



THE
DURHAM CENTER
Managing Behavioral Health & Disability Services

2005 Mid-Year Report
to County Commissioners

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Mid-Year Report to County Commissioners

February 7, 2005

People Served

2005 Goals

General

- **Divestiture**
- **Durham Center Access**
- **eCura**

Mental Health

- **Hospital bed days**
- **Hospital admissions**
- **Child residential**

Substance Abuse

- **Substance Abuse Service Plan**

Developmental Disabilities

- **CAP**
- **Community Integration**

LME Teams

Customer Service
Utilization Management
Contracts
System of Care
Quality Management

People Served

Consumers Receiving Service from the Durham Center in 2005

| Consumers with an Open Record | | | | | | | | |
|-------------------------------|----------------|-------------------|----------------|-------------------|----------------|----------------|-------------------|----------------|
| | Adult | | Child | | Midpoint FY 05 | | End of Year FY 04 | |
| Adult Consumers | Midpoint FY 05 | End of Year FY 04 | Midpoint FY 05 | End of Year FY 04 | Total | % of Consumers | Total | % of Consumers |
| Mental Health | 1898 | 1882 | 1044 | 989 | 2942 | 60% | 2871 | 61% |
| Developmental Disabilities | 498 | 482 | 247 | 243 | 745 | 15% | 725 | 15% |
| Substance Abuse | 805 | 767 | 18 | 25 | 823 | 17% | 792 | 17% |
| Dual MH/SA | 278 | 227 | 82 | 87 | 360 | 7% | 314 | 7% |
| Total | 3479 | 3358 | 1391 | 1344 | 4870 | | 4702 | |

There is little change in the numbers served over the last six months with the largest increases in the areas of child mental health (up by 55), adults with dual diagnosis MH/SA (up by 51) and adult substance abuse (up by 38). Total increase in consumers with open records is 168 and there is no difference in the breakdown of percent served across disabilities.

Total individuals who have received a service from The Durham Center during the first 2 quarters of FY 2005:

Adults: 3358 (end of FY 04 open consumers) + 337 admissions = **3695**

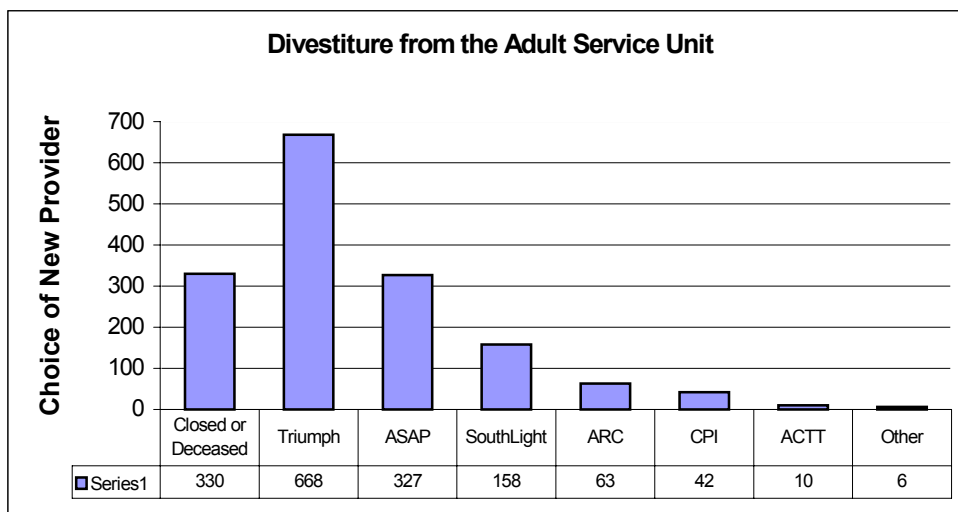
Children: 1344 (end of FY 04 open records) + 164 admissions = **1508**

FY 2005 Goals

General

GOAL I: Completely divest of all services by December 31, 2004

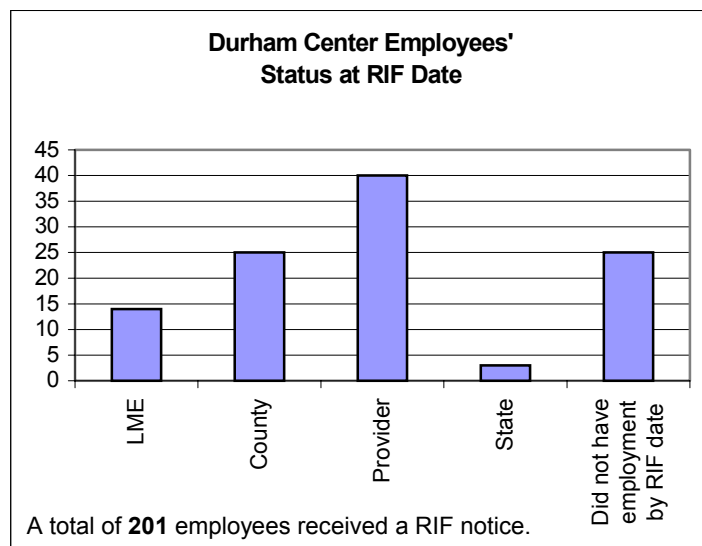
Divestiture of the Adult Service Unit



1604 consumers were divested from The Durham Center's Adult Service Unit between July and November 2004. Each person was given an opportunity to choose a new provider. Consumers were given opportunities to meet and talk with staff from each agency prior to

making a choice. In reviewing each case individually, 327 consumer records were closed because they no longer qualified for services, had an open record but no longer received services or because they could not be reached after multiple attempts. 995 consumers began receiving services through our two primary adult mental health case management providers (Triumph 668; ASAP 327). 158 were divested to SouthLight for methadone treatment. These consumers receive services at the same site and by most of the same staff as SouthLight agreed to assume space at 414 East Main Street site and hired most of the remaining methadone treatment staff. The remaining 121 consumers were connected with providers that best fit their unique needs, ACT team, medication management only or with a developmental disability service provider.

