



FY06-07
Mid-Year Report to the Area Board

February 1, 2007

TABLE OF CONTENTS

- Adult Mental Health 3
- Child/Adolescent Mental Health 6
- Developmental Disabilities 7
- Substance Abuse 8
- Utilization Management 9
- Quality Management 12
- Corporate Compliance and Complaint Investigation 14
- Durham Center Access Crisis Stabilization 15
- Screening/Triage/Referral 18
- Hospital Data 21
- Contracts Management 24
- Customer Services 26
- Communications 28

ADULT MENTAL HEALTH

The second quarter of FY06-07 saw the following activities and accomplishments in adult mental health:

Crisis Intervention Team (CIT)

Established in collaboration with the Durham Police Department, the National Alliance for Mental Illness-Durham, Freedom House Recovery Center-Durham and The Durham Center, this education/training program aids in the prevention, arrest and incarceration of people with mental illness and increases safety for both officer and consumer alike.

The first eight Durham police officers attended the Crisis Intervention Team Training this quarter and have started assisting on police calls involving individuals with mental illness. Several officers have already reported deescalating crisis situations by applying the communication skills learned.

System of Care

Twenty two representatives from a broad base of adult-service agencies and providers as well as university and County leadership, met with The Durham Center's Executive Director, Ellen Holliman and Sammy Haithcock, Director of Durham County Division of Social Services, to collaborate regarding the development of an Adult System of Care in Durham. This initiative is designed to build upon the success of the Durham System of Care for Children and Families by providing a framework to ensure continuity of care and a strength-based approach as adults with complex mental health and substance abuse issues achieve self determination and recovery.

Linking to Adult Services

In cooperation with the Community Collaborative, The Durham Center's System of Care has developed a new workgroup named "Linking to Adult Services." This workgroup's role is to assemble representatives from child and adult service agencies, family members and other interested community stakeholders in order to work together to create a seamless process for youth transitioning into adulthood. In addition, this workgroup will act as the link between child and adult Systems of Care. The expected outcome is to increase the number of youth that have a smooth transition from child to adult services through the development of best practice protocols around issues related to education, housing, employment, guardianship and benefits. Work to be performed includes:

- Assessing the gaps and barriers in the transition of youth to adulthood in our public system
- Developing best practice protocols
- Educating child and family service providers/agencies regarding planning for transition utilizing best practice protocols
- Developing communication protocols to be used by adult and child service providers/agencies as they transition youth.

ADULT MENTAL HEALTH

Housing-Independent Living Initiative

The table below shows the number of consumers with mental illness, developmental disabilities, HIV/AIDS and substance abuse who were given financial assistance for housing needs in the first half of FY05 and FY06. When comparing both periods, the increase in the number of clients assisted rose by 126%.

	July-Dec 2005	July-December 2006
Number of Clients Assisted	38	86
Number of Housing Payments Made	49	104
Type of Payment Assistance Provided:		
• On-going Rent Assistance	13	18
• Emergency Rent Assistance	13	36
• Other Emergency Assistance	6	8
• Help with Startup Expenses	17	42
Amount of Dollars Allocated & Spent	\$115,397.00	\$120,029.00

The Durham Center's Housing Fund Development Committee put out an Request for Interest (RFI) for organizations qualified and interested in providing new Supportive Housing units for The Durham Center's adult consumers. By the end of January 2007, \$190,000 will be awarded to agencies with projects that will increase the supply of supportive housing in Durham.

ADULT MENTAL HEALTH

Durham Center Indigent Pharmacy Program (DCIPP)

The needs of indigent consumers have been addressed through three programs initiated in July 2006:

Gurley's Pharmacy Program: The Durham Center successfully divested Pharmacy services. Currently, we have a contract with Gurley's Pharmacy to provide pharmacy support for indigent consumers in Durham County. During the first 6 months of FY06-07 Gurley's billed The Durham Center \$12,446.29 for services rendered. Consumers eligible for the program must be enrolled with The Durham Center, a member of a qualifying target population and ineligible for Medicaid, Medicare or any other third party payment. Medications that consumers receive at Gurley's are part of a comprehensive formulary of generic medications developed by a panel of provider psychiatrists. Below are the number of individuals served at Gurley's for the first 6 months of the fiscal year.

Month	July	August	September	October	November	December
Number Served	259	257	250	310	283	306

Sample Assistance Program: The Durham Center hired A Sample/Patient Assistance Program (PAP) Coordinator to assist provider agencies in the management of samples provided by Pharmaceutical Companies. Samples brought to these agencies for consumer use in the month of December 2006 have a market value of \$61,811.35.

Patient Assistance Program: The Sample/PAP Coordinator also assists consumers in linking with Patient Assistance Programs. Working in collaboration with Pharmaceutical Representatives and provider prescribers this Coordinator is able to help consumers obtain medications at little or no cost. The following are consumers that the Sample/PAP Coordinator assisted July 2006 – December 2006.

Type of Application	Number of Applications
Approved Applications	93
Pending Applications	32
Denied Applications	4
TOTAL	129
Total cost of meds for approved consumers saved	\$40,925.15

CHILD/ADOLESCENT MENTAL HEALTH

Child Mental Health Services are focused primarily on the continued development and integration of the child mental health service delivery system within the County's overall System of Care. Collaborative efforts with our public and private community partners are essential to the goal of deepening community service capacity. The following indicates second quarter activities, which have helped to position Child Mental Health Services in the broader community and to achieve LME goals.

- ◆ The Durham Center and Durham's Partnership for Children (DPFC) co-hosted a Community Forum, "*Mental Health and Developmental Disability Services for Young Children with Special Needs.*" The forum's purpose was to identify services and resources for children aged 0 to 5 years that already exist in Durham for inclusion into a draft survey report. As a result of this collaborative effort, The Durham Center and DPFC, along with a number of other community partners, have established the "*Young Children's Mental Health Task Group*" to look at ways to increase both service and access for children. The first meeting was scheduled in January.
- ◆ Seven schools participating in the Durham's State Child Family Support Team (CFST) had questions answered by The Durham Center's child/adolescent specialist related to child mental health issues. School staff were also educated regarding available services, resources and appropriate access to care for CFST students.
- ◆ 62 cases were reviewed by the Care Review team for the second quarter. In addition, the team has focused on the development of a more comprehensive follow-up for individual children along with the expansion of technical assistance to ensure that best practices and services are provided to families in a timely manner.

DEVELOPMENTAL DISABILITIES

A major focus this year is connecting people to a broader spectrum of service and supports, emphasizing natural community supports and activities that are available also to non-disabled citizens. We know that the more people a consumer is connected to; the greater is his or her chance of success. Utilizing our Support Brokers and person-centered planning, individuals with developmental disabilities are empowered to coordinate independence and optimizing supports around life domain areas that are based on individual preferences and strengths.

