



**MECKLENBURG COUNTY**  
**Area Mental Health, Developmental Disabilities and**  
**Substance Abuse Services**  
July 11, 2011

***PROVIDER HOT SHEET***

⇒ **Continuum of Crisis Services**

The LME has engaged Piurek and Associates to assist in efforts to improve the scope of Mental Health, Intellectual and Developmental Disabilities, and Substance Abuse Crisis Services. This process will include public input and result in an updated LME Crisis Services Plan. In the fall, the LME expects to release RFP's for services identified through this process. There will be several opportunities for individuals to give input, including community meetings on August 1 and 2, and an internet based survey and feedback portal. To learn more about Piurek and Associates, visit their web site: <http://www.piurek.com/>

⇒ The Department of Justice has released [a new technical assistance document](#) describing public entities' obligations and individuals' rights under the integration mandate of Title II of the Americans with Disabilities Act (ADA) and the 1999 landmark Supreme Court decision, *Olmstead v. L.C.*

Additionally, in commemorating the 12<sup>th</sup> anniversary of the *Olmstead* decision, the department launched a new section of its ADA website, [www.ada.gov/olmstead](http://www.ada.gov/olmstead), providing information and resources about the decision and its enforcement.

The department also expanded its existing ADA.gov E-mail subscription service to include *Olmstead* enforcement. To monitor developments, a subscription link is provided at [www.ada.gov/olmstead](http://www.ada.gov/olmstead).

⇒ **Enhances Services for Children or Adolescents**

When working with children or adolescents (less than 21 years of age for Medicaid, less than 18 for State funded services) who need enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must complete the following requirements and attest to them on the PCP:

- Meet with the Child and Family Team, OR
- Scheduled a Child and Family Team meeting, OR
- Assign a TASC Care Manager, AND
- Confer with the clinical staff at the LME to conduct care coordination.

Jennifer Moore, LPC an Intensive Care Manager in the LME, is the contact for care coordination and can be reached at 704-432-0077.

⇒ **Quarterly Reminder**  
**Elements of a Functional First Responder System**

The Mecklenburg County Consumer and Family Advisory Committee (CFAC) and LME consider the following elements to constitute a Functional First Responder System (FFRS):

- The provider has a 911 prompt for medical crisis on their voicemail system.
- The provider has a prompt that provides a phone or pager number for assistance with "urgent" or "crisis" needs that cannot wait until the next business day (this number should connect to a person and not another telephone number or voicemail.)

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- If crisis number contacts a pager, the message explains briefly what the caller will hear and how to respond.
- If the caller does not reach a live person, the voicemail message gives the caller a wait time of no more than 15 minutes to expect a return call.
- If the caller does not reach a live person, the call is returned within 15 minutes.
- **Each CABHA shall provide all consumers with a phone number to contact a live person 24/7/365 for use when crises occur. First response may be telephonic, but face to face intervention shall be attempted prior to referral or if necessary, in conjunction with other crisis responders. (New requirement as of April 6, 2011 from NC Division of Mental Health)**

All providers of enhanced Medicaid services that are required to serve as First Responders should ensure that these elements are included in your First Responder System. The LME and representatives from CFAC will periodically test providers through Mock Calls to ensure compliance with these requirements.

