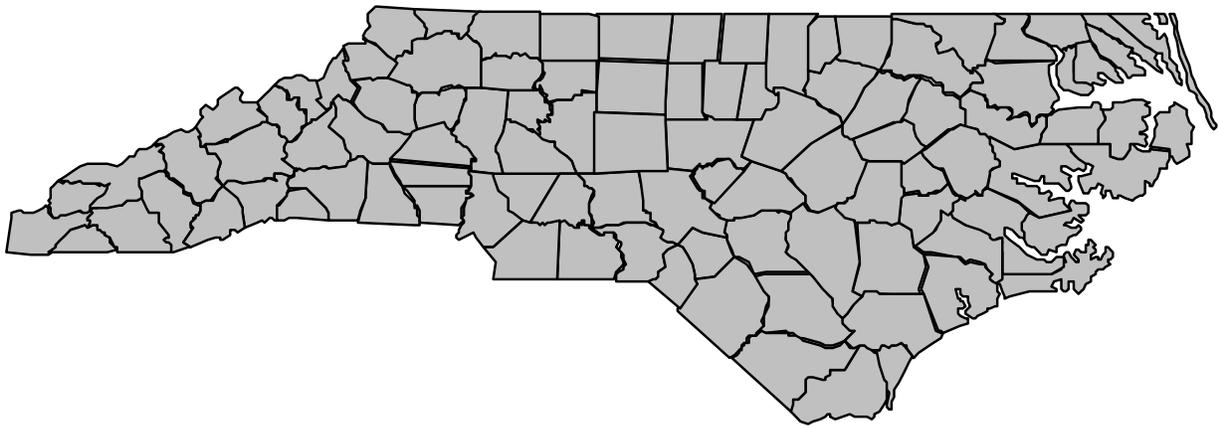


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2011 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Fourth Quarter Report
April 1, 2011 - June 30, 2011**



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North Carolina Department of Health and Human Services

August 2011



SFY 2011 Performance Contract
 Report/Data Submission Requirements
 Fourth Quarter Report
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Introduction

This is the **Fourth Quarter Report** for SFY 2010-2011 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 five report submission requirements and 89% of the nine submission/report requirements measured this quarter. PBH is the only LME that does not report data in the NC-SNAP but through a special waiver.

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 2011 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
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

*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 2011 Performance Contract Report/Data Submission Requirements
Fourth Quarter Report
April 1, 2011 - June 30, 2011

Report Submission Measures

Data Submission Measures

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. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBG Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys	Number of Data Submission Measures Met	Percent of Data Submission 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	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Beacon Center	5	5	100%	★	★	★	★	★	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%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Eastpointe	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Five County	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Guilford	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Johnston	4	4	100%	N/A	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Mecklenburg	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Mental Health Partners	4	4	100%	N/A	★	★	★	★	9	100%	★	★	★	★	★	★	★	★	★	★	★
Onslow-Carteret	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Orange-Person-Chatham	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Pathways	4	5	80%		★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
PBH	4	5	80%	★	★	★	★	★	7	88%	★	★	★	★	★	★	★	★			N/A
Sandhills Center	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Smoky Mountain	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Southeastern Center	5	5	100%	★	★	★	★	★	9	100%	★	★	★	★	★	★	★	★	★	★	★
Southeastern Regional	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
Wake	5	5	100%	★	★	★	★	★	7	78%	★	★	★	★	★	★	★	★			★
Western Highlands	5	5	100%	★	★	★	★	★	8	89%	★	★	★	★	★	★	★	★			★
STATEWIDE - Number			98%	0	20	23	23	23		89%	23	23	23	23	23	23	22	0	2	22	
STATEWIDE - Percent				0.0%	95.2%	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	0.0%	8.7%	100.0%	

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

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 2011 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

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 2011 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	4th Qtr Report Due 7/20/11		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe		Report is Under Revision	
Five County			
Guilford			
Johnston			
Mecklenburg			
Mental Health Partners			
Onslow-Carteret			
Orange-Person-Chatham			
Pathways			
PBH			
Sandhills Center			
Smoky Mountain			
Southeastern Center			
Southeastern Regional			
Wake			
Western Highlands			

Number and Percent of LMEs that met the SFY 2011 Standard: 0 (0%)

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. P = Met the Standard.

