

PBH Community Needs Assessment 2008

Plan Development Process

PBH has completed its first annual Community Needs Assessment by essentially using the same steps that we took to formulate our 2007-2010 Local Business Plan. We created a diverse stakeholder group to lead the assessment activity. We held stakeholder focus groups within each of our five counties to obtain feedback about how PBH was doing in accomplishing the goals that were established in our Local Business Plan. The Community Needs Assessment Steering committee analyzed information obtained from 05/06 and 06/07 from our Finance, Network Management, Utilization Management, Access, Quality Management, and Community Relations Departments. Census, demographic, ethnicity, Medicaid budget and expenditures, and State budget and expenditures were analyzed. After careful review, the steering committee identified issues, opportunities and priorities for system improvement within the scope of our identified Local Business Planning Goals. Our annual plan of action will be shared with the broader community.

I. Create A Diverse Stakeholder Group (Steering Committee)

A diverse group of stakeholders was created from the original Local Business Planning steering committee. Added to this group were other key stakeholders, members of the LME's Executive Team, CFAC, and SOC membership. The role of the Community Advisory Council steering committee was to review feedback from community focus groups, develop priorities and examine relevant performance information and synthesized this information into final recommendations. This group analyzed information and feedback about system performance and identified opportunities for improvements. Each member serves on a number of LME advisory groups, committees and/or councils, to offer the perspective needed to evaluate system performance issues and LME capacity to meet community needs.

The Community Needs Assessment Steering Committee Members included:

Ann Medlin, Chair of Arc Cabarrus, Chair of the PBH CFAC
Keith Johnson, Director Davidson County DSS
Cindy Oakes, Director, Southern Piedmont Community Care Plan
David Bullins, Director of NAMI Cabarrus
Dr. Robert Werstlein, Area Clinical Director, Daymark Recovery Services
Floyd Davis, President and CEO, Community Link
Lou Adkins, Salisbury Community Development Corporation, Rowan Advisory Committee
Janet Sistare, Executive Director, United Way of Stanly County
Andrea Stevens, State and PBH CFAC member, Co-Chair, SOC
Dr. Arlana Dobson-Simms, PHD, Executive Director, Sims Consulting and Clinical Services
Flay Lee, Vice President of Clinical Programs, Hope Haven, Chair, PBH Network Council

Community Advisory Councils:

PBH has an established system of advisory councils to ensure ongoing communications and active engagement with our community stakeholders. The councils meet regularly throughout the year to consider issues of importance regarding system performance and community needs. These Councils were utilized by the Needs Assessment Steering Committee to obtain feedback on how the system was functioning and to identify opportunities for improvement. Membership is open to all stakeholders in the community and generally includes the following:

- DSS
- School System

- Juvenile Justice
- Partnership for Children
- Law Enforcement
- Advocacy Organizations
- Comprehensive Community Providers
- Consumer Family Advisory Committee
- Housing Development

** These Focus groups were open to the public and included input from individuals, families and community stakeholders.

Focus Group meetings were held on the following dated:

March 4 th	Cabarrus Advisory Council
March 6 th	Union Advisory Council
March 11 th	Stanly Advisory Council
March 12 th	Piedmont Regional Housing Continuum of Care
March 18 th	Davidson Advisory Council
March 18 th	Consumer Family Advisory Committee
March 18 th	System Of Care Collaborative
March 27 th	Rowan Advisory Council

II. Define Issues/Problems

A review of information provided on issues and problems as identified by key stakeholders in the community focus groups revealed that the following:

Services **working well** to meet the needs of consumers in the community:

- Interpreter Services at the Access Call Center
- Crisis Recovery Center for Adults
- Outpatient Services for Adolescents and schools;
- MH/DD/SA Waiver Services
- Comprehensive Community Provider Services
- Crisis Intervention Training for Law Enforcement Officer Education
- Rates established and paid to providers for services rendered
- Waiver Services
- Collaboration with DSS workers
- Teen Court (Cabarrus)
- Mobile Crisis Unit
- Daymark helping with adolescents and schools
- Relationship with Law Enforcement & Hospital
- Talk of a CRC in Union
- Reimbursement rates are realistic & doable
- Access Interpreter Line
- Waiver Model
- CCP Concept-Community Supports
- Crisis Recovery Center
- Better Community Coordination
- CIT Training
- Emergency Services—Advanced Access
- PBH has done good job of marketing
- Daymark & Foundations in school services going well.

The following **problems** were identified by the focus groups:

- Community Support Services lacked a smooth referral process, lacked adequate follow up with consumers and referrals, poor relationship with school officials and inability of providers to respond to phone calls, poor coordination between 4 community support providers.
- Collaborative relationship with DJJ is poor
- Lack of day treatment program services; Lack of services for undocumented individuals beyond emergency services
- Inconsistent information provided by call center staff indicating a need for more and better training
- Lack of substance abuse services on all levels including MAJORS and child SA Residential
- Lack of transportation for individuals needing after hour services
- Lack of affordable housing for consumers and their families
- Need to increase Emergency Shelter capability
- Need for more transitional housing and day programs for homeless consumers
- Lack of more county based crisis centers for inpatient psychiatric and substance abuse needs
Lack of step down services for individuals being discharged from the Crisis Recovery Center and other inpatient programs
- Need for more psychiatric coverage
- Need for more residential group homes for children and adults
- Need to improve staffing capabilities in group homes
- Providers having significant staff turnover
- Need to educate schools about the community support service definition
- Lack of Supported Employment
- Lack of Wellness Recovery Action Planning (WRAP)
- Lack of opportunity for individual therapy opportunities for consumers who desire them
- Need for more evidenced based practices
- Expansion of System of Care Services for Children
- Need for more Crisis Recovery Services
- Inadequate amount of bilingual services
- Lack of Crisis Planning that includes utilization of 1-800 number
- Communications not clear between discharge planners and local agencies
- Not enough hospital beds
- Clinical Rates too low for providers due to bureaucracy of system.
- Authorizations are complicated and cumbersome for agencies and consumers. Ultimately consumers suffer by slow services or no services
- Hard to understand what provider agencies do, by their names
- Service definitions continue to change
- System confusion:
 - *Example-Closing Community Supports before ACT Team referral*
 - *Example-Davidson County residents have Winston Salem, High Point zip Codes. Zip being shared with other counties, resulting in no services for Consumers.*
- Due to State License Requirements effective 6/30/08, provider agencies won't be able to hire unlicensed staff, resulting in staff that can't get jobs and agencies that can't hire staff. That equals no services.
- More road blocks keep appearing, extending time for service or prevents service
- Homeless Shelter packed with persons from other counties with numerous MH and medical needs.
- State doesn't value Outpatient Services. Fees keep dropping, less focus on traditional services. PBH taking State philosophy.
 - *Example-No shows for appointments with continued expectation of medications.*

