



MECKLENBURG COUNTY
Area Mental Health, Developmental Disabilities and
Substance Abuse Services
September 24, 2010

PROVIDER HOT SHEET

- ⇒ **Request for Information (RFI): Recovery Model Education and Training and Peer Support**
Mecklenburg County Area MH/DD/SA Services (AMH) would like to identify a provider to operate, effective December 1, 2010, the array of recovery model peer support services currently provided by Mecklenburg's Promise, a division of Mecklenburg Open Door, Inc. and to support the development of a consumer operated 501c3. **The mandatory information session will be on Wednesday, September 29th at 3:30 PM at the Area Mental Health, Sam Billings Center.**
- ⇒ **Mark your calendars: Please join us for the System of Care Open House!** This is an opportunity for providers, families, partners and community members to connect, ask questions, learn more about our System of Care, and gain valuable one-on-one time with a variety of MeckCARES representatives. Please note that the time for the event has changed to 4:00-6:00 pm to encourage more youth, families, and community members to attend.
- ⇒ **NC PROVIDERS COUNCIL ANNUAL CONFERENCE**
To CABHA Certified Providers and representatives: Please take the opportunity to attend the NC Providers Council Annual conference on October 5 – 7. The conference program will include relevant information for all providers and will host Department representatives who will address concerns and provide guidance as we move forward in the MH/DD/SA service system.

The conference will offer a unique opportunity for providers who are either CABHA certified or in process, to participate in the dialogue with Department leaders speaking at our conference sessions. **At our Annual Conference, we will host a MH/SA CABHA forum on Tuesday, October 5** and we will discuss issues we hope that Department representatives will address at our two CABHA implementation sessions the next day. Although we hope that you plan to attend the conference, this meeting will not require you to be registered for the conference as we plan to invite all CABHAS as well as the LME CABHA Liaisons. This forum will give you the opportunity to gain information from other providers and give your input into those questions and concerns that are most critical to have addressed by the Department.

On Wednesday October 6, for those who are registered for the conference we will hold a Clinical Director forum and a QM/Training Director forum as a tool to provide CABHA's with peer support and an opportunity to collectively gather input into successful CABHA implementation recommended at our recent CABHA meeting with Mike Watson, Deputy Secretary of the Department of Health and Human Services.

Along with Conference session there will be training opportunities offered Monday through Friday, to include Department required training (dates and specific training listed below). Those who register for the conference will receive a 25% reduction in the cost for those trainings (registration and fees for training are separate from conference).

The training schedule includes:

- 1) Cognitive Behavior Therapy (CBT) Basic Part I (12 hours) – October 4 and October 5, 2010
- 2) Introduction to Motivational Interviewing (MI) (13 hours) - October 7 and 8, 2010
- 3) Person Centered Thinking (12 hours) on both October 4, 5, or October 7, 8, 2010

Please click on the links below to obtain information on the conference and registration materials:

Conference Agenda: <http://www.ncproviderscouncil.org/Portals/ncproviderscouncil.org/2010%20Agenda.pdf>

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
September 24, 2010

Registration information:

<http://www.ncproviderscouncil.org/Portals/ncproviderscouncil.org/2010%20Registration%20Form.pdf>

⇒ **Attention: Critical Access Behavioral Health Agencies Enrollment/Authorization/Billing Seminars for September-October**

Three more Enrollment/Authorization/Billing seminars have been scheduled in the coming weeks at the sites listed below. Information presented at the seminars is applicable to all providers who have been certified as CABHAs or are in the process of certification.

Attendees are encouraged to review Implementation Updates #73, Special #75, #76, #77 and #78 in preparation. An updated training packet will be available on the DMA website the week of the trainings: <http://www.ncdhs.gov/dma/provider/seminars.htm> **Please print the packet and bring it to the training as there will be only limited copies available.**

Registration will be done on a first-come, first-serve basis the day of the training, so plan accordingly. **Due to limited space, we request that attendance be limited to two staff members per agency. See space availability below.** The training is specifically geared towards those staff members in charge of the administrative tasks of enrollment and billing.

Sessions will begin at 9:00 a.m. and end at 12:00 noon. Providers are encouraged to arrive early to complete registration. Lunch will not be provided at the seminars. Because meeting room temperatures vary, dressing in layers is strongly advised.

