

Smoky Mountain Center
Executive Summary
Local Business Plan: 2007-2010

Introduction

Smoky Mountain Center's Local Business Plan (LBP) outlines the organization's commitment to continuously improve its operations in a manner that is responsive to state and community stakeholders, providers, and consumers and their families. The LBP was developed with input from these key constituents and covers a three year period from July 1st, 2007 through June 30th 2010. This plan continues Smoky Mountain Center's (SMC) evolution from a public agency that provided the majority of mental health and substance abuse services, to that of a local management entity (LME) charged with the implementation of the Division of Mental Health, Developmental Disability and Substance Abuse Services reform initiative defined in the State Plan for Reform: "Blueprint for Change" released in 2003, with subsequent yearly updates.

SMC's Next 3-Years- Building Success on the Foundation of Reform

Since 2003, SMC has achieved some of the main goals of the reform initiative including; divestiture of the vast majority of services, development and support of a network of providers to provide a range of mental health, developmental disability and substance abuse services, establishment of the internal processes needed to manage state and federal funds allocated for service delivery, implementation of evidence based treatment models through the provider community, creation of quality management and monitoring to ensure effective and outcome driven services, and the formation of positions for Community-Based Clinicians to serve in each county in the cathment area to promote a local response to community organizations and agencies, participate in collaborative activities, and to link consumers with needed services.

Over the next 3-year period, SMC will work to improve operations in the areas of:

1) governance and administration, 2) business and information management, 3) providers relations, 4) customer services and consumer information, 5) service management, and 6) quality management. SMC will continue to provide vital emergency and psychiatric services and care coordination for consumers with no identified service provider and those in state facilities. While the strategic objectives outlined in this plan relate to the seven counties of Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain Counties, they will also extend to the 5-county New River cathment area as plans to become the LME for Avery, Ashe, Alleghany, Wilkes, and Watauga Counties move forward in 2007. A separate section will outline some of the key issues, challenges, opportunities and strategic objectives specifically related to SMC's expansion of LME functions into the New River cathment area.

While there are a variety of strategic objectives in each of the above sections, SMC has identified some of the most critical of these based on the input received from community stakeholders, consumers and family members that impact directly of the availability and quality of services. These goals reflect SMC's commitment to its mission and those we serve.

Mission

“To promote an environment that offers high quality services, supports and resources to enhance an individual’s ability to reach their full potential and live as valued members of the community by working in partnership with our communities, providers and individuals with, or at-risk of, mental illness, developmental disabilities or substance abuse challenges and their families. ”

“Meeting community needs...one person at a time”

Critical Organization Goals:

Promote positive relationships with county boards of commissioners and other public stakeholders.

SMC will continue to engage county government and community stakeholders to achieve the goals outlined in the LBP and to be responsive to the unique needs of each county in the catchment area. SMC will also determine ongoing ways to provide information and education that highlight the value of the LME to counties and public stakeholders.

Ensure a competent, appropriately organized LME to meet all of our requirements and agency goals.

SMC will evaluate the organizational structure of the LME to ensure that human resources are organized in a manner that promotes organizational creativity and efficiency in achieving its goals to better support providers, consumers and public stakeholders.

Recruit and retain a well-trained community of providers to ensure that an array of needed mental health, developmental disability and substance abuse services are available in the community.

An updated Community Development Plan is being completed and will be used to assist in building and maintaining an adequate provider community in our region. This plan will be updated minimally in October of each year. This plan will be comprehensive in nature and include local needs assessment and use data as a means of determining gaps where consumers are unserved or underserved and in identifying other capacity issues. It will include plans for recruitment of providers, and give attention to proximity issues and choice based not only on numbers of providers, but attention to providers who embrace evidence based practices.

SMC will maintain a plan of provider recruitment and carry out this plan based on outcomes of the Community Development data. This plan will include working with the North Carolina Provider Council. In addition to recruitment of new providers in the area, we will do a special mailing to known providers in our area who have previously elected not to partner with the LME system. We will provide them updated information in efforts to recruit them as a valued part of the provider community.