The following items were listed as **recommended priorities for next year** by the Focus Groups:

- Expand the substance abuse continuum
- Offer more substance abuse prevention services
- Establish an eating disorder Intensive Outpatient Program
- Cultural Competence
- Transportation
- Facility Based Crisis and other to include children
- More DD slots
- Increase affordable housing options
- More creative ways to offer services to DD consumers that are non Medicaid eligible
- More education in schools about how to recognize kids in need of services
- Increasing capacity to meet routine needs especially in substance abuse
- Employment opportunities (meaningful)
- Increase awareness of PBH successes
- Criminal Justice/Juvenile Justice programs to include Teen Courts & Structured Day Program
- Collaboration to identify and pursue grant opportunities
- develop more natural and community supports
- Smoother access to system that is cumbersome
- Stop doing what is not working and replace with something better
- More effective outreach approaches
- *Example-Some consumers can't read others can't read materials with complicated terms*
- Confusing terms—*Behavioral Healthcare, consumers vs. clients*
- Terms too sophisticated for consumers to understand.

III. Collect Information on System Performance Measures And Gather new Information in Targeted areas

The steering committee reviewed the 2007-2010 PBH Local Business Planning Strategic Goals to determine the scope of their assessment of system performance from a community need and system capacity perspective. Information was obtained for Inpatient, residential, ICF/MR, Community, Outpatient, and Innovations Services. The following data was analyzed from the indicated sources:

	Performance Data	Source of Information
1	Number of Consumers Served	PBH Enrollment Data
2	Penetration Rate	PBH Enrollment Data
3	Cost of Services by Category	PBH Finance Claims Data
4	Call Center Data	PBH Access Call Center
5	Timeliness of Appointments	PBH Utilization Management Data
6	Provision of Outpatient Services	PBH Division of Mental Health
7	Crisis Services Continuum	Daymark Recovery Services
8	State Hospital Bed Day Utilization	Division of Mental Health
9	State Hospital Readmissions	PBH Utilization Management Data
10	Outpatient Treatment Services	Division of Mental Health and PBH
11	Child Residential Facility Utilization	PBH Utilization Management Data
12	Provider Capacity	PBH Network Management Data
13	CAP MR/DD Waiting List	PBH Utilization Management Data
14	Housing Capacity	PBH Community Relations Data
15	Best Practices Initiated	Daymark Recovery Services
16	Cultural and Linguistic Capacity	PBH Cultural Competency Plan
17	Community Education	PBH Community Relations Data
18	Quality Assurance Data	PBH Quality Management Department

IV. Analysis of Information and Identified Gaps

The following performance information was reviewed by the Community Needs Assessment Steering Committee:

1. The number consumers served by all funding sources:

	<u>FY05/06</u>	<u>FY06/07</u>
PBH All Funding (Count for Services Received - Duplicated Consumers)		
Number of Services Provided by All Funding Sources (duplicated count of consumers receiving the services)	20,769	20,239
Breakdown: Child Age 0-12	2,734	2,715
Adolescent Age 13-17	2,954	2,763
Adult Age 18-64	14,026	13,817
Senior Age 65+	1,055	944
	20,769	20,239

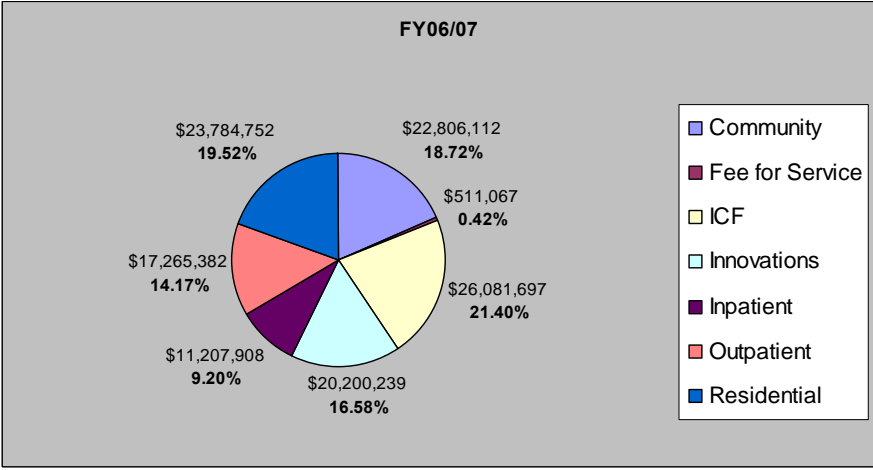
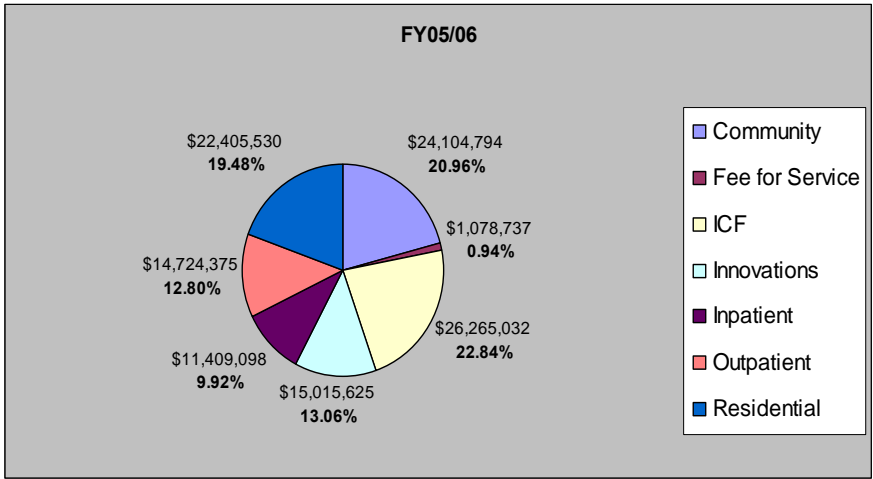
2. PBH's Overall Penetration Rate was:

	<u>05/06</u>	<u>06/07</u>
PBH Medicaid Rate	10.2%	10.3%
PBH All Funding Rate	6.9%	7.8%
State Medicaid Rate	9.0%	9.3%

2.a Penetration Rate by Race:

	Enrolled Population	%	Number Served	%	Total Population	Penetration Rate
White	81,790	65.3%	15,209	75.6%	526,977	2.9%
Black	28,116	22.5%	3,913	19.5%	83,428	4.7%
Hispanic	5,950	4.8%	211	1.1%	40,990	.51%
Asian	9,117	7.3%	695	3.5%	7,562	9.2%
American Indian	302	.3%	65	.3%	2,906	2.2%
Total	125,275	100%	20,093	100%	661,863	3.04%

3. Cost of Services by Category:



4. Call Center Data:

A review of call center data from 7/1/06 to 6/30/07 revealed that the average speed to answer a call was 0:00:05 or ½ second, with an average handling time per call at 0:05:17 or 5.17 minutes, and 97.4 percent of the calls answered. (An elaborate graph describing the above was provided)

5. Timeliness of Appointment:

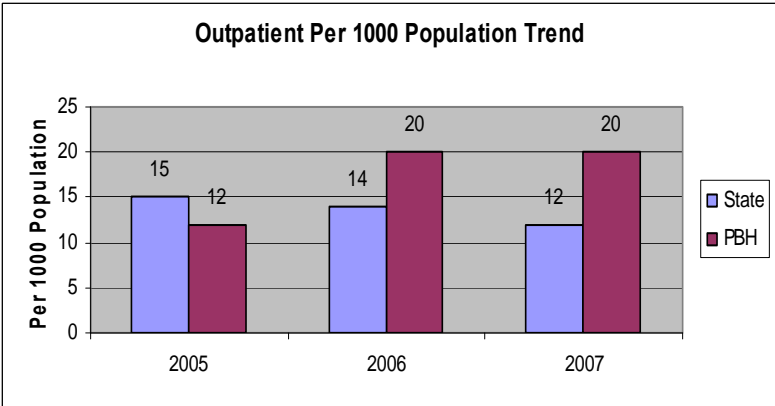
This report compares the 4th quarter 05/06 with the 4th quarter 06/07. Timeliness of Appointments Scheduled by Access Call Center

05/06	Requested	Scheduled	%	Goal
Emergent Appointments within 1 hour	913	872	95.5	95%
Urgent Appointments within 28 hours	18	12	67.0	95%
Routine Appointments within 7 days	172	74	43.0	95%

06/07

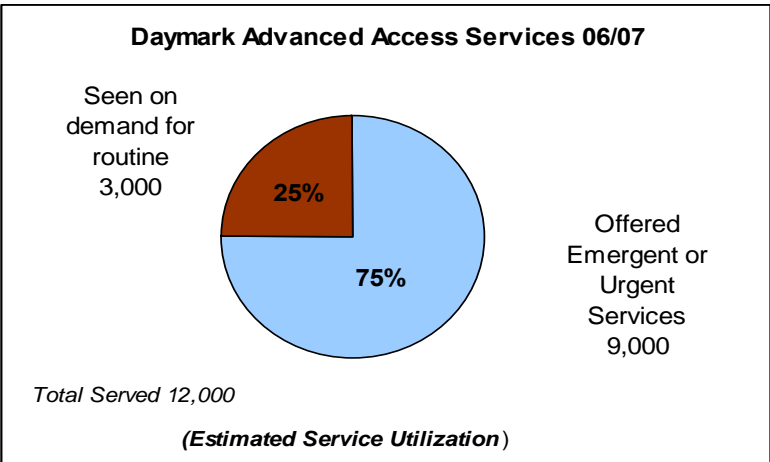
Emergent Appointments within 1 hour	494	441	89.3	95%
Urgent Appointments within 28 hours	7	7	100.0	95%
Routine Appointments within 7 days	69	43	62.3	95%

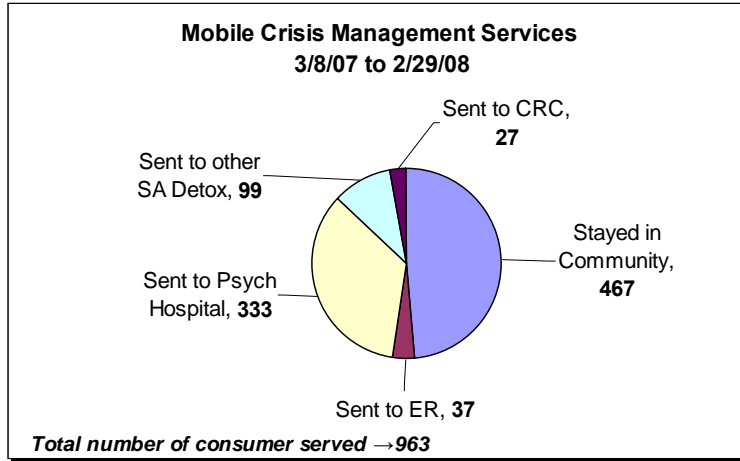
6. Provision of Outpatient Services:



7. Crisis Services Continuum:

The Crisis Services Continuum primarily consist of the Advanced Access, Mobile Crisis and Inpatient Crisis Recovery Services all operated by Daymark Recovery Services. This provides for a seamless system of care for consumers in crisis. Daymark has expressed its willingness to participate in community emergency response efforts.





