



## **PBH Demonstration The Role of Collaboration in Success July 2009**

### **What is the vision for the PBH Demonstration?**

Our vision is to develop a community system of care that is truly driven by consumer and family priorities. The system must be flexible and responsive so that it can make continual adjustments to meet the changing needs and choices of the people we serve. One of the major objectives of the Demonstration is to align funding with our values, public policy, best practices in care and the achievement of positive consumer outcomes. That is to say that we want to “put our money where our mouth is”.

### **What is the role of PBH?**

The role of PBH is to manage the system of care that we have envisioned. Our job is to develop and implement the systems and processes that support the operations of the Demonstration Model. PBH staff implement numerous complex but highly organized activities that ensure that the system performs efficiently. PBH systems and processes are documented through Process Maps. The Process Maps define how our work is carried out so that staff can operate in tandem with one another. We have a highly organized clinical design that guides us in carrying out our vision and which serves as the foundation for our operations.

### **The PBH Mission and Values**

#### **Mission:**

Our mission is to establish and maintain a System of Care for people in need of treatment for Mental Health, Developmental Disabilities, and Substance Abuse conditions who live in Cabarrus, Davidson, Rowan, Stanly and Union Counties. This System will reflect the uniqueness of our local communities and be shaped by the choices of consumers and their families. It will be capable of making continual adjustments and improvements over time so that it can meet the changing needs and priorities of consumers. We value the contribution of all stakeholders, and our actions will be based on the principles of respect, collaboration, fairness, shared responsibility, and mutual accountability.

#### **Vision:**

PBH will strive to offer hope to individuals needing help for mental illness, developmental disabilities, addictions and substance abuse conditions. ***PBH is creating solutions, one person at a time.***

**Values:**

1. The PBH System of Care will be based on values of Recovery, Self Determination, Person Centered Planning and Consumer/Family driven services.
2. Consumers and families will be empowered to set their own priorities, take reasonable risks, participate in system management, and to personalize the system through their choices of services and providers.
3. The distribution of limited public resources will be appropriate, accountable, efficient and effective, with priority given to individuals with the greatest disabilities.
4. Treatment and services should consist of evidenced based and effective practices that result in real life outcomes for people with disabilities.
5. We will promote community acceptance and inclusion of people with disabilities, ensure the accommodation of cultural values in services and supports, and serve people in their local communities whenever possible.
6. PBH will develop and continually monitor strategies to effectively provide information to consumers and their communities on how to access services and supports, including emergency care for individuals experiencing crises related to their disabilities.
7. A program of quality management will focus on health and safety, protection of rights, achievement of individual outcomes, and respect for the racial, cultural and ethnic identities of the people we serve. We will strive to both monitor and continually improve our System of Care.
8. PBH providers render both clinical interventions and support services that are essential for the achievement of positive individual and system outcomes. Both PBH and PBH network providers are accountable for the effective use of public resources, and will employ strategies which support empowerment, self determination and the recovery of individual consumers.
9. PBH is committed to collaborative relationships that include consumers, community stakeholders, providers, elected officials, and other governmental agencies in all aspects of our role as Regional Systems Manager.
10. As a Systems Manager, PBH strives to be open, responsive, and transparent in the execution of our responsibilities. We recognize that self evaluation is essential in measuring our performance against our Mission and Values, and that there will always be the need for continual improvement.

## **Describe the Clinical Design**

The PBH Clinical design is a set of services and processes that serve as the blueprint for our vision of best practice, flexible, consumer driven care. The Clinical Design is highly organized for efficiency and effectiveness and is intended to be transparent to both consumers and providers. This plan is composed of the following elements:

**The Clinical Framework:** This framework describes the tools and processes that PBH uses to provide access to care for consumers, link them to appropriate services and monitor how services are used at both the individual and system level. This includes our call center, access to care through providers, clinical guidelines for appropriate treatment, authorization of services, and monitoring the appropriateness of care to individuals.

**The Continuum of Care:** is composed of the set of services that are available from PBH providers. The array of services begins with the State Medicaid Plan Services and the services offered by the Division of MH/DD/SAS under IPRS. PBH also offers services that we have designed specifically to meet the needs of our consumers. These include state funded services, services funded from Medicaid Savings (called B-3 services), and Innovations Wavier services. The services are organized by disability and from least restrictive to most restrictive across a Continuum and together represent the PBH Benefit Plan for PBH enrollees. Services are grouped into Basic, Basic Augmented and Enhanced Levels of Care so that we can more easily match services to the level of need of the individual.

