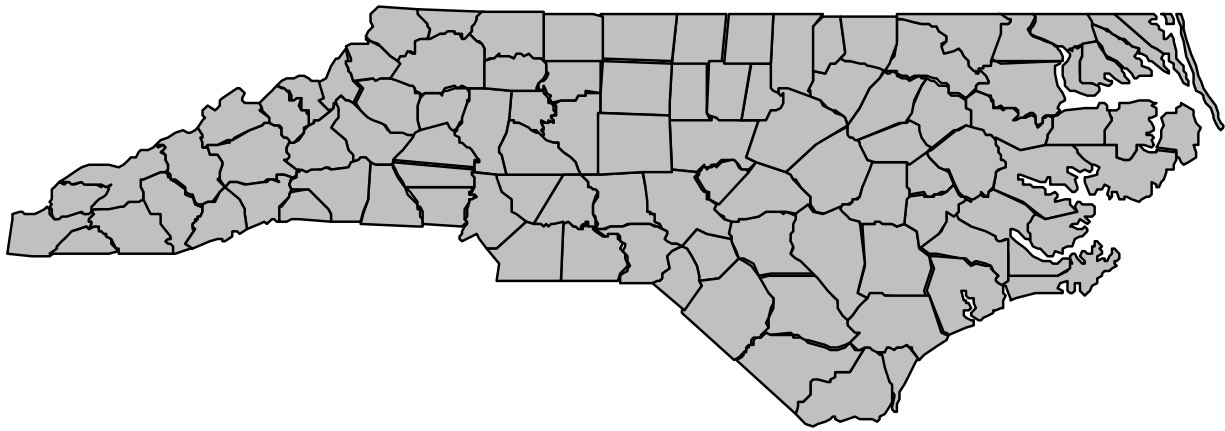


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**Second Quarter Report
October 1, 2008 - December 31, 2008**



Prepared by

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North Carolina Department of Health and Human Services

February 2009



SFY 2009 Performance Contract
Report/Data Submission Requirements
Second Quarter Report

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Introduction

This is the **Second 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 97% of the five report submission requirements and 69% of the 10 data submission requirements of the 15 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
Second Quarter Report
 October 1, 2008 - December 31, 2008

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	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	5	5	100%	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Albemarle	3	5	60%		★	★	★		3	33%	★			★						★
Beacon Center	4	4	100%	★	N/A	★	★	★	8	89%	★	★	★	★	★	★				★
CenterPoint	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Crossroads	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Cumberland	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Durham	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
East Carolina Behavioral Health	5	5	100%	★	★	★	★	★	6	67%	★	★	★	★	★					★
Eastpointe	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Five County	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Guilford	5	5	100%	★	★	★	★	★	7	78%	★	★	★	★	★					★
Johnston	4	4	100%	★	N/A	★	★	★	8	89%	★	★	★	★	★	★				★
Mecklenburg	5	5	100%	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Mental Health Partners	4	4	100%	★	N/A	★	★	★	7	78%	★	★	★	★	★	★				★
Onslow-Carteret	5	5	100%	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Orange-Person-Chatham	5	5	100%	★	★	★	★	★	2	22%			★							★
Pathways	5	5	100%	★	★	★	★	★	7	78%	★	★	★	★	★	★				★
Piedmont	3	5	60%	★	★	★			6	67%	★	★	★		★	★				★
Sandhills Center	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Smoky Mountain	5	5	100%	★	★	★	★	★	6	67%	★	★	★	★	★					★
Southeastern Center	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★		★		★
Southeastern Regional	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Wake	5	5	100%	★	★	★	★	★	5	56%	★	★	★		★					★
Western Highlands	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
STATEWIDE - Number			97%	23	21	24	23	22		77%	23	22	23	19	20	22	12	0	1	24
STATEWIDE - Percent				95.8%	100.0%	100.0%	95.8%	91.7%			95.8%	91.7%	95.8%	79.2%	83.3%	91.7%	50.0%	0.0%	4.2%	100.0%

