



Quarterly Provider Forum December 13, 2017



Beth Lackey, MSW, LCSW Provider Network Director

Welcome and Announcements

- ▶ Provider Council will not meet in the month of December; however, they will resume January 26, 2018 at 9:30am in the Hickory Multi-Purpose Room
- ▶ Provider Council I/DD Stakeholder Group Meeting
Scheduled: Location: Hickory First Floor Conference Room
Date: December 11, 2017; Time: 1:30pm – 3:30pm
- ▶ Provider Council Leadership Change Effective January 1, 2018
 - Chair: Julie Walker (Clay Wilson, Cognitive Connection)
 - Vice Chair: Tim Lentz (CVBH)
 - Secretary: Beth Brown (Phoenix Counseling Center)



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Special Recognition

Outgoing Provider Council Officers

- ▶ Special Thanks from Partners and on behalf of the provider network at large to the following for their outstanding leadership and contribution this past year as your Provider Council Officers
 - Chair – Shannon Children, Holy Angels
 - Vice Chair – Julie Walker, Clay Wilson/Cognitive Connection
 - Secretary – Rhonda Cooper, Boundless Miracles
- ▶ Thank You for your hard work and dedication



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Reminders from the recent Communication Bulletin

- NC HealthConnex Reminders
- ASOUD Target Population Reminder
- Transition Management Services Update
- State Funds Updates



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NC HealthConnex

- **NC HealthConnex Connection Required for Medicaid Hospitals, Physicians, and Mid-Level Practitioners by June 1, 2018:** Per Session Law (S.L.) 2015-241, as amended by S.L. 2017-57, North Carolina providers who are reimbursed by the state for providing health care services under Medicaid and N.C. Health Choice programs must join NC HealthConnex, the state-designated Health Information Exchange.
- **As of June 1, 2018**, hospitals, mid-level physicians and nurse practitioners who currently have an electronic health record system are to be connected to NC HealthConnex to continue to receive payments for Medicaid and N.C. Health Choice (NCHC) services. **By June 1, 2019**, all other Medicaid and state funded providers must be connected (e.g., State Health Plan, Program for All Inclusive Care of the Elderly (PACE), and state grants).
- The NC Health Information Exchange Authority (HIEA), the N.C. Department of Information Technology agency that manages NC HealthConnex, will be hosting "How to Connect" webinars on the last Monday of each month at noon to educate providers affected by this law, describe the technical and onboarding requirements and answer questions about the legal [Participation Agreement](#) which governs the data connection. In the meantime, providers can learn more at nchealthconnex.gov/how-connect.
- To register for the next webinar at noon on Monday, Nov. 26, 2017, and to learn more about NC HealthConnex, visit nchealthconnex.gov. NC HealthConnex links disparate systems and existing North Carolina HIE networks together to deliver a holistic view of a patient's record. It currently houses 3.9 million unique patient records, allowing providers to access their patients' comprehensive records across multiple providers, and review consolidated lists of items including labs, diagnoses, allergies and medications.
- Providers with questions can contact the NC HIEA staff at 919-754-6912 or hiea@nc.gov.



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ASOUD Target Population Reminders

- *This information was also published in the November 11th Provider Alert:* In working with, and with direction from the Division of Mental Health, Partners Eligibility and Enrollment Department is end-dating the Adult Substance Opioid Use Disorder (ASOUD) target population as we have drawn down all funds. *If consumers are eligible for another target population, please ensure they are enrolled.* This direction is given to all providers **except** our designated Opioid Treatment Providers.
- In addition, we will not accept any new enrollments into ASOUD for any provider at this time. If we are notified by DMH that we will be receiving additional dollars, we will be contact providers immediately.



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Transition Management Services Update

- We heard you! Based on provider feedback, Partners has extended the authorization period for Transition Management Services from 90 days to 180 days. More details are included on the State Benefit Grid posted at <https://providers.partnersbhm.org/benefit-grids/>. If you have questions, please contact Lynne Grey at lgrey@partnersbhm.org.



