

MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

What are they?

Publicly funded mental health, developmental disability, and substance abuse services are offered through local management entities (LMEs), previously referred to as area programs, and by state institutions. Services may include outpatient and inpatient treatment, case management, group and independent living situations, developmental day care, day treatment, residential treatment, supported employment, family intervention and supports, and other habilitation/rehabilitation services.

Note: At the time this chapter was being written, North Carolina was in the midst of a major restructuring of its mental health, developmental disability and substance abuse system. It is important for anyone seeking these services to check with their local LME (formerly called area program) to determine if the system has changed further.

Who are they for?

Any resident of North Carolina with serious emotional disturbance (children), mental illness, a developmental disability, or a substance abuse problem is eligible for services. However, there are insufficient resources to provide all services for everyone who is eligible, and therefore some eligible individuals may be unable to obtain all desired services through publicly funded programs. Eligibility for certain services will require membership in a “target population.” Target populations are those determined to be at greatest need and of highest priority for services by the mental health, developmental disability and substance abuse system (MH/DD/SAS). While no one may be denied services due to an inability to pay, fees are charged on a sliding scale. Each LME has its own policies regarding charges for various services.

Where are applications taken?

The point of entry for mental health, developmental disability, and substance abuse services is at one of the LMEs (formerly called area mental health, developmental disabilities, and substance abuse programs, or area programs).

INTRODUCTION

Currently, North Carolina’s system for providing services to those with mental health, developmental disability, and substance abuse needs is carried out through a

network of 38 area programs, which are responsible for providing or contracting for services within a specified geographic area. The 38 area programs cover all 100 counties. The state is in the process of reforming the state mental health, developmental disability and substance abuse system. The North Carolina General Assembly directed the NC Department of Health and Human Services to develop a plan (hereinafter referred to as “the plan”), which would:

- ◆ Create a standardized process for accessing MH/DD/SA services (“uniform portal”).
- ◆ Ensure that core services were available throughout the state. The core services include: screening, assessment, and referral; emergency services; service coordination; consultation, prevention, and education.
- ◆ Identify target and priority populations. (Target and priority populations are discussed in greater detail within the following sections.)
- ◆ Provide an array of services appropriate to the target and priority population in each community. The services should encompass each of several life areas, including: living, day services, family support, personal support, crisis and emergency care, and a variety of specialized services.

The plan creates Local Management Entities (LMEs) to replace the current area programs. The number of LMEs will be reduced from 38 (current number of area programs) to 20 or fewer by 2007. The local programs, each covering one or several counties, are operated by local governing boards but receive funding, support, and technical assistance from the state MH/DD/SAS division. In addition, the local LMEs receive additional funding from local and federal sources. LMEs must develop a 3-year local business plan with detailed information about how the LME will ensure the delivery of core services to the targeted populations. The state plan will be phased in over the next several years, through 2006.

Mental health, developmental disability, and substance abuse services are organized around the specific populations they are intended to serve. The major populations served by the system are:

- ◆ Persons with developmental disability
- ◆ Children and adolescents with or at risk for serious emotional disturbance
- ◆ Adults with serious or severe and persistent mental illness
- ◆ Adolescents with substance abuse problems
- ◆ Adults with substance abuse problems

Each LME will be required to provide the core services listed above. Other services offered at the local level vary from one LME to another. Therefore, all the programs described in this chapter may not be available in all locations. LMEs may also offer services not mentioned here. You will need to contact your LME to find out about the services that are available in your community. All of the current offices are listed

in Appendix B.

Additionally, all LMEs are required to make provisions to ensure that those with serious emotional disturbance, mental illness, developmental disabilities, or substance abuse disorders have access to inpatient hospital services.

At the time this chapter was being written, the state Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) operated four psychiatric hospitals, one certified nursing facility, five mental retardation centers, three substance abuse facilities and three schools for children with serious emotional disturbance. However, the state has plans to close one of the three schools for children with serious emotional disturbance, and to merge two of the four psychiatric hospitals. In addition, the state plan calls for reducing the numbers of beds in the hospitals and mental retardation centers each year beginning in 2002 and continuing until at least 2004.

