# BUDGET RETREAT AGENDA

**MARCH 26, 2014**

**11:30am to 3:30pm**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30</td>
<td>Introductions and lunch</td>
<td>Ellen Holliman</td>
</tr>
<tr>
<td></td>
<td>Current financial state of affairs</td>
<td>Sara Pacholke</td>
</tr>
<tr>
<td>12:15</td>
<td>Service review</td>
<td>Kelly Goodfellow</td>
</tr>
<tr>
<td>12:30</td>
<td>Data Review</td>
<td>Geyer Longenecker</td>
</tr>
<tr>
<td>1:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>1:15</td>
<td>Consumer Report</td>
<td>Doug Wright</td>
</tr>
<tr>
<td>1:45</td>
<td>Provider Network Planning</td>
<td>Beth Melcher, Ph. D.</td>
</tr>
<tr>
<td>2:30</td>
<td>Clinical update</td>
<td>Sean Schreiber</td>
</tr>
<tr>
<td>3:00</td>
<td>Next steps</td>
<td>Kelly Goodfellow</td>
</tr>
</tbody>
</table>
Achievements

• Successful merger with Cumberland
• Passed SB208 audits
• Mercer review...not quite
• RFP process
• Created a plan around high PRTF costs
• Focused on ED length of stays
• Consumer Perception of Care survey

Serving Durham, Wake, Cumberland and Johnston Counties
Achievements

• URAC Accreditation
• More than 30 community presentations
• Funded housing in Wake, Cumberland, and Johnston
• BECOMING won two national awards!
Agenda

• Current financial state of affairs
• Service review
• Data review
• Consumer report
• Provider network planning
• Clinical update
• Next steps

Serving Durham, Wake, Cumberland and Johnston Counties
## Current Financial State

### Overall - July through February

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$297,431,742</td>
<td>$85,801,923</td>
</tr>
<tr>
<td>Expenses</td>
<td>$273,762,632</td>
<td>$85,358,038</td>
</tr>
<tr>
<td>Revenue Less Expenses</td>
<td>$23,669,110</td>
<td>$443,885</td>
</tr>
</tbody>
</table>

- FY14 includes 8 months of Medicaid revenue and expenses, 8 months of Cumberland and Johnston State revenue
- FY13 includes only 1 month of Medicaid revenue and expenses, 2 months of Cumberland and Johnston State revenue
- Last year we had a large amount of administrative expenses due to implementation costs

*Serving Durham, Wake, Cumberland and Johnston Counties*
Current Financial State

<table>
<thead>
<tr>
<th>Services - July through February</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$270,878,365</td>
<td>$73,180,814</td>
</tr>
<tr>
<td>Expenses</td>
<td>$253,884,557</td>
<td>$69,996,089</td>
</tr>
<tr>
<td>Revenue Less Expenses</td>
<td>$16,993,808</td>
<td>$3,184,725</td>
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</table>

• FY14 includes County Revenue over Expenses of approximately $6,000,000

• FY14 includes Medicaid Revenue over Expenses of approximately $10,500,000
### Current Financial State

**Administration - July through February**

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$26,553,377</td>
<td>$12,621,109</td>
</tr>
<tr>
<td>Expenses</td>
<td>$19,877,632</td>
<td>$15,361,949</td>
</tr>
<tr>
<td>Revenue Less Expenses</td>
<td>$6,675,745</td>
<td>($2,740,840)</td>
</tr>
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</table>

- FY14 includes an amount set aside to make loan payments, will also offset last year’s short fall on the administrative side
- FY13 we had an overage which was anticipated due to the Medicaid Waiver implementation costs
Current Financial State

• Administrative Expense Detail – Salaries and Benefits

<table>
<thead>
<tr>
<th></th>
<th>Salaries and Benefits, July-February</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY14</td>
</tr>
<tr>
<td>Salaries</td>
<td>$11,785,084</td>
</tr>
<tr>
<td>Benefits</td>
<td>$ 2,765,355</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>$ 918,205</td>
</tr>
<tr>
<td>Total</td>
<td>$15,468,644</td>
</tr>
</tbody>
</table>

• 336 employees as of 2/28/14
• 255 employees as of 2/28/13
Current Financial State

- Administrative Expense Detail – Operational Expenses

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>%</th>
<th>FY13</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy Costs</td>
<td>$964,272</td>
<td>4.89%</td>
<td>$908,818</td>
<td>5.92%</td>
</tr>
<tr>
<td>Insurance Costs</td>
<td>$376,579</td>
<td>1.91%</td>
<td>$371,258</td>
<td>2.42%</td>
</tr>
<tr>
<td>Non Capital Costs</td>
<td>$47,741</td>
<td>0.24%</td>
<td>$1,727,029</td>
<td>11.24%</td>
</tr>
<tr>
<td>Travel</td>
<td>$148,937</td>
<td>0.75%</td>
<td>$77,348</td>
<td>0.50%</td>
</tr>
<tr>
<td>Training</td>
<td>$26,425</td>
<td>0.13%</td>
<td>$19,366</td>
<td>0.13%</td>
</tr>
<tr>
<td>Supplies/Copy Costs</td>
<td>$147,217</td>
<td>0.75%</td>
<td>$78,570</td>
<td>0.51%</td>
</tr>
<tr>
<td>Other Operational Costs</td>
<td>$418,058</td>
<td>2.12%</td>
<td>$316,519</td>
<td>2.06%</td>
</tr>
<tr>
<td>Total</td>
<td>$2,129,229</td>
<td>10.79%</td>
<td>$3,498,908</td>
<td>22.78%</td>
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</table>

- FY13 – large expense for furniture for 2 sites
Current Financial State

- Administrative Expense Detail – Professional Fees

<table>
<thead>
<tr>
<th></th>
<th>Professional Fees, July-February</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY14</td>
</tr>
<tr>
<td>Audit</td>
<td>$32,500</td>
</tr>
<tr>
<td>Legal</td>
<td>$58,215</td>
</tr>
<tr>
<td>Temporary</td>
<td>$77,099</td>
</tr>
<tr>
<td>Other Professional Fees</td>
<td>$1,968,515</td>
</tr>
<tr>
<td>Total</td>
<td>$2,136,329</td>
</tr>
</tbody>
</table>

- FY14 – legal higher due to litigation costs, vacant attorney position
- FY13 – large other professional fees for implementation consulting, higher temporary due to credentialing needs
Service Review

• Accrued Medicaid Expense (IBNR) Trend

IBNR - February 2013 - February 2014

Serving Durham, Wake, Cumberland and Johnston Counties
Service Review

- Top Paid Providers from July 2013 through February 2014
- Includes all payment types: Medicaid, IPRS and Non-UCR

<table>
<thead>
<tr>
<th>Provider</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murdoch Developmental Center</td>
<td>$9,342,229</td>
</tr>
<tr>
<td>UNC Healthcare System (UNC Hospital)</td>
<td>$7,010,681</td>
</tr>
<tr>
<td>O'Berry Neuromedical Treatment Center</td>
<td>$6,988,945</td>
</tr>
<tr>
<td>Easter Seals</td>
<td>$6,915,873</td>
</tr>
<tr>
<td>Holly Hill Hospital</td>
<td>$6,206,843</td>
</tr>
<tr>
<td>Strategic Behavioral Center – Garner</td>
<td>$4,901,120</td>
</tr>
<tr>
<td>Tammy Lynn Center for Development Disabilities</td>
<td>$4,142,183</td>
</tr>
<tr>
<td>Carolina Outreach</td>
<td>$4,065,244</td>
</tr>
<tr>
<td>Cape Fear Valley Medical Center</td>
<td>$4,041,047</td>
</tr>
<tr>
<td>Freedom House Recovery Center</td>
<td>$3,855,264</td>
</tr>
</tbody>
</table>

Serving Durham, Wake, Cumberland and Johnston Counties
Service Review

- Budget to Actual – FY14

<table>
<thead>
<tr>
<th>Service Revenue, July-February</th>
<th>Budget</th>
<th>Actual</th>
<th>% Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$312,525,545</td>
<td>$214,904,994</td>
<td>68%</td>
</tr>
<tr>
<td>State</td>
<td>$39,357,964</td>
<td>$25,676,369</td>
<td>65%</td>
</tr>
<tr>
<td>Local</td>
<td>$35,854,086</td>
<td>$26,614,204</td>
<td>74%</td>
</tr>
</tbody>
</table>