Consumers Served at the Crisis Recovery Center

	2005 to 2006			Crisis Recovery Center					
	Oct. '05	Nov. '05	Dec. '05	Jan '06	Fe. '06	Mar '06	Apr '06	May '06	June '06
Age Range:									
18-25	6	6	8	11	10	9	9	8	18
26-35	14	18	12	21	21	31	32	31	23
36-45	22	20	17	30	24	37	32	34	28
46-55	17	11	17	22	26	20	29	23	21
56 +	4	2	4	5	5	4	3	6	7
	63	57	58	89	86	101	105	102	97
Diagnosis:									
Psychosis	2	0	0	1	0	2	2	1	1
Opioid	8	4	5	7	6	6	8	4	10
Cannabis	1	1	0	0	0	1	0	0	0
Adjustment	1	0	0	0	0	0	0	0	0
Schizophrenia	4	4	2	4	5	5	4	5	5
Mood	14	13	22	26	28	34	27	33	39
Anxiety	1	3	3	3	6	4	3	0	0
Alcohol	23	15	15	27	22	22	32	41	25
Cocaine	8	14	8	21	13	19	21	11	8
Personality	1	0	0	0	0	0	0	1	1
Polysub	0	3	3	0	4	7	7	5	8
Sed/Hyp	0	0	0	0	1	0	1	1	0
Other SA	0	0	0	0	1	1	0	0	0
	63	57	58	89	86	101	105	102	97

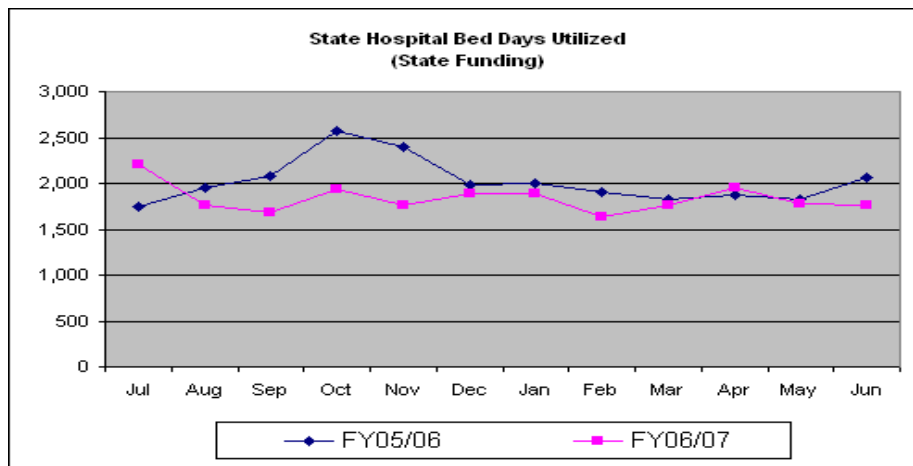
Crisis Recovery Center 2006-2007	Cabarrus	Davidson	Rowan	Stanly	Union
	2006-07	2006-07	2006-07	2006-07	2006-07
No of Clients	333	163	116	67	128
Female MH	56	34	23	17	28
Male MH	63	45	26	10	24
Female SA	62	28	27	9	28
Male SA	152	56	40	31	48
	333	163	116	67	128
FUNDING SOURCES	2006-07	2006-07	2006-07	2006-07	2006-07
Medicaid	49	33	17	18	11
Medicare	3	1	2	2	5
Private	21	10	11	5	13
Indigent	260	119	86	42	99
	333	163	116	67	128
VOLUNTARY/INVOLUNTARY	2006-07	2006-07	2006-07	2006-07	2006-07
Voluntary	271	114	80	50	89
Involutary	62	49	36	17	39
	333	163	116	67	128

8. State Hospital Bed Day Utilization

This data reflects the bed days utilized comparing 05/06 with 06/07 at which time the number of bed days allotted to PBH were 1750. During 06/07 the number of bed days utilized never exceeded 1750.

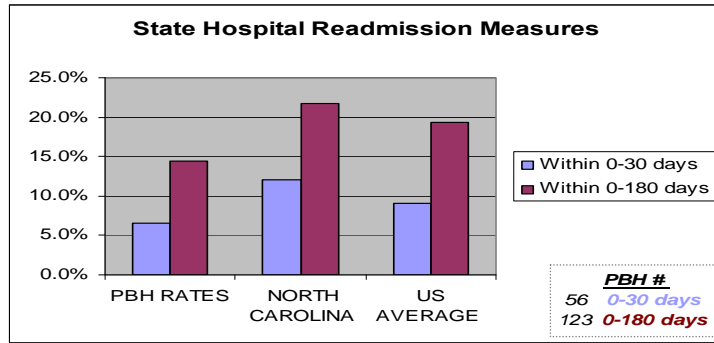
State Hospital Bed Days Utilized (State Funding)
FY05/06 vs FY06/07

PBH Days Used	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY05/06	1,741	1,960	2,074	2,578	2,392	1,977	2,007	1,908	1,830	1,869	1,825	2,056
FY06/07	2,205	1,767	1,687	1,937	1,769	1,891	1,891	1,635	1,756	1,959	1,776	1,762



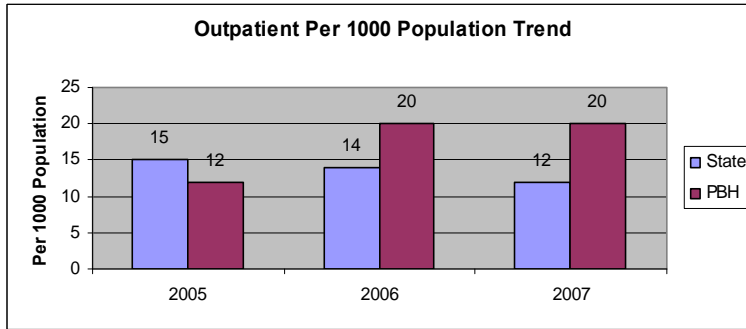
9. State Hospital Readmission Measures:

This data indicated that PBH's readmission to the State Hospital were lower than both the North Carolina and the US Average for Readmissions for admissions within 30 and 180 days.



