



FY 2008
August Report to the Area Board
August 2, 2007

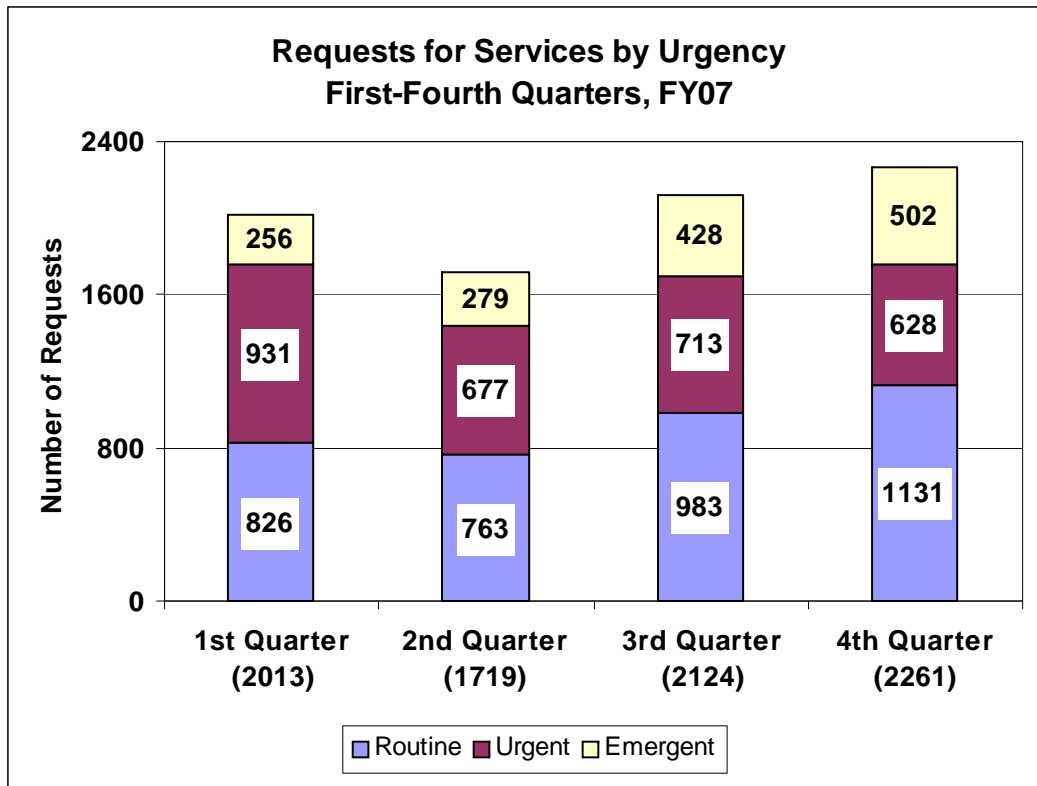
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SCREENING AND ACCESS SERVICES: ROUTINE, URGENT & EMERGENT

Consumers can call the Screening/Triage/Referral line at The Durham Center during business hours and Durham Center Access after hours to be screened for services. If it is determined that the care needed is routine, an appointment is to be made within seven days with a provider agency. If care needs are urgent, the consumer is to be seen within 48 hours. If care needs are emergent, the consumer is to be assessed within two hours at Durham Center Access.

The graph below shows the number of people who presented for screenings over the past four quarters of FY07.



- ◆ The number of screenings increased overall by 6% from third to fourth quarter.
- ◆ Routine requests increased by 15% from second to third quarter.
- ◆ Urgent requests decreased by 12%.
- ◆ Emergent requests increased by 17%.

Routine = Care provided within 7 days
 Urgent = Care provided within 48 hours
 Emergent = Care provided within 2 hours

TIMELINESS OF PROVIDER APPOINTMENTS

The percentage of Routine appointments that were timely in fourth quarter increased to 95% from 93% in the third quarter. The percentage of timely Urgent appointments increased by nearly 40% from third quarter to fourth quarter, likely due to the hiring of substance abuse assessors who provide timely assessments at Durham Center Access for consumers with substance abuse issues.

Provider	All Routine Appointments	Appointment made within 7 days	% Timely	All Urgent Appointments	Appointment made within 48 hours	% Timely
Advantage Care	16	15	94%	2	1	*
Alpha Mgmt Comm Svcs	8	8	*	0	0	NA
Alpha Mgmt Svcs	34	34	100%	0	0	NA
Alternative Care Tx Sys	13	12	92%	0	0	NA
ARC-NC	11	10	91%	0	0	NA
ASAP	49	44	90%	0	0	NA
B & D	118	114	97%	0	0	NA
Boys to Gentlemen	8	8	*	0	0	NA
Britton & Crump	2	2	*	0	0	NA
Caring Family Network	9	6	*	0	0	NA
Carolina Outreach	22	22	100%	0	0	NA
CNC/Access	1	1	*	0	0	NA
Comm. Partnerships	10	10	100%	0	0	NA
Community Choices	1	1	*	0	0	NA
Comprehensive Comm. Care	33	26	79%	0	0	NA
Coordinated Health Svcs	3	3	*	0	0	NA
Covenant Comm Partners	9	9	*	0	0	NA
<i>*Percentages are shown only when there are 10 or more appointments.</i>						<i>(Continued on next page)</i>

