MISSION STATEMENT

Partners’ mission is to manage a behavioral health care system funded by federal, state, and local taxpayer dollars. We ensure all individuals who are eligible for our programs have access to quality providers and effective services. We improve lives and strengthen our communities by focusing on positive outcomes and the proper use of funds entrusted to us.

Greetings from Partners Behavioral Health Management

Our name “Partners” represents the way we approach three important groups:

- The people we support
- Our network of service providers
- Our communities

The people we support receive care through the system we manage. Partners appreciates their trust in us and listens to their voices. Their wishes and needs drive our organization’s decisions.

Our strong provider network gives compassionate care to those with mental health issues, substance use disorders and intellectual/developmental disabilities. Partners works in concert with them to ensure quality services are available to those who need them, when they need them, and where they need them — with positive results. We invest in the community with new services to fill identified gaps.

We partner with other organizations and businesses to make our counties, cities and towns better places. Partners has a duty that extends beyond behavioral health issues facing those in our area. We firmly believe we have a responsibility to improve the quality of life in our communities. Every day our dedicated employees live the values that make Partners a quality-focused, outcome-oriented, transparent organization. We are committed to learning, growing and empowering others. We welcome your input.

Please let us know what we’re doing well and where we can improve as we partner to improve lives and strengthen communities.

W. Rhett Melton, CEO

New Website Design

In May of 2015, Partners introduced a redesigned website. This new site boasts a cleaner look and better separation of the materials pertaining to our two distinct audiences - the general public, and our network of providers. Along with features providing easier navigation is a new provider search tool, an enhanced calendar of trainings and meetings, and a much-needed general search function.

Most importantly, people with no knowledge of Partners BHM have found us through generic search terms and contacted us for information.

Facebook Page Launch

On December, 1, 2015 Partners introduced a business Facebook Page. The Facebook Page provides a forum for individuals to share stories and information. The page is also an essential way for Partners to pass on information about national, state, or local services, initiatives, laws, and advocacy, as well as keeping the community informed about Partners’ endeavors. In seven months the page received 979 likes, and reached a total of 38,479 individuals with our messages.

38,479
Total people reached with our messages
Partners Behavioral Health Management operates as a local public area authority governed by a 21-member Board of Directors. All members are volunteers residing in one of the eight counties in the Partners area.

VISION STATEMENT
We envision a high-quality, accessible care system that integrates physical and behavioral health in a community of hope, support and acceptance.

Board of Directors

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<tr>
<td>Maynard Taylor, Burke County Commissioner</td>
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<td>Donna Sallstrom, Burke County</td>
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<td>David L. Isenhower, Catawba County</td>
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<td>Randall Isenhower, Catawba County Commissioner</td>
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<td>Kimberly Whiteley, Catawba County</td>
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<td>Vacant, Catawba County</td>
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<td>Susan Allen, Cleveland County Commissioner</td>
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<td>Kris Thompson, Cleveland County, Chair of the Board</td>
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<td>Steve Epperson, Gaston County, Treasurer</td>
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<td>Vacant, Gaston County Commissioner</td>
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<td>Wil Neumann, Gaston County</td>
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<td>Pam Poteat, Gaston County</td>
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<td>Ben Coggins, Gaston County</td>
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<td>Gayle Mitchell, Iredell County</td>
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<td>Frank W. “Bill” Furches, Jr., Iredell County, Vice-Chair</td>
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<td>Marvin Norman, Iredell County Commissioner</td>
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<td>Matthew McCall, Iredell County</td>
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<td>Melinda Finger, Lincoln County</td>
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<td>Bill Beam, Lincoln County Commissioner</td>
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<td>Barbara Anderson, Surry County</td>
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<td>Larry Phillips, Surry County Commissioner</td>
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<td>Frank Zachary, Yadkin County Commissioner</td>
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<td>Margaret Mason, President of Provider Council</td>
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Executive Leadership Team

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<td>Rhett Melton, Chief Executive Officer</td>
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<td>Niels Eskelsen, Chief Business Officer</td>
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<td>Michael Forrester, Chief Clinical Officer</td>
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<td>Paul Caldwell, Chief Community Operations Officer</td>
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<td>Selenna Moss, Chief Compliance and Quality Officer</td>
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<td>Jessica Pape, Chief Human Resources Officer</td>
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<td>Octavio Salazar, Chief Medical Officer</td>
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<td>Andrew Walsh, General Counsel and Chief Legal Officer</td>
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<td>Jamie Gianna, Chief Information Officer</td>
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Integrated Services Model

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes the need for and definition of Integrated Health Care in the following way: “People with mental and substance abuse disorders may die decades earlier than the average person — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care — coupled with challenges in navigating complex healthcare systems — have been a major obstacle to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general healthcare needs.

The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.”

Partners has facilitated the development of a number of integrated healthcare settings for individuals seeking behavioral health and primary care services. Since our inception in 2013, we have had at least 17 locations offer various levels of integration. These operations range from co-location of behavioral health professionals in primary care practices to comprehensive sites informally known as hubs. These hubs are locations where primary care and multiple mental health, substance use disorder, and intellectual and developmental disabilities agencies share space, staff, and service records access to ensure an integrated, whole-person approach to services. The result for the community is a known, safe place for individuals to present and receive same day access and same day service.

The hubs also provide law enforcement and emergency medical services agencies an alternative to the local emergency department, as the locations are staffed with appropriate crisis intervention services. Additionally, sworn law enforcement personnel are on-site, allowing local law enforcement to turn over custody of individuals in need of involuntary commitment proceedings. Integration is the future, and Partners is in the forefront with creative solutions for whole-person health.

Integrated Services Model

Heath and Gabe

Heath and Gabe are a father and son from the Morganton area. Both father and son are trying to manage stress and anxiety they experience.

