



CENTERPOINTE, INC.

Leaders in treating addiction and mental illness

Annual Outcomes Report FY 2009-2010

Topher Hansen, JD,
Executive Director

Christine McCollister
Director Management Information Systems

Our Mission...

**To help people with
mental health and substance use
problems live healthier,
more productive lives**



Adult Co-Occurring Residential Treatment



2633 P St.

- ▶ Transitional housing & residential treatment
- ▶ Adults 19 and over
- ▶ Serious mental illness
- ▶ Substance dependence
- ▶ 6-8 months expected stay
- ▶ 16 bed Capacity



Touchstone ~ Short Term Residential



1100 Military Rd.

**Provided in collaboration with
Houses of Hope, Inc.**

- ▶ Adults 19 and up
- ▶ Substance Dependence disorder
- ▶ 30-45 days expected stay
- ▶ 20 bed capacity



Youth Residential Treatment



2220 S. 10th

- ▶ Transitional housing and residential treatment
- ▶ Youth 13-18
- ▶ Substance Use Disorders
- ▶ Mental Health Disorders
- ▶ 4-6 months expected stay
- ▶ 12 bed capacity



Youth Services



3940 Cornhusker Hwy

- ▶ Youth Outpatient Services
- ▶ Intensive Outpatient available
- ▶ Residential Services in planning



**Youth Services to
3940 Cornhusker**



**Adult Residential
to 2202 S. 10th**



**Touchstone to
2633 P St.**



PIER ~ Assertive Community Treatment



2000 P St.

**Provided in collaboration with
Lutheran Family Services and
Community Mental Health Center**



- ▶ Full range of psychiatric and rehabilitation services provided in the community
- ▶ Serious Mental Illnesses Only with some substance dependence
- ▶ Proven alternative to long term hospitalization
- ▶ 70 person capacity

Outpatient Programs



1000 South 13th

- ▶ Outpatient Counseling –
Capacity 105 Adults
- ▶ Day Rehabilitation
Capacity 18
- ▶ Case Management
Capacity 270
- ▶ Community Housing
*Capacity 87 –
20 in planning*



Housing and Supportive Services



- ▶ Transitional and Permanent community housing and case management service for 52 single, homeless adults with substance use and/or mental health disorders.



- ▶ HUD 811 Housing for 10 single adults with mental health disabilities



Housing and Supportive Services

▶ **11-Plex:** Housing and supportive services for **4 persons who are chronically homeless** and **7 people discharged from Regional and Crisis Centers.**



▶ **4-Plex: Family Housing** in 4 - 2 BR apartments with supportive services for persons with mental health or substance disorders.



Homeless Veteran Program



630 C Street

- ▶ New collaboration with Veterans Administration
- ▶ Transitional housing with outpatient counseling
- ▶ Homeless Veteran Men
- ▶ 24 hour staffing
- ▶ 10 beds

Other Programs

Open Studio – Writers Wordshop



F Street Recreation Center

This collaboration of Lincoln Parks and Recreation, Community Mental Health Center and CenterPointe supports a community wide program for individuals to express creative talent through writing or visual arts. Hosted by F Street Recreation Center.

Artists work is displayed on the First Friday Gallery Walk at 815 Building in the Haymarket and other venues in the community throughout the year.



Community Education Center

- **Access free online classes for consumers, families, caregivers and youth**
- **Utilize Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP)**
- **Read up-to-date research on mental health and parenting issues**

www.centerpointe.org - Community Education Link

Staffing ~ 99 Employees

- **9 Program Directors**
- **19 Case Managers**
- **9 Counselors**
- **6 Nurses**
- **1 Recreational Therapist**
- **30 full/part time residential technicians**
- **15 Support Staff**
- **2 kitchen Staff**
- **8 management team members**



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.
- **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



Continuous Quality Improvement



Data Management Strategies

- Reduce *redundancy* of data management
- Improve *access* to data for data informed decision making at all levels
- Maximize the *concurrency* of documentation during services
- Improve the ability to *share* and *integrate* information between providers to improve outcomes for the persons served
 - Medical providers will be essential partners in addressing the mortality rates of people with mental health disorders
 - Prevention and effective management of chronic mental and physical disease will be critical to reducing health care costs in the long term

Data Management Strategies



Health Information Exchange Kick-Off Celebration

Join us for a landmark event as we pave the way for the future of electronic health records within the behavioral health community.

- *Lieutenant Governor Sheehy will discuss Nebraska eHealth Initiatives*
- *NextGen will demonstrate the Health Information Exchange technology*
- *The project team will share the implementation time-line*

eBHIN 
Electronic Behavioral Health
Information Network

Phone: 402-441-4388
Fax: 402-441-4335

November 18, 2010

1:30-4:30 pm

Location:

Jackie Gaughan Multicultural Center
Room 212

*(Located next to the downtown UNL
campus Student Union)*

RSVP: Please RSVP no later than November 11th to receive a complimentary parking tag, maps, and an agenda:

kvidal@region5systems.net

WebEx Information: If you are unable to attend in person, you may participate in the main portion of the meeting via conference call. The NextGen demonstration of the Health Information Exchange will be available via WebEx. For dial-in and WebEx information, please send a request to:

jfricke@region5systems.net

Key Performance Indicators

- Accessibility of services
- Human Resources
- Financial
- Program Utilization
- Risk Management - Health/Safety
- Stakeholder Input
- Technology
- Clinical Trends in Behavioral Health
- Outcomes for Persons Served



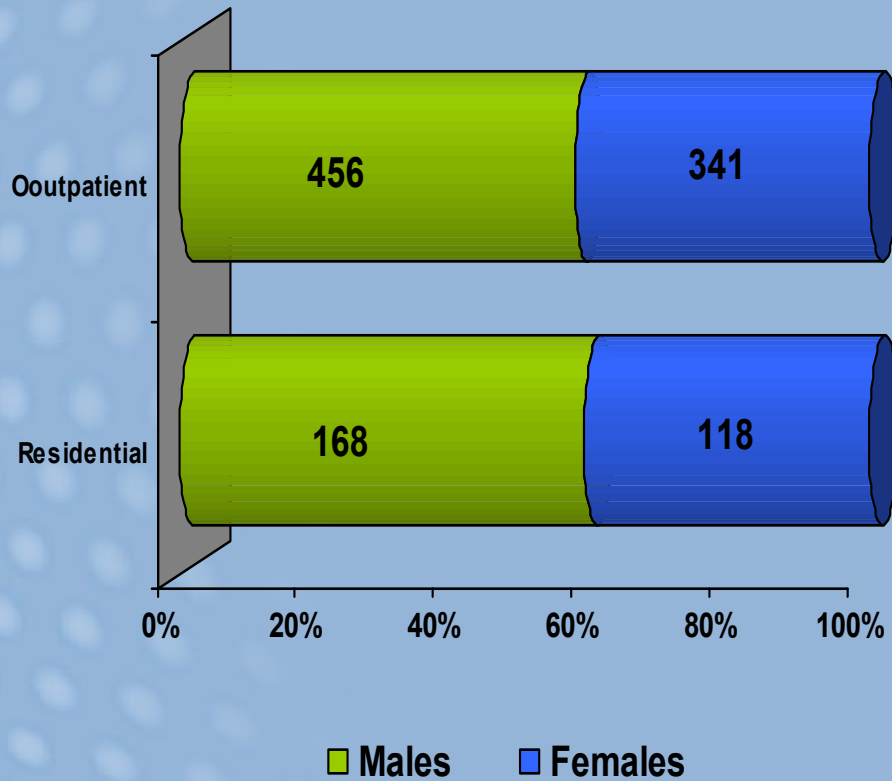
Outcomes for Persons Served

Key Performance Indicators (KPI)

