



**FY 2006-07
Year End Report to the Area Board**

September 6, 2007

A MESSAGE FROM THE AREA DIRECTOR

On behalf of the staff of The Durham Center, I am pleased to report to you on our activities and highlights from Fiscal Year 2006-07. I continue to be gratified by the outstanding group of professionals that has assembled here to serve our constituents. They are indeed a credit to the organization and a fine resource to our community.

In the pages that follow you will read about our efforts and our progress in a number of important areas:

Expanding Access to Evidence-Based Practices

Currently over 300 Durham County citizens are being served by evidence-based practices as part of our ongoing efforts to transition our consumers to these treatments shown to lead to better long-term outcomes.

Strengthening Ties to the Community

We reached out to the community through our Child and Family Support Teams in seven Durham schools and our key partnership in Durham's very successful Crisis Intervention Team Training for local law enforcement officers.

Increased Use of Crisis Services

Durham Center Access became a valuable resource for greater numbers of individuals in need of routine, urgent and emergent services.

Expansion of Housing Services and Supports

More people are being served through our housing initiatives, with our efforts being bolstered by a large grant to develop a Housing Support Team in Durham.

Transition to CAP-MR/DD Funding

We continued our trend of increased numbers of individuals supported through CAP-MR/DD funding, ensuring the services that help them thrive in the community as an alternative to institutional care.

Keeping More Young Consumers in the Community

State hospital stays for youth were significantly shorter this year, with more care being provided in the community, near to the natural supports found there.

Expanded Communication to Our Constituencies

We reached out to communicate more effectively with all of our constituencies, including consumers, providers, partners and the media and continued a lead role in the creation of a recovery culture in Durham.

Improved Provider Communication and Compliance

Incident Reporting compliance more than doubled in FY07, due largely to the implementation of a Plan of Correction process as well as quarterly and individual trainings offered to providers.

The Durham Center appreciates the continued support of The Durham Center Area Board and the Durham County Board of Commissioners, as well as our Consumer and Family Advisory Committee and our providers, partners and colleagues throughout the Durham community.

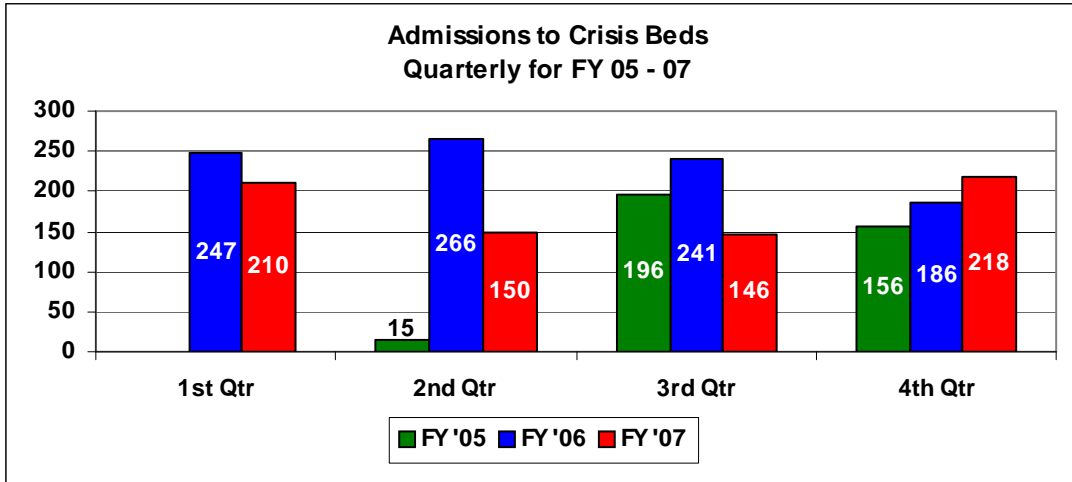


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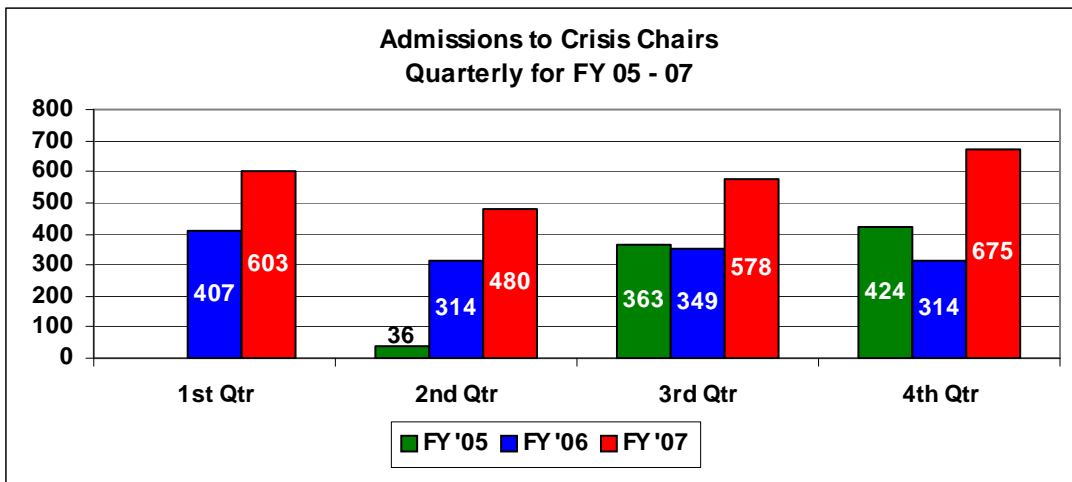
DURHAM CENTER ACCESS

Durham Center Access (DCA) has been operated by Freedom House since July 2006, and offers a variety of services to individuals in crisis, including crisis counseling and evaluation, and detoxification, transitional living, and an intensive outpatient program for substance abuse consumers. Based on urgency of need at admission, consumers are placed in chairs or beds. The graphs below show the number of bed and chair admissions to DCA from FY05 to FY07 by quarter.



DCA Bed Admissions

Compared to FY06, there has been a decrease in the average number of bed admissions per month in FY07. This decrease in bed admissions means that more consumers who utilize DCA are being stabilized in chairs rather than requiring admission to a longer-term stay in a crisis bed.

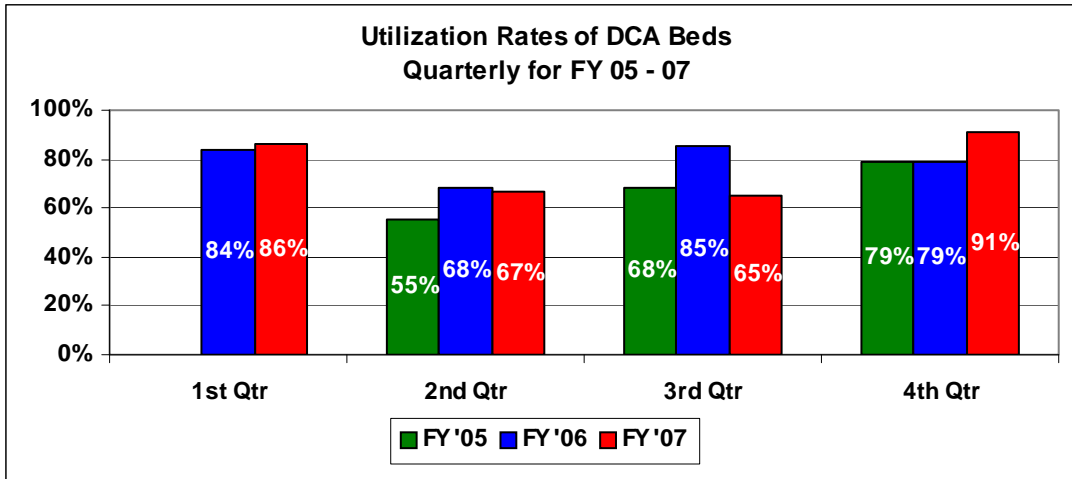


DCA Chair Admissions

Compared to FY06, there has been a 69% increase in the total number of crisis chair admissions this year. Through community outreach initiatives and improved provider coordination, consumers are more aware of the services available through DCA.

