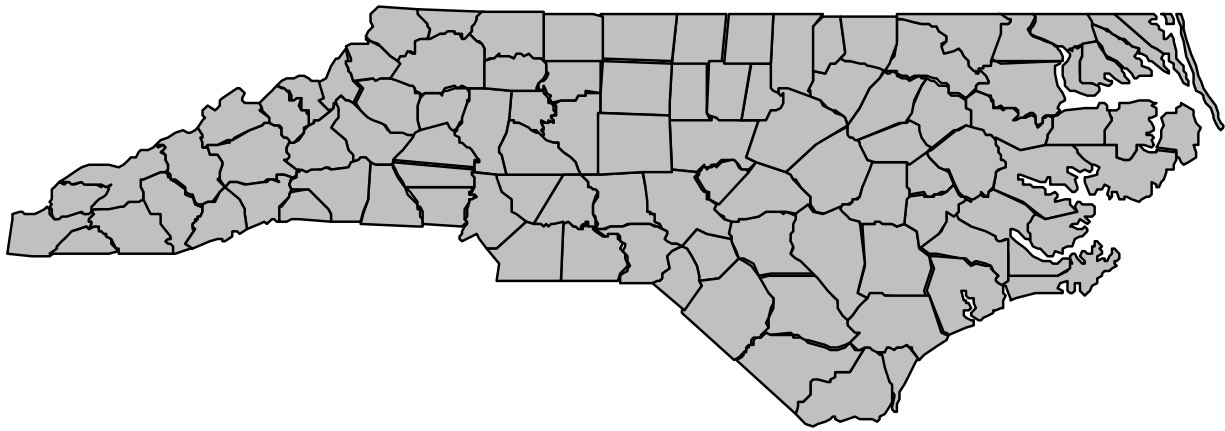


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

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

**Fourth Quarter Report  
April 1, 2009 - June 30, 2009**



Prepared by

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North Carolina Department of Health and Human Services

August 2009



SFY 2009 Performance Contract  
 Report/Data Submission Requirements  
 Fourth Quarter Report  
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## Introduction

This is the **Fourth 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 98% of the six report submission requirements and 78% 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**  
**Fourth Quarter Report**  
 April 1, 2009 - June 30, 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	3. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBC Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys	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-SMAP
Alamance-Caswell-Rockingham	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Albemarle	3	6	50%		★		★		★	5	56%			★	★		★	★			★
Beacon Center	5	5	100%	★	N/A	★	★	★	★	8	89%	★	★	★	★	★	★	★			★
CenterPoint	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★			★
Crossroads	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★		★	★	★			★
Cumberland	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Durham	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★			★
East Carolina Behavioral Health	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Eastpointe	6	6	100%	★	★	★	★	★	★	6	67%	★	★	★		★					★
Five County	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Guilford	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★					★
Johnston	5	5	100%	★	N/A	★	★	★	★	8	89%	★	★	★	★	★	★				★
Mecklenburg	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Mental Health Partners	5	5	100%	★	N/A	★	★	★	★	7	78%	★	★	★	★	★	★				★
Onslow-Carteret	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Orange-Person-Chatham	6	6	100%	★	★	★	★	★	★	5	56%	★	★	★		★					★
Pathways	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★					★
Piedmont	6	6	100%	★	★	★	★	★	★	4	44%	★	★	★							
Sandhills Center	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Smoky Mountain	6	6	100%	★	★	★	★	★	★	6	67%	★	★	★			★				★
Southeastern Center	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★		★	★	★
Southeastern Regional	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Wake	6	6	100%	★	★	★	★	★	★	6	67%	★	★	★		★	★				★
Western Highlands	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
<b>STATEWIDE - Number</b>			98%	23	21	23	24	23	24		78%	23	23	24	21	18	22	13	0	1	23
<b>STATEWIDE - Percent</b>				95.8%	100.0%	95.8%	100.0%	95.8%	100.0%			95.8%	95.8%	100.0%	87.5%	75.0%	91.7%	54.2%	0.0%	4.2%	95.8%

