

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: December 5, 2005

SUBJECT: 2005/2006 Maintenance of Effort Funds for Mental Health Services

ATTACHMENTS:

- 1) Henderson County Partnership for Health Grant, Inc. Application
- 2) The Healing Place, Inc. Grant Application
- 3) Mountain Laurel Community Services Grant Application

SUMMARY OF REQUEST:

As a general rule of thumb, State law requires that each County maintain its levels of funding from year to year for human service activities, including mental health services. This requirement is commonly referred to as "maintenance of effort" or "maintenance of effort funds." The County has put in place a program that allows for the solicitation of grant applications from mental health service providers for the use of the County's maintenance of effort funds for mental health services.

Grant applications for 2005/2006 maintenance of effort funds were made available in October 2005. Three applications (attached) were received and are summarized below:

The Henderson County Partnership for Health, Inc. has requested \$25,000 to assist with the activities of the Community Health Network (CHN) Mental Health Project in Henderson County. The program will 1) provide training to primary care providers on the diagnosis, management, and use of psychotropic medications for psychiatric disorders and 2) purchase psychotropic medications to be dispensed to uninsured persons with mental disorders through the CHN Community Pharmacy.

The Healing Place, Inc. has requested \$25,000 to assist with providing trauma focused mental health counseling to victims of sexual assault and felonious child abuse in Henderson County. Such counseling will be provided to victims and their non-offending family at no charge to the client by a master's level counselor.

Mountain Laurel Community Services has requested \$528,000 for the continuation of programs established through 2004/2005 maintenance of effort funds for the residents of Henderson County. These programs include: reducing barriers to accessing quality behavior healthcare, expansion of mobile crisis intervention services, and continued training programs.

COUNTY MANAGER'S RECOMMENDATION/ACTION REQUIRED:

The County 2005/2006 includes \$528,342 in maintenance of effort funds for mental health services. Grant requests for 2005/2006 total \$578,000. Fortunately, each proposed grant program would assist in meeting the mental health need of Henderson County – especially in the areas of crisis management and crisis intervention. Unfortunately, funds are not available to fully fund each program. Therefore, staff recommends the following funding plan for 2005/2006 maintenance of effort funds for mental health services:

Henderson County Partnership for Health, Inc.	\$9,855
The Healing Place, Inc.	\$9,855
Mountain Laurel Community Services	\$508,632

Staff recommends the Board approve this funding plan and authorize staff to develop funding agreements with each agency.

Henderson County
Office of the County Manager
100 North King Street
Hendersonville, NC 28792

Mental Health Services Grant Application Form

Phone: 828-697-4809
Fax: 828-698-6014

www.hendersoncountync.org

All applicants seeking grant support from Henderson County must complete and submit this application form before being considered for support. Applicants are permitted to answer the questions on page 2 of this form on no more than four, letter-size sheets of paper, which must be submitted along with this application cover sheet.

ORGANIZATION / CONTACT INFORMATION

Organization Name Partnership For Health, Inc.			Executive Director Terri Wallace
Proposed Program/Project Title Community Health Network/Integrated Mental Health Project			Contact Person for Grant Anne Marie Lester
Street Address or Post Office Box P.O. Box 2742			Phone Number 828-698-4600
City Hendersonville	State NC	Zip Code 28793	Fax Number 828-698-8004
Website Address (if applicable) www.p-f-h.org			E-Mail heap@p-f-h.org
Application Status (must check only one) <input checked="" type="checkbox"/> Public charity 501(c)(3) Federal Tax ID: <u>56-2104902</u> <input type="checkbox"/> Public/Government Agency <input type="checkbox"/> Other (please specify): _____			
Projected Grant Period January 1, 2006 through December 31, 2006			Estimated Cost of Program \$ 25,000

For more information on the County's grant requirements and process, please refer to the Guidelines for Grant Applications (available in print or on our website www.hendersoncountync.org).

Completed applications can be submitted by email to: jhembree@hendersoncountync.org, or by mail to:

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Phone: 828-697-4809
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Applications must be submitted by **5pm on October 28, 2005.**

PROPOSED PROJECT INFORMATION

- 1) Briefly describe the project for which you are seeking grant support giving particular emphasis to the significance of the work and its innovativeness as related to mental health.

