



# The Durham Center

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

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- **Integrating Behavioral and Physical Health For Better Health Outcomes**
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THE  
**DURHAM CENTER**  
*Managing Behavioral Health & Disability Services*

# INTEGRATING PHYSICAL AND BEHAVIORAL HEALTHCARE: IMPROVING LONGEVITY AND QUALITY OF LIFE

*Khalil S. Tanas, M.D., Medical Director, The Durham Center*

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On average, people with serious mental illnesses die 25 years younger than a comparable person who is not mentally ill. This startling statistic captured my attention and hopefully the attention of reformers in health services across our country. One significant reason for this phenomenon is that often people with severe mental illnesses receive sporadic physical healthcare or even none at all.

The Patient Protection and Affordable Care Act of 2010 requires Community Health Centers to provide integrated health services including dental and behavioral healthcare. If someone suffers from both behavioral and physical illness, integrated healthcare will address both and over time, this expectation will increasingly become a standard of care.

In other words, if you suffer from depression, as well as diabetes and hypertension, you would not have to go to different clinics to have your condition treated. One stop should serve all of your conditions. This would save time, money and energy from all concerned, avoid duplication of lab studies, and treat the individual as a whole person. Illnesses could be identified more quickly and treatment coordinated to minimize possible side effects of medications.

Traditionally, we see a heart specialist, a kidney specialist, a lung specialist and so on, as if we were merely a combination of separate organs. Under the new system the patient's total well-being is the focus of attention. To treat the whole person in this manner requires changes that will challenge all of us to overcome barriers imposed by traditional services. It requires us to think "out of the box" and to have mental health treatment included within the wider rubric of health services. This will serve to reduce stigma, promote early diagnosis, improve access to services, and reduce morbidity and mortality.

In North Carolina, the burden of chronic physical illness is high and increasing steadily, especially among the mentally ill. Our state ranks poorly nationally in overall health and in occurrence of premature death. Many patients who are mentally ill may receive excellent mental health care only to succumb to untreated physical conditions like heart attack, stroke or complications of other conditions such as obesity.

Mental health reform in North Carolina has recently brought about some changes in the way services are provided. Starting this past January, mental health agencies offering intensive care are expected to provide a continuum of services, with a goal of improving the quality of care to people with severe combined mental and physical illness. These agencies have been certified by the State as Critical Access Behavioral Health Agencies, or CABHAs (see article on page 3).

It is obvious that patients with physical ailments need care supervised by a physician. However, it is often not as obvious that a physician is needed when the illness is a behavioral one. Under the

new requirements, these providers must employ a Medical Director and a Clinical Director who work together to help ensure that staff are properly credentialed and that the treatment they provide is safe, necessary and of high quality. The hope is through such oversight and supervision, quality improves and the risk of premature death from undiscovered illness is reduced or eliminated altogether.

Besides providing behavioral healthcare, these providers are expected to ensure that the people in their care also have a primary care provider and work with this provider to coordinate their care. Some behavioral healthcare and primary care providers have even located in the same offices, making it easier to provide the comprehensive, integrated care that has been shown to lead to positive healthcare outcomes and overall savings to the healthcare system.

The Durham Center wants you to know that if you or a friend or loved one have any questions about any changes to your care that have been made recently, or if you are now receiving services from a new provider that you are not satisfied with, we want to hear from you. Or, if your provider has gone out of business without helping you get connected with the services you need from another provider, please contact us. We can help you.

If you have any questions or concerns, you may contact the Customer Service Department at The Durham Center by calling (919) 560-7200 or toll-free (877) 839-0301 Monday through Friday between 8:30am and 5:00pm.



When citizens of Durham County find themselves in mental health, developmental disability or substance abuse crisis, a variety of services and options are available to help.

Durham Center Access is the 24 hour a day, 365 day a year gateway to all of the services managed by The Durham Center. Citizens can call (919) 560-7100 or toll-free (800) 510-9132 anytime of the night or day to talk to a trained clinical professional.

This clinician can help arrange a comprehensive assessment to determine needed services and can assist in identifying community resources to help address the caller's need.

If a caller is determined to need crisis assistance, he or she may be directed to come to the Durham Center Access Crisis Facility. The staff there works to stabilize people in psychiatric crisis and to set them up with follow-up care so that they can return in a timely fashion to their natural support systems.

The facility is located at 309 Crutchfield Street near Durham Regional Hospital. Citizens may come directly to the facility without a referral 24 hours a day.

A Psychiatric Walk-In Clinic is housed at the Crisis Facility for adults and children who need immediate access to psychiatric clinical services. This clinic can provide assessment,

stabilization, brief treatment and linkage with community services including crisis services.

Trained professionals from the Durham Center Access Mobile Crisis Team can come directly to a citizen in crisis, wherever he or she might be. Team members provide short-term crisis response, stabilization and intervention for adults and children in crisis.

It is important to mention that if you already have a behavioral healthcare provider and you feel that you are in crisis, your case manager or therapist should be your first line of help. Always have their emergency after-hours contact information handy.

## Durham Center Access 24 Hours a Day

(919) 560-7100 • Toll-free (800) 510-9132  
Durham Center Access Crisis Facility  
309 Crutchfield Street  
Near Durham Regional Hospital

## IMPORTANT CHANGES IN HOW SOME BEHAVIORAL HEALTH SERVICES ARE PROVIDED IN DURHAM COUNTY

The State of North Carolina has put into place a plan to change the way some services are provided in the community, and The Durham Center wants to be sure Durham County citizens understand what is happening.

