

The Durham Center Strategic Plan for FY 2011-2014 July 1, 2010



The Durham Center's Vision is to value people with disabilities as equal partners and citizens in the community. We believe that the entire community benefits when citizens with disabilities are given opportunities to reach their full potential.

The Durham Center's Mission is to pursue a community effort dedicated to supporting the lives of citizens affected by mental illness, developmental disabilities, and substance abuse by embracing a collaborative, accessible, responsive and efficient system of services and supports.

The Durham Center
501 Willard Street, Durham, NC 27701
Phone: 919- 560-7200 Fax: 919-560-7250
Visit us on the web at www.durhamcenter.org
A County of Durham Equal Employment/Affirmative Action Employer

Continually Striving for Healthier Durham Citizens

The Durham Center manages behavioral health and disability services for the indigent in Durham County. This three year strategic plan for FY 2011-2014 is provided to you as a means to show you the larger system picture, and to also demonstrate specific efforts that The Durham Center has undertaken to accomplish goals and projected outcomes.

The total number of consumers served in FY 2009 was at an all time high over the past six years of 10,835. This is a 38% increase from 2005, meaning we have more people in need at the same time resources have been reduced significantly.

Some of our major programming has focused on reducing State Psychiatric Hospitalizations and community crisis events, in addition to stabilizing our provider community these past three years. Since 2006, Durham County has reduced State hospital admissions by 61%, and is now below the State average. This could not have been accomplished without services such as the Durham Center Access crisis facility, mobile crisis, housing supports, peer services, medication programs, rapid response homes for children/youth, respite services for those with developmental disabilities, and other wrap-around services that bridge some of the gaps while individuals are transitioning from hospitalization to the community.

You will find that the State Psychiatric Hospital admission rates and crisis center episodes have continued to decline over the past three years and Durham has one of the lowest rates of emergency room visits in the State at this time. This indicates a move in the right direction toward stabilization of services. I have every confidence that The Durham Center will meet most expected projected outcomes recommended by community stakeholders and as set forth by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS).

Although we experience ongoing challenges with today's economical environment, we will proceed with streamlining systems and partnering with community agencies to meet the needs of our consumers and families based on input and feedback received during this strategic planning process.

The outlook for Durham citizens is brighter in many ways that it was a few years ago, even with the existing economy that still leaves many people strapped for resources. It is my pleasure to present to you this strategic plan as the system of care continues to increase quality of life of our citizens.

Sincerely,

Ellen S. Holliman

Contents

Introduction	5
Where we are Now:	6
Progress from the FY 2007-2010 Plan.....	6
Outcome One: Youth served by The Durham Center’s providers are ready for and succeeding in school	6
Outcome Two: The Durham Center’s consumers are healthy.....	6
Outcome Three: The Durham Center’s consumers have access to adequate, safe and affordable housing.....	10
Methodology for Obtaining Data for this Strategic Plan	11
Strategic Planning Team:	11
Data Collected:.....	12
Internal Data	12
Secondary Data	12
Feedback from Consumers, Family Members, Stakeholders, and Staff	12
Quality of Life Surveys.....	12
Focus Groups.....	12
Results:.....	13
Survey Responses.....	13
Durham Strengths, Needs, and Gaps.....	13
Strengths.....	13
Service Gaps.....	14
Disability-Specific Findings.....	15
Adult.....	15
Adolescent	15
Developmental Disabilities	15
Quality Improvement.....	15
Providers	16
LME	16
Discussion	16
Prevalence of Disabilities in Durham County.....	16
Survey of System Needs.....	17

Adult Behavioral Health Quality of Life Surveys:	18
Adolescent Behavioral Health Quality of Life Surveys	20
Adults with Developmental Disabilities Quality of Life Surveys	21
Themes in Focus Group Responses.....	23
Quantitative Data through the Second Quarter of FY 2009-2010.....	24
Quality Improvement.....	28
Strategies	29
References	36
Appendices.....	38
Appendix 1: Strategic Planning Team	38
Appendix 2: Survey of System Needs	39
Appendix 3: Development of Quality of Life Surveys	40
Appendix 4: Focus Groups	43
Appendix 5: Survey of System Needs Results	44
Appendix 6: Adult Quality of Life Survey Results.....	49
Appendix 7: Adolescent Quality of Life Survey Results	53
Appendix 8: Adults with Developmental Disabilities Quality of Life Survey Results	57
Appendix 9: Focus Group Responses.....	60
Appendix 10: Graphs for Internal Quantitative Data.....	63

The Durham Center FY 2011 – 2014 Strategic Plan

Introduction

The Durham Center is presenting this Strategic Plan for the next three-year planning phase of FY 2010-2011 through 2013-2014 (July 1, 2010 through June 30, 2013). This plan starts with a foundation on data from a comprehensive Gap Analysis/Needs Assessment conducted in 2009 consisting of community-wide participation from consumers, family members, service providers, and partnering agencies providing feedback about mental health, developmental disability and substance abuse services in Durham County. To augment this planning process, surveys, quantitative data, and focus groups were utilized to gather information in three specific areas:

- Access to mental health, developmental disability, and substance abuse services
- Quality of these services
- How these services meet or do not meet the needs of consumers in multiple life domains

This document indicates progress made since March 2009 and re-assesses the current needs in our community to facilitate the development of a comprehensive roadmap for the next three fiscal years. This “roadmap” is The Durham Center’s Strategic Plan and accompanies the next three year plan as a set of projected objectives and benchmarks with strategies to meet needs identified. This is a living document that will be updated each year with data collected on an ongoing basis.

Where we are Now:

Progress from the FY 2007-2010 Plan

The Durham Center completed the FY 2009-2010 Annual Needs Assessment in March of 2009. The new assessment provided updates on FY 2008-2009 recommendations and outlines needs identified by available data. The Durham Center continually engages in numerous activities to ensure that improvements are being made in the areas that were recommended in the Gap Analysis/Needs Assessment from FY 2008 – 2009 and will strive to work toward the recommendations from the FY 2009 – 2010 Needs Assessment.

The recommendations are consistent with the Imagine Durham (Results-Based Accountability) goals. Below are some brief highlights of those activities.

Outcome One: Youth served by The Durham Center's providers are ready for and succeeding in school

➤ **Progress toward recommendation to increase prevention and early intervention services:**

- TDC contracted for evidence-based educational and parenting curricula (contracted through Exchange Club's Family Center and Partnership for Drug-Free NC) to prevent substance abuse and youth access to tobacco. Contractors served 271 youth and parents in ongoing education in the first six months of FY 2009-2010.
- Durham Inclusion Support Services was contracted to provide consultation and training to day care providers regarding inclusive considerations for children with developmental disabilities. The program successfully reached over 475 individuals.
- Partnering with early childhood agencies through the Durham Council for Children with Special Needs to streamline transition between the Infant Toddler Program (CDSA) and entrance to school (ages 3-6 years) to develop and address gaps in mental health services by the development of the early childhood provider network.
- The Prevent Now Initiative began in the 4th Quarter of FY 10, a partnership of community leaders and members along with Darkness to Light, to expand child sexual abuse prevention from a training-only model to a community-wide awareness and prevention model. Reducing incidents of child sex abuse are expected to decrease community costs of trauma and other mental health services for youth.

Outcome Two: The Durham Center's consumers are healthy

➤ **Progress toward recommendation to develop more specialty services across populations (particularly, dual-disorder services):**

- Through the residential transition process across the state, the Durham System of Care Coordinator has noted a need for more dual-diagnosed services, including community based interventions as well as residential facilities to address co-occurring

-
- needs (primarily mental health along with developmental disability and sexually reactive issues). Durham has hired a recidivism coordinator to review services for individuals who have multiple hospitalizations in order to determine the appropriate types of services that would prevent re-hospitalization.
- Additional needs identified for youth are residential crisis-stabilization (non-hospital based) and substance abuse treatment. Vision Quest was awarded a contract in July of 2009 to operate the residential substance abuse treatment and can serve up to five boys at this time.
 - Expanded crisis services:
 - Mobile Crisis Team – responds to psychiatric crises in the community and at schools;
 - Psychiatric Walk-In – provides face-to-face assessment and intervention, and linking with community services. 100% of these consumers during this year were diverted from admission to a State hospital.
 - Central NC START (Systemic, Therapeutic, Assessment, Respite and Treatment), support services for adults with developmental disabilities and challenging behavioral issues, served 136 individuals in the 25-county region during the 3rd quarter of FY2009/2010.
 - Purchased additional treatment slots for ACTT (Assertive Community Treatment Team) and IDDT (Integrated Dual-Disorder Team) services for individuals with severe, complex, and co-occurring needs.
 - Created additional employment supports for individuals with developmental disabilities. Supports include an internship program (“Project Search”) and employment co-op (“Time Banks”).
- **Progress toward recommendation for continued development of a full service array for all disability services:**
- The Community Activity & Employment Transition (CAET) Services School to Work service definition was approved by The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), continuing the transition from A.D.V.P. (Adult Developmental Vocational Program) services to CAET services in April 2010. This will allow for new individuals to be served with current budget constraints in place.
 - An array of best practice services for adult consumers without Medicaid who need mental health services was implemented. These services include peer supports, wellness management, best practice therapy models such as Seeking Safety and Dialectical Behavior Therapy, and permanent housing.
- **Progress toward recommendation to improve quality of providers (specifically workforce development, communication, collaboration, coordination)**

-
- Continued Technical Assistance Teams for newer services to improve quality:
 - Adult Dual-Disorder (substance abuse & mental health) Intensive Outpatient and Opioid Treatment Programs
 - Substance Abuse Brief Intervention and Intensive Outpatient Program
 - Child Wraparound Initiative (CWI) – Expanding length of time for the current CWI package to allow for more comprehensive service delivery and additional evidenced based practices.
 - An Adolescent Residential Substance Abuse Treatment Program, implemented in December of 2009.
 - Coordination with early childhood partners (Durham Public Schools, Child Development Services Agency, and the Durham Partnership) to develop the network of mental health and service providers focusing on early childhood (ages 3-6 years) for targeted services, specifically, training and technical assistance in order to improve early identification, care coordination, and linkage to support.
 - Quarterly Assertive Community Treatment Team (ACTT) meetings and technical assistance were held to improve communication between The Durham Center LME and providers, as well as to offer training and support.
 - Continued support was provided by TDC staff to increase referrals by 24% for the Work First-Child Protective Services-Substance Abuse Initiative.
 - Continued to improve professionals’ knowledge and skills related to substance abuse treatment by providing 12 hours of training and 9 months of coaching/mentoring on Motivational Interviewing, a best practice technique to engage individuals in substance abuse treatment.
 - A revised process was implemented for monitoring and improving provider compliance with NC-TOPPS (State outcome reporting system) requirements. The Durham Center held several NC-TOPPS training for provider agencies. With The Durham Center’s intervention, NCTOPPS submissions that were out of compliance dropped 99.2% (from 1,060 to approximately 8) between September of 2009 and May of 2010.
 - Training was offered on the Seeking Safety Curriculum (Evidenced Based Practice effective for people with co-occurring substance use disorders and Post Traumatic Stress Disorder (PTSD)/trauma history) to providers and selected IPRS (State funding source) providers of service.
 - Ten (10) supervisors from public and private agencies completed a Train-the-Trainer Series on System of Care (SOC) training. For the FY 2009-2010 (3 quarters), SOC trainers were able to conduct 16 training sessions with a total of 316 participants. Child mental health providers partnered with “Darkness to Light” to provide Stewards of Children training for preventing child sexual abuse in our community.
 - A tracking tool was developed to help monitor residential placement changes and improve communication between SOC staff in care coordination.

➤ **Progress toward recommendation to develop public awareness (including public education) of resources, information and access:**

-
- The Durham Center, as part of the Partnership for Healthy Durham Substance Abuse Committee, organized the Fourth Annual Recovery Celebration at Durham Central Park on September 25, 2009. Over 300 people attended the event, which included a variety of entertainment, including a blues trio, an acoustic guitar performer, a recovery-themed gospel rapper, and a Mexican folk dance troupe, and a catered meal. Over 35 local providers and other community agencies displayed information about the services offered. Durham Mayor Bill Bell and County Commissioner Becky Heron welcomed and encouraged those attending.
 - The Durham Center co-sponsored a community screening of the film *Brushes with Life Art, Artists, and Mental Illness* (a documentary focusing on the Brushes with Life STEP (Schizophrenia Treatment and Evaluation Program) Art Gallery at UNC Hospital).
 - Presentations were provided to parents of children with developmental disabilities, which included an overview to Hispanic parents of children with Autism.
 - Purchased movie theater on-screen advertising; dynamic, anti-stigma messaging to a very diverse audience; in 16 Wynnsong theaters from 10/08-3/09.
 - Purchased advertising on several billboards and water bill inserts (mailed to 70,000 water bill customers), with anti-stigma messages about how to access services, the second half of 2008
- **Progress toward recommendation to include family and natural supports in the treatment process:**
- Outpatient substance abuse services continue to provide education to family members of consumers and individuals waiting to enter services.
 - The Durham Center sponsored skill building training for direct care staff on Working with Chemically-Dependent Families.
 - Funding was provided for the last quarter of FY2009/2010 and into FY2011 for future planning services for families of individuals with developmental disabilities living in institutional or community settings to include workshops on special needs trusts, alternatives to guardianship, and access to personal social networks.
 - Start-up costs were provided in FY 2010 and will continue into FY 2011 for the implementation of Timebanking. Timebanks are designed to mobilize groups of people to use their time and talents to help one another through the use of Time Dollars. Members earn Time dollars for skills provided and use their time dollars when they have a need. Focus will be on including the gifts and talents of people with disabilities but will be open for membership to the broader community as well.
- **Progress toward recommendation to improve feedback mechanisms for consumers and families:**
- Members of the Durham Consumer and Family Advisory Committee (CFAC) served on the following committees and workgroups of The Durham Center: Strategic

-
- Planning Team, Program Development and Advisory Committee, Human Rights Committee, Area Board, and the Quality Management Committee.
- Adult Dual-Disorder (substance abuse & mental health) Intensive Outpatient Program implemented pre and post outcome surveys for consumers to offer feedback on service effectiveness.
 - A Quality of Life survey was conducted in the spring of 2010 with consumers and families of adults and youth with mental illness, substance abuse and developmental disabilities issues. These data are presented in this strategic plan. More instruments such as these will be used to quantify how individuals are doing and if their lives are improving based on services they receive.
 - Sixteen focus groups, to provide input into Strategic Plan, were held in the spring of 2010 consisting of consumers and family members, to include the Durham Alliance for the Mentally Ill.
- **Progress toward recommendation to increase partnerships with community-based organizations to support needs of consumers and increase use of community resources**
- TROSA and Healing with CAARE were awarded grants by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) late last year. The Durham Center referred 130 individuals in need of treatment to the CAARE program since its opening in February of 2009.
 - The Durham Center partnered with Durham Housing Authority and Housing for New Hope to receive a \$300,000 federal Housing & Urban Development grant to provide rental assistance and supportive services for families headed by an adult with a disability and permanent housing for individuals with severe and persistent mental illness.
 - The Durham Center and System of Care staff continued participation in workgroups that submitted and were awarded planning grants by the Duke Translational Medicine Institute including:
 - Rethinking Pain – A collaborative approach to address the relationship of pain, substance abuse, and psychiatric illnesses.
 - Adolescent Health Initiative – Developing a medical home model to connect and improve adolescent physical and mental health services. The Durham System of Care Coordinator has been the Community co-lead for this project.
 - TDC has partnered with the Durham Community Health Network to coordinate referrals for people with co-occurring medical and behavioral health problems.

Outcome Three: The Durham Center's consumers have access to adequate, safe and affordable housing

➤ **Progress toward recommendation to address the basic needs of consumers (housing, transportation, income/employment, and integration of medical care with services):**

- TDC staff have continued to participate in the Disabilities Benefits Workgroup to develop strategies to accelerate the process for consumers receiving disability benefits with several community partners, such as the Duke University Health System, a disability attorney, and the Lincoln Community Health Center.
- Continued activities to promote permanent supportive housing options (Shelter Plus Care, Targeted Units) among providers through the System of Care Housing Committee.
- Housing supports have assisted over 531 individuals at risk of homelessness so that consumers can enter or maintain housing with short-term rental, security deposit, and utility deposit assistance for the past 18 months.
- Continued Transition-Age Care Reviews to identify needed services for youth ages 16-18. The team includes employment agencies, adult serving agencies, and independent living resources. This review group has restored the System of Care Linking to Adult workgroup to address specific gaps with this age group, including holding Care Reviews at Durham Public Schools where the youth is attending.
- Continued partnering with community programs to address homeless youth. This includes a new youth shelter which is awaiting final Department of Social Services licensure and a child Program to Assist Transition from Homelessness (PATH) provider for additional outreach and collaboration among youth services.
- Continuation of involvement with the Adolescent Health Initiative steering committee to enhance the health of adolescents in Durham County by coordinating and building upon existing resources, and promoting adolescent-specific education and services.
- A Job Development and Training program was funded to encourage creative employment options in the Durham community. There was a 32% increase in employed individuals with Developmental Disabilities in FY 2009-2010.
- Project SEARCH was funded with start-up costs to continue into FY2011. Project SEARCH is an internship program for secondary students with Developmental Disabilities in their last year of school. The internship business site hires these students upon leaving the school setting.

Methodology for Obtaining Data for this Strategic Plan

Strategic Planning Team:

The Durham Center assembled a team of Area Board members, Consumer and Family Advisory Committee representatives, and staff to advise and guide this strategic planning process. For a full list of participants, see *Attachment 1*.

The Strategic Planning Team provided guidance on methodology, timelines, and tasks, and reviewed results of feedback and drafts of the plan.

Data Collected:

Internal Data

Data were collected from multiple internal sources, such as fee-for-service authorizations and billing, screening information collected in the NetSmart (utilization management) database, and programmatic reports from providers submitted directly to Durham Center staff.

Internal programmatic data were collected and analyzed on a regular basis by the five Best Practice Specialists (Adult Mental Health, Substance Abuse, Child Mental Health, Developmental Disabilities, and Housing) and System of Care staff at the Durham Center. Additionally, data on crisis and hospital services have been collected by the Quality, Research & Development Department of The Durham Center. These data were presented to the Strategic Planning Team and incorporated into the needs and gap analysis below.

Secondary Data

Secondary data consist of information collected by sources outside of The Durham Center; including reports generated by the State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) such as Community Systems Indicators and NC-TOPPS, studies conducted by other organizations (such as the Substance Abuse Baseline Study, conducted by the Duke Center for Child & Family Policy), and national and county estimates of prevalence and needs.

Feedback from Consumers, Family Members, Stakeholders, and Staff

Surveys of System Needs (Provider, Partners, LME Staff)

Surveys (see *Attachment 2*) were created using the Survey Monkey tool adapted from the *Community Needs Assessment*, by the National Consumer Support Technical Assistance Center¹. Letters with instructions were emailed to providers and partner agencies the first week of March 2010 and disseminated at meetings throughout March and April 2010. LME staff was emailed the survey link and instructions on March 11, 2010.

