



FY08
First Quarterly Report to the Area Board

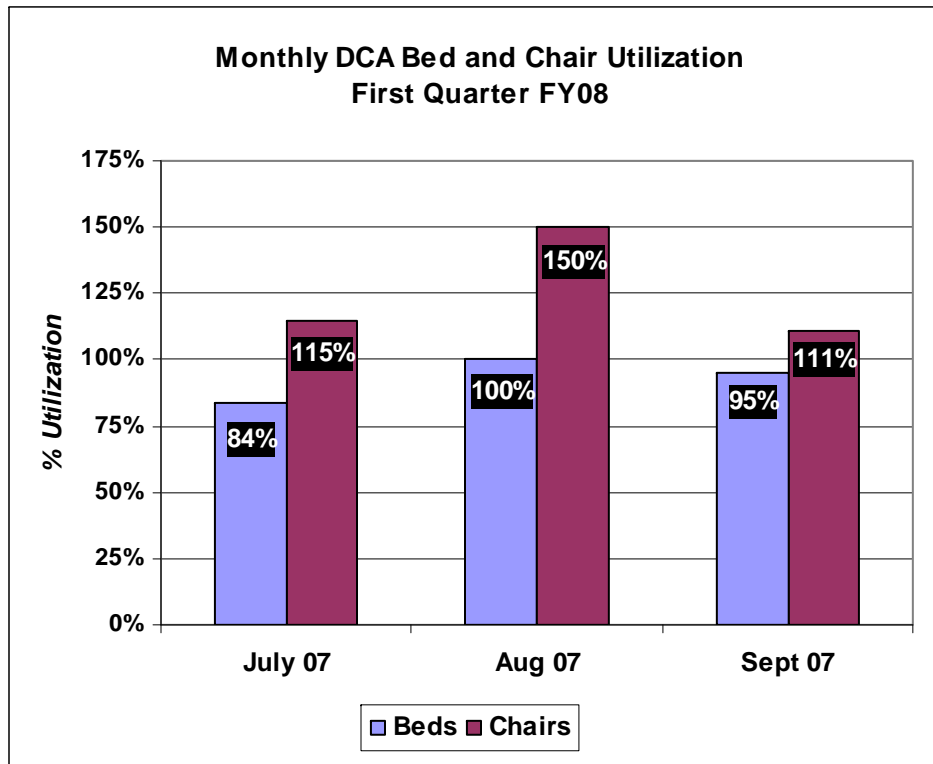
November 1, 2007

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DURHAM CENTER ACCESS

Utilization is a measure of the percent of full capacity used. The graphs that follow show how crisis beds and chairs have been utilized during the first quarter of FY08.



DCA Bed Utilization

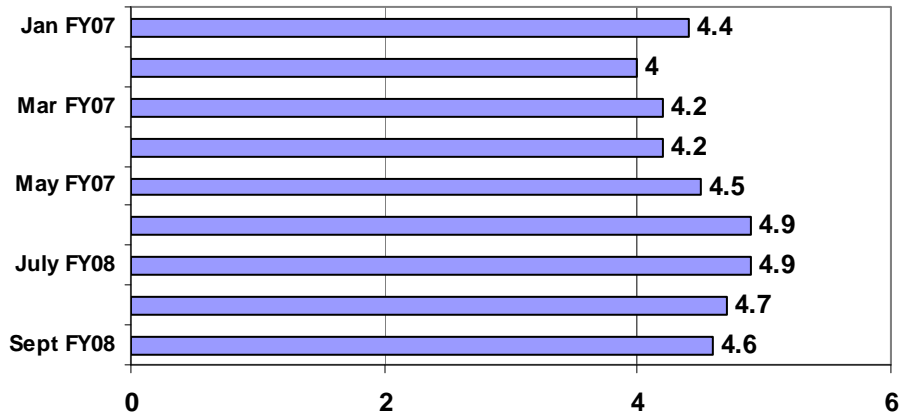
The goal for bed occupancy is approximately 80%. The percentage of occupancy for each month was above that goal. In August, the beds were utilized at full capacity. The hot weather likely played a role in that spike, as more individuals sought a cooler environment.

DCA Chair Utilization

Chair utilization is over 100% each month this quarter, indicating that demand is exceeding the planned capacity. Factors that may contribute to this trend include not only hot weather and homelessness, but also CIT training which enhances police officers' knowledge of mental health crisis resources. A focus review of hospital and crisis services is being initiated to more fully determine the reasons behind these trends.

DURHAM CENTER ACCESS

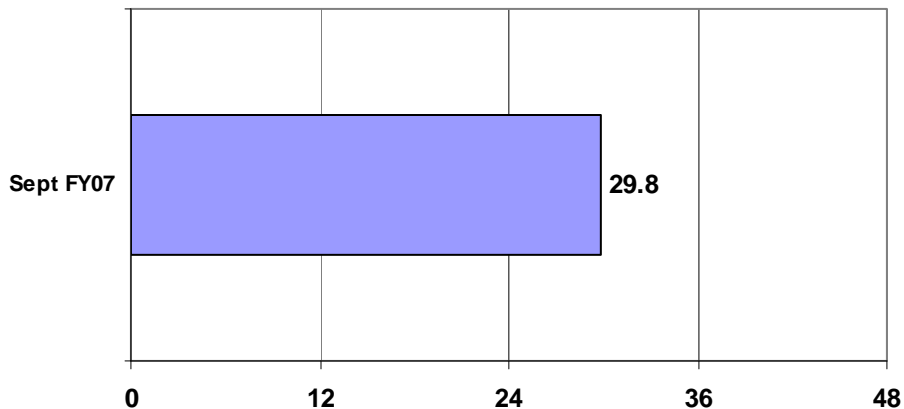
**Average Length of Stay (Days) in Crisis Beds
by Month**



Length of Stay in DCA Beds

Durham Center Access (DCA) has been operated by Freedom House since July 2006, offering crisis evaluation and observation to all individuals in crisis. For substance abuse consumers, detoxification, transitional living and an intensive outpatient program are also offered. Based on urgency of need at admission, consumers are placed in chairs or beds. The average length of stay in days for persons admitted to crisis beds has not changed substantially during the first quarter of FY08. However, there has been an overall increase by approximately a half-day since January.