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State Funds Updates

- ▶ This is the time of the year when we will begin moving dollars from State Funded Contracts
- ▶ We have endured several State Funded reductions this fiscal year across all populations
- ▶ We will begin looking at a combination of utilization and timely follow up after hospitalization compliance for the 2018-2019 State contracts



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- ▶ If you have questions, please reach out to your assigned account specialist
- ▶ Thank you for your time and attention today



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**Next: Program Integrity
presents on their role in
behavioral healthcare..**



**IDENTIFYING FRAUD AND ABUSE
IN HEALTH CARE**

Provider Webinar, December 13, 2017
William Owens, Program Integrity Director

Key Topics Covered

Impact of
Health Care
Fraud and Abuse

Reporting Fraud
and Abuse

Identifying Fraud
and Abuse

Partners BHM's
Program Integrity
Department



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Fraud and Abuse Defined



"An intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law." 42 CFR Part 455.2

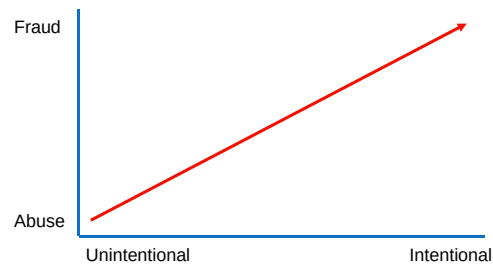


"Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program." 42 CFR Part 455.2



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Fraud and Abuse Defined



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The Cost of Health Care; Fraud and Abuse



\$3.2 Trillion
National (2015)¹



\$13.9 Billion
NC Medicaid (2015)²



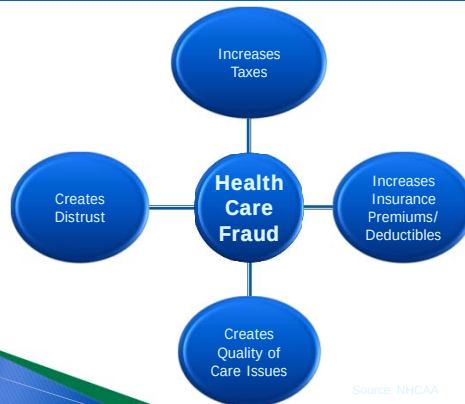
\$258 Million
Partners Service Funds
(2015)³



¹ Source: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/nationalhealthexpendData/NHE-Fact-Sheet.html>
² Source: <https://www.nc.gov/ncd/medicaid-annual-report/nc-medicaid-annual-report-fiscal-year-2015.pdf>
³ Source: <https://www.partnersbhm.org/financial-report/annual-report-2015.pdf>

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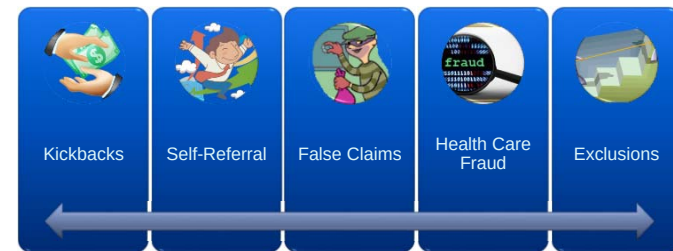
Fraud & Abuse Impacts Everyone



Source: NHCAA

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Potential Areas of Fraud and Abuse



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Anti-Kickback Statute

- ▶ Knowingly and willfully offering, paying, soliciting, or receiving any payment or reward to incentivize referrals for items or services reimbursable under Medicare or Medicaid
- ▶ Penalties can reach up to \$50,000 for each improper act and damages of up to 3 times the amount the remuneration



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Physician Self Referral Law

- ▶ Also known as: Stark Law
- ▶ Prohibits a physician from making a referral for certain designated health services to an entity the physician (or an immediate family member) has an ownership/investment interest or has a compensation arrangement
- ▶ Penalties may include payment denial, monetary penalties and/or exclusion



