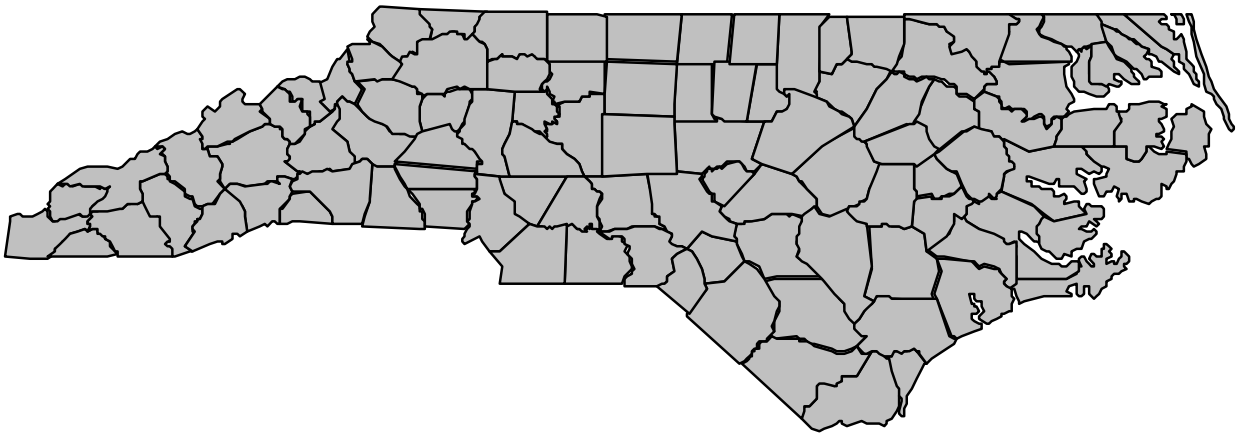
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services

2006 - 2007 Performance Contract With Local Management Entities

Fourth Quarter Report
April 1, 2007 - June 30, 2007



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North Carolina Department of Health and Human Services

August 2007

2006 - 2007 Performance Contract
Fourth Quarter Report

Table of Contents

	Page
Introduction	1
Report Schedule	2
Summary of LME Clinical Performance Measures	3
Summary of LME System Management Performance Measures	4
Summary of LME Administration Performance Measures	5
Performance Requirements	
1.1. General Administration and Governance	
1.1.1. Local Business Plan Implementation	6
1.2. Access, Triage, and Referral	
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)	7
1.2.1. Access to Emergent Care (Year-to-Date Summary Report)	8
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)	9
1.2.2. Access to Urgent Care (Year-to-Date Summary Report)	10
1.2.3. Access to Routine Care (Current Quarter Detailed Report)	11
1.2.3. Access to Routine Care (Year-to-Date Summary Report)	12
1.3. Service Management	
1.3.5. Transition To Community Services (Bed Day Allocations - Psychiatric Hospitals)	13
1.6. Quality Management and Outcomes Evaluation	
1.6.1. Quality Improvement Process	14
1.6.3. Incident Reporting	15
1.8. Information Management, Analysis, and Reporting	
1.8.1. System Monitoring:	
1.8.1.1. Quarterly Fiscal Monitoring Reports	16
1.8.1.4. SAPTBG Compliance Report	17
1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report	18
1.8.1.6. Work First Initiative Quarterly Reports	20
1.8.2. Consumer Information:	
1.8.2.0. Client Data Warehouse (CDW) - Screening Records	21
1.8.2.1. Client Data Warehouse (CDW) - Admissions	22
1.8.2.2. Client Data Warehouse (CDW) - Diagnosis	23
1.8.2.3. Client Data Warehouse (CDW) - Unknown Data	24
1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records	25
1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice	26
1.8.2.6. Client Data Warehouse (CDW) - Episode Completion Records	27
1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial)	28
1.8.2.10. NC Treatment Outcomes and Program Performance System (Update)	29
1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP)	30

Introduction

This is the **Fourth Quarter Report** for SFY 2006-2007 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

It should be noted that beginning with the second quarter, all LMEs (except Piedmont Behavioral Healthcare) have signed the SFY 2004-2007 Performance Contract. Piedmont is operating under a Medicaid Waiver and has a separate performance contract with the Department.

The following changes have been made to the report this quarter:

- The annual audit measures that were scheduled to be reported in the fourth quarter (1.3.1-1.3.4., 1.5.1., 1.6.2., and 1.7.1.) will not be reported this fiscal year. They were deferred until next fiscal year in order to conduct other priority special audit requirements.
- The two community capacity plan measures for MH and DD (1.3.5.) were not applicable this year, as special funds were not allocated for this purpose.
- The results for measure 1.2.4. Access Line were not included, as the measure is being revised.

The tables on the following pages list the report schedule, provide the performance requirements and standards, and show LME performance for the current state fiscal year under the SFY 2004-2007 Performance Contract.

Overall, LMEs met or exceeded over two-thirds (69.0%) of the 22 performance standards reported this quarter -- 56.3% of the three clinical performance standards, 69.0% of the six system management performance standards, and 72.1% of the 13 administrative performance standards for SFY07. This represents an improvement over the prior quarter.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

2006 - 2007 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance				
1.1.1. Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral				
1.2.1. Access to Emergent Care	X	X	X	X
1.2.2. Access to Urgent Care	X	X	X	X
1.2.3. Access to Routine Care	X	X	X	X
1.2.4. Access Line	This measure is being revised			
1.3. Service Management				
1.3.1. Choice of Providers	This measure has been discontinued			
1.3.2. Discharge Planning With State Operated Services				X
1.3.3. After-care Planning With State Operated Services				X
1.3.4. Compliance With Diversion Law NCGS 122C-261(f)				X
1.3.5. Transition To Community Services (Community Capacity Plan) - MH				X
1.3.5. Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5. Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support				
1.4.1. Proximity	This measure has been discontinued			
1.4.2. SB 163 Provider Monitoring	This measure is being revised			
1.5. Customer Services and Consumer Rights				
1.5.1. Consumer Rights: Proper Notice Of Appeal Rights				X
1.6. Quality Management and Outcomes Evaluation				
1.6.1. Quality Improvement Process				X
1.6.2. Incident Management				X
1.6.3. Incident Reporting	X	X	X	X
1.7. Business Management and Accounting				
1.7.1. Accounting and Claims Adjudication				X
1.8. Information Management, Analysis, and Reporting				
1.8.1. System Monitoring:				
1.8.1.1. Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2. Cost Finding Report	This measure has been discontinued			
1.8.1.3. Paybacks	This measure has been discontinued			
1.8.1.4. SAPTBG Compliance Report		X		X
1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6. Work First Initiative Quarterly Reports	X	X	X	X
1.8.2. Consumer Information:				
1.8.2.0. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
1.8.2.1. Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2. Client Data Warehouse (CDW) - Missing Data	This measure has been discontinued			
1.8.2.2. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
1.8.2.3. Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.6. Client Data Warehouse (CDW) - Episode Completion Record	X	X	X	X
1.8.2.7. DD Client Outcome Inventory (DD COI)	This measure has been discontinued			
1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
1.8.2.11. National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14. Consumer Satisfaction Survey (CSS)			X	

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

2006 - 2007 Performance Contract
Fourth Quarter Report
April 1, 2007 - June 30, 2007

Summary of LME Clinical Performance

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care
Alamance-Caswell-Rockingham	4	66.7%	★★	★★	
Albemarle	4	66.7%	★★	★	
Catawba	4	66.7%	★★	★★	
CenterPoint	4	33.3%	★★		
Crossroads	4	66.7%	★★	★	
Cumberland	4	66.7%	★★	★	
Durham	4	66.7%	★★	★	
Eastpointe	4	33.3%	★★		
Edgecombe-Nash	4	33.3%	★★		
Five County	4	66.7%	★★	★★	
Foothills	4	66.7%	★★	★	
Guilford	4	66.7%	★★	★★	
Johnston	4	66.7%	★★	★★	
Mecklenburg	4	100.0%	★★	★★	★
Neuse	4	33.3%	★★		
New River	4	33.3%	★★		
Onslow-Carteret	4	100.0%	★★	★	★
Orange-Person-Chatham	4	100.0%	★★	★	★
Pathways	4	66.7%	★★	★	
Pitt	4	33.3%	★★		
Roanoke-Chowan	4	33.3%	★★		
Sandhills Center	4	66.7%	★★	★	
Smoky Mountain	4	66.7%	★★	★	
Southeastern Center	4	33.3%	★★		
Southeastern Regional	4	33.3%	★★		
Tideland	4	33.3%	★		
Wake	4	66.7%	★★	★	
Western Highlands	4	33.3%	★★		
Wilson-Greene	4	33.3%	★★		

	State Avg			
Met Best Practice Standard Q4: ★★	39.1%	28 96.6%	6 20.7%	0 0.0%
Met the SFY2007 Standard Q4: ★	17.2%	1 3.4%	11 37.9%	3 10.3%
Total	56.3%	29 100.0%	17 58.6%	3 10.3%

Statewide average for the three measures that were applicable this quarter that met the current SFY or best practice standard.

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
2. Measures that are shaded gray are not applicable this quarter.
3. The Percent Met column only includes measures where the performance standard is applicable this quarter.

2006 - 2007 Performance Contract
Fourth Quarter Report
April 1, 2007 - June 30, 2007

Summary of LME System Management Performance

LME	Qtr	System Management Percent Met[2] (★ or ★★)	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.6.1. QI Process	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	4	100.0%	★★	★★	★★	★★	★	★★
Albemarle	4	50.0%				★★	★★	★
Catawba	4	33.3%					★	★
CenterPoint	4	50.0%			★★		★★	★★
Crossroads	4	83.3%	★★	★★	★★		★★	★★
Cumberland	4	50.0%	★★				★★	★★
Durham	4	83.3%	★★	★★	★★		★★	★★
Eastpointe	4	83.3%	★	★★		★★	★★	★★
Edgecombe-Nash	4	50.0%		★★			★	★★
Five County	4	50.0%			★★		★	★★
Foothills	4	83.3%	★	★	★★		★	★★
Guilford	4	100.0%	★★	★★	★★	★★	★★	★
Johnston	4	50.0%				★★	★	★★
Mecklenburg	4	66.7%		★		★	★★	★★
Neuse	4	100.0%	★	★★	★★	★★	★	★
New River	4	50.0%	★★	★★	★★			
Onslow-Carteret	4	83.3%	★★	★	★★		★	★★
Orange-Person-Chatham	4	83.3%	★★	★★	★★		★★	★★
Pathways	4	66.7%	★★			★★	★★	★★
Pitt	4	66.7%	★★	★★			★	★
Roanoke-Chowan	4	100.0%	★	★★	★★	★★	★	★★
Sandhills Center	4	83.3%	★★	★★	★		★★	★★
Smoky Mountain	4	66.7%	★★	★★	★			★
Southeastern Center	4	50.0%		★★			★★	★★
Southeastern Regional	4	33.3%					★	★★
Tideland	4	83.3%	★★	★★		★★	★	★★
Wake	4	50.0%		★★			★	★★
Western Highlands	4	66.7%	★★		★★		★★	★★
Wilson-Greene	4	83.3%		★★	★★	★★	★	★★

	State Avg						
Met Best Practice Standard Q4: ★★	51.7%	14 48.3%	17 58.6%	14 48.3%	10 34.5%	13 44.8%	22 75.9%
Met the SFY2007 Standard Q4: ★	17.2%	4 13.8%	3 10.3%	2 6.9%	1 3.4%	14 48.3%	6 20.7%
Total	69.0%	18 62.1%	20 69.0%	16 55.2%	11 37.9%	27 93.1%	28 96.6%

Statewide average for the six measures that were applicable this quarter that met the current SFY or best practice standard.

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
   ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
2. Measures that are shaded gray are not applicable this quarter.
3. The Percent Met column only includes measures where the performance standard is applicable this quarter.

