



2008 Demographic, Utilization and Network Capacity Study

This Capacity Study utilizes 2007 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 2007 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
total	2500		
average	500	25.82	27.28

The total population for the PBH catchment area for calendar year 2007 was estimated to be 698,674 with 198,457 (28%) between the age of 0 and 18 years and 500,217 (72%) 19 years of age or older. The following chart shows the break down of population by county.

July 2007 Estimates Total Population							
County	Child	% of total	Adult	% of total	Total	% of total	Med-Age
CABARRUS	47,920	29%	116,459	71%	164,379	23.53%	35.74
DAVIDSON	41,148	26%	115,231	74%	156,379	22.38%	38.56
ROWAN	37,030	27%	99,340	73%	136,370	19.52%	37.16
STANLY	15,841	27%	43,325	73%	59,166	8.47%	38.35
UNION	56,518	31%	125,862	69%	182,380	26.10%	34.90
PBH	198,457	28%	500,217	72%	698,674	100%	36.94



A demographic analysis of the population by race, based on 2006 Census estimates for the counties in the PBH catchment area, indicates that Whites make up 78.37%, Blacks 12.35% and Hispanics at 6.93% of the population. All other combined races make up less than 2.35% 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	75.02%	83.21%	76.71%	82.65%	76.90%	78.37%
Black or African American alone	14.20%	9.15%	15.23%	11.47%	11.62%	12.35%
American Indian and Alaska Native alone	0.31%	0.34%	0.29%	0.25%	0.32%	0.31%
Asian alone	1.40%	1.01%	0.91%	1.71%	1.22%	1.19%
Native Hawaiian and Other Pacific Islander alone	0.02%	0.00%	0.01%	0.02%	0.02%	0.01%
Two or more races						
Hispanic or Latino:	8.13%	5.51%	6.08%	3.23%	9.02%	6.93%

When we look at the number of consumers served by race compared to all consumers served, we find that Whites make up 75.57%, Blacks 19.04%, Hispanics are at 1.6% and all other races make up 3.79% 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	73.06%	83.38%	72.61%	80.72%	68.10%	75.57%
Black or African American alone	20.36%	12.15%	22.00%	15.58%	25.54%	19.04%
American Indian and Alaska Native alone	0.39%	0.28%	0.18%	0.15%	0.49%	0.30%
Asian, Pacific Islander	0.59%	0.30%	0.43%	0.41%	0.19%	0.40%
Hispanic or Latino	1.89%	1.18%	1.87%	0.79%	2.08%	1.60%
Other	3.71%	2.72%	2.91%	2.34%	3.61%	3.09%

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 % and females make up 51% 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%	49%	49%	50%	50%	49%
Female:	51%	51%	51%	50%	50%	51%

The most recent published Medicaid Eligibility data from NC DMA at the time of this study was for 2006. The following table shows the break down for Medicaid Eligibility by county and age group for the PBH catchment area. Approximately 115,224 or 16.5% of the population of our catchment area are or were eligible for Medicaid between 2006 and 2007.

2006 Medicaid Eligibles for PBH Catchment Area			
County	<21	21+	Total
CABARRUS	15,976	10,115	26,091
DAVIDSON	16,890	12,684	29,574
ROWAN	15,003	11,436	26,439
STANLY	6,188	4,954	11,142
UNION	14,051	7,927	21,978
PBH	68,108	47,116	115,224

The 2007 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 2008 Prevalence Estimates for NC	2007 Estimated Total Population for PBH Counties	Estimated # of Consumers by Age & Disability Group	2006 Number of Medicaid Eligibles for PBH Catchment Area	Estimated # of Medicaid (Piedmont Cardinal Plan) Consumers by Age & Disability Group
Adult	MH	5.40%	500,217	27,012	47,116	2,544
	DD	0.79%	500,217	3,952	47,116	372
	SA	7.98%	500,217	39,917	47,116	3,760
Child	MH	12.00%	198,457	23,815	68,108	8,173
	DD	3.21%	198,457	6,370	68,108	2,186
	SA	7.24%	198,457	14,368	68,108	4,931
Totals		n/a	698,674	115,434	115,224	21,967

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 115,434 persons or 16.5% of the population within the PBH catchment area have an MH, DD, or SA problem. Of the 115,434 persons with a MH, DD, or SA problem, approximately 21,966 or 19% have Medicaid (PBH Cardinal Plan). Of the 115,434 persons with a MH, DD, or SA problem, approximately 93,468 or 81% are covered by private insurance or qualify for State Funded services.

Of these 93,468 people, the U.S. Census Bureau estimates 15,090 or 16% are uninsured. Please note that this the total estimated number of uninsured persons with a MH, DD, or SA problem.

Populations		SFY 2008 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%	27,012	2,544	24,467	4,019
	DD	0.79%	3,952	372	3,579	588
	SA	7.98%	39,917	3,760	36,157	5,939
Child	MH	12.00%	23,815	8,173	15,642	2,429
	DD	3.21%	6,370	2,186	4,184	650
	SA	7.24%	14,368	4,931	9,437	1,465
Totals		n/a	115,434	21,967	93,468	15,090

DMH sets the performance standard for LMEs annually. The performance standards for PBH during State Fiscal Year (SFY) 08 were as follows:

Populations		SFY 2008 Prevalence Estimates for NC	DHHS SFY 2008 Performance Standard (target % of Prevalence to be served)	DHHS SFY 2008 Performance Standard (number of total population to have been served)
Adult	MH	5.40%	38.00%	10,264
	DD	0.79%	36.00%	1,423
	SA	7.98%	8.00%	3,193
Child	MH	12.00%	38.00%	9,050
	DD	3.21%	19.00%	1,210
	SA	7.24%	7.00%	1,006
Totals		n/a	n/a	26,146

The following chart shows PBH performance against the target. For Adult MH and SA Services, PBH exceeded the States target. For Adult 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	11,144	10,264	880	108.57%
	DD	1,154	1,423	(269)	81.12%
	SA	4,403	3,193	1,210	137.88%
Child	MH	5,350	9,050	(3,700)	59.12%
	DD	398	1,210	(812)	32.88%
	SA	524	1,006	(482)	52.10%
Total		22,973.00	26,146.26	(3,173.26)	87.86%



