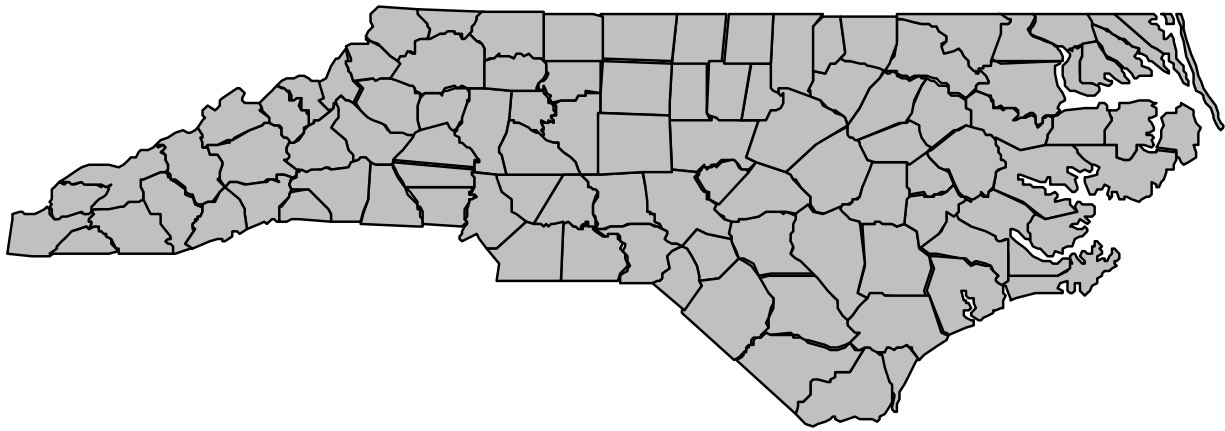


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2008 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Fourth Quarter Report
April 1, 2008 - June 30, 2008**



Prepared by

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North Carolina Department of Health and Human Services

August 2008



SFY 2008 Performance Contract
 Report/Data Submission Requirements
 Fourth Quarter Report
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Introduction

This is the **Fourth Quarter Report** for SFY 2007-2008 under the Performance Contract between the LMEs and NC DHHS.

This report tracks LME performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, LMEs met or exceeded 89% of the 16 data submission/report requirements measured this quarter.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements 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.

SFY 2008 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. Incident Reporting | X | X | X | X |
| 2. Quarterly Fiscal Monitoring Reports | X | X | X | X |
| 3. Substance Abuse/Juvenile Justice Initiative Quarterly Report | X | X | X | X |
| 4. Work First Initiative Quarterly Reports | X | X | X | X |
| 5. Client Data Warehouse (CDW) - Screening Record | X | X | X | X |
| 6. Client Data Warehouse (CDW) - Admissions | X | X | X | X |
| 7. Client Data Warehouse (CDW) - ICD-9 Diagnosis | X | X | X | X |
| 8. Client Data Warehouse (CDW) - Unknown Data (Admissions) | X | X | X | X |
| 9. Client Data Warehouse (CDW) - Unknown Data (Discharges) | X | X | X | X |
| 10. Client Data Warehouse (CDW) - Identifying and Demographic Records | X | X | X | X |
| 11. Client Data Warehouse (CDW) - Drug of Choice | X | X | X | X |
| 12. Client Data Warehouse (CDW) - SA Treatment (Movement) Details | X | X | X | X |
| 13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients) | X | X | X | X |
| 14. Client Data Warehouse (CDW) - Episode Completion Record (MH & DD Clients) | X | X | X | X |
| 15. NC Treatment Outcomes and Program Performance System (Initial) | X | X | X | X |
| 16. NC Treatment Outcomes and Program Performance System (Update) | X | X | X | X |
| 17. NC Support Needs Assessment Profile (NC-SNAP) | X | X | X | X |
| 18. Crisis Services Report | X | X | X | X |
| 19. System of Care Report | X | X | X | X |
| 20. SAPTBG Compliance Report | | X | | X |
| 21. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys | | | X | |
| 22. Consumer Satisfaction Survey (CSS) | | | X | |
| 23. Quality Improvement Process | | | | X |
| 24. Comprehensive Treatment Services Program (CTSP) Non-UCR Expenditure Report | | | | 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, unless otherwise specified, 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.

SFY 2008 Performance Contract Report/Data Submission Requirements
Fourth Quarter Report
April 1, 2008 - June 30, 2008

| LME | Number of Requirements Due This Quarter | | | Number of Requirements Met This Quarter | | | Percent of Requirements Met This Quarter | | | 1. Quarterly Incident Report | 3. SAJJ Initiative Quarterly Report | 4. Work First Initiative Quarterly Report | 5. CDW - Screening Record | 7. CDW - ICD-9 Diagnosis | 8. CDW - Unknown Data | 10. CDW - Identifying and Demographic Records | 11. CDW - Drug of Choice | 13. CDW - Episode Completion Records | 15. NC TOPPS - Initial | 16. NC TOPPS - Update | 17. NC-SNAP | 18. Crisis Services Quarterly Report | 19. System of Care Quarterly Report | 20. SAPTBG Compliance Semi-Annual Report | 23. Quality Improvement Projects Annual Report | 24. CTSP Non-UCR Expenditure Annual Report |
|---------------------------------|---|----|--------------|---|---------------|---------------|--|--------------|--------------|------------------------------|-------------------------------------|---|---------------------------|--------------------------|-----------------------|---|--------------------------|--------------------------------------|------------------------|-----------------------|-------------|--------------------------------------|-------------------------------------|--|--|--|
| | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| | 16 | 12 | 75.0% | | ★ | ★ | ★ | | ★ | | ★ | ★ | | ★ | | ★ | ★ | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| | 15 | 14 | 93.3% | ★ | N/A | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Alamance-Caswell-Rockingham | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Albemarle | 16 | 12 | 75.0% | | ★ | ★ | ★ | | ★ | | ★ | ★ | | ★ | | ★ | ★ | | | ★ | ★ | ★ | ★ | ★ | ★ | |
| Beacon Center | 15 | 14 | 93.3% | ★ | N/A | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Burke-Catawba | 15 | 13 | 86.7% | ★ | N/A | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| CenterPoint | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Crossroads | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Cumberland | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Durham | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| East Carolina Behavioral Health | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Eastpointe | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Five County | 16 | 16 | 100.0% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Foothills | 13 | 11 | 84.6% | ★ | N/A | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Guilford | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Johnston | 15 | 14 | 93.3% | ★ | N/A | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Mecklenburg | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Onslow-Carteret | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Orange-Person-Chatham | 16 | 12 | 75.0% | ★ | ★ | ★ | | ★ | ★ | | ★ | ★ | | ★ | | ★ | ★ | | | ★ | ★ | ★ | ★ | ★ | ★ | |
| Pathways | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Sandhills Center | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Smoky Mountain | 15 | 10 | 66.7% | ★ | N/A | ★ | ★ | ★ | ★ | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | |
| Southeastern Center | 16 | 16 | 100.0% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Southeastern Regional | 16 | 15 | 93.8% | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Wake | 16 | 15 | 93.8% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Western Highlands | 16 | 14 | 87.5% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| STATEWIDE - Number | | | 89.4% | 22 | 19 | 24 | 23 | 23 | 23 | 20 | 22 | 24 | 0 | 5 | 19 | 24 | 23 | 21 | 23 | 22 | | | | | | |
| STATEWIDE - Percent | | | | 91.7% | 100.0% | 100.0% | 95.8% | 95.8% | 95.8% | 83.3% | 91.7% | 100.0% | 0.0% | 20.8% | 79.2% | 100.0% | 95.8% | 87.5% | 95.8% | 91.7% | | | | | | |

