MINUTES

PLACE: Alliance Behavioral Healthcare, 4600 Emperor Blvd. Room 208, Durham, NC 27703.

MEMBERS PRESENT: Ann Akland (via phone), John Barry, Dr. George Corvin, Jim Edgerton, Barbara Gardner (via phone), Phillip Golden (via phone), Ellen Holliman, Dr. Nancy Henley, George Quick, Scott Taylor, Amelia Thorpe and Lascel Webley, Jr., Chairman.


GUESTS PRESENT: Denise Foreman, Wake County

STAFF PRESENT: Doug Fuller, Tracy Hayes, Carlyle Johnson, Pamela Norton, Rob Robinson, Sean Schreiber, Dean Simpson, and Doug Wright.

1. Call to Order:
   Chairman, Lascel Webley Jr., called the meeting to order at 4:03pm.

2. Announcements:
   None

3. Agenda Adjustments:
   None

4. Public Comment:
   None

5. Wake County Adult Outpatient Request For Proposal (RFP) RFP # 2013-100 RFP Selection Summary

   Carlyle Johnson, Clinical Program Development and Design Administrator, provided the Board with information and a summary of the RFP proposals submitted for Cottage Health Care Services, Inc., SouthLight, Inc. and Monarch as follows:

   Alliance Behavioral Healthcare issued a Request for Proposals (RFP) on January 31, 2013 for outpatient mental health and substance abuse services for adults in Wake County. These services are currently provided by the Wake Behavioral Health program within Wake County Human Services, and include services provided in Raleigh, Cary and each of the regional centers (Eastern Regional in Zebulon, Northern Regional in Wake Forest, and Southern Regional in Fuquay-Varina).
Dr. Johnson recommends that Monarch be selected as the provider for adult outpatient services at all locations covered by the scope of this RFP.

A Motion was made by George Corvin to select Monarch as the provider for adult outpatient services at all locations covered by the scope of this RFP; seconded by Scott Taylor and Nancy Henley. Motion passed.

6.  Cumberland County Merger

Ellen Holliman, Chief Executive Officer, and Tracy Hayes, General Counsel, provided the Board with an update on the merger with Cumberland County and the communication between Alliance and Cumberland.

7.  Adjournment

With all business being completed the meeting was adjourned at 5:28pm.

Respectfully submitted:

Ellen S. Holliman, Chief Executive Officer  Date Approved

Next Meeting
Thursday, April 4, 2013
Alliance Behavioral Healthcare
4600 Emperor Blvd., Room 208
Durham, NC 27703
ITEM: Wake County Adult Outpatient Request For Proposal (RFP) RFP # 2013-100

RFP Selection Summary

DATE OF BOARD MEETING: March 20, 2013

REQUEST FOR AREA BOARD ACTION:

Introduction

Alliance Behavioral Healthcare issued a Request for Proposals (RFP) on January 31, 2013 for outpatient mental health and substance abuse services for adults in Wake County. These services are currently provided by the Wake Behavioral Health program within Wake County Human Services, and include services provided in Raleigh, Cary and each of the regional centers (Eastern Regional in Zebulon, Northern Regional in Wake Forest, and Southern Regional in Fuquay-Varina).

Purpose:

The intent of the Wake Adult Outpatient RFP is to select one or more providers to render outpatient services for the adult population served by Wake County Behavioral Health as well as future consumers who are referred for these services. For the purposes of this RFP, the population excludes current clients who are considered chronic/fragile, defined as those who:

☐ Had an inpatient psychiatric hospital stay of greater than 180 days in Dix Hospital or had 6 or more admissions to Dix Hospital for any length of time; or
☐ Use injectable medications, clozapine and/or two or more antipsychotic medications

Consumers who meet the above criteria for chronic/fragile will be served by UNC. For both populations, Wake County will discontinue rendering direct services on June 30, 2013 necessitating a transition of approximately 1,500 adults to the selected vendor(s) and 500 consumers to UNC.

Funding sources:

Funding for this RFP includes Wake County funding in addition to state IPRS funds and Medicaid funds that may be earned on a fee for service basis. Alliance will purchase services initially through both expenditure-based and fee for service reimbursement approaches, but will shift over time toward a fee for service reimbursement model.
Selection Committee:

- Alliance staff: Carlyle Johnson (Project Lead), Patti Beardsley, Sean Schreiber, Kelly Goodfellow, Lena Klumper, James Osborn, Doug Wright
- Wake County: Denise Foreman
- Alliance Board: George Corvin
- CFAC: Anna Cunningham
- Community: Jim Hartye, WakeMed

Selection process:

Responses were evaluated first for minimal compliance with expectations of the RFP, financial stability and ‘good standing’ status with Alliance, and RFP responses were distributed to panel members for review. Panel members rated each provider using a standardized Alliance RFP Scoring Tool and submitted responses for tabulation. Providers whose responses met minimal compliance criteria were invited to interviews with the review panel, which were held on March 7, 2013. The panel discussed preliminary findings on 3/7 and reconvened on March 11, 2013 to confirm a final recommendation. Factors considered in making a recommendation included the quality of the written proposal, interview impressions and information provided by references.

Number of proposals received:

Three proposals were received by the RFP deadline of 2/28/13 at 3pm. One proposal was received by the deadline but was incomplete, and two proposals arrived after the deadline. The panel considered only the complete applications that were received by the deadline, which included proposals from:

1. Cottage Health Care Services
2. Monarch
3. Southlight

Selection summary including scores:

Ratings scores will be presented at the Board meeting.

Provider chosen:

The RFP review panel for the Wake Adult Outpatient RFP recommends that Monarch be selected as the provider for adult outpatient services at all locations covered by the scope of this RFP.

Approval from Credentialing Committee:

Monarch has a current contract with Alliance and has met all credentialing requirements.

Total program/project budget:

County funds of approximately $2.4M will be available in FY14 to support these services, in addition to revenues generated through billing IPRS, Medicaid and third party payers.
Rationale for Provider chosen:

Based upon review of the written proposal, interview performance and information provided by references, Monarch demonstrated the best alignment with the scope of the RFP and was judged by the panel to be in the best position of the three applicants to render the services covered. Strengths noted by the panel include:

- Clear commitment to quality of care, consumer inclusion, principles of recovery and evidence-based practices
- Broad range of services offered throughout the state and strong clinical expertise and supports
- Robust infrastructure with respect to IT, financial, clinical and administrative areas
- Experience with transitions of similar scope and type
- Positive relationships with other LMEs and evaluation by references in three other LMEs as being a responsive and committed partner in network development
- Potential to hire and retain qualified staff, including current Wake Behavioral Health staff

AREA DIRECTOR RECOMMENDATION:

Recommend that Monarch be selected as the provider for adult outpatient services at all locations covered by the scope of this RFP.

RESOURCE PERSON(S):

Carlyle Johnson
Cottage Health Care Services, Inc.
3200 Wake Forest Rd
Suite 200
Raleigh, NC 27609
cottagehealth@aol.com
919-872-1441

Request for Proposal Transmittal Letter
Wake County Adult Outpatient Services
RFP #2013100

Submitted by Obiorah Nwakwelu, CEO

__________________________________________
Date
Cottage Health Care Services, Inc.
3200 Wake Forest Rd
Suite 200
Raleigh, NC 27609
cottagehealth@aol.com
919-872-1441

Statement of Intent

I, Obiorah Nwakwelu, CEO of Cottage Health Care Services, Inc. certify the intent of Cottage Health Services is to provide the services as delineated in the proposal.

Certified by Obiorah Nwakwelu, CEO

_________________________________
Date
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Executive Summary

Minimum Requirements

Appendix D

Response to Scope of Work
  A. Organizational Background
  B. Transition Planning and Performance
  C. Financial Plan

References

Attachments
Executive Summary

Cottage Health Care Services is an established provider of outpatient and substance abuse services in Raleigh. We are applying to provide outpatient services in the Northern, Southern and Eastern regional offices. We are also applying to use 800-1000 square feet of space in the Raleigh office to establish a drop in center for people with mental health and substance abuse issues.

We plan on having outpatient therapists, SA counselors, nurses and physicians on site 1 day per week in the Eastern and Southern offices and 2 days per week in the Northern office.

This drop in center will be staffed from 10am – 3pm Monday thru Friday with an Assertive Engagement Specialist. Our ultimate goal will to be staff this position with an Assertive Engagement specialist who has the additional qualification of being a certified peer support specialist.

Minimum Requirements - Cottage Health Care Services, Inc. understands and is prepared to comply with the Medicaid and LME Provider Contracts as well as the Wake County Facility Lease Agreement in their entirety, as well as respond to the particular requests of this RFP. We understand submission of this proposal in response to this RFP indicates agreement to comply with the attached Contracts.

Appendix D- Locations of Service

Appendix D: Locations of Service

<table>
<thead>
<tr>
<th></th>
<th>Raleigh</th>
<th>Eastern (Zebulon)</th>
<th>Northern (Wake Forest)</th>
<th>Southern (Fuquay-Varina)</th>
<th>Western Cary</th>
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<td>Yes</td>
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<td>June 30th 2015</td>
<td>June 30th 2015</td>
<td>June 30th 2015</td>
<td>No</td>
</tr>
</tbody>
</table>
Response to Scope of Work

Organizational Background

1. Organizational Structure

   a) Provide a brief history of your organization, indicating how long your organization has been in business.

   Cottage was incorporated in 2005. From 2006 to 2010 the agency focused on providing community based services with adults and children with mental illness and dual diagnosis of substance abuse. In 2010 the agency transitioned to a focus on substance abuse.

   b) A brief description of the company size, organizational structure and currently held accreditations, certifications or licensures.

   Cottage is a Type S Corporation with 50 employees. The Agency is nationally accredited through CARF until August 2013. We are Licensed to provide SAIOP and SACOT services.

   c) Attach a list of all members on the board of directors, indicating term of office and home or business address. Also indicate whether any members are officers, agents, or employees of the organization.

   Cottage is a single member Type S Corporation owned by Obiorah Nwakwelu who also fills the role of CEO.

   d) Describe your key management staff with backgrounds identified
See Attachment 1a for Resumes

e) Attach a copy of your current organizational chart; indicate number of FTEs per title.

See Attachment 1.

f) Identification your current service location(s) with the physical address and services offered at each site.

3200 Wake Forest Rd. Suite 200, Raleigh, NC 27609 is the administrative and program site for SAIOP, SACOT, OPT, Medication Management and Assertive Engagement.

g) Identify what if any services your organization currently serves under contract with Alliance. Also identify the types of funding in the contracts (fee for service, non-UCR, IPRS, Medicaid, etc.)

Cottage provides SAIOP, SACOT, OPT, Medication Management and Assertive Engagement. Assertive Engagement is IPRS funded the other services are Medicaid funded.

2. Clinical Program
   a) Describe the payer mix of clients currently served (Medicaid, IPRS, County, Medicare, Other, etc.)

   90% is IPRS funder. 10% is Medicaid.

   b) Summarize demographic and clinical profiles of individuals currently served, length of time in treatment and numbers served.
See attachment 1b

c) Describe your service philosophy and models of service delivery for individuals with SPMI, dual diagnosis MH/SA, geriatrics and adults with mental illness and moderate functional impairment. Identify services currently delivered and any anticipated expansion of service.

It is the mission of Cottage Health Care Services to meet the diverse needs of our consumers by using solutions that are designed to be flexible, consumer centered, family focused, culturally responsive, and empirically based. Cottage facilitates collaboration between consumers, their community supports of family and friends, behavioral, psychological, clinical, psychiatric, and other associates in order to provide families and individuals with the treatment and therapies appropriate to the person's identifying needs and conditions.

The Agency provides extensive training to our staff in the areas of person-centered thinking and planning. We have a local PCP approval process in place to ensure the Program Director is involved in the approval of individualized PCPs before they are implemented. Our assessments are strength based and look carefully at the assisting people to live as independently as possible. We train our staff, provide resources and facilitate PCPs that address all domains of consumer’s lives.

Our data suggests that developing or re-developing participation in integrated setting is a priority of the people we serve, with reconnecting with family being number one. We recognize that many of the people we serve do not have meaningful social roles in their families or community. We assess family and community involvement at intake and prioritize reunification and reintegration in the development of PCPs. On an individual level we track progress to this goal and thru treatment team approach. From a programmatic level we aggregate data from consumer satisfaction and clinical outcome measures to steer our agencies efforts on a global basis.

We orient consumers and families to services as part of the intake process. We have regularly scheduled treatment team meetings that we encourage family and friends to attend, as appropriate. We encourage consumers to share their PCP and especially their crisis plan with loved ones to involve the family and other natural supporters as much as possible.

The agency believes education about treatment option is paramount. We have access to an online Wellness Library with over 1700 educational tools and self-help programs that is available to our consumers, families, and staff. We frequently utilize this resource when orienting consumers and staff to services and when developing PCP
Cottage currently provides SAIOP, SACOT, OPT, Medication Management and Assertive Engagement.

The agency employs the Living in Balance model as its evidences practice in the SACOT and SAIOP. A staff is assigned as a fidelity monitor to ensure consistency and fidelity of the model. The fidelity monitor reports to the CEO. Cognitive Behavior therapy is the evidence based practice for Outpatient Therapy. Cottage has recently contracted with a master level Wellness Recovery Action Planning (WRAP) and Illness Management and Recovery trainer the trainer to implement WRAP and IMR as an evidenced based practice.

In addition, the agency has contracted with a consulting practice to administer and report on peer reviewed outcome measures for all programs.

d) Describe or provide your organization’s protocols for responding to individuals experiencing a crisis, first responder duties, and provision for psychiatric appointments within 24 hours.

The agency provides on-call services to assure that crisis / first responder services are provided on a 24/7/365 basis for crisis situations which may occur for our consumers. The following procedure shall be followed:

- The On-call rotation consists of QSAP, Outpatient Therapists and other Qualified Professionals as designated by the CEO.
- Each On-Call Staff will serve a seven (7) day on-call schedule as determined by the local offices.
- The On-Call Staff must remain in a geographic area that will allow them to respond to a crisis face to face within one hour, throughout his/her rotation.
- The On-Call Staff will use the On-call Log to note calls, actions taken, and whether or not an incident report was completed.
- The On-Call Staff will carry their Company cell phone with them at all times during his/her on-call rotation.
- The crisis number is given to each person we serve.
- Consumers may also call the local office: If after hours the crisis number is given in the voice message.
- The On-call staff will also have in his/her possession an alphabetical listing of all consumers served along with the brief crisis plans for each consumer, the face sheet/info card, map, and contact resources for the consumers.
- All calls taken by the On-Call Staff will be handled with professionalism, and consistent with the requirements for emergent, urgent, and routine timelines, as defined below:
  - Emergent: Calls that threaten imminent harm to self, others, significant damage to property, or committing a crime.
  - Urgent: Potential for harm to self, others, significant damage to property, or committing a crime.
Routine: Calls that do not involve any of the above.

For Emergent calls:
- The On-Call Staff will call law enforcement or emergency medical services to report the circumstance.
- The On-Call Staff will determine if his/her presence on-site will be beneficial to the emergency response personnel.
- If not, the On-Call Staff should maintain consistent contact with the emergency response personnel.

For urgent calls:
- The On-Call Staff will implement the consumer’s crisis plan, encouraging the person served to take actions which the person served specified in his/her crisis plan.
- On-Call Staff will maintain contact with the person served until the crisis has subsided, or the On-Call Staff may go to where the person served is, accompanied or unaccompanied by additional Agency staff, or natural supports as indicated within the consumer’s crisis plan.

For routine calls:
- The On-Call Staff may deal with such calls over the telephone or face to face.

The agency employs a psychiatrist. Consumer in crisis may see the physician within 24 hours. The physician is also on call.

e) Identify how your organization renders services that are culturally and gender responsive.

See attachment 2.

f) Provide evidence that staff have been trained in evidenced-based and best-practice services to be offered as part of the proposed service array (e.g., training documentation, certification, CV’s and/or resume).

See attachment 2a

g) Note any other MCO/LMEs with which your organization holds contracts or Memoranda of Agreement and the services covered by these agreements.

Cottage is credentialing by Alliance and Eastpointe to provide. SAIOP, SACOT, OPT, Medication Management and Assertive Engagement (Alliance only).

3. Information Technology
   a) Describe the computer and data processes that your organization currently uses.
   
   Identify what if any of these functions are outsourced to a third party vendors.

Cottage has entered into negotiations with AlphaCM to be it Electronic Medical Records vendor. Cottage currently has a LAN in its office with wireless hotspots for visiting field staff.
b) Identify if any extensive modifications must be made to your current computer systems to accommodate the additional volume of individuals served. Address additional computer/data processing resources, if any, that your organization would require to fulfill the terms of your proposal.

Cottage will need to purchase an EMR, desktop computers, and laptops for regional staff. We will also need to purchase the networking equipment necessary to outfit each site.

c) Describe the internal controls your organization has in place to protect the security and privacy of participants, program data, and electronic and paper records.

See attachment 3 & 4.

d) Identify if your organization currently submits authorizations and claims to Alliance and the monthly volume of transactions.

Yes, Cottage submits authorization to Alliance. The monthly volume is ~$110,416.

e) Provide a description and examples of your organization’s report generation capabilities.

Cottage has contracted with a consulting practice to start managing our outcome report generation. AlphaCM will be able to produce extensive reports on demographics, length of stay, treatment outcomes, productivity etc.

See attachment 4a for a sample outcomes report.

4. Quality Improvement

a) Provide customer satisfaction ratings for the past two years.

See attachment 5

b) Provide information about your organization’s procedures for promoting and ensuring consumer rights.

See attachment 6.

c) Describe your organization’s procedures regarding routing of telephone, e-mail, FAX, and written inquiries and complaints from consumers.

See Attachment 7
d) Describe how consumer input is included in your program evaluation process.

Cottage has at least an annual forum to solicit input from reasons served about the operations of the program. We have consumer suggestion boxes and we survey consumers on a regular basis.

e) Attach a copy of your organization’s quality management plan.

See attachment 8

f) Give examples of two recent quality improvement projects, including outcomes, and describe how the results have been used in your organization.

See attachment 9

g) Describe how you evaluate consumer outcomes and how do you determine that your consumers are benefitting from your services.

See attachment 10

h) Attach a sample of consumer outcome data for the most recent two years that is relevant to the services that your organization provides.

See attachment 11

5. Financial and Legal Information

a) Identify any litigation or governmental or regulatory action pending against your organization. Describe the organization’s corrective actions to address these issues.

None

b) Provide information about whether or not your organization ever defaulted on a contract to provide MH/DD/SA services or had a contract terminated. Document if your organization been involved in litigation regarding such contracts.

None

c) Describe any pending agreements to merge or sell your organization.

None

d) Provide details of any office closures that resulted in the termination of services within the last three (3) years.
None

e) Submit one electronic copy of your most recent audited financial statement, include management letter if received.

See attachment 12

f) Submit one electronic copy of your organization’s most recent annual report.
   n/a Cottage is not a 501(c)(3) and not required to file a Form 990. We are attaching our Secretary of State Report

See attachment 13

g) Confirm if your organization is in compliance with all federal and state laws applicable to the services, including HIPAA, EDI, privacy and security regulations. Confirm that you will submit appropriate information for the credentialing process.

We attest we are in compliance with all federal and state laws applicable to the services, including HIPAA, EDI, privacy and security regulations. We confirm that we will submit appropriate information for the credentialing process.

h) If programmatic audits have been performed on your organization during the past year, provide information about the name of the auditor, dates of audit, findings and corrective actions required, if any.

Cottage received a plan of correction in September 2012 from Wake Co. LME. The matter was resolved and Wake Co. was satisfied.

See attachment 14

i) Indicate if your organization is current on all tax filings and payments, including all payroll tax returns and annual tax returns.

Current on all tax obligations and returns

j) Indicate if your organization is compliant with all reporting requirements from all funding sources.

Yes

**Transition Planning and Performance**
6. **Clinical and Capacity**

   a) **Elaborate on your strategies to ensure continuity of care.**

      If awarded this RFP Cottage will take the following steps to ensure continuity of care for existing consumers:

      1) The CEO, HR Director, Medical Director and Clinical Director will meet with existing staff to introduce the agency to go over employment opportunities, pay and benefit plans. Staff will fill out applications and conditional offers of employment will be made. After appropriate backgrounds checks, Cottage will commence agency orientation.

      2) The CEO, HR Director, Medical Director and Clinical Director will meet with existing consumers at each location. The agency and services will be introduced to consumers. After an appropriate explanation of our provider choice policy consumers will be asked to indicate if they wish to be served by Cottage. If so, consumers will fill out an intake package and sign releases of information to get pertinent records and their next appointment will be scheduled.

      3) In the event existing staff do not wish to be employed by Cottage our current clinical staff will be available for appointments and we will hire new staff.

   b) **Explain how you will utilize the assertive engagement services to assist the transition.**

      Cottage will utilize Assertive Engagement staff to educate consumers that did not attend the introductory meetings about the change of provider, confirm appointments and arrange or provide transportation to people without any other way to get to initial appointments.

   c) **Explain how operations will be managed to ensure capacity to meet a goal of 90% compliance, unless otherwise noted, with the following expected outcomes as it relates to transitioning clients:**

      1. **Making contact with referrals within four (4) business days of receiving a referral.** Contact is to be made by phone or use assertive engagement services to meet face-to-face.

         The CEO, HR Director, Medical Director and Clinical Director will meet with existing consumers at each location. The agency and services will be introduced to consumers. After an appropriate explanation of our provider choice policy consumers will be asked to indicate if they wish to be served by Cottage. If so, consumers will fill out an intake package and sign releases of information to get pertinent records and their next appointment will be scheduled.

         Cottage will utilize Assertive Engagement staff to educate consumers that did not attend the introductory meetings about the change of provider, confirm appointments and arrange or provide transportation to people without any other
way to get to initial appointments.

See attachment 15 for complete operations manual

2. If unable to make contact, provider shall contact the treating clinician at Wake Behavioral to assist with follow-up (goal is 100%).

Cottage will call Alliance if contact is not made.

3. Clinical assessment completed within 7 days of referral
See attachment 15 for complete operations manual

4. Psychiatric assessment completed within 14 days of referral
5. See attachment 15 for complete operations manual

6. For medication management only clients, complete one physician service and one follow-up service which may include assertive engagement services.

7. All consumers will receive one physician service and one follow-up service which may include assertive engagement services.

See attachment 15 for complete operations manual

8. Meet standard for timely initiation and engagement of services for individuals that are not medication management only. This standard is defined by two visits in 14 days and four visits (including assessments) in 45 days following engagement.

See attachment 15 for complete operations manual

d) Discuss your organization’s process and frequency for communicating current capacity and any developing waiting list information to the Alliance.

Cottage will met all reporting requirements stipulated in this RFP through a weekly report. We will also maintain a Calcium calendar to show open times for assessments.

e) Specify the maximum or minimum number of individuals you can accept as new referrals. Define the capacity during the transition period on a weekly basis.

