



MH/DD/SAS Community Systems Progress Report

Fourth Quarter SFY 2011-2012

April 1 – June 30, 2012

Prepared by:
Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

September 25, 2012



“Quality is not an act, it is a habit.” Aristotle

Highlights of Fourth Quarter SFY 2011-2012¹

Temporary Data Issues During SFY2011-2012

- In SFY2011-2012, the state began expansion of its Medicaid 1915 (b)/(c) waiver using a managed care approach to providing mental health, developmental disabilities, and substance abuse services to Medicaid recipients. On October 1, 2011 Alamance-Caswell LME joined PBH who was already operating as a Managed Care Organization (MCO) under the waiver. In January 2012, Five County LME joined PBH and Western Highlands Network became an MCO operating under the waiver. In April 2012, OPC LME joined PBH, and East Carolina Behavioral Health LME became an MCO. Additional LMEs are scheduled to begin operating under the waiver in July and October of 2012 with all remaining LMEs operating under the waiver beginning January 2013.
- As these changes occurred, Medicaid claims data for these LMEs became temporarily unavailable to the state Medicaid claims database. **This has affected results for some of the claims-based performance measures in this report.** For some measures, partial data was used. For other measures, all data for an LME was excluded. **Please pay careful attention to the footnotes under the tables in the Appendices.**
- The state has taken steps to collect and incorporate the claims data for these LMEs from the date they started operating under the waiver forward. Until this process is complete, please be careful when comparing performance for this quarter to prior quarters.

Substance Abuse Prevention and Early Intervention

- Seven percent (7%) of youth (ages 6-17) who are “at risk” of developing a substance abuse disorder completed an evidence-based “selective” or “indicated” substance abuse prevention program in the past year. This is an increase this quarter. A performance standard for this measure was not set for SFY 2012. Instead, this year will be used as a reference period to set a performance benchmark for next fiscal year.

Timely Access to Care

- LMEs reported that 78% 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). This fell short of the SFY 2012 performance standard of 82%.
- Under three-fourths (70%) 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). This fell short of the SFY 2012 performance standard of 71%. An additional 7% were scheduled for an appointment but information about whether it was kept was not available.

¹ The Performance Contract between DHHS and the LMEs for SFY2011-2012 became effective on October 1, 2011 at the beginning of the Second Quarter of the state fiscal year. This contract retired three performance indicators (Timely Emergent Care, Timely Initiation and Engagement in Care for Persons With DD, and Child Services in Non-Family Settings) and added six performance indicators (SA Prevention and Early Intervention, Timely Support for Persons with I/DD, Community Hospital Readmissions within 30 Days, Follow-up After Discharge from a Community Psychiatric Hospital Bed, Follow-up After Discharge from a Community Crisis Service, and Medical Care Coordination).

Services to Persons in Need (Treated Prevalence)

- The percentages of persons in need of mental health services that were provided publicly-funded services in their communities **exceeded the SFY 2012 performance standard both for adults** (50% served compared to the performance standard of 48%) **and for children** (56% served compared to the performance standard of 52%). The percentages stayed the same for adults and decreased for 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 2012 performance standard for adults** (39% served compared to the performance standard of 37%) and fell short for children (18% served compared to the performance standard of 20%). The percentages stayed the same for adults and decreased for 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 2012 performance standard for adults** (12% served compared to the performance standard of 11%) **and met the SFY2012 performance standard for adolescents** (9% served compared to the performance standard of 9%). The percentages remained the same for adults and decreased for children compared to the prior quarter.

Timely Initiation and Engagement in Service

- The percentages for consumers' initiation and engagement into mental health care **exceeded the SFY 2012 performance standard for both initiation and engagement**. For initiation, 47% of consumers received a 2nd visit within 14 days of the first visit compared to the performance standard of 42%. For engagement, 31% of consumers received 2 additional visits within 30 days after meeting the initiation measure compared to the performance standard of 27%. The percentages for both initiation and engagement increased from the prior quarter.
- The measures for consumers' initiation and engagement into substance abuse services **exceeded the SFY 2012 performance standard for both initiation and engagement**. For initiation, over two-thirds (69%) of consumers of substance abuse services received 2 visits within the first 14 days of care compared to the performance standard of 63%. For engagement, almost half (47%) of consumers of substance abuse services received 4 visits within 44 days, compared to the performance standard of 45%. The percentages for both measures increased from the prior quarter.

Timely Support For Persons With Intellectual/Developmental Disabilities

- The percentage of consumers with I/DD who received a billable service within 30 days of an initial screening for a new episode of routine care fell short of meeting the SFY2012 performance standard this quarter. Statewide, 33% of consumers received a billable service within 30 days of screening compared to the performance standard of 40%. The percentage for this performance measure decreased from last quarter.

Short-Term Care In State Psychiatric Hospitals

- Reduction in use of state psychiatric hospitals for short term care (7 days or less) **exceeded the SFY 2012 performance standard** this quarter – 19% of consumers in state

hospitals had stays of 7 days or less compared to the SFY 2012 performance standard of no more than 30% of consumers. The percentage for this performance measure decreased from last quarter.

Psychiatric Hospital Readmissions

- The 1 to 30 day readmission rate for State Hospitals this quarter decreased from the prior quarter. Across the state, 5% of consumers discharged from a state psychiatric hospital were readmitted within 30 days. This **exceeded the SFY 2012 performance standard** of 7% or less.
- The 1 to 180 day readmission rate for State Hospitals this quarter decreased from the prior quarter. Across the state, 13% of consumers were readmitted within 180 days, which **exceeded the SFY 2012 performance standard** of 17% or less.
- The 1 to 30 day readmission rate for Community Hospitals applies to Medicaid consumers. Across the state, 10% of Medicaid consumers discharged from a psychiatric unit of a community hospital were readmitted within 30 days. This percentage decreased from last quarter. A performance standard for this measure was not set for SFY 2012. Instead this year will be used as a reference period to set a performance benchmark for next fiscal year.

Timely Follow-Up After Inpatient and Crisis Services

- The percent of consumers discharged from ADATCs seen within 7 days fell short of the SFY 2012 performance standard this quarter. Statewide, 33% of consumers discharged from an ADATC were seen within 7 days compared to the performance standard of 40% or more. This was a decrease from the prior quarter.
- The percent of consumers discharged from a state psychiatric hospital seen within 7 days fell short of the SFY 2012 performance standard this quarter. Statewide, 49% of consumers discharged from a state psychiatric hospital were seen within 7 days compared to the performance standard of 51% or more. This was an increase from the prior quarter.
- The percent of consumers discharged from a psychiatric unit of a community hospital seen within 7 days fell short of the SFY 2012 performance standard this quarter. Statewide, 38% of consumers discharged from a community hospital were seen within 7 days compared to the performance standard of 40% or more. This remained the same as the prior quarter.
- The percent of consumers discharged from a crisis service seen within 5 days fell short of the SFY 2012 performance standard this quarter. Statewide, 41% of consumers discharged from facility based crisis or a non-hospital medical detoxification facility were seen within 7 days compared to the performance standard of 43% or more. This was an increase from the prior quarter.

Medical Care Coordination

- Statewide, 90% of Medicaid consumers who received a behavioral health service over the past year also received a primary care or preventive health visit within the past year (within the past two years for persons ages 7-19). This is a decrease from last quarter. A performance standard for this measure was not set for SFY 2012. Instead this year will be used as a reference period to set a performance benchmark for next fiscal year.

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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 2006.² 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.

These performance indicators describe an observed level of activity (percent of persons that complete an evidence-based prevention program or that receive a timely follow-up service), but not why the level is as it is. Results do not reveal the substantial “behind-the-scene” activities, processes and interactions involving service providers, LME and state staff, consumers, and family members, and cannot reveal which factors account for differences in measured levels of quality. Identifying and understanding these factors require additional investigation and may serve as the starting point for program management initiatives or quality improvement efforts.

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 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/DivisionInitiativeReports/communitysystems/index.htm>

² 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 nine categories that cover processes, outputs and outcomes of providing community services. They are intended to show 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 statewide performance standard for each indicator. Unless otherwise stated, a standard for expected performance is assigned to each measure based on the statewide average for the second quarter of the prior fiscal year.

Indicator 1: Substance Abuse Prevention and Early Intervention

Rationale: Persons at risk for substance abuse disorders who receive early education and intervention services are more likely to avoid debilitating impairments from these problems.

This indicator, based on data submitted by service providers, measures the percentage of youth (ages 6-17) that are "at risk" for developing a substance abuse disorder who completed an approved evidence-based "selective" or "indicated" substance abuse prevention program during the year.

Selective prevention programs target individuals whose risk of developing a substance abuse disorder is significantly higher than average (based on biological, psychological, or social risk factors). **Indicated** prevention programs target high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing a substance abuse disorder.

1.1 Selective and Indicated Substance Abuse Prevention Services: Performance Standard: A performance standard has not been established for this state fiscal year. Results for this measure this year will be used to establish a performance standard the following year.

Indicator 2: 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 Medicare and Medicaid Services (CMS).

This indicator, based on reports submitted by LMEs, has two 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:

2.1 Timely Urgent Care - Appointments Kept: Performance Standard: 82% or more of persons in need of urgent care receive services through our community service system within 48 hours of the request.

2.2 Timely Routine Care - Appointments Kept: Performance Standard: 71% or more of persons in need of routine care receive services through our community service system within 14 calendar days of the request.

Indicator 3: Treated Prevalence

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mh/dd/sa services and limited access to privately-funded services (commensurate with available resources). 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 (age-disability group) 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).

- 3.1 **Adult Mental Health (AMH) Services:** Performance Standard = 48% or more
- 3.2 **Child/Adolescent Mental Health (CMH) Services:** Performance Standard = 52% or more
- 3.3 **Adult Developmental Disability (ADD) Services:** Performance Standard = 37% or more
- 3.4 **Child/Adolescent Developmental Disability (CDD) Services:** Performance Standard = 20% or more
- 3.5 **Adult Substance Abuse (ASA) Services:** Performance Standard = 11% or more
- 3.6 **Adolescent Substance Abuse (CSA) Services:** Performance Standard = 9% or more

Indicator 4: Timely Initiation and Engagement in Service

Rationale: For persons with mental illness and addictive diseases to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Initiation is measured as the percent of persons starting a new episode of care (defined as having no prior Medicaid or state-funded mh/dd/sa service for at least 60 days) who receive a 2nd service within 14 days of their first 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 44 days of service). This indicator looks at initiation and engagement for four disability groups.

- 4.1 **Initiation of Mental Health Consumers:** Performance Standard = 42% or more
- 4.2 **Engagement of Mental Health Consumers:** Performance Standard = 27% or more
- 4.3 **Initiation of Substance Abuse Consumers:** Performance Standard = 63% or more
- 4.4 **Engagement of Substance Abuse Consumers:** Performance Standard = 45% or more
- 4.5 **Initiation of Consumers with Co-Occurring Mental Health/ Developmental Disabilities:** No performance standard has been established.

4.6 Engagement of Consumers with Co-Occurring Mental Health/Developmental Disabilities: No performance standard has been established.

4.7 Initiation of Consumers with a Co-Occurring Mental Health/Substance Abuse Disorder: No performance standard has been established.

4.8 Engagement of Consumers with a Co-Occurring Mental Health/Substance Abuse Disorder: No performance standard has been established.

Indicator 5: Timely Support for Persons with Intellectual or Developmental Disabilities

Rationale: Timely assessment of need and connection to adequate supports is critical to protect consumer health and safety, minimize adverse consumer events, and promote positive consumer outcomes.

This indicator is measured as the percent of new consumers with intellectual or developmental disabilities (defined as having no prior Medicaid or state-funded service for at least 60 days), who were triaged as having “routine” care needs, who receive a billable service within 30 days of the initial screening.

5.1 Timely Support for Persons with IDD: Performance Standard = 40% or more

Indicator 6: Short-Term Care in State Psychiatric Hospitals

Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual’s recovery.

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 reserves high-cost state facility beds for consumers with more intensive, 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 is a Mental Health Block Grant measure required by the Center for Mental Health Services (CMHS).

This indicator is measured as the percent of persons discharged from state psychiatric hospitals each quarter, that fall within the responsibility of an LME to coordinate services³, who have a length of stay of 7 days or less.

6.1 Short Term Care in State Psychiatric Hospitals: Performance Standard = 30% or less

³ Discharge data has been modified to include only discharges coded as "direct" discharges or “program completion” to sources that fall within the responsibility of an LME to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included in the numerator and denominator.

Indicator 7: Psychiatric Hospital Readmissions

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care. 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 is a Mental Health Block Grant measure required by the Center for Mental Health Services (CMHS).

The first two indicators measure the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME to coordinate services³, who are readmitted to any state psychiatric hospital within 30 and 180 days following discharge.

7.1 State Psychiatric Hospital Readmissions within 30 Days: Performance Standard = 7% or less

7.2 State Psychiatric Hospital Readmissions within 180 Days: Performance Standard = 17% or less

The third indicator measures the percent of persons, whose inpatient care was **paid by Medicaid**, discharged each quarter from a community hospital psychiatric bed, who are readmitted to any community hospital psychiatric bed within 30 days following discharge.

7.3 Community Hospital Readmissions within 30 Days: A performance standard has not been established for this state fiscal year. Results for this measure this year will be used to establish a performance standard the following year.

Indicator 8: Timely Follow-Up After Inpatient and Crisis Care

Rationale: Timely follow-up care after discharge from an inpatient facility or a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. 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 extent of coordination across levels of care.

The first two indicators measure the percent of persons discharged from state-operated alcohol and drug abuse treatment centers (ADATCs) and state psychiatric hospitals each quarter, that fall within the responsibility of an LME to coordinate services³, who receive follow-up care in the community, paid by Medicaid or state-funds through the Integrated Payment Reporting System (IPRS), within 7 days of discharge.

8.1 Follow-up After Discharge from a State ADATC: Performance Standard = 40% or more

8.2 Follow-up After Discharge from a State Psychiatric Hospital: Performance Standard = 51% or more

The third indicator measures the percent of persons discharged from a community hospital psychiatric bed each quarter who receive follow-up care in the community, paid by Medicaid or state-funds through the Integrated Payment Reporting System (IPRS), within 7 days of discharge.

8.3 Follow-up After Discharge from a Community Hospital Psychiatric Bed: Performance Standard = 40% or more

The fourth indicator measures the percent of persons discharged from a community crisis service (facility based crisis or non-hospital medical detoxification) each quarter who receive follow-up care in the community, paid by Medicaid or state-funds through the Integrated Payment Reporting System (IPRS), within 5 days of discharge.

8.4 Follow-up After Discharge from a Community Crisis Service: Performance Standard = 43% or more

Indicator 9: Medical Care Coordination

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

This indicator measures the percentage of continuously enrolled **Medicaid recipients** who received a behavioral health service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-19, the measure looks for a primary care or preventive health service over the last two years.

9.1 Integration with Primary Care/Preventive Health Services (all ages): A performance standard has not been established for this state fiscal year. Results for this measure this year will be used to establish a performance standard the following year.

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 3) can impact how quickly consumers can get appointments for initial service (Indicator 2), continued service (Indicator 4), or follow-up services after discharge from inpatient and crisis care (Indicator 8). 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 1st and 3rd quarters feature the initiation of services for persons with MH, DD, and SA (Indicator 4 and 5).
 - Reports for the 2nd and 4th quarters feature the use of state psychiatric hospitals for short-term care (Indicator 6) and timely follow-up care after discharge from a state facility (Indicator 8).
- 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.

Performance By Geographic Area

STATEWIDE

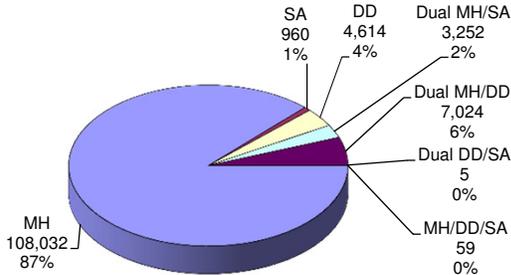
North Carolina has 100 counties and approximately 9.7 million residents. Three-fourths (73) of those counties are rural, with fewer than 200 persons per square mile. One-sixth (16.5%) of the state's population (38% of youth and 10% of adults) is enrolled in Medicaid. The state's mental health, developmental disabilities, and substance abuse (MH/DD/SA) service system is organized into 23 Local Management Entities (LMEs) across three regions.



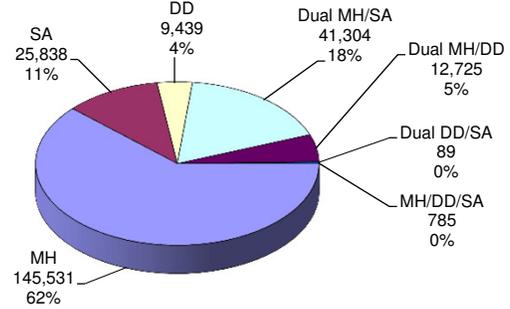
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 123,946



Adults (Age 18 and Over): 235,711



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. It does not include new persons served under the Medicaid Waiver for Alamance-Caswell after Sep 30, 2011 and for Five County or Western Highlands Network after Dec 31, 2011 when these LMEs began operating under the Waiver.

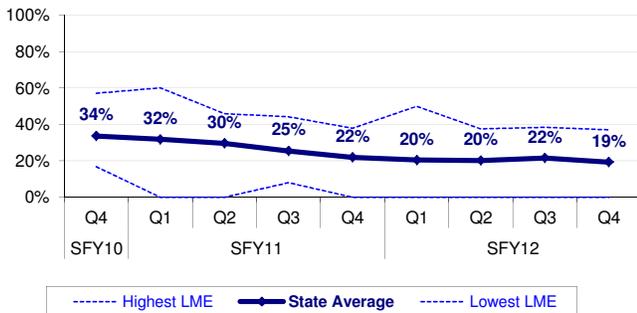
Reduction of Short-Term State Psychiatric Hospital Use

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



SFY2012 Performance Standard = 30% 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 fairly level over the past 9 quarters.

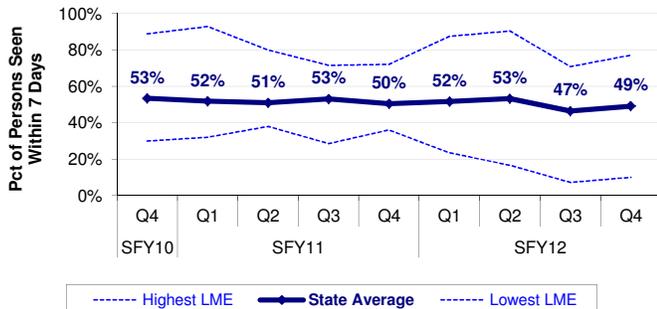
The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has decreased over the past 9 quarters.

A higher percentage of persons have received timely follow-up care following discharge from state hospitals than from the ADATCs. It is unclear how much of the reduction in the 2 most recent quarters may be real or is due to the temporary unavailability of Medicaid claims data for LMEs that have implemented the waiver.