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  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 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	4th Qtr Report Due 7/20/09		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Elements Included	
Alamance-Caswell-Rockingham	7/17/09	All 5	★
Albemarle	7/17/09	<5	
Beacon Center	7/20/09	All 5	★
CenterPoint	7/20/09	All 5	★
Crossroads	7/20/09	All 5	★
Cumberland	7/20/09	All 5	★
Durham	7/20/09	All 5	★
East Carolina Behavioral Health	7/17/09	All 5	★
Eastpointe	7/20/09	All 5	★
Five County	7/20/09	All 5	★
Guilford	7/20/09	All 5	★
Johnston	7/20/09	All 5	★
Mecklenburg	7/17/09	All 5	★
Mental Health Partners	7/20/09	All 5	★
Onslow-Carteret	7/17/09	All 5	★
Orange-Person-Chatham	7/20/09	All 5	★
Pathways	7/17/09	All 5	★
Piedmont	7/20/09	All 5	★
Sandhills Center	7/20/09	All 5	★
Smoky Mountain	7/20/09	All 5	★
Southeastern Center	7/20/09	All 5	★
Southeastern Regional	7/20/09	All 5	★
Wake	7/17/09	All 5	★
Western Highlands	7/20/09	All 5	★

Number and Percent of LMEs that met the SFY 2009 Standard: 23 (95.8%)

**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  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 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	4th Qtr Report Due 8/31/09		
	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>
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.

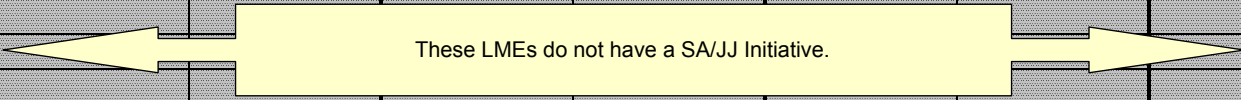
SFY 2009 Performance Contract Data/Report Submission Requirements  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 2009

### 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	4th Qtr Report Due 7/20/09						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham			7/7/09	Yes			★
Albemarle			7/6/09	Yes	7/6/09	Yes	★
CenterPoint	7/9/09	Yes	7/9/09	Yes			★
Crossroads			7/3/09	Yes			★
Cumberland	7/8/09	Yes	7/8/09	Yes			★
Durham	7/6/09	Yes	7/6/09	Yes			★
East Carolina Behavioral Health	7/9/09	Yes	7/9/09	Yes	7/9/09	Yes	★
Eastpointe			7/3/09	Yes	7/3/09	Yes	★
Five County			7/6/09	Yes			★
Guilford	7/10/09	Yes	7/10/09	Yes			★
Mecklenburg	7/6/09	Yes					★
Onslow-Carteret			7/6/09	Yes			★
Orange-Person-Chatham			7/3/09	Yes			★
Pathways	7/2/09	Yes					★
Piedmont			7/10/09	Yes			★
Sandhills Center	7/8/09	Yes	7/8/09	Yes			★
Smoky Mountain					7/9/09	Yes	★
Southeastern Center	7/6/09	Yes	7/6/09	Yes			★
Southeastern Regional			7/8/09	Yes	7/8/09	Yes	★
Wake	7/10/09	Yes	7/10/09	Yes			★
Western Highlands	7/9/09	Yes	7/9/09	Yes			★
Mental Health Partners							
Beacon Center							
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  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 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	4th Qtr Report Due 7/20/09		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham	7/20/09	Yes	★
Albemarle	Did not provide data		
Beacon Center	7/13/09	Yes	★
CenterPoint	7/14/09	Yes	★
Crossroads	7/14/09	Yes	★
Cumberland	7/13/09	Yes	★
Durham	7/16/09	Yes	★
East Carolina Behavioral Health	7/20/09	Yes	★
Eastpointe	7/16/09	Yes	★
Five County	7/20/09	Yes	★
Guilford	7/15/09	Yes	★
Johnston	7/21/09	Yes	★
Mecklenburg	7/13/09	Yes	★
Mental Health Partners	7/16/09	Yes	★
Onslow-Carteret	7/21/09	Yes	★
Orange-Person-Chatham	7/17/09	Yes	★
Pathways	7/16/09	Yes	★
Piedmont	7/2/09	Yes	★
Sandhills Center	7/22/09	Yes	★
Smoky Mountain	7/21/09	Yes	★
Southeastern Center	7/17/09	Yes	★
Southeastern Regional	7/20/09	Yes	★
Wake	7/17/09	Yes	★
Western Highlands	7/20/09	Yes	★

