



FY2008

May Report to the Area Board

**Substance Abuse Prevention, Assessment,
Treatment and Outcomes**

May 1, 2008

TABLE OF CONTENTS

Highlights of Substance Abuse Plan . . .	3
Substance Abuse Prevention	
Alcohol and Drug Council of NC . . .	9
Partnership for a Drug-Free NC . . .	10
Substance Abuse-Related Testing	
HIV Testing and Counseling . . .	11
Adult Substance Abuse Outcomes . . .	12
Substance Abuse Assessment	
Durham Center Access . . .	15
Criminal Justice Resource Center . . .	16
WorkFirst Substance Abuse Initiative . . .	17
Substance Abuse Treatment	
<i>Adolescent - Outpatient Treatment</i>	
MAJORS . . .	18
Intensive Outpatient Program . . .	18
Cannabis Youth Treatment Program . . .	18
<i>Adult - Outpatient Treatment</i>	
Brief Intervention . . .	19
Opioid Treatment Program . . .	19
Gender-Specific . . .	19
Intensive Outpatient Program . . .	20
Integrated Dual-Disorder Treatment . . .	21
<i>Adult - Residential Treatment</i>	
Halfway House . . .	22
Transitional Living . . .	22
Long-Term Perinatal . . .	22
TROSAs . . .	23

HIGHLIGHTS OF SUBSTANCE ABUSE PLAN

The Durham Center participates on the Results Based Accountability-Substance Abuse Committee. The RBA goal that *all Durham citizens are healthy* is integrated into the measurement of SA prevention and treatment services managed by The Durham Center and into the five goals developed by the Substance Abuse Advisory Council.

Goal #1: Stimulate a "Recovery Culture" Within the Durham Community

Strategy: Increase visibility of messages, based on scientific evidence, promoting addiction as a disease, effective treatment options and long-term recovery

Accomplishments

- ◆ Through the work of the RBA-Substance Committee, The Durham Center and its partners were recognized by the NC Council for Community Programs for public awareness and outreach because of the following:
 - Recovery Month activities including extensive media penetration and highly successful recovery celebration block party attended by over 400 community members
 - Publication of resource guide
 - Support of Duke Center for Child & Family Policy's epidemiological study of substance abuse in Durham
- ◆ Awarded RFP to Durham Together for Resilient Youth (DurhamTRY), a local non-profit dedicated to raising awareness of the dangers of underage drinking, in January.
 - Recruited nine high-level political, business and expert volunteers to serve on speakers bureau, who will attend at least one engagement/month to influence decisions and promote addiction as a chronic, treatable disease
 - Organized 13 community events to educate audience on addiction
 - Interest from two advertising agencies regarding pro-bono work on media campaign

HIGHLIGHTS OF SUBSTANCE ABUSE PLAN

Goal #2: Deliver SA Services Through a System of Care Framework

Strategy: Retain SOC Expert Contractor to provide intensive technical assistance in implementing SOC in agencies

Accomplishments

- ◆ SOC expert provided 20 hours of intensive technical assistance to three agencies that volunteered to receive services - BAART Community HealthCare, Recovery Center of Durham and Integrated Dual-Disorder Team at ASAP. The three agencies have completed organizational assessments to determine how they are implementing System of Care principles and practices and to create action plans to improve services.

Strategy: Organize, develop and support a community-based team of first responders to identify, intervene and support the needs of adolescents abusing substances

Accomplishments

- ◆ Recruited adolescent team (called SAY-IT!, Substance Abuse-Youth Intervention Team) of 13 community members representing diverse backgrounds and professions such as law enforcement, school guidance counselor, Durham Public Schools Safe and Drug-Free Schools coordinator, school nurse, PTA volunteer, private citizen in recovery, parks and recreation, public housing authority, state's adolescent treatment grant coordinator, and an MSW intern.
- ◆ SAY-IT! members received 15 hours of training, receive support and additional training on monthly basis, and work on individual projects to prevent substance use among youth and identify youth who are using substances.
- ◆ SAY-IT! members have committed to work on individual and group projects to intervene with youth:
 - Identify existing educational efforts/curricula focusing on heightening awareness and educating youth about substance use/abuse; create and promote the use of Public Service Announcements for awareness and education
 - Bring collaborative partners/stakeholders together for purposes of developing and promoting a Durham Awareness Campaign in schools and in the communities
 - Identify meaningful outlets for youth seeking real alternatives to substance use

(continued on next page)

HIGHLIGHTS OF SUBSTANCE ABUSE PLAN

(Goal #2, continued)

Strategy: Reduce barriers to participating in treatment

Accomplishments

- ◆ Substance abuse evaluators distributed 100 bus passes to consumers showing for evaluations
- ◆ On average, 69% of individuals seeking treatment show for substance abuse evaluations
- ◆ IOP engagement rate = 73%

HIGHLIGHTS OF SUBSTANCE ABUSE PLAN

Goal #3: Recruit, Support and Maintain a Qualified SA Workforce Capable of Meeting the Demands of the Community

Strategy: Improve quality of service by increasing the number of credentialed substance abuse professionals.

Accomplishments

- ◆ **200%** increase in credentialed substance abuse professionals working for contracted agencies since September 2006
- ◆ In partnership with Duke, provided 19 trainings and 35 case conferences to over 250 professionals since September 2006
- ◆ FY08 training (81 of hours of SA-specific) and teaching case conferences (22.5 hours of professional skill building) satisfied ¼ of requirement for certification by the NC Substance Abuse Professional Practice Board

Strategy: Retain qualified substance abuse professionals in Durham

Progress

- ◆ Incentive program – 16 (six in FY07 and 10 in FY08) counselors representing 100% of substance abuse agencies, contracted for State or County funds, participated in program, which includes vouchers for costs associated with certification/licensure (exams, registration, training), free clinical supervision, and priority for free training
- ◆ All six of the counselors that participated in FY07 program are still employed as SA professionals in Durham County

HIGHLIGHTS OF SUBSTANCE ABUSE PLAN

Goal #4: Develop a Sustainable Provider Community Able to Provide Easily-Accessible, Quality Services Within Existing Rules and Funding Sources

Strategy: Increase the quality of the overall services within the delivery system

Accomplishments

- ◆ Conducted two Clinical Quality Reviews
- ◆ Developed tools to review adolescent and gender-specific programs

