



*Creating solutions, **One** person at a time*

Cabarrus Davidson Rowan Stanly Union

**2009**

# **Demographic, Utilization, and Network Capacity Study**

**Compiled and Produced by the Network Operations  
Department**



## 2009 Demographic, Utilization and Network Capacity Study

This Capacity Study utilizes 2008 Calendar Year data from multiple sources including PBH's CI Database, the United States Census Bureau, SAMHSA Office of Applied Studies, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH), NC Division of Medical Assistance (DMA), North Carolina's 2008 State Medical Facilities Plan, Cecil G. Sheps Center for Health Services Research, County GIS, and Wikipedia.

The PBH Catchment Area consists of five (5) counties, Cabarrus, Davidson, Rowan, Stanly, and Union, and covers approximately 2,500 square miles. The five counties are primarily rural with some moderate to large urban areas. The following table shows the distance from north to south and east to west for each county at their widest points. Please note the average distance from north to south is 25.82 miles and from east to west is 27.28 miles.

County	Square Miles	Miles North to South	Miles East to West
Cabarrus	365	21.3	26.7
Davidson	567	34.8	23.2
Rowan	524	23.2	32.3
Stanly	404	23.6	24.5
Union	640	26.2	29.7
<b>total</b>	<b>2500</b>		
<b>average</b>	<b>500</b>	<b>25.82</b>	<b>27.28</b>

The total population for the PBH catchment area for calendar year 2008 was estimated to be 719,000 with 199,240 (28%) between the age of 0 and 18 years and 519,760 (72%) 19 years of age or older. The following chart shows the break down of population by county.

July 2008 Estimates Total Population							
County	Child	% of total County Pop	Adult	% of total County Pop	Total	% of total Pop	Med-Age
CABARRUS	48,930	29%	119,810	71%	168,740	23.47%	35.50
DAVIDSON	40,495	26%	117,671	74%	158,166	22.00%	39.20
ROWAN	36,027	26%	103,198	74%	139,225	19.36%	38.40
STANLY	15,368	26%	44,246	74%	59,614	8.29%	39.20
UNION	58,420	30%	134,835	70%	193,255	26.88%	33.10
<b>PBH</b>	<b>199,240</b>	<b>28%</b>	<b>519,760</b>	<b>72%</b>	<b>719,000</b>	<b>100%</b>	<b>37.08</b>



A demographic analysis of the population by race, based on 2008 Census estimates for the counties in the PBH catchment area, indicates that Whites make up 77.10%, Blacks 12.67% and Hispanics at 7.69% of the population. All other combined races make up less than 2.53% of the population.

Race or Ethnicity	Cabarrus County, % of Population by Race	Davidson County, % of Population by Race	Rowan County, % of Population by Race	Stanly County, % of Population by Race	Union County, % of Population by Race	PBH Catchment Area, % of Population by Race
White alone	73.32%	82.56%	75.94%	82.22%	75.20%	77.10%
Black or African American alone	14.80%	9.27%	15.46%	11.61%	11.92%	12.67%
American Indian and Alaska Native alone	0.32%	0.32%	0.30%	0.24%	0.32%	0.31%
Asian alone	1.57%	1.02%	0.87%	1.76%	1.46%	1.30%
Native Hawaiian and Other Pacific Islander alone	0.01%	0.00%	0.01%	0.02%	0.02%	0.01%
Two or more races	1.06%	0.84%	0.83%	0.75%	0.97%	0.91%
Hispanic or Latino:	8.93%	5.98%	6.59%	3.39%	10.11%	7.69%

When we look at the number of consumers served by race compared to all consumers served, we find that Whites make up 75.34%, Blacks 18.96%, Hispanics are at 1.67% and all other races make up 4.02% served.

Race or Ethnicity	Cabarrus County, % of Population Served by Race/Ethnicity	Davidson County, % of Population Served by Race/Ethnicity	Rowan County, % of Population Served by Race/Ethnicity	Stanly County, % of Population Served by Race/Ethnicity	Union County, % of Population Served by Race/Ethnicity	PBH Catchment Area, % of Population Served by Race/Ethnicity
White alone	72.53%	83.01%	72.73%	80.93%	67.62%	75.34%
Black or African American alone	20.76%	12.13%	21.49%	15.28%	25.52%	18.96%
American Indian and Alaska Native alone	0.39%	0.38%	0.28%	0.15%	0.44%	0.34%
Asian, Pacific Islander	0.58%	0.29%	0.30%	0.23%	0.16%	0.33%
Hispanic or Latino	1.95%	1.06%	1.97%	1.03%	2.26%	1.67%
Other	3.79%	3.13%	3.23%	2.37%	4.01%	3.35%

PBH continuously seeks racially and ethnically diverse providers to serve its consumers. PBH Contracts require providers to implement cultural competency plans and become culturally competent providers.

An analysis of the same census data indicates that males make up 49.36 % and females make up 51.64% of the population.

Sex	Cabarrus County, % of Population by Sex	Davidson County, % of Population by Sex	Rowan County, % of Population by Sex	Stanly County, % of Population by Sex	Union County, % of Population by Sex	PBH Catchment Area, % of Population by Sex
Male:	49.10%	49.01%	49.26%	49.51%	49.80%	49.36%
Female:	50.81%	50.99%	50.74%	50.49%	50.20%	50.64%

The most recent published Medicaid Eligibility data from NC DMA at the time of this study was for 2007. The following table shows the break down for Medicaid Eligibility by county and age group for the PBH catchment area. Approximately 90,252 or 13.3% of the population of our catchment area are or were eligible for Medicaid between 2007 and 2008.

2007 Medicaid Eligibles for PBH Catchment Area					
County	0 to 5	6 to 11	12 to 20	21+	Total
CABARRUS	6,251	3,277	3,371	6,941	19,840
DAVIDSON	6,237	3,611	4,065	9,766	23,679
ROWAN	5,407	3,099	3,471	8,738	20,715
STANLY	2,191	1,276	1,684	3,810	8,961
UNION	5,703	2,843	2,866	5,645	17,057
<b>PBH</b>	25,789	14,106	15,457	34,900	90,252

The 2008 estimates by the Federal Center for Mental Health Services for the prevalence of Mental Health (MH), Developmental Disabilities (DD), and Substance Abuse in North Carolina are as follows:

Populations		SFY 2009 Prevalence Estimates for NC	2008 Estimated Total Population for PBH Counties	Estimated # of Consumers by Age & Disability Group	2007 Number of Medicaid Eligibles for PBH Catchment Area	Estimated # of Medicaid (Piedmont Cardinal Plan) Consumers by Age & Disability Group
Adult	MH	5.40%	536,210	28,955	34,900	1,885
	DD	0.79%	536,210	4,236	34,900	276
	SA	8.35%	536,210	44,759	34,900	2,914
Child	MH	12.00%	182,790	21,935	55,352	6,642
	DD	3.21%	182,790	5,868	55,352	1,777
	SA	8.06%	182,790	14,733	55,352	4,461
<b>Totals</b>		n/a	719,000	120,486	90,252	17,955

The prevalence estimates have been applied to both the Adult and Child general population of our catchment area as well as the Adult and Child Medicaid population of our catchment area. It is estimated that 120,486 persons or 16.76% of the population within the PBH catchment area have an MH, DD, or SA problem. Of the 120,486 persons with a MH, DD, or SA problem, approximately 23,874 or 19.81% have Medicaid (PBH Cardinal Plan). Of the 120,486 persons with a MH, DD, or SA problem, approximately 102,531 or 85.1% are covered by private insurance or qualify for State Funded services.

Of these 102,531 people, the U.S. Census Bureau estimates 22,676 or 18.8% are uninsured. Please note that this the total estimated number of uninsured persons with a MH, DD, or SA problem.

Populations		SFY 2009 Prevalence Estimates for NC	Estimated # of Consumers by Age & Disability Group	Estimated # of Medicaid (Piedmont Cardinal Plan) Consumers by Age & Disability Group	Estimated # of Non-Medicaid (Third party or Stated funded) Consumers by Age & Disability Group	Estimated # of Uninsured Consumers by Age & Disability Group
Adult	MH	5.40%	28,955	1,885	27,071	6,672
	DD	0.79%	4,236	276	3,960	976
	SA	8.35%	44,759	2,914	41,845	10,318
Child	MH	12.00%	21,935	6,642	15,293	2,429
	DD	3.21%	5,868	1,777	4,091	650
	SA	8.06%	14,733	4,461	10,272	1,631
<b>Totals</b>		n/a	120,486	17,955	102,531	22,676

DMH sets the performance standard for LMEs annually. The performance standards for PBH during State Fiscal Year (SFY) 09 were as follows:

Populations		SFY 2009 Prevalence Estimates for NC	DHHS SFY 2009 Performance Standard (target % of Prevalence to be served)	DHHS SFY 2009 Performance Standard (number of total population to have been served)
Adult	MH	5.40%	38.00%	11,003
	DD	0.79%	36.00%	1,525
	SA	8.35%	8.00%	3,581
Child	MH	12.00%	38.00%	8,335
	DD	3.21%	19.00%	1,115
	SA	8.06%	7.00%	1,031
<b>Totals</b>		n/a	n/a	30,171

The following chart shows PBH performance against the target. For Adult Services, PBH exceeded the States target. For Adult MH and DD Services PBH did not meet the target. For Child MH, DD, and SA Services PBH did not meet the States target. For the Child DD population this may in part be due to the prevalence criteria including the age range 0 to 3 and a more inclusive diagnostic range (Except for Innovations Waiver Services, children ages 0 to 3 are not covered by State Plan Medicaid, under the PBH Managed Care Waiver, or state funded services). Additionally, the target is based on the total population of the PBH catchment area which includes insured and under-insured consumers who would not be enrolled with PBH due to not meeting the criteria for Medicaid and/or State Funded Services.

