



FIVE COUNTY MENTAL HEALTH AUTHORITY

COMPREHENSIVE NEEDS ASSESSMENT

OCTOBER 2011

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EXECUTIVE SUMMARY

Overview

Five County Mental Health Authority, the Local Management Entity (LME) responsible for planning, funding and oversight of mental health, developmental disability and substance abuse services for persons living in Franklin, Granville, Halifax, Vance and Warren Counties, conducted a comprehensive needs assessment between February and September of 2011. The initial purpose of this needs assessment was to guide strategic planning and also to inform the budgeting process for FY11-12. Five County MHA has recently decided to join with PBH, a Local Management Entity (LME) and Managed Behavioral Healthcare Organization (MBHO) in South Central North Carolina, to operate under a Medicaid Managed Care Waiver beginning in January of 2012, so this data will also inform that transition process.

The data collection methods included three separate surveys as well as analysis of other data collected by the LME. All surveys were available online and distributed through email lists. Paper copies were also made available as requested. Most of the consumer and family surveys were completed in paper form with providers being the primary means of distributing and collecting these. The Consumer and Family Advisory Committee (CFAC) participated in the development and distribution of the Consumer and Family Survey. Five County LME Care Coordinators and other staff took copies of the surveys to the community meetings they attended during the survey period, and recipients of educational services provided by the LME also received surveys.

The Provider Capacity Assessment Survey asked providers to report the number of persons they were serving currently by service type and county, as well as the additional service capacity they had available at that time. The Consumer and Family Survey asked respondents about the services they or their family members were receiving or needing, which services were missing or in short supply, and to identify barriers that prevented access to needed services. The Community Needs Assessment Survey asked providers, LME staff and community partners which services needed to be more available in each county, what barriers existed to accessing services, and opinions about how to prioritize funding as a result of pending reductions in state funding.

The analysis of LME collected data included information about the location and services offered by contracted providers, the geographic distribution of consumers receiving state funded (IPRS) services, and service requests to the Call Center or Utilization Management unit that could not be promptly accommodated.

Capacity Assessment Survey

The capacity assessment survey measured the overall capacity among the service providers, not the adequacy of funding for a particular service. Some of the major findings of the capacity survey administered in February of 2011 with 56 providers responding included:

- Fewer providers and service sites in Warren and Granville counties than in Franklin, Halifax and Vance Counties
- Few providers with staff fluent in Spanish language
- Overall racial and ethnic diversity of staff mirrored diversity of persons being served, but there were large differences among provider agencies in racial/ethnic composition of staff and consumers
- The disability area with the most limited capacity was substance abuse services
- Mental health services with the most limited capacity included:
 - Assertive Community Treatment Team (ACTT)
 - Medication Management
 - Individual, group and family counseling
 - Multi-Systemic Therapy (MST)
 - Child and Adolescent Day Treatment
- The developmental disability service with the most limited capacity was Adult Day Vocational Program (ADVP)

The services identified as having adequate capacity overall included:

- All developmental disability services except ADVP
- Supported employment
- Community Support Team for Adults with mental health and/or substance abuse
- Intensive In Home Services for Youth with mental health and/or substance abuse
- Targeted case management for mental health and/or substance abuse adults and youth

Consumer and Family Survey

Results of the Consumer and Family Survey conducted in April of 2011 indicated that only 64% of 435 persons responding reported they were consistently able to get the services they needed when they needed them. The responses regarding the type of services needed were as follows: 1) Adult Mental Health (64.6%) 2) Child Mental Health (27.7%) 3) Adult Developmental Disability (21.4%) 4) Child/Adolescent Developmental Disability (7.2%) 5) Adult Substance Abuse (12.4%) 6) Child/Adolescent Substance Abuse (1.5%). Since the majority of respondents indicated a need for mental health services, the specific service needs identified were probably also skewed toward mental health. The services that were most often reported to be missing or in short supply were:

- Low cost housing (34%)
- Employment services (32%)
- Help finding the services I need (29%)
- Education for the public about mental illness (27%)
- Counseling (26%)
- Crisis services (22%)
- Support groups for adults (21%)
- Education for the public about developmental disabilities (20%)

The major barriers to receiving services were reported as:

- Transportation (46%)
- Don't know what services are available (43%)
- Don't know how to find the services I need (38%)
- Can't pay for services (35%)
- Don't have insurance (26%)

These findings are consistent with those from the 2009 needs assessment that consumers and families were more likely to identify basic services such as transportation, housing and employment and they often don't know what services they need or how to obtain them. When they were asked questions about specific services, they reported the following:

- Waiting times too long for housing, employment, residential services, case management, counseling, psychiatric medication management, and assessment
- Times inconvenient for support groups, counseling, psychiatric medication management, education on mental health, developmental disabilities and substance abuse, crisis services other than mobile crisis, peer support, case management and assessment
- Services needed but seen as not available were employment services, support groups, case management, counseling, peer support, education on mental health, developmental disabilities and substance abuse, residential, assessment and medication management
- Services that are not familiar to many of the persons responding include CAP services, mobile crisis, respite, and day services

Community Needs Assessment Survey

The Community Needs Assessment Survey conducted in April of 2011 had 206 respondents with behavioral health providers, healthcare providers, schools, governmental agencies, religious organizations and advocacy groups making up the a large majority of the respondents. The responses were ranked from highest to lowest for each county, and then the ranks were combined

for an overall ranking. Services for adults identified most often as needing to be more available included:

- Mental health counseling
- Substance abuse counseling
- Substance abuse crisis/detox facility
- Screening/assessment
- Anger management classes
- Psychiatric evaluation and medication management
- Mental health and/or substance abuse intensive outreach
- Mobile crisis
- Mental health and/or substance abuse employment services

Rankings varied somewhat from county to county, but the mental health counseling, substance abuse counseling and substance abuse crisis/detox were rated as high priorities in all of the counties.

Services for youth identified most often as needing to be more available included:

- Family counseling
- Substance abuse counseling
- Screening/assessment
- Mental health counseling
- Anger management
- Substance abuse education and prevention
- Parenting classes

Rankings varied somewhat from county to county but family counseling ranked first or second in all five counties.

The most common barriers to obtaining services were reported as follows:

- Transportation (56%)
- People don't know what services are available (44%)
- People don't know how to obtain services (39%)
- Waiting times are too long (38%)
- Services are too far away (34%)

Access and Utilization Data

Analysis of other data collected by the LME includes requests for services to the Call Center or Care Management units that could not be accommodated timely, state data reports on persons in need of services and penetration rates, utilization data for specific programs or populations, and geo-mapping studies that show where consumers live, where provider sites and services are located, and how far consumers are from service sites.

Data collected from the Call Center regarding service requests and timely access to services reveals that Five County is meeting the state and local standards for timely access to emergency and urgent care, primarily through utilization of Mobile Crisis and Facility Based Crisis services, but has not been able to meet state and local standards for timely access to routine care within 14 days after the date of the request during the past two quarters.

The timeliness of access to needed services varies from time to time depending on staffing patterns at contracted provider agencies, and changes in the provider network. The two areas that have consistently showed longer waiting times than for other services are Substance Abuse Intensive Outpatient (SAIOP), and Medication Management. At the time of the survey there were three providers offering SAIOP services, two in Halifax County and one in Vance County. As a result of collaborative efforts to address this gap, one additional SAIOP has opened in Franklin County and programs are expected to open soon in Warren and Granville Counties, so we will have at least one SAIOP in each county.

The availability of medication management services is in flux at this time as major changes are occurring within the provider network. The largest provider of Medication Management services with sites in Halifax and Vance Counties decided to leave the Five County area by August 30, 2011, causing major concerns for consumers and the LME about how to maintain continuity of care. Around the same time, another major provider of Medication Management and Walk In Crisis services in Halifax County closed with short notice causing major disruptions in access to care for their consumers. The LME acted quickly by recruiting new providers to offer Medication Management and Walk In Crisis services in Halifax and Vance counties and both programs began operating in August, 2011. The new providers were able to retain some of the physicians and other staff from the former providers, which has helped with continuity of care.

There are currently three contracted providers of medication management services in Franklin County but all have limited capacity at present. Five County has been coordinating with all three to try to ensure timely access for persons living in that area, but waiting times are currently still too long. There is only one contracted IPRS provider of medication management services in Granville County and none in Warren County.

Timely access to outpatient counseling services has also been a problem due to the limited number of licensed mental health and substance abuse professionals in our IPRS network qualified to provide this service. These professionals also provide comprehensive clinical

assessments, which is the initial service for most individuals who are requesting services. During the spring of 2011, Five County established contracts for independent assessments with licensed professionals who only provided this one service. The intent of these contracts was twofold, insuring more timely access to services, and determining the most appropriate service array for each consumer. After the independent assessment, LME Utilization Management staff make referrals to the appropriate agencies for the needed services. Utilizing independent assessors for the initial assessments was also intended to free up more of the time of licensed professionals in other agencies to provide the needed counseling services.

The needs assessment survey also identified a perceived shortage of capacity for substance abuse Crisis/detox residential beds, which is consistent with the finding that the one Facility Based Crisis program in the Five County catchment area is operating at capacity most of the time, and unable to meet the level of demand, and that the majority of persons admitted there are experiencing significant substance abuse related crises.

Quarterly utilization data compiled and reported by the state shows that Five County LME is currently meeting or exceeding the state standards for services to persons in need for all disability groups. This data is compiled by comparing the number of residents in each county expected to be in need of services based on county population and national prevalence data, with the number who actually received services that were funded by state or Medicaid funds, essentially measuring a penetration rate.

There are however substantial differences from county to county in the penetration rates with Halifax and Vance Counties consistently having the highest percentages of persons in need being served, though the rates in Halifax County in all disability groups have been declining during the past year. Franklin and Granville Counties have consistently showed the lowest rates of persons in need being served. The lower penetration rates in Franklin and Granville counties may be explained in part by the lower rates of Medicaid eligibility in these counties since Medicaid funded services make up the majority of the claims.

Warren County rates receiving services vary depending on the disability group, hovering around the state average for adult mental health and adults with developmental disabilities, substantially below the state average for adults with substance abuse, and above the state average in all three youth disability categories.

Rates of youth and adults receiving mental health treatment are rising in Vance County, and rates of youth receiving developmental disability and substance abuse services are rising in both Vance and Warren counties.

Geo-mapping Data

Five County LME purchased geo-mapping software to facilitate analysis of where current or potential recipients of services live in comparison to where the needed services are located. As a

part of the analysis, maps have been produced showing service provider sites for specific types of services, the location of all consumers who received state (IPRS) funded services during the past 60 days, and the location of consumers who are more than 30 miles from a provider service site. The software is also capable of analyzing the average distance to a provider site or sites, and the percentage of consumers who live within a specific distance from those sites. Since PBH will be conducting an extensive analysis of this data which will also include Medicaid eligible individuals in preparation for implementation of the Medicaid Managed Care Waiver, the current analysis is limited primarily to the locations of the current IPRS contracted providers, and the locations of consumers who have received IPRS funded services in the past 60 days.

Other needs assessment data has shown a shortage of availability in the IPRS provider network of Outpatient Therapy services, Comprehensive Assessment and Medication Management Services. The mapping shows that only one IPRS contracted site for these services is available in Granville County and none in Warren County, but only the southern portion of Halifax County is more than 30 miles from at least one provider site for these services.

Assertive Community Treatment Team (ACTT), an intensive evidence-based service for adults with serious mental illness, has been identified as the service with the greatest shortage of availability. Mapping shows only one provider with an IPRS contract located in the catchment area in Henderson in Vance County. There is also one IPRS contracted provider outside the catchment area in Rocky Mount in Nash County that serves a small number of consumers in the Halifax County area, but most consumers in northern Halifax County are more than 30 miles away from an ACTT provider. There are at least four other potential providers endorsed for ACTT services that currently have Medicaid MOA's with Five County but are located outside the catchment area, two in Durham County and two in Wake County, but they are not serving the Five County catchment area at the present time.

The two intensive mental health services for children and adolescents that are in short supply are Multi-Systemic Therapy (MST) and Child/Adolescent Day Treatment. There are two providers of MST in the IPRS network, but neither program is serving Halifax County at present and both are located in Durham which is more than 30 miles from Warren, Vance, most of Franklin and the northern half of Granville counties. There is only one provider of Child/Adolescent Day Treatment in the catchment area located in Youngsville in Franklin County and this provider is not in the IPRS network. However, one IPRS contracted provider is in the process of implementing several additional Child/Adolescent Day Treatment programs in Franklin County in collaboration with the local school system.

Adult Day Vocational Program (ADVP) was the one service for persons with developmental disabilities identified through surveys and other data as being in short supply. This is offered by only two providers, one in Halifax County and one in Vance, and the capacity is also limited by the availability of IPRS funding. However, Supported Employment, an evidence-based vocational service is also offered by these two providers and is not in short supply. Supported

employment is offered to persons with mental health disorders too, but the numbers are relatively small in comparison to the number of persons with developmental disabilities being served. Though the service is supposed to be provided in the community and could serve persons throughout the catchment area, consumers and families may not be aware of the availability of the service since the programs are headquartered in only two locations.

Mobile Crisis Services are available throughout the catchment area though office sites are located only in Vance and Halifax Counties. The one Facility Based Crisis program is located in Vance County, but contracts are also in place with facilities in Durham and Chapel Hill. Halifax County is the only county in the catchment area offering inpatient mental health services, but a contract is in place for inpatient services for state funded consumers with one provider in Wake County. Since the Wake County provider cannot accept Medicaid consumers except those under age 21 or over 65, and the Halifax County provider does not accept persons on involuntary commitments, many consumers with Medicaid need to travel long distances to receive the service outside the catchment area. While we have a state hospital in Granville County, the capacity there is limited and focused primarily on persons needing longer term care or presenting other challenges that can't be addressed in community hospitals. Emergency housing for men is very limited, while there are more resources available for woman and children and domestic violence victims.

There are at least 24 licensed residential facilities within the Five County catchment area serving adults with developmental disabilities, and 22 are contracted with Five County LME. There are multiple facilities in each of the five counties, but they vary greatly in capacity and ability to deal with persons presenting complex behavioral health and medical needs. However, this capacity does not guarantee that an appropriate opening will be available in a specific county when, needed, or that funding will be available. This may explain why a number of consumers are placed in facilities outside the catchment area. There are only three of facilities within the catchment area that serve youth with developmental disabilities, two in Halifax County and one in Granville County.

There are at least 24 licensed residential facilities serving adults with mental health disabilities located in the Five County catchment area, but only four are contracted to provide state funded services, two in Franklin County, and one in Warren County and one in Halifax County. While there are multiple facilities in each county, varying in size, they also vary substantially in their ability to serve individuals with complex and challenging behavioral health and medical needs. There are no mental health residential facilities for youth except for Therapeutic Foster Care homes and one state operated Psychiatric Residential Treatment Facility (PRTF) in Butner in Granville County that serves the entire state.

There are only three residential facilities for substance abuse in the network, one for men with a capacity of 15 and one for women with a capacity of 6 in Henderson in Vance County, and one facility for men with a capacity of 13 in Norlina in Warren County. There are no substance

abuse residential facilities in Franklin, Granville, or Halifax Counties. While there are a very small number of residential substance abuse beds in relation to the number of persons expected to be in need, utilization data for the existing facilities had not been high enough to justify adding additional capacity to date. This analysis does not consider any substance abuse facilities that are privately funded. There are no residential substance abuse facilities for adolescents within the Five County catchment area.

Summary

The results of the needs assessment indicate that the services that are seen by survey respondents as most needed and in shortest supply are basic outpatient mental health and substance abuse services including assessment, individual, group and family counseling, and medication management. These services all require licensed staff, and experience shows it is difficult to attract and retain licensed and experienced staff in rural areas.

Mental health, developmental disability and substance abuse services are not evenly distributed or equally available throughout the Five County catchment area. Warren and Granville Counties are especially underserved in terms of provider sites as well as southern Halifax County. Franklin and Granville counties remain consistently below the state and Five County average for rates under treatment compared to the expected need. This may represent a combination of a smaller percentage of low income and Medicaid recipients than the other counties, coupled with fewer provider sites. The rates of persons in need who are receiving treatment have consistently been higher in Vance and Halifax counties than the other counties, but have fallen in Halifax County during the past fiscal year. Rates of youth and adults receiving mental health treatment are rising in Vance County, and rates of youth receiving developmental disability and substance abuse services are rising in both Vance and Warren counties.

The specialized mental health and substance abuse services that were identified as in short supply include Assertive Community Treatment Team (ACTT), Multi-Systemic Therapy (MST), Substance Abuse Intensive Outpatient (SAIOP), Child/Adolescent Day Treatment, and Facility Based crisis beds for persons with substance abuse. There is also a limited supply of substance abuse residential beds and uneven geographic distribution, though utilization of the existing facilities has not been high enough to date to justify adding additional capacity. The shortage of SAIOP services is being addressed through the planned opening of new programs in Warren and Granville counties.

The surveys indicated that the racial and ethnic distribution of provider agency staff closely mirrors the racial//ethnic distribution of consumers receiving services overall, but there are large differences from provider to provider in racial/ethnic diversity of staff and consumers. There is also a shortage of professional staff with fluency in the Spanish language.

In the developmental disability area, Adult Day Vocational Program (ADVP) was the only service identified as having very limited capacity. This is partly due to limited funding and the

shift toward promoting supported employment, an evidence-based practice over ADVP. The capacity to provide Supported Employment services appears adequate, though surveys indicate that consumers and families may not always be aware of this resource. While Supported Employment services are also available for mental health consumers, the numbers being served are small at present. Mental Health subsidized housing is also available, but some consumers and families may not be aware of this option

While there are a number of residential facilities in the catchment area for persons with mental health or developmental disabilities, residential placements may not be available for specific individuals when needed due to funding issues, lack of openings in the desired location, and/or inability to meet the complex needs of the specific individual. Except for therapeutic foster care homes and a state operated PRTF, residential services are not available in the catchment area for youth with mental health and/or substance abuse disorders.

Transportation continues to be reported as the major barrier to accessing services while other barriers include not knowing what services are available, not knowing how to access services, waiting times too long, appointment times are inconvenient, the needed services are not available, or persons can't afford the services.