TIMELINESS OF PROVIDER APPOINTMENTS

Provider	All Routine Appointments	Appointment made within 7 days	% Timely	All Urgent Appointments	Appointment made within 48 hours	% Timely
Devereaux Residential Svcs	9	9	*	0	0	NA
Dominion Healthcare Svcs	30	30	100%	0	0	NA
Dominion Ministries	15	14	93%	0	0	NA
Duke Family Care	6	4	*	3	2	*
Empowered Counseling Svcs	1	1	*	0	0	NA
Family & Youth Svcs	104	99	95%	1	1	*
Family Preservation Svcs	23	23	100%	0	0	NA
Family Qual Care Svcs	14	14	100%	0	0	NA
Fonseca's Family Svcs	23	20	87%	0	0	NA
Healing with CAARE	11	10	91%	2	2	*
Health Core Resources	13	13	100%	0	0	NA
House of Care	18	18	100%	0	0	NA
IFCS	1	1	*	0	0	NA
Innovative Program. Assoc.	15	15	100%	0	0	NA
Life Enhancement Svcs	45	44	98%	1	1	*
Life Foundations	23	23	100%	0	0	NA
Life Skills Counseling	7	5	*	0	0	NA
Living Well Centre	9	8	*	0	0	NA
Matchbox Health Svcs	38	36	95%	0	0	NA
Mélange Health Solutions	6	6	*	0	0	NA
Nature's Reflections	25	25	100%	0	0	NA
<i>*Percentages are shown only when there are 10 or more appointments.</i>			<i>(Continued on next page)</i>			

TIMELINESS OF PROVIDER APPOINTMENTS

Provider	All Routine Appointments	Appointment made within 7 days	% Timely	All Urgent Appointments	Appointment made within 48 hours	% Timely
Omega Indep. Living Svcs	5	5	*	0	0	NA
Professional Group Living	4	4	*	0	0	NA
Reaching Your Goals Foundation	10	10	100%	0	0	NA
Right Direction	45	43	96%	0	0	NA
SA Assessor	48	48	100%	58	55	95%
SRFC	50	50	100%	0	0	NA
Standards Based Solutions	1	0	*	0	0	NA
Structured Family Interventions	5	5	*	0	0	NA
Tender Touch	61	60	98%	1	1	*
The Aya Center	1	1	*	0	0	NA
Top Priority Care	14	14	100%	0	0	NA
Towergate Youth & Family Svcs	10	10	100%	0	0	NA
Triangle Comprehensive Svcs	1	1	*	0	0	NA
Triumph	20	12	60%	0	0	NA
Turning Point Adolescent Center	41	40	98%	0	0	NA
United Youth Care	24	24	100%	0	0	NA
Your Choice Health Services	6	6	*	0	0	NA
Total	1129	1076	95%	68	63	93%

**Percentages are shown only when there are 10 or more appointments.*

Routine	94%
Urgent	6%
Total # of Appointments	1197

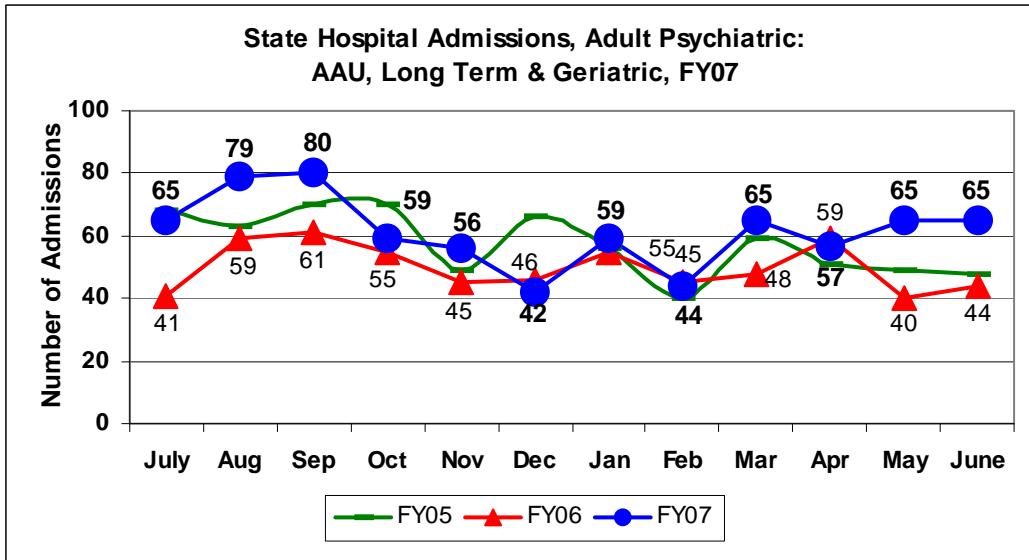
JUH ADMISSIONS & BED DAY UTILIZATION

The graphs on the following pages show the admissions to John Umstead Hospital, as well as bed days utilized, for the past three fiscal years through June FY07, and comparisons are drawn between June FY07 and June of the two previous fiscal years.

The table below shows the monthly State allocation for bed utilization and compares this figure to the actual number of beds used in the month of June. The Adult Psychiatric, Child/Adolescent and ADATC-SA units are all within monthly allotments.

