



# Integrating Washington Circle Measures in State Performance Measurement and Management Systems in North Carolina

## State Systems Development Program Conference (SSDP VIII)

Washington, DC Aug. 20-22, 2008

Center for Substance Abuse Treatment (CSAT)



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## Context of NC Mental Health Reform – 2001 to 2008: Major Performance Concerns

- Inadequate MH/DD/SA crisis and emergency response systems
- **Lack of timely access to Emergent, Urgent, & Routine Services**
- Limited provider choice and quality for consumers seeking services
- Uneven distribution of providers and services
- **Low & declining levels of treated prevalence in Adult & Child SA**
- **Uneven initiation and engagement of consumers in services**
- **Overuse of State Hospitals, especially for co-occurring SA**
- Inadequate care coordination of high risk/high cost consumers
- **Poor performance in post-hospitalization continuity of services**
- Limited implementation of Evidence-Based Practices (EBPs)
- Limited consumer involvement in service system oversight
- Lack of efficiency and cost-effectiveness of administering large number of former area authorities (predecessors to LMEs)



# Resources for Strengthening NC's Performance Management Efforts

- National leadership support and expertise (SAMHSA, CMS, NCQA, Washington Circle, NIATx, etc.)
- NC General Assembly legislative mandate and resources
- Division management commitment for improved decision data
- **Experienced QM, IT, finance, and clinical leadership and staff**
- **Strengthened Division Performance Contract with LMEs**
- **Integrated Payment and Reporting System (IPRS) & Medicaid claims data for use in process improvement measures**
- NC Treatment Outcomes and Program Performance System (NC-TOPPS) consumer and provider program data
- **Positive history of utilizing quality management and program outcomes in promoting clinical practice improvements**



# 2006 Legislative Mandate for State “System Performance Measures”

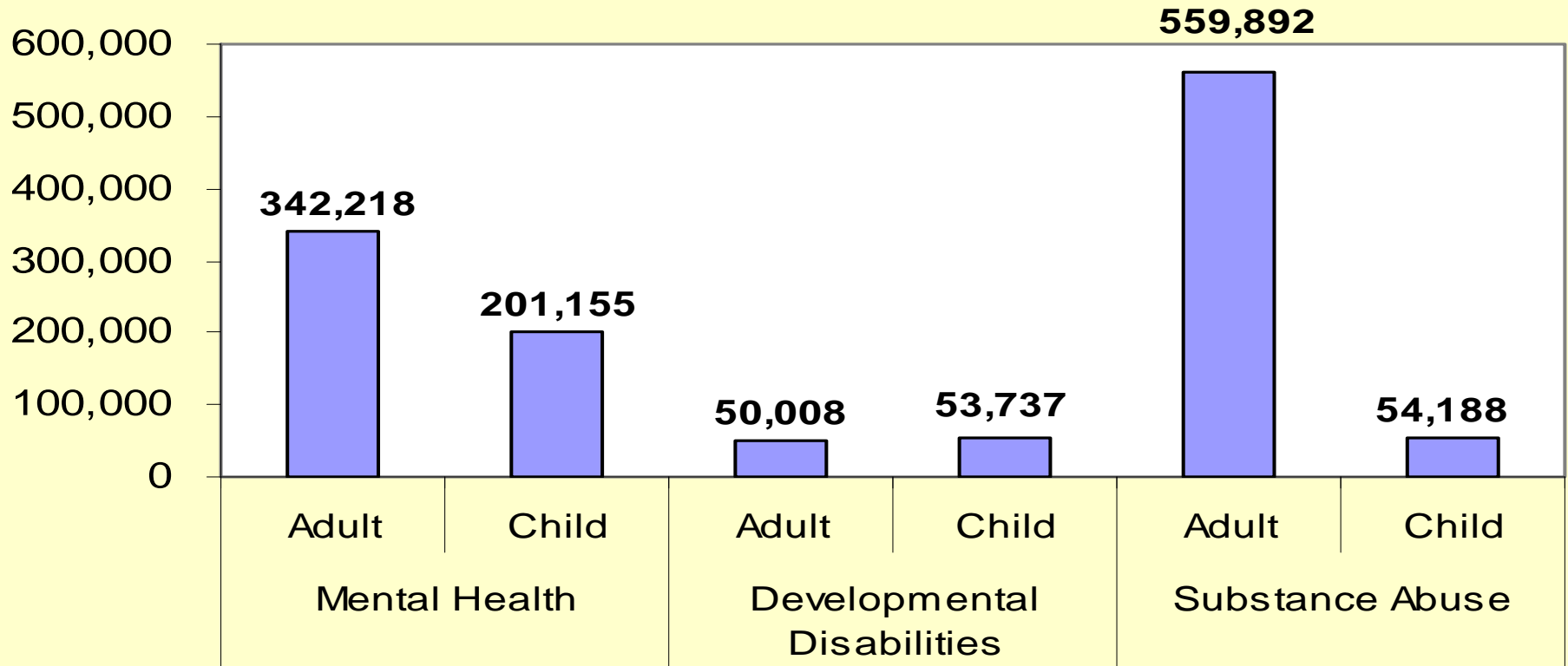
## SECTION 2.(a) G.S. 122C-102 reads as rewritten:

(c) **State Performance Measures.** – The State Plan shall also include a mechanism for measuring the State's progress towards increased performance on the following matters: access to services, consumer-focused outcomes, individualized planning and supports, promotion of best practices, quality management systems, system efficiency and effectiveness, and prevention and early intervention. Beginning October 1, 2006, and every six months thereafter, the Secretary shall report to the General Assembly and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, on the State's progress in these performance areas."