The following activities and accomplishments occurred during the second quarter of FY06-07:

- ◆ 744 consumers with developmental disabilities were served from July-December 2006
 - The number of adults served = 486
 - The number of children served= 258
- ◆ Continued to work closely with providers to ensure ealth, Developmental Disabilities and Substance Abuse Services.
- ◆ Beginning in September, each consumer now has the option of receiving facility based or community services as a result of transitioning to Community Alternative Program (CAP) waiver. Approximately 40 individuals are currently on the waiting list.
- ◆ Decreased the number of IPRS/State funded Adult Vocational Program participants from 102 to 79.
- ◆ Provided supported employment follow-along services for 26 individuals.
- ◆ Secured a Mental Health Trust Fund Allocation and hired a Community Transition Liaison. The role of the liaison will be to develop and implement a process to transition consumers from developmental centers and Intermediate Care Facilities (ICF-MR group homes) into community placements which optimize independence. The liaison's main objectives over the next year are to increase awareness in consumers, family members, guardians and Murdoch Center staff of available community resources, of services provided through The Durham Center, and of the process and benefit of person-center planning and life domain support, and to transition between eight to 12 individuals from ICF-MR group homes into community placements.
- ◆ Through the use of our high Utilizers Committee we decreased the amount of State and County funding required for supports to persons with developmental disabilities and persons with both developmental disability and co-occurring mental health conditions. The Durham Center staff conducted 17 clinical reviews, looking at the appropriateness of services and funding options. A change in service delivery that more adequately addressed individual support needs resulted in 12 of the 17 cases reviewed.

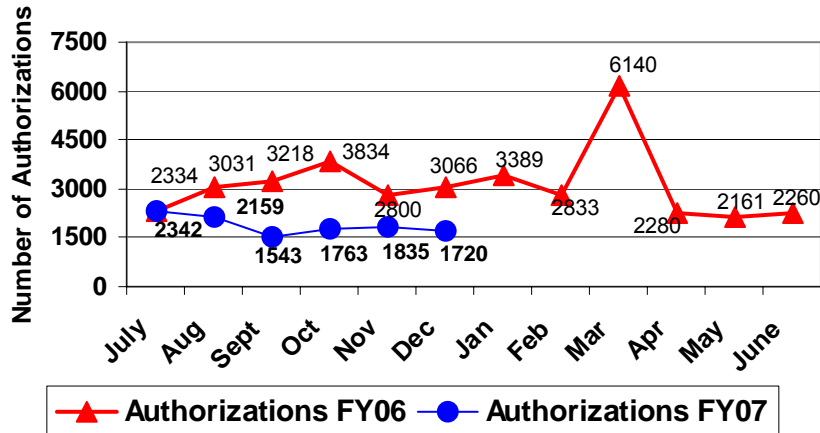
SUBSTANCE ABUSE

In keeping with the goals of the 10-Year Substance Abuse Plan, the following accomplishments have occurred during the second quarter of FY06-07.

- ◆ Consumer and family toolkits were developed which provide information regarding mental illness and substance abuse, how each can coexist and how individuals can access treatments. Copies of these toolkits will be made available at various community locations as yet to be decided as well as online through The Durham Center's website.
 - ◆ 11 Teaching Case Conferences have been scheduled from November 2006 to March 2007 as well as 13 professional substance abuse training courses related to a variety of topics. Professionals who attend these trainings will be able to obtain continuing education credit.
 - ◆ A Workforce Retention Initiative for a total of 16 counselors was developed, providing up to \$1,000 in vouchers for licensing/certification and associated training costs. Professionals who are nominated by the LME to participate must have been employed by an agency for at least six months and must sign an agreement to stay in the SA counseling field in Durham for a minimum of 2 years.
 - ◆ An Intensive Substance Abuse Outpatient treatment program housed at Durham Center Access (DCA) was initiated in the later part of October 2006. The program provides structured individual and group outpatient addiction activities and is designed to assist adult consumers to begin recovery. Outcome data is being collected monthly and will be presented to the Board in March 2007.
- Over the past two months, data shows that 75% of consumers who enter this program have remained engaged in treatment.
 - ◆ Two professionals were hired to conduct substance abuse evaluations at Durham Center Access. Consumers with no Medicaid coverage who walk into DCA for help or who call TDC's Screening/Triage/Referral (STR) can be referred for an evaluation. Depending upon the level of severity, consumers may receive an immediate evaluation or be given the option of making an appointment within 24 hours.
 - By the end of December, 100 consumers had been referred to DCA for an evaluation.
 - Of this number, 62% showed for the appointment.
 - ◆ A Request for Proposal (RFP) was issued in December for agencies to provide Brief Intervention Therapy. This substance abuse services provides individual and group therapy, along with medication for those requiring a level of need that is less than an intensive program provides. Services can be authorized for up to 12 weeks.

UTILIZATION MANAGEMENT

Authorizations, FY06-07

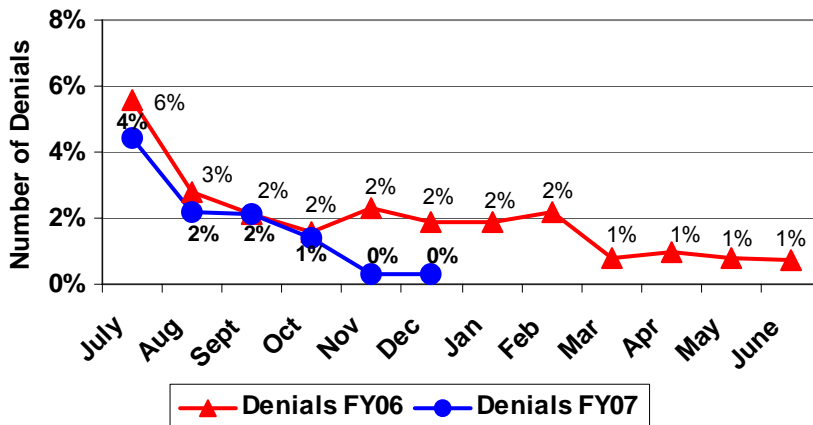


Authorizations

In August 2006, Medicaid service authorizations were transitioned to Value Options resulting in a reduction in the total number of authorizations completed by The Durham Center.

- ◆ For the second quarter of FY06-07, a total of 5,318 authorizations were completed over the three month period as compared to 9,700 authorizations completed for the same period last year. This represents a 45% reduction in authorizations.
- ◆ The indication is a downward trend in authorizations over the past 6 months when compared to last year.

Denials, FY06-07

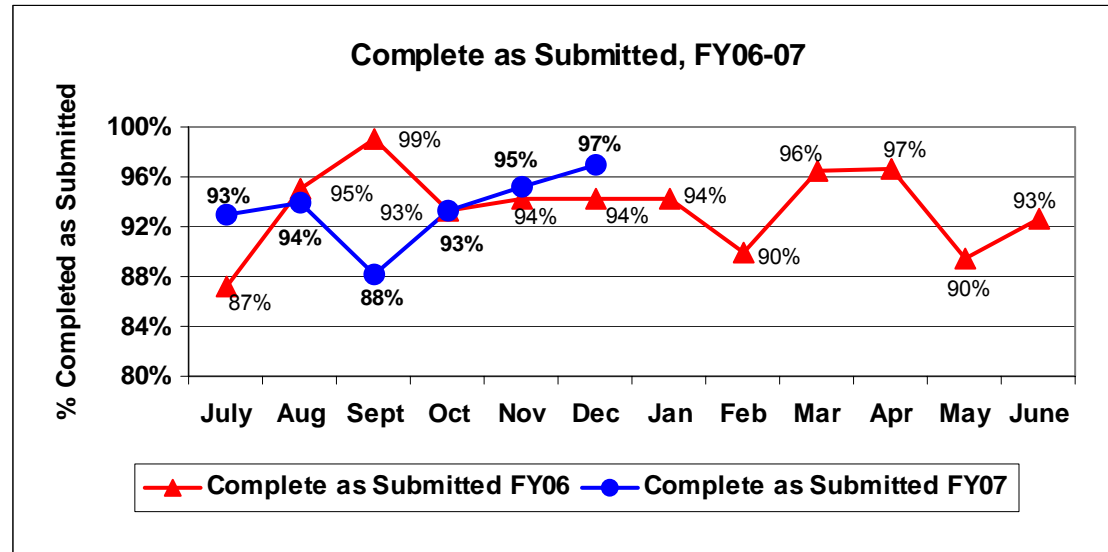


Denials

Authorizations may be reduced, terminated or denied when a consumer does not meet the service-specific criteria.