Recommendations

- 1) Explore incentives to providers for recruitment and retention of licensed staff qualified to provide needed outpatient services in the areas in which they are in short supply
- 2) Enter into contracts with independently licensed practitioners to provide outpatient services in areas where they are in short supply
- 3) Increase utilization of independent assessors to perform initial assessments, in order to free up additional time for outpatient counseling with existing contracted providers
- 4) Increase access to medication management services through recruitment of physicians and physician extenders, and use of telemedicine
- 5) Increase the number of contracted providers with sites in Warren and Granville counties
- 6) Increase access to services in southern Halifax County
- 7) Identify additional providers for ACTT services
- 8) Expand availability of MST services to all five counties
- 9) Continue expanding access to SAIOP services
- 10) Collaborate with Five County Community Collaborative and local school districts to determine needs for Child/Adolescent Day Treatment programs
- 11) Explore methods to reduce the demand for substance abuse crisis beds by expanding access to community based substance abuse services
- 12) Further evaluate need for expansion of substance abuse residential beds
- 13) Undertake a more detailed analysis of the need, availability and funding for developmental disability and mental health residential services to determine if sufficient capacity exists for those needing placement

- 14) Increase the capacity within the provider network to serve non-English speaking persons, especially those speaking Spanish
- 15) Evaluate and enhance cultural competence within the provider network
- 16) Utilize Cardinal Innovations management information system to track unmet needs that come to the attention of the Call Center and/or Care Management Units
- 17) Evaluate the demand for and availability of evening and weekend services
- 18) Continue efforts to communicate with consumers and families about available services
- 19) Continue efforts to assist consumers and family members to understand and navigate the service system
- 20) Develop informational materials for consumers, families and referral sources regarding supported employment services
- 21) Continue to address transportation needs to facilitate increased access to services
- 22) Further explore the demand for and availability of subsidized housing for persons receiving behavioral health services
- 23) Work with other community partners to expand availability of emergency housing for homeless individuals

COMPREHENSIVE NEEDS ASSESSMENT REPORT

Introduction

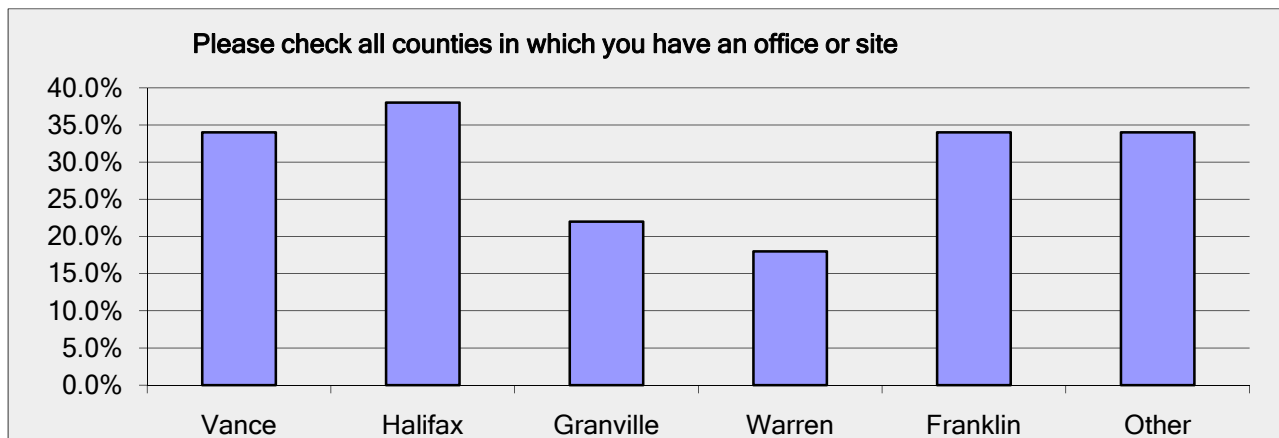
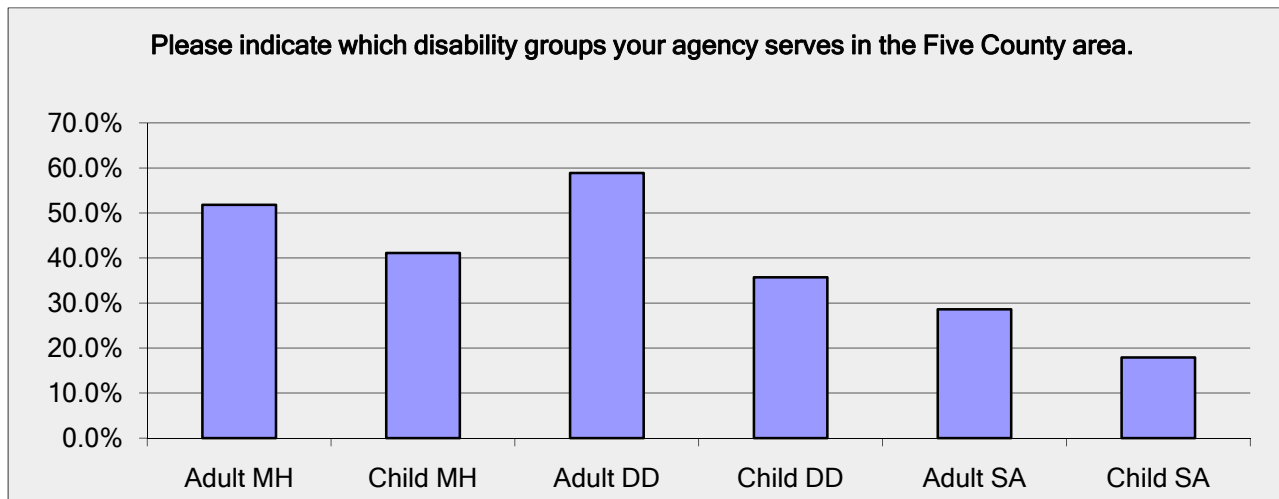
Five County Mental Health Authority (FCMHA), a local political subdivision of State government, is the Local Management Entity (LME) responsible for the management of the public dollar and public system for mental health, developmental disability, and substance abuse services for Franklin, Granville, Halifax, Vance and Warren counties in North Central North Carolina. All five counties are rural with a total population of approximately 236,000 and a Medicaid enrollment rate of approximately 23%. According to state behavioral health claims data for services funded by Medicaid and/or state IPRS funds, there were 3,418 youth under age 18 who received services between January and December of 2010, and 7,787 adults.

Five County Mental Health Authority conducted the current comprehensive needs assessment between February and July of 2011. The most recent previous Needs and Gaps Assessment was completed in March of 2009. The initial purpose of the current needs assessment was to guide strategic planning and also to inform the budgeting process for FY11-12. Five County MHA is now in the process of merging with PBH, a Local Management Entity (LME) and Managed Behavioral Healthcare Organization (MBHO) in South Central North Carolina, and will begin operating under the PBH Medicaid Managed Care Waiver on January 1, of 2012. The data from this needs assessment will be used to inform this transition process, along with additional data which is being collected and compiled by PBH.

The data collection methods included three separate surveys as well as analysis of other data collected by the LME. Details about each survey and other data collection methods are presented below.

Provider Capacity Assessment Survey

The Provider Capacity Assessment Survey was conducted in February of 2011 and was mandatory for all providers with state funded (IPRS) contracts or Medicaid Memoranda of Agreement (MOA's) with Five County Mental Health Authority. The survey was created online through SurveyMonkey and providers were encouraged to respond online if possible, but were also given the option to complete a paper copy and fax it to the LME. The survey notices and reminders were distributed three separate times through the provider email list maintained by the LME. A total of 56 providers responded to the survey which was approximately half of all the providers with contracts or MOA's. The survey data is based solely on provider self reporting, and only represents those providers who responded to the survey. The data also changes frequently over time. The next two graphs show the disability groups served and location of offices or sites for providers who responded to the survey.



The racial and ethnic distribution of provider agency staff overall, closely mirrored the racial/ethnic distribution of persons being served, however there was a great deal of variation from provider to provider in the racial/ethnic distribution of both staff and consumers. The summary data is presented below and provider specific data in Appendix 2.

Please estimate the percentage of your staff working in the Five County area that fit into the following racial/ethnic categories. Please enter only whole numbers and do not include the percent sign.	
Race/Ethnicity of Staff	Average
White/Caucasian	35.3%
Hispanic/Latino	7.7%
Black/African-American	68.0%
American Indian	1.8%
Asian American	0.4%
Pacific Islander	0.0%
Alaska Native	0.0%
Multi-Racial	1.7%
Other	0.4%

Please estimate the percentage of your Five County consumers who fit into the following racial/ethnic categories.	
Race/Ethnicity of Consumers	Average
White/Caucasian	40.6%
Hispanic/Latino	4.7%
Black/African-American	62.4%
American Indian	2.6%
Asian American	0.1%
Pacific Islander	0.0%
Alaska Native	0.0%
Multi-Racial	3.9%
Other	0.1%

Each provider was asked to report on the number of persons they were currently serving by service type as well as the number of additional persons they were able to serve based on current staffing patterns. Community based services are those where the provider goes to the consumer, often to the consumer’s home, while site based services primarily serve consumers at the provider’s office. With site based services, only the total numbers receiving each service were reported so this data was not broken out by county of residence or county where the services were being provided. For community based services, the numbers receiving services were reported by county. Providers were also asked to report on the counties served and location of

office or residential sites by county. The surveys did not ask whether sufficient funding was available for the service but only whether providers had staff capacity to provide the service.

The data was broken out by providers with state funded (IPRS) contracts as well as those with only a Medicaid MOA. The summary data regarding community based mental health and substance abuse services is presented below and provider specific data on the numbers of persons being served by each provider is presented in Appendix 2.

Please indicate in which counties your agency provides the following types of mental health and/or substance abuse services					
Service Type	Franklin	Granville	Halifax	Vance	Warren
Community Support Team	5	5	3	5	4
Intensive In Home	6	7	5	7	4
ACTT	3	2	1	2	2
MH/SA Targeted Case Management	7	6	6	6	5

The results indicated that there were at least two providers of each of community based mental health and substance abuse services in each county, with the exception of Assertive Community Treatment Team (ACTT). This is an intensive outreach service for adults with serious mental illness who need a high level of support to maintain successful community living. When additional data was examined concerning the number of persons who were actually being served by those teams, Halifax is the county where ACTT services are least available. At the present time, Five County LME is in the process of withdrawing the endorsement for one of the ACTT providers, so access to this service may become even more limited. Multi-Systemic Therapy (MST), an evidence-based intensive service for youth with mental health and/or substance abuse challenges was not included in the Capacity Assessment Survey. Information about the availability of this service is discussed in other sections of this report. Data regarding the number of consumers being served by each provider is presented in Appendix 2.

Data regarding community based services for consumers with intellectual or developmental disabilities is summarized below and provider specific details are presented in Appendix 2.

Please indicate in which counties your agency provides the following developmental disability services					
Service Type	Franklin	Granville	Halifax	Vance	Warren
DD Targeted Case Management	6	6	6	6	7
Developmental Therapy	5	5	4	6	4
Personal Assistance	5	4	3	4	2
CAP Community Based Services	10	9	11	9	10

CAP Services include a number of community based services that are funded by Medicaid for persons who are served under the CAP Waiver. These are individuals whose intellectual/developmental disabilities would qualify them to live in an ICF-MR facility funded by Medicaid, but have chosen to live in the community instead. North Carolina and each LME has a limited number of these waiver slots available each year, and there are long waiting lists for persons who wish to be served under this waiver in the future. The community based services which are covered under the CAP waiver include: 1) Home Support 2) Respite 3) Individualized Day Program 4) Day Supports 5) Supported Employment 6) Long Term Vocational Support 7) Residential Supports 8) Personal Care 9) Home Supports 10) Home and Community Supports 11) Adult Day Health 12) Specialized Consultation Services 13) Augmentative Communication Devices 14) Specialized Equipment and Supplies 15) Home Modifications and 16) Individual Caregiver Training and Education.

The data indicated that the following home based services for adults and youth with developmental disabilities seemed to be in adequate supply and sufficiently available in all five counties: 1) Targeted Case Management- Developmental Disabilities 2) CAP waiver services 3) Developmental Therapy 4) Personal Assistance and 5) Supported Employment Services.

The data regarding site based mental health and substance abuse services is presented below:

MENTAL HEALTH AND SUBSTANCE ABUSE SITE BASED SERVICES		
SERVICE	Currently Served	Additional Capacity
Individual Counseling	915	250
MH Group Counseling	232	61
SA Group Counseling	78	65
Med Management	4996	518
Day Treatment	12	20
Psychosocial Rehab	108	71
SAIOP	56	65

The site based services found to be in short supply included: 1) Individual Counseling 2) Mental Health Group Counseling 3) Substance Abuse Group Counseling 4) Medication Management 5) Substance Abuse Intensive Outpatient (SAIOP) and 6) Day Treatment for Youth. The data for SAIOP services includes two providers located outside the catchment area, Providers within the catchment area reported an additional capacity of only 37, and two of those providers have since closed their local operations. Psychosocial Rehabilitation services for adults with mental health disorders appears to be available in sufficient supply in relation to the amount of demand for this service.

The disability area in which capacity was least adequate was substance abuse services, both for adults and for youth. At the time of the survey, only three providers, two in Halifax County and one in Vance County provided Substance Abuse Intensive Outpatient (SAIOP) services. One of those in Halifax County has subsequently closed, however additional providers have either opened or are in the process of opening SAIOP services in Franklin, Granville, and Warren Counties, so all five counties are expected to have an SAIOP program available by the fall of 2011.

Summary data for the site based services for persons with developmental disabilities shows that Adult Day Vocational Program (ADVP), is the only service where capacity is in very short supply. This is partly due to the fact that this service is not funded by Medicaid but only state and federal dollars, and also that Supported Employment is an evidence-based practices for persons with developmental disabilities while ADVP is not. Detailed summary data is presented below and agency specific data is presented in Appendix 2.

DEVELOPMENTAL DISABILITY SITE BASED SERVICES		
SERVICE	Currently Served	Additional Capacity
Adult Day Vocational Program (ADVP)	115	14
Individual Supported Employment	141	134
Group Supported Employment	31	13
Long Term Employment Supports	74	20
Day Activity	70	76
CAP Site Based Services	144	185

In looking at residential service data, substance abuse was again the disability area with the least capacity. There were only three substance abuse residential facilities in the Five County MHA provider network, one in Norlina in Warren County with 13 beds for males, and two facilities in Henderson in Vance County, a 6 bed facility for women and a 15 bed facility for men. While the demand for these beds varies substantially from month to month, the overall utilization rates for these facilities does not appear high enough to justify additional beds at this time. There is however an uneven distribution of substance abuse beds within the catchment area. Five County also contracts with a provider in Johnston County for short term residential substance abuse services for adults and that facility represents most of the additional capacity reflected in the survey. There are no residential substance abuse beds for adolescents within the catchment area, The residential services data is presented on the next page and provider specific data is presented in Appendix 2.

RESIDENTIAL SERVICES UTILIZATION AND AVAILABILITY		
SERVICE	Currently Served	Additional Capacity
Mental Health Residential	88	46
Developmental Disability Residential	165	106
Substance Abuse Residential	33	18

While the overall number of beds for persons with mental health or developmental disabilities may appear to be adequate, a bed may not be available for a specific individual in need in the desired location at a specific time due to funding issues, individual facility capacity, and/or ability of the facilities to meet the complex medical and behavioral needs of the individual.

The survey also asked a question about what evidence-based practices were being offered currently and which ones would be added before the end of FY10-11. The most commonly offered evidence-based practices were: Cognitive Behavioral Therapy (16), Motivational Interviewing (12), and Supported Employment (8).

Detailed results from the Provider Capacity Assessment Survey are presented in Appendix 2.

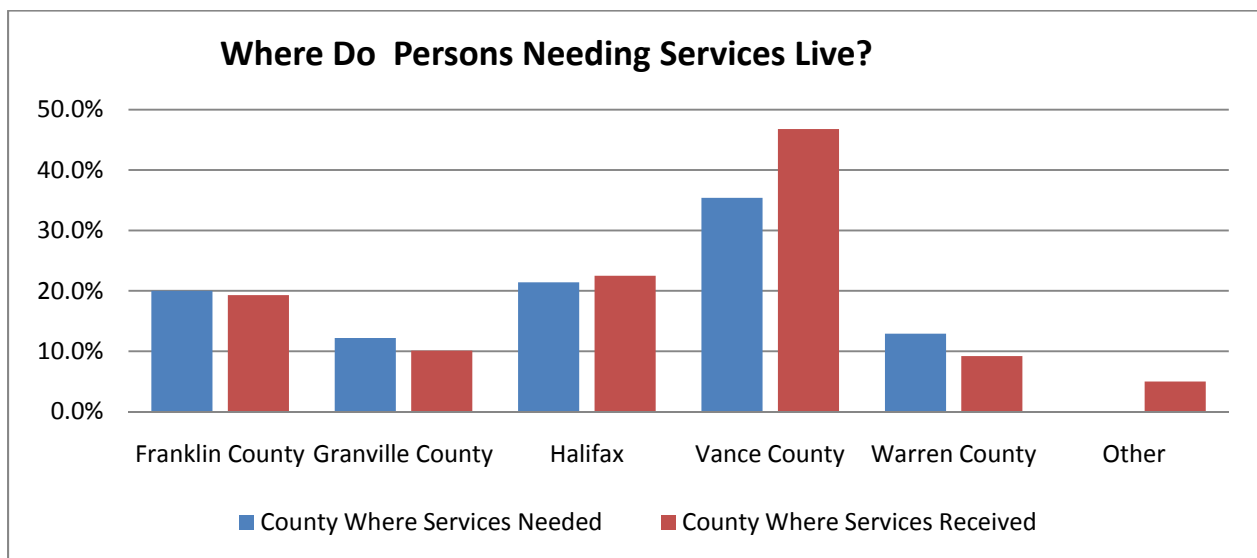
Consumer and Family Survey

The Consumer and Family Survey was conducted in April of 2011. Surveys were distributed through email lists, the Consumer and Family Advisory Committee, the Five County Provider network, Five County Community Collaborative, and by Care Coordinators who distributed surveys at regularly scheduled community meetings and to consumers and families receiving educational services during the month. The survey was available online but paper copies were also distributed on request, and the majority of surveys were completed on paper then input by LME staff into an online SurveyMonkey database. A total of 438 surveys were completed. The complete survey responses are presented in Appendix 3.

