

Mark Long: From State Hospitals to Community-Based Treatment

by Aisander Duda

Mark Long also has seen it all in his 30 years as a consumer of mental health services in North Carolina. He has been admitted to every state psychiatric hospital. He has lived in group homes and on the street. Mark has tried nearly every treatment available, often enduring painful side effects.

Diagnosed with paranoid schizophrenia as a young man, Mark spent most of the 1970s and 1980s in and out of psychiatric hospitals. He says, “I felt like a yo-yo. I would bounce into one situation, and then I would bounce back out. I went from being in a hospital to being back in the community every few months.”

After making a third attempt to take his own life, Mark left the family care home where he was living, walked down the street, and found Residential

Treatment Services of Alamance in Burlington. He was placed in the Bellshire Apartments in Greensboro, a community of individuals disabled by chronic mental illness. With the help of his apartment coordinator, he began to maintain his own medications and appointments. He even worked with the Division of Motor Vehicles to obtain a driver’s license.

After he learned to live independently, Mark decided to attend UNC-Greensboro in 2007, graduating with a degree in social work in May 2009. At the same time, Mark became one of the first Peer Support Specialists in our state. These specialists are people in recovery from mental illness or substance abuse who provide support to others by sharing their experiences. In July 2012, there were 695 certified Peer Support Specialists in North Carolina.

Mark says, “To the people I work with, I can be as important as someone with a master’s degree in social work or a psychiatrist. It’s my life and experiences that allow me to connect with consumers in a different way and offer the kind of help another professional can’t.” Mark Long finally has found the right treatment, a place to call home, and a vocation.



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David Swann is the chief clinical officer for Partners Behavioral Health Management and former director of Crossroads Behavioral Healthcare, the local management entity serving Iredell, Surry, and Yadkin counties. He says the data used to show the number of people served in the community does not demonstrate the full scope of those treated. Swann explains that reports do not capture the actual number served because some services provided to consumers in the community are not reported. There are codes for each service provided, and if a code does not exist for a service then it cannot be submitted for payment and thus recorded.

At the Crossroads program, anywhere from 20 to 30 percent of the total services provided are delivered to consumers and paid for without data being submitted because no code exists for the service. Crossroads receives slightly more than \$900,000 in county funds, and these dollars are used to provide critical services that are not authorized by the state or Medicaid. For example, a six-bed transitional housing program provides shelter and care to keep people in the community, and it lowers the readmission rate to hospitals. Recovery services are offered at three education centers, helping consumers learn to manage their illness while providing access to care. And, provider organizations deliver psychiatric care by using resident physicians from Wake Forest University Baptist Medical Center. Swann says, “These services are essential to the system of care within our community; however no service code exists for these services, and therefore, the services do not get reported or captured by the current state system.”