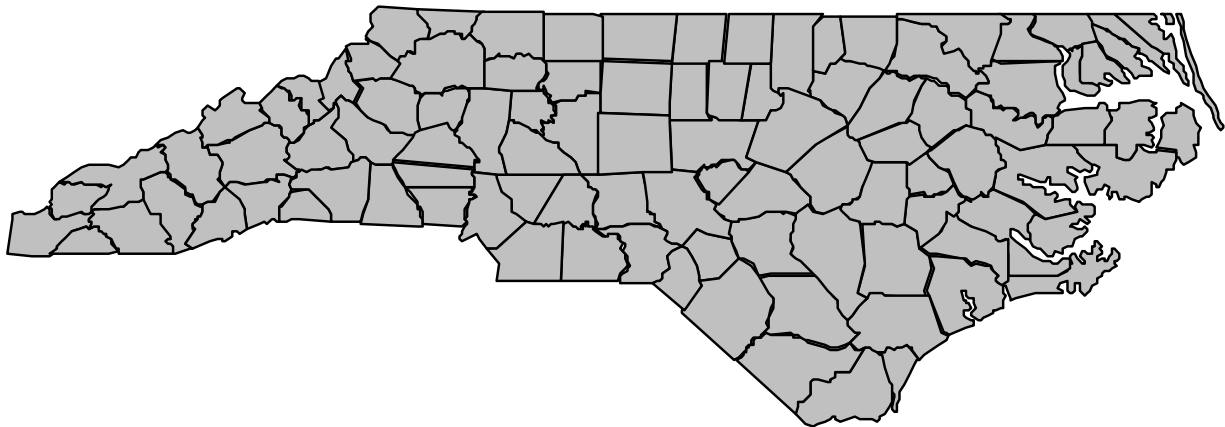


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2009 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Third Quarter Report
January 1, 2009 - March 31, 2009**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

May 2009



SFY 2009 Performance Contract
 Report/Data Submission Requirements
 Third Quarter Report
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Introduction

This is the **Third Quarter Report** for SFY 2008-2009 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, the LMEs met 93% of the six report submission requirements and 74% of the nine data submission requirements of the 16 total 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 2009 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. System of Care Report	X	X	X	X
6. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
7. Client Data Warehouse (CDW) - Admissions	X	X	X	X
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
12. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
17. SAPTBG Compliance Report		X		X
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X
19. Consumer Satisfaction Survey (CSS)			X	
20. Quality Improvement Process				X
21. 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 2009 Performance Contract Report/Data Submission Requirements
Third Quarter Report
 January 1, 2009 - March 31, 2009

LME	Report Submission Measures										Data Submission Measures											
	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Quarterly Incident Report	2. Quarterly Fiscal Monitoring Report (Prior Quarter)	2. Quarterly Fiscal Monitoring Report (Current Qtr)	3. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	9. Consumer Satisfaction Survey	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP
Alamance-Caswell-Rockingham	6	7	86%		★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Albemarle	4	7	57%				★	★	★	★	3	33%			★	★						★
Beacon Center	6	6	100%	★	★	★	N/A	★	★	★	8	89%	★	★	★	★	★	★				★
CenterPoint	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Crossroads	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Cumberland	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Durham	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
East Carolina Behavioral Health	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Eastpointe	6	7	86%	★		★	★	★	★	★	6	67%	★	★	★	★	★	★				★
Five County	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Guilford	6	7	86%	★		★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Johnston	6	6	100%	★	★	★	N/A	★	★	★	8	89%	★	★	★	★	★	★				★
Mecklenburg	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Mental Health Partners	6	6	100%	★	★	★	N/A	★	★	★	6	67%	★	★	★	★	★	★				★
Onslow-Carteret	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Orange-Person-Chatham	6	7	86%	★	★	★	★	★	★		4	44%	★		★		★					★
Pathways	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Piedmont	5	7	71%	★			★	★	★	★	7	78%	★	★	★	★	★	★				★
Sandhills Center	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Smoky Mountain	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Southeastern Center	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Southeastern Regional	7	7	100%	★	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Wake	6	7	86%	★	★		★	★	★	★	6	67%	★	★	★		★	★				★
Western Highlands	7	7	100%	★	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
STATEWIDE - Number			94%	22	20	21	21	24	24	23		77%	23	22	24	22	21	23	10	0	0	22
STATEWIDE - Percent				91.7%	83.3%	87.5%	100.0%	100.0%	100.0%	95.8%			95.8%	91.7%	100.0%	91.7%	87.5%	95.8%	41.7%	0.0%	0.0%	91.7%