SFY 2011 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

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 2011 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	4th Qtr Report Due 8/31/11		
	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham			
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			
PBH			
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 2011 Performance Contract Data/Report Submission Requirements
Fourth Quarter Report
April 1, 2011 - June 30, 2011

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 2011 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 7/20/11						
	Juvenile Detention		JJSAMH Partnership		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			7/11/11	Yes			★
Beacon Center			7/7/11	Yes			★
CenterPoint	6/30/11	Yes	7/8/11	Yes			★
Crossroads			7/8/11	Yes			★
Cumberland	7/7/11	Yes	7/7/11	Yes			★
Durham	7/13/11	Yes	7/13/11	Yes			★
East Carolina Behavioral Health	7/7/11	Yes	7/7/11	Yes	7/7/11	Yes	★
Eastpointe			7/8/11	Yes	7/8/11	Yes	★
Five County			7/9/11	Yes			★
Guilford	7/8/11	Yes	7/8/11	Yes			★
Mecklenburg	7/20/11	Yes					★
Onslow-Carteret			7/8/11	Yes			★
Orange-Person-Chatham			6/30/11	Yes			★
Pathways		No					
PBH			7/8/11	Yes			★
Sandhills Center	7/8/11	Yes	7/8/11	Yes			★
Smoky Mountain	7/6/11	Yes			7/28/11	Yes	★
Southeastern Center	7/7/11	Yes	7/7/11	Yes			★
Southeastern Regional			7/8/11	Yes	7/8/11	Yes	★
Wake	7/8/11	Yes	7/8/11	Yes			★
Western Highlands	7/5/11	Yes	7/8/11	Yes			★
Mental Health Partners	These LMEs do not have a SA/JJ Initiative.						
Johnston	These LMEs do not have a SA/JJ Initiative.						

Number of Percent of LMEs that Met the SFY2011 Standard:

20 (95.2%)

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.
3. Mecklenburg using funds for Drug Court.

SFY 2011 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

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 2011 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 7/20/11		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell	7/20/2011	Yes	★
Beacon Center	7/19/2011	Yes	★
CenterPoint	7/14/2011	Yes	★
Crossroads	7/14/2011	Yes	★
Cumberland	7/20/2011	Yes	★
Durham	7/19/2011	Yes	★
East Carolina Behavioral Health	7/20/2011	Yes	★
Eastpointe	7/14/2011	Yes	★
Five County	7/20/2011	Yes	★
Guilford	7/20/2011	Yes	★
Johnston	7/19/2011	Yes	★
Mecklenburg	7/19/2011	Yes	★
Mental Health Partners	7/19/2011	Yes	★
Onslow-Carteret	7/19/2011	Yes	★
Orange-Person-Chatham	7/15/2011	Yes	★
Pathways	7/5/2011	Yes	★
PBH	7/15/2011	Yes	★
Sandhills Center	7/15/2011	Yes	★
Smoky Mountain	7/19/2011	Yes	★
Southeastern Center	7/20/2011	Yes	★
Southeastern Regional	7/19/2011	Yes	★
Wake	7/12/2011	Yes	★
Western Highlands	7/20/2011	Yes	★

Number and Percent of LMEs that met the SFY 2011 Standard: 23 (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 2011 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

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 2011 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 7/15/11		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell	7/14/11	Yes	★
Beacon Center	7/14/11	Yes	★
CenterPoint	7/14/11	Yes	★
Crossroads	7/15/11	Yes	★
Cumberland	7/15/11	Yes	★
Durham	7/12/11	Yes	★
East Carolina Behavioral Health	7/14/11	Yes	★
Eastpointe	7/7/11	Yes	★
Five County	7/15/11	Yes	★
Guilford	7/1/11	Yes	★
Johnston	7/1/11	Yes	★
Mecklenburg	7/13/11	Yes	★
Mental Health Partners	7/15/11	Yes	★
Onslow-Carteret	7/15/11	Yes	★
Orange-Person-Chatham	7/1/11	Yes	★
Pathways	7/1/11	Yes	★
PBH	7/14/11	Yes	★
Sandhills Center	7/11/11	Yes	★
Smoky Mountain	7/12/11	Yes	★
Southeastern Center	7/15/11	Yes	★
Southeastern Regional	7/15/11	Yes	★
Wake	7/14/11	Yes	★
Western Highlands	7/1/11	Yes	★

Number and Percent of LMEs that met the SFY 2011 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 2011 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

