

Mecklenburg County Area Mental Health

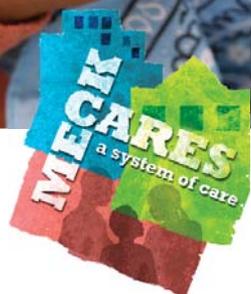


BRIEFING BOOK FY2007-2008

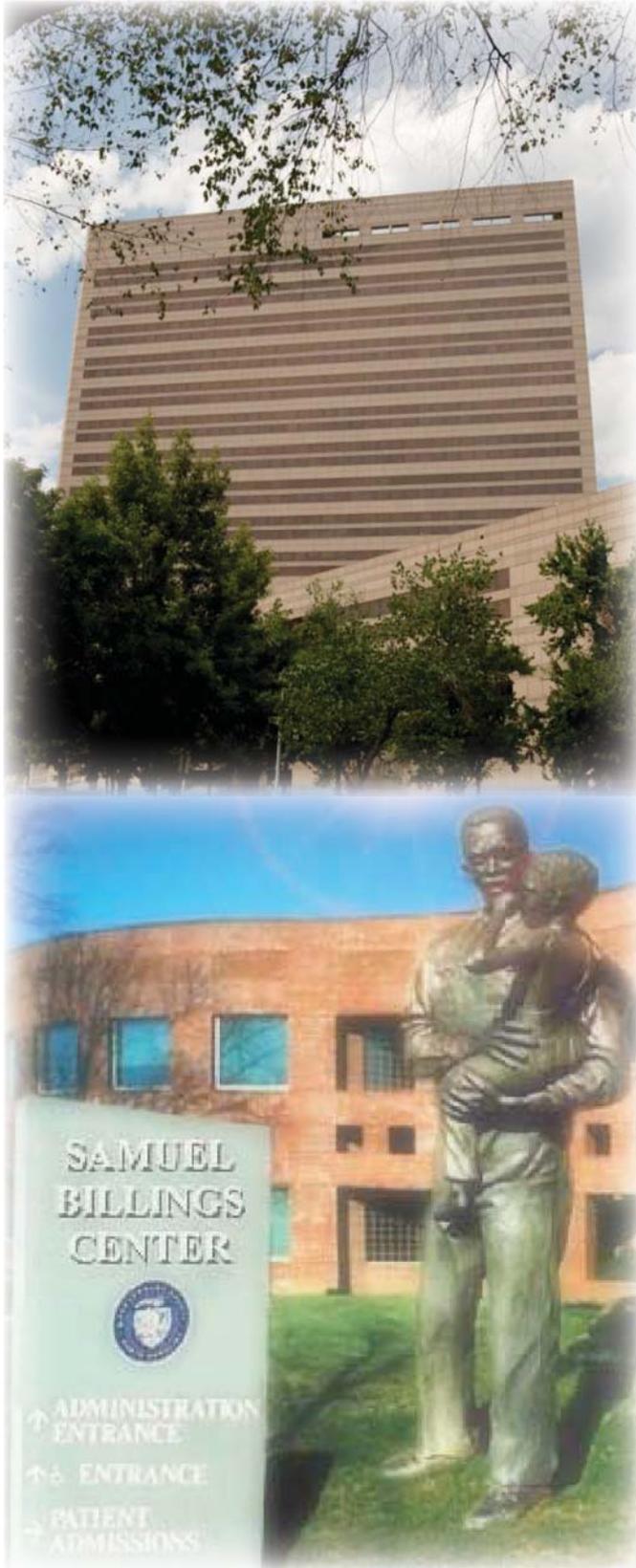


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Mecklenburg County Area Mental Health (AMH)



**Mecklenburg County
Board of County Commissioners:**
Jennifer Roberts, Chairman
Harold Cogdell Jr., Vice Chairman
Karen Bentley
Dumont Clarke
Neil Cooksey
George Dunlap
Bill James
Vilma D. Leake
Dan Murrey

County Manager:
Harry L. Jones, Sr.

Area Mental Health:
Grayce M. Crockett, Director

Area Mental Health (AMH) Vision:

To be a community that supports individuals and families who are fully empowered to lead healthy and independent lives.

Local Management Entity (LME)

Mission:

To assist persons, families and communities affected by mental illness, substance abuse, or developmental disabilities to achieve their life goals.

Provided Services Organization (PSO) Mission:

To partner with consumers in reaching their highest potential by providing a range of effective mental health, developmental disability and substance abuse services.



Area Mental Health VALUES:

We are Consumer Driven:

including persons receiving services and families in all aspects of the organization; listening to and seeking their input.

We are a Diverse Organization:

valuing and respecting all cultures, racial and ethnic identities, social groups and religions of all individuals.

We have Integrity:

consistent, open and honest communication, ethical and fair interactions with all individuals, families, providers, co-workers and the community.

We seek Quality:

continuous improvement to ensure quality consumer driven service delivery, exceeding benchmarks/ expectations and standards – doing our best.

We are Accountable:

personal responsibility through awareness of one’s own biases and willingness to learn from others, consistent application of standards and follow-through for everyone, professional conduct; engaging in fiscally sound behaviors with individuals, families, providers and the public.

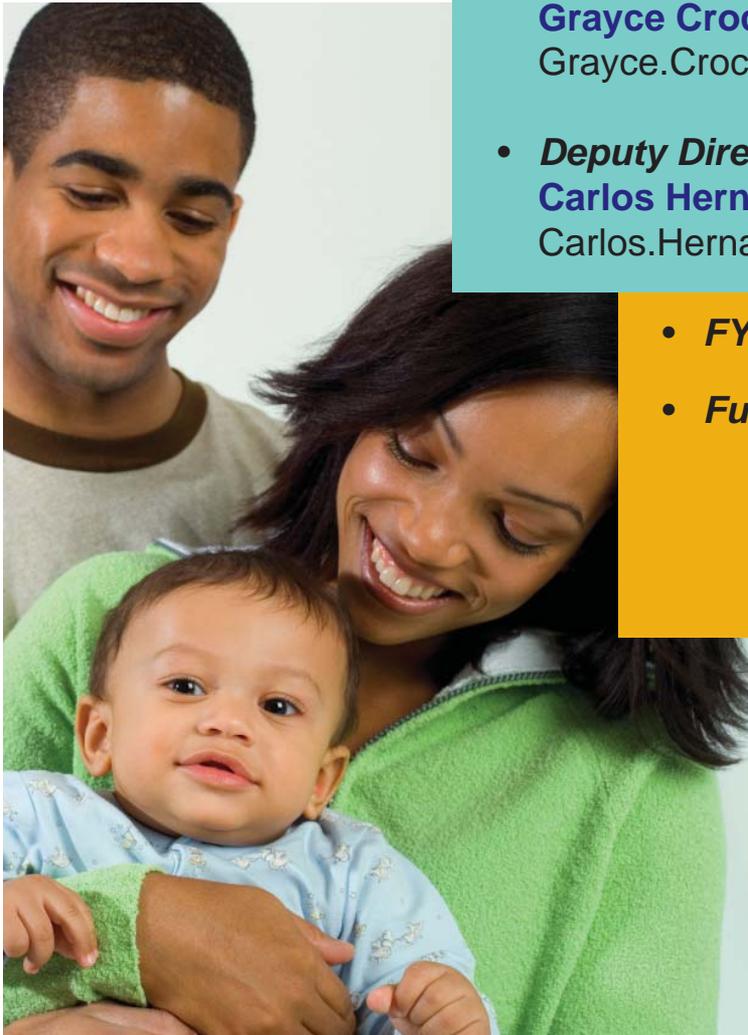
We seek Partnerships:

working together for common goals, teamwork, and collaboration.

We are Strength based and Outcome focused: working together to achieve positive outcomes using a strength based philosophy.

