



**FY 2008**  
**January Report to the Area Board**  
**January 3, 2008**

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# COMMUNITY SYSTEMS PROGRESS INDICATORS

The DMH/DD/SAS Quality Management Team released a Fourth Quarter Report of Community Systems Progress Indicators for each LME in North Carolina in September. The three main areas measured by these indicators include Service Delivery, Service Quality and System Management. The tables and summaries presented over the next few pages present information for The Durham Center, comparing the data to other urban LMEs (LMEs with an average of 200 or more persons living per square mile) and statewide, which includes urban, rural and mixed LMEs.

Durham meets or exceeds urban and/or State percentages for almost all indicators on this report. 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 (April 06 to March 07). 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.

<b>*Treated Prevalence</b>	<b>Durham</b>	<b>Urban</b>	<b>Statewide</b>
Adult Mental Health	37%	33%	38%
Child & Adolescent Mental Health	55%	36%	40%
Adult Dev. Disabilities	40%	34%	36%
Child & Adolescent Dev. Disabilities	23%	18%	19%
Adult Substance Abuse	10%	8%	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 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

(Urban LMEs have an average of 200 or more persons living per square mile.)

## SERVICE DELIVERY (cont'd) 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

Two visits within 14 days	Durham	Urban	Statewide
Mental Health	55%	37%	36%
Developmental Disabilities	50%	61%	60%
Substance Abuse	80%	66%	64%

Two more visits within 30 days	Durham	Urban	Statewide
Mental Health	38%	25%	24%
Developmental Disabilities	38%	49%	48%

## 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	50%	56%	55%
8 to 30 days of care	34%	30%	32%
Substance Abuse	62%	49%	46%

# COMMUNITY SYSTEMS PROGRESS INDICATORS

(Urban LMEs have an average of 200 or more persons living per square mile.)

## SERVICE DELIVERY (cont'd) 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	18%	22%	23%
8 to 30 days of care	5%	9%	11%

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	39%	31%	31%
8 to 30 days of care	10%	14%	14%

## SERVICE QUALITY

### 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	66%	69%	72%
Consumer contacted provider directly	28%	25%	22%

# COMMUNITY SYSTEMS PROGRESS INDICATORS

(Urban LMEs have an average of 200 or more persons living per square mile.)

## SERVICE QUALITY (cont'd)

### 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 consumer needs more effectively.

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

## SYSTEM MANAGEMENT

### Involvement of Consumers and Family Members in the Local System

Consumer and Family Involvement for the fourth quarter = Average of Consumer and Family Advisory Committee (CFAC) Attendance across April, May and June, based upon the number of committee members

Consumer/Family Involvement	Durham	Urban	Statewide
CFAC attendance	56%	51%	55%

# COMMUNITY SYSTEMS PROGRESS INDICATORS

(Urban LMEs have an average of 200 or more persons living per square mile.)

## SYSTEM MANAGEMENT (cont'd)

### Effective Management of Service Funds

Effective Management of Service Funds = approximately 85% to 100% of annual funding should be expended by the end of the year, according to DMH/DD/SAS

% of Annual Funds Expended	Durham	Urban	Statewide
All Disability Groups	94%	87%	85%

### 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	100%	96%	95%

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	72%	76%	74%

## PERFORMANCE CONTRACT OUTCOMES

On a quarterly basis, the DMH/DD/SAS' Quality Management Team releases a report that includes data on the performance requirements specified under the SFY 2004-2007 Performance Contract. The performance requirements address three main areas, including Clinical Performance, System Management Performance and Administrative Performance. On the following pages, each requirement and its standards are defined, and the Durham LME and Statewide results are displayed for the past three quarters (i.e., Third Quarter FY07 through First Quarter FY08).

### Third Quarter (January-March) FY07

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. There were no System Management Performance standards evaluated in this report.

### Fourth Quarter (April-June) FY07

Durham met or exceeded 17 (78%) of the 22 performance standards that were applicable this quarter, including two of three Clinical Performance measures, five of six System Management Performance measures, and 10 of 13 Administrative Performance measures. Statewide, 56% of LMEs met or exceeded standards for Clinical Performance measures, 69% met or exceeded standards for System Management Performance measures, and 72% met or exceeded standards for Administrative Performance measures.

### First Quarter (July-September) FY08

Durham met or exceeded 11 (73%) of the 15 performance standards that were applicable this quarter, including one of three Clinical Performance measures, and 10 of 12 Administrative Performance measures. Statewide, 54% of LMEs met or exceeded standards for Clinical Performance measures, and 73% met or exceeded standards for Administrative Performance measures. There were no System Management Performance standards evaluated in this report.

Over the next few months, a new Performance Contract will take effect. Some outcomes in this report will not be evaluated in the future and others will have adjusted performance criteria to meet the standards.

