NC TIDE

North Carolina Training, Instruction, Development, and Education (NC TIDE)

MARCH 2014

Spring Issue

Volume 3 Issue 1

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Special Interests:

2014 SPRING CONFERENCE
"NAVIGATING INTEGRATED CARE"
April 27 – April 30, 2014

KEYNOTE SPEAKER:

Representative Nelson Dollar
North Carolina General House of Representatives

A Message from the President

Jill Queen, 2014 NC TIDE President

Greetings,

Several months have passed since we were together at the Fall 2013 conference in Asheville, NC. During the passing months, the weather has been unpredictable and the seasons have changed resulting in transformation around us. Likewise, North Carolina continues to transform as regionalization and consolidation of Managed Care Organizations moves forward in the behavioral health world.

As the state moves forward with integrated care, the key to success is navigation, innovation and collaboration. These themes gave NC TIDE a great platform for 2014 and materialized into many exciting opportunities. As a result, your NC TIDE Conference Planning Committee has put together an exciting Spring Conference with an all-star lineup of presenters who are important and influential leaders in North Carolina. Dave Richard, MH/DD/SAS Director; Representative Nelson Dollar, North Carolina General House of Representatives and Dr. Robin Gary Cummings, DHHS Deputy Secretary for Health Services and Medicaid Transformation, Acting State Health Director will all speak at the Spring 2014 Conference in Wilmington, NC.

Again this year, the committee has made a continued effort to listen to your feedback and offer sessions that meet the needs of the behavioral health community and include sessions that are hot topics in the current environment and apply to MCO staff, providers, board members, and advocates. The NC TIDE Planning Committee will again offer topics related to integrated care, best practices and sessions offering continued education credits. Therefore, you will not want to miss the Spring Conference so make your reservations now. We believe you will find the conference informative and beneficial as we focus our sessions on the themes of navigation, innovation, collaboration and integrated care.

The NC TIDE **Spring 2014 Conference** will be held in Wilmington, NC from April 27-April 30, 2014 at the Hilton Wilmington Riverside. The Spring 2014 Conference provides an excellent venue for providers, LME/MCO staff, board members, advocates, and stakeholders to unite and learn more about navigation, innovation, collaboration and integrated care as well as opportunities to re-connect or establish new professional networking relationships.

NC TIDE is thrilled about the conference. We are confident that you will want to attend the conference to take advantage of the opportunities to hear NC leaders speak about our state and behavioral healthcare as well as the collaborative learning environment offered during the NC TIDE session tracks. So, come join us in Wilmington for an informative and successful Spring Conference. Thank you again for all your support; I look forward to seeing each of you in Wilmington!

Jill Queen, President
NC TIDE

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Volunteer to be a part of the 2014 NC TIDE Committee.

Contact Jill Queen at
Jill.Queen@cardinalinnovations.org

NC Tide Mission Statement: ***"A Tradition of Excellence in Providing Training and Promoting Professionalism".***

2014 Goals:

NC TIDE strives to be the best training organization for our members by meeting the needs of the managed care environment and integration of behavioral and physical care.

- Promoting and increasing our strengths as a strong organization committed to quality training and education with a focus on consumers, families, stakeholders, providers and MCOs,
- Serving the state of North Carolina and the NC TIDE Membership with great leaders and members who are highly motivated, knowledgeable and experienced,
- Increasing membership by tailoring conferences to meet the needs of our members, providers, clinicians, MCOs and consumers by offering quality conferences and continued education units,
- Increasing exhibitors at NC TIDE conferences to offer the best resources, networking and connections to the latest technology and products available for the specialized market of behavioral health care.
- Pursuing and engaging in partnerships with key stakeholders and State Agencies in order to meet the needs of the managed care environment and integration of behavioral and physical care.

News Around the State

Congratulations to Ilene Byrd, Eastpointe, on her recent retirement. Ilene has served on the NC TIDE Committee for many years in various capacities. Her contributions have been a huge asset to NC TIDE. We wish Ilene a happy journey as she moves through her retirement years. We will miss you!

Congratulations to Ellen Holliman, CEO, Alliance Behavioral Healthcare, on her upcoming retirement. Thank you for your support of NC TIDE.

NC TIDE welcomes our newest members to the committee: Kathy Nichols, DMA and Teresa Shirley, Partners. Kathy and Teresa have tremendous experience in the behavioral healthcare field and we look forward to your participation in 2014 and beyond.

NC TIDE welcomes:

- DHHS Deputy Secretary for Health Services, Acting State Health Director Dr. Robin Gary Cummings in assuming the lead role in Medicaid Transformation.

- Dale C. Armstrong as the Director of the Division of State Operated Healthcare Facilities.

- Dave Richard as Deputy Secretary of Behavioral Health and Developmental Disabilities Services.