- ◆ For the second quarter of FY06-07 a total of 36 authorizations (7%) of all requests were denied. Reduced denials in November and December may be due to minimal authorizations in substance abuse, based in part upon changes at Southlight.
- ◆ Denials have remained fairly consistent, within 2%, over the past six months when compared to the same period last year.

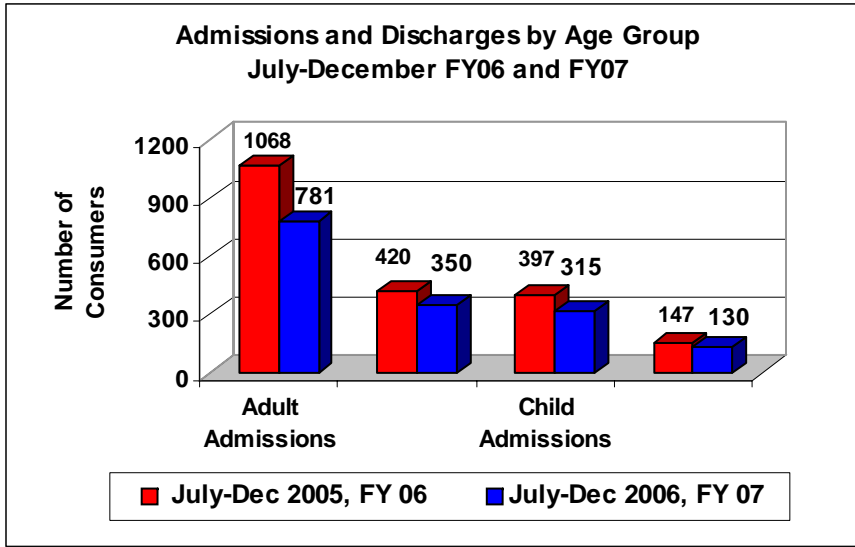
COMPLETED AUTHORIZATION SUBMISSIONS



The service authorization process can not be completed without the submission of appropriately completed forms by providers.

- ◆ During the second quarter of FY06-07, the number of submitted authorizations with the necessary information completed averaged 95% over the three month period as compared to an average of 92% for the first quarter of FY06-07. Providers becoming more familiar with new authorization forms introduced in the first quarter may account for the steady increase in adequately completed submissions in the second quarter.
- ◆ When comparing completed authorization submissions for the second quarter of FY06-07 with the second quarter of last year, the percentages remain consistent with an average of 95% adequately completed for the current second quarter and 94% for the previous second quarter.

ADMISSIONS, DISCHARGES & CONSUMER RECEIVING SERVICES

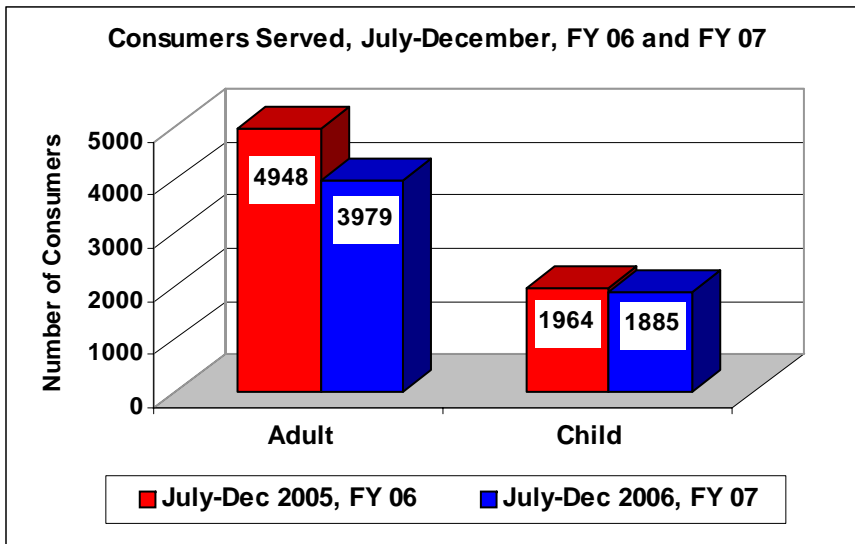


Overall admissions decreased by 25% in the first half of FY06-07 compared to the same period in FY05-06.

The reasons for this decrease are being explored. It may be related to Medicaid authorizations going to Value Options, thereby decreasing the need to notify the LME of Medicaid admissions in a timely manner.

Discharges decreased by 15% in the first half of FY06-07 compared to the same period in FY05-06.

Discharge variability is common when comparing different periods of time.



Consumers served decreased by 15% in the first half of FY06-07 compared to the same period in FY05-06.

This result is consistent with the information regarding decreased admissions noted above.

QUALITY MANAGEMENT

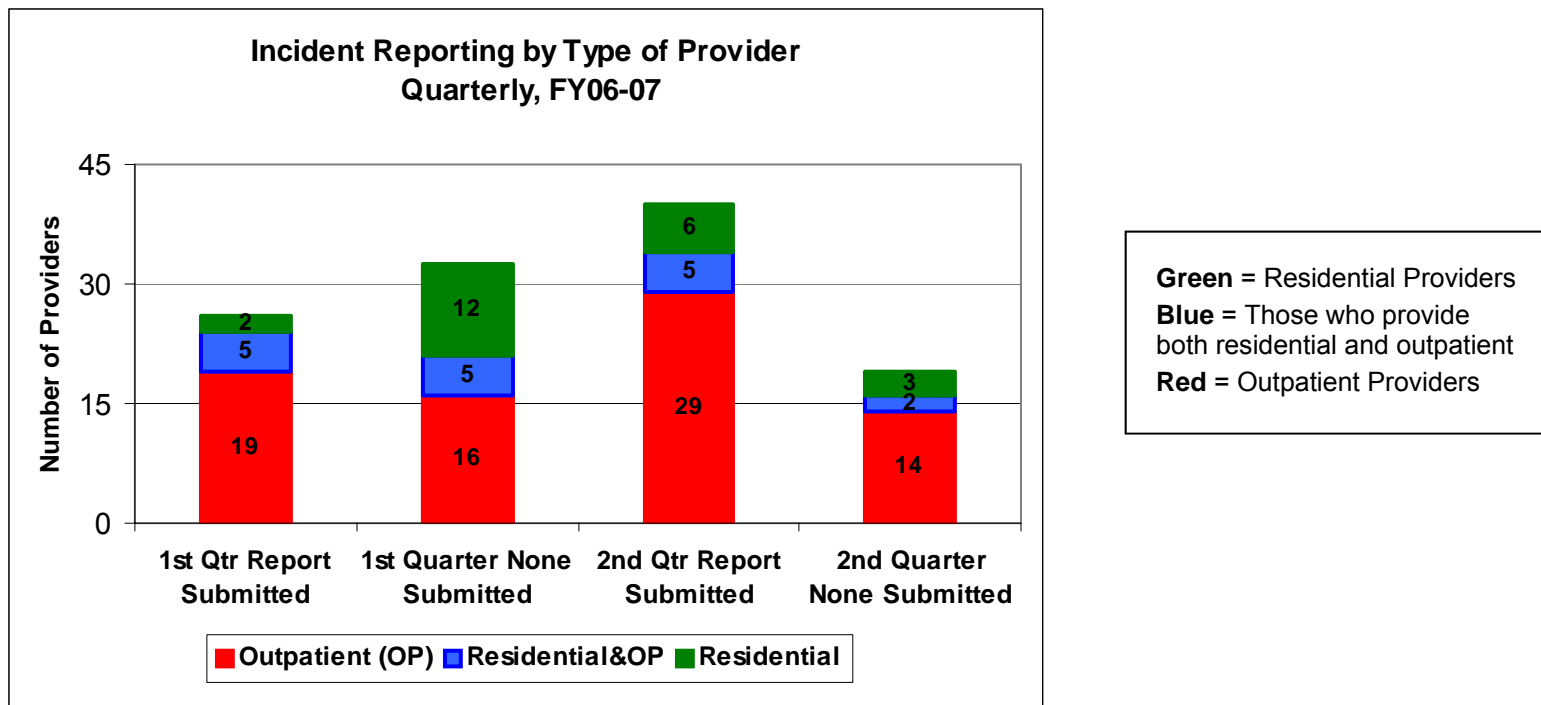
The following accomplishments and activities were completed by the Quality Management Department in the second quarter of FY06-07:

