

# MH/DD/SAS Community Systems Progress Report

**Second Quarter SFY 2010-2011**  
October 1 – December 31, 2010

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February 28, 2011



*"You don't just wander in the wilderness, you set specific goals and specific benchmarks, and then you measure your success on achieving those goals and benchmarks."*

*-- DHHS Secretary Lanier Cansler, February 10, 2009.*

## *Highlights of Second Quarter SFY 2010-2011*

### *Timely Access to Care*

- According to reports submitted by the Local Management Entities (LMEs), almost all of the individuals (99%) determined to need emergent care were provided access within two hours from the time of the request (slight increase from the prior quarter). This fell short of the SFY 2011 statewide goal of 100%.
- LMEs reported that 82% of individuals determined to need urgent care were provided a face-to-face service within 48 hours from the time of the request (a decrease from the prior quarter). An additional 2% were scheduled for an appointment but information about whether it was kept was not available. This fell short of the SFY 2011 statewide goal of 88%.
- Seventy one percent of individuals determined to need routine care were provided a face-to-face service within 14 calendar days of the request (a decrease from the prior quarter). An additional 3% were scheduled for an appointment but information about whether it was kept was not available. This fell short of the SFY 2011 statewide goal of 88%.

### *Services to Persons in Need*

- The percentages of persons in need of mental health services that were provided publicly-funded services in their communities **exceeded the SFY 2011 statewide goal both for adults** (51% served compared to a statewide goal of 40%) **and for children** (55% served compared to the statewide goal of 40%). The percentages remained the same for both adults and children compared to the prior quarter.
- The percentages of persons in need of developmental disability services that were provided publicly-funded services in their communities **exceeded the SFY 2011 statewide goal both for adults** (40% served compared to the statewide goal of 38%) **and for children** (21% served compared to the statewide goal of 20%). The percentages remained the same for both adults and children compared to the prior quarter.
- The percentages of persons in need of substance abuse services that were provided publicly-funded services in their communities **exceeded the SFY 2011 statewide goal for adults** (11% served compared to the statewide goal of 10%) **and met the goal for adolescents** (9% served compared to the statewide goal of 9%). The percentages remained the same for both adults and children compared to the prior quarter.

### *Timely Initiation and Engagement in Service*

- The percentages for consumers' initiation and engagement into mental health care **met the SFY 2011 statewide goal for initiation** and fell short of meeting the goal for engagement. For initiation, 42% of consumers received a 2nd visit within 14 days of the first visit compared to the statewide goal of 42%. For engagement, 27% of consumers received 2 additional visits within 30 days after meeting the initiation measure compared to the statewide goal of 30%. The percentages for both measures increased from the prior quarter.
- The measures for consumers' initiation and engagement into developmental disability services and supports remained below SFY 2011 statewide goals. For initiation, 65% of

consumers of developmental disability services received a 2nd visit within 14 days of the first visit compared to the statewide goal of 72%. For engagement, 49% of consumers of developmental disability services received 2 additional visits within 30 days after meeting the initiation measure compared to the SFY 2011 statewide goal of 61%. The percentages for both measures increased from the prior quarter.

- The measures for consumers' initiation and engagement into substance abuse services remained below the SFY 2011 statewide goal. For initiation, almost two-thirds (63%) of consumers of substance abuse services received 2 visits within the first 14 days of care compared to the statewide goal of 71%. For engagement, almost half (45%) of consumers of substance abuse services received 4 visits within 45 days, compared to the statewide goal of 56%. This represents a slight decrease from last quarter for both measures.

#### *Effective Use of State Psychiatric Hospitals*

- Reduction in use of state psychiatric hospitals for short term care (7 days or less) **exceeded the SFY 2011 statewide goal** this quarter – 30% of consumers in state hospitals had stays of 7 days or less compared to the SFY 2011 statewide goal of no more than 44% of consumers. This represents continued improvement from last quarter.

#### *State Psychiatric Hospital Readmissions*

- The 1 to 30 day readmission rate this quarter remained the same as the prior quarter. Across the state, 7% of consumers discharged from a state psychiatric hospital were readmitted within 30 days. This **exceeded the SFY 2011 statewide goal** of 10% or less.
- The 1 to 180 day readmission rate this quarter remained the same from the prior quarter. Across the state, 17% of consumers were readmitted within 180 days, which **exceeded the SFY 2011 statewide goal** of 22% or less.

#### *Timely Follow-Up after Inpatient Care*

- The SFY 2011 statewide goals for follow-up care for consumers discharged from ADATCs and state psychiatric hospitals are set high at 70% of consumers seen within 7 days following discharge. This reflects the great importance given to the achievement of this measure. Statewide, 40% of consumers discharged from an ADATC and 51% of consumers discharged from a state psychiatric hospital were seen within 7 days following discharge this quarter. The percentages for persons discharged from an ADATC stayed the same as last quarter and decreased slightly for persons discharged from a state psychiatric hospital.

#### *Child Services in Non-Family Settings*

- Under two percent of children and adolescents receiving mental health and/or substance abuse services were served in residential service settings this quarter, which **exceeded the SFY 2011 statewide goal** of four percent or less. The percentage this quarter remained the same as the prior quarter.

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## ***Introduction***

The NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) has been tracking the effectiveness of community systems through statewide performance indicators since 2006.<sup>1</sup> These indicators provide a means for the NC public and General Assembly to monitor how the public service system is performing its responsibilities. Regular reporting of community progress also assists local and state managers in identifying areas of success and areas in need of attention. Problems caught early can be addressed more effectively. Success in a particular component of the service system by one community can be used as a model to guide development in other communities.

Each topic covered by these indicators involves substantial “behind-the-scenes” activity by service providers, LME and state staff, consumers, and family members. The indicators do not cover all of those efforts. Instead, they focus on the desired results of those activities. If the results are different than expected, system stakeholders may need to perform a more detailed analysis in order to identify contributing factors and issues that may be affecting the result.

The indicators in this report were chosen to reflect:

- accepted standards of care,
- fair and reliable measures, and
- readily available data sources.

The following pages provide an overview of the indicators, a guide to reading the report, and a summary of performance for each LME and the state as a whole for the most recent period for which data is available.

*Appendices for MH/DD/SAS Community Systems Progress Report*, a separate document, contains details on the indicators for the most recent period by LME and for some of the indicators by county, where appropriate. The *Appendices* provide information on data sources and time periods for each indicator, population data for each county, an explanation of how the indicators are calculated, and if applicable a summary of revisions that were made to this report.

*Critical Measures at a Glance*, also a separate document, is a one-page reference table showing each LME’s performance for the current quarter against statewide averages, statewide goals, and contractual requirements (“standards”).

This report, the appendices, and the critical measures document, are available on the Division website:

<http://www.ncdhhs.gov/mhddsas/statspublications/reports>

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<sup>1</sup> This report fulfills the requirements of S.L. 2006-142 (HB 2077) that directs the Department of Health and Human Services to develop critical indicators of LME performance. Measures reflect the goals of the Division’s Strategic Plan 2010-2013, the President’s New Freedom Initiative, CMS’ Quality Framework for Home and Community Based Services, and SAMHSA’s Federal Action Agenda and National Outcome Measures.

## *The Indicators*

The performance indicators are divided into seven categories that cover the processes involved in providing community services. They are intended to capture how well people are getting into care and continuing care in their chosen communities. The descriptions below provide the reasoning behind selection of these indicators and the Division's annual statewide goals.

The Division sets the statewide goals at the beginning of each fiscal year by determining (1) the current needs and priorities for the service system and (2) what is considered an achievable improvement for the year. Some goals may remain the same from one year to the next, some goals may be incrementally increased over time, while others may be set intentionally high to reflect where the Division wants community systems to focus their efforts. Performance goals for SFY2011 remain the same as the prior year in anticipation of budget reductions.

### **Indicator 1: Timely Access to Care**

**Rationale:** Timely access to appropriate care is critical to protect consumer health and safety, minimize adverse consumer outcomes and promote consumer engagement in services. The timely access measures are based on Healthcare Enterprise Data Information System (HEDIS ©) measures, supported by the federal Centers for Medicaid and Medicare.

This indicator, based on reports submitted by LMEs, has three components that look at timely access to care for persons requesting services through the LMEs' Screening, Triage, and Referral (STR) system, based on urgency of need:

- 1.1 Emergent Care:** Statewide Goal = 100% of persons in need of emergent care are provided access through our community service system within two hours of the request.
- 1.2 Urgent Care:** Statewide Goal: 88% or more of persons in need of urgent care receive services through our community service system within 48 hours of the request.
- 1.3 Routine Care:** Statewide Goal: 88% or more of persons in need of routine care receive services through our community service system within 14 calendar days of the request.

### **Indicator 2: Services to Persons in Need**

**Rationale:** NC has designed its public system to serve those persons who have the highest need for ongoing care and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance.

This indicator is measured by comparing the number of persons who received *treatment* for a particular condition during a year with *prevalence*, the number of persons estimated to have that condition in a given year, to get *treated prevalence*, or percent of the population in need who receive services through our community service system for that condition within a year. This indicator looks at treated prevalence for six age-disability groups. The percentages represent the percent of all persons estimated to be in need of services that were provided publicly funded services that were paid for by Medicaid or state-funds through the Integrated Payment Reporting System (IPRS).

- 2.1 Adult Mental Health Services:** Statewide Goal = 40% or more
- 2.2 Child and Adolescent Mental Health Services:** Statewide Goal = 40% or more

**2.3 Adult Developmental Disability Services:** Statewide Goal = 38% or more

**2.4 Child and Adolescent Developmental Disability Services:** Statewide Goal = 20% or more

**2.5 Adult Substance Abuse Services:** Statewide Goal = 10% or more

**2.6 Adolescent Substance Abuse Services:** Statewide Goal: 9% or more

### **Indicator 3: Timely Initiation and Engagement in Service**

**Rationale:** For persons with mental illness, developmental disabilities, and addictive diseases to recover control over their lives and maintain stability, they need continuing access to supports and services. Initiation and engagement are nationally accepted measures of continued access.

**Initiation** is measured as the percent of persons who receive 2 visits within the first 14 days of service. **Engagement** is measured as the percent of persons who after meeting the *initiation* criteria receive an additional 2 visits within the next 30 days (a total of 4 visits within the first 45 days of service). This indicator looks at initiation and engagement for five disability groups.

**3.1.a Initiation of Mental Health Consumers:** Statewide Goal = 42% or more

**3.1.b Engagement of Mental Health Consumers:** Statewide Goal = 30% or more

**3.2.a Initiation of Developmental Disability Consumers:** Statewide Goal = 72% or more

**3.2.b Engagement of Developmental Disability Consumers:** Statewide Goal = 61% or more

**3.3.a Initiation of Substance Abuse Consumers:** Statewide Goal = 71% or more

**3.3.b Engagement of Substance Abuse Consumers:** Statewide Goal = 56% or more

**3.4.a Initiation of Consumers with Co-Occurring Mental Health/ Developmental Disabilities:** No statewide goal has been established.

**3.4.b Engagement of Consumers with Co-Occurring Mental Health/Developmental Disabilities:** No statewide goal has been established.

**3.5.a Initiation of Consumers with a Co-Occurring Mental Health/Substance Abuse Disorder:** No statewide goal has been established.

**3.5.b Engagement of Consumers with a Co-Occurring Mental Health/Substance Abuse Disorder:** No statewide goal has been established.

### **Indicator 4: Effective Use of State Psychiatric Hospitals**

**Rationale:** State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. *Reducing* the short-term use of state psychiatric hospitals allows persons to receive acute services closer to home and provides more effective and efficient use of funds for community services.

This indicator is measured as the percent of persons discharged from state psychiatric hospitals each quarter who have a length of stay of 7 days or less.

**4.0 Short Term Hospital Stays:** Statewide Goal = 44% or less

## Indicator 5: State Psychiatric Hospital Readmissions

**Rationale:** Successful community living, without repeated admissions to inpatient care, requires effective coordination and ongoing appropriate levels of community care after hospitalization. A low psychiatric hospital readmission rate is a nationally accepted standard of care that indicates how well a community is assisting individuals at risk for repeated hospitalizations.

This indicator measures the percent of persons discharged from state psychiatric hospitals during each quarter who are readmitted to a state psychiatric hospital within 1-30 days following discharge and within 1-180 days following discharge.

**5.1 Readmissions within 1-30 Days:** Statewide Goal = 10% or less

**5.2 Readmissions within 1-180 Days:** Statewide Goal = 22% or less

## Indicator 6: Timely Follow-Up after Inpatient Care

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care.

This indicator measures the percent of persons discharged from state-operated alcohol and drug abuse treatment centers (ADATCs) and from state psychiatric hospitals during each quarter who receive follow-up care in the community (paid for by Medicaid or state-funds through the Integrated Payment Reporting System (IPRS)) within 7 days of discharge.

**6.1 ADATC Follow-Up Care:** Statewide Goal = 70% or more

**6.2 State Psychiatric Hospital Follow-Up Care:** Statewide Goal = 70% or more

## Indicator 7: Child Services in Non-Family Settings

**Rationale:** Children and adolescents served in the most natural and least restrictive community settings appropriate to their needs are more likely to maintain or develop positive family and community connections and to achieve other lasting, positive outcomes. Serving children and adolescents in non-family settings should be minimized whenever possible.

This indicator measures the percent of children and adolescents receiving mental health and/or substance abuse services during each quarter (whose services were paid for by Medicaid or state-funds through the Integrated Payment Reporting System (IPRS)) who receive Residential Treatment Level 2 (Program Type), Level 3, and/or Level 4 services.

**7.0 Children Served in Non-Family Settings:** Statewide Goal = 4% or less

## *How to Read This Report*

This report is organized to provide information by geographic area (statewide and LME catchment area), showing all indicators for each geographic area in one place to create a snapshot of the geographic area. The benefits of organizing the indicators using this approach include:

- **The performance indicators in this report are inter-related.** State and local efforts to improve performance in one domain can affect performance in others. For example, an increase in the number of persons that receive services (Indicator 2) can impact how quickly consumers can get appointments for initial service (Indicator 1), continued service (Indicator 3), or follow-up services after discharge from a state facility (Indicator 6). Looking at performance across indicators encourages holistic thinking about these interrelationships and it facilitates the identification of both strengths and areas that are in need of improvement.
- **The geographic sections of this report facilitate analysis and sharing of the information.** Organizing all performance indicators for each geographic area into a separate section of the report makes it easier for stakeholder groups to stay informed about how their geographic area is doing and to share information. Whether it be Area Boards, local Consumer and Family Advisory Committees, state legislators, service providers, or the general public, informed stakeholders are more likely to understand the strengths and challenges of the service system and to support improvement efforts. It also makes it easier for stakeholders to identify other similar geographic areas to compare data, to seek help, and to collaborate to improve the service system.
- **The geographic sections of this report facilitate the inclusion of trend data.** Seeing performance across time enables comparison to past performance and supports evaluation of improvement efforts.

The geographic section of the report includes:

- A short description and a map of the state highlighting the geographic area.
- Pie charts showing the number and percent of persons who received a federal- or state-funded service by age and disability group for the most recent 12 month period for which data is available.
- Line graphs showing trends in performance over the past two years for selected indicators. Each graph shows the geographic area's performance (solid line) along with the state average (dashed lines) and the performance range across LMEs (dotted lines).
  - Reports for the 1<sup>st</sup> and 3<sup>rd</sup> quarters feature the initiation of services for persons with MH, DD, and SA (Indicator 3).
  - Reports for the 2<sup>nd</sup> and 4<sup>th</sup> quarters feature the use of state psychiatric hospitals for short-term care (Indicator 4) and timely follow-up care after discharge from a state facility (Indicator 6).
- A table showing performance levels for each indicator along with the statewide average and range of performance for all LMEs. LME tables include results (for relevant indicators) for each county in the LME's catchment area.

### STATEWIDE

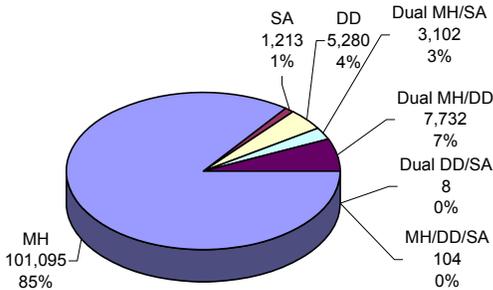
North Carolina has 100 counties and approximately 9.5 million residents. Three-fourths (74) of those counties are rural, with fewer than 200 persons per square mile. Almost one-sixth (16.5%) of the state's population (39% of youth and 10% of adults) is enrolled in Medicaid. The state's mental health, developmental disabilities, and substance abuse (MH/DD/SA) service system is organized into 23 Local Management Entities (LMEs) across three regions.



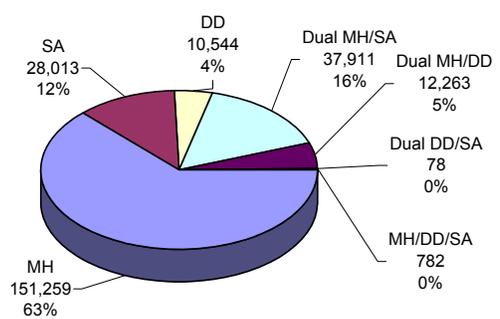
#### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

**Youth (Under Age 18): 118,534**



**Adults (Age 18 and Over): 240,850**



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

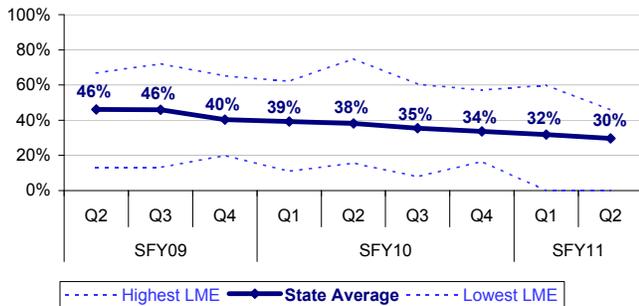
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- The percentage of persons discharged from state hospitals with stays of 7 days or less has steadily decreased over the past 9 quarters. This is a positive trend that indicates a reduced use of state psychiatric hospitals for short-term care.

#### Pct of Discharges: Length of Stay 7 Days or Less



SFY2011 Statewide Goal = 44% or less

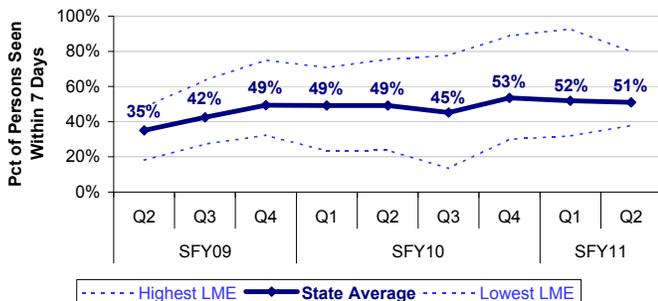
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals and ADATCs that have received follow-up care within 7 days of discharge has increased (improved) over the past 9 quarters. The percentages have decreased slightly in the last two quarters.
- A higher percentage of persons have received timely follow-up care following discharge from state hospitals than from the ADATCs.

