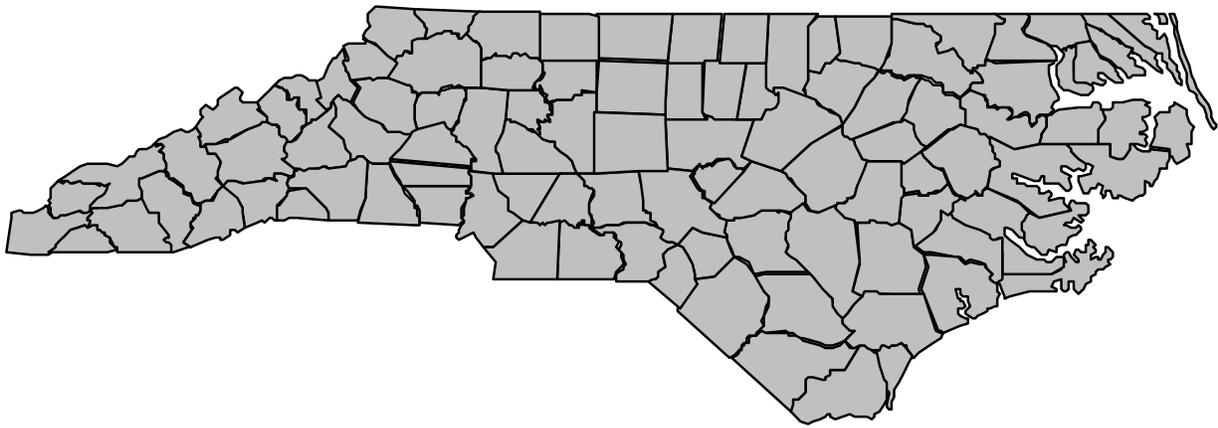


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**Second Quarter Report
October 1, 2010 - December 31, 2010**



Prepared by

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

February 2011



SFY 2011 Performance Contract
 Report/Data Submission Requirements
 Second Quarter Report

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Introduction

This is the **Second 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 100% 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
Second Quarter Report
October 1, 2010 - December 31, 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. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBG 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%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Cumberland	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Durham	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
East Carolina Behavioral Health	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Eastpointe	4	4	100%				★	★	★	★	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	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Pathways	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
PBH	4	4	100%				★	★	★	★	6	75%	★		★	★	★	★				N/A
Sandhills Center	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Smoky Mountain	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Southeastern Center	4	4	100%				★	★	★	★	9	100%	★	★	★	★	★	★		★	★	
Southeastern Regional	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
Wake	4	4	100%				★	★	★	★	5	56%	★	★	★		★					★
Western Highlands	4	4	100%				★	★	★	★	8	89%	★	★	★	★	★	★				★
STATEWIDE - Number			100%	0	0	0	21	23	23	23		87%	23	22	23	22	23	22	22	0	1	22
STATEWIDE - Percent				0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%		100.0%	95.7%	100.0%	95.7%	100.0%	95.7%	95.7%	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
 Second Quarter Report
 October 1, 2010 - December 31, 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	2nd Qtr Report Due 1/20/11		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. ★ = Met the Standard.

SFY 2011 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2010 - December 31, 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	2nd Qtr Report Due 1/20/11						
	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			1/10/11	Yes			★
Beacon Center			1/10/11	Yes			★
CenterPoint	1/10/11	Yes	1/5/11	Yes			★
Crossroads			1/10/11	Yes			★
Cumberland	1/3/11	Yes	1/3/11	Yes			★
Durham	1/13/11	Yes	1/13/11	Yes			★
East Carolina Behavioral Health	1/7/11	Yes	1/10/11	Yes	1/7/11	Yes	★
Eastpointe			1/12/11	Yes	1/12/11	Yes	★
Five County			1/14/11	Yes			★
Guilford	1/10/11	Yes	1/10/11	Yes			★
Mecklenburg	1/14/11	Yes					★
Onslow-Carteret			1/10/11	Yes			★
Orange-Person-Chatham			1/7/11	Yes			★
Pathways	1/6/11	Yes					★
PBH			1/10/11	Yes			★
Sandhills Center	1/10/11	Yes	1/10/11	Yes			★
Smoky Mountain			1/12/11	Yes	1/12/11	Yes	★
Southeastern Center	1/10/11	Yes	1/12/11	Yes			★
Southeastern Regional			1/13/11	Yes	1/13/11	Yes	★
Wake	1/11/11	Yes	1/11/11	Yes			★
Western Highlands	1/6/11	Yes	1/6/11	Yes			★
Mental Health Partners	These LMEs do not have a SA/JJ Initiative.						
Johnston							

