



# The Quality Times

PROMOTING QUALITY IMPROVEMENT THROUGH COMMUNICATION



Who, What, Where, & Sometimes Why

October 2008

## OPC Finds a Clinical Lending Library

*Over the past 8 months, OPC has compiled a body of clinical resources for a new provider lending library. This library contains a variety of media, including textbooks, autobiographical accounts of mental illness and addiction, VHS tapes, DVDs, educational pamphlets, and much more.*

Below are a few highlights from our current collection:



### Books:

An Unquiet Mind, Kay Redfield Jamison, M.D., Ph.D.: this first-person account of the author's struggle to accept and manage her bipolar illness is a fascinating window into the subjective experience of major mental illness.

The Noonday Demon: An Atlas of Depression, Andrew Solomon: winner of the 2001 National Book Award for nonfiction, this is a beautifully written, authoritative compendium of facts, figures, and personal stories of individuals coping with Major Depression.

And the Band Played On, Randy Shilts: a classic and vivid work of reportage on the origins of the AIDS epidemic in the United States.

Skills Training Manual for Treating Borderline Personality Disorder, Marsha Linehan, Ph.D.: DBT (Dialectical Behavior Therapy) skills workbook for therapists of clients with this personality disorder. These skills are highly effective for anyone with goals related to setting limits with others, self-soothing in a non-destructive way, fostering good relationships, and effectively managing powerful negative emotions.

The Theory and Practice of Group Psychotherapy, Irvin Yalom, Ph.D.: the classic work on how to run an effective therapy group.

Abnormal Psychology, Davison and Neale: this college-level textbook is an excellent primer on the mental disorders.

Synopsis of Psychiatry, Kaplan and Sadock: this graduate-level textbook provides an in-depth, comprehensive overview of the mental disorders and the human lifecycle.

Sober for Good, Anne Fletcher: a useful self-help book for people who suspect or know they are drinking too much.

Surviving an Eating Disorder: Strategies for Families and Friends, Michele Siegel, Ph.D.: a self-help book for those close to a person with an eating disorder.

Saving Our Last Nerve: The Black Woman's Path to Mental Health, Marilyn Martin, M.D., M.P.H.: a self-help book written specifically for African-American women coping with mental illness.

Surviving Schizophrenia: A Family Manual, E. Fuller Torrey, M.D.: the 'bible' for family members of those with Schizophrenia.

Anger Kills: Strategies for Controlling the Hostility That Can Harm Your Health, Redford Williams, M.D. and Virginia Williams, Ph.D.: useful information about how anger and hostility can negatively affect your health, as well as practical ideas for how to become a less hostile person.

Shadow Syndromes: The Mild Forms of Major Mental Disorders That Sabotage Us, John Ratey, M.D.: a useful self-help book addressing the prevalence of mild mental illness.

## ***New OPC Library (continued)***

Permanent Partners: Building Gay and Lesbian Relationships That Last, Betty Berzon, Ph.D.: a self-help book for gay and lesbian couples experiencing relationship difficulties.

Why Zebras Don't Get Ulcers: A Guide to Stress, Stress-Related Diseases, and Coping, Robert Sapolsky, Ph.D.: a biological perspective on the evolution of the stress response, with practical ideas about how to cope.

The 3-Pound Universe, Judith Hooper and Dick Teresi: a fascinating tour of the human brain.

ters/severe weather, and emerging infectious diseases.

### **Pamphlets:**

- "Marijuana: Facts Parents Need to Know" (published by the National Institute on Drug Abuse)
- "ADHD From Childhood Through Adulthood" (published by Lilly)
- "Suspect Your Teen is Using Drugs or Drinking?" (published by The American Academy of Pediatrics) (also available in Spanish)

### **Resource Notebooks:**

Traumatic Brain Injury Education and Resource Manual: an extensive resource compiled by the NC Division of MH/DD/SAS. Includes information on cognition and memory after brain injury, caregiver support, veterans' issues, substance abuse concerns, brain injury support groups, and brain injury treatment providers.

Emergency Preparedness Kit: created by the Hackensack University Medical Center Foundation. Contains information on preparing for various types of widespread emergencies and disasters, including chemical and radiation emergencies, natural disas-

The lending library will begin operation on November 1st, 2008. In the near future, we will attempt to provide a complete list of available materials and specific instructions for accessing them. Please contact Senga Carroll (919-913-4146) or Paula Newman (919-913-4133), OPC Clinical Specialists for more information.



## Appeal Process for Withdrawal of CS Endorsement due to Not Meeting 25% Requirement

OPC will notify a Community Support provider that has not met the 25% QP requirement for the previous three month period as quickly as possible following that determination being made. The provider will be advised that they have fifteen (15) business days to file an appeal for reconsideration by OPC. **No NEA letters will be issued at this point.**

If the provider fails to appeal by the fifteenth (15th) business day, OPC will issue the NEA letter withdrawing endorsement effective the first of the second month following the month in which the determination was made as stated in Implementation Update # 45.

If the provider appeals the decision but OPC does not grant

the appeal, the NEA letter withdrawing endorsement shall be processed at that time. If the provider appeals and OPC grants the providers appeal, no NEA letter shall be sent.





