

PETITION

Petition for Special Need Adjustment for
Residential Treatment Beds
in the Sandhills Center MCO-LME Area

PETITIONER

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STATEMENT OF REQUESTED ADJUSTMENT

Samaritan Colony, Inc. (Samaritan Colony) respectfully petitions the State Health Coordinating Council (SHCC) to create an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore County or Richmond County, NC in the *2018 State Medical Facilities Plan*.

BACKGROUND

Samaritan Colony was established as an all-male, 12-bed, residential treatment center for chemical dependency in 1975. It is located in Richmond County, NC which borders the North Carolina/South Carolina State Line. University of Wisconsin Population Health Institute reports in their 2017 County Health Rankings & Roadmaps program that Richmond County is a poor, rural community where 63.5% of the children are living in poverty. Richmond County is rated as low as 96 out of 100 counties concerning poor Healthy Behaviors and limited access to Clinical Care.

Samaritan Colony is proud to say that it has been operating at a 90% utilization rate for the past 24 months. It has helped thousands of men to restore their lives and families. Its treatment mode is rooted strongly in the principals and mechanics of the 12 Steps of Alcoholics Anonymous, and other evidence based treatment components. At least three evenings per week members of the recovering community from other counties in the Sandhills come to share their experience strength and hope with the men in the program. There are three (3) Alcoholics Anonymous meetings on site and the men attend one Narcotics Anonymous Meeting and Alcoholics Anonymous Meeting in the outside community each week. It is vital that the clients have a

social network/safety net when they leave to support them in rejoining their family, help them to find jobs and learn to have good, clean, wholesome fun again.

Samaritan Colony's \$440,000 annual budget is well supported by Sandhills Center, LMC-MCO, United Way, ABC funds, County funds, FEMA, and contributions from local churches and community organizations. We hold two fundraising golf tournaments, a fundraising dinner, and many clients who have completed the program make regular monthly contributions. Samaritan Colony does not accept payment from major insurance companies. The treatment fee for the 28-day residential treatment program is \$2520.00. And most important of all, Samaritan Colony does not turn away any male 18 years or older because of lack of funds to pay for their treatment.

REASON FOR THE PROPOSED ADJUSTMENT

The reason for the proposed adjustment to include an additional 14 beds in the *2018 State Medical Facilities Plan* is that we, at Samaritan Colony, are looking to use these beds to build a residential substance use disorder treatment facility specifically for women in either Richmond or Moore County, NC.

More help is needed especially for women in this area. Here are some facts:

Governor Cooper announced in his press release May 18, 2017 "North Carolina experienced a 73 percent spike in opioid-related deaths between 2005 and 2015". Opioid overdose alone-- not including other drugs, tobacco or alcohol dependency--claimed the lives of more than 13,000 North Carolinians between 1999 and 2015. (see attached Press Release)

On July 18, 2017, The State Center for Health Statistics released *Leading Causes of Injury Death by Age 2015*. This report shows that in 2015 the leading cause of death in North Carolina is "poisoning unintentional" also known as "accidental drug overdose". (see attached) 53.9% of emergency department drug overdose visits are females (see attached).

We must also consider the ancillary problems related to women and substance use disorder: such as the long term effects that it can have on an unborn fetus. Rates of hospitalizations associated with drug withdrawal syndrome in newborns has had a 511% increase from 2004 to 2012 in North Carolina. (see attached) Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). Like Hepatitis B virus, Hepatitis C is spread when blood of an infected person enters the body of a person who is not infected. This can occur through sharing needles or "works" when injecting drugs. There is no vaccine to prevent HCV infection. Stopping risky behaviors is the best way to prevent becoming infected. Reported cases have tripled during 2010-2014 and 75% of the infected population are unaware that they are infected with Hepatitis C. (see attached) We will work hard to obtain funding to screen all of our women for current pregnancy and diseases

that can be transmitted through illicit drug use or risky sexual behavior, thereby being able to direct them to early intervention which can save lives and millions of dollars in medical costs.