Each of the populations and the services designed to address their problems are described more fully below.

PERSONS WITH DEVELOPMENTAL DISABILITIES

Populations served

The target population of developmental disability services include those meeting the state definition below. Within this group, the priority populations are those with the most immediate need or who have already waited the longest for services.

A developmental disability is a severe, chronic disability that is attributable to a mental or physical impairment, or both, and is generally manifested before the age of 22. Developmental disabilities are likely to persist throughout a person's life. Without appropriate support and treatment, people with developmental disabilities may be significantly limited in their ability to function well in daily living. Developmental disabilities are often referred to as developmental delays in children under age four. Examples of developmental disabilities are mental retardation, epilepsy, and autism.

Services

Three categories of services may be available to persons with developmental disabilities. They are day/night services, periodic services, and residential services. Some services, such as preschool services are unique to children. Children who need to be evaluated to determine whether they have a developmental disability may be diagnosed by an interdisciplinary team at one of the state's 18 Developmental Evaluation Centers, discussed more fully in the section on state health programs in Chapter 15.

Day/Night Services

Day services include supported employment, mainstreamed preschool and school-based services.

Supported employment provides intensive job training, job placement, and ongoing supervision in regular work settings. Individuals who have completed training may continue to receive long-term assistance in the form of job monitoring, additional vocational training, and consultation with employers, as requested by the client and/or the employer.

The Individuals with Disabilities Education Act is a federal law and provides assistance for children and adolescents. Young children (birth through age two) are served by the NC Department of Health and Human Services. Older children (three through 21) are served through the North Carolina Department of Public Instruction. Preschoolers are served through the preschool program, and school-age children are served through the school age program. More information about both programs can be found in the section on state health programs in Chapter 15.

Mainstreamed preschool services are focused on placing children with developmental disabilities into preschool programs, day care homes and centers, and Head Start programs that are designed for children without disabilities. The service also provides training and support to staff at these sites to help them work with children with developmental disabilities.

The school age program provides services to children with developmental disabilities within the school system. The goal is to provide an appropriate education to children, providing the assistance to place them in mainstream classrooms whenever possible.

Periodic Services

Periodic services include early childhood intervention, case management, and in-home support services.

The Early Intervention Program is designed to provide assistance to children with developmental delays or at risk of developmental disabilities. Also known as the Infant/Toddler program, it is specifically designed for children under age three. It includes assessment, consultation to families, training and education for children and their parents. The services are designed to improve the development of children who are developmentally delayed or are at high risk of atypical development. Children age three or older can receive services through the preschool program, discussed above. More information about this program can be found in the section on state health programs (Chapter 15).

Case management services provide a client and his or her family with a professional who can assist in coordinating and monitoring services available in a variety of agencies.

In-home support services can be given to people wherever they live, either in a private home, a rest home, or in some other setting. These services may include assessment, consultation, treatment, and respite care (providing temporary care for the person with developmental disabilities to give parents or primary caregivers a brief respite from caregiving responsibilities).

Residential Services

A wide array of residential services is available, including but not limited to, supported living, group living, alternative family living and therapeutic foster homes.

Alternative family living allows children and adults to live with and receive care from trained professionals in a family-style atmosphere in a residential community.

Supported living allows an individual to reside in the home setting of their choice with the level of support appropriate to facilitate a desirable lifestyle.

Group homes provide a community setting for children and adults with developmental disabilities.

Five regional **mental retardation centers** around the state provide a residential service for those who are unable to or do not wish to live in a community setting. The centers also provide outreach training and technical assistance to community programs. The state operates the following centers:

- ◆ Black Mountain Center in Black Mountain
- ◆ Western Carolina Center in Morganton
- ◆ O'Berry Center in Goldsboro
- ◆ Murdoch Center in Butner
- ◆ Caswell Center in Kinston

The Division plans to continue efforts to move residents wishing a community placement into the community. This serves the dual goals of providing services in the least restrictive setting and reducing the number of institutional beds.