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.
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
 Second Quarter Report
 October 1, 2010 - December 31, 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	2nd Qtr Report Due 1/20/11		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell	1/12/11	Yes	★
Beacon Center	1/12/11	Yes	★
CenterPoint	1/19/11	Yes	★
Crossroads	1/14/11	Yes	★
Cumberland	1/20/11	Yes	★
Durham	1/20/11	Yes	★
East Carolina Behavioral Health	1/18/11	Yes	★
Eastpointe	1/18/11	Yes	★
Five County	1/18/11	Yes	★
Guilford	1/14/11	Yes	★
Johnston	1/20/11	Yes	★
Mecklenburg	1/12/11	Yes	★
Mental Health Partners	1/19/11	Yes	★
Onslow-Carteret	1/20/11	Yes	★
Orange-Person-Chatham	1/18/11	Yes	★
Pathways	1/18/11	Yes	★
PBH	1/13/11	Yes	★
Sandhills Center	1/14/11	Yes	★
Smoky Mountain	1/19/11	Yes	★
Southeastern Center	1/18/11	Yes	★
Southeastern Regional	1/20/11	Yes	★
Wake	1/14/11	Yes	★
Western Highlands	1/20/11	Yes	★

Number and Percent of LMEs that met the SFY 2011 Standard: 23 (100%)

Notes:

1. Dates that are shaded red indicate reports received >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
 Second Quarter Report
 October 1, 2010 - December 31, 2010

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	2nd Qtr Report Due 1/15/11		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell	1/14/11	Yes	★
Beacon Center	1/14/11	Yes	★
CenterPoint	1/13/11	Yes	★
Crossroads	1/14/11	Yes	★
Cumberland	1/14/11	Yes	★
Durham	1/13/11	Yes	★
East Carolina Behavioral Health	1/14/11	Yes	★
Eastpointe	1/12/11	Yes	★
Five County	1/14/11	Yes	★
Guilford	1/13/11	Yes	★
Johnston	1/11/11	Yes	★
Mecklenburg	1/15/11	Yes	★
Mental Health Partners	1/14/11	Yes	★
Onslow-Carteret	1/12/11	Yes	★
Orange-Person-Chatham	1/4/11	Yes	★
Pathways	1/12/11	Yes	★
PBH	1/14/11	Yes	★
Sandhills Center	1/14/11	Yes	★
Smoky Mountain	1/15/11	Yes	★
Southeastern Center	1/12/11	Yes	★
Southeastern Regional	1/13/11	Yes	★
Wake	1/14/11	Yes	★
Western Highlands	1/13/11	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
 Second Quarter Report
 October 1, 2010 - December 31, 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 (July 1, 2010 - September 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 ²
Alamance-Caswell	780	14	766	98%	★
Beacon Center	1,293	2	1,291	100%	★
CenterPoint	3,143	0	3,143	100%	★
Crossroads	2,106	1	2,105	100%	★
Cumberland	1,806	0	1,806	100%	★
Durham	1,548	0	1,548	100%	★
East Carolina Behavioral Health	2,088	86	2,002	96%	★
Eastpointe	1,395	9	1,386	99%	★
Five County	1,351	1	1,350	100%	★
Guilford	2,273	0	2,273	100%	★
Johnston	243	0	243	100%	★
Mecklenburg	1,081	0	1,081	100%	★
Mental Health Partners	823	1	822	100%	★
Onslow-Carteret	781	5	776	99%	★
Orange-Person-Chatham	737	23	714	97%	★
Pathways	1,761	0	1,761	100%	★
PBH	1,223	76	1,147	94%	★
Sandhills Center	1,563	0	1,563	100%	★
Smoky Mountain	2,465	0	2,465	100%	★
Southeastern Center	1,548	2	1,546	100%	★
Southeastern Regional	2,005	0	2,005	100%	★
Wake	2,873	1	2,872	100%	★
Western Highlands	2,983	3	2,980	100%	★
TOTAL	37,869	224	37,645	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
 Second Quarter Report
 October 1, 2010 - December 31, 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 January 31, 2011.

