



**Assessment of Service Needs,
Service Gaps, and Provider
Capacity**

May 2011

Introduction

About Eastpointe

Eastpointe provides management of comprehensive community services for mental health, developmental disabilities, and substance abuse to the citizens of Duplin, Lenoir, Sampson and Wayne counties.

Mission:

Eastpointe, in collaboration with consumers, families, providers, and communities, will work together in managing and continually improving a behavioral healthcare system that insures accessibility, accountability and empowerment of people to achieve valued outcomes.

Population:

The total population for Eastpointe's catchment area is 287,088, indicating a slight population decline between 2008 and 2009. Based on the 2009 US Census Bureau Data, the population per county is as follows:

	Duplin County	Lenoir County	Sampson County	Wayne County	Total
Total Population	53,177	56,387	63,713	113,811	287,088
Population percent change April 1, 2000 to July 1 ,2009	8.3%	-5.4%	5.9%	0.4%	2.3%
Under 5 years old	7.9%	6.9%	7.5%	7.8%	7.6%
Under 18 years old	26.0%	24.9%	26.5%	25.8%	25.8%
65 years and older	13.2%	16.5%	13.2%	12.9%	13.95%
White persons	72.9%	57.6%	68.6%	64.7%	65.95%
Black persons	25.6%	40.8%	27.8%	32.6%	31.7%
Hispanic/Latino origin persons	22.0%	5.3%	17.0%	7.4%	12.93%
American Indian and Alaska native persons	0.4%	0.3%	1.9%	0.4%	0.75%
Asian persons	0.3%	0.5%	0.5%	0.8%	0.53%
Native Hawaiian/other Pacific Islander persons	0.1%	0.1%	0.2%	0.1%	0.13%
Persons reporting 2 or more races	0.7%	0.8%	1.0%	1.3%	0.95%
White persons, not Hispanic	51.8%	52.8%	52.9%	58.0%	53.88%
Persons with a Disability, age 5+, 2000	12,031	13,923	15,964	23,663	65,581
Language other than English spoken at home, age 5+, 2000	15.3%	5.3%	11.2%	7.2%	9.75%

Needs Assessment Process

The purpose of the Eastpointe Needs Assessment is to identify gaps in the service array and the number and variety of providers for each type of mental health, developmental disabilities, and substance abuse service. The Needs Assessment includes input from consumers, families, providers and community stakeholders. Eastpointe conducted a community forum "World Café 2011" on May 10, 2011 and utilized surveys completed by consumers and families, provider agency staff, provider agency Chief Executive Officers, and community stakeholders to develop the 2011 Needs Assessment. The final document will be shared with the Eastpointe Board, Eastpointe Consumer and Family Advisory Committee (CFAC), and will be posted on the Eastpointe website at www.eastpointe.net under "About Us". Decision making authority regarding the assessment process, content, and recruitment of providers to fill gaps rests with Ken Jones, Eastpointe Chief Executive Officer.

Relevant Accomplishments 2010-2011

Walk in Crisis Centers:

Eastpointe continues to operate Walk in Crisis Centers in all four counties. These Centers provide immediate access for consumers to be screened to determine the urgency of need for treatment/services. Each Center is staffed with a Qualified Professional/Licensed Professional as well as Psychiatric services either face to face or via telemedicine. The providers for the Walk in Crisis Centers are as follows:

- Duplin County- New Dimension Group
- Lenoir County- PORT Human Services
- Sampson County- Tri County Community Health Council dba CommWell Health
- Wayne County- Waynesboro Family Clinic

Mobile Crisis Management:

Eastpointe continues to contract with Easter Seals UCP North Carolina and Virginia to provide Mobile Crisis Management Services in all four counties of Eastpointe. In Wayne County, Waynesboro Family Clinic also provides this service. Individuals access this service by contacting Eastpointe's Screening/Triage and Referral (STR) section, at 1-800-913-6109. The STR staff refer to Mobile Crisis Management staff.