Timely Follow-Up After Discharge From A State Facility

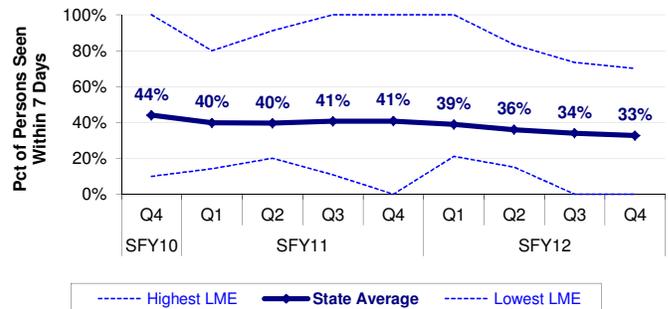
Rationale: Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services and supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the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

Timely Follow-Up: Psych Hospitals



SFY2012 Performance Standard = 51% or more

Timely Follow-Up: ADATCs



SFY2012 Performance Standard = 40% or more

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

Percentages for indicators 4, 7 (community hospitals), and 8 may be lower than actual, as data was not available for WHN for the quarter and Medicaid claims were not available for subsequent or follow-up services that occurred after Mar 2012 when ECBH and OPC LMEs began operating under the waiver. This would affect results for initial services that occurred at the end of the quarter for ECBH and OPC.	Goal*	Performance Standard	Range Among LMEs		
			Lowest LME	State Average	Highest LME
1. SA Prevention and Early Intervention					
❖Persons in Need Completing Selective and Indicated Programs	↑	NA	0%	7%	38%
2. Timely Access to Care					
❖Urgent	↑	82%	39%	78%	100%
❖Routine	↑	71%	38%	70%	96%
3. Services to Persons in Need					
❖Adult Mental Health	↑	48%	33%	50%	74%
❖Child/Adolescent Mental Health	↑	52%	35%	56%	95%
❖Adult Developmental Disabilities	↑	37%	26%	39%	58%
❖Child/Adolescent Developmental Disabilities	↑	20%	13%	18%	32%
❖Adult Substance Abuse	↑	11%	6%	12%	17%
❖Adolescent Substance Abuse	↑	9%	4%	9%	16%
4. Timely Initiation & Engagement in Service					
❖Mental Health: 2 Visits within 14 Days	↑	42%	33%	47%	72%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	27%	20%	31%	51%
❖Substance Abuse: 2 Visits within 14 Days	↑	63%	47%	69%	92%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	45%	29%	47%	64%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	NA	25%	49%	100%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	NA	13%	37%	63%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	NA	47%	62%	94%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	NA	25%	47%	58%
5. Timely Support For Persons With I/DD					
❖First Service within 30 Days of Screening/Triage/Referral	↑	40%	0%	33%	63%
6. Short-Term Care In State Psychiatric Hospitals					
❖1-7 Days of Care	↓	30%	0%	19%	37%
7. Psychiatric Hospital Readmissions					
❖State Hospitals: Readmitted within 30 Days	↓	7%	0%	5%	10%
❖State Hospitals: Readmitted within 180 Days	↓	17%	0%	13%	30%
❖Community Hospitals: Readmitted within 30 Days	↓	NA	4%	10%	14%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care					
❖ADATCs: Seen in 1-7 Days	↑	40%	0%	33%	70%
❖State Hospitals: Seen in 1-7 Days	↑	51%	10%	49%	77%
❖Community Hospitals: Seen in 1-7 Days	↑	40%	25%	38%	49%
❖Crisis Services: Seen in 0-5 Days	↑	43%	14%	41%	72%
9. Medical Care Coordination					
❖Received a Primary Care/Preventive Health Visit	↑	NA	85%	90%	93%

Percentages may be understated as the data does not include new persons served by Medicaid for AC after Sep 30, 2011 and for WHN and FC after Dec 2011 when these LMEs implemented the Medicaid waiver.

Data for WHN includes persons served for 3 quarters

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

Meets or exceeds the Standard

Standard not established

ALAMANCE-CASWELL

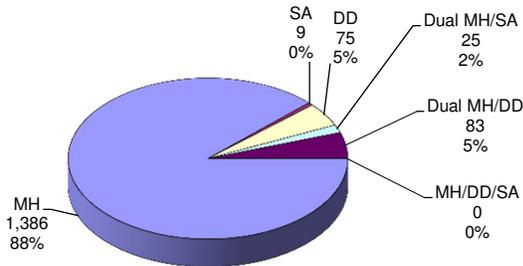
Alamance-Caswell LME serves two counties in central North Carolina. Only Alamance is considered urban. Of the 178,000 residents living in this area, 17% are enrolled in Medicaid.



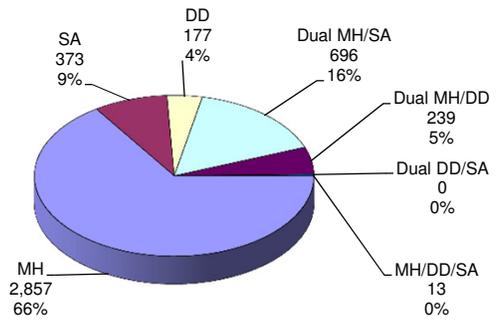
Persons Served By Age and Disability During April 2011 - March 2012*

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 1,578



Adults (Age 18 and Over): 4,350



* 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. Data for persons served by Medicaid is incomplete after Sep 30, 2012 when the LME began operating under the Medicaid Waiver and does not include new persons served after that date.

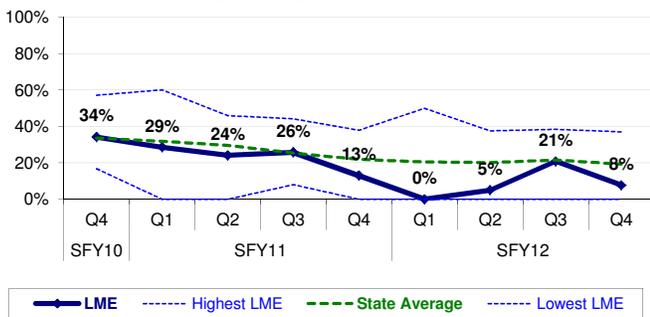
Reduction of Short-Term State Psychiatric Hospital Use

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 decreased over the last 9 quarters from the state average to 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:

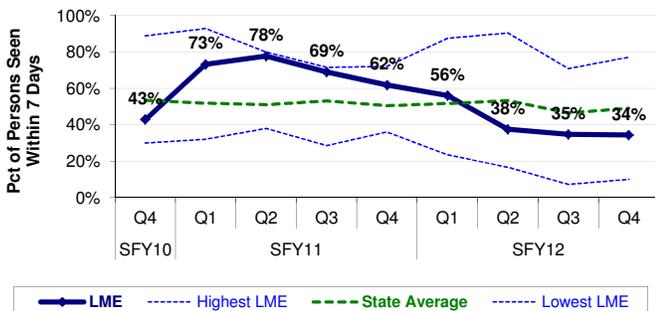
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the last 9 quarters. Overall it has shown a continuous decrease over the past 6 quarters and is currently below the state average (a higher percentage is better for this measure).

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

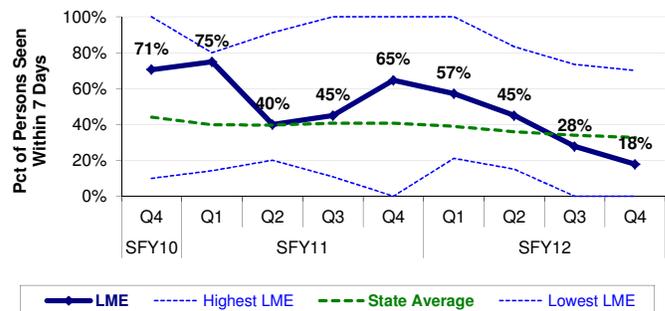
Timely Follow-Up After Discharge From A State Facility

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



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

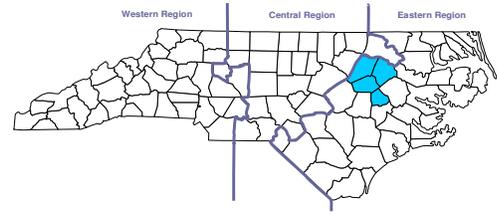
Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Alamance	Caswell			
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	0.2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	68%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	52%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	51%	52%	45%			
❖Child/Adolescent Mental Health	↑	35%	56%	95%	40%	40%	34%			
❖Adult Developmental Disabilities	↑	26%	39%	58%	40%	39%	43%			
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	14%	14%	13%			
❖Adult Substance Abuse	↑	6%	12%	17%	10%	10%	6%			
❖Adolescent Substance Abuse	↑	4%	9%	16%	4%	4%	7%			
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	71%	71%	69%			
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	28%	28%	33%			
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	92%	91%	100%			
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	29%	31%	6%			
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	100%	100%	100%			
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	57%	50%	100%			
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	94%	94%	100%			
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	25%	28%	0%			
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%		No screenings were reported by the LME this quarter.				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	8%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	9%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	30%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	8%	5%	29%			
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	18%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	34%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	NA	These 2 indicators excluded due to unavailability of Medicaid data under the Waiver.				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	NA					
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	91%	89%			

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

The LME self-reports data for indicators 2, 3, 4, 5, 7c, 8a-b, and 9. State data was used for indicator 3.

BEACON CENTER

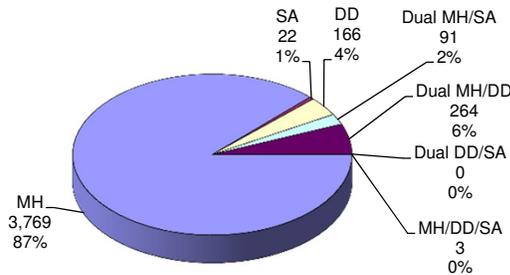
The Beacon Center serves the eastern North Carolina counties of Edgecombe, Greene, Nash and Wilson. Only Wilson is considered urban. Of the 258,000 residents living in this area, 23% are enrolled in Medicaid.



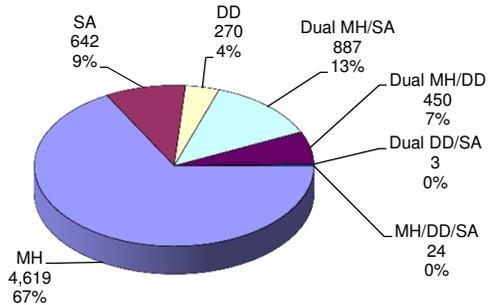
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 4,315



Adults (Age 18 and Over): 6,895



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.

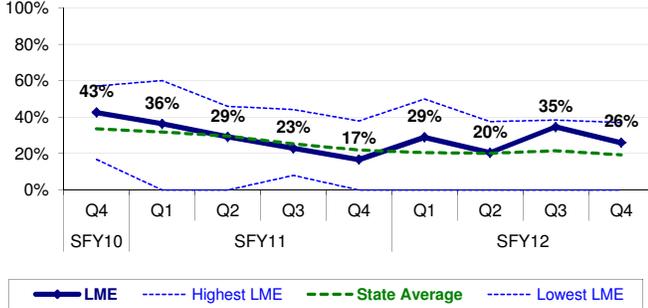
Reduction of Short-Term State Psychiatric Hospital Use

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 above the state average.

Pct of Discharges: Length of Stay 7 Days or Less



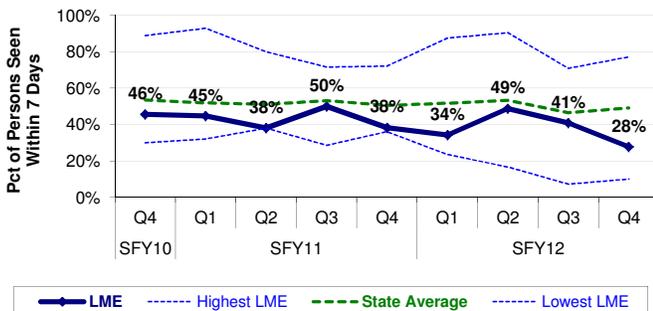
Timely Follow-Up After Discharge From A State Facility:

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

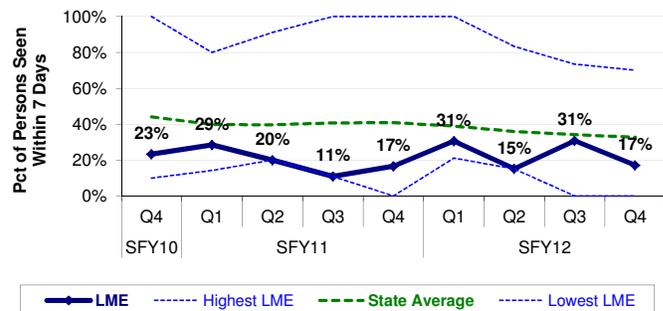
Timely Follow-Up After Discharge From A State Facility

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	
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	31%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	56%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	66%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	56%	71%	39%	53%	55%	
❖Child/Adolescent Mental Health	↑	35%	56%	95%	72%	93%	86%	57%	73%	
❖Adult Developmental Disabilities	↑	26%	39%	58%	48%	55%	55%	37%	55%	
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	25%	26%	17%	22%	31%	
❖Adult Substance Abuse	↑	6%	12%	17%	10%	13%	6%	11%	9%	
❖Adolescent Substance Abuse	↑	4%	9%	16%	9%	10%	9%	12%	4%	
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	36%	38%	54%	28%	40%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	23%	26%	46%	16%	22%	
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	70%	73%	86%	74%	62%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	59%	58%	86%	61%	54%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	25%	31%	50%	24%	17%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	13%	13%	50%	12%	9%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	53%	59%	64%	53%	46%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	46%	51%	45%	50%	35%	
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	32%	17%	0%	43%	43%	
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	26%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	2%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	6%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	11%	10%	0%	10%	15%	
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	17%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	28%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	33%	28%	67%	31%	41%	
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	46%	0%	25%	71%	63%	
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	89%	87%	93%	90%	88%	

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

The LME self-reports data for indicator 2.

CENTERPOINT HUMAN SERVICES

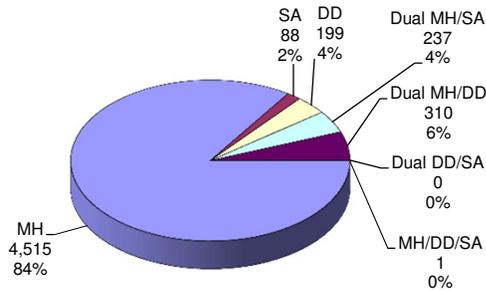
Centerpoint Human Services LME serves the central North Carolina counties of Davie, Forsyth, Rockingham, and Stokes. Forsyth is part of the Triad metropolitan area; the other counties are rural. Of the 540,000 residents living in this area, 17% are enrolled in Medicaid.



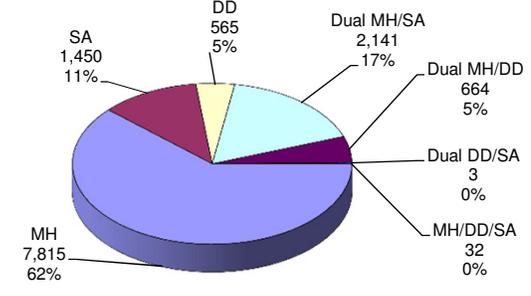
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 5,350



Adults (Age 18 and Over): 12,670



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.

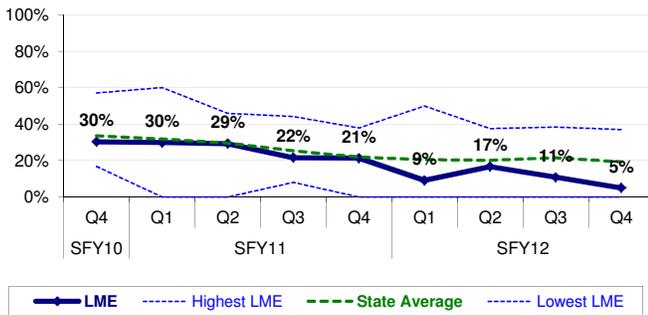
Reduction of Short-Term State Psychiatric Hospital Use

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. It is currently well below the state average (a lower percentage is better for this indicator).

Pct of Discharges: Length of Stay 7 Days or Less



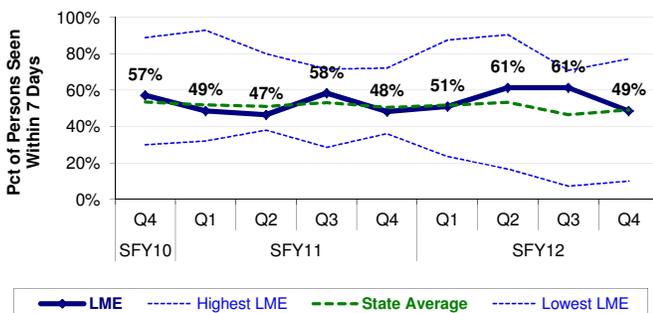
Timely Follow-Up After Discharge From A State Facility:

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 remaining overall about the same. The percentage is currently at 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 fluctuated up and down over the past 9 quarters decreasing overall. The percentage is currently slightly above the state average (a higher percentage is better for this indicator).

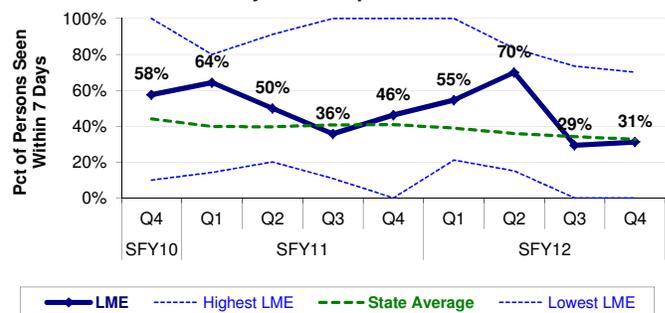
Timely Follow-Up After Discharge From A State Facility

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).