Populations		Actual Served	Target	+/- Actual to Target	% to Actual Target
Adult	MH	10,996	11,003	(7)	99.94%
	DD	1,182	1,525	(343)	77.51%
	SA	4,251	3,581	670	118.72%
Child	MH	5,305	8,335	(3,030)	63.65%
	DD	426	1,115	(689)	38.21%
	SA	345	1,031	(686)	33.45%
<b>Total</b>		22,505.00	26,590.12	(4,085.12)	84.64%

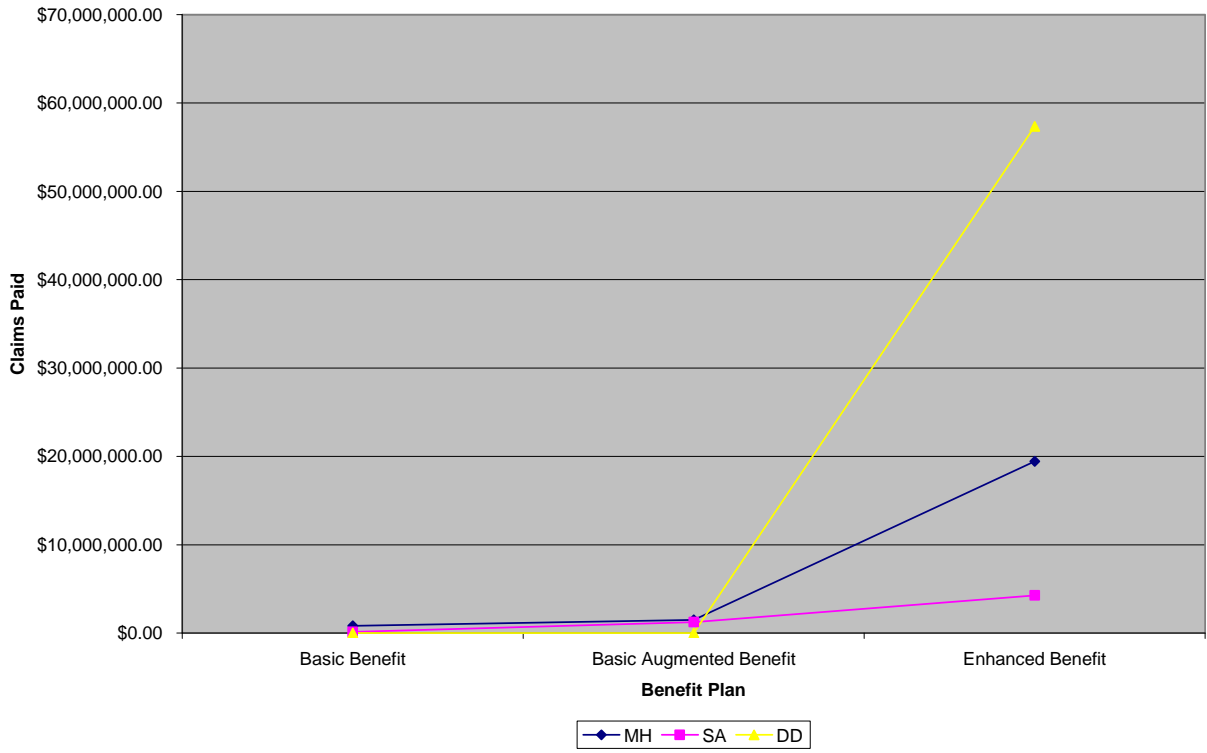
The following chart is a break down of the number of consumers served by Funding Category and Benefit Plan. Please note that this is an unduplicated count with in each discrete category; however, a consumer may have been served under one or more benefit plan.

<b>Medicaid Funded Consumers</b>					
<b>Benefit Plan</b>		<b>Basic</b>	<b>Basic Augmented</b>	<b>Enhanced</b>	<b>Total by Dx Group</b>
<b>Age Group</b>	<b>Dx Group</b>				
Adult	MH	2,044	1,355	2,914	5,479
	DD	19	12	867	892
	SA	158	575	679	1,299
Child	MH	1,890	1,236	1,831	4,301
	DD	30	35	324	382
	SA	42	48	85	163
Total by Benefit Plan		4,117	3,112	5,881	11,481
<b>State Funded Consumers</b>					
<b>Benefit Plan</b>		<b>Basic</b>	<b>Basic Augmented</b>	<b>Enhanced</b>	<b>Total by Dx Group</b>
<b>Age Group</b>	<b>Dx Group</b>				
Adult	MH	2,025	1,077	5,443	7,486
	DD	1	1	836	838
	SA	656	644	2,347	3,441
Child	MH	524	127	1,534	2,049
	DD	3	4	257	261
	SA	95	23	103	213
Total by Benefit Plan		3,211	1,761	9,397	12,968
Grand Total		7,078	4,585	11,688	20,283

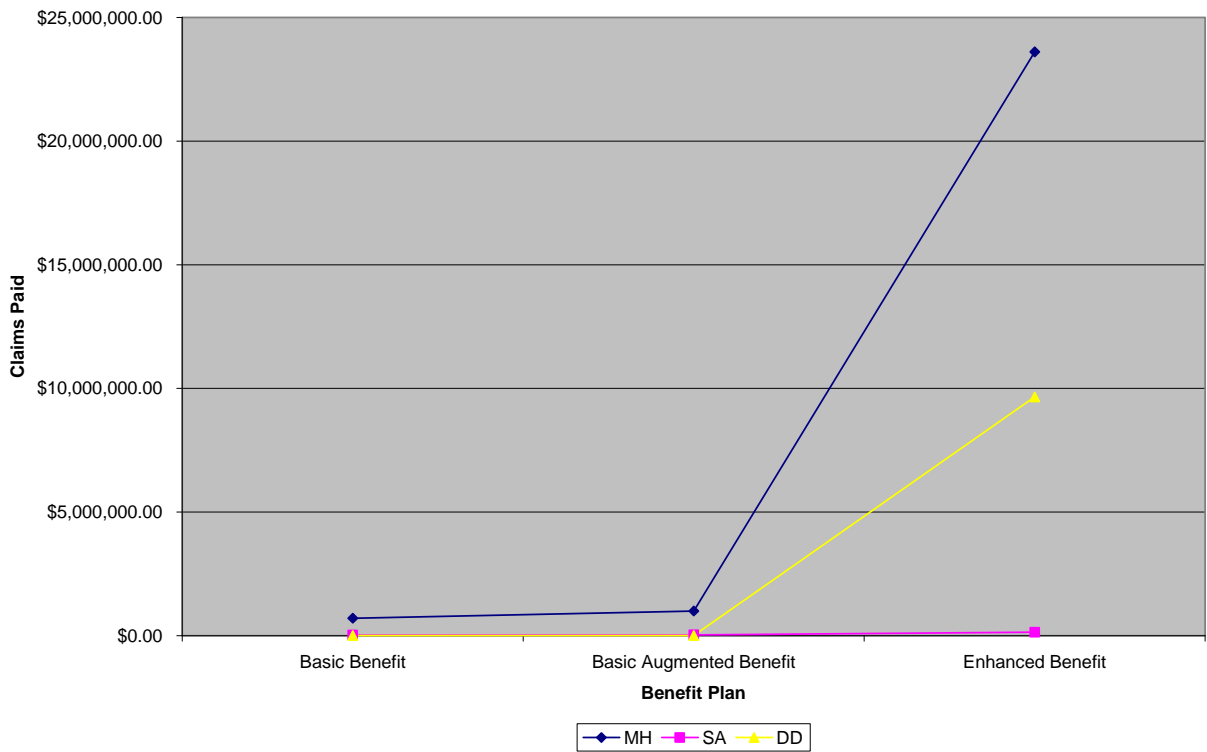
The following chart and graphs are a break down of claims paid for all Funding Categories and Benefit Plans.

All Funding Categories					
Demographics		Level of Eligibility			
		Basic Benefit	Basic Augmented Benefit	Enhanced Benefit	All Benefit Categories
Age	Disability Group	total cost of service units provided	total cost of service units provided	total cost of service units provided	Total Cost by age and disability group
Adult	MH	\$807,501.35	\$1,476,878.29	\$19,441,416.32	\$21,725,795.96
	SA	\$134,329.56	\$1,239,910.78	\$4,254,696.05	\$5,628,936.39
	DD	\$1,962.31	\$5,516.77	\$57,359,576.81	\$57,367,055.89
<b>Subtotal</b>		\$943,793.22	\$2,722,305.84	\$81,055,689.18	\$84,721,788.24
Child	MH	\$711,805.17	\$1,002,580.26	\$23,613,349.92	\$25,327,735.35
	SA	\$28,134.42	\$31,557.64	\$145,923.26	\$205,615.32
	DD	\$7,033.47	\$12,307.09	\$9,660,195.34	\$9,679,535.90
<b>Subtotal</b>		\$746,973.06	\$1,046,444.99	\$33,419,468.52	\$35,212,886.57
<b>Grand Total</b>		\$1,690,766.28	\$3,768,750.83	\$114,475,157.70	\$119,934,674.81

**Claims Paid for PBH Adult Consumers for All Funding Categories by Benefit Plan**



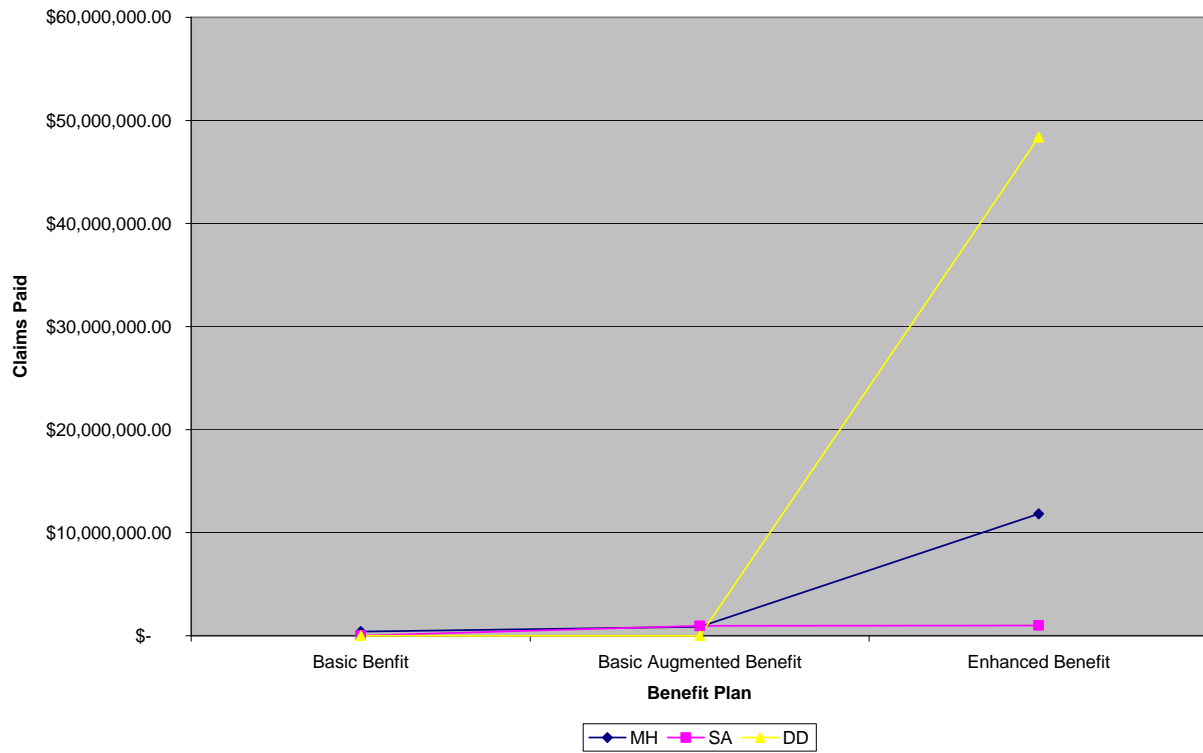
**Claims Paid for PBH Child Consumers for All Funding Categories by Benefit Plan**