Gabe had a history of self-injury requiring emergency department (ED) visits, and Heath was desperate to find answers and help. Then Heath heard about Burke Integrated Health (BIH) from someone at the Department of Social Services. He contacted the Burke hub to learn about possible care for his son. Gabe received a physical and comprehensive clinical assessment during his first visit, and was recommended for outpatient treatment with one of the providers located at BIH. He has continued bi-weekly therapy over the past months and at this time is successfully managing his self-injurious behaviors. In addition, he has not been hospitalized or needed ED treatment while receiving services through the hub.

Heath recognized the improvement in Gabe’s health and has since sought treatment for himself. He is participating in outpatient therapy on a monthly basis with a different provider at BIH and reports that it has helped him manage his anxiety and take better care of his family.

Burke Integrated Health serves as Heath’s and Gabe’s physical and behavioral health home. They are able to schedule their therapy appointments at the same time, at the same location, which makes it easy to continue treatment. In addition, they know whether it is a physical healthcare need or a behavioral health crisis, they simply need to call BIH.
“I want to be that person **who lifts someone up** when they need it.”

**Mark**

**Giving Back**

Mark walked into our meeting at Lincoln Wellness Center with a speaker playing hard rock music. “I hope you don’t mind. Music helps me focus.” Partners interviewed Mark to learn about his experience with the Love and Logic Parenting program, but learned much more about his road through recovery.

Eight years ago, Mark worked as a welder. “It was the perfect job for me, both mind and body,” said Mark. “I knew it was where I belonged.” In 2007, he was physically injured and could not work. “From there, everything slid downhill. I became agitated, angry, and depressed. I suffered, my marriage ended, and my family was affected.”

Mark started treatment, but admits that it didn’t start working until he was introduced to a Wellness Recovery Action Plan group and the WRAP process. “The group and the facilitator, Todd, got me to open up. I learned that I had to stop trying to think for others and control everything. That you can’t hide things. When you are honest with your counselors, then the true you will come out.”

Mark spoke of a counselor named Jay who gave him advice that he sticks to today. “I argued with everyone. Jay taught me to use the 90/10 approach. Listen 90 percent of the time, talk 10 percent. It made me realize that I needed to listen to others and stop trying to control the situation.”

Mark also learned of the importance of having others in your life that can understand what you are going through. “I met Joanie through Al Anon and WRAP. She has been a great support for many years.” Although Joanie has moved out of state, she and Mark talk often to encourage and lift each other up.

Mark has stayed with his treatment program, but was homeless for a short while earlier this year. The connections and support he made through his recovery journey helped him stay on the right path despite this setback.

Mark is currently in his own home and volunteers daily at Christian Ministry of Lincoln County. “I am there to do whatever is needed, and give people some hope. I pray for those who come there because I was there, too.”

His next goal is to be a Certified Peer Support Specialist so he can help others as others helped him. “I want to give back. Everyone has down days. There is always someone around that needs lifting up. I want to be that person who lifts someone up when they need it.”

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**317**

Open Access/Walk-Ins

In first 6 months at Lincoln Wellness Center
“If it wasn’t for CTI, I don’t know where we’d be. I can’t tell you how grateful I am.”

Hannah
CTI Offers a New Beginning

Hannah looks like any other mom you’d see at the grocery store, the mall or the park. With one-year old Graceland on her hip and five-year old William playing shy behind her, Hannah tells a heartbreaking story.

“I was in an abusive relationship that just wasn’t getting any better,” admits Hannah. “There finally came a time when I had to leave to protect myself and my babies.” Taking a moment to compose herself, she recalls that day. “I packed all I could into the car and left. I wasn’t putting up with it any longer.”

Hannah, Graceland and William lived in their car for five months. Then the car was repossessed. “We were out on the streets. I was so down on my luck and thinking negatively about everything. I hoped and prayed for help.”

Then someone she knew from the streets told her about a new program that helped the homeless. “For the first time in a long time, I had some hope.” The new program is Critical Time Intervention. “I connected with Phoenix [Counseling Center] and they found me an apartment,” said Hannah. “They’ve really, truly been good to me. They’re such a blessing.”

Hannah mentions that William starts kindergarten the next day. He clings to her leg as she straightens his hair, Graceland still on her hip. Tears well up in Hannah’s eyes. “It feels so great to have a safe place to live. If it wasn’t for CTI, I don’t know where we’d be. I can’t tell you how grateful I am.”

Critical Time Intervention (CTI)
49 Individuals Enrolled in First Month of Program

Partners was awarded a Critical Time Intervention (CTI) grant from DHHS. CTI is a pilot program in Gaston County that benefits residents who are homeless or at risk of being homeless. The program focuses on residents who have a mental illness and are moving from a hospital, jail, or other setting into the community. CTI works by providing emotional and practical support during critical times of transition and strengthens an individual’s ties to services, family, friends, and the community. The program builds hope, instills empowerment, and facilitates recovery. Our CTI program is operated by Phoenix Counseling Center.

The CTI team creates a person-centered plan by addressing needs including timely transitional housing, linkages to permanent housing, physical healthcare, medication assistance, mental health and substance use treatment, transportation, access to benefits (food stamps, disability, etc.), crisis assistance, life skills, and family support.
Transitions to Community Living Initiative

The State of North Carolina entered into an agreement with the United States Department of Justice in 2012. The purpose was to make sure that persons with mental health issues are able to live in their communities in the least restrictive settings of their choice.

Partners is pleased to join with the NC Department of Health and Human Services in implementing the agreement through the Transition to Community Living Initiative (TCLI). The Transition to Community Living Initiative has six primary components:

• Providing and arranging frequent education efforts and discharge planning for individuals in adult care homes and state psychiatric hospitals.
• Diverting individuals from being admitted to adult care homes.
• Providing community-based supportive housing with tenancy supports.
• Supporting employment for individuals through evidence-based services focused on preparing for, identifying, and maintaining integrated, paid, competitive employment.
• Offering intensive, customized community-based services for people with mental health problems through an evidence-based treatment and support model of services called Assertive Community Treatment
• Using data to evaluate progress and outcomes.

At Home with Louie

The door opens and out scoots a brown and white terrier. “Come back in here, Brownie,” coaxes a gentleman with a full head of gray hair. “I’m Louie,” he says as he shakes my hand. “Welcome to my home!”