Project Description: Impending changes to the state service definitions for community support (i.e. case management) will cause a shift in the care of persons with mental disorders. Those individuals who do not qualify for community support, which is a bundled service, may not be able to qualify for individual services such as medication management. These mentally ill individuals will have to seek care and medications for their mental disorders in the primary care setting resulting in a need for primary care providers to be more knowledgeable about mental disorders and psychotropic medications.

In treating depression and chronic disease, an important component is assistance with medications. Community Health Network (CHN) assessed the various medication assistance programs existing throughout the service area and determined that these are highly functional but still do not meet the immediate and long term medication needs of our community. In response, CHN is developing a Prescription Assistance Program which will include a dispensing pharmacy with a limited formulary (list of pharmaceuticals), review medication regimens with patients, and medication consultation to providers by a clinical pharmacist (Pharm D). CHN is collaborating with The Free Clinics and a psychiatrist on assessing the psychiatric medication needs of the uninsured population and have determined that we do not have adequate funding for psychotropic medications.

The **CHN Integrated Mental Health Project** plans to support the current challenged mental health system by increasing the knowledge of primary care providers on the diagnosis, management, and use of psychotropic medications for psychiatric disorders for the uninsured population. This will be achieved two-fold: through providing training to primary care providers on the diagnosis, management, and use of psychotropic medications for psychiatric disorders and through the purchase of psychotropic medications to be dispensed to uninsured persons with mental disorders through the CHN community pharmacy. Very little attention has been paid to the medication needs of the uninsured with mental illness. Most psychotropic medications are very expensive and are not generically available.

Primary care physicians and psychiatrists in the community who work with the uninsured and are providers for CHN would be able to prescribe psychotropic medications to be filled at the CHN Prescription Assistance Program (PAP). The CHN PAP will establish effective buying relationships with pharmaceutical companies to obtain low and/or no cost psychotropic medications.

Budget:

Activity	Request
Psychotropic Medications	\$20,000
Training primary care providers (arranging presenter to provide workshop to local sites and/or provide honorariums to attendees to off site trainings)	\$ 5,000
Total	\$25,000

Background: The Community Health Network (CHN) is a program of Partnership For Health created by our local hospitals, medical practices, mental health and social services agencies in our community to fulfill the requirements of the Healthy Communities Access Program (HCAP) federal grant, i.e. to create a system of healthcare access for the uninsured. It is a partnership of twelve initial agencies including the

system of healthcare access for the uninsured. It is a partnership of twelve initial agencies including the health department, federally qualified health center, medical practices, mental health and social services agencies. While many separate providers exist to care for the uninsured, and collaborative efforts have taken place around specific health issues, CHN was created to be an organized system linking these providers to assure comprehensive care and to evaluate cost-effectiveness of care. Improvements in the system of care for the uninsured will be achieved through a multi-pronged approach including computer networking, care coordination and disease management, integrating behavioral health and primary care, cultural competence development, and medication assistance/community pharmacy. CHN will target uninsured individuals with the following chronic diseases—depression, asthma, and diabetes.

Significance of our Work: One of the largest gaps in services in our county is the availability of mental health services. It is even more challenging for the uninsured person with mental disorders. While the prevalence of mental illness for all adults is high, it is more prevalent in the uninsured population, individuals typically do not seek help for their mental illness in our mental health centers, access to mental health services in our current mental health system is limited, and even when diagnosed and supported the medications for mental disorders are very expensive.

