



Provider Forum

November 10, 2015

1:00 PM

Agenda

Welcome and Updates
(10 minutes)

Beth Lackey
Provider Network Director

HCBS
(10 minutes)

Doug Gallion
IDD Clinical Manager

Family Centered Treatment (FCT)
(30 minutes)

Cindy Lemberg
NC Mentor

Partners Training Academy
(10 minutes)

Janet Noblett
Training Coordinator

Clinical Collaboratives
(15 minutes)

Lynne Grey
Utilization Management

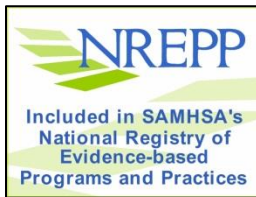
NCTOPPS
(15 minutes)

Beth Lackey

Closing

Beth Lackey

Recognition for Family Centered Treatment®



Family Centered Treatment (FCT) is now included in **SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)**. NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=363>



FCT is recognized as an EBP by **The California Evidence-Based Clearinghouse for Child Welfare**; The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system. The primary goal of the CEBC website is to provide a searchable database of programs that can be utilized by professionals that serve children and families involved with the child welfare system.

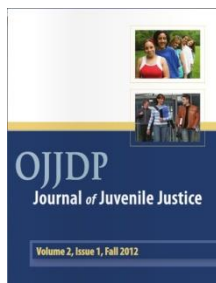
<http://www.cebc4cw.org/program/family-centered-treatment/>



In 2013, FCT was listed as a *Resource* in the **Coalition for Juvenile Justice, Juvenile Justice Monitor**. Each month, the Juvenile Justice Monitor offers state and national juvenile justice news from the **Coalition for Juvenile Justice**. A typical monthly issue includes federal policy updates and alerts, news about CJJ conferences and events, news from the SAG regional coalitions, CJJ Board of Directors and committee news, National Juvenile Justice Network (NJNN) news, and other events and resources. Additionally, FCT has been a featured webinar sponsored by the CJJ.

CJJ Monitor: <http://myemail.constantcontact.com/CJJ-Juvenile-Justice-Monitor.html?soid=1113093459475&aid=hLverDlo1lc>

CJJ FCT Webinar: <http://www.juvjustice.org/news/688>

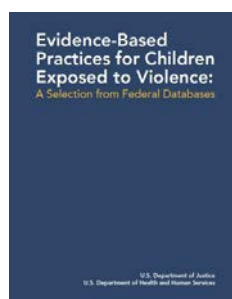


Family Centered Treatment®-An Alternative to Residential Treatments for Adjudicated Youth: Outcomes and Cost-Effectiveness.

Published in the Journal of Juvenile Justice, a semi-annual, peer-reviewed journal sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Articles address the full range of issues in juvenile justice, such as juvenile victimization, delinquency prevention, intervention, and treatment.

<http://www.journalofjuvjustice.org>



Recently the **U.S. Departments of Justice and Health and Human Services** have jointly released, "Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases." Family Centered Treatment is listed in the matrix of practices identified. Download and read the full document:

http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf.

The publication summarizes findings from federal reviews of research studies and program evaluations to help communities improve outcomes for children exposed to violence. It cites evidence-based practices that practitioners and policymakers can use to implement prevention services and activities for these children.



In 2012, FCT was selected as model of choice to be implemented as part of the state of **Indiana Department of Child Services Comprehensive Home Based Services** RFP initiative. The purpose of this RFP is to select Comprehensive Home Based Services vendors/providers that can satisfy the DCS need for the provision of Comprehensive Home Based Services that are to be Evidenced Based Models or Promising Practices to all 18 regions and the corresponding 92 local offices in the State. <http://www.in.gov/dcs/index.htm>



In 2011, FCT was formally designated as a Family Therapy model option eligible for providers as part of the **North Carolina Division of Medical Assistance** Intensive In Home Service Definition (p.38).

The Division of Medical Assistance (DMA) is overseen by the North Carolina Department of Health and Human Services (DHHS), and whose mission is to provide access to high quality, medically necessary health care for eligible North Carolina residents through cost-effective purchasing of health care services and products.



