

THE DURHAM CENTER
Managing Behavioral Health & Disability Services

AREA BOARD MEETING

Thursday, May 7, 2009
4:00pm Regular Session

MINUTES

PLACE: 501 Willard St. Durham, NC
Conference Room 100

MEMBERS PRESENT: Earl Phillips, Chairman
Karen Crumbliss, Vice-Chairman
John Barry
Phil Golden
Dr. Nancy Henley
Dr. Tom Owens
George Quick
Amelia Thorpe
Rev. Melvin Whitley
Doug Wright

MEMBERS EXCUSED: Colleen Kilsheimer, Rev. Michael D. Page

MEMBERS ABSENT: None

GUESTS PRESENT:

STAFF PRESENT: Rob Robinson, Susan Knox, James Osborn, Terry Ames, Denene Hinton,
Carrie Baines

OTHERS PRESENT: Anita Daniels-Freedom House

1. CALL TO ORDER: Chairman Earl Phillips called the meeting to order at 4:07 pm.

2. ANNOUNCEMENTS:

Chairman Phillips announced that the North Carolina Council of Community Programs is holding its Spring Policy Forum June 1-2. If Board Members have not sent in their registrations they should give them to Susan Knox as soon as possible. Doug Wright will be elected President of the Council during the forum and Chairman Phillips encouraged Board Members to attend and support him.

Chairman Phillips recognized Karen Crumbliss, who also encouraged everyone to attend if they were able.

Chairman Phillips also asked that Board members who have not filled out their Ethics and Disclosure statement documents to please complete and get them in to Susan Knox as soon as possible.

Chairman Phillips conveyed Ellen Holliman's regrets that she was unable to attend the meeting because she is recovering from a recent medical procedure. It was also announced that Colleen Kilsheimer was unable to attend the meeting due to illness.

Chairman Phillips recognized Reverend Whitley, who announced that a Town Hall meeting about the Universal Healthcare bill would be held on June 13 from 10am-noon at First Presbyterian Church. He feels this is important to the Area Board because many Durham citizens who need treatment have no way to pay for it, and Universal Healthcare would help those seeking treatment. The Coalition Healthcare for America Now is soliciting reports from consumers about how not having healthcare has affected them when they have sought help. He asked if staff could help him find individuals who would be willing to talk about their problem at the Town Hall meeting. The Coalition has a contract with Domestic Policy in the Obama Administration to do grassroots organizing around healthcare. Lieutenant Governor Walter Dalton and Congressman David Price will be attending the meeting.

Chairman Phillips asked Rob Robinson to introduce the new Director of Utilization Management, Sean Schreiber.

3. AGENDA ADJUSTMENTS

Due to the absence of Area Director Ellen Holliman, discussion of the Legislative Update was tabled until the June 4, 2009 meeting.

4. FINANCE COMMITTEE REPORT

Chairman Phillips recognized George Quick to provide the Finance Committee report. The Committee reviewed the report on the budget for the ten months ending in April 30, 2009 and feels, based on that report, that The Durham Center (TDC) will meet our objectives and meet the budget at the end of the year.

Mr. Quick also reported that TDC staff have developed three new State-approved service definitions that will allow compensation for needed services rendered by providers that are not covered under existing service definitions. These services are Crisis Evaluation and Observation, Assertive Engagement, and Recovery Support. The new definitions, defined and developed by staff, have been approved by the State and can now be billed through the State.

Ms. Crumbliss commented that staff's success in having these service definitions approved was a laudable achievement which should result in better outcomes..

Chairman Phillips accepted the report.

5. CONSENT AGENDA

Chairman Phillips presented the following items to be approved on consent and asked if there was any discussion on the items.

- A. April 2, 2009 Regular Board Meeting Minutes
- B. Quality Management Report
- C. Human Rights Committee Report
- D. Consumer and Family Advisory Committee Report
- E. Executive Committee Report

Ms. Crumbliss commented that there was a Developmental Disability report with the Quality Management report which contains data that is presented in a different way and there is a lot of information. The report identifies specific numbers of people that are on waiting lists for developmental disability services.

Phil Golden moved approval of the reports. **Seconded by John Barry** . **Passed unanimously**.

6. PUBLIC COMMENT

There were no public comments.

7. REGIONAL MOBILE CRISIS SERVICES AND START PROGRAM

Chairman Phillips recognized Rob Robinson and staff to provide the Board with an update on the Local Crisis Plan. A copy of the PowerPoint presentation and a copy of the Hospital plan were handed out to Board members.

Mr. Robinson introduced James Osborn from Durham Center Access, Anita Daniels from Mobile Crisis, and Terry Ames from the START program.