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False Claims Act

- ▶ Knowingly submitting, or causing another person or entity to submit, false claims for payment of government funds
- ▶ “Knowing” includes acting in deliberate ignorance or reckless disregard of the truth related to the claim
- ▶ Penalties: Civil - up three 3 times the government’s damages plus \$5,500 to \$11,000 per false claim.
- ▶ Whistleblower Protection



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Health Care Fraud

- ▶ Knowingly and willfully attempts to or executes scheme to defraud health care benefit program
- ▶ Penalties can reach up to life in prison
- ▶ No need to show specific intent



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Possible Sanctions

Possible payback or payment suspension

Fines can be levied and Civil penalties may be imposed

Arrest and conviction

Exclusion, being barred from state and federal programs



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Exclusion Statute

- ▶ Individuals and agencies can be excluded from federal/state/ local funded healthcare programs
- ▶ Payment will not be provided for any items or services furnished, ordered, or prescribed by an excluded individual or entity
- ▶ Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties
- ▶ Partners BHM and its providers are prohibited from being affiliated with anyone on the Listing of Excluded Individuals and Entities

<http://exclusions.oig.hhs.gov/>



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National Enforcement Activities (Medicaid Fraud Control Units¹)

1,564 defendants convicted (FY 2016)

\$1.9 billion in recoveries (FY 2016)

5,297 individuals and agencies placed on the Federal Exclusions List (FY 2016)²



<https://www.fraudcontrolunits.org/fy-2016-report>
<http://www.fraudcontrolunits.org/fy-2016-report>



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NC Medicaid Enforcement Activities Fiscal Year 2016

Criminal Cases Recovered \$11.9 million

22 Convictions

23 Civil Settlements \$68.5 Million recovered



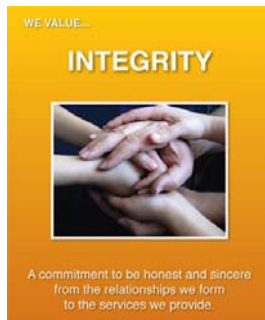
Source: MFCU Statistical Data FY2016
<https://this.hhs.gov/fraud/medicaid-fraud-control-units-statistics/nc-mfcu-statistics-fy2016-statistical-chart.pdf>



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What is the Program Integrity Department?

- ▶ It's a team of specially trained staff devoted to prevention, detection, and resolution of health care fraud and financial abuse.



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Program Integrity Department Function Highlights

- ▶ Receive Complaints
- ▶ Data Analytics
- ▶ Audit
- ▶ Investigate
- ▶ Tentative Notice of Overpayment
- ▶ Warning Letter
- ▶ DMA/MID Referral
- ▶ Preventative Education
- ▶ Collaborate



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Your Responsibilities



- Comply with laws, rules, regulations, contract, policies
- Participate in Training Sessions
- Ask Questions When in Doubt
- Report suspicions or knowledge of fraud

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Partners BHM Program Integrity Department

William Owens	Program Integrity Director	704-842-6428
Michael Bomar	Supervisory Investigator	704-884-2566
April Cash	Paralegal	704-884-2523
Tamar Conyers	Auditor	704-884-2522
Donde Jones	Investigator	704-884-2524
Julie Pitt	Investigator	704-842-6327
Wilden Sanchez	Data Investigator	704-884-2580
Teresa Shirley	Lead Auditor	704-842-6325
Summer Surratt	Investigator	704-884-2617

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Report Fraud and Abuse to Partners BHM ALERT-LINE



1-866-806-8777 or
<https://partnersbhm.alertline.com>



Lines open 24/7



You do not have to give your name

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Additional Avenues to Report Medicaid Fraud & Abuse

- ▶ Contact the DHHS Customer Service Center at 1-800-662-7030
- ▶ Call the Medicaid fraud, waste and program abuse tip-line at 1-877-DMA-TIP1 (1-877-362-8471)
- ▶ Confidentially, online Medicaid fraud and abuse complaint:
<http://dma.ncdhhs.gov/report-fraud-waste-or-abuse>
- ▶ Call the State Auditor's Waste Line: 1-800-730-TIPS
- ▶ Call the Inspector General's Fraud Line at 1-800-HHS-TIPS

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References

A roadmap for new physicians; Avoiding Medicare and Medicaid fraud and abuse. (n.d.). *Office of Inspector General*. Retrieved October 30, 2017, from <https://oig.hhs.gov/compliance/physician-education/index.asp>.