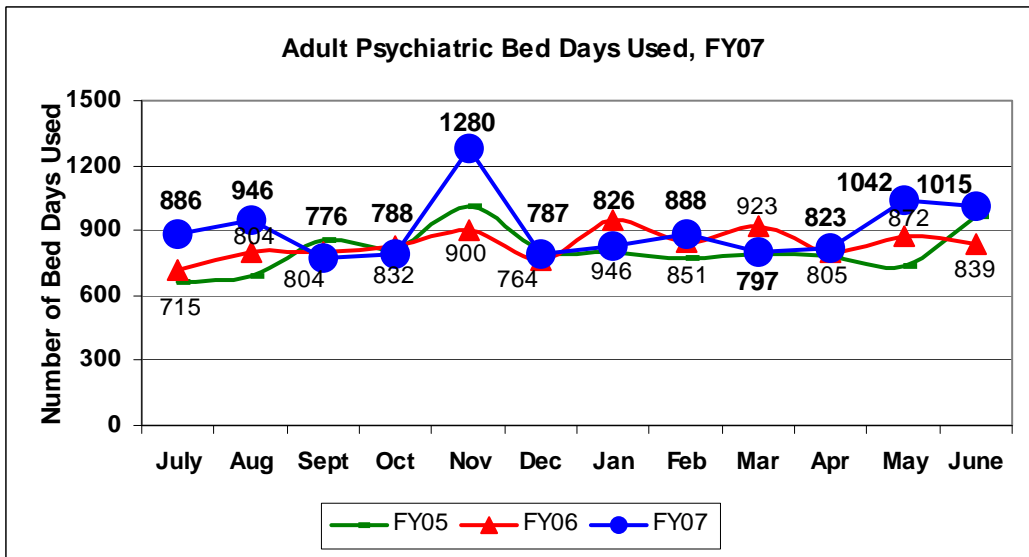
Type of Bed Used	Monthly State Allocation	Bed Days Used June 2007	% of Allocation Used June 2007	Projected Annual Use Rate
Adult Admissions	634	750	118%	83%
Adult Long-Term	396	60	15%	53%
Geriatric	105	205	195%	159%
Subtotal-Adult Psychiatric	1135	1015	89%	80%
Child/Adolescent	262	128	49%	50%
All Psychiatric Total	1397	1143	82%	74%
ADATC-SA	170	68	40%	26%

JUH ALL ADULT TREATMENT



Adult Psychiatric Admissions

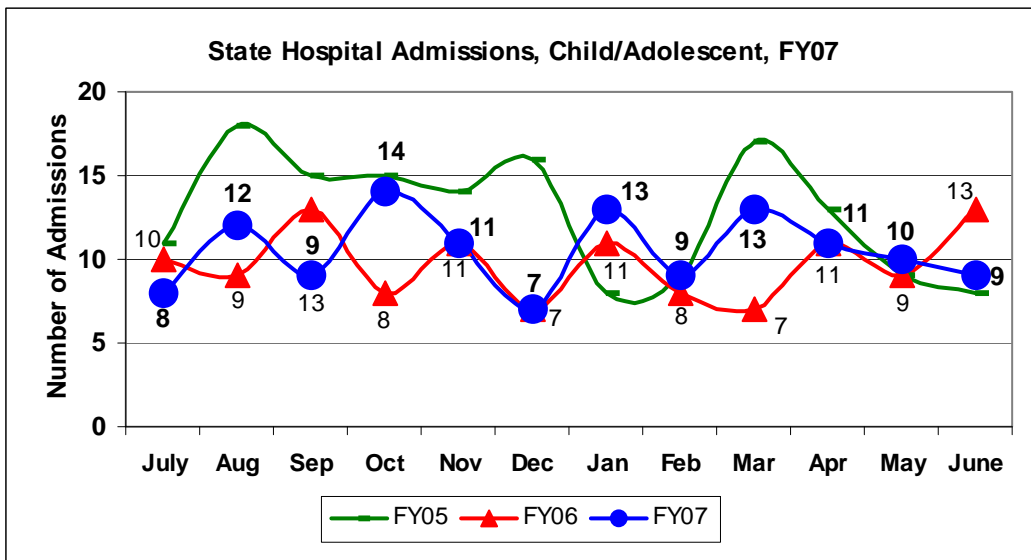
- ◆ Admission rates for June FY07 are 48% higher than for the same period in FY06.
- ◆ Admission rates for June FY07 are 35% higher than for the same period in FY05.



Adult Psychiatric Bed Utilization

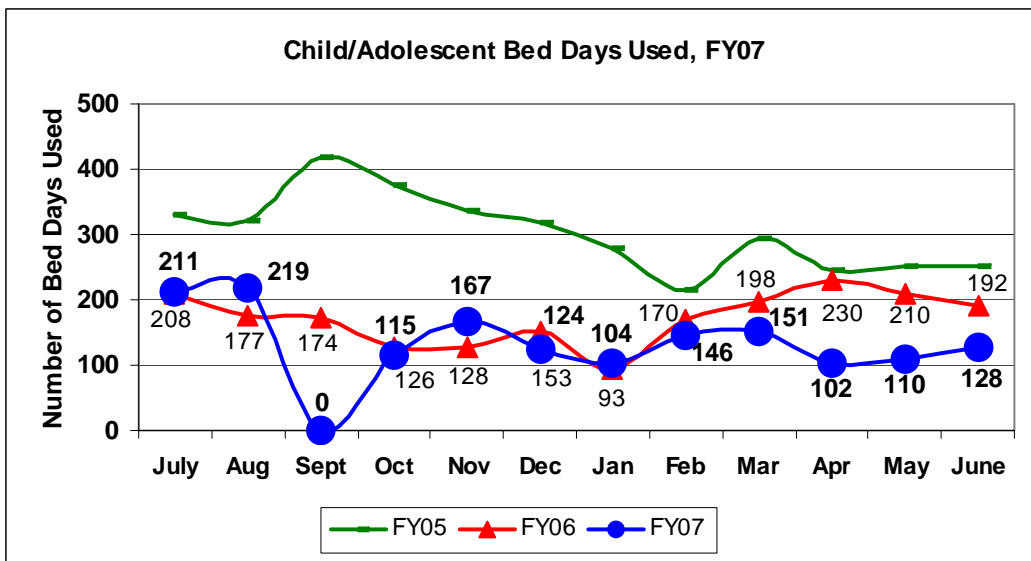
- ◆ The number of bed days utilized for June FY07 are 21% higher than for the same period in FY06.
- ◆ The number of bed days utilized for June FY07 are 5% higher than for the same period in FY05.