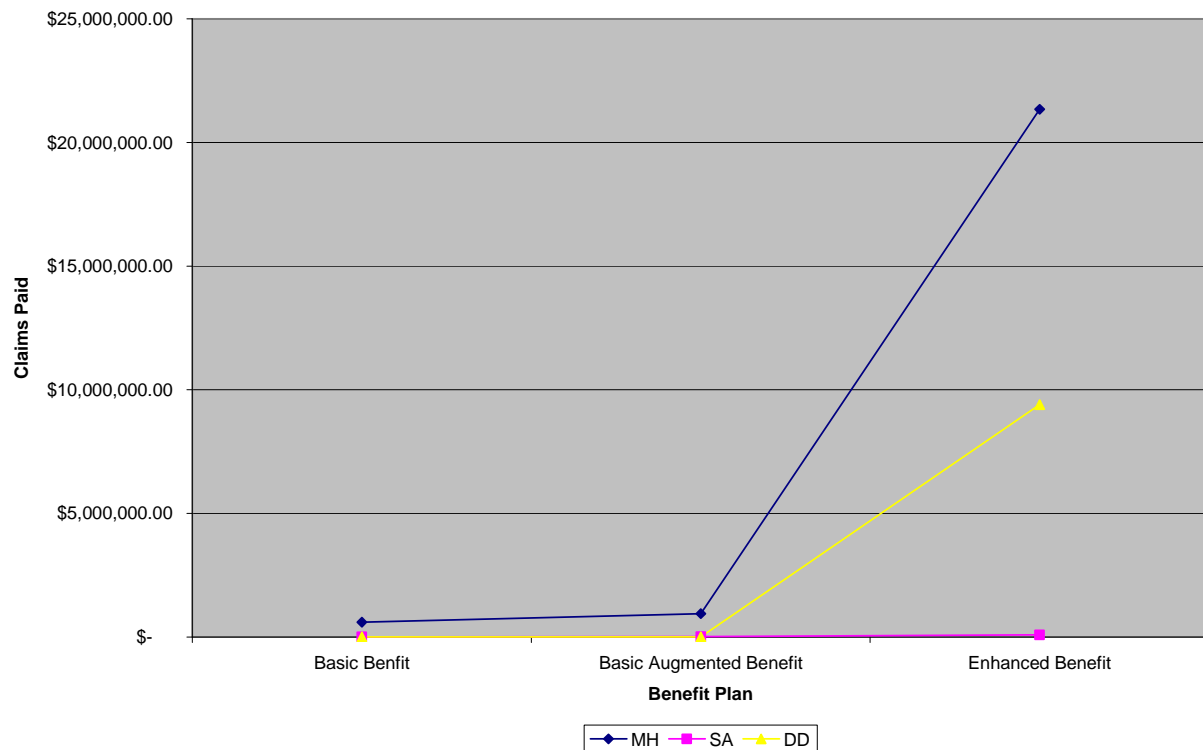
The following chart and graphs are a break down of claims paid for PBH Medicaid and all Benefit Plans.

Medicaid					
Demographics		Level of Eligibility			
		Basic Benefit	Basic Augmented Benefit	Enhanced Benefit	All Benefit Categories
Age	Disability Group	total cost of service units provided	total cost of service units provided	total cost of service units provided	Total Cost by age and disability group
Adult	MH	\$ 395,044.17	\$ 861,380.21	\$11,839,371.29	\$13,095,795.67
	SA	\$ 25,295.25	\$ 955,752.45	\$ 1,005,022.55	\$1,986,070.25
	DD	\$ 1,887.45	\$ 5,403.70	\$48,374,547.69	\$48,381,838.84
<b>Subtotal</b>		<b>\$422,226.87</b>	<b>\$1,822,536.36</b>	<b>\$61,218,941.53</b>	<b>\$63,463,704.76</b>
Child	MH	\$ 600,494.13	\$ 946,237.40	\$21,344,529.86	\$22,891,261.39
	SA	\$ 7,963.35	\$ 20,916.10	\$ 87,832.49	\$116,711.94
	DD	\$ 6,568.85	\$ 11,644.07	\$ 9,398,146.20	\$9,416,359.12
<b>Subtotal</b>		<b>\$615,026.33</b>	<b>\$978,797.57</b>	<b>\$30,830,508.55</b>	<b>\$32,424,332.45</b>
<b>Grand Total</b>		<b>\$1,037,253.20</b>	<b>\$2,801,333.93</b>	<b>\$92,049,450.08</b>	<b>\$95,888,037.21</b>

**Paid Claims for PBH Adult Medicaid Consumers by Benefit Plan**

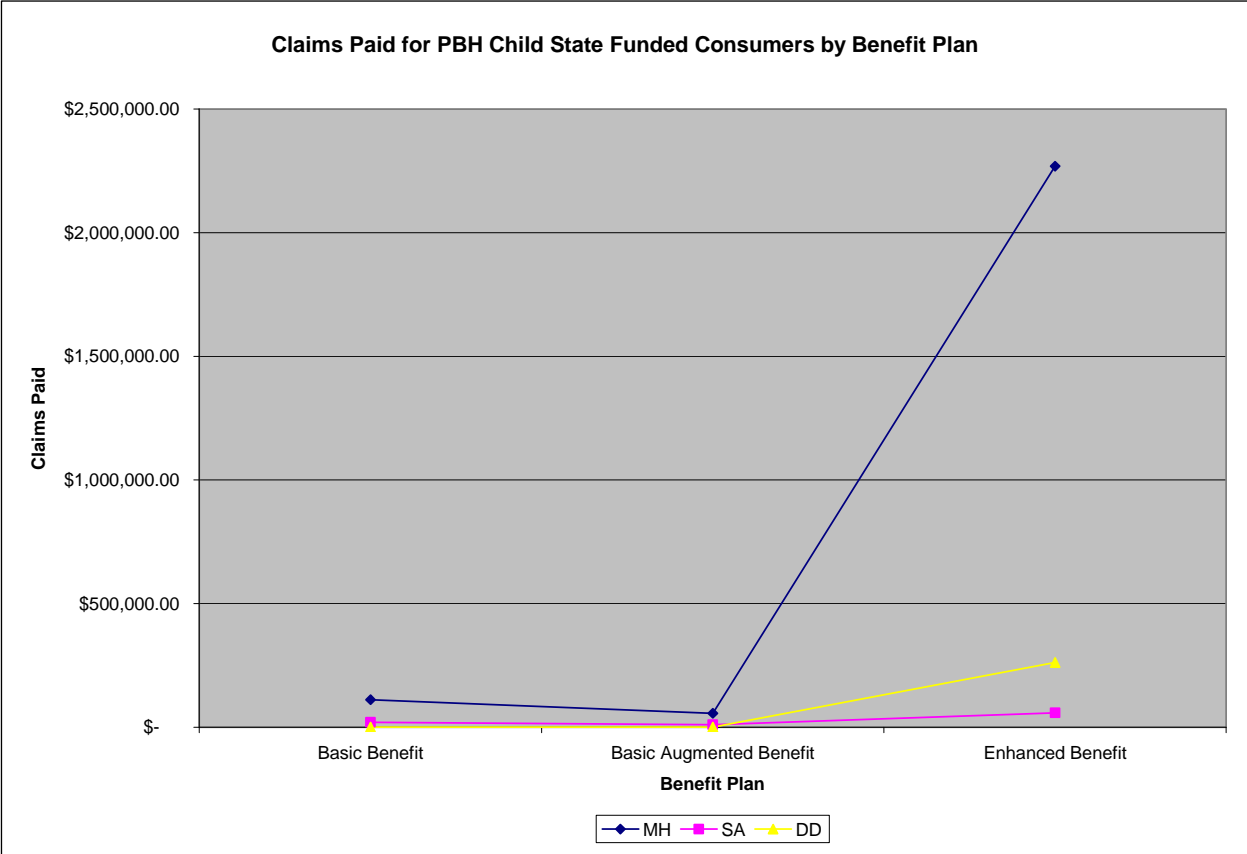
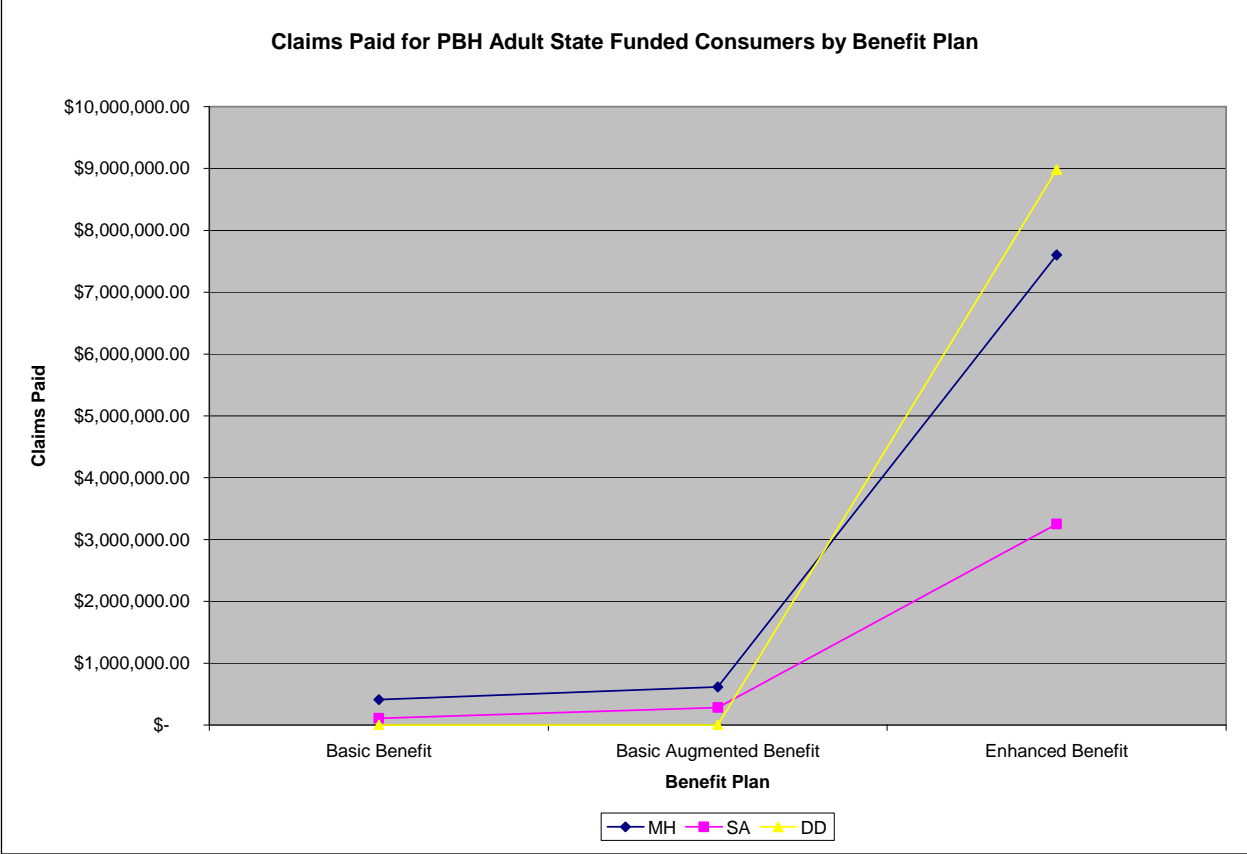


**Paid Claims for PBH Child Medicaid Consumers by Benefit Plan**



The following chart and graphs are a break down of claims paid for PBH State Funds and all Benefit Plans.