Develop a plan to enhance utilization/ service management and analysis capability to build accountability and increase accuracy of use of state funds in needed service areas.

More in depth monthly analysis of claims paid to providers will occur. Currently, a utilization management plan is developed reflecting dollars budgeted by each specific service for all single stream and federal dollars. This budget is developed by staff from service management and accounting, and is based on historical usage, input from stakeholders, and newly identified unmet service needs. SMC will continue to work with the Consumer and Family Advisory Council and community stakeholders to direct funding to needed service delivery in the catchment area.

Reports are generated and provided to service management from the paid claims. Additional steps will be put in place so variances to the utilization management plan are researched and funds realigned as needed. A process will be developed so providers are aware of new service initiatives ensuring services are implemented when need is identified. Additionally, steps will be taken to measure consumer outcomes related to the cost of the service to ensure the best outcomes possible for the consumer and to ensure the best use of our limited financial resources. Paid claims data will also be analyzed and compared to IPRS earnings, to assist in ensuring that all claims are billed to IPRS and to further identify problem areas of reporting and billing to the Division. In addition to using Incurred But Not Reported (IBNR) reports, forecasting of paid claims will be projected and refined based on billing patterns by service dates.

Work with the Division of MH/DD/SAS to have state institutional funding returned to the LME for the development of community-based crisis diversion and state hospital alternatives.

SMC recognizes the benefit of single stream funding of state service dollars, and will continue to work with the Division of MH/DD/SAS to obtain the same flexibility with state institutional dollars. This is a critical element of the original “State Plan: Blueprint for Change” and is a top priority of SMC. To fulfill its role in the effective and responsive management of state resources, SMC sees that it is critical to have the ability to use state institutional funding for both children/ adolescents and adults in a flexible, creative and local manner to develop community crisis diversion and intervention programs and services, more intensive aftercare services, and to better manage its bed day usage of geriatric and child crisis care.

This flexibility is in keeping with the Secretary and the Division of MH/DD/SAS intent to ensure that services and programs are consumer and family driven. This is no more important than in the development of crisis diversion/ intervention programs that are close to home for consumers to maximize successful transition back to home, and to help families easily be involved with their loved ones.

Promote the use and value of consumer driven, evidence based practices and enhanced services in all disability areas within the provider community.

SMC has been a leader in the promotion and development of the Recovery Model, implementing peer support, WRAP, and Recovery Education Centers. SMC will continue to replicate this model of care throughout the provider community in the next 3 years.

Additionally, SMC will continue to work with providers in the implementation of the new Medicaid service definitions to promote model fidelity and positive consumer outcomes. The organization will identify gaps in the initiation of service definitions and work with providers to train and encourage the establishment of these services within the service continuum.

SMC will also work with providers and community stakeholders to identify and develop treatment interventions to serve specialized populations related to domestic violence, child abuse, juvenile justice, and other populations that have a need for a specialized intervention.

Advance high quality services in a culturally respectful manner that result in meaningful, real life outcomes for consumers.

The Quality Management Department will continue to enhance monitoring and outcome measures for services and programs to ensure that consumer outcomes are maximized, and that services meet model fidelity. Services will be measured not only on functionality, but on consumer achievement of real life outcomes related to housing, jobs, recreation, and social domains.

The Quality Management Department will also work with the Human Resource Department to ensure that providers have needed training opportunities on culturally responsive practices in both treatment and community support programs.

Conclusion

As SMC works to achieve the strategic goals in the LBP, efforts will be made to engage state and community stakeholders, local government, providers, consumers and family members in planning and implementing related activities. Building positive relationships and partnerships with constituent organizations and groups will be the cornerstone to the success of SMC and its role in serving individuals with mental health, developmental disability and substance abuse challenges throughout the catchment area.