There are 169 Licensed Beds in Sandhills Center MCO and 143 are located in Guilford County alone. Forty of those beds are for Guilford County Residents only, four are hospital detox beds, and the remaining 99 beds are at Fellowship Hall and are reserved for citizens who have a major health insurance plan other than Medicare or Medicaid. The remaining 26 beds are in Richmond and Moore Counties. We have FirstHealth Moore Regional Hospital with 14 detox beds and the 12 beds at Samaritan Colony.

The request for the adjusted need determination to include 14 more beds is consistent with the following principals governing the development of the North Carolina Medical Facilities Plan:

SAFETY AND QUALITY

Trauma histories, including sexual and physical assault and abuse, may make certain treatment approaches or mixed-gender treatment programs less desirable for women. There is growing recognition of the complex needs of women with dual diagnoses of substance abuse and mental health disorders. (Greenfield et al., 2010) Recent research indicates that 55% to 99% of women with co-occurring disorders have experienced trauma from abuse and that abused women tend to engage in self-destructive behaviors. Research shows that integrated, trauma-informed treatment services will increase the success of their recovery. They will also be more likely to become employed after treatment.

Many women who are pregnant or have young children do not seek treatment or drop out of treatment early because they are unable to take care of their children; they may also fear that authorities will remove their children from their care. The combined burdens of work, home care, child care, and other family responsibilities, plus fears of leaving home for 28 days, can be overwhelming for many women. Successful treatment may need to provide an increased level of understanding and compassionate support to address these needs before they arrive at the treatment facility. (SAMHSA, 2009).

Quality care and best practices are designed to create favorable outcomes and patient satisfaction. Along with *12-Step Facilitation*, we will be using *Helping Women Recover: A Program for Treating Substance Abuse* and *Beyond Trauma: A Healing Journey for Women*. Both are manual-driven treatment programs that, when combined, serve women who have substance use disorders and are likely to have co-occurring trauma histories (i.e., sexual or physical abuse). The two programs will be delivered conjointly as one. The trauma-informed treatment sessions are delivered by female counseling staff (who may be assisted by peer mentors, typically recovery who have history of domestic violence) to groups of 8-12 women, in a nonconfrontational and nonhierarchical manner. The counselors use a strengths-based approach with a focus on personal safety to help clients develop effective coping skills, build healthy

relationships that foster growth, and develop a strong, positive interpersonal support network. Helping Women Recover and Beyond Trauma sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives. The Helping Women Recover program consists of 17 sessions organized around 4 domains: (1) Self, (2) Relationship/Support Systems, (3) Sexuality, and (4) Spirituality. The Beyond Trauma program consists of 11 sessions organized around 3 domains: (1) Violence, Abuse, and Trauma; (2) Impact of Trauma; and (3) Healing From Trauma. Although the intervention in the research reviewed by NREPP was designed for women in a criminal justice or correctional setting, a community version of the intervention also is available. The community version that we will use has been delivered in residential and outpatient substance abuse treatment settings, mental health clinics, and domestic violence shelters. (SAMHSA, NREPP)

Women who successfully complete the program will be assessed at several points in time on several scales, including trauma symptomology, depression, and substance use before and after the programs. The findings will indicate less substance use, less depression, and fewer trauma symptoms including anxiety, sleep disturbances, and dissociation—after participation in the gender-informed curriculum.

Having specific evidence-based treatment curriculum also aids in fidelity of the program, and provides structure for training and supervision of the clinical staff so everyone is working in unity.

ACCESS BASIC PRINCIPLE

If these adjustments are not made, women in the Sandhills Center who have little or no income and need residential treatment for substance use disorders, will have little or no access to residential services. Path of Hope in Lexington, NC in Davidson County contracts with Sandhills Center for a few female beds and women are usually put on a waiting list that is often six weeks or longer. At times there are no beds available for months. Most women become discouraged long before they are admitted into a treatment program. R.J. Blakely in Butner, NC is the State Alcohol and Drug Treatment Center and they will only admit women if they have a medical necessity for detox which prevents most women from being admitted. If they are accepted at one of these facilities, then transportation to drive them 75 to 100 miles one way is difficult to find. An alternative would be to try enrolling them in a least restrictive intensive out-patient program; however, there are two programs in Moore and Richmond Counties. Both accept major insurance payment only. (see attached chart)

Samaritan Colony Women's Program will accept women from the nine-county Sandhills Center catchment area. Those counties are Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore,

Randolph, and Richmond. All others out of the Sandhills Center area will be required to pay the cash price upon admission if a bed is available.

