

## **REQUEST FOR BOARD ACTION**

### **HENDERSON COUNTY BOARD OF COMMISSIONERS**

**MEETING DATE:** January 19, 2005

**SUBJECT:** Update Concerning Regional Mental Health Activities/ Reform

**ATTACHMENTS:** Yes

**SUMMARY OF REQUEST:**

Mr. Larry Thompson, CEO of Western Highlands Network, will present the Board with updates concerning regional mental health activities and the State-mandated reform of the mental health system. Mr. Thompson has been asked to provide an update on recent developments relating to crisis stabilization in our region and will also be prepared to answer any specific questions that the Board may wish to ask.

**COUNTY MANAGER'S RECOMMENDATION/ACTION REQUIRED:**

No action required.

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A LOCAL MANAGEMENT ENTITY

**MEMORANDUM**

**TO:** Henderson County Board of Commissioners

**FROM:** Larry Thompson, CEO  
Western Highlands Area Authority

**DATE:** January 11, 2005

**SUBJECT:** Status Report, Crisis Center Feasibility Study

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The purpose of this communication is to present the current status of the Crisis Center Feasibility Study. Western Highlands is currently exploring the feasibility of developing a 16-bed crisis inpatient unit for adults to be located at 277 Biltmore Avenue, Asheville. This 16-bed inpatient unit would be one element of a Crisis Center which would also include a crisis stabilization unit for adults with 23-hour assessment capability. Adjacent would be the Neil Dobbins Center, an eleven bed medical, non-hospital detoxification center.

This center is being proposed to respond to the need for crisis inpatient beds as a result of the shortage of existing psychiatric inpatient beds in the eight county region served by Western Highlands and the pending downsizing of Broughton Hospital during the next three to five years. This shortage of beds is aggravated by the inadequacy of reimbursement rates for psychiatric inpatient care in the current State Medicaid Plan.

During FY 2004, there were a total of 1,190 admissions to Broughton Hospital from the eight county area. 143 or 12 percent of the admissions originated from Henderson County. Bed reduction allocations have been adopted by the Division of MH-DD-SAS. Acute bed allocations for the eight county area are expected to decline to levels 52% of current bed use by FY 2007. There is a \$500 daily penalty/bed day for exceeding the acute bed allocation levels.

The 16-bed unit would need to be augmented by use of beds in local psychiatric inpatient units throughout the eight county area. Once the psychiatric inpatient reimbursement rate is increased by the Division of Medical Assistance, negotiations can begin with the local hospitals.

Another current problem in the region is the extended time involved in admissions to Broughton Hospital. Current policy requires that three alternative inpatient units rejected an individual before admission to Broughton will be approved. This practice usually results in a 3-6 hour wait before law enforcement officers can transport a committed individual to Broughton Hospital.

Key steps in the feasibility study are the following: (a) agreement by the Buncombe County Building Inspection Department as to steps necessary for renovation of the existing facilities at 277 Biltmore to meet the State Building Code; agreement by the North Carolina DFS Construction Office as to compliance of the facility plan to State licensing regulations; and approval by the Atlanta Regional Office, DHHS, as to compliance of the proposal with Medicaid regulations.

Target date for completion of these steps is February 28, 2005.

Western Highlands Board of Directors and the eight County Boards of County Commissioners will be kept informed of the progress of the feasibility study.

Western Strategic Planning Advisory Council  
Prioritizing Needs for Planning  
Revised September 2004

*Funding availability is an overarching and vital concern in meeting these priorities. Attention must be paid to prioritizing funding available for these services.*

**General issues across all disabilities- prioritized:**

- (1) Assure adequate availability of psychiatric services (include physician extenders)
  - support/encourage integration of MH services into primary care setting
  - increase number of psychiatrists who are willing to accept Medicaid and State fees
  - increase number of clinicians able to accept "difficult" cases/ such as those with co-occurring disorders
- (2) Assure crisis stabilization continuum of services
  - mobile crisis services
  - 23 hour stabilization
  - short term inpatient unit
- (3) Emphasize community-based services wherever possible  
(to include improved access to services for non-English speaking consumers)
- (4) Facilitate access to services by reducing transportation barriers
- (5) Facilitate access to safe and affordable housing
- (6) Provide education of consumers, caregivers and community stakeholders-
  - regarding service availability, consumer eligibility, and procedural safeguards
  - focus on local anti-stigma campaigns
- (7) Assure qualified, trained professionals are available in each county to serve across all disability groups
- (8) Advocate for services and supports for non-target populations

**Disability-specific needs: (listed in alphabetical order, not priority order)**

Adult MI

Develop and implement crisis stabilization continuum of services  
Attend to need for respite services for adults  
Address array of gero-psych needs both within the community as well as facilities  
Include provision of adult day services  
Assure appropriate services are available to veterans  
Advocate for expansion of services for homeless population

Child MI

Develop and implement crisis stabilization continuum of services  
Attend to need for respite services for children  
Continue to prioritize school-based services

DD

Attend to need for respite services for consumers with developmental disabilities  
Continue to provide case management for consumers with developmental disabilities  
Continue to provide CAP and ADVP services to meet the needs of the communities served by the LME  
Continue assistance with daily living

