

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2004-2005 Performance
Agreements with
Area Authorities and County
Programs**

Report on the Third Quarter

January 1, 2005 - March 31, 2005

Prepared by

**Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



May-2005

**2004-2005 Performance Agreement
Third Quarter Report
January 1, 2005 - March 31, 2005**

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2004-2005 is the sixth year the Division has used these performance agreements with some of the local partners. As in prior contracts, the current agreements provide that the Division will publish the result of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-area comparisons.

This is the third quarter report under the 2004-2005 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the fourth quarter are included in this report.

The reporting under Accountability 1 includes corrective actions and management improvements resulting from monitoring of items specified in Section III-C of the 2003-2004 agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Michael Moseley, Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

**LMEs Reporting Under The SFY 2004-2005 Performance Contract vs.
The SFY 2003-2004 Performance Agreement**

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of January 1, 2005 and will begin reporting information for the new requirements beginning with the third and fourth quarters. The second column list

LME	SFY 2004-2005 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell		X
Albermarle		X
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Foothills	X	
Guilford	X	
Johnston	X	
Lee-Harnett		X
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow	X	
Orange-Person-Chatham		X
Pathways		X
Pitt	X	
Riverstone		X
Roanoke-Chowan		X
Rockingham		X
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
VGFW	X	
Wake	X	
Western Highlands Network		X
Wilson-Greene		X

2004-2005 Performance Agreement Report Schedule-Third Quarter

May 2005

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		a. Quarterly Fiscal Monitoring Reports	X	X	X	X
		b. Cost Finding Report		X		
		c. Quarterly Local Business Plan (LBP) updates	X	X	X	X
		d. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		e. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
		f. TANF/Work First Initiative Quarterly Reports	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		a. Client Data Warehouse (CDW)	X	X	X	X
		b. NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		c. Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
	d. Complete the NC SNAP				X	
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Service Delivery	1	Offer an appointment to see individuals who choose the AA/CP for follow-up care within five (5) working days after notification to the AA/CP of discharge from state hospitals and ADATCs. If the individual does not attend the appointment (i.e., no show), the AA/CP will document that reasonable professional efforts were made to see or reschedule the person. Adult Mental Health and Substance Abuse Services				X

2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
	a	Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	b	Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	c	Quarterly Report Local Business Plan	Dick Oliver, LME Systems Performance Team	(919) 715-1294 Dick.Oliver@ncmail.net	LME Systems Performance Team 3015 Mail Service Center Raleigh, NC 27699-3015
	d	Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Maxine Terry, Accountability Team	(919) 881-2446 Maxine.Terry@ncmail.net	Accountability Team Mail Service Center 3012 Raleigh, NC 27699-3012
	e	Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	TANF/Work First Initiative	Smith Worth, Quality Management Team	(919) 733-0696 Smith.Worth@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	h	IPRS Submissions	Deborah Merrill Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	NA , Information Systems Team	(919) 715-7774 NA	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019

2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	3	Submit timely and complete client data reports:			
	a	Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
	b	Client Outcomes Instrument (COI)	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	c	NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail.net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	d	Participate in the Developmental Disabilities Core Indicator Project	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	e	Local Community Collaboratives will submit CTSP waiting list data	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Complete the NC SNAP	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
E. Service Delivery	1	Offer appointment to see individuals who choose the Area Authority/County Program for follow-up care within 5 working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATCs			
	a	Adult Mental Health	Bonnie Morrell, Best Practices Team	(919) 715-2774 Bonnie.Morrell@ncmail.net	Best Practices Team 3005 Mail Service Center Raleigh, NC 27699-3005
	b	Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.Baker1@ncmail.net	State Operated Services 3006 Mail Service Center Raleigh, NC 27699-3006

2004-2005 Performance Agreement

Third Quarter Report

January 1, 2005 - March 31, 2005

Fiscal Management 1 - Maintain Responsible Practices

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2

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Third Quarter Report
January 1, 2005 - March 31, 2005**

Fiscal Management 2 - Quarterly Fiscal Monitoring Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the first quarter FY 2004-2005.