Serving Durham, Wake, Cumberland and Johnston Counties
## Service Review

- **Budget to Actual – FY14**

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Actual</th>
<th>% Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$312,525,545</td>
<td>$204,317,670</td>
<td>65%</td>
</tr>
<tr>
<td>State</td>
<td>$39,357,964</td>
<td>$26,336,826</td>
<td>66%</td>
</tr>
<tr>
<td>Local</td>
<td>$35,854,086</td>
<td>$20,613,904</td>
<td>57%</td>
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</tbody>
</table>
## Service Review

### Service Categories Expenses – Medicaid
**July 2013-February 2014**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICF/MR</td>
<td>$47,010,078</td>
</tr>
<tr>
<td>Innovations</td>
<td>$45,834,255</td>
</tr>
<tr>
<td>IIHS</td>
<td>$28,463,396</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$17,494,314</td>
</tr>
<tr>
<td>PRTF</td>
<td>$14,393,746</td>
</tr>
<tr>
<td>BH LT Residential</td>
<td>$11,989,817</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$6,600,248</td>
</tr>
<tr>
<td>ACTT</td>
<td>$6,171,156</td>
</tr>
<tr>
<td>Psych Rehab</td>
<td>$3,830,347</td>
</tr>
<tr>
<td>Partial Hosp/Day Tx</td>
<td>$3,233,223</td>
</tr>
<tr>
<td>MST</td>
<td>$2,298,921</td>
</tr>
<tr>
<td>Community Support</td>
<td>$935,394</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>$852,269</td>
</tr>
<tr>
<td>1915 (b)(3) Services</td>
<td>$259,470</td>
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</tbody>
</table>

### Service Categories Expenses – State/Local
**July 2013-February 2014**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>$11,012,842</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$7,044,788</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$5,151,507</td>
</tr>
<tr>
<td>IIHS</td>
<td>$1,292,291</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>$1,288,948</td>
</tr>
<tr>
<td>ACTT</td>
<td>$1,017,407</td>
</tr>
<tr>
<td>MST</td>
<td>$814,304</td>
</tr>
<tr>
<td>BH LT Residential</td>
<td>$625,981</td>
</tr>
<tr>
<td>Community Support</td>
<td>$387,471</td>
</tr>
<tr>
<td>Psych Rehab</td>
<td>$122,026</td>
</tr>
<tr>
<td>Partial Hosp/Day Tx</td>
<td>$56,852</td>
</tr>
</tbody>
</table>
Service Review

• Top billing non-Medicaid providers
  o Holly Hill - $2.9M
  o Cape Fear - $1.2M
  o Easter Seals - $1.17M
  o Carolina Outreach - $1M
  o Freedom House - $981K
  o Southlight - $826K
  o Family Legacy - $592K
  o UNC Hospital - $591K
  o Fellowship Health Resources - $540K
  o Turning Point Family Care - $499K

Serving Durham, Wake, Cumberland and Johnston Counties
Service Review

• Top billing non-Medicaid providers, Cumberland
  • Cape Fear - $1.2M
  • CREST - $474K
  • Haire Enterprises - $447K
  • Greater Image - $361K
  • Carolina Outreach - $315K

Serving Durham, Wake, Cumberland and Johnston Counties
Service Review

• Top billing non-Medicaid providers, Durham
  o Freedom House - $981K
  o Carolina Outreach - $632K
  o DCCLP - $418K
  o Duke - $416K
  o Securing Resources for Consumers - $340K
Service Review

• Top billing non-Medicaid providers, Johnston
  o Johnston Memorial - $432K
  o Johnston County Industries - $299K
  o Johnston PH - $137K
  o Pathways to Life - $84K
  o Restoration Family Services - $59K*
Service Review

• Top billing non-Medicaid providers, Wake
  o Holly Hill - $2.9M
  o Easter Seals - $949K
  o Southlight - $812K
  o Family Legacy - $592K
  o UNC Hospital - $591K

Serving Durham, Wake, Cumberland and Johnston Counties
• Cape Fear and affiliated agencies
  o Medicaid YTD - $1,158,096
  o State YTD - $1,364,604 - $1,106,250 in 3-way inpatient claims
  o Non UCR – $1,724,613

• Duke University and affiliated agencies
  o Medicaid YTD - $577,650
  o State YTD – $430,583 - $416K in 3-way inpatient claims
  o Non UCR - $139,017 – two programs
Hospital Review

• Johnston Memorial
  o Medicaid YTD - $442,451
  o State YTD - $432,642 (only 3-way inpatient claims)
  o Non UCR – N/A

• UNC and affiliated agencies
  o Medicaid YTD - $2,111,186
  o State YTD - $706,152 - $581,250 in 3-way inpatient claims
  o Non UCR - $5,883,330 – three programs, $5,444,061 for WakeBrook
FY14 Budget Actions

• Allocated housing dollars to Wake, Cumberland and Johnston

• Approved 2 more beds for Myrover-Reese in Cumberland in August. Currently working on 6 more for transitional living services

• Approved new providers for Cumberland and Johnston

• State reduced MAJORS, Detention, and Work First funds

Serving Durham, Wake, Cumberland and Johnston Counties
FY14 Budget Actions

• Requested the clinical staff to do a review of Intensive In Home services being requested
FY14 Budget Actions

• Implemented a Durham reduction plan
• Funded additional requests in Wake divestiture programs
• Allocated residential funds specifically for high need consumers
• Reduced hospital inpatient rates
• Allocated funds for bus passes/transportation
• SSBG funds allocated to Alliance – on hold

Serving Durham, Wake, Cumberland and Johnston Counties
Data Review
Process for FY15

• Review State allocations
• Review current IPRS contracts
• Plan for County dollars
• Review spending patterns
• Work with Provider Networks to finalize IPRS and local service budget
• Develop Medicaid category of service budget
• Analyze Medicaid lives

Serving Durham, Wake, Cumberland and Johnston Counties
Process for FY15

• Medicaid – 188,000 lives

• IPRS
  o Need to determine housing and high risk allocations
  o Need to determine funding for new priorities
  o Wake divestiture programs need to be reviewed

• County
  o Review use of county dollars especially for hospitals

Serving Durham, Wake, Cumberland and Johnston Counties
Next Steps

• Finalize the service priorities and work with existing dollars to fund

• Feedback from board and CFAC

• May board meeting – present recommended budget to meet June 1 GS deadline

• June – Board approval of budget
Data Review

Alliance Behavioral Healthcare Budget Retreat
March 26, 2014
Medicaid Eligibles: 2008 - 2013

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>48,862</td>
<td>52,928</td>
<td>55,065</td>
<td>57,846</td>
<td>59,319</td>
<td>58,452</td>
</tr>
<tr>
<td>Durham</td>
<td>32,716</td>
<td>36,974</td>
<td>38,615</td>
<td>41,449</td>
<td>43,534</td>
<td>43,871</td>
</tr>
<tr>
<td>Johnston</td>
<td>24,081</td>
<td>27,062</td>
<td>27,752</td>
<td>29,542</td>
<td>29,844</td>
<td>30,678</td>
</tr>
<tr>
<td>Wake</td>
<td>69,931</td>
<td>76,576</td>
<td>82,083</td>
<td>86,266</td>
<td>89,364</td>
<td>89,720</td>
</tr>
<tr>
<td>Total</td>
<td>175,590</td>
<td>193,540</td>
<td>203,515</td>
<td>215,103</td>
<td>222,061</td>
<td>222,721</td>
</tr>
</tbody>
</table>
Medicaid Eligibles: 2008-2013

Serving Durham, Wake, Cumberland and Johnston Counties
## Medicaid Providers and Consumers: Feb – Jun 2013