Of those who responded, 66% indicated they were completing the survey for themselves and 31% for a family member with the remainder indicating they were responding for a friend. When asked about the age of the person who needed services, the following responses were given: 1) Age 0 – 11 (13.6%) 2) Age 13 – 17 (14.7%) 3) Age 18 -40 (33.6%) 4) Age 41-64 (38.3%) and 5) Over 64 (3.7%). When asked about the race/ethnicity of the persons needing the services, the following responses were given: 1) African-American (64%) 2) White (38.7%) 3) American Indian (2.8%) 4) More than one race (3.1%) and Hispanic/Latino (1.6%). When consumers were asked if the services fit their culture, 64.5 % said they fit their culture most of the time, 33.9% said they fit their culture some of the time, and 1.6% said services never fit their

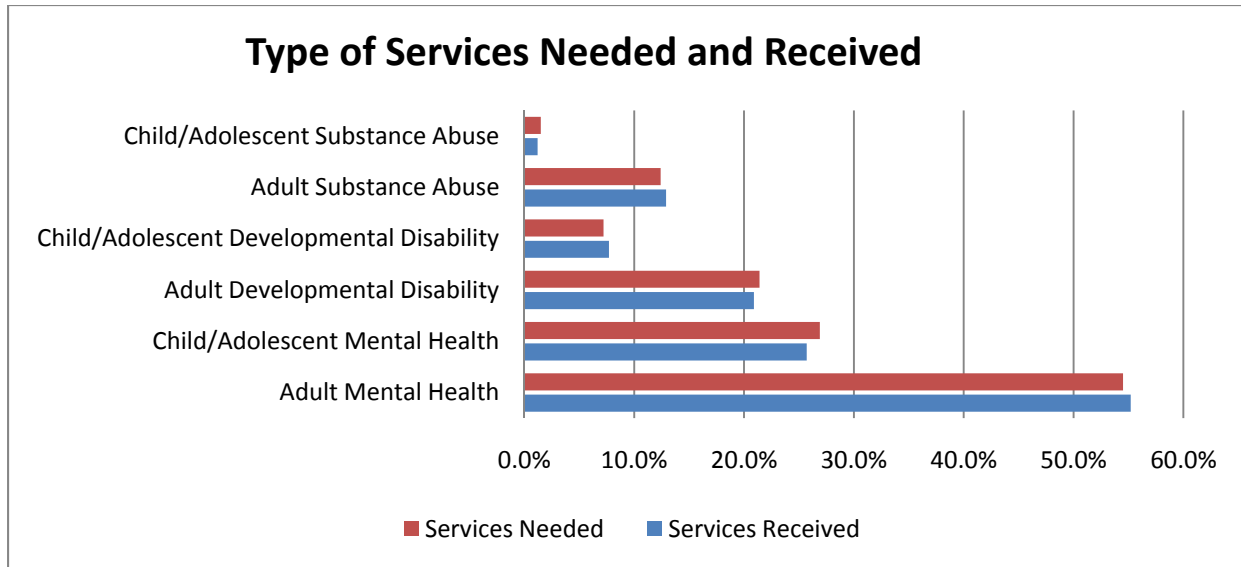
culture. When this question was examined based on the race/ethnicity of the person receiving services, responses for both African Americans and Whites were similar to the overall averages, while approximately 84% of American Indians and Hispanics reported services fit their cultures most of the time.

The graph below shows where the persons who were receiving or needing the services were reported to be living and where they were receiving services at the time of the survey. The responses show that persons living in Granville and Warren Counties are less likely to receive services in their home counties, while a higher percentage of persons receive services in Vance County than live in that county. This tends to reflect the relatively larger number of service providers in Vance County than in Granville or Warren.

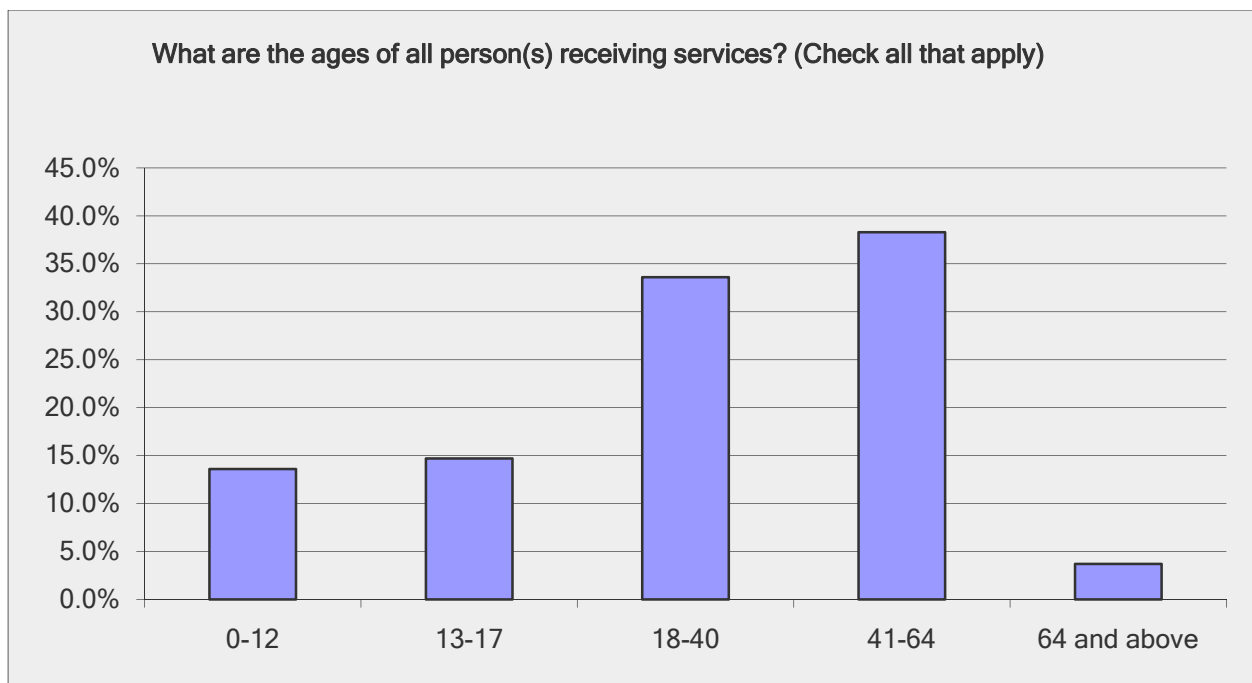


When consumers were asked if they were able to get the services they needed when they needed them, 63.9% said yes, 7.9% said no, and 38.2% said sometimes.

The responses regarding the type of services needed and being received are shown on the next page. There is close correspondence between the type of services needed and those being currently received, with the largest percentage reporting the person needs and receives mental health services. While the data indicates that most respondents appear to be getting the general type of services they need, that is not necessarily the case for all the specific services. Since the majority of respondents indicated a need for mental health services, the specific service needs identified in the next graph were probably also skewed toward mental health.



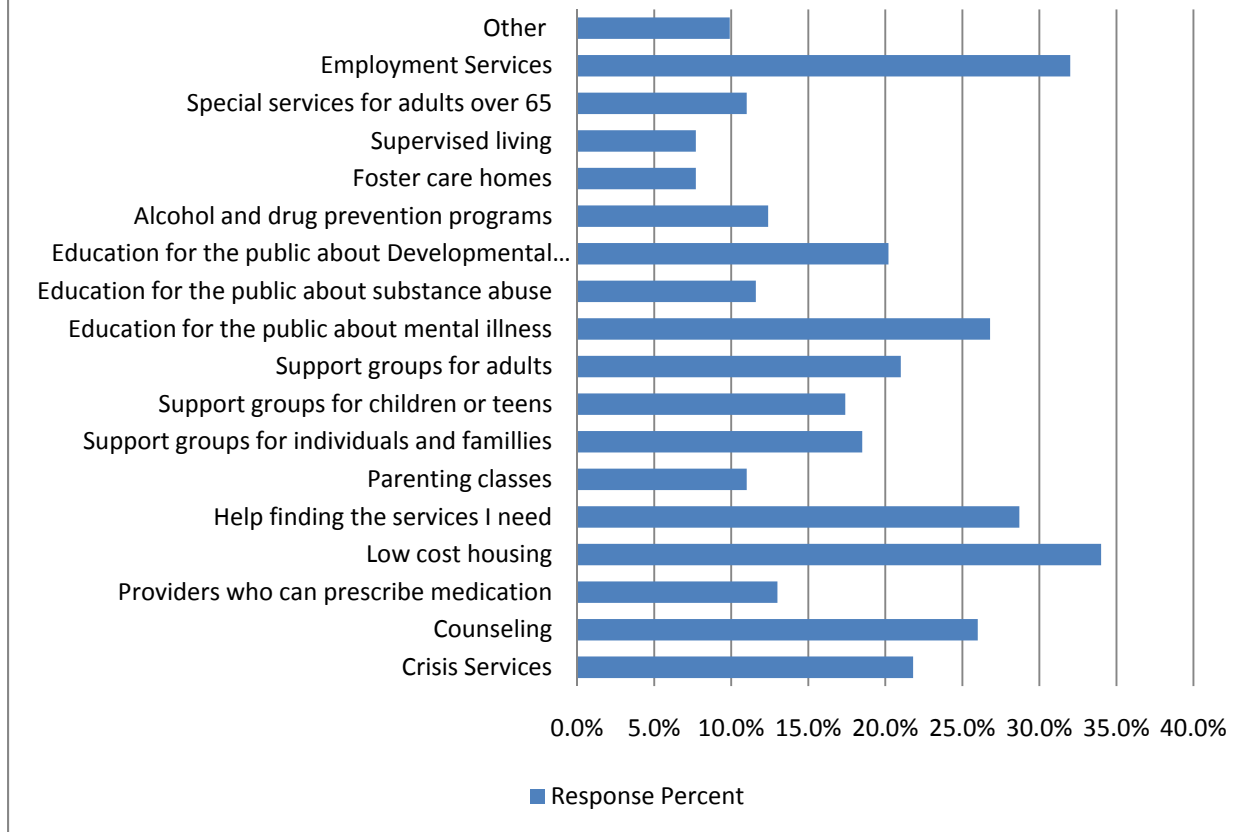
The ages of the persons reported to be receiving and/or needing the services are shown below:



Almost 72% of those reported as receiving or needing services are adults with the highest percentage being in the 41 to 64 age group.

The services that were most often reported to be missing or in short supply are shown below:

What General Services Are Missing or in Short Supply?



The responses show the services most frequently reported as missing or in short supply are:

- Low cost housing (34%)
- Employment services (32%)
- Help finding the services I need (29%)
- Education for the public about mental illness (27%)
- Counseling (26%)
- Crisis services (22%)
- Support groups for adults (21%)
- Education for the public about developmental disabilities (20%)

These findings are consistent with those from the 2009 needs assessment that consumers and families were more likely to identify basic services such as transportation, housing and employment.

The major barriers to receiving services that were identified are shown on the next page with the most frequently reported being: 1) Transportation 2) Don't know what services are

available 3) Don't know how to find services, and 4) Can't pay for services. These findings are also consistent with the previous needs assessment in 2009.

What problems do you face when trying to get services? (check all that apply)		
Answer Options	Response Percent	Response Count
Transportation	45.8%	159
Don't know what services are available	42.7%	148
Don't know how to find services	37.8%	131
Can't pay for services	34.9%	121
Don't have insurance	25.6%	89
Have medical issues	16.4%	57
Stigma/embarrassment/fear	11.2%	39
Legal problems	10.1%	35
No childcare	8.1%	28
Don't believe services will help	5.8%	20
Other (Please Explain)	5.8%	20
Immigration problems	0.6%	2

When respondents were asked questions about specific services, they reported the following:

Please rate the following services you or your family member may need:						
Answer Options	need this; waiting list too long	need this; times are inconvenient	need this; it isn't available	don't need this service	don't know what this service is	Response Count
Mobile Crisis	17	30	27	144	83	288
Other Crisis Services	25	42	36	120	51	268
Assessment Services	26	28	30	114	40	234
Psychiatric Medication Management	32	38	28	104	27	224
Therapy (group, family, individual)	34	43	38	108	21	236
Case Management	39	28	39	104	23	228
Respite	9	23	23	123	61	234
Day Service (PSR/Day Treatment)	15	18	25	113	55	219
Peer Support or service	17	32	36	126	37	235
Detox	10	12	11	155	35	218
Alcohol and Drug Treatment	18	18	21	149	33	236
Residential Services	43	26	33	104	35	235
Housing	69	24	36	118	17	258
Employment Service	62	29	49	85	16	232
Support Groups	24	60	43	114	25	260
Education on MH/DD/SA	16	40	35	117	36	236
Foster Care Homes	11	11	10	162	32	224
CAP Services	11	8	16	116	66	212

In summary, the overall responses of survey participants reflected the following:

- Waiting times too long for housing, employment, residential services, case management, counseling, psychiatric medication management, and assessment
- Times inconvenient for support groups, counseling, psychiatric medication management, education on mental health, developmental disabilities and substance abuse, crisis services other than mobile crisis, peer support, case management and assessment
- Services needed but seen as not available were employment services, support groups, case management, counseling, peer support, education on mental health, developmental disabilities and substance abuse, residential, assessment and medication management
- Services that are not familiar to many of the persons responding include CAP services, mobile crisis, respite, and day services

When the responses of persons indicating a need for services for an adult with developmental disabilities were analyzed separately, the most frequent responses regarding services that needed to be more available were: 1) Education for the public about developmental disabilities (50%) 2) Crisis Services (30.3%) 3) Help finding the services I need (28.9%) and 4) Low cost housing (27.6%) . When asked to comment about the specific services they may need, this group reported the following:

- Waiting list too long for employment services (42.6%), case management (35.8%) and residential services (32.1%)
- Times are inconvenient for counseling services (22.2%)
- Services needed but not available included case management (26.4%), employment service (23.4%), education on MH/DD/SA (23.4%), peer support (22%) and respite (21.7%)

Community Needs Assessment Survey

The Community Needs Assessment Survey conducted in April of 2011 had 206 respondents with behavioral health providers, healthcare providers, schools, governmental agencies, religious organizations and advocacy groups making up the a large majority of the respondents. The survey was completed primarily online through but paper copies were also distributed by LME staff when they attended community meetings. The survey link was distributed by email to numerous email groups including the Five County Community Collaborative. A description of the affiliations reported by survey respondents is presented on the nest page:

Please indicate which choice or choices below best describe you or the organization you represent		
Answer Options	Response Percent	Response Count
Behavioral Health Provider	18.7%	38
Other (Please specify)	13.8%	28
Healthcare Provider	12.8%	26
Governmental Agency	11.8%	24
Schools	11.3%	23
Church/Religious Organization	10.8%	22
Advocacy or Self Help Organization	9.4%	19
LME Staff or Area Board Member	6.4%	13
Law Enforcement/Criminal Justice	5.9%	12
Business/Civic organization	3.4%	7
Juvenile Justice	1.5%	3
Consumer & Family Advisory Committee (CFAC)	1.0%	2

There were a wide variety of organizations represented by survey respondents with the most frequent being: 1) Behavioral health providers 2) Other 3) Healthcare providers 4) Governmental agencies 5) Schools and 6) Church or religious organizations.

Information about the counties in which the respondents lived and/or worked is presented below:

Please indicate the county or counties in which you live or work.		
Answer Options	Response Percent	Response Count
Vance	50.5%	103
Franklin	38.7%	79
Warren	31.4%	64
Granville	29.9%	61
Halifax	22.5%	46

It is not clear why Vance County was the one most frequently reported in this question, though it may be related to the fact that the LME is located in Vance County, and Vance is also the county with the largest number of behavioral health providers. When overall county population is considered, Franklin and Granville Counties have the largest populations.

The next question asked what services for adults needed to be more available in each county. The responses for each item were arranged for each county from highest to lowest then a rank was assigned. The most frequent response was given a rank of one, so the lower the rank, the higher the need. The ranks for each county were then combined and averaged, with the lowest average rank reflecting the services most frequently identified as needed. The rankings for adult services are presented on the next page:

What Services Need to be More Available for Adults?						
	Franklin Rank	Granville Rank	Halifax Rank	Vance Rank	Warren Rank	Overall Rank
SA Counseling	3	1	2	2	2	2
MH Counseling	5	1	5	1	1	2.6
SA Crisis/Detox Facility	2	4	3	6	5	4
Screening/Assessment	6	7	15	5	2	7
Anger Management classes	9	15	1	8	5	7.6
MH Crisis Facility	3	5	9	7	14	7.6
MH Inpatient Hospital	1	3	24	2	9	7.8
Psychiatric Evaluation and Medication Management	8	5	19	11	4	9.4
MH/SA Employment Services	10	14	4	15	5	9.6
I/DD Skills Training	16	8	8	8	11	10.2
MH/SA Intensive Outreach	11	8	19	2	11	10.2
Mobile Crisis Services	7	8	17	10	14	11.2
Recovery Education	13	13	7	12	11	11.2
MH Independent Housing	13	11	5	16	17	12.4
SA Intensive Outpatient	11	11	19	13	9	12.6
I/DD Assistance with Personal Care	16	18	15	13	14	15.2
MH Day Treatment Programs	19	19	11	20	8	15.4
MH Supervised Living	18	19	9	16	18	16
SA Supervised Living	13	27	11	16	22	17.8
I/DD Supervised Living	23	19	11	24	22	19.8
I/DD Day Programs	19	15	24	23	24	21
SA Independent Housing	24	24	11	21	26	21.2
I/DD Case Management	26	23	17	22	20	21.6
I/DD Employment Services	24	15	19	24	26	21.6
Guardianship Services	21	19	26	27	18	22.2
I/DD Caregiver Training	21	24	19	24	25	22.6
MH/SA Case Management	26	26	27	16	20	23
Other (Specify Below)	28	28	28	28	28	28

Key: MH = Mental Health SA = Substance Abuse I/DD = Intellectual/Developmental Disabilities

Rankings varied somewhat from county to county, but the mental health counseling, substance abuse counseling and substance abuse crisis/detox were rated as high priorities in all of the counties.

The next question asked what services for youth needed to be more available in each county, and the rankings were done in the same way as for adult services so that the lower the rank the higher the need. The rankings for services to youth are presented on the next page:

Which Services Need to be More Available to Youth and Their Families?

Service	Franklin Rank	Granville Rank	Halifax Rank	Vance Rank	Warren Rank	Overall Average Rank
Family Counseling	1	2	1	1	1	1.2
Anger Management classes	9	1	2	4	6	4.4
MH Counseling	4	9	6	5	4	5.6
SA Counseling	4	18	3	3	2	6
Screening/Assessment	3	22	7	2	3	7.4
Parenting classes	2	16	4	10	8	8
I/DD Skill Development Training	9	8	8	7	12	8.8
SA Education & Prevention	4	21	5	9	5	8.8
MH/SA Intensive In Home Services	8	14	10	6	8	9.2
MH/SA Day Treatment	12	12	8	14	11	11.4
Psychiatric Evaluation and Medication Management	13	18	13	8	6	11.6
I/DD Day Programs	14	6	15	15	13	12.6
MH/SA Case Management	15	12	15	13	8	12.6
MH Inpatient	3	9	20	10	22	12.8
Mobile Crisis services	9	15	15	12	15	13.2
I/DD Assistance with Personal Care	15	3	15	19	15	13.4
I/DD Case Management	20	5	15	17	14	14.2
Respite Care	19	18	10	16	17	16
MH Residential Treatment	22	11	13	22	17	17
I/DD Caregiver Training	22	4	24	18	22	18
Therapeutic Foster Care	15	25	12	21	17	18
I/DD Crisis Residential	20	6	21	22	22	18.2
Specialized Trauma Treatment	15	24	21	19	17	19.2
SA Residential Treatment	25	22	21	24	17	21.8
Other (Specify Below)	24	16	24	25	25	22.8

**Key: MH = Mental Health SA = Substance Abuse
I/DD = Intellectual/Developmental Disabilities**

Rankings varied somewhat from county to county but family counseling ranked first or second in all five counties.

The most common barriers to obtaining services were reported to be: 1) Lack of transportation 2) People don't know what services are available 3) People don't know how to obtain the services 4) Waiting times are too long and 5) The services are too far away. The complete responses are presented on the next page.