According to the *Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys*, 22% of North Carolina' adult population is uninsured. This translates to approximately 20,640 citizens in Henderson County. According to the *Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services (1993)*, an estimated 22.1% of Americans ages 18 and older (about 1 in 5 adults) suffer from a diagnosable mental disorder in a given year. This translates to approximately 20,734 citizens of Henderson County, among whom over 4,560 are uninsured. Major depression and bipolar disorder are among the most common disorders. These conditions occur most commonly in those with low income, chronic illness, and disability. Patients with depression frequently do not recognize that they have a treatable illness and do not seek care. For those who do seek care, primary care is where most patients with mental disorders have contact with care delivery systems; hence primary care is the "de facto" mental health care delivery system for most Americans today. However, only 50% of patients with mental disorders actively seek care for their disorders according to the *Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services (1993)*. From a population-based perspective, primary care will manage, directly or indirectly, 80% of the patients with mental disorders. Only a small percentage of the population of patients with mental disorders or emotional distress will even see a mental health specialist. According to a study by *Pincus and associates in 1998 reported in JAMA*, primary care physicians prescribe more psychotropic medications than psychiatrists in all psychopharmacological categories including antidepressants, anti-anxiety agents, hypnotics and psychostimulants.

Even when they do present to primary care settings for evaluation, studies indicate that providers fail to recognize a depression diagnosis in at least 30-50% of cases ("Diagnosing and Treating Depression in a Managed Care Environment," *Managed Care*, Mar. 8, 2004). Untreated depression can have a profound negative impact on patients and families. Infants and children may be neglected or abused, family bonds may crumble, and patients may be unable to maintain employment or improve job skills. Patients with chronic conditions such as diabetes, heart disease, cancer, chronic pain are all likely to have much worse clinical outcomes if these conditions are accompanied by depression. Depression is one of the target conditions that the CHN is focusing on. CHN has the ability to provide a depression disease management model for primary care providers to assist them with managing the disease.

The local community mental health system has the capacity to serve only about 4,500 clients of the

potential population of over 20,000 citizens. Statewide mental health system reorganization continues to reduce funds and services available for mental health care. Access has also been decreased in that the Local Management Entity (LME) established target populations that an individual must meet in order for their service(s) to be paid for. Many uninsured do not meet the criteria for the target populations. Since individuals currently have limited access to mental health services in a mental health setting and apparently this setting is not where they seek care, it is critical that our medical community be equipped to respond to uninsured person with mental disorders and their medication needs.

Innovativeness as Related to Mental Health: The **CHN Integrated Mental Health Project** combines the best practice model of integrating medical and mental health care, collaboration among community healthcare and mental healthcare partners, and pharmacy needs to meet the needs of uninsured persons with mental disorders in our community.

- 2) Briefly describe how your project addresses one or more of the County's primary areas of interest: emergency or crisis response, innovative mental health service delivery, mental health education or training.

The **CHN Integrated Mental Health Project** addresses many of the funding interests of Henderson County. The project will serve families and consumers with serious mental illness especially major depression. It will also assist an underserved population, the uninsured, in providing access to care for persons with mental disorders that may not be available to them otherwise. The project is utilizing the best practice model of integrating medical/physical and mental health care which is critical in these times of limited resources and funding. The project is also focusing on mental health education to primary care providers to enhance their knowledge of mental disorders and medications.

- 3) Describe the population you will be serving (e.g. ages, ethnicity, socioeconomic level, geographic location).

The **CHN Integrated Mental Health Project** will serve uninsured residents of Henderson County ages 18-64 who qualify for 200% of federal poverty level or less. Our target for all uninsured in our catchment is 7,500 persons. The location of the CHN Prescription Assistance Program is on Sixth Avenue and Justice Street in the Medical Office Building. Referrals will come from Hendersonville Family Health Center, Blue Ridge Community Health Services, Henderson County Department of Public Health, and Valley Health Center (Bat Cave). We are currently recruiting other local practices. All ethnic and racial populations are eligible for the Community Health Network. Due to the increasing population of the Hispanic community, the network is focusing on also enrolling this population.

- 4) Briefly summarize what outcomes you will be measuring and methods you will be using to evaluate the program's effectiveness.

The **CHN Integrated Mental Health Project** is supported by the Healthy Communities Access Program (HCAP) grant and has an outside evaluator, and a quality improvement specialist, on contract to assist the project in setting key performance indicators, collecting data and reporting outcomes.

