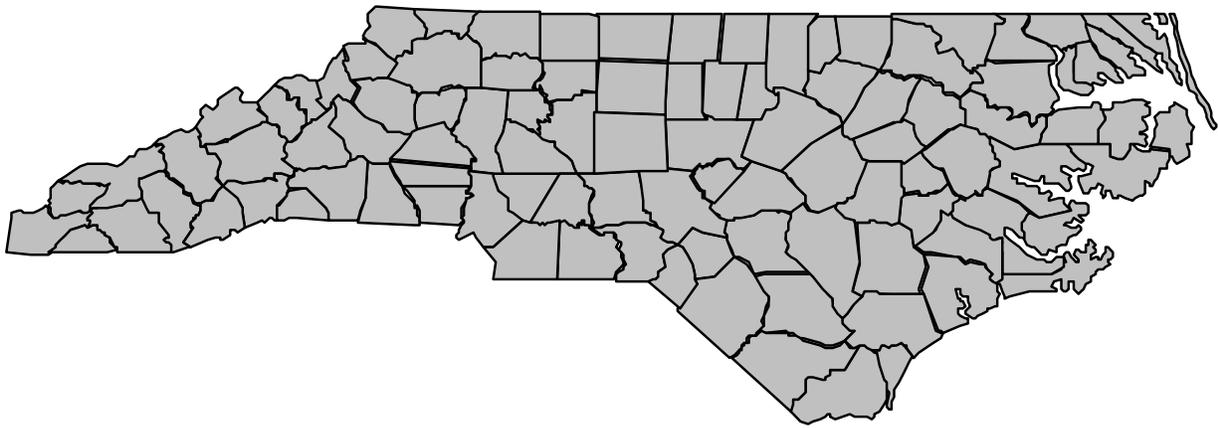


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

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

**Third Quarter Report  
January 1, 2011 - March 31, 2011**



Prepared by

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North Carolina Department of Health and Human Services

May 2011



SFY 2011 Performance Contract  
 Report/Data Submission Requirements  
 Third Quarter Report  
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## Introduction

This is the **Third 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 97% of the three report submission requirements and 86% 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**  
**Third Quarter Report**  
 January 1, 2011 - March 31, 2011

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	17. SAPTGB 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	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Beacon Center	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
CenterPoint	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Crossroads	4	4	100%	★	★	★	★			7	78%	★	★	★	★	★	★					★
Cumberland	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Durham	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
East Carolina Behavioral Health	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Eastpointe	3	4	75%	★		★	★			8	89%	★	★	★	★	★	★	★				★
Five County	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Guilford	4	4	100%	★	★		★			8	89%	★	★	★	★	★	★	★				★
Johnston	3	3	100%	★	★	N/A	★			8	89%	★	★	★	★	★	★	★				★
Mecklenburg	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Mental Health Partners	3	3	100%	★	★	N/A	★			8	89%	★	★	★	★	★	★	★				★
Onslow-Carteret	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Orange-Person-Chatham	3	4	75%		★	★	★			8	89%	★	★	★	★	★	★	★				★
Pathways	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
PBH	4	4	100%	★	★	★	★			7	88%	★	★	★	★	★	★	★				N/A
Sandhills Center	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Smoky Mountain	3	4	75%	★	★		★			8	89%	★	★	★	★	★	★	★				★
Southeastern Center	4	4	100%	★	★	★	★			9	100%	★	★	★	★	★	★	★		★	★	
Southeastern Regional	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
Wake	4	4	100%	★	★	★	★			7	78%	★	★	★	★	★	★					★
Western Highlands	4	4	100%	★	★	★	★			8	89%	★	★	★	★	★	★	★				★
<b>STATEWIDE - Number</b>			97%	0	22	22	20	23	0	0	88%	23	23	23	23	23	23	21	0	1	22	
<b>STATEWIDE - Percent</b>				0.0%	95.7%	95.7%	95.2%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.3%	0.0%	4.3%	100.0%	