Bed-Day Allocation Symbols (Applicable First 3 Quarters Only)	
>>>	YTD utilization has exceeded the annual allocation
>>	YTD utilization is more than 10% above the YTD prorated allocation
>	YTD utilization is less than 10% above the YTD prorated allocation
=	YTD utilization is equal to the YTD prorated allocation
<	YTD utilization is less than 10% below the YTD prorated allocation
<<	YTD utilization is more than 10% below the YTD prorated allocation

2006 - 2007 Performance Contract
Fourth Quarter Report
April 1, 2007 - June 30, 2007

Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met[2] (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.4. SAPTBG Compliance Reports	1.8.1.5. SAIJJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.0. CDW - Screening Record	1.8.2.2. CDW - Diagnosis	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.6. CDW - Episode Completion Records	1.8.2.9. NC TOPPS (Initial)	1.8.2.10. NC TOPPS (Update)	1.8.2.13. NC-SNAP
Alamance-Caswell-Rockingham	4	76.9%	★★		★★	★★		★	★★	★★	★	★	★★			★★
Albemarle	4	61.5%	★★			★★	★★		★	★	★	★	★			
Catawba	4	83.3%	★★		★★		★★	★	★★	★	★	★	★			★★
CenterPoint	4	84.6%	★★		★★	★★	★	★★	★★	★	★★	★★	★★			★★
Crossroads	4	76.9%	★★		★★	★★	★★	★	★	★★	★		★			★★
Cumberland	4	76.9%	★★		★★	★★		★★	★	★	★★	★	★			★★
Durham	4	76.9%	★★		★★	★★	★★	★★	★★	★★	★★	★	★★			
Eastpointe	4	61.5%	★★			★★	★★	★	★	★			★			★★
Edgecombe-Nash	4	75.0%	★★				★★	★	★	★	★	★★	★			★★
Five County	4	76.9%	★★		★★	★★	★★		★	★	★		★	★		★★
Foothills	4	84.6%	★★		★★	★★	★★	★★	★	★★	★	★	★			★★
Guilford	4	84.6%	★★		★★	★★	★	★★	★	★	★	★★	★			★
Johnston	4	83.3%	★★		★★			★★	★	★	★★	★★	★	★		★★
Mecklenburg	4	76.9%	★★		★★	★★		★	★	★	★	★	★			★★
Neuse	4	76.9%	★★		★★	★★	★★	★	★	★	★	★	★			
New River	4	36.4%	★★		★★			★				★★				
Onslow-Carteret	4	61.5%	★★		★★	★★	★★	★★	★		★		★			
Orange-Person-Chatham	4	30.8%	★★		★★	★★				★						
Pathways	4	76.9%	★★		★★	★★	★	★	★	★★	★		★			★
Pitt	4	50.0%	★★		★★	★★										
Roanoke-Chowan	4	83.3%	★★		★	★★	★★	★★	★	★	★	★★	★			
Sandhills Center	4	76.9%	★★		★★	★★		★	★★	★★	★	★	★★			★★
Smoky Mountain	4	50.0%	★★		★★		★★			★	★	★				
Southeastern Center	4	84.6%	★★		★★	★★	★★	★	★	★	★	★	★			★★
Southeastern Regional	4	92.3%	★★		★★	★★	★★	★★	★★	★★	★	★★	★★	★		★★
Tideland	4	61.5%	★★				★	★	★★	★★	★	★★	★★			
Wake	4	53.8%			★★	★★	★★		★	★	★	★				
Western Highlands	4	84.6%	★★		★★	★★	★★	★	★★	★★	★★	★	★★			★★
Wilson-Greene	4	75.0%	★★		★★		★★	★	★	★		★★	★			★★

Because the due date for this report is after the end of the quarter, the results for this quarter will be provided in next quarter's report.

	State Avg														
Met Best Practice Standard Q4: ★★	42.5%	28 96.6%	0 0.0%	24 82.8%	22 95.7%	17 58.6%	9 32.1%	8 28.6%	9 32.1%	5 17.9%	9 32.1%	7 25.0%	0 0.0%	0 0.0%	16 59.3%
Met the SFY2007 Standard Q4: ★	29.6%	0 0.0%	0 0.0%	1 3.4%	0 0.0%	4 13.8%	14 50.0%	17 60.7%	17 60.7%	19 67.9%	13 46.4%	17 60.7%	3 10.7%	0 0.0%	2 7.4%
Total	72.1%	28 96.6%	0 0.0%	25 86.2%	22 95.7%	21 72.4%	23 82.1%	25 89.3%	26 92.9%	24 85.7%	22 78.6%	24 85.7%	3 10.7%	0 0.0%	18 66.7%

Statewide average for the 13 measures that were applicable this quarter that met the current SFY or best practice standard.

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
   ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
2. Measures that are shaded gray are not applicable this quarter.
3. The Percent Met column only includes measures where the performance standard is applicable this quarter.

General Administration and Governance.
1.1.1. Local Business Plan Implementation

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.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.
SFY 2007 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/06)				2nd Qtr Report (Due 1/30/07)				3rd Qtr Report (Due 4/30/07)				4th Qtr Report (Due 7/30/07)			
	Date Received[1]	Evidence Implementation	CFAC Statement	Standard Met[2]	Date Received[1]	Evidence Implementation	CFAC Statement	Standard Met[2]	Date Received[1]	Evidence Implementation	CFAC Statement	Standard Met[2]	Date Received[1]	Evidence Implementation	CFAC Statement	Standard Met[2]
Alamance-Caswell-Rockingham	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Albemarle	10/25/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Catawba	10/20/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	4/23/07	Yes	Yes	★★	7/19/07	Yes	Yes	★★
CenterPoint	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★	7/24/07	Yes	Yes	★★
Crossroads	10/25/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Cumberland	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/22/07	Yes	Yes	★★	7/27/07	Yes	Yes	★★
Durham	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Eastpointe	10/23/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
Edgecombe-Nash	10/23/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Five County	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Foothills	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
Guilford	10/10/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Johnston	10/12/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Mecklenburg	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Neuse	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
New River	10/25/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	4/4/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Onslow-Carteret	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/27/07	Yes	Yes	★★	7/27/07	Yes	Yes	★★
Orange-Person-Chatham	10/19/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Pathways	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Pitt	10/27/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Roanoke-Chowan	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Sandhills Center	10/9/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/2/07	Yes	Yes	★★
Smoky Mountain	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	4/4/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Southeastern Center	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/23/07	Yes	Yes	★★
Southeastern Regional	10/27/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Tideland	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/29/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Wake	10/24/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	**Not Rec'd**			
Western Highlands	10/30/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Wilson-Greene	10/23/06	Yes	Yes	★★	1/4/07	Yes	Yes	★★	3/30/07	Yes	Yes	★★	7/30/07	Yes	Yes	★★
Number and Percent of LMEs that met the Best Practice Standard:				29 (100%)				29 (100%)				29 (100%)				28 (96.6%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. 2nd Quarter, Edgecombe-Nash and Wilson-Greene submitted a combined report.
4. 4th Quarter, due to upcoming mergers, combined reports were submitted by New River and Smoky Mountain; Neuse, Pitt, and Roanoke-Chowan; Albemarle and Tideland; and Edgecombe-Nash and Wilson-Greene.

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

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 emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received[1]	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen[2] in 2 Hours		Total Provided Access Within 2 Hours[3]		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons[4] Determined To Need	Met Std[5]
Alamance-Caswell-Rockingham	7/11/07	1,193	331	27.7%	322	97.3%	9	2.7%	331	100.0%	★★
Albemarle	7/20/07	954	13	1.4%	11	84.6%	2	15.4%	13	100.0%	★★
Catawba	7/18/07	2,306	95	4.1%	95	100.0%	0	0.0%	95	100.0%	★★
CenterPoint	7/16/07	3,442	913	26.5%	894	97.9%	19	2.1%	913	100.0%	★★
Crossroads	7/18/07	1,755	215	12.3%	215	100.0%	0	0.0%	215	100.0%	★★
Cumberland	7/18/07	1,329	39	2.9%	38	97.4%	1	2.6%	39	100.0%	★★
Durham	7/19/07	2,261	502	22.2%	502	100.0%	0	0.0%	502	100.0%	★★
Eastpointe	7/20/07	943	22	2.3%	22	100.0%	0	0.0%	22	100.0%	★★
Edgecombe-Nash	7/17/07	649	10	1.5%	10	100.0%	0	0.0%	10	100.0%	★★
Five County	7/18/07	1,797	805	44.8%	805	100.0%	0	0.0%	805	100.0%	★★
Foothills	7/6/07	2,783	374	13.4%	359	96.0%	15	4.0%	374	100.0%	★★
Guilford	7/17/07	2,979	1,249	41.9%	1,249	100.0%	0	0.0%	1,249	100.0%	★★
Johnston	7/20/07	756	110	14.6%	110	100.0%	0	0.0%	110	100.0%	★★
Mecklenburg	7/20/07	1,807	480	26.6%	480	100.0%	0	0.0%	480	100.0%	★★
Neuse	7/17/07	541	43	7.9%	43	100.0%	0	0.0%	43	100.0%	★★
New River	7/20/07	1,143	210	18.4%	192	91.4%	18	8.6%	210	100.0%	★★
Onslow-Carteret	7/18/07	809	214	26.5%	214	100.0%	0	0.0%	214	100.0%	★★
Orange-Person-Chatham	7/20/07	1,273	170	13.4%	170	100.0%	0	0.0%	170	100.0%	★★
Pathways	7/18/07	2,163	563	26.0%	558	99.1%	5	0.9%	563	100.0%	★★
Pitt	7/17/07	528	18	3.4%	18	100.0%	0	0.0%	18	100.0%	★★
Roanoke-Chowan	7/17/07	835	81	9.7%	81	100.0%	0	0.0%	81	100.0%	★★
Sandhills Center	7/12/07	3,036	738	24.3%	737	99.9%	1	0.1%	738	100.0%	★★
Smoky Mountain	7/20/07	1,471	304	20.7%	235	77.3%	69	22.7%	304	100.0%	★★
Southeastern Center	7/20/07	2,659	478	18.0%	457	95.6%	21	4.4%	478	100.0%	★★
Southeastern Regional	7/20/07	2,469	91	3.7%	91	100.0%	0	0.0%	91	100.0%	★★
Tideland	**8/1/07**	575	8	1.4%	7	87.5%	0	0.0%	7	87.5%	★
Wake	7/20/07	2,135	425	19.9%	372	87.5%	53	12.5%	425	100.0%	★★
Western Highlands	7/6/07	1,835	245	13.4%	245	100.0%	0	0.0%	245	100.0%	★★
Wilson-Greene	7/17/07	510	10	2.0%	10	100.0%	0	0.0%	10	100.0%	★★
Total		46,936	8,756	18.7%	8,542	97.6%	213	2.4%	8,755	100.0%	★★

Number and Pct of LMEs that met the Best Practice Standard:	28 (96.6%)
Number and Pct of LMEs that met the SFY 2007 Standard:	1 (3.4%)
Total	29 (100%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. Access Available But Not Seen is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
3. Total Provided Access Within 2 Hours includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
4. Percents that are less than 85% are shaded and in bold font.
5. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Year-to-Date Summary Report)

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 each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours		
			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]
Alamance-Caswell-Rockingham	10/20/06	1,629	403	24.7%	403	100.0%	★★	1/19/07	1,193	356	29.8%	356	100.0%	★★	4/20/07	1,757	454	25.8%	454	100.0%	★★	7/11/07	1,193	331	27.7%	331	100.0%	★★
Albemarle	**10/23/06**	1,325	92	6.9%	83	90.2%	★	1/19/07	889	41	4.6%	35	85.4%	★	4/20/07	933	13	1.4%	11	**84.6%**		7/20/07	954	13	1.4%	13	100.0%	★★
Catawba	10/19/06	1,967	44	2.2%	44	100.0%	★★	1/19/07	2,174	49	2.3%	49	100.0%	★★	4/17/07	2,378	21	0.9%	21	100.0%	★★	7/18/07	2,306	95	4.1%	95	100.0%	★★
CenterPoint	10/13/06	3,466	1,005	29.0%	1,004	99.9%	★	1/17/07	3,483	906	26.0%	904	99.8%	★	4/19/07	3,836	477	12.4%	477	100.0%	★★	7/16/07	3,442	913	26.5%	913	100.0%	★★
Crossroads	10/16/06	1,710	193	11.3%	193	100.0%	★★	1/8/07	1,684	216	12.8%	216	100.0%	★★	4/19/07	2,058	177	8.6%	177	100.0%	★★	7/18/07	1,755	215	12.3%	215	100.0%	★★
Cumberland	10/19/06	952	39	4.1%	39	100.0%	★★	1/18/07	742	22	3.0%	22	100.0%	★★	4/20/07	924	48	5.2%	48	100.0%	★★	7/18/07	1,329	39	2.9%	39	100.0%	★★
Durham	10/18/06	2,013	251	12.5%	251	100.0%	★★	1/17/07	1,721	278	16.2%	278	100.0%	★★	4/18/07	2,124	428	20.2%	428	100.0%	★★	7/19/07	2,261	502	22.2%	502	100.0%	★★
Eastpointe	10/20/06	1,185	53	4.5%	53	100.0%	★★	1/18/07	935	21	2.2%	21	100.0%	★★	4/19/07	737	24	3.3%	24	100.0%	★★	7/20/07	943	22	2.3%	22	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement							1/18/07	376	9	2.4%	9	100.0%	★★	4/12/07	666	12	1.8%	12	100.0%	★★	7/17/07	649	10	1.5%	10	100.0%	★★
Five County	10/16/06	1,456	646	44.4%	646	100.0%	★★	1/17/07	1,376	554	40.3%	554	100.0%	★★	4/19/07	1,501	646	43.0%	646	100.0%	★★	7/18/07	1,797	805	44.8%	805	100.0%	★★
Foothills	10/20/06	2,065	395	19.1%	395	100.0%	★★	1/19/07	2,216	360	16.2%	360	100.0%	★★	**4/30/07**	2,357	335	14.2%	335	100.0%	★★	7/6/07	2,783	374	13.4%	374	100.0%	★★
Guilford	10/12/06	3,226	1,712	53.1%	1,712	100.0%	★★	1/11/07	3,043	1,664	54.7%	1,664	100.0%	★★	4/17/07	2,927	1,338	45.7%	1,338	100.0%	★★	7/17/07	2,979	1,249	41.9%	1,249	100.0%	★★
Johnston	10/20/06	627	70	11.2%	70	100.0%	★★	1/19/07	754	94	12.5%	94	100.0%	★★	4/17/07	751	83	11.1%	83	100.0%	★★	7/20/07	756	110	14.6%	110	100.0%	★★
Mecklenburg	10/17/06	1,729	23	1.3%	23	100.0%	★★	1/19/07	1,634	392	24.0%	392	100.0%	★★	4/17/07	1,943	526	27.1%	526	100.0%	★★	7/20/07	1,807	480	26.6%	480	100.0%	★★
Neuse	10/16/06	649	24	3.7%	24	100.0%	★★	1/17/07	382	31	8.1%	31	100.0%	★★	4/16/07	440	27	6.1%	27	100.0%	★★	7/17/07	541	43	7.9%	43	100.0%	★★
New River	10/20/06	2,020	100	5.0%	100	100.0%	★★	**2/7/07**	750	43	5.7%	43	100.0%	★★	4/19/07	1,072	97	9.0%	97	100.0%	★★	7/20/07	1,143	210	18.4%	210	100.0%	★★
Onslow-Carteret	**10/31/06**	1,211	377	31.1%	377	100.0%	★★	1/19/07	1,105	338	30.6%	338	100.0%	★★	4/20/07	1,253	379	30.2%	379	100.0%	★★	7/18/07	809	214	26.5%	214	100.0%	★★
Orange-Person-Chatham	10/20/06	663	115	17.3%	115	100.0%	★★	**1/23/07**	548	22	4.0%	22	100.0%	★★	4/18/07	1,117	66	5.9%	66	100.0%	★★	7/20/07	1,273	170	13.4%	170	100.0%	★★
Pathways	10/19/06	1,991	292	14.7%	284	97.3%	★	1/19/07	2,308	396	17.2%	396	100.0%	★★	4/20/07	2,287	406	17.8%	382	94.1%	★	7/18/07	2,163	563	26.0%	563	100.0%	★★
Pitt	10/19/06	403	5	1.2%	5	100.0%	★★	1/19/07	333	2	0.6%	2	100.0%	★★	4/20/07	388	3	0.8%	3	100.0%	★★	7/17/07	528	18	3.4%	18	100.0%	★★
Roanoke-Chowan	10/19/06	974	53	5.4%	53	100.0%	★★	1/17/07	974	80	8.2%	80	100.0%	★★	4/16/07	981	101	10.3%	101	100.0%	★★	7/17/07	835	81	9.7%	81	100.0%	★★
Sandhills Center	10/20/06	2,770	507	18.3%	507	100.0%	★★	1/19/07	2,726	585	21.5%	585	100.0%	★★	4/20/07	2,832	693	24.5%	693	100.0%	★★	7/12/07	3,036	738	24.3%	738	100.0%	★★
Smoky Mountain	10/18/06	1,594	285	17.9%	285	100.0%	★★	1/19/07	1,842	281	15.3%	271	96.4%	★	4/19/07	1,565	295	18.8%	295	100.0%	★★	7/20/07	1,471	304	20.7%	304	100.0%	★★
Southeastern Center	10/20/06	2,512	762	30.3%	762	100.0%	★★	1/19/07	2,518	492	19.5%	492	100.0%	★★	4/20/07	2,772	535	19.3%	535	100.0%	★★	7/20/07	2,659	478	18.0%	478	100.0%	★★
Southeastern Regional	10/19/06	1,117	44	3.9%	44	100.0%	★★	1/19/07	1,669	52	3.1%	52	100.0%	★★	4/20/07	2,203	78	3.5%	78	100.0%	★★	7/20/07	2,469	91	3.7%	91	100.0%	★★
Tideland	Subject to Performance Agreement							1/19/07	785	24	3.1%	12	**50.0%**		4/19/07	727	18	2.5%	12	**66.7%**		**8/1/07**	575	8	1.4%	7	87.5%	★
Wake	10/20/06	1,786	319	17.9%	319	100.0%	★★	1/20/07	1,842	388	21.1%	388	100.0%	★★	**4/27/07**	2,060	406	19.7%	406	100.0%	★★	7/20/07	2,135	425	19.9%	425	100.0%	★★
Western Highlands	10/16/06	1,719	244	14.2%	244	100.0%	★★	1/19/07	1,740	255	14.7%	255	100.0%	★★	4/17/07	1,933	227	11.7%	227	100.0%	★★	7/6/07	1,835	245	13.4%	245	100.0%	★★
Wilson-Greene	Subject to Performance Agreement							1/18/07	656	78	11.9%	78	100.0%	★★	4/12/07	651	21	3.2%	21	100.0%	★★	7/17/07	510	10	2.0%	10	100.0%	★★
Totals		42,759	8,053	18.8%	8,035	99.8%	★		42,398	8,029	18.9%	7,999	99.6%	★		47,173	7,934	16.8%	7,902	99.6%	★		46,936	8,756	18.7%	8,755	100.0%	★★

