

Local Management Entity



www.Eastpointe.net
800-513-4002
Access - 800-913-6109

*“Managing Behavioral Healthcare for the citizens of
Duplin, Lenoir, Sampson and Wayne Counties”*

Annual Report 2010-11

Eastpointe Annual Report 2010-11

A Message from the CEO....Ken Jones, MPA



North Carolina's public mental health, developmental disability and substance abuse service system has been through massive transformation since the Mental Health Reform began in 2001. In our role as manager of the public sector behavioral health system, we have made a commitment to work together with individuals, families, providers, and the community to continually improve and manage an efficient and quality local mental health, intellectual developmental disability and substance abuse system. To that end we have developed an efficient system that fosters accessible and qualified service providers, and quality services that are person

centered.

Fiscal Year 2011 was a year of milestones. In September 2010, we implemented the Medicaid Utilization Review System. Eastpointe is pleased to have at least one Critical Access Behavioral Agency within each of the counties we serve. Eastpointe was selected for the authorizer of Intellectual and Developmental Disability (I/DD) Services for those enrolled in the Medicaid Community Alternatives Program for the Eastern Region. In April of 2011, Eastpointe, Southeastern Regional and The Beacon Center received letters from the 12 counties represented, indicating they would either partner or merge to create efficiencies in managing Medicaid and State resources. In April Eastpointe also submitted an application to manage Medicaid under a 1915(b)(c) waiver.

Each one of these accomplishments contribute to the changing system of mental health reform, as we move forward in keeping persons we serve in their home or community receiving the best possible care.

We look forward to another year of accomplishments with our community partners as we grow together as a managed care behavioral health community.

Ken Jones, CEO

Eastpointe Board

Duplin:

Rebecca Judge
Zettie Williams
David Sanderson

Lenoir:

Rita Hodges, Vice Chairperson
Emily Moore
Eric Rouse

Sampson County:

Wanda Boyette
J.W. Simmons
Albert D. Kirby, Jr.

Wayne County:

John Bell
Dr. John Fisher
Floyd McCullouch
Lee Smith, Chairperson
Tom Fleetwood
Anne Turner

Looking Back at Our Accomplishments

2010-11

- ◆ Eastpointe granted \$436,610 in homeless assistance funding, this funding will support 15 individuals for 5 years, July 2010.
- ◆ Development of Medicaid UR Netsmart Product
- ◆ “GO-LIVE” as new Medicaid UR Vendor for DMA to include all Medicaid Consumers for the counties of Duplin, Sampson, Lenoir, and Wayne, Sept 2010
- ◆ 13 new graduates from Crisis Intervention Training (CIT), July 2010
- ◆ Recognition of Substance Abuse Recovery Month, Sept 2010
- ◆ Addition of CAP-MR/DD Utilization Review for the Eastern Region, awarded Sept 2010 with effective date of Jan 2011
- ◆ World Café’ needs assessment completed with assistance with CFAC.
- ◆ Transition of Services to Comprehensive and Behavioral Health Agencies (CABHA) to include case management services for consumers with a Mental Health or Substance Abuse Diagnosis.
- ◆ Appointment of Eastpointe Consumer

and Family Advisory Committee (CFAC) , Sue Guy, to the State CFAC.

- ◆ Training of both Board Members, Clients Rights Committee Members, and Consumer and Family Advisory Committee Members on the upcoming 1915 (b) (c) waivers.
- ◆ Applied to be a Medicaid 1915 (b) (c) waiver site. Agreeing to merge with The Beacon Center and Southeast Regional as the entire waiver site, Dec 2010

*"Renewing the mind,
Restoring the Spirit."*

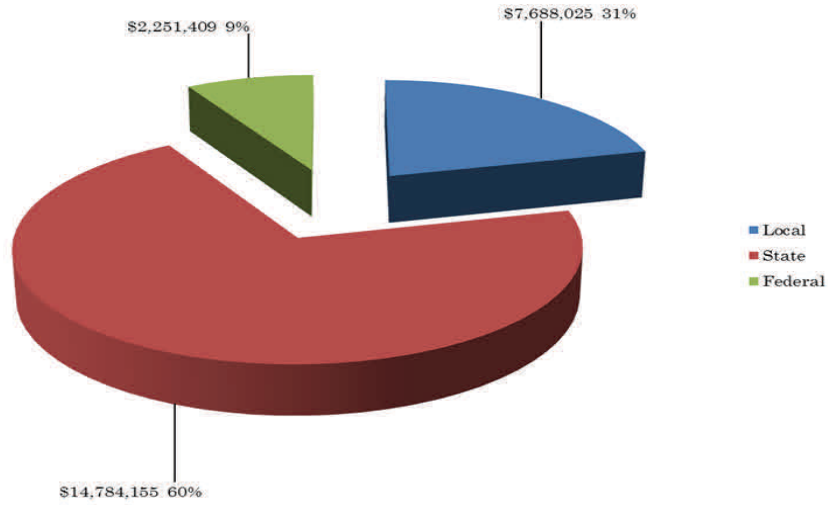
- ◆ Peer Support Grant received for \$23,000 to assist consumers in training toward becoming a peer support specialist, Dec 2010
- ◆ Sponsored 5th Annual Gang Conference, Jan 2011
- ◆ Annual Financial Audit with result of “unqualified opinion” the highest Financial rating possible.
- ◆ Training with Eastpointe Board Members surrounding the Medicaid Utilization Process completed at Eastpointe.
- ◆ Celebration of Developmental Disabilities Awareness Month, March 2011
- ◆ Sponsored the “Leader SHIP” Conference, March 2011
- ◆ Completed Peer Support Specialist program and Graduation for participants.
- ◆ Begun the URAC Accreditation Process