Incident Reporting: The QM department initiated a quality improvement process last quarter to increase the number of providers submitting required quarterly incident reports. Plans of Correction will be expected from providers who did not turn in a second quarter report along with a requirement that the Second Quarter Incident Report be submitted.

Summary Report Analysis for the second quarter reveals:

- 40 out of a possible 59 providers (68%) required to submit incident summary reports did so for the second quarter
- This represents a 54% increase overall in the number of providers submitting a second quarter report when compared to the first quarter

This graph compares the number of quarterly summaries submitted for the first and second quarters of FY06-07 by type of provider.



QUALITY MANAGEMENT

Substance Abuse Intensive Outpatient Program (SAIOP)

Measures were developed during the first quarter with technical assistance and training provided to Durham Center Access staff during the second quarter. Trainings focused upon data entry to track information related to the Substance Abuse Intensive Outpatient Program, which began in October at Durham Center Access. This service provides individual and group therapy and aftercare services three days per week to those who need structured treatment for substance abuse. Data is being collected monthly and an aggregate report will be presented to the Board in March 2007.

Standardized Substance Abuse Reporting

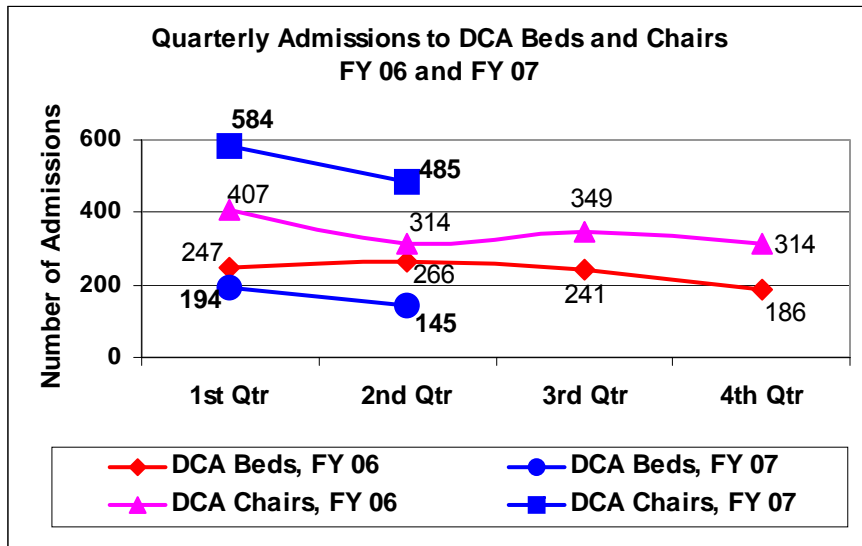
Measures and outcome reporting forms were developed during the first and second quarters for contracted substance abuse providers to increase standardization in reporting. Staff from the QM department and The Durham Center's Substance Abuse Specialist provided training to SA providers related to the completion of these reporting forms. Data collected will reflect provider specific data, coupled with life domain information related to housing, medical legal issues, financial needs, family support, transportation needs, etc. Trend data from these provider reports coupled with individual outcome data obtained from the NC Treatment Outcomes and Program Performance Systems (NC-TOPPS) will provide a more comprehensive picture of the scope and quality of Durham substance abuse services.

CORPORATE COMPLIANCE AND COMPLAINT INVESTIGATION

- ◆ During the second quarter of FY 06-07 the Corporate Compliance Committee met twice monthly with its main focus being the revision of the procedures for The Durham Center's *LME Policy for the Monitoring of Facilities*. The purpose of this policy is to ensure the safety and quality of care for consumers served within the public mental health, substance abuse and developmental disability system in Durham County. The policy covers monitoring activities related to clinical quality record reviews, comprehensive provider site reviews, contract compliance reviews, utilization reviews and new contracted provider reviews. The revisions were finalized in December after internal staff, the Provider Council and the provider community had an opportunity to review the policy.
- ◆ Three investigations were completed. These investigations generally require numerous meetings with agency staff and consumers, review of the medical record and review of claims data. One of the three resulted in a Plan of Correction and a request to address process for payback of funds due to missing service notes in records. As this investigation involved a direct-enrolled provider, the results of this investigation were sent to the Division of Mental Health/Developmental Disabilities/Substance Abuse Services and to the Division of Medical Assistance.
- ◆ Two Clients Rights Committee meetings were facilitated. A presentation was made to Committee members by a residential provider for persons with developmental disabilities. Information focused on services provided and the process of informing and protecting resident rights. Committee members are also continuing to focus on expanding Committee membership, particularly with substance abuse representation.

DURHAM CENTER ACCESS CRISIS STABILIZATION

Over the past six months The Durham Center staff have continued to meet weekly with staff from Freedom House, the contracted provider for crisis services. James Osborn, formerly the Utilization Management Administrator for The Durham Center, has assumed Clinical Director responsibilities at Durham Center Access-Freedom House and will oversee the clinical operation of all programs housed at the center.



Bed and Chair Admissions

This graph outlines data obtained for crisis services for two fiscal years through second quarter FY06-07:

- Bed admissions for the second quarter FY06-07 decreased by 25% from the first quarter
- Chair admissions for the second quarter FY06-07 decreased by 17% from the first quarter
- Bed and chair levels from the second quarter FY06-07 are moving toward the levels found in the previous year

