

**Petition for Special Need Adjustment for Residential Treatment Beds
in the Central MCO Region,
Cardinal Innovations Healthcare Solutions, MCO Sub-Area**

PETITIONER:

Addiction Recovery Care Association, Inc.
1931 Union Cross Road
Winston Salem, NC 27107

PRIMARY CONTACT:

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336-448-2644

SECONDARY CONTACT:

Thom Elmore
Executive Director/CEO
thome@arcanc.org
336-448-2640

STATEMENT OF REQUESTED ADJUSTMENT:

Addiction Recovery Care Association, Inc. ("ARCA") respectfully petitions the State Health Coordinating Council ("SHCC") to create an adjusted need determination for 32 additional residential substance use disorder treatment beds in HSA II, the Central MCO Region of North Carolina, specifically Forsyth County, in the *2019 State Medical Facilities Plan*. The petition at hand is supported by several healthcare organizations as well as Cardinal Innovations Healthcare. Letters of support can be found in **Attachment A**.

BACKGROUND

ARCA is currently a 48-bed facility with 36 Detox/Treatment beds and 12 Detox Only beds operating in Winston Salem, Forsyth County, North Carolina. This location is in the Central planning region and within the Cardinal Innovations Healthcare Solutions ("Cardinal") MCO. ARCA has been serving this region for almost 50 years. ARCA offers medically managed detoxifications, residential treatment programs, a family program, a Spanish language program, and after care referral. As a licensed facility by the state of North Carolina for the treatment of chemical dependency and as a nonprofit agency, ARCA offers the most cost-effective substance use disorder treatment services in the Piedmont Triad and surrounding areas. ARCA is also accredited by the Commission on Accreditation of Rehabilitation Facilities ("CARF"). ARCA makes great use of the highly successful Twelve-Step Philosophy and has a mission to provide a recovery program to chemically dependent people and their families, as well as to educate employers and the community.

REASON FOR THE PROPOSED ADJUSTMENT

The reason for the proposed adjustment to include an additional 32 beds in the *2019 State Medical Facilities Plan* is based on the following plans and needs, which will be detailed below include:

- High occupancy rates at ARCA impacting access to care.
- High levels of patient deferrals and delays in placement.
- High and escalating death rates from overdose.
- Service to patients from multiple regions and MCOs limits local bed availability.
- Willingness to serve patients without ability to pay results in patient accessing care in other regions.
- Growth in programs and services impacts use of beds.

High Occupancy Rates Impact Access to Care

While not encompassed in the SMFP need calculation, high occupancy rates of certain facilities such as ARCA limit access to care. ARCA has been operating at well over 95 percent capacity for an extended time period. The table below shows that from July 2017 through May 2018 ARCA, on average, operated at 100 percent capacity.

**ARCA Average Capacity from
Fiscal Year 2018**

Number of Beds	36
Bed Days	13,140
Actual Patient Days	13,067
Capacity	99.4%

Source: Internal Data, 2018

High Levels of Deferrals and Delays Reflect a Lack of Capacity

Demand for services is such that ARCA has to delay placement or turn away as many as 10 to 20 patients in need of placement in a residential treatment/detox bed every day. The reasoning for these delays or deferrals is due to the fact that ARCA's beds are completely full. ARCA started tracking this deferral trend in March of 2018. The table below shows the deferral trend from mid March 2018 through mid June 2018. From mid March to mid June, ARCA had to defer 685 patients due to capacity constraints.

**Deferrals by Month from March
to June 2018**

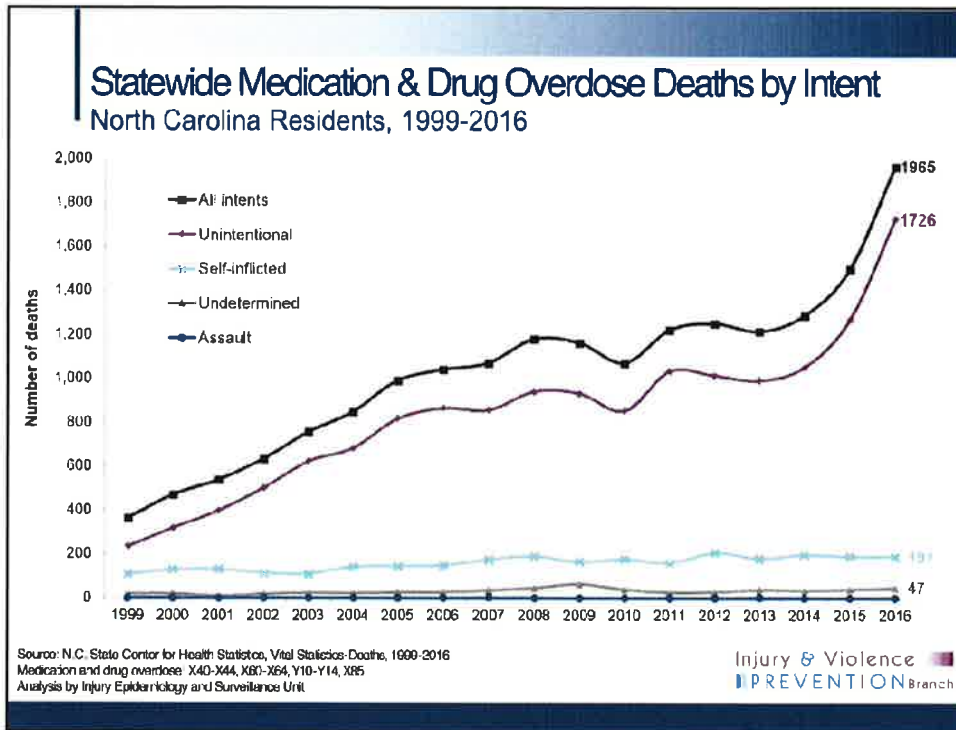
Month	Deferrals	Average Deferrals per Day
March*	10	
April	315	10.5
May	204	6.58
June*	156	10.4
Total	685	