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	
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	17%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	77%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	74%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	48%	37%	46%	59%	46%	
❖Child/Adolescent Mental Health	↑	35%	56%	95%	43%	38%	44%	44%	38%	
❖Adult Developmental Disabilities	↑	26%	39%	58%	39%	32%	40%	37%	38%	
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	14%	13%	16%	8%	14%	
❖Adult Substance Abuse	↑	6%	12%	17%	11%	7%	11%	14%	8%	
❖Adolescent Substance Abuse	↑	4%	9%	16%	13%	8%	15%	8%	8%	
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	44%	46%	47%	36%	35%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	29%	22%	33%	23%	19%	
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	66%	60%	64%	69%	71%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	51%	47%	54%	46%	43%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	46%	33%	50%	50%	25%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	34%	33%	36%	33%	25%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	69%	61%	69%	69%	83%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	56%	54%	56%	53%	75%	
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	26%	0%	20%	50%	100%	
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	5%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	9%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	20%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	8%	7%	9%	9%	5%	
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	31%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	49%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	45%	41%	45%	40%	51%	
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	44%	0%	51%	29%	50%	
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	89%	92%	88%	91%	93%	

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

CROSSROADS BEHAVIORAL HEALTHCARE

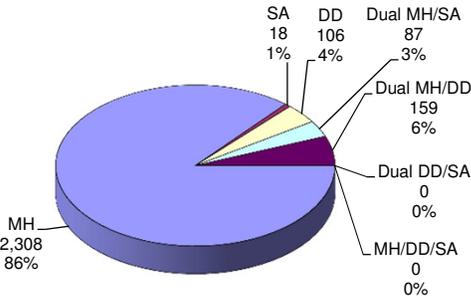
Crossroads Behavioral Healthcare LME serves the western North Carolina counties of Iredell, Surry and Yadkin. Only Iredell is considered urban. Of the 276,000 residents living in this area, 16% are enrolled in Medicaid.



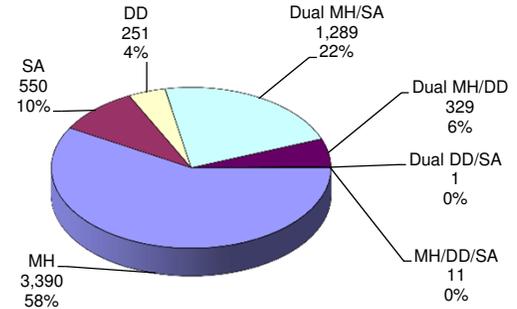
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 2,678



Adults (Age 18 and Over): 5,821



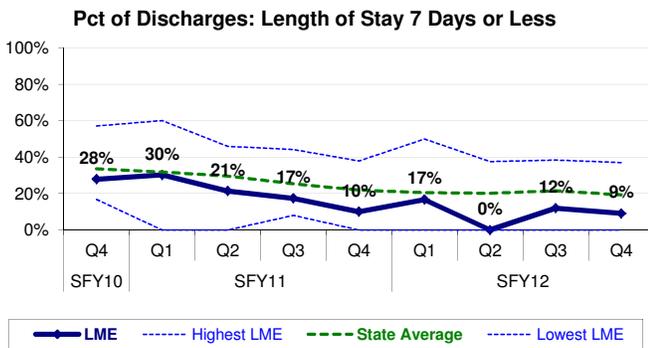
The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

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 over the last 9 quarters and has remained below the state average during this period (a lower percentage is better for this indicator).



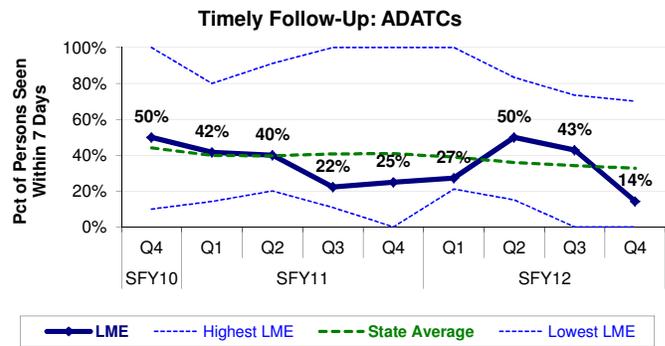
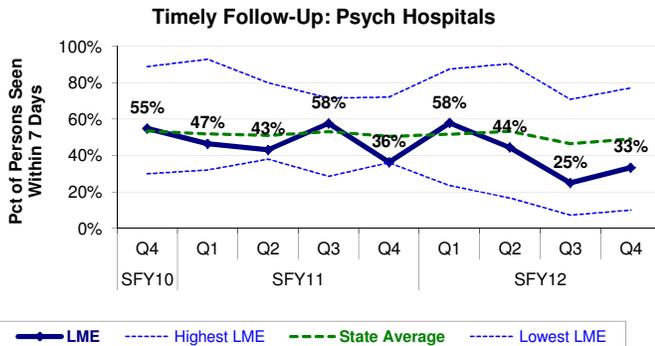
Timely Follow-Up After Discharge From A State Facility:

The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters decreasing overall. The percentage is currently below the state average (a higher percentage is better for this measure).

Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing overall. 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).



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		
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	17%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	86%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	75%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	44%	36%	64%	42%		
❖Child/Adolescent Mental Health	↑	35%	56%	95%	41%	40%	43%	39%		
❖Adult Developmental Disabilities	↑	26%	39%	58%	36%	31%	46%	36%		
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	14%	14%	15%	11%		
❖Adult Substance Abuse	↑	6%	12%	17%	12%	10%	15%	12%		
❖Adolescent Substance Abuse	↑	4%	9%	16%	7%	7%	7%	7%		
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	40%	41%	37%	44%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	23%	24%	22%	22%		
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	52%	50%	44%	85%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	40%	37%	34%	70%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	68%	73%	63%	50%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	56%	53%	63%	50%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	50%	53%	43%	53%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	40%	45%	29%	47%		
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	35%	50%	31%	0%		
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	9%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	5%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	10%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	14%	14%	19%	7%		
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	14%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	33%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	31%	26%	51%	19%		
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	14%	5%	21%	26%		
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	93%	93%	94%	94%		

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

CUMBERLAND

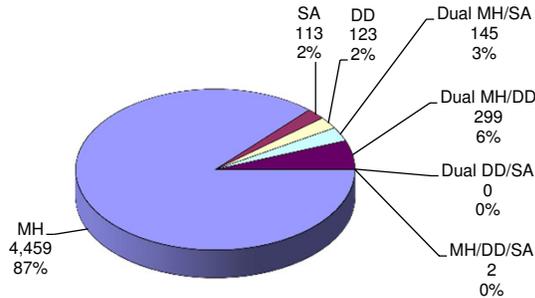
Cumberland County LME is a single-county program in eastern North Carolina. This urban county has 334,000 residents, of whom 18% are enrolled in Medicaid.



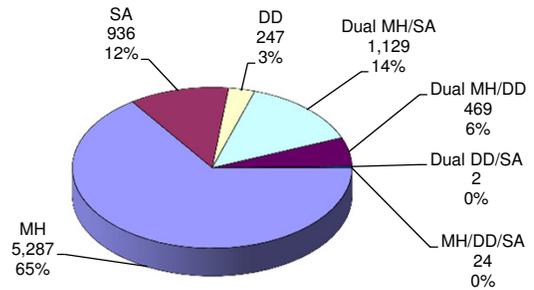
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 5,141



Adults (Age 18 and Over): 8,094



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.

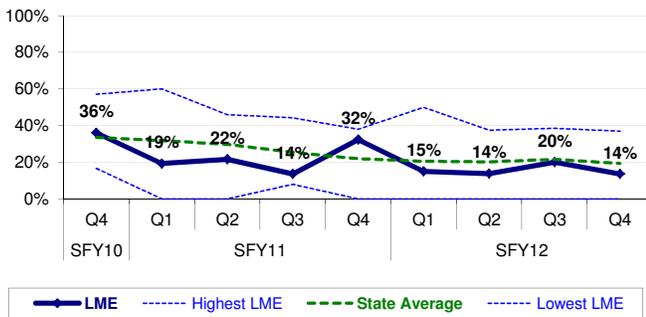
Reduction of Short-Term State Psychiatric Hospital Use

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 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).

Pct of Discharges: Length of Stay 7 Days or Less



Timely Follow-Up After Discharge From A State Facility:

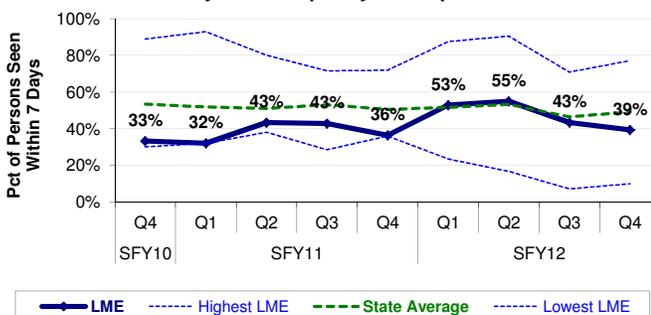
Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has slowly increased over the past 9 quarters. It is currently slightly below the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters decreasing slightly overall. It has remained above the state average for most of this time (a higher percentage is better for this indicator).

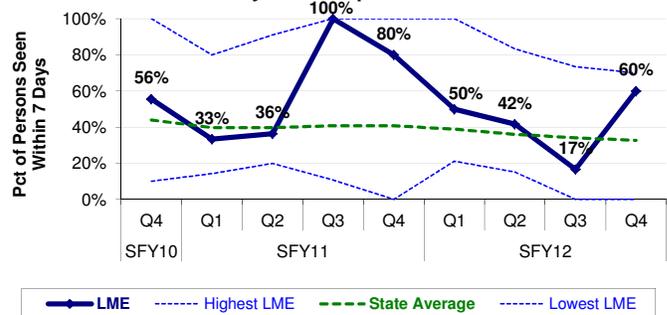
Timely Follow-Up After Discharge From A State Facility

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				
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	98%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	73%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	52%	52%				
❖Child/Adolescent Mental Health	↑	35%	56%	95%	62%	62%				
❖Adult Developmental Disabilities	↑	26%	39%	58%	38%	38%				
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	18%	18%				
❖Adult Substance Abuse	↑	6%	12%	17%	10%	10%				
❖Adolescent Substance Abuse	↑	4%	9%	16%	16%	16%				
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	33%	33%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	20%	20%				
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	67%	67%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	54%	54%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	30%	30%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	21%	21%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	47%	47%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	36%	36%				
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	47%	47%				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	14%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	3%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	4%	4%				
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	60%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	39%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	28%	28%				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	72%	72%				
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	90%	90%				

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

DURHAM CENTER

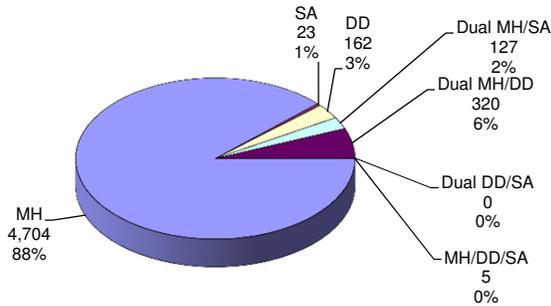
The Durham Center LME is a single-county program in central North Carolina. This urban county is part of the Triangle metropolitan area. Of the 274,000 residents living in the county, 16% are enrolled in Medicaid.



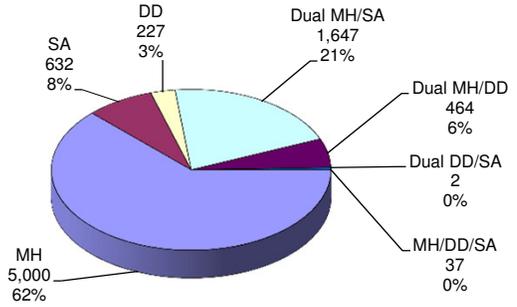
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 5,341



Adults (Age 18 and Over): 8,009



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.

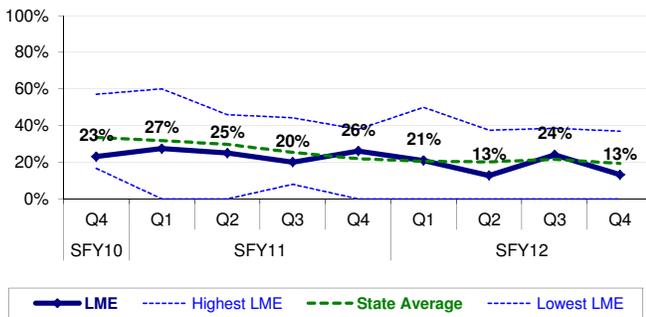
Reduction of Short-Term State Psychiatric Hospital Use

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 decreased over the last 9 quarters. It is currently 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:

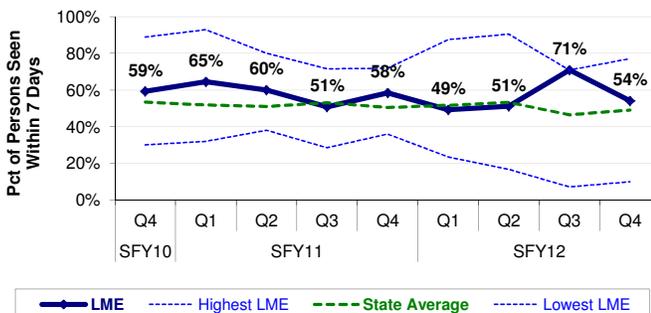
Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters with an overall slight decrease (a higher percentage is better for this indicator). It is currently slightly above the state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

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing slightly overall. However, the percentage has remained above the state average during this period (a higher percentage is better for this indicator).

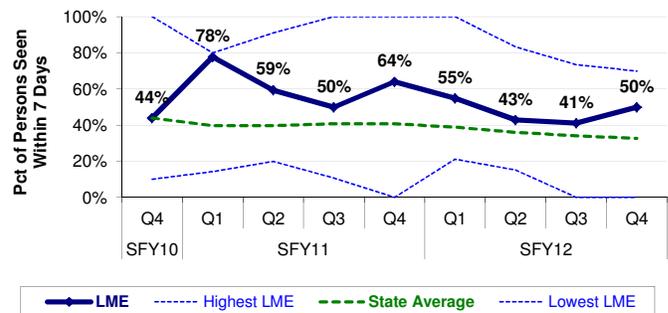
Timely Follow-Up After Discharge From A State Facility

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



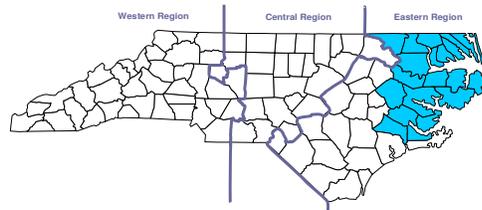
DURHAM CENTER
So... How Did We Do This Quarter?

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Durham				
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	13%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	71%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	92%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	62%	62%				
❖Child/Adolescent Mental Health	↑	35%	56%	95%	95%	95%				
❖Adult Developmental Disabilities	↑	26%	39%	58%	43%	43%				
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	30%	30%				
❖Adult Substance Abuse	↑	6%	12%	17%	13%	13%				
❖Adolescent Substance Abuse	↑	4%	9%	16%	15%	15%				
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	47%	47%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	35%	35%				
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	77%	77%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	59%	59%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	40%	40%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	31%	31%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	58%	58%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	43%	43%				
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	29%	29%				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	13%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	5%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	12%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	5%	5%				
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	50%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	54%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	48%	48%				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	37%	37%				
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	85%	85%				

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

EAST CAROLINA BEHAVIORAL HEALTH

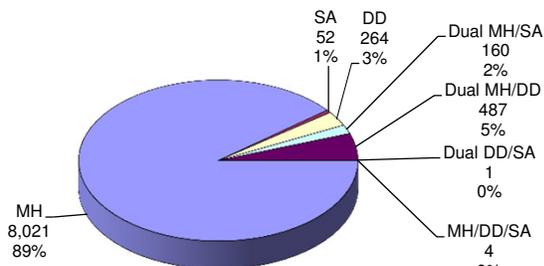
East Carolina Behavioral Health LME serves 19 counties in eastern North Carolina, all but one of which (Pitt) are rural. Of the 617,000 residents living in this area, 18% are enrolled in Medicaid.



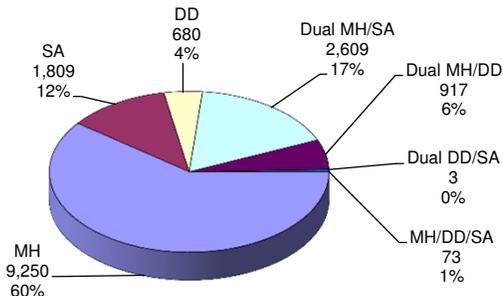
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 8,989



Adults (Age 18 and Over): 15,341



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.

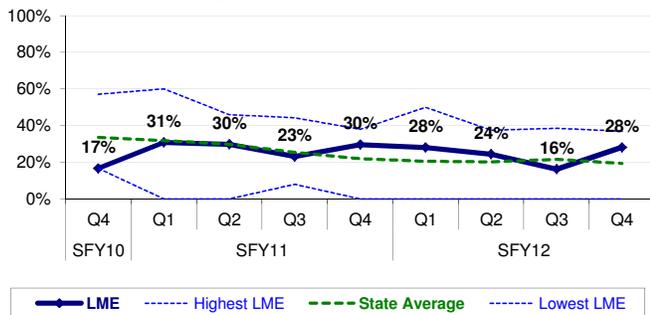
Reduction of Short-Term State Psychiatric Hospital Use

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 slightly over the last 9 quarters. The percentage is currently 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 increased slightly over the past 9 quarters from below to just at the state average (a higher percentage is better for this indicator).

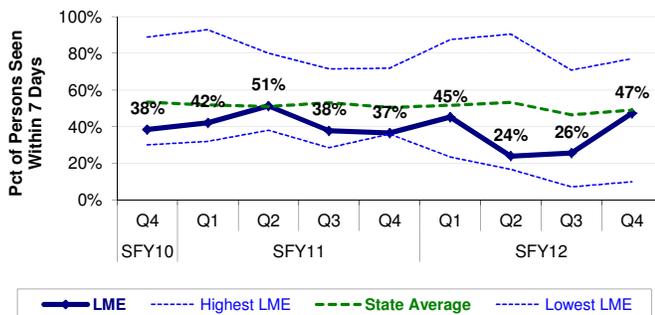
Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has decreased slightly over the past 9 quarters. It is currently at the state average (a higher percentage is better for this indicator).

Percentages for both indicators may be slightly lower than actual, as Medicaid claims were not available for follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for discharges that occurred during the last week of the quarter.

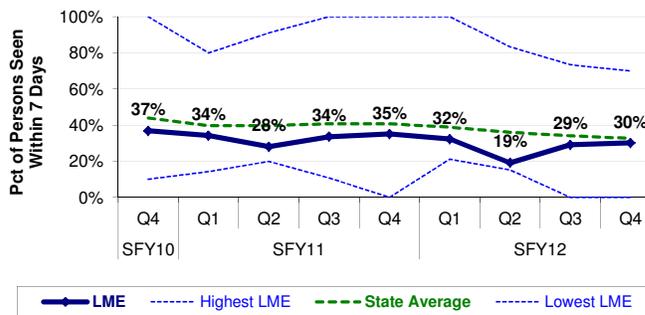
Timely Follow-Up After Discharge From A State Facility

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?

