ALL PROVIDER MEETING
October 19, 2016
1-3 PM
AGENDA
Welcome and Introductions
Alliance Provider Advisory Council (APAC) Updates (Mark Germann)
Alliance Updates
MCO Leadership Updates (Rob Robinson)
Provider Network Development Plan and Reinvestment Plan Update (Carlyle Johnson and Beth Melcher)
New Service(s) Update (Kate Peterson)
QIP Update (Tina Howard)
Innovations Update (Sara Wilson)
Temporary Emergency Relocation notification process for Providers
SenseHealth Texting Pilot -(Towanda Witherspoon and Lindsay Allen)

Breakout Sessions:

ALPHA ONE SLOT SCHEDULER
1) Access Supervisor (Kate Neely) will provide an overview of Alpha One Slot Scheduler and be able to walk individuals through the process if they have an account already set up and are the designated user.

MH/IDD Dually Diagnosed considerations
2. Jarett Stone IDD Clinical Director will do a presentation on MH/IDD dually diagnosed consumers and challenges/suggestions to getting their needs met.

Next meeting: Wednesday, December 21, 2016
Alliance Strategic Planning

• Alliance began a multi-year strategic planning process over two years ago

• Plan reviewed last spring to identify new goals and objectives for next phase of growth
  - Based on national landscape and 1115 Waiver
  - Evaluation of organizational structure designed to increase effectiveness in meeting our goals
  - Better alignment of related functional areas to become more efficient and effective
Alliance Clinical Care Model

• Clinical Operations, Provider Networks and Community Relations merge to support a strong Clinical Care Model

• Key components of the Clinical Care Model
  o Strong clinical program
  o Robust provider network
  o Meaningful relationships at the local level
Other Key Changes

- New Organizational Performance Department headed by Chief Operating Officer
- Infrastructure changes support Alliance as a data-driven organization moving towards population health management
  - Acquired a robust Business Intelligence tool
  - Brought on necessary professional expertise
Next Steps

• All organizational changes and transitions implemented by January 1
• Alliance will keep you informed of changes that affect you
• We view a strong provider network as an essential partner in meeting our clinical care goals
Network Development Plan
Update
All-Provider Meeting
October 19, 2016
Network Development Plan
FY2016-17 Goals and Initiatives
## Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assure availability of high quality, accessible, effective Mobile Crisis services in all counties</td>
<td>Completed RFP and selected two providers to provider Mobile Crisis for Alliance catchment area.</td>
<td>$700,000 ($0)</td>
</tr>
<tr>
<td>Expand access to Behavioral Health Urgent Care Centers (Tier II Same Day Access)</td>
<td>Implementing first in Durham. Service definition developed and will be submitted to State for approval.</td>
<td>$2,000,000 ($0)</td>
</tr>
</tbody>
</table>
Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand capacity for facility based crisis services in Wake County</td>
<td>Purchased property and beginning site renovations.</td>
<td>$6,000,000 ($1,632,000)</td>
</tr>
<tr>
<td>Develop peer respite capacity to expand alternatives to higher levels of care</td>
<td>Identifying models</td>
<td>$300,000 ($0)</td>
</tr>
<tr>
<td>Develop Facility Based Crisis capacity for children to decrease child inpatient utilization</td>
<td>RFP planned by October 2017. Evaluating child FBC models and programming</td>
<td>$5,000,000 ($0)</td>
</tr>
</tbody>
</table>
Increase breadth, access and quality of residential options

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Enhanced Therapeutic Foster Care</td>
<td>Completed – selected providers and implementing service.</td>
<td>$905,000 ($0)</td>
</tr>
<tr>
<td>Implement Intensive Wrap-Around for children and transition age youth</td>
<td>RFP draft has been completed and will be released in the near future.</td>
<td>$302,400 ($0)</td>
</tr>
<tr>
<td>Support technology assisted homes</td>
<td>Plans being developed to outfit a group home for adults with IDD with an array of independence-enabling technology</td>
<td>$25,000 ($0)</td>
</tr>
</tbody>
</table>
Increase capacity to serve consumers with IDD or co-occurring IDD/MI