**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, 2011 - March 31, 2011) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2011 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	798	19	779	98%	★
Beacon Center	1,405	2	1,403	100%	★
CenterPoint	3,241	1	3,240	100%	★
Crossroads	1,680	1	1,679	100%	★
Cumberland	1,263	0	1,263	100%	★
Durham	1,496	0	1,496	100%	★
East Carolina Behavioral Health	1,594	90	1,504	94%	★
Eastpointe	1,765	0	1,765	100%	★
Five County	1,068	0	1,068	100%	★
Guilford	2,240	0	2,240	100%	★
Johnston	314	0	314	100%	★
Mecklenburg	984	0	984	100%	★
Mental Health Partners	1,029	6	1,023	99%	★
Onslow-Carteret	813	24	789	97%	★
Orange-Person-Chatham	726	13	713	98%	★
Pathways	1,086	1	1,085	100%	★
PBH	12	0	12	100%	★
Sandhills Center	515	0	515	100%	★
Smoky Mountain	2,551	0	2,551	100%	★
Southeastern Center	1,917	15	1,902	99%	★
Southeastern Regional	1,840	2	1,838	100%	★
Wake	2,655	24	2,631	99%	★
Western Highlands	3,104	3	3,101	100%	★
TOTAL	34,096	201	33,895	99%	★

Number and Percent of LMEs that met the SFY 2011 Performance Standard:

23 (100%)

Notes:

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

SFY 2010 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

**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, 2011.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2011	Fourth Quarter Adm SFY2010	Monthly Average SFY2011	Monthly Average SFY2010
Alamance-Caswell	23051	213	231	187	631	525	210	175
Beacon Center	43051	177	222	216	615	357	205	119
CenterPoint	23021	502	434	213	1,149	1,647	383	549
CrossRoads	23011	180	171	195	546	526	182	175
Cumberland	33051	241	233	200	674	743	225	248
Durham	23071	239	220	154	613	698	204	233
East Carolina Behavioral Health	43071	574	587	429	1,590	1,266	530	422
Eastpointe	43081	316	257	228	801	696	267	232
Five County	23081	351	230	68	649	648	216	216
Guilford	23041	394	369	353	1,116	1,090	372	363
Johnston	33071	133	159	149	441	351	147	117
Mecklenburg	13101	358	334	283	975	1,022	325	341
Mental Health Partners	13091	289	166	289	744	464	248	155
Onslow-Carteret	43021	57	38	16	111	241	37	80
Orange-Person-Chatham	23061	129	121	38	288	275	96	92
Pathways	13081	347	358	356	1,061	798	354	266
PBH	13121	608	546	141	1,295	405	432	135
Sandhills	33031	543	434	165	1,142	1,555	381	518
Smoky Mountain	13010	569	528	287	1,384	1,555	461	518
Southeastern Center	43011	393	350	250	993	870	331	290
Southerastern Regional	33040	271	266	228	765	795	255	265
Wake	33081	422	444	419	1,285	1,148	428	383
Western Highlands	13131	777	825	882	2,484	2,393	828	798
TOTAL ADMISSIONS		8,083	7,523	5,746	21,352	20,068	7,117	6,689

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

SFY 2010 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2011 - June 30, 2011

**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, 2011 - March 31, 2011) with a diagnosis completed within 30 days of beginning date of service.

SFY 2011 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	670	0	670	100%	★
Beacon Center	549	3	546	99%	★
CenterPoint	1,658	2	1,656	100%	★
Crossroads	637	20	617	97%	★
Cumberland	710	0	710	100%	★
Durham	822	0	822	100%	★
East Carolina Behavioral Health	1,725	4	1,721	100%	★
Eastpointe	1,150	4	1,146	100%	★
Five County	1,172	4	1,168	100%	★
Guilford	1,295	1	1,294	100%	★
Johnston	461	0	461	100%	★
Mecklenburg	1,232	0	1,232	100%	★
Mental Health Partners	851	39	812	95%	★
Onslow-Carteret	127	1	126	99%	★
Orange-Person-Chatham	634	7	627	99%	★
Pathways	1,051	0	1,051	100%	★
PBH	2,485	145	2,340	94%	★
Sandhills Center	1,751	5	1,746	100%	★
Smoky Mountain	1,833	0	1,833	100%	★
Southeastern Center	1,156	44	1,112	96%	★
Southeastern Regional	927	1	926	100%	★
Wake	1,344	16	1,328	99%	★
Western Highlands	2,448	3	2,445	100%	★
TOTAL	26,688	299	26,389	99%	★

Number and Percent of LMEs that met the SFY 2011 Standard:

23 (100%)

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, 2011 - March 31, 2011) where all mandatory data fields contain a value other than 'unknown'.