The central part of this plan is identifying a number of provider agencies in each community that are clinically capable to provide a more comprehensive group of critical services under appropriate medical supervision, so that consumers who need multiple services might be able to receive them from a single, well-qualified provider. These agencies are referred to as Critical Access Behavioral Health Agencies, or CABHAs.

Another result of this new plan is that some providers in the community will no longer be providing some of the services that they provided before, since they did not meet the State requirements to become a CABHA. Some may go out of business as a result of this new plan.

If you are already receive behavioral health services you may have been contacted by your provider to tell you that they will no longer be providing one or more services that they had been providing you in the past.

Hopefully, that provider has helped you switch to a CABHA agency to continue the service you have been receiving, or worked with you to change to another service that is right for you that they still provide.

The Durham Center wants you to know that if you have any questions about any changes to your care that have been made recently, or if you are now receiving

services from a new provider that you are not satisfied with, we want to hear from you.

Or, if your provider has gone out of business without helping you get set up in the services you need from another provider, please contact us. We can help you.

If you have any questions or concerns, you may contact the Customer Service Department at The Durham Center by calling (919) 560-7200 or toll-free (877) 839-0301 between 8:30am and 5:00pm.

Translation services are provided for clients who do not speak English.



# RECOVERY AND THE ROLE OF PEER SUPPORT

by Bill Smith, Mental Health Program Specialist, The Durham Center

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The New Freedom Commission on Mental Health created during the Bush administration identified three primary obstacles that hinder people from accessing the mental health services they need in a timely manner.

The first is the stigma that surrounds mental illness. Another is unfair limitations and financial requirements placed on mental health benefits in private health insurance. The third is our nation's fragmented mental health service delivery system.

While in many communities these three barriers remain as relevant today as they did in 2002, The Durham Center has worked hard to reduce or remove these obstacles for those in the Durham County seeking behavioral health services. Two key tools in this effort are a focus on and

promotion of recovery, and the increased use of peer support in community-based behavioral health services.

## RECOVERY

The U.S. Substance Abuse Mental Health Services Administration (SAMSHA) calls mental health recovery "a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

The Durham Center embraces and supports the recovery of all the individuals we serve in all of its various forms and have developed a number of recovery-focused initiatives. One is Wellness City, which is located at 401 East Lakewood Avenue in Durham.

Wellness City is a community made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers who have experienced their own recovery challenges and successes share what they have learned and work alongside practitioners and educators who are committed to the founding principles of the recovery community. The citizens of Wellness City who are beginning their recovery journey learn to identify personal strengths and challenges and develop personalized plans that incorporate life experiences, newly learned skills, and goals and dreams for the future.

Additionally, each September The Durham Center and its partner agencies throughout the community host a Recovery Celebration to celebrate individual and community efforts around behavioral health recovery in Durham County. All Durham residents in, pursuing or supporting individuals in recovery are encouraged to attend.

## PEER SUPPORT

One very important component of the recovery process and the delivery of community-based mental health services is peer support. Peer Support Specialists are individuals who have experienced mental illness themselves and progressed in their own recovery. After receiving specialized training and certification they are able to work with others facing the challenge of mental illness, bringing with them the real-life experience and a kind of credibility that professional training cannot teach.

Peer Support Specialists often assist clients in articulating their goals for recovery, help them monitor their progress, assist them in their treatment, model effective coping techniques and self-help strategies, and advocate for the client in obtaining effective services.

North Carolina is one of several states that have embraced the peer support movement to incorporate trained individuals in recovery to strengthen and better inform behavioral health treatment and community interventions. In North Carolina, individuals interested in becoming Peer Support Specialists are encouraged to consult the Peer Support Specialist Program based at UNC-Chapel Hill. More information about that program can be found at [pss-sowo.unc.edu](http://pss-sowo.unc.edu) or by calling (919) 843-6083. In Durham County, peer support training is regularly offered in collaboration with Wellness City. For more information, contact them at (919) 687-4041.

Many of the community programs supported by The Durham Center employ Peer Support Specialists, and a Peer Support Specialist is part of the Care Coordination Unit at The Durham Center. This individual works to provide increased follow-up and treatment coordination for people who have recently been discharged from state and local hospitals, providing a unique understanding that can only come from shared experience.

***"Our Country must make a commitment. Americans with mental illness deserve our understanding and they deserve excellent care."***

***President George W. Bush,  
2002***



# DOES MY TEEN HAVE BIPOLAR DISORDER?

*Khalil S. Tanas, M.D., Medical Director, The Durham Center*

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Normal passage through adolescence is not an easy time for most of our children. Normally it is a time of turmoil and change. Physical growth, hormonal changes and the emergence of other physical characteristics of adolescence may take your teen by surprise. In males, thickening of the voice and other signs of maturing like spurt of height, facial hair and changing bone structure create a feeling of uncertainty. In both young men and women, there is a psychological conflict between the comfortable dependence of childhood and the necessary pull away from parents towards independence as they increasingly assume adult responsibility.

At times, it appears that these physical and psychological changes are so rapid that the maturing individual is completely confused to the point of being scared. This sensitive stage of life is made even more difficult when a teen is also burdened by depression or bipolar illness.