Louie moved to this tidy, one-bedroom apartment three months ago after living in an adult care home in Morganton for four years. With the help of Partners Behavioral Health Management’s Transitions to Community Living Initiative, 76-year-old Louie is now living independently.

“I just got Brownie back,” explains Louie as he offers me a cup of coffee. “My son had him while I was in the adult home, but now that I have my own place, he’s back with me.” Brownie finds a familiar spot at Louie’s feet. We begin talking about Louie’s days in the truck-driving business. A native of Indiana, Louie spent most of his career hauling grain to the South and transporting produce back to the North.

But life took an unfortunate turn. His marriage failed. So did his business. He struggled with mental illness and eventually went to live in the adult care home.

“It’s taken time, but I’m better now,” nods Louie. He pats a plastic, color-coded box on the table next to him. “So long as I take my medication, I do well.”

Lonnie White, Mental Health/Substance Abuse Care Coordinator for Partners, is pleased with Louie’s progress. “I stop in to see him on a regular basis,” says Lonnie, “and so does Louie’s In-Reach Specialist, Marty Burton.” Louie is grateful for the help he receives from Partners. “They always treat me right,” he says simply.

As we wrap up our conversation, Louie tells me he has Meals on Wheels and he’s making friends at the senior living apartment complex. As he leans down to scratch Brownie’s ears affectionately, he glances up and says with a smile, “I’m much happier here, doing what I want when I want. It feels good to have my own place again.” Brownie wags his tail in agreement.
Cody

Cody is a 15 year old male who loves music and playing sports. He was interviewed in May of 2015 as a success story because he wanted to give back. He started treatment in August of 2014, and successfully completed treatment in May 2015. He used cannabis due to peer pressure and past issues, including his cousin’s and grandparent's deaths, reporting he “didn’t know how to cope.”

He saw other people using drugs to deal with life and they seemed happy, so he felt like drugs was his way out. He reports he has been clean since January 20, 2015, and what has helped him was acknowledging his life was becoming unmanageable due to drugs, having to go to treatment, and having to be on probation.

Cody states he wants to be successful. He reports his biggest supporters were the PORT program, who helped with his legal issues; his counselor, who worked with him to get the help he needed; individual therapy with Support Inc.; and his mom. He feels if he did not have these support systems, he would still be using drugs and feeling like “he was a nobody and a menace.”

He says these supports have assisted him in opening up and would tell other youth they can follow their dreams without using drugs and to complete their treatment because it works. Cody’s goal is to become a rapper and a song writer because he loves music and it helps him remain sober.

Reclaiming Futures

Beginning in March 2013, Partners Behavioral Health Management has received funding from the Kate B. Reynolds Charitable Trust to implement Reclaiming Futures, a national evidence-supported model helping the community “reclaim” youth from a developing pattern of negative behavior. The model brings together all of the groups that are touching the individual’s life to affect his or her future. The interaction occurring at this point in the youth’s life can help set the stage for a positive future. The funding provides for the Reclaiming Futures model in Catawba, Gaston, Iredell, Surry, and Yadkin counties.

Reclaiming Futures is a partnership of agencies working to make sure youth entering the juvenile justice system are screened for drug and alcohol problems. In each county, the model is implemented and overseen by a core team including the Department of Public Safety—Division of Juvenile Justice, District Court, treatment providers, the PORT program, and Partners. Providers are Daymark, Easter Seals/UCP, Youth Villages, Children’s Hope Alliance, The Cognitive Connection, Family Net of Catawba County, and Support Inc.

The team establishes an array of services to screen, identify, and refer youth for treatment. Once a youth is identified for an initial screening, providers and community partners ensure the screening takes place, and the other five steps of the model—initial assessment, service coordination, initiation, engagement and transition—occur on schedule. Reclaiming Futures also improves the participation of youth and families in recommended treatment, and provides them with a network of services and resources for continued success.

Every referred youth is set up with an initial screening in their home community. Youth recommended for treatment work with a local agency to develop a treatment plan to accommodate school schedules and transportation needs. The youth receives treatment and is connected with a positive community support system.

Early identification of possible substance abuse problems for youth—and offering access to treatment—is a benefit of the program. NC District Court Judge Mark Killian remarked, “before implementation of Reclaiming Futures, youths would not be routinely assessed for substance abuse problems. This led to a delay in the recognition and treatment of substance abuse. Now, I am made aware of substance abuse problems earlier in the process. This knowledge assists me as a juvenile court judge to ensure that youth with substance abuse problems receive the recommended services.”

Guiding Youth in Positive Directions

1,951 youth in Catawba, Gaston, Iredell, Surry, and Yadkin counties have been screened over the last two years

852 of screened youth received an assessment

282 engaged in substance abuse treatment

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282 engaged in substance abuse treatment
Marty Burton
A Special Peer

Marty Burton recently retired from Partners after working in behavioral health for 18 years. His journey began following his military service in Vietnam. He was an IV drug user from 1975-1988. “When I got clean in 1988, four other guys and I started a Narcotics Anonymous group in Shelby,” recalls Marty. “One of the four of us ended up in prison, another ended up dead. I was never afraid of dying. I was afraid of getting stuck in addiction.”

But Marty didn’t get stuck. He has been clean for 26 years and his wife, Debbie, has been clean for 20 years. “We met at the Serenity Club, a 12-step meeting facility in Kings Mountain. We married in 2000 at the Serenity Club – we’re the only couple to ever marry there - and we adopted two teenage boys in 2010. I also have two grown sons from my first marriage,” said Marty, a Kings Mountain native. After six years in recovery, Marty began the work he was destined to do - helping others recover from substance abuse. He worked at detox and recovery centers for a number of years.

In 2009, Marty was approached to be part of a new Peer Support program. “It took about a year to put the program together and I went through all the necessary training to become a certified Peer Support Specialist,” said Marty.

“There’s a clinical definition of the service,” explains Marty. “But my approach was less clinical and more straight-forward and honest. I didn’t candy coat it. The way I saw it, a pat on the hand didn’t get their attention - but if I got up in their face, it had more impact.”