**Recommendations to providers:**

- Keep the LME informed with up to date contact information.
  - Check the LME's website under Provider Services for your agency's web pages. These web pages are designed for consumers so it is extremely important for all information to be accurate.
  - Implement the 15 minute time limit for calls to be returned and include that time in all phone messages.
  - Tell callers what to do if they do not receive a response within 15 minutes. This is an important element that needs to be added to most provider messages – even those who succeeded in the mock calls.
    - Some agencies recommend calling 911 or give the Mecklenburg Mobile Crisis Team number as a back-up if a consumer receives no response to their crisis call.
    - CFAC does not recommend referring to 911 as a back-up. It is an inappropriate and expensive resource for someone in a crisis that can better be addressed by a mental health professional.
    - Using the Mobile Crisis Team as a back-up responder is acceptable as long as this is not a substitute for an agency's implementation of its own first responder system.
  - Identify the agency or say "crisis line" when answering the crisis line. Most providers answered the crisis line with "hello".
  - Periodically do an internal check of your own system after hours to make sure it is working. This should include: is easy to understand the message – is it loud enough, clear enough, are phone numbers clearly announced and repeated a second time.
- ⇒ **Balanced Scorecard Data** will again be collected on an Excel spreadsheet in Provider Connect. Data is required from agencies that provided Community Support Team, ACT, Psychosocial Rehab and Targeted Case Management to IPRS consumers from January - June 2011. The spreadsheet contains the reporting form with instructions. The spreadsheets will be available in the eCura Provider Connect download folder in a subfolder titled "Balanced Scorecard Data" on or about 7/5/2011. Providers are to complete the spreadsheet and upload it to Provider Connect no later than the due date on the form, July 15, 2011. **If you did not provide the above services from January - June 2011, there is no spreadsheet for your agency and no report is required for this reporting period.**
- Questions regarding Balanced Scorecard Data should be directed to Evelyn Cross; [evelyn.cross@mecklenburgcountync.gov](mailto:evelyn.cross@mecklenburgcountync.gov), 704-432-3058.
  - Questions regarding Provider Connect should be directed to Jeremy Pollard [jeremy.pollard@MecklenburgCountyNC.gov](mailto:jeremy.pollard@MecklenburgCountyNC.gov), 704-614-0546.
- ⇒ Your single point of contact for all suggestions, input, feedback, questions and concerns regarding the Hot Sheet should be directed to Jill Scott, AMH Information/Education Coordinator at [Jill.Dineen-Scott@MecklenburgCountyNC.gov](mailto:Jill.Dineen-Scott@MecklenburgCountyNC.gov). Click [here](#) to subscribe to the weekly Hot Sheet releases.

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**CLINICAL CORNER**

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⇒ **Introduction to Disaster Behavioral Health**

In follow-up to our recent Infoshare discussion of disaster planning needs, please note that the SAMHSA Disaster Technical Assistance Center (DTAC) is presenting a one-hour webinar on: *Introduction to Disaster Behavioral Health*. The presenters are excellent and nationally recognized. The webinar is scheduled for Thursday, July 14, 2011 at 2pm ET. To register, click [here](#).

- ⇒ Our most recent Infoshare highlighted the need for a holistic approach to care that integrates treatment for both behavioral health and physical health needs. There are many people under age 65 who have no employer group health insurance. They have too much income to qualify for Medicaid and are not yet eligible for Medicare. Because of significant pre-existing medical conditions, they have not been able to buy an individual health insurance policy. The Centers for Medicare & Medicaid Services have an exciting new program that offers health insurance coverage to these individuals. Please click [here](#) to learn more about this program, and share the information with consumers and families so that we can ensure the best health possible for the people we serve.

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**CONSUMER AND FAMILY ADVISORY COMMITTEE UPDATE**

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⇒ **NEW OFFICERS**

New CFAC officers elected in June are Sandy DuPuy, Chair, [scoley03@earthlink.net](mailto:scoley03@earthlink.net) and Steve McCallum and Reverend Dorothy Davis, Co-Vice Chairs.

⇒ **CFAC SEEKS NEW MEMBERS**

A CFAC member must be a resident of Mecklenburg County, be a consumer or family member of a consumer who receives or received services and must not be an employee of a provider, an advocacy agency or the LME. Members serve one to three year terms. An application and brochure are attached. Please encourage persons you serve to consider coming to a regular meeting to observe.

⇒ **VISIT A CFAC MEETING**

CFAC meets monthly on the third Thursday from 5:30 - 7:30 pm at the Sam Billings Center on Billingsley Road. Meetings are open to anyone. There is a public comment time at the beginning of each meeting when anyone may express interests or concerns to CFAC.

⇒ **Mecklenburg CFAC First Responder Project**

As representatives for consumers and families, the Mecklenburg CFAC has an overarching goal to ensure that all persons receiving services through the provider network of the Mecklenburg LME are able to achieve the goals for recovery and independence that they set for themselves. It is our belief that persons, through their own efforts and with the support of natural allies and high quality service providers, can enhance their quality of life. The support of professional and caring providers is key to enhancing the probability that individuals can achieve their goals.

Service definitions require that Clinical Home providers have staff available 24/7/365 to act as first responders for their consumers who believe they are in a crisis. This can include a face to face intervention by provider staff but always means that staff can be reached by phone. CFAC developed a first responder project and set standards for an optimal first responder system. The purpose of the standards is to ensure that all providers use clear and easy to follow directions about how to reach a first responder through the agency's main telephone number and that consumers who call know what to expect about how the provider responds to a crisis call. The LME has supported the CFAC standards and has frequently publicized them in the weekly Provider Hot Sheet.

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Beginning in 2007, CFAC implemented a series of telephone surveys to check providers' first responder availability. Using a prepared script, CFAC members make mock calls to providers to see if individuals who believe they are in a crisis can, in fact, call their clinical home provider and receive the assistance they need in a timely way.