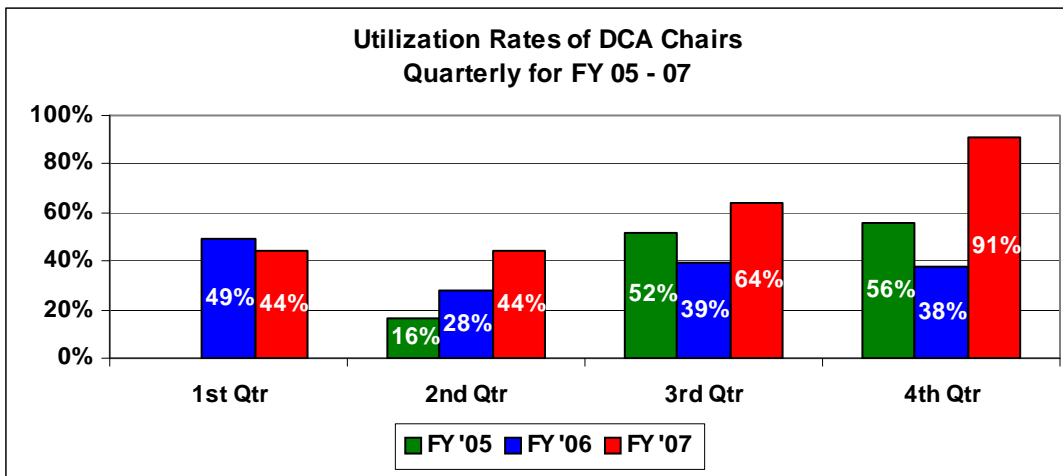
DURHAM CENTER ACCESS

Utilization is a measure of the percent of full capacity used. The graphs below show how crisis beds and chairs have been utilized from FY05 to FY07 by quarter. In the most recent quarter, DCA reached 91% capacity for both beds and chairs.



DCA Bed Utilization

The goal for bed occupancy is in the 80% range; the percentage of occupancy for the month of June alone was 82%. The average length of stay in DCA beds has stabilized to 4.5 days.



DCA Chair Utilization

Chair utilization increased 36% from March to June 2007, due in part to staff assigned to assess consumer needs and determine appropriate plans after discharge. Additional time is used to fully develop the discharge plan, and better coordinate and link the consumers to services when they are ready to leave DCA.

HOSPITAL DIVERSION

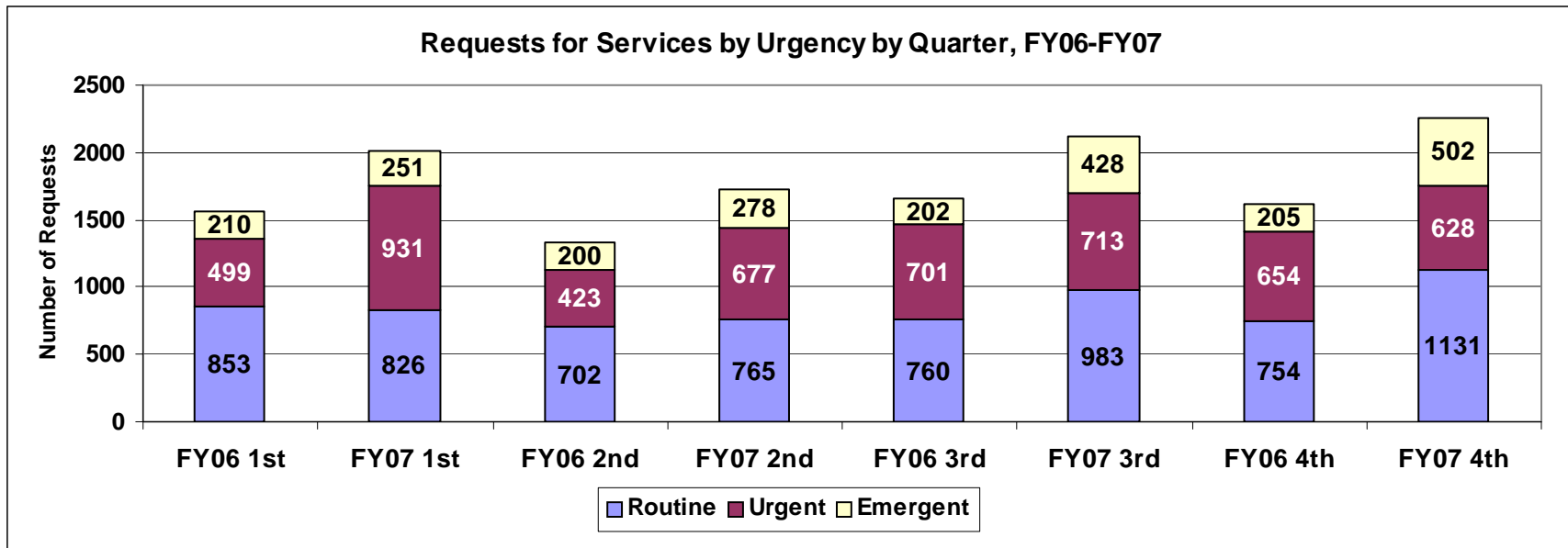
Chair admissions to Durham Center Access (DCA) are either voluntary or involuntary (i.e., through a petition). DCA staff will authorize an admission to John Umstead Hospital (JUH) if the consumer remains on involuntary status while in a chair *and* if community-based hospital diversion is not possible. 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 this past year.

- ◆ There were 998 requests for hospital authorizations in FY07.
- ◆ 28% (280 petitions) came from the community and 72% (718 petitions) came from area hospitals.
- ◆ 64% (179 consumers) petitioned from the community were successfully diverted from hospitalization.
- ◆ 4% (29 consumers) petitioned from area hospitals were diverted.