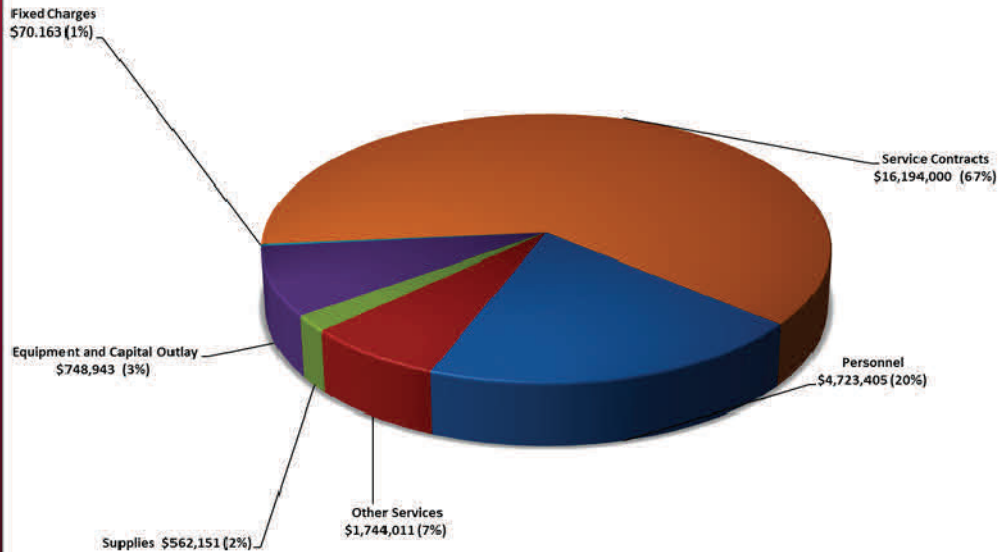
Eastpointe Annual Report 2010-11

Revenues and Expenditures

Eastpointe 2010-2011 Revenues



Eastpointe 2010-2011 Expenditures



Eastpointe Annual Report 2010-11

Access Screenings

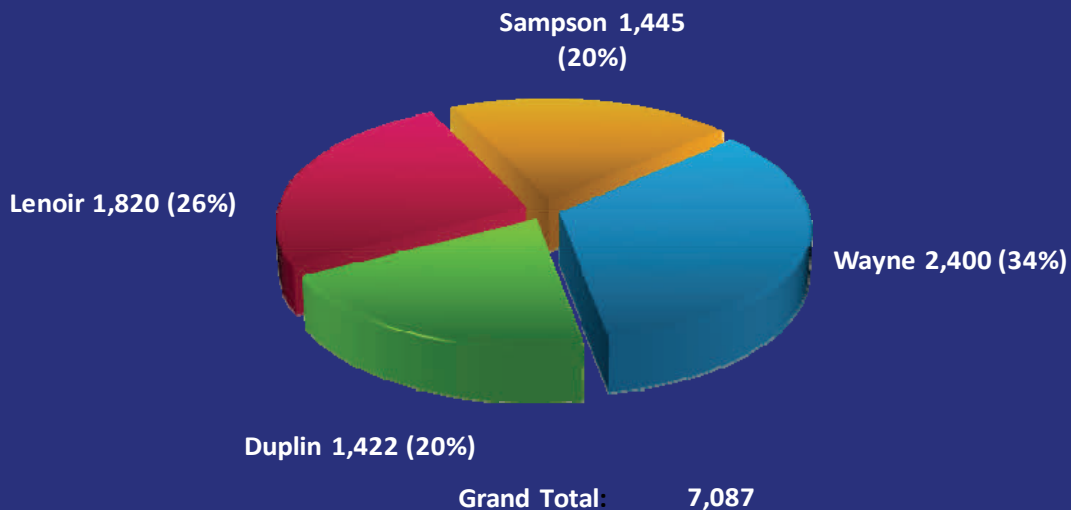
A total of 7,087 new screenings have occurred in the FY 10-11. In comparison to the population, Lenoir and Duplin served above their population percentage while the remaining counties, Sampson and Wayne were close but remained below their population percentages.

