



**MECKLENBURG COUNTY**  
**Area Mental Health, Developmental Disabilities and**  
**Substance Abuse Services**  
**November 19, 2010**

***PROVIDER HOT SHEET***

- ⇒ **Immediate Notification of the LME in Response to a Level III Incident:** By rule, providers are required to notify the LME immediately to report a level III incident that occurs on the provider's premises or while the provider is delivering a billable service. Providers billing for 24/7 services, including Intensive In-home, ACTT, Community Support Team, and Residential Services are considered to be actively engaged in service delivery at all times. ***Please contact Linda Margerum LCSW, ACSW at 704-336-7187*** to fulfill this requirement. If the incident occurs after hours, leave a detailed message describing the incident, along with appropriate contact information. Please do not contact MeckLINK in an attempt to fulfill this requirement. Reference: NCAC 27G .0603 (b) (3)
- ⇒ **Timely Submission of Incident Reports:** Please note that incidents must be correctly submitted to the IRIS system in order to be evaluated for timeliness (reported within 72 hours of provider knowledge of the occurrence). If you do not receive the "thumbs up" screen following incident submission, you have not submitted a report. The LME receives a list of incident reports that have been initiated but not successfully submitted. Providers will receive email notification of these incomplete reports but they will not be considered timely submissions by the LME.
- ⇒ **Monthly IRIS Training for New Users:** IRIS training is scheduled on the second Tuesday of each month from 9:00-11:00am at the Carlton Watkins Center. Please refer to the Provider Training Calendar for further details and registration.
- ⇒ **Implementation Update #82**
- CS Authorizations
  - Authorization Reminder for: CST, IIH, DT, CS
  - PRTF/In-Patient Authorization Request Forms
  - Adverse Determination Notification Changes
  - Additional SOC Training Site Added
  - CTS, IIH, Day Treatment Training Requirements
  - Utilization Review for CAP/MR-DD Services
  - CAP/MR-DD Residential/Home Support Services
  - Rules for CABHA Posted
  - Performance Bonds for CABHAs
  - Peer Support Service Status
- ⇒ Mecklenburg County General Manager Michelle Lancaster-Sandlin has discussed the current July 2011 implementation date for the 1915 b/c Medicaid Waiver with the Secretary of the North Carolina DHHS, Lanier Cansler. The date has been revised and the new implementation date is now scheduled for **July 2012**. We will begin the process of adjusting our implementation plan and proceed with the revised date of July 2012 in mind.

Should you have any questions, please forward them on to Jill Scott at [Jill.Dineen-Scott@mecklenburgcountync.gov](mailto:Jill.Dineen-Scott@mecklenburgcountync.gov) or 704-336-3793. We will keep you posted on any new information as it arises.

**Mecklenburg Area MH/DD/SA Services**  
**PROVIDER HOT SHEET**  
**November 19, 2010**

⇒ **Mecklenburg County Sliding Fee Scale:** Effective 1/1/2011 the following sliding fee scale will go into effect. The amounts are based on the 2009 Federal Poverty Guidelines.

Percent of Poverty Scale	0-200%	201-300%	301-400%	
# in Family	0%	25%	40%	100%
1	0-21,660	21,661-32,490	32,491-43,320	43,321 and above
2	0-29,140	29,141-43,710	43,711-58,280	58,281 and above
3	0-36,620	36,621-54,930	54,931-73,240	73,241 and above
4	0-44,100	44,101-66,150	66,151-88,200	88,201 and above
5	0-51,580	51,581-77,370	77,371-103,160	103,161 and above
6	0-59,060	59,061-88,590	88,591-118,120	118,120 and above
7	0-66,540	66,541-99,810	99,811-133,080	133,081 and above
8	0-74,020	74,021-111,030	111,031-148,040	148,041 and above

**For families with more than 8 members, add \$3,740 for each additional member.**

⇒ **CAP-MR/DD Policy Changes-**The following links serve to revise the implementation of Utilization Review Guidelines posted in IU #76 on July 7, 2010, and the *CAP-MR/DD Policy Requirements: Extension/Exception Request Form* and instructions posted 10/1/10.

Implementation of the CAP-MR/DD Clinical Policy/Manuals and Technical Amendment Number One: Read these documents for additional clarification regarding policy changes within the CAP-MR/DD Clinical Policy, Technical Amendment and Manuals.