Corporate Office:
514 East Main Street
Post Office Box 369
Beulaville, N.C. 28518
Administration: 800-513-4002
Access to Care: 800-913-6109

Kenneth E. Jones, CEO

Serving Those Who Have Served Us- Eastpointe's Military Initiative

Military life is a big part of the Eastpointe Community. Because of close proximity of military bases, Eastpointe adopted an initiative to increase awareness/understanding of military culture and enhance quality of care for active military and their family.

In 2011, the NC Medical Journal reported that North Carolina has the fourth-largest number of active duty military personnel in the United States distributed among seven military installations and fourteen U.S. Coast Guard Installations. About one-third of North Carolina's population is connected to the military through direct service or as a family member. Our state ranks fifth nationally in the number of military retirees and ninth in the number of veterans residing in the state.

The 12 counties served by Eastpointe have over 6,000 service members who have deployed with Operation Iraqi Freedom (OIF), Operation New Dawn (OND), and Operation Enduring Freedom (OEF). There are over 9,000 dependents of these service members residing in the Eastpointe service area. Brain injury has become known as the signature wound of the wars in Iraq and Afghanistan. In the military from 2000 through 2012, more than 266,000 service members sustained a TBI.

A report to the Joint Legislative Education Oversight Committee: Behavioral Health Services for the Military (Senate Bill 597) in December 2012, revealed that Eastpointe counties have 14,442 children in public schools in NC who have had an immediate family member deployed to OIF, OEF, or OND since September 1, 2001. As a part of the initiative, Eastpointe will be reaching out to these schools to offer training in military culture as well as other related topics.

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In keeping with this commitment to military, veterans and military families, Eastpointe has:

- ✓ Added additional questions to standardized screening tools to identify those in military service, past or present and their families
- ✓ Added additional questions to standardized screening to identify brain injury related to military service
- ✓ Hired a subject matter expert to assist in researching and developing resource lists for military families and mental health providers
- ✓ Identified modifications needed to Eastpointe's website to make it more user friendly for service members and their families
- ✓ Completed training/seminars on military culture, PTSD and Traumatic Brain Injury in the military
- ✓ Committed to ongoing monthly face to face trainings made available to MCO and Providers within the network. Topics have included "Understanding & Treating Substance Use Disorders Among Veterans" and "Understanding PTSD."
- ✓ Ensured representation from Eastpointe on various local, military, and state committees, ensuring communication among agencies of resources available to individuals in need.
- ✓ Trained all clinical staff within the MCO on the sensitivity of military issues related to brain injury
- ✓ Identified a specialist within Eastpointe whose role is to connect the military awareness portion of the project and our commitment to identify those with brain injury

Eastpointe appreciates the dedication of our active and retired military families. We hope that through this project we will enhance their experience and create a positive atmosphere during their interaction with the MCO and the Eastpointe Provider Network.

Save $$ on your conference registration by becoming a NC TIDE member. Complete 2014 NC TIDE Membership Form (new memberships and renewals). Visit www.nctide.org for membership form and additional NC TIDE information.

"The New Normal in Behavioral Health"

Victor Armstrong, MSW
Vice President of Behavioral Health
Carolinas Healthcare System

For so long, healthcare delivery has been determined from the perspective of the "professional". It is that perspective and feeling of ownership that has facilitated such a fragmented approach to healthcare. Looking at healthcare from the position of the patient highlights the need for a more integrated approach. In today's environment, hospitals must begin to look at the treatment of patients with behavioral health needs as behavioral "health" as opposed to mental "illness." Intentional use of the word "health" implies the recognition of the need to treat the "whole person" as opposed to segmented parts. Perhaps the most complete, and most commonly quoted, definition of health is that formalized by the World Health Organization (WHO); "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity."(1) Traditionally, hospitals are very compartmentalized in their design. While this works well for some areas, it does not lend itself well to a model of integrated care, as the world of behavioral health involves more than the inpatient hospital setting. The continuum of care for individuals living with mental illness consists of community providers, primary care practices, advocacy agencies, and natural supports, in addition to hospital services such as emergency departments, behavioral health inpatient units, and medical units. Failure to acknowledge the need for integration causes an already disjointed system to become more disjointed, ultimately rendering it dysfunctional.

Historically, patients with chronic physical disabilities, often with accompanying behavioral issues, have found themselves being treated by professionals who never confer or consider the need for integration of services and/or resources. This has placed already vulnerable individuals in an even more vulnerable state. They have often had to balance complicated medical and/or emotional needs with difficulties in everyday living, which require a mix of services often delivered piecemeal by multiple providers.

At the core of the issue is a need for more of an integrated model of service delivery. True integration requires a non-traditional approach to administrative, organizational, and clinical approaches to service delivery, designed to create connectivity and collaboration within and between the hospital, the patient and family, and the community. The ultimate goal of integrated care is to enhance quality of care and quality of life, consumer satisfaction and system efficiency, particularly for patients with complex, long term problems across multiple services, providers and settings.