In the years he worked in detox, staff frequently funneled the toughest cases to Marty. “Seldom does a week go by when someone doesn’t come up to me and say, ‘You may not remember me, but I remember you. You really took the time to help me.’ Their gratitude always moves me. It also reminds me of the people who took time to help me. My brother. My sister. The people in Narcotics Anonymous. The staff at the VA Hospital in Salisbury.”

As Marty puts it, “I’m a graduate of the school of hard knocks.” Yet he remains upbeat in spite of suicides, car wrecks and overdoses he’s seen throughout his career – along with his share of health challenges. “In 1999, I was in a clinical study for Hepatitis C treatment. It was like having the flu for 48 weeks. Then I had triple bypass heart surgery in 2001 and was diagnosed with diabetes in 2005. But I don’t let any of that get me down,” he said. “Seeing people do well and having the opportunity to help people get a new lease on life is the most gratifying thing.”

Certified Peer Support Specialists
Knowing Someone Cares is Part of Recovery

North Carolina’s Peer Support Specialist Program is an initiative from the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS). Peer Support is an individualized, recovery-focused approach promoting self-managed wellness, personal recovery, natural supports, coping skills, and self-advocacy skills. It also features developing independent living skills for housing, employment, and full-community inclusion. The program is also beneficial for the support specialists. According to Ronald Mangum, manager of the certification program, “Peers understand that as long as they are helping someone else, they are continuing to help themselves.”

To become a Certified Peer Support Specialist in North Carolina, individuals 18 or older who have been in recovery at least one year must complete the 40-hour training program. The peers must complete another 20 hours of training in a relevant service/treatment such as Wellness and Recovery.

Action Planning, crisis prevention, and veteran supports and interventions. Peer Support Specialists provide structured and scheduled activities for adults age 18 and older with mental health or substance use disorders. They are able to help individuals navigate the publicly funded healthcare system, and advocate for services or support for the individuals they serve. Most importantly, people receiving support know someone cares and will be checking on them.
Emergency Department Diversion

Partners continually collaborates with our local communities to identify and solve problems with the behavioral healthcare system. Through these interactions, it became clear crisis response had to change. A county Sheriff’s Office shared statistics showing in just one year they transported more than 600 individuals with behavioral health issues out of the county for evaluation and treatment. Emergency Medical Services (EMS) were also taking people to emergency rooms (ER) outside the county. Local Department of Social Services staff shared their frustration with the time it took for Mobile Crisis Teams to respond. Many of our partners voiced a strong desire for a local evaluation and treatment center.

As Partners dug into the issues, we recognized not everyone wanted Mobile Crisis Teams coming out to their homes. Emergency responders such as police and paramedics wasted valuable resources waiting on scene 30 minutes or more for Mobile Crisis to arrive. Many individuals ended up stuck in an ER for days or weeks with no treatment while waiting on an inpatient bed.

One solution Partners had been developing was the concept of local hubs of service to provide individuals with a known, safe place to present and same day access. The Lincoln Wellness Center (LWC) was developed with four behavioral health providers coming together under one roof. Partners provided significant support at the former Mental Health Center, and invested funding for renovations for this one-stop shop for behavioral health services.

We have greatly reduced ED drop offs, increased the use of FBC programs, and promoted greater awareness for individuals with behavioral health issues.

By obtaining and using a state Crisis Solutions Initiative grant, we were able to very actively collaborate with Lincoln County Emergency Medical Services (EMS). Together we development and received state approval for EMS diversion protocols, which allow EMS to “drop off” individuals at LWC when they are not in need of ER treatment. The grant provided the 40-hour CIT training to seven EMS personnel. Additional county funding allowed us to support voluntary EMS drop offs and provide transport to facility-based crisis (FBC) programs in other counties when hospital level care is not necessary. CIT trained officers are paid to be on site for extended hours to allow rapid “drop off” and ensure facility safety.

In addition, two crisis clinicians completed special certification training and passed a rigorous state competency test to be able to complete first evaluations for consumers under Involuntary Commitment papers. This alleviates the unnecessary use of ERs. Additionally, the new protocol greatly reduces processing times and allows for more disposition options.

Each month has shown significant volume at LWC. Partners has even begun to see an increase in calls from law enforcement and EMS for Mobile Crisis to respond in the community. But most significantly EMS, Police and DSS are directing and bringing consumers with behavioral health needs to the LWC. Word of mouth is spreading through the community and more activity is seen in what has become a resource for the community. We have greatly reduced ED drop offs in our counties, increased the use of FBC programs by residents, and promoted greater awareness of needs and services for individuals with behavioral health issues.

Nancy

Twenty-three-year-old Nancy was brought to the Lincoln Wellness Center by her Department of Social Services (DSS) social worker. The social worker and Nancy’s mother accompanied her into the crisis office to complete an assessment. The social worker stated that Nancy had consumed a large bottle of whiskey by noon that day. Nancy appeared intoxicated, smelled of alcohol, and her speech was slurred. She said it was common for her to drink up to a half-gallon of whiskey on a daily basis.

Both of Nancy’s children had been placed with family in kinship care by DSS earlier that morning. Nancy also reported a long history of opiate use and that she was a victim of domestic violence. She admitted she had recently experienced suicidal ideation and showed the crisis clinician a bruise on the side of her neck from an attempt only weeks before.

Once the crisis clinician completed the initial assessment, Nancy was calm and willing to provide a breathalyzer sample. Between her breathalyzer, urine, and assessment results, she was diagnosed with severe alcohol use disorder.

The crisis clinician made a direct link to a facility-based crisis center through Phoenix Counseling Center within minutes. Nancy’s mother transported her to the facility for detoxification three hours later. After a six-day stay in the crisis unit, Nancy was successfully discharged with a plan to start outpatient treatment.

