

FY 2011

Second Quarter Data Report to
Durham Area Board



April 7, 2011

**Report to The Durham Center Area Board of Directors
Second Quarter FY 2011 – Data Report**

This report allows the reader to view “at a glance” the main indicators of effectiveness to which The Durham Center is holding itself accountable. Additional presentations to the Area Board of Directors will focus more in-depth on one of the indicators described on the following pages, or on other critical systems improvement initiatives.

The indicators fall under the three goals in The Durham Center’s FY 11 – 13 Strategic Plan:

Goal One:

The Durham Center will Adopt Exemplary Practices in Managing Care

Goal Two:

The Durham Center will Ensure the Quality of Life for Consumers Served Improves

Goal Three:

The Durham Center will Develop High Quality Services and Supports for Consumers

In this report, data is presented to support measurable indicators of the above outcomes. All indicators will be reported on a quarterly basis unless noted otherwise.

Green lines specify targets for some of the indicators (note that not all indicators have specific targets outlined at this time).

Contents

THE DURHAM CENTER DASHBOARD FOR FISCAL YEAR 2011 4

Goal One: The Durham Center will Adopt Exemplary Practices in Managing Care 5

 1.1: The Durham Center will meet at least 90% of the State Performance Contract Outcomes. 5

 1.1.A: Of the individuals estimated to need services, the following percentages, per disability group, will show for services: mental health - higher than 50%, developmental disabilities - higher than 40%, and substance abuse - higher than 12%. 5

 1.1.B: The engagement in services for each disability group will be 5% above the DMH/DD/SAS standards. 7

 1.1.C: There will be a minimum of 55% of consumers retained in substance abuse outpatient services for at least 4 contacts in 45 days..... 9

 1.2: At least 35% of state and local funds will be used for evidence-based or best practice services... 10

 1.3: Approximately 25% of our budget will be expended each quarter..... 11

 1.4: Monitor # of Individuals Waiting for Services..... 11

Goal Two: The Durham Center will Ensure the Quality of Life for Consumers Served Improves..... 12

 2.1: % of Individuals with MH/DD/SA Diagnoses Admitted at Emergency Department will be less than 75 per 10,000 people. 12

 2.2: State Psychiatric Hospital Admissions Will be 20 or Less/Month..... 13

 2.3: Less Than 30% of Durham Consumers will be Admitted to State Hospitals for 1 – 7 Days..... 13

 2.4: Reduce State Psychiatric Hospital Readmissions..... 14

 2.5: 85% of Consumers/Families will be Satisfied with Services. 15

Goal Three: The Durham Center Will Develop an Array of High Quality Services and Support 15

 3.1: 50% of Consumers Receiving Housing Supports Remain in Stable Housing for 6 Months..... 15

 3.2: 1% of Less of Children Placed in Non-Family Settings (Level 2 - Program Type, Level 3 and Level 4 Residential Services) 16

 3.3: 75% of the Individuals Receiving Supported Employment Feel Service Meets Their Needs. 16

