Provider Meeting
MINUTES
January 9, 2009
9:00am-12:00pm

Attendees:

Jill Stephenson	PBH	Arlana Sims	SCCS Inc.
Tracy Threatt	PBH	Megan Johnson	CSSI
John Giampaolo	PBH	Wendy Campbell	BCH
Erin Nantz	PBH	Cliff Anderson	MHA NC
Judy Uthe	PBH	Robert Savino	ESUCP
Eliza Davis	PBH	Angie Banther	Path of Hope
Robin Susser	PBH	Fonda Simmons	YACM
Cynthia Benjamin	PBH	Reid Thornburg	PBH
Heileigh Thompson	PBH	Chuck Hill	PBH
Caroline Fisher	Monarch	Ola Cook-Mbah	CNC Access
Sheri Carter	MHA/NC	Flay Lee	Hope Haven, Inc.
Vera McRae	The Arc of Davidson	Michelle Bell	CLC
Renee Bellemore	The Arc of Davidson	Maureen Rozzelle	CLC
Ginger Pope	CCGH	Mackie Johnson	RHA
Dawn Allen	GHA	Ted Thomas	PBH
Dee Pankey	GHA	Nazareth Osborn	YACM
Diana Duncan	DHI	Leslie Mussington	Excel
Darlene Steele	PBH	Kathleen Fry	CRC - Daymark
Dean Ewart	Easter Seals UCP NC	Tom Hibbert	Timber Ridge
Mary Crump	Easter Seals UCP NC	Tammy Gilmore	PDS
David Ashley	Bayada Nurses	Anna Yon	PDS
Bonnie Schell	PBH	Carol Gouge	PBH
Peggy Terhune	Monarch	Chris Jacobsen	PBH
Mike Young	UDI	Julie Hunter	YACM
Minnie Funchess	C. F. Marketing	Cathy Kocian	Div of MH/DD/SAS
Charles Funchess	C.F. Marketing	Tyran Lennon	Horizon Care Inc.
Carlo Black	YACM	Nancy Harville	Hope Haven
Nadine McNair-Smith	Horizon Care Inc.	Lisa L. Johnson	STEP's Dev Academy
Lisa Jones	RHA Health Services	Janet Dausburdy	GHA
Avis Edmond	Genesis Family Home	Virginia Davila	Quality Family Services
Pam Rankin	PBH	Dawn Anderson	HomeCare Mgt Corp

9:13 a.m. Welcome and Call to order *–Flay J. Lee*
Flay welcomed everyone to the first Provider Meeting of 2009.

Meditation Reading – *Arlana Dodson-Sims*
Take time to rekindle spirituality; last year is gone, move on. Where will you be a year from now? Imagine what you can do. Promise and possibility – chose those possibilities. Commit now to make that direction toward what you sincerely desire. You can truly make it happen.

I. Network Council Updates

1. Introduction of Council members

Diana Duncan noted there were newly elected members in November - Dawn Allen and Leslie Mussington. The 2009 officers are Flay Lee, President; Arlana Dodson-Sims, Vice President; and Diana Duncan,

Secretary. The council decided to extend the terms of the 2008 Executive Board into 2009 so they can spend this year on goals not completed and also work on new goals. Flay asked for all Council members to stand and introduce themselves.

Peggy Terhune, Monarch; Tammy Gilmore, PDS; Bonnie Schell, PBH; Cynthia Benjamin, PBH; Darlene Steele, PBH; Robin Susser, PBH; Dawn Anderson, HomeCare Management; and Chuck Hill, PBH.

Providers may give their representatives information to pass on to the Council. Flay represents Substance Abuse. Each representative has their own preference of communicating to providers.

2. Review of Council Accomplishments 2008

Flay Lee reviewed the five (5) Network Council goals announced and recorded at the January 2008 Provider Meeting.

Goal 1: Identify gaps in services
Goal 2: Elevate all Services
Goal 3: Increase and maintain provider meeting attendance
Goal 4: Educate providers about Cultural Competency
Goal 5: Determine how we can develop and enhance services for the Latino/Hispanic Community with DD/MH/SA services.