Results of Durham Center Employee RIF



A total of **201** employees received a RIF notice. Of those, 77% found employment prior to the final RIF date. Twenty-four employees chose to terminate employment prior to receiving RIF letters, Of those 2 were employed by the county, 1 retired, 17 received positions with Durham Center contract providers, 1 was employed by the state and 3 are unknown. The total number of employees affected by the RIF process was 225.

| LME | County | Provider | State | Did not have employment by RIF date |
|-------|--------|----------|-------|-------------------------------------|
| 14 | 25 | 40 | 3 | 25 |
| 13.1% | 23.4% | 37.4% | 2.8% | 23.4% |

A simple survey was mailed to 57 former employees and 30% responded. Thirteen of 15 (86%) respondents were currently employed, and two were looking for work. Of those who were employed, 7 of 13 (54%) indicated that they are currently working in their professional field. The job satisfaction ratings given by the 13 respondents who were working showed that 8 (62%) were satisfied with their current jobs, a few with reservations about benefits. All except one of the satisfied employees felt they were working in their professional field. Five (38%) of currently employed respondents were dissatisfied with their jobs, and viewed their work as only "sort of" in their professional field. The pattern showed that those who had found jobs in their professional field were more likely to be satisfied, however, this was not a representative sample of employees affected by the RIF and cannot be generalized.

GOAL II: Expand Durham Center Access call center to operate seven days a week, including walk-in service capabilities, 24 hour local screening and crisis response, crisis stabilization and hospital diversion for up to 15 days.

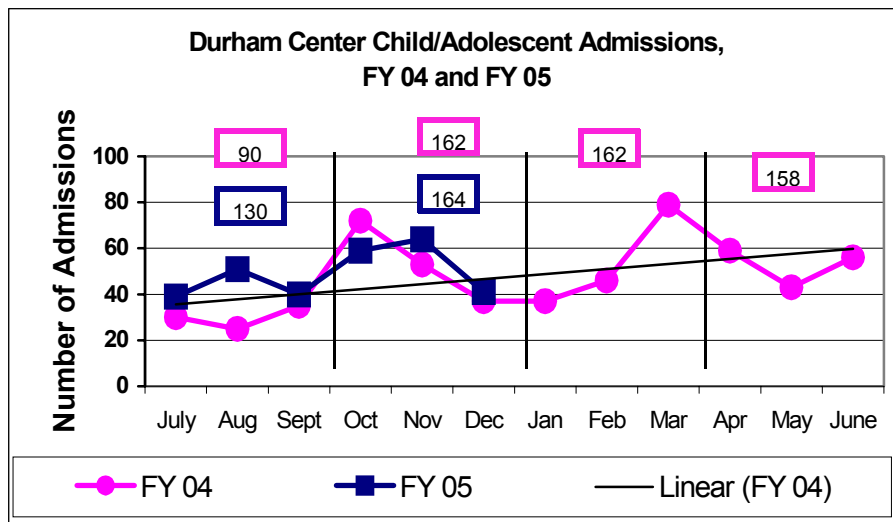
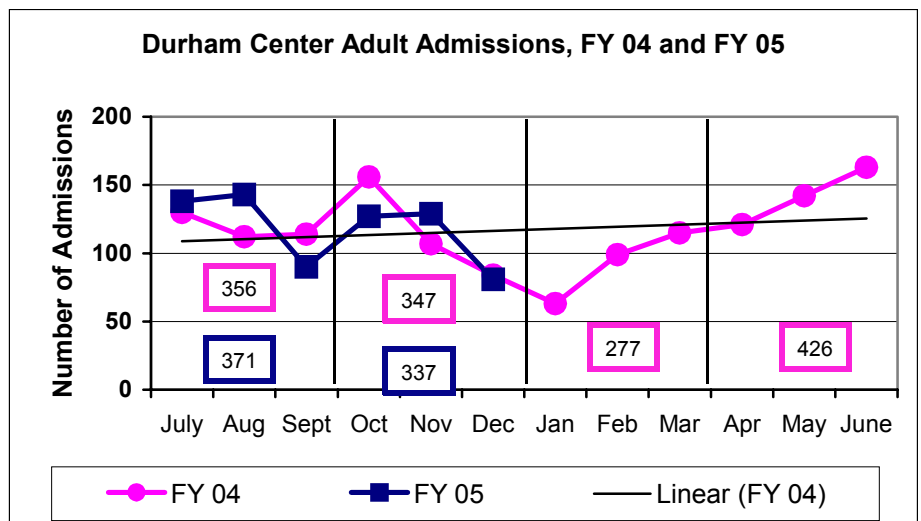
Durham Center Access

Durham Center Access moved from the Willard Street location within the Durham Center to 2609 North Duke Street in October 2004. This facility will accommodate the full array of service from 24 hour phone and walk-in screenings to 23 hour stabilization chairs and up to 15 day crisis hospital diversion beds. The physical facility was approved as of 11/30/04 and full licensure was granted in mid December, allowing DCA to begin using crisis residential beds.

A total of 1513 individuals have received screening services from Durham Center Access between July and December 2004 (1126 Adults and 387 children). 23 hour chair utilization has remained at approximately 60% capacity serving 33 individuals during the month of December with an average stay of 12 hours. In the two weeks of December when crisis bed days were open, 15 individuals were served for a total of 73 days.

Durham Center Admissions

The two charts to the right show adult and child admissions to Durham Center services. The trend is following closely to the FY 2004 pattern. Total adult admissions this FY equals 337 and child admissions are 164.