As a parent of a teen with Bipolar Disorder, you may feel at a loss. Your concerns may manifest themselves in excessive worry, sleepless nights, or a belief that your situation is so unique that no one else could possibly understand. Your first reaction may be to hide it or minimize it even from yourself, as you are inclined to think you are alone in having such a difficult situation. This is far from being the truth.

First, what is Bipolar Disorder? Bipolar Disorder, also sometimes referred to as manic-depressive illness, is a condition that most often appears in the second and third decades of life, but may also have an early onset during childhood or adolescence. In this article, we'll talk about adolescent bipolar disorder.

As its name implies, manic-depressive illness during adolescence manifests in mood swings that may vary from the lows of depression to the highs of mania. When your teen becomes depressed, he or she may feel life is not worth living, think about death or suicide, may feel very sad, complain about pain a lot, sleep too little or too much, feel guilty and have little energy, feel helpless, or have no interest in most of his or her usual fun activities.

Loss of pleasure in what used to be pleasurable may have serious consequences, with the most serious being a possible increased openness to suicide. Further progression may lead to an extreme situation where the teen may stop eating, bathing or verbally communicating. At this stage, the condition requires the intervention of professional help. If left untreated, this may lead to death due to starvation or suicide.

When the adolescent's mood shifts in the other direction, a condition referred to as mania, the child may become more difficult to engage in treatment due to the fact that often the adolescent finds the symptoms to be quite enjoyable. He may get a boost of energy, feel very happy, experience a sense of great joy or euphoria, feel invincible and have reduced need to sleep. Other symptoms are trouble staying focused, rapid speech, and thoughts racing so fast that speech may be difficult to follow. He may feel that they have super abilities to achieve great events. At this stage, the person may act foolishly, do risky things like high-risk sexual behaviors, have unjustified optimism, make unwise financial choices or go on a spending spree.

These young people may experiment with drugs and alcohol – a dangerous proposition – especially if he or she has a car to drive. There can be an increase in school absences and grades may suffer. They may talk and think about sex more

often and may become irritable, agitated or aggressive. With this inflated sense of power, judgment suffers and there may be a break from reality with delusional speech and other symptoms, such as hearing and seeing things that others do not. Involvement of highly-trained and experienced professionals is recommended immediately at this point. Having a strong, open relationship with your child can greatly increase his or her openness to treatment and willingness to engage with treatment providers.

These mood shifts vary from person to person. They may occur as often as several times in the same day or only few times during a year. At times, both symptoms of depression and mania may co-exist leading to a mixed state. Mood shifts need to be distinguished from the normal ups and downs often confused with the upheavals of adolescence. Bipolar symptoms are more powerful than these normal variations.

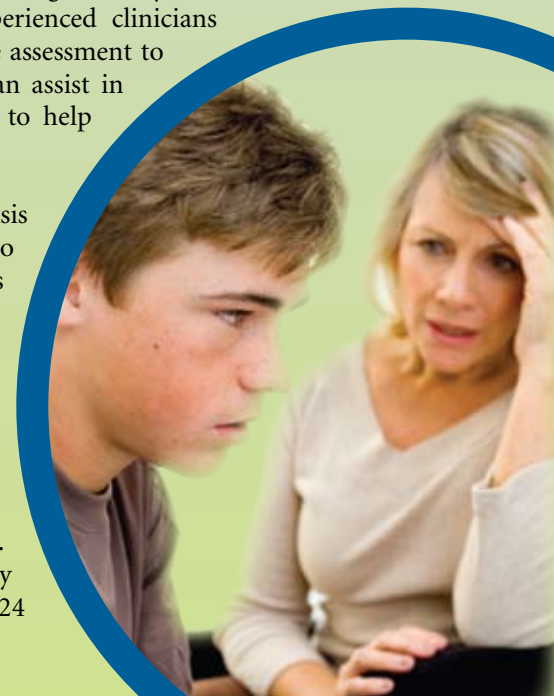
An experienced clinician will carefully examine your teen, which often involves asking a number of specific questions, examining past history and behaviors, and possibly administering written tests to evaluate behavioral health symptoms. A clinical interview is usually sufficient to make the diagnosis when signs and symptoms are evident. Currently there is no blood test capable of determining whether individuals have bipolar disorder or other particular psychiatric illness.

The cause of bipolar illness is not fully understood at this time. Researchers suspect a genetic link, as the illness tends to run in families. In other words, children with a sibling, parent or grandparent with bipolar disorder are more likely to manifest the illness.

If your child or teen is in a crisis, help is available. If you believe them to be a danger to harm themselves or others, it is important that you do not leave him or her alone till help arrives and the situation is controlled or resolved.

Durham Center Access is the 24 hour a day, 365 day a year gateway to all of the services managed by The Durham Center. Citizens can call (919) 560-7100 or toll-free (800) 510-9132 anytime of the night or day to talk to a trained clinical professional. Experienced clinicians can help arrange a comprehensive assessment to determine needed services and can assist in identifying community resources to help address the caller's need.

If a caller is determined to need crisis assistance, he may be directed to come to the Durham Center Access Crisis Facility. The staff there works to stabilize people in crisis and to set them up with follow-up care so that they can return in a timely fashion to their natural support systems. The facility is located at 309 Crutchfield Street near Durham Regional Hospital. Residents may also come directly to the facility without a referral 24 hours a day.