PERCENT OF POPULATION

DUPLIN -	54,352	18%
LENOIR -	57,255	19%
SAMPSON -	66,508	23%
WAYNE -	116,974	40%
TOTAL -	295,089	

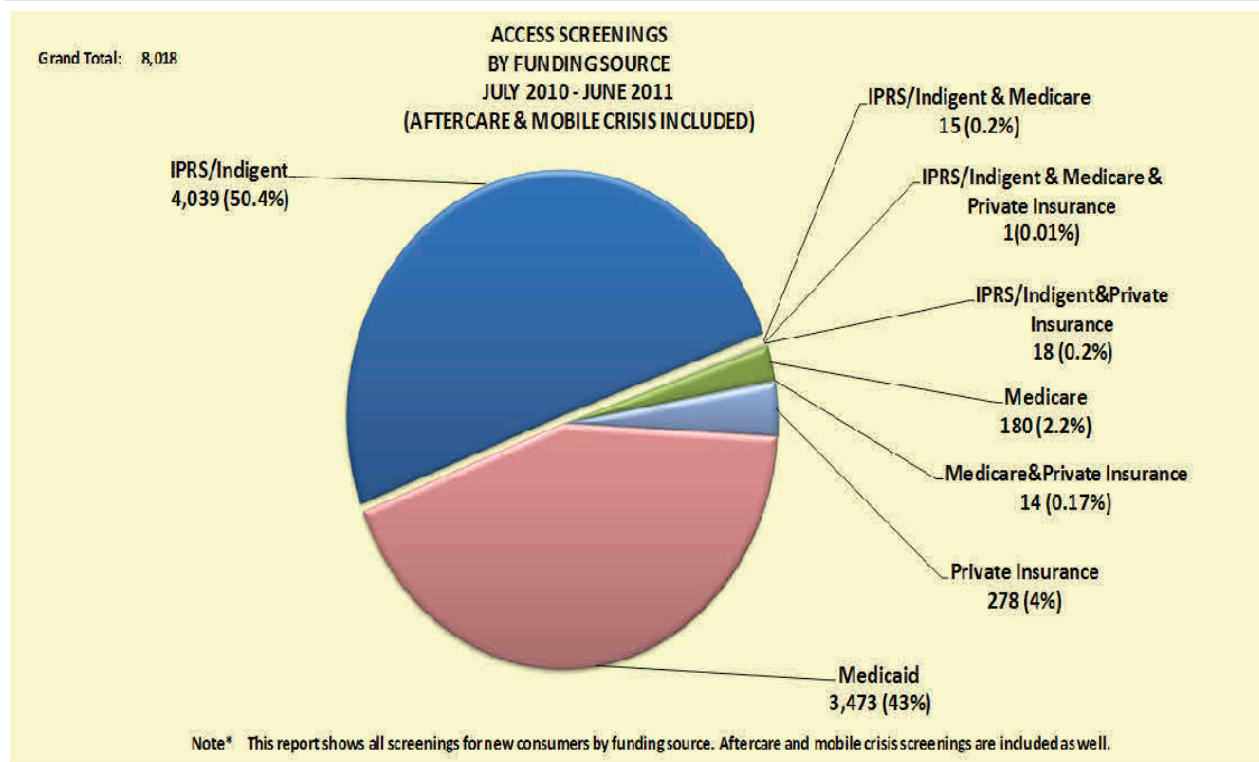


NEW SCREENINGS BY CONSUMER COUNTY FYTD 10-11 JULY 10 - JUNE 11



Access Screenings by Funding Source:

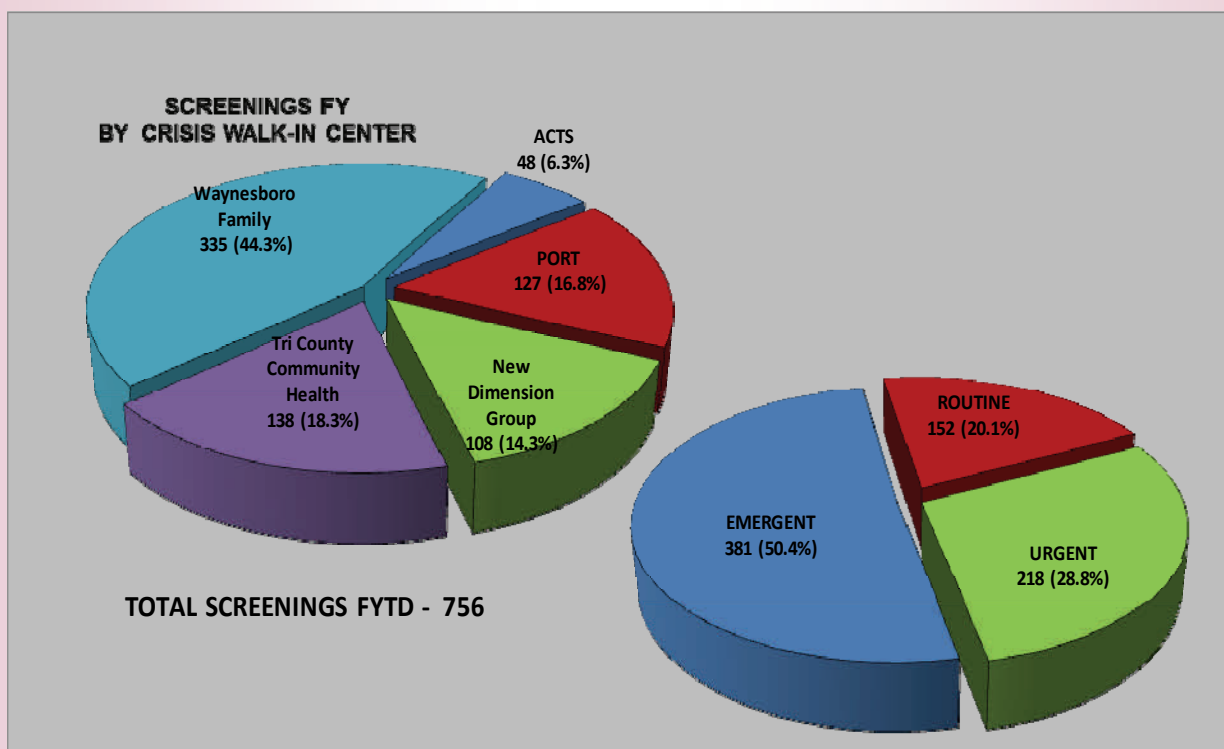
Eastpointe had 8,018 screenings for which it tracked funding source. These screenings were not only completed by Eastpointe staff but also by the mobile crisis teams and the walk-in crisis centers. Over 50% of the individuals screened were classified as “indigent/IPRS” which means they have no insurance to cover the costs of treatment and must be covered by state funded services. Medicaid consumers made up 43% of the population screened. Seven percent that would be covered by either private pay, private insurance or a combination of funding sources.



Eastpointe Annual Report 2010-11

Emergent/Crisis Intervention

Eastpointe contracts with 4 separate agencies to provide Crisis/Walk-In Centers for individuals in need of behavioral health services and are located in on of our four counties. The purpose of the walk-in centers is to allow those in crisis and individuals not sure where to seek services a place that they could walk-in within normal business hours and receive services. The contract was also initiated with the purpose of reducing hospitalizations. As you will see below, the walk-in centers screened 756 individuals during the FY 10-11. Of the 756 screened, only 41 were hospitalized, or 5% of the population screened in the walk-in centers.



Where Can I Find the Crisis Center Located in My County?