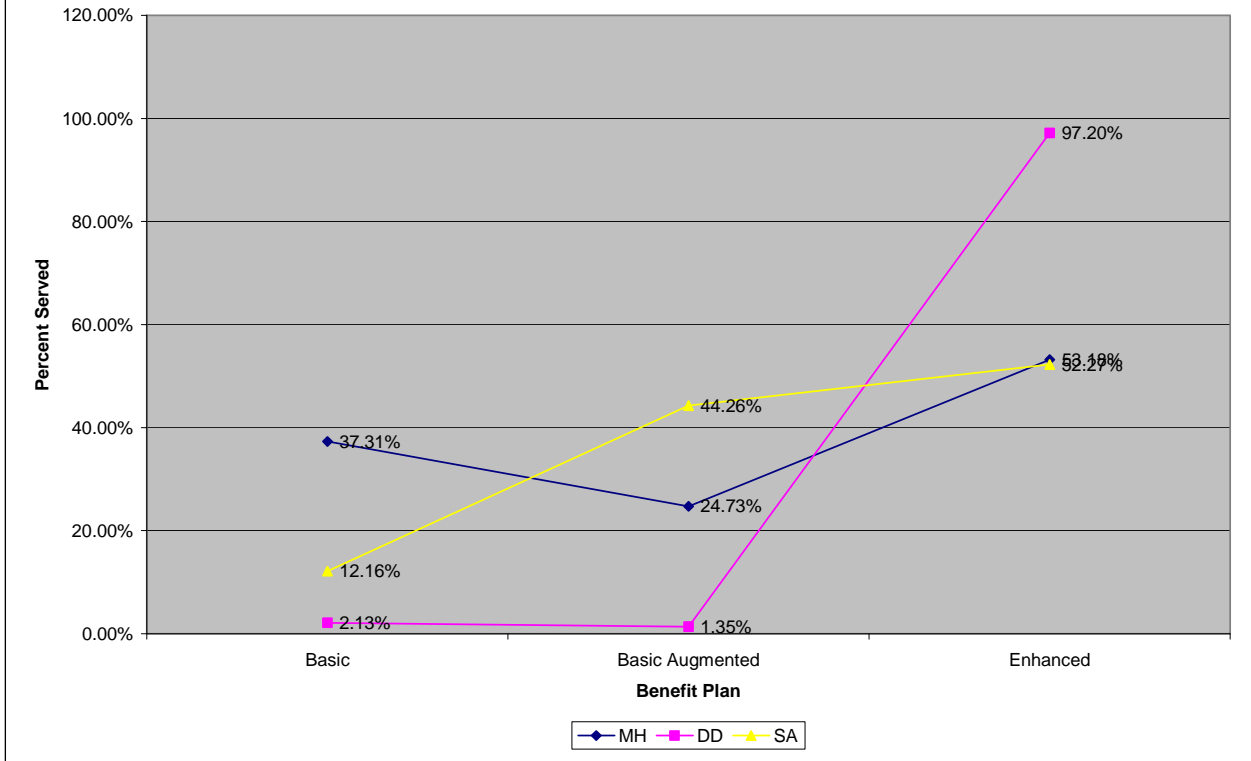
State Funds					
Demographics		Level of Eligibility			
		Basic Benefit	Basic Augmented Benefit	Enhanced Benefit	All Benefit Categories
Age	Disability Group	total cost of service units provided	total cost of service units provided	total cost of service units provided	Total Cost by age and disability group
Adult	MH	\$ 412,457.18	\$ 615,498.08	\$ 7,602,045.03	\$8,630,000.29
	SA	\$ 109,034.31	\$ 284,158.33	\$ 3,249,673.50	\$3,642,866.14
	DD	\$ 74.86	\$ 113.07	\$ 8,985,029.12	\$8,985,217.05
<b>Subtotal</b>		<b>\$521,566.35</b>	<b>\$899,769.48</b>	<b>\$19,836,747.65</b>	<b>\$21,258,083.48</b>
Child	MH	\$ 111,311.04	\$ 56,342.86	\$ 2,268,820.06	\$2,436,473.96
	SA	\$ 20,171.07	\$ 10,641.54	\$ 58,090.77	\$88,903.38
	DD	\$ 464.62	\$ 663.02	\$ 262,049.14	\$263,176.78
<b>Subtotal</b>		<b>\$131,946.73</b>	<b>\$67,647.42</b>	<b>\$2,588,959.97</b>	<b>\$2,788,554.12</b>
<b>Grand Total</b>		<b>\$653,513.08</b>	<b>\$967,416.90</b>	<b>\$22,425,707.62</b>	<b>\$24,046,637.60</b>



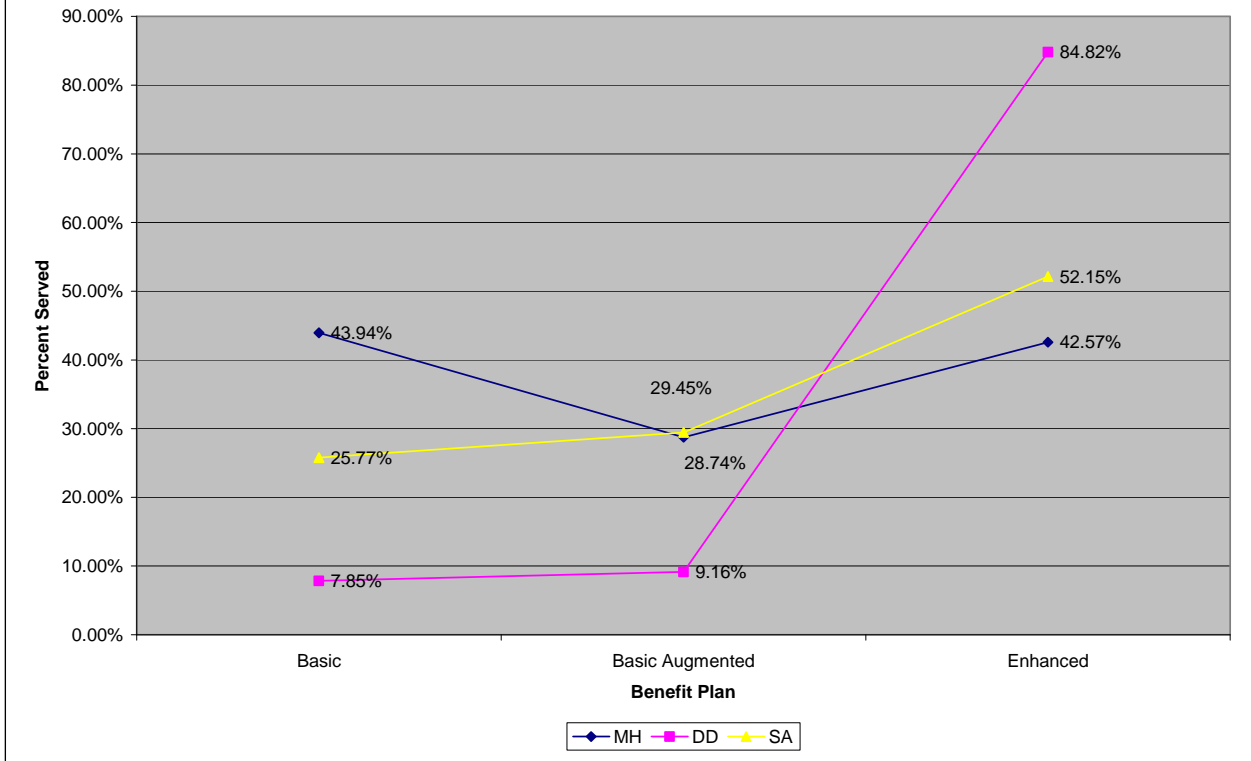
The following chart is a break down of the percentage of consumers served by Funding Category and Benefit Plan. Again, please note that this is an unduplicated count with in each discrete category; however, a consumer may have been served under one or more benefit plan.

<b>Medicaid Funded Consumers</b>				
<b>Benefit Plan</b>		<b>Basic</b>	<b>Basic Augmented</b>	<b>Enhanced</b>
<b>Age Group</b>	<b>Dx Group</b>			
Adult	MH	37.31%	24.73%	53.18%
	DD	2.13%	1.35%	97.20%
	SA	12.16%	44.26%	52.27%
Child	MH	43.94%	28.74%	42.57%
	DD	7.85%	9.16%	84.82%
	SA	25.77%	29.45%	52.15%
<b>State Funded Consumers</b>				
<b>Benefit Plan</b>		<b>Basic</b>	<b>Basic Augmented</b>	<b>Enhanced</b>
<b>Age Group</b>	<b>Dx Group</b>			
Adult	MH	27.05%	14.39%	72.71%
	DD	0.12%	0.12%	99.76%
	SA	19.06%	18.72%	68.21%
Child	MH	25.57%	6.20%	74.87%
	DD	1.15%	1.53%	98.47%
	SA	44.60%	10.80%	48.36%

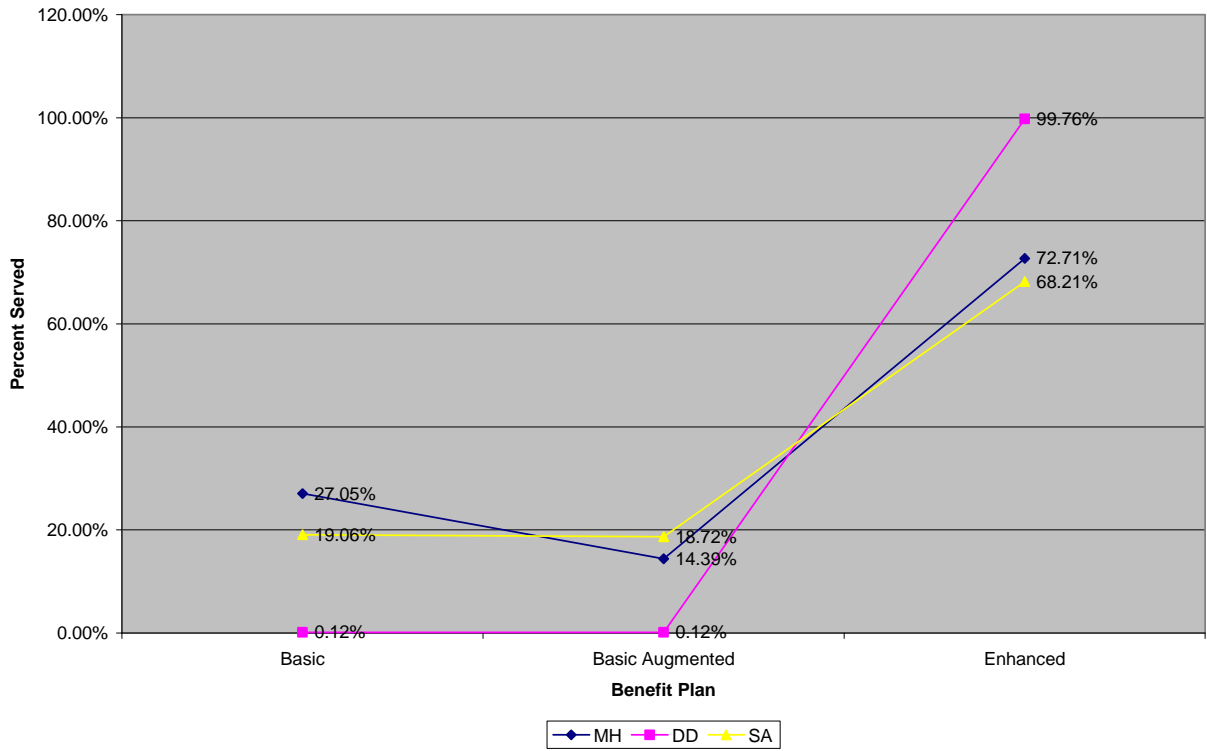
**Percent of Medicaid Funded Adult Consumers Served by Benefit Plan**



