



**FY08**  
**Mid-Year Report to the Area Board**

**March 6, 2008**

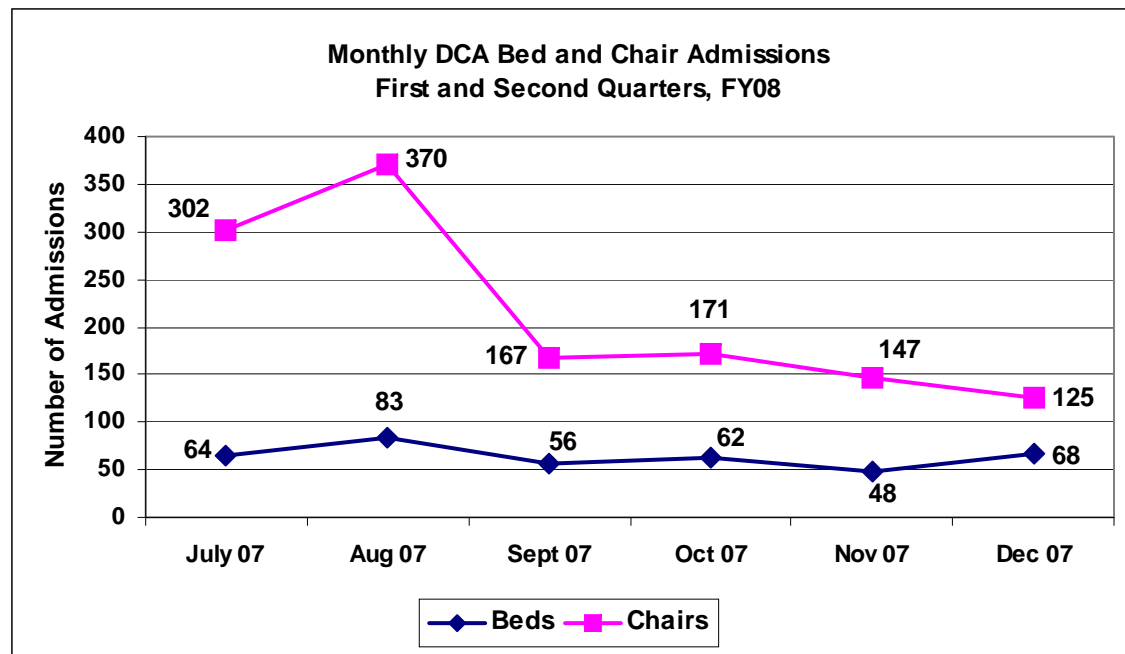
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## DURHAM CENTER ACCESS

### DCA Admissions

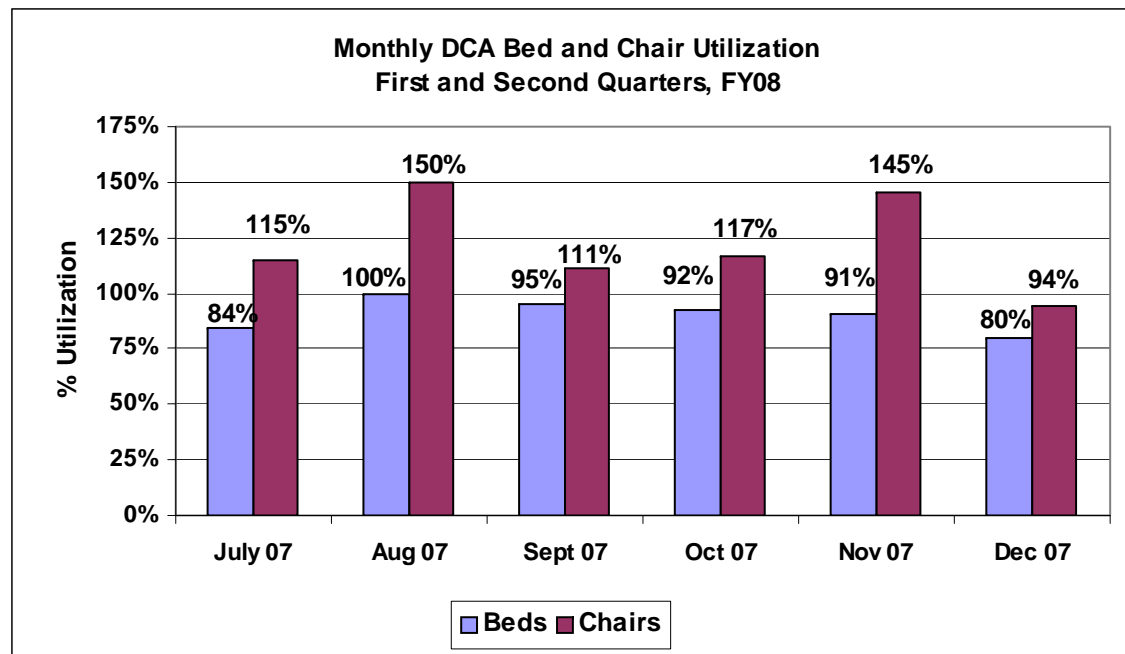
Comparing first quarter to second quarter of FY08 reveals a 13% decrease in the monthly average of bed admissions and a 15% decrease in chair admissions. Due to the high number of repeated chair admissions by the same individuals, the criteria for using the chairs was revised to include clearer and more measurable behavioral measures. DCA staff were better able to assess consumers experiencing a true crisis and needing emergent services at DCA, and those who were able to obtain a timely urgent or routine community referral appointment. The high number of chair admissions during the late summer months could be partially attributed to the need for shelter from extreme heat. This same spike in admissions occurred in July 2006 along with record summer temperatures.



## DURHAM CENTER ACCESS

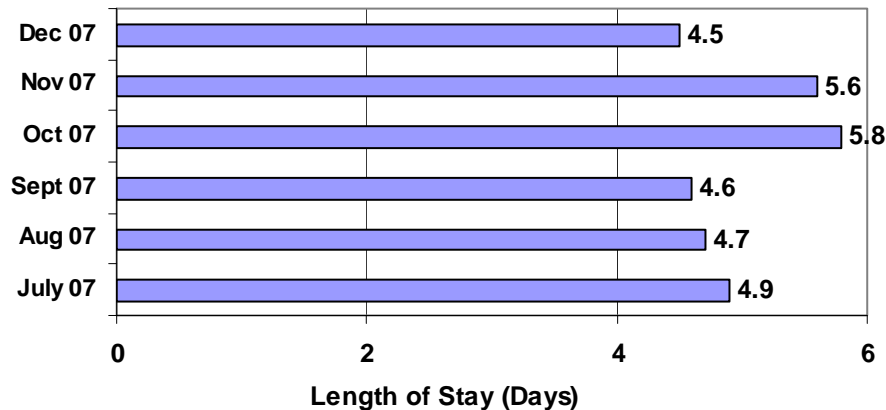
### DCA Utilization

Comparing first quarter to second quarter of FY08 reveals a 5-6% overall decrease in monthly utilization of beds and chairs. Starting in December, we have begun to see a utilization rate less than 100%, possibly due to a mild winter with decreased demand for shelter and recent implementation of revised utilization criteria. Using this criteria, DCA staff and community providers are better able to assess consumers who will benefit from crisis services versus provider or community services. All the utilization percentages for this fiscal year are higher than those of last fiscal year. DCA has worked with consumers, the provider community, law enforcement and area emergency rooms to strengthen relationships to promote collaboration, coordination and cooperation in providing crisis services. The increase in utilization may be one measure of individuals finding the services at DCA to be helpful, and being willing to come, refer and use the services.