Medicaid Fraud Control Units – MFCU (n.d.). *Office of Inspector General | U.S. Department of Health and Human Services*. Retrieved October 30, 2017, from https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/expenditures_statistics/ty2016-statistical-chart.pdf

The National Healthcare Anti-fraud Association (NHCAA). "Consumer Info & Action"; available at: <https://www.nhcaa.org/resources/health-care-anti-fraud-resources/consumer-info-action.aspx>, Retrieved October 30, 2017



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Care Coordination is up Next...



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Care Coordination Vs. Case Management: Perceptions and Expectations

Colleen Kinslow
MHSU Program Manager



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Who are we?

MHSU Care Coordination (adult and child)
TCL
Specialty Teams – DSS, DJJ, WPTCT/Population Health



Who are we? (cont.)

- Licensed clinician
- Nurses
- QPs
- Family Partners
- Peer Support Specialists
- Administrative Supports

What does MHSU Care Coordination Do?

- ▶ Connect consumer to a behavioral health and physical health home
- ▶ Participate in discharge planning
- ▶ Ensure consumers discharged from an inpatient unit have an appointment within 7 days (timely follow-up)
- ▶ Educate and link consumers and others about behavioral and physical health services/resources
- ▶ Utilize Population Health information to intervene with population groups
- ▶ Review documents such as Person Centered Plan, Crisis Plan, Health History to enhance collaborations
- ▶ Organize provider, key stakeholders, and supports to address needs of the consumer and maintain a proactive plan of care

Timely Follow up starts with the client!

Relationships:

That means we are all in this together. ☺

- Consumers
- Providers
- Stakeholders
- Communities
- MCO

Discharge planning

- ▶ Community Hospitals
 - Within catchment
 - Outside catchment
- ▶ State Hospitals and ADATC
- ▶ Crisis Recovery Centers
- ▶ Psychiatric Rehabilitation and Treatment Facilities
- ▶ Level III group homes

Population Health

- ▶ Example:
 - Whole Person Transition Care Team
 - Transitional Care Model (Naylor)



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Collaboration

- ▶ Consumers – what do they want?
- ▶ Providers- what do they need?
- ▶ MCO - what is working and what is not?
- ▶ Stakeholders – how are the communities involved and/or impacted?



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MHSU Care Coordination –
Improving lives and
strengthening communities...
one life at a time.



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Let's hear from our Regional
Manager on the Disaster
Plan...



Partners Internal Disaster Response

Andrew Schrag, Regional Director of Community Operations

Partners Internal Disaster response

Internal Team (1 per region) activated

Internal Team Consists of:

- o Regional Director of Community Operations
- o MH/SU Care Coordination Program Manager
- o IDD Supervisor

Determines:

- Red Cross involvement
- Level of need
- Volume of help
- Coordinates with mobile crisis and first responders



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Provider Disaster Response

Red Cross is involved

Regional Director will inform appropriate providers of event.

Providers will:

1. Make arrangements to accommodate an increase in walk-in services
2. Provide Regional Director an updated list of services currently available



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Provider Response

Red Cross is not involved

Regional Director will inform appropriate providers of event.