Flay reviewed the Council's accomplishments as summarized below. (See attached presentation.)

Goal 1 Accomplishments:

- In conjunction with Global CQI, Network Council worked on the administration issues that burden providers.
- Developed, presented and agreed upon the PBH proposed Substance Abuse Plan
- Discussed Legislative Initiatives
- Reduction of questions in Provider Satisfaction Survey and agreed on vendor
- First PBH administration and Network Council retreat

Goal 2 Accomplishments:

- PBH Legislative initiatives
- Substance Abuse Plan – pending funding
- Substance Abuse training with credit from NCSAPPB
- DD/MH Waiting Lists were delivered and discussed at several provider meetings.
- The Gold Star Provider Performance Profile was established/agreed upon for implementation
- Provider Satisfaction Survey questions reduced.
- First PBH administration and Network Council retreat

Goals 3 Accomplishments:

- Frequency of Provider Meetings – every other month, then transition to quarterly
- Re-implemented Agency Spotlight segment to Provider Meetings (9 were held last year)
- Topics of Interest
- First PBH administration and Network Council retreat

Goals 4 Accomplishments:

- Approved Cultural Competency Provider Checklist
- Network Council President attended and completed the North Carolina Mental Health Leadership Academy, UNC Chapel Hill.
- First PBH administration and Network Council retreat

Additional Tasks:

- Network Council assisted with the interview process for PBH Network Operations Director.
- By Laws were reviewed/revised. The Executive Committee (President, Vice President, Secretary) have the option to service a second term.
- Develop ways to make the Provider Meetings more interesting to each specific group MH, DD, SA. Network Council will be looking for suggestions from Providers (through your rep) on what topic will be of interest to you.

Overview and Status of 2009:

- Priority 1 is the provider's administrative burden issues.
- Each PBH Department to present at Provider Meeting.
- Look at different topics.
- Possible hot sheet every month; utilize Network Happenings on PBH website.
- Upgrade Substance Abuse training – maintain PASAPA (Piedmont Area Substance Abuse Provider Association) free training, accredited hours in place. Angie Banther is the contact person.
- Evidence based best practice models was tabled in 2008, discuss in 2009.
- Stabilize the council to maintain flow.
    - Evaluation of council performances – let us know so that we can discuss at our meetings.
    - Talk to your Council representatives about what is important to your organization or consumers.
- Plan of Operations
    - Status of training and educations planned for each quarter in 2009.
    - Discuss what the attendance is at these events. Many register to attend and do not show up.
    - Provider and Consumer Satisfaction Surveys
        - When will survey go out to providers and consumers?
        - When will we be able to view survey?
    - Status of gold star performance and profiles.
        - What would providers want reported from council or departments quarterly?
    - Status of budget reductions – financial reports.
    - Quarterly reports are in the By Laws – The Provider Network had to know what specifically they want reported so PBH can plan ahead.

Network Council and PBH Departments bring this information to Network Council meetings. Providers need to forward their questions so that Council can get answers.

3. Council Goals for 2009

The Network Council 2009 Work plan was reviewed. The Council Goals are similar to 2008 but a few were added based on the By Laws. The Work Plan and 2009 Council Goals are an attachment.

4. Proposed Provider Meeting Dates 2009

Network Council reviewed their 2009 meeting schedule. They asked providers to note these dates so they may decide when to present an issue or agenda item. The 2009 Provider Meeting schedule was also reviewed. Both meeting schedules are an attachment.

- This meeting schedule allows the MH, DD, and SA groups to meet in off months. SA group was given as an example – this small group decided to meet outside of the Provider Meetings to discuss specific issues amongst themselves. They have started meeting every month. The PASAPA group is recognized across the state as one of the provider group entities of an LME. Flay challenged the other population groups to do the same – discuss issues as a group. It is not meant to be a separation from PBH.