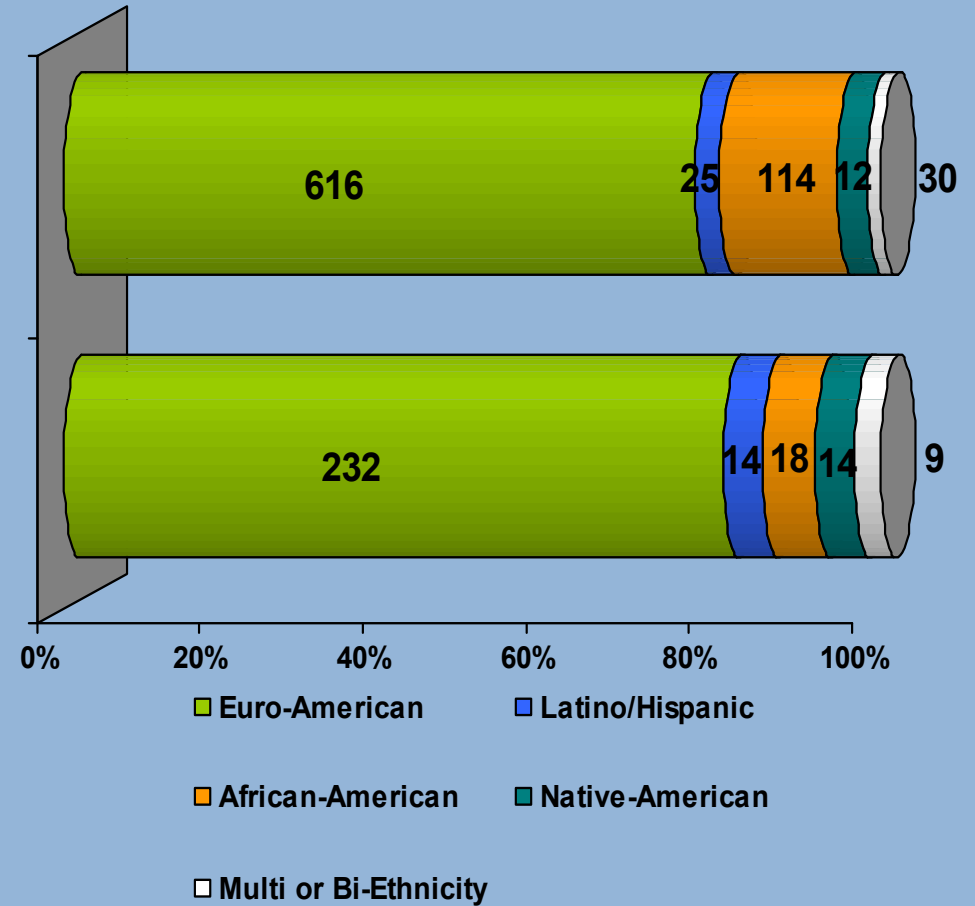
- ▶ Effectiveness
- ▶ Efficiency
- ▶ Access to Services
- ▶ Satisfaction

Persons Served

Gender



Race/Ethnicity



Co-Occurring Diagnoses of Persons Served

Mental Health Diagnoses

- ▶ 30% with Schizophrenia or related thought disorders
- ▶ 40% Depressive Disorders
- ▶ 20% PTSD and Anxiety Disorders
- ▶ 10% Other Mental Health Disorders

Substance Diagnoses

- ▶ 40-50% Alcohol Dependence
- ▶ 25% Methamphetamine
- ▶ 20% Cocaine, Marijuana and other substances including Rx Drugs



Goals...In Their Own Words....

- ▶ *Be self supporting*
- ▶ *Get myself back, all the good parts*
- ▶ *Alive*
- ▶ *Know my mental illness*
- ▶ *Overcoming anxiety without medications*
- ▶ *Stand on my own*
- ▶ *Give back to others*
- ▶ *Learn new ways of thinking to stay out of trouble*
- ▶ *Maintain positive mental health*
- ▶ *Stay sober*
- ▶ *Lead a happy, productive life*



Goals For Persons Served

- ▶ To reduce or eliminate substance use
- ▶ To improve management of the symptoms of mental illness
- ▶ To live in the community as independently as possible
- ▶ To engage in a long term program of recovery

