Performance Analysis Report
Fiscal Year 2009

www.daymont.org

CORE VALUES

T RUST

R ECOVERY

E VIDENCE BASED

A DVOCACY

T EAMWORK

M ULTIDISCIPLINARY

E THICAL

N ETWORK OF CARE

T OTAL PERSON CENTERED

W ELLNESS

O PTIMAL BENEFITS

R ESPECT

K NOWLEDGE BASED

S ELF SUFFICIENT

It's my pleasure on behalf of Day-Mont Behavioral Health Care, Inc.'s Board of Trustees, and staff to present our fiscal year (FY) 2009 Performance Analysis Report. Our goals have been monitored and reviewed as we continue our ongoing evaluation of our Organizational performance. This process allows us to review the accomplishments and areas of improvement that are necessary for our growth as an Organization. This is critical to our quest for self-improvement and our ongoing task to be congruent with our mission and values. Our mission is "to provide culturally competent services to the community through best practices." The challenges that staff face are varied and demanding, but staff have the resolve and commitment to embrace continuous quality service. We embrace a willingness to learn and collaborate to utilize the limited resources that are available to provide culturally competent services using evidence based therapeutic interventions.

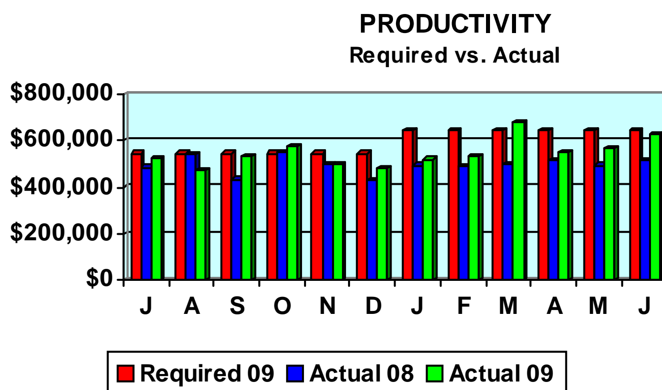
We are committed to providing a continuum of services that address the holistic needs of the person who comes to this organization. Day-Mont's **CORE VALUES** are the **KEY PRINCIPLES** that support our vision.

Gayle A. Johnson
President and CEO

FINANCE

Goal Statement: ***Ensure financial stability of the organization.***

Objectives: ***Control the organization's risk in general liability, contracts, property loss, business interruption and government regulations; Achieve contracted productivity levels and Monitor billing and coding process.***



Analysis of data/results:

- The agency achieved the contracted level of productivity including factoring in the claims for Medicaid billings. The agency received increased funding in FY 09 to expand service delivery. The funding increases will have to be factored into the claims monitoring process.
- Lower tax receipts by state and local governments puts the agency at risk for funding cuts even with the increased funding initially awarded.
- The billing and coding review is conducted separately from the (PRUR) Peer Review Utilization Review. The assessment of the effectiveness of a combined review is needed.
- The agency's risk exposure in the areas of general liability, property loss, and business interruption was reviewed by an independent insurance agent and agency staff.

Areas needing improvement:

- The Potential Earnings Report needs to be revised to reflect the changes in funding.
- The funding by the levels of government needs to be monitored in order to plan for any funding reductions.
- The billing and coding review will be combined with the PRUR.
- The amount of business interruption coverage needs to be increased.

Actions taken to improve performance:

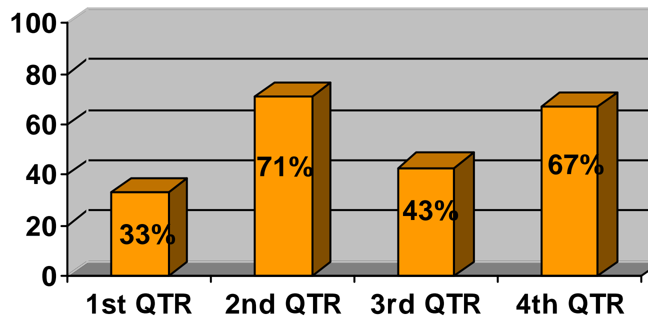
- The Potential Earnings Report was changed to reflect increases in funding.
- Monitoring of government funding indicated that the various levels absorbed the funding cuts and agency did not experience any funding reductions.
- The billing and coding review was combined with the PRUR.
- The amount of business interruption coverage was reviewed and the amount of coverage was increased.

