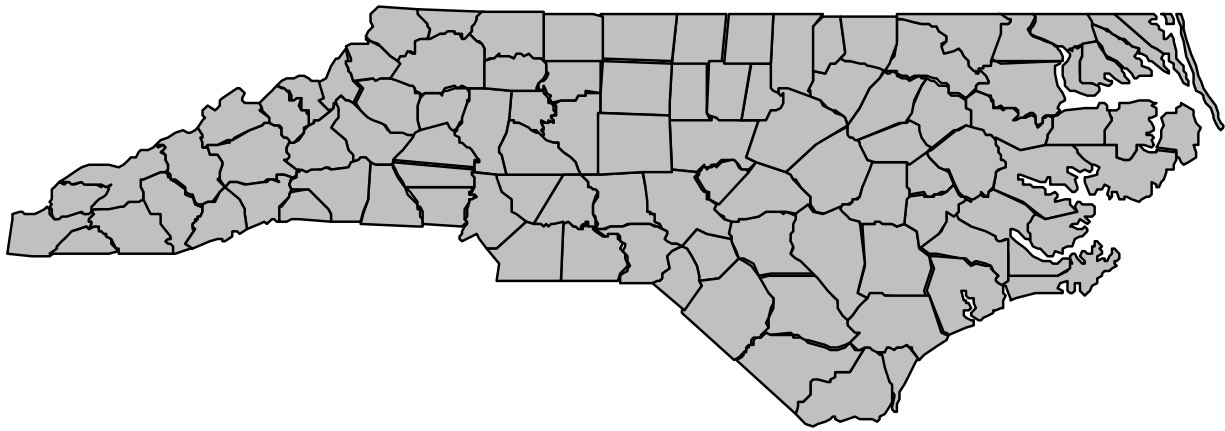


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**First Quarter Report
July 1, 2008 - September 30, 2008**



Prepared by

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North Carolina Department of Health and Human Services

November 2008



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

This is the **First 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.

In response to a Legislative requirement, The Client Data Warehouse (CDW) prepared a one time report, "Unknown" Value in Manatory Fields (Active Caseload), that collected income data on clients served by the Division of MH/DD/SAS and to capture data to respond to the Substance Abuse National Outcome Measures (NOMS) as outlined in a February 8, 2008 Announcement that was sent to all the LME Directors. Additionally, Piedmont has been included for The CDW data submissions for the first quarter and will be included for all requirements/data submissions in all quarters hereafter.

Overall, the LMEs met 91% of the five report submission requirements and 72% 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) - SA Treatment (Movement) Details	X	X	X	X
14. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
15. Client Data Warehouse (CDW) - Episode Completion Record (MH & DD Clients)	X	X	X	X
16. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
17. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
18. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
19. Crisis Services Report	X	X	X	X
20. SAPTBG Compliance Report		X		X
21. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys			X	
22. Consumer Satisfaction Survey (CSS)			X	
23. Quality Improvement Process				X
24. Comprehensive Treatment Services Program (CTSP) Non-UCR Expenditure Report				X