In 2011 FCT was formally designated and listed with the **Virginia Commission on Youth** 4th edition Collection of Evidence Based Practices for Children and Adolescents with Mental Health Treatment needs. The Virginia Commission on Youth was established by the Virginia General Assembly and represents a legislative response to a two-year study examining the issues related to services to chronic status offenders. Virginia Code directs the Commission "to study and provide recommendations addressing the needs of and services to the Commonwealth's youth and families." Enacted in 1989, the Commission began operations in 1991. Information available at: <http://coy.state.va.us/about.asp>.



As result of the effective work within Maryland, Family Centered Treatment is recognized by Innovations Institute. **The Maryland Child and Adolescent Innovations Institute** has recognized Family Centered Treatment ® as an Evidence Based Practice within Maryland and is publishing their own analysis and outcomes on the effectiveness of FCT with Maryland's client/families as well as the effectiveness of other EBP programs used within the state of MD. <http://medschool.umaryland.edu/innovations>.

The Institute for Innovation and Implementation (The Institute) serves as a training, technical assistance, evaluation, policy, systems design, and finance center for the Maryland Children's Cabinet and its member agencies, along with multiple other states, localities, and private organizations. The Institute supports state and local governments and organizations to implement effective systems and practices that are designed to best meet the needs of children and youth with complex behavioral needs and their families. This support is provided through three primary units within The Institute: Policy and Finance; Technical Assistance and Implementation; and Research and Evaluation. These units work in an integrated fashion to assist governmental and other organizational entities to achieve better outcomes for children, youth, and their families.



Since 2007, FCT has been a model program for use in North Carolina through the **Juvenile Crime Prevention Councils**. **The North Carolina Department of Public Safety partners with Juvenile Crime Prevention Councils** in each county to galvanize community leaders, locally and statewide, to reduce and prevent juvenile crime. Through its Community Program Section, The

North Carolina Department of Public Safety/Division of Juvenile Justice works to provide the State of North Carolina with a comprehensive strategy that helps prevent and reduce juvenile crime and delinquency. This strategy focuses to strengthen families, promote delinquency prevention, support core social institutions, intervene immediately and effectively when delinquent behavior occurs, and to identify and control the small group of serious, violent, and chronic juvenile offenders in the local communities.



Further definition of the FCT model can be accessed on the FCT web site; www.familycenteredtreatment.com

Since 2008 FCT, and specialty uses of FCT, have been presented at such national conferences as: *1st Annual Global Implementation Conference, CWLA, AAMFT, AAAEBP, NAMI, FFTA, Violence Prevention, Research Conference on Family Programs and Policy, Generations United, ACA, NASW, CMHS GAINS (SAMHSA), AMHCA, and NCJFCJ*.



FCT is owned, licensed, implemented by, and researched by **Family Centered Treatment Foundation, Inc. (FCTF)**. FCTF is a private 501(c)(3) not for profit organization whose primary purpose is to transform the quality and effectiveness of agencies providing services to at-risk families. www.FamilyCenteredTreatmentFoundation.org

Family Centered Treatment

☐ Child is between ages 3 and 20

☐ There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability; and

☐ The youth's symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of his or her mental health or substance abuse condition, requiring intensive, coordinated clinical interventions. As evidenced by:

☐ The youth is at imminent risk of out-of-home placement based on the child or adolescent's current mental health or substance abuse clinical symptomatology, or is currently in an out of-home placement and a return home is imminent. As evidenced by:

☐ there is significant family functioning issues that have been assessed and indicated that the beneficiary would benefit from family systems work (to include access to service issues and family multi-stress situations) as evidenced by one or more of the following:

☐ a step down from a higher level of care

☐ there has been DSS involvement in the last year

☐ there has been Juvenile Justice involvement in the last 6 months

☐ Multiple School Suspension

☐ Crisis Intervention in last 6 months: law enforcement involvement, crisis line calls, mobile crisis service, emergency crisis bed stay etc.

