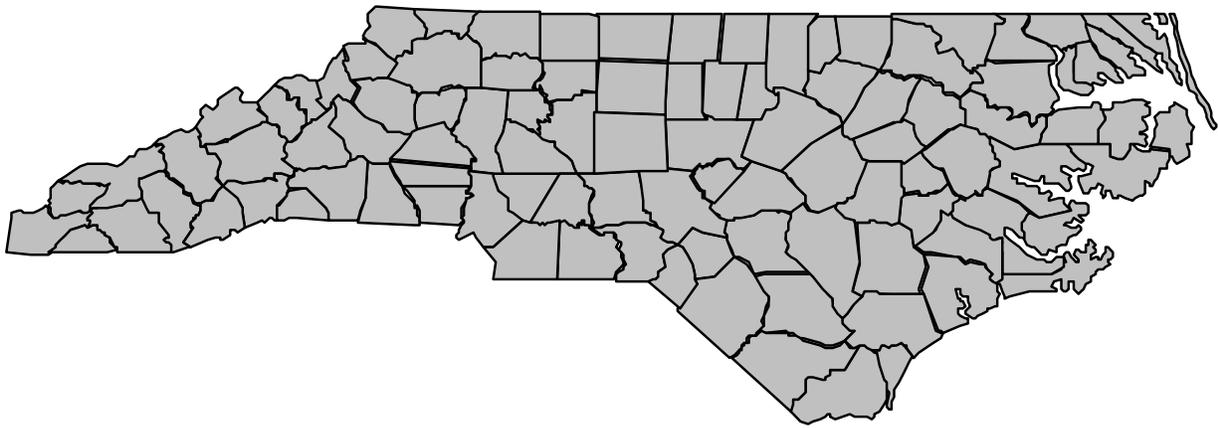


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

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

**First Quarter Report  
July 1, 2010 - September 30, 2010**



Prepared by

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North Carolina Department of Health and Human Services

November 2010



SFY 2011 Performance Contract  
 Report/Data Submission Requirements  
 First Quarter Report  
**Table of Contents**

	<u>Page</u>
Introduction .....	1
Report Schedule .....	2
Summary of LME Performance .....	3
 <b>Report/Data Submission Requirements</b>	
<b>Quarterly Reports</b>	
1. Incident Reporting .....	4
2. Quarterly Fiscal Monitoring Reports .....	5
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report .....	6
4. Work First Initiative Quarterly Reports .....	7
5. System of Care Report .....	8
6. Client Data Warehouse (CDW) - Screening Records .....	9
7. Client Data Warehouse (CDW) - Admissions .....	10
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis .....	11
9. Client Data Warehouse (CDW) - Unknown Data (Admissions) .....	12
10. Client Data Warehouse (CDW) - Unknown Data (Discharges) .....	13
11. Client Data Warehouse (CDW) - Identifying and Demographic Records .....	14
12. Client Data Warehouse (CDW) - Drug of Choice .....	15
13. Client Data Warehouse (CDW) - Episode Completion Records (SA Clients) .....	16
14. NC Treatment Outcomes and Program Performance System (Initial).....	17
15. NC Treatment Outcomes and Program Performance System (Update).....	18
16. NC Support Needs Assessment Profile (NC-SNAP) .....	19
 <b>Semi-Annual Reports</b>	
17. SAPTBG Compliance Report .....	20
 <b>Annual Reports</b>	
18. National Core Indicators (NCI) Consents and Pre-Surveys .....	21

## **Introduction**

This is the **First 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 four report submission requirements and 87% of the nine 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 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**  
**First Quarter Report**  
**July 1, 2010 - September 30, 2010**