Quality of Life Surveys

There has been an increasing acceptance that it is important to obtain first-hand input from consumers when attempting to evaluate their quality of living. A review of the literature supports the life tenet that one of the ways to demonstrate improved quality of treatment is by demonstrating improved quality of life (QOL) of persons served rather than just focusing on symptoms and behavioral indicators. In addition, evaluation of a consumer's QOL can provide information useful in identifying specific areas in which programs and services can be enhanced. See *Attachment 3* for more information on methodology.

Focus Groups

Staff from The Durham Center and System of Care volunteered to facilitate and record focus groups. The Quality, Research & Development Department of The Durham Center

conducted training for volunteers. Facilitators used the same list of questions (see *Attachment 4*) for all groups.

Results:

Survey Responses

Survey of System Needs: The Durham Center received 123 responses with over 50% from provider agencies.

Quality of Life Surveys: The Durham Center received 270 Quality of Life Surveys: 42 from adolescent consumers, 179 from adults receiving substance abuse or mental health services, and 49 from individuals, or representing individuals, with developmental disabilities. The number of surveys received from consumers increased over last two years.

Focus Groups: A total of 16 groups were conducted from March to April 2010, representing all three disability areas and age groups (list of groups in *Attachment 4*). Approximately 220 people participated in the focus groups.

One focus group was open to the public—the Town Hall meeting, which took place on March 21, 2010. Participants self-selected one of three groups—adult services, developmental disability services, and adolescent services. A total of 20 people attended the Town Hall meeting.

Responses were evaluated by grouping like responses into major themes. The frequency of the responses was recorded by disability group represented and the number of times a participant voiced the comment.

Durham Strengths, Needs, and Gaps

Strengths

The findings suggest a number of strengths in the management, service array, and quality of services offered by The Durham Center and its provider network:

- Access to all disability services;
- Timely engagement of consumers in mental health and substance abuse services;
- Integrated mental health and substance abuse treatment services;
- Choice of providers for personal care and mental health outpatient therapy;
- Availability and accessibility of education, screening/assessment, and outpatient therapy;
- Array of crisis services for adults, including a facility-based crisis center for Durham County and several regional crisis services—mobile crisis, emergency psychiatric and medication services, and NCSTART;
- Recreational and social activities and safety of housing for individuals with developmental disabilities;
- Loving and healthy relationships with others; and

-
- Consumers, who completed the surveys, reported feeling happy with their mental health services.
 - Positive outcomes for individuals who remain engaged in services for at least 3 months.

Service Gaps

While we celebrate the strengths, we also need to identify and address gaps in services and areas of concern. The two primary gaps in all disability areas are:

- Housing – Lack of affordable, accessible, and safe housing remained a constant theme in the findings. Many of our consumers, particularly those with mental health and/or substance use disorders, have poor credit or criminal histories or no income, major barriers to signing a lease or obtaining a mortgage. Of particular concern are consumers on opiate replacement therapy (i.e. methadone, suboxone) who are often ineligible for many residential placements such as halfway houses and three-quarter houses. Data from the consumer surveys indicated that individuals in more stable housing are less likely to be admitted to the hospital and other crisis services. Homelessness in Durham continues to be a significant problem for Durham County. The overall number of homeless people counted in Durham increased 26%, from 535 to 675 people, between 2009 and 2010. This significant increase was not unexpected, especially in light of a local unemployment rate that more than doubled between December 2007 (3.9%) and December 2009 (7.9%). [Council to End Homelessness, 2010] However, this year's count showed significant decreases in the homeless subpopulations: chronically homeless, mental illness, and substance abuse.¹ The number of chronically homeless individuals decreased by .7%, individuals diagnosed with a mental illness decreased by 2%, and individuals diagnosed with substance abuse disorder decreased by 21%. Part of the decrease maybe due to reliance on self report data, while, other factors may be due to collaborations between County government agencies, City government agencies, and local shelter & housing agencies. The inventory of emergency and transitional shelter beds has increased in an effort to meet the increased demands. It is also significant to note that the supply of permanent supportive housing has increased 150% in just three years, from 65 beds in 2007 to 163 beds in 2010. In 2010, 141 formerly homeless persons were in permanent supportive housing, compared to just 76 persons in 2008 [Council to End Homelessness, 2010]. Additional sustainable housing is needed to support individuals with disabilities.
- Employment - Adults with disabilities are much more likely to struggle with finding employment. Results suggest an increase in employment, supported employment, job training, and job placement services for consumers.
- Crisis services for youth – Even though The Durham Center has a well-developed system of crisis services for adults, we recognize the gaps in services for children and adolescents and room for improvement in reducing repeat admissions to the state hospitals. Focus Group participants, providers, partners, and consumers indicated the lack of juvenile crisis beds as one of the most pressing needs in our community.

Additional gaps identified in the data include:

- Continued expansion of early intervention/early childhood mental health services is fundamental to preventing and reducing emotional disturbance and substance abuse

among our school-aged and transition-aged youth. This would require additional training to enhance the number and quality of early childhood mental health providers;

- Added support, intervention and training for parents/guardians and family members to assist them before the issues escalate into requiring out of home placements, social service, and juvenile justice involvement and to provide ongoing support in caring for a child with disabilities; including education on talking and positively interacting with adolescents;
- Access to psychiatrists and medication management and education services continue to be a significant concern for adult consumers with mental health issues. Access to psychiatrists in this area is difficult not only for indigent consumers but also those consumers with only Medicare coverage;
- Sex offender treatment;
- Trauma-focused care;
- Eating disorder treatment;
- Treatment focused on special needs of gays/lesbians and Spanish speaking populations;
- Recreational activities, educational, and internship assistance for youth to prevent problem behaviors;
- Improving access to transportation.

Disability-Specific Findings

Adult

Although Durham's adult mental health and substance abuse treatment system has a number of strengths, findings from this year's assessments indicated a continued service need for mentally ill consumers involved with the criminal justice system, an expansion of substance abuse residential treatment, and services for transition-age young adults (18-24).

Adolescent

Youth receiving substance abuse treatment services are more likely to be out of school and need the appropriate services to re-engage in education. NCTOPPS data for youth with mental health disorders, however, tell a different story. Fewer youth than state average are suspended or expelled when they enter and leave treatment, which suggests that services in or closely collaborated with schools may assist in engaging youth.

Developmental Disabilities

The data suggested several areas in need of improvement: limited self direction in daily activities and housing, integrated mental health and developmental disability services, and cultural competence of child therapy services and assisting individuals with living in the community.

Quality Improvement

Along with service gaps and needs, consumers and stakeholders were asked to identify how providers and The Durham Center could improve the quality of services. The major areas are discussed below:

Providers

- Providers of developmental disabilities services have struggled to meet the state standards for engaging consumers within 14 days and retaining consumers for 45 days. The Durham Center's largest clinical home provider has now initiated an internal tracking system for new referrals, and other clinical homes are also developing methods for meeting these benchmarks. A differing benchmark standard is being developed for tracking for individuals with Developmental Disabilities by the Division.
- Concerns were raised by Focus Group participants about provider quality, particularly availability individual therapy, education about consumer rights, and providers' understanding and expectations of service requirements.
- Change the way individuals with disabilities, particularly those with developmental disabilities and substance use disorders, are treated. Show respect, praise accomplishments, and encourage self-direction and choice in care.
- Further study and monitoring of safety in group homes and assisted living facilities.

LME

Training for providers was often mentioned as a need in Durham County. TDC should consider creating a training plan to improve provider quality, understanding and implementation of service definitions, and awareness in the community about the mission and responsibilities of the Durham Center.

Along with training, results suggested:

- Strong leadership in reducing stigma associated with behavioral health and developmental disabilities.
- Continue to meet best practice standards set by accreditation bodies and requirements of Medicaid utilization review.

The Durham Center is embarking on creating a roadmap to incorporate feedback and input from this strategic planning process which will be delineated by the Vision, Mission, and Values already established for the LME. Goals were identified by the workgroup in the last session in April which will be incorporated into this roadmap by adding specific objectives, benchmarks, provider specific projected outcomes and, finally, strategies by the LME staff to ensure these indicators are met over the next three years.

Discussion

Prevalence of Disabilities in Durham County

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NCMHDDSAS) calculates the number and percentage of individuals with the behavioral health disorders and developmental disabilities using national survey estimates (NC

Department of Health & Human Services (May 2010).¹ For Durham County, NCMHDDSAS estimates that the following individuals need treatment or support:

Substance Abuse: Adult – 17,844 (8.32% of population), Adolescent – 1,390 (6.79% of population)

Mental Health: Adult – 10,774 (5.4% of population), Child/Adolescent – 6,587 (12% of population)

Developmental Disabilities: Adult – 1,647 (an estimated .8% of population), Child/Adolescent – 1,770 (an estimated 2.79 % of population)

Of those individuals needing services, an estimated percentage, different for each disability and age group, are expected to present in the public system. The state holds Local Management Entities (LMEs) accountable to meeting the benchmarks for treatment access. The Durham Center (TDC) consistently exceeds the minimum standards:

Developmental Disabilities: In FY 2009, the statewide goal for meeting the needs for services for individuals with developmental disabilities was 36% for adults and 19% for children. The Durham Center exceeded these goals during FY 2009, meeting the needs of 38% of adults and 23% of children with Developmental Disabilities.

Mental Health: The state target for treatment prevalence is 40% for adults and 38% in FY 09 and 47% or higher in FY 10 for children with mental health disorders. Durham Center providers served an estimated 43% of adults in FY 09, which increased 20% to 52% in FY 10. 3,967 children with emotional disturbance in Durham County received services in the 3rd Quarter of FY 10, an estimated 60% in need of treatment.

Substance Abuse: The state set a goal that 6% of youth and 8% of adults needing substance abuse treatment should present in the public mental health system for services. Durham Center providers served an estimated 11% - 13% of youth needing treatment in the last two years, one of the highest rates in the state. For adults, the percentage served in Durham increased 37% from 8% in 2007 to 11% in the 3rd Quarter of FY 10.

Summary of Survey of System Needs

While state-reported data suggest that access to services are a strength for The Durham Center, TDC decided to ask our providers, LME staff, and community partners about their experiences in assisting consumers with services. Respondents were asked to rate a list of services based on their availability, cultural competence, and choices of providers. Respondents were not chosen at random, and, thus, their views may be representative of the entire community.

The most frequently cited responses in each area are as follows:

Accessibility of Services

¹ Sources include the National Survey of Drug Use and Health (2006 & 2007), US Department of Health & Human Services Surgeon General Report (2001), and a report by NRI/SDICC for CMHS, July 13, 2009 for the MH Block Grant.

The majority of respondents relate limited to no accessibility of safe, affordable housing (77%), community re-entry programs for individuals leaving institutions (69%), substance abuse residential supports (66%), transportation (63%), and trauma-focused services (60%).

Availability of Services

The majority of respondents relate limited to no availability of safe, affordable housing (80%), jail diversion programs (74%), community re-entry programs for individuals leaving institutions (69%), integrated services for individuals with mental illness and developmental disabilities (65%), and substance abuse residential supports (61%),

Choice of Providers

A majority of respondents perceive or have experienced a lack of choice of provider to the services mentioned. These findings mirror Durham Center contracts management data which indicate few choices of providers for crisis services (2 providers), housing supports (4 providers), and substance abuse residential services (3 providers).

Cultural Responsiveness in Services

Respondents for the most part do not perceive adequate culturally responsive services in the community. Those services most frequently indicated as having no or limited cultural responsiveness included community re-entry programs, transportation, services to help individuals with developmental disabilities live in the community, therapy services for children with developmental disabilities, alternatives to hospitalization, affordable housing, and integrated MI-MR services.

Summary of Perceived Service Gaps by Community Partners, Providers and LME:

Several service themes were reported as the greatest needs across disability and age groups: **safe and affordable housing, services to divert and treat individuals involved in the criminal justice system, substance abuse residential services, transportation, integrated mental illness and developmental disability services, and trauma-focused care.**

For a full list of responses to the Survey of System Needs, see *Attachment 5*.

Summary of Adult Behavioral Health Quality of Life Surveys:

Quality of Life Surveys completed by adults with mental illness and/or substance abuse disorders:

Due to housing being a major issue for individuals with behavioral health disorders, individuals completing the survey were asked to indicate their living situation. The majority were in stable housing (i.e., their own home, with family, assisted living or a group home) at approximately 79%. The remainder appeared to be living in tenuous living arrangements with 6% in a homeless shelter, 6% living on the streets, and 11% in temporary living arrangements. Summaries of responses are below (a full list of responses is available in *Attachment 6*):

Individuality

Although these responses are certainly positive in many ways, there is still concern for people who only sometimes feel good about their individual choices.

Feelings of Independence

While many people stated they feel independent most of the time, another 30% feel they can sometimes be independent. This can certainly be a direct correlation to the level of their illnesses and capabilities, but it could be an indicator of their opportunities (or lack of) for recovery. The outlier needing attention here regards employment, in which only a third of respondents stated they were employed where they wanted to be and another 31% stating *never*, which could be an indicator that they want to be employed and are not. Independence is a strong marker for wellness and recovery, even if it is subjective. Therefore, the area of enhancing independence should be a priority among the community and the LME.

Relationships with Others

Most people surveyed seem to have good relationships with others and enjoy being around them. A concern in this category regards respect—32% only sometimes feel respected and 9% do not feel respected at all. Stigma against people with behavioral health and other disabilities is still a community concern and should continually be addressed.

Feelings of Accomplishment

Feelings of accomplishment include being able to enjoy one's life, to do things for others, and having lives that are interesting. In addition, people feeling that they can choose their behavioral and health care services is important for self-esteem and accomplishment as well. An average of 11% of individuals in this cohort indicated they never have feelings of accomplishment in these ways, which indicates that this should be a focus on future planning of services. An indicator of wellness and recovery is being able to enjoy one's life, to make choices about care, and to be able to do things for others.

Civil Rights

Although the majority of individuals indicated they know their civil rights and how to file a complaint, there is at least one third of the respondents who do not overall. The question of feeling respected was asked here in a different context from the other question about relationships, and although the rate was higher in this instance, it is still a concern.

Feelings of Safety

While the majority of individuals surveyed indicated they feel safe with the people they are closest to and in their homes or where they live, there were a few people who indicated they never feel safe. A cross-tabulation showed that individuals who felt the least safe were people living in the assistive living category.

Health and Wellness

The majority of individuals feel that their health and wellness is going rather well and most see a physician for a check-up at least annually. Fewer people are happier with their health services than their mental health services. In addition, it appears many people could use some assistance with their medications to ensure they are working well for them. Although many people are happy at least sometimes with their lives, there is more that can be done to improve this

indicator. Leisure activities appear to be an area more support could be afforded, as well as finding out what else could be done by TDC and the provider community to help people feel better about their lives.

Emergency Room and Hospital Events in the Past Year

Thirty seven percent (37%) of individuals in this cohort have been hospitalized at least once in the past 12 months, with 42% of this group visiting an emergency room at least once in the last year for behavioral health reasons. This indicates that with this sample of individuals, although most have not used crisis services, over 40% are still using emergency/crisis services. Results indicated a direct correlation between lack of stable housing and crisis services; meaning that the less stable the housing, the more likely individuals will access emergency services. This reveals a high indication of need for more stable housing (permanent with supports) in the Durham community for people with behavioral health disorders.

Major Themes in Comments by Respondents:

- Keep doing what you're doing
- Housing or more stable housing is needed
- Need more sincere providers
- Want to see the psychiatrist longer
- Offer more jobs/employment
- Treat me as a person

Summary of Adolescent Behavioral Health Quality of Life Surveys

Quality of Life Surveys completed by adolescents with mental illness and/or substance abuse disorders:

The Adolescent QOL was completed by 42 teens, with 57% of them male and 43% female. The majority (64%) were African-American, 14% white, 12% Latino, and the remainder either multi-racial (7%) or Native American (2.4%). These demographics match rather closely those being served by Durham County providers. Thirty nine percent (39%) were ages 13-15, 27% were 16-17 years old, 17% were 12 years old, and 17% were ages 18-21. Summaries of responses are below (a full list of responses is available in ***Attachment 7***):

Relationships with Others

Most of the responses to these questions fit with what average teens experience and/or feel about themselves (Erikson, 1982). Areas of concern are that over 20% of respondents stated they can never talk to their parents or guardians about things, which could be that their parents/guardians are not around due to being in a group home or other living situation, or that they do not have a good relationship, which is a possible indicator of parent/child relationship issues. Approximately 18% of respondents stated that their parents/guardians never spend time with them, another possible indicator of parent/child relationship issues.

About my Feelings

Some indicators of well being are sleeping well, feeling confident and controlling anger. About 10% of this group indicated they never sleep well and 15% said they can never control their anger. Certainly, these responses are not a surprise, since the youth are in treatment for behavioral and emotional issues; however, these outliers can be indicative of treatment or therapeutic practices that could be improved.

Feelings of Accomplishment

Accomplishments and being rewarded help people feel wanted and needed, and add to feelings of self-worth. Feelings of self-worth are important in individuals becoming self-actualized in which they will enjoy being active participants in society (Bandura, 2007). It is evident from the results in this cohort that many of these teens are lacking in these areas. This should be a focus in strategic planning for the next several years.

Making Choices

The majority of teens perceive they can make their choices at least some of the time. Fifteen percent (15%) of the youth in this cohort said they can never make choices at home. It is unknown at this time what this may be reflective of, other than some parenting styles possibly being more restrictive. Good decision making is an indicator of positive self-esteem and guidance. Only half of the group said they always or almost always make good choices. This can be reflective of the home environment, e.g. guidance and the ability to choose.

About My Health and Activities

Fitness and activity levels are an indicator of overall well being. Of concern in this group is that many of the teens have aches and pains at least some of the time and 17% indicated most of the time. This is an indicator that will be looked at more closely over the next two years.

Health and Wellness

Although a high percentage of youth indicated they are satisfied with their mental health providers, a smaller percentage that receives developmental disability or substance abuse services indicated they are satisfied or that the services meet their needs. Of considerable concern is that 2 individuals stated they sometimes experience abuse and neglect and 2 individuals stated they always experience abuse and neglect. While this was a confidential and anonymous survey, in the future TDC will be linking responses to specific provider agencies in order to follow up if a particular provider agency presents with themes from respondents. Also of note is the majority of youth in this cohort who do not feel that life is going right for them, which is an indicator that needs further attention.

Feelings of Safety

Of concern in this group is that many of these youth do not feel safe in their homes, neighborhoods or schools. This warrants a closer look by TDC with youth receiving Durham County behavioral health services and finding out what is causing them to feel unsafe.