Date	Location
September 29, 2010	Central Region (space for 75 participants) The Durham Center LME 501 Willard Street Durham, NC 27701
September 30, 2010	Western Region (space for 230 participants) Western Piedmont Community College, Moore Hall Auditorium 1001 Burkemont Avenue Morganton, NC 28655
October 5, 2010	Eastern Region (space for 102 participants) The Beacon Center 500 Nash Medical Arts Mall Rocky Mount, NC 27804

Medicaid enrollment questions may be directed to CSC at 1-866-844-1113, option 2 for CABHA
<http://www.nctracks.nc.gov/provider/providerEnrollment/>

*Authorization questions may be directed to ValueOptions:
 1-888-510-1151 – Medicaid
 1-800-753-3224 – Health Choice
http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm

*Authorization questions for Durham should be directed to The Durham Center:
 (919) 560-7100
<http://www.durhamcenter.org>

*Authorization questions for Eastpointe should be directed to Eastpointe:

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
September 24, 2010

1-800-513-4002

<http://www.eastpointe.net>

Medicaid claims questions may be directed to HP Enterprise Services at 1-800-688-6696 or 919-851-8888. In addition, on-site provider visits will be provided by HP Enterprise Services upon request.

- ⇒ **Important Incident Response Improvement System (IRIS) Updates (*please forward to all IRIS users*):**
1. IRIS provides the LME with a list of incident reports that were initiated in the IRIS system but were not submitted. The LME is not able to view these partial reports. **One email** will be sent to the supervisor listed on the report to make the agency aware of this concern. Providers may respond back through email or by contacting Linda Margerum at 704-336-7187. If there is no response within 1 week, the unsubmitted report will be removed from the system. **Providers will still be responsible for submitting the incident within the 72 hour timeframe, as required by rule.**
 2. The date function in IRIS is not working properly. Please use calendars to enter all dates until further notice. Typing dates manually will often cause an error message.
 3. Until further notice, DO NOT answer any questions on the “Last Appointment” tab in the “Consumer/Services” section of IRIS. Skip this tab completely. Using it may cause error messages.
 4. Supervisors must check the attestation button or the report will not submit. This may generate a lost report or an error message.
 5. If you get an error message, logout of the IRIS program before trying again.

For more information about entering incidents into IRIS, please refer to your *IRIS Technical Manual* (available on the Division of MH/DD/SAS website).

Additional IRIS Training Offered:

- **IRIS Training for New Users** is available for those who have not attended any previous IRIS training. Sessions will be provided on Oct 12th and Nov 9th from 9:00-11:00 AM.
- **IRIS Troubleshooting for All Users** will provide hands-on assistance to new users as well as those seeking additional experience with IRIS. These open sessions will be held from 11:00-12:00 PM in the Computer Lab at the Watkins Center following each New User session (*listed above*).

To register, please email Nancy Cody at nancy.cody@mecklenburgcountync.gov . Include the class requested, the participant’s name, the agency’s name, and the session date. You will receive confirmation by email. All sessions will be held at the Carlton Watkins Center, 3500 Ellington Street, Charlotte, NC 28211.

New User sessions will be located in the Cedar Room and Troubleshooting sessions will be located in the Computer Lab.

Space is limited and REGISTRATION is REQUIRED. Please do not send unregistered staff to the training. Limit 2 staff per agency. Thank you.

- ⇒ **InfoShare** – The next Mecklenburg County AMH Provider InfoShare is scheduled for Wednesday, October 6, 2010, 9:00 – 11:00 in the Fellowship Hall at Covenant Presbyterian Church, 1000 E. Morehead Street in Charlotte. The program begins promptly at 9:00 AM and doors close at 9:15 AM. All contract and MOA providers are required to attend.