[CAP-MR/DD UR Guidelines Extension-Exception Process](#) REVISED (11-1-10)

[CAP-MR/DD Utilization Review Guidelines](#) REVISED (PPT) (11-1-10)

[CAP-MR/DD Policy Requirements Extension/Exception Request Form](#) (Word) (11/1/10)

[CAP-MR/DD UR Guidelines Extension-Exception Process Table](#) REVISED (11/1/10)

⇒ **Attn Providers Who Complete LME Admission and Discharge Forms:**

As a reminder the LME Admission and Discharge Form was modified on 7/9/10 to include two new items (25A and 42A) which document consumer attendance in self-help programs. The previous LME Admission and Discharge form is no longer valid for registration purposes. Please be sure your staff is utilizing the correct form located on the division website at:

<http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/lmeconsumeradmission07-9-10.doc>

Effective November 22, 2010, MeckLINK will not accept the previous LME Admission and Discharge form for registration purposes. If you have any questions, please contact Martha Joslin at 704-432-1978.

**PROVIDER COUNCIL REMINDERS AND UPDATES**

⇒ **Mecklenburg Provider Council** is currently seeking to fill a position on the Executive Board with a provider to represent the Adult Mental Health continuum. Interested and qualified individuals should complete the attached [Statement of Interest](#) and contact Rori Ashwood, True Visions at [rori\\_truevision@bellsouth.net](mailto:rori_truevision@bellsouth.net) to submit. Statements will be **accepted through Nov 30, 2010**. Afterwards, as head of the Nominations subcommittee, Rori will vet the statements to determine if they meet the criteria and then later the EB will meet to discuss the nominations and vote on the EB Member candidates.

⇒ **Provider Council Minutes** for the Executive Board, General Membership and Committees are published and available on-line at the following website:  
<http://charmec.org/MECKLENBURG/COUNTY/AREAMENTALHEALTH/FORPROVIDERS/Pages/MPCouncil.aspx>

**Mecklenburg Area MH/DD/SA Services**  
**PROVIDER HOT SHEET**  
**November 19, 2010**

- ⇒ **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](mailto:tblack@genesisproject1.org), 704-596-0505
    - ◆ Angela R. Simmons (Co-Chair), The Right Choice MWM, 704-537-3650 x1105, [angela@trcmwm.com](mailto:angela@trcmwm.com).
      - > The next scheduled meeting is **Wednesday, January 19, 2011 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](mailto:kwilson@arcnc.org)
    - ◆ Tim R. Holland (Co-chair) Person Centered Partnerships, 704-319-7609, [Tim.Holland@pcpartnerships.org](mailto:Tim.Holland@pcpartnerships.org)
      - > **Stay tuned for future notification of the next meeting date.**
  - **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, [MIittle@fpscorp.com](mailto:MIittle@fpscorp.com)
    - ◆ Becky Millis (Co-Chair), Family Preservation Services, Inc., 704-334-0491, [Rmills@fpscorp.com](mailto:Rmills@fpscorp.com)
      - >The next meeting will be on **Wednesday, December 15, 2010 at 1:30 PM** in the Carlton Watkins Center Multipurpose Room.
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**EDUCATION AND TRAINING OPPORTUNITIES**

- ⇒ **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](http://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://charmeck.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](http://www.nc-council.org).
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**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

429 Billingsley Rd., 2<sup>nd</sup> Floor  
Charlotte, NC 28211-1098

From: Mecklenburg County LME

Re: Requirements for Out of County Residential Placements

Date: November 11, 2010

North Carolina Administrative Rule **10A NCAC 27G .0506** addresses communication procedures that should occur when children/adolescents are placed out of county and served through local public mental health, developmental disabilities and substance abuse services systems. In addition, Implementation Update #47 issued by the Division of Mental Health on August 4, 2008, clarifies that a Memorandum of Agreement is required when an endorsed provider from one LME catchment area serves a consumer living in another county (where the provider does not have a site) outside the LME catchment area.

