Dr. Thomas McLellan presented at Partners Training Academy’s Opioid Summit on Friday, March 11, 2016.
Thank you! Your support over the last fiscal year has helped us improve lives and strengthen communities for the residents of Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin counties. This annual report highlights some of Partners’ significant accomplishments during the past fiscal year, July 1, 2015 through June 30, 2016.

Our intent with this report is to provide you with information about the success of the programs we oversee, the overall impact of our service system for mental health, substance use disorders, and intellectual and developmental disabilities, and to share some of the personal successes of those served by our efforts.

We are proud of the results of our work for the year – from the individual accomplishments of the members served by the system to the partnerships forged to solve community challenges – together we are making our counties better places to live, work, and play.

Fiscal year 2016 was good for our members, good for our communities, and good for the taxpayers who fund the system. We have laid the foundation for the exciting things we have planned for the next fiscal year.

Turn the page and read on. We have a lot of important information we want to share with you.

Thanks, again, for your support,

W. Rhett Melton, Chief Executive Officer

As the Chief Medical Officer at Partners Behavioral Health Management, I am pleased to join in presenting this FY16 annual report to you. We have compiled important information, program updates, and statistical results from the last fiscal year to show you how we manage the funding, services, and behavioral health care providers entrusted to us.

Managed Care in general terms is about two major things: quality and efficiency. We have managed efficiently the volume and type of services offered to our consumers, and we have made sure that our consumers receive the services that they need according to strict application of Medical Necessity Criteria. The services that we have efficiently and responsibly managed have generated some savings. We as an organization are proud to put these savings back into the community.

We still have a good number of challenges that we need to overcome. Our Emergency Department admissions and readmissions continue to be at a level that needs improvement. We are and will continue to emphasize the need to use services in the community and using the provider as first responder before going to the emergency room. Our readmission rates for inpatient is an area that we are also focusing on. Expanded use of Care Coordination and other creative approaches will help in dealing with this issue.

We will continue to strive to offer the best behavioral health care to our consumers. We will continue to work with our community partners including our board, providers, consumers, and local County and State government to maximize our efforts and achieve the best quality of care and outcomes that our consumers deserve.

Sincerely,

Dr. Octavio Salazar, Chief Medical Officer
New Websites and Online Outreach

As Partners continues to solidify itself as the recognizable experts in behavioral health for our eight-county catchment area and our state, we broadened our branding and outreach this year. The most important element was to incorporate everyday language into all of our publications to make them easier to understand.

Our three NEW WEBSITES (Partners, Partners Training Academy and Partners Provider Knowledge Base), launched in August and feature better functionality and targeted content.

We rolled out new versions of our logo in the winter. The most important change was replacing the phrase, “behavioral health management,” with our new slogan, “Improving Lives. Strengthening Communities.” This is based on our mission statement. You can see the changes in all Partners’ print, digital, and social media.

Over 1085 likes on Facebook
We Serve an 8 County Catchment Area

FISCAL YEAR 2015-2016 OVERALL RESULTS

HOPE Line Calls Resulting in Scheduled Services

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Medicaid Eligible</th>
<th>Non-Medicaid Eligible</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent</td>
<td>832</td>
<td>1,440</td>
<td>2,272</td>
</tr>
<tr>
<td>Urgent</td>
<td>785</td>
<td>1,512</td>
<td>2,297</td>
</tr>
<tr>
<td>Routine</td>
<td>1,457</td>
<td>1,582</td>
<td>3,039</td>
</tr>
<tr>
<td>Total</td>
<td>3,074</td>
<td>4,534</td>
<td>7,608</td>
</tr>
</tbody>
</table>

Emergent: Face-to-face crisis service scheduled within two hours - available to everyone. The person is in a crisis requiring immediate help for dangerous or destructive behaviors and thoughts, including intoxication and withdrawal.

Urgent Calls: A clinical assessment and initial face-to-face appointment scheduled within 48 hours - must be eligible for Medicaid or state-funded services. The person’s behaviors and thoughts, including intoxication and withdrawal, could become worse if not addressed quickly.

Routine Calls: Face-to-face assessment and initial services scheduled within 14 days - must be eligible for Medicaid or state-funded services. The person is seeking services, or changes to their plan, and is not in severe need or risk of crisis.

Need Help?
1-888-235-HOPE (4673)
TTY: 1-800-749-6099

Total calls received by HOPE Line staff
41,755
FISCAL YEAR 2015-2016 OVERALL RESULTS

Persons Served by Funding Source

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>29,610</td>
<td>11,211</td>
</tr>
</tbody>
</table>

Total Members Served 40,821

Number of Approved Authorizations for Services

- **61,097**
- (48,725 Medicaid + 12,372 State)

Number of Claims Paid

- **1,208,813**
- (905,681 Medicaid + 303,132 State)

Members Served by Diagnosis & Funding Source

**Mental Health***

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Members Served</th>
<th>Total Expenditures</th>
<th>Expense Per Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>24,886</td>
<td>$71,219,555.99</td>
<td>$2,861.83</td>
</tr>
<tr>
<td>State</td>
<td>7,483</td>
<td>$12,742,249.36</td>
<td>$1,702.83</td>
</tr>
<tr>
<td>Total</td>
<td>32,369</td>
<td>$83,961,805.35</td>
<td>$2,282.33</td>
</tr>
</tbody>
</table>