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

23 (95.8%)

**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  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 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	4th Qtr Report Due 7/15/09		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Complete	
Alamance-Caswell-Rockingham	7/14/09	Yes	★
Albemarle	7/1/09	Yes	★
Beacon Center	7/13/09	Yes	★
CenterPoint	7/15/09	Yes	★
Crossroads	7/15/09	Yes	★
Cumberland	7/15/09	Yes	★
Durham	7/13/09	Yes	★
East Carolina Behavioral Health	7/14/09	Yes	★
Eastpointe	7/13/09	Yes	★
Five County	7/15/09	Yes	★
Guilford	7/12/09	Yes	★
Johnston	7/10/09	Yes	★
Mecklenburg	7/15/09	Yes	★
Mental Health Partners	7/17/09	Yes	★
Onslow-Carteret	7/14/09	Yes	★
Orange-Person-Chatham	7/10/09	Yes	★
Pathways	7/15/09	Yes	★
Piedmont	7/15/09	Yes	★
Sandhills Center	7/15/09	Yes	★
Smoky Mountain	7/15/09	Yes	★
Southeastern Center	7/6/09	Yes	★
Southeastern Regional	7/9/09	Yes	★
Wake	7/15/09	Yes	★
Western Highlands	7/10/09	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.
2. ★ = Met the Performance Contract Standard.

SFY 2009 Performance Contract Data/Report Submission Requirements  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 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 (January 1, 2009 - March 31, 2009) 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 <sup>2</sup>
Alamance-Caswell-Rockingham	1,252	28	1,224	98%	★
Albemarle	0	0	0	0%	
Beacon Center	1,355	4	1,351	100%	★
CenterPoint	3,723	0	3,723	100%	★
Crossroads	2,179	4	2,175	100%	★
Cumberland	1,082	0	1,082	100%	★
Durham	1,396	0	1,396	100%	★
East Carolina Behavioral Health	1,493	32	1,461	98%	★
Eastpointe	185	0	185	100%	★
Five County	1,064	88	976	92%	★
Guilford	2,219	0	2,219	100%	★
Johnston	545	0	545	100%	★
Mecklenburg	966	0	966	100%	★
Mental Health Partners	1,664	59	1,605	96%	★
Onslow-Carteret	979	16	963	98%	★
Orange-Person-Chatham	630	4	626	99%	★
Pathways	968	0	968	100%	★
Piedmont	1,493	152	1,341	90%	★
Sandhills Center	1,847	2	1,845	100%	★
Smoky Mountain	2,683	3	2,680	100%	★
Southeastern Center	1,955	5	1,950	100%	★
Southeastern Regional	2,334	0	2,334	100%	★
Wake	804	0	804	100%	★
Western Highlands	2,533	1	2,532	100%	★
<b>TOTAL</b>	<b>35,349</b>	<b>398</b>	<b>34,951</b>	<b>99%</b>	<b>★</b>

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  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 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 July 31, 2009.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2009	Fourth Quarter Adm SFY2008	Monthly Average SFY2009	Monthly Average SFY2008
Alamance-Caswell-Rockingham	23051	273	192	160	625	474	208	158
Albemarle	43121	131	112	74	317	481	106	160
Beacon Center	43051	217	128	131	476	327	159	109
CenterPoint	23021	443	419	409	1,271	1,176	424	392
CrossRoads	23011	241	238	180	659	503	220	168
Cumberland	33051	249	214	164	627	611	209	204
Durham	23071	334	302	235	871	541	290	180
East Carolina Behavioral Health	43071	427	310	191	928	533	309	178
Eastpointe	43081	91	84	153	328	277	109	92
Five County	23081	123	119	123	365	154	122	51
Guilford	23041	412	365	388	1,165	873	388	291
Johnston	33071	120	135	134	389	384	130	128
Mecklenburg	13102	769	752	246	1,767	990	589	330
Mental Health Partners	13091	188	170	99	457	511	152	170
Onslow-Carteret	43021	165	154	136	455	462	152	154
Orange-Person-Chatham	23061	77	60	47	184	95	61	32
Pathways	13081	301	308	373	982	549	327	183
Piedmont	13121	516	412	417	1,345	1,059	448	353
Sandhills	33031	565	572	255	1,392	1,023	464	341
Smoky Mountain	13010	260	231	212	703	1,437	234	479
Southeastern Center	43011	174	159	128	461	486	154	162
Southerastern Regional	33041	317	268	214	799	623	266	208
Wake	33081	437	372	331	1,140	364	380	121
Western Highlands	13131	570	575	535	1,680	1,277	560	426
<b>TOTAL ADMISSIONS</b>		<b>7,400</b>	<b>6,651</b>	<b>5,335</b>	<b>19,386</b>	<b>15,210</b>	<b>6,462</b>	<b>5,070</b>