## OPC Endorsement/Enrollment Information for the CAP-MR/DD Waiver Transition

CAP-MR/DD endorsement is statewide; therefore, endorsement and enrollment only occurs once per service.

New and modified service definitions are posted on the Division of MH/DD/SA website: <http://www.dhhs.state.nc.us/mhddsas/cap-mrdd/index.htm>

For the transition to the new CAP-MR/DD Waivers, expected to be implemented on 11/1/08, providers are requested to follow endorsement procedures with the LME where your corporate offices are located.

OPC will complete the process with those agencies whose corporate offices are located in our catchment area.

New services require endorsement according to the current Endorsement Policy and Procedures and DMA enrollment, including submission of the Notification of Endorsement Action form

(NEA) for the new service. (Exception for Home Supports if providing Residential Supports, Personal Care Service or Home and Community Supports)

Modified Services for currently enrolled providers require an Attestation Letter and DMA Enrollment Addendum to be submitted to DMA and copied to the LME. Only one Attestation letter is required; however, it should be copied to the other LME's you work with.

The staff qualifications and training requirements will be reviewed at sites whose corporate offices are located in the OPC catchment area within 60 days of implementation of the waivers.

The staff qualifications and training requirements will be reviewed at sites in our area whose corporate offices are in another LME catchment area at the time of routine local monitoring.

If you are an existing provider of a CAP service that will "crosswalk":

- Sign the Attestation letter indicating understanding of new requirements, compliance to these requirements and acknowledgement of the LME's monitoring of compliance within 60 days of Waiver implementation.
- Complete the training and meet new requirements by November 1st.

In order for OPC to meet our requirements to monitor CAP Provider compliance to the modified training requirements within 60 days we will schedule provider reviews during November and December. As soon as the review schedule is completed we will inform you of your review date.

## Preparing for and Surviving Your Accreditation Survey: Helpful Hints



*On October 21, OPC held a meeting for several unaccredited providers and invited others who had gone through the accreditation process to act as a panel discussion. David Chapman of Caramore Community, Inc., has been through seven CARF accreditations and provided valuable insight and helpful tips to "making it" through the whole process. Though his words reference CARF, we felt it would be valuable to share these thoughts as many of our providers are currently going through the survey process and they would most certainly be applicable to any survey that an agency may be going through.*

*Be yourself. I can assure you that there will be element of your CARF survey that will be encouraging, com-*

*plimentary. And if you've pretended to be someone else, you will have lost the opportunity to be truly encouraged, validated. If during the survey, you wear a tie, have flowers in the lobby and classical music playing in the background, AND this is not normally the case, then your staff and clients will see or interpret that CARF is nothing but a dog and pony show, and, as a result, the genuineness of the interviews, the vibe of the survey itself will not be as good as it could be. And, I think the vibe is important, impressions are important, because there are real limits to how substantively the CARF surveyor can actually look at what you're doing; that it, they must rely upon impressions – so make sure your impression making is genuine.*

*Establish relationships with other provid-*

*ers. Attend OPC Providers meetings, serve on some advocacy or legislative committees, or join NCARF. Just because you are seeking CARF accreditation, DO NOT think that you don't have time to interact with others. Go to a training, reach out to a competitor; Make the time to develop professional / peer relationships, it'll save you time in demonstrating compliance. Very difficult or complex issues can often times be easily solved by asking for and getting assistance from a trusted colleague.*

*Delegate tasks to staff by CARF sections, as broadly as possible, to as many staff as possible. This gets more people involved or invested. A CARF committee with just a couple of key staff is not so smart. CARF surveyors are looking for *organizational**

## Proposed CS Rates Posted on Division Website

The proposed tiered rates for Community Support Services have been posted to the Division website. The implementation date for these proposed rates has yet to be announced.

<http://www.dhhs.state.nc.us/dma/csupport/draftcsrates.html>

Staffing Level	Individual Rate	Group Rate
Paraprofessional	\$6.23	\$2.00
Associate Professional	\$10.83	\$3.48
QP—Unlicensed	\$19.21	\$6.18
QP— Licensed	\$23.20	\$7.46

## Q-Tips

- *Check the DMH and DMA websites regularly for important policy and implementation updates.*
- *Please check your NPI information via the NPPES registry to ensure accurate information. If the information listed on this registry is out of date, you may have difficulty processing claims.*
- *Do you have new clinical staff? Make sure they submit a provider change form so that the most current practice address is on file with DMA.*

### Disaster Planning and Response:

#### OPC's New Voluntary Designation as Primary Responding Agency Program



Per North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS), the following language is included in ALL Memorandum of Agreements (MOA) and State Standardized contracts between provider agencies and OPC Area Program, contained in section 2.17:

**"Response to Survivors of Disasters and other Hazards.** If designated by the AREA AUTHORITY, the PROVIDER, under the direction of the AREA AUTHORITY and in coordination with the local Emergency Management agency(ies), shall deploy behavioral health disaster responders to deliver behavioral health disaster services to survivors and other responders within the counties served by the AREA AUTHORITY. Behavioral health disaster services may be required at the site of a disaster, in emergency shelters, on the telephone/TTY machine, and other sites in which other disaster response agencies provide information or services to survivors and responders (e.g., FEMA Disaster Application Centers, emergency medical intervention, decontamination or quarantine sites). When it is determined that survivors or other disaster responders are in need of longer term mental health, developmental disabilities, and/or substance abuse services, the PROVIDER'S behavioral health disaster responders shall refer such persons in

need to the AREA AUTHORITY or its designee for further assistance."

