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Karen Salacki, Area Director

TO: The Beacon Center Area Board

FROM: Karen Salacki, Area Director
Nancy K. Rackley, Finance Officer

DATE: May 17, 2011

RE: SFY 12 Budget Plan and Message

BUDGET HIGHLIGHTS

This is the most difficult budget that we have had to deal with because of the potential decreases from State and County sources. This past year costs have increased due to litigation expenses and constant changes from the State level involving provider endorsement and monitoring. While State funding for services was reinstated in SFY11, the five percent reduction to LME Systems management was not reinstated.

Our expectation at this time is that there will be a fifteen percent cut to service dollars and an additional ten percent cut to LME Systems management during the upcoming budget period. While reductions in state revenue were a major hurdle in balancing this budget, there were other significant cost increases to deal with.

The budget as presented includes a Local Government Employees Retirement employer contribution increase from 6.43% to 6.95%. Contribution rates have increased from 4.91% in FY10 to 6.95% in FY12, increasing the costs nearly \$53,000 for the biennium.

The North Carolina Association of County Commissioners notified us in early March that they would no longer participate in the employees' health insurance pool and we are trying to find a plan for our staff. The budget includes a ten percent premium increase and it is felt that this would be sufficient to cover the costs with changes to the current plan.

The proposed budget totals \$19,885,029. As presented this represents a reduction in State funding for LME Systems Management of \$723,595 since FY09, Cross Area Service Programs (CASP) of \$30,000 and a reduction in State funding for Non-UCR and IPRS funded services of \$858,904. These cuts will necessitate cutting 4.1 full-time equivalent positions. The positions effected by the cuts are:

“Lighting your way to a brighter future.”
Serving Edgecombe, Greene, Nash and Wilson Counties
Equal Opportunity Employer

Positions Reduced from 100% FTE To:

Medical Director - reduced to 50%

Human Resources Director - reduced to 40%

Positions Cut

1 Medical Record Assistant ó Medical Records and IT Department

1 Human Service Clinical Counselor ó Child and Family Team

1 Contracted Position with Greene County Schools - Child and Family Team

There have been no indications from Edgecombe, Greene, Nash or Wilson Counties regarding funding allocations for the new fiscal year. County funding is used to fund care coordination, LME administration, Information Technology support, System of Care, Housing Coordination and contracts for services. County funds are allocated to specific contract initiatives in the amount of \$524,522. There are no remaining county or state dollars unassigned to supplement other needs for services through the fiscal year. It is imperative that county funding be received in order to minimize the impact to fund reserves.

Anticipated IPRS service dollar reductions are being funded in part through use of fund balance reserves. Currently the budget includes fund balance in the amount of \$171,584 for services to replace the loss of state allocations. These funds were set aside in SFY10 to replace drastic reductions in service dollars.

Fund balance previously designated for Developmental Disability Services is being maximized in the current budget for Developmental Disability services. These reserves were set aside in October 2009 to fund certain DD services (Developmental Therapy, Adult Day Activity Program, Day Activity, Senior Program, and Volunteer Programs for DD consumers); however, in this budget the \$738,176 allocated for this fiscal year will fund DD services not included in the original proposal to the Area Board.

There is no cost of living increase for staff in the budget; however career ladder increases and longevity are included. Career ladder increases are funded with fund balance as designated by the Area Board. The anticipated amount for career ladder is \$127,220.

Eastpointe LME began utilization management for CAP MR/DD Medicaid for The Beacon Center this year and Southeastern Regional LME contracts with The Beacon Center for after-hours telephonic access. We will continue to partner with other LMEs when possible. Future plans for North Carolina mental health is the creation of Medicaid waiver under section 1915(b) and 1915(c). This waiver allows LMEs the authority to provide a continuum of services to disabled populations. In essence, states use the 1915(b) authority to limit freedom of choice, and 1915(c) authority to target eligibility for the program and provide home and community-based services. By doing this, states can provide services in a managed care environment or use a limited pool of providers. North Carolina has one operational waiver site and has recently approved the creation of two additional sites.