Strategy: Improve implementation of evidence-based practices

Accomplishments

- ◆ Assembled three Technical Assistance Teams which are currently meeting - Cannabis Youth Treatment program (Turning Point Adolescent Center), Dual-Disorder Intensive Outpatient Program (BAART Community HealthCare) and Transitional Living (TROSA and Recovery Center of Durham)

HIGHLIGHTS OF SUBSTANCE ABUSE PLAN

Goal #5: Develop a Substance Abuse Continuum of Services and Supports for Adults and Adolescents

Strategy: Expand array of evidence-based and best practice services to achieve better outcomes for consumers

Accomplishments

- ◆ Adolescent - Added the Cannabis Youth Treatment Program, a SAMHSA-supported Best Practice Model
- ◆ Adult - Added seven new services incorporating best practice principles:
 - Substance Abuse Clubhouse
 - Brief Intervention
 - Dual-Disorder Intensive Outpatient
 - Nurturing Parenting
 - Transitional Living (TROSA and Recovery Center of Durham)
 - TROSA Therapeutic Community
 - Criminal Justice Resource Center (Substance Abuse Counselor-.5 FTE)
- ◆ Existing Perinatal program for women/children that uses an evidence-based CASAWORKS model has been expanded. Community Choices, Inc. was awarded competitive funding from state for an additional eight beds

Strategy: Increase the number of adult consumers who attend follow up appointments and engage in treatment services

Accomplishments

- ◆ Two assessors provide same-day access to assessment for citizens with substance use disorders who are not covered by Medicaid (any community agency or individual can refer consumers for assessment)\
- ◆ 69% of individuals referred received assessments, compared to 25% who received an assessment after being referred to a provider in first quarter of FY07, before the assessors were hired

Strategy: Increase percentage of consumers who receive high quality services

Accomplishments - Refer to data throughout this report

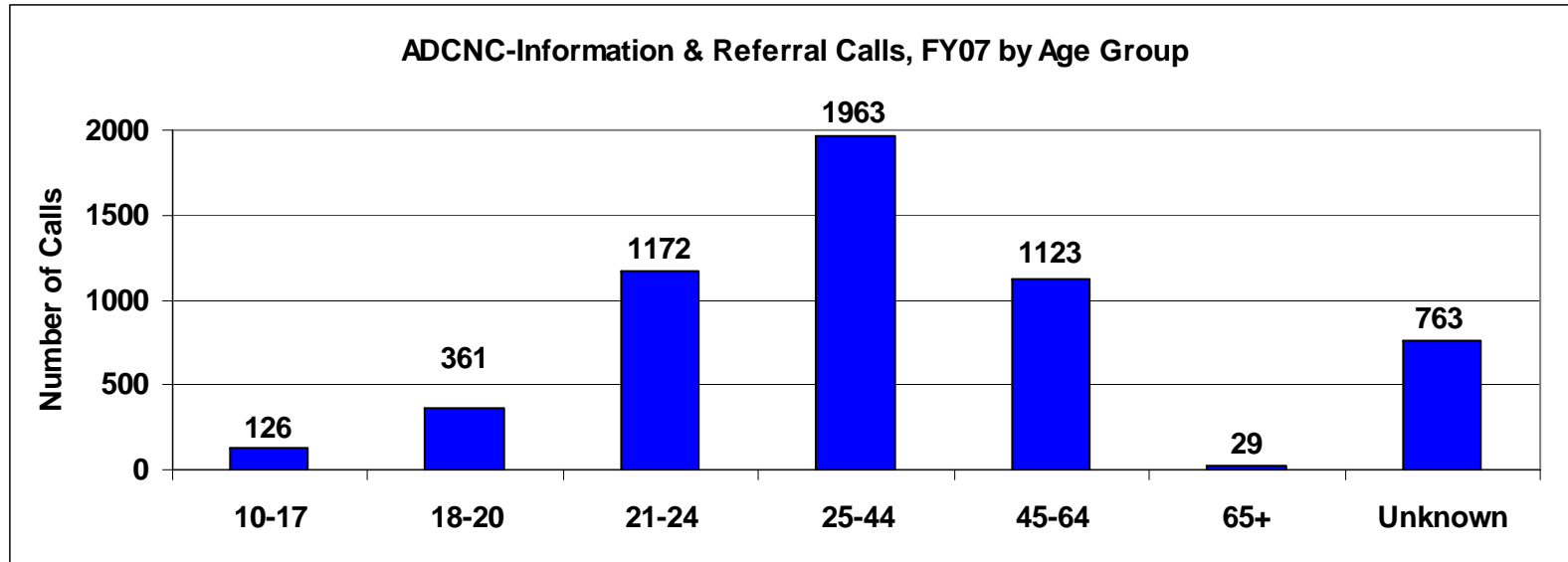
SUBSTANCE ABUSE PREVENTION

Alcohol & Drug Council of NC

The mission of the Alcohol & Drug Council of NC (ADCNC) is to reduce the human suffering and economic cost of alcoholism and other substance abuse and addiction. ADCNC offers a statewide information and referral hotline and provides community outreach activities with a substance abuse prevention message.

Information and Referral Services Statewide:

- ◆ A total of 5,537 information & referral calls were received during FY07
- ◆ 63% of callers were male, 66% were Caucasian and 33% were African American



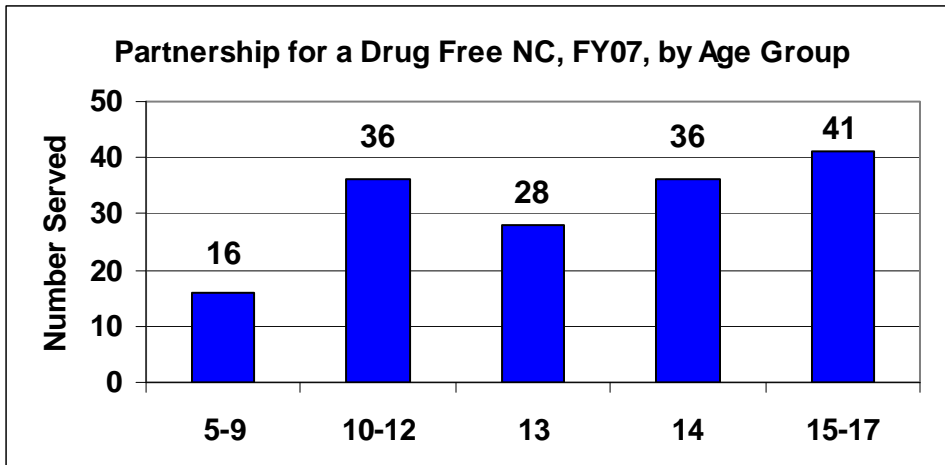
Community Activity

In October 2006, ADCNC hosted TeenFest, a teen talent contest with an anti-tobacco, alcohol, drug and violence theme. It was a three-hour family event that attracted approximately 100 children and 50 adults. Teens performed original talent pieces and the audience was quizzed on specific information regarding substance abuse prevention.