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 (January 1, 2009 - March 31, 2009) 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 <sup>2</sup>
Alamance-Caswell-Rockingham	708	2	706	100%	★
Albemarle	392	130	262	67%	
Beacon Center	568	0	568	100%	★
CenterPoint	1,434	0	1,434	100%	★
Crossroads	873	0	873	100%	★
Cumberland	741	24	717	97%	★
Durham	981	0	981	100%	★
East Carolina Behavioral Health	1,329	5	1,324	100%	★
Eastpointe	229	2	227	99%	★
Five County	402	0	402	100%	★
Guilford	1,128	21	1,107	98%	★
Johnston	454	0	454	100%	★
Mecklenburg	2,521	5	2,516	100%	★
Mental Health Partners	526	48	478	91%	★
Onslow-Carteret	545	17	528	97%	★
Orange-Person-Chatham	199	19	180	90%	★
Pathways	810	10	800	99%	★
Piedmont	1,664	8	1,656	100%	★
Sandhills Center	1,255	0	1,255	100%	★
Smoky Mountain	2,000	18	1,982	99%	★
Southeastern Center	555	7	548	99%	★
Southeastern Regional	1,060	1	1,059	100%	★
Wake	1,385	16	1,369	99%	★
Western Highlands	1,800	0	1,800	100%	★
<b>TOTAL</b>	<b>23,559</b>	<b>333</b>	<b>23,226</b>	<b>99%</b>	<b>★</b>

Number and Percent 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.

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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 (January 1, 2009 - March 31, 2009) 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 <sup>2</sup>
Alamance-Caswell-Rockingham	708	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	392	99%	100%	99%	100%	99%	100%	92%	99%	100%	100%	100%	★
Beacon Center	568	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,434	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	873	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	741	100%	99%	100%	100%	99%	100%	98%	100%	100%	100%	100%	★
Durham	981	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,329	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Eastpointe	229	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	402	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,128	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Johnston	454	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	2,521	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	526	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	★
Onslow-Carteret	545	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	199	100%	99%	100%	100%	100%	100%	99%	100%	100%	100%	99%	★
Pathways	810	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	1,654	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,255	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	2,000	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Southeastern Center	555	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	1,060	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,385	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	★
Western Highlands	1,800	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>23,549</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>★</b>

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 (January 1, 2009 - March 31, 2009) 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 <sup>2</sup>
Alamance-Caswell-Rockingham	115	100%	100%	100%	100%	100%	★
Albemarle	434	100%	100%	100%	100%	100%	★
Beacon Center	285	99%	99%	99%	99%	99%	★
CenterPoint	1,316	100%	100%	100%	100%	100%	★
Crossroads	268	85%	85%	85%	85%	85%	
Cumberland	542	99%	100%	100%	98%	99%	★
Durham	861	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	140	99%	100%	100%	96%	100%	★
Eastpointe	95	100%	100%	100%	100%	100%	★
Five County	57	100%	100%	100%	100%	100%	★
Guilford	979	100%	100%	100%	100%	100%	★
Johnston	233	100%	100%	100%	100%	100%	★
Mecklenburg	1,105	100%	100%	100%	100%	100%	★
Mental Health Partners	320	100%	100%	100%	100%	100%	★
Onslow-Carteret	165	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	42	21%	21%	21%	21%	21%	
Pathways	299	100%	100%	100%	99%	100%	★
Piedmont	1,016	100%	100%	100%	100%	100%	★
Sandhills Center	1,053	100%	100%	100%	100%	100%	★
Smoky Mountain	168	92%	92%	92%	92%	92%	★
Southeastern Center	17	100%	100%	100%	100%	100%	★
Southeastern Regional	607	100%	100%	100%	100%	100%	★
Wake	73	100%	100%	100%	0%	100%	
Western Highlands	1,576	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>11,766</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>98%</b>	<b>99%</b>	<b>★</b>

Number and Pct 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.