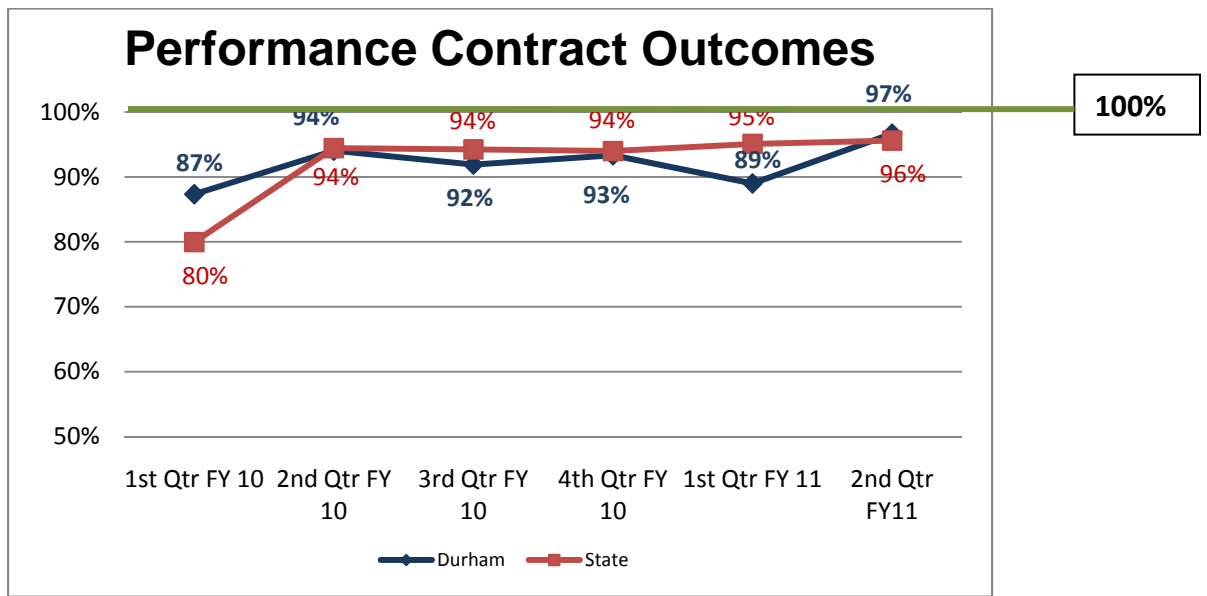
THE DURHAM CENTER DASHBOARD FOR FISCAL YEAR 2011

Objective	Data Source	Projected Outcomes	Q1	Q2	Q3	Q4	Current Status
Goal 1: The Durham Center will Adopt Exemplary Practices in Managing Care							
1.1 Meet 90% of State Performance Contract Outcomes:	DMH/DD/SAS Community Systems Improvement (CSI) & Performance Contract Reports	90% or >	89%	97%			Met
1.1a: Services to Persons in Need 5% Above State Standards	DMH/DD/SAS CSI Report	MH: >50% SA: >12% DD: >40%	MH: A=52% MH: C=68% SA: A=12% SA: C=14% DD: A=39% DD: C=28%	MH: A=54% MH: C=66% SA: A=12% SA: C=13% DD: A=39% DD: C=28%			MH: Met SA: Met DD: Not Met
1.1b: Service Engagement is 5% Above State Standards	DMH/DD/SAS CSI Report	MH: >39% SA: >57% DD: >60%	MH: = 43% SA: = 74%	MH: = 42% SA: = 66% DD: = 64%			MH: Met SA: Met DD: Met
1.1c: Min. of 55% SA Consumers Retained for 4 visits in 45 days	DMH/DD/SAS CSI Report	>55%	53%	53%			Not Met
1.2 At Least 35% of State/Local Funds are Used for Best Practices	Paid Claims and Provider Reports	35% of >	41%	50%			Met
1.3 25% of Budget Expended per Qtr	Paid Claims/non-UCR Rev & Exp	25%	17%	21%			Not Met
1.4 Monitor the number of Individuals Waiting for Services	Provider Reports	Collect Baseline	End of Qtr=70 Avg for Qtr=39	End of Qtr=2 Avg for Qtr=26			N/A
Goal 2: The Quality of Life and Outcomes for Consumers and Their Families will Improve							
2.1 The Rate for Individuals Admitted at EDs will be Less than 75 per 10,000	NC-DETECT	75 or <	N/A	N/A			Data Available Next Quarter
2.2 State Psychiatric Hospital Admissions will be 20 or Less/ month	DMH/DD/SAS HEARTS Data	< 20 per Month	17	18			Met
2.3 Less than 30% Admitted to State Hospital for 1-7 Days	DMH/DD/SAS CSI Report	< 30% - 1-7 Days	27%	25%			Met
2.4 Reduce State Psychiatric Hospital Readmissions	DMH/DD/SAS CSI Report	<10% - 30 Days <22% - 180 Days	30 Days=14% 180 Days=26%	30 Days=8% 180 Days=20%			Met
2.5 85% of Consumers/Families will be Satisfied with Services	(Annual) National Core Indicators (DD) & Needs Assessment; (Quarterly) Sample Survey of Consumers	85% or >	N/A	90%			Met
Goal 3: The Durham Center Will Develop an Array of High Quality Services and Supports							
3.1 50% of Consumers Receiving Housing Supports Remain in Stable Housing for 6 Months	TDC Housing Specialist; Data by Disability	50% or >	N/A	N/A			Data Available Next Qtr
3.2 1% or Less of Children Placed in Non-Family Settings	DMH/DD/SAS CSI Report	1% or <	1%	2%			Not Met
3.3 75% of People Receiving Supported Employment Feel Services Meet their Needs	Sample Survey	75% or >	N/A	N/A			Data Available Next Qtr

Goal One: The Durham Center will Adopt Exemplary Practices in Managing Care

1.1: The Durham Center will meet at least 90% of the State Performance Contract Outcomes.

Each year a Performance Contract is developed between the Local Management Entities (LME) and NC DHHS. Each quarter the State provides a summary of LME status on critical measures (i.e., timely initiation and engagement in services and service to persons in need) and compliance in submitting required data/reports (Quarterly Incident Reports, NC SNAP) that are included within this *DHHS-LME Performance Contract*. The number of outcomes Durham has met continued to rise since FY 08 and reaching the highest percentage this quarter of 97%. TDC did not reach 100% because of late NCTOPPS submissions. We continue to pursue an overall rating of 100%.



SOURCE: NCDHHS, NCDMHDDSAS, Community Systems Progress Indicators quarterly reports, FY08-FY11

In line with Durham Center's Strategic Plan, several of the performance contract outcomes will be prioritized:

- Prevalence – The percentage of estimated individuals in need who present for services
- Engagement – The percentage of consumers who show for the first two appointments
- Retention in substance abuse treatment services – The percentage of consumers who show for the first four appointments.

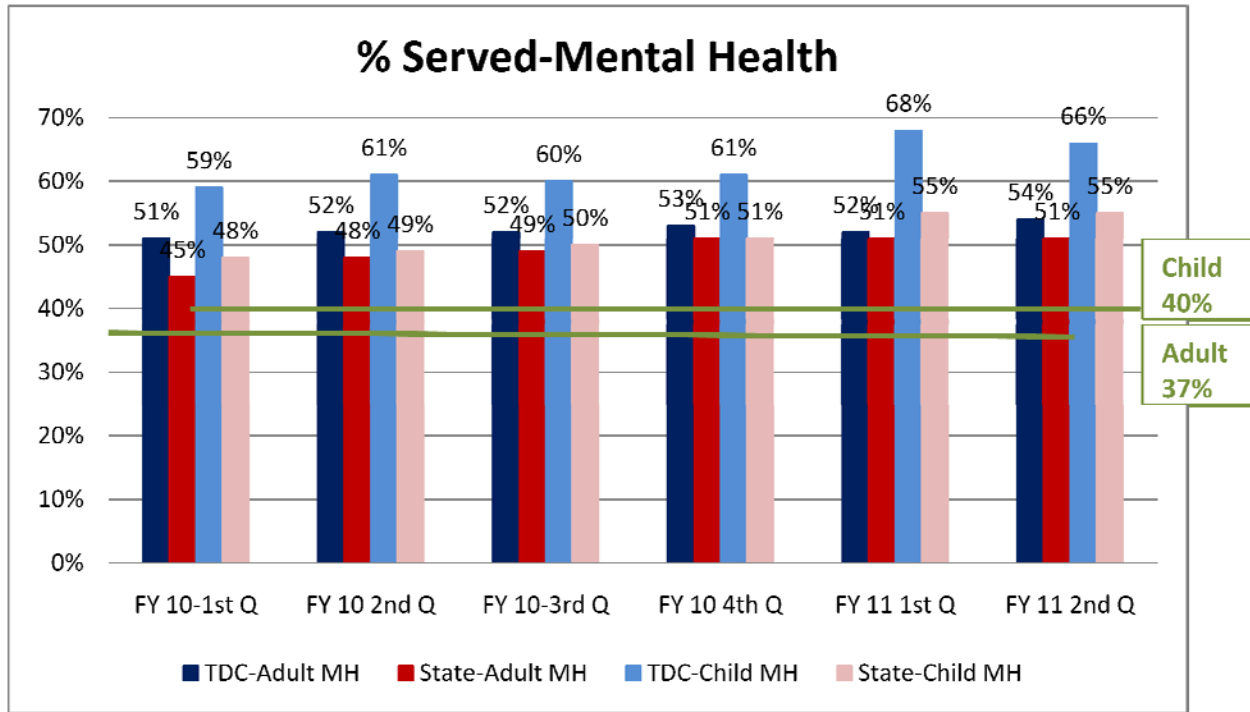
1.1.A: Of the individuals estimated to need services, the following percentages, per disability group, will show for services: mental health - higher than 50%, developmental disabilities - higher than 40%, and substance abuse - higher than 12%.

SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

The percentage of individuals who present for developmental disability services has exceeded the state standards for both child (18%) and adult (33%) since FY 10. However, the percentages do not meet Durham Center's FY 11 goals of 40%.

SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

In Durham County, a greater percentage of individuals needing substance abuse treatment request treatment as compared to the average percent in other areas of the state and the state standard. Only the adolescent substance abuse percent exceeds Durham Center's FY 11 goal of greater than 12%.

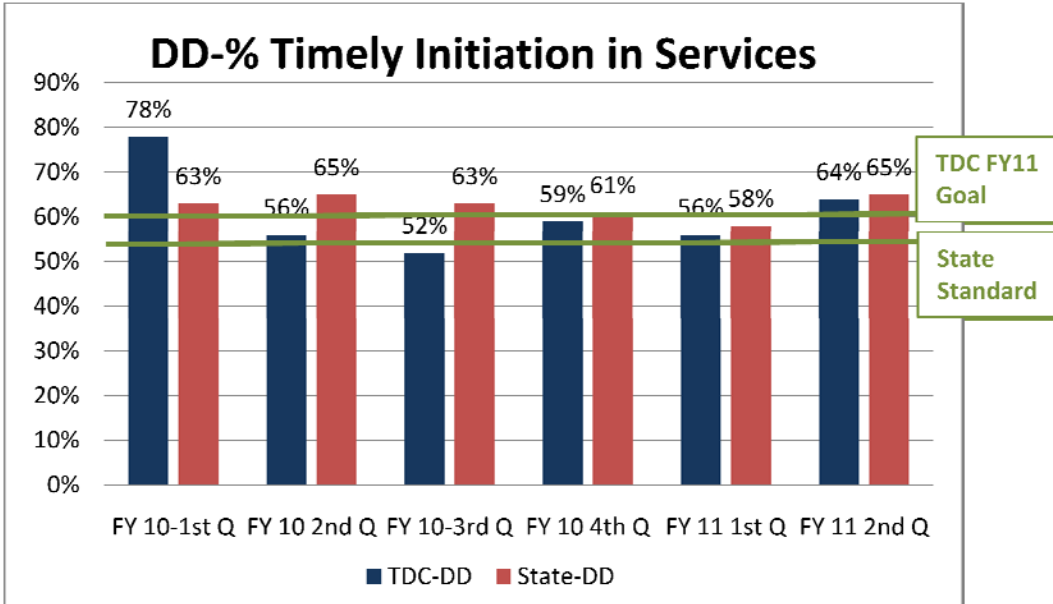


SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

The percentage of individuals served with emotional disturbance or mental illness consistently exceeds the state standard, state average, and Durham Center's FY 11 goal of 50%.

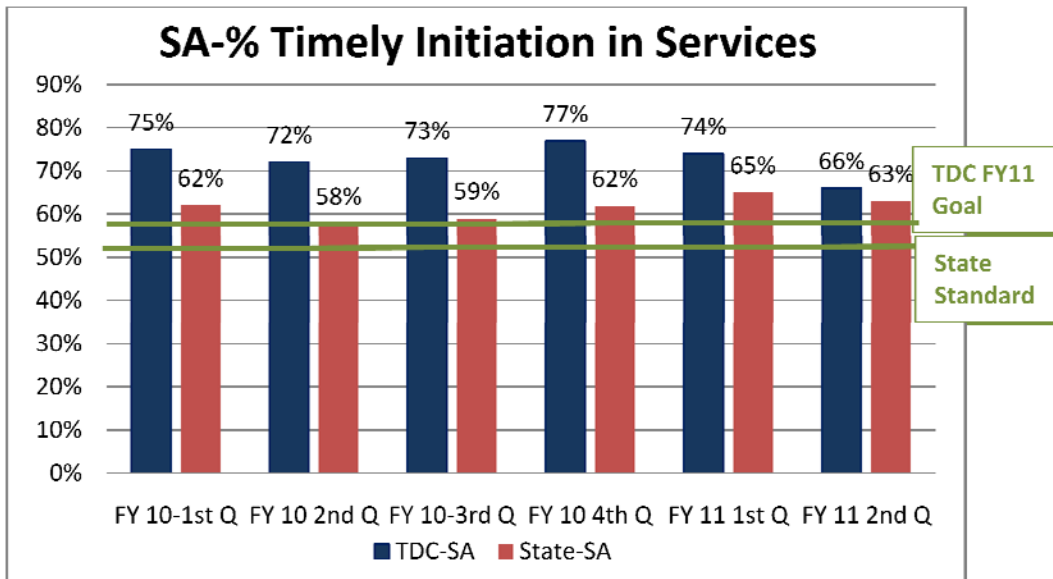
1.1.B: The engagement in services for each disability group will be 5% above the DMH/DD/SAS standards.

The State Division of Mental Health, Developmental Disabilities, and Substance Abuse Services sets standards for providers to engage consumers early in their services - 55% for developmental disability services (DD), 52% for substance abuse services (SA), and 34% for mental health services (MH).