:

What are the major problems or barriers to obtaining services in our system? Please choose the top 3.		
Answer Options	Response Percent	Response Count
Lack of transportation	56.2%	114
People don't know what services are available	44.3%	90
People don't know how to obtain the services	39.4%	80
Waiting times are too long	38.4%	78
The services are too far away	33.5%	68
Transportation not available	33.5%	68
People can't afford the services	26.6%	54
Stigma/embarrassment/fear	18.2%	37
People don't believe services will help	14.8%	30
The needed services are not available	14.3%	29
The hours are not convenient	12.3%	25
No childcare	11.8%	24
Other (Please specify)	4.4%	9

When asked how they would recommend making decisions regarding funding for services if state funding is reduced, the following responses were given:

If funding for services is reduced during the coming year, what strategies would you recommend for addressing funding reductions? (Choose no more than two)		
Answer Options	Response Percent	Response Count
Reduce funding for all services across the board	15.5%	31
Reduce or eliminate funding for specific services	19.5%	39
Prioritize services to persons with most serious impairments	47.0%	94
Reduce the amount of service provided to each individual	7.5%	15
Chose providers based on quality or effectiveness of services	54.5%	109
Other (Please specify)	4.0%	8

The most frequent responses were: 1) Choose providers based on quality or effectiveness; and 2) Prioritize services to persons with the most serious impairments.

The complete survey responses are presented in Appendix 4.

Access and Utilization Data

Analysis of other data collected by the LME includes requests for services to the Call Center or Care Management units that could not be accommodated timely, state data reports on persons in need of services and penetration rates, and utilization data for specific programs or populations.

Data collected from the Call Center regarding service requests and timely access to services reveals that Five County is meeting the state and local standards for timely access to emergency and urgent care, primarily through utilization of Mobile Crisis and Facility Based Crisis services, but has not been able to meet state and local standards for timely access to routine care within 14 days after the date of the request during the past two quarters.

The timeliness of access to needed services varies from time to time depending on staffing patterns at contracted provider agencies, and changes in the provider network. The two areas that have consistently showed longer waiting times than for other services are Substance Abuse Intensive Outpatient (SAIOP), and Medication Management. At the time of the survey there were three providers offering SAIOP services, two in Halifax County and one in Vance County. As a result of collaborative efforts to address this gap, one additional SAIOP has opened in Franklin County and programs are expected to open soon in Warren and Granville Counties, so we will have at least one SAIOP in each county.

The availability of medication management services is in flux at this time as major changes are occurring within the provider network. The largest provider of Medication Management services with sites in Halifax and Vance Counties decided to leave the Five County area by August 30, 2011, causing major concerns for consumers and the LME about how to maintain continuity of care. Around the same time, another major provider of Medication Management and Walk In Crisis services in Halifax County closed with short notice causing major disruptions in access to care for their consumers. The LME acted quickly by recruiting new providers to offer Medication Management and Walk In Crisis services in Halifax and Vance counties and both programs began operating in August, 2011. The new providers were able to retain some of the physicians and other staff from the former providers, which has helped with continuity of care.

There are currently three contracted providers of medication management services in Franklin County but all have limited capacity at present. Five County has been coordinating with all three to try to ensure timely access for persons living in that area, but waiting times are currently still too long. There is only one contracted IPRS provider of Medication Management services in Granville County and none in Warren County.

Timely access to outpatient counseling services has also been a problem due to the limited number of licensed mental health and substance abuse professionals in our IPRS network qualified to provide this service. These professionals also provide comprehensive clinical assessments, which is the initial service for most individuals who are requesting services. Licensed professionals are also required to supervise most of the enhanced benefit services such as Intensive In Home, Community Support Team and SAIOP which may have teams of non-licensed staff providing services as well.

During the spring of 2011, Five County established contracts for independent assessments with licensed professionals who only provide this one service. The intent of these contracts was

twofold, insuring more timely access to services, and determining the most appropriate service array for each consumer. After the independent assessment, LME Utilization Management staff make referrals to the appropriate agencies for the needed services. Utilizing independent assessors for the initial assessments was also intended to free up more of the time of licensed professionals in other agencies to provide the needed counseling services.

The needs assessment survey also identified a perceived shortage of capacity for substance abuse Crisis/detox residential beds, in all five counties. The one Facility Based Crisis Center located within the Five County catchment area, the Recovery Response Center, serves adults with mental health and/or substance abuse related crises. Diagnostic data has shown that over half of the persons served at the Recovery Response Center have a substance abuse diagnosis, and the majority of that group also have a co-occurring mental health diagnosis. The Recovery Response Center has been operating at or near capacity for most of the past year, so is unable to meet the full demand for Facility Based Crisis Services. The Recovery Response Center is located in Henderson in Vance County, and tends to serve a higher number of consumers from Vance County than any of the other counties. Halifax County tends to utilize this facility less than the other counties, but is also the only county that has an inpatient mental health unit within the county. The number of consumers served by month and county is presented below:

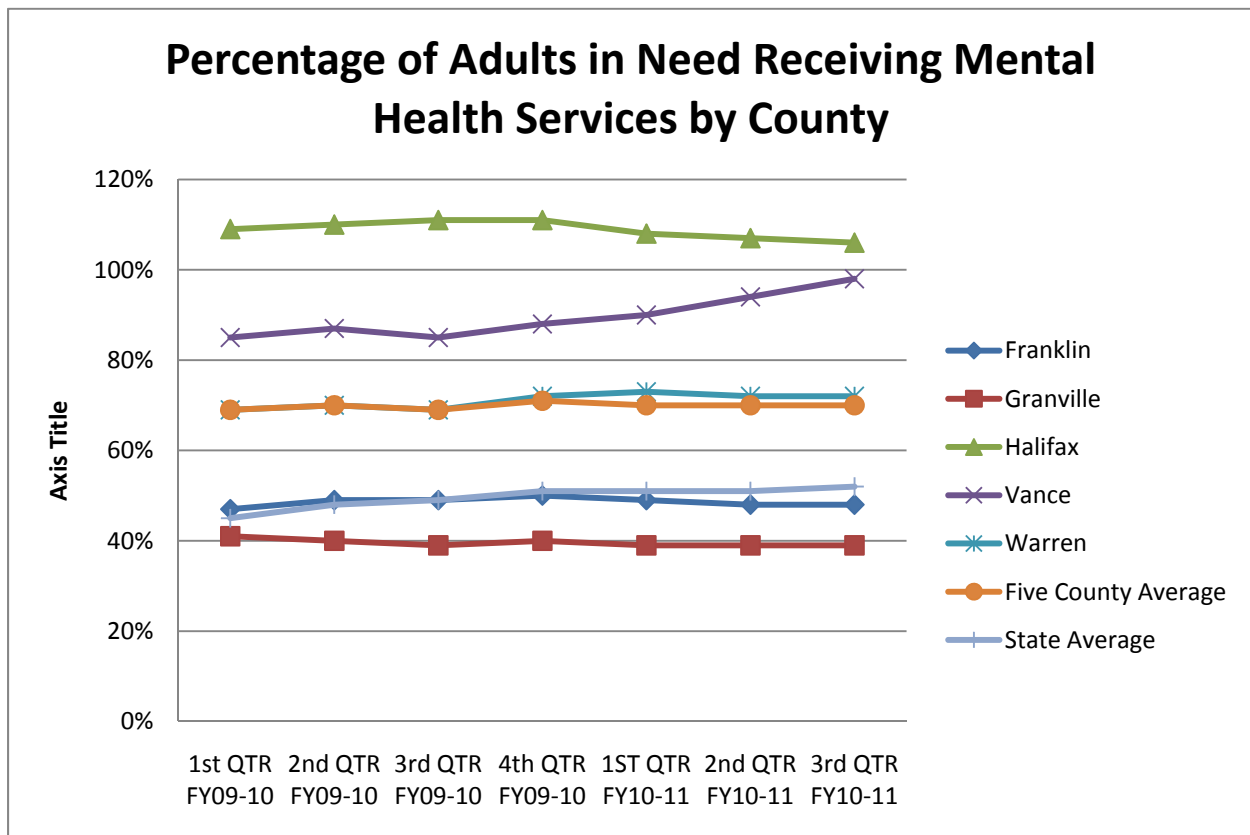
PERSONS SERVED IN RECOVERY RESPONSE CENTER BY MONTH															
	2010						2011								
Month	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Totals
Franklin	14	15	21	15	18	13	15	10	12	14	8	8	11	9	183
Granville	11	7	8	8	7	9	12	13	10	3	9	11	12	14	134
Halifax	4	5	7	4	4	6	7	5	8	7	7	5	7	8	84
Vance	28	34	24	23	27	30	27	26	30	28	34	50	30	32	423
Warren	8	7	6	8	6	7	5	5	1	8	7	6	5	9	88
Other	5	4	2	2	3	0	3	1	3	5	2	0	3	0	33
Total	70	72	68	60	65	65	69	60	64	65	67	80	68	72	945

Five County has a contract with another provider of Facility Based Crisis services with sites in Durham and Chapel Hill that can help to accommodate the need when the local facility is full. In order to try to reduce the demand for this service and the readmission rates, Five County MHA has been developing some new alternative services. These services include Assertive Engagement which is focused on outreach to connect persons who are high users of crisis services to ongoing care, and Wellness and Living Skills Education which focuses on employing persons who are in recovery to teach other consumers recovery and self help skills.

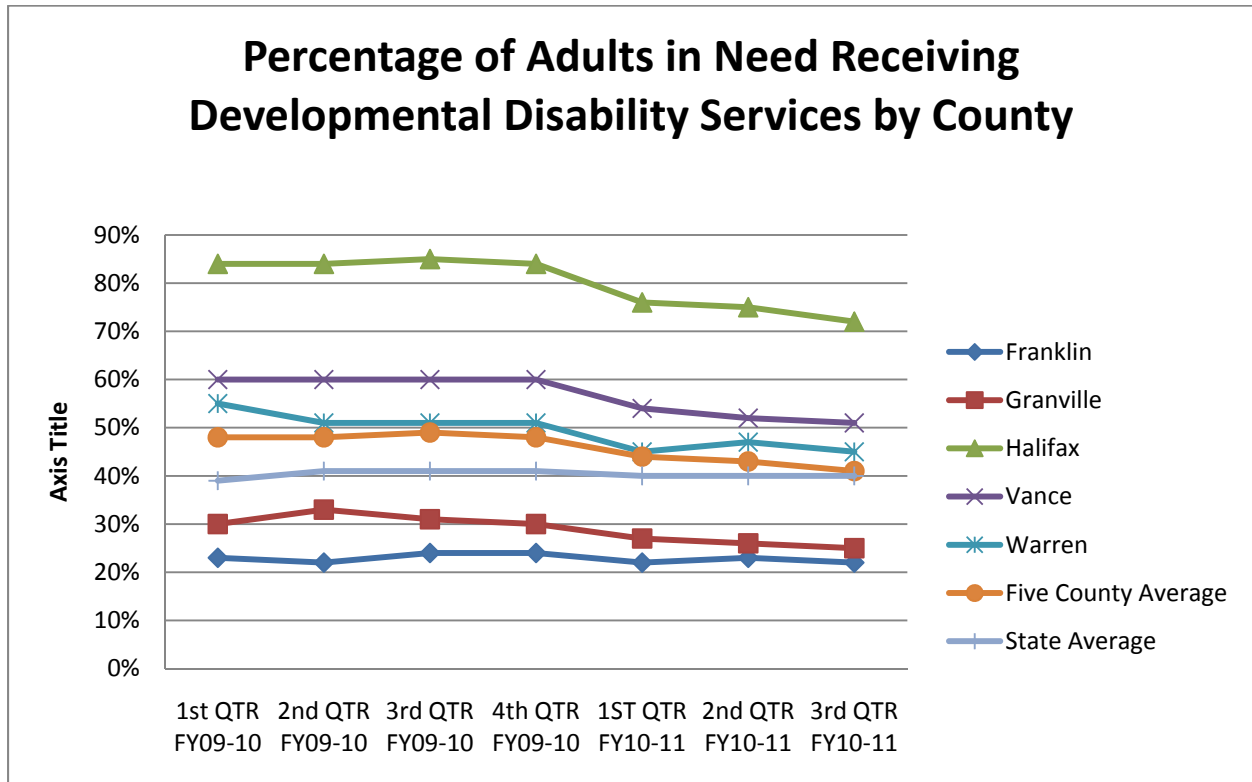
Quarterly utilization data compiled and reported by the state shows that Five County LME is currently meeting or exceeding the state standards for services to persons in need for all

disability groups. This data is compiled by comparing the number of residents in each county expected to be in need of services based on county population and national prevalence data, with the number who actually received services that were funded by state or Medicaid funds, essentially measuring a penetration rate.

There are substantial differences from county to county in the penetration rates with Halifax and Vance Counties consistently having the highest percentages of persons in need being served in all disability groups, though the rates in Halifax County in all disability groups have been declining during the past year. Franklin and Granville Counties have consistently showed the lowest rates of persons in need being served in all disability groups, however the lower penetration rates in Franklin and Granville counties may be explained in part by the lower rates of Medicaid eligibility in these counties since Medicaid funded services make up the majority of the claims. The graph below shows how each county in the Five County catchment area compares with the Five County average and the state average on the percentage of adults in need of mental health services who are receiving them. As can be seen Halifax and Vance and Warren Counties are well above the state average, while Franklin County is around the state average and Granville County is well below.

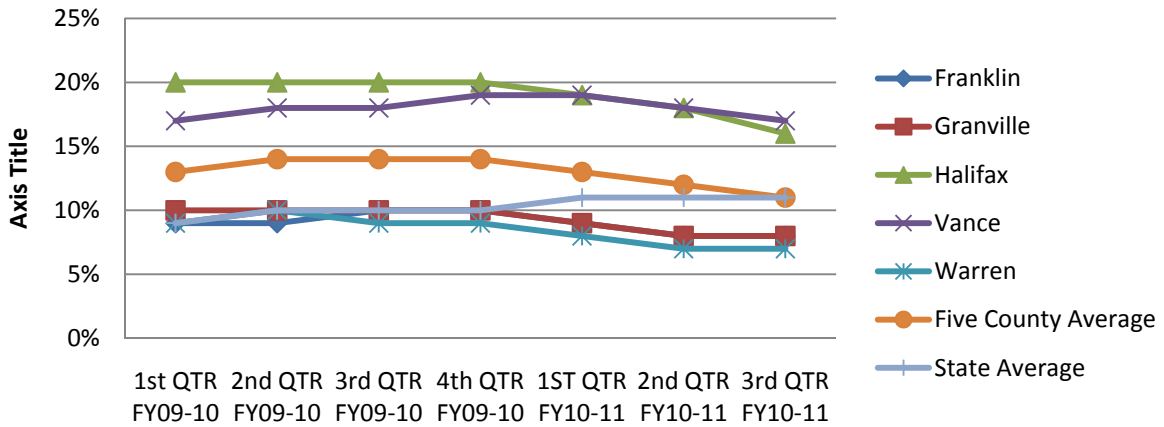


The next graph shows that Halifax and Vance counties are well above the state average for adults receiving developmental disability services, Warren is around the state average, and Franklin and Granville counties are well below.



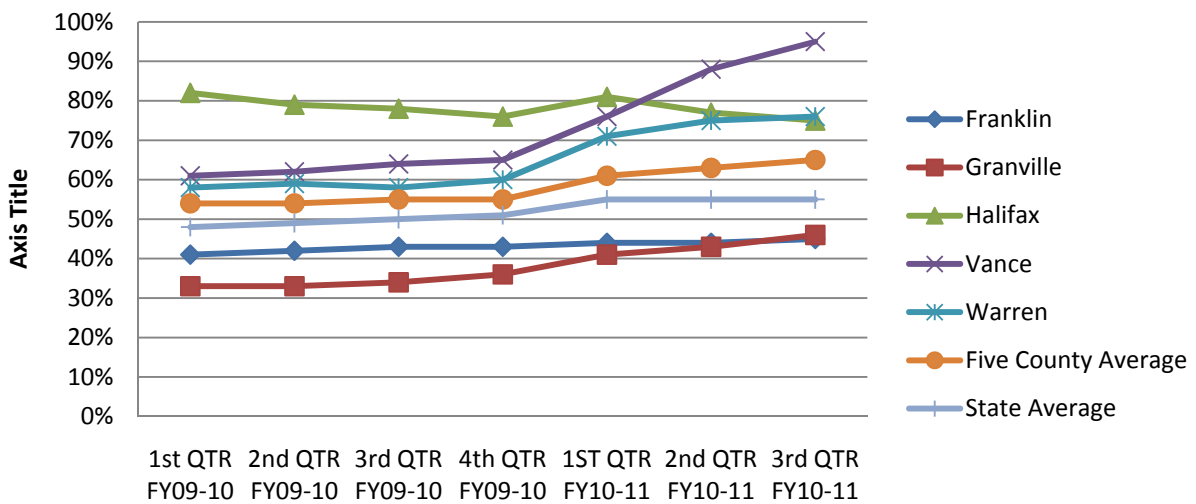
The graph on the next page shows the rates of adults receiving treatment for substance abuse are consistently higher in Halifax and Vance County, but the rates have fallen throughout the Five County catchment while the state rates have risen. Franklin, Granville and Warren counties are all below the state average. During the reporting periods covered by this data, the only Substance Abuse Intensive Outpatient (SAIOP) programs were located in Halifax and Vance Counties. Another program has more recently opened in Franklin County, and additional SAIOP programs are in process in Granville and Warren Counties which should have a major impact on this data in the near future.

Percentage of Adults in Need Receiving Substance Abuse Services by County

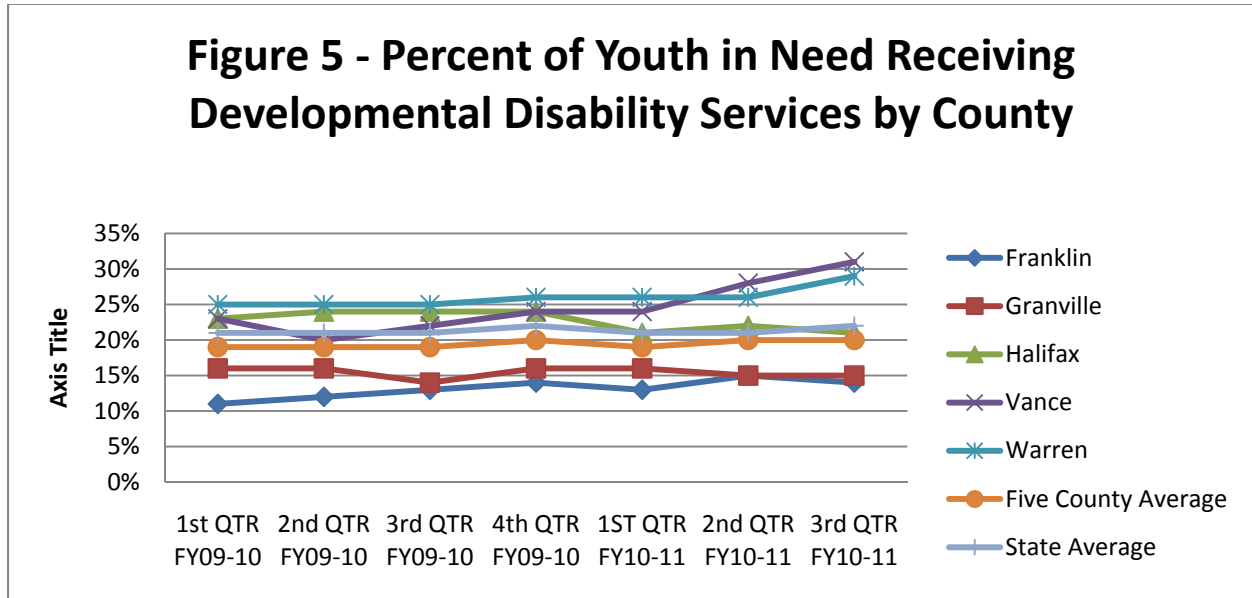


The next graph shows the rates of youth receiving mental health services. The rates under treatment have risen in Granville, Vance and Warren counties, and remained relatively stable in the other two counties; however Franklin and Granville counties are still well below the state averages.