PROVIDER COUNCIL REMINDERS AND UPDATES

- ⇒ **Provider Council Minutes** for the Executive Board, General Membership and Committees are published and available on-line at the following website:

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
September 24, 2010

<http://charmec.org/MECKLENBURG/COUNTY/AREAMENTALHEALTH/FORPROVIDERS/Pages/MPCouncil.aspx>

- ⇒ **Provider Council Sub-Committees** – Three standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The three committees are:
- **Training and Development Committee** Trasha Black (Co-Chair), Genesis Project, tblack@genesisproject1.org, 704-596-0505
 - ◆ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650 x1105, angela@trcmwm.com.
 - > The next scheduled meeting is **Wednesday, October 20, 2010 at 9 AM** in the Carlton Watkins Center Multipurpose room.
 - **Provider Relations Sub-Committee**
 - ◆ Kira Wilson (Co-Chair), The Arc of NC, 704-568-0112, kwilson@arcnc.org
 - ◆ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, Tim.Holland@pcpartnerships.org
 - >The Provider Relations Committee will meet on **Wednesday, October 20, 2010 at 12:00 PM** to 1:30 PM in the Carlton Watkins Center Multipurpose room.
 - **Provider Outreach Sub-Committee** – The Provider Outreach Committee is a new sub-committee, the general purpose of which is to establish mechanisms for the Provider Council to connect with new providers, to provide them basic resource information and to introduce them to the Provider Council.
 - ◆ Miranda Little (Co-Chair), Family Preservation Services, Inc., 704-344-0491, MLittle@fpscorp.com
 - ◆ Becky Millis (Co-Chair), Family Preservation Services, Inc., 704-334-0491, Rmills@fpscorp.com
 - >The next meeting will be on **Wednesday, October 20, 2010 at 1:30 PM** in the Carlton Watkins Center Multipurpose Room.

EDUCATION AND TRAINING OPPORTUNITIES

- ⇒ **AMH Trainings at the Watkins Center.** You **must** register to attend. Please send an e-mail to amhtrain@mecklenburgcountync.gov to register, in which you will receive confirmation. Please bring this confirmation with you to class, as space is limited.
- Eating Disorders - October 8th from 8:30 – 11:30am
 - Suicide Prevention Training - Oct 28th from 1:00pm – 3:00pm
 - Domestic Violence Training - Oct 27th from 9:00am – 12:00pm
 - Smoking Cessation - Oct 27th from 1:00pm – 4:00pm
 - Smoking Cessation - Oct 28th from 9:00am – 12:00pm
- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar.** Please feel free to print and post at your locations or pass it on to anyone you feel would benefit from our trainings. To register, go to www.meckpromise.com. If you have any questions or concerns, please feel free to contact us at (704) 525-4398, ext. 207. <http://www.meckpromise.com/node/43>
- ⇒ **The Mecklenburg County Provider Council** has developed a comprehensive Training Calendar designed to serve as a one-stop location to view training events occurring in Mecklenburg County that are supported or sponsored by the provider community, the LME, AHEC or other entities. Following is a link to submit training events: <http://www.meckpromise.com/node/75>. To view training events, click on the following link: <http://www.meckpromise.com/mptc>
- ⇒ **The LME Monthly AMH Training Calendar** is posted on-line at the following link: <http://charmec.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/ProviderTraining.aspx>
- ⇒ **TIP – Training in Innovation and Practice** –The NC Council of Community Programs and the Administrative Services Organization, a group of providers, continue to offer training to help providers adapt to changing circumstances. For a list of currently scheduled training events and to register, go to www.nc-council.org.

Mecklenburg Area MH/DD/SA Services
PROVIDER HOT SHEET
September 24, 2010

WEB RESOURCES

- ♦ **NC DIVISION OF MH/DD/SAS:** <http://www.ncdhhs.gov/mhddsas/>
- ♦ **MECKLENBURG AMH:** <http://mecklink.charmeck.org>
- ♦ **AMH BEST PRACTICES COMMITTEES AND SCHEDULE:**
<http://charmeck.org/mecklenburg/county/AreaMentalHealth/ForProviders/Pages/BestPracticeTeams.aspx>
- ♦ **HOT SHEET ARCHIVE:**
<http://charmeck.org/MECKLENBURG/COUNTY/AREAMENTALHEALTH/FORPROVIDERS/Pages/HotSheets.aspx>



MECKLENBURG COUNTY

Area Mental Health, Developmental Disabilities and Substance Abuse Services

Sam Billingsley Center

429 Billingsley Rd., Charlotte, NC 28211-1098

Date: September 24, 2010

To: Interested Providers

Re: Request for Information (RFI): Recovery Model Education and Training and Peer Support

Mecklenburg County Area MH/DD/SA Services (AMH) would like to identify a provider to operate, effective December 1, 2010, the array of recovery model peer support services currently provided by Mecklenburg's Promise, a division of Mecklenburg Open Door, Inc. and to support the development of a consumer operated 501c3.