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

* This column shows the total number of **report submission** measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.
 ★ Indicates the LME met the performance standard for the measure.
 % Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission). Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions and single stream funding eligibility.

SFY 2009 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2009 - March 31, 2009

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 2009 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	3rd Qtr Report Due 4/20/09		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	4/20/09	<5	
Albemarle	4/20/09	<5	
Beacon Center	4/20/09	All 5	★
CenterPoint	4/20/09	All 5	★
Crossroads	4/20/09	All 5	★
Cumberland	4/20/09	All 5	★
Durham	4/20/09	All 5	★
East Carolina Behavioral Health	4/20/09	All 5	★
Eastpointe	4/20/09	All 5	★
Five County	4/17/09	All 5	★
Guilford	4/17/09	All 5	★
Johnston	4/20/09	All 5	★
Mecklenburg	4/16/09	All 5	★
Mental Health Partners	4/20/09	All 5	★
Onslow-Carteret	4/20/09	All 5	★
Orange-Person-Chatham	4/20/09	All 5	★
Pathways	4/20/09	All 5	★
Piedmont	4/20/09	All 5	★
Sandhills Center	4/20/09	All 5	★
Smoky Mountain	4/20/09	All 5	★
Southeastern Center	4/20/09	All 5	★
Southeastern Regional	4/17/09	All 5	★
Wake	4/20/09	All 5	★
Western Highlands	4/20/09	All 5	★

Number and Percent of LMEs that met the SFY 2009 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 2009 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2009 - March 31, 2009

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 2009 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	2nd Qtr Report Due 2/20/09			3rd Qtr Report Due 4/20/09		
	Date Received ¹	Accurate, Complete	Standard Met ²	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham	1/21/09	Yes	★	4/20/09	Yes	★
Albemarle		No			No	
Beacon Center	2/16/09	Yes	★	4/13/09	Yes	★
CenterPoint	2/11/09	Yes	★	4/16/09	Yes	★
Crossroads	1/13/09	Yes	★	4/20/09	Yes	★
Cumberland	1/16/09	Yes	★	4/20/09	Yes	★
Durham	2/19/09	Yes	★	4/2/09	Yes	★
East Carolina Behavioral Health	2/1/09	Yes	★	4/17/09	Yes	★
Eastpointe	3/4/09	No		4/20/09	Yes	★
Five County	2/18/09	Yes	★	4/16/09	Yes	★
Guilford		No		4/20/09	Yes	★
Johnston	2/17/09	Yes	★	4/17/09	Yes	★
Mecklenburg	1/15/09	Yes	★	4/7/09	Yes	★
Mental Health Partners	1/15/09	Yes	★	4/20/09	Yes	★
Onslow-Carteret	2/16/09	Yes	★	4/13/09	Yes	★
Orange-Person-Chatham	2/20/09	Yes	★	4/20/09	Yes	★
Pathways	2/18/09	Yes	★	4/9/09	Yes	★
Piedmont		No		5/8/09	Yes	
Sandhills Center	2/1/09	Yes	★	4/14/09	Yes	★
Smoky Mountain	2/20/09	Yes	★	4/20/09	Yes	★
Southeastern Center	2/20/09	Yes	★	4/13/09	Yes	★
Southeastern Regional	2/18/09	Yes	★	4/20/09	Yes	★
Wake	2/12/09	Yes	★	5/11/09	Yes	
Western Highlands	2/12/09	Yes	★	4/20/09	Yes	★