	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Beaufort	Bertie	Camden	Chowan	Craven
Percentages for indicators 4, 7 (community hospitals), and 8 may be lower than actual, as Medicaid claims were not available for subsequent or follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for initial services that occurred at the end of the quarter.										
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	7%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	55%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	56%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	49%	58%	52%	31%	50%	51%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	70%	68%	69%	35%	72%	50%
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	57%	58%	30%	58%	42%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	20%	18%	16%	11%	16%	22%
❖Adult Substance Abuse	↑	6%	12%	17%	11%	15%	7%	5%	8%	13%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	11%	9%	0%	10%	10%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	47%	47%	36%	21%	30%	29%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	34%	28%	17%	7%	18%	16%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	57%	51%	91%	50%	50%	54%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	42%	35%	73%	50%	50%	38%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	49%	80%	67%	0%	100%	46%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	29%	40%	33%	0%	0%	31%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	53%	64%	54%	100%	60%	43%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	41%	57%	31%	0%	40%	33%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	50%	LME reported very low numbers of screenings this quarter.				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	28%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	5%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	5%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%	4%	21%	40%	0%	8%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	30%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	47%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	37%	35%	35%	75%	43%	39%
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	49%	14%	38%	0%	50%	62%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	89%	91%	90%	91%	90%	92%

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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

	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Currituck	Dare	Gates	Hertford	Hyde
Percentages for indicators 4, 7 (community hospitals), and 8 may be lower than actual, as Medicaid claims were not available for subsequent or follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for initial services that occurred at the end of the quarter.										
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	7%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	55%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	56%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	49%	32%	43%	36%	49%	39%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	70%	34%	49%	31%	48%	25%
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	22%	22%	39%	59%	54%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	20%	16%	8%	10%	15%	10%
❖Adult Substance Abuse	↑	6%	12%	17%	11%	7%	11%	5%	8%	5%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	3%	8%	3%	6%	5%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	47%	32%	39%	26%	31%	36%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	34%	18%	19%	8%	16%	9%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	57%	56%	56%	100%	50%	100%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	42%	39%	41%	100%	50%	75%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	49%	0%	0%	25%	100%	0%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	29%	0%	0%	0%	67%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	53%	50%	55%	67%	64%	0%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	41%	50%	27%	0%	55%	0%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	50%					
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	28%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	5%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	5%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%	0%	0%	33%	0%	
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	30%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	47%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	37%		22%	50%	25%	
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	49%	50%	50%	67%	43%	25%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	89%	89%	93%	86%	93%	94%

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

The LME self-reports data for indicator 2.

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

Percentages for indicators 4, 7 (community hospitals), and 8 may be lower than actual, as Medicaid claims were not available for subsequent or follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for initial services that occurred at the end of the quarter.	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Jones	Martin	Northampton	Pamlico	Pasquotank
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	7%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	55%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	56%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	49%	51%	53%	62%	39%	49%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	70%	81%	108%	96%	95%	55%
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	57%	42%	55%	47%	55%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	20%	32%	21%	14%	28%	13%
❖Adult Substance Abuse	↑	6%	12%	17%	11%	9%	10%	8%	13%	8%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	7%	5%	5%	10%	5%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	47%	33%	53%	28%	29%	26%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	34%	18%	42%	17%	15%	16%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	57%	56%	78%	67%	40%	36%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	42%	56%	56%	67%	40%	36%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	49%	33%	0%	0%	50%	17%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	29%	0%	0%	0%	25%	17%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	53%	13%	67%	56%	33%	67%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	41%	13%	67%	33%	33%	50%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	50%		100%			0%
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	28%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	5%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	5%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%		20%	11%	0%	0%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	30%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	47%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	37%	100%	45%	44%	14%	38%
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	49%	0%		100%	50%	57%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	89%	94%	90%	88%	93%	88%

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

The LME self-reports data for indicator 2.

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

	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Perquimans	Pitt	Tyrrell	Washington	
Percentages for indicators 4, 7 (community hospitals), and 8 may be lower than actual, as Medicaid claims were not available for subsequent or follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for initial services that occurred at the end of the quarter.										
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	7%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	55%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	56%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	49%	42%	48%	44%	77%	
❖Child/Adolescent Mental Health	↑	35%	56%	95%	70%	44%	95%	37%	111%	
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	43%	37%	53%	83%	
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	20%	13%	29%	5%	8%	
❖Adult Substance Abuse	↑	6%	12%	17%	11%	8%	13%	6%	23%	
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	4%	10%	0%	17%	
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	47%	36%	66%	54%	79%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	34%	26%	54%	31%	69%	
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	57%	62%	60%	0%	75%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	42%	54%	40%	0%	58%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	49%	100%	60%	0%	100%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	29%	0%	50%	0%	100%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	53%	25%	60%	0%	67%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	41%	13%	50%	0%	67%	
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	50%					
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	28%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	5%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	5%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%	50%	12%		0%	
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	30%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	47%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	37%	50%	37%		60%	
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	49%	75%	55%		100%	
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	89%	91%	87%	89%	85%	

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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EASTPOINTE

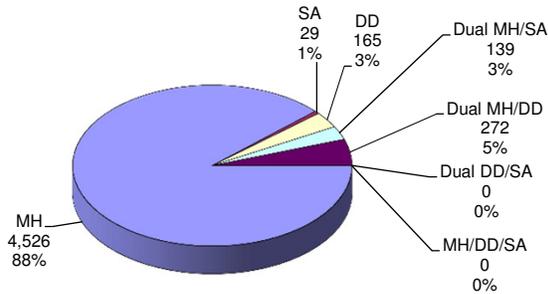
Eastpointe LME serves the eastern North Carolina counties of Duplin, Sampson, Lenoir, and Wayne. Only Wayne is considered urban. Of the 307,000 residents living in this area, 22% are enrolled in Medicaid.



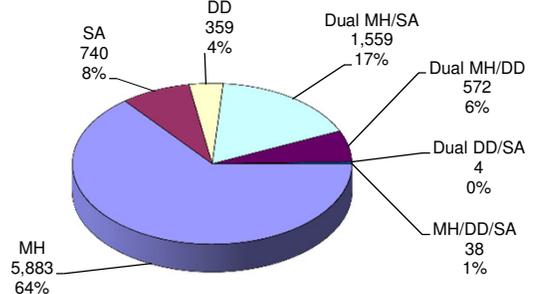
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 5,131



Adults (Age 18 and Over): 9,155



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.

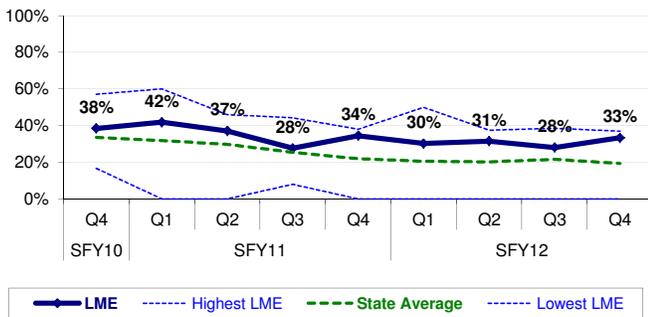
Reduction of Short-Term State Psychiatric Hospital Use

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 over the last 9 quarters. However, for much of this time, the percentage has been 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:

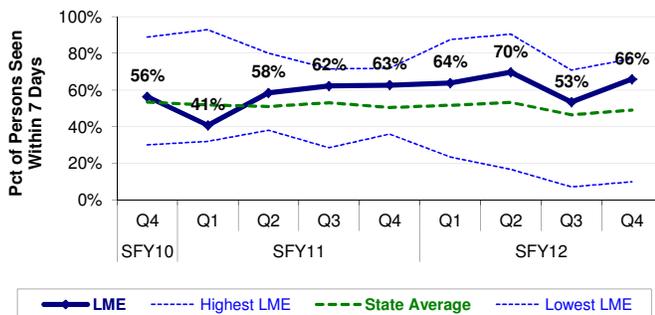
Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has increased over the past 9 quarters. It has been above the state average for most of this time (a higher percentage is better for this indicator).

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

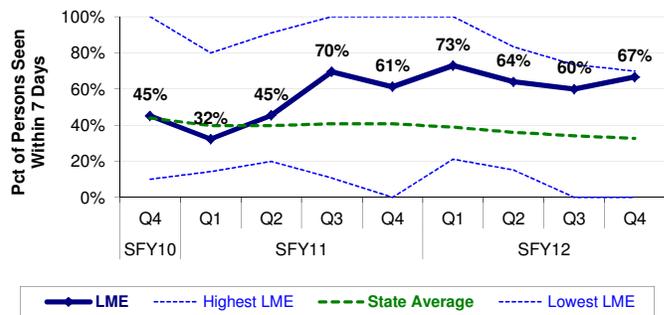
Timely Follow-Up After Discharge From A State Facility

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



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	
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	8%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	51%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	38%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	65%	56%	73%	50%	72%	
❖Child/Adolescent Mental Health	↑	35%	56%	95%	71%	49%	97%	55%	78%	
❖Adult Developmental Disabilities	↑	26%	39%	58%	53%	44%	79%	46%	49%	
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	21%	15%	25%	17%	24%	
❖Adult Substance Abuse	↑	6%	12%	17%	13%	8%	18%	9%	15%	
❖Adolescent Substance Abuse	↑	4%	9%	16%	11%	7%	17%	6%	13%	
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	45%	42%	48%	36%	48%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	29%	23%	33%	22%	32%	
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	47%	35%	41%	68%	45%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	32%	22%	27%	46%	32%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	42%	50%	56%	40%	33%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	38%	50%	44%	40%	28%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	54%	63%	55%	34%	54%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	40%	54%	42%	31%	38%	
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	48%	75%	25%	63%	36%	
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	33%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	7%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	15%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	14%	19%	7%	17%	14%	
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	67%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	66%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	35%	43%	33%	31%	30%	
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	56%	13%	42%	33%	79%	
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	91%	89%	92%	91%	

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

FIVE COUNTY

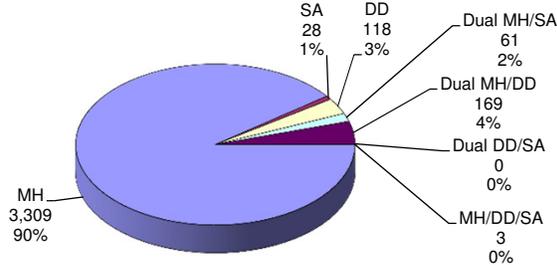
Five County Mental Health Authority serves the central North Carolina counties of Franklin, Granville, Halifax, Vance and Warren counties, all of which are rural. Of the 245,000 residents living in this area, 23% are enrolled in Medicaid.



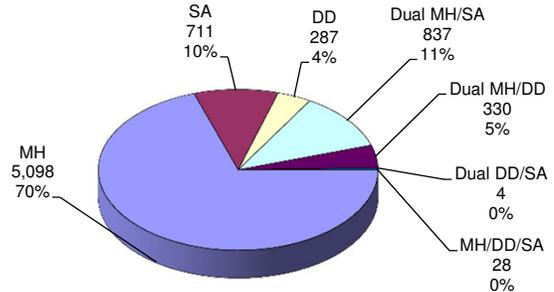
Persons Served By Age and Disability During April 2011 - March 2012*

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 3,688



Adults (Age 18 and Over): 7,295



* 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. Data for persons served by Medicaid is incomplete after Dec 31, 2011 when the LME began operating under the Medicaid Waiver and does not include new persons served after that date.

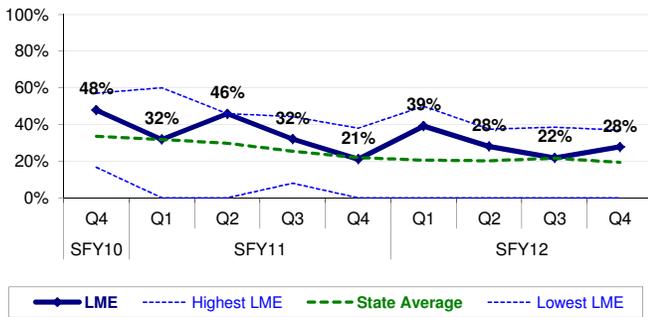
Reduction of Short-Term State Psychiatric Hospital Use

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 over the last 9 quarters. The percentage is currently 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:

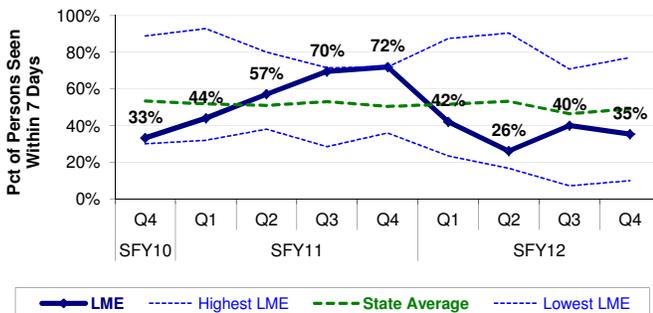
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing overall. The percentage is currently below the state average (a higher percentage is better for this indicator).

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

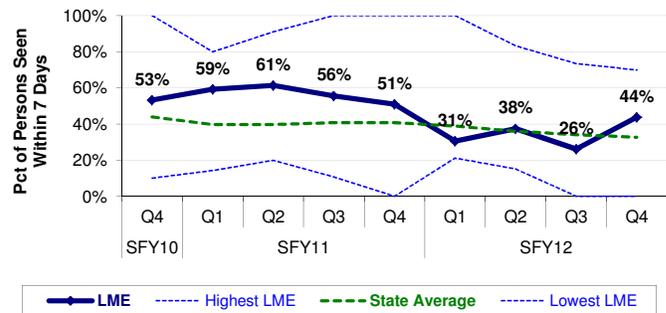
Timely Follow-Up After Discharge From A State Facility

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



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
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	5%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	65%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	71%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	62%	40%	34%	94%	91%	61%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	68%	47%	50%	64%	117%	79%
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	26%	25%	71%	59%	46%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	18%	9%	14%	17%	37%	21%
❖Adult Substance Abuse	↑	6%	12%	17%	11%	7%	7%	16%	16%	6%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	6%	6%	5%	17%	8%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	71%	77%	72%	66%	74%	65%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	51%	58%	51%	46%	53%	52%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	79%	86%	79%	86%	67%	83%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	46%	54%	40%	47%	39%	66%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	78%	73%	78%	78%	72%	100%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	63%	45%	61%	69%	61%	67%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	81%	90%	64%	84%	58%	100%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	44%	60%	41%	43%	25%	75%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	0%	LME reported very low numbers of screenings this quarter.				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	28%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	4%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	8%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	4%	0%	0%	4%	4%	0%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	44%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	35%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	NA					
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	90%	91%	91%	89%	89%	90%

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

The LME self-reports data for indicators 2, 3, 4, 5, 7c, 8a-b, and 9. State data was used for indicator 3.

GUILFORD CENTER

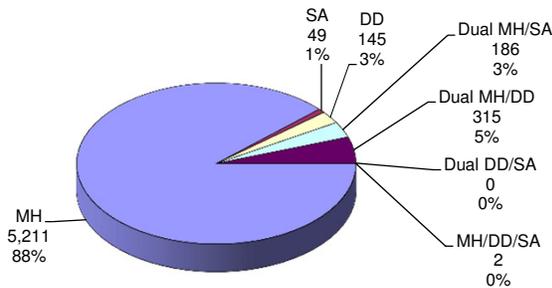
Guilford Center LME is a single-county program in the Triad metropolitan area of central North Carolina. Of the 498,000 residents living in this urban county, 15% are enrolled in Medicaid.



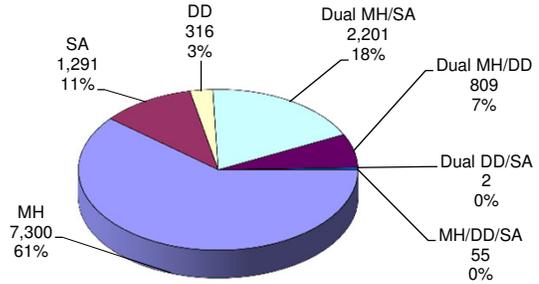
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 5,908



Adults (Age 18 and Over): 11,974



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.

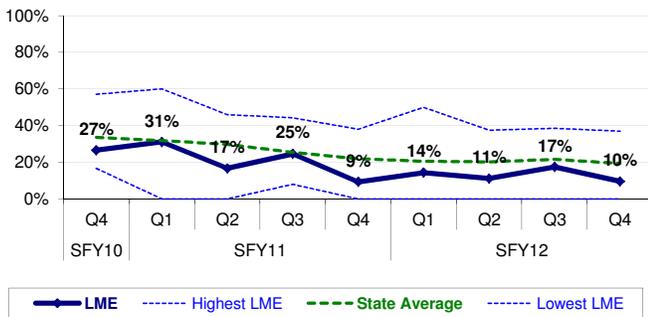
Reduction of Short-Term State Psychiatric Hospital Use

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 over the last 9 quarters. The percentage has been below the state average during most of this 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:

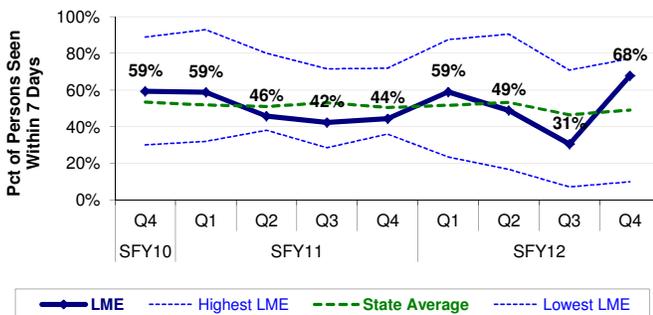
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down above and below the state average over the past 9 quarters. It is currently above the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing overall. The percentage is currently below the state average (a higher percentage is better for this indicator).

