

Proposed Divestiture of Services

The Mental Health Center will provide or facilitate access to all core services as outlined in the business plan. When fully operational as a Local Management Entity, Cumberland County Mental Health Center will also request to continue providing services as detailed below. Divestiture of other services will occur following the time lines outlined, contingent on the availability of qualified and culturally competent providers to assume the services listed. The divestiture process will be reviewed at least quarterly with time frames being modified as appropriate.

SERVICES TO CONTINUE WITH THE LME AS PROVIDER

- Case Management
- Psychiatric Services (including psychiatric and medication evaluations, medication monitoring, crisis services)
- Outpatient treatment for the most difficult and complex cases in adult and child mental health and substance abuse services
- Specialized therapeutic homes for dually diagnosed children as well as for respite/crisis services
- Residential Services (specialized: Bacote Treatment Center for high risk youth, including sexually aggressive youth, Sprucewood Treatment Center for dually diagnosed children (SED/MR) and Strickland Bridge for adolescents with severe psychiatric disorders, i.e. Schizophrenia, Psychotic Disorder NOS)
- Early Childhood Intervention (ECI) Services (we will actually deliver these under a contractual arrangement with the DEC)
- Spauldine Developmental Day (funded primarily with categorical funds)
- Categorical funded programs: Juvenile Court Outreach Services (Department of Juvenile Justice funds- clients also meet target population); Smart Start Early Intervention Team (Partnership for Children funds); Intensive Family Preservation Services (contract with DSS); Treatment Alternatives to Street Crimes (TASC- we are the regional coordination site for TASC and the service is primarily assessment and case management to a target population); Cumberland County EAP Services (provided with County funds for employees of the County); MAJORS (block grant funds for target population in substance abuse services)

Divestiture is proposed for other areas as outlined below:

January 2003 for complete divestiture by July 2003

- DWI
- ADETS
- CBS-paraprofessional in child mental health services

January 2004 for complete divestiture by July 2004

- Child residential: Crossroads, Lakewood
- EAP services
- Therapeutic home services- (non-specialized)

January 2005 for complete divestiture by July 2005

- Adult Supervised Apartments

January 2006 for complete divestiture by July 2006

- Fuller Program: ADS and ABLE
- Roxie Avenue Facility Based Crisis Services
- Outpatient treatment: child and adult mental health and substance abuse services
(*Note: some outpatient services will continue for highly specialized cases, as a safety net for consumers as well and for individuals whose services are not paid for with State or Medicaid monies)

January 2007 for complete divestiture by July 2007

- Psychosocial Rehabilitation Services (PSR)

Report of the Consumer and Family Advisory Committee of Cumberland County Mental Health Center Regarding the Divestiture Plan

The Consumer and Family Advisory Committee (CFAC) of Cumberland County has reviewed and discussed the Divestiture Plan proposed by the Cumberland County Mental Health Center (CCMHC). We do feel that there are some providers who will be able to make the transition to best practice guidelines and adherence to quality of care standards. We want to be assured that only qualified providers of culturally sensitive services are enrolled with the LME. For example, although there are multiple residential service providers in the area, we see, based on demographic information and the ongoing needs assessment, that some of these services will not be needed.

CFAC supports a cautious approach to divestiture. The idea of having providers demonstrate the capacity to deliver needed services, to those in need, for what the need is -drives our support of a gradual divestiture. There is a need to develop services consumers actually need as opposed to consumers accepting what is available. With these issues and a concern regarding continuity of care for consumers, CFAC does support the Area Authority's continued provision of services as the Qualified Provider Network (QPN) is developed. We are aware of many providers in the area that are soliciting service contracts. However, this committee supports assuring and ensuring quality. The early divestiture services are felt to have a number of qualified providers; thus, it is felt they are a good starting point for divestiture. The fact that a number of providers in the planning process have publicly stated that they will not be able to meet required standards before 2004 gives validity to the need to go slowly.

CFAC agrees with the CCMHC's divestiture plan in the sense that only the most qualified providers should be contracted, their credentials and competencies thoroughly checked, and they need to be held to quality standard of care. The plan appears to be flexible enough to provide continuity of service and to be able to quickly respond to consumers' needs. "Best practices" should be an essential part of qualified providers' business code. We feel the pace of divestiture proposed addresses the concerns for continuity, quality and "best practice".

Respectfully submitted on behalf of the Cumberland County Consumer and Family Advisory Committee

Alejandro Vazquez, Co-Chairperson

Nicole Reynolds, Co-Chairperson