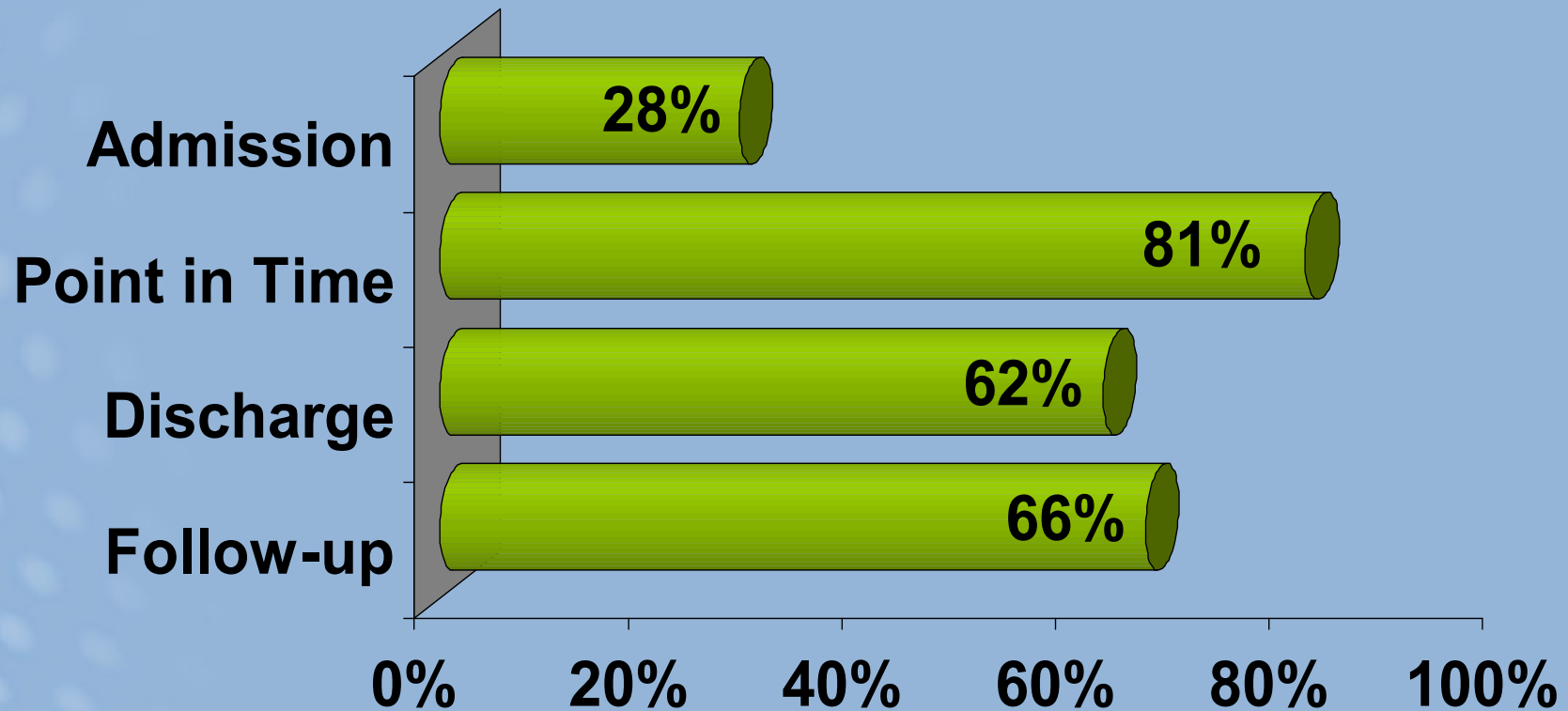


Consumer Outcome Indicators

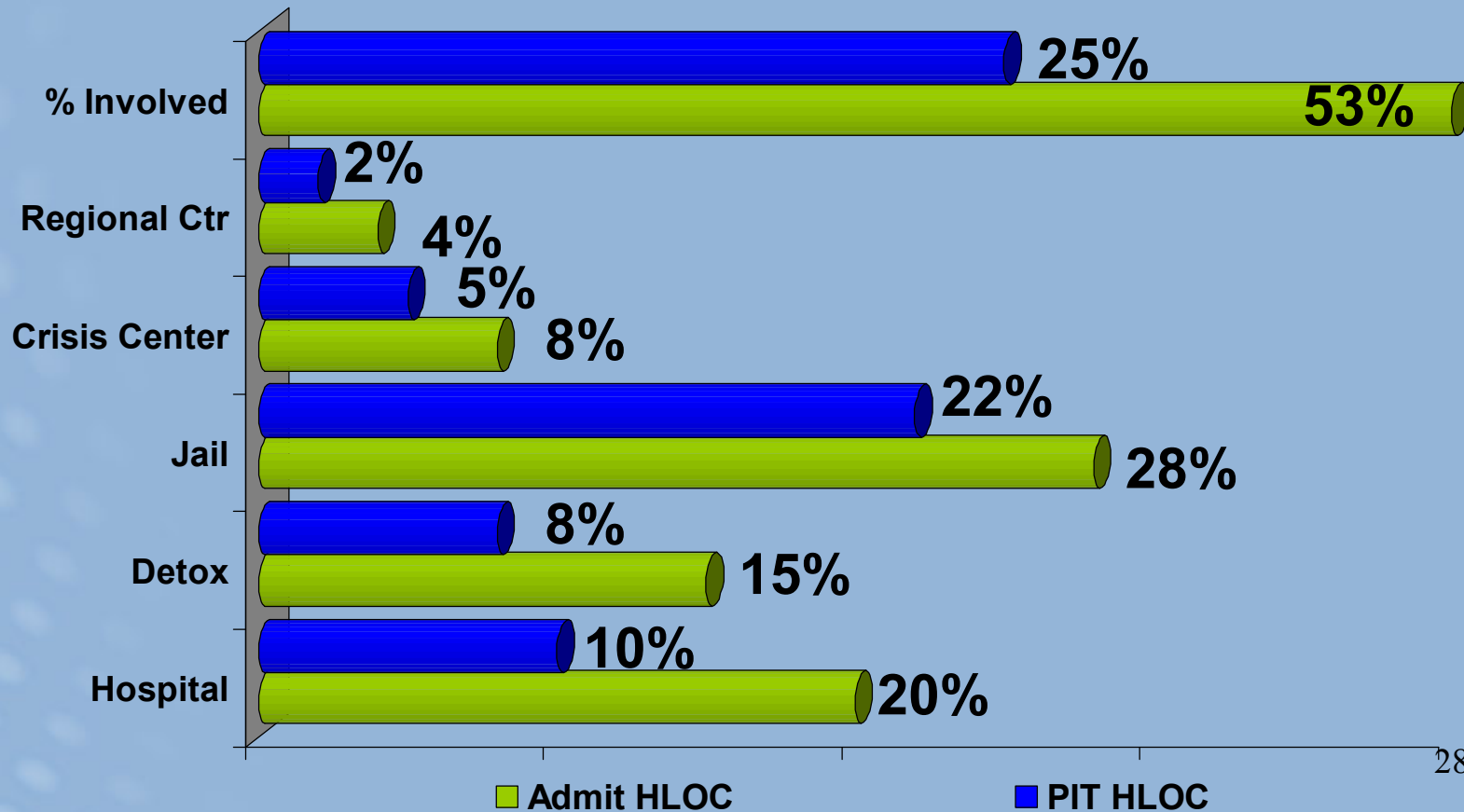
- ▶ Amount, types and frequency of drugs or alcohol used
- ▶ Medications taken as prescribed “most of the time”
- ▶ Reduced utilization of crisis centers, detox units, hospitals and jails
- ▶ Engages in services that support long term recovery
- ▶ Brief Symptom Inventory global functioning score
- ▶ Legal Involvement after services
- ▶ Housing, as appropriate for the individual