The array of recovery model peer support services includes:

- Peer Bridger Program – matching peer mentors/peer support specialists (a current or former recipient of mental health services who is successfully managing his/her own recovery) with individuals transitioning from Broughton, or a local inpatient setting, back into the community. Peer mentors will provide support, encouragement and hope to individuals, will link them with services and supports in the community and will teach wellness, social, copying and independent living skills while serving as a role model. The program should have 2 FTEs mentoring a total of 30-40 individuals.
- Recovery Model Education and Training – an education series with trainings that range from basic recovery philosophy and principles to very specific topics on recovery that will give participants the knowledge of what Recovery is and will provide them with skills to enhance their own Recovery or to support another person on their journey of Recovery. Trainings should be offered to individuals served within the Mecklenburg community of providers, as well as to family members, service providers and community stakeholders. Included in the overall education curriculum should be classes that are integrated to include a combination of consumers, family members and providers. On an average, 10-20 classes per week should be offered.
- Crisis Prevention and Training – an education series of crisis prevention and planning trainings developed for participants to learn the significance of crisis planning and how to write a crisis plan that emphasizes prevention as a wellness tool. Trainings should be offered to individuals served within the Mecklenburg community of providers, as well as to family members, service providers and community stakeholders. Included in the overall education curriculum should be classes that are integrated to include a combination of consumers, family members and providers. On an average, 3-5 classes per week should be offered.

PEOPLE • PRIDE • PROGRESS • PARTNERSHIP

Responsible for the Provision of Mental Health, Developmental Disabilities, and Substance Abuse Services

- Self Advocates Initiative – this effort provides support, education and leadership to a group known as the Self-Advocates of Mecklenburg. The overall purpose is to increase and strengthen membership of the group, teach individuals to become their own advocates and to educate the community through their stories. Staff support for this initiative is an average of 10 hours/week. Also note: funding for this initiative was intended to be short term and to prepare the group to be self-sustaining; funding will end on June 30, 2011.

TARGET POPULATION

Populations served include adults 18 years of age and older who have been identified as having diagnoses that fall into categories of Severe and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI) or co-occurring SPMI or SMI with Substance Abuse challenges. The Self Advocates Initiative provides support to individuals with Intellectual and Developmental Disabilities.

PROVIDER REQUIREMENTS

- Must have extensive knowledge and experience in Recovery Model philosophy and guiding principles
- Must employ individuals with lived experiences of mental health, addiction and intellectual and developmental disability challenges.
- Must have knowledge of and experience with serving and supporting SPMI, SMI and IDD populations
- Must have established community partnerships to coordinate resources and to support community connections outside the traditional treatment system.
- Must be able to form collaborative relationships within the Mecklenburg community of providers that will promote the philosophy and principles of recovery in supporting consumers' mental wellness.
- Must document efforts the agency will take to diversify funding and to reduce dependency on county funds.

PROPOSALS MUST INCLUDE THE FOLLOWING ELEMENTS:

- A. The Provider Application (attached).
- B. A brief description of the agency's vision, mission and guiding principles.
- C. A description of the agency's experience with the populations and the type of services described above.
- D. Qualifications (resume or curriculum vitae) of the person(s) in the organization who will have primary responsibility for the implementation and supervision of these activities.
- E. Credentials and/or experiences of individuals that will provide services.
- F. An overview of the curriculum to be presented for both the recovery model education and training and for crisis prevention and training and timelines for the implementation of each curriculum.
- G. An outcomes matrix that will demonstrate how the agency will measure the effectiveness of the services and initiatives offered.
- H. Timeline for the development of a separate 501c3 consumer operated agency to provide the array of recovery model peer support services listed above.
- I. Proposed line item operational budget

- J. Budget narrative
- K. Audited Financial Statement for the last 2 years.