Please remember, that before a Mecklenburg County consumer is placed out of county in a residential placement, it is the responsibility of the Clinical Home provider to adhere to following requirements:

- **Contact MeckLink at (704) 336-6404 to inform of the placement**
- **Complete** the attached Out of County Placement form and send it to:  
Nicole P. McKinney  
Mecklenburg LME  
3500 Ellington Street  
Charlotte NC 28211  
(704) 319-9232 (fax)
- If the provider is enrolled with NC Medicaid to provide Residential Level III or Residential Level IV, contact Angie Jackson at (704) 336-6954 with the following information to help facilitate getting a Memorandum of Agreement in place:
  - name of the provider agency
  - date of admission
  - the service that will be provided
  - a contact name and number at the facility

Please note that Memorandum of Agreements will be processed **within 10 business days of receipt of the required information from the provider.**

Clinical Home providers who place consumers out of county in a residential placement and do not submit an Out of County form to the LME will be issued a plan of correction by the LME's Provider Relations Department. As such, if you currently have consumers placed outside of Mecklenburg County and you have not yet submitted the attached Out of County form to the LME, please submit such within 5 business days.

**If you have further questions regarding this matter, please contact Nicole P. McKinney at 704-432-5539 or via email at [Nicole.McKinney@MecklenburgCountyNC.gov](mailto:Nicole.McKinney@MecklenburgCountyNC.gov)**

## Notification of Out of Home Community Placement for Children/Adolescents

- A.** North Carolina Administrative Rules require that when children/adolescents served through local public mental health, developmental disabilities and substance abuse services systems are placed in a community program out of their home community or reside in ICF/MR facilities, the home<sup>1</sup> area authority or county program is responsible for notifying the following:
- Legal guardian
  - Others involved in care and treatment
  - Host<sup>2</sup> community provider
  - Host community representatives (may include the court counselor, county DSS, regional children's developmental services agency (CDSA) or the local education authority)
- B.** This is the official form for such notification.
- C.** Notification shall be made within 3 business days of placement by fax or hard copy.
- D.** In the case of an emergency placement, notification by telephone is acceptable, with written notification the following day.

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Date: \_\_\_\_\_ Name of Child/Adolescent: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Placement out of Home Community: \_\_\_\_\_  
Grade: \_\_\_\_\_ Common ID#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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Parent/Legal Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Home Area Authority/County Program: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Host Area Authority/County Program: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home DSS: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

<sup>1</sup> A home program is one in the community of the child/adolescent's legal residence.

<sup>2</sup> A host program is one in the community in which the child will be residing.

Host DSS: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Home School: \_\_\_\_\_

Principal: \_\_\_\_\_

Special Education Program Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Host School: \_\_\_\_\_

Principal: \_\_\_\_\_

Special Education Program Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Physical Custodian/Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Person Completing Form: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**National Training Series on Mental Health & Intellectual Disability  
2010-2011**

All training occurs via Webinar\* from 12 noon to 2 PM Eastern Time

**1. November 12, 2010: *Issues in Treating Trauma for People with Intellectual Disability***

Speaker: Nancy Razza, Ph.D.

Elizabeth Boggs Center on Developmental Disabilities, UMDNJ/Robert Wood Johnson Medical School, New Brunswick, New Jersey

**2. December 10, 2010: *Clarifying and Understanding Psychotic Symptoms in Youth with Intellectual Disability***

Speaker: Robin Friedlander, MB, FRCPC

Program Director, Developmental Disorders Program, Department of Psychiatry, University of British Columbia; Chair, Developmental Disability Section of the Canadian Psychiatric Association

**3. January 14, 2011: *Self-Injury in Persons with Intellectual Disability: Habilitative Mental Health Assessment and Treatment***

Speaker: William I. Gardner, Ph.D.

Professor Emeritus, University of Wisconsin-Madison

**4. February 11, 2011: National START Team Meeting**

Speaker: Joan B. Beasley, Ph.D.

Director, Center for START Services, Research Associate Professor, Institute on Disability - University of NH

**5. March 11: *Mental Health Perspectives for Autism Spectrum Disorders in Adults with Intellectual Disability***

Speaker: Anne Desnoyers Hurley, Ph.D.

Research Associate Professor, Institute on Disability, Institute on Disability - University of NH & Tufts University School of Medicine

**6. April 8, 2011: *Medical Conditions of People with Intellectual / Developmental Disabilities and Mental Health Challenges***

Speaker: I. Leslie Rubin, M.D.