In addition to providing traditional care state plan services (such as home health, personal care, and institutional services,) states may propose to include non-traditional home and community-based "1915(c)-like" services (such as homemaker services, adult day health services, and respite care) in their managed care programs. This approach allows communities to tailor a program to their unique needs.

On April 1, 2011, the Division of Medical Assistance released a Request for Applications for local management entities (LMEs) to operate Medicaid funded services through capitated Pre-paid Inpatient Health Plans (PIHP). In order to operate in a waiver environment, certain economies of scale must be met. Requirements and criteria for participation in the waiver program would necessitate partnering with another LME in order to respond to the RFA. Our catchment area does not meet the size requirements to apply as a waiver site. In April 2011, our Board approved merger with Eastpointe LME and a joint waiver application submission with them. Much of our primary focus for the next few years will be readiness and preparation for operation in a waiver environment.

ACCOMPLISHMENTS AND GOALS FOR FUTURE

COMMUNITY EDUCATION

Over the past year there have been a variety of education and marketing efforts on behalf of the LME to increase understanding of how to access services and obtain assistance with advocacy needs. These efforts have targeted primary referral agents, community agencies, consumers, families, etc. Marketing and public relations strategies will continue to be implemented with the goal of increasing public awareness of mental health, developmental disabilities and substance abuse issues. We have seen a steady increase in the number of calls to our Access telephone line over the previous fiscal year but we need to continue our efforts to educate potential consumers, families and stakeholders on how to access and obtain quality services. Decreasing the stigma associated with seeking mental health and substance abuse treatment services is also being addressed through community education efforts. We have a contract with NAMI (National Alliance for Mentally Ill) and Tar River Mental Health Association for WRAP training, family education/support groups and anti-stigma campaigns targeted at youth.

The Beacon Center aligns community education with consumer advocacy. The Advocacy and the System of Care Units are designated as the primary resources for developing and supporting opportunities for community education. In 2010, the staff from Advocacy, Provider Relations and Quality Improvement attended over 20 community events in Edgecombe, Greene, Nash and Wilson counties. These included presentations to county agencies, private companies; and informational booths at public, recreational and professional fairs. In 2011, the community education goals will remain the same: To increase public awareness of a) mental health, developmental disabilities and substance abuse issues; b) The Beacon Center as a resource for accessing mental health, developmental disabilities and substance abuse; and c) how to access advocacy to assist with provider/consumer/family areas of concern.

During this fiscal year our agency conducted Phase II of our Educating the Community Project. We offered a question and answer time in all four counties within our catchment area and had staff available from each department within the LME. We advertised this event in the local newspapers. The response was very limited but those who attended reported that the training was helpful in increasing their understanding of how to access services and what the functions of an LME are. During the month of April we will plan to survey all consumers who call to complete an STR (Screening, Triage, Referral) to find out how they learned about The Beacon Center.

We have developed an Information Session for Parents/Guardians of consumers with Intellectual/Developmental Disabilities. Our goal is to empower the parents/guardians to be better advocates

for their family members. This information session will be in two parts, the first being an overview and the second being more specific.

We have also partnered with local law enforcement and had over 120 officers complete the forty hour Crisis Intervention Training (CIT) program. After completion of this training these officers have the skills to more effectively assess and refer consumers and potential consumers for services.

We also are continuing to provide ongoing education with the local hospitals, magistrates and other partners such as Social Services and School systems. We have sponsored community partners training efforts at regional and state trainings focused on Crisis Intervention Training (CIT) techniques, Developmental Disability topics and Substance Abuse educational opportunities for our Departments of Social Services staff.

ACCESS TO SERVICES

During the past fiscal year we had over 5,668 individuals contact our Access Department for service assistance. The Community Systems Progress Indicators quarterly reports reveal improvement in access to services for consumers whose screening reveals urgent or routine access for services. Consumers with emergent needs are almost always seen within two hours of notification. Although there is question as to how comprehensive and accurate the data used in this report is, we acknowledge that consumers need timely and regular access to services. Awareness of accessing services in the new world of privatization of mental health services and that services still exist for consumers and family members in the catchment area will be addressed through increased public awareness. Significant gains have been made in having available appoints for consumers with urgent and routine treatment needs as evidenced by available appointments being available within contract. This agency will continue efforts to increase access to services for consumers with routine and urgent needs.