VALUE BASIC PRINCIPLE

Samaritan Colony Women's Treatment Facility will be affordable for many patients and they will be able to work out a payment plan after their treatment is complete. The cash fee for the men's treatment program of 28 days is currently only \$2520.00. The women's program will be slightly higher because of higher costs of care. We will not turn anyone away because of lack of funds. Sandhills Center has agreed to provide \$1,000,000 start up money and thereafter provide us with at least \$140.00 per client per day in treatment once we are up and running. They stated several times that we must have 14 beds to make the program viable with Medicaid and State funding. Furthermore, the staffing cost would be almost the same with 14 beds as it would be with 8.

Another way that we will add value is by collaborative efforts with other providers and the recovery community. Patients will leave our program having a 12-Step Sponsor, maybe plans for a half-way house or, Vocational Rehabilitation, or referral to a provider for prenatal care.

In conclusion, Samaritan Colony, Inc. seeks an adjusted need determination for 14 residential treatment beds in the Sandhills Center MCO area to be used for a residential treatment center for women with substance use disorders. The need will continue, based on the current drug problems that we have today. With our experience, reputation, and hard work, we can save lives. ... and save families

Thank you for your consideration.

References

Greenfield SF, Back SE, Lawson K, Brady KT. Substance abuse in women. *Psychiatr Clin North Am.* 2010;33(2):339-355.

National Trauma Consortium for the Center for Substance Abuse Treatment (CSAT); *Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment*; SAMHSA-funded Women with Co-Occurring Disorders and Violence Study; 2004

Substance Abuse and Mental Health Services Administration (SAMHSA). *Substance Abuse Treatment: Addressing the Specific Needs of Women.* Rockville, MD: Substance Abuse and Mental Health Services Administration; 2009. Publication No. (SMA) 09-4426.

Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidenced-Based Programs and Practices (NREPP) accessed from:
<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=181> 7/25/2017

University of Wisconsin Population Health Institute in collaboration with the Robert Wood Johnson Foundation. *County Health Rankings & Roadmaps* program
<http://www.countyhealthrankings.org/app/north-carolina/2017/rankings/richmond/county/outcomes/overall/snapshot> accessed 7/24/2017



Governor Cooper Announces \$31 Million Grant to Fight Opioid Epidemic in NC

North Carolina is a recipient of more than \$31 million to address the opioid crisis

Raleigh

May 18, 2017

North Carolina is a recipient of more than \$31 million to address the opioid crisis through the 21st Century Cures Act. State Targeted Response to the Opioid Crisis Grants.

North Carolina experienced a 73 percent spike in opioid-related deaths between 2005 and 2015. Opioid overdose also claimed the lives of more than 13,000 North Carolinians between 1999 and 2015, and four North Carolina cities rank among the nation's worst for opioid abuse.

"The opioid crisis is one of the biggest challenges we face across our state," Gov. Cooper said. "This grant will help further our commitment to

