

March 14, 2016

Item #19-B



Quality Improvement Organization (QIO)-Like  
Entity certified by the Centers for Medicare  
and Medicaid Services

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January 28, 2016

The Honorable Rick Brajer, Secretary  
North Carolina Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-2001

Re: FY 2016 – 2<sup>nd</sup> Quarter County Report

Dear Mr. Secretary:

In accordance with the North Carolina Mental Health, Developmental Disabilities and Substance Abuse Laws 122C-117, enclosed is the FY 2016 Second Quarter Report of CenterPoint Human Services for Davie, Forsyth, Rockingham, and Stokes Counties for the period of October 1, 2015 through December 31, 2015. Copies have been sent to each County Manager, County Finance Officer as well as all County Commissioners in CenterPoint's catchment area.

I welcome your questions or requests for further information.

Sincerely,

A handwritten signature in cursive script that reads "Betty P. Taylor".

Betty P. Taylor, Esquire  
CEO/Area Director

BPT:gw

Enclosures

Cc: Davie, Forsyth, Rockingham & Stokes County Commissioners  
Davie, Forsyth, Rockingham & Stokes County Managers  
Davie, Forsyth, Rockingham & Stokes County Finance Officers  
Courtney Cantrell, Director, Division of MH/DD/SA Services  
Legislators – Davie, Forsyth, Rockingham & Stokes Counties

**THE QUARTERLY REPORT**  
**SECOND QUARTER FY 16**

Betty P. Taylor, Esq.  
CEO/Area Director  
January 27, 2016



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Bryan Thompson, J.D., Chair, Davie County  
 Harry Underwood, C.P.A., Vice Chair, Forsyth County  
 Terry Renegar, C.P.A., Secretary, Davie County Commissioner

## CenterPoint Board of Directors

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Matthew Potter (CFAC) Forsyth County	Joseph Jay Hale, L.P.C. Forsyth County	Pamela Tillman, R.N. Stokes County	Ron Norwood Rockingham County	F. Reid Penn, IV (CFAC) Rockingham County
H. Keith Duncan Rockingham County Commissioner	Don Martin, Ph.D. Forsyth County Commissioner	Marilyn Little, R.N. Forsyth County	Stacey Elmes Stokes County	Julle Whittaker (CFAC) Davie County

CenterPoint reports to the Boards of Commissioners and Finance Officers of Forsyth, Stokes, Davie and Rockingham Counties under NC G.S. 5122C-117(c). Quarterly Reports are submitted within thirty (30) days of the end of each quarter.

# Wellness Centers Update – Progress Continues

## CenterPoint Opens New Centers in Davie and Rockingham Counties

The former State Employees Credit Union building at 142 Gaither Street in Mocksville is now a gathering place for healthy activities, fun and fellowship. Contractors and CenterPoint staff transformed the facility from a branch banking business office – complete with vault and drive-through window – to the warm and welcoming, multi-purpose Davie Wellness Center.

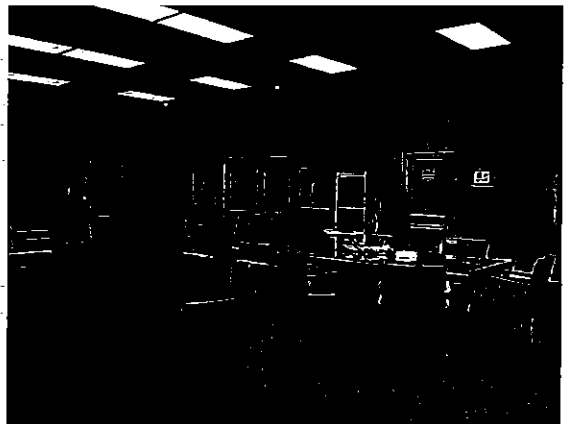


Chamber of Commerce members, CenterPoint staff and community guests are shown at the October 2015 Grand Opening of the Davie Wellness Center.

In Rockingham County, residents are enjoying a variety of classes and activities at the new center located inside the popular Layne’s Pharmacy building (across from Morehead Memorial Hospital), 509 South Van Buren Street, Eden.

Health Integration Peer Program (HIPP) and Wellness Recovery Action Plan (WRAP) trainings, nutrition classes, financial literacy sessions, yoga, aromatherapy and arts/crafts activities are among the offerings designed with a focus on “whole person” health and wellness.

A steady following has already been established through word-of-mouth advertising, community outreach and publicity in newspapers and radio spots.



The beautiful Rockingham Wellness Center in Eden features this spacious conference/training room, offices and a large multipurpose room.



Health Integration Peer Program (HIPP) courses are offered at the Stokes Wellness Center in King.



Site preparation is underway on the Highland Avenue Center in Winston-Salem, which will house the Forsyth Wellness Center in addition to a behavioral health urgent care, 16 crisis beds and an on-site medical clinic.

# Tenancy Support Managed by CenterPoint

Local management entities/ managed care organizations in North Carolina, such as CenterPoint, assumed responsibility January 1, 2016 for assuring the local provision of Tenancy Support Team services for individuals identified as part of the U.S. Department of Justice settlement with the State of North Carolina. The settlement program, known as the Transition to Community Living Initiative, supports people in successfully maintaining a more independent life in a community setting.

Tenancy Support, previously provided through a state-wide contract with NC Quadell, is now delivered within CenterPoint's catchment area by Monarch. This rehabilitative service is intended to increase and restore an individual's ability to live successfully in the community by maintaining housing. Tenancy Support focuses on increasing the ability of individuals to live as independently as possible, manage their illness, and re-establish their community role in regards to the following life domains: emotional, social, safety, housing, medical and health, educational, vocational and legal.