Cottage anticipates being able to annually serve 78 people at the Eastern office, 100 at the Southern office, 200 at the Northern office, and 100 at the Raleigh drop in center.
f) Identify the number of individuals who will be served at any given time (e.g., capacity for medication management services) and the expected number to be served over the course of one fiscal year.

Cottage anticipates being able to annually serve 78 people at the Eastern office, 100 at the Southern office, 200 at the Northern office, and 100 at the Raleigh drop in center.

g) Identify the specific locations of service delivery or anticipated location. Discuss the access to these locations and availability of public transportation.

h) Describe potential service venues including community sites, office-based settings, and/or other locations based on the needs of the individuals being served

Cottage will be using Wake Co. Regional office as of program locations.

7. Staffing

a) Provide the proposed staffing level with the number of FTEs by position

See Attachment 20

b) Submit a proposed organizational chart; identify vacancies.

See attachment 21

c) Provide information about your strategies for recruitment, retention and support of qualified staffing.

Cottage will take a shotgun style hiring strategy. First, we will identify existing Cottage staff that wish to transfer to this project. Second, Cottage will advertise in local and national media. Third we will contract with professional recruiting agencies. In addition, we will make offer of hire to existing staff.

Our employee satisfaction data show a high level of satisfaction with Cottage. We emphasize internal promotion, input into operations, and the quick remedy of grievances. We are a small closely knit agency that staff feels a part of.

d) List and describe any contractual relationships that you anticipate necessary to carry out the services.

The only contractual relationship we will need to purchase is additional IT support from our IT company.

e) Describe your staff training plan.
f) For any positions that are to be recruited, provide a job description of each position. Explain how current Wake staff will be informed of open positions within your organization and what outreach efforts will be made to recruit existing staff. Describe how you will coordinate with Wake County government to assist with placement of displaced staff. Define your expectations related to transitions of any current Wake County staff.

The CEO, HR Director, Medical Director and Clinical Director will meet with existing staff to introduce the agency to go over employment opportunities, pay and benefit plans. Staff will fill out applications and conditional offers of employment will be made. After appropriate backgrounds checks, Cottage will commence agency orientation.

See attachment 17

9. Planning

Define a successful transition of individuals currently served in the Wake Adult outpatient program. Be specific as to the goals, criteria and measurement of success as well as the timeline. Describe your efforts to ensure a smooth transition. Address aspects of the transition as it relates to consumers, staff of Wake Behavioral Health, Alliance and your internal operations.

An ideal successful transition would be that a consumer shows up for the next appointment at the same location and see their regular therapist or worker. We cannot predict existing staff accepting out job offers or the engagement rate. Therefore, we will contact each consumer by phone and mail and discuss the transition with them. We will schedule several meetings in each location to discuss transition face to face. We will ensure that all consumers that have a scheduled appointments with a physician, therapist or engagement worker have a therapist/worker to see at their scheduled time. If a consumer does not have a scheduled appointment we will call and use our assertive engagement workers to make appointments.

Our ideal goal is that 100% of consumers experience a smooth transition as measured by having a staff in place at the hour of appointment and a 100 “show” rate. Our key staff have done these types of transitions before and know that typically about 40% of consumers will not choose to transfer. Our realistic goal is that 75% of consumer make the transition.

We have coordinated agency acquisitions before and have the experience to make staff hiring a smooth process. The key is to talk with staff first and make offers of hire and background checks prior to making announcements to consumers. While the consumer enrollment process is under way staff will be oriented and trained. In addition the IT equipment will be put in place.

We will assign a project manager to this process with plenipotentiary authority to expedite this process.
a) Describe in detail the steps that will be taken to ensure a smooth initiation of the proposed services. Provide a work plan and schedule identifying the tasks and time frames required for start-up and implementation of services.

See attachment 18

b) Outline the proposed implementation/transition team; specifically identifying the primary point(s) of contact. Describe team member’s roles, level of experience and length of time they will be assigned to the project

The project manager will be the QM Director, Mary Ray-Council. Ms. Ray-council has 14 years of C-Level Experience. In addition, Cottage has contracted with a consulting firm, Retrospect Consulting Group to assist with the transition. RCG has 30 years of experience managing acquisitions, mergers, and transitions.

c) Describe anticipated issues related to transition services from the consumer’s perspective and how you will address those issues.

Our experience has been that consumers primary concerns is losing the therapist they have worked hard on developing bond with. Generally, most consumers do note care who the employer is. The best way to allay this fear is to hire existing staff. Since we cannot predict staff accepting our job offer we will bring our therapists to the general meeting to be introduced. In addition, we will have our therapists call consumers to introduce themselves personally.

A secondary fear will be that they will not be able to get in touch with staff in case of emergency. Weill will hand out cards with our crisis number on it at the meet and greet meetings and also mail them to consumers.

Some people will worry about money. We will assure consumers there current funding will stay in place.

We will also form an advisory council of current consumers to advise us on the transition and operations.

d) Describe your experience implementing a project of this scope and size.

Cottage has absorbed numerous consumers over the years but has not personally orchestrated a planned transition of this scope. Therefore, we have contracted with a consulting firm, Retrospect Consulting Group to assist with the transition. RCG has 30
years of experience managing acquisitions, mergers, and transitions.

e) Identify telecommunication requests of Wake County if use of County space is desired. Confirm your ability to participate in meetings with Wake County staff and clients to inform both parties about your organization. These will be hosted as two separate meetings with the employee meeting to serve both as a job fair and to convey information so that staff can help clients select a new provider.

Cottage will need 2 incoming and outgoing lines per site and a dedicated faxline.

We confirm our ability to participate in meetings with Wake County staff and clients to inform both parties about your organization.

9. Financial Plan

a. Provide a written narrative to support the financial plan with assumptions clearly defined.

The budget assumes that each client receives an initial bundle of services consisting of:
- Assertive Engagement 4 hours (16 units)
- Clinical Assessment 1 billable service
- Psychiatric Assessment 1 billable service
- Individual Therapy 2 billable services
- Medication Management 8 billable services
- Group Therapy No limit, as clinically indicated
- Injections No limit, as clinically indicated

And group therapy 2 times per month thereafter.

b) Identify any requested start-up funds and demonstrate how the program will be financially stable operating under a fee-for-service reimbursement model after the initial start-up.

Cottage is requesting $9,816 for IT equipment.

c) Identify all costs on a detailed line item. For staffing, resources must be identified by title with FTE count, salaries and benefits noted.

d) One-time start-up costs, by line item; explain methodology using assumptions provided.

e) Ongoing operating budget for one full year, by line item; explain methodology using assumptions provided and document the proposed staffing and related personnel costs.

See Attachment 19 for items c-e above
f) Elaborate on plan for maximizing revenue. Comment on any past efforts.
Cottage has maximized the services we currently provide by providing transportation and assisting consumers with resolving conflicting healthcare appoints, the 2 biggest reasons for no shows.

g) Provide a schedule showing assumptions regarding new referrals, no-shows and related staffing by location on a weekly basis through 8/31/13.

See attachment 19

h) Provide a revenue schedule by payer mix and detailed assumptions related to the reimbursed services.
See attachment 19
h) Confirm that your organization can comply with the requirements of QI under the scope of work.

References - submit contact information for three (3) references, to include, name, title, email address, phone and description of relationship. The results of the reference check will be used in scoring the written proposal and Alliance reserves the right to ask for additional references. Failure to provide this information will result in the proposal being considered non-responsive.

Attachments
SouthLight, Inc. Proposal to Alliance Behavioral Healthcare
RFP #2013-100: Wake County Adult Outpatient Services

I. Executive Summary

Describe why you believe that your organization, from a professional and technical perspective, is the best fit. Describe the distinguishing features that should be known about your services and company as well as an overview of your proposal.

SouthLight, Inc. has a rich history of providing top-quality, evidence-based services and programs to members of the Wake County community and beyond. Our Integrated Care model addresses the holistic health needs of each client through comprehensive Substance Abuse (SA), Mental Health (MH), and Primary Care (PC) services, as well as wrap-around services, linkages to community resources and other vital support systems. Our proposal to take on Wake County clients is bolstered by the following significant, strategic capabilities:

1) Strengthening and expanding crucial integrated behavioral healthcare services, in Wake County and throughout the Triangle region, by merging with Freedom House Recovery Center to form “SouthLight Healthcare”
2) Planning for long-term growth and sustainability through the addition of a new 35,000 square foot Integrated Care Facility on our Garner Road Campus in Southeast Raleigh

The merger between SouthLight and Freedom House will render a fuller continuum of care, adding enhanced crisis and community intervention services to our already strong service provision. The timing of this RFP is optimal for SouthLight as we expand our footprint, enhance our mental health program, and partner with other agencies to improve safety net services for the most vulnerable members of the community. This year, in collaboration with Wake County, the City of Raleigh, and the NC Housing Finance Agency, SouthLight will begin construction for Recovery Apartments (16-bed unit) on our Garner Road campus. Moreover, SouthLight was recently awarded a $250,000 matching capital grant for a new Integrated Care facility on the same site. Construction will begin on the facility in summer 2013.

In addition to increasing our capacity to serve more clients, SouthLight is committed to providing coordinated, compassionate, and comprehensive care that takes into account the unique needs of each client. Client collaboration and dedication are the most important factors in successful treatment and recovery, which could present challenges for the population to be served as the clients transition to new providers. Many of these clients have been counseled and treated by the same individuals for a number of years, and have long-term patient-provider relationships based on trust and understanding. SouthLight realizes that this changeover will be difficult for most, if not all, of these clients. In response to this challenge, we have outlined a seamless transition plan designed to limit disruption of services and retain as many clients as possible. Our plan includes informed consumer choice, participation in transition sessions with Wake County clinicians in order to provide a “warm transfer,” assertive engagement and outreach, individual person centered planning, and individual interventions that will help clients transition to the appropriate treatment services.
II. Minimum Requirements

✓ Demonstrated financial stability
   (please see attached financial plan)
✓ Documented budget detail for any non-UCR funding and projections for the next fiscal year
   (please see attached financial plan)
✓ Acceptance of attached contracts
✓ Acceptance of Medicare/Medicaid dual eligible
✓ Identification of which, if any, County facilities will be utilized
   (Whitaker Mill Road as transition space if needed)

III. Locations of Service

[Appendix D: Locations of Service]

<table>
<thead>
<tr>
<th></th>
<th>Raleigh</th>
<th>Eastern (Zebulon)</th>
<th>Northern (Wake Forest)</th>
<th>Southern (Fuquay-Varina)</th>
<th>Western (Cary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidding to Serve</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use County Facility</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Requested RSF</td>
<td>Approx. 5,000</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Space End Date</td>
<td>June 30, 2013</td>
<td></td>
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</tr>
</tbody>
</table>

IV. Response to Scope of Work

A. Organizational Background

Provide a brief history of your organization, indicating how long your organization has been in business.

Since 1970, SouthLight has provided substance abuse treatment services to adults, adolescents, and families in the Wake County region. Our continuum of services has grown over the past four decades to include Youth Prevention, Adolescent Education and Treatment, Co-occurring Disorders Treatment, Adult Treatment, Pregnant and Postpartum Mothers’ Treatment, Opioid Treatment, Criminal Justice Services, Supervised Independent Living - and most recently - Primary Care and enhanced Mental Health services.
**A brief description of the company size, organizational structure and currently held accreditations, certifications or licensures.**

SouthLight is licensed by the State of North Carolina, accredited by the Commission on Rehabilitation Facilities (CARF) and a long-standing Member Agency of Excellence with the United Way of the Greater Triangle. SouthLight maintains extensive success in cross-agency coordination and in the administering of state and federal programs and evaluations. As one of the first agencies in North Carolina designated as a Critical Access Behavioral Health Agency (CABHA), SouthLight maintains licenses from N.C. Division Health Service Regulation to operate numerous services requiring licensure under G.S. 122C. SouthLight is a recognized leader for providing professional, high-quality substance abuse care for those in need and spearheading public-private partnerships in the provision of behavioral health treatment services in this community. With a solid clinical and administrative systems infrastructure, SouthLight is poised to administer professional, quality services to those suffering from behavioral health disorders.

**Attach a list of all members on the board of directors, indicating term of office and home or business address. Also indicate whether any members are officers, agents, or employees of the organization.**

*See attachment A*

**Describe your key management staff with backgrounds identified.**

Reynolds C. Clodfelter, Psy.D.; President/CEO:
Serves as the primary administrative and operations official for the agency; responsible for strategic leadership and operational performance for all SouthLight services; implements the strategic goals and objectives of the organization, and provides direction and leadership toward the achievement of the organization's philosophy, mission, strategy, and its annual goals and objectives. He leads strategic, operational, and fiscal planning, including resources allocation and priority setting. He holds Doctorate in Psychology and is an accredited Research and Clinical Fellow; has worked in the substance abuse field for fourteen (14) years and has worked at SouthLight since June of 2003.

Heidi Green, Medical Director:
Dr. Green provides direct medical, clinical and quality management oversight of the entire agency including direct responsibility for the agency's compliance and practice improvement efforts consistent with all applicable standards, laws, rule and regulations. She provides supervision and oversight of the agency's medication evaluation and administration and facilitates the Clinical Leadership team. She is board certified with the American Board of Psychiatry and Neurology, a member of the American Society of Addiction Medicine, and holds a buprenorphine waiver for opioid addiction treatment. Dr. Green has been practicing medicine for over 10 years and has three years of experience at SouthLight.

Linda Lybrand, Director of Finance:
Responsible for coordination, maintaining, and controlling all accounting systems to properly reflect the financial position of the company. Duties include financial statement preparation and analysis,
fund/endowment accounting, payroll, fixed asset management, and oversight of accounts payable, accounts receivable, and other related areas. Participates with the senior management team in developing goals and serves as a resource in all aspects of accounting. Provide assistance to division management with analytical reports and technical support. Also, works with outside audit firm providing the necessary reports and documentation to compile the agency’s annual audit and tax returns. Provide supervision and appraisal to the accounting and it staff. Linda holds a B.S. Degree in Accounting with over 24 years of experience in the field and has worked with SouthLight since October 1999.

Robin D. Henderson-Wiley, Director of Operations:
Responsible for the administrative oversight of all SouthLight programs, including Judicial Services, Adult and Adolescent Outpatient Services, Prevention Services, Residential Services, Opioid Treatment Services and Chaplain Services. Robin also provides management oversight for SouthLight’s medical and nursing functions. She ensures financial stability, staffing, regulatory compliance and continued program development. Robin holds an MPA with a concentration in Health Administration, and has worked in the field of Behavioral Health and Substance Abuse for over 20 years and has worked with SouthLight since 2008.

Melanie Thomas, RHIT, Director of Quality Management:
Responsible for developing and implementing the agency’s Quality Management system; provides leadership in developing Quality Improvement Plan and ensuring effective Policy and Procedures. Responsible for coordinating quality management activities within the agency; and provides oversight and direction for corporate compliance and initiatives in the development, collection, and analysis of data management. Provides oversight of regulatory, accreditation, and licensure requirement, and ensures compliance with all reporting mandates. Quality Management Director is a registered RHIT and has 25 years of quality management experience

Ernestine Chapman, CCS, LCAS, LPC, Director of Clinical Services:
Responsible for all clinical, non-medical services provided at SouthLight, including the development, implementation, and oversight of new clinical treatment/education programs. She collaborates with the Medical Director and the Clinical Leadership Team to provide evidence-based treatment protocols used by staff in the delivery of client services. Responsible for clinical supervision of non-medical, direct care staff, including and in conjunction with program managers, performance appraisals of clinical staff. Reviews staff training needs and develops/implements protocols in conjunction and collaboration with the SouthLight Training Director. She holds an LPC, LCAS, CCS, and MS degree in Applied Addiction Studies and has worked for 33 years in the substance abuse field (all of which has been at SouthLight).

Marbet Cuthbert, SPRH, HR/Training Director:
Responsible for all selection, compensation, benefits, training, compliance and employee relations activities for the agency. She also oversees payroll, time and attendance and other HRIS functions. Works closely with Quality and Clinical Directors to ensure appropriate maintenance of credentialing and supervision records. She holds a B.S. in Psychology, has over 25 years of experience in human resources and has been employed at SouthLight for 3 years.
Attach a copy of your current organizational chart; indicate number of FTEs per title.

*See Attachment B*

Identify your current service location(s) with the physical address and services offered at each site.

SouthLight provides substance abuse and mental health services for adults, adolescents, and families. Our services include Substance Abuse Intensive Outpatient Program (SAIOP) for individuals who have been determined to need more structure and consistency in their recovery program. The SAIOP sessions are three hours long and are provided three times each week for 12 weeks. The Substance Abuse Comprehensive Outpatient Treatment program (SACOT) is provided for individuals who are in need of a more intensive regimen. The SACOT groups meet on a daily basis, 4 hours each session, for a total of 6 months. SouthLight also provides individual or group therapy, once or twice weekly, as well as family and couples therapy.

Our opioid treatment program (OTP) includes methadone maintenance and detox as well as Suboxone for individuals who have been addicted to opiates for at least one year. Integral to this program are weekly group sessions which cover a variety of topics, such as: pregnancy, spirituality, healthy living, women’s and men’s issues, and other topics. SAIOP is also available for clients who are in need of a higher level of care than what is offered in group sessions that meet once a week. Individual counseling is available on a weekly basis regardless of the level of care, and is conducted by licensed professionals, many of whom carry dual licenses, and develop person-centered plans based specifically on client needs.

In addition, SouthLight provides comprehensive clinical assessments to determine client need and level of care. We have residential services at our Fuquay Varina location for pregnant and post-partum women and their children as well as supervised independent living in Raleigh for men and women without children. SouthLight’s judicial services component conducts assessments on individuals who are involved in the criminal justice system. Judicial services also offers DWI assessments and classes for those who have been arrested for driving while impaired, DES (Drug Education School), and AES (Alcohol Education School) for first time misdemeanor drug or alcohol offenders. Other programs include FDD (Felony Drug Diversion) for first time felony drug offenders and IEP (Intensive Education Program) for those DWI offenders in need of a higher level of care than the 12-hour DWI program.

SouthLight also provides specific treatment programs for those who have been diagnosed with a co-occurring mental health disorder. This treatment includes an SAIOP group which addresses coping mechanisms and provides relapse prevention techniques to help clients deal more effectively with mental illness. The SAIOP for co-occurring disorders addresses a variety of mental illnesses, such as bipolar disorder, schizophrenia, major depressive disorder, etc., and how they are affected by the use of alcohol and other drugs. The group meets three times per week for 3 hours for a total of 12 weeks. SouthLight provides a Dialectical Behavior Therapy (DBT) group and individual counseling sessions for those who have been diagnosed with a co-occurring borderline personality disorder. Periodic sessions with a psychiatrist and medication management staff are also provided for those with co-occurring disorders by having several psychiatrists and addiction specialists on staff. The DBT group is skills-based and teaches clients how to be mindful of their emotions and thoughts and what to do in order to cope more effectively with stress, anger, anxiety, etc., without resorting to self-injurious behaviors such as cutting, burning, or
substance use.

- Location: 301 Sunset Drive, Fuquay Varina, NC 27526  
  Services offered: SACOT, outpatient therapy - (individual, group), medication management, comprehensive clinical assessment, and residential living.

- Location: 1012 Oberlin Road, Suite 300, Raleigh, NC 27605  
  Services offered: comprehensive clinical assessment, outpatient therapy (individual & group), SAIOP, medication management, mental health services

- Location: 2101 Garner Road, Raleigh, NC 27601  
  Services offered: comprehensive clinical assessment, medication management, outpatient therapy (individual & group), SAIOP, outpatient opioid treatment, mental health services

**Identify what if any services your organization currently serves under contract with Alliance.**

SouthLight is currently under contract to provide the following services to individuals who meet the service specific guidelines for medical necessity: Diagnostic Assessment, Opioid Treatment, Community Support Team, Medication Management, Outpatient therapy, Assertive Engagement, Substance Abuse Intensive Outpatient, Group Living, Substance Abuse Comprehensive Outpatient Program, Child Substance Abuse Prevention Services, CASA Works Program.

**Also identify the types of funding in the contracts (fee for service, non-UCR, IPRS, Medicaid, etc.).**

SouthLight has an adopted fee for service schedule of which all clients are assessed at admission and at regular intervals thereafter to determine their ability to pay in accordance with any third party payers. The Child Substance Abuse Prevention Service and CASA Works program are currently funded through non-UCR. Other services are funded both at the IPRS and current Medicaid rate.

**Clinical Program**

*Describe the payer mix of clients currently served (Medicaid, IPRS, County, Medicare, Other, etc.).*

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<thead>
<tr>
<th>Insurance</th>
<th>Age</th>
<th>Percentage</th>
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<tbody>
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<td>18-20</td>
<td>6%</td>
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<td></td>
<td>21-30</td>
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<td></td>
<td>31-40</td>
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<tr>
<td>Private</td>
<td>41-50</td>
<td>20%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>51-55</td>
<td>7%</td>
</tr>
<tr>
<td>Medicare</td>
<td>&gt;55</td>
<td>5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>&lt;1%</td>
<td></td>
</tr>
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</table>
Summarize demographic and clinical profiles of individuals currently served, length of time in treatment and numbers served.

Demographics for first 6 months of FY2012-2013:
The ethnic background of SouthLight clients is as follows: 29% African American, 65% White, 2% multiracial, <1% American Indian, 2% other. 4% of clients identified as also being Latino/Hispanic. Our clients for the first two quarters of FY 2012-2013 were 42% Female, 58% male. The gender ratio is consistently around 60% men and 40% female. We served adults ranging from ages 18-80 years, the average age was 35 years. See the chart for a more specific breakdown of age.

Clinical profile:
56% of clients had co-occurring disorders with substance abuse and mental health disorders. Depression, anxiety, bipolar, personality disorders, and PTSD are the most common (see chart). All of our clients currently have a substance abuse disorder. The most common SA diagnosis is drug dependency, followed by alcohol dependency (see chart).

Length of stay and Number Served:
For clients who completed treatment, their lengths of stay ranged from 63 days to 384 days. The average was 193 days, approximately 6 months. Clients who did not complete treatment had lengths of stay ranging from 1 day to 503 days. The average length of stay was 138 days, approximately 4 months. In FY 2011-2012, SouthLight served a total of 2,076 adults in our treatment programs. So far for FY 2012-2013, 1228 adults have been served in our treatment programs.

Describe your service philosophy and models of service delivery for individuals with SPMI, dual diagnosis MH/SA, geriatrics and adults with mental illness and moderate functional impairment. Identify services currently delivered and any anticipated expansion of service.

SouthLight, Inc. has a long-standing record of successfully serving individuals with primary SA, and those with co-occurring SA/MH. We recently began accepting individuals with primary MH as the sole diagnosis. SouthLight, Inc. values a holistic, recovery-oriented approach to client care, which includes individual and group therapy, psychiatric medication management, services to address spirituality issues, and primary care services. We are expanding our current service array to include assertive engagement, case management, and crisis services, as well as expanded capacity to serve more individuals in our primary care clinic.