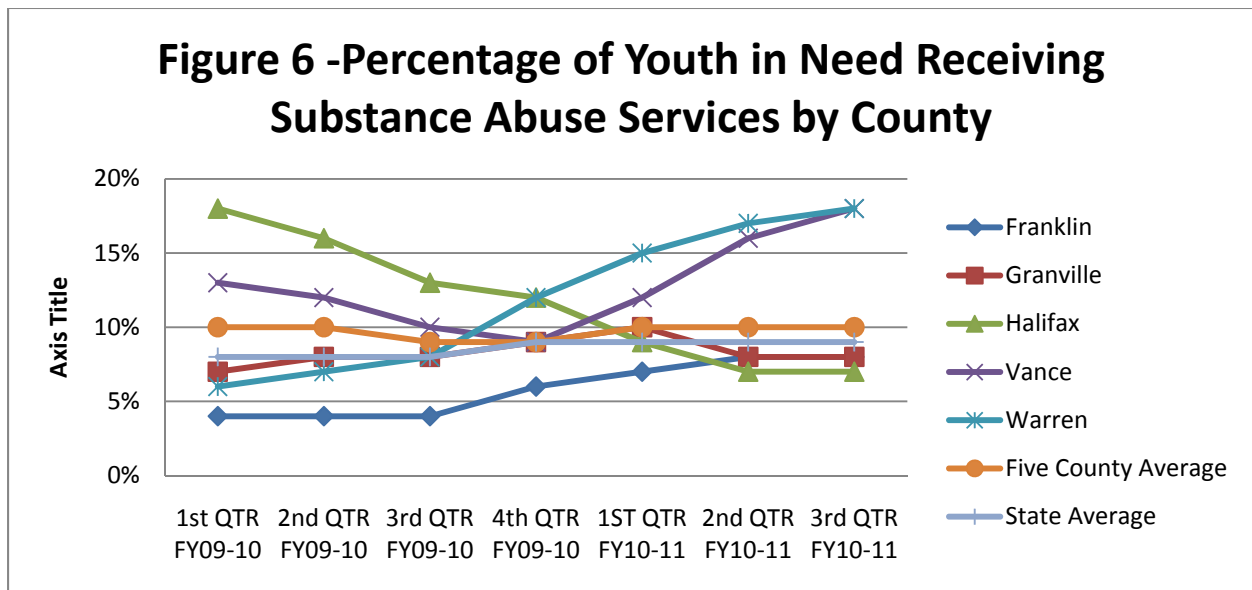
Percentage of Youth in Need Receiving Mental Health Services by County



As can be seen below, the rates for youth receiving developmental disability services have risen in Franklin, Vance and Warren Counties, and fallen in Halifax. Franklin and Granville counties remain well below the state average, while Vance and Warren are well above, and Halifax is not around the state average.



The last graph shows that rates of youth receiving substance abuse treatment have climbed dramatically in Warren and Vance counties. This may be primarily a reflection of changes in referral patterns of the juvenile justice system. The rates have fallen in Halifax County which coincides with a change in provider for the juvenile justice program there. The rates have also risen in Franklin County though less dramatically and fluctuated substantially in Granville County. Franklin, Granville and Halifax Counties are currently below the state averages.



There is another issue of great concern that is frequently identified by the LME Compliance Team during provider monitoring reviews, and also by Care Coordinators who help consumers access needed services. This issue pertains to continuity of care. Because most of the providers don't offer a complete continuum of care for either a single disability group, or persons with a dual diagnosis, consumers are often placed in services or levels of care that don't match their needs. Providers tend to place consumers in the services they offer, or have readily available instead of referring to other providers who offer a more appropriate service. This is especially true of consumers receiving enhanced benefit services, when outpatient may be more appropriate. The reimbursement rates often drive provider decisions about which services to offer, and profit margins for outpatient tend to be lower than for some of the enhanced benefit services. Another common finding is that substance abuse issues are not being adequately identified or addressed, especially with mental health providers. Consumers may also remain longer than needed in a particular level of care instead of being transitioned to the more appropriate level

In the past year the state has begun certifying Critical Access Behavioral Health Agencies (CABHA's) which provide mental health and/or substance abuse services and are required to offer a continuum of care for at least one age and disability group. CABHA's are also required to have a staffing pattern and supervisory structure that facilitates quality care for the persons served. While Five County currently has a total of 37 CABHA's that have contracts or Medicaid MOA's to provide services to Five County residents, the majority are located outside the Five County catchment area and do not offer a full continuum of services in the Five County area. .

A Community Health Assessment conducted in Warren County in 2010, showed that drug/alcohol abuse and mental health were both among the top 10 health problems reported in a survey completed by 600 residents. Smoking and reckless/drunk driving are identified among the top 5 unhealthy behaviors, and drug and alcohol abuse is identified as the community wide issue that has the greatest impact on overall quality of life. When parents were asked in what areas their child needed more information, drug abuse and alcohol were among the top 5 areas mentioned. In addition, 27% of respondents reported that in the past 30 days, there were days when feeling sad or worried kept them from going about their normal business.

A Community Health Assessment Survey completed in Granville and Vance Counties in July of 2011 showed that drug and alcohol abuse was identified among the top three issues that most affect the quality of life in both Granville and Vance Counties. In addition, drug and alcohol prevention was the third most frequent response in both counties to a question about which health behavior people in your community need more information about. Drug abuse was also the second most frequent response in Granville County when respondents were asked what their children needed more information about and eating disorders was the third highest response in Granville County. When asked if the respondent had been told by a health care professional that they had a specific health condition, 18.8% of the respondents in Vance County reported

depression or anxiety, and 32.2% in Granville County. Furthermore, 16.2% of Vance County and 22.6% of Granville County respondents reported that in the past 30 days there have been days when feeling sad or worried kept them from going about their normal business. In response to a question about who they would tell a friend who needed counseling to talk to first, respondents in both counties most frequently reported a doctor. However, in Granville County the second most frequent response (20%) was a private therapist, while in Vance the second most frequent response was a mental health agency (15%).

GEO-MAPPING DATA

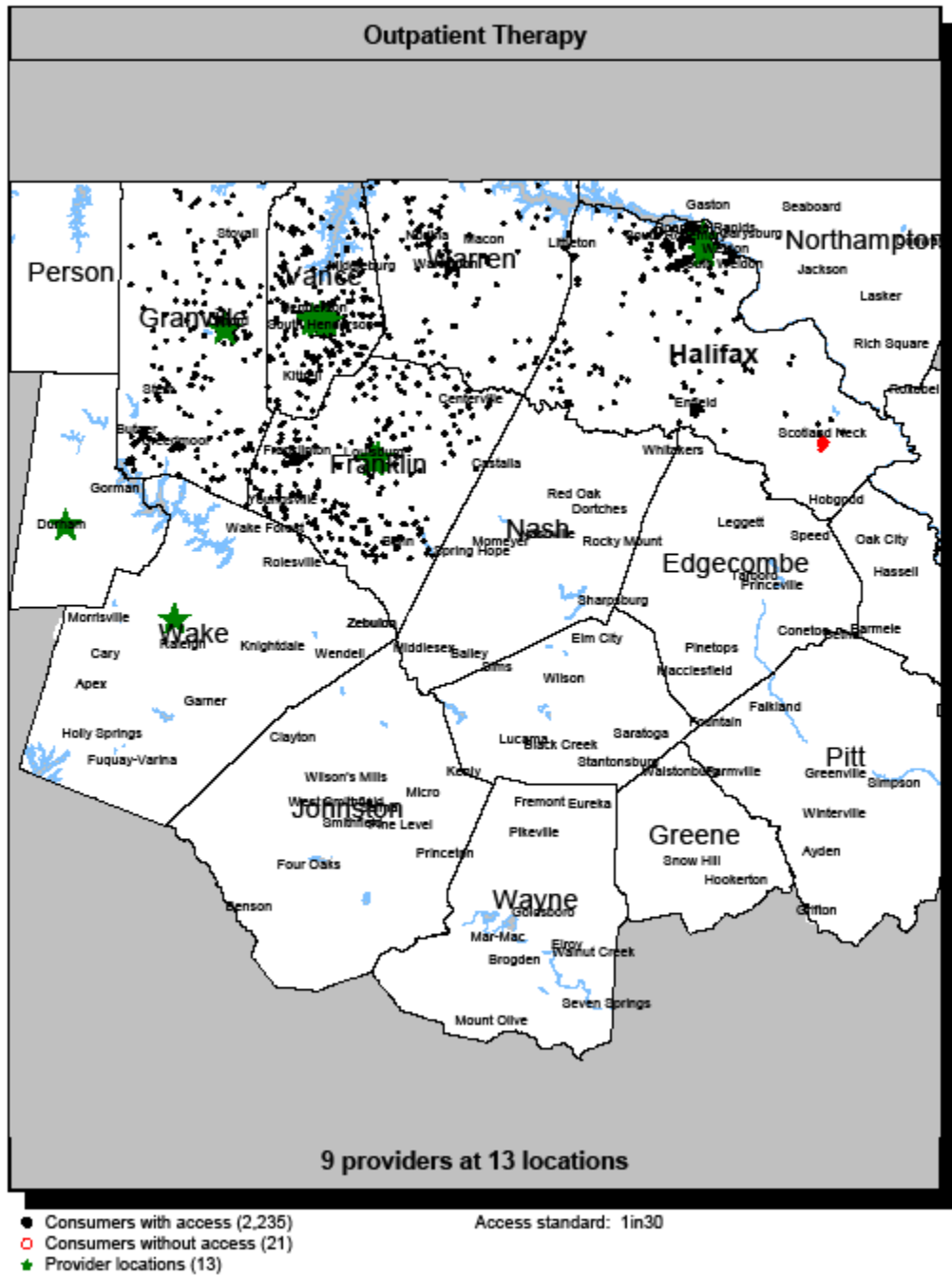
Five County LME purchased geo-mapping software to facilitate analysis of where current or potential recipients of services live in comparison to where the needed services are located. Between June and August of 2011, Five County conducted a series of analyses of geo-mapping data using GeoNetworks. As a part of the analysis, maps have been produced showing service provider sites for specific types of services, the location of all consumers who received state (IPRS) funded services during the past 60 days, and the location of consumers who are more than 30 miles from a provider service site. The software is also capable of analyzing the average distance to a provider site or sites, and the percentage of consumers who live within a specific distance from those sites.

Since PBH will be conducting an extensive analysis of this data which will also include Medicaid eligible individuals in preparation for implementation of the Medicaid Managed Care Waiver, on January 1, 2012, the current analysis is limited primarily to the locations of the current providers with IPRS contracts, and the locations of consumers who have received IPRS funded services in the past 60 days. All maps and data are presented in Appendix 6.

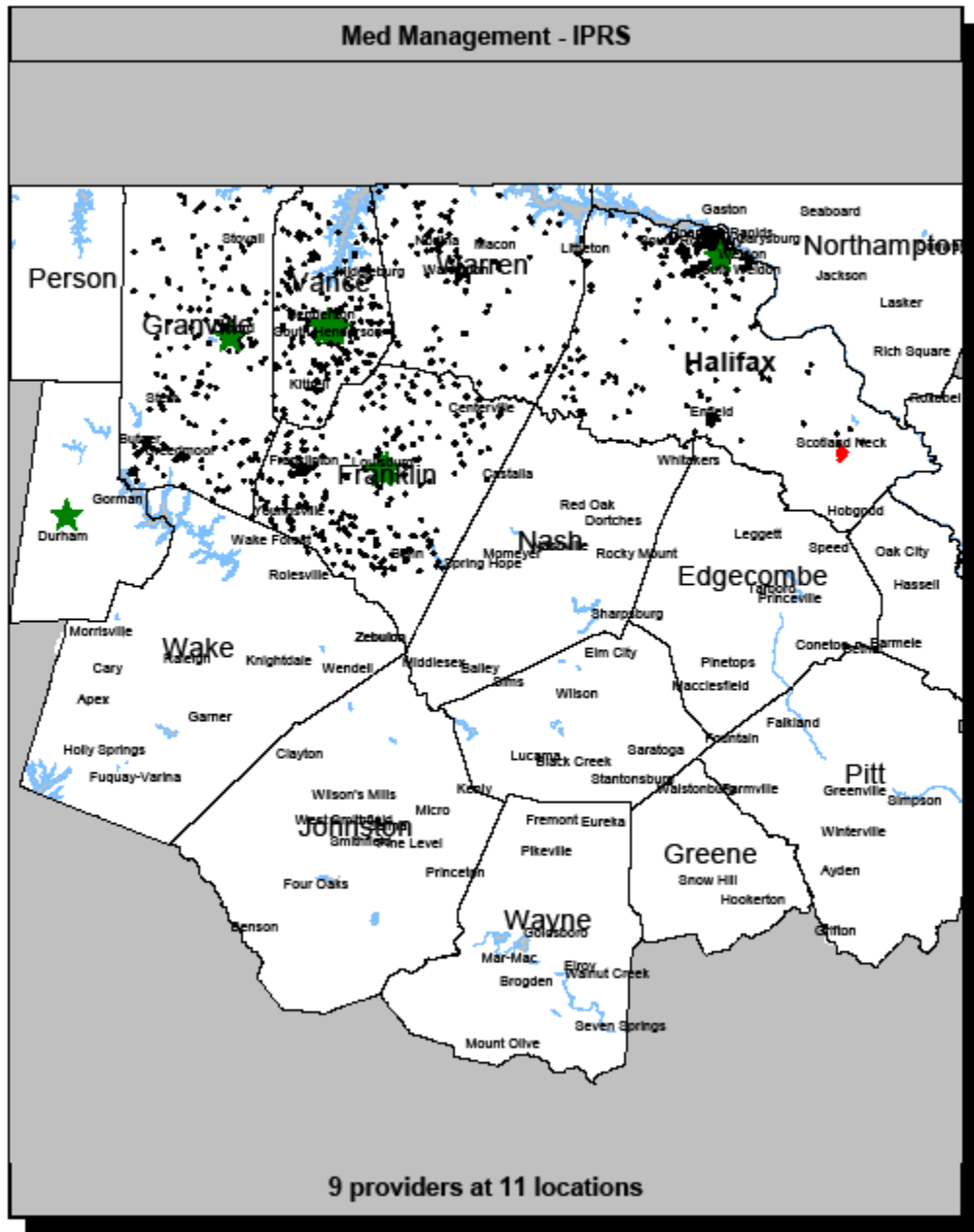
At the present time, Five County has only been able to map the location of persons who have received state funded (IPRS) services in the past 60 days since most claims for Medicaid funded services are not processed through the LME. All the maps show where consumers who received IPRS funded services live in comparison to the provider locations. Consumers are shown as black dots if they are within 30 miles of a provider and red dots if they are not. Provider sites are indicated with green stars.

Other needs assessment data has show a shortage of availability in the IPRS provider network of Outpatient Therapy services. There are 9 IPRS contracted provider agencies for this service and 10 total sites. As can be noted there are no contracted sites in Granville or Warren Counties currently. The same finding holds true for Comprehensive Assessment Services and Medication Management. Some of these providers offer these services to both youth and adults, while others serve only adults. The southern portion of Halifax County is the only area in the catchment area that is more than 30 miles from at least one provider of these services. The maps for outpatient and medication management are presented on the following pages.

FCMHA Providers - Outpatient Therapy
Provider locations



Provider locations



- Consumers with access (2,235)
- Consumers without access (21)
- ★ Provider locations (11)

Access standard: 1in30

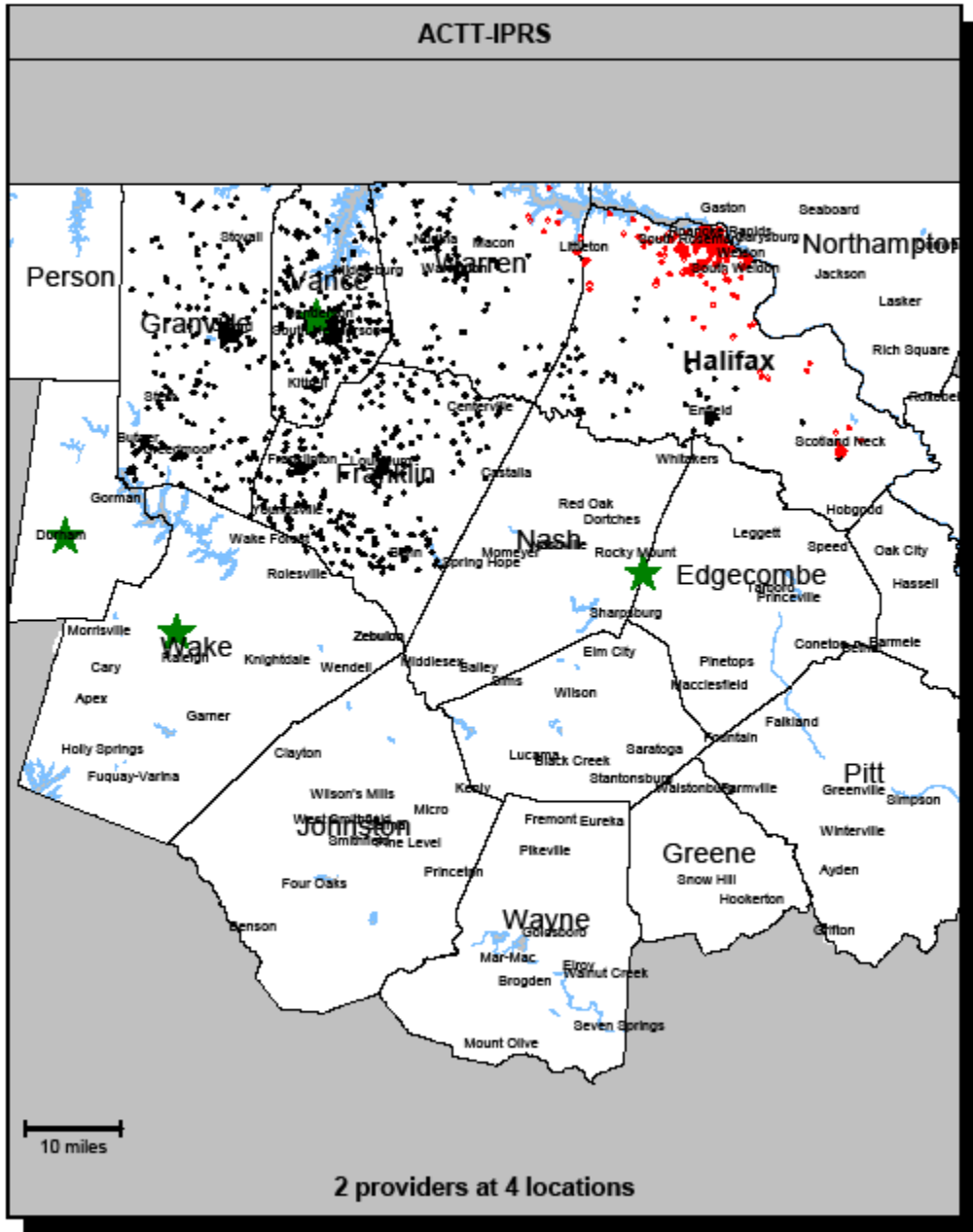
In looking at more intensive adult mental health services, Assertive Community Treatment Team (ACTT), an evidence-based service for adults with serious mental illness, has been identified as the service with the greatest shortage of availability. At the present time, there is only one provider with an IPRS contract located in the catchment area in Henderson in Vance County. There is also one IPRS contracted provider outside the catchment area in Rocky Mount in Nash County that serves the Halifax County area. The northern half of Halifax County is more than 30 miles from any ACTT provider site and only a small number of Halifax County consumers are currently receiving ACTT services. There are at least four other potential providers endorsed for ACTT services that currently have Medicaid MOA's with Five County but are located outside the catchment area, two in Durham County and two in Wake County, but they are not serving the Five County catchment area at the present time. The map showing ACTT service provider sites is presented below on the next page.