<table>
<thead>
<tr>
<th></th>
<th>Alliance</th>
<th>Cumberland</th>
<th>Durham</th>
<th>Johnston</th>
<th>Wake</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Providers</strong></td>
<td>713</td>
<td>153</td>
<td>159</td>
<td>38</td>
<td>353</td>
</tr>
<tr>
<td><strong>Consumers</strong></td>
<td>19,404</td>
<td>4,615</td>
<td>4,261</td>
<td>2,539</td>
<td>7,963</td>
</tr>
<tr>
<td>Service</td>
<td>Alliance</td>
<td>Cumberland</td>
<td>Durham</td>
<td>Johnston</td>
<td>Wake</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------</td>
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<td>--------</td>
<td>----------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Assertive Community Treatment Team</strong></td>
<td>Providers</td>
<td>26</td>
<td>5</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Consumers</td>
<td>814</td>
<td>155</td>
<td>374</td>
<td>37</td>
<td>248</td>
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<tr>
<td><strong>Community Support Team</strong></td>
<td>Providers</td>
<td>46</td>
<td>5</td>
<td>14</td>
<td>3</td>
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<tr>
<td>Consumers</td>
<td>460</td>
<td>85</td>
<td>127</td>
<td>24</td>
<td>224</td>
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<tr>
<td><strong>Intensive In-Home</strong></td>
<td>Providers</td>
<td>99</td>
<td>12</td>
<td>29</td>
<td>7</td>
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<tr>
<td>Consumers</td>
<td>2,064</td>
<td>323</td>
<td>494</td>
<td>207</td>
<td>1,034</td>
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<tr>
<td><strong>Multi-Systemic Therapy</strong></td>
<td>Providers</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Consumers</td>
<td>163</td>
<td>81</td>
<td>21</td>
<td>11</td>
<td>48</td>
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<tr>
<td><strong>Child/Adolescent Day Treatment</strong></td>
<td>Providers</td>
<td>33</td>
<td>3</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Consumers</td>
<td>305</td>
<td>81</td>
<td>61</td>
<td>27</td>
<td>133</td>
</tr>
<tr>
<td><strong>Psychosocial Rehab</strong></td>
<td>Providers</td>
<td>41</td>
<td>6</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Consumers</td>
<td>679</td>
<td>134</td>
<td>101</td>
<td>68</td>
<td>376</td>
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<tr>
<td>Service</td>
<td>Alliance</td>
<td>Cumberland</td>
<td>Durham</td>
<td>Johnston</td>
<td>Wake</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------</td>
<td>------------</td>
<td>--------</td>
<td>----------</td>
<td>------</td>
</tr>
<tr>
<td><strong>SA Comprehensive Community Outpatient</strong></td>
<td>Providers</td>
<td>18</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Consumers</td>
<td>203</td>
<td>33</td>
<td>93</td>
<td>28</td>
</tr>
<tr>
<td><strong>SA Intensive Outpatient Treatment</strong></td>
<td>Providers</td>
<td>44</td>
<td>7</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Consumers</td>
<td>552</td>
<td>107</td>
<td>197</td>
<td>57</td>
</tr>
<tr>
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Serving Durham, Wake, Cumberland and Johnston Counties
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Providers and Consumers (cont.)

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Serving Durham, Wake, Cumberland and Johnston Counties
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Serving Durham, Wake, Cumberland and Johnston Counties
Providers and Consumers (cont.)

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Serving Durham, Wake, Cumberland and Johnston Counties
Calls Received: 2/2013–1/2014

![Graph showing the number of calls received from February 2013 to January 2014. The graph shows a slight decrease from February to May 2013, followed by a steady increase throughout the year, peaking in December 2013 and January 2014.](image-url)
Complaints Received: 2/2013-1/2014

[Line chart showing the number of complaints from February 2013 to January 2014, with categories for Medicaid, State, and Total.]
Level 2 and 3 Incidents: 2/2013-1/2014
## MCO Performance Summary: Jan. 2014

Serving Durham, Wake, Cumberland and Johnston Counties

### NC DHHS LME/MCO Performance Summary

#### January 2014 Report

<table>
<thead>
<tr>
<th>DMA Performance Measures</th>
<th>Standard</th>
<th>Alliance</th>
<th>Cardinal</th>
<th>Center Point</th>
<th>Coastal Care</th>
<th>Carepoint</th>
<th>ECBA</th>
<th>Neos/Link</th>
<th>Partners</th>
<th>Sandhills</th>
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### DMH Performance Measures

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### Combined Performance Measures

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**Yellow Highlights** indicate the MCO did not meet the Standard for one or two consecutive months.

**Pink Highlights** indicate the MCO did not meet the Standard for 3 or more consecutive months.
Consumer Family Advisory Committee (CFAC):
Top Priorities 2014

Budget Presentation
March 2014

Serving Durham, Wake, Cumberland and Johnston Counties
Who We Are – What All See

- Consumers who have MH, IDD, SA needs and lack resources
- Families who are affected by the MH, IDD, SA needs of loved ones
- Caring Natural Supports for Individuals with MH, IDD, SA
- Most of us at Alliance are a combination of above
Reasons Needed for LME-MCO Support

• Primarily MH, IDD, &/or SA Issues involved enough that have led to:
  – Lack of Financial Support / Poverty
  – Lack of True Natural Support
    • Community Infrastructure / Integration Issues
      – Transportation
      – Housing
      – Education
      – Employment Opportunities
      – Social Barriers
    • Community Service Integration Issues
      – Medical Care
      – Dental Care
      – Family Services
      – Legal / Rules / Regulation Barriers
    • People
      – Family
      – Friends / Peers
      – Others
MULTI-talented, thoughtful PEOPLE
who with right opportunities and support:

- CAN and DO many VALUED activities that IMPROVE COMMUNITY WELL-BEING
  and
- CAN and DO INNOVATE frequently through INSIGHTS, SKILLS, CREATIVITY, and RESOURCEFULNESS to

MAKE A POSITIVE DIFFERENCE for ALL
Marc Jacques
Receiving
Ken Steele
National NAMI
Achievement Award

Cassie Cunningham
working at her own
Cassie’s Creations

NOT Just Famous People w/ MHDDSA issues...
Everyday People w/ MHDDSA issues enrich ALL our lives!

Caroline Ambrose at NC Council on Developmental Disabilities and working at ADA-CIL in Raleigh

Kurtis Taylor
champion and example of Oxford House success
Our Process in Budget Planning

- The Wake, Durham, and Cumberland Subcommittees of the Alliance CFAC have discussed the gaps and needs in the 3 communities.

- We came up with areas we felt should be addressed in the 2014-2015 budget.

- The Alliance CFAC recommends that the gaps and needs in this report be considered when planning the Alliance budget.
TOP PRIORITIES 2014

- Higher Expectations – Top Issue
- Infrastructure Affects Service Needs
- Children Services
- Crisis Services
- Communication
- Community Outreach
- Peer Respite Needs
- Respite Service Gaps
- Education and Training
  - Medical training for serving those with complex needs
  - Family Dynamics Training IDD, MH, SA
- Services for Non-Innovation IDD Consumers
- SA Detox and Treatment
- Transition services for children to adulthood
- Peer Support Services
- Quality Supported Employment
- Transient services
- Integration with Aging services
Top Issue –
Higher Expectations

• Not aiming high enough
  – Too much focus on what we cannot do and assuming barriers too difficult/time-consuming

• Evidence proves having High Expectations yields Greater Individual Outcomes

• Having High Expectations
  – Focuses on what we CAN do and be done to troubleshoot barriers
  – EBPs and promising practice studies agree high expectations improve outcomes
  – Empowers consumers/families
  – Highlights real barriers outside of LME-MCO for all to advocate in community collectively to reduce, making change more likely
  – Encourages attitudes that would more tightly yield results where ROI = GIO
    (Return On Investment for system = Greater Individual Outcomes)

Follows principles of Recovery / Self-Determination
Infrastructure Affects Services Needed

Infrastructure issues affect system stability and individual wellness/self-determination outcomes

• Income Issues
  – Lack of Employment Opportunities
  – Need for Education/Re-training
  – Rules/Regulations that impede upward financial stability

• Housing Issues
  – Lack of Supportive Housing integrated into our community
  – Near public transit, medical services, shopping, etc.
  – Costs (highest in safe areas and in City of Raleigh)
  – Section 8 usage issues (e.g. rules/regulations for 1-Brm units only even if more expensive than 2-Brm option)

• Transportation Issues
  – Accessible
  – Lack of coordination between areas in the Triangle
  – Cost to use can be barrier for those needing treatment with doctor
  – Can be barrier to social life
Supportive Housing for People with Intellectual/Developmental Disabilities

- Need more supportive housing choices in an integrated community setting with access to amenities and services close-by

Recommendations:

• Work in partnership with others to encourage use of new home and personal technologies, evolving housing models, and promising strategies to prevent homelessness and increase options of safe, sustainable, supportive housing in least restricted environments in the community

• Find ways to promote better quality training of staff and families on how to teach independent living skills and offer educational classes in the community
Housing to Support Wellness for People with Substance Abuse Issues

• Addressing the needs of housing for substance abuse clients are important to aid in success in recovery.

• Alliance offers programs to address the acute treatment, but could do better in coordinating with other agencies to help utilize appropriate long term housing. Durham’s System of Care which Alliance plays a major role has been working well to address this issue and reduce homelessness and relapse.