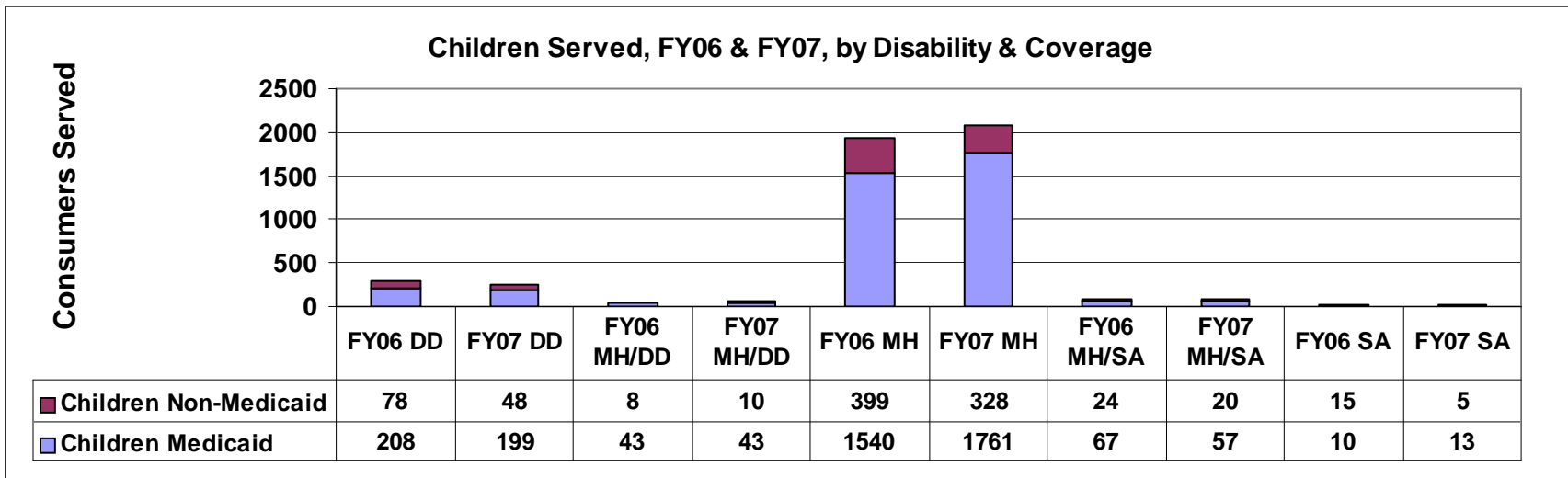
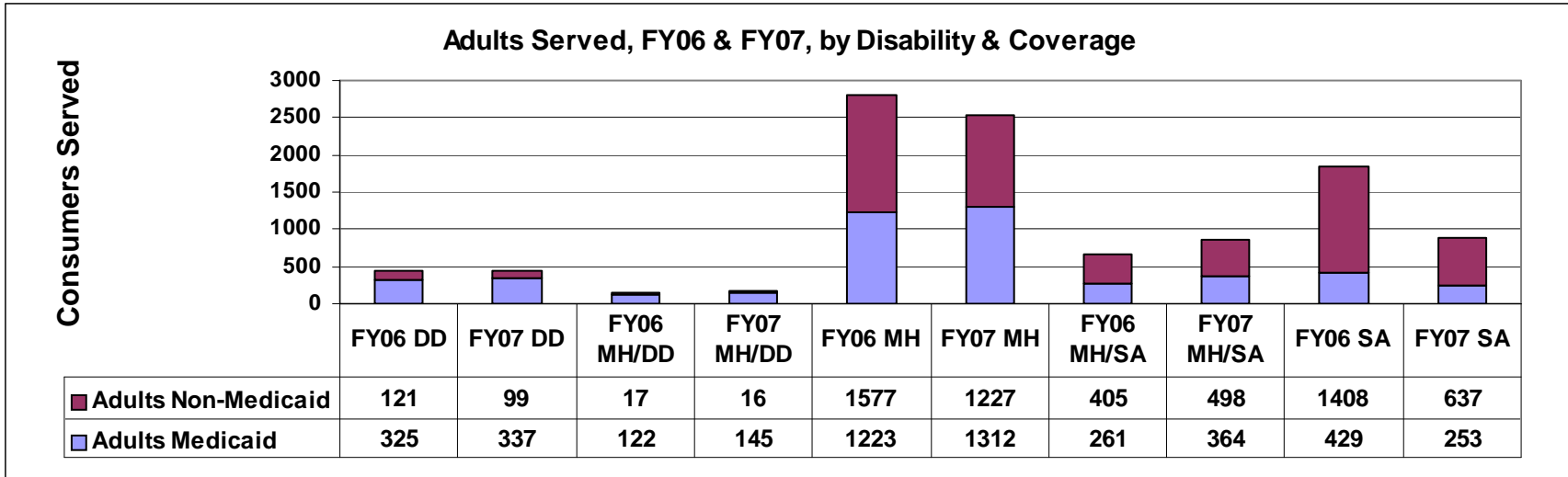
Disposition of Involuntary Petitions Requesting Authorization for Hospitalization from DCA, FY07								
	Petitioner	Petitions Requesting Authorization for Hospitalization	Percent of All Petitions	Number Evaluated at Durham Center Access	Number Diverted from State Hospitalization	% Diverted		
Hospital	Duke Hospital	444	62%	3	15			
	UNC, VA Hospitals	38	5%	1	6			
	Durham Regional Hospital	54	8%	1	4			
	Other Hospital	94	13%		3			
	State Hospitals	88	12%	1	1			
	Petitions from Hospitals		718	72%	6	29	4%	
Community	Family/Friend	116	41%		80			
	Provider	56	20%		29			
	Origin Unspecified	35	13%		31			
	Other	73	26%		39			
	Petitions from Community		280	28%	175	179	64%	
Totals				998	100%	181	208	

SERVICE MANAGEMENT

- ◆ In July 2006, daytime Screening/Triage/Referral (STR) services were transferred to the LME to improve the response time during business hours. The Durham Center has five staff dedicated to this service during normal business hours and works closely with Freedom House, our current crisis provider, to coordinate after-hours STR services. During the year, the number of providers available for new consumers increased by over 100%. We refer to over 50 contracted providers for a variety of state and county-funded services, and receive approximately 400 calls per month.
- ◆ In May 2007, the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services announced a joint partnership with LMEs to conduct Post-Payment Clinical Reviews of Community Support Services across the state. The Durham Center was responsible for the completion of 583 such reviews by licensed clinical staff. According to both Divisions, this review marks the beginning of a true clinical review partnership, and we look forward to new developments in the next year.
- ◆ The graph below shows the number of people who presented for screenings in each quarter of FY06 & FY07. From FY06 to FY07, there has been a 21% increase in requests for routine services, 30% increase in requests for urgent services and 79% increase in requests for emergent services.



SERVICE MANAGEMENT

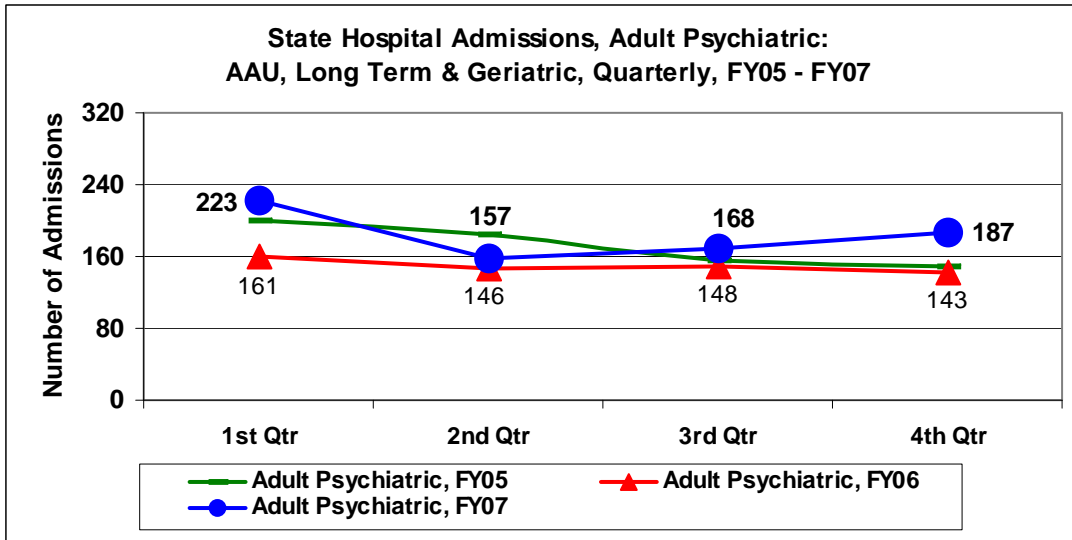


DD=Developmental Disability; MH=Mental Health; SA=Substance Abuse

Note: Some Medicaid-based data was not available at time of report.

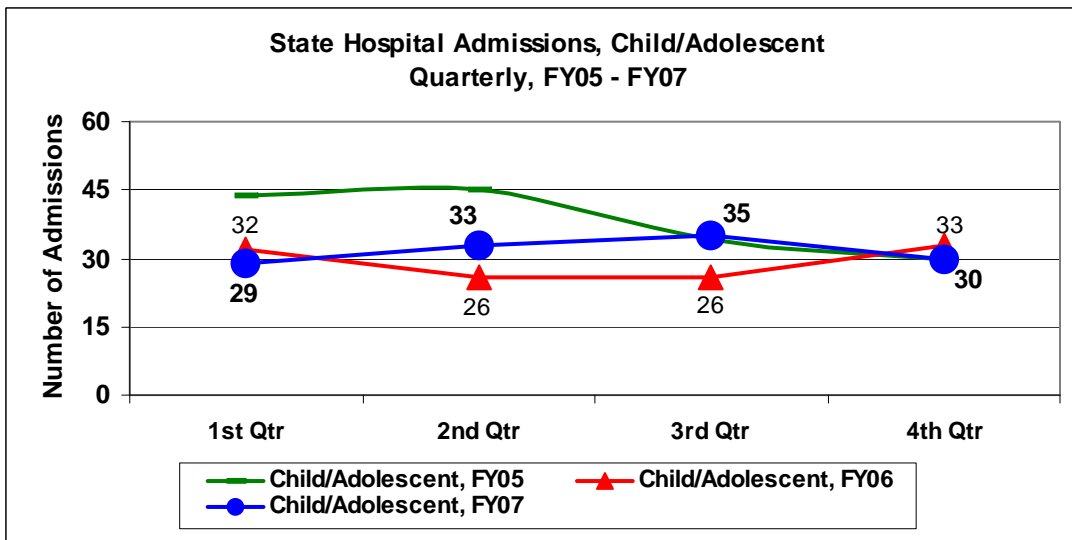
JOHN UMSTEAD HOSPITAL

The graphs below indicate the number of adult and child state hospital admissions from FY05 to FY07 by quarter.



