

Daymark Recovery Services, Inc.

Chief Program Officer’s Annual Report to the Board of Directors

January 2026

**Daymark Clinical Operations Structure**

Daymark continues to strive to meet the needs of those served and to satisfy all requirements for numerous payers, program requirements, and the constantly changing landscape.

The rollout of the tailored plan was completed; however, it was accompanied by several implementation challenges. The most recent challenge involves the launch of the child specialty plan on December 1, 2025, which has presented difficulties in the authorization process, care management, and other plan services.

As part of strategic growth, the clinical leadership team routinely reviews the structure and leadership of each department. This year, several new positions were created, and existing roles were modified to enhance leadership depth and ensure successful succession planning. This year, the clinical team has added leadership depth to our specialty teams, BHUC, and Intensive in-home teams.

The clinical departments are organized as follows:

Preventative Care	Outpatient Care, Tailored Care Management, Specialty teams.
Outpatient Crisis Services	Crisis Walk-in, Mobile Crisis, BHUC, MORES
Enhanced Services	ACTT, ISP, PSR, IIH, Day Treatment
Inpatient Crisis Services	Facility Based Crisis, Inpatient Facility

\*\*\*Inpatient units are under the leadership of Dr. Lisa Brandyberry

Preventative care, outpatient crisis, and enhanced services each have a senior program director, and then regional or programmatic leadership based on the needs and size of the program. These services are under the Chief Program Officer for Outpatient and Community-Based Services.

Staffing remains a challenge in some areas and programs, but has improved since the pandemic. Remaining competitive on salary and benefits remains a challenge. The clinical leadership advocates for promotions and enhanced compensation packages to help Daymark attract and retain a well-qualified, diverse workforce.

**Daymark Trauma Informed Practices**

Daymark follows the SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach including implementation in the ten domains of service delivery, the assumptions of a trauma-informed approach, the use of universal trauma precautions, the guiding principles to a trauma-informed approach and education about trauma including social determinants of health, toxic stress, the ACES study, trauma precautions, and awareness, trauma-informed assessments, treatment, prevention, early intervention, and above all, doing no harm to those we serve. This plan is reviewed annually with updates made as needed. Daymark continues to work with staff to better understand the needs of the population we serve, with the ultimate goal of helping individuals thrive and enjoy better overall health and wellness. Those served by Daymark have a much higher average ACES score than the general population.

ACES By Gender	FY 20	FY 21	FY 22	FY 23	FY 24	FY25	Average
Female	3.81	3.89	3.86	3.96	3.93	3.97	3.90
Male	2.71	2.78	2.74	2.82	2.78	2.84	2.78
Transgender	4.10	4.22	4.58	5.07	4.36	4.94	4.55
Non-Binary/Other	1.00	2.33	2.71	5.67	5	4.26	3.50
Average	3.22	3.29	3.25	4.38	3.27	4.00	3.68

\*\*\*National Average- Males, 1.98, Females, 2.59 (source NIH)

Daymark continues to work to ensure that all staff receive training in trauma-informed practices. This training program includes direct care and non-clinical departments. In addition, the clinical leadership has engaged in ongoing conversations regarding being trauma-informed leaders. Given that those who work in behavioral healthcare tend to have higher ACES scores than the general population, it is important for Daymark leadership to understand and address the workforce's challenges as part of workforce development.

### Daymark Service Types

- Universal Advanced Access (UAA):** Daymark offers Advanced Access in 27 counties. Advanced Access is designed to see patients on a walk-in basis. The vast majority of the people seen in Advanced Access are at high risk for hospitalization. Daymark's goal is to prevent as many hospitalizations as appropriate and reduce emergency room use. Daymark routinely tracks assessment wait times and has implemented changes to improve the overall service delivery. The goal is to offer this service 24/7. Outside of Monday-Friday, 8 a.m.- 5 p.m., Daymark is able to offer assessments through the Behavioral Health Urgent Care (BHUC) centers. This includes services for persons outside of the counties with a BHUC via telehealth.
  - Daymark sent 0.32% of walk-in patients to the emergency department for psychiatric reasons in FY25. This is lower than FY 24.
  - The number of individuals triaged as emergent continues to increase drastically, with FY25 showing a tremendous need in our communities for immediate access to care. This can also be attributed to the expansion of additional accessible BHUC services.