Summary of Adults with Developmental Disabilities Quality of Life Surveys

Quality of Life Surveys completed by individuals with developmental disabilities and/ or their parents, family members, or advocates:

49 individuals with developmental disabilities completed surveys, either on their own or with the help of a parent, guardian or other individual of their choosing. Forty five percent (45%) completing surveys were the consumers, 23% were parents, 8% were guardians, 13% were chosen by the individual to fill out the survey, and 11% were completed by “other.” Summaries of responses are below (a full list of responses is available in *Attachment 8*):

What I can do

One interesting artifact of the data shows that those most satisfied with the person handling their money were also ones who had a guardian or other person completing the survey for them. It is clear from these data that the individuals in this cohort are not highly satisfied with employment and being able to do what they need to or want to. This should be investigated further among service providers and the individuals in a more focused study.

Individuality

While there were a lot of favorable responses regarding individuality for this population and cohort, it is concerning that fewer like what they do every day, and several do not feel they can live where they want to. These data corroborate with the focus group responses about lack of choices for people with developmental disabilities. This should be a focus for the strategic plan regarding enhancing individuals’ lives where possible.

Who I Like

Answers in this category of *who* individuals with developmental disabilities like were quite favorable; therefore indicating that they often have people around them who support them and that they like being among. This information should be utilized to facilitate strategizing on other aspects of people’s lives that could be enhanced; in other words, tapping into this supportive network to determine options in the other areas that are deficient for people with developmental disabilities.

What Others let Me Do

It appears from these responses about freedoms and respect that some changes need to be made. Respect and dignity are of uppermost importance to TDC in regard to how people with disabilities are treated. This is a common theme among all of the population groups surveyed.

How I Feel

Overall, the responses to how individuals in this group feel about themselves are favorable. However, there are some concerns about being happy and liking how people treat them as a whole.

What Makes Me Feel Safe

Most individuals have indicated they feel safe in their homes and with the people who care for them. However, there were 3 individuals who indicated they never feel safe with the people who care for them.

Major Themes in Comments by Respondents:

- More consistency in care/case management is needed

-
- Some people said they wanted to find a job
 - Some individuals stated they are happy and like their services
 - Treat people with dignity

Along with the Quality of Life surveys cited above, a sample of individuals with developmental disabilities are asked to respond to a national survey² with similar questions that rate performance of direct service providers (NASDDDS & HSRI, 2010). A greater proportion of Durham County consumers, as compared to consumers in other parts of the state, participated in social, religious, exercise, and recreational activities.

Summary of Major Themes in Focus Group Responses

Participants were asked for major treatment gaps, needs in support services, and how treatment providers and The Durham Center could improve services. Their responses were grouped into major themes (a full list of responses can be found in *Appendix 9*).

Gaps in services across all disability areas

Respondents cited several gaps in treatment services that cross and include multiple disability areas: services for specific populations (Spanish speakers, services for people recently incarcerated, crisis services for youth, and trauma counseling), short-term residential stabilization, and sex offender treatment.

Services that would positively impact lives of individuals served:

Employment, housing, and transportation remained as the most frequently cited adjunct services needed for Durham Center consumers. Participants in several groups suggested expanding peer supports in treatment services.

Participants suggested supports for younger and older consumers. For youth, recreational activities, anger management, training in trades and life skills, and mentoring were mentioned. More behavioral health services and in-home medical management were mentioned for seniors.

What providers can do to improve services:

Training of staff was the most popular suggestion by focus group participants. Additionally, participants recommended process changes to improve quality such as reducing delay to first treatment appointment, offering incentives for meeting benchmarks, using evidence-based models, and greater clinical oversight. Using more comprehensive, strength and wellness based models, including supporting family members, friends, and guardians.

What The Durham Center can do to improve services:

Like treatment providers, Durham Center was recommended to increase training opportunities. Other suggestions included raising awareness about the responsibilities of The Durham Center and services available, collaborating with other public and private agencies to develop other

² Survey tool used was developed by National Core Indicators initiative, a collaboration of National Association of State Directors of Developmental Disability Services (NASDDDS) and the Human Services Research Institute (HSRI).

needed services for consumers, holding providers accountable for improving quality of services, improving communication with providers, and simplifying rules and requirements for providers.

Summary of Quantitative Data through the Third Quarter of FY 2009-2010

Data was taken from a dashboard report created for Durham Center's staff and Board of Directors based on the previous strategic plan and Durham County's Imagine Durham (Results-Based Accountability) Initiative mentioned at the beginning of this report. On the pages that follow are a summary of the data from the report (graphs illustrating data can be found in Appendix 10).

1.1: Increased percentage of Child & Family Teams (CFTs) that meet Best Practice criteria³

Research shows that utilization of CFTs that follow Best Practice⁴ principles can have a positive impact on a child's academic performance:

Data from the System of Care office is available for FY 08:

- Of 2,581 youth served by The Durham Center providers in FY08 who were expected to have CFTs, 1,995 (77%) were reported by providers to have had CFTs.
- Of those 2,581 youth, 384 youth (15%) were identified as part of the Priority Population⁵.
- Of those 384 Priority Population youth, we received comprehensive, qualitative data about 360 CFTs (94% of total) coordinated for these youth during FY08.

FY 09 data is available from the Child Team (including System of Care Coordinator, Court Liaison, and School Liaison) at The Durham Center and represents a sample of the CFTs. Of the 313 CFTs attended in FY 09, **35%** (N=108) utilized Best Practice principles.

NOTE: The next assessment will be conducted in FY2011.

1.2: Decreased percentage of youth living in Non-Family Settings (Level 2 - Program Type, Level 3 and Level 4 Residential Services)

Serving youth in family-based settings can promote positive interpersonal relationships and support better recovery and adjustment. The Durham Center puts forth a strong effort to keep children in family-based settings with appropriate structured supports. The percentage for the entire state has decreased due to reductions in group home funding. Durham had the *best*

³ The youth assessed for each indicator below have been served by contracted provider agencies. The results below do not reflect outcomes for all Durham youth.

⁴ Best Practice: involvement of caregiver, two separate agencies, one community resource, and monthly meetings.

⁵ Priority Population: top 20% utilizers and/or receiving Multi-Systemic Therapy, Intensive In-Home services, and/or placed Out-of-Home.

performance of all LMEs during the first and third quarters of FY09 and continues to maintain a percentage lower than the state average.

1.3: Increased number of children served between ages zero and five

Early childhood interventions in a variety of physical and psychosocial domains are critical. The Durham Center plans to increase the number of children for whom we can help with initial identification of mental health issues and developmental disabilities and advisement on service decisions. Data shows a 42% increase in number of children with Medicaid served from FY 08-FY 10⁶.

1.4: Decreased percentage of youth missing school due to suspension

Children in Durham are missing school due to suspension at a similar rate to children across the State. Providers report decreases in suspensions after 3 months in services. On the other hand, adolescents needing mental health services are suspended at a rate higher than adolescents in other areas of the State. After 3 months in treatment, both Durham and State percentages dropped.

Durham youth with substance abuse diagnoses are much more likely to be suspended (57%), expelled (10%), or truant (43%) when they enter services than youth in other parts of the state (44%, 8%, 20%, respectively). The percentages of youth missing school decreased after 3 months of services.

Prevention

LMEs must expend at least 20% of substance abuse funding for prevention services. Programs funded by The Durham Center provide education to youth, information dissemination at events, recreational alternatives during the summer, and parenting education. Goals for each of these services include increased # served, delayed use of alcohol, and prevented use of other substances. Most individuals were served by dissemination of information about substances. This is due to one-time large-scale distribution of information at events. Most ongoing services are educational. About 1/3 of recipients are children or adolescents.

Early Intervention

Early intervention services target young children and/or individuals at risk of developing problem behaviors with the goal of mitigating the behaviors. The Durham Center funds an early intervention program to support children with developmental disabilities called Durham Inclusion Support Services. The program provided training to 357 individuals in schools and daycares, re-designing recreational activities to 99 programs, individual case consultation to support 50 youth ages 3-17, and workshops for 71 parents.

⁶ Data does not include children served by grant-funded (non-UCR) services, such as substance abuse prevention programs.

2.1: Increased percentage of youth with physical health rated as “good” or “excellent” by self or parent/guardian

Physical health improves, as reported by self or parent/guardian, after 3 months of service, although, it is slightly lower than the percentages reported by self or parent/guardians in other areas of the state. For adolescents with mental health and substance abuse diagnoses, Durham providers reported less of an increase than the State (in the 3 month time period) in the percentage of 12-17 year olds who rated their physical health as “good” or “excellent”.

2.2: Increased percentage of adults with physical health rated as “good” or “excellent” by self

There is an increase, from initial to the 3 month updates, in the percentage of adults who rated their physical health as “good” or “excellent”.

2.3: Decreased behavioral health admissions to Emergency Department (ED)

Durham maintained a lower rate of behavioral health (mental health or substance abuse-related) ED admissions than the State as a whole throughout FY09 and 3rd Quarter of FY 10. Durham’s rate for the 3rd Quarter was the second lowest in the state.

2.4: Decreased rate of State hospital admissions per thousand

Durham’s state hospital admission rate has been consistently higher than the rest of the state until the 2nd Quarter of 2010 (October to December of 2009), when it dropped to .26 per 1,000, below the state average rate of .37 per 1,000.

2.5: Increased State hospital diversion through Durham Center Access (DCA)

Consumers in crisis who present to DCA first, rather than to a local emergency departments, were more likely to be diverted from State hospitalization. On average, 50% - 80% of individuals presenting at DCA are diverted, as opposed to only 2 – 25% of individuals who present at emergency rooms.

2.6: Maintain at least 80% occupancy at Durham Center Access (DCA)

DCA’s short-term stabilization (1 – 14 day) beds maintained an average occupancy of 89% in the 3rd Quarter of FY 10, slightly higher than the overall average of 85%. An average of 53% of Crisis Evaluation & Observation (CEO-23 hour) beds in the 3rd Quarter were full, below the goal of 70% utilization, because the figure is calculated as an average utilization per month and not per day or hour. CEO utilization is 80% or above during overnight hours (approximately 8pm to 8am) but drops significantly during the day due to other resources being available, transition to short-term residential service and discharge to other services.

2.7: Increased timely engagement after State hospital discharge

The state-defined goal for timely follow-up (i.e., within seven days) of individuals discharged from State hospitals remains at 70%. Durham's rate of timely engagement rose in the last 12 months to 59% in the 3rd Quarter of FY 10 and is higher than the state average of 47%. Although no target percentage has been set by the State for follow up within 8 – 30 days, Durham has stayed relatively consistent with the State averages over the past 1 ½ years and increased slightly to 12% in the 3rd Quarter of FY 10.

2.8: Increased timely engagement after Alcohol and Drug Abuse Treatment Center (ADATC) discharge

Similar to the goal for psychiatric hospitals, the target percentage for timely follow-up (i.e., within seven days) with individuals discharged from ADATC is 70%, although the average is only 34%. As anticipated, after improved capacity to bill for county-funded substance abuse services and the efforts of the Hospital Committee and Hospital Liaison, Durham increased engagement by 234% from 20% in the 2nd Quarter of FY 09 to 67% in the 4th Quarter of the same fiscal year and has remained well above the state average at 44% in the 3rd Quarter of FY 10. 6% of Durham's consumers followed up within 8 – 30 days after discharge, slightly lower than the State average.

2.10: Increased percentage of performance contract outcomes met or exceeded

Each year a Performance Contract is developed between the Local Management Entities (LME) and NC DHHS. Each quarter the State provides a summary of LME status on critical measures (i.e., timely initiation and engagement in services and service to persons in need) and compliance in submitting required data/reports (Quarterly Incident Reports, NC SNAP). The number of outcomes Durham has met continued to rise since FY 08 to 91% in 3rd Quarter of FY 10. We will continue to pursue an overall rating of 100% over the next three years.

3.1: Increased number of individuals receiving housing assistance

Four different programs assisted The Durham Center consumers during FY 09 and FY10. The Independent Living Initiative (ILI), Projects for Assistance in Transition from Homelessness, and the Housing Support Team and Emergency Food & Shelter Program (EFSP) provided funding to ensure consumers had access to adequate, safe, and affordable housing. 328 individuals were assisted in FY 09 and 215 in the first two quarters of FY 10.

3.2: Decreased percentage of youth who report (or whose parent/guardian reports) being homeless or at-risk of homelessness

Fewer youth reported being homeless after 3 months of service, according to NCTOPPS surveys. However, the data may not accurately reflect the percentage of children and adolescents who are homeless or at-risk of homelessness in Durham and across the State. Unlike adults who may end up in a shelter or on the streets, children/adolescents often move from place to place staying with

relatives and/or friends. Due to the wording on the NC TOPPS this may get documented as living “in a family setting” rather than “homeless”. Despite these reported low numbers, child/adolescent homelessness is still a critical issue.

3.3: Decreased percentage of adults who report being homeless or at-risk of homelessness

According to NCTOPPS submissions, 10% and 14% of Durham adults (with mental health and substance abuse diagnoses, respectively) report being homeless or at-risk of homeless, a figure that is significantly higher than the State average of 6% and 5%. It also appears there is a 5% drop in those who report being homeless or at-risk at the 3 month updates suggesting that a large percentage found housing during these time periods. While the results are promising, they may be misleading. Due to the transient nature of individuals who are homeless, it may be more difficult to locate them at the time of update than it is to locate an individual who has stable housing. Therefore, homeless or individuals at risk of homelessness tend to be underrepresented in the update data.

Quality Improvement

The Durham Center LME embarked on several initiatives to improve management of services to our consumers. In 2007, NC DMHDDSAS contracted with Mercer Health & Benefits, LLC, to assess and report on the performance of Local Management Entities (LMEs). The Durham Center’s performance was rated as average. The report included a number of recommendations to improve overall performance, some of which TDC implemented. TDC will continue to incorporate recommendations and track progress in the attached Evaluation Plan.

Additionally, the state required LMEs to achieve national accreditation by December 31, 2009. TDC satisfied this requirement when it received 3-Year CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for Service Management Network in January 2009.

Strategies

On the following pages is The Durham Center's Strategic Plan for FY 2011-2014 based on the information provided in this report and other requirements such as: URAC accreditation standards, feedback from the MERCER report, status of the budget and finance report, information technology needs, Medicaid utilization management, and care coordination issues as identified by staff. The strategies incorporate Durham Center's Vision and Mission Statements:

VISION: The Durham Center values people with disabilities as equal partners in the community. We believe that the entire community benefits when individuals with disabilities are given opportunities to reach their full potential.

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

In addition, the goals are consistent with Imagine Durham (Results-Based Accountability) and Durham Center's values.

GOAL 1: THE DURHAM CENTER LME ADOPT EXEMPLARY PRACTICES IN MANAGING CARE FOR CONSUMERS AS A COMPREHENSIVE BEHAVIORAL HEALTHCARE ORGANIZATION.

Incorporates Durham Center Values:

V6. The Durham Center values accountability for exemplary practices to improve quality, and to ensure consumer, family, and provider satisfaction.

OBJECTIVES	STRATEGIES	BENCHMARKS
<p>1.1: Engage in exemplary practices to improve quality of providers and the LME. (URAC, Mercer, Medicaid waiver)</p>	<p>1.1A: Review and strengthen Corporate Compliance program.</p> <p>1.1B: Update FEM scores for providers, develop a monitoring schedule, and begin utilizing the DMH standardized Provider Monitoring Tool.</p> <p>1.1C: Ensure providers and LME staff receive high quality training to improve services to consumers</p>	<p>1.1A (1): Review and assess current compliance procedures, policies, forms, and committee membership revised by January 2011.</p> <p>1.1A (2): Implement recommendations for changes from the assessment by June 30, 2011.</p> <p>1.1B (1): Update FEM scores for CABHA certified providers by August 10, 2010. <i>(required by State Contract)</i></p> <p>1.1B (2): New Provider Monitoring Tool & Policy implemented by September 1, 2010. <i>(required by State Contract)</i></p> <p>1.1B (3): 10 providers will be monitored by December 31, 2010.</p> <p>1.1C: TDC will create a plan to train providers, stakeholders, and LME staff based on needs identified in Strategic Plan</p>

OBJECTIVES	STRATEGIES	BENCHMARKS
	<p>and their natural supports.</p> <p>1.1D: TDC regularly analyze Medicaid UR funding and services data to improve quality. <i>(required by Medicaid UR)</i></p> <p>1.1E: TDC will implement improved business practices through national accreditation. <i>(required for Medicaid Waiver)</i></p> <p>1.1F: TDC will implement improved business practices to include a fully operational & automated IT system for managing authorizations, service decisions, and claims adjudication. <i>(required for Medicaid Waiver, Mercer)</i></p> <p>1.1G: TDC will ensure that budgets are spent according to priorities set by TDC's Finance Committee and Board of Directors.</p> <p>1.1H: TDC will ensure all policies and procedures are up to date and reflect exemplary practices and standards. <i>(including state performance contract, URAC, Medicaid UR, and Mercer report recommendations)</i></p> <p>1.1I: Increase use of evidence-based and best practices for ALL disability services. <i>(required by State Contract)</i></p>	<p>and continuous input from community by March 31, 2011. <i>(required by URAC, Medicaid waiver, State Contract & recommended by Mercer report)</i></p> <p>1.1D (1): Required reports created by September 20, 2010 and pulled on regular basis.</p> <p>1.1D (2): Medicaid data analyzed on monthly basis starting in September 2010.</p> <p>1.1E (1): TDC to become accredited for Health UM & Core standards by URAC by January 1, 2011.</p> <p>1.1E (2): TDC to become URAC accredited for Health Call Center by January 2012.</p> <p>1.1E (3): TDC to become fully URAC accredited by January 2013.</p> <p>1.1F: TDC will have fully operational & automated IT system to support reports and databases by June 30, 2011.</p> <p>1.1G: Final expenditures will not over spend or under spend budgets by more than \$500,000 each fiscal year.</p> <p>1.1H (1): All P&Ps will be up to date and reflect exemplary standards at time of accreditation and will be reviewed annually.</p> <p>1.1H (2): TDC to be Medicaid waiver ready by June 30, 2012.</p> <p>1.1I: 50% of state funded outpatient providers will use evidence-based and evidence-informed practices by June 30, 2012; % will increase to 75% by June 30, 2013.</p>
<p>1.2: Increase consumer and family engagement in services.</p>	<p>1.2A: Collaborate with public transportation to address needs of consumers.</p> <p>1.2B: TDC will ensure higher levels of engagement into services are achieved for all disability groups. <i>(LME performance determined, in part, by minimum engagement standards set in State contract)</i></p>	<p>1.2A: Study of transportation needs conducted by June 30, 2012.</p> <p>1.2B (1): The engagement of services by all disability groups will, at the minimum, meet State standards by June 30, 2011.</p> <p>1.2B (2): The engagement rate for all disability services will exceed the state average by a minimum of 10% by June 30, 2013.</p>

OBJECTIVES	STRATEGIES	BENCHMARKS
	<p>1.2C: Develop plan to create or expand parent/ family support services.</p> <p>1.2D: Develop plan to educate consumers and family members on psychotropic medications.</p>	<p>1.2B (3): Approximately 40 – 45% of consumers in state-funded substance abuse outpatient remain in service for longer than 90 days. Increase % of consumers who stay for more than 90 days to 55% by June 30, 2013.</p> <p>1.2C (1): TDC will have partnered with at least 1 agency to expand family support by June 30, 2012.</p> <p>1.2C (2): SOC will recruit and train family members and recipient of services to serve on Care Review Team by December 31, 2010.</p> <p>1.2D: TDC will have partnered with NAMI, Duke Psychiatry, or other agency to provide 2 medication trainings by June 30, 2012.</p>
<p>1.3: Establish meaningful and measurable outcomes for providers.</p>	<p>1.3A: TDC’s Evaluation Plan will create purposeful Benchmarks and LME/Provider Outcomes.</p> <p>1.3B: Evaluate impact of services across public systems in order to improve care for consumers.</p>	<p>1.3A: TDC will develop an evaluation plan for the agency that includes meaningful and measurable outcomes by June 30, 2010.</p> <p>1.3B (1): Establish baseline data for provider performance by June 30, 2011.</p> <p>1.3B (2): By June 30, 2012, improve provider performance, from baseline, by 30%. <i>(using data to improve performance, make decisions required by URAC, State Contract & recommended by Mercer report)</i></p>

GOAL 2: IMPROVE QUALITY OF LIFE AND OUTCOMES FOR CONSUMERS AND THEIR FAMILIES/NATURAL SUPPORTS.

