



Outcomes 2012

www.centerpointe.org



**CenterPointe helps people with
mental health and substance use
issues live healthier,
more productive lives.**

The Year in Review



- MTM Services Open Access Multi State Initiative – Collaboration with The National Council
- Received contracts for Day Rehabilitation, Crisis Response, Psych Res Rehab in transition from the County to private providers
- Elected to Board Membership with the National Council
- Implemented scheduling and billing software as part of the Electronic Behavioral Health Network
- Received Community Health Endowment funds for a Nurse Care Manager to integrate physical health care for the persons served
- A house was donated to CenterPointe
- A Successful fund raising Annual Dinner also raised awareness of the need to advocate for people with serious mental illness and substance disorders

The Year in Review....



- SOAR and PIER ACT Team are nationally recognized for fidelity and outcomes
- Continued to implement Evidence Based Practices in programming i.e., Motivational Interviewing, Dialectical Behavioral Therapy, Cluster Based Planning, Co Occurring Disorders, Illness Management and Recovery, ACT, Trauma Informed Care, Housing First
- Began Strategic Change Management process to prepare for the Accountable Care Act implementation
- Expanded Veteran's programs with funds from HUD and Veteran's Affairs
- Outstanding Accreditation Review from the Commission on Accreditation of Rehabilitation Facilities (CARF)
- Homeless Coalition awarded CenterPointe Organization of the Year in service to people who are homeless

25 Programs & 10 Facilities



- Co-occurring Residential Treatment
- Touchstone Residential Treatment
- Adult Outpatient Counseling
- Day Rehabilitation *Expanded 13-14*
- PIER ACT Team
- Community Support
- Psychiatric Care
- Crisis Response *New 13-14*
- Psych Residential Rehabilitation *new*
- CHE Integrated Care at PHC
- Recovery Support
- Peer Support
- Harvest Program
- Overland Trail Apartments
- Permanent Housing
- Glide Transitional Housing
- Supported Living
- Shelter+ Care
- Family Housing *+5 units FY 12-13*
- Transitions Housing for Young Adults *+ 5 units FY 12-13*
- Veteran's Transitional Housing
- Veteran's Supportive Housing
- Veteran's Housing VTIP *+25 units FY 12-13*
- Creekside Village Apartments
- SOAR
- Open Studio/Writer's Wordshop



Staffing – 104 Employees

9 Program Directors

23 Case Managers

10 Therapists

11 Full Time Technicians

6 Nurses

2 Kitchen Staff

20 Part Time Technicians

1 Recreational Therapist

11 Support and Clerical staff

3 Maintenance staff

8 Management Team





Contractual Staff

CenterPointe Residential and Outpatient Treatment

- ▶ Dianna Clyne, M.D., Psychiatrist
- ▶ Maxine Bohaby, R.D.
- ▶ Mike Last, M.A., L.M.H.P
- ▶ Serena Macauley, R.N., M.S.N., A.P.R.N.
- ▶ Helen Trotter, R.N., M.S.N., A.P.R.N
- ▶ Colette Wheeler, R.N., M.S.N., A.P.R.N

PIER Assertive Community Treatment

- ▶ Dianna Clyne, M.D., Psychiatrist
- ▶ Helen Trotter, R.N., M.S.N., A.P.R.N

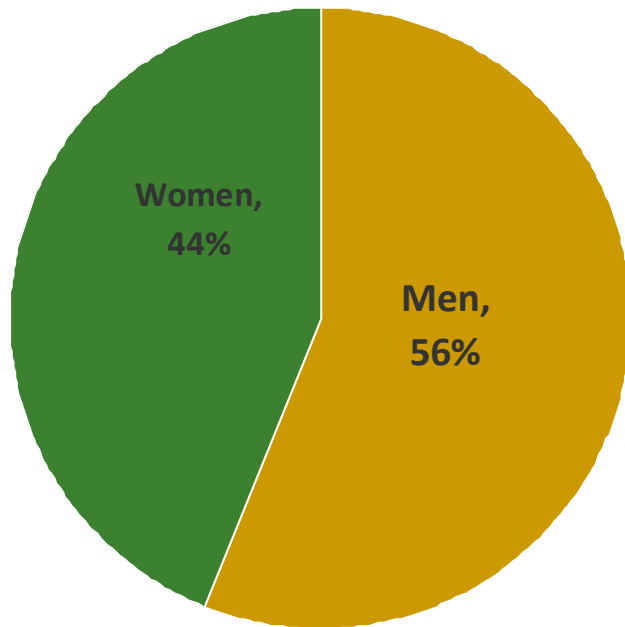
Touchstone Short Term Residential

- ▶ Dianna Clyne, M.D., Psychiatrist
- ▶ Helen Trotter, R.N., M.S.N., A.P.R.N

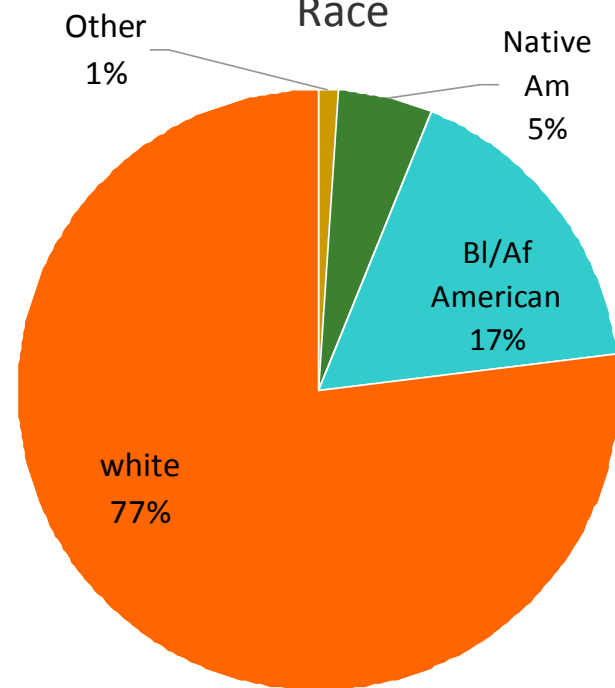


1,096 PERSONS SERVED 2,055 PROGRAM PARTICIPANTS

Gender



Race



Mental Health Problems



▶ Anxiety Disorders and PTSD	38%
▶ Depressive Disorders	26%
▶ Bi Polar Disorders	21%
▶ Schizophrenia Disorders	21%
▶ Other Disorders	10%

Substance Problems



- ▶ **44% Alcohol Use Disorders**
- ▶ **29% Marijuana Use Disorders**
- ▶ **18% Methamphetamine Use Disorders**
- ▶ **14% Cocaine Use Disorders**
- ▶ **7% Opiates and Sedative Use Disorders**
- ▶ **4% Other Drug Use Disorders**

Health Problems



▶Dental	1%
▶COPD	5%
▶Diabetes	3%
▶Seizures	3%
▶Hepatitis C	4%
▶Cardiovascular	7%
▶Pain	9%