**Partial data for month*

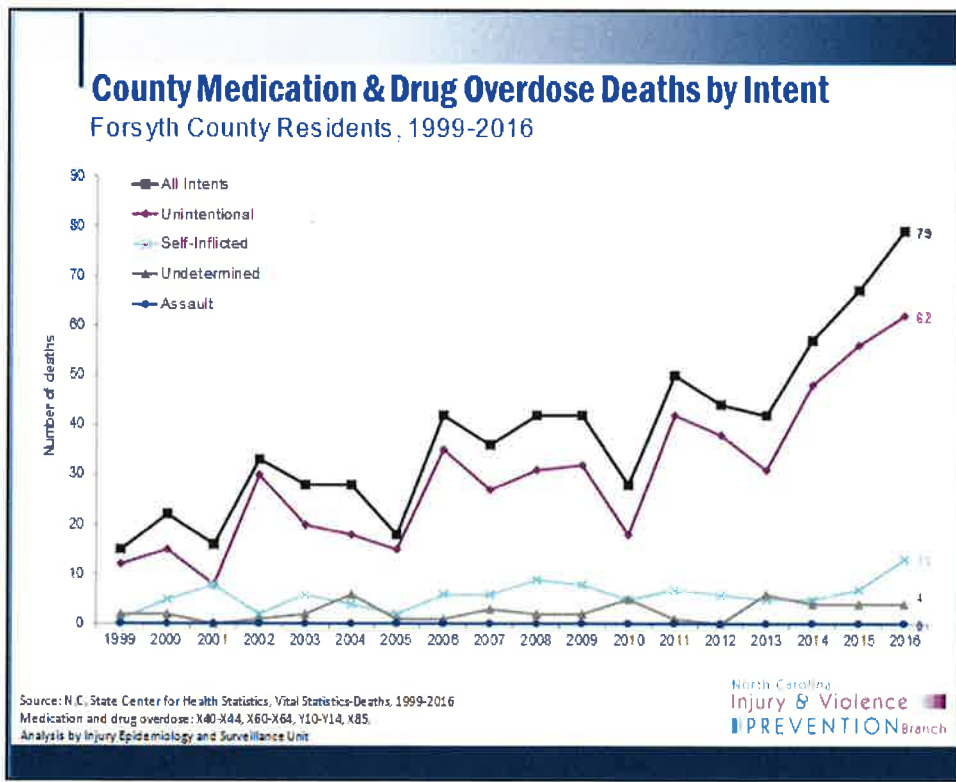
ARCA conducted an internal survey with their intake specialists that place further emphasis on the need for more capacity. Half of the respondents indicated that they refer 5 or more potential patients to another facility on a daily basis. More than half of the respondents indicated that they ask 5 or more callers to “call back tomorrow” to check for capacity on a daily basis. One specialist conducts 30 prescreens on average per day alone.

Growth in Overdose Deaths Demonstrate Rapidly Escalating Demand

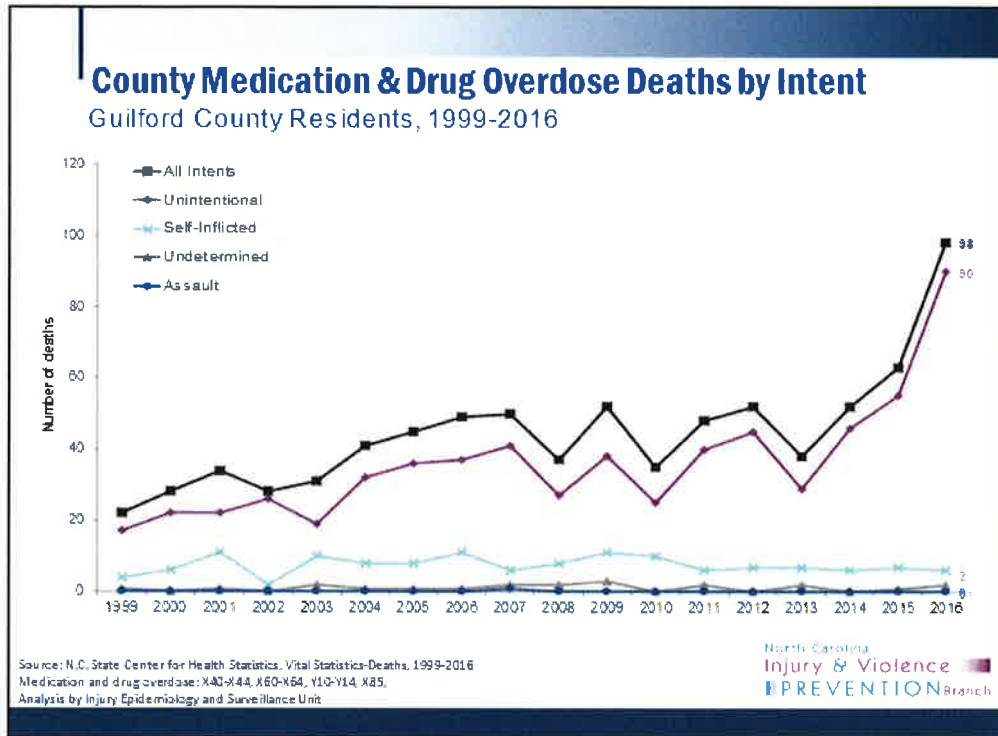
The SMFP methodology is based on population growth alone and only uses one prior year of data to project demand and bed need. Therefore, the methodology does not capture the rapid escalation of demand associated with the national, statewide, and local opioid epidemic. For example, growth in overdoses in the Central Region and the MCO regions, with which ARCA contracts, demonstrates the increasing demand for additional Detox/Treatment beds. The North Carolina Department Health and Human Services website serves as a great source for overdose data (Injury and Violence Prevention Branch: Poisoning Data, 2018)ⁱ. North Carolina as a whole has seen a steady increase in deaths due to medication/drug overdoses since 1999, with approximately 88 percent of those deaths being unintentional overdoses; the majority of those deaths were due to opioid use. From 1999 to 2016, the number of medication/drug overdose deaths increased 440 percent. More importantly, the spike between 2013 and 2016 shows an increase from approximately 1,100 deaths to almost 2,000 deaths in just a three-year period.



