



Quality Management & Performance Improvement Initiatives for 2017

QUALITY

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark/ Performance Target Based Benchmark	85% of individuals discharged will show an improved level of functioning on at least one area of the assessment tools utilized in the respective program (i.e., CANS/ANSA [Core], COM-A , COM-P, OQ, YOQ [FFT], Instrumental and Ultimate Outcomes Met [MST].)
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst, MSTi Database, CSS Database
Person(s) Responsible for Collecting Data	Clinical Director, UM Manager & Program Managers (MST & FFT)
Indicator to be applied to:	All Outpatient Services including Evidence Based Programs
Target Goal Attainment Date	December 2017

Descriptor	Efficiency of Services
Performance Goal/ Performance Target Based Benchmark	100% of all clients admitted into an outpatient treatment program will have an initial BPS assessment and a preliminary treatment plan completed within 10 works days of admission. (note: clients seeking assessment only services will be excluded from this indicator.)
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Clinical Director, UM & QA Manager, and Program Managers (MST & FFT)
Indicator to be applied to:	All Outpatient Services including Evidence Based Programs
Target Goal Attainment Date	December 2017

Descriptor	Service Access
Performance Goal/ Performance Target Based Benchmark	<p>Responsiveness to Initial Request for Services (CORE Services)</p> <p>From Intake to Scheduled Appointment: 0 to 2 Business Days</p> <p>From Intake to Scheduled Appointment for Treatment: 0 to 5 Business Days</p> <p>From Intake to first Scheduled Physician Appointment: 0 to 14 Business Days</p> <p>Percentage of Appointments Cancelled by Clinicians: not exceed 10%</p> <p>No Show Rate for Initial Intake Behavioral Health Assessment: not exceed 25%</p> <p>No Show Rate for Treatment Outpatient Services: not exceed 25%</p>

Quality Management & Performance Improvement Initiatives for 2017

	No Show Rate for Initial Psychiatric Evaluations: not exceed 25%
	Responsiveness to Initial Request for Services (FFT & MST Services) At least 80% of clients served will have 3 sessions delivered within the first 10 days
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst, MSTi Database, CSS Database
Person(s) Responsible for Collecting Data	Clinical Director, UM & QA Manager, and Program Managers (MST & FFT)
Indicator to be applied to:	All Outpatient Services including Evidence Based Programs
Target Goal Attainment Date	December 2017

Descriptor	Satisfaction and Other Feedback from Persons Served
Performance Goal/ Performance Target Based Benchmark	Individual Satisfaction Surveys will maintain an 90% client satisfaction rate
Measurement Method(s)/Source for Data Collection	Client Satisfaction Survey Results
Person(s) Responsible for Collecting Data	Clinical Director, UM and QA Manager, and Program Managers (MST & FFT)
Indicator to be applied to:	All Outpatient Services including Evidence Based Programs
Target Goal Attainment Date	December 2017

Descriptor	Satisfaction and Other Feedback from Stakeholders
Performance Goal/ Performance Target Based Benchmark	Stakeholder Satisfaction Surveys will maintain an 90% client satisfaction rate
Measurement Method(s)/Source for Data Collection	Client Satisfaction Survey Results
Person(s) Responsible for Collecting Data	Clinical Director, UM and QA Manager, and Program Managers
Indicator to be applied to:	All Outpatient Services including Evidence Based Programs (MST and FFT)
Target Goal Attainment Date	December 2017



Quality Management & Performance Improvement Initiatives for 2017

BUSINESS PRACTICES/FUNCTIONS

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark	Employee attrition rate shall be no more than 15% annually
Measurement Method(s)/Source for Data Collection	Human Resource Records
Person(s) Responsible for Collecting Data	Human Resource Manager
Indicator to be applied to:	All Grace Harbour Employees
Target Goal Attainment Date	December 2017

Descriptor	Efficiency of Services
Performance Goal/ Performance Target Based Benchmark	85% of all submitted third-party payer claims shall be paid within 60 days
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Chief Financial Officer & Billing Analyst
Indicator to be applied to:	All Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Efficiency of Services
Performance Goal/ Performance Target Based Benchmark	Agency budget shall be balanced at the end of each quarter
Measurement Method(s)/Source for Data Collection	Quickbooks
Person(s) Responsible for Collecting Data	Chief Financial Officer
Indicator to be applied to:	All Outpatient Services including Evidence Based Programs
Target Goal Attainment	End of Each Quarter