We currently provide an extensive array of group therapy services, to address both SA and MH concerns, which draw primarily from cognitive-behavioral and person-centered theoretical approaches, including treatments based on Matrix Model, Dialectical Behavior Therapy, and Motivational Interviewing. Our SAIOP groups are 3 hours long and occur 3 times per week, and are based on the Matrix Model and other cognitive-behavioral therapy approaches. Co-occurring disorders concerns are addressed in these

<table>
<thead>
<tr>
<th>MH disorder</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
<td>24%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>21%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>14%</td>
</tr>
<tr>
<td>Personality</td>
<td>14%</td>
</tr>
<tr>
<td>PTSD</td>
<td>13%</td>
</tr>
<tr>
<td>ADHD</td>
<td>7%</td>
</tr>
<tr>
<td>Other Mental</td>
<td>3%</td>
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<table>
<thead>
<tr>
<th>SA disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Dependency</td>
<td>75%</td>
</tr>
<tr>
<td>Alcohol Dependency</td>
<td>38%</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>8%</td>
</tr>
</tbody>
</table>
groups, as relevant to the diagnostic makeup of the group. Clients who are not involved in our SAIOP level of care are strongly encouraged at intake and by their individual counselors to identify up to 3 BHO groups to attend per week that are directly related to the goals identified in their PCP. Our SA-focused offerings include elements of psychoeducation, cognitive-behavioral coping skills, art therapy with a cognitive-behavioral processing component, and parenting education and skills training. Our MH-based offerings include a mood disorders group focusing on values-based behavioral activation and other cognitive-behavioral therapeutic approaches (e.g. addressing negative automatic thoughts), an anxiety disorders group that focuses on cognitive-behavioral therapeutic approaches (e.g. graded exposure, addressing negative automatic thoughts, relaxation strategies), a group based on the Seeking Safety protocol to address co-occurring SA and trauma, and two transdiagnostic groups—one focusing on relaxation and meditation, and one focusing on emotional, physical, relational—and spiritual wellness. Additionally, we offer a full model DBT program, which includes individual therapy, group therapy, telephone coaching, and DBT consultation team, and is designed to address Borderline Personality Disorder as a sole diagnosis, as well as co-occurring SA concerns. We are expanding these current group offerings to include a cognitive-behavioral stress management group, a group for the transdiagnostic treatment of emotional disorders based on the work of Barlow, et al, a “building a life worth living” group (a group for clients who have achieved a good degree of stability, focused on cultivating values-consistent behaviors in ten life domains), Acceptance and Commitment Therapy groups for depression, anxiety, and/or chronic pain, a cognitive-behavioral smoking cessation group, a Cognitive Processing Therapy group for Posttraumatic Stress Disorder, a cognitive-behavioral therapy group for pathological gambling, STEPPS and STAIRWAYS as adjunctive group therapies for Borderline Personality Disorder, cognitive-behavioral therapy group for insomnia, and an Illness Management and Recovery group for our SPMI clients. We also plan on offering special groups during our transition phase to assist with client engagement and orientation to the group therapy model and SouthLight, Inc. services as a whole. This group will take a psychoeducational and motivational interviewing approach.

From a medical standpoint, we currently provide psychiatric assessments and medication management. Given the value that we place on holistic, recovery-oriented approaches, these services are generally only provided in conjunction with concurrent individual and group therapy. As we expand our client base, medication management only may be used for a limited number of clients who are stable, reasonably asymptomatic, and who are in sufficient recovery to warrant this level of care. Determinations regarding this level of treatment will be made by our multidisciplinary treatment team. In addition to psychiatric services, we also offer primary care and related laboratory services to address co-occurring medical concerns. Finally, as mentioned previously, assertive engagement, case management, and crisis services are being incorporated into our service array. The merger with Freedom House will enhance our care continuum in relation to crisis services, as Freedom House currently provides the following: 23-Hour observation chairs - short-term intensive observation, evaluation and support for up to 23 hour, which includes evaluation to determine if transfer to a more intensive and/or longer-term level of care is indicated; Crisis stabilization - short-term residential intensive evaluation, treatment intervention or behavioral management to stabilize acute or crisis situations, including acute psychiatric symptoms, disruptive or dangerous behaviors or intoxication from alcohol or drugs; Detoxification, from alcohol and/or drugs - social setting and non-hospital medical detoxification, providing 24-hour evaluation and withdrawal management, with emphasis on both medical supervision and peer and social support; Mobile Crisis - Mobile Crisis Team provides integrated, short-term crisis response, stabilization and intervention for adults and children experiencing a mental health or chemical dependency crisis; Walk-In and
Telepsychiatry - Clients can meet with a licensed psychiatrist to meet urgent needs. Additionally, rural clients can receive remote care via secure and confidential video conferencing.

**Describe or provide your organization’s protocols for responding to individuals experiencing a crisis, first responder duties, and provision for psychiatric appointments within 24 hours.**

Please see the attached copy of SouthLight’s First Responder Protocol (Attachment C). A psychiatrist is on-site three days per week. In most cases, individuals who are in crisis can be seen by a psychiatrist within 24-48 business hours. This will be decreased to 24 business hours as we expand psychiatric services for this proposal.

**Identify how your organization renders services that are culturally and gender responsive.**

SouthLight provides gender-specific groups at our treatment locations. Clients are asked during the assessment process about their preference for same-gender, same-race counselor and we attempt to accommodate their preferences whenever possible. In addition, our comprehensive clinical assessment includes specific questions with regard to the client’s cultural and spiritual background.

**Provide evidence that staff have been trained in evidenced-based and best-practice services to be offered as part of the proposed service array (e.g., training documentation, certification, CV’s and/or resume).**

Please see attached resumes and training “transcripts” (Attachment D), which demonstrate the education and training of our licensed staff. In addition, SouthLight conducts a full-model DBT program outlined by Dr. Marsha Linehan. The DBT consultation team meets for two hours on a weekly basis. The function of this team is to increase adherence to the DBT model and to provide support for staff utilizing this treatment. SouthLight’s DBT team also participates in ongoing consultation with a professor and pre-doctoral intern from Duke University Medical Center, to further promote our adherence to the DBT model.

**Note any other MCO/LMEs with which your organization holds contracts or Memoranda of Agreement and the services covered by these agreements.**

SouthLight maintains active enrollment with four MCO’s that include: Alliance, Sandhills Center, Cardinal Innovations, and Eastpointe.

**Information Technology**

**Describe the computer and data processes that your organization currently uses. Identify what if any of these functions are outsourced to a third party vendors.**

SouthLight uses a highly sophisticated system of network communications. SouthLight’s private network hosts an array of equipment that allows for quick, efficient, and safeguarded communications internally and externally. This system currently includes an intricate internal telephone system. A host of servers allow authenticated staff access to resources such as shared data drives, scan and printing equipment,
and other shared network resources. Desktops and laptops use a Microsoft Windows platform. Additionally, we are revamping our Electronic Health Record (EHR) system. Internal data processing is completed using the following software: SAS for statistical analyses, Microsoft Access for database management, Microsoft Excel for summary graph presentation, and TOWER Systems for management of our opioid treatment facility. Billing in-house through Alpha CM and client service authorizations are provided by our Local Management Entity by use of the Alpha CMS-MCO portal System. These are all HIPAA compliant web portals that allow staff with the appropriate credentials to access necessary information. SouthLight uses WorkSmart, located in Durham, NC for additional IT support. We also have essential staff positions that handle the majority of our IT needs

Identify if any extensive modifications must be made to your current computer systems to accommodate the additional volume of individuals served. Address additional computer/data processing resources, if any, that your organization would require to fulfill the terms of your proposal.

The modifications that will be required include:

- Installation/connection of a private fiber optic network at any new facility, which will connect to our existing SouthLight campuses. This is only if new clients cannot be folded into our current facilities on Oberlin Road, Garner Road, and possible temporary space at the Whitaker Mill building (where we will use SouthLight wireless technology only).

- Expansion of additional hardware/software purchase for our existing phone system to accommodate said facility.

- Required computer workstations will have to be purchased, configured, and installed for each staff. We will utilize wireless technology.

Describe the internal controls your organization has in place to protect the security and privacy of participants, program data, and electronic and paper records.

The internal controls SouthLight has in place are explained as follows:

- In order for appropriate new staff to access information, an assigned security level is set, and each user is required to have and is assigned a unique ID for computer and data access. We do not establish guest computer accounts or allow visitors to use our computers.

- Upon resignation, all associated staff access to computers and data is immediately terminated. Staff account passwords adhere to a specific convention and are required to be changed every 90 days.

- Technology policy prohibits staff from sharing computer access with other staff.

- Our systems include Crystal Reports, Tower dosing software, Financial Edge, AlphaCM and AlphaCMS-MCO to name a few. Auditing processes are available in each of our systems.
- For backup, continuity and disaster recovery, throughout the day, data is stored on the server which is backed up frequently and then stored offsite.

- SouthLight uses managed services that provide continuous detection and defense against threats. This is a remote continuous monitoring system.

- With a new Electronic Health Record implementation (we are currently reviewing new systems), auditing procedure will change.

- All paper records are safeguarded against loss, tampering, defacement, or use by unauthorized persons and ensure that client records are readily accessible to authorized users at all times. All records are maintained in either locked files or in a room that is locked and in facilities that reasonably protect them against fire, water damage, and other hazards. All records that include client identifying information shall be secure from public and unauthorized staff access. The medical record office shall be kept locked at all times with appropriate staff having access to the room. Clients shall be checked out using an “out card” placed in the location from which the record was pulled. Records shall be returned to the filing room at the end of each day.

**Identify if your organization currently submits authorizations and claims to Alliance and the monthly volume of transactions.**

SouthLight currently submits authorizations and claims to Alliance for approximately 450 clients. We are set up for electronic transmission of claims (835 and 837) and RA’s. We currently submit 1500 – 2000 claims per month.

**Provide a description and examples of your organization’s report generation capabilities.**

SouthLight has the ability to generate a variety of detailed reports to assist levels of management from supervisors to the CEO. As frequently as needed, appropriate staff is able to generate reports showing financial data i.e., services received by clients, payor sources and reimbursements, billing, utilizations and clinical data i.e., client demographics, productivity reports, outcome, and other continuous quality improvement (CQI) data. With the development and implementation of our EHR system, SouthLight has the enhanced capability of producing more detailed reports to aid in the strategic and management planning of our organization.

**Quality Improvement**

**Provide customer satisfaction ratings for the past two years.**

SouthLight uses a 7-item questionnaire developed by the National Institute of Drug Abuse (NIDA) and the North Carolina Perception of Care survey designed by the state department of health and human services to collect consumer ratings of services. We administered the NIDA survey during October-December 2010 and again in April-June 2011 and we administered the Perception of Care survey July-September 2011 and again in April-June 2012.
The table below shows results from the NIDA survey:

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<th>Q4: April-June 2011</th>
<th>Row Average→</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted/respected by counselor</td>
<td>93%</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td>Info about program/treatment explained</td>
<td>88%</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>Counselor and I work together</td>
<td>86%</td>
<td>93%</td>
<td>90%</td>
</tr>
<tr>
<td>Counselor understands my problems</td>
<td>87%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>I can raise concerns</td>
<td>83%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>I will gain relief</td>
<td>79%</td>
<td>88%</td>
<td>84%</td>
</tr>
<tr>
<td>Sessions are helpful</td>
<td>69%</td>
<td>89%</td>
<td>79%</td>
</tr>
<tr>
<td>Column AVERAGE↓</td>
<td>84%</td>
<td>91%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Ratings for the NIDA survey ranged from 69-93% during the 2nd quarter and 86-98% during the fourth quarter. Overall, 88% of the clients who responded to this survey had positive ratings for these areas of treatment. The table below shows ratings for the services at SouthLight from the NC Perception of Care survey:

<table>
<thead>
<tr>
<th>% strongly agree or agree</th>
<th>July-Sept 2011</th>
<th>April-June 2012</th>
<th>average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like the services</td>
<td>93%</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>I would recommend this agency to family and friends</td>
<td>93%</td>
<td>86%</td>
<td>90%</td>
</tr>
<tr>
<td>If I had other choices, I would still get services here</td>
<td>83%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>I was able to get all the services I needed</td>
<td>81%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>services available at good times for me</td>
<td>81%</td>
<td>74%</td>
<td>78%</td>
</tr>
<tr>
<td>Location is convenient</td>
<td>70%</td>
<td>77%</td>
<td>74%</td>
</tr>
<tr>
<td>Average</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
</tr>
</tbody>
</table>

84% of clients gave positive ratings for SouthLight's services. 92% of clients liked the services and 90% would recommend SouthLight to a friend or family member. The lowest rating for services was for the location, only 74% of clients thought that the location was convenient. 82% of clients gave positive ratings for staff and treatment provided at SouthLight. Overall, 85% of clients gave positive ratings for SouthLight during the past two years.

*Provide information about your organization’s procedures for promoting and ensuring consumer rights.*

SouthLight strives to protect and promote dignity, respect, privacy, humane care; and freedom from mental abuse, physical abuse, neglect, and exploitation. The client rights policy is made available to
individuals at the time of admission or within 72 hours by providing the client with a SouthLight consumer rights handbook along with information from participating MCO’s. SouthLight’s consumer rights handbook is also given to the client annually for those clients continuing in treatment, as well as always be available in waiting areas. The handbook describes consumer rights as detailed in T10A NCAC 27C, 27D, 27E, and 27F rules that govern the protection of client rights. SouthLight has established a client rights committee, comprised of consumer volunteers, to serve in an advisory capacity to SouthLight’s Board of Directors. The consumer rights committee is charged with protecting and advocating for rights of consumers. Further, our agency has a comprehensive oversight process of reporting client incidents immediately. Level II and III incidents are reported to the respective MCO and state agencies as prescribed. Analysis of incidents has resulted in programmatic changes such as return of dosing bottles for OTP, increased medication oversight procedures, and contract arrangements with a pharmacy company to oversee medications.

Describe your organization’s procedures regarding routing of telephone, e-mail, FAX, and written inquiries and complaints from consumers.

Confidentiality and security of information is maintained in all service locations of the agency. Security systems are used to ensure anonymity of all inquiries. The telephone and email systems are all password protected to prevent unauthorized access. Passwords are confidential and are changed every 90 days. Computers are set to time-out in order to lock, to prevent unauthorized use by others. Fax machines are maintained in a secured location with access only by SouthLight employees. All written communication is directed to the individual identified on the correspondence. SouthLight promotes an open door philosophy for clients to register dissatisfaction at any time, at any level. We urge clients to first discuss issues with the individual, or the division manager to try to resolve concerns. If this is unsuccessful, the client may contact the Compliance Hot Line, which is password protected, to register a complaint. The telephone number is posted in all SouthLight waiting rooms. The grievance policy and procedures are given to clients at the time of admission and annually thereafter. The Client Rights Committee is available to hear grievances from clients. SouthLight provides information to all clients regarding the Alliance grievance policies.

Describe how consumer input is included in your program evaluation process. Attach a copy of your organization’s quality management plan.

SouthLight gathers client feedback about their satisfaction with the program(s) in which they are currently receiving treatment. The information is collected from client satisfaction surveys and/or complaint investigations. The information is then used to initiate appropriate changes in service delivery. Examples of SouthLight programs that have initiated changes in service delivery as a result of client feedback includes but is not limited to:

- Residential clients expressed concerns about consistency of and clarity in how rules were carried out and the communication of rule changes in the programs. As a result of client feedback, we implemented changes so that rules were clearly posted in each apartment and if changes were made, clients would be informed of these changes through various forums (i.e, community meetings, orientation) and in a timely manner.
• OTP clients were having difficulties with wait time for dosing. The clients indicated that long lines at the dosing window made them late for work. As a result of survey feedback, a second dosing window was opened to alleviate long waits for dosing.

• A Benzodiazepine free policy was implemented at OTP and the client feedback regarding the implementation of the policy was that it felt punitive. SouthLight made changes to the policy to offer a 12 week SAIOP group. This provided enhanced services for individuals needing a higher level of care, utilizing the matrix model. Increased monitoring and supervision of clients through treatment plan compliance was followed. We also amended agency policy from automatic exclusion if the client was on benzodiazepines to the client agreeing to a contract to taper off the medication in a specified period of time. In addition, clients were asked to sign a release allowing the OTP physician to coordinate care with the prescribing physician due to the dangers of mixing with methadone.

• In our residential perinatal program, mothers expressed a need for improved access to child care services. Since SouthLight does not offer licensed child care services directly, we established an agreement with a licensed child care facility. The clients are offered transportation for their children to attend the child care program.

SouthLight is dedicated to our Continuous Quality Improvement (CQI) Plan and strives to ensure that continued quality of care is provided to our consumers. Focus has been placed on the provision of the most appropriate, high quality oversight, and monitoring for service delivery and compliance. It is the intent of our agency to provide quality services to all individuals and their families. This is based on individual needs with the ultimate goals of independence, self-autonomy, and fulfillment of innate potential. By developing a partnership with individuals and families and providing the right intensity of service at the appropriate time, these goals have the best opportunity for being achieved. Services are community-based and person-centered, responsive, cost effective, and structured to meet the individual’s needs.

*See Attached CQI Plan – Attachment E*

The Table below shows ratings for the treatment received at SouthLight and interactions with staff from the NC Perception of Care survey:

<table>
<thead>
<tr>
<th>% Strongly agree or agree</th>
<th>July-Sept 2011</th>
<th>April-June 2012</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment/Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Believe I can grow, change and recover</td>
<td>94%</td>
<td>91%</td>
<td>93%</td>
</tr>
<tr>
<td>Staff respects my wishes about who will receive information about my treatment</td>
<td>91%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Staff helped me obtain information so I could take charge of my illness</td>
<td>88%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>I was given information about my rights</td>
<td>90%</td>
<td>85%</td>
<td>88%</td>
</tr>
<tr>
<td>Staff encouraged me to take responsibility</td>
<td>83%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>Staff willing to see me as often as necessary</td>
<td>81%</td>
<td>83%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Encouraged to use consumer-run programs | 76% | 79% | 78%
Staff were sensitive to my cultural background | 79% | 75% | 77%
I felt free to complain | 77% | 76% | 77%
Staff returned call within 24 hours | 73% | 73% | 73%
Staff told me what side effects to watch out for | 67% | 77% | 72%
Average | 82% | 82% | 82%

**Give examples of two recent quality improvement projects, including outcomes, and describe how the results have been used in your organization.**

Our CQI process includes regular review of information to identify opportunities for system improvement and to evaluate the impact of identified projects. SouthLight attempts to exceed the requirement to conduct three CQI studies annually. We typically require each site to conduct at least one CQI study annually which gives us approximately five studies annually. Most recently for FY 2011-2012, we submitted – 1) Caseload Reconciliation, 2) Study to Determine Need for Adolescent SAIOP, 3) NCTOPPS Data Entry Response Slowness, and 4) Development of Mental Health Services.

A recent quality improvement project was the evaluation of GAF scores for new admissions. A focused report identified some potential inconsistencies in GAF scoring and was presented to the CQI team this month for further review. This information has led to a decision to require annual GAF score training for all clinical staff to ensure reliable scoring. Further decisions about ensuring reliability are likely to be made by the clinical director and clinical supervisor.

An ongoing quality improvement project is verifying the information that is put into our EHR and ensuring that important information is collected for all clients. When we first implemented the HER, only approximately 20% of demographic information was being entered. Quality improvement identified that we were collecting the information, but the main issue was entering the information into the correct areas in the system. We then worked with program directors to – 1. Ensure that the missing information was entered into the system for October and November, and – 2. Identify staff to be responsible for entering this information going forward. We were able to obtain 80% of demographic information that was previously missing, and in December and January we collected 89% of demographic information on clients. This includes some variables which were difficult to track before implementation of EHR. We will continue to monitor and analyze information put in the system and will use this information to improve the overall quality and completeness of our methodology for collecting client data.

**Describe how you evaluate consumer outcomes and how do you determine that your consumers are benefitting from your services.**

SouthLight’s approach to evaluating outcomes is based on longitudinal methodology, meaning that we focus on how life domains of our clients change from intake to discharge. Our data comes from NC-TOPPS assessments and our outcomes are defined by SAMHSA and are as follows: abstinence from drug use, improved level of functioning, employment/education, crime and criminal justice, stability in housing, social connectedness, and treatment retention. To complete our analyses, we look at the status of these areas at admission for all clients. This gives us a picture of where our clients are when they first enter
treatment, for example, the average GAF score, the percentage of clients who are employed, etc. We then compare the initial data to data collected at episode completion for the same clients. Additionally, we use perception of care and consumer satisfaction surveys to determine how much our clients believe they are benefitting from care at SouthLight. These surveys include outcomes measured in the NC-TOPPS system. We compare our overall client outcomes to the state and national averages. If we see improvement that is at or above national and state averages, we can conclude that our clients are benefitting from treatment at SouthLight.

Attach a sample of consumer outcome data for the most recent two years that is relevant to the services that your organization provides.

*See Attachment F- Outcome Table for FY 2010-2011 and FY 2011-2012*

Confirm that your organization can comply with the requirements of QI under the scope of work.

SouthLight’s QI Plan provides an overview of initiatives and practices that measure, monitor, and evaluate quality assurance and quality improvement activities for client outcomes, utilization of services, supervision, improving client care, monitoring client incidents and complaints, as well as using evidence based practices. Since 2010, SouthLight has required that NC-TOPPS assessments be completed for all clients admitted. This policy goes beyond the implementation guidelines for NC-TOPPS since it includes our entire treatment population regardless of payer source or services received. Completing NC-TOPPS for all clients ensures that we collect the same data for all clients at consistent intervals throughout their treatment. The assessments will allow us to provide the following additional information outlined in the RFP: demographics, diagnoses, substances used, housing and employment, length of stay. NC-TOPPS sends us a data file with all of our submitted assessments, which is then analyzed to create statistical reports.

Our EHR has given us the ability to collect a great deal of information for SouthLight, some of which is not collected on NC-TOPPS assessments. Our EHR captures the same additional data as NC-TOPPS (specified in above paragraph), and also allows us to collect the following additional information outlined in the RFP: Target population, face-to-face contacts, engagement of family and natural supports, discharge disposition, crisis planning education/consultation efforts, utilization/capacity, services/interventions received. We further modify and analyze EHR reports using SAS Enterprise Guide and Microsoft Access. Therefore, SouthLight is prepared to provide any additional data that may be requested using NC-TOPPS assessments and our EHR as sources.

Financial and Legal Information

Identify any litigation or governmental or regulatory action pending against your organization.

There is no litigation or governmental/regulatory action pending against SouthLight.
Describe the organization’s corrective actions to address these issues.

N/A

Provide information about whether or not your organization ever defaulted on a contract to provide MH/DD/SA services or had a contract terminated. Document if your organization been involved in litigation regarding such contracts.

N/A

Describe any pending agreements to merge or sell your organization.