A P/County	1st Qtr FY 04-05 Report Received	2nd Qtr FY 04-05 Report Received	3rd Qtr FY 04-05 Report Received	FY 04-05 Cash- Basis Report Received	FY 04-05 Accrual- Basis Report Received	Comments
Alamance-Caswell	✓		✓			
Albemarle	✓					
Catawba	✓					Subject to Performance Contract
CenterPoint	✓	✓				Subject to Performance Contract
CrossRoads	✓					Subject to Performance Contract
Cumberland	✓					Subject to Performance Contract
Eastpointe	✓					Subject to Performance Contract
Durham	✓					Subject to Performance Contract
Edgecombe-Nash	✓		✓			
Foothills	✓					Subject to Performance Contract
Guilford	✓					Subject to Performance Contract
Johnston	✓					Subject to Performance Contract
Lee-Harnett	✓		✓			
Mecklenburg	✓					Subject to Performance Contract
Neuse	✓					Subject to Performance Contract
New River	✓	✓				Subject to Performance Contract
Onslow	✓					Subject to Performance Contract
Orange-Person-Chatham	✓					
Pathways	✓		✓			
Pitt	✓					Subject to Performance Contract
RiverStone	✓					
Roanoke-Chowan	✓					
Rockingham	✓		✓			
Sandhills	✓					Subject to Performance Contract
Smoky Mountain	✓					Subject to Performance Contract
Southeastern Center	✓					Subject to Performance Contract
Southeastern Regional	✓					Subject to Performance Contract
Tideland	✓		✓			
VGFW	✓					Subject to Performance Contract
Western Highlands	✓					Subject to Performance Contract
Wake	✓		✓			
Wilson-Greene	✓					

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Fiscal Management 2 - Local Business Plan (LBP) Updates

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Local Business Plan (LBP) Updates.

Explanation: This report lists area authorities/county programs that submitted a quarterly LBP update as required.

Area Authority/County Program	July	October	January	April	Comments
Alamance-Caswell	X	X	X	X	
Albermarle	X	X	X		
Catawba	Subject to Performance Contract				
Centerpoint	Subject to Performance Contract				
Crossroads	Subject to Performance Contract				
Cumberland	Subject to Performance Contract				
Durham	Subject to Performance Contract				
Edgecombe-Nash/Wilson-Greene	X	X	X	X	
Eastpointe	Subject to Performance Contract				
Foothills	Subject to Performance Contract				
Guilford	Subject to Performance Contract				
Johnston	Subject to Performance Contract				
Lee-Harnett	NO QTRLY DUE	NO QTRLY DUE	NO QTRLY DUE	NO QTRLY DUE	
Mecklenburg	Subject to Performance Contract				
Neuse	Subject to Performance Contract				
New River	Subject to Performance Contract				
Onslow	Subject to Performance Contract				
Orange-Person-Chatham	X	X	X		
Pathways	X	X	X	X	
Pitt	Subject to Performance Contract				
Riverstone					
Roanoke-Chowan	X	X	X	X	
Rockingham	NO QTRLY DUE	X	NO QTRLY DUE		
Sandhills Center	Subject to Performance Contract				
Smoky Mountain	Subject to Performance Contract				
Southeastern Center	Subject to Performance Contract				
Southeastern Regional	Subject to Performance Contract				
Tideland	X	X	X	X	
VGFW	Subject to Performance Contract				
Wake	Subject to Performance Contract				
Western Highlands Network	X	X	X		

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Third Quarter Report
January 1, 2005 – March 31, 2005**