Local Management Entity	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2011	Second Quarter Adm SFY2010	Monthly Average SFY2011	Monthly Average SFY2010
Alamance-Caswell	23051	224	182	126	532	513	177	171
Beacon Center	43051	202	173	111	486	462	162	154
CenterPoint	23021	527	518	333	1,378	1,342	459	447
CrossRoads	23011	194	184	65	443	451	148	150
Cumberland	33051	222	205	174	601	418	200	139
Durham	23071	238	243	161	642	656	214	219
East Carolina Behavioral Health	43071	543	557	381	1,481	1,028	494	343
Eastpointe	43081	360	393	306	1,059	162	353	54
Five County	23081	253	206	115	574	177	191	59
Guilford	23041	385	385	272	1,042	999	347	333
Johnston	33071	148	108	105	361	384	120	128
Mecklenburg	13102	337	276	183	796	797	265	266
Mental Health Partners	13091	225	229	86	540	548	180	183
Onslow-Carteret	43021	77	62	6	145	320	48	107
Orange-Person-Chatham	23061	236	186	98	520	304	173	101
Pathways	13081	269	133	287	689	709	230	236
PBH	13121	468	262	144	874	371	291	124
Sandhills	33031	570	514	268	1,352	1,227	451	409
Smoky Mountain	13010	470	454	368	1,292	49	431	16
Southeastern Center	43011	422	349	228	999	776	333	259
Southeastern Regional	33041	154	121	78	353	691	118	230
Wake	33081	242	129	60	431	1,185	144	395
Western Highlands	13131	836	884	593	2,313	2,326	771	775
TOTAL ADMISSIONS		7,602	6,753	4,548	18,903	15,895	6,301	5,298

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

SFY 2010 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2010 - December 31, 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 (July 1, 2010 - September 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 ²
Alamance-Caswell	605	0	605	100%	★
Beacon Center	583	1	582	100%	★
CenterPoint	1,787	4	1,783	100%	★
Crossroads	614	3	611	100%	★
Cumberland	774	0	774	100%	★
Durham	819	0	819	100%	★
East Carolina Behavioral Health	1,826	25	1,801	99%	★
Eastpointe	847	4	843	100%	★
Five County	997	47	950	95%	★
Guilford	1,312	2	1,310	100%	★
Johnston	419	0	419	100%	★
Mecklenburg	1,297	1	1,296	100%	★
Mental Health Partners	555	9	546	98%	★
Onslow-Carteret	134	2	132	99%	★
Orange-Person-Chatham	1,161	17	1,144	99%	★
Pathways	872	9	863	99%	★
PBH	1,684	204	1,480	88%	
Sandhills Center	1,846	0	1,846	100%	★
Smoky Mountain	2,016	0	2,016	100%	★
Southeastern Center	1,085	72	1,013	93%	★
Southeastern Regional	844	11	833	99%	★
Wake	874	19	855	98%	★
Western Highlands	2,490	0	2,490	100%	★
TOTAL	25,441	430	25,011	98%	★

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.

SFY 2010 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2010 - December 31, 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 (July 1, 2010 - September 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 ²
Alamance-Caswell	605	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	583	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,787	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	614	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	774	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Durham	819	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,826	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	847	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	997	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,312	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	419	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,297	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	555	100%	99%	99%	100%	99%	100%	93%	100%	100%	100%	100%	★
Onslow-Carteret	134	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	1,161	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Pathways	872	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
PBH	1,871	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,846	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	2,016	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	1,085	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	844	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	874	100%	100%	100%	100%	99%	100%	96%	100%	100%	100%	100%	★
Western Highlands	2,490	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	25,628	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 (July 1, 2009 - September 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 ²
Alamance-Caswell	172	100%	100%	100%	100%	100%	★
Beacon Center	327	100%	100%	100%	100%	100%	★
CenterPoint	1,305	100%	100%	100%	100%	100%	★
Crossroads	468	100%	100%	100%	100%	100%	★
Cumberland	919	100%	100%	100%	93%	96%	★
Durham	223	100%	100%	100%	98%	100%	★
East Carolina Behavioral Health	293	100%	100%	100%	100%	100%	★
Eastpointe	22	100%	100%	100%	100%	100%	★
Five County	766	100%	100%	100%	100%	100%	★
Guilford	921	100%	100%	100%	100%	100%	★
Johnston	358	100%	100%	100%	100%	100%	★
Mecklenburg	29	100%	100%	100%	100%	100%	★
Mental Health Partners	891	100%	100%	100%	100%	100%	★
Onslow-Carteret	172	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	811	100%	100%	100%	100%	100%	★
Pathways	2,540	100%	100%	100%	100%	100%	★
PBH	172	100%	100%	100%	100%	100%	★
Sandhills Center	2,377	100%	100%	100%	94%	100%	★
Smoky Mountain	568	100%	100%	100%	100%	100%	★
Southeastern Center	624	100%	100%	100%	100%	100%	★
Southeastern Regional	488	100%	100%	100%	100%	100%	★
Wake	0	0%	0%	0%	0%	0%	
Western Highlands	1,947	100%	100%	100%	100%	100%	★
TOTAL	16,393	100%	100%	100%	100%	100%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