☐ physical abuse

☐ verbal abuse

☐ sexual abuse

☐ physical neglect

☐ emotional neglect

☐ parent or caretaker that abuses substances

☐ parent or caretaker that is the victim of domestic violence

☐ parent or caretaker that has a mental health diagnosis

North Carolina
MENTOR

CLIENT NAME:

DOB:

RECORD #:

MEDICAID #:

☐

the loss of a parent or caretaker to divorce, abandonment or death

☐

a parent of caretaker that is incarcerated

☐

a significant other traumatic event to include (but not exclusive of) watching a sibling being abused, homelessness, surviving and recovering from a severe accident.

☐

Child is at risk of removal from the home



Application for Services

Date Received: _____ Start Date: _____ ☐ Placed on the Waiting List ☐ Not Appropriate for Services

Client Name: _____ DOB: _____ Age: _____ Race: _____ Sex: _____
NC MENTOR Record ID #: _____ Medicaid #: _____ Insurance ID #: _____
Funding Agency: _____ Client ID# used by Referring Agency: _____ SS#: _____
(only if required by contract)
ICD 10 information: _____ DSM V information: _____
Caregiver at Intake: Name _____ Relationship _____ Phone # _____
(who has physical custody of client?)
Address: _____ Home #: _____ Work: _____
Is this the legal Guardian: ☐ Yes ☐ No If no, list Legal Guardian? _____ Relationship: _____
Email address: _____
Address: _____ Home #: _____ Work: _____
Self Referral: Y/N _____ Referral Source Agency (if applicable): _____ Contact Person: _____
Type of Agency: (i.e. Social Services, School, Juvenile Justice, medical doctor/other therapist/counselor or other-)

Mailing Address: _____ E-mail Address: _____
Office#: _____ Fax#: _____

REASON FOR REFERRAL (check the general category (ies) as well as the specific issues under each that prompted this referral. Check all that apply.)

☐ Mental Health/Emotional ☐ Exposure to Violence ☐ Domestic Violence ☐ Grief ☐ Physical Abuse ☐ Sexual Abuse ☐ Neglect ☐ Depression ☐ Suicidal Ideation/Attempts ☐ Transitional/Adjustment Problems ☐ Eating Disorders ☐ Victim of bullying ☐ Victim of Discrimination Sexual Orientation Race Gender	☐ School Problems ☐ Truancy ☐ Learning Disability ☐ Behavior ☐ Bullying	☐ Medical Problems ☐ Caregiver health ☐ Client health ☐ Physical Disability	☐ Physical Environment ☐ Homeless / Shelter needs ☐ Food needs ☐ Employment needs ☐ Financial needs ☐ Sanitation ☐ Safety needs	☐ Behavioral Problems ☐ Juvenile delinquency ☐ AWOL/Runaway ☐ Sex Offender ☐ Parental Neglect ☐ Parenting Skills ☐ Assault ☐ Property Damage ☐ Substance Abuse ☐ Personal Hygiene
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☐ Other (explain) _____

PLACEMENT RISK:

Is the client (check one):
☐ At risk of an out of home placement ☐ Yes ☐ No
If yes, how great is the risk of out of home placement? ☐ Low ☐ Moderate ☐ High ☐ Placement Pending
High should be checked for all FCT cases in North Carolina
Check the type of placement that the placement would be most likely to occur, should an out of home placement be required:
☐ Foster Care ☐ Relative ☐ Youth Academy/Training Center ☐ Psychiatric Hospitalization
☐ Secure Detention ☐ Group Home ☐ Residential Treatment Facility ☐ Respite/ Emergency Shelter
☐ Inpatient Substance Abuse Treatment ☐ Group Home (Juvenile Services) ☐ Other (specify) _____

PLACEMENT HISTORY check all that apply

☐ No history of placements
☐ If the client is currently in an out of home placement ⇒ is the plan to return client to home/community? ☐ Yes ☐ No

If the client is currently in an out of home placement then check the type:

- ☐ Foster Care ☐ Relative ☐ Youth Academy/Training Center ☐ Psychiatric Hospitalization
☐ Secure Detention ☐ Group Home ☐ Residential Treatment Facility ☐ Respite/ Emergency Shelter
☐ Inpatient Substance Abuse Treatment ☐ Group Home (Juvenile Services) ☐ Other (specify) _____

- ☐ This is a reunification process due to recent placement back in the home /community.
☐ The client is not currently in an out of home placement but has a history of placements

If there have been previous placements, check the type(s) of placement(s) and list the number of separate placements of that type:

