Daniel S. Hahn, MA**  
CEO

**Tel. (336) 513-4200**  
**Fax. (336) 513-4422**

**Sam Isley**  
Chair, Area Board

# Annual Performance Report



July 1, 2006 – June 30, 2007

# 2006-2007

# Annual Status Report 2006-2007

for

## Alamance-Caswell-Rockingham LME

<i>LME Function</i>	<i>Status Report for 2006-2007</i>	<i>LME Organizational Structure</i>
Board involvement /support and review of expense:	<p>The Alamance-Caswell Area Program and the Rockingham Area program worked collaboratively to form a new entity per state statute. The Alamance Caswell Rockingham LME was officially formed on July 1, 2006 via a joint resolution endorsed by all three Boards of County Commissioners. The newly formed ACR LME Board of Directors is representative of all three counties. The newly formed Board received an initial Board works training on July 20, 2006 to assist members in the transition from a historical area program Board’s responsibility to that of a Board that is responsible for the management of public resources. Subject matter that was presented to the members included but was not limited to “principles of Board membership”, “moving to outcome measurement review”, “changing financial reality and responsibility.”</p> <p>Sub-committees of the LME Board became more involved and informed during the past year as evidenced by the frequency and content of meetings. The Board’s Finance committee began to meet on at least a monthly basis and continues to do so. The Board also has taken the opportunity to increase their understanding of the fiscal realities associated with the provision of public behavioral health services. They welcomed the Division sponsored consultant and increased their knowledge of the program’s fiscal elements through dialog and questions of the consultant. The Finance committee and Board have also been provided with a new format to review finance matters. This format was developed with input from both the Division consultant and the LME Finance committee. The Board as a whole has responded positively to this new means to gain financial information.</p>	General Governance
Policy analysis:	<p>Within the past year, the LME has contracted with Behavioral Health Solutions to have a URAC Accreditation Reviewer work with QI Manager to review policies. The URAC Network Accreditation was selected as the module to be used by the LME for accreditation. Payment has been made to URAC and the LME is currently in the application submission stage of the accreditation process. The LME is working toward a December 1, 2007 application submission date for URAC.</p>	General Governance

	<p>The QI Manager met w/ the consultant to review the policy development process in May in Atlanta and developed a work plan. In June, a UNC Public Policy student began working with the LME and the consultant to develop policies. At this time, the core policies are being reviewed and rewritten to be compliant with URAC standards. A target date of December 1, 2007 has been set for policies and procedures to be completed and the Board and CFAC review and approval process to begin.</p>	
Human Resources	<p>The Alamance-Caswell-Rockingham LME revised the Personnel Manual, which was approved by the Area Board in November. This manual is more succinct. Procedures are separated and easier to understand. Policies or procedures that are no longer relevant have been omitted or replaced by more timely information.</p> <p>Salaries are being studied to ensure equity within the individual units. Adjustments have been made where it is shown that staff with similar responsibilities have been compensated differently. This is an ongoing attempt to establish fair compensation standards for staff. This is aside from the across the board increase of 2 ½ percent that was approved by the Area Board for LME staff.</p> <p>On July 1, 2006, the LME had 55 staff and by July 1, 2007, the LME had 45 LME staff.</p> <p>New evaluation standards and tools have been developed along with the study. The goal being to have information available to all staff as to how their performance impacts not only their individual compensation but the entire unit in which they are a part.</p> <p>As the role of the Local Management Entity has evolved we have tried to keep pace with a qualified staff. Understanding the needs of each unit and therefore being able to fill positions with the correct classifications as dictated by the Office of State Personnel has been a struggle. OSP is able to advise the LME on what classifications best fit the job functions of the units.</p>	General Governance
Accounting/Budgeting/Payroll	<p>Recently, the LME hired a new Finance Officer, Bennie Kidd, who is converting from a modified-accrual basis of accounting to full accrual beginning July 1, 2007. Process and procedures are being written and put in to place to ensure a smooth transition. Also, Provider Purchase of Services agreements now include capitated IPRS dollars in order to control the IPRS budget for state funded services.</p>	Business Management
Financial reporting	<p>The LME continues to provide monthly LME expense reports and quarterly Fiscal Monitoring Reports to DMA. Beginning January 1, 2007 the LME began preparing comparative Financial Statements for</p>	Business Management