Community Alternatives Program

Some individuals with mental retardation or other developmental disabilities who would normally require care in an institution may be able to live in the community by receiving support through the Community Alternatives Program for people with Mental Retardation or Developmental Disabilities (CAP-MR/DD). The program is offered in all 100 counties and is coordinated through the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, in cooperation with the Division of Medical Assistance. The participants must be eligible for Medicaid. Through CAP-MR/DD, certain services not otherwise covered by Medicaid are paid

for while the participant lives in a community setting. At the time this book was written, there was a waiting list for this program. More information about this program can be found in the chapter on Medicaid (Chapter 12).

CHILDREN AND ADOLESCENTS WITH OR AT RISK FOR SERIOUS EMOTIONAL DISTURBANCE

Populations served

Children and adolescents who have a serious emotional disturbance (SED) are eligible to receive these services. They will be given priority if they are identified as sexually aggressive, deaf or have multiple diagnoses *and* a functional impairment that seriously interferes with or limits the child's ability to function in the family, school or community activity. In addition, children with SED will be given priority if they are in need of services from more than one child serving agency (such as the Department of Social Services and a LME) and have either been placed out of the home or is at risk of being paced out of home. Children who have a SED and who are identified as deaf or homeless are also given priority for services.

Services

Services for children with serious emotional disturbance include both residential and non-residential services.

Residential Services

Residential services include crisis stabilization, respite, therapeutic family homes, individual and group residential treatment, and inpatient treatment.

Crisis stabilization provides a temporary, supervised residential environment for children in crisis.

Therapeutic family homes are homes with a specially trained teaching family or specialized foster care parents who have expertise in working with children with complex needs. Additional treatment and supports are provided off-site to the children and the families working with them.

Supervised independent living is available to older adolescents who are able to live in a home or apartment with some supervision. Special activities are also provided to promote positive emotional development and readiness for adulthood.

Group living provides residential treatment for children with moderate to serious emotional disturbances who must be removed from their family homes. A range of other services and supports are made available for these children, including counseling; social, emotional, and cognitive training; adult role models; and in some cases job placement. Children usually attend public school.

Inpatient evaluation and treatment is provided in a hospital to children with severe disturbances who cannot be served elsewhere. Services may include crisis stabilization, psychiatric evaluation, psychological and medical procedures, and therapy. Inpatient treatment always includes continuous planning for placement in a less restrictive environment and transition services and supports necessary for effective community-based services.

Non-residential Services

Non-residential services include prevention, consultation and education, in-home family services, community-based respite, in-school services, case management, day treatment, and outpatient treatment.

Prevention services are designed to avert mental health problems in early stages of development. Prevention includes education and other services aimed at promoting mental health, elevating functioning, reducing the prevalence or severity of emotional disturbance and its consequences, and reducing functional impairment.

In-home family services are community-based and offered to reduce the need for out-of-home placement for children. Services include intensive family preservation for families in crisis. In addition, family support services such as respite, parent training, counseling, and support groups help parents better understand and cope with their child's disability while building on their strengths.

Case management services are provided to a child and family to assist in coordinating and monitoring services available through multiple agencies. In addition, case consultation may be available, allowing several agencies to collaborate on the best overall course of treatment for a child.

Day treatment is targeted to children with moderate to severe problems who have difficulty participating in public school programs or who, without intensive intervention, may need hospitalization. It is often provided in conjunction with residential treatment services.

Outpatient treatment is offered to children with less severe difficulties who are functioning in the community and to those with complex treatment needs as part of a constellation of community-based services. It may include screening, evaluation, diagnosis, treatment, consultation with other professionals, and case management.

ADULTS WITH SERIOUS OR SEVERE AND PERSISTENT MENTAL ILLNESS

Populations Served

Adults with serious or severe and persistent mental illness have some type of mental disorder that interferes substantially with their capacity to take care of themselves, maintain households or interpersonal relationships, or hold jobs and support themselves.