AMH Fast Facts

- **What We Do:** Publicly funded human services agency that administers and manages mental illness, developmental disabilities and substance abuse services. Part of Mecklenburg County government.
- **Focus Population:** Those with significant mental health issues, developmental disability and substance abuse diagnoses who have limited or no ability to pay for services.
- **Location:** 429 Billingsley Road, Charlotte, North Carolina, 28215; various other locations.
- **Business (Main) Phone:** 704-336-2023
 - **MeckLINK Call Center:** 704-336-6404



- **Area Director:**
Grayce Crockett 704-336-8638
 Grayce.Crockett@MecklenburgCountyNC.gov
- **Deputy Director:**
Carlos Hernandez 704-336-6089
 Carlos.Hernandez@MecklenburgCountyNC.gov

- **FY 2007-08 Budget:** \$97,550,248
- **Funding Sources FY2007-08:**

Mecklenburg County	\$43,422,330
State	\$36,336,787
Medicaid	\$12,533,503
Grants/Other	\$ 5,257,628

Total Served In:

- FY2007-08: 41,109
- FY2006-07: 38,319
- FY2005-06: 34,269
- FY2004-05: 20,116
- FY2003-04: 27,203
- FY2002-03: 25,743
- FY2001-02: 21,783



Services Offered To:

- Adults and children with mental illness
- Adults and children with developmental disabilities
- Adults and children with substance abuse problems

Types of Services Offered Include:

- Prevention
- Screening and Evaluation
- Emergency and Mobile Crisis Services
- Community Support and In-home Support
- Peer Support
- Outreach, Skill Development
- Detoxification
- Residential, Inpatient and Outpatient Treatment

Consumers

We refer to people who receive services as *consumers*. The designation of consumer reflects that people have choices about the services they receive, options when selecting a provider, and all the rights and responsibilities that accompany the freedom to choose.

Service Excellence

Two separate comprehensive, independent evaluations conducted by Mercer Government Human Services Consulting and the National Alliance on Mental Illness (NAMI) of Wake County have rated Mecklenburg County Area Mental Health's LME as top in the state.

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A Message from the Director

January 2009

Welcome to the Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Services (AMH). This Briefing Book will give you an overview of our organization and how we actualize our vision: “To be a community that supports individuals and families who are fully empowered to lead healthy and independent lives.”



AMH has two distinct entities under our umbrella; the Local Management Entity (LME) and the Provided Services Organization (PSO). The Local Management Entity (LME) provides oversight and management of the public mental health, substance abuse and developmental disability system in Mecklenburg County. This oversight is accomplished through provider development, provider monitoring, provider contracting, Best Practice implementation and care coordination for individuals who receive public sector services. The LME operates MeckLINK, a 24/7/365 referral and service line so that any citizen can be connected to services at any time.

During 2008, the state contracted with the national consulting firm Mercer to complete an independent review of all 25 LMEs in the state. The Mecklenburg LME was the only LME rated number one on all three categories reviewed without any qualification. This rating was a testament to the hard work and dedication of the staff within the organization.

The Provided Services Organization (PSO) directly provides a limited number of highly specialized “safety net” services to consumers. It was the decision of our Consumer and Family Advisory Committee and the community Planning and Collaboration Committee that AMH would continue to directly provide some services for those citizens who are most vulnerable. For example, the PSO provides services to children and adults in custody of the Mecklenburg County Department of Social Services. The PSO also operates services in the jails and homeless shelters and operates Child Development/Community Policing (CD/CP) which sends licensed clinicians to work on-site with children and families who have witnessed some type of violence.

During Fiscal Year 2007/2008, services were provided to over 41,000 individuals. The Children’s Developmental Services division, which provides evaluations for children birth to age 3 for developmental delays, served over 2,348 children. CD/CP served over 2,276 children and families recovering from some type of violence or trauma. Over a thousand jail inmates received substance abuse treatment and Carolinas Medical Center-Randolph (CMC-Randolph), our largest contract provider, served more than 17,000 individuals. Numerous new programs and services were also launched this past year. MeckCARES, the System of Care initiative launched the MeckCARES Training Institute and over

1,400 providers, agency staff and families have been trained. The Jail Services Wellness Program (JSWP) was implemented at Jail North to serve 16 and 17-year-old youthful offenders. The program received 173 referrals, completed 111 comprehensive clinical assessments, connected 76 families to services, and provided 144 therapy sessions with incarcerated youthful offenders and 132 intensive in home sessions with families.

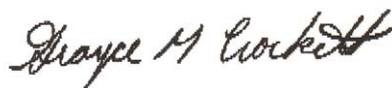
Mecklenburg became the first and only county in the state to end all funding to segregated facility based adult vocational day programs (ADVP) and sheltered workshops serving individuals with Developmental Disabilities and shifted funding to Best Practice services of supported employment and inclusive community based services. A warm-line for adult consumers was initiated as part of a peer-run and peer-supported program through Mecklenburg Open Door.

Crisis Intervention Training (CIT) has been initiated with the Charlotte-Mecklenburg Police Department (CMPD) and the Mecklenburg County Sheriff's Office to train officers to recognize and respond to individuals with mental illness, substance abuse and developmental disabilities. Recovery Solutions was also started in January 2008 as a program to provide services and supported housing for individuals involved with the criminal justice system.

During Fiscal Year 2008/2009 the focus will be on continuing to increase the number of consumers served in order to more adequately meet the need in the county. It is estimated that there are over 100,000 individuals in need of services in Mecklenburg County. Targeted social marketing will focus on underserved populations to include Latinos/Hispanics, Asians, the elderly and veterans, and the Best Practice Committees will continue to work with our provider community to meet gaps in service identified in our annual Needs Assessment.

This is an exciting time as we continue to develop services and partner with providers to meet the needs of the citizens of this county. The mission of both the LME and the PSO converges as we strive to assist consumers, families and the community affected by mental illness, substance abuse, or developmental disabilities to achieve their life goals by reaching their highest potential. We ask for your continued support as we enter yet another crucial year.

Sincerely,

A handwritten signature in black ink that reads "Grayce M. Crockett". The signature is written in a cursive, flowing style.

Grayce M. Crockett, FACHE
Area Director

MeckLINK

The Mecklenburg County LME opened its screening, triage and referral call center in September 2004, and the call center was renamed MeckLINK in 2007.



MeckLINK continues to standardize the enrollment process by acting as the central information and referral source in Mecklenburg County for mental health, substance abuse and developmental disability services. There are several ways residents can contact MeckLINK:

- MeckLINK: **704-336-6404**
- Toll-free: 877-700-3001
- Fax: 704-432-3453
- TTY: 704-432-3452

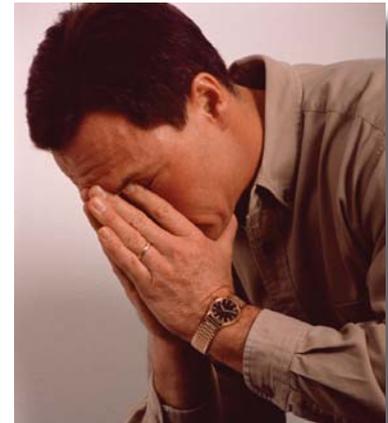
The LME offers access to services through MeckLINK 24/7. A caller requesting services speaks to a mental health, substance abuse or developmental disability professional, who asks a series of screening questions and then refers the caller to an appropriate array of community resources or providers for a comprehensive assessment. Medicaid consumers may also access one of the community's Medicaid providers directly and the selected provider will then enroll/register the consumer with the LME. While not all callers will qualify for services, we do serve those most in need and those with limited financial resources. All callers will be connected with community resources regardless of qualification.



Services

When a consumer contacts MeckLINK, they speak to a qualified professional, and then are referred to appropriate service options in the community based on their individual needs. Callers can expect:

- ❑ Evaluation for services and crisis intervention services for every disability area.
- ❑ Community Support to evaluate needs, link consumers to services in the community, provide education and training and monitor progress at every stage of treatment.



Then the LME makes available either directly or through its community of providers the following services:

Adult Mental Health Services

- Medication education, psychiatric evaluation, group and individual treatment.
- Access to acute residential psychiatric treatment and psychiatric emergency services.
- Partial hospitalization offers day treatment and behavioral programming.
- Vocational services include individual and group supported employment.
- A psychosocial clubhouse which empowers members through skill building, interpersonal relations, activities of daily living, employment and education.
- Programming to the homeless who have a mental illness.
- Residential services including group homes and supervised living.
- Community Support Services.
- Assertive Community Treatment Team Services.