22 (95.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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**11. Client Data Warehouse (CDW)
Identifying and Demographic Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2010 - September 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 ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	1,269	26	1,243	98%	★
Beacon Center	905	10	895	99%	★
CenterPoint	2,408	70	2,338	97%	★
Crossroads	959	21	938	98%	★
Cumberland	1,140	1	1,139	100%	★
Durham	1,450	9	1,441	99%	★
East Carolina Behavioral Health	3,141	44	3,097	99%	★
Eastpointe	1,598	47	1,551	97%	★
Five County	1,371	137	1,234	90%	★
Guilford	2,562	8	2,554	100%	★
Johnston	1,158	3	1,155	100%	★
Mecklenburg	1,711	13	1,698	99%	★
Mental Health Partners	1,838	170	1,668	91%	★
Onslow-Carteret	1,510	0	1,510	100%	★
Orange-Person-Chatham	788	37	751	95%	★
Pathways	1,695	39	1,656	98%	★
PBH	2,295	191	2,104	92%	★
Sandhills Center	3,093	61	3,032	98%	★
Smoky Mountain	3,853	169	3,684	96%	★
Southeastern Center	1,993	23	1,970	99%	★
Southeastern Regional	672	1	671	100%	★
Wake	2,945	236	2,709	92%	★
Western Highlands	3,058	2	3,056	100%	★
TOTAL	43,412	1,318	42,094	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 (July 1, 2010 - September 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 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	160	1	159	99%	★
CenterPoint	820	3	817	100%	★
Crossroads	343	0	343	100%	★
Cumberland	301	0	301	100%	★
Durham	428	0	428	100%	★
East Carolina Behavioral Health	1,143	21	1,122	98%	★
Eastpointe	349	1	348	100%	★
Five County	241	18	223	93%	★
Guilford	637	2	635	100%	★
Johnston	146	8	138	95%	★
Mecklenburg	1,169	3	1,166	100%	★
Mental Health Partners	193	1	192	99%	★
Onslow-Carteret	98	8	90	92%	★
Orange-Person-Chatham	208	17	191	92%	★
Pathways	500	8	492	98%	★
PBH	494	18	476	96%	★
Sandhills Center	726	0	726	100%	★
Smoky Mountain	830	4	826	100%	★
Southeastern Center	596	5	591	99%	★
Southeastern Regional	160	0	160	100%	★
Wake	503	70	433	86%	
Western Highlands	792	1	791	100%	★
TOTAL	11,019	189	10,830	98%	★

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. Only includes IPRS claims.