SFY 2011 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	Attention Self Help	Standard Met ²
Alamance-Caswell	670	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	549	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,658	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	637	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	710	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	★
Durham	822	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,725	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	1,150	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	1,172	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,295	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	461	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,232	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	851	100%	99%	99%	100%	99%	100%	95%	100%	100%	100%	100%	100%	★
Onslow-Carteret	127	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	634	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Pathways	1,051	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
PBH	2,485	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,751	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,833	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	1,156	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	927	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,344	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	★
Western Highlands	2,448	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	26,688	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2011 Standard:

23 (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, 2011 - March 31, 2011) where all mandatory data fields contain a value other than 'unknown'.

SFY 2011 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	Attention Self Help	Standard Met ²
Alamance-Caswell	200	100%	100%	100%	100%	100%	100%	★
Beacon Center	321	100%	100%	100%	100%	100%	100%	★
CenterPoint	830	100%	100%	100%	100%	100%	100%	★
Crossroads	167	100%	100%	100%	100%	100%	100%	★
Cumberland	586	99%	100%	100%	94%	99%	100%	★
Durham	462	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	517	100%	100%	100%	100%	100%	100%	★
Eastpointe	191	100%	100%	100%	100%	100%	100%	★
Five County	807	100%	100%	100%	100%	100%	100%	★
Guilford	675	100%	100%	100%	100%	100%	100%	★
Johnston	261	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,267	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	616	100%	100%	100%	100%	100%	100%	★
Onslow-Carteret	192	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	322	100%	100%	100%	100%	100%	100%	★
Pathways	1,596	100%	100%	100%	100%	100%	100%	★
PBH	2,735	100%	100%	100%	100%	100%	100%	★
Sandhills Center	510	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	460	97%	100%	100%	100%	100%	99%	★
Southeastern Center	686	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	245	100%	100%	100%	100%	100%	100%	★
Wake	122	100%	100%	100%	100%	98%	100%	★
Western Highlands	2,240	100%	100%	100%	100%	100%	100%	★
TOTAL	16,008	100%	100%	100%	100%	100%	100%	★

Number and Pct of LMEs that met the SFY 2011 Standard:

23 (100%)

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, 2011 - March 31, 2011) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2011 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	1,351	15	1,336	99%	★
Beacon Center	992	0	992	100%	★
CenterPoint	2,457	127	2,330	95%	★
Crossroads	925	0	925	100%	★
Cumberland	1,239	0	1,239	100%	★
Durham	1,574	2	1,572	100%	★
East Carolina Behavioral Health	3,519	119	3,400	97%	★
Eastpointe	1,677	15	1,662	99%	★
Five County	1,230	51	1,179	96%	★
Guilford	2,562	3	2,559	100%	★
Johnston	1,200	5	1,195	100%	★
Mecklenburg	1,922	24	1,898	99%	★
Mental Health Partners	2,011	115	1,896	94%	★
Onslow-Carteret	1,742	0	1,742	100%	★
Orange-Person-Chatham	986	32	954	97%	★
Pathways	1,729	25	1,704	99%	★
PBH	2,511	233	2,278	91%	★
Sandhills Center	2,814	15	2,799	99%	★
Smoky Mountain	4,423	242	4,181	95%	★
Southeastern Center	1,864	24	1,840	99%	★
Southeastern Regional	822	2	820	100%	★
Wake	3,297	111	3,186	97%	★
Western Highlands	3,301	3	3,298	100%	★
TOTAL	46,148	1,163	44,985	97%	★

Number and Percent of LMEs that met the SFY 2011 Standard:

23 (100%)

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, ASTNC, CSTNC, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (January 1, 2011 - March 31, 2011) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2011 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	182	0	182	100%	★
Beacon Center	198	0	198	100%	★
CenterPoint	799	7	792	99%	★
Crossroads	281	0	281	100%	★
Cumberland	301	0	301	100%	★
Durham	384	0	384	100%	★
East Carolina Behavioral Health	1,140	40	1,100	96%	★
Eastpointe	445	8	437	98%	★
Five County	260	4	256	98%	★
Guilford	721	0	721	100%	★
Johnston	169	1	168	99%	★
Mecklenburg	1,054	36	1,018	97%	★
Mental Health Partners	306	7	299	98%	★
Onslow-Carteret	131	8	123	94%	★
Orange-Person-Chatham	168	9	159	95%	★
Pathways	497	10	487	98%	★
PBH	687	26	661	96%	★
Sandhills Center	678	1	677	100%	★
Smoky Mountain	878	3	875	100%	★
Southeastern Center	565	7	558	99%	★
Southeastern Regional	183	0	183	100%	★
Wake	562	8	554	99%	★
Western Highlands	963	0	963	100%	★
TOTAL	11,552	175	11,377	98%	★