Adult Substance Abuse Services

- Day treatment services to inmates at Jail Central.
- Substance abuse, domestic violence and mental health screenings, assessment and referral to treatment for Work First recipients.
- Social detoxification, residential treatment, relapse prevention and aftercare.
- Crisis intervention, assessment, treatment planning, substance abuse prevention and education, and family therapy.
- Dedicated program for women and their children including day treatment, intensive outpatient, supervised/group living.
- Community Support Services.

Child and Adolescent Services

- Residential services, including group homes, therapeutic foster care, secure and nonsecure residential treatment.
- Psychiatric inpatient and emergency services.
- Outpatient services, including intensive outpatient, day treatment, partial hospitalization, home and school-based services.
- Respite care.
- Community Support Services.



Children's Developmental Services

- Early childhood evaluation and treatment, assessment and therapeutic services to children birth to age three.
 - Assessment and evaluation of all children birth to age three whose parents have been adjudicated as abusive or neglectful.
 - Support, education and counseling to families.
 - Developmental day services and respite care.

Developmental Disabilities Services

- Assessment, evaluation and targeted case management.
- Residential services, including group homes, supported and independent living.
- Vocational services, including community work sites, individual and group supported employment.
- Respite care.

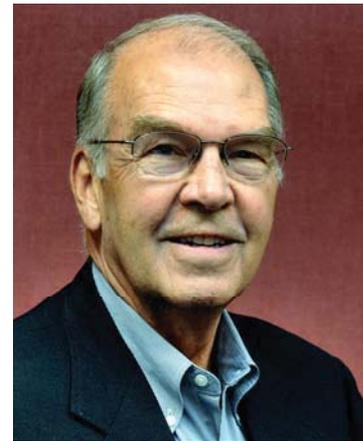


Our Consumer and Family Advisory Committee (CFAC)

A Message from Ron Reeve, CFAC Chair

In 2006, the N.C. General Assembly passed Session Law 2006-142, HB 2077 which legally mandated Consumer and Family Advisory Committees for each LME. The CFACs were defined to be self-governing, self-directed and charged with advising LMEs about the planning for and management of the local services system.

The Mecklenburg Consumer and Family Advisory Committee came into existence in 2002 under the leadership of Sandy DuPuy, who chaired the Committee from 2002 to 2007. CFAC has worked closely with the LME ever since to make sure the consumer's perspective is always foremost. The relationship has been very positive and constructive and is based on a common belief that individuals with disabilities can best live their lives by becoming fully integrated into our community and by receiving the supports that they require.



That is why “Best Practices” around the country are focused not only on treatment (Mecklenburg has an excellent spectrum) for these individuals, but also on providing individualized support to help people with mental health and/or substance abuse issues recover and be productive, and for those with developmental disabilities to have more self-determination in where they live, work and socialize.

The LME with CFAC support has initiated or further developed several programs over the past year to continue the move toward full community inclusion. These include:

- **Stopping all funding for sheltered workshops and increasing funding for supported employment and community inclusion.**
- **Adding transitional facilities to allow consumers to move back to the community from State Hospitals more rapidly and with continuing care.**
- **Improving the First Responder capability by testing providers' responsiveness through a “mystery shopper” approach.**
- **Implementing alternatives to jail for people with severe and persistent mental illness.**
- **Implementing MeckPromise, a recovery training program for individuals with mental health issues.**

However, there's much more to do before our vision for full community inclusion can be realized. Some of the key areas that we are currently focused on include:

- Improving transition planning for youth moving into adulthood.
- Reducing the estimated 80% unemployment rate for individuals with disabilities by focusing on their strengths rather than their disability, helping them find work of their choice, and providing necessary short and long term supports.
- Increasing the housing options and reducing the number of segregated facilities.
- Fully implementing jail alternative programs for people with mental illness.
- Increasing hospital beds in Mecklenburg so no one has to go to a State Hospital.



Think of the individuals with disabilities that you know. Are they often in segregated settings? Are they being treated to overcome their deficits without focus on their strengths? Are they meaningfully employed? Are they generally with their peers, or in the broader community? Do they have opportunities to fulfill their dreams? These are the issues that CFAC is committed to address. With the continued support of the LME and the Board of County Commissioners and the public, we believe that Mecklenburg County can become a model of inclusion for individuals with disabilities.

The public is welcome to join us at our monthly meetings which are held on the third Thursday from 5:30 p.m. to 7:30 p.m. in the first floor conference room at the CMC Behavioral Health Center on Billingsley Road.

Please contact me at 704-544-7748 or at RR77777@carolina.rr.com for more information.

Sincerely,

Ron Reeve, Chair
Consumer and Family Advisory Committee (CFAC)

Operations Overview

In 2001, the mental healthcare system ‘reform’ plan was enacted into law by the North Carolina legislature (House Bill 381/Session Law 2001-437). With this “Blueprint for Change” as our guide, Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Services (AMH) developed a more fluid and responsive mental healthcare delivery system that positions AMH as the primary “managers of care” while a more robust and comprehensive network of service providers deliver care with a focus on consumer choice expansion.

With this mission of privatization in mind, AMH has transformed its organization to encompass two separate functional branches—the Local Management Entity (LME) and The Provided Services Organization (PSO). The LME has continued to grow and mature as a ‘manager of care,’ managing and overseeing the community of providers, while the PSO still provides a limited level of direct services to those Mecklenburg County residents most in need.

The LME is concerned with customer satisfaction as well as a consumer’s progress toward his/her life goals in the person centered plan. Surveys, studies, the Consumer and Family Advisory Committee and consumer representatives provide feedback to the LME about what is working and what needs to be improved. The LME is a quality-focused organization and continuously stresses this view with the community of providers.

Managing the Community of Providers

Our community of providers includes more than 100 agencies and organizations of different sizes, which includes the AMH Provided Services Organization (PSO). We work with them to make sure our consumers receive the best service and care possible by:

- Offering ongoing training,
- Providing information and updates on pertinent information related to providers,



- ❑ Overseeing and monitoring how well providers are complying with state and federal regulations,
- ❑ Setting Best Practice standards that providers are encouraged to adopt in order to meet diverse consumer needs, and,
- ❑ Offering a provider guide that summarizes and details provider responsibilities and goals.

The LME continuously evaluates the mental health, developmental disabilities and substance abuse service needs within the county. Information about emerging needs and changing trends in service use comes from a variety of sources including consumers and families, advocacy organizations, providers and community stakeholders.

Provider recruiting is primarily done using a request for proposal (RFP) process. The redesigned RFP process includes stakeholders, consumers and family members in the development of the RFP and the selection process. The Consumer and Family Advisory Committee makes final recommendations to the Area Director, who makes the final selection of the qualified provider based on input from these sources.

The LME actively reviews provider programs to assess compliance with quality standards and to ensure that consumers' rights are respected.

Housing

Adult consumers identify affordable, safe and supervised housing as one of their most significant needs. Programs targeted for this service include:

- ❑ Shelter Plus Care – AMH, through participation in the local Continuum of Care process, manages four Shelter Plus Care Grants, totaling over \$1,356,828 in rental assistance for homeless individuals. Shelter Plus Care is a tenant-based rental assistance program funded through the McKinney-Vento Act, providing rental subsidies for persons who are considered to be chronically homeless and disabled.

Program Highlights

SUPERVISED LIVING APARTMENTS – HUD 811:

Supervised living for persons with a primary diagnosis of severe and persistent mental illness (SPMI). These are 10 unit apartment complexes that provide safe and affordable housing with on site staff support.

HUD – 811 GROUP HOMES:

This is a supervised congregate living program (both moderate and high) for persons with a primary diagnosis of SPMI. Consumers with co-occurring substance abuse are also eligible.

HUD – 811 SCATTERED SITES:

There are 19 scattered-site apartment/condo units serving persons with SPMI.

SECTION 8:

Through a cooperative relationship between the AMH and Charlotte Housing Authority, consumers have access to Mainstream Section 8. These vouchers are available to disabled persons with low income. Any available vouchers are awarded to those individuals who have been on the waiting list. The Charlotte Housing Authority has closed its waiting list for new applications.