## DURHAM CENTER ACCESS

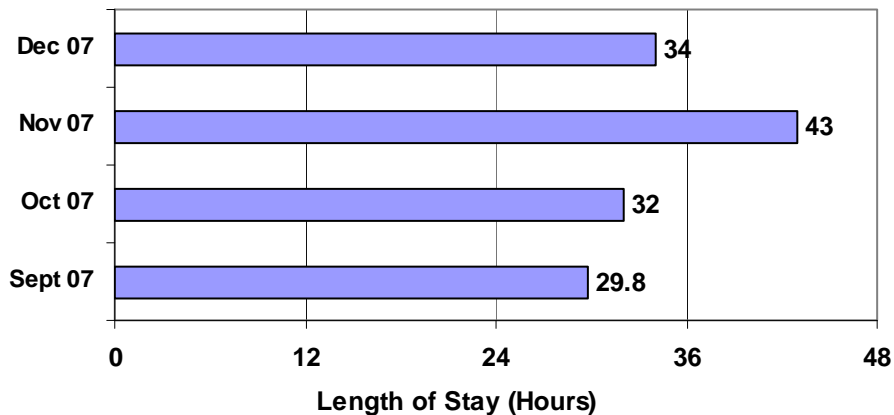
**Average Length of Stay in Crisis Beds by Month  
First and Second Quarters, FY08**



### Length of Stay in DCA Beds

The adjacent graph shows the average length of stay in beds is approximately four to six days. An increase in the lengths of stay in the crisis beds is related to consumers with acute symptoms who require more time to stabilize and develop and implement a comprehensive discharge plan. Many consumers utilizing crisis services do not have a community provider, access to healthcare, and stable housing. With the reduction in the amount and consistency of Community Support Services, consumers present with increased acuity of symptoms.

**Average Length of Stay in Evaluation Chairs  
by Month, FY08**



### Length of Stay in DCA Chairs

Between August and September, there was a change in how Crisis Evaluation and Observation (chair) admissions were reported. The adjacent graph shows the average length of stay in chairs is more than 24 hours suggesting that this type of resource is in high demand. An increase in the lengths of stay in the crisis chairs is related to the following: consumers waiting at DCA for a bed to become available at the state hospital, and consumers having acute symptoms who require close monitoring and additional stabilization time.

## DURHAM CENTER ACCESS

Chair admissions to Durham Center Access (DCA) are either voluntary or involuntary (i.e. through a petition). If the consumer's status changes to voluntary as a result of stabilization while in the chair then a successful hospital diversion has occurred. The table below shows the disposition of involuntary petitions requesting authorization for hospitalization from DCA during the first and second quarters of FY08, compared to the quarterly average for FY07. Between the first two quarters of FY08, the number of community petitions has decreased and the percentage of successful hospital diversions from community petitions has increased. Comparing FY07's average diversion rates to the quarterly diversion rates during FY08, the diversion rates are similar for hospital petitions and slightly greater for community petitions.

<b>Disposition of Involuntary Petitions Requesting Authorization for Hospitalization from DCA: FY07 Quarterly Average Compared to First and Second Quarters of FY08</b>									
Petitioner	# (%) Petitions by Type			# Evaluated at DCA			# (%) Diverted from State Hospitalization		
	Qtrly Avg FY07	1st Qtr FY08	2nd Qtr FY08	Qtrly Avg FY07	1st Qtr FY08	2nd Qtr FY08	Qtrly Avg FY07	1st Qtr FY08	2nd Qtr FY08
Duke Hospital	148	193	195	1	3	0	5	2	5
UNC, VA Hospitals	13	30	8	0	0	0	2	0	0
Durham Regional Hospital	18	16	23	1	1	0	1	0	0
Other Hospital	31	4	4	0	0	0	1	1	1
State Hospitals	29	21	41	1	1	0	0	1	2
<b>Petitions from Hospitals</b>	<b>239 (72%)</b>	<b>264 (68%)</b>	<b>271 (78%)</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>9 (4%)</b>	<b>4 (2%)</b>	<b>8 (3%)</b>
Family/Friend	39	72	52	41	49	52	27	41	34
Provider	19	21	18	8	10	11	10	11	9
Group Home	12	14	4	5	9	4	10	9	1
Other	24	15	4	4	5	4	13	9	2
<b>Petitions from Community</b>	<b>94 (28%)</b>	<b>122 (32%)</b>	<b>78 (22%)</b>	<b>58</b>	<b>73</b>	<b>71</b>	<b>60 (64%)</b>	<b>70 (57%)</b>	<b>46 (59%)</b>
<b>Totals</b>	<b>333</b>	<b>386</b>	<b>349</b>	<b>61</b>	<b>78</b>	<b>71</b>	<b>69 (21%)</b>	<b>74 (19%)</b>	<b>54 (15%)</b>

## SCREENING, TRIAGE AND REFERRAL

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 seven days with a provider agency. If care needs are urgent, the consumer is to be seen within 48 hours. If care needs are emergent, the consumer is to be assessed within two hours at Durham Center Access.

	Emergent		Urgent		Routine	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
Consumers Offered Timely Appointments (% of Total)	546 (100%)	487 (100%)	139 (91%)	231 (94%)	961 (89%)	971 (81%)
Total # of Requests	546	487	153	247	1,081	1,205

For the first two quarters of FY08, all emergent requests were handled through Durham Center Access with 100% timeliness in service availability. Because the methods to analyze screening requests has been modified from first to second quarter, the first quarter figures for Urgent and Routine requests for service have been revised for an improved comparison to the second quarter data. The timeliness of Urgent appointments has increased slightly, and the timeliness of Routine appointments has decreased slightly. If a consumer is unable to schedule an appointment during the seven-day period, the timeliness average is negatively impacted. There are two major holidays during the second quarter months, a possible explanation for the slight decrease in Routine appointment timeliness.

On the following page, you will see the number of timely routine and urgent appointments made with each provider during the second quarter compared to the timeliness of provider appointments during the first quarter. The first quarter timeliness figures have been revised as well.

## SCREENING, TRIAGE AND REFERRAL

<b>Timeliness of Appointments to Meet Routine and Urgent Needs, First and Second Quarters, FY08</b>				
Provider	Routine: % Timely Appointments		Urgent: % Timely Appointments	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
A+ Absolute Care	*	NA	NA	NA
Advantage Care	92%	100%	NA	NA
Alpha Mgmt Comm Svcs	100%	NA	NA	NA
Alpha Mgmt Svcs	*	NA	NA	NA
Alternative Care Tx Sys	92%	96%	NA	NA
Alternative Life Programs	*	*	NA	NA
ARC-NC	74%	82%	NA	NA
ASAP	81%	56%	*	NA
B & D	81%	100%	*	NA
BAART	NA	NA	*	92%
Boys to Gentlemen Residential Svcs	*	100%	NA	NA
Britton & Crump	*	*	NA	NA
Caring Family Network	*	*	NA	NA
Carolina Outreach	100%	100%	NA	NA
Center for Child & Family Health	*	*	NA	NA
CNC/Access	*	*	NA	NA
Community Partnerships	*	*	NA	NA
Comprehensive Comm Care	50%	*	NA	NA
Coordinated Health Svcs	*	*	NA	NA
Covenant Comm Partners	92%	100%	NA	NA
Devereux Residential Svcs	NA	*	NA	NA
Dominion Healthcare Svcs	100%	88%	NA	NA
Dominion Ministries	100%	100%	NA	*
Duke Family Care Program	*	*	NA	*
El Futuro	NA	*	NA	NA

\* = Percentages only shown when 10 or more appointments were made with a provider during the quarter.