Indigent Inpatient Treatment:

Eastpointe has current contracts with Brynn Marr Hospital, Duplin General Hospital, and Holly Hills Hospital to pay for uninsured, indigent patients for short term psychiatric treatment.

Crisis Diversion:

Eastpointe developed a contract with National Mentor Healthcare dba North Carolina Mentor for Crisis Diversion Therapeutic Foster Care. This is a service for children (under 18 years of age) in crisis who may be at risk of hospitalization, or at risk of losing their current residential placement. This Crisis Diversion TFC places children from Duplin, Sampson, Lenoir and Wayne Counties in available Therapeutic Foster Families' homes. These families are specifically trained to de-escalate and stabilize children in crisis.

Crisis Intervention Training with Law Enforcement Officers:

Eastpointe has conducted Crisis Intervention Training with Law Enforcement Officers in the catchment area. Currently, there are twenty four Certified CIT Officers with the Wayne County Sheriff's Department, twenty three Certified CIT Officers with the Goldsboro City Police Department, four Certified CIT Officers with Cherry Hospital, four Certified CIT Officers with the Lenoir County Sheriff's Department, two Certified CIT Officers with the Duplin County Sheriff's Department, seven Certified CIT Officers with the Sampson County Sheriff's Department and one Certified CIT Officer with the Clinton City Police Department. Crisis Intervention Teams are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses, developmental disabilities, and substance abuse problems.

Support Following Hospitalization:

Eastpointe's Care Coordinators continue to work with psychiatric hospitals to arrange after care services. The provider agency, Amazing Graces, continues to ensure service linkage for patients being discharged from state hospitals through a state approved alternative service definition, After Care Support.

Community Housing:

Eastpointe received an HUD Grant to support housing for twelve individuals with disabilities for a five year period. We have also applied for additional community service grants through the city of Goldsboro for the purpose of additional housing opportunities for individuals with disabilities. In September 2010, Eastpointe posted a Request for Letters of Interest for Group Homes for Adults with Developmental Disabilities and/or co-occurring Mental Illness to award letters of support for licensure. As a result, four providers were selected and awarded letters of support.

Employment:

Eastpointe developed contracts with Johnston County Industries and RHA Howell Care Services, Vocational Rehabilitation Vendors, for long term support as follow up after supported employment services.

Peer Support:

Eastpointe applied for and received a grant for \$23,000.00 for training for Peer Support Specialists- twenty one participants graduated and eighteen participants have applied for Peer Support Specialist certification. A Peer Support Specialists' Employment Fair will be held on June 7, 2011. Eastpointe contracted with NAMI and Easter Seals UCP North Carolina and Virginia for the "Peer to Peer" and "Recovery Works" trainings in order to achieve certification for these Peer Support Specialists

Respite:

Eastpointe contracted with Helping Hands Care Management for respite services for children with mental illness and with Bailey's Respite Care for respite services for individuals with developmental disabilities, both adults and children.

Substance Abuse Residential Facility:

Eastpointe worked with Tri County Community Health Center dba Commwell Health and established a residential facility for adult females with substance abuse diagnosis. This facility was licensed in January 2011 and became operational in February 2011.

Outreach and Accessibility:

Eastpointe has conducted the following activities to increase outreach efforts and accessibility to mental health, developmental disabilities and substance abuse services for citizens in the community:

- Established a relationship with newspapers in each one of our counties and are advertising our services and 1-800 telephone number for a period of one year
- Hired two new licensed clinicians who spend 50% of their time in Screening/Triage and Referral (STR), making appointments for consumers who contact this number seeking services
- Established a Customer Services Department that includes the following functions:
 - ✓ Consumer Complaints
 - ✓ Provider Complaints and Assistance with the Medicaid UR project
 - ✓ Public Relations and Outreach
- Customer Services staff have participated in several health fairs and community functions to get the word out about Eastpointe and how the community can access behavioral health services
- Hired an additional staff person to assist providers in Customer Services, for a total of three Provider Assistance Representatives
- Ongoing participation in interviews with newspapers and radio stations. Examples include: Goldsboro News Argus interview with Ken Jones and Becky Cale on 12/15/2010 and radio spot with Ken Jones about Mobile Crisis on 12/21/2010

Medicaid Utilization Review:

Eastpointe began authorizing mental health, developmental disabilities and substance abuse services for recipients with Medicaid eligibility in the Eastpointe catchment area on September 20, 2010.