**Average Length of Stay (Hours) in Crisis Chairs
by Month**

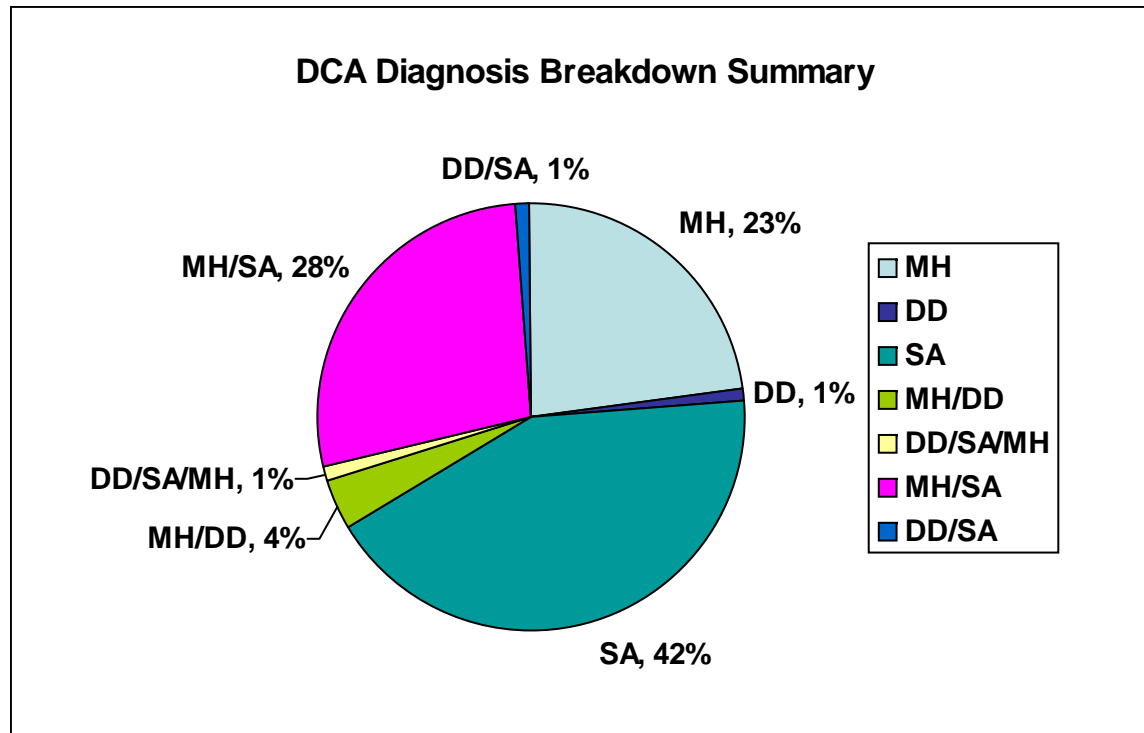


Length of Stay in DCA Chairs

Between August and September, there was a change in how Crisis Evaluation and Observation (chair) admissions were reported. Each person who presents at DCA with an emergent need receives Crisis Evaluation and Observation which corresponds to the chair data previously reported. In past data, persons needing to stay in chairs beyond the day of admission were reported as discharged and readmitted. Future data will report these services as continuous stays. The adjacent graph reflects that the average length of stay in chairs is more than 24 hours, that is consistent with other utilization data showing the program is above the planned capacity.

DURHAM CENTER ACCESS

Diagnoses of Consumers Who Utilize DCA



This graph reflects the percentage of persons receiving Crisis Evaluation and Observation services who are dually-diagnosed (e.g. mental health and substance abuse) as well as those diagnosed within a single category (e.g. mental health, substance abuse or developmental disabilities). The data shows that about 72% of those persons presenting have a substance abuse diagnosis, either individually or in combination with a mental health or developmental disability diagnosis. The most common substance abuse diagnoses are cocaine dependence and alcohol dependence. The most common mental health diagnoses are major depression, schizophrenia and bipolar disorder.

DURHAM CENTER ACCESS

Admissions to Durham Center Access are either voluntary or involuntary (i.e. through a petition). DCA staff will authorize an admission to John Umstead Hospital (JUH) if the consumer remains on involuntary status during Crisis Evaluation and Observation *and* if community-based hospital diversion is not possible. 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 quarter of FY08.

- ◆ There were 386 requests for hospital authorizations during the first quarter of FY08.
- ◆ 32% (122 petitions) came from the community and 68% (264 petitions) came from area hospitals.
- ◆ 57% (70 consumers) petitioned from the community were successfully diverted from hospitalization.
- ◆ 2% (4 consumers) petitioned from area hospitals were diverted.

	Petitioner	Petitions Requesting Authorization for Hospitalization	Percent of All Petitions	Number Evaluated at Durham Center Access	Number Diverted from State Hospitalization	% Diverted
Hospital	Duke	193		3	2	1%
	UNC, VA	30				0%
	Durham Regional	16		1		0%
	Other Hospitals	4			1	0%
	State Hospitals	21		1	1	0%
	Petitions from Hospitals	264	68%	5	4	2%
Community	Family/Friend	72		49	41	34%
	Provider	21		10	11	9%
	Group Home	14		9	9	7%
	Other	15		5	9	74%
	Petitions from Community	122	32%	73	70	57%
	Totals	386	100%	78	74	

SCREENING, TRIAGE AND REFERRAL

Consumers can call the Screening, Triage, and 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.

During the first quarter of FY08:

- ◆ Appointments within seven days were made available for 97% of 899 routine service requests. Of the group that was able to access services within seven days, 211 (24%) consumers either did not show up or chose to reschedule.
- ◆ Appointments within 48 hours were made available for 92% of 60 urgent service requests. Only 12 (22%) consumers either did not show up to their appointment or chose to reschedule the appointment.
- ◆ Appointments within two hours were made available for 100% of 546 requesting emergent service, but 93 individuals (17%) left Durham Center Access before they could be seen.

On the following page, you will see the number of timely routine and urgent appointments made with each provider this quarter. All emergent requests are handled through Durham Center Access with 100% timeliness in service availability.