Number and Percent of LMEs that met the Performance Standard: 20 (83.3%) 21 (87.5%)

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 2009 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2009 - March 31, 2009

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 2009 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	3rd Qtr Report Due 4/20/09		
	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham			
Albemarle			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe			
Five County			
Guilford			
Johnston			
Mecklenburg			
Mental Health Partners			
Onslow-Carteret			
Orange-Person-Chatham			
Pathways			
Piedmont			
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 2009 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2009 - March 31, 2009

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 2009 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	3rd Qtr Report Due 4/20/09						
	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			4/6/09	Yes			★
Albemarle			4/7/09	Yes	4/7/09	Yes	★
CenterPoint	4/8/09	Yes	4/8/09	Yes			★
Crossroads			4/6/09	Yes			★
Cumberland	4/8/09	Yes	4/8/09	Yes			★
Durham	4/7/09	Yes	4/7/09	Yes			★
East Carolina Behavioral Health	4/8/09	Yes	4/8/09	Yes	4/8/09	Yes	★
Eastpointe			4/8/09	Yes	4/8/09	Yes	★
Five County			4/6/09	Yes			★
Guilford	4/8/09	Yes	4/8/09	Yes			★
Mecklenburg	4/6/09	Yes					★
Onslow-Carteret			4/7/09	Yes			★
Orange-Person-Chatham			4/6/09	Yes			★
Pathways	4/7/09	Yes					★
Piedmont			4/7/09	Yes			★
Sandhills Center	4/9/09	Yes	4/9/09	Yes			★
Smoky Mountain					4/8/09	Yes	★
Southeastern Center	4/7/09	Yes	4/7/09	Yes			★
Southeastern Regional			4/3/09	Yes	4/3/09	Yes	★
Wake	4/3/09	Yes	4/3/09	Yes			★
Western Highlands	4/8/09	Yes	4/8/09	Yes			★
Mental Health Partners	← These LMEs do not have a SA/JJ Initiative. →						
Beacon Center	← These LMEs do not have a SA/JJ Initiative. →						
Johnston	← These LMEs do not have a SA/JJ Initiative. →						

Number of Percent of LMEs that Met the SFY2009 Standard:

21 (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 2009 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2009 - March 31, 2009

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 2009 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	3rd Qtr Report Due 4/20/09		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	4/22/09	Yes	★
Albemarle	4/14/09	Yes	★
Beacon Center	4/3/09	Yes	★
CenterPoint	4/16/09	Yes	★
Crossroads	4/14/09	Yes	★
Cumberland	4/20/09	Yes	★
Durham	4/20/09	Yes	★
East Carolina Behavioral Health	4/17/09	Yes	★
Eastpointe	4/14/09	Yes	★
Five County	4/20/09	Yes	★
Guilford	4/20/09	Yes	★
Johnston	4/16/09	Yes	★
Mecklenburg	4/13/09	Yes	★
Mental Health Partners	4/15/09	Yes	★
Onslow-Carteret	4/20/09	Yes	★
Orange-Person-Chatham	4/17/09	Yes	★
Pathways	4/9/09	Yes	★
Piedmont	4/15/09	Yes	★
Sandhills Center	4/22/09	Yes	★
Smoky Mountain	4/16/09	Yes	★
Southeastern Center	4/14/09	Yes	★
Southeastern Regional	4/16/09	Yes	★
Wake	4/20/09	Yes	★
Western Highlands	4/20/09	Yes	★

Number and Percent of LMEs that met the SFY 2009 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 2009 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2009 - March 31, 2009

5. 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 2009 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