### How is Funding aligned with our Vision?

The model developed by PBH includes strategies to re-deploy existing dollars more efficiently and effectively. Re-engineering the system away from high-cost and institutional use, to a community-based system is based on having an array of services that meets consumer needs. We have carefully designed the services in our Continuum. PBH directly manages all the funding used to pay for services. We have the funding in our bank account. We can set rates for services, which, for example, means that we can impact service availability by paying more for services with better outcomes for consumers. Providers submit all claims to PBH and we pay them directly. This is important because it emphasizes the direct relationship we have with our providers and the fact that providers are accountable to PBH for the services that they provide to our consumers.

The Piedmont Cardinal Health Plan (1915 (b) Medicaid Waiver) and the Innovations Waiver, (1915-c Medicaid Waiver) are especially important in redirecting services into more efficient, best practice models of intervention. PBH receives Medicaid payments monthly for Medicaid recipients living in our catchment area. We are responsible for providing services to any of these individuals that require medically necessary services during the month. Our Medicaid payment is a "flat" payment that is set annually and is based on historical costs, inflationary factors, and anticipated changes to the Medicaid program. We are "at risk" for this funding. This means that we must provide all necessary care for Medicaid recipients within the resources that we have received. Managed Care waivers have numerous requirements to ensure that consumers receive the care they need under "at risk" waivers. The Innovations Waiver can only serve a specific number of individuals each year. This is referred to as "waiver slots". We are paid a monthly capitation fee for each person that we serve on the Innovations Waiver. This rate is based on the history of waiver costs, inflationary changes, and anticipated waiver changes.

PBH has been successful in both managing the *growth* of Medicaid, and in achieving savings, which has been made available for reinvestment in new services. PBH provides data to the Division of Medical Assistance that documents how service funds were spent for consumer care.

PBH has single stream funding status with the Division of MH/DD/SA. This means that we receive our state funding in a monthly allocation. We must then report back to the state how the funding was spent. The PBH model includes consolidation of the following into a single funding stream:

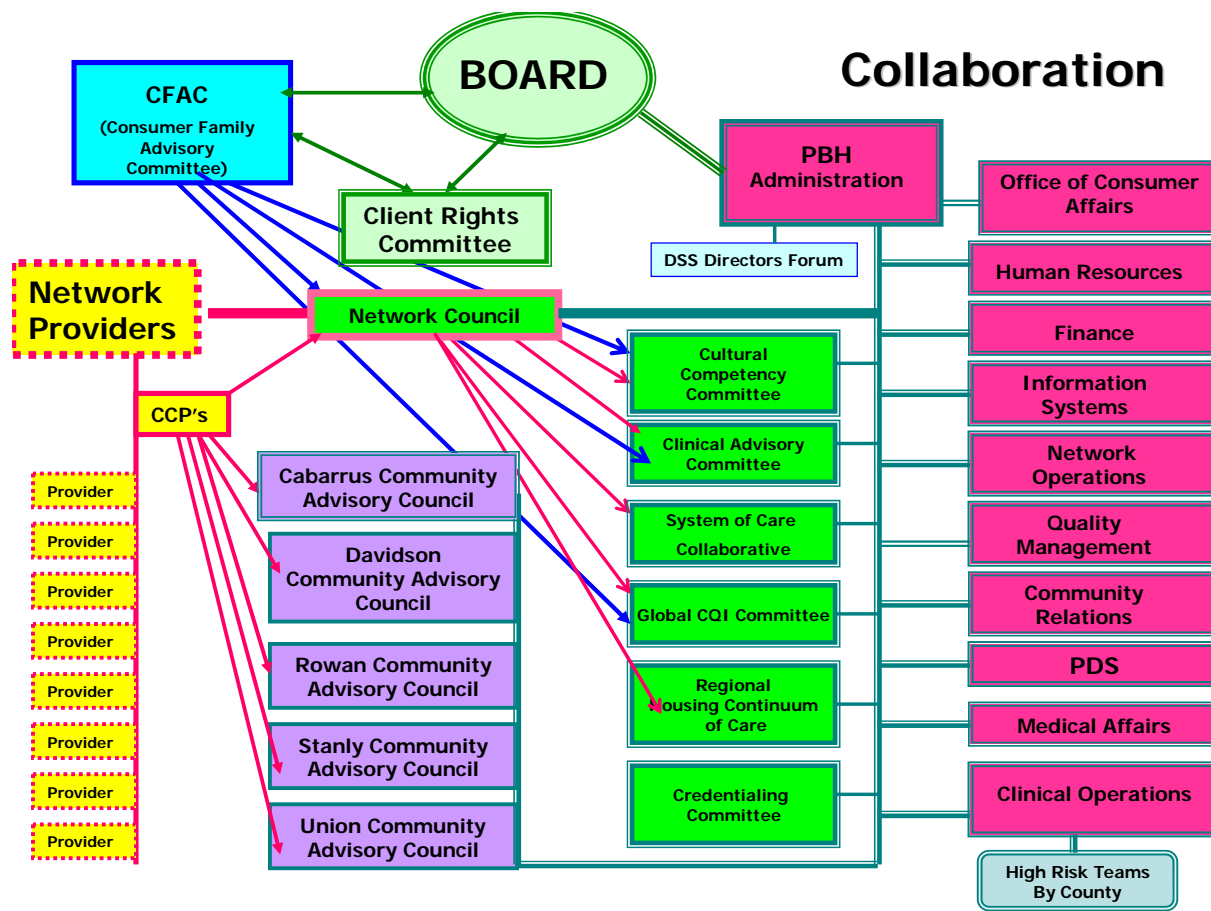
1. State funding for MH/DD/SA
2. Federal Block grants (federal block grant reporting requirements remain)
3. State facility (psychiatric and ADATC) funding