CAP-MR/DD Utilization Review:

On January 20, 2011, Eastpointe began authorizing CAP-MR/DD services for recipients with Medicaid eligibility in the following counties: Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Hertford, Hyde, Johnston, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Scotland, Tyrrell, Washington, Wayne, Wilson.

Critical Access Behavioral Health Agencies:

In January 2011, the Department of Health and Human Services approved a new category of provider agency, Critical Access Behavioral Health Agency (CABHA). CABHAs are designed to ensure that mental health and substance abuse services are delivered by clinically competent provider agencies with medical oversight and a continuum of age/disability specific services. It is the hope that this will result in less fragmentation of service delivery to consumers. Eastpointe has the following agencies that have their certified CABHA site within the catchment area:

- Dixon Social Interactive Services in Lenoir County
- Family First Support Center in Wayne County
- New Dimension Group in Duplin County
- NOVA IC, Inc. in Wayne County
- One to One with Youth, Inc. in Wayne County
- Precision Health Care Services in Lenoir County
- Professional Group Living in Sampson County
- Wayne County Day Treatment in Wayne County
- Waynesboro Family Clinic in Wayne County

Education:

Eastpointe sponsored or co-sponsored several community educational events. Examples include: "One Child, One Plan, One Team", "5th Annual NC Gang Conference", "The Tenth State of the Child Conference", "Real World Experience", and "An Introduction to Child and Family Teams: A Cross System Training from the Family's Perspective". Eastpointe also sponsored "Introduction to Motivational Interviewing for Community Support Team Staff working with Adults". Eastpointe continues to hold monthly provider webinars or face to face meetings for educational purposes

Financial:

Eastpointe continues to utilize fund balance to support services where state funds fall short.

Provider Choice Database

Eastpointe has a provider database of services ("Provider Choice Database") available on the website at www.eastpointe.net This database lists providers of mental health, developmental disabilities and substance abuse services and can be searched by the following criteria:

- ✓ By county of provider site/office
- ✓ By service type/category
- ✓ By payer source

The Provider Choice Database is updated as providers receive endorsement for new services, have existing services re-endorsed, and/or endorsement withdrawals. During the time period from July 1, 2010 through present, the following endorsed services have been added to the Provider Choice Database:

Mental Health and Substance Abuse Services:

- Child and Adolescent Day Treatment- 4 newly endorsed providers, 5 re-endorsed providers
- Intensive In Home Services- 2 newly endorsed providers, 5 re-endorsed providers
- Psychosocial Rehabilitation- 11 newly endorsed providers, 5 re-endorsed providers
- Assertive Community Treatment Team- 1 newly endorsed provider, 2 re-endorsed providers
- Diagnostic Assessment- 1 newly endorsed provider, 7 re-endorsed providers
- Community Support Team- 3 newly endorsed providers, 5 re-endorsed providers
- Mobile Crisis Management- 1 re-endorsed provider
- Substance Abuse Intensive Outpatient Program- 2 newly endorsed providers, 3 re-endorsed providers
- Substance Abuse Comprehensive Outpatient Treatment- 2 newly endorsed providers
- Children's Residential Treatment Level III- 2 re-endorsed providers
- Multisystemic Therapy- 1 newly endorsed provider

Developmental Disabilities and CAP-MR/DD Services:

- Targeted Case Management for Individuals with Intellectual/ Developmental Disabilities- 6 newly endorsed providers
- Day Supports- 2 newly endorsed providers, 4 re-endorsed providers
- Behavioral Consultant- 1 newly endorsed provider
- Individual/Caregiver Training and Education- 5 re-endorsed providers