ARCA's home county of Forsyth has experienced the same rising trend in opioid related overdoses and deaths as the State. Between 2013 and 2016, deaths from overdose increased from less than 40 to 79 almost doubling in a four-year period.



Within other MCO counties, where ARCA is contracted, the same overdose trend is observed. In Guilford County, for example, the upward trend from 2013 to 2016 is even more dramatic with deaths almost tripling from less than 30 to over 90 by 2016.



With many area facilities dealing with capacity constraints, including ARCA, it is next to impossible to address the growing opioid epidemic and associated spike in death rates. If ARCA’s historic occupancy rate is any indication, it is committed to serving as many members of the community as possible in need of treatment for drug addiction. An additional 32 residential substance use disorder treatment beds would go a long way in continuing those efforts.

The SMPF projects a total of a 5 percent increase in patient days of care between 2016 and 2020 for the Cardinal MCO counties and a 5.3% increase in patient days of care for the entire Central Region. This calculation does not begin to reflect the rapid escalation in demand as shown by a doubling of overdose deaths in Forsyth County over a 3-year period and a tripling of overdose deaths in Guilford County over the same period. An adjustment to the SMFP is needed to recognize that current and project demand far exceeds that recognized by the need methodology.

Demand for Service is So High the Patients Travel between MCOs and Regions

ARCA serves patients through contracts with three MCOs, including Cardinal Innovations Healthcare (Central Region), Sandhills Center (Central Region), and Partners Behavioral Health Management (Western Region). From a county level, approximately 91 percent of ARCA patients originate from 13 counties within the Central Region, 8.8 percent come from All Other North Carolina, 0.2 percent are Out of State, and 0.2 percent have Unknown origin.

Patient Origin by County

County/HSA	MCO	% of Total	% Cumulative
Forsyth (Central)	Cardinal	28.5%	28.5%
Guilford (Central)	Sandhills	24.7%	53.2%
Davidson (Central)	Cardinal	8.0%	61.2%
Randolph (Central)	Sandhills	7.3%	68.5%
Mecklenburg (Central)	Cardinal	3.7%	72.2%
Rockingham (Central)	Cardinal	3.5%	75.8%
Rowan (Central)	Cardinal	3.2%	79.0%
Union (Central)	Cardinal	2.8%	81.8%
Cabarrus (Central)	Cardinal	2.6%	84.4%
Stanly (Central)	Cardinal	2.0%	86.4%
Stokes (Central)	Cardinal	1.8%	88.2%
Moore (Central)	Sandhills	1.4%	89.6%
Davie (Central)	Cardinal	1.2%	90.8%
All Other NC		8.8%	99.6%
Out of State		0.2%	99.8%
Unknown		0.2%	100.0%
Total		100.0%	

Source: Internal Data

From a regional level, the majority of ARCA patients come from the Central Region, at 95.74 percent. The remainder of the patients originate from the Eastern Region (0.16 percent), Western Region (3.71 percent), Out of State (0.16 percent) and Unknown origin (0.24 percent). As a result, ARCA's beds are used by patients beyond the regions that the need methodology considers.

Patient Origin by Region

Region	Percent of Patients
Central	95.74%
Eastern	0.16%
Western	3.71%
Out of State	0.16%
Unknown	0.24%
Total	100.00%

Source: Internal Data

Within the Central Region, there are multiple MCO regions. ARCA contracts with not only Cardinal Innovations Healthcare Solutions, in which Region it is located, but also serves patients from other MCO regions. The majority of ARCA's patients originate within its home MCO, Cardinal Innovations, at 59.3 percent. The next largest MCO for ARCA patient origin is Sandhills Center at 35.7 percent.

Patient Origin by MCO

MCO	Percent of Patients
Cardinal Innovations Healthcare Solutions	59.3%
Sandhills Center	35.7%
Alliance Behavioral Healthcare	0.7%
Eastpointe	0.1%
Trillium	0.1%
Partners Behavioral Health Management	3.6%
Vaya Health	0.1%
Out of State	0.2%
Unknown	0.2%
Total	100.0%

While ARCA's service to patients from other MCO regions enhances accessibility to a broad region, it limits access to local patients in the Cardinal MCO when beds are full as they have been. Bed need may not be quantitatively recognized in the Central Region or the Cardinal MCO, but that does not indicate all patients have access. As indicated above, 685 patients were deferred from the ARCA facility from mid March to mid June of 2018.

High Demand for Facilities that Provide Care to Uninsured and Low Income Patients

Furthermore, not all beds within the Central Region are equally accessible. ARCA serves all patients regardless of their ability to pay, including many patients that are uninsured. Of the 169 beds in the Sandhills Center MCO, 99 beds are affiliated with a facility that only serves insured patients. As a result, there are insufficient beds for patients without insurance and the ability to pay. This facility is located in adjacent Guilford County, which does not have access to any treatment/detox facility that serves patients regardless of their ability to pay and insurance status. Thus, many uninsured and charity care Guilford County patients come to ARCA for care.

New Programs and Services Are Increasing Demand for Services

ARCA is adding programs and services that are meeting treatment needs, but as a result, demand for bed capacity is growing. Such services include:

- o Medication Assisted Treatment for Opioid Addiction (based on Hazelden's COR-12)
 - Vivitrol Pilot Program
- o District Attorney's Treatment Alternatives (DATA) Jail Diversion Pilot Program
- o ER diversion pilot program

ARCA's Medication Assisted Treatment for Opioid Addiction service is modeled after Hazelden's COR-12, which is the gold-standard in addiction treatment. Hazelden is a nationally known foundation that offers innovative programming to treat opioid addiction including a 4-week, medication assisted 12-step program. In connection with Hazelden's COR-12, ARCA is in consideration of piloting a new medication, Vivitrol, in its recovery program.