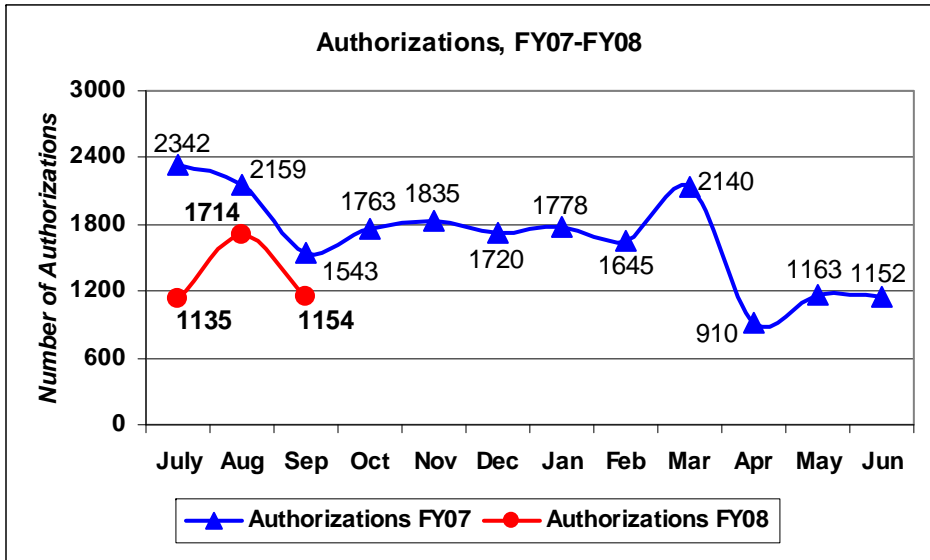
SCREENING, TRIAGE AND REFERRAL

Timeliness of Appointments to Meet Routine and Urgent Needs, First Quarter FY08				
Provider	Routine: Timely/ Total Requests	Routine: % Timely Appointments	Urgent: Timely/Total Requests	Urgent: % Timely Appointments
A+ Absolute Care	2 / 4	*	NA	NA
Advantage Care	10 / 10	100.0%	NA	NA
Alpha Mgmt Comm Services	26 / 26	100.0%	NA	NA
Alpha Mgmt Services	5 / 5	*	NA	NA
Alternative Care Treatment Sys	9 / 9	*	NA	NA
ARC-NC	9 / 14	64.3%	NA	NA
ASAP	91 / 106	85.8%	1 / 2	*
B & D	121 / 138	87.7%	0 / 1	*
BAART	2 / 2	*	NA	NA
Boys to Gentlemen	3 / 3	*	NA	NA
Britton & Crump	1 / 1	*	NA	NA
Caring Family Network	5 / 5	*	NA	NA
Carolina Outreach	12 / 12	100.0%	NA	NA
CNC/Access	7 / 7	*	NA	NA
Community Partnerships	3 / 3	*	NA	NA
Community Choices	1 / 1	*	NA	NA
Comprehensive Community Care	15 / 25	60.0%	NA	NA
Coordinated Health Services	1 / 1	*	NA	NA
Covenant Community Partners	7 / 8	*	NA	NA
Dominion Healthcare Services	12 / 12	100.0%	NA	NA
Dominion Ministries	8 / 8	*	NA	NA
Duke Family Care	1 / 3	*	1 / 2	*
Empowered Counseling Services	1 / 1	*	NA	NA
Family & Youth Services	6 / 6	*	NA	NA
Family Connections	32 / 32	100.0%	NA	NA
Family Preservation Services	13 / 15	86.7%	NA	NA
Family Qual Care Services	8 / 8	*	NA	NA
Fonseca's Family Services	8 / 9	*	NA	NA
* = Percentages only shown when 10 or more appointments were made with a provider during the quarter.				

SCREENING, TRIAGE AND REFERRAL

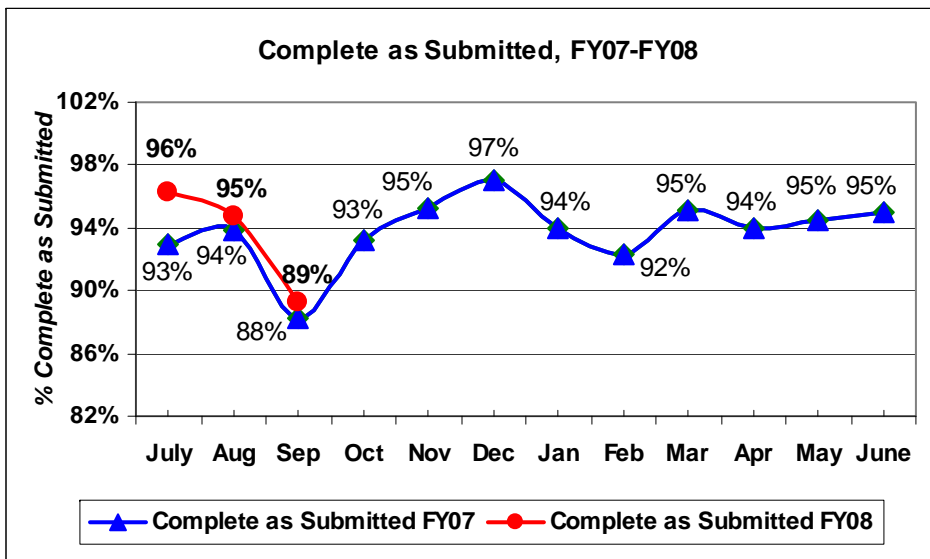
Timeliness of Appointments to Meet Routine and Urgent Needs, First Quarter FY08				
Provider	Routine: Timely/ Total Requests	Routine: % Timely Appointments	Urgent:Timely/Total Requests	Urgent: % Timely Appointments
Healing with CAARE	14 / 15	93.3%	1 / 1	*
HealthCore Resources	2 / 3	*	NA	NA
House of Care	1 / 1	*	NA	NA
Innovative Program Association	11 / 11	100.0%	NA	NA
Joyland Homes	9 / 10	90.0%	NA	NA
Life Enhancement Svcs	17 / 17	100.0%	NA	NA
Life Foundations	7 / 7	*	NA	NA
Life Skills Counseling	7 / 7	*	NA	NA
Matchbox Health Services	41 / 44	93.2%	NA	NA
Mélange Health Solutions	1 / 1	*	NA	NA
Nature's Reflections	19 / 19	100.0%	NA	NA
Professional Group Living	1 / 1	*	NA	NA
Reaching Your Goals Foundation	18 / 18	100.0%	NA	NA
Right Direction	31 / 31	100.0%	NA	NA
SA Assessor	77 / 77	100.0%	43 / 53	81.1%
S Homes	5 / 5	*	NA	NA
SRFC	34 / 41	82.9%	NA	NA
Structured Family Interventions	1 / 1	*	NA	NA
Telecare ACTT	1 / 1	*	NA	NA
Tender Touch	15 / 16	93.8%	NA	NA
Top Priority Care	7 / 7	*	NA	NA
Towergate Youth & Family Svcs	6 / 8	*	NA	NA
Triangle Comprehensive Services	1 / 1	*	NA	NA
Triumph	30 / 42	71.4%	NA	NA
Turning Point Adolescent Center	34 / 35	97.1%	NA	NA
United Youth Care	2 / 2	*	NA	NA
Total Requests for Service	874 / 899	97.0%	55 / 60	92.0%
* = Percentages only shown when 10 or more appointments were made with a provider during the quarter.				

UTILIZATION MANAGEMENT



Authorizations

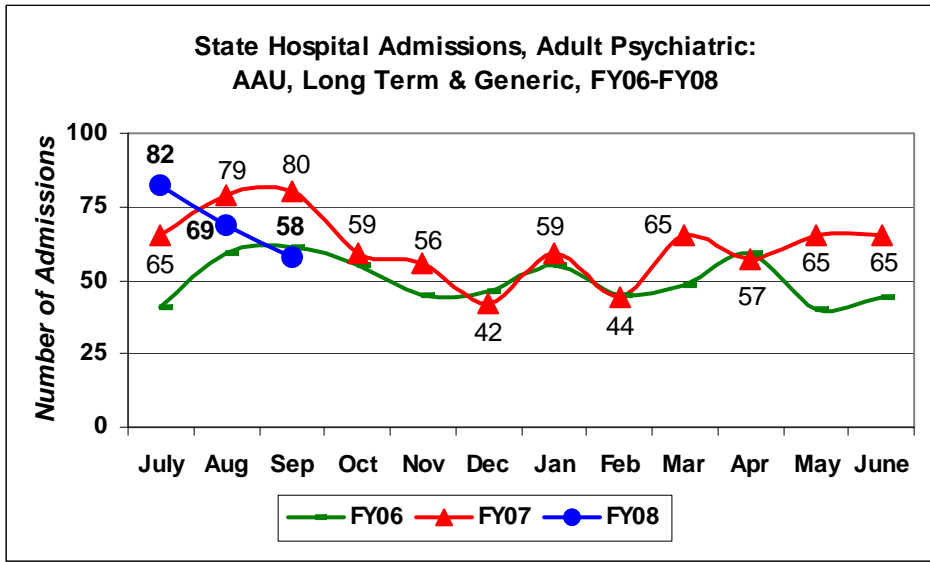
- ◆ For the first quarter of FY08, a total of 4,003 authorizations were completed over the three-month period as compared to 6,044 authorizations completed for the same period last year. This represents a 34% reduction in authorizations.
- ◆ The drop in numbers of authorizations in March of this year can be linked to the policy change of allowing an increased authorization time from 12 weeks to six months per authorization.