The other intensive mental health services for adults appear to be in adequate supply based on the capacity assessment. There are two Psychosocial Rehabilitation (PSR) programs for adults located in Halifax County, and one in each of the other counties in the catchment area except for Warren County. While there are no providers offering Mental Health Targeted Case Management, located in Warren County, there are multiple providers that serve these counties since this is a outreach based service. The same was true of IPRS network providers offering Community Support Team. (See Capacity Assessment data in Appendix 2)

The two intensive mental health services for children and adolescents that are in short supply are Multi-Systemic Therapy (MST) and Child/Adolescent Day Treatment. There are two providers of MST in the IPRS network, but neither program is serving Halifax County at present and both are located in Durham which is more than 30 miles from Warren, Vance, most of Franklin and the northern half of Granville counties. There is only one provider of Child/Adolescent Day Treatment in the catchment area located in Youngsville in Franklin County and this provider is not in the IPRS network. However, one IPRS contracted provider is in the process of implementing several additional Child/Adolescent Day Treatment programs in Franklin County in collaboration with the local school system. (See accompanying maps)

Access to Substance Abuse Intensive Outpatient Services has been identified as a major area of need due to the limited capacity and long waiting times for this service at the time the Needs Assessment data was collected. The map below shows that at the present time SAIOP programs are operating in Franklin, Halifax and Vance Counties, but SAIOP programs are planned to open in Norlina in Warren County and Oxford in Granville County in the fall of 2011, so there will be at least one provider of this service in each of the five counties.

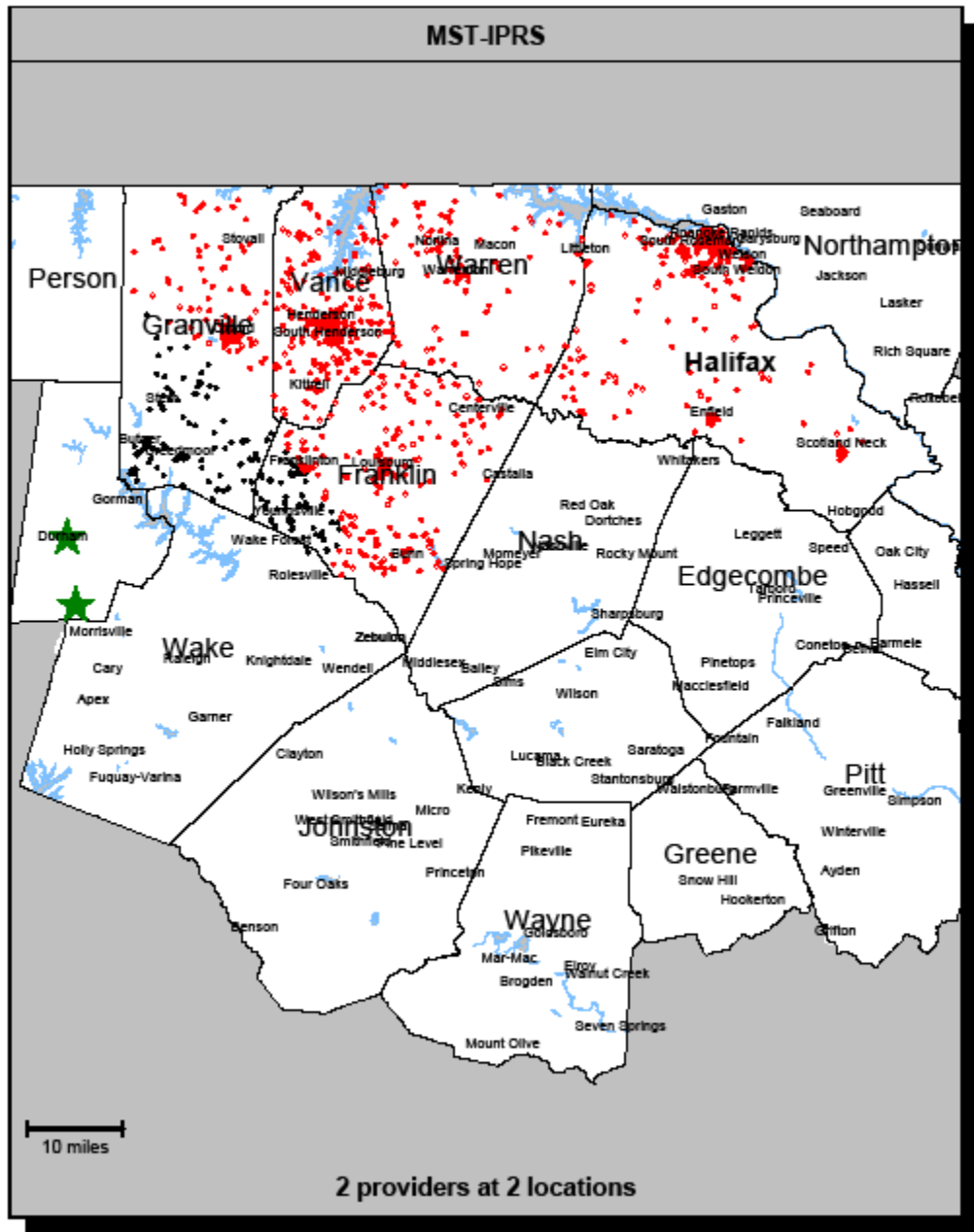
Provider locations



- Consumers with access (1,833)
- Consumers without access (423)
- ★ Provider locations (4)

Access standard: 1in30

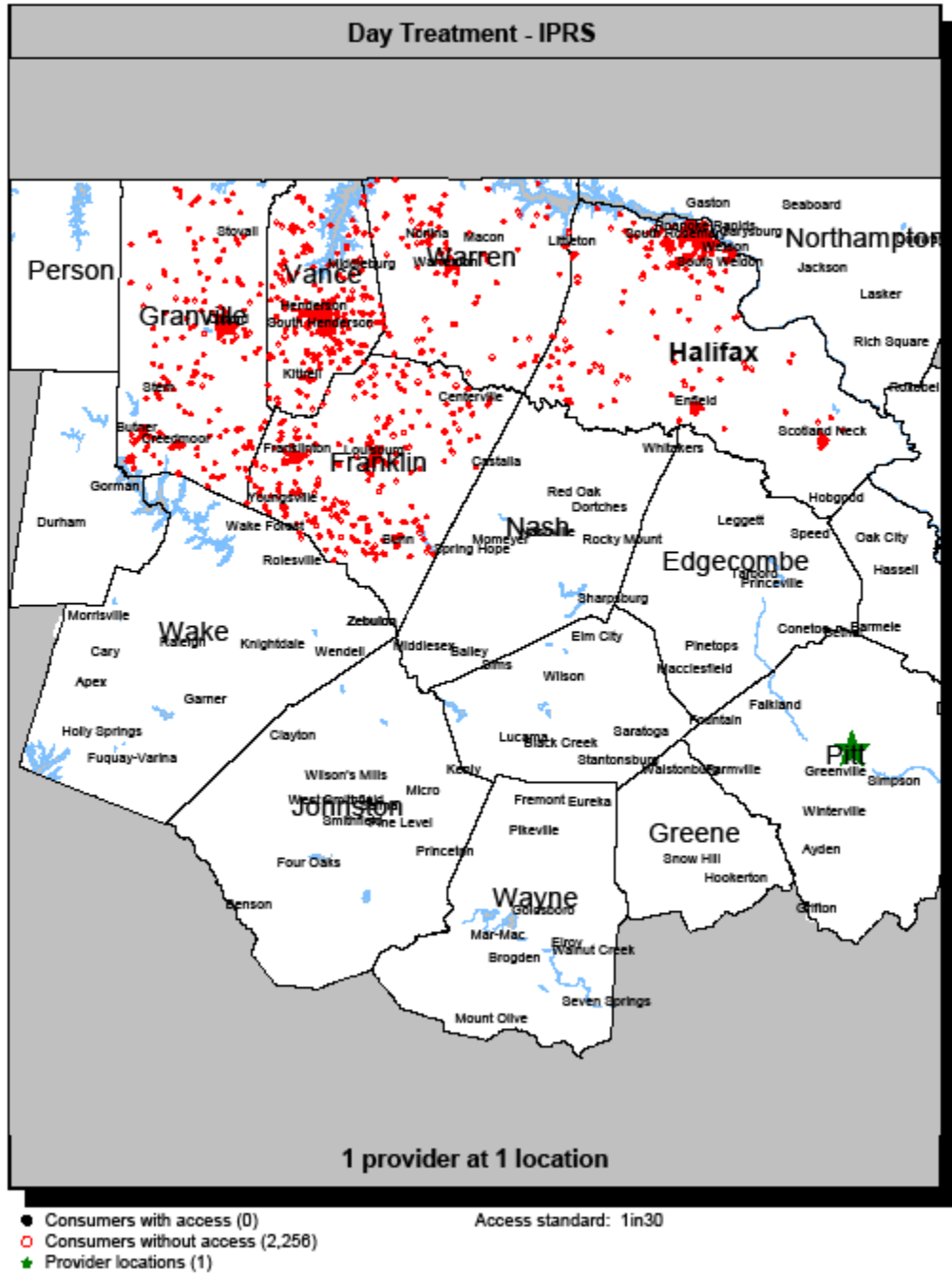
Provider locations



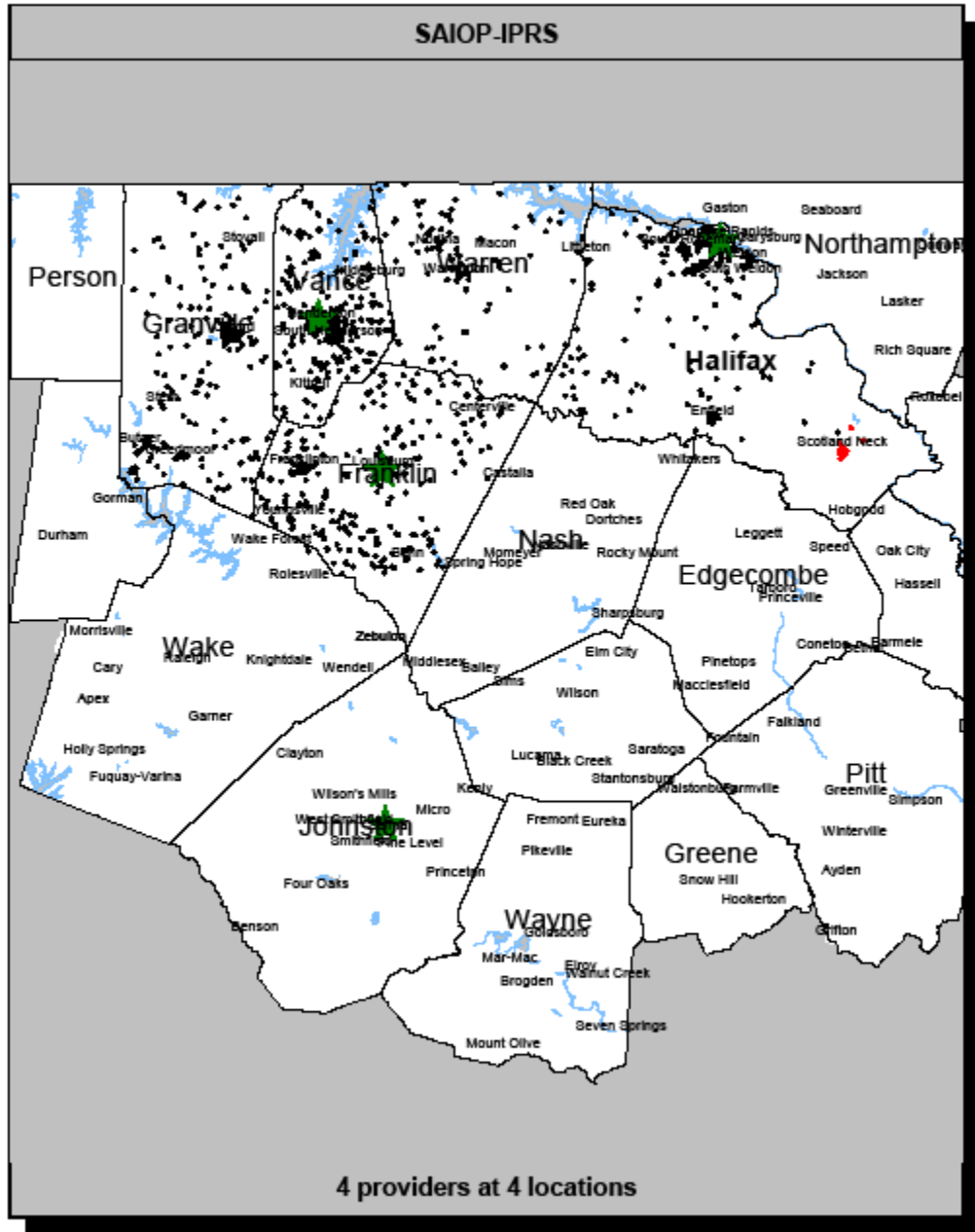
- Consumers with access (251)
- Consumers without access (2,005)
- ★ Provider locations (2)

Access standard: 1in30

Provider locations



Provider locations



- Consumers with access (2,229)
- Consumers without access (27)
- ★ Provider locations (4)

Access standard: 1in30

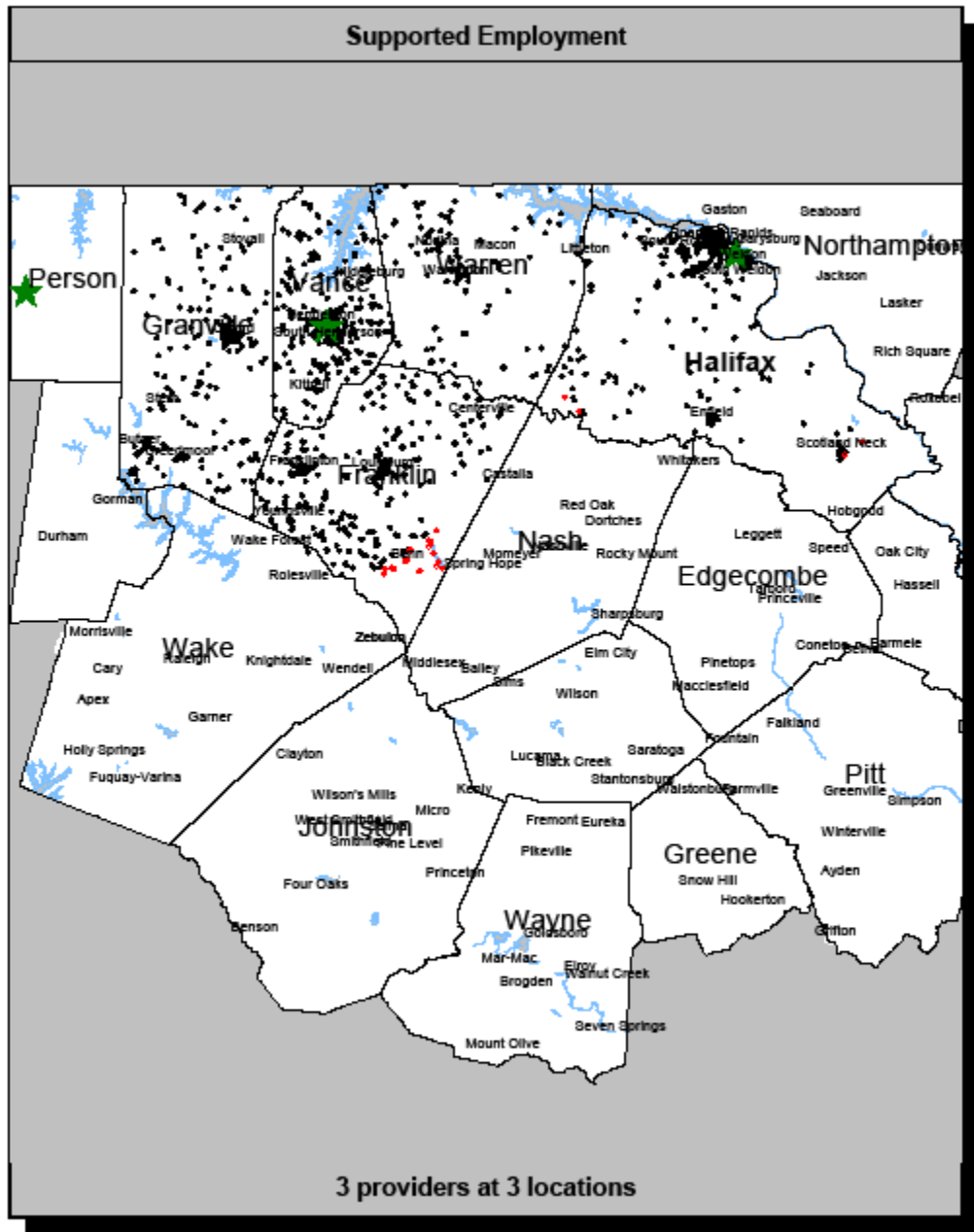
A review of crisis services providers with IPRS contracts shows that crisis services are not uniformly distributed throughout the catchment area. Mobile Crisis Services are available throughout the catchment area since staff travel to the site of the crisis, though office sites are only in Vance and Halifax Counties. Five County contracts for two Walk In Clinics that offer outpatient crisis and medication management services, one in Henderson in Vance County and the other in Roanoke Rapids in Halifax County. The Walk In Clinics are intended to provide quick access during normal business hours to persons with behavioral health crises to prevent the need for hospitalization or other more intensive services, and also to facilitate timely follow up care for persons being discharged from psychiatric hospitals and other crisis facilities. Five County LME has only one Facility Based Crisis site within the catchment area located in Henderson in Vance County, but also contracts with a provider of this service with sites in Durham and Chapel Hill when needed.