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number and Pct of LMEs that met the Best Practice Standard:	23 (88.5%)	25 (86.2%)	26 (89.7%)	28 (96.6%)
Number and Pct of LMEs that met the SFY 2007 Standard:	3 (11.5%)	3 (10.3%)	1 (3.4%)	1 (3.4%)
Total	26 (100%)	28 (96.6%)	27 (93.1%)	29 (100%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

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 each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: **100%** of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2007 Standard: **85%** of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received[1]	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined[2]		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons[3] Determined To Need	Met Std[4]	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	7/11/07	1,193	24	2.0%	24	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	7/20/07	954	263	27.6%	243	92.4%	★	9	3.4%	10	3.8%	99.6%
Catawba	7/18/07	2,306	78	3.4%	78	100.0%	★★	0	0.0%	0	0.0%	100.0%
CenterPoint	7/16/07	3,442	206	6.0%	156	**75.7%**		7	3.4%	35	17.0%	96.1%
Crossroads	7/18/07	1,755	300	17.1%	288	96.0%	★	1	0.3%	11	3.7%	100.0%
Cumberland	7/18/07	1,329	69	5.2%	63	91.3%	★	0	0.0%	6	8.7%	100.0%
Durham	7/19/07	2,261	628	27.8%	589	93.8%	★	18	2.9%	21	3.3%	100.0%
Eastpointe	7/20/07	943	39	4.1%	20	**51.3%**		0	0.0%	0	0.0%	**51.3%**
Edgecombe-Nash	7/17/07	649	248	38.2%	91	**36.7%**		0	0.0%	8	3.2%	**39.9%**
Five County	7/18/07	1,797	50	2.8%	50	100.0%	★★	0	0.0%	0	0.0%	100.0%
Foothills	7/6/07	2,783	120	4.3%	112	93.3%	★	7	5.8%	1	0.8%	100.0%
Guilford	7/17/07	2,979	86	2.9%	86	100.0%	★★	0	0.0%	0	0.0%	100.0%
Johnston	7/20/07	756	68	9.0%	68	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	7/20/07	1,807	480	26.6%	480	100.0%	★★	0	0.0%	0	0.0%	100.0%
Neuse	7/17/07	541	175	32.3%	147	**84.0%**		1	0.6%	27	15.4%	100.0%
New River	7/20/07	1,143	157	13.7%	117	**74.5%**		0	0.0%	8	5.1%	**79.6%**
Onslow-Carteret	7/18/07	809	106	13.1%	95	89.6%	★	0	0.0%	11	10.4%	100.0%
Orange-Person-Chatham	7/20/07	1,273	104	8.2%	98	94.2%	★	1	1.0%	5	4.8%	100.0%
Pathways	7/18/07	2,163	237	11.0%	227	95.8%	★	0	0.0%	10	4.2%	100.0%
Pitt	7/17/07	528	129	24.4%	93	**72.1%**		6	4.7%	30	23.3%	100.0%
Roanoke-Chowan	7/17/07	835	50	6.0%	28	**56.0%**		10	20.0%	12	24.0%	100.0%
Sandhills Center	7/12/07	3,036	442	14.6%	378	85.5%	★	46	10.4%	18	4.1%	100.0%
Smoky Mountain	7/20/07	1,471	110	7.5%	94	85.5%	★	16	14.5%	0	0.0%	100.0%
Southeastern Center	7/20/07	2,659	503	18.9%	261	**51.9%**		93	18.5%	64	12.7%	**83.1%**
Southeastern Regional	7/20/07	2,469	220	8.9%	143	**65.0%**		42	19.1%	35	15.9%	100.0%
Tideland	**8/1/07**	575	94	16.3%	67	**71.3%**		3	3.2%	11	11.7%	86.2%
Wake	7/20/07	2,135	346	16.2%	340	98.3%	★	2	0.6%	4	1.2%	100.0%
Western Highlands	7/6/07	1,835	147	8.0%	86	**58.5%**		31	21.1%	30	20.4%	100.0%
Wilson-Greene	7/17/07	510	140	27.5%	57	**40.7%**		0	0.0%	5	3.6%	**44.3%**
Total		46,936	5,619	12.0%	4,579	**81.5%**		293	5.2%	362	6.4%	93.1%

Number and Pct of LMEs that met the Best Practice Standard:	6 (20.7%)
Number and Pct of LMEs that met the SFY 2007 Standard:	11 (37.9%)
Total	17 (58.6%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
5. If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Year-to-Date Summary Report)

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 each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours		
			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]
Alamance-Caswell-Rockingham	10/20/06	1,629	31	1.9%	31	100.0%	★★	1/19/07	1,193	12	1.0%	12	100.0%	★★	4/20/07	1,757	23	1.3%	23	100.0%	★★	7/11/07	1,193	24	2.0%	24	100.0%	★★
Albemarle	**10/23/06**	1,325	300	22.6%	237	**79.0%**		1/19/07	889	308	34.6%	252	**81.8%**		4/20/07	933	275	29.5%	233	**84.7%**		7/20/07	954	263	27.6%	243	92.4%	★
Catawba	10/19/06	1,967	35	1.8%	35	100.0%	★★	1/19/07	2,174	44	2.0%	43	97.7%	★	4/17/07	2,378	40	1.7%	40	100.0%	★★	7/18/07	2,306	78	3.4%	78	100.0%	★★
CenterPoint	10/13/06	3,466	196	5.7%	176	89.8%	★	1/17/07	3,483	143	4.1%	133	93.0%	★	4/19/07	3,836	236	6.2%	225	95.3%	★	7/16/07	3,442	206	6.0%	156	**75.7%**	
Crossroads	10/16/06	1,710	109	6.4%	106	97.2%	★	1/8/07	1,684	178	10.6%	172	96.6%	★	4/19/07	2,058	337	16.4%	332	98.5%	★	7/18/07	1,755	300	17.1%	288	96.0%	★
Cumberland	10/19/06	952	149	15.7%	123	**82.6%**		1/18/07	742	121	16.3%	106	87.6%	★	4/20/07	924	83	9.0%	77	92.8%	★	7/18/07	1,329	69	5.2%	63	91.3%	★
Durham	10/18/06	2,013	931	46.2%	709	**76.2%**		1/17/07	1,721	677	39.3%	577	85.2%	★	4/18/07	2,124	713	33.6%	642	90.0%	★	7/19/07	2,261	628	27.8%	589	93.8%	★
Eastpointe	10/20/06	1,185	54	4.6%	22	**40.7%**		1/18/07	935	95	10.2%	75	**78.9%**		4/19/07	737	77	10.4%	29	**37.7%**		7/20/07	943	39	4.1%	20	**51.3%**	
Edgecombe-Nash	Subject to Performance Agreement							1/18/07	376	71	18.9%	25	**35.2%**		4/12/07	666	225	33.8%	77	**34.2%**		7/17/07	649	248	38.2%	91	**36.7%**	
Five County	10/16/06	1,456	44	3.0%	43	97.7%	★	1/17/07	1,376	33	2.4%	33	100.0%	★★	4/19/07	1,501	52	3.5%	52	100.0%	★★	7/18/07	1,797	50	2.8%	50	100.0%	★★
Foothills	10/20/06	2,065	120	5.8%	120	100.0%	★★	1/19/07	2,216	142	6.4%	131	92.3%	★	**4/30/07**	2,357	139	5.9%	127	91.4%	★	7/6/07	2,783	120	4.3%	112	93.3%	★
Guilford	10/12/06	3,226	156	4.8%	156	100.0%	★★	1/11/07	3,043	134	4.4%	131	97.8%	★	4/17/07	2,927	76	2.6%	76	100.0%	★★	7/17/07	2,979	86	2.9%	86	100.0%	★★
Johnston	10/20/06	627	47	7.5%	47	100.0%	★★	1/19/07	754	53	7.0%	53	100.0%	★★	4/17/07	751	63	8.4%	63	100.0%	★★	7/20/07	756	68	9.0%	68	100.0%	★★
Mecklenburg	10/17/06	1,729	876	50.7%	837	95.5%	★	1/19/07	1,634	591	36.2%	584	98.8%	★	4/17/07	1,943	531	27.3%	528	99.4%	★	7/20/07	1,807	480	26.6%	480	100.0%	★★
Neuse	10/16/06	649	45	6.9%	45	100.0%	★★	1/17/07	382	45	11.8%	33	**73.3%**		4/16/07	440	104	23.6%	76	**73.1%**		7/17/07	541	175	32.3%	147	**84.0%**	
New River	10/20/06	2,020	402	19.9%	393	97.8%	★	**2/7/07**	750	161	21.5%	140	87.0%	★	4/19/07	1,072	202	18.8%	154	**76.2%**		7/20/07	1,143	157	13.7%	117	**74.5%**	
Onslow-Carteret	**10/31/06**	1,211	455	37.6%	450	98.9%	★	1/19/07	1,105	170	15.4%	163	95.9%	★	4/20/07	1,253	152	12.1%	150	98.7%	★	7/18/07	809	106	13.1%	95	89.6%	★
Orange-Person-Chatham	10/20/06	663	165	24.9%	163	98.8%	★	**1/23/07**	548	22	4.0%	14	**63.6%**		4/18/07	1,117	52	4.7%	46	88.5%	★	7/20/07	1,273	104	8.2%	98	94.2%	★
Pathways	10/19/06	1,991	178	8.9%	167	93.8%	★	1/19/07	2,308	335	14.5%	314	93.7%	★	4/20/07	2,287	323	14.1%	307	95.0%	★	7/18/07	2,163	237	11.0%	227	95.8%	★
Pitt	10/19/06	403	10	2.5%	8	**80.0%**		1/19/07	333	6	1.8%	4	**66.7%**		4/20/07	388	11	2.8%	6	**54.5%**		7/17/07	528	129	24.4%	93	**72.1%**	
Roanoke-Chowan	10/19/06	974	66	6.8%	50	**75.8%**		1/17/07	974	99	10.2%	64	**64.6%**		4/16/07	981	89	9.1%	46	**51.7%**		7/17/07	835	50	6.0%	28	**56.0%**	
Sandhills Center	10/20/06	2,770	266	9.6%	226	85.0%	★	1/19/07	2,726	367	13.5%	285	**77.7%**		4/20/07	2,832	458	16.2%	367	**80.1%**		7/12/07	3,036	442	14.6%	378	85.5%	★
Smoky Mountain	10/18/06	1,594	213	13.4%	160	**75.1%**		1/19/07	1,842	191	10.4%	138	**72.3%**		4/19/07	1,565	178	11.4%	158	88.8%	★	7/20/07	1,471	110	7.5%	94	85.5%	★
Southeastern Center	10/20/06	2,512	724	28.8%	163	**22.5%**		1/19/07	2,518	757	30.1%	351	**46.4%**		4/20/07	2,772	707	25.5%	187	**26.4%**		7/20/07	2,659	503	18.9%	261	**51.9%**	
Southeastern Regional	10/19/06	1,117	75	6.7%	67	89.3%	★	1/19/07	1,669	332	19.9%	220	**66.3%**		4/20/07	2,203	257	11.7%	171	**66.5%**		7/20/07	2,469	220	8.9%	143	**65.0%**	
Tideland	Subject to Performance Agreement							1/19/07	785	157	20.0%	50	**31.8%**		4/19/07	727	69	9.5%	29	**42.0%**		**8/1/07**	575	94	16.3%	67	**71.3%**	
Wake	10/20/06	1,786	269	15.1%	248	92.2%	★	1/20/07	1,842	337	18.3%	330	97.9%	★	**4/27/07**	2,060	319	15.5%	301	94.4%	★	7/20/07	2,135	346	16.2%	340	98.3%	★
Western Highlands	10/16/06	1,719	200	11.6%	162	**81.0%**		1/19/07	1,740	248	14.3%	220	88.7%	★	4/17/07	1,933	210	10.9%	172	**81.9%**		7/6/07	1,835	147	8.0%	86	**58.5%**	
Wilson-Greene	Subject to Performance Agreement							1/18/07	656	87	13.3%	30	**34.5%**		4/12/07	651	156	24.0%	62	**39.7%**		7/17/07	510	140	27.5%	57	**40.7%**	
Totals		42,759	6,116	14.3%	4,944	**80.8%**			42,398	5,916	14.0%	4,683	**79.2%**			47,173	6,157	13.1%	4,756	**77.2%**			46,936	5,619	12.0%	4,579	**81.5%**	