REVIEW CRITERIA AND TIMELINE

- A Technical and Community Review Team will score proposals based on the attached Review Criteria. This team will make recommendations to the Consumer and Family Advisory Committee (CFAC).
- Final recommendations will go before the CFAC for approval and recommendations.
- The Area Director will have final responsibility for selection of the provider.
- Mandatory Information Session 3:30 PM, Wednesday, September 29
Sam Billings Center, Conf. Room A/B
429 Billingsley Rd., Charlotte, NC
- Proposal Due Date 5:00 PM on Friday, October 8, 2010
- Technical Review Completed October 13, 2010
- CFAC Review and Recommendation October 14, 2010
- Final Decision Announced October 15, 2010
- Implementation begins December 2010

- **Please prepare six (6) copies of your plan and submit them in soft binders.**
- **Proposals, not including attachments, must be no longer than 8 pages, double-spaced using a 12 pt. font.**
- **All pages must be numbered**
- **Each section must be tabbed and labeled by the letter of the proposal elements indicated above**

All proposals must be submitted in a Blind Format and will be reviewed and scored in a Blind Process. Specifically this means that, with the exception of a single cover letter attached only to the original document, proposals will not identify the provider agency, its owners, board, partners or staff. Identifying information should only appear on the cover letter/memo, and the Application. These documents should be submitted with the original proposal document only and not in any of the copies. This requirement will be strictly adhered to in order to assure that proposals are scored and awards are determined without regard to knowledge of either current or past relationships between the providers, the LME their staff or subsidiaries.

- Proposed plans must be received no later than the end of the business day (5:00.p.m.) on **Friday, October 8, 2010** and sent to:

*Dennis Knasel, Director Consumer Affairs and Community Services
Sam Billings Center
429 Billingsley Road
Charlotte, NC 28211*

Dennis.Knasel@MecklenburgCountyNC.gov

RFI: Recovery Model Education and Training and Peer Support
Review Criteria

Following are review criteria for scoring of proposals submitted. Each proposal will be read and scored using these criteria.

Criterion 1: Experience and Capability (20 Points)

1. The proposal lists verifiable experience with projects or contracts (most recent five years) that exemplify direct provision of services for the population to be served. (5 points)
2. Program implementation track record - the proposal offers evidence of prior success at implementing the proposed services for the specific target population(s). (5 points)
3. The provider describes and demonstrates a commitment to quality of services to adults with SMPI and SMI in the context of Recovery Model philosophy and principles. (5 points)
4. The proposal describes a commitment to supporting consumers in directing their person centered plans and in supporting community connections and natural supports. (5 points)

Criterion 2: Technical Approach (10 Points)

1. The application contains the required elements. (5 points)
2. Proposal demonstrates an understanding and adherence to utilizing evidence based practices and approaches in the delivery of services and supports. (5 points)

Criterion 3: Program Implementation and Management (20 Points)

1. The proposal demonstrates a commitment to developing capacity and specifies a plan to accomplish this goal. (5 points)
2. The proposal includes a commitment to program evaluation and describes outcome measures and an outcome tracking system. (5 points)
3. The proposal describes a commitment to inclusion of consumers and family members in all aspects of program and policy management. (5 Points)
4. The proposal includes a commitment to building and developing relationships in the community consisting of relevant stakeholders. (5 points)

Criterion 4: Staffing, Supervision and Training (20 Points)

1. The proposal describes services provided by well-qualified, well-trained and appropriately supervised staff with required qualifications to provide the services specified. (10 points)
2. The proposal describes how staff will be trained and supervised. (10 points)

Criterion 5: Budgetary Plan (30 Points)

1. The proposed expense budget is commensurate with the level of effort needed to provide the services outlined in the proposal. (10 points)
2. The proposed revenue budget is commensurate with the level of income that is needed to provide the service outlined in the proposal. (10 points)
3. The agency's audit and/or financial statement(s) exhibit financial stability. (10 points)