#### Timely Follow-Up After Discharge From A State Facility

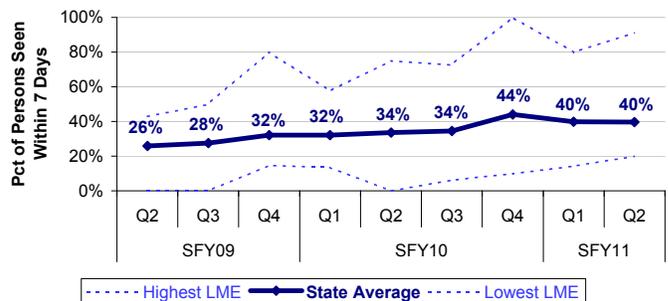
**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



SFY2011 Statewide Goal = 70% or more

#### Timely Follow-Up: ADATCs



SFY2011 Statewide Goal = 70% or more

**STATEWIDE**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	SFY2011	Range Among LMEs		
		Statewide Goal	Lowest LME	State Average	Highest LME
<b>1. Timely Access to Care</b>					
❖Emergent	↑	100%	87%	99%	100%
❖Urgent	↑	88%	33%	82%	100%
❖Routine	↑	88%	15%	71%	96%
<b>2. Services to Persons in Need</b>					
❖Adult Mental Health	↑	40%	28%	51%	78%
❖Child/Adolescent Mental Health	↑	40%	36%	55%	81%
❖Adult Developmental Disabilities	↑	38%	25%	40%	62%
❖Child/Adolescent Developmental Disabilities	↑	20%	14%	21%	34%
❖Adult Substance Abuse	↑	10%	5%	11%	17%
❖Adolescent Substance Abuse	↑	9%	4%	9%	17%
<b>3. Timely Initiation &amp; Engagement in Service</b>					
❖Mental Health: 2 Visits within 14 Days	↑	42%	31%	42%	70%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	30%	19%	27%	34%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	72%	34%	65%	85%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	61%	18%	49%	73%
❖Substance Abuse: 2 Visits within 14 Days	↑	71%	46%	63%	88%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	56%	32%	45%	58%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	NA	34%	52%	76%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	NA	20%	39%	63%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	NA	44%	61%	90%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	NA	29%	45%	54%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>					
❖1-7 Days of Care	↓	44%	0%	30%	46%
❖8-30 Days of Care		NA	32%	45%	71%
<b>5. State Psychiatric Hospital Readmissions</b>					
❖Readmitted within 30 Days	↓	10%	0%	7%	12%
❖Readmitted within 180 Days	↓	22%	0%	17%	23%
<b>6. Timely Follow-up After Inpatient Care</b>					
❖ADATCs: Seen in 1-7 Days	↑	70%	20%	40%	91%
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	70%	38%	51%	80%
<b>7. Child Services in Non-Family Settings</b>					
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	4%	0%	2%	4%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

Meets or exceeds Statewide Goal

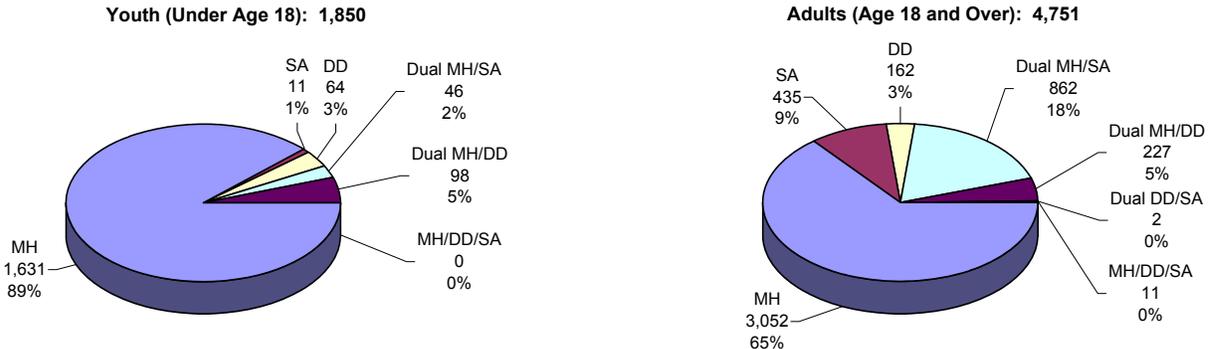
Statewide Goal not established

### ALAMANCE-CASWELL

Alamance-Caswell LME serves two counties in central North Carolina. Only Alamance is considered urban. Of the 174,000 residents living in this area, 17% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



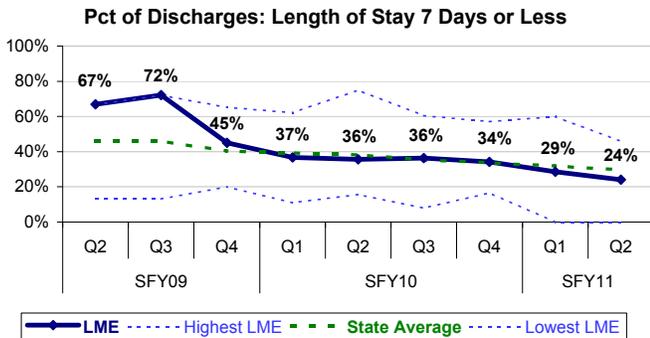
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- The percentage of persons discharged from state hospitals with stays of 7 days or less has steadily improved over the last 7 quarters and has decreased from the highest in the state to slightly below the state average (a lower percentage is better for this indicator).

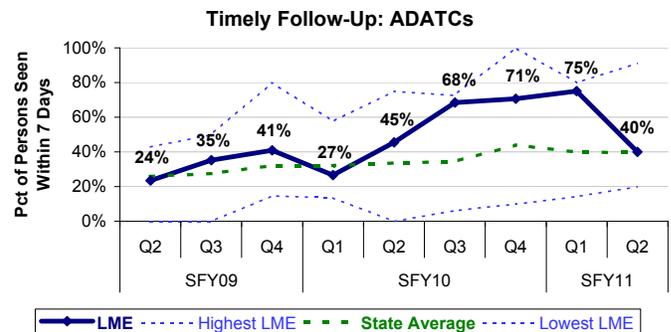
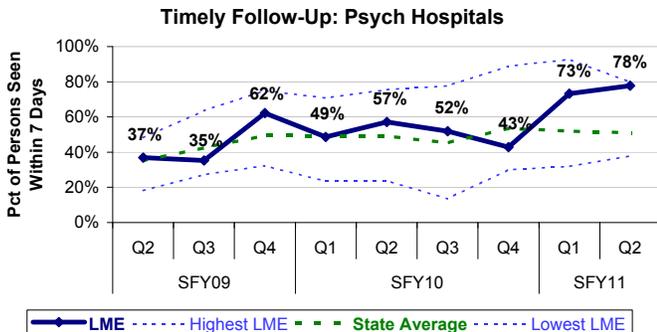


#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the last 9 quarters. It is currently well above the state average (a higher percentage is better for this measure).
- The percentage of persons discharged from state ADATCs that have received follow-up care within 7 days of discharge has improved over the last 9 quarters. It is currently at the state average.

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**ALAMANCE-CASWELL**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Alamance	Caswell			
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	100%					
❖Routine	↑	15%	71%	96%	75%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	57%	58%	53%			
❖Child/Adolescent Mental Health	↑	36%	55%	81%	49%	49%	47%			
❖Adult Developmental Disabilities	↑	25%	40%	62%	36%	36%	41%			
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	15%	15%	13%			
❖Adult Substance Abuse	↑	5%	11%	17%	12%	12%	10%			
❖Adolescent Substance Abuse	↑	4%	9%	17%	6%	6%	7%			
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	37%	39%	19%			
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	21%	23%	11%			
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	73%	73%	0%			
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	73%	73%	0%			
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	49%	46%	67%			
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	32%	30%	47%			
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	47%	48%	40%			
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	30%	32%	20%			
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	58%	59%	53%			
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	38%	38%	47%			
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	24%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	48%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	10%					
❖Readmitted within 180 Days	↓	0%	17%	23%	21%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	40%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	78%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%	2%			

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

## BEACON CENTER

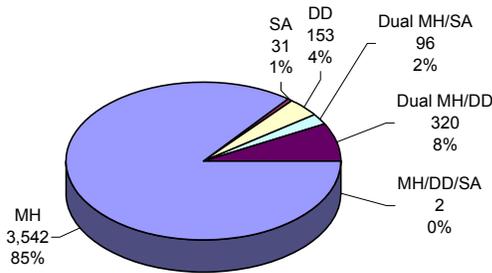
The Beacon Center serves the eastern North Carolina counties of Edgecombe, Greene, Nash and Wilson. Only Wilson is considered urban. Of the 250,000 residents living in this area, 23% are enrolled in Medicaid.



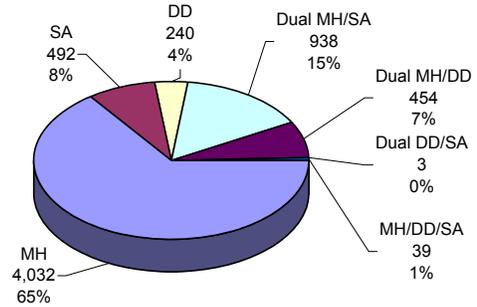
### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

#### Youth (Under Age 18): 4,144



#### Adults (Age 18 and Over): 6,198



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

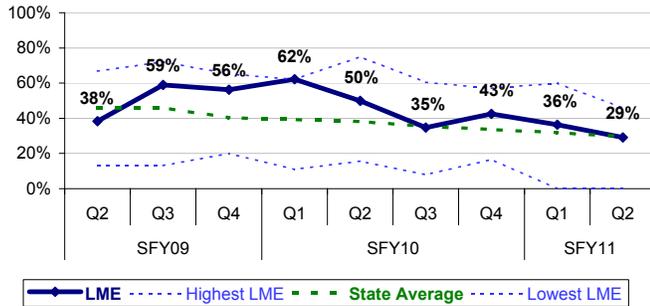
### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has decreased (improved) over the past 9 quarters (a lower percentage is better for this indicator).
- The percentage is currently slightly below (better than) the state average.

#### Pct of Discharges: Length of Stay 7 Days or Less



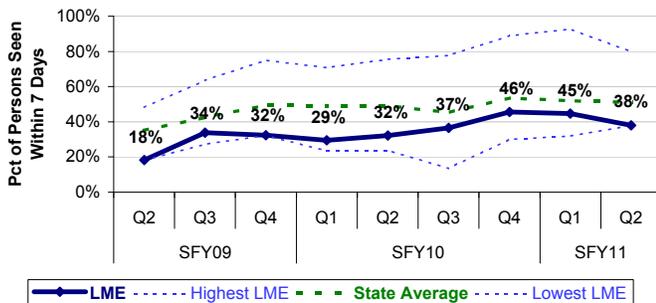
#### Timely Follow-Up After Discharge From A State Facility:

- The percentage of persons discharged from state hospitals and ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters but remains well below the state average (a higher percentage is better for this indicator).

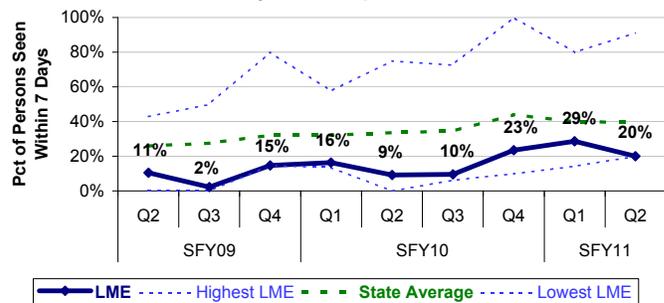
### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



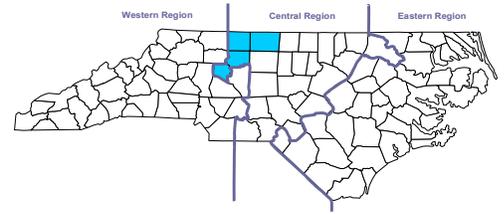
**BEACON CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Edgecombe	Greene	Nash	Wilson	
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	42%					
❖Routine	↑	15%	71%	96%	57%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	53%	75%	35%	46%	54%	
❖Child/Adolescent Mental Health	↑	36%	55%	81%	71%	94%	80%	54%	73%	
❖Adult Developmental Disabilities	↑	25%	40%	62%	47%	63%	48%	34%	53%	
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	28%	37%	16%	23%	32%	
❖Adult Substance Abuse	↑	5%	11%	17%	9%	12%	6%	9%	9%	
❖Adolescent Substance Abuse	↑	4%	9%	17%	9%	13%	7%	10%	7%	
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	35%	36%	38%	32%	37%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	21%	22%	20%	20%	21%	
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	71%	40%	100%	80%	83%	
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	61%	40%	0%	60%	83%	
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	70%	84%	38%	62%	73%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	58%	73%	38%	49%	57%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	34%	33%	100%	31%	34%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	23%	20%	100%	27%	20%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	62%	63%	50%	72%	46%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	52%	55%	40%	59%	39%	
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	29%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	42%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	5%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	20%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	38%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	3%	3%	2%	1%	

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### CENTERPOINT HUMAN SERVICES

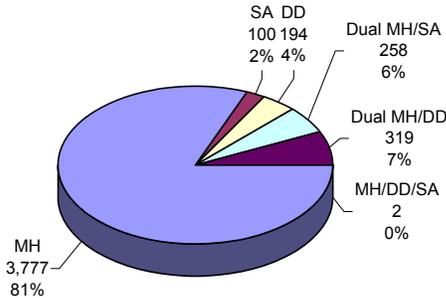
Centerpoint Human Services LME serves the central North Carolina counties of Davie, Forsyth, Rockingham, and Stokes. Forsyth is part of the Triad metropolitan area; the other counties are rural. Of the 543,000 residents living in this area, 16% are enrolled in Medicaid.



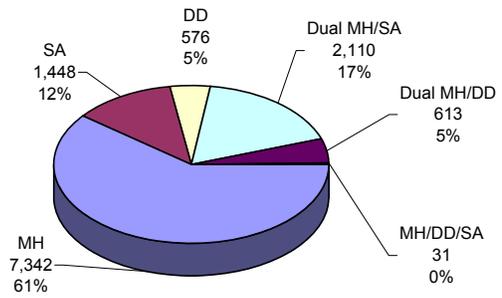
#### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

##### Youth (Under Age 18): 4,651



##### Adults (Age 18 and Over): 12,127



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

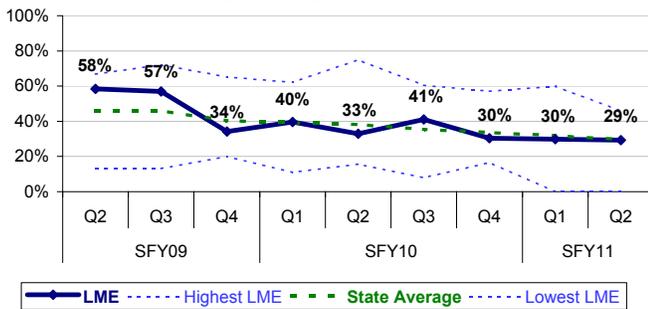
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the past 9 quarters and decreased from above to slightly below the state average (a lower percentage is better for this indicator).

#### Pct of Discharges: Length of Stay 7 Days or Less



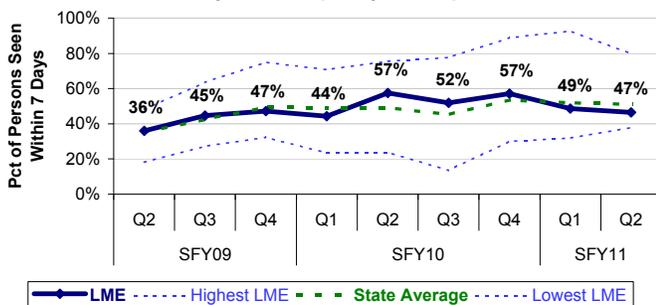
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage is currently slightly below the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage is currently above the state average (a higher percentage is better for this indicator).

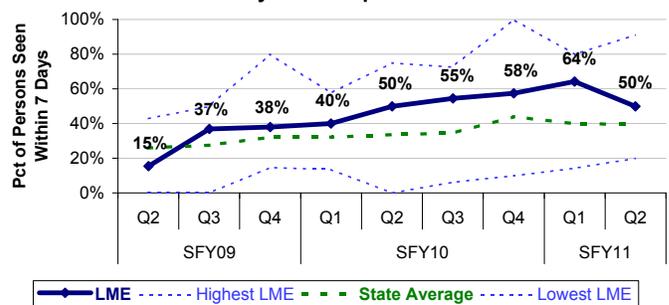
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**CENTERPOINT**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Davie	Forsyth	Rockingham	Stokes	
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	82%					
❖Routine	↑	15%	71%	96%	76%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	45%	35%	42%	58%	46%	
❖Child/Adolescent Mental Health	↑	36%	55%	81%	38%	36%	38%	40%	36%	
❖Adult Developmental Disabilities	↑	25%	40%	62%	36%	34%	36%	37%	36%	
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	15%	15%	16%	9%	14%	
❖Adult Substance Abuse	↑	5%	11%	17%	11%	6%	11%	13%	8%	
❖Adolescent Substance Abuse	↑	4%	9%	17%	13%	2%	15%	14%	11%	
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	41%	50%	43%	32%	46%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	26%	29%	19%	30%	
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	71%	50%	77%	50%	56%	
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	69%	50%	74%	50%	56%	
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	69%	67%	68%	68%	80%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	55%	33%	57%	52%	65%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	62%	60%	68%	38%	50%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	47%	60%	49%	38%	25%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	66%	83%	68%	60%	59%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	52%	67%	53%	52%	43%	
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	29%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	48%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	4%					
❖Readmitted within 180 Days	↓	0%	17%	23%	16%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	50%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	47%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	4%	4%	3%	7%	1%	

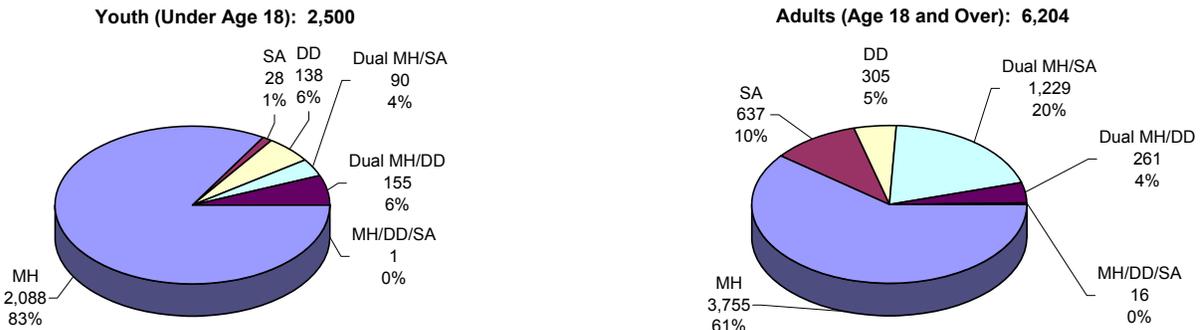
\* ↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

### CROSSROADS BEHAVIORAL HEALTHCARE

Crossroads Behavioral Healthcare LME serves the western North Carolina counties of Iredell, Surry and Yadkin. Only Iredell is considered urban. Of the 272,000 residents living in this area, 16% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



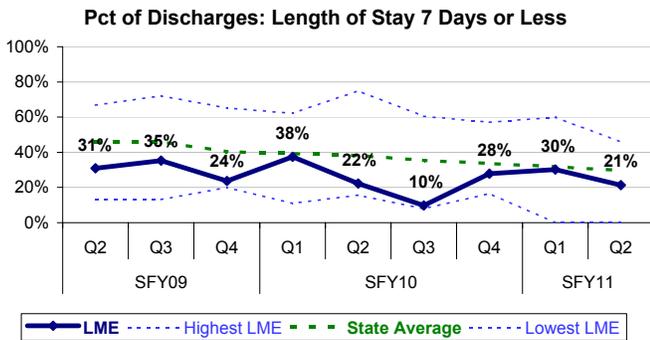
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters and has remained below the state average during this period (a lower percentage is better for this indicator).