	<p>the review of the LME Finance Committee and the LME Board of Directors. These reports compare budgeted dollars to actual revenue and expenditures for each reported month and have been presented to the Finance Committee and the Board on a monthly basis. This process will continue to be an integral part of the monthly Finance Committee and Board of Directors meetings. Budgets are analyzed on a monthly basis and Budget Revisions are done and presented to the Finance Committee on a quarterly basis for acceptance and then to the Board of Directors on a quarterly basis for final approval and adoption.</p>	
<p>Claims processing, billing, payment</p>	<p>In the later half of this fiscal year (06/07), a new Prompt Pay System (process/module) was implemented to close the loop between a provider's invoiced service and the same service billed and paid by IPRS. This new system caused a delay in provider payment. By improving the timely movement of service data between our Finance department and our IT/IPRS/Claims Processing Department, the payment delays caused by the new Prompt Pay Module will be abated (reduced to zero).</p> <p>Implemented an automated, clean-claim process (Clean-Claims Adjudication Module): The process/module extracts consumer and service data from a claim submitted by a provider for payment, mines the consumer's corresponding population and diagnostic data from our core business system and evaluates said data using the Division's Service and Diagnostic arrays. A successful evaluation causes the Prompt Pay Database to be updated to indicate that the service has passed the clean-claims adjudication process and an unsuccessful evaluation causes the Prompt Pay Database to indicate a clean-claims failure.</p> <p>Implemented an automated, authorization process (Authorization Adjudication Module): The process/module checks each service submitted for payment by a provider for the existence of an authorization with sufficient units to cover the service. If such an authorization exists, the Prompt Pay Database is updated to indicate a successful adjudication or a failure is indicated in said database.</p> <p>Implemented an automated service extraction program to pass adjudicated services to either a payment file for successfully adjudicated services or a set of denial files depend on which adjudication module the service failed. At the conclusion of both adjudication processes/modules (Clean-Claim and Authorization), the service extraction process/module of the Prompt Pay Database copies all services that have passed both adjudication modules and places them in a transmittal file that is electronically uploaded to our core business system for submission to IPRS for payment. The data from a failed evaluation is spooled to one of two daily adjudication failure files (Clean-Claim or Authorization) which is parsed by provider, consumer, and service into provider specific PDF files (Clean-Claim or</p>	<p>Claims Processing</p>

	<p>Authorization) that are faxed and mailed to corresponding provider indicated by the PDF file on the same day the adjudication was performed (Note: both adjudications are within seventy-two (72) hours of the receipt of the service.</p> <p>The LME is currently staffed with four (4), full-time employees, three employees are IT only and the remaining employee is the supervisor, manager, programmer, processor for both the IT and Claims-Processing Sections. Of the four employees the first is a programmer/processor, the second is a report writer/processor, the third is a web developer/processor, and the fourth is a supervisor/manager/programmer/processor.</p> <p>The LME is currently staffed with four (4), full-time, claims processing personnel after our last hire on May 31, 2007. This staffing level should be sufficient to meet our current claims processing requirement and the improvement goals for next fiscal year (07/08) as indicated above.</p>	
CDW and IPRS reporting	<p>The Intake staff have worked closely with the IT Department to ensure that all CDW information was submitted and/or corrected in a timely manner. Reports from the State are downloaded and reviewed by Intake Staff and completed as required. Our standards have been met for the year for CDW and have fallen within the 90% range. Over the past year, the providers were given 7 days (as opposed to 3 days in the past) to submit Intakes to the LME. The LME did this in attempts to be more consistent and to give the providers enough time to complete all required paperwork. Intake are submitted into the system within the 30 day window.</p> <p>A quarterly IPRS Analysis is produced from our State Payment Database. The report (analysis) compares paid services to billed services by provider with corresponding payment to bill ratios and an overall system ration. In addition a claims failure ratio is produced with a duplicate claims ratio carve out. Our Payment to Bill Ratio for the 3rd Quarter of FY7 is 98.1%. Our failure ratio is 1.9% (this number should be as close to 0.0% as possible) and our duplicate ratio is 9.1 (Note: this ratio, duplicate, indicates that we have billed for a service that has been previously paid and, therefore, increases our cost of doing business with IPRS and needs to be reduced to near 0.0%).</p>	IT / QI
Provider	<b>Endorsement:</b>	Provider

endorsement and monitoring	<p>58 providers were conditionally endorsed during this year. 6 providers received Corporate Endorsement during this year. 30 providers were fully endorsed during this year.</p> <p><b>Monitoring:</b> During FY 2006-2007, the monitoring team completed 109 monitoring visits in the Alamance-Caswell-Rockingham Catchment Area. This was 35% more than last year. The Alamance-Caswell-Rockingham LME's Quality Improvement Department completed all of the monitoring.</p> <p>Approximately 2% of the monitoring reviews were in response to a complaint or an incident. 45 % of the programs monitored were found to have compliance issues that required a written plan of correction. However, 91 % of those programs resolved the compliance issues within the 60-day time frame stipulated by the State of North Carolina. Ten programs or 9 percent are currently working on plans of correction Three programs were referred to The Division of Facility Services for further monitoring; two had issues substantiated by DFS.</p>	Relations/ QI
Provider recruiting and contracting	<p>The Credentialing Committee added the following providers: (2) Child Residential Level III (1male/1female); (1) Community Respite; (1) Rockingham Cty. Provider of Outpatient Service, Community Support, and Crisis Services; (1) SA treatment provider, (1) Spanish Speaking SA/MH provider and Psychiatrist service provide; (1) CAP provider of Assistive Technologies products, training and services.</p>	Provider Relations / Business Management
Provider technical assistance	<p>All programs that received a monitoring or endorsement were provided with technical assistance.</p>	QI / Provider Relations
Handling provider complaints	<p>The Alamance-Caswell-Rockingham Local Management Entity (ACR-LME) received 42 complaints during the 2006-2007 fiscal year. The data analyzed below offers a substantial amount of information and insight into trends, strengths, and needs of MHDDSA services in the three counties. However, the ACR-LME recognizes the need to implement a more formalized approach to information gathering and analysis. A more systematic and research driven approach will enable the gathering of consistent and reliable data that will better inform all aspects of the service delivery system resulting in better outcomes for our consumers.</p> <p>Below are analysis' of current trends within the Alamance, Caswell, and Rockingham catchment areas:</p>	Provider Relations