ARCA is also working in partnership with the Forsyth County District Attorney's Office, the Probation Office, the local health department, Cardinal Healthcare Innovations MCO, the County Manager's Office and other area providers to establish a jail diversion program called the District Attorney's Treatment Alternatives or DATA program. The idea is to place offenders of nonviolent crimes, who commit crimes of opportunity for the purpose of supporting their addiction, in a treatment program as opposed to jail.

Finally, ARCA has a Forsyth EMS Pilot Project along with Old Vineyard Behavioral Health. These facilities assisted in training all first responders in Crisis Intervention Training (CIT). Due to this training, EMS workers are able to identify candidates appropriate for substance use disorder treatment or detox. The EMS workers can then bring the patients directly to ARCA or Old Vineyard and bypass an unnecessary visit to the ER. This insures that patients get the appropriate care they need in a more efficient manner.

To see more on all of the programs discussed above, please see **Attachment B**.

Statewide Recognition of the Need for More Treatment/Detox Beds

The SHCC has previously recognized the rapidly growing demand for additional adult residential treatment/detox beds based on some of the following factors:

- o Governor Cooper announced in his press release on 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.
- o On July 18, 2017, The State Center for Health Statistics released *Leading Causes of Injury Death by Age in 2015*. This report shows that in 2015 the leading cause of death in North Carolina is "poisoning unintentional", also known as "accidental drug overdose".

The Council approved 14 beds in the Central Region in the *2018 SMFP*. These beds were approved based on the need for additional beds to serve female patients. The need for more beds is broader than just these 14 beds as can be attested to by the Cardinal Innovations, Sandhills Center, and Partners Behavioral Health Management MCO, all of which support ARCA's petition.

CONSISTENCY WITH STATE HEALTH PLANNING PRINCIPALS

ARCA's request for the adjusted need determination to include 32 more beds is consistent with the following principals governing the development of the North Carolina Medical Facilities Plan:

Safety and Quality:

The need for more beds in the Central Region/Cardinal MCO will increase access to quality services and increased public safety (preventable overdoses) by allowing more residents to have access to the care they need. ARCA prides itself on successful use of the tried and true Twelve-Step Philosophy in its addiction recovery program. ARCA is staffed with physicians, family nurse practitioners, nurses, and nursing assistants who provide 24-hour care. ARCA assesses the detoxification needs of a client at admission and offers 24-hour monitoring to ensure a safe withdrawal process. On average, this process takes 3-5 days, and during that time, ARCA provides medication management and administration, medical history, physicals, and aftercare referrals following discharge. ARCA's detoxification program offers withdrawal from alcohol, benzodiazepines and other sedatives, heroin, oxycodone, and other opioids.

ARCA's residential treatment program varies in length of stay, starting at 14 days. The services offered are as follows:

- Introduction and application of the Twelve-Step Philosophy and recovery support groups.
- Individual therapy, psycho-education and psychotherapeutic classes to increase knowledge of substance abuse and medications.

- Group therapy.
- Community guest lectures.
- Weekly multi-family therapy.
- Weekly family education group and introduction of Al-Anon principles.
- Bilingual counselors for Spanish-speaking clients.

In addition to ARCA's other services, it also offers weekly multi-family group therapy and a weekly family education group in order to embrace a holistic approach to recovery. ARCA's family services also offer an introduction to Al-Anon principles and community support groups conducted by Al-Anon.

ARCA's time-proven approach calls for ongoing recovery programs, including referral and continuing opportunities for family therapy following clients' completion of treatment stay.

Access Basic Principle:

In the absence of adjustment to the 2019 SMFP, patients in the Central Region and those served by the Cardinal Innovations, Sandhills Center, and Partners Behavioral Health Management MCO will continue to face limited access to care. As described above, ARCA operates at well above 95 percent capacity on a routine basis. In addition, ARCA delays placement of patient or refers out as many as 10 to 20 patients daily due to lack of bed capacity. Without additional beds, the rapidly growing demand for addiction recovery in residential treatment/detox beds will not be met.

Particularly, residents of the Sandhills Center MCO region, who have little or no income and need residential treatment for substance use disorders, will continue to have limited access to residential services. As mentioned previously, 99 of the 169 beds in the Sandhills Center MCO are limited to patients with insurance. Uninsured patients cannot pay the cash price associated with care from this provider. While there was an adjustment to the 2018 SMFP, the 14 beds resulting from this petition are dedicated to women's services and are insufficient to meet the needs of all patients in the region.

Value Basic Principle

The opioid crisis sweeping the nation is showing no signs of slowing down. With the potential of additional beds and its relocation, ARCA will be able to continue to offer affordable and accessible care to patients in the Cardinal MCO. ARCA already provides tried and true services such as its 12-step recovery program modeled after Hazelden's COR-12. ARCA is also in the works of piloting several new programs that will continue to add value. Those programs include the Vivitrol medication, the DATA program, and the ER Diversion program. The diversion program known as DATA and the ER Diversion program will ultimately save tax payers money. DATA will keep nonviolent, drug/alcohol dependent offenders out of jail and place them in addiction recovery programs. The ER Diversion program will allow EMS workers to identify patients that should be placed addiction recovery and bypass an unnecessary visit to the ER.

CONCLUSION:

In conclusion, Addiction Recovery Care Association, Inc. seeks an adjusted need determination for 32 residential treatment beds in the Cardinal Innovations Healthcare MCO. The need for the services offered by ARCA will continue to increase, and ARCA is committed to meeting these needs, but without additional beds, ARCA's ability to meet these needs will be limited.

Thank you for your consideration.

¹ <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

Attachment A:

Letters of Support

ARCA
1931 Union Cross Road
Winston-Salem, NC 27107

June 20, 2018

Dear Mr. Boyles:

This letter is to support the Addiction Recovery Care Association (ARCA) in its Capital Campaign to move to the facility in Winston-Salem formerly known as Springwood.