SUBSTANCE ABUSE PREVENTION

Partnership for a Drug-Free NC

Partnership for a Drug-Free NC provides services to 60 NC counties and coordinates statewide resources from government grants and Local Management Entities such as The Durham Center to reduce the negative impact of substance abuse and mental illness. During FY07, Partnership for a Drug-Free NC and The Durham Center combined efforts with other agencies in Durham County, local school system professionals, juvenile justice representatives and other youth and family-service providers to deliver substance abuse prevention programs recognized by SAMSHA as evidence-based.



The graph to the left shows the number of youth (by age group) who participated in evidence-based educational substance abuse prevention sessions in school settings.

- ◆ 157 youth participated in prevention sessions
- ◆ 10-14 year-olds were the primary participants
- ◆ 65% were male, 73% were African American

Evidence-Based Educational Substance Abuse Prevention Programs

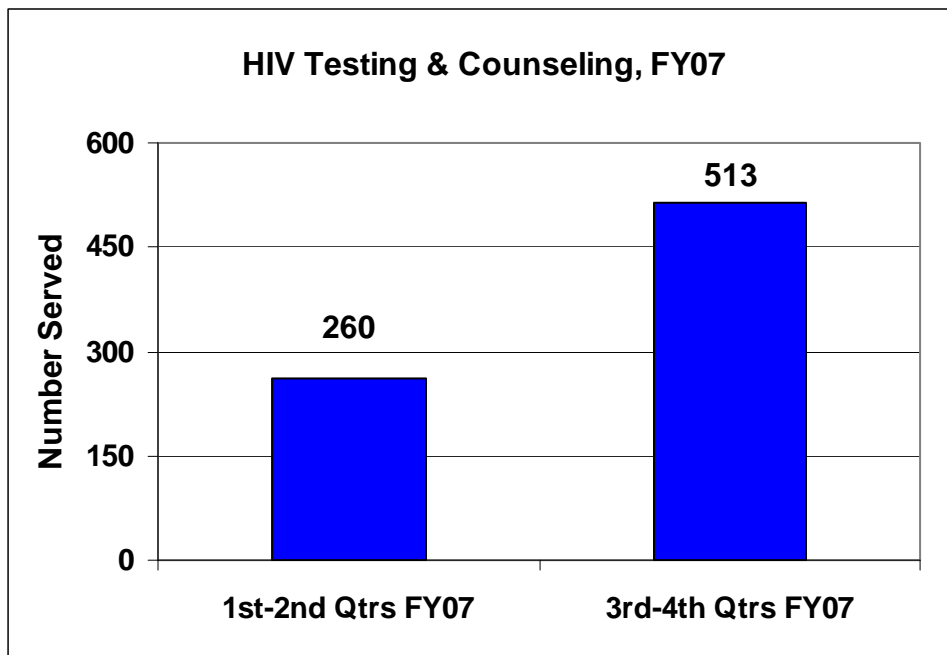
- ◆ Early Risers: 34 children/adolescents participated in this program which focuses on developing "skills for success" for 6-9 year old children and their parents
- ◆ Reconnecting Youth: 99 adolescents participated in this program promoting coping, life, interpersonal and decision-making skills
- ◆ Keepin' it R.E.A.L.: 24 adolescents participated in this program incorporating ethnic values and practices to increase adolescents' life skills such as risk assessment, decision-making and drug resistance, while enhancing anti-drug norms and attitudes

SUBSTANCE ABUSE-RELATED TESTING

HIV Testing and Counseling

The Durham Center provides State funding to Healing with C.A.A.R.E. to provide rapid testing as well as pre- and post-test counseling for individuals who receive substance abuse treatment services.

During the intake phase, consumers are asked if they have had a Human Immunodeficiency Virus (HIV) test. If the answer is yes, the consumer is asked when, where, frequency and results of the last test. If a consumer states the results were positive, the client is asked if s/he is receiving service and treatment. If the client is not receiving treatment or service, s/he is referred to C.A.A.R.E.'s HIV services for further assistance, including, but not limited to, medical assistance, food, housing and transportation. If a client has not had a HIV test the consumer is asked if s/he would like to take the test today or at a later date. If the consumer is tested at C.A.A.R.E, s/he will receive pre and post-test counseling.



The graph to the left shows the number of individuals tested for HIV and provided counseling during FY07.

- ◆ Between the first and second half of FY07, there was a nearly 100% increase in the number of individuals tested for HIV and counseled
- ◆ The increase is due to a higher supply of testing materials for the second half of FY07, in addition to outreach to TROSA residents and participation in a higher number of outdoor events during the warmer months

ADULT SUBSTANCE ABUSE OUTCOMES

North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) Adult Substance Abuse Consumers - Durham and Statewide

NC-TOPPS data collected from July 2006 to December 2007 is shown below and on the next pages for a matched group of consumers enrolled in substance abuse target populations at both the Durham and Statewide levels who were receiving a variety of treatment services (primarily community support and evidence-based practices). To be part of the matched sample, an Initial interview had to be conducted between July 2006 and June 2007 and either a three-month Update interview or an Episode Completion interview had to be conducted for the same consumer by December 2007. The Durham sample was composed of 125 matched interviews and the Statewide sample was 4,449.