Fiscal Management 2 - SA/Juvenile Justice Initiative Quarterly Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	25 (75.8%)	28 (84.8%)	7 (77.8%)		21 (63.6%)	19 (57.6%)	7 (77.8%)		29 (87.9%)	27 (81.8%)	6 (66.7%)	
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	8 (24.2%)	5 (15.2%)	2 (22.2%)		12 (36.4%)	14 (42.4%)	2 (22.2%)		4 (12.1%)	6 (18.2%)	3 (33.3%)	
Alamance-Caswell	MAJORS	10/20/04	1/27/05	4/18/05		Yes	No	Yes		Yes	Yes	No	
Albemarle	Multi-Purpose GH	None	1/28/05	None		No	No	No		No	Yes	No	
CenterPoint	Juvenile Detention	None	1/7/05			No	Yes			Yes	Yes		Note 1
	MAJORS	10/20/04	1/15/05			Yes	Yes			Yes	Yes		Note 1
Cumberland	Juvenile Detention	10/20/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
	MAJORS	10/20/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
Durham	Juvenile Detention	10/20/04	None			Yes	No			Yes	No		Note 1
	MAJORS	None	None			No	No			No	No		Note 1
Eastpoint	Youth Develop. Ctr.	10/8/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
	Multi-Purpose GH	10/18/04	1/4/05			Yes	Yes			Yes	Yes		Note 1
Foothills	Juvenile Detention	10/20/04	1/25/05			Yes	No			Yes	Yes		Note 1
Guilford	Juvenile Detention	12/8/04	1/20/05			No	Yes			Yes	Yes		Note 1
	MAJORS	10/18/04	1/20/05			Yes	Yes			Yes	Yes		Note 1
Mecklenburg	Juvenile Detention	9/13/04	1/14/05			Yes	Yes			Yes	Yes		Note 1
Neuse	Multi-Purpose GH	None	None			No	No			No	No		Note 1
	MAJORS	10/20/04	1/25/05			Yes	No			Yes	Yes		Note 1
Pathways	Juvenile Detention	None	None	None		No	No	No		No	No	No	
Pitt	Juvenile Detention	10/19/04	1/27/05			Yes	No			Yes	Yes		Note 1
	MAJORS	10/15/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
Roanoke-Chowan	Multi-Purpose GH	10/20/04	None	4/20/05		Yes	No	Yes		Yes	No	Yes	
Rockingham	MAJORS	10/19/04	1/20/05	4/18/05		Yes	Yes	Yes		Yes	Yes	Yes	
Sandhills	Juvenile Detention	10/20/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
	Youth Develop. Ctr.	10/20/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
	MAJORS	10/20/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
SE Center	Juvenile Detention	10/11/04	1/20/05			Yes	Yes			Yes	Yes		Note 1
SE Regional	Multi-Purpose GH	10/18/04	1/18/05			Yes	Yes			Yes	Yes		Note 1
Tideland	MAJORS	10/20/04	1/20/05	4/20/05		Yes	Yes	Yes		Yes	Yes	Yes	
V-G-F-W	Youth Develop. Ctr.	1/14/05	2/22/05			No	No			Yes	No		Note 1
Wake	Juvenile Detention	10/22/04	1/19/05			No	Yes			Yes	Yes		Note 1
	MAJORS	10/22/04	1/19/05			No	Yes			Yes	Yes		Note 1
Western Highlands	Juvenile Detention	None	1/25/05	4/20/05		No	No	Yes		Yes	Yes	Yes	
	Youth Develop. Ctr.	None	1/25/05	4/20/05		No	No	Yes		Yes	Yes	Yes	
	BRIDGE Program	None	1/25/05	4/20/05		No	No	Yes		Yes	Yes	Yes	

* Report revisions are designated in **bold and italics** and based on data received after the last Performance Agreement Quarterly Report.

NOTE 1: These LMEs are subject to the Performance Contract Requirements

**2004-2005 Performance Agreement
Second Quarter Report
October 1, 2004 - December 31, 2004**

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	11 or 100%	11 or 100%	11 or 100%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	11 or 100%	11 or 100%	11 or 100%	
Alamance-Caswell	100%	100%	100%	
Albemarle	100%	100%	100%	
Catawba	Subject to PerformanceContract			
CenterPoint	Subject to PerformanceContract			
Crossroads	Subject to PerformanceContract			
Cumberland	Subject to PerformanceContract			
Durham	Subject to PerformanceContract			
Eastpointe	Subject to PerformanceContract			
Edgecombe-Nash	100%	100%	100%	
Foothills	Subject to PerformanceContract			
Guilford	Subject to PerformanceContract			
Johnston	Subject to PerformanceContract			
Lee-Harnett	100%	100%	100%	
Mecklenburg	Subject to PerformanceContract			
Neuse	Subject to PerformanceContract			
New River	Subject to PerformanceContract			
Onslow	Subject to PerformanceContract			
OPC	100%	100%	100%	
Pathways	100%	100%	100%	
Pitt	Subject to PerformanceContract			
Riverstone (Halifax)	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	100%	100%	100%	
S E Regional	Subject to PerformanceContract			
Sandhills	Subject to PerformanceContract			
Smoky Mountain	Subject to PerformanceContract			
Southeastern Area	Subject to PerformanceContract			
Tidelands	NA	NA	NA	
VGFW	Subject to PerformanceContract			
Wake	Subject to PerformanceContract			
Western Highlands	100%	100%	100%	
Wilson-Greene	100%	100%	100%	