# NEW PROJECT TARGETS “DISCONNECTED” YOUNG PEOPLE

by *Brandon Alexander, Social Marketing Coordinator, BECOMING Project*

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Durham County was one of nine communities across the country awarded a grant from the U.S. Substance Abuse and Mental Health Services Administration to develop integrated home and community-based services and supports for transition age youth with serious emotional disturbances and their families.

The project will be used to develop a system to address the clinical, developmental and educational needs of the approximately 3600 “transition age youth” ages 16-21 in Durham County who are “disconnected” from the community services and supports that can lead to a successful transition to adulthood.

The project, which will be known as Building Every Chance of Success, stands for Building Every Chance of Success and Grown up. Currently in a planning year, BECOMING will soon serve transition age youth with mental health conditions who are struggling to make the transition to productive adulthood and have become disconnected from important services and supports such as education, families, mentors and employment. Typically these young people are not in school or employed in the workforce. They often show up in our criminal justice system instead of receiving the education, work, civic and family support they need to succeed. BECOMING focuses on creating more opportunities for the youth but will also address educational, cultural and system issues that often lead to youth falling through the cracks.

When a youth falls through the cracks, youth will be referred to the project by schools, parents, caregivers, mental health providers, social services, law enforcement and the judicial system. Once referred, they will undergo a screening/assessment process and will then create a plan to develop their education and career goals and to navigate clinical and behavioral issues. The grant will fund training, tuition assistance, parks and recreation programs, literacy programs and more.

The project is a part of Durham System of Care and matches SAMHSA’s investment in financial and human resources contributed by over 30 partner organizations in Durham County. BECOMING will serve at least 800 youth over the life of the grant and will provide outreach to hundreds more.

Nowhere in the country has there been an attempt to establish such a comprehensive model of care for this often forgotten group of young people. BECOMING presents not only a tremendous opportunity for our community, but an opportunity to set an innovative example for the rest of our state and nation.

If you or your business or agency is interested in learning more about how you can become involved with BECOMING, please contact Tonya VanDeinse at [tvandeinse@durhamcountync.gov](mailto:tvandeinse@durhamcountync.gov)

If you are interested in learning more about how you can become involved with BECOMING, please contact Tonya VanDeinse, Project Director, at [durhamcountync.gov](mailto:tvandeinse@durhamcountync.gov).



## BECOMING’S FOCUS

16-21 year olds characterized as “disconnected” generally exhibit one or more of the following:

- No diploma and not in school
- Pregnant or parenting
- Incarcerated/on probation
- Leaving the foster care system
- Long term unemployed or underemployed



**T**rauma can occur at any age. However, studies show that a history of exposure to traumatic stress is prevalent among transition age youth, with rates of up to 80% being reported.

These are the young people with whom BECOMING will work. The initiative will strive to educate the community on the issues surrounding trauma and how to best assist a young person that has had a traumatic experience. While BECOMING’s focus will be on transition aged youth “disconnected” from the community’s normal support systems, The Durham Center offers numerous resources for any age on the subject of becoming “trauma-informed”.

We all experience negative events in our lives and quite often these events can be considered traumatic – the sudden passing of a loved one, a serious automobile crash, a life-threatening illness, or perhaps a violent crime. We do what we can to cope by drawing on our own inner strength, the help of friends and family, and other sources of support or inspiration to recover and restore a sense of well-being.

When an elementary school-aged child experiences trauma, however, finding the way forward is harder. Young children are in the midst of developing the cognitive, reasoning and socialization skills necessary to comprehend and respond to

trauma, whether it’s an isolated event like a bullying situation or an accident, or an ongoing situation such as child abuse, a natural disaster, or community violence. Even seeing such events on TV can cause emotional distress in very young children.

These kinds of traumatic events can have a detrimental effect on a child’s social and mental development. Children who repeatedly experience trauma also may have greater difficulty concentrating, which can make solving problems even more difficult. When combined with the stress of the other developmental challenges that typically occur during elementary school, such as making new friends and adjusting to new environments, trauma can take a toll on a child’s academic performance, self-esteem and social skills.

Teachers and other professionals who work with children may be surprised to learn that as many as two out of three children have been exposed to at least one traumatic event before the age of 16, and that these events can profoundly affect learning and behavior. Identifying a child who has been traumatized can be difficult, however, because very young children may be unwilling or unable to talk about what has happened to them or how they are feeling.

Moreover, because some of the child’s responses to trauma – such as experiencing anxiety, being excessively clingy, becoming withdrawn or unable to control emotions, complaining of headaches and stomachaches – mirror symptoms of other issues, teachers may not immediately recognize the true source of the distress.

That’s why teachers, counselors, family members, caregivers and other adults need to familiarize themselves with childhood trauma and what they can do to help. Support from adults is particularly important because elementary school-aged children look to them for both structure and guidance during difficult times.

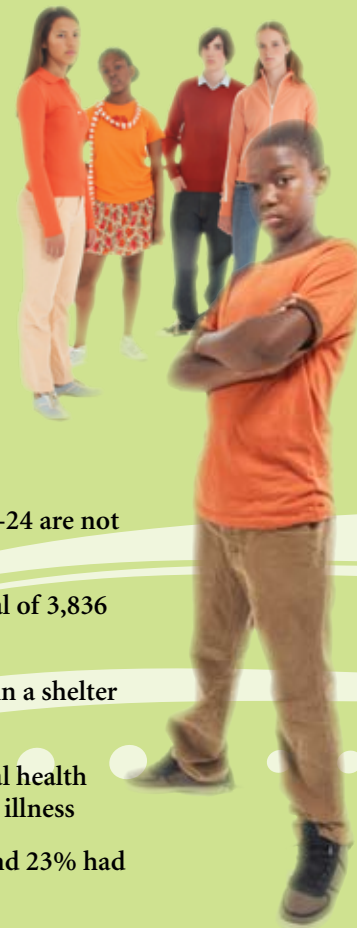
A variety of informational resources is available from U.S. Substance Abuse and Mental Health Services Administration website at [samhsa.gov/children](http://samhsa.gov/children).