\* 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  
 Third Quarter Report  
 January 1, 2011 - March 31, 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	3rd Qtr Report Due 4/20/11		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Elements Included	
Alamance-Caswell			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe		<b>Report is Under Revision</b>	
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  
Third Quarter Report  
January 1, 2011 - March 31, 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	2nd Qtr Report Due 2/20/11			3rd Qtr Report Due 4/20/11		
	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	1/20/11	Yes	★	4/20/11	Yes	★
Beacon Center	2/7/11	Yes	★	4/8/11	Yes	★
CenterPoint	2/11/11	Yes	★	4/15/11	Yes	★
Crossroads	1/10/11	Yes	★	4/13/11	Yes	★
Cumberland	1/14/11	Yes	★	4/20/11	Yes	★
Durham	2/18/11	Yes	★	4/5/11	Yes	★
East Carolina Behavioral Health	2/18/11	Yes	★	4/20/11	Yes	★
Eastpointe	1/18/11	Yes	★	4/20/11	No	
Five County	2/17/11	Yes	★	4/20/11	Yes	★
Guilford	2/16/11	Yes	★	4/14/11	Yes	★
Johnston	2/16/11	Yes	★	4/14/11	Yes	★
Mecklenburg	2/1/11	Yes	★	4/18/11	Yes	★
Mental Health Partners	2/17/11	Yes	★	4/19/11	Yes	★
Onslow-Carteret	1/20/11	Yes	★	4/20/11	Yes	★
Orange-Person-Chatham	Not Received	No		4/18/11	Yes	★
Pathways	1/21/11	Yes	★	4/19/11	Yes	★
PBH	2/18/11	Yes	★	4/20/11	Yes	★
Sandhills Center	2/9/11	Yes	★	4/13/11	Yes	★
Smoky Mountain	2/18/11	Yes	★	4/20/11	Yes	★
Southeastern Center	1/28/11	Yes	★	4/8/11	Yes	★
Southeastern Regional	2/1/11	Yes	★	4/20/11	Yes	★
Wake	1/20/11	Yes	★	4/20/11	Yes	★
Western Highlands	2/14/11	Yes	★	4/19/11	Yes	★

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

22 (95.7%)