Recommendations:
• Increase resources being used to replicate Independent Living Initiative in Wake, Johnston, and Cumberland Counties.
• Provide funding for housing vouchers that are linked with treatment outcomes (e.g. Oxford House)
Housing that Supports Wellness for People with Mental Illness Issues

• The current settlement for the residents of managed care homes is being addressed to help the individual settle in a less restrictive environment and are using peer support specialist in the process. This is a good step toward providing housing.
• There is still a need for safe independent housing for those coming out of psychiatric hospital or those who are homeless.
• The ACT teams help many people with some support and we need to continue to provide those services as well as reach out to others who need services in the community.

Recommendations:
• Work in partnership to leverage resources to provide additional housing options and independent support skills through use of technologies.
• Provide funding for travel vouchers that can be used for transportation to visit doctor.
Children Services
Growing Trend in Families Today = Greater Gaps

Latest Census data show unpaid family support is down 19.8% in the period from 2005-2010 = Less “natural supports” available = Less time, energy, resources families have/are willing to devote to strong advocacy, training, and support work to ensure quality outcomes for loved ones

Recommendations:
- Quality and timely assessments
- Access to treatments / care mgmt
- Education and Training
  – esp Family Dynamics Training that addresses gaps that exist due to trend
Crisis Services

- MH, IDD, SA
  - Innovate solutions with private-sector businesses
    - To Develop/Use Technology (Pilot a regional app, offer help with focus groups in exchange for product development, etc.)
    - Increase flexibility of services to increase stability of care
    - Timely access to quality care throughout
    - Expand working models into other areas

Recommendations:
- Provide higher rate of pay for Respite Services to Consumers/Families, prioritizing those who are waiting for Innovation Waiver slot could reduce crises
- Allow flexibility for choice of who can do Respite Service (e.g. neighbor, more natural options)
- Increase use of tele-health/tele-medicine solutions
- Continue to develop and innovate further person-centered solutions and strategies
Communication: Information to Usable Knowledge

For info to be used, it has to be:

• Received:
  - May Require Transportation & Support
    - Travel to participate in community forums
    - Tech Support to participate remotely

• Understandable
  • Easy Read Format for those with cognitive disabilities &/or those with temporary cognitive impairments
  • Larger Print for Technology Reading Devices for those with low/no vision
  • Other language options (Spanish, ASL, & others as per population needs)
    – Should be able to use translation technologies or have interpreters, note-takers

• Meaningful
  – Immediately &/or frequently relevant and used

Recommendations:
• One of the main accommodations that helps hard of hearing people with meetings is to be close to the speakers. This does not have to be budgeted, but it does need to be planned in advance to have the space.
• Another way to help with this disability is to always have someone taking notes. This helps with "filling in the gaps" in communication that can be missed in the meetings.
• Always offer a handout with easy to understand language and uses visual strategies
Community Outreach

Informed Consumers/Families are more self-directed

• Address Information gaps
  – Community Outreach
  – Peer Support Models
  – Education/Training

• Integrate with Other Community Services
  – Minority Services
  – Low-Income Services
  – Others

• Ensure Information is Accessible and Culturally Competent

Recommendations:
• Improve technology solutions (video-conferencing, webinars, translation software) to appropriately include consumers and families, especially as we grow geographically
• Workshops, Outreach, training should be done at fully accessible sites and at times convenient to target audiences
• Offer Family Cafés, Peer Support Models for Outreach
• Network with other community services to inform each other
Peer Respite Service Needs

• Peer Run Respite Centers (PRRC)
  • Incorporate both peer support and peer run organizations.
  • Fill an unmet need for supportive alternatives to hospitalization during times of crisis for consumers.
  • Centers are located in the community and offer a homelike environment.
  • Have a three to five bed capacity.
  • Short term stay.
  • Offer additional services to respite such as warm lines, wellness activities and programs.

Recommendations:
• Provide funding for a trial pilot of Peer Support Respite as preliminary news of other program suggests it would save money by reducing the number of people using emergency services.
IDD Respite Service Gaps

• IDD Respite
  – Could be improved to be better utilized and help bridge gaps in other services to reduce crises
  – Encourages “refresh time” to recharge depleted energy/resource reserves for caregivers
  – Gives a boost of morale to know support is available that fosters better caregiving relationships

Recommendations:
• Evaluate ways to increase flexibility, options, and utilization of Respite Services in the community for consumers and families, especially in areas where greatest needs exist to prevent crises.
Assist with Medical Training

- For those dealing with complex needs/issues
- IDD, MH, SA
- Empower community supports with quality working knowledge
- Allows opportunity for stricter adherence to best clinical/medical practices
- Encourage better outcomes

Recommendations:
- Provide quality clinical training to families and other “natural supports”
Family Dynamics Training

- **IDD**
  - Averts crises
  - Most children and adults with IDD live with family
  - Sense of responsibility, family pride, and can include feelings of guilt, despair, loss of personal identity issues, affects all relationships/finances
  - Medicine management training should be included

- **MH/SA**
  - Reduce stigma
  - Engage families and teach how to best support loved ones and each other
  - Engages others to help support and reduce crises

**Recommendations:**
- Provide training and education to families at risk for crisis to better be equipped to handle stressors and informed what to look for and do.
Services for Non-Innovation IDD Consumers

- Majority of those affected by IDD do not receive Innovations services even if qualify and are in need

- It is first-come, first-serve
  - Means we can serve more in need
  - Also means individuals with complex needs are waiting for help and could be hidden high risks for crises

Recommendations:

- Create more flexibility in other available services to give support especially to those at risk of crisis (e.g. Respite Services, Training/Education, Outreach, etc)
SA Detox and Treatment

• High Need
  – Due to Lack of Detox Services – primarily in Johnston

• Limited Access to Medical Detox and Treatment for Substance Abuse Disorders
  – Unless you threaten to harm yourself or
  – Reek of alcohol

Recommendation:
• Provide gap funding of $435-500/month for the cost of Oxford House ¾ Housing Model to help those coming out of treatment to have support and prevent relapse
• Network to encourage working models in needy areas
Transition to Adulthood

• For a growing number of consumers with I/DD, transition to adulthood becomes a lifelong endeavor
  • 80% live at home with family members
  • Increased competition for limited opportunities in the community
    – Leaving those without personal advocates most alone / living isolated lives

• Recommendations
  • Specialized training to consumers/families that highlight area resources and services that connect them to community
    – Area Workshops on Saturday or weekday evening (basically not during typical workday schedule when many are not available as they feel they have less working years than others and so try to maximize their salaries during school years with high anxiety levels of what will happen to the family income and schedule when they leave school)
    – Increase Community Guide Services
  • Pay for one activity that person can do in the community as most all activities of greatest interest cost to participate (overt and hidden)
Peer Support

• An evidenced based mental health model of care.
• Individuals who have lived with and experienced mental illness and/or substance use disorder, provide support to other individuals with mental illness and/or substance use disorder.
• Assists individuals to more easily manage their illness and promote personal growth.
• Positive impact in the mental health and substance use disorder system as an alternative to traditional mental health and substance use disorder treatment.

Recommendations:
• Funds should be directed to ensure Peer Support Specialists are appropriately supervised, supported and integrated into the treatment teams.
• Special services such as Wellness City in Durham should continue and be expanded to other cities in the catchment area.
Peer Support Services

• IDD
  – Model still evolving
  – Integral in Self-Determination Model
    • Interdependence / Valued Member
    • Mentorship – showing others how to adapt/work around/navigate issues
  – Direct Support Staff Training and Mentorship Programs (Support Each Other in Quality practice)

Recommendations:

• Work in partnership to evaluate and further develop peer support/mentoring models to better serve the IDD population
Quality Supported Employment

• In all disability areas
  – Higher expectations
    • Employment First doctrine for those w/ IDD
  – Reducing Stigma
    • Public Education Program for area businesses/employers
  – Appropriate INDIVIDUAL assessments
    • Including training and understanding of technology solutions & partners like NCATP
  – Adherence to ADA
    • Training and understanding of ADA crucial
      – E.g. Support animals must be accommodated in workplaces
  – Incorporating solutions that help keep jobs
    • Transportation – bus route changes may require new training
    • Training / knowledge
      – how to interact with co-workers in lunch area
      – Why, who, when, and how to ask for help supports

Employment Projections to 2040

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
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<td>497,634</td>
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<td>49,486</td>
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Recommendations:

• Prepare to be workforce ready to participate in these employment opportunities by being informed on types of job skills needed and access to acquiring these skills.