Mr. Robinson presented the Local Crisis Plan. In February 2007 the State required that LMEs develop such a plan. The Durham Center's plan was completed March 1, 2007 and involved obtaining input from stakeholders, compiling a list of existing services, identifying Best Practice services to include in the crisis program, and gathering available data to support the decision making. An annual update to the Board is required.

Needs identified in 2007 included:

- Durham Center Access (DCA) upgrade to a better and larger facility
- Better coordination across systems
- First Responder network with providers for consistent, family-friendly, timely interventions
- More DD and respite options
- More transitional living beds
- Mobile crisis capacity
- A seamless service system
- Public awareness of available services
- A more inclusive process around crisis planning for consumers/families
- Community inpatient beds for children and adults

Since that original plan the following items have been accomplished:

- Hospital Plan developed
- DCA transitioned from a 12-bed non-secure facility to a 16-bed, secure facility
- Mobile Crisis began in November 2008
- START began in January 2009
- Walk-in Clinic opened in March 2009
- Coordination with Adult System of care (SOC) and homeless shelter to improve consumer connections
- Hospital Liaison and Care Coordinators dedicated to high risk/high cost consumers hired
- 15 transitional living beds added
- Local inpatient capacity at Duke increased
- Peer supports now available
- Provider training on crisis planning

- Continue to expand Evidence Based Practices continuum
- Expanded public awareness efforts
- CIT (Training for police officers on mental illness and how to respond) expanded
- Expanded Rapid Response/Respite beds-Crisis, therapeutic services for youth
- Established a Hospital Committee to review consumers going into and coming out of the hospital
- Using more data to make decisions regarding services and the people that we serve.

Reverend Whitley inquired whether providers are required to have a crisis plan that is in line with our plan. Mr. Robinson responded that Clinical Home providers are responsible for their consumers 24/7/365 which includes first responder services. Durham Center Access is a service available for consumers not open to the system or for open consumers who require a more intensive or higher level of response than what their provider can provide. They are required to have a crisis plan for every consumer they serve.

Mr. Robinson introduced James Osborn to update the Board on Durham Center Access (DCA). Chairman Phillips asked Mr. Osborn to follow up on the question from Rev. Whitley regarding provider crisis plans. Mr. Osborn responded that when an individual comes to Durham Center Access, they look at the Person Centered Plan (PCP) via Providerlink. They are able to review the crisis plan, which is part of the PCP, at the time of assessment. The assessment includes questions regarding the crisis plan, such as whether it works, , how it works, and how it may need to be modified.

He reported that DCA is set up for all Durham County residents who are in need of crisis services. It was initiated in July 2004 and is currently operated by Freedom House Recovery Center. Freedom House assumed management in July 2006 and the facility was moved to its current location on Crutchfield Street in August 2008. DCA provides the following services:

- 24-hour crisis facility
- 16 beds for short term stabilization of adults that are licensed to provide facility based crisis, non-hospital, medical detox
- 11 23-hour crisis evaluation/observation rooms for short term intervention to stabilize acute or crisis situations
- Screening, Triage and Referral telephone and face-to-face screenings after hours, holidays, and weekends
- Crisis risk assessment
- Mental health and Substance Abuse assessments
- Nursing assessment
- Involuntary commitment evaluations
- Non-hospital medical detox

The goals of DCA include:

- Reducing state hospital utilization
- Support community-based treatment
- Coordinate with outpatient providers to maximize client benefit and continuity of care in crisis events

Mr. Osborn presented data on the following items and asked the Board to keep in mind how the opening of the new DCA facility on Crutchfield Street in August 2008 significantly affected data due to the increase in beds and capacity.

- Admissions to the Crisis Evaluation/Observation beds. In 2008 there was an increase in the number of individuals admitted to these beds. The number of beds increased from six at the old facility, to eleven at the new facility.