# Prevalence or Need for Services

Table 1.1.a  
Number of Persons in Need of Services by Age Disability Group

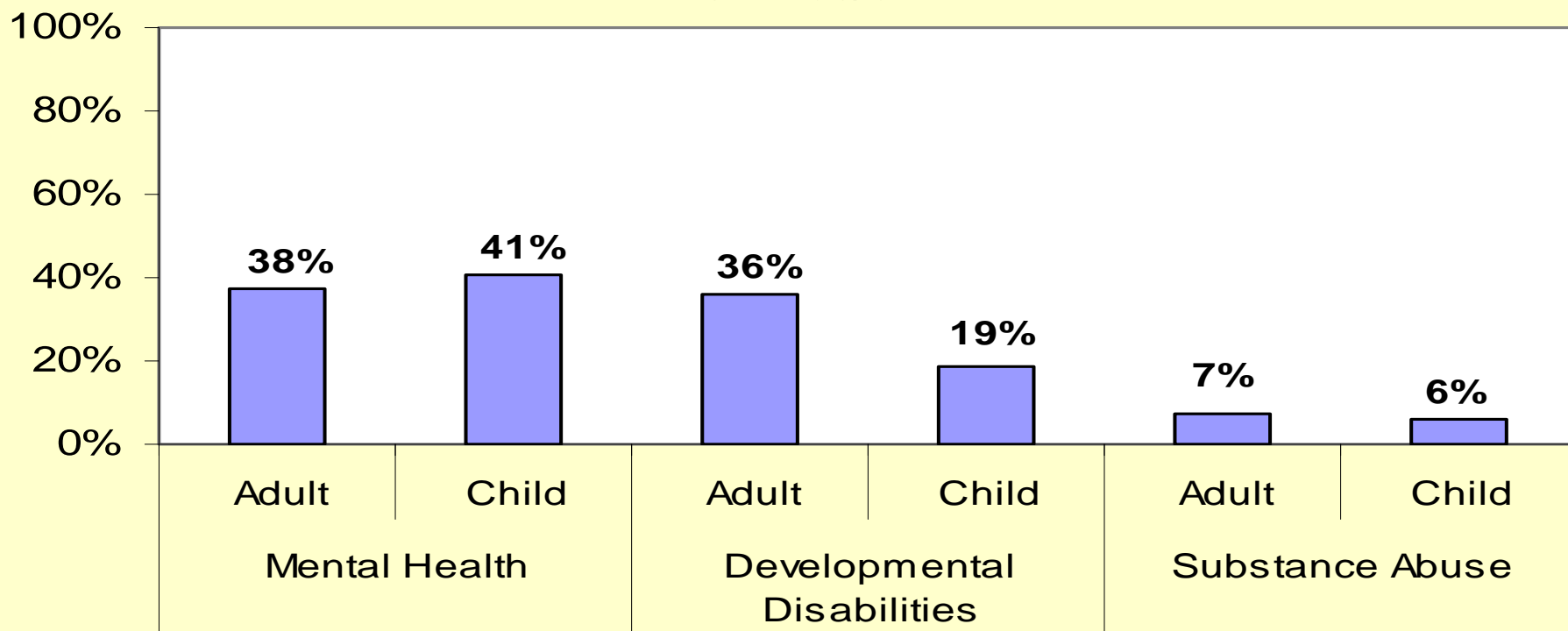


SFY 07-08 LOC Spring Report



# Treated Prevalence or Penetration

Table 1.1.b  
Percent of Persons in Need Served by Age Disability Group  
SFY 06/07