To continue to increase access to services development of non-medical face-to-face access points throughout the catchment area has been enhanced through the anticipated development of mobile crisis team services in the area and the opening of two walk-in crisis clinics. As these are relatively new services to our area we and the providers of these services are continuing to increase awareness in the community. Development and implementation of strategies to increase provider network capacity to assure that urgent and routine requests for services result in a "face to face" contact occur in the timeframes indicated in the Performance Contract will be addressed with the provider network.

The Crisis Intervention Training (C.I.T.) for law enforcement and ongoing efforts to work with representatives from the magistrates office has been a critical link in increasing access for high risk consumers that come to the attention of law enforcement.

We have conducted a Screening, Triage, Referral (STR) survey of customer satisfaction in regard to accessing services and the results have been positive.

The Beacon Center is committed to the goal of collaborating with the community to provide stable, safe and affordable housing for persons in our four counties who have mental health, substance abuse and intellectual disabilities. Our Housing Coordinator has been instrumental in developing housing material to educate our providers and consumers. The coordinator presents at provider meetings and in the community.

EMERGENCY SERVICES

Crisis services were a significant weakness in the area served by The Beacon Center in the previous years. Individual crisis plans were not adequate in their current content to assist the consumer at the time of crisis. Consumers in crisis were not receiving appropriate, timely services from their clinical home. With the addition of Mobile Crisis and Walk-In Clinic, our consumers are being better served in their community rather than utilizing the Emergency Departments. As with the development of any new service in the community an ongoing focus on policy and procedure clarification and increasing community awareness of what these services offer is needed.

The provider network continues to make progress with responsibilities associated with first responder duties. It is felt that the focus on increasing the clinical requirements of service providers will support these efforts. The LME will continue to conduct education programs on crisis plan development and crisis services to positively impact the number increased effectiveness of LME care coordinator services, continue to decrease admissions to state facilities for inpatient services. The Beacon Center has continued to see a decrease in State Hospital admissions from the previous fiscal year. With development of the mobile crisis unit we hope to continue to see a decline in admissions from the Nash, Edgecombe, Wilson and Greene county area. The initial assessment package authorized by the STR unit is driven by consumer need, but may include enhanced services or a basic benefit package. Every effort is made to assure that the consumer receives services in a timely manner within a geographical and mileage distance that meets the 30-minute/30-mile parameter established by the state.

Public Private Partnerships with Nash General Hospital and Wilson Medical Center are being maximized to decrease admissions to state facilities. These partnerships will be strengthened and increased in FY12. A 3-Way contract between Nash General, Division of MH/DD/SAS and The Beacon Center will continue into FY12 to provide inpatient services in the community. This is an initiative that the General Assembly originally appropriated more than \$8 million to fund local beds to keep acute care at the community level and for use of State Facilities for long term use. We were pleased when our efforts with this three way partnership resulted in an increase of bed day funding from eight to eleven beds in SFY11.

Use of 3-way contract in SFY11 has resulted in significant reductions of emergency department admissions of consumers from all disabilities as indicated in the most recent data. The following are The Beacon Center's rate per 10,000 compared to statewide averages: Substance Abuse 27.4, statewide 34.1; Mental Illness 75.5, statewide 110.4; Developmental Disabilities 6.7, statewide 8.9. Factors that have contributed to this include training provided by The Beacon Center on an on-going basis for providers and providers taking a more active role in responding to the needs of the consumers they serve.

USE OF TECHNOLOGY

The Beacon Center has updated its website to be more consumer and provider friendly. The new website contains links to each of the four county websites. The provider search feature is being monitored by LME staff to maintain current, up-to-date information to assist consumers and providers in locating service providers.