Outcomes:

- 1) Number of enrollees identified as having a diagnosis of depression.
- 2) Number of primary care sites*/number of providers* in Henderson County who see patients for depression (* the sites and/or providers must be enrolled in the CHN Provider Network)
- 3) Number of primary care sites/number of providers in Henderson County who attend training on integrating medical and mental health care.

- 4) Number of enrollees with Clinically Significant Depression as evidenced by a Patient Health Questionnaire (PHQ-9) score of greater than or equal to 10 with a reduction in PHQ-9 score on repeat evaluation
 - 5) Percent of Clinically Significant Depression enrollees with greater than one documented primary care visit or documented treatment with anti-depressant medication
 - 6) Percent of enrollees who utilize the CHN Prescription Assistance Program for psychotropic medications
 - 7) Percent of providers who express satisfaction with the CHN Prescription Assistance Program
 - 8) Retail dollar value savings to enrollees, ie CHN cost to dispense psychotropic medications compared to retail value of medications at retail pharmacy
- 5) Briefly describe the organizational/staff capacity to bring about intended results.

The Community Health Network currently has the following positions that will support this project (funding is through HCAP): 1.0 Project Director, 1.0 Clinical Pharmacist (PharmD), 1.0 Case Manager, 0.2 Quality Improvement Specialist, 1.0 Assistance Project Manager, 0.5 Office Assistance, contract evaluator.

- 6) Briefly describe your strategy for continuing the project at the end of County support.

Partnership For Health has committed to be the fiduciary agent for The Community Health Network. This will allow for continued sustainability through this established non profit agency. HCAP grantee of record, Partnership for Health, has an excellent track record for obtaining financial support. **Current efforts** to stretch the CHN dollars include 1) receipt of in-kind contributions from consortium members on MIS (hospitals and NC Foundation), pharmacy, administrative support, space and furniture, staff time, legal assistance (NC Institute of Government) and chronic disease care model development projects, 2) cost sharing among consortium members for positions (both hospitals for the pharmacist and mental health center for the therapists), 3) gathering data to justify sustainability through record review, MIS system and pharmacy program, and 4) currently 11% of the budget is already supported by local contributions of financial resources, staff time and space. **Projected funding sources and activities associated with sustainability efforts** include 1) tracking the long term savings associated with emergency room usage for the 3 chronic conditions, 2) using ED cost saving data to build support among private and public sources of support, 3) reinvesting cost savings into care for the uninsured experienced as a result of HCAP activities, 4) projection of 27% of the FY 2005 budget from local contributions of financial resources, staff time and space, 5) increase of support from consortium partners over three years, 6) the pursuit of other grant funding (Duke, Kate B Reynolds, Faith Based Initiatives, state and county monies), 7) therapist position would be supplemented by Medicaid, Medicare and third party insurance, 8) clinical pharmacist position will be able to bill, 9) Health Department will pay for portion of the pharmacist position in year three, 11) transfer indigent pharmacy program funds and private pharmacy dispensing fee charges to the pharmacist program, 12) establish a dispensing fee for the CHN pharmacy, 13) development of a business plan for sustainability of the pharmacy program at the health department and the MIS system, and 14) development of other sources of support including but not limited to local United Ways, Community Foundations, county government, city government, other private foundations and state funding.

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ORGANIZATION / CONTACT INFORMATION

Organization Name The Healing Place, Inc.	Executive Director Angie Alley
Proposed Program/Project Title Trauma Focused Mental Health Counseling	Contact Person for Grant Angie Alley
Street Address or Post Office Box PO Box 2461	Phone Number (828) 692-0495
City Hendersonville	State NC
Zip Code 28793	Fax Number (828) 692-0433
Website Address (if applicable) www.thehealingplace.info (fully operational December, 2005)	E-Mail aalley@thehealingplace.info
Application Status (must check only one) <input type="checkbox"/> Public charity 501(c)(3) Federal Tax ID: <u>56-1667721</u> <input type="checkbox"/> Public/Government Agency <input type="checkbox"/> Other (please specify): _____	
Projected Grant Period January, 2006 – December, 2006	Estimated Cost of Program \$ 51,057 Requested Funds from Henderson Co. \$25,000

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- 1) Briefly describe the project for which you are seeking grant support giving particular emphasis to the significance of the work and its innovativeness as related to mental health.