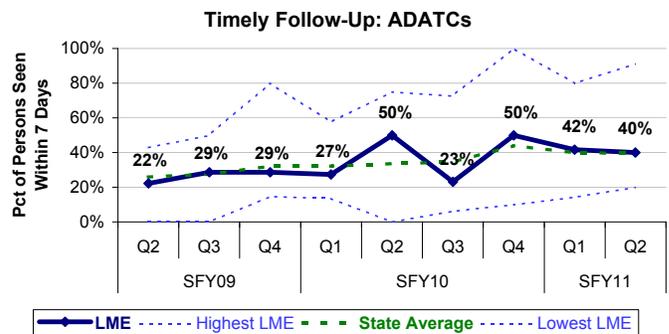
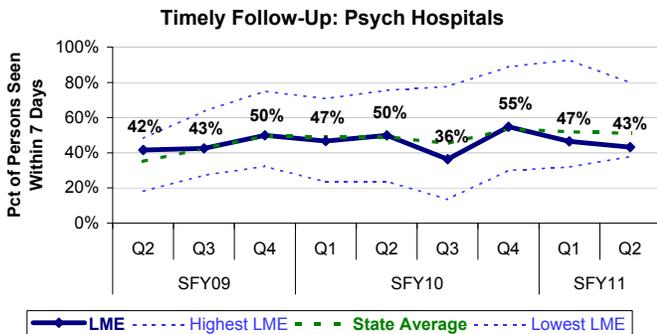


#### Timely Follow-Up After Discharge From A State Facility:

- The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has remained about the same over the past 9 quarters while the state average has improved. The percentage is currently below the state average (a higher percentage is better for this measure).
- The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. It is currently at the state average (a higher percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



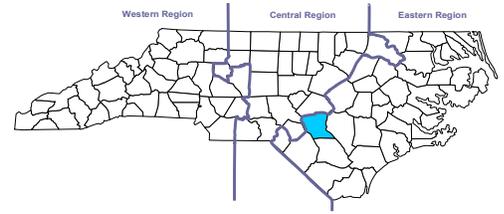
**CROSSROADS**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Iredell	Surry	Yadkin		
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	82%					
❖Routine	↑	15%	71%	96%	78%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	47%	35%	73%	45%		
❖Child/Adolescent Mental Health	↑	36%	55%	81%	39%	38%	41%	42%		
❖Adult Developmental Disabilities	↑	25%	40%	62%	34%	32%	41%	32%		
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	16%	16%	17%	16%		
❖Adult Substance Abuse	↑	5%	11%	17%	11%	10%	14%	11%		
❖Adolescent Substance Abuse	↑	4%	9%	17%	8%	7%	11%	6%		
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	37%	42%	33%	31%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	19%	22%	17%	14%		
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	47%	55%	25%	50%		
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	47%	55%	25%	50%		
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	63%	65%	58%	67%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	41%	41%	38%	47%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	52%	63%	22%	67%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	39%	47%	22%	33%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	58%	58%	59%	54%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	40%	41%	40%	37%		
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	21%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	46%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	5%					
❖Readmitted within 180 Days	↓	0%	17%	23%	19%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	40%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	43%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	3%	3%	2%	3%		

\* ↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

## CUMBERLAND

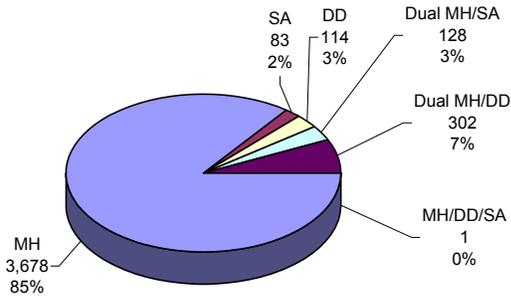
Cumberland County LME is a single-county program in eastern North Carolina. This urban county has 324,000 residents, of whom 18% are enrolled in Medicaid.



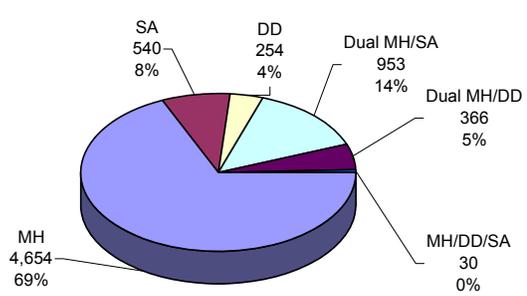
### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

#### Youth (Under Age 18): 4,306



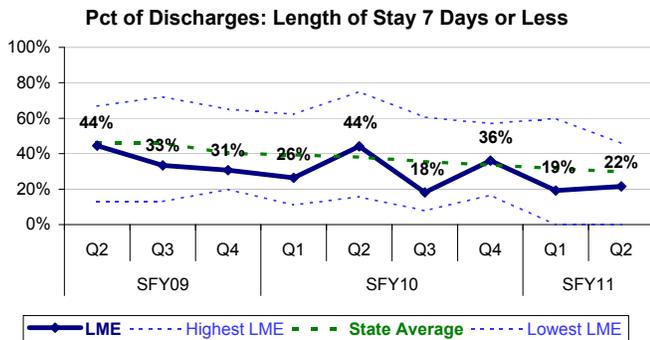
#### Adults (Age 18 and Over): 6,798



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.



### Reduction of Short-Term State Psychiatric Hospital Use:

- The percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters and has remained below the state average for most of this time (a lower percentage is better for this indicator).

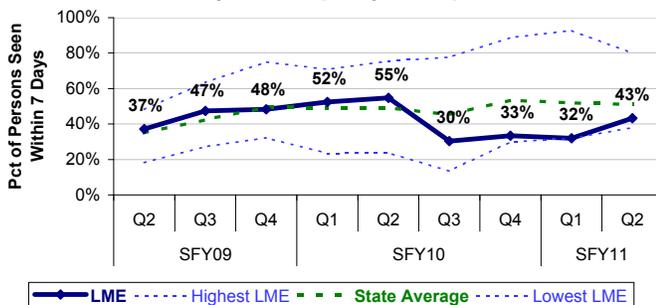
### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved slightly over the past 9 quarters. For the first 5 quarters, the percentage was at or above the state average. It then fell and has remained below the state average for the past 4 quarters (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters and is currently slightly below the state average (a higher percentage is better for this indicator).

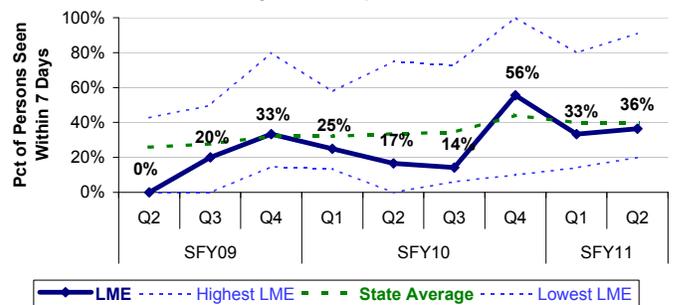
### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**CUMBERLAND**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Cumberland				
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	98%					
❖Routine	↑	15%	71%	96%	86%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	47%	47%				
❖Child/Adolescent Mental Health	↑	36%	55%	81%	54%	54%				
❖Adult Developmental Disabilities	↑	25%	40%	62%	34%	34%				
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	18%	18%				
❖Adult Substance Abuse	↑	5%	11%	17%	7%	7%				
❖Adolescent Substance Abuse	↑	4%	9%	17%	13%	13%				
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	34%	34%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	22%	22%				
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	57%	57%				
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	43%	43%				
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	69%	69%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	55%	55%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	37%	37%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	31%	31%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	44%	44%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	31%	31%				
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	22%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	46%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	0%					
❖Readmitted within 180 Days	↓	0%	17%	23%	3%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	36%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	43%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	0%	0%				

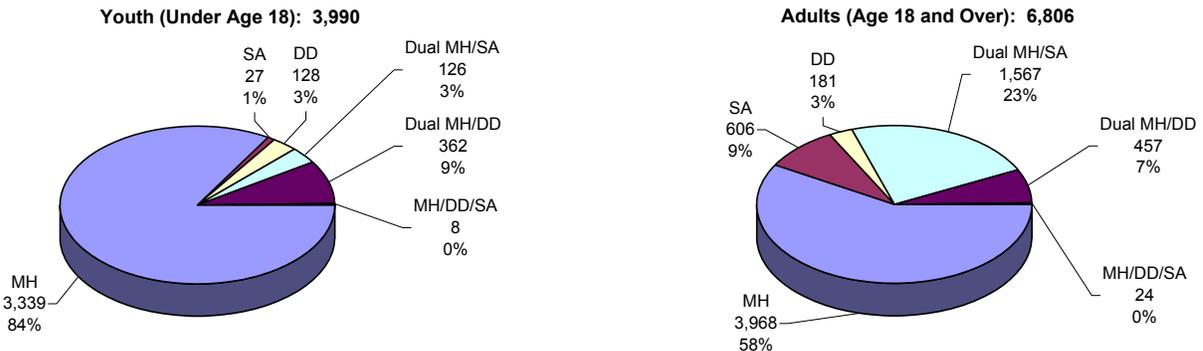
\* ↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

### DURHAM CENTER

The Durham Center LME is a single-county program in central North Carolina. This urban county is part of the Triangle metropolitan area. Of the 272,000 residents living in the county, 15% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



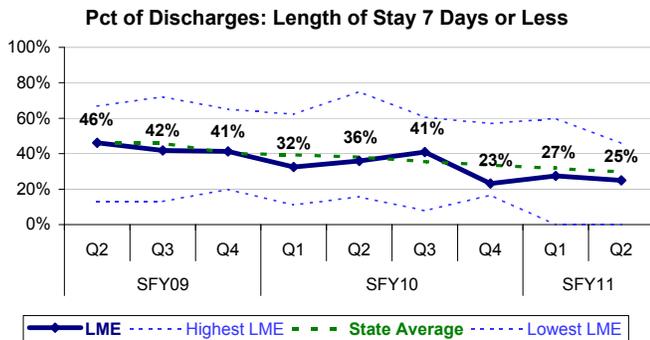
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- The percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters. It has been at or slightly below the state average for most of this period (a lower percentage is better for this indicator).

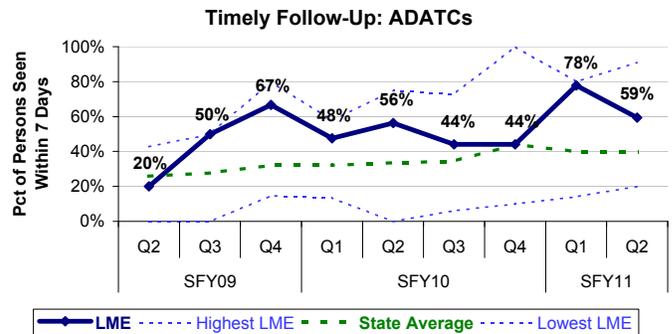
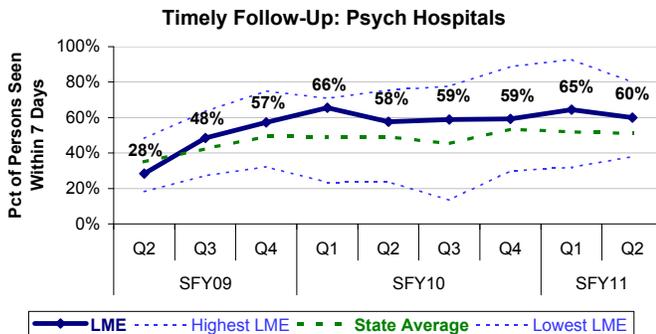


#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. Except for one quarter, the percentage has been above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage is currently above the state average (a higher percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



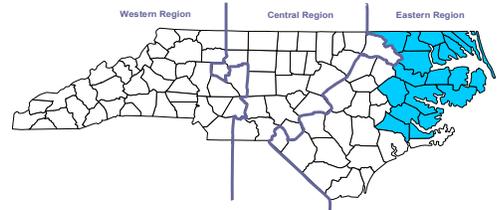
**DURHAM CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Durham				
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	93%					
❖Routine	↑	15%	71%	96%	90%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	54%	54%				
❖Child/Adolescent Mental Health	↑	36%	55%	81%	66%	66%				
❖Adult Developmental Disabilities	↑	25%	40%	62%	39%	39%				
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	28%	28%				
❖Adult Substance Abuse	↑	5%	11%	17%	12%	12%				
❖Adolescent Substance Abuse	↑	4%	9%	17%	13%	13%				
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	42%	42%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	28%	28%				
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	64%	64%				
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	55%	55%				
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	66%	66%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	53%	53%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	69%	69%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	50%	50%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	61%	61%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	52%	52%				
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	25%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	53%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	20%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	59%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	60%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%				

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

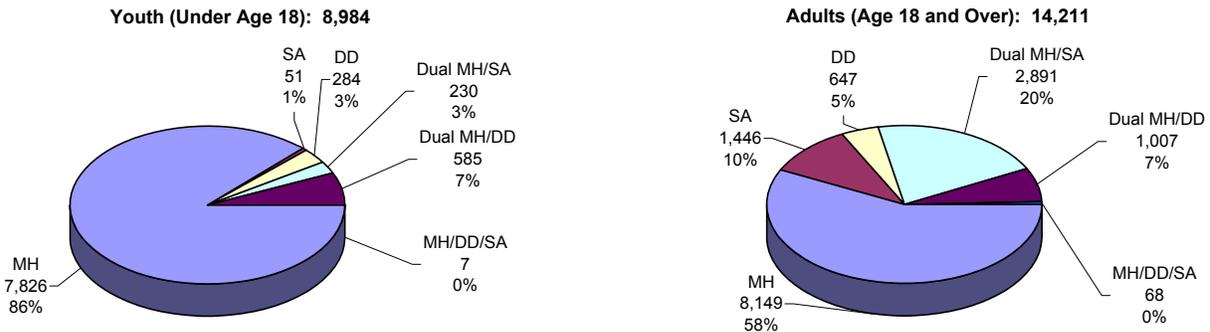
### EAST CAROLINA BEHAVIORAL HEALTH

East Carolina Behavioral Health LME serves 19 counties in eastern North Carolina, all but one of which are rural. Of the 593,000 residents living in this area, 19% are enrolled in Medicaid. In July 2010 the LME doubled in size when it assumed responsibility for the 10 counties that were formerly part of Albemarle LME.



#### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

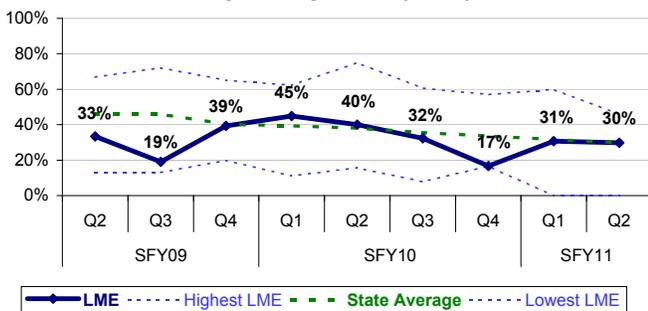
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters. During 5 of the 9 quarters the percentage was below the state average (a lower percentage is better for this indicator). The percentage is currently at the state average.

#### Pct of Discharges: Length of Stay 7 Days or Less



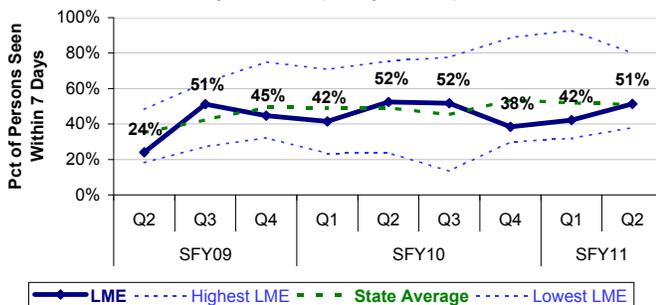
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage has fluctuated below and above the state average with the most recent quarter being at the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has decreased over the past 9 quarters. It is currently below the state average (a higher percentage is better for this indicator).