## SCREENING, TRIAGE AND REFERRAL

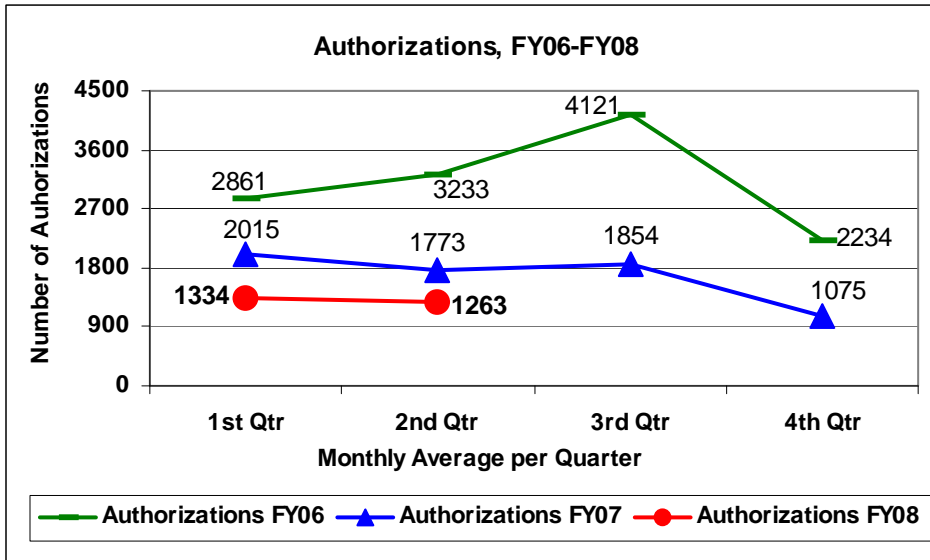
<b>Timeliness of Appointments to Meet Routine and Urgent Needs, First and Second Quarters, FY08</b>				
Provider	Routine: % Timely Appointments		Urgent: % Timely Appointments	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
Empowered Counseling Svcs	*	*	NA	NA
Family and Youth Services	90%	100%	NA	NA
Family Connections	95%	100%	NA	NA
Family Preservation Svcs	85%	90%	NA	NA
Family Qual Care Svcs	*	*	NA	NA
Fonseca's Family Svcs	90%	*	NA	NA
Freedom House	NA	*	NA	NA
Healing with CAARE	100%	91%	47%	70%
HealthCore Resources	*	80%	NA	NA
House of Care	*	*	NA	NA
Innovative Program Assoc	100%	100%	NA	NA
Joyland Homes	95%	*	NA	NA
Life Enhancement Svcs	92%	98%	NA	NA
Life Foundations	100%	100%	NA	NA
Life Skills Counseling	100%	100%	NA	NA
Living Well Centre	*	94%	NA	NA
Matchbox Health Svcs	86%	80%	NA	NA
Melange Health Solutions	*	*	NA	NA
Nature's Reflections	87%	*	NA	NA
Omega Independent Svcs	*	*	NA	NA
Professional Group Living	*	100%	NA	NA
Reaching Your Goals Foundation	100%	100%	NA	NA
Ramseur Homes	*	*	NA	NA
Right Direction	90%	84%	NA	NA
SA Assessor	NA	NA	100%	100%

*\* = Percentages only shown when 10 or more appointments were made with a provider during the quarter.*

## SCREENING, TRIAGE AND REFERRAL

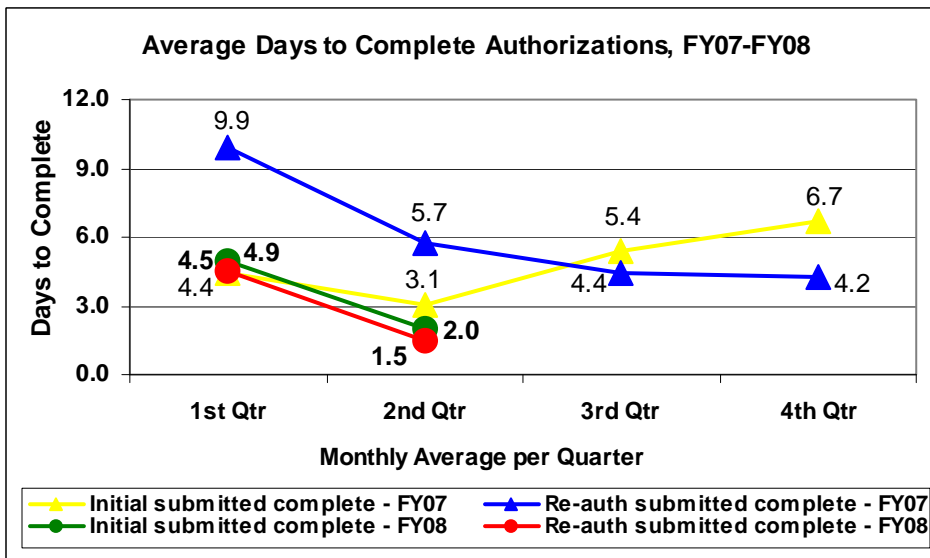
<b>Timeliness of Appointments to Meet Routine and Urgent Needs, First and Second Quarters, FY08</b>				
Provider	Routine: % Timely Appointments		Urgent: % Timely Appointments	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
S Homes	100%	*	NA	NA
SRFC	80%	100%	NA	NA
Structured Family Interventions	*	100%	NA	NA
Telecare ACTT	*	NA	NA	*
The Aya Center	*	*	NA	NA
Top Priority Care Svcs	*	100%	NA	NA
Towergate Youth & Family Svcs	83%	100%	NA	NA
Triangle Residential Svcs	*	*	NA	NA
Triumph	69%	62%	*	*
Turning Point Adolescent Center	97%	100%	NA	NA
Vision of Therapeutic Dev	NA	*	NA	NA
Wellness Solutions	NA	*	NA	NA
Your Choice Health Services	*	*	NA	NA
Youth Villages	*	*	NA	NA
<i>Total Requests for Service</i>	<i>1081</i>	<i>1205</i>	<i>153</i>	<i>247</i>
Timely Appointments Set-Up	961	971	139	231
<b>% Timely</b>	<b>89%</b>	<b>81%</b>	<b>91%</b>	<b>94%</b>
<i>Total No Shows</i>	<i>259</i>	<i>296</i>	<i>62</i>	<i>77</i>
Missed Appt - Provider Outreach	61	61	1	46
Missed Appt - Unable to Locate	58	114	25	12
Missed Appt - No Reason Given	69	67	31	16
Rescheduled Appointment	71	54	5	3
<i>* = Percentages only shown when 10 or more appointments were made with a provider during the quarter.</i>				

## SERVICE MANAGEMENT



### Authorizations

- ◆ Between the first and second quarter of FY08, there was a 5% decrease in the monthly average for the number of authorizations completed.
- ◆ The drop in numbers of authorizations in fourth quarter of FY07 can be linked to the policy change of allowing an increased authorization time from 12 weeks to six months per authorization.

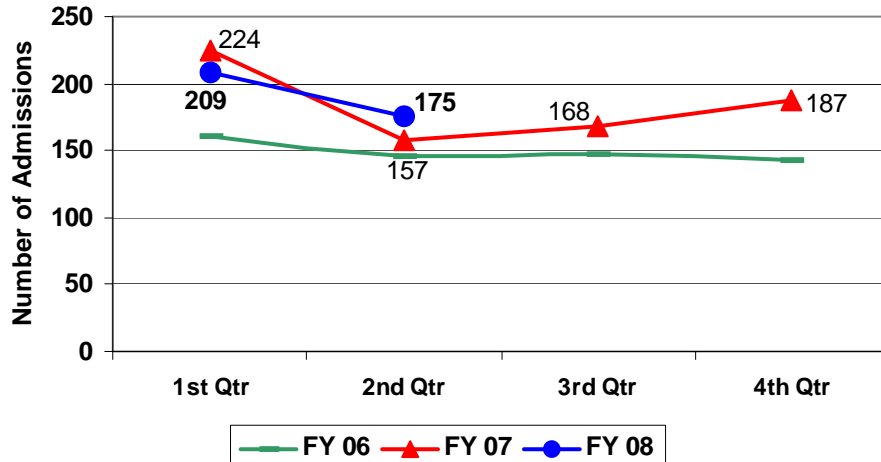


### Days to Complete Authorizations

- ◆ The service authorization process can not be completed without the submission of appropriate documentation by providers.
- ◆ Between the first and second quarter of FY08, there was a 59% decrease in the amount of time taken to complete the initial authorization process and 66% decrease for re-authorizations.