PROVIDER APPLICATION

Contact Information

Agency Name: _____

Agency Address: (Street) _____

City _____ State _____ ZIP _____ - _____ County _____

Telephone: Office- _____ Office Hours: _____

Fax- _____ Office Manager: _____

Mobile - _____ Pager- _____

Recommended Primary Contact: _____

Primary Contact E-mail Address: _____

Executive Director/CDP: (Name) _____ (Title) _____

Clinical/Medical Director: _____

2. Authority: List name of person(s) in agency who has authority to negotiate a contract with Mecklenburg County MH/DD/SAS. _____

3. Agency Legal Entity Type:

- C-Corporation General Partnership Cooperative
- S-Corporation Sole Proprietorship Not for Profit
- Limited Liability Corporation Limited Liability Partnership

4. Agency Federal Tax ID #: _____

5. Ownership: List the name(s) and SSN# for individuals who own at least 5% interest in the business.

Name	Social Security Number	Percentage ownership

6. Is your agency staffed and equipped to serve:

- Physically Handicapped? Yes No
- Blind/Visually Impaired? Yes No
- Sexually Aggressive? Yes No
- Deaf/Hard of Hearing? Yes No
- Behaviorally Disruptive? Yes No
- Foreign Languages? (Specify) _____

PROVIDER APPLICATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. Insurance coverage and Professional Liability | | |
| A) Have you ever had a claim against you?
If "Yes", please list the name and amounts of the insurance and disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Are there any current, unsettled claims? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Have you ever had a policy cancelled? | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Has there ever been any action or investigation against you or any owner or qualified professional in your agency relating to: | | |
| 1) license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) privileges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) billing practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) Have you or any owners ever been convicted of a crime, including, but not limited to, crimes involving children, fraud, or narcotics other than minor traffic violations?
If "Yes", please list charge, disposition and dates. | <input type="checkbox"/> | <input type="checkbox"/> |
| F) Have any adverse actions been filed against you by | | |
| 1) Medicaid? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Medicare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Other Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| G) Have you or has anyone in your company who has an ownership, managerial or clinical role ever been sanctioned by any professional organization or government agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| H) Have you ever had a contract cancelled by another Area Program in North Carolina or similar entity in another state? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, please explain in an attachment.

8) Please list all relevant contracts your agency currently has or has had for the past three (3) years other than contracts with AMHA. (If you have not had relevant contracts, please list agencies that are familiar with your organization's business and professional practices.)

Please include for each:

- A. Agency/LME Name
- B. Contact name
- C. Phone number
- D. Email address
- E. What services are/were provided?
- F. Beginning and ending dates.
- G. Dollar amount of contract.

PROVIDER APPLICATION

Section II: Facility Information – A facility is identified as a service site.

Provide facility information on each facility that your agency operates. If your agency operates more than one facility, copy and complete this section for each facility.

Facility Name: _____

Facility Address: _____

City _____ State _____ ZIP _____ County _____

Facility Telephone: Main- _____ Fax- _____

Facility Hours: _____

Information about the Facility Director:

Facility Director's Name	
Facility Director's Experience	
Facility Director's Education	
Facility Director's Credentials	

This facility provides services in the following category (ies):

Service Categories	Yes	Staff/Client Ratio	Capacity	No
Residential (24-hour care)				
Day/Night Services (More than 3 hours/day)				
Periodic Services (Hourly services)				

List the specific services delivered at this facility, the lead staff and their credentials:

Service(s) Offered at this Facility	Lead Staff Associated	Credential(s)

Population(s) served at this facility:

Age Range Served (Check all that apply)		Disabilities Served (Check all that apply)		Gender(s) Served	
0 – 5 years		Mental Health (MH)		Male	
6 – 12 years		Substance Abuse (SA)		Female	
13 – 17 years		Developmental Disabilities (DD)			
18 – 21 years		MH/SA			
22 – 59 years		MH/DD			
60+ years		Other:			

Section III: Supporting Information Required

Item 1: Include a copy of the agency's QA/QI plan.

List of members of QA/QI Committee
Composition and activities of the committee
Methods for monitoring and evaluating the quality and appropriateness of consumer care including delineation of consumer outcomes and utilization of services.
Professional or clinical supervision plan.
Strategies for improving consumer treatment.
Review of staff qualifications in relation to how staff is granted privileges to provide services or proof of required competencies.
Review of all fatalities of active consumers.
Adoption of standards that meet best practice standards.
Compliance with Consumer Rights rule requirements on training and competency.

