



500 Nash Medical Arts Mall
Rocky Mount, NC 27804
Phone: 252-937-8141
Fax: 252-443-9574

THE BEACON CENTER
Local Management Entity for Mental Health,
Developmental Disabilities & Substance Abuse Services
www.thebeaconcenter.net

Referral Line: 252-407-2474
or 888-893-8640

Karen Salacki, Area Director

TO: The Beacon Center Area Board
FROM: Nancy K. Rackley, Finance Officer
DATE: May 18, 2010
RE: SFY 10-11 Budget Plan and Message

The Budget and Annual Plan for the Beacon Center for SFY 10-11 is to meet objectives in the 2008-2011 LME Annual Business Plan and to begin to address the Needs Assessment for the four-county area while maintaining the Center's strong financial condition, paying careful attention to our current and future fund balance position. This is to be achieved by developing and maintaining systematic financial plans and systems in the proposed budget. Revenues and Expenses are conservatively estimated and are considered to realistically represent the goals and objectives for The Beacon Center.

The proposed budget totals \$21,075,917. The budget as presented represents an additional reduction of five percent (5%) in State funding for LME Systems Management. This reduction of \$229,163 is being absorbed by cutting one Accounting Tech III position from Claims Processing and reducing budget for legal fees. Legal fees in excess of the current budget amount will be funded through the use of fund balance reserves designated for Future LME expenses. LME Administration allocations have been reduced \$469,879 since July 1, 2009. These reductions have necessitated the use of county funding to support the addition of two care coordinator positions and one support position and other operational costs.

Additional cuts for State funded services are incorporated into the budget. Integrated Payment and Reporting System (IPRS) fee for service dollars (UCR) are reduced by \$44,527 and non-unit cost (non-UCR) funds by \$13,829. These amounts are in addition to the SFY 10 cuts of \$5,320,255, including \$525,232 for CAP MR-DD reductions. The reduction for CAP MR-DD is a permanent reduction.

The service dollar reductions are being funded through use of fund balance reserves. Currently the budget includes \$4 million for services to replace the loss of state allocations. The Board designated \$8 million (\$4 million each fiscal year SFY10 and SFY11) to allow services to continue for consumers due to significant State reductions in IPRS dollars.

There has been no indication from Edgecombe, Greene, Nash or Wilson Counties regarding funding allocations for the new fiscal year. County funding is used to fund two care coordinator positions, one support position, one system of care position, and to supplement salary and expenses for housing

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coordination. County funds are allocated to specific contract initiatives in the amount of \$639,053. The remaining county dollars are unassigned to supplement other needs for services through the fiscal year.

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 \$100,961.

Health Insurance premiums were projected to increase 9.2%; however, costs are being minimized by amending the plan. Costs will increase by 4.3% and are reflected in the proposed budget. Deductibles for emergency room benefits and individual and family deductibles were raised, impacting as few employees as possible.

Local Government Employees Retirement employer contribution increased from 4.91% to 6.43% at an increased cost of \$41,939.

The Beacon Center, Southeastern Regional, Southeastern Center, Eastpointe and Onslow-Carteret LMEs continue to pursue ways in which resources can be shared with Alliance members to increase efficiencies and decrease redundancy among our organizations. Plans include implementation of the utilization management function for Medicaid funded services, interagency monitoring activities, provision of a single point of after-hours telephonic access among the Alliance partners for consistency and non-duplicative functions.

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. These efforts have targeted primary referral agents, community agencies, consumers, families, etc. Marketing and public relations strategies will continue to be implemented to increase public awareness of mental health, developmental disabilities and substance abuse issues. We have seen a significant increase in the number of calls to our Access telephone line over the previous fiscal year but a number of potential consumers, families and stakeholders still are unaware of how to be referred to services. Decreasing the stigma associated with seeking mental health and substance abuse treatment services is also being addressed. We have a contracts with NAMI (National Alliance for Mentally Ill) and Tar River Mental Health Association for WRAP training and anti-stigma campaigns.

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 2009, the staff from Advocacy, Provider Relations and Quality Improvement attended over 30 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 2010, the community education goals will remain the same: To increase public awareness of – a) mental health, developmental disabilities and substance abuse issues; and b) The Beacon Center as a resource for accessing mental health, developmental disabilities and substance abuse.

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

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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 also partnered with local law enforcement and had over 75 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.

In November 2009 we held training for the Magistrates of all four counties to help them better understand the role of The Beacon Center. We also are continuing to provide on going education with the local hospitals and other partners such as Social Services and School systems.

ACCESS TO SERVICES

During the past fiscal year we had over 4,400 individuals contact our Access Department for service assistance. The Community Systems Progress Indicators quarterly reports reveal difficulties with timely access to services. 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 emergent and urgent treatment needs as evidenced by available appointments being available within contract timeframes 100% for emergent needs. 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 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 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.