Duplin County:
New Dimension Group
416 W. Ridge Street
Rose Hill, NC

Lenoir County:
PORT Human Services
2901 N Heritage Street
Kinston, NC

Sampson County:
CommWell Health
306 Beamon Street
Clinton, NC

Wayne County:
Waynesboro Family Clinic
1706 Wayne Memorial Drive
Goldsboro, NC

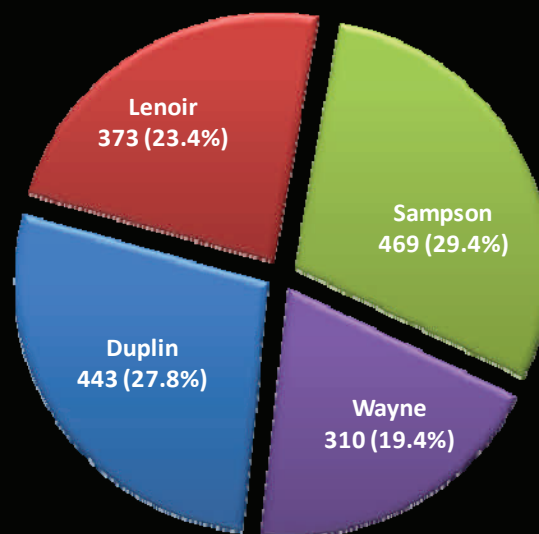


Emergent/Crisis Intervention

In addition to the walk-in/crisis centers, Eastpointe also contracts with Easter Seals/UCP to provide Mobile Crisis Services. These services are available for any individuals in need of immediate behavioral health services and are dispatched through Eastpointe 24/7/365 telephonic screening service. Mobile crisis members will meet the individual in the community where they are assist as needed.

During the FY 10-11 Eastpointe dispatched the Mobile Crisis Team 1,595 times throughout the 4 counties. The majority of the mobile crisis dispatches went to Sampson County, followed by Duplin, Lenoir, and Wayne Counties. (See graph below)

**MOBILE CRISIS SCREENINGS
BY CONSUMER COUNTY
FYTD 10-11
JULY 10 - JUNE 11**

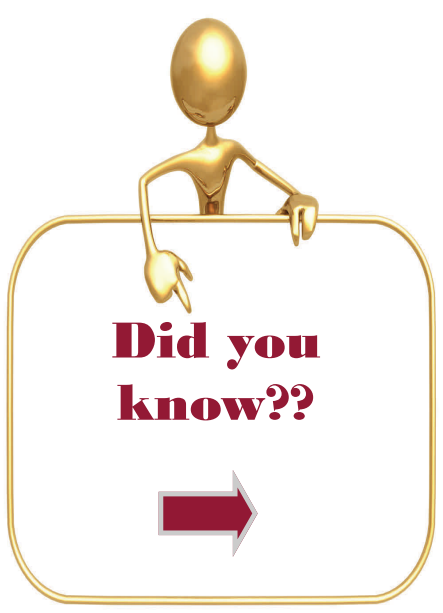
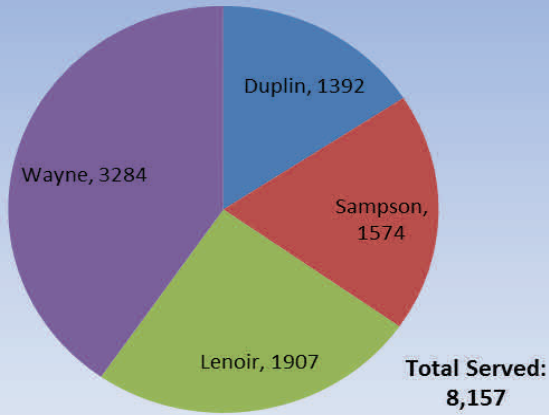


Grand Total: 1,595

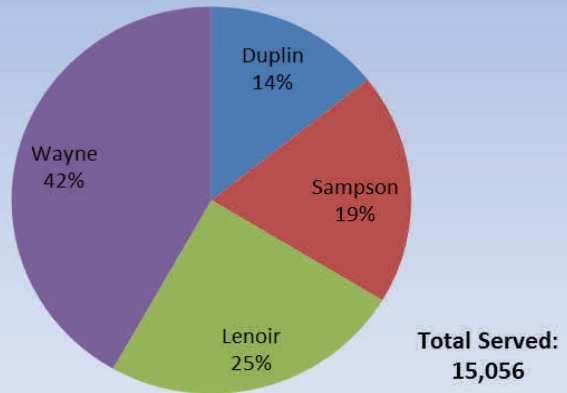
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Consumers Served by Disability