This measure is under revision and the results were not reported this quarter.

SFY 2008 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2008 - June 30, 2008

1. 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.

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

| Local Management Entity | 4th Qtr Report Due 7/20/08 | | Standard Met ² |
|---------------------------------|----------------------------|-------------------|---------------------------|
| | Date Received ¹ | Elements Included | |
| Alamance-Caswell-Rockingham | 7/17/08 | All 5 | ★ |
| Albemarle | 7/18/08 | <5 | |
| Beacon Center | 7/17/08 | All 5 | ★ |
| Burke-Catawba | 7/17/08 | All 5 | ★ |
| CenterPoint | 7/18/08 | All 5 | ★ |
| Crossroads | 7/17/08 | All 5 | ★ |
| Cumberland | 7/17/08 | All 5 | ★ |
| Durham | 7/18/08 | All 5 | ★ |
| East Carolina Behavioral Health | 7/18/08 | All 5 | ★ |
| Eastpointe | 7/20/08 | All 5 | ★ |
| Five County | 7/11/08 | All 5 | ★ |
| Foothills | 6/30/08 | All 5 | ★ |
| Guilford | 7/18/08 | All 5 | ★ |
| Johnston | 7/18/08 | All 5 | ★ |
| Mecklenburg | 7/17/08 | All 5 | ★ |
| Onslow-Carteret | 7/18/08 | All 5 | ★ |
| Orange-Person-Chatham | 7/18/08 | All 5 | ★ |
| Pathways | 7/18/08 | All 5 | ★ |
| Sandhills Center | 7/17/08 | All 5 | ★ |
| Smoky Mountain | 7/18/08 | All 5 | ★ |
| Southeastern Center | 7/20/08 | All 5 | ★ |
| Southeastern Regional | 7/18/08 | <5 | |
| Wake | 7/18/08 | All 5 | ★ |
| Western Highlands | 7/18/08 | All 5 | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard: 22 (91.7%)

Notes:

1. Cells that are shaded red indicate reports that are not received by the due date or do not meet requirements. Date received does not affect whether the performance standard is met.
2. ★ = Met the Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2008 - June 30, 2008

2. Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required fiscal monitoring reports in acceptable format by the following due dates:

- First quarter report = Oct 20. • Second quarter report = Feb 20.
- Third quarter report = Apr 20. • Fourth quarter report = Aug 31.

SFY 2008 Standard: Reports are accurate, complete, and received by the due date.

| Local Management Entity | 4th Qtr Report Due 8/31/08 | | |
|---------------------------------|----------------------------|--------------------|---------------------------|
| | Date Received ¹ | Accurate, Complete | Standard Met ² |
| Alamance-Caswell-Rockingham | | | |
| Albemarle | | | |
| Beacon Center | | | |
| Burke-Catawba | | | |
| CenterPoint | | | |
| Crossroads | | | |
| Cumberland | | | |
| Durham | | | |
| East Carolina Behavioral Health | | | |
| Eastpointe | | | |
| Five County | | | |
| Foothills | | | |
| Guilford | | | |
| Johnston | | | |
| Mecklenburg | | | |
| Onslow-Carteret | | | |
| Orange-Person-Chatham | | | |
| Pathways | | | |
| Sandhills Center | | | |
| Smoky Mountain | | | |
| Southeastern Center | | | |
| Southeastern Regional | | | |
| Wake | | | |
| Western Highlands | | | |

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 report.

Number and Percent of LMEs that met the Performance Standard: 0 (0%)

Notes:

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

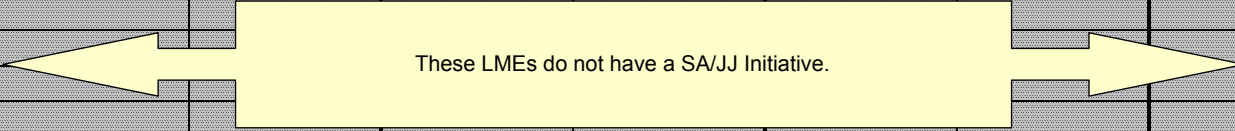
SFY 2008 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2008 - June 30, 2008

3. Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

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

| Local Management Entity | 4th Qtr Report Due 7/20/08 | | | | | | |
|---------------------------------|----------------------------|-----------------------|----------------------------|-----------------------|----------------------------|-----------------------|---------------------------|
| | 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 | |
| Alamance-Caswell-Rockingham | | | 7/8/08 | Yes | | | ★ |
| Albemarle | | | 7/8/08 | Yes | 7/8/08 | Yes | ★ |
| CenterPoint | 7/9/08 | Yes | 7/9/08 | Yes | | | ★ |
| Crossroads | | | 7/8/08 | Yes | | | ★ |
| Cumberland | 7/3/08 | Yes | 7/3/08 | Yes | | | ★ |
| Durham | 7/8/08 | Yes | 7/8/08 | Yes | | | ★ |
| East Carolina Behavioral Health | 7/3/08 | Yes | 7/3/08 | Yes | 7/3/08 | Yes | ★ |
| Eastpointe | | | 7/7/08 | Yes | 7/7/08 | Yes | ★ |
| Five County | | | 7/9/08 | Yes | | | ★ |
| Foothills | | | | | | | |
| Guilford | 7/7/08 | Yes | 7/7/08 | Yes | | | ★ |
| Mecklenburg | 7/7/08 | Yes | | | | | ★ |
| Onslow-Carteret | | | 7/10/08 | Yes | | | ★ |
| Orange-Person-Chatham | | | 7/7/08 | Yes | | | ★ |
| Pathways | 7/8/08 | Yes | | | | | ★ |
| Sandhills Center | 7/3/08 | Yes | 7/3/08 | Yes | | | ★ |
| Southeastern Center | 7/3/08 | Yes | 7/7/08 | Yes | | | ★ |
| Southeastern Regional | | | 7/7/08 | Yes | 7/7/08 | Yes | ★ |
| Wake | 7/7/08 | Yes | 7/7/08 | Yes | | | ★ |
| Western Highlands | 7/8/08 | Yes | 7/8/08 | Yes | | | ★ |
| Burke-Catawba | | | | | | | |
| Beacon Center | | | | | | | |
| Johnston | | | | | | | |
| Smoky Mountain | | | | | | | |



These LMEs do not have a SA/JJ Initiative.

