

Division of State Operated Healthcare Facilities, DHHS
Mental Health and Substance Use Service Array Survey

Table 1

Service Name	Population/Eligibility	Funding Source	Penetration	Setting	Oversight Agency	Authority/Rule	Funding and Capacity	Entrance/Exit
<ul style="list-style-type: none"> • Include any subcategories of service on a separate line • In Table 2, please add service description and key terms 	<p>Age group, source, justice involvement, etc. What makes you eligible?</p>	<p>List the fund source</p>	<p>% = receiving / needed + eligible</p>	<p>Community (home, office, school), facility/type, correctional setting (jail, YOC, detention, prison)</p>	<p>State Division/Department</p>	<p>Cite the applicable statute or rule</p>	<p>Entitled, limited to available funding *add annual expenditure for each</p>	<ul style="list-style-type: none"> • How do you get into service (medical necessity, referred by courts, self-ref., sentenced, LME-MCO) • How are you discharged (medical nec., goals met, complete sentence, time-limit, complete course)
<p>Longleaf Neuro-Medical Treatment Facility</p>	<p>Adult Geriatric</p>	<p>State Appropriations, Medicaid, 3rd Party Insurance, Medicare</p>		<p>Western and Central Regions State Operated Skilled Nursing Facility</p>	<p>DSOHF</p>	<p>122C-181 (a)</p>	<p>Safety-net Service Annual Expenditures SFY 14/15 = \$12,161,182</p>	<p>Residents admitted from State Operated Psychiatric Hospital referrals. Discharges occur at end of life or guardian elect not to continue services.</p>
<p>Inpatient – Alcohol and Drug Abuse Treatment Center</p>								
<p>Walter B. Jones ADATC</p>	<p>Adults with a substance related disorder that are in need of psychiatric stabilization, including those patients that have an additional co-occurring psychiatric illness, and/or co-morbid medical issues whose clinical treatment needs exceed level of care available in the community.</p> <p>Statewide inpatient perinatal program for pregnant women and for moms and their babies (up to 12 months old). Statewide Inpatient Opioid Treatment Program (OTP).</p>	<p>State appropriations, 3rd party insurance, self-pay</p>		<p>Eastern Region – State Operated Inpatient Alcohol and Drug Abuse Treatment Center</p>	<p>DSOHF</p>	<p>122C-181(a)</p>	<p>Safety-net Service Annual Expenditures SFY 14/15 = \$14,528,348</p>	<p>Individuals with a substance related disorder that are in need of psychiatric stabilization, including those patients that have an additional co-occurring psychiatric illness, and/or co-morbid medical issues are referred by an ED/Hospital, LME/MCO or other Provider. Patients meeting special population criteria (HIV/AIDS, intravenous (IV) Drug Users, and pregnant women) are given priority status during admission. Individuals are discharged once goals are achieved, based on an individually determined length of stay.</p>

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R.J. Blackley ADATC	Adults with a substance related disorder that are in need of psychiatric stabilization, including those patients that have an additional co-occurring psychiatric illness, and/or co-morbid medical issues whose clinical treatment needs exceed level of care available in the community.	State appropriations, Medicaid, Medicare, 3 rd party insurance, self-pay		Central Region – State Operated Inpatient Alcohol and Drug Abuse Treatment Center	DSOHF	122C-181(a)	Safety-net Service Annual Expenditures SFY 14/15 = \$14,882,337	Individuals with a substance related disorder that are in need of psychiatric stabilization, including those patients that have an additional co-occurring psychiatric illness, and/or co-morbid medical issues are referred by an ED/Hospital, LME/MCO or other Provider. Patients meeting special population criteria (HIV/AIDS, intravenous (IV) Drug Users, and pregnant women) are given priority status during admission. Individuals are discharged once goals are achieved, based on an individually determined length of stay.
Julian F. Keith ADATC	Adults with a substance related disorder that are in need of psychiatric stabilization, including those patients that have an additional co-occurring psychiatric illness, and/or co-morbid medical issues whose clinical treatment needs exceed level of care available in the community.	State appropriations, Medicaid, Medicare, 3 rd party insurance, self-pay		Western Region — State Operated Inpatient Alcohol and Drug Abuse Treatment Center	DSOHF	122C-181(a)	Safety-net Service Annual Expenditures SFY 14/15 = \$15,740,864	Individuals with a substance related disorder that are in need of psychiatric stabilization, including those patients that have an additional co-occurring psychiatric illness, and/or co-morbid medical issues are referred by an ED/Hospital, LME/MCO or other Provider. Patients meeting special population criteria (HIV/AIDS, intravenous (IV) Drug Users, and pregnant women) are given priority status during admission. Individuals are discharged once goals are achieved, based on an individually determined length of stay.
Facility Based – State Hospital								
Broughton Hospital	<ul style="list-style-type: none"> • Adults • Geriatric 			Western Regional State operated	DSOHF	122C-181(a)	Safety-net Service	All patients admitted must have a psychiatric diagnosis. Most patients are involuntarily committed (IVC) to