Placement Type	How Many Times?	Placement Type	How Many Times?
☐ Foster Care	_____	☐ Group Home	_____
☐ Relative	_____	☐ Residential Treatment Facility	_____
☐ Psychiatric Hospitalization	_____	☐ Respite/ Emergency Shelter	_____
☐ Group Home (Juvenile Services)	_____	☐ Long Term Secure Confinement	_____
☐ Secure Detention	_____	☐ Inpatient Substance Abuse Treatment	_____
☐ Other (specify) _____	_____		

- Does this client have any previous Juvenile Services involvement? ☐ Yes ☐ No
 Does this client have current Juvenile Services Involvement? ☐ Yes ☐ No

If applicable, enter current charge(s) _____

Is this charge considered a misdemeanor ? yes / no or is it considered a felony ? yes / no

(If yes, complete the following)

Is this client considered pre-court with charges pending? ☐ Yes ☐ No

Is this client adjudicated delinquent? ☐ Yes ☐ No

Is this client currently on probation? ☐ Yes ☐ No

Is this client receiving after care supervision? ☐ Yes ☐ No

Is this client a repeat offender? ☐ Yes ☐ No

Check all applicable behavior or history of:

- ☐ Aggressive/Violent ☐ Sex Offender
☐ Drug possession/distribution ☐ Substance Abuse
☐ Theft ☐ Gang involvement
☐ Adjudicated offense status:
 ☐ Misdemeanor/s ☐ Other non violent not listed _____
 ☐ Felony/ies

Signature of authorized referral source/representative _____ Date _____



Partners invites your company to participate in our new

Residential Services Collaborative

This collaborative is an opportunity for Levels I, II, III, IV, and PRTF Residential Treatment providers and MCO staff to collaborate periodically, as we work to move children through the entire treatment continuum.

Wednesday, November 18 at 1:30 pm

Video conferenced from all three sites: **Gastonia, Hickory, and Elkin**

The goals of this collaborative are:

- To identify and reduce barriers to treatment
- To promote positive treatment outcomes
- To collaborate with other providers across the entire Partners System of Care
- To explore how Partners can better support you in this important work

Who should attend?

- Residential Treatment Providers
- Clinical Leadership
- Program Directors
- Quality Management Professionals

Partners staff from the following departments will attend:

- Care Coordination
- Provider Network
- System of Care
- Utilization Management



Representation from all of our Residential Services providers will ensure the success of this collaborative, so we hope to see you there!

Please RSVP and send any questions to:

Liza Go-Harris at LGo-Harris@partnersbhm.org



Partners invites your company to participate in our new

Substance Use Disorder (SUD) Collaborative

This **SUD Collaborative** is an opportunity for SUD treatment providers and MCO staff to collaborate periodically across levels of care, as we work together to meet the complex needs of this population.

Wednesday, October 21 at 2:00 pm

Video conferenced from all three sites: Gastonia, Hickory, and Elkin

The goals of this collaborative are:

- To identify and reduce barriers to treatment
- To promote positive treatment outcomes
- To collaborate with other providers across the entire Partners System of Care
- To explore how Partners BHM can better support you in this important work

Who should attend?

- Clinical Leadership
- Program Directors
- Quality Management Professionals

Key Partners staff from the following departments will attend:

- Care Coordination
- Provider Network
- System of Care
- Utilization Management



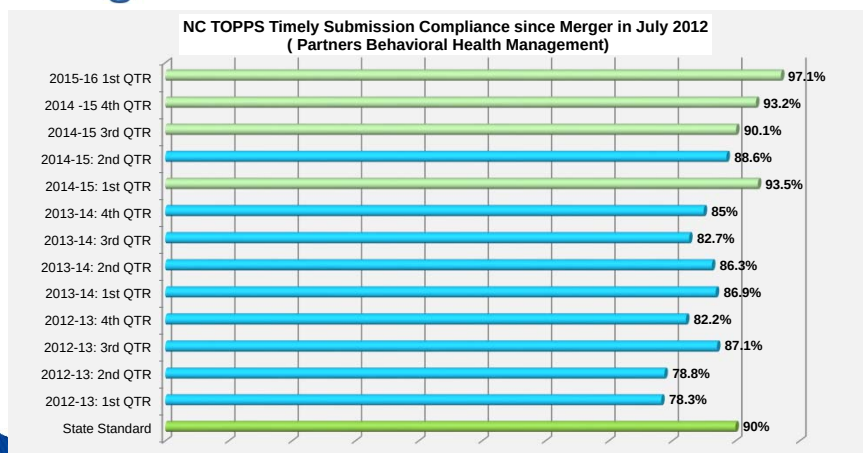
Representation from all of our SUD treatment providers will ensure the success of this collaborative, so we hope to see you there!