The project of The Healing Place is to provide trauma focused mental health counseling to victims of sexual assault and felonious child abuse in Henderson County. The counseling is provided to victims and their non-offending families at no charge to the client by a master's level counselor. Emergency and crisis intervention, counseling and case management all enable the victim of sexual violence to move forward with normal life activities much quicker than if they do not receive counseling. The Healing Place works in collaboration with Henderson County Sheriff's Department, Hendersonville Police Department, the Department of Social Services, Pardee Hospital, Park Ridge Hospital and Mountain Laurel to identify victims and insure services are offered to all regardless of their ability to pay.

- 2) Briefly describe how your project addresses one or more of the County's primary areas of interest: emergency or crisis response, innovative mental health service delivery, mental health education or training.

The crisis response is the first contact with the victim or non-offending family member trying to access services. First, the victim or partnering agencies identify a victim of sexual violence and they report their finding to an advocate at The Healing Place through a 24-hour crisis line. The advocate assesses the situation to determine the needs of the victim including medical, mental health, and basic human needs. The advocate may counsel the victim or victim's family by phone or may arrange to meet the victim in the emergency room for immediate medical and mental health attention. The advocate may arrange for transportation by local law enforcement.

Counselors provide innovative mental health services to victims and their non-offending family members. 314 children were victims of sexual violence during 2004/05 in a child-friendly environment. Another 190 adult victims received services at The Healing Place during the same time period. These services are offered at no cost to the family who may already be struggling because the perpetrator was the only financial resource in the family unit. Counselors utilize individual, family, and group therapy, crisis intervention, education on issues related to sexual assault, trauma-focused therapy, grief and loss counseling, play and art therapy techniques, and case management services. Counseling with a qualified mental health professional is available during business hours or after hours by appointment.

The Counselor provides mental health education relating to Post Traumatic Stress Disorder, sexual violence issues, medical counseling regarding sexually transmitted diseases and HIV, etc.

- 3) Describe the population you will be serving (e.g. ages, ethnicity, socioeconomic level, geographic location).

Rape and sexual assault is no respecter of persons. It crosses all ages, ethnicities, and socioeconomic boundaries. The clients served are residents of Henderson County or those victims seeking anonymity in their own neighboring counties. Clients must be an identified victim of sexual violence in order to receive services. The Healing Place does not discriminate based on sex, race, creed, religion, national origin, etc. Last year, the agency provided services to 514 victims (402 were white, 11 were black, 4 were Asian, 43 were Hispanic, 37 were unknown, and 7 were bi-racial). We believe we'll see the same type of breakdown

for the coming year with possibly more Hispanic victims needing services as we increase education to this population. 398 clients were female, 106 were male. 314 were under the age of 18, 22 were 18-25, 103 were 26-40, 38 were 41-60, 3 were 61+, and 24 didn't report their age.

- 4) Briefly summarize what outcomes you will be measuring and methods you will be using to evaluate the program's effectiveness.

1. 25% of 500 clients will receive crisis intervention services between January 1, 2006 to December 31, 2006 by a mental health professional as reported on the counselor's closing summary
2. 50% of 500 clients will receive educational materials relating to sexual violence and mental health issues between January 1, 2006 to December 31, 2006 as reported on the counselor's closing summary
3. 25% of 500 clients will enter therapeutic treatment between January 1, 2006 and December 31, 2006 at The Healing Place and will report fewer trauma symptoms as measured by a trauma symptom checklist by the end of treatment.
4. 100% of the underserved Hispanic population who are identified as a victim of sexual violence will be offered services through the use of a trained interpreter at The Healing Place between January 1, 2006 and December 31, 2006.

- 5) Briefly describe the organizational/staff capacity to bring about intended results.

The Healing Place employs a master's level counselor to provide crisis intervention, trauma focused counseling, education, and case management services to victims of sexual violence. Further, The Healing Place enjoys relationships with referring agencies such as the Henderson County Sheriff's Department, Hendersonville Police Department, the Department of Social Services, Pardee Hospital, Park Ridge Hospital, and Mountain Laurel Community Mental Health. An interagency disciplinary team reviews all child abuse cases and makes appropriate referrals for mental health services to The Healing Place.