Local Management Entity	3rd Qtr Report Due 4/15/09		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell-Rockingham	4/13/09	Yes	★
Albemarle	4/14/09	Yes	★
Beacon Center	4/8/09	Yes	★
CenterPoint	4/15/09	Yes	★
Crossroads	4/15/09	Yes	★
Cumberland	4/15/09	Yes	★
Durham	4/8/09	Yes	★
East Carolina Behavioral Health	4/15/09	Yes	★
Eastpointe	4/9/09	Yes	★
Five County	4/16/09	Yes	★
Guilford	4/3/09	Yes	★
Johnston	4/15/09	Yes	★
Mecklenburg	4/21/09	Yes	★
Mental Health Partners	4/21/09	Yes	★
Onslow-Carteret	4/14/09	Yes	★
Orange-Person-Chatham	4/1/09	Yes	★
Pathways	4/15/09	Yes	★
Piedmont	4/15/09	Yes	★
Sandhills Center	4/15/09	Yes	★
Smoky Mountain	4/13/09	Yes	★
Southeastern Center	4/1/09	Yes	★
Southeastern Regional	4/13/09	Yes	★
Wake	4/14/09	Yes	★
Western Highlands	4/13/09	Yes	★

Number and Percent of LMEs that met the SFY 2009 Standard:

24 (100%)

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.

SFY 2009 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2009 - March 31, 2009

**6. 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 (October 1, 2008 - December 31, 2008) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2009 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	1,209	34	1,175	97%	★
Albemarle	0	0	0	0%	
Beacon Center	892	13	879	99%	★
CenterPoint	3,894	0	3,894	100%	★
Crossroads	2,175	3	2,172	100%	★
Cumberland	881	1	880	100%	★
Durham	1,178	0	1,178	100%	★
East Carolina Behavioral Health	822	40	782	95%	★
Eastpointe	812	0	812	100%	★
Five County	802	75	727	91%	★
Guilford	1,931	1	1,930	100%	★
Johnston	368	0	368	100%	★
Mecklenburg	885	0	885	100%	★
Mental Health Partners	1,127	12	1,115	99%	★
Onslow-Carteret	802	9	793	99%	★
Orange-Person-Chatham	477	25	452	95%	★
Pathways	433	0	433	100%	★
Piedmont	1,379	63	1,316	95%	★
Sandhills Center	1,839	10	1,829	99%	★
Smoky Mountain	3,788	31	3,757	99%	★
Southeastern Center	1,518	4	1,514	100%	★
Southeastern Regional	1,780	1	1,779	100%	★
Wake	228	0	228	100%	★
Western Highlands	2,182	2	2,180	100%	★
TOTAL	31,402	324	31,078	99%	★

Number and Percent of LMEs that met the SFY 2009 Performance Standard:

23 (95.8%)

Notes:

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

SFY 2009 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2009 - March 31, 2009

**7. 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 April 30, 2009.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2009	Third Quarter Adm SFY2008	Monthly Average SFY2009	Monthly Average SFY2008
Alamance-Caswell-Rockingham	23051	227	245	236	708	434	236	145
Albemarle	43121	120	138	132	390	695	130	232
Beacon Center	43051	162	165	241	568	195	189	65
CenterPoint	23021	459	450	525	1,434	771	478	257
CrossRoads	23011	262	311	300	873	454	291	151
Cumberland	33051	215	256	270	741	676	247	225
Durham	23071	285	306	390	981	533	327	178
East Carolina Behavioral Health	43071	448	425	456	1,329	565	443	188
Eastpointe	43081	75	67	87	229	439	76	146
Five County	23081	130	136	136	402	552	134	184
Guilford	23041	369	371	388	1,128	806	376	269
Johnston	33071	140	151	163	454	374	151	125
Mecklenburg	13102	804	779	938	2,521	1,400	840	467
Mental Health Partners	13091	152	167	207	526	475	175	158
Onslow-Carteret	43021	123	172	223	518	604	173	201
Orange-Person-Chatham	23061	151	58	80	289	178	96	59
Pathways	13081	249	293	268	810	469	270	156
Piedmont	13121	562	491	601	1,654	1,212	551	404
Sandhills	33031	338	454	463	1,255	1,154	418	385
Smoky Mountain	13010	682	1,032	288	2,002	1,096	667	365
Southeastern Center	43011	160	166	229	555	707	185	236
Southerastern Regional	33041	362	313	385	1,060	631	353	210
Wake	33081	430	487	468	1,385	939	462	313
Western Highlands	13131	522	670	612	1,804	1,354	601	451
TOTAL ADMISSIONS		7,427	8,103	8,086	23,616	16,713	7,872	5,571