Complete as Submitted

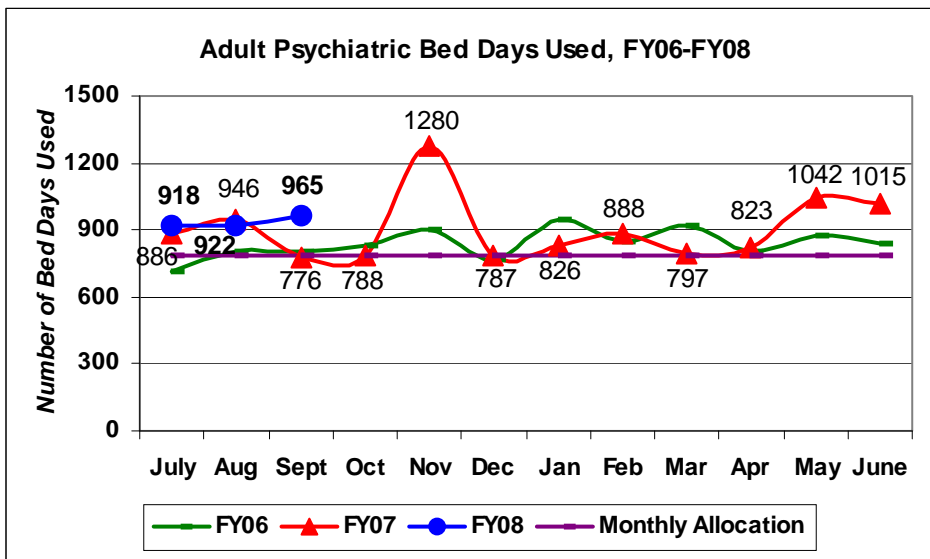
- ◆ The service authorization process can not be completed without the submission of appropriately completed forms by providers.
- ◆ During the first quarter of FY08, the number of submitted authorizations with the necessary information completed averaged 93% over the three-month period as compared to an average of 92% for the first quarter of FY07.

JOHN UMSTEAD HOSPITAL



JUH Adult Psychiatric Admissions

- ◆ Admission rates for the first quarter of FY08 are 7% lower than for the same period in FY07.
- ◆ Admission rates for the first quarter of FY08 are 30% higher than for the same period in FY06.

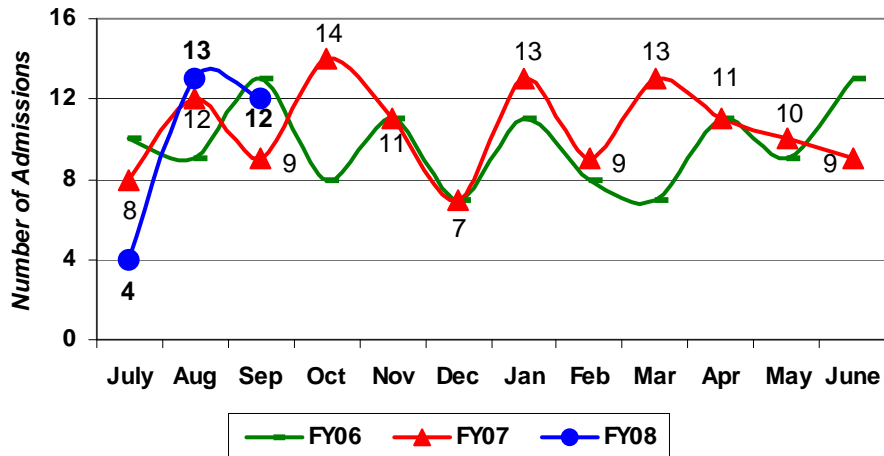


JUH Adult Psychiatric Bed Utilizations

- ◆ The number of bed days utilized during the first quarter of FY08 are 8% higher than for the same period in FY07.
- ◆ The number of bed days utilized during the first quarter of FY08 are 21% higher than for the same period in FY06.

JOHN UMSTEAD HOSPITAL

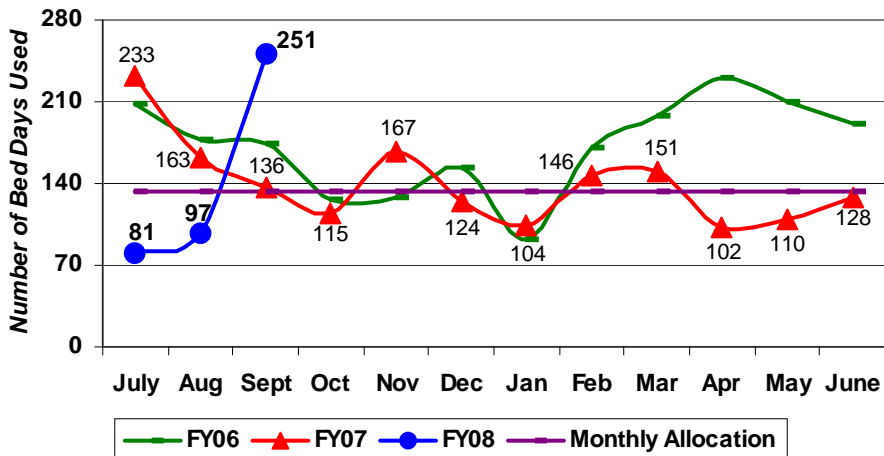
State Hospital Admissions, Child/Adolescent, FY06-FY08



JUH Child/Adolescent Admissions

- ◆ Admission rates for the first quarter of FY08 are comparable to those during the same period in FY07.
- ◆ Admission rates for the first quarter of FY08 are 9% lower than for the same period in FY06.