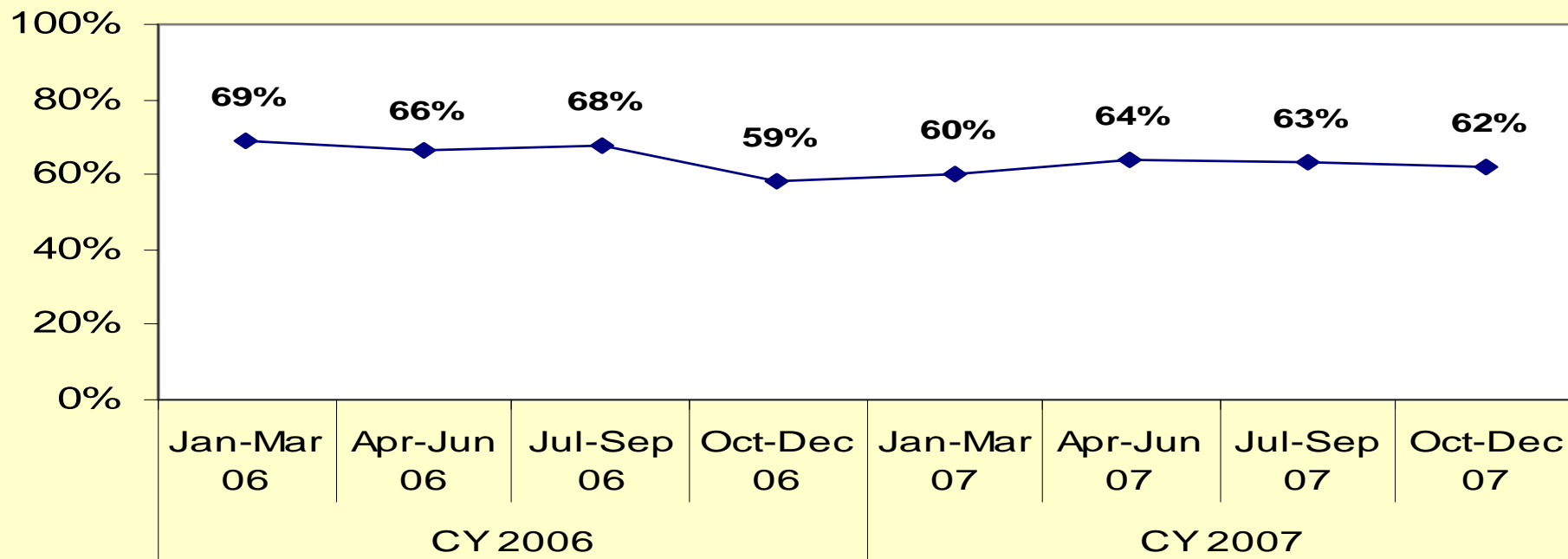


SFY 07-08 LOC Spring Report



# Timely Access to Services

Table 1.2.a  
Percentage of Persons Seen within 7 Days of Request for Routine Care



SFY 07-08 LOC Spring Report



# 2006 Legislative Mandate for LME “Critical Performance Indicators”

## SECTION 4.(m) G.S. 122C-112.1(a) reads as rewritten:

- (6) Establish comprehensive, cohesive oversight and monitoring procedures and processes to ensure continuous compliance by area authorities, county programs, and all providers of public services with State and federal policy, law, and standards. **The procedures shall include the development and use of critical performance measures and report cards for each area authority and county program.**
- (33) **Develop and implement critical performance indicators to be used to hold LMEs accountable for managing the mental health, developmental disabilities, and substance abuse services system.** The performance system indicators shall be implemented no later than July 1, 2007."



# Strategies for Promotion and Use of Quality Management and Performance Reporting

- Expect Quality Management to be central within the Division
- **Maximize the utility of the Division's strengthened Performance Agreement with Local Management Entities (LMEs)**
- **Select a limited set of meaningful measures that address the areas of highest concern to the NC General Assembly, the Department, and the Division**
- Review LME performance to identify comparative patterns and trends in order to evaluate areas of strength and weakness in each LME and for all LMEs collectively.



# Strategies for Enhancement of Quality Management and Systems Improvement

- Emphasize use of reports for care monitoring, quality improvement and clinical practice and outcomes enhancement.
- Highlight gains made toward desired results rather than compliance with basic requirements.
- **Provide ongoing training and technical assistance on data analysis and use of outcomes information to improve clinical services, accountability, and overall program performance.**
- Create opportunities for stakeholders to contribute to and draw upon national, state, and local expertise, tools, and systems for improved performance and accountability.



# Engage Diverse Audiences with a Variety of Performance Data Portraits

- **Develop a variety of easily accessible and understandable reports for multiple audiences who have different levels of time, interest and expertise**
  - Use imaginative and engaging graphics, text, tables, charts, pictures, etc.
  - Highlight use of Division’s web site for education, communication, and reference
  - Examples of data directed to broader audiences are “NC-TOPPS Snapshot” series, “Quality Quick Facts” series, and the web-based SOMMS LME Dashboard Query “Outcomes at a Glance” (under construction).



# Use of Paid Claims Data from Medicaid and IPRS for Performance Management

## ● Advantages:

- **Allows use of clean, crisp, fair, accurate, reliable and timely data for performance measurement.**
- **Eliminates any additional reporting burden for LMEs or providers.**
- Provides uniform data for trend analysis over time.
- Includes data on all persons who have received any MH/DD/SA service paid through Medicaid and/or Integrated Payment and Reporting System (IPRS) funds through the Division's Unit Cost Reimbursement (UCR) system.



# Limitations on Use of Paid Claims Data for Performance Measurement

- **Requires state level expertise and effort to extract data.**
- Relies on service claims data delayed by 90 to 180 days to allow adequate time for processing.
- **Performance measures are vulnerable to erosion due to legislative changes in providing LMEs and providers with the choice of non-UCR grant-based funding for crisis, substance abuse, and locally defined alternative services.**
  - Does not include any persons whose services have been paid for exclusively through the Division's state or federal non-UCR funds, Medicare, Health Choice (Child Health Insurance Program – CHIP), TRICARE, other federal, state, regional, or local government or private agency funds, private insurance, or consumer self-payment.
- **Paid claims contain a service date field only, and do not record the time of service, which would be of interest in tracking time-sensitive measures such as time of receipt of Emergent Care following request for services.**