TRANSITIONAL HOUSING WITH SUPPORTS:

Received funding through the Mental Health Community Capacity Initiative to develop critical community capacity service expansions in the community. Transitional housing for the identified population has long been a gap in our services continuum. With the implementation of this new phase of housing with services consumers are being diverted (when appropriate) from state facilities; consumers currently in state and/or other hospital or treatment setting who have no home to return to and/or who need wraparound 24/7 support are provided a place to live and receive needed services; consumers who are in need of step down services which includes housing and service supports for short and longer transitional periods are also being served. Consumers served in this program are considered homeless.

2008 RECOVERY SOLUTIONS TRANSITIONAL HOUSING WITH SUPPORTS:

Received funding through the County to establish the Recovery Solutions program (a jail diversion program that works with consumers with identified mental health issues). The program started in January 2008 and can be described as a transitional housing program with supports. It is operated by Mecklenburg Open Door. To date there have been more than 50 referrals and 18 residents who have participated.

UNDER DEVELOPMENT FOR 2009:

There are currently two new housing programs under development for 2009.

- ❑ The first involves a partnership with Sarver Housing Group. It would offer 10 one-bedroom units of Housing with Supportive Services for Persons with Disabilities, plus one two-bedroom unit for a resident manager.
- ❑ The second housing project is a proposed 10-unit Supportive Housing Development Project (SHDP) developed through the Housing 400 Initiative which was created by the North Carolina General Assembly in conjunction with the North Carolina Housing Finance Agency. It would also offer 10 one-bedroom independent living apartments. All ground floor units are designed to be fully accessible by persons who are mobility impaired and use a wheelchair.

Featured Initiatives

NEW PSYCHIATRIC EMERGENCY DEPARTMENT

Mecklenburg County and Carolinas HealthCare System completed the CMC Randolph Psychiatric Emergency Department expansion in October 2008.

As the only Psychiatric Emergency Department in the region, and one of the only dedicated child and adolescent psychiatric emergency centers in the nation, this expansion will provide more space and help manage the increase in complex patient needs in Mecklenburg County. The Psychiatric Emergency Department is managed by Carolinas HealthCare System and is the first expansion of the CMC-Randolph building since 1976. The new area boasts an additional 12,856 square feet of direct and indirect treatment space, as well as separate areas for adult and child/adolescent patients. Ground was broken for the \$6.3 million dollar Mecklenburg County-funded project in September 2007.

In 1986, Mecklenburg County contracted with Carolinas HealthCare System to provide inpatient and outpatient behavioral health services at CMC-Randolph. The past eight years have seen a 222% increase in Emergency Department volume. Last year, more than 16,800 patients of all ages were evaluated in the Psychiatric Emergency Department. The projected volume is expected to rise an additional 5% annually over the next five years due to the growing regional population.

RECOVERY SOLUTIONS

Recovery Solutions is a Community Mental Health and Justice Continuum model that offers a comprehensive, collaborative and coordinated mental health delivery system. The desired result of this approach is identification of the problem and appropriate treatment of the mentally ill and /or substance abuser who is placed in the Criminal Justice System. Some of the partners of this project are: the Mecklenburg County Sheriff's Office, Charlotte-Mecklenburg Police Department, CMC-Randolph, the Mental Health Court, Mecklenburg County Public Defender's Office, the local chapter of the National Alliance for the Mentally Ill, and the Homeless Services Network. This approach has been successful by treating



mental illness in the jail population, which in turn reduces recidivism, and helps to more effectively move inmates through the pre-trial system. The other intended consequence has been to decrease pre-trial incarceration, and to reduce treatment costs of mentally ill offenders by providing coordination of services among all agencies.

CRISIS INTERVENTION TEAM

Crisis Intervention Team (CIT) is a community-based collaboration between the Recovery Solutions partners which provides:

- ❑ **Intensive detention officer and law enforcement training**—officers receive up to 40 hours of training about mental illness and response strategies.
- ❑ **Strong mental health partnerships**—a police-mental health triage system exists whereby officers responding to people in crisis have viable options for linking individuals with mental health treatment in lieu of arrest.
- ❑ **Significant mental health consumer and family involvement**—consumer and family advocates are integrally involved in the design and implementation of local CIT programs.

Benefits of CIT implementation include:

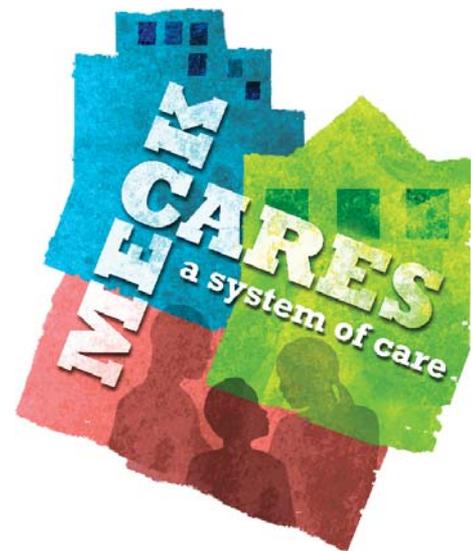
- Decreased uses of force during crisis events
- Decreased number of officer injuries
- Cost savings in time and resources
- Improved use of alternatives to arrest and jail
- Improved collaboration with mental health and advocacy resources
- Increased officer and department recognition and appreciation
- Decreased court time
- Ability to provide appropriate services to mental health consumers while maintaining accountability

MeckCARES

meckcares.charmeck.org

MeckCARES is the System of Care partnership among local child serving agencies, families and the community. Its purpose is to improve outcomes for youth ages 10-21 who have a severe emotional problem and improve the lives of their families. MeckCARES adopts a unified approach across provider organizations. By enrolling in MeckCARES, families participate as partners in planning, delivery, and evaluation of services. MeckCARES works to ensure that services are:

- Youth-Guided and Family-Driven**
- Team-Based and Persistent**
- Culturally and Linguistically Competent**
- Collaborative**
- Community-Based**
- Individualized, Strengths-Based**
- Outcomes-Based and Data-Driven**



Initiative Highlights:

- ***Mecklenburg County Training Institute:*** Encourages enrollment from providers, mental health professionals, community members, stakeholders, consumers and families. To date, over 1,400 stakeholders and providers have been trained. Our next goal is to encourage 30% family participation and increase enrollment overall.
- ***Jail Services Wellness Program:*** Is a program designed to meet the needs of young men ages 10-17 in our community who are involved in the justice system or are already incarcerated. The goals are to identify and stabilize mental health needs, establish family services partnerships, reduce the likelihood of repeated incarceration and prepare the family for the return home. Young men are referred by case managers at Jail North and the Gatling Detention Center within 48 hours of incarceration and are offered mental health assessments, therapy services, intensive in-home treatment, educational transitional services, physical health screens, intensive therapeutic foster care options and parent support.

- **Youth in Transition:** Is developing a community-based network of resources to respond to the needs of older youth as they transition into adulthood. This effort was born out of a community recognition that many in our young adult population are poorly prepared to be self-sufficient adults. The Steering Committee--comprised of providers, county officials, community volunteers, the faith community, community college and university systems--has recently been expanded and reconfigured into three work teams to prepare for a pilot program: partnerships and outcomes, program design, and youth engagement. A cornerstone of this initiative is the development of an assessment, referral and resource center. The initiative is intentional in identifying and facilitating informal support networks for disconnected youth, and tapping into the worth of young people.

INTEGRATED DUAL DISORDER TREATMENT (IDDT)

The PSO has implemented a comprehensive Integrated Dual Disorder Treatment model to serve consumers with co-occurring mental health and substance abuse concerns. IDDT is an evidence-based, best practice treatment approach that addresses both substance abuse and mental health disorders. The model was created by Dartmouth College and is implemented through the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence.

By incorporating the IDDT approach, consumers receive biopsychosocial treatment which combines pharmacological, psychological, educational, and social interventions. It also promotes consumer and family involvement in the treatment process, requires stable housing as a necessary condition for recovery, and employment as an expectation. IDDT encourages ongoing recovery from co-occurring substance abuse and severe mental illness through best practice approaches.

CULTURAL COMPETENCE

As Mecklenburg County continues to expand in size, so too does the population's cultural diversity. AMH has been evaluating its readiness to manage these shifting demographics and consumer needs. Title VI of the Civil Rights Act requires that agencies receiving federal funding meet the statutory requirements for serving individuals with Limited English Proficiency (LEP). The AMH Cultural Competence Committee was established to meet those requirements and to evaluate the varying cultural needs throughout AMH and Mecklenburg County. In doing so, this committee directs how AMH and the community of providers can better serve consumers from all different cultural backgrounds.