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number and Pct of Area Authorities/County Programs that met the Best Practice Standard:	6 (23.1%)	3 (10.3%)	5 (17.2%)	6 (20.7%)
Number and Pct of Area Authorities/County Programs that met the SFY 2007 Standard:	11 (42.3%)	13 (44.8%)	11 (37.9%)	11 (37.9%)
Total	17 (65.4%)	16 (55.2%)	16 (55.2%)	17 (58.6%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. **NR** = Not reported.

2006 - 2007 Performance Contract
Fourth Quarter Report
April 1, 2007 - June 30, 2007

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

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 each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: **100%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2007 Standard: **85%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received[1]	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined[2]		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons[3] Determined To Need	Met Std[4]	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	7/11/07	1,193	834	69.9%	179	**21.5%**		16	1.9%	99	11.9%	**35.3%**
Albemarle	7/20/07	954	670	70.2%	214	**31.9%**		203	30.3%	48	7.2%	**69.4%**
Catawba	7/18/07	2,306	1,168	50.7%	685	**58.6%**		209	17.9%	126	10.8%	87.3%
CenterPoint	7/16/07	3,442	2,311	67.1%	1,041	**45.0%**		73	3.2%	343	14.8%	**63.0%**
Crossroads	7/18/07	1,755	1,178	67.1%	292	**24.8%**		10	0.8%	72	6.1%	**31.7%**
Cumberland	7/18/07	1,329	399	30.0%	305	**76.4%**		48	12.0%	46	11.5%	100.0%
Durham	7/10/07	2,261	1,131	50.0%	703	**62.2%**		232	20.5%	161	14.2%	96.9%
Eastpointe	7/20/07	943	877	93.0%	550	**62.7%**		0	0.0%	0	0.0%	**62.7%**
Edgecombe-Nash	7/18/07	649	391	60.2%	267	**68.3%**		0	0.0%	47	12.0%	**80.3%**
Five County	7/18/07	1,797	942	52.4%	637	**67.6%**		28	3.0%	24	2.5%	**73.1%**
Foothills	7/6/07	2,783	2,289	82.2%	1,841	**80.4%**		104	4.5%	344	15.0%	100.0%
Guilford	7/17/07	2,979	1,213	40.7%	934	**77.0%**		94	7.7%	185	15.3%	100.0%
Johnston	7/20/07	756	457	60.4%	226	**49.5%**		66	14.4%	154	33.7%	97.6%
Mecklenburg	7/20/07	1,807	781	43.2%	694	88.9%	★	0	0.0%	66	8.5%	97.3%
Neuse	7/17/07	541	323	59.7%	226	**70.0%**		7	2.2%	90	27.9%	100.0%
New River	7/20/07	1,143	776	67.9%	605	**78.0%**		0	0.0%	0	0.0%	**78.0%**
Onslow-Carteret	7/18/07	809	471	58.2%	440	93.4%	★	11	2.3%	20	4.2%	100.0%
Orange-Person-Chatham	7/20/07	1,273	955	75.0%	834	87.3%	★	23	2.4%	57	6.0%	95.7%
Pathways	7/18/07	2,163	1,018	47.1%	342	**33.6%**		0	0.0%	41	4.0%	**37.6%**
Pitt	7/17/07	528	381	72.2%	252	**66.1%**		33	8.7%	96	25.2%	100.0%
Roanoke-Chowan	7/17/07	835	696	83.4%	469	**67.4%**		1	0.1%	226	32.5%	100.0%
Sandhills Center	7/12/07	3,036	1,282	42.2%	927	**72.3%**		156	12.2%	199	15.5%	100.0%
Smoky Mountain	7/20/07	1,471	1,057	71.9%	806	**76.3%**		7	0.7%	115	10.9%	87.8%
Southeastern Center	7/20/07	2,659	1,049	39.5%	696	**66.3%**		115	11.0%	237	22.6%	99.9%
Southeastern Regional	7/20/07	2,469	960	38.9%	737	**76.8%**		144	15.0%	79	8.2%	100.0%
Tideland	**8/1/07**	575	451	78.4%	213	**47.2%**		45	10.0%	50	11.1%	**68.3%**
Wake	7/20/07	2,135	822	38.5%	571	**69.5%**		71	8.6%	85	10.3%	88.4%
Western Highlands	7/6/07	1,835	1,410	76.8%	1,077	**76.4%**		133	9.4%	200	14.2%	100.0%
Wilson-Greene	7/17/07	510	359	70.4%	220	**61.3%**		0	0.0%	39	10.9%	**72.1%**
Total		46,936	26,651	56.8%	16,983	**63.7%**		1,829	6.9%	3,249	12.2%	**82.8%**

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)
Number and Pct of LMEs that met the SFY 2007 Standard:	3 (10.3%)
Total	3 (10.3%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.3. Access to Routine Care (Year-to-Date Summary Report)

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 each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd[1]	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days		
			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]			#	%	#	%	Met Std[2]
Alamance-Caswell-Rockingham	10/20/06	1,629	1,195	73.4%	920	**77.0%**		1/19/07	1,193	825	69.2%	124	**15.0%**		4/20/07	1,757	1,280	72.9%	220	**17.2%**		7/11/07	1,193	834	69.9%	179	**21.5%**	
Albemarle	**10/23/06**	1,325	921	69.5%	329	**35.7%**		1/19/07	889	539	60.6%	167	**31.0%**		4/20/07	933	640	68.6%	205	**32.0%**		7/20/07	954	670	70.2%	214	**31.9%**	
Catawba	10/19/06	1,967	1,149	58.4%	636	**55.4%**		1/19/07	2,174	1,295	59.6%	674	**52.0%**		4/17/07	2,378	1,231	51.8%	646	**52.5%**		7/18/07	2,306	1,168	50.7%	685	**58.6%**	
CenterPoint	10/13/06	3,466	2,128	61.4%	1,763	**82.8%**		1/17/07	3,483	2,294	65.9%	1,747	**76.2%**		4/19/07	3,836	3,123	81.4%	2,318	**74.2%**		7/16/07	3,442	2,311	67.1%	1,041	**45.0%**	
Crossroads	10/16/06	1,710	1,234	72.2%	822	**66.6%**		1/8/07	1,684	1,205	71.6%	808	**67.1%**		4/19/07	2,058	1,440	70.0%	450	**31.3%**		7/18/07	1,755	1,178	67.1%	292	**24.8%**	
Cumberland	10/19/06	952	754	79.2%	343	**45.5%**		1/18/07	742	599	80.7%	285	**47.6%**		4/20/07	924	789	85.4%	477	**60.5%**		7/18/07	1,329	399	30.0%	305	**76.4%**	
Durham	10/18/06	2,013	826	41.0%	171	**20.7%**		1/17/07	1,721	765	44.5%	257	**33.6%**		4/18/07	2,124	983	46.3%	545	**55.4%**		7/10/07	2,261	1,131	50.0%	703	**62.2%**	
Eastpointe	10/20/06	1,185	1,074	90.6%	647	**60.2%**		1/18/07	935	812	86.8%	338	**41.6%**		4/19/07	737	622	84.4%	429	**69.0%**		7/20/07	943	877	93.0%	550	**62.7%**	
Edgecombe-Nash	Subject to Performance Agreement							1/18/07	376	296	78.7%	59	**19.9%**		4/12/07	666	429	64.4%	263	**61.3%**		7/18/07	649	391	60.2%	267	**68.3%**	
Five County	10/16/06	1,456	766	52.6%	621	**81.1%**		1/17/07	1,376	789	57.3%	635	**80.5%**		4/19/07	1,501	803	53.5%	607	**75.6%**		7/18/07	1,797	942	52.4%	637	**67.6%**	
Foothills	10/20/06	2,065	1,550	75.1%	1,488	96.0%	★	1/19/07	2,216	1,714	77.3%	1,372	**80.0%**		**4/30/07**	2,357	1,883	79.9%	937	**49.8%**		7/6/07	2,783	2,289	82.2%	1,841	**80.4%**	
Guilford	10/12/06	3,226	953	29.5%	691	**72.5%**		1/11/07	3,043	930	30.6%	537	**57.7%**		4/17/07	2,927	1,097	37.5%	800	**72.9%**		7/17/07	2,979	1,213	40.7%	934	**77.0%**	
Johnston	10/20/06	627	402	64.1%	218	**54.2%**		1/19/07	754	505	67.0%	217	**43.0%**		4/17/07	751	488	65.0%	250	**51.2%**		7/20/07	756	457	60.4%	226	**49.5%**	
Mecklenburg	10/17/06	1,729	830	48.0%	755	91.0%	★	1/19/07	1,634	651	39.8%	617	94.8%	★	4/17/07	1,943	886	45.6%	848	95.7%	★	7/20/07	1,807	781	43.2%	694	88.9%	★
Neuse	10/16/06	649	580	89.4%	576	99.3%	★	1/17/07	382	306	80.1%	162	**52.9%**		4/16/07	**NR**	308	**NR**	**NR**	**62.0%**		7/17/07	541	323	59.7%	226	**70.0%**	
New River	10/20/06	2,020	883	43.7%	499	**56.5%**		**2/7/07**	750	523	69.7%	239	**45.7%**		4/19/07	1,072	773	72.1%	542	**70.1%**		7/20/07	1,143	776	67.9%	605	**78.0%**	
Onslow-Carteret	**10/31/06**	1,211	379	31.3%	339	89.4%	★	1/19/07	1,105	597	54.0%	461	**77.2%**		4/20/07	1,253	722	57.6%	691	95.7%	★	7/18/07	809	471	58.2%	440	93.4%	★
Orange-Person-Chatham	10/20/06	663	336	50.7%	314	93.5%	★	**1/23/07**	548	468	85.4%	303	**64.7%**		4/18/07	1,117	963	86.2%	802	**83.3%**		7/20/07	1,273	955	75.0%	834	87.3%	★
Pathways	10/19/06	1,991	968	48.6%	**NR**	**0.0%**		1/19/07	2,308	957	41.5%	216	**22.6%**		4/20/07	2,287	1,056	46.2%	223	**21.1%**		7/18/07	2,163	1,018	47.1%	342	**33.6%**	
Pitt	10/19/06	403	385	95.5%	230	**59.7%**		1/19/07	333	310	93.1%	182	**58.7%**		4/20/07	388	352	90.7%	192	**54.5%**		7/17/07	528	381	72.2%	252	**66.1%**	
Roanoke-Chowan	10/19/06	974	581	59.7%	418	**71.9%**		1/17/07	974	609	62.5%	420	**69.0%**		4/16/07	981	707	72.1%	532	**75.2%**		7/17/07	835	696	83.4%	469	**67.4%**	
Sandhills Center	10/20/06	2,770	1,859	67.1%	1,387	**74.6%**		1/19/07	2,726	1,439	52.8%	1,022	**71.0%**		4/20/07	2,832	1,264	44.6%	943	**74.6%**		7/12/07	3,036	1,282	42.2%	927	**72.3%**	
Smoky Mountain	10/18/06	1,594	1,095	68.7%	519	**47.4%**		1/19/07	1,842	1,370	74.4%	545	**39.8%**		4/19/07	1,565	1,092	69.8%	641	**58.7%**		7/20/07	1,471	1,057	71.9%	806	**76.3%**	
Southeastern Center	10/20/06	2,512	703	28.0%	315	**44.8%**		1/19/07	2,518	978	38.8%	653	**66.8%**		4/20/07	2,772	991	35.8%	424	**42.8%**		7/20/07	2,659	1,049	39.5%	696	**66.3%**	
Southeastern Regional	10/19/06	1,117	998	89.3%	631	**63.2%**		1/19/07	1,669	1,123	67.3%	763	**67.9%**		4/20/07	2,203	933	42.4%	715	**76.6%**		7/20/07	2,469	960	38.9%	737	**76.8%**	
Tideland	Subject to Performance Agreement							1/19/07	785	586	74.6%	221	**37.7%**		4/19/07	727	629	86.5%	187	**29.7%**		**8/1/07**	575	451	78.4%	213	**47.2%**	
Wake	10/20/06	1,786	478	26.8%	223	**46.7%**		1/20/07	1,842	664	36.0%	550	**82.8%**		**4/27/07**	2,060	930	45.1%	529	**56.9%**		7/20/07	2,135	822	38.5%	571	**69.5%**	
Western Highlands	10/16/06	1,719	1,259	73.2%	938	**74.5%**		1/19/07	1,740	1,225	70.4%	867	**70.8%**		4/17/07	1,933	1,476	76.4%	1,166	**79.0%**		7/6/07	1,835	1,410	76.8%	1,077	**76.4%**	
Wilson-Greene	Subject to Performance Agreement							1/18/07	656	491	74.8%	98	**20.0%**		4/12/07	651	459	70.5%	243	**52.9%**		7/17/07	510	359	70.4%	220	**61.3%**	
Totals		42,759	23,318	54.5%	15,793	**67.7%**			42,398	24,865	58.6%	14,539	**58.5%**			47,173	28,349	60.1%	17,016	**60.0%**			46,936	26,651	56.8%	16,983	**63.7%**	