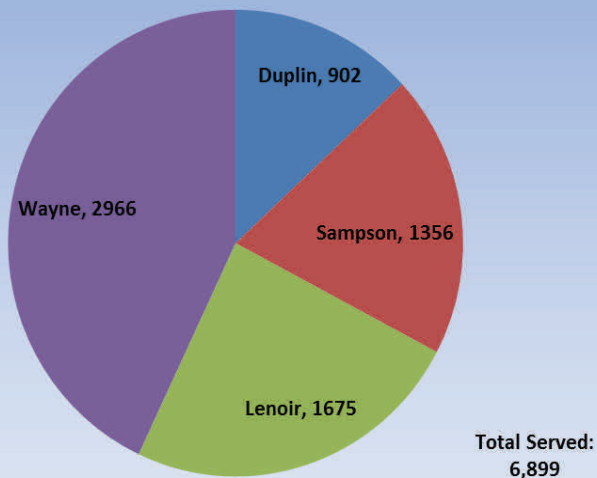
Total Consumers Served- Adult



Total Consumers Served- State and Federal Funds 2010-2011



Total Consumers Served- Child



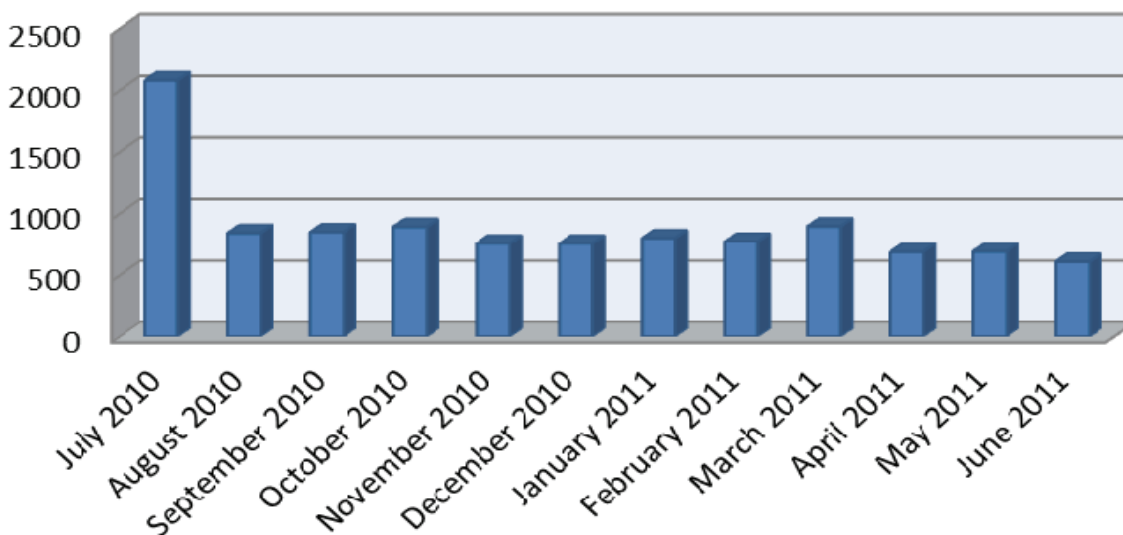
Eastpointe Annual Report 2010-11

Utilization Management- State Funds (IPRS)

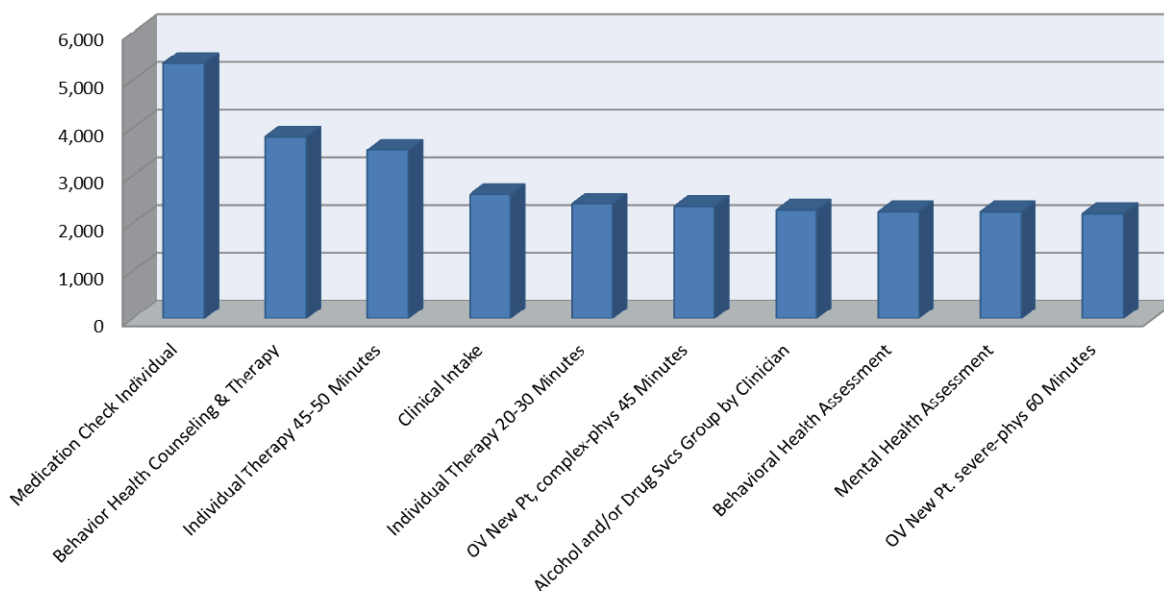
Eastpointe provides Utilization Management services for state funded consumers (IPRS) for state funded services. During the FY 10-11 Eastpointe processed a total of 10,598 authorization requests for 45,638 individual services. The top ten services utilized in state funds are also pictured below.



State Funded Service Requests



Top Ten Utilized State Funded Services

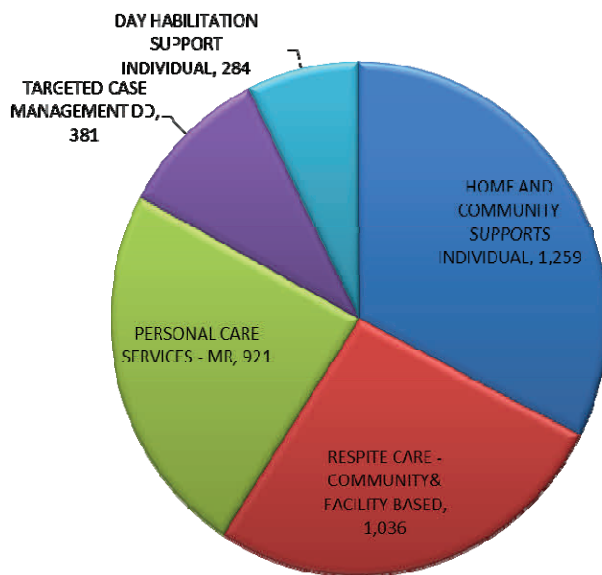


Eastpointe Annual Report 2010-11

Utilization Review- Federal Funds (Medicaid)