Percentage of Complaints per month:

January	February	March	April	May	June
12.2%	7.3%	9.8%	5.0%	14.6%	9.8%
July	August	<b>September</b>	October	November	December
12.2%	7.3%	2.4%	7.3%	7.3%	2.4%

The months of January, May, and July present the highest volume of complaints. Without a more formalized data collection and information processing system, any causal relationship suggested as to the number of complaints made within any month would be entirely anecdotal. In the future, with an enhanced data collection system, we hope to be able to correlate these spikes with other events and service elements in order to best meet needs of our consumers and our provider network.

Percentage of Complaints per provider:

Caring Family Network	4.9%
Rockingham County Mental Health Center	7.3%
Triumph	36.6%
Local Management Entity	7.3%
Easter Seals/Area Services and Programs	7.3%
Psychotherapeutic Services, Inc.	9.8%
Alcohol and Drug Services	7.3%
Everlasting Care	2.4%
CNC-Access	4.9%
Generation Change	2.4%
Residential Treatment Services	2.4%
Hearts of Gold	7.3%

As expected, the above analysis demonstrates a correlation between the size of a provider's consumer base and the number of complaints made against a provider: larger providers have more complaints brought against them due in large part to the sheer volume of consumers served.

Percentage of complaints by **origin**:

Against LME	7.3%
Against Provider	92.7%
Anonymous	2.5%
Consumer	41.5%
Family	22.0%
LME	2.5%
Provider	14.5%
Advocate	10.0%
Residential	2.5%
Guardian	5.0%
Rockingham County Origin	7.3%
Caswell County Origin	7.3%
Alamance County Origin	85.4%

Given population density, we expect that Alamance County have a greater number of complaints as compared to Rockingham and Caswell Counties. However, the significant disproportion suggests the need for increased public relations in Caswell and Rockingham Counties to educate consumers and the public on Consumer Rights and the Complaint Process for Mental Health, Developmental Disability and Substance Abuse Services.

Percentage of complaints by **outcome**:

Not resolved within 10 day threshold	12.2%
Resolved within 10 day threshold	87.8%

Over 87% of all complaints were addressed and resolved within the 10-day threshold. The 12.2 % of complaints that were not resolved within this timeframe suggests the need for continued Quality Improvement and Staff Allocation in this area.

Percentage of complaints by **nature/type**:

Quality of Service	26.8%
Provider Choice	2.4%
Treatment Decision	14.6%
Service Related	2.4%
Access	14.6%
Confidentiality	5.0%
Abuse/Neglect/Exploitation	12.0%
Human Rights	5.0%
Payment Issue	5.0%
Medication	5.0%
Other	7.0%

Complaints resulting from Quality of Service, Treatment Decision, and Abuse/Neglect/Exploitation account for over 53% of the total number of complaints, suggesting the need for increased monitoring of services by the LME and increased training available to provider staff. Quality Improvement and Quality Management processes need to be improved within and between agencies to ensure the delivery of timely, effective, and individualized services to consumers.

Percentage of complaints by **population of consumer**:

Child (0-17 years of age)	12.2%
Adult (17 years of age and older)	87.8%
Residential	12.2%
Non-Residential	87.8%

A disproportionate number of complaints were made either by or on behalf of adult consumers. Given that over 41% of the total complaints were made by consumers, the need to ensure children and adolescents receiving services are not only made aware of their rights but also that they have the essential support and advocacy necessary to ensure their rights are not violated is suggested.