- Admissions for short-term stabilization. The number of beds went from 12 to 16 and the number of “admits” increased as a consequence. Mr. Osborn noted that the location has also been significant to the increase in the use of the DCA facility, as they are on the Durham Regional Hospital campus. They receive four or more referrals from Durham Regional Hospital on a daily basis.
- Average length of stay for the Crisis Evaluation/Observation beds. These beds are 23 hour beds. Prior to May 2008 the average length of stay was exceeding 23 hours, while since May 2008 the length of stay has dropped. The major cause for exceeding 23 hours is waiting time for the State Hospital, while other factors include transportation issues and availability of law enforcement. Since moving to the new facility the average length of stay has stayed consistently below 23 hours.
- Average length of stay for short-term stabilization. Length of stay can be as high as 14 days but the average length of stay at DCA usually runs less than four days.
- Evaluation/Observation utilization percentage. The rate of utilization dropped in August 2008 because the new facility contained more beds.
- Short-term stabilization utilization tends to maintain at a higher level of utilization. In March 2009 utilization hit 100%.
- Hospital diversion. DCA is able to divert a higher number of individuals from the hospital, with rates tending to range from 60-80%.
- Percentage of homeless and unemployed served at DCA. The percentage of homeless individuals served ranged from 38-48%. The percentage of those unemployed ranged from 82-93%. Mr. Osborn noted that there are not large fluctuations in the numbers and the current economic crisis has not increased the percentages. Individuals may be represented in both the homeless and the unemployed categories.

Reverend Whitley asked for clarification on the use of the 23 hour beds and whether the consumers may go to the short-term stabilization beds at DCA.

Reverend Whitley inquired about housing for those consumers that are released from DCA.

Mr. Osborn introduced Anita Daniels to present information regarding Mobile Crisis and Walk-In clinic services. Ms. Daniels presented the following information to the Board.

- Services are targeted for Citizens of Durham County and are provided by Freedom House Recovery Center and is located at Durham Center Access.
- The Program was initiated in November 2008.
- They provide Community-wide team response for individuals in crisis. The team goes to wherever the individual is at the time of the crisis to complete an assessment.
- They have the capacity to intervene quickly, day or night when the crisis is occurring. Emergent cases can be seen within two hours.
- Goals include:
 - Stabilizing individuals in crisis as quickly as possible and assist in their return to pre-crisis level of functioning, keeping them in their natural setting as much as possible.
 - Avoid unnecessary hospitalizations
 - Make referrals and link consumers to needed services and supports.
- Number of Requests for Mobile Crisis Services have ranged from 12-30 per month since November with an average of about 20.
- Time of request – the majority of calls occur during business hours, 8:30am-6:30pm Monday-Friday.

- Time from request – required to address calls within two hours. The majority of calls are addressed in one hour or less. Often callers do not want the team to come out and the Team serves the consumer over the phone.
- Length of service – most calls are handled within four hours. On rare occasions calls have lasted for up to eight hours due to the need to arrangements for transportation to the State Hospital.
- Presenting problems – many of the clients have mental illnesses, the majority reporting depression and suicidal ideation. There has been an increase in callers reporting substance abuse problems.
- Billing service – 93% of callers do not have insurance, 60% are billed through IPRS, 24% Medicaid and 9% Medicare.
- Referral sources – there has been an increase in referrals from Urban Ministries shelter and Lincoln Community Healthcare. There has also been an increase in referrals from the colleges.

Doug Wright inquired about whether most of the phone calls are from self-referred consumers or family members/friends. Ms. Daniels stated that most of the calls are self-referrals that come in on the Screening, Triage, and Referral phone line. The next largest number is from family and friends.

Ms. Daniels also presented the following information about the Walk-In clinic.

- It is an office-based, outpatient service for adults, children and adolescents.
- It provides immediate screening/assessment and brief, intensive interventions to resolve the crisis and prevent admission to more restrictive levels of care.
- The intent is to bridge the gap before they have their appointment with their provider.
- It is provided face-to-face or via telepsychiatry – one location is the Youth Home.
- The program was initiated February 27, 2009.
- The program has seen 86 patients since it was initiated.
- Presenting Problem – the primary reason for client’s presenting to the Walk-In clinic has been for medication.
- Open to Clinical Home – almost 84% have a clinical home.

John Barry asked for clarification on the definition of clinical home.

Ms. Daniels responded that clients that have been referred to a provider agency may have to wait for their appointment. The Walk-In clinic bridges the gap between the referral and their first appointment and may provide medication or an assessment before they have their first appointment.

Rev. Whitley inquired about how many clients are seen repeatedly.

Ms. Daniels responded that there are repeat clients very rarely, only two clients were seen repeatedly.

Chairman Phillips inquired whether they have had to increase staff to handle the number of consumers coming to the Walk-In clinic.

Ms. Daniels responded that they Walk-in clinic staff and Mobile Crisis staff work together to meet the needs of the consumers.

- Diverted from in-patient treatment – the Walk-In clinic has diverted 93% from in-patient treatment. The other 7% were diverted to Durham Center Access (DCA).
- Disposition – 63% were referred back to their clinical home. Others received medication, a referral to DCA, the WMR program or their private insurance.

Dr. Henley asked for clarification regarding patients coming in to Durham Center Access and being triaged to facility-based services or the Walk-In clinic.