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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 (January 1, 2009 - March 31, 2009) 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 <sup>3</sup>	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	1,385	50	1,335	96%	★
Albemarle	541	60	481	89%	
Beacon Center	653	33	620	95%	★
CenterPoint	2,040	9	2,031	100%	★
Crossroads	1,937	83	1,854	96%	★
Cumberland	1,067	3	1,064	100%	★
Durham	1,312	1	1,311	100%	★
East Carolina Behavioral Health	2,103	103	2,000	95%	★
Eastpointe	1,097	178	919	84%	
Five County	1,463	22	1,441	98%	★
Guilford	2,236	3	2,233	100%	★
Johnston	1,060	4	1,056	100%	★
Mecklenburg	2,793	161	2,632	94%	★
Mental Health Partners	1,955	362	1,593	81%	
Onslow-Carteret	1,107	0	1,107	100%	★
Orange-Person-Chatham	683	278	405	59%	
Pathways	1,535	76	1,459	95%	★
Piedmont	3,087	348	2,739	89%	
Sandhills Center	3,016	19	2,997	99%	★
Smoky Mountain	3,134	444	2,690	86%	
Southeastern Center	1,423	3	1,420	100%	★
Southeastern Regional	1,020	2	1,018	100%	★
Wake	2,835	167	2,668	94%	★
Western Highlands	2,832	10	2,822	100%	★
<b>TOTAL</b>	<b>42,314</b>	<b>2,419</b>	<b>39,895</b>	<b>94%</b>	<b>★</b>

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

18 (75%)

**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, ASHOM, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (January 1, 2009 - March 31, 2009) 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 <sup>3</sup>	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	217	0	217	100%	★
Albemarle	84	8	76	90%	★
Beacon Center	131	0	131	100%	★
CenterPoint	713	1	712	100%	★
Crossroads	279	4	275	99%	★
Cumberland	198	10	188	95%	★
Durham	471	0	471	100%	★
East Carolina Behavioral Health	898	40	858	96%	★
Eastpointe	196	17	179	91%	★
Five County	303	22	281	93%	★
Guilford	688	6	682	99%	★
Johnston	123	1	122	99%	★
Mecklenburg	1,206	54	1,152	96%	★
Mental Health Partners	254	12	242	95%	★
Onslow-Carteret	131	3	128	98%	★
Orange-Person-Chatham	61	5	56	92%	★
Pathways	243	16	227	93%	★
Piedmont	584	189	395	68%	
Sandhills Center	559	8	551	99%	★
Smoky Mountain	482	72	410	85%	
Southeastern Center	459	5	454	99%	★
Southeastern Regional	238	0	238	100%	★
Wake	738	21	717	97%	★
Western Highlands	744	8	736	99%	★
<b>TOTAL</b>	<b>10,000</b>	<b>502</b>	<b>9,498</b>	<b>95%</b>	<b>★</b>

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.
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 (January 1, 2009 - March 31, 2009) 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 <sup>3</sup>	Number <u>with</u> Appropriate Activity or an Episode Completion Record <sup>4</sup>	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	103	55	48	47%	
Albemarle	21	2	19	90%	★
Beacon Center	62	4	58	94%	★
CenterPoint	415	18	397	96%	★
Crossroads	106	3	103	97%	★
Cumberland	131	14	117	89%	
Durham	211	2	209	99%	★
East Carolina Behavioral Health	1,097	178	919	84%	
Eastpointe	30	8	22	73%	
Five County	114	7	107	94%	★
Guilford	237	39	198	84%	
Johnston	47	0	47	100%	★
Mecklenburg	293	10	283	97%	★
Mental Health Partners	118	5	113	96%	★
Onslow-Carteret	66	11	55	83%	
Orange-Person-Chatham	11	7	4	36%	
Pathways	117	84	33	28%	
Piedmont	234	99	135	58%	
Sandhills Center	192	2	190	99%	★
Smoky Mountain	184	11	173	94%	★
Southeastern Center	129	71	58	45%	
Southeastern Regional	176	3	173	98%	★
Wake	228	101	127	56%	
Western Highlands	336	32	304	90%	★
<b>TOTAL</b>	<b>4,658</b>	<b>766</b>	<b>3,892</b>	<b>84%</b>	