Quality Management & Performance Improvement Initiatives for 2017

Date	
Descriptor	Service Access
Performance Goal/ Performance Target Based Benchmark	Evidence based programming shall be expanded by adding on/expanding the number of evidence based programs . To meet this goal, an additional evidence based program can be expanded to a new geographic location (i.e., County) or the addition of a new evidence based program can be added to an existing geographic service location.
Measurement Method(s)/Source for Data Collection	Number of evidence based programs available to clients and the counties (geographical location) the programs are offered in.
Person(s) Responsible for Collecting Data	CEO and Clinical Director
Indicator to be applied to:	All Evidence Based Programs & Core Outpatient Services
Target Goal Attainment Date	December 2017

OUTPATIENT AOD/MH- Adults

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark	At least 75% of adult clients served will be discharged or step down to medication maintenance services only within 6 months of admission per treatment episode.
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Clinical Director & UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark	At least 85% of individuals discharged will show an improved level of functioning on the ANSA tool in at least one area accessed.
Measurement	Electronic Health Record- Catalyst



Quality Management & Performance Improvement Initiatives for 2017

Method(s)/Source for Data Collection	
Person(s) Responsible for Collecting Data	Clinical Director & UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Efficiency of Services
Performance Goal/ Performance Target Based Benchmark	75% of all outpatient authorization request will be authorized within 10 days of submission
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Service Access
Performance Goal/ Performance Target Based Benchmark	<p>Responsiveness to Initial Request for Services</p> <p>From Intake to Scheduled Appointment: 0 to 2 Business Days From Intake to Scheduled Appointment for Treatment: 0 to 5 Business Days From Intake to first Scheduled Physician Appointment: 0 to 14 Business Days Percentage of Appointments Cancelled by Clinicians: not exceed 10% No Show Rate for Initial Intake Behavioral Health Assessment: not exceed 25% No Show Rate for Treatment Outpatient Services: not exceed 25% No Show Rate for Initial Psychiatric Evaluations: not exceed 25%</p>
Measurement Method(s)/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Clinical Director & UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017



Quality Management & Performance Improvement Initiatives for 2017

OUTPATIENT AOD/MH- C&A

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark	At least 75% of child and adolescent clients served will be discharged or step down to medication maintenance services only within 6 months of admission per treatment episode.
Measurement Method(s)/Source for Data Collection/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Clinical Director & UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark	At least 85% of individuals discharged will show an improved level of functioning on the CANS tool in at least one area accessed.
Measurement Method(s)/Source for Data Collection/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Clinical Director & UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Effectiveness of Services- FFT	
Performance Goal/ Performance Target Based Benchmark	FFT Performance Criteria	Performance Target
	Average Caseload	10
	Caseload Utilization	95%
	Completed Cases %	80%
	Case Failure %	<20%
	% of Clients Receiving at least 8 sessions	80%
	Treatment Pacing: Referral to 1st contact	<2 days
	Treatment Pacing: Referral to 1st session	<7 days

Quality Management & Performance Improvement Initiatives for 2017

	<p>Treatment Pacing: Referral to 2nd session <7 days</p> <p>Treatment Pacing: Referral to 3rd session <7 days</p> <p>Total days in FFT 60-140 days</p> <p>Consultation Attendance 14</p> <p># of Fidelity Ratings (Team Goal) 42</p> <p>Fidelity Average 3+</p> <p>Dissemination Adherence Ratings (Team Goal) 42</p> <p>Dissemination Adherence Average 4+</p> <p>Assessment Completion: OQ <i>Pre-Treatment</i> 100%</p> <p>Assessment Completion: YOQ <i>Pre-Treatment</i> 100%</p> <p>Assessment Completion: YOQ-SR <i>Pre-Treatment</i> 100%</p> <p>Assessment Completion: OQ <i>Post-Treatment</i> 100%</p> <p>Assessment Completion: YOQ <i>Post-Treatment</i> 100%</p> <p>Assessment Completion: YOQ-SR <i>Post-Treatment</i> 100%</p> <p>Assessment Completion: COM-P 100%</p> <p>Assessment Completion: COM-A 100%</p> <p>Assessment Completion: TOM 100%</p> <p>Attendance at Group and Individual Supervision Sessions 95%</p> <p>FSR's completed 1st and 2nd session of each phase 2 per phase (total of 6 FSR's per case)</p> <p>TSR completed 1 per phase (total of 3 per case)</p>
Measurement Method(s)/Source for Data Collection/Source for Data Collection	FFT CSS Database
Person(s) Responsible for Collecting Data	Clinical Director, UM and QA Manager & FFT Program Manager
Indicator to be applied to:	All FFT Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Effectiveness of Services
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Quality Management & Performance Improvement Initiatives for 2017