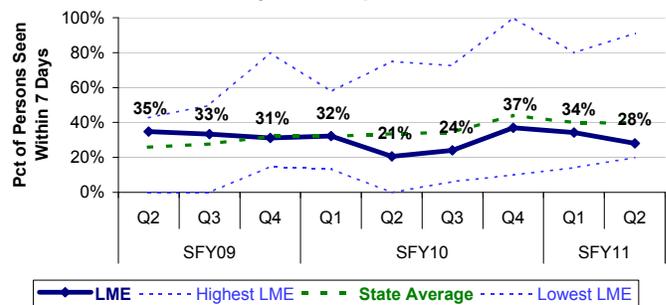
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**ECBH**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Beaufort	Bertie	Camden	Chowan	Craven
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	63%					
❖Routine	↑	15%	71%	96%	57%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	49%	61%	55%	28%	47%	53%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	71%	68%	79%	33%	76%	52%
❖Adult Developmental Disabilities	↑	25%	40%	62%	46%	57%	65%	24%	48%	49%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	24%	25%	21%	18%	19%	22%
❖Adult Substance Abuse	↑	5%	11%	17%	11%	13%	12%	5%	7%	13%
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	17%	7%	6%	7%	7%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	41%	48%	41%	43%	46%	32%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	31%	26%	19%	24%	16%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	63%	50%	67%	0%	100%	64%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	34%	25%	33%	0%	0%	21%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	60%	58%	50%	100%	33%	48%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	39%	33%	20%	100%	17%	30%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	41%	40%	71%	0%	0%	29%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	34%	40%	43%	0%	0%	18%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	57%	65%	53%	33%	67%	43%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	40%	38%	40%	17%	56%	29%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	30%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	38%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	28%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	51%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%	7%	3%	1%	0%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

**ECBH**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Currituck	Dare	Gates	Hertford	Hyde
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	63%					
❖Routine	↑	15%	71%	96%	57%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	49%	30%	38%	34%	55%	36%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	71%	33%	37%	37%	53%	46%
❖Adult Developmental Disabilities	↑	25%	40%	62%	46%	25%	23%	42%	60%	58%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	24%	17%	8%	15%	16%	18%
❖Adult Substance Abuse	↑	5%	11%	17%	11%	5%	7%	6%	10%	5%
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	5%	5%	4%	5%	9%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	41%	44%	51%	38%	35%	55%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	33%	28%	16%	23%	30%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	63%	0%	0%	100%	0%	50%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	34%	0%	0%	100%	0%	50%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	60%	50%	94%	50%	75%	67%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	39%	50%	41%	50%	50%	0%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	41%	100%	100%	100%	25%	0%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	34%	100%	100%	0%	25%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	57%	28%	47%	71%	67%	75%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	40%	22%	35%	43%	46%	75%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	30%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	38%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	28%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	51%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	0%	7%	2%	2%	0%

\* ↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

**ECBH**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Jones	Martin	Northampton	Pamlico	Pasquotank
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	63%					
❖Routine	↑	15%	71%	96%	57%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	49%	47%	52%	70%	38%	43%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	71%	76%	89%	94%	106%	55%
❖Adult Developmental Disabilities	↑	25%	40%	62%	46%	49%	43%	54%	46%	52%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	24%	36%	22%	17%	27%	16%
❖Adult Substance Abuse	↑	5%	11%	17%	11%	6%	9%	12%	10%	8%
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	4%	14%	11%	9%	2%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	41%	29%	47%	36%	39%	38%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	17%	33%	23%	26%	22%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	63%	0%	100%	0%	0%	100%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	34%	0%	0%	0%	0%	100%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	60%	20%	88%	57%	40%	59%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	39%	20%	75%	43%	40%	44%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	41%	0%	33%	0%	0%	36%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	34%	0%	33%	0%	0%	27%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	57%	20%	62%	71%	79%	57%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	40%	20%	62%	63%	57%	43%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	30%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	38%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	28%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	51%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	1%	2%	1%	0%	4%

\* ↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

**ECBH**  
**So... How Did We Do This Quarter?**

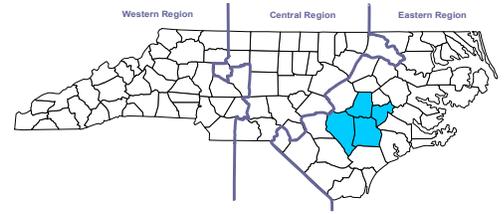
Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Perquimans	Pitt	Tyrrell	Washington	
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	63%					
❖Routine	↑	15%	71%	96%	57%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	49%	45%	47%	43%	76%	
❖Child/Adolescent Mental Health	↑	36%	55%	81%	71%	55%	95%	51%	143%	
❖Adult Developmental Disabilities	↑	25%	40%	62%	46%	41%	40%	52%	74%	
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	24%	16%	36%	14%	14%	
❖Adult Substance Abuse	↑	5%	11%	17%	11%	7%	13%	6%	17%	
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	3%	16%	0%	21%	
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	41%	44%	44%	75%	49%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	29%	31%	50%	38%	
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	63%	0%	60%	50%	100%	
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	34%	0%	40%	50%	0%	
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	60%	25%	64%	50%	80%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	39%	25%	45%	0%	10%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	41%	100%	52%	0%	0%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	34%	100%	52%	0%	0%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	57%	53%	60%	67%	77%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	40%	41%	39%	67%	73%	
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	30%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	38%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	28%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	51%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%	1%	0%	0%	

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

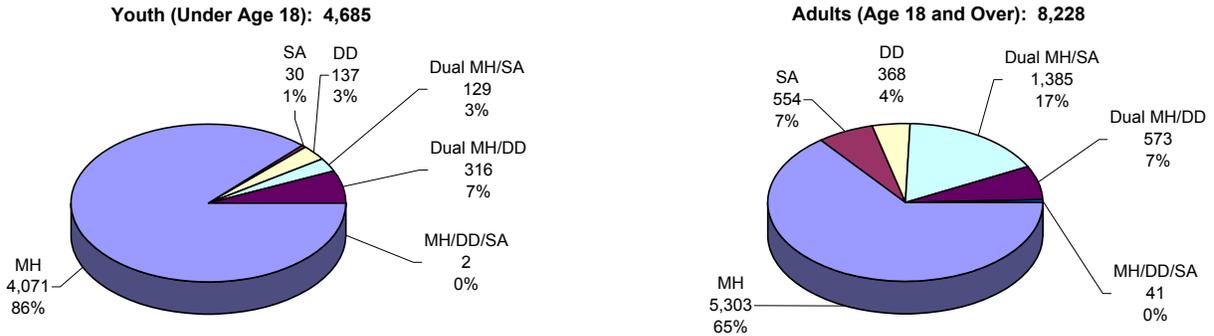
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## EASTPOINTE

Eastpointe LME serves the eastern North Carolina counties of Duplin, Sampson, Lenoir, and Wayne. Only Wayne is considered urban. Of the 294,000 residents living in this area, 23% are enrolled in Medicaid.



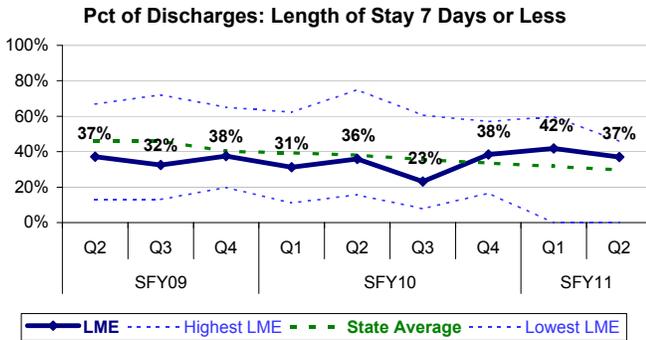
**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.



### Reduction of Short-Term State Psychiatric Hospital Use:

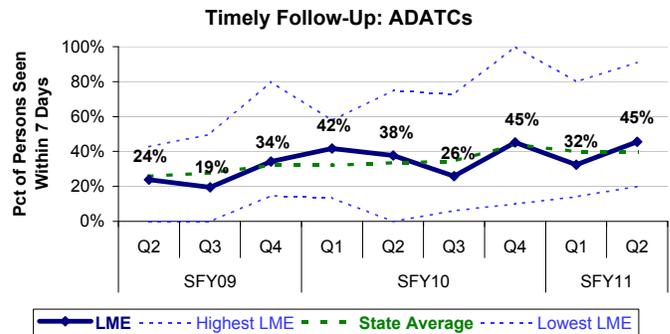
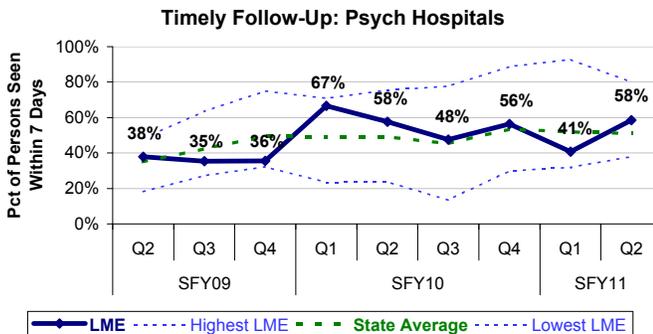
- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has remained the same over the last 9 quarters. For the first 6 quarters, the percentage was below the state average (a lower percentage is better for this indicator). For the past 3 quarters, it has been above the state average.

### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters from at to slightly above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters from slightly below to slightly above the state average (a higher percentage is better for this indicator).

### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**EASTPOINTE**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Duplin	Lenoir	Sampson	Wayne	
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	93%					
❖Routine	↑	15%	71%	96%	94%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	61%	54%	72%	47%	68%	
❖Child/Adolescent Mental Health	↑	36%	55%	81%	67%	55%	84%	51%	74%	
❖Adult Developmental Disabilities	↑	25%	40%	62%	54%	53%	73%	42%	51%	
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	22%	19%	23%	17%	27%	
❖Adult Substance Abuse	↑	5%	11%	17%	11%	7%	15%	7%	13%	
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	6%	13%	7%	13%	
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	40%	39%	32%	35%	46%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	24%	24%	18%	19%	28%	
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	76%	0%	73%	0%	97%	
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	69%	0%	53%	0%	93%	
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	49%	38%	46%	86%	46%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	35%	31%	30%	57%	35%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	51%	54%	69%	31%	50%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	40%	36%	62%	13%	50%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	54%	63%	47%	50%	57%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	36%	46%	28%	29%	39%	
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	37%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	41%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	7%					
❖Readmitted within 180 Days	↓	0%	17%	23%	17%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	45%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	58%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%	1%	1%	0%	

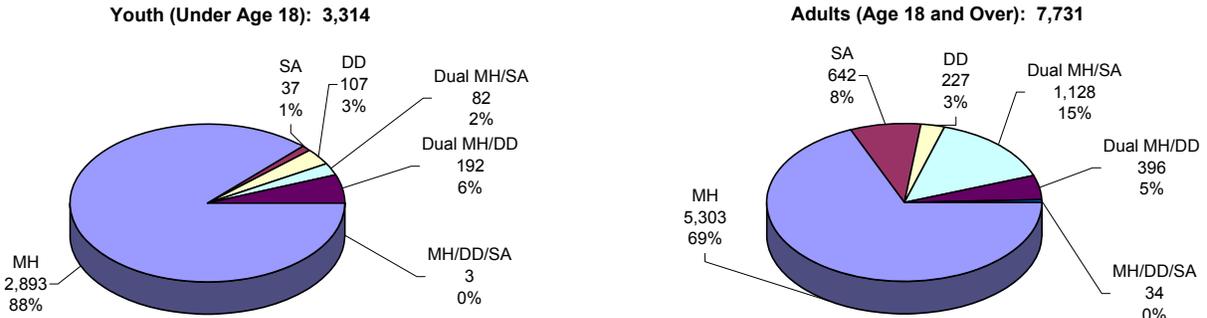
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### FIVE COUNTY

Five County Mental Health Authority serves the central North Carolina counties of Franklin, Granville, Halifax, Vance and Warren counties, all of which are rural. Of the 236,000 residents living in this area, 23% are enrolled in Medicaid.



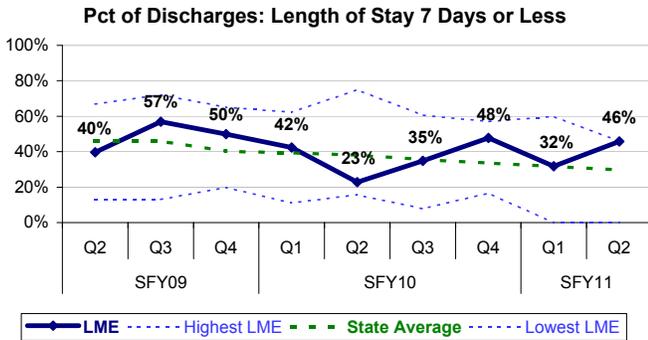
**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.



#### Reduction of Short-Term State Psychiatric Hospital Use:

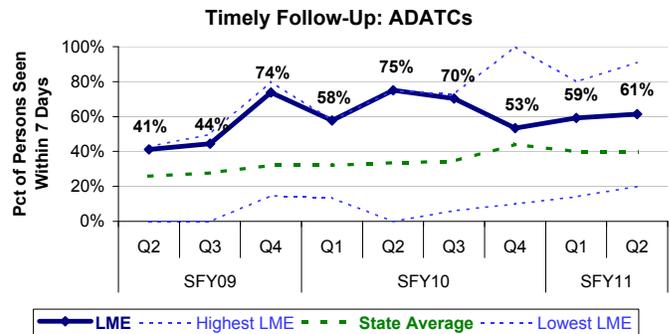
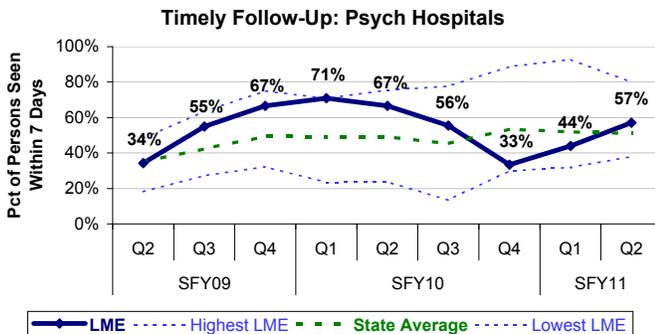
- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has increased over the last 9 quarters. The percentage is currently above the state average (a lower percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage showed great improvement during the first 3 quarters, sharply declined during the next 3 quarters, and has improved in the most recent 2 quarters to slightly above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. It has remained above the state average during this entire period (a higher percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**FIVE COUNTY**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Franklin	Granville	Halifax	Vance	Warren
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	100%					
❖Routine	↑	15%	71%	96%	29%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	70%	48%	39%	107%	94%	72%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	63%	44%	43%	77%	88%	75%
❖Adult Developmental Disabilities	↑	25%	40%	62%	43%	23%	26%	75%	52%	47%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	20%	15%	15%	22%	28%	26%
❖Adult Substance Abuse	↑	5%	11%	17%	12%	8%	8%	18%	18%	7%
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	8%	8%	7%	16%	17%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	31%	29%	29%	31%	36%	28%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	22%	19%	20%	21%	27%	16%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	34%	50%	22%	50%	23%	50%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	18%	25%	11%	10%	23%	50%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	61%	61%	57%	50%	70%	50%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	47%	50%	43%	37%	53%	38%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	34%	60%	40%	30%	33%	20%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	20%	20%	0%	25%	33%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	59%	55%	73%	52%	67%	60%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	51%	41%	68%	46%	56%	40%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	46%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	38%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	12%					
❖Readmitted within 180 Days	↓	0%	17%	23%	19%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	61%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	57%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%	1%	1%	1%	3%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### GUILFORD CENTER

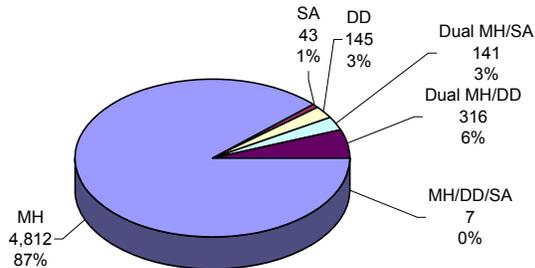
Guilford Center LME is a single-county program in the Triad metropolitan area of central North Carolina. Of the 483,000 residents living in this urban county, 16% are enrolled in Medicaid.



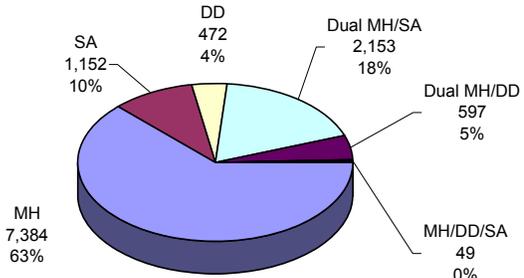
#### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

**Youth (Under Age 18): 5,464**



**Adults (Age 18 and Over): 11,811**



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

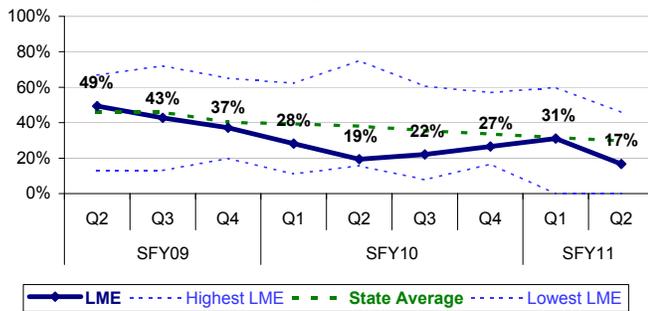
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters. The percentage is currently below the state average (a lower percentage is better for this indicator).

#### Pct of Discharges: Length of Stay 7 Days or Less



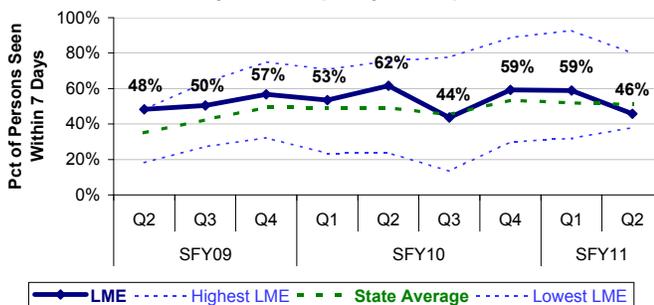
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has remained about the same over the past 9 quarters. Except for two quarters (including the most recent quarter), the percentage has been above the state average (a higher percentage is better for this indicator).
- The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters and has remained at or above the state average during this period (a higher percentage is better for this indicator).