Demographic Factor	Durham	Statewide
Male	42%	53%
Female	58%	47%
African American	71%	39%
Caucasian	26%	56%
Other	3%	5%
18 to 20	2%	4%
21 to 30	18%	29%
31 to 40	25%	28%
41 to 50	42%	27%
51 to 60	11%	9%
61 & over	2%	2%
SSI/SSDI	24%	11%
Homeless	20%	12%

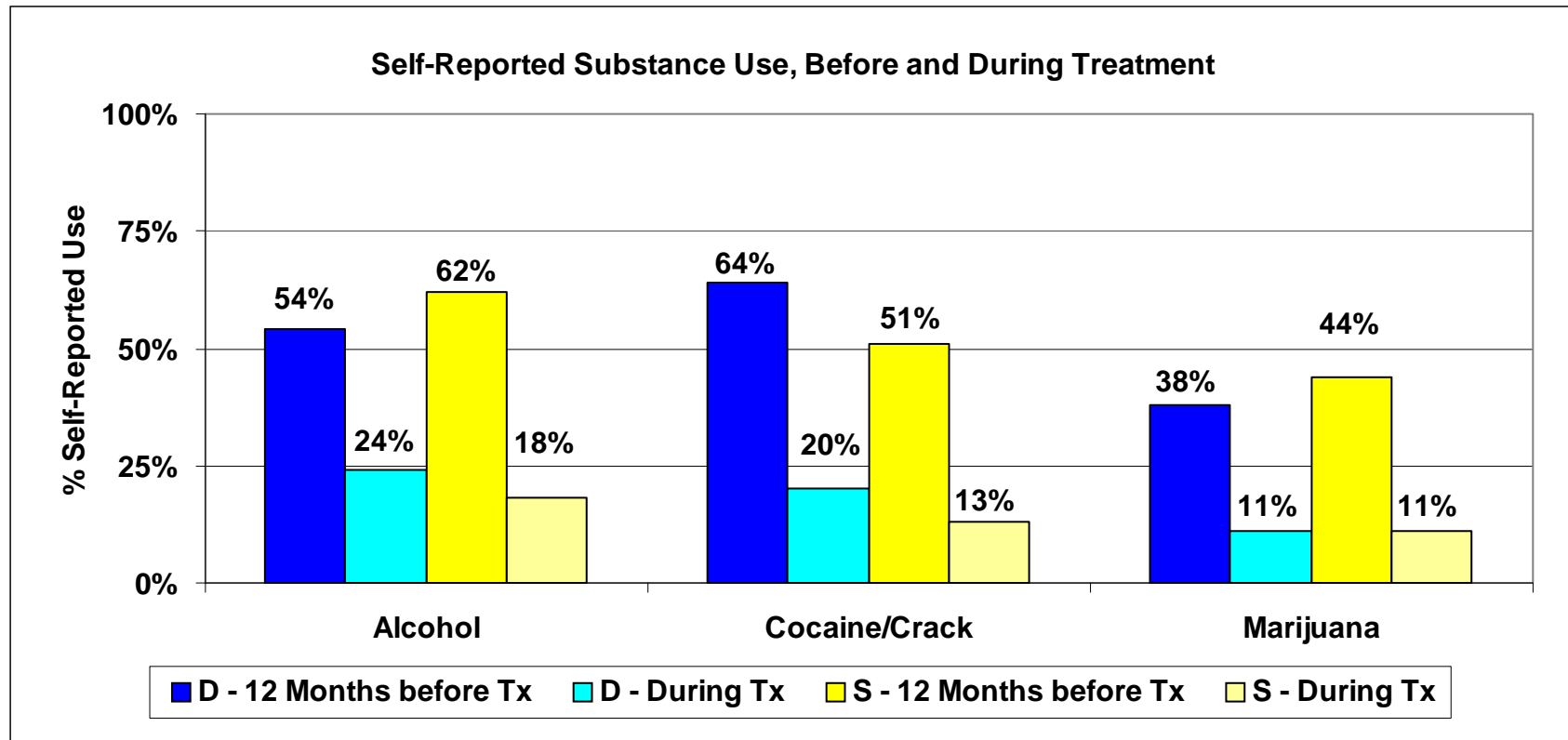
DSM-IV Diagnosis	Durham	Statewide
Drug Dependence	50%	68%
Major Depression	43%	18%
Drug Abuse	28%	19%
Alcohol Dependence	22%	39%
Alcohol Abuse	18%	14%
Bipolar Disorder	15%	10%
Schizophrenia	15%	7%
Personality Disorder	12%	5%
Anxiety Disorder	6%	7%
Post-Traumatic Stress Disorder	6%	4%

The primary substance problems reported by the consumers in the Durham sample include cocaine/crack (45%), alcohol (33%) and marijuana (14%). These are also the top three substance problems at the statewide level.

ADULT SUBSTANCE ABUSE OUTCOMES

For the three primary substance problems reported at the Durham and statewide levels, the chart below demonstrates a significant decrease in self-reported use of each substance from the 12-month period before treatment began to the one-month period prior to the Update interview. Across the three substances, there was a 34% average decrease in self-reported use in Durham and a 38% average decrease statewide. While it is important to note that this is a self-report measure (i.e. not validated by drug tests), it is still encouraging to see a decrease in use during the active treatment phase of recovery.