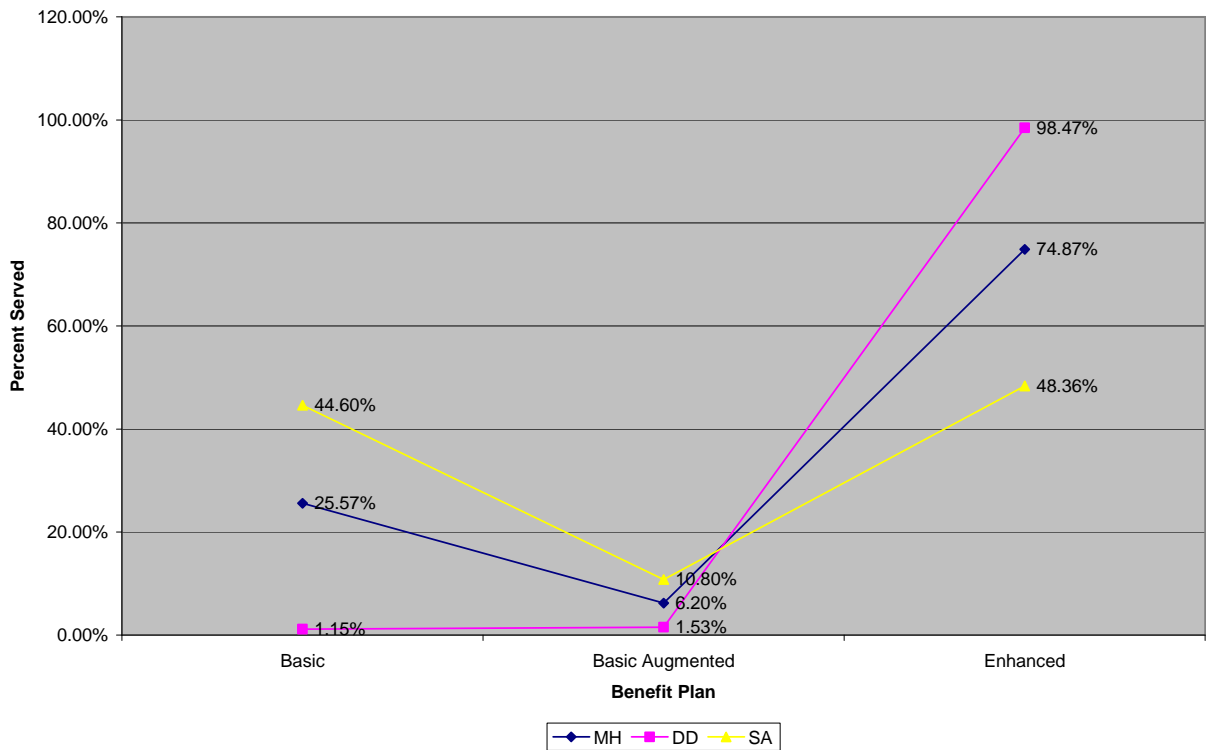
**Percent of Medicaid Funded Child Consumers Served by Benefit Plan**



**Percent of State Funded Adult Consumers Served by Benefit Plan**



**Percent of State Funded Child Consumers Served by Benefit Plan**



## The PBH Provider Network

The PBH Provider Network Is made of 258 Contracted providers. These providers include Comprehensive Care Providers (CCP), Agencies (single and multi-service), Group Practices (LIP Group), Individual Practices (LIP), Hospital Inpatient Services, and Hospital based outpatient services. The following chart shows the number of providers by provider type in the Network.

Type of Contract Provider	# of Providers
Agency	117
CCP	4
LIP	93
LIP Group	32
Hospital Inpatient	8
Hospital Outpatient	3
Non-Contracted Hospital Inpatient	27
Psychiatric State Institution	4
ADATC State Institution	3
ICFMR State Institution	3
Neuro-Medical State Institution	1
PBH	2
LME	1
<b>Total Providers</b>	<b>298</b>
<b>Total Contracted Providers</b>	<b>258</b>

### Community Services:

Of these contracted providers 69 are Community Services providers, 34 with in the PBH catchment area and 35 outside of the PBH's five (5) counties. Consumers with Medicaid from the PBH Counties may live in any part of North Carolina. PBH arranges for Medicaid services wherever the consumer lives.

County served by Provider	Community Providers	Additional sites
<b>Cabarrus</b>	14	13
<b>Davidson</b>	5	7
<b>Rowan</b>	5	7
<b>Stanly</b>	4	16
<b>Union</b>	6	5
<b>Total Community Providers in Catchment Area</b>	<b>34</b>	<b>48</b>
<b>Community Providers Outside PBH Catchment Area</b>	<b>35</b>	<b>28</b>
<b>Total Community Providers</b>	<b>69</b>	<b>76</b>

## **Community Support Services:**

During 2008 PBH had four (4) contract providers for Community Support Services, although one of those was contracted to serve Shelter Plus Care consumers.

<b>County served by Provider</b>	<b>Qualified Professionals</b>	<b>Associate Professionals</b>	<b>Paraprofessionals</b>	<b>Teams</b>
<b>Cabarrus</b>	41	7	10	5
<b>Davidson</b>	10	4	1	0
<b>Rowan</b>	16	8	4	0
<b>Stanly</b>	12	3	0	0
<b>Union</b>	27	14	4	0
<b>Total Community Support staff or teams in Catchment Area</b>	<b>106</b>	<b>36</b>	<b>19</b>	<b>5</b>
<b>Community Support Staff or Teams Outside PBH Catchment Area</b>	71	23	7	33
<b>Total Community Support Staff or Teams</b>	<b>177</b>	<b>59</b>	<b>26</b>	<b>38</b>

It became evident during CY 2008 that PBH needed additional Community Support Services and Youth and Adult Care Management was allowed to expand its provision of Community Support Services beyond Shelter Plus Care. This provider will become fully operational for Community Support during the third quarter of CY 2008.

## Outpatient Services:

Of the 258 Contracted providers in PBH's Network, 185 provide Outpatient Services. The Network consists of 4 CCPs, 24 Agencies, 15 Group Practices, 33 Individual Practices, and one Hospital based practice that provide outpatient behavioral health and/or psychiatric services inside the catchment area. Additionally, the PBH Network includes 30 Agencies, 31 Group Practices, 93 Independent Practices, and 2 Hospital based practices that provide outpatient behavioral health and/or psychiatric services outside of the PBH catchment area. Most of these providers are located in counties adjoining the PBH catchment area. The chart included below shows where these outpatient providers are located.

County served by Provider	Agencies	CCPs	Additional CCP Sites	Group Practices	LIPs	Hospital Based Practices
Cabarrus	9	3	2	2	8	1
Davidson	7	0	4	1	3	0
Rowan	1	0	3	6	11	0
Stanly	2	1	1	2	3	0
Union	5	0	3	4	8	0
<b>Total in Catchment Area</b>	<b>24</b>	<b>4</b>	<b>13</b>	<b>15</b>	<b>33</b>	<b>1</b>
<b>Total Outside PBH Catchment Area</b>	30	0	2	16	60	2
<b>Grand Total</b>	<b>54</b>	<b>4</b>	<b>15</b>	<b>31</b>	<b>93</b>	<b>3</b>

County served by Provider	Agencies, Groups, & LIPs	Additional sites	LCSW	LCSWp*	LPC	LPC-be**	LMFT
Cabarrus	24	17	18	7	27	1	0
Davidson	11	8	8	1	9	1	3
Rowan	18	8	11	1	32	2	2
Stanly	8	5	12	4	14	1	0
Union	17	0	17	3	10	1	5
<b>Total in Catchment Area</b>	<b>78</b>	<b>38</b>	<b>66</b>	<b>16</b>	<b>92</b>	<b>6</b>	<b>10</b>
<b>Total Outside PBH Catchment Area</b>	111	64	66	3	48	0	4
<b>Grand Total</b>	<b>189</b>	<b>102</b>	<b>132</b>	<b>19</b>	<b>140</b>	<b>6</b>	<b>14</b>

\* Provisional

\*\* Board Eligible

County served by Provider	LP-PhD	LPA	CCS	LCAS	CSAC	MD	NP	PA	APPCNS
<b>Cabarrus</b>	18	8	3	4	3	19	1	2	0
<b>Davidson</b>	1	2	0	1	0	8	0	0	0
<b>Rowan</b>	4	4	6	12	0	6	1	0	1
<b>Stanly</b>	3	3	0	8	1	2	2	0	0
<b>Union</b>	7	1	0	4	3	4	0	0	0
<b>Total in Catchment Area</b>	<b>33</b>	<b>18</b>	<b>9</b>	<b>29</b>	<b>7</b>	<b>39</b>	<b>4</b>	<b>2</b>	<b>1</b>
<b>Total Outside PBH Catchment Area</b>	37	7	2	9	2	24	7	4	0
<b>Grand Total</b>	<b>70</b>	<b>25</b>	<b>11</b>	<b>38</b>	<b>9</b>	<b>63</b>	<b>11</b>	<b>6</b>	<b>1</b>

**INNOVATIONS Service Providers:**

Of the 258 Contracted providers in PBH’s Network, 59 provide Innovations Waiver Services. Approximately half of the Innovations Providers have physical sites inside the PBH catchment area. Given that the majority of Innovations Services are not office based, access to these services is not based on the physical site of the provider. It should be noted, however; that many Innovations Service Providers operated multiple sites within our catchment area.

<b>County served by Provider</b>	<b>Innovations Providers</b>	<b>Additional sites</b>
<b>Cabarrus</b>	10	22
<b>Davidson</b>	4	12
<b>Rowan</b>	4	17
<b>Stanly</b>	3	18
<b>Union</b>	6	14
<b>Total Innovations Providers in Catchment Area</b>	<b>27</b>	<b>83</b>
<b>Innovations Providers Outside PBH Catchment Area</b>	<b>32</b>	<b>31</b>
<b>Total Innovations Providers</b>	<b>59</b>	<b>114</b>

**B3 Service Providers:**

B3 Services were provided by 45 of our contracted providers during 2008. During CY 2008 the majority of B3 Service Providers were Innovations Providers.