**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  
Third Quarter Report  
January 1, 2011 - March 31, 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	3rd Qtr Report Due 4/20/11						
	Juvenile Detention		JJSAMH Partnership		Multi-purpose Group Home		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell			4/8/11	Yes			★
Beacon Center			4/7/11	Yes			★
CenterPoint	4/7/11	Yes	4/7/11	Yes			★
Crossroads			4/8/11	Yes			★
Cumberland	4/7/11	Yes	4/7/11	Yes			★
Durham	4/11/11	Yes	4/11/11	Yes			★
East Carolina Behavioral Health	4/18/11	Yes	4/18/11	Yes	4/18/11	Yes	★
Eastpointe			4/8/11	Yes	4/8/11	Yes	★
Five County			4/8/11	Yes			★
Guilford	4/8/11	Yes	4/8/11	Yes			★
Mecklenburg	4/18/11	Yes					★
Onslow-Carteret			4/5/11	Yes			★
Orange-Person-Chatham			4/4/11	Yes			★
Pathways	4/4/11	Yes					★
PBH			4/8/11	Yes			★
Sandhills Center	4/7/11	Yes	4/7/11	Yes			★
Smoky Mountain	4/8/11	Yes			None	No	
Southeastern Center	4/7/11	Yes	4/7/11	Yes			★
Southeastern Regional			4/8/11	Yes	4/8/11	Yes	★
Wake	4/19/11	Yes	4/19/11	Yes			★
Western Highlands	4/5/11	Yes	4/5/11	Yes			★
Mental Health Partners							
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.
1. **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  
Third Quarter Report  
January 1, 2011 - March 31, 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	3rd Qtr Report Due 4/20/11		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell	4/19/2011	Yes	★
Beacon Center	4/5/2011	Yes	★
CenterPoint	4/19/2011	Yes	★
Crossroads	4/12/2011	Yes	★
Cumberland	4/20/2011	Yes	★
Durham	4/19/2011	Yes	★
East Carolina Behavioral Health	4/20/2011	Yes	★
Eastpointe	4/7/2011	Yes	★
Five County	4/19/2011	Yes	★
Guilford	4/12/2011	Yes	★
Johnston	4/20/2011	Yes	★
Mecklenburg	4/11/2011	Yes	★
Mental Health Partners	4/19/2011	Yes	★
Onslow-Carteret	4/19/2011	Yes	★
Orange-Person-Chatham	4/15/2011	Yes	★
Pathways	4/11/2011	Yes	★
PBH	4/12/2011	Yes	★
Sandhills Center	4/25/2011	Yes	★
Smoky Mountain	4/20/2011	Yes	★
Southeastern Center	4/19/2011	Yes	★
Southeastern Regional	4/20/2011	Yes	★
Wake	4/15/2011	Yes	★
Western Highlands	4/19/2011	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  
Third Quarter Report  
January 1, 2011 - March 31, 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 (October 1, 2010 - December 31, 2010) 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 <sup>2</sup>
Alamance-Caswell	762	21	741	97%	★
Beacon Center	1,227	0	1,227	100%	★
CenterPoint	2,962	0	2,962	100%	★
Crossroads	1,346	4	1,342	100%	★
Cumberland	1,050	0	1,050	100%	★
Durham	1,302	0	1,302	100%	★
East Carolina Behavioral Health	1,397	25	1,372	98%	★
Eastpointe	1,486	1	1,485	100%	★
Five County	899	1	898	100%	★
Guilford	2,017	0	2,017	100%	★
Johnston	224	0	224	100%	★
Mecklenburg	828	0	828	100%	★
Mental Health Partners	468	0	468	100%	★
Onslow-Carteret	849	7	842	99%	★
Orange-Person-Chatham	685	31	654	95%	★
Pathways	674	8	666	99%	★
PBH	252	3	249	99%	★
Sandhills Center	474	0	474	100%	★
Smoky Mountain	2,053	0	2,053	100%	★
Southeastern Center	1,878	2	1,876	100%	★
Southeastern Regional	1,336	4	1,332	100%	★
Wake	1,772	5	1,767	100%	★
Western Highlands	2,814	0	2,814	100%	★
<b>TOTAL</b>	<b>28,755</b>	<b>112</b>	<b>28,643</b>	<b>100%</b>	<b>★</b>

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  
 Third Quarter Report  
 January 1, 2011 - March 31, 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 April 30, 2011.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2011	Third Quarter Adm SFY2010	Monthly Average SFY2011	Monthly Average SFY2010
Alamance-Caswell	23051	202	207	263	672	521	224	174
Beacon Center	43051	165	194	192	551	396	184	132
CenterPoint	23021	569	533	556	1,658	1,404	553	468
CrossRoads	23011	212	204	222	638	569	213	190
Cumberland	33051	193	250	267	710	614	237	205
Durham	23071	250	235	343	828	667	276	222
East Carolina Behavioral Health	43071	549	535	644	1,728	1,099	576	366
Eastpointe	43081	328	347	475	1,150	481	383	160
Five County	23081	432	359	381	1,172	0	391	0
Guilford	23041	396	412	489	1,297	1,133	432	378
Johnston	33071	154	135	172	461	390	154	130
Mecklenburg	13101	355	415	468	1,238	962	413	321
Mental Health Partners	13091	260	272	319	851	689	284	230
Onslow-Carteret	43021	72	38	17	127	370	42	123
Orange-Person-Chatham	23061	279	239	202	720	272	240	91
Pathways	13081	381	321	364	1,066	742	355	247
PBH	13112	848	861	859	2,568	535	856	178
Sandhills	33031	552	543	656	1,751	1,501	584	500
Smoky Mountain	13010	560	614	671	1,845	428	615	143
Southeastern Center	43011	383	348	425	1,156	858	385	286
Southeastern Regional	33040	303	290	334	927	782	309	261
Wake	33081	475	461	408	1,344	1,047	448	349
Western Highlands	13131	765	750	933	2,448	2,229	816	743
<b>TOTAL ADMISSIONS</b>		<b>8,683</b>	<b>8,563</b>	<b>9,660</b>	<b>26,906</b>	<b>17,689</b>	<b>8,969</b>	<b>5,896</b>