- 6) Briefly describe your strategy for continuing the project at the end of County support.

The total cost for the project is as follows:

Salary	\$33,280
Payroll Taxes	5,990
Insurance	2,000
W/C	320
Professional Liability Insurance	800
Clinical Supervision	1,300
Rent/Utilities/Supplies	7,367
	<u>\$51,057</u>

To employ a licensed counselor to provide services to victims of sexual violence costs the agency approximately \$51,000. This does not include administrative supervision, training, software or other administrative costs as these are totally absorbed by The Healing Place. Currently, other grant sources fund a portion of the position such as United Way, Council for Women, and Governor's Crime Commission. Approximately \$25,000 is not funded for the period requested. The sustainability plan is to further diversify the funding sources for the counseling program and requests will be submitted to Duke Endowment in January, 2006 for the following year. Additionally, the Board of Directors is working on a development plan to boost income to the agency through local fundraising and special events.

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ORGANIZATION / CONTACT INFORMATION			
Organization Name Mountain Laurel Community Services			Executive Director William L. Callison, CEO
Proposed Program/Project Title Henderson County Behavioral Healthcare Service Enhancement			Contact Person for Grant William L. Callison
Street Address or Post Office Box 800 Fleming Street			Phone Number 828.277-7714 ext 303
City Hendersonville	State NC	Zip Code 28791	Fax Number 828.277-7716
Website Address (if applicable) www.mlcs.us			E-Mail call0001@new-vistas.org
Application Status (must check only one) <input type="checkbox"/> Public charity 501(c)(3) Federal Tax ID: <input type="checkbox"/> Public/Government Agency <input checked="" type="checkbox"/> Other (please specify): Private/Non-profit 501(c)3 FID# 58-1339558			
Projected Grant Period FY 2005-2006			Estimated Cost of Program \$ 528,000

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- 1) Briefly describe the project for which you are seeking grant support giving particular emphasis to the significance of the work and its innovativeness as related to mental health.

With the financial support of Henderson County for FY 2004-2005, Mountain Laurel Community Services has already enhanced existing services as well as implemented new and creative initiatives to enhance access to services and improve care for our most severely mentally ill and substance abuse populations. **Please see addendum for a summary of FY 2004-2005 improvements and initiatives.** With the continued financial support of Henderson County, these improvements and initiatives may be sustained and expanded. We should continue to see a reduction in the incidence of psychiatric emergencies and hospitalizations and a subsequent reduction in related law enforcement time. The continuance of efforts will result in higher quality of life for many citizens of Henderson County, as well as continued reduced costs to law enforcement, DSS, hospital emergency departments and other local agencies.

Mountain Laurel will continue to reduce existing barriers to accessing quality behavioral healthcare.

Mountain Laurel will continue to provide access to a telephone counselor on a 24-hour, 7 day a week basis. The 1-800 # will continue in operation and will continue to be advertised. We will continue the operation of the new Access and Triage Units (created from prior year MOE funding support). During the daytime at Adult Services: the two triage specialist positions (non-reimbursable under any existing 3rd party payor) will continue to handle the initial contact for crises and emergencies (telephone and walk-in). We will also continue the master's level clinical specialist position who provides face-to-face clinical assessments and appropriate dispositions for emergencies and walk-ins at both Adult and Child services (only a portion of time spent is reimbursable under Medicaid, Medicare or state dollars). After hours: we will continue to contract with Protocall to manage after-hours crisis calls. This specialty service is quite different from the current after-hours coverage provided by Western Highlands Network. Protocall provides a master's level clinician who answers the telephone on behalf of MLCS specifically (rather than a 211 volunteer through WHN) and this clinician is immediately available to appropriately triage the call/situation.

Clinic hours will remain extended into the evenings and on Saturday mornings, staffed with clinicians and support staff, so that the initial evaluation and treatment of clients may occur beyond "normal" business hours. These extended evening hours are now staffed to provide evaluations for involuntary commitments so as to continue to reduce the burden on the ER and law enforcement.