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

SFY 2009 Performance Contract Report/Data Submission Requirements
First Quarter Report
July 1, 2008 - September 30, 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	2. Quarterly Fiscal Monitoring Report (Prior Quarter)	2. Quarterly Fiscal Monitoring Report (Current Qtr)	3. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9a. CDW - Unknown Data (Active Caseload)	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	16. NC TOPPS - Initial	17. NC TOPPS - Update	18. NC-SNAP
Alamance-Caswell-Rockingham	5	6	83%	★		★	★	★	★	7	78%	★	★	★	★	★	★				★
Albemarle	2	6	33%				★		★	3	33%	★				★					★
Beacon Center	5	5	100%	★	★	★	N/A	★	★	8	89%	★	★	★	★	★	★				★
CenterPoint	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Crossroads	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Cumberland	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Durham	6	6	100%	★	★	★	★	★	★	5	56%	★	★			★	★				★
East Carolina Behavioral Health	6	6	100%	★	★	★	★	★	★	7	78%	★	★		★	★	★				★
Eastpointe	5	6	83%	★	★		★	★	★	7	78%	★	★		★	★	★				★
Five County	6	6	100%	★	★	★	★	★	★	5	56%	★	★			★	★				★
Guilford	6	6	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★				★
Johnston	4	5	80%	★	★		N/A	★	★	8	89%	★	★	★	★	★	★				★
Mecklenburg	5	6	83%	★		★	★	★	★	6	67%	★	★		★	★	★				★
Mental Health Partners	5	5	100%	★	★	★	N/A	★	★	8	89%	★	★	★	★	★	★				★
Onslow-Carteret	5	6	83%	★		★	★	★	★	8	89%	★	★	★	★	★	★				★
Orange-Person-Chatham	6	6	100%	★	★	★	★	★	★	2	22%		★								★
Pathways	6	6	100%	★	★	★	★	★	★	5	56%	★			★	★	★				★
Sandhills Center	6	6	100%	★	★	★	★	★	★	7	78%	★	★		★	★	★				★
Smoky Mountain	6	6	100%	★	★	★	★	★	★	5	56%		★	★	★		★				
Southeastern Center	5	6	83%	★	★		★	★	★	8	89%	★	★	★		★	★		★	★	
Southeastern Regional	6	6	100%	★	★	★	★	★	★	7	78%	★	★		★	★	★				★
Wake	4	6	67%	★			★	★	★	3	33%	★		★							★
Western Highlands	6	6	100%	★	★	★	★	★	★	7	78%	★	★	★	★	★	★				
STATEWIDE - Number			91.1%	22	18	18	20	22	23		71.5%	21	20	12	19	17	19	18	0	1	21
STATEWIDE - Percent				95.7%	78.3%	78.3%	100.0%	95.7%	100.0%			91.3%	87.0%	52.2%	82.6%	73.9%	82.6%	78.3%	0.0%	4.3%	91.3%

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
 First Quarter Report
 July 1, 2008 - September 30, 2008

1. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

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

Local Management Entity	1st Qtr Report Due 10/20/08		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/17/08	All 5	★
Albemarle	10/20/08	<5	
Beacon Center	10/20/08	All 5	★
CenterPoint	10/20/08	All 5	★
Crossroads	10/17/08	All 5	★
Cumberland	10/20/08	All 5	★
Durham	10/20/08	All 5	★
East Carolina Behavioral Health	10/17/08	All 5	★
Eastpointe	10/17/08	All 5	★
Five County	10/20/08	All 5	★
Guilford	10/20/08	All 5	★
Johnston	10/20/08	All 5	★
Mecklenburg	10/16/08	All 5	★
Mental Health Partners	10/20/08	All 5	★
Onslow-Carteret	10/20/08	All 5	★
Orange-Person-Chatham	10/20/08	All 5	★
Pathways	10/20/08	All 5	★
Sandhills Center	10/21/08	All 5	★
Smoky Mountain	10/20/08	All 5	★
Southeastern Center	10/20/08	All 5	★
Southeastern Regional	10/20/08	All 5	★
Wake	10/17/08	All 5	★
Western Highlands	10/17/08	All 5	★

Number and Percent of LMEs that met the SFY 2009 Standard: 22 (95.7%)

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
 First Quarter Report
 July 1, 2008 - September 30, 2008