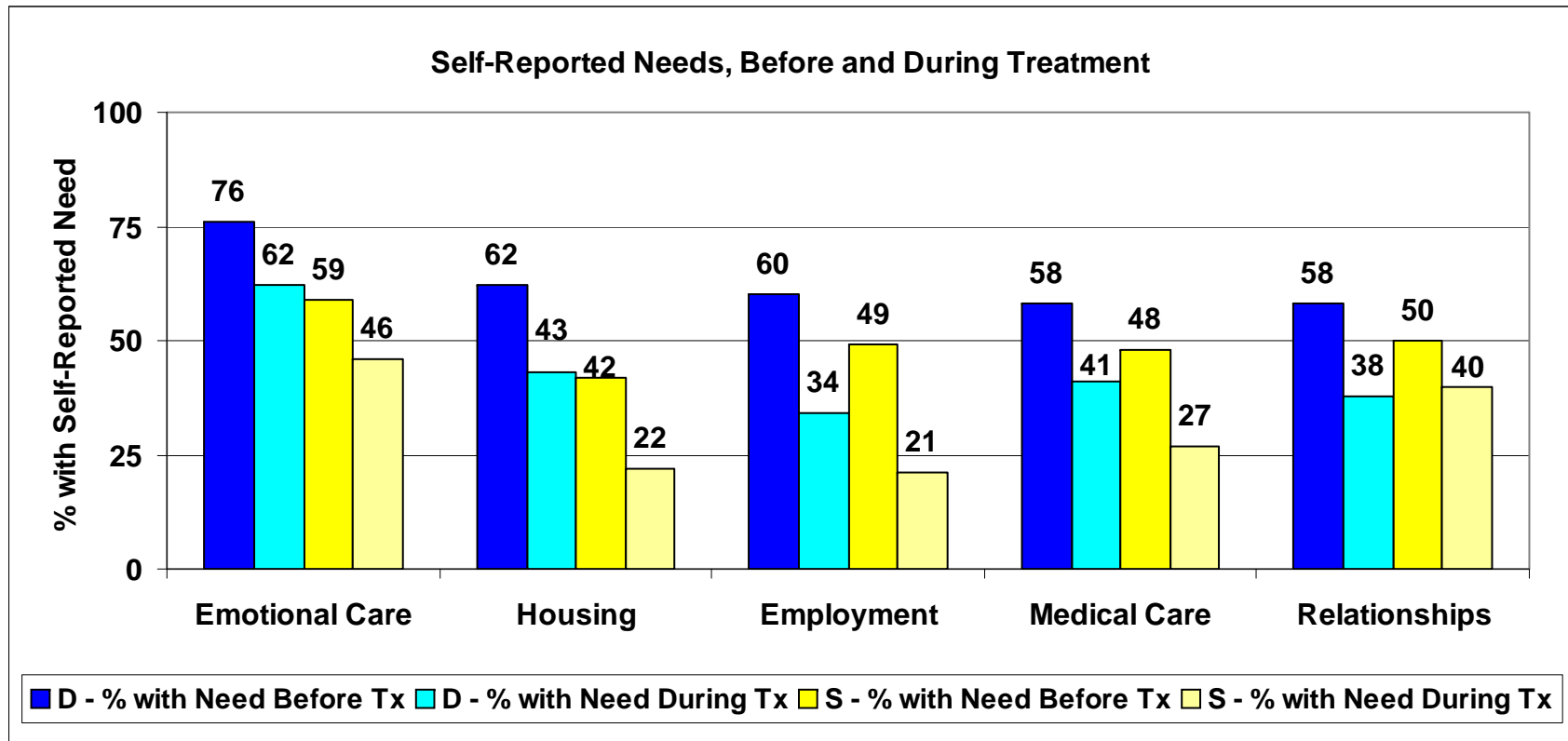
In the chart below, “D” stands for Durham and “S” stands for statewide.



ADULT SUBSTANCE ABUSE OUTCOMES

Consumers are asked about their needs at admission and again at each Update interview. Although a variety of needs are reported, the chart below highlights how well the top five needs have been addressed between the two time points at the Durham and Statewide level. Emotional care is the most common need reported at both time points. Housing, employment and medical care correspond with the findings from our recent Needs Assessment conducted in early FY08. Approximately half of each sample indicated a need to improve relationships with family and peers. This chart shows us that many consumers continue to be in need of not only the management of their substance abuse and mental health symptoms, but also improvement in basic living needs that could enhance the effectiveness of the treatment.

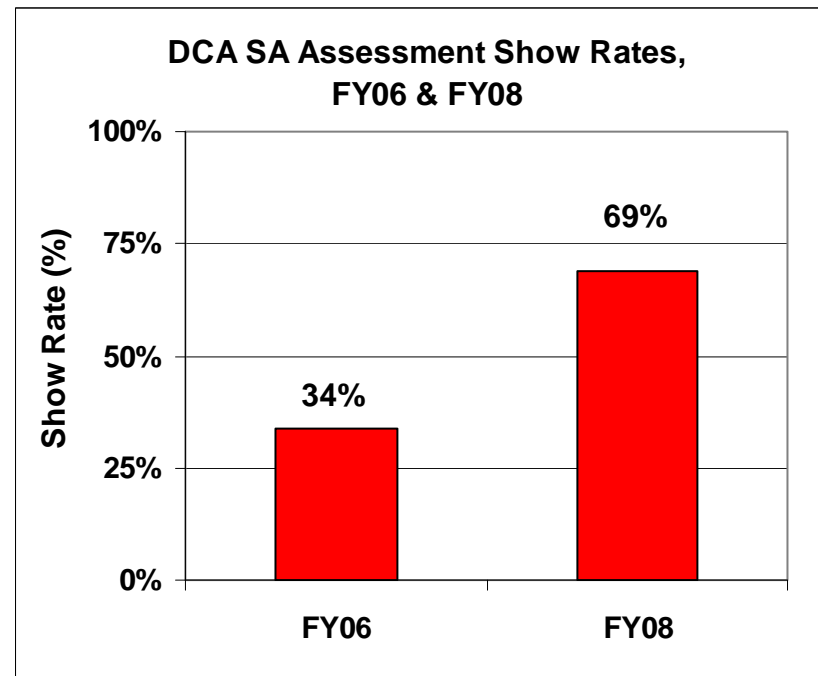
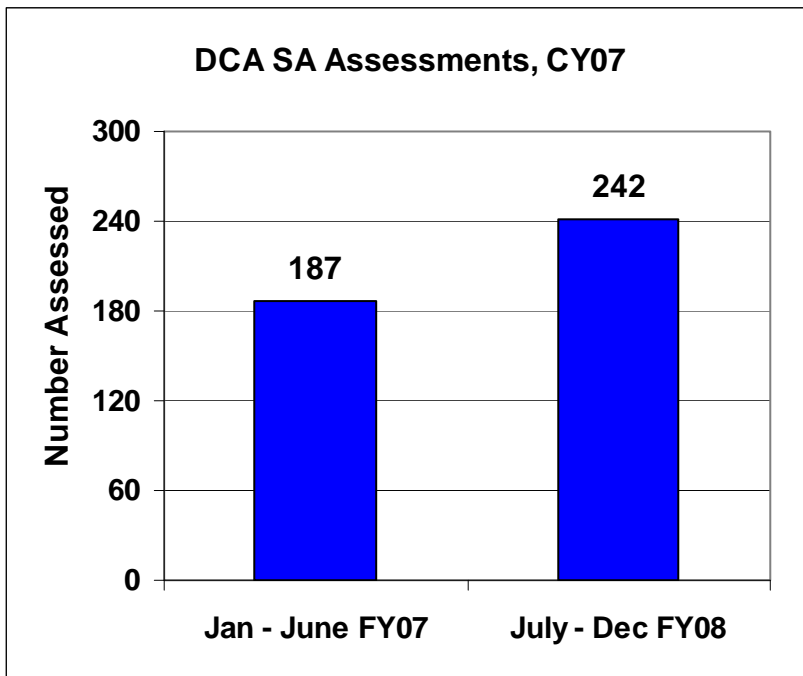
In the chart below, “D” stands for Durham and “S” stands for statewide.