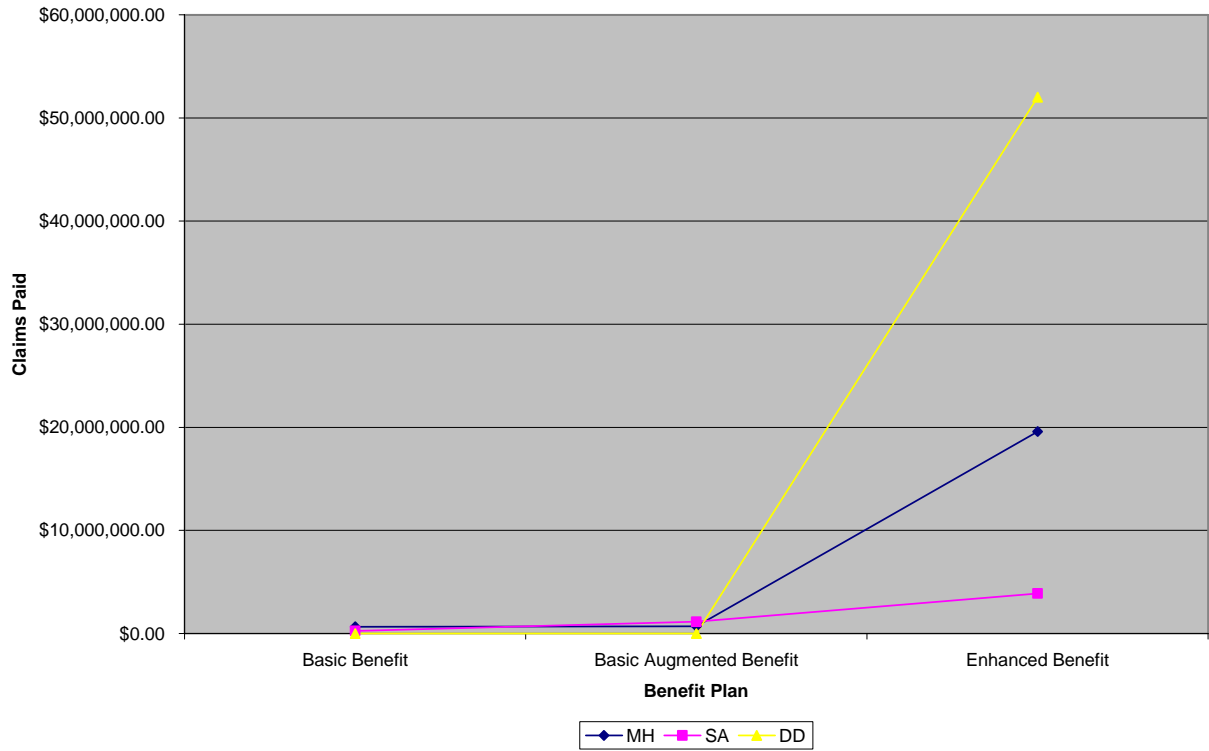
The following chart is a break down of the number of consumers served by Funding Category and Benefit Plan. Please note that this is an unduplicated count with in each discrete category; however, a consumer may have been served under one or more benefit plan.

Medicaid Funded Consumers				
Benefit Plan		Basic	Basic Augmented	Enhanced
Age Group	Dx Group			
Adult	MH	1386	673	3625
	DD	8	8	855
	SA	231	491	588
Child	MH	1736	665	2175
	DD	17	15	315
	SA	88	39	138
State Funded Consumers				
Benefit Plan		Basic	Basic Augmented	Enhanced
Age Group	Dx Group			
Adult	MH	2087	374	6033
	DD	3	1	626
	SA	1183	705	2104
Child	MH	823	162	1620
	DD	7	0	89
	SA	183	44	156

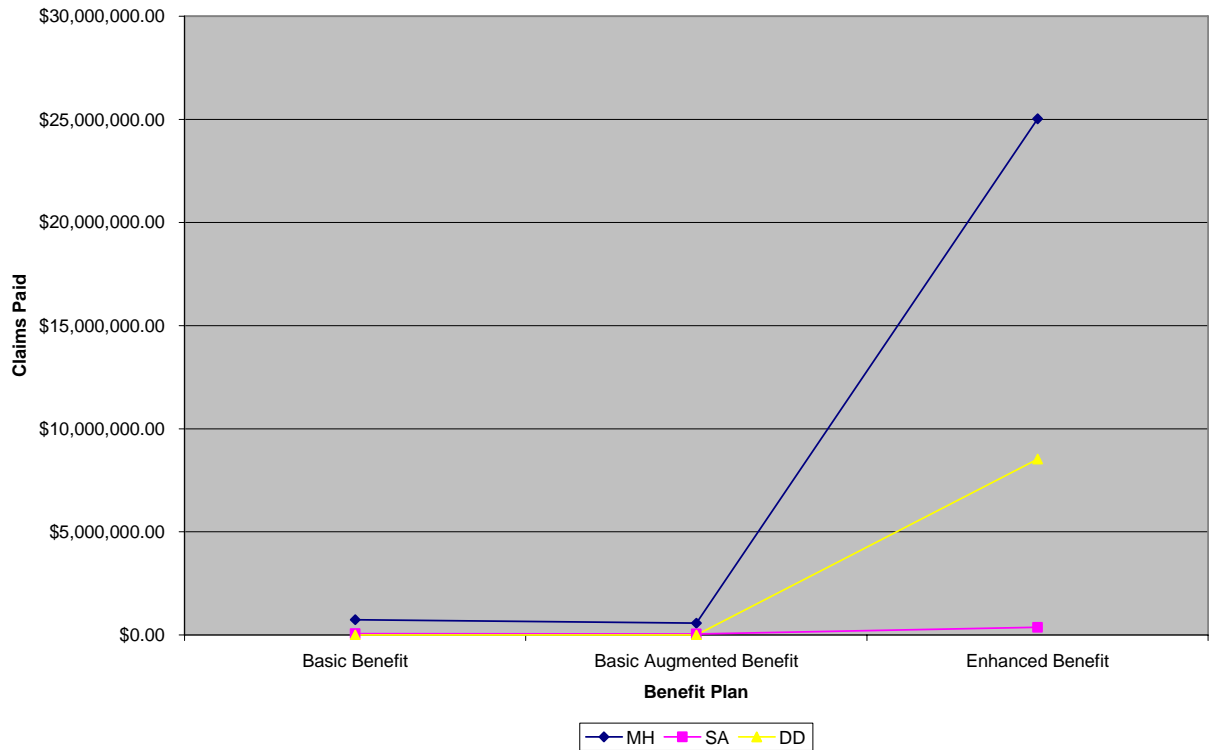
The following chart and graphs are a break down of claims paid for all Funding Categories and Benefit Plans.

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	\$653,161.57	\$710,626.81	\$19,589,429.61	\$20,953,217.99
	SA	\$250,511.98	\$1,153,841.58	\$3,889,270.01	\$5,293,623.57
	DD	\$853.24	\$3,038.62	\$52,010,260.60	\$52,014,152.46
Subtotal		\$904,526.79	\$1,867,507.01	\$75,488,960.23	\$78,260,994.03
Child	MH	\$741,518.62	\$570,966.57	\$25,029,107.03	\$26,341,592.22
	SA	\$64,019.46	\$48,028.27	\$373,311.99	\$485,359.72
	DD	\$3,613.65	\$5,225.49	\$8,533,372.21	\$8,542,211.35
Subtotal		\$809,151.73	\$624,220.33	\$33,935,791.23	\$35,369,163.29
Grand Total		\$1,713,678.52	\$2,491,727.34	\$109,424,751.46	\$113,630,157.32

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



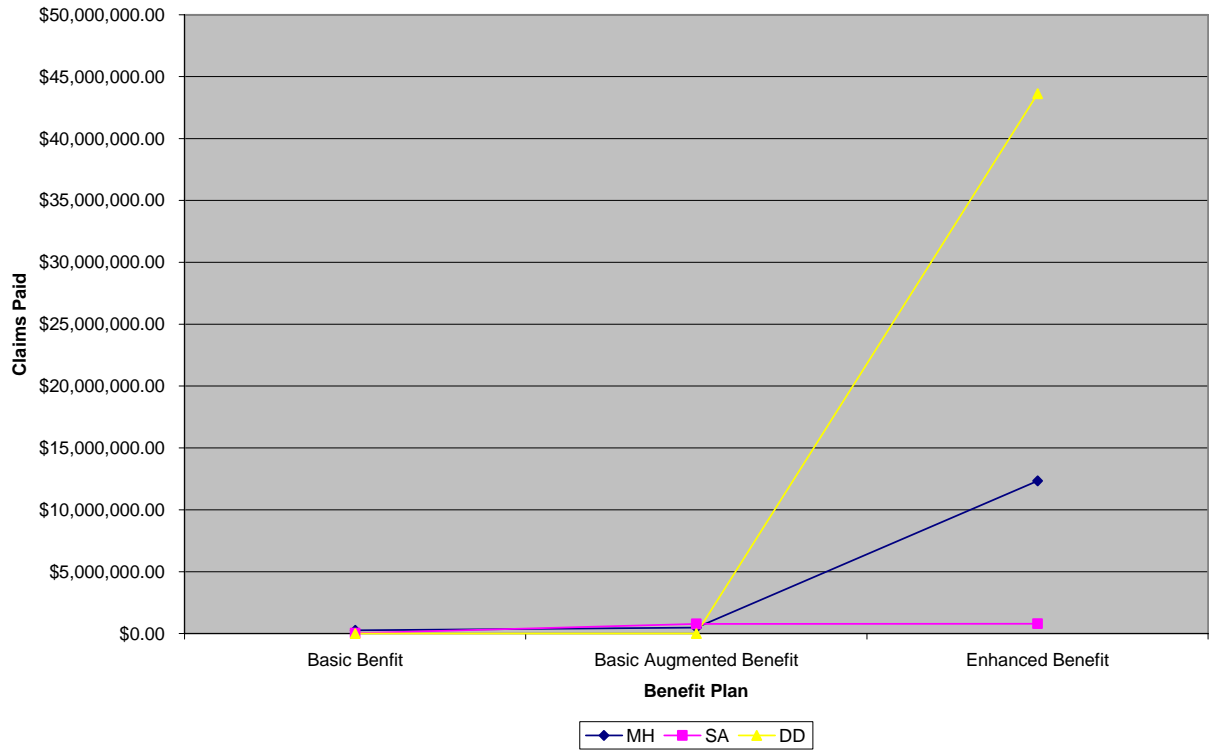
Claims Paid for PBH Child Consumers for All Funding Categories by Benefit Plan