All Adult Psychiatric Admissions

- ◆ Admission rates for FY07 increased by 7% when compared to FY05.
- ◆ Admission rates for FY07 increased by 23% when compared to FY06.

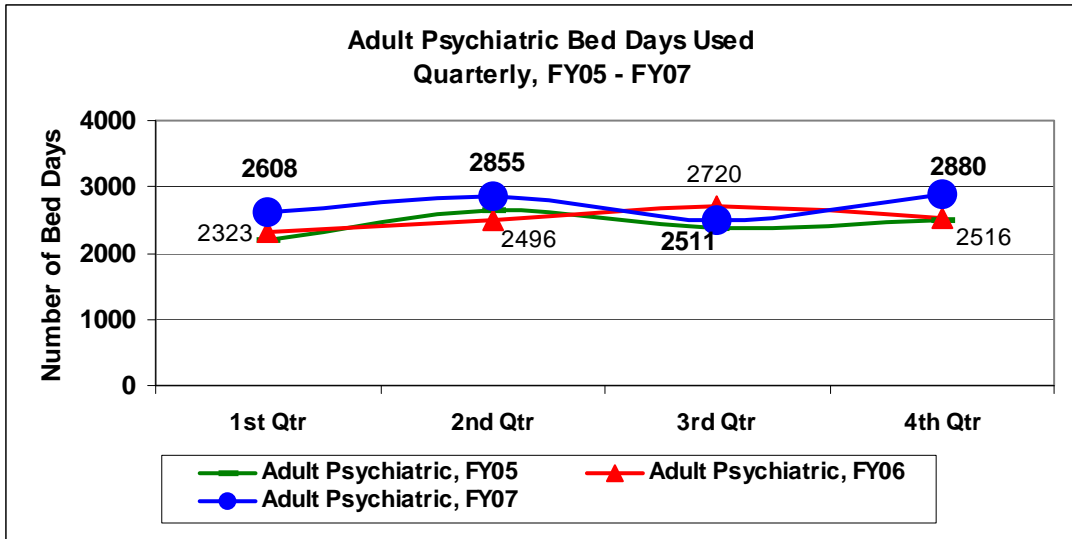


Child/Adolescent Admissions

- ◆ Admission rates for FY07 decreased by 18% when compared to FY05.
- ◆ Admission rates for FY07 increased by 8% when compared to FY06.

JOHN UMSTEAD HOSPITAL

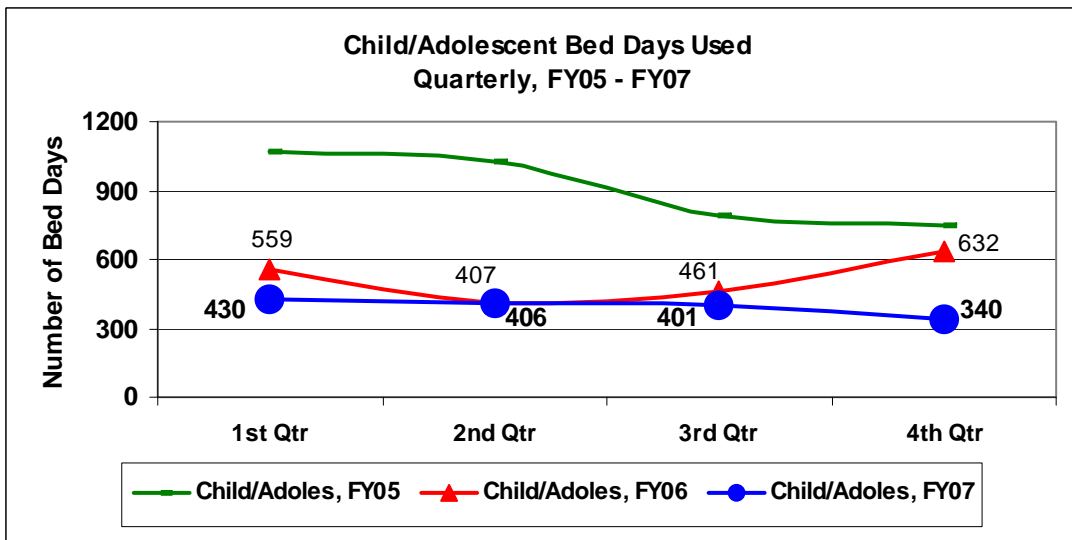
The graphs below indicate the number of bed days utilized per quarter from FY05 to FY07.



Adult Psychiatric Bed Utilization

State bed allocation per quarter = 3406

- ◆ In FY05, quarterly bed utilization ranged from 65-78%.
- ◆ In FY06, quarterly bed utilization ranged from 68-80%.
- ◆ In FY07, quarterly bed utilization ranged from 74-85%. Utilization has increased, compared to FY06, but has still not reached full capacity.



Child/Adolescent Bed Utilization

State bed allocation per quarter = 786

- ◆ In FY05, quarterly bed utilization ranged from 95-136%.
- ◆ In FY06, quarterly bed utilization ranged from 52-80%.
- ◆ In FY07, quarterly bed utilization ranged from 43-55%. Utilization has decreased and stabilized.

EVIDENCE-BASED PRACTICES

This table shows the number of consumers currently being served through Evidence-Based Practices (EBP) delivered by our contracted providers. Descriptions of each EBP are below the table.

ACT (Telecare/ASAP)	196 served
Wellness Management & Recovery (ASAP)	20 served
Wellness Management & Recovery (Triumph)	12 served
Supported Employment (Easter Seals UCP/ASAP)	18 served
Integrated Dual Disorder Treatment (ASAP)	63 served

- ◆ Assertive Community Treatment (ACT) is a comprehensive and proactive community-based model for delivery of treatment, support and rehabilitation services to adults who have the most severe symptoms of mental illness. The goal of ACT is to help people stay out of the hospital and develop skills for living in the community so that their lives are not controlled by mental illness.
- ◆ Wellness Management and Recovery (WMR) is a broad set of strategies designed to help people with serious mental illness work with professionals, reduce their susceptibility to the illness and cope effectively with their symptoms. WMR strongly emphasizes helping people set and pursue personal goals and putting strategies into action in everyday life.
- ◆ Supported Employment (SE) helps people with disabilities participate as fully as possible in the competitive labor market. Through SE, people can work in jobs they prefer and receive the professional help they need to succeed in employment.
- ◆ Integrated Dual-Diagnosis Treatment (IDDT) targets people who have dual diagnoses, in particular serious mental illness together with substance abuse issues, helping them recover by providing services for both diseases in one setting, at the same time.

ADULT MENTAL HEALTH

Housing Support Team

This year, The Durham Center was awarded \$644,280 in state funding from DMH/DD/SAS to create a Housing Support Team to coordinate residential assistance for targeted homeless individuals and families in Durham County. The Housing Support Team will be managed by Housing for New Hope and will consist of a Team Coordinator, Tenant Advocate and Peer Specialist. The team will serve 50-75 individuals each year of this three year pilot program.

Documenting Disability Training

The Durham Center, in partnership with DHHS and Lincoln Community Health Center, held a Documenting Disability Training to teach medical providers how to expedite Federal disability benefits (SSI/SSDI) for individuals with severe medical impairments. Participants learned how to efficiently and effectively support homeless patients' disability claims. Fourteen participants from local agencies/programs (including Telecare ACT, Duke, UNC Hospitals and Lincoln) attended the training facilitated by Barry Zevin, MD, a physician at the San Francisco Department of Public Health's Tom Waddell Health Center/Homeless Programs and Judith Romanowski, RN, JD, an attorney who specializes in Social Security Disability advocacy in the Raleigh-Durham-Chapel Hill area.