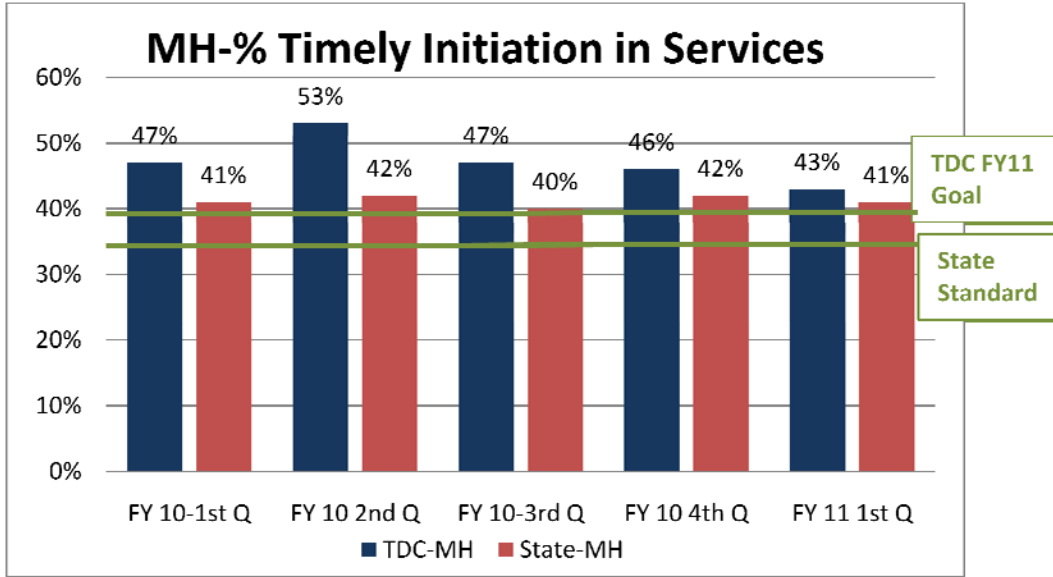


SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

While Durham County providers consistently exceeded the state standards, mental health and substance abuse providers met or exceeded The Durham Center's FY 11 goals of 60% (DD), 57% (SA), and 39% (MH).

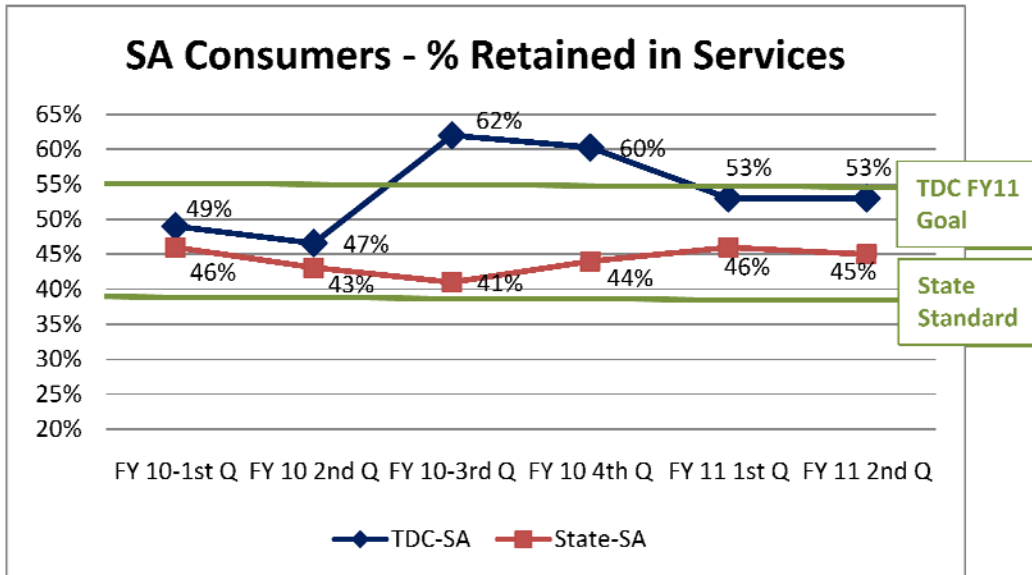


SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.



SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

1.1.C: There will be a minimum of 55% of consumers retained in substance abuse outpatient services for at least 4 contacts in 45 days.

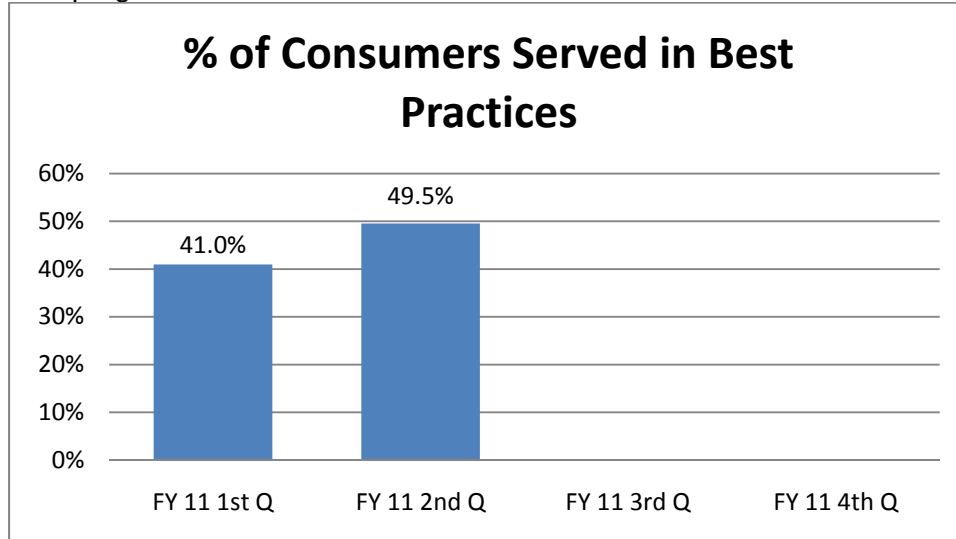


SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

Research indicates that individuals who remain in substance abuse treatment for longer periods of time have better outcomes. Durham Center set a goal of 55% of individuals attending at least 4 sessions and retaining in services for at least 45 days. Data from the second quarter of FY 11 indicated that Durham County providers fell slightly short of the goal at 53% but exceeded the state standard of 39%.