Mecklenburg County Area Mental Health is proud to be a leader in Cultural Competence planning and implementation in North Carolina. As one of the first LMEs to develop a comprehensive Cultural Competence strategic plan, we have set a standard for how to use community engagement techniques for plan implementation. Throughout the last year, we have provided all Area Mental Health staff with a Cultural Competence training module, and will begin offering a train the trainers series throughout the provider community in 2009.

In addition, Area Mental Health has developed and supported several community-based and stakeholder-driven committees (including the Cultural Competence Community Advisory Committee and the Provider Council) to assist in guiding and monitoring the implementation of Culturally Competent practices in provider service delivery. In addition, providers are partnering with Area Mental Health to co-create Cultural Competence standards and expectations for our community. These will be presented in a public Cultural Competence Plan in early 2009. In addition, we are developing community roundtable events to discuss the challenges facing our community of providers and build collaborative efforts to address those challenges.

PROVIDER COUNCIL

This year the provider community enthusiastically established a Provider Council to address some common needs that all providers share, including general training and Cultural Competence initiative planning and implementation. The roles and responsibilities of the Provider Council include:

- Serve as a representative of all service providers
- Provide insight, feedback and support
- Promote collaboration and accountability among providers

The activities of the Provider Council include:

- Offer a forum for conflict resolution.
- Review and advise the LME regarding network plans, goals and objectives
- Review and advise the network's Provider Performance Report against LME stated goals and make recommendations
- Recommend new service initiatives to address gaps
- Assess and provide for staff training and education needs
- Collaborate with the LME to develop strategies to address funding/finances
- Approve the provider satisfaction survey and offer suggestions

MERCER REPORT: AMH in Top Tier

The North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services released a report in April 2008 highlighting a comprehensive, independent evaluation conducted by Mercer Government Human Services Consulting which rated Local Management Entities (LMEs) across the state of North Carolina on their overall performance in the following areas:



- Financial and Business Management Operations
- Information Technology and Claims Management
- Clinical Operations and Governance

Mecklenburg County Area Mental Health rated in Tier One for all three areas, or top in the state. Under the direction of the DHHS, LMEs are responsible for managing mental health, substance abuse, and developmental disability services at the local level throughout the state. The performance level of LMEs has a direct impact on how easily and quickly citizens can access services and the quality and effectiveness of the services they receive.



LME Directory

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Provided Services Organization (PSO)

The Provided Services Organization (PSO) operates separately from the LME, under the Area Mental Health umbrella. This organization continues to provide effective and efficient mental health, developmental disability and substance abuse services to Mecklenburg County residents utilizing Best Practice Models.

Recent accomplishments for the Provided Services Organization include:

- In FY 2007-2008, served 10,997 consumers across all disability areas.
- Received a three year accreditation from **CARF** (Commission on the Accreditation of Rehabilitation Facilities) which is a nationally recognized accrediting entity for behavioral healthcare.
- PSO Director Connie Mele was recognized by the National Alliance on Mental Illness-Charlotte as **Mental Health Professional of the Year**. The award was given in appreciation of her leadership in the collaborative partnership resulting in establishing the Recovery Solutions initiative which included the Crisis Intervention Team program. She continues to serve on the Mental Health Commission as an appointee of Governor Mike Easley.
- PSO Manager Yvonne Ward was named **Mecklenburg County's Employee of the Year** for consistently exemplifying performance excellence.
- PSO Manager Tony Beatty was honored with a **Lifetime Achievement Award** from the Anuvia Prevention and Recovery Center for his work in substance abuse education and prevention.
- PSO Manager Dr. John Ellis was appointed by Governor Mike Easley to serve on the **North Carolina Interagency Coordinating Council for Children Birth to Age Five with Disabilities and Their Families**.



AREA MENTAL HEALTH SERVICES

ADULT MENTAL HEALTH

This program provides case management services for residents of Mecklenburg County who are dually diagnosed; they suffer from severe and persistent Mental Illness and Substance Abuse diagnoses. It provides a continuum of services to support the ongoing recovery efforts for consumers, which are achieved through a combination of linking, monitoring of services, and referral to private providers of services. Services provided directly by Adult Community Support Services include 1) Community Support Services; 2) Jail Diversion Program and 3) Mental Health Court.

- ❑ **Community Support Services**—are provided in the community to help the consumers maintain stability in all aspects of their lives and reduce psychiatric hospitalizations.

- ❑ **Jail Liaison Services**—is provided for all Mecklenburg County consumers. The program provides immediate screening for arrestees who present with mental health issues. Licensed staff provides screening, assessments and appropriate referrals to established community support providers. Additionally, staff attends court hearings, as needed, to provide clinical information to the Court to be considered in the disposition of the criminal matter.

- ❑ **Mental Health Court**—Mecklenburg County Mental Health Court is a diversion program designed for mentally ill adult defendants arrested for misdemeanor and non-violent felony offenses. The goals for the program are to:
 - Decrease recurring arrests
 - Decrease length of jail stay
 - Increase access, coordination, and cooperation to mental health/substance abuse services
 - Increase consistency of services by providers
 - Increase accountability for offender

Program Highlights

- Customer Satisfaction Survey – 97%
- Consumers remaining free of hospitalization – 98%

CHILD AND ADOLESCENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Child and Adolescent Mental Health provides community support services to assist youth, ages 5 to 21, who are in the custody of Mecklenburg County Department of Social Services (DSS). The program provides Community Support/Case management to these most challenging and fragile consumers with complicated and complex histories.

Staff is co-located with the Department of Social Services, Department of Juvenile Justice and Delinquency Prevention (DJJDP) and Guardian Ad Litem programs. This proximity fosters working relationships that enhance service delivery to some of the most vulnerable consumers. Systematic problem solving happens at several levels, all of which reduce service barriers and increase continuity of care for the consumers.



Program Highlights

- Child and Adolescent Mental Health Services served 284 consumers in FY2007-2008.
 - 83% of children received services at home or in a home-like setting.
- **Child Development-Community Policing**—The PSO also offers prevention services for children and adolescents. The Child Development/Community Policing (CD-CP) is a partnership with the Charlotte-Mecklenburg Police Department, and the Department of Social Services that provides 24/7 on-call response to children affected by violence, abuse, and trauma.

Program Highlights

- Child Development-Community Policing served 2,276 children and their families.
- In FY 07-08, 98% of parents who returned Customer Satisfaction Surveys reported satisfactory services.
- Served 30% more families than last year and 87% of children assessed and recommended for treatment received treatment.

- **Fighting Back**—Another PSO prevention program that focuses on adolescents is Fighting Back. Fighting Back provides science-based, community-based substance abuse prevention services and partners with local organizations to offer education and prevention information to multiple Mecklenburg County neighborhoods, schools, and community groups. In addition to the Fighting Back program, Jail Central staff provides substance abuse prevention programs at Jail North and Gatling Detention Center.



Program Highlights

- 84% of post tests (given after prevention program) showed improvement.
- 96% of customers reported being satisfied with the services.
- Fighting Back began “Teacher Student Fun Days” to offer constructive activities and substance abuse prevention education to children while they were out of school for teacher work days. Approximately 140 children attended the programs.
- Fighting Back staff received the 2007 SAAM Star Award in recognition of valuable contributions to the community supporting substance abuse awareness and prevention.
- Fighting Back was presented with the Prevention/Outreach and Wellness Programs Excellence Award from the North Carolina Council of Community Programs in December 2007.
- Fighting Back’s Reading Fathers program teaches reading to inmates, and has graduated more than 500 students. Six of these courses were taught in Spanish.
- The Fighting Back staff interfaced with over 18,000 Mecklenburg County residents by conducting educational prevention programs.

- **Developmental Disabilities**—Targeted Case Management services were provided to those consumers who were diagnosed as mentally retarded and mentally ill.