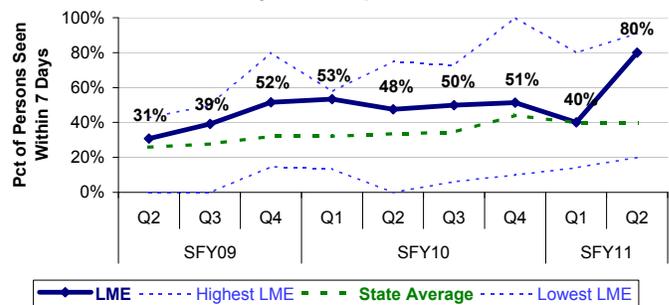
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**GUILFORD CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Guilford				
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	100%					
❖Routine	↑	15%	71%	96%	82%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	51%	51%				
❖Child/Adolescent Mental Health	↑	36%	55%	81%	51%	51%				
❖Adult Developmental Disabilities	↑	25%	40%	62%	37%	37%				
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	15%	15%				
❖Adult Substance Abuse	↑	5%	11%	17%	11%	11%				
❖Adolescent Substance Abuse	↑	4%	9%	17%	8%	8%				
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	41%	41%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	28%	28%				
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	69%	69%				
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	46%	46%				
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	66%	66%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	55%	55%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	63%	63%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	49%	49%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	65%	65%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	51%	51%				
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	17%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	43%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	3%					
❖Readmitted within 180 Days	↓	0%	17%	23%	16%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	80%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	46%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	4%	4%				

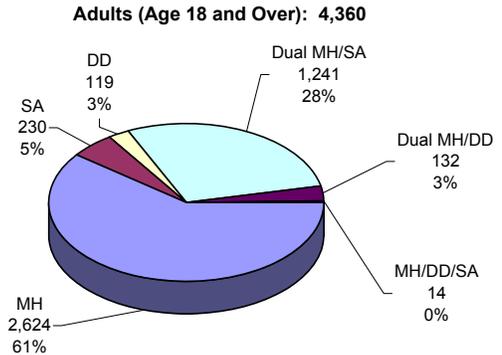
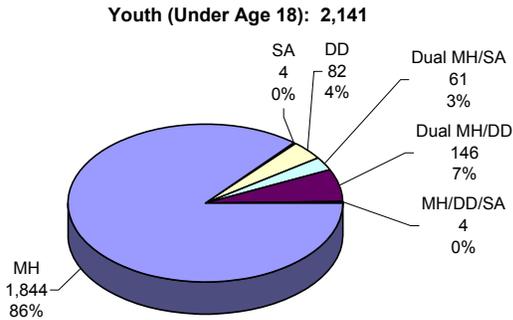
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### JOHNSTON COUNTY AREA MENTAL HEALTH AUTHORITY

Johnston County LME is a single-county program in eastern North Carolina. Johnston county has recently been designated an urban county, due to the growth of the Triangle metropolitan area. Of the 174,000 residents living in this county, 17% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



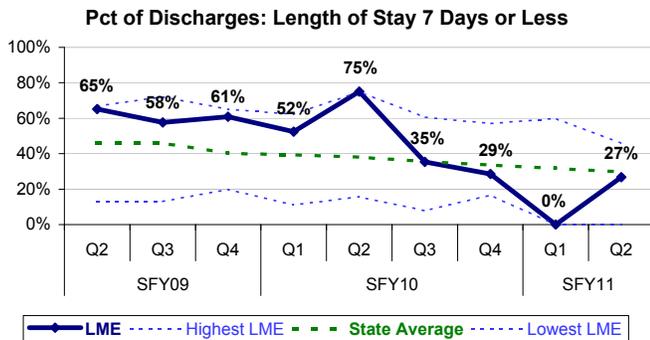
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters. It has decreased from above the state average to slightly below the state average (a lower percentage is better for this indicator).

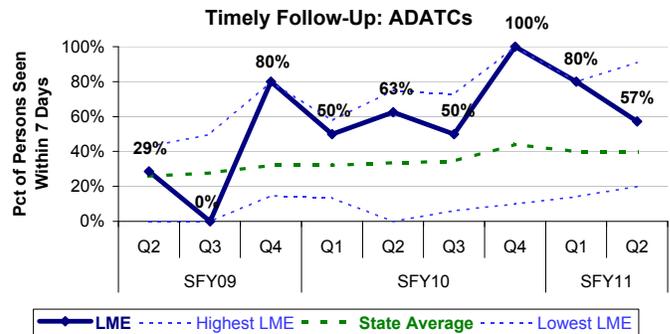
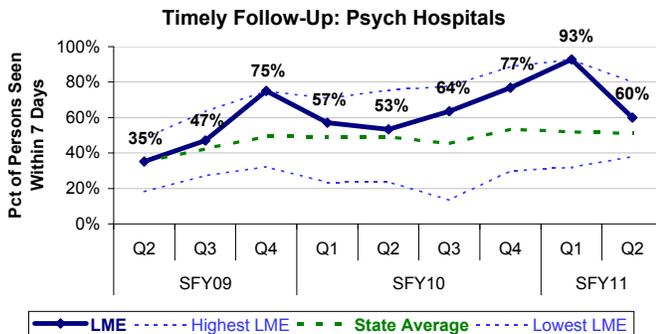


#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage has been at or above the state average for this entire period (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. Except for one quarter, the percentage has been above the state average (a higher percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**JOHNSTON**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Johnston				
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	94%					
❖Routine	↑	15%	71%	96%	59%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	57%	57%				
❖Child/Adolescent Mental Health	↑	36%	55%	81%	51%	51%				
❖Adult Developmental Disabilities	↑	25%	40%	62%	25%	25%				
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	19%	19%				
❖Adult Substance Abuse	↑	5%	11%	17%	14%	14%				
❖Adolescent Substance Abuse	↑	4%	9%	17%	7%	7%				
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	46%	46%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	29%	29%				
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	72%	72%				
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	50%	50%				
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	66%	66%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	55%	55%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	47%	47%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	34%	34%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	62%	62%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	45%	45%				
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	27%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	53%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	0%					
❖Readmitted within 180 Days	↓	0%	17%	23%	6%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	57%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	60%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%				

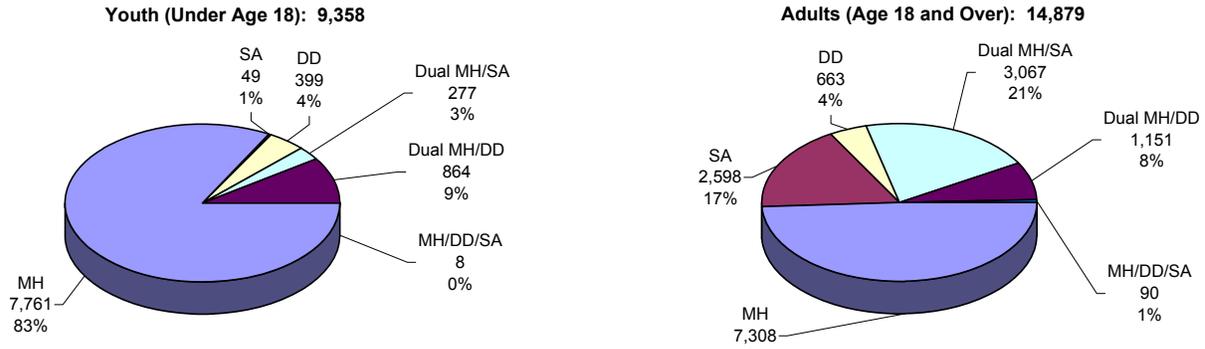
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### MECKLENBURG COUNTY AREA MH/DD/SA AUTHORITY

Mecklenburg County Area MH/DD/SA Authority is a single-county program that comprises the center of the Charlotte metropolitan area in western North Carolina. Of the 909,000 residents living in this urban county, 15% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

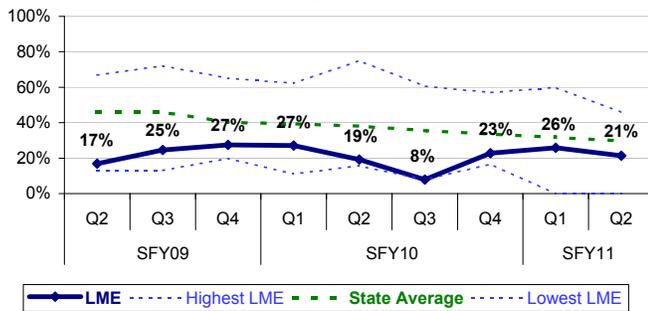
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has fluctuated up and down over the last 9 quarters but has remained below the state average during the entire period (a lower percentage is better for this indicator).

#### Pct of Discharges: Length of Stay 7 Days or Less



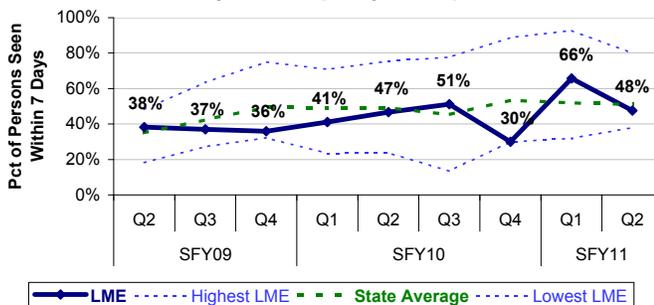
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage is currently slightly below the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved slightly over the past 9 quarters. However, the percentage has been below the state average for 7 of these quarters, including the most recent quarter (a higher percentage is better for this indicator).

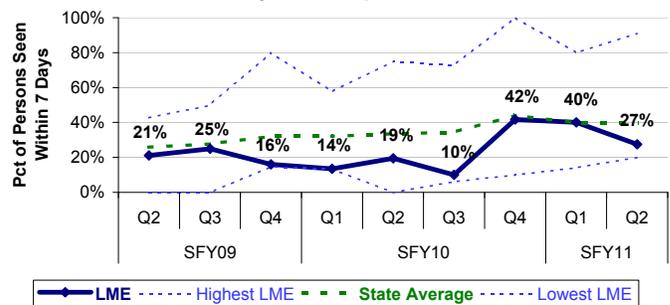
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**MECKLENBURG**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Mecklenburg				
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	94%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	33%					
❖Routine	↑	15%	71%	96%	15%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	32%	32%				
❖Child/Adolescent Mental Health	↑	36%	55%	81%	43%	43%				
❖Adult Developmental Disabilities	↑	25%	40%	62%	35%	35%				
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	20%	20%				
❖Adult Substance Abuse	↑	5%	11%	17%	10%	10%				
❖Adolescent Substance Abuse	↑	4%	9%	17%	7%	7%				
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	43%	43%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	32%	32%				
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	69%	69%				
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	55%	55%				
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	53%	53%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	41%	41%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	42%	42%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	34%	34%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	61%	61%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	46%	46%				
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	21%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	52%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	12%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	27%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	48%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%				

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

## MENTAL HEALTH PARTNERS

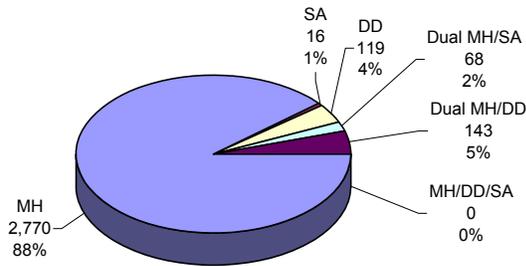
Mental Health Partners LME serves two counties in western North Carolina. Burke is a rural county and Catawba is urban. Of the 249,000 residents living in this area, 17% are enrolled in Medicaid.



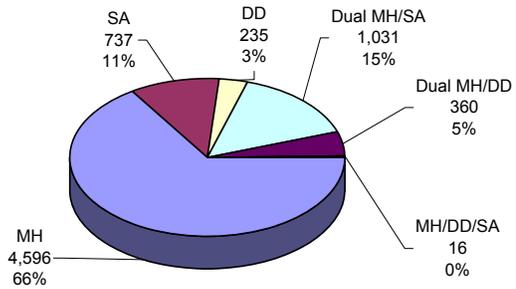
### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

#### Youth (Under Age 18): 3,116



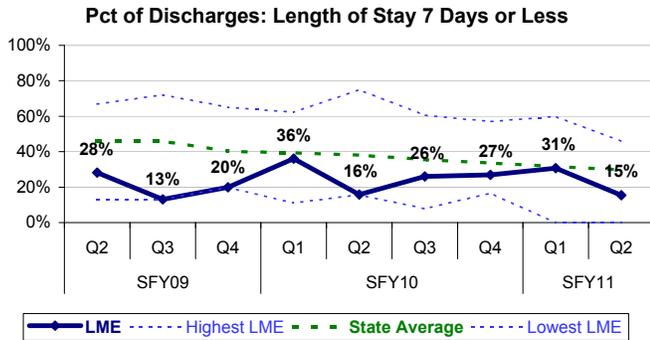
#### Adults (Age 18 and Over): 6,975



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.



#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters. The percentage has been below the state average this entire period (a lower percentage is better for this indicator).

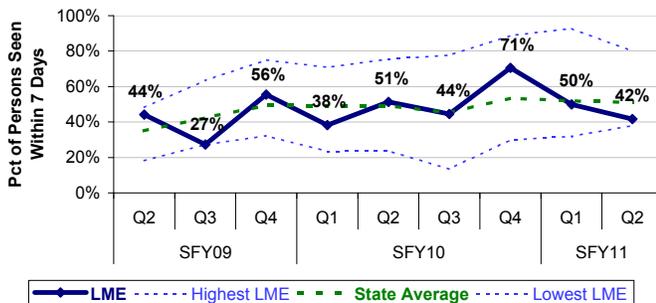
#### Timely Follow-Up After Discharge From A State Facility:

- The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters above and below the state average. Overall, the percentage has declined slightly. It is currently below the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has declined over the past 9 quarters. The percentage is currently below the state average (a higher percentage is better for this indicator).

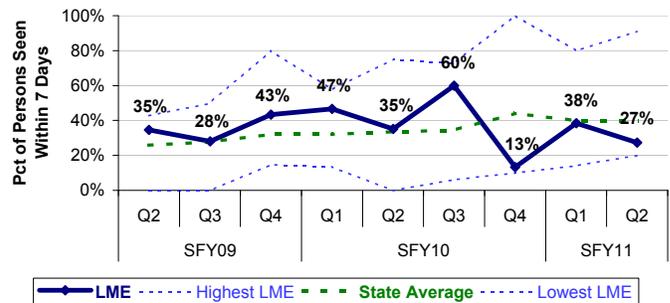
### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



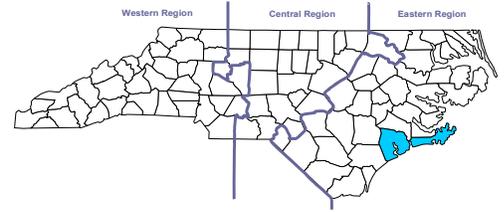
**MENTAL HEALTH PARTNERS**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Burke	Catawba			
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	76%					
❖Routine	↑	15%	71%	96%	31%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	58%	60%	56%			
❖Child/Adolescent Mental Health	↑	36%	55%	81%	57%	65%	53%			
❖Adult Developmental Disabilities	↑	25%	40%	62%	39%	44%	35%			
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	17%	21%	14%			
❖Adult Substance Abuse	↑	5%	11%	17%	11%	9%	12%			
❖Adolescent Substance Abuse	↑	4%	9%	17%	7%	3%	8%			
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	37%	40%	35%			
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	19%	24%	16%			
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	62%	71%	57%			
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	38%	57%	29%			
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	56%	38%	63%			
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	47%	27%	55%			
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	48%	75%	37%			
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	30%	50%	21%			
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	62%	65%	60%			
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	47%	46%	48%			
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	15%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	46%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	0%					
❖Readmitted within 180 Days	↓	0%	17%	23%	7%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	27%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	42%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	3%	2%	3%			

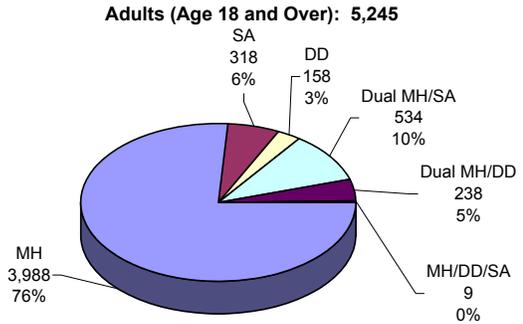
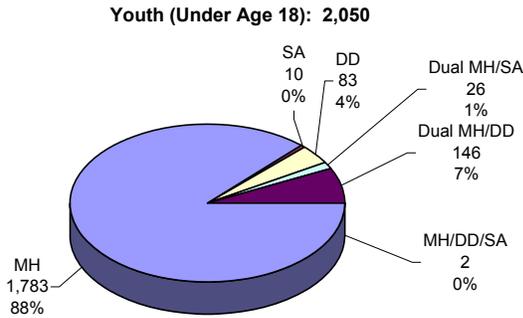
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

## ONSLow-CARTERET BEHAVIORAL HEALTHCARE SERVICES

Onslow-Carteret Behavioral Healthcare Services LME serves two counties in eastern North Carolina. Only Carteret is considered rural. Of the 247,000 residents living in this area, 11% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

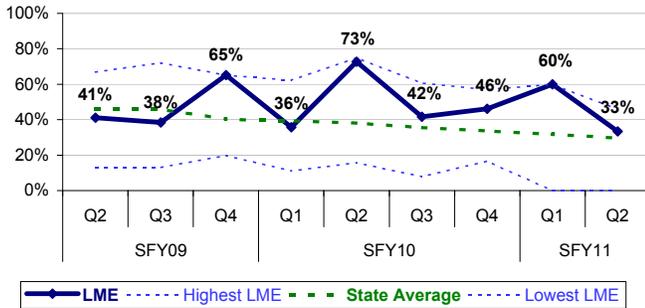
### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved slightly over the past 9 quarters. In 6 of these quarters, including the most recent quarter, the percentage has been higher than the state average (a lower percentage is better for this indicator).

**Pct of Discharges: Length of Stay 7 Days or Less**



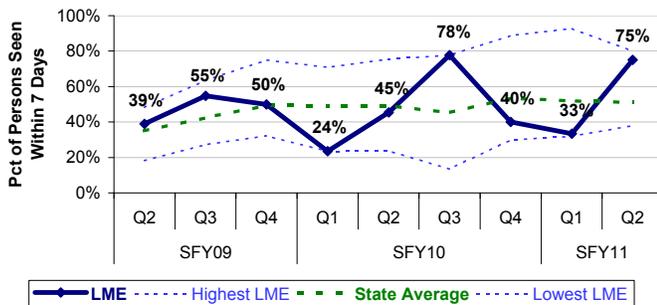
### Timely Follow-Up After Discharge From A State Facility:

- The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has fluctuated sharply over the past 9 quarters. Overall, it has improved. During the most recent quarter, the percentage is well above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has declined over the past 9 quarters from just at to below the state average (a higher percentage is better for this indicator).

