Serving Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin Counties
Partners’ catchment area includes eight counties

Total calls received by Access to Care Line staff

37,205

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

Medicaid-eligible residents living in our eight counties who are receiving behavioral health services through Partners Provider Network.

16.4%

The service penetration rate is based on the number of unduplicated Medicaid-eligible individuals and consumers who have received at least one billable service during the fiscal year 2016-17. This percentage is calculated on a rolling 12-month calendar basis.

Expenses

Medicaid: $229,596,408
Federal/State: $43,744,177
Local: $2,479,270
Grants/Other: $602,513
Administration: $28,943,183
Care Coordination: $12,678,472

Revenue

Medicaid: $233,372,519
Federal/State: $29,366,622
Local: $3,459,609
Grants/Other: $1,370,353
Administration: $24,349,745
Care Coordination: $10,273,147

Partners Provider Network

284 behavioral health and intellectual and developmental disabilities services agencies

96 licensed independent practitioners

3,134 associated clinicians
**Persons Served by Funding Source**

<table>
<thead>
<tr>
<th>Total Consumers Served*</th>
<th>Medicaid</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>40,048</td>
<td>30,531</td>
<td>11,074</td>
</tr>
</tbody>
</table>

*The combined number of members served, 40,048, includes members who received services from multiple funding sources or under multiple diagnoses.

**Number of Approved Authorizations for Services**

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>59,344</td>
<td>(45,504</td>
<td>13,840</td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>State</td>
</tr>
</tbody>
</table>

**Number of Claims Paid**

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,032,160</td>
<td>(1,720,642</td>
<td>311,518</td>
</tr>
</tbody>
</table>

*The combined number of members served, 40,048, includes members who received services from multiple funding sources or under multiple diagnoses.

**Persons Served by Diagnosis & Funding Source**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Medicaid</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder*</td>
<td>4,481</td>
<td>3,979</td>
</tr>
<tr>
<td>Intellectual/Developmental Disorders*</td>
<td>3,128</td>
<td>636</td>
</tr>
<tr>
<td>Mental Health*</td>
<td>25,888</td>
<td>7,409</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The combined number of members served, 40,048, includes members who received services from multiple funding sources or under multiple diagnoses.
Integrated Care Centers

Since 2014, Partners has developed innovative, award-winning Integrated Care Centers in its catchment area. Lincoln Wellness Center opened in Lincolnton in 2014, Burke Integrated Health opened in Morganton in 2015, and the Ollie Harris Behavioral Health Center opened in Shelby in 2016. In Fiscal Year 2017-18, Gaston Complete Health in Gastonia and Impact Health of Iredell in Statesville will open to the public.

These Integrated Care Centers provide one convenient location for people seeking help with addiction, mental illness, or other behavioral health issues. Several health care providers share the space in each center and welcome walk-ins, offer appointments, and connect individuals with the care they need most.

Of the five centers, Burke Integrated Health was the first to offer both behavioral and physical health care in one place. In the future, all of Partners’ Integrated Care Centers will integrate behavioral and physical health care services for their communities.

Partners currently supports integrated care centers in Burke, Lincoln, and Cleveland counties. Centers in Iredell and Gaston counties will open in Fiscal Year 2017-2018.

**Burke Integrated Health**
350 E Parker Rd. #102
Morganton, NC 28655

**Lincoln Wellness Center**
311 McBee St.
Lincolnton, NC 28092

**Ollie Harris Behavioral Health Center**
200 S Post Rd. #2
Shelby, NC 28152

---

**BURLINGTON INTEGRATED HEALTH**

40% decrease in emergency room visits
13% decrease in monthly inpatient costs
12% decrease in monthly health costs

► 1,654 walk-ins
► 823 (of the 1,654) would have gone to the local emergency department (ED), waited weeks or months for treatment, or not had treatment at all if the center was not available
► 295 came to Burke Integrated Health for new medical care

**LINCOLN WELLNESS CENTER**

1,817 walk-ins
379 (of the 1817) would have gone to the ED, waited weeks or months for treatment, or not had treatment at all if the center was not available

**OLLIE HARRIS BEHAVIORAL HEALTH CENTER**

883 walk-ins
227 (of the 883) would have gone to the ED, waited weeks or months for treatment, or not had treatment at all if the center was not available
Cleveland Crisis and Recovery Center Awarded for Crisis Response Efforts

Cleveland County now has one of the lowest rates of behavioral health use of the emergency department (ED) in the state, thanks, in part, to a collaboration between Partners Behavioral Health Management, Carolinas HealthCare System Cleveland, the City of Shelby Police Department, and Phoenix Counseling Center.