# JOHN UMSTEAD HOSPITAL

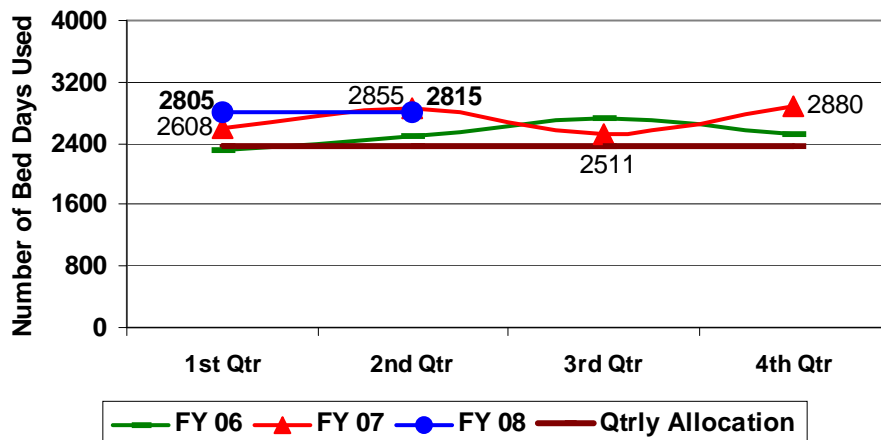
Adult Psychiatric Admissions by Quarter, FY06-FY08



## JUH Adult Admissions

- ◆ The number of admissions for the second quarter of FY08 was 16% lower than the first quarter. This decrease is comparable to the same period during FY07.
- ◆ Second quarter admissions in FY08 were slightly higher (~11%) than the number of admissions during the same period in FY07.

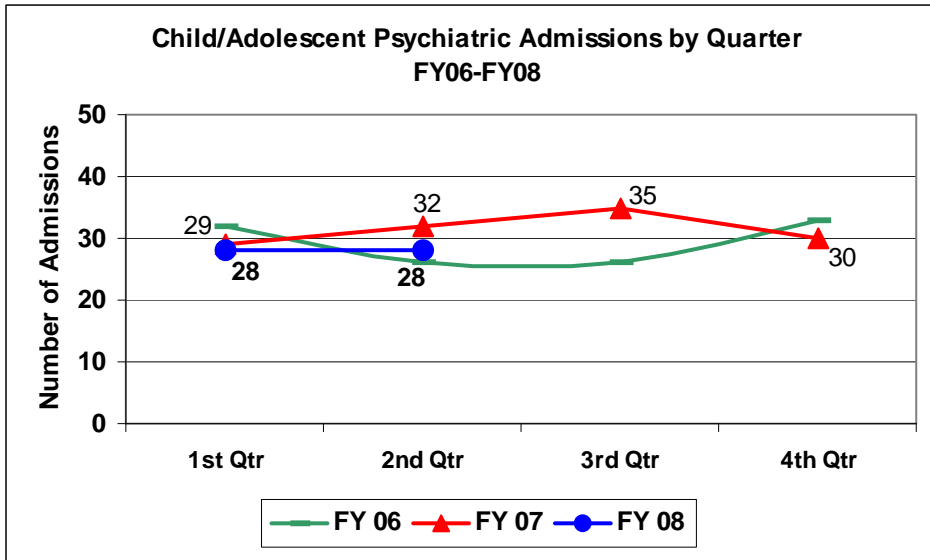
Adult Psychiatric Bed Days Used by Quarter, FY06-FY08



## JUH Adult Bed Utilization

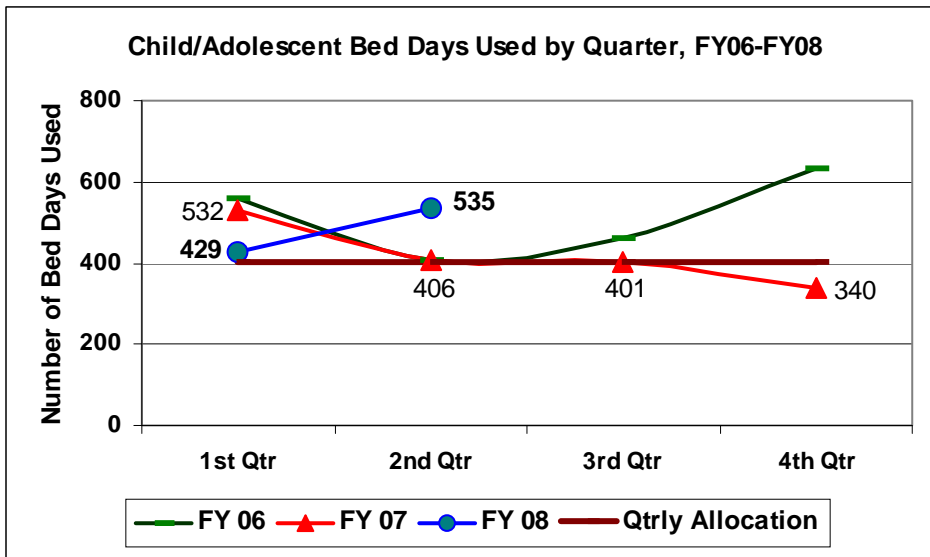
- ◆ Bed utilization for the second quarter of FY08 was <1% higher than the first quarter.
- ◆ Second quarter bed utilization in FY08 was slightly lower (<1%) than bed utilization during the same period in FY07.
- ◆ Quarterly bed day allocation has been decreased by 31% from 3406 bed days in FY07 to 2351 bed days in FY08.

# JOHN UMSTEAD HOSPITAL



## JUH Child/Adolescent Admissions

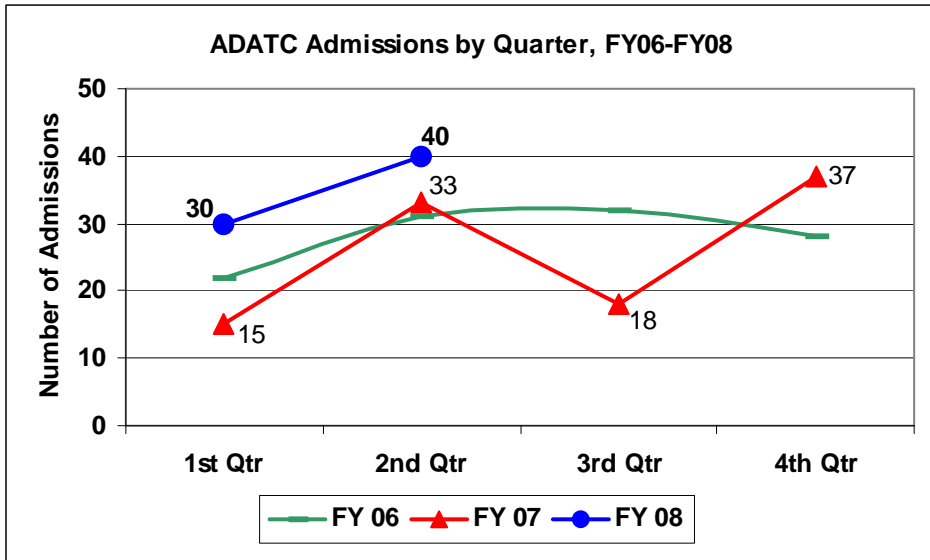
- ◆ The number of admissions during the first and second quarters of FY08 were the same. During the same period in FY07, there was a slight increase (14%) in number of admissions.
- ◆ Second quarter admissions in FY08 were slightly lower (14%) than the number of admissions during the same period in FY07.