10. Outpatient Service Provision:

This data indicates that since 2006 that PBH has provided more outpatient services than the State average for outpatient service provision.



11. Child Residential Services:

PBH has been doing utilization review of the residential treatment services provided to children especially in level III and Level VI treatment programs. Since we began to do so, there has been a downward trend in the utilization of these services.

From 05/06 to 06/07:

- Overall admissions decreased by 15%
- Level III admissions decreased by 20%

07-08 Downward trend continues in children placed in Level III Residential:

Mo.	Res IV	Res III	Res II	PRTF
April 07	4	144	79	26
May 07	4	115	73	27
June 07	4	103	80	20
July 07	2	95	80	23
Aug. 07	2	89	83	23
Sept 07	2	85	84	24
Oct 07	2	81	84	24
Nov 07	1	82	80	23
Dec 07	1	77	82	25

12. Provider Capacity:

This data indicates that the most robust increase in provider capacity has occurred in the outpatient services provider array, with stable growth in inpatient, residential and community services, all within a closed network of community providers. This data is updated on an annual basis. ICF provider capacity went down slightly, however Innovations Wavier Service providers went up.

Service Category: sub category:	# of Providers by Fiscal Year	
	05/06	06/07
Outpatient Total:	82	119
Agency	28	32
LIP Group	18	19
LIP	36	68
Inpatient Total for Medicaid:	29	33
State Facilities	4	4
Contracted	4	7
Out-of-Network	21	22
Inpatient Total for State Funds:	17	10
State Facilities	4	4
Contracted	4	5
Out-of-Network	9	1
Residential Providers	70	78
Provider sites	223	267
Community Services Providers	52	54
Innovations Waiver Services Providers	49	52
ICF Providers	21	20
State Facilities	4	4
Providers Sites	73	69

PBH Provider Recruitment Efforts:

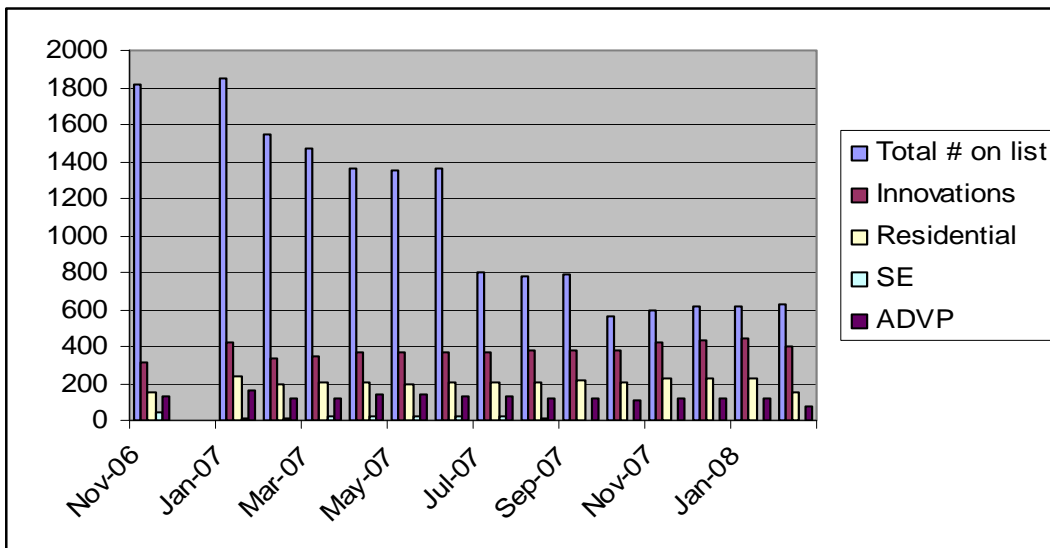
Due to the fact that PBH operates under a Medicaid Waiver which authorizes the LME to operate a closed network of community providers, when new services are introduced or more service capacity is needed, that an RFI is presented to the existing network of community providers. If a provider within the network expresses an interest and is capable of providing those services, then the contract is awarded to that provider. If the need can not be met within the network, then the search is conducted outside the network for a suitable provider, and that provider is invited to enter the network.

13. DD Waiting List:

As PBH continues to introduce waiver services that meet the needs of individuals on the CAP MR/DD waiting list, that list is reduced. The number of consumers currently waiting is 629, and the number of services for those consumers is 717 indicating that some consumers need more than one service. Although the number has appeared stable since July 07, new consumers have been added because of their need for services at relative the same rate as those who have come off the waiting list.