Providers will:

1. Inform Regional Directors of available resources/staff such as:
 - o Peer Support
 - o Referral Coordination
 - o Provision of short-term treatment out in the community
2. Make arrangements to accommodate an increase in walk-in services



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Contact us

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Tara Conrad

Partners Regional Director
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**We will here from our
Compliance officer next...**



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**Compliance, HIPAA Privacy and
Security Officers**

**Wendy Powers,
Health Information Manager**

**Who is your Compliance
Officer?**

**Do they handle HIPAA Privacy and
Security or is this a
separate person(s)?**

**Do all staff in your
agency know who they
are?**



- Starting in January, we will be reaching out to your agency to gather information on who is your Compliance Officer, HIPAA Privacy Officer and HIPAA Security Officer.
- Partners will create and maintain a master list.
- If a change in position, please notify us at Health_info_mgmt@partnersbhm.org




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Let's hear about Rights Restrictions

Doug Gallion
Associate IDD Clinical Services
Director



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Rights Restrictions in Residential Settings
(Group Homes, Alternative Family Living Homes)

All individuals living in provider owned or controlled residential settings have rights which cannot be restricted without assessed need and documentation. These rights include, but are not limited to, the ones outlined in the table below.

An individual's rights cannot be restricted based on program/provider rules or staff preference. Any restriction of rights must be based on the individual's unique clinical needs and must be documented and approved by the provider's human rights committee.
.....See handouts



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Up Next: IDD State Funded
Waitlist Referral Process



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IDD STATE-FUNDED WAITLIST REFERRAL PROCESS

Tammy Wellman
IDD Systems Manager

IDD STATE-FUNDED WAITLIST REFERRAL PROCESS

- ▶ EFFECTIVE JULY 1, 2017, PROVIDERS OF IDD STATE FUNDED SERVICES WILL BE REQUIRED TO CONTACT PARTNERS FOR REFERRAL(S) WHEN THE PROVIDER HAS AVAILABLE FUNDS TO SERVE A NEW INDIVIDUAL.
- ▶ PURPOSE OF THE STATE-FUNDED REFERRAL PROCESS
- ▶ STATE FUNDED SERVICES
 - PERIODIC SERVICES
 - RESIDENTIAL/DAY SERVICES



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REQUEST FOR REFERRAL

- ▶ TYPE OF VACANCY
- ▶ REFERRAL REQUIREMENT (RESIDENTIAL)
 - GENDER
 - AMBULATORY/NON-AMBULATORY
 - DIAGNOSIS
 - MEDICAL/BEHAVIORAL
- ▶ NOTIFY PARTNERS: EMAIL ADDRESS-
iddwaitlist@partnersbhm.org



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REFERRALS

- ▶ REGISTRY OF UNMET NEED'S LIST (WAITLIST)
 - APPROPRIATE CANDIDATES FOR VACANCY
- ▶ PROVIDER AGENCY
 - SCREENS AND/OR INTERVIEWS FOR VACANCY
 - SELECTS CANDIDATE
 - CONTACTS INDIVIDUAL/LRP (LEGAL RESPONSIBLE PERSON)
 - NOTIFIES MCO OF CHOICE



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CONTACTS:

- ▶ RANDY ROSS, IDD PROGRAM SUPPORT SUPERVISOR
rrross@partnersbhm.org
 828-323-8036 (office)
- ▶ TAMMY WELLMAN, IDD SYSTEMS MANAGER
twellman@partnersbhm.org
 980-223-4471



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Credentialing has a brief update:



Credentialing Update

Fielding Yelverton,
Credentialing Supervisor

Credentialing Update December 2017

- ▶ Credentialing Initiation Form (CIF) has been removed from the Provider Knowledge Base
 - New form is the **Provider Change Form**
 - Combination of old CIF and Change Request Form
 - Complete pertinent sections and submit along with required documentation to the Credentialingteam@partnersbhm.org email
- ▶ Information required by the credentialing sections of the Provider Change Form
 - **MUST** include **First, Middle, Last**, and (if applicable) **Maiden/pre-marital** name
 - **MUST** include **personal email, personal phone, and home address of the applicant**
 - We must have the home address to request the required background check.
 - Please remember: credentials follow the clinician; so, we need the clinician's contact information as well as the agency's
- ▶ Criminal Background Check Authorization
 - By signing the attestation in CAQH (and giving Partners authority to view their information), the credentialing applicant is giving Partners permission to perform all the background checks, verifications, etc., needed to satisfy the requirements of our credentialing process, including the criminal background check



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**Dr. Williams will present on
Partners' Timely Follow Up
Project**





Leah Williams, DrPH, MPH
Research Director
Partners Behavioral Health Management

Outline

- ▶ Background
- ▶ Implementation
 - CaroMont Health
 - Outreach Management Services: Integrated Health Solutions (OMS)
- ▶ Data
- ▶ What's Next?