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
 Second Quarter Report
 October 1, 2008 - December 31, 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 2009 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	2nd Qtr Report Due 1/20/09		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	1/20/09	All 5	★
Albemarle	1/20/09	<5	
Beacon Center	1/20/09	All 5	★
CenterPoint	1/20/09	All 5	★
Crossroads	1/15/09	All 5	★
Cumberland	1/19/09	All 5	★
Durham	1/20/09	All 5	★
East Carolina Behavioral Health	1/13/09	All 5	★
Eastpointe	1/20/09	All 5	★
Five County	1/20/09	All 5	★
Guilford	1/20/09	All 5	★
Johnston	1/20/09	All 5	★
Mecklenburg	1/20/09	All 5	★
Mental Health Partners	1/16/09	All 5	★
Onslow-Carteret	1/16/09	All 5	★
Orange-Person-Chatham	1/16/09	All 5	★
Pathways	1/20/09	All 5	★
Piedmont	1/20/09	All 5	★
Sandhills Center	1/19/09	All 5	★
Smoky Mountain	1/20/09	All 5	★
Southeastern Center	1/20/09	All 5	★
Southeastern Regional	1/20/09	All 5	★
Wake	1/16/09	All 5	★
Western Highlands	1/20/09	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
 Second Quarter Report
 October 1, 2008 - December 31, 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 2009 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	2nd Qtr Report Due 2/20/09		
	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 **Second** Quarter's results will be provided in the **Third** 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
 Second Quarter Report
 October 1, 2008 - December 31, 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 2009 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/09						
	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			1/15/09	Yes			★
Albemarle			1/14/09	Yes	1/14/09	Yes	★
CenterPoint	1/20/09	Yes	1/20/09	Yes			★
Crossroads			1/16/09	Yes			★
Cumberland	1/13/09	Yes	1/13/09	Yes			★
Durham	1/15/09	Yes	1/15/09	Yes			★
East Carolina Behavioral Health	1/20/09	Yes	1/20/09	Yes	1/20/09	Yes	★
Eastpointe			1/20/09	Yes	1/20/09	Yes	★
Five County			1/16/09	Yes			★
Guilford	1/20/09	Yes	1/20/09	Yes			★
Mecklenburg	1/20/09	Yes					★
Onslow-Carteret			1/14/09	Yes			★
Orange-Person-Chatham			1/20/09	Yes			★
Pathways	1/15/09	Yes					★
Piedmont			1/14/09	Yes			★
Sandhills Center	1/15/09	Yes	1/15/09	Yes			★
Smoky Mountain					1/20/09	Yes	★
Southeastern Center	1/16/09	Yes	1/16/09	Yes			★
Southeastern Regional			1/20/09	Yes	1/20/09	Yes	★
Wake	1/20/09	Yes	1/20/09	Yes			★
Western Highlands	1/20/09	Yes	1/20/09	Yes			★
Mental Health Partners	<div style="border: 1px solid black; background-color: #ffffcc; padding: 10px; display: inline-block;"> These LMEs do not have a SA/JJ Initiative. </div>						
Beacon Center							
Johnston							

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
 Second Quarter Report
 October 1, 2008 - December 31, 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 2009 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/09		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	1/26/09	Yes	★
Albemarle	1/16/09	Yes	★
Beacon Center	1/14/09	Yes	★
CenterPoint	1/14/09	Yes	★
Crossroads	1/16/09	Yes	★
Cumberland	1/21/09	Yes	★
Durham	1/20/09	Yes	★
East Carolina Behavioral Health	1/14/09	Yes	★
Eastpointe	1/13/09	Yes	★
Five County	1/20/09	Yes	★
Guilford	1/13/09	Yes	★
Johnston	1/15/09	Yes	★
Mecklenburg	1/15/09	Yes	★
Mental Health Partners	1/14/09	Yes	★
Onslow-Carteret	1/16/09	Yes	★
Orange-Person-Chatham	1/14/09	Yes	★
Pathways	1/14/09	Yes	★
Piedmont	1/14/09	Yes	★
Sandhills Center	1/16/09	Yes	★
Smoky Mountain	1/21/09	Yes	★
Southeastern Center	1/21/09	Yes	★
Southeastern Regional	1/21/09	Yes	★
Wake	1/16/09	Yes	★
Western Highlands	1/16/09	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
 Second Quarter Report
 October 1, 2008 - December 31, 2008