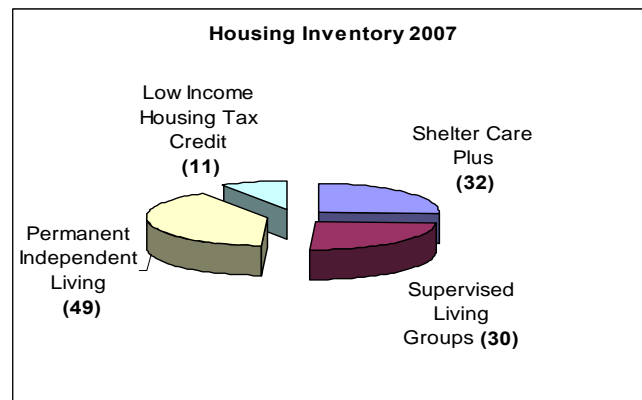
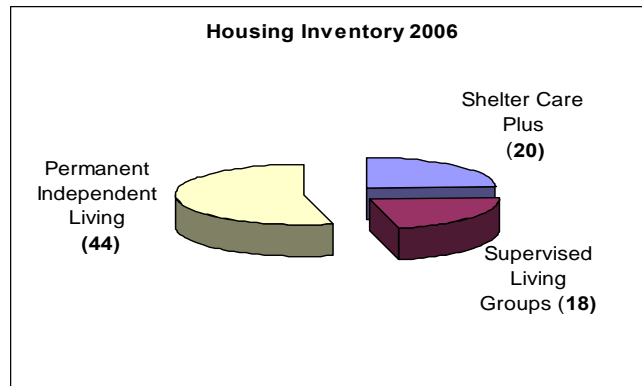
Month/Year	Total # on list	Innovations	Residential	SE	ADVP
Nov-06	1812	317	156	42	130
Jan-07	1854	422	238	9	166
Feb-07	1551	331	198	9	119
Mar-07	1475	341	202	17	124
Apr-07	1357	366	202	17	139
May-07	1353	368	200	17	139
Jun-07	1358	364	203	17	135
Jul-07	796	370	203	17	127
Aug-07	782	376	209	13	115
Sep-07	784	378	211	0	116
Oct-07	566	383	206	0	106
Nov-07	600	422	226	0	114
1-Dec	615	432	230	0	116
Jan-08	616	440	230	0	114
2/29/2008	629	398	149	0	75

The Supported Employment waiting list was eliminated with the implementation of Medicaid B-3 Services



14. Affordable Housing Inventory:

PBH has been the lead agency for the Piedmont Regional Continuum of Care which was created to work collaboratively with key stakeholders to increase affordable housing in the region and to establish programs to end homelessness. The Continuum of Care had been responsible for bringing over 1 million dollars of federal funding into the area to make more affordable housing available. Steady increases have been realized in the area of development of affordable housing options for consumers. The most notable increase has been the introduction of Low Income Housing Tax Credit units. This continues to be an area for improvement as identified by consumers and family members, providers and key stakeholders in the community.



15. Best Based Practices:

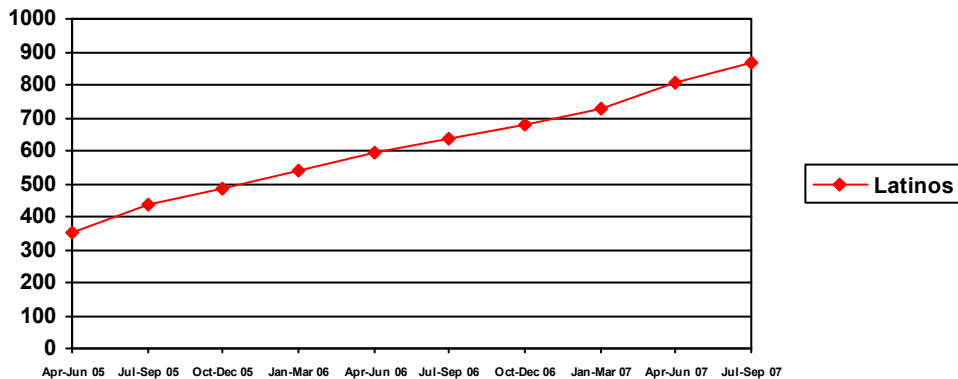
Daymark Recovery Services has made significant efforts since its inception in 2004 to train its staff in research based interventions or evidenced based treatment. These trainings include Dialectic Behavior Therapy, Interpersonal Psychotherapy and group therapies. The Daymark staff is guided by a structured approach to clinical treatment. In addition, PBH offers the following evidence based practice services:

- ACT Team
- Multi-Systemic Therapy
- Intensive In-Home
- Self-Direction (DD)
- Peer Supports (MH-SA)
- Supported Employment (MH/DD/SA)
- Substance Abuse Intensive Outpatient Treatment

16. Cultural and Linguistic Capacity

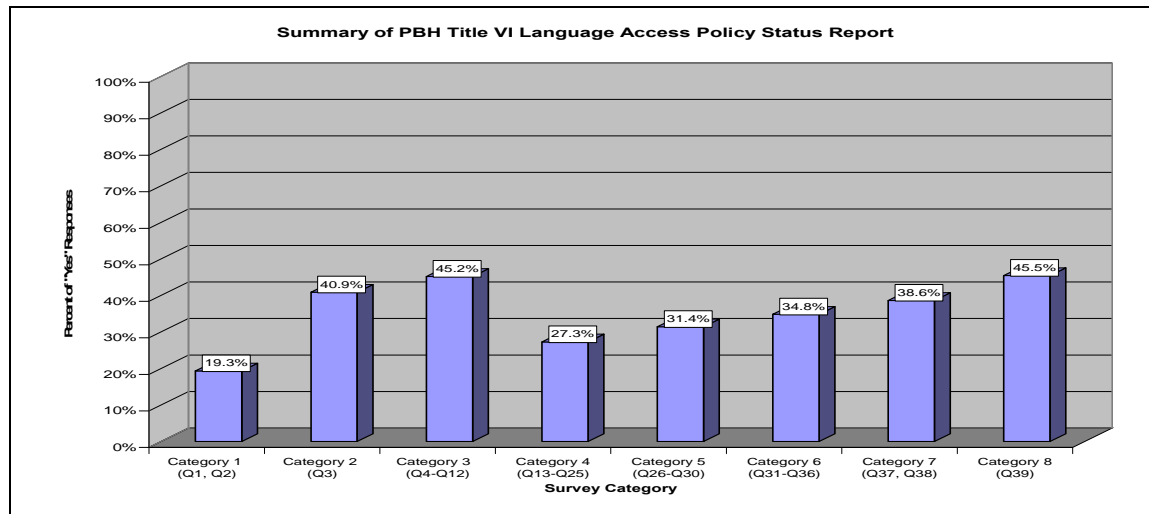
PBH has experienced a steady increase in the number of Latinos enrolled in services since Latino Outreach efforts began in 2005. PBH's Network of Community Providers established a Cultural Competency Provider Plan to become culturally competent. PBH has offered quarterly Cultural Competency Trainings to its providers to assist them in becoming culturally competent. Included in this effort has been two state-wide Cultural Competency Conferences (February 9th 2007 and April 2-4th 2008) where continuing education credits could be obtained toward practitioner re-licensure and re-certification.