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of Area Authorities/County Programs that met the SFY 2007 Standard:	5 (19.2%)	1 (3.4%)	2 (6.9%)	3 (10.3%)
Total	5 (19.2%)	1 (3.4%)	2 (6.9%)	3 (10.3%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. **NR** = Not reported.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given 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. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

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.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used[1]	Standard Met[2]	Annual Allocation	YTD # Used	YTD % Used[1]	Standard Met[2]	Annual Allocation	YTD # Used	YTD % Used[1]	Standard Met[2]	Annual Allocation	YTD # Used	YTD % Used[1]	Standard Met[2]
YTD Straight-line Percentage:			**100%**				**100%**				**100%**				**100%**	
Alamance-Caswell-Rockingham	6,352	4,982	78.4%	★★	3,467	1,741	50.2%	★★	2,021	1,007	49.8%	★★	2,024	1,560	77.1%	★★
Albemarle	1,749	2,217	**126.8%**		2,608	3,012	**115.5%**		338	409	**121.0%**		373	263	70.5%	★★
Catawba	1,160	1,776	**153.1%**		1,159	2,385	**205.8%**		472	797	**168.9%**		267	307	**115.0%**	
CenterPoint	7,251	9,784	**134.9%**		4,773	5,235	**109.7%**		1,448	1,234	85.2%	★★	1,052	1,594	**151.5%**	
Crossroads	4,180	3,229	77.2%	★★	2,441	1,419	58.1%	★★	1,041	733	70.4%	★★	350	824	**235.4%**	
Cumberland	3,506	3,100	88.4%	★★	2,090	2,933	**140.3%**		422	826	**195.7%**		681	1,019	**149.6%**	
Durham	7,611	6,334	83.2%	★★	4,752	2,513	52.9%	★★	3,142	1,556	49.5%	★★	1,259	2,007	**159.4%**	
Eastpointe	7,044	6,469	91.8%	★	9,365	5,925	63.3%	★★	833	1,131	**135.8%**		2,156	719	33.3%	★★
Edgecombe-Nash	4,129	4,444	**107.6%**		5,587	5,019	89.8%	★★	504	779	**154.6%**		801	1,124	**140.3%**	
Five County	5,055	5,739	**113.5%**		3,631	4,696	**129.3%**		1,613	1,041	64.5%	★★	1,080	1,296	**120.0%**	
Foothills	5,871	5,545	94.4%	★	3,631	3,356	92.4%	★	2,405	1,199	49.9%	★★	1,442	1,794	**124.4%**	
Guilford	10,043	7,719	76.9%	★★	4,793	2,986	62.3%	★★	2,184	1,125	51.5%	★★	1,266	987	78.0%	★★
Johnston	1,251	1,396	**111.6%**		389	1,721	**442.4%**		1,026	1,161	**113.2%**		443	158	35.7%	★★
Mecklenburg	5,065	5,685	**112.2%**		6,881	6,207	90.2%	★	567	1,616	**285.0%**		1,070	1,063	99.3%	★
Neuse	2,146	2,121	98.8%	★	4,259	2,929	68.8%	★★	515	219	42.5%	★★	485	211	43.5%	★★
New River	3,351	2,713	81.0%	★★	2,347	1,468	62.5%	★★	855	335	39.2%	★★	617	1,197	**194.0%**	
Onslow-Carteret	3,378	2,088	61.8%	★★	4,239	3,934	92.8%	★	712	543	76.3%	★★	420	441	**105.0%**	
Orange-Person-Chatham	4,090	3,560	87.0%	★★	2,193	1,179	53.8%	★★	1,413	1,231	87.1%	★★	792	1,004	**126.8%**	
Pathways	6,918	5,844	84.5%	★★	3,318	4,844	**146.0%**		929	990	**106.6%**		937	666	71.1%	★★
Pitt	2,917	1,972	67.6%	★★	3,999	2,605	65.1%	★★	409	410	**100.2%**		412	452	**109.7%**	
Roanoke-Chowan	1,155	1,102	95.4%	★	2,542	1,496	58.9%	★★	371	87	23.5%	★★	280	247	88.2%	★★
Sandhills Center	6,920	5,833	84.3%	★★	3,806	3,371	88.6%	★★	2,349	2,181	92.8%	★	1,599	1,736	**108.6%**	
Smoky Mountain	3,794	2,478	65.3%	★★	2,288	1,574	68.8%	★★	927	911	98.3%	★	507	1,069	**210.8%**	
Southeastern Center	4,291	4,705	**109.6%**		7,311	4,573	62.5%	★★	858	1,308	**152.4%**		530	894	**168.7%**	
Southeastern Regional	2,713	2,725	**100.4%**		1,490	2,617	**175.6%**		716	762	**106.4%**		733	905	**123.5%**	
Tideland	2,589	1,406	54.3%	★★	4,000	3,009	75.2%	★★	367	428	**116.6%**		1,008	143	14.2%	★★
Wake	12,542	12,949	**103.2%**		7,794	6,922	88.8%	★★	3,892	4,041	**103.8%**		3,618	3,852	**106.5%**	
Western Highlands	12,107	10,872	89.8%	★★	7,436	8,068	**108.5%**		2,480	1,798	72.5%	★★	1,324	2,764	**208.8%**	
Wilson-Greene	2,132	3,858	**181.0%**		4,021	3,313	82.4%	★★	792	596	75.3%	★★	662	557	84.1%	★★
Totals	141,310	132,645	93.9%	★	116,610	101,050	86.7%	★★	35,601	30,454	85.5%	★★	28,188	30,853	**109.5%**	

Number and Pct of LMEs that met the Best Practice Standard:	14 (48.3%)	17 (58.6%)	14 (48.3%)	10 (34.5%)
Number and Pct of LMEs that met the SFY 2007 Standard:	4 (13.8%)	3 (10.3%)	2 (6.9%)	1 (3.4%)
Total	18 (62.1%)	20 (69%)	16 (55.2%)	11 (37.9%)

Notes:
1. YTD straight-line percentage for the current quarter is 100%.
Percentages that exceed the annual SFY 2007 Performance Contract Standard are highlighted red.
Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.
Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
2. Standard Met is reported at the end of the year in the fourth quarter report.
★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

Quality Management and Outcomes Evaluation.
1.6.1. 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 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.

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.

Local Management Entity	# QI Projects Reported	# Projects With All 5 Elements	# Projects With 3 Or 4 Elements	Standard Met[1]
Alamance-Caswell-Rockingham	6	1	4	★
Albemarle	5	5	0	★★
Catawba	6	4	2	★
CenterPoint	5	5	0	★★
Crossroads	8	8	0	★★
Cumberland	5	5	0	★★
Durham	5	5	0	★★
Eastpointe	5	5	0	★★
Edgecombe-Nash	7	1	2	★
Five County	5	4	1	★
Foothills	3	2	1	★
Guilford	5	5	0	★★
Johnston	5	4	1	★
Mecklenburg	5	5	0	★★
Neuse	5	4	1	★
New River	**0**			
Onslow-Carteret	5	1	3	★
Orange-Person-Chatham	5	5	0	★★
Pathways	7	6	1	★★
Pitt	5	4	1	★
Roanoke-Chowan	5	4	1	★
Sandhills Center	5	5	0	★★
Smoky Mountain	**0**			
Southeastern Center	5	5	0	★★
Southeastern Regional	5	2	3	★
Tideland	4	2	2	★
Wake	3	2	1	★
Western Highlands	5	5	0	★★
Wilson-Greene	7	3	0	★
Totals	141	107	24	

Number and Pct of LMEs that met the Best Practice Standard:	13 (44.8%)
Number and Pct of LMEs that met the SFY 2007 Standard:	14 (48.3%)
Total	27 (93.1%)

Notes:
1. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Fourth Quarter Report
April 1, 2007 - June 30, 2007

Quality Management and Outcomes Evaluation.
1.6.3. 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 process.

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.

Local Management Entity	1st Qtr Report (Due 10/20/06)		2nd Qtr Report (Due 1/20/07)		3rd Qtr Report (Due 4/20/07)		4th Qtr Report (Due 7/20/07)		Standard Met[2]
	Date Received[1]	Elements Included	Date Received[1]	Elements Included	Date Received[1]	Elements Included	Date Received[1]	Elements Included	
Alamance-Caswell-Rockingham	10/18/06	All 5	1/17/07	All 5	4/18/07	All 5	7/19/07	All 5	★★
Albemarle	10/20/06	<4	1/19/07	All 5	4/20/07	All 5	7/2/07	All 5	★
Catawba	10/19/06	<4	1/19/07	All 5	4/24/07	All 5	7/24/07	All 5	★
CenterPoint	10/19/06	All 5	1/19/07	All 5	4/20/07	All 5	7/20/07	All 5	★★
Crossroads	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5	7/20/07	All 5	★★
Cumberland	10/20/06	All 5	1/19/07	All 5	4/19/07	All 5	7/18/07	All 5	★★
Durham	10/19/06	All 5	1/16/07	All 5	4/16/07	All 5	7/16/07	All 5	★★
Eastpointe	10/17/06	All 5	1/19/07	All 5	4/20/07	All 5	7/25/07	All 5	★★
Edgecombe-Nash	Sub to Perf. Agreement		1/19/07	All 5	4/19/07	All 5	7/19/07	All 5	★★
Five County	10/17/06	All 5	1/19/07	All 5	4/19/07	All 5	7/20/07	All 5	★★
Foothills	10/17/06	All 5	1/18/07	All 5	4/17/07	All 5	7/19/07	All 5	★★
Guilford	10/19/06	All 5	1/19/07	All 5	4/19/07	All 5	7/19/07	<4	★
Johnston	10/20/06	All 5	1/19/07	All 5	4/19/07	All 5	7/19/07	All 5	★★
Mecklenburg	10/18/06	All 5	1/18/07	All 5	4/18/07	All 5	7/20/07	All 5	★★
Neuse	10/17/06	All 5	1/17/07	All 5	4/18/07	All 5	Not Rec'd		★
New River	10/17/06	All 5	1/18/07	All 5	Not Rec'd		Not Rec'd		
Onslow-Carteret	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5	7/20/07	All 5	★★
Orange-Person-Chatham	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5	7/20/07	All 5	★★
Pathways	10/18/06	All 5	1/17/07	All 5	4/19/07	All 5	7/20/07	All 5	★★
Pitt	10/19/06	All 5	1/19/07	All 5	4/20/07	All 5	Not Rec'd		★
Roanoke-Chowan	10/17/06	All 5	1/19/07	All 5	4/19/07	All 5	7/18/07	All 5	★★
Sandhills Center	10/20/06	All 5	1/19/07	All 5	4/19/07	All 5	7/20/07	All 5	★★
Smoky Mountain	10/20/06	All 5	1/19/07	All 5	4/20/07	All 5	Not Rec'd		★
Southeastern Center	10/18/06	All 5	1/19/07	All 5	4/20/07	All 5	7/20/07	All 5	★★
Southeastern Regional	10/20/06	All 5	1/20/07	All 5	4/20/07	All 5	7/20/07	All 5	★★
Tideland	Sub to Perf. Agreement		1/19/07	All 5	4/19/07	All 5	7/16/07	All 5	★★
Wake	10/18/06	All 5	1/19/07	All 5	4/19/07	All 5	7/16/07	All 5	★★
Western Highlands	10/18/06	All 5	1/19/07	All 5	4/20/07	All 5	8/3/07	All 5	★★
Wilson-Greene	Sub to Perf. Agreement		1/19/07	All 5	4/18/07	All 5	7/19/07	All 5	★★

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:	22 (75.9%)
Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2007 Standard:	6 (20.7%)
Total	28 (96.6%)

Notes:
1. Dates that are shaded red indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
2. The performance standard is an annual standard (black stars). Progress is reported quarterly (blue stars).