A phone system Call Center has been implemented to assist in monitoring call statistics for Access/STR staff in order to meet requirements of the State Performance Contract. Staff are able to see how many calls are waiting, how long they have been waiting, and the status of the staff in regard to availability of handle calls. Various reports are also available and are being reviewed and adjusted for monitoring and reporting.

The Beacon Center has implemented a document management system (Informa). This system allows for the capture, storage, indexing, search, and retrieval of documents electronically. This allows for easy retrieval of scanned documents while saving on physical storage space. The server is backed up on a daily basis for disaster recovery.

A listserv for use with communicating with providers is being implemented. This will allow easier communication from the Beacon Center to our provider network, without the time-consuming management of various email lists as has been used in the past.

The Center has completed its transition to a new web-based software system which provides for service authorizations, billing, and medical records functions. This was a team effort requiring staff from various departments to work together for setup, testing and training.

Board members for The Beacon Center have been set up with Center email addresses to facilitate communication between the LME and Board members concerning LME business.

IT is currently in the process of replacing outdated workstations with new systems running Windows 7 and Office 2010.

Virtualization of servers to reduce the number of physical servers requiring maintenance, electrical and individual backup solutions has been completed. Disaster Recovery planning with offsite backup has been completed, as well as a managed services implementation which allows for improved monitoring of servers and workstations.

IT continues to work on more reliable disaster recovery plans by implementing a Managed Services system which will enable off-site data storage, as well as improve monitoring of servers and workstations. This includes virtualization of servers, to reduce the number of servers being maintained, as well as reducing our carbon footprint and helping reduce electricity costs for electrical power and cooling.

NATIONAL ACCREDITATION

The Beacon Center has received its three year accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF). The process toward accreditation was a partnership between our agency, providers, consumers, families and other stakeholders. We continue with internal monitoring to ensure our adherence to CARF standards. In the next year we will begin to process of reviewing future accreditation organizations to select the entity that we will partner with for our future accreditation.

RECRUITMENT AND MANAGEMENT OF PROVIDER NETWORK

During the fiscal year we have had a change in our Substance Abuse Provider Agency and now have four agencies providing Substance Abuse Services in our catchment area. Other service areas continue to grow.

Currently there are three Multi-Systemic Therapy (MST) providers in our catchment area and two out-of-catchment providers for this service.

The Beacon Center continues to work to increase the number of network providers who provide Evidence Based Practice as a foundation for service delivery. We continue to assess training needs from our Provider Network and provide information about training resources as they are available.

As the system moves toward Critical Access Behavioral Health Care Agency (CABHA) delivery of service model, The Beacon Center is dedicated to providing updated information as it is available to our Provider Network. Implementation Updates #63 and #64 lists the service array as part of the core requirement to be eligible for CABHA status. There are currently 45 CABHAs in our network.

The Beacon Center has issued two Requests for Proposal (RFPs) during this fiscal year. In September 2010 we sent out an RFP due to increased clinical needs for State Funded Services for consumers in our catchment area for Assertive Community Treatment Team (ACTT), Community Support Team (CST), Intensive In Home Services (IIH) and Substance Abuse Targeted Case Management.

In January 2011 we sent out a Request for Proposals for Developmental Therapy. Three providers were chosen. One provider will only be providing services for the current consumers that they have for this service. The other two providers are accepting referrals for all other consumers.

COST CENTER DESCRIPTIONS AND FUNCTIONS FOR SFY2012

LOCAL MANAGEMENT ENTITY COST CENTER

General Administration/Governance

General Administration is responsible for the Business Plan and its implementation, LME accreditation, liaison with county governance and administration and leadership, policy development and overall supervision of chain of command. Policy and Compliance is a function of General Administration for analysis of provider network capacity, develop and maintain provider manuals, define expectations and desired outcomes and consequences and manage appeals from providers.

Business Management

The Beacon Center's intent is to continue fiscal responsibility within a framework that provides clinically sound, evidence-based services. The Business Management department of the Beacon Center is divided into five distinct areas: Accounting, Reimbursement, Contracts, Human Resources, and Medical Records.