## How does PBH get paid as an LME?

PBH receives funding from the Division of Medical Assistance for managing the Medicaid waivers and from DMH/DD/SA for managing state funding and for carrying out LME functions. These funds are fixed percentages. PBH receives an 8.5% administrative fee from Medicaid and a 9.5% administrative fee from the Division of MH/DD/SA. We are paid 2.5% in Medicaid funds for administrative case management for Innovations Waiver participants.

## How does PBH keep our stakeholders in the loop?

PBH relies on a number of stakeholder committees to help us “keep our feet on the ground”, to understand the impact of our activities on other stakeholders and to correct problems or make improvements. The committees described are an essential part of PBH operations. PBH has numerous stakeholders representing wildly varying interests. It is vital for these stakeholders and PBH to sit down at the same table to discuss management issues and opportunities. For the members of these committees, the formal committee structure has been an opportunity to understand and assist with the requirements and challenges that PBH faces in our role as regional systems manager. Committee members have a real opportunity to impact how we do business. The role of these committees has been continually under development over the past five years and it is expected that these groups will continue to grow in their collective ability to affect PBH management in an extremely positive manner.



## PBH Stakeholder and Advisory Committees

### Client Rights Committee (CRC):

The CRC is a subcommittee of the Area Board. The CRC is comprised of six members who are either direct consumers of services or family members of consumers. One member is also a member of the Area Board. The CRC reviews information regarding incidents, investigations and measures of consumer care. The CRC makes recommendations to PBH regarding matters under review. The CRC may hear concerns from members of the community in accordance with their by-laws.

### Clinical Advisory Committee:

Committee composed of clinical staff representing various disciplines and disabilities as well as consumers/family members and LME staff. The purpose is to review evidence based practices, identify training needs, evaluate service utilization as related to clinical guidelines as well as to develop community standards of care and clinical guidelines.

### Community Advisory Committees:

Committees at the county level involving local stakeholders especially focused on involving public partners and advocates. These forums have local co-chairs and convene to discuss LME activities, community needs and to provide feedback to the LME.

### Consumer/Family Advisory Committee (CFAC):

The committee is comprised of up to 21 members who are all direct consumers of services or family members of a consumer. One member is also a member of the Area Board. The committee must be represented of at least 50% consumers. The members represent various disabilities, and also each of the five counties. The CFAC advises and collaborates with PBH to improve services for consumers.