Number of Percent of LMEs that Met the SFY2008 Standard:

19 (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 were received within 10 days after the due date.
2. ★ = Met the Performance Contract Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2008 - June 30, 2008

4. 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.

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

| Local Management Entity | 4th Qtr Report Due 7/20/08 | | Standard Met ² |
|---------------------------------|----------------------------|-----------------------|---------------------------|
| | Date Received ¹ | Accurate And Complete | |
| Alamance-Caswell-Rockingham | 7/18/08 | Yes | ★ |
| Albemarle | 7/17/08 | Yes | ★ |
| Beacon Center | 7/15/08 | Yes | ★ |
| Burke-Catawba | 7/17/08 | Yes | ★ |
| CenterPoint | 7/15/08 | Yes | ★ |
| Crossroads | 7/17/08 | Yes | ★ |
| Cumberland | 7/17/08 | Yes | ★ |
| Durham | 7/18/08 | Yes | ★ |
| East Carolina Behavioral Health | 7/14/08 | Yes | ★ |
| Eastpointe | 7/7/08 | Yes | ★ |
| Five County | 7/18/08 | Yes | ★ |
| Foothills | 7/18/08 | Yes | ★ |
| Guilford | 7/15/08 | Yes | ★ |
| Johnston | 7/10/08 | Yes | ★ |
| Mecklenburg | 7/15/08 | Yes | ★ |
| Onslow-Carteret | 7/15/08 | Yes | ★ |
| Orange-Person-Chatham | 7/17/08 | Yes | ★ |
| Pathways | 7/16/08 | Yes | ★ |
| Sandhills Center | 7/18/08 | Yes | ★ |
| Smoky Mountain | 7/7/08 | Yes | ★ |
| Southeastern Center | 7/18/08 | Yes | ★ |
| Southeastern Regional | 7/17/08 | Yes | ★ |
| Wake | 7/17/08 | Yes | ★ |
| Western Highlands | 7/18/08 | Yes | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

24 (100%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.
- Dates with yellow shading are within 10 days after the due date.
2. ★ = Met the Performance Contract Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2008 - June 30, 2008

**5. 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 consumers screened by the LME's Access Unit during the prior quarter (January 1, 2008 - March 31, 2008) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2008 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 | 901 | 5 | 896 | 99% | ★ |
| Albemarle | 1,596 | 4 | 1,592 | 100% | ★ |
| Beacon Center | 1,272 | 12 | 1,260 | 99% | ★ |
| Burke-Catawba | 1,337 | 21 | 1,316 | 98% | ★ |
| CenterPoint | 3,474 | 0 | 3,474 | 100% | ★ |
| Crossroads | 2,312 | 10 | 2,302 | 100% | ★ |
| Cumberland | 1,282 | 0 | 1,282 | 100% | ★ |
| Durham | 1,172 | 1 | 1,171 | 100% | ★ |
| East Carolina Behavioral Health | 1,452 | 63 | 1,389 | 96% | ★ |
| Eastpointe | 1,262 | 0 | 1,262 | 100% | ★ |
| Five County | 756 | 9 | 747 | 99% | ★ |
| Foothills | 610 | 4 | 606 | 99% | ★ |
| Guilford | 1,870 | 3 | 1,867 | 100% | ★ |
| Johnston | 398 | 3 | 395 | 99% | ★ |
| Mecklenburg | 835 | 1 | 834 | 100% | ★ |
| Onslow-Carteret | 973 | 21 | 952 | 98% | ★ |
| Orange-Person-Chatham | 46 | 12 | 34 | 74% | |
| Pathways | 909 | 16 | 893 | 98% | ★ |
| Sandhills Center | 1,654 | 3 | 1,651 | 100% | ★ |
| Smoky Mountain | 1,801 | 74 | 1,727 | 96% | ★ |
| Southeastern Center | 2,084 | 7 | 2,077 | 100% | ★ |
| Southeastern Regional | 2,159 | 1 | 2,158 | 100% | ★ |
| Wake | 702 | 3 | 699 | 100% | ★ |
| Western Highlands | 1,812 | 0 | 1,812 | 100% | ★ |
| TOTAL | 32,669 | 273 | 32,396 | 99% | ★ |

Number and Percent of LMEs that met the SFY 2008 Performance Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**6. 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, 2008.