SouthLight is in the final stages of the merger process with Freedom House Recovery Center, Inc., which is based in Chapel Hill. Freedom House is a private, non-profit organization whose mission is to promote, enhance, and support recovery for people with substance abuse, addiction and mental illness in the community. Since 1974, Freedom House has been committed to making a difference in the lives of youth, adults and families living with addiction and mental illness through the provision of a strong continuum of services, including crisis response, detox, outpatient treatment, criminal justice programs, supervised living, telepsychiatry and community intervention services (Intensive In-Home and Community Support Team). Freedom House staff is committed to nationally recognized, evidence-based treatment models that support positive outcomes for all clients. The merger of Freedom House and SouthLight to form “SouthLight Healthcare” will create opportunities to reach many more individuals in Wake County and the surrounding Triangle area who are in need of comprehensive, coordinated, and compassionate integrated behavioral healthcare. Both organizations are long-standing, successful providers of evidence-based models of care that have rendered strong outcomes for youth, families, and adults struggling with addiction and mental health issues.

Provide details of any office closures that resulted in the termination of services within the last three (3) years.

None

Submit one electronic copy of your most recent audited financial statement, include management letter if received.

*See Attachment G (electronic only)*

Submit one electronic copy of your organization’s most recent annual report Linda

*See Attachment H (electronic only)*

Confirm if your organization is in compliance with all federal and state laws applicable to the services, including HIPAA, EDI, privacy and security regulations. Confirm that you will submit appropriate information for the credentialing process.
SouthLight’s policies state that we will protect and adhere to state and federal laws concerning the privacy and security of client information. These policies detail authorization for release of client information, safeguards to protect the privacy of protected health information, notice of privacy practices, and amendment to protected health information. SouthLight is in full compliance with HIPAA Privacy and Security rules (45 CFR Parts 160 and 164), the state confidentiality law (GS 122C-51 through 122C-56 and T10A: 26B, and the federal substance abuse records law (42 CFR Part I). In addition, we are fully compliant with EDI processes having the capacity to transmit PHI electronically through 835 and 837 formats.

To assure ongoing compliance within our agency, we use random, quarterly, and annual audits for compliance with clinical, programmatic and administrative rules. These audits are performed in conjunction with internal and external review processes. The following is a list of annual trainings provided to all SouthLight employees:

- OSHA/Blood Borne Pathogens
- Cultural Competency
- Fire, Health, and Safety
- HIPAA and Confidentiality
- Non-Violent Conflict Intervention – A
- Professional Conduct
- Recognizing Abuse And Neglect

SouthLight is in good standing with all of the following agencies: N.C. Secretary of State’s Office, Internal Revenue Service, U.S. Department of Labor, N.C. Department of Labor and Revenue, and Department of Health and Human Services. The quality management director is the point person to ensure that the agency is meeting all regulatory rules. The quality management department is responsible for supervising and directing staff to comply with all consumer data and records documentation requirements, staff qualifications, evidence-based practices training, implementation, supervision, evaluation and fidelity monitoring, accreditation standards, re-accreditation requirements and reporting, and auditing and regulatory review requirements of federal state and local agencies. SouthLight will continue to comply with credentialing requirements as specified in the Alliance Provider Operations Manual and contract consistent with state and federal laws.

*If programmatic audits have been performed on your organization during the past year, provide information about the name of the auditor, dates of audit, findings and corrective actions required, if any.*

- Annual DHSR audit / Garner road - October 2012 with the following deficiencies:
  1. Failure to document contact with clients after no show appointments
  2. Disaster drills to be on a quarterly (not annual) basis even though this is not required in licensure rules
  3. Failure to have a 1:50 staff to client ratio
     *a plan of correction has been submitted for these deficiencies and approved
- CARF Re-accreditation – 8-10 – 8-12-12
- DHHS - Complaint survey at Garner road - no deficiencies
- DHHS - Follow up review of Facility and ground maintenance at Fuquay Varina - 8-14-12
  *compliance issues in the facility - plan of correction submitted
- Wake LME SAPT Block Grant audit - 6-20-12 - full compliance
- DHSR – complaint survey – 6-5-12 – Kinton Court
  *corrective action plan submitted and accepted
- DHSR – complaint survey – construction – Kinton Court
  *corrective action plan submitted and accepted
- DHSR – complaint survey – 4-17-12
  *corrective action plan submitted and accepted
- DHSR – annual – full compliance
- Wake County Financial audit – 3-29-12- full compliance

*Indicate if your organization is current on all tax filings and payments, including all payroll tax returns and annual tax returns. Linda*

The agency is current on all tax filings and payments.

*Indicate if your organization is compliant with all reporting requirements from all funding sources.*

Yes – SouthLight is compliant on all report requirements.

**B. Transition Planning And Performance**

*Clinical and Capacity*

*Elaborate on your strategies to ensure continuity of care.*

The transfer of consumers and services from Wake Behavioral Adult MH/SA services to the private provider network in Wake County will be an enormous process. SouthLight is proposing a plan that outlines two different phases with distinct strategies. The first phase is an initial transition period from the point of award in March 2013 through May/June 2013. The second phase will be an expansion and sustainability of service capacity and provision. The transition period (Phase I) is critical to ensuring the successful completion of this entire project. Therefore, we are focusing the majority of this proposal on transition phase, while also describing the expanded and enhanced service delivery system that will result from the effective transfer of consumers and services.

Engagement strategies will be critical to ensuring continuity of care and sustainability for the transfer of the identified adult mental health/substance abuse outpatient population currently served by Wake County Behavioral Health. SouthLight will accomplish this through a thoughtful, flexible, and coordinated plan. This transition must be coordinated with Wake County Behavioral Health staff and the other provider agencies chosen to render adult outpatient services. Strategies to ensure continuity of care will include informed consumer choice, participation in transition sessions with Wake County clinicians in order to provide a “warm transfer,” assertive engagement and outreach, individual person centered planning, and individual interventions that will help consumers transition to the appropriate group services. These various treatment initiation and engagement strategies will be used based on the consumers’ needs. Flexibility will be imperative to ensure transfer and sustainability of services for the identified consumers.
SouthLight will attend and participate in scheduled meetings in March with Wake County staff and consumers to inform both of our organization as well as to coordinate plans for transition. SouthLight will provide informed choice for the consumers by outlining the various options for transferring their services to our organization. The options will be presented as a variety of plans for engagement that will range from scheduling a comprehensive clinical assessment within 7 days of referral, to starting initially with assertive engagement “sessions” that may include a session with both the Wake Behavioral treating therapist and a SouthLight transition clinician in attendance, and up to 3 more sessions (one hour each) with the SouthLight transition clinicians utilizing Motivational Interviewing and Enhancement Therapy strategies to engage the consumers. SouthLight will request that Wake County staff identify at referral the individual consumer needs in regards to the transition plan so that SouthLight can initiate contact accordingly. Transition will be most successful if the most difficult and vulnerable consumers are identified and referred first, so that they can have priority for initial contact and services.

Once consumers commit to treatment through participating in the comprehensive clinical assessment, an individual plan will be made to continue the transition from their current provider to primarily group services and medication management through SouthLight. For consumers who may have previously only participated in individual treatment, we will request up to 4 individual sessions (1x/week) with the goal of transitioning to appropriate group therapy services. We intend to expand current specialty group therapy services as well as additional evidence and best practice models appropriate for the consumer population to be referred (e.g. SPMI, dual diagnosis MH/SA). (See the description in the “service philosophy and models of service delivery” section above.) We are also expanding our current service array to include assertive engagement, case management, crisis services (as delivered currently by Freedom House), and more capacity for primary care. Our holistic model of care is based on providing comprehensive treatment, medical care, and wrap-around services to ensure maximum health and wellness for each client—resulting in stronger outcomes across the board. This will ensure continuity of care for clients who are currently receiving integrated care through Wake County.

**Explain how you will utilize the assertive engagement services to assist the transition.**

During the initial transition, up to 4 assertive engagement sessions (one hour each) will be offered for consumers to engage and make informed choices about committing to the treatment services at SouthLight. One of those sessions may be a session with their current Wake Behavioral Therapist with a SouthLight clinician in attendance. In situations where the clinicians are not able to make phone contact, up to 8 assertive engagement hours (32 units) will be utilized to provide outreach (e.g. home visits) needed to connect with and engage consumers.

**Explain how operations will be managed to ensure capacity to meet a goal of 90% compliance, unless otherwise noted, with the following expected outcomes as it relates to transitioning clients:**

SouthLight will contract with a project manager to manage transition and assure compliance with all required items. This project manager will work with our clinical, QI, and other relevant managers and staff to ensure compliance and monitoring of the expected outcomes and to complete required reporting to Alliance.
SouthLight plans to utilize existing staff in order to initiate the transition plan by April 1, 2013. Existing capacity will be expanded by offering contract overtime for existing staff to provide assertive engagement, comprehensive clinical assessments, orientation/engagement groups, and other services as needed for accepting and engaging referrals during the transition phase. SouthLight has already begun recruiting for new staff (licensed clinicians, contract psychiatrists, etc.) to provide the expansion services and will integrate the new clinicians into the service provision as soon as possible (no later than June 1, 2013).

- **Making contact with referrals within four (4) business days of receiving a referral.** SouthLight will initially increase the capacity of existing clinicians through contract overtime, until new clinicians are hired. SouthLight will recruit/hire up to 6 clinicians whose sole responsibility (along with initial contract staff) will be to provide assertive engagement, comprehensive clinical assessments, and Motivational Interviewing engagement groups until the transition of consumers is complete. The contract staff and new clinicians will initiate contact immediately upon referral so that the expectation of contact within 4 days will be met. If contact has not been made within 72 hours, the clinician will contact the Wake Behavioral clinician to assist.

- **Contact is to be made by phone or use assertive engagement services to meet face-to-face.** If a client is unavailable or does not have a phone, the transition clinicians will utilize assertive engagement services and visit the potential client at his/her home or will attempt to locate the individual based on information obtained from Wake Behavioral therapists.

- **If unable to make contact, provider shall contact the treating clinician at Wake Behavioral to assist with follow-up (goal is 100%).** As noted above, the transition clinicians will contact the treating clinician at Wake Behavioral if contact has not been made by 72 hours from referral.

- **Clinical assessment completed within 7 days of referral.** As noted above, SouthLight will employ "transition clinicians" whose sole duty during the transition phase will be to provide assertive engagement services, comprehensive clinical assessments, and engagement groups in order to engage and admit consumers as quickly and successfully as possible. SouthLight will make every effort to complete assessments as needed within 7 days of the referral. However, flexibility on this expectation will be imperative to ensure a successful and sustainable transition of such a large number of consumers. There may be some consumers that will require the use of assertive engagement for 2-3 weeks before they are willing to participate in a comprehensive clinical assessment, while others will be able to initiate their relationship with a new provider starting with the assessment. It will be necessary that Alliance allow for this flexibility during the initial transition. SouthLight will review assessments already completed by Wake Behavioral Health programs, and for those consumers who have had recent assessments (that meet CARF standards), we will initiate assertive engagement and individual therapy sessions within 7 days of referral.

- **Psychiatric assessment completed within 14 days of referral.** We do expect to need extra physician capacity in the initial transition phase, so we have
tentatively agreed to a contract for services on a PRN basis with Daymark Recovery Services (DRS) in order to have psychiatric assessment availability immediately at the initiation of the transition period. We anticipate needing this safety net so we can have medical services immediately accessible in the event that the current Wake County psychiatrists do not choose to contract with SouthLight after the initial Transition Phase. During the initial transition period, there will be psychiatric assessment slots made available 5 days a week for this population to assure no disruption in medication. This expansion of psychiatric services will be available either through new psychiatric contracts or through the before mentioned collaboration with Daymark utilizing tele-psychiatry. SouthLight Medical Director will coordinate with Wake Behavioral psychiatrists to request that all referred consumers be given 30 days of medication. We will ask Wake psychiatrists to initially prioritize 50-70 consumers that must be seen within 14 days. In order to meet this tight deadline, SouthLight must have additional psychiatric availability that can be gained through implementing telepsychiatry with the assistance of DRS.

✓ For medication management only clients, complete one physician service and one follow-up service which may include assertive engagement services.
SouthLight will offer orientation and engagement groups for consumers who are engaging in medication management only. Consumers’ participation in these groups will be necessary in order to ensure successful initiation and engagement in treatment services at SouthLight. Southlights’ psychiatrists will determine, after psychiatric assessment, whether or not the patient is appropriate for medication management only or would benefit from more holistic services, including participation in appropriate group therapy. Priority for medication management appointments will be given to 50-70 consumers with the highest need to be seen within 14 days.

✓ Meet standard for timely initiation and engagement of services for individuals that are not medication management only. This standard is defined by two visits in 14 days and four visits (including assessments) in 45 days following engagement.
SouthLight maintains these timely initiation and engagement standards for all new consumers. This standard can be met for the Wake Behavioral Health consumers as long as there is support and approval to allow for flexibility in the initial utilization amount of assertive engagement and individual sessions. This will be a very difficult transition for many of the consumers to move from receiving services through a government agency to a private provider. The service provision that many of the consumers are accustomed to receiving (primarily individual therapy/medication management on an expenditure basis) will be very different from the service array and the treatment expectations (primarily group therapy/medication management in a fee for service environment) they will experience from private providers. In order to have a successful transition that results in the sustainability of treatment participation, the engagement strategies must be flexible and individualized per the consumers’ assessed needs.

Discuss your organization’s process and frequency for communicating current capacity and any developing waiting list information to the Alliance.

SouthLight currently makes assessment appointments available in the ALPHA Scheduler (a total of 24 to 27 slots per week). This number will increase as our capacity increases throughout the transition period. It is not our practice to maintain a waiting list. Initial appointments planned for the consumers
transitioning from Wake County will not take away from the current slots for new consumers in Alpha.

*Specify the maximum or minimum number of individuals you can accept as new referrals. Define the capacity during the transition period on a weekly basis.*

During the transition period, SouthLight will accept the designated 350 clients from Raleigh and the full capacity of 277 clients from Cary. After that time, SouthLight will accept up to 30 new referrals each week for Raleigh and up to 30 for Cary.

*Identify the number of individuals who will be served at any given time (e.g., capacity for medication management services) and the expected number to be served over the course of one fiscal year.*

The initial intent is to take on 350 consumers from Raleigh and the total Western Wake (Cary) caseload (277) described in the RFP. SouthLight plans to have the capacity to provide medication management as well as individual and group therapy services for all these consumers by the end of the Transition period (May 30, 2013). SouthLight will expand space and staffing capacity as needed throughout and after the transition period based on client retention and the number of new referrals. Based on our financial plan projections, we can assume that we will make contact with approximately 21.6 clients each week throughout fiscal year 13-14 in both Raleigh and Cary. The total amount of clients expected to be served, based on this projection, is 2,246 over the course of one fiscal year.

*Identify the specific locations of service delivery or anticipated location. Discuss the access to these locations and availability of public transportation.*

During the initial transition, assertive engagement services, comprehensive clinical assessments, and group services will be delivered at various settings in Raleigh, based on individual consumer needs. Locations include Wake Behavioral therapists’ offices (meeting consumers during their current therapist sessions if needed), Wake County (Whitaker Mill) office space, consumers’ homes, SouthLight existing offices, or other community sites that best meet client needs. SouthLight is currently searching for additional office space in both Raleigh and Cary with the intention to secure new space (once notification of award) in Raleigh no later than July 1, 2013, and in Cary no later than April 1, 2013. Any office space secured will be easily accessible to public transportation. Long-term planning ensures that future clients will utilize comprehensive services at a new Integrated Care facility on Garner Road, which is set to begin construction in late 2013.

*Describe potential service venues including community sites, office-based settings, and/or other locations based on the needs of the individuals being served.*

See above description of service locations for the transition period. All office-based sites will include space for both individual and group sessions.

*Staffing*

*Provide the proposed staffing level with the number of FTEs by position.*
For the transition period, SouthLight will employ 1 FTE Site/Program Director and 6 licensed professionals (2-3 LCSWs in order to accommodate Medicare consumers) for the Raleigh site and 1 FTE Site/Program Director and 5 licensed professionals (at least 1 LCSW to accommodate Medicare consumers) for the Cary site. These clinicians will initially have the sole duty of providing assertive engagement services, comprehensive clinical assessments, and Motivational Interviewing engagement groups. As the consumer enrollment increases, and we move into sustainability of these services, the proposed staffing level will be the following:

**Raleigh – 350 consumers**
- 1 FTE Site/Program Director
- 5 FTE Licensed Professionals
- 1 FTE Licensed Crisis Therapist
- 1 FTE Psychiatrist
- 1 FTE Nurse
- 1-1.5 FTE Case Manager (.5 for Patient Assistance application process if WCHS discontinues Community Pharmacy)
- 1 FTE Medical Records specialist
- 1.5 FTE Client Account Reps (UR Coordinators)
- 2 FTE Administration assistants

**Cary – 277 consumers**
- 1 FTE Site/Program Director
- 4 FTE Licensed Professionals
- 1 FTE Licensed Crisis Therapist
- .5-.75 FTE Psychiatrist (dependent on anticipated growth of services at this site)
- .8 FTE Nurse
- 1 FTE Case Manager (.5 to help with Patient Assistance application process if WCHS discontinues Community Pharmacy)
- 1 FTE Medical Records specialist
- 1 FTE Client Account Rep (UR Coordinator)
- 1-1.5 FTE Administrative Assistants (dependent on anticipated growth of services at this site)

**Submit a proposed organizational chart; identify vacancies.**

*See Attachment I*

**Provide information about your strategies for recruitment, retention and support of qualified staffing.**

SouthLight uses a variety of methods to recruit staff, depending on the position. We have used Craigslist, Career Builder, several school websites, licensing board websites, and a list of “friends of SouthLight” who hold professional positions that put them in touch with potential candidates. SouthLight is very conscious of creating a workforce that reflects the diversity of clients we serve. Therefore, we are making efforts to reach out to minority candidates, particularly Latino mental health professionals.
SouthLight utilizes many strategies to retain the staff it recruits. Retention efforts begin the minute an employee is hired. Through an extensive orientation to not only the organization as a whole, but also to their jobs and departments, employees are immersed immediately in the culture of the organization. All employees receive feedback on a formal review of their performance after 90 days and annually thereafter. All employees receive extensive training for their jobs, through classroom, on the job, and cross training. SouthLight solicits the opinions of employees on a regular basis, either through online surveys or in “town hall meetings” with the CEO. SouthLight’s management considers employee input very seriously and posts answers to employee questions on SouthLight’s public domains. SouthLight has an established complaint procedure as well as a compliance hotline, so that employees have multiple avenues for voicing concerns. SouthLight publishes an employee newsletter six times a year in order to keep staff informed of important organization developments. SouthLight strives to communicate regularly with employees through multiple channels to keep them informed of organizational changes and plans.

**List and describe any contractual relationships that you anticipate necessary to carry out the services.**

SouthLight will contract with psychiatrists or counselors as needed until permanent placements can be made. In addition, current staff will work additional hours during the first few weeks of the transition.

**Describe your staff training plan.**

SouthLight provides training for all personnel on a regular and ongoing basis as identified in our policy. All staff members are provided with required trainings for their position at no cost. Newly hired employees receive a comprehensive introduction to the organization, including training on various required topics including client rights, confidentiality/privacy, service definitions, blood borne pathogens, and infectious diseases. If new hires require training according to the needs of their position, they receive training from an external vendor before delivering that service to SouthLight clients.

In addition to providing the training required to deliver services, SouthLight offers other classes to our counselors at no or low cost. We strive to provide trainings based on evidence based practices that also satisfy the re-licensure needs for our clinicians. SouthLight works with the appropriate licensing board to get classes certified for CEU credits.

SouthLight has given particular attention to ensuring that our counseling staff has the required skills to complete particular aspects of their job e.g., completing a comprehensive clinical assessment, developing and maintaining a person-centered plan, writing an effective crisis plan and reauthorization for services. Our clinical supervision staff works with clinicians individually and in small groups to train them on treatment modalities and the documentation aspects of their job. Counselors have also received individual coaching on how to run successful treatment groups. SouthLight has found this type of “just in time” tailored training approach to be very successful in improving performance.

During annual performance reviews, the supervisor works with each employee to develop an individual training and development plan. HR gathers all of that information in order to assess training needs for the
organization and for individuals. A training plan may include formal classwork, cross-training with a
colleague, or even participation in a task force with co-workers.

SouthLight proposes utilizing Daymark Recovery Services (DRS) to help train new staff members on the
group modality of delivering therapy during the limited transition time period. In addition, DRS will
provide psychiatric coverage during the transition phase to ensure that medication management will be
immediately accessible to all clients in need. Due to the tight time frame for transitioning clients,
SouthLight will also utilize telepsychiatry through DRS.

*For any positions that are to be recruited, provide a job description of each position.*

*See Attachment J*

*Explain how current Wake staff will be informed of open positions within your organization and
what outreach efforts will be made to recruit existing staff.*

SouthLight will participate in the scheduled meeting with Wake County staff to inform them of our
organization and the staffing needs that will be available at SouthLight. Staff who meet the required
qualifications and are interested in positions with SouthLight will be provided an opportunity to
interview for employment.

*Describe how you will coordinate with Wake County government to assist with placement of
displaced staff. Define your expectations related to transitions of any current Wake County staff.*

On February 22, SouthLight sent job postings for Psychiatrist and Counselor to Randy Marsh to share with
current Wake County Behavioral employees. SouthLight will meet with Wake County employees on
March 20 in order to describe the opportunities, pay, benefits, etc. of open position. In the meantime,
Human Resources is happy to speak with any interested Wake County employees.

*Planning*

*Define a successful transition of individuals currently served in the Wake Adult outpatient program.
Be specific as to the goals, criteria and measurement of success as well as the timeline*

A successful transition of individuals currently served in the Wake Adult outpatient program will result in
90% of the referred consumers engaged in appropriate treatment groups and medication management as
indicated based on individual needs. The primary goal will be for consumers to participate in the initial
transition services and to be engaged and transitioned to group and medication management services as
determined to be medically necessary through individual assessment during the transition phase.

SouthLight will meet the goal of 90% compliance with expected transition outcomes as outlined in the
RFP through the strategies listed above (Clinical and Capacity section of Transition Planning and
Performance). The Transition phase will be completed no later than June 1, 2013.

*Describe your efforts to ensure a smooth transition. Address aspects of the transition as it*
relates to consumers, staff of Wake Behavioral Health, Alliance and your internal operations.

As previously described, SouthLight will implement a coordinated and flexible plan to ensure a person centered and smooth transition. Some of the key aspects of the transition include the following:

- Attendance and participation at meetings with Wake County employees and consumers (March 20th and 22nd) – SouthLight will outline options for consumer transfer plans for both the employees and consumers
- Coordinate initial referral contact with Wake Behavioral Health therapists as appropriate
- Utilize Assertive Engagement, Case Management, Crisis response, individual and group therapy sessions as needed throughout the transition period
- Appointment slots for sessions with clinicians and psychiatrists will be made available daily (Monday – Friday and some weekends) specifically for the Wake County transition consumers
- Weekly reporting to Alliance regarding transition as required as well as ongoing communication with Alliance staff as needed regarding any consumers who are not engaging in treatment

Describe in detail the steps that will be taken to ensure a smooth initiation of the proposed services. Provide a work plan and schedule identifying the tasks and time frames required for start-up and implementation of services.