10 Leading Causes of Injury Death (All Races, Both Sexes) by Age Groups, North Carolina: 2015

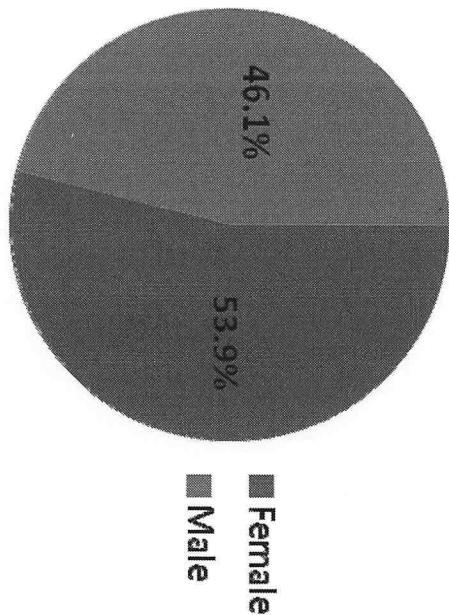
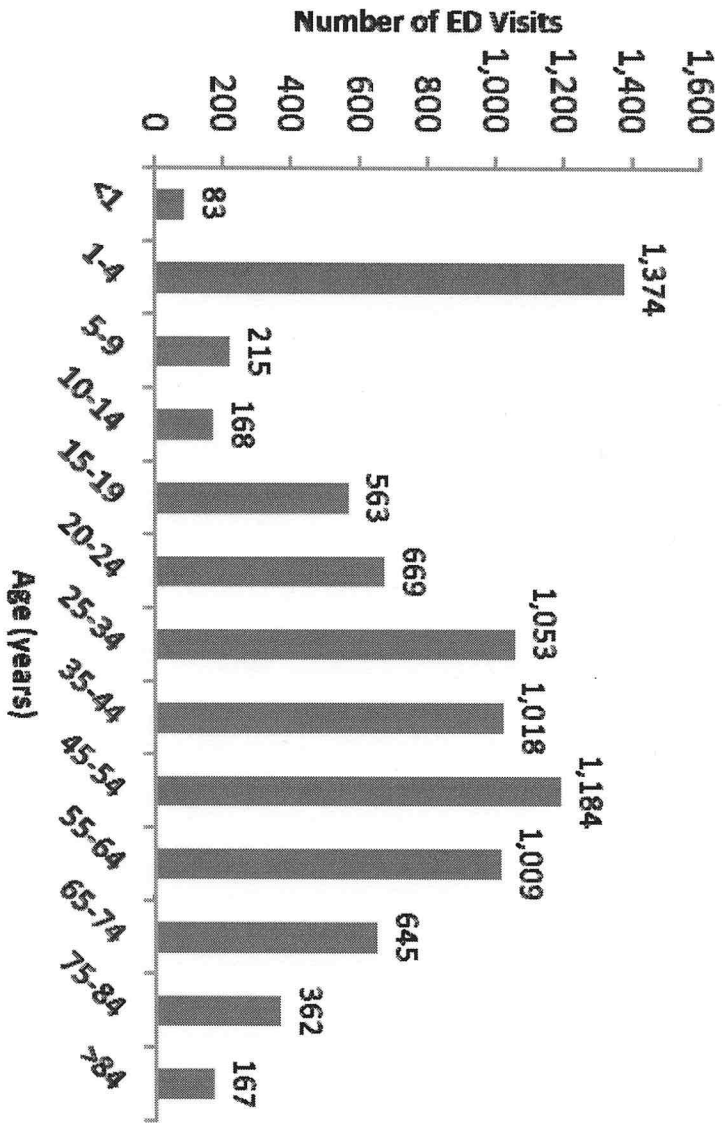
Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Suffocation - Unintentional 16	MVT - Unintentional 15	MVT - Unintentional 9	MVT - Unintentional 10	MVT - Unintentional 253	Poisoning - Unintentional 311	Poisoning - Unintentional 317	Poisoning - Unintentional 378	Poisoning - Unintentional 185	Fall - Unintentional 986	Poisoning - Unintentional 1,370
2	Unspecified - Assault 8	Drowning - Unintentional 11	Firearm - Assault 3	Firearm - self-inflicted 5	Poisoning - Unintentional 118	MVT - Unintentional 219	MVT - Unintentional 168	MVT - Unintentional 194	MVT - Unintentional 171	MVT - Unintentional 272	MVT - Unintentional 1,316
3	MVT - Unintentional 5	Unspecified - Assault 7	Drowning - Unintentional 2	Suffocation - self-inflicted 4	Firearm - Assault 117	Firearm - Assault 143	Firearm - self-inflicted 94	Firearm - self-inflicted 141	Firearm - self-inflicted 148	Firearm - self-inflicted 201	Fall - Unintentional 1,125
4	Other spec/class - Assault 2	Firearm - Assault 4	Suffocation - Unintentional 2	Fall - Unintentional 2	Firearm - self-inflicted 77	Firearm - self-inflicted 94	Firearm - Assault 80	Poisoning - self-inflicted 74	Fall - Unintentional 75	Suffocation - Unintentional 131	Firearm - self-inflicted 761
5	Suffocation - Undetermined 2	Suffocation - Unintentional 3	Cut/pierce - Assault 1	Firearm - Assault 2	Suffocation - self-inflicted 48	Suffocation - self-inflicted 48	Suffocation - self-inflicted 58	Suffocation - self-inflicted 67	Poisoning - self-inflicted 61	Unspecified - Unintentional 128	Firearm - Assault 419