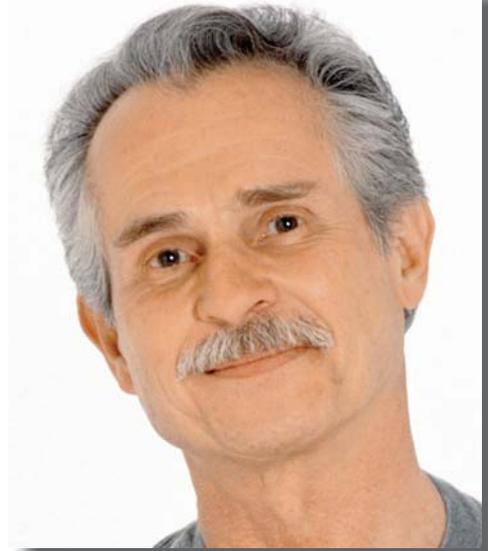
Program Highlights

- Served 90 consumers.
- Case Manager was certified in Traumatic Brain Injury (TBI) treatment.
- 99% of consumers were in stable housing.
- 99% of consumers, or their guardians, reported being satisfied with their services.

ADULT SUBSTANCE ABUSE SERVICES

The purpose of these programs is to provide residents of Mecklenburg County who suffer from substance abuse or dependence with a continuum of services to support their ongoing recovery efforts. This is achieved through a combination of direct provision of services and referral to private providers of services

Staff is co-located with the Department of Social Services, Department of Juvenile Justice and Delinquency Prevention (DJJDP) and Guardian Ad Litem programs. This proximity fosters working relationships that enhance service delivery to some of the most vulnerable consumers. Systematic problem solving happens at several levels, all of which reduce service barriers and increase continuity of care for the consumers.



Program Highlights

- 94% of consumers completed the Detoxification Program.
 - 96% of consumers surveyed reported satisfaction with their treatment services.
 - 89% of consumers who completed Detox were referred for additional treatment.
 - The net County dollars across all substance abuse programs was reduced by \$87,195.
- ❑ **Adult Mental Health Community Support**—This program provides case management services for adult substance abuse consumers participating in or completing a treatment program.
 - ❑ **Jail Central**—Jail Central provides treatment, including aftercare, to inmates in the Mecklenburg County Jail System and has been recognized for providing excellent services to those inmates for the past 15 years.

Program Highlights

- Jail Central developed a Latino/Hispanic Substance Abuse Prevention for men.
- Jail Central served 1,382 consumers.

- ❑ **Shelter Treatment Programs**—Diagnostic assessments and comprehensive outpatient treatment are provided in the Men’s and Women’s Shelter Treatment programs using the Best Practice model of integrated dual diagnosis treatment. Family education, mental health assessments, counseling, and aftercare are also provided to their consumers.

Program Highlights

- The Shelter Treatment Programs achieved 100% compliance with the September 2007 Medicaid audit.



- ❑ **Substance Abuse Services Center (SASC)**—Crisis Intervention, within the Substance Abuse Services Center, includes a social setting model detoxification that includes 44 beds, and a chronic care program that keeps chronic recidivists from being cycled through the criminal justice and hospital system. A Residential Treatment program that includes 32 beds for primary treatment, relapse prevention and aftercare is also located at the Substance Abuse Services Center. The program also offers a family education program for the family members of consumers.

Program Highlights

- The Substance Abuse Services Center achieved 100% compliance with the September 2007 Medicaid audit.
- Together the Substance Abuse Services Center and Men/Women’s Shelters served 4,311 consumers.



CHILDREN'S DEVELOPMENTAL SERVICES

Mecklenburg County Children's Developmental Services is a cooperative relationship between Mecklenburg County Area Mental Health/Developmental Disabilities/Substance Abuse Services Provided Services Organization and the North Carolina Division of Public Health, Women's and Children's Health Section, Early Intervention Branch. Our purpose is to provide or insure the availability of a set of required services and procedural safeguards for children birth to age three with known or suspected developmental delay or disabilities and their families. The needs of these infants and toddlers are met through a combination of directly provided and contracted services. These services include:



1. Assistive Technology Services & Devices
2. Audiological Services
3. Community-Based Rehabilitative Services
4. Early Identification and Screening
5. Evaluations and Assessments
6. Family Counseling and Therapy Services
7. Health Services
8. Medical Services
9. Nursing Services
10. Nutrition Services
11. Occupational Therapy
12. Physical Therapy
13. Psychological Services
14. Respite Services
15. Service Coordination
16. Social Work Services
17. Speech-Language Therapy
18. Transportation
19. Vision Services

Program Highlights

- Conducted a young child mental health needs assessment with the Lee Institute and Smart Start of Mecklenburg County to assess the needs and gaps in services for children birth to age five. Launched an awareness campaign that included community forums, public presentations and the development of a Web site: www.zfive.org.
- Collaborated with Youth and Family Services to define a role for mental health consultation directed toward child protective and foster care workers.
- Developed a co-treatment model involving bilingual home based special educators and English speaking speech-language pathologists in order to better serve Spanish speaking infants, toddlers and their families.

- Increased the percentage of Spanish speaking families referred from 10% to 16% of total referrals.
- Hired two new bilingual early intervention service coordinators in order to serve more families in their native language and eliminate the expense of an interpreter for 55 families.
- Received Certificates of Achievement from the North Carolina Division of Women's and Children's Health Early Intervention Branch for compliance with performance indicators on the State's Annual Performance Report to the Federal Office of Special Education Programs.
- 90% of PSO consumers reported being satisfied with their services.



PSO Directory

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SUBSTANCE ABUSE SERVICES CENTER

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SUBSTANCE ABUSE SERVICES - JAIL CENTRAL

