

SFY 2007 Mental Health Trust Fund Plan			
	SFY 07 Plan	SFY07 Sub Amounts	Item Description/Comments
1	6,446,231		Increase Community Capacity for Acute Services - All Disabilities: Funds will be used as an incentive to create services needed to ensure adequate crisis response systems in communities, including Community Based Hospital Beds, 24-Hour Response Systems, Respite Care, Mobile Crisis Services and improved physician access. Funds will be used in coordination with one-time and recurring crisis funds appropriated by the General Assembly to develop a full array of crisis services throughout the state, with special emphasis on services linked to or operated in association with community hospitals.
2	2,000,000		Increase Community Capacity (Child MH & SA): Start-up funds needed to provide increased support of community based and in-home services for children and adolescents with mental health and substance abuse problems. Funding needs include start-up costs for providers for training, staffing, etc. Now that new service definitions have been implemented statewide, these funds will be used in SFY 2007 to increase community capacity for those services to decrease the use of residential services for children and to assist providers to transition to the new Therapeutic Home definition when approved by CMS.
3	2,917,682		Increase Community DD Capacity: Funding needed to continue start-up costs for individuals coming out of the developmental centers. Funding also needed to develop and implement services and supports for individuals with TBI (Traumatic Brain Injury) and to provide education and support for TBI service providers.
4	4,650,478		Increase MH Community Capacity: See 4a and 4b below
4a		4,405,270	Increase MH Community Capacity: Funding to address community capacity service expansion in order to continue downsizing of the four State psychiatric hospitals. Funds will be used to assist providers in completing the transition to new services, provide training on first responder issues, and begin to implement fidelity measures.
4b		245,208	3rd year of a three year contract with GlenCare in Warsaw to pilot specialized community based nursing care for individuals with mental illness.
5	2,374,976		Substance Abuse: Funds for start-up needs to include non-hospital medical detox capacity, transitional housing for substance abusers, Half-Way House services, intensive outpatient treatment programs, and other services to effectively serve clients in local communities. One-time grant based transition funds are also needed to assist providers in strengthening infrastructure regarding service planning, authorization, delivery and reimbursement mechanisms.
6	1,418,044		Housing Initiative: See 6a, 6b and 6c below
6a		500,000	Housing Initiative: Funding needed to continue support from allocations in SFY06 that leveraged an additional \$1.8m in other housing funds through a joint effort with NC Housing Finance Agency (NCHFA) to create the Key Program Fund, to provide rental assistance for individuals with disabilities over a 10-year period in 248 LIHTC units constructed under the 2004 LIHTC Qualified Allocation Plan (QAP). \$500,000 in SFY07 funding will leverage an additional \$800,000 from NCHFA to make approximately 100 additional units funded in 2002 and 2003 affordable to persons with disabilities over a 10-year period. These units have been constructed, have Targeting Plans in place but are currently not affordable to persons with extremely low incomes. Funds will increase the availability of housing for individuals with disabilities via operating assistance payments made by NCHFA to participating properties.
6b		58,044	Funding needed by DHHS for Real Choice Housing Grant project to continue commitment from SFY06. These funds are used in association with federal funds received by DHHS for the purpose of building additional housing capacity at the local level.
6c		860,000	Funding for a 3 year pilot project (total estimated cost = \$2.5 million) to address homelessness for people with disabilities by partnering staff devoted to the development of housing options with ACTT and Community Support Teams. The combination of housing emphasis with treatment has been proven to be effective in other areas of the country.
7	2,823,708		LME System Transition for Provider Organization: Continue commitment from SFY 06 to assist service providers with one-time funding needs to support their efforts to build additional community capacity as service provision is divested from the LMEs to the private sector. Funds will help develop and stabilize a wider array of community based service providers. In addition, funding is needed for specific start-up incentive funding for underserved populations and to assist LMEs to recruit additional service providers. Funds will also be available to assist providers with start-up and one-time costs associated with preparation for national accreditation. One-time grant based transition funds are also needed to assist providers in strengthening infrastructure regarding service planning, authorization, delivery and reimbursement mechanisms.
8	500,000	0	Research and Evidence-Based Practice (EBP) Improvement: Start-up funds needed for piloting of research and evidence-based practice improvement projects to provide consumer based-training and technical assistance. Funds will be utilized to support the Practice Improvement Collaborative (PIC) through support of expert panelists, analysis of implementation strategies and assistance to the LMEs and providers in adoption and fidelity support mechanisms for EBPs. Ongoing cost will be defrayed by realigning existing funds as EBPs replace other services.
9	3,706,121	0	Reserve for New Regional Psychiatric Hospital: Balance from SFY 06 needed to continue commitment for New Hospital
10	4,108,703		Reserve for ADATC Capital (HB 1414, Section 10.24): See 10a and 10b below
10a		1,703,814	WBJ ADATC (Greenville): Funding needed to continue commitment in SFY 06 for anticipated capital project completion in October 2006, with staffing to start in 1st quarter of SFY07
10b		2,404,889	JFK ADATC (Black Mountain): Funding needed to continue commitment in SFY 06 for anticipated capital project.
11	222,308		ADATC Acute Medical (Detoxification) Capacity: \$36,000 needed to continue support of RJ Blackley time-limited positions from SFY06 thru 9/30/06; \$186,308 needed to support JF Keith for SFY07 staffing needs.
12	514,908		Partners in Autism Treatment and Habilitation (PATH) House at Murdoch (HB 1414, Section 10.23): Original amt. of \$500,000 set aside for PATH in SFY05. Balance from SFY 06 is \$389,908 anticipated to be used in SFY07 for construction. Also, includes \$125,000 for SFY07 anticipated shortfall.
13	1,530,000		Training/Planning/Evaluation/Technical Assistance: Start-up funds needed for present and prior commitments from SFY 06 to support training related to system reform, new service definitions and evaluations; provider training in business practices in a reform environment; technical assistance provided to LMEs and providers regarding budgeting, finance, billing, etc. Includes funds to cover cost of competitively bid proposals from SFY 2006 which address legislative requirements for (a) Long Term Plan for Meeting Mental Health, Developmental Disabilities and Substance Abuse Service Needs (SB 622, Section 10.24) and (b) Senate Bill 1152, Part VIII, "Study Financing of Mental Health, Developmental Disabilities, and Substance Abuse Services", Section 18.1.
14	33,213,159		GRAND TOTAL REQUESTED
15	32,883,159		SFY 07 MHTF AVAILABLE
16	330,000		SFY 07 MHTF Estimated Interest Earned
17	0		ADJUSTED TOTAL AVAILABLE (not yet committed)