President, Institute for the Study of Disadvantage & Disability; Research Associate Professor, Morehouse School of Medicine

**7. May 13: *Developmental and Cognitive Limitations & Differences: Support Plans for Individuals with Mental Health Problems and Intellectual Disability***

Speaker: Anne Desnoyers Hurley, Ph.D.,

Research Associate Professor, Institute on Disability – University of New Hampshire & Tufts University School of Medicine

**8. June 10, 2011: National START Team Meeting**

Speaker: Joan B. Beasley, Ph.D.

Director, Center for START Services & Research Associate Professor, Institute on Disability - University of NH

*\*Registration information for webinars will be sent separately*



MPC  
Mecklenburg Provider Council



*presents*

## ***Person Centered Thinking Training***

**Session 1: Monday, December 6<sup>th</sup> and  
Tuesday, December 7<sup>th</sup>, 2010**

**trainer**

**Sharon Welling**

**Session II: Monday, December 20<sup>th</sup> and  
Tuesday, December 21<sup>st</sup>, 2010**

**trainer**

**Larry Adler**

--LOCATION: Carlton Watkins Center, 3500 Ellington Street, Charlotte NC 28211

**REGISTRATION:** Register online: [www.genesisproject1.org](http://www.genesisproject1.org) (Registration fees will be payable via Paypal)

\*Total training hours: 12 hours

Cost: \$65 per person

**For more information on this Person Centered Thinking Training, please contact, Dr. Trasha Black, PhD, LPC, NCC, Clinical Director at Genesis Project 1, Inc. (704.596.0505) [tblack@genesisproject1.org]**



# MPC

## Mecklenburg Provider Council

### TRAINING REGISTRATION FORM

Training Title:

#### Person Centered Thinking

(please check the desired training session:

Session I: December 6-7, 2010

Session II: December 20-21, 2010

Complete the information below and fax this form to Dr. Trasha Black at (704) 596-0507.

Please type or print

#### AGENCY INFORMATION

Agency's Name: \_\_\_\_\_

Agency's Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ Email: \_\_\_\_\_

-Participant (s) attending

Name (please print)	Email Address	Phone Number

\*If there are more than 12 participants from your agency, please use another registration form.

#### SESSION & ATTENDEE INFORMATION

(Limit 50 per session. See the training flyer for times and locations)

	Number purchasing	Total Cost
Training Fee \$65.00		
<b>TOTAL FEE</b>		

#### PAYMENT INFORMATION

You will receive an online link for payment via Paypal in the registration confirmation email.

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. Participants who arrive more than 15 minutes late will NOT be admitted to the training session. Full attendance expected in order to receive training certificate (I.e. No partial credit will be given.) The Provider Network does not keep certificate copies so all participants will need to make all necessary copies and storage arrangements as copies of lost certificates will NOT be available in the future. Please note that these sessions will be videotaped and all participants will be asked to sign a consent form.

Should you have any questions, please contact Dr. Trasha Black at (704) 596-0505 or Angela Simmons at (704) 537-3650 ext.1105.

MPC  
Mecklenburg Provider Council



presents

# *Cognitive Behavioral Therapy Training*

Facilitator: Dr. Susan Furr, Ph.D.

**December 9, 10, 11**  
**10am-5pm**

--LOCATION: Due to Space Constraints this training will rotate Meck County Library Locations mid-training:

Thursday December 9, 2010: West Blvd Library 2157 West Boulevard (704) 416-7400

Friday December 10, 2010: West Blvd Library 2157 West Boulevard (704) 416-7400

Saturday December 11, 2010: Freedom Regional Library 1230 Alleghany Street (704) 416-4200

**REGISTRATION:** Register online: [www.genesisproject1.org](http://www.genesisproject1.org) (Registration fees will be payable via Paypal)

\*Total training hours: 24 hours including class time and additional reading and assignments.

\*\*Plus \$10 fee for CEU's.