Incorporates Durham Center Values:

- V2. The Durham Center values services and supports that are consumer and family friendly, age appropriate, and culturally competent.**
- V3. The Durham Center values collaboration and involvement with community partners and stakeholders to enhance and build on community and consumer/family strengths.**
- V5. The Durham Center values advocacy efforts to challenge the service delivery system to make it more flexible, accessible, and easy to use in order to provide appropriate level of care for consumers.**
- V6. The Durham Center values accountability for exemplary practices to improve quality, and to ensure consumer, family, and provider satisfaction.**

OBJECTIVES	STRATEGIES	BENCHMARKS
<p>2.1: Ensure services are based on individuals' and family's needs.</p>	<p>2.1A: TDC will ensure that services are based on individual consumer and family needs via Person-Centered Planning adherence among provider agencies, prioritizing those agencies serving individuals with developmental disabilities.</p> <p>2.1B: Incorporate cultural competent definitions, goals, objectives and outcomes with providers and the LME.</p> <p>2.1C: Develop individualized services for vulnerable populations involved with multiple systems (high-risk, homeless, transition-age youth, and individuals involved with criminal and juvenile justice). <i>(care coordination required by State Contract)</i></p> <p>2.1D: Provide ongoing connection of families to other community and natural supports.</p> <p>2.1E: Encourage consumers and CFAC self-advocacy. <i>(required by State Contract, Medicaid Waiver)</i></p>	<p>2.1A: Per a review of sampling PCPs, establish baseline data for appropriateness of PCPs by June 30, 2011. By June 30, 2012 there will be a 30% improvement in documentation per established baseline data. <i>(required by State Contract)</i></p> <p>2.1B (1): TDC's Cultural Competency Committee will determine a mission and vision for the community and providers by August 31, 2010.</p> <p>2.1B (2): Representatives from at least 20% of providers attend cultural competency training by June 30, 2011.</p> <p>2.1B (3): TDC will incorporate culturally competent goals, objectives and outcomes for providers and the LME by June 30, 2011. <i>(required by Area Board policies?)</i></p> <p>2.1C (1): Complete high-risk study by June 30, 2011.</p> <p>2.1C (2): Compile baseline and update data for study by August 30, 2011.</p> <p>2.1C (3): Decrease crisis, emergency room and hospital events for consumers served by a minimum of 25% by August 30, 2011. <i>(alternatives to state hospitalization required by State Contract)</i></p> <p>2.1C (4): Review service recommendations from study by June 30, 2012.</p> <p>2.1C (5): Implement recommendations by June 30, 2013.</p> <p>2.1D: Implement Family Psychoeducation toolkit in 2 agencies and expand Family-to-Family programs by June 30, 2012.</p> <p>2.1E: Expand self-advocacy education such as WRAP by June 30, 2013.</p>
<p>2.2: Provide mechanisms for consumers (including CFAC), family and provider satisfaction.</p>	<p>2.2A: TDC will ensure consumer, provider, family and stakeholder satisfaction is monitored. <i>(required by State Contract, URAC)</i></p>	<p>2.2A (1): TDC will conduct satisfaction surveys of consumers, providers, families and other stakeholders at least annually.</p> <p>2.2A (2): Satisfaction rates among all stakeholder groups will be a minimum of 85% overall.</p>
<p>2.3: Increase community education in an</p>	<p>2.3A: Create plan, using multiple media sources, to reduce stigma via increased community</p>	<p>2.3A (1): TDC will create a plan to increase education offered to community members by December 31, 2010.</p>

OBJECTIVES	STRATEGIES	BENCHMARKS
effort to reduce stigma.	education. <i>(required by State Contract, URAC)</i>	2.3A (1): TDC will implement the plan by June 30, 2011 . TDC will collect baseline data via community polling regarding perceptions of individuals with disabilities by January 2011 . Poll will be repeated, to measure perception change, in April 2013 .

GOAL 3: DEVELOP ARRAY OF HIGH QUALITY SERVICES AND SUPPORTS.

Incorporates Durham Center Values:

V1. The Durham Center values supports for children and youth with disabilities and their families to increase independence and improve quality of life.
V3. The Durham Center values collaboration and involvement with community partners and stakeholders to enhance and build on community and consumer/family strengths.
V7. The Durham Center values supporting the basic needs of consumers to improve quality of life.

Objectives	Strategies	Benchmarks
3.1: Ensure services are available to intervene early with children diagnosed with a developmental disability, are indicating early signs of emotional disturbance, or experimenting with substances.	3.1A: Identify needs of very young children with emotional disturbance.	3.1A (1): TDC will work collaboratively with stakeholders to identify needs and gaps in services by June 30, 2011 . 3.1A (2): Develop services as needed for young children by June 30, 2013 . <i>(State contract requires "sufficient child services")</i>
3.2: Partner with primary care and other agencies to promote treatment and integration of all services to serve the whole person. <i>(required by State Contract)</i>	3.2A: Create a consortium of providers that are interested in integrating primary and behavioral health (MH/DD/SA) care, by June 30, 2011 . 3.2B: Increase awareness of behavioral healthcare resources among professionals in primary healthcare. 3.2C: Fill co-located DCHN Liaison position.	3.2A: TDC will have at least 2 contracted providers that have integrated primary and behavioral health by June 30, 2011 . 3.2B: Provide training to 80 professionals in primary healthcare by Dec. 31, 2010 . 3.2C (1): Position filled by September 1, 2010 . 3.2C (2): DCHN Liaison identifies and provides care coordination to individuals

Objectives	Strategies	Benchmarks
		<p>in “Quadrant 4” (severe mental & physical illnesses) by June 30, 2011.</p> <p>3.2C (3): 25% reduction in hospitalizations of highest risk consumers (“Quadrant 4”) by June 30, 2013.</p>
<p>3.3: Partner with community agencies to facilitate expansion of quality services to fill identified gaps. <i>(required by State Contract & recommended by Mercer report)</i></p>	<p>3.3A: Fill gaps identified in Strategic Plan: integrated MI/DD services and trauma-focused care.</p> <p>3.3B: Evaluate needs for transition-age youth.</p>	<p>3.3A (1): TDC will identify specific gaps in trauma-focused care by June 30, 2011.</p> <p>3.3A (2): TDC will develop a plan and identified funding for a new integrated MI/DD service by June 30, 2012.</p> <p>3.3B (1): Study number of youth who need independent living by June 30, 2013.</p>
<p>3.4: Collaborate with other public/ private agencies to expand employment opportunities for consumers.</p>	<p>3.4A: Educate employers on benefits of hiring individuals with disabilities.</p>	<p>3.4A (1): Durham Center & SOC host forum for private businesses by June 30, 2012.</p> <p>3.4A (2): By June 30, 2013, increase % of consumers with employment, based on Quality of Life surveys and/or NCTOPPS, by 10%.</p>
<p>3.5: Develop array of crisis services for youth. <i>(fill identified gaps required by State Contract & recommended by Mercer report; availability of crisis services within 2 hours of request required by State Contract)</i></p>	<p>3.5A: Develop plan and identify funding to create inpatient beds for youth by January 30, 2011.</p> <p>3.5B: TDC will evaluate current array of crisis services and identify gaps.</p>	<p>3.5A (1): TDC will develop scope of work by June 30, 2011.</p> <p>3.5A (2): TDC will complete RFP for services by December 31, 2011.</p> <p>3.5A (3): Contracted provider will start offering services by July 1, 2012.</p> <p>3.5B: TDC will use existing data sources to evaluate effectiveness of current services by December 31, 2010.</p>
<p>3.6: Ensure consumers have access to safe, stable and affordable housing in the Durham community. <i>(required by State contract)</i></p>	<p>3.6A: Increase access to affordable, permanent housing for consumers experiencing or most at risk of homelessness.</p>	<p>3.6A (1): Establish baseline percentage of consumers who report, on Quality of Life survey, that they have accessible, safe, stable and affordable housing in the community by June 30, 2011.</p> <p>3.6A (2): Increase, by 20%, consumers who have safe and affordable housing by June 30, 2013.</p> <p>3.6A (3): Annually decrease the percentage of homeless individuals who report a behavioral health or developmental disability in Point in Time</p>

Objectives	Strategies	Benchmarks
	<p>3.6B: Prevent homelessness of individuals with behavioral health and/or developmental disabilities and their families.</p>	<p>Count data by 5%. 3.6A (4): Increase the percentage of affordable and accessible housing units available for individuals with disabilities by 20% by June 30, 2011. 3.6A (5): An additional 100 homeless individuals will receive outreach services by June 30, 2011. 3.6A (6): Serve an additional 10% of consumers through ILI assistance by June 30, 2011. 3.6B (1): Offer SOAR (disability income) training to 15 direct care staff by June 30, 2011. 3.6B (2): Increase % of eligible consumers who receive SSI, SSDI, or VA benefits by 20% by June 30, 2012.</p>
<p>3.7: Expand short-term housing options for consumers early in their recovery to improve health and stability. (required by State contract)</p>	<p>3.7A: Increase average length of stay in substance abuse Transitional Living programs. 3.7B: Increase average length of rental assistance for consumers. 3.7C: Reduce # of high risk consumers who are discharged from crisis services into homelessness.</p>	<p>3.7A (1): Establish baseline for average length of stay for Transitional Living and increase by 20% by June 30, 2011. 3.7B (1): Establish baseline for average length of rental assistance and increase by 20% by June 30, 2011. 3.7C (1): Establish baseline data of high risk consumers by June 30, 2011. 3.7C (2): Reduce percentage of high risk consumers being discharged into homelessness by 20% by June 30, 2012.</p>
<p>3.8: Increase community and consumer awareness of housing resources</p>	<p>3.8A: Increase attendance at bi-monthly trainers for providers. 3.8B: Create a public fact sheet on housing resources for consumers.</p>	<p>3.8A: The # of direct care staff attending the housing education seminars will increase 20% by June 30, 2011. 3.8B: Fact sheet created by December 31, 2010 and widely distributed to TDC staff, stakeholders, and providers by January 30, 2011.</p>

This Strategic Plan is TDC's roadmap for the next three year phase and will be updated annually as it is a living document intended to be flexible as well as to show goals, objectives, benchmarks and actual outcomes achieved by the LME and providers.

References

Commission on Accreditation of Rehabilitation Facilities [CARF], (n.d.). Retrieved from <http://www.carf.org>.

CS Burckhardt: Quality of Life Scale (adaptation of Flanagan's QOLS). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/14613562>.

Garcia-Rea, E. & LePage, J. (2008). *Reliability and Validity of World Health Organization Quality of Life-100 in Homeless, Substance-Dependent Veteran Population*. Journal of Rehabilitation Research & Development, Vol. 45 (4), 619-626.

Gardner, J. F. & Carran, D. T. (2005). *The Attainment of Personal Outcomes by People with Developmental Disabilities*. Mental Retardation, 43(3), 157-173. Retrieved from http://www.thecouncil.org/Personal_Outcome_Measures.aspx

Institute for Community-Based Research, National Development & Research Institutes, Inc. (NDRI) (February 2010a). *NC-TOPPS (North Carolina Treatment Outcomes and Program Performance System), Adolescent (12-17) Substance Abuse Consumers, Durham LME: Initial Interviews Matched to 3-Month Update or Completed Treatment Interviews*. Retrieved from <http://www.ncdhhs.gov/mhddsas/nc-topps/reports-lme/durham/fy09/durham-adolsafy09m.pdf>

Institute for Community-Based Research, National Development & Research Institutes, Inc. (NDRI) (February 2010b). *NC-TOPPS (North Carolina Treatment Outcomes and Program Performance System), Adult Substance Abuse Consumers, Durham LME:Initial Interviews Matched to 3-Month Update or Completed Treatment Interviews*. Retrieved from <http://www.ncdhhs.gov/mhddsas/nc-topps/reports-lme/durham/fy09/durham-asafy09.pdf>

Institute for Community-Based Research, National Development & Research Institutes, Inc. (NDRI) (February 2010c). *NC-TOPPS (North Carolina Treatment Outcomes and Program Performance System), Child (6-11) Mental Health Consumers, Durham LME: Initial Interviews Matched to 3-Month Update Interviews*. Retrieved from <http://www.ncdhhs.gov/mhddsas/nc-topps/reports-lme/durham/fy09/durham-cmfy09m.pdf>

Institute for Community-Based Research, National Development & Research Institutes, Inc. (NDRI) (February 2010d). *NC-TOPPS (North Carolina Treatment Outcomes and Program Performance System), Adolescent (12-17) Mental Health Consumers, Durham LME: Initial Interviews Matched to 3-Month Update Interviews*. Retrieved from

Institute for Community-Based Research, National Development & Research Institutes, Inc. (NDRI) (Jan. 2010). *NC-TOPPS (North Carolina Treatment Outcomes and Program Performance System), Adult Mental Health Consumers, Durham Center LME: Initial Interviews Matched to 3-Month Update Interviews*. Retrieved from <http://www.ncdhhs.gov/mhddsas/nc-topps/reports-lme/durham/fy09/durham-amhfy09.pdf>

McLean Hospital, (n.d.). *BASIS-32*. Retrieved from <http://www.basissurvey.org/basis32>

National Association of State Directors of Developmental Disabilities Services (NASDDDS) & Human Services Research Institute (HSRI) (2010). *Consumer Outcomes*. Retrieved from <http://www2.hsri.org/nci/index.asp?id=reports>

NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Quality Management Team, Community Policy Management Section (Dec. 2008 – May 2010). *Community Services Progress Reports*. Retrieved from <http://www.ncdhhs.gov/mhddsas/statspublications/reports/index.htm#cspir>

Public Health Agency of Canada: Quality of Life Instruments, Design and Purpose (n.d.). Retrieved from http://www.phac-aspc.qc.ca/mh-sm/pubs/quality_of_life_qualite_devie/chapter2_eng.php.

Ravens-Sieberer, U., Gosch, A., Rajmil, L., Erhart, M., Bruil, J., Duer, W., Auquier, P., Power, M., Abel, T., Czemy, L., Mazur, J., Czimbalmos, A., Tountas, Y., Hagquist, C., Kilroe, J. and the European KIDSCREEN Group. (2005). *KIDSCREEN-52 quality-of-life measure for children and adolescents*. Expert Review of Pharmacoeconomics & Outcomes Research, 5 (3), 353-364.

Ten Year Plan to End Homelessness (2010). *Findings from the 2010 Point-in-Time Count of Homeless People in Durham*. Retrieved from http://durhamtenyearplan.com/?page_id=58

The KIDSCREEN Group Europe. (2006). *The KIDSCREEN Questionnaires - Quality of life questionnaires for children and adolescents*. Handbook. Lengerich: Pabst Science Publishers.

Varni, J. W., PhD (n.d.). *The PedsQL*. Retrieved from <http://www.pedsq1.org/pedsq112.htm>

Appendices

Appendix 1: Strategic Planning Team

The team consisted of the following members:

Name	Organization/Unit	Area Represented
Lead - Lena Klumper, Ph.D.	The Durham Center/Quality, Research & Development	LME – QR&D Department Director
Co-Lead – Tina Howard	The Durham Center/ Quality, Research & Development	LME – QR&D Department Evaluator
Terry Ames	The Durham Center/ Quality, Research & Development	LME - Developmental Disability Services
Peter Baker	The Durham Center	LME-Substance Abuse Services
Earl Phillips	The Durham Center/Area Board	Area Board Chair
Dan Shaw	CFAC	CFAC – Mental Health
Jim Henry	CFAC	CFAC – Developmental Disabilities
Nancy Kent	System of Care	System of Care - Child Mental Health Services
Robyn Duff	CFAC	CFAC – Substance Abuse
Bill Smith	The Durham Center/Quality, Research & Development	LME - Adult Mental Health Services
Tonya VanDenise	System of Care	Evaluator
Stephanie Williams	The Durham Center/Care Coordination	LME - Housing Supports
Carla Alston-Daye, Rob Robinson, Sean Schreiber, Jeanette Williams, Kathy Niblock, Dr. Khalil Tanas	The Durham Center	LME – Management Team
Erik Osborne and Ben Bradley	The Durham Center (interns)	System of Care
Trang Nguyen	The Durham Center	LME – Information Technology
Todd Day	The Durham Center	LME – Customer Service
Monica Portugal	The Durham Center	LME – Quality Management
Tiffany Harris	The Durham Center	LME – Customer Service

All members of the CFAC, including the Chair, and the Durham Center Management Team, along with representatives from Wellness City, were invited to participate in the process and received all correspondence regarding the plan.

Appendix 2: Survey of System Needs

A copy of the survey tool may be found online at the following location:

<http://www.surveymonkey.com/s/GXSQH7C>

DRAFT

Appendix 3: Development of Quality of Life Surveys

Developing the Survey Instrument:

Selecting the Protocol

In order to properly measure QOL, it is necessary to consider its definition and scope. Obviously, the availability of appropriate and effective behavioral health services makes an important contribution to the quality of people's life; however, behavioral health care is not the only factor. The complex interplay of internal and external events which impact on the life experience of people served is illustrated by two theoretical views of the determinants of life quality, namely the subjective and the functional perspective.

The subjective perspective tends to focus on more experiential aspects such as the distress and disability associated with mental illness and other areas of dysfunction in peoples' lives. Individuals' subjective experience of their quality of life depends on their unique views and values, their experiences over time, and their various social roles, as children, students, family members, employees and patients, among others.

The functional perspective focuses on various objective aspects of physical, emotional and behavioral functioning including such things as housing, education, employment, etc. This instrument utilizes a functional approach and relies on a self-report process completed by persons served or responsible parties.