Adults with **severe and persistent mental illness (SPMI)** have a mental disability that limits their ability to function in activities of daily living in such areas as interpersonal relations, homemaking, self-care, employment and recreation. People with schizophrenia, schizoaffective and schizophreniform disorders, bipolar disorder, major depressive disorder, and other psychotic disorders are generally classified as having SPMI.

Adults with **serious mental illness (SMI)** have a mental, behavioral or emotional disorder that substantially interferes with one or more major life activities. People who are diagnosed with delusional disorders, shared psychotic disorders, dissociative disorders, factitious disorders, obsessive-compulsive disorders, phobias, dysthymic disorder, borderline personality disorder, pedophilia, exhibitionism, anorexia, bulimia, post traumatic stress disorder, depressive disorder not otherwise specified, impulse control disorder and intermittent explosive disorders are generally considered to have SMI.

While all individuals with SPMI or SMI who have certain functional limitations are part of the target populations, certain individuals are given priority for services. Priority is given to those with multiple diagnoses, people who are homeless and mentally ill, adults in the criminal justice system, elderly, deaf or minorities.

Services

Services for adults with serious or severe and persistent mental illness range from outreach to hospitalization. Some services are limited to individuals with SPMI or SMI. Services may include:

Outreach efforts are designed to reach mentally ill people who may need assistance but have “fallen through the cracks.” Among outreach services are advocacy, drop-in programs, and case consultation.

Acute psychiatric crisis stabilization and intervention services are designed to treat and stabilize people who are experiencing acute episodes of mental illness. Services may be provided in a crisis stabilization unit, local psychiatric inpatient unit, or by mobile teams.

Evaluation and ongoing mental health treatment involves counseling and psychiatric and medical evaluation and treatment.

Atypical Antipsychotic Medication Program assists individuals who are mentally ill with the purchase of antipsychotic medication. Individuals with incomes below 150% of the federal poverty guidelines are eligible. If they become employed while enrolled in the program, they may be eligible to continue receiving help paying for medications until their income reaches 300% of the federal poverty guidelines.

Individuals with incomes above 150% of the federal poverty guidelines are required to pay for part of the medication costs as follows:

<u>Income</u> <u>(Percent of Federal</u> <u>Poverty Guidelines)</u>	<u>Required Client Cost</u> <u>Sharing</u>
0-150%	0%
151-200%	25%
201-250%	50%
251-300%	75%
300% and over	100%

Rehabilitation, supervision, and access to community resources allow mentally ill individuals to participate in the community. Psychosocial rehabilitation programs, vocational employment opportunities, self-help groups, and supported housing are some of the available resources. One of the most widely used services is community based services which provides one-to-one assistance in teaching clients the skills necessary for successful community living. Skills training are provided in areas such as personal hygiene, interpersonal relations, housekeeping, and use of community resources.

Case management services assist individuals and their families gain access to the range of services that may be available in the community. Case management services for adults with SPMI include the Assertive Community Treatment (ACT) and Home-based wrap-around (HB) services. ACT services are provided in the community by a comprehensive service team. Services are provided directly to people with SPMI. HB services involve a case manager that works with an individual in their home or in the community, but helps to link the person with SPMI to community-based therapeutic services.

Housing assistance is available in some areas, often as part of a public/private partnership. The availability of this assistance, however, is extremely limited.

Inpatient hospitalization is available at the four state psychiatric hospitals and at a number of general hospitals throughout the state. The four state psychiatric hospitals are:

- ◆ Broughton Hospital in Morganton
- ◆ Cherry Hospital in Goldsboro
- ◆ Dorothea Dix Hospital in Raleigh
- ◆ John Umstead Hospital in Butner

The hospitals provide a wide array of services to patients of various ages. Note: at the time this chapter was being written, the state had plans to close Dorothea Dix Hospital and merge it with John Umstead Hospital in Butner.

SUBSTANCE ABUSE SERVICES

Many services are available to adults and adolescents with alcohol or other substance abuse or dependence problems. Services may also be available to those "at-risk" of substance abuse or dependence.