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

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**8. 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, 2008 - December 31, 2008) with a diagnosis completed within 30 days of beginning date of service.

SFY 2009 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	686	1	685	100%	★
Albemarle	431	77	354	82%	
Beacon Center	411	0	411	100%	★
CenterPoint	1,536	0	1,536	100%	★
Crossroads	820	43	777	95%	★
Cumberland	537	8	529	99%	★
Durham	904	0	904	100%	★
East Carolina Behavioral Health	1,046	8	1,038	99%	★
Eastpointe	370	6	364	98%	★
Five County	262	3	259	99%	★
Guilford	993	23	970	98%	★
Johnston	400	0	400	100%	★
Mecklenburg	2,559	14	2,545	99%	★
Mental Health Partners	433	26	407	94%	★
Onslow-Carteret	391	11	380	97%	★
Orange-Person-Chatham	113	13	100	88%	
Pathways	862	14	848	98%	★
Piedmont	1,043	3	1,040	100%	★
Sandhills Center	1,278	0	1,278	100%	★
Smoky Mountain	2,060	8	2,052	100%	★
Southeastern Center	594	9	585	98%	★
Southeastern Regional	777	0	777	100%	★
Wake	1,238	4	1,234	100%	★
Western Highlands	2,012	0	2,012	100%	★
TOTAL	21,756	271	21,485	99%	★

Number and Percent of LMEs that met the SFY 2009 Standard:

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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**9. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Admissions)**

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 (October 1, 2008 - December 31, 2008) where all mandatory data fields contain a value other than 'unknown'.

SFY 2009 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	Family Income	Family Size	Arrests 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	686	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	397	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	★
Beacon Center	411	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,536	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	820	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	537	100%	99%	100%	100%	100%	100%	98%	99%	100%	100%	100%	★
Durham	904	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,046	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	★
Eastpointe	370	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	★
Five County	262	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	993	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	★
Johnston	400	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	2,559	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	99%	★
Mental Health Partners	433	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	★
Onslow-Carteret	391	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	113	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	★
Pathways	862	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	1,043	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,278	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	2,060	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	594	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,162	100%	100%	100%	100%	99%	100%	95%	100%	100%	100%	100%	★
Western Highlands	2,012	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	20,969	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2009 Standard:

24 (100%)

Notes:

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

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**10. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Discharges)**

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 discharged during the prior quarter (October 1, 2008 - December 31, 2008) where all mandatory data fields contain a value other than 'unknown'.