A team of four staff delivers Tenancy Support. Hours of service can be increased at times of greatest need, such as when the client is preparing to move and when adjusting to a new home or decreased as the client masters the skills of independent living. The Team provides support during any situation that may jeopardize the individual's housing and works closely with both CenterPoint staff and the client's behavioral health provider.

## Peer Support Celebrated Around the World CenterPoint Hosts First Peer Supporter Recognition Day

Recovery champions and peer supporters from Forsyth, Stokes, Davie and Rockingham Counties gathered on October 15, 2015, for the 1<sup>st</sup> Annual Global Peer Supporter Day organized by the International Association of Peer Supporters (iNAPS). The celebration took place in The Point Room at CenterPoint's Winston-Salem campus.

The day's activities began with the presentation of an official resolution from the City of Winston-Salem recognizing **Gladys Christian**, Certified Peer Support Specialist, for her community contribution in promoting recovery awareness. Christian then introduced actress and playwright **Pamela Rea**, who delivered a stirring monologue from her off-Broadway stage play, "Angels without Wings."

A panel discussion, moderated by Clinical Assistant Professor **Ron Mangum** from the University of North Carolina at Chapel Hill's Jordan School of Social Work, provided the forum for local peers and advocates to examine the past, present and future of peer support.



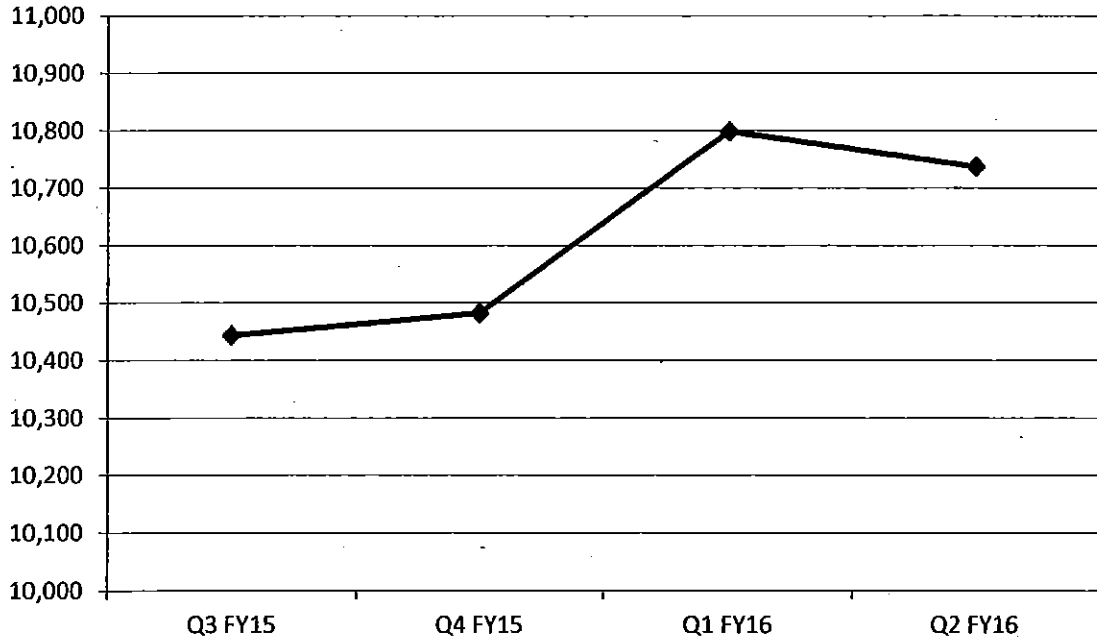
Local peer supporters gather for a group "photo op" for iNAPS's Facebook page.

Panelists included **Tim Blake**, **Elisa Bryant**, **Pamela Goodine**, **Henrietta Little**, **Ken Jones** and **Vicki Walker**.

Winston-Salem's event was featured on the iNAPS Global Peer Supporter Recognition Day web page and Facebook page.

# People Served

## Number of People Served – 10,737 (All Funding Sources)



1/1/15-12/31/15, Alpha MCS, 1/5/16

## Number of People Served (by Diagnosis)

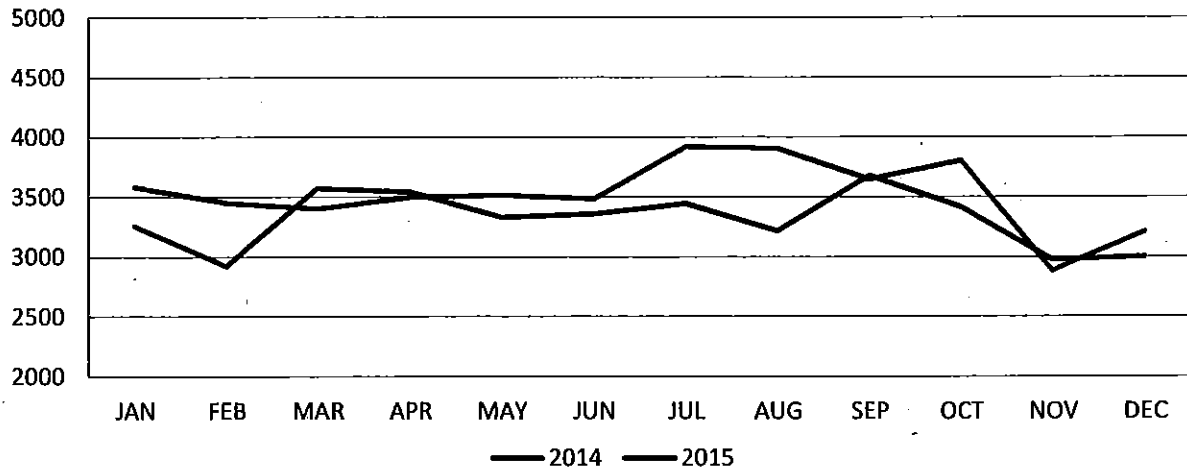
COUNTY	MH	I/DD	SA	DUAL DIAGNOSIS	DIAGNOSIS PENDING	TOTAL
Forsyth	4,761	904	611	793	17	7,086
Stokes	578	108	78	80	6	850
Davie	411	111	30	62	2	616
Rockingham	1,623	188	151	210	13	2,185
<b>TOTAL</b>	<b>7,373</b>	<b>1,311</b>	<b>870</b>	<b>1,145</b>	<b>38</b>	<b>10,737</b>