The buzz generated by healthcare reform legislation would appear to make this the ideal time to explore the virtues of integrated care. The Affordable Care Act (ACA), for all of its faults, does promise to improve the quality of care and increase the focus on outcomes and accountability including:

- an increased focus on the coordination between and integration of specialty behavioral health services and primary care; including healthcare 'parity' or treating mental health at the same level as physical health.
- a greater focus on comprehensive, "whole health" approaches that address the full range of needs of individuals receiving services;
- greater attention to treatment outcomes and provider accountability; and
- a focus on measures that will enhance the delivery of effective services (e.g., greater utilization of evidence based practices).

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In the midst of legislative changes, reductions in hospital reimbursements, and changes in the structure of its publicly funded behavioral health services, hospitals find themselves needing to embrace a new model of service delivery; a "new normal". State hospitals continue to experience backlog and overcrowding. This causes both physical and behavioral health settings to experience major challenges that may require the redirection of funding. There continues to be a strong possibility that resources allocated to community-based programs, and state funding of behavioral health in the local community, will be reduced because of funding constraints and a shifting of resources toward leveraging Medicaid dollars.

To best prepare to not only survive, but thrive and to truly live up to our values of providing excellent patient care, hospitals, out of necessity are having to place renewed emphasis on the integration of behavioral and physical health services. This does not necessarily require the delivery of new services, but utilizing existing services and aligning resources to make the most efficient and effective use of those resources, with the understanding that effective use of resources equates to integrating those available resources. Hospitals will need to, therefore be deliberate about forming new and innovative partnerships with community resources in order to promote community wellness.

Internally, hospitals must encourage continued dialogue between behavioral and physical health staff in order to further refine thoughts about the types of services and supports that create total healing and improve the patient experience. Any resulting strategies would be designed to view the individual as unique. The result would not only be an improved throughput, but improved staff morale fostered by a common vision, as well as an improved patient experience.

Some potential strategies are:

1. **Development of a Behavioral Health Integrated Care Committee (BHICC):** The BHICC would be a cross disciplinary committee including, but not limited to, representation from behavioral health inpatient unit staff, emergency departments, Hospital Administration, security, nurse managers, and Shared Governance. The purpose of this committee would be to explore opportunities for the integration of healthcare including reviewing incidents involving patients with dual medical/behavioral needs, assessing barriers to effective treatment and making recommendations for improved service delivery. The committee would also discuss current trends in integrated care and seek opportunities to present proactive approaches to leadership.

2. **Hiring an Integrated Care Coordinator:** Patients with both chronic physical disabilities and behavioral issues often find themselves being treated by professionals who don't confer or consider the need for integration of services and/or resources. Not only is this not patient focused, it also isn't cost effective. As has happened in the past, we often find ourselves treating the physical needs and not addressing the behavioral needs until the patient approaches discharge. We then find ourselves scrambling to determine what resources are available to the patient who often needs ongoing behavioral health treatment, perhaps including inpatient hospitalization.

3. **Peer Support:** The use of Peer Support and Peer Bridger Programs helps individuals transition into the community and receive continuity of care post discharge from the hospital. In addition, individuals who are seeking voluntary admission, or are in the Emergency Department for medications, are assisted with transition back into the community by receiving psychiatric and clinical services at an outpatient provider office that same day. The Peer Bridger can continue to work with these individuals under the peer support definition to ensure connection to community mental health services. Peer Support/Peer Bridger services are available through partnerships with MCOs and local provider agencies, but requires a commitment by the hospital to embrace peer support as a legitimate modality in providing healing.

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4. **Culturally Competent Approaches:** Services must be delivered in a way that is appropriate to and respectful of culture. The individuality of each unique individual must be respected. This requires a commitment that all staff and volunteers are able to work effectively with individuals and families from different cultures.

5. **Holistic Approaches toward Care:** Services and supports are designed to enhance the development of the whole person. Care transcends a narrow focus on symptom reduction and promotes wellness as a key component of all care with an emphasis on attending to the whole person. This includes an emphasis on exploring and addressing primary care needs in an integrated manner. Essential to this value is the ability of physical and behavioral health staff to work collaboratively.

6. **Partnership and Transparency:** This applies to the ways in which internal administrators and departments work together as well as with staff. Emergency room and inpatient staff must work collaboratively, and focus on throughput solutions that improve the patient experience and enhance the healing process.

Areas of Focus
In order to effectively initiate the strategies outlined, there are 4 key areas of focus:

1. Assertive Outreach and Initial Engagement: While the historical focus of the community hospital has primarily been that of emergent care, subsequent treatment, and follow-up, an effort to make services more accessible, acceptable and easier to navigate requires a shift in focus. Particularly in the area of behavioral health, prevention is key to maintenance of mental and emotional stability. As such, there needs to be a shift to focus energy and resources to those we often label "frequent flyers" in an effort to reduce trips to the ED and to facilitate sustained wellbeing. This requires a partnership with local providers of behavioral health services and with first responders such as law enforcement, EMTs etc. Hospitals need to take the lead on forming treatment teams to design programs and services to support the long-term health of these patients as opposed to merely being "at the table".

