

Critical Measures at a Glance: SFY 2012 First Quarter LME Performance

	Urgent		Routine		Adult MH	Child/Adolescent MH	Adult DD	Child/Adolescent DD	Adult SA	Adolescent SA	MH: 2 Visits in 14 Days	MH: 4 Visits in 45 Days	SA: 2 Visits in 14 Days	SA: 4 Visits in 45 Days	1-7 Days of Care	30-day Readmissions	180-day Readmissions	ADATCs: Seen in 1-7 Days	State Psych Hospitals: Seen in 1-7 Days	Met At Least 65% Of The Measures
	Timely Access To Care		Services to Persons in Need							Timely Initiation & Engagement in Services				Effective Use of State Psychiatric Hospitals	State Psychiatric Hospital Readmissions		Timely Follow-Up After Inpatient Care			
<i>SFY2011 Statewide Goal</i>	88%	88%	40%	40%	38%	20%	10%	9%	42%	30%	71%	56%	44%	10%	22%	70%	70%			
<i>SFY2011 Performance Standard</i>	70%	63%	37%	40%	33%	18%	8%	6%	34%	23%	52%	39%	46%	10%	23%	27%	41%			
<i>Statewide Average</i>	82%	69%	52%	56%	40%	21%	12%	10%	43%	27%	63%	44%	20%	7%	16%	39%	52%		✓	
Alamance-Caswell	82%	45%	58%	51%	38%	15%	12%	9%	38%	24%	69%	41%	0%	3%	18%	57%	56%		✓	
Beacon Center	54%	69%	53%	67%	47%	27%	10%	10%	33%	20%	58%	43%	29%	8%	16%	31%	34%		✓	
CenterPoint	72%	67%	45%	39%	37%	15%	11%	15%	43%	27%	65%	48%	9%	5%	13%	55%	51%		✓	
Crossroads	95%	78%	42%	41%	33%	15%	11%	9%	40%	21%	42%	27%	17%	13%	17%	27%	58%		✓	
Cumberland	98%	73%	53%	59%	36%	18%	9%	16%	32%	21%	66%	55%	15%	5%	9%	50%	53%		✓	
Durham Center	92%	76%	58%	71%	40%	25%	13%	13%	51%	39%	69%	55%	21%	2%	12%	55%	49%		✓	
ECBH	63%	66%	49%	65%	43%	21%	12%	10%	41%	26%	63%	45%	28%	2%	19%	32%	45%		✓	
Eastpointe	26%	22%	63%	66%	53%	21%	13%	11%	41%	24%	46%	30%	30%	11%	27%	73%	64%		✓	
Five County	100%	58%	69%	72%	41%	22%	12%	13%	40%	29%	64%	47%	39%	0%	15%	31%	42%		✓	
Guilford Center	84%	82%	51%	52%	36%	15%	11%	9%	48%	33%	67%	55%	14%	8%	17%	23%	59%		✓	
Johnston	80%	72%	60%	50%	26%	20%	15%	7%	38%	19%	64%	53%	50%	0%	5%	100%	67%		✓	
Mecklenburg	100%	90%	33%	47%	34%	20%	11%	9%	45%	33%	51%	38%	24%	0%	6%	21%	50%		✓	
Mental Health Partners	84%	56%	59%	61%	39%	16%	13%	6%	39%	20%	66%	55%	21%	14%	29%	41%	48%		✓	
Onslow-Carteret	59%	50%	51%	37%	27%	13%	6%	5%	44%	26%	67%	58%	33%	8%	8%	50%	24%			
Orange-Person-Chatham	81%	82%	33%	51%	38%	25%	8%	10%	38%	23%	67%	48%	26%	8%	13%	50%	57%		✓	
Pathways	93%	67%	73%	73%	56%	29%	16%	12%	40%	30%	68%	55%	0%	0%	10%	22%	57%		✓	
PBH	90%	90%	79%	67%	63%	35%	19%	12%	70%	31%	89%	39%	19%	7%	30%	67%	88%		✓	
Sandhills Center	75%	74%	52%	52%	34%	16%	11%	8%	45%	29%	66%	48%	22%	6%	8%	48%	61%		✓	
Smoky Mountain Center	92%	76%	65%	65%	40%	18%	15%	10%	44%	23%	52%	39%	15%	16%	24%	42%	50%		✓	
Southeastern Center	70%	70%	49%	75%	37%	33%	12%	11%	38%	22%	40%	26%	31%	13%	25%	25%	40%			
Southeastern Regional	97%	99%	70%	71%	53%	17%	14%	8%	48%	32%	59%	43%	28%	12%	14%	41%	39%		✓	
Wake	79%	85%	31%	38%	27%	16%	7%	10%	43%	32%	57%	44%	15%	7%	19%	23%	42%		✓	
Western Highlands Network	39%	41%	57%	65%	43%	27%	13%	9%	45%	30%	66%	53%	10%	4%	11%	46%	70%		✓	