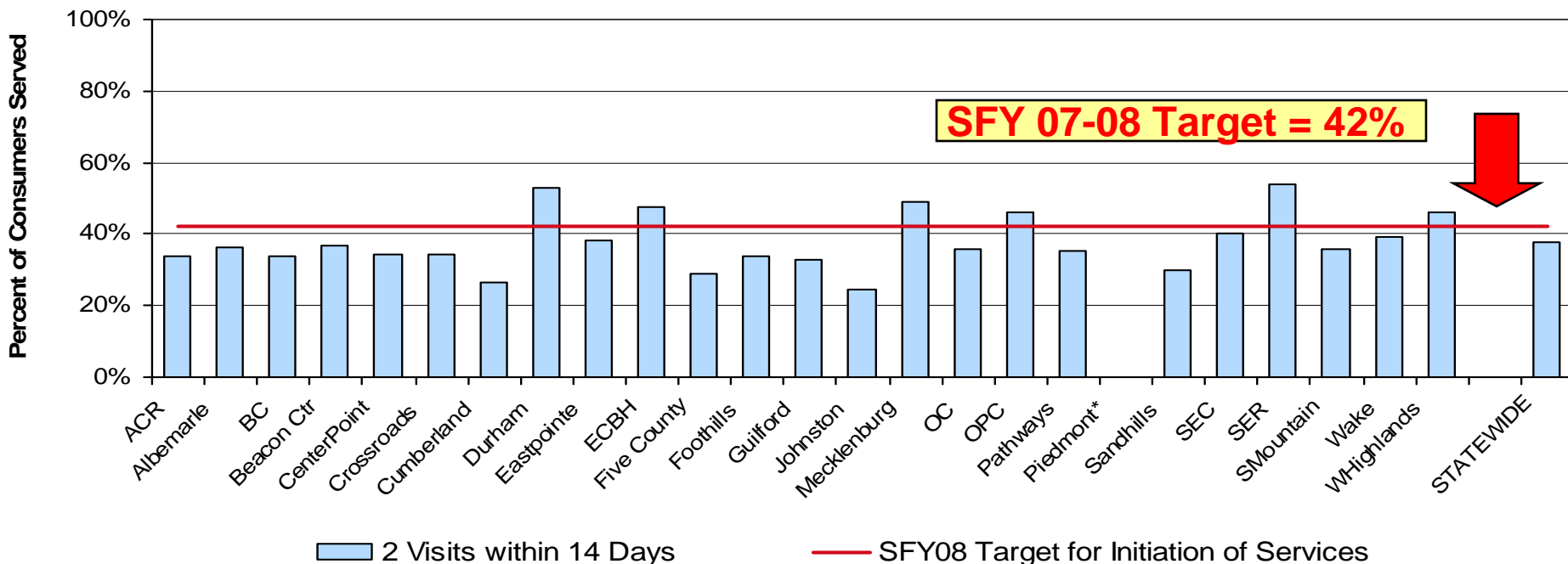
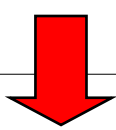


# Indicator 3.1.a: MH Initiation of Care - 2 Visits within 14 Days (WC Measure)

### INDICATOR 3.1.a: Mental Health Consumers Receiving Prompt Care

SFY 07-08 Q3 CSPR

SFY 07-08 Target = 42%



SOURCE: Medicaid and State Service Claims Data. July 1 - September 30, 2007 (first service received); N=47,816



## 3.1.a: Summary of MH Initiation of Care - 2 Visits within 14 Days (WC Measure)

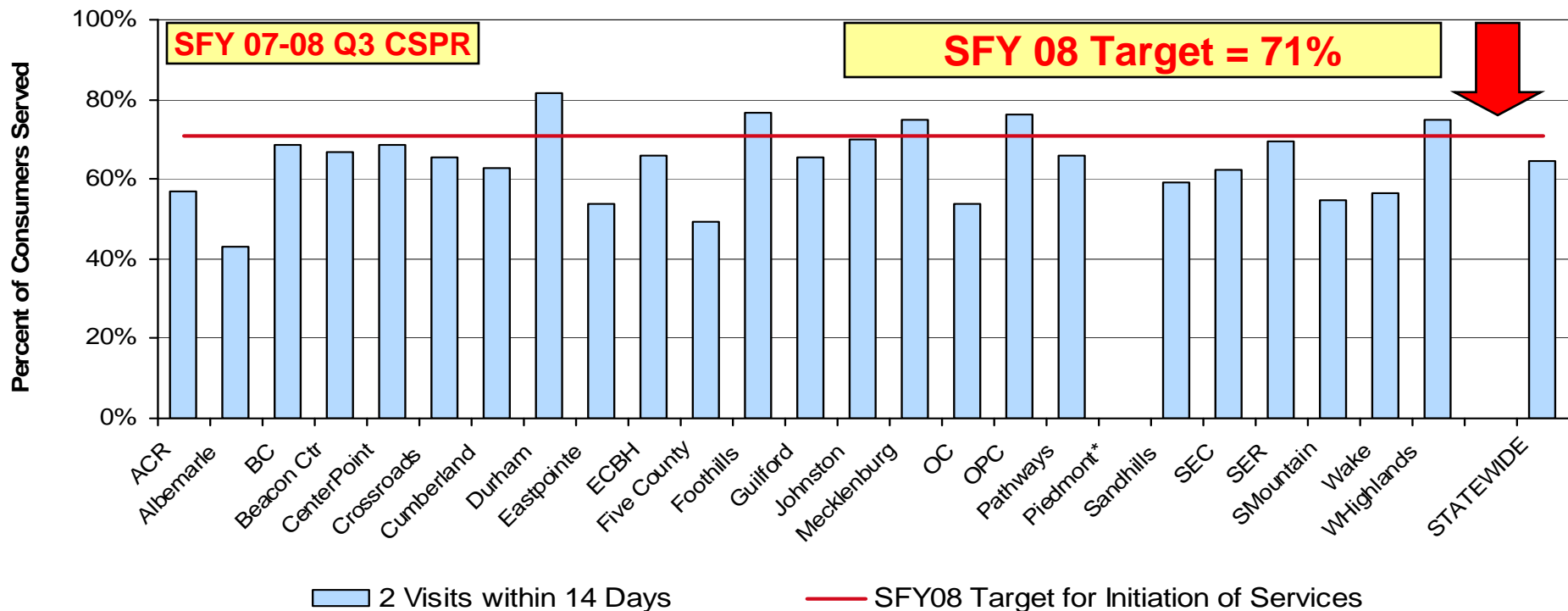
- **The SFY 07-08 target for initiation of mental health consumers into care is 42%**, as indicated by the red line in the graph on the previous slide.
  - Of the 24 LMEs reporting for the 3<sup>rd</sup> Quarter of SFY 07-08, only one-fourth of the LMEs (6 LMEs) met or exceeded the target.
- The SFY 07-08 Performance Contract requirement is 35% or above.
  - Thirty-eight percent of NC consumers (all age groups) who received mental health services had two visits in the first 14 days of care, which is the standard for prompt initiation of care. Among LMEs, this percent ranges from a low of 24% (Johnston) to a high of 54% (Southeastern Regional). Compared to the other disability groups, consumers with mental illness wait longer on average for initiation of care.