Cleveland Crisis and Recovery Center, located at 609 N. Washington Street, Shelby, is home to a Behavioral Health Urgent Care, where citizens experiencing a mental health or addiction crisis can go for help instead of waiting in the ED. The concept, developed by the four agencies, received the NC Council of Community Programs “Programs of Excellence in Crisis Response” award at its annual conference.

“Thanks to the behavioral health urgent care, we now are experiencing a decreased wait time with individuals in crisis or under commitment orders, and officers and telecommunications personnel now have the training to handle any crisis situation they encounter.”

Jeff Ledford
Chief of Police
Shelby Police Department

Representatives on hand to accept the award were (left-right) Tiffany McDaniel of CHS Cleveland; Elizabeth Lemons, Jerry Litt, and Cheryl Billings of Phoenix Counseling Center; Barbara Hallisey, Partners; Kevin Oliver, Phoenix; and Rhett Melton, CEO, Partners.
Whole Person Integrated Care

The Whole Person Integrated Care (WPIC) Model, a research-based and comprehensive integrated care initiative, is being implemented in Burke, Gaston, and Iredell counties. WPIC will help the Integrated Care Centers and other health practices in these counties move to value-based care that improves lives and strengthens communities.

The Whole Person Integrated Care model expands integrated care beyond the health care sector. It includes the social determinants of health, or the conditions in the places where people live, learn, work, and play. By tackling all the conditions impacting an individual’s overall health, we can improve an entire community’s health, reduce health disparities, advance health equity, and optimize public and private resources. The model also incorporates the role of Certified Peer Support Specialists to help better ensure active engagement of individuals in their own health care.

During this start-up year, Partners recruited the WPIC Team to provide technical assistance and support for implementation. Training in the model was provided within Partners, for the Integrated Care Centers, and for the public. Implementation of WPIC will begin in the Integrated Care Centers in Fiscal Year 2017-2018. Learn more about the model by downloading the WPIC White Paper from www.PartnersWPIC.org.

On March 31, 2017, Partners Health Summit introduced the Whole Person Integrated Care Model to 374 health care professionals and attendees.
"I love people and life in general. God has blessed me, and I don't know what I would do without Him."

Kirk Herbertson
Advocating for Others

Nothing stops Kirk Herbertson from doing something he’s interested in. He attended an autism conference in 2016 and a presenter recommended that he get involved in a Toastmasters club to become more comfortable speaking in public. He came home and immediately got involved with the local club. "I don't hesitate!" said Kirk.

It's that same drive, along with his passion to advocate for children with special needs, that led Kirk to run, and be elected, to the Lincoln County School Board. Kirk has firsthand experience of what it is like to be a student with special needs. He was diagnosed with high-functioning Asperger Syndrome as an adult, after many years of misdiagnosis. Kirk remembers how hard it was to learn in a traditional school setting. But over time, Kirk and his family learned that with the right help, anything was possible.

"I had to take the competency exam when I was a senior. My parents asked if I could take the exam in a room alone where I would not have distractions and have some extra time because I had difficulty concentrating. The school strongly resisted, but my parents persisted and were granted the request. When the scores came in, I had made the second highest grade in my graduating class. The school said, 'See, he didn't need all of that extra help!' But my parents pointed out, 'With the right kind of help, you can succeed.'"

Kirk recently shared his journey as the keynote speaker at the Autism Society of North Carolina’s state conference, which led to an invitation to serve on the organization’s board of directors. He has also presented, via the internet, at a conference in Hawaii. He’s still a member of Toastmasters, and recently applied to present at a local TED Ex event.

Kirk gives credit for his “can-do” attitude to God, his family, and a strong support system that includes employees at Bayada and Partners. "I love people and life in general. God has blessed me, and I don't know what I would do without Him."
Partnership for Community Prosperity

Cleveland County Schools, Partners Behavioral Health Management, and Cleveland County government have joined forces to create a Partnership for Community Prosperity—a long-term health improvement initiative addressing challenging social determinants of health in the county.