Information Technology

The Information Technology department is responsible for the operation and analysis of internal data systems and the exchange of data with external sources. They prepare custom reports to assist with CDW and IPRS reporting and assure accuracy. They provide access to FTP reports and ensure the safe communication of data both internally and external to the organization. Data is critical to our fiscal and consumer operations, so positions funded by IT in the cost model are placed in a number of departments throughout the organization. The IT department has access to State standardized reports, i.e. Bed Days and IPRS reports, but also has the knowledge and skills to create reports for internal use.

Service Management

The Beacon Center ensures appropriate and timely access to all services 24/7/365 by a uniform portal of entry. Through care coordination, we will modify plans for effectiveness and positive measurable outcomes that will better serve high cost/high risk consumers. The appropriate level of care and intensity of services will be monitored through a Utilization Management process that is consumer focused, evidence best practice grounded and fiscally responsible.

Utilization Management

Utilization Management Unit performs utilization management for non-Medicaid Consumers. In carrying out the function of authorization of services for non-Medicaid Consumers, the LME has a UM Unit that consists of two Clinical Staff that are reviewers, one support staff and a Director that oversees the operation of the Access/STR Unit. Providers use a standardized web based system, which includes the functionality of uploading the PCP in making requests for the State Funded Services. UM has been involved in development of a benefit package that is clinically sound and fiscally responsible.

Access/STR

Staff screen, triage, and refer consumers through a toll-free telephonic Access unit. The STR staff utilizes the screening tool developed by the Division to determine if the consumer's needs are emergent, urgent or

routine when a consumer calls or presents to the Access office. Information regarding the consumer, service need and provider of choice data is collected and entered into the HSIS information system. The time of request, time the determination of care that is needed, the referral and the time of the access to face-to-face emergent care is entered and can be retrieved for data collection. Access and referral to care are established by standards for the consumer to be seen in 2 hours for emergent situations, 48 hours for urgent situations, or 14 days in situations where a routine need is identified. The call center also refers callers who do not meet target population criteria to available community resources. Access offers consumers a choice of providers and is able to schedule an appointment through the Calcium program or do a warm transfer of the call to the provider of choice so that an appointment can be scheduled.

Claims Processing Unit

The Claims Processing Unit of the LME is responsible for filing claims, collecting and posting payments on subsidiary ledgers as well as adjudicating claims for contract payments for services to network providers.

Quality Management Unit

Quality Management (QM) Department is responsible for the oversight of Quality Assurance (QA) as well as Quality Improvement (QI) activities. Our QM Department incorporates and interrelates with all facets of the LME's units/functions and departments. The LME Directors meet weekly to ensure communication and collaboration in this rapidly changing reform/transformation environment. They also provide data analysis and reports to the full Management Team, CFAC, Quality Management Committee, Administration and Area Board for use in their risk management determination, strategic planning process and to assure compliance with all applicable standards. A Quality Management meeting is held every other week with internal staff to review various QM activities. Each quarter a Quality Management Committee meets to review the Quality Management activities that occur. This committee is comprised of consumer and family members, advocacy agency members and representatives from our Provider Network.

During this fiscal year we have conducted eight QI Projects that will be submitted to the Division.

The NCTOPPS Coordinators have worked diligently this year to increase our compliance rating. Regular trainings are provided and our rating for submissions has continued to improve.

The QI projects are Developmental Therapy Review, NC-TOPPS, Access Satisfaction Survey, Project Stigma, Substance Abuse Specific Resource Guide, State Funded Review, Insurance Review and Evaluation of Training Events.

Provider Relations

The Beacon Center is conducting provider endorsement activities in compliance with Division of Medical Assistance, Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and Department of Health and Human Services policies and procedures. A new endorsement policy became effective mid year that changed the requirements and timeframes for providers to become endorsed.

The majority of our provider agencies have received National Accreditation this year. According to Session Law, provider agencies not meeting specified benchmarks for accreditation have had their endorsements withdrawn.