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<p>Broughton Hospital (Continued)</p>	<ul style="list-style-type: none"> • Adolescents, • Adults who are deaf <p>All individuals admitted must have a mental illness and clinical treatment needs that exceed level of care available in the community</p>	<p>State appropriations, Medicaid, Medicare, 3rd party insurance, self-pay</p>		<p>psychiatric inpatient hospital</p>			<p>Annual Expenditures SFY 14/15 = \$94,658,975</p>	<p>the hospital. The IVC requires the individual to be a danger to self/others or in need of treatment to prevent deterioration (122C-261(a)). Those admitted voluntarily must be in need of treatment for their mental illness (122c-211(a)). Discharge occurs when individual is psychiatrically stable and no longer meets medical necessity.</p>
<p>Central Regional Hospital</p>	<ul style="list-style-type: none"> • Adults • Geriatric • Adolescents • Children • Forensic <p>All individuals admitted must have a mental illness and clinical treatment needs that exceed level of care available in the community</p>	<p>State appropriations, Medicaid, Medicare, 3rd party insurance, self-pay</p>		<p>Central Regional State operated psychiatric inpatient hospital</p>	<p>DSOHF</p>	<p>122C-181(a)</p>	<p>Safety-net Service Annual Expenditures SFY 14/15 = \$157,222,302</p>	<p>All patients admitted must have a psychiatric diagnosis. Most patients are involuntarily committed (IVC) to the hospital. The IVC requires the individual to be a danger to self/others or in need of treatment to prevent deterioration (122C-261(a)). Those admitted voluntarily must be in need of treatment for their mental illness (122c-211(a)). Discharge occurs when individual is psychiatrically stable and no longer meets medical necessity.</p>
<p>Cherry Hospital</p>	<ul style="list-style-type: none"> • Adults • Geriatric • Adolescents <p>All individuals admitted must have a mental illness and clinical treatment needs that exceed level of care available in the community</p>	<p>State appropriations, Medicaid, Medicare, 3rd party insurance, self-pay</p>		<p>Eastern Regional State operated psychiatric inpatient hospital</p>	<p>DSOHF</p>	<p>122C-181(a)</p>	<p>Safety-net Service Annual Expenditures SFY 14/15 = \$80,364,162</p>	<p>All patients admitted must have a psychiatric diagnosis. Most patients are involuntarily committed (IVC) to the hospital. The IVC requires the individual to be a danger to self/others or in need of treatment to prevent deterioration (122C-261(a)). Those admitted voluntarily must be in need of treatment for their mental illness (122c-211(a)). Discharge occurs when individual is psychiatrically stable and no longer meets medical necessity.</p>
<p>Facility Based – Whitaker PRTF</p>	<p>Adolescents</p>	<p>Medicaid, State appropriations</p>		<p>State-wide Residential program for Adolescents</p>	<p>DSOHF</p>	<p>122C-181(a)</p>	<p>Safety-net Service</p>	<p>Whitaker operates under the same regulations and medical necessity as all community PRTFs</p>

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							Annual Expenditures SFY 14/15 \$4,836,940	
Facility Based – Wright School	Children	State Appropriations		State-wide Residential program for Children	DSOHF	122C-181(a)	Safety-net Service Annual Expenditures SFY 14/15 = \$2,752,044	Children with SED and other MH needs who have not been successfully served in the home and require more intensive care
Facility Based – State Hospital								
Murdoch Developmental Center: STARS Program	Adolescents with intellectual/developmental disabilities and mental health diagnoses, with severe behavioral challenges and a history of unsuccessful community placements, whose clinical treatment needs exceed level of care available in the community	Medicaid, State appropriations		State Operated Developmental Center	DSOHF	122C-181(a)	Safety-net Service Annual Expenditure SFY 14/15 = \$2,065,408	Individuals are referred by their LME/MCO; referral process includes application signed by legal guardian, letter of endorsement from LME/MCO, in-person screening by psychologist and social worker where individual is located (home, hospital, school, etc.), presentation to admissions committee. Length of program is up to 1 year, with intensive transition planning in preparation for return to the community.
Caswell Developmental Center: ID/MI Program	Adult males with mild/moderate intellectual disabilities and mental health diagnoses, with severe behavioral challenges and a history of unsuccessful community placements, whose clinical treatment needs exceed level of care available in the community	Medicaid, State appropriations		State Operated Developmental Center	DSOHF	122C-181(a)	Safety-net Service Annual Expenditure SFY 14/15 = \$1,732,492	Individuals are referred by their LME/MCO; referral process includes application signed by legal guardian, letter of endorsement from LME/MCO, in-person screening by psychologist and social worker where individual is located (home, hospital, school, etc.), presentation to admissions committee. Length of program is up to 18 months, with intensive transition planning in preparation for return to the community.

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Table 2

Service (and 2-3 sentence description)	<p>Longleaf Neuro-medical Treatment Facility</p> <ul style="list-style-type: none"> • State Operated Psychiatric Hospital Referrals: 162 Skilled Nursing Facility Beds. • Community Referrals: 38 Skilled Nursing Facility Beds for Dementia (such as Alzheimer’s). 	
	<p>Murdoch Developmental Center STARS Program: 18 bed statewide program; provides evaluations, residential, medical, habilitation (assistance in developing functional living skills), training and other support services to promote independence and self-determination.</p>	
	<p>Caswell Developmental Center ID/MI: 10 bed regional program; provides evaluations, residential, medical, habilitation (assistance in developing functional living skills), training and other support services to promote independence and self-determination.</p>	
	<p>The ADATCs have an array of specialized programs to meet the needs of their complex population, such as evidence-based treatment for trauma survivors, programming for pregnant and parenting women, veterans treatment, and inpatient opioid treatment.</p> <p>Inpatient services provided in the ADATCs include:</p> <ul style="list-style-type: none"> • psychiatric stabilization, • medical detoxification, • substance abuse treatment and education, • mental health treatment and education, • medical care, • recreational therapy, • discharge planning, • 24/7 nursing care, and • collateral treatment services for family members. 	

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Key Terms (and definition)	Neuro-Cognitive Disorders: Include but not limited to dementia such as Alzheimer’s, Traumatic Brain Injury, Delirium, and other cognitive disorders.	
	<u>Children</u> – ages 6-12	
	<u>Adolescents</u> – 13-17 (Clinical decision may be made for a 12 year old that he/she would benefit more from Child or Adolescent program)	