JUH CHILD & ADOLESCENT TREATMENT



Child/Adolescent Admissions

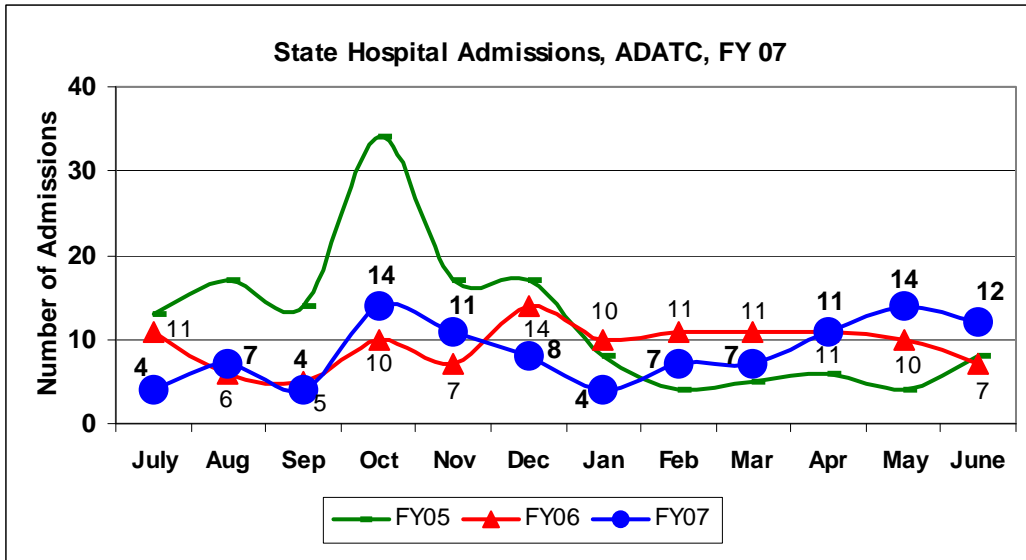
- ◆ Admission rates for June FY07 are 31% lower than the same period in FY06.
- ◆ Admission rates for June FY07 are 13% higher than the same period in FY05.



Child/Adolescent Bed Utilization

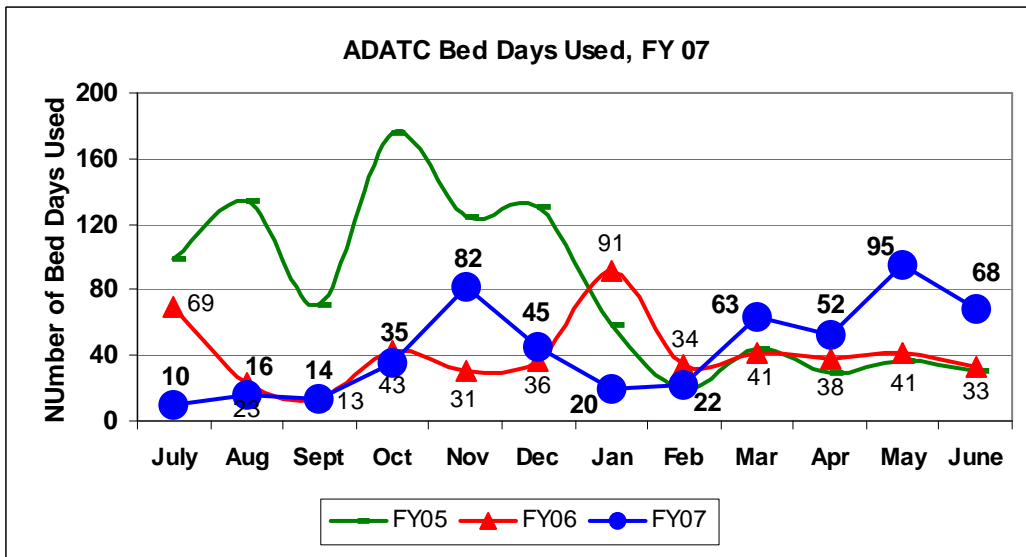
- ◆ The number of bed days utilized for June FY07 decreased by 33% from FY06.
- ◆ The number of bed days utilized for June FY07 decreased by 49% from FY05.