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement intensive autism treatment and assure service availability</td>
<td>Contract is in place and services have begun</td>
<td>n/a</td>
</tr>
<tr>
<td>Implement IDD Crisis Respite facility</td>
<td>Developing facility-based crisis service for individuals with IDD and significant behavior problems, with a six-bed capacity</td>
<td>$985,500 ($0)</td>
</tr>
</tbody>
</table>
Increase availability, tracking and oversight of specialty services and evidence-based practices

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote EBPs for PSR programs</td>
<td>Starting PSR Collaborative and refining plans for implementation EBPs within PSR.</td>
<td>n/a</td>
</tr>
<tr>
<td>Implement EBP in Therapeutic Foster Care programs</td>
<td>Identified six promising or evidence-based practices and working with TFC Collaborative to implement models within TFC.</td>
<td>n/a</td>
</tr>
<tr>
<td>Implement Family Oriented EBPs within IIH</td>
<td>All IIH providers have received training in family-oriented EBPs and are preparing for fidelity reviews</td>
<td>n/a</td>
</tr>
<tr>
<td>Expand Trauma Informed TFC</td>
<td>Working with providers and CCFH to expand training capacity for trauma-informed TFC</td>
<td>$100,000 ($0)</td>
</tr>
</tbody>
</table>
Develop and enhance the continuum of care for individuals with substance use disorders

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define and create a Substance Use Disorders service continuum</td>
<td>Conducting inventory of SUD continuum and working with consultant to evaluate SUD needs and development priorities</td>
<td>n/a</td>
</tr>
<tr>
<td>Expand opioid treatment availability</td>
<td>Added MAT-Buprenorphine service definition with enhanced rate and opened network for new providers of this service</td>
<td>n/a</td>
</tr>
</tbody>
</table>
## Increase availability of resources for transportation and employment

<table>
<thead>
<tr>
<th>Project</th>
<th>Status</th>
<th>Reinvestment Plan Budgeted (Spent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility on Demand</td>
<td>Developing recommendations for improving consumer transportation options</td>
<td>n/a</td>
</tr>
<tr>
<td>Peer Run Business</td>
<td>Developing plans for consumer education and use of Supported Employment for structured business development</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Discussion
New Service(s) Update
ACT Step Down is an Alternative Service Definition that allows an ACT team to add staffing to work with folks as they titrate down the intensity of ACT. ACT-Step Down allows for two visits vs. four but uses the same providers for continuity.

All ACTT Providers Eligible

Medicaid Only
For Adults

CST Plus allows for a more intensive CST service delivery for our higher needs consumers, who because of diagnoses do not qualify for ACTT. There are three main differences: More units available, require face to face therapy weekly, and allows providers to use internal clinical staff who are NOT team members to conduct the independent evaluation if more than six months of services is needed.

Eligibility: CST In-Network Providers serving 15 or more consumers currently.

Medicaid Only
Medication Assisted Treatment

Enhanced E&M Codes

Network is Open for this Service

Must be a Psychiatrist able to use Buprenorphine

Medicaid Only
For Adults and Youth

Outpatient Plus is an approved Alternative Service Definition that allows for a therapist and QP team to provide a more intensive OPT and support/case coordination model. There are one hour units and therapy must be delivered in the same frequency as the QP support and skill building. This service is to fill the gap between OPT and intensive services such as IIHS and CST.

Eligibility: Phase One will be high volume Providers of CST, IIHS and Outpatient services combined.

Medicaid Only
Fostering Solutions is a TFC Model that is specific to the co-occurring I/DD and MH population of youth. The model features small caseloads, bundled clinical support and individual skill building. TFC families and staff are specifically trained to understand this population's needs. The model also incorporates trauma informed training. It is available in the Alliance catchment with immediate capacity.

Provider: Pinnacle Family Services chosen through RFP

Medicaid Only
For Co-Occurring MH/SUD Youth

This is state funded pilot program using CASP funds allocated from the state. The Provider specifically trains TFC homes for SU treatment and overlays the Seven Challenges EBP. There is an LCAS doing OPT and Seven Challenges, and a small caseload per QP.