# PERFORMANCE CONTRACT OUTCOMES

## 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

For **emergent care**, qualified provider provides immediate care when consumer is available to receive care within 2 hours of request

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	90%	3%
April-June FY07	100%-Met Best Practice Standard	97%	3%
July-September FY08	100%-Met Best Practice Standard	96%	0%

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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	90%-Met SFY2007 Standard	17%	38%
April-June FY07	94%-Met SFY2007 Standard	21%	38%
July-September FY08	72%-Did Not Meet Standard*	25%	33%

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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	55%-Did Not Meet Standard	0%	7%
April-June FY07	62%-Did Not Meet Standard	0%	10%
July-September FY08	74%-Did Not Meet Standard	0%	8%

\* *For the first quarter report, we have adjusted our analysis of emergent and urgent requests for service to more accurately reflect consumer flow. A large number of requests previously counted as Urgent requests are now counted as Emergent requests. Please note that 92% of consumers with Urgent requests were offered care within 48 hours; only 78% of those who were offered timely care actually accepted care.*

# PERFORMANCE CONTRACT OUTCOMES

## SYSTEM MANAGEMENT PERFORMANCE MEASURES

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

*Performance Requirement:* LMEs have the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. The standards are measured at the end of each fiscal year, and thus, there is no separate data to report for third quarter FY07 or first quarter FY08.

**Best Practice Standard:** The LME uses 90% or less of its annual bed-day allocation per category  
**SFY 2007 Standard:** The LME uses 100% or less of its annual bed-day allocation per category

Psychiatric Unit	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
Adult	83%-Met Best Practice Standard	48%	14%
Adult Long-Term	53%-Met Best Practice Standard	59%	10%
Child/Adolescent	50%-Met Best Practice Standard	48%	7%
Geriatric	159%-Did Not Meet Standard	35%	3%

### Quality Management & Outcomes Evaluation: Quality Improvement Process

*Performance Requirement:* The LME shall submit an annual Quality Improvement report that describes how it has used its QI process to address service delivery system issues in at least one of the following areas: building service capacity, ensuring continuing of care and/or ensuring the use of evidence-based practices. The following elements are addressed for each project: the basis for choosing the issues targeted for improvement, strategies developed to address identified issues, actions taken, an evaluation of results to date, and recommendations for next steps. This standard is only submitted once each fiscal year; therefore, no separate data can be reported for third quarter FY07 or first quarter FY08.

**Best Practice Standard:** At least 5 QI projects were undertaken. All 5 elements were addressed for each project  
**SFY 2007 Standard:** At least 3 QI projects were undertaken. 3 elements were addressed for each project

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
April-June FY07	Met Best Practice Standard	45%	48%

# PERFORMANCE CONTRACT OUTCOMES

## SYSTEM MANAGEMENT PERFORMANCE MEASURES (cont'd)

### 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 data analyses to identify patterns and trends, strategies developed to address problems, actions taken, the evaluation of results, and next steps. DHHS will review the reports for evidence of an effective incident review process. This standard is fully evaluated at the end of each fiscal year; therefore, no standards are listed as met or unmet for third quarter FY07 or first quarter FY08.

**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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	All 5 elements-on track	90%-on track	10%-on track
April-June FY07	Met Best Practice Standard	76%	21%
July-September FY08	All 5 elements-on track	88%-on track	13%-on track

## ADMINISTRATION 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 in FY07 and this standard has been discontinued for FY08.**

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	86%	N/A
April-June FY07	100%-Met Best Practice Standard	89%	N/A
July-September FY08	Not Yet Available	N/A	N/A

### Information Management, Analysis & Reporting: System Monitoring - SAPTBG Compliance Report

*Performance Requirement:* The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period. This standard is only evaluated at the end of each fiscal year, as well; therefore, no separate data can be reported for third quarter FY07 or first quarter FY08.

**Best Practice Standard:** All reports are accurate and complete, show 48 hours of Synar activity, and are received by the due date  
**SFY 2007 Standard:** All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
April-June FY07	100%-Met Best Practice Standard	83%	3%

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	91%	0%
April-June FY07	100%-Met Best Practice Standard	96%	0%
July-September FY08	100%-Met Best Practice Standard	100%	0%

### 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. This standard is fully evaluated at the end of each fiscal year; therefore, no standards are listed as met or unmet for third quarter FY07 or first quarter FY08.

**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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-on track	62%-on track	14%-on track
April-June FY07	100%-Met Best Practice Standard	59%	14%
July-September FY08	100%-on track	92%-on track	8%-on track

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	31%	41%
April-June FY07	100%-Met Best Practice Standard	32%	50%
July-September FY08	100%-Met Best Practice Standard	50%	29

### Information Management, Analysis & Reporting: Consumer Information-Client Data Warehouse-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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100% - Met Best Practice Standard	29%	50%
April-June FY07	100% - Met Best Practice Standard	29%	61%
July-September FY08	100% - Met Best Practice Standard	38%	54%

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	21%	55%
April-June FY07	100%-Met Best Practice Standard	32%	61%
July-September FY08	100%-Met Best Practice Standard	29%	63%