Ms. Daniels responded that at times that may happen. If someone comes to the Walk-In clinic that they believe are emergent, they can walk them to the facility-based crisis area to be admitted.

Dr. Henley inquired what the Walk-In clinic staff does when an individual that is not a Durham County resident comes to the clinic.

Ms. Daniels responded that this has happened on one occasion, and they contacted the Local Management Entity for the consumer's county of residence and made the connection. Mr. Osborn clarified that in crisis situations they will treat and stabilize the consumer and then return them to their home.

Doug Wright expressed his appreciation for Durham Center Access and all the teams working there.

Terry Ames presented a report on the Central Region NC-START (North Carolina Systemic, Therapeutic Assessment, Respite and Treatment). This is a national model and North Carolina is the first state to implement the model across all of its regions. NC-START is specific to developmental disabilities consumers who have a documented developmental disability and a co-occurring mental illness or significant behavioral challenges.

The following information was presented to the Board:

- The contracted agency for the Central Region is Easter Seals/UCP. Durham is the lead LME.
- There are two regional teams and one respite facility with four beds (with planned respite and crisis respite) in Franklinton.
- The program provides immediate screening/assessment and brief, intensive interventions to resolve crises and prevent admissions to more restrictive levels of care.
- It is provided either face-to-face or via telepsychiatry.
- The program was initiated in January 2009
- Targets individuals that are at least 18 years of age.
- As of March 31, 38 individuals have been served. The number served as of May 7, 2009 is 51.
- Dispositions of the 38 served:
 - 24 referred to an NC-START team for on-going support (45 as of May 7)
 - 8 linked to community resources
 - 2 de-escalations of Immediate crisis
 - 2 Hospital diversions
 - 1 referred to community psychiatric unit
 - 1 maintaining their current setting
- The NC-START team has provided training, technical assistance and education for all eight LMEs, the Mobile Crisis teams, Targeted Case Management agencies, Murdoch Developmental Center, DD Providers and Mental Health providers.
- The program has applied for grant funds through the National Institute of Mental Health in collaboration with the states of Ohio, Missouri, Massachusetts and Tennessee.
- On May 11, 2009 they will be collaborating with The Carolina Institute of Developmental Disabilities on Cross-systems Crisis planning and Clinical Reviews.

Karen Crumbliss asked for more information on The Carolina Institute of Developmental Disabilities.

Mr. Ames replied that they are the newly established division at UNC-Chapel Hill on teaching, medical research and CDL.

John Barry inquired about staffing for the START program.

Mr. Ames responded that the two clinical teams each consist of a Team Leader and two qualified professionals that have a background and experience in dealing with individuals with developmental disabilities and co-occurring Mental Illness. RHA Health Services is the contracted provider in the West and East Regions of the State.

Ms. Crumbliss inquired whether Murdoch is still providing respite services.

Mr. Ames responded that they are still providing respite and we are working on collaborations with the Psychological Consultation Behavior Management Services that are available through Murdoch. They are working together on referrals that Murdoch may get that are appropriate for the NC-START clinical team.

Rob Robinson presented the report on the Hospital Plan.

Durham is ranked #1 in hospital admissions per capita from July 2007 through June 2008. To decrease the number of hospitalizations The Durham Center developed a Hospital Plan with three focus areas.

1. Service System
 - Crisis Continuum Services that were reported on.
 - Hospital Pilot Program
 - If a consumer is in the hospital, Medicaid will not pay the provider to engage the consumer. The Pilot Program set aside funding to pay the providers to visit the consumers, build a relationship and engage them before they left the hospital
2. Create a System of Care (SOC) that is integrated and comprehensive.
 - Care Coordination Unit established to evaluate the high cost-high risk population
 - Hospital Liaison hired
 - Substance Abuse Assessor doing assessments at the homeless shelter 1-2 times per week.
 - Adult SOC Coordinator hired.
 - Care Review available weekly.
 - Offer Crisis Planning training for providers.
 - Work with Police, Sheriff, Magistrate, EMS, etc.
3. The Durham Center oversees admissions population and those services:
 - Develop new service definitions to allow for paid claims showing those who are served.
 - UM/UR reviews high risk population to ensure proper services
 - Implement First Commitment Waiver Pilot – 75 evaluations provided.
 - Contract Monitoring and Provider First Responder program.
 - GERO Team provides education and consultation to Adult Care Homes on how to better manage a Geriatric population with Mental Illness.
 - Secure long-term beds for chronically Mental Ill individuals.

The Hospital Plan also includes plans to better use data to oversee and manage hospital admission, length of stays, and discharge planning.

