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

CAUTION: As noted below, some of the performance indicators for LMEs that have implemented the 1915 b/c Medicaid Waivers have been affected by the temporary unavailability of Medicaid data. This also affects the statewide average for those indicators.

	SA Prevention and Early Intervention	Timely Access To Care		Services to Persons in Need (Treated Prevalence)						Timely Initiation & Engagement in Services				Timely Support For Persons With I/DD	Short-Term Care In State Psychiatric Hospitals	Psychiatric Hospital Readmissions			Timely Follow-Up After Inpatient And Crisis Care				Medical Care Coordination	Number & Pct Of Measures That Met The Performance Standard	
	Persons Completing Selective and Indicated Programs	Urgent	Routine	Adult MH	Child/Adolescent MH	Adult DD	Child/Adolescent DD	Adult SA	Adolescent SA	MH: 2 Visits in 14 Days	MH: 4 Visits in 45 Days	SA: 2 Visits in 14 Days	SA: 4 Visits in 45 Days	First Service Within 30 Days of Screening	1-7 Days of Care	State Psych Hospitals: 30-day Readmissions	State Psych Hospitals: 180-day Readmissions	Community Hospitals: 30-day Readmissions	ADATCs: Seen in 1-7 Days	State Psych Hospitals: Seen in 1-7 Days	Community Hospitals: Seen in 1-7 Days	Crisis Services: Seen in 0-5 Days	Received a Primary Care/ Preventive Health Visit		
SFY2012 Performance Standard	**NA**	**82%**	**71%**	**48%**	**52%**	**37%**	**20%**	**11%**	**9%**	**42%**	**27%**	**63%**	**45%**	**40%**	**30%**	**7%**	**17%**	**NA**	**40%**	**51%**	**40%**	**43%**	**NA**	**20 measures with a standard**	
Statewide Average	7%	78%	70%	50%	56%	39%	18%	12%	9%	47%	31%	69%	47%	33%	19%	5%	13%	10%	33%	49%	38%	41%	90%	**12**	**60%**
Alamance-Caswell ✱ Oct 2011	0.2%	68%	52%	51%	40%	40%	14%	10%	4%	71%	28%	92%	29%		8%	9%	30%	8%	18%	34%			91%	**6**	**35%**
Beacon Center	31%	56%	66%	56%	72%	48%	25%	10%	9%	36%	23%	70%	59%	32%	26%	2%	6%	11%	17%	28%	33%	46%	89%	**11**	**55%**
CenterPoint	17%	77%	74%	48%	43%	39%	14%	11%	13%	44%	29%	66%	51%	26%	5%	9%	20%	8%	31%	49%	45%	44%	89%	**12**	**60%**
Crossroads	17%	86%	75%	44%	41%	36%	14%	12%	7%	40%	23%	52%	40%	35%	9%	5%	10%	14%	14%	33%	31%	14%	93%	**6**	**30%**
Cumberland	2%	98%	73%	52%	62%	38%	18%	10%	16%	33%	20%	67%	54%	47%	14%	0%	3%	4%	60%	39%	28%	72%	90%	**14**	**70%**
Durham Center	13%	71%	92%	62%	95%	43%	30%	13%	15%	47%	35%	77%	59%	29%	13%	5%	12%	5%	50%	54%	48%	37%	85%	**17**	**85%**
ECBH Apr 2012	7%	55%	56%	49%	70%	44%	20%	11%	8%	47%	34%	57%	42%	50%	28%	5%	5%	10%	30%	47%	37%	49%	89%	**12**	**60%**
Eastpointe	8%	51%	38%	65%	71%	53%	21%	13%	11%	45%	29%	47%	32%	48%	33%	7%	15%	14%	67%	66%	35%	56%	91%	**14**	**70%**
Five County ✱ Jan 2012	5%	65%	71%	62%	68%	44%	18%	11%	8%	71%	51%	79%	46%	0%	28%	4%	8%	4%	44%	35%			90%	**13**	**72%**
Guilford Center	6%	79%	82%	50%	54%	39%	14%	11%	10%	54%	37%	75%	58%	27%	10%	3%	15%	11%	19%	68%	32%	51%	86%	**15**	**75%**
Johnston	0%	95%	57%	63%	49%	28%	19%	17%	7%	42%	26%	68%	57%	0%	25%	0%	0%	9%	0%	36%	48%	50%	90%	**11**	**55%**
Mecklenburg	2%	100%	64%	34%	51%	35%	19%	10%	9%	49%	38%	66%	48%	32%	16%	2%	7%	12%	30%	60%	39%	47%	88%	**11**	**55%**
Mental Health Partners	0%	86%	52%	58%	63%	40%	15%	14%	5%	42%	22%	65%	53%	25%	14%	4%	17%	14%	25%	57%	25%	24%	92%	**12**	**60%**
Onslow-Carteret	3%	85%	74%	43%	43%	26%	13%	6%	6%	41%	21%	73%	61%	44%	14%	0%	0%	9%	20%	10%	48%	18%	91%	**9**	**45%**
Orange-Person-Chatham Apr 2012	38%	39%	69%	35%	48%	39%	23%	8%	7%	38%	24%	59%	41%		17%	6%	6%	5%	35%	71%	41%	20%	90%	**7**	**37%**
Pathways	0.1%	86%	70%	74%	76%	58%	27%	16%	10%	41%	31%	68%	52%	63%	0%	10%	10%	12%	43%	67%	35%	66%	92%	**16**	**80%**
PBH ✱ Jul 2005	0.4%	94%	84%	44%	35%	32%	13%	14%	10%	72%	34%	87%	39%		18%	4%	22%	9%	0%	60%			93%	**10**	**59%**
Sandhills Center	9%	83%	78%	54%	57%	36%	16%	12%	9%	46%	30%	65%	47%	20%	19%	0%	6%	10%	63%	77%	49%	46%	91%	**17**	**85%**
Smoky Mountain Center	2%	78%	80%	60%	66%	42%	16%	14%	8%	46%	28%	68%	53%	28%	18%	8%	20%	9%	17%	38%	31%	37%	92%	**10**	**50%**
Southeastern Center	2%	80%	74%	52%	75%	40%	32%	12%	11%	39%	24%	62%	48%	45%	37%	3%	6%	9%	34%	50%	38%	23%	92%	**11**	**55%**
Southeastern Regional	0.4%	97%	96%	68%	77%	54%	19%	14%	8%	50%	37%	75%	64%	44%	34%	6%	18%	10%	70%	35%	40%	20%	92%	**14**	**70%**
Wake	3%	64%	71%	33%	39%	29%	15%	7%	10%	44%	33%	56%	41%	21%	10%	7%	19%	9%	23%	44%	37%	35%	87%	**6**	**30%**
Western Highlands Networ Jan 2012	20%	69%	52%	55%	59%	44%	23%	13%	7%						25%	9%	14%						91%	**7**	**64%**