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 can be better served in their community rather than utilizing the Emergency Departments.

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The provider network continues to make progress with responsibilities associated with first responder duties. Our CFAC partners with our Advocacy staff monitor first responder response of the provider network. 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 community support services and clinical evaluation 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 FY11. A 3-Way contract between Nash General, Division of MH/DD/SAS and The Beacon Center will continue into FY11 to provide inpatient services in the community. This is an initiative that the General Assembly 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.

Use of 3-way contract in SFY10 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 1,000 compared to statewide averages: Substance Abuse 17.1, statewide 34.1; Mental Illness 60.3, statewide 110; Developmental Disabilities 5.1, statewide 8.5. Factors that have contributed to this include training The Beacon Center staff provide on an on-going basis for providers and providers taking a more active role in responding to the need 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 new 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.

Decision Tree is a software program shared with Southeastern Regional LME to assist Access/STR staff in more quickly filtering a list of provider for referrals for services. The final updates of information are being entered and the system will be operational in the very near future. The system also tracks number of referrals to each provider.

IT continues to work on more reliable disaster recovery plans by implementing a Managed Services system which will enable off-site data storage, we well as improved monitoring of servers and workstations. The

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.

The Beacon Center is currently working toward transitioning our current service authorization/billing/medical records system to a web-based system hosted by our software vendor. Utilizing the web-based system will save the LME dollars in terms of decrease costs for purchase and maintenance of servers.

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.

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 two Multisystemic Therapy (MST) providers in our catchment area and several others are in the process of becoming licensed to provider this service.

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

COST CENTER DESCRIPTIONS AND FUNCTIONS FOR SFY2010-2011

LOCAL MANAGEMENT ENTITY COST CENTER

Funding for LME Systems Management has been reduced by \$428,936 over the past two fiscal years necessitating the use of county general funds to support the functions of the LME.

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.

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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 QA/QI Department incorporates and interrelates with all facets of the LME's units/functions and departments. The LME coordinators 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 the monitoring that is occurring. Each month 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 five QI Projects that will be submitted to the Division. The QA staff has also conducted monthly 25%, 35%, 50% reviews of all Community Support agencies. Along with the four other LMEs in our Alliance a structured QI Plan training was developed for the provider agencies and held within the catchment area of all of the Alliance LMEs.

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.

A statewide monitoring tool continues to be used in our catchment areas and it is anticipated that this tool will be updated in April 2010.

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. Endorsement time frames were triple timed in September 2009 according to Department directives.

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.

Monthly endorsement training to assist new provider 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	\$1,083,444	7.0
Business Management	\$680,623	8.0
Information Technology	\$637,134	4.5
Service Management	\$506,284	8.0
Utilization Management	\$186,375	3.0
Access/STR	\$418,640	5.5
Claims Processing	\$158,058	2.5
Quality Management Unit	\$185,879	2.5
Provider Relations	\$602,971	8.5
Consumer Affairs	\$198,073	3.0
LME Contract	\$126,000	0.0
TOTAL LME BUDGET	\$4,783,481	52.5

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.

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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 inpatient 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 also from other catchment area. Nash General has designated eight beds for this purpose.

Developmental Disabilities Contracts: Contracted services for I/DD services through private provider network including the CAP MR/DD consumers. Targeted Case Management for Medicaid consumers continues to be billed through the LME but is expected to be open for provider direct enrollment sometime in this fiscal year.

SPMI Contracted Services: Contracted services for SPMI services through private provider network.

ADMRI Contracted Services: Contracted services for ADMRI services through private provider network.

Substance Abuse Outpatient Services: Substance Abuse outpatient services are provided through a single source provider at this time; however, other resources may be developed in order to meet the growing need for this population.

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

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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, pilot project for additional IPRS consumers to be served and supporting care manager positions within the LME.

<i>CONTRACTED SERVICES</i>	<i>BUDGET</i>	<i>FTE</i>
Contracted Non-UCR	\$1,790,558	0
General Contracted Services	\$10,887,797	0
TOTAL CONTRACTED SERVICES	\$12,678,355	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 – DD	\$17,578	0
SS Block Grant	\$18,262	0
Family Voucher Respite	\$40,513	0

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Crisis Management	\$15,000	0
TOTAL CASE MANAGEMENT	\$91,353	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	\$67,022	1.0
System of Care	\$150,003	2.0
TOTAL MENTAL HEALTH	\$217,025	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	\$1,279,874	0
Fund Balance-Career Ladder	\$100,961	0
TOTAL NON-ASSOCIATED	\$1,380,835	0

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

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