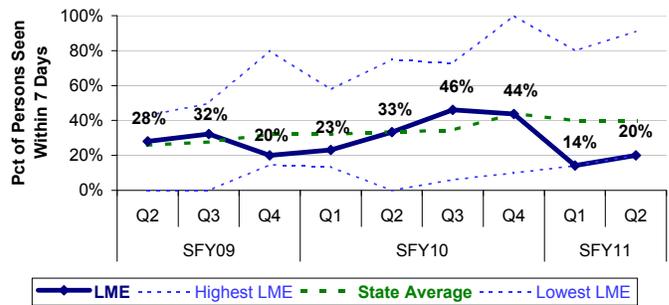
### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

**Timely Follow-Up: Psych Hospitals**



**Timely Follow-Up: ADATCs**



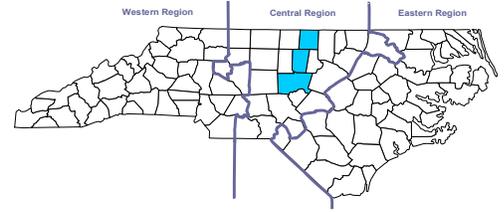
**ONSLow-CARTERET**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Carteret	Onslow			
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	80%					
❖Routine	↑	15%	71%	96%	78%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	48%	60%	43%			
❖Child/Adolescent Mental Health	↑	36%	55%	81%	36%	45%	34%			
❖Adult Developmental Disabilities	↑	25%	40%	62%	27%	40%	22%			
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	14%	16%	14%			
❖Adult Substance Abuse	↑	5%	11%	17%	5%	11%	3%			
❖Adolescent Substance Abuse	↑	4%	9%	17%	4%	8%	2%			
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	49%	50%	49%			
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	24%	25%	24%			
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	57%	60%	56%			
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	35%	60%	28%			
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	60%	64%	54%			
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	48%	51%	44%			
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	45%	33%	52%			
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	33%	25%	38%			
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	58%	63%	53%			
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	46%	49%	42%			
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	33%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	56%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	0%					
❖Readmitted within 180 Days	↓	0%	17%	23%	0%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	20%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	75%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	0%	1%			

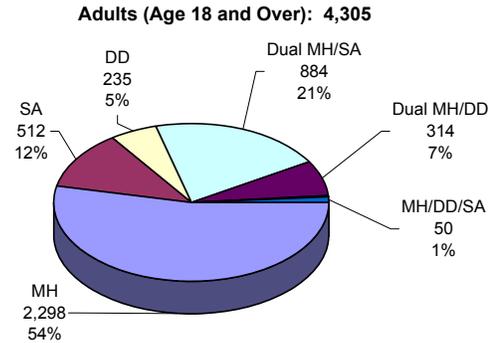
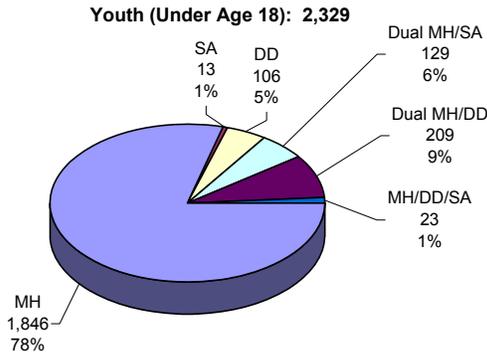
\* ↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

## ORANGE-PERSON-CHATHAM MH/DD/SA AUTHORITY

Orange-Person-Chatham MH/DD/SA Authority serves three counties in central North Carolina. Only Orange County is considered urban. Of the 236,000 residents living in this area, 11% are enrolled in Medicaid.



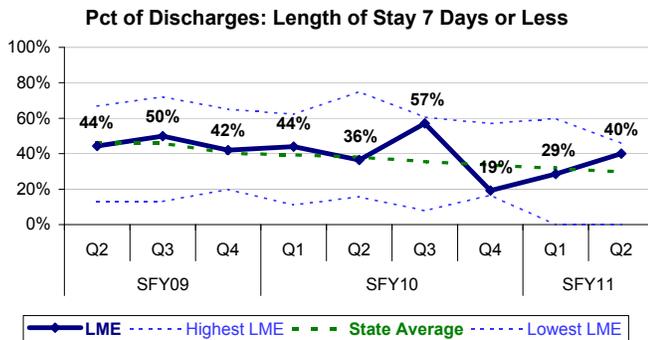
**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.



### Reduction of Short-Term State Psychiatric Hospital Use:

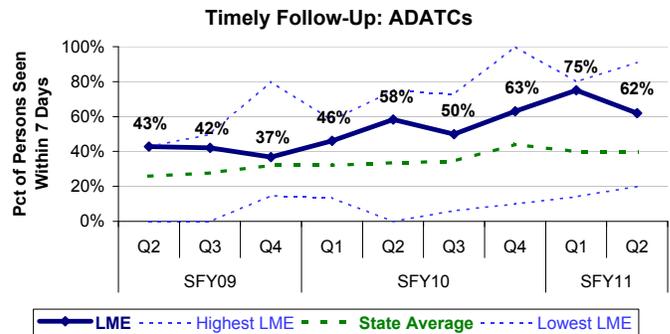
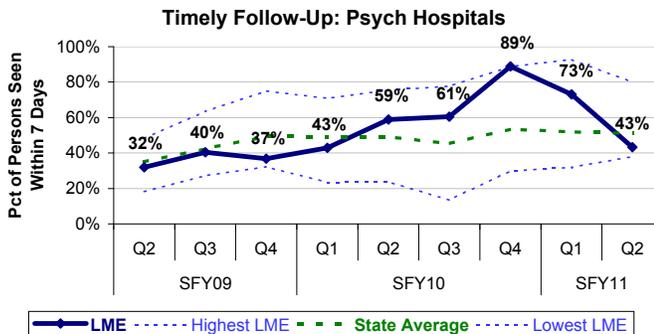
- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the last 9 quarters. In the most recent quarter, the percentage has increased above the state average (a lower percentage is better for this indicator).

### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. However, the percentage has decreased in the past two quarters and is currently below the state average (a higher percentage is better for this indicator).
- The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. The percentage has remained above the state average during this entire period (a higher percentage is better for this indicator).

### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**Orange-Person-Chatham**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Chatham	Orange	Person		
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	82%					
❖Routine	↑	15%	71%	96%	62%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	35%	22%	34%	58%		
❖Child/Adolescent Mental Health	↑	36%	55%	81%	53%	43%	51%	70%		
❖Adult Developmental Disabilities	↑	25%	40%	62%	39%	28%	38%	64%		
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	27%	20%	30%	31%		
❖Adult Substance Abuse	↑	5%	11%	17%	9%	6%	8%	16%		
❖Adolescent Substance Abuse	↑	4%	9%	17%	17%	20%	16%	14%		
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	40%	41%	44%	31%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	25%	29%	20%		
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	75%	86%	69%	60%		
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	68%	82%	58%	60%		
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	75%	74%	69%	84%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	53%	43%	54%	59%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	66%	70%	70%	50%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	53%	70%	50%	38%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	54%	67%	56%	44%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	36%	33%	40%	25%		
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	40%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	32%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	3%					
❖Readmitted within 180 Days	↓	0%	17%	23%	10%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	62%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	43%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%	1%	1%		

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

## PATHWAYS

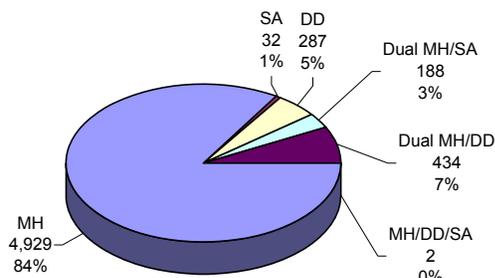
Pathways MH/DD/SA LME serves the western North Carolina counties of Cleveland, Gaston and Lincoln. Of the 386,000 residents living in these urban counties, 20% are enrolled in Medicaid.



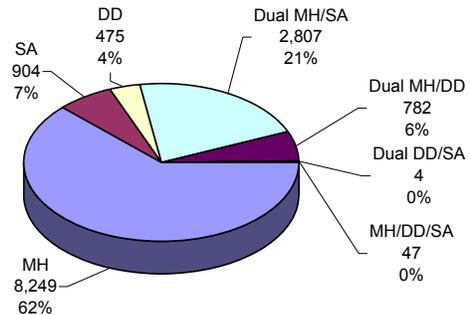
### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

**Youth (Under Age 18): 5,872**



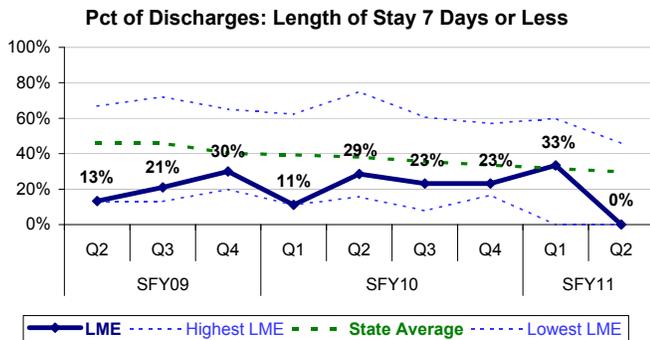
**Adults (Age 18 and Over): 13,268**



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.



### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has increased slightly over the past 9 quarters. However, except for one quarter, the percentage has remained well below the state average during this period (a lower percentage is better for this indicator).

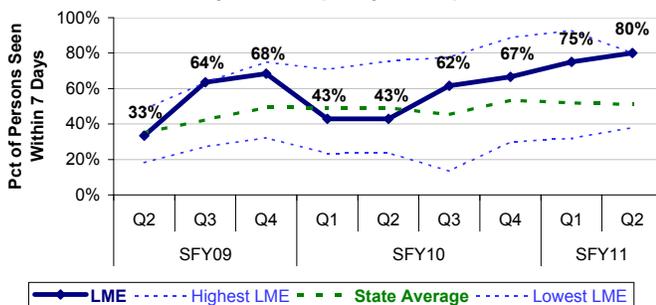
### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that received follow-up care within 7 days of discharge significantly improved over the past 9 quarters. For 6 of the 9 quarters (including the most recent 4 quarters), the percentage was well above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge remained about the same over the past 9 quarters. During the most recent quarter, the percentage fell below the state average (a higher percentage is better for this indicator).

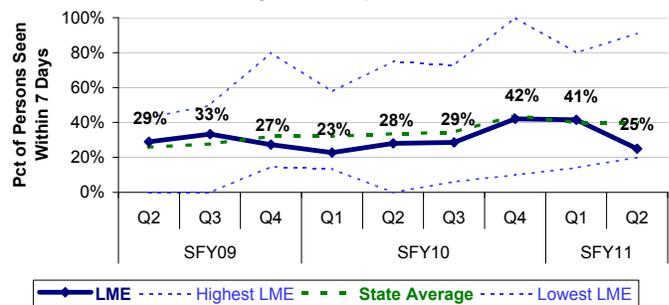
### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

### Timely Follow-Up: Psych Hospitals



### Timely Follow-Up: ADATCs



**PATHWAYS**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Cleveland	Gaston	Lincoln		
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	87%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	92%					
❖Routine	↑	15%	71%	96%	50%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	74%	92%	74%	53%		
❖Child/Adolescent Mental Health	↑	36%	55%	81%	67%	84%	65%	51%		
❖Adult Developmental Disabilities	↑	25%	40%	62%	54%	73%	50%	41%		
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	29%	39%	26%	25%		
❖Adult Substance Abuse	↑	5%	11%	17%	16%	16%	17%	11%		
❖Adolescent Substance Abuse	↑	4%	9%	17%	11%	12%	10%	12%		
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	36%	39%	36%	31%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	25%	30%	24%	17%		
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	51%	36%	67%	44%		
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	43%	28%	59%	33%		
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	64%	55%	65%	75%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	51%	43%	54%	53%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	53%	52%	61%	25%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	43%	48%	42%	25%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	60%	56%	61%	64%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	46%	47%	48%	39%		
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	0%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	71%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	0%					
❖Readmitted within 180 Days	↓	0%	17%	23%	0%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	25%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	80%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%	1%	3%		

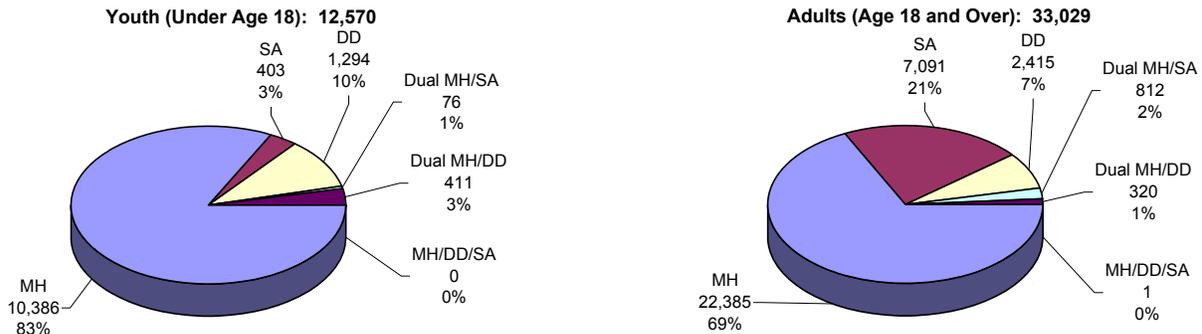
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

**PBH**

PBH LME serves five counties in western North Carolina, only one of which is considered rural. Of the 745,000 residents living in this area, 15% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



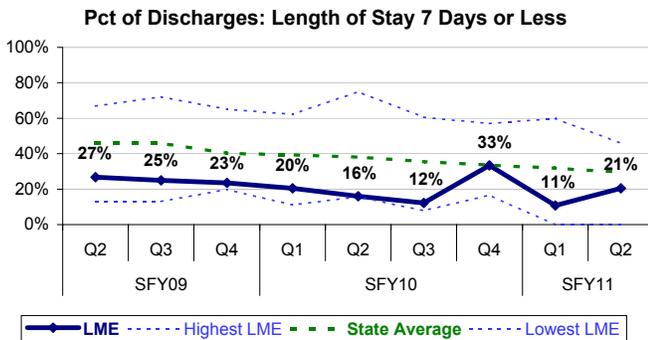
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

**Reduction of Short-Term State Psychiatric Hospital Use**

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

**Reduction of Short-Term State Psychiatric Hospital Use:**

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the past 9 quarters. Except for one quarter, the percentage has been well below the state average (a lower percentage is better for this indicator).



**Timely Follow-Up After Discharge From A State Facility:**

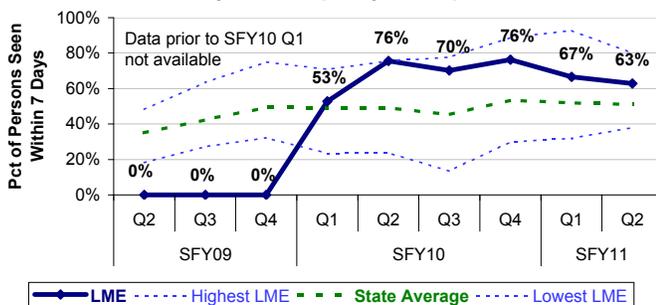
- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge improved over the past 6 quarters. During this period, the percentage has remained above the state average (a higher percentage is better for this indicator). However, during the most recent two quarters the percentage has decreased.

- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge improved over the past 6 quarters. However, in the most recent two quarters the percentage has fallen and is currently below the state average (a higher percentage is better for this indicator).

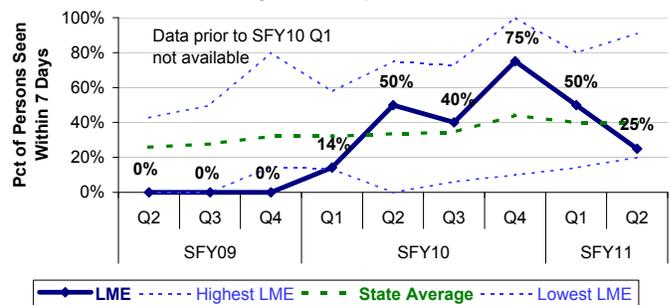
**Timely Follow-Up After Discharge From A State Facility**

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

**Timely Follow-Up: Psych Hospitals**



**Timely Follow-Up: ADATCs**



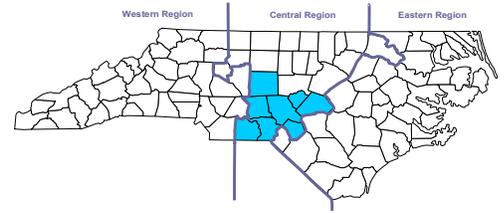
**PBH**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Cabarrus	Davidson	Rowan	Stanly	Union
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	80%	Data for these indicators are not available at the county level				
❖Routine	↑	15%	71%	96%	96%	Data for these indicators are not available at the county level				
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	78%	84%	79%	83%	156%	42%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	64%	77%	53%	92%	109%	34%
❖Adult Developmental Disabilities	↑	25%	40%	62%	62%	69%	50%	65%	121%	44%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	34%	43%	23%	37%	37%	30%
❖Adult Substance Abuse	↑	5%	11%	17%	17%	19%	17%	21%	26%	10%
❖Adolescent Substance Abuse	↑	4%	9%	17%	12%	10%	10%	24%	19%	4%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	70%	68%	73%	70%	65%	73%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	32%	36%	33%	34%	26%	25%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	85%	83%	88%	76%	75%	95%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	50%	57%	50%	33%	75%	52%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	88%	90%	85%	88%	82%	93%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	46%	49%	35%	48%	43%	52%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	53%	25%	67%	67%	0%	67%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	29%	25%	67%	17%	0%	33%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	90%	90%	96%	86%	84%	100%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	29%	33%	23%	21%	37%	33%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	21%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	41%	Data for these indicators are not available at the county level				
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	7%	Data for these indicators are not available at the county level				
❖Readmitted within 180 Days	↓	0%	17%	23%	18%	Data for these indicators are not available at the county level				
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	25%	Data for these indicators are not available at the county level				
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	63%	Data for these indicators are not available at the county level				
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%	2%	2%	0%	2%

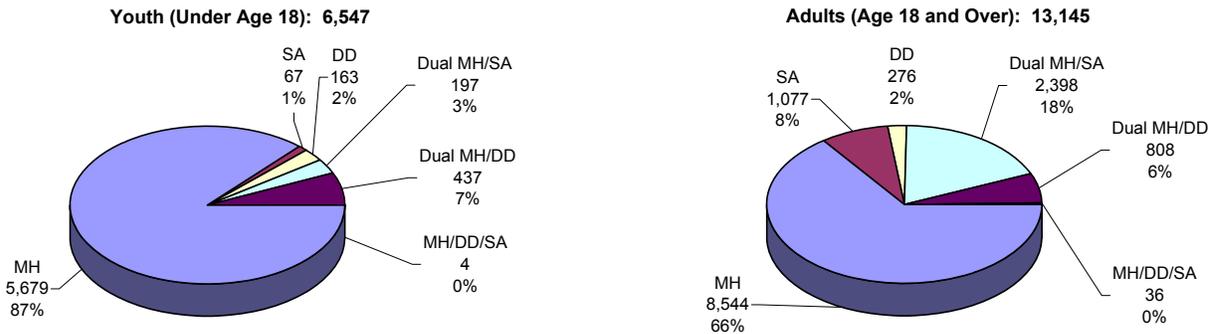
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### SANDHILLS CENTER

Sandhills Center LME serves eight counties in central North Carolina, only one of which is considered urban. Of the 556,000 residents living in this area, 19% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



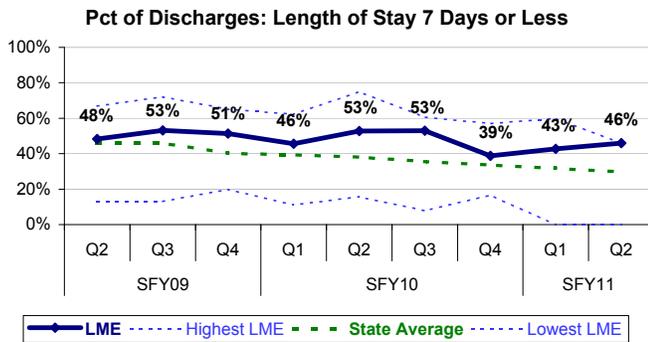
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has stayed about the same over the past 9 quarters. The percentage has remained above the state average during this period (a lower percentage is better for this indicator).