Item 2: Best Practices - Include information related to the agency's use of person centered planning and other best practice models, e.g. Self-determination, Systems of Care, Recovery Model, etc.

Information on the agency's use of person centered/recovery models of service is enclosed.
Information reflects clinical principles behind models.
Information reflects practices that support models.
Information includes methods of consumer involvement in service direction.
Models are incorporated into the agency's general procedures.

Item 3: Include written references that contain the reference person's name and telephone/email contact information. References are to be obtained from:

- One from an individual familiar with fiscal operations of facility. If the agency is a new business the reference must pertain to the fiscal stability of the board/CEO/Owner to support the company financially;
- One from an individual familiar with the clinical operations of the agency. If the agency is a new business the reference must be obtained from someone familiar with the clinical director's qualifications and abilities
- Two references from individuals currently receiving services and/or family members. If the agency is a new business the references must be obtained from individuals involved in the field of disabilities either professionally or through life experience

Attestation Statement

This statement is to be signed by the individual who has authorization to submit an application.

All information submitted by me in this application, as well as any attachments or supplemental information, is true, current, and complete to my best knowledge and belief as of the date of signature below. I fully understand that any significant misstatement in this application may constitute cause for denial of my application or termination of a resulting service contract.

By application for membership in Mecklenburg Area Mental Health (AMH) provider network, I signify my willingness to appear for an interview in regard to my application. I authorize AMH to consult with administrators and members of the agencies, corporations or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on the questions in this application.

Upon request, I will obtain and provide to AMH materials pertaining to my qualifications and competence, including, materials relating to complaints filed, any disciplinary action, suspension, or action to curtail my clinical practice. I further consent to the inspection by representatives of AMH of all documents that may be material to an evaluation of my professional qualifications and competence.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubt about such qualifications.

I release from liability all representatives of AMH for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I release from any liability, all individuals and organizations that provide information to AMH in good faith and without malice concerning this application and I hereby consent to the release and verification of information relating to any disciplinary action, suspension, or curtailment of clinical privileges to AMH.

I understand that if my application is rejected for reasons relating to my professional conduct or competence, AMH may report the rejection to the appropriate state licensing board and/or practitioner data bank.

In the event I am accepted for participation in AMH provider network, I hereby consent to AMH for inspection of consumer records relating to AMH consumers as necessary for its monitoring and utilization review purposes as permitted by state or federal law and regulation. I further agree to notify AMH in a timely manner (not to exceed 30 days) of any changes to the information requested on the initial application.

PRINT NAME

SIGNATURE

DATE

SAVE THE DATE!



MECKCARES

Cordially Invites You to Our

System of Care OPEN HOUSE

**Providers!
Families!
Youth!
Agencies!**

Come learn all about our community's System of Care in a fun, educational atmosphere.

- Community Resources
- Flex Funds
- Child and Family Teams
- Enrollment Process
- Natural and Informal Supports
- System of Care Coaching
- Case Consultation
- Family Supports and ParentVOICE

FUN!

FOOD!

**RESOURCES &
INFORMATION!**

GIVEAWAYS!

WEDNESDAY, NOVEMBER 17

4:00 P.M. TO 6:00 P.M.

**CAROLE A. HOEFENER COMMUNITY CENTER
610 EAST 7TH STREET**

Parking is available behind the building

Please R.S.V.P. by November 12 to
Francesca Morgan at
Francesca.Morgan@MecklenburgCountyNC.gov
call (704) 432-4592



Mecklenburg Provider Council

Family Therapy that Works!

Facilitators:

Kok-Mun Ng, Ph.D., LPC, NCC

Paul R. Peluso, Ph.D.



Session 1: October 22, 23, and 24.

Session 2: November 5, 6, and 7.

Location: Holiday Inn University

Cost: \$120.00 plus \$10 for CEU documentation.

Total Training Hours: 24.

REGISTRATION: Register online: www.genesisproject1.org (Registration fees will be payable via Paypal) Training is limited to 50 persons per session.

The training fee is nonrefundable and cannot be applied to a future training. Register early, space is limited.