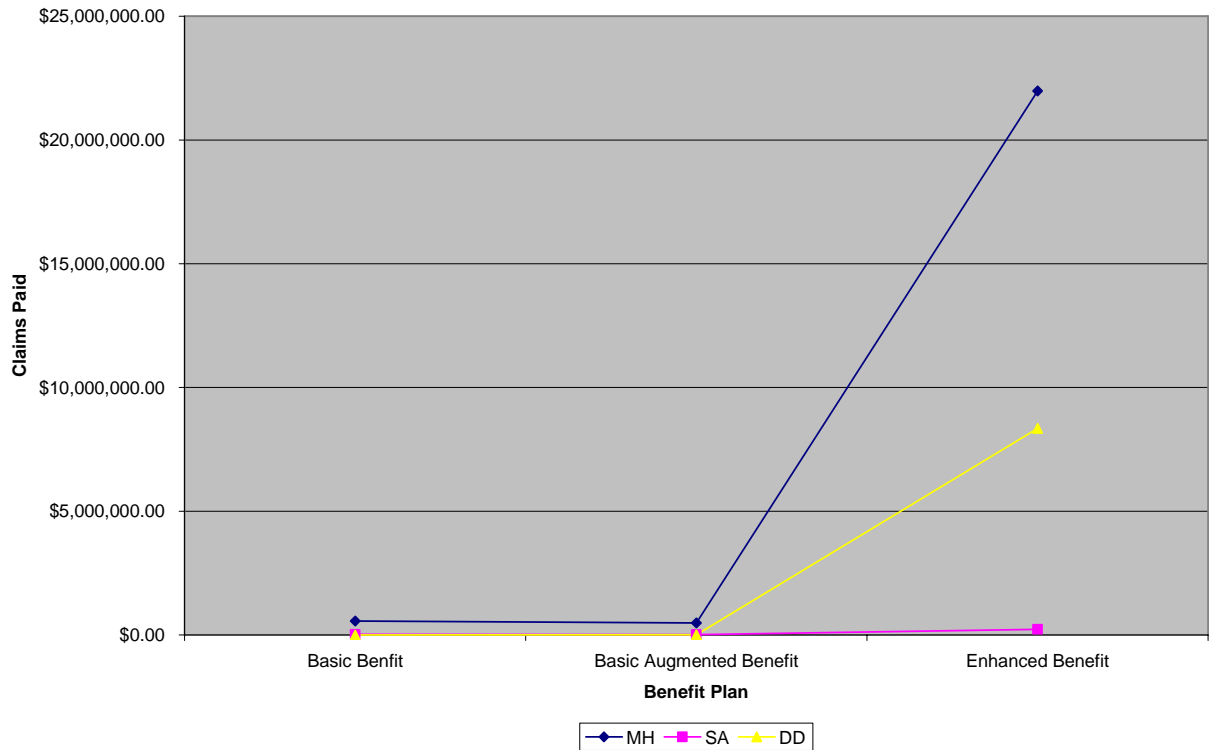
The following chart and graphs are a break down of claims paid for PBH Medicaid and all Benefit Plans.

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	\$262,797.69	\$469,748.86	\$12,338,036.09	\$13,070,582.64
	SA	\$42,736.91	\$775,608.83	\$803,889.40	\$1,622,235.14
	DD	\$509.82	\$2,769.67	\$43,633,084.79	\$43,636,364.28
Subtotal		\$306,044.42	\$1,248,127.36	\$56,775,010.28	\$58,329,182.06
Child	MH	\$562,745.16	\$488,052.33	\$21,983,697.74	\$23,034,495.23
	SA	\$22,276.71	\$20,325.24	\$230,979.31	\$273,581.26
	DD	\$2,492.41	\$5,225.49	\$8,347,300.07	\$8,355,017.97
Subtotal		\$587,514.28	\$513,603.06	\$30,561,977.12	\$31,663,094.46
Grand Total		\$893,558.70	\$1,761,730.42	\$87,336,987.40	\$89,992,276.52

Paid Claims for PBH Adult Medicaid Consumers by Benefit Plan



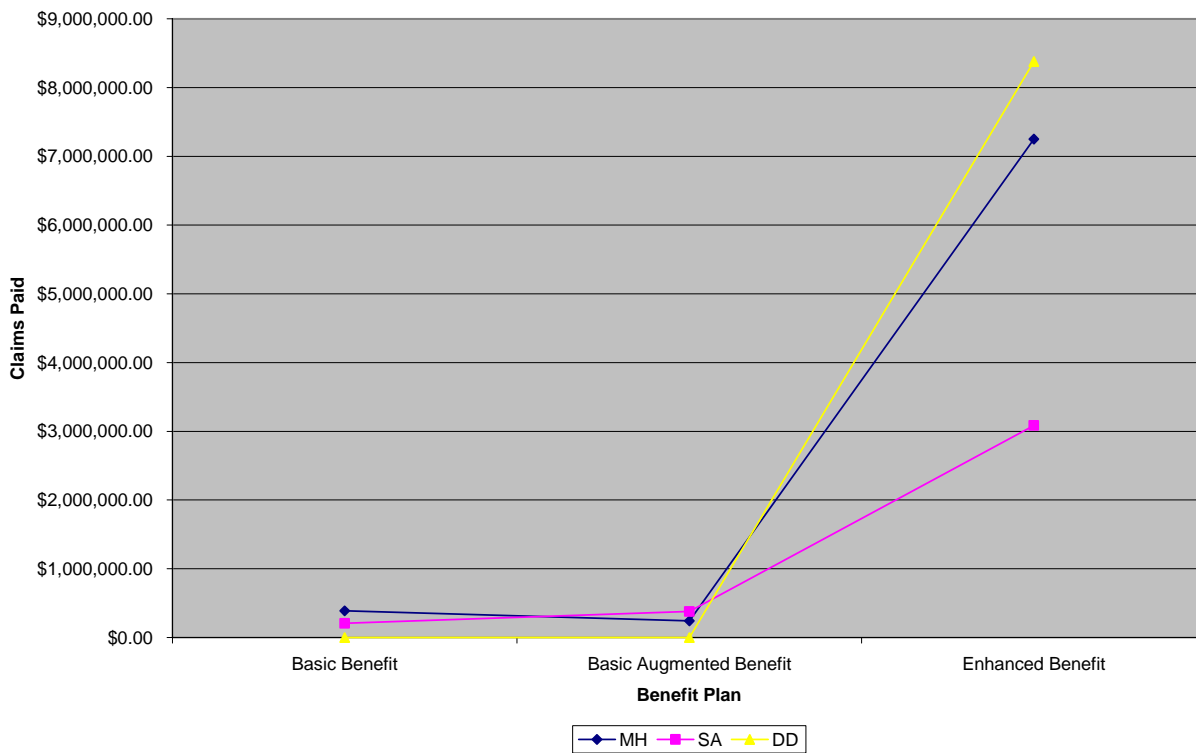
Paid Claims for PBH Child Medicaid Consumers by Benefit Plan