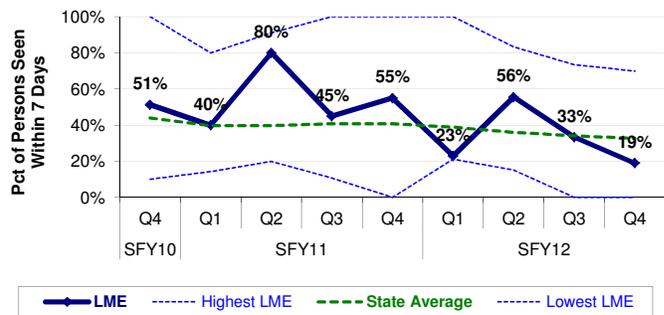
Timely Follow-Up After Discharge From A State Facility

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



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

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Guilford				
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	6%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	79%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	82%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	50%	50%				
❖Child/Adolescent Mental Health	↑	35%	56%	95%	54%	54%				
❖Adult Developmental Disabilities	↑	26%	39%	58%	39%	39%				
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	14%	14%				
❖Adult Substance Abuse	↑	6%	12%	17%	11%	11%				
❖Adolescent Substance Abuse	↑	4%	9%	16%	10%	10%				
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	54%	54%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	37%	37%				
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	75%	75%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	58%	58%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	55%	55%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	45%	45%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	64%	64%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	51%	51%				
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	27%	27%				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	10%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	3%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	15%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	11%	11%				
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	19%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	68%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	32%	32%				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	51%	51%				
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	86%	86%				

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

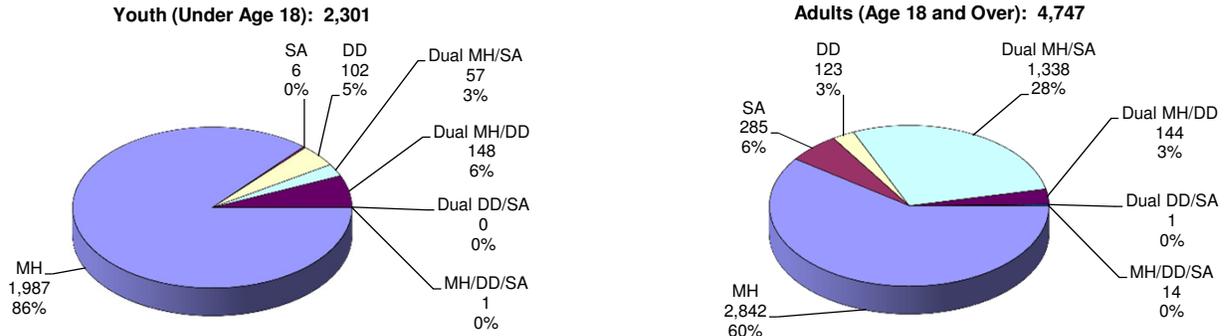
JOHNSTON COUNTY AREA MENTAL HEALTH AUTHORITY

Johnston County LME is a single-county program in eastern North Carolina. Of the 175,000 residents living in this urban county, 17% are enrolled in Medicaid.



Persons Served By Age and Disability During April 2011 - March 2012

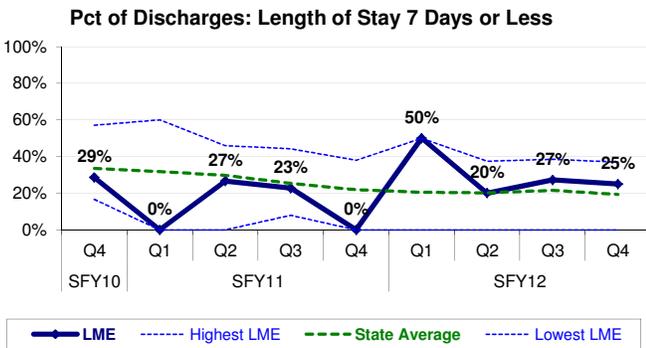
(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)



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 last 9 quarters. The percentage is currently above the state average (a lower percentage is better for this indicator).

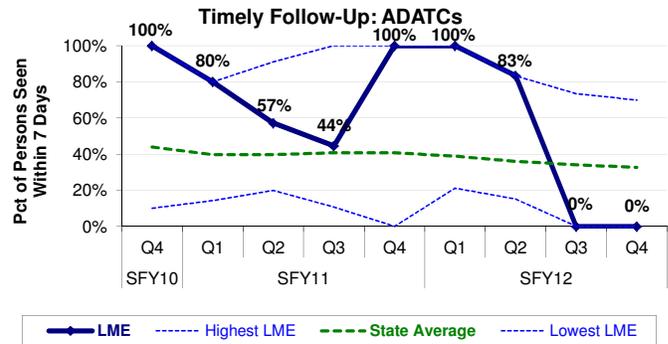
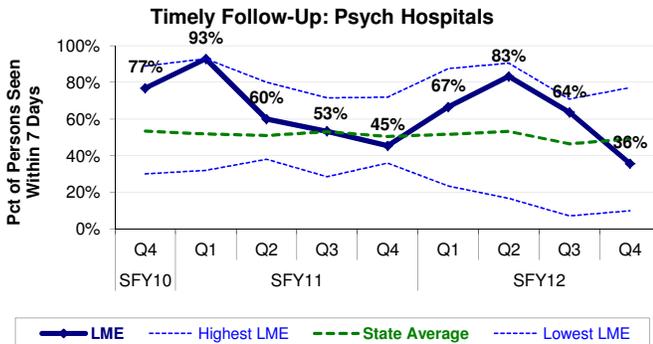
Timely Follow-Up After Discharge From A State Facility:

The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing overall from well above to slightly below the state average (a higher percentage is better for this indicator). The percentage has remained mostly above the state average during this period.

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters mostly remaining above the state average. The percentage for the most recent 2 months is 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).



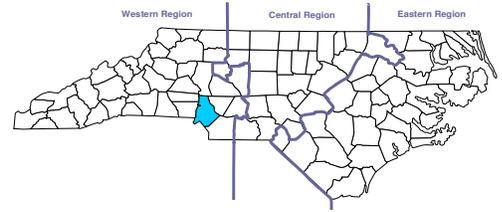
JOHNSTON
So... How Did We Do This Quarter?

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Johnston				
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	0%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	95%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	57%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	63%	63%				
❖Child/Adolescent Mental Health	↑	35%	56%	95%	49%	49%				
❖Adult Developmental Disabilities	↑	26%	39%	58%	28%	28%				
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	19%	19%				
❖Adult Substance Abuse	↑	6%	12%	17%	17%	17%				
❖Adolescent Substance Abuse	↑	4%	9%	16%	7%	7%				
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	42%	42%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	26%	26%				
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	68%	68%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	57%	57%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	46%	46%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	25%	25%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	48%	48%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	32%	32%				
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	0%	0%				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	25%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	0%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	9%				
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	36%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	48%	48%				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	50%	50%				
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	90%	90%				

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

MECKLENBURG COUNTY AREA MH/DD/SA AUTHORITY

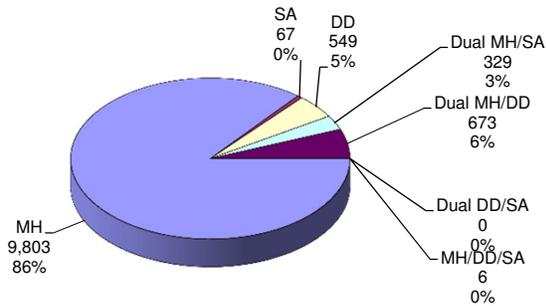
Mecklenburg County Area MH/DD/SA Authority is a single-county program that comprises the center of the Charlotte metropolitan area in western North Carolina. Of the 941,000 residents living in this urban county, 15% are enrolled in Medicaid.



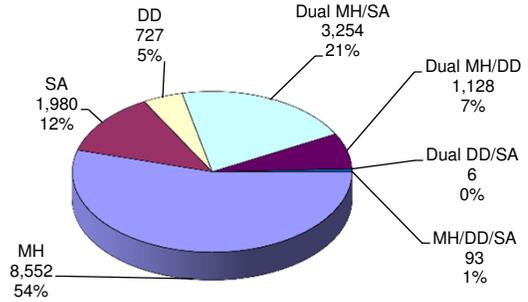
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 11,427



Adults (Age 18 and Over): 15,740



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.

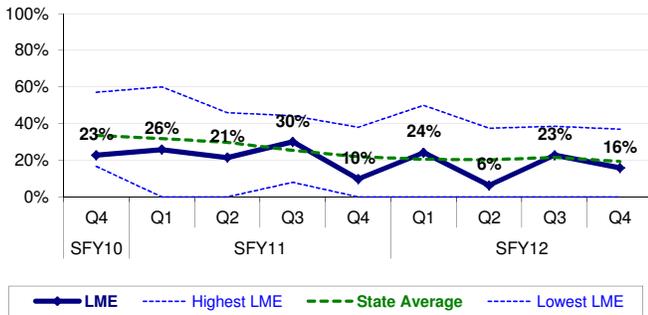
Reduction of Short-Term State Psychiatric Hospital Use

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 over the last 9 quarters. The percentage has remained below the state average most of this time (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:

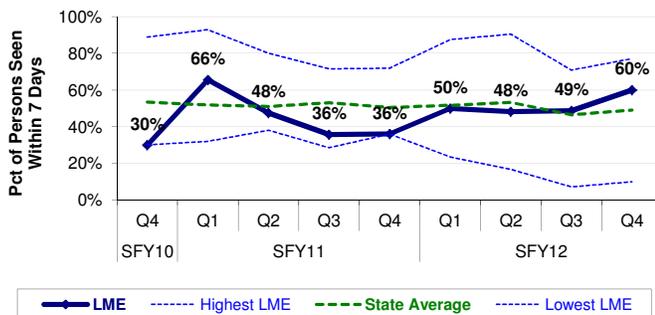
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters increasing overall. The percentage is currently above the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge decreased the first half then increased the second half of the past 9 quarters decreasing overall. The percentage is currently at the state average (a higher percentage is better for this indicator).

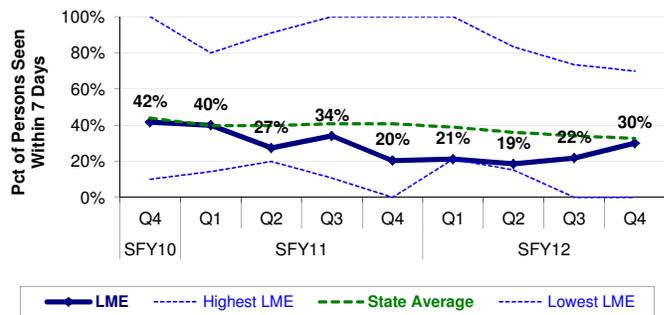
Timely Follow-Up After Discharge From A State Facility

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).

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				
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	100%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	64%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	34%	34%				
❖Child/Adolescent Mental Health	↑	35%	56%	95%	51%	51%				
❖Adult Developmental Disabilities	↑	26%	39%	58%	35%	35%				
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	19%	19%				
❖Adult Substance Abuse	↑	6%	12%	17%	10%	10%				
❖Adolescent Substance Abuse	↑	4%	9%	16%	9%	9%				
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	49%	49%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	38%	38%				
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	66%	66%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	48%	48%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	38%	38%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	30%	30%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	59%	59%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	45%	45%				
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	32%	32%				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	16%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	2%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	7%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	12%	12%				
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	30%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	60%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	39%	39%				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	47%	47%				
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	88%	88%				

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

MENTAL HEALTH PARTNERS

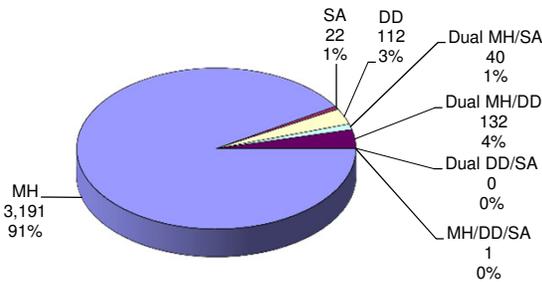
Mental Health Partners LME serves two counties in western North Carolina. Burke is a rural county and Catawba is urban. Of the 247,000 residents living in this area, 17% are enrolled in Medicaid.



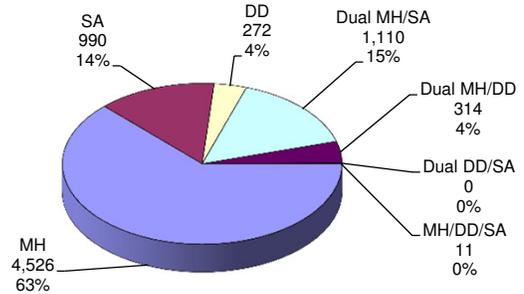
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 3,498



Adults (Age 18 and Over): 7,223



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.

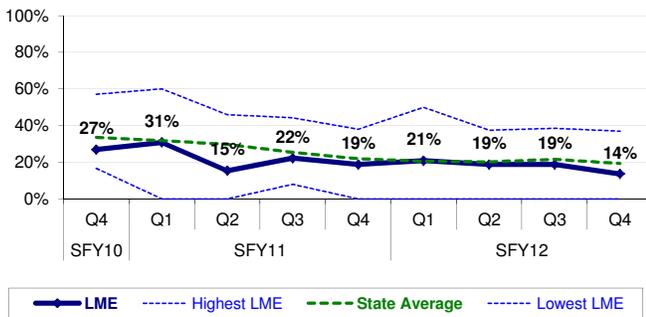
Reduction of Short-Term State Psychiatric Hospital Use

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 initially has decreased 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:

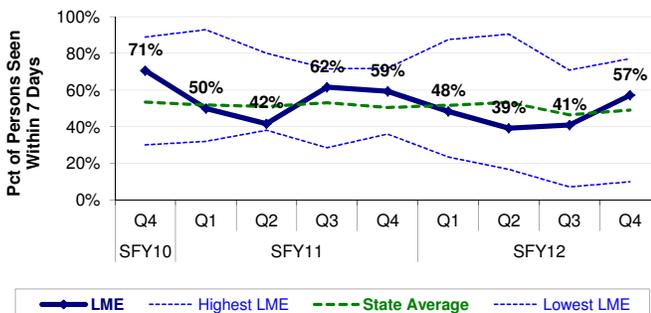
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge cycled below and above the state average over the past 9 quarters decreasing overall. It is currently above the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge cycled up and down over the first half of the past 9 quarters, then steadily decreased over the second half of this period. It is currently slightly below the state average (a higher percentage is better for this indicator).

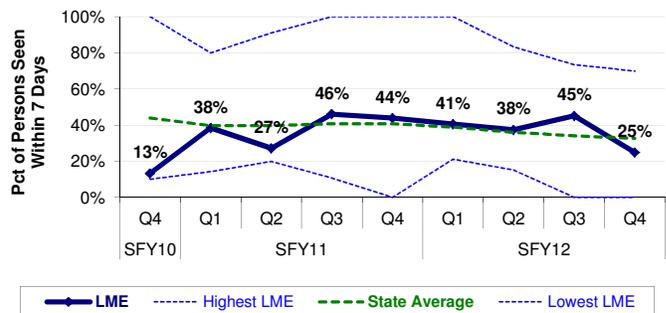
Timely Follow-Up After Discharge From A State Facility

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



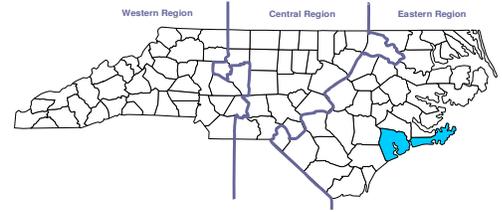
MENTAL HEALTH PARTNERS
So... How Did We Do This Quarter?

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Burke	Catawba			
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	0%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	86%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	52%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	58%	61%	56%			
❖Child/Adolescent Mental Health	↑	35%	56%	95%	63%	71%	59%			
❖Adult Developmental Disabilities	↑	26%	39%	58%	40%	46%	36%			
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	15%	19%	14%			
❖Adult Substance Abuse	↑	6%	12%	17%	14%	12%	16%			
❖Adolescent Substance Abuse	↑	4%	9%	16%	5%	3%	6%			
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	42%	46%	38%			
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	22%	26%	20%			
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	65%	63%	66%			
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	53%	52%	53%			
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	60%	63%	58%			
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	50%	63%	42%			
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	59%	66%	55%			
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	48%	56%	43%			
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	25%	40%	0%			
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	14%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	4%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	17%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	14%	17%	10%			
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	25%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	57%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	25%	22%	27%			
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	24%	18%	28%			
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	92%	92%			

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

ONSLow-CARTERET BEHAVIORAL HEALTHCARE SERVICES

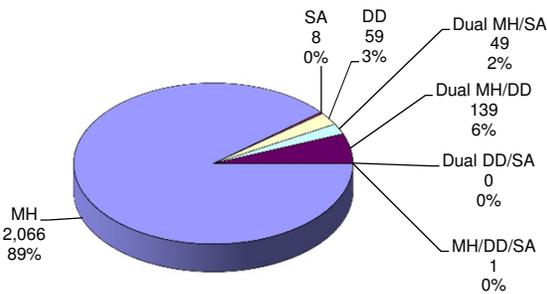
Onslow-Carteret Behavioral Healthcare Services LME serves two counties in eastern North Carolina. Only Carteret is considered rural. Of the 259,000 residents living in this area, 11% are enrolled in Medicaid.



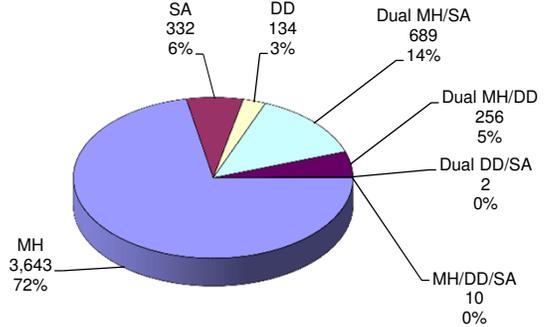
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 2,322



Adults (Age 18 and Over): 5,066



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.

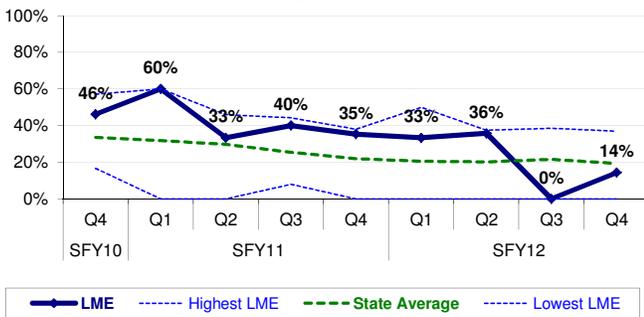
Reduction of Short-Term State Psychiatric Hospital Use

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 over the past 9 quarters. The percentage is currently 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:

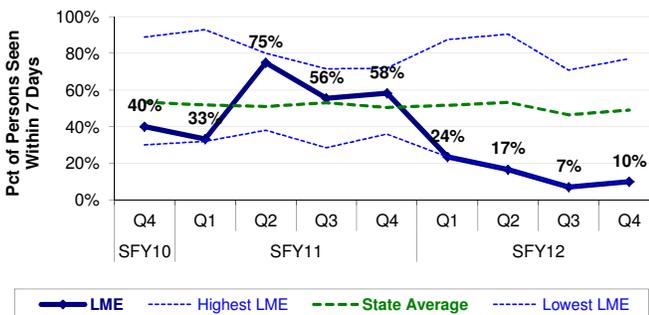
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters. Overall, it has decreased and is currently well below the state average (a higher percentage is better for this indicator).