SA

Assure adequate capacity of continuum of substance abuse services provided within the LME catchment area.  
Work toward local access to outpatient services  
Assure providers are trained in best practices for those with co-occurring disorders  
Assure adequate services for veterans  
Advocate for services for individuals with chronic ASA not currently within the target populations, especially those who are homeless

**Western Highlands Network  
Providers with Service Locations in Henderson County  
Fiscal Year 2004 Contracts & Memoranda of Agreement  
Updated 7/30/04**

**Adult Mental Health: 6 Providers with Contracts on File**

1. ACT Medical Group (*Psychiatry & Psychology in Nursing Facilities*)
2. Appalachian Counseling (*Outpatient Therapy, Psychiatry*)
3. Jamison, Janet, LCSW (*Outpatient Therapy*)
4. Mental Health Association of NC (*Apartments*)
5. Mountain Laurel Community Services (*Outpatient, Psychiatry, Case Management, Psychosocial Rehabilitation, Emergency*)
6. Psychological Perspectives (*Outpatient Therapy*)

**Child Mental Health: 20 Providers with Contracts &/or MOA's on File**

*Providers with Contracts on File: (18)*

1. Appalachian Counseling (*Outpatient Therapy, Psychiatry*)
2. Barthel, Carol, LCSW (*Directly Enrolled with DMA – MOA - Child Outpatient*)
3. Bethany Christian Services (*Respite*)
4. CNC/Access (*CBS*)
5. CRE Care Management (*CBS*)
6. Easter Seals/UCP (*CBS*)
7. Eliada Homes (*Home-Based Professional CBS*)
8. Families First of North Carolina (*CBS, respite*)
9. Families Together (*Respite, Home-Based Professional CBS*)
10. Jamison, Janet, LCSW (*Outpatient Therapy*)
11. Levine, Valerie, Ph.D. (*Directly Enrolled with DMA – MOA - Child Outpatient*)
12. Lutheran Family Services (*Residential Treatment Levels 2 & 3*)
13. Mentor (*CBS, Respite*)
14. Mountain Laurel Community Services (*Outpatient, Psychiatry, Case Management, Family Preservation, Early Intervention, Emergency*)
15. Omni-Visions (*Therapeutic Foster Care, Respite, CBS*)
16. Pivot Training and Treatment Academy (*CBS*)
17. Psychological Perspectives (*Outpatient Therapy, Guardianship*)
18. SCW Residential Care, Inc. (*CBS*)
19. Turning Point (*CBS*)
20. Universal Mental Health (*CBS*)

**Developmental Disabilities: 23 Providers with Contracts &/or MOA's on File**

1. Advantage Home and Community Care (*CAP, CBS*)
2. Arc of North Carolina (*CAP, CAP Case Management, CBS, Guardianship, Respite*)
3. Arc Life Guardianship
4. Autism Society (*CBS, CAP*)
5. Blue Magnolia, LLC (*CAP*)
6. Carolina Habilitation/Maxim (*CBS, Respite, CAP*)
7. CNC/Access (*CBS, Respite, CAP, Alternative Family Living*)
8. Community Alternatives of North Carolina (*Supervised Living, CBS, CAP*)
9. Community Living Concepts (*Supervised Living, CBS, CAP*)
10. Davidson Homes (*AFL, Supervised Living, Respite, CBS, CAP*)
11. Easter Seals/UCP (*DDA Group Home, CBS, Respite, CAP*)
12. Families First of North Carolina (*CBS, Respite, CAP*)
13. Halcyon (*Supervised Living, CBS, CAP*)
14. Helping Hand Developmental Center (*Developmental Day*)

15. Life Span (*Supervised Living, respite, CBS, CAP*)
16. Mountain Laurel Community Services (*ICF-MR, DDA Group Home, Day Program*)
17. Omni-Visions (*CBS, CAP*)
18. Pardee Pavillion (*Adult Day Activity*)
19. Pioneers in Special Needs
20. Psychological Perspectives (*Outpatient, Guardianship*)
21. SSEACO (*ADVP, CBS, CAP*)
22. Storybook Farm (*CBS, CAP*)
23. Turning Point (*CBS, Respite, CAP*)

**Substance Abuse: 5 Providers with Contracts on File**

1. Appalachian Counseling (*Assessment, Outpatient Treatment*)
2. Crossroads/Phoenix (*Assessment, Outpatient Treatment*)
3. Horizon Recovery (*Assessment, Treatment, Spanish speaking*)
4. Mountain Laurel Community Services (*Assessment, Outpatient Therapy, Emergency*)
5. Partnership for a Drug Free North Carolina (*Perinatal Health Partners, TASC*)

**Unduplicated Total: 41 Active Providers with Contracts &/or Memoranda of Agreement on File**

Western Highlands Network  
Active Providers\*  
FY 2004

Item #9

Provider Category	Bunc	Hend	Mad	Mit	Polk	Ruth	Trans	Van	Out of Area	Undup. Totals
Adult Mental Health	14	6	3	3	3	5	3	4	0	29
Child Mental Health	44	20	9	11	5	8	15	10	60	121
Developmental Disabilities	35	23	10	7	6	9	14	8	10	71
Substance Abuse	7	5	2	2	3	4	3	2	3	15
Total Unduplicated	88	41	17	15	12	18	25	16	72	205

\*These numbers do not include person-specific contracts for respite or transportation.