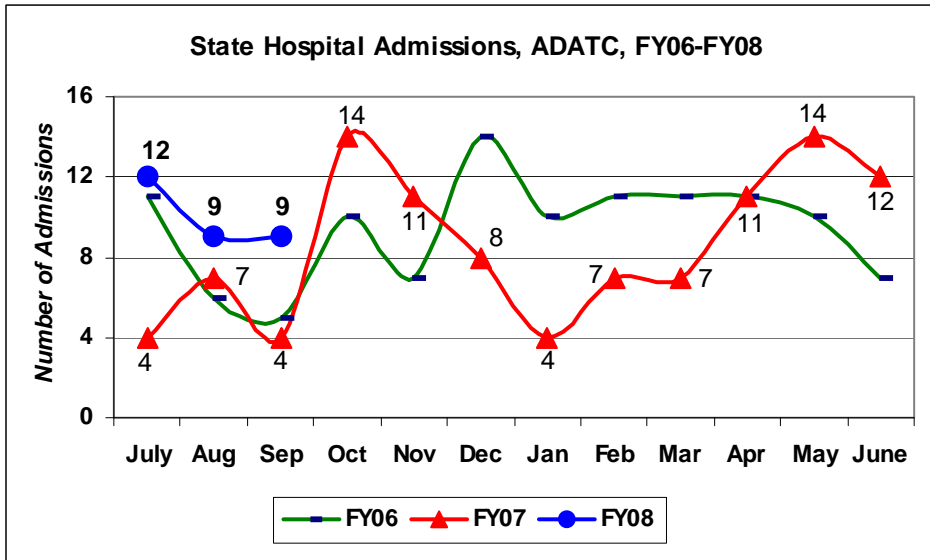
Child/Adolescent Bed Days Used, FY06-FY08



JUH Child/Adolescent Bed Utilizations

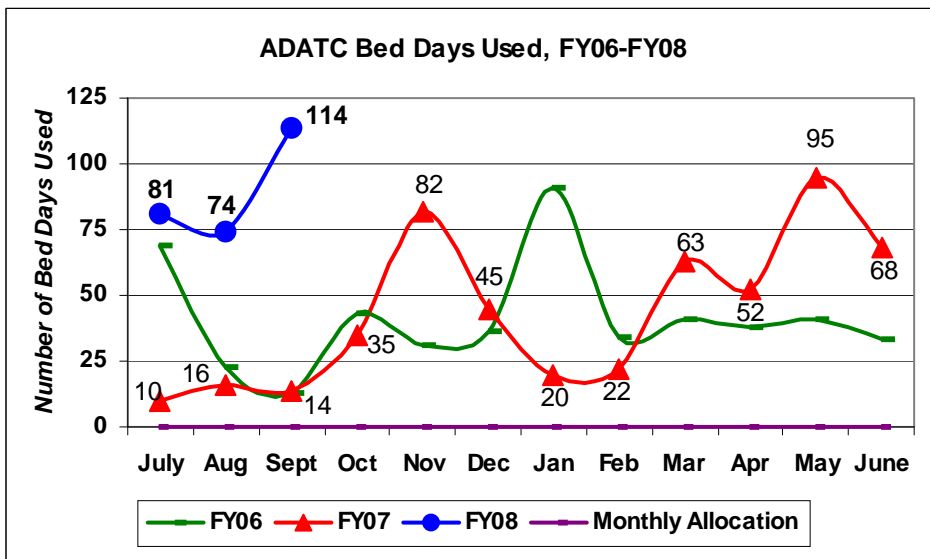
- ◆ The number of bed days utilized during the first quarter of FY08 are 19% lower than for the same period in FY07.
- ◆ The number of bed days utilized during the first quarter of FY08 are 23% lower than for the same period in FY06.

JOHN UMSTEAD HOSPITAL



Alcohol & Drug Abuse Treatment Center (ADATC) Admissions

- ◆ Admission rates for the first quarter of FY08 have doubled since the same period in FY07.
- ◆ Admission rates for the first quarter of FY08 are 43% higher than for the same period in FY06.



Alcohol & Drug Abuse Treatment Center Bed Utilizations

- ◆ Since FY06, the protocol of ADATCs has become more rehabilitation-focused rather than merely detoxification-focused. In addition, the state has increased the capacity of these facilities in an effort to meet the demand for such services. Based upon these changes, there has been a clear rise in the number of bed days used during the first quarter of FY08, as compared to the same period in FY06 and FY07.

ADULT MENTAL HEALTH

Adult System of Care

Approximately 35 representatives of adult service agencies continue to meet on a quarterly basis. The group has finalized the priority population to be addressed when developing Adult SOC. The Access to Services Workgroup, in its continued efforts to create policy and procedure for the Adult SOC, held five pilot care reviews for consumers in the priority population. The outcomes desired were to:

- ◆ Address the needs of the individual and assist with care/linkage to services
- ◆ Identify and prioritize system issues/strategies
- ◆ Determine existing resources
- ◆ Develop a more realistic idea of what an Adult Support Team looks like.

Crisis Intervention Team (CIT)

18 Durham police officers and 12 participants from Durham County Sheriff's Department attended the one-week long CIT training on August 20-24. This was the second CIT training held in Durham. Participants evaluated the training using a scale of 1-5, with five meaning "strongly agree." The average of the overall training rating was 4.48, indicating that participants have a better understanding of CIT and their role as CIT officers, as well as how to use the knowledge and skills they have learned in the field.

Project for Assistance in Transition from Homelessness (PATH)

207 adults received outreach services through Durham's Project for Assistance in Transition from Homelessness and eight adults were referred to the project. Out of those 215 individuals, 69 (32%) were enrolled into the program. Additionally, 30 consumers served during FY07 continued to receive services. Most new enrollees received case management services, and all enrollees were assisted with planning/applying for housing and received coordinated services related to housing.

ADULT MENTAL HEALTH

Durham Center Indigent Pharmacy Program (DCIPP)

The needs of indigent consumers have been addressed through 3 programs initiated in July 2006. Currently, we have a contract with Gurley's Pharmacy to provide pharmacy support for indigent consumers in Durham County. Consumers eligible for the program must be enrolled with The Durham Center, and be 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 during the first quarter.

Month	July	August	September
Number Served	173	192	180

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 samples brought to these agencies for consumer use in the first quarter.

Month	July	August	September
Market Value of Samples	\$79,604.64	\$43,291.86	\$69,617.23

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 quarter of FY08.

Type of Application	Number of Applications
Approved Applications	101
Pending Applications	47
Denied Applications	3 (2 closed due to obtaining insurance)
TOTAL	151
Total savings meds for approved consumers	\$99,076.94

CHILD MENTAL HEALTH

Project for Assistance in Transition from Homelessness (PATH)

53 youth/young adults received outreach services through Durham’s Project for Assistance in Transition from Homelessness for young adults. 13 (25%) were enrolled as new consumers in the MH/DD/SAS service delivery system. All 13 received case management services and were assisted with housing applications and other service planning. At first contact, five young adults reported that they were living outdoors, one reported being in a short-term shelter, six reported living at their own or someone else’s home, and one reported living at a hotel/SRO/boarding house.

Care Review

35 child/adolescent consumers received Care Review the first quarter of FY08. See the chart below for a summary of outcomes.

Month	Male	Female	Diverted	Follow up	TA	Level 2	Level 3	Level 4
July	6	4	0		0	7*	4*	1
Aug	7	4	1		1	3	6	0
Sept	9	5	2	2	1	4	4*	1
Total	22	13	3	2	2	14	14	2

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

Child and Family Team

45 Child and Family Team (CFT) meetings were attended and observed this quarter. Out of those, 37 CFTs followed SOC principles. In addition, 17 provider agencies were provided with technical assistance related to CFTs this quarter.