Halifax County is the only county in the catchment area offering inpatient mental health services, but a contract is in place for inpatient services for state funded consumers with one provider in Wake County. Since the Wake County provider cannot accept Medicaid consumers except those under age 21 or over 65, and the Halifax County provider does not accept persons on involuntary commitments, many consumers with Medicaid need to travel long distances to receive the service outside the catchment area. In addition to the IPRS contract with the Wake County provider, Five County may refer consumers to any of the hospitals statewide that have a three way contract funded by the state for persons needing involuntary commitments. One of the state's three psychiatric hospitals is located in Butner in Granville County but serves the whole central region of the state, and is focused primarily on persons needing longer term care or presenting challenges that cannot be addressed in community hospitals.

Supported Employment is state funded evidence-based service vocational service provided to persons with mental health or developmental disabilities. While the Capacity Assessment did not indicate a shortage of capacity in this area, there are only two IPRS contracted providers, one in Henderson in Vance County and one in Roanoke Rapids in Halifax County. The number of mental health consumers receiving supported employment is much smaller than the numbers for persons with developmental disabilities. A number of CAP providers also are endorsed to provide this service to consumers with developmental disabilities who are under the CAP Waiver., but the actual number of persons being served is not known.

These two providers also offer Adult Day Vocational Program (ADVP), a site based service for persons with developmental disabilities. The Capacity Assessment data has indicated a shortage of this service which is funded exclusively by state (IPRS) funds. The lack of availability of IPRS funds for expansion is one of the factors limiting availability of this service. Due to the high capital costs associated with start-up and ongoing maintenance of this service, it is not feasible to offer this service in every county. It is also not recognized as an evidence-based service as is the case with Supported Employment. Please see the vocational services maps that follow.

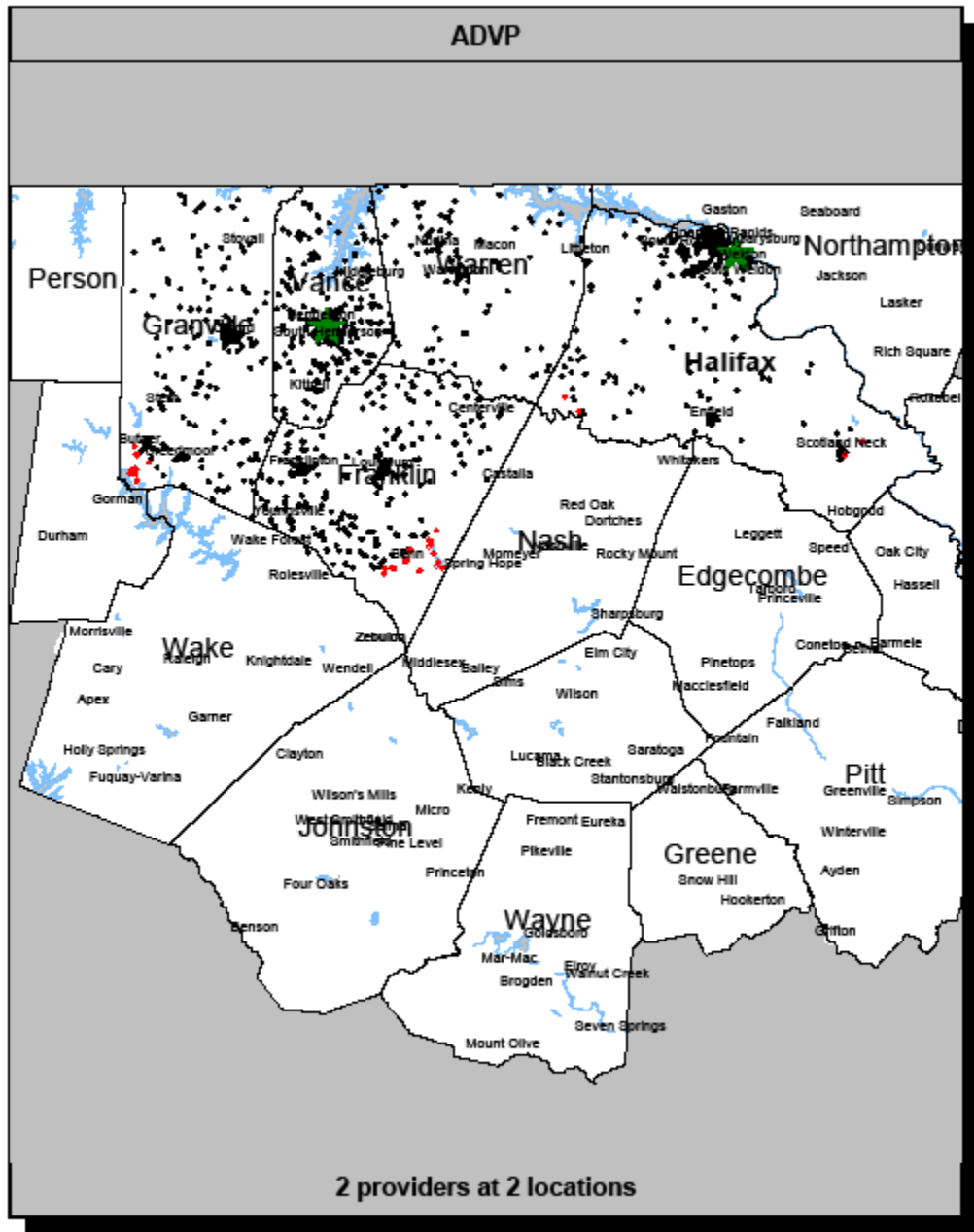
Provider locations



- Consumers with access (2,220)
- Consumers without access (38)
- ★ Provider locations (3)

Access standard: 1in30

Provider locations



- Consumers with access (2,208)
- Consumers without access (50)
- ★ Provider locations (2)

Access standard: 1in30

There are a number of emergency housing resources for women and children and domestic violence victims within the catchment area, but very little available for homeless men. There are domestic violence shelters in Franklin, Granville, Halifax and Vance counties and shelters for women and children in Granville and Vance counties. There are small shelters for homeless men in Granville and Halifax counties, and one in Vance County that is only open in the winter.

Five county LME utilizes state and federal funding to provide subsidies for independent living apartments throughout the catchment area. At present there are a total of 41 Targeted Unit apartments in Halifax County, 4 in Granville County, and 19 in Vance County. Targeted Units are apartments that are dedicated specifically for persons with behavioral health disabilities. There are also approximately 90 individuals at present who are receiving rent subsidies through the Shelter Plus Care program. In this program, consumers may rent an apartment in any location in the catchment area, and the subsidy follows the consumer. The biggest limitation on availability of these subsidies is that the consumer must have a behavioral health condition severe enough to result in a disability.

The next map shows the location of all licensed residential facilities serving adults with developmental disabilities in the Five County catchment area. There are at least 24 facilities within the Five County catchment area, and 22 of those have IPRS contracts with Five County LME. There are at least 3 IPRS contracted facilities in each of the five counties but facilities vary substantially in capacity and ability to serve persons with complex behavioral and/or medical needs. A detailed listing of all the facilities along with the number of beds is presented in Appendix 5. Three of those facilities have IPRS contracts to serve youth, two in Halifax County and one in Granville County.

Within the Five County catchment area is a state developmental center serving 25 counties from the Central Region, This facility also offers specialized programs including BART, a program for young adult males with developmental disabilities and severe behavior problems,, PATH, a program for youth age 6 to 16 with Autism and accompanying severe behavioral challenges, and STARS, a program for adolescents with developmental disabilities, mental health issues and severe behavioral challenges. The PATH program operates two four bed group homes, one in Granville County and one in Franklin County that serve youth from throughout the state.

There are at least 24 licensed residential facilities serving adults with mental health disabilities located in the Five County catchment area, but only four are contracted to provide state funded services, While there are multiple facilities in each county, varying in size, they also vary substantially in their ability to serve individuals with complex and challenging behavioral health and medical needs. Only four of these have IPRS contracts, two in Franklin County, one in Warren County and one in Halifax County. Please see the residential maps on the following pages for details.

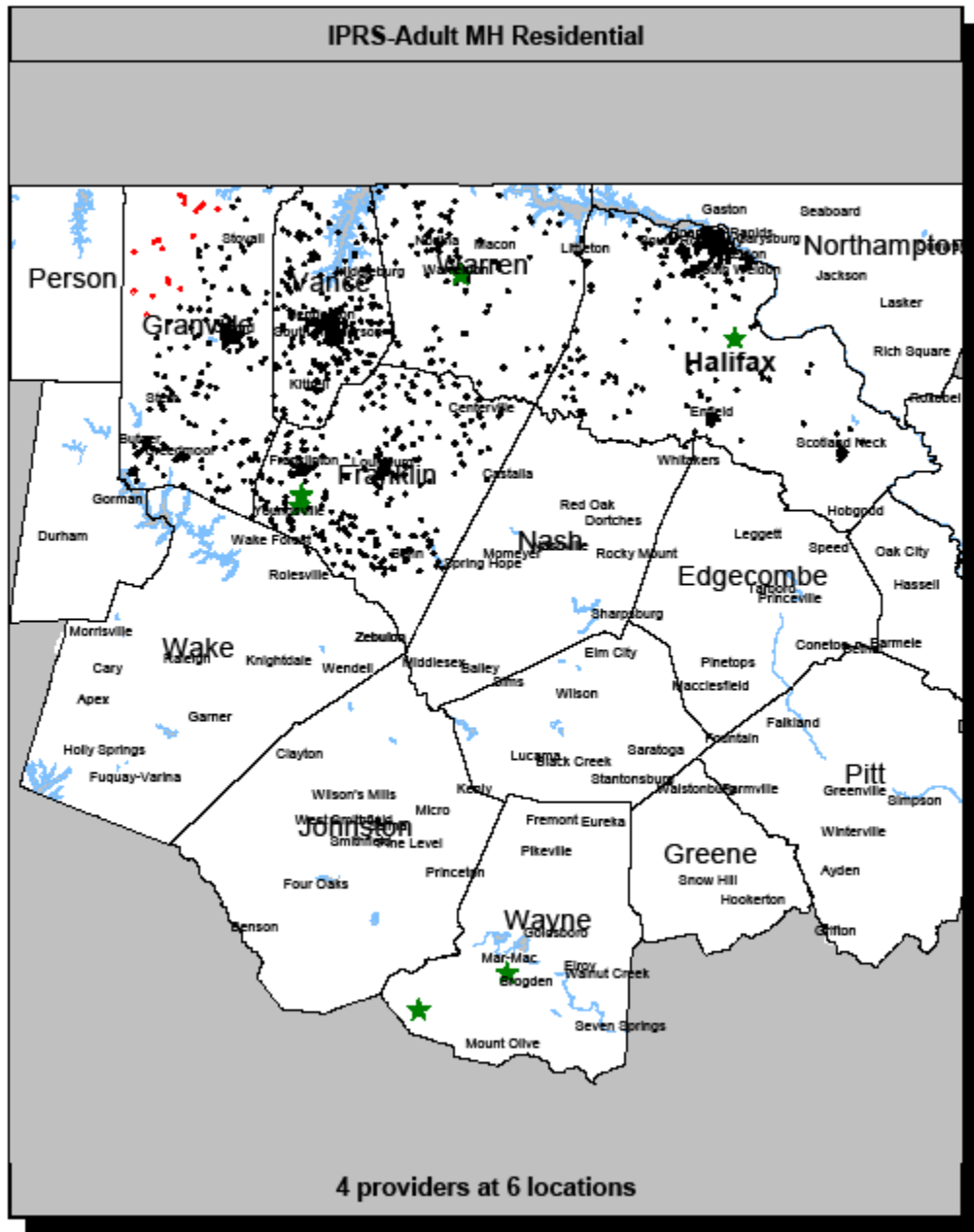
There are no mental health residential facilities for youth except for Therapeutic Foster Care homes and one state operated Psychiatric Residential Treatment Facility (PRTF) in Butner in Granville County that serves the entire state. Whitaker PRTF is an 18 bed long term treatment facility for teens age 13 to 17 that are experiencing severe and persistent mental challenges.

The next map shows all residential substance abuse facilities with IPRS contracts with Five County MHA. The capacity assessment and geo-mapping show that residential facilities for adults with substance abuse are the very limited in number and geographic distribution. There are two halfway houses, one for men with a capacity of 15 and one for women with a capacity of 6 in Henderson in Vance County, and one facility for men with a capacity of 13 in Norlina in Warren County. There are no substance abuse halfway houses in Franklin, Granville, or Halifax Counties. Residential substance abuse services are not covered by Medicaid so IPRS funding is the primary source of support. While overall capacity is small and not evenly distributed, utilization data reported by current providers has not been high enough to justify expansion thus far. This analysis does not include other types of substance abuse residential programs such as Oxford Houses that are funded primarily by the residents who live there, or facilities operated with private or charitable funding. There are no residential substance abuse facilities for adolescents within the Five County catchment area.

While overall residential capacity for developmental disabilities and adult mental health appears to be sufficient, there may not be vacancies or a funding source for a specific consumer at the time a residential placement is needed. The facilities within the catchment area may also not be able to provide the needed services for individuals with complex or challenging needs, which accounts for a number of Five County consumers living in placements outside the catchment area. This analysis does not consider those consumers that are placed in residential facilities outside the catchment area and whether their needs would be better served through developing appropriate placements inside the catchment area.

Appendix 5 lists all the licensed facilities in the Five County catchment area, arranged by county and grouped according to the disability group served.

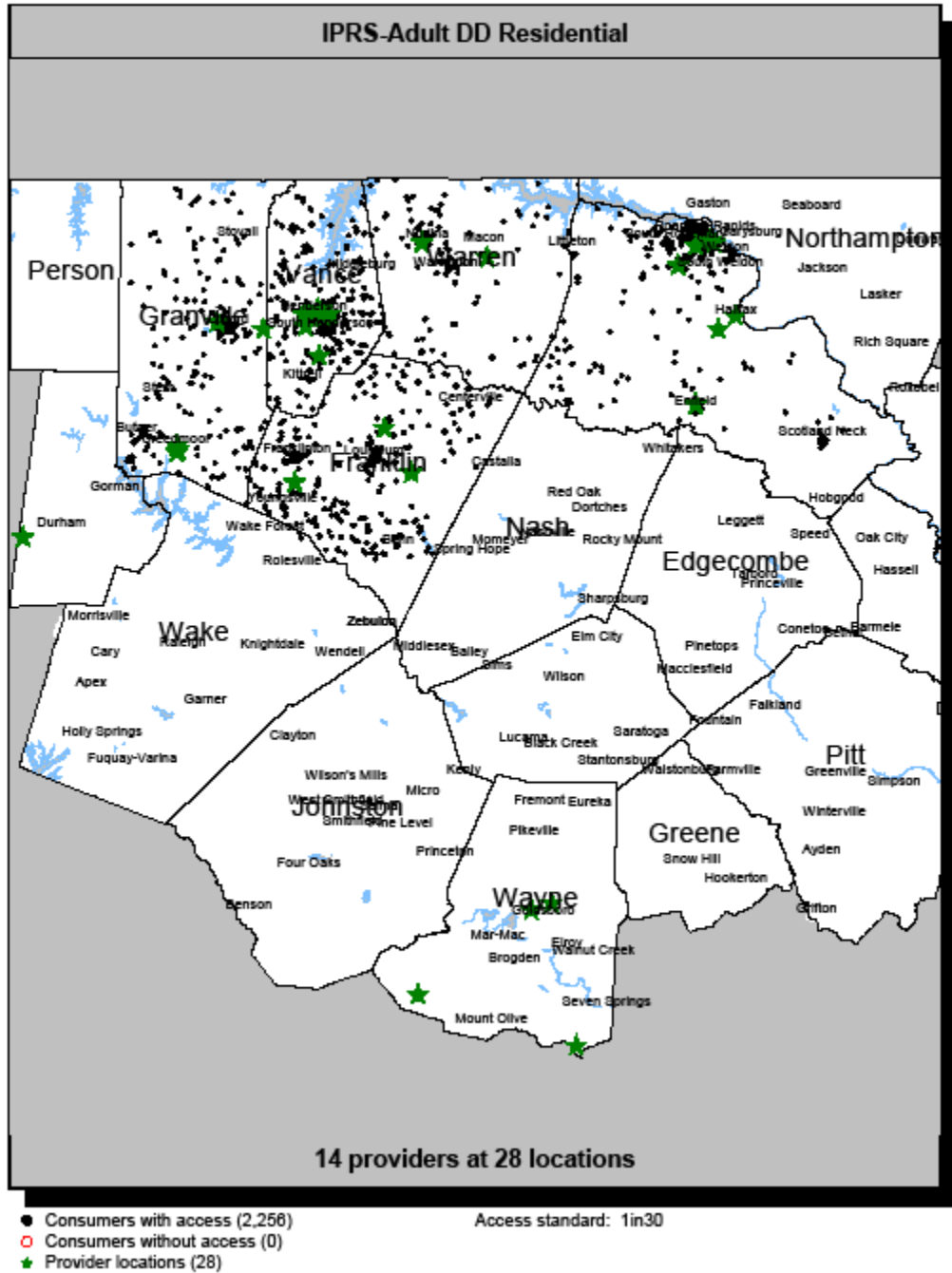
Provider locations



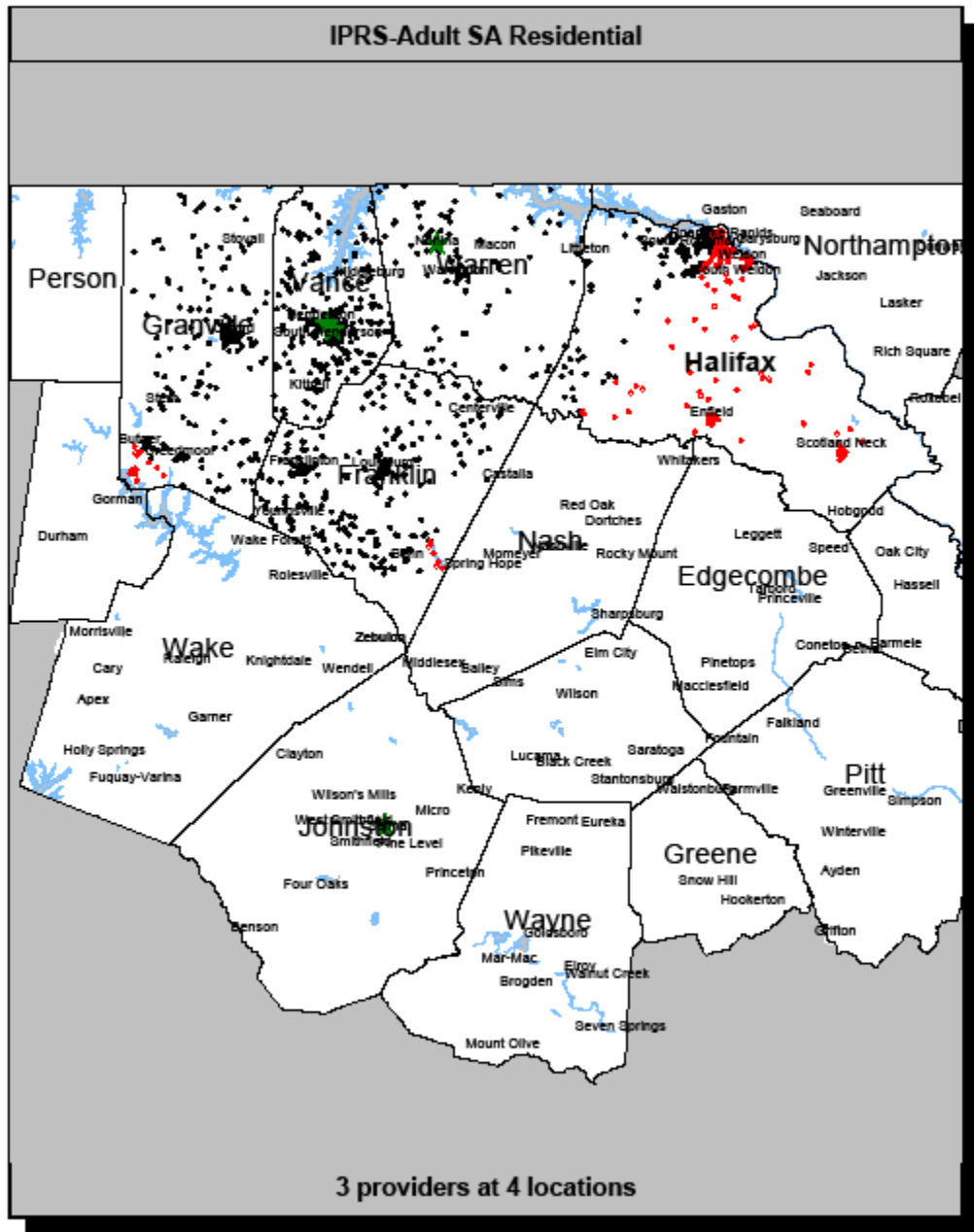
- Consumers with access (2,233)
- Consumers without access (23)
- ★ Provider locations (6)