II. Network Department Updates

1. Network Happenings

Robin Susser thanked the Network Council for their goal efforts. Robin asked providers to introduce themselves to her. Per a provider request, Network has developed a link to the PBH website. The website link was previewed. Network Happenings will include information providers need to know about. Communication Bulletins will be posted here - it is suggested providers check the site weekly. ASAP bulletins will go out directly to Providers. PBH is archiving bulletins but they will be available for further research.

2. Education Opportunities

Robin Susser informed the providers about a policy that has been developed for continuing education initiatives for awarding CEUs. Dr. Arlana Dodson Sims will be doing a presentation on Ethics in the Spring. Providers may send an email to Eliza Davis or Robin requesting trainings they want. All workshops and training opportunities are posted under Network Happenings.

PBH Network Operations and Quality Management met regarding safety reviews. Your PBH Provider Relations Manager is your first point of contact - they will walk you through the process. Please do not call Quality Management. This process change will improve our tracking and is effective today. A bulletin will be posted regarding the process.

3. National Accreditation

Darlene Steele noted the deadline of March 20. For the providers that have multiple contracts with multiple LMEs, they are already in accreditation mode. Network Operations is monitoring provider accreditation. The State has not changed the March 20 due date for National Accreditation. Hopefully, everyone is in process. If a provider is not in process, please speak to your Provider Relations Manager. PBH will do a transition plan for the consumers you are seeing if accreditation is not met. Darlene asked if there were any questions.

- *Provider Question:* Who does this apply to?
  Answer: Any provider with enhanced services under Medicaid.

- *Provider Question:* Does Enhanced services include residential?
  Answer: Residential has not been included. The way it was presented to CMS in 2006, child residential services were not included in that packet. Darlene has not seen anything in writing requiring child residential services to have National Accreditation. But, noted it is coming.

For DD Cap service providers, you should be in contact with a national accreditation body. You have to demonstrate the need for an extension in writing to CARF. You will be in good standing if you have your paperwork. We are all under the pressure. Cynthia Benjamin stated that in the past, the Provider Relations Managers would call providers to get an update on accreditation. Providers do not have to wait for that call - please initiate a status call to your Provider Relations Manager. Also, please continue to forward copies of your accreditation letter.

There are discussions that National Accreditation is taking the place of endorsement. PBH will be supporting that and will keep providers posted on its direction.

- *Provider Question:* Does anyone have a number of how many providers won't be accredited?
  Answer: Numbers were very low. There are no recent stats. LMEs are supposed to be reporting to the Division. In Darlene's opinion, she expects LMEs are being protective of their providers in their network. Right now, it is a strict approach but she feels there will be other exceptions.

Darlene asked if there were any other PBH Department heads that would like to speak on the subject. No additional staff spoke.

4. Going Green

Green is the sign of the times. This is the reason for only one piece of paper provided at today's meeting.

- *Provider Question:* Will the slides shown today be posted or made available someplace?
  Answer: Robin Susser stated they will be attached to the minutes.

Diana Duncan advised the March 13 meeting is not a breakout meeting. 2009 meetings will be full meetings – no break out meetings.

- *Provider Question:* Will the Network Council information be posted quickly?
  Answer: Flay Lee responded yes.

III. Agency Spotlight: RHA Health Services and Behavioral Health

Due to scheduling conflict, RHA Interdisciplinary Team could not be present. Instead, RHA spotlighted their Health Services and Behavioral Health divisions. Mackie Johnson, RHA's Behavioral Health Clinical Coordinator presented an overview on the Behavioral Health portion of RHA (see attached presentation).

Handouts were also available. RHA no longer stands for anything besides RHA. As they evolved with new service offerings, the name was collapsed. A standing internal joke is RHA = Riding the Highway Again.

RHA is excited about their programs. They started a couple years ago with reform. They have a wonderful partnership with PBH in fulfilling gaps and needs.

Lisa Jones, Administrator at Cleveland Health Services, reviewed RHA's Health Services (see attached presentation).

Contact Information was provided.