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. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP
Alamance-Caswell-Rockingham	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Beacon Center	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
CenterPoint	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Crossroads	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Cumberland	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Durham	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
East Carolina Behavioral Health	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Eastpointe	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★		★		★
Five County	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Guilford	4	4	100%	★	★	N/A	★	★	89%	★	★	★	★	★	★	★				★
Johnston	3	3	100%	★	★	N/A	★	★	89%	★	★	★	★	★	★	★				★
Mecklenburg	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Mental Health Partners	3	3	100%	★	★	N/A	★	★	89%	★	★	★	★	★	★	★				★
Onslow-Carteret	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Orange-Person-Chatham	4	4	100%	★	★	★	★	★	67%	★	★	★	★	★	★	★				★
Pathways	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Piedmont	4	4	100%	★	★	★	★	★	75%	★	★	★	★	★	★	★				N/A
Sandhills Center	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Smoky Mountain	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Southeastern Center	4	4	100%	★	★	★	★	★	100%	★	★	★	★	★	★	★		★		★
Southeastern Regional	4	4	100%	★	★	★	★	★	89%	★	★	★	★	★	★	★				★
Wake	2	4	50%				★	★	78%	★	★	★	★	★	★	★				★
Western Highlands	3	4	75%	★			★	★	89%	★	★	★	★	★	★	★				★
<b>STATEWIDE - Number</b>			<b>97%</b>	<b>0</b>	<b>22</b>	<b>21</b>	<b>21</b>	<b>23</b>	<b>87%</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>21</b>	<b>23</b>	<b>20</b>	<b>0</b>	<b>2</b>	<b>22</b>	
<b>STATEWIDE - Percent</b>				<b>0.0%</b>	<b>95.7%</b>	<b>91.3%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>91.3%</b>	<b>100.0%</b>	<b>87.0%</b>	<b>0.0%</b>	<b>8.7%</b>	<b>95.7%</b>		

\* 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  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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	1st Qtr Report Due 10/20/10		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Elements Included	
Alamance-Caswell-Rockingham			
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			
Piedmont			
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. ★ = Met the Standard.

SFY 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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 8/31/10			1st Qtr Report Due 10/20/10		
	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	8/30/10	Yes	★	10/20/10	Yes	★
Beacon Center	8/16/10	Yes	★	10/11/10	Yes	★
CenterPoint	8/20/10	Yes	★	10/20/10	Yes	★
Crossroads	8/4/10	Yes	★	10/12/10	Yes	★
Cumberland	8/24/10	Yes	★	10/14/10	Yes	★
Durham	8/31/10	Yes	★	10/11/10	Yes	★
East Carolina Behavioral Health	8/24/10	Yes	★	10/20/10	Yes	★
Eastpointe	8/21/10	Yes	★	10/20/10	Yes	★
Five County	8/31/10	Yes	★	10/20/10	Yes	★
Guilford	8/31/10	Yes	★	10/20/10	Yes	★
Johnston	8/24/10	Yes	★	10/5/10	Yes	★
Mecklenburg	8/30/10	Yes	★	10/20/10	Yes	★
Mental Health Partners	8/19/10	Yes	★	10/13/10	Yes	★
Onslow-Carteret	8/20/10	Yes	★	10/15/10	Yes	★
Orange-Person-Chatham	8/30/10	Yes	★	10/19/10	Yes	★
Pathways	8/19/10	Yes	★	10/18/10	Yes	★
Piedmont	8/27/10	Yes	★	10/20/10	Yes	★
Sandhills Center	8/10/10	Yes	★	10/12/10	Yes	★
Smoky Mountain	8/25/10	Yes	★	10/20/10	Yes	★
Southeastern Center	8/20/10	Yes	★	10/18/10	Yes	★
Southeastern Regional	8/24/10	Yes	★	10/18/10	Yes	★
Wake	10/7/10	Yes		10/26/10	Yes	
Western Highlands	8/23/10	Yes	★	10/25/10	Yes	

Number and Percent of LMEs that met the Performance Standard: 22 (95.7%) 21 (91.3%)

**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 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

## 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	1st Qtr Report Due 10/20/10		
	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>
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			
Piedmont			
Sandhills Center			
Smoky Mountain			
Southeastern Center			
Southeastern Regional			
Wake			
Western Highlands			

Because the due date for this report is after the end of the quarter, the **Fourth** Quarter's results will be provided in the **First** Quarter report.

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

**Notes:**

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
2. ★ = Met the Performance Contract Standard.