<b>County served by Provider</b>	<b>B3 Providers</b>	<b>Additional sites</b>
<b>Cabarrus</b>	7	1
<b>Davidson</b>	4	3
<b>Rowan</b>	2	3
<b>Stanly</b>	3	1
<b>Union</b>	4	3
<b>Total B3 Providers in Catchment Area</b>	<b>20</b>	<b>11</b>
<b>B3 Providers Outside PBH Catchment Area</b>	<b>25</b>	<b>3</b>
<b>Total B3 Providers</b>	<b>45</b>	<b>14</b>

**Residential Services:**

During CY 2008 102 of PBH’s contract providers provided residential services to our consumers at over 346 sites (340 Agency based and 6 State Facilities). Approximately 179 of those sites were located inside the PBH catchment area. Of the contracted residential providers, 22 provide Intermediate Care Facility (ICF) level of care at approximately 87 sites. This includes the 3 State operated Developmental Centers (1454 total beds) and the 3 State operated Neuro-Medical Treatment Facilities (713 total beds). PBH is assigned to the Developmental Center and Neuro-Medical Treatment Facility for the Western Region. We have a limited number of consumers that are located in Developmental Centers and Neuro-Medical Treatment Facilities in the Central and Eastern regions.

**Intermediate Care Facilities (ICF)**

County served by Provider	Agencies	Additional sites	Total Agency Based Residential Sites	State Developmental Centers	State Developmental Center Beds	Number of PBH Consumers served at State Developmental Centers	State Neuro-Medical Treatment Facilities	State Neuro-Medical Treatment Facility Beds	Number of PBH Consumers Served at State Neuro-Medical Treatment Facilities	Contracted ICF Providers	Total ICF Sites	.2100 beds
<b>Cabarrus</b>	19	40	59	0	0	0	0	0	0	2	5	134
<b>Davidson</b>	10	14	24	0	0	0	0	0	0	1	1	0
<b>Rowan</b>	10	25	35	0	0	0	0	0	0	2	2	0
<b>Stanly</b>	7	27	34	0	0	0	0	0	0	2	2	0
<b>Union</b>	7	20	27	0	0	0	0	0	0	0	1	0
<b>Total in Catchment Area</b>	<b>53</b>	<b>126</b>	<b>179</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>11</b>	<b>134</b>
<b>Total Outside PBH Catchment Area</b>	49	118	167	3	1454	38	3	713	43	15	76	186
<b>Grand Total</b>	<b>102</b>	<b>244</b>	<b>346</b>	<b>3</b>	<b>1454</b>	<b>38</b>	<b>3</b>	<b>713</b>	<b>31</b>	<b>22</b>	<b>87</b>	<b>320</b>

.2100 – Specialized Community Residential Center

PBH contracts for 320 Specialized Community Residential Center beds (long term ICFs providing integrated medical services and close supervision for up to 30 consumers) for individuals with Developmental Disabilities.

*It should be noted that Intermediate Care Facility (ICF) capacity is determined by a statewide Certificate of Need (CON) process. PBH contracts as needs are identified and beds are available.*

\* Please see North Carolina 2008 State Medical Facilities Plan

**Residential Services: (Continued)**

Child Mental Health - PBH currently has 663 Therapeutic Foster Care beds (family and facility based combined), 184 Residential Treatment High Facility beds, 15 Residential Treatment Secure Facility beds, and 385 Psychiatric Residential Treatment facility beds for children and adolescents under contract. PBH has excess capacity within our catchment area for Level II and Level III beds. Currently there are no Level IV or PRTF beds located in our catchment area. PBH has large number of beds under contract because of the high demand for these services statewide and our limited ability to access these when needed. Additionally, there is a shortage of Level IV beds statewide.

**Child MH Residential**

County served by Provider	Total Res II Beds	.1700 beds	Res IV	PRTF beds
<b>Cabarrus</b>	94	30	0	0
<b>Davidson</b>	46	12	0	0
<b>Rowan</b>	17	71	0	0
<b>Stanly</b>	0	12	0	0
<b>Union</b>	14	4	0	0
<b>Total in Catchment Area</b>	<b>171</b>	<b>129</b>	<b>0</b>	<b>0</b>
<b>Total Outside PBH Catchment Area</b>	492	55	15	385
<b>Grand Total</b>	<b>663</b>	<b>184</b>	<b>15</b>	<b>385</b>
<b>Total Available Bed Days</b>	241,995	67,160	5,475	140,525
<b>Actual Bed Days Used</b>	24,088	19,845	366	10,325
<b>Total Consumers Served</b>	139	168	1	67
<b>Average Consumers Served/ Bed Used Per Day</b>	66	54	1	28
<b>% of Utilization</b>	9.95%	29.55%	6.68%	7.35%

**Res II** – Residential Treatment Level II, Therapeutic Foster Care  
**.1700** – Residential Treatment Level III, Group Home

**Res IV** – Residential Treatment Level IV, Secure Group Home  
**PRTF** – Psychiatric Residential Treatment Facility

State Funded Residential Services - PBH contracts for 41 adult mental health group home beds, 18 child developmental disability group home beds, 873 adult developmental disability group home beds, 18 substance abuse halfway house beds, and 9 licensed alternative family living beds. PBH also contracts for 48 supervised living apartments for adults with developmental disabilities and 53 supervised living apartments for adults with mental illness. These are optional state funded services that are contracted for on an “as-funds-are-available” basis. The Mental Health and Developmental Disability group homes are long-term placements. The substance abuse halfway house beds are medium term (3 to 12 months) and support consumers in maintaining abstinence and transitioning to independence.

**State Funded Residential Services**

<b>County served by Provider</b>	<b>.5600A beds</b>	<b>.5600B beds</b>	<b>.5600C beds</b>	<b>.5600D beds</b>	<b>.5600E beds</b>	<b>.5600F beds (AFL)</b>	<b>Supervised Living MR 1 resident</b>	<b>Apartments</b>
<b>Cabarrus</b>	12	0	83	0	8	0	19	19
<b>Davidson</b>	0	0	57	0	0	0	6	10
<b>Rowan</b>	0	0	109	0	0	3	4	10
<b>Stanly</b>	6	6	108	0	0	0	8	13
<b>Union</b>	12	0	55	0	10	0	1	0
<b>Total in Catchment Area</b>	<b>30</b>	<b>6</b>	<b>412</b>	<b>0</b>	<b>18</b>	<b>3</b>	<b>38</b>	<b>52</b>
<b>Total Outside PBH Catchment Area</b>	11	12	461	0	0	6	10	1
<b>Grand Total</b>	<b>41</b>	<b>18</b>	<b>873</b>	<b>0</b>	<b>18</b>	<b>9</b>	<b>48</b>	<b>53</b>

**Supervised Living/Group Homes:**

- .5600A-Adult Mental Illness (MI)
- .5600B-Child Developmental Disability (DD)
- .5600C-Adult DD

- .5600D-Child Substance Abuse (SA)
- .5600E-Adult SA (Halfway House)
- .5600F-Alternative Family Living

**The Waiting List for Developmental Disabilities Services:**

The primary source of funding for services for people with developmental disabilities is Medicaid waiver funding. During Calendar Year 2008, PBH had 585 individuals that were served through the Innovations Waiver. There were 368 consumers waiting for Innovations funding.

**Cabarrus County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Awaiting_Innovations	74	24			98

**Davidson County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Awaiting_Innovations	52	11			63

**Rowan County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Awaiting_Innovations	29	15			44

**Stanly County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Awaiting_Innovations	22	10			32

**Union County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Awaiting_Innovations	78	32	1		111

**Reside Out of Catchment Area**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Awaiting_Innovations	13	5	1		19

State funding for individuals with developmental disabilities is primarily needed for housing because housing is not paid for by Medicaid funds. PBH has 123 people waiting for funding for residential care and housing.

**Cabarrus County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Total Residential	15	15	2	2	34

**Davidson County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Total Residential	8	9	1	1	19

**Rowan County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Total Residential	6	18	0	1	25

**Stanly County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Total Residential	0	8	0	2	10

**Union County**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Total Residential	14	9	0	2	25

**Reside Out of Catchment Area**

Service	Available	Not Available	Placed	Under Review	Total (Distinct Count)
Total Residential	4	6	0	0	10

During the 2009-2010 Fiscal Year PBH will begin collecting data on people waiting for non-Medicaid/non-emergency services across all disability groups.

## **Inpatient Care:**

PBH contracts for multiple levels of inpatient care for both substance abuse and mental health issue. Currently PBH contracts with one out of catchment area programs for social setting detoxification services (44 beds total), one out of area Non-hospital medical detoxification program (16), and 1 (18 beds) in catchment area and 3 (88 beds) out of catchment area residential substance abuse treatment providers. These services are in great demand and accessibility is often times a problem. PBH currently contracts for 16 facility based crisis/detox beds in catchment area that can provide services to mental health and substance abuse consumers. All 16 of these beds are reserved for PBH consumers. PBH is in the process of developing 2 additional facility based crisis/detox facilities as well as residential crisis services for persons with developmental disabilities. PBH also has a contract with the State's Julian Keith Alcohol and Drug Abuse Treatment Center which has 80 beds operational; however, access to these beds is very limited, and actual utilization is minimal.

PBH contracts with local hospitals for acute inpatient psychiatric services. PBH currently has eight (8) hospitals under contract and is actively working with several other hospitals/hospital systems to facilitate the contract process. PBH also works with over 29 additional non-contracted/out-of-network acute psychiatric inpatient hospital bed providers to insure consumers have access emergency care. Arrangements are made on an as needed basis due to presentation of Medicaid funded consumers in out of network hospitals across the state. Of the eight (8) contract hospitals, three (3) are located inside and five (5) are located outside of PBH's catchment area. Currently, 302 acute psychiatric beds are under contract to PBH and broken down as follows: 18 gero-psychiatry beds, 134 adult psychiatry beds, and 150 adolescent psychiatry beds. *However, only 32 Adult Psychiatry beds are located in the PBH catchment area.* There is intense demand for adult psychiatry beds, and even with this number of hospitals under contract, PBH routinely has difficulty placing individuals needing adult acute inpatient care. Child psychiatry beds, except for those contracted with Old Vineyard and Holly Hill, tend to be negotiated on a case by case basis through Provider Payment Agreements or are facilitated as emergency services. It should also be noted that 6 of the 8 hospitals are contracted for both PBH Medicaid and State Funded admissions: the capacity of these contracts include 10 gero-psychiatry beds, 56 adult psychiatry beds, and 98 adolescent psychiatry beds; availability of beds is limited due to limited vacancies. State funded contracts allow uninsured/state funded consumers from our catchment area the same benefit as that for Medicaid consumers of being hospitalized locally if the need should arise. This has allowed PBH to significantly reduce our utilization of the state psychiatric facilities.