### Credentialing

The credentialing committee is composed of representatives of licensure categories that include both PBH staff and practicing members of the PBH network. The committee reviews and approves applications from licensed practitioners to join the PBH network.

### Cultural Competency Oversight Committee

A committee comprised of PBH staff, a representative from the Consumer Family Advisory Committee and the PBH Network Council responsible for oversight of the implementation of the PBH and Provider Cultural Competency Plans.

### Global CQI Committee

Committee that includes Network Providers, consumers and family members and LME staff. IT is a place where all stakeholders come together to meet the challenge of continuous quality improvement in the PBH Provider Network. The Committee is responsible for addressing issues that relate to consumer services and outcomes as well as the protection of rights, health and safety of consumers. The Committee is responsible for development of Global Quality Improvement Plan for the Network and for monitoring performance, identifying barriers, and developing solutions.

## What is a Self Managed System?

A self-managed system relies on educated providers who share our vision for a community system. Our joint purpose is to achieve a stable service system and business environment, to assure easy access to care for consumers and the provision of appropriate, high quality services for consumers.

PBH providers understand and operate in tandem with the PBH Clinical Design. This means that the structure, requirements and expectations are so well known to providers that standard operations occur with very little intervention from PBH. Interactions consist primarily of collaborative and problem solving activities. As part of

this effort, PBH makes providers aware of performance objectives that are required by state, federal, and external reviewers (such as NCQA, EQRO, etc). PBH and providers work together to develop strategies to meet performance objectives, to monitor system performance as well as quality initiatives. These efforts occur through a number of operational committees including the PBH Provider council, the Clinical Advisory Committee and the Global Continuous Quality Improvement Committee.

### **What is the Provider Council?**

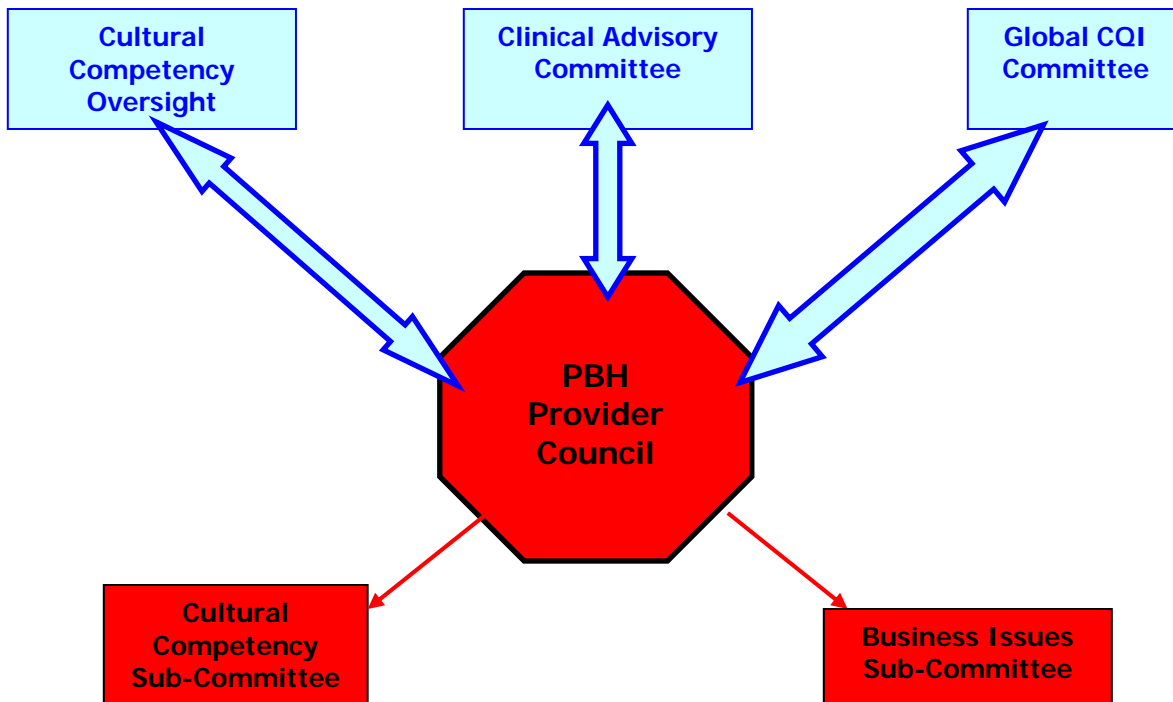
The Provider Council is made up of the primary stakeholders of the provider network: LME staff, providers and consumers/family members. It was formed in October 2004 as part of the PBH Demonstration Project.