CHILDREN AND ADOLESCENTS WITH OR AT RISK FOR SUBSTANCE ABUSE PROBLEMS

Populations Served

Children and adolescents are targeted if they have a primary substance-related disorder, using alcohol or drugs (but are not yet classified as "abusers"), or at-risk for substance abuse. Children may be at-risk for substance abuse if they are currently experiencing school related problems, have had problems with law enforcement or the courts, have one or both parents or caretakers with documented substance abuse problems, abuse or neglect. Within these targeted populations, certain children will be given priorities, including: children who are injecting drug users, pregnant, involved in the juvenile justice or social services systems, deaf, homeless or those with co-occurring physical disabilities.

Services

The services available to children with substance abuse problems or who are at-risk of abusing are categorized as either community-based services or 24-hour services.

Community-based Services

The community-based services include primary prevention services, outreach, screening and evaluation, high-risk intervention, outpatient treatment, day treatment, and case management.

Primary prevention services are provided to children who are at risk for substance abuse. The services are designed to prevent the first use of drugs or alcohol. These services are generally targeted to the entire community or to specific high-risk groups.

Outreach services are provided in a variety of community locations. Their primary purpose is to inform children and adolescents about the dangers of substance abuse and about the availability of treatment if substance abuse is occurring.

Screening and evaluation services assess substance abuse problems to determine the child's need and eligibility for services. An evaluation assesses a child's social, emotional, physical, behavioral, and intellectual strengths and weaknesses, and is used in developing a treatment plan.

High-risk intervention attempts to delay the onset or reduce the severity of substance abuse problems among youth who are at high risk of developing problems. Early treatment, psychological counseling, educational activities, and recreational activities may be offered.

Outpatient treatment includes individual, group, and family counseling for substance abuse problems. It can be provided in a variety of settings. Outpatient treatment for adolescents is similar to that for adults and may include detoxification, rehabilitation, or narcotic addiction treatment.

Day treatment is intensive group treatment for adolescents who need more structured treatment than can be provided in an outpatient setting. Among the services offered may be individual, group, and family counseling; recreational therapy; substance abuse education; life skills education; and continuing care planning.

Case management services help children and their families gain access to other services and resources. A case manager will try to coordinate services to meet social, health, educational, vocational, residential, and financial needs. Case management begins when a client starts a treatment program and continues until program completion.

24-hour Services

These services include regional halfway houses, residential treatment facilities, training schools, and detention centers.

Regional halfway houses combine day treatment, on-site educational services, and group living. There are four programs across the state.

Residential treatment is a comprehensive substance abuse treatment service in a group living facility. Facilities may provide detoxification and rehabilitation services. This service integrates intensive day services and structured residential programming. The services are individualized to meet the need of each child.

Five **youth development centers** are located throughout the state. Adolescents with substance abuse problems who are sent to training school may be able to receive screening and evaluation, high-risk intervention, outpatient treatment, case management, and continuing care services to address substance abuse problems. The Department of Juvenile Justice and Delinquency Prevention operate these centers.

Eleven **detention centers** are located throughout the state. Services including screening and evaluation and high-risk intervention, and referral may be made available to children with substance abuse problems at these centers. The Department of Juvenile Justice and Delinquency Prevention operates these centers.

ADULTS WITH SUBSTANCE ABUSE PROBLEMS

Populations Served

Both drug and alcohol abusers are eligible for services. Individuals who are eligible for substance abuse services include intravenous drug users, substance-abusing women with children, parents who are involved in the DSS or criminal justice systems, DWI offenders, deaf or hard of hearing, or high-management adult substance abusers. Because of limited resources, not every individual with substance abuse problems may be able to receive services. The state has given priority to certain individuals, including: injecting drug users, pregnant women, those involved in the social services system, deaf and hard of hearing, homeless and those with co-occurring physical disabilities.

Services

Services to adults with substance abuse problems range from outpatient treatment to more structured residential treatment.

Outpatient treatment services for alcohol and other drugs are provided in each of the LMEs. Outpatient programs include detoxification and support services following detoxification. Outpatient detoxification programs provide periodic care supervised by a physician, which allows for monitoring and management of withdrawal symptoms. Upon discharge from a detoxification program, patients are referred to appropriate rehabilitation support services.