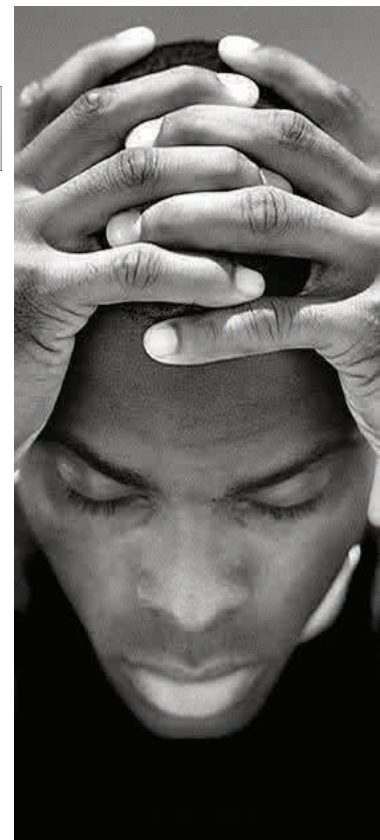
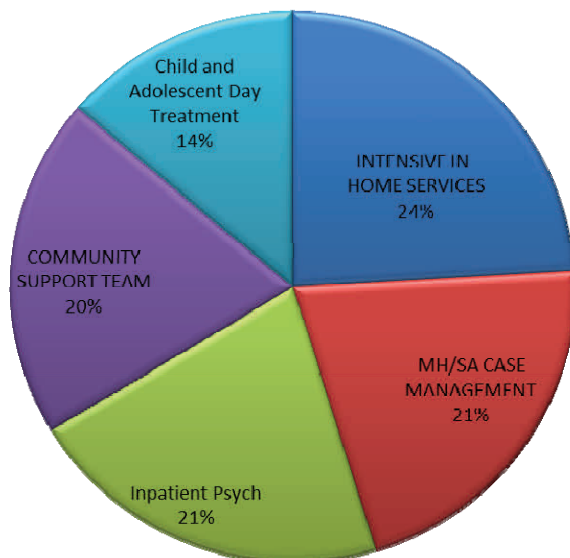
Eastpointe also serves as a Medicaid Utilization Review Vendor for the Division of Medical Assistance. The Utilization review contract began new on September 20, 2010, cover mental health, developmental disabilities, and substance abuse services for the Medicaid individuals of Duplin, Sampson, Lenoir, and Wayne Counties.

Utilization Review- Top Five CAP-MR/DD services



On January 20, 2011 the contract was expanded to include all CAP-MR/DD Utilization Review services for the eastern region and all Alcohol and Drug Treatment Facilities for the state of North Carolina (ADATC).

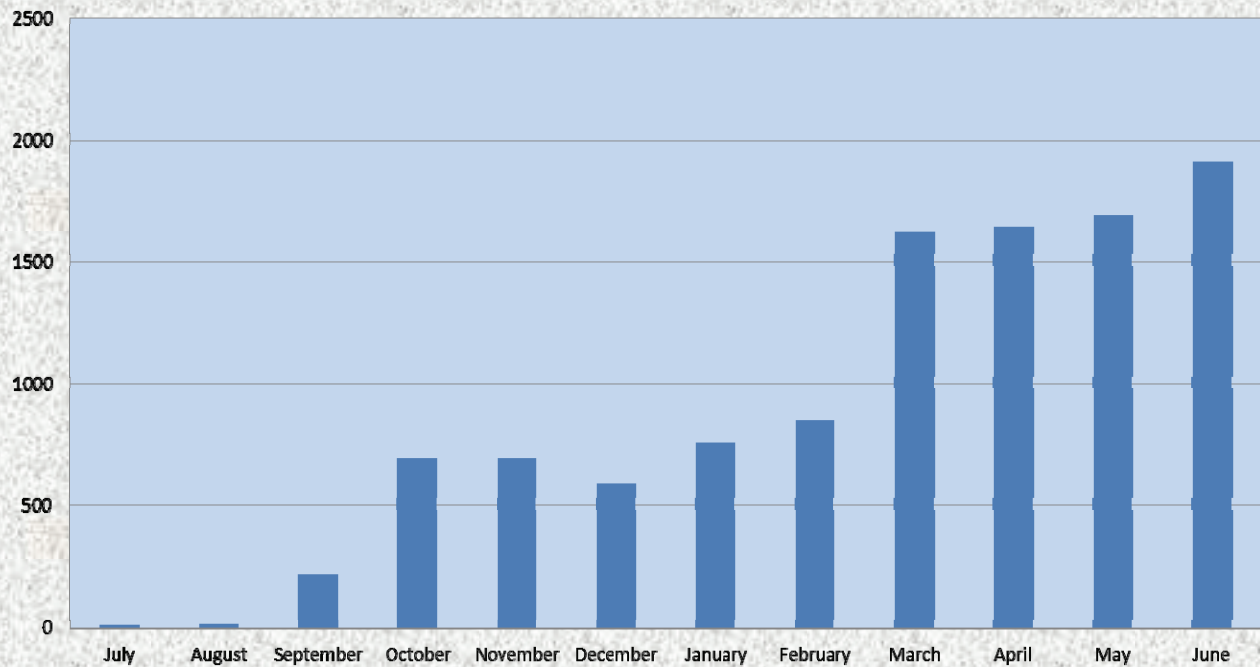
Utilization Review- Top Five MH/SA services