Identifying Suitable Domains

A review of other commercial instruments and sources indicates some differences in what a comprehensive QOL instrument should assess. Examples of the most frequently used include questions related to health, self-esteem, well-being, community, social relationships, leisure, living situations, finances and religion. These were considered to be most useful in determining the characteristics associated with individuals who are able to cope with the everyday problems of living. A sample of resources reviewed included:

- CARF: Rights of Persons Served (Commission on Accreditation of Rehabilitation Facilities [CARF], n.d.)
- CS Burckhardt: Quality of Life Scale
- McLean Hospital: BASIS-32 (McLean Hospital, n.d.)
- Public Health Agency of Canada: Quality of Life Instruments, Design and Purpose (Public Health Agency of Canada, n.d.)
- The Council on Quality and Leadership: Personal Outcome Measures
- Western Mental Health Research Center: Quality of Life Questionnaire (Garcia & LePage, 2008)
- The Kidscreen-52 (Ravens-Sieberer, et al, 2005; KIDSCREEN Group Europe, 2006)
- The PedsQL (Varni, n.d.)

Consequently, based on the review of these resources and recommendations from knowledgeable professionals in the field, the following life domains were selected for developing this instrument:

- Individuality
- Feelings of Independence
- Relationships with Others
- Feelings of Accomplishment
- Feelings of Safety
- Civil Rights
- Physical Health and Welfare

Several questions were included under each life domain to more accurately assess the person's level of functioning in each area and to better focus on the items and issues that matter most to people in their lives (see Attachment 2 for instruments).

Achieving Data Integrity

The purpose of promoting integrity in The Durham Center (TDC) formal measurement devices is to reduce or eliminate factors that produce inaccurate information or that fail to support the conclusions that are being made based on the information provided. Data collection is a vital part of the TDC quality management process and is used to develop and support an evaluation and planning system that will result in increased accountability and improved performance in all TDC services and operations.

This QOL instrument attempted to promote data integrity through the following:

- A review of the literature was conducted to obtain samples of life domains and questions considered important in determining the functional quality of people's lives.
- Knowledgeable behavioral healthcare professionals have contributed their ideas regarding suitable questions most able to determine the person's perception of his/her quality of living.
- Individuals responsible for administering the survey are thoroughly trained to assure that tests were administered consistently for each respondent or group of respondents.

Clear instructions are to be provided to respondents for completing the test in order to reduce ambiguities and non-responses.

The Tools:

Adult - <http://www.surveymonkey.com/s/GF3N6T6>

Adolescent - <http://www.surveymonkey.com/s/NCK9M77>

Responses:

The Adult QOL survey was completed by 179 individuals, of which 56% were female and 44% were male. Seventy percent (70%) were African-American, 25% were white and the remainder was multi-racial, Latino and Native American, in that respective order. These demographics of the adult population match relatively closely those served by Durham County providers. The mode (most numbers in the range) of the age range of those completing this survey was between 40 and 49 years, while the overall majority age group was between 30 and 59 years of age. While the number of respondents represent approximately 3% of Durham Center consumers, they were not selected at random and should not be generalized to the entire consumer population. They do, however, give us valuable insight and suggestions for further study and improving services.

Survey respondents were not randomly selected, which means the results may not be representative of all consumers. For example, the Durham Center received several packets of surveys sent from approximately 6 – 8 agencies (Durham Center manages a network of about 250 agencies), thus, the results indicate the experiences of consumers served by those agencies and should not be generalized to all agencies.

Appendix 4: Focus Groups

Questions:

1. What gaps in services do you believe are having a major impact on the lives of consumers/clients/individuals you serve at this time, and why?
2. What services do you believe would positively impact the lives of consumers/clients/individuals you serve?
3. What can mental health providers do to improve services?
4. What can the Durham Center LME be doing to improve services?

List of Groups:

Name	Disability Represented	Date/Time	# attended
Adult System of Care Coalition/SOC Council	All	4/12/2010, 12 noon	15
BAART Community HealthCare	SA Adult	4/9/2010, 8:30 - 10 AM	7
CJRC-consumers	All adult	4/7, 1-1:30	13
Clinical Home Supervisor meeting	MH, SA	3/8/10, 10-11:30	23
Common Ground-DCCLP	DD - connect to DCCLP	3/29/10, 6-7:30 PM	16
Community Collaborative Executive Committee	MH, SA child	4/8/10, 12:30-2:00 PM	7
DJJDP	MH, SA child	4/7/10, 10 - 10:30 AM	10
Durham Autism Society	DD	3/23/10, 6:30-8 PM	20
NAMI	MH Adult	4/6/2010, 7 - 8 PM	21
PROUD-youth	MH/prevention	4/15/2010	13
PROUD-parents	MH/prevention	4/7/10 AT 12 noon	5
Targeted Case Management Supervisors	DD	3/18/10, 10 - 12	6
Threshold	MH Adult	3/25 /10, 1:30-2:30 PM	30
Town Hall Meeting	All	3/30/10, 6-7:30	16
TROSA	SA Adult	3/24/10, 6 - 7:30 PM	5
Wellness City-consumers	MH, SA Adult	3/23/10, 12:30-2:00 PM	15
Total			222

Appendix 5: Survey of System Needs Results

Availability of Services	No or Limited Availability	Adequate or Outstanding Availability
Safe, affordable housing	80.4%	19.6%
Jail diversion programs	74.3%	25.7%
Community re-entry programs	69.2%	30.8%
Integrated services-MI & DD	65.0%	35.0%
SA residential	61.0%	39.0%
Services for individuals who experienced trauma.	55.6%	44.4%
Services to support individuals with developmental disabilities live in the community	55.2%	44.8%
Alternatives to hospitalization (i.e. crisis beds).	55.1%	44.9%
Transportation services.	54.5%	45.5%
Employment services.	54.3%	45.7%
Psychiatrist.	48.9%	51.1%
Prevention.	48.6%	51.4%
Opportunities for socialization/recreation.	47.9%	52.1%
Appropriate therapy services for children with developmental disabilities.	46.4%	53.6%
Substance abuse services for individuals with intensive, outpatient needs.	46.2%	53.8%
Mobile crisis services.	45.2%	54.8%
Personal care services to support individuals with developmental disabilities in the community.	44.0%	56.0%
Substance abuse services for individuals who need detox or inpatient treatment.	43.9%	56.1%
Integrated services for people with mental illness and substance abuse problems.	37.8%	62.2%
Substance abuse services for individuals with low-level needs.	36.8%	63.2%
A wide range of peer support services/groups (i.e. self-help, WRAP, AA/NA).	33.3%	66.7%
Education services.	32.6%	67.4%
Screening and assessment.	21.3%	78.7%
Outpatient therapy.	17.4%	82.6%

Appendix 5: Survey of System Needs Results

Accessibility of Services	No or Limited Accessibility	Adequate or Outstanding Accessibility
Safe, affordable housing	77.3%	22.7%
Community re-entry programs	69.2%	30.8%
SA Residential	65.9%	34.1%
Transportation	62.8%	37.2%
Trauma-focused services	60.0%	40.0%
Jail diversion/non-violent offender programs.	59.4%	40.6%
Services to support individuals with developmental disabilities live in the community	59.3%	40.7%
Integrated services for people with mental illness and developmental disabilities.	57.5%	42.5%
Personal care services to support individuals with developmental disabilities in the community.	56.0%	44.0%
Alternatives to hospitalization (i.e. crisis beds).	55.1%	44.9%
Employment services.	53.2%	46.8%
Opportunities for socialization/recreation.	53.2%	46.8%
Prevention.	51.4%	48.6%
Substance abuse services for individuals with intensive, outpatient needs.	51.3%	48.7%
Psychiatrist.	51.2%	48.8%
Appropriate therapy services for children with developmental disabilities.	50.0%	50.0%
Substance abuse services for individuals who need detox or inpatient treatment.	47.6%	52.4%
Mobile crisis services.	47.5%	52.5%
A wide range of peer support services/groups (i.e. self-help, WRAP, AA/NA).	37.3%	62.7%
Integrated services for people with mental illness and substance abuse problems.	36.4%	63.6%
Education services.	35.6%	64.4%
Substance abuse services for individuals with low-level needs.	34.2%	65.8%
Screening and assessment.	32.6%	67.4%
Outpatient therapy.	28.9%	71.1%

Appendix 5: Survey of System Needs Results

Choice of Providers	No or Limited Choice	Adequate or Outstanding Choice
Alternatives to hospitalization	78.7%	21.3%
Safe, affordable housing	75.0%	25.0%
Mobile crisis services	75.0%	25.0%
SA Residential	71.8%	28.2%
Transportation	71.4%	28.6%
Jail diversion/non-violent offender programs.	68.8%	31.3%
Community re-entry programs.	67.6%	32.4%
Employment services.	65.1%	34.9%
Services for individuals who experienced trauma.	62.9%	37.1%
Integrated services for people with mental illness and developmental disabilities.	59.0%	41.0%
Education services.	57.8%	42.2%
Psychiatrist.	55.8%	44.2%
Prevention.	54.5%	45.5%
Substance abuse services for individuals with intensive, outpatient needs.	54.1%	45.9%
Opportunities for socialization/recreation.	52.2%	47.8%
Services to support individuals with developmental disabilities live in the community	51.9%	48.1%
Substance abuse services for individuals who need detox or inpatient treatment.	51.3%	48.7%
Appropriate therapy services for children with developmental disabilities.	50.0%	50.0%
Integrated services for people with mental illness and substance abuse problems.	47.7%	52.3%
Personal care services to support individuals with developmental disabilities in the community.	44.0%	56.0%
Substance abuse services for individuals with low-level needs.	42.1%	57.9%
A wide range of peer support services/groups (i.e. self-help, WRAP, AA/NA).	31.3%	68.8%
Screening and assessment.	31.1%	68.9%
Outpatient therapy.	22.2%	77.8%

Appendix 5: Survey of System Needs Results

Cultural Responsiveness	No or Limited Cultural Responsiveness	Adequate or Outstanding Cultural Responsiveness
Community re-entry programs	72.7%	27.3%
Transportation	68.4%	31.6%
Help individuals with DD live in community	66.7%	33.3%
Therapy for children with DD	64.0%	36.0%
Alternatives to hospitalization	62.8%	37.2%
Safe, affordable housing	62.5%	37.5%
Integrated services-MI & DD	62.2%	37.8%
Personal care services to support individuals with developmental disabilities in the community.	60.9%	39.1%
Jail diversion/non-violent offender programs.	60.7%	39.3%
Mobile crisis services.	60.6%	39.4%
Substance abuse services for individuals who need residential treatment.	60.0%	40.0%
Substance abuse services for individuals who need detox or inpatient treatment.	56.8%	43.2%
A wide range of peer support services/groups (i.e. self-help, WRAP, AA/NA).	55.6%	44.4%
Psychiatrist.	55.3%	44.7%
Services for individuals who experienced trauma.	54.5%	45.5%
Employment services.	54.1%	45.9%
Substance abuse services for individuals with intensive, outpatient needs.	52.9%	47.1%
Integrated services for people with mental illness and substance abuse problems.	50.0%	50.0%
Prevention.	46.7%	53.3%
Opportunities for socialization/recreation.	46.3%	53.7%
Outpatient therapy.	44.7%	55.3%
Substance abuse services for individuals with low-level needs.	38.2%	61.8%
Education services.	29.7%	70.3%
Screening and assessment.	26.8%	73.2%

Appendix 5: Survey of System Needs Results

Service Needs (1=Most Important, 5=Least Important)	% Rank 1 Or 2
Safe, affordable housing	73.9%
Employment services	67.4%
Jail diversion programs	64.7%
Screening and assessment	64.4%
SA detox or inpatient treatment	64.1%
Substance abuse services for individuals who need residential treatment.	63.2%
Community re-entry programs.	62.5%
Integrated services for people with mental illness and developmental disabilities.	60.5%
Substance abuse services for individuals with intensive, outpatient needs.	60.5%
Mobile crisis services.	60.0%
Psychiatrist.	59.1%
Appropriate therapy services for children with developmental disabilities.	58.6%
Personal care services to support individuals with developmental disabilities in the community.	57.1%
Integrated services for people with mental illness and substance abuse problems.	57.1%
Services to support individuals with developmental disabilities live in the community	56.7%
Alternatives to hospitalization (i.e. crisis beds).	56.3%
A wide range of peer support services/groups (i.e. self-help, WRAP, AA/NA).	53.2%
Prevention.	52.8%
Outpatient therapy.	52.2%
Education services.	46.8%
Transportation services.	46.5%
Opportunities for socialization/recreation.	46.5%
Services for individuals who experienced trauma.	45.9%
Substance abuse services for individuals with low-level needs.	44.7%

Appendix 6: Adult Quality of Life Survey Results

Individuality - Following are the responses to the questions in this category:

- 64% feel they are able to decide how they want to live their lives with (31%) indicating they feel this way *sometimes*.
- 63% feel they are happy with their ability to complete everyday tasks with (28%) stating they *sometimes* feel this way.
- 62% are happy with their ability to manage their homes (includes shopping, cooking, laundry, cleaning and other chores). Another (26%) feel they are *sometimes* happy about this.
- 61% of people are happy with the condition and furnishings of their homes, while 26% indicated they *sometimes* feel this way.
- 58% of respondents said they enjoy doing things in the community such as taking walks, going to church, going to the park, etc., with another 30% indicating they *sometimes* feel this way.
- 53% of people said they are happy with the neighborhood they live in and about the same amount live in the neighborhood they chose.
- 47% of individuals said they are happy with their personal lives, while 38% said they were happy *some of the time*.

Feelings of Independence - Following are the responses to the questions in this category:

- 62% of individuals said they are able to share or withhold personal information as they want to, with 27% indicating they can *sometimes* do this.
- 62% of people said they are able to live independently within the community, with an additional 25% stating they *sometimes* can.
- 57% of the respondents stated they are able to decide how to live their lives on most days, while 33% stated they could *sometimes* do so.
- 57% of individuals said they are able to spend time alone and have the opportunity for privacy when they choose to, with 30% indicating they can *sometimes* spend time alone.
- 30% of individuals responding stated there is someone else handling their money for them, and of those 49% were happy with those individuals.
- 47% indicated they handle their money well, with 30% stating they *sometimes* handle it well.
- 33% of individuals said they were employed where they wanted to be, with 36% saying *sometimes*.

Appendix 6: Adult Quality of Life Survey Results

Relationships with Others - Following are the responses to the questions in this category:

- 74% of respondents stated they have people who they love and feel close to with another 22% stating they *sometimes* have these relationships.
- 62% of people said there are people outside their families that they get along with well, with another 32% saying this occurs *sometimes*.
- 58% stated they feel respected by the people they know; with 32% indicating they *sometimes* feel respected.
- 53% of individuals have a significant other (partner, spouse, etc.) who they enjoy being with and another 30% indicated this sometimes happens.
- 52% said it is easy for them to make friends, and 36% said it is *sometimes* easy to make friends.
- 48% of people said they are happy with the people they live with and 42% said they are *sometimes* happy with them.
- 40% on average said they enjoy being with neighbors and other people in the neighborhood, with about the same indicating *sometimes*.

Feelings of Accomplishment - Following are the responses to the questions in this category:

- 66% of individuals indicated they are able to choose the mental health services they need and 61% stated they are able to choose the substance use services they need. Twenty two percent (22%) and 25% percent respectively indicated they could *sometimes* choose the mental health and substance use services they need.
- 58% of people said they are able to choose the health care services they need, with another 28% stating they can *sometimes* choose them.
- 53% of individuals said they have things they look forward to with an additional 39% saying they *sometimes* have things to look forward to.
- 46% of respondents stated that their lives are full of things that are interesting to them, with an additional 39% stating they *sometimes* do.
- 48% of people feel they can do the things they enjoy with another 44% feeling they can *sometimes* do things they enjoy.
- 65% of individuals stated that they like doing things for others with another 32% saying they *sometimes* like to.

Appendix 6: Adult Quality of Life Survey Results

Civil Rights - Following are the responses to the questions in this category:

- 75% of individuals surveyed stated they know their rights as a person who receives services mental health, developmental disability and/or substance abuse services, with 19% stating they *sometimes* know their rights.
- 73% stated they are treated fairly, with an additional 19% stating they *sometimes* are treated fairly.
- 71% of people indicated they know how to file a complaint about their services and an additional 15% stated they *sometimes* know how to.
- 66% of individuals said they feel respected, with another 31% indicating they *sometimes* feel respected.
- 66% of people said they know where to access the community services they need, with an additional 24% indicating they *sometimes* know where to access services.

Feelings of Safety - Following are the responses to the questions in this category:

- While the majority of individuals surveyed indicated they feel safe with the people they are closest to and in their homes or where they live (74% always and 20% sometimes), there were a few people who indicated they never feel safe. **A cross-tabulation showed that individuals who felt the least safe were people living in the assistive living category.**

Health and Wellness - Following are the responses to the questions in this category:

- 72% of individuals indicated they are happy with the mental health services they receive and 21% said they are *sometimes* happy with these services.
- 71% of people said they receive a physical check-up at least annually, while 19% *sometimes* get one.
- 71% indicated they are connected to community resources in general, with 22% indicating they are *sometimes* connected.
- 67% of people said their medications are about right for them, with 24% stating they are *sometimes* right for them.
- 49% of people stated they are happy with their physical health and another 34% stated they were *sometimes* happy with their physical health.
- 46% of people said they were happy most of the time, with another 46% indicating they are sometimes happy.
- 46% said they have leisure activities to look forward to and 41% said they *sometimes* have leisure activities to look forward to doing.
- 40% of individuals indicated that life was going just about right for them with 42% saying that it is *sometimes* about right for them.
- 20% of individuals stated that their lives never go right for them, yet only 10% said that they were never happy.

Appendix 6: Adult Quality of Life Survey Results

Emergency Room and Hospital Events in the Past Year - Following are the responses to the questions in this category:

- 58% of people stated they **had not been** to the emergency room for a mental health or substance use/abuse issue in the past year.
- 17% had been treated in the emergency room once for behavioral health reasons.
- 13% had been treated 2 or 3 times in an emergency room for behavioral health reasons.
- 8% had been treated 3 to 5 times in an emergency room for behavioral health reasons and 4% 6 or more times.
- Individuals living in a group home, assisted living or public assistance had higher rates of emergency room visits.
- **63% of individuals said they had no hospitalizations in the past year** for behavioral health reasons, with 19% visiting once, 11% with 2 to 3 hospitalizations, 4% with 3 to 5 admissions and 3% with 6 or more admissions.

Appendix 7: Adolescent Quality of Life Survey Results

Relationships with Others - Following are the responses to the questions in this category:

- 63% of teens indicated they are happy with the people they live with and 29% said they were *sometimes* happy with the people they live with.
- 59% of adolescents said their parents/guardians show that they love them, while an additional 26% said this occurs *some of the time*.
- 55% of respondents indicated they have friends, with 42% stating they *sometimes* have friends.
- 55% of adolescents stated they feel they are as good as their peers, with another 35% stating they *sometimes* feel they are as good as their peers.
- 49% of respondents said they are treated with respect, with another 44% stating they are *sometimes* treated with respect.
- 46% of this cohort indicated that their parents/guardians spend time with them and that 36% indicated this *sometimes* occurs.
- 41% of teens said they get along with other teens and 36% said they sometimes get along with their peers.
- 39% of individuals stated they do things with peers their own age, with 49% saying this *sometimes* occurs.
- 36% of the group indicated they can talk to their parents/guardians about things, and an additional 44% said they can sometimes talk to them.

