

OPC Area Program  
Plan for Restoration of Community Funding – SFY 10-11

**General Overview**

OPC will use the restored funding to expand services to all age and disability groups. In keeping with the agreement made by the NC Council of Community Programs, OPC has given priority to services which will benefit high risk populations, especially those who use respite or crisis services and those who need to be diverted from State facilities. OPC's funding priorities also focused on strengthening services delivered by CABHA agencies. None of restored funding was designated for the LME system management or the LME fund balance.

OPC issued initial contracts with conservative amounts of funding in June 2010 prior to receipt of our allocation letter. After notification of the increased funding, restorations were made by OPC and contracts were revised with the new amounts. Additional contract revisions are being mailed to providers in September.

**Distribution of Funds across Disability Areas**

OPC received \$1,210,929 in restored funding. We will be requesting approval to realign a small percentage of the funding with the expectation that we will restore in the following manner.

- 27.3% to Adult Mental Health
- 31.4% to Adult and Child Substance abuse
- 41.3% to Adult and Child Developmental Disabilities

OPC's distribution of the restored funding across age/disability groups will vary slightly from the state allocation, because we chose to restore additional funds to substance abuse services. However, as we have done in previous years OPC will redirect county funds to offset reductions/changes in the state allocation. This fiscal year \$96,399 will be allocated to adult mental health to address service delivery needs and \$20,000 has been set aside for an independent assessment initiative approved by the legislature.

**Positive Impact of Funding for Age/Disability Groups**

Child Mental Health: Although this funding category remained the same as last year, OPC's focus is to have a larger percentage of those funds go directly to services which benefit children. The focus of services delivery for child mental is on day treatment, intensive in-home, Multi-Systemic Therapy, and basic outpatient services. Some child mental health monies were identified for non-UCR Collaborative priorities such as school based mental health, family advocacy, early childhood mental health, transition to adulthood programming, trauma treatment, crisis services, and adolescent substance abuse treatment.

Adult Mental Health: restored funding allowed OPC to make significant changes to the adult mental health benefit plan. Adult mental health funds were allocated

to an agency serving individuals transitioning to adulthood (18 to 21 year olds). Additionally the restored funding will allow OPC to strengthen service delivery by agencies certified as CABHAs including those which are located in rural areas, deliver Mobile Crisis and Facility Based Crisis services. It is our hope that a stronger adult service delivery system will decrease the use of crisis and emergency services.

Child Substance Abuse: Non-UCR MAJORS funds are being used to build the infrastructure for improved adolescent substance abuse/mental health services by focusing on training for evidenced based interventions, support for clinicians to become certified/licensed in substance abuse treatment, and projects to engage youth involved with juvenile court in mental health and substance abuse services.

Adult SA: OPC allocated restored funds to serve the homeless population through UCR and non-UCR services/activities. Other funding priorities address increased availability of SA services in rural county locations, to Spanish speaking individuals, and to Criminal Justice Offenders.

Child and Adult DD: OPC was able to partially restore funding for residential, vocational, developmental day, MR/MI, and respite services. In addition, increased funding was allocated for targeted case management, behavioral consultations, and developmental therapy services to address crisis and emergency needs such as individuals being discharged from TRACK and/or losing residential placement.

### **Changes to Benefit Plans**

OPC substantially expanded the Mental Health and Substance Abuse IPRS Benefit Plans as outlined below.

- Adults: due to previous cuts in state funding OPC had significantly reduced its basic outpatient services. However with this restoration individual and family therapy for adults has been increased by 34%. The group therapy benefit has been increased by 77% to allow for weekly groups for the full year in an effort to support the provision of evidenced based services such as Wellness Management & Recovery (WMR), as well as Dialectical Behavioral Therapy (DBT).
- Children: although Day Treatment had previously been on the benefit plan this service is now available to a larger group of children because two programs which have the support of three of our school districts have just opened in our catchment area. The amount of Intensive In-Home service units have been increased by almost 100% to be closer to the Medicaid maximums funded. The group therapy benefit has increased to allow for additional multi-family groups and other types of groups appropriate for children with mental health needs.
- Targeted Case Management has been added to the benefit plan.

**Additional consumers to be served**

Because of additional funding certain services previously in the benefit plan will be available to a larger group of individuals. OPC estimates that we will fund

- ACTT for two additional consumers at a cost of approximately \$30,000.
- CST for an additional 12 consumers at an approximate cost of \$51,000.
- Day Treatment for 11 additional children at a cost of approximately \$183,400.