**Substance Use Disorder***

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Members Served</th>
<th>Total Expenditures</th>
<th>Expense Per Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>4,503</td>
<td>$7,736,040.08</td>
<td>$1,717.97</td>
</tr>
<tr>
<td>State</td>
<td>4,085</td>
<td>$8,441,987.85</td>
<td>$2,066.58</td>
</tr>
<tr>
<td>Total</td>
<td>8,588</td>
<td>$16,178,027.94</td>
<td>$1,892.28</td>
</tr>
</tbody>
</table>

**Intellectual and Developmental Disabilities***

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Members Served</th>
<th>Total Expenditures</th>
<th>Expense Per Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>2,970</td>
<td>$130,157,896.27</td>
<td>$43,824.21</td>
</tr>
<tr>
<td>State</td>
<td>654</td>
<td>$11,675,426.67</td>
<td>$17,852.33</td>
</tr>
<tr>
<td>Total</td>
<td>3,624</td>
<td>$141,833,322.94</td>
<td>$30,838.27</td>
</tr>
</tbody>
</table>

Penetration Rate

The percentage of Medicaid-eligible residents living in our eight counties who are receiving behavioral health services: **15.6%**

*The combined number of members served, 44,581, includes members who received services from multiple funding sources or under multiple diagnoses.*
### FISCAL YEAR 2015-2016 COUNTY RESULTS

Members Served by County, Diagnosis, and Funding Source

#### Burke County

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Mental Health</th>
<th>Substance Use Disorder</th>
<th>Intellectual and Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members Served</td>
<td>Total Expenditures</td>
<td>Expense Per Member</td>
</tr>
<tr>
<td>Medicaid</td>
<td>2,659</td>
<td>$8,443,187.47</td>
<td>$3,175.32</td>
</tr>
<tr>
<td>State</td>
<td>862</td>
<td>$1,637,320.60</td>
<td>$1,899.44</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,521</td>
<td>$10,080,508.07</td>
<td>$2,537.38</td>
</tr>
</tbody>
</table>

**20,616** Medicaid-Eligible Population; **11,981** Uninsured Population

Penetration Rate: **15.9%**

#### Catawba County

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Mental Health</th>
<th>Substance Use Disorder</th>
<th>Intellectual and Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members Served</td>
<td>Total Expenditures</td>
<td>Expense Per Member</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3,830</td>
<td>$8,628,915.00</td>
<td>$2,252.98</td>
</tr>
<tr>
<td>State</td>
<td>1,276</td>
<td>$1,954,490.33</td>
<td>$1,531.73</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,106</td>
<td>$10,583,405</td>
<td>$1,892</td>
</tr>
</tbody>
</table>

**31,639** Medicaid-Eligible Population; **19,269** Uninsured Population

Penetration Rate: **14.7%**

#### Cleveland County

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Mental Health</th>
<th>Substance Use Disorder</th>
<th>Intellectual and Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members Served</td>
<td>Total Expenditures</td>
<td>Expense Per Member</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3,735</td>
<td>$9,859,351.92</td>
<td>$2,639.72</td>
</tr>
<tr>
<td>State</td>
<td>940</td>
<td>$1,305,965.34</td>
<td>$1,389.32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,675</td>
<td>$11,165,317.06</td>
<td>$2,014.52</td>
</tr>
</tbody>
</table>

**26,846** Medicaid-Eligible Population; **10,933** Uninsured Population

Penetration Rate: **16.2%**

#### Gaston County

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Mental Health</th>
<th>Substance Use Disorder</th>
<th>Intellectual and Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members Served</td>
<td>Total Expenditures</td>
<td>Expense Per Member</td>
</tr>
<tr>
<td>Medicaid</td>
<td>7,712</td>
<td>$21,841,553.31</td>
<td>$2,832.15</td>
</tr>
<tr>
<td>State</td>
<td>2,502</td>
<td>$4,769,991.11</td>
<td>$1,906.47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,214</td>
<td>$26,611,544.42</td>
<td>$2,369.31</td>
</tr>
</tbody>
</table>

**48,220** Medicaid-Eligible Population; **27,331** Uninsured Population

Penetration Rate: **18.4%**
## FISCAL YEAR 2015-2016 COUNTY RESULTS
### Members Served by County, Diagnosis, and Funding Source

<table>
<thead>
<tr>
<th>County</th>
<th>Funding Source</th>
<th>Mental Health</th>
<th>Substance Use Disorder</th>
<th>Intellectual and Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members Served</td>
<td>Total Expenditures</td>
<td>Expense Per Member</td>
<td>Members Served</td>
</tr>
<tr>
<td>Iredell</td>
<td>Medicaid</td>
<td>2,949</td>
<td>$10,305,607.99</td>
<td>$3,494.61</td>
</tr>
<tr>
<td></td>
<td>State</td>
<td>723</td>
<td>$1,686,960.84</td>
<td>$2,333.28</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3,672</td>
<td>$11,992,568.83</td>
<td>$2,913.95</td>
</tr>
</tbody>
</table>

**26,748** Medicaid-Eligible Population; **20,586** Uninsured Population
Penetration Rate: **13.6%**

| Lincoln     | Medicaid       | 2,029          | $6,084,049.17        | $2,998.55 | 345               | $639,504.75       | $1,853.64 | 244               | $10,002,434.65   | $40,993.58       |
|            | State          | 568            | $526,063.09          | $926.17   | 250               | $550,078.43       | $2,200.31 | 68                | $679,821.03      | $9,997.37        |
|            | Total          | 2,597          | $6,610,112.26        | $1,962.36 | 595               | $1,189,583.18     | $2,026.98 | 312               | $10,682,255.68   | $25,495.48       |