JUH ALCOHOL & DRUG ABUSE TREATMENT



ADATC Admissions

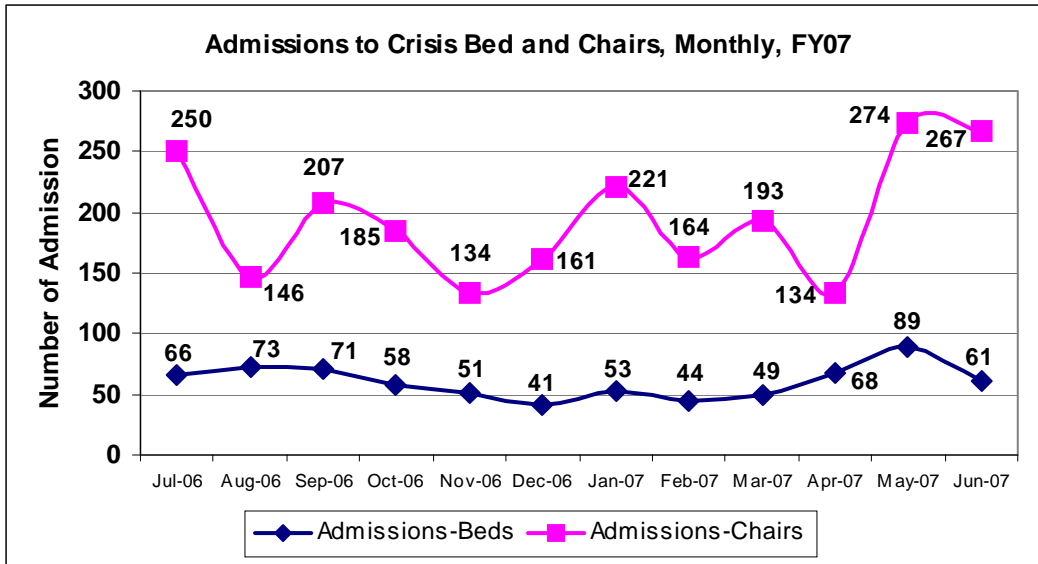
- ◆ ADATC admissions for June FY07 are 71% higher than the same period in FY06.
- ◆ ADATC admissions for June FY07 are 50% higher than the same period in FY05.



ADATC Bed Utilization

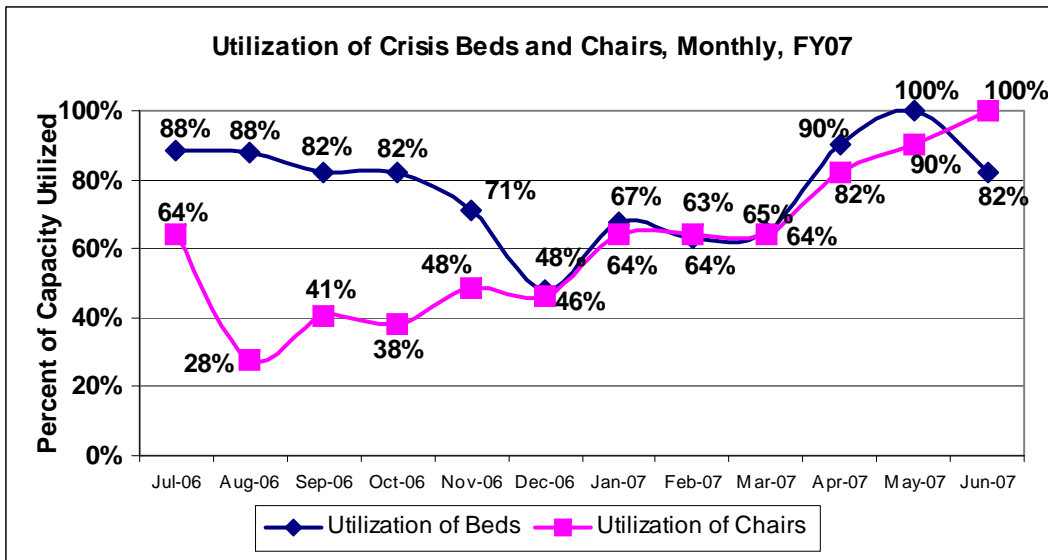
- ◆ Beds utilized for June FY07 are 106% higher than in the same period of FY06.
- ◆ Beds utilized for June FY07 are 127% higher than in the same period of FY05.

DURHAM CENTER ACCESS CRISIS ADMISSION AND UTILIZATION



DCA Bed and Chair Admissions

- ◆ Bed admissions have remained stable over the fiscal year, averaging 60 admissions.
- ◆ Chair occupancy is variable and monthly fluctuations are typical for consumer observation and stabilization in any given month.



DCA Bed and Chair Utilization

- ◆ The goal for bed occupancy is in the 80% range; the percentage of occupancy for June is at 82%. The average length of stay has stabilized to 4.5 days.
- ◆ Chair utilization increased 36% from March to June, likely due in part to staff assigned to work with consumers to assess needs and determine appropriate plans after discharge. Additional time is used to fully develop the discharge plan, and better coordinate and link the consumers to services.

HOSPITAL AUTHORIZATIONS AND DIVERSIONS

Chair admissions to Durham Center Access are either voluntary or involuntary (i.e. through a petition). DCA staff will authorize an admissions to JUH if the consumer remains on involuntary status while in a chair *and* if community-based hospital diversion is not possible. If the consumer’s status changes to voluntary as a result of stabilization while in the chair then a successful hospital diversion has occurred. The table below shows the disposition of involuntary petitions requesting authorization for hospitalization from Durham Center Access during the month of June.

- ◆ There were 105 requests for hospital authorizations in June.
- ◆ 32% (34 petitions) came from the community and 68% (71 petitions) came from area hospitals.
- ◆ 24% (8 consumers) petitioned from the community were successfully diverted from hospitalization.
- ◆ 7% (5 consumers) petitioned from area hospitals were diverted.