Key Performance Indicators



Accessibility of Services

Human Resources

Financial

Program Utilization

Risk Management

Health/Safety

Stakeholder Input

Technology

Practice Trends in Behavioral Health

Outcomes for Persons Served



KEY INDICATORS FOR PERSONS SERVED



Effectiveness of services

Efficiency of services provided

Access to Services

Perceptions of Care



Engage in a program of recovery

Live in the community independently

Manage mental health symptoms

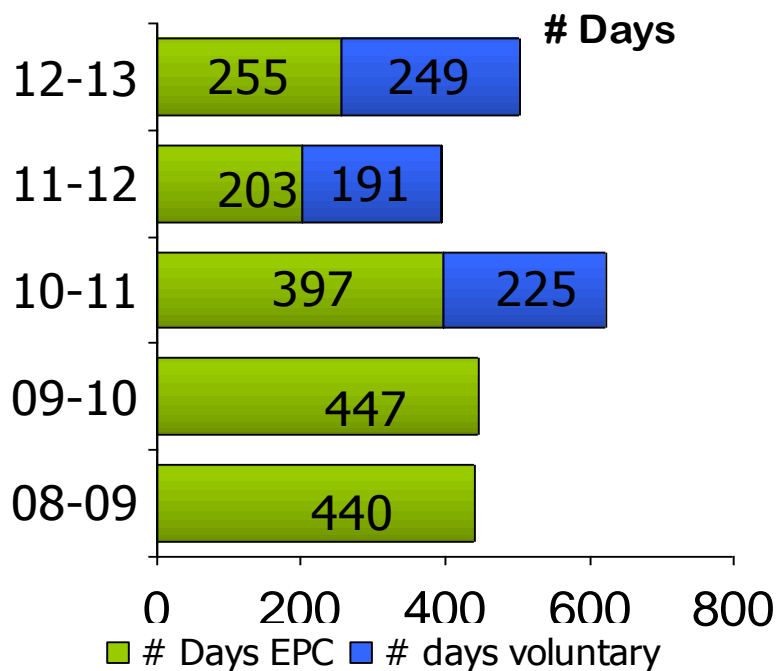
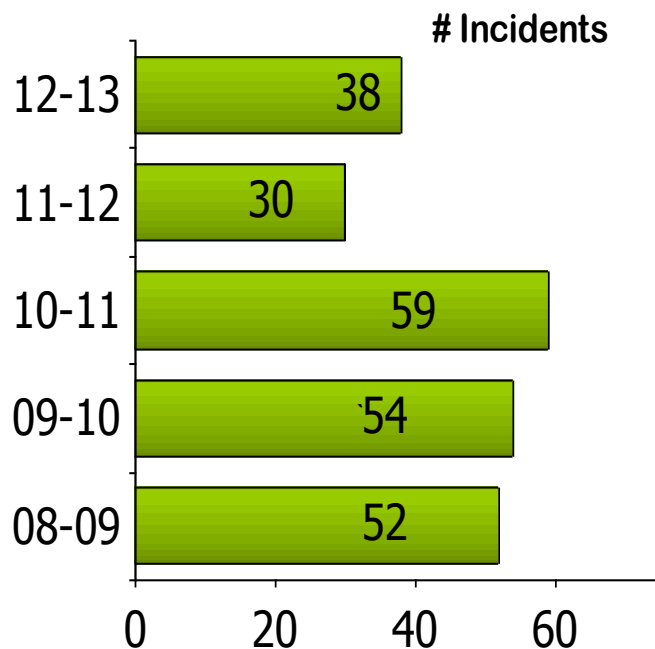
Reduce or eliminate substance use

**Reduced Reliance on emergency rooms, hospitals,
crisis centers and jails**



PIER ACT TEAM

Days of Hospitalization



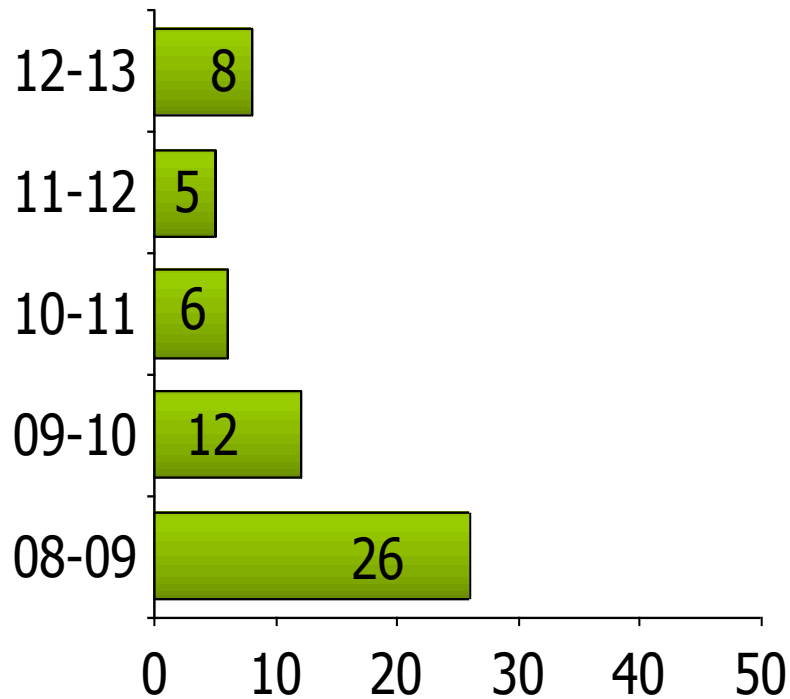
Most recent data collected indicates clients were hospitalized for 8,603 days in the year prior to their admission to PIER.