| Local Management Entity | Facility Code | APR | MAY | JUN | Fourth Quarter Adm SFY2008 | Fourth Quarter Adm SFY2007 | Monthly Average SFY2008 | Monthly Average SFY2007 |
|---------------------------------|---------------|--------------|--------------|--------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Alamance-Caswell-Rockingham | 23051 | 199 | 153 | 122 | 474 | 348 | 158 | 116 |
| Albemarle | 43121 | 255 | 49 | 177 | 481 | 451 | 160 | 150 |
| Beacon Center | 43051 | 167 | 97 | 63 | 327 | 117 | 109 | 39 |
| Burke-Catawba | 13091 | 195 | 178 | 138 | 511 | 603 | 170 | 201 |
| CenterPoint | 23021 | 433 | 403 | 340 | 1,176 | 549 | 392 | 183 |
| CrossRoads | 23011 | 164 | 184 | 155 | 503 | 266 | 168 | 89 |
| Cumberland | 33051 | 264 | 209 | 138 | 611 | 585 | 204 | 195 |
| Durham | 23071 | 235 | 200 | 106 | 541 | 641 | 180 | 214 |
| East Carolina Behavioral Health | 43071 | 322 | 32 | 179 | 533 | 657 | 178 | 219 |
| Eastpointe | 43081 | 152 | 66 | 59 | 277 | 876 | 92 | 292 |
| Five County | 23081 | 154 | 0 | 0 | 154 | 342 | 51 | 114 |
| Foothills | 13051 | 2 | 0 | 0 | 2 | 346 | 1 | 115 |
| Guilford | 23041 | 344 | 310 | 219 | 873 | 751 | 291 | 250 |
| Johnston | 33071 | 144 | 113 | 127 | 384 | 393 | 128 | 131 |
| Mecklenburg | 13102 | 755 | 103 | 132 | 990 | 762 | 330 | 254 |
| Onslow-Carteret | 43021 | 167 | 156 | 139 | 462 | 472 | 154 | 157 |
| Orange-Person-Chatham | 23061 | 95 | 0 | 0 | 95 | 97 | 32 | 32 |
| Pathways | 13081 | 293 | 77 | 179 | 549 | 1,059 | 183 | 353 |
| Sandhills | 33031 | 438 | 372 | 213 | 1,023 | 947 | 341 | 316 |
| Smoky Mountain | 13010 | 462 | 439 | 534 | 1,435 | 993 | 478 | 331 |
| Southeastern Center | 43011 | 219 | 166 | 101 | 486 | 932 | 162 | 311 |
| Southerastern Regional | 33041 | 254 | 219 | 150 | 623 | 531 | 208 | 177 |
| Wake | 33081 | 364 | 0 | 0 | 364 | 699 | 121 | 233 |
| Western Highlands | 13131 | 510 | 338 | 429 | 1,277 | 881 | 426 | 294 |
| TOTAL ADMISSIONS | | 6,587 | 3,864 | 3,700 | 14,151 | 14,298 | 4,717 | 4,766 |

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

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**7. 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, 2008 - March 31, 2008) with a diagnosis completed within 30 days of beginning date of service.

SFY 2008 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

| Local Management Entity | Number of Admissions | Number Missing Diagnosis | Number Completed within 30 days | Percent With Records Completed Within 30 Days | Standard Met ² |
|---------------------------------|----------------------|--------------------------|---------------------------------|---|---------------------------|
| Alamance-Caswell-Rockingham | 500 | 1 | 499 | 100% | ★ |
| Albemarle | 658 | 88 | 570 | 87% | |
| Beacon Center | 467 | 0 | 467 | 100% | ★ |
| Burke-Catawba | 533 | 5 | 528 | 99% | ★ |
| CenterPoint | 1,154 | 2 | 1,152 | 100% | ★ |
| Crossroads | 531 | 6 | 525 | 99% | ★ |
| Cumberland | 781 | 0 | 781 | 100% | ★ |
| Durham | 726 | 2 | 724 | 100% | ★ |
| East Carolina Behavioral Health | 778 | 42 | 736 | 95% | ★ |
| Eastpointe | 514 | 18 | 496 | 96% | ★ |
| Five County | 739 | 2 | 737 | 100% | ★ |
| Foothills | 215 | 10 | 205 | 95% | ★ |
| Guilford | 1,046 | 5 | 1,041 | 100% | ★ |
| Johnston | 386 | 0 | 386 | 100% | ★ |
| Mecklenburg | 2,250 | 37 | 2,213 | 98% | ★ |
| Onslow-Carteret | 617 | 34 | 583 | 94% | ★ |
| Orange-Person-Chatham | 224 | 5 | 219 | 98% | ★ |
| Pathways | 1,355 | 61 | 1,294 | 95% | ★ |
| Sandhills Center | 1,405 | 0 | 1,405 | 100% | ★ |
| Smoky Mountain | 1,207 | 109 | 1,098 | 91% | ★ |
| Southeastern Center | 887 | 23 | 864 | 97% | ★ |
| Southeastern Regional | 779 | 1 | 778 | 100% | ★ |
| Wake | 1,076 | 47 | 1,029 | 96% | ★ |
| Western Highlands | 1,570 | 3 | 1,567 | 100% | ★ |
| TOTAL | 20,398 | 501 | 19,897 | 98% | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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**8. 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, 2008 - March 31, 2008) where all mandatory data fields contain a value other than 'unknown'.

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

| Local Management Entity | Admission Records | County | Race | Ethnicity | Gender | Marital Status | Employment | Education | Veteran Status | Standard Met ² |
|---------------------------------|-------------------|-------------|-------------|-------------|-------------|----------------|-------------|------------|----------------|---------------------------|
| Alamance-Caswell-Rockingham | 500 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Albemarle | 658 | 100% | 100% | 99% | 100% | 100% | 100% | 98% | 100% | ★ |
| Beacon Center | 467 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Burke-Catawba | 533 | 100% | 99% | 99% | 100% | 100% | 100% | 95% | 94% | ★ |
| CenterPoint | 1,154 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Crossroads | 531 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Cumberland | 781 | 100% | 97% | 100% | 100% | 100% | 100% | 99% | 100% | ★ |
| Durham | 726 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| East Carolina Behavioral Health | 778 | 100% | 100% | 100% | 100% | 100% | 100% | 95% | 100% | ★ |
| Eastpointe | 514 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Five County | 739 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Foothills | 215 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Guilford | 1,046 | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 100% | ★ |
| Johnston | 386 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Mecklenburg | 2,261 | 100% | 100% | 100% | 100% | 99% | 100% | 88% | 99% | |
| Onslow-Carteret | 617 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Orange-Person-Chatham | 224 | 100% | 100% | 100% | 100% | 100% | 100% | 94% | 95% | ★ |
| Pathways | 555 | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 100% | ★ |
| Sandhills Center | 1,405 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Smoky Mountain | 1,207 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Southeastern Center | 887 | 100% | 100% | 99% | 100% | 99% | 100% | 99% | 100% | ★ |
| Southeastern Regional | 779 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Wake | 1,076 | 100% | 100% | 100% | 100% | 99% | 100% | 96% | 100% | ★ |
| Western Highlands | 1,570 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| TOTAL | 19,609 | 100% | 100% | 100% | 100% | 100% | 100% | 98% | 100% | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**10. 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, 2008 - March 31, 2008) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2008 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