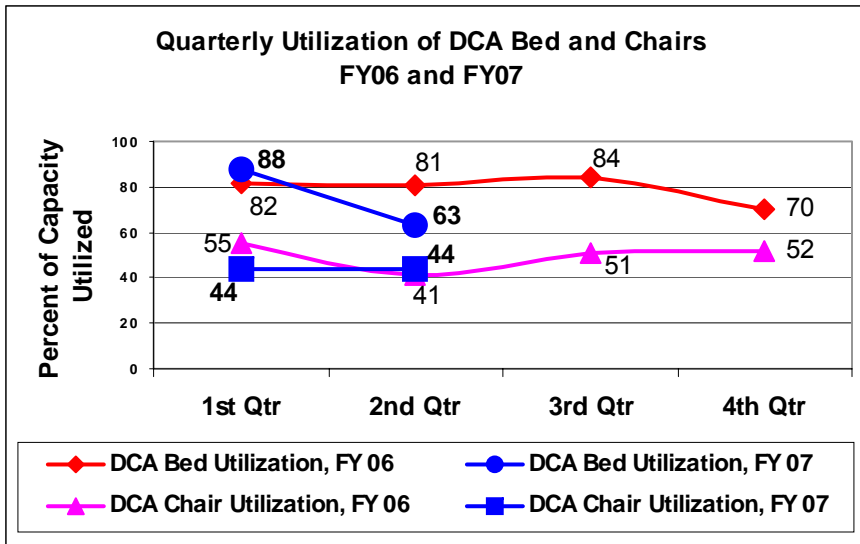
	Number of Admissions	Average Length of Stay (Days)	Average Length of Stay (Hours)
DCA Crisis Beds FY06	266	3.4	
DCA Crisis Beds FY07	145	4.4	
<i>Change FY 06 to FY07</i>	-45%	29%	
DCA Crisis Chairs FY06	314		9.2
DCA Crisis Chairs FY07	485		10.0
<i>Change FY06 to FY07</i>	54%		9%

Second Quarter Admissions to Crisis Beds and Chairs FY05-06 & FY06-07

- Bed admissions decreased by 45% in FY06-07 when compared to FY05-06
- The average length of stay in beds increased by 29%
- While fewer consumers were admitted to a bed they stayed longer
- Chair admissions increased by 54% in FY06-07 when compared to FY05-06
- The average length of stay in chairs increased by 9%
- It appears that in FY06-07, more consumers were stabilized while in chairs rather than in beds

CRISIS STABILIZATION BED AND CHAIR UTILIZATION

Utilization is a measure of the percent of capacity that is utilized. The following notes the occupancy rate for beds and chairs during the second quarter



- Utilization of beds for second quarter FY06-07 decreased by 28% when compared to first quarter FY06-07
- Utilization of chairs for second quarter FY06-07 shows no change when compared to first quarter FY06-07
- The bed levels are not consistent with the level found in the previous year
- The chair levels are consistent with the level found in the previous year

Bed and Chair Utilization, Second Quarter FY06 and FY07	
	Utilization (% of Capacity Used)
DCA Crisis Beds for FY 06	81%
DCA Crisis Beds for FY 07	63%
<i>Change from FY 06 to FY 07</i>	-22%
DCA Crisis Chairs for FY 06	41%
DCA Crisis Chairs for FY 07	44%
<i>Change from FY 06 to FY 07</i>	7%

- Utilization of beds for FY06-07 was 22% lower than FY05-06
- This lower occupancy rate is consistent with the assumption that more consumers were stabilized in chairs
- Utilization of chairs for FY06-07 was slightly higher (7%) than FY05-06 and still within the range of the previous year's utilization rate

HOSPITAL AUTHORIZATIONS AND DIVERSIONS

For the second quarter of FY06-07 the table below shows the disposition of Involuntary Petitions requesting authorization for hospitalization from Durham Center Access. The majority of requests for hospital authorizations came from area hospitals (69%), while 31% came from community petitions. Of those who came from community petitions, 76% were successfully diverted, meaning that the consumer was stabilized during their stay at Durham Center Access and their status was changed to voluntary, thereby diverting an admission to John Umstead Hospital. An ongoing issue has been that consumers self-refer to local emergency rooms. Emergency room staff then send these individuals directly to John Umstead rather than having them first evaluated at Durham County Access. The result of this continued practice is reflected in the 3% diversion rate from hospital petitions shown below.

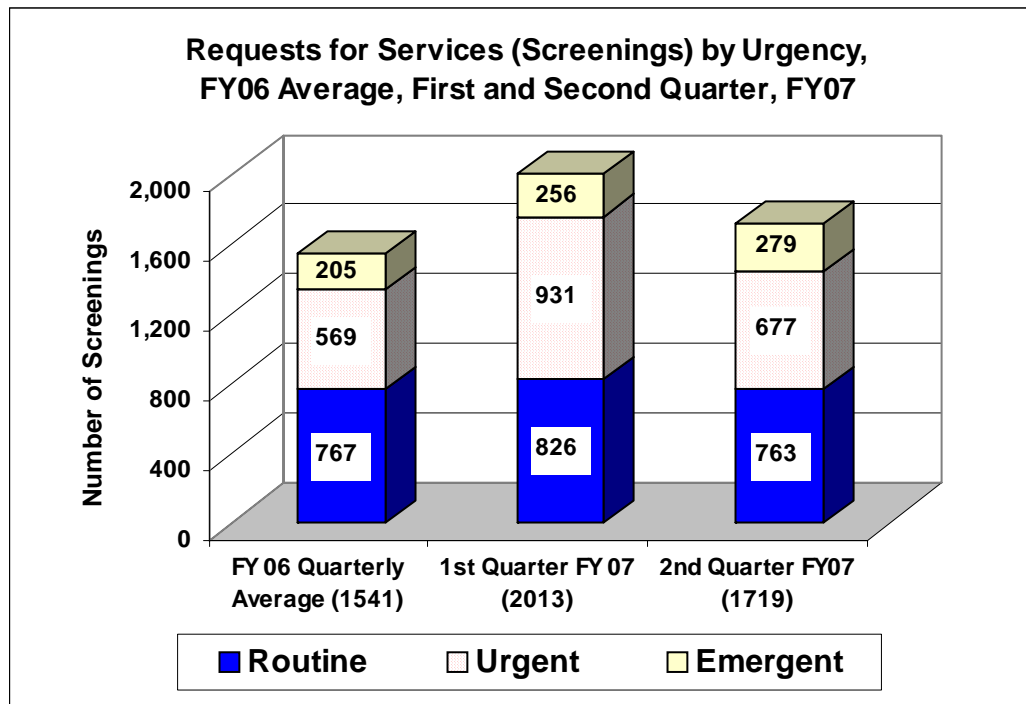
Involuntary Petitions Requesting Authorization for Hospitalization from Durham Center Access Second Quarter, FY 06-07					
Petitioner	# of Petitions Requesting Authorization	Percent of All Petitions	# Evaluated at DCA	# Diverted	% Diverted
Duke Hospital	146	54%		3	
Durham Regional	14	5%		0	
State Hospital	17	6%		0	
VA, UNC Hospitals	9	3%		1	
Hospital Petition Totals	186	69%	0	4	3%
Community					
Origin Unspecified	35	13%		31	
Family/Friend	24	9%		22	
Provider	13	5%		10	
DCA	10	4%		0	
Other	3	1%		2	
Comm. Petition Totals	85	31%	63	65	76%

SCREENING AND ACCESS SERVICES: ROUTINE, URGENT AND EMERGENT

Consumers can call the Screening/Triage/Referral line at The Durham Center during business hours and Durham Center Access after hours to be screened for services. If it is determined that the care needed is routine an appointment is to be made, within 7 days, with a provider agency. If care needs are urgent, the consumer is to be seen within 48 hours. Emergent needs require the consumer to be assessed within 2 hours at Durham Center Access.

The graph below shows the number of people who presented for screenings over the past two quarters as well as the quarterly average of screenings for FY06-07.

- The number of consumer screenings decreased from 1st to 2nd quarter FY 07 by 15% overall.
- The decrease was highest (27%) in Urgent screenings.
- Emergent screenings increased from the first to the second quarter by 9%.
- Compared to the FY05-06 quarterly average, the number of screenings increased by 12% in the first two quarters of FY06-07.



