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Empowering People ~ Strengthening Community

Budget Cuts Effect Every Aspect Of MH/DD/SA Services

With an unprecedented state budget shortfall of \$4.5 billion dollars, the MH/DD/SA system was hit extremely hard with state cuts that will directly affect services in the next two years. Overall, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services estimates that LMEs will experience a significant reduction in their allocations of state and federal community service funds. For a service system that has been under funded for many years, the effects of these cuts will be felt by consumers and their families for years to come.

In total, the state dollar reductions affecting MH/DD/SA direct care at the local level for FY '09 -'10 is over \$218 million*, and a reduction of \$303 million for FY '10 -'11. In addition, many of these cuts are recurring (R), so these are dollars that will be lost to the system permanently.

On top of these cuts, all MH/DD/SA Medicaid providers are receiving a rate reduction. The cut for this year is over \$76 million and over \$82 million next year. It is unclear at this time exactly how this reduction will affect specific MH/DD/SA service rates, but according to DMA, psychiatric and other MH/DD/SA rates will be reduced. Finally, over \$25 million will be taken from the prescription drug program.

In addition, there are reductions to the state institutions which also affect the level of services available. Broughton Hospital and Cherry Hospital were cut by \$6 million, and all facilities will lose positions in order to generate \$12.8 in savings. The facilities will also reduce \$4.5 million in "non-core" functions. Cherry Hospital will cut 123 full time employees. System wide, 279 hospital or institution positions are being eliminated. The Division's Central Office will reduce operating costs by \$250,000 and are losing nine positions which are currently vacant. Direct service contracts held by the Division will also be reduced.

Despite these cuts, some additional resources were provided to: 1) address projected growth in the Medicaid program, 2) provide funding for the final phase-out of county participation in Medicaid payments, 3) increase funding by \$12 million for three-way contracts between DMH, LMEs and community hospitals for psychiatric inpatient services, 4) annualize the allocations for Mobile Crisis and DD START teams, and 5) provide \$6 million in one-time money to continue to operate some services on the Dorothea Dix Hospital campus.

[* After the state budget passed, \$15 million dollars was identified by the state and is being restored to MH/DD/SA community services to relieve the budget reductions. Since the close of the legislative session, Gov. Bev Perdue has asked Department of Health and Human Services (DHHS) Secretary Lanier Cansler to identify methods to minimize the impact of MH/DD/SAS budget cuts. The \$15 million restoration is equal to the 5% reduction made by the Governor as an additional across-the board cut taken following the passage of the state budget.]



THE EVOLUTION OF MENTAL HEALTH IN NC... CABHA'S

Volume 2 Number 1

The Department of Health and Human Services (DHHS) in North Carolina has approved a definition and description for provider agencies, a Critical Access Behavioral Health Agency (CABHA). The CABHA represents a new category for mental health and substance abuse services but does not apply to services for those with intellectual/developmental disabilities. CABHA's may be for profit, not for profit, public or private behavioral health care companies.

Goals of Critical Access Behavioral Health Agencies:



The Department's goals in developing CABHA's are to:

1. Ensure that critical services are delivered by a clinically competent organization that has appropriate medical oversight and the ability to deliver an array of services.
2. Gradually move the current public system to a more logical model. The new system is being designed to provide a continuum of services at the local level as well as begin to prepare the provider community for the changes that will be required in a waiver environment.
3. Ensure that consumer care is based upon a comprehensive clinical assessment and appropriate services are provided. To that end, CABHA's will provide a range of services for the population to be served. For example, a provider who will serve only children with mental health needs might offer outpatient therapy, case management, intensive in-home and day treatment. The collection of services will vary depending upon the ages and needs of the consumers to be served by the agency.

Each Critical Access Behavioral Health Agency will be required to offer comprehensive clinical assessments, medication management and outpatient therapy and to be endorsed for at least two additional services (from the list below) in the same region where it provides the three core services.

- Intensive In-Home (IIH) · Community Support Team (CST) · Substance Abuse Intensive Outpatient Program (SAIOP) · Substance Abuse Comprehensive Outpatient Treatment (SACOT) · Child Residential Level II, III, and IV · Day Treatment · Partial Hospitalization (PH) · Substance Abuse Medically Monitored Community Residential Treatment · Substance Abuse Non-Medical Community Residential Treatment · Outpatient Opioid Treatment

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Mental Health Partners' Consumer and Family Advisory Committee intends to provide education and/or conduct an event geared toward anti-stigmatization of individuals with behavioral disabilities.

If you are interested in helping with the planning process or participating in the project in any capacity, email Judy Dahlstrom at jdahlstrom@mentalhealthpartners.org.



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FEATURE: CABHA'S

In addition to the above services, each CABHA will be responsible for providing case management services (for both Medicaid/State funded) for mental health and substance abuse consumers when this service is approved by Center for Medicaid/Medicare Services for implementation.