Community Support: Engagement in Services

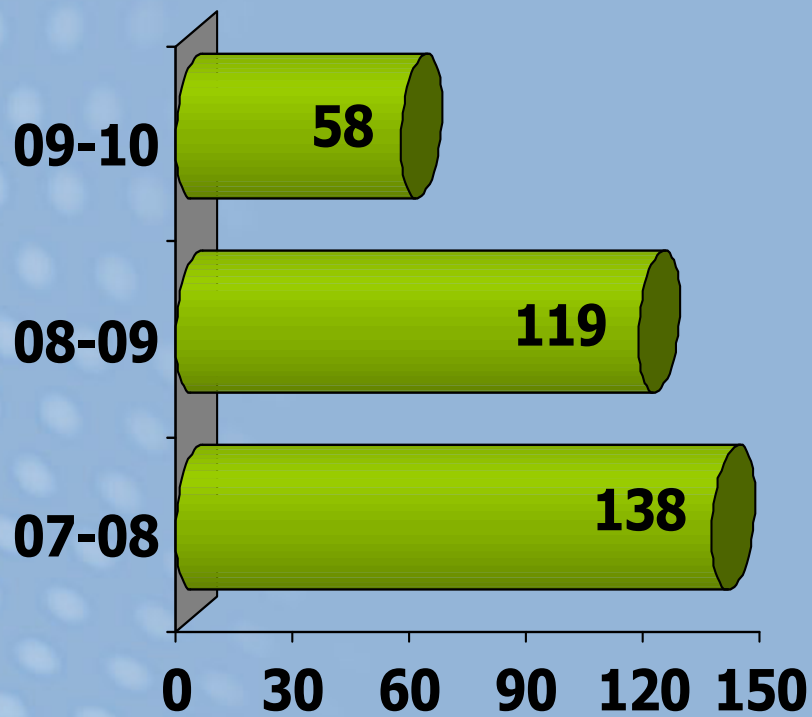


Outpatient Consumers: Higher Levels of Care

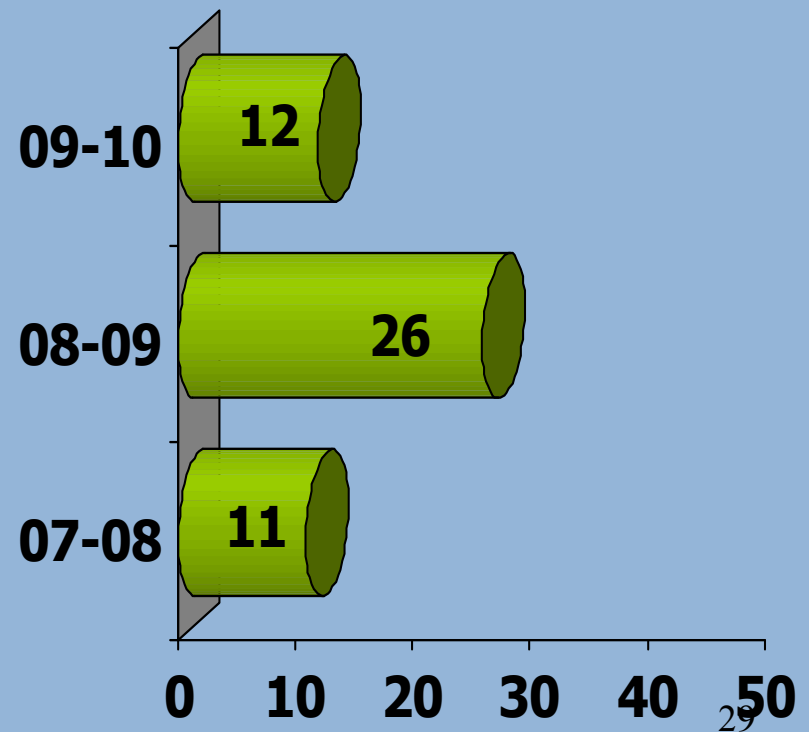


PIER ACT Team

Days Incarceration

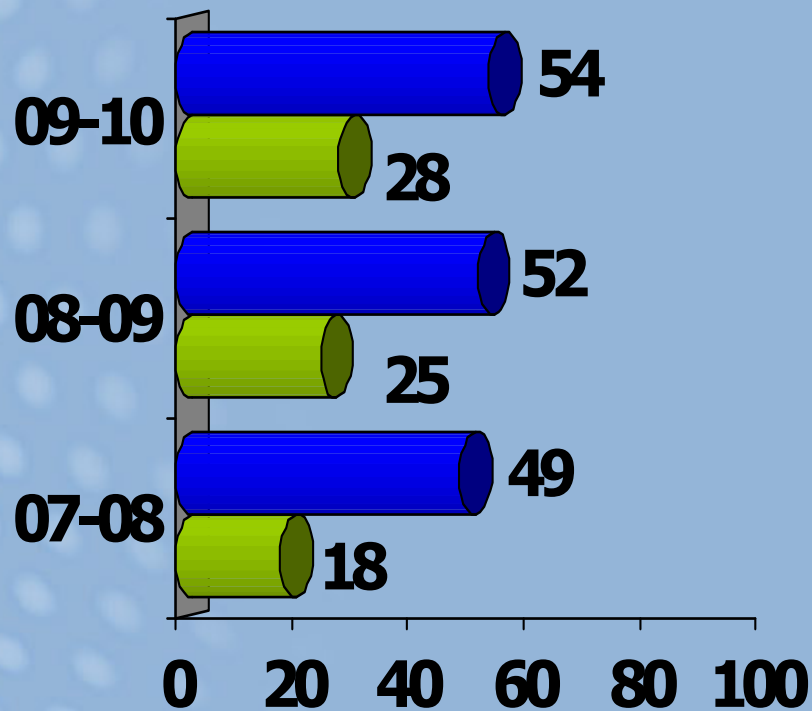


Incidents

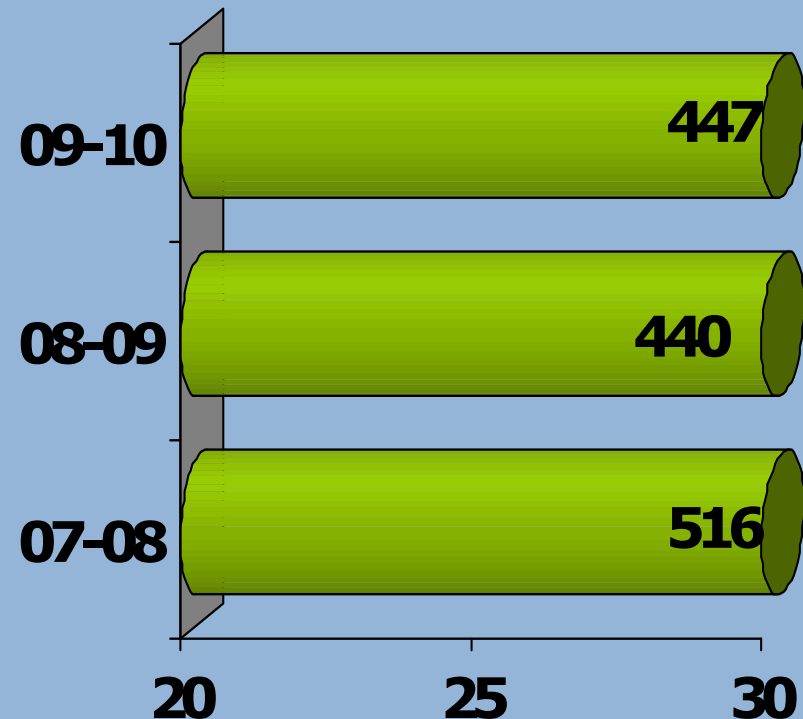


PIER ACT Team

Persons - # Times



Hospital Days

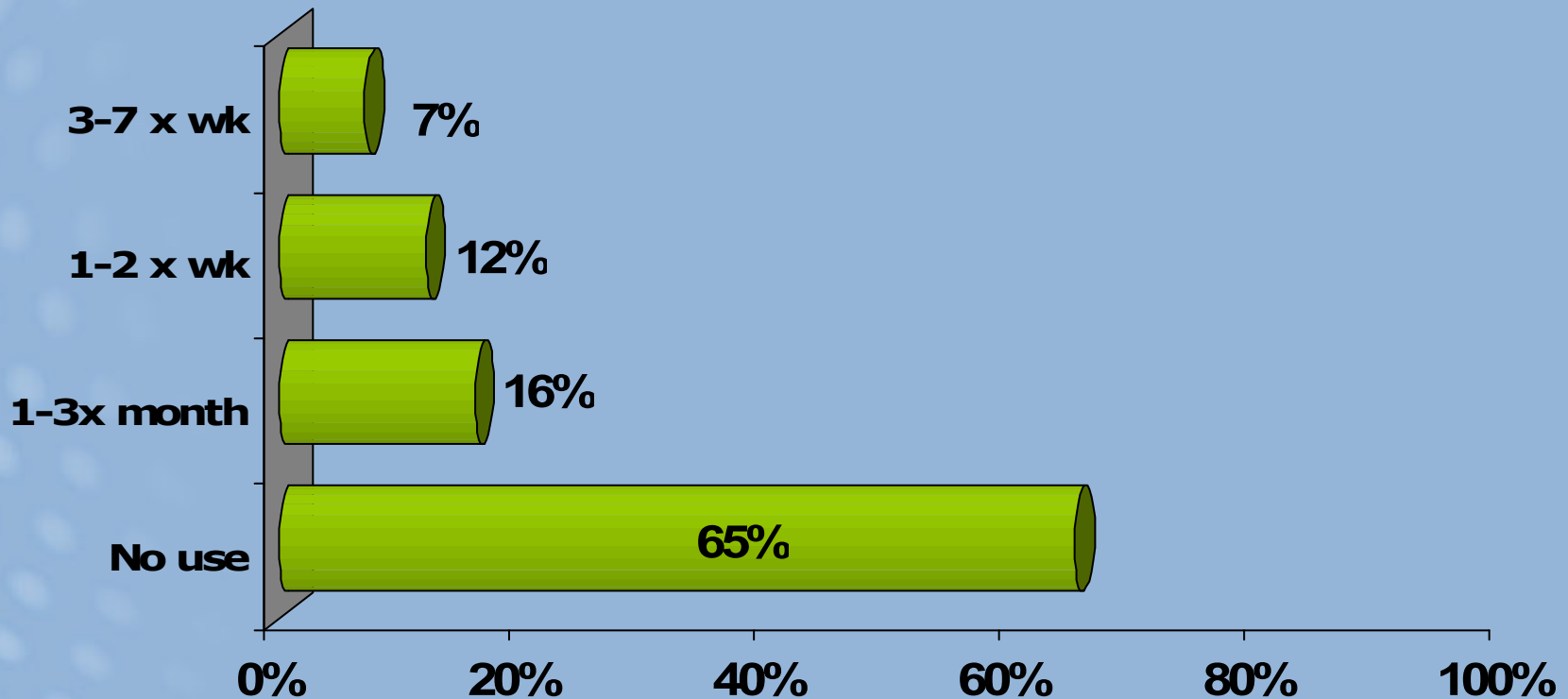


■ Persons ■ # times

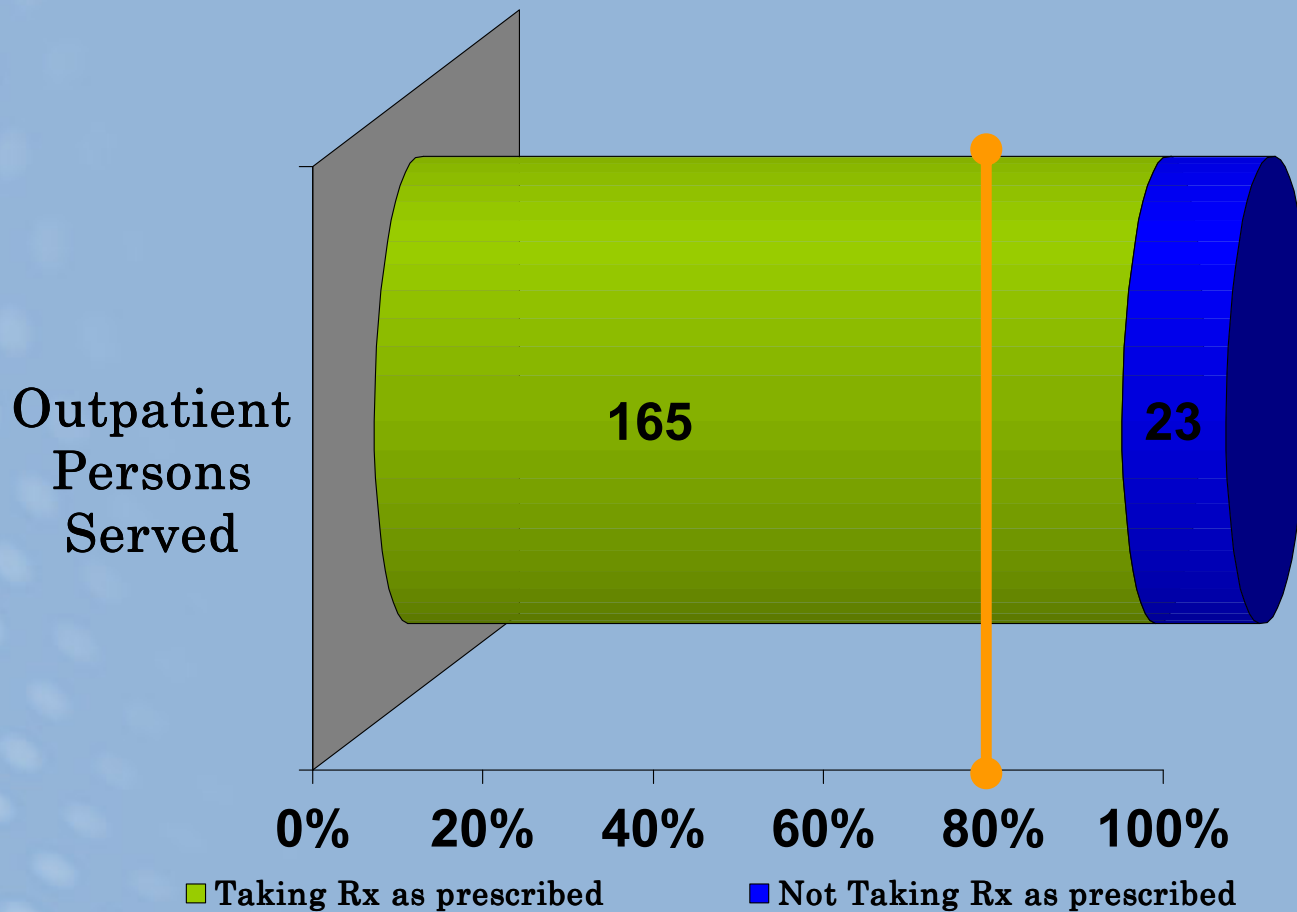


(Most recent data collected indicates clients were hospitalized for 8,603 days in the year prior to their admission to PIER)