**START-UP AND IMPLEMENTATION WORK PLAN & SCHEDULE**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Time Frames</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin recruitment of Program Director, Licensed Clinicians, and contract psychiatrists</td>
<td>Immediately</td>
<td>Will start recruitment before award in order to have staff ready for hire as soon as possible once notification of award is announced</td>
</tr>
<tr>
<td>Identify computer needs for transition staff</td>
<td>Immediately</td>
<td>Plan to use wireless technology in order to accommodate flexibility needs during the transition</td>
</tr>
<tr>
<td>Begin search for additional office space</td>
<td>Immediately</td>
<td>Intent is to secure new space (once notification of award) in Raleigh no later than July 1, 2013, and in Cary no later than April 1, 2013</td>
</tr>
<tr>
<td>Develop detail data/information reports to be submitted to Alliance</td>
<td>March 15, 2013</td>
<td>Dependent upon receipt of detail reporting requirements from Alliance</td>
</tr>
<tr>
<td>Meet with Wake County employees</td>
<td>March 20, 2013</td>
<td>Provide information regarding our transition plans (clarify needed support from Wake staff to implement transition)</td>
</tr>
<tr>
<td>Meet with Wake Behavioral consumers</td>
<td>March 22, 2013</td>
<td>Provide information regarding our existing services, plans for transition, and plans for expansion of services</td>
</tr>
<tr>
<td>Hire Program Director, Licensed</td>
<td>March 16,</td>
<td>Dependent on award notification on March</td>
</tr>
</tbody>
</table>
Clinicians, and contract psychiatrists  
2013, or as soon as possible  
15, 2013, as well as availability of staff to hire

Orientation/Training for new staff  
As soon as hired

Begin accepting referrals  
April 1, 2013

Implement transition services to include:  
- Assertive Engagement  
- Orientation/Engagement Groups  
- Med Management  
- Individual Therapy  
April 8, 2013  
Will utilize contract overtime with existing staff in order to increase current capacity for quick implementation; as new staff are hired, they will take over the provision of services for this project

Finalize transition period and implement expanded group and medication management services  
May 31-June 30, 2013  
Will transfer service delivery to new facility/space

**We will make every effort to meet the timelines above; however we must acknowledge that this work plan and schedule is VERY optimistic. There are many factors that will likely delay some items (e.g. recruitment and training of new staff, development and agreement of coordination tasks with Wake Behavioral Health, and willingness of consumers to transition to different models of treatment). We will work closely with both Wake Behavioral and Alliance staff throughout the transition so all barriers can be addressed immediately when identified.**

Outline the proposed implementation/transition team; specifically identifying the primary point(s) of contact. Describe team member’s roles, level of experience and length of time they will be assigned to the project.

### TRANSITION TEAM

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Role / Responsibilities</th>
<th>Time Involved (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Nelson, LPC, MAC</td>
<td>Consultant to SouthLight – will help direct transition and implementation efforts and coordinate with SouthLight staff members, Wake County, etc.</td>
<td>March – July 2013</td>
</tr>
<tr>
<td>Tad Clodfelter, Psy.D.</td>
<td>CEO – will help manage transition and implementation at high level</td>
<td>March - ongoing</td>
</tr>
<tr>
<td>Trish Hussey</td>
<td>CEO of Freedom House, will help manage transition and implementation at high level (crisis services, etc.)</td>
<td>March - ongoing</td>
</tr>
<tr>
<td>Heidi Green, MD</td>
<td>Medical Director – will provide consulting, oversight</td>
<td>March – July 2013</td>
</tr>
<tr>
<td>Alyssa Kalata</td>
<td>Will provide clinical oversight</td>
<td>March – July 2013</td>
</tr>
<tr>
<td>Anna Gaddy, MA, LCAS,</td>
<td>Program Director - Adult Outpatient (Garner Road)</td>
<td>March – July 2013</td>
</tr>
</tbody>
</table>
Describe anticipated issues related to transition services from the consumer’s perspective and how you will address those issues.

As noted previously, this will be a very difficult transition for many of the consumers to move from receiving services through a government agency to a private provider. The service provision that many of the consumers are accustomed to receiving (primarily individual therapy/medication management on an expenditure basis) will be very different from the service array and the treatment expectations (primarily group therapy/medication management in a fee for service environment) they will experience from private providers. In order to have a successful transition that results in the sustainability of treatment participation, the engagement strategies must be flexible and individualized per the consumers’ assessed needs. Referred consumers will be given choices to meet with SouthLight clinicians at their therapists’ office, at SouthLight existing offices, or at other community sites per consumer preference. Treatment initiation and engagement strategies/interventions will include assertive engagement, individual therapy sessions, medication management, and group orientation and engagement sessions. Service initiation will be flexible based on individual consumer needs which will be determined by referral information provided by Wake Behavioral Health staff and the consumers themselves.

Describe your experience implementing a project of this scope and size.

SouthLight has implemented a number of new programs and services throughout our 43 year history, most recently through the opening of a primary care clinic and by adding Intensive In Home services to our adolescent program. Our largest treatment facility on Garner Road serves approximately 700 clients, with a large portion of these clients now being treated in the primary care clinic as part of our commitment to provide integrated care. The current merger with Freedom House is also a monumental undertaking that has required additional effort and steadfastness to effectively complete. The assimilation of systems – ex: payroll, benefits, electronic medical records – is a large project within itself.
Identify telecommunication requests of Wake County if use of County space is desired.

No Wake County requests will be made – we will use only wireless SouthLight technology.

Confirm your ability to participate in meetings with Wake County staff and clients to inform both parties about your organization. These will be hosted as two separate meetings with the employee meeting to serve both as a job fair and to convey information so that staff can help clients select a new provider.

SouthLight will participate in the meetings as requested. We will utilize these meetings for confirming transition plans as it relates to consumers and staff as appropriate.

C. Financial Plan

Provide a written narrative to support the financial plan with assumptions clearly defined.

In the weekly financial plan, we have proposed to intake the requested client population during the 4/1/13 to 5/15/13 period. We are projecting a 28% no show rate, a 75% engagement rate, and a 5% discharge rate. Due to the short time between the award notice and the startup date, we will be utilizing existing and former staff to help during the transition. The budget and staffing is based on the attached client care model and includes 4 individual sessions to help clients engage in group therapy. Service revenues are based on the current rates from IPRS and Medicaid. Given the current benefit package and rate cuts, we project the need for non-UCR funds to be ongoing.

- Identify any requested start-up funds and demonstrate how the program will be financial stable operating under a fee-for-service reimbursement model after the initial start-up.
- Identify all costs on a detailed line item. For staffing, resources must be identified by title with FTE count, salaries and benefits noted.
- One-time start-up costs, by line item; explain methodology using assumptions provided.
- Ongoing operating budget for one full year, by line item; explain methodology using assumptions provided and document the proposed staffing and related personnel costs.
- Provide a schedule showing assumptions regarding new referrals, no-shows and related staffing by location on a weekly basis through 8/31/13.
- Provide a revenue schedule by payer mix and detailed assumptions related to the reimbursed services.

For all requests above, *See Attachment K – FINANCIAL PLAN*

Elaborate on plan for maximizing revenue. Comment on any past efforts.

SouthLight has a very progressive financial tracking system and corporate culture that is committed to maximizing revenue and building sustainability. Our past (and current) efforts include working with clients to ensure that appropriate payer sources are identified. In addition, SouthLight is listed as a provider on most insurance panels. We closely monitor program performance to maximize counselor productivity and profitability. Another example of strategic financial planning is our merger with
Freedom House Recovery Center to form a much larger, more sustainable behavioral healthcare organization with a fuller continuum of services and expanded footprint to reach more individuals in need.
Statement of Intent

Date: 02/28/2013

Dear Sir or Madam:

Monarch intends to partner with Alliance, other community providers and individuals supported to provide adult outpatient services in Wake County starting as early as 4/1/2013.

_________________________________                                                ____________
Peggy Terhune, PhD, CEO --Monarch                                                                 Date
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        B: Raleigh Outpatient Services first year budget
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        W: First Responder/On Call Policy
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List of attachments:
AA: Wake Co. Start Up Budget
BB: HIPAA Security Policy Handbook
CC: Appointment Detail Report
DD: Encounters by Clinician
EE: Financial Intake
FF: ProdACTT_II
GG: Monarch-2 years of satisfaction results
HH: Complaint Policy
II: QA-QI Assessment Policy
JJ: QA Policy
KK: QA-QI Plan
LL: QI Goal Summary
MM: Prescribing Controlled Medications
NN: POM-NCTOPPS
OO: Proposed Region 7 Organizational chart
PP: Behavioral Health Therapist IV job description
QQ: Psychiatrist job description
RR: Psychiatric Nurse Practitioner job description
SS: Office Manager job description
TT: LPN job description
UU: Referral Coordinator III job description
VV: Clinical Operations Director job description
WW: Peer Support Specialist job description
XX: Clinical Operations Manager job description
YY: RN job description
ZZ: Wake Co. Funding Summary
Executive Summary

Monarch has been providing quality services to individuals for well over 50 years. Monarch is a mission driven agency that strives to partner with MCOs and other local providers in order to develop a useful and accessible continuum of care for individuals and their families. Since 1968, the agency has served people with diagnoses of substance abuse and mental illness as well as those with co-occurring diagnoses including mental health, substance abuse, intellectual/developmental and physical health needs. Our program implementation track record can demonstrate 50+ years of experience in providing services and supports to people with disabilities, and the agency has never had a license revoked or threatened. At Monarch quality services are the driving force behind our mission and values and our continuous quality improvement process is evident in all that we do. We are experienced with people who have been through the criminal justice system, from misdemeanors and/or drug charges to significant charges such as first degree murder and sex offenses (both via behavioral health and residential services). It is due to this experience that we have become quite successful in helping divert people from jails. Adult services are based on recovery philosophy which are strength-based and focus on promoting symptom stability, increasing the individual’s ability to cope with life stressors and relate to others, while enhancing the highest level of functioning possible in the community. While total symptom stability may not always be achievable, individuals are encouraged to look at their strengths and the range of possibilities available to them rather than deficits. Monarch utilizes evidence based practices throughout our services (including CBT, DBT, IMR, MI, ACTT model, etc.). Please see Attachment: A- Evidence Based Best Practices Policy.

Our agency possesses the unique qualities both administratively and clinically that has allowed Monarch to successfully step in and provide services that had been provided by other agencies or LMEs. This quality has been demonstrated through numerous examples of LMEs asking Monarch to step in and provide services when another provider has ceased to be able to do so. In every occasion, Monarch has come in, hired existing staff when possible and provided services with little to no disruption to the people supported. Monarch has taken over services as small as a single group home to other programs as large as comprehensive outpatient and crisis services continuum that serves over 6000 individuals. Our 1500+ strong staff members have time and time again demonstrated the ability to step in and work together to meet the needs of new programs. Our administrative staff members have been able to quickly hire and employ staff members to ensure no disruption in their personal finances. Likewise, Monarch has demonstrated the ability to take over services without even 1 day of interruption in clinical services. We’ve had as long as six months and as short as one day to assume management of another provider’s services and sites. Even in the shortest of timeframes we have been able to successfully transition such that individuals are satisfied, and only notice change for the better. This requires excellent communication and collaboration between the individuals/families, the LME/MCO and other providers. Other factors that lend themselves to successful transitions include: gradual program changes, open and timely communication with stakeholders and hiring existing staff when possible.
Monarch has a long history of working well with sister agencies and developing partnerships in the community. Monarch’s staff and individuals supported have provided 35,152.17 of volunteer hours in communities Monarch provides services in across the state in the last year alone. We have contracts/agreements with every MCO in North Carolina and are active advocates at the state level. Our agency was the sixth approved CABHA in the state and the first Comprehensive Care Provider (CCP) in the PBH (now Cardinal) network.

Our most important guiding principles are to be mission driven, transparent, honest, and exhibit financial integrity. As a private, not for profit agency, we demonstrate these principles in everything we do. We monitor ourselves using self-audits; report findings, and issue pay backs if appropriate. We believe the LME should have open access to information, policies and procedures, and information on business operations. While decisions are mission driven, they are also fiscally sound. We have had an operating surplus 22 of the last 26 years and clean audits for over 25 years. The finance committee of the board is involved in the monitoring of our finances by receiving cash flow reports and other financial statements monthly. The Board of Directors also has an audit committee which selects our auditors, reviews the final report, and presents the results to the full Board of Directors. Monarch has an additional fund with over $1.6 million in assets to ensure that special projects can be easily funded and managed.

We believe through this proposal we have explained our proven ability to establish and operate a reliable, well-monitored, efficient, and responsive service system to persons with mental health, intellectual/developmental disabilities and substance abuse needs.
Minimum Requirements

The following requirements will be evaluated on a pass/fail basis. If the minimum requirements are not met, the proposal will not be reviewed further or considered for evaluation. For consideration as an applicant, the provider must understand and be prepared to comply with the Medicaid and LME Provider Contracts as well as the Wake County Facility Lease Agreement in their entirety, as well as respond to the particular requests of this RFP. Submission of a proposal in response to this RFP indicates agreement to comply with the attached Contracts (see Attachments). For providers currently contracted with Alliance, the existing contract will be amended to reflect the change in the scope of work only.

• Demonstrated financial stability

Monarch is a financially stable, large and diverse agency. Please see our electronic version of the most recent financial statement and annual report.

• Documented budget detail for any non-UCR funding and projections for the next fiscal year

Please see Attachment: B- Raleigh outpatient services first year budget; Attachment: C- Western Wake outpatient services first year budget; Attachment: D- Northern outpatient services first year budget

• Acceptance of attached contracts

Monarch has no significant issues with the attached contracts and would be willing to move forward with the MCO toward an executed contract(s)

• Acceptance of Medicare/Medicaid dual eligibles

Monarch will accept Medicare/Medicaid dual eligible individuals

• Identification of which, if any, County facilities will be utilized

Monarch plans to use the 401 Whitaker Road location in Raleigh as well as the Northern Regional office located on E. Holding Rd, Wake Forest. Attachment: E- Appendix D
SCOPE OF WORK

A. Organizational Background
   a. Organizational Structure

Provide a brief history of your organization, indicating how long your organization has been in business.

The Arc of Stanly County, Inc. was founded in 1958 by a small group of parents and other concerned individuals. At that time, little was known about the condition of mental retardation or its causes, and there were virtually no programs and activities in communities to assist in the development and care of children and adults with mental retardation and to help support families. Services were provided under the name of Arc Services Inc. through December 2008. In January 2009 our name officially changed to Monarch. Our Behavioral Health specific service line started in 2005 in Stanly County and has grown to provide a robust continuum of services to adults and children in 15 counties across North Carolina.

A brief description of the company size, organizational structure and currently held accreditations, certifications or licensures.

Currently Monarch has over 1500 staff across the state of North Carolina providing services in over 50 counties. Monarch has a Board of Directors who meet regularly and directly employ our CEO. Our executive management team has been together for over 15 years and has varied expertise. Our CEO earned her Ph.D., specializing in cultural studies, specifically the culture of disability. She also has a Bachelors degree in Occupational Therapy, a Masters in Business Administration, and 40 years experience working with people with disabilities. Our Chief Operations Officer, has over 20 years experience in the field including a wide array of periodic, residential and vocational experience. Our Chief Clinical Officer has over 15 years of experience working with people with mental illness from hospital settings to community outpatient settings and leading and developing programs. Our Medical Director, the newest member of our senior management, has been with us for over three years and has worked his entire career with adults in hospital settings and has an academic background. Our Director of Quality Management has over 20 years experience in the field of disabilities and 10 years in Quality Management and our CFO has been with the agency for 27 years, leading our financial stability. Each of Monarch’s non-behavioral health regions are run by a regional director who oversees the local management and direct care staff. Monarch’s behavioral health services are broken into two regions (Region 1 and 7). Our sites are run by Clinical Operations Directors who are responsible for the services in their geographic location. Behavioral health services also utilize several consultative positions to ensure services are clinically appropriate and efficient. These consultative positions report directly to the Chief Clinical Officer and include our Medical Director, our Clinical Director, Director of Nursing and two Business Operations Directors. Monarch is nationally accredited by the Council on Quality and Leadership (CQL). Monarch was
last reviewed in August of 2012 and has been re-accredited through 8/21/2016 (See Attachment: F- CQL Accreditation letter).

Attach a list of all members on the board of directors, indicating term of office and home or business address. Also indicate whether any members are officers, agents, or employees of the organization.

There are no current employees, officers or agents of the organization on the Board. Please see Attachment: G-Monarch Board of Directors

Describe your key management staff with backgrounds identified

Key Management Staff that would be administratively and clinically involved in the implementation of services include:
- Daniel Brown, MSW, LCSW – Chief Clinical Officer (Attachment H-: Daniel Brown resume)
- Dr. Robert McHale, MD – Medical Director (Attachment I-: Dr. Robert McHale vita)
- Ben Millsap, MSW, LCSW, LCAS, CCS – Clinical Director (Attachment J-: Ben Millsap resume)

Key staff that would focus on administrative implementation would include:
- Peggy Terhune, Ph.D. – CEO (Attachment K-: Dr. Peggy Terhune vita)
- Cindy Jones – CFO (Attachment L-: Cindy Jones resume)
- Terri Bernhardt –Chief Administrative Officer (Attachment M-: Terri Bernhardt resume)
- Caroline Fisher—Director of Quality Management (Attachment N-: Caroline Fisher resume)

Attach a copy of your current organizational chart; indicate number of FTEs per title.

See attached current organizations chart with FTEs (Attachment: O-Monarch admin org chart; Attachment P-: Organizational Chart BH senior managers; Attachment Q-: organizational chart region 1 and Attachment: R- Organizational chart region 7

Identification your current service location(s) with the physical address and services offered at each site.

See attachment for Monarch’s list of sites, addresses and services provided: Attachment : S- site and service information.

Identify what if any services your organization currently serves under contract with Alliance. Also identify the types of funding in the contracts (fee for service, non-UCR, IPRS, Medicaid, etc.)

Currently Monarch is approved to provide the following services per our contract with Alliance. The services include:

**MEDICAID**

H2022 Intensive In Home Services
H2015 Community Networking Services
H2025 Supported Employment
H2016 Residential Supports I
T2014 Residential Supports II
H2020 Residential Supports III
H2016HI Residential Supports IV
ICF
*The Medicaid Services above are for individuals’ whose county of Medicaid eligibility remains from the Alliance catchment area.

STATE-IPRS
YP710 Supervised Living Low  (Buffalo Creek Apartments)
All are fee for service.

b.  Clinical Program

Describe the payer mix of clients currently served (Medicaid, IPRS, County, Medicare, Other, etc.)

See attached Payer Mix for currently supported individuals: Attachment T: Insurance mix

Summarize demographic and clinical profiles of individuals currently served, length of time in treatment and numbers served.

Monarch currently serves people with the full range of mental health and substance abuse issues. Monarch provides a robust continuum of behavioral health services from outpatient services through residential services. We serve all common diagnoses and populations from children as young as three to those who participate in a geriatric clinic. The exception to this is that we currently do not provide sex offender services in any of our catchment areas. We believe that population requires more specialized training than most therapists receive and we refer out to local specialists when necessary. Over 70% of our outpatient services are made up of individuals who have been in services 1 year or less.

Describe your service philosophy and models of service delivery for individuals with SPMI, dual diagnosis MH/SA, geriatrics and adults with mental illness and moderate functional impairment. Identify services currently delivered and any anticipated expansion of service

Monarch’s service philosophy starts with our Mission and Vision. Our mission and vision were developed by the people we support, families, our staff, our board, and community
members. They are embedded in all training, communications, and actions on the part of the agency. The people we serve are an integral part of our governance as demonstrated by their participation on the Board of Directors, various committees, and involvement in our quality management process.

Mission:

Monarch is committed to supporting, educating, and empowering people with developmental and intellectual disabilities, mental illness, and substance abuse issues to choose and achieve what is important to them.

Vision:

Monarch will lead the way in the state to creatively support people with disabilities in growing toward their potential, reaching their dreams, and making their own informed choices about where they live, learn, work, play and worship. Through partnerships and relationships with our community, we will offer a variety of innovative quality services and supports and will promote advocacy, awareness, education, training, employment and residential opportunities.

Our philosophy for providing services to individuals with Mental Illness can be summarized by our use of open access, our use of evidence based services and the priority we place on respecting the people we support. Monarch believes that people want and need help when they ask for help. Traditional providers require individuals to make an appointment for an assessment or other services which causes people needing services to wait multiple weeks to receive proper treatment. These providers often have no show rates spiking in the 40-50% area. When this happens, not only are people not getting supported, the agency struggles to maintain financial stability.

Monarch subscribes to an open access model of services. Open access means we generally do not schedule first appointments. Instead we provide walk in hours that are shared with the MCO and our community partners to ensure significantly quicker access to services. Specifically Monarch’s belief is that a person should be able to walk into our office and receive a Comprehensive Clinical Assessment (CCA), a psych eval (if appropriate), a treatment plan, and prescription (if appropriate) on the same day. If someone walks in at the end of our scheduled hours we triage, complete the services we can and have them walk back in the next morning and complete the process. When a person leaves they have everything they need to receive services from Monarch or a referral to an appropriate level of care to another provider in the community who can meet their needs. Open Access is best practice and we believe the future of outpatient service delivery. Managing the often uneven number of walk ins throughout the day/week can be a challenge. Monarch utilizes telemedicine technology to connect all of our outpatient sites. This allows us to do two things: 1. We employ a multi tier back-up system so if we have several individuals walk in at the same time at one location we can utilize clinicians at other locations across the state who are not seeing someone to connect to the site and ensure people get seen; 2. Our telemedicine capability allows us to utilize prescribers in a way that is both effective for the people we support and cost effective to Monarch. We have prescribers who have a main office they work in but can provide telemedicine services to individuals at other offices. This allows us to provide medication management services to locations that could not support a full or even part-time prescriber in a stand-alone scenario. We employ a central scheduler that can view our prescribers schedules and assist our staff to determine who has an
opening further allowing us to maximize our ability to use all prescribers in the agency to meet the needs of the individuals we support. Together, these steps, increase the efficiency of our programs and allows same day access. It’s our understanding that previously individuals who walked in at some regional sites were briefly seen and scheduled an appointment in Raleigh to be assessed. This means the person doesn’t get the service they need that day and now have to find their way to Raleigh to be assessed only to eventually return to the regional office for services. The above walk in process Monarch uses would eliminate this issue and be much more consumer friendly (Attachment: U-Telemedicine policy; Attachment: V Telemedicine Consent form).