**Modest Positive Trend: Up from 34% to 38% over 21 month period.**



# Indicator 3.3.a: SA Initiation of Care - 2 Visits within 14 Days (WC Measure)

### INDICATOR 3.3.a: Substance Abuse Consumers Receiving Prompt Care



SOURCE: Medicaid and State Service Claims Data. July 1 - September 30, 2007 (first service received); N=4,862



## 3.3.a: Summary of SA Initiation of Care - 2 Visits within 14 Days (WC Measure)

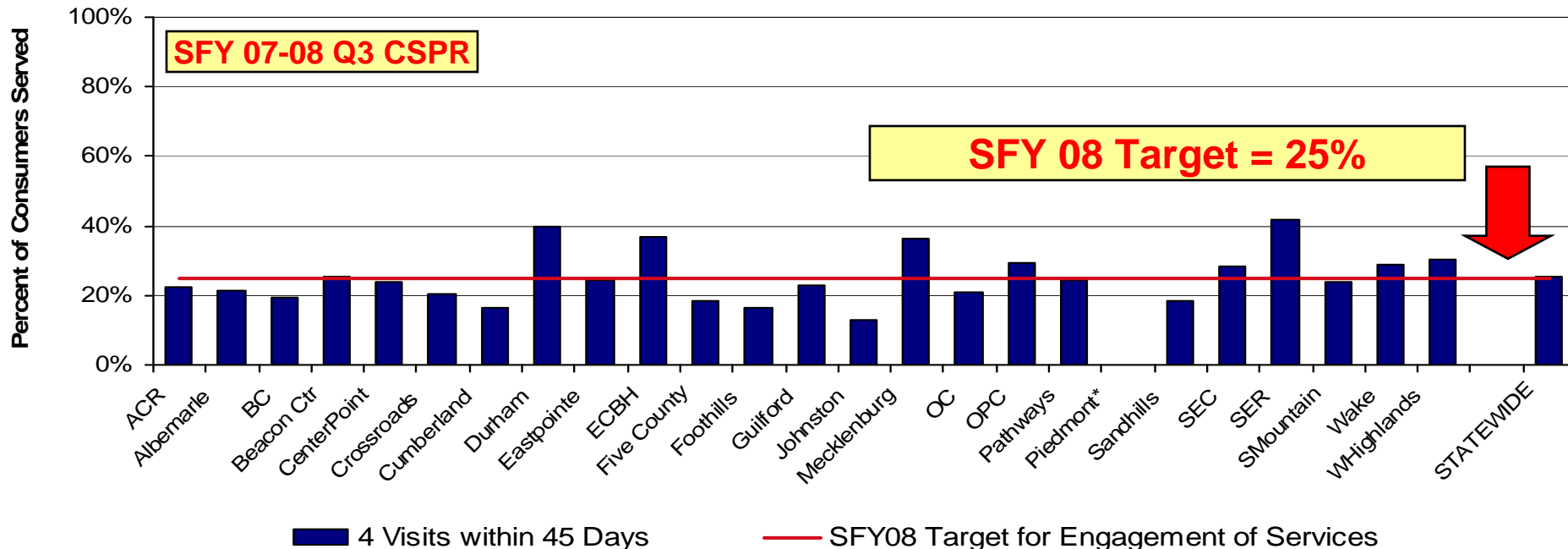
- **The SFY 07-08 target for initiation of substance abuse consumers into care is 71%**, as indicated by the red line in the graph on the previous slide.
  - Of the 24 LMEs reporting for the 3<sup>rd</sup> Quarter of SFY 07-08, five LMEs met or exceeded the target. The SFY 07-08 Performance Contract requirement is 59% or above. Slightly under two-thirds (64%) of NC consumers (all age groups) who received substance abuse services had two visits in the first 14 days of care (the standard for prompt initiation of care).
  - Among LMEs, this percent ranges from a low of 43% (Albemarle) to a high of 82% (Durham).