The CFAC First Responder Project Chair works with LME staff to develop the list of providers to be called, to organize the callers and compile responses. CFAC members are provided with verbal and written instructions for making the calls and a spreadsheet to document when calls are made, which standards are met and any additional comments about the calls such as whether the crisis responder identified himself or his agency when responding to the call. Calls are made after business hours over a specific number of days for each survey. Some providers are called more than one time if there is any question about the response.

Six surveys were completed before the most recent survey which was conducted between mid-February and early April 2011.

Click [here](#) to review Seventh Survey Report.

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### ON THE MOVE

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⇒ **Easter Seals UCP ACT Team–**

- Paulette Hartfield is the new ACT Team Leader for Easter Seals UCP. Paulette can be reached at [Paulette.Hartfield@nc.eastersealsucp.com](mailto:Paulette.Hartfield@nc.eastersealsucp.com) – 704-902-5890
- Laurie Nappier is the new Assistant ACT Team Leader for Easter Seals UCP. Laurie can be reached at [Laurie.Nappier@nc.eastersealsucp.com](mailto:Laurie.Nappier@nc.eastersealsucp.com) – 704-928-6732
- Jane Pearson is the new ACT Team Nurse for Easter Seals UCP. Jane can be reached at [Jane.Pearson@nc.eastersealsucp.com](mailto:Jane.Pearson@nc.eastersealsucp.com) – 704-928-5425

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### PROVIDER COUNCIL REMINDERS AND UPDATES

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⇒ **Provider Council Sub-Committees** – Four standing subcommittees have been formed by the Provider Council. If you are interested or want more information, please contact the committee chairs. The four 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, July 20, 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)

> The next scheduled meeting is **Wednesday, July 20, 2011 at 1:30 PM** in the Carlton Watkins Center Multipurpose room.

○ **Provider Outreach Sub-Committee** – The general purpose 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@fpsc corp.com](mailto:MLittle@fpsc corp.com)
- ◆ > The next meeting will be on **Wednesday, July 20, 2011 at 12 PM** in the Carlton Watkins Center Multipurpose room.

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- **Quality Improvement Sub-Committee** - The general purpose of this committee is to collectively organize a sound quality approach to delivery of clinical service as well as general standards for quality for MH/SA/DD providers.
  - ◆ Angela Bunting (Co-Chair), BWB Connections, 704-595-5553  
[Angela.Bunting@connectionsbw.com](mailto:Angela.Bunting@connectionsbw.com)
  - ◆ Sonyia Richardson (Co-Chair), Another Level Counseling & Consultation, 704-548-5298  
[srichardson@anotherlevels.com](mailto:srichardson@anotherlevels.com)
  - ◆ > The next meeting will be on **Wednesday, July 20, 2011 at 10:30 AM** in the Carlton Watkins Center Multipurpose room.

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**EDUCATION AND TRAINING OPPORTUNITIES**

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- ⇒ **MeckCARES Training Institute** offers a full range of high-quality classroom and now [online courses](#) that meet state service definitions and requirements and will empower you to improve outcomes for youth and families.
- Learn about System of Care principles and practices
  - See how Child and Family Teams should operate
  - Gain knowledge, power and respect to strengthen families and improve lives

Register Today! <http://charmeck.org/mecklenburg/county/MeckCARES/training/Pages/default.aspx>

- ⇒ **Mecklenburg's PROMISE Recovery and Crisis Training Calendar.** MeckPromise is offering free Wellness, Recovery & Crisis Education classes for consumers and providers at our new location 1041 Hawthorne Lane, Charlotte, NC 28205. Please feel free to drop by and see what we've got going on! For more information on our classes please call the main number at 980-321-4021 or John Cunningham at 980-321-4025 or via email at [jcunningham@meckpromise.com](mailto:jcunningham@meckpromise.com) to request a current calendar.
- ⇒ **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).
- ⇒ **Mental Health Association** offers various training opportunities to include QPR (Question, Persuade, and Refer) suicide prevention training. Please visit website <http://mhacentralcarolinas.org> or call 704-365-3454 for more information.

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**WEB RESOURCES**

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- ⇒ [NC Division of MH/DD/SAS](#)
- ⇒ [NC Division of MH/DD/SAS Provider Endorsement Information](#)

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- ⇒ [NC Division of MH/DD/SAS Implementation Updates](#)
- ⇒ [Mecklenburg AMH](#)
- ⇒ [AMH Best Practices Committees and Schedule](#)
- ⇒ [AMH Hot Sheet Archive](#)
- ⇒ [AMH Provider Document Library](#)

## Pre-Existing Condition Insurance Plan—New Coverage Option for the Uninsured

If you have had a hard time finding health insurance because of a pre-existing condition or if you've been turned down for insurance coverage and feel like you're out of options, you're not out of luck. You may now be eligible for a new program created by the Affordable Care Act -- the *Pre-Existing Condition Insurance Plan*.