FY	Total Walk-Ins	FBC	Advanced Access/BHUC	Emergent	Urgent	Routine
2025	34,504	2,067	32,437	15,618	17,705	1,181
2024	30,525	2,831	27,694	12,109	16,520	1,896
2023	29,028	3,707	25,321	6,343	17,064	1,914
2022	29,322	4,415	24,907	4,250	18,263	2,394

2021	27,355	4,422	22,763	1,581	18,284	2,898
2020	29,377	4,213	25,164	2,184	19,176	3,804

- Emergent is defined as a person presenting with psychosis, suicidal or homicidal ideation, or in need of detoxification.
  - Urgent is defined as a person who reports being in crisis and at risk of needing hospitalization if they do not receive services within the next 24-48 hours. Anyone with a substance use disorder is also considered urgent if they do not need detox.
  - Routine is defined as a person presenting without a crisis and reporting issues that would not typically lead to hospitalization, as long as their needs are met in a timely fashion.
- **Behavioral Health Urgent Care (BHUC):** Daymark currently has seven BHUCs. The Winston-Salem BHUC has been in operation since 2018. The BHUCs in Randolph County and Richmond County were added in April 2021. The BHUC in Mecklenburg County opened in April of 2023 in partnership with the Steve Smith Family Foundation. The Rockingham County BHUC opened in May 2024. In FY 25, Daymark opened BHUC locations in Harnett County and Rowan County. The Harnett County BHUC is in a temporary location until the construction of the new facility is completed in 2026.
    - BHUCs serve as a 24-hour walk-in clinic. A person can stay in the observation unit for up to 23 hours. The team consists of health professionals, clinicians, and crisis workers. This service offers an alternative drop-off site for EMS and Law Enforcement and works to divert patients from the hospital. In FY 2025, the seven BHUC locations served 14,760 individuals, with an average length of stay of 11:30. Only 0.44% of those presenting to the BHUC were sent to an emergency department for psychiatric reasons. Daymark anticipates this service will continue to grow as the BHUC locations saw over 6,000 more people in FY 25 than in the prior year. Only 726 of those people were attributed to the new locations that were only open for a few months in FY 2025.
  - **Outpatient Clinics:** Daymark has 27 outpatient clinics to provide preventative and ongoing psychiatric services. The daily services offered include individual and group therapy, psychiatry, and assessment. All of our outpatient centers provide a wide array of evidence-based practices. Some of the treatments offered are Dialectic Behavioral Therapy, Motivational Interviewing, Seeking Safety, Living in Balance, Cognitive Behavioral Therapy, Wellness Recovery Action Plan (peer-led), Relapse Prevention, Trauma-Focused CBT, Parent-Child Interaction Therapy, Anger Management, Gender-Specific Treatment, and Wellness Recovery. As part of outpatient services, Daymark offers Jail Services, Stepping Up, Work First, DWI treatment, Federal Probation, Veterans' Court, Mental Health Court, Drug Court, and Overdose Response Teams in several communities. Substance Abuse Intensive Outpatient (SAIOP) is also part of the Daymark outpatient service array. Daymark has added a universal team to ensure that anyone needing MAT for opioid use disorder can receive it in a timely manner.
  - **Tailored Care Management (TCM):** Daymark has been a leader in delivering TCM services in North Carolina. There have been many challenges over the past three years related to state and plan-level issues, including assignment and retention of assignments. There continues to be a

large fluctuation in TCM assignments. Daymark's panel is over 26,500 persons as of December 2025. This makes Daymark the largest CMA in North Carolina. The current engagement rate varies depending on how many new assignments and how many people are removed by the plans from our panel on any given month. This makes it difficult to measure accurately as we may have stale information from the plans. This service addresses social determinants of health to help ensure access to needed care and services.

