



FY09
Summary of State-Reported Outcomes
Second Quarter to Fourth Quarter FY08

October 2, 2008

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COMMUNITY SYSTEMS PROGRESS INDICATORS

The DMH/DD/SAS' Quality Management Team releases a quarterly report of Community Systems Progress Indicators for each LME in North Carolina. The tables and summaries presented over the next few pages present information for the Durham LME, comparing the data to other Urban LMEs (counties with an average of 200 or more persons living per square mile) and Statewide, which includes Urban, Rural and Mixed LMEs.

Timely Access to Care

Rationale: Timely access to appropriate care is critical to protect consumer health and safety, minimize adverse consumer outcomes and promote consumer engagement in services.

For emergent care, qualified provider delivers immediate care when consumer is available to receive it (within two hours of request).

Quarter	SFY 2008 Target	Durham	Urban	State
4th Qtr	100%	100%	98%	97%
3rd Qtr	100%	100%	98%	98%
2nd Qtr	100%	100%	Not available	Not available

For urgent care, a face-to-face service (assessment and/or treatment) js provided within 48 hours of the request.

Quarter	SFY 2008 Target	Durham	Urban	State
4th Qtr	88%	77%	89%	79%
3rd Qtr	88%	73%	88%	79%
2nd Qtr	88%	45%	Not available	Not available

For routine care, a face-to-face service (assessment and/or treatment) is to be provided within 14 calendar days from the date/time of request; in second quarter, the standard was seven calendar days.

Quarter	SFY 2008 Target	Durham	Urban	State
4th Qtr	69%	90%	74%	68%
3rd Qtr	69%	74%	72%	66%
2nd Qtr	69%	61%	Not available	Not available

COMMUNITY SYSTEMS PROGRESS INDICATORS

Services to Persons in Need

Rationale: North Carolina has designed its public system to serve those persons who have the highest need for ongoing care and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. This indicator is measured by comparing the **prevalence**, or percent of the population estimated to have a particular condition in a given year, to the **treated prevalence**, or percent of the population in need who receive services for that condition within a year.

Estimated Persons In Need Of Services: These numbers were calculated by multiplying the most current available statewide prevalence rates for NC for Mental Health issues, Developmental Disabilities, and Substance Abuse by the July 2007 county population projections for each relevant age group for each county in each LME's catchment area.

Sources:

- ◆ Population Data: State Demographics Unit (<http://demog.state.nc.us>), July 2007 Population Projection (last update 6/5/07)
- ◆ Mental Health Prevalence Rates: Prepared by NRI/SDICC for CMHS, August 30, 2007 (for the MH Block Grant)
- ◆ Substance Abuse Prevalence Rates: SAMHSA, Office of Applied Studies, National Surveys on Drug Use and Health, 2004-05
- ◆ Developmental Disability Prevalence Rates: Report by the US DHHS, Surgeon General (2001) based on data from the 1994 and 1995 National Health Interview Survey (NHIS) Disability Supplement, Phase I, Estimated Ages of People with MR/DD in US Non-Institutional Population.

Treated prevalence rate is shown for each age group and disability population on the next page.

COMMUNITY SYSTEMS PROGRESS INDICATORS

Services to Person in Need—Treated Prevalence Rate

Category	Quarter	SFY 2008 Target	Durham	Urban	State
Adult MH	4th Qtr	38%	43%	34%	40%
	3rd Qtr	38%	41%	34%	39%
	2nd Qtr	38%	39%	34%	38%
Child & Adolescent MH	4th Qtr	38%	67%	39%	47%
	3rd Qtr	38%	65%	38%	45%
	2nd Qtr	38%	62%	36%	43%
Adult DD	4th Qtr	36%	38%	33%	38%
	3rd Qtr	36%	37%	33%	37%
	2nd Qtr	36%	36%	33%	36%
Child & Adolescent DD	4th Qtr	19%	24%	18%	20%
	3rd Qtr	19%	23%	18%	19%
	2nd Qtr	19%	22%	17%	19%
Adult SA*	4th Qtr	10%	8%	7%	8%
	3rd Qtr	10%	8%	7%	7%
	2nd Qtr	10%	8%	7%	7%
Adolescent SA*	4th Qtr	9%	11%	6%	7%
	3rd Qtr	9%	10%	6%	6%
	2nd Qtr	9%	9%	5%	6%

**The substance abuse data used to generate these values does not include service data for County-funded services.*

COMMUNITY SYSTEMS PROGRESS INDICATORS

Timely Initiation and Engagement in Service

Rationale: Best practice for initiating and engaging consumers in care suggests that an individual receive two visits within the first 14 days of care and an additional two visits within the next 30 days (a total of four visits within the first 45 days of service). These timelines provide the best opportunity for an individual to become fully engaged in services that can promote recovery and stability.