PIER ACT TEAM

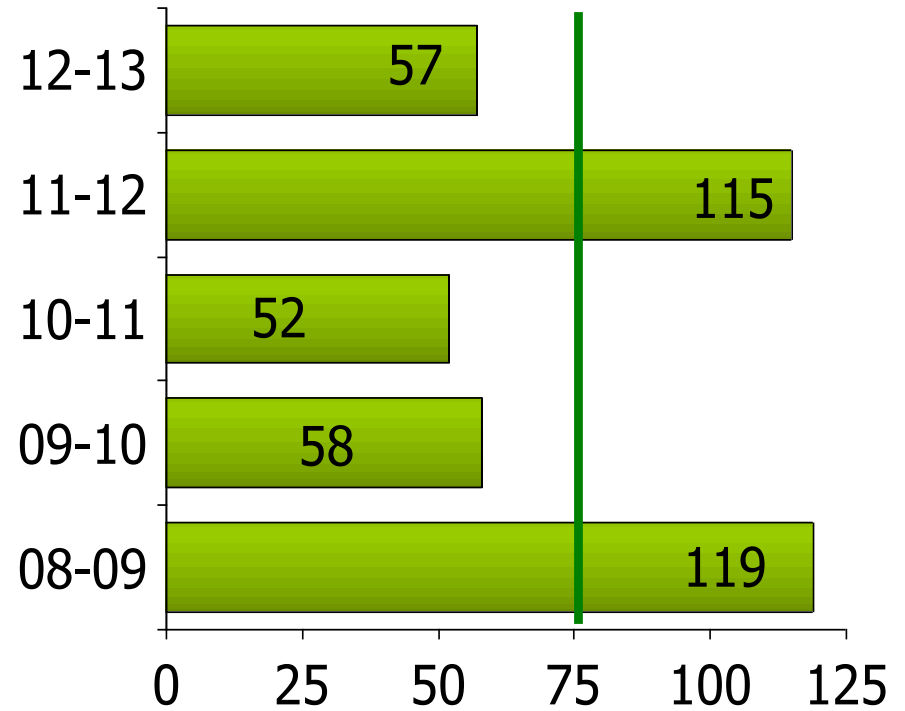
Days in Jail



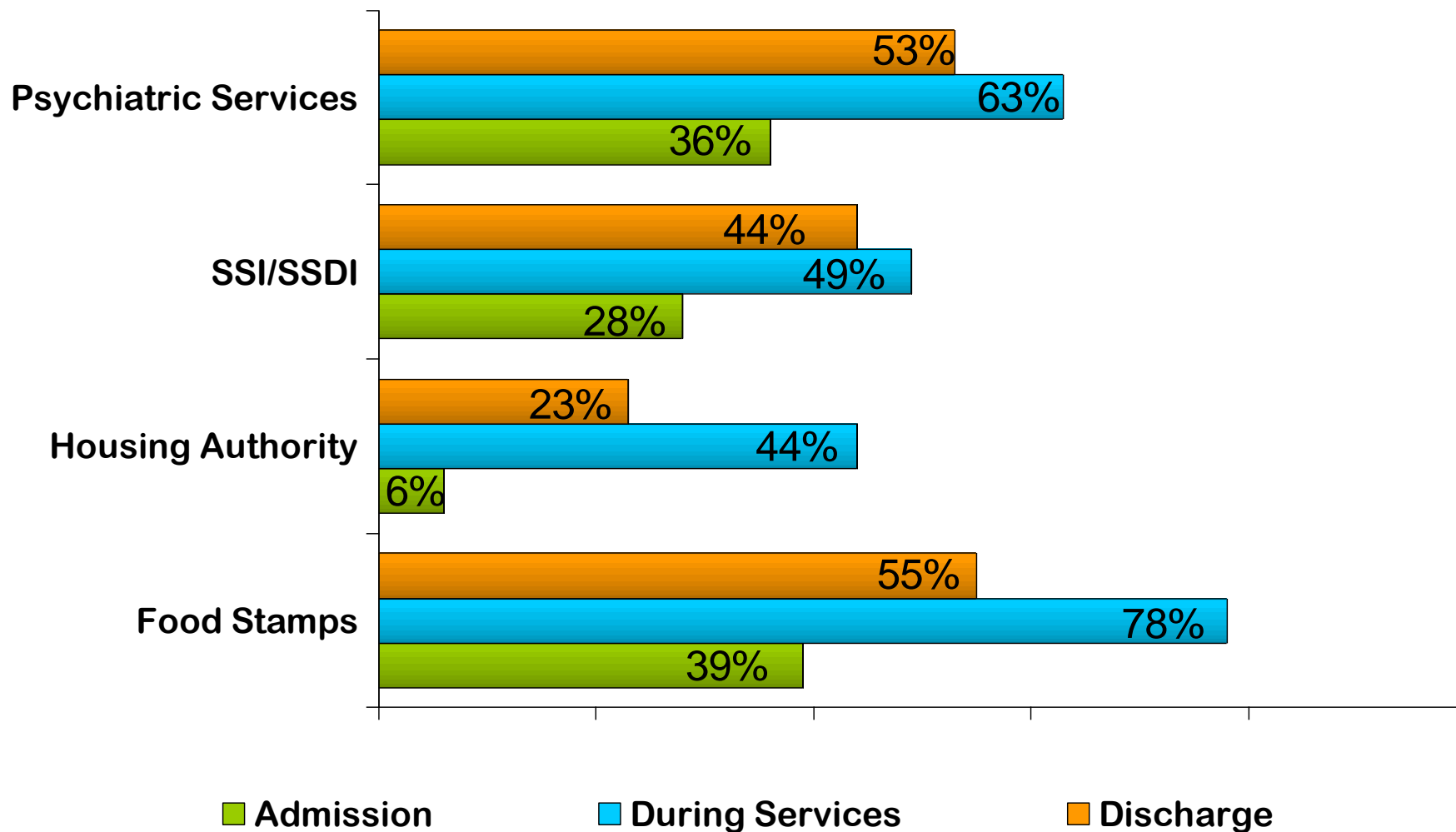
Incidents



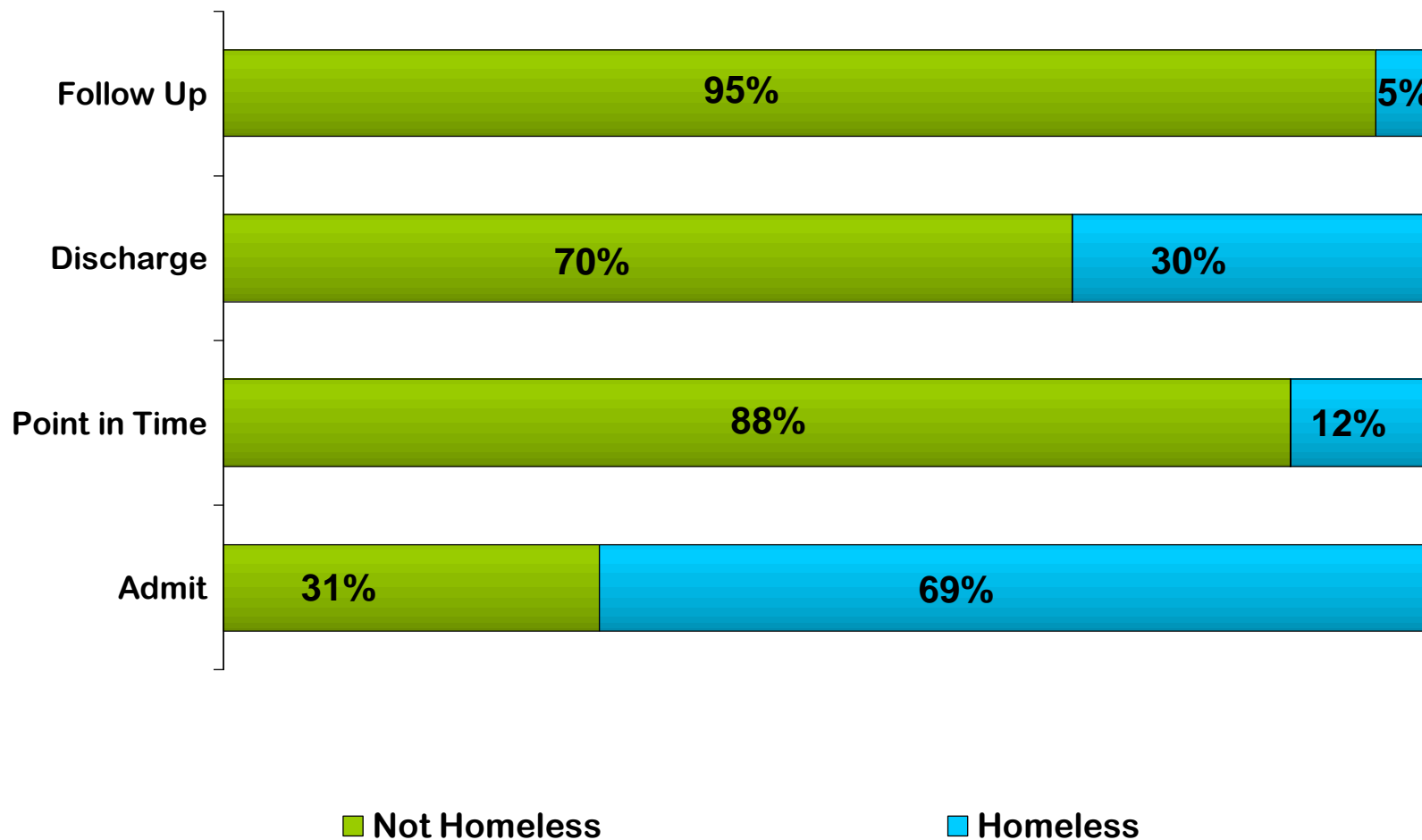
Days Incarceration



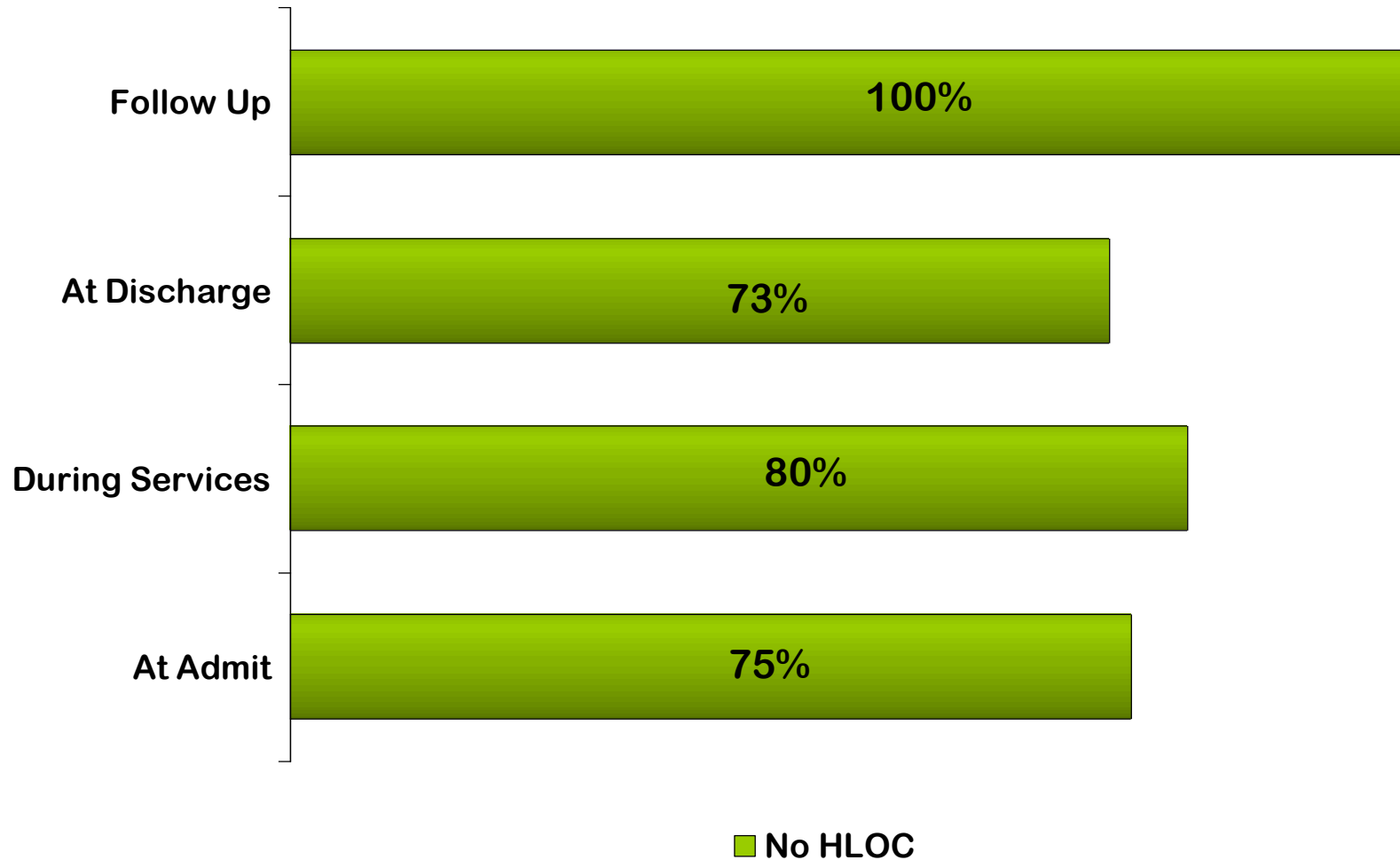
Community Support ACCESS TO RESOURCES