- Enhanced Services: Daymark offers an array of enhanced services in various locations. These services include Day Treatment, Psychosocial Rehabilitation (PSR), Guilford Substance Abuse Residential, IPS, and Assertive Community Treatment Team (ACTT).
  - Intensive In-Home: Daymark currently has 10 Intensive In-Home Teams as part of the child-enhanced service array. Frequently, the child or adolescent in the home is at risk of being placed in foster care or being sent to a juvenile detention facility. The goal of Intensive In-Home is to address the mental health and/or substance abuse treatment needs of the child or adolescent. Furthermore, the team works with the parent(s) to implement more effective parenting techniques. All Daymark Intensive In-Home teams currently utilize Cognitive Behavioral Therapy techniques as evidence-based practice.
  - ACTT: Daymark has five regional ACTT teams that serve those who have mental health diagnoses that are considered severe and persistent. Examples may include Schizophrenia, Schizoaffective Disorder, or Bi-Polar Disorder. The ACTT team is community-based and works to help this population remain in the community. The multidisciplinary team comprises peers, a therapist, substance use disorder counselors, a psychiatrist, a vocational specialist, a housing specialist, and nurses.
  - PSR: Daymark has five psychosocial clubhouse programs. Each program provides day services Monday-Friday. The programs follow the Fountain House Model for Clubhouses.
  - Guilford Residential Substance Use Disorder Treatment Facility. Daymark has operated this service since 2010. Guilford County and Daymark are working together to expand the scope of services offered at the facility. Medication-assisted treatment, along with induction, is now available as part of the service array. Guilford County purchased a building to relocate this program. This move has been delayed until the 3<sup>rd</sup> quarter of the FY in 2026
- Mobile Crisis: Daymark operates Mobile Crisis under the program name Mobile Engagement Team (MET). This innovative approach allows the team to provide more than a crisis response and positions the MET team to engage in crisis prevention. At this time, the MET teams serve 18 of Daymark's counties. This is an addition of four counties in FY 25. Daymark also operates three other programs in conjunction with Mobile Crisis. This includes programs in Wilkes and Davidson Counties that engage with DSS families, as well as the MORES program.
  - Daymark is also a pilot site for the Mobile Outreach Response, Engagement and Stabilization Program (MORES) in two counties. MORES provides crisis intervention, over the course of several weeks, to children and their families who have experienced a crisis. This program extends beyond a routine mobile crisis response. This program has expanded over the last year and is expected to become statewide at the end of the pilot.

#### **Management of Centers:**

Daymark’s outpatient and community-based clinical leadership is divided into three departments: Preventative Care, Enhanced Services, and Outpatient and Community Crisis Services. The leadership structure is similar across all departments, with slight variations based on the service design.

Directors- Clinical Team

Michelle Ivey	Chief Program Officer, Office and Community Based Services
Ashley Golds- Senior Program Director	Outpatient Crisis- MET, BHUC, Universal AA
Courtney Wagoner- Program Director	MET, MORES
Jordan Hemmings- Program Director	BHUC Regional
Annette Gaither Program Director	BHUC Regional
Alexandra Lundberg	UAA
Jean Tillman- Senior Program Director	Enhanced Services (PSR, ACTT, IIH, IPS, Day Tx, Guilford)
Jonathan Jackson- Program Director	Child Enhanced (IIH, Day Tx)
Danielle Thompson- Program Director	Adult Enhanced (ACTT, PSR, Guilford)
Heather Hedrick- Senior Program Director	Preventative Care (outpt, care management)
Regional Program Directors- Preventative Care	See Below
Krysta Christ	Specialty Team Program Director

Sarah Dunagan Mountain Region	Emily McPeak Foothills Region	Rebecca True Piedmont Region	Jerry Earnhardt Triad Region	Tyler Keziah Central Region
Alleghany Ashe Avery Watauga Wilkes	Surry Davie Forsyth Iredell Stokes Yadkin	Rowan Davidson Cabarrus Stanly Union Mecklenburg	Anson Guilford Montgomery Randolph Rockingham Richmond	Chatham Harnett Hoke Lee Moore Vance

Abbreviations	
Chief Program Officer	CPO
Senior Program Director	SPD
Program Director	PD
Regional Program Directors	RPD

**Disorders Treated:**

Daymark patients present with a wide array of disorders. Daymark’s clinical staff utilizes the most appropriate evidence-based practice to treat these disorders. Staff are required to be trained in several treatment modalities, as the population served by Daymark is highly complex. More than 50% of patients have more than one diagnosis. Among patients with substance use disorders, more than 80% have an underlying mental health diagnosis. Daymark offers a robust training program for staff to ensure competent care and achieve the best outcomes for patients.