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆ = On track for meeting the Best Practice Standard.
★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.1. 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.

Local Management Entity	1st Qtr Report (Due 10/20/06)			2nd Qtr Report (Due 2/20/07)			3rd Qtr Report (Due 4/20/07)			4th Qtr Cash-Basis Report (Due 8/31/07)		4th Qtr Accrual-Basis Report (Due 8/31/07)		Standard Met[2]
	Date Received[1]	Accurate, Complete	Standard Met[2]	Date Received[1]	Accurate, Complete	Standard Met[2]	Date Received[1]	Accurate, Complete	Standard Met[2]	Date Received[1]	Accurate, Complete	Date Received[1]	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Albemarle	10/18/06	Yes	★★	Not Rec'd			4/16/07	Yes	★★					
Catawba	10/17/06	Yes	★★	1/11/07	Yes	★★	4/18/07	Yes	★★					
CenterPoint	10/17/06	Yes	★★	2/15/07	Yes	★★	4/19/07	Yes	★★					
Crossroads	10/18/06	Yes	★★	2/20/07	Yes	★★	4/16/07	Yes	★★					
Cumberland	10/12/06	Yes	★★	2/21/07	Yes		4/16/07	Yes	★★					
Durham	10/10/06	Yes	★★	2/14/07	Yes	★★	4/2/07	Yes	★★					
Eastpointe	10/18/06	Yes	★★	2/7/07	Yes	★★	4/20/07	Yes	★★					
Edgecombe-Nash	10/13/06	Yes	★★	2/19/07	Yes	★★	4/11/07	Yes	★★					
Five County	10/17/06	Yes	★★	2/20/07	Yes	★★	4/16/07	Yes	★★					
Foothills	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Guilford	10/12/06	Yes	★★	1/22/07	Yes	★★	4/13/07	Yes	★★					
Johnston	10/20/06	Yes	★★	2/20/07	Yes	★★	4/19/07	Yes	★★					
Mecklenburg	10/17/06	Yes	★★	2/19/07	Yes	★★	4/19/07	Yes	★★					
Neuse	10/17/06	Yes	★★	2/12/07	Yes	★★	4/11/07	Yes	★★					
New River	10/20/06	Yes	★★	Not Rec'd			Not Rec'd	No						
Onslow-Carteret	10/17/06	Yes	★★	Not Rec'd			Not Rec'd	No						
Orange-Person-Chatham	10/20/06	Yes	★★	2/16/07	Yes	★★	4/20/07	Yes	★★					
Pathways	10/18/06	Yes	★★	1/18/07	Yes	★★	4/11/07	Yes	★★					
Pitt	Not Rec'd			2/17/07	Yes	★★	Not Rec'd	No						
Roanoke-Chowan	10/16/06	Yes	★★	2/19/07	Yes	★★	4/18/07	Yes	★★					
Sandhills Center	10/18/06	Yes	★★	2/15/07	Yes	★★	4/11/07	Yes	★★					
Smoky Mountain	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Southeastern Center	10/18/06	Yes	★★	2/12/07	Yes	★★	4/20/07	Yes	★★					
Southeastern Regional	10/16/06	Yes	★★	2/19/07	Yes	★★	4/20/07	Yes	★★					
Tideland	10/26/06	Yes		2/7/07	Yes	★★	Not Rec'd	No						
Wake	10/18/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★					
Western Highlands	10/31/06	Yes		2/2/07	Yes	★★	4/19/07	Yes	★★					
Wilson-Greene	10/16/06	Yes	★★	2/17/07	Yes	★★	4/19/07	Yes	★★					
# and % of LMEs that met the Performance Standard:			26 (89.7%)			25 (86.2%)			25 (86.2%)					0 (0%)

Because the due date for this report is after the end of the quarter, the Fourth Quarter's results will be provided in the First Quarter SFY08 report.

Because the due date for this report is after the end of the quarter, the Fourth Quarter's results will be provided in the First Quarter SFY08 report.

Notes:
1. Red shading indicates reports that are not received by the due date or are not accurate and complete
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.4. 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.

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.

Local Management Entity	Mid-Year Report (Due 1/20/07)			Standard Met[2]	End Of Year Report (Due 7/20/07)			Standard Met[2]
	Date Received[1]	Accurate and Complete	48 Hours Of Synar Activity		Date Received[1]	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell-Rockingham	1/19/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Albemarle	1/18/07	Yes	Yes	★★	7/18/07	**No**	Yes	
Catawba	1/19/07	Yes	Yes	★★	7/19/07	Yes	Yes	★★
CenterPoint	1/13/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Crossroads	1/17/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
Cumberland	1/19/07	Yes	**No**		7/19/07	Yes	Yes	★★
Durham	1/20/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Eastpointe	1/20/07	Yes	**No**		7/19/07	**No**	Yes	
Edgecombe-Nash	1/20/07	Yes	**No**		7/18/07	**No**	Yes	
Five County	1/19/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Foothills	1/19/07	Yes	**No**		7/19/07	Yes	Yes	★★
Guilford	1/19/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Johnston	1/17/07	Yes	Yes	★★	7/19/07	Yes	Yes	★★
Mecklenburg	1/18/07	Yes	Yes	★★	7/19/07	Yes	Yes	★★
Neuse	1/12/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
New River	1/18/07	Yes	Yes	★★	7/13/07	Yes	Yes	★★
Onslow-Carteret	1/18/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
Orange-Person-Chatham	1/18/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
Pathways	1/19/07	Yes	**No**		7/19/07	Yes	Yes	★★
Pitt	1/17/07	Yes	Yes	★★	7/18/07	Yes	Yes	★★
Roanoke-Chowan	1/19/07	Yes	Yes	★★	**7/23/07**	Yes	Yes	★
Sandhills Center	1/20/07	Yes	Yes	★★	7/19/07	Yes	Yes	★★
Smoky Mountain	**1/26/07**	Yes	**No**		7/20/07	Yes	Yes	★★
Southeastern Center	1/20/07	Yes	Yes	★★	7/19/07	Yes	Yes	★★
Southeastern Regional	1/18/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Tideland	1/18/07	Yes	Yes	★★	**7/31/07**	Yes	Yes	
Wake	1/18/07	Yes	Yes	★★	7/20/07	Yes	Yes	★★
Western Highlands	1/19/07	**No**	**No**		7/20/07	Yes	Yes	★★
Wilson-Greene	1/20/07	Yes	**No**		7/18/07	Yes	Yes	★★

Number and Pct of LMEs that met the Best Practice Standard:	21 (72.4%)	24 (82.8%)
Number and Pct of LMEs that met the SFY 2007 Standard:	0 (0%)	1 (3.4%)
Total	21 (72.4%)	25 (86.2%)

Notes:
1. Dates that are highlighted red indicate reports received more than 10 days after the due date.
Italicized dates that are highlighted yellow indicate reports received within 10 days after the due date.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. 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.

Local Management Entity	1st Qtr Reports (Due 10/20/06)							2nd Qtr Reports (Due 1/20/07)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met[2]	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met[2]
	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete		Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	
Alamance-Caswell-Rockingham			10/16/06	Yes			★★			1/19/07	Yes			★★
Albemarle			10/20/06	Yes	10/20/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
CenterPoint	**11/27/06**	Yes	**11/27/06**	Yes				1/19/07	Yes	1/19/07	Yes			★★
Crossroads	No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter.							No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter.						
Cumberland	10/20/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Durham	10/20/06	Yes	10/20/06	Yes			★★	1/10/07	Yes	1/19/07	Yes			★★
Eastpointe			10/16/06	Yes	10/16/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
Five County			10/20/06	Yes			★★			1/19/07	Yes			★★
Foothills	10/16/06	Yes					★★	1/19/07	Yes					★★
Guilford	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Mecklenburg	10/16/06	Yes					★★	1/19/07	Yes					★★
Neuse			10/20/06	Yes	10/16/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
Onslow-Carteret			10/20/06	Yes			★★			1/19/07	Yes			★★
Orange-Person-Chatham			10/20/06	Yes			★★			1/19/07	Yes			★★
Pathways	10/20/06	Yes					★★	1/19/07	Yes					★★
Pitt	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Roanoke-Chowan					10/20/06	Yes	★★					1/19/07	Yes	★★
Sandhills Center	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Southeastern Center	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Southeastern Regional			10/16/06	Yes	10/16/06	Yes	★★			1/19/07	Yes	1/19/07	Yes	★★
Tideland			**Not Rec'd**	**No**						1/19/07	Yes			★★
Wake	10/16/06	Yes	10/15/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Western Highlands	10/16/06	Yes	10/16/06	Yes			★★	1/19/07	Yes	1/19/07	Yes			★★
Catawba														
Edgecombe-Nash														
Johnston														
New River														
Smoky Mountain														
Wilson-Greene														

These LMEs do not have a SA/JJ Initiative.

Met the Best Practice Standard:	20 (90.9%)	22 (100%)
Met the SFY2007 Standard:	0 (0%)	0 (0%)
Total	20 (90.9%)	22 (100%)

Notes:
1. Reports that are not complete or that are received >10 days after the due date are shaded red. ***Italicized*** dates with yellow shading are within 10 days after the due date.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. 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.

Local Management Entity	3rd Qtr Reports (Due 4/20/07)							4th Qtr Reports (Due 7/20/07)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met[2]	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met[2]
	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete		Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	
Alamance-Caswell-Rockingham			4/17/07	Yes			★★			7/19/07	Yes			★★
Albemarle			4/20/07	Yes	4/20/07	Yes	★★			7/17/07	Yes	7/17/07	Yes	★★
CenterPoint	4/17/07	Yes	4/17/07	Yes			★★	7/17/07	Yes	7/17/07	Yes			★★
Crossroads			4/18/07	Yes			★★			7/20/07	Yes			★★
Cumberland	4/17/07	Yes	4/4/07	Yes			★★	7/13/07	Yes	7/18/07	Yes			★★
Durham	4/18/07	Yes	4/20/07	Yes			★★	7/18/07	Yes	7/18/07	Yes			★★
Eastpointe			4/18/07	Yes	4/4/07	Yes	★★			7/20/07	Yes	7/20/07	Yes	★★
Five County			4/20/07	Yes			★★			7/20/07	Yes			★★
Foothills	4/18/07	Yes					★★	7/14/07	Yes					★★
Guilford	4/10/07	Yes	4/20/07	Yes			★★	7/12/07	Yes	7/12/07	Yes			★★
Mecklenburg	4/10/07	Yes					★★	7/11/07	Yes					★★
Neuse			4/18/07	Yes	4/18/07	Yes	★★			7/20/07	Yes	7/20/07	Yes	★★
Onslow-Carteret			4/20/07	Yes			★★			7/20/07	Yes			★★
Orange-Person-Chatham			4/20/07	Yes			★★			7/17/07	Yes			★★
Pathways	**Not Rec'd**	**No**						7/20/07	Yes					★★
Pitt	4/9/07	Yes	4/18/07	Yes			★★	7/12/07	Yes	7/12/07	Yes			★★
Roanoke-Chowan					4/20/07	Yes	★★					7/20/07	Yes	★★
Sandhills Center	4/18/07	Yes	4/20/07	Yes			★★	7/20/07	Yes	7/20/07	Yes			★★
Southeastern Center	4/20/07	Yes	4/20/07	Yes			★★	7/20/07	Yes	7/20/07	Yes			★★
Southeastern Regional			4/17/07	Yes	4/17/07	Yes	★★			7/20/07	Yes	7/20/07	Yes	★★
Tideland			**Not Rec'd**	**No**						**Not Rec`d**	**No**			
Wake	4/17/07	Yes	4/17/07	Yes			★★	7/20/07	Yes	7/20/07	Yes			★★
Western Highlands	4/18/07	Yes	4/18/07	Yes			★★	7/20/07	Yes	7/20/07	Yes			★★
Catawba														
Edgecombe-Nash														
Johnston														
New River														
Smoky Mountain														
Wilson-Greene														

These LMEs do not have a SA/JJ Initiative.

Met the Best Practice Standard:	21 (91.3%)	22 (95.7%)
Met the SFY2007 Standard:	0 (0%)	0 (0%)
Total	21 (91.3%)	22 (95.7%)

Notes:
1. Reports that are not complete or that are received >10 days after the due date are shaded red. ***Italicized*** dates with yellow shading are within 10 days after the due date.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.6. 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.

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.