NOTE: Percentages in green font have met or exceeded the SFY2011 performance standard for the measure.

Critical Measures at a Glance

Introduction

This matrix was developed in response to S.L. 2008-107 (HB2436) to provide a quarterly summary of the Local Management Entities' status on critical measures that are included in the annual *DHHS-LME Performance Contract*. The detailed information that generates this chart is presented each quarter in the *Community Systems Progress Report*, which is published on the DMH/DD/SAS website at <http://www.ncdhhs.gov/mhddsas/statspublications/Reports/DivisionInitiativeReports/communitysystems/index.htm>

How To Read the Chart

The **17 critical measures** are presented across the top of the chart and grouped by type of measure. They include:

- > Timely Access to Care: This is a measure of **how long it takes an individual to enter care**. Persons with urgent needs are expected to be seen within 48 hours. Persons with routine needs are expected to be seen within 14 days.
- > Services to Persons In Need: This measures **how many people that are estimated to have MH/DD/SA problems each year receive publicly-funded MH/DD/SAS services**. This measure is often called "treated prevalence" or "penetration rate."
- > Timely Initiation and Engagement In Services: Initiation measures **how quickly a person receives treatment or supports** after entering care. Engagement measures whether they begin to receive **enough services** to reduce the occurrence of crises and to improve chances for recovery and stability.
- > Effective Use of State Psychiatric Hospitals: This is a measure of **how many people are entering the state hospitals for crisis stabilization**. An effective community crisis service system, good person-centered planning, and adequate community services are expected to reduce short-term stays in the state hospitals, keeping beds available for persons with very complex needs.
- > State Psychiatric Hospital Readmissions: This measures the effectiveness of **coordination between the state hospitals and community services**. Good hospital-LME communication, thorough person-centered planning, and adequate community services after individuals are discharged from the hospitals are expected to reduce the need for readmissions.
- > Timely Follow-Up After Inpatient Care: This measures the **continuity of care** after a person is discharged from the hospital. Each person is expected to receive a follow-up service in the community within 7 days of being discharged from a state facility to ensure adequate medications and engagement in continuing care.

The "**SFY Statewide Goals**" are shown in the first row of the chart. The Division sets statewide goals for the service system at the beginning of the year to reflect current needs, priorities, available resources, and what it believes to be an achievable improvement for the year. Some goals may remain the same from one year to the next while others may increase to reflect where the Division wants community systems to focus their efforts.

The "**SFY Performance Standards**" of the *DHHS-LME Performance Contract* for the indicators are presented in the second row of the chart. The standards are based on recent statewide averages for each indicator and anticipated resource constraints at the time the annual Contract is put into place. Beginning in SFY2010, the performance standards are being reviewed quarterly and may be adjusted as necessary to reflect changes in available resources.

The "**Statewide Average**" is the performance of the entire state on the critical measures for the quarter being reported.

The 23 **Local Management Entities (LMEs)** are listed in the first column, with their performance on each measure in the rows across the chart. The **green numbers** indicate that the LME met or exceeded the current SFY Performance Standard. Note that a number equal to or lower than the Performance Standard is desirable for "Effective Use of State Psychiatric Hospitals" and "Hospital Readmissions." A number equal to or higher than the Performance Standard is desired for all other measures. The greyed cells indicate measures for which no data was available.

The "**Met At Least 65% Of The Measures**" column indicates whether each LME met the Performance Standard for at least 65% of the measures (11 out of 17).