

The Durham Center

FY 11 – 13

Strategic Plan – 2011 Update



Purposes of Annual Update

- Identify needs and gaps in our community
- Assess capacity of providers
- Gather stakeholder input and feedback
- Fulfill state requirement



Methodology

- Internal Data
 - Durham Center’s “Dashboard” data and indicators
 - Evidence-Based Practices: 50% of Durham Center consumers, including non-UCR (such as prevention, Project Search), enrolled in best practices
- Focus Groups
 - Approximately 160 people participated in 13 groups:
 - 91% adults
 - 61% women
 - Disabilities represented (% of groups): DD - 31%, MH - 8%, MH/SA - 50%, All - 15%



Focus Group Results

Gaps/Needs:

- Housing Assistance
- Integrated treatment for co-occurring disorders (particularly MH/DD)
- Services for special populations (i.e. sex offenders, violent offenders, consumers with eating disorders)
- Crisis/residential services for youth, close to home
- Transportation
- Employment
- Social/recreational opportunities
- Substance abuse residential



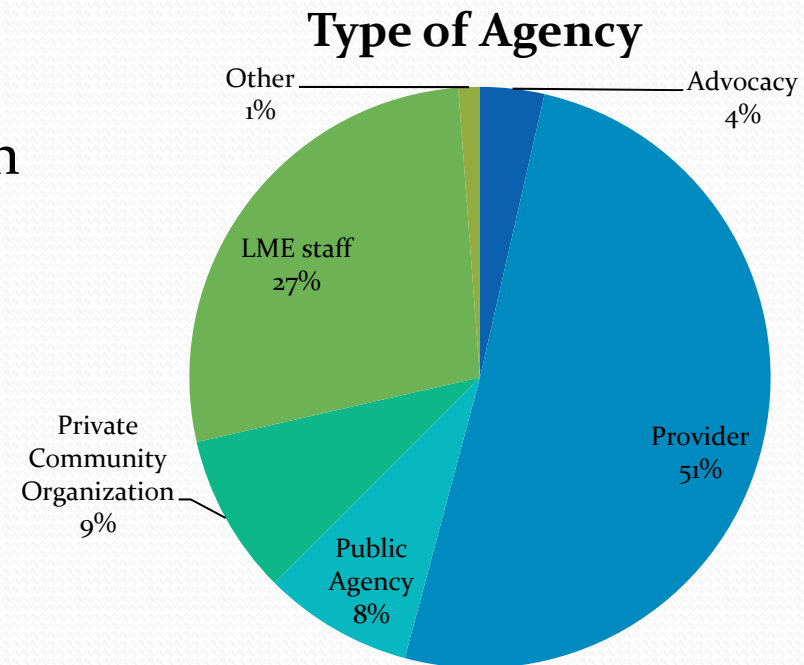
Focus Group Results

Providers/LME Improve Quality:

- More person-centered plans and language, incorporate whole person/all life domains (e. g. spirituality, natural supports)
- Improvement in direct care staff (e. g. reduce turnover, increase training, reduce staff:client ratios)
- Collaborate, share information (providers & LME)
- Increase training to providers
- Raise awareness of services/LME role and responsibilities
- More closely monitor services
- Modify benefit packages
- Expedite authorizations and address online system issues

Methodology

- Provider-Partner-LME Staff Surveys
 - Emailed via Provider Newsletter, provider listserv, all staff email group, public partner email lists
 - Distributed at All-Provider Meeting 3/16/11
- Responses:
 - 166 responses, 25% more than last year





Provider-Partner Results

Strengths

- Crisis services for adults
- Outpatient therapy
- Intensive substance abuse treatment
- Community living for individuals with DD

Gaps (Little or no availability/accessibility)

- MH/SA services for individuals leaving jail/prison
- Integrated MH/DD services
- Crisis services for youth
- Services to divert non-violent offenders from jail
- Prevention
- Substance abuse residential



Provider-Partner Results

Barriers to treatment

- **91% of respondents indicated lack of transportation** (also ranked as most needed ancillary service)
- 9 out of 10 respondents: lack of insurance, lack of compensation to outreach, limited outreach to homeless, lack of child care
- 8 out of 10 respondents: high turnover of staff, stigma, co-pays for services, lack of trained staff, limited outreach to people who need services (especially those involved with criminal justice system)



Cultural/Linguistic Competency

Services with Little or No Cultural Responsiveness (from Provider-Partner Surveys):

1. Crisis services for youth
2. Services for individuals leaving jail/prison
3. Integrated services for individuals with MH/DD
4. Crisis services for adults
5. Jail diversion
6. Homeless outreach/services
7. Substance abuse residential