| 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 | 1,144 | 39 | 1,105 | 97% | ★ |
| Albemarle | 994 | 212 | 782 | 79% | |
| Beacon Center | 513 | 22 | 491 | 96% | ★ |
| Burke-Catawba | 1,587 | 123 | 1,464 | 92% | ★ |
| CenterPoint | 1,802 | 10 | 1,792 | 99% | ★ |
| Crossroads | 1,550 | 98 | 1,452 | 94% | ★ |
| Cumberland | 1,178 | 4 | 1,174 | 100% | ★ |
| Durham | 1,370 | 3 | 1,367 | 100% | ★ |
| East Carolina Behavioral Health | 1,598 | 80 | 1,518 | 95% | ★ |
| Eastpointe | 915 | 85 | 830 | 91% | ★ |
| Five County | 1,178 | 3 | 1,175 | 100% | ★ |
| Foothills | 455 | 58 | 397 | 87% | |
| Guilford | 1,960 | 8 | 1,952 | 100% | ★ |
| Johnston | 997 | 0 | 997 | 100% | ★ |
| Mecklenburg | 1,765 | 106 | 1,659 | 94% | ★ |
| Onslow-Carteret | 1,059 | 2 | 1,057 | 100% | ★ |
| Orange-Person-Chatham | 524 | 154 | 370 | 71% | |
| Pathways | 1,355 | 61 | 1,294 | 95% | ★ |
| Sandhills Center | 2,730 | 18 | 2,712 | 99% | ★ |
| Smoky Mountain | 1,967 | 452 | 1,515 | 77% | |
| Southeastern Center | 1,681 | 24 | 1,657 | 99% | ★ |
| Southeastern Regional | 1,075 | 1 | 1,074 | 100% | ★ |
| Wake | 997 | 0 | 997 | 100% | ★ |
| Western Highlands | 2,819 | 4 | 2,815 | 100% | ★ |
| TOTAL | 33,213 | 1,567 | 31,646 | 95% | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

20 (83.3%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Only includes IPRS claims.

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**11. 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, ASTER, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, and CSMAJ.

The table below shows the percentage of open clients in the designated target populations (January 1, 2008 - March 31, 2008) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2008 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 | 169 | 4 | 165 | 98% | ★ |
| Albemarle | 124 | 9 | 115 | 93% | ★ |
| Beacon Center | 71 | 1 | 70 | 99% | ★ |
| Burke-Catawba | 213 | 9 | 204 | 96% | ★ |
| CenterPoint | 1,154 | 2 | 1,152 | 100% | ★ |
| Crossroads | 239 | 13 | 226 | 95% | ★ |
| Cumberland | 197 | 2 | 195 | 99% | ★ |
| Durham | 356 | 1 | 355 | 100% | ★ |
| East Carolina Behavioral Health | 670 | 42 | 628 | 94% | ★ |
| Eastpointe | 126 | 4 | 122 | 97% | ★ |
| Five County | 187 | 7 | 180 | 96% | ★ |
| Foothills | 29 | 2 | 27 | 93% | ★ |
| Guilford | 417 | 3 | 414 | 99% | ★ |
| Johnston | 63 | 1 | 62 | 98% | ★ |
| Mecklenburg | 561 | 52 | 509 | 91% | ★ |
| Onslow-Carteret | 296 | 6 | 290 | 98% | ★ |
| Orange-Person-Chatham | 81 | 5 | 76 | 94% | ★ |
| Pathways | 284 | 55 | 229 | 81% | |
| Sandhills Center | 590 | 8 | 582 | 99% | ★ |
| Smoky Mountain | 213 | 54 | 159 | 75% | |
| Southeastern Center | 551 | 12 | 539 | 98% | ★ |
| Southeastern Regional | 227 | 0 | 227 | 100% | ★ |
| Wake | 661 | 37 | 624 | 94% | ★ |
| Western Highlands | 560 | 5 | 555 | 99% | ★ |
| TOTAL | 8,039 | 334 | 7,705 | 96% | ★ |

Number and Pct of LMEs that met the SFY 2008 Standard:

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

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**13. 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 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, 2008 - March 31, 2008) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2008 Standard: 90% of SA 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 <u>without</u> Appropriate Activity or an Episode Completion Record ³ | Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴ | Percent <u>with</u> Appropriate Activity or an Episode Completion Record | Standard Met ² |
|---------------------------------|--|---|--|--|---------------------------|
| Alamance-Caswell-Rockingham | 499 | 0 | 499 | 100% | ★ |
| Albemarle | 659 | 0 | 659 | 100% | ★ |
| Beacon Center | 467 | 0 | 467 | 100% | ★ |
| Burke-Catawba | 587 | 0 | 587 | 100% | ★ |
| CenterPoint | 1,154 | 0 | 1,154 | 100% | ★ |
| Crossroads | 592 | 0 | 592 | 100% | ★ |
| Cumberland | 781 | 0 | 781 | 100% | ★ |
| Durham | 726 | 0 | 726 | 100% | ★ |
| East Carolina Behavioral Health | 793 | 0 | 793 | 100% | ★ |
| Eastpointe | 514 | 0 | 514 | 100% | ★ |
| Five County | 738 | 0 | 738 | 100% | ★ |
| Foothills | 215 | 0 | 215 | 100% | ★ |
| Guilford | 1,037 | 0 | 1,037 | 100% | ★ |
| Johnston | 383 | 0 | 383 | 100% | ★ |
| Mecklenburg | 2,261 | 0 | 2,261 | 100% | ★ |
| Onslow-Carteret | 590 | 0 | 590 | 100% | ★ |
| Orange-Person-Chatham | 226 | 0 | 226 | 100% | ★ |
| Pathways | 555 | 0 | 555 | 100% | ★ |
| Sandhills Center | 1,405 | 0 | 1,405 | 100% | ★ |
| Smoky Mountain | 1,205 | 0 | 1,205 | 100% | ★ |
| Southeastern Center | 887 | 0 | 887 | 100% | ★ |
| Southeastern Regional | 786 | 0 | 786 | 100% | ★ |
| Wake | 1,076 | 0 | 1,076 | 100% | ★ |
| Western Highlands | 1,554 | 0 | 1,554 | 100% | ★ |
| TOTAL | 19,690 | | 19,690 | 100% | ★ |

Number and Pct of LMEs that met the SFY 2008 Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract 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.

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**15. 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).

SFY 2008 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 | | | | | | |
| Albemarle | | | | | | |
| Beacon Center | | | | | | |
| Catawba-Burke | | | | | | |
| CenterPoint | | | | | | |
| Crossroads | | | | | | |
| Cumberland | | | | | | |
| Durham | | | | | | |
| East Carolina Behavioral Health | | | | | | |
| Eastpointe | | | | | | |
| Five County | | | | | | |
| Foothills | | | | | | |
| Guilford | | | | | | |
| Johnston | | | | | | |
| Mecklenburg | | | | | | |
| Onslow-Carteret | | | | | | |
| Orange-Person-Chatham | | | | | | |
| Pathways | | | | | | |
| Sandhills Center | | | | | | |
| Smoky Mountain | | | | | | |
| Southeastern Center | | | | | | |
| Southeastern Regional | | | | | | |
| Wake | | | | | | |
| Western Highlands | | | | | | |
| Totals | | | | | | |

Report is under revision.