Mountain Laurel will continue expansion of mobile crisis intervention services to community agencies within Henderson county, thus continuing the reduction of burden on ERs, DSS and law enforcement.

These efforts have begun under FY 2004-2005 funding to provide mobile crisis services to local agencies during daytime hours. With continued MOE funding, the daytime efforts will continue to grow to meet the needs of mental health and substance abuse issues at local agencies AND the mobile crisis services will be expanded to after-hours, as well, to serve those needs at the agency, or designated, site. Again, this continues to reduce the burden on ERs, DSS, and law enforcement who traditionally have managed these crises on their own. These services may be directly accessed by numerous community agencies, including but not limited to the Hendersonville Police Department, Henderson County Sheriff's Department, Pardee Hospital, Park Ridge Hospital, Hendersonville Rescue Mission, Henderson County Jail and Mainstay. Psychiatric back-up will be maintained 24/7 to the mobile crisis team.

Mountain Laurel will continue to provide the increased level of service per client to maximize treatment compliance and avoid more restrictive and costly levels of care. Case management capacity and ACT Team capacity have already been increased with a significant documented increase in client contacts. In following "best practices" model and in anticipation of eventual changes in the service definitions (to be mandated by the State), we will develop additional capacity within these current teams AND develop new "in between" teams (step-down from ACTT and step-up from case management) to better meet clients' array of needs. While a case manager has already been assigned and active with Pardee Hospital, case managers will continue to be assigned to specific community agencies, as needed, to support both our clients and the specific agency with continuity of care.

Substance abuse capacity has already been increased through the hiring of additional SA clinicians for additional programming. Mandates are requiring even higher level credentials for SA staff and new service definitions are adding SA staff to required programming (previously not required). These specially trained and credentialed clinicians are less available than ever before and recruiting and hiring them has been quite challenging. Substance abuse services continue to be underfunded through State and other dollars. Meeting the still growing need to hire substance abuse clinicians as well as the still growing need for evaluations and treatment for substance abuse clients will require funding through other sources. With continued MOE funding, we can continue to meet these needs for Henderson county clients through both staffing levels and programs (including evals, treatment, detox screenings). As with mental health, increasing substance abuse treatment capacity at the outpatient level reduces the burden on other community agencies.

Mountain Laurel will continue to make its professionals available to Henderson County organizations who are interested in free training and/or educational programs regarding mental illness and substance abuse. While our professionals are already now active with our Speaker's Bureau, Lunch-n-Learn series, and various community committees and task forces, the need for community education is vast and on-going. The world of mental health and substance abuse is complex and the state of mental health reform in North Carolina is often confusing. We believe we play a critical role in assisting our community in navigating this system of information and programs. On-going training to community agencies is vital in assisting clients to be identified early and referred promptly, thus avoid unnecessary utilization of higher levels of care due to lack of understanding and information. This collaborative approach within our county strengthens all agencies in providing appropriate and timely services to our citizens.

- 2) Briefly describe how your project addresses one or more of the County's primary areas of interest: emergency or crisis response, innovative mental health service delivery, mental health education or training.

Mountain Laurel's proposal addresses a comprehensive array of service continuation, enhancements and expansions which will continue the initial efforts to dramatically improve emergency crisis response, mental health and substance abuse delivery, and training/education regarding mental health and substance abuse issues in Henderson County. Our proposal represents a proactive and collaborative approach within Henderson County to address issues that negatively impact multiple local agencies.

While all of these areas have been addressed in our initial efforts via the MOE funding of 2004-2005 and additional funding has been sought in every area possible to supplement, there remain incredible gaps in funding throughout the mental health and substance abuse fields to adequately support the front-line providers, and thus the entire community, in caring for our citizens. To maintain basic emergency response, service delivery systems, and on-going education and training...as well as to continue to enhance and expand, Mountain Laurel will require the critical dollars available from Henderson County. There is no indication of a lessening of need in our community. In fact, all sources point to increased

community need related to the impact of mental health reform.
Our proposal will continue to provide, as follows:

EMERGENCY/CRISIS RESPONSE through...