**14,679** Medicaid-Eligible Population; **10,006** Uninsured Population
Penetration Rate: **16.3%**

| Surry       | Medicaid       | 1,744          | $3,496,152.65        | $2,004.67 | 306               | $351,171.60       | $1,147.62 | 210               | $10,021,589.29   | $47,721.85       |
|            | State          | 461            | $736,621.97          | $1,597.88 | 284               | $420,141.34       | $1,479.37 | 37                | $636,564.72      | $17,204.45       |
|            | Total          | 2,205          | $4,232,774.62        | $1,801.28 | 590               | $771,312.94       | $1,313.50 | 247               | $10,658,154.01   | $32,463.15       |

**16,843** Medicaid-Eligible Population; **10,712** Uninsured Population
Penetration Rate: **12.5%**

| Yadkin      | Medicaid       | 663            | $2,560,738.40        | $3,862.35 | 139               | $200,107.96       | $1,439.63 | 110               | $5,770,984.21    | $52,463.49       |
|            | State          | 168            | $124,836.28          | $743.07   | 125               | $214,433.31       | $1,715.47 | 20                | $370,511.09      | $18,525.55       |
|            | Total          | 831            | $2,685,574.68        | $2,302.71 | 264               | $414,541.27       | $1,577.55 | 130               | $6,141,495.30    | $35,494.52       |

**7,451** Medicaid-Eligible Population; **4,897** Uninsured Population
Penetration Rate: **11.4%**
A Smile Says it All

After looking at the beaming smile on Lamontay Weaks’ face for just a few seconds, it’s hard to picture him any other way. As he continues to express his joy while chatting with Kim Houston, Barbara Kimbrell, and his wife, Paula, it’s hard to imagine anything wrong at all. But up until Lamontay became a recent participant in Partners Transitions to Community Living Initiative (TCLI), this was not the case.

Lamontay is deaf and legally blind. As a child he attended the N.C School for the Deaf in Morganton. School was difficult for Lamontay and the staff. There was a communication disconnect created by Lamontay’s hearing and vision impairments. Many of the teachers were not able to teach lessons in a way Lamontay could understand. As if the situation was not difficult enough, Lamontay also had mental health issues. These issues, such as schizoaffective disorder, PTSD, and mild developmental delay, went largely undiagnosed due to the same communication disconnect. There was no one to advocate for Lamontay to get psychiatric help and many of Lamontay’s behaviors were misunderstood.

Lamontay and Paula will be married eight years when they celebrate their anniversary on October 11. Along with Paula’s three daughters, they were a happy family. But Lamontay’s undiagnosed problems finally became uncontrollable. The constant happiness began to go away. Lamontay’s health and safety were at risk. About three years ago, Lamontay moved into a group home to get the help he needed. After a year, some of Lamontay’s issues became worse and he moved to Broughton Hospital. This was the worst it could be for Lamontay. He was reduced to seeing his family during visitation only. He began to feel stressed by other patients’ illnesses and actions. He knew he was not getting better, but the hospital staff couldn’t release him until he showed improvement.

“I want out. I’ve been here two years. You need to get me out!” Lamontay told Barbara.

Barbara is Lamontay’s guardian. When she started working with Lamontay she agreed with him, and immediately saw him as a candidate for the TCLI program. Barbara contacted our TCL department through our hospital liaison. From this point forward, Partners’ Hospital Liaison Libby, Partners’ Transition Coordinator Kim, Paula, and Barbara created a plan and started working to convince the rest of the treatment team.

“Our main determination was the incredible supports Lamontay had available. Paula’s commitment was a big part of that,” said Barbara. “She did everything we asked.”

Lamontay did what he needed to do as well. With his treatment and medications, he was able to stabilize his physical and behavioral health issues.

Finally all the pieces were in place for Lamontay to move to the community. Paula and Lamontay were qualified to rent the apartment they applied for. The complex was exactly what they needed. It had an on-site superintendent, access to a bus route, and very close to emergency services. The apartment itself met their

Lamontay Weaks turns his back on facilities and enters a new chapter in his life in his own home.
MEET LAMONTAY

Improving Lives. Strengthening Communities.

Lamontay relies on touch to feel when the toaster oven bell rings or the microwave stops running.

Lamontay and Paula enjoy being together and posing for photos in their apartment.

Living needs with a layout easy to navigate, spare rooms for when Paula’s daughters visit, and a washer and dryer. Lamontay is enjoying his independence too. He spends hours picking out exactly the kinds of food and household items he wants. Lamontay’s favorite activity is going to the barber shop. He can’t stop explaining how free you feel just by being able to get the hair style you want when you want it.

“He sleeps in sometimes. I’ll wake him for his medications, but otherwise he gets up when he wants,” say Paula.

“I’m bored,” says Lamontay. “I am excited about a day program and learning tactile signing.”