Disposition of Involuntary Petitions Requesting Authorization for Hospitalization from DCA, June FY07						
	Petitioner	Petitions Requesting Authorization for Hospitalization	Percent of All Petitions	Number Evaluated at Durham Center Access	Number Diverted from State Hospitalization	% Diverted
Hospital	Duke Hospital	44		1	3	
	UNC, VA Hospitals	5				
	Durham Regional Hospital	7				
	Other Hospital	2			1	
	State Hospitals	13			1	
	Petitions from Hospitals	71	68%	1	5	7%
Community	Family/Friend	15		10	1	
	Provider	5		3		
	Group home	5		1		
	Other	9		3	7	
	Petitions from Community	34	32%	17	8	24%
Totals		105	100%	18	13	

DCA DIAGNOSES

This June, additional diagnoses were added to the DCA database for tracking purposes, based on a diagnosis list generated for use with statewide consumer outcome measures. The previous database tracked only substance abuse conditions which continue to be the primary diagnoses for most consumers who present to DCA; however, it is important to capture the variety of diagnoses that play a role in consumers' lives as they manage their substance abuse issues. The data below reflects diagnoses tracked for the month of June only - they will continue to be tracked and reported.

304.20 - Cocaine Dependent	142 (53%)
303.90 - Alcohol Dependent	81 (30%)
295.xx - Schizophrenia	43 (16%)
296.xx - Bipolar Disorder	36 (13%)
304.00 - Heroine/Opioid Dependent	28 (10%)
305.60 - Cocaine Abuse	25 (9%)
305.00 - Alcohol Abuse	20 (7%)
296.xx - Major Depression	20 (7%)
304.30 - Cannabis Dependent	18 (7%)
305.20 - Cannabis Abuse	10 (4%)
293.89 - Anxiety Disorder	7 (3%)
309.81 - PTSD	6 (2%)
314.xx, 314.90 - Attention Deficit	5 (2%)
304.90 - Other (or Unknown)	4 (1%)
298.90 - Psychotic Disorder	4 (1%)
313.81 - Oppositional Defiant Disorder	2 (1%)
312.34 - Intermittent Explosive	2 (1%)
301.70 - Antisocial Personality	2 (1%)
317 - Mild Mental Retardation	2 (1%)
318.00 - Moderate Mental Retardation	2 (1%)
309.xx - Adjustment Disorders	1 (<1%)
290.xx, 294.10, 294.90 - Dementia	1 (<1%)

- ◆ During the month of June, there were 270 consumers in beds and chairs. Of the 270 consumers, 53% were diagnosed as Cocaine Dependent and 30% were diagnosed as Alcohol Dependent.
- ◆ The total number of diagnoses is greater than the total number of consumers because some consumers have more than one diagnosis.

COMMUNITY SYSTEMS PROGRESS INDICATORS

Each quarter, DMH/DD/SAS' Quality Management Team prepares a report on Community Systems Progress Indicators for each LME in North Carolina. The three main areas measured by these indicators include: 1) Service Delivery, 2) Service Quality and 3) System Management. The tables and summaries presented over the next few pages present information for the Durham LME, comparing the data to other Urban LMEs and Statewide, which includes both urban and rural LMEs.

Durham meets or exceeds Urban and/or State percentages for almost all indicators on this report. Urban counties have an average of 200 or more persons living per square mile. Indicators for which Durham did not meet State percentages all fall within 10% of meeting expectations.

SERVICE DELIVERY Services to Person in Need

Prevalence = the estimated number of individuals with a disability in a year (Jan 06 to Dec 06); this number includes individuals who are eligible for privately *and/or* publicly funded services

Treated prevalence rate = % of population who received *only* publicly funded services for a disability in a year

*Treated Prevalence	Durham	Urban	Statewide
Adult Mental Health	36%	32%	38%
Child & Adolescent Mental Health	50%	34%	38%
Adult Dev. Disabilities	40%	33%	36%
Child & Adolescent Dev. Disabilities	23%	18%	19%
Adult Substance Abuse	10%	7%	8%
Adolescent Substance Abuse	10%	6%	7%

**The number of treated individuals is based only on the total number of claims filed for UCR (Unit Cost Reimbursement) system funded services rather than the actual number of individuals admitted for all types of MH/DD/SA services. It is, therefore, difficult to derive an accurate figure for treated Durham residents because state & federal grant (Non-UCR), County (Non-UCR) and Medicare data have not been included.*

COMMUNITY SYSTEMS PROGRESS INDICATORS

SERVICE DELIVERY *(continued)* Timely Initiation and Engagement in Service

Timely Initiation = two visits within the first 14 days of care and an additional two visits within the next 30 days

2 visits within 14 days	Durham	Urban	Statewide
Mental Health	52%	38%	36%
Developmental Disabilities	66%	66%	66%
Substance Abuse	72%	65%	64%

2 more visits within 30 days	Durham	Urban	Statewide
Mental Health	38%	26%	23%
Developmental Disabilities	56%	54%	54%
Substance Abuse	50%	48%	47%

Effective Use of State Psychiatric Hospitals

Effective hospital bed day usage (as defined in the report) = shorter utilization (1 to 7 day stay) for consumers in crisis and who have short term needs and (8 to 30 days) for those with longer term care needs

Hospital Length of Stay	Durham	Urban	Statewide
1 to 7 days of care	51%	56%	55%
8 to 30 days of care	36%	30%	32%

Urban counties have an average of 200 or more persons living per square mile.