Indigent Pharmacy Program

Indigent consumers' pharmaceutical needs have been addressed through a variety of programs since divestiture of Pharmacy services in July 2006. A monthly average of 175 individuals have been served through Gurley's Pharmacy Program. The Patient Assistance Program Coordinator also helps consumers obtain medications at little or no cost. 136 indigent consumers have applied to this program, of which 84 have been fully approved and 52 are pending approval. Applications that are pending approval either require income verification or Medicaid denial letters, or the requested medications have not yet arrived at the physician's office.

Crisis Intervention Team Training (CIT)

Durham County held its first CIT Training for local law enforcement personnel in April and will hold its next training in August. 26 Durham Police Department officers and five School Resource Officers from the Durham County Sheriff's Department attended a week long/40 hour CIT Training. When asked to evaluate the training as a whole, an average rating of 4.7 out of 5 was provided across participating officers, indicating that the training was highly beneficial. Please review Jail Diversion in this report for further details of the training and one experience of a CIT-trained Officer.

HOUSING SERVICES

This table displays funding related to the housing needs of consumers.

Housing Fund Type	Amount
Independent Living - State Funds	\$182,207
Independent Living - HOME Funds	\$100,000
Housing Development Fund	\$190,000
Tenant Peer Specialist	\$3,000
Total	\$475,207

- ◆ The Housing Development Fund is broken down below across four major projects to serve 23 consumers.

New Permanent Housing-New Construction

Housing for New Hope/Andover Apts. III	\$90,000	10 Efficiency Apartments	(10 beds)
TROSA/Elizabeth Street Project	\$15,000	3 Apartments	(3 beds)

New Permanent Housing-Existing Housing

The ARC of NC/Scattered Site Housing	\$55,000	4 Condo Units	(8 beds)
Housing for New Hope/Leased Housing I	\$30,000 (3 yrs)	2 Apts./Houses	(2 beds)

Total **\$190,000**

- ◆ The Client Housing Assistance-Independent Living Initiative is 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. This year, 472 housing assistance payments have been submitted.

Ongoing Rent Assistance	102 served (79% more than FY06)
Emergency Rent Assistance	127 served (154% more than FY06)
Other Emergency Assistance	42 served (91% more than FY06)
Startup Expense Assistance	201 served (105% more than FY06)

JAIL DIVERSION

Jail Data

Jail data collected on individuals with mental health, substance abuse and/or developmental disabilities who have been incarcerated in FY07 yielded the following information: Of the 335 individuals in jail who are dually-diagnosed with mental health and substance abuse disabilities, 63% have received services through The Durham Center's service system. Of the 13 individuals in jail with only mental health diagnoses, 23% have received services. Out of the 119 individuals with only substance abuse diagnoses, 14% have received services. Efforts are being made to engage "at risk" individuals with disabilities in appropriate treatment services before they are incarcerated (see Crisis Intervention Training below), as well as follow up with individuals when they have been released.

Crisis Intervention Training (CIT)

CIT is a specialized law enforcement response to people in serious mental health crisis. The training gives officers viable options to link individuals to treatment rather than arresting or incarcerating them. The training consists of Crisis Intervention/De-escalation, Special Concerns with Geriatrics, Special Concerns with Adolescents, Developmental Disabilities, Substance Abuse & Co-Occurring Disorders, Personality Disorders, Suicide Risk Assessment & Intervention, Homeless Population & Mental Illness, Trauma, Mental Health, Cultural Training, and Mental Health & the Law. The training is delivered through partnerships among The Durham Center, NAMI Durham, Durham Police Department and several local service providers.

CIT Case Example

In June 2007 CIT Officer S. Chabotte responded to a 911 call from nursing home staff having difficulty with an elderly resident who was off her medications and threatening staff and other residents. Officer Chabotte, after spending a few minutes with this 83 year old woman, was able to recognize what appeared to be the early onset of dementia. The woman stated she didn't trust cops and wanted to have other staff in the room so that they could be witnesses to this "rogue cop." After spending over 45 minutes with the woman, Officer Chabotte was able to get her to hand over all of the "weapons" she had in her possession and calm her down to the point where she was able to remain at the home. He spoke to her about how the scissors she was waving were just like the ones his grandmother used to have and she gave them to him. He also reasoned with her that if she didn't hand over the other pair of scissors he would be fired, and she gave them to him. He asked her about other weapons she might have and promised her his business card and a new pack of gum if she would give them to him. He got two more pairs of scissors, two forks and a kitchen knife. Typically, in a non-CIT situation, this elderly resident may have been incarcerated or taken directly to a psychiatric ward. With CIT skills, officers can utilize their knowledge to de-escalate crisis situations as Officer Chabotte did in this example

CHILD MENTAL HEALTH

Care Reviews

250 Care Reviews were held in FY07. Comparing the same 32 week period in FY06 and FY07, there was a 21% increase in the number of children who came through Care Review.

Project for Assistance in Transition from Homelessness

170 youth/young adults, ages 15-25, received outreach services through Durham's Project for Assistance in Transition from Homelessness (PATH) for young adults. 25 (15%) were enrolled as new consumers in the MH/DD/SAS service delivery system. All 25 received case management services, were assisted with planning/applying for housing, and received coordinated services related to housing. The Durham Center manages this federal Adolescent/Young Adult PATH project through Durham Area Corp. A PATH outreach professional works closely with the Durham Public Schools and Department of Social Services staff to identify homeless youth and young adults.

School Child and Family Support Team Program

The Durham Center's Child Mental Health Specialist worked with the Child and Family Support Teams (CFST) in all seven participating schools, including Bethesda Elementary, Eastway Elementary, Hillside High School, Lowes Grove Middle, Neal Middle, Southern High, and YE Smith Elementary. These CFST teams worked with over 300 students combined. The Specialist assisted those teams with access to mental health issues, coordinated basic mental health and substance abuse training and worked with the Substance Abuse Specialist to pilot a mobile support service to the CFST schools through Dominion Ministries.

SUBSTANCE ABUSE

- ◆ Over 150 professionals in Durham attended free substance abuse training and teaching case conferences (20 trainings) hosted by The Durham Center.
- ◆ 364 individuals received comprehensive substance abuse evaluations by Substance Abuse Assessors housed at Durham Center Access. Please review the following page to see additional substance abuse assessment information.
- ◆ 17 credentialed substance abuse professionals (180% increase since we began capturing data in September 2006) are now working for contracted agencies to provide substance abuse services.
- ◆ 11 adolescent consumers are now being served through the substance abuse Intensive Outpatient Program conducted by Dominion Ministries. The Durham Center started funding this program in the second quarter of FY07.
- ◆ Durham Center Access also offers a substance abuse Intensive Outpatient Program which began in FY07. This program has served 95 individuals, 20 of whom left the program prematurely because they felt their problem had improved.
- ◆ Eight consumers currently participate in a Relapse Prevention Group. These individuals work to maintain the success they achieved through substance abuse treatment programs offered by The Durham Center's providers.

The table below displays the number of consumers served through the halfway houses operated by Freedom House and the Recovery Center of Durham. It shows the number of consumers completing treatment, and where consumers lived after discharge from the program.

Residential SA Program	Served	Discharged	Treatment Complete	Housing at Discharge			
				Recovery Facility	Own Home	Other's Home	Other
FH Men's Halfway House	43	23	11 (48%)	5	4	3	11
FH Women's Halfway House	65	28	16 (57%)	8	5	5	10
FH Transitional Living	129	101	93 (92%)	57	26	0	18
Recovery Center of Durham	38	15	8 (53%)	5	4	4	2

SUBSTANCE ABUSE

Temporary Assistance to Needy Families (TANF) Assessments

Through the Division of Social Services, financial assistance is given to individuals involved in the Work First initiative of Child Protective Services or those who are in receipt of food stamps & have a class H or I substance abuse felony. DSS Social Workers can refer recipients for an Substance Abuse Assessment if they believe the recipients have possible substance abuse issues. The Durham Center funds a TANF assessor, housed at Durham Center Access, with IPRS/ County funds. Once an assessment is completed, the consumer is referred back to the DSS caseworker.

The Durham County Criminal Justice Resource Center (DCCJRC)

DCCJRC provides a wide array of services to criminal justice stakeholders, as well as adult offenders and at-risk youth, through supervision and monitoring of high-risk offenders residing in Durham County to increase public safety, and through collection and dissemination of information including criminal and treatment histories.