SUBSTANCE ABUSE

Non-Medicaid Funded Substance Abuse Services Summary July-September 2007										
	Outpatient Programs					Residential Programs				
	FHIOP	FHBIP	BAART	DOM	DUKE*	CC	FHDMH	FHWH	FHTLF	RCD
Being served at beginning of quarter	28	2	0	10		6	6	8	3	6
New referrals this quarter	39	31	175	10						
Began receiving services this quarter	27	23	175	10		1	2	10	27	6
Did not engage in services after referral	10	8	0	0						
Total consumers served (unduplicated)	55	25	175	20		7	8	18	30	12
Referred to provider based on assessment	0	0	0	0		0	0	0	0	0
Transferred other reasons	1	1	0	0		0	0	0	0	0
Completed Service Plan	2	5	0	0		0	2	4	14	5
Left against staff advice	17	3	12	0		1	0	1	4	1
Administrative Discharge	0	0	7	1		0	0	3	3	0
Other	5	0	0	0		0	0	0	3	2
Total consumers discharged	25	9	19	1		1	2	8	24	8
Length of Care for Discharged Consumers										
1 month or less	5	3	13	0				1		1
Greater than 1 month and up to 3 months	15	6	6	1				2		2
Greater than 3 months and up to 6 months	3	0	0	0				1		5
Greater than 6 months and up to 12 months	2	0	0	0		1	2	4		17

FHIOP = Freedom House Intensive Outpatient Program	FHBIP = Freedom House Brief Intervention Program
FHWH = Freedom House Francis Street Women's Halfway House	FHTLF = Freedom House Transitional Living Facility
BAART = BAART Community Healthcare	CC = Community Choices Inc. Cascade at Durham
DOM = Dominion Ministries	FHDMH = Freedom House Durham Men's House
RCD = Recovery Center of Durham	DUKE = Duke Family Care (Report not yet received*)

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 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 provide 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	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	%
SCREENING AND EVALUATION SERVICES														
Forensic Evaluations	13	21	15										49	32%
Adult Psychological Evaluations	4	6	4										14	9%
Substance Abuse Screenings	32	25	21										78	51%
Multidisciplinary Evaluations	0	0	0										0	0%
Child Mental Health Assessments	0	0	0										0	0%
SA Evaluation	3	6	2										11	7%
Screening Recommendations														
Day Reporting Center (DRC)	5	1	3										9	12%
Drug Treatment Center (DTC)	0	0	0										0	0%
Further Assessment	3	1	2										6	8%
Durham Center (MHC)	0	0	0										0	0%
No Tx Recommendation	2	4	1										7	9%
Second Chance (SCP)	11	9	8										28	36%
TASC for Assessment	10	9	5										24	31%
<i>Other</i>	1	1	2										4	5%
DJJDP Services														
Psychological Evaluations	7	6	6										19	70%
Mental Health Assessments	0	0	0										0	0%
Forensic Evaluations	2	3	3										8	30%
TOTAL SERVED BY PROGRAM													179	

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 quarter is below. Those completing assessments are then referred to the appropriate provider agency through Screening, Triage and Referral at The Durham Center.

Appointments	Individuals	Assessments	No-shows	Show rate	No-show rate
216	190	118	98	62%	38%

Referral Source	
Number	Type
73	Self or no referral
10	Family or friends
49	Other outpatient and residential non-state facility
40	State Facility
13	Psychiatric service, General hospital
0	Non-residential treatment/habilitation program
0	Private physician
0	Nursing home board and care
0	Veteran's Administration
2	Other health care
15	Community agency
12	Court, corrections, prisons
1	Schools
1	Other
216	Total

Primary Referral Out	
Number	Type
4	ASAP's IDDT
0	ASAP's TRANSA-CTT
38	DCA's Brief Intervention
37	DCA's SA IOP
1	Duke Family Care Program
4	Durham Center Access
4	Durham Vet Admin
4	Free Community Resources
0	Hospital ER
3	MH Provider
2	Private insurance provider
1	STR for Medicaid Referral
3	TROSA
7	Wait-list DCA's Brief Intervention
5	Wait-list DCA's SA IOP
5	Other
118	Total

SUBSTANCE ABUSE

Prevention

The Durham Center has contracted with Alcohol & Drug Council of NC to facilitate a comprehensive assessment of services and programs and an action plan to prevent substance abuse in Durham County. The assessment mirrors the timeline of the Gap Analysis. Data has been collected since August and the final draft is due in April 2008.

Awareness/Creating a Recovery Culture

The Durham Center issued an RFP for a non-profit agency to assist with engaging community partners in creating awareness and building the infrastructure to create an effective and cost-efficient community-wide media campaign. One proposal was received and the Selection Team recommendations will be presented at the November board meeting.

Adolescent Services

SAY-IT (Substance Abuse-Youth Intervention Team) is an initiative through which members of the community (initial target: professionals in child-serving agencies, community members in Northeast-Central section of Durham) serve as trained resources. Members are knowledgeable about the latest addictions and youth substance abuse research and are skilled in helping youth. This program targets opportunities to reduce stigma, assists with referrals, stays informed of resources and provides feedback on youth needs and gaps in services.

Residential Program (Dominion Ministries)

Dominion Ministries has identified a house in Hillsborough and will sign the lease after The Durham Center receives its allocation letter from the State. Arrangements have been made to update the building and to train staff. Once a lease is signed, the 4-8 week facility licensing process in Raleigh will begin. Barring delays (i.e. allocation letter) the residential program could open in November.

Cannabis Youth Treatment

The Durham Center has received one proposal and the Selection Team recommendation will be presented at the November board meeting.

SUBSTANCE ABUSE

Adult Services

An RFP for a Dual-Disorder Intensive Outpatient Program was issued on July 27. The Durham Center received only one proposal and the Selection Team decided to send questions to the bidder AND to re-issue the RFP, with the original bidder still under consideration. Proposals were due October 19 and the Selection Team recommendation will be presented at the November Area Board meeting

Substance Abuse Integrated Care

Proposals were due October 19 and the Selection Team recommendation will be presented at the November Area Board meeting.

DEVELOPMENTAL DISABILITIES

Community Transitions

The Murdoch Center currently supports 64 Durham-based individuals with developmental disabilities. This table reflects the individual demographics report trend data over the past six years for our individuals at Murdoch.

Year	# Durham-Based
2002	73
2003	71
2004	70
2005	68
2006	65

Also, there are over 1500 individuals currently residing at the four developmental centers statewide including the Murdoch Center.

In The Durham Center's continuing effort to promote personal choice while ensuring current state best practice and community capacity efforts, a Community Resource Liaison position was established in early 2007. This position is funded by a mental health trust fund allocation to develop and implement a process to transition individuals from developmental centers and ICF-MR group homes. Related trust fund requests supporting each individual's community transition costs have been limited, and the following has been identified:

- ◆ Of the 64 from Durham now residing at Murdoch, 13 have expressed willingness to transition to the community (nine guardian/family willingness, four other individuals are willing with their guardian/family currently opposed to community placement). Three of these were born prior to 1950, with two having extreme health support needs.
- ◆ Of the remaining 51 at Murdoch currently opposed to community placement, six have agency guardians (DSS/The Durham Center) and extreme medical or behavioral needs but can be considered with appropriate supports in place.
- ◆ Also, of the remaining individuals currently opposed to community placement, six have lower support needs than others and are being focused on for potential transitions.