GOAL III: Implement eCura, the new MIS system that will integrate and automate many authorization, billing and reporting functions.

The go-live date for eCura has been extended to February 21st. The provider connect component of the application will phase in later in March or April.

The primary functions of eCura include:

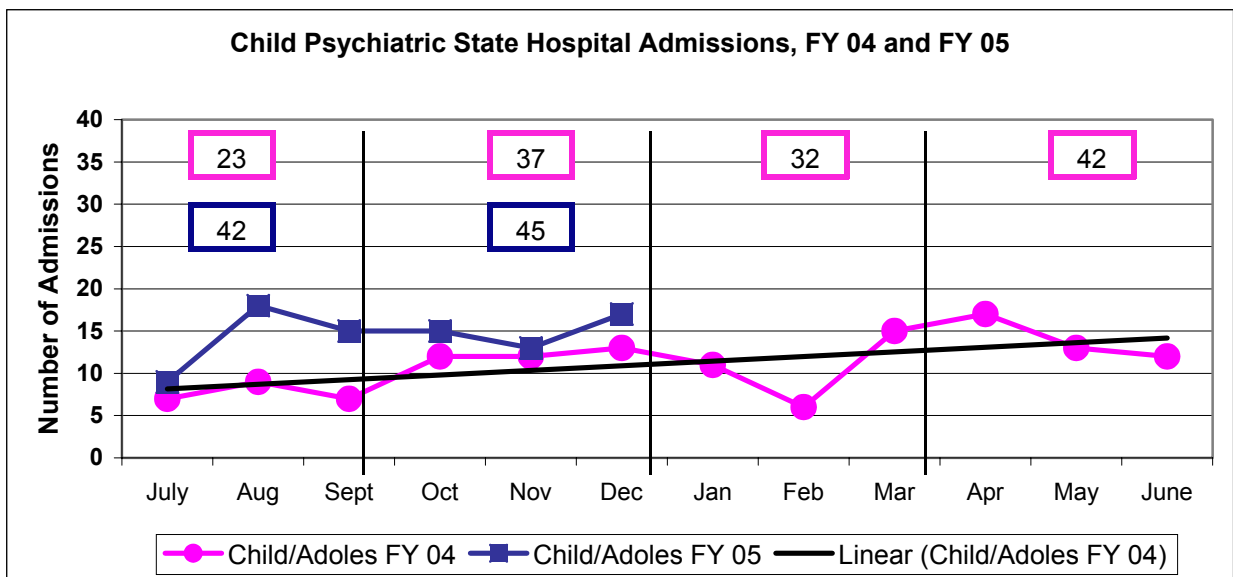
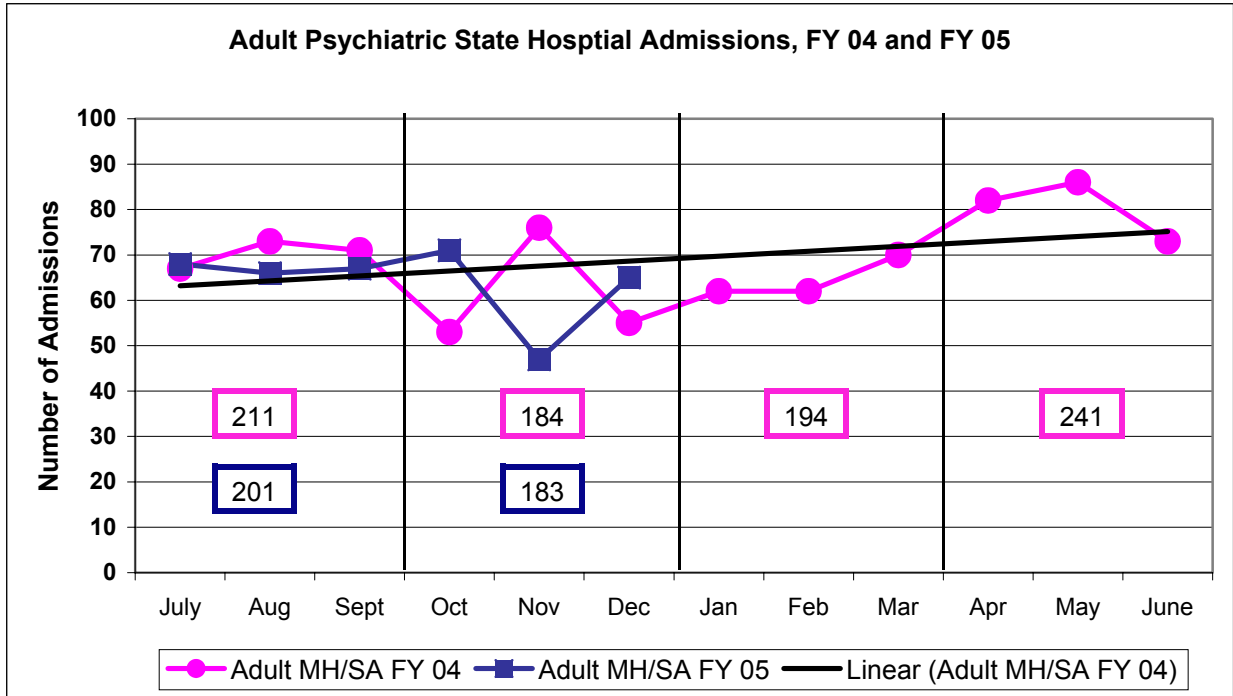
- Managing all client specific data including screening/triage, basic admission data, diagnosis and authorizations (eCura is not an electronic medical record but it will record a limited amount of clinical information)
- Managing all authorizations
- Managing and processing all service claims that we receive from providers and our billing to the state and Medicaid.
- Managing and processing state reporting requirements
- Managing all data for reporting