(See charts on next 2 pages)

### Contract and State Facilities

County served by Provider	SS Detox beds	NHM Detox beds	Residential SA Tx	State Alcohol and Drug Abuse Treatment Centers*	State ADATC Beds	Facility Based Crisis	State Psychiatric Hospitals**	State Psychiatric Hospital Beds	Private Inpatient Hospitals	Gero beds	Adult beds	Adolescent beds	Child beds
Cabarrus	0	0	0	0	0	16	0	0	1	10	0	0	0
Davidson	0	0	18	0	0	0	0	0	0	0	0	0	0
Rowan	0	0	0	0	0	0	0	0	1	0	20	0	0
Stanly	0	0	0	0	0	0	0	0	1	0	12	0	0
Union	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total in Catchment Area</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>10</b>	<b>32</b>	<b>0</b>	<b>0</b>
<b>Total Outside PBH Catchment Area</b>	<b>44</b>	<b>16</b>	<b>88</b>	<b>1</b>	<b>80</b>	<b>0</b>	<b>2</b>	<b>620</b>	<b>5</b>	<b>10</b>	<b>130</b>	<b>193</b>	<b>0</b>
<b>Grand Total</b>	<b>44</b>	<b>16</b>	<b>106</b>	<b>1</b>	<b>80</b>	<b>16</b>	<b>2</b>	<b>620</b>	<b>8</b>	<b>20</b>	<b>162</b>	<b>193</b>	<b>0</b>
<b>Total Bed Available Bed Days</b>	16,060	5,840	38,690		29,200	5,840		226,300		7,300	59,130	70,445	0
<b>Beds Allocated</b>	na	na	na		na	na		20,573		na	na	na	na
<b>Actual Bed Days Used</b>	148	277	3875		649	3,754		18,432		58	2,994	357	0
<b>Total Consumers Served</b>	40	92	131		37	872		497		21	574	34	0
<b>Average Consumers Served/ Bed Used Per Day</b>	0	1	11		2	10		50		0.16	8.20	0.98	0.00
<b>% of Utilization</b>	1%	5%	10%		2%	64%		90%		1%	5%	1%	0%

\* Julian Keith Center

\*\* Broughton State Hospital, Dorothea Dix State Hospital (includes gero, adult, & adolescent beds)

<b>Out-of-Network (non-contract) Inpatient Providers Serving PBH Consumers</b>					
<b>County served by Provider</b>	<b>Private Inpatient Hospitals</b>	<b>Gero beds</b>	<b>Adult beds</b>	<b>Adolescent beds</b>	<b>Child beds</b>
<b>Cabarrus</b>	0	0	0	0	0
<b>Davidson</b>	1	26	0	0	0
<b>Rowan</b>	0	0	0	0	0
<b>Stanly</b>	0	0	0	0	0
<b>Union</b>	0	0	0	0	0
<b>Total in Catchment Area</b>	<b>1</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Outside PBH Catchment Area</b>	28	na	na	na	na
<b>Grand Total</b>	<b>29</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Bed Available Bed Days</b>	na	na	na	na	na
<b>Beds Allocated</b>	na	na	na	na	na
<b>Actual Bed Days Used</b>	2605	86	1673	846	0
<b>Total Consumers Served</b>	309	25	207	77	0
<b>Average Consumers Served/ Bed Used Per Day</b>	7.14	0.24	4.58	2.32	0.00
<b>% of Utilization</b>	na	na	na	na	na

## **Inpatient Care:**

### Issues Regarding Inpatient Psychiatric Care:

1. With a general population of nearly 720,000 PBH is the third largest LME in the state. We are in a region of rapid population growth.
2. As per North Carolina's 2008 State Medical Facilities Plan there are 63 community adult psychiatric beds in our local hospitals, *36 (over 50%) are geriatric only beds*. The proposed State Medical Facilities Plan for 2009 shows that our area has a surplus of 5 adult inpatient psychiatric beds. Although the need projection formula certainly includes geriatric need, we believe the formula does not recognize the "set aside" of beds for geriatric only care. In reality, we have only 27 acute psychiatric beds available. *Our area is significantly under-resourced for adult acute psychiatric hospitalization*. Hospital bed availability is determined by the NC State Health Coordinating Council.
3. Additionally, the State Medical Facilities Plan does not report the utilization rates for the current psychiatric bed inventory; however it has been our experience that some hospitals do not staff for full capacity for the beds that are active.
4. The State Medical Facilities Plan shows 5 child adolescent beds and a need for 5. However, the five beds showing on the inventory are not active (in fact, these have been converted to adult beds); therefore using the state formula we have a net need of 10 child adolescent beds.

During 2008, PBH also had access to State Psychiatric Hospital beds at Broughton Hospital and Dorothea Dix Hospital. These facilities have a total of 620 beds and provide geriatric, adult, and adolescent inpatient psychiatric services. Davidson County was assigned to Dorothea Dix Hospital until July 2008 when this designation changed to Broughton Hospital. The other four counties have been assigned to Broughton Hospital. Even though PBH under utilizes our state allocation of psychiatric inpatient beds, we have great difficulty accessing placement for consumers in the state hospitals. This often involves consumers waiting in emergency departments at community hospitals until beds are available.

During 2008-2009, PBH admissions per 1,000 to state psychiatric hospitals were well below the state average; in fact we are ranked 22 out of 24 LMEs (1 is the highest, 24 is the lowest rate). In addition, PBH only used 87% of our allocated bed days at the state psychiatric hospitals in 2008-2009.

**DMH/DD/SAS - State Operated Healthcare Facilities  
State Psychiatric Hospital Admissions Per Capita  
Period of 7/1/08 to 6/30/09**

LME	Adult Acute	Ages 5-12	Ages 13-18	Gero	Other **	Total ADM*	% of All ADM	Ave ADM per Month <sup>1</sup>	Population (2008)	Rate per thousand	State Ave. (07/08) per thousand	Utilization Rank per capita (1-24) <sup>2</sup>
ACR	315	6	25	8	18	372	4%	31	264,621	1.406	0.93	4
Albemarle-Tide	93	3	22	11	5	134	2%	11	182,541	0.734	0.93	18
Beacon Center	282	3	46	15	36	382	4%	32	248,084	1.540	0.93	3
Mental Health Partners	144					187	2%	16	247,420	0.756	0.93	16
CenterPoint	486	3	26	7	42	564	6%	47	438,266	1.287	0.93	6
Crossroads	179	5	20	6	21	231	3%	19	270,755	0.853	0.93	15
Cumberland	209	5	33	6	35	288	3%	24	319,883	0.900	0.93	14
Durham	388	12	71	8	39	518	6%	43	267,492	1.937	0.93	1
ECBHS	170	1	48	11	25	255	3%	21	404,274	0.631	0.93	21
Eastpointe	284	4	60	34	23	405	5%	34	294,211	1.377	0.93	5
Five County	242	1	20	11	18	292	3%	24	234,180	1.247	0.93	7
Guilford	398	1	36	8	50	493	6%	41	476,831	1.034	0.93	9
Johnston	116	2	22	8	10	158	2%	13	168,825	0.936	0.93	12
Mecklenburg	219	2	46	1	40	308	4%	26	894,219	0.344	0.93	23
OCBHS	125	5	17	5	15	167	2%	14	242,062	0.690	0.93	19
OPC	167	2	32	8	16	225	3%	19	231,244	0.973	0.93	11
Pathways	47	0	18	8	15	88	1%	7	384,960	0.229	0.93	24
Piedmont	247	2	39	10	30	328	4%	27	739,735	0.443	0.93	22
Sandhills	248	1	48	14	41	352	4%	29	547,102	0.643	0.93	20
Smoky Mountain	363	5	60	8	49	485	6%	40	522,576	0.928	0.93	13
Southeastern Ctr	274	5	39	22	30	370	4%	31	355,050	1.042	0.93	8
Southeastern Reg	122	0	34	15	20	191	2%	16	256,296	0.745	0.93	17
Wake	1232	6	103	33	91	1465	17%	122	900,342	1.627	0.93	2
Western Highlands	407	7	43	7	44	508	6%	42	507,121	1.002	0.93	10
<b>Totals</b>	<b>6757</b>	<b>82</b>	<b>927</b>	<b>272</b>	<b>728</b>	<b>8766</b>	<b>100%</b>	<b>731</b>	<b>9,398,090</b>	<b>0.933</b>	<b>0.93</b>	

\*\*Includes Medical, Research, Pretrial, Deaf and Forensic Service Categories

1 =Highlighted LMEs have more than 50 admissions per month

2 =Highlighted LMEs have utilization higher than the state average

<u>LME</u>	<u>Utilization of State Per Capita Allocation of Bed Days for 2008-2009</u>
OCBHS	58.63%
SER	65.09%
Mecklenburg	69.13%
OPC	69.27%
Johnston	72.83%
ECBHS	76.26%
ALB/Tideland	77.96%
Sandhills	79.55%
SEC	84.05%
Piedmont	86.93%
Pathways	87.07%
Guilford	92.26%
Crossroads	94.52%
ACR	98.31%
CenterPoint	100.62%
Beacon Center	104.90%
Cumberland	105.54%
Eastpointe	114.68%
Wake	116.74%
Five County	124.98%
Durham	157.72%
Mental Health Partners	162.54%
Smoky Mountain	172.77%
Western Highlands	196.93%

### **Specialty Care Providers:**

Child Day Treatment: During CY 2008 PBH had 10 Day Treatment service providers under contract. Of those providers, 5 were physically located inside PBH's catchment area. Those providers outside of our catchment area have been enrolled to meet the needs of individual consumers living in other parts of the state.

Methadone Treatment: PBH contracted with 2 methadone treatment providers, one with 2 physical locations inside PBH's catchment area. Each provider has a physical location outside of our catchment area

Substance Abuse SAIOP: PBH had one contracted provider of Substance Abuse Intensive Outpatient Program (SAIOP) services. We are currently working with providers in the Network to expand the availability of SAIOP services.



County served by Provider	Day Treatment	Opioid Treatment	Additional Opioid Treatment Sites*	SACOT	SAIOP	Additional SAIOP Sites
Cabarrus	2	1	0	1	1	0
Davidson	1	1	0	0	0	2
Rowan	1	0	0	0	0	1
Stanly	0	0	0	0	0	1
Union	1	0	1	0	0	1
<b>Total in Catchment Area</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>
<b>Total Outside PBH Catchment Area</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>5</b>

\*Total of 4 Opioid Treatment sites operated by 2 contract agencies.