Routine = Care provided within 7 days
Urgent = Care provided within 48 hours
Emergent = Care provided with 2 hours

TIMELINESS OF PROVIDER APPOINTMENTS

The percentage of Routine appointments that were timely in second quarter remained the same as in first quarter, 91%. Procedures for Urgent appointments changed for second quarter when two substance abuse assessors were hired to provide timely assessments at Durham Center Access for consumers with substance abuse issues. As a result, the percentage of timely Urgent appointment increased by 25% from first quarter to second quarter.

Provider	All Routine Appointments	Appointment made within 7 days	% Timely	All Urgent Appointments	Appointment made within 48 hours	% Timely
Alpha Mgt Comm. Svcs	9	9	*	1	1	*
Alpha Mgt Svcs	17	16	94%	0	0	NA
Alternative Care Tx Sys.	3	3	*	0	0	NA
ARC-NC	1	1	*	1	1	*
ASAP	93	72	77%	6	3	*
B & D	94	89	95%	2	2	*
Boys to Gentlemen	4	4	*	0	0	NA
Caring Family Network	27	20	74%	2	2	*
Carolina Outreach	23	23	100%	0	0	NA
CCFH	4	4	*	0	0	NA
Comprehensive Comm.Care	21	21	100%	1	1	*
Coordinated Health	17	16	94%	0	0	NA
Covenant Comm. Partners	7	7	*	1	0	*
CPI	2	2	*	0	0	NA
DCA Crisis Unit	0	0	NA	5	5	*
Devereux Residential	2	2	*	0	0	NA
Dominion Healthcare	1	1	*	1	1	*
Dominion Ministries	11	11	100%	5	2	*
Duke Family Care	1	1	*	5	0	*
Family & Youth	15	15	100%	1	1	*
Family Preservation	81	81	100%	6	4	*
Freedom House	3	3	*	2	0	*
Healing w CAARE	8	8	*	17	14	82%
House of Care	16	15	94%	0	0	NA
IFCS	3	2	*	0	0	NA
Innovative Program. Assoc.	1	1	*	0	0	NA

TIMELINESS OF PROVIDER APPOINTMENTS

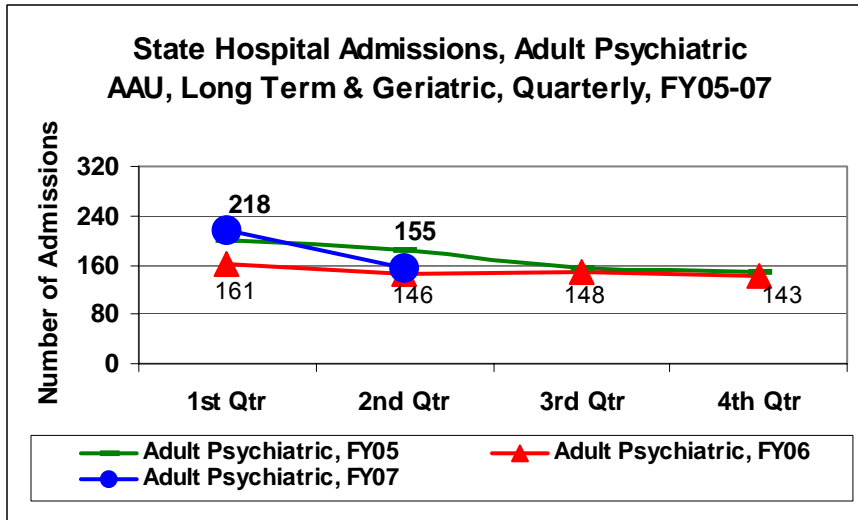
Provider	All Routine Appointments	Appointment made within 7 days	% Timely	All Urgent Appointments	Appointment made within 48 hours	% Timely
Life Enhancement	43	42	98%	3	3	*
Life Foundations	19	18	95%	0	0	NA
Life Skills Counseling	9	9	*	0	0	NA
Living Well Centre	9	9	*	1	1	*
Matchbox	21	18	86%	0	0	NA
Nature's Reflections	31	31	100%	0	0	NA
Professional Group Living	20	18	90%	0	0	NA
Resources for Human Dev	1	1	*	0	0	NA
Right Direction	14	13	93%	3	3	*
SA Assessor	21	20	95%	79	66	84%
Southlight	2	2	*	9	9	*
SRFC	13	13	100%	0	0	NA
Structured Fam. Interven.	2	2	*	0	0	NA
The Aya Center	4	4	*	0	0	NA
Triangle Comprehensive	2	2	*	0	0	NA
Triumph	102	80	78%	9	5	*
United Youth Care	9	9	*	0	0	NA
Total	786	718	91%	160	124	78%

Percentages are shown only when there are 10 or more appointments.

Routine	83%
Urgent	17%
Total	100%
Total # of Appointments	946

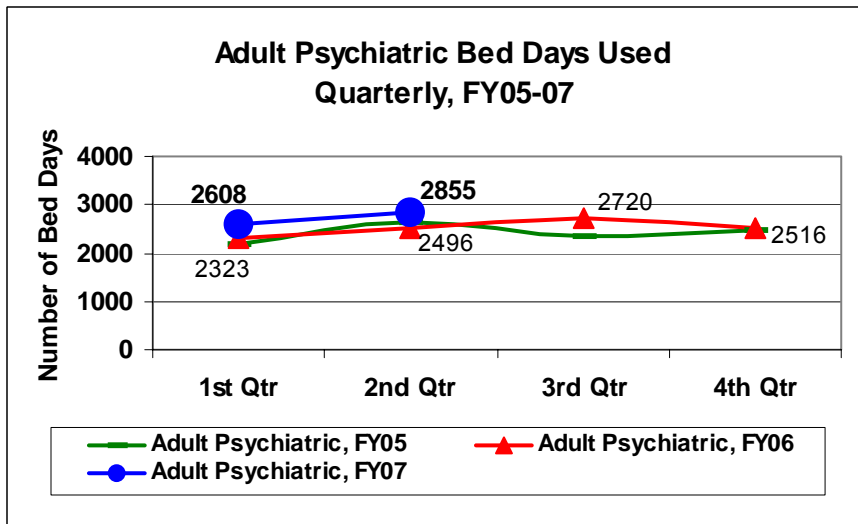
JUH ADMISSIONS AND BED UTILIZATIONS

These graphs indicate admissions to John Umstead Hospital for the second quarter of FY06-07 and compares these figures to the same quarters in the previous two years. The number of bed days allocated by the State for the quarter with the actual percentage utilized is also included. It should be noted that for FY06-07, the State has reduced adult psychiatric allocations by 18%.