• Finding ways to invest in these areas can yield benefits to all in motivation to stay well and have income.
Transient Services

- Temporary services should link more efficiently to long-term services, when needed.

- Other times, consumers and families can find themselves at a time of temporary severe financial hardship where a little help could pull them out back on the path to wellness afterwards.

Recommendations:

- There are two already mentioned services that fit into this category:
  - Temporary housing assistance for linking those exiting SA treatment to more stable housing, like ¾ House Model, Oxford House to get on the road to wellness sooner.
  - Adjusting IDD Respite rates to better meet needs of consumers and families affected by IDD for those on the waiting list and not yet receiving Innovations Waiver support to more effectively handle the complex needs of this community.

- Evaluating other areas where there has been greater volume of requests for funds to see if there are ways to better meet those needs for greater stabilization, especially with focus on the outcome of reducing crises.
Integration with Aging Services

• Geriatric Services & Specialized Medical Care
• Family Dynamic Training/supports
• Dramatic increase and still growing of families experiencing “sandwich” issues
• Needs are increasing when supply of staff support will be decreasing = impending crisis

Recommendations:
• Network with Aging Services to help find unique solutions that will work in our communities for consumers and families
• Encourage flexibility to break down barriers and use of technology solutions
Culture of High Expectations

- Together We Can
- Inclusion into Community Life
- Through our Abilities

Recommendations:
- Increase adherence to Recovery & Wellness Model and Self-Determination Principles
- Encourage great goals to inspire and motivate
- More frequently challenge our ways of thinking and doing by asking/reflecting about better ways it could be done and offer an appropriate “think tank” session to capture thoughts and further develop solutions
What would *tomorrow* be like...
if we could better **SERVE EACH OTHER**
keeping each other well and
being inspired to **GREATNESS**
by **wisely unlocking**
the **HIDDEN POTENTIALS**
in **ALL** of us

**TODAY?**

DO the Impossible?

Break Barriers?

We know because we LIVE it...
Peer Support,
Recovery, and
Self-Determination Work!
Draft Network Development Plan

Presentation to the Alliance Board Budget Retreat
March 26, 2014
Plan Structure

- Optimal collection of services and supports for each disability area
- Priority focus areas for FY15
- Additional capacity needs targeted for attention in subsequent years

Serving Durham, Wake, Cumberland and Johnston Counties
I/DD Priorities for FY15

- Developmental Therapy
- Specialized consultative services
- IPRS residential services
- Crisis
- Uniform benefit packages

Serving Durham, Wake, Cumberland and Johnston Counties
Adult MH/SA Priorities for FY15

- Outpatient mental health
- Assertive Engagement
- ACTT
- Supported Employment/LTVS
- Residential continuum
- Transitional Living

Serving Durham, Wake, Cumberland and Johnston Counties
Child MH/SA Priorities for FY15

- Outpatient
- Child/Family Navigator
- SAIOP
- Day Treatment
- Residential continuum

Serving Durham, Wake, Cumberland and Johnston Counties
Adult Crisis Priorities for FY15

• Mobile Crisis
• Walk-in psychiatric
• Facility-based crisis/detox beds
Child Crisis Priorities for FY15

• Rapid Response
Special Populations

• Homeless
• Jail Transition
• Transition Age Youth (TAY)
• IDD/MH and Traumatic Brain Injury (TBI)
Homeless Priorities for FY15

• Peer Support Outreach
• SOAR
Jail Transition Priorities for FY15

- Continuum of services
- Interpretation services
TAY Priorities for FY15

- Outpatient Trauma-Informed care
- Independent Living Groups
- SE/LTVS

Serving Durham, Wake, Cumberland and Johnston Counties
IDD-MH/TBI Priorities for FY15

• Training for residential and group home providers on supports and interventions for dually-diagnosed individuals

• Training for providers on interventions and resources for TBI accommodating the special needs of individuals with co-occurring IDD/TBI

Serving Durham, Wake, Cumberland and Johnston Counties
Cross-Cutting Priorities for FY15

- Standardize the benefit package
- Enhanced provider training
- Review of residential services

Serving Durham, Wake, Cumberland and Johnston Counties
Alliance Network Development Plan

Alliance believes that the services available through its network of providers should reflect its commitment to support outcomes of recovery, resiliency and self-determination for the individuals we serve.

Alliance must seek not only to develop a continuum of services that support these outcomes, but must assure that best practice and evidence-based models are offered, that adequate capacity is available, and that providers are fiscally-viable.

Within each disability area, this Plan identifies what Alliance considers to be an optimal collection of services and supports, then focuses on priority focus areas for Fiscal Year 2015, and finally enumerates a list of additional capacity needs targeted for attention in subsequent years.

This plan was informed by a gaps analysis study which included data review and input from stakeholders. Alliance staff also participated in a series of planning meetings reviewing data, clinical and network experience across all counties in the Alliance catchment area.
Intellectual and Developmental Disabilities (IDD)

Alliance seeks to develop a continuum of support services for individuals with IDD that includes the following:

**Respite**
- Innovations (individual, group, facility)
- Hourly Respite (State-funded)
- Respite Care Nursing
- B3 Respite (group, individual, child, adult)
- Out-of-Home Respite
- Adult Day Activity

**Developmental Therapy**
- Paraprofessional, Professional

**Community Connections**

**Community Guide**
- Innovations (B3)

**Vocational Supports**
- ADVP/Adult Day Activity
- CAET (individual, group)
- Day Supports (individual, group)
- Supported Employment (individual, group, innovations, B3, State)
- LTVS

**Assistive Technology**

**Vehicle Adaptations**

**Home Modifications**

**Specialized Consultative Services**

**Behavioral Plan Development Monitoring**

**In-Home Intensive Support**

**Community Networking (group, classes)**

**In-Home Skill Building (Innovations individual, group)**

**Natural Supports Education**
Residential Supports
- Supervised Living Low
- Group Living Low, Moderate, High
- Supervised Living Level 1,2,3, and 4
- Residential Supports Level 1,2,3,4
- Residential Support AFL Level 1,2,3,4
- Specialized Service Wrap around supports for transition from institutions

Crisis
- Primary Crisis Response
- Out of Home Crisis Respite
- Crisis Behavioral Consultation
- Professional Level Consult
- NC Start (adult, child)

Transitional ICF (adult, child)

ICF
- ICF Therapeutic Leave

FY 15 Priorities
A review of data and experience associated with the Alliance provider network suggests areas in which service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance.

Alliance will address these service capacity needs over the next several years, focusing on areas of highest need in fiscal year 2015.

Developmental Therapy
While Alliance has many providers of Developmental Therapy, the focus will be on supporting the growth of professional Developmental Therapy services that are clinically sound and outcome focused and to develop a consistent benefit plan for this service across the Alliance service area.

Specialized Consultative Services
Alliance will work with providers to develop clearer expectations for this service. Credentialed professionals such as psychologists are especially needed particularly in Cumberland and Durham.

IPRS Residential Services
Alliance will work to develop a uniform benefit package across all of our counties and develop clearer provider expectations for this service.
Crisis
Alliance will see to develop a Regional Team with professional level consultation provided by the NC START program. Particular focus will be on individuals with dual diagnosis IDD/MH.

Uniform Benefit Packages
Study, develop and recommend a uniform benefit package across the four-county Alliance area for Developmental Therapy, Personal Assistance, and State funded Residential Services.

Remaining capacity needs to be addressed in subsequent years are:
- Hourly Respite
- Community Guide
- Community Connections
- CAET (both individual and group, in all counties)
- Expand service capacity for Day Supports in all of our counties
- Promotion and expansion of the use of group services
- Provider training to improve the quality of Residential supports services
- Creation of out-of-home ICF Respite option
- Crisis Training for providers of Residential, DT and Mobile Crisis
Adult MH/SA

Alliance seeks to develop a continuum of support services for adults with MH/SA needs that includes the following:

Outpatient MH
Outpatient SA
Assertive Engagement
Hospital Transition
SAIOP
SACOT
PSR
CST
ACTT
Partial Hospital
Supported Employment
Residential Continuum
Inpatient

FY 15 Priorities
A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several needs, focusing on areas of highest need in fiscal year 2015.

Outpatient Mental Health
Alliance will seek to expand psychiatric capacity in Cumberland County. In Johnston County Alliance will promote the Open Access model.