2. Quarterly Fiscal Monitoring Report

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

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

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

Local Management Entity	4th Qtr Report Due 8/31/08			1st Qtr Report Due 10/20/08		
	Date Received ¹	Accurate, Complete	Standard Met ²	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham	9/2/08	Yes		10/20/08	Yes	★
Albemarle	Not Received	No		Not Received	No	
Beacon Center	8/20/08	Yes	★	10/14/08	Yes	★
CenterPoint	8/19/08	Yes	★	10/16/08	Yes	★
Crossroads	8/28/08	Yes	★	10/16/08	Yes	★
Cumberland	8/21/08	Yes	★	10/14/08	Yes	★
Durham	8/29/08	Yes	★	10/9/08	Yes	★
East Carolina Behavioral Health	8/19/08	Yes	★	10/20/08	Yes	★
Eastpointe	8/11/08	Yes	★	Not Received	No	
Five County	8/29/08	Yes	★	10/15/08	Yes	★
Guilford	8/29/08	Yes	★	10/15/08	Yes	★
Johnston	8/29/08	Yes	★	11/4/08	Yes	
Mecklenburg	9/23/08	Yes		10/16/08	Yes	★
Mental Health Partners	8/29/08	Yes	★	10/20/08	Yes	★
Onslow-Carteret	10/2/08	Yes		10/14/08	Yes	★
Orange-Person-Chatham	8/27/08	Yes	★	10/15/08	Yes	★
Pathways	8/18/08	Yes	★	10/16/08	Yes	★
Sandhills Center	8/14/08	Yes	★	10/15/08	Yes	★
Smoky Mountain	8/29/08	Yes	★	10/20/08	Yes	★
Southeastern Center	8/28/08	Yes	★	10/20/08	No	
Southeastern Regional	8/28/08	Yes	★	10/20/08	Yes	★
Wake	9/22/08	Yes		Not Received	No	
Western Highlands	8/29/08	Yes	★	10/17/08	Yes	★

Number and Percent of LMEs that met the Performance Standard: 18 (78.3%)

18 (78.3%)

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
 First Quarter Report
 July 1, 2008 - September 30, 2008

3. Substance Abuse/Juvenile Justice Initiative Reports

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

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

Local Management Entity	1st Qtr Report Due 10/20/08						Standard Met ²
	Juvenile Detention		MAJORS		Multi-purpose Group Home		
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/9/08	Yes			★
Albemarle			10/10/08	Yes	10/10/08	Yes	★
CenterPoint	10/3/08	Yes	10/3/08	Yes			★
Crossroads			10/10/08	Yes			★
Cumberland	10/6/08	Yes	10/6/08	Yes			★
Durham	10/3/08	Yes	10/3/08	Yes			★
East Carolina Behavioral Health	10/6/08	Yes	10/6/08	Yes	10/6/08	Yes	★
Eastpointe			10/7/08	Yes	10/7/08	Yes	★
Five County			10/8/08	Yes			★
Guilford	10/9/08	Yes	10/9/08	Yes			★
Mecklenburg	10/2/08	Yes					★
Onslow-Carteret			10/6/08	Yes			★
Orange-Person-Chatham			10/8/08	Yes			★
Pathways	10/6/08	Yes					★
Sandhills Center	10/6/08	Yes	10/6/08	Yes			★
Smoky Mountain	10/8/08	Yes					★
Southeastern Center	10/10/08	Yes	10/10/08	Yes			★
Southeastern Regional			10/6/08	Yes	10/6/08	Yes	★
Wake	10/7/08	Yes	10/7/08	Yes			★
Western Highlands	10/3/08	Yes	10/3/08	Yes			★
Mental Health Partners							
Beacon Center							
Johnston							

These LMEs do not have a SA/JJ Initiative.

20 (100%)

Number of Percent of LMEs that Met the SFY2009 Standard:

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
 First Quarter Report
 July 1, 2008 - September 30, 2008

4. Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

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

Local Management Entity	1st Qtr Report Due 10/20/08		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/14/08	Yes	★
Albemarle	10/20/08	No	
Beacon Center	10/20/08	Yes	★
CenterPoint	10/16/08	Yes	★
Crossroads	10/9/08	Yes	★
Cumberland	10/17/08	Yes	★
Durham	10/18/08	Yes	★
East Carolina Behavioral Health	10/20/08	Yes	★
Eastpointe	10/20/08	Yes	★
Five County	10/20/08	Yes	★
Guilford	10/17/08	Yes	★
Johnston	10/16/08	Yes	★
Mecklenburg	10/16/08	Yes	★
Mental Health Partners	10/29/08	Yes	★
Onslow-Carteret	10/16/08	Yes	★
Orange-Person-Chatham	10/16/08	Yes	★
Pathways	10/17/08	Yes	★
Sandhills Center	10/16/08	Yes	★
Smoky Mountain	10/16/08	Yes	★
Southeastern Center	10/20/08	Yes	★
Southeastern Regional	10/20/08	Yes	★
Wake	10/20/08	Yes	★
Western Highlands	10/20/08	Yes	★

Number and Percent of LMEs that met the SFY 2009 Standard: 22 (95.7%)