07/31/2004

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### Services by County-All

Inps On/Off/cid		(All)										
County												
Sum of App/Amnl	Prac Group	01-Bucconbe	02-Henderson	03-Madison	04-Mitchell	05-Polk	06-Rutherford	07-Trousy/Vernia	08-Yancey	09-Other Counties	10-LME	Grand Total
AC/TT		464,629	53,082	105,343	115,564	56,710	537,998	2,276	6,828	5,795		637,933
Case Mgmt		1,211,361	488,382	119,831	115,564	56,710	537,998	2,276	6,828	5,795		2,827,871
CBS-ECU		4,200	10,117	890	890	166	1,138	7,055	1,138		293	21,566
CBS-Group		1,601	269	7,139	10,745	4,616	92	542	10,614		723	46,342
CBS-Para/Professional		3,404,926	862,923	276,203	309,334	315,349	1,174,022	350,249	519,294		227,237	7,439,544
CBS-Professional		1,042,034	514,651	200,256	79,609	142,349	310,354	84,010	65,073		37,725	2,476,059
Day Services		453,848	275,081	62,284	55,694	46,564	286,131	119,809	58,077		20,475	1,378,398
Emergency												196,463
Group/Family		167,618	70,582	15,456	5,665	3,672	24,733	26,570	24,157		3,103	341,557
Opoid		140,790										140,790
Other		81,037	15,149	11,508	14,825	1,092	8,776		5,383			148,998
Outpatient		1,084,355	550,968	91,807	109,562	70,987	366,389	196,571	119,313		1,459	2,685,846
Personal Assistance		79,446	99,173				86,118	9,508			30,466	304,710
Psychosocial		216,168	73,749	262		7,805	42,806	5,790			4,236	350,871
Residential		3,759,078	782,748	199,550	170,351	111,476	1,023,054	298,030	194,669		107,525	6,646,481
Respite		271,047	111,921	4,125	36,192	4,502	7,955	53,209	14,695		12,082	515,729
Room & Board		258,774	120,836	19,481	2,599	10,871	119,628	28,634	78		7,802	568,681
Supp Emplay		115,387		30,411			16,627				7,802	170,227
Travel		31,403	16,018	5,763	4,691	3,223	12,340		4,319		907	82,986
Grand Total		12,797,702	4,045,632	1,149,451	919,719	782,381	4,020,439	1,292,399	1,189,149		517,138	26,983,017





	Medicaid	% of Total	IPRS	% of Total	Medi+IPRS	% of Total
01 - Buncombe	8,035,460	45%	4,762,242	51%	12,797,702	47%
02 - Henderson	2,451,741	14%	1,593,911	17%	4,045,652	15%
03 - Madison	928,328	5%	221,123	2%	1,149,451	4%
04 - Mitchell	651,466	4%	268,253	3%	919,719	3%
05 - Polk	620,844	4%	161,536	2%	782,381	3%
06 - Rutherford	2,740,966	16%	1,279,473	14%	4,020,439	15%
07 - Transylvania	744,199	4%	548,201	6%	1,292,399	5%
08 - Yancey	1,020,654	6%	168,495	2%	1,189,149	4%
09 - Other Counties	429,254	2%	87,884	1%	517,138	2%
10 - LME	41,039	0%	227,948	2%	268,987	1%
Grand Total	17,563,950	100%	9,319,057	100%	26,883,017	100%

Age Disability by County

UpnOrMedicaid	(AU)	County	02-Remedation	03-Medication	04-Medical	05-Polic	06-Rutherford	07-Tracy/Traxia	08-Vancey	09-Other Counties	10-LME	Grand Total
Sum of App/Annu		01-Burmanche										
AgeDis	AgeDisDesc											
1-AHH	Adult Mental Health	1,900,816	888,121	188,125	212,505	144,808	940,744	199,451	159,081	55,288		4,689,008
2-ADD	Adult Developmental Disabilities	3,177,954	1,211,689	273,612	333,752	356,040	1,324,052	421,611	471,001	172,376		7,747,088
3-ASA	Adult Substance Abuse	1,836,222	124,130	6,308	24,501	9,698	47,636	31,881	30,841	4,597		2,111,814
4-CMH	Child Mental Health	5,387,612	1,748,872	588,342	305,530	233,177	1,587,946	570,238	437,557	279,875		11,139,149
5-CDD	Child Developmental Disabilities	378,620	63,852	87,706	41,270	38,194	107,534	67,837	81,787			866,879
6-CSA	Child Substance Abuse	116,359	8,959	5,557	2,161	465	17,527	362	8,881			160,092
7-LME	LME											
Grand Total		12,797,702	4,045,652	1,149,451	919,719	782,381	4,020,439	1,292,399	1,189,149	517,138	268,987	26,983,017