How:
- Ensure timely access to services for individuals in need of behavioral health care and supports.
- Identify and bring individuals in need of treatment into services.
    - Identify the most frequent users of services (particularly emergency services) and focus energy on these individuals. A rule of thumb may be to focus on individuals who have 2 or more ED visits, inpatient stays, etc.
- Increase access to services by removing barriers.
    - Explore ways to get individuals access to service prior to deteriorating to the point of needing emergency or inpatient services.
- Enhance approaches to engagement in services.
    - Partner with local providers in order to develop creative ways of meeting patient needs.
- Increase retention in services.
    - Seek ways of ensuring patient engagement and retention in services post discharge.

2. Screening, Assessment, Service Planning and Delivery:
There needs to be a concerted effort to place emphases on the integration of services for mental health, primary care, substance use and trauma-related issues and the mobilization of professional and community-based recovery support structures throughout treatment. This may involve the utilization of peer support specialists in the process in order to facilitate the patient's ability to navigate the system and advocate for him/her self.

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How:

- Establish partnerships with other resources including private providers, natural supports, and public resources.
- Partner with private providers to create on-site assessment and referral services.
- Establish a hospital-wide policy of including a behavioral health component in wellness checks, to normalize behavioral healthcare and to facilitate early intervention.
- Address co-occurring physical and mental illness in integrated ways

3. Continuing Support and Early Re-intervention: As many patients of both physical and behavioral health face challenges that are chronic in nature, they can move into and out of remission. Effective professional, peer and community support can, not only help individuals and families achieve their dreams and goals, but also prevent, identify and address recurrence of the symptoms of mental health and substance related challenges. This support can take many forms and occur at many times throughout the recovery process.

How:

- Ensure continuity of care through holistic continuing care planning.
- Create assertive linkages and warm handoffs between levels of care and community supports
- Promote utilization of community supports
- Provide early re-intervention when needed.

Functional Realities:
To make the changes reality, there must be functional realities at the heart of our policies and practices. These must be embedded in our culture. They include but are not limited to:

- A focused effort on providing integrated services
- An atmosphere that promotes strength, recovery and resilience
- Development of inclusive, collaborative service teams and processes
- Building strong community partnerships to enhance access to services
- Promoting recovery and resilience through evaluation and quality-improvement processes

While integrated care has become a healthcare buzzword, at its core it is the recognition that people are complex, unique individuals who deserve to be treated with dignity and respect. It also recognizes that there are economic advantages to treating the individual as a whole as opposed to treating individual parts of the patient. To truly adapt a program of integrated care, there has to be a shift in philosophy and recognition that neither physical nor behavioral health professionals can act in a vacuum but most form a cohesive plan of care.

Changes in the healthcare environment have brought about enhanced scrutiny and shrinking resources. This shift necessitates internal changes in the delivery of healthcare services. Communication between physical and behavioral health providers internally as well as in the community **is** the new normal.

Along with change comes opportunity. There is tremendous opportunity to develop new and innovative ways of delivering services. We have at our disposal all of the tools necessary to build a more effective health delivery model and to be on the cutting edge of healthcare. Identified partners in this journey include Accountable Care Organizations, local MCOs and CCNC affiliates, in addition to local providers, natural supports, and community first responders. Such a shift in service delivery is not only warranted as best practice but may prove to be necessary to the long-term sustainability of community hospitals.

1. WHO. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946, and entered into force on 7 April 1948.

Mindfulness and the Mind/Body Connection

Submitted By: Karen S. Holst, MSW, LCSW, EdD and Jude Johnson, MA, LMFT
Monarch

As the scientific community understands more about the surprising impact of stress on our health, stress management has increasingly become an important focus of studies and research. As a consequence, recent years have seen an explosion of advice on lifestyle, diet recommendations, prescription and over-the-counter drugs. Much of this advice is contradictory, or worse, can cause more problems than it solves. However, research findings have been surprisingly consistent on at least one thing. Science has consistently shown that the simple practice of “mindfulness” can reduce stress, manage negative emotional states and improve physical ailments like fibromyalgia, eczema, diabetes, and high blood pressure.

Due to the growth in scientific research, mindfulness and meditation continues to gain more media attention. This February’s cover of Time magazine featured an article on mindfulness, describing it as a “revolution” while providing an overview of the benefits and prevalence in society. Mindfulness has become increasingly mainstream as this practice has made its way to business executives and the Seattle Seahawks, the current Superbowl champions. Research is also beginning to uncover the power of mindfulness and meditation on our physical make-up and genetic expressions.

We inherit our genes through our parents and unfortunately, we can’t pick and choose what genes we get. While we are powerless over the genes we inherit, researchers are finding factors that are non-genetic, can impact gene expression, or in other words, how a gene behaves. How a gene is expressed directly influences our unique characteristics, our personality traits, and our physical health. Gene expression can have a profound impact on how we develop and evolve as humans.