SFY 2009 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	165	100%	100%	100%	100%	100%	★
Albemarle	481	99%	99%	99%	97%	99%	★
Beacon Center	262	100%	100%	100%	100%	100%	★
CenterPoint	1,284	100%	100%	100%	100%	100%	★
Crossroads	308	100%	100%	100%	100%	100%	★
Cumberland	480	90%	100%	100%	97%	100%	★
Durham	751	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	5,844	100%	100%	100%	100%	100%	★
Eastpointe	43	100%	100%	100%	100%	100%	★
Five County	23	100%	100%	100%	100%	100%	★
Guilford	554	100%	100%	100%	100%	100%	★
Johnston	279	100%	100%	100%	100%	100%	★
Mecklenburg	738	100%	100%	100%	100%	100%	★
Mental Health Partners	332	100%	100%	100%	99%	100%	★
Onslow-Carteret	606	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	36	8%	8%	8%	8%	8%	
Pathways	134	99%	100%	100%	99%	100%	★
Piedmont	2,536	100%	100%	100%	100%	100%	★
Sandhills Center	219	99%	100%	100%	100%	100%	★
Smoky Mountain	191	96%	96%	96%	95%	96%	★
Southeastern Center	20	100%	100%	100%	100%	100%	★
Southeastern Regional	449	100%	100%	100%	100%	100%	★
Wake	18	61%	100%	100%	0%	83%	
Western Highlands	1,802	100%	100%	100%	100%	100%	★
TOTAL	17,555	99%	100%	100%	99%	100%	★

Number and Pct of LMEs that met the SFY 2009 Standard:

22 (91.7%)

Notes:

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

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**11. 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 (October 1, 2008 - December 31, 2008) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2009 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	1,177	38	1,139	97%	★
Albemarle	664	73	591	89%	
Beacon Center	664	50	614	92%	★
CenterPoint	1,860	14	1,846	99%	★
Crossroads	1,791	137	1,654	92%	★
Cumberland	891	1	890	100%	★
Durham	1,408	15	1,393	99%	★
East Carolina Behavioral Health	1,896	65	1,831	97%	★
Eastpointe	1,078	111	967	90%	★
Five County	1,300	57	1,243	96%	★
Guilford	2,030	3	2,027	100%	★
Johnston	725	0	725	100%	★
Mecklenburg	1,972	74	1,898	96%	★
Mental Health Partners	1,776	253	1,523	86%	
Onslow-Carteret	1,149	0	1,149	100%	★
Orange-Person-Chatham	620	209	411	66%	
Pathways	1,615	98	1,517	94%	★
Piedmont	3,423	62	3,361	98%	★
Sandhills Center	2,676	10	2,666	100%	★
Smoky Mountain	3,121	298	2,823	90%	★
Southeastern Center	1,492	4	1,488	100%	★
Southeastern Regional	960	5	955	99%	★
Wake	2,840	208	2,632	93%	★
Western Highlands	2,711	9	2,702	100%	★
TOTAL	39,839	1,794	38,045	95%	★

Number and Percent of LMEs that met the SFY 2009 Standard:

21 (87.5%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Only includes IPRS claims.

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**12. 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: ASCDR, ASCJO, ASCS, ASDSS, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

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

SFY 2009 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	168	8	160	95%	★
Albemarle	102	16	86	84%	
Beacon Center	131	1	130	99%	★
CenterPoint	523	2	521	100%	★
Crossroads	179	7	172	96%	★
Cumberland	140	2	138	99%	★
Durham	413	0	413	100%	★
East Carolina Behavioral Health	870	32	838	96%	★
Eastpointe	150	6	144	96%	★
Five County	139	7	132	95%	★
Guilford	422	2	420	100%	★
Johnston	35	0	35	100%	★
Mecklenburg	600	42	558	93%	★
Mental Health Partners	221	5	216	98%	★
Onslow-Carteret	173	1	172	99%	★
Orange-Person-Chatham	53	8	48	91%	★
Pathways	317	15	302	95%	★
Piedmont	294	10	284	97%	★
Sandhills Center	431	3	428	99%	★
Smoky Mountain	238	6	232	97%	★
Southeastern Center	480	1	479	100%	★
Southeastern Regional	152	0	152	100%	★
Wake	663	57	606	91%	★
Western Highlands	625	6	619	99%	★
TOTAL	7,519	237	7,285	97%	★

Number and Pct of LMEs that met the SFY 2009 Standard:

23 (95.8%)

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 - Substance Abuse Clients**