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	2nd Qtr Report Due 1/15/09		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell-Rockingham	1/14/09	Yes	★
Albemarle	1/13/09	Yes	★
Beacon Center	1/15/09	Yes	★
CenterPoint	1/15/09	Yes	★
Crossroads	1/15/09	Yes	★
Cumberland	1/14/09	Yes	★
Durham	1/13/09	Yes	★
East Carolina Behavioral Health	1/15/09	Yes	★
Eastpointe	1/12/09	Yes	★
Five County	1/15/09	Yes	★
Guilford	1/7/09	Yes	★
Johnston	1/15/09	Yes	★
Mecklenburg	1/16/09	Yes	★
Mental Health Partners	1/15/09	Yes	★
Onslow-Carteret	1/13/09	Yes	★
Orange-Person-Chatham	1/9/09	Yes	★
Pathways	1/14/09	Yes	★
Piedmont	1/23/09	Yes	
Sandhills Center	1/8/09	Yes	★
Smoky Mountain	1/15/09	Yes	★
Southeastern Center	1/13/09	Yes	★
Southeastern Regional	1/15/09	Yes	★
Wake	1/15/09	Yes	★
Western Highlands	1/12/09	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 >7 days after the due date.
2. ★ = Met the Performance Contract Standard.

SFY 2009 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2008 - December 31, 2008

**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 (July 1, 2008 - September 30, 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	1,160	35	1,125	97%	★
Albemarle	195	0	195	100%	★
Beacon Center	1,162	8	1,154	99%	★
CenterPoint	4,009	9	4,000	100%	★
Crossroads	2,382	4	2,378	100%	★
Cumberland	937	0	937	100%	★
Durham	1,252	0	1,252	100%	★
East Carolina Behavioral Health	1,185	38	1,147	97%	★
Eastpointe	1,193	0	1,193	100%	★
Five County	641	2	639	100%	★
Guilford	1,663	10	1,653	99%	★
Johnston	433	0	433	100%	★
Mecklenburg	850	0	850	100%	★
Mental Health Partners	1,167	25	1,142	98%	★
Onslow-Carteret	892	34	858	96%	★
Orange-Person-Chatham	558	89	469	84%	
Pathways	1,431	39	1,392	97%	★
Piedmont	1,498	322	1,466	98%	★
Sandhills Center	2,081	8	2,073	100%	★
Smoky Mountain	4,715	11	4,704	100%	★
Southeastern Center	1,525	3	1,522	100%	★
Southeastern Regional	1,852	1	1,851	100%	★
Wake	52	0	52	100%	★
Western Highlands	1,774	3	1,771	100%	★
TOTAL	34,607	641	34,256	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
 Second Quarter Report
 October 1, 2008 - December 31, 2008

**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 January 31, 2009.

Local Management Entity	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2009	Second Quarter Adm SFY2008	Monthly Average SFY2009	Monthly Average SFY2008
Alamance-Caswell-Rockingham	23051	259	197	230	686	377	229	126
Albemarle	43121	92	175	160	427	292	142	97
Beacon Center	43051	113	140	158	411	123	137	41
CenterPoint	23021	603	479	454	1,536	666	512	222
CrossRoads	23011	355	247	218	820	492	273	164
Cumberland	33051	211	153	173	537	589	179	196
Durham	23071	368	276	260	904	506	301	169
East Carolina Behavioral Health	43071	394	335	317	1,046	552	349	184
Eastpointe	43081	102	142	126	370	314	123	105
Five County	23081	106	88	68	262	0	87	0
Guilford	23041	382	308	316	1,006	779	335	260
Johnston	33071	146	125	129	400	401	133	134
Mecklenburg	13102	946	832	784	2,562	1,015	854	338
Mental Health Partners	13091	149	175	109	433	461	144	154
Onslow-Carteret	43021	153	153	88	394	426	131	142
Orange-Person-Chatham	23061	27	35	51	113	145	38	48
Pathways	13081	342	257	264	863	577	288	192
Piedmont	13121	515	372	423	1,310	1,218	437	406
Sandhills	33031	512	393	372	1,277	992	426	331
Smoky Mountain	13010	770	632	662	2,064	1,062	688	354
Southeastern Center	43011	206	195	193	594	786	198	262
Southerastern Regional	33041	265	255	260	780	670	260	223
Wake	33081	458	363	341	1,162	877	387	292
Western Highlands	13131	764	638	610	2,012	1,296	671	432
TOTAL ADMISSIONS		8,238	6,965	6,766	21,969	14,616	7,323	4,872