6	Poisoning - Undetermined 1	Cut/pierce - Assault 2	Natural/Environ - Unintentional 1	Poisoning - Unintentional 2	Drowning - Unintentional 10	Poisoning - self-inflicted 21	Poisoning - self-inflicted 45	Fall - Unintentional 48	Suffocation - self-inflicted 31	Poisoning - Unintentional 59	Suffocation - self-inflicted 271
7	Suffocation - Assault 1	Poisoning - Undetermined 2	Struck - Unintentional 1	Firearm - Unintentional 1	Firearm - Unintentional 8	Firearm - Unintentional 13	Cut/pierce - Assault 13	Firearm - Assault 41	Suffocation - Unintentional 25	Fire/Burn - Unintentional 56	Poisoning - self-inflicted 243
8	Unspecified - Undetermined 1	Suffocation - Assault 2	Unspecified - Unintentional 1	Other land transport - Unintentional 1	Fall - self-inflicted 7	Drowning - Unintentional 11	Unspecified - Unintentional 12	Fire/Burn - Unintentional 18	Unspecified - Unintentional 22	Adverse effects - Other 45	Suffocation - Unintentional 199
9	Unspecified - Unintentional 1	Drowning - Assault 1		Pedalcyclist,other - Unintentional 1	Poisoning - self-inflicted 7	Poisoning - Undetermined 11	Other spec/class - Unintentional 11	Poisoning - Undetermined 16	Firearm - Assault 17	Poisoning - self-inflicted 34	Unspecified - Unintentional 179
10		Fire/Burn - Unintentional 1		Poisoning - self-inflicted 1	Cut/pierce - Assault 6	Cut/pierce - Assault 10	Cut/pierce - self-inflicted 8	Other spec/class - Unintentional 14	Fire/Burn - Unintentional 16	Drowning - Unintentional 21	Fire/Burn - Unintentional 104