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

Number and Percent of LMEs that met the SFY 2008 Standard:

0 (0%)

Notes:

- 1. Percentages less than 90% are shaded red.
- 2. ★ = Met the Performance Contract 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.

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**16. 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).

SFY 2008 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 | 301 | 199 | 66.1% | 88 | | |
| Albemarle | 866 | 778 | 89.8% | 340 | | |
| Beacon Center | 414 | 312 | 75.4% | 181 | | |
| Catawba-Burke | 529 | 460 | 87.0% | 261 | | |
| CenterPoint | 644 | 567 | 88.0% | 320 | | |
| Crossroads | 683 | 401 | 58.7% | 184 | | |
| Cumberland | 665 | 458 | 68.9% | 211 | | |
| Durham | 801 | 696 | 86.9% | 351 | | |
| East Carolina Behavioral Health | 1,429 | 1,182 | 82.7% | 556 | | |
| Eastpointe | 852 | 685 | 80.4% | 414 | | |
| Five County | 579 | 557 | 96.2% | 405 | | ★ |
| Foothills | 593 | 224 | 37.8% | 60 | | |
| Guilford | 1,005 | 881 | 87.7% | 593 | | |
| Johnston | 388 | 294 | 75.8% | 128 | | |
| Mecklenburg | 1,295 | 1,224 | 94.5% | 776 | | ★ |
| Onslow-Carteret | 554 | 459 | 82.9% | 286 | | |
| Orange-Person-Chatham | 194 | 155 | 79.9% | 90 | | |
| Pathways | 546 | 509 | 93.2% | 351 | | ★ |
| Sandhills Center | 701 | 505 | 72.0% | 283 | | |
| Smoky Mountain | 579 | 334 | 57.7% | 170 | | |
| Southeastern Center | 779 | 777 | 99.7% | 660 | | ★ |
| Southeastern Regional | 1,444 | 1,331 | 92.2% | 699 | | ★ |
| Wake | 749 | 556 | 74.2% | 281 | | |
| Western Highlands | 797 | 426 | 53.5% | 213 | | |
| Totals | 17,387 | 13,970 | 80.3% | 7,901 | | |

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

Number and Percent of LMEs that met the SFY 2008 Standard:

5 (0.2%)

- Notes:**
 1. Percentages less than 90% are shaded red.
 2. ★ = Met the Performance Contract Standard.

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17. NC Support Needs Assessment Profile (NC-SNAP)

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

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

| 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 | 646 | 632 | 97.8% | ★ |
| Albemarle | 595 | 574 | 96.5% | ★ |
| Beacon Center | 820 | 818 | 99.8% | ★ |
| Burke-Catawba | 608 | 591 | 97.2% | ★ |
| CenterPoint | 1,396 | 1,238 | 88.7% | |
| Crossroads | 662 | 641 | 96.8% | ★ |
| Cumberland | 720 | 656 | 91.1% | ★ |
| Durham | 631 | 628 | 99.5% | ★ |
| East Carolina Behavioral Health | 1,221 | 1,221 | 100.0% | ★ |
| Eastpointe | 1,007 | 958 | 95.1% | ★ |
| Five County | 675 | 674 | 99.9% | ★ |
| Foothills | Merged at the end of this quarter with Smoky and did not provide data | | | |
| Guilford | 1,136 | 1,134 | 99.8% | ★ |
| Johnston | 357 | 357 | 100.0% | ★ |
| Mecklenburg | 1,918 | 1,911 | 99.6% | ★ |
| Onslow-Carteret | 417 | 417 | 100.0% | ★ |
| Orange-Person-Chatham | 846 | 659 | 77.9% | |
| Pathways | 1,531 | 1,527 | 99.7% | ★ |
| Sandhills Center | 1,046 | 1,034 | 98.9% | ★ |
| Smoky Mountain | 1,432 | 1,062 | 74.2% | |
| Southeastern Center | 1,081 | 1,046 | 96.8% | ★ |
| Southeastern Regional | 788 | 783 | 99.4% | ★ |
| Wake | 1,953 | 1,802 | 92.3% | ★ |
| Western Highlands | 1,707 | 1,505 | 88.2% | |
| Totals | 23,193 | 21,868 | 94.3% | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

19 (79.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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18. Crisis Services Report

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

SFY 2008 Standard: Reports are timely and complete.

| Local Management Entity | 4th Qtr Report Due 7/25/08 | | |
|---------------------------------|----------------------------|----------|---------------------------|
| | Timely Receipt | Complete | Standard Met ² |
| Alamance-Caswell-Rockingham | Yes | Yes | ★ |
| Albemarle | Yes | Yes | ★ |
| Beacon Center | Yes | Yes | ★ |
| Burke-Catawba | Yes | Yes | ★ |
| CenterPoint | Yes | Yes | ★ |
| Crossroads | Yes | Yes | ★ |
| Cumberland | Yes | Yes | ★ |
| Durham | Yes | Yes | ★ |
| East Carolina Behavioral Health | Yes | Yes | ★ |
| Eastpointe | Yes | Yes | ★ |
| Five County | Yes | Yes | ★ |
| Foothills | Yes | Yes | ★ |
| Guilford | Yes | Yes | ★ |
| Johnston | Yes | Yes | ★ |
| Mecklenburg | Yes | Yes | ★ |
| Onslow-Carteret | Yes | Yes | ★ |
| Orange-Person-Chatham | Yes | Yes | ★ |
| Pathways | Yes | Yes | ★ |
| Sandhills Center | Yes | Yes | ★ |
| Smoky Mountain | Yes | Yes | ★ |
| Southeastern Center | Yes | Yes | ★ |
| Southeastern Regional | Yes | Yes | ★ |
| Wake | Yes | Yes | ★ |
| Western Highlands | Yes | Yes | ★ |

Number and Percent of LMEs that met the Performance Standard:

24 (100%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not complete.
2. ★ = Met the Performance Contract Standard.