- ◆ **Forensic evaluations** are court-ordered client interviews that can be performed by NC-certified forensic examiners to determine the client's competency.
- ◆ **Adult psychological evaluations** are court-ordered or attorney-referred client evaluations performed by NC-licensed Psychologists or Psychological Associates.
- ◆ **Substance abuse screenings** also take place through DCCJRC. In FY06, 29% of referrals went to the Second Chance Program; in FY07, 37% were referred to Second Chance, a halfway house that provides a structured environment to help residents recover and regain necessary life skills. Residents receive clinical support, work during the day and attend classes in the evening. In FY06, 36% of referrals went to Treatment Alternatives to Street Crimes (TASC); in FY07, 38% were referred to TASC, a program that matches offenders' needs with treatment services, monitors service plans, provides care management and administers drug screens.

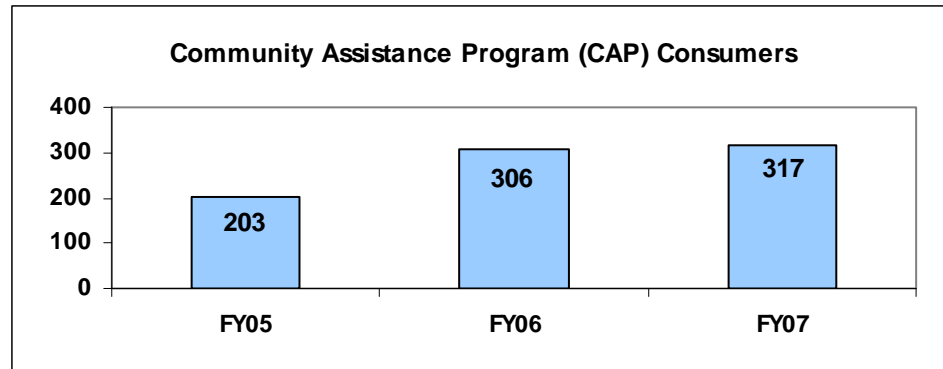
	FY06	FY07
TANF Assessments	NA	96
DCCJRC Assessments		
Forensic Evaluations	114	116
Adult Psychological Evaluations	70	83
Substance Abuse Screening Referrals	222	332

DEVELOPMENTAL DISABILITIES

CAP-MR/DD Funding

We increased the number of individuals supported through CAP-MR/DD funding from 306 to 317, a 4% increase, over the past fiscal year (see chart).

CAP helps individuals thrive in the community as an alternative to institutional care. As of June 30th, the waiting list held 55 individuals.



Community Transition Liaison

65 individuals with moderate to severe mental retardation currently receive services through the Murdoch Center and other ICF-MR group homes. The Developmental Disabilities Team has secured a Mental Health Trust Fund, enabling us to hire a Community Transition Liaison. The Liaison's goal over the next year is to transition between eight and twelve individuals from ICF-MR group homes into community placements. Two individuals have transitioned to community placements over the past two months, and four additional individuals, along with their guardians and the Liaison, are currently active in the transition planning process.

Supported Employment

Approximately 70 individuals participate in our Supported Employment program.

Clinical Quality Reviews

17 Clinical Quality Reviews were conducted with developmental disability consumer records, examining the appropriateness of services and additional funding options for consumers. After these reviews, 12 of 17 case reviews resulted in a change in service delivery to more adequately address each individual's support needs. Approximately \$600,000 in funds were redirected to serve additional consumers.

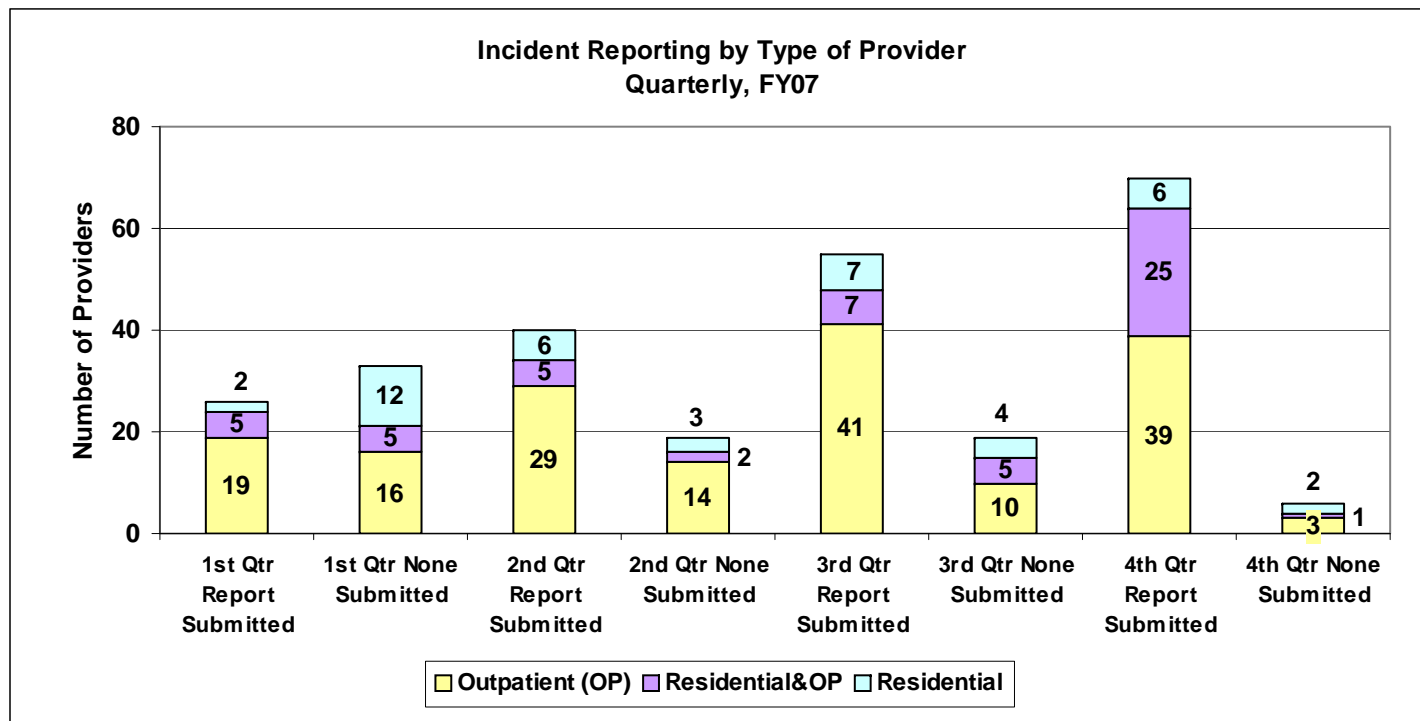
Developmental Therapy

Our state allocation for Developmental Therapy services has increased from \$400,454 to \$653,273, a 63% increase.

QUALITY MANAGEMENT

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

- ◆ 92% (70 out of an expected 76 contracted providers) submitted fourth quarter Incident Report Summaries.
- ◆ The QM Department sent letters to the 8% who had 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. All providers have responded to the letters and are in compliance for fourth quarter.
- ◆ Over the past four quarters, Incident Reporting compliance has drastically increased from 44% to 92%. This 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.



QUALITY MANAGEMENT

The Quality Management Department also works with providers who must submit North Carolina Treatment Outcomes & Program Performance System (NC-TOPPS) interviews for mental health and substance abuse consumers who meet certain target population and service funding criteria.

- ◆ Based on state reports of compliance with timely submission of initial NC-TOPPS interviews during the fourth quarter, 83% (20 out of approximately 24) providers required to complete initial NC-TOPPS interviews during the fourth quarter did so, with 210 of 351 interviews completed (60% overall compliance rate.) The quarterly compliance rate has ranged from 48% to 61% over FY07
- ◆ New NC-TOPPS Implementation Guidelines were released, effective July 1, 2007, more clearly defining the eligibility requirements, which are now more helpful to providers and LMEs in determining which consumers require an interview. The new guidelines also present an adjusted compliance timeline that could enable LMEs to tie provider authorization request approvals to timely submission of NC-TOPPS interviews. A Plan of Correction process will be re-implemented in first quarter of FY07 for those providers who have not met 90% submission compliance with Initial interviews.
- ◆ The two most recent trainings, held in April and July, were attended by 93 professionals from approximately 45 provider agencies and led by QM staff of The Durham Center. Trainings are offered on a quarterly basis and on an individual basis as requested. Users' group meetings with providers are also held quarterly by the QM Staff to discuss methods to improve compliance rates, a statewide issue.