Note: Totals represent the unduplicated count of clients served during the quarter based on paid and approved (pending payment) claims for services delivered as of 1/5/16. Totals are subject to change as providers submit additional claims.

# Customer Services Calls

Behavioral health professionals are available at a toll-free phone number 24/7 to link callers to services.

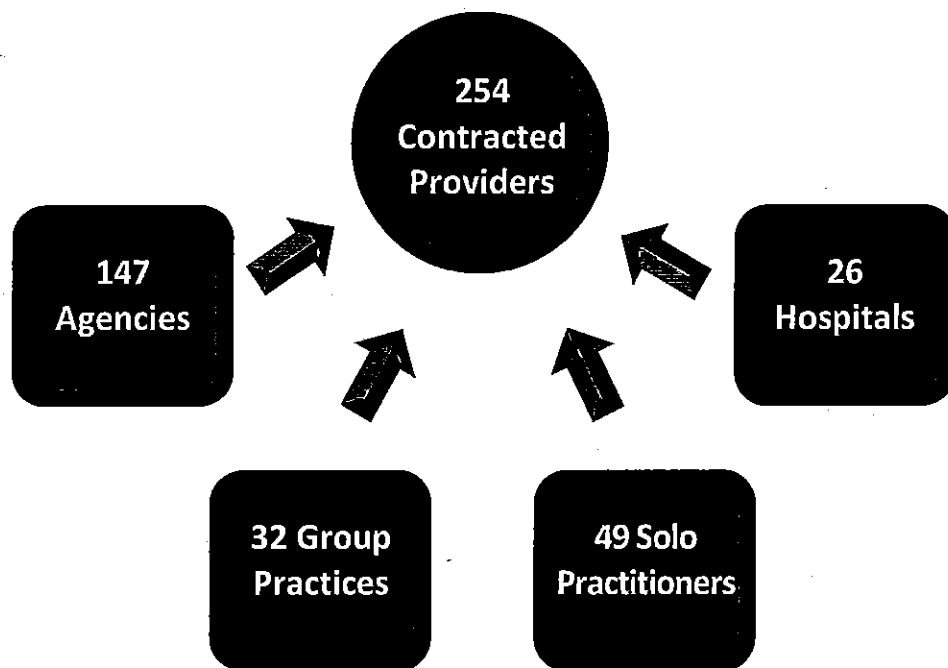
## Total Number of Calls to Customer Services



1/14-12/15, In-Contact Call Distribution System Report, 1/5/16

## Network Overview

A robust provider network delivers treatment and services that support recovery.



Network Management Report; Provider count as of 1/4/16.

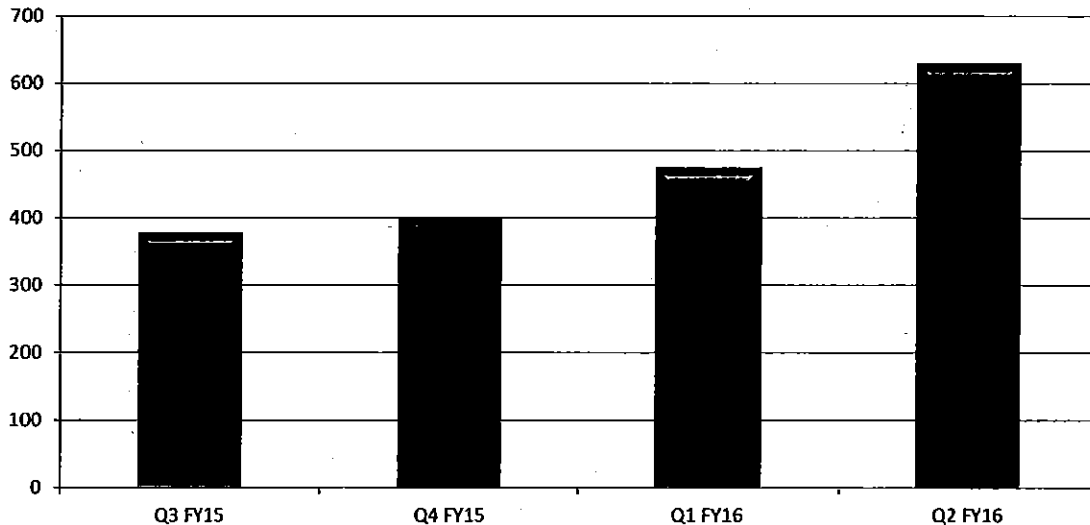
NOTE: Unduplicated count of Licensed Practitioners = 1,630.