Performance Goal/ Performance Target Based Benchmark	No more than 20% of participants successfully completing FFT will recidivate within 3 years post program discharge. Recidivism is defined as the participant obtaining a new delinquent charge that is adjudicated.
Measurement Method(s)/Source for Data Collection/Source for Data Collection	Evidence Based Associates (EBA) Database Data will be collected quarterly
Person(s) Responsible for Collecting Data	Clinical Director & FFT Program Manager
Indicator to be applied to:	Evidence Based Program- FFT
Target Goal Attainment Date	December 2017

Descriptor	Effectiveness of Services- MST	
Performance Goal/ Performance Target Based Benchmark	Performance Criteria	Target
	Total FTE for active therapists*	2-4
	Average number of cases per therapist	4-6
	Percent TAM-R due that were completed	70%
	Percent of youth with at least one TAM-R interview	100%
	Overall Average Adherence Score	.61
	Percent of youth with average therapist adherence score above threshold	80%
	Percent of cases completing treatment	85%
	Percent of cases discharged due to lack of engagement	< 5%
	Percent of youth placed	< 10%
	Avg length of stay in days for youth with opportunity to have full course of treatment	120
	Percent of youth living at home	90%
	Percent of youth in school/working	90%
	Percent of youth with no new arrests	90%
	Percent with parenting skills necessary to handle future problems	85%
	Percent with improved family relations	85%
	Percent with improved network of supports	85%
	Percent with success in educational/vocational setting	85%
	Percent of youth involved with prosocial peers/activities	85%
	Percent of cases where changes have been sustained	85%
Measurement	MST-I Database	

Quality Management & Performance Improvement Initiatives for 2017

Method(s)/Source for Data Collection/Source for Data Collection	
Person(s) Responsible for Collecting Data	Clinical Director, UM and QA Manager, and MST Program Manager
Indicator to be applied to:	All MST Outpatient Services
Target Goal Attainment Date	December 2017

Descriptor	Effectiveness of Services
Performance Goal/ Performance Target Based Benchmark	No more than 20% of participants successfully completing MST will recidivate within 3 years post program discharge. Recidivism is defined as the participant obtaining a new delinquent charge that is adjudicated.
Measurement Method(s)/Source for Data Collection/Source for Data Collection	Evidence Based Associates (EBA) Database Data will be collected quarterly
Person(s) Responsible for Collecting Data	Clinical Director & FFT Program Manager
Indicator to be applied to:	Evidence Based Program- MST
Target Goal Attainment Date	December 2017

Descriptor	Efficiency of Services
Performance Goal/ Performance Target Based Benchmark	75% of all outpatient authorization request will be authorized within 10 days of submission
Measurement Method(s)/Source for Data Collection/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data for Collecting Data	UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017



Quality Management & Performance Improvement Initiatives for 2017

Descriptor	Service Access
Performance Goal/ Performance Target Based Benchmark	Responsiveness to Initial Request for Services From Intake to Scheduled Appointment: 0 to 2 Business Days From Intake to Scheduled Appointment for Treatment: 0 to 5 Business Days From Intake to first Scheduled Physician Appointment: 0 to 14 Business Days Percentage of Appointments Cancelled by Clinicians: not exceed 10% No Show Rate for Initial Intake Behavioral Health Assessment: not exceed 25% No Show Rate for Treatment Outpatient Services: not exceed 25% No Show Rate for Initial Psychiatric Evaluations: not exceed 25%
Measurement Method(s)/Source for Data Collection/Source for Data Collection	Electronic Health Record- Catalyst
Person(s) Responsible for Collecting Data	Clinical Director & UM and QA Manager
Indicator to be applied to:	All Core Outpatient Services
Target Goal Attainment Date	December 2017

Extenuating or Influencing Factors : Considerations noted in 2016 Performance Analysis: Political Climate is suspected to impact access to behavioral healthcare including potential changes to the ACA Affordable Healthcare Act; Changing DBHDD Regulations requiring significant EHR programming changes and associated changes in business practices continue to be an influencing factor; claim processing issues in Catalyst and Change Healthcare; HFRD rules lacking clarity continue as it pertains to DATEP rules and regulations.