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

SFY 2010 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2011 - March 31, 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 (October 1, 2010 - December 31, 2010) 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 <sup>2</sup>
Alamance-Caswell	600	0	600	100%	★
Beacon Center	546	0	546	100%	★
CenterPoint	1,781	1	1,780	100%	★
Crossroads	553	9	544	98%	★
Cumberland	661	0	661	100%	★
Durham	739	0	739	100%	★
East Carolina Behavioral Health	1,652	24	1,628	99%	★
Eastpointe	1,118	57	1,061	95%	★
Five County	816	8	808	99%	★
Guilford	1,163	2	1,161	100%	★
Johnston	372	0	372	100%	★
Mecklenburg	976	0	976	100%	★
Mental Health Partners	774	34	740	96%	★
Onslow-Carteret	164	2	162	99%	★
Orange-Person-Chatham	787	25	762	97%	★
Pathways	700	7	693	99%	★
PBH	795	0	795	100%	★
Sandhills Center	1,727	5	1,722	100%	★
Smoky Mountain	1,679	0	1,679	100%	★
Southeastern Center	1,125	29	1,096	97%	★
Southeastern Regional	650	2	648	100%	★
Wake	959	3	956	100%	★
Western Highlands	2,333	0	2,333	100%	★
<b>TOTAL</b>	<b>22,670</b>	<b>208</b>	<b>22,462</b>	<b>99%</b>	<b>★</b>

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 (October 1, 2010 - December 31, 2010) 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 <sup>2</sup>
Alamance-Caswell	600	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	546	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,781	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	553	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	661	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	98%	95%	★
Durham	739	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,652	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	1,118	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	816	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,163	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	372	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	976	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	774	100%	99%	98%	100%	99%	100%	94%	100%	100%	100%	100%	100%	★
Onslow-Carteret	164	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	787	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Pathways	700	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
PBH	795	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,727	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,679	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	1,125	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	650	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	959	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	★
Western Highlands	2,333	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>22,670</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>★</b>

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 (October 1, 2010 - December 31, 2010) 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 <sup>2</sup>
Alamance-Caswell	1,440	100%	100%	100%	100%	100%	100%	★
Beacon Center	438	100%	100%	100%	100%	100%	100%	★
CenterPoint	933	100%	100%	100%	100%	100%	100%	★
Crossroads	179	95%	95%	95%	95%	95%	95%	★
Cumberland	754	100%	100%	100%	98%	98%	95%	★
Durham	503	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	350	100%	100%	100%	100%	100%	100%	★
Eastpointe	198	100%	100%	100%	100%	100%	100%	★
Five County	725	100%	100%	100%	100%	100%	100%	★
Guilford	3,250	100%	100%	100%	100%	100%	100%	★
Johnston	372	100%	100%	100%	100%	100%	100%	★
Mecklenburg	229	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	456	100%	100%	100%	100%	100%	100%	★
Onslow-Carteret	53	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	606	100%	100%	100%	100%	100%	100%	★
Pathways	1,769	100%	100%	100%	100%	100%	100%	★
PBH	1,366	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,623	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	291	100%	100%	100%	100%	100%	99%	★
Southeastern Center	558	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	175	100%	100%	100%	100%	100%	100%	★
Wake	229	100%	100%	100%	100%	100%	100%	★
Western Highlands	2,157	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>18,654</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>★</b>