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Background

Timely Ambulatory Follow Up

- ▶ Timely follow up from hospitalization is **CRITICAL**
 - Reducing the risk for re-admission to the hospital
 - Reducing the risk for frequent use of emergency department services
- ▶ Timely follow up appointments should occur within **7 DAYS** of discharge (NCQA)



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Background

Project Aim

- ▶ Collaborative approach to “partner” a community provider with a local community hospital to create a service team
- ▶ Assist Partners BHM enrollees in transition from inpatient psychiatric units back to the community



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Background

Project Aim

- ▶ Pre- and Post- Discharge
- ▶ Prior to discharge, the community provider works collaboratively with the community hospital
- ▶ Upon discharge, the community provider is responsible for ensuring follow up and connection to services



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Background

Goals

- ▶ Connect and engage more individuals to behavioral health care
- ▶ Reduce the risk for re-admissions and emergency department visits
- ▶ Improve the continuity of care through collaboration
 - **Performance Measure** - At least **55%** of individuals discharged from inpatient settings (each month) attend an ambulatory follow up visit within 7 days of discharge



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Background

Target Population and Coverage Area

- ▶ CaroMont Health
 - Gaston County Residents
 - Outreach Management Services: Integrated Health Solutions



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Implementation

CaroMont Health

Outreach Management Services: Integrated Health Solutions (OMS)



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Implementation

CaroMont Health

- ▶ Credentialing - *Vendormate*
- ▶ Safeguards in place for individuals to return to their established provider(s)
- ▶ CaroMont/OMS meetings with social workers and leadership
- ▶ Daily Huddles - Physicians, Nurses, Social Workers
- ▶ Services provided to both inpatient psychiatric units (medical unit and emergency department)



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Implementation

Outreach Management Services: Integrated Health Solutions

- ▶ Integrated Health Care Facility
- ▶ Full Continuum of Care for Adults and Children
- ▶ Walk-In Clinic and Partial Hospitalization



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Implementation

Outreach Management Services: Integrated Health Solutions

- ▶ Met with individual on inpatient unit prior to discharge to:
 - Conduct face to face interview
 - Participate in treatment team meetings with CaroMont personnel
 - Establish an introductory treatment/discharge follow up plan
 - Work with community based resources for follow up services



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Implementation

Outreach Management Services: Integrated Health Solutions

- ▶ Connected with individual within 48 hours of discharge to begin follow up transitional services and assertive engagement
 - Individuals referred to OMS or other clinically needed services (i.e. ACTT)
- ▶ 7-day follow up with consumer and/or provider
- ▶ Assume role of advocate, broker, and monitor until individual engages in services



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Show Me the Data!


<https://visualstudiomagazine.com>


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Discharges and Timely Follow Up Data

2014 – 2015 Gaston County Residents

Mon/Yr	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Average - 12 month timeframe
Total # Discharges	36	36	36	36	61	40	31	36	43	25	26	26	36
# with 7 days or less Timely Follow Up	9	8	14	14	29	15	14	19	17	9	15	12	15
% of 7 days or less Timely Follow Up	25%	22%	39%	39%	48%	38%	45%	53%	40%	36%	58%	46%	42%



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Discharges and Timely Follow Up Data

2015 – 2016 Gaston County Residents

Mon/Yr	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Average - 12 month timeframe
Total # Discharges	11	22	26	33	43	27	34	30	37	30	36	31	30
# with 7 days or less Timely Follow Up	7	10	9	14	24	16	25	19	25	26	29	23	19
% of 7 days or less Timely Follow Up	64%	45%	35%	42%	56%	59%	74%	63%	68%	87%	81%	74%	63%