CONTRACTS MANAGEMENT

Provider Monitoring

In FY07, 86 monitoring visits to provider agencies took place. Of these 86 visits, 36 resulted in findings requiring a Plan of Correction within 90 days.

Endorsement

Below is a summary of how many providers currently have received Medicaid endorsement/Memorandums of Agreement (MOAs) as of June 30th.

- ◆ 83 Periodic Services Providers (i.e., Community Support, Diagnostic Assessment, etc.) with 1 involuntary withdrawal
- ◆ 31 Residential II & III Providers
- ◆ 54 Community Alternative Placement (CAP) Providers with 1 voluntary withdrawal

The Contracts Management team will complete full endorsement reviews per the schedule below:

- ◆ Phases I & II Services Providers – September 20, 2007
- ◆ CAP Providers – October 31, 2007

Letter of Supports

The following letters of support, per the “Current Operations and Capital Improvement Appropriations Act of 2005” were issued during FY07:

- ◆ 4 issued to Residential Level II (.1300)
- ◆ 8 issued to Residential Level III (.1700)
- ◆ 3 issued to Residential Level IV (.1500)
- ◆ 1 issued to Residential Substance Abuse Recovery (.4100)
- ◆ 52 issued to Supervised Living Mental Health Adult (.5600 A)
- ◆ 8 issued to Supervised Living Developmentally Disabled Minor (.5600 B)
- ◆ 33 issued to Supervised Living Developmentally Disabled Adult (.5600 C)
- ◆ 2 issued to Supervised Living Substance Abuse Minor (.5600 D)
- ◆ 3 issued to Supervised Living Substance Abuse Adult (.5600 E)
- ◆ 2 issued to Supervised Living Assisted (.5600 F)

CONTRACTS MANAGEMENT

Provider Training

In April, the Contracts Management Team conducted the second Full Endorsement Overview Training for the Provider Community in FY07. This training provided attendees with an update regarding the endorsement process including time frames, service specific check sheets, staff requirements, and the importance of documentation. There were 35 participants.

Provider Orientation

Throughout FY07, the Contracts Management Teams facilitated Provider Orientations for new and/or existing providers on the fourth Tuesday of every month. During the fourth quarter, one orientation was held in May for three provider agencies.

Quarterly All-Provider Meetings

During the first three quarters of FY07, the Contracts Management Unit hosted 208 participants across the three quarterly All-Provider Meetings to ensure that providers were informed of current training events, communication bulletins by the Division of Mental Health/Developmental Disabilities/Substance Abuse, the Division of Medical Assistance, the Division of Facility Services and The Durham Center. In the fourth quarter, the Contracts Management Unit facilitated the All-Provider Meeting in June, in which there were 51 participants. The team provided participants with the Full Endorsement Overview Training.

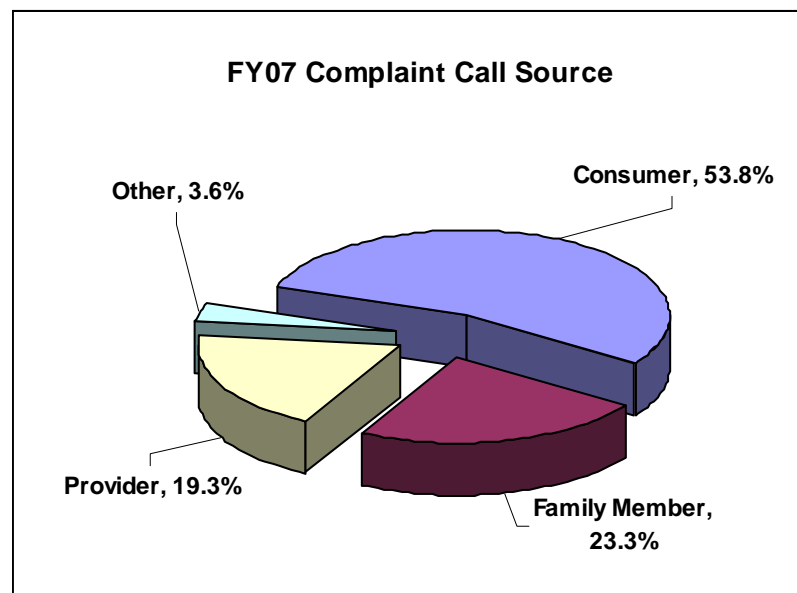
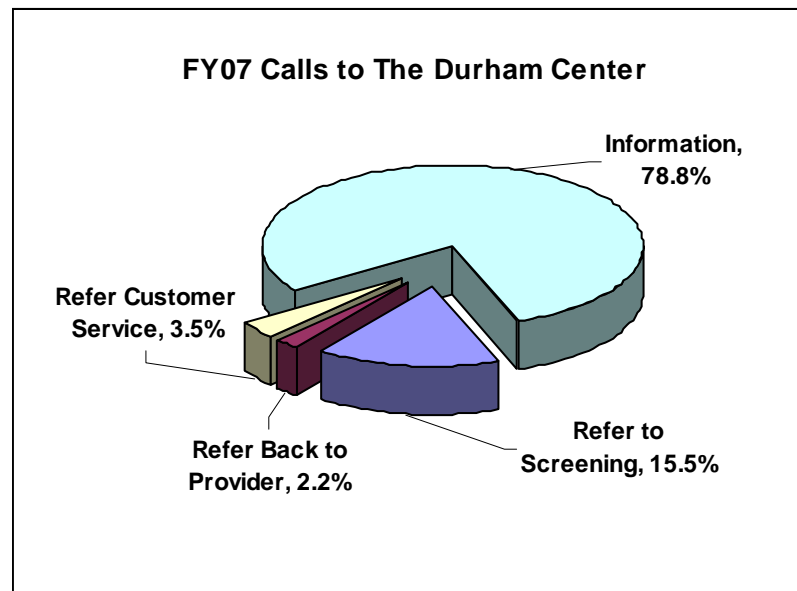
Requests for Information (RFIs) / Requests for Proposals (RFPs) during the Fourth Quarter

- ◆ Developmental Therapy/Personal Assistance RFI on April 16, 2007. Only one proposal was received, which was submitted after the deadline. This proposal will be re-issued at a later date.
- ◆ Child & Adolescent Substance Regional Residential Program RFP on April 17, 2007. We received one response from Dominion Ministries, Inc. This proposal was awarded to that agency.

CUSTOMER SERVICES

- ◆ Customer Services fielded nearly 20,000 calls in FY07. The top chart breaks them down by type.
- ◆ In FY07, 223 complaints were registered, all addressed within four days. Those complaints are described in the table below and the bottom chart.

Type of Complaints/Issues	FY07 Totals	% of Total
Abuse, Neglect, Exploitation	5	2%
Access to Services	15	7%
Client Rights Issue	3	1%
Communication Issue	7	3%
Complaint Not Listed or Other	2	1%
Compliance with Rules	4	2%
Facility Related	4	2%
LOC or Treatment Decision	9	4%
Medication Issue	11	5%
Other	5	2%
Payment/Billing Issue	23	10%
Quality of Care	22	10%
Reduction of Services	31	14%
Referral Process	7	3%
Responsiveness	3	1%
Service Authorization	16	7%
Service Coordination	5	2%
Service not meeting needs	16	7%
Service Provider	23	10%
Service/PCP/Discharge Plan	6	3%
Staff Person	6	3%
Total Complaint/Issues	223	100%

