

Critical Measures at a Glance: SFY 2008 4th Quarter LME Performance

| | Emergent | | | 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 | | | DD: 2 Visits in 14 Days | | | DD: 45 Visits in 45 Days | | | SA: 2 Visits in 14 Days | | | SA: 4 Visits in 45 Days | | | 1-7 Days of Care | | | 30-day Readmissions | | | 180-day Readmissions | | | ADATCs: Seen in 1-7 Days | | | State Psychiatric Hospitals: Seen in 1-7 Days | | | |
|-------------------------------|-----------------------|------|-----|-----------------------------|-----|-----|---------|-----|-----|--|-----|-----|---------------------|-----|-----|--|-----|-----|---|-----|----|---------------------------------------|--|--|---------------------------------------|--|--|--|--|--|-------------------------|--|--|-------------------------|--|--|--------------------------|--|--|-------------------------|--|--|-------------------------|--|--|------------------|--|--|---------------------|--|--|----------------------|--|--|--------------------------|--|--|---|--|--|--|
| | Timely Access To Care | | | Services to Persons in Need | | | | | | Timely Initiation & Engagement in Services | | | | | | Effective Use of State Psychiatric Hospitals | | | State Psychiatric Hospital Readmissions | | | Timely Follow-Up After Inpatient Care | | | Child Services in Non-Family Settings | | | Met Single Stream Minimum Requirement ³ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100% | 80% | 63% | 38% | 38% | 36% | 19% | 8% | 7% | 35% | 21% | 60% | 46% | 59% | 42% | 55% | 9% | 18% | 24% | 28% | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SFY 2008 Performance Standard | 100% | 80% | 63% | 38% | 38% | 36% | 19% | 8% | 7% | 35% | 21% | 60% | 46% | 59% | 42% | 55% | 9% | 18% | 24% | 28% | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Statewide Average | 100% | 79% | 68% | 40% | 47% | 38% | 20% | 8% | 7% | 35% | 22% | 63% | 48% | 62% | 46% | 51% | 9% | 22% | 23% | 35% | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alamance-Caswell-Rockingham | 100% | 100% | 52% | 41% | 38% | 38% | 14% | 7% | 6% | 31% | 20% | 57% | 57% | 56% | 33% | 58% | 10% | 22% | 17% | 33% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albemarle | 100% | 68% | 53% | 50% | 61% | 46% | 20% | 10% | 6% | 33% | 19% | 61% | 44% | 36% | 27% | 49% | 7% | 15% | 21% | 49% | 3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beacon Center | 100% | 13% | 51% | 37% | 56% | 46% | 22% | 5% | 5% | 34% | 20% | 48% | 33% | 56% | 38% | 46% | 9% | 19% | 8% | 30% | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burke-Catawba | 100% | 100% | 28% | 46% | 48% | 36% | 15% | 9% | 7% | 30% | 15% | 79% | 47% | 63% | 51% | 49% | 12% | 35% | 27% | 47% | 4% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CenterPoint | 100% | 78% | 58% | 39% | 40% | 37% | 17% | 8% | 9% | 34% | 23% | 56% | 41% | 57% | 46% | 54% | 8% | 24% | 14% | 37% | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crossroads | 100% | 66% | 57% | 45% | 28% | 36% | 14% | 8% | 6% | 29% | 13% | 86% | 82% | 69% | 48% | 45% | 16% | 24% | 25% | 38% | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cumberland | 100% | 78% | 71% | 43% | 46% | 28% | 15% | 6% | 8% | 23% | 14% | 47% | 44% | 58% | 46% | 44% | 12% | 26% | 0% | 52% | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Durham | 100% | 77% | 90% | 43% | 67% | 38% | 24% | 8% | 11% | 46% | 34% | 59% | 44% | 82% | 63% | 46% | 15% | 30% | 25% | 44% | 2% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eastpointe | 100% | 78% | 90% | 43% | 55% | 51% | 24% | 6% | 5% | 34% | 20% | 23% | 18% | 49% | 31% | 39% | 14% | 34% | 16% | 27% | 3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECBH | 100% | 75% | 86% | 39% | 81% | 48% | 32% | 7% | 10% | 41% | 30% | 54% | 39% | 67% | 47% | 44% | 9% | 22% | 15% | 27% | 4% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Five County | 100% | 100% | 82% | 60% | 53% | 46% | 18% | 10% | 9% | 25% | 15% | 66% | 34% | 42% | 30% | 54% | 9% | 23% | 24% | 37% | 2% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foothills ¹ | | | | 43% | 43% | 35% | 12% | 7% | 4% | 33% | 17% | 86% | 71% | 60% | 51% | 49% | 11% | 21% | 14% | 38% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guilford | 100% | 100% | 84% | 39% | 38% | 37% | 17% | 8% | 6% | 34% | 20% | 53% | 43% | 72% | 52% | 46% | 8% | 24% | 38% | 38% | 5% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Johnston | 100% | 100% | 55% | 51% | 37% | 24% | 12% | 11% | 4% | 23% | 13% | 46% | 38% | 53% | 44% | 64% | 3% | 13% | 43% | 32% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mecklenburg | 100% | 95% | 61% | 23% | 32% | 32% | 17% | 8% | 5% | 49% | 35% | 87% | 71% | 70% | 52% | 35% | 7% | 18% | 17% | 37% | 3% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Onslow-Carteret | 100% | 71% | 65% | 32% | 38% | 23% | 17% | 6% | 6% | 32% | 17% | 62% | 48% | 54% | 39% | 56% | 11% | 22% | 17% | 40% | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orange-Person-Chatham | 100% | 93% | 85% | 28% | 39% | 37% | 26% | 7% | 7% | 36% | 22% | 71% | 50% | 66% | 48% | 52% | 6% | 18% | 16% | 33% | 3% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pathways | 88% | 77% | 61% | 62% | 54% | 55% | 31% | 10% | 8% | 33% | 21% | 68% | 46% | 59% | 45% | 35% | 11% | 16% | 41% | 43% | 4% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Piedmont ² | | | | | | | | | | | | | | | | 51% | 5% | 19% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sandhills Center | 100% | 90% | 81% | 42% | 46% | 34% | 17% | 7% | 8% | 29% | 16% | 64% | 52% | 64% | 42% | 53% | 7% | 16% | 33% | 37% | 5% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoky Mountain | 100% | 69% | 70% | 48% | 61% | 41% | 19% | 9% | 7% | 33% | 20% | 51% | 34% | 58% | 46% | 44% | 6% | 14% | 24% | 41% | 3% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Southeastern Center | 100% | 77% | 77% | 37% | 60% | 35% | 35% | 9% | 6% | 36% | 24% | 84% | 66% | 57% | 45% | 50% | 6% | 11% | 36% | 25% | 4% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Southeastern Regional | 100% | 86% | 77% | 61% | 81% | 57% | 34% | 11% | 7% | 48% | 35% | 41% | 34% | 65% | 42% | 42% | 15% | 29% | 53% | 54% | 3% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wake | 100% | 92% | 74% | 25% | 30% | 24% | 13% | 5% | 4% | 39% | 27% | 83% | 70% | 58% | 44% | 66% | 9% | 24% | 25% | 30% | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Western Highlands | 100% | 58% | 87% | 48% | 52% | 47% | 25% | 9% | 8% | 40% | 25% | 59% | 37% | 75% | 60% | 46% | 7% | 19% | 25% | 37% | 4% | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