**2004-2005 Performance Agreement
Third Quarter Report
January 1, 2005 - March 31, 2005**

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of April 22, 2005

Area Program/County	Facility Code	JAN	FEB	MAR	Third Quarter Adm 05	Third Quarter Adm 04	Monthly Average 05	Monthly Average 04
Alamance-Caswell	23051	100	116	49	265	58	88	19
Albemarle	43121	144	116	164	424	447	141	149
Catawba		Subject to Performance Contract						
CenterPoint		Subject to Performance Contract						
Crossroads		Subject to Performance Contract						
Cumberland		Subject to Performance Contract						
Durham		Subject to Performance Contract						
Eastpointe		Subject to Performance Contract						
Edgecombe-Nash	43051	117	123	105	345	0	115	0
Foothills		Subject to Performance Contract						
Guilford		Subject to Performance Contract						
Johnston		Subject to Performance Contract						
Lee-Harnett	33061	77	100	87	264	273	88	91
Mecklenburg		Subject to Performance Contract						
Neuse		Subject to Performance Contract						
New River		Subject to Performance Contract						
Onslow		Subject to Performance Contract						
Orange-Person-Chatham	23061	163	157	174	494	309	165	103
Pathways	13081	364	359	352	1,075	1,480	358	493
Pitt		Subject to Performance Contract						
RiverStone	43061	72	53	44	169	63	56	21
Roanoke-Chowan	43101	87	91	62	240	275	80	92
Rockingham	23031	129	137	106	372	285	124	95
S E Regional		Subject to Performance Contract						
Sandhills		Subject to Performance Contract						
Smoky Mountain		Subject to Performance Contract						
Southeastern Area		Subject to Performance Contract						
Tideland	43111	133	146	127	406	400	135	133
VGFW		Subject to Performance Contract						
Wake		Subject to Performance Contract						
Western Highlands	13113	514	402	411	1,327	0	442	0
Wilson-Greene	43041	44	24	18	86	214	29	71

TOTAL ADMISSIONS		1,944	1,824	1,699	5,467	3,804	1,822	1,268
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**2004-2005 Performance Agreement
Third Quarter Report
January 1, 2005 - March 31, 2005**

Accountability 3

Performance Requirement: **Submit timely and complete client data reports for all clients as specified: Client Data Warehouse(CDW) - Missing Required Fields in the CDW - Not to exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 2 Oct-Dec 2004 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 2.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETANCY STATUS	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%
Catawba		Subject to Performance Contract						
CenterPoint		Subject to Performance Contract						
Crossroads		Subject to Performance Contract						
Cumberland		Subject to Performance Contract						
Durham		Subject to Performance Contract						
Eastpointe		Subject to Performance Contract						
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%
Foothills		Subject to Performance Contract						
Guilford		Subject to Performance Contract						
Johnston		Subject to Performance Contract						
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%
Mecklenburg		Subject to Performance Contract						
Neuse		Subject to Performance Contract						
New River		Subject to Performance Contract						
Onslow		Subject to Performance Contract						
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%
Pitt		Subject to Performance Contract						
RiverStone	406	2%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%
S E Regional		Subject to Performance Contract						
Sandhills		Subject to Performance Contract						
Smoky Mountain		Subject to Performance Contract						
Southeastern Area		Subject to Performance Contract						
Tideland	411	0%	4%	0%	0%	0%	0%	0%
VGFW		Subject to Performance Contract						
Wake		Subject to Performance Contract						
Western Highlands	113	0%	1%	1%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%

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Accountability 3

**Performance Requirement: Unknown Values in Mandatory Fields in the CDW-
Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with unknown values in mandatory data fields.

Percentage Unknown Quarter 2 (Oct-Dec 2004)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	1%	10%	0%	2%
Albemarle	412	0%	0%	1%	0%	0%
Catawba		Subject to Performance Contract				
CenterPoint		Subject to Performance Contract				
Crossroads		Subject to Performance Contract				
Cumberland		Subject to Performance Contract				
Durham		Subject to Performance Contract				
Eastpointe		Subject to Performance Contract				
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills		Subject to Performance Contract				
Guilford		Subject to Performance Contract				
Johnston		Subject to Performance Contract				
Lee-Harnett	306	0%	0%	0%	0%	2%
Mecklenburg		Subject to Performance Contract				
Neuse		Subject to Performance Contract				
New River		Subject to Performance Contract				
Onslow		Subject to Performance Contract				
Orange-Person-Chatham	206	0%	0%	1%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Pitt		Subject to Performance Contract				
RiverStone	406	0%	2%	0%	0%	7%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
S E Regional		Subject to Performance Contract				
Sandhills		Subject to Performance Contract				
Smoky Mountain		Subject to Performance Contract				
Southeastern Area		Subject to Performance Contract				
Tideland	411	0%	0%	0%	0%	0%
VGFW		Subject to Performance Contract				
Wake		Subject to Performance Contract				
Western Highlands	113	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