# Care Coordination

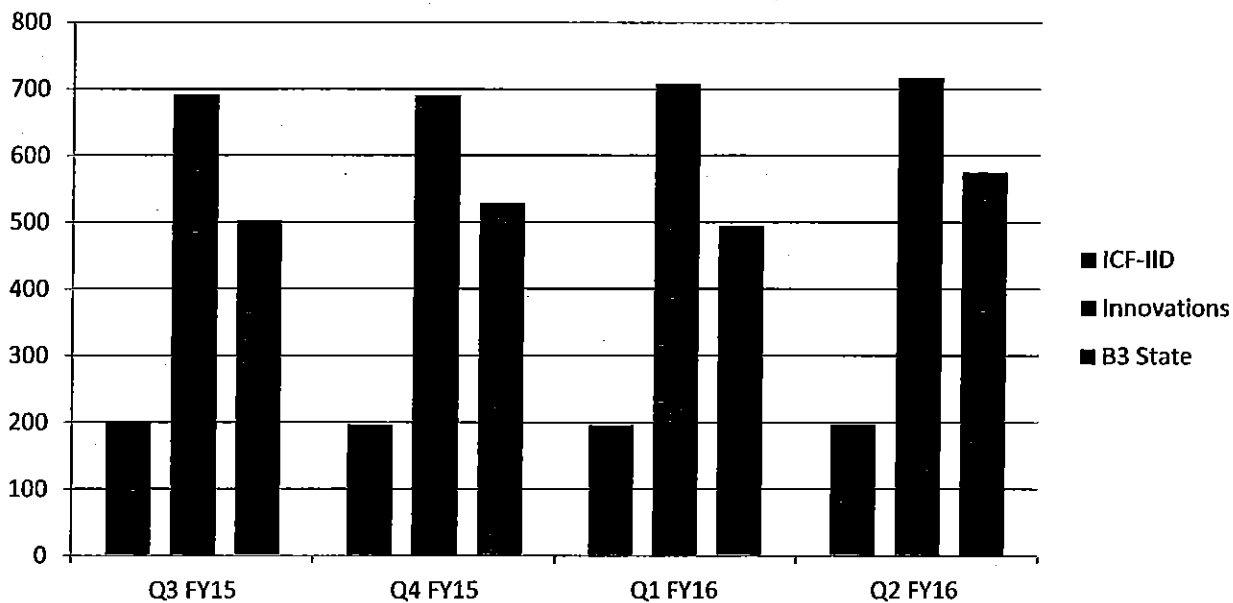
Care Coordination provides linkage to services and supports for individuals with intensive needs.

## Clients Served (Mental Health, Substance Use Services)



1/15-12/15, Care Coordination Caseload Report, 1/12/16

## Clients Served (Intellectual and Developmental Disabilities Services)



1/15-12/15, Care Coordination Caseload Report, 10/12/15

# Medication Assistance

The Pharmaceutical Patient Assistance Program (PAP) offers free or low-cost medications to persons in need. Forsyth totals include medication and samples provided to Forsyth County Pharmacy and Crisis Control Ministry. Davie County residents may access a PAP operated by the *Storehouse for Jesus*.

**TOTAL FY 16 YTD = \$2,575,149**

**Forsyth County FY 16 = \$1,578,665 (Q1 Total with Samples = \$2,102,945)**

QUARTER	FORSYTH SAMPLES	FORSYTH PAP	TOTAL
Q1 (7/1/15 – 9/30/15)	\$512,589	\$398,178	\$910,767
Q2 (10/1/15 – 12/31/15)	\$274,735	\$393,163	\$667,898
Q3 (1/1/16 – 3/31/16)	\$0	\$0	\$0
Q4 (4/1/16 – 6/30/16)	\$0	\$0	\$0
<b>FY 16 TOTALS</b>	<b>\$787,324</b>	<b>\$791,341</b>	<b>\$1,578,665</b>

**Forsyth County Medication Samples Program = \$524,280**

QUARTER	SAMPLES PROVIDED TO CRISIS CONTROL MINISTRY PHARMACY	TOTAL
Q1 (7/1/15 – 9/30/15)	\$270,061	\$270,061
Q2 (10/1/15 – 12/31/15)	\$254,219	\$254,219
Q3 (1/1/16 – 3/31/16)	\$0	\$0
Q4 (4/1/16 – 6/30/16)	\$0	\$0
<b>FY 16 TOTALS</b>	<b>\$524,280</b>	<b>\$524,280</b>

**Rockingham County FY 16 = \$472,204**

QUARTER	ROCKINGHAM SAMPLES	ROCKINGHAM PAP	TOTAL
Q1 (7/1/15 – 9/30/15)	\$78,491	\$176,131	\$254,622
Q2 (10/1/15 – 12/31/15)	\$74,000	\$143,582	\$217,582
Q3 (1/1/16 – 3/31/16)	\$0	\$0	\$0
Q4 (4/1/16 – 6/30/16)	\$0	\$0	\$0
<b>FY 16 TOTALS</b>	<b>\$152,491</b>	<b>\$319,713</b>	<b>\$472,204</b>