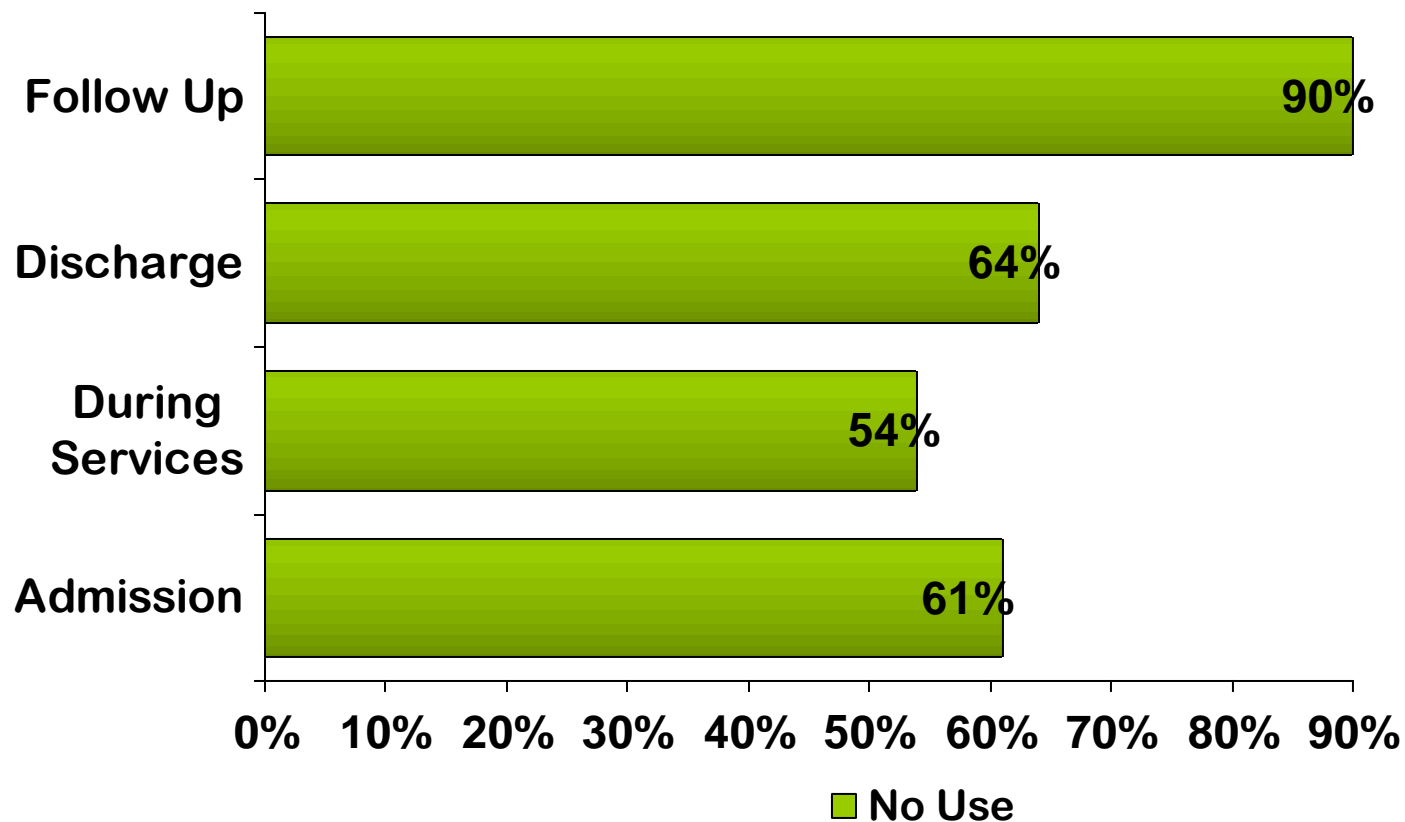
Community Support HOMELESSNESS



OUTPATIENT: HIGHER LEVELS OF CARE

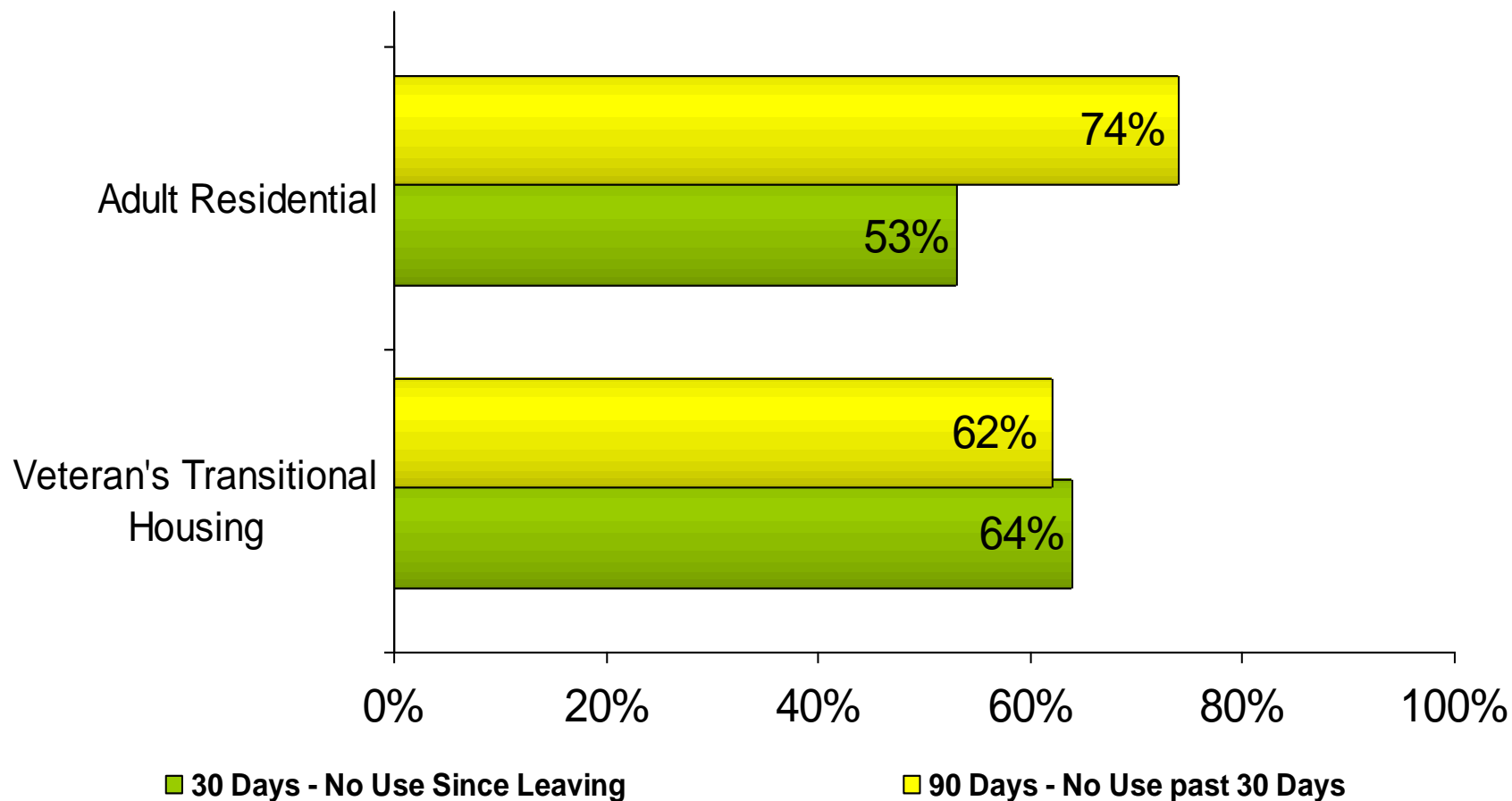


Community Support: Sobriety





RESIDENTIAL Sobriety at Follow Up



Adult Co-Occurring Residential Treatment

38% Response Rate



No MH SA hospitalization	89%
No legal trouble Since DC	89%
Sober support system	84%
Handling life better	72%
Follow through with referrals	68%
No substance use since leaving	53%
No substance use past 30 days	74%