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Accountability 3

Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Percentage of Missing Substance Abuse Data Quarter 2 (Oct-Dec 2004)

Area Program/County	AREA CODE	DRUG OF CHOICE
Alamance-Caswell	205	19%
Albemarle	412	19%
Catawba		Subject to Performance Contract
CenterPoint		Subject to Performance Contract
Crossroads		Subject to Performance Contract
Cumberland		Subject to Performance Contract
Durham		Subject to Performance Contract
Eastpointe		Subject to Performance Contract
Edgecombe-Nash	203	11%
Foothills		Subject to Performance Contract
Guilford		Subject to Performance Contract
Johnston		Subject to Performance Contract
Lee-Harnett	306	37%
Mecklenburg		Subject to Performance Contract
Neuse		Subject to Performance Contract
New River		Subject to Performance Contract
Onslow		Subject to Performance Contract
Orange-Person-Chatham	206	15%
Pathways	108	26%
Pitt		Subject to Performance Contract
RiverStone	406	42%
Roanoke-Chowan	410	29%
Rockingham	203	11%
S E Regional		Subject to Performance Contract
Sandhills		Subject to Performance Contract
Smoky Mountain		Subject to Performance Contract
Southeastern Area		Subject to Performance Contract
Tideland	411	19%
VGFW		Subject to Performance Contract
Wake		Subject to Performance Contract
Western Highlands	113	19%
Wilson-Greene	404	3%

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Accountability 3 - CTSP Waiting List

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Catawba	Subject to Performance Contract
CenterPoint	Subject to Performance Contract
Crossroads	Subject to Performance Contract
Cumberland	Subject to Performance Contract
Durham	Subject to Performance Contract
Eastpointe	Subject to Performance Contract
Edgecombe-Nash	Yes
Foothills	Subject to Performance Contract
Guilford	Subject to Performance Contract
Johnston	Subject to Performance Contract
Lee-Harnett	Yes
Mecklenburg	Subject to Performance Contract
Neuse	Subject to Performance Contract
New River	Subject to Performance Contract
Onslow	Subject to Performance Contract
Orange-Person-Chatham	Yes
Pathways	Yes
Pitt	Subject to Performance Contract
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
S E Regional	Subject to Performance Contract
Sandhills	Subject to Performance Contract
Smoky Mountain	Subject to Performance Contract
Southeastern Area	Subject to Performance Contract
Tideland	Yes
VGFW	Subject to Performance Contract
Wake	Subject to Performance Contract
Western Highlands	Yes
Wilson-Greene	Yes

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Client Satisfaction Surveys

***Performance Requirement:** Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines

Explanation: There is one accountability measures for the consumer Satisfaction Survey. This criteria is based upon forms received.

Area Program/County	Significantly Statistical Sample	Number of Forms Received	% of Expected Forms
Alamance-Caswell	281	287	102.1%
Albemarle	144	302	209.7%
Catawba	Subject to Performance Contract		
CenterPoint	Subject to Performance Contract		
Crossroads	Subject to Performance Contract		
Cumberland	Subject to Performance Contract		
Durham	Subject to Performance Contract		
Eastpointe	Subject to Performance Contract		
Edgecombe-Nash	171	236	138.0%
Foothills	Subject to Performance Contract		
Guilford	Subject to Performance Contract		
Johnston	Subject to Performance Contract		
Lee-Harnett	201	245	121.9%
Mecklenburg	Subject to Performance Contract		
Neuse	Subject to Performance Contract		
New River	Subject to Performance Contract		
Onslow	Subject to Performance Contract		
O-P-C	285	314	110.2%
Pathways	420	584	139.0%
Pitt	Subject to Performance Contract		
RiverStone	182	247	135.7%
Roanoke-Chowan	194	234	120.6%
Rockingham	121	152	125.6%
S E Regional	Subject to Performance Contract		
Sandhills	Subject to Performance Contract		
Smoky Mountain	Subject to Performance Contract		
Southeastern Area	Subject to Performance Contract		
Tideland	270	257	95.2%
VGFW	Subject to Performance Contract		
Wake	Subject to Performance Contract		
Western Highlands	466	498	106.9%
Wilson-Greene	287	291	101.4%
TOTAL FOR STATE	3022	3647	120.7%