SFY 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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	1st Qtr Report Due 10/20/10						
	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-Rockingham			10/7/10	Yes			★
Beacon Center			10/8/10	Yes			★
CenterPoint	10/8/10	Yes	10/8/10	Yes			★
Crossroads			10/8/10	Yes			★
Cumberland	10/6/10	Yes	10/6/10	Yes			★
Durham	10/11/10	Yes	10/11/10	Yes			★
East Carolina Behavioral Health	10/11/10	Yes	10/11/10	Yes	10/8/10	Yes	★
Eastpointe			10/8/10	Yes	10/8/10	Yes	★
Five County			10/7/10	Yes			★
Guilford	10/8/10	Yes	10/8/10	Yes			★
Mecklenburg	10/8/10	Yes					★
Onslow-Carteret			10/10/10	Yes			★
Orange-Person-Chatham			10/11/10	Yes			★
Pathways	9/30/10	Yes					★
Piedmont			10/11/10	Yes			★
Sandhills Center	10/8/10	Yes	10/8/10	Yes			★
Smoky Mountain			10/8/10	Yes			★
Southeastern Center	10/7/10	Yes	10/11/10	Yes			★
Southeastern Regional			10/7/10	Yes	10/7/10	Yes	★
Wake	10/8/10	Yes	10/8/10	Yes			★
Western Highlands	10/18/10	Yes	10/18/10	Yes			★
Mental Health Partners							
Johnston							

These LMEs do not have a SA/JJ Initiative.

Number of Percent of LMEs that Met the SFY2011 Standard:

21 (100%)

**Notes:**

1. Reports that are not complete or that are received >10 days after the due date are shaded red.

**Italicized** dates with yellow shading were received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

3. Mecklenburg using funds for Drug Court.

SFY 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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	1st Qtr Report Due 10/20/10		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham	10/18/10	Yes	★
Beacon Center	10/15/10	Yes	★
CenterPoint	10/18/10	Yes	★
Crossroads	10/12/10	Yes	★
Cumberland	10/20/10	Yes	★
Durham	10/20/10	Yes	★
East Carolina Behavioral Health	10/18/10	Yes	★
Eastpointe	10/15/10	Yes	★
Five County	10/18/10	Yes	★
Guilford	10/15/10	Yes	★
Johnston	10/20/10	Yes	★
Mecklenburg	10/19/10	Yes	★
Mental Health Partners	10/14/10	Yes	★
Onslow-Carteret	10/13/10	Yes	★
Orange-Person-Chatham	10/18/10	Yes	★
Pathways	10/15/10	Yes	★
Piedmont	10/12/10	Yes	★
Sandhills Center	10/15/10	Yes	★
Smoky Mountain	10/18/10	Yes	★
Southeastern Center	10/15/10	Yes	★
Southeastern Regional	10/18/10	Yes	★
Wake	10/14/10	Yes	★
Western Highlands	10/13/10	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  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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, 2010 - June 30, 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	800	19	781	98%	★
Beacon Center	1,131	5	1,126	100%	★
CenterPoint	3,370	0	3,370	100%	★
Crossroads	2,015	0	2,015	100%	★
Cumberland	1,585	0	1,585	100%	★
Durham	1,501	0	1,501	100%	★
East Carolina Behavioral Health	1,561	58	1,503	96%	★
Eastpointe	1,750	0	1,750	100%	★
Five County	1,235	0	1,235	100%	★
Guilford	2,320	1	2,319	100%	★
Johnston	427	0	427	100%	★
Mecklenburg	1,083	1	1,082	100%	★
Mental Health Partners	1,023	2	1,021	100%	★
Onslow-Carteret	706	12	694	98%	★
Orange-Person-Chatham	763	24	739	97%	★
Pathways	1,804	1	1,803	100%	★
Piedmont	228	0	228	100%	★
Sandhills Center	1,781	0	1,781	100%	★
Smoky Mountain	2,490	0	2,490	100%	★
Southeastern Center	1,878	5	1,873	100%	★
Southeastern Regional	2,105	0	2,105	100%	★
Wake	2,324	1	2,323	100%	★
Western Highlands	2,828	1	2,827	100%	★
<b>TOTAL</b>	<b>36,708</b>	<b>130</b>	<b>36,578</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  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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, 2010.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2011	First Quarter Adm SFY2010	Monthly Average SFY2011	Monthly Average SFY2010
Alamance-Caswell	23051	193	199	174	566	505	189	168
Beacon Center	43051	139	228	140	507	455	169	152
CenterPoint	23021	545	566	364	1,475	3,351	492	1,117
CrossRoads	23011	183	184	215	582	640	194	213
Cumberland	33051	260	224	238	722	413	241	138
Durham	23071	283	285	199	767	812	256	271
East Carolina Behavioral Health	43071	598	555	506	1,659	955	553	318
Eastpointe	43081	0	2	13	15	333	5	111
Five County	23081	184	297	56	537	210	179	70
Guilford	23041	366	366	323	1,055	1,075	352	358
Johnston	33071	127	120	109	356	393	119	131
Mecklenburg	13102	409	323	316	1,048	1,007	349	336
Mental Health Partners	13091	171	169	178	518	417	173	139
Onslow-Carteret	43021	20	16	12	48	456	16	152
Orange-Person-Chatham	23061	85	88	86	259	235	86	78
Pathways	13081	242	324	283	849	858	283	286
Piedmont	13121	97	85	108	290	1,037	97	346
Sandhills	33031	571	594	396	1,561	864	520	288
Smoky Mountain	13010	490	547	518	1,555	1,451	518	484
Southeastern Center	43011	328	297	226	851	677	284	226
Southerastern Regional	33041	307	224	136	667	760	222	253
Wake	33081	15	162	227	404	1,192	135	397
Western Highlands	13131	789	876	810	2,475	1,895	825	632
<b>TOTAL ADMISSIONS</b>		<b>6,402</b>	<b>6,731</b>	<b>5,633</b>	<b>18,766</b>	<b>19,991</b>	<b>6,255</b>	<b>6,664</b>