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
 First Quarter Report
 July 1, 2008 - September 30, 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	1st Qtr Report Due 10/15/08		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell-Rockingham	10/14/08	Yes	★
Albemarle	10/14/08	Yes	★
Beacon Center	10/14/08	Yes	★
CenterPoint	10/15/08	Yes	★
Crossroads	10/15/08	Yes	★
Cumberland	10/15/08	Yes	★
Durham	10/13/08	Yes	★
East Carolina Behavioral Health	10/15/08	Yes	★
Eastpointe	10/14/08	Yes	★
Five County	10/15/08	Yes	★
Guilford	10/12/08	Yes	★
Johnston	10/15/08	Yes	★
Mecklenburg	10/15/08	Yes	★
Mental Health Partners	10/20/08	Yes	★
Onslow-Carteret	10/13/08	Yes	★
Orange-Person-Chatham	10/15/08	Yes	★
Pathways	10/15/08	Yes	★
Sandhills Center	10/15/08	Yes	★
Smoky Mountain	10/15/08	Yes	★
Southeastern Center	10/7/08	Yes	★
Southeastern Regional	10/15/08	Yes	★
Wake	10/15/08	Yes	★
Western Highlands	10/10/08	Yes	★

Number and Percent of LMEs that met the SFY 2009 Standard: 23 (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
 First Quarter Report
 July 1, 2008 - September 30, 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 (April 1, 2008 - June 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	1,060	31	1,029	97%	★
Albemarle	494	4	490	99%	★
Beacon Center	1,200	30	1,170	98%	★
CenterPoint	3,959	1	3,958	100%	★
Crossroads	2,347	11	2,336	100%	★
Cumberland	1,238	0	1,238	100%	★
Durham	1,121	2	1,119	100%	★
East Carolina Behavioral Health	1,225	38	1,187	97%	★
Eastpointe	1,163	1	1,162	100%	★
Five County	295	0	295	100%	★
Guilford	2,089	7	2,082	100%	★
Johnston	440	3	437	99%	★
Mecklenburg	748	0	748	100%	★
Mental Health Partners	1,213	58	1,155	95%	★
Onslow-Carteret	1,061	24	1,037	98%	★
Orange-Person-Chatham	0	0	0	0%	
Pathways	725	19	706	97%	★
Piedmont	672	452	220	33%	
Sandhills Center	1,562	4	1,558	100%	★
Smoky Mountain	3,084	536	2,548	83%	
Southeastern Center	1,712	2	1,710	100%	★
Southeastern Regional	2,062	1	2,061	100%	★
Wake	340	3	337	99%	★
Western Highlands	1,755	2	1,753	100%	★
TOTAL	31,565	1,229	30,336	96%	★

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

21 (87.5%)

Notes:

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

SFY 2009 Performance Contract Data/Report Submission Requirements
 First Quarter Report
 July 1, 2008 - September 30, 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 October 31, 2008.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2009	First Quarter Adm SFY2008	Monthly Average SFY2009	Monthly Average SFY2008
Alamance-Caswell-Rockingham	23051	204	177	222	603	413	201	138
Albemarle	43121	161	142	142	445	462	148	154
Beacon Center	43051	158	113	35	306	115	102	38
CenterPoint	23021	424	346	377	1,147	684	382	228
CrossRoads	23011	233	187	80	500	404	167	135
Cumberland	33051	234	203	107	544	596	181	199
Durham	23071	221	224	189	634	547	211	182
East Carolina Behavioral Health	43071	320	253	66	639	907	213	302
Eastpointe	43081	165	152	117	434	274	145	91
Five County	23081	36	22	7	65	0	22	0
Guilford	23041	373	298	225	896	863	299	288
Johnston	33071	115	142	125	382	348	127	116
Mecklenburg	13102	370	114	173	657	763	219	254
Mental Health Partners	13091	176	158	110	444	1,175	148	392
Onslow-Carteret	43021	140	102	40	282	433	94	144
Orange-Person-Chatham	23061	0	0	0	0	104	0	35
Pathways	13081	237	105	190	532	488	177	163
Piedmont	13121	309	269	330	908	2,133	303	711
Sandhills	33031	417	399	282	1,098	1,227	366	409
Smoky Mountain	13010	835	600	626	2,061	822	687	274
Southeastern Center	43011	180	156	110	446	923	149	308
Southerastern Regional	33041	227	224	131	582	628	194	209
Wake	33081	274	228	11	513	813	171	271
Western Highlands	13131	599	554	573	1,726	857	575	286
TOTAL ADMISSIONS		6,408	5,168	4,268	15,844	15,979	5,281	5,326