The Provider Council membership has been designed to represent the diversity of the network. This includes representation from key PBH departments, the Consumer Family Advisory Committee and representatives of the types of providers that comprise the PBH Network. Provider representatives are elected by the membership of the PBH Network. Elected officers are always Providers.

<b>Provider Representatives</b>	<b>LME Representatives</b>	<b>Consumer/Family Representatives</b>
Developmental Disabilities -2	Network Operations Staff – 3	Consumers/Family members – 2
Mental Health Adult - 1	Finance –1	
Mental Health Child - 1	Quality Management – 2	
Substance Abuse - 1	LME Administration –2	
Comprehensive Providers - 4		
Outpatient Provider – 1		

Elected officers consist of a President, Vice-President and Secretary.

The Network Council focuses on business aspects of operations, advising the LME on strategies to maintain a healthy provider network. Its goal is to represent the interests and needs of providers, and to identify strategic issues that impact the performance of the network. The Network Council monitors the work, and/or receives updates and recommendations from several PBH Operational groups including the Global CQI Committee, the Clinical Advisory Committee, and the Cultural Competency Oversight Committee. It has two subcommittees: Financial Workgroup and the Cultural Competency workgroup.



The PBH Provider Council's goal is to be knowledgeable of all aspects of PBH operations that impact the Provider Network, such as Network capacity, stability, and the quality of care that its members provide. It relies on exchange of information from its membership as well as formal systems among other committees and workgroups of the PBH LME. The Network Council is one of the key Operational Committees of PBH and, as such, has responsibilities to Network Providers in representing their interests and challenges, to Consumers and Family members and to PBH in responding to standards, key indicators, initiatives and requirements.

**The PBH Provider Council objectives are as follows:**

1. To review and advise PBH regarding the annual plan, goals, and objectives of the network.
2. To review Network Performance against stated goals.
3. To review and make recommendations to PBH regarding Performance Indicator Selection and Performance issues, including outliers.
4. To review quarterly reports on referrals made/referrals accepted per service per provider; review consumers receiving services per provider; discharges from providers and reasons; annual review of trend analysis.
5. To recommend new service initiatives to address service gaps.
6. To assess and provide for staff education and training needs.
7. To assess community and prevention needs.
8. To develop strategies to address funding and financial issues.
9. To approve the provider satisfaction survey and review results with recommendations.
10. To review global as well as individual provider performance issues, including enrollment in the network and recommendations to PBH.

11. To provide an opinion to the PBH Director regarding Provider Contractor appeals upon request.

## The Provider Council Mission and Values:

**Mission:** The PBH Network Council serves as a fair and impartial representative of all service providers within the Network. The Network Council shall facilitate open exchange of ideas, share values, goals, and vision and promote collaboration and mutual accountability among providers. The Network Council strives to achieve best practices to empower consumers within our community to achieve their personal goals.

The mission of the Piedmont Behavioral Healthcare Provider Network is founded in a set of core values. Network Providers embrace the core values, which serve as the foundation of the Provider Network.

**Integrity:** Provide accurate and truthful representation.

**Competence:** Honor responsibilities to achieve and maintain the highest level of professional competence for members and those in their employ.

**Professional Conduct:** Promote the dignity and autonomy of the profession, maintain harmonious inter-professional and intra-professional relationships, and accept the profession's self-imposed standards. All professional relationships should be directed to improving the quality of life of the individuals who receive supports from the member agency.

**Individual Value, Dignity, and Diversity:** Provide supports and services that promote respect and dignity of each individual supported.

**Social Justice:** Assure that the right of individuals and those who make decisions regarding services to them have complete and accurate information on which to make choices.

**Social Capital:** Network Providers support the importance of Social Capital in each individual supported.

**Partnership:** Network Providers will work together in partnership to develop and achieve an individual's desired outcomes.