In a new study, researchers from Wisconsin, Spain, and France found that mindfulness can have an effect on gene expression. This study is the first of its kind according to Richard J. Davidson, founder of the Center for Investigating Healthy Minds. The study involved two groups of individuals; the first group was comprised of individuals who had experience with meditation, while the second group did not. Levels of expression for targeted genes were tested prior to onset of the study, including pro-inflammatory genes. No differences were found between the two groups in the level of gene expression.

The group with experienced meditators engaged in a day of mindfulness meditation for eight hours, while the second group engaged in quiet activities unrelated to meditation. Following the eight hours, the same targeted genes were tested again. The group who engaged in mediation activities during the eight hours showed molecular differences, including reduced levels of pro-inflammatory genes which result in faster physical recovery from stressful situations. Cortisol levels also returned to a normal level much faster in the meditation group than the non-meditation group.

"Our findings set the foundation for future studies to further assess meditation strategies for the treatment of chronic inflammatory conditions," reports Co-author Dr. Perla Kaliman, a researcher at the Institute of Biomedical Research of Barcelona in Spain. While this is the first study to look at gene expression a plethora of research has been done on the psychological effects of mindfulness and medication.

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The pro-inflammatory genes targeted in the Davidson study aid in determining how fast individuals recover from a stressful situation. When under stress cortisol is released and pro-inflammatory genes help regulate how quickly cortisol levels return to normal. Cortisol is only meant to be released in survival situations, and is metabolized out of the body through various methods, one being physical exercise. Unfortunately in today's stressful world, cortisol levels are often sustained even when we are not faced with a life or death situation. Increased stress response coupled with a sedentary lifestyle can lead to high cortisol levels being circulated throughout the body for extended periods of time. Sustained elevated cortisol levels can lead to reduced ability for the immune system to function properly which results in increased susceptibility to infections. High levels of cortisol also are linked to high blood pressure, hyperglycemia, and increased fat storage in the trunk area which increases the risk of obesity, stroke, heart attacks, and high cholesterol.

The mounting research on mindfulness is a wake-up call for us to use more holistic approaches. Mindfulness meditation not only aids in preventing and treating stress, anxiety, depression; it also aids in reducing the severity of physical conditions like diabetes and high blood pressure. In addition to an increasing prevalence of depression, anxiety and physical illnesses, we are also living in a culture that demands busyness, longer work hours, and higher productivity expectations. This climate has us looking for more ways to increase energy and maintain our focus. The US spent approximately 7 billion dollars on medication to treat Attention Deficit Hyperactivity Disorder in 2010 and it has been estimated the US spends 750 million dollars annually on energy drinks. According to American Psychological Association the use of psychotropic medications by adult Americans has increased 22 percent from 2001 to 2010, with one in five adults taking at least one psychotropic medication.

While medication is appropriate in many cases, and the occasional energy drink may help us get through the day, these interventions are clearly being overused – and their benefits end when we stop buying them. Instead of treating the symptoms, mindfulness meditation reaches the cause of many psychological and physical conditions. As a society, individuals are not dying of diseases such as smallpox, or the plague, we are dying from stress-related, self-imposed diseases, which are often preventable. If all the benefits of practicing mindfulness and meditation could be found in a pharmaceutical drug, it would make national news and be hailed as a wonder drug.

One of the most powerful benefits of mindfulness meditation is that it opens our awareness to the beauty of the life we have to live. David Whyte, author of the book, "The Heart Aroused" quoted an individual who after taking mindfulness classes reported, "10 years ago, I turned my face for a moment and it became my life." Not being truly present for our lives and allowing ourselves to be pushed and pulled by extraneous forces can lead to regret. Not having lived life to the fullest or waking up later in life and questioning where all the time went can cause regret. Mulling over our regrets causes psychological and physical harm to our bodies. Through the practice of mindfulness and meditation, individuals can be fully present for every aspect of life; while growing a healthy psychological and physical platform for wellbeing.

Mindfulness Corner

How do we begin the process of going from being a victim, to being an accountable participant in our own lives? The first step is to become aware. Awareness is one of the foundational aspects of practicing mindfulness. If we are not aware, we easily become unbalanced and respond in an automated way to anything and everything that comes into our minds. This automatic and sometimes frantic way of reacting is in efforts to "get everything done" so we can finally have peace and quiet. Unfortunately our minds don't come with an owner's manual. If an owner's manual was created, it would remind us that "The to-do list in your head will never end, so don't bother trying." Instead, we excessively struggle to find the right balance. We look to find the this balance among the looming demands of work, family, relationships, societal expectations, and our own demands, such as "I should be a better mother," "My house should be cleaner," "My car should be newer," or "I should be a stronger person." Note: watch how often you use the word "should" during inner dialogue. Being unbalanced can quickly evolve into feeling disconnected. Being disconnected fuels "automatic pilot" a term which characterizes living by going through the motions without really being present for our lives. Running on automatic pilot is a sure fire recipe for suddenly waking up later in life to question, "Where did my life go?" Or come to the realization you've been sacrificing your own true happiness and your own life path, for what? Another person? The company you work for? We owe it to ourselves to slow down, rethink the importance of busyness, become familiar with the landscape of our own minds, and ask ourselves, "What is really important to me." Getting in touch with our true desires, hopes and dreams helps us choose a path that is more fulfilling. Starting to notice what is really happening is an important first step in living a life that is geared towards healing, fullness, and health. How much of the day are you on automatic pilot? How often do you sacrifice your own needs? How often do you agree to do things, when the truth is you don't want to, or don't have the time? How much of the day are you present for your own life? By becoming aware and being our own antidote to automatic pilot, we can restore balance in all areas of our lives.