Category	Quarter	Two Visits in 14 Days				Two More Visits in Next 30 Days			
		SFY 2008 Target	Durham	Urban	State	SFY 2008 Target	Durham	Urban	State
Mental Health	4th Qtr	42%	46%	37%	35%	25%	34%	25%	22%
	3rd Qtr	42%	53%	38%	38%	25%	40%	27%	26%
	2nd Qtr	42%	61%	37%	37%	25%	49%	25%	25%
Developmental Disabilities	4th Qtr	72%	59%	70%	63%	55%	44%	56%	48%
	3rd Qtr	72%	72%	69%	70%	55%	59%	58%	59%
	2nd Qtr	72%	44%	62%	62%	55%	33%	50%	51%
Substance Abuse	4th Qtr	71%	82%	66%	62%	50%	63%	50%	46%
	3rd Qtr	71%	82%	67%	64%	50%	65%	54%	50%
	2nd Qtr	71%	89%	68%	64%	50%	75%	52%	47%
Mental Health/ Developmental Disabilities	4th Qtr	None set	67%	51%	54%	None set	47%	37%	41%
	3rd Qtr	None set	59%	52%	58%	None set	41%	40%	48%
	2nd Qtr	None set	73%	51%	55%	None set	64%	40%	45%
Mental Health/ Substance Abuse	4th Qtr	None set	53%	51%	51%	None set	48%	39%	38%
	3rd Qtr	None set	57%	51%	53%	None set	46%	38%	39%
	2nd Qtr	None set	66%	51%	53%	None set	50%	40%	40%

Source for fourth quarter is Medicaid and State Service Claims Data from second quarter FY08

Source for third quarter is first quarter FY08 claims data

Source for second quarter is fourth quarter FY07 claims data

COMMUNITY SYSTEMS PROGRESS INDICATORS

Effective Use of State Psychiatric Hospitals

Rationale: State psychiatric hospitals provide a safety net for the community service system. An adequate community system can and should provide their residents with crisis services and short-term inpatient care close to home. This helps families stay in touch and reserves high-cost state facility beds for consumers with long-term care needs. *Reducing* the short-term use of state psychiatric hospitals is a goal that also allows more effective and efficient use of funds for community services.

	Short-Term Use (1-7 Days)				Longer-Term Use (8-30 Days)			
	SFY 2008 Target	Durham	Urban	State	SFY 2008 Target	Durham	Urban	State
4th Qtr	No more than 44%	46%	54%	51%	None set	41%	32%	34%
3rd Qtr	No more than 44%	49%	54%	52%	None set	39%	33%	34%
2nd Qtr	No more than 44%	53%	56%	54%	None set	33%	30%	33%

Source: Healthcare Enterprise Accounts Receivable Tracking System (HEARTS) Data on Discharges during Jan 1, 2008-June 30, 2008

State Psychiatric Hospital Readmissions*

Rationale: Successful community living, without repeated admissions to inpatient psychiatric care, requires effective coordination and ongoing appropriate levels of community care after hospitalization. A low psychiatric hospital readmission rate is a nationally accepted standard of care that indicates how well a community is assisting individuals at risk for repeated hospitalizations.

	Within 30 Days of Discharge				Within 180 Days of Discharge			
	SFY 2008 Target	Durham	Urban	State	SFY 2008 Target	Durham	Urban	State
4th Qtr	No more than 8%	15%	10%	9%	No more than 16%	30%	24%	22%
3rd Qtr	No more than 8%	15%	11%	10%	No more than 16%	36%	25%	23%

Source: Healthcare Enterprise Accounts Receivable Tracking System (HEARTS) Data on Discharges during Oct 1, 2007-Dec 31, 2007

*This measure was added in the third quarter report

COMMUNITY SYSTEMS PROGRESS INDICATORS

Timely Inpatient Follow-Up

Rationale: Living successfully in one's community after discharge from a state-operated facility depends on smooth and timely transition to community services/ supports. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and coordination across levels of care.