Latino Enrollment in the PBH system



Services for people with Limited English Proficiency (LEP)

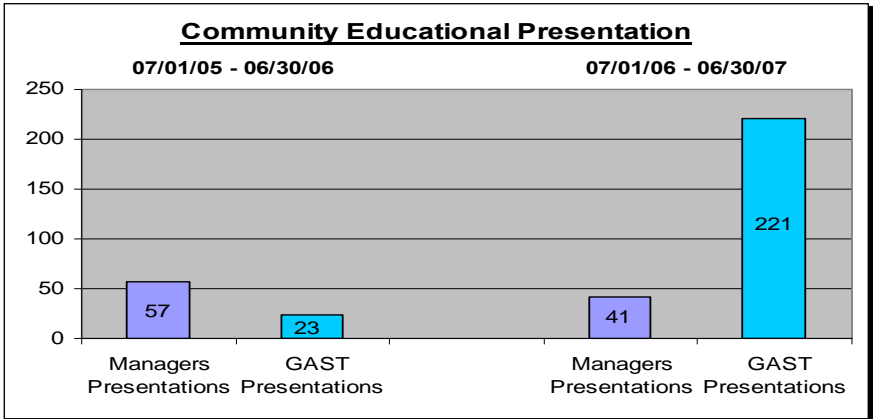
PBH conducted its first Title VI Language Access Survey to assess the provider's capacity to offer services to individuals with Limited English Proficiency (LEP). Recommendations have been made to assist providers to increase their capacity to provide LEP services. To date less than 50% of the required services are offered by our network of community providers.



- Category 1: Providing Notice to LEP (Limited English Proficiency) Individuals
- Category 2: Information in Other Languages
- Category 3: Assessing Linguistic Needs of Potential Applicants and Recipients
- Category 4: Provision of Bilingual/Interpretive Services
- Category 5: Provision of Written Translations
- Category 6: Documentation of Applicant/Recipient Case Records
- Category 7: Staff Development and Training
- Category 8: Complaints

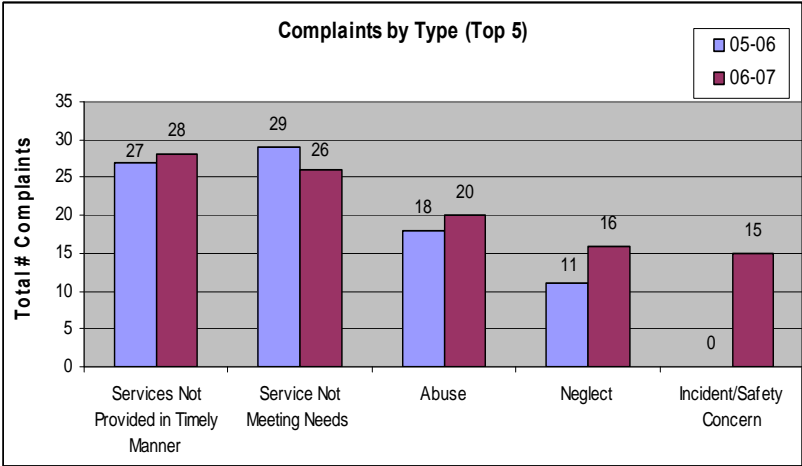
17. Community Education:

The most notable increases in community education have occurred in the Geriatric Adult Specialty Team (GAST) which increased in size from one FTE to three FTEs over the past year. The reduction in number of community education presentations provided by Community Relations staff is directly proportional to the increase in education provided in cultural competence, DD Waiver initiatives, affordable housing development, Latino outreach and a brand new Community Education Program scheduled to begin in two months.



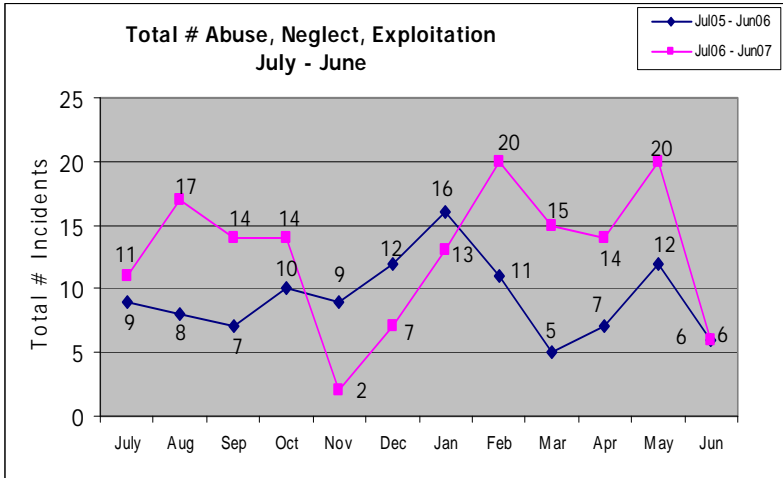
18. Quality Assurance Data:

Total # Complaints by Type represents all complaints broken down by the top 5 complaint types for Jul05-Jun07