- Development of Hospital Tracker
- Create Hospital Committee
- Review Hospital Trend reports in Quality Council.

Hospital Admissions have decreased from 65 in December 2007 to 33 in December 2008, but we are still too high in Child and Geriatric admissions to the State hospital. Residential locked facilities are needed for both.

Ongoing Needs

- Warm Line
- Child Inpatient beds
- Secure Long-Term placement for Adult/Geriatric populations.
- Consistent Provider response after-hours
- Respite beds for adults
- Home-based crisis intervention for youth
- Performance-based contract for DCA

8. AREA BOARD REPORT

Michelle Zechmann presented the Third Quarter Report to the Board and reviewed the highlights of the report.

The Quality Management Committee discussed how to handle annual or biannual data items and decided to keep the data items in the reports to be updated when new data is received.

Page 4 – Percentage of youth living in Non-Family settings. There was a slight increase in the number of children going in out of home placements in the third quarter. The increase of one percentage point equaled one additional child going in to out-of-home placement.

Page 5 – Number of children served between ages zero and five. The data is presented for the quarter the children are served rather than when the claim was filed. Since providers may file the claim up to a year after the service, the total number of children served in the third quarter may increase as more claims are filed. The Quality Management Committee and the Quality Council have discussed including target values in FY10 reports.

Page 8 – Behavioral Health admissions to the Emergency Department. There was a slight increase in the number of admissions but we are still below the state average. State hospital admissions continue to decrease, although we are still above the targeted State rate of 0.36 per 1,000.

Doug Wright asked whether the 0.36 was the target or the State average. Ms. Zechmann responded that it is a target set by the State and she will get the State average and will include it in future reports.

Page 10 – Timely engagement after State hospital discharges. The Quality Management committee asked this month for a different presentation that includes the actual number of consumers below the percentage. The second chart is new and shows the follow-up within 8-30 days of State hospital discharge.

Page 11 – Follow-up after Alcohol and Drug Abuse Treatment Center (ADACT) discharge. The charts now include the number of consumers in addition to the percentage. The number of consumers is so small that a small change in the number of individuals will significantly impact the percentages. They also added the second chart for the Follow-up within 8-30 days.

Page 12 – There was a request to know how many providers were achieving national accreditation. By the end of the third quarter FY09, 90% of contracted providers had achieved accreditation and 100% had met the benchmarks for accreditation.

Increased percentage of performance contract outcomes met or exceeded. Data from two reports, Performance Contract Outcomes and Community Systems progress Indicators, are combined to determine what percentage of indicators we meet or exceed.

Page 13 – Housing data-We continue to have a large number of requests for housing assistance and a decrease in approvals/assistance due to lack of funding.

John Barry inquired what accrediting agencies the providers were using. Ms. Zechmann responded that there are three accrediting agencies, CARF, COA, and CQL.

9. LEGISLATIVE UPDATE

Tabled until the June 4, 2009 meeting.

Chairman Phillips asked whether Board members would like to speak on any of the proposed legislation.

Reverend Whitley wanted to bring the Board's attention to HB722, Drug stem bill. The Area Board voted in 2006 to support doing something about crack pipes. The Bill is working its way through the State House of Representatives. It has passed the Ways and Means Committee and is now in Judicial 1. It was expected to leave the House and go to the Senate. He asked that Board Members continue to support the Bill.

10. CHAIRMAN'S REPORT

Chairman Phillips reported that Tuesday, May 5 he attended the groundbreaking for the new Durham County Human Services building and was asked to speak.

He also reported that Sammy Haithcock is retiring as the Director of the Department of Social Services.

11. CLOSED SESSION

5:45 PM Rev. Melvin Whitley moved to go into Closed session pursuant to G.S. section 143-318.11 (a)(6) to discuss the performance of a public official. **Seconded by Dr. Nancy Henley.** Vote was Unanimous.

5:55 PM The Board returned to open session.

Dr. Tom Owen moved to honor the Executive Director of the Durham Center, Ellen Holliman, with a 4.25% increase in her salary based on outstanding performance.. **Seconded by Phil Golden . Passed unanimously.**

13. ADJOURNMENT

Phil Golden moved to adjourn the meeting. **Seconded by Rev. Melvin Whitley.** Motion approved unanimously.

Meeting adjourned at 6:00pm

Respectfully submitted:

Ellen S. Holliman

Ellen Holliman, Executive Director

6-4-09

Date

Material included in Notebooks:

Articles:

Recession Could Impact Mental health, Substance Abuse Services, Josh Green, April 7, 2009, NBC17