CEUs will be offered at NC TIDE 2014 Spring Conference (see Conference Agenda for more information).

Register early and save dollars on your registration fees.

Should you need additional registration information, forms, or directions, visit our website at www.nctide.org.

Become a NC TIDE Member and save on your registration fee. Membership form is available on our website.

CFAC CONNECTIONS

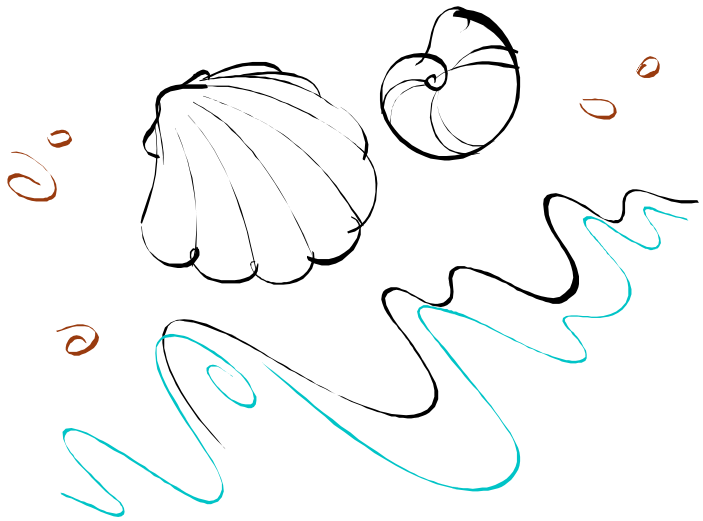
Submitted by: Benita Purcell, Cardinal Innovations CFAC Chair

Consumer and Family Advisory Group's (CFAC) are still very active across our state. CFAC is mandated by legislation (122-C) which gives us a sense of security; however, I am concerned about all the changes going on in Mental Health right now and wonder what is going to happen to us. I have heard Dave Richard, Director of Mental Health, Developmental Disabilities and Substance Abuse Services say that CFAC is important and will remain in some form but not necessary as it is now. I think it is time that we as CFAC members take a stance and decide what it is we want to look like. We are a **self governing** and **self directed** group. We need to be proactive and ensure that legislation is not put in place to take away our presence. Why should we wait to be told what will happen to us. It is critical that CFAC's remain a local presence in our communities **and** have a place within the MCO's. I also believe that it is imperative that Community Operation Centers remain. Consumers and families need to have someone to go to in **their** community. With all the mergers taking place and larger MCO's being developed it is hard to ensure we are seen as individuals and not just a number. CFAC members presence on different committees at the MCO's help ensure that people are not lost in the transitions.

How can we make a difference now? I urge all CFAC's to identify what they think CFAC's should look like with these new changes and submit to State CFAC. State CFAC would then submit to the Legislative Oversight Committee a complied view of how they believe CFAC should look. I believe there needs to be more consistency between MCO CFAC's. We all have the same mission to identify service gaps, make recommendations regarding services, monitor the development of additional services (B3 services), participate in all quality measures and performance indicators and make recommendations on ways to improve the delivery of services. When the MCO's become larger they are only required to have one CFAC. It is hard to get a good representation for that many counties when you have to travel so far to attend a meeting. Cardinal Innovations had allowed us to keep our local CFAC's in place and then have representative from each of those on the main CFAC that makes recommendations to their board. This has worked well as all areas are represented.

In closing I just want to say now is not the time to just sit back and wait to see what is going to happen. Now is the time for us to make things happen. Let's all work together to ensure our voices remain strong as we work to advocate for everyone in the Mental Health system.

Note: Visit www.nctide.org for conference updates.



COME AND JOIN US!

NC TIDE 2014 SPRING CONFERENCE

April 27 – 30, 2014

Wilmington Hilton Riverside
301 N. Water Street
Wilmington, NC 28401

Phone: 910-763-5900

LOTS OF TOPICS TO CHOOSE FROM!