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Discharges and Timely Follow Up Data

2016 – 2017 Gaston County Residents

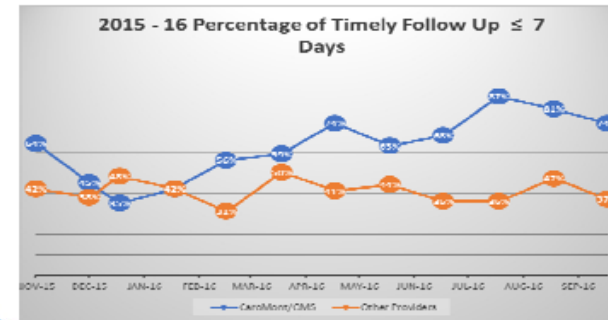
Mon/Yr	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Average - 12 month timeframe
Total # of Discharges	19	32	44	22	26								
# with 7 days or less Timely Follow Up	14	24	36	16	19								
% with 7 days or less Timely Follow Up	74%	75%	82%	73%	73%								



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Discharges and Timely Follow Up Data

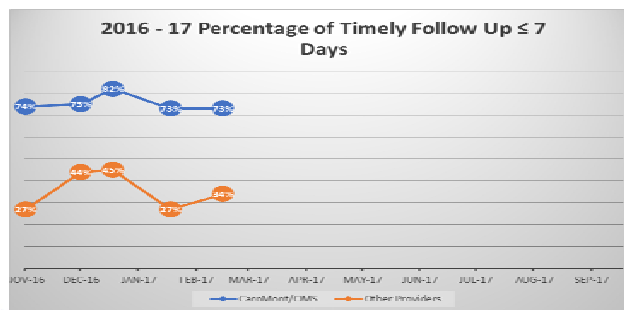
2015 – 2016 Comparison Data



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Discharges and Timely Follow Up Data

2016 – 2017 Comparison Data



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What's Next?

- ▶ Expansion of project to other providers
- ▶ Developing project to its full capacity
- ▶ CaroMont/OMS partnership to continue benefit of individuals in the community
- ▶ Sustain and maintain!



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Leah Williams, DrPH, MPH
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**Up Next: an Update on the
Network Development Plan and
our upcoming 2018 Community
Gaps & Needs Assessment**



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Network Development Plan

Vanessa Anderson,
Provider Network Development
Specialist

Network Development Plan

Six Work Groups:

- ▶ **Prevention and Education**
- ▶ **Intervention and Treatment**
- ▶ **Housing and Employment**
- ▶ **Children and Families**
- ▶ **Quality Monitoring and Management**
- ▶ **Integrated Care**



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Prevention and Education

- ▶ Implement 3 behavioral health screening kiosks
- ▶ Increase awareness of services and eligibility for access through 6 events
- ▶ Impact perception of services through 4 educational events
- ▶ Increase HIV/AIDS testing at Substance Use Disorder service sites



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Intervention and Treatment

- ▶ Provide 2 new or enhanced crisis services
- ▶ Expand use of Evidenced Based Practices
- ▶ Add 3 new options for Recovery Oriented Systems of Care
- ▶ Increase number of bi-lingual therapists
- ▶ Expand services for complex cases
- ▶ Increase capacity for SACOT and Opioid Treatment



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Housing and Employment

Develop two new housing options

- 3-5 small homes
- landlord/provider education
- housing specific grants
- housing assessment tool

Promote employment options for consumers

- Education events for consumers, providers and employers



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Children and Families

Two new services

- Services for adolescents and young adults
- Mobile Outreach Response and Stabilization Service

Improved quality of service

- Learning Collaborative
- EBPs for Intensive In Home
- Trauma Focused Training for TFC



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Quality Monitoring and Management

- ▶ Promote provider participation in Health Information Exchange
- ▶ Expand use of ACORN
- ▶ Develop Performance Measures for the Network
- ▶ Improve wait times for services