SUBSTANCE ABUSE ASSESSMENT

Durham Center Access (DCA)

The Durham Center employs two full time substance abuse professionals who are located at DCA to provide prompt access to substance abuse assessments. Those completing assessments are then referred to the appropriate treatment agency through Screening, Triage and Referral at The Durham Center. The graphs below show the increasing number of assessments during each half of 2007, as well as a comparison of the show rates in FY06 and thus far in FY08.



The number of assessments increased during 2007, along with the show rate compared across the previous and current fiscal years. The dramatic improvement in the show rate can be attributed to appointments available on the same day consumers express need or immediately as a walk-in at DCA (similar to urgent care), a critical first step on the road to recovery.

SUBSTANCE ABUSE ASSESSMENT

Criminal Justice Resource Center (CJRC)

Through a Memorandum of Understanding with The Durham 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	3rd Q FY07	4th Q FY07	1st Q FY08	2nd Q FY08	TOTAL	%	Total Served	
Screening & Evaluation Services								
Forensic Evaluations	37	27	49	30	256		911	
Adult Psychological Evaluations	13	15	14	19	103			
Substance Abuse Screenings	77	71	78	70	522			
Multidisciplinary Evaluations	0	0	0	1	1			
Child Mental Health Assessments	0	0	0	0	0			
SA Evaluation	2	0	11	3	29			
Screening Recommendations								
Day Reporting Center (DRC)	13	6	9	13	69	13%		
Drug Treatment Center (DTC)	1	1	0	3	7	1%		
Further Assessment	1	0	6	0	14	3%		
Durham Center (MHC)	0	0	0	1	1	0%		
No Tx Recommendation	4	3	7	3	31	6%		
Second Chance (SCP)	37	22	28	22	196	38%		
TASC for Assessment	16	33	24	19	165	32%		
<i>Other</i>	5	7	4	8	40	8%		
DJJDP Services								
Psychological Evaluations	27	29	19	26	176			
Mental Health Assessments	0	0	0	0	0			
Forensic Evaluations	4	4	8	1	33			

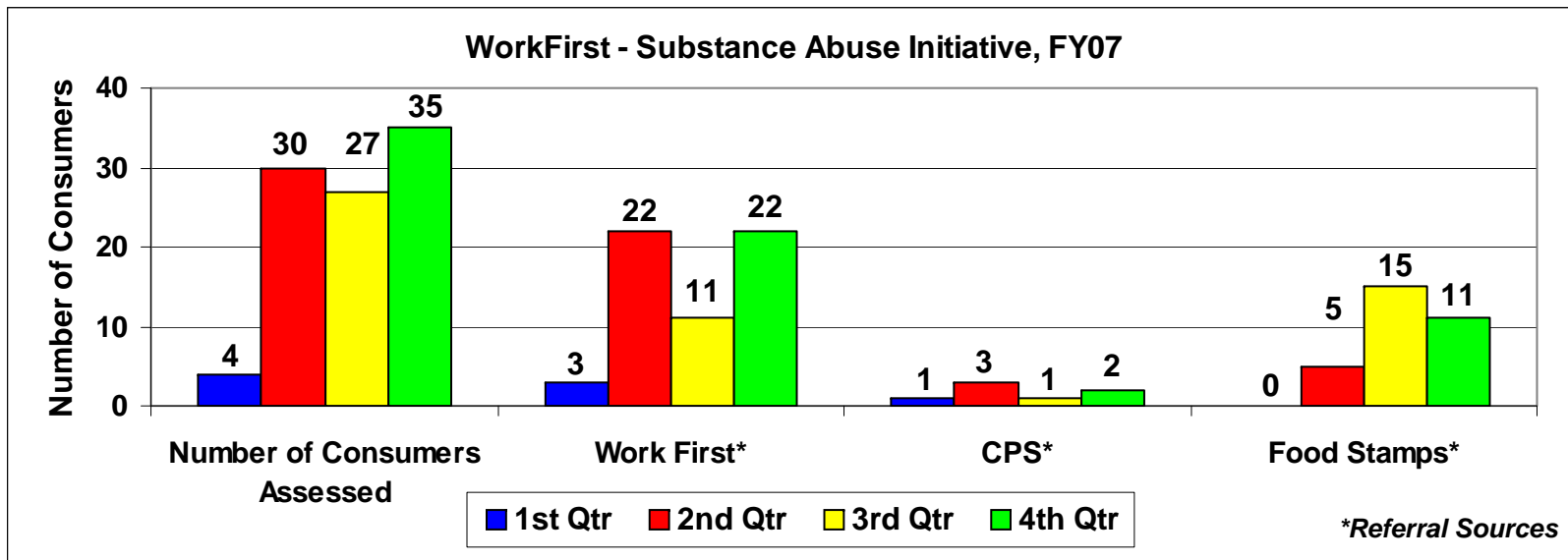
SUBSTANCE ABUSE ASSESSMENT

WorkFirst-Substance Abuse Initiative

Through the Division of Social Services (DSS), financial assistance is given to individuals involved in the Work First initiative or those who are in receipt of food stamps & have a class H or I substance abuse felony. If the DSS Social Worker determines that any of the above recipients have possible substance abuse issues, or parents involved with Child Protective Services (CPS) due to substance abuse, the professional can refer them for a substance abuse assessment. The Durham Center provides state funds for a Qualified Professional-Substance Abuse (QPSA), housed at DSS, to conduct substance abuse assessments, refer individuals to treatment, provide case support and care management for individuals, track individuals' participation in treatment, report information related to individuals' treatment plans to DSS, and provide training to DSS staff on mental health and substance abuse.

The graph below shows the number of individuals receiving assessments by the three referral sources (WorkFirst, CPS, or Food Stamps-Class H or I felon) :

- ◆ An average of 30 consumers were assessed during the second through fourth quarters of FY07
- ◆ The majority of consumers (60%) who received SA assessments were involved in the WorkFirst Initiative



ADOLESCENT: SUBSTANCE ABUSE OUTPATIENT TREATMENT

Requests for Proposals were issued for MAJORS and IOP on April 26

MAJORS (operated by Dominion Ministries)

Adolescents less than 18 years of age currently under the supervision of the Juvenile Court with a primary diagnosis of substance abuse can be referred to specialized community-based treatment services. Managing Access for Juvenile Offender Resources & Services (MAJORS) treatment is intended to be long-term (a minimum of 6 months) or as long as the client is on probation. Services are provided at a minimum of three hours per week with additional participation expected in various community activities. The MAJORS goal is to enable adolescents to become effective members of pro-social groups. The Durham Center provides IPRS funding to Dominion Ministries for its MAJORS program. During CY07, 53% of adolescents referred to this program were admitted for services, an increase of 25% from FY06. During each quarter of the year, an average of seven new consumers were admitted, and an average of four consumers were discharged.