Keynote Address:

Representative Nelson Dollar

Closing Session: State of the State

Dave Richard, Director, Division of MH/DD/SAS
Dr. Robin Cummings, DHHS Deputy Secretary of Health Services and Medicaid Transformation, Acting Health Director

Mental Health First Aid-Adult
Mental Health First Aid – Youth
Mindfulness
Routine Monitoring of MH/IDD/SA Providers Through Collaboration and Transparency
What You Can Learn From an Incident – IRIS Can Be Your Friend
CMS Home and Community Characteristics
Consumer and Family Empowerment in the MCO World
NCTracks – DMH/DD/SAS Claims Analysis and Reports for LME-MCOs
NCTracks Update for Providers
LME/MCO Financial Data for Risk Management and Fiscal Accountability – DMHDDSAS Budget Updates – LME/MCO Financial Settlements
Serving the Needs of Individuals Showing Sexually-Aggressive Behaviors within the Community
Integrated Health Care – What is Working in North Carolina
An Insider's Guide to Understanding Federal Labor Law
Ethical Standards for Professionals
Recent Medicaid Fraud Issues Related to Managed Care
Transitional Care Model
Using the IBM FAMS Analytics System within MCOs and Across the State
Customer Service – Who Me??
North Carolina's Adult Mental Health Services and Fidelity Implementation
Crisis Response
LME-MCO Networking
Reporting on Financial Data for Dynamics GP
Provider Networking
Local Government and Fiscal Control Act for Area Authorities
Public/Private Partnership – NC Child Treatment Program and NC Division of MH/DD/SAS
Telephone Triage with Mental Health and Substance Abuse Clients: Effective Strategies for Engagement, Screening, Intervention, and Referral

NEW: Technical Resources Available during the Conference (see Conference Agenda for more information - available at www.nctide.org).

ATTENTION!! NEW SESSION ADDED TO CONFERENCE AGENDA

Monday, April 28, 2014 - 10:15 A.M. – 11:45 A.M.

SESSION: ICD-10 Becomes Effective On 10/01/2014. Are You Ready?

SPEAKERS: Leza Wainwright, CEO, East Carolina Behavioral Health
Kevin Ennis, CEO, AlphaCM, Inc.

DESCRIPTION: ICD-10 changes will go into effect on 10/1/2014 and you MUST be ready. This session will provide valuable information about the ICD-10 changes related to implementation, crosswalk tools and billing from a technical view. This session will also cover the DSM-5 implementation and relationship to ICD-10 and billing as well as dispel some common misconceptions. Status updates and work by the NC Council IT sub-committee will be provided as part of this session.

SESSION OBJECTIVES:

1. Learn about tools available to assist with the ICD-10 transition.
2. Learn about implementation tasks that you should be performing to ensure that your agency is ready for 10/1/2014.
3. Learn about the work of the NC Council's IT sub-committee related to ICD-10 and DSM-5.
4. Learn about the relationship between DSM-5 and ICD-10.
5. Learn about billing rules related to the ICD-10 implementation.

TARGET AUDIENCE: Claims, technical and administrative provider, and MCO staff

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HOTEL INFORMATION:

Room Rates: ***2 Double Beds Riverview (rates from $128.00 USD/Night)***
1 King Bed Historic View (rates from $128.00 USD/Night)

The special room rate will be available until Wednesday, March 26, 2014 or until the group block is sold out, whichever comes first.

Reservations: Call 910-763-5900 using the following information –

Group Name: NC TIDE (Training, Instruction, Development & Education)
Group Code: NCT

Parking: Parking rates apply (The Hilton does not own the parking lots surrounding the Hilton. Those are owned by the City of Wilmington).

Additional Hotel Information:

In the event of early departure prior to your departure date, the hotel reserves the right to add an early departure fee of $50.00 to that guest's individual account. Guests wishing to avoid an early departure fee should advise the Hotel at or before check-in of any change in planned length of stay.

Failure to cancel your reservation within 72 hours prior to your arrival or failure to show on your day of arrival will result in a charge that is equal to the first night's stay to your credit card for each room reserved. Failing to call or show before 2:00 a.m. after the first night of a reservation will result in cancellation of the remainder of your reservation.

JIMMY ADAMS – Exhibitor, Supporter, and Friend

HAPPY RETIREMENT!

Jimmy Adams (Citizens Insurance Agency, which later became a Division of Joel T. Cheatham, Inc.) has taken the plunge into the wonderful world of retirement!! It couldn't happen to a nicer person. Jimmy has been a long-standing exhibitor and supporter of Boone Workshop/NC FARO/NC TIDE since 1983. His many contributions helped guide NC TIDE to achieve excellence in providing training and promoting professionalism through educational conferences and trainings to agencies across the state. He, along with other exhibitors, provided the opportunities for agency staff to become better acquainted with their counterparts across the state and to establish contacts for information sharing through the years. You might say that, in a loose play on words, Jimmy provided the early foundation of *peer support*. From both the NC TIDE Association and his many NC TIDE friends, we send a heartfelt THANK YOU to Jimmy Adams. Jimmy has not been just an exhibitor; he has been a true friend to many NC TIDE members and attendees. Jimmy, from our heart to yours, we wish you well and hope you continue to stay a part of our NC TIDE family.