Alcohol & Drug Addiction Treatment Center (ADATC)

	Follow-Up within 7 Days of Discharge				Follow-Up between 8 and 30 Days of Discharge*		
	SFY 2008 Target	Durham	Urban	State	Durham	Urban	State
4th Qtr	36%	25%	28%	23%	23%	17%	15%
3rd Qtr	36%	23%	25%	21%	16%	15%	12%
2nd Qtr	36%	24%	24%	26%	18%	11%	11%

Other Psychiatric Hospital Units

	Follow-Up within 7 Days of Discharge				Follow-Up between 8 and 30 Days of Discharge*		
	SFY 2008 Target	Durham	Urban	State	Durham	Urban	State
4th Qtr	42%	44%	36%	35%	15%	16%	16%
3rd Qtr	42%	43%	31%	33%	7%	16%	16%
2nd Qtr	42%	55%	37%	35%	9%	15%	15%

Source: Healthcare Enterprise Accounts Receivable Tracking System (HEARTS) Discharge Data (for HEARTS discharges Oct 1–Dec 31, 2007); Medicaid and State Service Claims Data (for claims submitted Oct 1, 2007–June 30, 2008).

*There is no SFY 2008 target set for Follow-Up between eight and 30 Days of Discharge.

PERFORMANCE CONTRACT OUTCOMES

Child Services in Non-Family Settings*

Rationale: Children and adolescents served in the most natural and least restrictive community settings appropriate to their needs are more likely to maintain or develop positive family and community connections and to achieve other lasting, positive outcomes.

	SFY 2008 TARGET	Durham	Urban	State
4th Qtr	No more than 5%	2%	4%	4%
3rd Qtr	No more than 5%	3%	4%	4%

**This measure was added in the third quarter report; Non-Family Settings Include: Level 2 (Program Type), Level 3 and Level 4 Residential Treatment Services.*

Overall Performance on Community Systems Progress Indicators

The Durham Center met or exceeded SFY 2008 Performance Standards for 13 of the 21 indicators that had defined standards for the fourth quarter. The unmet standards are mostly related to hospitalization: effective use of state psychiatric hospitals, state psychiatric hospital readmissions within 30 days and within 180 days of discharge, and timely follow-up after inpatient care at Alcohol and Drug Addiction Treatment Centers. Over the past few months, care coordinators and a hospital liaison have been added to The Durham Center staff to focus on consumers with the highest needs, many of whom will be individuals who may have experienced multiple hospitalizations. Ideally, this focus on high risk and high utilizing consumers will positively impact our ratings. In addition, a formal Utilization Management Committee with a Hospital Subcommittee has been formed to analyze appropriate data to impact systemic change within our provider community and in the community at large.

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 Performance Contract. The 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 for the past three quarters.

Second Quarter (October-December) FY08

Durham met or exceeded 10 (77%) of the 13 performance standards that were applicable this quarter, including one of three Clinical Performance measures, and nine of 10 Administrative Performance measures.

Statewide, LMEs met or exceeded 53% of the standards for Clinical Performance measures, and 74% for Administrative Performance measures. There were no System Management Performance standards evaluated in this report.

Third Quarter (January-March) FY08

Durham met 14 (93%) of the 15 performance standards that were applicable this quarter. Statewide, LMEs met 88% of the standards. This revised reporting format no longer separates the requirements into the three main areas used in previous quarters. There is also no longer a distinction between SFY Standards and Best Practice Standards.

The single unmet area this quarter was associated with the timely submission of all expected NC-TOPPS Update interviews by provider agencies. No LMEs met this entire requirement; however, Durham is one of only six LMEs with over 90% compliance with submission of expected NC-TOPPS Update interviews.

Fourth Quarter (April-June) FY08

Again, Durham met 14 (93%) of the 15 performance standards that were applicable this quarter. Statewide, LMEs met 89% of the standards.

Again, the single unmet area this quarter was associated with the timely submission of all expected NC-TOPPS Update interviews by provider agencies. The Durham Center's Quality Management Director is working with the NC-TOPPS Advisory Committee members to devise and implement improved methods for measuring and increasing compliance with this requirement.

PERFORMANCE CONTRACT OUTCOMES

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.

SFY 2008 Standard: Each report shows clear evidence of an effective process containing all five elements (1-5 above).