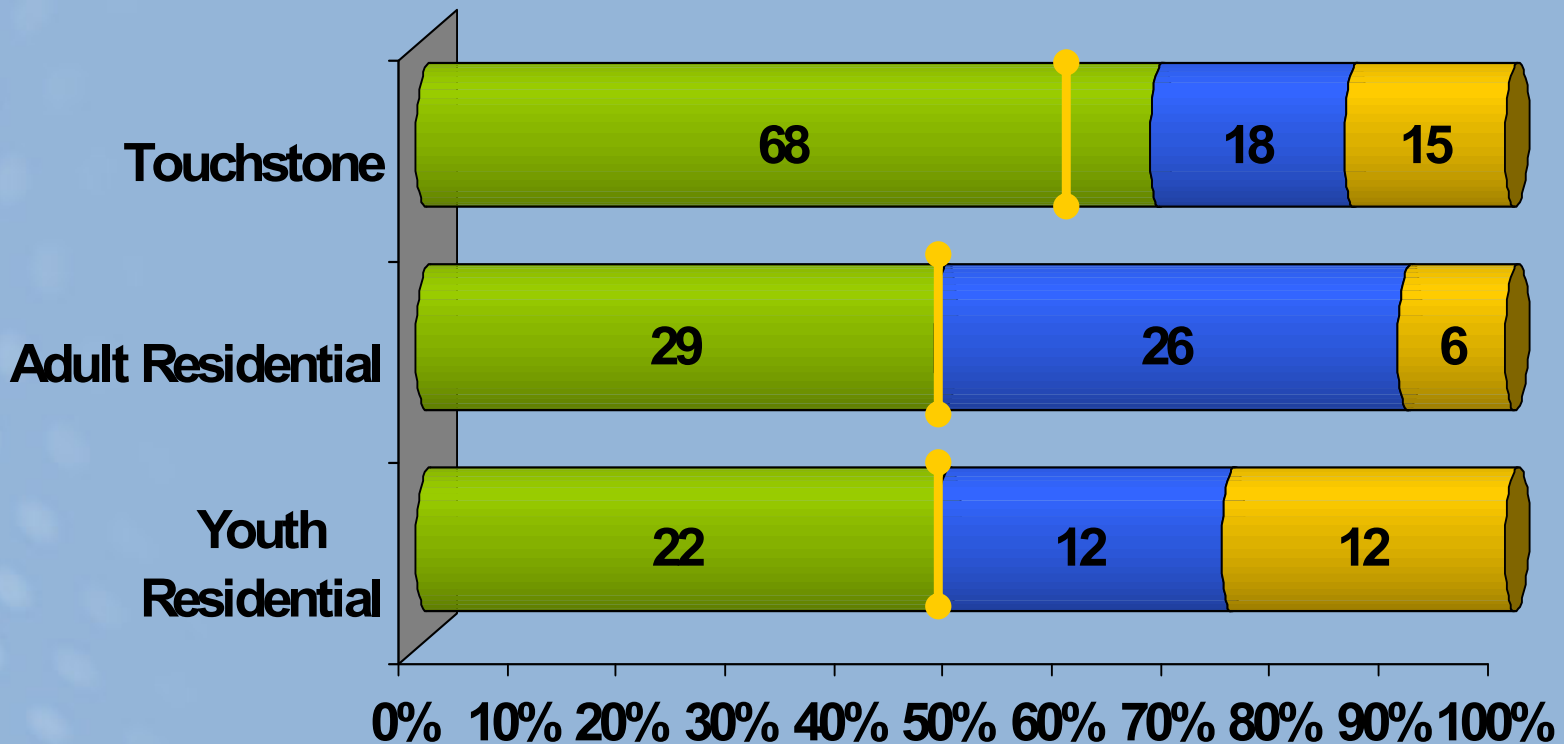
Outpatient Consumers: Substance Use During Services