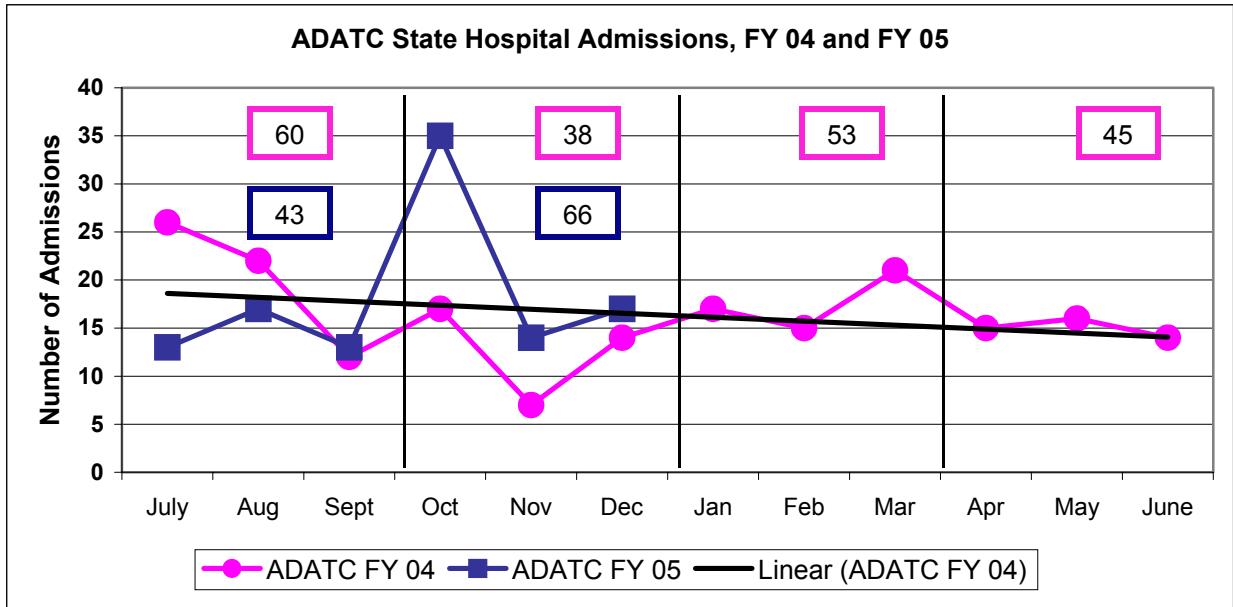
FY 2005 Goals

Mental Health

GOAL I: Continue to reduce state hospital usage by reducing bed days used and by maintaining or reducing admissions, specifically reduce admissions referred by emergency rooms