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

SFY 2010 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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, 2010 - June 30, 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	578	0	578	100%	★
Beacon Center	554	0	554	100%	★
CenterPoint	1,770	1	1,769	100%	★
Crossroads	551	5	546	99%	★
Cumberland	809	1	808	100%	★
Durham	790	0	790	100%	★
East Carolina Behavioral Health	1,611	20	1,591	99%	★
Eastpointe	793	0	793	100%	★
Five County	689	22	667	97%	★
Guilford	1,216	3	1,213	100%	★
Johnston	391	0	391	100%	★
Mecklenburg	1,185	14	1,171	99%	★
Mental Health Partners	487	8	479	98%	★
Onslow-Carteret	263	5	258	98%	★
Orange-Person-Chatham	287	17	270	94%	★
Pathways	966	27	939	97%	★
Piedmont	406	0	406	100%	★
Sandhills Center	1,821	2	1,819	100%	★
Smoky Mountain	1,898	0	1,898	100%	★
Southeastern Center	949	84	865	91%	★
Southeastern Regional	1,038	0	1,038	100%	★
Wake	1,487	34	1,453	98%	★
Western Highlands	2,405	0	2,405	100%	★
<b>TOTAL</b>	<b>22,944</b>	<b>243</b>	<b>22,701</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.

SFY 2010 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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, 2010 - June 30, 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	Standard Met <sup>2</sup>
Alamance-Caswell	578	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	554	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,770	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	551	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	809	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	★
Durham	790	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,611	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	793	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	689	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,216	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	391	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,185	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	473	100%	100%	99%	100%	98%	100%	92%	100%	100%	100%	100%	★
Onslow-Carteret	263	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	287	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Pathways	966	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	406	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,821	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,898	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	949	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	1,038	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,487	100%	100%	100%	100%	97%	100%	95%	100%	100%	100%	100%	★
Western Highlands	2,405	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>22,930</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>99%</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.

SFY 2010 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2009 - September 30, 2009

**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, 2009 - June 30, 2009) where all mandatory data fields contain a value other than 'unknown'.