Please RSVP and send any questions to:

Lynne Grey at lgrey@partnersbhm.org



Submission Compliance since Merger



NC TOPPS 3 Month Update Timely Submissions by Providers based on Initials submitted January-March, 2015

- ▶ The State benchmark for timely submission of NC TOPPS is 90%.
- ▶ For the 1st quarter 2015-2016, Partners compliance is 97.1%. Up from 93.2% last quarter.
- ▶ Partners BHM currently had 106 Providers registered within the NC TOPPS system during the first quarter. (Multiple sites included)
- ▶ This quarter 58 Provider sites met the 90% submission standard. 51 of the 58 Providers had 100% submission rate for compliance
- ▶ It should also be noted that 37 Providers had no requirements for updates.(Multiple sites included)



NC TOPPS Superstars

11/10/2015

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Providers with 90% or more compliance with NC TOPPS 3 month updates

Agency Name	Agency City	% Received on time	Standard Met
A Caring Alternative	Morganton	100.0%	Yes
Addiction Recovery Medical Services (ARMS)	Statesville	100.0%	Yes
Alexander Youth Network	Morganton	100.0%	Yes
Alexander Youth Network	Shelby – S. Post Rd.	100.0%	Yes
Alexander Youth Network	Dallas	100.0%	Yes
Alexander Youth Network	Hickory	100.0%	Yes
Alexander Youth Network	Shelby – West Marion	100.0%	Yes



NC TOPPS Superstars

11/10/2015

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Agency Name	Agency City	% Received on time	Standard Met
Archway Counseling	Morganton	100.0%	Yes
Beaty Recovery Services	Gastonia	100.0%	Yes
BranMarc, Inc. Family Service	Gastonia	100.0%	Yes
CARING for Children - Burke	Asheville	100.0%	Yes
Carolina Therapeutic Services, Inc	Gastonia	100.0%	Yes
Catawba Valley Behavioral Health	Hickory	100.0%	Yes
Children's Advocacy Network	Gastonia	100.0%	Yes



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Provider Agency	Agency City	% Received on time	Standard Met
Children's Hope Alliance	Statesville	100.0%	Yes
Daymark Recovery Services	Yadkinville	100.0%	Yes
Easter Seals UCP NC & VA	Morganton	100.0%	Yes
Easter Seals UCP NC & VA	Mount Airy	100.0%	Yes
Excalibur Youth Services, LLC dba Venice PRTF	Simpsonville	100.0%	Yes
Families First Support Services, LLC	Shelby	100.0%	Yes
FOCUS Behavioral Health Services, LLC	Hudson	100.0%	Yes



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Provider Agency	Agency City	% received on time	Standard Met
FOCUS Behavioral Health Services, LLC	Drexel	100.0%	Yes
Focus Point, Inc.	Gastonia	100.0%	Yes
Gaston Adolescent Center, Inc.	Gastonia	100.0%	Yes
Genesis Project 1, Inc.	Charlotte	100.0%	Yes
Innovative Compliance Solutions	Gastonia	100.0%	Yes
Lutheran Family Services	Bessemer City	100.0%	Yes
McLeod Center	Marion	100.0%	Yes
McLeod Center	Statesville	100.0%	Yes
McLeod Center	Lenoir	100.0%	Yes



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Provider Agency	Provider City	% Received on time	Standard Met
Monarch	Gastonia	100.0%	Yes
Monarch	Lincolnton	100.0%	Yes
Monarch	Winston-Salem	100.0%	Yes
Monarch	Shelby	100.0%	Yes
NC Mentor Network	Gastonia	100.0%	Yes
New Hope Carolinas	Rock Hill	100.0%	Yes
Outreach Management Services	Gastonia	100.0%	Yes