Along with providing tips and strategies for helping children dealing with trauma, these resources will help adults understand the impact of trauma and answer questions about other responsibilities, such as those related to mandated reporting laws and procedures for dealing with suspected physical/sexual abuse and other serious issues.

Teachers or other adults who help a young child deal with trauma are doing more than just helping him or her through a difficult situation. They are helping the child to learn important coping skills and build resilience that will restore a sense of well-being today, and provide a critical foundation for dealing with other difficult experiences later in life.

## TRANSITION AGE YOUTH (AGES 16-21): FACTS AND FIGURES

- Durham County has more disconnected transition age youth than any of the three surrounding counties
- The number of transition age youth in Durham County is equivalent to 40% of the high school students in Durham Public Schools
- 34% of Durham County’s young people aged 15-24 are not enrolled in any type of education
- 1703 transition age youth were arrested for a total of 3,836 incarcerations
- 77 transition age youth were homeless or living in a shelter during a recent count
- 1,250 transition age youth are engaged in mental health services with half diagnosed with a serious mental illness
- 86 of these accounted for 116 hospitalizations and 23% had two or more hospitalizations



# EVIDENCE-BASED PRACTICES: ARE THEY RIGHT FOR YOU?

by Bill Smith, Mental Health Program Specialist, The Durham Center

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Once it seemed like nothing could help people with serious mental illness. Now we understand that mental illnesses are brain disorders like any other chronic diseases. Today treatments and support services are far more effective than they used to be and new medications can be very effective in treating symptoms while minimizing negative side effects. Some of the ways of providing services have been studied for many years and have been proven to result in very positive outcomes for individuals. These are called evidence-based practices because a great deal of research tells us that they are effective.

The Durham Center offers a number of these evidence-based practices through our provider community. Most involve teams of professionals with a variety of clinical expertise who work with the individual and family in their home and in the community to develop ways to help them manage mental illness and find better ways to cope, to pursue educational, vocational and recovery goals, and to learn the living skills needed to manage in the community.

Here is a description of some of the evidence-based practices available in Durham:

**Assertive Community Treatment Team (ACTT)** is a comprehensive and proactive community-based model for delivering treatment, support and rehabilitation services to adults who have the most severe symptoms of mental illness. The goal is to help people stay out of the hospital and develop skills for living in the community so that their lives are not controlled by mental illness.

**Cognitive Behavioral Therapy (CBT)** is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do. It has proven to be very effective in addressing the problematic thinking regularly associated with various forms of depression.

**Housing and Residential Services** can allow your provider or other behavioral healthcare services to help you decide which residential supports you will need to achieve your goals. This can include various kinds of assistance like rent subsidies and help with start-up expenses to help ensure safe, stable housing.

**Integrated Dual-Diagnosis Treatment (IDDT)** targets people who have dual diagnoses, in particular serious mental illness together with substance abuse issues, helping them recover by providing services for both diseases in one setting, at the same time. It utilizes medicines, as well as psychological, educational and social supports to address the needs of individuals as well as their family and friends.

**Supported Employment** helps people with disabilities participate in the labor market in jobs they prefer with the level of professional help they need.

**Seeking Safety** is offered through both individual and group therapy to address the issues of Post-Traumatic Stress Disorder (PTSD) combined with and substance abuse.

**Wellness Management and Recovery (WMR)** helps individuals with serious mental illness collaborate with professionals, reduce their susceptibility to the illness, cope effectively with their symptoms and grow beyond their mental illness.

The Durham Center is committed to ensuring that treatment which has been proven to be effective for individuals is available to them when seeking services, and that these services are developed and delivered in a way that promotes client rights, personal

choice and recovery. For more information on EBPs you may visit the Substance Abuse and Mental Health Services Administration (SAMSHA) website at [samsha.gov](http://samsha.gov)

## GETTING STARTED: HOW DO I KNOW WHAT SERVICES I NEED?

If you are planning to begin receiving mental health services, it is important that your new provider understand your particular goals and priorities so that your services will be of personal value to you. So, you and your provider should meet to talk about what you want and need. You should expect the following process:

### **Safety and Crisis**

Your provider should first help make sure that you are safe and that a crisis can be addressed effectively. You should expect to leave your first meeting with a written safety and crisis plan that you fully understand and feel is reasonable for you.

### **Goals, Strengths and Needs**

Next, your provider should ask you to help him or her understand your strengths and your goals:

- What you want from services
- How you want services to help you meet your goals
- Your priorities for treatment, housing, food, legal assistance, finances and other basic needs
- Your preferences about how treatment services are provided
- Your strengths and interests
- Past treatment experiences

### **Person-Centered or Family-Centered Plan**

Then your provider should explain how a Person-Centered or Family-Centered Plan might assist you in meeting your goals. You and your provider will begin to create this plan together. For children up to age 19 who have emotional disturbances and need services from other agencies as well as mental health services, your child and family will have the opportunity to identify people that can join you as part of a Child and Family Team. The Team will help coordinate the services and supports needed to implement your plan and meet the goals of your child and family.