Staffing Requirements

A Critical Access Behavioral Health Agency will have a **Medical Director** (licensed psychiatrist or physician with experience with the population served), a **Clinical Director** and a **Quality Management/Staff Training Director**.

Funding Sources

A CABHA shall serve consumers who are eligible for Medicaid as well as consumers supported by State funds. CABHAs must seek to become eligible to be paid for services by all third party payors that reimburse for services that the agency delivers (e.g. private insurance, Medicare, TriCare, etc.).

Collaboration with Physical Health

Critical Access Behavioral Health Agencies will be expected to work closely with primary care physicians, public health departments, federally qualified health clinics and Community Care of NC, to ensure that the consumers being served are treated in a holistic manner that addresses both their behavioral health and physical health care needs.

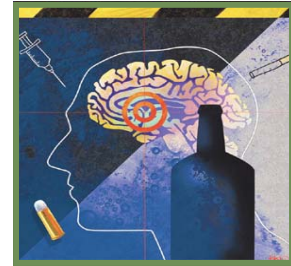
More details are available at www.ncmhddsas.gov.



The newly forming **Peer Support Resource Exchange (PSRE)** is a collaborative effort of peers and peer supporters throughout the state who are working to ensure the integrity and essence of peer support. PSRE members are offering leadership to create solutions as a catalyst for recovery by promoting excellence in peer support. For more information go to www.peersupportresource.com. Our passion and vision are cast upon the belief of there being a better day for peer support. Join us.

MENTAL HEALTH PARTNERS

TODAY



Learn the FACTS

Myth: Mental illnesses don't affect me.

Fact: Mental illnesses are surprisingly common; they affect almost every family in America. Mental illnesses do not discriminate... they can affect anyone.

Myth: Mental illness is the same as mental retardation.

Fact: These are different conditions. Mental retardation is characterized by limitations in intellectual functioning and difficulties with certain daily living skills. In contrast, people with mental illnesses—health conditions that cause changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.

Myth: People who can't stop using drugs are weak or immoral.

Fact: Those individuals who become dependent on drugs or alcohol are victims of a real illness. Most of those who struggle with the substances and become addicted would quit if they could. It is not a question of morality, but instead a matter of science. Also, there is a genetic link to substance abuse and addiction that has been proven time and again.

Myth: People with mental illnesses cannot tolerate the stress of holding down a job.

Fact: All jobs are stressful to some extent. Anybody is more productive when there's a good match between the employee's needs and the working conditions, whether or not the worker has a mental health problem.

MENTAL HEALTH PARTNERS' LOCATIONS:

1985 Tate Blvd. SE, Suite 529, Hickory, NC 28602 p/828-327-2595 f/828-325-9826
305 E. Union St., Suite A135, Morganton, NC 28655 p/828-439-2535 f/828-439-2578
Customer Service: p/1-877-484-2595
www.mentalhealthpartners.org

Mental Health Partners Awarded \$1 Million to Prevent Homelessness

Mental Health Partners has been awarded a \$1 million grant over the next three years to provide homelessness prevention assistance to households who would otherwise become homeless - many due to the economic crisis - and to provide assistance to rapidly re-house persons who recently have become homeless.

The North Carolina Office of Economic Recovery and Investment (OERI) in partnership with the North Carolina Department of Health and Human Services (DHHS) and the North Carolina Housing Finance Agency (HFA) is administering the Homelessness Prevention and Rapid Re-Housing Program (HPRP) non-entitlement funds throughout North Carolina. All three State organizations are working together to ensure the funds achieve the desired goals and HUD's reporting requirements are met.



HPRP is a new HUD program that was created through the American Recovery and Reinvestment Act (Recovery Act). HPRP will provide temporary financial assistance and housing relocation and stabilization services to individuals and families who are homeless or would be homeless **but for** this assistance.

Mental Health Partners (MHP) is responsible for implementing, monitoring compliance and overseeing the local HPRP effort called Destination: Home. A Program Specialist at Mental Health Partners works with two case managers – who are employed by and located at Greater Hickory Cooperative Christian Ministries and Burke United Christian Ministries and funded by the grant. The case managers perform in-take assessments, determine eligibility and work with participants to establish and implement a plan to prevent the loss of their current housing or to rapidly re-house those who have become homeless recently.

To meet the eligibility requirements, the household must either be homeless or at risk of losing its housing and must meet each of the three minimum criteria: 1. No appropriate subsequent housing options have been identified **AND** the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. 2. The household must be at or below 50% of Area Median Income (AMI) and income eligibility must be maintained. 3. Any individual or family receiving financial assistance through Destination Home must have at least an initial consultation with a case manager who can determine eligibility and the appropriate type of assistance to meet their needs.

Households needing PREVENTION ASSISTANCE are individuals and families who are currently in housing but are at risk of becoming homeless and need temporary housing – related financial assistance to prevent them from becoming homeless.

Those needing RAPID RE-HOUSING ASSISTANCE are individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on



DESTINATION: HOME