ARCA has been providing substance use disorder treatment services to the community for almost 50 years and is well respected in the community. Cardinal has enjoyed a MCO/Provider relationship with ARCA for many of those years.

We endorse ARCA's efforts to expand to better serve the community. ARCA's planned move to Springwood will enable them to serve more people. It will also allow ARCA to develop new programs as well as enhance existing programs.

The proposed location is more centrally located, directly on a bus line and will be able to host/support community trainings and other events.

The need for ARCA's services is supported by strong data as well as daily news reports about the opioid crisis and other substance use related issues. Cardinal Innovations Healthcare supports ARCA's capital campaign efforts.

Sincerely,



Lynn Nall Widener, LPA, HSP-PA
Regional Network Manager – Triad and Alamance/Caswell regions
Network Management Department
Cardinal Innovations Healthcare
650 N. Highland Ave.
Winston Salem, NC 27101
Direct/Cell Phone: 336-341-1780
E-fax: 704-939-7993
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Roy L. Alson, PhD, MD, FACEP, FAEMS
Medical Director
alsonrl@forsyth.cc

911 East Fifth Street
Winston-Salem, North Carolina 27101

Phone: (336) 703-2750
FAX: (336) 727-8088

12 June 2018

North Carolina State Health Coordinating Council
North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Letter of Support for an adjusted need determination to be included in the 2019 State Medical Facilities Plan for 32 new residential treatment beds for substance use disorders in the Cardinal Innovations Healthcare and Sandhills LME-MCO areas.

Ladies and Gentlemen:

I am writing this letter to support the petition submitted by the Addiction Recovery Care Association, Inc.(ARCA) to include an adjusted determination in the 2019 State Medical Facilities Plan for 32 new residential treatment beds for substance use disorders in the North Carolina Counties served by Cardinal Innovations Healthcare: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, and Warren and counties served by Sandhills Center: Anson, Guilford, Harnett, Hoke, Moore, Montgomery, Lee, Randolph, and Richmond

As the Medical Director of Forsyth County EMS and an Attending Physician in the Emergency Department at NC Baptist Hospital, I see on a daily basis the devastating impact that substance abuse has on our citizens. Our Emergency Departments across the region constantly see patients needing detox and the other support services. ARCA has been an excellent resource for us to send patients to...when they have available beds. When they do not, we either have to keep patients in the ED awaiting placement (which ties up the ED space and impacts care for all patients) or refer them into outpatient rehab.

For many of our patients, outpatient rehab has been unsuccessful in the past and placing them into the same situation leads to repetitio of the cycle and they end up back in the ED overdosing on their substance of choice. Having more inpatient detox space, especially for underserved populations will allow all of us involved in the system to provide better care for our patients.

Academic Office: Department of Emergency Medicine
Wake Forest University School of Medicine
Winston-Salem, NC 27157-1089
336-716-2193 Fax: 336-716-1705

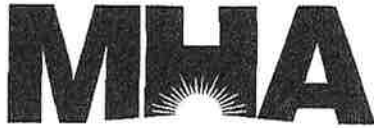
We fully support ARCA's petition for increased treatment beds. Unfortunately, there is a severe shortage of treatment beds in the area causing long wait times. Should you have any questions regarding our support of this petition, feel free to contact us.

Sincerely,

Roy L. Alson, PhD, MD

Roy L. Alson, PhD, MD, FACEP, FAEMS
Professor of Emergency Medicine
WFU School of Medicine

Academic Office: Department of Emergency Medicine
Wake Forest University School of Medicine
Winston-Salem, NC 27157-1089
336-716-2193 Fax: 336-716-1705



Mental Health Associates of the Triad

P.O. Box 5693 High Point, N.C. 27262 (336) 883-7480 Fax (336) 883-4013

June 7, 2018

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Ladies and Gentlemen:

I am writing this letter to support the petition submitted by the Addiction Recovery Care Association, Inc.(ARCA) to include an adjusted determination in the 2019 State Medical Facilities Plan for 32 new residential treatment beds for substance use disorders in the North Carolina Counties served by Cardinal Innovations Healthcare: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, and Warren and counties served by Sandhills Center: Anson, Guilford, Harnett, Hoke, Moore, Montgomery, Lee, Randolph, and Richmond.

Mental Health Associates of the Triad conducts assessments within the Guilford County jails in Greensboro and High Point in an effort to assist clients into treatment upon their release from custody. We conduct approximately 500 assessments each year, and are tasked with making recommendations about appropriate treatment. Most of the individuals we assess meet the diagnostic criteria for medically monitored detoxification or residential inpatient treatment.

I have personally worked with ARCA for several years and am a vocal advocate and supportive of the services they offer. They demonstrate a compassion for each client they serve, and have a clear understanding of the treatment needs for their clients, prior to, during and after treatment. Their ability to serve clients from several counties is greatly beneficial to clients we see in the High Point Jail in particular. High Point is the only city in North Carolina that exists within four counties: Davidson, Forsyth, Guilford and Randolph.

Bed availability remains the largest hurdle we attempt to navigate here in Guilford County. In the last five years, I have yet to encounter a period of time in which the supply of available beds outnumbered the demand. The time to offer treatment for someone with a substance use disorder is when they ask for



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Website: www.mha-triad.org

it, and the delays currently experienced with the supply of available treatment beds makes this facilitation of treatment engagement incredibly challenging. If we have to share with a client that a bed will be available in fourteen days, the potential for the client's willingness to change during that extended period remains incredibly high. When active addiction runs rampant through the prospective client's brain, it convinces the individual that treatment engagement is not necessary, and that a resumption of their substance use is the only path to take. Both physiological and psychological triggers eviscerate the initial motivation to pursue treatment upon learning that they are unable to access treatment upon their initial request. Despite initially having the willingness to address their illness, the lack of treatment beds reinforces the characteristics of addiction that tells the individual's brain that they are unable to achieve remission from their substance use disorder(s). This then perpetuates the return to use and erosion of desire to participate in treatment engagement.