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

13 (54.2%)

**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 <sup>3</sup>	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met <sup>2</sup>
		# of Initial Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
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 <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell-Rockingham	310	270	87.1%	123	39.7%	
Albemarle	543	533	98.2%	372	68.5%	
Beacon Center	492	484	98.4%	298	60.6%	
CenterPoint	884	836	94.6%	669	75.7%	
Crossroads	356	348	97.8%	159	44.7%	
Cumberland	436	390	89.4%	233	53.4%	
Durham	873	738	84.5%	441	50.5%	
East Carolina Behavioral Health	1,047	1,030	98.4%	771	73.6%	
Eastpointe	577	569	98.6%	394	68.3%	
Five County	401	399	99.5%	330	82.3%	
Guilford	655	534	81.5%	293	44.7%	
Johnston	156	130	83.3%	54	34.6%	
Mecklenburg	1,322	1,238	93.6%	908	68.7%	
Mental Health Partners	398	393	98.7%	273	68.6%	
Onslow-Carteret	353	353	100.0%	256	72.5%	
Orange-Person-Chatham	273	267	97.8%	190	69.6%	
Pathways	873	870	99.7%	660	75.6%	
Piedmont	883	845	95.7%	490	55.5%	
Sandhills Center	814	802	98.5%	453	55.7%	
Smoky Mountain	542	361	66.6%	172	31.7%	
Southeastern Center	814	811	99.6%	748	91.9%	★
Southeastern Regional	1,081	1,076	99.5%	626	57.9%	
Wake	937	817	87.2%	312	33.3%	
Western Highlands	956	663	69.4%	349	36.5%	
<b>Totals</b>	<b>15,976</b>	<b>14,757</b>	<b>92.4%</b>	<b>9,574</b>	<b>59.9%</b>	

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

1 (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 <sup>2</sup>
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old <sup>1</sup>	
Alamance-Caswell-Rockingham	435	430	98.9%	★
Albemarle	548	541	98.7%	★
Beacon Center	858	858	100.0%	★
CenterPoint	1,519	1,519	100.0%	★
Crossroads	742	709	95.6%	★
Cumberland	714	714	100.0%	★
Durham	714	679	95.1%	★
East Carolina Behavioral Health	1,391	1,391	100.0%	★
Eastpointe	1,008	986	97.8%	★
Five County	659	658	99.8%	★
Guilford	1,221	1,221	100.0%	★
Johnston	329	329	100.0%	★
Mecklenburg	1,979	1,973	99.7%	★
Mental Health Partners	661	626	94.7%	★
Onslow-Carteret	438	435	99.3%	★
Orange-Person-Chatham	804	726	90.3%	★
Pathways	1,569	1,553	99.0%	★
Piedmont				
Sandhills Center	1,058	1,056	99.8%	★
Smoky Mountain	1,276	1,276	100.0%	★
Southeastern Center	1,092	1,092	100.0%	★
Southeastern Regional	846	846	100.0%	★
Wake	1,978	1,957	98.9%	★
Western Highlands	1,782	1,778	99.8%	★
Totals	23,621	23,353	98.9%	★

Number and Percent 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.

SFY 2009 Performance Contract Data/Report Submission Requirements  
 Fourth Quarter Report  
 April 1, 2009 - June 30, 2009

**18. 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 2009 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 7/20/09)			Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell-Rockingham	7/14/09	Yes	Yes	★
Albemarle	Did not provide report			
Beacon Center	7/20/09	Yes	Yes	★
CenterPoint	7/17/09	Yes	Yes	★
Crossroads	7/20/09	Yes	Yes	★
Cumberland	7/20/09	Yes	Yes	★
Durham	7/20/09	Yes	Yes	★
East Carolina Behavioral Health	7/20/09	Yes	Yes	★
Eastpointe	7/17/09	Yes	Yes	★
Five County	7/15/09	Yes	Yes	★
Guilford	7/17/09	Yes	Yes	★
Johnston	7/20/09	Yes	Yes	★
Mecklenburg	7/20/09	Yes	Yes	★
Mental Health Partners	7/17/09	Yes	Yes	★
Onslow-Carteret	7/20/09	Yes	Yes	★
Orange-Person-Chatham	7/14/09	Yes	Yes	★
Pathways	7/20/09	Yes	Yes	★
Piedmont	6/30/09	Yes	Yes	★
Sandhills Center	7/17/09	Yes	Yes	★
Smoky Mountain	7/20/09	Yes	Yes	★
Southeastern Center	7/20/09	Yes	Yes	★
Southeastern Regional	7/20/09	Yes	Yes	★
Wake	7/20/09	Yes	Yes	★
Western Highlands	7/17/09	Yes	Yes	★