Robert Jordan, Intake Coordinator	704-782-1020
Jennifer Lineberger, Health Services	828-232-6844

Break for Networking with other Providers

IV. Topic of Interest: Dan Coughlin, PBH President/CEO

There are a few changes PBH is anticipating with the new governor and new administration. Dan would be interested to know how things are going in the provider part of the world, what concerns they may have.

Dan is spending a lot of time in Raleigh trying to anticipate what will happen with the new administration. Lanier M. Cansler is the new secretary of MHSSDD. His background is in business, a successful entrepreneur, has policy experience as Deputy DMA, experienced with lobbying and consulting and has a circle of influence about health care finance and policy. He is not specifically about behavioral health which could be a concern if he does not make the right choice with DMA and DMH. We need someone that can clean up the mess that we have all had to deal with. PBH has had less issues than other LMEs. Dan has been trying to tell people that new leadership needs be a major leaguer that knows their apples, technical expertise, obtains strong leadership and charismatic qualities, a finance background, and worked at the local level. Hopefully that will happen. New administration is trying to be receptive to ideas from people that they perceive know what they are talking about. We have not had the right level of expertise. We can be optimistic. Times might get better.

The other looming problem is the economy in general and what that is going to do to resources. Medicaid is an entitlement so it won't get affected. State side, who knows – financial side of the system – state funding does not keep up with care. It is not the right time to go with your hand out. We experienced a 3.5 million dollar reduction last year and supposed to have future reductions. We levied a suit against the Secretary's office – asked for an injunction against that 3.5 million. If PBH gets it back, it will be on a recurring basis. PBH State dollars are spoken for now – we overspent our state dollars last year. PBH can't keep overspending because we are capitated.

Third, you need to know starting with Dan and throughout the organization; PBH is way committed to the provider organization. When we grew this model with the waiver and understood that we would be moving out of service provisions and the providers were going to take all the service provisions over, while we supported that idea, we also knew the risk on how we could develop a network of providers that trust us and we trust. It will not work if you don't count on us and we count on you. That is the way we are going to do business, we can't do everything you want us to do. We will listen, work with you and problem solve. Every time we can say yes, we will say yes. We expect the transitions timeline to be answered within next month or sooner.

- *Provider Question:* When PBH started the waiver and others emulate, LMEs have spoke about being jealous. Is anyone else going to get a waiver?
  Answer: Everyone has been saying the same thing, a demonstration project that seems successful so why aren't folks taking a lesson from it. That log jam is broken now. There is a growing consensus that the solution for the rest of the State is that the State look like PBH in some sort of fashion. When Dan came to PBH, they sent him a list of questions to answer in written form. Some of the things he wrote were that healthcare needed to be regionalized, Medicaid waivers, and the right size system of care.

My feelings are the same today. The answer is to do PBH over again 5 or 6 times. It is getting a lot of traction but not sure if it is going to happen. We are pushing for it.

- *Provider Question:* As a provider that is not visiting Raleigh as often, it seems like the talk about this model has slowed down. Now the message is wait for the new governor. Two year ago discussions are still on the table. The feeling was action will be quick.
  Answer: Dan stated it will be fast and bold.

- *Provider Question:* If the 3.5 million is reimbursed and reoccurring, will the state dollars already be tagged or will a portion be for new services?
  Answer: Dan stated there is not enough money for new services. We tried to construct the Medicaid benefit packages to not be different than the State benefit packages. State has made it harder to do that. With the population shift and penetration, (capitation is per member basis) Medicaid increases funding. State does not work that way. We are looking at parallel benefit packages but we have a different package for State. Dan cannot see how PBH can expand.

- *Provider Question:* How do you see the business plan for PBH changing based on the outlook of the future?
  Answer: Dan stated the biggest change is B3 services. It is going slower than he would like. He does not see any major shifts. Dan asked if providers think there should be a change.

  Provider's Response: No, it sounds positive.