We fully support ARCA's petition for an increase in their treatment bed availability. Should you have any questions regarding our support of this petition, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Ralph Rodland, CSAC, CCJP". The signature is written in a cursive, flowing style.

Ralph Rodland, CSAC, CCJP



Department of Emergency Services

Daniel L. Ozimek

Chief of Emergency Services
(336) 703-2751
ozimekdl@forsyth.cc

June 5, 2018

North Carolina State Health Coordinating Council
North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Letter of Support for an adjusted need determination to be included in the 2019 State Medical Facilities Plan for 32 new residential treatment beds for substance use disorders in the Cardinal Innovations Healthcare LME-MCO area.

Ladies and Gentlemen:

I am writing this letter to support the petition submitted by Addiction Recovery Care Association, Inc.(ARCA) to include an adjusted determination in the 2019 State Medical Facilities Plan for 32 new residential treatment beds for substance use disorders. This applies to the twenty-two NC Counties served by Cardinal Innovations Healthcare.

Forsyth County EMS and ARCA have partnered with ARCA on several programs over the years. ARCA is a valued provider in the community.

Recently, Forsyth County EMS has partnered with ARCA on a program which allows EMS paramedics to directly refer clients to ARCA and avoid costly emergency room visits. When EMS encounters a person ready for change, the window of opportunity to help is narrow. Bed availability is crucial to make this program a success. Other surrounding counties have asked us to help them replicate this program.

We fully support ARCA's petition for increased treatment beds. Unfortunately, there is a severe shortage of treatment beds in the area causing long wait times which results in a person changing their mind. Should you have any questions regarding our support of this petition, feel free to contact me.

Sincerely,

Capt. Tara W. Tucker, MS, EMT-P
Quality Management Coordinator
Forsyth County Emergency Services

May 23rd, 2018

North Carolina State Health Coordinating Council
North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

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Guilford County Solution to the Opioid Problem (GCSTOP) relies on ARCA as a dependable detox and treatment center for our participants who are in desperate need. When we have a person, who is ready to get the help, the window of opportunity to get them to detox or treatment is narrow. Bed availability is crucial to make this program a success. ARCA is always the first person we contact to connect our participants.

We fully support ARCA's petition for increased treatment beds. Unfortunately, there is a severe shortage of treatment beds in the area causing long wait times. Should you have any questions regarding our support of this petition, feel free to contact us.

Sincerely,

Chase Holleman, LCSWA, LCAS

 LCSWA, LCAS

Attachment B:

Services



90 DAYS TO ABSTINENCE PILOT PROGRAM

Addiction Recovery Care Association, Inc.

[Abstract](#)

A program developed specifically for individuals diagnosed with opioid use disorder.

Darrell Boyles
darrellb@arcanc.org

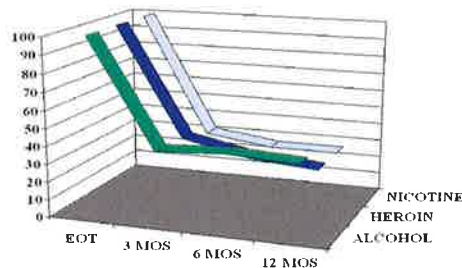
ARCA's 90 Days to Abstinence Pilot Program

Executive Summary

In response to our growing need for treatment options for people with Opioid Use Disorder, ARCA is considering a pilot program combining medication assisted treatment with our current evidenced based curriculum. This program, alongside ARCA's core treatment program, has a goal of supporting clients in sustained abstinence from drugs and alcohol. We continue to embrace and integrate 12 step philosophies in all initiatives and specialized programs.

Evidence shows the longer we can stay connected with a client, the better their chance at recovery. As far back the 1970's, studies show relapse rates significantly drop if someone can remain abstinent for 90 days. This appears to be the case with multiple substances. (see below)

**RELAPSE RATES from
Nicotine, Heroin, Alcohol Addiction**



Hunt, Barnett, Branch J Clin Psychol, 1971

The National Institute on Drug Abuse (NIDA) reports remaining in treatment for an adequate period of time is critical. "The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use. ."¹

There is recent evidence that a new medication, Vivitrol, an extended release Naltrexone, can aid a recovery program. Administered as a monthly injection, Vivitrol reduces cravings and decreases the ability to get high by acting as an antagonist against opioid receptors in the brain. In addition, Vivitrol is non-habit forming, as it is not pleasure inducing.

¹ NIDA. (2018, January 17). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition> on 2018, May 24



In a recent double-blind, placebo-controlled, multicenter randomized trial, the Vivitrol patient had 99.2% opioid free days versus 60.4% for the placebo patient. This is with psychosocial support. (6 months trial) Cravings were reported 55% less than that of the placebo. Patients on Vivitrol also had longer treatment retention than the placebo. (168 days vs 96 days)

We propose to administer the first injection while he or she is still in treatment (residential) at ARCA. Once the client completes treatment at ARCA he or she would continue treatment (groups) in an outpatient setting twice per week. Two additional monthly injections would also be administered by ARCA medical staff. Clients would step down over time to one group per week depending on their progress. We are still determining the length of continued engagement by ARCA. Vivitrol recommends minimum 6 months up to a year. If this is not feasible by ARCA, we may set up a referral to another provider.

There are several options now available to assist in covering the cost of Vivitrol. Most insurance now covers it, including Medicaid and Medicare. Vivitrol offers a \$0-copay program for those with a copay. There is also a program for those with no insurance.

We believe if we can stay connected with and give an individual time to develop a recovery program, his or her chances of sustained recovery are greater.

We are also in discussions with the Forsyth County District Attorney, the County Managers Office, and the Forsyth County Sherriff to implement a similar program. The main difference being that the first Vivitrol injection may be administered just before the client leaves jail. The client would then come to treatment at ARCA. ARCA would provide subsequent Vivitrol injections as well as out patient treatment.