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 (October 1, 2010 - December 31, 2010) 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 <sup>3</sup>	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell	1,292	14	1,278	99%	★
Beacon Center	959	1	958	100%	★
CenterPoint	2,426	84	2,342	97%	★
Crossroads	749	32	717	96%	★
Cumberland	1,066	0	1,066	100%	★
Durham	1,436	1	1,435	100%	★
East Carolina Behavioral Health	3,330	39	3,291	99%	★
Eastpointe	1,570	20	1,550	99%	★
Five County	1,190	19	1,171	98%	★
Guilford	2,364	3	2,361	100%	★
Johnston	1,137	3	1,134	100%	★
Mecklenburg	1,496	9	1,487	99%	★
Mental Health Partners	1,903	97	1,806	95%	★
Onslow-Carteret	1,691	0	1,691	100%	★
Orange-Person-Chatham	988	47	941	95%	★
Pathways	1,614	114	1,500	93%	★
PBH	2,420	53	2,367	98%	★
Sandhills Center	2,994	5	2,989	100%	★
Smoky Mountain	4,006	91	3,915	98%	★
Southeastern Center	2,112	21	2,091	99%	★
Southeastern Regional	395	5	390	99%	★
Wake	2,938	66	2,872	98%	★
Western Highlands	3,177	14	3,163	100%	★
<b>TOTAL</b>	<b>43,253</b>	<b>738</b>	<b>42,515</b>	<b>98%</b>	<b>★</b>

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 (October 1, 2010 - December 31, 2010) 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 <sup>3</sup>	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met <sup>2</sup>
Alamance-Caswell	193	0	193	100%	★
Beacon Center	168	0	168	100%	★
CenterPoint	789	0	789	100%	★
Crossroads	242	1	241	100%	★
Cumberland	310	2	308	99%	★
Durham	382	0	382	100%	★
East Carolina Behavioral Health	1,137	26	1,111	98%	★
Eastpointe	347	4	343	99%	★
Five County	235	21	214	91%	★
Guilford	578	1	577	100%	★
Johnston	153	4	149	97%	★
Mecklenburg	946	14	932	99%	★
Mental Health Partners	241	16	225	93%	★
Onslow-Carteret	105	2	103	98%	★
Orange-Person-Chatham	234	15	219	94%	★
Pathways	438	18	420	96%	★
PBH	493	12	481	98%	★
Sandhills Center	734	2	732	100%	★
Smoky Mountain	879	1	878	100%	★
Southeastern Center	725	8	717	99%	★
Southeastern Regional	51	1	50	98%	★
Wake	579	24	555	96%	★
Western Highlands	898	1	897	100%	★
<b>TOTAL</b>	<b>10,857</b>	<b>173</b>	<b>10,684</b>	<b>98%</b>	<b>★</b>

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 (October 1, 2010 - December 31, 2010) 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 <sup>3</sup>	Number <u>with</u> Appropriate Activity or an Episode Completion Record <sup>4</sup>	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met <sup>2</sup>
Alamance-Caswell	143	7	136	95%	★
Beacon Center	134	0	134	100%	★
CenterPoint	377	12	365	97%	★
Crossroads	63	58	5	8%	
Cumberland	160	7	153	96%	★
Durham	111	1	110	99%	★
East Carolina Behavioral Health	492	11	481	98%	★
Eastpointe	165	9	156	95%	★
Five County	179	15	164	92%	★
Guilford	185	4	181	98%	★
Johnston	40	0	40	100%	★
Mecklenburg	293	28	265	90%	★
Mental Health Partners	173	1	172	99%	★
Onslow-Carteret	43	3	40	93%	★
Orange-Person-Chatham	204	10	194	95%	★
Pathways	250	14	236	94%	★
PBH	352	8	344	98%	★
Sandhills Center	425	6	419	99%	★
Smoky Mountain	414	5	409	99%	★
Southeastern Center	271	4	267	99%	★
Southeastern Regional	34	2	32	94%	★
Wake	103	75	28	27%	
Western Highlands	492	44	448	91%	★
<b>TOTAL</b>	<b>5,103</b>	<b>324</b>	<b>4,779</b>	<b>94%</b>	<b>★</b>

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

21 (91.3%)