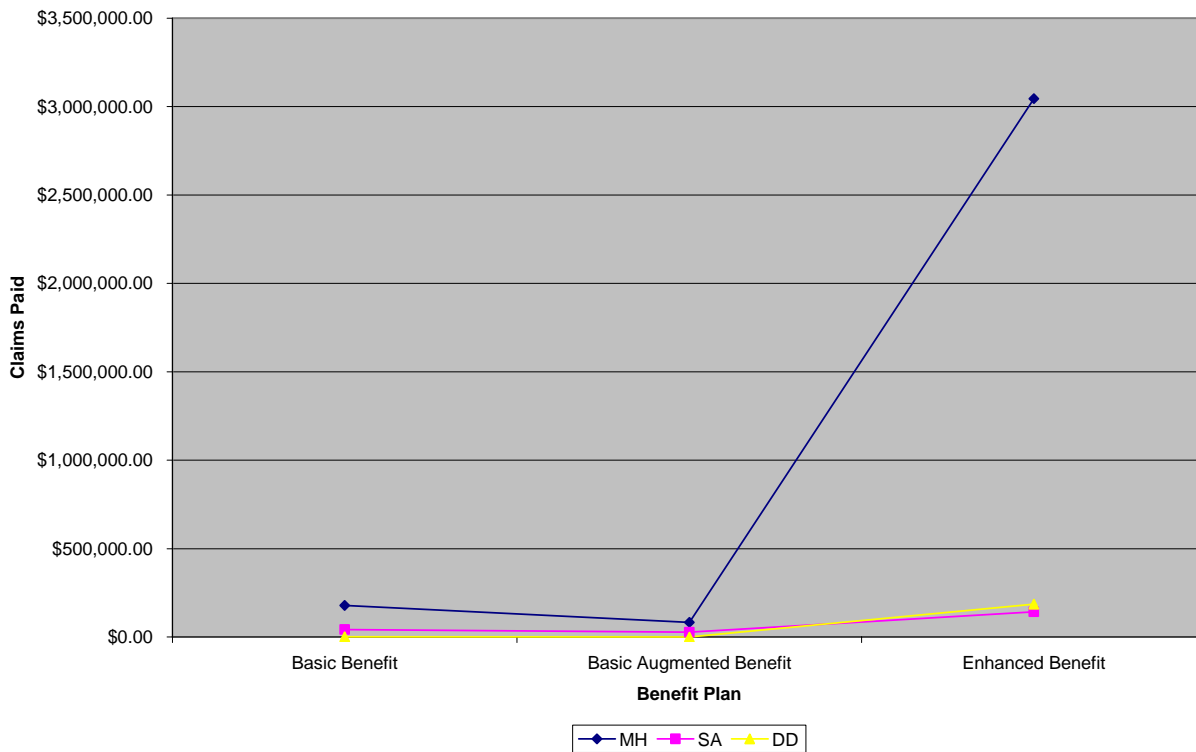
The following chart and graphs are a break down of claims paid for PBH State Funds and all Benefit Plans.

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	\$390,363.88	\$240,877.95	\$7,251,393.52	\$7,882,635.35
	SA	\$207,775.07	\$378,232.75	\$3,085,380.61	\$3,671,388.43
	DD	\$343.42	\$268.95	\$8,377,175.81	\$8,377,788.18
Subtotal		\$598,482.37	\$619,379.65	\$18,713,949.95	\$19,931,811.97
Child	MH	\$178,773.46	\$82,914.24	\$3,045,409.29	\$3,307,096.99
	SA	\$41,742.75	\$27,703.03	\$142,332.68	\$211,778.46
	DD	\$1,121.24	\$0.00	\$186,072.14	\$187,193.38
Subtotal		\$221,637.45	\$110,617.27	\$3,373,814.11	\$3,706,068.83
Grand Total		\$820,119.82	\$729,996.92	\$22,087,764.06	\$23,637,880.80

Claims Paid for PBH Adult State Funded Consumers by Benefit Plan



Claims Paid for PBH Child State Funded Consumers by Benefit Plan

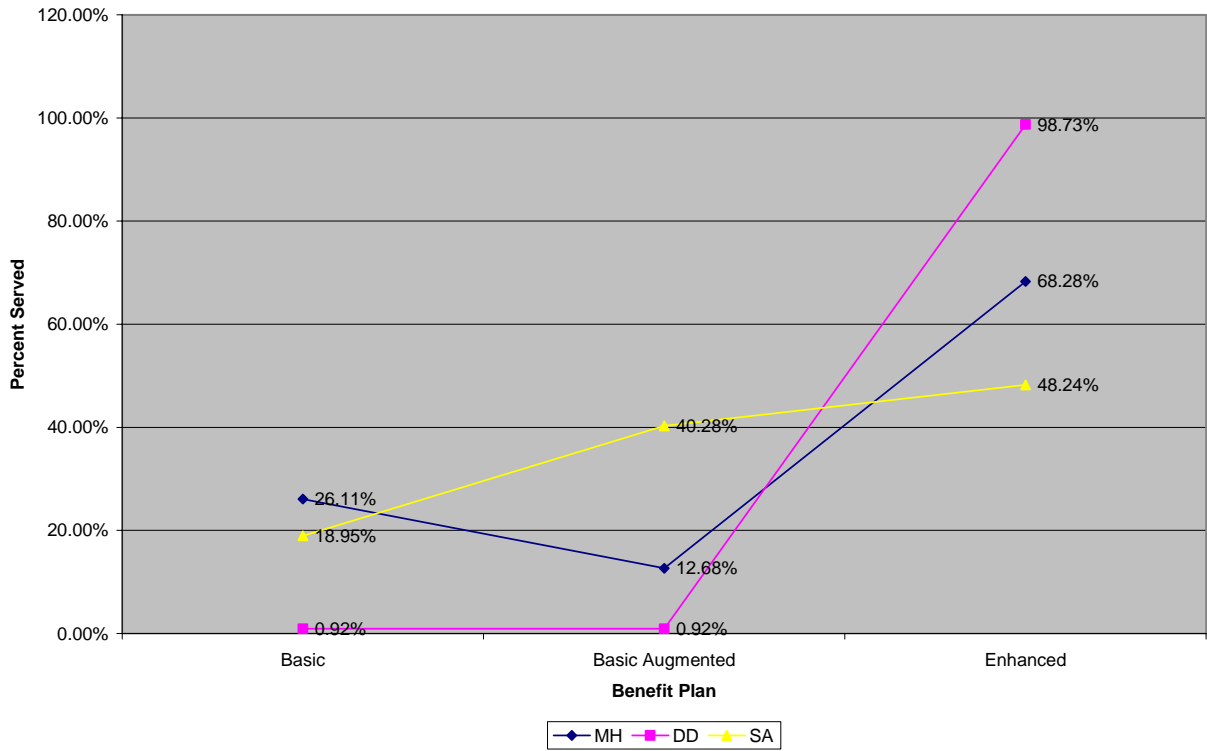


The following chart is a break down of the percentage of consumers served by Funding Category and Benefit Plan. Again, please note that this is an unduplicated count with in each discrete category; however, a consumer may have been served under one or more benefit plan.