Assertive Engagement
Alliance will seek to expand this capacity to identify and engage individuals transitioning from higher levels of service or who are difficult to engage in services. Expansion of Peer Support Services will be a priority as a way to offer assertive engagement.
ACTT
Alliance will seek to develop capacity in Cumberland and Johnston Counties.

Supported Employment/LTVS
Alliance will support the continued expansion of this capacity across all of our counties.

Residential Continuum
Alliance will initiate a comprehensive review of residential capacity, quality and service expectations, and benefit package. Results of this review will guide future service development.

Transitional Living
Alliance will develop a capacity for this 30-day housing option in all of our counties to assist with transition from hospital and crisis services.

Remaining capacity needs to be addressed in subsequent years are:

- Study the need to expand pharmacy services in all counties
- Partial Hospital
- Outpatient sex offender treatment
- Outpatient Substance Abuse - Alliance will study creation of a uniform benefit package for services across all counties
- CST – Identify models and quality standards
- PSR – Identify models and quality standards
Child MH/SA

Alliance seeks to develop a continuum of support services for children with MH/SA needs that includes the following:

Outpatient MH and SA Services

Child/Family navigator

Substance Abuse Prevention

SAIOP

Respite

Intensive In-Home

Day Treatment

MST

Crisis

Residential Continuum

- Therapeutic Foster Care
- IAFT
- Partial Hospital
- Group Homes
- Short-term PRTF
- PRFT

Inpatient

FY 15 Priorities

A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several needs, focusing on areas of highest need in fiscal year 2015.

Outpatient

Alliance will promote models of evidence based practice, including trauma informed therapies, by supporting training on these models and creating a mechanism to verify and track training and experience.

Child/Family Navigator

Alliance will seek to expand this capacity into Cumberland and Johnston counties.
SAIOP
Alliance will work to expand this capacity in all of our counties.

Day Treatment
Alliance will identify and promote evidence based models in all of our counties.

Residential Continuum
Alliance will initiate a comprehensive review of residential capacity, quality, service expectations, and benefit package. Results of this review will guide service development.

Remaining capacity needs to be addressed in subsequent years are:

- Transportation
- Bilingual therapists
- Substance abuse prevention
- Planned Respite
Crisis Services, Adult

Alliance seeks to develop a continuum of support services for adults in crisis that includes the following:

Respite

Walk-In Psychiatric/Medication

Mobile Crisis

Facility Based Crisis

Crisis Assessment (CEO)

Detox

Inpatient

FY 15 Priorities

A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several years, focusing on areas of highest need in fiscal year 2015.

Mobile Crisis

Alliance will seek to develop additional capacity in Johnston and Wake Counties.

Walk-In Psychiatric

Alliance will implement the Open Access model in Johnston counties. Will seek to expand walk in capacity for psychiatric and medication to weekend and after hours in all counties.

Facility Based Crisis/Detox Beds

Alliance will seek to increase the number of beds in Wake County. Alliance will promote models of trauma-informed models of crisis care.

Remaining capacity needs to be addressed in subsequent years are:

- Respite – Study effective models
- Facility based crisis/detox in Johnston County
- Standardize billing practices for facility based crisis and detox services
- Study FBC models and outcomes to guide and inform service development
- Pilot community para-medicine wellness checks in Durham and Wake Counties
Crisis Services, Child

Alliance seeks to develop a continuum of support services for children in crisis that includes the following:

Respite

Rapid Response

Mobile Crisis

Facility Based Crisis

Inpatient

FY 15 Priorities

A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several needs, focusing on areas of highest need in fiscal year 2015.

Rapid Response

Alliance will seek to establish Rapid Response capacity in all counties.

Remaining capacity needs to be addressed in subsequent years are:

- Facility Based Crisis – study feasibility of regional child facility based crisis center.
- Mobile Crisis – develop training for current mobile crisis teams to better respond to the needs of children.
Special Populations – Homeless

Alliance seeks to develop a continuum of support services for homeless adults that includes the following:

Outreach
- Peer Support
- Assertive Engagement

Intensive Case Management

Critical Time Intervention

Vocational

SE/LTVC

Integrated Medical Care

SOAR

Housing First/Plus

FY 15 Priorities

A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several needs, focusing on areas of highest need in fiscal year 2015.

Peer Support Outreach

Alliance will develop a capacity across all counties to utilize peer support to provide assertive outreach to homeless individuals.

SOAR

Alliance will seek to identify dedicated personnel/entities in each county to be trained and offer SOAR services

Remaining capacity needs to be addressed in subsequent years are:
- Identify intensive case management agencies and train on Critical Time Intervention Model.
- Study implementation of the Streets to Home model of housing and supports for homeless individuals.
Special Populations – Jail Transition

Alliance seeks to develop a continuum of support services for adults transitioning from jail that includes the following:

Outreach
- Peer Support
- Assertive Engagement

Immediate Psychiatric Access

Peer Bridging/Support

Drop-in Center/Wellness City

Intensive Case Management

Critical Time Intervention

Vocational

SE/LTVC

Integrated Medical Care

SOAR

Transportation

Forensic ACTT

Housing First/Plus

FY 15 Priorities

A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several needs, focusing on areas of highest need in fiscal year 2015.

Continuum of Services

Alliance will see to identify agencies in each county to develop a continuum of post release services including a jail transition team, peer bridging, critical time intervention, and transportation.

Interpretation Services
Remaining capacity needs to be addressed in subsequent years are:

- Forensic ACTT Wake/Cumberland
- Peer Bridge
- Transportation
Special Populations – Transition Age Youth

Alliance seeks to develop a continuum of support services for transition age youth that includes the following:

Outpatient
- Trauma Informed
- Independent Living Groups

Intensive Case Management

Vocational SE/LTVS

Housing
- Respite/Rapid Response
- Supported Congregate
- Group Homes
- Level II

Integrated Medical Care

ACTT

FY 15 Priorities

A review of data associated with the Alliance provider network suggests areas where service capacity needs to be developed. In addition, there is a recognition that in some cases capacity deficits are due to a need to provide greater clarity regarding service expectations and quality parameters and associated provider training and technical assistance. Alliance will address these service capacity needs over the next several years, focusing on areas of highest need in fiscal year 2015.

Outpatient trauma informed care
Alliance will promote trauma informed care through training, learning collaboratives, and review activities across all counties.

Independent living groups

SE/LTVS

Remaining capacity needs to be addressed in subsequent years are:
- Promote implementation of trauma informed care
- Study potential of piloting Milwaukee wrap-around model, a comprehensive evidence based practice model for at-risk youth
- Supported/congregate housing
- Level II Specialized Homes
- ACTT
Special Populations – IDD/MH and Traumatic Brain Injury (TBI)

While these special populations access existing service continuums their unique needs require greater clarity around interventions, support resources, service expectations and quality parameters. These are most immediately addressed through provider training and technical assistance.

Alliance will address these needs over the next several years, focusing on areas of highest need in fiscal year 2015.

Training for residential and group home providers on supports and interventions for dually diagnosed individuals

Training for providers on interventions and resources for TBI accommodating the special needs of individuals with co-occurring IDD/TBI

Remaining capacity needs to be addressed in subsequent years are:

- Assistive Technology
- NC START Expansion to children
- Case management specific to TBI
Strategies Crossing Disability Areas

The Plan provides for a number of strategies designed to benefit all consumers:

Standardize the Benefit Package

- Develop a uniform benefit package for Developmental Therapy.
- Develop uniform benefit packages for Personal Assistance and IDD IRPS Residential as well as clearer provider expectations for these services.

Enhanced Provider Training

- Promote trauma-informed care and create ways to assure fidelity across all counties for child and adult outpatient services and for crisis services.
- Identify training and training resources on interventions and resources for individuals with TBI.
- Identify training and training resources on supports and interventions for dually-diagnosed individuals.