**Modest Positive Trend: Up from 58% to 64% over 21 month period.**



# Indicator 3.1.b: MH Engagement in Services – 4 Visits within 45 Days (WC Measure)

### INDICATOR 3.1.b: Mental Health Consumers Receiving Continuing Care



SOURCE: Medicaid and State Service Claims Data. July 1 - September 30, 2007 (first service received); N=47,816



## 3.1.b: Summary of MH Engagement in Services - 4 Visits within 45 Days (WC Measure)

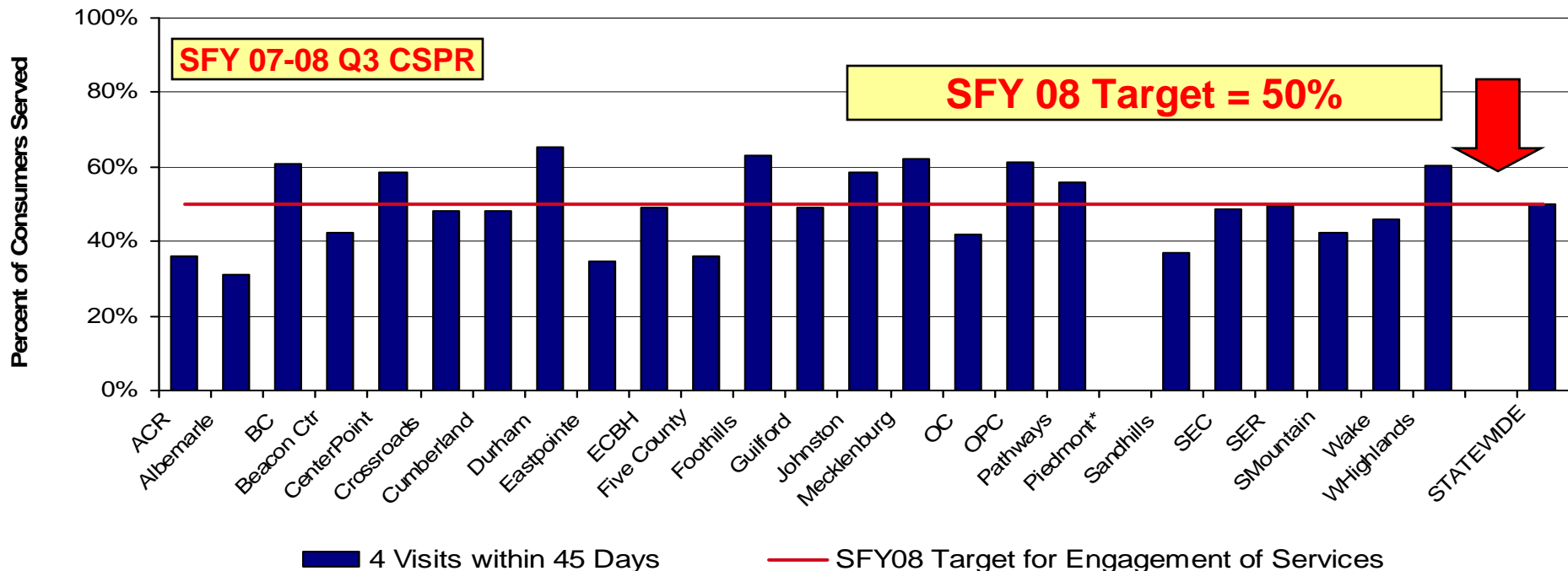
- **The SFY 07-08 target for engagement of mental health consumers into care is 25%**, as indicated by the red line in the graph on the previous slide.
  - Of the 24 LMEs reporting for the 3<sup>rd</sup> Quarter of SFY 07-08, slightly more than one-third of the LMEs (nine LMEs) met or exceeded the target.
- The SFY 07-08 LME Performance Contract requirement is 21% or above.
  - Slightly more than one-fourth (26%) of mental health consumers who met the initiation standard (two visits within 14 days of care) had an additional two visits within the next 30 days, making a total of four visits in the first 45 days. Among LMEs, engagement ranged from a low of 13% (Johnston) to a high of 42% (Southeastern Regional).

**Significant Positive Trend: Up from 19% to 26% over 21 month period.**



# Indicator 3.3.b: SA Engagement in Services - 4 Visits within 45 Days (WC Measure)

### INDICATOR 3.3.b: Substance Abuse Consumers Receiving Continuing Care



SOURCE: Medicaid and State Service Claims Data. July 1 - September 30, 2007 (first service received); N=4,862 consumers



## 3.3.b: Summary of SA Engagement in Services - 4 Visits within 45 Days (WC Measure)

- **The SFY 07-08 target for engagement of substance abuse consumers into care is 50%**, as indicated by the red line in the graph on the previous slide.
  - Of the 24 LMEs reporting for the 3<sup>rd</sup> Quarter of SFY 07-08, nine LMEs met or exceeded the target.
- The SFY 07-08 Performance Contract requirement is 42% or above. Half (50%) of substance abuse consumers who met the initiation standard (two visits within 14 days of care) had an additional two visits within 30 days, making a total of four visits in the first 45 days.
  - Among LMEs, engagement ranged from a low of 31% (Albemarle) to a high of 65% (Durham).