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19. System of Care

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

SFY 2008 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

| Local Management Entity | 4th Qtr Report Due 7/15/08 | | Standard Met ² |
|---------------------------------|----------------------------|----------|---------------------------|
| | Date Received ¹ | Complete | |
| Alamance-Caswell-Rockingham | 7/14/08 | Yes | ★ |
| Albemarle | 7/15/08 | Yes | ★ |
| Beacon Center | 7/16/08 | Yes | ★ |
| Burke-Catawba | 7/15/08 | Yes | ★ |
| CenterPoint | 7/14/08 | Yes | ★ |
| Crossroads | 7/14/08 | Yes | ★ |
| Cumberland | 7/11/08 | Yes | ★ |
| Durham | 7/8/08 | Yes | ★ |
| East Carolina Behavioral Health | 7/14/08 | Yes | ★ |
| Eastpointe | 7/14/08 | Yes | ★ |
| Five County | 7/22/08 | Yes | ★ |
| Foothills | 7/16/08 | Yes | ★ |
| Guilford | 7/2/08 | Yes | ★ |
| Johnston | 7/14/08 | Yes | ★ |
| Mecklenburg | 7/7/08 | Yes | ★ |
| Onslow-Carteret | 7/10/08 | Yes | ★ |
| Orange-Person-Chatham | 7/3/08 | Yes | ★ |
| Pathways | 7/15/08 | Yes | ★ |
| Sandhills Center | 7/15/08 | Yes | ★ |
| Smoky Mountain | 7/25/08 | Yes | |
| Southeastern Center | 7/8/08 | Yes | ★ |
| Southeastern Regional | 7/15/08 | Yes | ★ |
| Wake | 7/14/08 | Yes | ★ |
| Western Highlands | 7/8/08 | Yes | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

23 (95.8%)

Notes:

1. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

2. ★ = Met the Performance Contract Standard.

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20. SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

SFY 2008 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

| Local Management Entity | End Of Year Report (Due 7/20/08) | | | Standard Met ² |
|---------------------------------|---|-----------------------|----------------------------|---------------------------|
| | Date Received ¹ | Accurate and Complete | 48 Hours Of Synar Activity | |
| Alamance-Caswell-Rockingham | 7/18/08 | Yes | Yes | ★ |
| Albemarle | 7/18/08 | Yes | Yes | ★ |
| Beacon Center | 7/17/08 | Yes | Yes | ★ |
| Burke-Catawba | 7/14/08 | Yes | No | |
| CenterPoint | 7/17/08 | Yes | Yes | ★ |
| Crossroads | 7/18/08 | Yes | Yes | ★ |
| Cumberland | 7/15/08 | Yes | Yes | ★ |
| Durham | 7/18/08 | Yes | Yes | ★ |
| East Carolina Behavioral Health | 7/17/08 | Yes | Yes | ★ |
| Eastpointe | 7/18/08 | Yes | Yes | ★ |
| Five County | 7/17/08 | Yes | Yes | ★ |
| Foothills | Merged at the end of this quarter with Smoky and did not provide a report | | | |
| Guilford | 7/18/08 | Yes | Yes | ★ |
| Johnston | 7/18/08 | Yes | Yes | ★ |
| Mecklenburg | 7/18/08 | Yes | Yes | ★ |
| Onslow-Carteret | 7/18/08 | Yes | Yes | ★ |
| Orange-Person-Chatham | 7/17/08 | Yes | Yes | ★ |
| Pathways | 7/17/08 | Yes | No | |
| Sandhills Center | 7/17/08 | Yes | Yes | ★ |
| Smoky Mountain | 7/17/08 | Yes | Yes | ★ |
| Southeastern Center | 7/15/08 | Yes | Yes | ★ |
| Southeastern Regional | 7/17/08 | Yes | Yes | ★ |
| Wake | 7/18/08 | Yes | Yes | ★ |
| Western Highlands | 7/18/08 | Yes | Yes | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

21 (87.5%)

Notes:

1. Dates that are highlighted red indicate reports received more than 10 days after the due date.
- Dates that are highlighted yellow indicate reports received within 10 days after the due date.
2. ★ = Met the Performance Contract Standard.

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23. Quality Improvement Process

Performance Requirement: The LME shall submit an annual Quality Improvement report that describes how it has used its QI process to address service delivery system issues in at least one of the following areas: (a) building service capacity, (b) ensuring continuity of care during divestiture of services, and/or (c) ensuring the use of evidence-based practices. The report provides information about the QI projects that have been undertaken and addresses the following elements for each project: (1) the basis for choosing the issues targeted for improvement (e.g. data analyzed), (2) strategies developed to address identified issues, (3) actions taken, (4) an evaluation of results to date, and (5) recommendations for next steps.

SFY 2008 Standard: At least 3 QI projects were undertaken with all 5 elements (above) addressed for each project.

| Local Management Entity | # QI Projects Reported | # Projects With All 5 Elements | # Projects With <5 Elements | Standard Met ¹ |
|---------------------------------|------------------------|--------------------------------|-----------------------------|---------------------------|
| Alamance-Caswell-Rockingham | 3 | 0 | 3 | |
| Albemarle | 5 | 4 | 1 | ★ |
| Beacon Center | 5 | 3 | 2 | ★ |
| Catawba-Burke | 5 | 5 | | ★ |
| CenterPoint | 4 | 4 | | ★ |
| Crossroads | 11 | 11 | | ★ |
| Cumberland | 6 | 6 | | ★ |
| Durham | 5 | 5 | | ★ |
| East Carolina Behavioral Health | 5 | 5 | | ★ |
| Eastpointe | 5 | 5 | | ★ |
| Five County | 7 | 7 | | ★ |
| Foothills | 5 | 5 | | ★ |
| Guilford | 5 | 5 | | ★ |
| Johnston | 6 | 6 | | ★ |
| Mecklenburg | 6 | 5 | 1 | ★ |
| Onslow-Carteret | 6 | 5 | 1 | ★ |
| Orange-Person-Chatham | 5 | 4 | 1 | ★ |
| Pathways | 6 | 3 | 3 | ★ |
| Sandhills Center | 4 | 3 | 1 | ★ |
| Smoky Mountain | 8 | 3 | 5 | ★ |
| Southeastern Center | 5 | 3 | 2 | ★ |
| Southeastern Regional | 6 | 3 | 3 | ★ |
| Wake | 5 | 3 | 2 | ★ |
| Western Highlands | 6 | 3 | 3 | ★ |
| Totals | 134 | 106 | 28 | |

Number and Percent of LMEs that met the SFY 2008 Standard:

23 (95.8%)

Notes:

- ★ = Met the Performance Contract Standard.

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24. Comprehensive Treatment Services Program (CTSP)

Performance Requirement: LME submits an annual Comprehensive Treatment Services Program (CTSP) Report to the Division by the 15th of the month following the end of the fiscal year explaining how CTSP Non-UCR funds have been expended in accordance with requirements outlined in SB 1005, Section 21.60 and. Reports are accurate and complete.