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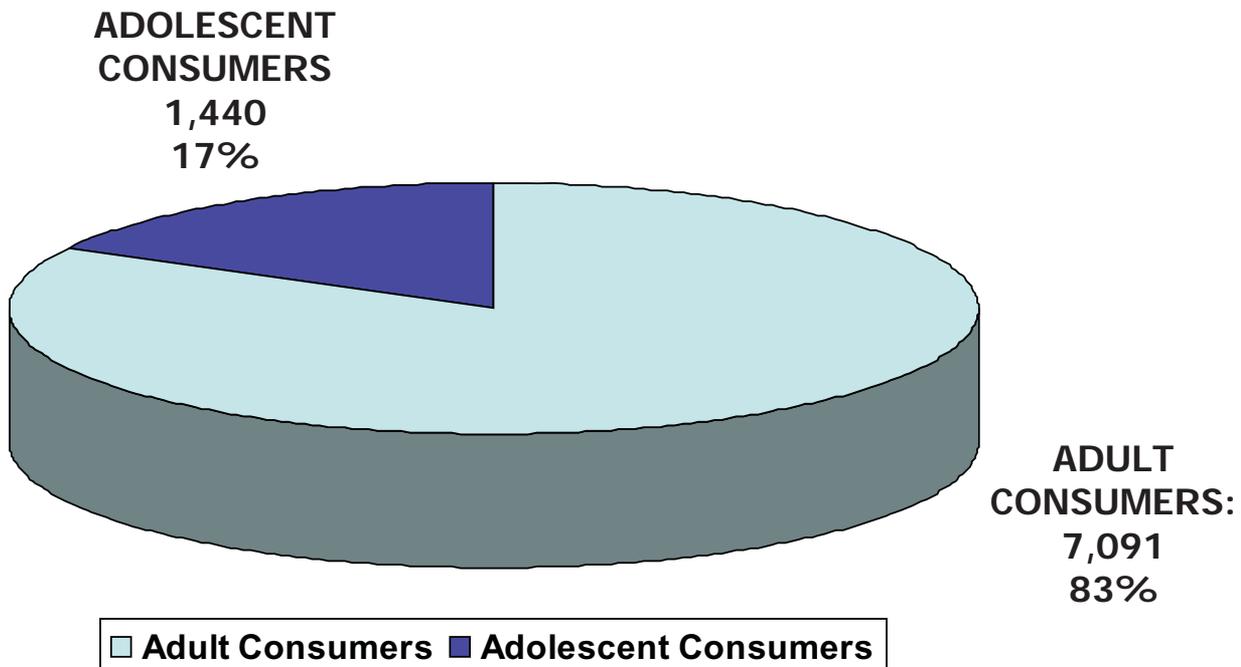
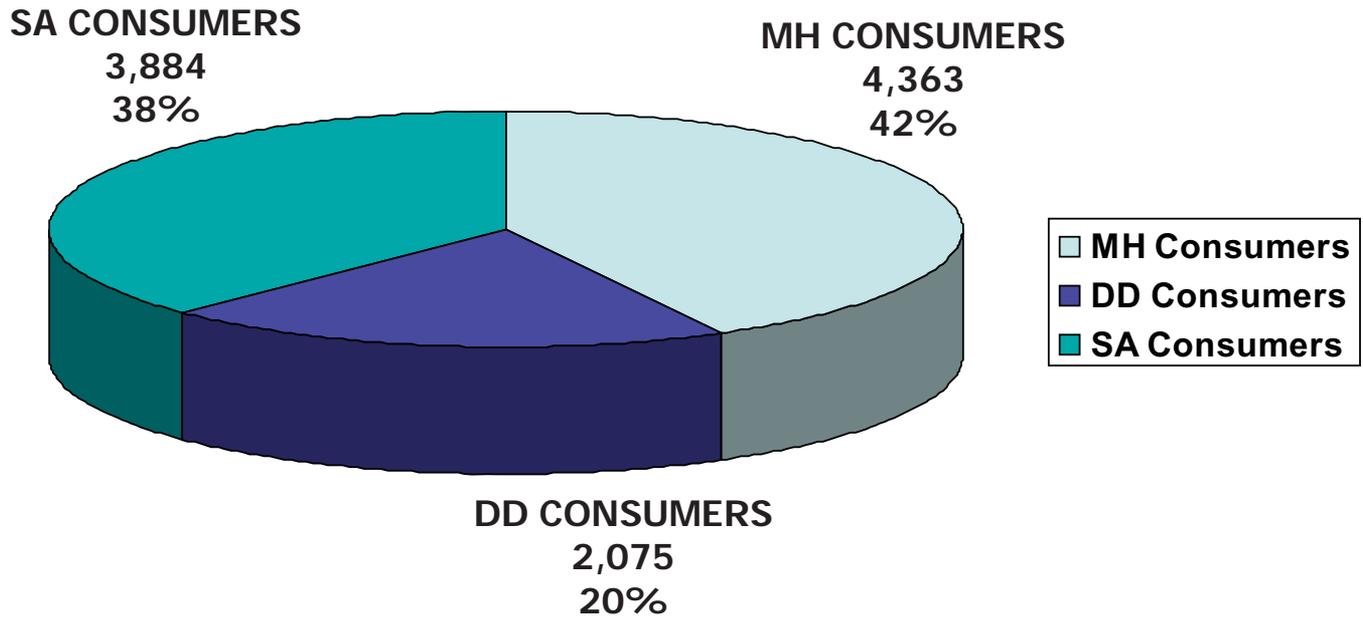
SUBSTANCE ABUSE SERVICES - SHELTERS

Tracy Klucina 704-336-7733

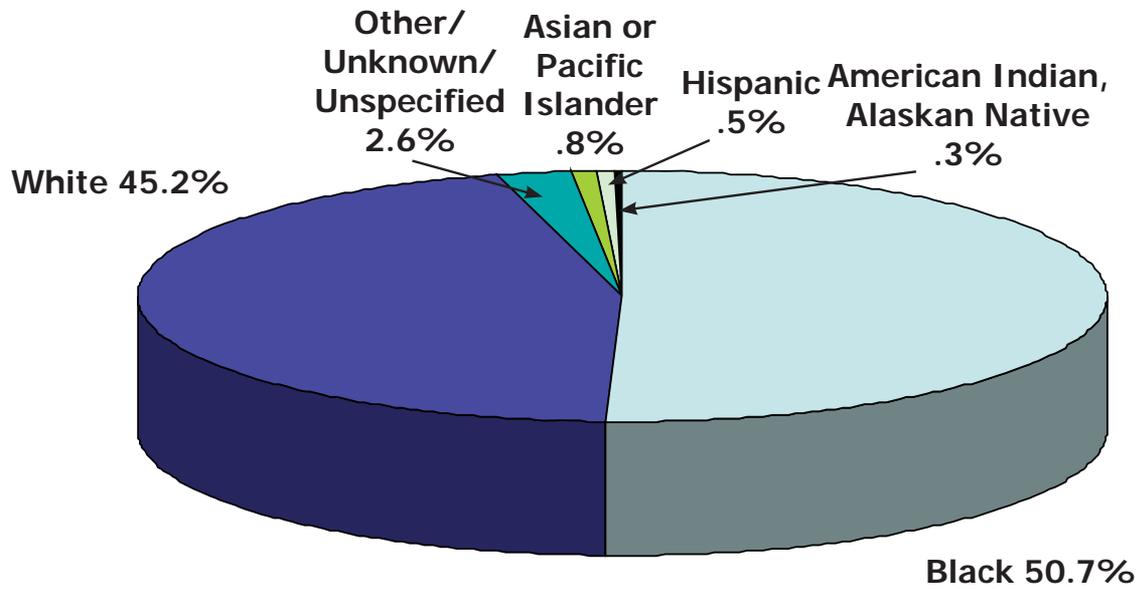
Tracy.Klucina@MecklenburgCountyNC.gov

Who We Serve

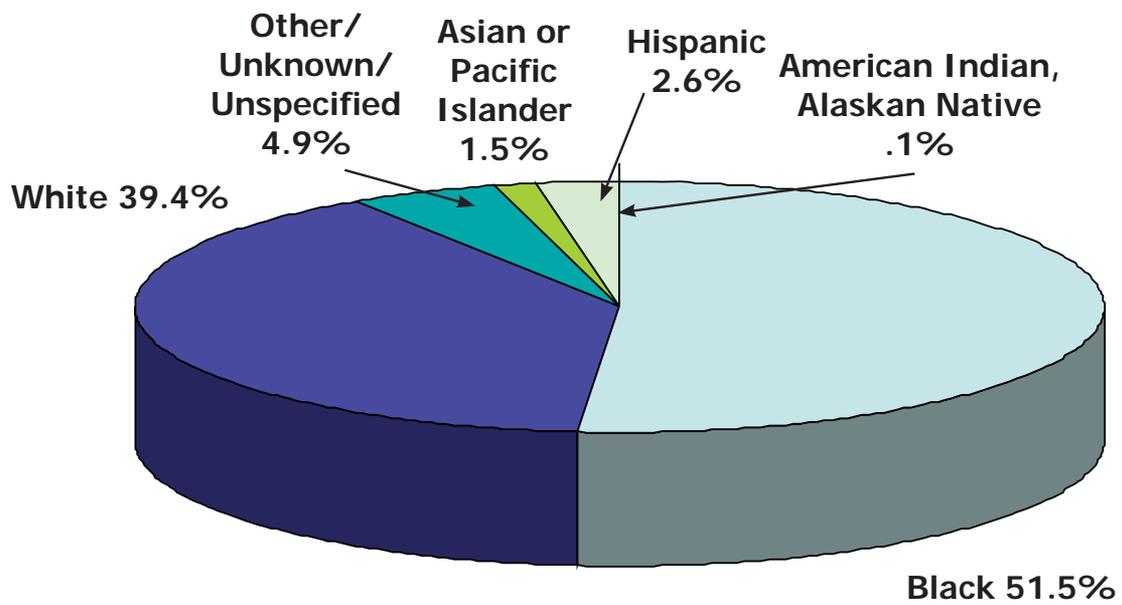
**Mental Health (MH), Developmental Disabilities (DD)
and Substance Abuse (SA)
Total Consumers Served in FY07-08:
10,322**