Intensive Outpatient Program (operated by Dominion Ministries)

Intensive Outpatient Treatment services for children under 18 years of age with co-occurring mental health and substance abuse disorders. Program addresses co-occurring needs of adolescents including family therapy, outpatient therapy, community support, educational/job training services, and psychiatric services. Dominion Ministries was awarded a Mental Health Trust Fund grant to pilot program in April 2007. Program initially experienced difficulties in receiving Medicaid authorizations for services and delays, from intake to admission, to prepare youth for group therapy. Program was redesigned in early 2008 to more fully incorporate the evidence-based model of Multidimensional Family Therapy, an effective model for this population. During the first three quarters of CY07, 77% of adolescents referred to this program were admitted for services. During each of those quarters, an average of six new consumers were admitted, and one consumer was discharged. Lower admission rates in late 2007 were due to program changes.

Cannabis Youth Treatment (CYT) Program (operated by Turning Point Adolescent Center)

This program, which started January 7th, 2008, is designed for youth who primarily use marijuana, experience problems associated with substance use, and have used substances frequently over a three-month period. It was designed and tested as a lower-level (early intervention, early use) service. The CYT model includes several modules, including effective interventions with Motivational Enhancement and Cognitive Behavioral techniques, along with an Adolescent Community Reinforcement Approach and family support and education.

ADULT: SUBSTANCE ABUSE OUTPATIENT TREATMENT

Brief Intervention (operated by Freedom House) - Short-term (12 week) service for individuals without Medicaid meeting ASAM Level I diagnosis for a substance abuse disorder OR individuals discharged from state operated hospitals within five days of their release and do not meet criteria for other services within the five-day timeframe. Program utilizes best practices to engage consumers through individual, group, and family/couples counseling & medication management.

Opioid Treatment Program (operated by BAART) - Consumers diagnosed with dependency on opiates receive medication management (methadone) and individual and group therapy. Treatment is considered a best practice by SAMHSA.

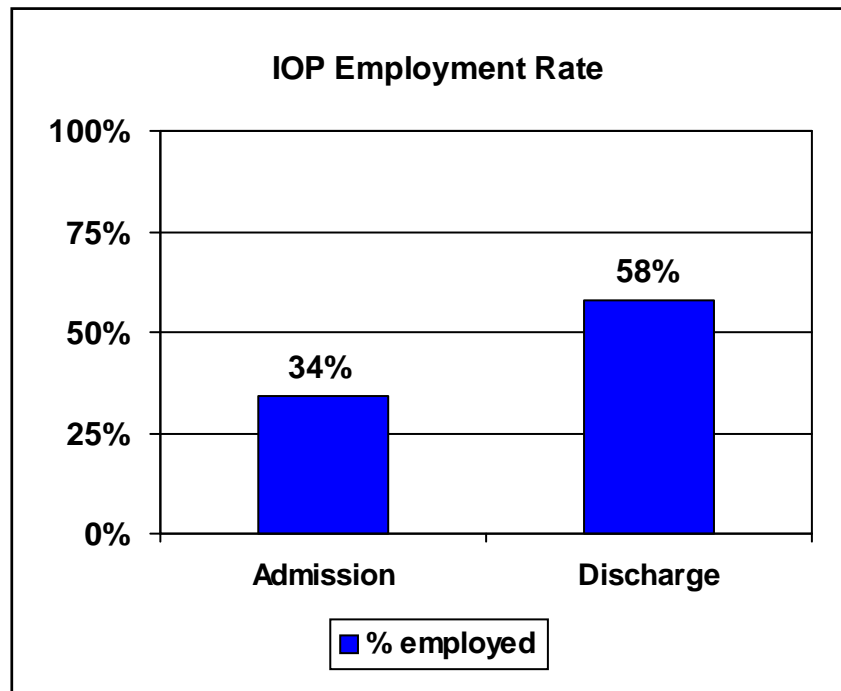
Gender-Specific (operated by Duke Family Care) - Program for pregnant women and women with children who have a substance abuse diagnosis. The family is treated as a unit. Consumers receive a screening, individual, group and family therapy, case management and access to a developmental psychologist for the children. (**This program did not discharge anyone during CY07.*)

Non-Medicaid Funded Outpatient Substance Abuse Adult Services Summary, CY07			
	Brief Intervention	Opioid Treatment	Gender-Specific*
Engagement Rate	69%	98%	50%
Total Consumers Served	40	249	40
Reasons for Discharge			
Transferred other reasons	5	14	*
Completed service plan	12	1	*
Left against staff advice	5	28	*
Administrative discharge	0	13	*
Other	3	9	*
Total Consumers Discharged	25	65	*
Length of Care for Discharged Consumers			
1 month or less	4	34	N/A
Greater than 1 month and up to 3 months	20	31	N/A
Greater than 3 months and up to 6 months	1	0	N/A
Greater than 6 months and up to 12 months	0	0	N/A

ADULT: SUBSTANCE ABUSE OUTPATIENT TREATMENT

The Durham Center's Substance Abuse Intensive Outpatient Program (IOP)

The Intensive Outpatient Program provides structured, individualized, and community-based services to adults, over the age of 17, who have severe to chronic substance abuse problems. Durham Center's Intensive Outpatient Substance Abuse Program assesses the multiple life domain needs of the individual and family and provides links to benefits, community resources, and other community services, such as accessing and arranging for individuals to receive benefits and other services; housing; arranging for educational/employment/ vocational opportunities; strengthening interpersonal skills that have consistently blocked recovery, and monitoring the provision of services. The program is designed to serve 24 consumers at any given time.