- Specialized Consultative Services- 2 re-endorsed providers
- Home and Community Supports- 2 newly endorsed providers, 17 re-endorsed providers
- Personal Care Services- 2 newly endorsed providers, 15 re-endorsed providers
- Residential Supports- 3 newly endorsed providers, 11 re-endorsed providers
- Supported Employment- 1 newly endorsed provider, 12 re-endorsed providers
- Crisis Services- 8 re-endorsed providers
- Long Term Vocational Supports- 1 newly endorsed provider, 1 re-endorsed provider
- Home Supports- 10 re-endorsed providers
- Respite Non-Institutional Community Based- 2 newly endorsed providers, 11 re-endorsed providers
- Respite Non-Institutional Nursing Based- 1 re-endorsed provider

Mental Health and Substance Abuse Services Voluntary Withdrawals by Service Type:

- Diagnostic Assessment- 10 providers
- Children's Residential Treatment Level III- 6 providers
- Children's Residential Treatment Level IV-1 provider
- Assertive Community Treatment Team- 2 providers
- Community Support for Adults- 8 providers
- Community Support for Children/Adolescents- 10 providers
- Partial Hospitalization- 1 provider
- Community Support Team- 17 providers
- Psychosocial Rehabilitation- 3 providers
- Targeted Case Management for Individuals with I/DD- 4 providers
- Substance Abuse Comprehensive Outpatient Treatment- 1 provider
- Intensive in Home Services- 12 providers
- Child and Adolescent Day Treatment- 5 providers

CAP-MR/DD Voluntary Withdrawals by Service Type:

- Individual/Caregiver Training and Education- 4 providers
- Specialized Consultative Services- 1 provider
- Home and Community Supports- 10 providers
- Personal Care Services- 10 providers
- Residential Supports- 5 providers
- Supported Employment- 7 providers
- Crisis Services- 3 providers
- Long Term Vocational Supports- 1 provider
- Home Supports- 9 providers
- Respite Non-Institutional Community Based- 7 providers
- Respite Non-Institutional Nursing Based- 1 provider

Mental health and Substance Abuse Services involuntary withdrawals due to providers not meeting the requirements of service delivery, by service type:

- Children's Residential Treatment Level III- 1 provider
- Community Support for Adults- 2 providers
- Community Support for Children/Adolescents- 1 provider
- Community Support Team- 2 providers
- Diagnostic Assessment- 1 provider
- Intensive in Home Services- 2 providers

CAP-MR/DD Services involuntary withdrawals due to providers not meeting the requirements of service delivery, by service type:

- Home and Community Supports- 2 providers
- Personal Care- 2 providers
- Respite Non-Institutional Community Based- 2 providers
- Individual/Caregiver Training and Education- 1 provider
- Supported Employment- 1 provider
- Home Supports- 2 providers
- Residential Supports- 1 provider

Key Findings from World Café 2011 and Surveys

World Café 2011

World Café 2011 was sponsored by Eastpointe LME and Eastpointe Consumer and Family Advisory Committee (CFAC). The World Café had fifty three participants, with representatives from the following: consumers, family members, mental health service providers, developmental disabilities service providers, substance abuse service providers, Department of Social Services, community hospitals, Wayne County Sheriff's Department, Eastpointe Consumer and Family Advisory Committee, Eastpointe Board, and Eastpointe staff. At World Café 2011, the relevant accomplishments from the past year were shared with attendees, as well as future plans. Participants held small group discussions regarding three questions:

1. What behavioral health services are missing in our communities?
2. What are the barriers to accessing the services that are available?
3. What is working well in our communities?

Electronic Surveys

Electronic links to surveys were posted on the Eastpointe website for Consumers/Families, Providers, Provider Agency CEOs and Stakeholders. Electronic survey links were also sent to ninety nine Provider Agency CEOs, over one hundred fifty Provider staff, and forty nine Stakeholders. Surveys were completed by four Consumers/Families, seven Providers, thirty six Provider Agency CEOs, and seven Stakeholders, for a total of fifty four completed surveys.