**Significant Positive Trend: Up from 40% to 50% over 21 month period.**



# 2008 Legislative Mandate for LME “Performance Matrix”

**GENERAL ASSEMBLY OF NORTH CAROLINA,  
SESSION 2007, SESSION LAW 2008-107,  
HOUSE BILL 2436**



**AN ACT TO MODIFY THE CURRENT OPERATIONS AND CAPITAL APPROPRIATIONS ACT OF 2007, TO AUTHORIZE INDEBTEDNESS FOR CAPITAL PROJECTS, AND TO MAKE VARIOUS TAX LAW AND FEE CHANGES.**

## MENTAL HEALTH CHANGES

SECTION 10.15.(c) .....**For its report on performance measures, the Department shall include a matrix by LME and performance measure of those LMEs that are not meeting the performance measure.**



# Example of Screenshot of Excel Spreadsheet Quarterly LME "Performance Matrix" for Indicator 3: Timely Initiation and Engagement

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	LME Performance Matrix: 3rd Quarter, SFY 07-08								Urban LMEs					
3	Progress Indicator	SFY 07-08 Minimum Standard	SFY 07-08 Target	State Avg	Range Among LMEs	Urban Avg	Mixed Avg	Rural Avg	Cumbe rland	Durham	Guilford	Mecklen burg	Pathways	Wake
4	3. Timely Initiation & Engagement in Service			Red coding = negative										
5	♦Mental Health: 2 Visits within 14 Days	35%	42%	38%	24% - 54%	38%	38%	37%	26%	53%	33%	49%	36%	39%
6	♦Mental Health: 2 Additional Visits within Next 30 Days	21%	25%	26%	13% - 42%	27%	25%	24%	16%	40%	23%	36%	24%	29%
7	♦Developmental Disabilities: 2 Visits within 14 Days	60%	72%	70%	39% - 100%	69%	70%	69%	57%	72%	64%	66%	76%	77%
8	♦Developmental Disabilities: 2 Additional Visits within Next 30 Days	46%	55%	59%	25% - 100%	58%	60%	56%	47%	59%	59%	48%	67%	66%
9	♦Substance Abuse: 2 Visits within 14 Days	59%	71%	64%	43% - 82%	67%	65%	58%	63%	82%	65%	75%	66%	57%
10	♦Substance Abuse: 2 Additional Visits within Next 30 Days	42%	50%	50%	31% - 65%	54%	49%	44%	48%	65%	49%	62%	56%	46%
11														
12														

SFY 07-08 Q3 Data

Green coding = positive



# Future Directions for Washington Circle and Other Process Measures

- Analysis of relationship between performance on Washington Circle and other process measures and reported achievement of NOMs consumer outcome measures through NC-TOPPS
- Completion of SOMMS LME Dashboard Query and Advanced Clinician Query Systems with future enhancements to include Washington Circle and other process improvement measures
- Continued development and enhancement of provider level reporting of NOMs and Washington Circle and other process improvement measures

# SOMMS LME Dashboard Query Comparison of 5 Urban LMEs on NC-TOPPS Pre-Post Alcohol Abstinence Measure for Adult SA



North Carolina Division of Mental Health

POPULATION  State  LME

LME

- A-C-R
- Albemarle
- B-C
- Beacon Ctr
- Crossroads
- Cumberland
- Eastpointe
- ECBH