Provider selected through RFP: Easter Seals UCP
Medicaid and IPRS
Youth Crisis Programs

Rapid Response *** Now Approved by DMA
Crisis Diversion to Child Placing Agency
RFP being awarded
Family Work and Disposition
One youth per specifically trained home
Expansion to all Counties
Youth 30 Day Assessment

30 Day PRTF Treatment for complex youth

Biopsychosocial Information:

The AYN Comprehensive Clinical Assessment (CCA)

The Parental Stress Index

The Neurosequential Model of Therapeutics (NMT) Functional Metric ("Brain Map")

Psychosexual evaluations

General Intelligence:

The Wechsler Intelligence Scales

Behavioral Functioning:

Milieu Observation and AYN CCA form

Initial Psychiatric Assessment

Child Behavioral Check List (CBCL)
Youth 30 Day Assessment

Aggressive Sexual Behavior Inventory (ASBI)
Gillingham Autism Screener (GAS)
Brown ADHD Scales

Emotional Functioning:
Revised Children’s Anxiety and Depression Scale (RCADS)
Children’s Depression Inventory (CDI)
UCLA Child/Adolescent PTSD Reaction Index
Minnesota Multiphasic Personality Inventory (MMPI)
Millon Pre-Adolescent Clinical Inventory (M-PACI)

Academic Functioning:
Brigance Inventory of Skills
iReady Diagnostic
Youth 30 Day Assessment

Alexander Youth Network
Admissions within 48 hours of referral
Must exit in 30 days or less with appropriate services

Medicaid Only
QUESTIONS?

For Information on where to find authorization information on these services:

http://www.alliancebhc.org/providers/authorization-information/mhsa/
Alliance
Quality Improvement Projects
Presentation to the
All-Provider Meeting
October 2016
What are Quality Improvement Projects?
Quality Improvement Projects

Definition:
- Organization-wide initiative to assess and improve the processes and outcomes of health care services and delivery

Alliance’s Requirements:
- Per URAC (accreditation): 2 QIPs per accredited module—Call Center, Health Utilization Management, and Health Network (can be combined); 1 must focus on consumer safety
- Per State Contracts: At least 3 QIPs (clinical and at least one non-clinical), reduce need for inpatient at community hospitals, reduce use of crisis & Emergency Department services, focus on Transition to Community Living (new)
Quality Improvement Projects

Requirements (continued):

- Per CMS (federal, also called Performance Improvement Projects): Clinical or non-clinical, impact health or functional status (or impact satisfaction), reflect high-volume or high-risk populations. Examples include: access to care, grievances, appeals, and children with special health care needs.

How are They Selected?:

- Internal data (red flags), providers, consumers/family

How are They Implemented?:

- Project Lead (QM), Project Advisory Teams (subject matter experts, MD if clinical), Six Sigma process (DMAIC)
Quality Improvement Projects

Summary:
- Open/Active: 8 projects (5 continuing, 3 - New FY 17 QIPs)
- Closed – Conduct post-closure analysis: 5 projects

Provider-focused QIPs:
- Improve Person Centered Plans – Improve quality of crisis planning, health, and safety through reviews, feedback, and training
- Improve Intensive In Home – Improve quality of service through use of specific evidence-based models, training, and technical assistance
- First Responder – Test crisis numbers of enhanced MH/SA service providers
Quality Improvement Projects

Provider-focused QIPs:

- Access to Care (Routine, Urgent) – Improve show rate to first appointment for individuals who call Alliance’s Access & Information Center and are in need of care on routine and urgent bases
Provider-Focused QIPs

Improve Person-Centered Plans

Goals:

- 85% of quality elements are met or partially met
- at least 55% of health and safety quality elements are met or partially met

Interventions:

- Feedback letters sent to providers
- Training on person-centered elements of planning and crisis plan
- Additional technical assistance to providers
- Comprehensive crisis plans are required part of request for services
Provider-Focused QIPs

Improve Person-Centered Plans

**Update:**
- Held training in Dec 2015 for 49 participants and in February 2016 for 58 participants
- Provided technical assistance to 6 providers

**Results:** (review of March 2016 authorizations)
- 89% of quality elements were met or partially met
- 53% of health and safety quality elements were met or partially met

**Next Steps:**
- Project Advisory Team recommended focusing on health/safety elements, including the crisis plan
- Specific interventions still being discussed
Continuation QIPs

Intensive In-Home – Improve quality of IIH services

**Goals**: Reduce use of crisis services, reduce behavioral health interference with daily activities, and decrease severity of mental health symptoms.