1.2: At least 35% of state and local funds will be used for evidence-based or best practice services.

The Durham Center has been building a system of services shown to be effective in research studies and evaluation for several years. The chart below shows the percent of consumers served in these programs.



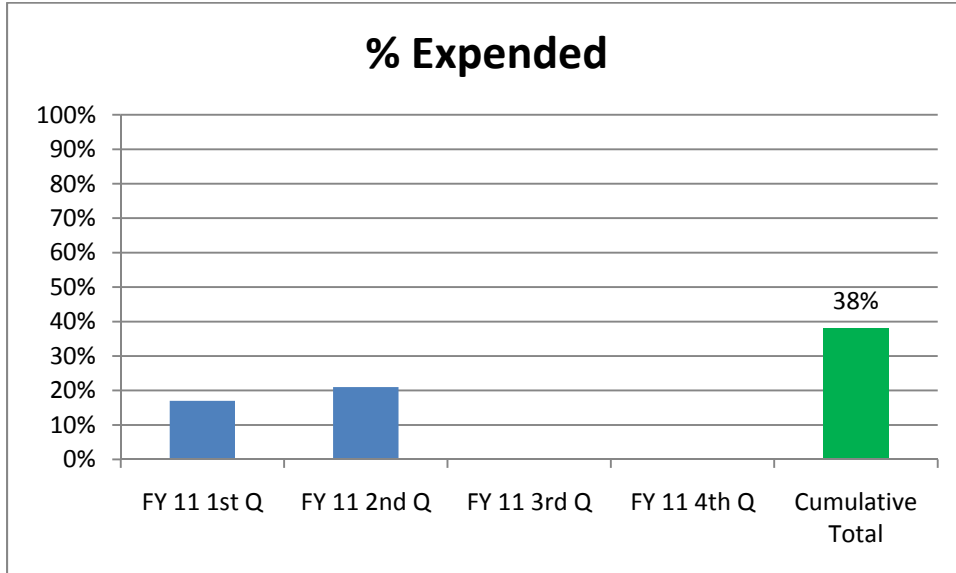
Source: The Durham Center **state and local** paid claims data between July 1 – December 31, 2010 and non-UCR reports submitted by providers. Data for the 2nd Quarter indicated an unduplicated count of 2,196 consumers. Best practice programs served 1,088 individuals.

The services and programs considered best practice are as follows:

Programs:	Age Group	Disability
CASCADES (residential treatment for women & their children)	Adult	SA
Child Wrap-Around Initiative	Child	MH/SA
Dialectical Behavior Therapy	Adult	MH
Dual Disorder Intensive Outpatient Program	Adult	MH/ SA
Durham Inclusion Support Services	Child/Adult	DD
Family Care Program	Adult	SA
NC START (crisis response/consultation)	Adult	DD
Project Search	Child/Adult	DD
Seeking Safety	Adult	MH/SA
Substance Abuse Brief & Intensive Outpatient Program	Adult	SA
Substance Abuse Prevention (Nurturing Parenting, Family Support Program, Strengthening Families)	Child/Adult	SA
Supported Employment	Adult	DD/MH
Time Banks	Adult	DD
Voucher Respite	Child/Adult	DD
Wellness, Management, & Recovery	Adult	MH
Services:		
Assertive Community Treatment Team (ACTT)	Adult	MH/SA/DD
Community Alternative to Employment Training (CAET)	Child/Adult	DD
Family Therapy	Child	MH/SA
Multisystemic Therapy (MST)	Child	MH/SA
Opioid Treatment	Adult	SA

1.3: Approximately 25% of our budget will be expended each quarter.

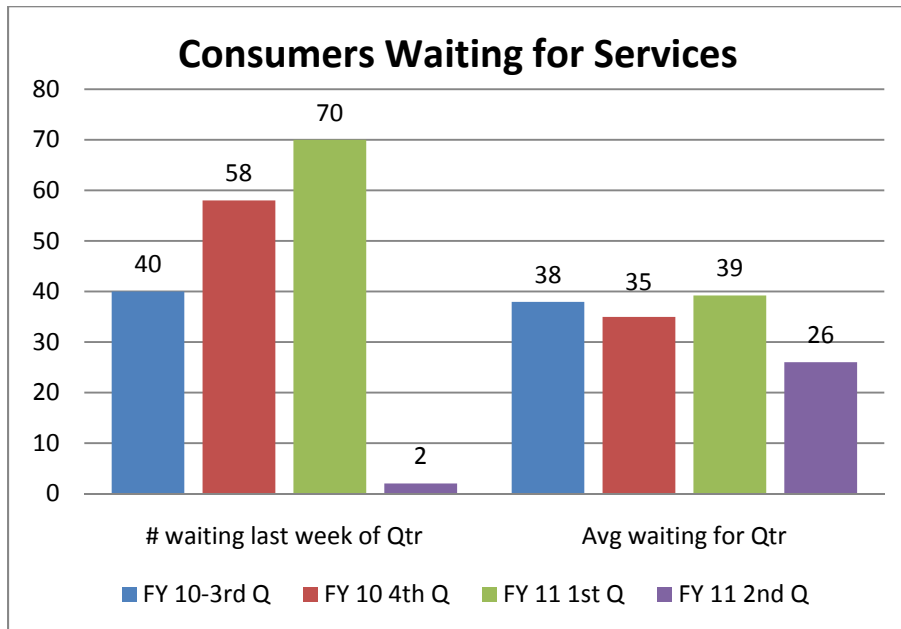
As stewards of public funding, The Durham Center strives to manage services effectively and efficiently. Expenditures increased in the second quarter to 21% of budget. Overall, The Durham Center is slightly below its goal by spending 38% of the budget.