  Dan stated he is hearing from providers that they do not want change. Providers want the stability that has finally gotten here. Dan has gotten a group of people together to offer a white paper to the Governor. Providers in that group indicated the difference in doing business between the State and PBH, PBH was stable and could run a business. If providers had problems, someone would help them. The rest of the State does not know what is going to happen. Their plan should be not to do anything else – stabilize first. Then, tell us how they plan to reshape. People don't want a lot of change. Dan said if he is wrong to let him know.

  Provider Response: Correct. One of the elements is that PBH created a network that was stable. As a residential provider, limiting Community Support providers helped us on who to interact with – plus they did not go away. Outside PBH, others went away and consumers were orphaned.

  Dan stated part of the model PBH has allows PBH to do selective contracting or a closed network. We have not used that as a hammer. Basically, the most significant use was that example regarding Community Support. We could see and knew what was going to happen statewide. We did not want it to happen in our network. Community Support was projected (when the service definition went in to effect) to cost an additional 3 million dollars – it was two billion. Dan requested the people in his think tank group to flesh out what we were going to do with the white paper. He kept hearing the same old stuff: good patient care, less bureaucracy from our LME --- all agreed with reform but how do you deliver it? What is the business model? PBH has a different business model – integrated. How to implement the model is the key.

  Provider Response: There is excellent staff at PBH – very informed. The training you offer to providers and the meetings have been helpful. I commend all work done by the PBH Department heads.

  Dan's Response: Thank you.

Flay stated this was a great opportunity to meet with the CEO.

V. Provider Questions, Updates, Concerns, Suggestions

- CNC Access advised they just completed their CARF training and are waiting for their score. They expect to hear the results in 6-8 weeks.
- Sims Consulting and Clinical Services' staff became National Board Certified Counselors.
- Youth Adult Care Management will receive CARF accreditation next month.

- The Cultural Competency Committee has a training scheduled on January 30. It starts at ground zero on how to do your plans.
- PASAPA (Piedmont Area Substance Abuse Provider Association) has developed a training series to help folks understand substance abuse. One of the topics will be crisis - learn how to use the SA crisis continuum. Providers don't even need to RSVP for the trainings. You are more than welcome to come. We will work with Dr. Susser to get the training information posted on PBH's website.
- The Data Collection training is this afternoon from 2 to 4 p.m.
- New Segment – any birthdays? Happy Birthday wishes were extended.
- If providers have suggestions, send them to Network Council.

VI. Adjourn 11:16 a.m.

Flay stated the PBH Administration will keep providers posted. He thanked the administration and providers for coming. Next Provider Meeting is March 13, 2009 at 9:00 a.m.

PBH Network Council
2009 Meeting Schedule
1:00 pm – 4:00 pm

January 6, 2009

February 5, 2009

March 5, 2009

April 2, 2009

May 7, 2009

June 4, 2009

July – No Meeting

August 6, 2009

September 3, 2009

October 1, 2009

November 5, 2009

December 3, 2009
(Executive Team)

PBH Provider Network
2009 Proposed Meeting Schedule
9:00 am – 12:00 noon

January 9, 2009

March 13, 2009

May 8, 2009

August 14, 2009

October 9, 2009

There were five Network Council goals set at the beginning of January, 2008 by President Flay J Lee. These were announced and recorded at the January 11, 2008 full providers meeting:

Goal 1: Identify gaps in services
Goal 2: Elevate all services
Goal 3: Increase and maintain provider meeting attendance
Goal 4: Educate providers about Cultural Competency
Goal 5: Determine how we can develop and enhance services for the Latino/Hispanic Community with DD/MH/SA services.

The Global CQI and Network Council will be working on the provider administrative burden issues for 2009. (Goal 1)

Network Council leadership met with the PBH leadership to discuss and outline agenda for 2008 calendar year. Discussed the PBH Legislative Initiatives and PBH proposed Substance abuse plan. (March) Goal 1-2)

Council agreed to begin having provider meetings on an every other month schedule beginning in January 2009. The goal is to smoothly transition into a quarterly meeting schedule by end of 2009. (July) (Goal 3)

The Provider Satisfaction survey was agreed to a reduced number of questions. The survey now has 30 questions. (April) (Goal 1-2)

It was suggested and agreed upon that the Urban Institute will compile results of the survey.