This transitional program is available for children and adults in all 50 states and the District of Columbia who have been locked out of the health insurance market because of a pre-existing condition. In 2014, Americans—regardless of their health status—will have access to affordable health insurance when the nation transitions to a new marketplace.

Under this new program, you'll receive health coverage for a wide range of medical benefits including physician's services, hospital care, and prescription drugs. All covered benefits are available to you—even to treat a pre-existing condition. You won't be charged a higher premium because of your medical condition and your eligibility is not based on your income. Like standard health insurance plans, you'll be required to pay a monthly premium, a deductible, and some cost-sharing expenses. Premiums may vary depending on where you live, your age, and which health plan you choose.

The Pre-Existing Condition Insurance Plan is already getting results that are changing the lives of Americans across our nation who don't have health coverage and need medical care. James H., who lives in Texas, was diagnosed with brain cancer in 2010. Shortly after his diagnosis, James' insurance company rescinded his insurance coverage claiming that his cancer was a pre-existing condition. James knew that his lack of coverage was a death sentence. Fortunately, James was able to join the Pre-Existing Condition Insurance Plan in Texas and is now receiving the medical treatment he needs.

Cathy A., who lives in Ohio and is a small business owner, has Systemic Lupus which has required very little treatment over the years, but she has consistently been denied health insurance because of her medical condition. Cathy noted that "without me working and paying the bills, my firm would close." After enrolling in the Pre-Existing Condition Insurance Plan in Ohio, Cathy now has the peace of mind she deserves and she doesn't have to worry about the financial instability that goes with being uninsured.

These stories are just a snapshot of what we're hearing from people across the nation who are participating in the *Pre-Existing Condition Insurance Plan*.

To qualify, you must: be a citizen of the United States or residing here legally, have been uninsured for at least 6 months before applying, and have a pre-existing condition or have been denied insurance coverage because of your health condition.

Each state may use different methods to determine whether you have a pre-existing condition and whether you have been denied health coverage. To find out more about the Pre-Existing Condition Insurance Plan, including eligibility, plan benefits and rates and how to apply, visit [www.pcip.gov](http://www.pcip.gov) or Click on "Find Your State" and select your state from a map of the United States or from a drop-down menu for details.

You can also dial the Call Center toll free at **1-866-717-5826 (TTY 1-866-561-1604)**. The Call Center is open 8 A.M. to 11 P.M. Eastern Time.

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## CONSUMER & FAMILY ADVISORY COMMITTEE

### Results of Seventh Survey

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#### Survey of Clinical Home Providers:

#### CABHAs, TCM DD Providers, Substance Abuse IOP and COT Providers and MST Providers

Sixty (60) providers were surveyed by 7 CFAC members from mid-February through early April 2011. Providers represented were 43 CABHAs, 8 TCM DD providers, 3 SA IOP providers, 5 SA COT providers, and 3 MST providers. Some of the providers also provide other clinical home services. Some were called more than one time. Calls were made after normal business hours including weekend days and evenings.

There were 3 categories of responses:

- The first category is providers who had a perfect response. This means that every element of the proscribed first responder system was in place and staff responded to the crisis call within the 15 minute time limit. There were 29 providers (approximately 48%) who had a perfect response.
- The second category is providers who were successful in answering calls or returning calls within the 15 minute time limit but who missed 1 element of an optimal first responder system. There were 9 (approximately 15%) in this category.
- The third category is providers who failed to respond at all or who did not have a working phone number. Six had every element of an optimal system in place but still failed to respond to the mock crisis call. There were 22 (approximately 37%) in this category.

Providers who responded perfectly were: A Caring Alternative, Access Family Services, Anuvia Prevention and Recovery, Another Level Counseling and Consultation, CMC Behavioral Health Center – Randolph, Barium Springs Homes for Children, Bridgebuilders Family and Youth Services, Community Choices, Inc., Carolina Family Comprehensive Services, Inc., Footprints Carolina, Inc., Innovative Support Services, LLC, Institute for Family Centered Services, Inc., National Mentor Healthcare, LLC, Onecare, Inc., Person Centered Partnerships, Primary Care Solutions, Procure Therapeutic Agency, Inc., Quality Family Services, Restoration Concepts, RHA Health Services, Strategic Interventions, STEPs Developmental Academy, Successions Inc., The Arc of NC, Thompson Child and Family Focus, TrueVisions, and Wilson's Professional Care

#### Conclusions

The total number of clinical home providers who did respond to mock crisis calls was 38 out of 60 (about 3/5 or 63%). 9 of those had 1 element missing from an ideal first responder system but they responded appropriately to the crisis call.