Along with our use of an open access model Monarch uses a combination of individual and group services to provide evidence based services to the individuals we support. Monarch believes in using individual therapy sessions to build rapport and determine the appropriate evidence based intervention. We believe evidence based group services allows for the best intervention for many. Our plan would be to provide approximately 60% of group services at each outpatient location we operate. That allows for those clinically inappropriate for group or whose specific needs indicate individual therapy as the appropriate modality to receive those services. Evidence based practices used by Monarch staff include Cognitive Behavioral Therapy (CBT), Trauma Informed CBT, Dialectic Behavior Therapy (DBT) as well as Illness Management and Recovery (IMR). Monarch employees an Evidence Based Practice Specialist to assist clinicians to both provide and clearly document evidence based practices. The EBP Specialist also researches new evidence based practices and provides internal monitoring to assist Monarch and our clinicians to continue to improve our use of evidence based practices.

Finally the last part of Monarch’s philosophy that sets us apart from many other providers is our commitment to respecting the individual. This can be seen through our involvement with CQL, the person first language that our staff utilizes and our belief that the person we support are the experts on themselves. We have worked with CQL to help them further their development of a tool to measure outcomes for periodic services. We develop person-centered treatment plans for each individual who receives services and employ the “nothing about me without me” concept that ensures the people we support are true partners in their care. We support choice in providers and work well with other agencies including our willingness to refer out to appropriate levels of care.

Describe or provide your organization’s protocols for responding to individuals experiencing a crisis, first responder duties, and provision for psychiatric appointments within 24 hours.

Meeting a person’s needs while they are experiencing a crisis is paramount in an agency’s ability to help individuals recover and to break the cycle of crisis that many individuals in the mental health system find themselves. Monarch has a robust multi tier level of first responder/on call capabilities that ensures consistent response and support for individuals who may be experiencing a crisis 24/7/365. Monarch provides first responder services to all individuals who participate in a service where first responder capabilities are required. To assist our first responder staff Monarch employs a second level of on call capabilities, currently provided through our Crisis Assessment Center which is open 24/7/365 and staffed with professionals who can support our community based staff related to any situations in which they need to discuss. This level of service also supports those in outpatient services throughout our behavioral health service areas. In addition to those two levels of support Monarch has a
Manager on Call system that rotates among fully licensed directors and managers within our behavioral health services. This manager back up on call is designed to support our internal staff and allow us to ensure there is always a fully licensed individual to discuss any crisis situation with 24/7/365. Monarch’s QM department monitors the effectiveness of our first responder, on call and manager on call programs through random calls to ensure the systems are working (See attachment: W-First Responder/On Call policy. See Attachment: X-Emergency/Clinical On Call Policy). As described above, Monarch’s open access model and use of telemedicine technologies allows us to effectively provide psychiatric services immediately upon request. This process ensures individuals who are being discharged from local/state hospitals as well as those being discharged from the legal system are seen, assessed and provided necessary services quickly and efficiently.

Identify how your organization renders services that are culturally and gender responsive

Monarch’s view of the person as the expert and belief in the knowledge and skills each person brings as central to our ability to provide culturally competent services. The agency has a written mission and/or vision statement that promotes cultural diversity and cultural competence as an integral and inherent part of the system. Monarch values indicate diversity, as it is listed as one of the values. Values are communicated to all staff on their first day of orientation, but are also prevalent throughout the organization in all aspects, noted particularly in the person centered respectful approach given to all people, including people served, staff, families, community members. Please see Monarch’s Cultural Competency plan (Attachment: Y-Cultural competency plan)

Provide evidence that staff have been trained in evidenced-based and best-practice services to be offered as part of the proposed service array (e.g., training documentation, certification, CV’s and/or resume).

Monarch employees an Evidence Based Practice Specialist who in part provides evidence based training to clinical staff in multiple services. See Attachment: Z- Evidence Based Specialist class schedule.

Note any other MCO/LMEs with which your organization holds contracts or Memoranda of Agreement and the services covered by these agreements.

Monarch has contracts with all eleven LME/MCO's in the state. Listed below are the services we provide.

ALLIANCE
   IIHS
   INNOVATIONS
   ICF
   SUPERVISED LIVING
CARDINAL
- IIHS
- DAY TREATMENT
- ACTT
- OUTPATIENT
- GLM
- ADVP
- INNOVATIONS
- ICF
- SUPPORTED EMPLOYMENT

CENTERPOINTE
- INNOVATIONS
- DAY ACTIVITY
- ADVP
- SUPPORTED EMPLOYMENT

EASTPOINTE
- FACILITY BASE CRISIS
- MOBILE CRISIS
- OUTPATIENT
- GLM
- ADVP
- SUPPORTED EMPLOYMENT
- INNOVATIONS
- PEER SUPPORTS
- ICF

ECBH
- INNOVATION SERVICES
- GLM
- ADVP
- DAY ACTIVITY
- ICF
- SUPPORTED EMPLOYMENT
- SUPERVISED LIVING

COASTAL
- INNOVATIONS
- GLM
- SUPERVISED LIVING

MECKLINK
- OUTPATIENT
ACTT
IIHS
GLM
SUPERVISED LIVING
SUPPORTED EMPLOYMENT

PARTNERS
INNOVATION SERVICES
ICF

SANDHILLS
INNOVATION SERVICES
GLM
ADVP
SUPPORTED EMPLOYMENT
OUTPATIENT
SUPERVISED LIVING
PSR
PERSONAL ASSISTANCE

SMOKEY
IIHS
ICF
INNOVATION SERVICES

WESTERN HIGHLANDS
GLM
INNOVATION SERVICES
c. Information Technology

Describe the computer and data processes that your organization currently uses. Identify what if any of these functions are outsourced to a third party vendors.

Monarch currently uses several applications for our key business processes. For our Human Resources and Time Management processes, we use Highline software for this application. Highline provides a proven process to effectively manage H/R and Time Management. Within our financial environment, Monarch currently uses two software solutions from Blackbaud – Raiser’s Edge and Financial Edge. Raiser’s Edge is used for our fundraising activities and Financial Edge as our Accounting software solution. Both of these solutions have been implemented for several years and provide daily accurate information regarding our financials. Our current EHR solution is Webcare from CORE solutions. Webcare has been in place for nearly 5 years and provides us with an EHR and billing solution to assist us with maintaining accurate patient information while also generating associated billing. All of these software solutions and data processes are maintained internally and managed by Monarch employees.

As a means to enhance our overall Information Security, Monarch currently uses a third party vendor for website hosting. By using this external hosting service, our normal website browsing users do not have access to the internal Monarch network and this significantly reduces our risk of a data breach. As part of our Information Security program, Monarch uses an external third party to do an annual penetration test for information security testing and verification along with using an external third party to provide HIPAA compliance guidance and testing.

Identify if any extensive modifications must be made to your current computer systems to accommodate the additional volume of individuals served. Address additional computer/data processing resources, if any, that your organization would require to fulfill the terms of your proposal.

No additional modifications needed by Monarch, we can accommodate additional individuals served. Also please see our IT related start-up costs located in (Attachment: AA- Wake Co. Start-up budget)

Describe the internal controls your organization has in place to protect the security and privacy of participants, program data, and electronic and paper records.

As a means to enhance our overall Information Security, Monarch currently uses a third party vendor for website hosting. By using this external hosting service, our normal website browsing users do not have access to the internal Monarch network and this significantly reduces our risk of a data breach. As part of our Information Security program, Monarch uses an external third party to do an annual penetration test for information security testing and verification along with using an external third party to provide HIPAA compliance guidance and testing.
testing. System log reviews are performed to search for inappropriate system activity along with security awareness notifications for employees. Employee access to external websites is limited, monitored and controlled. HIPAA compliant policy / procedures are implemented and supported by the Monarch Board of Directors. Paper records are located in a controlled environment with limited access. See Attachment: BB- HIPAA Security Policy Handbook

**Identify if your organization currently submits authorizations and claims to Alliance and the monthly volume of transactions.**

We currently submit authorizations and claims to Alliance in the amount of around $48,000 monthly.

**Provide a description and examples of your organization’s report generation capabilities.**

The system support group within Monarch employs one full time report writer who provides a means to leverage data collected within the various enterprise systems used by the agency. In addition, two full-time software developers help assist in creating data models that can be used to help support the business processes of Monarch. All report and data modeling efforts are created from detailed specifications that are supplied by agency business units. The system support team utilizes a variety of tools to generate reports used by the various agency business units such as Crystal Reports; SQL queries; Oracle Discover; Jasper; MS Access; vendor supplied reports from the Monarch EHR system.

Sample library of current reports used by Monarch:

- **Walk-in Crisis Report** – Displays a comprehensive scope of services provided to a person supported during a given period of time.

- **Accounts Receivable Detail Report** – A detailed list of outstanding balances for services for a given period of time.

- **Aged by Insurance Report** – Comprehensive view of outstanding balances for services based on funding source.

- **Appointment Detail Report** – Detailed outline of a clinician’s schedule; to include blocked periods not utilized for seeing people supported.

- **Authorization with Alerts Report** – Detailed view of authorization utilization for a person supported.

- **Current Clients by Programs Report** – Comprehensive caseload list detailing responsible staff for people supported.

- **Demographic Analysis Report** – High level report used to provide statistical data regarding demographics for persons supported by Monarch.
Encounters by Clinician Report – Detailed list of services provided by clinicians; to include name of person supported, date of service, type of service provided.

Financial Intake Report – Detailed data used by intake coordinator staff regarding financial profile of a person supported.

Mobile Crisis Productivity Report – Detailed analysis of performance measures spanning a period of time for clinicians assigned to the mobile crisis team.

Outpatient Productivity Report – Detailed analysis of performance measures spanning a period of time for all therapists assigned to the Monarch outpatient program.

Psychiatry Productivity Report – Detailed analysis of performance measures spanning a period of time for all therapists assigned to the Monarch psychiatry program.

Assertive Community Treatment Team-- Detailed analysis of performance measures spanning a period of time for all ACT Teams assigned to the Monarch ACTT program.

See Attachment: CC-Appointment Detail Report; Attachment: DD-Encounters by Clinician; Attachment: EE- Financial Intake; Attachment: FF-ProdACTT_II

**Identify telecommunication requests of Wake County if use of County space is desired.**

Given the quick implementation schedule Monarch would like to work with the MCO to ensure a good transition of telecommunication capabilities. Often these timeframes are impacted by outside vendors that neither Monarch nor the MCO can control. Monarch would request to be able to use any existing telecommunication service until we can obtain this for ourselves. Our goal is to keep this transition as short as possible and our staff will aggressively work with our chosen telecommunication provider to make this happen. Any support needed related to telecommunication equipment will be covered in the start-up line item budget.

d. Quality Improvement

Please see attached Satisfaction data (Attachment: GG-Monarch-2 years of satisfaction results)

**Provide information about your organization’s procedures for promoting and ensuring consumer rights.**

Monarch has strong skills in the promotion and protection of the rights of people receiving services and supports. Our agency has its roots in advocacy for people with disabilities, and our values drive our service delivery and administrative processes.

Promotion of rights is supported through ongoing education, linkages to local, state, and national advocacy resources, and empowering people to make the choices for their lives that support their values and health. Monarch also participates in multiple local, state, and national advocacy groups and is a strong leader in ensuring rights are respected and supported.
Our agency defines rights restrictions and restrictive interventions more strictly than NC regulations/laws, and Monarch ensures due process occurs on any decision that could affect the rights of people receiving services and supports. These definitions meet CQL’s expectations and include examples such as the definition of a ‘restraint’ being any hands on contact with people receiving supports, and use of medication for any sort of behavioral control being considered a chemical restriction. Due process is provided through the use of Monarch’s five (5) Human Rights Committees. These members are not associated with the agency in any way, but do provide a first level due process review on any team recommended restrictions, or use of restrictive interventions. People receiving support maintain all rights related to due process to include: having the right to speak on behalf of yourself and present any evidence that the person feels is necessary to the decision making process, having the right to have counsel or personal representation available, and the freedom from having any restriction placed prior to due process occurring.

Monarch places a strong emphasis on respect, dignity, and interactions in training and management systems. Prevention and support are emphasized at every level which contributes to Monarch’s low rate of restrictive interventions throughout the state.

Policies and procedures are fully developed on all aspects of rights, and include verified processes and procedures to ensure all requirements are met. These policies were submitted with Monarch’s enrollment application to Alliance, but can easily be provided again upon request.

Describe your organization’s procedures regarding routing of telephone, email, FAX, and written inquiries and complaints from consumers.

All employees shall make themselves available to provide any supports needed for people to make complaints. This may include, but is not limited to, assisting in contacting the appropriate people, putting issues in writing, communicating during meetings to review the complaint, and assisting the person in contacting an external advocate. Unless specified by the reporter, all reports of dissatisfaction will be considered complaints. If the reporter chooses, he/she may file a formal grievance. If a complaint is not resolved to the reporter’s satisfaction, the complainant may continue the process with a formal grievance. Data on complaints shall be reported to the Executive Team and QI Committee no less than quarterly. Please see our complaint policy. Attachment: HH-Complaint Policy

Describe how consumer input is included into your program evaluation process.

Input by the individuals who receive services and their families is an important part of our program evaluation process. We develop this information in several ways, including but not limited to: Committee participation; Comment cards; satisfaction data/follow up calls; complaints; compliments; focus groups. Please see our QA-QI Assessment Policy. Attachment: II-QA-QI Assessment Policy
Attach a copy of your organization’s quality management plan.

Please see our QA-QI plan. Attachment: JJ- QA Policy; Attachment: KK-QA-QI plan

Give examples of two recent quality improvement projects, including outcomes, and describe how the results have been used in your organization.

Monarch has used several quality improvement projects designed to continue to improve the quality of our services. We’ve recently selected three goals to address:

1. Primary care integration with behavioral health services
2. Fidelity Monitoring for ACTT services
3. Improve internal clinical supervision of staff

Please see our QI Goal Summary for specific information, outcomes and next steps. Attachment: LL- QI Goal Summary

Describe how you evaluate consumer outcomes and how do you determine that your consumers are benefitting from your services.

Effectiveness of service is evaluated in multiple ways:

Individually – Each individual supported has a person directed treatment plan that outlines specific goals for the person to achieve. During services, these outcomes are reviewed, tracked, and evaluated with the individual person and their natural support network, if applicable. Each person reports their feelings about their personal progress through satisfaction assessments, focus groups, complaint/compliment systems, and to individual employees.

Systemically – Currently Monarch is assessing aggregate outcomes through use of CQL’s Personal Outcome Measures (POM), and through review of collected NC TOPPS data.

POMs provide Monarch information on areas of life most affected by a person’s illness/need such as housing/work status, relationships/connections, goals, self-value, and supports available to the person. Monarch is currently one of four agencies nationally piloting an outcome tool specifically designed for short-term periodic services in MH/SA.

NCTOPPS – Monarch has been working with university personnel to evaluate information collected on the state’s mandated tool. Multiple indicators are selected and monitored for both clinical and non-clinical improvement.

Monarch has also evaluated outcomes in quality improvement targeted efforts. Specific evaluation has been completed on diagnosis of ADHD and reduction in the ordering of benzodiazepines with positive results. Our benzodiazepines prescriptions were monitored for three quarters and demonstrated a reduction in the amount and strength of prescriptions. Since that time we’ve created a controlled substance policy that is utilized by our prescribers and given to the people we support. Effectiveness of services is also evaluated through
quarterly satisfaction, encouraged use of agency wide contact systems, and through direct contact with people supported. See Attachment: MM- Prescribing Controlled Medications

Attach a sample of consumer outcome data for the most recent two years that is relevant to the services that your organization provides.

POM for 2 years attached. Current NC TOPPS data attached. This has not been completed for 2 years. Attachment: NN-POM-NCTOPPS

Confirm that your organization can comply with the requirements of QI under the scope of work.

Yes, our organization will comply with the requirements of QI under the scope of work.

e. Financial and Legal Information

Identify any litigation or governmental or regulatory action pending against your organization. Describe the organization’s corrective actions to address these issues.

There is no pending litigation or governmental or regulatory action against Monarch.

Provide information about whether or not your organization ever defaulted on a contract to provide MH/DD/SA services or had a contract terminated. Document if your organization been involved in litigation regarding such contracts.

Monarch has never defaulted on a contract to provide MH/DD/SA services or had a contract terminated.

Describe any pending agreements to merge or sell your organization.

Monarch has no pending agreements to merge or sell the organization.

Provide details of any office closures that resulted in the termination of services within the last three (3) years.

Our agency has not closed any Behavioral Health offices that resulted in termination of services within the three last years.

Submit one electronic copy of your most recent audited financial statement, include management letter if received.

Please see electronic copy of our most recent audited financial statement.

Submit one electronic copy of your organization’s most recent annual report

Please see electronic copy of our most recent annual report.
Confirm if your organization is in compliance with all federal and state laws applicable to the services, including HIPAA, EDI, privacy and security regulations. Confirm that you will submit appropriate information for the credentialing process.

We are compliant with applicable laws and will submit appropriate information for the credentialing process.

If programmatic audits have been performed on your organization during the past year, provide information about the name of the auditor, dates of audit, findings and corrective actions required, if any.

Our agency has been reviewed by various LMEs/MCOs, we've had licensure reviews, etc. no specific programmatic audits or PCG audits, etc. during the past year.

Indicate if your organization is current on all tax filings and payments, including all payroll tax returns and annual tax returns.

We are current on all tax filings and payments, including payroll tax returns and annual tax returns.

Indicate if your organization is compliant with all reporting requirements from all funding sources.

Monarch is compliant with all reporting requirements from all funding sources.

B. Transition Planning and Performance
   a. Clinical and Capacity

      Elaborate on your strategies to ensure continuity of care

      Continuity of care is an important and yet often unrealized concept in the Mental Health/Substance Abuse services industry. Building and maintaining therapeutic relationships, developing our office as the place to come for help even after ending a service episode are central to Monarch’s vision of outpatient services. Monarch addresses continuity during a transition period and ongoing through several steps.

      1. When involved in a transition such as this RFP, Monarch generally retains as many existing staff as possible from the outgoing service provider. This allows for people who are already receiving services to potentially continue those therapeutic relationships. Staff members who remain following a transition are often staff members who truly care about the program and/or the people they support. Their knowledge and history with the people we support and the programs themselves are invaluable when trying to maintain that continuity of care.

      2. Monarch will utilize the County space provided in the RFP to further provide continuity to individuals who are familiar with those sites or who actually received
services in that specific location. Familiarity is comforting and utilizing the space provided will make the other changes happening around the individuals receiving services easier to persevere.

3. Communication to the people who receive services will be key during this transition. Monarch will partner with the MCO in order to provide press release(s) as well as written communication (likely a letter) to the individuals supported to introduce Monarch as a new provider replacing services they received from Wake Co. LME.

4. Monarch will work with the MCO to ensure we have appropriate clinical information related to the individuals who begin services with Monarch. Having this clinical information is paramount to our ability to provide continuity of care.

5. Monarch’s ability to step in and provide quality services literally the day another provider stops services is the single best thing Monarch can do to promote continuity. We’ve taken over services in several areas and programs of several different sizes from a 4 person group home to 4000+ individuals in an outpatient program and have consistently been able to start services in such a way that individuals continue to receive services without disruption.

6. Monarch will utilize assertive engagement services to make contact with individuals who miss appointments, who may struggle to engage with a new provider.

**Explain how you will use assertive engagement services to assist in this transition**

Assertive Engagement will be vital to assist Monarch to successfully transition individuals who were being provided services through Wake Co. to individuals participating with Monarch. Monarch has provided assertive engagement in multiple locations/MCO areas and believes in this service’s ability to improve outcomes for the entire system. Assertive engagement staff will assist in several facets; from contacting individuals prior to their appointments, assisting individuals complete new person information for Monarch, to following up and touching base with individuals who do not keep their appointments. Assertive engagement will be used when referring an individual who historically has not engaged well to other service providers for services Monarch does not currently provide. This will increase the likelihood of engagement with that provider (e.g. ACTT services) and further decrease the use of EDs and other crisis services. Assertive engagement can be utilized to assist someone to their appointment, develop natural supports that can help them attend, etc. Monarch plans to pair an assertive engagement Qualified Professional (QP) with Peer Support staff members who will further assist individuals to engage and participate in services. Moving past the transition phase, Monarch would use assertive engagement staff to help connect individuals who are not currently engaged with a provider to Monarch following discharge from the legal system, local and State hospitals. The focus on these individuals will result in Monarch’s ability to reduce the utilization of crisis specific services.
Explain how operations will be managed to ensure capacity to meet a goal of 90% compliance, unless otherwise noted, with the following expected outcomes as it relates to transitioning clients:

- Making contact with referrals within four (4) business days of receiving a referral. Contact is to be made by phone or use assertive engagement services to meet face-to-face.
- If unable to make contact, provider shall contact the treating clinician at Wake Behavioral to assist with follow-up (goal is 100%).
- Clinical assessment completed within 7 days of referral
- Psychiatric assessment completed within 14 days of referral
- For medication management only clients, complete one physician service and one follow-up service which may include assertive engagement services.
- Meet standard for timely initiation and engagement of services for individuals that are not medication management only. This standard is defined by two visits in 14 days and four visits (including assessments) in 45 days following engagement.

Monarch’s implementation of an open access model will allow Monarch to meet each of these requirements 90% of the time or better. Open Access will dramatically change the importance of these measures. Monarch’s experience providing an open access model and significant infrastructure of clinicians and prescribers that can use Telemedicine technology will ensure our ability to assess an individual same day, no more than next day. If the MCO has someone they wish to refer for services at Monarch they would simply inform the individual of the walk in options. That individual would be able to walk in and receive appropriate assessment(s) all but negating any wait time that resulted in no shows and individuals refusing to wait weeks for an appointment in the previous model of service. We will staff our programs to include the ability to provide this level of care. No longer will folks be sent from a regional office, to Raleigh for an assessment and then back to the regional office for services. Even if the staff members in that regional office are seeing individuals, we will have the capacity for someone to assess an individual via telemedicine technology and set up the next appointment. The fact that all of Monarch’s outpatient locations are connected allows us to tap into other internal resources should no local providers be available.

Receiving a CCA, treatment plan, psychiatric evaluation in addition to potential referrals to appropriate enhanced services on a walk in basis allows individuals to start the services they truly want/need more efficiently. Individuals can start medications quickly and will be referred into a specific level of care for ongoing services. One of the advantages of Monarch’s use of group modalities allows for an individual to be seen as a walk in and literally be in a group service the next day. Having the service that is needed, accessible and available so quickly from the time someone makes the difficult decision to ask for help improves our ability to effectively engage the individual. Monarch’s clinicians will attempt to contact individuals who miss appointments and will work with them to get back into services. Monarch may utilize other strategies including engagement groups and limiting of future scheduled appointments to increase the percentage of kept appointments.
Discuss your organization’s process and frequency for communicating current capacity and any developing waiting list information to the Alliance.