¹ Data for Foothills was not provided for the "Timely Access to Care" measure. Data was merged with Smoky Mountain for the "Child Services in Non-Family Settings" measure.

² Data for Piedmont was not available except for the "Effective Use of State Psychiatric Hospitals" and "State Psychiatric Hospital Readmissions" measures.

³ A checkmark in the column indicates the LME has met the performance standards for at least 65% of the critical measures, which is one of the requirements for consideration to receive single stream funding.

NOTE: LMEs highlighted in green have met or exceeded the measure's statewide performance standard for SFY 2008.

Critical Measures at a Glance: SFY 2008 4th Quarter LME Performance

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*. An LME is required to meet the Performance Standard on at least 65% of these measures to be eligible for single stream funding. 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/index.htm>.

How To Read the Chart

The **21 critical measures** are presented across the top of the chart and grouped by type of measure. They include:

- > Timely Access to Care: This is a measure of **how long it takes an individual to enter care**. Persons with emergent needs are expected to receive care within 2 hours of requesting it. Those with urgent needs should be seen within 48 hours. Persons with routine needs are expected to be seen within 14 days.
- > Services to Persons In Need: This measures **how many people that are estimated to have MH/DD/SA problems each year receive publicly-funded MH/DD/SAS services**. This measure is often called "treated prevalence" or "penetration rate."
- > Timely Initiation and Engagement In Services: Initiation measures **how quickly a person receives treatment or supports** after entering care. Engagement measures whether they begin to receive **enough services** to reduce the occurrence of crises and to improve chances for recovery and stability.
- > Effective Use of State Psychiatric Hospitals: This is a measure of **how many people are entering the state hospitals for crisis stabilization**. An effective community crisis service system, good person-centered planning, and adequate community services are expected to reduce short-term stays in the state hospitals, keeping them available for persons with very complex needs.
- > State Psychiatric Hospital Readmissions: This measures the effectiveness of **coordination between the state hospitals and community services**. Good hospital-LME communication, thorough person-centered planning, and adequate community services after individuals are discharged from the hospitals are expected to reduce the need for readmissions.
- > Timely Follow-Up After Inpatient Care: This measures the **continuity of care** after a person is discharged from the hospital. Each person is expected to receive a follow-up service in the community within 7 days of being discharged from a state facility to ensure adequate medications and engagement in continuing care.
- > Child Services in Non-Family Settings: This measures the percent of **children (0-18) who are placed in residential service settings**. Effective supports for families and sufficient alternative family settings, such as therapeutic foster care, are expected to reduce the need for residential child services.

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 the most recent statewide average for each indicator at the time the annual Contract is put into place.

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

The 24 **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 SFY 2008 Performance Standard. Note that a number lower than the Performance Standard is desirable for "Effective Use of State Psychiatric Hospitals," "Hospital Readmissions," and "Child Services in Non-Family Settings." A number higher than the Performance Standard is desired for all other measures. The greyed cells indicate measures for which no data was available.

The **"Met Single Stream Minimum Requirement"** column indicates whether each LME met the Performance Standard for at least 65% of the measures (14 out of 21). This is a requirement to be eligible for single stream funding.