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

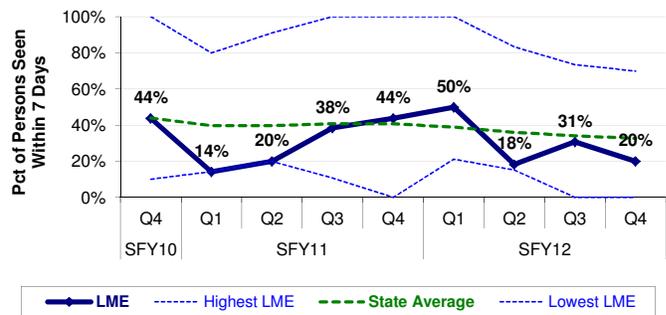
Timely Follow-Up After Discharge From A State Facility

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



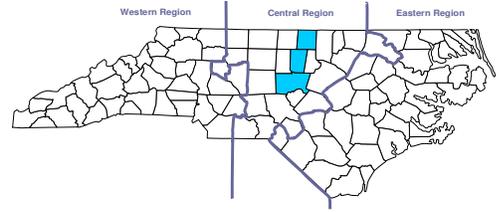
ONSLow-CARTERET
So... How Did We Do This Quarter?

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Carteret	Onslow			
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	3%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	85%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	74%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	43%	55%	39%			
❖Child/Adolescent Mental Health	↑	35%	56%	95%	43%	54%	40%			
❖Adult Developmental Disabilities	↑	26%	39%	58%	26%	36%	22%			
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	13%	15%	12%			
❖Adult Substance Abuse	↑	6%	12%	17%	6%	11%	4%			
❖Adolescent Substance Abuse	↑	4%	9%	16%	6%	8%	5%			
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	41%	46%	39%			
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	21%	25%	19%			
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	73%	83%	67%			
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	61%	68%	57%			
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	51%	55%	50%			
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	34%	36%	33%			
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	62%	67%	59%			
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	47%	49%	45%			
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	44%	25%	60%			
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	14%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	0%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	9%	10%			
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	20%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	10%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	48%	40%	53%			
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	18%	23%	14%			
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	91%	91%			

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

ORANGE-PERSON-CHATHAM MH/DD/SA AUTHORITY

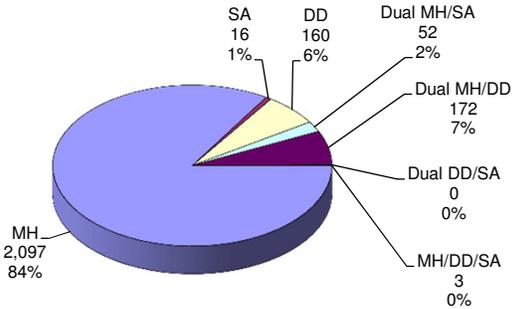
Orange-Person-Chatham MH/DD/SA Authority serves three counties in central North Carolina. Only Orange County is considered urban. Of the 242,000 residents living in this area, 11% are enrolled in Medicaid.



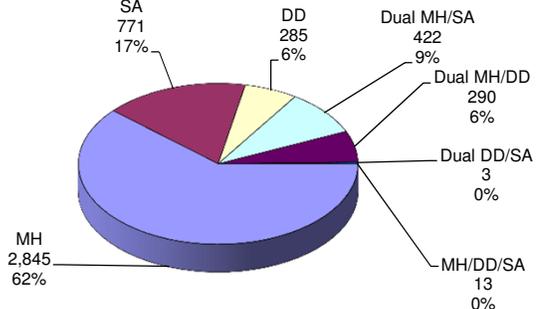
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 2,500



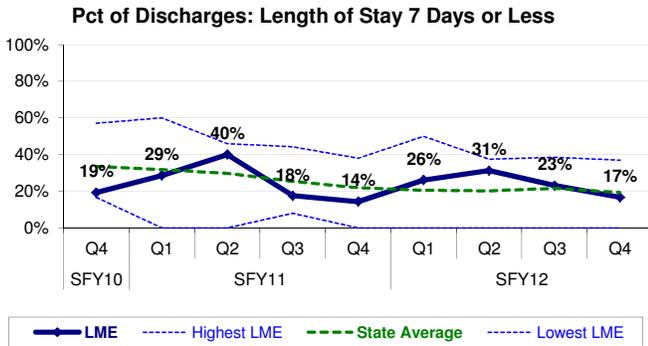
Adults (Age 18 and Over): 4,629



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 cycled above and below the state average over the last 9 quarters, decreasing overall. It is currently below the state average (a lower percentage is better for this indicator).

Timely Follow-Up After Discharge From A State Facility:

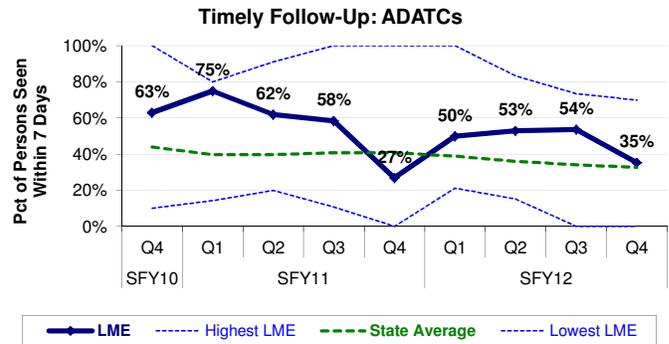
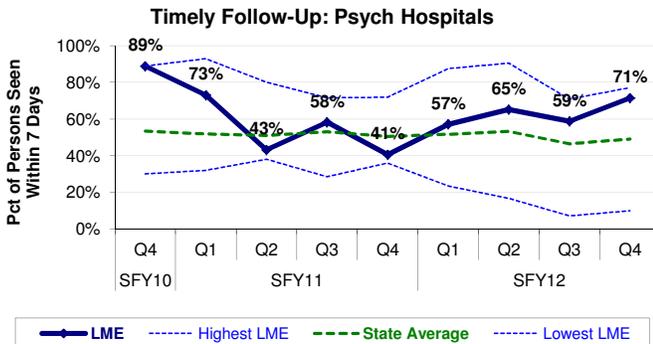
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters. The percentage has increased for the most recent 4 quarters and is currently well above the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing overall. Except for one quarter, the percentage has remained above the state average (a higher percentage is better for this indicator).

Percentages for both indicators may be slightly lower than actual, as Medicaid claims were not available for follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for discharges that occurred during the last week of the quarter.

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?

	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Chatham	Orange	Person		
Percentages for indicators 4, 7 (community hospitals), and 8 may be lower than actual, as Medicaid claims were not available for subsequent or follow-up services that occurred after Mar 2012 when the LME began operating under the waiver. This would affect results for initial services that occurred at the end of the quarter.										
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	38%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	39%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	69%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	35%	26%	33%	56%		
❖Child/Adolescent Mental Health	↑	35%	56%	95%	48%	42%	45%	67%		
❖Adult Developmental Disabilities	↑	26%	39%	58%	39%	28%	37%	66%		
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	23%	17%	21%	39%		
❖Adult Substance Abuse	↑	6%	12%	17%	8%	6%	7%	13%		
❖Adolescent Substance Abuse	↑	4%	9%	16%	7%	7%	6%	10%		
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	38%	39%	41%	34%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	24%	25%	26%	21%		
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	59%	51%	63%	57%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	41%	40%	42%	39%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	46%	17%	45%	64%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	32%	17%	36%	36%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	67%	67%	70%	58%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	45%	33%	49%	42%		
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%		The LME reported very low numbers of screenings this quarter.				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	17%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	6%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	6%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	5%	9%	5%	0%		
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	35%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	71%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	41%	31%	49%	23%		
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	20%	3%	26%	18%		
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	90%	92%	88%	91%		

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

PATHWAYS

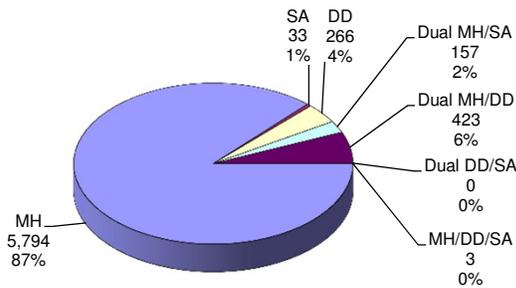
Pathways MH/DD/SA LME serves the western North Carolina counties of Cleveland, Gaston and Lincoln. Of the 386,000 residents living in these urban counties, 20% are enrolled in Medicaid.



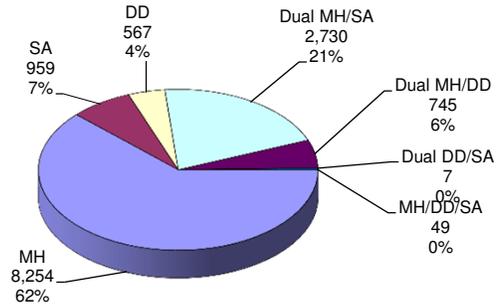
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 6,676



Adults (Age 18 and Over): 13,311

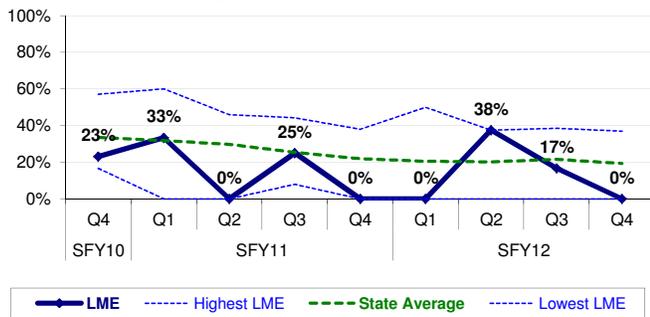


The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

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.

Pct of Discharges: Length of Stay 7 Days or Less



Reduction of Short-Term State Psychiatric Hospital Use:

The percentage of persons discharged from state hospitals with stays of 7 days or less has fluctuated up and down over the past 9 quarters decreasing overall. The percentage 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:

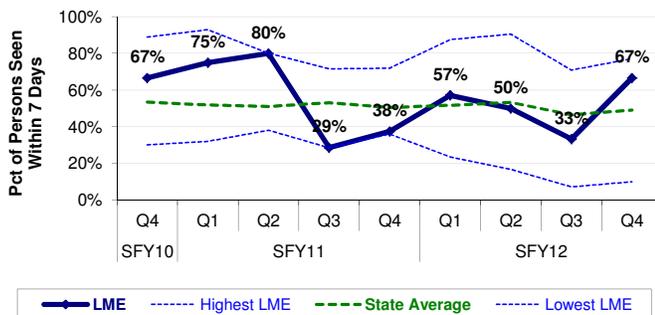
The percentage of persons discharged from state hospitals that received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters above and below the state average. The percentage is currently above the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters, mostly below the state average. The percentage has improved over the most recent 3 quarters and is currently above the state average (a higher percentage is better for this indicator).

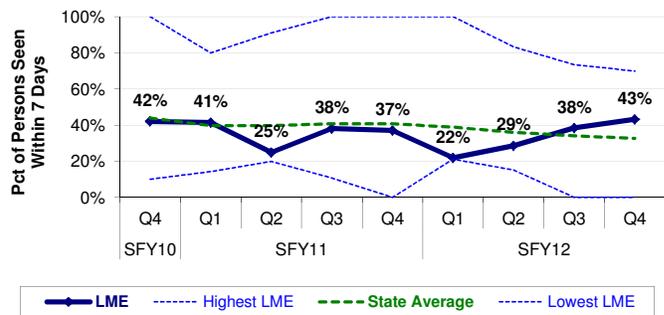
Timely Follow-Up After Discharge From A State Facility

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



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		
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	0.1%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	86%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	70%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	74%	86%	77%	49%		
❖Child/Adolescent Mental Health	↑	35%	56%	95%	76%	103%	73%	51%		
❖Adult Developmental Disabilities	↑	26%	39%	58%	58%	76%	56%	43%		
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	27%	33%	28%	19%		
❖Adult Substance Abuse	↑	6%	12%	17%	16%	17%	18%	12%		
❖Adolescent Substance Abuse	↑	4%	9%	16%	10%	16%	8%	9%		
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	41%	45%	40%	35%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	31%	36%	30%	21%		
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	68%	71%	64%	77%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	52%	56%	49%	60%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	45%	52%	42%	38%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	34%	41%	33%	13%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	62%	62%	63%	56%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	48%	46%	53%	34%		
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	63%	40%	69%	67%		
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	0%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	10%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	10%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	12%	9%	13%	9%		
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	43%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	67%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	35%	39%	34%	34%		
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	66%	64%	69%	61%		
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	92%	91%	94%		

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

PBH

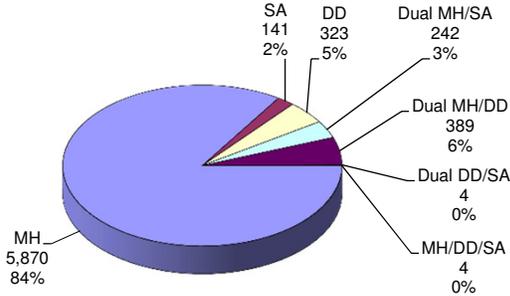
PBH LME serves five counties in western North Carolina, only one of which is considered rural. Of the 757,000 residents living in this area, 15% are enrolled in Medicaid.



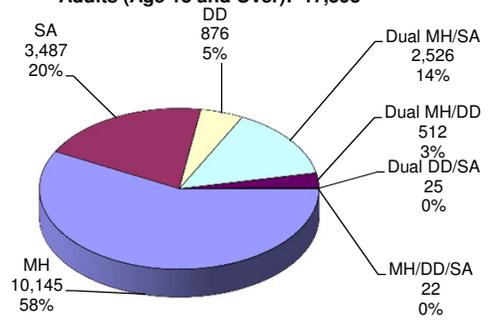
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 6,973



Adults (Age 18 and Over): 17,593



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.

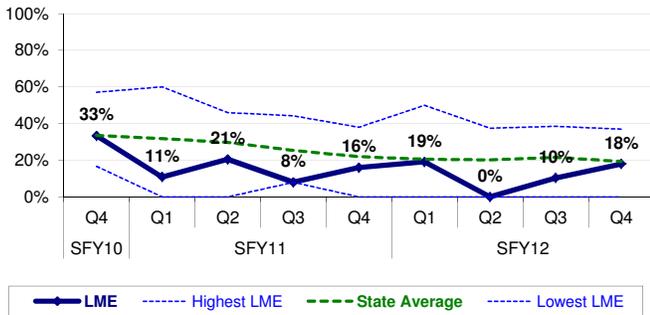
Reduction of Short-Term State Psychiatric Hospital Use

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 fluctuated up and down over the past 9 quarters decreasing overall. The percentage has remained below the state average during this time (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:

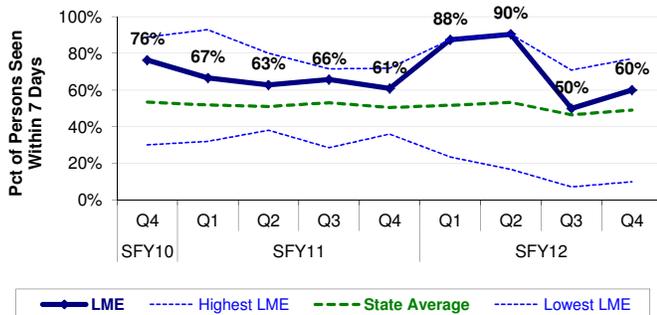
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled down and up over the past 9 quarters decreasing slightly overall. The percentage has remained above the state average (a higher percentage is better for this indicator) during this period.

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

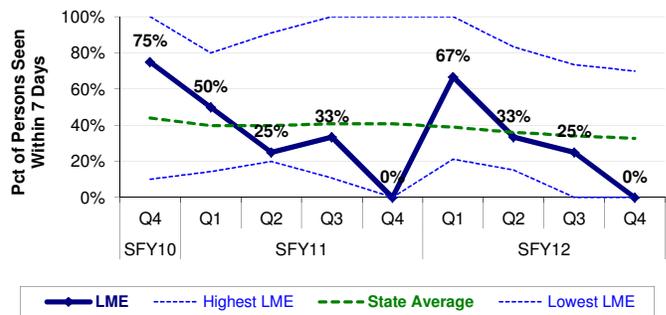
Timely Follow-Up After Discharge From A State Facility

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



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
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	0.4%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	94%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	84%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	44%	42%	46%	53%	75%	26%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	35%	35%	32%	55%	67%	20%
❖Adult Developmental Disabilities	↑	26%	39%	58%	32%	33%	27%	38%	52%	26%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	13%	15%	10%	20%	20%	8%
❖Adult Substance Abuse	↑	6%	12%	17%	14%	14%	15%	19%	18%	9%
❖Adolescent Substance Abuse	↑	4%	9%	16%	10%	8%	10%	16%	17%	5%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	72%	63%	82%	67%	69%	76%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	34%	30%	41%	34%	32%	31%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	87%	94%	90%	81%	81%	87%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	39%	37%	40%	41%	37%	40%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	46%	38%	100%	50%	50%	0%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	22%	19%	67%	25%	0%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	91%	96%	93%	83%	85%	100%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	38%	42%	32%	39%	44%	38%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%		The LME reported very low numbers of screenings this quarter.				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	18%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	4%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	22%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	6%	3%	7%	21%	10%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	60%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	NA					
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	93%	94%	91%	92%	94%	92%

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

The LME self-reports data for indicators 2, 3, 4, 5, 7c, 8a-b, and 9.

SANDHILLS CENTER

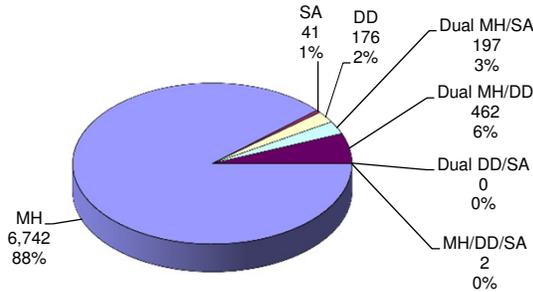
Sandhills Center LME serves eight counties in central North Carolina, two of which are considered urban. Of the 562,000 residents living in this area, 19% are enrolled in Medicaid.



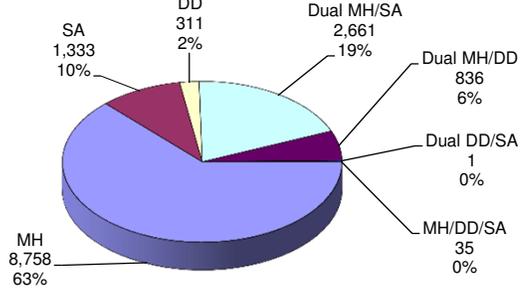
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 7,620



Adults (Age 18 and Over): 13,935

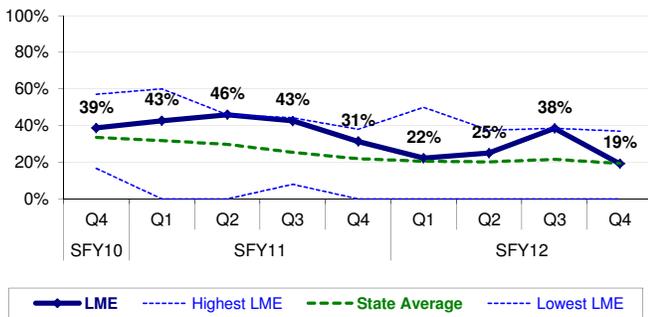


The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

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.