The link to facility-based crisis from the Lincoln Wellness Center was crucial. Since coming to the Lincoln Wellness Center, completing detox, and starting outpatient, Nancy is showing improvements in her DSS case and her managing social worker is pleased with her progress in treatment.
Community Effort

It takes the coordinated effort of many facets of a community to make Crisis Intervention Team (CIT) Training successful. First, members of Partners’ provider network host these trainings, or open their doors for site visits, allowing trainees to glimpse the inner workings of behavioral health services. Directors of law enforcement agencies and other participating organizations must see the value in CIT training before investing the officer resources. Dispatchers need to develop the protocols for determining when CIT trained officers or Emergency Medical Services personnel should respond to a call. Officers attending training need to internalize and trust the knowledge and skills they learn when utilizing them in real situations.

The people often overlooked are the trainers and volunteers who prepare curriculum and class materials, schedule events and course sections, or play the part of an individual with behavioral health issues for trainees to practice their assessments and responses.

For Partners, a volunteer named Pam Poteat is our dynamic conduit for making CIT trainings possible. She radiates positive energy when speaking about the successes of her past CIT graduates, or whenconvincing managers to send employees through the program. She dependably devotes her time for CIT training. “I volunteer several days throughout the training to help give attendees a clinical perspective.” The Partners’ trainers, and even some of the graduates, refer to her as their ‘CIT Mom.’

Pam is much more than just a CIT training volunteer. She has added her distinct spark to Partners’ Board of Directors since 1995, and served as chair three times over that time. She worked for 35 years as a psychiatric/mental health nurse, caring for those with severe and persistent mental illness. She worked at Broughton State Hospital, Gaston-Lincoln Area Mental Health, and Mecklenburg County Area Mental Health. “I also have two family members who have dealt with mental health and substance abuse issues,” she added. Our CIT program continues to strengthen communities through support from Pam and others.

Crisis Intervention Team Training

Crisis Intervention Team Training (CIT) is an innovative first-responder model. It teaches law enforcement officers, Emergency Medical Services personnel, and staff from other public safety entities the skills for responding to individuals experiencing challenges with mental health, intellectual/developmental disabilities, or substance use.

The training is designed to foster a better understanding of mental illness, reduce stigma, and raise awareness for the need for further involvement in the criminal justice system.

The premise behind CIT is to maintain public safety and divert individuals with behavioral health needs away from emergency departments and into a treatment facility where they can receive help. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and behavioral healthcare system, creating the context for sustainable change.

CIT is traditionally a five-day, 40-hour course. A two-day, 16-hour option does exist for specific groups. It provides law enforcement with a basic understanding of behavioral health issues, of de-escalation techniques to use, and of available community resources that can provide necessary treatment. CIT training can be useful for all law enforcement units including highway patrol, school resource officers, telecommunication officers, and other First Responders.

While Partners facilitates the training, it is very much a collaboration of community groups. The training relies on the support and involvement of local law enforcement officials, behavioral health Provider agencies, community colleges, hospitals, and of course, local National Alliance on Mental Illness (NAMI) chapters, the Consumer and Family Advisory Committee (CFAC) and other advocacy organizations.

114
Officers

21
Law Enforcement Agencies

48
Staff

12
Government/Community Agencies

162 persons from 33 organizations trained this year.
The Consumer and Family Advisory Committee (CFAC) is a volunteer group who have received or currently receive services, and family members of these individuals. CFAC advocates on behalf of consumers and families in every aspect of the planning and delivery of mental health, intellectual/developmental disabilities, and substance use disorder services.

The committee works closely with Partners, the Partners Board of Directors, and government agencies to improve the public behavioral healthcare system by identifying and developing services, supports, and action plans that lead to better lives and improved community resources.

**Sabrina and Lisa**

Meet Sabrina and Lisa. This dynamic daughter-mother duo from Catawba County continues to inspire with their determination in advocating on behalf of persons with intellectual/developmental disabilities (IDD).

Sabrina is a 17-year-old junior at Bunker Hill High School who lives with an IDD due to scar tissue on her brain caused by contracting Pneumococcal Meningitis as an infant. As a child, Sabrina suffered from chronic infections due to a weakened immune system, eye problems, and 20 to 30 seizures a day.

Lisa made great efforts to find and pay for adequate child care and medical care to help treat Sabrina. Private insurance was not paying enough for, or authorizing, the necessary services. Lisa did not meet the criteria for Medicaid. “I was struggling,” explains Lisa. “I missed a lot of work to take Sabrina to appointments or because I couldn’t find a babysitter. Sabrina’s medications alone cost more than I received in child support.”

Then a teacher told Lisa about Catawba County Mental Health (a predecessor to Partners) and a Community Alternatives/Medicaid waiver program. But help was not immediate. The CAP program had limited funding, and a four-to-five-year-long waiting list.

“I called every few months to find out the status and if there were changes,” said Lisa. “I wasn’t mean. I just kept reminding them that we were there and we needed help.” After eight months, the State called to tell Lisa that Sabrina had been identified as an emergency case and was now eligible for extra funding the program received.

Lisa continued to research community support programs, treatments, and providers available for Sabrina. She eventually found what she says is one of the best kept secrets in North Carolina, the Consumer and Family Advisory Committee (CFAC). She has been an active member of CFAC for two years. CFAC has helped Lisa to learn more about programs and services for the intellectually disabled, which has helped Sabrina and others in Catawba County.

Now that Sabrina is receiving the right care, she has blossomed into a typical teenager interested in boys, being social, and various physical activities. She is training for her tenth appearance at the Special Olympics and competes in bowling, athletics, and aquatics. Sabrina was named the Special Olympics of North Carolina June 2015 Athlete of the Month.

But cheerleading is her passion. After cheering for the past eight years as a member of three special needs cheerleading squads, Sabrina decided her junior year was the year to try-out for her high school cheerleading squad. Sabrina made it through the highly competitive five-day tryout and was selected for the Bears varsity squad!!

