

# Local Management Entities'

# Appendix B

## Performance Data, April 1–June 30, 2008

	Treated Prevalence		Timely Access to Services [1][2]			Timely Initiation & Engagement [1]		Timely Follow Up [1]
	Treated Prevalence: Adults who Receive Public Substance Abuse Services	Treated Prevalence: Children who Receive Public Substance Abuse Services	Emergent (within 2 hours)	Urgent (within 48 hours)	Routine (within 14 calendar days)	2 visits in first 14 days	4 visits in first 45 days	Seen in 1-7 days after release from ADATC
<b>SFY 2008 Performance Target [3]</b>	<b>10%</b>	<b>9%</b>	<b>100%</b>	<b>88%</b>	<b>69%</b>	<b>71%</b>	<b>50%</b>	<b>36%</b>
<b>SFY Performance Contract Requirement [3]</b>	<b>8%</b>	<b>7%</b>	<b>100%</b>	<b>80%</b>	<b>63%</b>	<b>59%</b>	<b>42%</b>	<b>24%</b>
<b>Statewide Average</b>	<b>8%</b>	<b>7%</b>	<b>100%</b>	<b>79%</b>	<b>68%</b>	<b>62%</b>	<b>46%</b>	<b>23%</b>
Alamance-Caswell-Rockingham	7%	6%	100%	100%	52%	56%	33%	17%
Albemarle (Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington)	10%	6%	100%	68%	53%	36%	27%	21%
Beacon Center (Edgecombe, Greene, Nash, Wilson)	5%	5%	100%	13%	51%	56%	38%	8%
Burke-Catawba	9%	7%	100%	100%	28%	63%	51%	27%
CenterPoint (Davie, Forsyth, Stokes)	8%	9%	100%	78%	58%	57%	46%	14%
Crossroads (Iredell, Surry, Yadkin)	8%	6%	100%	66%	57%	69%	48%	25%
Cumberland	6%	8%	100%	78%	71%	58%	46%	0%
Durham	8%	11%	100%	77%	90%	82%	63%	25%
East Carolina Behavioral Health (Beaufort, Bertie, Craven, Gates, Hertford, Jones, Northampton, Pamlico, Pitt)	7%	10%	100%	75%	86%	67%	47%	15%
Eastpointe (Duplin, Lenoir, Sampson, Wayne)	6%	5%	100%	78%	90%	49%	31%	16%
Five County (Franklin, Granville, Halifax, Vance, Warren)	10%	9%	100%	100%	82%	42%	30%	24%
Foothills (Alexander, Caldwell, McDowell)[4]	7%	4%				60%	51%	14%
Guilford	8%	6%	100%	100%	84%	72%	52%	38%
Johnston	11%	4%	100%	100%	55%	53%	44%	43%
Mecklenburg	8%	5%	100%	95%	61%	70%	52%	17%
Onslow-Carteret	6%	6%	100%	71%	65%	54%	39%	17%
Orange-Person-Chatham	7%	7%	100%	93%	85%	66%	46%	16%
Pathways (Cleveland, Gaston, Lincoln)	10%	8%	88%	77%	61%	59%	45%	41%
Piedmont (Cabarrus, Davidson, Rowan, Stanly, Union)[5]								

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Alamance-Caswell-Rockingham	7%	6%	100%	100%	52%	56%	33%	17%
Sandhills Center (Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond)	7%	8%	100%	90%	81%	64%	42%	33%
Smoky Mountain (Alleghany, Ashe, Avery, Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, Watauga, Wilkes)	9%	7%	100%	69%	70%	58%	46%	24%
Southeastern Center (Brunswick, New Hanover, Pender)	9%	6%	100%	77%	77%	57%	45%	36%
Southeastern Regional (Bladen, Columbus, Robeson, Scotland)	11%	7%	100%	86%	77%	65%	42%	53%
Wake	5%	4%	100%	92%	74%	58%	44%	25%
Western Highlands (Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey)	9%	8%	100%	58%	87%	75%	60%	25%

Source: MH/DD/SAS Community Systems Progress Report. (Fourth Quarter SFY 2007-2008. April 1-June 30, 2008). September 15, 2008.

[1] Performance standards are based on national measures, when available. For example, the performance standards for timely access to care (emergent, urgent and routine) and timely follow-up after inpatient care (ADATCs) are based on the Healthcare Enterprise Data Information System (HEDIS) measures, supported by the federal Centers for Medicare and Medicaid Services. The performance standards for timely initiation and engagement in services (2 visits in first 14 days, 4 visits in first 45 days) are based on national standards, Washington Circle Public Sector Workgroup ([www.washingtoncircle.org](http://www.washingtoncircle.org)).

[2] Timely access to care includes access for people with substance abuse problems, mental health problems, and developmental disabilities. Timely access measures have been based on LME self-reported data. These data are not subject to external verification. With other data, the state calculates the percentages based on claims data. Because of the way these data were collected, DMHDDSAS did not have the ability to separate out the timely access measures for people by specific disability (such as those with a substance abuse disorders) at the time of this report. These data problems are being addressed. The data collected in SFY 09 is based on claims data, so can be reported separately for each disability group.

[3] The percentage targets and contract performance standards (minimums) were established by the Division. The performance contract standards are set based on the statewide average in the prior fiscal year. LMEs may be sanctioned for failure to meet these minimum standards. The current performance contract standards set achievable bars, which push the poorer performing LMEs to reach the level of their colleagues while simultaneously pushing up the overall standard each year. The performance targets are set by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to emphasize high priority areas, while trying to be realistic about what can be achieved in a single year. The goal is to continuously raise these targets as statewide performance increases. Over time, DMHDDSAS plans to establish best practice benchmarks.

[4] Data for Foothills was not provided for the "Timely Access to Care" measures

[5] Data for Piedmont not available