Endorsement training to assist new providers in preparing for the accreditation process has been conducted during the fiscal year. This has been a very successful training for our Provider Network as well as The Beacon Center.

Monthly Provider meetings continue to offer the provider network an opportunity to keep up to date on all changes and information distributed by the Division of Mental Health and Division of Medical Assistance and local information as well.

We continue to offer a monthly provider meeting in order to keep our network up to date on all information distributed by the Division and DMA as well as local information.

Consumer Affairs

Consumer Affairs is a function of the Advocacy Unit at The Beacon Center. This unit is staffed with Consumer Affairs Specialists and may be accessed by consumers through a toll free number. In addition to providing assistance with consumer, provider and stakeholder concerns, they are assigned as the liaison to the CFAC. This support includes not only attendance at the CFAC meetings, but also assistance with compiling requested information, providing a detailed report of incidents and client rights impacting events, and acting as a conduit of communication for training opportunities. The Consumer Advocacy section of the LME also provides assistance with the coordination of travel and stipend reimbursement for consumers. Training given to CFAC has involved evidence-based practice and clinical practice standards for various services, information on understanding how to read/interpret data and quality reports issued by the LME, Division, and other community partners, information on client rights for not only the LME, but other institutions and agencies within our community.

<i>LME COST CENTER</i>	BUDGET	FTES
General Admin/Governance	\$1,105,714	6.5
Business Management	\$676,923	8.2
Information Technology	\$593,620	3.5
Service Management	\$447,780	7.0
Utilization Management	\$191,239	3.0
Access/STR	\$420,911	5.5
Claims Processing	\$109,008	1.7
Quality Management Unit	\$187,485	2.5
Provider Relations	\$603,586	8.5
Consumer Affairs	\$200,323	3.0
LME Contract	\$72,000	0.0
TOTAL LME BUDGET	\$4,608,589	49.4

CONTRACTED SERVICES COST CENTER

Residential Services: All residential services are provided by network providers. Services funded with State dollars are billed through the LME. HRI Level II-Therapeutic Foster Care residential providers continue to bill Medicaid through the LME.

Outpatient Services: Outpatient services for children and adult mental health consumers are provided through a private provider network.

Adult Day Vocational Program: ADVP consumers are served by Tri-County Industries, Diversified Opportunities and Easter Seals UCP. These programs have been funded through a financial assistance contract since the early 1970s.

Public/Private Partnership/3-Way Contract: Provides crisis mental health and substance abuse services through a contract with Nash General d/b/a Coastal Plain and Wilson Medical Center. Inpatient services are funded via a 3-Way Contract between Nash General, Division of MH/DD/SAS and The Beacon Center for indigent consumers not only from Edgecombe, Nash, Wilson and Greene counties, but from other catchment areas. Nash General has designated eleven beds for this purpose.

Developmental Disabilities Contracts: Contracted services for I/DD services through private provider network including the CAP MR/DD consumers. Certain CAP MR/DD equipment continues to be billed through the Beacon Center as there is no direct enrollment through Medicaid.

Substance Abuse Outpatient Services: Substance Abuse outpatient services are provided by three network providers at this time.

SA Prevention Contracts: Contracted services for substance abuse prevention services through private provider network.

TANF – (Work First): Contracted services in local departments of Social Service provide screenings and identify potential recipients of substance abuse treatment services.

Supported Living-DD Contracts: Contracted services for developmental disabilities services through private provider network.

TANF DD Waiting Contracts: Contracted services for developmental disabilities waiting list services through private provider network.

SS Block Grant Contracts: Contracted services for Social Services Block Grant services through private provider network.

Family Voucher Respite Contracts: Contracts are developed directly with families/guardians for respite services through a voucher respite program. Families/guardians select and recruit care providers for services under this arrangement. Payment is made to the family/guardian that in turn pays the provider of choice.