Local Management Entity	1st Qtr Report (Due 10/20/06)		2nd Qtr Report (Due 1/20/07)		3rd Qtr Report (Due 4/20/07)		4th Qtr Report (Due 7/20/07)		Standard Met[2]
	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	Date Received[1]	Accurate And Complete	
Alamance-Caswell-Rockingham	10/16/06	Yes	***1/23/07***	Yes	**5/3/07**	Yes	7/13/07	Yes	
Albemarle	10/19/06	Yes	1/16/07	Yes	4/19/07	Yes	7/16/07	Yes	★★
Catawba	10/20/06	Yes	1/18/07	Yes	4/10/07	Yes	7/20/07	Yes	★★
CenterPoint	10/11/06	Yes	1/19/07	Yes	***4/25/07***	Yes	7/13/07	Yes	★
Crossroads	10/17/06	Yes	1/1/07	Yes	4/20/07	Yes	7/20/07	Yes	★★
Cumberland	10/20/06	Yes	***1/22/07***	Yes	***4/25/07***	Yes	7/18/07	Yes	
Durham	10/20/06	Yes	1/20/07	Yes	4/20/07	Yes	7/14/07	Yes	★★
Eastpointe	10/9/06	Yes	1/19/07	Yes	4/11/07	Yes	7/13/07	Yes	★★
Edgecombe-Nash	10/20/06	Yes	1/16/07	Yes	4/19/07	Yes	7/10/07	Yes	★★
Five County	10/19/06	Yes	1/19/07	Yes	4/19/07	Yes	7/20/07	Yes	★★
Foothills	10/20/06	Yes	1/19/07	Yes	4/20/07	Yes	7/19/07	Yes	★★
Guilford	10/9/06	Yes	1/13/07	Yes	***4/30/07***	Yes	7/9/07	Yes	★
Johnston	10/17/06	Yes	***1/23/07***	Yes	***4/23/07***	Yes	7/10/07	Yes	
Mecklenburg	10/17/06	Yes	***1/23/07***	Yes	***4/27/07***	Yes	7/19/07	Yes	
Neuse	10/19/06	Yes	1/16/07	Yes	4/11/07	Yes	7/5/07	Yes	★★
New River	10/20/06	Yes	***1/22/07***	Yes	***4/23/07***	Yes	7/20/07	Yes	
Onslow-Carteret	10/20/06	Yes	1/19/07	Yes	4/20/07	Yes	7/18/07	Yes	★★
Orange-Person-Chatham	**10/31/06**	Yes	***1/29/07***	Yes	4/16/07	Yes	7/16/07	Yes	
Pathways	10/9/06	Yes	***1/22/07***	Yes	4/19/07	Yes	7/18/07	Yes	★
Pitt	10/11/06	Yes	***1/25/07***	Yes	**5/2/07**	Yes	7/9/07	Yes	
Roanoke-Chowan	10/20/06	Yes	1/18/07	Yes	4/5/07	Yes	7/18/07	Yes	★★
Sandhills Center	10/20/06	Yes	1/17/07	Yes	4/20/07	Yes	**8/1/07**	Yes	
Smoky Mountain	10/20/06	Yes	1/19/07	Yes	4/16/07	Yes	7/20/07	Yes	★★
Southeastern Center	10/10/06	Yes	1/18/07	Yes	4/9/07	Yes	7/11/07	Yes	★★
Southeastern Regional	10/18/06	Yes	1/18/07	Yes	4/20/07	Yes	7/17/07	Yes	★★
Tideland	10/20/06	Yes	1/16/07	Yes	4/19/07	Yes	***7/30/07***	Yes	★
Wake	10/20/06	Yes	1/19/07	Yes	4/20/07	Yes	7/19/07	Yes	★★
Western Highlands	10/11/06	Yes	1/18/07	Yes	4/11/07	Yes	7/13/07	Yes	★★
Wilson-Greene	10/20/06	Yes	1/16/07	Yes	4/4/07	Yes	7/9/07	Yes	★★

Number and Pct of LMEs that met the Best Practice Standard:	17 (58.6%)
Number and Pct of LMEs that met the SFY 2007 Standard:	4 (13.8%)
Total	21 (72.4%)

Notes:
1. Dates that are shaded red indicate reports received >10 days after the due date.
   Italicized dates with yellow shading are within 10 days after the due date.
2. The performance standard is an annual standard. Progress is reported quarterly.
   ☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆ = On track for meeting the Best Practice Standard.
   ★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.0. 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 LME's 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.

The table below shows the percentage of clients screened during the prior quarter (January 1, 2007 - March 31, 2007) with a cross-reference to the CNDS completed within 30 days of initial contact.

Best Practice Standard: 100% of consumers screened by the LME's 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 screened by the LME's 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.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met[2]
Alamance-Caswell-Rockingham	1,083	99	984	91%	★
Albemarle	138	32	106	**77%**	
Catawba	973	8	965	99%	★
CenterPoint	2,631	1	2,630	100%	★★
Crossroads	1,764	45	1,719	97%	★
Cumberland	1,458	0	1,458	100%	★★
Durham	1,403	4	1,399	100%	★★
Eastpointe	762	11	751	99%	★
Edgecombe-Nash	328	28	300	91%	★
Five County	**Not Submitted**		0	**0%**	
Foothills	1,173	5	1,168	100%	★★
Guilford	1,628	8	1,620	100%	★★
Johnston	315	0	315	100%	★★
Mecklenburg	742	6	736	99%	★
Neuse	82	2	80	98%	★
New River	446	24	422	95%	★
Onslow-Carteret	108	0	108	100%	★★
Orange-Person-Chatham	**Not Submitted**		0	**0%**	
Pathways	550	3	547	99%	★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	336	0	336	100%	★★
Sandhills Center	1,741	23	1,718	99%	★
Smoky Mountain	750	118	632	**84%**	
Southeastern Center	2,119	15	2,104	99%	★
Southeastern Regional	1,938	7	1,931	100%	★★
Tideland	105	5	100	95%	★
Wake	**Not Submitted**		0	**0%**	
Western Highlands	1,427	24	1,403	98%	★
Wilson-Greene	379	3	376	99%	★
TOTAL	24,379	471	23,908	98%	★

Number and Pct of LMEs that met the Best Practice Standard:	9 (32.1%)
Number and Pct of LMEs that met the SFY 2007 Standard:	14 (50%)
Total	23 (82.1%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. Three (3) LMEs did not submit screening data as required, the numbers submitted by some of the other LMEs appeared to be low compared to the number of admissions during the quarter.

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of July 31, 2007.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2007	Fourth Quarter Adm SFY2006	Monthly Average SFY2007	Monthly Average SFY2006
Alamance-Caswell-Rockingham	23051	144	142	62	**348**	457	116	152
Albemarle	43121	136	135	121	**392**	363	131	121
Catawba	13091	200	238	165	**603**	591	201	197
CenterPoint	23021	243	157	149	**549**	861	183	287
CrossRoads	23011	109	101	56	**266**	1,190	89	397
Cumberland	33051	231	196	158	**585**	765	195	255
Durham	23071	259	222	160	**641**	553	214	184
Eastpointe	43081	251	324	301	**876**	152	292	51
Edgecombe-Nash	43051	51	57	7	**115**	135	38	45
Five County	23081	152	141	49	**342**	**0**	114	**0**
Foothills	13051	126	114	106	**346**	263	115	88
Guilford	23041	264	275	212	**751**	690	250	230
Johnston	33071	131	138	124	**393**	317	131	106
Mecklenburg	13102	244	249	269	**762**	361	254	120
Neuse	43071	177	190	124	**491**	157	164	52
New River	13030	194	157	6	**357**	137	119	46
Onslow-Carteret	43021	260	108	104	**472**	96	157	32
Orange-Person-Chatham	23061	35	36	26	**97**	347	32	116
Pathways	13081	346	349	364	**1,059**	564	353	188
Pitt	43091	Pitt reported CDW data under Neuse						
Roanoke-Chowan	43101	79	54	33	**166**	172	55	57
Sandhills	33031	329	366	252	**947**	788	316	263
Smoky Mountain	13010	252	203	181	**636**	397	212	132
Southeastern Center	43011	337	370	225	**932**	447	311	149
Southerastern Regional	33041	189	195	147	**531**	401	177	134
Tideland	43111	35	24	**0**	**59**	237	20	79
Wake	33081	248	236	215	**699**	704	233	235
Western Highlands	13131	357	335	189	**881**	742	294	247
Wilson-Greene	43041	2	**0**	**0**	**2**	125	1	42
TOTAL ADMISSIONS		**5,381**	**5,112**	**3,805**	**14,298**	**12,012**	**4,766**	**4,004**

Data that are shaded are incomplete or appear to be inaccurate.

Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - 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 (1 quarter lag time is allowed for submission). 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.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2006 - December 31, 2006) with a diagnosis completed within 30 days of beginning date of service.

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 who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Claims	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met[2]
Alamance-Caswell-Rockingham	503	1	502	100%	★★
Albemarle	451	27	424	94%	★
Catawba	587	0	587	100%	★★
CenterPoint	711	0	711	100%	★★
Crossroads	283	32	251	**89%**	
Cumberland	659	35	624	95%	★
Durham	579	0	579	100%	★★
Eastpointe	200	4	196	98%	★
Edgecombe-Nash	62	1	61	98%	★
Five County	618	65	553	**89%**	
Foothills	396	7	389	98%	★
Guilford	732	10	722	99%	★
Johnston	348	1	347	100%	★★
Mecklenburg	380	22	358	94%	★
Neuse	382	13	369	97%	★
New River	229	13	216	94%	★
Onslow-Carteret	704	482	222	**32%**	
Orange-Person-Chatham	84	41	43	**51%**	
Pathways	748	180	568	**76%**	
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	291	0	291	100%	★★
Sandhills Center	1,187	8	1,179	99%	★
Smoky Mountain	421	383	38	**9%**	
Southeastern Center	812	71	741	91%	★
Southeastern Regional	363	0	363	100%	★★
Tideland	172	2	170	99%	★
Wake	853	48	805	94%	★
Western Highlands	1,034	2	1,032	100%	★★
Wilson-Greene	101	1	100	99%	★
TOTAL	**13,890**	**1,449**	**12,441**	**90%**	★

Number and Pct of LMEs that met the Best Practice Standard:	8 (28.6%)
Number and Pct of LMEs that met the SFY 2007 Standard:	14 (50%)
Total	22 (78.6%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - 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 (1 quarter lag time is allowed for submission). 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.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2007 - March 31, 2007) with a diagnosis completed within 30 days of beginning date of service.

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 who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Claims	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met[2]
Alamance-Caswell-Rockingham	548	2	546	100%	★★
Albemarle	428	19	409	96%	★
Catawba	588	2	586	100%	★★
CenterPoint	784	0	784	100%	★★
Crossroads	457	5	452	99%	★
Cumberland	775	38	737	95%	★
Durham	871	1	870	100%	★★
Eastpointe	438	10	428	98%	★
Edgecombe-Nash	197	7	190	96%	★
Five County	436	6	430	99%	★
Foothills	412	15	397	96%	★
Guilford	839	20	819	98%	★
Johnston	408	5	403	99%	★
Mecklenburg	863	29	834	97%	★
Neuse	517	23	494	96%	★
New River	535	402	133	**25%**	
Onslow-Carteret	754	43	711	94%	★
Orange-Person-Chatham	120	82	38	**32%**	
Pathways	1,084	110	974	90%	★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	326	3	323	99%	★
Sandhills Center	1,319	1	1,318	100%	★★
Smoky Mountain	697	617	80	**11%**	
Southeastern Center	1,157	82	1,075	93%	★
Southeastern Regional	522	0	522	100%	★★
Tideland	88	0	88	100%	★★
Wake	973	90	883	91%	★
Western Highlands	1,307	0	1,307	100%	★★
Wilson-Greene	76	2	74	97%	★
TOTAL	**17,519**	**1,614**	**15,905**	**91%**	★

Number and Pct of LMEs that met the Best Practice Standard:	8 (28.6%)
Number and Pct of LMEs that met the SFY 2007 Standard:	17 (60.7%)
Total	25 (89.3%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2007 - March 31, 2007) where all mandatory data 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 for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Standard Met[2]
Alamance-Caswell-Rockingham	548	100%	100%	100%	100%	100%	100%	100%	100%	★★
Albemarle	428	100%	100%	100%	100%	100%	100%	93%	99%	★
Catawba	588	100%	100%	100%	100%	100%	100%	97%	99%	★
CenterPoint	784	100%	100%	100%	100%	100%	100%	99%	100%	★
Crossroads	457	100%	100%	100%	100%	100%	100%	100%	100%	★★
Cumberland	775	100%	98%	100%	100%	100%	100%	99%	100%	★
Durham	871	100%	100%	100%	100%	100%	100%	100%	100%	★★
Eastpointe	438	100%	93%	97%	99%	99%	100%	94%	95%	★
Edgecombe-Nash	197	100%	100%	98%	100%	100%	100%	98%	99%	★
Five County	434	100%	99%	99%	100%	97%	100%	91%	96%	★
Foothills	412	100%	100%	100%	100%	100%	100%	100%	100%	★★
Guilford	839	100%	100%	100%	100%	100%	100%	97%	100%	★
Johnston	408	100%	100%	100%	100%	100%	100%	98%	100%	★
Mecklenburg	863	100%	100%	100%	100%	99%	100%	98%	100%	★
Neuse	517	100%	100%	100%	100%	100%	100%	99%	100%	★
New River	535	90%	98%	94%	100%	99%	100%	**89%**	100%	
Onslow-Carteret	754	100%	92%	93%	100%	90%	100%	**27%**	**83%**	
Orange-Person-Chatham	120	100%	95%	100%	100%	99%	100%	99%	100%	★
Pathways	1,084	100%	100%	100%	100%	100%	100%	100%	100%	★★
Pitt	Pitt reported CDW data under Neuse									
Roanoke-Chowan	326	100%	100%	100%	100%	100%	100%	100%	99%	★
Sandhills Center	1,319	100%	100%	100%	100%	100%	100%	100%	100%	★★
Smoky Mountain	697	100%	99%	94%	100%	96%	100%	93%	100%	★
Southeastern Center	1,157	100%	100%	100%	100%	100%	100%	99%	100%	★
Southeastern Regional	522	100%	100%	100%	100%	100%	100%	100%	100%	★★
Tideland	88	100%	100%	100%	100%	100%	100%	100%	100%	★★
Wake	973	100%	100%	100%	100%	100%	100%	98%	100%	★
Western Highlands	1,307	100%	100%	100%	100%	100%	100%	100%	100%	★★
Wilson-Greene	76	100%	100%	97%	100%	99%	100%	91%	99%	★
TOTAL	**17,517**	**100%**	**99%**	**99%**	**100%**	**99%**	**100%**	**95%**	**99%**	★

Number and Pct of LMEs that met the Best Practice Standard:	9 (32.1%)
Number and Pct of LMEs that met the SFY 2007 Standard:	17 (60.7%)
Total	26 (92.9%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and 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.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2007 - March 31, 2007) with an identifying record and demographic record completed within 30 days of the beginning date of service.