During 2007 the following community transitions have occurred:

- ◆ One consumer transitioned to a supervised living home in Durham.
- ◆ One consumer (JUH) transitioned after seven years to a Raleigh supervised living home.
- ◆ One consumer will transition to a supervised living home in Durham within 30 days.
- ◆ Two other Murdoch individuals have community transition plans in process.
- ◆ Two individuals at ICF-MR group homes are moving to less restrictive homes.

DEVELOPMENTAL DISABILITIES

Community Alternatives Program (CAP-MR/DD)

15 additional slots were allocated by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services in September. 15 wait-listed individuals will initiate CAP services during second quarter FY08. As of September 30, 320 consumers now receive CAP services. 53 are currently on the CAP waitlist.

Supported Employment

As of September 30, 70 individuals are receiving Supported Employment follow-along assistance.

Respite

73 families are currently enrolled in respite services from The Arc of Durham County, with 50 families per month receiving respite.

Durham Inclusion Support Services (DISS)

28 programs received training to increase out-of-school activity options for youth with disabilities. Six providers received consultation and technical assistance towards becoming more inclusive. Eight children and youth were supported through consultation with DISS staff. Five children and families received consultation to identify and access extracurricular activities.

DEVELOPMENTAL DISABILITIES

Service Definitions

Developmental Therapy is a service designed to provide training and skill building for persons with developmental disabilities with an emphasis on assisting individuals in becoming connected to naturally-occurring support systems and relationships in the community. Expected outcomes in children include increased functional development in self-help, language and cognitive development. Expected outcomes in adults include skill development in areas such as self-care, mobility, socialization, independent living and self-advocacy.

Personal Care Services focus on support, supervision and engaging participation in activities of daily living. Includes assistance with monitoring health status and physical condition, assistance with transferring, ambulation and use of special mobility devices.

Day Activity is a service which provides supervision and an organized program during a substantial part of the day in a group setting. It is designed to support the individual's personal independence and promote social, physical and emotional well-being through activities such as social skills development, leisure activities, training in daily living skills, improvement of health status and utilization of community resources.

Adult Developmental Vocational Program (ADVP) is a service which provides organized developmental activities for individuals with developmental disabilities to prepare the individual to live and work as independently as possible. The services may include personal and community living skill development, compensatory or adult basic education, training in cognitive communication and motor skills, use of leisure time, vocational evaluation and adjustment, work skills training and paid employment.

Supported Employment/Follow-Along is a service that involves arranging for and supporting paid work for an individual in paid job that would otherwise be done by a non-disabled worker. The service includes intensive involvement of staff with the individual in the work setting so that employment can be maintained in a normal community environment. The services include vocational evaluation, job development, intensive training, job placement and long-term support.

DEVELOPMENTAL DISABILITIES

Developmental Disabilities Services Funded by IPRS, First Quarter FY08					
Provider Agency	Developmental Therapy	Personal Assistance	Day Activity	ADVP	Supported Employment
Alpha Management Services, Inc.	4	1			
CareFocus, Inc.	1	2			
CNC/Access, Inc.	16				
Comprehensive Community Care, Inc.	12	1			
Coordinated Health Services, Inc.	15	8			
Durham Areacorp, Inc					6
Durham County Community Living Programs, Inc.		22			
Durham Exchange Club Industries, Inc.				91	24
Easter Seals UCP North Carolina	1				5
House of Care, Inc.	8				
Life Enhancement Services, Inc.	1				
Living Well Centre	9				
Matchbox Health Services	4				
Rainbow 66 Storehouse, Inc.			32		
Securing Resources For Consumers, Inc.	22	4			
Standards-Based Solutions-East, LLC	7				
Totals	100	38	32	91	35

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.

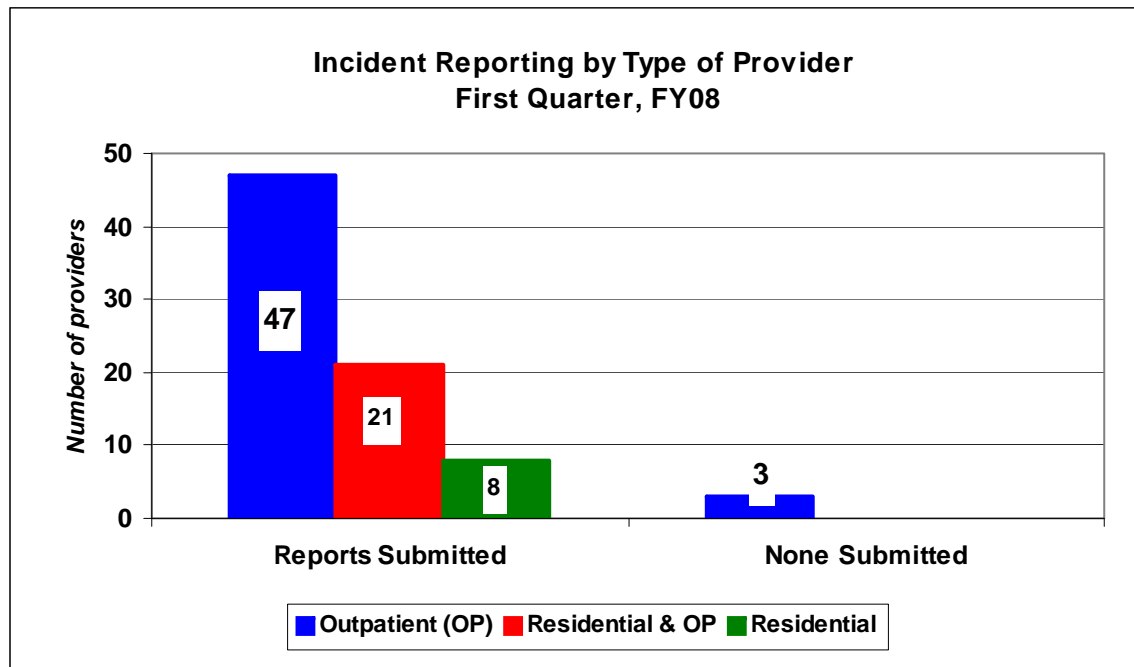
During the first quarter of FY08, 99 individuals have benefited from the initiative. This table reflects the breakdown of individuals per assistance.

Ongoing Rental Assistance	32 individuals July-Sept
Emergency Rental Assistance	22 individuals July-Sept
Start up Expense Assistance	21 individuals July-Sept
Other Emergency Assistance <i>(plumbing, application fees, court cost)</i>	24 individuals July-Sept

QUALITY MANAGEMENT

The Division of Health and Human Services requires provider submission of a quarterly Incident Report to LMEs based upon a provider's type of serving and funding. The Quality Management Department supervises Incident Reporting.