Review of Residential Services

- Conduct a comprehensive review of adult and child MH/SA residential capacity, quality and service expectations, and benefit packages.
- Explore and plan to implement the Streets to Home model of housing and supports for homeless individuals.
Clinical Operations Update

“The Mission of the Clinical Operations Team is to ensure the clinical integrity of services provided through the Alliance Network for individuals affected by mental health, substance abuse and Intellectual and Developmental Disabilities”
Update

Serving Durham, Wake, Cumberland and Johnston Counties
General Information

- Most Frequently Requested Service for youth is Intensive In-Home
- 116 Children Average daily census of children in PRTFs, 11 out of state
- 52-66 Average daily census in inpatient facilities (Medicaid)
- 45-66 Average daily census inpatient (Three way funds/Wake County)
- 501 Individuals in ICFs
- 472 Children in other Residential Treatment
- $54,699.00 Average cost per Innovation annual service plan
- ACTT and PSR most frequently request adult services

Serving Durham, Wake, Cumberland and Johnston Counties
UM Plan Goals

1. Fill open Innovations slots
2. Increase community tenure for high risk consumers served in care coordination
3. Decrease length of service stay in IIH services by ensuring the use of best practice approaches, assuring that service interventions are focused and better identifying consumers who may be more appropriate for MST or general family therapy.
4. Reduce utilization and ALOS of PRTF through Alliance PRTF and Inpatient initiative

5. Reduce recidivism of inpatient hospitalization through improved discharge planning and increased network availability of same day follow-up care

6. Reduce the rate of ED utilization through more rapid identification of high users of ED and high risk consumers, intensive care coordination, improved coordination with primary care providers, improved crisis planning for service enrolled consumers and improve access to other crisis services.
7. All consumers calling Alliance for services will be offered an appointment within 5 days of contact with Alliance. Will require expansion of Open Access

8. Reduce no-show rates for initial assessments appointments

9. Identify Network gaps and use established process to document and report needs to Provider Networks
10. Decrease call center Protocol utilization and weekend abandonment rate. (Met)
11. Obtain URAC Call Center accreditation and UM reaccreditation (Met)
12. Maintain low consumer appeals rate
Goals

- Convene a group of local experts and stakeholders
- Identify best practices
- Identify existing resources
- Identify gaps and barriers
- Identify individuals with IDD and co-occurring mental health issues with challenging behavioral issues with high crisis utilization
- Develop comprehensive recommendations for Alliance
Consumer Family Advisory Committee (CFAC):

Top Priorities 2014

Budget Presentation
March 2014
Who We Are – What All See

- Consumers who have MH, IDD, SA needs and lack resources
- Families who are affected by the MH, IDD, SA needs of loved ones
- Caring Natural Supports for Individuals with MH, IDD, SA
- Most of us at Alliance are a combination of above
Reasons Needed for LME-MCO Support

• Primarily MH, IDD, &/or SA Issues involved enough that have led to:
  – Lack of Financial Support / Poverty
  – Lack of True Natural Support
    • Community Infrastructure / Integration Issues
      – Transportation
      – Housing
      – Education
      – Employment Opportunities
      – Social Barriers
    • Community Service Integration Issues
      – Medical Care
      – Dental Care
      – Family Services
      – Legal / Rules / Regulation Barriers
    • People
      – Family
      – Friends / Peers
      – Others
Who We Are – What We See & Know

MULTI-TALENTED, THOUGHTFUL PEOPLE
who with right opportunities and support:

- CAN and DO many VALUED activities that IMPROVE COMMUNITY WELL-BEING and
- CAN and DO INNOVATE frequently through INSIGHTS, SKILLS, CREATIVITY, and RESOURCEFULNESS to

MAKE A POSITIVE DIFFERENCE for ALL
Marc Jacques
Receiving
Ken Steele
National NAMI
Achievement Award

Cassie Cunningham
working at her own
Cassie’s Creations

NOT Just Famous People w/ MHDDSA issues...
Everyday People w/ MHDDSA issues enrich ALL our lives!

Kurtis Taylor
champion and example of Oxford House success

Caroline Ambrose at NC Council on Developmental Disabilities and working at ADA-CIL in Raleigh
Our Process in Budget Planning

- The Wake, Durham, and Cumberland Subcommittees of the Alliance CFAC have discussed the gaps and needs in the 3 communities.

- We came up with areas we felt should be addressed in the 2014-2015 budget.

- The Alliance CFAC recommends that the gaps and needs in this report be considered when planning the Alliance budget.
TOP PRIORITIES 2014

- Higher Expectations – Top Issue
- Infrastructure Affects Service Needs
- Children Services
- Crisis Services
- Communication
- Community Outreach
- Peer Respite Needs
- Respite Service Gaps
- Education and Training
  - Medical training for serving those with complex needs
  - Family Dynamics Training IDD, MH, SA
- Services for Non-Innovation IDD Consumers
- SA Detox and Treatment
- Transition services for children to adulthood
- Peer Support Services
- Quality Supported Employment
- Transient services
- Integration with Aging services
Top Issue – Higher Expectations

• Not aiming high enough
  – Too much focus on what we cannot do and assuming barriers too difficult/time-consuming

• Evidence proves having High Expectations yields Greater Individual Outcomes

• Having High Expectations
  – Focuses on what we CAN do and be done to troubleshoot barriers
  – EBPs and promising practice studies agree high expectations improve outcomes
  – Empowers consumers/families
  – Highlights real barriers outside of LME-MCO for all to advocate in community collectively to reduce, making change more likely
  – Encourages attitudes that would more tightly yield results where ROI = GIO
    (Return On Investment for system = Greater Individual Outcomes)

Follows principles of Recovery / Self-Determination
Infrastructure Affects Services Needed

Infrastructure issues affect system stability and individual wellness/self-determination outcomes

• Income Issues
  – Lack of Employment Opportunities
  – Need for Education/Re-training
  – Rules/Regulations that impede upward financial stability

• Housing Issues
  – Lack of Supportive Housing integrated into our community
  – Near public transit, medical services, shopping, etc.
  – Costs (highest in safe areas and in City of Raleigh)
  – Section 8 usage issues (e.g. rules/regulations for 1-Brm units only even if more expensive than 2-Brm option)

• Transportation Issues
  – Accessible
  – Lack of coordination between areas in the Triangle
  – Cost to use can be barrier for those needing treatment with doctor
  – Can be barrier to social life
Supportive Housing for People with Intellectual/Developmental Disabilities

- Need more supportive housing choices in an integrated community setting with access to amenities and services close-by

Recommendations:

• Work in partnership with others to encourage use of new home and personal technologies, evolving housing models, and promising strategies to prevent homelessness and increase options of safe, sustainable, supportive housing in least restricted environments in the community

• Find ways to promote better quality training of staff and families on how to teach independent living skills and offer educational classes in the community
Housing to Support Wellness for People with Substance Abuse Issues

- Addressing the needs of housing for substance abuse clients are important to aid in success in recovery.
- Alliance offers programs to address the acute treatment, but could do better in coordinating with other agencies to help utilize appropriate long term housing. Durham’s System of Care which Alliance plays a major role has been working well to address this issue and reduce homelessness and relapse.

Recommendations:
- Increase resources being used to replicate Independent Living Initiative in Wake, Johnston, and Cumberland Counties.
- Provide funding for housing vouchers that are linked with treatment outcomes (e.g. Oxford House)
Housing that Supports Wellness for People with Mental Illness Issues

• The current settlement for the residents of managed care homes is being addressed to help the individual settle in a less restrictive environment and are using peer support specialist in the process. This is a good step toward providing housing.

• There is still a need for safe independent housing for those coming out of psychiatric hospital or those who are homeless.

• The ACT teams help many people with some support and we need to continue to provide those services as well as reach out to others who need services in the community.

Recommendations:

• Work in partnership to leverage resources to provide additional housing options and independent support skills through use of technologies.

• Provide funding for travel vouchers that can be used for transportation to visit doctor.
Children Services

Growing Trend in Families Today = Greater Gaps

Latest Census data show unpaid family support is down 19.8% in the period from 2005-2010 = Less “natural supports” available = Less time, energy, resources families have/are willing to devote to strong advocacy, training, and support work to ensure quality outcomes for loved ones

Recommendations:
- Quality and timely assessments
- Access to treatments / care mgmt
- Education and Training
  - esp Family Dynamics Training that addresses gaps that exist due to trend
Crisis Services

- MH, IDD, SA
  - Innovate solutions with private-sector businesses
    - To Develop/Use Technology (Pilot a regional app, offer help with focus groups in exchange for product development, etc.)
  - Increase flexibility of services to increase stability of care
  - Timely access to quality care throughout
  - Expand working models into other areas

Recommendations:
- Provide higher rate of pay for Respite Services to Consumers/Families, prioritizing those who are waiting for Innovation Waiver slot could reduce crises
- Allow flexibility for choice of who can do Respite Service (e.g. neighbor, more natural options)
- Increase use of tele-health/tele-medicine solutions
- Continue to develop and innovate further person-centered solutions and strategies
Communication: Information to Usable Knowledge

For info to be used, it has to be:

• Received:
  - May Require Transportation & Support
    - Travel to participate in community forums
    - Tech Support to participate remotely

• Understandable
  • Easy Read Format for those with cognitive disabilities &/or those with temporary cognitive impairments
  • Larger Print for Technology Reading Devices for those with low/no vision
  • Other language options (Spanish, ASL, & others as per population needs)
    – Should be able to use translation technologies or have interpreters, note-takers

• Meaningful
  – Immediately &/or frequently relevant and used

Recommendations:

• One of the main accommodations that helps hard of hearing people with meetings is to be close to the speakers. This does not have to be budgeted, but it does need to be planned in advance to have the space.