Pct of Discharges: Length of Stay 7 Days or Less



Reduction of Short-Term State Psychiatric Hospital Use:

The percentage of persons discharged from state hospitals with stays of 7 days or less has fluctuated up and down over the past 9 quarters decreasing overall. The percentage has remained above the state average during most of this period. It is currently at the state average (a lower percentage is better for this indicator).

Timely Follow-Up After Discharge From A State Facility:

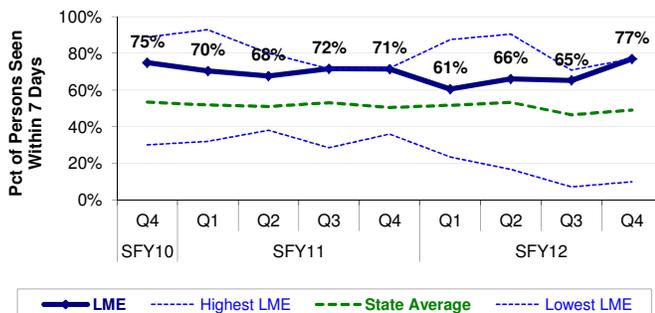
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters remaining level overall well above the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters decreasing slightly overall. The percentage has remained well above the state average during this period (a higher percentage is better for this indicator).

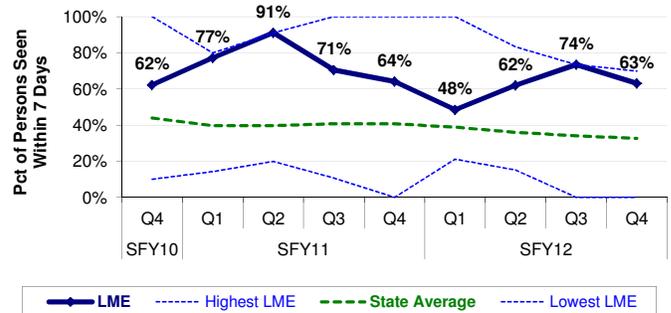
Timely Follow-Up After Discharge From A State Facility

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



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
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	9%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	83%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	78%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	54%	65%	42%	41%	54%	56%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	57%	95%	45%	64%	50%	59%
❖Adult Developmental Disabilities	↑	26%	39%	58%	36%	54%	30%	34%	38%	38%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	16%	38%	10%	20%	16%	7%
❖Adult Substance Abuse	↑	6%	12%	17%	12%	14%	8%	9%	14%	12%
❖Adolescent Substance Abuse	↑	4%	9%	16%	9%	7%	7%	5%	8%	7%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	46%	56%	47%	49%	40%	47%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	30%	46%	31%	37%	26%	28%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	65%	52%	52%	73%	79%	42%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	47%	26%	27%	65%	58%	42%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	49%	63%	47%	50%	60%	0%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	38%	63%	35%	38%	50%	0%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	65%	68%	66%	64%	66%	81%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	49%	57%	49%	44%	44%	67%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	20%			100%		
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	19%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	6%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%	6%	11%	0%	9%	15%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	63%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	77%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	49%	35%	54%	64%	46%	33%
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	46%	40%	36%	100%	61%	50%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	89%	91%	92%	91%	93%

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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

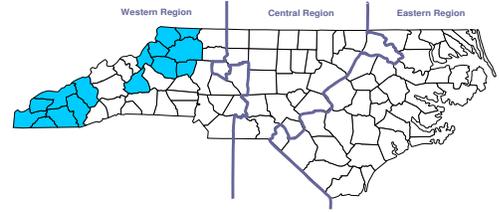
Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Moore	Randolph	Richmond		
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	9%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	83%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	78%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	54%	46%	63%	76%		
❖Child/Adolescent Mental Health	↑	35%	56%	95%	57%	43%	56%	96%		
❖Adult Developmental Disabilities	↑	26%	39%	58%	36%	37%	31%	47%		
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	16%	21%	11%	34%		
❖Adult Substance Abuse	↑	6%	12%	17%	12%	13%	14%	16%		
❖Adolescent Substance Abuse	↑	4%	9%	16%	9%	10%	9%	16%		
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	46%	38%	48%	48%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	30%	25%	25%	35%		
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	65%	74%	65%	61%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	47%	56%	48%	46%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	49%	50%	38%	47%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	38%	36%	31%	29%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	65%	59%	63%	70%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	49%	45%	50%	52%		
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	20%		0%	0%		
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	19%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	0%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	6%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%	18%	9%	3%		
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	63%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	77%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	49%	56%	43%	49%		
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	46%	67%	40%	100%		
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	92%	91%	91%		

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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SMOKY MOUNTAIN CENTER

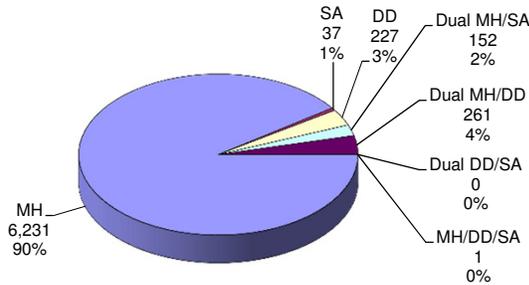
Smoky Mountain Center serves 15 non-contiguous rural counties in western NC. Of the 542,000 residents living in this area, 18% are enrolled in Medicaid.



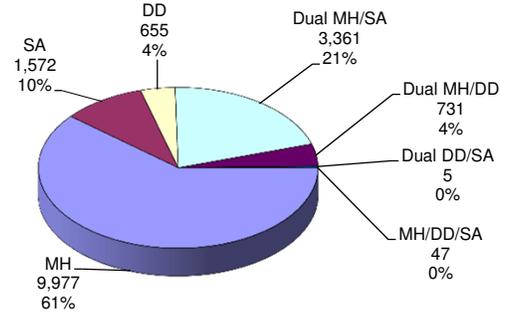
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 6,909



Adults (Age 18 and Over): 16,348



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.

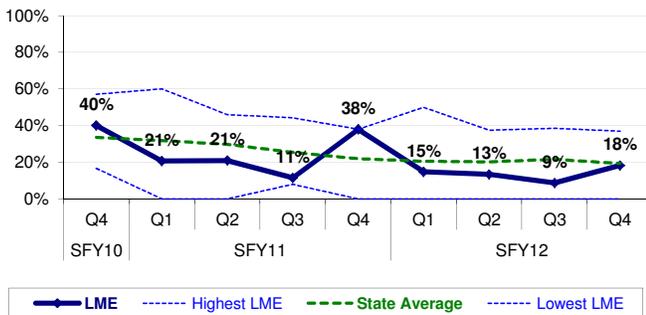
Reduction of Short-Term State Psychiatric Hospital Use

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 fluctuated down and up over the past 9 quarters decreasing overall. Except for two quarters, the percentage has been below the state average during this time (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:

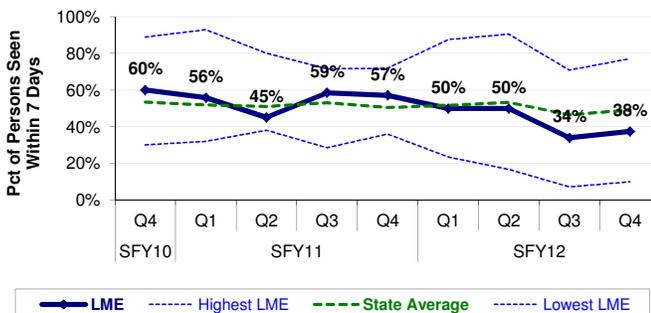
Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has decreased over the past 9 quarters. The percentage is currently below the state average (a higher percentage is better for this indicator).

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

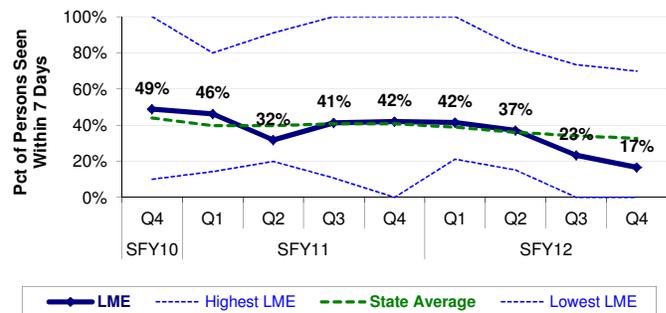
Timely Follow-Up After Discharge From A State Facility

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



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
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	78%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	80%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	60%	47%	66%	62%	49%	52%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	66%	44%	62%	61%	57%	67%
❖Adult Developmental Disabilities	↑	26%	39%	58%	42%	28%	71%	50%	41%	39%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	16%	9%	26%	14%	10%	14%
❖Adult Substance Abuse	↑	6%	12%	17%	14%	11%	13%	15%	12%	10%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	4%	25%	12%	18%	3%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	46%	41%	45%	39%	47%	48%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	28%	21%	33%	28%	35%	29%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	68%	76%	50%	58%	71%	75%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	53%	65%	33%	47%	57%	68%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	74%	0%	100%	100%	100%	71%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	50%	0%	100%	100%	0%	43%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	72%	80%	50%	89%	78%	67%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	58%	60%	50%	84%	67%	57%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	28%	33%		0%	0%	39%
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	18%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	8%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	20%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	0%	0%	25%	0%	13%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	17%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	38%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	31%	19%	25%	32%	50%	21%
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	37%	13%	0%	25%	50%	19%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	91%	92%	92%	88%	94%

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	78%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	80%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	60%	77%	58%	77%	88%	56%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	66%	80%	72%	74%	100%	85%
❖Adult Developmental Disabilities	↑	26%	39%	58%	42%	59%	47%	52%	55%	28%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	16%	20%	21%	13%	24%	24%
❖Adult Substance Abuse	↑	6%	12%	17%	14%	21%	10%	21%	27%	11%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	9%	7%	5%	6%	8%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	46%	46%	53%	39%	45%	50%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	28%	28%	29%	30%	29%	33%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	68%	42%	100%	43%	69%	44%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	53%	29%	100%	14%	54%	13%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	74%	67%	0%	0%	70%	67%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	50%	67%	0%	0%	30%	33%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	72%	80%	67%	63%	58%	57%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	58%	57%	50%	38%	40%	43%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	28%	25%	33%		31%	18%
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	18%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	8%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	20%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	8%	33%	0%	5%	22%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	17%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	38%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	31%	53%	50%	29%	43%	42%
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	37%	89%	67%	75%	79%	75%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	92%	95%	90%	92%	91%

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	78%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	80%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	60%	65%	64%	85%	31%	61%
❖Child/Adolescent Mental Health	↑	35%	56%	95%	66%	64%	59%	95%	40%	52%
❖Adult Developmental Disabilities	↑	26%	39%	58%	42%	31%	47%	35%	26%	49%
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	16%	24%	19%	12%	9%	13%
❖Adult Substance Abuse	↑	6%	12%	17%	14%	17%	17%	19%	6%	17%
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	7%	16%	26%	11%	5%
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	46%	47%	45%	49%	47%	46%
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	28%	32%	23%	23%	29%	28%
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	68%	76%	61%	63%	92%	70%
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	53%	59%	44%	63%	76%	55%
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	74%	0%	100%	0%	100%	100%
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	50%	0%	80%	0%	100%	100%
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	72%	50%	87%	79%	86%	93%
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	58%	29%	79%	63%	71%	89%
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	28%	25%	20%	50%	0%	0%
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	18%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	8%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	20%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	0%	6%	0%	14%	9%
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	17%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	38%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	31%	62%	15%	36%	30%	17%
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	37%	67%	14%	71%	6%	11%
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	95%	89%	88%	92%	94%

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

SOUTHEASTERN CENTER

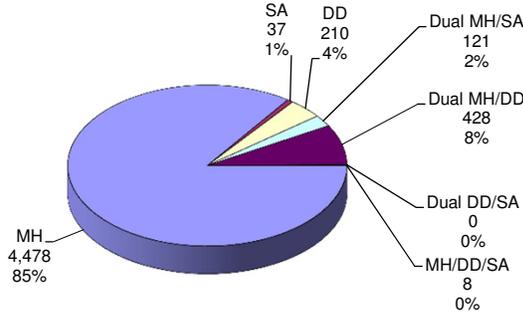
Southeastern Center LME serves the eastern North Carolina counties of Brunswick, New Hanover, and Pender. Only New Hanover is considered urban. Of the 371,000 residents living in this area, 15% are enrolled in Medicaid.



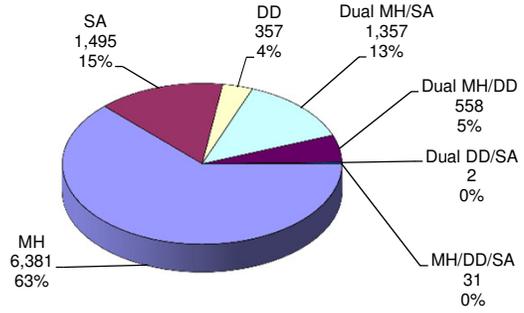
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 5,282



Adults (Age 18 and Over): 10,181

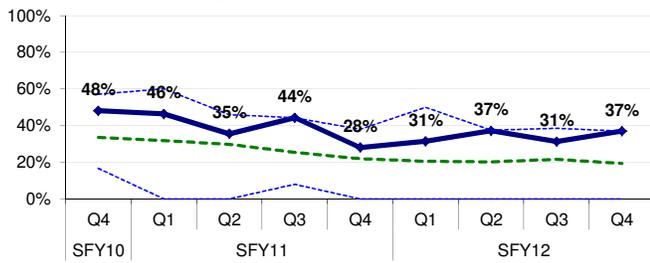


The above pie charts show the number and percentage of persons served during the most recent 12 month period for which claims data is available. It only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System.

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.

Pct of Discharges: Length of Stay 7 Days or Less



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 over the past 9 quarters. However, the percentage remains above the state average (a lower percentage is better for this indicator).

Timely Follow-Up After Discharge From A State Facility:

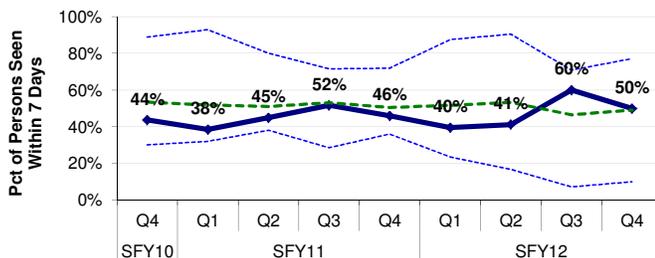
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters increasing overall. The percentage is currently slightly above the state average (a higher percentage is better for this indicator).

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

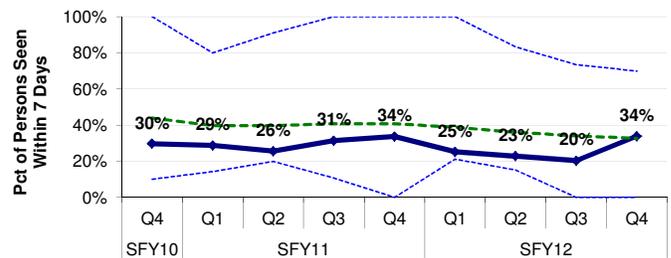
Timely Follow-Up After Discharge From A State Facility

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).

Timely Follow-Up: Psych Hospitals



Timely Follow-Up: ADATCs



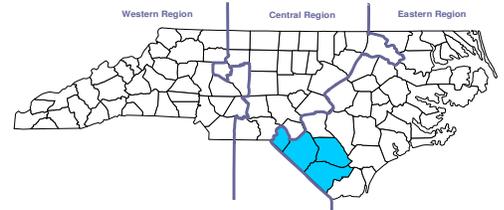
SOUTHEASTERN CENTER
So... How Did We Do This Quarter?

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Brunswick	New Hanover	Pender		
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	2%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	80%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	74%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	52%	44%	58%	45%		
❖Child/Adolescent Mental Health	↑	35%	56%	95%	75%	78%	76%	66%		
❖Adult Developmental Disabilities	↑	26%	39%	58%	40%	31%	47%	32%		
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	32%	42%	30%	20%		
❖Adult Substance Abuse	↑	6%	12%	17%	12%	11%	14%	8%		
❖Adolescent Substance Abuse	↑	4%	9%	16%	11%	12%	13%	6%		
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	39%	40%	39%	42%		
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	24%	23%	24%	22%		
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	62%	63%	64%	42%		
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	48%	50%	49%	35%		
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	68%	65%	71%	67%		
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	55%	47%	58%	67%		
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	65%	66%	65%	63%		
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	50%	43%	53%	50%		
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	45%	0%	56%	50%		
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	37%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	3%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	6%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	14%	9%	0%		
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	34%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	50%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	38%	48%	34%	41%		
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	23%	33%	18%	35%		
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	92%	92%	93%		

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

SOUTHEASTERN REGIONAL

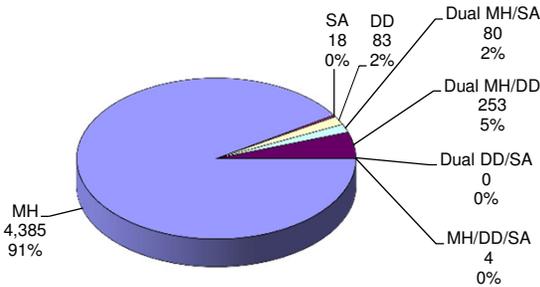
Southeastern Regional MH/DD/SAS LME serves the eastern North Carolina counties of Bladen, Columbus, Robeson, and Scotland. Of the 265,000 residents living in these rural counties, 30% are enrolled in Medicaid.



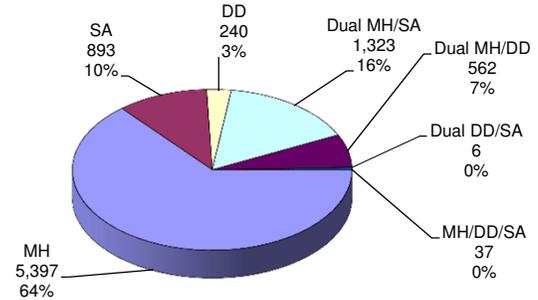
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 4,823



Adults (Age 18 and Over): 8,458



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.