*Dr. Susan Furr is a licensed psychologist who received her PhD from the University of North Carolina at Chapel Hill. She has worked as a school counseling, a psychologist at a university counseling center, and currently is a Professor in the Department of Counseling at the University of North Carolina at Charlotte. She has published on topics such as college student suicide, grief and loss counseling, career counseling, and development of counseling students. A major focus of her training has been in the area of cognitive therapy.*

**For more information on this Cognitive Behavioral Training, please contact, Dr. Trasha Black, PhD, LPC, NCC, Clinical Director at Genesis Project 1, Inc. (704.596.0505)[[tblack@genesisproject1.org](mailto:tblack@genesisproject1.org)]**

# MPC Mecklenburg Provider Council

## TRAINING REGISTRATION FORM

Training Title:

**Cognitive Behavioral Therapy Training  
December 9, 10, 11**

Complete the information below and fax this form to Dr. Trasha Black at (704) 596-0507.

Please type or print

### AGENCY INFORMATION

Agency's Name: \_\_\_\_\_

Agency's Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ Email: \_\_\_\_\_

-Participant (s) attending

Name (please print)	Email Address	Phone Number

\*If there are more than 12 participants from your agency, please use another registration form.

### SESSION & ATTENDEE INFORMATION

(Limit 50 per session. See the training flyer for times and locations)

	Number purchasing	Total Cost
Training Fee \$65.00		
CEU's \$10.00		
<b>TOTAL FEE</b>		

### PAYMENT INFORMATION

You will receive an online link for payment via Paypal in the registration confirmation email.

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. Participants who arrive more than 15 minutes late will NOT be admitted to the training session. Full attendance expected in order to receive training certificate (I.e. No partial credit will be given.) The Provider Network does not keep certificate copies so all participants will need to make all necessary copies and storage arrangements as copies of lost certificates will NOT be available in the future. Please note that these sessions will be videotaped and all participants will be asked to sign a consent form.

Should you have any questions, please contact Dr. Trasha Black at (704) 596-0505 or Angela Simmons at (704) 537-3650 ext.1105.

MPC  
Mecklenburg Provider Council



*presents*

# *Motivational Interviewing*

Facilitator: Tony Beatty.

**December 29-30, 2010  
8:30am-4:30pm**

**Cost: \$40**

--LOCATION: Carl Watkins Center, 3500 Ellington Street, Charlotte NC 28211

**REGISTRATION:** Register online: [www.genesisproject1.org](http://www.genesisproject1.org) (Registration fees will be payable via Paypal)

\*Total training hours: 13 hours

*Tony Beatty is a Licensed Clinical Addictions Specialist, who serves as a Program Administrator for Mecklenburg County Area Mental Health Provided Services Organization. Tony has three decades of experience working with individuals desiring recovery and is excited to provide Motivational Interviewing to the community.*

**For more information on this Motivational Interviewing Training, please contact, Dr. Trasha Black, PhD, LPC, NCC, Clinical Director at Genesis Project 1, Inc. (704.596.0505)[[tblack@genesisproject1.org](mailto:tblack@genesisproject1.org)]**



# FOOTBALL CHAMPIONSHIP



Saturday, December 4<sup>th</sup>, 2010  
7:45PM  
Bank of America Stadium

## GROUPS HAVE MORE FUN!

Watch the top two teams in the ACC battle for a chance to play in the 2011 Orange Bowl!

- Sit together in choice seat locations.
- Enjoy seven hours of ACC festivities at FanFest before the game. Participate in games and pep rallies throughout the day. Get pictures and autographs from ACC Legends. Watch the ACC Mascot Football Game and popular country music acts perform before kickoff. Enjoy food and fun all day long!
- Group recognition on the LED video board during the game and a thank you listing in the game day program.



**TICKETS START AT \$25\* PER PERSON**



## QUICK SCORE

Groups of fifty (50) or more receive free ACC Championship t-shirts and VIP Extra Point Passes while supplies last!

### ORDER INFORMATION

Please contact your ACC Football Championship Representative to reserve your seats today!

**JOHN MACONI**

**336-331-3829**

[jmaconi@accfootballchampionship.com](mailto:jmaconi@accfootballchampionship.com)

\* Minimum purchase of 10 tickets



➤MPC  
**Mecklenburg Provider Council**

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9/09

Statement of Interest

<b>Agency Name</b>	
<b>Populations Served</b>	
<b>Services Provided</b>	
<b>Name of Individual Representative</b>	

Criteria for Executive Board Nomination:

Consistent Participation and Attendance with Best Practice Groups, Mecklenburg Provider Council Subcommittees, and Info Share. Please describe your involvement and participation with each.