This summer she attended cheerleading camp; her first event away from home without a one-on-one caregiver present. Although Lisa was nervous, she prepared Sabrina and the chaperones with a list of reminders and things Sabrina needed help with. By the end of the weekend, when Sabrina took over the dance floor to lead the crowd through a few choreographed moves, everyone was amazed at all she could do. “She made people realize she was a girl with a disability, not the other way around - a disabled girl,” Lisa reflects.
Gayle Mitchell Wins Consumer and Family Advisory Committee Leadership Award

Gayle Mitchell, Chair of Partners’ Consumer and Family Advisory Committee, received the North Carolina Council of Community Programs 2015 Consumer and Family Advisory Committee Leadership Award for her outstanding efforts to improve mental health, intellectual/developmental disabilities, and substance use disorder services.

The NC Council of Community Programs is the state association for Local Management Entities/Public Managed Care Organizations who manage the treatment and rehabilitation services for over 325,000 persons living with mental illness, intellectual/disdevelopmental disabilities, and substance use disorder in North Carolina.

Gayle was honored at a special awards luncheon in Raleigh on June 8, 2015. In front of more than 300 professionals, Rhett Melton, Partners’ Chief Executive Officer, presented the award and shared information about her dedication to CFAC, “In July 2012, three strong local management entities joined to form Partners Behavioral Health Management. With all mergers, it is important to develop goals, a sense of direction, and most importantly, camaraderie. With her leadership, Gayle helped pull together a diverse group of individuals into a proactive group.”

Community Collaboration for Human Rights Advocacy

Every provider organization within the Partners network is expected to have a Human Rights Committee. In February, Partners collected responses to a Provider Human Rights Committee Survey and, as a result of the suggestions, organized an event to help providers’ Human Rights Committees navigate Restrictive Interventions, the Health Insurance Portability and Accountability Act (HIPAA), and other topics of importance.

Over a hundred passionate service providers, individuals receiving services, family members, and community advocates attended the event to share information, strategies, and challenges for protecting human rights.

Representatives from the Customer and Community Rights Team at the North Carolina Department of Health and Human Services (DHHS) Division of Mental Health/Developmental Disabilities/Substance Abuse Services presented invaluable techniques for facilitating effective Human Rights Committees. In return, attendees provided the team with firsthand feedback concerning human rights in their communities.

What is the Human Rights Committee?
The Human Rights Committee (HRC) is a standing committee of Partners’ Board of Directors. The HRC is individuals receiving services, family members, Board members, and community advocates. The committee oversees the protection of human rights on behalf of those individuals receiving mental health, intellectual/developmental disabilities, and substance use services. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. Every state facility, provider agency, and Local Management Entity/Managed Care Organization (like Partners) is required to have an HRC.

HRC volunteers have a great opportunity to increase the quality of care for individuals receiving services by ensuring their rights are being upheld during treatment and recovery.

Today, Partners’ CFAC is a strong group of dedicated volunteers. However, Gayle wanted to make sure the members of the group always have an opportunity to speak up; to get the support they need and the recognition they deserve for personal accomplishments. The result was “Our Voice,” a tool that has been shared with and adopted by other groups across the state. It is a document completed by members each month about what they think is going well, what they are hearing in the communities, what areas need changing, and suggested improvements. This information is regularly discussed with Partners’ executive team.

“It is one example of the many ways Gayle’s leadership talents have benefited the CFAC,” added Melton. Gayle’s service in public education as a career educator working with children of all ages during her tenure is a benefit to Partners and CFAC. She is also strongly connected to her community of Olin and to Iredell County through volunteerism at her church and local college.

Gayle Mitchell Wins Consumer and Family Advisory Committee Leadership Award

Community Collaboration for Human Rights Advocacy
Multisystemic Therapy
Emphasizing an Evidence-Based Practice

Multisystemic Therapy (MST) is an intensive family- and community-based treatment program addressing all environmental systems impacting chronic and violent juvenile offenders. Research and evidence-based interventions show systems such as homes, families, schools and teachers, neighborhoods, and friends play a critical role in a youth’s world. Positive changes in these systems can improve the quality of life for youth and their families.

The program is for families with youth between ages 7 and 17 who:
- have antisocial, aggressive, or violent behaviors
- are at risk of out-of-home placement due to delinquency
- are adjudicated and returning from out-of-home placement
- are chronic or violent juvenile offenders
- deal with serious emotional disturbances
- are abusing substances.

The overarching goal of MST is to prevent the need for the youth to live away from home. The team delivers services to the family at the home using structured face-to-face therapeutic interventions to provide support and guidance in adaptive, communicative, psychosocial, problem solving, and behavior management areas.

Alex

Alex was a 16 year old struggling to stay out of trouble. He was jailed for a second time and charged with illegal and under-age possession of alcohol and other drugs, disorderly conduct, and assaulting a police officer. Alex used to be a star football player being recruited by local colleges and making good grades with little effort. Then he quit sports all together, regularly used and sold drugs, left home without permission, failed almost every class, and often skipped school.

His parents were desperate and researched the best treatments available for a youth displaying juvenile delinquent behaviors. They reached out to a healthcare provider offering Multisystemic Therapy (MST).

Over the course of four months, a MST team worked with both sets of parents - Alex’s mother and stepfather who lived with him, and with his father and stepmother who lived nearby. They looked at every facet of Alex’s behavior in his various environments: school, community, home, and social. MST helped his parents see where interaction patterns with the family were supporting his delinquent behaviors. Alex’s parents worked to change the structure in their homes to decrease his problem behaviors. It wasn’t easy. His defiance became worse. At first, Alex left home more frequently. Then he found more sophisticated ways to hide drugs and spent even more nights away from home. His parents wondered if the interventions were doing more harm than good.

But Alex’s parents stuck with MST. They trusted the strategies even though they were unlike any others they had tried. They began noticing small changes in his behaviors and his reactions to their shift in parenting. When the family completed MST, things weren’t perfect. However, Alex was at home, staying out of jail, regularly attending school, and eventually working. A year later, Alex’s mother called the MST supervisor to say thank you. Although she and her family thought the changes they made were insignificant, it was those small changes making the biggest, long-term impact.

His parents were desperate ... They reached out to a healthcare provider offering Multisystemic Therapy (MST).