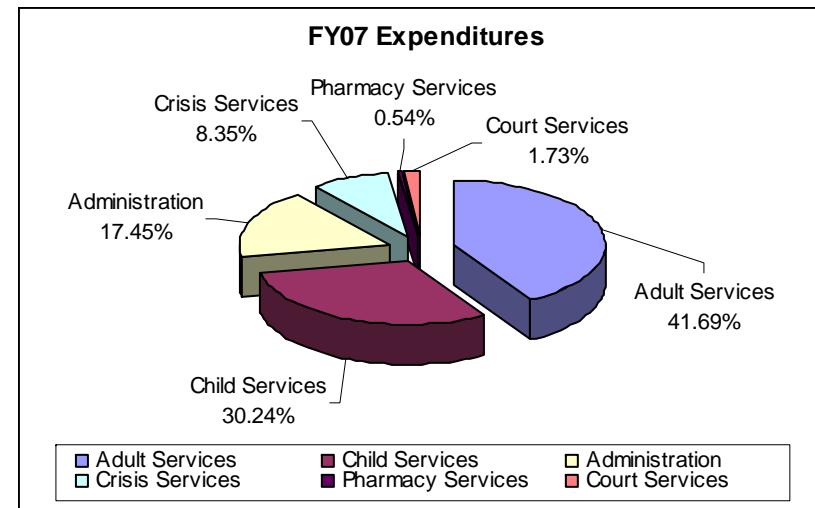
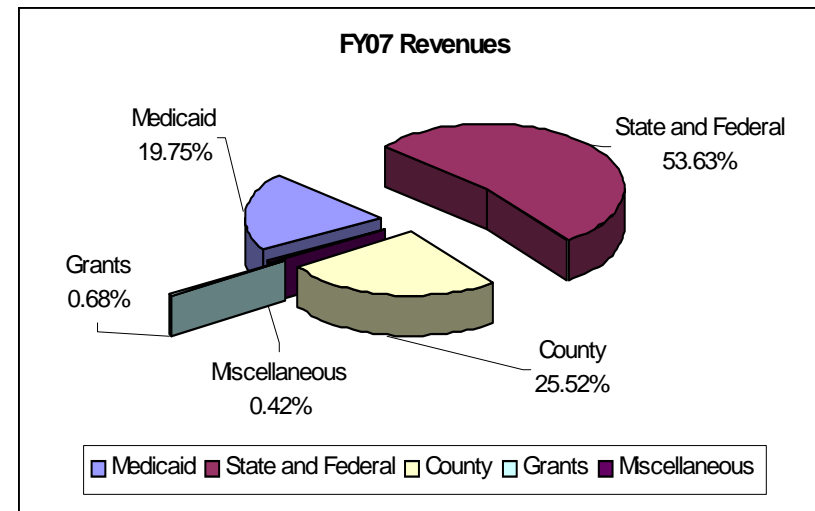


FINANCE

The table below and these charts display the percentage of revenue from various funding sources and the expenditures for each funded area. State and federal funds accounted for more than half of our financial resources in FY07 (54%) and Adult Services received almost half of those funds (42%).

Source	Revenues	% of Total
Medicaid	\$5,728,917.70	19.75%
State and Federal	\$15,558,510.54	53.63%
County	\$7,404,101.00	25.52%
Grants	\$197,883.29	0.68%
Miscellaneous	\$123,210.55	0.42%
Total	\$29,012,623.08	100.00%
Area	Expenditures	% of Total
Adult Services	\$9,964,721.03	41.69%
Child Services	\$7,228,013.56	30.24%
Administration	\$4,169,942.32	17.45%
Crisis Services	\$1,994,574.15	8.35%
Pharmacy Services	\$130,063.36	0.54%
Court Services	\$413,382.53	1.73%
Total Expenditures	\$23,900,696.95	100.00%
Fund Balance Change	\$5,111,926	
Grand Total	\$29,012,623.08	

Note: figures are unaudited




COMMUNICATIONS


Communications continued a comprehensive schedule of activities to raise the profile of The Durham Center and its organizational issues in the media and among its constituencies throughout the community and beyond. A sampling of these activities include:

- ◆ Full-color newspaper inserts providing the community timely information during Addiction Recovery Month, Alcohol Awareness Month and Mental Health Month as well as a developmental disabilities publication in August.
- ◆ Advancement of a “recovery culture” in Durham:
 - Led a community collaboration in staging the most extensive array of Addiction Recovery Month activities in the state, culminating in a successful Recovery Celebration Block Party attended by 300+. Facilitated the production of local and statewide television programs reaching a potential audience of several million.
 - Served as part of a core planning group coordinating local and statewide activities connected to the HBO ADDICTION project.
 - Served as co-coordinator of Durham Take A Stand! youth activities as part of Alcohol Awareness Month.
 - Created and produced a mini-campaign promoting access to substance abuse treatment, including large posters, post cards and bus-side advertising in English and Spanish.
 - Created a variety of other interior and exterior bus advertising promoting addiction as a treatable chronic disease.
 - Designed a series of quarter-page addiction recovery stories disseminated in the Durham Herald.
- ◆ Comprehensive publication to help consumers enter and navigate the service delivery system utilizing System of Care procedures and philosophies.
- ◆ Mini-campaign promoting Durham System of Care and Network of Care, including a series of quarter-page newspaper ads and water bill inserts distributed to 70,000 homes.
- ◆ Organizational high-level “briefing book” and supplemental PowerPoint presentation.
- ◆ New weekly provider e-newsletter designed to distribute information to contracted providers in an easier-to-read, more user-friendly format.

COMMUNICATIONS



SERVICES, SUPPORT AND RESOURCES



How to Get Mental Health, Developmental Disability and Substance Abuse Services Through Durham System of Care

August 10, 2007 Issue 24



Weekly Provider Update

Mental Health Association 24th Annual Conference
September 26-27, 2007
Wrightsville Beach

North Annual CINA Conference
November 8-10, 2007
Asheville

Write to Providers from DHA
Effective July 1, 2007 the CMS-1903 (2/2007) and version of the paper claim will no longer be accepted for processing. Paper claims submitted on the old version will be returned to the provider by mail using the new CMS-1903 (06/05) version.

Exhibit at the Recovery Celebration Block Party
The follow up to last year's very successful community event celebrating our friends and neighbors in recovery from substance addiction is scheduled for Friday, September 28, 2007 from 4:00-7:00pm. This is a great opportunity for providers to reach a large and targeted audience. For more information, call Doug Fuller at (919) 560-7206.

Substance Abuse Posters Available
The Durham Center has created a set of posters and smaller "take-away" cards incorporating striking images and messages in English and Spanish. To view them digitally, click [here](#). We want to blanket Durham County with them and to get them posted in strategically chosen, high-visibility places. If you can help with distribution, call Tina Howard at (919) 560-7576.


System of Care Team
Recently The Durham Center has added two new staff to our System of Care Team due to some staff transitions. To access bios of the new Team members and a full staff roster, click [here](#).

Community Support Supervisor Meeting
The next meeting will be held August 13, 2007 at 10:00am at The Durham Center. For minutes from the last meeting and the agenda for Monday's meeting, click [here](#).

Independent Living Initiative
This referral-based program provides short-term (up to 12 months) housing and emergency assistance for adult consumers of The Durham Center with a DSM-IV mental illness diagnosis, a developmental disability and/or a substance abuse issue. Effective with requests submitted August 13, 2007 this assistance program will now be administered by The Durham Center's Housing Specialist. All prior IL forms should be discarded. To view changes made with request forms and procedures, click [here](#). Questions may be directed to Terry Ames at (919) 560-7511 or by clicking [here](#).



Page 1



Even if you're using alcohol or drugs, you're probably not addicted...yet

Take your life back now.

Call Durham Center Access today

919-560-7100



Part of Durham's System of Care: Offering Services That Work!

The Durham Center pursues a community effort dedicated to supporting the lives of citizens affected by mental illness, developmental disabilities and substance abuse by assuring a collaborative, accessible, responsive and efficient system of services and supports.




Bridging the Gap:
Promoting Quality of Life Through Full Community Participation



TAKE THE FIRST STEP – REACH OUT FOR HELP

DURHAM CENTER ACCESS
919-560-7100

Durham Center Access, a service of The Durham Center, offers counseling, medication management, crisis stabilization, crisis and sleep residential services. Durham Center Access can call Durham Center Access 24 hours a day. For more information on our services, please visit our website at www.durhamcenter.org.

DURHAM NETWORK OF CARE
WWW.DURHAMNETWORKOF CARE.ORG

Network of Care is an online resource that provides a comprehensive directory of mental health, developmental disability, substance abuse and recovery services offered in Durham and the surrounding area.