This is where the true value of the Transitions to Community Living Initiative shines. Transitioning is an ongoing process of establishing the extensive health care supports and services essential for participants like Lamontay to be successful. For Lamontay, the team coordinates access to hands-on services, group therapy and activities, and day programs to prevent boredom and improve health and life skills. Some team members work to secure psycho-social rehabilitation for the blind and deaf and assertive community treatment team visits. Others secure access to adaptive equipment and technologies. The team must also find and schedule appointments with a primary care physician and specialty health care providers and reapply for and follow-up on Lamontay’s Medicaid status. All of these pieces are crucial for Lamontay’s behavioral and physical health, and for his long-term health plan.

Lamontay and Paula have been enjoying their new apartment for two months now. Lamontay’s health continues to improve. “The biggest change is his happiness. He seems to smile much more. He is jolly again,” agree Barbara and Paula. He has appointments to see his primary care physician and an eye specialist. So far, his group therapy sessions are a highlight of his activities.

And for the first time in years, Lamontay celebrated his birthday at home with his family. As well as things are going, Lamontay is focusing on one more wish — to someday afford to visit Walt Disney World.
69 Transition to Community Living

This year, Partners helped 69 individuals transition to independent or supported living homes in the community. Another nine are waiting for housing to become available. This is all part of the Partners’ Transitions to Community Living Initiative (TCLI).

The initiative is an agreement between the state and federal governments to make sure people with mental health issues are able to live in their communities in the least restrictive settings of their choice. Partners identifies and assists everyone living in an institution who is capable and chooses to live independently or in supported housing in the community.

In the past year, Partners significantly bolstered the program by increasing funding, and by creating a new Transitions to Community Living Department with 24 staff members specifically dedicated to aiding individuals eligible for the TCLI.

Transition support ensures individuals have access to safe and affordable housing in the community, and access to basic community supports to become responsible tenants. The department also teaches participants and their friends and family about recovery and about implementing recovery-oriented activities to prevent relapse and promote wellness.

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 adult care homes
- Providing community-based supportive housing with assistance maintaining tenancy
- 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 Team
- Using data to evaluate progress and outcomes

Transitions to Community Living Store Launched Spring 2016

This spring, Partners implemented a unique program allowing people to experience autonomy and independence when transitioning to their new home. Partners’ Transitions to Community Living Initiative established a store in Dallas, NC where individuals can furnish their new homes with items such as furniture, cookware, tableware, towels, and bedding. “This allows the individual to go to one place and have a choice of several different items and not become overwhelmed with going to several different stores at one time,” said Jeffrey Sanders, LCSW, Transitions to Community Living Program Manager. “The store has gone well from when it started. But we are always evaluating the effectiveness and what changes can be made to continue to make it efficient and beneficial for the individuals as it relates to cost and convenience.” Everyone accepted into the TCLI receives the same amount of money. They use this money to make deposits for utilities, any other up-front costs, and purchases from the store. Individuals make an appointment to shop and their transition coordinator, in-reach specialist, or service provider supplies the transportation. Partners delivers the purchased items to the new home on the move-in day.
Partners and Integrated Care Centers Win Programs of Excellence Awards

“Partners had a vision to have community-based programs that would continue to improve access to timely care for citizens in our communities,” said Rhett Melton, Partners’ CEO. “We are proud of the efforts of our local providers and community partners who developed that vision into initiatives that work for our communities and are models for others around the area and state.”

Programs of Excellence Award in Care Integration

On December 3, 2015 at a special reception honoring the winners during the annual Conference & Exhibition in Pinehurst, NC, the North Carolina Council of Community Mental Health, Developmental Disabilities, and Substance Abuse Programs presented Partners and Burke Integrated Health with an award in care integration.

In 2014, Partners hosted a series of community meetings throughout its eight county area to discuss how to make physical and behavioral healthcare accessible and seamless for their community. As a result, four providers—A Caring Alternative, Burke Primary Care, Catawba Valley Behavioral Health, and The Cognitive Connection—and Community Care of North Carolina/AccessCare, partnered to create Burke Integrated Health (BIH), a program designed to provide whole person care in Burke County and same day access to services and supports.

Mike Shoupe, former director of Burke Integrated Health, stated, “It’s truly been an honor to work with these organizations to integrate treatment needs and offer same-day access care for the citizens of Burke and surrounding counties.”

Burke Integrated Health is located at 350 Parker Road, Suite 102 in Morganton. Since opening in May 2015, Burke Integrated Health has seen over 8,336 individuals for health care services.

Posing with their Care Integration award at a ceremony in Pinehurst on Thursday, December 3, 2015 are (L-R) Khalil Nassar of PQA, Mike Shoupe formerly of Burke Integrated Health, Julie Walker of The Cognitive Connection, Julie Causby of CCNC/Access Care, Rhett Melton of Partners, John Waters of Catawba Valley Behavioral Health, Melaina Rhoney of A Caring Alternative, and Scott Gallagher of Burke Primary Care.
This winter, at the annual Conference & Exhibition in Pinehurst, NC, the North Carolina Council of Community Mental Health, Developmental Disabilities, and Substance Abuse Programs honored Partners and Lincoln Wellness Center with a Program of Excellence Award for crisis services and emergency room diversion.

Partners was aware of the community’s frustration with traditional crisis response, and the need for a local evaluation and treatment center. In November 2014, Partners, Alexander Youth Network, Monarch, Phoenix Counseling Center, and Support Incorporated opened the Lincoln Wellness Center with the mission to become the community’s destination for behavioral health services.