The consumer/family survey consisted of fifteen questions including the following categories:

- Identifying information- child/adolescent consumer, adult consumer or family member of a consumer
- Types of service needs
- Age/disability specific services
 - Adult developmental disabilities
 - Child developmental disabilities
 - Adult mental health
 - Adult substance abuse
 - Child/adolescent mental health/substance abuse
- Housing
- Employment

The provider and stakeholder surveys both consisted of twenty nine questions including the following categories:

- Identifying information
- General service needs
- Cultural, linguistic or other unique demographic diversities
- Age/disability specific services
 - Adult developmental disabilities
 - Child developmental disabilities
 - Adult mental health
 - Adult substance abuse
 - Child/adolescent mental health/substance abuse
- Housing
- Employment
- Transportation
- Barriers to services

What behavioral health services are missing in our communities?

The following table summarizes the top needs and service gaps identified by participants at World Café 2011 and survey respondents:
 (*represents those items that were “color-coded”, indicating they had particular significance for the group that developed the items)

General Services	<ul style="list-style-type: none"> • Need to educate community stakeholders on current services- Assisted Living Facilities, Primary Care Physicians, Schools • Need integrated dual diagnosis treatment-mental health and substance abuse services for both children and adults • Need integrated mental health and developmental disabilities services for both children and adults • Increase CIT in all counties • Need more Spanish speaking providers for all services • Need 24 hour Walk In Crisis Centers • Need providers willing to provide services after 5:00 pm • Elderly- Medicare co payments - consumers have Medicare, it is hard for them to get enhanced services • Military families- where their services stop with Tri Care Insurance; enhanced services are not available • Meals on wheels for seniors-what counties? Can they
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	<p>refer?</p> <ul style="list-style-type: none"> • Family training • Plans are looked at as black and white- not person centered thinking • The way services are delivered by needs- learning center; introduce as persons; guidance • “Big city” services to small towns- telepsychiatry for medication management • Resources- more support groups, social activities, educational • Additional funding • More community involvement • Availability of medications- pharmacy in each county that can provide all the meds for our consumers • Advocate/Advocacy- volunteers- assistance with limited guardianship • Medication Management • Person Centered Plans- need better training and more medical information and history of the person • Crisis Diversion* • More communication with therapist and provider agency- better detailed notes • Limited services available for the uninsured
Housing	<ul style="list-style-type: none"> • Not just housing should be a “learning center”. • Housing • Independent living with some services/supports • Transition housing from group homes and maintain supports • Funding for deposits • Affordable housing • Housing in safe neighborhoods- no drugs, violence, crime • Sober housing alternatives • Rental subsidies • Group Homes • Supportive services for individuals in housing
Employment	<ul style="list-style-type: none"> • Jobs • Jobs that the consumers can function on their own levels • Jobs that are flexible • Job coaches • Supported Employment • Supported Employment Follow along • Community Activities and Employment Transition

	<ul style="list-style-type: none"> • Employment training • Assistance finding community employment • Ongoing support with community employment • Transitional support with community employment • Peer support with community employment • Help with problems on the job • Community volunteer opportunities
Transportation	<ul style="list-style-type: none"> • Transportation problems • Services are available but transportation is not • Public transportation at times and locations that are needed to access services • Public transportation vouchers
Developmental Disabilities Services for Adults	<ul style="list-style-type: none"> • DD Services- START Program capacity • Training for consumers to become more independent • Skill training- community college, Vocational Rehabilitation, Universities • Transition services for aging consumers for health/mental health/developmental disabilities • Community Activities for I/DD population • More CAP-MR/DD slots • Therapists that specialize in I/DD disorder • Need services for adults with developmental disabilities who are Spanish-speaking and adults who are dually diagnosed and are Spanish-speaking • Group home placement options
Developmental Disabilities Services for Children	<ul style="list-style-type: none"> • Lack of specialized therapists in Autism and TBI • Community Activities for I/DD population • More CAP-MR/DD slots • Therapists that specialize in I/DD disorder
Mental Health Services for Adults	<ul style="list-style-type: none"> • MH TCM- need more providers • Outpatient Treatment • Needs services targeted to seniors, particularly suicide prevention with this ever increasing population • Expanding service capacity for MI diagnosed.* • Transition services for aging consumers for health/mental health/developmental disabilities • Peer Support • Group Therapy • Wait time for 1st available appointment is too long • Provider agencies have inconvenient hours of operation • Residential services are not available