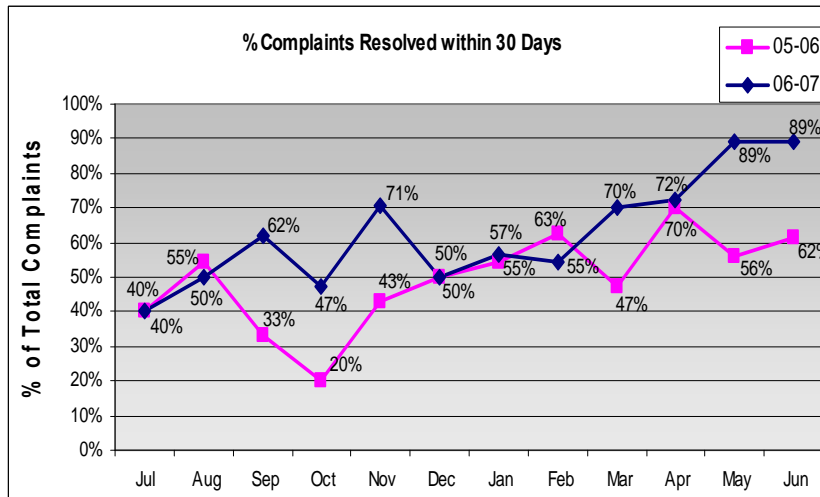
Analysis: Services not provided in a timely manner and services not meeting needs continue to dominate complaint types. This could be due to transfer of case management to community supports and provider efforts to comply with requirements in service definitions.

Total # Abuse/Neglect/Exploitation represents the sum of all incidents for these three categories received during the timeframe



Analysis: 26% increase in reported incidents from 05-06 and 06-07. All allegations were investigated by the provider or by PBH Quality Management. There were eleven substantiated abuse/neglect/exploitation situations. An increase in reported events is not necessarily indicative of an increase in adverse incidents but can also be due to increased provider compliance due to PBH educational activities

The Percentage of Complaints Resolved Within 30 Days reflects the total number of complaints resolved within 30 days divided by the total number of complaints received during the timeframe



Analysis: PBH interventions appear to have been successful in increasing the % of complaints resolved within 30 days. For May07 and Jun07, PBH exceeded the state requirement of resolving 75% of complaints within 30 days.

IV. Overall Findings of Community Needs Assessment

Based on review of focus group feedback and reports delineated above, the Community Needs Assessment Steering Committee developed the findings:

- Timeliness of appointments scheduled for routine outpatient treatment services is low indicating a need for more outpatient services for mental health and substance abuse.
- Need for more community based crisis centers for both adults and children with mental health crisis.
- Need for inpatient substance abuse treatment services for adults and children.
- Substance Abuse Treatment Continuum needs to be increased
- System of Care for Children needs to be increased

- Despite the growth in affordable housing units there is a need to create more housing options, particularly for Olmstead consumers residing in State facilities who could live in the community if housing supportive services were available.
- Despite increases in penetration the Latino Population is underserved
- The services provided to people with Limited English Proficiency does not meet the performance threshold set by Title VI

VI. Plan of Action with Measurable Goals

Based on the recommendations of the Community Needs Assessment Steering Committee the following plan of action was developed:

Recommended Goals for next year	Objectives:
Timeliness of appointments scheduled for routine outpatient treatment services is low indicating a need for more outpatient services for mental health and substance abuse.	Develop and implement the revised model of Comprehensive Community Providers to improve choice and access to psychiatric care. Expand roles and responsibilities of CCs as the Clinical Home for consumers in their care. All CCPs will offer required services: Assessment, Outpatient Therapy, Psychiatric Care, Community support, Peer Support, First Responder and after hours on call. Implement telemedicine to increase access to psychiatric care by 6/30/09
System of Care for Children	Build community capacity that will provide effective, community-based, family and youth driven services, including access to psychiatric services, crisis response and crisis respite services in order to decrease risk of out of home placements for children.
Facility Based Crisis services for Adults and Children	Develop crisis Continuum as per the PBH Crisis System Development Plan. The plan will address: Developing a second Crisis/Detox Facility by 1/1/09; Developing an MI/DD consultative team to provide technical assistance to providers serving DD consumers by 9/1/08; CIT Program for Law Enforcement on a quarterly basis until 25% of all local agencies are trained in this approach to crises (already started).
Substance Abuse Continuum for Adults and Children	Develop and implement Substance Abuse Plan that includes: an additional Crisis/Detox facility; expansion of SAIOP program to one per county; programs for dually diagnosed; Continuum of treatment options as per ASAM levels of care; specific services for adolescents including one adolescent residential program.
Develop affordable housing for consumers, particularly those residing in the State Facility	Utilize vacant PBH properties to develop housing for adults with Severe and Persistent Mental Illness who are residing in the State Facilities to reside within the community by 6/30/08.
Criminal Justice/Juvenile Justice programs to include Teen Court and Structured Day Programs	Develop a criminal justice/juvenile justice plan that offers treatment alternatives to and reduces risk of involvement in the criminal justice system.

Transportation Services	Efforts to increase availability of transportation will be embedded in service definitions when possible to permit making transportation more available.
Meaningful employment opportunities	Increase use of Supported Employment by consumers with Mental Health and Substance Abuse conditions. At least two providers that have the skills to provide services to consumers with MH/SA conditions and supported employment of consumers will be available in all five counties by 6/1/08.
Collaboration to identify and pursue grant opportunities	Research availability of grant funding to augment State and Federally funded programs and services.

VII. Plan to Share Assessment Information with Broader Community

The results of this Community Needs Assessment and Plan will be evaluated by the Board, Executive Team, CFAC and Key Stakeholders to formulate PBH's 08/09 Annual Plan of Work. The Board and CFAC will contribute to the establishment of future priorities and influence the direction of PBH in meeting consumer needs. PBH will prepare quarterly status reports for the Board and CFAC regarding provider recruitment, technical assistance and other initiatives suggested by the community needs assessment. The status reports will include any identified needs of racial and cultural minorities. In addition, regular and periodic presentations will be made to key stakeholders and Community Advisory Council members regarding community assessment of needs and progress made toward meeting those needs.