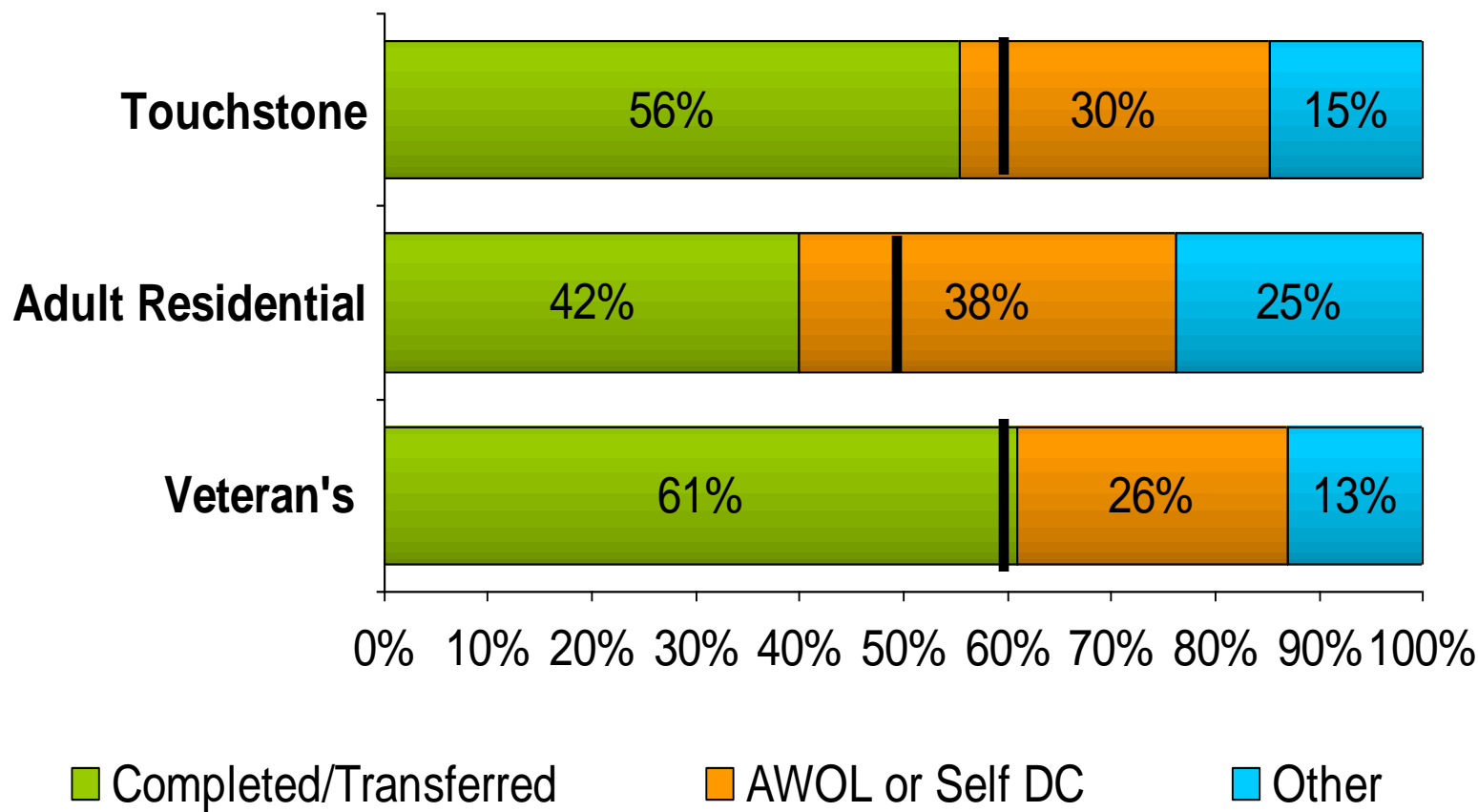
Veteran's Transitional Housing



Maintain Permanent Housing	75% at 30 days 81% at 90 days
Employed/Have Income Source	90% at 30 days 87% at 90 days
No substance use since leaving	64%
No substance use past 30 days at 90 days	62%

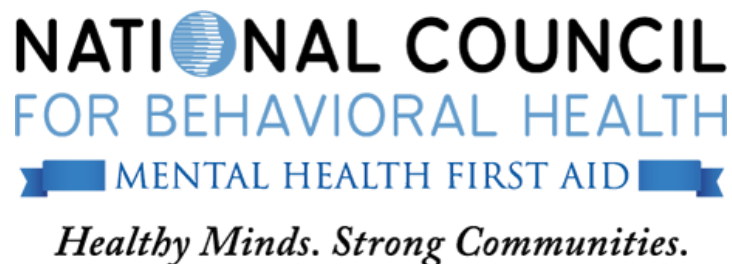


RESIDENTIAL TREATMENT COMPLETION RATES





Same Day Access Multi-State Initiative



- | |
|---|
| <ul style="list-style-type: none">✓ Assess current intake and assessment processes and re-design to reduce client wait times |
| <ul style="list-style-type: none">✓ Develop cost effective intake and assessment forms that are compliant with federal, state and regulatory requirements and that are financially viable |
| <ul style="list-style-type: none">✓ Implement strategies such as centralized scheduling and concurrent documentation in order to increase treatment capacity |
| <ul style="list-style-type: none">✓ Better engage clients and thus reduce no-show and cancel rates |

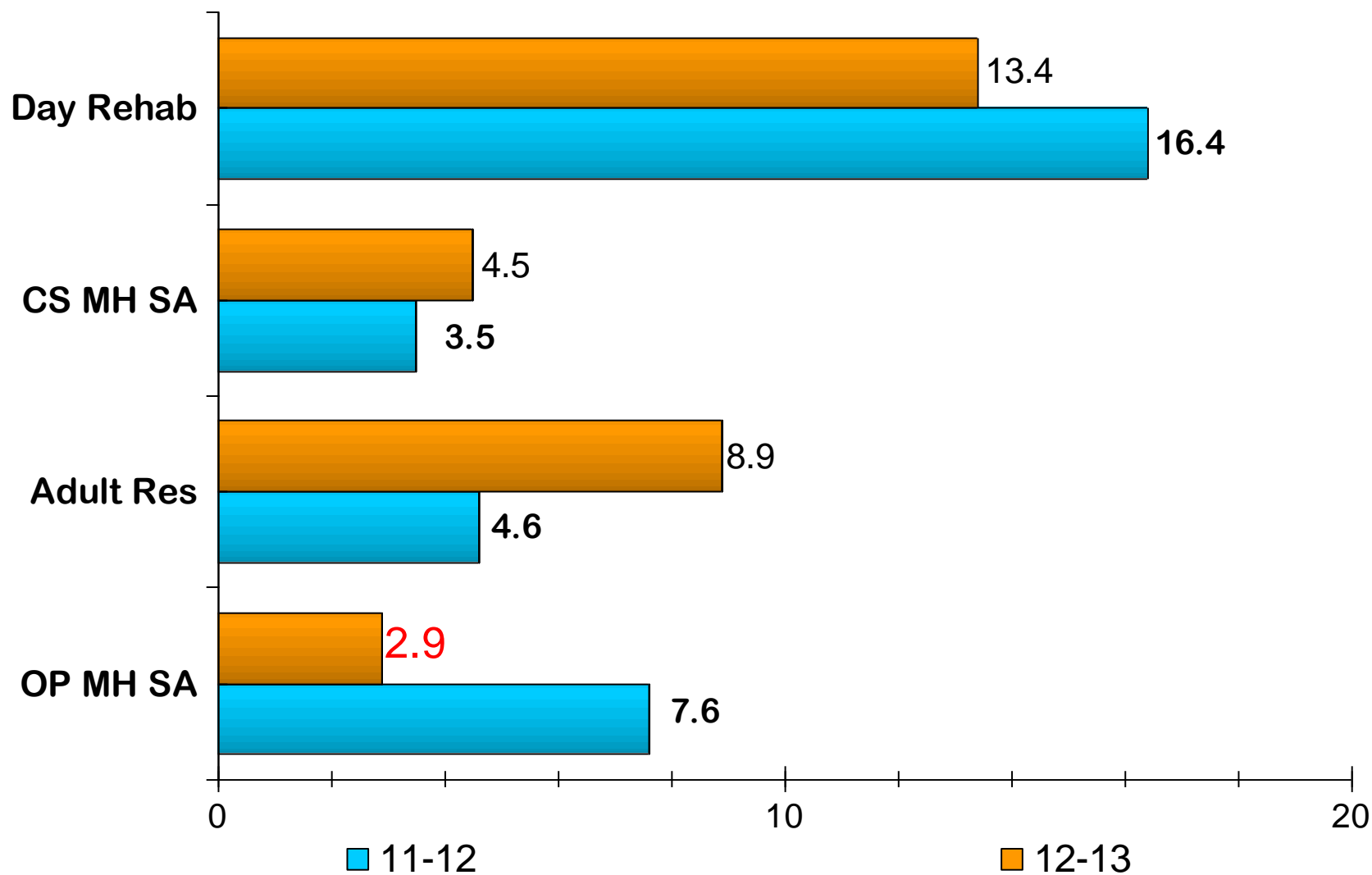
No Appointment Needed Outpatient Counseling