Outpatient facilities that treat patients after detoxification provide education along with group, individual, and family counseling.

Methodone treatment programs may be available to individuals with narcotic addiction in an outpatient setting. These programs supply methadone or other approved treatments for narcotic withdrawal symptoms. In addition, these programs offer counseling, educational or vocational counseling, job development and placement, financial management, nutrition education, and appropriate referrals to other support services.

Day treatment programs can be an alternative to residential treatment for individuals needing more structure than that provided in an outpatient setting. These programs include counseling, substance abuse education, continuous care planning, and other support services. Upon discharge, the client will be referred to other community support services.

Residential programs provide 24-hour treatment to substance abusers in non-hospital settings. Room, board, and supervision are important parts of the care, treatment, and rehabilitation provided in residential programs. Treatment services are offered on-site or in other locations.

Residential programs include non-hospital detoxification of withdrawal symptoms and necessary medical care for individuals during the initial detoxification period.

After discharge, clients are referred to appropriate follow-up rehabilitation care. Residential care for treatment and rehabilitation are available after detoxification. These facilities provide individual, group, and family counseling, education counseling, job placement, nutrition education, and referral to other support services.

Social setting facilities provide 24-hour care to individuals not in need of the medical care provided in a hospital setting.

Therapeutic communities are highly structured 24-hour facilities that treat emotional and behavioral issues along with substance abuse. These programs aim to promote self-help, abstinence from drugs and alcohol, personal growth, and self-sufficiency. By creating an environment of an extended family, the programs use peer support to assist individuals in successfully reentering the community. Therapeutic communities may serve as an alternative to incarceration.

Halfway houses provide structured living environments for substance abusers. Halfway house residents must be engaged in outpatient treatment. The goal is to return individuals to independent living within a specified time.

Treatment Alternative to Street Crime (T.A.S.C.) links the criminal justice system and substance abuse services. T.A.S.C. offers supervised community-based alternatives to incarceration or potential incarceration, primarily to individuals who are substance abusers and who are involved in non-violent crimes. Individuals with developmental disabilities or mental illness are also eligible for the program. The service includes screening, identification, evaluation, referral, treatment, and treatment monitoring.

Alcohol and Drug Education Traffic Schools (ADETS) are provided in each of the LMEs. These programs are designed to address substance abuse needs for individuals convicted of a first offense of driving under the influence. ADETS provide education about substance abuse and evaluation of a client's needs.

Drug Education Schools (DES) are provided in all LMEs, and primarily serve individuals who, although not considered drug-dependent, are engaged in drug use but not drug dealing. The schools have a prevention, intervention, and education goal aimed at drug offenders. The programs provide classroom education and needs assessment, with referral to treatment programs as required.

SOURCES OF LAW

State statutes:	N.C.G.S. § 122C-2 <i>et. seq.</i>
State regulations:	10 N.C.A.C. § 14V.0101 <i>et. seq.</i>
State Plan:	http://www.dhhs.state.nc.us/mhddsas/

FOR MORE INFORMATION

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

325 N. Salisbury Street
3001 Mail Service Center
Raleigh, NC 27699-3001
(919) 733-7011

Department of Juvenile Justice and Delinquency Prevention

410 South Salisbury Street
1801 Mail Service Center
Raleigh, North Carolina 27699-1801
(919) 733-3388

Carolina Legal Assistance, Inc.

224 S. Dawson Street
P.O. Box 2446
Raleigh, NC 27611
919-856-2121

Carolina Legal Assistance provides free legal services to persons with mental disabilities.

Governor's Advocacy Council for Persons with Disabilities

2113 Cameron Street, Suite 218
1314 Mail Service Center
Raleigh, NC 27699
877-235-4210
<http://www.doa.state.nc.us/doa/gacpd/gacpd.htm>

Family Support Network of North Carolina

CB# 7340
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7340
800-852-0042
<http://fsnnc.med.unc.edu/>