- ◆ 96% (76 out of an expected 79 contracted providers) submitted first quarter Incident Report Summaries.
- ◆ The QM Department sent letters to the three remaining providers who have not submitted the Summary in a timely fashion, requesting its submission along with a required Plan of Correction (POC) per The Durham Center's Facility Monitoring Policy and Procedure.
- ◆ Since first quarter of FY07, Incident Reporting compliance has increased from 44% to 96%. This drastic improvement can be attributed to the implementation of a POC process, as well as quarterly trainings offered to providers by QM/QA staff and individual trainings as requested.



CONTRACTS MANAGEMENT

Provider Monitoring

During the first quarter of FY08, 60 agencies received monitoring visits. Of these 60 visits, 33 resulted in findings requiring a Plan of Correction.

Endorsement

Over the past few months, the Contracts Management Team has been actively engaged in completing full endorsements for all prospective providers in our community per Implementation Update #30. In this update, DHHS announced that the 18-month transition period (which began in March of 2006 for providers of Community Intervention Services) was to end on September 20, 2007 for services in Phase I or II. However, on September 10 DHHS decided to extend the end date for the full endorsement of all services in Phase I, II, and III until November 30, 2007 (Implementation Update #33). At the end of the first quarter, the Contracts Management Team completed 55.8% or a total of 48 full endorsements for its applicable providers.

Letter of Supports

Below is an overview of the number of letters that have been issued from July 1 through September 30, 2007:

- ◆ 0 issued to Residential Level II (.1300)
- ◆ 0 issued to Residential Level III (.1700)
- ◆ 0 issued to Residential Level IV (.1800)
- ◆ 5 issued to Supervised Living Mental Health Adult (.5600 A)
- ◆ 0 issued to Supervised Living Developmentally Disabled Minor (.5600 B)
- ◆ 2 issued to Supervised Living Developmentally Disabled Minor (.5600 C)
- ◆ 0 issued to Supervised Living Substance Abuse Minor (.5600 D)
- ◆ 1 issued to Supervised Living Substance Abuse Adult (.5600 E)
- ◆ 0 issued to Supervised Living Assisted (.5600 F)

CONTRACTS MANAGEMENT

Provider Orientation

The Contracts Management Team continues to facilitate Provider Orientations for new and existing providers every fourth Tuesday of the month as needed. During this quarter, we did not have an orientation. One provider agency was given the provider orientation materials.

Quarterly All-Provider Meeting

For the first quarter, the Contracts Management Unit facilitated the All-Provider Quarterly meeting on September 19 for approximately forty participants. The agenda included the following topics: insurance, overview from BAART Community Healthcare, post payment/record review, authorization grids, substance abuse training, and gap analysis.

RFIs/RFPs

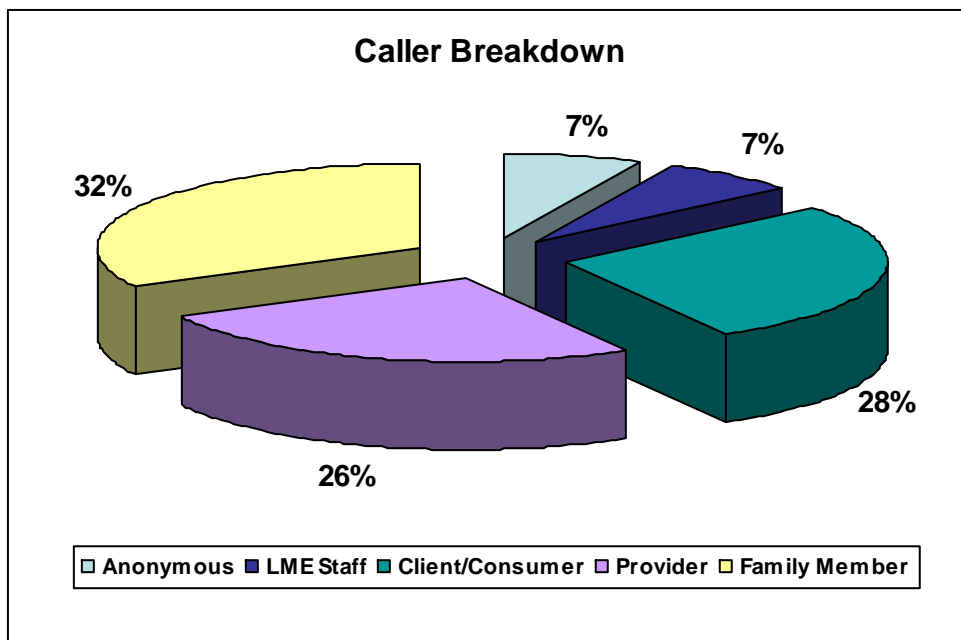
The following RFI/RFPs were issued for the fourth quarter (all dates refer to 2007):

- ◆ Telemedicine was issued on July 27. We did not receive any proposals for this RFP. Therefore, it will be re-issued at a later date.
- ◆ Community Bridging was re-issued on September 11. We received seven responses.
- ◆ Dual-Disorder Intensive Outpatient Program was re-issued on September 14. Proposals were due on October 5.
- ◆ Cannabis Youth Treatment Program was issued on September 17. Proposals were due on October 15.
- ◆ Substance Abuse Integrated Care Program was issued on September 21. Proposals were due on October 19.
- ◆ Community Awareness/Creating a Recovery Culture was issued on September 24. Proposals were due on October 15.

CUSTOMER SERVICES

Calls to the Durham Center

- ◆ The Durham Center tracked 10,963 calls during the first quarter of FY08. The majority (96%) were for information, 2% of calls were referred to STR, 1% to customer service and 1% back to the provider. The pie chart below is broken down by type of caller.



Complaints

- ◆ Calls categorized as Customer Service complaints are detailed in the table to the right. The total number of complaints are consistent with the number over the last three quarters.

Complaint/Issue	# of Calls	% of Calls
Access to Services	6	13%
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%
Paperwork	2	4%
Payment/Billing Issue	1	2%
Quality of Care	3	7%
Referral Process	9	20%
Resource Information	1	2%
Respect/Courtesy Issue	2	4%
Service Authorization	1	2%
Service Provider	1	2%
Staff Person	2	4%
Totals	46	100%

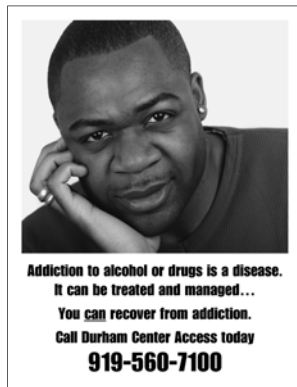
COMMUNICATIONS

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.

- ◆ Published two full-color 4-page inserts in the Durham Herald (Durham County circulation of 35,000), one focusing on services and supports available to citizens with developmental disabilities and the other on addiction treatment and recovery.



- ◆ Created a series of posters, matching takeaway cards, and bus-side advertising dealing with addiction recovery and how to access substance abuse treatment.



- ◆ Led the community-wide coordination and execution of the highly-successful Recovery Celebration Block Party on September 28, with over 400 people in attendance.