	<ul style="list-style-type: none"> • Wellness Recovery • Delays in bed placement for psychiatric hospitalization
<p>Mental Health Services for Children</p>	<ul style="list-style-type: none"> • MH TCM- need more providers • School groups or clubs to highlight mental health (NAMI) - at community colleges at least; coordinate with high school social workers, school board, etc. • Lack of specialized therapists in ADHD • Comprehensive family service program (whole family unit) • Mentoring programs-support system as a buffer, preventative measures • Limited placement providers • More collaboration with schools and Justice Department • School-based mental health treatment • Sex offender treatment • Psychiatric services • Partial Hospitalization • Substance Abuse Intensive Outpatient
<p>Substance Abuse Services</p>	<ul style="list-style-type: none"> • SA Services in general • Mothers being tested for drugs or any substance abuse is not enough. The children are removed; however, they must return. Individuals can refuse to be tested. Behavioral problems must be properly identified and adequately handled, so the right services can be provided. A treatment plan must be provided with the proper guidelines based on the evidence and the individual. • Parents with substance abuse- issues with coming home from residential/therapeutic care; parents need to be tested; other agencies need to assess the situation, identify the issues. Transition back to NC- handle the issues in this state; look within family unit; training for family members- psychiatric hospitals • SAIOPs • Peer Support • Wellness Recovery and Management Groups • School-based substance abuse treatment • Inpatient hospital substance abuse treatment- wait time for the service is too long, or is not available • Substance abuse intensive outpatient for adults with children is not available, or is available but there are transportation difficulties • Non-medical community residential treatment is needed • Medically monitored community residential treatment is needed

	<ul style="list-style-type: none"> • Halfway house is not available • Detox is not available • 12 step programs are needed • Need something besides DWI support • Inpatient substance abuse beds are not available
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What are the barriers to accessing the services that are available?

The following table summarizes the barriers to accessing available services identified by participants at World Café 2011 and survey respondents:
 (*represents those items that were “color-coded”, indicating they had particular significance for the group that developed the items)

General Services	<ul style="list-style-type: none"> • Having to fit a pre-set structure to qualify for help with services- # of visits etc. • Location • Crisis units not utilized due to comfort zone- fear of rejection and judgment • Fear of unknown • Medicaid- making specific counties on cards • Informational manual sent to providers and updated annually • Making referrals/accessing information for referrals • Simple instructions on admit process • Language • Corruption • Enough qualified staff • Basic needs- food, housing, electricity, etc • Primary health needs • Language- Deaf, Spanish speaking • Limited CIT officers- just Wayne County so far for LEO • No support mechanism to bridge the gap between person with disability and community • Consumers need child care to be able to attend appointments • The length of time patients are held in the ED is problematic, and what we are doing is not working • Continue to improve public relations efforts for access to services
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	<ul style="list-style-type: none"> • Immigration issues
Stigma	<ul style="list-style-type: none"> • Stigma in the church, community, school, family • Stigma attached to the disability for the consumer • Stigma, embarrassment, and fear • Legal issues
Education/Awareness	<ul style="list-style-type: none"> • Lunch and Learn- with community including businesses • Lack of knowledge and concern on those making decisions- legislators • Community acceptance- education of people in the community • People seeking services just do not know where to start* • Awareness • Knowledge of available resources* • Lack of organization to locate/access information • Public does not know about DHHS website and availability to comment on changes to services • Lack of information to consumers and public • Lack of information in religious communities • Lack of training of essential personnel that are in line to help the consumer • Updated resources • Outreach
Funding	<ul style="list-style-type: none"> • Limited funding for services • No payer source- reluctant to seek service because of lack of money • Funding or lack thereof • Funding- safety net?* • Enhanced services- insurance does not pay • Insurance coverage
Employment	<ul style="list-style-type: none"> • Vocational skills
Transportation	<ul style="list-style-type: none"> • Transportation • Available transportation is under-utilized because they do not want to ride all day* • Transportation • Transportation-non Medicaid, after hours • Transportation- staff trained to meet needs
Developmental Disabilities Services for Adults	<ul style="list-style-type: none"> • Cuts in services