Source: The Durham Center **state and local** paid claims data between July 1 – December 31, 2010 and non-UCR expenditure claims submitted by providers.

1.4: Monitor # of Individuals Waiting for Services.

As the economic crisis continues, the need for behavioral health services has increased. The Durham Center will monitor the number of individuals waiting for services in order to identify service gaps and build needed services in the community.



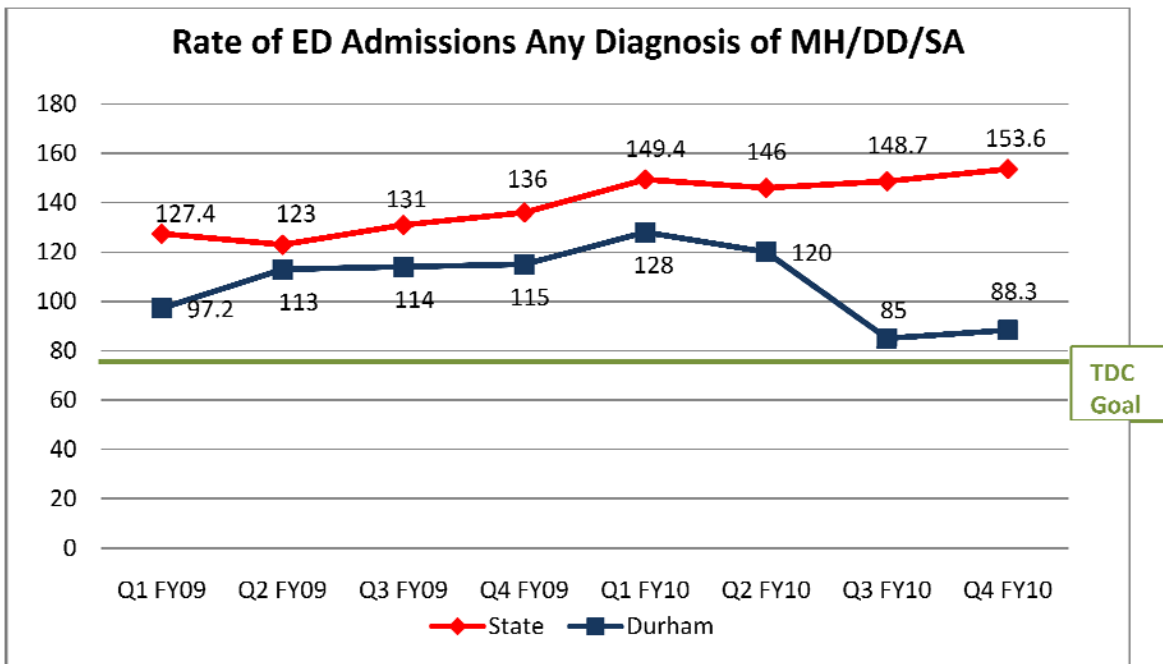
Source: Numbers submitted by providers from January 4 – December 31, 2010.

In the first half of FY 11, consumers waited for CAP-MR/DD (Medicaid waiver for individuals with developmental disabilities), Family Support Program (in-home substance abuse prevention), residential substance abuse treatment programs, and intensive dual-disorder (MH-SA) program. The number waiting fell in the 2nd Quarter, primarily due to less demand around the major holidays (Thanksgiving and Christmas).

Goal Two: The Durham Center will Ensure the Quality of Life for Consumers Served Improves

2.1: % of Individuals with MH/DD/SA Diagnoses Admitted at Emergency Department will be less than 75 per 10,000 people.

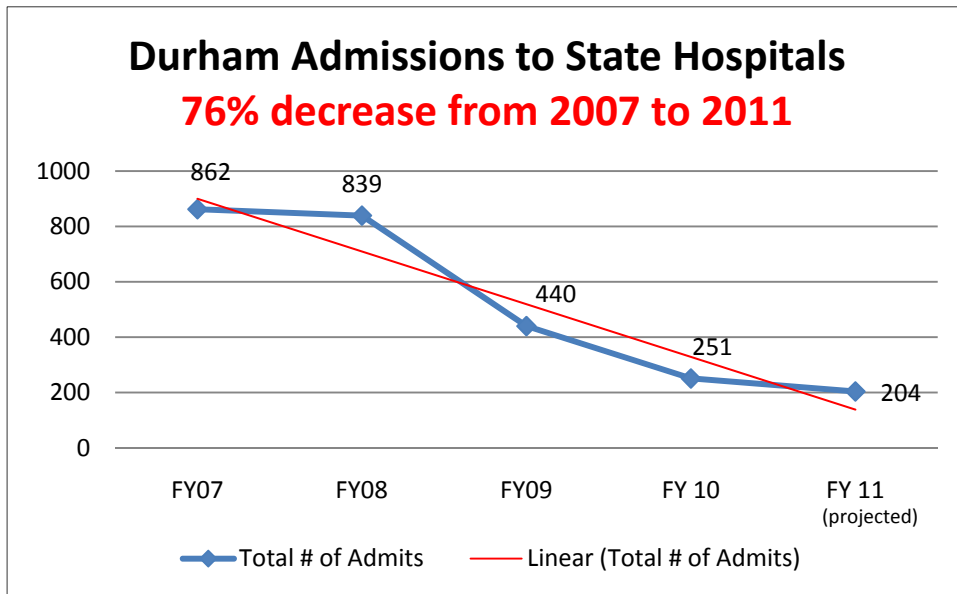
In past years, Durham County has had a history of high rates of admissions of individuals with behavioral health disorders (defined as either mental illness, substance abuse, or both) to community emergency departments. However, from fiscal year 2008 to present, the rate for Durham County has been lower than the state average and continues to decrease. In fiscal year 2008 Durham’s rate was approximately 85 per 10,000 people, with the state average at approximately 100 per 10,000 individuals. With Durham’s rate continuing to decrease, the Durham Center (TDC) Local Management Entity (LME) currently ranks as the 4th lowest compared to the other LMEs for all disability groups. The statewide admissions have increased over the past 2 years, as indicated in the chart provided.