Substance Abuse	9.8%
-----------------	------

	<p>Mental Health 82.9%</p> <p>Developmental Disability 7.3%</p> <p>The percentages noted above demonstrate a correlation between the number of available service providers and the number of complaints for Substance Abuse services and Developmental Disability services in Alamance, Caswell, and Rockingham counties. However, the substantially low number of complaints involving consumers with Developmental Disabilities suggests the need for the LME to ensure that these consumers are not only made aware of their rights but also that they have the essential support and advocacy necessary to ensure their rights are not violated.</p>	
24/7/365 Access, screening, triage and referral	<p>The LME focused on meeting State's standards for 24/7 access. To achieve this standard, a new provider was contracted starting 7/1/07 for the after-hours service.</p> <p>Consumers requesting service:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> quarter 1629 clients,</li> <li>• 2<sup>nd</sup> quarter, 1193 clients,</li> <li>• 3<sup>rd</sup> quarter 1757, and</li> <li>• 4<sup>th</sup> quarter 1193 clients.</li> </ul> <p>Access has been difficult for some individuals and providers attempting to access services due to staffing issues throughout the year. We continue to strive for adequate staffing to support the volume of calls that come in.</p> <p>Full state screenings have been done throughout the year during the day time hours. On July 1 full screening were implemented for nights, weekends and holidays.</p>	STR
Consumer registration	Registration forms are received consistently from our Provider Network and the data is being entered by the LME UR/STR staff.	STR
Person Centered Plan reviews	The Person Centered Plan Reviews occur during the UM process. We continue to see a significant amount of plans do not meet standard. The UM and QI Departments have provided technical assistance throughout the year and continue formal training on PCP.	Service Management
State funded service authorization	The UM department continues to follow policy and procedures for authorizing services. The Benefit Grid continues to be updated on an as needed basis based on services being authorized, funding and anticipated need in the community. At times, UM struggles to meet standards due to insufficient	Service Management

	staffing.	
Maintenance of waiting list for CAP-MR/DD Waiver	<p>9/28/06 – The Division allocated 6 new slots to our LME. 4 slots were used to serve Alamance &amp; Caswell clients.</p> <ul style="list-style-type: none"> <li>▪ <b>2 slots were used for Rockingham clients.</b></li> </ul> <p>3/13/07 - The Division allocated 11 new slots to our LME. 8 slots were used to serve Alamance &amp; Caswell.</p> <ul style="list-style-type: none"> <li>▪ <b>3 slots were used for Rockingham.</b></li> </ul> <p>The LME currently has approximately 30 names on our CAP Potentially Eligible List (wait list).</p> <p>After a major policy change, then a revision to that policy in 2/07, the Division decided that parents and legal guardians of the person may continue to be the paid caregivers for their adult family member.</p>	Service Management
Care Coordination	The UM Department have carried out this function throughout the year. Stakeholders have an identified staff member to call. The hospital liaison position was increased to and 1½ FTE position to accommodate the volume and high cost. High risk consumers have been followed by the LME and reviewed as needed. The LME has hired an additional System of Care Coordinator to work with the schools in Alamance County.	Service Management
Community Collaboration	<p>The LME continued to work with local providers and stakeholders to develop new resources for the catchment area. The LME submitted the following grants:</p> <ul style="list-style-type: none"> <li>• Justice and Mental Health Collaboration (Jail Diversion), July 2006</li> <li>• Mental Health Trust Fund (Initiatives A-D), February 2007</li> <li>• Homeless Mental Health Housing Initiative, March 2007</li> </ul> <p>The LME received the following grants:</p> <ul style="list-style-type: none"> <li>• Mental Health Trust Fund (Initiatives A, C &amp; D), February 2007</li> </ul> <p>The LME assisted community partners with the preparation of the following grants:</p> <ul style="list-style-type: none"> <li>• Robert Wood Johnson Caring Across Communities: Addressing the Mental Health Needs for Children and Youth, July 2006</li> <li>• Assistance for Rural Hospitals, Morehead Memorial Hospital in Eden, October 2006</li> </ul> <p>The LME continued to partner with community partners to provide environmental substance abuse</p>	Service Management and Customer Service

	<p>prevention programs including the smoke-free restaurant and the preventing underage. The evaluation component of the smoke-free-restaurant campaign is awaiting publication in a scientific journal, <i>Health Promotion Practice</i>.</p> <p>The LME assisted Psychotherapeutic Services in the implementation of Mobile Crisis Services.</p>	
<p>System of Care and other interagency coordination/collaboration</p>	<p>System of Care efforts in Alamance-Caswell-Rockingham LME for 2006-2007 focused on the following core functions: increasing collaboration across local agencies, supporting activities of the community collaboratives, enhancing the child and family team process, ensuring family involvement, facilitating the care review process, and providing training and technical assistance to collaboratives, provider and community agencies, families, and staff.</p> <p><b>Highlights include:</b></p> <ul style="list-style-type: none"> <li>• Development, implementation and/or coordination of training modules addressing SOC and CFT overviews, community agency protocols, community resources, and CFT facilitation. Training was provided to provider agencies, social services, health department, juvenile justice, school systems, parents/families, community members, and advocacy groups. More than 250 people throughout the three counties received training during the year and 300+ attended community resource fairs. Additional education and information to the community was provided through the development of SOC newsletter, brochures, and magazine articles highlighting SOC efforts and community collaboration.</li> <li>• Strategic planning was completed with the Collaboratives, and subcommittees established to address areas such as resource/needs assessment/evaluation, funding, CFT/Care Review protocols, membership, and family and youth involvement.</li> <li>• A System of Care Child and Family Team handbook was created and disseminated with established CFT and Care Review protocols to ensure the occurrence of and fidelity to the CFT process, provide technical assistance to agencies, and as a training tool.</li> <li>• Collaboratives identified gaps in services to children and families and provided funding to support programs/services in more than twenty areas including crisis respite, tutoring, mentoring, literacy, parental involvement and advocacy, after-school prevention, and training. Tri-County committee was established to provide coordination of funding efforts for the three counties. RFPs were developed and coordinated, as needed.</li> <li>• In partnership with DSS, Health Department and family advocacy organization, a Parent Partner Program and Youth Council were established with goals of increasing parent/youth leadership, parent co-training, and mentoring.</li> <li>• Cross-agency MOA, supporting SOC, was developed and signed by members of the Children's</li> </ul>	<p>Service Management</p>