About my Feelings - Following are the responses to the questions in this category:

- 62% of youth indicated that they sleep well, with 27% stating they *sometimes* sleep well.
- 60% of adolescents said they feel confident about themselves and 40% said they *sometimes* feel confident.
- 60% of these individuals said they believe they will be okay, with an additional 35% stating they *sometimes* believe they will be okay.
- 51% of this group said they are happy, and 46% said they are *sometimes* happy.
- 47% stated they feel good about their life and 45% said they *sometimes* feel good about their life.
- 46% of teens said they feel like they do things well, and 44% said they *sometimes* feel this way.
- 45% of youth stated they are happy with the way they are, and another 45% said they are *sometimes* happy with themselves.
- 32% of respondents said they are a calm person and 55% said they are *sometimes* a calm person.
- 30% of the group said they get angry and 62% said they *sometimes* get angry.
- 29% of these youth stated they can control their anger and 56% said they can *sometimes* control it. 15% said they can *never* control their anger.

Appendix 7: Adolescent Quality of Life Survey Results

Feelings of Accomplishment - Following are the responses to the questions in this category:

- 62% of youth said they can do the things they enjoy and 30% said *sometimes* they can do things they enjoy.
- 52% of teens stated they have things to look forward to and 35% said this *sometimes* occurs.
- 44% of the groups indicated they are able to remember things and 54% said they can *sometimes* remember things.
- 37% of youth said their lives are full of things that are enjoyable, with another 42% stating this as *sometimes*.
- 33% of this group stated they like going to school and 42% said they *sometimes* like going to school.
- 33% of youth said they pay attention in class and 56% said this occurs *sometimes*.
- 33% said they like doing things for others and 50% said they *sometimes* like to do so.
- 31% indicated they are rewarded for the good things they do, with 49% stating they are *sometimes* rewarded for doing good things.

Making Choices - Following are the responses to the questions in this category:

- 69% of the youth indicated there are people they can rely on to help them with making decisions, with 23% stating that this occurs *some of the time*.
- 62% of teens said they are able to make choices at home, and 30% said this occurs *sometimes*.
- 60% of individuals said they have enough time to themselves and 25% said they *sometimes* have enough time to themselves.
- 56% of teens said they are able to make choices at school while 31% said they can *sometimes* make choices at school.
- 56% of youth said they can choose what to do in their spare time, with an additional 31% of the group saying they *sometimes* can choose what to do.
- 50% of youth said they are able to make good choices and 42% said *sometimes* they are able to make good choices.

Appendix 7: Adolescent Quality of Life Survey Results

About My Health and Activities - Following are the responses to the questions in this category:

- 86% of the teens indicated they could walk at least one block and another 9% indicated they could *sometimes* do this.
- 83% of the youth stated they have enough energy to do everyday tasks, with another 15% stating *sometimes* they can do so.
- 78% stated that it is easy to do chores around the house and 17% said this is *sometimes* the case.
- 76% of the group said they find it easy to do sports activities and 19% said this is *sometimes* true.
- 71% of teens said they are fit enough to participate in sports and 19% said *sometimes* they are fit enough.
- 61% of the youth stated they have no aches or pains, with 21% saying *sometimes*, **and 17% saying they ache or have pains most of the time.**
- 50% of the groups stated that it is easy to lift something heavy, with 48% stating sometimes it is easy to lift something heavy.

Health and Wellness - Following are the responses to the questions in this category:

- 94% of youth in this group like working with the individual(s) who provide their services, treatment or support, and 3% indicated sometimes this is true.
- 88% of teens stated they are happy with the mental health services they receive and 9% said they are sometime happy with them.
- 88% of individuals indicated that their mental health services/providers are meeting their needs, with 6% stating that sometimes they are meeting their needs.
- 85% of the teens said they are currently free from abuse and neglect, with 10% stating they are sometimes free from abuse and neglect.
- 82% of youth stated they are satisfied with their physical health and 10% are sometimes satisfied with it.
- 72% of the teens said they are happy with the healthcare services they receive, with 26% stating they are sometimes happy with their healthcare.
- Of those receiving developmental disability services, 71% stated that providers and services are meeting their needs, with 18% stating this occurs sometimes.
- 68% of the teens indicated that the medications prescribed are right for them and 21% said this is sometimes the case.
- Of those receiving substance use/abuse services, 65% said the services are meeting their needs and 23% said they sometimes meet their needs.
- 60% of the teens said they have leisure activities they look forward to and 29% said this is sometimes true.
- 37% said that life going just about right for them, and 47% said this is sometimes true. Fifteen percent (15%) indicated that life is not going right for them.

Appendix 7: Adolescent Quality of Life Survey Results

Feelings of Safety - Following are the responses to the questions in this category:

- 69% of the youth responded that they feel safe in their home, while 23% sometimes feel safe and 8% never feel safe.
- 69% also stated they feel safe with those they are closest to, with 28% stating they sometimes feels safe.
- 63% of youth said they feel safe at school, while 34% said they sometimes feel safe at school.
- 59% of these teens said they feel safe in their neighborhood, with 31% saying they sometimes feels safe and 10% saying they never feel safe.
- 59% of these youth said they feel safe being alone, with 31% saying they sometimes feel safe along and 10% never feel safe being alone.

Appendix 8: Adults with Developmental Disabilities Quality of Life Survey Results

What I can do - Following are the responses to the questions in this category:

- 70% of individuals said they work where they want to, with 11% saying *sometimes* and **19% saying never**.
- 64% of people stated they can buy the things they need, with 22% saying they can *sometimes* buy what they need and **13% saying never**. 60% said they can buy the things they want and 27% said they can *sometimes* buy the things they want, and **13% said they can never buy the things they want**.
- 42% of individuals indicated they are good at handling their money, with 49% stating they are *sometimes* good at it.
- 60% of people said that someone else handles their money and 29% said *sometimes* someone else handles their money. Of those who have someone else handling their money, 86% said they are happy with them handling their money, while **11% said they are never happy with the person handling their money**.
- 60% of individuals stated they can be alone when they want to and 29% said they can *sometimes* be alone when they want to be.
- 50% of respondents stated they can do things on their own, with 44% saying they can *sometimes* do so.
- 42% of people said they can do what they want and 49% said they can *sometimes* do what they want.

Individuality - Following are the responses to the questions in this category:

- 86% of respondents stated they like their home, and 12% stated they *sometimes* like their home.
- 82% of individuals said they love some people, with 16% saying they *sometimes* do so.
- 80% said they like where they live and 15% said they *sometimes* like where they live. This is different from the first question in that this could involve neighbors and surrounding environment.
- 70% of individuals said they like going out and 26% said they *sometimes* going out.
- 63% of peoples said they like to shop, cook, wash dishes and clean, and 30% said they *sometimes* like to do so.
- 63% said they like what they do every day and 24% said they *sometimes* like what they do every day. **Thirteen percent (13%) said they never like what they do every day**.
- 59% of individuals said they can live where they want, 23% said *sometimes* they can live where they want, and **18% said they can never live where they want**.

Appendix 8: Adults with Developmental Disabilities Quality of Life Survey Results

Who I Like - Following are the responses to the questions in this category:

- 83% of people said they have friends and 13% said they sometimes have friends.
- 85% of respondents stated they like their friends and 13% said they sometimes like their friends.
- 82% said they have someone they like being with, and 16% said they have someone sometimes.
- 81% of individuals said they like some people who are not part of their family and 16% said they like people who are not part of their family some of the time.
- 80% of those surveyed said they like the people they see when they go out and 18% said they sometimes like the people.
- 78% said there are others who listen to them and 16% said this occurs sometimes.
- 77% of individuals stated they like who they live with and 16% said they sometimes like the people they live with.
- 76% indicated they like their neighbors with 17% indicating they sometimes like their neighbors.

What Others Let Me Do - Following are the responses to the questions in this category:

- 71% of individuals said they know where to get things they need and 20% said they *sometimes* know this.
- 69% of respondents stated they know how to file a complaint about how others treat them, with 24% stating they *sometimes* know how to file a complaint.
- 64% of individuals said they like how people treat them, with 26% saying they *sometimes* like how people treat them. **Ten percent (10%) stated they never like how they are treated.**
- 47% of people said that others let them do what they want, 40% said that others *sometimes* let them do what they want, and **13% said that others never let them do what they want.**

How I Feel - Following are the responses to the questions in this category:

- 91% of individuals said the medicine they take is good for them, with 6% saying that what they take is *sometimes* good for them.
- 81% of people said they like their doctor and 14% said they *sometimes* like their doctor.
- 79% of respondents stated they like the people who help them with their problems, with 18% stating they *sometimes* like them.
- 75% of people surveyed said they are getting the help they need and 22% said they *sometimes* get the help they need.
- 74% of individuals stated they feel good about what they can do and 21% said they *sometimes* feel this way.
- 72% of respondents said they like how people treat them and 25% said that *sometimes* they like how people treat them.

Appendix 8: Adults with Developmental Disabilities Quality of Life Survey Results

How I Feel

- 71% stated they like how they feel and 24% said they *sometimes* like how they feel.
- 70% of individuals stated they can do what is fun for them, with 20% stating they can do what is fun *some of the time*.
- 70% of people indicated they are happy most of the time and 20% said they are happy *some of the time*.

What Makes Me Feel Safe - Following are the responses to the questions in this category:

- 95% of individuals in this cohort feel safe in their home.
- 88% of people feel safe in their neighborhood, with 9% saying they *sometimes* feel safe in their neighborhood.
- 88% indicated they feel safe with the people who care for and/or provide services for them, with 5% saying they *sometimes* feel this way.
- 85% of people said they feel safe with those they live with and 10% *sometimes* feel safe.
- 84% stated there are things they can do to make them feel safe, with 14% saying *sometimes* there are things they can do.
- 77% indicated they feel safe where they go for help and 15% said they *sometimes* feel safe where they go for help.

Appendix 9: Focus Group Responses

Service Gaps:

- Services for specific populations: Spanish speaking, juvenile crisis beds, services for people recently incarcerated, emergency placement for options for youth with SA issues, trauma counseling,)
- Short-term residential stabilization for individuals with substance abuse and mental health disorders
- Services for people with multiple disabilities
- Limited treatment for sex offenders
- Crisis services for youth

Services that would positively impact lives of individuals served:

- Recovery support services
- No warm line - Develop a warm line run by consumers
- Housing
- Recreational activities for youth
- Anger management for youth
- Income and employment opportunities for consumers
- Transportation
- Employment opportunities
- Peer support groups
- DCA to hire peer employees to assist individuals in crisis
- Provide for arts, cooking schools, etc., for youth and people in recovery
- Specialized Services:
 - Faith-based
 - DCA program for youth
 - Transitional housing for ages 18-24 or emancipated youth
 - Services for seniors
 - Crisis services to keep families together
 - More consumer-run programs
 - More services to Latino consumers
 - Sex offender treatment
 - Expand rapid response beds for youth
 - In-home medical management for adults
 - Consumer education on medication management and health issues
- Summer school programs for those with debilitating needs
- Expand personal assistance and developmental therapy

Appendix 9: Focus Group Responses

What providers can do to improve services:

- Increase training for staff
 - Service definitions (overwhelming responses)
 - Training on specific disabilities, such as autism
 - Training on using best practices
- Change provider processes to improve quality of services
 - Decrease time to access services
 - Create an open-door for service delivery
 - Offer incentives for treatment
 - Provide peer-to-peer training between agencies
 - Provide more clinical oversight
 - Reduce complexity in obtaining services
 - Increased use of evidence-based practices
 - Reduce turnover of staff
 - Offer ancillary and life skills services during treatment
 - Ensure continuity of care for consumers
 - Provide more support for family members/guardians/natural supports
- Services are illness based and not wellness based

What The Durham Center can do to improve services:

- Offer training to providers (highest number of responses)
 - SOAR training, an effective curriculum for increasing approvals for SSI Disability benefits
 - Requirements for providing quality care and the process for obtaining a contract or MOA with The Durham Center to offer the care
 - Mandate providers to attend training sessions
 - Expand training to direct care and case management employees
 - Offer refresher courses/classes
 - Request appropriate levels of service and the process for requesting authorization of those services
 - Educate provider on court proceedings and requirements
- Raise awareness about The Durham Center and services available
 - Increase consumer and community awareness regarding how to connect to services and make language more understandable on brochures
 - Publicize the treatment services that are offered
 - Utilize peers to provide outreach to consumers
 - Provide easier access to treatment information and support groups
 - Reach out to families and parents
 - Create a step-by-step process for accessing the system that is user-friendly

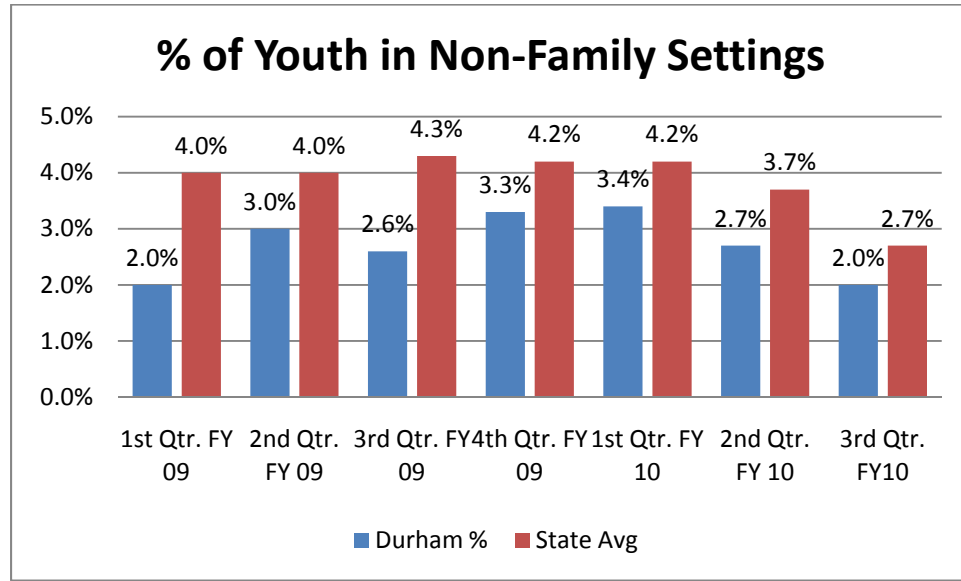
Appendix 9: Focus Group Responses

What The Durham Center can do to improve services:

- Collaborate with other public and private agencies to develop other needed services for consumers
 - Assist in creating jobs and helping consumers find employment
 - Develop specialized services
 - Provide pre-discharge planning services during incarceration
 - Provide recreational activities for youth
 - Assist consumers in obtaining public assistance and entitlement benefits
 - Share information with other agencies, i.e., schools, DSS
 - Provide internships for youth
- Improve quality of providers
 - Reduce the time required for intakes
 - Stabilize high turnover of employees
 - Assist with transitioning individuals to other levels of care
 - Ensure practices adhere to the service definitions
 - Place a grievance/suggestion box in provider agencies that can only be accessed by TDC staff.
 - Place complaint form on TDC website and facilitate access
- Improve communication
 - Improve lines of communication between LME and providers
 - Conduct regular informal meetings with the contracts manager
 - Increase contacts with providers to understand realities of providing services
 - Provide specific and clear answers to questions and develop/provide a web-based, easily accessible platform to research the questions
 - Invite State representatives to meetings to obtain specific answers
 - Retain involvement in NAMI and engage in conversations
- Clarify or improve TDC's processes/procedures/policies
 - Improve the process for screening providers
 - Clarify rules regarding rights and responsibilities
 - Monitor consumer outcomes and publish findings
- Transferring consumers from one county to another (paying for services)

Appendix 10: Graphs for Internal Quantitative Data

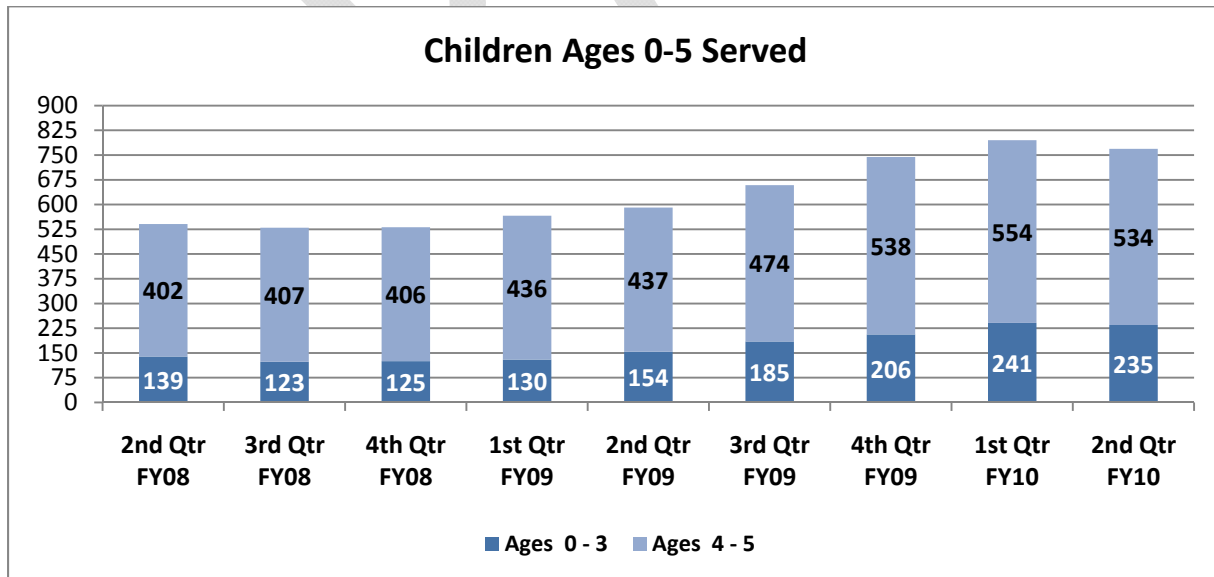
1.2: Children in Non-Family Settings



3rd Qtr FY 10 Total Number of Children Served: Durham-2,486; State-66,198

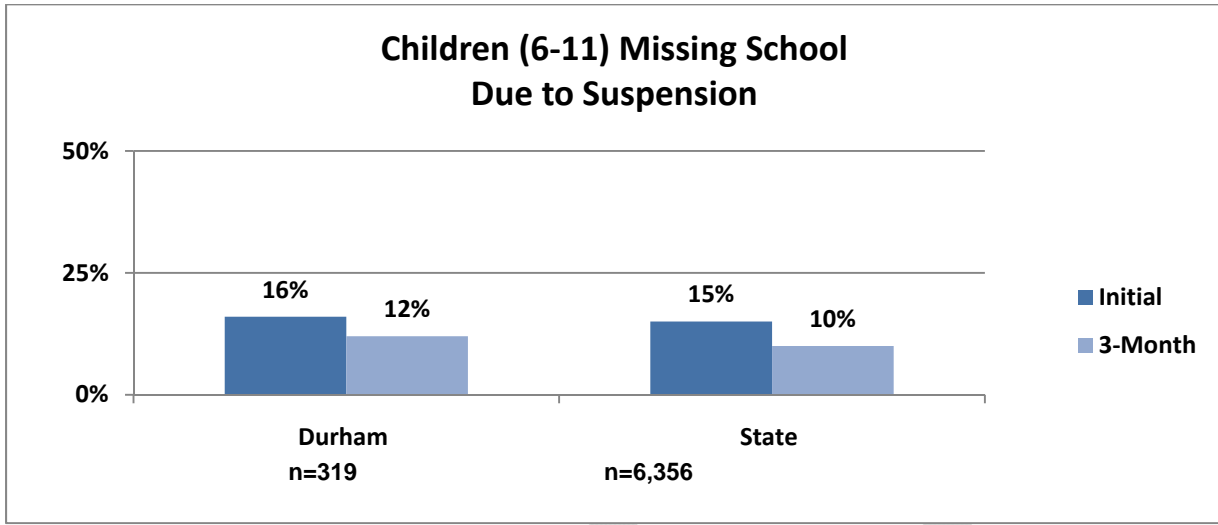
SOURCE: Medicaid and State-Funded IPRS Claims Paid Through March 2010