Outpatient Consumers: Taking Medications as Prescribed



Residential Treatment Completion Rates

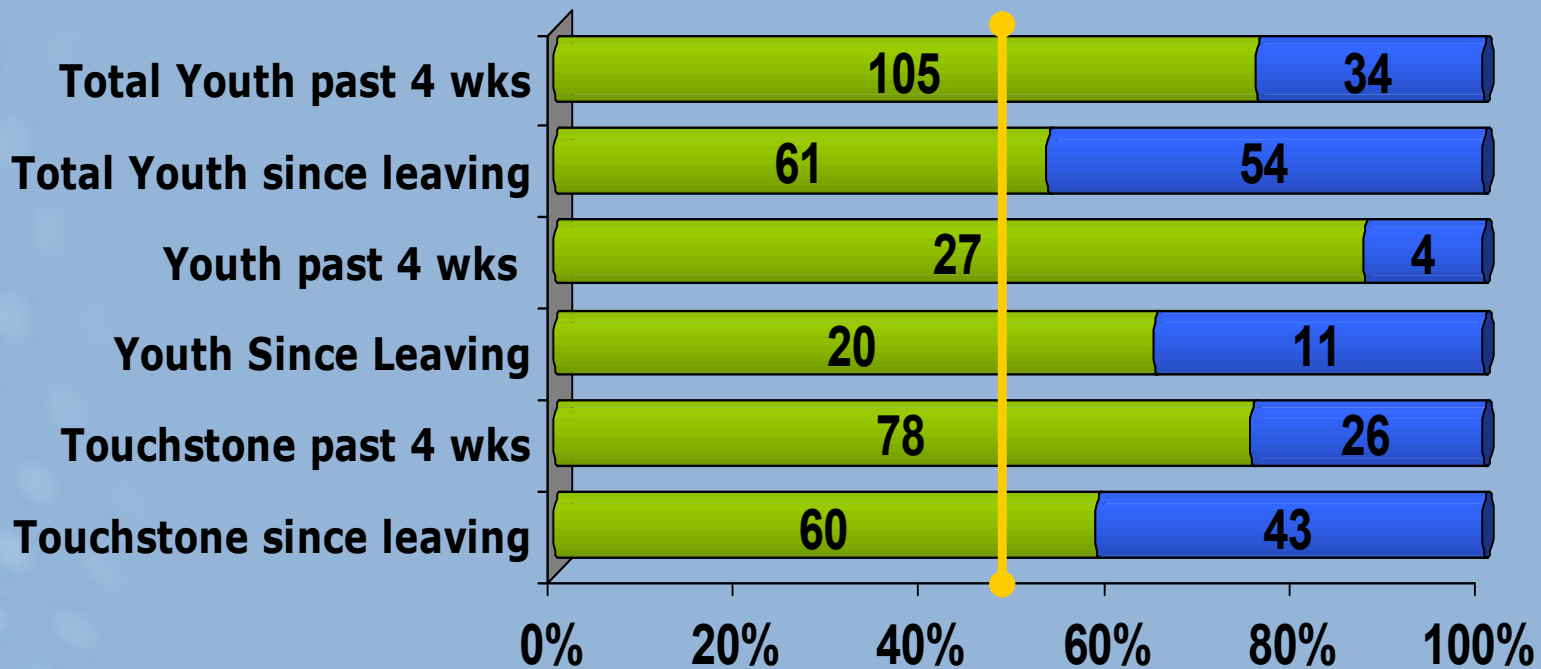


■ Completed/Transferred

■ AWOL

■ Other

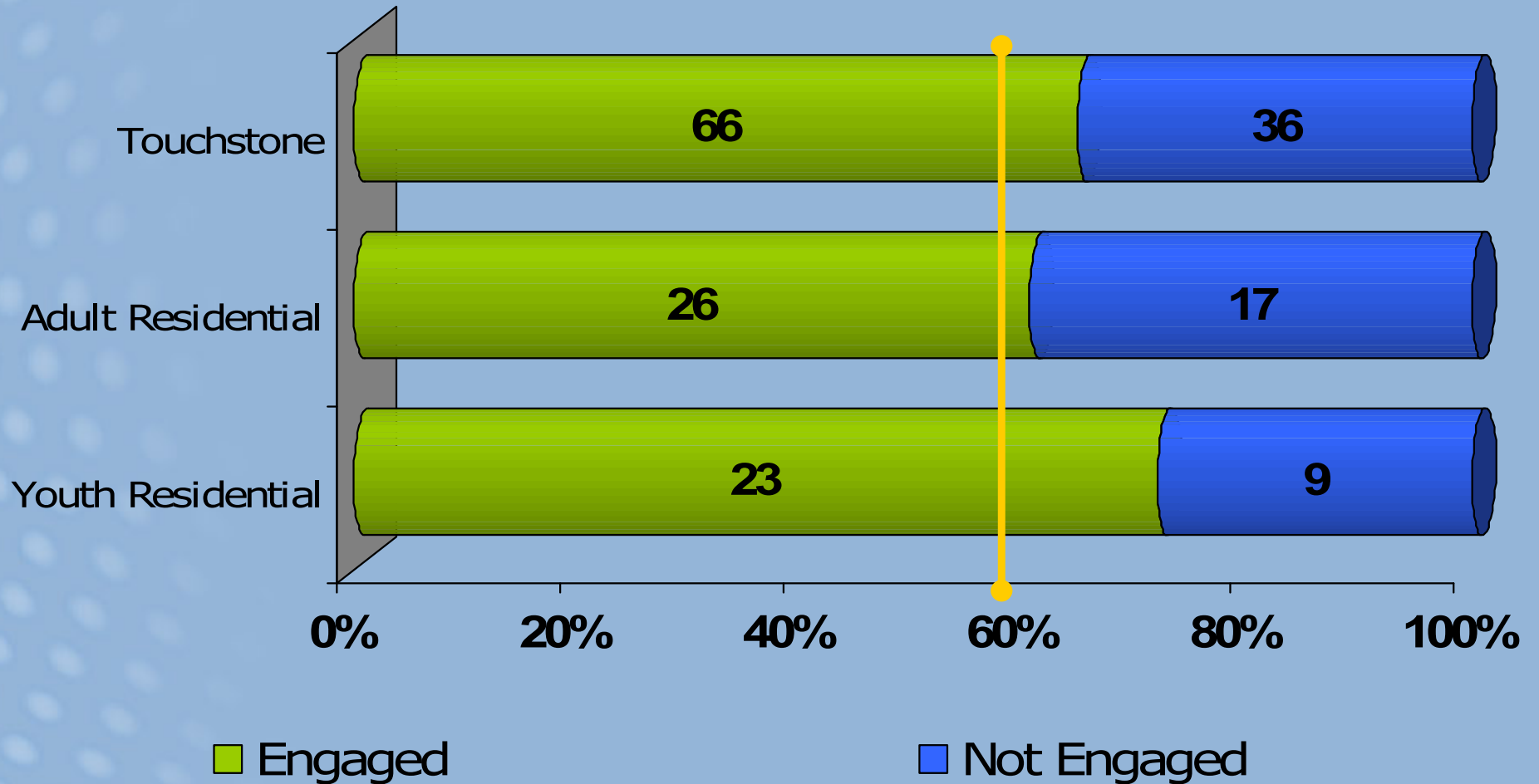
Discharged Residential Consumers: Substance Use Self Report