Kok-Mun Ng, Ph.D., LPC, NCC, is an Associate Professor in the Department of Counseling at the University of North Carolina at Charlotte, North Carolina. His research and clinical interests include marriage and family, attachment, psychological assessment, well-being, emotional intelligence, counselor education and supervision, and multicultural and cross-cultural counseling issues. His publications include articles in state, national, and international journals and book chapters. He recently co-edited *Attachment: Expanding the Cultural Connections* with Dr. Phyllis Erdman. Dr. Ng currently serves as a member of the NBCC-International Advisory Council. He served on the Board of Directors of NBCC from 2006 to 2009. He frequently conducts mental health counseling and related training workshops and presentations in state, nationally, and internationally settings.



Paul R. Peluso, Ph.D. is an Associate Professor and doctoral program coordinator at Florida Atlantic University. He is the co-author of *Couples Therapy: Integrating Theory, Research, & Practice* (Love Publishing) and *Principles of Counseling and Psychotherapy: Learning the Essential Domains and Nonlinear Thinking of Master Practitioners* (Routledge Publishing), and the forthcoming book *Changing Aging, Changing Family Therapy*. In addition, he is the editor of the book *Infidelity: A Practitioner's Guide to Working with Couples in Crisis* (Routledge Publishing). He is a licensed marriage and family therapist (FL), and an AAMFT Approved Supervisor. Dr. Peluso is the author of over 25 articles and chapters related to family therapy, couples counseling, and Adlerian Theory.

For more information on this "Family Therapy that Works" training, please contact, Dr. Trasha Black, PhD, LPC, NCC, Clinical Director at Genesis Project 1, Inc. (704.596.0505)

[tblack@genesisproject1.org]

Family Therapy that Works!

Family Therapy That Works! A Training on Two Empirically Based Family Therapy Approaches for Practitioners

In an age of accountability, payers and consumers of all forms of mental health services are requiring practitioners to adopt practices and approaches that have shown empirical evidence of being effective and efficacious. The field of family therapy has not been immune to this trend, and, in many cases, has embraced it. This has led to some of the most exciting and innovative approaches to family therapy being developed. Specifically, Brief-Strategic Family Therapy (BSFT) and Multi-Dimensional Family Therapy (MDFT). Each of these approaches embodies both the historical roots of family systems theory and the cutting edge of family interventions. In this multi-day, multi-modal training, participants will be introduced to, and immersed in, each of these approaches, and their application to helping couples and families with a wide variety of presenting concerns.

Topics to be Covered:

Review of General Systems Theory and Historical Family Systems Approaches

Review of Efficacy and Effectiveness Research of Family Therapy

Brief Strategic Family Systems Theory

Origins

Definition of Key Structures

Treatment Strategy

Techniques

In-Depth Case Discussion and Treatment Planning

Video Presentation

Role-Play

Research-Based & Outcome Measures

Multi-Dimensional Family Systems Theory

Origins

Definition of Key Structures

Treatment Strategy

Techniques

In-Depth Case Discussion and Treatment Planning

Video Presentation

Role-Play

Research-Based & Outcome Measures

Trends in Family Therapy and Practice of BSFT & MDFT

Clinical Competencies

Multicultural issues

Client Participation in Treatment Outcomes

Emerging Issues



In addition to the 3 days of training (7 hours each, total 21 hours), participants will be required to read material prior to training and complete a quiz within a week after the training (equaling 3 hours). The trainers will provide the training material to participants in CDs

WALK TO PREVENT SUICIDE

2010
OUT OF THE
DARKNESS
COMMUNITY
WALKS

OCTOBER 9, 2010

Charlotte Police and Fire Academy
Registration @ 9:00 am
Contact 704-488-9552 for more information

REGISTER & DONATE TODAY
OUTOFTHE DARKNESS.ORG

Out of the
DARKNESSSM

COMMUNITY WALKS

American Foundation for Suicide Prevention



American Foundation
for Suicide Prevention

*Please bring a photo of
your loved one for our
memory board!*

PEOPLE • PRIDE • PROGRESS • PARTNERSHIP

Responsible for the Provision of Mental Health, Developmental Disabilities, and Substance Abuse Services