If you are an adult, you can identify people to help you work through a Support Team to coordinate the services and supports needed to implement your plan and meet your goals.

### **Best and Evidence-Based Practices**

Your provider should also provide you with information on services that are proven to be effective (called best practices and evidence-based practices) along with the current array of services available to you in Durham County.

### **Promoting Strengths and Recovery**

Your Team should meet with you on a regular basis to make sure that the plan is working and your goals are being met. If the plan isn't working, it should be changed. It should also change as your strengths and needs change. Remember that the whole purpose of your Team and your plan is to help you meet your goals for success and recovery. Anyone can call a Team meeting and your Team should meet as often as necessary.

# CRISIS INTERVENTION TEAM TRAINING

by Bill Smith, Mental Health Program Specialist, The Durham Center

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In the late 90's the Memphis, Tennessee Police Department began partnering with the Memphis chapter of the National Alliance on Mental Illness (NAMI), local behavioral health providers, and area universities to organize, train and implement a highly-specialized unit to respond to behavioral health crises in the community.

This partnership and the resulting training program formed are known as Crisis Intervention Team (CIT) Training.

In Durham, a very successful Crisis Intervention Team Training is offered to local law enforcement personnel and first responders several times per year through a collaboration between The Durham Center, the Durham NAMI chapter, Durham Police Department, the State of North Carolina, local behavioral health providers and other invested stakeholders. CIT in Durham, as with all best-practice applications, is a community effort that brings together individuals, agencies and interested groups for the common good and goals of safety, understanding and service to those with behavioral health issues and their families and loved ones.

Over the course of a 40-hour training, officers from Durham Police, Durham County Sheriff's Department and Duke University, as well as other first responders and emergency telecommunicators are given information across a variety of topics, including de-escalation techniques, suicide risk assessment and intervention, and psychiatric medications. They learn about the established connection between behavioral health and homelessness, how to interact effectively with individuals with developmental disabilities including autism, and techniques for working with adolescents with behavioral health issues. They visit community-based treatment providers to learn first-hand from individuals providing and receiving services within the Durham County mental health services system.

As a result, CIT Training participants learn to recognize individuals in behavioral health crisis. They come to understand how an immediate, humane and calm approach greatly reduces the likelihood of physical confrontations and increases the likelihood that individuals will be connected to appropriate, community-based, least-restrictive treatment options.

The results of the CIT program are very positive, including fewer incarcerations of persons with mental illness for misdemeanor charges. Instead of being locked up, they are connected to appropriate community-based behavioral health services. The need for officers to utilize force is decreased and it turns, so are injury rates of officers and citizens alike.

Durham County currently has more than 150 certified CIT officers in five local law enforcement agencies, and The Durham Center and its partners in the program have provided technical assistance to Orange and Alamance counties. An upcoming class of Durham Police officers to receive Crisis Intervention Team training will be its tenth. Sgt. Lori Ray says that the Department has totally embraced this training. "We have never had to push to officers to attend. They frequently stop me or call me and ask me when the next class is being held!"

Durham has been recognized nationally for its efforts and recently received funding from the Bureau of Justice Assistance Mental Health-Law Enforcement Project. Part of the funding allows a Durham Police officer to team with a mental health clinician, when necessary, to respond to the many issues raised when a citizen comes in contact with law enforcement.

Crisis Intervention Team Training is just one way that The Durham Center works to increase community understanding of mental illness, substance use disorders and developmental disabilities. With this understanding comes more compassionate, appropriate responses to citizens facing these challenges, and the help they need as they move towards recovery.

***If you or someone you care about is experiencing a behavioral health crisis that requires a law enforcement response, when you call 911 let the dispatcher know this and ask that a CIT officer be sent.***



If you are a consumer of behavioral health services in Durham County, are you aware of your rights?

Your right to be treated with dignity and respect is the basis on which all client rights and responsibilities are based. You have a right to live your life as normally as possible while receiving treatment.

You have a right to be told the rules that you are expected to follow and the possible penalties for violating those rules in any program you attend or service you receive from providers contracted with The Durham Center. Service providers are responsible for explaining their service or program specific rules as well as penalties for violating those rules to every individual they serve.

Our policies are designed to assure basic human rights to each individual. Employees and services providers are not allowed to subject an individual to any sort of neglect, indignity or abuse. Your rights include

treatment in the best environment for you with the fewest possible restrictions.

After an initial screening for eligibility for services by Durham Center Access, you have the right to select one or more service providers to help develop a person-centered plan. You also have the right to select the service provider or providers that will implement the plan. Your plan must be put into practice within 30 days after completing the assessment with the service provider.

The only times you can be treated without consent are in an emergency, if your treatment has been ordered by the court and more than one professional agrees that you need that specific treatment to prevent harm or to improve, or if you are under 18 years old and your parents give permission.

You have a right to see the information in your own record unless more than one professional determines that it would be physically harmful for you to see it.

In order to look at your records, you must make a request to the service provider, as defined in its policies.

In general, the law states that no one can share information with others outside this organization about the services you receive. These same laws, however, require us to share information with others under certain conditions. Exceptions to these conditions apply if you are receiving treatment for substance abuse.