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

SFY 2009 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2008 - December 31, 2008

**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 (July 1, 2008 - September 30, 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	672	2	670	100%	★
Albemarle	619	70	549	89%	
Beacon Center	502	1	501	100%	★
CenterPoint	1,363	1	1,362	100%	★
Crossroads	679	3	676	100%	★
Cumberland	638	2	636	100%	★
Durham	843	4	839	100%	★
East Carolina Behavioral Health	964	13	951	99%	★
Eastpointe	473	2	471	100%	★
Five County	231	0	231	100%	★
Guilford	1,027	32	995	97%	★
Johnston	384	0	384	100%	★
Mecklenburg	1,275	13	1,262	99%	★
Mental Health Partners	610	5	605	99%	★
Onslow-Carteret	510	13	497	97%	★
Orange-Person-Chatham	110	26	84	76%	
Pathways	535	24	511	96%	★
Piedmont	1,451	28	1,423	98%	★
Sandhills Center	1,280	2	1,278	100%	★
Smoky Mountain	2,644	38	2,606	99%	★
Southeastern Center	552	13	539	98%	★
Southeastern Regional	790	0	790	100%	★
Wake	1,170	43	1,127	96%	★
Western Highlands	1,757	2	1,755	100%	★
TOTAL	21,079	337	20,742	98%	★

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 (July 1, 2008 - September 30, 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	672	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	577	100%	100%	99%	100%	100%	100%	89%	99%	100%	100%	100%	
Beacon Center	562	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,363	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	679	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	638	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Durham	843	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	964	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	★
Eastpointe	473	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	231	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	★
Guilford	1,027	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Johnston	384	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Mecklenburg	1,275	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%	★
Mental Health Partners	610	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	★
Onslow-Carteret	510	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	110	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	★
Pathways	535	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	1,524	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,280	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	2,644	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	552	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	790	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,096	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	99%	★
Western Highlands	1,757	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	21,096	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★

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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**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 (July 1, 2008 - September 30, 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	208	100%	100%	100%	100%	100%	★
Albemarle	600	98%	99%	99%	86%	99%	
Beacon Center	253	100%	100%	100%	100%	100%	★
CenterPoint	827	100%	100%	100%	100%	100%	★
Crossroads	353	99%	100%	100%	100%	100%	★
Cumberland	534	99%	100%	100%	99%	100%	★
Durham	584	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	Not Reported						
Eastpointe	103	100%	100%	100%	100%	100%	★
Five County	23	100%	100%	100%	100%	100%	★
Guilford	529	100%	100%	100%	100%	100%	★
Johnston	366	100%	100%	100%	100%	100%	★
Mecklenburg	80	100%	100%	100%	100%	100%	★
Mental Health Partners	402	100%	100%	100%	99%	100%	★
Onslow-Carteret	964	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	15	80%	80%	80%	80%	80%	
Pathways	313	97%	100%	100%	96%	100%	★
Piedmont	Not Reported						
Sandhills Center	508	100%	100%	100%	100%	100%	★
Smoky Mountain	289	96%	96%	96%	91%	96%	★
Southeastern Center	17	100%	100%	100%	100%	100%	★
Southeastern Regional	339	100%	100%	100%	100%	100%	★
Wake	5	100%	100%	100%	0%	0%	
Western Highlands	1,729	100%	100%	100%	100%	100%	★
TOTAL	9,041	100%	100%	100%	98%	100%	★

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

19 (79.2%)