Source: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), FY 11 data not yet available.

2.2: State Psychiatric Hospital Admissions Will be 20 or Less/Month.

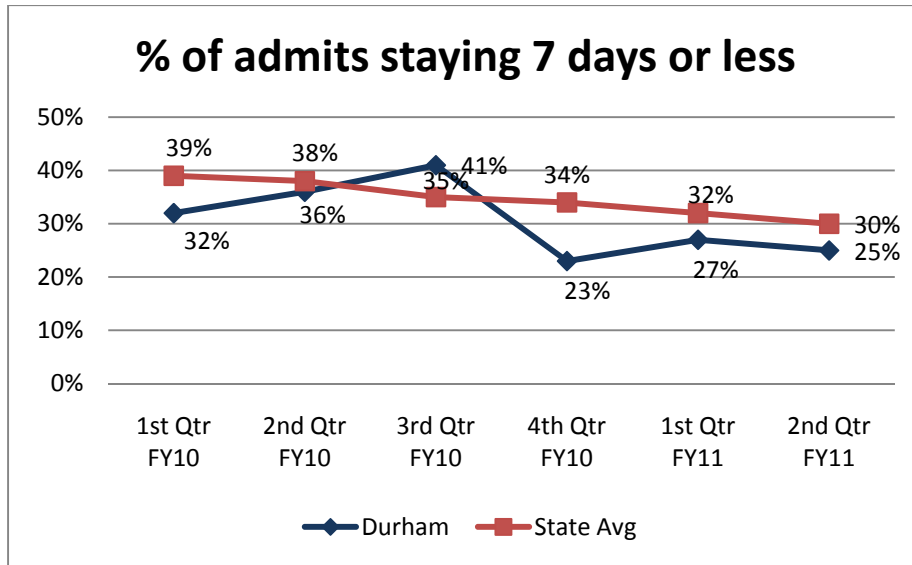
Admissions of Durham residents to state hospitals decreased by 76% over the last three years. Durham’s State Hospital admission rate had been consistently higher than the State rate until the 2nd Quarter of 2010 (October to December of 2009). The reduction in hospital use can be credited to Durham Center’s Hospital Plan, which includes Durham Center Access’ diversion of admissions to the State hospitals, the Mobile Crisis Team in 2009, and Durham Center’s care coordination efforts. TDC’s goal for FY 11 is to reduce admissions to no greater than 20 per month. In FY 11, an average of 17 and 18 consumers (1st and 2nd Quarters, respectively) were admitted to the state facilities. We will continue ensure consumers are served in the most appropriate and least restrictive environments.



SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

2.3: Less Than 30% of Durham Consumers will be Admitted to State Hospitals for 1 - 7 Days.

State psychiatric hospitals provide a safety net for the community service system. Adequate care in the community should provide short-term inpatient care in a local hospital. This helps families stay involved and reserves high-cost state facility beds for consumers with long-term care needs. Reducing the short-term use of state psychiatric hospitals also allows more effective and efficient use of funds for community services. This indicator is measured as the percent of persons discharged from state psychiatric hospitals each quarter who have a length of stay of 7 days or less.

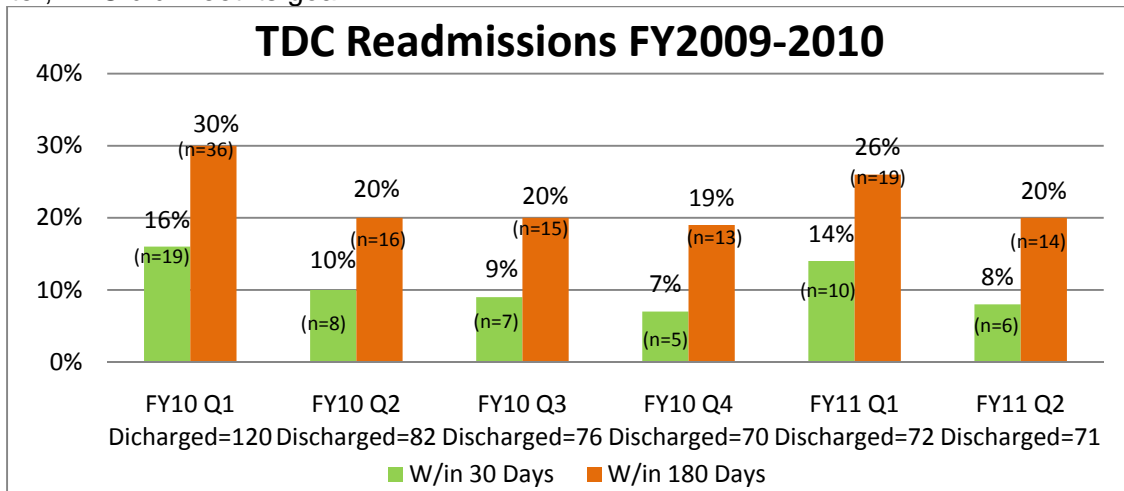


SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

Except for the Third Quarter of FY 10, the % of Durham County residents who stay at state hospitals has been lower than the state average. In the Second Quarter of FY 11, ¼ of Durham admissions stayed 7 days or less, meeting Durham Center’s goal of less than 30%.

2.4: Reduce State Psychiatric Hospital Readmissions.