Developmental Disabilities Services for Children	<ul style="list-style-type: none"> • Cuts in services • More integrative in school systems to start education early re: those with disabilities
Mental Health Services for Adults	<ul style="list-style-type: none"> • CABHA providers need to be educated on Peer Support Specialists, benefits • Increase education regarding MH services for medical staff • Need support services while individuals are hospitalized that will follow them into the community
Mental Health Services for Children	<ul style="list-style-type: none"> • Increase education regarding MH services for medical staff
Substance Abuse Services	<ul style="list-style-type: none"> • CABHA providers need to be educated on Peer Support Specialists, benefits
Respite	<ul style="list-style-type: none"> • Limited access/information about respite • Limited respite providers
Provider Choice	<ul style="list-style-type: none"> • People overwhelmed by Provider list* • Provider list does not provide enough about specific services • The proper platform and/or medium for services to be identified by specific services provided by providers, simplifying choices for overwhelmed consumers and limited funding* • So many companies- unrecognized as service providers- Suggestion: Eastpointe to provide symbol to providers to add to their signage.....to indicate to the public that this is a service provider • Some people seeking services may not have adequate internet access • Agencies- what agency provides what services
Provider-related issues	<ul style="list-style-type: none"> • Financial loss of referral network within providers* • Advertising/new laws for marketing • Lack of provider collaboration* • Separation of agencies, lack of coordination and referral* • Networking

What is working well in our communities?

The following table summarizes what the World Café 2011 participants identified as “working well” at this time:

(*represents those items that were “color-coded”, indicating they had particular significance for the group that developed the items)

General Services	<ul style="list-style-type: none"> • Children’s services • Day Treatment • Therapeutic Foster Care • CAP-MR/DD Services • Evaluations • Advocacy
Crisis Services	<ul style="list-style-type: none"> • Crisis Walk In Clinics, particularly CommWell Health and Waynesboro • Hospital social worker in Sampson County • PORT Walk in Crisis Center • Mobile Crisis • CIT training is very successful* • NC START crisis team in this area
Collaboration	<ul style="list-style-type: none"> • Juvenile Justice Wayne County Collaborative
Housing	<ul style="list-style-type: none"> • Alternative Family Livings • Group Home setting*
Education	<ul style="list-style-type: none"> • Health Fair
Provider Issues	<ul style="list-style-type: none"> • Being able to cross county lines with services • Greater accountability for providers • Excellent therapists • Providers who are still providing services with limited funding • Collaboration of provider agencies
Eastpointe systems/departments	<ul style="list-style-type: none"> • Provider Connect • UM at Eastpointe • Good communication between Provider Relations and providers • STR (providers) • Increased communication between LME and providers