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	92%
3rd Qtr	100% - Met Standard	88%
2nd Qtr	100% - Met Standard	92%

PERFORMANCE CONTRACT OUTCOMES

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.

SFY 2008 Standard: Reports are accurate, complete, and are received no later than 10 days after the due date.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	95%
3rd Qtr	100% - Met Standard	100%
2nd Qtr	100% - Met Standard	100%

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.

SFY2008 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	100%
3rd Qtr	100% - Met Standard	100%
2nd Qtr	100% - Met Standard	92%

PERFORMANCE CONTRACT OUTCOMES

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.

SFY 2008 Standard: 90% 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.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	96%
3rd Qtr	100% - Met Standard	96%
2nd Qtr	100% - Met Standard	79%

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.

SFY 2008 Standard: 90% 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.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	96%
3rd Qtr	100% - Met Standard	92%
2nd Qtr	99% - Met Standard	75%

PERFORMANCE CONTRACT OUTCOMES

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".

SFY 2008 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	96%
3rd Qtr	100% - Met Standard	96%
2nd Qtr	100% - Met Standard	92%

Client Data Warehouse (CDW) - Identifying & Demographic 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.

SFY 2008 Standard: 90% 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.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	83%
3rd Qtr	100% - Met Standard	88%
2nd Qtr	100% - Met Standard	79%

PERFORMANCE CONTRACT OUTCOMES

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, CSMAJ.

SFY 2008 Standard: 90% of open clients in designated target populations have drug of choice record completed within 60 days.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	92%
3rd Qtr	100% - Met Standard	92%
2nd Qtr	100% - Met Standard	75%

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.

SFY 2008 Standard: 90% of clients admitted since October 1, 2006 who meet the above conditions.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100% - Met Standard	100%
3rd Qtr	100% - Met Standard	100%
2nd Qtr	100% - Met Standard	80%

PERFORMANCE CONTRACT OUTCOMES

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.

SFY 2008 Standard: 90% of the expected initial forms are received on time.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	This measure is being revised	This measure is being revised
3rd Qtr	This measure is being revised	This measure is being revised
2nd Qtr	This measure is being revised	This measure is being revised

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.

SFY 2008 Standard: 90% of the expected update forms are received and are timely.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	87%-Did Not Meet Standard	<1%
3rd Qtr	91% (not timely)-Did Not Meet Standard	0%
2nd Qtr	81%-Did Not Meet Standard	0%

PERFORMANCE CONTRACT OUTCOMES

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.

SFY 2008 Standard: 90% of current assessments are no more than 15 months old.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	99.5%-Met Standard	79%
3rd Qtr	100%-Met Standard	79%
2nd Qtr	100%-Met Standard	79%

Crisis Services Report

Performance Requirement: LME submits all required quarterly Crisis Services reports by the 25th of the month following the end of the quarter as required by SL 2007-323 and House bill 1473, Section 10.49 (o) and DMH/DD/SAS memo dated 4/18/07.

SFY 2008 Standard: Reports are timely and complete.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100%-Met Standard	100%
3rd Qtr	100%-Met Standard	100%

PERFORMANCE CONTRACT OUTCOMES

System of Care Report

Performance Requirement: LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2008 Standard: All reports are accurate and complete and are received no later than seven days after the due date.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100%-Met Standard	96%
3rd Qtr	100%-Met Standard	100%

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.

SFY 2008 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 That Met Standard
4th Qtr	100%-Met Standard	83%

PERFORMANCE CONTRACT OUTCOMES

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: a) building service capacity; b) ensuring continuity of care during divestiture of services, and/or c) ensuring the use of evidence-based practices. The report provides information about the QI projects that have been undertaken and addresses the following elements for each project: 1) the basis for choosing the issues targeted for improvement (e.g. data analyzed), 2) strategies developed to address identified issues, 3) actions taken, 4) an evaluation of results to date, and 5) recommendations for next steps.

SFY 2008 Standard: At least three QI projects were undertaken with all five elements addressed for each project.

Quarter	Durham Result	% of LMEs That Met Standard
4th Qtr	100%-Met Standard	96%

QI Projects for FY08 submitted by The Durham Center: Employee Satisfaction, Care Review Team for Children, Provider Compliance with Incidents & Death Reporting, Provider Compliance with NC-TOPPS and Crisis Services Utilization Review