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 (April 1, 2008 - June 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	518	8	510	98%	★
Albemarle	491	112	379	77%	
Beacon Center	492	8	484	98%	★
CenterPoint	1,338	1	1,337	100%	★
Crossroads	560	6	554	99%	★
Cumberland	701	3	698	100%	★
Durham	657	0	657	100%	★
East Carolina Behavioral Health	716	39	677	95%	★
Eastpointe	380	29	351	92%	★
Five County	349	0	349	100%	★
Guilford	971	11	960	99%	★
Johnston	389	0	389	100%	★
Mecklenburg	2,114	51	2,063	98%	★
Mental Health Partners	567	10	557	98%	★
Onslow-Carteret	502	15	487	97%	★
Orange-Person-Chatham	173	2	171	99%	★
Pathways	582	116	466	80%	
Piedmont	1,408	1	1,407	100%	★
Sandhills Center	1,188	2	1,186	100%	★
Smoky Mountain	1,505	17	1,488	99%	★
Southeastern Center	593	21	572	96%	★
Southeastern Regional	750	5	745	99%	★
Wake	923	410	513	56%	
Western Highlands	1,384	27	1,357	98%	★
TOTAL	19,251	894	18,357	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.

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**9a. Client Data Warehouse (CDW)
 "Unknown" Value In Mandatory Fields (Active Caseload)**

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 state-funded clients who were active as of May 1, 2008 where the following mandatory data fields contain a value other than 'unknown'."

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

Local Management Entity	Active Records	Family Income	Family Size	Standard Met ²
Alamance-Caswell-Rockingham	9,612	100%	100%	★
Albemarle	4,083	77%	77%	
Beacon Center	5,333	99%	99%	★
CenterPoint	7,377	100%	100%	★
Crossroads	5,270	99%	99%	★
Cumberland	7,024	100%	100%	★
Durham	7,668	35%	35%	
East Carolina Behavioral Health	9,571	28%	26%	
Eastpointe	11,853	77%	77%	
Five County	8,392	5%	6%	
Guilford	11,406	99%	99%	★
Johnston	3,352	100%	99%	★
Mecklenburg	31,466	19%	19%	
Mental Health Partners	5,137	96%	96%	★
Onslow-Carteret	4,983	100%	100%	★
Orange-Person-Chatham	5,369	1%	1%	
Pathways	10,479	18%	18%	
Piedmont	16,154	77%	77%	
Sandhills Center	15,293	78%	78%	
Smoky Mountain	12,371	97%	97%	★
Southeastern Center	10,775	100%	93%	★
Southeastern Regional	10,201	80%	80%	
Wake	16,850	41%	44%	
Western Highlands	8,235	100%	98%	★
TOTAL	238,254	60%	60%	

Number and Percent 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.

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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 (April 1, 2008 - June 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	518	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	491	100%	99%	99%	100%	99%	100%	86%	99%	100%	100%	100%	
Beacon Center	492	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,338	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	560	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	701	100%	98%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Durham	657	100%	100%	100%	100%	100%	100%	100%	100%	61%	63%	42%	
East Carolina Behavioral Health	716	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%	★
Eastpointe	380	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	235	100%	100%	100%	100%	100%	100%	100%	100%	42%	100%	100%	
Guilford	971	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Johnston	389	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,723	100%	100%	97%	100%	98%	100%	91%	99%	100%	100%	100%	★
Mental Health Partners	567	100%	100%	100%	100%	100%	100%	98%	98%	100%	100%	100%	★
Onslow-Carteret	502	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	173	100%	100%	100%	100%	99%	100%	96%	99%	68%	68%	68%	
Pathways	582	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	1,408	100%	100%	100%	100%	94%	100%	94%	100%	59%	59%	54%	
Sandhills Center	1,188	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,505	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	575	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	750	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	923	100%	100%	100%	100%	99%	100%	95%	100%	100%	100%	94%	★
Western Highlands	1,384	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	18,728	100%	100%	100%	100%	99%	100%	98%	100%	95%	95%	94%	★