She was happy to report Alex was finishing his freshman year of college and had even maintained his sports scholarship. Being immersed with other positive peers and positive social experiences had been one of the factors keeping him on the right track after leaving home. She recalled the time when she was afraid there was little hope for Alex. She shared how far her family had come and how she no longer felt she had failed her child.

Alex’s mom allowed a stranger to come into her home and remind her she was the expert on her own child. The therapist emphasized what she was doing well, and they built on those strengths to change structures, strategies, and interactions for her son, forever altering the course of his life.
Jennifer
Brave Enough to Make a Change

Sometimes a friend’s concern can be what it takes to get your life back on track. It was for Jennifer. A friend told Jennifer she was worried about her, and help was available through an agency called Monarch. “I was angry, frustrated and resentful about the choices I had made, and I knew I had to make some changes in my life,” said Jennifer. “I had been a Certified Nursing Assistant for over 30 years, and always knew that it wasn’t right for me. I was a square peg in a round hole.”

Jennifer participates in a new program through Monarch called Supported Employment. It helps people previously unable to secure employment find jobs by focusing on vocational and mental health treatment, benefits counseling, and work preferences.

Jennifer reflected on her first meeting with Dawn, a Lead Employment Support Professional. “Dawn asked me ‘What are you interested in? What do you want to do?’ No one had asked me that before and meant it. They all told me to just get another CNA job.”

Jennifer has a passion for the creative arts and marketing. In fact, she and her husband Rusty had been performing photography and video production on occasion. They are now the proprietors of Cleveland County-based Felis-Minor Productions, LLC, providing a variety of marketing services for individuals and businesses.

“I’ve learned valuable skills through the program—how to develop business tools like rate sheets and contracts; how to approach someone about our business; and how to stay confident. It’s new, scary—and exciting!” Jennifer has also learned the power of networking. She is involved in Kings Mountain’s small business program, sells advertising for EyeCatchers Marketing and is working at Kmart while she and Rusty develop their business.

Jennifer’s eyes light up when she shares the concept of Felis-Minor’s “Legacy Video” product. “There is no better way than personal stories to give you an account of life in the past,” she enthuses. “We can learn so much from other’s experiences.”

It has been a year since Jennifer’s friend shared her concerns and referred her to Monarch and Jennifer took the step to get help. Since then, she has accomplished many personal goals.

“I wish supported employment had been available earlier. I have always wanted to be a writer and now I get to be creative for a living.” What would Jennifer tell herself if she could go back to that time in her life? “Be brave enough to make the change. Change is scary. But it’s also where hope begins.”

Making Success Happen
55 Individuals Receive Supported Employment

Individuals living in recovery, and those with an intellectual or developmental disability (IDD), have a better chance of employment than ever before through Partners’ B3 Supported Employment service.

The service focuses on principles such as the integration of vocational and treatment services, benefits counseling, and consumer preferences. Individuals in the service are finding employment in the same work settings as those without a mental health or IDD diagnosis. Three providers—LifeSpan, Monarch, and PQA—deliver the Supported Employment service in Partners’ communities.

Some individuals know what type of jobs they are interested in, while others simply want to be productive in the workplace. “If a consumer wants to work, Supported Employment helps them make it happen,” says Allison Gosda, Partners’ Mental Health/Substance Abuse Clinical Director. The approach is centered on the kind of work the individual wants. For instance, if a person wants to work in a veterinarian’s office, the service provider assists with educational requirements, applications, transportation, and finding an employer.

Supported Employment is one of many services helping individuals in recovery achieve their goals. Partners Care Coordination staff and the service providers enjoy seeing individuals grow and excel. “The service offers the tools and creates the opportunity, but the individuals make it happen,” said Gosda.
The Callaway House
Repurposed for a Purpose

In an effort to provide adults with a mental health diagnosis the opportunity to live independently, Partners collaborated with Easter Seals/UCP, Surry County Housing Consortium, and Pilot Mountain Properties to transform an underused, historic motel – The Callaway House – into a location for a program offering transitional housing. Callaway House opened in September, 2014.

The facility has eleven units available for program participants. Most individuals live at the Callaway for six to nine months; with the possibility of staying up to a year, based on the needs identified in an individual’s person-centered plan. A Partners Mental Health/Substance Abuse Care Coordinator and Housing Coordinator are part of all admissions decisions and assist individuals when they are ready to move to a more independent residential option.

Residents have individual units, but use common areas to improve daily life skills like cooking, cleaning, and laundry. Individuals are offered Individual and Peer Supports services, and group therapy. They also participate in local community activities. Transportation is available for all local medical and mental health appointments and there are weekly trips to the library for access to a computer.

Three peer support specialists work at Callaway House to provide support throughout the day and after hours. Another is on site during business hours to assist with life-skills training and facilitate recovery groups.

Since its inception, Callaway House has served 16 individuals who have progressed to living in a more appropriate setting.

Gary and Jerry

Gary and Jerry have a lot in common. Both are in their early 50s. Both were chronically homeless and living in shelters before being approved for disability benefits. Both became residents of Callaway House, a former motel turned transitional housing complex in Mount Airy. And now both live independently in the community.

Partners Housing Coordinator, Mollie Tompkins, and Easter Seals Residential Supervisor, Michele Steele, tell similar stories for both men.

“Gary was one of the first people to come to Callaway House,” said Mollie. “He was shy and quiet, but worked diligently to learn his skills of daily living from our peer support specialists. After several months, Gary was ready to move to his own place.”

Today, he is living successfully in permanent housing in Mount Airy and has his own car. He is less shy than he used to be and frequently comes back to Callaway, striking up friendly conversations with current residents.

“Gary never misses an opportunity to tell us how grateful he is for the help he received at Callaway,” acknowledges Mollie. “He’s one of those you didn’t know you made an impact on until later.”

When Michele talks about Jerry, you can hear the pride in her voice. “Jerry lived at 5th Street Ministries for a year and a half,” said Michele. “He was honest and dependable, but not having an income was a roadblock for him.”