**Interventions**:

- IIH providers to implement specific, family-focused EBP with external fidelity monitoring
- Training and technical assistance to providers

*Continuation from FY 15 QIP*
Continuation QIPs

Intensive In-Home QIP

Update:

- Evidence based practice models selected, Alliance offered subsidized trainings in June 2016
- Implementation plans included in FY17 contracts, implementation deadline March 2017
- Collect post-intervention data late 2017
Provider-Focused QIPs

First Responder – test crisis lines of providers after business hours

Goals: 100% of calls answered within 30 seconds and 95% of providers return calls in 1 (follow up) hour

Interventions:

- Providers assigned to “Tiers” based on last FY’s performance (some called more frequently, others less)
- Written feedback to all providers after calls
- Refer to Compliance the providers who continue to score “unsatisfactory”, issue Plan of Correction if poor performance continues
- Compare test results with actual data of consumers, open to enhanced services, using crisis services
Provider-Focused QIPs

First Responder QIP

Update:

- Continued calls according to “Tier”*
- 7 providers referred to Compliance, 5 Plans of Correction (POCs) and 2 Warning Letters issued

Results:

<table>
<thead>
<tr>
<th>Satisfaction by Tier 2016</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>87.50%</td>
<td>55.60%</td>
<td>64.10%</td>
<td>86.00%</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>12.50%</td>
<td>44.40%</td>
<td>35.90%</td>
<td>14.00%</td>
</tr>
</tbody>
</table>

- All POCs successfully closed (and successful tests) except for one
- The agency that did not successfully close POC is now on probation for 6 months; provider subject to monthly testing, all monthly tests have been successful

*Tier 1: Best performance, called least frequently; Tier 2: Mid performance, called more frequently than Tier 1; Tier 3: Poorest performance, called most frequently
Provider-Focused QIPs

First Responder QIP

Results:

- Performance indicators*:

<table>
<thead>
<tr>
<th></th>
<th>Baseline FY15</th>
<th>Measure #1</th>
<th>Measure #2</th>
<th>Measure #3</th>
<th>Measure #4</th>
<th>Goal</th>
<th>Avg. FY16 (+/-) from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Returned Within 1 Hour</td>
<td>33%</td>
<td>36%</td>
<td>56%</td>
<td>8%</td>
<td>0%</td>
<td>95%</td>
<td>26% (-7)</td>
</tr>
<tr>
<td>Calls Answered Within 30 Seconds</td>
<td>92%</td>
<td>89%</td>
<td>92%</td>
<td>96%</td>
<td>95%</td>
<td>100%</td>
<td>93% (+1)</td>
</tr>
</tbody>
</table>

*Even though the percentage of calls returned within 1 hour has decreased from baseline in FY16, the number of calls resulting in “LIVE” answers has increased. Example: at baseline, 24/75 (32%) of completed calls resulted in a voicemail; in FY 16 Q4, only 3/19 (16%) of calls resulted in a voicemail.
Provider-Focused QIPs

First Responder QIP

Next Steps:

- Project Advisory Team (PAT) recommended changing measure to % of satisfactory calls (call answered live or voicemail able to be left and is returned within 1 hour)
- Continue compliance actions
- Continue sending results letters to agencies, now copy CEO/owner and Clinical/QM Director along with point of contact
- Continue to offer technical assistance
Provider-Focused QIPs

Access to Care-Routine/Urgent – *Improve initiation in services for Routine & Urgent callers*

Goals:

- Increase consumer initiation in services based on need:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Revised Baseline (FY15Q3)</th>
<th>Goals</th>
<th>State Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent (within 2 days)</td>
<td>52%</td>
<td>62%</td>
<td>82%</td>
</tr>
<tr>
<td>Routine (within 14 days)</td>
<td>53%</td>
<td>63%</td>
<td>75%</td>
</tr>
</tbody>
</table>
Provider-Focused QIPs

Access to Care-Routine/Urgent

Interventions:

- Addressed technical issues of aggregating accurate data
- Identified more accurate methods of collecting valid data sources for Urgent appointments
- Training of Call Center staff to address inconsistencies in data entry
- Break data down by provider, county, and funding source to identify root causes and in December 2015 started reminder calls to Routine consumers
# Provider-Focused QIPs

## Access to Care-Routine/Urgent

### Results:

### Overall

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent</strong> (within 2 days)</td>
<td>52%</td>
<td>49%</td>
<td>48%</td>
<td>50%</td>
<td>55%</td>
<td>40%</td>
<td>62%</td>
</tr>
<tr>
<td><strong>Routine</strong> (within 14 days)</td>
<td>53%</td>
<td>47%</td>
<td>47%</td>
<td>53%</td>
<td>58%</td>
<td>55%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Provider-Focused QIPs

Access to Care-Routine/Urgent

Results (FY 16, Q3): Impact of reminder calls:

Reminder Call-Contact Made with Consumer or Guardian, n = 76

- Attended: 70%
- No Show: 18%
- Canceled: 9%
- Other: 3%

No Reminder Call or Unable to Reach Consumer or Guardian, n = 70

- Attended: 36%
- No Show: 56%
- Canceled: 4%
- Other: 4%

Of those individuals attending their appointments, over ¾ received some kind of reminder about the appointment. Direct contact between the Access staff person and the consumer or guardian results in the highest percent showing for appointments.
Provider-Focused QIPs

Access to Care-Routine/Urgent

Next Steps:

- Continue to evaluate impact of reminder calls for Routine callers
- Identified interventions for Urgent callers, begin implementing in Q2 of FY 17
Other Quality Improvement Projects

New QIPs for FY 17:

- Improve Initiation in Innovations Services – Improve percent of individuals new to Innovations who receive initial service within 45 days of plan approval

- Access to Care-Emergent – Improve percent of individuals, contacting Alliance’s Access & Information Center and needing emergency care, who receive the care within 2 hours and 15 minutes of call

- Care Coordination-Inpatient – Improve percent of individuals discharging from inpatient services who receive initial contact from Alliance’s Care Coordination unit within 2 business days
Other Quality Improvement Projects

- Crisis Services – Reduce ED admissions and CAS closures by expanding Tier II (Open Access and after hours) and new Tier IV (24/7 crisis) in Wake County; implement pilots of Evidence-Based services for high risk youth in Cumberland County to prevent crises

QIPs Focused on Internal Alliance Processes:
- Care Coordination – (MH/SA) Improve initial contact by Care Coordinator
- Grievance – Reduce errors in data entry made by internal staff, interventions: training, simplify process, and reassignment of data entry responsibilities
Other Quality Improvement Projects

QIPs Focused on Internal Alliance Processes:

- UM Call Monitoring – Reviewed provider calls to/from UM Care Managers to monitor adherence to greeting protocol
- Inter-Rater Reliability – Test consistency of UM Care Managers in review decisions and Call Center staff in making referrals
Other Quality Improvement Projects

Successes:

- Improved consistency in UM Care Managers decisions—they agree about 90% of the time on studies (well above best practice standard of 80% agreement)
- Improved consistency in referrals by Call Center staff—they agree about 87% of the time (again, well above standard)
- Care Coordination (MHSA) — exceeded goal of initial contact within 2 business days: initially 43%, now 86%
- Improved adherence to Alliance’s greeting protocol (also URAC standard) — initially 14%, now 91% (for MH/SA) and 99% (for IDD)
How can you help?

- We are soliciting ideas and feedback on QIPs from providers and consumers/family members
- Volunteer to serve on a QIP Project Advisory Team—we are looking for volunteers for First Responder and Person-Centered Planning Projects
- Conduct QIPs within your agency, focus on projects that improve outcomes of your consumers (such as engagement in services, individual satisfaction with services, and access to care)
For more information

Alliance’s Quality Management Plan:  
http://www.alliancebhc.org/providers/quality-management/

HRSA, Quality Improvement:  
http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/

Making It Meaningful – Finding QIPs Worthy of your Time, Effort, and Expertise:  
http://www.aacn.org/wd/Cetests/media/C1563.pdf