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

23 (95.8%)

**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.

SFY 2009 Performance Contract Data/Report Submission Requirements  
Fourth Quarter Report  
April 1, 2009 - June 30, 2009

**19. National Core Indicators (NCI) Consents And Pre-Surveys**

**Performance Requirement:** The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME will also submit information needed for the mailed survey. All submissions are complete.

**SFY 2009 Standard:** 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

Local Management Entity	Timeliness of Submission		Completeness (# Forms Received / # Expected)			Standard Met <sup>2</sup>
	Pre-Surveys & Consents	Mailed Surveys	# Received	# Expected	% Complete <sup>1</sup>	
Alamance-Caswell-Rockingham	Received On-Time	Received On-Time	30	40	75.0%	★
Albemarle	Received On-Time	Received On-Time	42	40	105.0%	★
Beacon Center	Received On-Time	Received On-Time	45	40	112.5%	★
CenterPoint	Received On-Time	Received On-Time	40	40	100.0%	★
Crossroads	Received On-Time	Received On-Time	43	40	107.5%	★
Cumberland	Received On-Time	Received On-Time	43	40	107.5%	★
Durham	Received On-Time	Received On-Time	41	40	102.5%	★
East Carolina Behavioral Health	Received On-Time	Received On-Time	40	40	100.0%	★
Eastpointe	Received On-Time	Received On-Time	39	40	97.5%	★
Five County	Received On-Time	Received On-Time	41	40	102.5%	★
Guilford	Received On-Time	Received On-Time	40	40	100.0%	★
Johnston	Received On-Time	Received On-Time	43	40	107.5%	★
Mecklenburg	Received On-Time	Received On-Time	65	40	162.5%	★
Mental Health Partners	Received On-Time	Received On-Time	40	40	100.0%	★
Onslow-Carteret	Received On-Time	Received On-Time	34	40	85.0%	★
Orange-Person-Chatham	Received On-Time	Received On-Time	42	40	105.0%	★
Pathways	Received On-Time	Received On-Time	34	40	85.0%	★
Piedmont	Received On-Time	Received On-Time	35	40	87.5%	★
Sandhills Center	Received On-Time	Received On-Time	53	40	132.5%	★
Smoky Mountain	Received On-Time	Received On-Time	40	40	100.0%	★
Southeastern Center	Received On-Time	Received On-Time	40	40	100.0%	★
Southeastern Regional	Received On-Time	Received On-Time	41	40	102.5%	★
Wake	Received On-Time	Received On-Time	40	40	100.0%	★
Western Highlands	Received On-Time	Received On-Time	43	40	107.5%	★
<b>Totals</b>			<b>994</b>	<b>960</b>	<b>103.5%</b>	

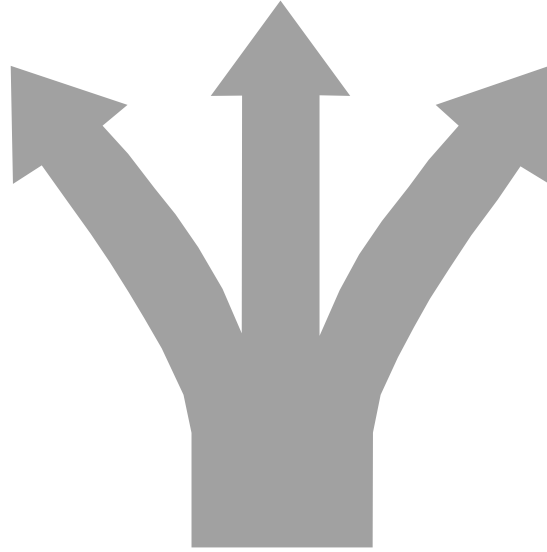
Number and Percent of LMEs that met the SFY 2009 Standard:

24 (100%)

**Notes:**

1. Percentages less than 75% 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!**

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