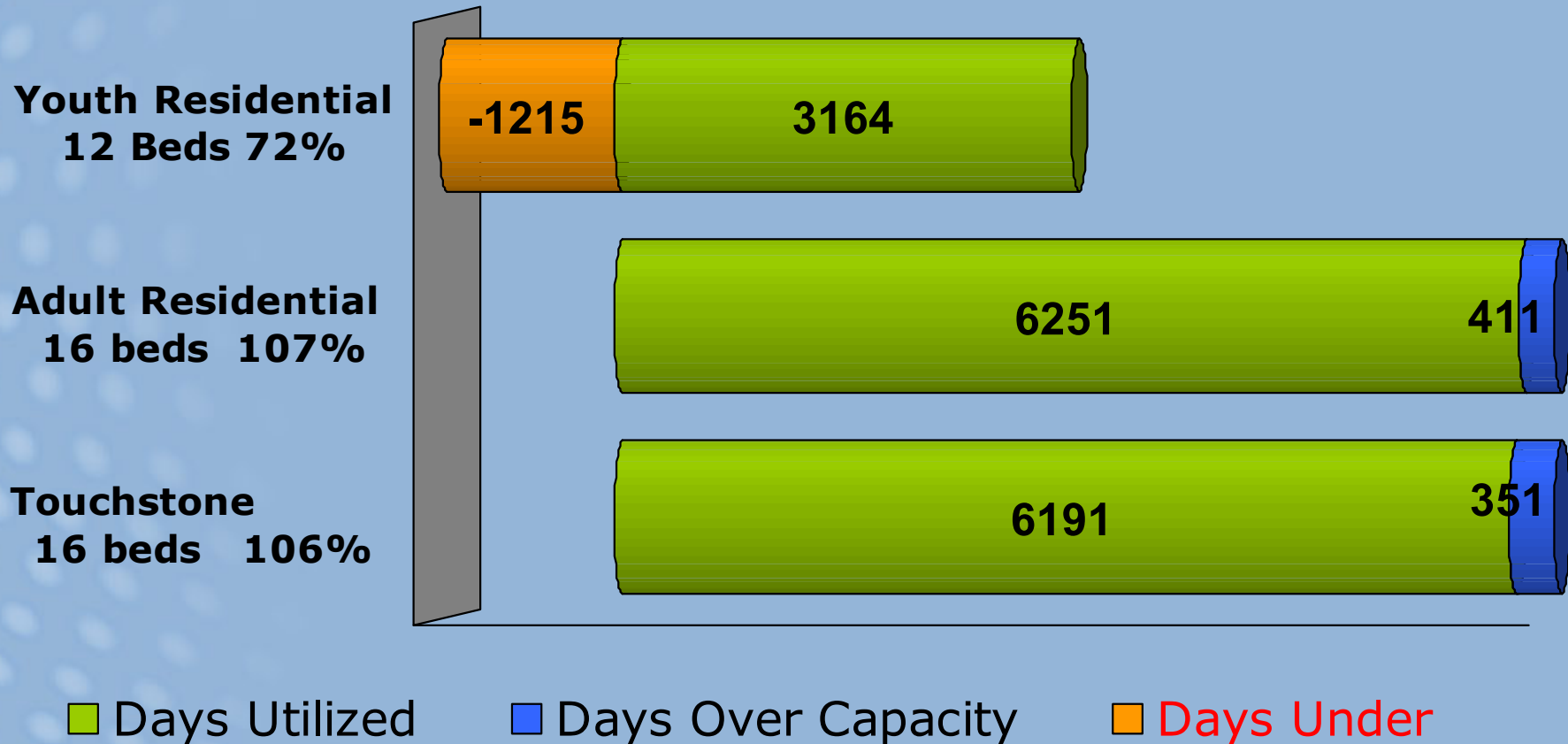
■ No Use Reported

■ Use Reported

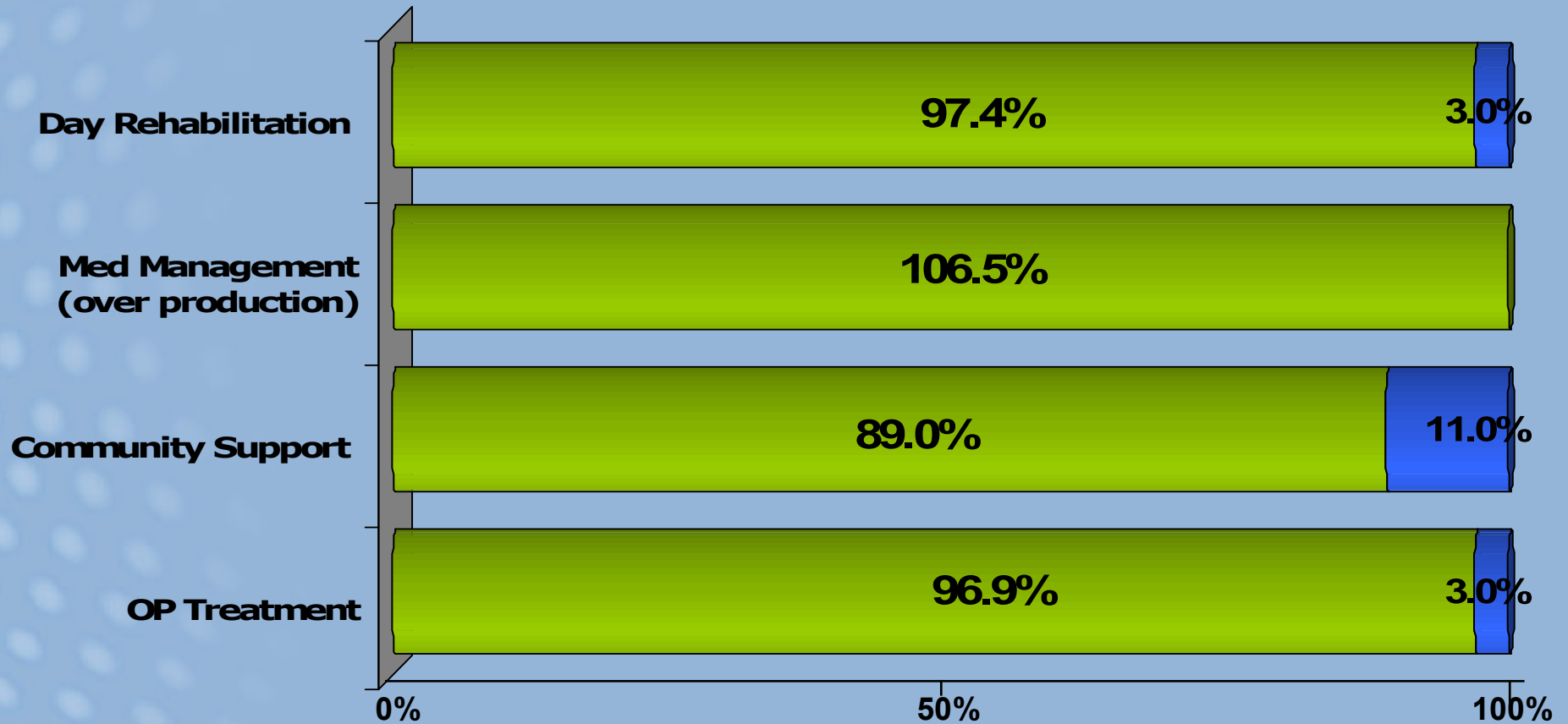
Discharged Residential Consumers: Engaged in Services