<b>Best Practice Groups</b>	
<b>MPC Subcommittees</b>	
<b>Info Share</b>	

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Mecklenburg Provider Council

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9/09

Criteria for Consideration:

Agencies must not be on a current Plan of Correction (POC )and must have signed and returned the Code of Ethics Acknowledgement. Agencies must have been endorsed to provide services for a minimum of 3 years and must be in good financial standing.

\*Exception: 1 New Provider Agency will be represented on the Executive Board. Agencies interested in serving in this capacity should have been endorsed at least 1 year but no more than two years.

Describe any experience that your agency has that would recommend your agency for the MPC Executive Board.

Peer Recommendations:

Two peer recommendations should be attached to the statement of interest. See below.

Peer Recommendation #1:

➤MPC  
Mecklenburg Provider Council

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9/09

Name of Agency Being Recommended:

Name of Individual (& Agency) Recommending Agency Above:

Contact Information for Individual (& Agency) Recommending Agency Above:

Why would this Agency be a good fit for the Mecklenburg Provider Council Executive Board?



# Mecklenburg Provider Council

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9/09

Peer Recommendation #2:

Name of Agency Being Recommended:

Name of Individual (& Agency) Recommending Agency Above:

Contact Information for Individual (& Agency) Recommending Agency Above:

Why would this Agency be a good fit for the Mecklenburg Provider Council Executive Board?



# Mecklenburg Provider Council

9/09

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## **LME Verification of Good Standing:**

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Signature

Date

## **Mecklenburg Provider Council President:**

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Signature

Date

Please submit completed Statement of Interest to any member of the Executive Board or to:

Ashley Jacobs

Mecklenburg Open Door

1515 Mockingbird Lane, Suite 1015

Charlotte, NC 28209

Phone: 704.525.3255 x214

Fax: 704.525.0949

[ajacobs@mecklenburgopendoor.org](mailto:ajacobs@mecklenburgopendoor.org)

# READY FOR YOUR FUTURE?

Youth, Families, and Staff

You're Invited to Explore the Question.....

*How will life change for young adults  
struggling with emotional challenges and/or co-occurring disabilities  
when they turn **16 yrs old.....what about 21?***

Food  
Provided!

Get to Know  
Other Youth  
Leaders!

Map Out  
Your Future!

Music!  
Fun!  
Activities!

What will happen after **HIGH SCHOOL?**  
How will you make **MONEY\$\$\$**  
Where will you **LIVE?** What if you become **HOMELESS?**  
How will you get your **DRIVERS LICENSE? SOCIAL SECURITY?**  
**HEALTH INSURANCE? MULTIPLE SYSTEMS?** Get the answers to  
these questions and much more by attending the workshop:

## Futures Ready! Over & Under 18

A Transition Curriculum for Emerging Young Adults

For More Information Please Contact:

[cwilson@mhacentralcarolinas.org](mailto:cwilson@mhacentralcarolinas.org) or 704-432-4521



North Carolina Families United, NFFCMH, Inc. Transition Mentoring Services is made possible by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services Block Grant Funds



# FUTURES READY

# December 7, 9 & 13, 2010 5 - 8 pm

## Futures Ready Interest Form

Date completed: \_\_\_\_\_

Name of interested person: _____		
(First)	(Last)	(Middle initial)
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone Contact Number(s): _____		
E-mail address: _____		
Age: _____	Race: _____	Sex _____
Person who told you about the workshop: _____		

***Please complete the following questions to the best of your ability.  
Keep in mind, there are no right or wrong answers, it is all about you!***

How did you hear about Futures Ready? \_\_\_\_\_

Why do you want to participate in Futures Ready? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider your best attribute, quality or strength? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who are the most important people in your life and what is their relationship to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What goals are you hoping to accomplish through participating in Futures Ready? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information you would like us to know about you? \_\_\_\_\_  
\_\_\_\_\_

Thank you for your interest in the Futures Ready workshop!

Please Submit Completed Interest Form to:  
ParentVOICE Attention: Candace Wilson  
3500 Ellington Street Charlotte, NC 28211

cwilson@mhacentralcarolinas.org  
704-432-4521 phone / 704-432-4547 FAX

**Return form no later than November 22, 2010**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian Consenting Participation

\_\_\_\_\_  
Date