Partners FY17 Investment
$162,500

“I am grateful for the partnerships with agencies in the community. And the public is grateful and excited for these opportunities for the first time. We’re serious about what we’re doing and very strategic about the trust and relationships we create to meet the needs and empower and entire community.”

Chris Gash
Community Coordinator, Partnership for Community Prosperity

Program Collaborators
- Benchmarks
- Boys & Girls Clubs of Cleveland County
- Carolinas HealthCare System
- Cleveland Community College
- Cleveland County YMCA
- Gardner-Webb University
- Graham Elementary School - hosts the program
- Shelby Children’s Clinic

Program Accomplishments
- GED program available to parents and community members
- Local barber provides free haircuts for students
- Full time nurse provides education on healthy choices and lifestyle
- Telemedicine service available for children
- Workforce readiness program
- Child character development classes
- After school program for up to 60 children
- Mentor program for students

Social Determinants of Health
Conditions in a community directly affecting the population’s health

- Economic Stability, including poverty
- Education
- Social and Community Context, including community support and socialization
- Health and Health Care, including access to healthy food and water
- Neighborhood and Built Environment, including housing, transportation, and safety
Gaston County Drug Diversion and Treatment Program

The Gaston County Drug Diversion and Treatment (DDaT) program is a new community initiative funded by Partners. The program provides high-risk individuals, addicted to opioids and facing criminal charges, the opportunity to receive comprehensive, community-based treatment instead of a jail sentence. The program mission emphasizes rehabilitation and treatment over incarceration, and helps participants become successful and productive citizens.

Partners invested over $266,000 from its Medicaid Savings Reinvestment funds to establish the long-term, structured, intensive case management program by connecting community partners with a comprehensive substance use disorder service provider.

Partners invested

$266,000

in fiscal year 2017 to launch the pilot program in Gaston County.

Program Successes in FY17

- All DDaT participants were attending 12-step meetings
- 30% were linked to a primary care physician
- 45% increase in negative (clean) urine drug screens
- Only 1 participant returned to jail after starting the program

“I want to compliment Partners in Gaston County for their leadership here. This is exactly the kind of thing we envisioned when we supported the Comprehensive Addiction and Recovery Act (CARA).”

Thom Tillis
United States Senator

Program collaborators include

- Partners Behavioral Health Management
- Gaston County Police Department
- City of Gastonia Police Department
- Gaston County Sheriff’s Office
- Gaston County Department of Health and Human Services
- NC Department of Public Safety
- Reinvestment In Communities (RIC) of Gaston County, Inc.
- Gaston Faith Network
- CaroMont Health
- Phoenix Counseling Center
Commitment to Fighting Opioids

Struggles of Opioid Addiction

Due to the prevalence of opioid use across its service area, Partners devoted an additional $20,000 to a family- and community-oriented educational summit on October 14, 2016. The summit brought the general public and addiction and recovery specialists together to explore addiction and understand prevention, treatment, and recovery for those living with addiction.

Dr. Mel Pohl, Board Certified Family Practitioner, Vice President of Medical Affairs, and the Medical Director of Las Vegas Recovery Center, provided the keynote address. His presentation, “Treating Chronic Pain in the Midst of the Opioid Epidemic,” reviewed how chronic pain treatments have led to a severe epidemic of prescription drug and heroin use, addiction, and overdose.

Participants learned more about

-Treating chronic pain without opioids
-How legislation impacts the epidemic
-Treatments for addiction
-Teens and addiction prevention
-How to care for those in recovery

Iredell County Opioid Epidemic: Guidance for Healthcare Providers

The popularity and prevalence of opioid use, particularly prescription painkillers, has led to the largest drug epidemic plaguing our country. The problem in Iredell County has reached alarming rates. The Iredell County Health Department and Partners sponsored an educational event especially for healthcare prescribers, doctors, physician assistants, nurses, primary care physicians, dentists, pharmacists, nurse practitioners, and other healthcare providers who serve the people of Iredell County.

This one day session included instruction on

-Science of Addiction and Self-Destructive Behavior
-Safe Opioid Prescribing
-Controlled Substance Reporting System (CSRS)
-Standing Order for Naloxone
-Substance Use Disorder Continuum of Care

Keynote Speaker:
Dr. Omar S. Manejwala, Addiction Psychiatrist
Life-Saving NARCAN® Kit Distribution

A drug used every day by law enforcement, emergency medical services, and first responders to save lives is the latest clinical tool for substance use recovery. Naloxone HCl, often known by the brand name NARCAN®, is a safe, non-toxic substance used to reverse overdoses from opioids like prescription painkillers or heroin. The drug is typically sprayed up the nose or injected into a muscle. Partners believes naloxone can be a proactive clinical tool to advance recovery.