### Common Disorders Diagnosed in Adults:

Major Depression      Post-Traumatic Stress Disorder      Anxiety

Schizophrenia      Schizoaffective Disorder      Borderline Personality Disorder

Substance Use Disorder (Includes alcohol, opiates, marijuana, benzodiazepines, stimulants, inhalants and various “designer” drugs)

### Common Disorders Diagnosed in Children and Adolescents:

Oppositional Defiant Disorder      Conduct Disorder      Adjustment Disorder

Attention Deficit Hyperactivity Disorder

### **Impact of Daymark on the Community**

#### Emergency Department Diversion:

The vast majority of patients seen in Advanced Access are treated in the community. During FY25, the average number of patients seen in Advanced Access who are subsequently sent to the emergency department for any reason is 1.23%. This is primarily due to Daymark’s ability to use the BHUC service model as an alternative to the emergency department. Of the persons sent to the emergency department in advanced access and the BHUCs, only 0.34% were sent for psychiatric reasons. This metric has decreased slightly from prior years. Daymark diverted 16,561 individuals from the emergency department in FY 2025. The number of diversions continues to increase each year, even though the population served is presenting with much higher needs than in the past.

#### Mobile Engagement Team Diversion:

In FY 2025, 90.23% of individuals seen by mobile engagement were able to stay in the community. The remaining 9.77% required a hospital or emergency department setting. Those requiring hospitalization have increased slightly. This is due to increased acuity across all areas of Daymark.

When appropriate, mobile engagement seeks placement in a facility-based crisis unit or other community-based non-hospital levels of care. If inpatient care is not necessary, mobile engagement can complete a comprehensive clinical assessment in the community and refer the patient to the Daymark clinic in the patient’s local area. This eliminates the necessity for a lengthy first appointment at the center to complete the assessment.

#### Integrated Care Initiatives via Technology:

Daymark providers leverage the power of an Electronic Health Record (EHR) that meets and exceeds the latest Federal interoperability standards defined in the certification requirements for the 2015 Edition Cures Update. Daymark maximizes interoperability by continuously retrieving data from neighboring hospitals and ambulatory care systems via automated mechanisms to maintain a health record for each patient that represents the “whole person”. A Clinical Intelligence Engine recognizes significant health status changes, such as a new diagnosis of diabetes by an external provider or an Emergency Department admission, and alerts relevant Daymark Care Team members. Similarly, Daymark shares significant information with other providers of Daymark’s patients in real-time through these same interoperability standards.

Daymark's EHR is a 2015 Cures Update Certified System, the most current certification available from the Office of the National Coordinator for Health Information Technology (ONC) as of January 2026, which is also Healthcare Information and Management Systems Society (HIMSS) validated at Stage 6. Daymark is connected with the Health Information Exchange (HIE)/NC Health Connex and Carequality. Daymark is currently onboarding with an enhanced national health data exchange environment through a Qualified Health Information Network (QHIN) scheduled to go live early in 2026. This allows for nearly real-time reports on services patients receive from other care providers from all healthcare disciplines nation-wide, with the most recent enhancement having provided the ability to access real-time pharmacy prescription fill information to better monitor patient compliance with prescribed medications. Daymark strives to be an early adopter of new federal standards to maximize the potential of the federal Merit-Based Incentive Payment System and Promoting Interoperability programs that require evidence of the integration of advanced healthcare technology into provider workflows that are designed to improve the quality and outcome of every patient encounter.

#### Community Involvement:

Daymark staff are involved in many aspects of the community. All Daymark centers work with school systems, probation, parole, housing, vocation, social services, public health, law enforcement, physical health providers, other behavioral health providers, and emergency medical services. In some counties, Daymark has contracted with the local hospitals and jails to provide services. Jail services are provided in several counties, and Daymark staff work closely with the jails to ensure a smooth transition into treatment upon release for those in need of services. Daymark has worked to establish more robust relationships with Federal Qualified Health Centers (FQHCs) to ensure the physical health needs of the patients served are met. New initiatives are added each year to meet the community's needs. Daymark has worked to be a leader in assessing and addressing social determinants of health. Through the TCM program, Daymark has become increasingly involved with primary care providers, hospitals, group homes, and other community agencies such as food banks, housing programs, and vocational programs.