Although each agency with a contract or MOA with OPC Area Program is contractually obligated to respond upon request, OPC Area Program is seeking agencies who agree to a voluntary designation as a primary responding agency.

These agencies will agree to be the first contacted in the event of a disaster or community-wide emergency and to provide staff to respond on an as-needed, 24-hour basis. Whenever possible, the agency and responding staff will be notified and/or put 'on-call' in advance of potential need, as we did during our recent experience of Hanna, when 9 staff from our provider community agreed on Thursday and Friday to be on-call to respond as-needed throughout the coming weekend (Special Thank You to Freedom House).

These agencies agree to work with OPC Area Program toward stream-lined, efficient and safe behavioral health disaster response within our three-county area. The entire staff of each agency that agrees to a designation of primary responding agency will enjoy free admission to all trainings sponsored by OPC Area Program. In addition, staff of designated primary responding agencies will be priori-

*(Survey Success... Continued from page 3)*

compliance, not just a few well-informed (over-worked) folks. Not that every staff person can be intimately aware of all CARF standards, but the more staff people the CARF surveyors meet who have some intimate knowledge of some part of the standards, the better.

*Get your motives straight, or better stated - get your motives positive.*

Why am I going for this accreditation? If the answer is - Because the State is making us - this is essentially a negative or punitive motive? If that's your motivation.. that they are making me do this, then what'll sustain you during the long, extra hours of work to demo compliance? Well, probably, something like,.... I gotta get this right or I'll lose my job, we'll lose our funding, we want be in business next year if I don't. There will be moments during your CARF preparations where you think, Oh my Lord; I don't really have my ducks in a row in this or that area. And when this happens, the negative fear of consequences will only make it worse.

*(Disaster planning—Continued from page 4)*

tized for admission to Disaster Preparedness and Response trainings, within OPC Area Program's need to promote training and provide disaster response across three counties and various age, disability and other demographic groupings.

Please note that in no way does OPC's Voluntary Designation program abridge or alter the contractual obligation of every agency with a contract or MOA to provide staff to respond to a disaster with the provision of behavioral health disaster services upon request by OPC. Should the Voluntary Designation program not meet the anticipated need for behavioral health response within our community, OPC may request that each agency with a contract or MOA provide a 24-hour contact list of administration and/or staff able to respond to be used for emergency purposes only.

On our website, please find the **Voluntary Designation as Primary Responding Agency Agreement** to be signed by the Chief Executive Officer of the agency seeking designation. Please complete the Voluntary Designation Agreement and return to Attn: Peggy Yonuschot/ Disaster Response at OPC Area Program by mail, fax or e-mail ([pyonuschot@opc-mhc.org](mailto:pyonuschot@opc-mhc.org); Phone 919.913.4144; Fax 919.913.4001) for consideration by Judy Truitt, Area Director

While OPC can not make any firm commitments at this time, OPC recognizes that funding for behavioral healthcare disaster response efforts will be an immediate issue and OPC will make every effort to address funding sources at the state and local level whenever possible. For further Disaster Preparedness and Response information and resource lists and links, please see our website. Should you have questions, please do not hesitate to contact Peggy Yonuschot per the methods listed above.

Be positive. Decide at the outset, we are doing this CARF thing because it puts us on a path for continued improvement. Each and every CARF standards contains elements that will positively improve services to our clients and the stability of our program. It is important set this tone, with yourself and your staff - with CARF we have a meaningful opportunity to get better.

*Use the Survey Preparation Guide* - consider it as a cheat sheet for open book test. Manager can use as structure and guidelines for preparations progress. Meet with staff to review responses and realize gaps.

*Know thy Surveyors.* Google surveyor's names and the programs they represent. Recommendations will more than likely come in areas where your Surveyor has the most experience. Strive to be particularly strong in areas where you anticipate their strengths.



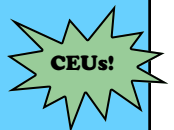
### Upcoming OPC Trainings and Events

11/6/07: New Provider Orientation

OPC Area Program, 1PM- 4PM

11/7/08: The Ethics of Clinical Boundaries

OPC Area Program, 1PM- 5PM, \$25



11/19/08: Working with African American Families

OPC Area Program, 1PM- 4PM

11/21/08: The 12 Core Functions of a SA Counselor, Pt. 3

OPC Area Program, 9AM- 4PM

12/1/08: Community Support Provider Meeting

OPC Area Program, 1PM- 4PM

12/10/08: Client Rights and Confidentiality

OPC Area Program, 1PM- 4PM

*Dates and Times are Subject to Change*

*Please Confirm Before Arrival*