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 (July 1, 2008 - September 30, 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	1,207	54	1,153	96%	★
Albemarle	915	92	823	90%	★
Beacon Center	656	28	628	96%	★
CenterPoint	1,856	17	1,839	99%	★
Crossroads	1,661	145	1,516	91%	★
Cumberland	1,078	7	1,071	99%	★
Durham	1,306	2	1,304	100%	★
East Carolina Behavioral Health	1,885	136	1,749	93%	★
Eastpointe	1,071	89	982	92%	★
Five County	1,296	60	1,236	95%	★
Guilford	2,099	7	2,092	100%	★
Johnston	924	5	919	99%	★
Mecklenburg	2,275	70	2,205	97%	★
Mental Health Partners	1,681	144	1,537	91%	★
Onslow-Carteret	1,069	0	1,069	100%	★
Orange-Person-Chatham	526	225	301	57%	
Pathways	1,487	89	1,398	94%	★
Piedmont	2,955	564	2,391	81%	
Sandhills Center	2,909	17	2,892	99%	★
Smoky Mountain	2,759	555	2,204	80%	
Southeastern Center	1,502	8	1,494	99%	★
Southeastern Regional	1,089	4	1,085	100%	★
Wake	2,776	396	2,380	86%	
Western Highlands	2,668	13	2,655	100%	★
TOTAL	39,650	2,727	36,923	93%	★

Number and Percent of LMEs that met the SFY 2009 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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**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: 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 (July 1, 2008 - September 30, 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	164	13	151	92%	★
Albemarle	134	24	110	82%	
Beacon Center	123	2	121	98%	★
CenterPoint	474	3	471	99%	★
Crossroads	225	3	222	99%	★
Cumberland	185	3	182	98%	★
Durham	324	0	324	100%	★
East Carolina Behavioral Health	761	51	710	93%	★
Eastpointe	139	5	134	96%	★
Five County	177	0	177	100%	★
Guilford	465	2	463	100%	★
Johnston	33	0	33	100%	★
Mecklenburg	647	58	589	91%	★
Mental Health Partners	249	7	242	97%	★
Onslow-Carteret	233	12	221	95%	★
Orange-Person-Chatham	64	14	50	78%	
Pathways	297	13	284	96%	★
Piedmont	200	4	196	98%	★
Sandhills Center	558	6	552	99%	★
Smoky Mountain	511	14	497	97%	★
Southeastern Center	431	4	427	99%	★
Southeastern Regional	177	0	177	100%	★
Wake	565	58	507	90%	★
Western Highlands	572	1	571	100%	★
TOTAL	7,708	297	7,411	96%	★

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 (July 1, 2008 - September 30, 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	66	29	37	56%	
Albemarle	62	24	38	61%	
Beacon Center	65	1	64	98%	★
CenterPoint	354	26	328	93%	★
Crossroads	118	7	111	94%	★
Cumberland	116	12	104	90%	★
Durham	153	5	148	97%	★
East Carolina Behavioral Health	216	169	47	22%	
Eastpointe	70	1	69	99%	★
Five County	53	5	48	91%	★
Guilford	209	112	97	46%	
Johnston	16	1	15	94%	★
Mecklenburg	288	55	233	81%	
Mental Health Partners	172	45	127	74%	
Onslow-Carteret	108	26	82	76%	
Orange-Person-Chatham	Did not submit data				
Pathways	91	58	33	36%	
Piedmont	207	21	186	90%	★
Sandhills Center	252	11	241	96%	★
Smoky Mountain	261	190	71	27%	
Southeastern Center	118	76	42	36%	
Southeastern Regional	115	1	114	99%	★
Wake	164	95	69	42%	
Western Highlands	303	14	289	95%	★
TOTAL	3,577	984	2,593	72%	

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

12 (50%)

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.

**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	274	199	72.6%	106	38.7%	
Albemarle	577	550	95.3%	354	61.4%	
Beacon Center	498	463	93.0%	356	71.5%	
CenterPoint	899	832	92.5%	559	62.2%	
Crossroads	185	154	83.2%	73	39.5%	
Cumberland	503	390	77.5%	271	53.9%	
Durham	760	674	88.7%	361	47.5%	
East Carolina Behavioral Health	1,448	1,314	90.7%	988	68.2%	
Eastpointe	584	544	93.2%	291	49.8%	
Five County	561	499	88.9%	317	56.5%	
Guilford	603	516	85.6%	288	47.8%	
Johnston	123	85	69.1%	49	39.8%	
Mecklenburg	1,509	1,340	88.8%	977	64.7%	
Mental Health Partners	413	369	89.3%	229	55.4%	
Onslow-Carteret	288	273	94.8%	146	50.7%	
Orange-Person-Chatham	252	220	87.3%	135	53.6%	
Pathways	818	760	92.9%	513	62.7%	
Piedmont	409	384	93.9%	151	36.9%	
Sandhills Center	743	622	83.7%	341	45.9%	
Smoky Mountain	450	207	46.0%	117	26.0%	
Southeastern Center	715	698	97.6%	644	90.1%	★
Southeastern Regional	1,294	1,111	85.9%	786	60.7%	
Wake	851	637	74.9%	338	39.7%	
Western Highlands	929	604	65.0%	227	24.4%	
Totals	15,686	13,445	85.7%	8,617	54.9%	