Partners made 1,744 Opioid Overdose Reversal Kits to distribute to our providers to be used as a clinical tool to help save people at high risk of experiencing an opiate overdose. The overdose drug is naloxone, also known by the brand name NARCAN®.

Overdose Reversal Drug Becomes Clinical Tool

Partners, with help from Olive Branch Ministry, trained and distributed its Overdose Kits to substance use disorder treatment agencies to be used as a proactive clinical tool. By giving naloxone directly to those who are identified with a severe risk of opioid overdose, Partners hopes to prevent emergencies, save lives, and advance recovery.

“There are too many factors involved for us to know with certainty if someone will use drugs or become addicted,” said Lynne Grey, MA, LPC, LCAS, CSI, Mental Health and Substance Use Disorder Utilization Management Manager, Partners Behavioral Health Management. “What we do know is that nobody chooses to become addicted, and nobody can choose recovery if they are dead.”

“I am very excited with where the county is headed in terms of helping citizens with substance use disorders. It is you all in the field who are enacting policies and making the system work that are making the difference.”

Chad Parlier
Training Coordinator for Lincoln County EMS

Local Law Enforcement Equipped to Save Lives

Lincolnton Police Department is one of two agencies in Lincoln County, along with Lincoln County EMS, to carry naloxone—a lifesaving overdose drug. Now, uniformed and undercover officers, detectives, and administrative staff have access to doses of naloxone carried in all 23 cruisers and some administrative vehicles.

Chad Parlier, Training Coordinator for Lincoln County EMS, trained Lincolnton Police Department officers how to identify overdoses, the first steps to take when caring for an overdosing person, how to administer naloxone through nasal spray or injection, and the importance of getting the person to emergency care even if the naloxone worked. Partners and North Carolina Harm Reduction donated the naloxone to the department.

Partners’ Overdose Reversal Kits contain two doses of NARCAN®, one protective face mask, and an instructional card.
Craig Perkins doesn’t let health struggles define him. This published writer and aspiring youth minister is penning his own success story, with some help from Partners’ Whole Person Transition Care Team.

Craig—pen name C.A. Perkins—lives in Newton, N.C. with his terrier “detective,” Watson. “Watson came into my life when I really needed a friend,” said Craig. “Back then, life was really dark,” said Craig. “I was suicidal and spent a lot of time alone.” Craig has struggled with both mental and physical health issues since he was a teenager. In February, he was hospitalized and connected to Partners. Partners had recently started its Whole Person Transition Care Team, a group of employees that help people living with chronic physical and mental health issues stabilize their symptoms and instill healthy changes in their lives.

Now, Craig is in charge of his health. “Since I’ve gotten involved with mental health, I found out I was on the wrong medication and learned coping mechanisms that I wouldn’t have considered before,” said Craig. “My emotions were going to the extremes and that’s something I had to learn how to handle. Life is getting better, both physically and mentally.”

Craig works with Heidi Reed, a care coordinator at Partners, mental health professionals, and a certified nurse assistant to continue his progress. “One thing I like about Partners is that a lot of people I’ve met have dealt with mental health issues themselves and understand where you’re coming from. The ACT Team is the same way. They know how to help you because they know what they needed when they were struggling.”

Craig is more independent than ever before, and is trying new things. “I like getting out and going to the gym. I never did that before, and it’s nice to get out and meet new people,” he said. He works with online support groups for people who are depressed or suicidal, and has his own YouTube channel, BigScribe Books, where he shares his passion for literature through book reviews. Craig is also attending Liberty University, majoring in ministry and criminal justice with a goal to help other youth in the future.