#### Outcome Measurements and Screening Tools:

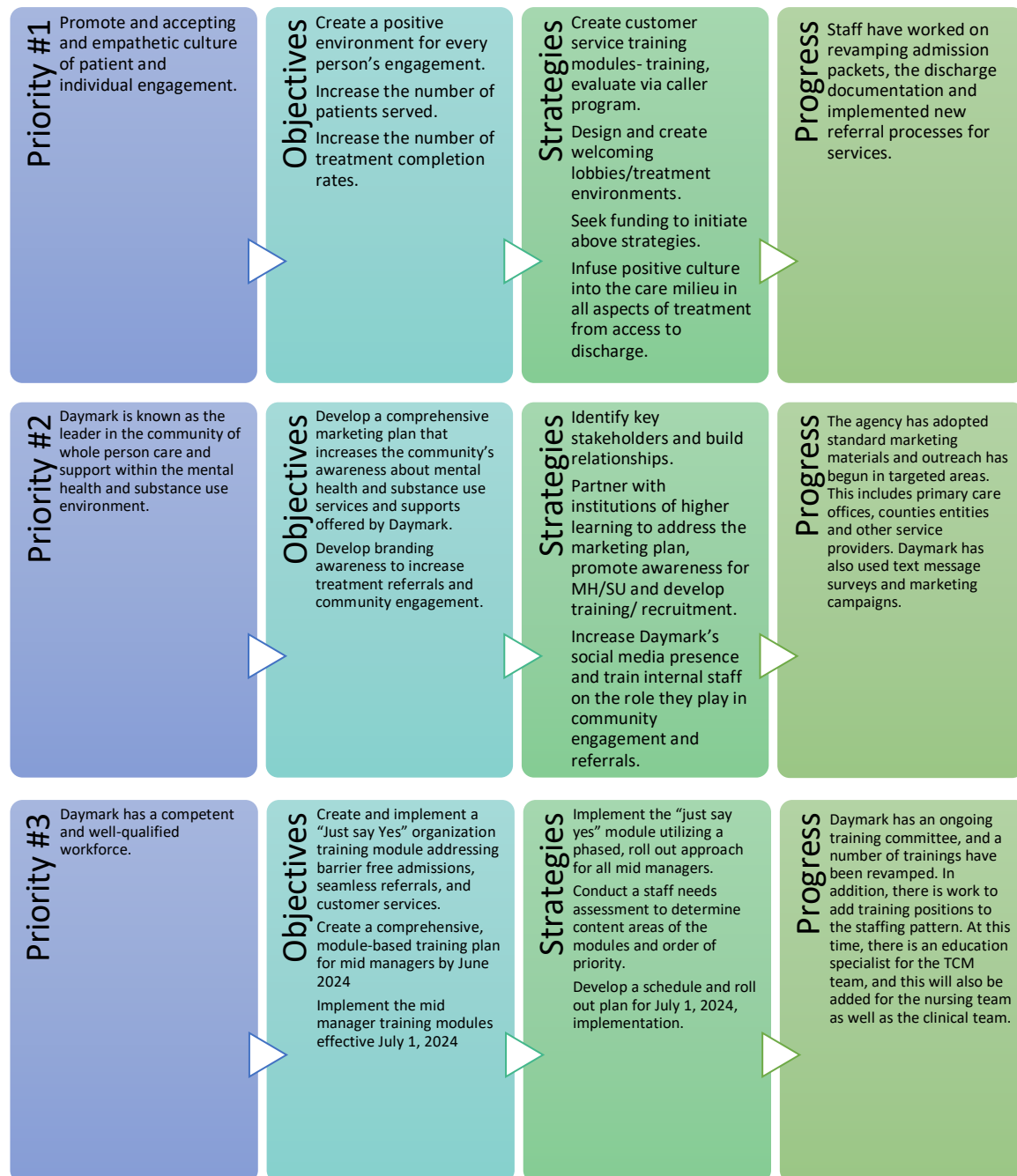
Daymark utilizes several screening tools and outcome measures to ensure that quality care is delivered. These metrics include, but are not limited to, risk scores, depression screening scores, reduction of the number of adverse social determinants of health, and the number of persons who are able to transition to a lower level of care or remain in a community-based setting. These tools are integrated into the electronic health record. In addition, Daymark has enhanced the assessment to capture additional information, driving better care and outcomes.