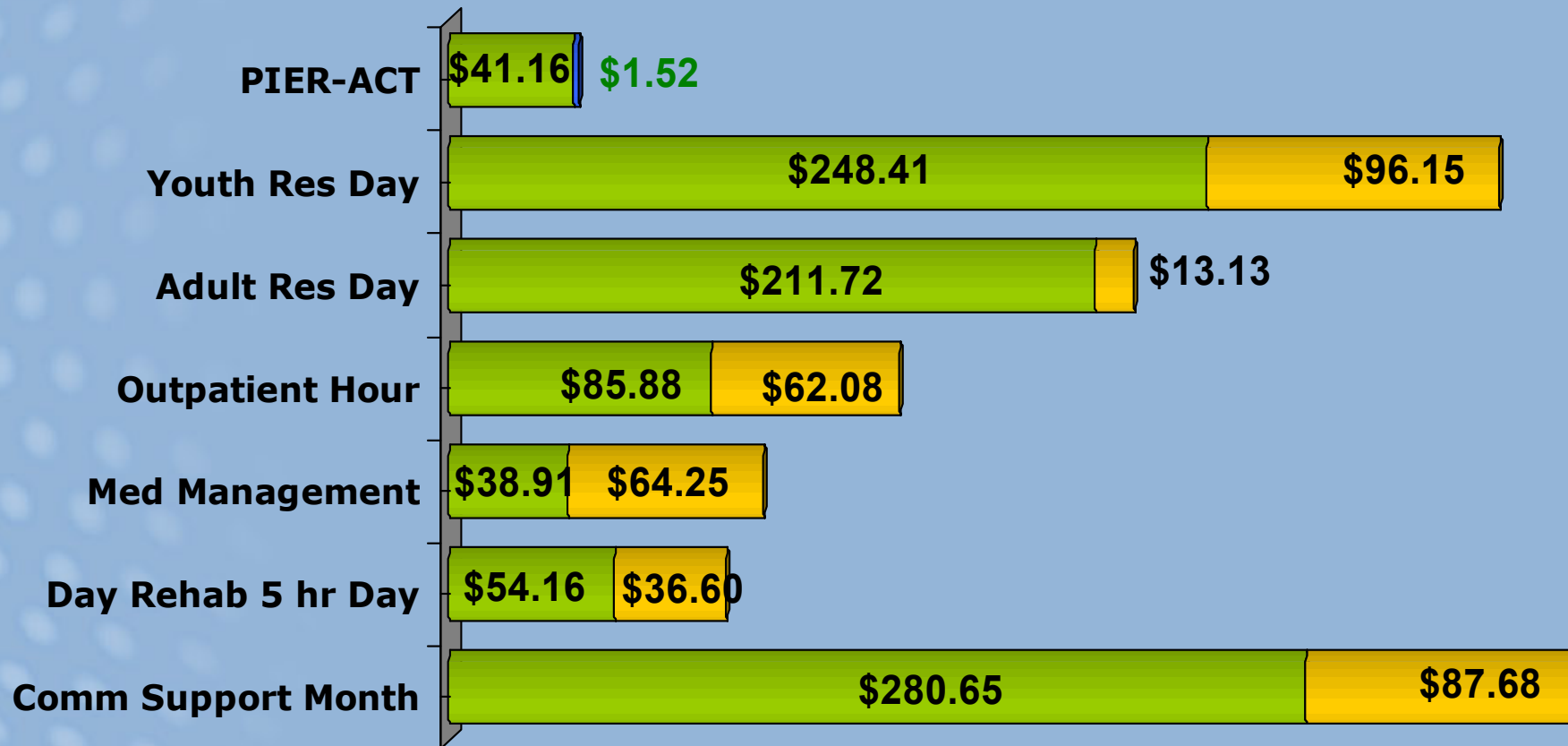
Residential Utilization



Outpatient Utilization



Cost Per Unit



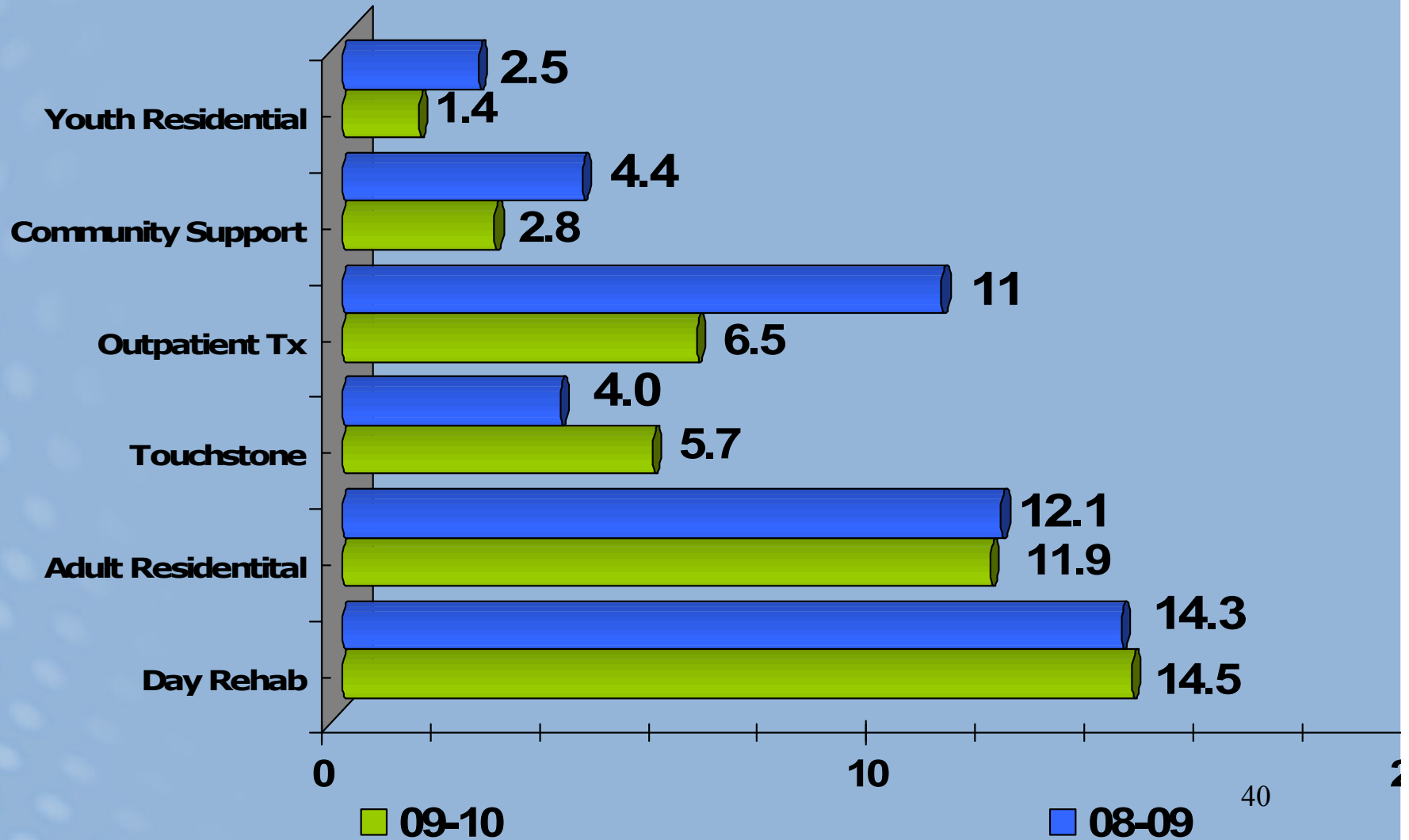
Access to Services

**PIER PROGRAM NOT INCLUDED*

Referral Outcomes	05-06	06-07	07-08	08-09	09-10
Admitted	500	474	470	470	527
Deceased	0	0	3	0	0
Incarcerated	30	34	41	22	41
Ineligible	63	35	70	101	122
Can Not Locate	226	230	198	144	191
No Show	26	25	25	29	31
Declined Admit	115	136	165	128	119
Other	7	6	11	4	5
Referred Elsewhere	22	13	12	22	66
Treatment Elsewhere	123	136	124	148	123
TOTAL REFERRED	1,112	1,091	1,119	1,068	1,225



Wait Times in Weeks



Access to Services: Re-Design in Outpatient Treatment

- No show and cancel rates are consistent with national performance at mental health centers, around 30%
- National leaders in management practices for behavioral health, MTM Services, including David Lloyd and other consultants have developed a process to address these issues



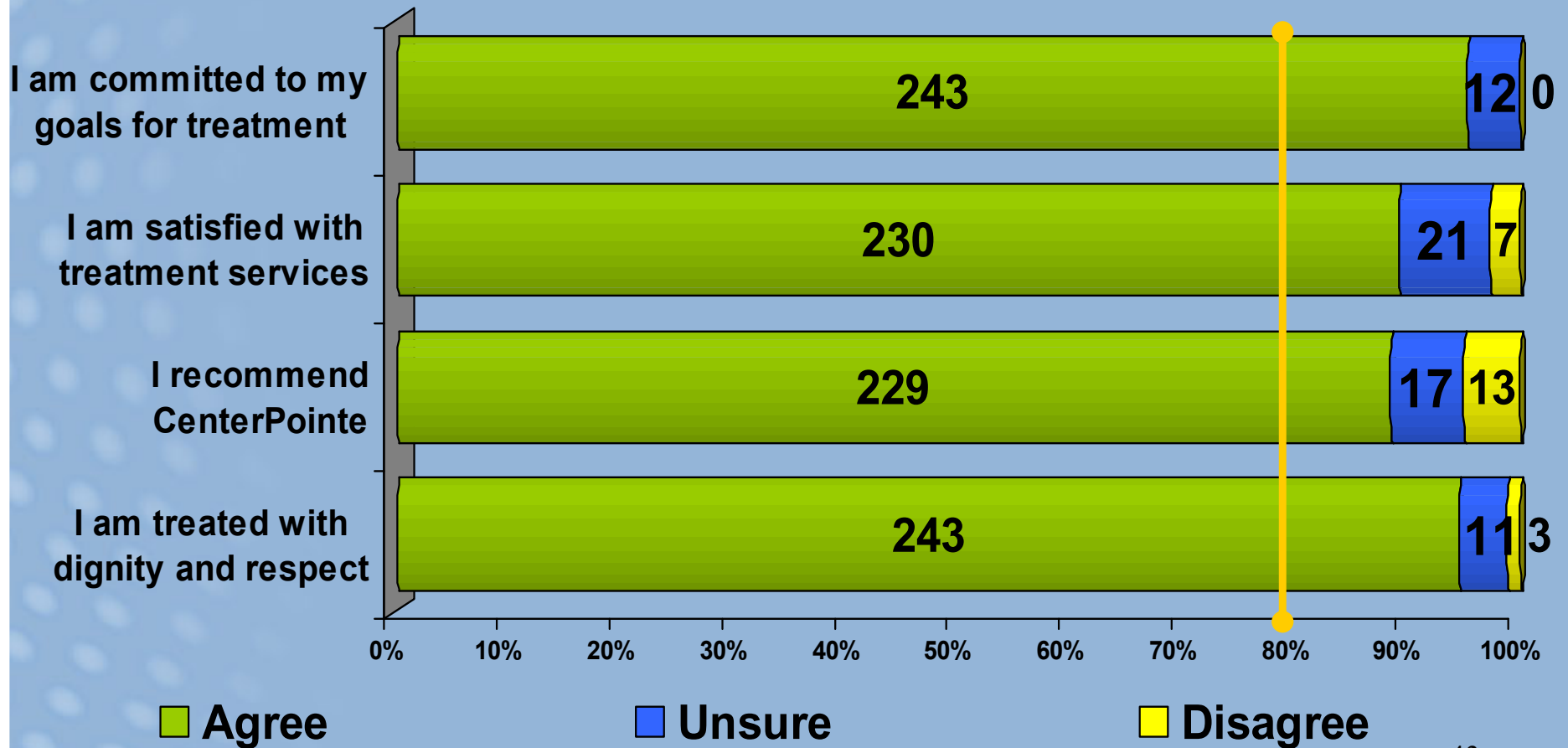
Access to Services:

Performance Improvement Project in Outpatient Treatment

- Duplication of data efforts – Tedious for the persons served and for staff
 - Streamline process, eliminate redundancy and use con-current documentation
- Delays in appointments increase the likelihood of no shows and cancellation
 - Match clinical assessment and administrative intake appointments
 - Minimize the days between following appointments to less than 12
- Scheduling is done by staff members
 - Utilize centralized scheduling
 - Manage reminders effectively and backfilling cancelled appointments
 - Identify and manage the persons served not consistently attending



Perceptions of Care



In their own words...

- ▶ *You all have helped me so much. Thank you!*
- ▶ *This is one of the only programs I have wanted to complete.*
- ▶ *I feel this place is excellent!! :)*
- ▶ *This is the best treatment I have ever got in the many years I have been getting help. You really seem to care!*
- ▶ *Thank you for all of the various types of help I have received since working with "Centerpointe" I do not know where I might be without that help.*
- ▶ *1 year of sobriety today, twice as long as ever, mental health symptoms are manageable.*



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Every day CenterPointe and caring people like you are helping people overcome homelessness, mental illness and addiction.
Together we are recovering lives and restoring hope.

Information
Founded:
1973 in Lincoln, Nebraska

182 People Like This

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 "just when the caterpillar thought it was about to die, it turned into a beautiful butterfly" It simply describes my life at the end of my using and journey through recovery
2 hours ago · [Flag](#)

 CenterPointe Get out and enjoy the beautiful fall colors while you can. "Walking and other exercise leads to the release of the body's natural happy drugs - endorphins." Wendy Bumgardener

 **Walking for Your Spirit - Mental Health Improvements**
walking.about.com
The mental health benefits of walking have been shown through research studies.
November 1 at 1:11pm · [Comment](#) · [Like](#)



**Together we are
recovering lives and
restoring hope**

www.centerpointe.org

402.475.8717