COMMUNITY SYSTEMS PROGRESS INDICATORS

SERVICE DELIVERY *(continued)* Timely Inpatient Follow-Up

Alcohol & Drug Addiction Treatment Center (ADATC) timely follow up = being seen within seven days of discharge

Follow up after Treatment at ADATC	Durham	Urban	Statewide
1 to 7 days of care	17%	28%	27%
8 to 30 days of care	17%	14%	12%

Other Psychiatric Hospital Units timely follow up = being seen within seven days of discharge.

Follow up after Treatment in Psychiatric Hospital	Durham	Urban	Statewide
1 to 7 days of care	26%	27%	28%
8 to 30 days of care	9%	13%	13%

Consumer Choice of Service Providers

Consumer Choice (a data indicator obtained through NC TOPPS) = consumers' ability to obtain services from a provider they have chosen based on belief that provider will be able to meet their needs; this process also charges providers with the responsibility to satisfy those needs.

Consumer Choice	Durham	Urban	Statewide
LME provided list of choices	73%	69%	73%
Consumer contacted provider directly	17%	23%	21%

Urban counties have an average of 200 or more persons living per square mile.

COMMUNITY SYSTEMS PROGRESS INDICATORS

SERVICE DELIVERY *(continued)*

Use of Evidence-Based Service Models and Best Practices

In North Carolina, several agencies have been endorsed to provide at least one of six services designated as best practice protocols and/or evidence-based treatments. LMEs that offer these services are able to address consumers' needs more effectively.

Number of Evidence-Based/ Best Practices	Durham	Urban	Statewide
Services with endorsed providers	6	6	5
Services with more than one provider	*4	5	4

**The Durham Center contracts with more than one provider to deliver evidence-based practices. One of the endorsed evidence-based programs, Substance Abuse Intensive Outpatient Program, is not accounted for in this figure because the program is county-funded.*

SYSTEM MANAGEMENT

Involvement of Consumers and Family Members in the Local System

Consumer and Family Involvement for the 3rd Quarter = Average of Consumer and Family Advisory Committee (CFAC) Attendance across January, February and March, based upon the number of committee members

Consumer/Family Involvement	Durham	Urban	Statewide
CFAC attendance	67%	51%	52%

Urban counties have an average of 200 or more persons living per square mile.

COMMUNITY SYSTEMS PROGRESS INDICATORS

SYSTEM MANAGEMENT *(continued)* Effective Management of Service Funds

Effective Management of Service Funds = approximately 65% to 85% of annual funding should be expended by the end of the third quarter, according to DMH/DD/SAS

% of Annual Funds Expended	Durham	Urban	Statewide
All Disability Groups	72%	69%	63%
Adult Mental Health	86%	65%	63%
Child & Adolescent Mental Health	67%	49%	41%
Adult Dev. Disabilities	69%	80%	76%
Child & Adolescent Dev. Disabilities	49%	64%	51%
Adult Substance Abuse	86%	72%	58%
Adolescent Substance Abuse	18%	12%	17%

Effective Management of Information

Timely submission of Consumer Admission records = correctly submitted within 30 days to the State's Consumer Data Warehouse (CDW)

Consumer Admissions	Durham	Urban	Statewide
Reported within 30 days	99%	95%	94%

Consumer Outcomes are measured via the NC Treatment Outcomes & Program Performance System (NC-TOPPS). The percentages below reflect the number of 3-month Update treatment assessments submitted, based upon the number of Initial assessments submitted.

Consumer Outcomes	Durham	Urban	Statewide
NC-TOPPS update assessments	71%	71%	71%

PERFORMANCE CONTRACT OUTCOMES

In May, the DMH/DD/SAS Quality Management Team released a Third Quarter report including data on the performance requirements specified under the SFY 2004-2007 Performance Contract. The performance requirements address three main areas, including 1) Clinical Performance, 2) System Management Performance and 3) Administrative Performance. On the following pages, each requirement and its standards are defined, and the Durham LME and Statewide results are displayed. Durham met or exceeded 13 (76%) of the 17 performance standards that were applicable this quarter, including two of three Clinical Performance measures and 11 of 14 Administrative Performance measures. Statewide, 52% of LMEs met or exceeded standards for Clinical Performance measures and 63% met or exceeded standards for Administrative Performance measures.

CLINICAL PERFORMANCE MEASURES

Access, Triage & Referral: Access to Emergent, Urgent and Routine Care

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need certain types of care and the number and percent for which access was available within the applicable time limit.

Best Practice Standard: 100% of cases that are determined to need care are provided access within the applicable time limit.
SFY 2007 Standard: 85% of cases.

1. For emergent care, qualified provider provides immediate care when consumer is available to receive care (within 2 hours of request).

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice	90%	3%

2. For urgent care, access is defined as having a face-to-face service (assessment and/or treatment) provided within 48 hours of the request.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
90% - Met SFY2007	17%	38%

3. For routine care, a face-to-face service (assessment and/or treatment) is to be provided within 7 calendar days from the date/time of request.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
*55% - Did not meet SFY2007	0%	7%

**93% of consumers determined to need routine care were screened and timely appointments were made; however, percentages used in this report are negatively impacted by consumers who miss appointments and providers/consumers who reschedule.*

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

SYSTEM MANAGEMENT PERFORMANCE MEASURES

Service Management: Transition to Community Services (Psychiatric Hospital Bed-Day Allocation)

The Third Quarter Performance Contract Report of this Service Management Outcome crosswalks to the JUH admissions and bed-day utilization data provided monthly to the Board, and can be found in this document on page seven. **Durham is on track to meet the Best Practice Standard in Adult, Adult Long-Term and Child Bed-Day Allocation, and is currently not on track to meet the SFY2007 Standard for Geriatric Bed-Day Allocation.** For Geriatric Bed-Day Allocation, approximately 75% of LMEs were unable to meet the Best Practice Standard.