### *With Rights Come Responsibilities*

In planning your care with the service provider, you have the responsibility to be open about any of your physical and health problems, your behavioral health and physical health symptoms, and possible side effects of medications.

You have the responsibility to keep appointments and attend activities that are a part of your care plan. Call or have someone else call your service provider/s as soon as you can if you know you cannot keep an appointment so that it can be rescheduled.

It is your responsibility to treat people who work at The Durham Center and for your service providers with respect and consideration. You are also responsible for respecting other consumers' rights and their confidentiality.

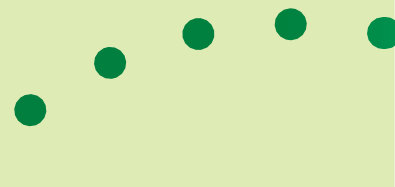
### *How to Handle Concerns*

You have the right to voice concerns and complaints relating to the treatment or care you receive, and to a timely response explaining how The Durham Center is going to consider the issue or issues you raise and act upon them.

You also have the right to be free from any pressure intended to discourage you from voicing your concerns or complaints.

If you think a problem exists with your services or you think your rights have been violated, try to talk to the service provider or your case manager first.

If you are not comfortable talking to the service provider, you can call The Durham Center Customer Service Department. We will listen to you and obtain the information needed to help you find solutions. We can provide you with information about your rights under North Carolina law, how your eligibility for services is determined, and how to file a complaint, grievance or appeal.



### **The Durham Center Customer Service**

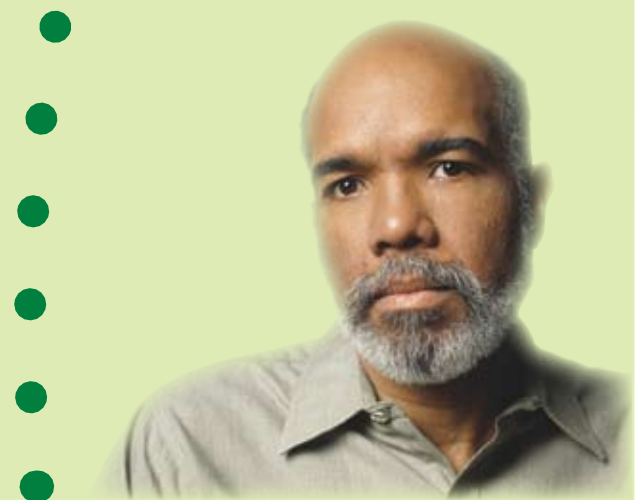
(919) 560-7200

Toll-free (877) 839-0301

414 East Main Street

Durham, NC

M-F, 8:30am-5:00pm



# WHAT ARE YOUR LIFE GOALS?

*Khalil S. Tanas, M.D., Medical Director, The Durham Center*

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Do you ever feel like you lack direction or that you are not achieving everything you could? You may feel this way because you have not spent enough time thinking about what you want from life and have not set some formal and attainable goals for yourself.

If you agree, you may want to start a process for goal setting. A goal is a personal objective to clarify what you want in life. Goal setting provides a powerful motivation for action and improves self-confidence and a sense that you are able to influence your own destiny in a given situation and make things happen as you intend them to be. A goal may be in the realm of career, education or personal finance. It also may be about safe and affordable housing, a meaningful job, completing school, having a loving relationship, or merely enjoying good health. Such goals are universal and equally shared by those who provide help to you as well as those who receive help for developmental disabilities, mental illness or addiction.

Usually, one would set a large scale goal or long-term goals and try to have intermediate and interim steps, or short-term goals, that may be achieved more quickly. It is essential that these short-term goals be small and realistic and described in positive terms, such as spending more quality time with your children. Precise goals should be clear in your mind with dates, time and amounts you want to achieve them. Break these down into smaller and smaller targets that you must hit to reach your major goals. Then set up a one-year plan, a six-month plan, a one-month plan, on down to a daily “To Do” list of things you should do each day to work towards achieving your lifetime goals. A good reminder is the acronym SMART: (S for specific, M for measurable, A for achievable, R for relevant and T for time-bound).

To succeed, we each need to have worthy goals that we believe in, possess a high level of desire to achieve them, and have freedom from fear and anger. We should also believe that our life is controlled only by our thoughts and actions and not someone else’s and that our goals can be planned. Where we are today in life is no accident. When we fail to plan, we may unconsciously plan to fail. No one else is controlling our life but us. We accept full responsibility for the outcome of our thoughts and actions.

In my younger days, I used a simple formula to plan and motivate myself. It consisted of three words: Conceive, Believe, Achieve. They worked for me. You may want to see if they work for you. They are the three stages of goal setting.

In the stage of Conceive I let my imagination run wild, writing down several thoughts that came to mind. I thought about them the first thing in the morning and the last thing before I slept. Gradually, I refined those thoughts to a few, no more than one to three. Then I prioritized these goals that I wanted to pursue. I selected the most pressing. I rewrote them down with crystal clear focus, so that my goal or goals were certain and well-defined.

The second stage, Believe, was to identify whether my goals were realistic and achievable within my limitations. Knowing our limitations is an important step in our maturity. Once the goal was determined to be realistic and achievable, I did not have to work hard to believe I could do it.

The last stage, Achieve, flowed naturally from this belief to the point that, on occasion, I was amazed how simple it was to achieve it. It seemed that I could tap into a higher power once I passionately believed as if my mind worked up the solution and method to achieve it even when I was asleep.