- Monday – Thursday appointments for assessment at 10 and 11 am
- Initial paperwork is completed in the lobby and finished with an intake specialist
- Meet with a counselor to complete their assessment for counseling.
- An appointment for their next visit is scheduled within 5-10 days or at their convenience
- Time from request to first service went from **90 days to 8**
- Continue to review and modify processes



Wait Times - Weeks



Outpatient Counseling Access to Services



June – November 2012

- 95 persons admitted with average wait of 7.9 weeks

December – June 2013

- 181 persons admitted with same day/next day access

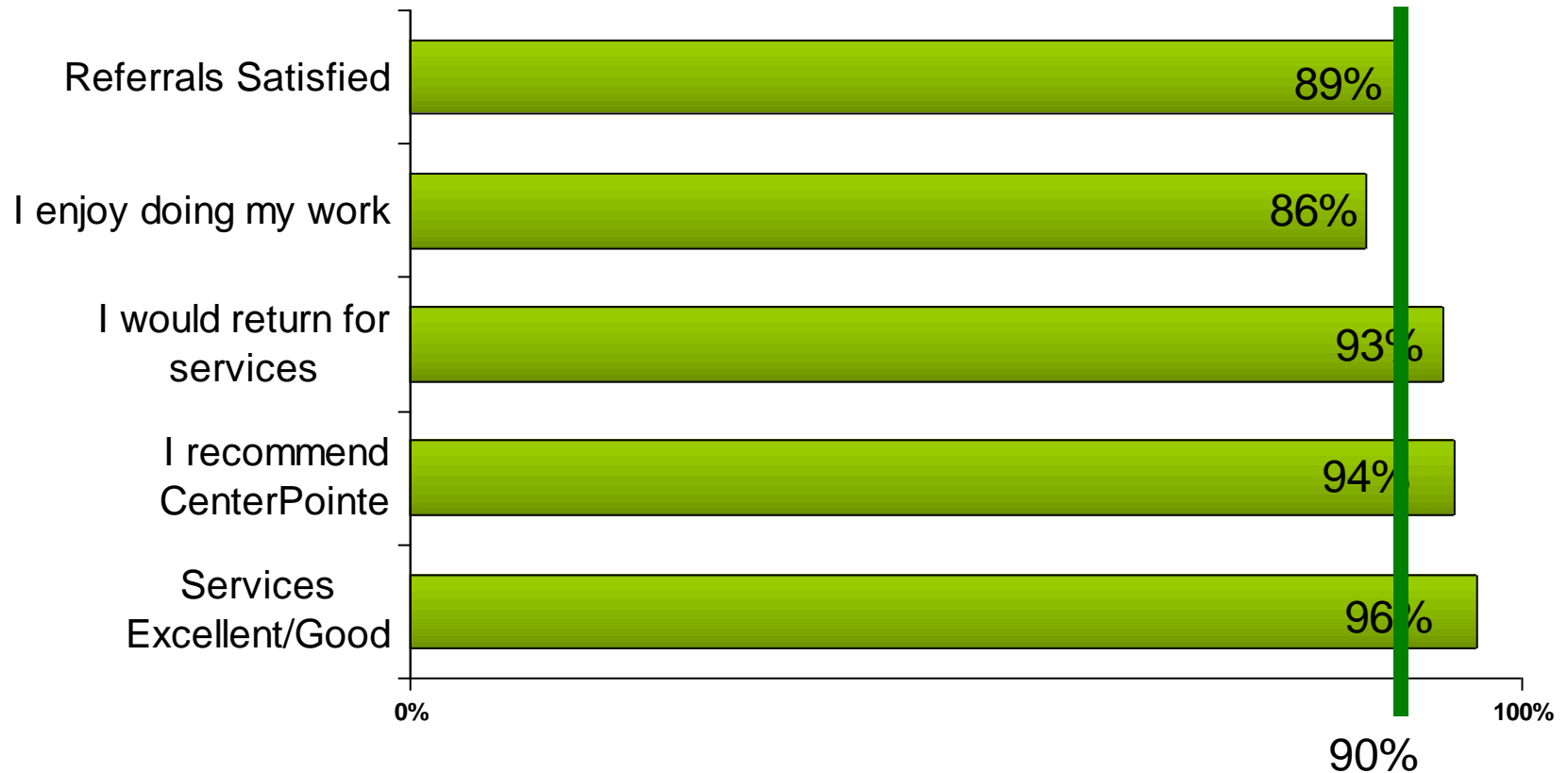
Average wait times for the combined 276 admissions

- 20.9 days.