	<p>Executive Oversight committee consisting of directors from law enforcement, courts, parent advocacy, LME, DSS, DJJDP, health department, school system, guardian ad litem, county commissioner, and Partnership for Children. This agency continues to provide leadership and oversight of child-serving efforts in Alamance County.</p> <ul style="list-style-type: none"> <li>• Ongoing collaboration and leadership with child-serving agencies, community agencies, and families to address needs of children and families in the communities, including planning and implementation efforts in the following areas: early childhood education/needs, positive behavior supports, mental health services in the schools, child abuse and neglect, adolescent substance abuse, teenage pregnancy, gang awareness and intervention, literacy, and cultural competency.</li> </ul>	
<p>Education to general public and activities to address stigma</p>	<p>Throughout the LBP process, there were nine (9) meetings held throughout the counties within the catchment area. Since that time, the LME has had meetings in Rockingham, Caswell and Alamance Counties to help educate the community on current services, the role of the LME, and the vision and direction the LME has for the future of services.</p> <p>A Consumer Handbook has been developed and is being distributed to those new consumers entering into services. This booklet explains access, complaints, the LME, State contacts and has been provided at community meetings and to anyone interested.</p> <p>Management has been involved in the Autism Society, ARC and a Board Member are on the State CRAC an NAMI organization. Management and Board involved are advocates and share info related to reform and transformation of the system as often as requested by the groups.</p>	<p>Service Management/ Customer Service</p>
<p>Consumer appeals and grievances</p>	<p>If a service is denied or reduced without agreement appeal rights are sent along with the reduction or denial. If the consumer decides to appeal the decision, then an appeal committee is formed and a second review occurs to make a final decision. This year we had zero consumer appeals.</p> <p>Administrative Appeals were issued by the LME due to incorrect or incomplete paperwork being submitted, requested service after the service was provided, and when funds were not available. A Review Team was developed to review these Administrative Appeals. Minutes were maintained by this committee and on several occasions, UM decisions were overturned after a review from the team. The decisions were not clinical in nature and only based on paperwork provided. The focus of this committee was to be on consistency and fairness to all those requesting services. The Team consisted of the Complaint Coordinator, QI/Provider Relations Director and the CAP/DD Coordinator/ Care Coordinator. Providers used this process and provided feedback to indicate that they at least had a</p>	<p>Customer Service</p>

	second level of review to determine if the decision should be reconsidered.	
CFAC staff and expenses	<p>The Alamance-Caswell-Rockingham Consumer and Family Advisory Committee added members from Rockingham County to bring membership in line with the official merger with Rockingham County. Representation of membership was proportionate to the population from the three counties. Care was given to also comply with the new legislation for balanced representation from the three disability areas and other stipulations outlined in the legislation specific to membership. New bylaws were written and approved to reflect these changes.</p> <p>The LME reimburses CFAC members with a stipend for each meeting attended as well as other meetings where they represent CFAC, plus reimbursement for mileage and other expenses incurred as a CFAC representative (ie. meals, meeting registration, etc.) Other expenses are also covered by the LME such as cab fare or childcare costs to allow a member to attend meetings.</p>	Customer Service
Consumer education and outreach	<p>QI Meetings, Community Forums, trainings, and individual contacts have been made by LME staff to share information concerning how to issue a complaint, expectations of providers and how to access services. Much of the education occurred through the Customer Service Department with the Complaint Coordinator. Data on education contacts were not collected over the past year but will be in the coming year.</p>	Customer Service
Internal data analysis and reporting	<p>The LME's Quality Improvement Department identifies, measures, and prioritizes data in an effort to ensure the effective and efficient delivery of services by providers in Alamance, Caswell, and Rockingham Counties. One component of oversight is tracking outcomes using the following State tracking instruments: Developmental Disabilities Client Outcomes Inventory (DD COI), North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS), and North Carolina Support Needs Assessment Profile (NC-SNAP).</p> <p><b>The DD COI</b> measures outcomes for persons who have been diagnosed with a developmental disability by age six. The DD COI is administered at admission and updates are completed on the annual anniversary of the admission date. A discharge COI is completed whenever a consumer is discharged from services. During FY 2006-2007, the DD COI was discontinued. The NC TOPPS has been adapted for use by consumers with Developmental Disabilities and will replace the DD COI sometime during the 2007-2008 year.</p> <p><b>The NC TOPPS</b> measures outcomes for persons who have substance abuse or mental health diagnoses.</p>	Quality Management