add remove

- CenterPoint
- Mecklenburg
- Wake
- Guilford
- Durham

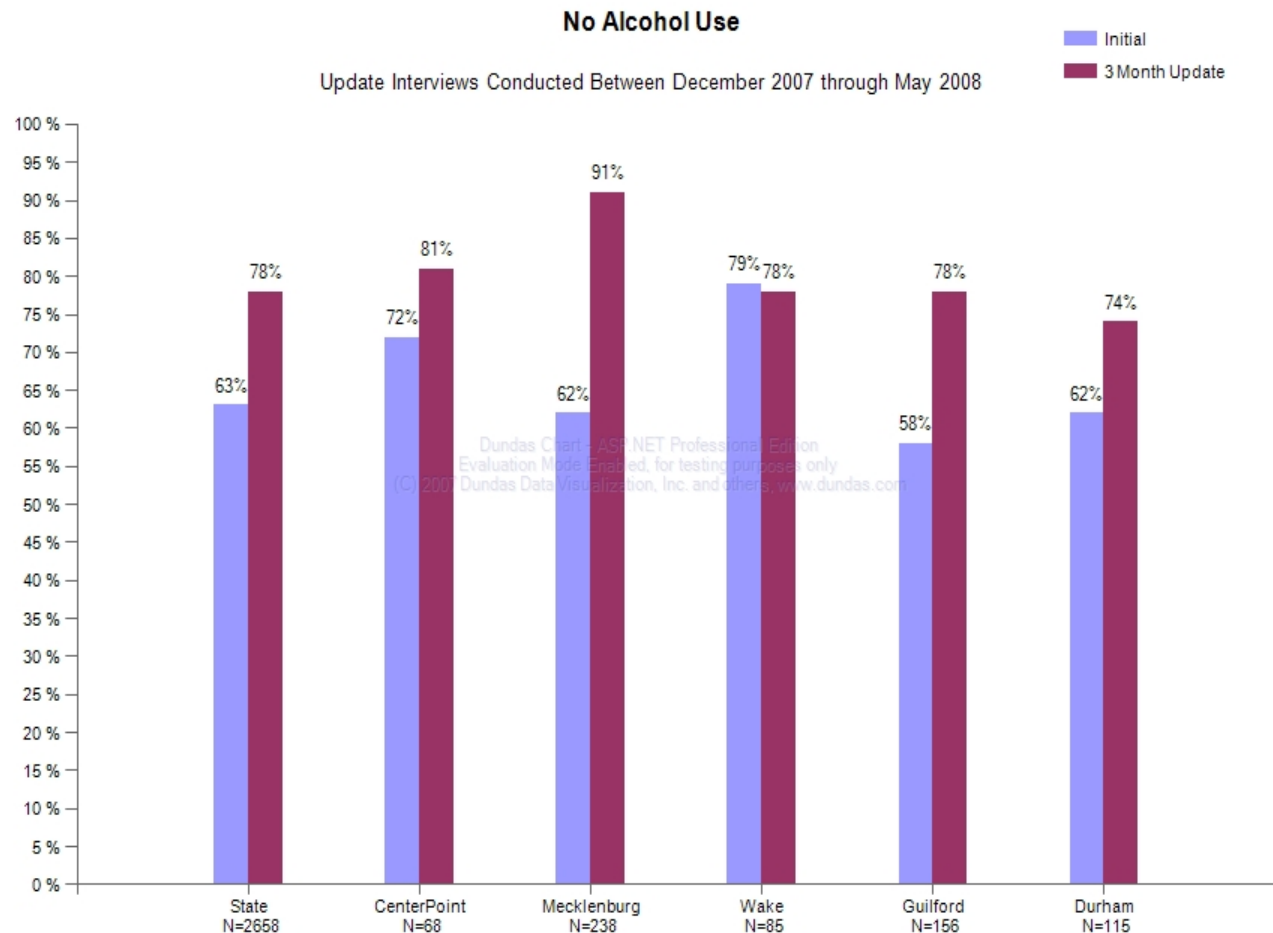
CONSUMER GROUP

- Adult Mental Health
- Adult Substance Abuse
- Adolescent Mental Health
- Adolescent Substance Abuse
- Child Mental Health

CHART TYPE

- Column  Bar
- Show as 3D
- Show Value

SUBMIT RESET



Consumer Group: Adult Substance Abuse

Outcome Definition: Percentage of consumers who reported no alcohol use in the month before treatment versus during treatment.

Initial Interviews compared to 3 month Update Interviews for the same consumers.

Includes data from Updates completed from Jan. 1, 2008 through June 30, 2008.

“Outcomes at a Glance” is currently under construction.



North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Issue 4, 2008



# NC-TOPPS SNAPSHOT

## Educational Performance among Children (6-11) in Mental Health Treatment

For children in mental health treatment, a major area of intervention is education. In many instances, a child's educational performance is negatively impacted by difficulties due to a mental health condition. NC-TOPPS data was used to explore educational success (passing grades and attendance) at the initial interview compared to the 3 month and 6 month interview.

		Received Mostly A's, B's, C's			Missed School Due to Suspension		
		Initial	3 Month Update	6 Month Update	Initial	3 Month Update	6 Month Update
Overall N = 2829		78%	83%	87%	16%	11%	10%
Males	African Am. N = 1051	76%	80%	84%	23%	17%	14%
	Caucasian N = 544	79%	82%	85%	14%	9%	8%
	Other N = 221	70%	85%	87%	16%	13%	7%
	African Am. N = 607	79%	85%	90%	11%	7%	7%

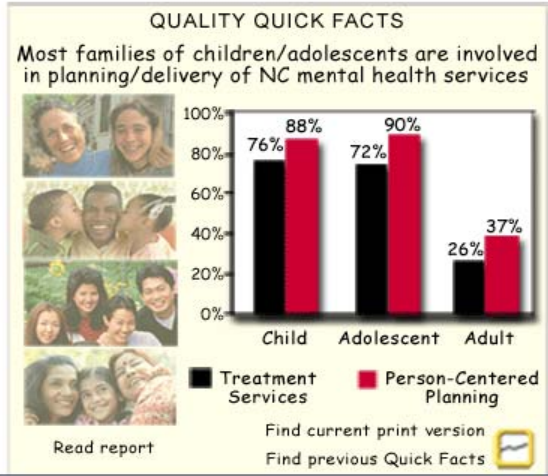
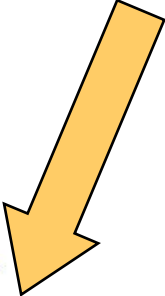
Example of "Quality Quick Facts" Changing Monthly in Center of Division Home Page

**What's New ?**

[Proposed Service Definitions for the CAP/MR-DD Waiver](#)

[Consumer Handbook](#)

[Community Support Service Definitions](#)



Dr. Mike Lancaster and Leza Wainwright  
Co-Directors

Quick Links:

- [Announcements](#)
- [Communication Bulletins](#)
- [Implementation Updates](#)
- [System Transformation](#)
- [Involuntary Commitment Facilities \(01/25/08\)](#)
- [Legal Forms for IVC](#)
- [Crisis Response Units \(07/17/08\)](#)
- [MR/MI Diversion Sites \(6/15/07\)](#)



# Contacts in Community Policy Management Section

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