State Hospital Admissions Data

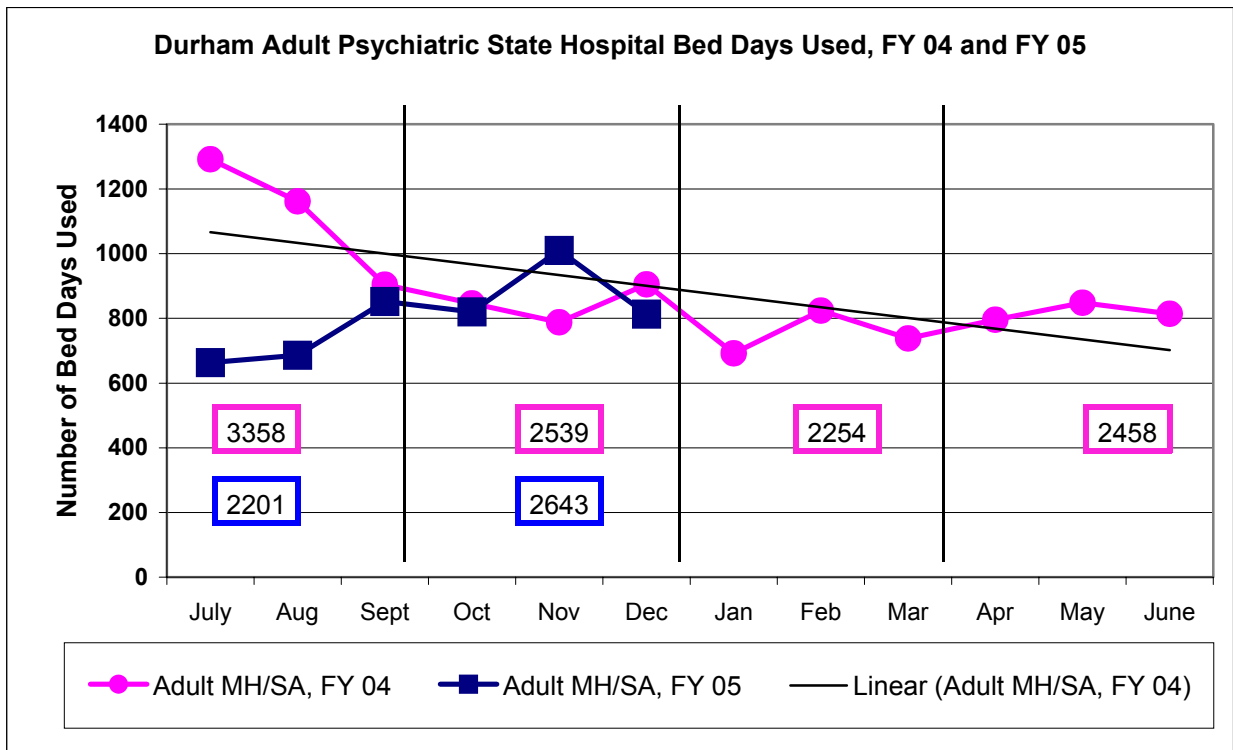




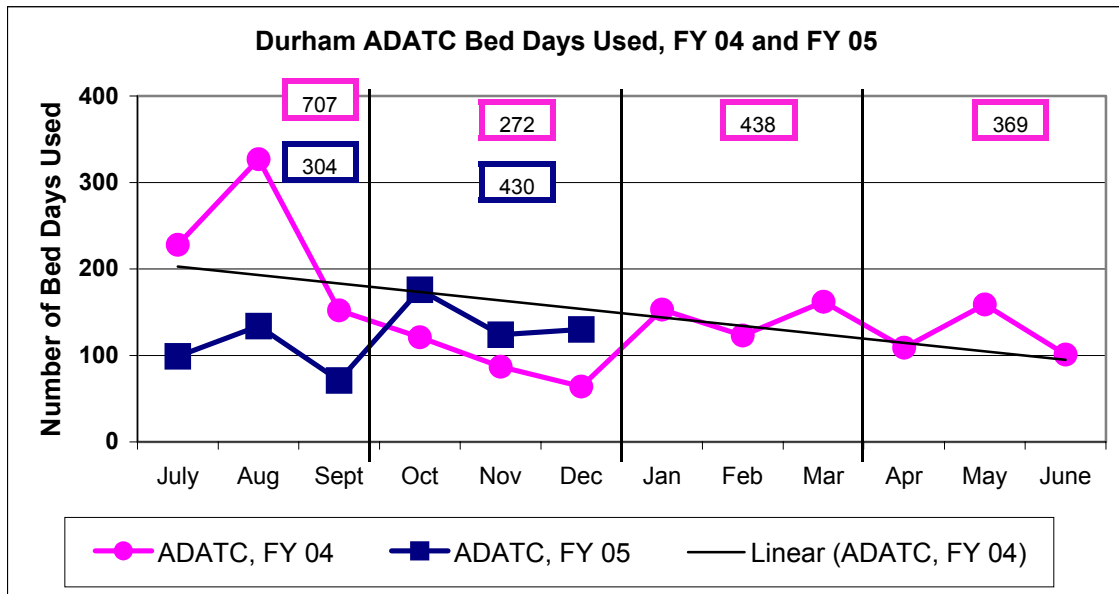
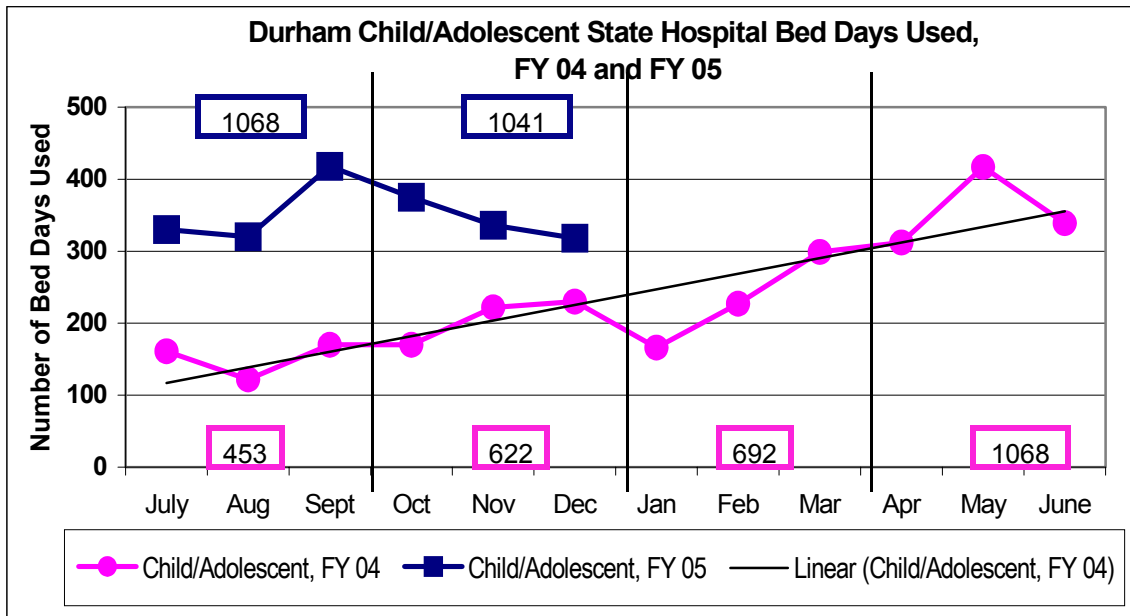
Hospital Admissions:

There is very little change from last year to this in adult, child or ADATC admissions to John Umstead during the first half of this fiscal year. However, Durham Center Access (DCA) became fully operational beds in mid December and beginning December 1, 2004, they began authorization for all hospital admissions. These two accomplishments are expected to have a significant impact on hospital admissions during the latter half of this year.

State Hospital Usage



State Hospital Usage



State hospital bed day usage

Adult day usage seems to be on a slight incline over the first six months of FY 2005; at best it is not continuing with the decline seen over the course of last year. The same seems apparent for ADATC usage. Child bed day usage was on the rise last year with a steady increase from 453 to 1068 days used from the first quarter to the fourth. The first six months of FY 05 have held steady, though, and we might be seeing the beginning of a downward trend in the second quarter.

Again, the true impact of Durham Center Access on hospitalization is expected to become evident over the next two quarters. Crisis response homes for children are also expected to have an impact during the latter half of this year.