Color Coding: Blue - Unintentional Injury, Red = Intentional - Assault, Green = Intentional - self-inflicted, White = Medical Misadventure, Gray = Undetermined. In the case of ties, causes are listed alphabetically in terms of ranking.
Data Sources: Deaths: State Center for Health Statistics, death file 2014; Analyses conducted by Injury Epidemiology and Surveillance Unit.



Demographics of Unintentional Medication/Drug Poisoning ED Visits

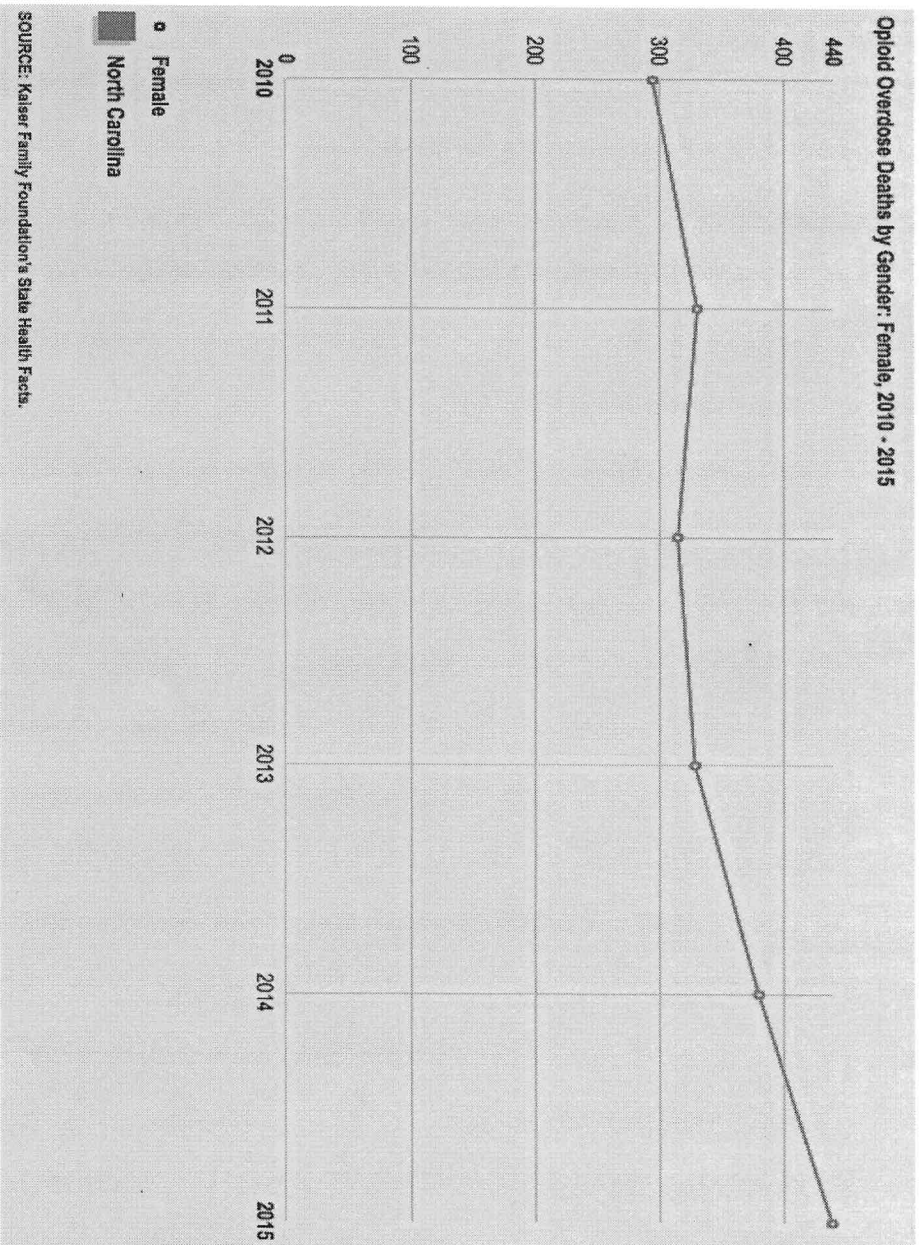
North Carolina Residents: 2012



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2012
Analysis by Injury Epidemiology and Surveillance Unit
Note: 2 missing sex

Female Opioid Overdose Deaths in North Carolina

Timeframe: 2010 - 2015



2010 – 295 deaths 2011 – 331 deaths 2012 – 315 deaths 2013 – 329 deaths 2014 – 380 deaths 2015 – 439 deaths

Sources

Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/med-1cd10.html> on March 2, 2017.

Rates of Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 100,000 Live Births, North Carolina, 2004-2012*



Source: N.C. State Center for Health Statistics, 2004-2012 (*2012 provisional)
Analysis by Injury Epidemiology and Surveillance Unit





Hepatitis C in North Carolina, 2016



Hepatitis C is on the Rise in North Carolina

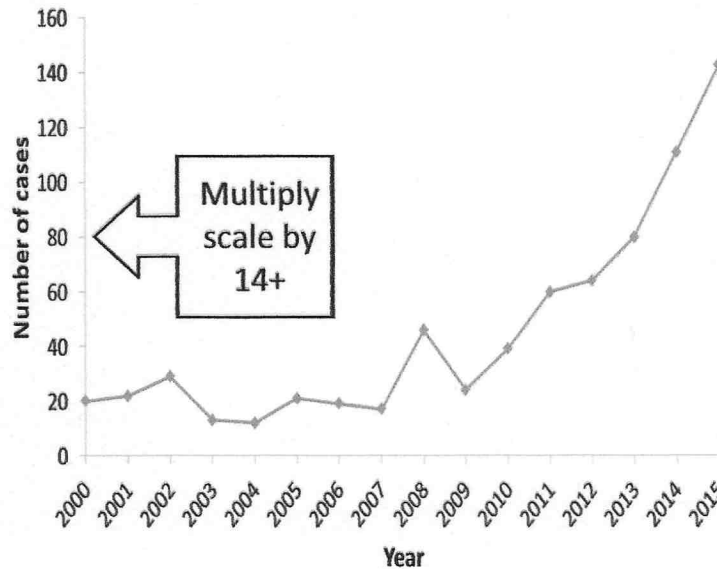
Reported Acute Hepatitis C Infections, North Carolina, 2000-2015