	<p>Providers administer the assessment at admission, with regular updates occurring at intervals of 3 months, 6 months, and every six months thereafter. Providers should complete the NC TOPPS on 100% of consumers aged six years and above that receive an enhanced service. During this fiscal year, compliance continues to be low ( 40%- 55%) Measures have been developed and implemented to track the NC TOPPS on a monthly basis to improve the compliance rate.</p> <p>The Quality Improvement Department also reviews data collected internally from consumer satisfaction and provider satisfaction surveys, and mystery shopper calls. All data collected is presented and reviewed at quarterly QI meetings.</p> <p>An annual needs assessment has been conducted to identify gaps in services and prioritize the needs of the community in developing the provider network.</p>	
Critical incident reporting	<p>Providers are required to report Level II and Level III incidents to the LME within 72 hours of occurrence. Incidents involving death, restrictive intervention, abuse, neglect, exploitation, suspension and expulsion of a consumer are presented quarterly to the Human Rights Committee for further review.</p> <p>In FY 2006-2007, the Quality Improvement Department reviewed 350 Level II incidents and 3 Level III incidents.</p> <p>Ninety-Six (27.5%) of the incidents were presented to the Human Rights Committee for further review. The Human Rights Committee discussed all of the incidents and approved of their disposition.</p> <p>In FY 2005-2006 246 Level II incidents and 3 Level III incidents were reported. This is an increase of 30 % over the previous year.</p> <p>Through training and technical assistance providers are becoming more aware of the incident reporting requirement. This is demonstrated by the increase in the number of incidents being reported.</p>	Quality Management
Quality Improvement studies	<p><b>Project #1</b> Increase LME monitoring the quality of services in the provider community to ensure compliance.</p> <p><b>Implementation Date:</b> July 1, 2006 <b>Target Date:</b> June 30, 2007 <b>Solution/Actions Taken:</b></p> <ul style="list-style-type: none"> <li>• A system of scheduling providers for routine annual reviews was developed and implemented by</li> </ul>	Quality Management

the QI Department.

- A team for monitoring consisting of a QI and Provider Relations staff was created.
- Providers outside the catchment area that are serving Alamance-Caswell-Rockingham consumers were also included in the provider-monitoring schedule.
- Endorsement and Monitoring were combined to have a more efficient and effective process.

**Results to Date:**

- The Monitoring Team has completed ninety-two (92) on site monitoring visits to Providers. To date, 100% of contract provider monitorings were completed in 2005/2006 and 105 in 2006/2007 in the catchment area.
- As needed, the team has provided one to one technical assistance and training to ensure the continued quality of services in 100% of cases.

**Goal has been met at 100% for contract providers in the LME catchment area and a 54% increase has been made since the 2005-2006 reporting period.**

**Project #2**

Implementing a system to increase compliance with the NC TOPPS to 100%

**Implementation Date:** July 1, 2006

**Target Date:** June 30, 2007

**Solution/Actions Taken:**

- Training has been held this past year for providers to educate them of the importance of the tool and how it can be used in the development of the Person Centered Plan and ultimately for agency wide outcomes information.
- The ACR LME requested that the State develop more user-friendly data to be provided to both the LME and providers to clearly identify data that needs correcting.
- The QI Department implemented a system to assist providers in tracking compliance with the NC TOPPS for all newly admitted consumers.
- Compliance reports are mailed out to Providers each month informing them of consumers that are non-compliant for the NC TOPPS.
- Providers are given ten days to respond to the report and return the corrections to the QI Department.
- The report, with corrected data, is returned to the State on a quarterly basis.
- NC State University contacted to correct the record numbers issued for Rockingham County Mental Health Center consumers.

**Results to date:**

- Due to the fact that state reports are using last quarter's data, the compliance rate for the NC

TOPPS continues to be low.

- Providers have been responsive to the LME with corrected data.
- Three (3) providers have appointed a NC TOPPS coordinator who is responsible for ensuring compliance with the tool.
- Providers are also utilizing the NC TOPPS as a means of collecting outcome information that will be used in their accreditation process.

**Goal is not yet met and overall numbers have maintained the same throughout the year and the goal will continue into the 2007/2008 fiscal year.**

**Project #3**

The development of a qualified provider network to meet capacity of mental health, developmental disabilities and substance abuse populations.

**Implementation Date:** July 1, 2006

**Target date:** July 1, 2007

**Solution/Action Taken:**

- The LME completed a needs assessment in April 2007 to ensure that there are enough service providers to meet the identified needs and to determine the need for additional services in the catchment area.
- Forums have been held in all three counties where Stakeholders, consumers and family members have given their input to identify the gaps in services. Service Providers are continually being recruited to serve those areas of high need.
- Endorsement occurs to ensure the quality of the services and compliance with the new service definitions. All providers must be endorsed by the LME to provide enhanced services in the catchment area.
- The QI Department and Provider Relations Department have created a Monitoring and Endorsement Team. It is the responsibility of the Endorsement Team to ensure that all Providers in the Provider Network have been fully endorsed and are working toward a national accreditation.
- A QPN Plan was developed and implemented in March 2007.
- QI and Provider Relations staff has contacted qualified providers regarding providing additional services in Rockingham County. A provider was recruited specifically to Rockingham County to develop Outpatient services and successfully opened an office in May 2007.