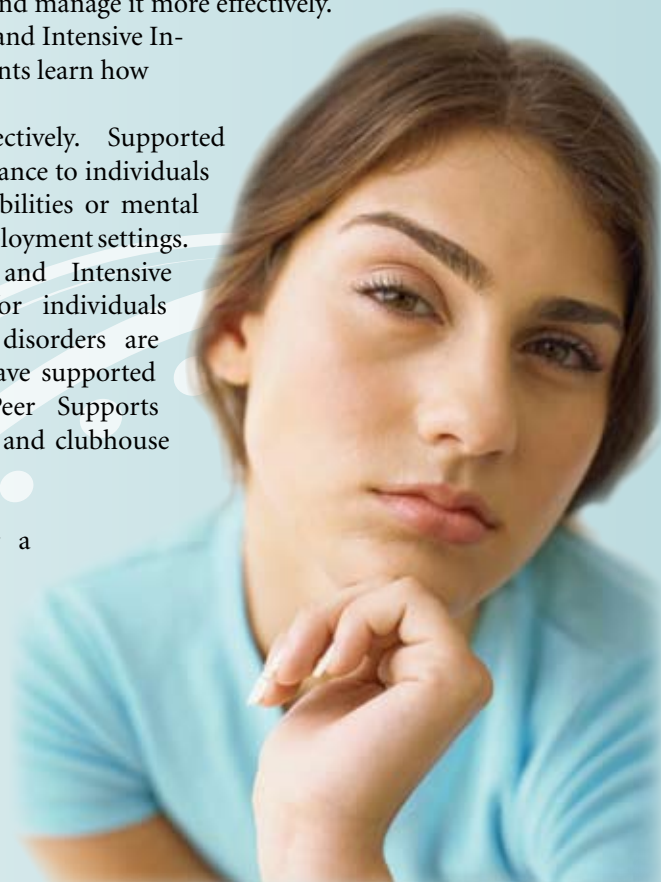
At The Durham Center we believe we are a community with vigor, energy and momentum that embraces people with disabilities as equal partners and valued citizens. When citizens with disabilities reach their full potential, the entire community is elevated and benefits. As such, we are eager to help Durham County residents be all they can be, and help you believe in yourself and achieve your goals.

The Durham Center is committed to the development and implementation of a comprehensive home and community-based System of Care in Durham County. System of Care is a nationally-recognized framework that organizes public and private community services and resources into a comprehensive and interconnected network to assure that individuals and families with complex needs have access to the services and supports they need to be successful at home, in school, at work and in the community at large. It is based on shared responsibility and accountability. No man or woman should be an island.

The Durham Center is proud to offer many evidence-based practices through our provider community. These include Assertive Community Treatment Teams for adults with severe mental illness and Integrated Dual Disorder Treatment for Adults with mental illness and addiction disease. Wellness Management and Recovery helps adults with severe mental illness learn to understand their illness and manage it more effectively.

Multi-Systemic Therapy and Intensive In-Home Therapy help parents learn how to respond to the needs of their child more effectively. Supported Employment offers assistance to individuals with developmental disabilities or mental illness in competitive employment settings. Residential Treatment and Intensive Outpatient programs for individuals with Substance Abuse disorders are also available, and we have supported the development of Peer Supports through drop-in centers and clubhouse programs.

All our efforts are for a single purpose – to allow all individuals the chance to achieve their life goals. And isn’t this something everyone wants?





THE DURHAM CENTER manages mental health, developmental disability and substance abuse services in Durham County. Although The Durham Center does not actually provide services, our job is to ensure that local citizens who seek help for mental illness, developmental disabilities and substance abuse receive the quality services and supports they are eligible for to help them achieve their goals and live as independently as possible.

### **How to Access Services:**

If you or a family member needs help for a mental health, developmental disability or substance abuse issue you can call DURHAM CENTER ACCESS at 919-560-7100 (toll free 1-800-510-9132) 24 hours a day, 7 days a week.

When you call you can receive information or a referral to an appropriate provider.

Walk-in crisis help is also available for emergency situations 24 hours a day at 309 Crutchfield Street in Durham, near Durham Regional Hospital.

**Reach out for help through Durham Center Access.**



## DURHAM CFAC: ADVISING THE SYSTEM FROM PERSONAL EXPERIENCE



What is CFAC?

It's the Consumer and Family Advisory Committee, made up of people who experience or have family members who experience mental health, developmental disability and/or substance abuse issues. Durham CFAC, along with other similar groups across the state, were created as part of North Carolina's mental health reform efforts.

Durham CFAC is a group that is mandated by North Carolina law. Its job is to advise The Durham Center by pointing out gaps in services in our community, recommending new services or ways of delivering services, and helping to develop and evaluate ways to improve the quality of services to which our citizens have access.

Over the past couple of years, Durham CFAC has identified several key local issues, including expanding access to housing and employment for people served by The Durham Center and its contracted providers and reducing the stigma associated with behavioral illnesses and developmental disabilities.

CFAC meets on the first Monday of each month from 5:30-7:00pm and a stipend is offered to members for meeting attendance.

If your life or that of a member of your family is touched by mental illness, a developmental disability or a substance use disorder, your input is needed and valued. If you think you might be interested in becoming a part of Durham CFAC, please email [DurhamCFAC@gmail.com](mailto:DurhamCFAC@gmail.com).