NOTE: Percentages in **green font** have met or exceeded the performance standard for the measure. **Gray shaded** cells indicate data that is not applicable or is missing this quarter.
The performance standard for three measures are marked "**NA**" indicating that a performance standard for the current state fiscal year has not been established for these measures.
Performance measures marked "**NA**" and gray shaded cells are excluded from the calculation of the percentage of standards met in the last column.

Jan 2012 — Indicates the date LMEs started operating under the Medicaid waiver.

✱ — Denotes that the LME self-reported data on persons served, initiation and engagement, timely support for persons with I/DD, and timely follow-up after ADATC and state hospital care.

The moving one-year measurement period overlaps the Medicaid waiver resulting in a temporary inability to obtain an unduplicated count of persons served during the year across LME and state data systems. Percents shown are full year for IPRS and partial year for Medicaid and do not include new persons served under the waiver for the most recent quarter for FC and WHN , 2 quarters for AC.

Medicaid data was not available for the measurement quarter. As a result, this measure was excluded in this report.

Percentages may be understated as the follow-up or subsequent services paid by Medicaid under the waiver that occurred during the billing lag period after the measurement quarter are not included. This affects results for discharges or initial services that occurred near the end of the measurement quarter.

Insufficient screening data reported by the LME to be able to calculate this measure.

Critical Measures at a Glance

Introduction

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

How To Read the Chart

The **23 critical measures** are presented across the top of the chart and grouped by type of measure. They include:

> SA Prevention and Early Intervention: This measures **how many youth that are estimated to be "at risk" of developing a substance abuse disorder complete an evidence-based** "selective" or "indicated" **substance abuse prevention program**. "Selective" and "indicated" prevention programs target individuals whose risk of developing a substance abuse disorder is significantly higher than average or that have shown early signs or symptoms.

> Timely Access to Care: This is a measure of **how long it takes an individual to enter care**. Persons with urgent needs are expected to be seen within 48 hours. Persons with routine needs are expected to be seen within 14 days.

> Services to Persons In Need: This measures **how many people that are estimated to have MH/DD/SA problems each year receive publicly-funded MH/DD/SAS services**. This measure is often called "treated prevalence" or "penetration rate."

> Timely Initiation and Engagement In Services: Initiation measures **how quickly a person receives treatment or supports** after entering care. Engagement measures whether they begin to receive **enough services** to reduce the occurrence of crises and to improve chances for recovery and stability.

> Timely Support For Persons With I/DD: This measures **how quickly a person with I/DD with routine care needs receives treatment or supports** after screening, triage, and referral.

> Short-Term Care In State Psychiatric Hospitals: This is a measure of **how many people are entering the state hospitals for crisis stabilization**. An effective community crisis service system, good person-centered planning, and adequate community services are expected to reduce short-term stays in the state hospitals, keeping beds available for persons with very complex needs.

> Psychiatric Hospital Readmissions: This measures the effectiveness of **coordination between the state and community hospitals and community services**. Good hospital-LME communication, thorough person-centered planning, and adequate community services after individuals are discharged from the hospitals are expected to reduce the need for readmissions.

> Timely Follow-Up After Inpatient and Crisis Care: This measures the **continuity of care after a person is discharged from an inpatient setting or crisis service**. Each person is expected to receive a follow-up service in the community, within 5 days of receiving a crisis service, and within 7 days of discharge from an inpatient setting, to ensure adequate medications and engagement in continuing care.

> Medical Care Coordination: This measures how many Medicaid recipients receiving behavioral health services received at least one primary care/ preventive health visit within the past year (within two years for individuals ages 7-19). 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.

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

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

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

The **"Number & Pct Of Measures That Met The Performance Standard"** column indicates the number and percentage of measures that met the Performance Standard for the report period. The total number of performance measures appears centered at the top of these two columns. The percentage met is based on the number of measures with a performance standard. Three measures do not have a current performance standard.