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. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (October 1, 2008 - December 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 2009 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	59	29	30	51%	
Albemarle	33	12	21	64%	
Beacon Center	43	2	41	95%	★
CenterPoint	367	10	357	97%	★
Crossroads	154	7	147	95%	★
Cumberland	95	45	50	53%	
Durham	219	5	214	98%	★
East Carolina Behavioral Health	207	118	89	43%	
Eastpointe	60	29	31	52%	
Five County	119	8	111	93%	★
Guilford	210	91	119	57%	
Johnston	27	1	26	96%	★
Mecklenburg	318	3	315	99%	★
Mental Health Partners	70	11	59	84%	
Onslow-Carteret	78	12	66	85%	
Orange-Person-Chatham	4	1	3	75%	
Pathways	122	74	48	39%	
Piedmont	143	4	139	97%	★
Sandhills Center	167	19	148	89%	
Smoky Mountain	249	2	247	99%	★
Southeastern Center	155	75	80	52%	
Southeastern Regional	96	2	94	98%	★
Wake	223	120	103	46%	
Western Highlands	382	51	331	87%	
TOTAL	3,600	731	2,869	80%	

Number and Pct of LMEs that met the SFY 2009 Standard:

10 (41.7%)

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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**14. 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 2009 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						
CenterPoint						
Crossroads						
Cumberland						
Durham						
East Carolina Behavioral Health						
Eastpointe						
Five County						
Guilford						
Johnston						
Mecklenburg						
Mental Health Partners						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Piedmont						
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 2009 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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**15. 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 2009 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	323	264	81.7%	110	34.1%	
Albemarle	518	499	96.3%	337	65.1%	
Beacon Center	521	484	92.9%	308	59.1%	
CenterPoint	790	761	96.3%	603	76.3%	
Crossroads	263	212	80.6%	109	41.4%	
Cumberland	424	366	86.3%	223	52.6%	
Durham	963	561	58.3%	317	32.9%	
East Carolina Behavioral Health	1,131	1,078	95.3%	824	72.9%	
Eastpointe	631	626	99.2%	372	59.0%	
Five County	454	413	91.0%	221	48.7%	
Guilford	714	603	84.5%	342	47.9%	
Johnston	221	137	62.0%	76	34.4%	
Mecklenburg	1,453	1,337	92.0%	921	63.4%	
Mental Health Partners	514	463	90.1%	256	49.8%	
Onslow-Carteret	242	242	100.0%	157	64.9%	
Orange-Person-Chatham	277	271	97.8%	128	46.2%	
Pathways	854	845	98.9%	567	66.4%	
Piedmont	793	722	91.0%	353	44.5%	
Sandhills Center	751	684	91.1%	387	51.5%	
Smoky Mountain	665	371	55.8%	145	21.8%	
Southeastern Center	671	667	99.4%	599	89.3%	
Southeastern Regional	1,131	1,053	93.1%	697	61.6%	
Wake	798	622	77.9%	370	46.4%	
Western Highlands	939	608	64.7%	307	32.7%	
Totals	16,041	13,889	86.6%	8,729	54.4%	

Number and Percent of LMEs that met the SFY 2009 Standard:

0 (0%)

Notes:

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

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16. 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 2009 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	649	649	100.0%	★
Albemarle	550	548	99.6%	★
Beacon Center	848	848	100.0%	★
CenterPoint	1,329	1,329	100.0%	★
Crossroads	738	715	96.9%	★
Cumberland	708	708	100.0%	★
Durham	706	658	93.2%	★
East Carolina Behavioral Health	1,338	1,338	100.0%	★
Eastpointe	1,063	922	86.7%	
Five County	660	650	98.5%	★
Guilford	1,166	1,166	100.0%	★
Johnston	335	334	99.7%	★
Mecklenburg	1,937	1,934	99.8%	★
Mental Health Partners	650	591	90.9%	★
Onslow-Carteret	423	422	99.8%	★
Orange-Person-Chatham	794	735	92.6%	★
Pathways	1,575	1,571	99.7%	★
Piedmont				
Sandhills Center	1,071	1,071	100.0%	★
Smoky Mountain	1,275	1,275	100.0%	★
Southeastern Center	1,059	1,059	100.0%	★
Southeastern Regional	834	834	100.0%	★
Wake	2,008	1,956	97.4%	★
Western Highlands	1,766	1,756	99.4%	★
Totals	23,482	23,069	98.2%	★