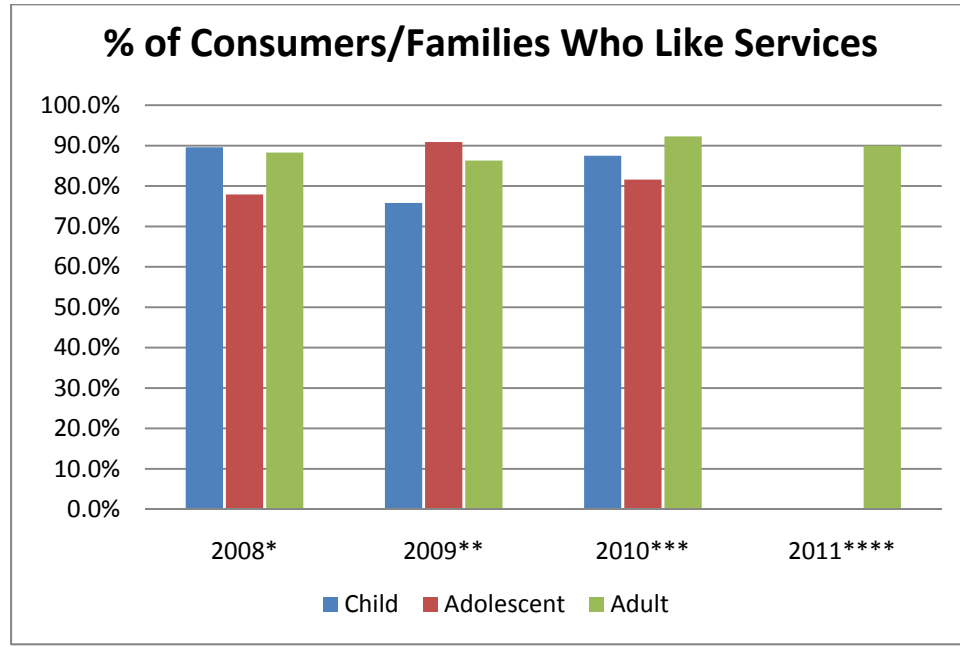
Successful community living, without repeated admissions to inpatient care, requires effective coordination and ongoing appropriate levels of community care after hospitalization. A low psychiatric hospital readmission rate is a nationally accepted standard of care that indicates how well a community is assisting individuals at risk for repeated hospitalizations. Historically, the rate of readmission for Durham County residents has been higher than the state average. The Durham Center’s FY 11 goal is no more than 10% for consumers re-admitted within 30 days of discharge and 22% of less for consumers re-admitted within 180 days. In the Second Quarter, TDC did meet its goal.



SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

2.5: 85% of Consumers/Families will be Satisfied with Services.

The Durham Center received the results of perception of care surveys, conducted in 2009 and Spring of 2010, in December of 2010. The baseline results are provided below:



Source: NCDMH/DD/SAS, Perception of Care Survey Results, 2008, 2009, 2010 and The Durham Center Needs Assessment. *2008 results from surveys sent by all service providers. **2009 results from providers of Intensive In Home and Community Support Team. ***2010 results from providers of Substance Abuse Intensive Outpatient Programs, Substance Abuse Comprehensive Outpatient Treatment, Day Treatment, and Psychosocial Rehab. ****2011 data from Durham Center Needs Assessment.

Results from The Durham Center Needs Assessment Consumer Survey indicated that 90% of consumers were satisfied with their services. The Durham Center will continue to monitor satisfaction and respond to consumer/family concerns.

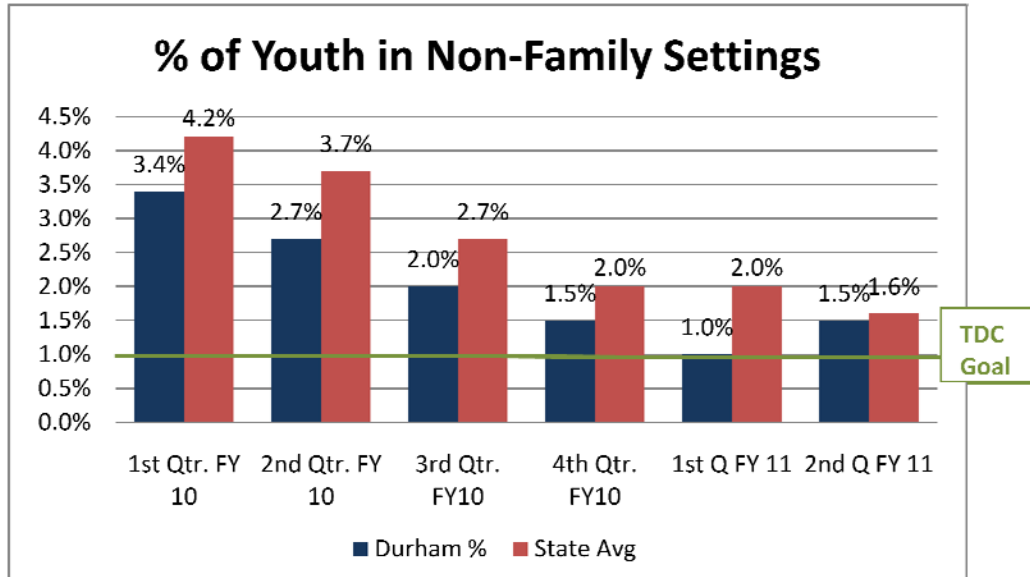
Goal Three: The Durham Center Will Develop an Array of High Quality Services and Support

3.1: 50% of Consumers Receiving Housing Supports Remain in Stable Housing for 6 Months

Data will be available in the next quarter.

3.2: 1% of Less of Children Placed in Non-Family Settings (Level 2 - Program Type, Level 3 and Level 4 Residential Services)

Serving youth in family-based settings can promote positive interpersonal relationships and support better recovery and adjustment. The Durham Center puts forth a strong effort to keep children in family-based settings with appropriate structured supports. The percentage for the entire state has decreased due to reductions in group home funding. Durham had the state's lowest percentage in the first and third quarters of FY09 and continues to maintain a percentage lower than the state average although it increased .5% above TDC's goal of 1% in the second quarter.



SOURCE: Medicaid and State Service Claims Data for the one year period: October 1, 2009 to September 30, 2010 based on claims paid through January 31, 2011.

3.3: 75% of the Individuals Receiving Supported Employment Feel Service Meets Their Needs.

Data will be available in the next quarter.