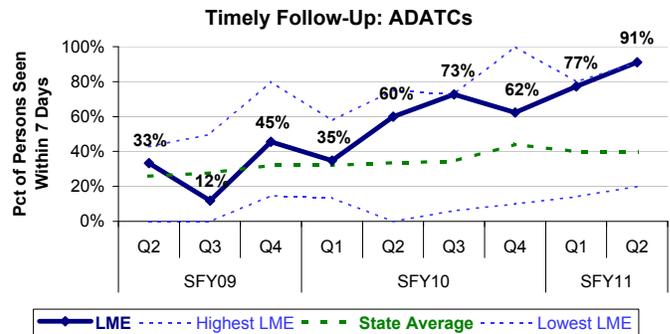
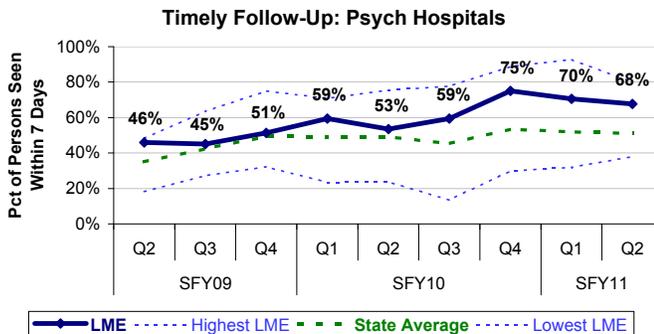


#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. During this period, the percentage has been above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has significantly improved over the past 9 quarters. Except for one quarter, the percentage has been above the state average (a higher percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**SANDHILLS CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Anson	Harnett	Hoke	Lee	Montgomery
<b>1. Timely Access to Care</b>						Data for these indicators are not available at the county level				
❖Emergent	↑	87%	99%	100%	100%					
❖Urgent	↑	33%	82%	100%	76%					
❖Routine	↑	15%	71%	96%	79%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	52%	67%	40%	40%	50%	62%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	51%	85%	41%	53%	40%	58%
❖Adult Developmental Disabilities	↑	25%	40%	62%	33%	51%	29%	31%	32%	41%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	16%	31%	10%	20%	15%	12%
❖Adult Substance Abuse	↑	5%	11%	17%	10%	13%	7%	6%	12%	11%
❖Adolescent Substance Abuse	↑	4%	9%	17%	9%	12%	6%	8%	9%	8%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	43%	49%	41%	41%	48%	37%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	27%	39%	28%	27%	30%	24%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	65%	80%	40%	67%	50%	67%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	58%	80%	40%	67%	50%	33%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	64%	63%	49%	60%	67%	36%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	47%	42%	34%	33%	48%	20%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	62%	64%	63%	100%	80%	33%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	52%	57%	38%	100%	80%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	62%	42%	54%	60%	59%	89%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	45%	24%	41%	40%	41%	72%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>						Data for these indicators are not available at the county level				
❖1-7 Days of Care	↓	0%	30%	46%	46%					
❖8-30 Days of Care		32%	45%	71%	39%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	12%					
❖Readmitted within 180 Days	↓	0%	17%	23%	21%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	91%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	68%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	0%	1%	1%	1%	1%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

**SANDHILLS CENTER**  
**So... How Did We Do This Quarter?**

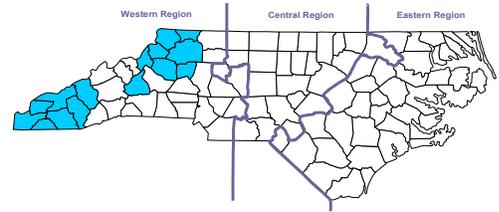
Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Moore	Randolph	Richmond		
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	76%					
❖Routine	↑	15%	71%	96%	79%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	52%	42%	60%	72%		
❖Child/Adolescent Mental Health	↑	36%	55%	81%	51%	42%	50%	86%		
❖Adult Developmental Disabilities	↑	25%	40%	62%	33%	35%	28%	44%		
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	16%	19%	12%	34%		
❖Adult Substance Abuse	↑	5%	11%	17%	10%	11%	11%	11%		
❖Adolescent Substance Abuse	↑	4%	9%	17%	9%	12%	9%	13%		
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	43%	41%	44%	38%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	27%	24%	25%	26%		
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	65%	33%	75%	85%		
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	58%	33%	75%	69%		
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	64%	69%	71%	74%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	47%	56%	55%	55%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	62%	40%	67%	44%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	52%	30%	61%	38%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	62%	62%	64%	77%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	45%	48%	47%	58%		
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	46%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	39%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	12%					
❖Readmitted within 180 Days	↓	0%	17%	23%	21%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	91%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	68%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%	2%	1%		

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

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### SMOKY MOUNTAIN CENTER

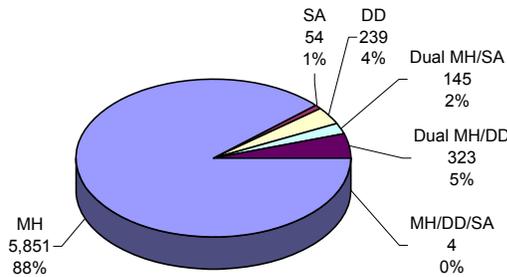
Smoky Mountain Center serves 15 non-contiguous rural counties in western NC. Of the 526,000 residents living in this area, 18% are enrolled in Medicaid.



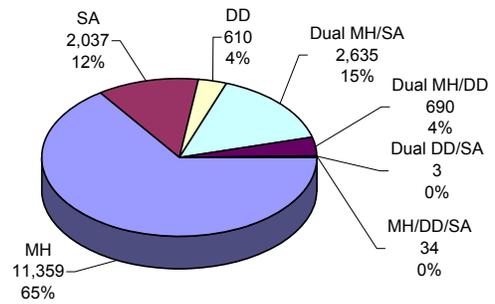
#### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

##### Youth (Under Age 18): 6,616



##### Adults (Age 18 and Over): 17,368



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

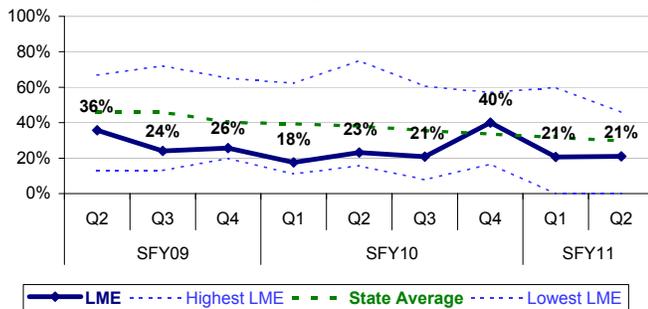
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the past 9 quarters. Except for one quarter, the percentage has been below the state average (a lower percentage is better for this indicator).

#### Pct of Discharges: Length of Stay 7 Days or Less



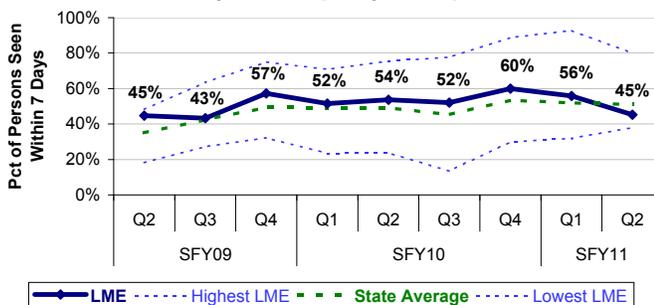
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters and except for the most recent quarter has been slightly above the state average (a higher percentage is better for this indicator). In the most recent two quarters, the percentage has decreased.
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters fluctuating slightly above and slightly below the state average (a higher percentage is better for this indicator).

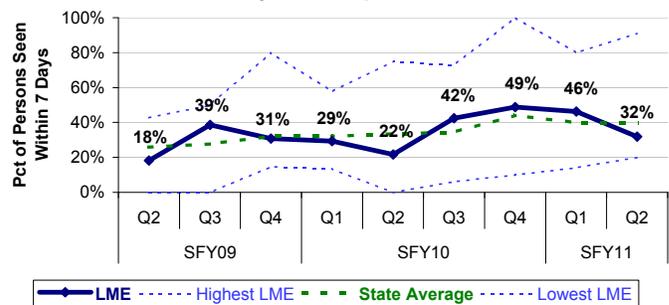
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**SMOKY MOUNTAIN CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Alexander	Alleghany	Ashe	Avery	Caldwell
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	97%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	84%	Data for these indicators are not available at the county level				
❖Routine	↑	15%	71%	96%	80%	Data for these indicators are not available at the county level				
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	65%	57%	66%	72%	52%	56%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	65%	38%	73%	57%	54%	65%
❖Adult Developmental Disabilities	↑	25%	40%	62%	39%	26%	64%	55%	37%	31%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	20%	11%	42%	16%	11%	18%
❖Adult Substance Abuse	↑	5%	11%	17%	13%	10%	14%	15%	15%	10%
❖Adolescent Substance Abuse	↑	4%	9%	17%	8%	5%	18%	20%	15%	3%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	47%	49%	29%	37%	46%	48%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	26%	15%	16%	21%	28%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	64%	50%	0%	100%	100%	67%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	38%	0%	0%	100%	100%	50%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	56%	62%	60%	63%	50%	66%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	38%	38%	20%	50%	27%	42%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	55%	100%	38%	0%	0%	60%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	36%	75%	13%	0%	0%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	58%	55%	60%	68%	86%	68%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	41%	33%	40%	45%	52%	59%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	21%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	44%	Data for these indicators are not available at the county level				
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	11%					
❖Readmitted within 180 Days	↓	0%	17%	23%	23%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	32%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	45%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	5%	5%	2%	5%	1%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

**SMOKY MOUNTAIN CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Cherokee	Clay	Graham	Haywood	Jackson
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	97%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	84%					
❖Routine	↑	15%	71%	96%	80%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	65%	69%	52%	81%	89%	60%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	65%	83%	86%	94%	100%	88%
❖Adult Developmental Disabilities	↑	25%	40%	62%	39%	49%	46%	53%	51%	27%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	20%	23%	27%	16%	27%	30%
❖Adult Substance Abuse	↑	5%	11%	17%	13%	14%	9%	18%	21%	8%
❖Adolescent Substance Abuse	↑	4%	9%	17%	8%	4%	5%	10%	11%	13%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	47%	54%	59%	44%	51%	57%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	31%	27%	23%	33%	31%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	64%	40%	25%	100%	88%	60%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	38%	20%	25%	0%	75%	20%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	56%	52%	50%	75%	49%	43%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	38%	37%	38%	25%	35%	27%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	55%	67%	100%	0%	60%	50%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	36%	67%	100%	0%	60%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	58%	53%	57%	86%	45%	58%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	41%	35%	29%	71%	28%	42%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	21%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	44%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	11%					
❖Readmitted within 180 Days	↓	0%	17%	23%	23%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	32%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	45%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	1%	0%	0%	1%	1%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

**SMOKY MOUNTAIN CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Macon	McDowell	Swain	Watauga	Wilkes
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	97%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	84%					
❖Routine	↑	15%	71%	96%	80%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	65%	61%	70%	82%	42%	71%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	65%	64%	56%	70%	45%	53%
❖Adult Developmental Disabilities	↑	25%	40%	62%	39%	30%	45%	34%	28%	45%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	20%	21%	20%	14%	14%	17%
❖Adult Substance Abuse	↑	5%	11%	17%	13%	15%	18%	12%	8%	18%
❖Adolescent Substance Abuse	↑	4%	9%	17%	8%	4%	11%	11%	8%	9%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	47%	53%	36%	54%	43%	42%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	30%	18%	26%	23%	21%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	64%	63%	60%	50%	86%	25%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	38%	13%	0%	50%	57%	0%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	56%	67%	42%	31%	68%	63%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	38%	45%	25%	23%	48%	51%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	55%	80%	0%	0%	0%	62%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	36%	60%	0%	0%	0%	38%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	58%	54%	64%	44%	43%	64%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	41%	33%	50%	33%	30%	48%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	21%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	44%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	11%					
❖Readmitted within 180 Days	↓	0%	17%	23%	23%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	32%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	45%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	1%	1%	1%	2%	2%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### SOUTHEASTERN CENTER

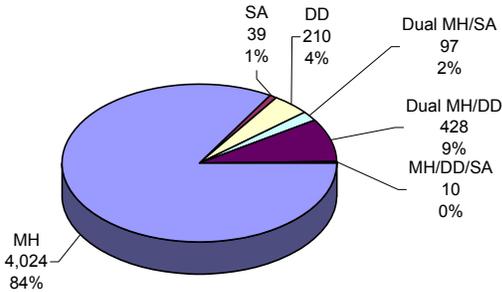
Southeastern Center LME serves the eastern North Carolina counties of Brunswick, New Hanover, and Pender. Only New Hanover is considered urban. Of the 361,000 residents living in this area, 14% are enrolled in Medicaid.



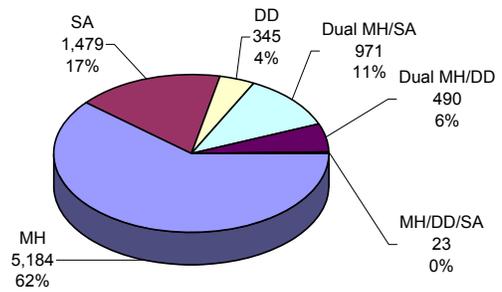
#### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

**Youth (Under Age 18): 4,809**



**Adults (Age 18 and Over): 8,495**



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

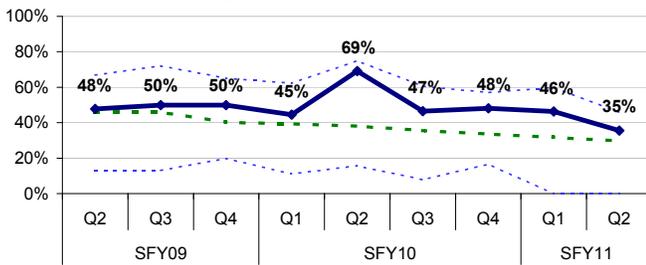
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved slightly over the past 9 quarters. However, the percentage remains above the state average (a lower percentage is better for this indicator).

#### Pct of Discharges: Length of Stay 7 Days or Less



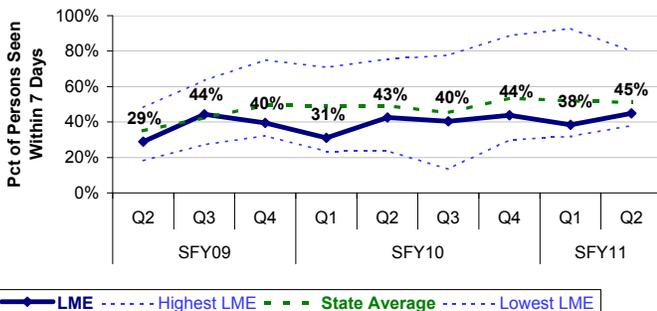
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has remained about the same over the past 9 quarters. Except for one quarter, the percentage has been below the state average during this period (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has remained about the same over the past 9 quarters. Except for one quarter, the percentage has been below the state average for this period (a higher percentage is better for this indicator).

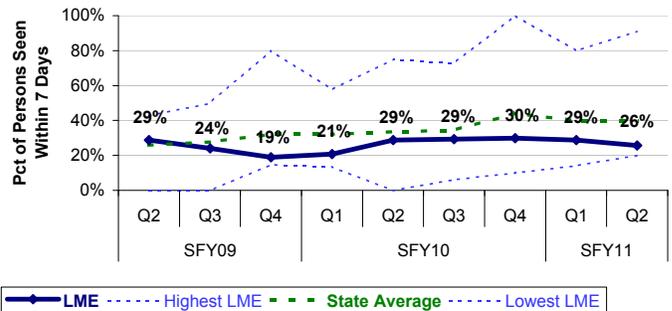
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**SOUTHEASTERN CENTER**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Brunswick	New Hanover	Pender		
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	79%					
❖Routine	↑	15%	71%	96%	74%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	42%	34%	50%	31%		
❖Child/Adolescent Mental Health	↑	36%	55%	81%	73%	72%	75%	67%		
❖Adult Developmental Disabilities	↑	25%	40%	62%	36%	27%	44%	28%		
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	34%	41%	34%	22%		
❖Adult Substance Abuse	↑	5%	11%	17%	10%	7%	13%	7%		
❖Adolescent Substance Abuse	↑	4%	9%	17%	10%	6%	13%	7%		
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	42%	41%	42%	39%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	26%	24%	27%	24%		
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	57%	46%	65%	100%		
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	39%	27%	48%	100%		
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	46%	42%	48%	40%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	35%	32%	38%	26%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	67%	65%	68%	71%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	47%	53%	48%	29%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	61%	61%	63%	43%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	43%	46%	43%	29%		
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	35%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	48%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	5%					
❖Readmitted within 180 Days	↓	0%	17%	23%	18%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	26%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	45%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	2%	0%	2%		

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

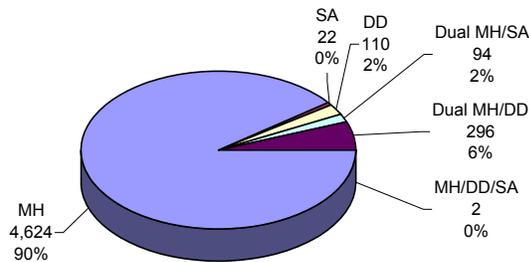
### SOUTHEASTERN REGIONAL

Southeastern Regional MH/DD/SAS LME serves the eastern North Carolina counties of Bladen, Columbus, Robeson, and Scotland. Of the 258,000 residents living in these rural counties, 30% are enrolled in Medicaid.