Jerry’s disability benefits were approved shortly after coming to Callaway. “Jerry’s determination and willpower to hold onto his disability income allowed him to have all he needed to live on his own in Statesville,” recalls Michele. “He did everything expected of him when learning about budgeting, preparing meals and housekeeping. He was neat and orderly and took daily walks to manage his diabetes.”

Jerry fondly remembers his time at Callaway House. “I really liked it there. It was a special place for me and I appreciate how the people there helped me get on my feet,” he said.

“Jerry has a sweet presence about him and we would have loved to keep him with us forever, but what we do is give the people we serve a stepping stone,” said Michelle. “It warmed my heart when he recently told me, ‘I miss y’all, but I sure do love my new home!’”

“I miss y’all, but I sure do love my new home!”
Informing for Change

Partners continually emphasizes our role in education and training for the communities we serve, our internal employees, our providers’ staff, and individuals and families receiving services. Whether we are at a health fair for the general public, working with new enrollees in their homes, or facilitating training for local and state employees, our purpose is to promote community health. Partners accomplishes this through continued education and development of service providers, improvements in the healthcare system, and general understanding and stigma reduction concerning behavioral health issues.

Investigator Training

One of the many functions of Partners is to monitor the use of resources available for behavioral health. Because the bulk of these resources are provided by taxpayer dollars, we have diligent staff tracking spending to ensure every penny is utilized effectively and appropriately.

On April 30 and May 1, 2015, Partners and the National Health Care Anti-Fraud Association (NHCAA) collaborated to provide Healthcare Fraud Investigator Training; the first of its kind to be offered in North Carolina. This training hosted at Partners was attended by 54 staff members from LME/MCO across the state, as well as the Division of Medical Assistance’s Program Integrity (PI) Unit.

Selenna Moss, Partners’ Chief Compliance and Quality Officer, coordinated the AHFI training. “Partners recognized the need to have this training to enhance our current efforts around prevention, detection and resolution of this national issue costing tens of billions of dollars each year...dollars that are needed to serve our communities,” said Moss.

Partners Training Academy: Comprehensive Training

39 unduplicated trainings to 1,478 external provider staff members

41,977 total man hours of training

81% year-end percentage of registered staff attending training

Consumer Relations
Community/Family/Enrollee Training

2,133 individuals - Community events/Health Fairs
291 individuals - Enrollee Education
318 Information Packets - Mailed
370 individuals - Phone Conversations
34 individuals - Home Visits

System of Care
Community Training

173 community collaborative meetings / 1,759 individuals attended
401 individuals received Mental Health First Aid Training (adult and child)
532 Geriatric related trainings / 3,950 individuals participated
(Conducted by Geriatric/Adult Mental Health Specialty Team)
In keeping with Partners mission, we are focused on investing the right amount of resources into our communities to improve the quantity, quality, and accessibility of behavioral health and IDD services. Our effective management of taxpayer resources means funding can be re-directed for local initiatives to help improve lives and strengthen communities.

Persons Served by Funding Source

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>State</th>
<th>Distinct Persons*</th>
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<tbody>
<tr>
<td>1,695,423</td>
<td>305,531</td>
<td>2,000,954</td>
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</table>

* 1718 Individuals received services funded by both

Number of Authorizations for Services

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<th>Grand Total</th>
<th>State</th>
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<td>69,767</td>
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Number of Claims Paid

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<thead>
<tr>
<th>Grand Total</th>
<th>State</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000,954</td>
<td>305,531</td>
<td>1,695,423</td>
</tr>
</tbody>
</table>

Funding for Services

- Medicaid: $39,213,047
- County: $7,029,880
- IPRS & Fed Block Grant: $19,627,642
- Total: $249,992,385

Administrative Expenses

- General: $19,627,642
- Care Coordination: $7,029,880
- Total: $26,657,522
Partners’ mission is to manage a behavioral health care system funded by federal, state, and local taxpayer dollars. We ensure all individuals who are eligible for our programs have access to quality providers and effective services. We improve lives and strengthen our communities by focusing on positive outcomes and the proper use of funds entrusted to us.

**MISSION STATEMENT**

Partners appreciates their trust in us and listens to their voices. Their wishes and needs drive our organization’s decisions. Our strong provider network gives compassionate care to those with mental health issues, substance use disorders and intellectual/developmental disabilities. Partners works in concert with them to ensure quality services are available to those who need them, when they need them, and where they need them — with positive results. We invest in the community with new services to fill identified gaps.

We partner with other organizations and businesses to make our counties, cities and towns better places. Partners has a duty that extends beyond behavioral health issues facing those in our area. We firmly believe we have a responsibility to improve the quality of life in our communities. Every day our dedicated employees live the values that make Partners a quality-focused, outcome-oriented, transparent organization. We are committed to learning, growing and empowering others. We welcome your input.

Please let us know what we’re doing well and where we can improve as we partner to improve lives and strengthen communities.

**Greetings from Partners Behavioral Health Management**

Our name “Partners” represents the way we approach three important groups:

- The people we support
- Our network of service providers
- Our communities

The people we support receive care through the system we manage. Partners appreciates their trust in us and listens to their voices. Their wishes and needs drive our organization’s decisions.

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Please let us know what we’re doing well and where we can improve as we partner to improve lives and strengthen communities.

W. Rhett Melton, CEO

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**New Website Design**

In May of 2015, Partners introduced a redesigned website. This new site boasts a cleaner look and better separation of the materials pertaining to our two distinct audiences - the general public, and our network of providers. Along with features providing easier navigation is a new provider search tool, an enhanced calendar of trainings and meetings, and a much-needed general search function.

**Facebook Page Launch**

On December 1, 2014 Partners introduced a business Facebook Page. The Facebook Page provides a forum for individuals to share stories and information. The page is also an essential way for Partners to pass on information about national, state, or local services, initiatives, laws, and advocacy, as well as keeping the community informed about Partners’ endeavors. In seven months the page received 979 likes, and reached a total of 38,479 individuals with our messages.

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Most importantly, people with no knowledge of Partners BHM have found us through generic search terms and contacted us for information.

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**38,479 Total people reached with our messages**