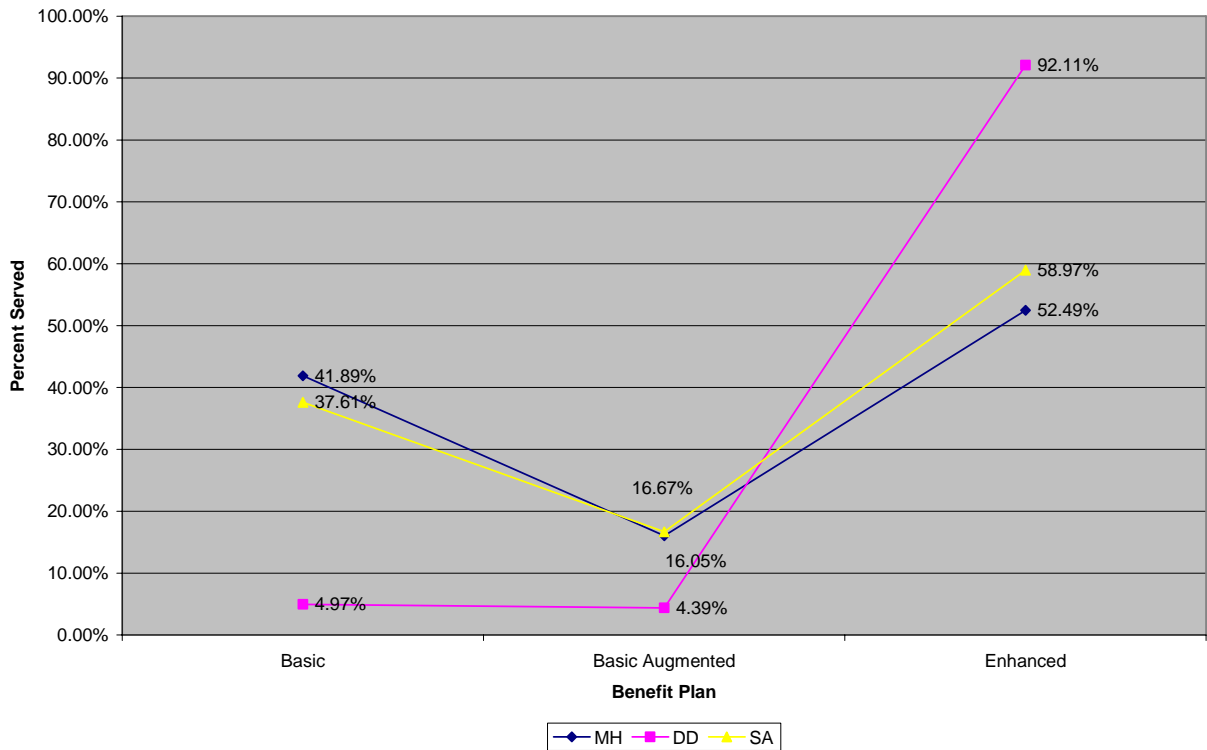
Medicaid Funded Consumers				
Benefit Plan		Basic	Basic Augmented	Enhanced
Age Group	Dx Group			
Adult	MH	26.11%	12.68%	68.28%
	DD	0.92%	0.92%	98.73%
	SA	18.95%	40.28%	48.24%
Child	MH	41.89%	16.05%	52.49%
	DD	4.97%	4.39%	92.11%
	SA	37.61%	16.67%	58.97%
State Funded Consumers				
Benefit Plan		Basic	Basic Augmented	Enhanced
Age Group	Dx Group			
Adult	MH	25.72%	4.61%	74.35%
	DD	0.48%	0.16%	99.37%
	SA	31.96%	19.04%	56.83%
Child	MH	33.01%	6.50%	64.98%
	DD	7.37%	0.00%	93.68%
	SA	50.69%	12.19%	43.21%

% = distinct consumer served by Age Group, Dx Group, and Benefit Plan divided by Total distinct consumer served by Age Group and Dx Group

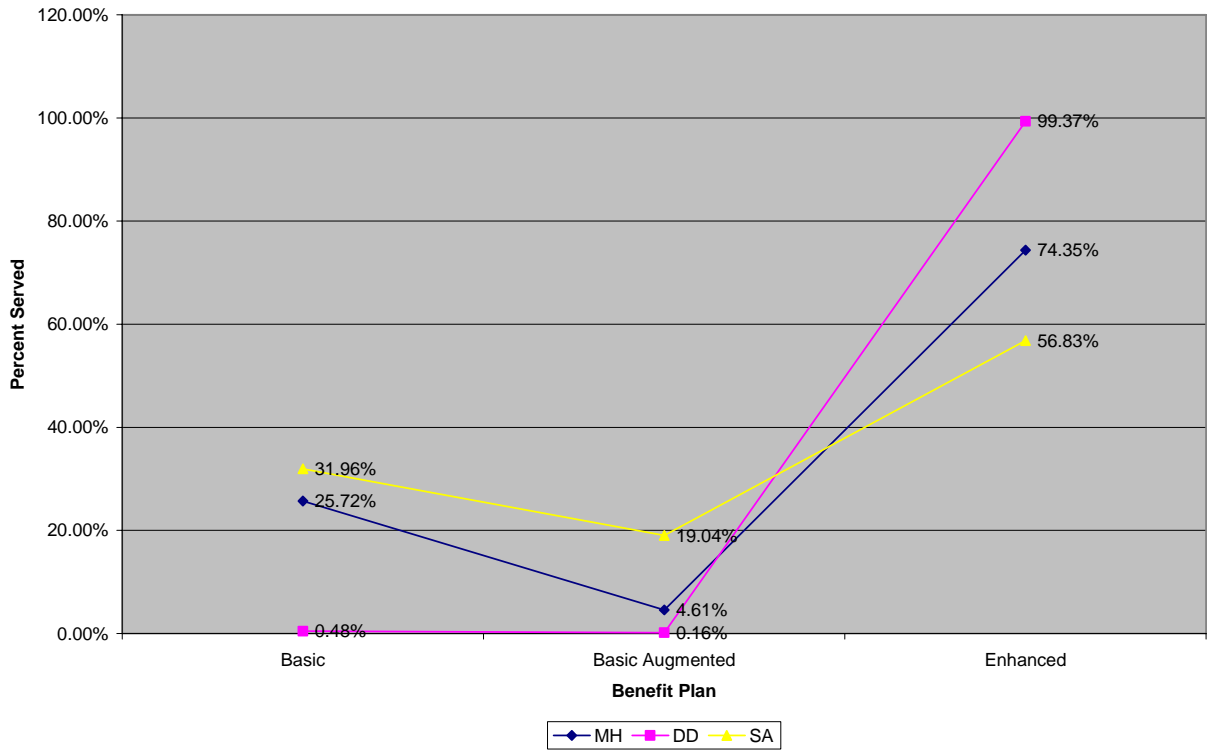
Percent of Medicaid Funded Adult Consumers Served by Benefit Plan