## JUH Child/Adolescent Bed Utilization

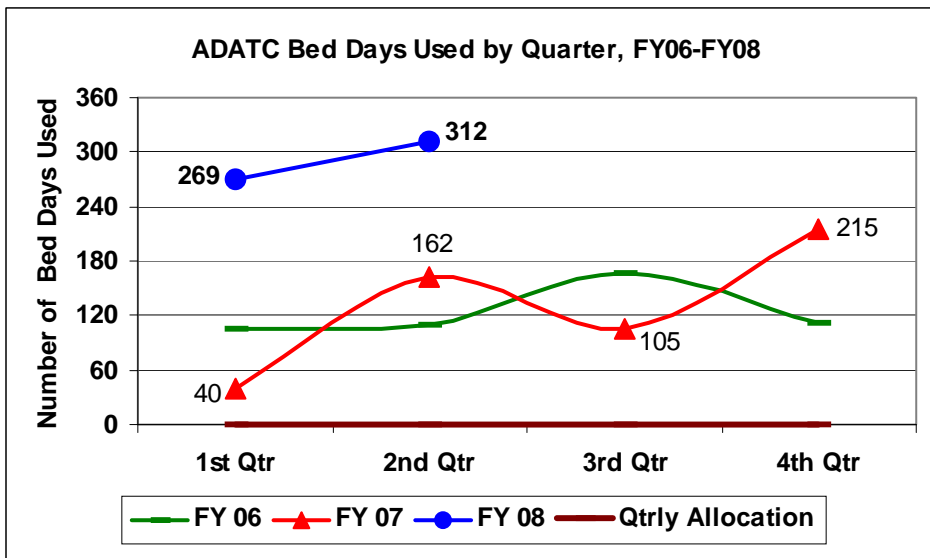
- ◆ Bed utilization for the second quarter of FY08 was 25% higher than the first quarter.
- ◆ Second quarter bed utilization in FY08 was 32% higher than bed utilization during the same period in FY07.
- ◆ Fewer than ten youth accumulated a majority of second quarter's bed days due to highly complex needs, and more time was needed to stabilize and generate an appropriate discharge plan.

# JOHN UMSTEAD HOSPITAL



## Alcohol & Drug Abuse Treatment Center Admissions

- ◆ The number of admissions for the second quarter of FY08 was 33% higher than the first quarter. This increase is a comparable trend to what happened during the same period in FY07.
- ◆ Second quarter admissions in FY08 were 21% higher than the number of admissions during the same period in FY07.



## Alcohol & Drug Abuse Treatment Center Utilization

- ◆ Bed utilization for the second quarter of FY08 was 16% higher than the first quarter.
- ◆ Second quarter bed utilization in FY08 was 93% higher than bed utilization during the same period in FY07.
- ◆ The overall increase in admissions and utilizations means that more individuals are receiving the help they need. There is no longer a mandated quarterly allocation to impact funding of the facility beds.

## ADULT MENTAL HEALTH

### Evidence-Based Practices

Through qualified providers, The Durham Center is proud to offer several evidence-based practices to consumers with mental health and/or substance abuse needs. Below is a table showing the number of consumers served through each program during the first and second quarters of FY08.

	1st Qtr	2nd Qtr
ASAP—ACT	60	59
Telecare—ACT	116	115
ASAP—IDDT	55	67
WMR	N/A	175

(ACT=Assertive Community Treatment; IDDT=Integrated Dual-Disorder Treatment; WMR=Wellness Management & Recovery)

### Durham Center Indigent Pharmacy Program (DCIPP)

The needs of indigent consumers have been addressed through three programs initiated in July, 2006 - Gurley's Pharmacy, Sample Assistance and Patient Assistance - as described below and on the next page.

#### Gurley's Pharmacy

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. Below are the number of individuals served at Gurley's during the first and second quarters of FY08, and the pharmacy costs billed to The Durham Center.

	1st Qtr	2nd Qtr
Consumers Served	1029	1047
Cost to The Durham Center	\$7,322.70	\$8,077.81

## ADULT MENTAL HEALTH

### Sample Assistance Program

The Sample/Patient Assistance Program (PAP) Coordinator assists provider agencies in the management of samples provided by Pharmaceutical Companies. Below is the market value of those samples:

	1st Qtr	2nd Qtr
Market Value of Samples	\$192,513.73	\$191,955.46

### Patient Assistance Program

The Sample/PAP Coordinator also collaborates with pharmaceutical representatives and providers to help consumers obtain medications at little or no cost. The table below indicates Patient Assistance activities during the first and second quarters of FY08.

	1st Qtr	2nd Qtr
New* Consumers Assisted	101	21
Medication Requests: New & Re-Orders	206	63
<i>Approved Requests</i>	110	17
<i>Pending Requests</i>	96	44
<i>Denied Requests</i>	0	2
Savings to Consumers	\$99,076.94	\$17,029.40

*\*Medication Access and Review Program (MARF), a new electronic tracking system, was implemented during the first quarter. If there is a Patient Assistance Program for a medication, it can be found via this weekly-updated system and is not limited to psychiatric medications. The Sample/PAP Coordinator transferred all cases from the old system to the new system at that time, thus showing a much larger number of "new" consumers assisted during the first quarter compared to the second quarter and also inflating the number of "new" medication requests.*

## CHILD MENTAL HEALTH

### Care Review

63 child/adolescent consumers received Care Review during the first two quarters of FY08. See the table below for a summary of outcomes.

Month	Male	Female	Diverted	Follow up	Technical Assistance	Level 2	Level 3	Level 4
1st Qtr	22	13	3	2	2	14*	14	2
2nd Qtr	16	12	4	4**	4	10	9	3
<b>Total</b>	<b>38</b>	<b>25</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>24</b>	<b>23</b>	<b>5</b>

*\*Care Review Teams occasionally recommend multiple levels of care*

*\*\*Follow-Ups recommend continued placement.*

### Child and Family Team

The Child Mental Health Specialist and various Liaisons (i.e., DSS, court and school) attended and observed a total of 93 Child and Family Team (CFT) meetings during the first half of FY08. The table below reflects the number of CFTs that were provided technical assistance by the Specialist or Liaisons, which can include helping a provider in the arrangement and planning of the CFT, and attending the meeting to provide information on either the mental health system or whichever system they are linked with (i.e., school, court, DSS).