Number and Percent of LMEs that met the SFY 2009 Standard:

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2009 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2009 - March 31, 2009

20. Consumer Satisfaction Survey (CSS)

Performance Requirement: The LME, through providers, shall administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards, to 5% of its active mental health and substance abuse caseload, and shall submit the data received according to DHHS requirements.

SFY 2009 Standard: 85% of expected surveys are completed as required and received within 10 calendar days after the due date.

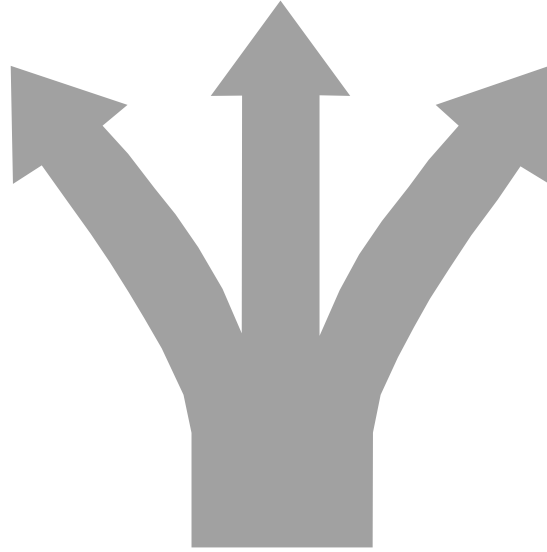
Local Management Entity	Timeliness of Submission	Completeness			Standard Met ²
		# Of Expected Surveys	# Completed As Required	% Completed As Required ¹	
Alamance-Caswell-Rockingham	On-Time	500	515	103.0%	★
Albemarle	On-Time	191	372	194.8%	★
Beacon Center	On-Time	211	319	151.2%	★
CenterPoint	On-Time	309	613	198.4%	★
Crossroads	On-Time	216	384	177.8%	★
Cumberland	On-Time	308	402	130.5%	★
Durham	On-Time	338	613	181.4%	★
East Carolina Behavioral Health	On-Time	500	537	107.4%	★
Eastpointe	On-Time	500	794	158.8%	★
Five County	On-Time	460	565	122.8%	★
Guilford	On-Time	479	668	139.5%	★
Johnston	On-Time	159	231	145.3%	★
Mecklenburg	On-Time	500	750	150.0%	★
Mental Health Partners	On-Time	194	232	119.6%	★
Onslow-Carteret	On-Time	231	272	117.7%	★
Orange-Person-Chatham	On-Time	242	185	76.4%	
Pathways	On-Time	409	410	100.2%	★
Piedmont	On-Time	500	545	109.0%	★
Sandhills Center	On-Time	500	737	147.4%	★
Smoky Mountain	On-Time	500	627	125.4%	★
Southeastern Center	On-Time	500	542	108.4%	★
Southeastern Regional	On-Time	500	741	148.2%	★
Wake	On-Time	500	659	131.8%	★
Western Highlands	On-Time	342	393	114.9%	★
Totals		9,089	12,106	133.2%	

Number and Percent of LMEs that met the SFY 2009 Standard:

23 (95.8%)

Notes:

1. Percentages less than 85% are shaded red.
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
Email: ContactDMHQuality@ncmail.net

Division's Web Page --- <http://www.ncdhhs.gov/mhddsas/performanceagreement/index.htm>

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