Quality Management & Outcomes Evaluation: Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports show clear evidence of an effective process containing all 5 elements (1-5 above).

SFY 2007 Standard: 75% of reports show clear evidence of an effective process containing at least 4 elements.

Durham Result	% of LMEs On Track to Meet Best Practice	% of LMEs on Track to Meet SFY2007
100% & All 5 Elements: On track to meet Best Practice Standard	90%	10%

ADMINISTRATIVE PERFORMANCE MEASURES

Local Business Plan

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

100% of LMEs met this performance requirement.

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.
SFY 2007 Standard: Same as Best Practice Standard.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	86%	N/A

Information Management, Analysis & Reporting: System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.
SFY 2007 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	91%	0%

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	62.1%	13.8%

Information Management, Analysis & Reporting: Consumer Information - Client Data Warehouse (CDW) - Screening Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LMEs Access Unit and determined to have a MH/DD/SA problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

Best Practice Standard: 100% of consumers screened by the LMEs Access Unit who are determined to have a MH/DD/SA problem have a completed cross-reference to the CNDS within 30 days of initial contact.

SFY 2007 Standard: 90% of consumers

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	32.1%	42.9%

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: Consumer Information - Client Data Warehouse (CDW) Diagnosis Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service. A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.
SFY 2007 Standard: 90% of open clients.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	28.6%	50%

Information Management, Analysis & Reporting: Consumer Information - Client Data Warehouse (CDW) - "Unknown" Value

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

Best Practice Standard: 100% of all mandatory data fields for the prior quarter contain a value other than "unknown".
SFY 2007 Standard: 90% of all mandatory data fields.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	21.4%	57.1%

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: Consumer Information: Client Data Warehouse (CDW) - Identifying & Demo. Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2007 Standard: 90% of open clients.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
99% - Met SFY2007	17.9%	57.1%

Information Management, Analysis & Reporting: Consumer Information - Client Data Warehouse (CDW) - Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, and CSMAJ.

Best Practice Standard: 100% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2007 Standard: 90% of open clients.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	32.1%	39.3%

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: Consumer Information - Client Data Warehouse (CDW)

Episode Completion (Discharge) Record

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers, except for members of the AMSRE target population, who have had no billable service or other administrative activity for at least 60 days.

Best Practice Standard: 100% of clients admitted since October 1, 2006 who meet the above conditions.
SFY 2007 Standard: 90% of clients.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	35.7%	39.3%

Information Management, Analysis & Reporting: Consumer Information - National Core Indicators (NCI) Consents And Pre-Surveys

Performance Requirement: The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. All submissions are accurate and complete.

Best Practice Standard: 100% of the pre-surveys and consents are complete and are received by the due date.
SFY 2007 Standard: 100% of the pre-surveys and consents are complete and are received within 10 days after the due date.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	62.1%	3.4%

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: Consumer Information NC Treatment Outcomes and Program Performance System (NC-TOPPS) Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review.

Best Practice Standard: 100% of the expected initial forms are received on time.
SFY 2007 Standard: 90% of the expected initial forms.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
*68% - Did not meet SFY2007	0%	7.1%

Information Management, Analysis & Reporting: Consumer Information NC Treatment Outcomes and Program Performance System (NC-TOPPS) Update Assessments

Performance Requirement: An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment.

Best Practice Standard: 100% of the expected update forms are received and are timely.
SFY 2007 Standard: 90% of the expected update forms

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
*71% - Did not meet SFY2007	0%	0%

**Failure to meet the NC-TOPPS SFY2007 Standard for both Initial and Update assessments is a statewide struggle. The Durham Center has addressed this problem through provider trainings, individual technical assistance, participation in the NC-TOPPS Advisory Committee meetings and development of methods to identify Medicaid consumers who also require NC-TOPPS.*

PERFORMANCE CONTRACT OUTCOMES

(First column = Durham's outcome; Second / Third columns = % of LMEs that met Best Practice / SFY2007 Standard)

ADMINISTRATIVE PERFORMANCE MEASURES (continued)

Information Management, Analysis & Reporting: Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

Best Practice Standard: 95% of current assessments are no more than 15 months old.
SFY 2007 Standard: 90% of current assessments.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
*85% - Did not meet SFY2007	55.2%	13.8%

**The Durham Center is committed to improving our performance in this area. A Plan of Correction process has been initiated with providers who have not submitted NC-SNAPs. The Developmental Disabilities Specialist is leading the effort. Improvement in this area is expected.*

Information Management, Analysis & Reporting: Consumer Information-Consumer Satisfaction Survey (CSS)

Performance Requirement: The LME, through providers, shall administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards, to 5% of its active mental health and substance abuse caseload, and shall submit the data received according to DHHS requirements.

Best Practice Standard: 100% of expected surveys are completed as required and received by the due date.
SFY 2007 Standard: 85% of expected surveys are completed as required and received within 10 calendar days after the due date.

Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
100% - Met Best Practice Standard	79.3%	6.9%