### Information Mgmt, Analysis & Reporting: Consumer Information: Client Data Warehouse-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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	99%-Met SFY2007 Standard	17%	55%
April-June FY07	100%-Met Best Practice Standard	18%	68%
July-September FY08	100%-Met Best Practice Standard	21%	58%

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### Information Mgmt, 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	31%	38%
April-June FY07	99%-Met SFY2007 Standard	32%	46%
July-September FY08	99%-Met SFY2007 Standard	13%	63%

### Information Management, Analysis & Reporting: Consumer Information-Client Data Warehouse 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100%-Met Best Practice Standard	35%	38%
April-June FY07	100%-Met Best Practice Standard	25%	61%
July-September FY08	100%-Met Best Practice Standard	38%	58%

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	68%-Did Not Meet Standard	0%	7%
April-June FY07	60%-Did Not Meet Standard	0%	11%
July-September FY08	42%-Did Not Meet Standard	0%	8%

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd)

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	71% - Did Not Meet Standard	0%	0%
April-June FY07	72% - Did Not Meet Standard	0%	0%
July-September FY08	76% - Did Not Meet Standard	0%	0%

### 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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	85% - Did Not Meet Standard	55%	14%
April-June FY07	73% - Did Not Meet Standard	62%	8%
July-September FY08	94% - Met SFY2007 Standard	58%	8%

# PERFORMANCE CONTRACT OUTCOMES

## ADMINISTRATION PERFORMANCE MEASURES (cont'd) 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. This survey is completed once each fiscal year.

**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 completed and are received within 10 days after the due date

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	100% - Met Best Practice Standard	62%	3%

## 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. This survey is completed once each fiscal year.

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

Quarter	Durham Result	% of LMEs who Met Best Practice	% of LMEs who Met SFY2007
January-March FY07	239% - Met Best Practice Standard	79%	7%

## UTILIZATION MANAGEMENT AUTHORIZATION REQUESTS (APRIL-SEPT 07)

Total Number Submitted and Percentage That Were Complete												
	April		May		June		July		August		September	
Service Agency	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com
Alpha Management Comm Svcs	11	100%	18	83%	13	100%	18	89%	19	100%	12	83%
Alpha Management Services	9	100%	28	100%	46	100%	42	95%	20	95%	13	92%
The ARC of NC	22	100%	41	93%	53	98%	36	94%	64	92%		
ASAP	86	91%	93	98%	72	96%	135	99%	157	96%	135	96%
B&D BHS	62	100%	90	90%	112	99%	120	100%	118	85%	207	59%
BAART									181	100%		
Comprehensive Comm Care			18	100%	25	100%	20	90%	58	95%	20	95%
Caring Family Network	29	86%	32	88%	21	100%	28	93%	31	90%		
Coordinated Health Services	12	92%	13	69%			10	80%	13	100%	10	90%
CNC/Access	10	60%									12	100%
Carolina Outreach LLC	10	70%	39	97%	29	90%	23	100%	33	91%	27	100%
Community Partnerships Inc.			15	100%	26	100%	39	97%	90	99%		
Devereaux Residential Services	11	91%										
DCCLP			10	100%	36	100%	15	93%				
DECI					92	100%			18	100%		
Dominion Ministries	9	78%			11	91%			19	74%		
Duke Family Care					19	95%			19	100%		
Easter Seals UCP					13	100%						

*Continued on next page.*

## UTILIZATION MANAGEMENT AUTHORIZATION REQUESTS (APRIL-SEPT 07)

Total Number Submitted and Percentage That Were Complete												
	April		May		June		July		August		September	
Service Agency	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com	Total Sub	% Com
Family & Youth Services	67	93%	83	100%	89	92%	34	97%	24	46%	12	92%
Family Preservation Services	68	97%	54	78%	37	92%	46	85%	50	100%	24	100%
Freedom House	82	99%	86	93%	55	82%	88	97%	112	98%	91	98%
Hospitals	223	99%	217	100%	185	99%	209	99%	243	99%	236	100%
House of Care			17	94%								
Life Enhancement Services	23	83%	28	96%	10	40%						
Living Well Center	22	82%	24	83%	25	88%	36	94%	39	92%	33	91%
Matchbox Health Services	26	85%	15	100%	21	71%	55	89%	55	85%	66	85%
Rainbow 66									13	100%		
Southlight			61	100%								
SRFC	19	95%	44	91%	40	93%	71	97%	79	92%	66	92%
Telecare							13	100%				
Threshold					10	100%	24	100%	24	96%		
Triumph	50	84%	61	93%	45	89%	33	94%	169	97%	119	98%
All Others	59	98%	76	92%	67	94%	40	95%	66	95%	71	92%
<b>Totals</b>												
	<b>910</b>	<b>94%</b>	<b>1163</b>	<b>94%</b>	<b>1152</b>	<b>95%</b>	<b>1135</b>	<b>96%</b>	<b>1714</b>	<b>95%</b>	<b>1154</b>	<b>89%</b>