# Quality Improvement Project

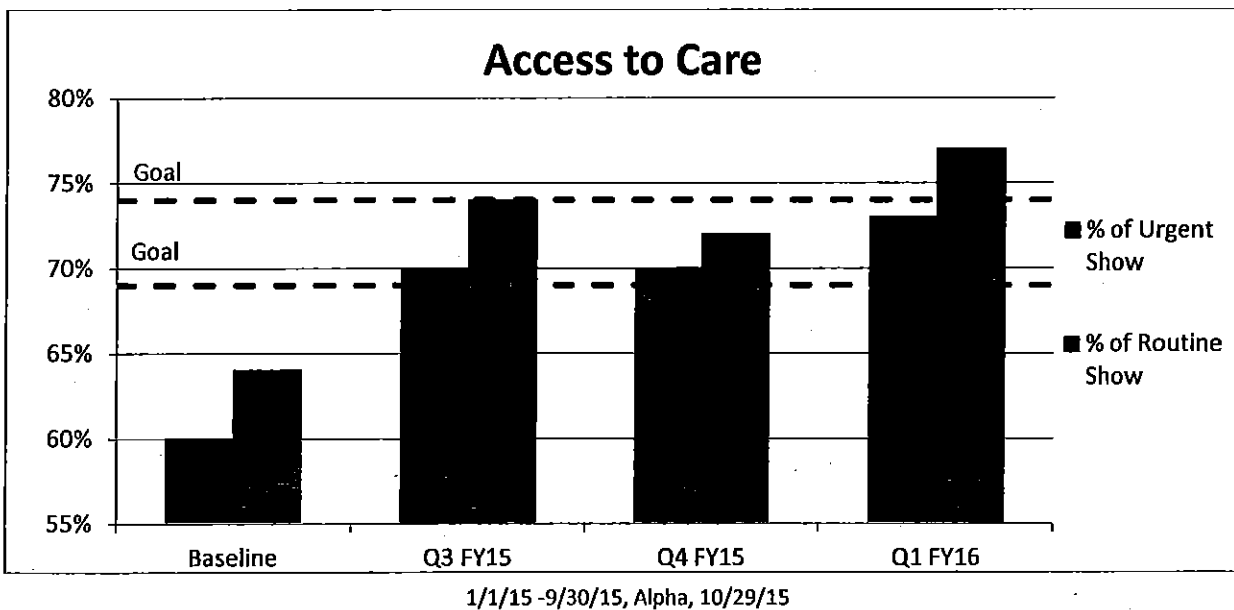
Per SL2006-142; HB 2077; State Performance Contract mandates

CenterPoint seeks to improve the system of services and supports for clients through Quality Improvement Projects (QIPs) that address opportunities for performance improvement, client safety or error reduction. The CenterPoint QI Committee, with Board and community representation, rigorously reviews progress and makes recommendations for continued improvement. One of the six QIPs currently underway is highlighted below.

## QIP Highlight: Customer Services – Increasing Access to Care

The Customer Services Call Center operates 24 hours per day/7 days per week and receives calls from individuals who are seeking assistance with mental health, substance use or intellectual/developmental disability concerns.

CenterPoint believes that positive treatment outcomes and engagement in services require timely access to care. Timely access helps to assure client safety, especially for those with urgent needs. The established goals for this project are to increase the show rate for urgent appointments to 69% and the show rate for routine appointments to 74%. CenterPoint has implemented several strategies (same day "Open Access" to care without an appointment; Customer Service phone scripts that support client engagement; and reminder calls for appointment follow up) to promote engagement and increase access to care. These interventions are the tools being used to meet the established goals for the urgent and routine appointments.



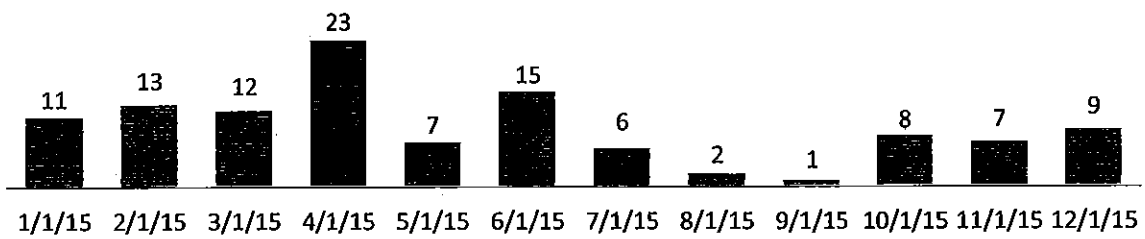
Result: For Q1 FY16, this Quality Improvement Project met both of the established goals. The goal of reaching a show rate of 69% for urgent appointments was met/surpassed with a score of 73%. The goal of reaching a show rate of 74% for routine appointments was met/surpassed with a score of 77%.

# Service Appeals

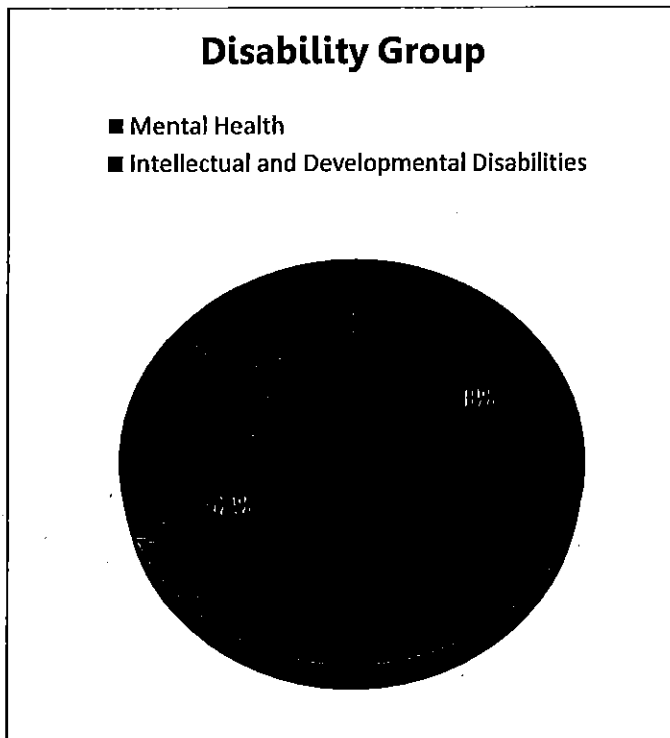
Service appeals are requests by a client/guardian to review a denial or limited authorization of requested service(s) including:

- Type or level of service
- Reduction, suspension or termination of previously authorized service(s)
- Whole or partial denial of payment for service
- Failure to provide services in a timely manner, as defined by the State
- Failure of CenterPoint to act within the timeframes provided in statute
- Request to obtain services outside of the network (specific circumstances apply)

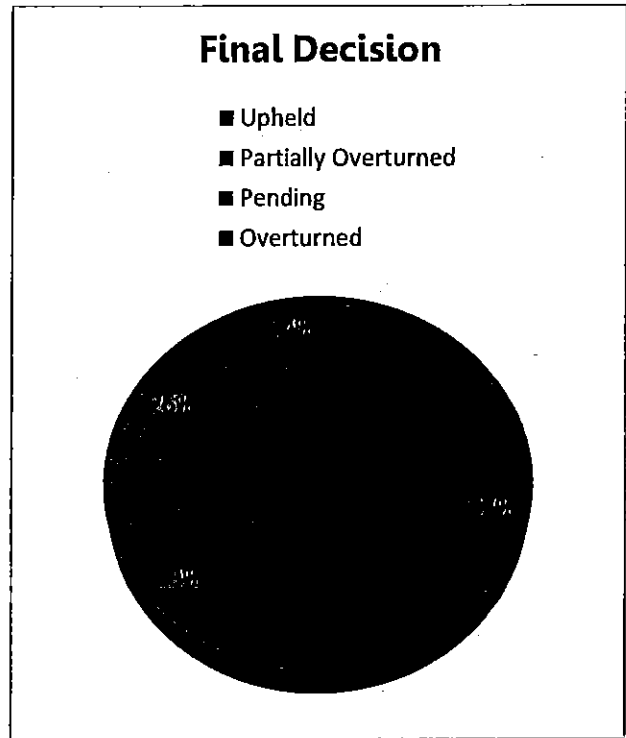
## Number of Service Appeals Received



1/1/15-12/31/15, Alpha MCS, 1/7/16; Medicaid denial, suspension or termination of authorization requests



10/1/15-12/31/15, Alpha MCS, 1/7/16



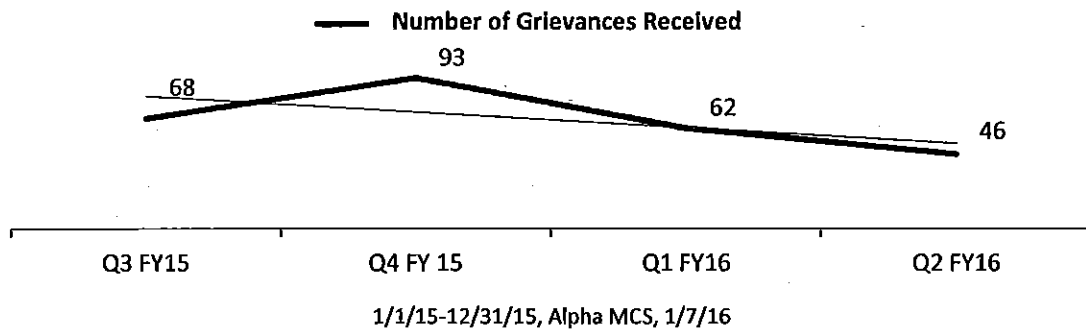
10/1/15-12/31/15, Alpha MCS, 1/7/16

# Grievances

A grievance is any expression of dissatisfaction an individual expresses regarding CenterPoint or a provider in its network. Grievances are categorized as:

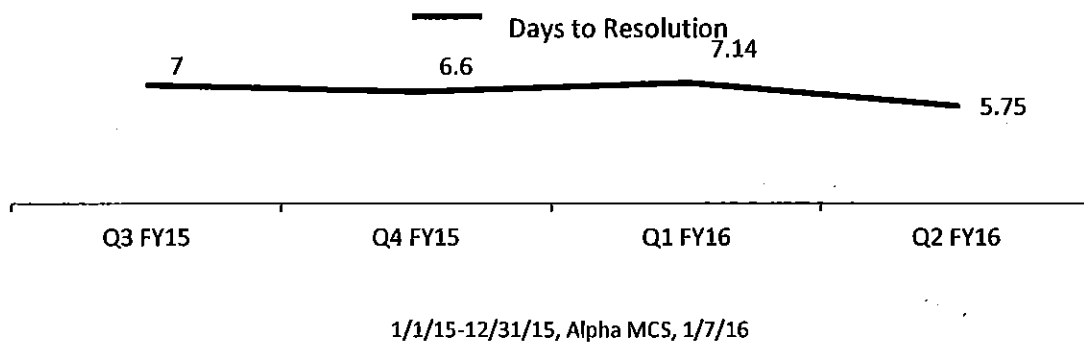
- Client complaints against CenterPoint
- Client complaints against a provider
- Provider complaints against CenterPoint
- Provider complaints against another provider

## Quarterly Trend in Grievances Received



## Average Grievance Resolution Time

(Benchmark: Not to Exceed 30 Calendar Days)



# Financial Update Reflects unaudited financial results

## Financial Medicaid Benchmark Measures

**Benchmark:** Total expense (medical and administration), including estimates of incurred but not reported (IBNR) medical expenses and accrued administrative expenses, must not exceed 100% of the total monthly capitation payments in any three consecutive month period.