“All we have ever wanted is to get patients to the right place to get the treatment they need,” said Kimberly Green, Lincoln County Emergency Medical Services Deputy Director. “It was frustrating, as a medical care provider to see someone needing help and not get the services they need. This has been a wonderful opportunity for EMS. We are enabled with training and resources to get people the different kind of help they need, instead of letting them sit in the ED [emergency department].”

In the past, someone in a behavioral health crisis would go to a hospital’s emergency room. Emergency visits are very expensive, and most are not capable of offering behavioral health and crisis services. Now, thanks to a partnership with Lincoln Wellness Center, the City of Lincolnton Police Department, and Lincoln County Emergency Medical Services, people in crisis have a quicker, cheaper, and much more effective option to get help.

“CIT [crisis intervention team] training has changed the way we look at situations and deal with citizens when we go on calls. We can help the person in crisis because we know how to connect to behavioral health resources,” said Lieutenant Dwite Shehan of the City of Lincolnton Police Department. “And, now that we have Lincoln Wellness Center as a drop-off point for those in crisis, officers are not having to sit with patients, but can get back out on the road.”

Lincoln Wellness Center is located at 311 McBee Street in Lincolnton. Since opening in May 2015, Lincoln Wellness Center has seen over 2,100 individuals for health care services.
Thursday, May 19, 2016, marked the official grand opening of the new Ollie Harris Behavioral Health Center, located in the Senator J. Ollie Harris Behavioral Health Wing of the Cleveland County Public Health Center at 200 South Post Road, Shelby, NC.

Fifty-seven local leaders, health care providers, and family and friends of Senator J. Ollie Harris attended the event to get an inside look at the new facility. They were able to tour the building, speak with provider staff, and hear about the current services available to the citizens of Cleveland County, as well as future programs.

“What a special culture we have here in Cleveland County,” remarked Katie Munger, Healthcare Project Manager for the center. “Over the last few decades, advocates and leaders like Carlos Young and Senator Ollie Harris have shaped the way we treat people in need of mental health and substance use services.”

The Ollie Harris Behavioral Health Center is the result of collaboration between Partners Behavioral Health Management, the provider agencies offering services at the center, and the community. Essential to the success of the project was the unanimous support from the Cleveland County Commissioners Jason Falls (Chairman), Eddie Holbrook, Susan K. Allen, Ronald J. Hawkins, and Johnny Hutchins, and Cleveland County Manager Jeff Richardson. John Oliver Harris, III, the grandson of Senator J. Ollie Harris and an advocate for helping those in need, was on hand to dedicate the new facility to his grandfather and perform the ribbon cutting.

Currently, eight agencies—Monarch, Phoenix Counseling Center, Support Incorporated, Alexander Youth Network, Insight, Mental Health America, Sparc, and Pinnacle—are working hard to improve lives and strengthen communities by establishing this location as a safe place in Cleveland County for individuals, families, and children in need of treatment for mental health or substance use issues.
MEET VICKI

Vicki’s Journey

One word that describes Vicki Murray is independent. She owned her own business, raised a family, and survived a life-threatening illness. However, living with depression taught her sometimes you have to depend on others to get the help you need.

In 2009, Vicki was a truck driver and hit her head during an inspection. Her employer made her get the injury checked out. The doctors gave her some startling news a few hours later. She had a brain tumor. Although it was benign, doctors wanted to remove it right away.

Vicki ignored the doctors and waited two years to have it removed. “I thought I could get better on my own.” But her normally positive outlook had changed. “I was all depressed and wondered, ‘what am I going to do with my life? I can’t stay like this.”

Her doctor told her to call Partners. Partners connected her with Monarch for treatment. Vicki admits she was a handful for Monarch’s employee Demetri Caldwell. “I wouldn’t meet with him. I wouldn’t take my medicine. I didn’t think I needed his help – I thought I could do it all by myself.”

One day, Demetri asked Vicki what she wanted out of life. “And that’s when I told him that I wanted to drive a truck again and have my own place. I wanted to make something of myself again.”

Demetri and Vicki put together a plan. The first step was to get Vicki back to work. She aced a career readiness class. Next, Demetri wanted her to go to Adventure House. Adventure House helps those living with a mental illness in their recovery.

At first, Vicki just sat around and wouldn’t talk. “Vicki stayed to herself when she started,” agreed Fred Mead from Adventure House. “One day, she asked me about the fishpond out front and wanted to know if she could work on it. I said ‘sure, just let us know what you need.’ And that’s when she opened up.”

“I found a fishpond and Adventure House saved me,” said Vicki. The fishpond had been neglected for many years. Vicki started working on it and in six months, both Vicki and the fishpond bloomed. She knew she was ready for the next step in her plan: get back on the road.

In September 2015, Vicki met Ryan with NC Vocational Rehabilitation. They worked to get Vicki the proper licenses and documentation to restart her truck-driving career.

“Vicki is motivated and independent. She’s one of those rare clients that knew exactly what she wanted and how to get there,” said Ryan. In a few months, Vicki had her commercial driver’s license and was driving a truck again. Life was good. Things were happening. Then Vicki got scared.

“My life was like a dream but I had a fear of getting sick again. And I quit my job,” said Vicki. “I wanted to work, but I still needed the support I’d found. I couldn’t do it all by myself.”

Vicki found she could continue to go to Adventure House and still work. During this time, Vicki says, “I stopped questioning everything, focused on my goals, and trusted the people that helped me get my life back.”