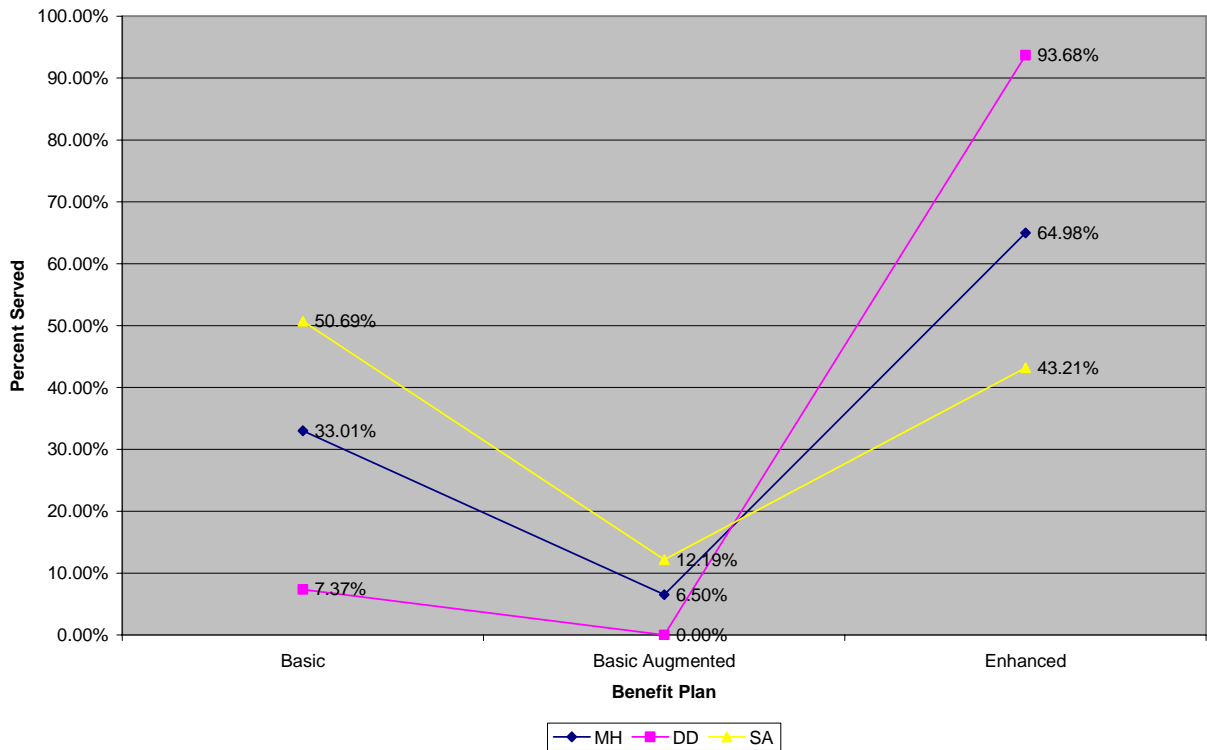
Percent of Medicaid Funded Child Consumers Served by Benefit Plan



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 232 Contracted providers. These providers include Comprehensive Care Providers (CCP), Agencies (single and multi-service), Group Practices, Individual Practices, 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	118
CCP	4
Group	25
Hospital Inpatient	7
Hospital Outpatient	3
Individual	73
pbh	2
Special	2
Total Providers	234
Total Contracted Providers	232

Community Services:

Of these contracted providers 67 are Community Services providers, 33 with in the PBH catchment area and 34 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
Cabarrus	11	20
Davidson	6	6
Rowan	5	7
Stanly	3	19
Union	8	6
Total Community Providers in Catchment Area	33	58
Community Providers Outside PBH Catchment Area	34	27
Total Community Providers	67	85

Community Support Services:

During 2007 PBH had four (4) contract providers for Community Support Services, although one of those was contracted to serve Shelter Plus Care consumers.

County served by Provider	Qualified Professionals	Associate Professionals	Paraprofessionals	Teams
Cabarrus	62	40	48	14
Davidson	15	4	14	0
Rowan	16	12	15	0
Stanly	7	4	2	0
Union	22	29	39	0
Total Community Support staff or teams in Catchment Area	122	89	118	14
Community Support Staff or Teams Outside PBH Catchment Area	17	16	13	11
Total Community Support Staff or Teams	139	105	131	25

It became evident during SFY 2008 that PBH needed additional Community Support Services and Youth and Adult Care Management was added as a Community Support provider. This provider will become fully operation during the first quarter of SFY 2009.

Outpatient Services:

Of the 232 Contracted providers in PBH's Network, 163 provide Outpatient Services. The Network consists of 4 CCPs, 20 Agencies, 15 Group Practices, 24 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 39 Agencies, 25 Group Practices, 48 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	5	3	0	3	6	1
Davidson	5	0	3	2	2	0
Rowan	1	0	2	7	10	0
Stanly	2	1	1	0	1	0
Union	7	0	2	3	5	0
Total in Catchment Area	20	4	8	15	24	1
Total Outside PBH Catchment Area	39	0	0	10	48	2
Grand Total	59	4	8	25	72	3

County served by Provider	Agencies, Groups, & LIPs	Additional sites	LCSW	LCSWp*	LPC	LPC-be**	LMFT
Cabarrus	18	15	12	7	16	1	0
Davidson	9	6	8	1	15	1	2
Rowan	18	3	18	3	17	2	2
Stanly	4	7	6	1	10	1	0
Union	15	4	15	3	9	1	4
Total in Catchment Area	64	35	59	15	67	6	8
Total Outside PBH Catchment Area	99	17	61	6	48	0	2
Grand Total	163	52	120	21	115	6	10

* Provisional

** Board Eligible

County served by Provider	LP-PhD	LPA	CCS	LCAS	LCAS-r*	SAC-is**	CCAS	CSAC
Cabarrus	14	5	2	6	1	1	0	1
Davidson	3	2	0	2	2	0	0	0
Rowan	5	3	3	9	0	0	2	2
Stanly	1	2	1	3	3	0	0	2
Union	6	0	0	3	1	0	0	2
Total in Catchment Area	29	12	6	23	7	1	2	7
Total Outside PBH Catchment Area	39	5	1	3	0	0	1	1
Grand Total	68	17	7	26	7	1	3	8

- * Registered
- ** Intern Status

County served by Provider	CSAPC	CSARFD	CCJP	MD	NP	PA	APPCNS
Cabarrus	0	0	0	18	2	2	0
Davidson	0	0	0	6	0	0	0
Rowan	0	0	0	6	3	0	0
Stanly	0	0	0	0	1	0	0
Union	0	0	0	3	0	0	0
Total in Catchment Area	0	0	0	33	6	2	0
Total Outside PBH Catchment Area	0	0	0	33	11	1	0
Grand Total	0	0	0	66	17	3	0

INNOVATIONS Service Providers:

Of the 232 Contracted providers in PBH's Network, 60 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.

County served by Provider	Innovations Providers	Additional sites
Cabarrus	10	23
Davidson	4	19
Rowan	9	17
Stanly	3	23
Union	6	11
Total Innovations Providers in Catchment Area	32	93
Innovations Providers Outside PBH Catchment Area	28	43
Total Innovations Providers	60	136

B3 Service Providers:

B3 Services were provided by 50 of our contracted providers during 2007. With the expansion of B3 Services during the spring of 2008 we expect this number of providers to increase. During CY 2007 the majority of B3 Service Providers were Innovations Providers.