SFY 2010 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell	1,877	100%	100%	100%	100%	100%	★
Beacon Center	361	100%	100%	100%	100%	100%	★
CenterPoint	1,430	100%	100%	100%	100%	100%	★
Crossroads	336	100%	100%	100%	100%	100%	★
Cumberland	818	96%	100%	100%	96%	100%	★
Durham	361	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	593	100%	100%	100%	100%	100%	★
Eastpointe	162	100%	100%	100%	100%	100%	★
Five County	700	100%	100%	100%	100%	100%	★
Guilford	1,575	100%	100%	100%	100%	100%	★
Johnston	436	100%	100%	100%	100%	100%	★
Mecklenburg	18,980	100%	100%	100%	100%	100%	★
Mental Health Partners	461	100%	100%	100%	100%	100%	★
Onslow-Carteret	589	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	163	91%	91%	91%	91%	91%	★
Pathways	302	100%	100%	100%	100%	100%	★
Piedmont	46	100%	100%	100%	100%	100%	★
Sandhills Center	473	100%	100%	100%	100%	100%	★
Smoky Mountain	567	99%	100%	100%	100%	100%	★
Southeastern Center	7,439	100%	100%	100%	100%	100%	★
Southeastern Regional	817	100%	100%	100%	100%	100%	★
Wake	16	100%	100%	100%	100%	100%	★
Western Highlands	3,017	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>41,519</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 2010 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  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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, 2010 - June 30, 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	1,236	23	1,213	98%	★
Beacon Center	962	23	939	98%	★
CenterPoint	2,507	20	2,487	99%	★
Crossroads	971	25	946	97%	★
Cumberland	686	2	684	100%	★
Durham	1,372	4	1,368	100%	★
East Carolina Behavioral Health	2,377	37	2,340	98%	★
Eastpointe	1,186	77	1,109	94%	★
Five County	1,184	57	1,127	95%	★
Guilford	2,722	10	2,712	100%	★
Johnston	1,177	2	1,175	100%	★
Mecklenburg	2,022	40	1,982	98%	★
Mental Health Partners	1,863	116	1,747	94%	★
Onslow-Carteret	1,120	0	1,120	100%	★
Orange-Person-Chatham	1,042	142	900	86%	
Pathways	1,742	31	1,711	98%	★
Piedmont	2,390	330	2,060	86%	
Sandhills Center	3,112	37	3,075	99%	★
Smoky Mountain	4,061	41	4,020	99%	★
Southeastern Center	1,765	6	1,759	100%	★
Southeastern Regional	912	11	901	99%	★
Wake	2,692	84	2,608	97%	★
Western Highlands	3,081	2	3,079	100%	★
<b>TOTAL</b>	<b>42,182</b>	<b>1,120</b>	<b>41,062</b>	<b>97%</b>	<b>★</b>

Number and Percent 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. Only includes IPRS claims.

SFY 2010 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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 (April 1, 2010 - June 30, 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	210	0	210	100%	★
Beacon Center	185	0	185	100%	★
CenterPoint	823	8	815	99%	★
Crossroads	355	0	355	100%	★
Cumberland	232	2	230	99%	★
Durham	422	0	422	100%	★
East Carolina Behavioral Health	1,008	17	991	98%	★
Eastpointe	275	5	270	98%	★
Five County	199	17	182	91%	★
Guilford	754	3	751	100%	★
Johnston	150	3	147	98%	★
Mecklenburg	1,089	21	1,068	98%	★
Mental Health Partners	190	17	173	91%	★
Onslow-Carteret	67	3	64	96%	★
Orange-Person-Chatham	243	12	231	95%	★
Pathways	530	18	512	97%	★
Piedmont	367	36	331	90%	★
Sandhills Center	664	1	663	100%	★
Smoky Mountain	853	11	842	99%	★
Southeastern Center	585	2	583	100%	★
Southeastern Regional	211	1	210	100%	★
Wake	516	33	483	94%	★
Western Highlands	887	0	887	100%	★
<b>TOTAL</b>	<b>10,815</b>	<b>210</b>	<b>10,605</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.

SFY 2010 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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 (April 1, 2010 - June 30, 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	173	2	171	99%	★
Beacon Center	153	12	141	92%	★
CenterPoint	465	17	448	96%	★
Crossroads	145	10	135	93%	★
Cumberland	108	9	99	92%	★
Durham	130	1	129	99%	★
East Carolina Behavioral Health	503	19	484	96%	★
Eastpointe	139	99	40	29%	
Five County	69	6	63	91%	★
Guilford	239	23	216	90%	★
Johnston	31	0	31	100%	★
Mecklenburg	309	7	302	98%	★
Mental Health Partners	110	10	100	91%	★
Onslow-Carteret	28	0	28	100%	★
Orange-Person-Chatham	88	51	37	42%	
Pathways	393	16	377	96%	★
Piedmont	222	8	214	96%	★
Sandhills Center	456	18	438	96%	★
Smoky Mountain	342	8	334	98%	★
Southeastern Center	178	7	171	96%	★
Southeastern Regional	158	1	157	99%	★
Wake	127	88	39	31%	
Western Highlands	508	21	487	96%	★
<b>TOTAL</b>	<b>5,074</b>	<b>433</b>	<b>4,641</b>	<b>91%</b>	<b>★</b>

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

20 (87%)

**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.

SFY 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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-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						
Piedmont						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

Report is under revision.