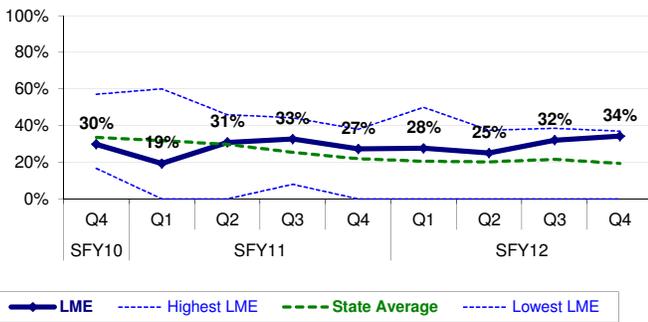
Reduction of Short-Term State Psychiatric Hospital Use

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 past 9 quarters. The percentage is currently 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:

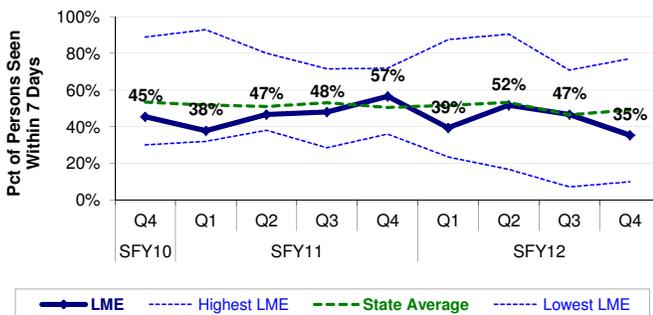
The percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has cycled up and down over the past 9 quarters increasing in the first half and decreasing in the second half of this period. The percentage is currently below the state average (a 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 increased over the past 9 quarters from well below to well above the state average (a higher percentage is better for this indicator).

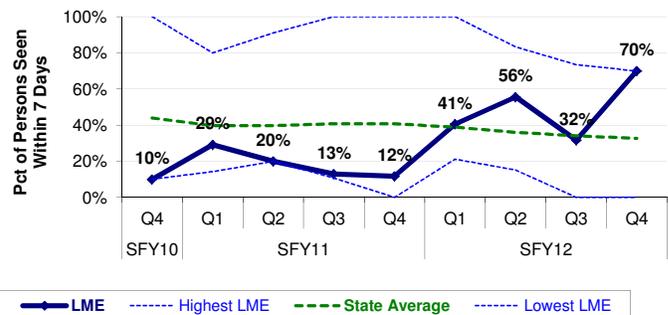
Timely Follow-Up After Discharge From A State Facility

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



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	
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	0.4%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	97%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	96%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	68%	63%	65%	69%	74%	
❖Child/Adolescent Mental Health	↑	35%	56%	95%	77%	55%	73%	76%	112%	
❖Adult Developmental Disabilities	↑	26%	39%	58%	54%	54%	65%	48%	56%	
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	19%	20%	18%	20%	12%	
❖Adult Substance Abuse	↑	6%	12%	17%	14%	10%	13%	16%	13%	
❖Adolescent Substance Abuse	↑	4%	9%	16%	8%	5%	7%	8%	8%	
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	50%	43%	49%	48%	61%	
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	37%	27%	33%	36%	49%	
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	75%	81%	55%	78%	83%	
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	64%	63%	43%	69%	56%	
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	55%	80%	44%	46%	83%	
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	39%	40%	33%	33%	67%	
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	70%	53%	67%	71%	81%	
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	57%	40%	56%	59%	59%	
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	44%	50%	40%	40%	60%	
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	34%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	6%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	18%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	10%	15%	15%	8%	11%	
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	70%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	35%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	40%	25%	41%	39%	48%	
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	20%	25%	22%	21%	0%	
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	92%	94%	91%	91%	91%	

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

WAKE COUNTY HUMAN SERVICES

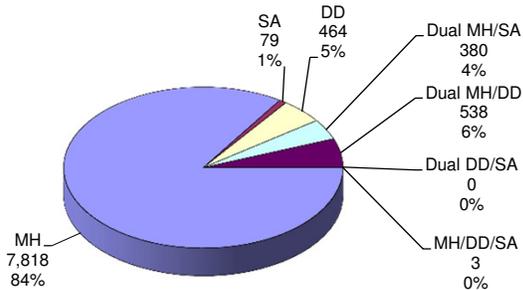
Wake County Human Services LME is a single-county program in the Triangle metropolitan area of central North Carolina. Of the 933,000 residents living in this urban county, 10% are enrolled in Medicaid.



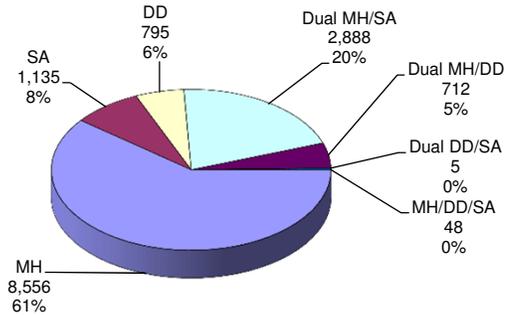
Persons Served By Age and Disability During April 2011 - March 2012

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 9,282



Adults (Age 18 and Over): 14,139



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.

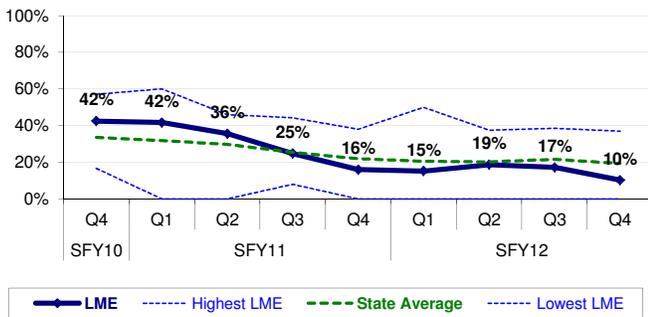
Reduction of Short-Term State Psychiatric Hospital Use

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 over the past 9 quarters from above to 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:

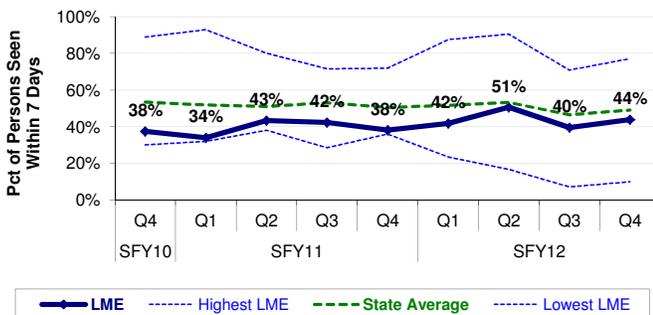
Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has increased over the past 9 quarters from well below to slightly below the state average (a higher percentage is better for this indicator).

The percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has fluctuated up and down over the past 9 quarters, decreasing slightly overall. The percentage has been below the state average for most of this period (a higher percentage is better for this indicator).

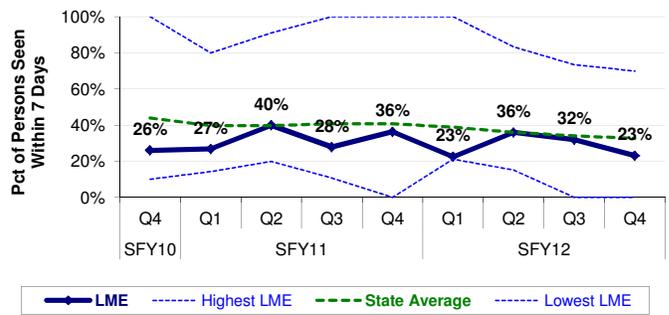
Timely Follow-Up After Discharge From A State Facility

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



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

Progress Indicator	Goal*	Range Among LMEs			LME	County				
		Lowest LME	State Average	Highest LME		Wake				
1. SA Prevention and Early Intervention										
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	3%	<-Data for this indicator is not available at the county level->				
2. Timely Access to Care										
❖Urgent	↑	39%	78%	100%	64%	<-Data for this indicator is not available at the county level->				
❖Routine	↑	38%	70%	96%	71%	<-Data for this indicator is not available at the county level->				
3. Services to Persons in Need										
❖Adult Mental Health	↑	33%	50%	74%	33%	33%				
❖Child/Adolescent Mental Health	↑	35%	56%	95%	39%	39%				
❖Adult Developmental Disabilities	↑	26%	39%	58%	29%	29%				
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	15%	15%				
❖Adult Substance Abuse	↑	6%	12%	17%	7%	7%				
❖Adolescent Substance Abuse	↑	4%	9%	16%	10%	10%				
4. Timely Initiation & Engagement in Service										
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	44%	44%				
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	33%	33%				
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	56%	56%				
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	41%	41%				
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	50%	50%				
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	43%	43%				
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	58%	58%				
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	48%	48%				
5. Timely Support For Persons With I/DD										
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	21%	21%				
6. Short-Term Care in State Psychiatric Hospitals										
❖1-7 Days of Care	↓	0%	19%	37%	10%	<-Data for this indicator is not available at the county level->				
7. Psychiatric Hospital Readmissions										
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	7%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	19%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	9%	9%				
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care										
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	23%	<-Data for this indicator is not available at the county level->				
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	44%	<-Data for this indicator is not available at the county level->				
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	37%	37%				
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	35%	35%				
9. Medical Care Coordination										
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	87%	87%				

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

WESTERN HIGHLANDS NETWORK

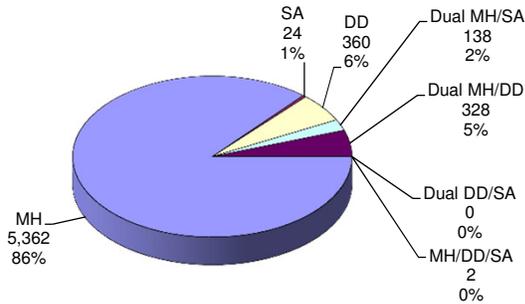
Western Highlands Network LME serves eight counties in western North Carolina, six of which are rural. Of the 529,000 residents living in this area, 16% are enrolled in Medicaid.



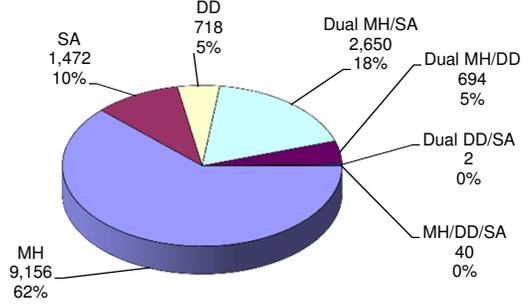
Persons Served By Age and Disability During April 2011 - March 2012*

(Based On Medicaid and State-Funded IPRS Claims Paid Through July 2012)

Youth (Under Age 18): 6,214



Adults (Age 18 and Over): 14,732



* 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. Data for persons served by Medicaid is incomplete after Jan 2, 2012 when the LME began operating under the Medicaid Waiver and does not include new persons served after that date.

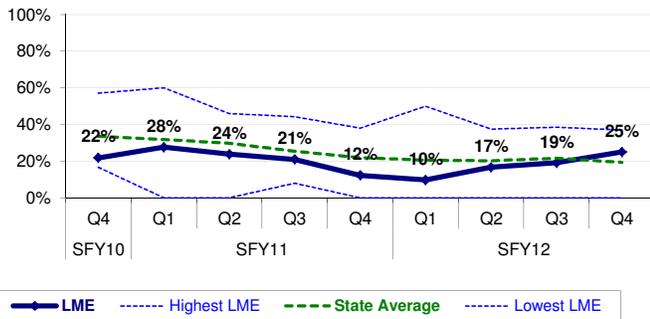
Reduction of Short-Term State Psychiatric Hospital Use

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 cycled up and down over the past 9 quarters decreasing during the first half and increasing during the second half of this period. The percentage is currently 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:

Data is not available for services after Dec 2011 when the LME implemented the Medicaid waiver.

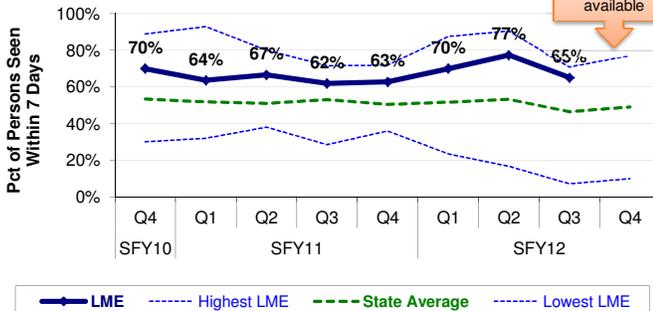
- Overall, the percentage of persons discharged from state hospitals that have received follow-up care within 7 days of discharge has increased over the past 8 quarters. The percentage has been above the state average during this period (a higher percentage is better for this indicator).

Overall, the percentage of persons discharged from ADATCs that have received follow-up care within 7 days of discharge has increased slightly over the past 8 quarters. The percentage has fluctuated around the state average during this time (a higher percentage is better for this indicator).

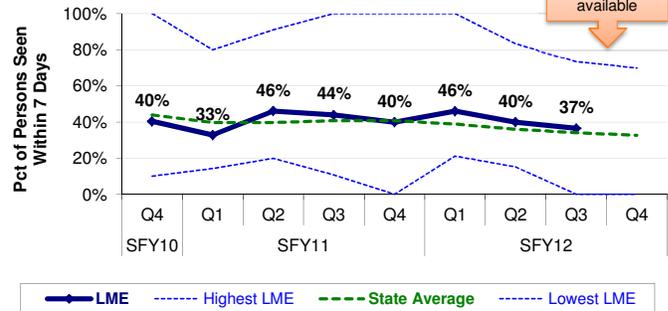
Timely Follow-Up After Discharge From A State Facility

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					
1. SA Prevention and Early Intervention															
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	20%	<-Data for this indicator is not available at the county level->									
2. Timely Access to Care															
❖Urgent	↑	39%	78%	100%	69%	<-Data for this indicator is not available at the county level->									
❖Routine	↑	38%	70%	96%	52%	<-Data for this indicator is not available at the county level->									
3. Services to Persons in Need															
❖Adult Mental Health	↑	33%	50%	74%	55%	59%	36%	65%	52%	42%					
❖Child/Adolescent Mental Health	↑	35%	56%	95%	59%	65%	50%	65%	45%	65%					
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	43%	33%	61%	63%	45%					
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	23%	26%	18%	29%	22%	18%					
❖Adult Substance Abuse	↑	6%	12%	17%	13%	15%	10%	15%	14%	5%					
❖Adolescent Substance Abuse	↑	4%	9%	16%	7%	8%	4%	11%	7%	2%					
4. Timely Initiation & Engagement in Service															
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.									
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	NA										
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	NA										
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	NA										
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	NA										
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	NA										
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	NA										
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	NA										
5. Timely Support For Persons With I/DD															
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.									
6. Short-Term Care in State Psychiatric Hospitals															
❖1-7 Days of Care	↓	0%	19%	37%	25%	<-Data for this indicator is not available at the county level->									
7. Psychiatric Hospital Readmissions															
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	9%	<-Data for this indicator is not available at the county level->									
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	14%	<-Data for this indicator is not available at the county level->									
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.									
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care															
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	NA										
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	NA										
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	NA										
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	NA										
9. Medical Care Coordination															
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	90%	94%	95%	87%	91%					

LME percentages are understated as the data does not include new persons served by Medicaid after Jan 2, 2012 when the LME began operating under the Medicaid waiver.

Data for WHN includes persons served for 3 quarters

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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							
1. SA Prevention and Early Intervention															
❖Persons in Need Completing Selective and Indicated Programs	↑	0%	7%	38%	20%	<-Data for this indicator is not available at the county level->									
2. Timely Access to Care															
❖Urgent	↑	39%	78%	100%	69%	<-Data for this indicator is not available at the county level->									
❖Routine	↑	38%	70%	96%	52%	<-Data for this indicator is not available at the county level->									
3. Services to Persons in Need															
❖Adult Mental Health	↑	33%	50%	74%	55%	81%	42%	54%							
❖Child/Adolescent Mental Health	↑	35%	56%	95%	59%	54%	53%	58%							
❖Adult Developmental Disabilities	↑	26%	39%	58%	44%	52%	36%	62%							
❖Child/Adolescent Developmental Disabilities	↑	13%	18%	32%	23%	18%	20%	40%							
❖Adult Substance Abuse	↑	6%	12%	17%	13%	16%	10%	12%							
❖Adolescent Substance Abuse	↑	4%	9%	16%	7%	7%	11%	15%							
4. Timely Initiation & Engagement in Service															
❖Mental Health: 2 Visits within 14 Days	↑	33%	47%	72%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.									
❖Mental Health: 2 Add'l Visits within Next 30 Days	↑	20%	31%	51%	NA										
❖Substance Abuse: 2 Visits within 14 Days	↑	47%	69%	92%	NA										
❖Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	29%	47%	64%	NA										
❖Mental Health/Developmental Disabilities: 2 Visits within 14 Days	↑	25%	49%	100%	NA										
❖Mental Health/Developmental Disabilities: 2 Add'l Visits within Next 30 Days	↑	13%	37%	63%	NA										
❖Mental Health/Substance Abuse: 2 Visits within 14 Days	↑	47%	62%	94%	NA										
❖Mental Health/Substance Abuse: 2 Add'l Visits within Next 30 Days	↑	25%	47%	58%	NA										
5. Timely Support For Persons With I/DD															
❖First Service within 30 Days of Screening/Triage/Referral	↑	0%	33%	63%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.									
6. Short-Term Care in State Psychiatric Hospitals															
❖1-7 Days of Care	↓	0%	19%	37%	25%	<-Data for this indicator is not available at the county level->									
7. Psychiatric Hospital Readmissions															
❖State Hospitals: Readmitted within 30 Days	↓	0%	5%	10%	9%	<-Data for this indicator is not available at the county level->									
❖State Hospitals: Readmitted within 180 Days	↓	0%	13%	30%	14%	<-Data for this indicator is not available at the county level->									
❖Community Hospitals: Readmitted within 30 Days	↓	4%	10%	14%	NA	Indicator excluded due to unavailability of Medicaid data under the Waiver.									
8. Timely Follow-up After Psychiatric Inpatient and Crisis Care															
❖ADATCs: Seen in 1-7 Days	↑	0%	33%	70%	NA										
❖State Hospitals: Seen in 1-7 Days	↑	10%	49%	77%	NA										
❖Community Hospitals: Seen in 1-7 Days	↑	25%	38%	49%	NA										
❖Crisis Services: Seen in 0-5 Days	↑	14%	41%	72%	NA										
9. Medical Care Coordination															
❖Received a Primary Care/Preventive Health Visit	↑	85%	90%	93%	91%	89%	93%	93%							

LME percentages are understated as the data does not include new persons served by Medicaid after Jan 2, 2012 when the LME began operating under the Medicaid waiver.

Data for WHN includes persons served for 3 quarters

* ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage The LME self-reports data for indicator 2.

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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/DivisionInitiativeReports/communitysystems/index.htm>

Questions and feedback should be directed to:
NC DMH/DD/SAS Quality Management Team
ContactDMHQuality@dhhs.nc.gov
(919/733-0696)