**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 <sup>3</sup>	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met <sup>2</sup>
		# of Initial Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell						
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 <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell	197	159	80.7%	100	50.8%	
Beacon Center	297	296	99.7%	243	81.8%	
CenterPoint	736	724	98.4%	517	70.2%	
Crossroads	296	292	98.6%	155	52.4%	
Cumberland	474	451	95.1%	376	79.3%	
Durham	625	610	97.6%	526	84.2%	
East Carolina Behavioral Health	1,029	1,027	99.8%	825	80.2%	
Eastpointe	579	579	100.0%	511	88.3%	
Five County	331	330	99.7%	260	78.5%	
Guilford	566	409	72.3%	253	44.7%	
Johnston	85	78	91.8%	52	61.2%	
Mecklenburg	1,610	1,477	91.7%	1,068	66.3%	
Mental Health Partners	337	333	98.8%	285	84.6%	
Onslow-Carteret	123	123	100.0%	94	76.4%	
Orange-Person-Chatham	284	281	98.9%	244	85.9%	
Pathways	581	580	99.8%	498	85.7%	
PBH	664	639	96.2%	462	69.6%	
Sandhills Center	992	958	96.6%	633	63.8%	
Smoky Mountain	706	678	96.0%	416	58.9%	
Southeastern Center	675	674	99.9%	669	99.1%	★
Southeastern Regional	840	829	98.7%	701	83.5%	
Wake	679	661	97.3%	447	65.8%	
Western Highlands	625	509	81.4%	327	52.3%	
<b>Totals</b>	<b>13,331</b>	<b>12,697</b>	<b>95.2%</b>	<b>9,662</b>	<b>72.5%</b>	

Number and Percent of LMEs that met the SFY 2011 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 2011 Standard:** 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met <sup>2</sup>
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old <sup>1</sup>	
Alamance-Caswell	461	457	99.1%	★
Beacon Center	842	842	100.0%	★
CenterPoint	1537	1537	100.0%	★
Crossroads	651	651	100.0%	★
Cumberland	727	727	100.0%	★
Durham	835	829	99.3%	★
East Carolina Behavioral Health	1847	1836	99.4%	★
Eastpointe	1005	1005	100.0%	★
Five County	628	628	100.0%	★
Guilford	1209	1209	100.0%	★
Johnston	356	355	99.7%	★
Mecklenburg	2075	2057	99.1%	★
Mental Health Partners	671	664	99.0%	★
Onslow-Carteret	394	382	97.0%	★
Orange-Person-Chatham	719	713	99.2%	★
Pathways	1574	1560	99.1%	★
PBH	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1112	1112	100.0%	★
Smoky Mountain	1361	1361	100.0%	★
Southeastern Center	1245	1245	100.0%	★
Southeastern Regional	908	908	100.0%	★
Wake	2035	1949	95.8%	★
Western Highlands	1896	1879	99.1%	★
<b>Totals</b>	<b>24,088</b>	<b>23,906</b>	<b>99.2%</b>	<b>★</b>

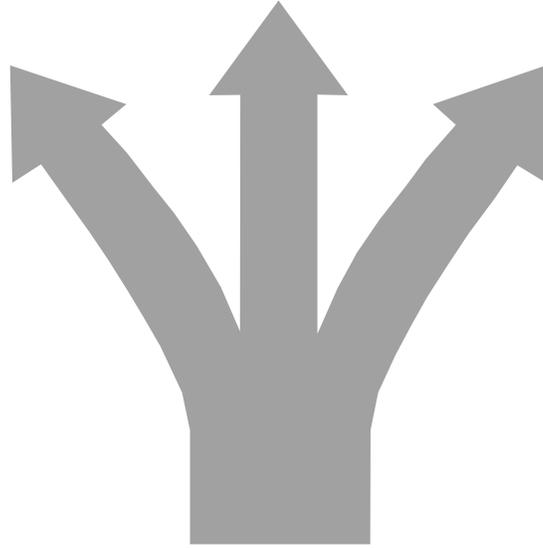
Number and Percent of LMEs that met the SFY 2011 Standard:

22 (100%)

**Notes:**

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.



**Please give us feedback so we can improve these reports by making them more informative and more useful to you!**

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