SACOT – Substance Abuse Comprehensive Outpatient Treatment

SAIOP – Substance Abuse Intensive Outpatient

Intensive In-Home Team Capacity Calendar Year 2009							
Provider	# teams	Annual Capacity	Cabarrus	Davidson	Rowan	Stanly	Union
CSSI	1	16	X		X		X
Monarch	2	32	X		X	X	
Excel	3	24	X	X			X
Family Svcs Davidson**	1	16		X			
RHA MAJORS team**	1	16	X	X	X	X	X
	8	104					
** New team for 2009							

Actual Utilization to Capacity							Projected to Capacity		
Service Type	Actual Utilization			2008 Target	Difference	Capacity*		2009 Projection	Capacity
	Consumers Served	Units of Service	Standard Hours			Beds	Bed Days/std hours/consumers		
<b>Outpatient</b>	<b>17,625</b>	<b>646,815</b>	<b>262,810</b>	<b>285,544</b>	<b>(22,734)</b>		<b>329,888</b>	<b>289,091</b> 10% increase over 2008 actual std hours	Adequate
Adult	12,826	601,182	228,767	243,323	(14,556)				
Child	4,799	45,633	34,043	42,221	(8,178)				
<b>Inpatient (per diem) Community Beds</b>	<b>593</b>	<b>3,342</b>		<b>10,313</b>	<b>(538)</b>	<b>28</b>	<b>10,220</b>	<b>10,313</b>	<b>Additional capacity is needed in catchment area, but, not available due to limit on acute psychiatric beds per State Medical Facilities Plan (CON)</b>
Adult (bed days) - in and out of catchment area	1,074	7,033		7,179	(146)	162	59,130		
Child (bed days) - in and out of catchment area	217	2,742		3,134	(392)	193	70,445		
<b>Child Residential (per diem)</b>	<b>422</b>	<b>54,674</b>		<b>51,762</b>	<b>(8,375)</b>	<b>1,247</b>	<b>455,155</b>		
Therapeutic Foster Care	160	24,034		25,022	(988)	663	241,995	25,236 5% increase over 2008 actual	Adequate
Residential Tx Level III	169	19,260		26,674	(7,414)	184	67,160	19,260 maintain current level of availability	Adequate
Residential Tx Level IV	22	1,102		23	(1)	15	5,475	30 (move 8 children for PRTF to level IV)	<b>Need additional capacity, there is a significant shortage of Level IV beds statewide.</b>
PRTF	71	10,278		43	28	385	140,525	53 Reduce utilization by .25%	<b>Need to develop Level IV capacity to reduce use of PRTF.</b>



Actual Utilization to Capacity							Projected to Capacity		
Service Type	Actual Utilization			2008 Target	Difference	Capacity*		2009 Projection	Capacity
	Consumers Served	Units of Service	Standard Hours			Beds	Bed Days/std hours/consumers		
SAIOP**	195	3,219		66	129		240	234 20% increase	Additional capacity is under development, however, is limited by availability of state funds.
Day Treatment (per diem)	82	26,354		87	(5)		53,750	87 6% increase	Continue to study need for additional capacity
Multi-systemic Therapy ***	163	46,845	11,711	86	77		163	170 5% increase	Adequate
Intensive In-home Services ****	100	2,483		118	(18)		100	120 20% increase	Continue to add capacity as needed

- \* Inpatient, Child Residential, Social Setting Detox, and Residential SA Tx are in total bed days per year (#beds x 365 days = capacity)
- \*\* SAIOP capacity is based on 1 QP (12:1 ratio for consumers) and treatment session lasting 12 weeks (5 programs x 12 consumers x 4 sessions)
- \*\*\* Day Treatment is based on the potential students/consumers by the number of possible school days
- \*\*\*\* MST and Intensive Home capacity is the number of consumers that are estimated to be able to be served.

## PBH Network Development Plan

Although we received additional funds this past year that were targeted for crisis services, the loss of \$3.6 million dollars in flexible state funding has had a major impact on availability of services this past year and on our capacity for service development for 2008-2009. We hope to recover the lost state funding for 2008-2009; however this is not certain and is not reflected in the strategies outlined below. Most of the new initiatives planned for this fiscal year will be funded with Medicaid funds or with funds from future savings from decreased use of state hospitals (based on use of community alternatives identified below). Our ability to implement our Substance Abuse Plan and to increase housing options for all disabilities is severely limited by the loss of \$3.6 million state dollars because not many adult consumers with substance abuse treatment needs have Medicaid, and Medicaid does not fund housing.

PBH Priorities have been developed through both an analysis of network utilization and capacity. Additionally, these priorities are consistent with the vision of our network as defined in our Local Business Plan 2007-2010.

1. The development of a substance abuse continuum of care for both children and adults.
2. Expansion of our crisis system both in availability and specialization of services.
3. Decrease in the utilization of the state hospitals.
4. Reduce recidivism and increase community based alternatives to psychiatric inpatient treatment.
5. Increased access to psychiatric care through development of a primary care co-location model.
6. Increase choice of providers for outpatient services.
7. Reduce the DD waiting list.
8. Decrease out of home placements for children by developing community based treatment models for children.
9. Increased access to higher levels of residential care for identified children.

As indicated below, providers have been identified from within the PBH network that will expand their current capacity to meet the priorities for CY 2009. In all instances this builds on their current expertise in service provision. This takes into account both gaps in services and the development of services to address the network development priorities delineated above.

Priority	Program	Description
SA Continuum	Substance Abuse: Intensive Outpatient Treatment programs for adults.	We are working with RHA to develop at least one additional IOP program during calendar year 2009. We have identified funding (state) for two programs for this coming year.
Decrease utilization of state hospitals. Reduce recidivism for all psychiatric hospitals.	Bridger Program	Bridger programs assist consumers that are leaving psychiatric hospitals and returning to the community. These services are provided by trained Peer Specialists. The Peer Specialists make sure that consumers are linked to treatment, and assist them in taking the steps necessary to achieve recovery and to prevent re-hospitalization. This program is needed because PBH is finding that many consumers are "falling through the cracks".... They are

Priority	Program	Description
		<p>not getting into treatment or services quickly enough after they are discharged from the hospital.</p> <p>We are working with the Mental Health Association to develop this program. The Mental Health Association will be building on the Peer Specialist capacity associated with their psychosocial clubhouses.</p>
Increase access to psychiatric services.	Psychiatry Services	<p>In CY 2008 we provided start up and ongoing support (CY 2009) for the addition of psychiatry services at Family Services of Davidson (two days/month of adult services and one day per week of children's psychiatry). Family Services of Davidson provides this service to Medicaid consumers only.</p> <p>The legislature appropriated funds for one psychiatrist for each Crisis region, so we will be adding a psychiatrist to the Advanced Access program operated by DAYMARK Recovery Services.</p>
SA continuum for adolescents	MAJORS	<p>If CY 2008 we have provided additional funds to the <u>MAJORS</u> initiative to make it financially viable for ongoing operations. MAJORS is a program that targets youth with substance abuse conditions and that have been involved in the legal system. The Program transitioned successfully from DAYMARK to RHA on 9-2-08. RHA will continue to operate this program during CY 2009; however, the program will be negatively affected by proposed State budget cuts.</p>
Reduce need for child residential services; increase community alternatives.	Increase Intensive In Home capacity.	<p>Start up and funding for an additional Intensive In-Home Team located in Davidson County. (Davidson county has been underserved). Intensive In-Home services provide both support and clinical intervention to children and their families. Family Services of Davidson will operate this program.</p>
Increase substance abuse continuum.	Intensive In-home substance abuse	<p>RHA will be developed two additional Intensive In Home Teams that will serve all five counties and that will be targeted for children with substance abuse treatment needs. One team will focus on referrals received through the MAJORS program.</p>
Reduce psychiatric hospitalization by increasing crisis alternatives.  Increase substance abuse continuum.	Additional Facility Based Crisis/Detox Facilities	<p>Additional Crisis Centers for adults with mental health crisis and detoxification treatment needs are being planned for Davidson and Union Counties. These two counties have the highest rates of crisis and inpatient utilization. Neither county has an acute psychiatric unit in their general hospital. The Union County facility is scheduled to be operational late 2009 or early 2010. We are continuing to work on obtaining space in Davidson County. Both locations are in close proximity to community hospitals.</p>
Further develop crisis continuum.	DD Crisis Center	<p>A DD Crisis Center that will serve all five counties will be established. We may have available space in the building we plan to purchase in Davidson County, and if this is the case, the program will be located there.</p>
Reduce state	Residential Services for Serious and Persistently Mentally Ill adults	<p>Add one additional group home for mental health adults that are moving to the community from state hospitals. Albemarle House</p>

Priority	Program	Description
hospital utilization.		is being renovated and will operate as the 2 <sup>nd</sup> Street Group Home. The home is on schedule to open early in CY 2009. This facility will be operated by Monarch.
Increase substance abuse continuum.	Residential Treatment for children with substance abuse conditions.	DAYMARK Recovery Services opened a group homes for adolescents with substance abuse conditions. The home is for boys. The home was awarded to DAYMARK Recovery Services in a state competitive grant. The home is operated in facilities located at the Mills Home for Children in Davidson County. The home opened in August 2008.
Further develop crisis continuum.	DD Consultation Team	Start up funding for an area wide Consultation Team to assist in better meeting the needs of people with co-occurring mental illness and developmental disabilities conditions. We are working with RHA to develop this team.
Increase choice in outpatient services.	Increase in outpatient capacity	Start up funding was awarded to increase outpatient capacity at Monarch locations in Davidson, Rowan, and Stanly counties, particularly, including psychiatry services.
Increase access to mental health treatment in primary care. Increase access to psychiatric care.	Best practice initiative: primary care co-location program	PBH has currently three co-location projects. These projects have a licensed clinician co-located in pediatric offices. We are working with RHA and Cabarrus Family Medicine to create a pilot program that will locate behavioral health services in primary care offices (family practice). This program will offer outpatient treatment to patients served in primary care settings and bring in consumers with mental health and substance abuse conditions to primary care settings to receive medical care. Psychiatric Consultation will be provided to the primary care physicians that are treating people with mental health conditions in these primary care settings. (CCP model)
Increase access to mental health treatment in primary care.	Best practice initiative: primary care co-location program	Locate a licensed clinician, nurse, and psychiatric telemedicine in a federally qualified health center to increase access to mental health care in an underserved area.
Reduce out of home placement of children; ensure appropriate interventions are provided in child residential services.	Children's residential continuum	We plan to develop a system of residential services for children that is more focused, that includes wrap around specialty supports based on clinical indications, and which will provide a more intensive clinical milieu. A team is working on specifying a plan at the present time.
Increase crisis continuum	Develop Crisis Respite Program for children with mental health treatment needs	Continue to locate provider for Crisis Respite b-3 Medicaid service.
Increase access to higher levels of care for child residential services.	Increase access to higher levels of care for residential services for children that require this level of care.	Plan developed for additional Level IV residential service options. Issues include decrease in state funding, cost of operating a level IV home vs. PRTF vs. per diem rate; and small number of Level IV homes statewide.
Reduce the DD waiting list.	Implement additional Innovations waiver slots.	The General Assembly awarded state match that will allow additional slots to be added to the Innovations waiver.

### **Implementation of the Network Development Plan:**



The Network Development Plan has been incorporated into the PBH budget and Plan of Work for 2008-2009. Responsible PBH Departments or Cross Functional Teams are incorporated into the plan as well as accountability at the Senior and Executive management levels. Progress will be monitored through regular reports at the Executive and Board levels of the agency.