That perseverance worked. Vicki has been treatment free for two years, has her own place, and continues to drive a truck. And she has a new goal now. She wants to help others who find themselves where she was over four years ago. “I want to instill in others that there are good people and programs that can help you when you are down. There is hope, but you got to want it.”

Vicki Murray still finds peace and enjoyment at the fishpond where she started the journey to get her life back.
The Strength of Community Collaboration

Children and adults living with serious mental health issues struggle with aspects of daily life. These challenges may be at home, at school, in social settings, or in the community. To deal with challenges, individuals and their families need support from health care providers, schools, community organizations, and government agencies. When these entities coordinate and collaborate to meet someone’s physical, emotional, intellectual, cultural, and social needs, they become a System of Care. Partners supports these systems through collaborative community care groups in each of the eight counties in its catchment area.

Partners ensures the network offers support based on the strengths of the individual and family. Under this model, a community-based plan for treatment must be person-centered, family-focused, family-driven, and culturally considerate.

Partners’ regional System of Care Liaisons serve the adults and children in eight counties. Aside from advising collaborative community care groups meeting regularly, the liaisons maintain resources for veterans, run Child and Family Teams, and conduct training on child sexual abuse prevention, Crisis Intervention Teams, Mental Health First Aid, and Child and Family Teams.

System of Care Training Results for FY16

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Organizations</th>
<th>People</th>
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<tbody>
<tr>
<td>Crisis Intervention Team Training</td>
<td>41</td>
<td>328</td>
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<tr>
<td>Darkness to Light</td>
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<tr>
<td>Mental Health First Aid</td>
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<td>Youth Mental Health First Aid</td>
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<td>QPR (Question, Persuade, Refer)</td>
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<tr>
<td>Child and Family Teams</td>
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For more information on these training opportunities, visit: http://partnerstraining.com/community-training/
CRISIS INTERVENTION TEAM TRAINING

Lincolnton Police and Partners Continue Strong Relationship to Strengthen our Communities

With the Crisis Intervention Team (CIT) training graduation on May 10, 2016, the Lincolnton Police Department successfully completed its goal to have all 31 full-time police officers, four auxiliary officers, and Chief Rodney Jordan complete CIT training.

“We get very little training on these issues. None that I can think of,” said Chief Jordan. “I decided this was something all my officers needed. Many were reluctant at first, but every class came back with a whole different attitude. The new resources and knowledge gave them a whole new perspective. We are proud to attain this goal.”

The training curriculum teaches officers about a variety of mental illnesses, addictive diseases, and developmental disabilities. Participants receive specialized training in mental illness and crisis techniques and learn about treatment options available to help individuals receive timely care. Graduates also establish relationships between their agencies and community mental health organizations.

“We made a transition [in North Carolina] to start using the ‘least restrictive environment,’ but with these changes, money to handle them did not follow,” said Mayor Hatley. “Much of this burden has fallen to law enforcement, EMS, and probation. I commend the chief and all these graduates for their commitment to CIT and our community.”

“We took an oath to serve and protect,” reflected Jordan. “Knowing how to deal with folks with mental illness or addiction is safer for us, and safer for them. And if we can avoid just one critical situation, it’s a win-win for everyone,” said Jordan.

Participants receive specialized training in mental illness and crisis techniques and learn about treatment options available to help individuals receive timely care.

Lincolnton Mayor Ed Hatley, right, presents Chief Rodney Jordan with a graduation certificate. The graduation on Tuesday, May 10, 2016, marked the successful training of all full-time officers of the Lincolnton Police Department.

Participants from Gaston County Sheriff’s Office, Lincolnton Police Department, Lincoln County EMS, and Lincoln County Probation and Parole completed the forty-hour training on Tuesday, May 10, 2016.
Specialists Helping Adults with Geriatric Needs

Carla Bradshaw (right), Registered Nurse, and Brandy Lineberger (left), Registered Nurse and Certified Dementia Practitioner make up the GAST for Partners.

Partners System of Care Department has a specific team called the Geriatric and Adult Specialty Team (GAST). Members of this team are required to be registered nurses, licensed clinicians, and mental health professionals. The team teaches community agencies and organizations, care facilities and treatment programs, and family caregivers how to handle mental health and substance use issues relating to older adults or adults with dementia, Alzheimer’s disease, or geriatric-like needs.

“The Partners Geriatric Adult Specialty Team has provided a presentation on dementia for all Gaston County DHHS Adult & Aging Services staff, including Adult Protective Services Social Workers. The presentation helped us to better understand dementia, the signs and symptoms of dementia, and treatment options that are available,” said Michael S. Coone, Administrator - Adult & Aging Services, Gaston County DHHS.

Living a happy, healthy life with as much independence as possible becomes more and more difficult the older we get. As we age, we tend to rely on others to assist us with our lives. Many of us become increasingly dependent on primary care providers, emergency medical services and hospitals, transportation companies, social services, facilities and homes for older adults, care professionals coming into our homes, and law enforcement. Unfortunately, most of these people, including family members, don’t understand mental illness and substance use disorders as they relate to older adults, and even fewer are trained to recognize and treat them.

“What we do is so important for our communities. Everyone seems to forget that being elderly is not just about physical age and health. Depression, anxiety, and suicide rates are very high for this population, and we need to move from care to prevention,” said Brandy Lineberger, GAST Program Coordinator for Partners.