	CFTs Observed	Technical Assistance
1st Qtr	45	17
2nd Qtr	48	30
<b>Total</b>	<b>93</b>	<b>47 (51%)</b>

## SUBSTANCE ABUSE (Outpatient)

<b>Non-Medicaid Funded Outpatient Substance Abuse Services Summary, First and Second Quarters, FY08</b>										
	<b>Outpatient Programs</b>									
	<b>FHIOP</b>		<b>FHBIP</b>		<b>BAART</b>		<b>DOM</b>		<b>DUKE</b>	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
Being served at beginning of quarter	28	17	2	16	0	156	10	10	37	40
New referrals this quarter	39	33	31	37	175	41	10	27	5	8
Began receiving services this quarter	27	22	23	24	175	74	10	2	3	5
Did not engage in services after referral	10	2	8	14	0	5	0	7	4	3
<b>Total consumers served</b>	<b>55</b>	<b>39</b>	<b>25</b>	<b>40</b>	<b>175</b>	<b>230</b>	<b>20</b>	<b>12</b>	<b>40</b>	<b>45</b>
Referred to provider based on assessment	0	0	0	0	0	0	0	0	0	0
Transferred other reasons	1	3	1	4	0	14	0	0	0	0
Completed Service Plan	2	1	5	7	0	1	0	0	0	0
Left against staff advice	17	15	3	2	12	16	0	0	0	0
Administrative Discharge	0	0	0	0	7	6	1	0	0	0
Other	5	0	0	3	0	9	0	0	0	0
<b>Total consumers discharged</b>	<b>25</b>	<b>19</b>	<b>9</b>	<b>16</b>	<b>19</b>	<b>46</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Length of Care for Discharged Consumers</b>										
1 month or less	5	6	3	1	13	21	0	0	0	0
Greater than 1 month and up to 3 months	15	9	6	14	6	25	1	0	0	0
Greater than 3 months and up to 6 months	3	4	0	1	0	0	0	0	0	0
Greater than 6 months and up to 12 months	2	0	0	0	0	0	0	0	0	0

FHIOP = Freedom House Intensive Outpatient Program	FHBIP = Freedom House Brief Intervention Program
BAART = BAART Community Healthcare	DOM = Dominion Ministries
DUKE = Duke Family Care	

## SUBSTANCE ABUSE (Residential)

Non-Medicaid Funded Residential Substance Abuse Services Summary, First and Second Quarters, FY08										
	Residential Programs									
	CC		FDMHM		FHWH		FHTLF		RCD	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
Being served at beginning of quarter	6	6	6	6	8	9	3	6	6	6
Began receiving services this quarter	1	3	2	5	10	8	27	23	6	12
<b>Total consumers served</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>11</b>	<b>18</b>	<b>17</b>	<b>30</b>	<b>29</b>	<b>12</b>	<b>18</b>
Completed Service Plan	0	3	2	3	4	2	14	19	5	1
Left against staff advice	1	0	0	0	1	2	4	3	1	1
Administrative Discharge	0	0	0	1	3	1	3	1	0	0
Other	0	0	0	1	0	3	3	0	2	7
<b>Total consumers discharged</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>24</b>	<b>23</b>	<b>8</b>	<b>9</b>
<b>Length of Care for Discharged Consumers</b>										
1-7 days	0	0	0	1	1	1	7	2	1	2
8-14 days	0	0	0	0	0	1	5	6	0	1
15-30 days	0	0	0	0	0	2	12	10	0	3
31-60 days	0	0	0	0	0	1	0	4	0	1
61-90 days	0	1	0	0	2	1	0	1	2	1
91-120 days	0	0	0	0	0	0	0	0	0	0
121-150 days	0	0	0	1	1	0	0	0	5	0
Beyond 5 months	1	2	2	3	4	2	0	0	0	1

CC = Community Choices Inc Cascade at Durham	FHTLF = Freedom House Transitional Living Facility
FDMHM = Freedom House Durham Men's House	RCD = Recovery Center of Durham
FHWH = Freedom House Francis Street Women's Halfway House	

## SUBSTANCE ABUSE

The Durham Center employs two full time substance abuse assessors who are located at Durham Center Access to provide prompt access to substance abuse assessments. A summary of the Assessments completed during the first and second quarters is below. Consumers with completed assessments are then referred to the appropriate treatment agency through Screening, Triage and Referral at The Durham Center. During the second quarter, additional referral options were added to the database for tracking and those with more than 10 referrals are listed at the bottom left.

	Appointments	Individuals	Assessments	No-shows	Show rate	No-show rate
First Quarter	216	190	118	98	62%	38%
Second Quarter	182	172	124	60	72%	28%

Referral Source		
1st Qtr	2nd Qtr	Type
73	38	Self or no referral
10	19	Family or friends
49	46	Other outpatient & residential non-state facility
40	24	State Facility
13	6	Psychiatric service, General hospital
0	1	Non-residential treatment/habilitation program
0	1	Private physician
2	2	Other health care
15	25	Community agency
12	18	Court, corrections, prisons
1	1	Schools
1	1	Other
<b>216</b>	<b>182</b>	<b>Total</b>

Referrals Out		
1st Qtr	2nd Qtr	Type
4	1	ASAP's IDDT
0	0	ASAP's TRANSA-CTT
38	7	DCA's Brief Intervention
37	20	DCA's SA IOP
1	3	Duke Family Care Program
4	0	Durham Center Access
4	1	Durham Vet Admin
4	17	Free Community Resources
0	0	Hospital ER
3	20	MH Provider
2	0	Private insurance provider
1	5	STR for Medicaid Referral
3	1	TROSA
7	0	Wait-list DCA's Brief Intervention
5	13	Wait-list DCA's SA IOP
5	90	Other*
<b>118</b>	<b>178</b>	<b>Total</b>

\*Other Referral Out options with 10 or more referrals during the second quarter include Alcoholics' Anonymous, Narcotics' Anonymous, Department of Social Services, Network of Care, Job Link and Vocational Rehabilitation.

## SUBSTANCE ABUSE

Through a Memorandum of Understanding with The Durham Center, the Criminal Justice Resource Center (CJRC) provides screening and evaluation services for Criminal District Court and psychological evaluations for the Department of Social Services and the Department of Juvenile Justice and Delinquency Prevention (DJJDP) as well as substance abuse and mental health screenings for District Court, Criminal Justice, and Social Service programs. CJRC staff is able to access criminal justice and mental health records when making treatment recommendations and also provides forensic screening evaluations for both adult and child populations upon request. In addition, CJRC has staff in the Youth Home and in the Durham County Detention Center to provide consulting, assessment, counseling and coordination of care services.

Statistics	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL	%	Total Served	
<b>Screening &amp; Evaluation Services</b>										
Forensic Evaluations	13	21	15	13	8	9	<b>79</b>		<b>329</b>	
Adult Psychological Evaluations	4	6	4	5	9	5	<b>33</b>			
Substance Abuse Screenings	32	25	21	14	29	27	<b>148</b>			
Multidisciplinary Evaluations	0	0	0	0	1	0	<b>1</b>			
Child Mental Health Assessments	0	0	0	0	0	0	<b>0</b>			
SA Evaluation	3	6	2	1	1	1	<b>14</b>			
<b>Screening Recommendations</b>										
Day Reporting Center (DRC)	5	1	3	3	2	8	<b>22</b>	<b>15%</b>		
Drug Treatment Center (DTC)	0	0	0	1	2	0	<b>3</b>	<b>2%</b>		
Further Assessment	3	1	2	0	0	0	<b>6</b>	<b>4%</b>		
Durham Center (MHC)	0	0	0	0	1	0	<b>1</b>	<b>1%</b>		
No Tx Recommendation	2	4	1	1	1	1	<b>10</b>	<b>7%</b>		
Second Chance (SCP)	11	9	8	4	10	8	<b>50</b>	<b>34%</b>		
TASC for Assessment	10	9	5	4	7	8	<b>43</b>	<b>29%</b>		
<i>Other</i>	1	1	2	1	6	1	<b>12</b>	<b>8%</b>		
<b>DJJDP Services</b>										
Psychological Evaluations	7	6	6	9	7	10	<b>45</b>			
Mental Health Assessments	0	0	0	0	0	0	<b>0</b>			
Forensic Evaluations	2	3	3	1	0	0	<b>9</b>			

## DEVELOPMENTAL DISABILITIES

Below is a table of the number of consumers with developmental disabilities who were served during the first and second quarters of FY08 with IPRS funds according to the provider name and type of service delivered.