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Integrated Care

Three Integrated Care Centers operational

- Collaborative Care Model
- Peer Support Specialists

Increase collaboration between physical and behavioral health providers

- Data collection and analysis
- Education
- Adoption of strategies

Address Social Determinants of Health

- Education and Support



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Projects

Service	Status
Substance Abuse Comprehensive Outpatient (SACOT) and Opioid Treatment Multidisciplinary Evaluations	Need to increase capacity in Southern and Central Regions
Forensic Evaluations	Need to increase capacity across the catchment area
Psychological/ Neuropsychological Testing and Evaluations	Need to increase capacity across the catchment area



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Projects

Service	Status
Transition Aged Youth	Developed an in lieu of service definition in approval process
Long Term Community Supports	Developed an in lieu of service definition in approval process
Peer Support-Family and Youth Partners Outpatient Plus	Pending development of an in lieu of service definition RFI in process-reviewing definition and rate
High Fidelity Wraparound	Discussing a pilot program



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Projects

Service	Status
Mobile Outreach Response and Stabilization (MORES)-child mobile crisis services	Pilot program to be implemented
Services for Dual Diagnosis/Complex Needs: IDD/MHSU	Services at various stages of development and implementation through TCM RFI and 5600 B Group home in Statesville
Dialectical Behavior Therapy	RFP in development



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Projects

Service	Status
Rapid Response Stabilization Services for Children and Adolescents	Implementation targeted to begin before end of calendar year
Eye Movement Desensitization and Reprocessing (EMDR)	Reviewing implementation of enhanced rate
Oxford House	Developing houses in Gaston and Iredell counties
Parent Child Interactive Therapy (PCIT)	Researching
Biofeedback	Researching
Equine Therapy	Researching



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Projects

Service	Results
EBPs for use with Intensive In Home	Task Force of Partners Staff and Providers developed a list of appropriate EBPs
Trauma Informed Therapeutic Foster Care Training	Pending funding
Use of A Collaborative Outcomes Resource Network (ACORN)	Expanding use to agencies and LIPs



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Contact Information

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2018 Gaps & Needs Assessment: Roanna Newton, Provider Network Specialist

- ▶ Planning is underway for the upcoming Community Gaps & Needs Assessment
- ▶ This year's assessment will focus on gaps from previous years, such as strengthening our substance use services across our network, increasing our bilingual providers, expanding our whole person integrated care program into the community, and providing timely access to services.
- ▶ As we look forward to the upcoming assessment, we will again be surveying our families, consumers, and stakeholders to measure the needs of our communities and the service delivery in those counties.

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2018 Gaps & Needs Assessment

- ▶ This year we will craft survey questions on a 4th grade reading level
- ▶ Include questions to evaluate social determinants of health across all communities
- ▶ Utilize solution focused surveys to illicit feedback for areas to improve upon or change

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2018 Gaps & Needs Assessment

- ▶ We will still need your help!
- ▶ We will need providers to assist in completing surveys, but also to assist us with getting consumer feedback as well. Surveys will be live tentatively around the beginning of February.

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Provider Forum

- ▶ The next provider experience will be a forum. We will have an annual forum since we have moved to the webinar format.
- ▶ The forum will be held on March 14th at the **Crown Plaza – Hickory** 1385 Lenoir Rhyne Blvd. SE, Hickory. Registration for the next forum will be open on December 21st. The forum will be open to the first 250 providers to register.
- ▶ This will be a half-day event that will involve Partners Leadership, access to departmental staff and the sharing of knowledge and resources. We hope to see you there!

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In Conclusion.....

- ▶ This concludes our Webinar. We are so appreciative of your time today!
- ▶ Questions may be submitted to rnewton@partnersbhm.org or Questions@partnersbhm.org
- ▶ This webinar is recorded and will be available on the Partners Provider Knowledge page for review. Handouts are also available on the website.
- ▶ <https://providers.partnersbhm.org/provider-webinars/>



THANK YOU

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