Eastpointe Annual Report 2010-11

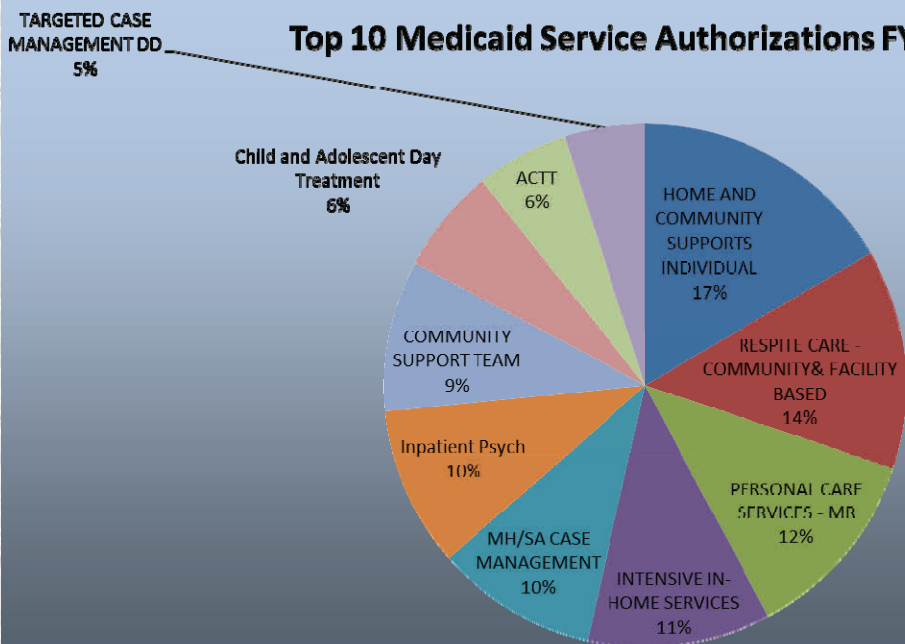
Utilization Review- Federal Funds (Medicaid)

Medicaid Authorization Requests 2010-11



Eastpointe began Medicaid Utilization Review on September 2010 as a vendor for the state of North Carolina, covering the Eastpointe catchment area. On January 20, 2012 the contract was expanded to include all CAP-MR/DD consumers for the eastern region. The new contract covered consumers from ECBH, Johnston, Cumberland, Southeastern Regional, Southeastern Center, The Beacon Center, and Onslow-Carteret LMEs. From September 2010-June 2011 Eastpointe processed 10, 732 Medicaid Service Requests.

Top 10 Medicaid Service Authorizations FY10-11



Eastpointe Annual Report 2010-11

Quality Management Project: Medicaid UR Provider Call Center

Project Basis: As a part of the new Medicaid UR Project we are required to have a "Call Center" for providers to assist with submitting their authorization requests and to assist with any questions that may have been processed by the Medicaid UR staff. We also have very specific reporting requirements for the contract that must be met in order to not have financial penalties on the contract. The contract states:



"The Vendor shall create a Call Center to receive and process Provider complaints and problems. The Vendor shall provide sufficient numbers of Call Center Staff and Call Center telephone lines to ensure that Provider calls are answered within an average wait time of less than 30 seconds."

The Call Center staff shall be scheduled to take calls during State Business Days, Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern time.

Steps Taken

- * Data collection system was established
- * New phone "Que" was established
- * Verification of data collected
- * Policy and Procedure was completed
- * Reports established
- * Provider Representative staff were hired and trained
- * Reporting data was completed and submitted to DMA
- * Strategic Planning/QM Committee reviewed the data reported

Results

This project was very successful and much of the reason that the Medicaid UR project has been such a success. The Strategic Planning Committee/QM Committee discussed in length how to place this function within the LME. It was decided that this would be a stand-alone department, separate from Medicaid UR and it's functions. This has proven thus far to be a successful model. The positions are fully devoted to provider assistance and do not have to share that functions with other roles and responsibilities. We completed a survey 6 months into the project surrounding the Medicaid UR project and since this department is the "face" of the project we feel the results are a good reflection of the effectiveness of the department. Providers speak with a provider representative prior to speaking with anyone else within the Medicaid UR process.

Eastpointe Annual Report 2010-11

Quality Management Project: Quality of Care Referrals

Project Basis: As a part of the new Medicaid UR Project we are required to complete Quality of Care concerns (QOC) Referrals regarding the treatment of services being provided to the consumer. So, the person meets medical necessity but there is a clinical concern such as a diagnosis of Substance Abuse that is not being addressed in treatment but is an active diagnosis.

As documented by DMA:

Quality of Care (QOC) concerns are clinical and practice issues that are identified by a utilization review (UR) vendor during review of clinical information submitted by providers for the purpose of requesting authorization to provide Medicaid funded behavioral health services.

There are three types of quality of care concerns reported by the statewide behavioral health UR Vendor: safety concerns, complexity of care concerns, and provider concerns for providers who have high denial rates due to incorrect clinical requests. A QOC committee will include representation from DMA and DMHDDSAS. The Quality of Care Committee will meet monthly to review and analyze data. Committee findings will result in recommendations to Executive Leadership as indicated.

Steps Taken

- * Data collection system was established
- * Policy and Procedure was completed
- * Reports established
- * Eastpointe clinical staff was trained
- * QOC Review Team established
- * LME contacts at other LMEs were established
- * Reporting data was completed and submitted to DMA as required within the contract.
- * Expanded to IPRS

Results

This project was very successful and we have received much positive feedback from our sister LMEs about knowing our concerns about their consumers. Internally within other department there were some growing pains surrounding the expectations of the referrals and in retrospect we could have spent more time training the departments within the LME that were getting the referrals for investigation. There are definitely patterns of concern with specific providers and I have been able to meet with one provider from a Quality Management prospective concerning their QOC referrals and encouraging them to establish a QI process of their own surrounding QOC.