The waiting list for DD/MH was delivered and discussed several times during their course of the year. (Goal 2)

The Gold Star Provider Performance Profile was established, presented and agreed upon for implementation. (Goal 2)

The PBH Substance Abuse Plan was developed, presented and agreed upon. This was pending funding. (Goal 1)

PBH administration and PBH Network Council held its first ever retreat. (Goals 1-4)

Implemented an "Agency Spotlight" segment at the full provider meetings. (Goal 3)

PBH administrative staff and President of Network council attended and completed the North Carolina Mental Health Leadership Academy, University of North Carolina, Chapel Hill.

The Network Council was involved in the interview process, on three occasions, for the Director of Network Operation.

The council reviewed and revised the Network Council by laws.

Council Gave approval to the Cultural Competency Provider Checklist

Items from retreat: Accomplishments

Provider Satisfaction Survey 2009 and beyond

- The frequency of the provider meetings.

Provider meetings will begin in January, 2009 with meetings every other month, Then review status and go to quarterly meetings second half of calendar 2009.

- Develop ways to make the provider meetings more interesting for participants.

Topics of Interest for each meeting specific for each specific group (proposed)

Overview of status of PBH 2009 and beyond -Dan

Power point of each department and their duties- Department Directors, staff

The Power of Accreditation

- Options for meeting every month

Possible hot sheet of information every month to all providers

Provide a weekly information update on Fridays

Upgrading the substance abuse provider issues to include specific training with SA specific credit from NCSAPPB.

The Substance Abuse provider group has complete the goal of pursuing the trainers, obtaining the topics, getting the specific credit hours from state board, And location of PBH. Start date in January, 2009.

Evidence Based Best Practice Models (goal for 2009)

PBH Capacity study (2008)

Network Council Bylaws review

Suggested longer terms for council executive committee (President, Vice President, Secretary) if they so choose to serve or are elected by council for a second term in their position.

Proposed Evaluation of council performance: suggestions from EC

Plan of operations for Network Council 2009 (questions to be asked)
What is status of education and training needs for provider network?
What are the proposed number of trainings and workshops planned for each Quarter of 2009?

What is the attendance at each training event?

Will education and trainings be for specific disciples (DD,MH,SA) or specific topics for all?

What are network operations education initiatives for providers?

Providers Satisfaction Survey
When will survey go out to providers? (Planned)
When will network council have a preview of survey?

Consumer Satisfaction Survey
Who is responsible for the distribution?

Cultural Competency
What is status of goal to have all providers achieve cultural competency?
What are the numbers of providers who are working with staff to achieve goal?
Presentation of review of cultural competency plan and

What is status of gold star and other provider performance profiles?

Performance Indicators selection and performance issues.

Quarterly Reports

What were the numbers of referrals made?
Per service per provider (DD,MH,SA)
What was the number of referrals accepted?
Per service per provider (DD, MH, SA)
What is the status of wait list for DD, MH, SA?
What are the number of discharges from providers and the reasons why?
Is there a noticed trend? For discharges? The provider with the most discharges, most accepted by provider?
What is the trend analysis for all services of providers for PBH?

What are the recommendations for strategies to address funding and current financial issues presented for review by the council?
Status of state budget reductions

Who is responsible for addressing the issue of provider administrative burdens as Requested by Global CQI committee?

These are questions that we can ask to department chairs for input and outcomes.

Recurring updates at each council meeting or designated council meetings….

Consumer Affairs	**Bonnie Schell**
Finance	**Neils Eskelsen**
Quality Management	**Darlene Steele**
Utilization Management	**David Jones**
People Driven Supports	**Tammy Gilmore**
Network Operations	**Robin Susser**
Provider/Network relations	

How can we get the needed reports from these departments on a regular or as needed bases? What do we need to know from them in order to report to the providers?