Adult Psychiatric Admissions

- Admission rates for the second quarter FY07 decreased by 16% when compared to the same quarter of FY05
- Admission rates for the second quarter FY07 increased by 6% when compared to the same quarter in FY 06

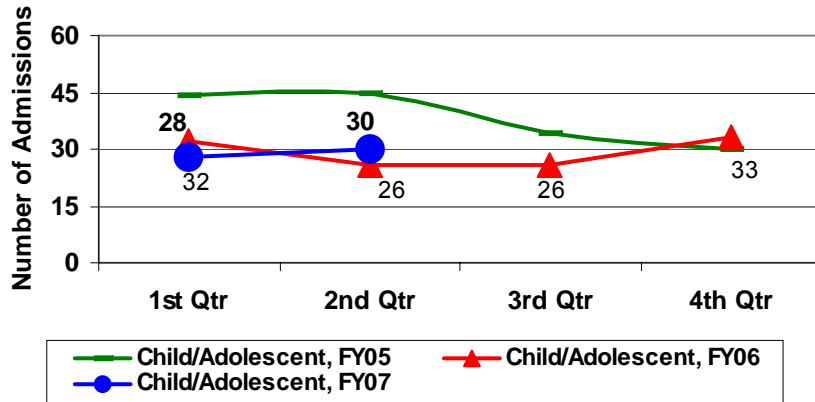


Adult Psychiatric Bed Allocation - Utilization

- State bed allocation allowed per quarter = 3406
- Actual bed utilization for second quarter = 2855
- Percent of allocation utilized = 84%

JUH CHILD/ADOLESCENT ADMISSIONS AND BED UTILIZATION

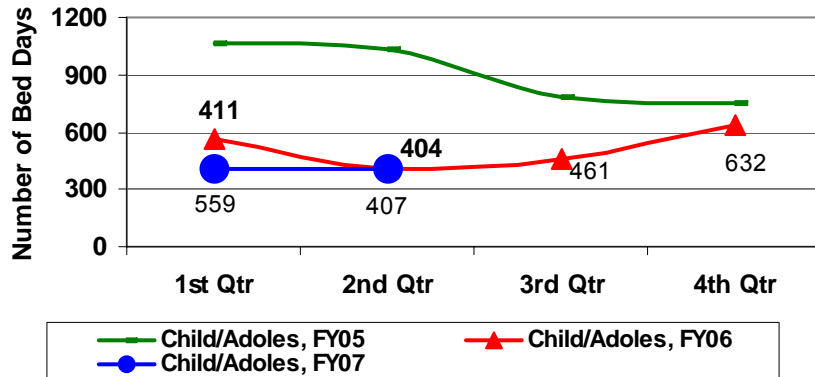
State Hospital Admissions, Child/Adolescent
Quarterly, FY05-07



Child/Adolescent Admissions

- Admission rates for the second quarter FY07 decreased by 33% when compared to the same quarter in FY05
- Admission rates for the second quarter FY07 increased by 15% when compared to the same quarter in FY06

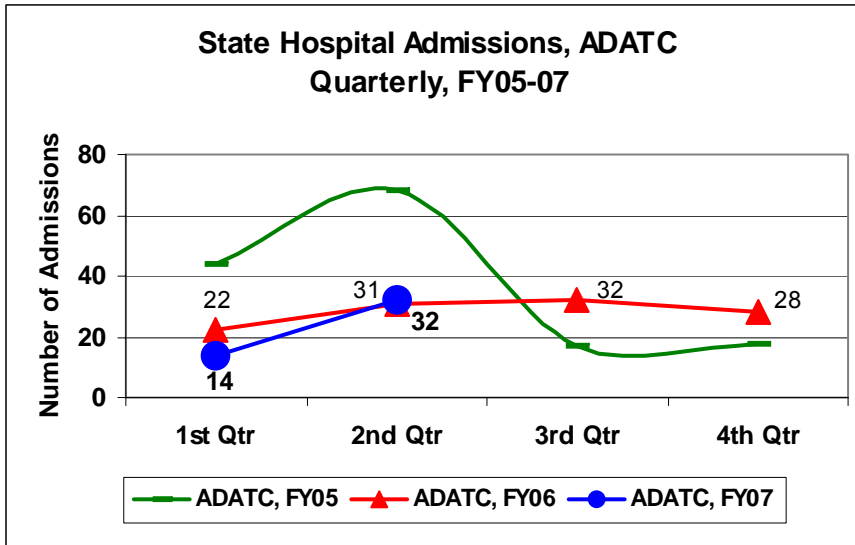
Child/Adolescent Bed Days Used
Quarterly, FY05-07



Child/Adolescent Bed Allocation-Utilization

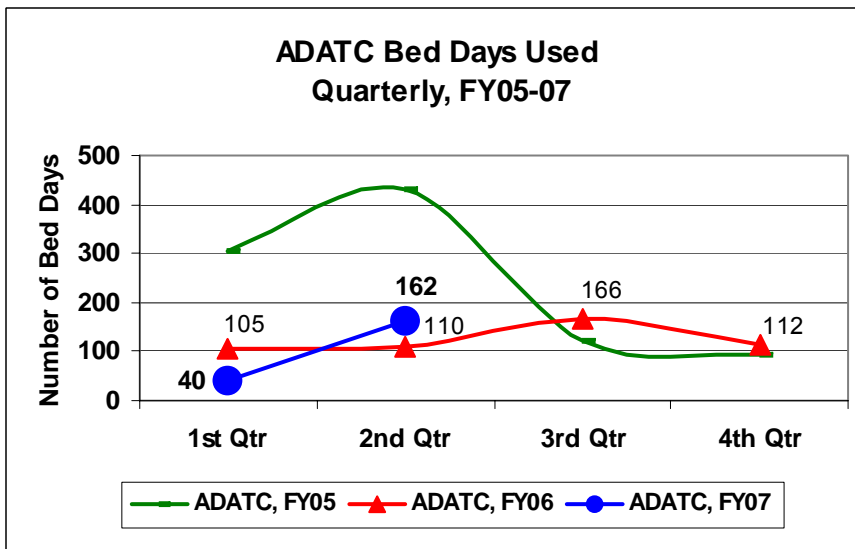
- State bed allocation allowed per quarter = 786
- Actual bed utilization for the 2nd quarter = 404
- Percent of allocation utilized = 51%

JUH ADULT SUBSTANCE ABUSE (ADATC) ADMISSIONS AND BED UTILIZATION



Adult Substance Abuse (ADATC) Admissions

- Admission rates for the second quarter FY07 decreased by 53% when compared to the same quarter in FY05
- Admission rates for the second quarter FY07 changed by only 3% when compared to the same quarter in FY06



Adult Substance Abuse (ADATC) Bed Allocation–Utilization

- State bed allocation allowed per quarter = 510
- Actual bed utilization for 2nd quarter = 162
- Percent of allocation utilized = 32%

CONTRACT MANAGEMENT

The following accomplishments have been made during the second quarter FY06-07 by Contracts Management:

Provider Monitoring

In Compliance with the newly updated “*Monitoring of Facilities & Services*” policy, the following are results of monitoring visits:

- Four agencies received monitoring visits that resulted in findings requiring a Plan of correction within 90 days
- Of these four agencies, one provided residential services and three were Community Alternative Placement (CAP Providers)

Endorsement

Per Communication Bulletin #55 and various Enhanced Implementation updates, 42 CAP (Developmental Disability) and 45 Level II and III residential providers currently have received Medicaid endorsement/Memorandums of Agreement (MOAs) by The Durham Center. The Contracts Management Team will be working expeditiously to have all Residential Level II and III providers fully endorsed by the end of February 2007.

Letters of Support

On August 13, 2005, Governor Easley signed the “Current Operations & Capital Improvement Appropriations Act of 2005.”

The law includes a provision that requires prospective residential service providers, covered under General Statute 122-C, to submit a letter of Support from their Local Management Entity along with their license application to

the Division of Facility Services (DFS). This letter reflects the need for additional service capacity (beds) in Durham County. Using a formula provided by the Division of Mental Health and based upon current data of children residing in out of home placements, below is an overview of the letters that have been issued as of 12/31/2006.