Monarch takes its role as a safety net in the public mental health system seriously. As a result we’ve never implemented a waiting list for OP services in any of our OP programs. Monarch’s local management staff monitor the ebb and flow of walk ins as well as the ability for individuals to get into treatment services quickly. Often when individual appointments are scheduled out a ways Monarch will add group services that will help individuals to get into services quickly. Our clinicians that provide primarily individual therapy are encouraged to review their caseloads to determine if individuals who are not participating can be appropriately closed from services and appointments opened up so new individuals can have increased access. Our centralized scheduling and local front desk staff work with clinicians to back fill canceled appointments with individuals who have indicated a desire to be seen as quickly as possible. Those individuals are contacted and often can step into a spot the same day. This keeps clinician’s time filled and ensures we continue to get new referrals into services efficiently. If all of these efforts are made and demand outpaces our capacity, Monarch, will increase staff in order to meet that need.

Specify the maximum or minimum number of individuals you can accept as new referrals. Define the capacity during the transition period on a weekly basis.

We are prepared to accept the total number of new referrals projected in the RFP for the Raleigh location (977), the Western Wake location (277) and the Northern Regional office (100). We request the MCO consider awarding the Raleigh services to one provider, no more than 2 providers. With so many unknowns moving forward and no guarantee of other service opportunities (e.g. ACTT, ILHS, etc.) that may have margins that would potentially offset losses in an outpatient program, a certain economy of size is required for sustainability. With the data provided indicating a significant decrease in the amount of services over the last several months in each location, coupled with the fact referrals have been stopped makes planning for future growth virtually impossible. Dividing the numbers at all, much less among three providers will result in questionable sustainability if the long term goal is a fee for service model.

Our agency plans to have the capacity necessary to meet the current level of service provision that is being provided from day one. Monarch will partner with the MCO participating in weekly meetings in the beginning of the transition period to allow both sides to monitor any issues with capacity. Monarch’s multi-tiered back up system will allow for open access even if walk in traffic exceeds expectation. Monarch’s clinical staff will be expected to produce at a lower level of productivity at the beginning of this transition; however, that expectation will increase monthly until they produce at the level expected throughout our other programs. As these numbers as well as our use of group based services increase, Monarch’s capacity will grow.

Identify the number of individuals who will be served at any given time (e.g., capacity for medication management services) and the expected number to be served over the course of one fiscal year.
Our current proposed level of behavioral health therapist staffing indicates Monarch would have the capacity to provide 135 units (defined as the equivalent of a 53+ min individual session) per week for individual/group services. Our current proposed level of prescriber staffing indicates Monarch would have the capacity to provide 225 units (defined as one unit being a 99213 or a 90792 equaling 2 units) per week for medication management. As our clinicians and prescribers increase their efficiency throughout the year, capacity would increase to a total of 243 units per week for clinicians and a total of 315 units per week for medication management.

The expected number of individuals served over the course of a year will be calculated separately for clinicians and prescribers as some individuals will receive both interventions. We are proposing 9 total therapists for all three locations. Based on numbers reported by the LME current therapists were providing less than 15 units of therapy per week. Transitioning to a new provider we believe 15 units per week is an appropriate starting point for our clinicians. Six therapists progressing from 15 to 27 units per week per therapist by the end of the fiscal year (assuming a 90% collection rate) would provide a total of 9137 units. Taking an average of 4 units per person the expected number of individuals Monarch could support in therapy would be 2284.

We are proposing 3 FTEs of a prescriber for all three locations. Three prescribers progressing from 15 units per day to 21 units per day would result in 13860 total units provided. Taking an average of 6 units per person the expected number of individuals Monarch could support in medication management in one year is 2310. This does not include any numbers related to Case support or non-licensed behavioral health counseling services as there are not currently billable codes for these services in our other catchment areas.

Identify the specific locations of service delivery or anticipated location. Discuss the access to these locations and availability of public transportation.

Monarch will request to utilize space in the Whitaker Road location in Raleigh. This is a facility that is known to the individuals in this area, is accessible and can be reached through public transportation and Medicaid transportation. Monarch will also request to use space in the Northern Regional office location in Wake Forest. This location is collocated with several other government/public services. It is accessible and can be reached through public transportation and Medicaid. With no county space available in the Western Wake location, Monarch has begun working with local realtors to locate office space that can be leased and ready for move in within the timeframe of this RFP. We have narrowed down to a couple of possible locations. Monarch will partner with the MCO related to the importance of being on a bus line in Cary, NC. Local realtors have indicated the bus services in Cary are quite limited in the areas they serve, adding that individuals who require assistance would generally utilize Medicaid transportation. Both locations are within Cary’s limits and just minutes from the current location on High House Road.

Describe potential service venues including community sites, office-based settings, and/or other locations based on the needs of the individuals being served.

All venues for Monarch related to this RFP will be office-based settings. Monarch will request to use the county space provided in Raleigh and in the Northern Regional office. Monarch will seek, up-fit and lease office space in the Cary area in order to provide services to the Western Wake portion of the county. Generally Monarch uses small offices for telemedicine
set ups and larger conference rooms for group services. Assertive engagement staff would share an office.

**b. Staffing**

*Provide the proposed staffing level with the number of FTEs by position.*

Proposed staffing level for Raleigh based services:

- 5 full time Therapists (1 therapist that will be dedicated walk-in clinic)
- 1 full time Nurse Practitioner
- 1 full time Prescriber
- 1 full time LPN
- 1 full time RN
- 1 full time Office Manager
- 2 full time Administrative Assistant
- 1 full time Assertive Engagement Specialist
- .70 FTE Referral Coordinator
- .80 FTE Clinical Operations Director
- 8 hour a week Peer Support Specialist

Proposed staffing level for Western Wake based services:

- 3 FTE Therapist
- .67 FTE Therapist roving (will be available via Telemed for walk-in clinic)
- .60 FTE Nurse Practitioner
- .60 FTE LPN
- 1 FTE Administrative Assistant
- .50 FTE Assertive Engagement Specialist
- .20 FTE Referral Coordinator
- .60 FTE Clinical Operations Manager
- .10 FTE Clinical Operations Director
- .20 FTE Peer Support Specialist

Proposed staffing level for Northern Regional based services:

- 2 FTE Therapist
- .33 FTE Therapist roving (will be available via Telemed for walk-in clinic)
- .40 FTE Nurse Practitioner
- .40 FTE LPN
- 1 FTE Administrative Assistant
- .50 FTE Assertive Engagement Specialist
- .10 FTE Referral Coordinator
- .40 FTE Clinical Operations Manager
- .10 FTE Clinical Operations Director
- .20 FTE Peer Support Specialist
Submit a proposed organizational chart; identify vacancies.

See attachment: OO- Proposed Region 7 Org. chart

Provide information about your strategies for recruitment, retention and support of qualified staffing.

Highly qualified staff members are the lifeblood of any organization. Quality staff generally lead to quality services and high producers. Obtaining quality staff starts with an organization's ability to recruit. As a large agency providing services throughout 50+ counties in North Carolina, Monarch employs recruiters who focus on recruiting behavioral health staff members. At the end of this month we will welcome a new staff member whose specific purpose is to recruit prescribers (MDs, NPs, PAs). Often an individual may look great on paper but, resumes do not guarantee quality staff. For that reason we use processes where we encourage multiple staff (often co-workers, managers and staff who the person might supervise) to participate in the interview process. We generally utilize multiple interviews or invite prospective candidates back to observe the service they will be providing.

Once quality staff members are hired we focus on keeping those staff. Retention starts with giving staff what they need to complete their jobs. This includes tools and hardware as well training staff so they have the skills to make a difference. Monarch’s training department provides numerous trainings for new staff, annual trainings and we provide training in the Evidence Based Practices. A measure of an agency’s ability to retain and support staff is their turnover rates. Monarch’s agency wide turnover rate is: 24%. Monarch’s behavioral health specific turnover rate is: 17%. Attempts to benchmark ourselves in the behavioral health arena have been difficult, however, our HR unit has determined the industry average to be between 50-60%.

List and describe any contractual relationships that you anticipate necessary to carry out the services.

The only potential contractual relationship that Monarch foresees is a provider who would act as representative payee for individuals currently served by Wake Co. Currently Monarch does not provide representative payee services for individuals who are not living in one of our residential facilities. In an outpatient relationship we believe acting as a representative payee while at the same time encouraging choice in services is a conflict of interest. It is Monarch’s preference that the MCO determine another provider or have DSS provide this service as this is what happens in everyone of the other areas we provide services. If this service is required of the provider awarded these services, Monarch would look to contract this service to an agency who can fulfill this need.

Describe your staff training plan.

It is Monarch’s policy and goal to ensure each individual employee receives the training needed for quality service provision and personal professional growth. Training is a set of systematic processes designed to meet the learning needs of employees in their current and future jobs. Training is driven by many factors including needs of those supported, federal,
service definitions, state/LME standards, best practice standards, and employee development and growth needs.

Needs assessment and training development is a collaborative process involving multiple people throughout the state. Members of the Executive Management Team, Regional Directors, the Clinical Director, and Medical Director are key contributors to the development of training process. These employees communicate needs and are involved in the development of the training structure, content, and delivery methods. The required training for each position/service is evaluated at the initiation of service and a minimum of annually thereafter. The agency maintains documentation of the training required for each position. All training received will be documented and entered into an agency training database.

Appropriate staff shall have supervision plans indicating what types of training are needed. The supervisor is responsible for ensuring that there is an appropriate supervision plan, and shall ensure that training is provided, whether internally or externally. If needed, the supervisor contacts the training department to assist in finding internal or external resources to meet the individualized training need.

The agency maintains a pool of instructors to address the multitude of training needs. Trainers are nominated by their supervisor, approved by their Regional Director and are finally approved by the Executive Team prior to beginning instructor training. Trainers may also include the senior management and clinical staff, including the Clinical Director and the Medical Director. Each curriculum requires specific steps to complete the instructor process, but all include opportunities for instructor/employees to be observed teaching, and receive feedback on their performance. Routine observations of instructors are completed by the QM Training Director or designated staff and feedback is provided to the instructors. Agency curriculums are developed, or approved, by the QM Training Director prior to their implementation. If appropriate, the Medical Director or Clinical Director shall also have input on creation/development/teaching of curriculum. The agency maintains standardized curriculums on requested topics for use throughout the agency. Monarch maintains and uses technology for training delivery, in appropriate circumstances. Conference call, web cam, and web based computer trainings may be used to increase training accessibility. Annually, the Training Director conducts a desk audit to ensure that Monarch’s training system meets the needs of employees and regulatory/funding bodies. Changes are made as needed. The assessment begins with an agency wide survey on training within the agency.

All employees receive both generalized training and training specific to the service or services they will be delivering and the populations supported. General training includes, agency orientation which consists of the Monarch history; rights and responsibilities; value of natural supports; professional service delivery; history of disability treatment; prevention of abuse, neglect and exploitation; and implementing Monarch values. All employees receive training on debt reduction, HIPAA compliance, safety, ethical practices, blood borne pathogens, cultural competency, incident reporting, and personnel policy and procedures. Each service
type has an associated training manual that further covers the necessary components. The training manuals are reviewed with the supervisor and each individual staff member within 30 days of hire. All employees receive training in alternatives to physical intervention, which for Monarch, is the 12 hour Getting-it-Right Division approved curriculum. Monarch also uses the American Red Cross course to meet CPR and First Aid requirements. Monarch has a Learning Community approved instructor for the 12 hour person centered thinking curriculum plus a system of care facilitator and parent partner on staff.

Training specific to crisis services are extensive and include but not limited to the following: Alcohol detox protocols; opiate detox protocols; drugs of abuse; supporting people with dual diagnosis (IDD/MH); drugs of abuse; overview of psychotropic medications; defensive moves; cognitive behavioral therapy; illness management and recovery; system of care; empathy fatigue; effective crisis workers; and basic SA concepts. Other curriculum are designed as needed.

For any positions that are to be recruited, provide a job description of each position.

Please see the following attachments:

Attachment: PP-Behavioral Health Therapist IV job description
Attachment: QQ-Psychiatrist job description
Attachment: RR-Psychiatric Nurse Practitioner job description
Attachment: SS-Office Manager job description
Attachment: TT-LPN job description
Attachment: UU-Referral Coordinator III job description
Attachment: VV-Clinical Operations Director job description
Attachment: WW-Peer Support Specialist job description
Attachment: XX-Clinical Operations Manager job description
Attachment: YY-RN job description

Monarch lists open positions through multiple avenues. Our updated list of openings can be found at Monarch’s website www.monarchnc.org. Monarch regularly lists openings via other online resources including Career Builder. Monarch will take out an ad in the local paper, in this case the Raleigh News and Observer to run in the Sunday edition. This ad ran in the News and Observer on Sunday February 24th. If selected, Monarch will immediately provide the staff at the locations Monarch will provide services in, information related to how they can apply and begin the process. Monarch will participate in the staff meeting already scheduled with the MCO to explain our vision for current and future services. Monarch’s HR staff will be present at that meeting and onsite during the first weeks of the transition to provide information, training and support new staff in a smooth transition.
Describe how you will coordinate with Wake County government to assist with placement of displaced staff. Define your expectations related to transitions of any current Wake County staff.

As mentioned previously Monarch appreciates the knowledge and service the staff that remain with the county have shown. A stable work force makes the transition for Monarch and Wake Co. as well as for the people supported much smoother. Monarch anticipates working closely with the MCO throughout this process. In previous situations, we’ve worked out deals where the LME/MCO would allow us to interview staff during their day making staff available and expediting the process. Monarch anticipates providing services with a significant reduction in the total amount of staff compared to the current staffing pattern. Nevertheless, our expectation is that many of the staff who share our mission vision and values will become employed with Monarch increasing our ability to achieve continuity of care. Monarch generally brings staff members that come to us through a transition in at the level of seniority they have with the current agency. So a staff member who has been with Wake Co. for 10 years will come into Monarch as a 10 year employee. Having taken over several programs, we know that not every individual makes a good transition to a not for profit with our values focused clearly on the people we support. Those staff will work themselves out of our agency and we will continue to work to hire staff that can thrive in our agency.

c. Planning

Define a successful transition of individuals currently served in the Wake Adult outpatient program. Be specific as to the goals, criteria and measurement of success as well as the timeline

A successful transition starts with Monarch’s ability to provide services with no lapse in availability. Our first priority during those first days of service will be to meet urgent/emergent needs of each and every person that walks in the door. Transition will involve ensuring Monarch has the paperwork required for a new individual to receive services moving forward. A successful transition will require a partnership between Monarch and the MCO. There will be difficult days in any transition, open and honest communication will be vital to any chance of a successful transition.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Measurement</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide services without any disruption in services</td>
<td>Monarch is ready and opens on the day agreed upon by the MCO and Monarch</td>
<td>Tentatively 4/1/203</td>
</tr>
<tr>
<td>2. Enroll all individuals with all necessary paperwork</td>
<td>Monarch will monitor through internal processes to ensure each person is able to be opened to outpatient services.</td>
<td>ongoing</td>
</tr>
<tr>
<td>3. Inform potential individuals supported of Monarch assuming services</td>
<td>Press release and letter sent to potential individuals served</td>
<td>By 3/25/2013</td>
</tr>
<tr>
<td>4. Develop transitional meetings with the MCO</td>
<td>Participation in weekly meetings to start and titrate from there</td>
<td>By 3/20/2013</td>
</tr>
</tbody>
</table>
5. To demonstrate wait times that are acceptable

Wait times will generally be increased at the onset of a transition due to new processes, staff, paperwork required, etc. Monarch would like to have a wait time of no more than 15 minutes from the time a person checks in for a scheduled appointment and 30 minutes for walk in appointments.

By 6/30/2013

6. Verify all individuals have received a CCA

Review of clinical information against records manual

By 4/1/2013

7. Required staff will be hired

Expected level of staffing hired

By 4/1/2013

Describe your efforts to ensure a smooth transition. Address aspects of the transition as it relates to consumers, staff of Wake Behavioral Health, Alliance and your internal operations.

Monarch’s desire and expectation is for a smooth transition among the Wake Co. staff, Alliance MCO, the people we support and Monarch as an organization. Monarch is a transparent organization and believes in being open and honest with all stakeholders. We will tell the Wake staff this transition will be work and will push them potentially further than they have been asked to perform in the past. We will partner with Alliance and challenge the MCO to work with Monarch to achieve our vision of a functioning open access model of outpatient services. Monarch will provide quality services to the individuals who choose Monarch for their MH needs.

A smooth transition will require: 1. Regular meetings with Alliance; 2. Quick and clear communication with existing Wake staff both from the MCO and Monarch; 3. Monarch’s ability to obtain and up-fit space in the Western Wake location; 4. Timely exchange of clinical information from the MCO to Monarch; 5. Monarch’s ability to hire staff and be ready to provide services on the agreed upon start date. Monarch is committed to working through and achieving each of these steps in order to create a smooth transition.

Describe in detail the steps that will be taken to ensure a smooth initiation of the proposed services. Provide a work plan and schedule identifying the tasks and time frames required for start-up and implementation of services.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Tasks</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Locate and ready office space in Cary | Pre-Selection  
- Monarch to tour facilities  
- Monarch to meet with local realtors and narrow down possible options  
- Monarch to seek information from the MCO related to individuals’ use of bus lines for transportation  
Post-Selection  
- Lease office space  
- Complete build out to meet our | 2/20/2013 |
<p>| | | By 4/1/2013 |</p>
<table>
<thead>
<tr>
<th>Needs</th>
<th>Pre-Selection</th>
<th>Post-Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase, delivery and set up of furniture</td>
<td>Determine proposed staffing needs based on the numbers provided by the MCO</td>
<td>Attend staff meeting with the MCO</td>
</tr>
<tr>
<td></td>
<td>Submit start up and annual line item budget requesting appropriate reimbursement to provide covered services</td>
<td>Hold interviews for existing staff</td>
</tr>
<tr>
<td></td>
<td>Post openings in the Raleigh area to generate potential staff</td>
<td>Monarch’s HR staff to process applications, background checks and complete credentialing of staff.</td>
</tr>
<tr>
<td></td>
<td>Agree to meet with current Wake Co. staff as directed by the MCO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work with HR to ensure a plan capable of interviewing, hiring and credentialing staff in the timeframe provided</td>
<td></td>
</tr>
<tr>
<td><strong>Staffing the programs to meet the needs of individuals</strong></td>
<td><strong>Post-Selection</strong></td>
<td><strong>By 3/20/2013</strong></td>
</tr>
<tr>
<td><strong>2/28/2013</strong></td>
<td><strong>2/28/2013</strong></td>
<td><strong>3/20/2013</strong></td>
</tr>
<tr>
<td><strong>2/24/2013</strong></td>
<td></td>
<td><strong>By 4/1/2013</strong></td>
</tr>
<tr>
<td><strong>2/28/2013</strong></td>
<td></td>
<td><strong>3/20/2013</strong></td>
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<tr>
<td><strong>3/20/2013</strong></td>
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<td><strong>By 3/20/2013</strong></td>
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<tr>
<td><strong>By 3/25/2013</strong></td>
<td></td>
<td><strong>3/22/2013</strong></td>
</tr>
<tr>
<td><strong>Verify clinical information</strong></td>
<td><strong>Post-Selection</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2/28/2013</strong></td>
<td>Partner with the MCO to ensure needed clinical documents are copied and provided to Monarch for individuals who will continue to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>By 3/20/2013</strong></td>
</tr>
<tr>
<td><strong>By 3/20/2013</strong></td>
<td></td>
<td><strong>3/22/2013</strong></td>
</tr>
</tbody>
</table>
receive services.
- Review current assessment documentation to verify it meets CCA requirements

<table>
<thead>
<tr>
<th>Readiness from an IT prospective</th>
<th>Pre-Selection</th>
<th>Post-Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit possible facilities</td>
<td>Order, receive and inventory IT related equipment (PCs, telephones, telecommunication services, etc.)</td>
<td>Request access to the Raleigh and Northern offices to complete any work possible prior to services being provided.</td>
</tr>
<tr>
<td>IT staff will get quotes for all equipment</td>
<td>Schedule IT resources to ensure Monarch’s staff can set up/configure and install equipment in the various offices.</td>
<td>IT training of staff to use Monarch’s systems</td>
</tr>
<tr>
<td>Inventory equipment needs</td>
<td>Transition telecommunication vendors of pending service requests</td>
<td>Transition telecommunications from Wake to Monarch</td>
</tr>
</tbody>
</table>

| Immediate Contract Negotiation  | Monarch cannot purchase equipment or move forward with implementation until we have a negotiated contract. We know these things can take time but with a 2 week turn around, we need to be able to negotiate the contract and get same day answers in order to allow our staff to move forward and attempt to secure everything we need to ensure no service disruption. |

Outline the proposed implementation/transition team; specifically identifying the primary point(s) of contact. Describe team member’s roles, level of experience and length of time they will be assigned to the project

One of the factors that will make Monarch successful as the awardee of this RFP is the ability of our staff in many different departments of our agency to mobilize efforts to meet the need of the new part of our organization. In previous transitions Monarch’s Executive Team has
designated key staff members that remain involved in the new program until no longer needed at a level over and above what other parts of the agency receive.