- 24/7 crisis "help line"
- prompt response to calls and walk-ins
- prompt initial evaluation/treatment
- community agency access to mobile behavioral healthcare crisis intervention
- reduced burden on other community agencies

MENTAL HEALTH/SUBSTANCE ABUSE SERVICE DELIVERY through...

- decreased "wait times" for care
- coordination of inpatient and outpatient care
- evening and weekend clinic hours
- optimal caseloads to enhance service levels and treatment compliance
- optimal programming to meet client needs
- on-going expansion of capacity for psychiatric services
- consultation liaison services with community agencies

MENTAL HEALTH/SUBSTANCE ABUSE EDUCATION/TRAINING though...

- continued and expanded Speaker's Bureau for public understanding and awareness
- continued collaboration with other providers to demonstrate a united community effort
- continued and expanded training for agencies and organizations to identify and manage mental health and substance abuse issues

3) Describe the population you will be serving (e.g. ages, ethnicity, socioeconomic level, geographic location).

Mountain Laurel provides services to clients regardless of age, ethnicity, and socioeconomic level, place of residence. Continued county financial support will primarily enable us to continue and expand services to those residents of Henderson County of all ages who suffer from severe and persistent mental illness, as well as substance abuse problems.

4) Briefly summarize what outcomes you will be measuring and methods you will be using to evaluate the program's effectiveness.

The following assumptions continue to guide this proposal:

- timely and sufficient access and provision of all services will result in a reduced utilization of hospital bed days, client presentation to ERs, and inappropriate seeking of services elsewhere
- shift of significant costs away from acute care hospitals and law enforcement response to community-based settings will result in improved clinical outcomes

Several outcome indicators may be used to evaluate overall efficacy (See attached 2004-2005 summary):

- number of mental health/substance abuse clients presenting in ERs
- hospital bed days used
- number of Broughton Hospital days
- length of stay in inpatient hospitals
- number of repeat hospitalizations

- client, family and agency satisfaction
- number of agencies accepting our out-stationed clinicians for on-site services
- number of clients served in out-stationed settings
- number of clients diverted from petition for involuntary commitment
- number of clients diverted from hospitalization
- number of crisis calls to Mountain Laurel
- number of new clients admitted for services at Mountain Laurel
- hours and dollars tied to law enforcement response to emergencies
- new or expanded programming/services
- collaborative efforts with community agencies

5) Briefly describe the organizational/staff capacity to bring about intended results.

Mountain Laurel will utilize county funds to maintain and increase, as needed, staffing levels to create program and service capacity as driven by community needs in areas including: expanded clinic hours, expanded mobile services, expanded triage services, expanded psychiatric capacity, new program development, collaborative community initiatives.

6) Briefly describe your strategy for continuing the project at the end of County support.

Mountain Laurel will continue to seek all other reimbursement and funding options, as available, to sustain the expansions and new initiatives and on-going financial analysis will be provided to Henderson County officials, as requested. We anticipate that without county support on-going, some services will be in jeopardy. Our experience during the previous 2004-2005 funding period, however, has demonstrated that:

- all program/services/staffing have a "ramp up" period (varies according to program/service/staff) for which any 3rd party reimbursement is insufficient to support initially
- increased services/programming require some additional administrative support which is non-billable
- screening, triage and referral services are non-reimbursed by 3rd party payors but are critical in providing a timely community response to client needs
- mobile crisis services remain reimbursable at some level but do not include all time involved in resolving difficult and complex situations (travel time and mileage to be mobile, seeking and obtaining Broughton Hospital admissions, awaiting medical clearances, transportation, etc)
- professionals providing education/training are then absent from their caseloads (billable times)
- state mandates for case management involvement for clients placed in out-of-county residential facilities do not reimburse for travel time and mileage
- providing necessary transportation to clients is non-reimbursed
- mental health reform in North Carolina continues to provide a challenging financial involvement on multiple levels with increased cost burden to local providers that did not exist for Area Programs (in the pre-reform era)