Child Residential

MENTAL HEALTH GOAL II: *Continue to reduce child residential treatment placements while increasing the percentage of placements within 60-mile radius.*

| | February 2003 | March 2004 | April, May, June 2004 Average | Oct, Nov, Dec. 2004 Average |
|--|---|---|--|--|
| Children in out-of-home placement | 150 out of 600 (total served) were in out-of-home placement: 25% | 105 of 869 (total served) were in out-of-home placement: 12% | 145 of 962 (total served) were in out-of-home placement: 15% | 165 out of 1044 (total served) were in out-of-home placement: 16% |
| Children in out-of-community placement | 35 out of 150 were placed in Durham County: 23% (60-mile radius not available) | 84 out of 105 were placed within a 60 mile radius of Durham: 80% | 127 out of 145 were placed within a 60-mile radius of Durham: 88% | 148 out of 165 were placed within a 60-mile radius of Durham: 89% |

The child mental health residential data above shows that while increasing the number of children served, the percentage of children in residential care has remained the same since the end of FY 2004 at 16%. Out-of-community placements also continue to decline with only 11% of children being placed outside the 60-mile radius.

Children who are identified as Severely Emotionally Disabled (CMSED) and are at highest risk for out of home placement were found to be involved with the Juvenile Justice system in 32% of cases. 25% of these children are involved with DSS and 9% are involved with the Administrative Office of the Court (drug court, family court, etc.)

| | Oct | Nov | Dec | Total |
|-------------|-----|-----|-----|-------|
| DJJP | 121 | 131 | 141 | 393 |
| AOC | 36 | 38 | 40 | 114 |
| DSS | 97 | 102 | 107 | 306 |

FY 2005 Goals

Substance Abuse

SUBSTANCE ABUSE GOAL I: Increase the number of people who receive substance abuse services — *see People Served on p. 2.*

SUBSTANCE ABUSE GOAL II: Increase capacity by developing the provider community in response to the TAC report

In May 2004, the Technical Assistance Collaborative, Inc. (TAC) submitted an analysis of substance abuse services in Durham County. This report portrayed the challenges to creating a seamless continuum of addiction treatment and identified deficiencies in the system that existed at the time of the study. Some of these deficiencies included issues related to underdeveloped and fragmented core services and residential programs (particularly for adolescents), the inability to track treatment services, underdeveloped relationships with the self-help community, inadequate numbers of qualified substance abuse professionals and insufficient training opportunities for people who work with individuals with addictions.

Since the completion of that report, The Durham Center has made substantial progress in addressing many of the recommendations described in the TAC document. These efforts include filling The Durham Center's Medical Director position with a nationally recognized ASAM certified physician, implementing The Durham Center Access program, developing additional residential treatment options and creating a dialog for cooperative efforts with faith-based agencies, law enforcement, medical establishments, social agencies and health care providers. Numerous Requests For Proposals are also currently being developed that will significantly enhance the substance abuse service delivery system in Durham County.

Next steps will include the development of a Recovery Institute to identify and promote best practices and that can ultimately function as an independently within Durham County. In addition, an array of comprehensive services is also being developed that will feature: a variety of innovative community-based treatment options; service planning and delivery built upon the strengths and resources of the consumer and family; a highly organized and integrated support system; and interagency/community collaboration at the system level. Another creative and important initiative will be the development of treatment opportunities for individuals with co-occurring disorders. A continuum of care is presently being developed in accordance with ASAM Levels of treatment and will be evaluated by The Durham Center's Quality Improvement Section and Contracts Management Team to ensure that services are provided in accordance with best practice standards and evidenced-based treatment models.

FY 2005 Goals

Developmental Disabilities

DEVELOPMENTAL DISABILITY GOAL I: *Eliminate the Community Alternatives Program waiting list*

In August 2004 The Durham Center was allocated an additional \$731,000 in CAP (Community Alternatives Program) expansion funds. At that time there were 42 individuals on the waiting list for these services which typically take extensive assessment and approval to access. An addition 11 people applied for CAP services after August.

All 53 individuals were contacted to begin the assessment and approval process for services. Of the 53:

- 10 were found to be ineligible or no longer interested
- 7 are currently in the approval process at the LME level
- 3 are currently in the approval process at the state level (after LME approval)
- The remaining 33 are receiving services

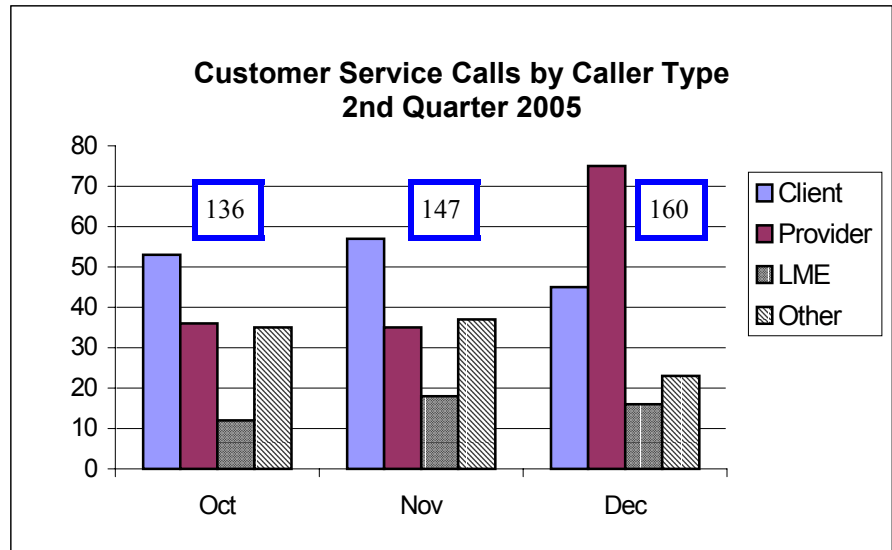
The Durham Center is putting into practice a new philosophy of spreading CAP funds as far as possible. We hope to provide all appropriate services while serving as many people as possible and eliminating waiting lists now and in the future. This results in a slight decrease in spending per individual. However, due to our utilization, we are hoping for an increase in our CAP allocation in Jan '05 when the state will reallocate based on the needs discovered in the use of expansion funds. Most people with CAP funds are receiving one on one assistance in the area of their life that is most difficult for them to increase their independence. Almost every one receives respite and case management.