Number and Pct of LMEs that met the SFY 2011 Standard:

23 (100%)

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, 2011 - March 31, 2011) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2011 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	160	2	158	99%	★
Beacon Center	129	5	124	96%	★
CenterPoint	359	12	347	97%	★
Crossroads	104	1	103	99%	★
Cumberland	223	2	221	99%	★
Durham	120	2	118	98%	★
East Carolina Behavioral Health	560	22	538	96%	★
Eastpointe	226	13	213	94%	★
Five County	172	5	167	97%	★
Guilford	279	15	264	95%	★
Johnston	40	1	39	98%	★
Mecklenburg	303	21	282	93%	★
Mental Health Partners	233	2	231	99%	★
Onslow-Carteret	41	1	40	98%	★
Orange-Person-Chatham	77	0	77	100%	★
Pathways	361	15	346	96%	★
PBH	441	8	433	98%	★
Sandhills Center	425	1	424	100%	★
Smoky Mountain	380	0	380	100%	★
Southeastern Center	234	0	234	100%	★
Southeastern Regional	99	5	94	95%	★
Wake	124	102	22	18%	
Western Highlands	563	18	545	97%	★
TOTAL	5,653	253	5,400	96%	★

Number and Pct of LMEs that met the SFY 2011 Standard:

22 (95.7%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

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**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
 Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2011 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						
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						
PBH						
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 2011 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 2011 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	192	164	85.4%	130	67.7%	
Beacon Center	428	424	99.1%	299	69.9%	
CenterPoint	942	940	99.8%	719	76.3%	
Crossroads	277	276	99.6%	176	63.5%	
Cumberland	425	420	98.8%	345	81.2%	
Durham	445	445	100.0%	382	85.8%	
East Carolina Behavioral Health	1,018	1,014	99.6%	882	86.6%	
Eastpointe	647	643	99.4%	577	89.2%	
Five County	240	239	99.6%	200	83.3%	
Guilford	524	351	67.0%	219	41.8%	
Johnston	76	73	96.1%	48	63.2%	
Mecklenburg	1,420	1,364	96.1%	1,012	71.3%	
Mental Health Partners	401	401	100.0%	364	90.8%	★
Onslow-Carteret	148	148	100.0%	129	87.2%	
Orange-Person-Chatham	196	196	100.0%	176	89.8%	
Pathways	588	580	98.6%	482	82.0%	
PBH	633	631	99.7%	497	78.5%	
Sandhills Center	812	774	95.3%	554	68.2%	
Smoky Mountain	831	820	98.7%	585	70.4%	
Southeastern Center	613	612	99.8%	608	99.2%	★
Southeastern Regional	650	638	98.2%	497	76.5%	
Wake	662	618	93.4%	461	69.6%	
Western Highlands	813	597	73.4%	398	49.0%	
Totals	12,981	12,368	95.3%	9,740	75.0%	

Number and Percent of LMEs that met the SFY 2011 Standard:

2 (0.1%)

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 2011 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	461	451	97.8%	★
Beacon Center	816	816	100.0%	★
CenterPoint	1518	1518	100.0%	★
Crossroads	643	643	100.0%	★
Cumberland	758	758	100.0%	★
Durham	832	830	99.8%	★
East Carolina Behavioral Health	1829	1781	97.4%	★
Eastpointe	1043	1043	100.0%	★
Five County	578	578	100.0%	★
Guilford	1203	1203	100.0%	★
Johnston	360	359	99.7%	★
Mecklenburg	2092	2053	98.1%	★
Mental Health Partners	671	671	100.0%	★
Onslow-Carteret	404	398	98.5%	★
Orange-Person-Chatham	704	699	99.3%	★
Pathways	1550	1550	100.0%	★
PBH	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1104	1104	100.0%	★
Smoky Mountain	1394	1394	100.0%	★
Southeastern Center	1231	1229	99.8%	★
Southeastern Regional	914	911	99.7%	★
Wake	2135	1976	92.6%	★
Western Highlands	1861	1817	97.6%	★
Totals	24,101	23,782	98.7%	★

Number and Percent of LMEs that met the SFY 2011 Standard:

22 (100%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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17. 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 2011 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 7/20/11)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell	7/19/11	Yes	Yes	★
Beacon Center	7/13/11	Yes	Yes	★
CenterPoint	7/19/11	Yes	Yes	★
Crossroads	7/18/11	Yes	Yes	★
Cumberland	7/19/11	Yes	Yes	★
Durham	7/20/11	Yes	Yes	★
East Carolina Behavioral Health	7/20/11	Yes	Yes	★
Eastpointe	7/19/11	Yes	Yes	★
Five County	7/19/11	Yes	Yes	★
Guilford	7/18/11	Yes	Yes	★
Johnston	7/15/11	Yes	Yes	★
Mecklenburg	7/20/11	Yes	Yes	★
Mental Health Partners	7/18/11	Yes	Yes	★
Onslow-Carteret	7/20/11	Yes	Yes	★
Orange-Person-Chatham	7/15/11	Yes	Yes	★
Pathways	7/18/11	Yes	Yes	★
PBH	7/19/11	Yes	Yes	★
Sandhills Center	7/17/11	Yes	Yes	★
Smoky Mountain	7/20/11	Yes	Yes	★
Southeastern Center	7/20/11	Yes	Yes	★
Southeastern Regional	7/19/11	Yes	Yes	★
Wake	7/20/11	Yes	Yes	★
Western Highlands	7/19/11	Yes	Yes	★

Number and Percent of LMEs that met the SFY 2011 Standard:

23 (100%)

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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18. 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 2011 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 ²
	Pre-Surveys & Consents	Mailed Surveys	# Received	# Expected	% Complete ¹	
Alamance-Caswell	Received On-Time	Received On-Time	42	40	105.0%	★
Beacon Center	Received On-Time	Received On-Time	46	40	115.0%	★
CenterPoint	Received On-Time	Received On-Time	65	40	162.5%	★
Crossroads	Received On-Time	Received On-Time	40	40	100.0%	★
Cumberland	Received On-Time	Received On-Time	43	40	107.5%	★
Durham	Received On-Time	Received On-Time	42	40	105.0%	★
East Carolina Behavioral Health	Received On-Time	Received On-Time	41	40	102.5%	★
Eastpointe	Received On-Time	Received On-Time	30	40	75.0%	★
Five County	Received On-Time	Received On-Time	45	40	112.5%	★
Guilford	Received On-Time	Received On-Time	40	40	100.0%	★
Johnston	Received On-Time	Received On-Time	44	40	110.0%	★
Mecklenburg	Received On-Time	Received On-Time	63	40	157.5%	★
Mental Health Partners	Received On-Time	Received On-Time	40	40	100.0%	★
Onslow-Carteret	Received On-Time	Received On-Time	35	40	87.5%	★
Orange-Person-Chatham	Received On-Time	Received On-Time	40	40	100.0%	★
Pathways	Received On-Time	Received On-Time	34	40	85.0%	★
PBH	Received On-Time	Not Received	22	40	55.0%	
Sandhills Center	Received On-Time	Received On-Time	57	40	142.5%	★
Smoky Mountain	Received On-Time	Received On-Time	38	40	95.0%	★
Southeastern Center	Received On-Time	Received On-Time	40	40	100.0%	★
Southeastern Regional	Received On-Time	Received On-Time	51	40	127.5%	★
Wake	Received On-Time	Received On-Time	32	40	80.0%	★
Western Highlands	Received On-Time	Received On-Time	50	40	125.0%	★
Totals			980	920	106.5%	

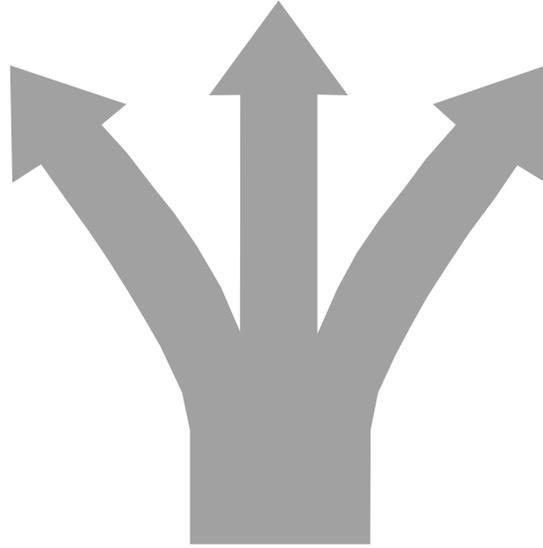
Number and Percent of LMEs that met the SFY 2011 Standard:

22 (95.7%)

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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