Access standard: 1in30

Provider locations



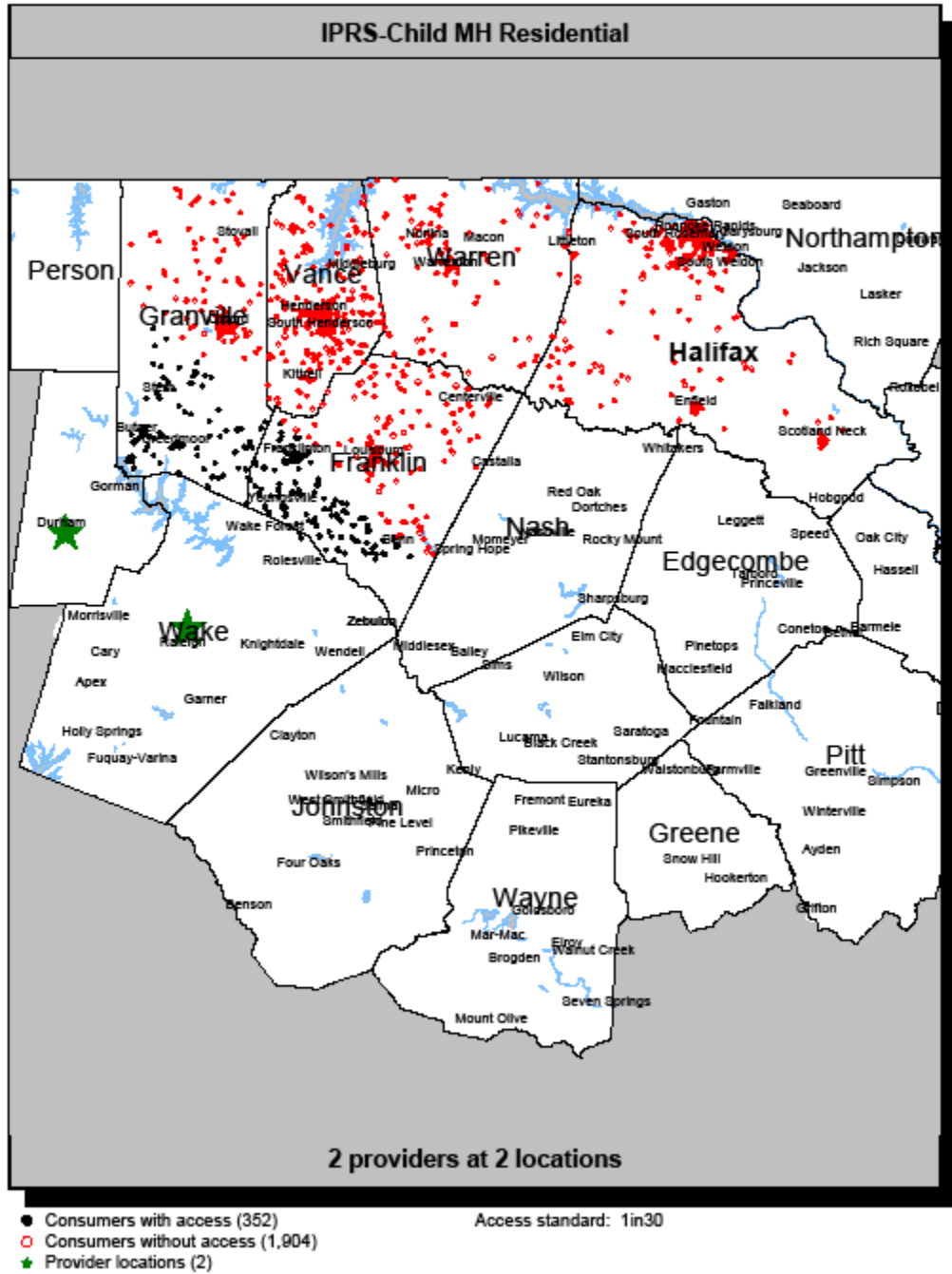
Provider locations



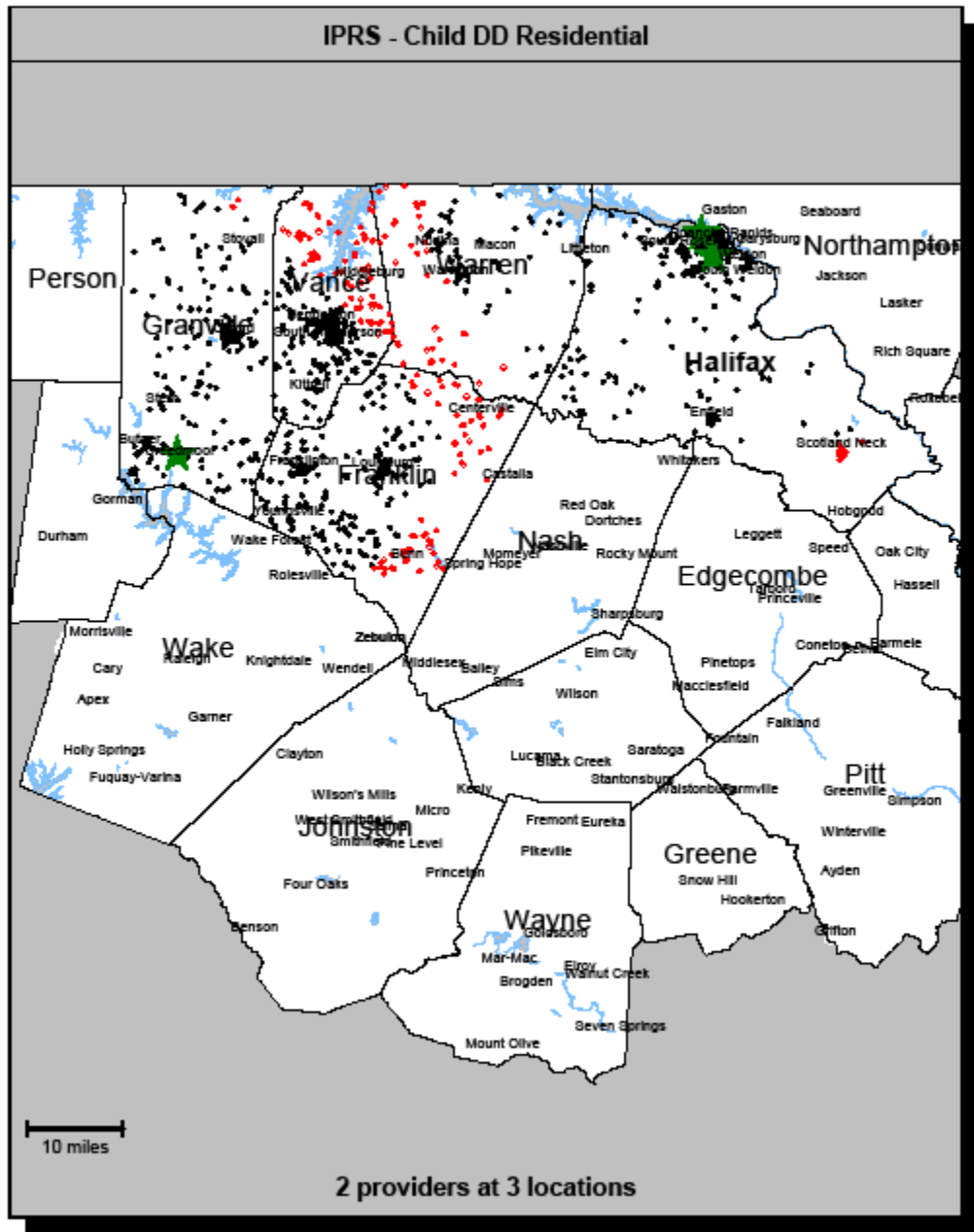
- Consumers with access (1,939)
- Consumers without access (317)
- ★ Provider locations (4)

Access standard: 1in30

Provider locations



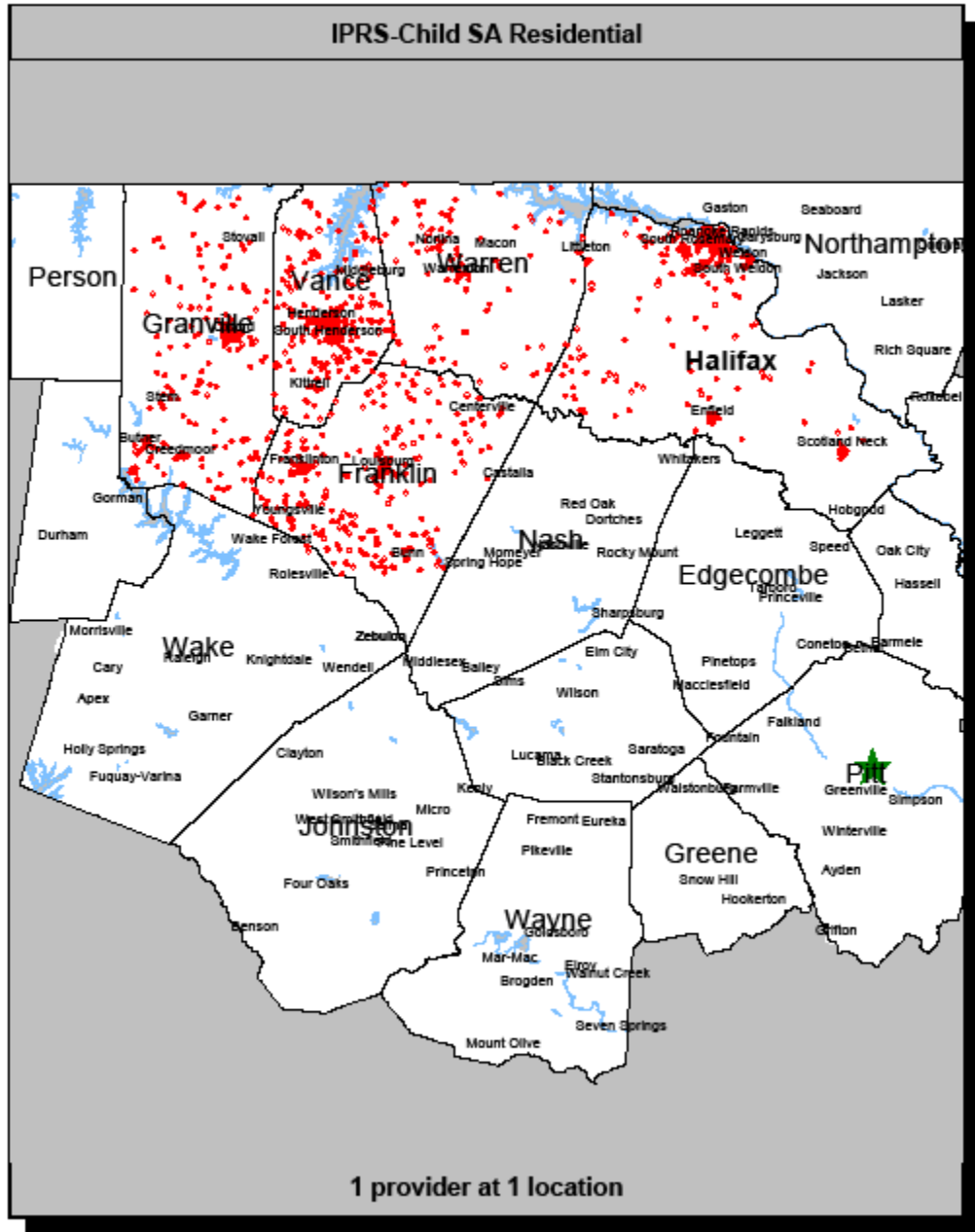
Provider locations



- Consumers with access (1,927)
- Consumers without access (329)
- ★ Provider locations (3)

Access standard: 1in30

Provider locations



1 provider at 1 location

- Consumers with access (0)
 - Consumers without access (2,256)
 - ★ Provider locations (1)
- Access standard: 1in30

Summary

The results of the needs assessment indicate that the services that are seen as most needed and in shortest supply are basic outpatient mental health and substance abuse services including assessment, individual, group and family counseling, and medication management. These services all required licensed staff, and experience shows it is difficult to attract and retain licensed and experienced staff in rural areas.

Mental health, developmental disability and substance abuse services are not evenly distributed or equally available throughout the Five County catchment area. Warren and Granville Counties are especially underserved in terms of provider sites as well as southern Halifax County. Franklin and Granville remain consistently below the state and Five County average for rates under treatment compared to the expected need. This may represent a combination of a smaller percentage of low income and Medicaid recipients than the other counties, coupled with fewer provider sites. The rates of persons in need who are receiving treatment have consistently been higher in Vance and Halifax counties than the other counties, but have fallen in Halifax County during the past fiscal year. Rates of youth and adults receiving mental health treatment are rising in Vance County, and rates of youth receiving developmental disability and substance abuse services are rising in both Vance and Warren counties.

The specialized mental health and substance abuse services that were identified as in short supply include Assertive Community Treatment Team (ACTT), Multi-Systemic Therapy (MST), Substance Abuse Intensive Outpatient (SAIOP), Child/Adolescent Day Treatment, and Facility Based crisis beds for persons with substance abuse. There is also a limited supply of substance abuse residential beds and uneven geographic distribution, though utilization of the existing facilities has not been high enough to date to justify adding additional capacity. The shortage of SAIOP services is being addressed through the planned opening of new programs in Warren and Granville counties.

The surveys indicated that the racial and ethnic distribution of provider agency staff closely mirrors the racial//ethnic distribution of consumers receiving services overall, but there are large differences from provider to provider in racial/ethnic diversity of staff and consumers. There is also a shortage of professional staff with fluency in the Spanish language.

In the developmental disability area, Adult Day Vocational Program (ADVP) was the only service identified as having very limited capacity. This is partly due to limited funding and the shift toward promoting supported employment, an evidence-based practice over ADVP. The capacity to provide Supported Employment services appears adequate, though surveys indicate that consumers and families may not always be aware of this resource. While Supported Employment services are also available for mental health consumers, the numbers being served are small at present. Mental Health subsidized housing is also available, but some consumers and families may not be aware of this option.

While there are a number of residential facilities in the catchment area for persons with mental health or developmental disabilities, residential placements may not be available for specific individuals when needed due to funding issues, lack of openings in the desired location, and/or inability to meet the complex needs of the specific individual. Except for therapeutic foster care homes and a state operated PRTF, residential services are not available in the catchment area for youth with mental health and/or substance abuse disorders. Independent subsidized housing is available through the LME for person persons with behavioral health disorders, but only for those with chronic disabling conditions. Emergency housing for men is also very limited, while there are more resources available for woman and children and domestic violence victims.

Transportation continues to be reported as the major barrier to accessing services while other barriers include not knowing what services are available, not knowing how to access services, waiting times too long, appointment times are inconvenient, the needed services are not available, or persons can't afford the services.

Recommendations

- 1) Explore incentives to providers for recruitment and retention of licensed staff qualified to provide needed outpatient services in the areas in which they are in short supply
- 2) Enter into contracts with independently licensed practitioners to provide outpatient services in areas where they are in short supply
- 3) Increase utilization of independent assessors to perform initial assessments, in order to free up additional time for outpatient counseling with existing contracted providers
- 4) Increase access to medication management services through recruitment of physicians and physician extenders, and use of telemedicine
- 5) Increase the number of contracted providers with sites in Warren and Granville counties
- 6) Increase access to services in southern Halifax County
- 7) Identify additional providers for ACTT services
- 8) Expand availability of MST services to all five counties
- 9) Continue expanding access to SAIOP services
- 10) Collaborate with Five County Community Collaborative and local school districts to determine needs for Child/Adolescent Day Treatment programs
- 11) Explore methods to reduce the demand for substance abuse crisis beds by expanding access to community based substance abuse services
- 12) Further evaluate need for expansion of substance abuse residential beds
- 13) Undertake a more detailed analysis of the need, availability and funding for developmental disability and mental health residential services to determine if sufficient capacity exists for those needing placement
- 14) Increase the capacity within the provider network to serve non-English speaking persons, especially those speaking Spanish
- 15) Evaluate and enhance cultural competence within the provider network

- 16) Utilize Cardinal Innovations management information system to track unmet needs that come to the attention of the Call Center and/or Care Management Units
- 17) Evaluate the demand for and availability of evening and weekend services
- 18) Continue efforts to communicate with consumers and families about available services
- 19) Continue efforts to assist consumers and family members to understand and navigate the service system
- 20) Develop informational materials for consumers, families and referral sources regarding supported employment services
- 21) Continue to address transportation needs to facilitate increased access to services
- 22) Further explore the demand for and availability of subsidized housing for persons receiving behavioral health services
- 23) Work with other community partners to expand availability of emergency housing for homeless individuals