## What is the CFAC?

**CFAC is the PBH Consumer/Family Advisory Committee.**

The first PBH Consumer Family Advisory Committee was formed in 2002 and operated during the development of the first PBH Local Business Plan. The current committee began meeting in May of 2003. The Consumer/Family Advisory Committee (CFAC) membership consists of Consumers and family members of Consumers who receive Mental Health, Substance Abuse and Developmental Disabilities services.

***Mission Statement:*** The Consumer/Family Advisory Committee represents and advocates for all Consumers and families within the scope of PBH. Our mission is to ensure that Consumers receive quality services.

***Vision Statement:*** The Consumer/Family Advisory Committee envisions a partnership with PBH, ensuring the voices of Consumers and their families are heard, forming the basis of decisions made by PBH to effect positive change and to establish and follow best practices.

The purpose of the CFAC is to ensure that consumers are involved in both oversight, planning and operational committees of PBH. This is accomplished through:

- Member in common with the PBH Board of Directors
- CFAC representation on PBH Operational Committees:
  - Network Council
  - Global Continuous Quality Improvement Committee
  - Regional Housing Continuum of Care
  - County Advisory Committee meetings
  - Special task forces such as the Crisis Planning Task Force
  - Clinical Advisory Committee

The PBH CFAC is self governing and operates under its own by-laws. It has been a strong voice at PBH and in the community. Members are very active, and are completely responsible for determining CFAC priorities. PBH has enjoyed a strong and mutually supportive relationship with its CFAC. PBH provides support for CFAC initiatives, and staff from across the agency enjoy opportunities to work with the CFAC on these initiatives. PBH respects the expertise that consumers and families can provide to system management, and provides stipends CFAC members for their participation in operational forums, provides stipends for CFAC meetings, and sponsors CFAC members to attend trainings.

The PBH CFAC actively promotes education, awareness and consumer empowerment. One of its initiatives has been to conduct Person Centered conferences that are locally hosted, and which are designed to address the needs and interests of consumers and their families. The first conference was held in October 2005 and was an overwhelming success. The second conference was held in March 22-23, 2007 and the third was held October 23-24, 2008. Planning is under way for a fourth conference.

The CFAC has begun to take on a monitoring role over the past year, and has been reviewing status reports of PBH performance. CFAC priority interests have been in the areas of gaps in services, provider performance, underserved consumers and people that are waiting for services.

See chart on page 3.

## **Why have Community Advisory Councils?**

When PBH divested of directly operated services, and transferred our community mental health centers to a private agency, we lost the naturally occurring interactions among key stakeholders within each community. In order to ensure an ongoing connection to localities, we initiated Community Advisory Councils. PBH wanted to ensure that the unique needs and concerns of each county continued to be highly visible. These Councils have been meeting for nearly five years. Membership is open to all stakeholders in the community and generally includes the following:

1. DSS
2. School System
3. Juvenile Justice
4. Partnership for Children
5. Law Enforcement
6. Advocacy Organizations
7. Comprehensive Community Provider Representation
8. Consumer Family Advisory Committee Representation

Initially the Community Advisory Council meetings focused on system reform, and its impact on individual PBH counties. The divestment of PBH services and the statewide changes had significant impacts on county

agencies and how they did business. The normal channels of communication and interaction were seriously interrupted. These forums served a critical purpose in helping PBH understand problems the community was experiencing, and to provide information to facilitate adjustment to the evolving local systems.

Representatives from each of the five Community Advisory Councils served as the Steering Committee for the PBH Community Evaluations completed in 2008 and 2009. They documented achievements, made recommendations for improvements and noted community priorities for the future. The Community Advisory Councils will continue to act as a touchstone for PBH in our management of a local/regional system of care for people with disabilities and special needs.

### Summary:

PBH has a rich and vibrant system that offers many opportunities for stakeholder participation in system management; these opportunities are real, and afford stakeholders a way to directly impact decisions and outcomes. Our goal is to be transparent in our management and decision making processes. We are committed to the continual learning that comes from collaboration with our partners. This document describes our system as of July, 2009. There have been innumerable changes over the past six years as the result of this interaction between PBH and our stakeholders. We are better and stronger because of the input from consumers, providers and community stakeholders!