Provider Relations

Withdrawal of Provider Endorsement FY 2010-2011

• Voluntary Withdrawal of Endorsement

- Community Support Adult (CSA)- 8
- Community Support Child (CSC)- 10
- Assertive Community Treatment Team (ACTT)- 2
- Community Support Team (CST)- 20
- Diagnostic Assessment (DA)- 12
- Intensive in Home Services (IIH)- 14
- Children's Residential Treatment Services Level III (CRTS Level III)- 7
- Children's Residential Treatment Services Level IV (CRTS Level IV)- 1
- CAP-MR/DD- 19
- Psychosocial Rehabilitation (PSR)- 3
- Partial Hospitalization (PH)-1
- Child and Adolescent Day Treatment (C/A DT)- 6
- Substance Abuse Intensive Outpatient Program (SAIOP)- 2
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)- 2
- Intellectual/Developmental Disabilities Targeted Case Management (I/DD TCM)- 5

• Involuntary Withdrawals of Endorsement

- Psychosocial Rehabilitation (PSR)-3
- Diagnostic Assessment (DA)-2
- Community Support Adult (CSA)-2
- Community Support Child (CSC)-1
- CAP-MR/DD-3
- Child and Adolescent Day Treatment (C/A DT)- 3
- Community Support Team (CST)-14
- Intensive in Home Services (IIH)- 8
- Intellectual/Developmental Disabilities Targeted Case Management (I/DD TCM)- 1
- Children's Residential Treatment Services Level III (CRTS Level III)- 1

Provider Satisfaction Survey (4th quarter 2011)

Eastpointe provides a needed and valuable service to the community: 98% agree or strongly agree

Eastpointe consumers receive quality care from the provider network: 94% agree or strongly agree

Eastpointe treats its providers, consumers, and stakeholders in a fair, ethical, and culturally sensitive manner: 92% agree or strongly agree



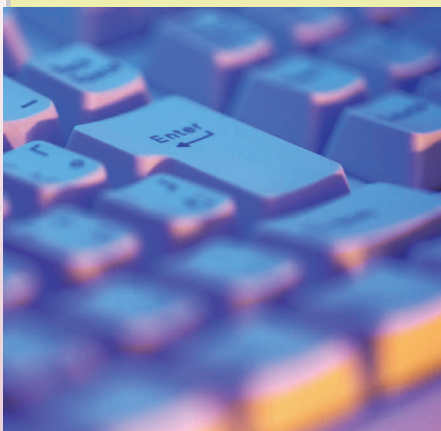
Total Endorsed Providers by Service (as of June 2011)

- CAP-MR/DD- 52
- Intellectual/Developmental Disabilities Targeted Case Management (I/DD TCM)- 19
- Assertive Community Treatment Team (ACTT) - 5
- Child and Adolescent Day Treatment (C/A DT) - 11
- Diagnostic Assessment (DA)- 8
- Intensive in Home Services (IIH)- 14
- Mobile Crisis Management (MCM)- 3
- Multisystemic Therapy (MST)- 2
- Partial Hospitalization (PH)- 2
- Psychosocial Rehabilitation (PSR)- 14
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)- 2
- Substance Abuse Intensive Outpatient Program (SAIOP)- 9

With the selection of Eastpointe becoming a vendor to provide Medicaid Utilization Review functions for our catchment area, the Information Technology Department had the opportunity to design and implement a system that would manage that functionality.

The ultimate goal was to provide a user friendly and easy to use method for providers and staff to be able to do their job functions. A tremendous amount of time was dedicated to writing specifications on how the system should work, coding the system, testing the system, and implementing the new system. Providers who utilize the system were given opportunity to train on how to use it by utilizing webinar technology which not only saved time but also provided financial savings.

Even though there were small bumps in the road the system worked as designed and we were able to achieve the goals that we set out to accomplish. This new functionality will be the groundwork that will be used as we move into a Managed Care Waiver environment.



The Information Technology is looking forward to becoming a Waiver LME site and being able to move the system forward towards that goal.



Eastpointe Annual Report 2010-11

CFAC (Consumer and Family Advisory Committee)

Eastpointe's Consumer and Family Advisory Committee originated in 2001 as part of the State Plan to reorganize public mental health services. Eastpointe's CFAC consists of twelve members. At present, there are ten active members on the committee. The CFAC meets every month at the Eastpointe Goldsboro Office in the Condron Conference Room.

Some of the accomplishments of CFAC this year are as follows:

Have two local CFAC members serving on the State CFAC

Participated in Eastpointe's former wards Christmas Party

Participated in State CFAC conference calls

Participated in mock interview and on-site interview for selection of Medicaid Waiver Site

Hosted Provider Employment Fair for Peer Support Specialists

Attended Widening the Circle Seminar in Wilmington

Attended Guardianship Conference in Winston-Salem

Attended Faith Inclusion Conference in Chapel Hill

Attended Leadership Team Training

Participated in PTSD Seminar for veterans

Attended Gang Conference

Attended CIT conference in Raleigh

Attended Division Training in New Bern

Technical Assistance to neighboring LME regarding Crisis Intervention Training

Sponsored a World Café event

Presentations to Providers regarding Peer Support Services

Represented CFAC during Eastpointe's Leadership team meetings

Participated in the transfer of guardianship responsibilities

Submitted oral and written reports to Eastpointe's monthly board meetings

Attended NAMI Conference in Raleigh

Participated in ward's treatment team meetings when requested

Participated and hosted Peer Support Services (total of 60 hours training; total of 21 graduates)

The positive relationship between CFAC and the LME continues to be one of the committees greatest strengths.

The CFAC committee's continued goal will be to improve the training of its members, while also focusing on recruitment of new members and the retention of existing members.

Eastpointe CFAC Members

Nancy Moore, Chair
Patricia Raynor, Vice-Chair
Nancy Black
Carol Bowles
Tracy Charles-Craft
Virginia Gilbert
Ann Jones
John Lapoint
Ginger Carr
Archie DeKeyser