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Provider Agency	Provider City	% Received on time	Standard Met
Phoenix Counseling Center	Gastonia	100.0%	Yes
Phoenix Counseling Center	Lincolnton	100.0%	Yes
Self Concepts Clinical Counseling Services, Inc.	Gastonia	100.0%	Yes
Strategic Behavioral Center	Leland	100.0%	Yes
Strategic Interventions, Inc.	Morganton	100.0%	Yes
Strategic Interventions, Inc.	Yadkinville	100.0%	Yes
Sunpath, LLC	Gastonia	100.0%	Yes


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Provider Agency	Provider City	% Received on time	Standard Met
Support, Inc.	Gastonia	100.0%	Yes
The Right Choice MWM, Inc.	Charlotte	100.0%	Yes
Thompson Child and Family Focus	Matthews	100.0%	Yes
Top Priority Care Services, LLC	Winston-Salem	100.0%	Yes
Turning Point Homes	Charlotte	100.0%	Yes
Willowbrook Treatment Center	Hope Mills	100.0%	Yes
Youth Villages	Greensboro	100.0%	Yes


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Provider Agency	Provider City	% Received on time	Standard Met
Burke Council on Alcoholism & Chemical Dependency	Morganton	91.7%	Yes
Clay, Wilson, and Associates/Cognitive Connection	Hickory	96.6%	Yes
Daymark Recovery Services	Statesville	98.2%	Yes
Easter Seals UCP NC & VA	Statesville	94.7%	Yes
Lifespan, Inc.	Charlotte	90.0%	Yes
McLeod Center	Hickory	93.0%	Yes
Phoenix Counseling Center	Shelby	97.0%	Yes


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Summary of 1st Quarter Results

- ❖ 51 Provider sites made 100% submission standard.
- ❖ 7 Provider sites made 90.0 to 98.2% submission standard.
- ❖ 6 Provider site made 80.0% to 89.8% submission standard.
- ❖ 5 - Provider sites fell below 79% submission standard.
- ❖ 37- Provider sites had no requirements for updates
Total =106
- ❖ The 37 with no requirements will be under review. Some will be deleted from the NC TOPPS list for various reasons i.e.: No longer contracted with us, Agency closed, etc.


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Take Away

- ▶ ***We met the State submission standard for this quarter @ 97.1% and have continued to climb !***
- ▶ We continue to take steps to assist those falling under the 90% standard submission rate and offer assistance to all who need and/or request our assistance.
- ▶ We continue to research those agency sites who have no submissions for Current and/or previous quarters in order to clean-up the list of registered providers within the NC TOPPS system.
- ▶ All superusers have access to the updates needed report for tracking purposes and to assist in getting interviews in on time. Each provider is required to have at least one superuser.
- ▶ Remember that the **State allows two weeks before and two weeks after the due date** to get updates turned in on time.



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CNDS Requirements (Common Name Data Services)

- ▶ The CNDS Field has been **mandatory** for all update interviews as of July 1, 2015.
- ▶ To obtain the CNDS number for those who are not enrolled in Medicaid, the contact person is **Cindy Combs**. Please send a confidential email through the ZixMail portal to Cindy @ ccombs@partnersbhm.org . In the email, include the individual's name, social security number and date of birth. You may also contact Cindy at 336-527-3209.
- ▶ If the individual is Medicaid-eligible, the CNDS number is the Medicaid ID number.
- ▶ Should you have any questions about this or a need for other NCTOPPS information please feel free to contact Sheila Wall at swall@partnersbhm.org or call 704-224-2560.



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Contact Information

- ▶ **NC-TOPPS Help Desk:** Center for Urban Affairs & Community Services, NC State University:
 - (919)-515-1310
 - Help Desk: nctopps@ncsu.edu
- ▶ **Partners BHM:** Sheila Wall, Quality Management Data Analyst, (Gastonia site):
 - (704)-884-2560
 - swall@partnersbhm.org
 - (please use only consumer MR#'s in emails-no identifying information!)



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Thanks!!
For the 97.1%
And keep up
the
good work!!!!



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