Ethnicity of Adult Consumers in FY07-08

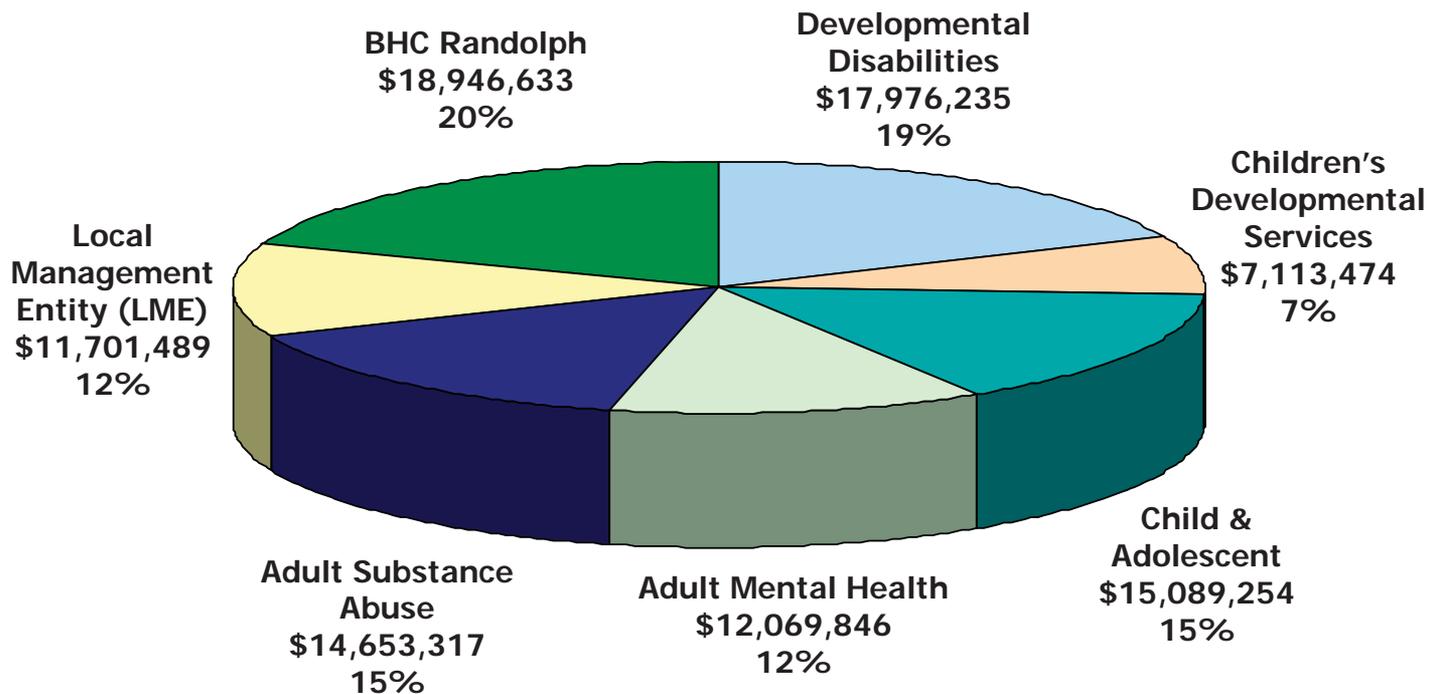


Ethnicity of Adolescent Consumers in FY07-08

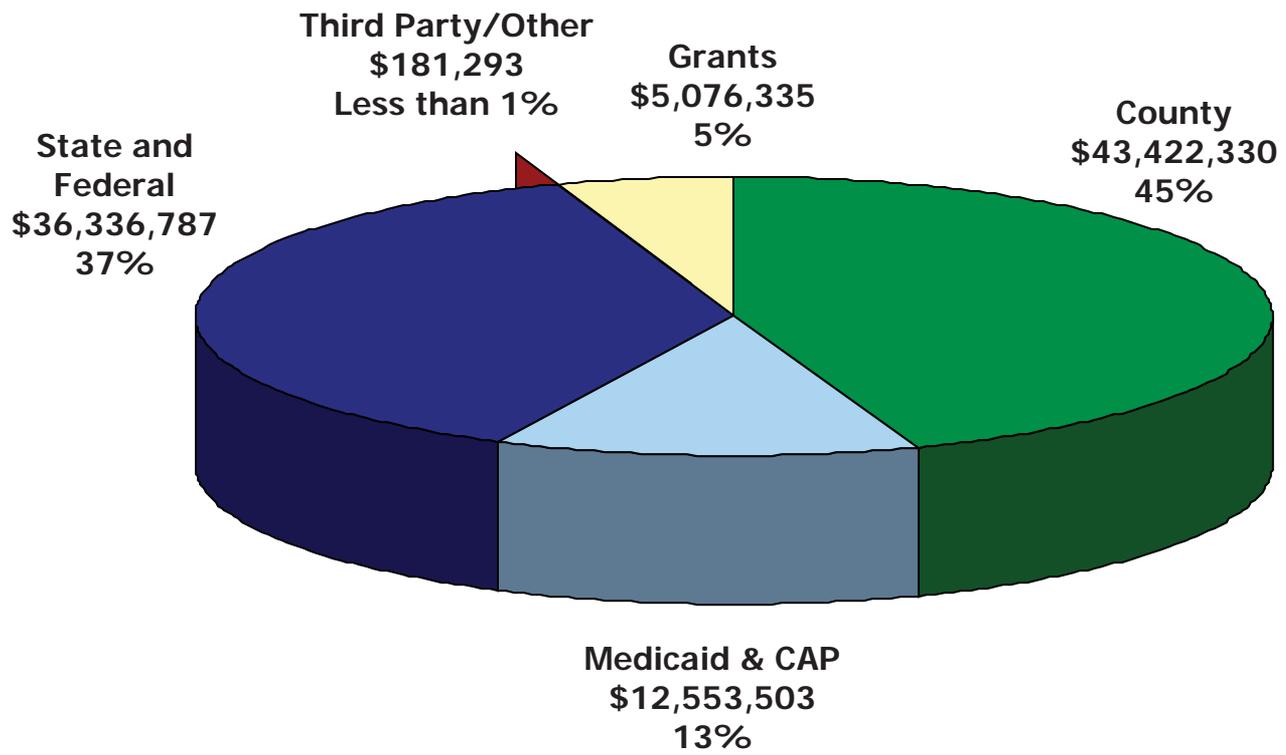


FY2007-2008 Budget

Mecklenburg County Area Mental Health FY07-08 Budgeted Expenditures \$97,550,248



**Mecklenburg County
Area Mental Health
FY07-08 Budgeted Revenues
\$97,550,248**



Corporate Scorecard and Mental Health Index

Mecklenburg County										
Community & Corporate Scorecard - Mental Health Index FY2007-2008										
Focus Area: Community Health & Safety Desired Outcome: Reduced Preventable/Communicable Diseases & Other Health Problems Performance Measure: Mental Health Index (Goal = Achieving 2008 annual targets for at least 75% of measures)										
ANNUAL REPORT FY2007 -2008										
Measure	2015 Target	Baseline 2005	Current Meck * 2007	Annual Target 2008	Threshold (85% of Target)	BSC Rating FY08	Disparity Ratio	US* 2005	NC* 2005	Meck US Comp
Access to Services										
Increase access to Services by decreasing wait time:										
Emergency Services - Persons in crisis have access to face-to-face emergency care within 2 hours after the request for care is initiated										
	98%	100%	100%	98%	83%	99%	N/A	85%	85%	+14%
	98%	100%	98%	98%	83%	98%	N/A	85%	85%	+13%
Routine Services - Consumers with routine needs are offered an appointment within 7 calendar days.										
	98%	91%	96%	98%	83%	97%	N/A	85%	85%	+12%
Consumer Self-Reliance										
Increase number of consumers staying in the community i.e., in home or home-like environments:										
Decrease Adult Bed day usage at State Hospital Facilities, reported as percentage of State Allocation to Mecklenburg	86%	85%	90%	88%	113%	63%	N/A		86%	+23% <i>(Comp to NC)</i>
Increase percent of Severely Emotionally Disabled Children and adolescents receiving services at home or in home-like environments	87%	86%	82%	84%	72%	69%	N/A	83%	80%	-14%
Personal Growth, Learning and Development for Consumers										
Increase Preventive Health										
Consumers Served by Substance Abuse Prevention Services	22000	19389	21976	21980	18683	34641	N/A			
Consumers Served by Children's Developmental Services	3500	3347	2345	2500	2125	2348	N/A			
BSC RATING based on achievement of 2007-08 annual targets Green achieves annual target Yellow does not achieve annual target Red exceeds threshold value										



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services (AMH)

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MecklenburgCountyNC.gov

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MeckLINK®
Call. Connect. Care.
704.336.6404



**The individuals represented in this Annual Report are models and not actual AMH consumers.*