**This goal will be continued into the 2007-2008 fiscal year due to capacity not being met.**

**Project #4**

The LME will begin the URAC accreditation process

**Implementation Date:** July 1, 2006

**Target date:** December 1, 2007

**Solution/Action Taken:**

- The QI Manager has contracted with a URAC consultant and developed an initial plan to meet accreditation standards.
- A committee has been developed and meeting times scheduled but designated Provider Relations and Quality Improvement staff will have responsibilities.
- An intern from The University of North Carolina at Chapel Hill from the UNC School of Public Policy has been assigned to assist in the process to develop the Core URAC policies.
- Assignments and time lines will be made to various individuals to assist in completing the process.
- The QI Director met with the URAC consultant in Atlanta in May to review the accreditation plan.
- Additional Interns have been requested from UNC to assist with the accreditation process through June 2008.

**This goal is on going for 2007-2008.**

**Project #5**

The LME Credentialing Committee will review all contracts, and out standing provider issues. A disciplinary action/withdrawal of endorsement process will be developed and implemented.

**Implementation Date:** July 1, 2006

**Target date:** June 30, 2007

**Solution/Action Taken:**

- The LME Credentialing Committee consisting of a licensed clinician, a Provider Relations staff, Financial staff, Quality Improvement staff, a consumer and a support staff has been developed and has a regular meeting schedule.
- A Policy and Procedure that outlines a “three strikes” rule has been developed and implemented concerning a continued contractual relationship with or the endorsement of a provider that has had referrals suspended three times.
- The Credentialing Committee is to review the Provider issues and determine appropriate action

	<p>to be taken.</p> <ul style="list-style-type: none"> <li>• A set of three warning letters will be developed.</li> <li>• A procedure will be developed to inform the Access Department, Providers and other LMEs of the decision to withdraw a contract or endorsement.</li> <li>• Committee has met nine times.</li> </ul> <p><b>This goal has been met but will revisions, will continue into the 2007-2008 fiscal year.</b></p> <p><b>Project #6</b> The LME will develop a standardized packet to distribute to new admissions into the system within 30 days of admission.</p> <p><b>Implementation Date: July 1, 2006</b> <b>Target Date: May 1, 2007</b> <b>Solutions/Action Taken:</b> After collecting and analyzing data, the QI Department proposed the development of the Welcome Packet. This packet contains a welcome letter and a consumer handbook. The information, written in a manner that was easy to understand, informs consumers on how to:</p> <ul style="list-style-type: none"> <li>• Access services,</li> <li>• When to use the crisis services,</li> <li>• Exercise their rights and responsibilities,</li> <li>• Make a complaint, and</li> <li>• Access resources in the community</li> </ul> <p>The QI Department was assigned the task of developing the Welcome Packet. Research was done as to what information needed to be included and how to best present the information in a consumer friendly way. This packet was developed after consultation with other LME's and review of other welcome packets.</p> <p>After development was complete, a draft copy was presented at the Human Rights Meeting and at the Consumer and Family Advisory Committee (CFAC). The welcome packet was approved by both of these groups. The packets are mailed out to new consumers on a weekly basis since March 2007.</p> <p><b>This goal has been met but it will be changed to a marketing goal for 2006-2007.</b></p>	
Develop and	The LME has been involved with the Endorsement process and has provided technical assistance to	Provider

<p>stabilize a highly qualified provider system**</p>	<p>100% of those provider being Endorsed or Monitored by the LME. In addition, those providers who have a POC with the LME has been asked to attend the QI/Human Rights training provider by the QI staff. In addition, the LME has implemented a Orientation Training for providers to attend on a monthly basis for all new staff or new providers coming into the ACR system.</p> <p>100% of contract providers were monitored by the LME in the past year. In addition, providers are being held to higher expectations for incidents, human rights and PCP's. LME QI staff are contacting providers and requesting corrections to areas that have not been addressed by the LME in the past. The QI Department has also scheduled PCP and other training to the provider community when a need or trend has been noted.</p> <p>The Customer Service Department works closely with those who file complaints or at any time the LME is made aware of individuals who are not part of the PCP process or exercising their rights concerning their treatment. LME staff works closely with the qualified professional at the provider agency to ensure that the individuals and families are involved their treatment planning and often have it part of the correction for the complaint process. The Consumer Handbook discusses client rights and involvement in treatment planning.</p> <p>The LME has held training related to QI, Human Rights, compliance, service definition, and NC TOPPS. Providers were offered the opportunity to attend trainings either for free or at a small cost to the provider. The trainings were held by the QI Department.</p> <p>The LME QI Staff offered technical assistance for issues that were out of compliance or provided recommendation for those areas that could be improved. In addition, the QI and UM Staff conducted community support audits and post-payment reviews in the last quarter of the year. Prior to this occurring, the QI Staff were in Rockingham County conducting audits for Community Support.</p>	<p>Relations</p>
<p>Implement comprehensive crisis services**</p>	<p>The LME is struggling to provide a comprehensive crisis service system. We do have a vision of a comprehensive crisis service but implementation has been difficult.</p> <p>The crisis components currently in place:</p> <ul style="list-style-type: none"> <li>• Mobile Crisis Team that is serving all three counties.</li> <li>• Walk-in crisis</li> <li>• 24 hour crisis line</li> <li>• Sponsorships for hospital beds</li> <li>• Three (3) detox facility we can refer clients to</li> </ul>	<p>Service Management</p>