Adult Residential

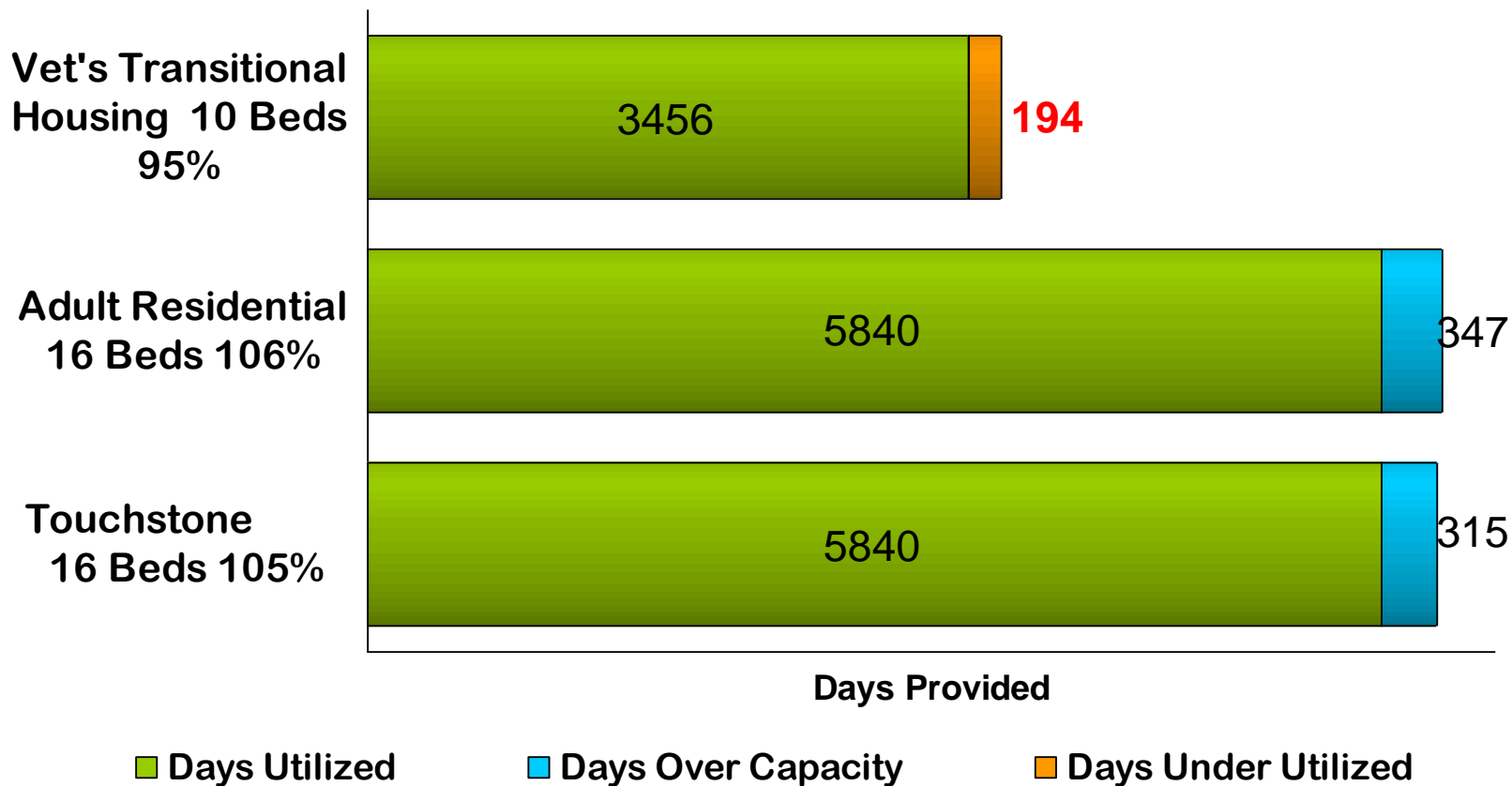
- 75% 40/54 persons admitted within 5 weeks of screening

Stakeholder Perceptions





RESIDENTIAL UTILIZATION

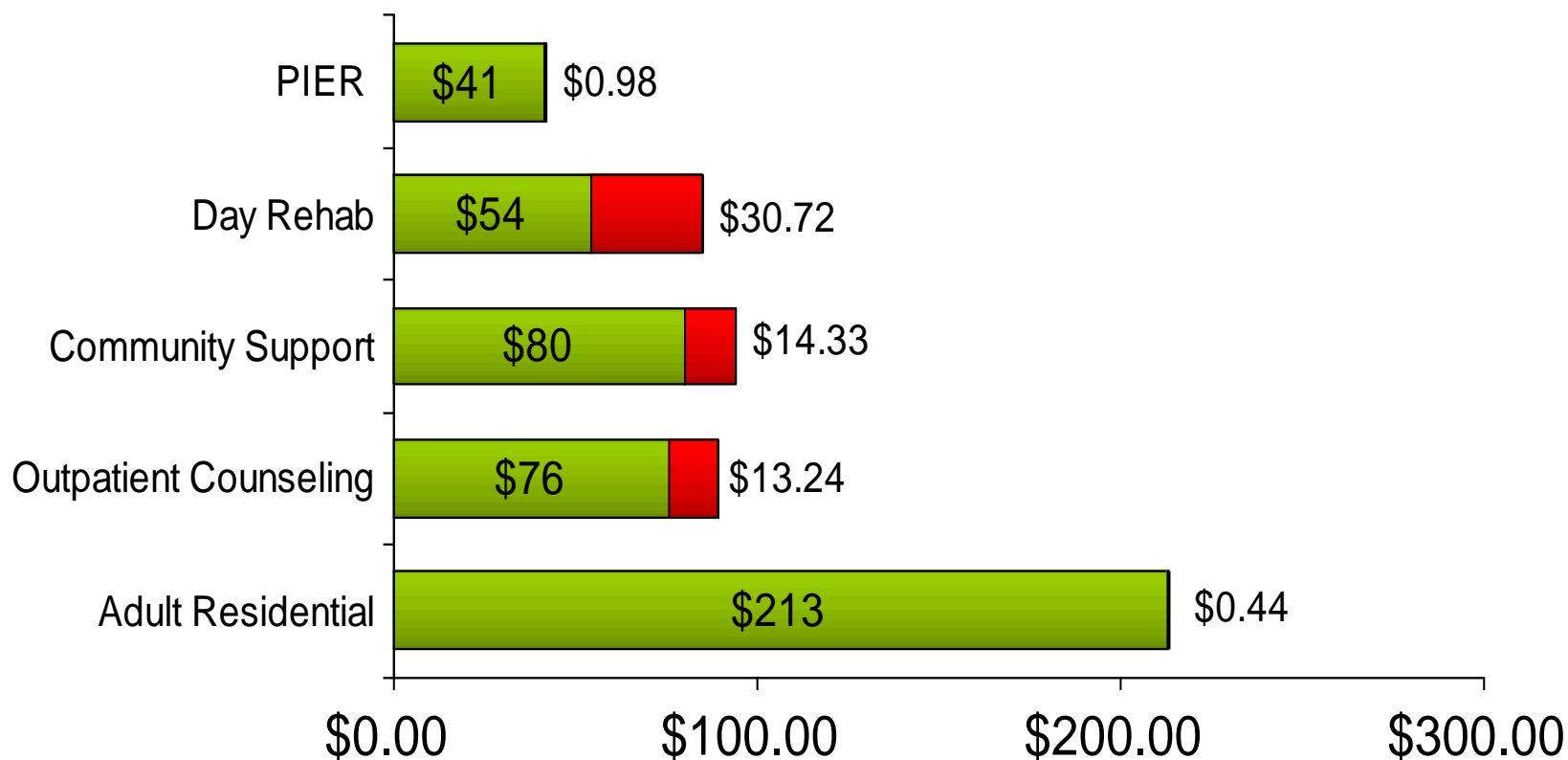




Un-reimbursed Costs

■ Reimbursement

■ Un-reimbursed Costs





**IN THEIR
OWN WORDS...**



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