Number and Percent 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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**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 (April 1, 2008 - June 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	92	99%	100%	100%	98%	100%	★
Albemarle	470	100%	100%	100%	92%	100%	★
Beacon Center	134	99%	100%	100%	100%	100%	★
CenterPoint	306	100%	100%	100%	100%	98%	★
Crossroads	178	100%	100%	100%	100%	100%	★
Cumberland	492	100%	100%	100%	99%	100%	★
Durham	407	99%	100%	100%	48%	39%	
East Carolina Behavioral Health	2	100%	100%	100%	100%	100%	★
Eastpointe	14	100%	100%	100%	100%	100%	★
Five County	0	0%	0%	0%	0%	0%	
Guilford	364	100%	100%	100%	99%	100%	★
Johnston	195	100%	100%	100%	99%	100%	★
Mecklenburg	41	0%	100%	100%	100%	100%	
Mental Health Partners	449	100%	100%	100%	100%	100%	★
Onslow-Carteret	299	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	22	86%	86%	86%	82%	0%	
Pathways	321	97%	100%	100%	92%	100%	★
Piedmont	0	0%	0%	0%	0%	0%	
Sandhills Center	268	99%	100%	100%	100%	100%	★
Smoky Mountain	35	97%	100%	100%	100%	97%	★
Southeastern Center	14	100%	100%	100%	50%	100%	
Southeastern Regional	67	100%	100%	100%	100%	100%	★
Wake	27	93%	100%	100%	0%	0%	
Western Highlands	959	99%	100%	100%	100%	100%	★
TOTAL	5,156	99%	100%	100%	94%	94%	★

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

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 (April 1, 2008 - June 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	994	51	943	95%	★
Albemarle	996	221	775	78%	
Beacon Center	473	\	446	94%	★
CenterPoint	1,942	12	1,930	99%	★
Crossroads	1,544	118	1,426	92%	★
Cumberland	1,103	7	1,096	99%	★
Durham	1,331	4	1,327	100%	★
East Carolina Behavioral Health	1,672	139	1,533	92%	★
Eastpointe	1,048	102	946	90%	★
Five County	852	69	783	92%	★
Guilford	2,024	13	2,011	99%	★
Johnston	828	1	827	100%	★
Mecklenburg	2,005	65	1,940	97%	★
Mental Health Partners	1,678	79	1,599	95%	★
Onslow-Carteret	966	0	966	100%	★
Orange-Person-Chatham	446	121	325	73%	
Pathways	1,082	87	995	92%	★
Piedmont	3,322	599	2,723	82%	
Sandhills Center	2,838	22	2,816	99%	★
Smoky Mountain	2,183	376	1,807	83%	
Southeastern Center	1,532	10	1,522	99%	★
Southeastern Regional	1,066	5	1,061	100%	★
Wake	2,820	341	2,479	88%	
Western Highlands	2,623	24	2,599	99%	★
TOTAL	37,368	2,466	34,875	93%	★

Number and Percent 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.
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 (April 1, 2008 - June 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	129	14	115	89%	
Albemarle	157	39	118	75%	
Beacon Center	102	5	97	95%	★
CenterPoint	402	1	401	100%	★
Crossroads	172	7	165	96%	★
Cumberland	200	2	198	99%	★
Durham	364	5	359	99%	★
East Carolina Behavioral Health	597	50	547	92%	★
Eastpointe	134	5	129	96%	★
Five County	101	10	91	90%	★
Guilford	473	4	469	99%	★
Johnston	77	3	74	96%	★
Mecklenburg	718	58	660	92%	★
Mental Health Partners	269	12	257	96%	★
Onslow-Carteret	256	18	238	93%	★
Orange-Person-Chatham	85	18	67	79%	
Pathways	243	33	210	86%	
Piedmont	105	36	69	66%	
Sandhills Center	581	9	572	98%	★
Smoky Mountain	315	33	282	90%	★
Southeastern Center	545	7	538	99%	★
Southeastern Regional	171	2	169	99%	★
Wake	589	90	499	85%	
Western Highlands	520	20	500	96%	★
TOTAL	7,305	481	6,824	93%	★