<p>Assure a unified system and standardization* *</p>	<p>The LME has made contact with surrounding LMEs in the North Central Consortium and meets with them on monthly basis to discuss key issues as they relate to provider, the community and legislative issues. In addition, LME staff attend meetings, trainings and events sponsored by the Division and The Council on often a quarterly basis. QI Forums, Customer Service Forums, PRLF, NC Council Directors Forum , regional PRTF, FARO, the Director attends the NC Division External Advisory Team and The Council Winter Meeting in Pinehurst and even vendor meetings across NC. More collaboration with other LME's has been accomplished in the past year than in years past with ACR LME.</p> <p>The UR Department has considered adopting other LME's benefit grid and has had discussion with Guilford, Pathways, and Durham on ways in which benefits are authorized. The LME Management Team determined that a custom benefit grid would be developed for the catchment area.</p> <p>The LME QI Department has continued to use the standardized monitoring checklist that was developed more than three (3) years ago at the State level.. This has provided the Provider community with consistency in expectations for monitoring. A few additions have been made and DFS Licensure items have been added to ensure the LME checks the very basic items required in a DFS monitoring. The information is available on the website and detailed training has been offered to providers and open to other LME's.</p> <p>Over the past six (6) months, the LME has researched and reviewed the high risk situations involving IPRS funding. The Executive Leadership Team have reviewed all MR/MI and CAP-DD consumers that are in residential placements in order to determine continued need and appropriateness of care at the level being authorized. Changes have been made in funding and in some cases, County funds have been allocated to continue to needed services of those continuing to need the higher level of service.</p>	<p>Service Management/ Provider Relations / QI</p>
<p>Develop opportunities for consumer employment**</p>	<p>The LME QI has met with Orange Enterprises, Inc., which provides Supported Employment services in the community. The new Supported Employment definition has been reviewed by both the LME and OE. OE is to review with their Board and discuss their plan of action for the coming year. The QI Manager and OE Director have met with CFAC and reviewed the State direction away from ADVP.</p>	<p>Service Management</p>
<p>Develop opportunities for consumer housing**</p>	<p>The LME has met with housing developers and service providers to discuss the new definition of ADVP and how it will affect the LME's ability to provide services to eligible consumers. The LME is currently in the process of reviewing the new definition and will be implementing it in the coming year. The LME is currently in the process of reviewing the new definition and will be implementing it in the coming year. The LME is currently in the process of reviewing the new definition and will be implementing it in the coming year.</p> <p>When the plan for the development is fully operational, the LME will offer a total of 47 apartments for eligible consumers. Once it has been determined how OE would like to proceed, the LME will request a waiver for the State to begin implementation of the new service definition to replace ADVP.</p> <p>The LME consolidated the referral process for all Low-Income Housing Tax Credit properties in the</p>	<p>Service Management</p>

	<p>catchment area. There is now a single Local Lead Agency for all seven Alamance and Rockingham housing developments.</p> <p>The LME continued to interview prospective candidates for three 811 HUD Housing Development properties to ensure that tenants are eligible for the service and that the service meet a given candidate's individual needs.</p> <p>The LME and Mental Health Association oversaw the building and opening of a 14-bed 811 HUD Housing Development for persons with severe and profound mental illnesses who are in need of supervised living, low.</p> <p>The LME and the local housing Continuum of Care submitted two Shelter Plus Care grants to the Department of Housing and Urban Development. Shelter Plus Care provides housing to persons who are homeless with a mental health, developmental disabilities, and substance abuse disability. The first grant extends a previous grant for 12 additional months; this provides housing to an average of 25 people per year. The second grant is a new proposal that would offer housing to four people. Both grants were scored higher than all other submissions from North Carolina.</p> <p>The LME continued to work with the Graham Housing Authority, Caswell Section 8 Housing, and the Joy Shabazz Center for Independent Living to link homeless persons with a mental health, developmental disabilities, and substance abuse disabilities to housing through the Shelter Plus Care Program. There are four separate grants that provide housing to an average of 50 persons in Alamance, Caswell &amp; Rockingham Counties.</p>	
--	--	--

**\*\*State Strategic Goals**