The timeliness criterion was not used to determine whether the performance standard was met this quarter.

Number and Percent of LMEs that met the SFY 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.

SFY 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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-Rockingham	194	140	72.2%	88	45.4%	
Beacon Center	426	425	99.8%	331	77.7%	
CenterPoint	667	652	97.8%	504	75.6%	
Crossroads	328	320	97.6%	195	59.5%	
Cumberland	483	478	99.0%	422	87.4%	
Durham	750	749	99.9%	629	83.9%	
East Carolina Behavioral Health	624	623	99.8%	493	79.0%	
Eastpointe	656	656	100.0%	592	90.2%	★
Five County	284	284	100.0%	206	72.5%	
Guilford	690	589	85.4%	401	58.1%	
Johnston	98	95	96.9%	52	53.1%	
Mecklenburg	1,319	1,249	94.7%	938	71.1%	
Mental Health Partners	298	293	98.3%	243	81.5%	
Onslow-Carteret	132	132	100.0%	104	78.8%	
Orange-Person-Chatham	205	204	99.5%	181	88.3%	
Pathways	651	646	99.2%	574	88.2%	
Piedmont	658	656	99.7%	496	75.4%	
Sandhills Center	931	853	91.6%	553	59.4%	
Smoky Mountain	778	776	99.7%	498	64.0%	
Southeastern Center	616	616	100.0%	613	99.5%	★
Southeastern Regional	847	845	99.8%	656	77.4%	
Wake	732	704	96.2%	511	69.8%	
Western Highlands	751	611	81.4%	348	46.3%	
<b>Totals</b>	<b>13,118</b>	<b>12,596</b>	<b>96.0%</b>	<b>9,628</b>	<b>73.4%</b>	

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.

SFY 2011 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2010 - September 30, 2010

**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-Rockingham	457	457	100.0%	★
Beacon Center	844	843	99.9%	★
CenterPoint	1,571	1,571	100.0%	★
Crossroads	666	653	98.0%	★
Cumberland	709	709	100.0%	★
Durham	819	819	100.0%	★
East Carolina Behavioral Health	1,935	1,743	90.1%	★
Eastpointe	948	945	99.7%	★
Five County	662	656	99.1%	★
Guilford	1,214	1,214	100.0%	★
Johnston	346	345	99.7%	★
Mecklenburg	2,090	2,085	99.8%	★
Mental Health Partners	667	654	98.1%	★
Onslow-Carteret	410	403	98.3%	★
Orange-Person-Chatham	730	714	97.8%	★
Pathways	1,567	1,553	99.1%	★
Piedmont	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1,076	1,076	100.0%	★
Smoky Mountain	1,319	1,318	99.9%	★
Southeastern Center	1,230	1,230	100.0%	★
Southeastern Regional	878	878	100.0%	★
Wake	2,026	1,834	90.5%	★
Western Highlands	1,918	1,897	98.9%	★
<b>Totals</b>	<b>24,082</b>	<b>23,597</b>	<b>98.0%</b>	<b>★</b>

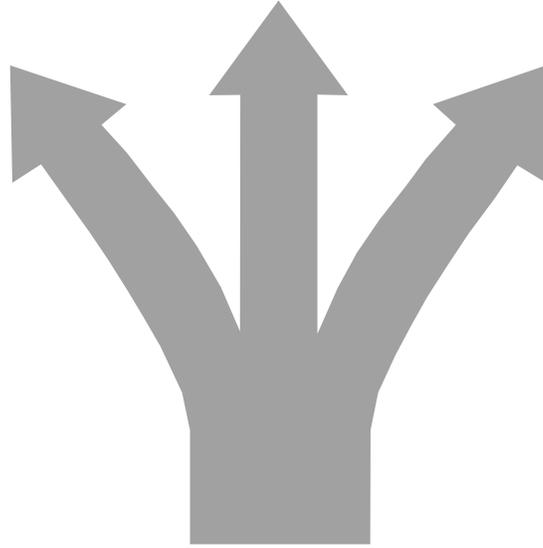
Number and Percent of LMEs that met the SFY 2011 Standard:

22 (95.7%)

**Notes:**

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.



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

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