

Critical Measures at a Glance: SFY 2011 Fourth 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: 4 Visits in 45 Days			SA: 2 Visits in 14 Days			SA: 4 Visits in 45 Days			1-7 Days of Care			30-day Readmissions			180-day Readmissions			ADATCs: Seen in 1-7 Days			State Psych Hospitals: Seen in 1-7 Days					
	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 ¹																													
<i>SFY2011 Statewide Goal</i>	100%	88%	88%	40%	40%	38%	20%	10%	9%	42%	30%	72%	61%	71%	56%	44%	10%	22%	70%	70%	4%																																										
<i>SFY2011 Performance Standard</i>	81%	70%	63%	37%	40%	33%	18%	8%	6%	34%	23%	55%	44%	52%	39%	46%	10%	23%	27%	41%	4%																																										
<i>Statewide Average</i>	100%	81%	75%	53%	57%	41%	22%	11%	9%	43%	27%	61%	48%	64%	46%	22%	6%	16%	41%	50%	1%	✓																																									
Alamance-Caswell	100%	100%	53%	59%	51%	39%	16%	12%	8%	40%	25%	67%	58%	38%	22%	13%	7%	17%	65%	62%	2%	✓																																									
Beacon Center	100%	44%	61%	54%	69%	48%	29%	10%	9%	36%	23%	48%	33%	71%	50%	17%	4%	20%	17%	38%	1%	✓																																									
CenterPoint	100%	77%	72%	45%	38%	36%	15%	10%	13%	44%	28%	65%	53%	66%	53%	21%	3%	17%	46%	48%	4%	✓																																									
Crossroads	100%	95%	78%	43%	41%	33%	15%	11%	8%	40%	21%	75%	63%	51%	31%	10%	4%	15%	25%	36%	2%	✓																																									
Cumberland	100%	97%	67%	52%	58%	35%	19%	8%	14%	31%	20%	52%	40%	61%	52%	32%	3%	23%	80%	36%	0%	✓																																									
Durham Center	100%	69%	90%	58%	66%	40%	26%	13%	12%	42%	30%	63%	50%	68%	51%	26%	5%	11%	64%	58%	1%	✓																																									
ECBH	100%	65%	73%	50%	67%	45%	23%	12%	9%	42%	26%	61%	43%	62%	48%	30%	2%	10%	35%	37%	1%	✓																																									
Eastpointe	100%	93%	97%	64%	68%	55%	22%	12%	10%	42%	25%	61%	50%	57%	38%	34%	9%	26%	61%	63%	0%	✓																																									
Five County	99%	100%	44%	71%	69%	42%	22%	12%	12%	33%	21%	36%	18%	63%	49%	21%	0%	8%	51%	72%	1%	✓																																									
Guilford Center	100%	96%	83%	52%	53%	38%	16%	11%	7%	47%	33%	69%	64%	68%	56%	9%	6%	20%	55%	44%	4%	✓																																									
Johnston	100%	92%	72%	60%	51%	27%	20%	15%	7%	43%	25%	67%	48%	62%	49%	0%	0%	13%	100%	45%	3%	✓																																									
Mecklenburg	99%	98%	74%	33%	46%	36%	21%	11%	8%	43%	31%	65%	52%	55%	43%	10%	2%	10%	20%	36%	1%	✓																																									
Mental Health Partners	100%	87%	59%	59%	61%	39%	16%	12%	6%	38%	21%	67%	59%	69%	58%	19%	12%	20%	44%	59%	3%	✓																																									
Onslow-Carteret	100%	76%	66%	53%	37%	27%	14%	6%	4%	48%	28%	41%	35%	68%	54%	35%	0%	0%	44%	58%	0%	✓																																									
Orange-Person-Chatham	100%	80%	75%	34%	53%	39%	27%	8%	13%	42%	25%	63%	63%	70%	50%	14%	12%	19%	27%	41%	1%	✓																																									
Pathways	96%	94%	67%	73%	70%	56%	29%	15%	12%	37%	24%	44%	35%	68%	52%	0%	0%	0%	37%	38%	2%	✓																																									
PBH	100%	88%	92%	80%	67%	64%	36%	18%	11%	69%	31%	72%	40%	87%	42%	16%	13%	20%	0%	61%	1%	✓																																									
Sandhills Center	100%	73%	75%	53%	52%	34%	17%	11%	8%	45%	28%	49%	35%	67%	49%	31%	1%	9%	64%	71%	1%	✓																																									
Smoky Mountain Center	100%	95%	83%	66%	67%	40%	18%	14%	9%	44%	25%	73%	56%	55%	41%	38%	17%	26%	42%	57%	2%	✓																																									
Southeastern Center	100%	67%	75%	48%	77%	38%	34%	12%	10%	40%	25%	62%	52%	37%	24%	28%	15%	24%	34%	46%	1%	✓																																									
Southeastern Regional	100%	90%	90%	70%	74%	54%	19%	13%	8%	46%	32%	55%	45%	65%	50%	27%	4%	23%	12%	57%	1%	✓																																									
Wake	100%	81%	80%	30%	38%	27%	16%	6%	9%	43%	30%	67%	50%	51%	41%	16%	4%	12%	36%	38%	2%	✓																																									
Western Highlands Network	100%	51%	84%	58%	67%	44%	28%	13%	9%	47%	32%	67%	62%	73%	58%	12%	4%	15%	40%	63%	1%	✓																																									

¹ 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 fundr

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

Critical Measures at a Glance

Introduction

This matrix was developed in response to S.L. 2008-107 (HB2436) to provide a quarterly summary of the Local Management Entities' status on critical measures that are included in the annual *DHHS-LME Performance Contract*. 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 be provided access to 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 (ages 0-18) who are placed in non-family residential service settings** (residential treatment Level II-Program Type, Level III and Level IV). 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 Statewide Goals**" are shown in the first row of the chart. The Division sets statewide goals for the service system at the beginning of the year to reflect current needs, priorities, available resources, and what it believes to be an achievable improvement for the year. Some goals may remain the same from one year to the next while others may increase to reflect where the Division wants community systems to focus their efforts.

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

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

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

The "**Met 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.