<table>
<thead>
<tr>
<th>Transition Team</th>
<th>Role</th>
<th>Experience</th>
<th>Length of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben Millsap</td>
<td>Clinical Director-Ben will be the primary contact for the MCO and will directly oversee the implementation of services</td>
<td>Ben has been with Monarch for 8 years. He has significant clinical experience, is a LCSW, LCAS and CCS and currently acts in a consultative manner with Monarch’s behavioral health services across several MCO catchment areas. Ben has been involved in several transitions for Monarch, most notably a recent transition with Guilford’s LME where Monarch accepted responsibility for 6000+ people receiving Outpatient and Crisis services</td>
<td>Ben will be involved from the RFP process through opening services and until all key staff are hired. Ben will be involved daily during the transition and will slowly reduce days in Wake Co. as local management solidifies.</td>
</tr>
<tr>
<td>Daniel Brown</td>
<td>Chief Clinical Officer-Daniel’s role will be to supervise Ben and the overall implementation of services in Wake Co.</td>
<td>Daniel has led Monarch’s Behavioral Health services from 2 total staff to Monarch being named the state’s 6th CABHA and through every transition that has resulted in Monarch’s significant continuum of services</td>
<td>Daniel will be on site periodically in the beginning of the transition and will remain involved though his supervision of behavioral health services on an ongoing basis</td>
</tr>
<tr>
<td>Angie Harrison or designee</td>
<td>Assistant Director of HR. Angie’s role will be to coordinate other HR staff to offer, hire and credential staff for the Wake area. Angie and the HR staff will provide orientation and training to new staff</td>
<td>Angie has been a central figure in Monarch’s previous transitions. She and her HR staff have demonstrated an uncanny ability to turn transitioning staff from staff of another agency to Monarch staff quickly. At a recent transition our HR staff were able to hire and process 20+ staff in one day to ensure Angie and various HR staff will be on site a significant amount during the initial transition phase and then will reduce onsite</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Description</th>
<th>Presence by 5/1. Angie and HR will continue to support and train staff long after the transition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline Fisher or her designee</td>
<td>Caroline is our Director of Quality Management</td>
<td>Caroline has more than 20 years of experience in the field and she and/or her staff have been a key part of every transition Monarch participates in. Caroline’s staff include staff that will provide reporting capabilities for Monarch, behavioral health specific staff who will train staff and interact with the people we support related to the quality of the services we provide.</td>
<td>QM staff will be on site at the beginning of this transition and then involved (periodically on site) throughout Monarch’s involvement.</td>
</tr>
<tr>
<td>Robert McHale, MD</td>
<td>Dr. McHale is Monarch’s Medical Director</td>
<td>Dr. McHale clinically supervises Monarch’s prescribers. He sets guidelines for our agency and has been Monarch’s Medical Director since 2009.</td>
<td>Dr. McHale will be onsite periodically and will be involved in our services as he is with all of Monarch’s services on an ongoing basis.</td>
</tr>
<tr>
<td>Sharon Morrison</td>
<td>Centralized scheduler, trainer for general front desk skills and specific training on the use of our Telemedicine technology to ensure individuals are seen</td>
<td>Sharon has been in the behavioral health industry for more than 10 years. Currently Sharon is our staff member that coordinates our ability to utilize our prescribers across the state to meet local needs via Telemedicine.</td>
<td>Sharon will be onsite periodically in order to train staff. Sharon will remain involved through her management of our prescribers’ schedule.</td>
</tr>
</tbody>
</table>

**Describe anticipated issues related to transition services from the consumer’s perspective and how you will address those issues.**
Change can be difficult even if the end result is a positive experience. With any transition of this size there will be issues that arise. Monarch’s experience taking over services for other agencies makes us uniquely adept at addressing these issues. The first issue that some individuals will experience is a change in staff. Despite Monarch’s desire to hire existing staff there will be individuals’ whose therapist/prescriber does not continue forward with Monarch. We will address this issue by first ensuring services are available with no disruption. Second we will ensure our staff provide quality services and are aware of the loss some individuals will experience. Monarch will use the provided bundled services to build rapport with those individuals. A second issue that may arise is related to an open access model. Individuals may be used to being given an appointment to return in a couple of weeks for an assessment, then another appt. to come back in a month for the doctor, etc. Open access meets those needs in one day; however, the time required to receive a CCA, a treatment plan, a psych evaluation and a prescription is going to be more than the traditional 1 hour appt. We will address this by providing this information up front when we talk to the MCO, other agencies and individuals we support. We will make sure individuals are aware depending on walk in volume, etc. it could take 3+ hours to receive all of these services. Individuals can obtain part of these services and return for the other possibilities if necessary. Individuals who cannot be successful in an open access model can be given an appointment with specific requirements necessary to keep that appointment. This will reduce wait time and the overall time required for the appts. Lastly another issue we anticipate is resistance of individuals moving from an individual therapy model to a group focused model of services. Individuals have received individual heavy services for years. The MCO and Monarch believe a group/individual hybrid model is most appropriate whereas many people supported will disagree. Monarch will educate individuals from the beginning about the effectiveness of evidence based group therapies. Monarch will hire staff who support this modality and are willing to champion group services. Monarch will used the individual sessions provided to increase individuals’ motivation and willingness to participate in group services.

The MCO’s decision to RFP adult and children’s services separately creates a potential issue for families receiving services. Often whole families are supported by a specific agency. This provides continuity for the whole family and allows for good communication among specific clinicians who are involved. Families also pick a provider for their “family” to receive services due to practical reasons. Having one afternoon or morning or back to back appointments where multiple family members can receive services helps families who struggle with transportation to receive services efficiently. Parents want to and should be active in the services their children receive. Having services in two difficult locations/agencies does not lend itself to this concept. In addition to these reasons, parents who receive quality services from an organization develop trust in that provider. They want their children to be able to receive services from a provider they know and feel comfortable. Splitting these services results in no guarantee that one provider can see both children and adults. Monarch will attempt to address this by also responding to the Children’s outpatient services.

Describe your experience implementing a project of this scope and size.

Monarch is one of a few agencies across the state that has experience implementing a project of this scope and size. Monarch took over outpatient services as well as a 24/7/365 Crisis Assessment program in Guilford County last year. When we were in the RFP process the LME explained that they were seeing approximately 45 individuals per day in both their
Greensboro and Highpoint locations combined. We were awarded the Greensboro location and took over services without any service disruption. We took over services in the crisis program at 12:01 midnight ready to accept individuals in need on 4/1/2012, a Sunday. On 4/2/2012 Monarch opened as the provider of outpatient services. On that first day Monarch served 78 individuals, double the number of individuals the LME indicated they were seeing in the Greensboro location. Since that time Monarch has averaged over 125-175 individuals per day and has done so with less staff than the LME employed and while persevering through significant retroactive budget cuts.

In that situation the LME had provided services without a CCA. Monarch has worked diligently to obtain thousands of CCAs on already active individuals to become compliant with state/Medicaid rules. This effort has been challenging for Monarch and the individuals supported. Monarch has been unable to bill and has written off thousands of dollars over the year because individuals had not received a CCA. Individuals have experienced longer than expected wait times as well as length of interactions through Monarch’s attempts to obtain CCAs. Through partnership with the LME, with community providers, and increasing our own staffing levels as needed to meet this unanticipated need, we have been working diligently to overcome this challenge.

Although there have been difficulties along the way, our experience in Guilford County has been a wonderful learning experience for our agency. The LME/MCO has been supportive and has seen the amount of work that has been done to improve our services over the year. We will continue to meet challenges as partners and strive to continue to provide quality services.

In 2010 Monarch was picked through a competitive process with the Mecklenburg LME to take over an outpatient walk in clinic, Community Support Team (CST), Targeted Case Management (TCM), Hospital Discharge and Transition Services (HDTS), a transitional housing program, four group homes, five apartment complexes and a scattered site condo program. We are one of Mecklenburg’s largest providers and continue to work with the LME to address gaps and needs in the community. We continue to work closely with the LME to address ways in which the outpatient services can break even. Currently, Monarch receives non-UCR money to cover salaries in our outpatient clinic.

In 2011 Monarch took responsibility for several services provided previously by Southeastern LME. These services included a Facility Based Crisis (FBC) and Non-Hospital Medical Detox (NHMD) program, a walk in outpatient clinic, Assertive Engagement and Mobile Crisis services. These services are supported in part by non-UCR funding and Monarch continues to work with Eastpointe MCO to meet the needs of the area.

Identify telecommunication requests of Wake County if use of County space is desired.

Given the quick implementation schedule Monarch would like to work with the MCO to ensure a good transition of telecommunication capabilities. Often these timeframes are impacted by outside vendors that neither Monarch nor the MCO can control. Monarch would request to be able to use any existing telecommunication service until we can obtain this for ourselves. Our goal is to keep this transition as short as possible and our staff will aggressively work with our chosen telecommunication provider to make this happen. Any support needed related to telecommunication equipment will be covered in the start-up line item budget.

Confirm your ability to participate in meetings with Wake County staff and clients to inform both parties about your organization. These will be hosted as two separate meetings with the
employee meeting to serve both as a job fair and to convey information so that staff can help clients select a new provider.

Monarch will participate in Meetings with Wako Co. staff and individuals supported.

C. Financial Plan

Provide a written narrative to support the financial plan with assumptions clearly defined. Identify any requested start-up funds and demonstrate how the program will be financial stable operating under a fee-for-service reimbursement model after the initial start-up.

Raleigh Outpatient Services

Raleigh is projected to have a first year budget of $1,409,365.

Staffing:
See proposed staffing pattern in Staffing section above.

Revenue

Building a path toward sustainability

Monarch has been a provider both within and outside of the 1915 b/c waiver environment for many years. We have experience and knowledge of how to go about successfully operating an outpatient clinic without a non-UCR contract. This takes true partnership between the LME/MCO and the provider. The challenge in the Alliance catchment area is the sheer number of providers. This will pose challenges for both Monarch and Alliance to operate on a clean 100% fee for service basis for years to come. We propose a path to sustainability that will potentially take years to achieve, but we know is possible given our history in the Cardinal area. Monarch is currently operating with surpluses in the Cardinal area and has no non-UCR funding. Following is one potential path to achieving this successful financial outcome for both Alliance and Monarch:

1. First 3 months of operation: Due to various factors, the full proposed budget would need to be paid by the Alliance MCO. This could be alleviated sooner if credentialing occurs timely. (See Attachment: ZZ-Wake Co. Funding Summary)
2. Remaining 9 months of year 1: 1/12th payment of the annual IPRS budget for the first year. We propose cost settlement at the end of the first year based on actual expenses not to exceed the proposed budget. (See Attachment: ZZ-Wake Co. Funding Summary)
3. Year 2: In the second year, we expect staff to be billing at full capacity and all “transition challenges” of year one will be behind us. This will allow for us to bill a portion of our annual budget fee for service with the other portion being comprised of non-UCR funds to make up any operating deficit.
4. Year 1, 2 and beyond (or on a schedule deemed appropriate/feasible by Alliance): Build continuums and enhanced rates. The two strategies employed within the Cardinal area to allow us to function fully as a fee for service provider include (1) enhanced rates for outpatient and psychiatry services and (2) creating a comprehensive continuum of service coupled with a limited provider network of key services. Cardinal enhanced the Medicaid and IPRS rates for only the three CCP’s as a nod to the increased staffing and overhead it takes to operate as a safety net provider. Secondly, Monarch is the only ACTT provider for the Cardinal area (operating 2 large teams and 1 medium sized team), operates the only day treatment program in several counties, and one of only three intensive in home providers. This guarantees a certain volume in these service lines, allowing Monarch to offset losses in our walk in clinics with operating surpluses from these enhanced services. As long as hundreds of providers exist in any catchment area who operate only enhanced services (with corresponding margins going toward their bottom line profit rather than to offset losses of other service lines), safety net providers will never be successful in operating fully fee for service. Monarch stands ready to become a full service, comprehensive provider of services if Alliance deems that to be the future of their provider network. (See Attachment: ZZ-Wake Co. Funding Summary) Without a continuum of care that would allow Monarch to be a comprehensive provider of services, it is difficult to foresee a path forward to sustainability without a substantial non UCR contract.

**Expenses**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Screens</td>
<td>$441</td>
<td>– new staff turnover</td>
</tr>
<tr>
<td>Criminal Verifications</td>
<td>$1,838</td>
<td>– new staff turnover</td>
</tr>
<tr>
<td>Housekeeping Supplies</td>
<td>$2,250</td>
<td>– paper towels, cleaning supplies, etc</td>
</tr>
<tr>
<td>Supplies – Medical</td>
<td>$500</td>
<td>– any medical necessity item</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$4,200</td>
<td>– paper, pens, folders, general office supplies</td>
</tr>
<tr>
<td>Expensed Equipment</td>
<td>$1,500</td>
<td>– fax machine, shredder, etc</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$1,000</td>
<td>– anything not covered in other line items</td>
</tr>
<tr>
<td>Staff Travel</td>
<td>$1,750</td>
<td>– travel to trainings, other sites</td>
</tr>
<tr>
<td>Telephone Service</td>
<td>$16,606</td>
<td>– telephone, internet, fax</td>
</tr>
<tr>
<td>Postage</td>
<td>$800</td>
<td>– mailing of letters</td>
</tr>
<tr>
<td>Printing</td>
<td>$2,000</td>
<td>– business cards, flyers</td>
</tr>
<tr>
<td>Building Repair &amp; Maint</td>
<td>$600</td>
<td>– general building repair not covered by landlord</td>
</tr>
<tr>
<td>Equipment Repair</td>
<td>$1,250</td>
<td>– general equipment repairs</td>
</tr>
<tr>
<td>Exterminating</td>
<td>$300</td>
<td>– exterminating service</td>
</tr>
<tr>
<td>Garbage &amp; Trash</td>
<td>$1,200</td>
<td>– Stericycle account for disposal</td>
</tr>
<tr>
<td>Equip Maint Agreement</td>
<td>$600</td>
<td>– copier maintenance agreement</td>
</tr>
<tr>
<td>Advertising</td>
<td>$3,250</td>
<td>– new job hire advertising</td>
</tr>
<tr>
<td>Staff Training</td>
<td>$10,000</td>
<td>– includes CEU credits for Prescribers, other training</td>
</tr>
<tr>
<td>Leased Equipment</td>
<td>$2,340</td>
<td>– copier lease</td>
</tr>
<tr>
<td>Property &amp; G/L Insurance</td>
<td>$600</td>
<td>– insurance for property and general</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$1,800</td>
<td>– professional insurance</td>
</tr>
<tr>
<td>Tax &amp; License</td>
<td>$2,100</td>
<td>– site fee and certifications</td>
</tr>
<tr>
<td>Allocation – Training</td>
<td>$12,201</td>
<td>– training allocation for training department</td>
</tr>
<tr>
<td>Consulting Services</td>
<td>$4,000</td>
<td>– interpreting costs</td>
</tr>
</tbody>
</table>
Central Office Admin $122,553 – administrative costs for central administration  
Regional Office Admin $61,277 – regional administration cost

**Western Wake (Cary) Outpatient Services**

Western Wake is projected to have a first year budget of $692,498.

*Staffing:*
See proposed staffing pattern in staffing section above.

*Revenue*

Please see building a path toward sustainability in the Raleigh Outpatient Services section

**Expenses**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Screens</td>
<td>$224</td>
<td>– new staff turnover</td>
</tr>
<tr>
<td>Criminal Verifications</td>
<td>$934</td>
<td>– new staff turnover</td>
</tr>
<tr>
<td>Housekeeping Supplies</td>
<td>$1,500</td>
<td>– paper towels, cleaning supplies, etc</td>
</tr>
<tr>
<td>Supplies – Medical</td>
<td>$350</td>
<td>– any medical necessity item</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$3,000</td>
<td>– paper, pens, folders, general office supplies</td>
</tr>
<tr>
<td>Expensed Equipment</td>
<td>$750</td>
<td>– fax machine, shredder, etc</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$750</td>
<td>– anything not covered in other line items</td>
</tr>
<tr>
<td>Staff Travel</td>
<td>$1,000</td>
<td>– travel to trainings, other sites</td>
</tr>
<tr>
<td>Telephone Service</td>
<td>$16,606</td>
<td>– telephone, internet, fax</td>
</tr>
<tr>
<td>Postage</td>
<td>$500</td>
<td>– mailing of letters</td>
</tr>
<tr>
<td>Printing</td>
<td>$1,500</td>
<td>– business cards, flyers</td>
</tr>
<tr>
<td>Building Repair &amp; Maint</td>
<td>$2,000</td>
<td>– building repair supplies</td>
</tr>
<tr>
<td>Equipment Repair</td>
<td>$500</td>
<td>– general equipment repairs</td>
</tr>
<tr>
<td>Exterminating</td>
<td>$300</td>
<td>– exterminating service</td>
</tr>
<tr>
<td>Garbage &amp; Trash</td>
<td>$800</td>
<td>– Stericycle account for disposal</td>
</tr>
<tr>
<td>Equip Maint Agreement</td>
<td>$500</td>
<td>– copier maintenance agreement</td>
</tr>
<tr>
<td>Advertising</td>
<td>$3,250</td>
<td>– new job hire advertising</td>
</tr>
<tr>
<td>Staff Training</td>
<td>$3,470</td>
<td>– includes CEU credits for Prescribers, other training</td>
</tr>
<tr>
<td>Rent Building</td>
<td>$46,800</td>
<td>– rent</td>
</tr>
<tr>
<td>Leased Equipment</td>
<td>$2,340</td>
<td>– copier lease</td>
</tr>
<tr>
<td>Property &amp; G/L Insurance</td>
<td>$500</td>
<td>– insurance for property and general</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$1,200</td>
<td>– professional insurance</td>
</tr>
<tr>
<td>Tax &amp; License</td>
<td>$1,967</td>
<td>– site fee and certifications</td>
</tr>
<tr>
<td>Allocation – Training</td>
<td>$6,200</td>
<td>– training allocation for training department</td>
</tr>
<tr>
<td>Allocation- Maintenance</td>
<td>$5,000</td>
<td>– maintenance allocation, labor costs</td>
</tr>
<tr>
<td>Consulting Services</td>
<td>$3,000</td>
<td>– interpreting costs</td>
</tr>
<tr>
<td>Central Office Admin</td>
<td>$60,217</td>
<td>– administrative costs for central administration</td>
</tr>
<tr>
<td>Regional Office Admin</td>
<td>$30,109</td>
<td>– regional administration costs</td>
</tr>
</tbody>
</table>
Northern Outpatient Services

Northern is projected to have a first year budget of $449,588.

Staffing:

See proposed staffing pattern in staffing section above.

Revenue

Please see building a path toward sustainability in the Raleigh Outpatient Services section

Expenses

- Drug Screens $160 – new staff turnover
- Criminal Verifications $667 – new staff turnover
- Housekeeping Supplies $1,500 – paper towels, cleaning supplies, etc
- Supplies – Medical $350 – any medical necessity item
- Office Supplies $3,000 – paper, pens, folders, general office supplies
- Expensed Equipment $750 – fax machine, shredder, etc
- Miscellaneous $750 – anything not covered in other line items
- Staff Travel $1,000 – travel to trainings, other sites
- Telephone Service $16,606 – telephone, internet, fax
- Postage $500 – mailing of letters
- Printing $1,500 – business cards, flyers
- Building Repair & Maint $500 – building repair supplies
- Equipment Repair $500 – general equipment repairs
- Exterminating $300 – exterminating service
- Garbage & Trash $800 – Stericycle account for disposal
- Equip Maint Agreement $500 – copier maintenance agreement
- Advertising $3,250 – new job hire advertising
- Staff Training $1,599 – includes CEU credits for Prescribers, other training
- Leased Equipment $2,340 – copier lease
- Property & G/L Insurance $500 – insurance for property and general
- Professional Liability Insurance $1,200 – professional insurance
- Tax & License $1,833 – site fee and certifications
- Allocation – Training $4,424 – training allocation for training department
- Consulting Services $2,500 – interpreting costs
- Central Office Admin $39,095 – administrative costs for central administration
- Regional Office Admin $19,547 – regional administration costs

Identify all costs on a detailed line item. For staffing, resources must be identified by title with FTE count, salaries and benefits noted.
Please see Attachment: B-Raleigh outpatient services first year budget; Attachment: C-Western Wake outpatient services first year budget; Attachment: D-Northern outpatient services first year budget

One-time start-up costs, by line item; explain methodology using assumptions provided.

Please see Attachment: AA Wake Co. Start Up Budget

Ongoing operating budget for one full year, by line item; explain methodology using assumptions provided and document the proposed staffing and related personnel costs.

Please see Attachment: B-Raleigh outpatient services first year budget; Attachment: C-Western Wake outpatient services first year budget; Attachment: D-Northern outpatient services first year budget

Elaborate on a plan for maximizing revenue and comment on any past efforts.

We ask our Therapists to bill 27 hours a week. We monitor this goal by providing weekly TPS (total people served) reports. These TPS reports allow us to see the trends and make real time decisions that not only affect revenue but also impact the bottom line.

For our Prescribers, we use a point system, whereby we ask that our Prescribers bill approximately 21 points per 8 hour day. We provide a TPS report that gives feedback to our Prescribers as to how they are performing against the goals we have set.

The national average for Therapists and Prescribers is 26 hours a week. We hold our therapists to a high standard, pushing them to achieve goals that will increase revenue but at the same time not lose our ability to achieve high quality service.

We utilize centralized scheduling and telemedicine capabilities to ensure clinicians’ and prescribers’ openings are utilized efficiently. We encourage our clinicians to work with front desk staff to create a list of individuals who may want or need to be seen more often. When there are no shows we attempt to call them to see if they can take the newly opened appointment. When front desk staff receive cancelation information, they immediately work to backfill that opening.

To help clinicians meet their TPS standards we have been working in all of our outpatient locations to strike a better balance between individual therapy and group services. Moving to a 60% group/40% individual model meets the needs of the individuals supported, allows staff to meet their expectations and with less burnout of staff.

Finally, Monarch believes in a continuum of services. Having both enhanced and basic services allows Monarch to maximize revenue of the services that have a margin, allowing us to continue to provide the necessary services that do not currently have a margin. Please see our path to sustainability for more specific examples of how Monarch would work with Alliance to maximize revenue.
Provide a schedule showing assumptions regarding new referrals, no-shows and related staffing by location on a weekly basis through 8/31/13.

Beginning day one Monarch will see existing and any new referrals that present themselves. Monarch assumes a 15-40% no show/cancellation rate for scheduled appointments. Monarch will not generally schedule first appointments and is proposing built in coverage through our open access model. Our proposed staffing numbers are designed to meet the current and anticipated needs of the community and will only increase if, despite using all available technology and resources, our staff are hitting the total people served expectations. At that point Monarch will determine any changes needed to staffing. Our goal is to be efficient, maximize the staff we propose and then grow as the community’s needs grow. See proposed staffing pattern in section above.

Provide a revenue schedule by payer mix and detailed assumptions related to the reimbursed services.

In our revenue analysis, we used a payer mix of the following:

Alliance Behavioral – 46%

Medicare – 28%

Medicaid – 17%

Insurance – 9%

Our goal is to increase Medicaid, Medicare, Insurance, thus reducing the need for IPRS funds.

Please see the detailed budget information in Attachment B, C, and D for the revenue schedule for the first year. After the first year, we expect to have a handle on what type of insurance population is in the area and decrease the need for IPRS funding.
References:

Cynthia Benjamin, Mecklink Network Operations  
(704) 353-0234  
Cynthia.Benjamin@Mecklenburg County nc.gov

Cynthia was Monarch’s contract provider at Cardinal and now works with Monarch and other providers in the Mecklink system.

Pamela Shipman, CEO  
Cardinal Innovations Healthcare Solutions  
704.939.7701  
www.cardinalinnovations.org<http://www.cardinalinnovations.org>

As CEO of Cardinal Pam has worked with Monarch, who was Cardinal’s first Comprehensive Community Provider for years. We have partnered on several instances as provider and LME/MCO and continue to provide a large continuum of MH/SA and IDD services in the Cardinal Area.

Victoria Whitt, CEO Sandhills MCO  
910-673-9111  
victoriw@sandhillscenter.org

As CEO of Sandhills, Victoria has worked with Monarch for years. We provide behavioral health services including IIHS, PSR, as well as residential services for Sandhills. Just this year as Sandhills took over operations of Guilford Center, Monarch provides Outpatient and Crisis services for Sandhills.
ITEM: Update on Merger with Cumberland County Board of Commissioners

DATE OF BOARD MEETING: March 20, 2012

REQUEST FOR AREA BOARD ACTION:

Ellen Holliman, Chief Executive Officer, will provide the Board with an update on the merger from Cumberland County Board of Commissioners.

AREA DIRECTOR RECOMMENDATION:

Accept the Update as presented.

RESOURCE PERSON(S):

Ellen Holliman