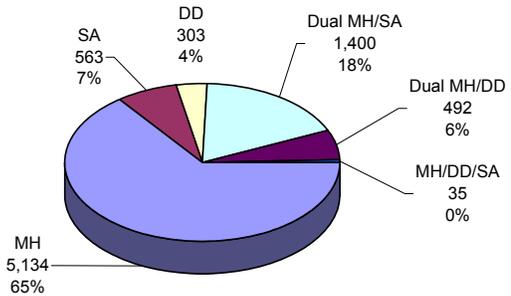


**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

**Youth (Under Age 18): 5,148**



**Adults (Age 18 and Over): 7,930**



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

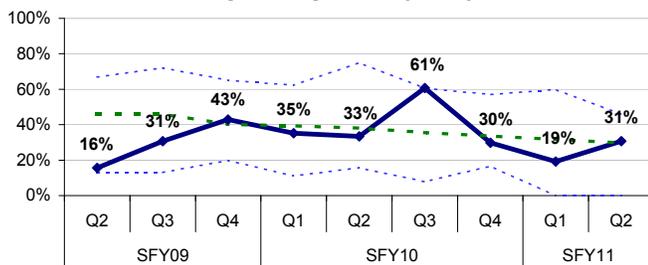
#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the past 6 quarters. In 6 of the last 9 quarters, the percentage was below the state average (a lower percentage is better for this indicator).

**Pct of Discharges: Length of Stay 7 Days or Less**



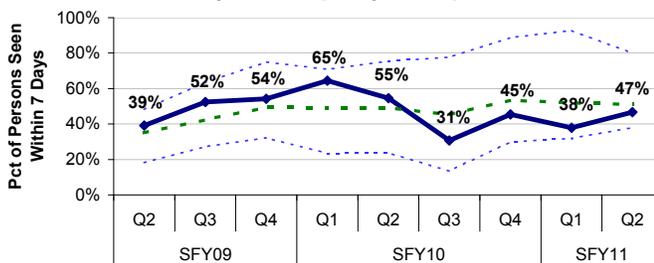
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentages of persons discharged from state hospitals and ADATCs that have received follow-up care within 7 days of discharge have fluctuated over the past 9 quarters. The percentages improved in SFY09, declined in the first 3 quarters of SFY10, and has improved in the most recent 3 quarters.
- However, during the most recent 4 quarters, the percentages have been below the state average for both measures (a higher percentage is better for this indicator).

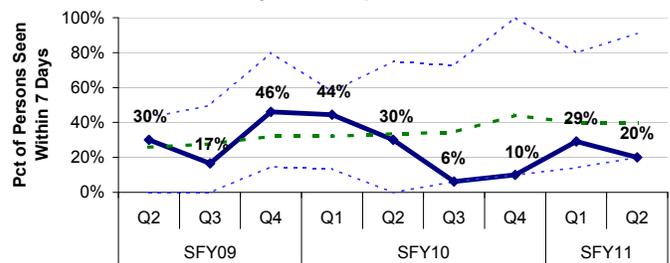
#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

**Timely Follow-Up: Psych Hospitals**



**Timely Follow-Up: ADATCs**



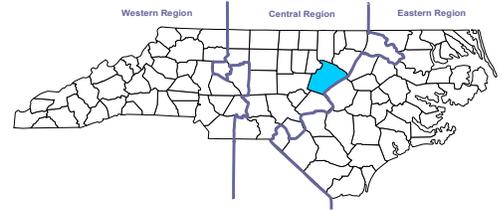
**SOUTHEASTERN REGIONAL**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Bladen	Columbus	Robeson	Scotland	
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	92%					
❖Routine	↑	15%	71%	96%	87%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	69%	62%	60%	75%	69%	
❖Child/Adolescent Mental Health	↑	36%	55%	81%	81%	58%	77%	85%	90%	
❖Adult Developmental Disabilities	↑	25%	40%	62%	54%	58%	71%	47%	50%	
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	22%	21%	24%	22%	18%	
❖Adult Substance Abuse	↑	5%	11%	17%	13%	11%	10%	14%	12%	
❖Adolescent Substance Abuse	↑	4%	9%	17%	8%	4%	6%	9%	12%	
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	48%	35%	47%	51%	51%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	34%	19%	31%	37%	39%	
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	47%	67%	0%	57%	50%	
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	32%	42%	0%	43%	25%	
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	53%	32%	45%	59%	61%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	39%	16%	36%	48%	28%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	76%	73%	75%	83%	50%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	63%	55%	75%	78%	0%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	60%	48%	52%	65%	66%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	45%	35%	33%	51%	47%	
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	31%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	35%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	20%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	20%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	47%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	1%	1%	1%	1%	1%	

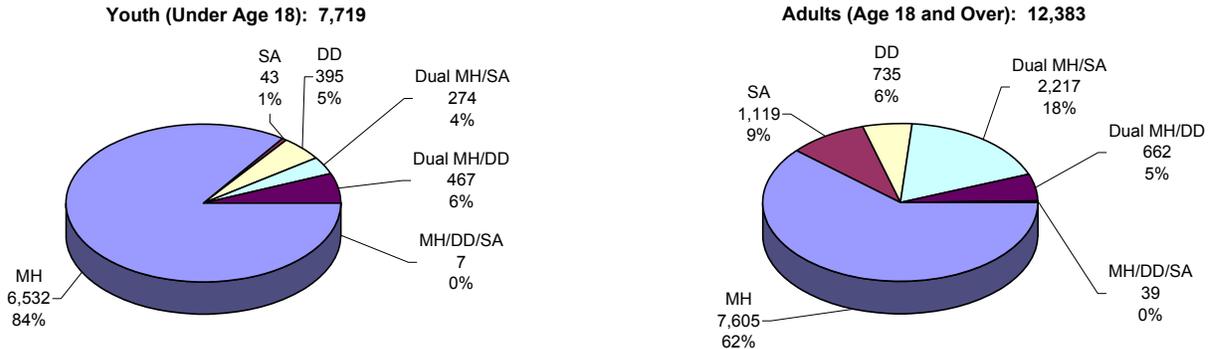
\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

### WAKE COUNTY HUMAN SERVICES

Wake County Human Services LME is a single-county program in the Triangle metropolitan area of central North Carolina. Of the 920,000 residents living in this urban county, 10% are enrolled in Medicaid.



**Persons Served By Age and Disability During October 2009 - September 2010**  
 (Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)



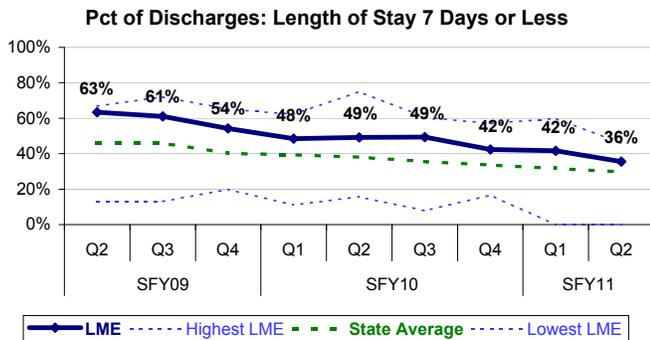
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

#### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the past 9 quarters decreasing from being well above to slightly above the state average (a lower percentage is better for this indicator).

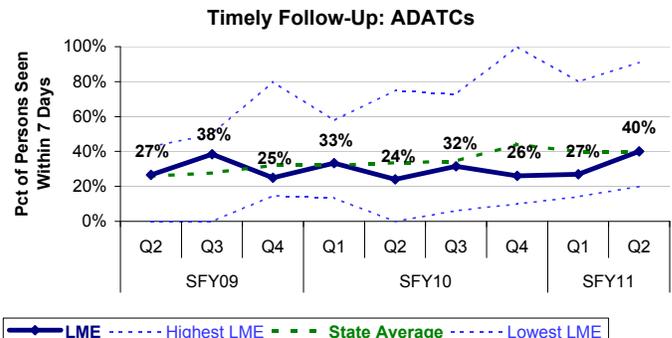
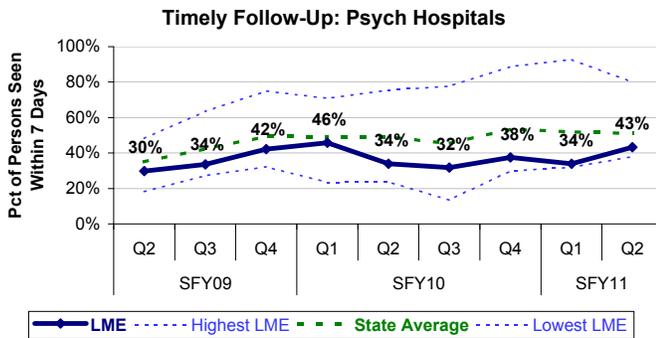


#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. However, the percentage during this period has remained below the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has remained about the same over the past 9 quarters showing improvement in the most recent quarter. The percentage is currently at the state average (a higher percentage is better for this indicator).

#### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).



**WAKE**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Wake				
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	81%					
❖Routine	↑	15%	71%	96%	69%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	28%	28%				
❖Child/Adolescent Mental Health	↑	36%	55%	81%	36%	36%				
❖Adult Developmental Disabilities	↑	25%	40%	62%	26%	26%				
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	14%	14%				
❖Adult Substance Abuse	↑	5%	11%	17%	6%	6%				
❖Adolescent Substance Abuse	↑	4%	9%	17%	7%	7%				
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	43%	43%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	31%	31%				
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	68%	68%				
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	49%	49%				
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	53%	53%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	40%	40%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	61%	61%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	47%	47%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	62%	62%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	49%	49%				
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	36%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	48%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	8%					
❖Readmitted within 180 Days	↓	0%	17%	23%	19%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	40%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	43%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	2%				

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

## WESTERN HIGHLANDS NETWORK

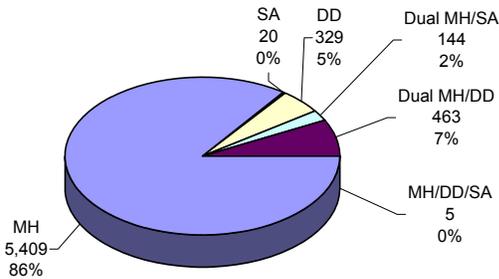
Western Highlands Network LME serves eight counties in western North Carolina, six of which are rural. Of the 511,000 residents living in this area, 17% are enrolled in Medicaid.



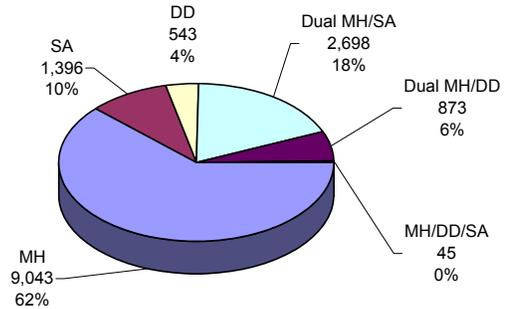
### Persons Served By Age and Disability During October 2009 - September 2010

(Based On Medicaid and State-Funded IPRS Claims Paid Through January 2011)

#### Youth (Under Age 18): 6,371



#### Adults (Age 18 and Over): 14,603



The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

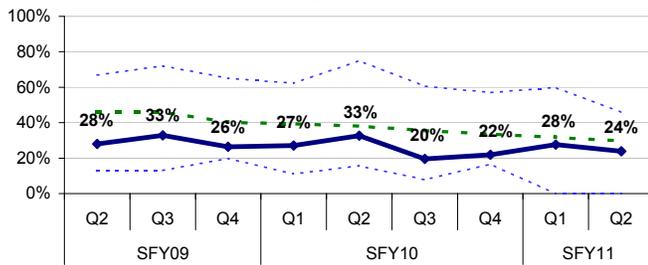
### Reduction of Short-Term State Psychiatric Hospital Use

**Rationale:** An adequate community service system should provide short-term inpatient care in a local hospital in the community. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the use of state psychiatric hospitals for short-term care allows more effective and efficient use of funds for community services. The goal is to decrease the percentage.

#### Reduction of Short-Term State Psychiatric Hospital Use:

- Overall, the percentage of persons discharged from state hospitals with stays of 7 days or less has improved over the past 9 quarters. During this period, the percentage has remained below the state average (a lower percentage is better for this indicator).

#### Pct of Discharges: Length of Stay 7 Days or Less



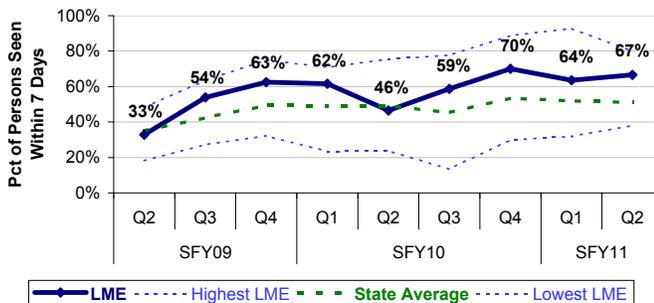
#### Timely Follow-Up After Discharge From A State Facility:

- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. Except for 2 quarters, the percentage has been above the state average (a higher percentage is better for this indicator).
- Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has improved over the past 9 quarters. In the most recent quarter, the percentage is above the state average (a higher percentage is better for this indicator).

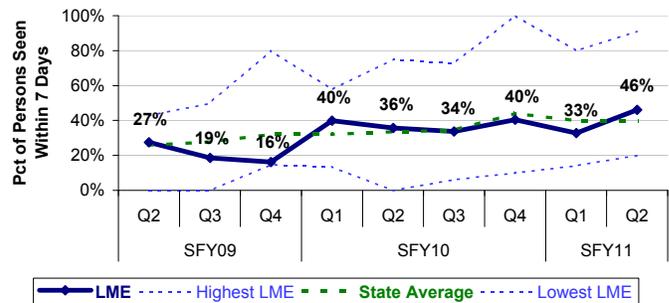
### Timely Follow-Up After Discharge From A State Facility

**Rationale:** Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care. The goal is to increase the percentage. The percentages only include follow-up services paid by Medicaid and state-funds (IPRS).

#### Timely Follow-Up: Psych Hospitals



#### Timely Follow-Up: ADATCs



**WESTERN HIGHLANDS NETWORK**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Buncombe	Henderson	Madison	Mitchell	Polk
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	75%					
❖Routine	↑	15%	71%	96%	86%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	58%	61%	36%	65%	54%	52%
❖Child/Adolescent Mental Health	↑	36%	55%	81%	63%	71%	50%	68%	54%	64%
❖Adult Developmental Disabilities	↑	25%	40%	62%	44%	43%	31%	64%	65%	47%
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	28%	30%	24%	33%	26%	21%
❖Adult Substance Abuse	↑	5%	11%	17%	13%	15%	10%	13%	13%	8%
❖Adolescent Substance Abuse	↑	4%	9%	17%	7%	7%	5%	9%	7%	4%
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	45%	47%	51%	39%	50%	44%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	31%	34%	32%	19%	34%	27%
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	66%	68%	45%	100%	33%	0%
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	52%	53%	27%	67%	33%	0%
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	69%	76%	69%	48%	38%	100%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	53%	59%	54%	19%	25%	0%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	59%	63%	50%	100%	0%	50%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	40%	47%	50%	100%	0%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	70%	73%	71%	74%	85%	62%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	54%	60%	51%	58%	77%	43%
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	24%	Data for these indicators are not available at the county level				
❖8-30 Days of Care		32%	45%	71%	45%					
<b>5. State Psychiatric Hospital Readmissions</b>										
❖Readmitted within 30 Days	↓	0%	7%	12%	5%					
❖Readmitted within 180 Days	↓	0%	17%	23%	23%					
<b>6. Timely Follow-up After Inpatient Care</b>										
❖ADATCs: Seen in 1-7 Days	↑	20%	40%	91%	46%					
❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	67%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	1%	1%	2%	1%	1%

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

**WESTERN HIGHLANDS NETWORK**  
**So... How Did We Do This Quarter?**

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Rutherford	Transylvania	Yancey		
<b>1. Timely Access to Care</b>										
❖Emergent	↑	87%	99%	100%	100%	Data for these indicators are not available at the county level				
❖Urgent	↑	33%	82%	100%	75%					
❖Routine	↑	15%	71%	96%	86%					
<b>2. Services to Persons in Need</b>										
❖Adult Mental Health	↑	28%	51%	78%	58%	91%	42%	53%		
❖Child/Adolescent Mental Health	↑	36%	55%	81%	63%	60%	55%	66%		
❖Adult Developmental Disabilities	↑	25%	40%	62%	44%	56%	40%	61%		
❖Child/Adolescent Developmental Disabilities	↑	14%	21%	34%	28%	24%	24%	45%		
❖Adult Substance Abuse	↑	5%	11%	17%	13%	14%	8%	11%		
❖Adolescent Substance Abuse	↑	4%	9%	17%	7%	10%	9%	9%		
<b>3. Timely Initiation &amp; Engagement in Service</b>										
❖Mental Health: 2 Visits within 14 Days	↑	31%	42%	70%	45%	31%	59%	52%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	19%	27%	34%	31%	19%	39%	33%		
❖Developmental Disabilities: 2 Visits within 14 Days	↑	34%	65%	85%	66%	83%	0%	100%		
❖Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	18%	49%	73%	52%	83%	0%	100%		
❖Substance Abuse: 2 Visits within 14 Days	↑	46%	63%	88%	69%	61%	53%	78%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	32%	45%	58%	53%	55%	33%	56%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	34%	52%	76%	59%	50%	0%	100%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	20%	39%	63%	40%	0%	0%	100%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	44%	61%	90%	70%	65%	59%	64%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	45%	54%	54%	48%	38%	50%		
<b>4. Effective Use of State Psychiatric Hospitals (Reduction of Short-Term Care)</b>										
❖1-7 Days of Care	↓	0%	30%	46%	24%	Data for these indicators are not available at the county level				
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❖State Psychiatric Hospitals: Seen in 1-7 Days	↑	38%	51%	80%	67%					
<b>7. Child Services in Non-Family Settings</b>										
❖Residential Treatment: Levels 2 (Program), 3, and 4	↓	0%	2%	4%	2%	3%	3%	1%		

\* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

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The MH/DD/SAS Community Systems Progress Report, Report Appendices and Critical Measures at a Glance are published four times a year on the Division's website:

<http://www.ncdhhs.gov/mhddsas/statspublications/reports/>

Questions and feedback should be directed to:  
NC DMH/DD/SAS Quality Management Team

[ContactDMHQuality@dhhs.nc.gov](mailto:ContactDMHQuality@dhhs.nc.gov)

(919/733-0696)