DEVELOPMENTAL DISABILITY GOAL II: *Facilitate the movement of people who want to return to the community from an institutional setting by providing support brokerage services to facilitate the transition and set up the necessary assistance*

68 Durham Center consumers are residents living at Murdoch Center in Butner, NC. Five of these individuals were identified in September as desiring to move back into the community. Durham Center staff has assisted 2 into community support services and the other 3 are expected to be discharged next quarter. Ten additional individuals have been more recently identified and the discharge planning and assessment process is being implemented. Finally, the Durham Center is developing a request for additional trust fund dollars to develop a liaison position to work with Murdoch and to provide family education about transitioning from institutional life into community living and the availability of community supports.

Customer Service

Customer Services is a new department at the Durham Center this year. Customer Service has become our top priority. The department began taking customer service calls in August and September but there was a significant jump (an increase of over 300% - up from 35 to 135 calls per month) in the number of calls beginning in October, indicating that the community is recognizing this service and its function. The volume of calls has continued to increase each month by about 10-12 calls. In December there was an increase in provider initiated calls and a slight decrease in client initiated calls.



In addition to customer services issue calls, this department began tracking the total calls that are forwarded to Durham Center Access in mid October. These calls have continued to increase as well.

Customer Service Call Center

| | Customer Service | Durham Center Access |
|-----|------------------|----------------------|
| Aug | 32 | n/a |
| Sep | 39 | n/a |
| Oct | 137 | 299* |
| Nov | 147 | 697 |
| Dec | 160 | 756 |

* represents only 2.5 weeks in October

Call Back Surveys

| | Attempts | Surveys Completed | Response Rate |
|-------------------|----------|-------------------|---------------|
| Oct | 32 | 16 | 50% |
| Nov | 74 | 21 | 28% |
| Dec | 60 | 32 | 53% |
| 2nd quarter Total | 166 | 69 | 42% |

In October, the Customer Service department initiated a call back phone survey with consumers who had called Durham Center Access within the previous month. By the end of the second quarter, a 42% response rate had been recorded from 166 calls. 13 appointments were rescheduled or clients were

reconnected with the provider after missing an intake appointment. Most responses from the call back surveys are positive. A low number of neutral or negative responses have been received regarding preference in scheduling times and obtaining the necessary information about the chosen provider. Overall, consumers have been appreciative of these calls and have felt they received the services they needed.

Utilization Management

| Quarterly Total | 3rd Qt. FY 04 | | 4th Qt. FY 04 | | 1st Qt. FY 05 | | 2nd Qt. FY 05 | |
|------------------------------|---------------|-------|---------------|-------|---------------|-------|---------------|-------|
| Total Auth. Received | 2750 | 100% | 4763 | 100% | 6699 | 100% | 6330 | 100% |
| Resolved/Completed | 2665 | 97.0% | 4643 | 97.0% | 6671 | 99.6% | 6307 | 99.6% |
| Denied | 0 | | 0 | | 0 | | 21 | 0.3% |
| Reduction in Service | 31 | 1.1% | 331 | 7.0% | 1137 | 17.0% | 903 | 14.3% |
| Complete as Submitted | 1414 | 51.0% | 3949 | 83.0% | 6123 | 91.0% | 5906 | 93.0% |
| Pending* | 1329 | 49.0% | 814 | 17.0% | 570 | 9.0% | 520 | 7.0% |

The fully staffed Utilization Management department consist of 6 UM Managers, 3 clerical staff and 1 Administrator. Over 2000 service authorizations are completed monthly. In the first quarter of this FY there was an increase in the number of authorizations that received a reduction in services, peaking in August at 25%. This is reflective of the closer look the UM department has taken to identify the appropriate amount of services for each consumer instead of automatically authorizing the maximum amount of service available for each individual. This does not mean that clients are not getting all that they need, rather that we are only encumbering the funds that are most likely to be used by authorizing appropriate amounts of services.

The table below shows that the average time it takes to complete an authorization from the phone conference with a service provider until the authorization approval is 3.2 days however, this time is decreasing from a peak in August and September. With all services divested we can expect to see an increase in the number of transfers as consumers make choices and explore the an appropriate fit with service providers. This will be an area to watch over the coming months.

| | July | August | September | October | November | December | Average |
|--|------|--------|-----------|---------|----------|----------|---------|
| Average time to complete an authorization | 2.9 | 3.8 | 3.9 | 3.5 | 2.6 | 2.4 | 3.2 |
| # of discharges | 36 | 96 | 67 | 67 | 96 | 87 | 74.8 |
| # of transfers from one provider to another | 3 | 0 | 17 | 17 | 61 | 31 | 21.5 |
| # of providers seeking authorizations | 56 | 62 | 60 | 60 | 57 | 55 | 58.3 |

Contracts

The Durham Center currently manages 131 contracts with provider agencies. 97 were in place at the beginning of FY 2005 and an additional 34 contracts have been obtained during this first six months. In the chart to the right you can see the breakdown in contracts based on the primary type of services provided.

| Type of Services | # of Contract Providers at the end of FY 2004 | # of Contract Providers at Midpoint FY 2005 |
|--|---|---|
| CAP Direct Enroll Provider | 17 | 17 |
| Case Management, Adult | 6 | 6 |
| Case Management, Child | 5 | 5 |
| CBS | 19 | 19 |
| Direct Enrolled | 1 | 14 |
| Outpatient | 6 | 6 |
| Professional Services | 6 | 8 |
| Residential HRI Level I (Family Type) | 6 | 6 |
| Residential HRI Level II (Group Home) | 3 | 3 |
| Residential HRI Level II (Therapeutic Foster Care) | 9 | 9 |
| Residential HRI Level III (1-3 Beds) | 10 | 10 |
| Residential HRI Level III (4+ Beds) | 5 | 23 |
| Specialized Summer Program | 1 | 0 |
| Substance Abuse | 1 | 2 |
| Supervised Living (MRMI) | 1 | 2 |
| TASC | 1 | 1 |

The Contracts department monitors service providers on a regular basis according to state regulations and Dur-

ham Center policies. This includes site visits, record reviews and on-going consultation with provider agencies. A total of 13 formal monitoring visits have been conducted with additional 4 follow up visits to provide technical assistance and monitor corrective action procedures. Of the 13 monitoring reviews, 7 required corrective action. Three were unannounced visits as a result of an incident report or consumer complaint.