	<ul style="list-style-type: none"> • Website updated regularly- have specific dates LME posts updates would be helpful* • Webinars are user-friendly and cost effective, better use of time and resources* • QP Meeting in Goldsboro • Standards are higher so providers that remain are doing a good job • Mental Health (Eastpointe) Advertising • Accessibility to Eastpointe • Eastpointe has been very supportive of ReNu Life's needs • Eastpointe's toll free access number • Hospital liaison at Cherry Hospital* • Access to services- referral within 48 hours, Walk in clinics • Consumer Rights Committee* • Provider Relations response time is great!* • Provider Connect- Great!* • IPRS contracting for outpatient therapies* • Utilization review= Great!
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Survey Regarding Provider Capacity and Capabilities

The following information was gathered in a survey intended for Provider Agency Chief Executive Officers (CEOs). This survey did not measure service needs and gaps, but gathered a miscellaneous array of information about provider capacity and capabilities. Thirty six CEOs responded to the survey. The provider agency CEOs that responded to the survey indicated that their agencies provide services in the four counties as follows:

- Duplin County- 18 or 50%
- Lenoir County- 22 or 61.1%
- Sampson County- 18 or 50%
- Wayne County- 26 or 72.2%

The respondents represent agencies that provide services to the following populations:

- Adults with developmental disabilities- 24 or 66.7%
- Children with developmental disabilities- 21 or 58.3%
- Adults with mental illness- 22 or 61.1%
- Children with emotional or behavioral problems- 18 or 50%
- Adults with substance abuse problems- 11 or 30.6%

- Adolescents with substance abuse problems- 9 or 25%
- Adults with both mental health and substance abuse treatment needs- 12 or 33.3%
- Youth with both mental health and substance abuse treatment needs- 12 or 33.3%
- Adults with both mental health and developmental disabilities treatment needs- 22 or 61.1%
- Youth with both mental health and developmental disabilities treatment needs- 16 or 44.4%
- Adults with both developmental disabilities and substance abuse treatment needs- 8 or 22.2%
- Youth with both developmental disabilities and substance abuse treatment needs- 5 or 13.9%
- Adults with combined mental health, developmental disabilities, and substance abuse treatment needs- 14 or 38.9%
- Youth with combined mental health, developmental disabilities, and substance abuse treatment needs- 10 or 27.8%

The survey also asked the CEOs to identify the number of FTE positions they have by credential. The table below gives the total number in each credential category for the thirty six respondents:

	Total	Response Count
MD	13.5	19
Licensed Psychologist	10.5	13
Licensed Clinician	93	25
QP DD	48.5	21
QP MH	84	18
QP SA	13	14
QP MH/SA	35	16
QP MH/DD	39	18
QP SA/DD	2	11
QP SA/MH/DD	15	13

Provider CEOs were asked how many of their staff can speak and deliver services in Spanish. The responses are as follows:

- In Duplin County= 8
- In Lenoir County= 7
- In Sampson County= 7
- In Wayne County= 10

Provider CEOs were also asked how many of their staff can communicate and deliver services in sign language. The responses are as follows:

- In Duplin County= 1
- In Lenoir County= 1
- In Sampson County= 0
- In Wayne County= 0

Provider CEOs indicated that their agencies face barriers in its effort to develop and maintain high quality, best practice services. The table below indicates these:

Barrier	Always	Usually	Sometimes	Seldom	Never
Lack of adequate funding	23.1% (6)	19.2% (5)	42.3% (11)	7.7% (2)	7.7% (2)
Inability to attract qualified workforce	0.0% (0)	24.0% (6)	32.0% (8)	20.0% (5)	24.0% (6)
Inability to retain qualified workforce	4.0% (1)	4.0% (1)	32.0% (8)	28.0% (7)	0.0% (0)
Lack of training regarding implementing best practice services	0.0% (0)	7.7% (2)	19.2% (5)	38.5% (10)	0.0% (0)
Inadequate direction from the LME	0.0% (0)	3.8% (1)	23.1% (6)	42.3% (11)	30.8% (8)
Inadequate direction from the state	7.7% (2)	34.6% (9)	23.1% (6)	15.4% (4)	19.2% (5)
Lack of community coordination and collaboration	3.8% (1)	7.7% (2)	42.3% (11)	26.9% (7)	19.2% (5)

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