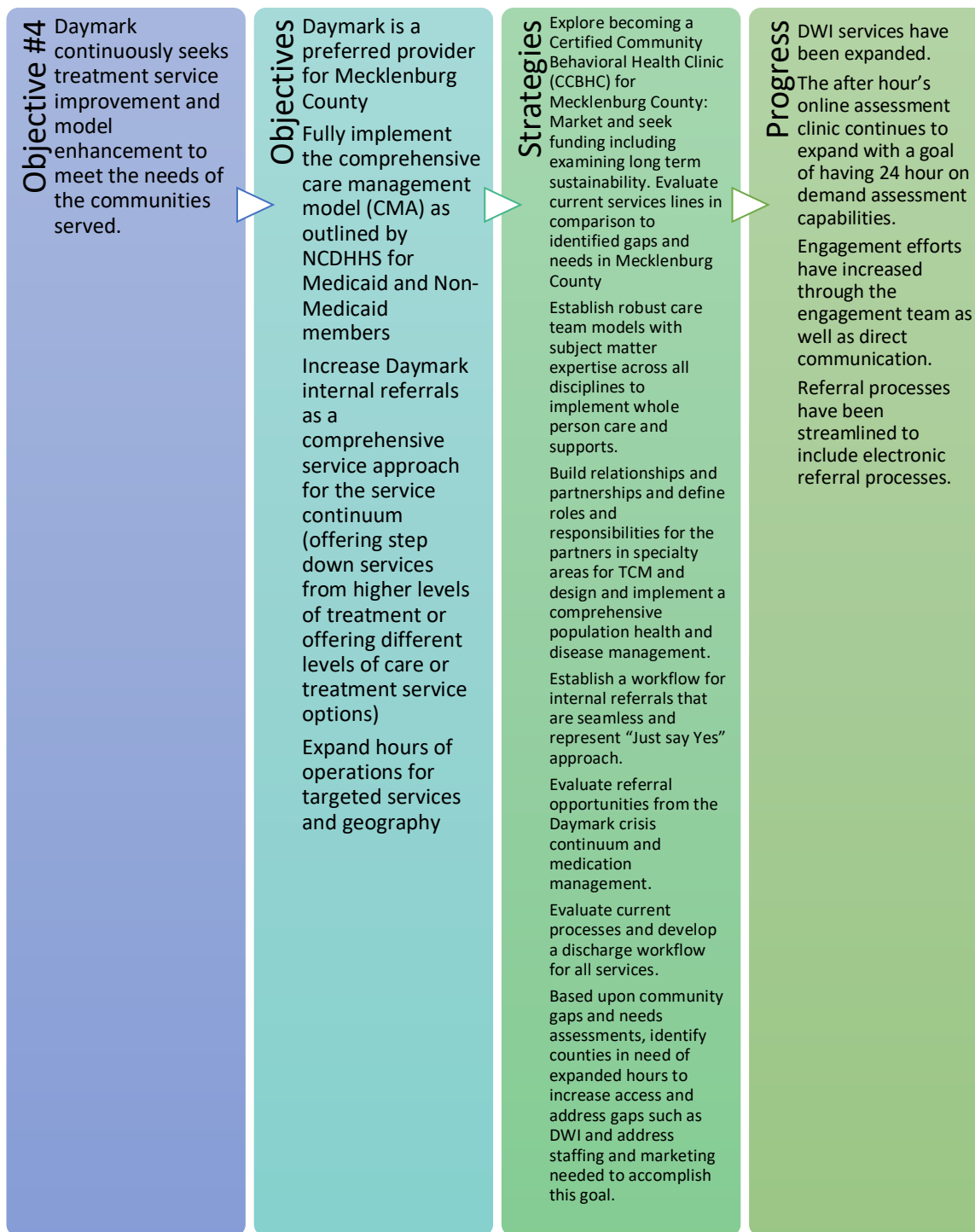
As NC transitions to value-based reimbursement models, Daymark will continue to expand our service offerings and focus on specific outcomes. Daymark measures the use of crisis services, hospitalization rates among our patients with SPMI, and nationwide metrics such as HEDIS measures. Daymark strives to be a leader in population health management through innovation and a dedication to improving health and quality-of-life outcomes for those we serve. Daymark has achieved exceptional performance with a MIPS score of 94.29/100. In addition, NCTOPPS data is reviewed for compliance and patient outcomes. As part of TCM, Daymark routinely engages staff in education about physical health conditions, population health management metrics, and how to ensure preventative care is delivered to those we serve.