<b>Developmental Disabilities Services Funded by IPRS, First and Quarter FY08</b>										
<b>Provider Agency</b>	<b>Developmental Therapy</b>		<b>Personal Assistance</b>		<b>Day Activity</b>		<b>ADVP</b>		<b>Supported Employment</b>	
	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr	1st Qtr	2nd Qtr
Alpha Management Services, Inc.	3	3	1	2						
CareFocus, Inc.	1	1	1	1						
CNC/Access, Inc.	9	15								
Comprehensive Community Care, Inc.	6	10	1	1						
Coordinated Health Services, Inc.	10	10	6	8						
Durham Areacorp, Inc									6	4
Durham County Community Living Programs			21	21						
Durham Exchange Club Industries, Inc.							88	86	22	22
Easter Seals UCP North Carolina									6	8
House of Care, Inc.	7	6								
Living Well Centre	4	1								
Rainbow 66 Storehouse, Inc.					29	26				
Securing Resources For Consumers, Inc	16	22	4	4						
Standards-Based Solutions-East, LLC	6	1								
Threshold									2	2
<b>Totals</b>	<b>62</b>	<b>69</b>	<b>34</b>	<b>37</b>	<b>29</b>	<b>26</b>	<b>88</b>	<b>86</b>	<b>36</b>	<b>36</b>

## HOUSING

### The Client Housing Assistance-Independent Living Initiative

A referral-based program that provides short-term rental assistance for consumers of The Durham Center with mental health, substance abuse or developmental disabilities. Housing assistance is coordinated between our Housing Specialist and service providers with the goal of increasing client self-sufficiency. During the second quarter of FY08, 138 individuals have benefited from the initiative, which has grown from 99 assisted during the first quarter. Please see table below for a breakdown of individuals per assistance.

Type of Assistance	1st Qtr FY08	2nd Qtr FY08
Ongoing Rental Assistance	32 individuals	44 individuals
Emergency Rental Assistance	22 individuals	39 individuals
Start up Expense Assistance	21 individuals	33 individuals
Other Emergency Assistance (plumbing, application fees, court cost)	24 individuals	22 individuals

### PATH

The table below provides a snapshot of the recent activities conducted by Durham's Project for Assistance in Transition from Homelessness for both youth/young adults and adults.

	Youth/Young Adults		Adults	
	1st Qtr FY08	2nd Qtr FY08	1st Qtr FY08	2nd Qtr FY08
Outreach Services	53	57	207	152
Enrolled	13	8	69	24
Case Mgmt Services	16	11	69	24
Planning of Housing	15	7	87	24
From FY07	3	—	30	—

# HOUSING

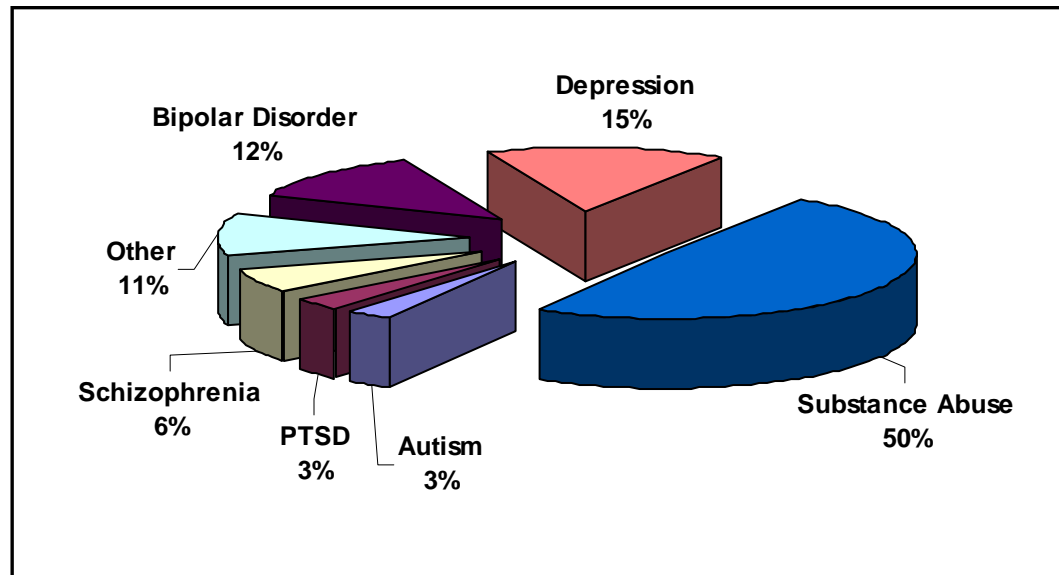
## Housing Support Team

This team plays an integral role in the 10 year plan to end homelessness in Durham. Designed to assist consumers with finding and maintaining permanent housing, this team works toward that goal by helping clients increase their income by obtaining employment and/or SSA, and get connected to appropriate mental health and substance abuse services and support. The clients must meet the following criteria: 1) Chronically homeless, 2) Diagnosed with mental illness and/or substance abuse, and 3) Used publicly funded systems at least four times within the last three years.

During the first half of FY08, the Housing Support Team accomplished the following:

- ◆ 124 referrals were made to the Team
- ◆ 33 intakes were conducted
- ◆ 22 consumers found permanent housing

The chart below shows the breakdown of diagnoses across consumers served through the Team:



## QUALITY MANAGEMENT

### Incident Reporting

#### *Level II and III Incidents*

The Quality Management Department supervises Incident Reporting, a requirement of the Department of Health and Human Services. Since October 2007, the QM Department has expanded the review process to include a more detailed screening of providers' compliance with reporting and response requirements using the NC Administrative Code as means of measurement. Over the second quarter 66% of incoming level II and III incidents did not meet the reporting requirements either by late submission or by not being accurate and complete. The percentage of incoming incidents that did not meet response requirements was 25%.

Compliance Rates by Provider Type			
Provider Type	Total # of Incident Reports	# (%) of Reports Meeting Reporting Requirements	# (%) of Reports Meeting Response Requirements
Residential	98	37 (38%)	76 (78%)
Non-Residential	30	7 (23%)	20 (67%)
<b>Total (both types)</b>	<b>128</b>	<b>44 (34%)</b>	<b>96 (75%)</b>

*(Definitions of reporting and response requirements consistent with 10A NCAC27G.0600: **Reporting requirement:** Provider is to submit an accurate and complete report within 72 hours of the incident. **Response requirement:** Provider is to attend to the health and safety needs, determine the cause of the incident, develop corrective measures and measures to prevent similar incidents, assign persons responsible for implementation of corrective measures, and notify correct authorities and persons required by law.)*

With the goal to increase compliance overall the QM Department has developed strategies that are consistently utilized in the screening process of each incoming incident. Providers who do not comply with reporting timeframes receive an *Out of Compliance with Timeframes* reminder by fax. When data is missing or sufficient information not presented providers are asked to submit an updated report and technical assistance is provided as needed. In depth trainings continue to be offered on a quarterly basis.

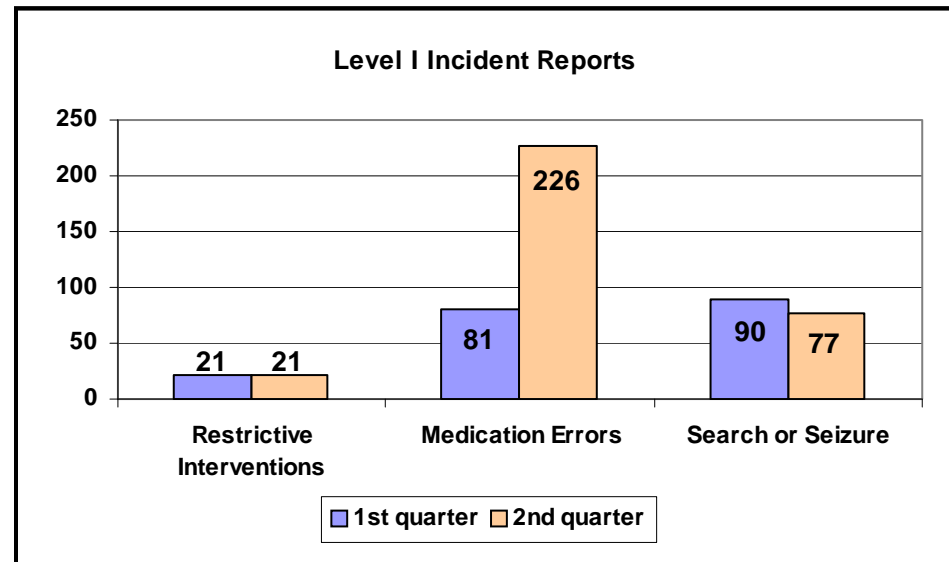
## QUALITY MANAGEMENT

### *Level I Incident Reports*

Level I missed or refused doses increased by 179%. Two agencies reported unusually high numbers and will be required to provide additional information on the agency's medication error policies and procedures along with case specific information. The QM department will review materials and present them to the Client Rights and Corporate Compliance Committees for further evaluation and conclusion.