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 ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	645	634	98.3%	★
Albemarle	557	555	99.6%	★
Beacon Center	847	847	100.0%	★
CenterPoint	643	590	91.8%	★
Crossroads	1,342	1,330	99.1%	★
Cumberland	728	678	93.1%	★
Durham	675	664	98.4%	★
East Carolina Behavioral Health	695	678	97.6%	★
Eastpointe	1,305	1,305	100.0%	★
Five County	1,041	944	90.7%	★
Guilford	695	681	98.0%	★
Johnston	1,147	1,147	100.0%	★
Mecklenburg	341	338	99.1%	★
Mental Health Partners	1,990	1,982	99.6%	★
Onslow-Carteret	643	590	91.8%	★
Orange-Person-Chatham	424	424	100.0%	★
Pathways	791	725	91.7%	★
Piedmont	1,564	1,544	98.7%	★
Sandhills Center	1,074	1,056	98.3%	★
Smoky Mountain	1,236	1,235	99.9%	★
Southeastern Center	1,048	1,048	100.0%	★
Southeastern Regional	801	796	99.4%	★
Wake	1,961	1,919	97.9%	★
Western Highlands	1,738	1,702	97.9%	★
Totals	23,931	23,412	97.8%	★

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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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.

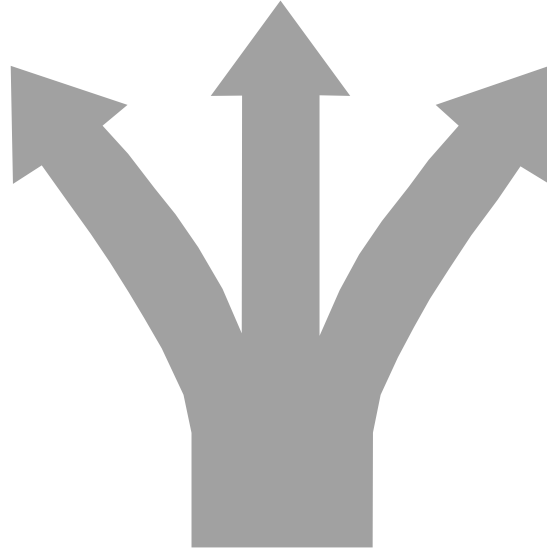
Local Management Entity	Mid-Year Report (Due 1/20/09)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell-Rockingham	1/20/09	Yes	Yes	★
Albemarle	Did Not Submit Report			
Beacon Center	1/9/09	Yes	Yes	★
CenterPoint	1/16/09	Yes	Yes	★
Crossroads	1/20/09	Yes	Yes	★
Cumberland	1/20/09	Yes	Yes	★
Durham	1/20/09	Yes	Yes	★
East Carolina Behavioral Health	1/13/09	Yes	Yes	★
Eastpointe	1/20/09	Yes	Yes	★
Five County	1/20/09	Yes	Yes	★
Guilford	1/16/09	Yes	Yes	★
Johnston	1/14/09	Yes	Yes	★
Mecklenburg	1/16/09	Yes	Yes	★
Mental Health Partners	1/16/09	Yes	Yes	★
Onslow-Carteret	1/16/09	Yes	Yes	★
Orange-Person-Chatham	1/14/09	Yes	Yes	★
Pathways	1/16/09	Yes	Yes	★
Piedmont	2/25/09	Yes	No	
Sandhills Center	1/15/09	Yes	Yes	★
Smoky Mountain	1/16/09	Yes	Yes	★
Southeastern Center	1/20/09	Yes	Yes	★
Southeastern Regional	1/16/09	Yes	Yes	★
Wake	1/16/09	Yes	Yes	★
Western Highlands	1/20/09	Yes	Yes	★

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

22 (91.7%)

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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