Services with Outstanding Cultural Responsiveness: Outpatient, detox, peer support



Methodology

- Consumer Surveys
 - Surveys emailed to providers, copies distributed to several locations serving large numbers of consumers (e. g. Wellness City, Threshold)
 - Incentives given to consumers who brought surveys to TDC
- Responses:
 - 223 responses, 93% of consumers receiving services from 10 agencies, 35% from DECI (79 surveys)
 - 56% from men
 - 71% from African-Americans
 - 79% from adults aged 25 and over, 11% from youth
 - 71% from individuals with disability benefits
 - Only 27% from indigent individuals
 - 1% from individuals who are homeless



Consumer Survey Results

- Over 75% feel safe at home & with people they are close to
- 68% feel respected
- 60% feel happy
- 70% have people who support them (5% did not answer)
- Of those who responded (47% did not), 50% like school
- Of those who responded (42% did not), 63% are employed where they want to be
- 85% satisfied with services (40% did not respond to question)
- Factors that helped: **Family, friends, faith**, money, job, medicine, “taking warm showers”, “math and science”, “eating what grandma says”

Provider Capacity

Service	Population	# of Medicaid Providers	# of IPRS Providers	# IPRS served
ACTT	Adult MH/SA	11	2	66
Behavioral Support (Crisis, Behavioral Consultation)	Adult/Child DD	27	1	30
CST	Adult MH/SA	34	1	83
Crisis	Adult/Child*	3	2	813
Day Treatment	Child MH/SA	13	0	N/A
Employment (CAET, SE, ADVP)	Adult DD	31	2	187
Group Living Moderate – MH/SA	Adult MH/SA	0	4	197
Habilitation (Day Support, DT)	Adult/Child DD	64	12	116
Intensive In-Home	Child MH/SA	34	2	17

Per “Contract Distribution List”, 4/4/11; * 1 Child crisis bed available at Durham Center Access

Provider Capacity

Service	Population	# of Medicaid Providers	# of IPRS Providers	# IPRS Served
Intensive SA Outpatient (SAIOP/SACOT)	Adult/Child SA	21	4	244
Medication Management	Adult MH	Unknown	3	858
Multisystemic Therapy (MST)	Child MH/SA	1	1	5
Opioid Treatment	Adult SA	1	1	78
Outpatient	Adult/Child SA/MH	Unknown	7	751
Personal Supports	Adult/Child DD	51	9	118
Prevention/Early Intervention*	Child SA/MH/DD	0	6	612
Psychiatric Testing/Assessment	Child/Adult	34	9	1,134
Psychosocial Rehabilitation (PSR)	Adult MH	9	1	8

Per "Contract Distribution List", 4/4/11;

Provider Capacity

Service	Population	# of Medicaid Providers	# of IPRS Providers	# IPRS Served
Respite	Adult/Child DD	47	6	127
Res Level II/Therapeutic Foster Care	Child MH	10	0	N/A
Res Level III/IV	Child MH	23	0	N/A
Residential Supports/Supported Housing	Adult/Child DD/MH	46	15	433
SA Halfway House/Residential	Adult/Child SA	0	5	640
Social/Recreational/Clubhouse	Adult DD/MH	0	3	81
Supported Employment	Adult MH	1	2	31
Targeted Case Management	Adult DD/MH/SA	22	7	175

Per "Contract Distribution List", 4/4/11;



Provider Capacity

Providers Willing to Participate in Emergency Response:

- Contracted agencies required to participate in community disasters
- TDC coordinating one-day disaster response training, with NC Psychological Association, for credentialed direct service staff
- Training to take place prior to June 30, 2011
- After completing training, professionals may apply for disaster response certification, allowing them to deploy to disasters

Overall Results

Needs/Gaps

Integrated treatment for co-occurring disorders
(particularly MH/DD)

Crisis services for youth

Transportation for consumers

Services for individuals involved with CJ system

Employment/Housing

Substance abuse residential

Training for providers (person-centered care)

Improved monitoring of providers

Improved direct care staff & staffing

Increase outreach to consumers

ID last year?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No



Suggested Revisions to FY 11-13 Plan

- Transportation – assign greater priority, providers give bus passes, advocate about consumers needs’ to public transportation, train on using public transportation
- Integrated MH/DD services – assign greater priority, identify best model for community and funding sources
- Integrated MH/SA services for criminal justice population, work with CJRC to meet needs
- Change IPRS benefit packages to include outreach
- Create plan to expand substance abuse residential
- Arrange for training on person-centered care
- Expedite development of youth inpatient/crisis beds