Work plan for Network Council 2009

January

Network council meeting 1/06/09
Full providers meetings 1/09/09 Dan Coughlin guest speaker, report of councils accomplishments, spotlight on PBH department

February

Network Council meeting, update on provider satisfaction survey, network education initiatives, LIP update

March

3/05/09: Network council meeting
3/14/09:Provider meeting; update on wait list, Accreditation

April

4/02/09: Network council meeting: Quarterly reports

May

5/07/09: Network council meeting: results of Provider Satisfaction Survey
5/08/09: Providers Meeting

June

6/4/09: Network council meeting: Gold Star and other performance profiles

July

No Network Council Meeting

August

8/2/09: Network Council meeting: Quarterly reports, review wait list
8/14/09: Providers Meeting

September

9/3/09: Network Council meeting:

October

10/01/09: Network Council Meeting
10/09/09: Providers Meeting

November

11/05/09: Network Council Meeting

December

No Network Council Meeting
Executive Cabinet Members Meeting

PBH Network Council Goals for 2009

Identify gaps in services; make recommendations for new services initiatives

To make recommendations for strategies to address funding and financial issues related to the findings reviewed by the council: Address provider administrative burdens issue per Global CQI request.

Increase, maintain and record provider meeting attendance

Seek to help increase Cultural Competency efforts with all Providers

To review quarterly reports on referrals made/referrals accepted per service per provider

Find creative ways to engage Licensed Independent Practitioners

Plan Retreat for 2009 with administrative staff of PBH

Educate providers concerning the PBH referral process

Review and advise PBH LME regarding the annual plan, goals, and objectives of the PBH Network

Review Network Performance against stated goals

Review and make recommendations to LME regarding performance Indicator Selection and performance issues, including outliers.

Provide feedback and recommendations for education and training needs

Recommend strategies to address funding and financial issues related to the findings reviewed by the Council.

RHA
HEALTH SERVICES, INC.

Welcome to RHA Health Services, Inc.

RHA Health Services, Inc.

- RHA is a non-profit company dedicated to quality services for people with mental illness, substance abuse, and developmental disabilities.
- RHA Health Services, Inc. (RHA) operates residential and periodic services for people with mental illness, substance abuse, and developmental disabilities in numerous locations in North Carolina and Tennessee.
- Established in North Carolina in 1989.
- Main office for RHA Health Services is in Asheville, NC.
- Main office for RHA Behavioral Health is in Wilmington, NC.
- Main office for RHA, Inc., the “parent” company, is in Atlanta, GA.

Our Mission

- To provide a safe and healthy environment while creating opportunities for personal outcomes.

PACE

The Foundation of our Vision and Values

Passion

Accountability

Communication

Ethics

Why PACE?

PACE stands for everything that we as an organization must believe, practice, and teach if we are to continue our success as a leader in the industry.

In other words, we…

…*Set the PACE for Excellence in Supporting People*…

Types of Services

- Services for people with mental illness and substance abuse including
  - **Community Supports for Adults, Children, and Adolescents**
  - **Community Support Team**
  - **Intensive In-Home Services**
  - **MAJORS**
  - **Peer Supports**
  - **MI/DD Assessment Team**
  - **Start Program**
  - **Assessments - Mental Health, Substance Abuse**
  - **Outpatient Counseling**
  - **Medication Management**
  - ***Respite MH/SA****
  - ***Integrated Care****
  - ***Supported Employment****
  - ***Substance Abuse Intensive Outpatient****

**** In development***

Types of Services Continued

- Services for people with mental retardation including
  - **Intermediate Care Facilities and DDA Residential**
  - **Supported Living**
  - **Supported Employment**
  - **Day Habilitation**
  - **Respite Service**

RHA Referral Contacts

Behavioral Health -

Robert Jordan, Intake Coordinator – 704-782-1020

Health Services -

Jennifer Lineberger, COO - 828-232-6844