What’s next for Craig? Preparing for gastric bypass surgery, finishing school, and completing and publishing a novel based on Edgar Allan Poe’s poem, Annabel Lee. Like everyone, he has bad days and good ones, but more of the latter. “I still spend time alone, but now it’s now my choice. It’s been a process, but things are definitely getting better.”
Partners Training Academy

We offer relevant training using expert trainers at no cost to participants. Training courses include:

- Wellness Recovery Action Planning
- Supports Intensity Scale
- Person-Centered Planning and Person-Centered Thinking
- Monitoring Tools
- Fair Labor Standards Act
- NC Technical Amendment
- Cognitive Behavioral Therapy/Chronic Pain
- Ethics of Cultural Competency
- Certified Peer Support Specialist
- Resource Allocation
- Recovery-Oriented System of Care
- Relative as a Direct Support Specialist
- Promoting Whole Person Care
- NC Support Needs Assessment Profile
- Ethics in Managed Care

FFY17 Training Results

- 50 Total number of training sessions
- 413.5 Total number of training hours
- 1,403 Total people trained
- 651 Total number of Partners Health Summits attendees

System of Care Community Leadership

Partners' System of Care leads health care providers, schools, community organizations, and government agencies in collaborating to meet physical, emotional, intellectual, cultural, and social needs.

Training Results for FY17

- QPR (Question, Persuade, Refer)
  19 Trainings 306 People
- I.C. Hope – Don't Duck Mental Health
  6 Trainings 200 People
- Mental Health First Aid
  19 Trainings 375 People
- Youth Mental Health First Aid
  13 Trainings 208 People
- Crisis Intervention Team (CIT) Training
  20 Trainings 280 People
- Child and Family Teams
  4 Trainings 60 People
- Darkness to Light
  5 Trainings 68 People

Geriatric and Adult Specialty Team

The Geriatric and Adult Specialty Team teaches government and 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.

- 380 facilities engaged
- 470 trainings
- 3,405 people trained
Transition to Community Living Initiative

Some people living with mental health issues are considered to have severe and persistent mental illness. This means they will need long-term treatment and management of their symptoms. The Transition to Community Living Initiative (TCLI) makes sure people with severe and persistent mental illness, who are at risk of placement in adult care homes, can live within their communities in the least restrictive settings of their choice.

To make this transition, these people need access to available safe, affordable housing, transportation, physical and behavioral health care, emergency services, medication, day supports, therapies and activities. Treatment teams consisting of guardians, social workers, hospital liaisons, care coordinators, transition coordinators, facility staff, Peer Support Specialists, and community care providers collaborate to realize the long-term health plan created for the transitioning person.

We achieved 136% of our goal...

180 people
Transitioned to safe, affordable housing in 2 years

103 people
Transitioned in Fiscal Year 2017
23 ABOVE the DHHS mandate

“Everyone should be able to try to have their own place to live and call home. If they want to try, let’s give them the opportunity.”

Jeffrey Sanders
Transitions to Community Living Program Manager, Partners Behavioral Health Management

What You Get from the Transition Initiative

- Education about community services, supports, and supportive housing
- Identification of community-based living options
- Development of a community integration plan or transition plan
- Help finding a landlord
- Money for household items, furniture, and utility deposits
- Help paying rent
- A home meeting health and housing standards
- Help finding supports like food stamps
- Connection to medical and behavioral health services
- Access to Care Coordination
Cindy looks happy and comfortable sitting on her couch, hugging her butterfly pillow. Butterflies bring her peace, ever since a flock of them visited her two years ago on the day her husband passed away. They climbed on her arms and legs and wouldn’t budge even when she moved. Colorful artwork, pictures, and lamps adorn her walls and furniture.

“I love my apartment very much, I love it!” exclaims Cindy. “I had to leave it a couple times to go to the hospital, and I couldn’t wait to get back. I love it very much here.”

Cindy has lived with depression most of her life. Recently, she has officially been diagnosed with clinical depression and borderline personality disorder. Her psychiatrist comes right to her apartment for visits and she loves having the same psychiatrist she had at the assisted living facility. She also sees a therapist from the Assertive Community Treatment (ACT) Team, and a nurse who comes by once a week to check on her and make sure she has filled her pillbox correctly. Even her medications come straight to her house, organized by when she needs to take them. She gets to her routine doctor visits through staff on the ACT Team, and will start using a Medicaid car or Greenway Public Transportation when she becomes more independent.

Cindy has been in her own apartment for four months now. But the process started months before that, and her journey began over a year ago. After suffering another stroke, Cindy spent 30 days in a hospital before moving to an assisted living facility. On her first day of her 11-month stay in assisted living, she knew, “it was not the environment she was meant to be in.” “If it weren’t for Partners, I think I would still be in the assisted living facility,” said Cindy.