	10/31/15	11/30/15	12/31/15
Medical Expense (Including IBNR)	\$9,254,937	\$8,868,427	\$9,685,826
Administrative Expenses	\$1,597,085	\$1,637,814	\$1,400,669
Total Expenses	\$10,852,022	\$10,506,241	\$11,086,495
Total Capitation	\$12,506,540	\$11,418,211	\$11,270,464
<b>Benchmark Met?</b>	✓	✓	✓

**Current Ratio:** A liquidity ratio that measures an entity's ability to pay short-term financial obligations.  
**Benchmark:** Ratio must not fall below 1.00 at any point in time.

Current Assets	\$57,496,838
Current Liabilities	\$9,980,818
<b>Current Ratio</b>	<b>5.76</b>
<b>Benchmark Met?</b>	✓

**Defensive Interval Ratio:** An efficiency ratio that measures how many days an entity can operate without having to access its long-term assets.  
**Benchmark:** Entity can operate 30 days or more.

Cash & Current Investments	\$53,847,209
Operating Expense	\$164,675,605
Period in Days	365 days
<b>Defensive Interval</b>	<b>119.35</b>
<b>Benchmark Met?</b>	✓

**Medical Loss Ratio:** Measures the proportion of capitation payments spent on behavioral health services.  
**Benchmark:** Ratio must not fall below 80% at any point in time.

QTD Medical Claims Expense	\$9,685,826
QTD Capitation Payments	\$ 11,270,464
<b>Medical Loss Ratio</b>	<b>84%</b>
<b>Benchmark Met?</b>	✓

Based on Medicaid contract July-December 2015. Benchmark Source: DMA

## Financial Update *continued*

### Budget Statement

REVENUES	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	YTD VARIANCE	%
Local Funds	\$7,900,852	\$3,950,448	\$3,939,241	(\$11,207)	-0.3%
State Funds	\$16,329,676	\$10,930,950	\$8,420,556	(\$2,510,394)	-23.0%
Federal Funds	\$4,668,353	\$2,627,472	\$2,650,031	\$22,559	.9%
Medicaid Funds	\$124,303,761	\$62,151,882	\$68,228,839	\$6,076,957	9.8%
HUD Housing Services	\$319,890	\$158,034	\$158,034	\$0	0.0%
<b>Total Revenue</b>	<b>\$153,522,532</b>	<b>\$79,818,786</b>	<b>\$83,396,701</b>	<b>\$3,577,915</b>	<b>4.5%</b>
<b>Total Fund Balance Appropriation</b>	<b>\$11,153,073</b>	<b>\$2,149,038</b>	<b>\$0</b>	<b>(\$2,149,038)</b>	<b>-100%</b>
<b>Total</b>	<b>\$164,675,605</b>	<b>\$81,967,824</b>	<b>\$83,396,701</b>	<b>\$1,428,877</b>	<b>1.7%</b>

EXPENDITURES	ANNUAL BUDGET	YTD BUDGET	YTD ACTUAL	YTD VARIANCE	%
Housing Services	\$319,890	\$158,034	\$96,833	(\$61,201)	-39%
Behavioral Health Contracts	\$31,067,841	\$12,979,753	\$12,335,671	(\$644,082)	-5%
Medicaid Services	\$108,430,171	\$56,171,837	\$53,381,861	(\$2,789,976)	-5%
<b>Subtotal</b>	<b>\$139,817,902</b>	<b>\$69,309,624</b>	<b>\$65,814,365</b>	<b>(\$3,495,259)</b>	<b>-5%</b>
System Support	\$3,603,434	\$1,801,716	\$1,782,168	(\$19,548)	-1%
LME Management	\$21,254,269	\$10,856,484	\$9,461,821	(\$1,394,663)	-13%
<b>Total Expenditures</b>	<b>\$164,675,605</b>	<b>\$81,967,824</b>	<b>\$77,058,354</b>	<b>(\$4,909,470)</b>	<b>-6%</b>
<b>Revenue Less Expenditures Before Risk Reserve</b>			<b>\$6,338,347</b>		
<b>Less Risk Reserve Set Aside</b>			<b>\$1,399,059</b>		
<b>Revenue Less Expenditures</b>			<b>\$4,939,288</b>		

#### REVENUES

Local Funds – Includes Forsyth, Stokes, Davie and Rockingham County discretionary and in-kind funding. In-kind funding is only received as in-kind expenditures are incurred.

State Funds – Includes LME/MCO management and service funding.

#### EXPENDITURES

Behavioral Health Contracts – Expenditures are dependent upon the timing of claims submissions and invoices from providers for services delivered.

Medicaid Services – Expenditures are dependent upon receipt of claims and invoices from providers for services delivered.

System Support – Expenditures are under budget, with pharmacy expenditures under budget by 30%.

LME Management – Expenditures are under budget in the areas of Salaries & Wages, Fringe Benefits, and Personal Services.