County served by Provider	B3 Providers	Additional sites
Cabarrus	7	0
Davidson	4	4
Rowan	2	2
Stanly	3	3
Union	5	3
Total B3 Providers in Catchment Area	21	12
B3 Providers Outside PBH Catchment Area	29	3
Total B3 Providers	50	15

Residential Services:

During CY 2007 84 of PBH's contract providers provided residential services to our consumers at over 305 sites (299 Agency based and 6 State Facilities). Approximately 173 of those sites were located inside the PBH catchment area. Of the contracted residential providers, 19 provide Intermediate Care Facility (ICF) level of care at approximately 78 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
Cabarrus	10	45	55	0	0	0	0	0	0	2	5	134
Davidson	7	23	30	0	0	0	0	0	0	1	1	0
Rowan	9	23	32	0	0	0	0	0	0	1	5	0
Stanly	5	28	33	0	0	0	0	0	0	2	8	0
Union	8	15	23	0	0	0	0	0	0	0	3	0
Total in Catchment Area	39	134	173	0	0	0	0	0	0	6	22	134
Total Outside PBH Catchment Area	44	82	126	3	1454	45	3	713	31	13	49	186
Grand Total	83	216	299	3	1454	45	3	713	31	19	71	320

.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 2007 State Medical Facilities Plan

Residential Services: (Continued)

Child Mental Health - PBH currently has 623 Therapeutic Foster Care beds (family and facility based combined), 213 Residential Treatment High Facility beds, 163 Residential Treatment Secure Facility beds, and 224 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.

Child MH Residential

County served by Provider	Child Res II beds	Child Res III (.1700) beds	Child Res IV beds	PRTF beds
Cabarrus	90	32	0	0
Davidson	7	16	0	0
Rowan	16	71	0	0
Stanly	1	12	0	0
Union	8	8	0	0
Total in Catchment Area	122	139	0	0
Total Outside PBH Catchment Area	501	74	163	224
Grand Total	623	213	163	224
Total Bed Available Bed Days	227,395	77,745	59,495	81,760
Actual Bed Days Used	23,834	28,401	717	7,285
Total Consumers Served	137	212	5	54
Average Consumers Served/ Bed Used Per Day	65	78	2	20
% of Utilization	10.48%	36.53%	1.21%	8.91%

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, 6 child developmental disability group home beds, 824 adult developmental disability group home beds, 18 substance abuse halfway house beds, and 3 alternative family living beds. PBH also contracts for 26 supervised living apartments for adults with developmental disabilities and 56 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

County served by Provider	Adult MH Group Home beds	Child DD Group Home beds	Adult DD Group Home beds	Child SA Group Home beds	Adult Halfway House beds	Alternative Family Living beds (AFL)	Supervised Living MR 1 resident	Apartments
Cabarrus	12	0	78	0	8	0	8	23
Davidson	0	0	57	0	0	0	5	10
Rowan	0	0	106	0	0	3	2	10
Stanly	6	6	103	0	0	0	3	12
Union	12	0	55	0	10	0	0	0
Total in Catchment Area	30	6	399	0	18	3	18	55
Total Outside PBH Catchment Area	11	0	425	0	0	0	8	1
Grand Total	41	6	824	0	18	3	26	56

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 2007, PBH had 570 individuals that were served through the Innovations Waiver. There were 364 consumers waiting for Innovations funding.

Cabarrus County

Innovations Services

Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
	1F	1F,4M	1F,1M	8F,5M	7F,11M	3F,2M	4F,1M	15F,15M	8F,30M		

Davidson County

Innovations Services

Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
		3M	2F,7M	4F,5M	4F,10M			7F,11M	4F,15M		

Rowan County

Innovations Services

Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
	1M		1M	5F,2M	1F,10M	1F,1M	1M	5F,14M	4F,9M		

Stanly County

Innovations Services

Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
		3F,3M		1F,2M		2M		4F,3M	1F,3M		

Union County

Innovations Services

Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
		1F,4M	1F,3M	1F,7M	8F,13M	5F,4M	1F,5M	12F,16M	11F,26M		

Other Counties*

Innovations Services

Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
				3F				1F	1M		

State funding for individuals with developmental disabilities is primarily needed for housing because housing is not paid for by Medicaid funds. PBH has 175 people waiting for funding for residential care and housing.

Cabarrus County

Residential Svcs.											
Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
				4M	1F	11F,10M	3F,4M	3M		3M	

Davidson County

Residential Svcs.											
Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
				1F,3M	1M	7F,9M	3M	1F,1M	1F	1F	1M

Rowan County

Residential Svcs.											
Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
		1F		3F,7M	1F,1M	12F,10M	4M	2F,1M		1F	1M

Stanly County

Residential Svcs.											
Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
		1M		2M		2F,7M	3M	1F	1M	1M	

Union County

Residential Svcs.											
Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
		5M		2F,6M	1M	7F,6M	2F,3M	2F		1M	

Other Counties*

Residential Svcs.											
Emergent		Urgent		Routine		Deferred		Non Emergent		Pending	
Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
						4F,4M	1M	1M			

Over the upcoming year (2008-2009), PBH plans to collect 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 two 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 seven hospitals under contract and is actively working with 2 other hospitals/hospital systems to facilitate the contract process. PBH also works with over 30 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 7 contract hospitals, 3 are located inside and 4 are located outside of PBH's catchment area. Currently, 267 acute psychiatric beds are under contract to PBH and broken down as follows: 10 gero-psychiatry beds, 142 adult psychiatry beds, and 115 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, 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 5 of the 7 hospitals are contracted for both PBH Medicaid and State Funded admissions: the capacity of these contracts include 10 gero-psychiatry beds, 82 adult psychiatry beds, and 30 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
Total in Catchment Area	0	0	18	0	0	16	0	0	3	10	32	0	0
Total Outside PBH Catchment Area	44	16	88	1	80	0	2	620	4	0	110	115	0
Grand Total	44	16	106	1	80	16	2	620	7	10	142	115	0
Total Bed Available Bed Days	16,060	5,840	38,690		29,200	5,840		226,300		3,650	51,830	41,975	0
Beds Allocated	na	na	na		0	na		20,573		na	na	na	na
Actual Bed Days Used	216	651	2738		0	2858		18319		96	3686	676	0
Total Consumers Served	59	147	185		0	727		589		37	771	91	0
Average Consumers Served/ Bed Used Per Day	1	2	8		0	8		50		0.26	10.10	1.85	0.00
% of Utilization	1%	11%	7%		0%	49%		89%		8%	7%	2%	0%

* Julian Keith Center

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

Out-of-Network (non-contract) Inpatient Providers Serving PBH Consumers					
County served by Provider	Private Inpatient Hospitals	Gero beds	Adult beds	Adolescent beds	Child beds
Cabarrus	0	0	0	0	0
Davidson	1	26	0	0	0
Rowan	0	0	0	0	0
Stanly	0	0	0	0	0
Union	0	0	0	0	0
Total in Catchment Area	1	26	0	0	0
Total Outside PBH Catchment Area	21	na	na	na	na
Grand Total	22	26	0	0	0
Total Bed Available Bed Days	na	na	na	na	na
Beds Allocated	na	na	na	na	na
Actual Bed Days Used	2476	84	1518	874	0
Total Consumers Served	346	21	230	95	0
Average Consumers Served/ Bed Used Per Day	6.78	0.23	4.16	2.39	0.00
% of Utilization	na	na	na	na	na

Inpatient Care:

Issues Regarding Inpatient Psychiatric Care:

1. With a general population of nearly 700,000 PBH is the third largest LME in the state. We are in a region of rapid population growth.
2. As per North Carolina's 2007 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 2007 shows that our area has a surplus of 4 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 32 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 9. 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 9 child adolescent beds.

During 2007, 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 2007-2008, PBH admissions per 1,000 to state psychiatric hospitals were well below the state average; in fact we are ranked 23 out of 25 LMEs (1 is the highest, 25 is the lowest rate). In addition, PBH only used 89% of our allocated bed days at the state psychiatric hospitals in 2007-2008.