Aftercare Contracts: Aftercare provides services to residents of Nash and Edgecombe Counties who have a chronic mental disorder that is not conducive to in-depth psychotherapy but requires follow up on a regular basis. Chemotherapy for the client and supportive therapy for the client and family are the most prevalent treatment modalities. Home visits and visits to rest, nursing, and boarding home clients are made as necessary.

Psychosocial Rehabilitation Contract: Psychosocial Rehabilitation is a clubhouse model program to equip adults with persistent mental illness with the skills needed to lead the most satisfying life possible with the least amount of professional intervention necessary. The program provides skill development activities, educational services, pre-vocational training, and employment services to severe and persistently ill adult individuals.

Non-Traditional Services/Alternative Services: County funds are used to offer non-traditional services that may not be in the array of services under the Integrated Payment and Reporting System (IPRS). Some of the services provided to consumers and residents of Edgecombe, Nash, Greene and Wilson counties are: Domestic violence treatment through Department of Social Services, Medication injection through local Health Department for consumers who are eligible, Substance Abuse Coalition funding, WRAP training, CIT training, anti-stigma campaign, funding case management services for transition from CAP-C to CAP-MR/DD, additional Substance Abuse prevention position in Edgecombe county, and supporting care manager positions within the LME and other functions of the LME due to funding cuts.

<i>CONTRACTED SERVICES</i>	<i>BUDGET</i>	<i>FTE</i>
Contracted Non-UCR	\$1,617,917	0
General Contracted Services	\$10,915,977	0
TOTAL CONTRACTED SERVICES	\$12,533,894	0

CASE MANAGEMENT COST CENTER

Supported Living: Is a unique service designed for adults with developmental disabilities that provides support and funding for individualized needs to assist consumers in becoming more fully integrated within their communities. This may include rent subsidies, bus vouchers, startup furnishings for house or apartment, support service, etc.

SS Block Grant: DD Waiting is a service to reduce the number of clients on the developmental disabilities waiting list who meet TANF (Temporary Assistance to Needy Families) guidelines.

Family Voucher Respite: A service whereby families are encouraged to develop natural supports within their communities and are empowered to recruit, train and hire their own sitters to meet individual needs.

CASE MANAGEMENT COST CENTER	BUDGET	FTE
Supported Living ó DD	\$9,651	0
SS Block Grant	\$18,262	0
Family Voucher Respite	\$40,513	0
Crisis Management	\$15,000	0
TOTAL CASE MANAGEMENT	\$83,426	0

MENTAL HEALTH COST CENTER

Housing Initiative: The budget includes a housing specialist position funded with federal funds. This position will work to increase the number of housing units available for consumers by strengthening the positive working relationship with the Housing Coalitions in Nash, Edgecombe and Wilson Counties.

System of Care: Funding is for the implementation and on-going support of local community collaborative activities including community based system of care child and family teams for children, adolescents and their families with mental health and substance abuse concerns.

MENTAL HEALTH COST CENTER	BUDGET	FTE
Housing Initiative	\$63,453	1.0
System of Care	\$146,710	2.0
TOTAL MENTAL HEALTH	\$210,163	3.0

FUTURE ENDEAVORS COST CENTER

Future Endeavors: Funds are appropriated from fund balance and interest earning for unexpected, contingency expenses such as provision for service provider failure and bed day usage for state facilities.

FUTURE ENDEAVORS	BUDGET	FTE
Future Endeavors	\$1,924,868	0

OTHER NON-ASSOCIATED COST CENTER

Other Non-Associated Costs: This cost center is to account for expenses that cannot be associated with and funded through either the LME funding source or other public revenues. This includes staff activities and vending, retirees health insurance payments, fund balance for IT upgrades and CAP MR/DD equipment and supplies billed by the LME.

OTHER NON ASSOCIATED	BUDGET	FTE
Other Non-Associated	\$396,869	0
Fund Balance-Career Ladder	\$127,220	0
TOTAL NON-ASSOCIATED	\$524,089	0

If after review of the presented documents you have any questions or concerns, please contact Karen Salacki or Nancy Rackley at 252-937-8141.

/nkr

Enc.