Brandy Lineberger, Registered Nurse and Certified Dementia Practitioner, and Carla Bradshaw, Registered Nurse are the GAST for Partners. This dedicated duo conducts hundreds of training and education sessions each year. The material is approved by the NC Division of Health Service Regulation, and typically takes about an hour to teach.

GAST conducts two to four sessions on the days they are in the field. The team also teaches a section on geriatric mental health and psychotropic drugs to law enforcement and emergency medical services at every Crisis Intervention Team training conducted by Partners. With the little time they have remaining, they advise people on the phone and through email, participate in state task forces, and maintain their credentials and licenses.

“Although we don’t have direct contact with these older adults, we are making sure all their needs are being met. And the neat thing is we are improving lives, and at the same time promoting North Carolina’s community living goals,” said Lineberger.

For more information about GAST training opportunities, visit: www.partnersbhm.org/geriatric-adult-specialty-team/
MEET BOBBY

Dual Perspective

Bobby Hall really started having trouble in high school. He was dealing with weight and mental health issues and suicidal feelings. His dad was sick. He talked to his mom, but she didn't want him to tell anyone.

Like so many others, Bobby knew he needed help but had no way to get it. So he attempted suicide.

"Back then, the best way to get help was to convince a judge you were a danger to yourself and you needed to be in a facility," explained Bobby.

Bobby was sent to Broughton Hospital where he got the help he needed. He was officially diagnosed with schizoaffective disorder: bipolar type. This means he had symptoms of schizophrenia and symptoms of bipolar disorder. At Broughton he took classes and received supports.

After nine months, Bobby was discharged. It was April 6, 1998. He had an Assertive Community Treatment Team (ACTT) case manager, Sue Larson. Through a community transition program, she got him his own apartment in Gastonia. Bobby's parents lived in Gastonia, so he spent much of his time seeing them as much as he could. In 2001, he became active in Partners' Consumer and Family Advisory Council (CFAC).

Also in 2001, Bobby started riding the CATS bus from Gastonia to Charlotte to take classes at Central Piedmont Community College (CPCC). He took classes for four years and worked on four associates degrees. When he graduated from CPCC, he immediately went to Gardner-Webb to pursue a Bachelor of Science in Teaching. In 2007, Bobby graduated with a B.S. in Psychology.

Everything wasn't perfect though. Bobby couldn't find a job, in large part, because he didn't have a driver's license or a car. Through CFAC, he knew of those who could help. Nelson Conner, a former Partners employee and recovery advocate, encouraged him to become a Peer Support Specialist and a Wellness Recovery Action Plan (WRAP) facilitator. Soon after, the Consumer Relations Department at Partners hired Bobby as an In-Reach Specialist.

As an In-Reach Specialist, Bobby travelled all over the Partners area, making visits to people getting out of facilities or needing help. He was able to offer guidance and encourage them to get in or stay in services and to meet their goals.

"I have been helped by so many. Like the AA (Alcoholics Anonymous) tradition and other 12-step programs help others. Now I can give others help too. I've been there. I was a patient here; now I work here."

In 2010, Nelson, Bobby, and two other colleagues won a Programs of Excellence Award for Consumer Directed Supports by establishing a recovery program called “Wellness Path.”

Bobby is now a Transition Specialist in Partners’ new Transition to Community Living Department.

During his free time, you may find Bobby volunteering at Crisis Intervention Team training, doing unfinished woodworking, or writing as an amateur political analyst. His favorite activity is sitting in the “danger zone” watching live roller derby matches.

“I love those seats. I can get hit! I’m avoiding airborne skaters, cheering on my teams, and driving opposing coaches nuts.”

Bobby Hall, with Sandy Edwards (back left) and Kim Maguire (back right), coworkers at Partners.
Consumer and Family Advisory Committee

The Consumer and Family Advisory Committee (CFAC) is a volunteer group of individuals 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 and developmental disabilities, and substance use disorder services.

The committee works closely with Partners, our Board of Directors, and government agencies to improve the public behavioral health care system by identifying and developing services, supports, and action plans that lead to better lives and improved community resources. Partners’ Consumer and Family Advisory Committee continues to advocate for the rights and services of those needing behavioral health services.

Members of our CFAC are also affiliated with a number of other organizations and advocacy groups to further the impact of the great things they do to serve our communities. On April 22, 2016 at Smoky Mountain LME/MCO, Partners’ CFAC joined in a statewide collaborative with other CFACs. They were able to interact at length with NC DHHS secretary Rick Brajer to share with him all the good things they, and Partners through them, are able to accomplish for those in need of an effective and sustainable health care system.

Human Rights Committee

The Human Rights Committee (HRC) is a standing committee of Partners Behavioral Health Management’s Board of Directors. The Committee’s mission is to protect the human rights of individuals served by providers in the Partners’ Provider Network. HRC membership includes individuals receiving services, family members, board members, and advocates.

The committee protects the human rights of those individuals receiving services, including the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation.

On April 26, 2016, HRC hosted its annual Human Rights Symposium. Representatives from the NC DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services presented to 73 people at the information session. The topic for this year was the Incident Response Improvement System (IRIS). Partners holds this symposium every year to remind providers of their responsibility to their own active Human Rights Committees, and to help them coordinate and run productive committees.