1.3:

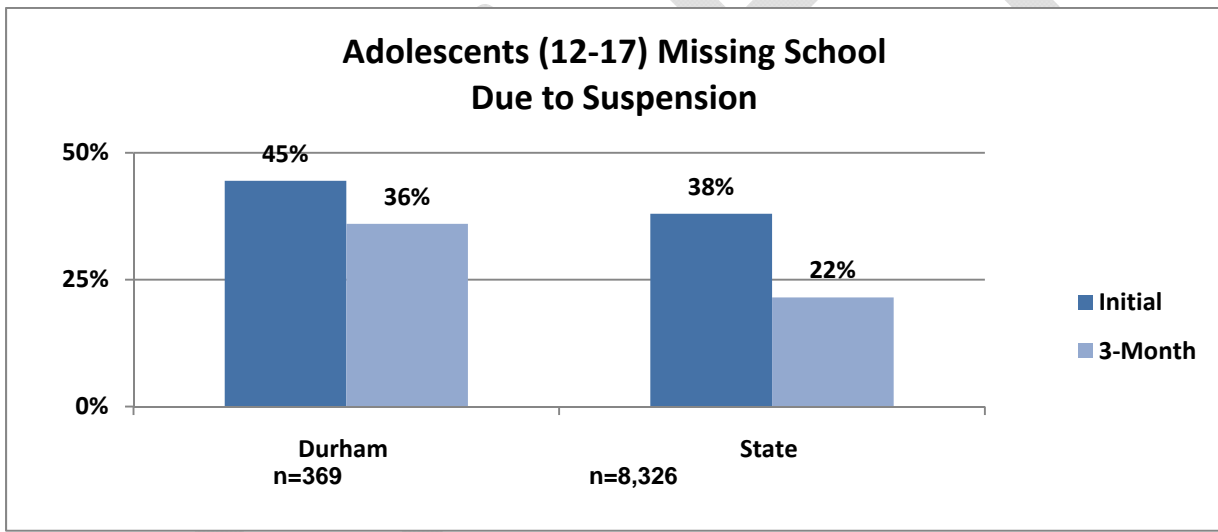


Medicaid Service Claims Data through December 31, 2009. It should be noted the quarterly data from 2nd Qtr FY09 through 2nd Qtr FY10 may not be 100% complete because Medicaid providers have up to one year from the date of service to bill for the service.

1.4:

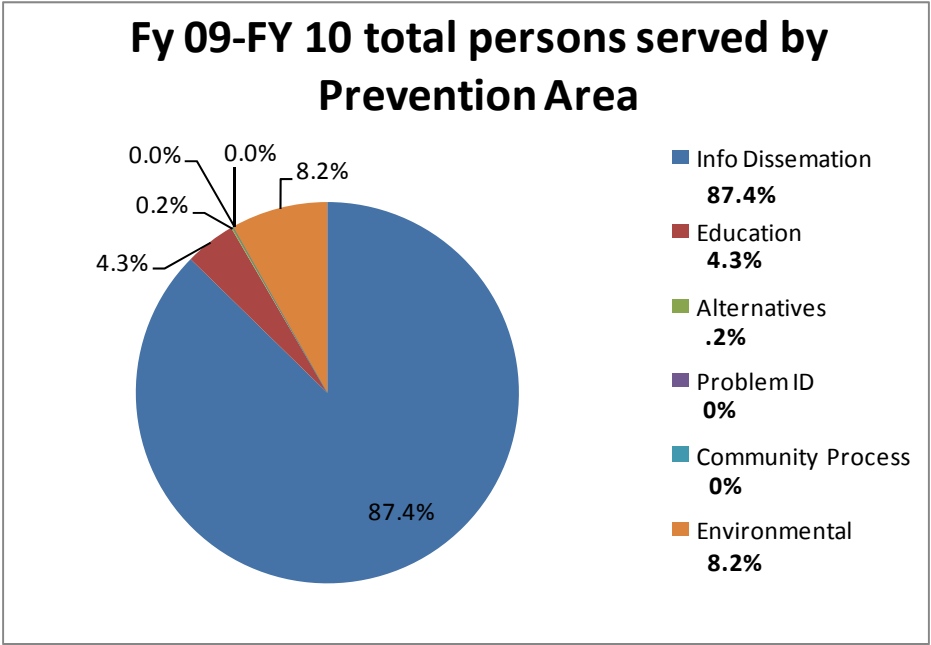


Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

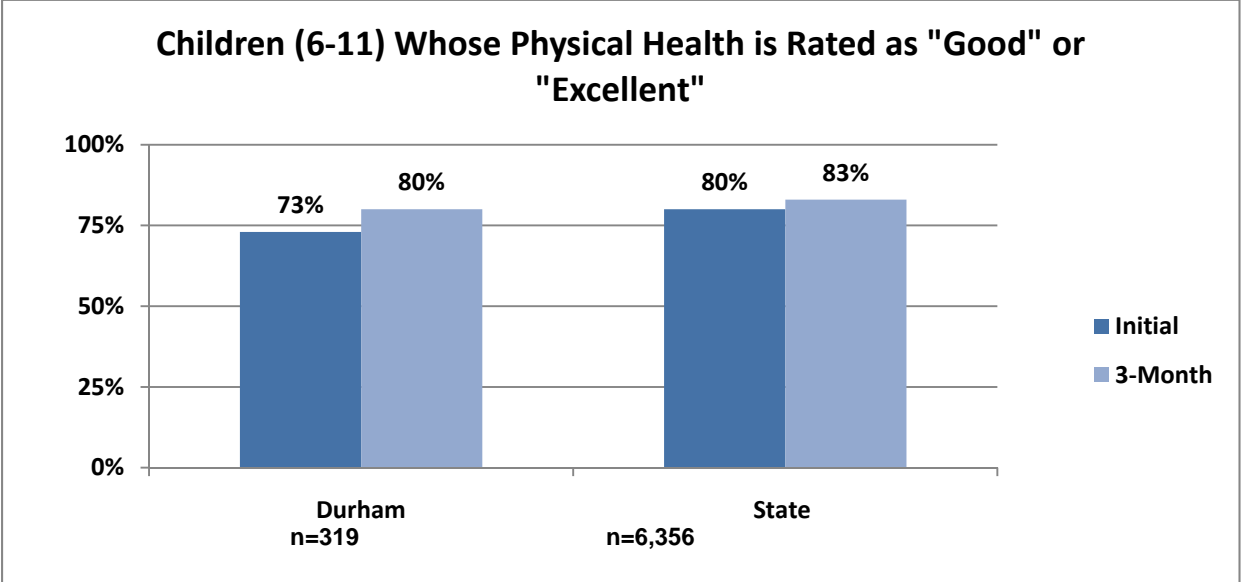


Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

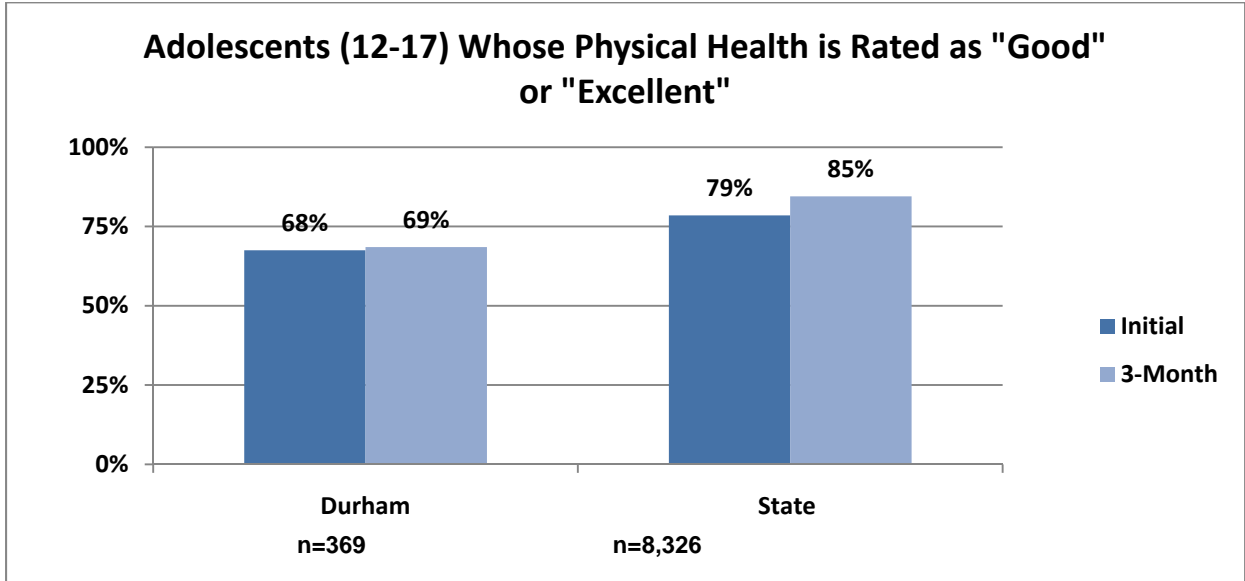
Prevention



2.1:

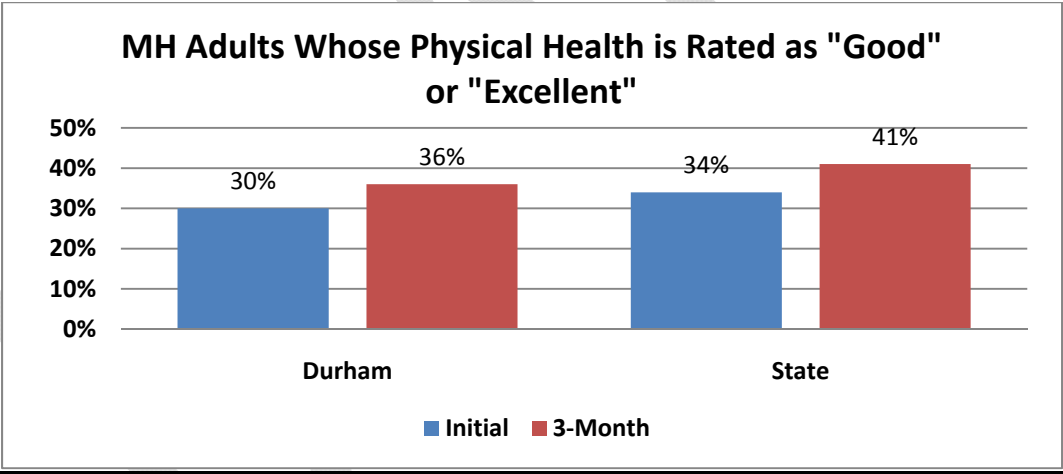


Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

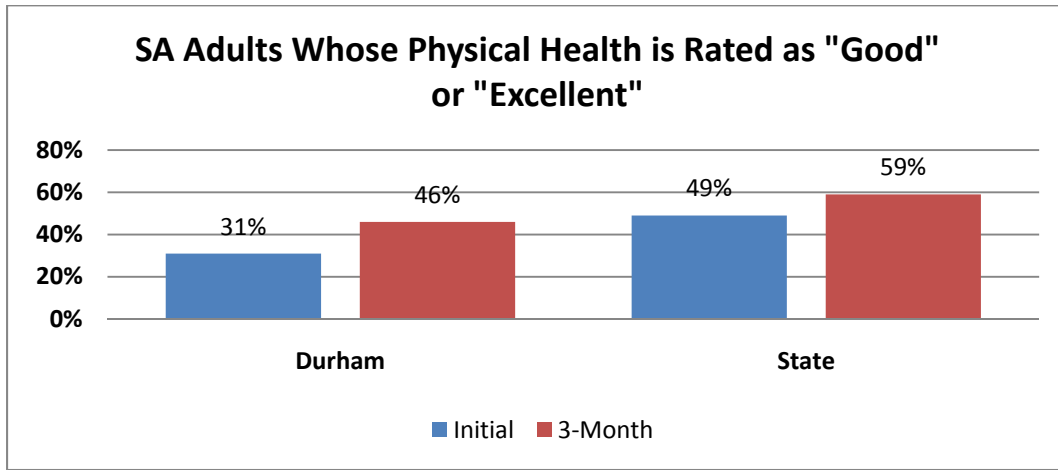


Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

2.2:



*n= 614 (Durham)/13,175 (State)
 Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009



*n= 258 (Durham)/9,816 (State)

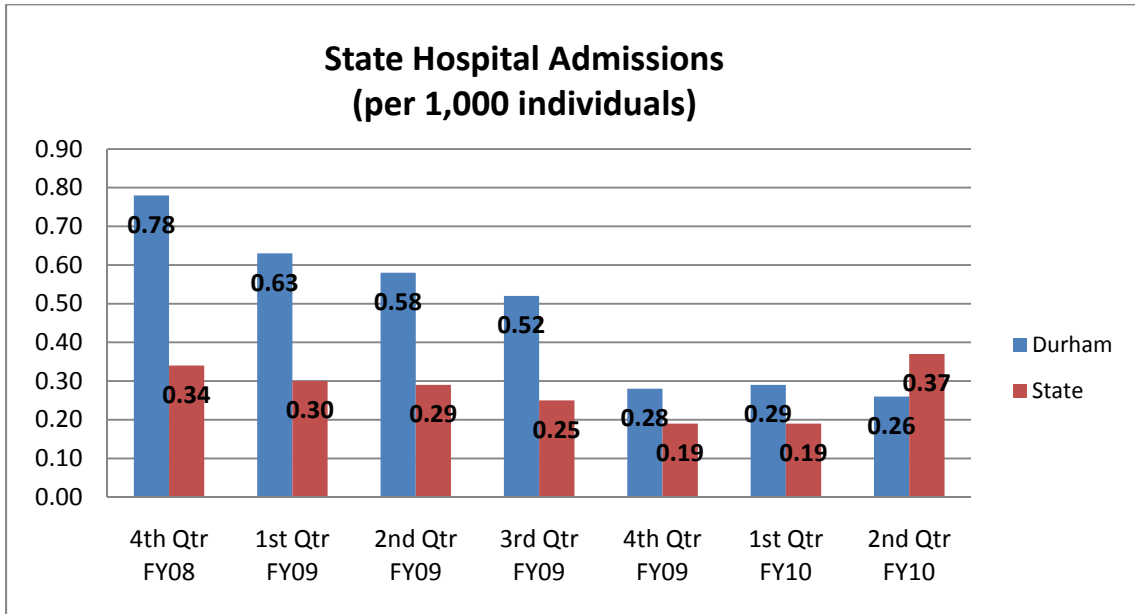
Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

2.3:

Being revised

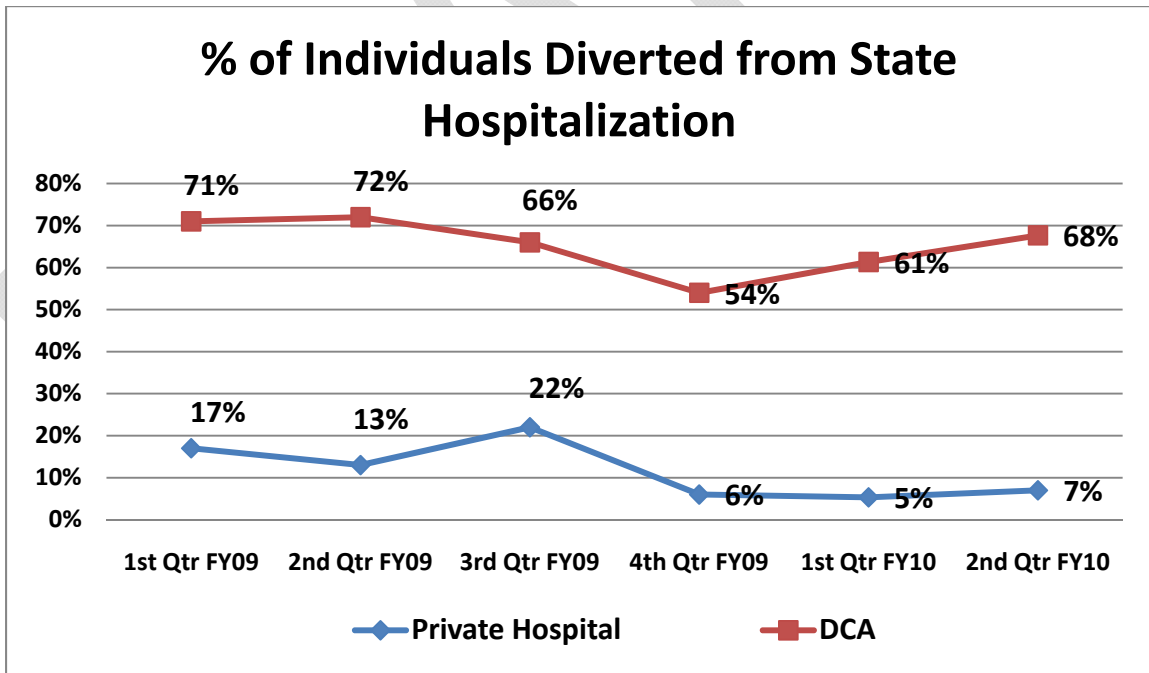
SOURCE: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) through December 31, 2009,

2.4:



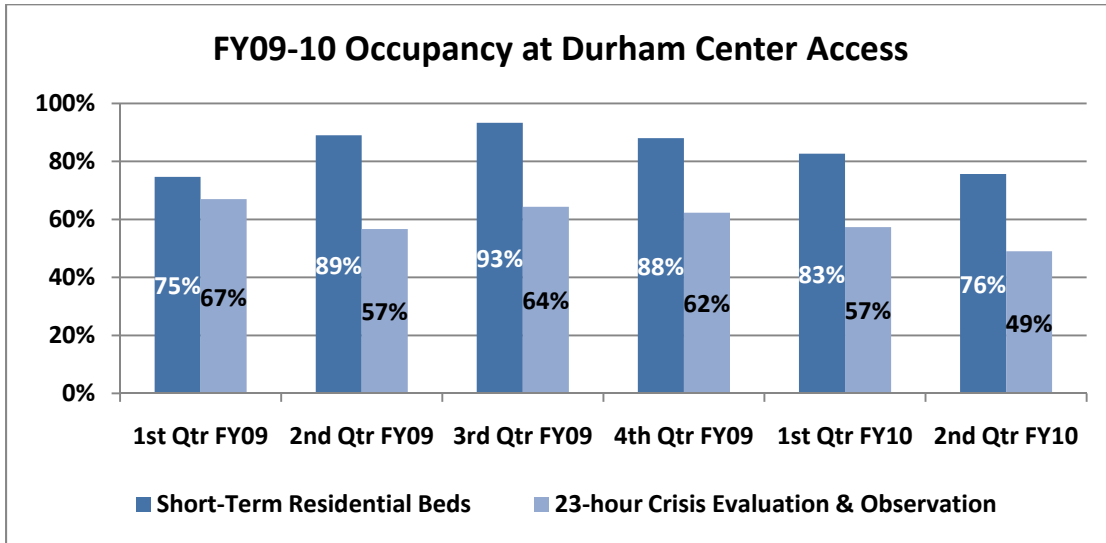
SOURCE: DHHS-DMH/DD/SAS – HEARTS Team Data 2009/2010

2.5:



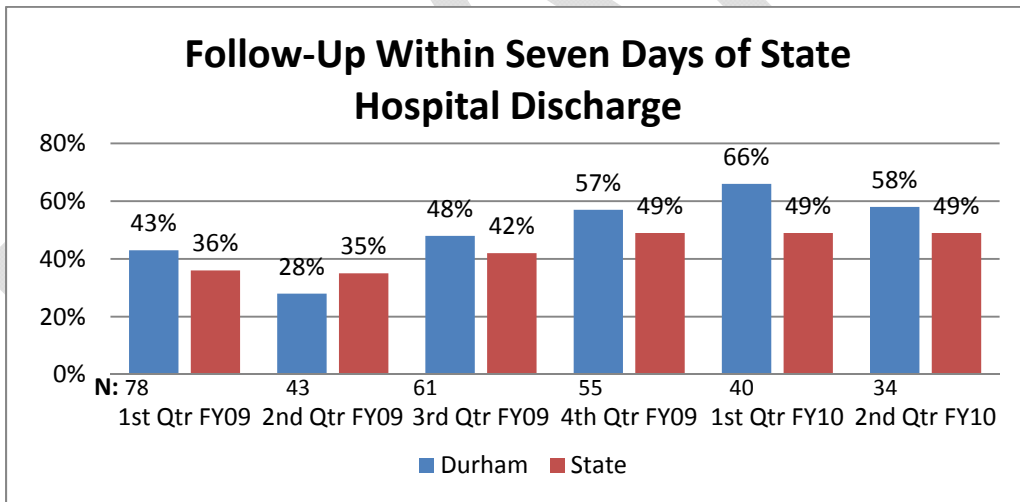
Source: Durham Center Access Hospital Diversion Reports, FY 2009-2010

2.6:

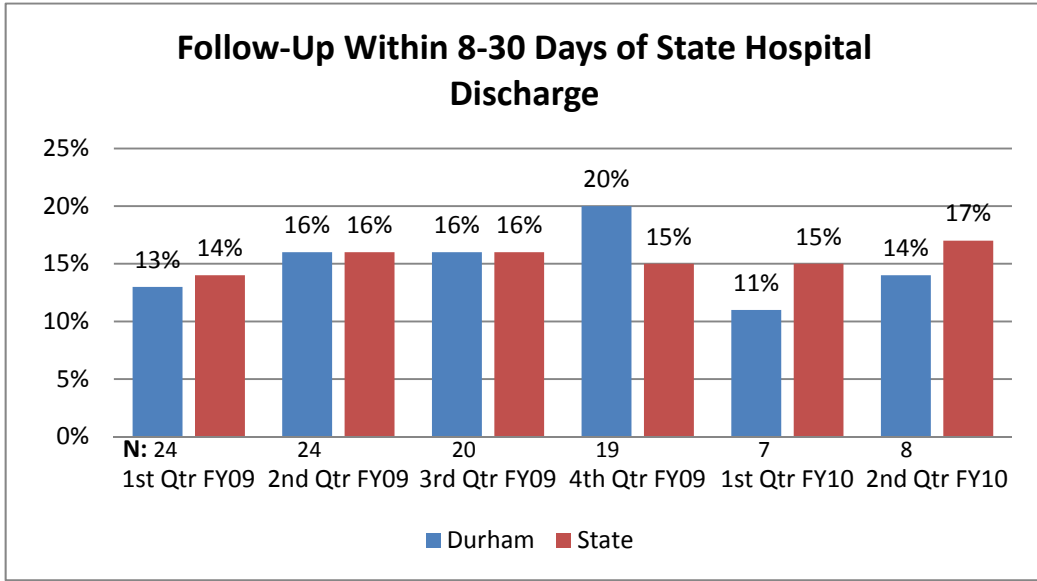


Source: Durham Center Access Occupancy Report FY 2009-2010

2.7:

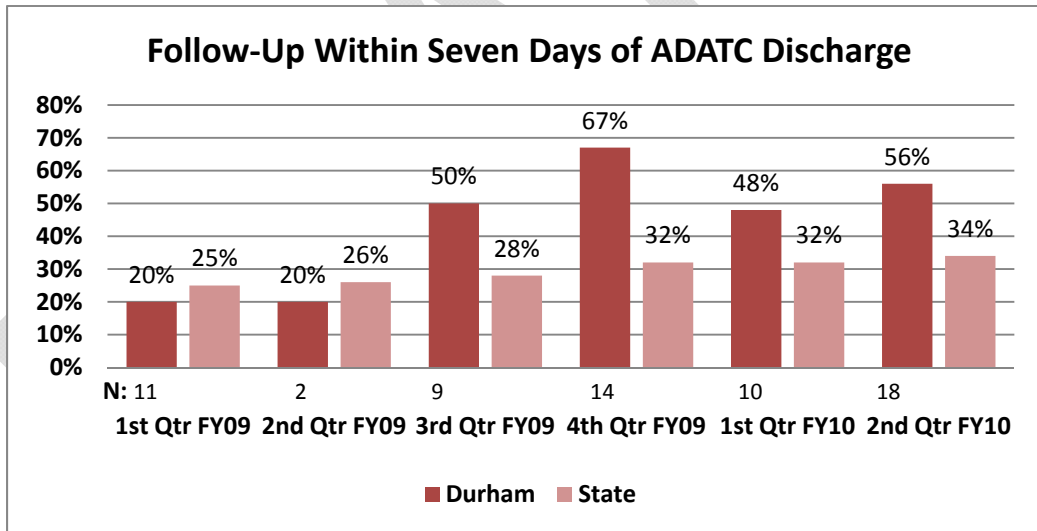


Source: Healthcare Enterprise Accounts Receivable Tracking System (HEARTS)

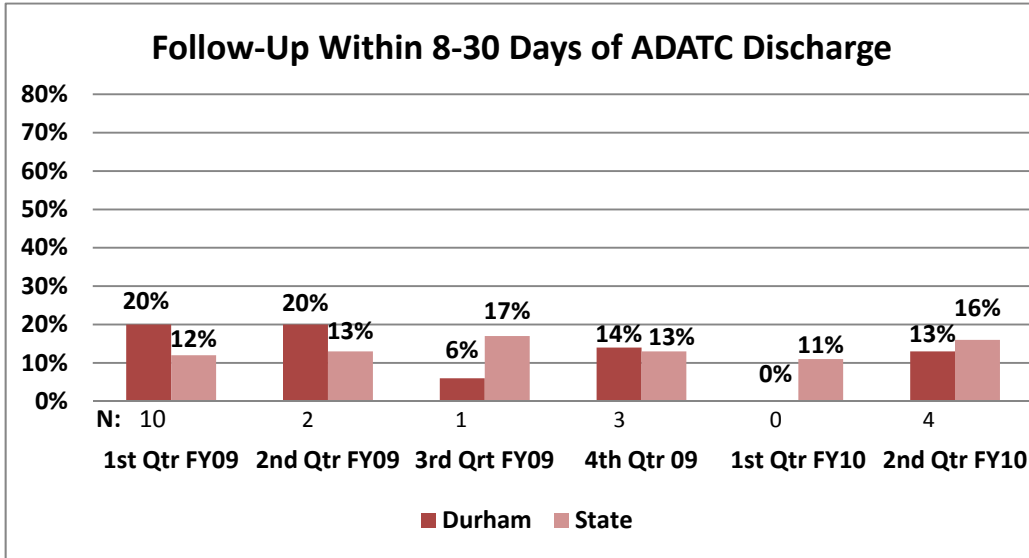


Source: Source: Healthcare Enterprise Accounts Receivable Tracking System (HEARTS)

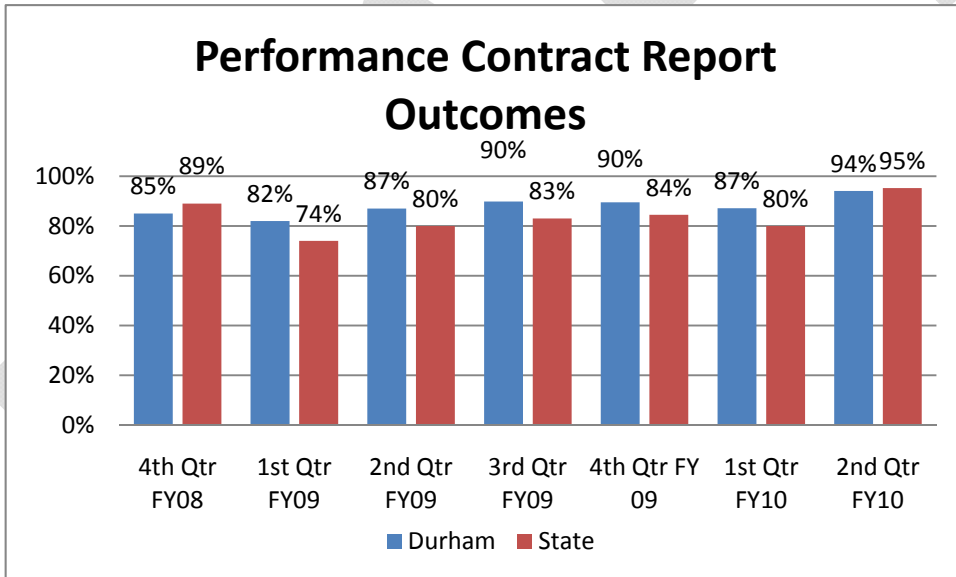
2.8:



Source: Source: Healthcare Enterprise Accounts Receivable Tracking System (HEARTS)

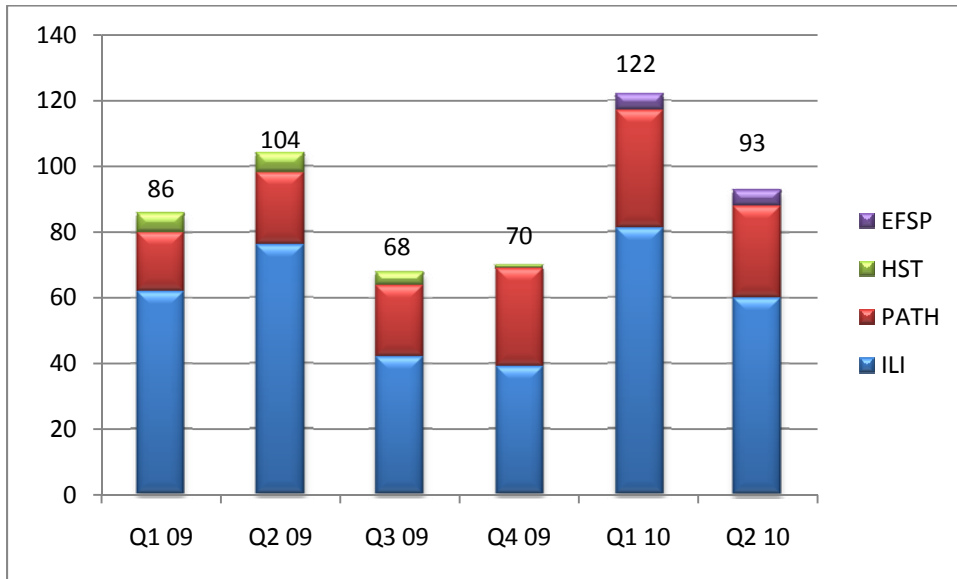


2.10:



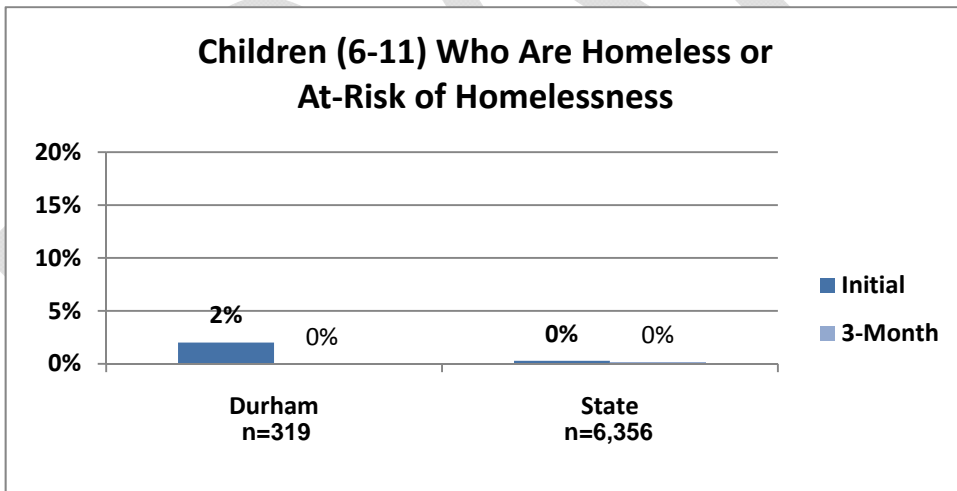
3.1:

*Beginning 3rd Qtr FY'09, the Housing Support Team (HST) program did not enroll new participants.

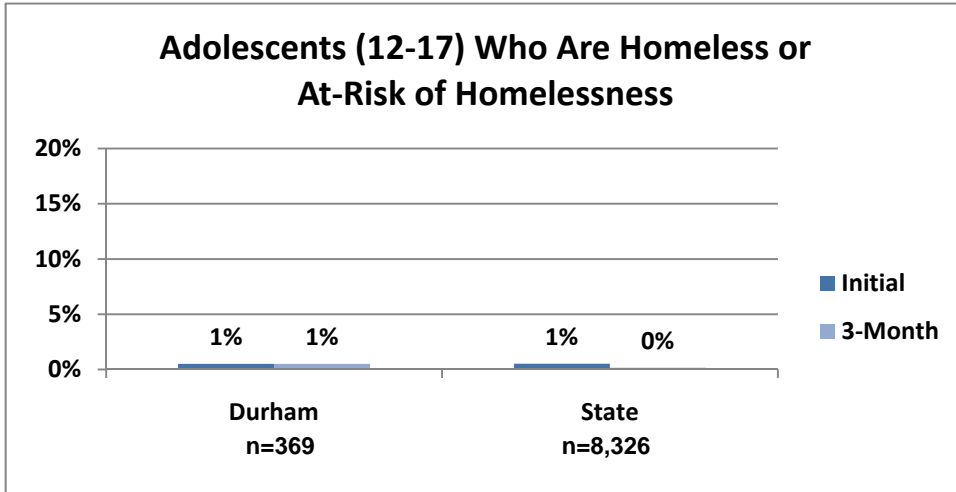


Source: Housing Specialist for ILI, PATH reports and HST reports

3.2:

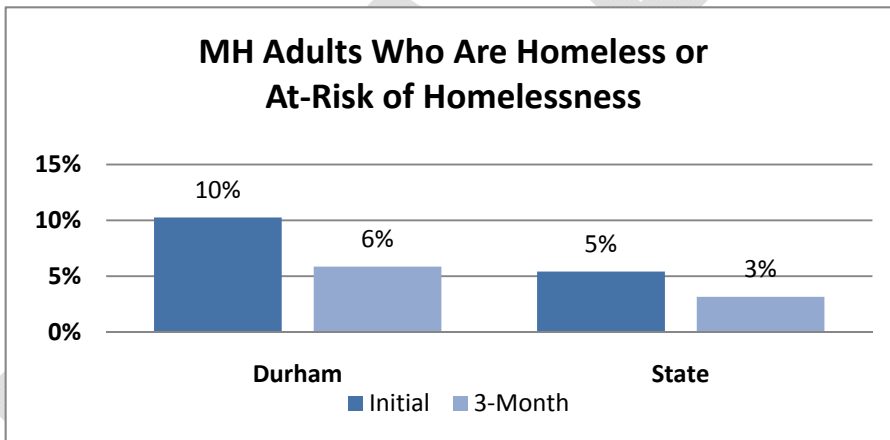


Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009



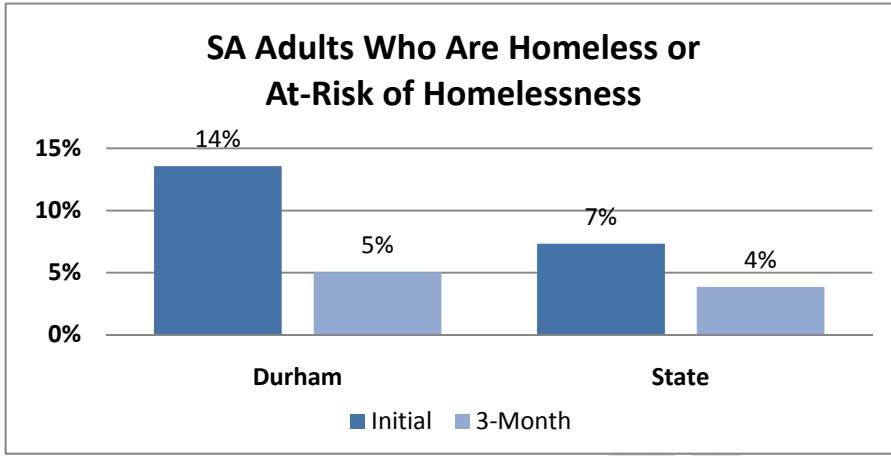
Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

3.3:



*n=614 (Durham)/13,175 State

Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009



*n=258 (Durham)/9,816 State

Source: NCTOPPS Initial Interviews conducted: July 1, 2008 to June 30, 2009 and matched to Update Interviews through December 31, 2009

DRAFT