Benchmark Source: DMA

Financial Update *continued*

**Balance Sheet December 31, 2015**

ASSETS		LIABILITIES	
Cash	\$53,847,209	Accounts Payable	\$3,905,891
Due from Other Government	\$3,341,532	IBNR-Medicaid B	\$4,812,277
Other Current Assets	\$308,097	Accrued Payroll	\$498,212
Medicaid Risk Reserve	\$8,086,733	Unearned Revenue	\$764,676
Construction In Progress	\$129,222	Due to Other Government	(\$238)
<b>Total Assets</b>	<b>\$65,712,793</b>	<b>Total Liabilities</b>	<b>\$9,980,818</b>

EQUITY FUND BALANCE	
Restricted Stabilization by State Statute G.S. 159-8(a)	\$3,341,532
Restricted: Medicaid Risk Reserve	\$8,086,733
Non-spendable: Prepaid Expenses	\$308,097
Investment in Fixed Assets	\$129,222
Reserved by Board	\$22,141,803
Unassigned	\$21,724,588
<b>Total Equity</b>	<b>\$55,731,975</b>
<b>Total Liabilities &amp; Equity</b>	<b>\$65,712,793</b>

Benchmark Source: DMA



# Progress on Local Business Plan

CenterPoint's Three-Year Local Business Plan guides the delivery of mental health, intellectual /developmental disabilities and substance use services and supports. The FY14-FY16 Plan was developed with extensive input from multiple perspectives and approved by the CenterPoint Board of Directors. Following are highlights of progress on select FY16 goals.

**GOAL: To support the state's initiative of *Transition To Community Living*, develop the infrastructure within CenterPoint and the community to support successful community-based living.**

- To more fully assess client satisfaction and perceptions of services and supports, implemented expanded Quality of Life surveys for 3-month and 6-month point post-transition from adult care home to community (in addition to existing surveys prior to transition and at 11 months and 24 months post-transition).

**GOAL: To support the state's initiative for addressing *Crisis Services/ED Wait Times*, align programs to emphasize the importance of recovery, self-determination and least restrictive level of care.**

- Distributed videos endorsing access to care; increased service awareness through participation in community events, i.e. Hispanic League 2015 Fiesta and Winston Salem Pride event.
- Progress on the Highland Avenue Center (behavioral health urgent care, 16-bed crisis center, medical clinic and Wellness Center) includes site preparation; re-design to contain costs and permit 2<sup>nd</sup> floor for future expansion; architectural renderings of building exterior; community education plan regarding services. Extensive targeted stakeholder input continues with law enforcement, EMS, clients/families, others.

**GOAL: To support the state's initiative *Closer to Home*, encourage the appropriate use of residential treatment services for children.**

- Evidence-based "Wraparound Services," available in catchment area as one of five grant-funded sites statewide, currently serves eight individuals (FY16 target: 10 individuals).

**GOAL: To support the local initiative of *Housing*, develop the infrastructure within CenterPoint and the community to provide community-based housing.**

- With the addition of 16 new housing units, surpassed goal to increase HUD housing capacity by 20% over FY15 level (FY15 baseline: 60 units; FY16 goal: 75 units; FY16 total YTD: 76 units).

# CenterPoint Board Attendance Q2, FY16

BOARD MEMBER	APPOINTMENT DATE	Special Meeting 10/7/15	10/22/15	11/19/15	No Meeting in December	TOTAL MEETINGS MISSED Q2, FY 16
Renegar, Terry (Davie) Voting (Secretary)	01/01/14	0	0	0	N/A	0
Thompson, Bryan (Davie) Voting (Chair)	01/07/13	0	0	0	N/A	0
Whittaker, Julie (Davie-CFAC) Voting	01/01/15	0	0	0	N/A	0
Duncan, H. Keith (Rockingham) Voting	01/07/13	0	N-E	0	N/A	1
Norwood, Ron (Rockingham) Voting	01/01/15	0	N-E	0	N/A	1
Penn, Reid (Rockingham-CFAC) Voting	01/07/13	N-E	0	0	N/A	1
Inman, Leon (Stokes) Voting	01/01/14	0	0	0	N/A	0
Elmes, Stacey (Stokes) Voting	01/01/15	0	0	0	N/A	0
Hale, Jay (Forsyth) Voting	01/01/14	0	0	0	N/A	0
Long, Michael (Forsyth) Voting	05/11/15	0	0	0	N/A	0
Martin, Don (Forsyth) Voting	01/01/15	0	0	0	N/A	0
Mount, David (Forsyth) Voting	01/28/13	0	0	0	N/A	0
Potter, Matthew (Forsyth-CFAC) Voting	01/01/15	0	0	0	N/A	0
Underwood, Harry (Forsyth) Voting (Vice Chair)	01/28/13	N-E	N-E	0	N/A	2
Wittenberg, Michael (Forsyth) Voting	01/01/15	0	0	0	N/A	0
Johnson, Larry (DHHS Appt.) Voting	01/01/14	0	0	0	N/A	0
Little, Marilyn (CAPC) Non-Voting	01/01/15	0	0	0	N/A	0
Tillman, Pam (Hosp. Admnl.) Non-Voting	05/16/13	0	N-E	0	N/A	1
<b>TOTAL ABSENT</b>		<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	

Y = Attended  
 N-E = Did Not Attend – Excused  
 N-P = Did Not Attend – Pending  
 N/A = Not Applicable

# Mission, Vision and Values

## Mission

CenterPoint Human Services is a managed care organization responsible for assuring that accessible, quality and accountable care is available for those with mental health, intellectual and developmental disabilities and substance abuse challenges.

## Vision

CenterPoint Human Services will become the best public model of managed care for exceptional and compassionate oversight of the provision of care for those with mental health, intellectual and developmental disabilities and substance abuse challenges.

## Values

We will live out our mission by:

- Respecting and valuing all individuals.
- Serving individuals and families with compassion and care.
- Maintaining an unwavering commitment to high quality care given by our provider network.
- Being responsible stewards of the funds entrusted to us.
- Seeking to raise awareness of the needs and challenges of behavioral health in our community.
- Operating with transparency, openness, responsiveness and in collaboration with the many partners within the counties we serve.



# CenterPoint

Human Services

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