- Residential: Level II (.1300) - 3 issued (bed total = 11)
- Level III (.1700) - 8 issued (bed total = 34)
- Level IV (.1500) - 3 issued (bed total = 36)
- Residential Recovery of Substance Abuse Individuals and their children: (.4100) - 1 issued (apartment total = 6)

At this time, the Division of Mental Health has determined that there is a statewide need for Supervised Living (SL) for Individuals of all disability groups .Thus far, the following letters of support have been issued:

- SL Mental Health Adult (.5600A) - 42 issued
- SL Developmentally Disabled Minors (.5600B) - 5 issued
- SL Developmentally Disabled Adult (.5600C) - 26 issued
- SL Substance Abuse Minor (.5600D) - 1 issued
- SL Substance Abuse Adult (.5600E) - 3 issued
- Supervised Living Assisted (.5600F) - 2 issued

A total of eight new provider requests were denied because The Durham Center had met and/or exceeded capacity for the requested licensure category.

CONTRACT MANAGEMENT

Requests for Information/Requests for Proposals

The following Requests for Proposals (RFPs) were issued:

- Outpatient Opioid Treatment (Methadone) -10/30/06
- Child & Adolescent Substance abuse Regional Residential Program – 11/20/06
- Substance Abuse Brief Intervention Program - 12/14/06

Quarterly All-provider Meetings

The contract Management Unit has held two quarterly All-Provider Meetings to ensure that providers are informed of current training events, communication bulletins by the Division of Mental Health/Developmental Disabilities/Substance Abuse, the Division of Medical Assistance, the Division of Facility Services and The Durham Center. Approximately 108 providers participated in the first in held in June, 2006 and over 40 provider were in attendance in December 2006.

CUSTOMER SERVICES

Welcome Packets

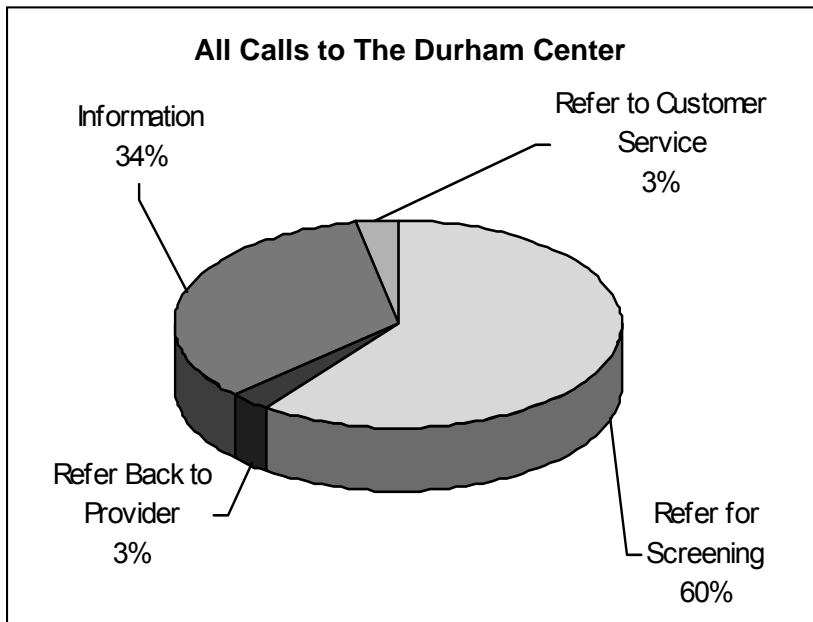
981 welcome packets, which included a satisfaction survey, Client Rights and general information were sent in the 2nd quarter. Of this number, 47 or less than 1% were returned.

IPRS Appeal-Denial Letters

When Utilization Management denies, reduces, or terminates service, Customer Service sends a letter to consumer s informing them of their right to appeal and the process for appealing. In the second quarter, 285 such letters were sent.

The Durham Center tracked 1414 calls for the second quarter of FY06-07. The majority (60%) were referred for screening. 3% consisted of Customer Service Complaints detailed in the table below.

The 3% of calls categorized as Customer Service Complaints are detailed in the table below. The total number of complaints decreased by 34% from first to second quarter.



Type of Caller for Customer Service Complaints	First Quarter Totals	% of Totals	Second Quarter Totals	% of Totals
Consumer	30	42%	27	57%
Family Member	19	27%	9	19%
Provider	20	28%	11	24%
Other	2	3%		
Total Calls	71	100%	47	100%

CUSTOMER SERVICES

Each Customer Service complaint is recorded in this table according to its target of concern.

Type of Complaints	First Qtr Totals	% of Totals	Second Qtr Totals	% of Totals
Abuse-Neglect	1	1%		
Access to Services	4	6%	2	5%
Clients Right Issue			1	2%
Communication or Responsiveness			3	7%
Complaint Not Listed or Other	2	3%		
Compliance With Rules	2	3%	2	5%
Facility Related	1	1%		
Failure to Respond to Issue			1	2%
Level of Care or Treatment Decision	3	4%	2	5%
Medication Issue	2	3%	4	9%
Other	2	3%		
Paperwork	1	1%		
Payment/Billing Issue	13	18%	5	12%
Quality of Care or Respect Courtesy	6	8%	6	14%
Reduction in Hours	1	1%		
Referral Process			3	7%
Respect/Courtesy Issue	1	1%		
Responsiveness	2	3%		
Service Authorization	6	8%	6	5%
Service Not Meeting Needs	8	11%	5	12%
Service Provider or Facility Related	13	18%	2	5%
Service/PCP/Discharge Plan	2	3%	2	5%
Staff Person	1	1%	3	7%
Total Complaint Issues	71	100%	47	100%

COMMUNICATIONS

The following is an update of activities and promotional events developed by the Communications Director for the second quarter of FY06-07:

Substance Abuse Focus

- Coordinated the training of eight staff and community partners in the facilitation of focus groups and developed substance abuse/recovery/media focus group content and a stand-alone questionnaire.
- Created bus and newspaper advertising (see picture) promoting recovery from addictions to be disseminated beginning early January.
- Collaborated with Alcohol/Drug council of NC to evaluate recent Addiction Recovery Month Activities and to begin to create a template of Recovery Month activities to be used as a guideline for other communities throughout the state.

System of Care Focus

- Initiated planning of a publication to replace the existing "Obtaining Services in Durham County" booklet to include greater interface with System of Care procedures and philosophies.
- Planned a campaign promoting Network of Care, set to be implemented in March/April and to include newspaper, water bill insets and an email promotion.

Client Rights/Organizational Focus

- Inventoried and initiated reprinting of existing organizational print materials such as the Client Rights Handbook, Notice of Privacy Practices brochure and the organizational survey mailer.

- Advanced the production of an organizational "briefing book" and supplemental Power-Point presentation set for production in January.

Public Relations Focus

- Developed a plan and timeline detailing communications/promotions/public relations activities for the remainder of the fiscal year.

The image shows two identical newspaper advertisements for "Stories of Recovery". Each ad features a black and white photograph of a man and a woman. The text on the left side of each ad reads: "Long-term recovery has restored stability and hope to my life." The main text on the right is a "Real-Life Account" by Ty, who describes his journey from a privileged upbringing to addiction, incarceration, and eventual recovery through therapy and support. At the bottom of each ad, a black box contains the following text: "Addiction to alcohol or drugs is a disease. Like other diseases, it can be treated and managed. You CAN recover from addiction. Take the first step - reach out for help today. Call Durham Center Access 560-7100".

The first two of a series of five recovery stories to be published in the Durham Herald