## Daymark Clinical Strategic Planning Goals

Daymark leadership, clinical, and administrative staff have been working with CCR and persons receiving services to implement the strategic plan. Daymark is entering the next strategic planning cycle with a continuation of several goals and the addition of new goals.

The Chief Program Officer and Senior Program Directors continue to work towards strategic planning goals routinely. There have been many accomplishments in 2025. The clinical management team will continue to implement models that enable Daymark to lead in care management, integrated care, and quality outcomes.





## Accomplishments

When asked about accomplishments, Daymark’s Senior Program Directors provided several pages of achievements for each department in the last year. Below are a few highlights from the comprehensive list.

## Preventative Care:

- Built TCM Specialty Team – Start of 2025 – 0 employees, now 37 staff are allocated to the TCM Specialty Team RU
- “Live” with Value-Based Contracting for TCM health performance measures for Alliance and Trillium
- Launched appointment text/email reminders
- Launched the electronic version of the medical record analysis form
- Launched tutorial videos on the Daymark Reporting website for common tasks – assessment enhancements, T/D form, financial intake processes, etc
- Launched Trillium RBHC
- Launched NCSTART in Rockingham County
- Launching Detention Center services in Cabarrus County
- Expanded DWI services in Davie, Hoke, Richmond, and Surry (Anson and Watauga are in progress – still waiting for the state to approve their application)
- Worked with finance department to move financial intake training to Relias and launched and co-facilitated monthly Financial Intake VOH to improve the agency's ability to bill for all services and decrease denials.
- Assisting with hiring for Financial Intake Education Specialist and RN Educational Specialist (offer extended and candidate scheduled to start 1/5/25!)
- Continue to lead the agency vehicle needs committee to ensure efficiency, safety, and consistency with agency vehicles. This year, we were able to deploy Azuga tracking devices in all agency vehicles.
- Worked with HR to facilitate 2 Preventative Care hiring events to decrease outpatient vacancies (one hiring event for OP clinicians, one for TCM staff)
- Decreased CD vacancies – currently, Stanly is the only CD vacancy.
- TCM PMPM Record Set in October 2025 – 5259 PMPM contacts
- Strategic Plan Workgroup Accomplishments
  - -Increased Preventative Care services by **12.4% FY24 to FY25** (Services Included on graphic below: DWI, Family Therapy, Group Therapy, Individual Therapy, Med Management, Psychiatric Eval, SAIOP, TCM)

## Enhanced Services:

### Day Treatment

The Development of Electronic Behavior Tracker to provide data regarding client progress.

**ACT-** The client census for all teams have significantly increased resulting in increased revenue, of 800% . A total of 113 clients admitted this year. The ACT Teams are nearly fully staffed. Staff William Racz from the Montgomery team won NC ACT Coalition Award for Generalist of the Year.

**Guilford** - Implementation of Long Term curriculum. Program has a total of 15 clients over 90 days. 3 clients in their 10<sup>th</sup> month of programming and 3 over 6 months.

**PSR-** Has seen a slight increase in internal referrals. Teams continuing to do community outreach and engagement to increase roster.

## **Outpatient and Community Crisis Services**

### **MET:**

- Received the National CrisisCon Award
- Moved Dispatch to a new location to provide better support and overall client care
- Developed a new command center and successfully implemented it.
- Started additional MET services in the Trillium area and brought on numerous new hires per the new MET structure
- Increased overall MET billing
- Started providing transportation through MET as a regular service
- Obtained an additional MET/Davidson DSS position due to the implementation of MET, assisting with the current Davidson DSS staff

### **UAA:**

- Fully staffed
- Increased overall daily assessment completion
- Developed a relationship with and increased referrals from WakeMed

### **BHUC:**

- Opened both the Harnett and Rowan BHUCs
- The governor visited the Mecklenburg BHUC
- Developed a chair board for better monitoring and data entry for the BHUCs

**Michelle Ivey, MSW, MHA, LCSW, CSWM**

**Chief Program Officer, Outpatient and Community-Based Services**

**Daymark Recovery Services Inc.**

**January 2026**