SFY 2008 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

| Local Management Entity | 4th Qtr Report Due 8/31/08 | | Standard Met ² |
|---------------------------------|----------------------------|----------|---------------------------|
| | Date Received ¹ | Complete | |
| Alamance-Caswell-Rockingham | 8/18/08 | Yes | ★ |
| Albemarle | 8/29/08 | Yes | ★ |
| Beacon Center | 8/27/08 | Yes | ★ |
| Burke-Catawba | 8/29/08 | Yes | ★ |
| CenterPoint | 8/20/08 | Yes | ★ |
| Crossroads | 8/30/08 | Yes | ★ |
| Cumberland | 8/28/08 | Yes | ★ |
| Durham | 8/14/08 | Yes | ★ |
| East Carolina Behavioral Health | 10/17/08 | Yes | |
| Eastpointe | 10/16/08 | Yes | |
| Five County | 8/30/08 | Yes | ★ |
| Foothills | 8/29/08 | Yes | ★ |
| Guilford | 7/25/08 | Yes | ★ |
| Johnston | 8/29/08 | Yes | ★ |
| Mecklenburg | 8/14/08 | Yes | ★ |
| Onslow-Carteret | 8/29/08 | Yes | ★ |
| Orange-Person-Chatham | 7/23/08 | Yes | ★ |
| Pathways | 8/18/08 | Yes | ★ |
| Sandhills Center | 8/29/08 | Yes | ★ |
| Smoky Mountain | 8/28/08 | Yes | ★ |
| Southeastern Center | 7/17/08 | Yes | ★ |
| Southeastern Regional | 8/20/08 | Yes | ★ |
| Wake | 8/29/08 | Yes | ★ |
| Western Highlands | 8/22/08 | Yes | ★ |

Number and Percent of LMEs that met the SFY 2008 Standard:

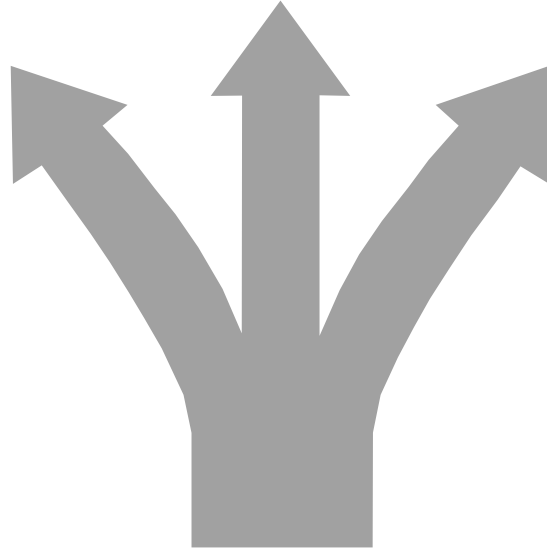
22 (91.7%)

Notes:

1. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

2. ★ = Met the Performance Contract Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

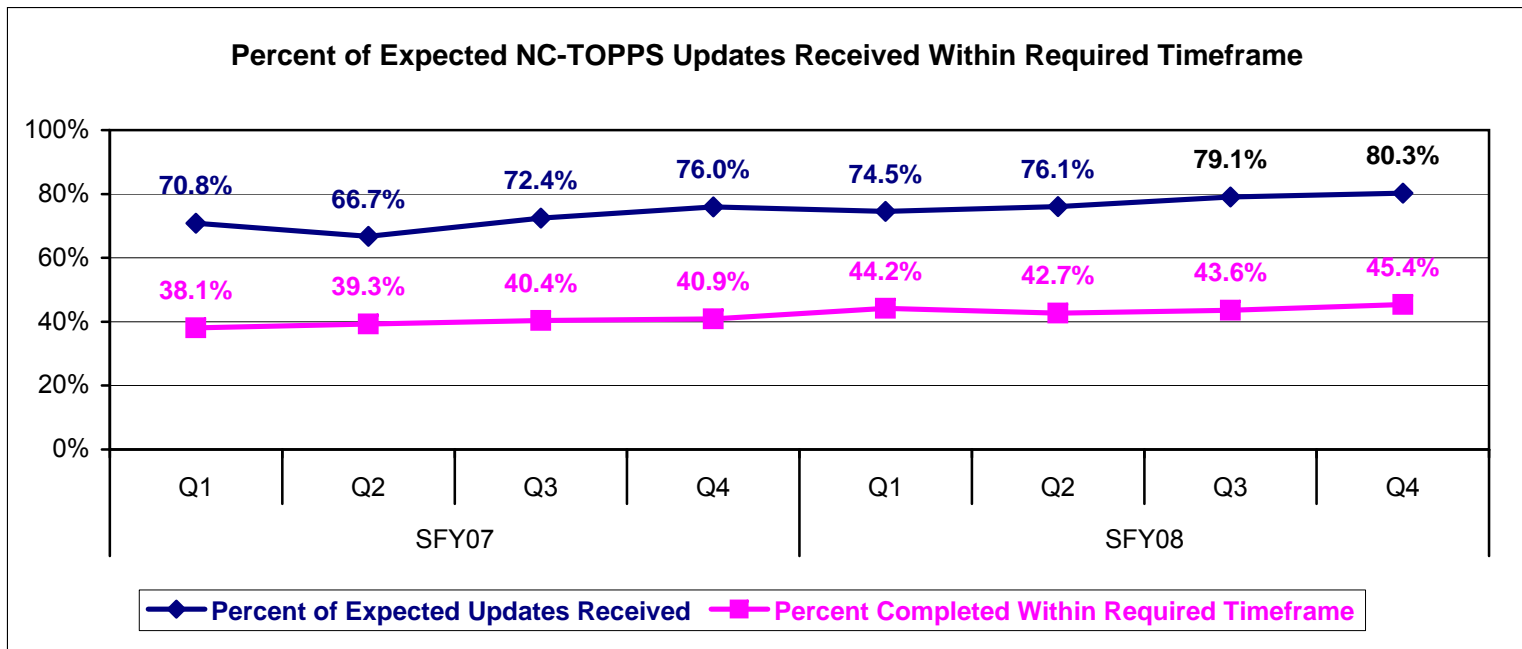
Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3004 Mail Service Center
Raleigh, North Carolina 27699-3004

(919) 733-0696
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Division's Web Page --- <http://www.ncdhhs.gov/mhddsas/performanceagreement/index.htm>

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Revisions Made To the SFY2008 Performance Contract Fourth Quarter Report



Standard: 90% of updates received within required timeframe.