### *Quarterly Incident Reports*

Compliance rates with timely quarterly incident report submissions remain at a record high at 99% for the second quarter of FY08 with only one provider receiving a Plan of Correction.



### **North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)**

Out of the 58 providers that submit NC-TOPPS interviews, 49 (84%) received Plans of Correction at the end of the second quarter regarding missing Initial interviews and/or overdue Update interviews. Of those 49 providers:

- ◆ 35 (71%) were missing more than one Initial interview, with an average of 12 interviews missing per provider.
- ◆ 44 providers (90%) had more than one overdue Update, with an average of 37 interviews overdue per provider.
- ◆ 44 providers (90%) have made considerable progress in NC-TOPPS submissions.

Overall, there has been a 25% increase in the number of interviews submitted since December. To promote continued efforts of providers to meet the compliance standards, a similar POC process will begin by the end of the third quarter.

## CONTRACTS MANAGEMENT

### Provider Monitoring

During the second quarter of FY08, 19 agencies received monitoring visits, one resulting in findings requiring a Plan of Correction. Complaints triggered two of the monitoring visits and the other 17 were endorsement-related.

### Endorsements

The Contract Management Team has completed full endorsements for all respective providers in Durham County per DMH Implementation Update #30. The Unit is now completing follow-up reviews with those providers who are currently under a Plan of Correction. Currently we have 161 contract providers (IPRS and Medicaid) and each Contract Manager has a minimum of 59 providers.

### Letters of Support

Below is an overview of the number of letters that have been issued from October 1 through December 31, 2007:

- ◆ 1 issued to Residential Level II (.1300)
- ◆ 6 issued to Supervised Living Mental Health Adult (.5600 A)
- ◆ 7 issued to Supervised Living Developmentally Disabled Minor (.5600 C)
- ◆ 1 issued to Supervised Living Assisted (.5600 F)

### RFIs/RFPs

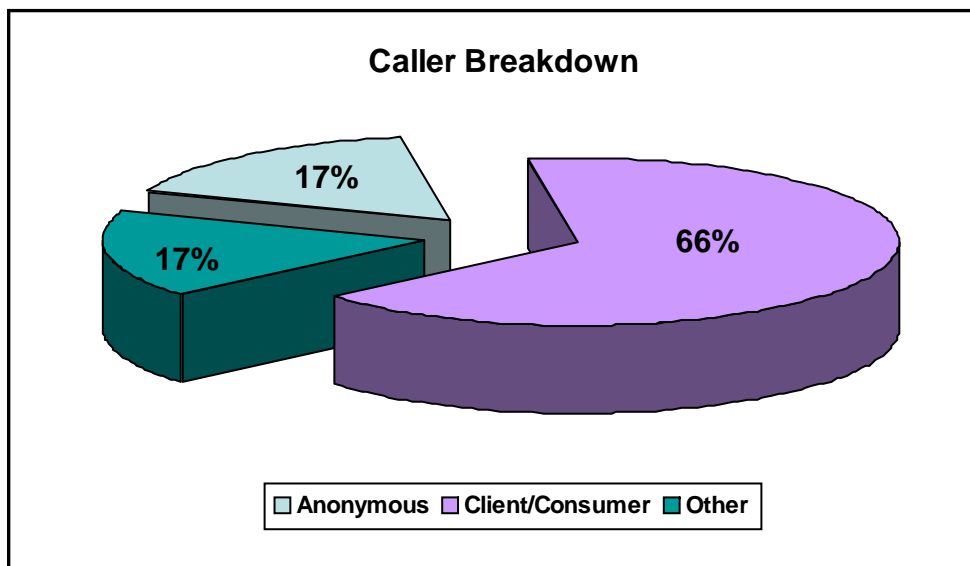
The following RFI/RFPs were issued for the second quarter:

- ◆ New Supportive Housing Projects RFI was issued on November 9, 2007. Five proposals were received: Housing for New Hope, Durham County Community Living Programs, Community Alternatives for Supportive Abodes (CASA), Healing with Care, and Development Ventures, Inc. This proposal was awarded to four agencies: Durham County Community Living Program, CASA, Housing for New Hope, and Development Ventures Inc.
- ◆ Developmental Therapy RFP was re-issued on November 21, 2007. Five proposals were received: Bethesda Care, dba Keston Care, Maxim Healthcare Services, Autism Services Inc., Touchstone Residential Services, and Coordinated Health Services Inc. All five programs received funding through the RFP.
- ◆ Substance Abuse Integrated Care Program RFP was re-issued on November 29, 2007. Two proposals were received: Freedom House and Healing with CAARE. This RFP has not yet been awarded.

## CUSTOMER SERVICES

### Calls to the Durham Center

- ◆ The Durham Center tracked 10,735 calls during the second quarter of FY08. The majority (87%) were for information, 10% of calls were referred to STR, 1% to customer service, and 3% was referred back to the provider. The number of total calls and number by type of call mirror those from the first quarter.



### Complaints

- ◆ Calls categorized as Customer Service complaints are detailed in the table to the right. There were fewer complaints reported during the second quarter. New staff was hired during this time, and all complaints may not have been tracked during the second quarter.

Complaint/Issue	First Qtr #/% of Calls	Second Qtr #/% of Calls
Access to Services	6 (13%)	1 (8%)
Client Rights Issue	1 (2%)	
Communication Issue	6 (13%)	
Compliance with Rules	1 (2%)	
Discharge from services without permission	1 (2%)	
Facility Related	1 (2%)	
Failure to Respond to Complaint	1 (2%)	
LOC or Treatment Decision	3 (7%)	
Other	4 (9%)	3 (25%)
Paperwork	2 (4%)	
Payment/Billing Issue	1 (2%)	2 (17%)
Quality of Care	3 (7%)	4 (33%)
Referral Process	9 (20%)	1 (8%)
Resource Information	1 (2%)	
Respect/Courtesy Issue	2 (4%)	
Service Authorization	1 (2%)	
Service Provider	1 (2%)	1 (8%)
Staff Person	2 (4%)	
<b>Totals</b>	<b>46</b>	<b>12</b>

## COMMUNICATIONS

During the second quarter of FY08 the Director of Communications continued a comprehensive schedule of activities to raise the profile of The Durham Center and its messages in the media and among its constituencies throughout the community and beyond.

- ◆ An internal workgroup is overseeing the redesign of the organization's website that will result in a more informative, user-friendly, valuable resource for consumers, families, partners, providers and our other constituencies. The projected "go live" date is mid-May 2008.
- ◆ Created the 2007 Annual Report (below) in a new format more appealing to and readable for a broad external audience, focusing on key themes and messages and integrating organizational activities.



The Durham Center's campaign to create a recovery culture in Durham, which includes the annual Recovery Celebration as its marquee public event, was recognized in December as the 2007 Program of Excellence in Public Awareness and Advocacy by the NC Council of Community Programs.