1) Program Details

a) Eligibility

- i) For this pilot, we are suggesting clients that have made multiple attempts toward recovery from Opioid Use Disorder (OUD) with little success.
- ii) We would limit to Forsyth, Guilford, and Davidson counties for logistical reasons.
- iii) Persons outside these areas could be referred to another provider.
- iv) Vivitrol is indicated for alcohol use disorder (AUD) as well. We could consider clients with this diagnosis.
- v) Below are some initial projections for participation in the program based on recent ARCA data: There are about 78 clients per month in Forsyth, Guilford, and Davidson Counties. 46%(36 clients) are diagnosed with OUD. We will estimate a 33% participation rate at the start of the pilot program. We also estimate a 33% attrition rate. This would create groups on average of 10 each two times per week.

Month	1	2	3	4	5	6	7
New	12	20	25	29	31	33	34
Attrition	4	7	8	10	10	11	11
(.33)							
Total	8	13	17	19	21	22	23

b) Administration

- i) Implementation of the new Provider Information Management System (PIMSY) will allow for documentation, medication administration record, charting, billing, and outcome measurement.
 - ii) After 90 days in the program, clients will be considered complete. We hope that 3 months should allow time for the client to engage with and develop community supported recovery network. (i.e. Alcoholics Anonymous, Narcotics Anonymous, etc.)
 - iii) For outcome measurement purposes, ARCA will continue with phone call/email/survey to determine if clients are maintaining sobriety, for up to a year.
 - iv) Those clients desiring to continue Vivitrol longer will be referred to a qualified provider.
- c) **Medical**
- i) UDS required – should be random
 - ii) Protocols for program
 - iii) Non-compliance
- d) **Clinical program development**
- i) Groups
 - (1) Twice per week first month
 - (2) Once per week second month
 - (3) Once every other week third month
 - (4) Follow up survey/phone calls
 - (5) Make referral to a Vivitrol provider (optional)
- e) **Funding**
- i) North Carolina State grant in collaboration with Forsyth Emergency Medical Services and Wake Forest Baptist Medical Center to pay for Peer Support labor.
 - ii) Reach out to managed care organizations for possible funding of outpatient/intensive outpatient/treatment. Could we negotiate an out patient rate?
- f) **Outcome measurement**
- i) In 2016 there were 63 unintentional heroin and opioid prescription overdose deaths in Guilford County and 48 in Forsyth County. In North Carolina there were 1,158 unintentional heroin and opioid prescription overdose deaths in 2016. Preliminary statistics for 2017 are higher. Our intent would be to begin to reduce the number of overdoses and overdose deaths while increasing the number of men and women in recovery.
 - ii) Outcome tracking would be completed through the PIMSY system.
 - iii) We would also establish a control group of clients that do not participate in the program.

g) **Preliminary budget**

Item	Cost	Monthly	Annual
Peer support hours	48 x \$13	\$624	\$7,488
Case Management	16 x \$13	\$208	\$2,496
Provider	2 x \$150	\$300	\$3,600
Nurse labor	8 x \$25	\$200	\$2,400
Taxes/Benefits(PSP)	11%	\$ 92	\$ 1,104
Taxes/Benefits(RN)	11%	\$ 22	\$ 264
UDS Kits	80x \$4.50	\$ 360	\$4,320
	totals	\$1,806	\$21,672

One-time costs			
E.H.R.(Pimsy)			\$7,500 ²
Startup costs			

j) Vivitrol costs to be covered by:

1. Private insurance
2. Medicaid
3. County (jail diversion program)
4. Alkermes Patient Assistance Program for uninsured
5. Grant – State level
6. MCO for those we cannot get reimbursed elsewhere

² State grant submitted to cover this cost. Grants will be awarded by late Summer/early Fall

“ This is an unspeakably tragic public health crisis—one that demands up-to-date, evidence-based treatment protocols that offer the brightest promise of recovery. ”

Marvin D. Seppala, MD
Chief Medical Officer
Hazelden Foundation

Comprehensive treatment services

Hazelden offers innovative programming to treat opioid addiction. Our Comprehensive Opioid Response with Twelve Steps (COR-12) treatment program focuses on engaging you over a longer period of time and encompasses family, support groups, accountability and the recovery community.

When appropriate, two medications, buprenorphine with naloxone (Suboxone[®]) and extended-release naltrexone (Vivitrol[®]), will be available to provide stability while you are engaging in a Twelve Step-based recovery lifestyle.

In numerous controlled research studies, these medications have been shown to improve the likelihood of abstinence from opioids, boost retention and engagement in treatment, reduce cravings for opioids and lower relapse rates.

Avoiding relapse is critical to preventing overdoses and other consequences of opioid abuse and dependence.



We at Hazelden will support you every step of the way. Our COR-12 programming offers you the best opportunity for lifelong recovery.

hazelden.org/cor12
800-257-7800

We invite you to call us with questions.
We are available 24 hours a day.

Hazelden, a national nonprofit organization founded in 1949, offers a comprehensive approach to addiction that addresses the full range of patient, family and professional needs, including treatment and continuing care for youth and adults, research, higher education, public education and advocacy, and publishing.



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MAT-0680 4136-9 (10/13)

Comprehensive Opioid Response with Twelve Steps (COR-12)

Hazelden's response to opioid dependence



Hazelden[®]

hazelden.org/cor12

Deciding which COR-12 pathway is right for you.

At Hazelden, we know that treatment works and the pathway to lifelong recovery requires active involvement with Twelve Step-based recovery support services.

For many individuals addicted to opioids, withdrawal and cravings can make it difficult to engage in treatment services and stay connected with essential support. When clinically appropriate, recovery may be assisted by certain medications that allow for longer term engagement in treatment.