• Another way to help with this disability is to always have someone taking notes. This helps with "filling in the gaps" in communication that can be missed in the meetings.

• Always offer a handout with easy to understand language and uses visual strategies
Community Outreach

Informed Consumers/Families are more self-directed

- Address Information gaps
  - Community Outreach
  - Peer Support Models
  - Education/Training

- Integrate with Other Community Services
  - Minority Services
  - Low-Income Services
  - Others

- Ensure Information is Accessible and Culturally Competent

Recommendations:
- Improve technology solutions (video-conferencing, webinars, translation software) to appropriately include consumers and families, especially as we grow geographically
- Workshops, Outreach, training should be done at fully accessible sites and at times convenient to target audiences
- Offer Family Cafés, Peer Support Models for Outreach
- Network with other community services to inform each other
Peer Respite Service Needs

- Peer Run Respite Centers (PRRC)
  - Incorporate both peer support and peer run organizations.
  - Fill an unmet need for supportive alternatives to hospitalization during times of crisis for consumers.
  - Centers are located in the community and offer a homelike environment.
  - Have a three to five bed capacity.
  - Short term stay.
  - Offer additional services to respite such as warm lines, wellness activities and programs.

Recommendations:
- Provide funding for a trial pilot of Peer Support Respite as preliminary news of other program suggests it would save money by reducing the number of people using emergency services.
IDD Respite Service Gaps

• IDD Respite
  – Could be improved to be better utilized and help bridge gaps in other services to reduce crises
  – Encourages “refresh time” to recharge depleted energy/resource reserves for caregivers
  – Gives a boost of morale to know support is available that fosters better caregiving relationships

Recommendations:
• Evaluate ways to increase flexibility, options, and utilization of Respite Services in the community for consumers and families, especially in areas where greatest needs exist to prevent crises.
Assist with Medical Training

• For those dealing with complex needs/issues
• IDD, MH, SA
• Empower community supports with quality working knowledge
• Allows opportunity for stricter adherence to best clinical/medical practices
• Encourage better outcomes

Recommendations:
• Provide quality clinical training to families and other “natural supports”
Family Dynamics Training

• IDD
  – Averts crises
  – Most children and adults w/ IDD live with family
  – Sense of responsibility, family pride, and can include feelings of guilt, despair, loss of personal identity issues, affects all relationships/finances
  – Medicine management training should be included

• MH/SA
  – Reduce stigma
  – Engage families and teach how to best support loved ones and each other
  – Engages others to help support and reduce crises

Recommendations:
• Provide training and education to families at risk for crisis to better be equipped to handle stressors and informed what to look for and do.
Services for Non-Innovation IDD Consumers

- Majority of those affected by IDD do not receive Innovations services even if qualify and are in need

- It is first-come, first-serve
  - Means we can serve more in need
  - Also means individuals with complex needs are waiting for help and could be hidden high risks for crises

Recommendations:

- Create more flexibility in other available services to give support especially to those at risk of crisis (e.g. Respite Services, Training/Education, Outreach, etc)
SA Detox and Treatment

• High Need
  – Due to Lack of Detox Services – primarily in Johnston

• Limited Access to Medical Detox and Treatment for Substance Abuse Disorders
  – Unless you threaten to harm yourself or
  – Reek of alcohol

Recommendation:
• Provide gap funding of $435-500/month for the cost of Oxford House ¾ Housing Model to help those coming out of treatment to have support and prevent relapse
• Network to encourage working models in needy areas
Transition to Adulthood

• For a growing number of consumers with I/DD, transition to adulthood becomes a lifelong endeavor
  • 80% live at home with family members
  • Increased competition for limited opportunities in the community
    – Leaving those without personal advocates most alone / living isolated lives

• Recommendations
  • Specialized training to consumers/families that highlight area resources and services that connect them to community
    – Area Workshops on Saturday or weekday evening (basically not during typical workday schedule when many are not available as they feel they have less working years than others and so try to maximize their salaries during school years with high anxiety levels of what will happen to the family income and schedule when they leave school)
    – Increase Community Guide Services
  • Pay for one activity that person can do in the community as most all activities of greatest interest cost to participate (overt and hidden)
Peer Support

• An evidenced based mental health model of care.
• Individuals who have lived with and experienced mental illness and/or substance use disorder, provide support to other individuals with mental illness and/or substance use disorder.
• Assists individuals to more easily manage their illness and promote personal growth.
• Positive impact in the mental health and substance use disorder system as an alternative to traditional mental health and substance use disorder treatment.

Recommendations:
• Funds should be directed to ensure Peer Support Specialists are appropriately supervised, supported and integrated into the treatment teams.
• Special services such as Wellness City in Durham should continue and be expanded to other cities in the catchment area.
Peer Support Services

• IDD
  – Model still evolving
  – Integral in Self-Determination Model
    • Interdependence / Valued Member
    • Mentorship – showing others how to adapt/work around/navigate issues
  – Direct Support Staff Training and Mentorship Programs (Support Each Other in Quality practice)

Recommendations:
• Work in partnership to evaluate and further develop peer support/mentoring models to better serve the IDD population
Quality Supported Employment

- In all disability areas
  - Higher expectations
    - Employment First doctrine for those w/ IDD
  - Reducing Stigma
    - Public Education Program for area businesses/employers
  - Appropriate INDIVIDUAL assessments
    - Including training and understanding of technology solutions & partners like NCATP
  - Adherence to ADA
    - Training and understanding of ADA crucial
      - E.g. Support animals must be accommodated in workplaces
  - Incorporating solutions that help keep jobs
    - Transportation – bus route changes may require new training
    - Training / knowledge
      - how to interact with co-workers in lunch area
      - Why, who, when, and how to ask for help supports

## Employment Projections to 2040

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**Recommendations:**

- Prepare to be workforce ready to participate in these employment opportunities by being informed on types of job skills needed and access to acquiring these skills.
- Finding ways to invest in these areas can yield benefits to all in motivation to stay well and have income.
Transient Services

• Temporary services should link more efficiently to long-term services, when needed.

• Other times, consumers and families can find themselves at a time of temporary severe financial hardship where a little help could pull them out back on the path to wellness afterwards

Recommendations:
• There are two already mentioned services that fit into this category:
  – Temporary housing assistance for linking those exiting SA treatment to more stable housing, like ¾ House Model, Oxford House to get on the road to wellness sooner
  – Adjusting IDD Respite rates to better meet needs of consumers and families affected by IDD for those on the waiting list and not yet receiving Innovations Waiver support to more effectively handle the complex needs of this community
• Evaluating other areas where there has been greater volume of requests for funds to see if there are ways to better meet those needs for greater stabilization, especially with focus on the outcome of reducing crises.
Integration with Aging Services

- Geriatric Services & Specialized Medical Care
- Family Dynamic Training/supports
- Dramatic increase and still growing of families experiencing “sandwich” issues
- Needs are increasing when supply of staff support will be decreasing = impending crisis

Recommendations:
- Network with Aging Services to help find unique solutions that will work in our communities for consumers and families
- Encourage flexibility to break down barriers and use of technology solutions
Culture of High Expectations

• Together We Can
• Inclusion into Community Life
• Through our Abilities

Recommendations:
• Increase adherence to Recovery & Wellness Model and Self-Determination Principles
• Encourage great goals to inspire and motivate
• More frequently challenge our ways of thinking and doing by asking/reflecting about better ways it could be done and offer an appropriate “think tank” session to capture thoughts and further develop solutions
What would *tomorrow* be like...

if we could better **SERVE EACH OTHER**
keeping each other well and
being inspired to **GREATNESS**
by **wisely unlocking**
the **HIDDEN POTENTIALS**
in **ALL** of us

**TODAY?**

DO the Impossible?

Break Barriers?

We know because we **LIVE it...**

Peer Support,
Recovery, and
Self-Determination Work!