In the sweetness of friendship let there be laughter, and sharing of pleasures. For in the dew of little things the heart finds its morning and is refreshed. - Khalil Gibran

2014 NC TIDE Committee

Jim was one of the vendors at the Boone Workshop/FARO, which in those early years was a slim group of folks. Unless you needed to buy insurance for your program right then, who wanted a pushy salesman while you were at Boone? This was the basic thought that business people like me had about vendor selling insurance; it gives us the general knowledge that if we need insurance we can get a quote.

Back in those days, the important part was he paid an entry fee that helped to pay for door prizes and other supplies. It did not take long for the organizers of the workshop to realize that Jim was there to help do anything to insure that the workshop went smoothly. Big smile on his face, Jim was ready to run an errand, help carry boxes, move chairs, tables, and get ice. One of Jim's jobs (he did not have to attend class) was to make a supply run to Blowing Rock for supplies. Like the postman neither rain, sleet, snow nor sunshine (in October) would deter Jim from his appointed rounds. At times this trip was made more than once on Monday and Tuesday. I know as I helped many times. We never had enough money to cover all the supplies at one time. The hat got passed around or those wonderful vendors chipped in more than just their entry fee.

In the early days Jim was our "House Band" for the dances. He brought his equipment consisting of turntables, CD's, speakers and mikes for the entertainment. Without Jim's help, some nights would have been very boring. Jim could dance and keep up with the best in rock and roll moves, smooth on slow dancing, as I am sure many of the ladies can attest to.

After several years of coming to workshops, and as our friendship grew Jim told me, "I don't try to sell insurance, as much as come to see my friends."

Jim is also a worker in his home town of Henderson, where he is in the local theater group.

Jim Adams the gentleman. I covet Jim Adam's friendship.

J.R. Davison

[Continued on Page 17]

Jimmy, your support of NC TIDE has made a huge impact on its ability to provide quality training and education to behavioral healthcare agencies across the state. You made a difference! Thank you for being a great friend. I wish you nothing but good health, a wealth of happiness and hope that your retirement journey is all you wish it to be. Enjoy it!

Alice Matthews

Jimmy, thank you for all of your support of NC TIDE over the years. I will certainly miss seeing your smiling face at the conferences. Enjoy retirement! You deserve it!

Kim Keehn

A young greenhorn kid came to a conference oh so many years ago in the town of Boone. She found herself in the center of a group of professionals who in light of the camaraderie they seemed to share you might have mistaken for cousins at a family reunion. Feeling slightly bewildered, overwhelmed and out of place, she found herself taken under the wings of two very gregarious, gracious and generous men who seemed to be hosting a get-together in a suite connected to one of their rooms. Pretty soon, she found herself fast on the way to becoming the latest cousin to show up at the reunion. Norman Temple and Jim Adams felt like the Lifeline on Who Wants to Be A Millionaire to this greenhorn kid that Sunday night. And from that moment on, lifetime friendships were formed. Sadly, we lost Norm 7+ years ago, but his memory lives on in a thousand stories and memories best told by you. From the way Norm and Jimmy spoke of the conference benefits to the DMHDDSA system, you might not have ever guessed that their role at the Boone Workshop/FARO/now NC TIDE was that of a vendor of marketable products and services. Throughout those years, Jim Adams has gone statewide supporting and spreading the mission of NC TIDE. He believed that through the conferences and trainings provided by NC TIDE, the goals of the behavioral healthcare system were advanced. NC TIDE was extremely fortunate to have such a well-spoken and sincere ambassador.

I feel blessed that I have the honor of calling Jimmy Adams one of my dearest friends ever. When I think of NC TIDE, his smiling face and his contagious laughter is the first thing that comes to my mind. Thank you Jimmy, for the mentoring, support, laughter and love that you have given most especially to me, but to so many people throughout the years. You'll recall a conversation many years ago about the fact that in this life there are givers and takers. Bless you Jimmy for being such a humble giver.

Friendship isn't a big thing – it's a million little things. – Anonymous

Cathy Macemore

EXHIBITOR INFORMATION FOR 2014

Take advantage of the opportunity to highlight new products and services and gain beneficial marketing exposure as you speak to behavioral healthcare professionals from all over the State of North Carolina. Sponsorship opportunities for the NC TIDE 2014 Spring and Fall Conferences are available. Make sure your company responds quickly to the sponsorship opportunities because exhibitor slots are available on a first-come, first-served basis. NC TIDE Conferences will be held on ***April 27 – 30, 2014 and November 2-5, 2014***. Make your plans now to join us.

To learn more about the various exhibitor opportunities contact: Brenda Pittman
bpittman@eastpointe.net, 910-298-7158

Thank You to all NC TIDE Exhibitors! The NC TIDE Conference would not be a success without the resources and financial support of our exhibitors.