Of the 95 consumers who received intakes:

- ◆ 69 (73%) engaged in services
- ◆ 18 continue to receive services in 2008

Of the 77 consumers discharged in 2007:

- ◆ 25 (32%) had not engaged in services
- ◆ 52 (68%) engaged in treatment with an average length of 69 days in services. Of those:
 - 21 (27%) remained in treatment at least 90 days and met all goals, including maintained abstinence at discharge
 - 31 (40%) left treatment prior to 90 days. Of those:
 - ◆ 15 (48%) maintained abstinence
 - ◆ 24 (77%) met at least some of their goals
 - ◆ The rate of employment among those who engaged in this program almost doubled from about 30% to 58% (shown on chart)

ADULT: SUBSTANCE ABUSE OUTPATIENT TREATMENT

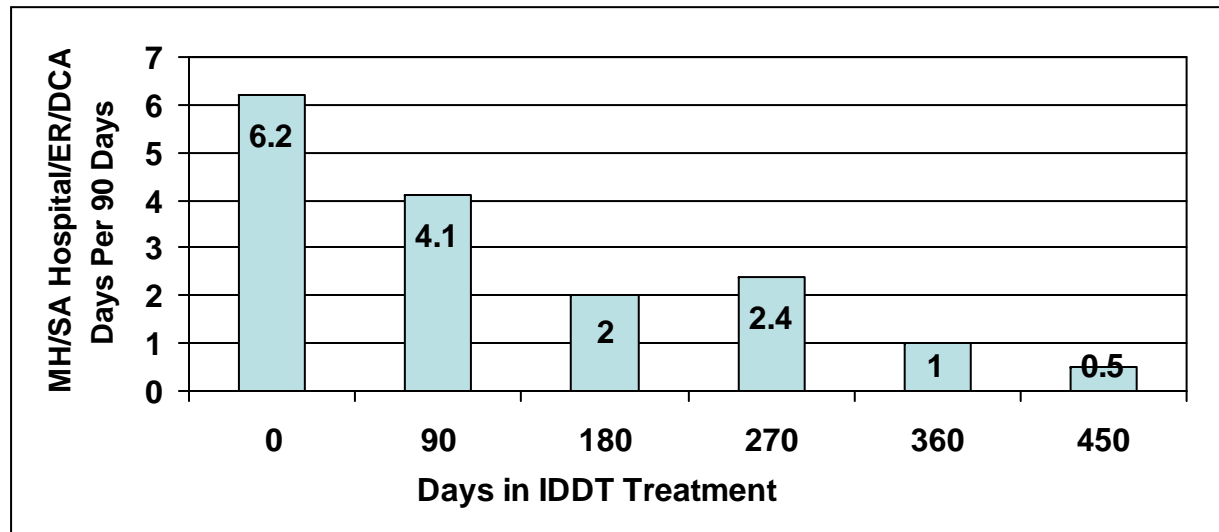
Integrated Dual-Disorder Team (IDDT)

IDDT is an intensive, high-level outpatient service that blends mental health and substance abuse treatments by motivating persons with two severe disorders to pursue abstinence and by providing mental health treatments that are modified in light of the consumer's vulnerability to psychoactive substances. Treatment modality is specifically designed for persons who do not want treatment and who experience problems of daily functioning in a variety of domains.

Outcomes:

- ◆ 79% drop in hospitalizations, ER visits, and SA hospitalizations
- ◆ Reduced institutionalization events by at least 37% after one year
- ◆ 13 consumers obtained and maintained their own apartments with help from other programs of The Durham Center

The following chart shows the results of the effectiveness of IDDT treatment based on the number of days that a consumer spent in a mental health or substance abuse hospitalization, emergency room visits or days at Durham Center Access within a 90-day period.



ADULT: SUBSTANCE ABUSE RESIDENTIAL TREATMENT

Halfway House (operated by Freedom House and Recovery Center of Durham) - Structured residential services provided in a 24-hour facility for three to six months. Consumers attend work, school and substance abuse treatment services.

Transitional Living (operated by Freedom House) - Short-term, 30 day service to provide structured, transition housing until living arrangements are found. Service is appropriate for individuals stepping down from crisis services or in need of short-term housing because current placement does not provide adequate structure.

Long-Term Perinatal (operated by Community Choices) - Concurrent 20-week substance abuse treatment program and 12-month residential program for pregnant women and women living with children under the age of 11 designed to: 1) address substance abuse and domestic violence, 2) improve parenting skills, 3) provide a structured living environment, 4) teach job readiness skills and 5) provide supportive atmosphere during early stages of employment.

Non-Medicaid Funded Residential Substance Abuse Adult Services Summary, CY07			
	Halfway House	Transitional Living	Long-Term Perinatal
Total Consumers Served	99	118	16
Reasons for Discharge			
Referred to provider based on assessment	1	0	0
Completed service plan	36	90	4
Left against staff advice	7	9	1
Administrative discharge	16	7	1
Other (e.g., relapse)	16	3	0
Total Consumers Discharged	76	109	6
Length of Care for Discharged Consumers			
1-7 days	13	32	0
8-14 days	7	35	0
15-30 days	6	37	0
31-60 days	6	4	0
61-90 days	8	1	1
91-120 days	5	0	2
121-150 days	12	0	0
Beyond 5 months	19	0	3

ADULT: SUBSTANCE ABUSE RESIDENTIAL TREATMENT

Triangle Residential Options for Substance Abusers (TROSA)

The Durham Center received \$150,000 from the state in FY08 (\$350,000 in FY09) as a direct allocation to TROSA, which is a comprehensive, long-term residential substance abuse program that uses both the therapeutic community (TC) model and a type of supported employment to assist its residents to overcome addiction and rebuild their often shattered lives. TCs are drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.

During 2007:

- ◆ 586 individuals were served, starting the program in 2005, 2006 or 2007
- ◆ Out of the 677 who met admission criteria, 601 (89%) engaged (15 individuals entered the program twice)
- ◆ 33% of individuals served were homeless at admission
- ◆ 24% of individuals served indicated Durham County as place of residency (15% in TC program and 100% in TROSA aftercare program)

Of the 601 individuals who were engaged in the program:

- ◆ 175 (30%) discharged voluntarily
- ◆ 24 (4%) were discharged for programmatic reasons
- ◆ 7 (1%) were discharged for medical reasons
- ◆ 2 (<1%) were discharged for legal reasons
- ◆ 294 (49%) are still in the program (not discharged)
- ◆ 99 (16%) graduated from the program

This program is two years long. For those who entered in 2005, the average length of stay was 305 days.

100% of the 99 people who graduated last year found housing and employment.