DMH/DD/SAS - State Operated Services
State Psychiatric Hospital Admissions Per Capita
Period of 7/1/07 to 6/30/08

LME	Adult Acute	Ages 5-12	Ages 13-18	Gero	Other **	Total ADM*	% of All ADM	Ave ADM per Month ¹	Population (2007)	Rate per thousand	State Ave. (07/08) per thousand	Utilization Rank per capita (1-25) ²
ACR	501	16	45	11	23	596	5%	50	258,686	2.304	1.44	5
Albemarle-Tide§	143	1	24	17	14	199	2%	17	187,582	1.061	1.44	20
Beacon Center§	481	4	81	31	44	641	5%	53	245,967	2.606	1.44	2
Catawba§	175	5	31	8	40	259	2%	22	244,823	1.058	1.44	21
CenterPoint§	509	8	56	8	33	614	5%	51	431,687	1.422	1.44	11
Crossroads	256	1	23	3	37	320	2%	27	267,575	1.196	1.44	15
Cumberland+	345	7	40	8	26	426	3%	36	308,984	1.379	1.44	12
Durham	563	20	89	22	30	724	5%	60	255,670	2.832	1.44	1
ECBHS§	346	17	54	14	49	480	4%	40	397,400	1.208	1.44	14
Eastpointe§	520	8	67	32	40	667	5%	56	293,767	2.271	1.44	6
Five County§	446	4	64	13	30	557	4%	46	232,585	2.395	1.44	4
Foothills	139	6	18	4	37	204	2%	17	162,085	1.259	1.44	17
Guilford+	675	10	49	24	58	816	6%	68	463,933	1.759	1.44	7
Johnston§	145	8	36	5	13	207	2%	17	161,889	1.279	1.44	13
Mecklenburg	244	4	56	4	53	361	3%	30	885,061	0.408	1.44	25
OCBHS	212	5	32	7	15	271	2%	23	229,762	1.179	1.44	16
OPC	240	14	57	10	22	343	3%	29	225,285	1.523	1.44	10
Pathways§	167	3	26	4	28	228	2%	19	374,268	0.609	1.44	24
Piedmont§	449	7	73	9	51	589	4%	49	714,900	0.824	1.44	23
Sandhills§	386	6	45	20	49	506	4%	42	537,918	0.941	1.44	22
Smoky Mountain	283	2	58	8	33	384	3%	32	357,391	1.074	1.44	19
Southeastern Ctr	441	13	69	16	67	606	5%	51	349,866	1.732	1.44	8
Southeastern Reg+	197	7	57	8	29	298	2%	25	257,509	1.157	1.44	18
Wake§	1764	17	157	67	98	2103	16%	175	853,260	2.465	1.44	3
Western Highlands§	611	11	87	12	97	818	6%	68	503,298	1.625	1.44	9
Totals	10238	204	1394	365	1016	13217	100%	1101	9,201,151	1.436	1.44	

<u>LME</u>	<u>Utilization of State Per Capita Allocation of Bed Days for 2007-2008</u>
CenterPoint	77.62%
OPC	80.01%
Sandhills	80.49%
Crossroads	83.01%
Pathways	83.12%
Mecklenburg	86.79%
OCBHS	86.93%
Johnston	87.41%
Piedmont	89.04%
Smoky Mountain	90.20%
Guilford	103.40%
SER	105.76%
Wake	105.89%
Cumberland	107.74%
ACR	115.20%
Western Highlands	116.25%
SEC	118.88%
Catawba	124.52%
Foothills	127.28%
ALB/Tideland	130.49%
ECBHS	132.22%
Durham	134.29%
Five County	144.64%
Eastpointe	162.32%
Beacon Center	184.57%

Specialty Care Providers:

Child Day Treatment: During CY 2007 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, both with physical locations inside PBH's 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 Agencies	Day Treatment Sites	Opioid Treatment Agencies	Opioid Treatment Sites*	SACOT	SAIOP
Cabarrus	1	2	1	1	0	0
Davidson	1	1	1	1	0	1
Rowan	1	1	0	0	0	0
Stanly	0	0	0	0	0	0
Union	2	2	0	1	0	0
Total in Catchment Area	5	6	2	3	0	1
Total Outside PBH Catchment Area	5	5	0	1	0	0
Grand Total	10	11	2	4	0	1

*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 2008-2009							
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 2008-2009							

Actual Utilization to Capacity						Projected to Capacity		
Service Type	Actual Utilization				Capacity*		2008 Projection	Capacity
	Consumers Served	Units of Service	Standard Hours		Beds	Bed Days/std hours		
Outpatient	17,625	664,841	259,586			331,240	285,544 10% increase	Adequate
Adult	12,826	598,536	221,203					
Child	4,799	66,305	38,383					
Inpatient (per diem) Community Beds	1,291	10,313			28	93,805	10,313	Additional capacity is needed but not available due to limit on acute psychiatric beds per State Medical Facilities Plan (CON)
Adult (bed days)	1,074	7,179			142	51,830		
Child (bed days)	217	3,134			115	41,975		
Child Residential (per diem)	471	60,002				446,395		
Therapeutic Foster Care	156	23,831			623	227,395	25,022 5% increase	Adequate
Residential Tx Level III	249	28,078			213	77,745	26,674 5% decrease	Over capacity
Residential Tx Level IV	8	837			163	59,495	23 (Move 15 children from PRTF to Level IV)	Need additional capacity
PRTF	58	7,256			224	81,760	43 Reduce utilization by	Need additional capacity

Actual Utilization to Capacity							Projected to Capacity	
Service Type	Actual Utilization				Capacity*		2008 Projection	Capacity
	Consumers Served	Units of Service	Standard Hours		Beds	Bed Days/std hours		
							25%	
SA IOP		618				New program to be developed: estimated capacity 15,000 hours	66 consumers	Additional Capacity under development (limited by availability of state funds).
Day Treatment (per diem)	79	29,107				53,750	87 10% increase	Need for Additional capacity is under study; possibly for Cabarrus County
Multi-systemic Therapy **	78	25,442	6,361			108***	86 10% increase	Adequate
Intensive In-home Services ***	107	2,761				115***	118 10% increase	Recently added capacity; monitor utilization

** 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 2008-2009. 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. 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>
<p>Increase access to psychiatric services.</p>	<p>Psychiatry Services</p>	<p>We have provided start up and ongoing support 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 will see Medicaid only consumers.</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>
<p>SA continuum for adolescents</p>	<p>MAJORS</p>	<p>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. RHA has recently "re-started" MAJORS and will begin accepting referrals on 9-2-08.</p>
<p>Reduce need for child residential services; increase community alternatives.</p>	<p>Increase Intensive In Home capacity.</p>	<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>
<p>Increase substance abuse continuum.</p>	<p>Intensive In-home substance abuse</p>	<p>RHA will be developing 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>
<p>Reduce psychiatric hospitalization by increasing crisis alternatives.</p> <p>Increase substance abuse continuum.</p>	<p>Additional Facility Based Crisis/Detox Facilities</p>	<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. We are working on obtaining space in Davidson County and have an option on property in Union county. Both locations are in close proximity to community hospitals.</p>
<p>Further develop crisis continuum.</p>	<p>DD Crisis Center</p>	<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>
<p>Reduce state hospital utilization.</p>	<p>Residential Services for Serious and Persistently Mentally Ill adults</p>	<p>Add one additional group home for mental health adults that are moving to the community from state hospitals. One home is operational, Southgate, located in Union County, operated by</p>

Priority	Program	Description
		Monarch. This home just recently added four consumers who moved directly from Broughton Hospital. Albemarle House is under renovation and is the site for the second facility. This facility will also be operated by Monarch.
Increase substance abuse continuum.	Residential Treatment for children with substance abuse conditions.	DAYMARK Recovery Services will be opening two children's group homes for adolescents with substance abuse conditions. One home will be for boys and one home will be for girls. These two homes were awarded to DAYMARK Recovery Services in a state competitive grant. These two homes will be operated in facilities located at the Mills Home for Children in Davidson County. The homes are expected to open in September-October 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 has been 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	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.	Develop plan to develop additional Level IV residential service options.
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.