- 28 of 41 CABHAs were successful
- 4 of 8 TCM providers were successful
- All 3 SAIOP providers were successful
- 1 of 5 SACOT providers were successful
- 2 of 3 MST providers were successful.

The total number of clinical home providers who did not respond to the mock crisis call was 22 out of 60 (about 37% or 2/5).

- 13 of 41 CABHAs
- 4 of 8 TCM providers
- 4 of 5 SA Comprehensive OP



- 1 of 3 MST providers

**CFAC considers it unacceptable for any clinical home provider to be unavailable as a first responder to the persons they serve. CFAC expects 100% compliance by first responders.**

**Recommendations to providers:**

- Keep the LME informed with up to date contact information.
- Check the LME's website under Provider Services for your agency's web pages. These web pages for designed for consumers so it is extremely important for all information to be accurate.
- Implement the 15 minute time limit for calls to be returned and include that time in all phone messages.
- Tell callers what to do if they do not receive a response within 15 minutes. This is an important element that needs to be added to almost all provider's messages – even those who succeeded in the mock calls.
  - Some agencies recommend calling 911 or give the Mecklenburg Mobile Crisis Team number as a back-up if a consumer receives no response to their crisis call.
  - CFAC does not recommend referring to 911 as a back-up. 911 is for true health related emergencies. It is an inappropriate and expensive resource for someone in a crisis that can better be addressed by a mental health professional.
  - Using the Mobile Crisis Team as a back-up responder is acceptable as long as this is not a substitute for an agency's implementation of its own first responder system.
- Identify the agency or say "crisis line" when answering the crisis line. Most providers answered the crisis line with "hello".
- Periodically do an internal check of your own system after hours to make sure it is working. This should include if it is easy to understand the message – is it loud enough, clear enough, are phone numbers clearly announced and repeated a second time.

MPC  
Mecklenburg Provider Council



*Presents*

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

**Wednesday July 27<sup>th</sup> and  
Thursday July 28<sup>th</sup>, 2011**

**8:30-4pm**

**Trainer**

**Amy Mock**



**Amy Mock is a certified Person Centered Thinking and a certified Systems of Care trainer. She currently works with Alexander Youth Network as the YFS Liaison. She is a Licensed Professional Counselor and has been working with youth and their families for over 15 years utilizing cognitive behavioral and trauma informed therapies.**

**--LOCATION: Charlotte, NC**

**REGISTRATION:** Register online: [www.genesisproject1.org](http://www.genesisproject1.org) (Registration fees will be payable via Paypal). Other methods of payment are a certified check or money order.

**\*Total training hours: 12 hours**

**Cost: \$80 per person**

**For more information on this Person Centered Thinking Training, please contact, Lisa Davis, Training Director at Genesis Project 1, Inc. (704.596.0505)[[ldavis@genesisproject1.org](mailto:ldavis@genesisproject1.org)]**

# MPC

## Mecklenburg Provider Council

### TRAINING REGISTRATION FORM

Training Title: **Person Centered Thinking Training**  
 Date: **July 27 & 28, 2011**

Complete the information below and fax this form to Lisa Davis at (704) 596-0507.  
 Please type or print clearly

#### AGENCY INFORMATION

Agency's Name: \_\_\_\_\_  
 Agency's Contact Person: \_\_\_\_\_  
 Contact Person Phone: \_\_\_\_\_ Email: \_\_\_\_\_

-Participant (s) attending

Name (please print)	Email Address (REQUIRED)	Phone Number

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

#### SESSION & ATTENDEE INFORMATION

(Limit 30 per session. See the training flyer for times and locations)

	Number purchasing	Total Cost
Training Fee \$80.00		
<b>TOTAL FEE</b>		

#### PAYMENT INFORMATION

You will receive an online link for payment via Paypal at [www.genesisproject1.org](http://www.genesisproject1.org)

Training is limited to 30 persons per session. All required Handouts are sent to participants prior to the training date and participants are responsible for bringing to the 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 and active participation is expected in order to receive training certificate (I.e. No partial credit will be given.) Disruptive participants will be asked to leave the class. 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 Lisa Davis or Sharday Black at (704) 596-0505