Acute hepatitis C

- Reported cases in NC have tripled during 2010-2014
- Acute hepatitis C is underreported and underestimated

Chronic hepatitis C

- An estimated 110,000 North Carolinians are infected with hepatitis C
- ~ 25% of HIV-infected persons are co-infected with HCV*
- ~75% of the infected population are unaware that they are infected with Hepatitis C*

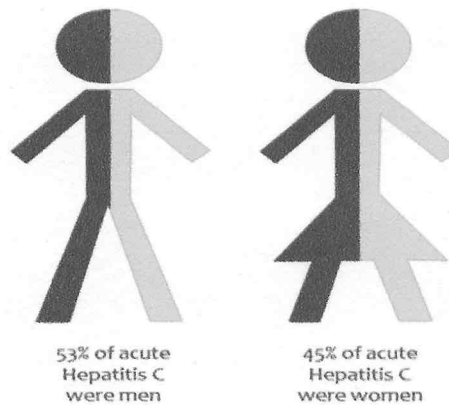
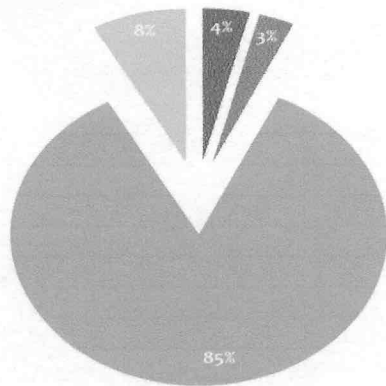


In the United States

- Hepatitis C-related deaths reached an all-time high in 2014*

Demographics of Acute Hepatitis C in North Carolina

- Black/African American*
- Hispanic/Latino
- White/Caucasian*
- Other**



- 41% were between the ages of 21 and 30
- 37% reported injection drug use

What CLINICIANS can do

- Follow the USPSTF guidelines for hepatitis C screening
- Counsel patients about liver health
- Vaccinate for hepatitis A and B
- Share with patients that hepatitis C is not spread by sneezing, hugging, holding hands, coughing, sharing eating utensils or drinking glasses, or through food or water

Want More Information?

NC HCV Facts and Figures website:

<http://epi.publichealth.nc.gov/cd/figures.html>

Centers for Disease Control and Prevention Fact Sheets on HCV:

<http://www.cdc.gov/hepatitis/hcv/>

Data Source:

Data downloaded from NC Electronic Disease Surveillance System (NCEDSS) on March 23, 2016

*All data and information sourced from Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>

State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary
Division of Public Health • Daniel Staley, Division Director
HIV/STD Surveillance Unit • Erika Samoff, MPH, PhD

www.ncdhhs.gov • www.publichealth.nc.gov

Created by the Communicable Disease Branch
Revised, 03/15/2017

Treatment for Substance Use Disorder in the Sandhills Center LME-MCO Area

	County	Total Licensed Beds	
Daymark Guilford Co.Treatment Facility	Guilford	40	Guilford Residents Only
Fellowship Hall	Guilford	60	Major Medical Insurance Required
Fellowship Hall Residential Campus	Guilford	15	Major Medical Insurance Required
Fellowship Hall Lodge for Women	Guilford	24	Major Medical Insurance Required
High Point Regional Hospital	Guilford	4	Hospital Medical Detox
TOTAL		143	
FirstHealth Moore Regional Hospital	Moore	14	Hospital Medical <u>Detox</u>
Samaritan Colony	Richmond	12	Residential Treatment <u>Men Only</u>
TOTAL		26	
SANDHILLS CENTER	Total Beds	169	

Other Options 80+ Miles to Travel

Path of Hope	Davidson	6	Men & Women Usually Waiting List
Addiction Recovery Care Association	Forsyth	36	Men & Women Usually Waiting List
Hope Valley, Women	Surry	8	Requires \$3500 Cash Payment