On November 10, 2015, HRC hosted its annual Human Rights Summit. Eighty-eight individuals and families currently receiving Innovations Waiver services or currently on the wait list attended the informative event about their human rights. Attendees learned about the recent Innovations settlement and about any new changes to their rights and responsibilities from guest speakers Dave Richard, Deputy Secretary for Medical Assistance, and Deb Goda, Intellectual and Developmental Disabilities Manager for NC DHHS. Participants also met with providers and Partners employees to learn about services and community resources.
This year, Partners Training Academy increased its scope to offer even more education for behavioral health care providers, our communities, and our internal employees. We believe members of our communities and their families should be as informed as possible about behavioral health, treatment plans, available services, and changes in the health care system.

To promote this new emphasis on training, Partners Training Academy hosted the first two of its biennial Partners Health Summits. Learning more about upcoming training opportunities and health summits is even easier with the training academy’s new dedicated website at http://partnerstraining.com/.

**Partners Training Academy Trainings and Fiscal Year Results**

- ASAM Refresher Training (American Society of Addiction Medicine)
- CALOCUS (Child and Adolescent Level of Care Utilization System for Psychiatric and Addiction Services)
- CANS (Child and Adolescent Needs and Strengths)
- Cognitive Behavioral Therapy
- Cultural Competency
- Due Process
- Ethics for Clinical Staff in a Managed Care Environment
- LOCUS (Level of Care Utilization System for Psychiatric and Addiction Services)
- Mental Health and Substance Use Service Definitions
- Motivational Interviewing
- NC-TOPPS 101 and NC-TOPPS Superuser training (North Carolina Treatment Outcomes and Program Performance System)
- Person-Centered Planning
- Person-Centered Thinking

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Partners Training Academy hosted its first Partners Health Summit on Thursday, September 17, 2015, at Gaston College in Dallas, NC. An audience of nearly 70 individuals listened to guest presenter Lynne Seagle, Executive Director of Hope House Foundation, share Hope House's journey of closing their group homes and moving from providing programs to supporting people to live truly individualized lives.

The purpose of the event was to show providers and other health care staff, and those currently receiving services, how people living with intellectual or developmental disabilities can be served more effectively and more comfortably. The premise is to move from a concept of specialized care in group homes to specialized care in your own home. Seagle covered the step-by-step tools used to create change on a major level. Major topics included:

- Thinking about service delivery in a different way,
- Exploring how funds can be better used to give the people we serve choices about what they want, and
- Helping the people we serve become fully functioning member of their community, living with freedom, responsibility, dignity and respect.

Mike Forrester, Ph.D., Partners' Chief Clinical Officer, also spoke about changes to serving people living with intellectual and developmental disabilities, including the following topics:

- Aligning Supports Intensity Scale scores with cost of care,
- Using resource allocation for IDD services, and
- Understanding the new NCDHHS Home and Community Based Services Provider Self-Assessment.

Lynne began her career at Hope House Foundation in 1978 as Director of Residential Services, and has been the Executive Director for more than three decades.

Under Lynne's leadership, Hope House has become internationally known for its innovative, person-centered approach. She has guided the organization through the transition from group homes to supporting people in their own apartment.
Partners’ Opioid Summit

On Friday, March 11, Partners hosted 400 participants at an Opioid Summit held at the Statesville Civic Center in Statesville, NC. Health care doctors, counselors, and administrators; law enforcement and probation/parole officers; judges and magistrates; members of local government; staff from community agencies; and people in recovery for substance use disorders and addiction came together to learn, share, and partner to beat opioid addiction.

Opioid misuse and abuse is pervasive in every aspect of society in every part of this country. Unlike other health epidemics, addiction to opioids is not limited to specific neighborhoods, races, or ethnicities, and it is shared among men and women, young and old, rich and poor, and white or blue collar.

The misuse of and abuse of opioids—narcotic medications most commonly used for pain—is one of the fastest growing epidemics in our society today. Addiction to opioids can lead to emotionally, psychologically, and physically deteriorating symptoms for users and their families. Furthermore, opioid overdoses claim 44 lives per day nationally.

Keynote speaker Dr. Thomas McLellan, co-founder and Chairman of the Board at the Treatment Research Institute, spoke to attendees about integrating addiction care into mainstream medicine. McLellan addressed the pros and cons of medication-assisted treatment, current best practices for matching types of treatment to the individual's needs, and different models of treatment and recovery.

Topics of discussion at the Opioid Summit ranged from various pain treatment options and the use of medication-assisted versus non-medication assisted addiction treatment, to innovations in law enforcement and jail diversion programs, to the NC Good Samaritan Law particularly as it pertains to the anti-overdose medication, Naloxone.

We especially thank North Carolina Council of Community Programs for their partnership in this event, and to all the collaborators who guided the planning of this overwhelmingly successful and important summit.
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.

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Jessica Pape, Chief Human Resources Officer

VISION STATEMENT

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

ACKNOWLEDGEMENTS: Partners is extremely honored and thankful Vicki Murray, Lamontay Weaks, and Bobby Hall allowed us to tell their stories of struggle and triumph. These three embody the true spirit of community health by ignoring stigma and using their very personal experiences as hope and encouragement for everyone living with mental illness, substance use disorder, and intellectual or developmental disabilities and their families.
Behavioral Health FOCUS | subscribe.partnersbhm.org

Our Behavioral Health Focus newsletter will provide you with news, stories, and educational opportunities to help you make informed health care decisions; prepare you for the possibility of encountering mental health, substance use disorder, or intellectual or developmental disabilities issues; and increase your knowledge and awareness of behavioral health and wellness.