Only one RFP has been released in the first half of this year. The Durham Center is requesting proposals for the development and operation of a Level IV secure residential treatment facility to function as a part of our local System of Care. The RFP was released in November and the Contracts and System of Care departments are currently working with an interested provider. Eight additional RFPs are scheduled to be released later this year.

System of Care (SOC)

System of Care has developed into a full department this year. Initially, SOC was staffed to support the countywide effort of building the System of Care philosophies and collaboration for children who receive services from multiple providers and are involved in multiple systems within Durham County. As the LME developed and the vision of collaboration and best practices became a central focal point, the SOC team grew as the programmatic oversight team, building community capacity, ensuring best practices, training and developing collaborative relationships among provider agencies and broader systems to better serve all our consumers.

Accomplishments of System of Care this fiscal year:

- **Developmental Stages of Building an Adult System of Care** - The Adult SOC Leadership Team, spearheaded by leadership from the LME met with Key community partners to

begin discussions about the development and implementation of Adult SOC. Agencies represented at the initial meeting included the Durham Center, Duke Policy Center, DSS, Public Health, Duke, Durham City Police Department, Durham County Government, Vocational Rehabilitation, and Adult Probation.

- **Legislative Oversight Committee** – A representative of Durham’s SOC has been invited and has participated on the Child Legislative workgroup. The purpose of this workgroup is to help develop language for a bill to be introduced to the legislature this session regarding statewide collaboration and system of care
- **RFP for Residential Level IV services.** We received 1 proposal that has been reviewed by a selection committee comprised of members of the Durham Center as well as key child-serving partners.
- **Cross-agency SOC Training** that was incorporated as a part of the Durham Centers annual provider training Schedule.
- **Pilot project approved** - Durham submitted a proposal to the State requesting funding to be a pilot to enhance/improve services to children involved in mental health as well as the court system. This month the state approved the pilot project proposal and we received an allocation letter for \$200, 000, as we requested

Positive publicity and awards – Durham County received the Ketner Award for model county government effectiveness and efficiency presented to Durham SOC by the NC Association of County Commissioners in August, 2004. We also received the Programs of Excellence Award from the NC Council of Community Programs for its leadership role in Durham's System of Care development for children and their families. Finally, Durham was recently recognized in the Charlotte Observer for its System of Care work. The article cited Durham as an exemplary program in the state.

- **System of Care Coordinator** - Using the monies from the County Commissioners to strengthen and expand System of Care, the System of Care Council recruited and hired Michele Zechmann. Ms Zechmann comes with a wealth of experience, her last position was as a high level administrator with the Governors Crime Commission
- **Durham Center DSS Liaison** -This is a new position developed with DSS to be the point of contact between the Durham Center and DSS.
- **Adult SOC** - Two RFP's are planned to be released in the early part of the 3rd quarter for Illness Management and Recovery and Family Psychoeducation.

Quality Management

Quality Management

The Quality Management Team has developed QI Work Plan including a schedule of reporting requirements for internal teams and external providers. Through this department reports are developed for the Area Board, QM Committee, legislative visitors and for management team decision making.

Completed special projects completed during the first half of FY 2005:

- Provider Satisfaction Survey
- RIF Employee Survey
- ASU Divestiture Consumer Tracking
- State Consumer Satisfaction Survey
- Customer Service Call Back Survey
- Screening to Intake Analysis
- Child Hospitalization Analysis
- Access Referrals to Providers
- Analysis of admissions notes for child admissions to John Umstead Hospital

Additional accomplishments of the QM department:

- Sponsored Division training for providers on North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). Mental health providers will start using the assessments Feb. 1; substance abuse providers have been using it.
- Developed and staff the QM Committee with 50/50 representation from the Consumer Family Advisor Committee and from local provider agencies.
- Developed system for tracking System of Care outcomes for seriously emotionally disturbed children at risk of out-of-home placement
- Lead the SOC Outcome Committee to develop a comprehensive evaluation plan for child SOC in Durham
- Developed reporting processes and tracking processed for all QI Plans, QI bi-annual reports and consumer data reports from providers

Finance

| | 2004-05 Budget | YTD Funds Paid | Remaining Funds |
|------------------------|------------------|-----------------|-----------------|
| Adult Contracts | | | |
| Medicaid | \$ 6,548,759.00 | \$ 2,065,865.00 | \$ 4,482,894.00 |
| IPRS | \$ 5,443,639.00 | \$ 2,679,827.00 | \$ 2,763,812.00 |
| Local | \$ 3,112,970.00 | \$ 368,588.00 | \$ 2,744,382.00 |
| Child Contracts | | | |
| Medicaid | \$ 11,667,800.00 | \$ 5,277,638.00 | \$ 6,390,162.00 |
| IPRS | \$ 2,693,457.00 | \$ 1,306,588.00 | \$ 1,386,869.00 |
| Local | \$ 2,517,466.00 | \$ 126,294.00 | \$ 2,391,172.00 |