**13. Client Data Warehouse (CDW)
 Episode Completion (Discharge) Record - Substance Abuse Clients**

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (July 1, 2010 - September 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 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	158	0	158	100%	★
Beacon Center	141	4	137	97%	★
CenterPoint	413	2	411	100%	★
Crossroads	137	4	133	97%	★
Cumberland	175	11	164	94%	★
Durham	125	2	123	98%	★
East Carolina Behavioral Health	584	9	575	98%	★
Eastpointe	133	5	128	96%	★
Five County	168	10	158	94%	★
Guilford	213	3	210	99%	★
Johnston	38	0	38	100%	★
Mecklenburg	456	2	454	100%	★
Mental Health Partners	111	5	106	95%	★
Onslow-Carteret	32	2	30	94%	★
Orange-Person-Chatham	240	23	217	90%	★
Pathways	301	6	295	98%	★
PBH	293	21	272	93%	★
Sandhills Center	457	1	456	100%	★
Smoky Mountain	504	7	497	99%	★
Southeastern Center	209	7	202	97%	★
Southeastern Regional	87	5	82	94%	★
Wake	90	61	29	32%	
Western Highlands	499	7	492	99%	★
TOTAL	5,564	197	5,367	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	198	163	82.3%	91	46.0%	
Beacon Center	398	397	99.7%	308	77.4%	
CenterPoint	771	759	98.4%	597	77.4%	
Crossroads	382	354	92.7%	251	65.7%	
Cumberland	478	473	99.0%	388	81.2%	
Durham	666	657	98.6%	537	80.6%	
East Carolina Behavioral Health	619	578	93.4%	472	76.3%	
Eastpointe	663	659	99.4%	574	86.6%	
Five County	229	227	99.1%	197	86.0%	
Guilford	583	431	73.9%	264	45.3%	
Johnston	93	93	100.0%	59	63.4%	
Mecklenburg	1,441	1,375	95.4%	995	69.0%	
Mental Health Partners	248	245	98.8%	200	80.6%	
Onslow-Carteret	182	178	97.8%	129	70.9%	
Orange-Person-Chatham	271	264	97.4%	222	81.9%	
Pathways	624	614	98.4%	510	81.7%	
PBH	737	714	96.9%	544	73.8%	
Sandhills Center	805	777	96.5%	499	62.0%	
Smoky Mountain	687	660	96.1%	403	58.7%	
Southeastern Center	671	663	98.8%	657	97.9%	★
Southeastern Regional	1,021	1,002	98.1%	740	72.5%	
Wake	625	604	96.6%	400	64.0%	
Western Highlands	599	512	85.5%	356	59.4%	
Totals	12,991	12,399	95.4%	9,393	72.3%	

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 ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell	459	457	99.6%	★
Beacon Center	840	839	99.9%	★
CenterPoint	1,556	1,556	100.0%	★
Crossroads	647	647	100.0%	★
Cumberland	712	712	100.0%	★
Durham	817	817	100.0%	★
East Carolina Behavioral Health	1,826	1,793	98.2%	★
Eastpointe	986	986	100.0%	★
Five County	654	644	98.5%	★
Guilford	1,221	1,221	100.0%	★
Johnston	344	343	99.7%	★
Mecklenburg	2,075	2,069	99.7%	★
Mental Health Partners	666	655	98.3%	★
Onslow-Carteret	405	396	97.8%	★
Orange-Person-Chatham	727	715	98.3%	★
Pathways	1,542	1,542	100.0%	★
PBH	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1,094	1,094	100.0%	★
Smoky Mountain	1,341	1,341	100.0%	★
Southeastern Center	1,235	1,234	99.9%	★
Southeastern Regional	888	888	100.0%	★
Wake	1,990	1,878	94.4%	★
Western Highlands	1,912	1,895	99.1%	★
Totals	23,937	23,722	99.1%	★

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.

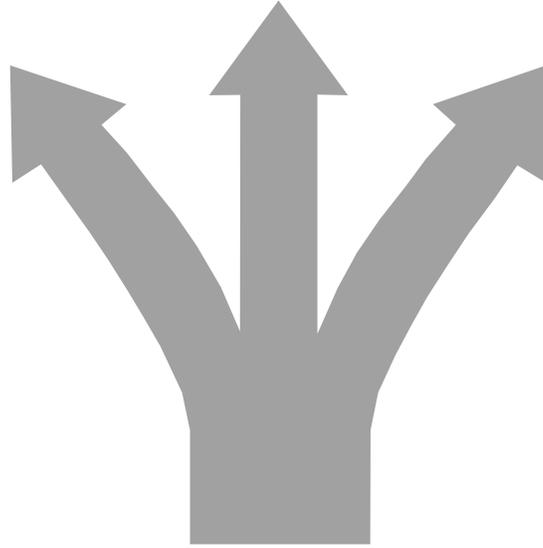
Local Management Entity	Mid-Year Report (Due 1/20/11)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell	1/20/11	Yes	Yes	★
Beacon Center	1/20/11	Yes	Yes	★
CenterPoint	1/20/11	Yes	Yes	★
Crossroads	1/20/11	Yes	Yes	★
Cumberland	1/20/11	Yes	Yes	★
Durham	1/20/11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



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

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