Quality Improvement Project template:  http://www.healthqual.org/quality-improvement-project-workplan-template

Alliance contact: Tina M. Howard, MA, CSSGB; Quality Review Manager;  
thoward@alliancebhc.org
Innovations waiver update (effective 11/1/2016)

Important information has been posted to the website:

• Rates effective 11/1/2016
• Training PowerPoint outlining the changes and new information
• New Relative as Provider policy & NEW application

http://www.alliancebhc.org/provider-news/important-information-innovations-waiver-amendment/
Innovations waiver update
(effective 11/1/2016)

Resource Allocation:

• Individual budget letter are being sent to LRPs each month.
• Sending out 90 days in advance.
• Budgets are a guideline! Consumers and guardians should ask for what they need.
Innovations waiver update  
(effective 11/1/2016)

New services:

• Contract amendments are being sent out to reflect the new services.
• Community Living and Supports-crosswalk service
• Supported Living- starts with Care Coordinator
Sense Health: Expanding Modes of Communication

October 19, 2016
Sense Health: What is it?

- Texting Platform used to expand avenues of communication between care coordinators and members
  - web based program that allows communication via text messages and automated response
    - i.e.- “Happy Birthday” from the Dentist
    - i.e.- Medication refill requests from pharmacy
      - Press 1 if you would like medication to be refilled
      - Text “stop” if you do not wish to receive future text
  - This is not a new method of communication but it is new to Alliance Behavioral Healthcare
- Provides Care Coordinators with an alternative way to communicate with members
Alliance Behavioral Healthcare’s
Sense Health Pilot

• Purpose of Sense Health pilot:
  • To reduce crisis/inpatient events by increasing attendance at appointments and ensuring regular medications fills and refills through the use of text reminders.

• Pilot began October 3rd
• Length of pilot will be 3 months
• Participants:
  • Newly assigned to care coordination
  • Adults
Sense Health and Care Coordination

- Care Coordinators will provide education about Sense Health
  - Discuss informed consent with all members eligible for the Sense Health pilot
- How will Sense Health be used to better serve our members:
  - Appointment reminders
    - Care Coordinator will send text messages reminding members of upcoming appointments
    - If appointment is missed Care Coordinator will reach out to members to address barriers to appointments and offer to reschedule appointment with provider
  - Medication fill and refill reminders
    - Care Coordinator will send a text message to members reminding them to pick up medications and/or reminder that medications are due to be refilled
Sense Health is not...

- Crisis response tool
  - Members will be notified (in the beginning) of how to proceed if in crisis.
    - Consumers will be encouraged to reach out to provider or 911 if needed.
    - Consumers will be informed of this during the consent process

- They are not to leave crisis messages using Sense Health as the Care Coordinator may not immediately receive messages
Lessons Learned

• What we have already learned:

  • Getting the providers involved to assist in breaking down communication barriers

  • Working with providers to expand Sense Health

  • Offering educational opportunities to both providers and members
Future of Sense Health

• Short Term- expand Sense Health to all members linked to Care Coordination

• Long Term- expand Sense Health to all members served by Alliance Behavioral Healthcare
Questions???
Presented by:

Lindsay Allen- MH/SA Care Coordination Supervisor-Johnston
lallen@alliancebhc.org or 919-989-5546

Towanda Witherspoon- MH/SA Care Coordination Supervisor – Durham
twitherspoon@alliancebhc.org or 919-651-8853

Nave Sands - MH/SA Care Coordination Director
nsands@alliancebhc.org or 919-651-8417
Temporary Emergency Relocation Information

- This provides guidelines for providers to follow if they experience an emergency, which makes the site unavailable for use and requires a temporary relocation of a site and services provided at that site.
- The term "emergency" refers to any situation, which is sudden and unforeseen, such as a natural disaster, fire, or other site catastrophe, which necessitates the removal of services from the site to protect health and safety.
- Submit the Alliance Temporary Relocation form or a copy of the DHSR Emergency Relocation forms to providernetwork@alliancebhc.org.
- A Provider Network Development team member will be in contact with you to assist in answering questions regarding contractual needs and ongoing monitoring of relocation status.

- For a complete copy of the Relocation Information and the Form please visit our website at the link below