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 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.

Local Management Entity	Number of Claims[3]	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met[2]
Alamance-Caswell-Rockingham	1,165	31	1,134	97%	★
Albemarle	849	38	811	96%	★
Catawba	883	26	857	97%	★
CenterPoint	1,842	4	1,838	100%	★★
Crossroads	1,094	27	1,067	98%	★
Cumberland	1,294	4	1,290	100%	★★
Durham	993	1	992	100%	★★
Eastpointe	691	100	591	**86%**	
Edgecombe-Nash	209	21	188	90%	★
Five County	795	75	720	91%	★
Foothills	859	27	832	97%	★
Guilford	1,370	7	1,363	99%	★
Johnston	838	1	837	100%	★★
Mecklenburg	790	82	708	90%	★
Neuse	913	12	901	99%	★
New River	62	14	48	**77%**	
Onslow-Carteret	1,081	99	982	91%	★
Orange-Person-Chatham	760	267	493	**65%**	
Pathways	1,600	43	1,557	97%	★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	262	3	259	99%	★
Sandhills Center	2,291	76	2,215	97%	★
Smoky Mountain	153	10	143	93%	★
Southeastern Center	1,350	90	1,260	93%	★
Southeastern Regional	1,165	6	1,159	99%	★
Tideland	172	10	162	94%	★
Wake	2,516	216	2,300	91%	★
Western Highlands	2,066	4	2,062	100%	★★
Wilson-Greene	343	72	271	**79%**	
TOTAL	28,406	1,366	27,040	95%	★

Number and Pct of LMEs that met the Best Practice Standard:	5 (17.9%)
Number and Pct of LMEs that met the SFY 2007 Standard:	19 (67.9%)
Total	24 (85.7%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. Only includes IPRS claims.

Information Management, Analysis, and Reporting.
1.8.2.5. 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.

The table below shows the percentage of open clients in the designated target populations (January 1, 2007 - March 31, 2007) with a drug of choice record completed within 60 days of the beginning date of service.

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 in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims[3]	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met[2]
Alamance-Caswell-Rockingham	160	2	158	99%	★
Albemarle	128	11	117	91%	★
Catawba	191	3	188	98%	★
CenterPoint	423	1	422	100%	★★
Crossroads	4	3	1	**25%**	
Cumberland	312	4	308	99%	★
Durham	173	1	172	99%	★
Eastpointe	79	36	43	**54%**	
Edgecombe-Nash	9	0	9	100%	★★
Five County	69	11	58	**84%**	
Foothills	100	6	94	94%	★
Guilford	291	1	290	100%	★★
Johnston	50	0	50	100%	★★
Mecklenburg	215	11	204	95%	★
Neuse	481	19	462	96%	★
New River	3	0	3	100%	★★
Onslow-Carteret	161	73	88	**55%**	
Orange-Person-Chatham	91	10	81	**89%**	
Pathways	254	70	184	**72%**	
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	21	0	21	100%	★★
Sandhills Center	544	8	536	99%	★
Smoky Mountain	45	3	42	93%	★
Southeastern Center	382	35	347	91%	★
Southeastern Regional	202	0	202	100%	★★
Tideland	12	0	12	100%	★★
Wake	486	32	454	93%	★
Western Highlands	445	5	440	99%	★
Wilson-Greene	19	0	19	100%	★★
TOTAL	**5,350**	**345**	**5,005**	**94%**	★

Number and Pct of LMEs that met the Best Practice Standard:	9 (32.1%)
Number and Pct of LMEs that met the SFY 2007 Standard:	13 (46.4%)
Total	22 (78.6%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. Only includes IPRS claims.

Information Management, Analysis, and Reporting.
1.8.2.6. Consumer Information - Client Data Warehouse (CDW)
Episode Completion (Discharge) Record - All Target Populations Except AMSRE

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.

The table below shows the percentage of clients admitted since October 1, 2006, when this measure began, who during the prior quarter (January 1, 2007 - March 31, 2007) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Best Practice Standard: 100% of clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2007 Standard: 90% of clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number without Appropriate Activity or an Episode Completion Record[3]	Number with Appropriate Activity or an Episode Completion Record[4]	Percent with Appropriate Activity or an Episode Completion Record	Standard Met[2]
Alamance-Caswell-Rockingham	524	2	522	100%	★★
Albemarle	390	9	381	98%	★
Catawba	424	3	421	99%	★
CenterPoint	603	0	603	100%	★★
Crossroads	362	4	358	99%	★
Cumberland	629	25	604	96%	★
Durham	812	1	811	100%	★★
Eastpointe	426	4	422	99%	★
Edgecombe-Nash	192	7	185	96%	★
Five County	431	21	410	95%	★
Foothills	287	5	282	98%	★
Guilford	810	15	795	98%	★
Johnston	362	5	357	99%	★
Mecklenburg	861	31	830	96%	★
Neuse	516	8	508	98%	★
New River	10	10	0	**0%**	
Onslow-Carteret	716	31	685	96%	★
Orange-Person-Chatham	108	73	35	**32%**	
Pathways	1,019	62	957	94%	★
Pitt	Pitt reported CDW data under Neuse				
Roanoke-Chowan	325	2	323	99%	★
Sandhills Center	1,273	1	1,272	100%	★★
Smoky Mountain	331	229	102	**31%**	
Southeastern Center	1,055	85	970	92%	★
Southeastern Regional	527	0	527	100%	★★
Tideland	87	0	87	100%	★★
Wake	972	114	858	**88%**	
Western Highlands	1,182	0	1,182	100%	★★
Wilson-Greene	73	1	72	99%	★
TOTAL	**15,307**	**748**	**14,559**	**95%**	★

Number and Pct of LMEs that met the Best Practice Standard:	7 (25%)
Number and Pct of LMEs that met the SFY 2007 Standard:	17 (60.7%)
Total	24 (85.7%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

Information Management, Analysis, and Reporting.
1.8.2.9. 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 instrument used will depend on the type of consumer. 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. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.
SFY 2007 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments[3]	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met[2]
		# of Initial Assessments Received	% of Expected Assessments Received[1]	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time[1]	
Alamance-Caswell-Rockingham	166	72	**43.4%**			
Albemarle	146	115	**78.8%**			
Catawba	296	187	**63.2%**			
CenterPoint	370	32	**8.6%**			
Crossroads	210	80	**38.1%**			
Cumberland	350	299	**85.4%**			
Durham	190	114	**60.0%**			
Eastpointe	121	38	**31.4%**			
Edgecombe-Nash	21	1	**4.8%**			
Five County	65	61	93.8%			★
Foothills	124	26	**21.0%**			
Guilford	307	84	**27.4%**			
Johnston	199	190	95.5%			★
Mecklenburg	53	16	**30.2%**			
Neuse	93	29	**31.2%**			
New River	82	24	**29.3%**			
Onslow-Carteret	72	34	**47.2%**			
Orange-Person-Chatham	21	6	**28.6%**			
Pathways	299	75	**25.1%**			
Pitt	Pitt reported IPRS data under Neuse					
Roanoke-Chowan	20	9	**45.0%**			
Sandhills Center	438	105	**24.0%**			
Smoky Mountain	16	3	**18.8%**			
Southeastern Center	394	195	**49.5%**			
Southeastern Regional	85	79	92.9%			★
Tideland	38	13	**34.2%**			
Wake	277	81	**29.2%**			
Western Highlands	430	178	**41.4%**			
Wilson-Greene	32	9	**28.1%**			
Totals	4,915	2,155	**43.8%**			

The timeliness criterion was not used to determine whether or not the performance standard was met this quarter.

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)
Number and Pct of LMEs that met the SFY 2007 Standard:	3 (10.7%)
Total	3 (10.7%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

Information Management, Analysis, and Reporting.
1.8.2.10. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS) Update 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 instrument used will depend on the type of consumer. 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. 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. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected update forms are received and are timely.
SFY 2007 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met[2]
		# of Update Assessments Received	% of Expected Assessments Received[1]	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time[1]	
Alamance-Caswell-Rockingham	328	227	**69.2%**	124	**37.8%**	
Albemarle	123	108	**87.8%**	59	**48.0%**	
Catawba	271	247	91.1%	89	**32.8%**	
CenterPoint	750	601	**80.1%**	322	**42.9%**	
Crossroads	250	162	**64.8%**	55	**22.0%**	
Cumberland	755	564	**74.7%**	192	**25.4%**	
Durham	468	337	**72.0%**	133	**28.4%**	
Eastpointe	277	211	**76.2%**	109	**39.4%**	
Edgecombe-Nash	110	102	92.7%	30	**27.3%**	
Five County	350	253	**72.3%**	126	**36.0%**	
Foothills	233	208	**89.3%**	79	**33.9%**	
Guilford	408	316	**77.5%**	223	**54.7%**	
Johnston	305	275	90.2%	171	**56.1%**	
Mecklenburg	755	700	92.7%	567	**75.1%**	
Neuse	462	403	**87.2%**	206	**44.6%**	
New River	146	123	**84.2%**	73	**50.0%**	
Onslow-Carteret	282	85	**30.1%**	32	**11.3%**	
Orange-Person-Chatham	219	207	94.5%	125	**57.1%**	
Pathways	608	475	**78.1%**	215	**35.4%**	
Pitt	124	65	**52.4%**	7	**5.6%**	
Roanoke-Chowan	170	80	**47.1%**	42	**24.7%**	
Sandhills Center	694	552	**79.5%**	304	**43.8%**	
Smoky Mountain	288	198	**68.8%**	124	**43.1%**	
Southeastern Center	573	565	98.6%	472	**82.4%**	
Southeastern Regional	848	644	**75.9%**	308	**36.3%**	
Tideland	141	101	**71.6%**	51	**36.2%**	
Wake	605	322	**53.2%**	129	**21.3%**	
Western Highlands	569	326	**57.3%**	191	**33.6%**	
Wilson-Greene	107	75	**70.1%**	26	**24.3%**	
Totals	11,219	8,532	**76.0%**	4,584	**40.9%**	

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)
Number and Pct of LMEs that met the SFY 2007 Standard:	0 (0%)
Total	0 (0%)

Notes:
1. Percentages less than 90% are shaded red.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

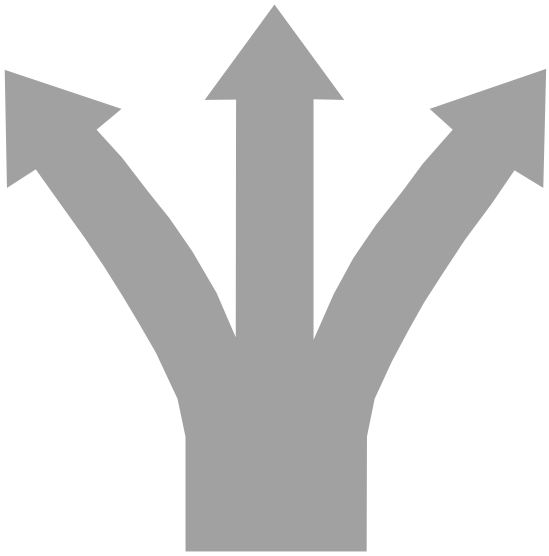
Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

Best Practice Standard: 95% of current assessments are no more than 15 months old.
SFY 2007 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met[2]
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old[1]	
Alamance-Caswell-Rockingham	642	641	99.8%	★★
Albemarle	614	488	**79.5%**	
Catawba	553	552	99.8%	★★
CenterPoint	1,066	1,065	99.9%	★★
Crossroads	599	586	97.8%	★★
Cumberland	653	652	99.8%	★★
Durham	643	468	**72.8%**	
Eastpointe	854	841	98.5%	★★
Edgecombe-Nash	379	378	99.7%	★★
Five County	643	640	99.5%	★★
Foothills	338	331	97.9%	★★
Guilford	1,293	1,186	91.7%	★
Johnston	339	336	99.1%	★★
Mecklenburg	1,920	1,855	96.6%	★★
Neuse	1,525	1,280	**83.9%**	
New River	New River reported data under Smoky Mountain			
Onslow-Carteret	637	325	**51.0%**	
Orange-Person-Chatham	855	741	**86.7%**	
Pathways	1,548	1,439	93.0%	★
Pitt	Pitt reported data under Neuse			
Roanoke-Chowan	Roanoke-Chowan reported data under Neuse			
Sandhills Center	1,052	1,025	97.4%	★★
Smoky Mountain	1,043	777	**74.5%**	
Southeastern Center	918	917	99.9%	★★
Southeastern Regional	770	765	99.4%	★★
Tideland				
Wake	2,278	1,541	**67.6%**	
Western Highlands	1,583	1,519	96.0%	★★
Wilson-Greene	343	343	100.0%	★★
Totals	23,088	20,691	**89.6%**	

Number and Pct of LMEs that met the Best Practice Standard:	16 (61.5%)
Number and Pct of LMEs that met the SFY 2007 Standard:	2 (7.7%)
Total	18 (69.2%)

Notes:
1. Percentages less than 90% are shaded red
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



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