All three of our COR-12 pathways include enhanced treatment and recovery services as well as professionally led programming matched to your individual needs. Our continuum provides access to all levels of care, including:

- Short- and long-term residential care
- Day treatment
- Intensive outpatient
- Extended outpatient treatment
- Halfway house and structured sober living

Our interdisciplinary team works closely with you, your family, and other significant people in your life to recommend the most appropriate pathway. These recommendations are based upon clinical factors, such as:

- Medical history
- History of opioid use
- Treatment and recovery history
- Co-occurring mental health issues
- Recovery environment and support network
- Risk of relapse

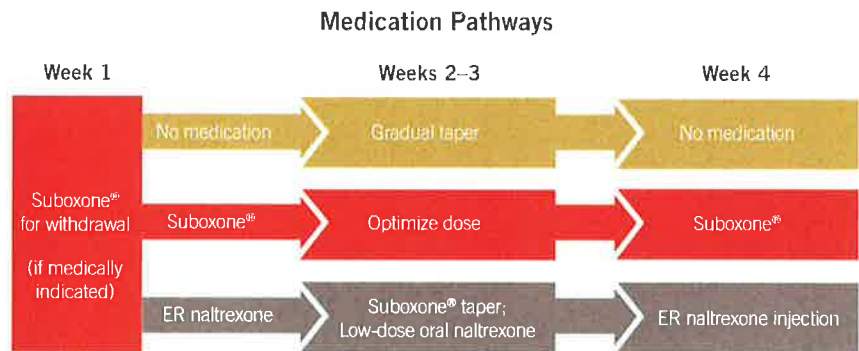


We believe the combination of enhanced opioid addiction treatment services, expanded use of medication for opioid dependence, purposeful clinical interventions and engagement over an extended period of time offers the best opportunity for lifelong recovery.

What do the COR-12 pathways look like?

Opioid is an umbrella term for natural and synthetic painkillers, including many prescription pain pills and heroin. Prolonged use of opioids fundamentally changes the brain and can make treatment and recovery even more challenging. To address these unique challenges, Hazelden offers you three possible COR-12 pathways, all of which include enhanced treatment services: (1) the option of treatment without medications; (2) the use of buprenorphine/naloxone; or (3) the use of extended-release naltrexone. Each of these three options results in better outcomes when a person actively engages in continuing care services.

All opioid-dependent patients who have significant withdrawal symptoms will initially be detoxed with buprenorphine/naloxone (Suboxone®) in order to make this transition as comfortable as possible. Once your withdrawal is stabilized, your treatment team will recommend the most appropriate COR-12 pathway for you.



In addition to comprehensive services, the three COR-12 options include:

1. No Medication Pathway

On this pathway, your withdrawal will be medically treated, when clinically appropriate, with a gradual taper using Suboxone® over a one- to two-week period.

2. Buprenorphine/Naloxone Pathway

Buprenorphine/naloxone (Suboxone®) is a medication used to treat withdrawal and cravings while assisting your recovery and allowing you to engage in supportive services over a longer period of time.

3. Extended-Release Naltrexone Pathway

Naltrexone is an "opioid receptor antagonist" and is administered as a monthly extended release injection. This medicine blocks the effects of opioids and also helps with cravings so you can participate in treatment services.

Medication-assisted treatment for opioid dependence with naltrexone and buprenorphine/naloxone is supported by scientific research and recommended by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA), Washington Circle (a policy group devoted to improving care for substance use disorders) and the Veterans Administration.

hazelden.org/cor12

District Attorney's Treatment Alternatives (DATA) Program

ARCA (and other providers) are working with the Forsyth County District Attorney's office, Probation, health department, Cardinal Innovations Healthcare (our Managed Care Organization-MCO), the County Managers office, and other providers to develop a new diversion program to get help to those who have committed non violent crimes of opportunity in order to support their drug or alcohol addiction. This program will involve Medication Assisted Treatment options where appropriate. Here's a summary of the program as it stands thus far:

Jim O'Neill (Forsyth DA) will be presenting an overview of the program to the Forsyth commissioners in July. Forsyth County has designated/committed funding from their annual behavioral health allocation (county "Maintenance of Effort" dollars). Program services outside the jail may be billed to Medicaid or to state behavioral health funds allocated to the three providers.

Here is an overview of the services envisioned:

- Tentative program name: **District Attorney's Treatment Alternatives (a.k.a. the DATA program)**
- A new position will be created to deliver program services in the jail, provide certain case management-like functions and oversee program compliance of participants.
- Inmate selection and participation in the program will be managed/approved by the DA's office.
- Pre-treatment
 - Evidence-based screening to determine level of care (provided in the jail by the DATA Program Coordinator)
 - Evidence-based group services (provided in the jail by the DATA Program Coordinator)
 - Comprehensive Clinical Assessment (CCA) – provided by ARCA, Insight or Daymark to individuals who have been formally accepted into the DATA program upon their release from jail
 - Treatment plan – completed by the provider who conducts the CCA
 - Treatment Authorization Request to Cardinal (to approve delivery of the needed services) – completed by the provider who conducts the CCA
- Participants in the program will receive a "Naloxone challenge" to assure safety to receive the first of monthly Vivitrol injections – both to be delivered by Correct Care in the jail.
- Vivitrol will be prescribed and administered monthly by the treating provider during the life of their program participation.

Pilot programs like this if successful will most likely be replicated in other counties. This will mean even further increased demand for our services.

Forsyth EMS Pilot Project

- Mobile Integrated Health(MIH) Paramedics
- Streamlined to treatment
- Bypass Hospital Emergency Room
- Saves time, money
- Reduces burden on Emergency room



ARCA (along with Old Vineyard Behavioral Health) collaborated on two initiatives recently.

ARCA assisted in training all first responders in Crisis Intervention Training (CIT). This prepares first responders to be aware of signs of mental health problems including substance use. And how to work with them to connect them to services.

We also developed a pilot project to where Paramedics who identify a person that may be appropriate for substance use disorder treatment or detox. They work with ARCA intake staff to assess and directly admit appropriate clients to ARCA (or Old Vineyard) and bypass the Hospital emergency rooms. This saves costly time and resources and gets the client to the help they need faster.