Number and Pct 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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**16. 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						
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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**17. 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	316	198	62.7%	106	33.5%	
Albemarle	710	667	93.9%	365	51.4%	
Beacon Center	503	458	91.1%	283	56.3%	
CenterPoint	738	681	92.3%	404	54.7%	
Crossroads	525	348	66.3%	148	28.2%	
Cumberland	648	410	63.3%	266	41.0%	
Durham	1,000	862	86.2%	523	52.3%	
East Carolina Behavioral Health	1,379	1,158	84.0%	695	50.4%	
Eastpointe	800	732	91.5%	387	48.4%	
Five County	590	564	95.6%	410	69.5%	
Guilford	877	763	87.0%	521	59.4%	
Johnston	423	390	92.2%	219	51.8%	
Mecklenburg	1,398	1,317	94.2%	969	69.3%	
Mental Health Partners	555	502	90.5%	305	55.0%	
Onslow-Carteret	590	442	74.9%	241	40.8%	
Orange-Person-Chatham	288	266	92.4%	117	40.6%	
Pathways	1,336	1,228	91.9%	674	50.4%	
Sandhills Center	875	668	76.3%	392	44.8%	
Smoky Mountain	654	411	62.8%	177	27.1%	
Southeastern Center	749	748	99.9%	682	91.1%	★
Southeastern Regional	1,493	1,389	93.0%	835	55.9%	
Wake	858	662	77.2%	343	40.0%	
Western Highlands	949	591	62.3%	253	26.7%	
Totals	18,254	15,455	84.7%	9,315	51.0%	

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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18. 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	657	641	97.6%	★
Albemarle	599	572	95.5%	★
Beacon Center	831	831	100.0%	★
CenterPoint	1,314	1,270	96.7%	★
Crossroads	687	670	97.5%	★
Cumberland	667	664	99.6%	★
Durham	671	669	99.7%	★
East Carolina Behavioral Health	1,281	1,278	99.8%	★
Eastpointe	1,023	962	94.0%	★
Five County	689	677	98.3%	★
Guilford	1,147	1,147	100.0%	★
Johnston	355	355	100.0%	★
Mecklenburg	1,968	1,960	99.6%	★
Mental Health Partners	618	601	97.2%	★
Onslow-Carteret	419	418	99.8%	★
Orange-Person-Chatham	777	736	94.7%	★
Pathways	1,597	1,575	98.6%	★
Sandhills Center	1,058	1,039	98.2%	★
Smoky Mountain	1,470	1,052	71.6%	
Southeastern Center	1,057	1,021	96.6%	★
Southeastern Regional	794	786	99.0%	★
Wake	1,947	1,887	96.9%	★
Western Highlands	1,756	1,561	88.9%	
Totals	23,382	22,372	95.7%	★

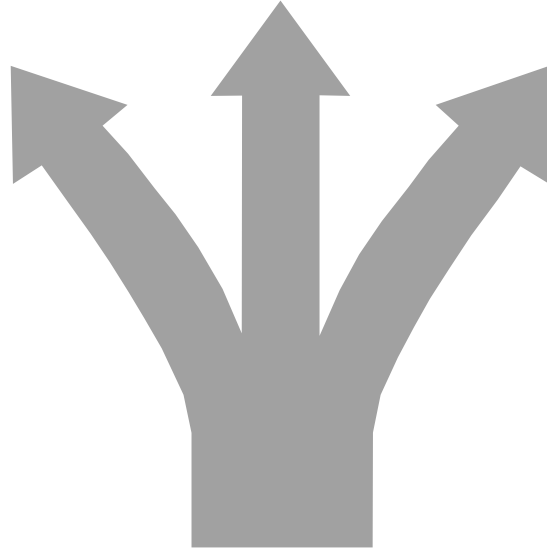
Number and Percent of LMEs that met the SFY 2009 Standard:

21 (91.3%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.



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