Human Resources

***Goal Statement:* Ensure financial stability of the organization**

Objectives:

1. ***Maximize the quality and appropriateness of staff performance (Administrative and Clinical)***
2. ***Control the organization's liability risk.***



Measure 100%	1st QTR	2ND QTR	3RD QTR	4TH QTR
Due to be completed	12	7	7	9
Completed within 30 days	4	5	3	6
Completed after 30 days	4	1	3	3
Still outstanding	4	1	1	

Analysis of data/results: Results indicate that there is the need to review New Hire Orientation Checklist to ensure that all items on the Checklist can be and must be completed within thirty (30) days. There may be some items that may be able to be completed after thirty (30) days, e.g. Corporate Compliance orientation and still meet agency's objectives. In addition all supervisors need to complete their assigned areas as indicated.

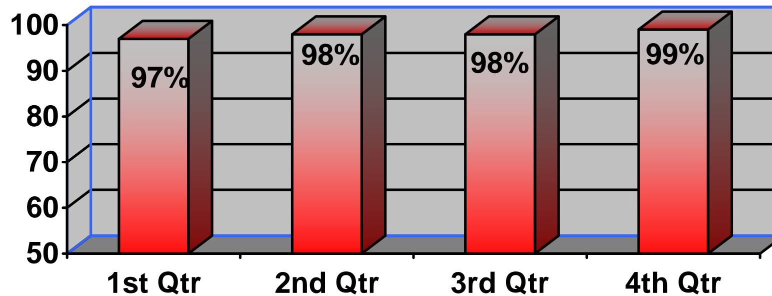
Areas needing improvement: New Hire's Checklist review by supervisors to ensure completion. Human Resources Director follow-up prior to the 30 days.

Actions taken to improve performance: Supervisor/Team Leader are to follow-up with staff to ensure checklist is completed within 30 days of hire. Human Resources Director will document date New Hire Orientation is to be completed and follow up with staff to ensure orientation is completed. Human Resources Director is to explore other methods for orientation to be completed e.g. placing sections of orientation on Agency proposed intranet, develop DVDs of sections of the Orientation.

Human Resources

***Goal Statement:** All staff credential/disclosure statements posted as required.*

**All Staff Credentials/Disclosure Statements
Performance Measures
FY 2009**



Measure 100%	1st QTR	2ND QTR	3RD QTR	4TH QTR
# of Staff	65	61	67	74
# Posted as required	63	60	66	73

Analysis of data/results: The quality and appropriateness of staff performance for clinical staff is supported by an ongoing review of education, internal and external training, staff licenses and/or credentials. Primary source verification occurs at time of hire and when licenses and/or credentials are earned. Results were that 1st quarter review noted two(2) staff did not post their credentials/disclosure statement and one (1) staff did not post at review of 2nd, 3rd and 4th quarters.

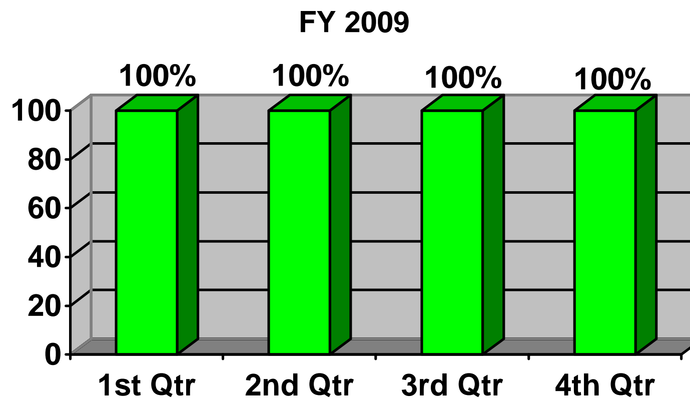
Areas needing improvement: All staff credentials/disclosure statements must be current and posted.

Actions taken to improve performance: Human Resources Director will review posting of new hire credentials/disclosure statements within two (2) weeks of hire. Place alarm in Employee Confidential Record database to notify Human Resources Director two (2) months in advance of staff credentials expiration date. Human Resources Director will notify staff and Supervisor of the expiration date. If staff do not renew credentials in a timely manner they will be notified that they can not provide services until credentials are reinstated.

Human Resources

***Goal Statement:** All client rights complaints/grievances reviewed to determine merit.*

Client Rights Complaints/Grievances



Measure 100%	1st QTR	2ND QTR	3RD QTR	4TH QTR
# of Complaints	3	5	2	3
# of Grievances				1
# Reviewed	3	5	2	4

Analysis of data/results: To assist in the control of the organization's liability risk, client complaints and/or grievances are reviewed. During FY 2009 all client rights complaints/grievances were reviewed with notification to individual of resolutions.

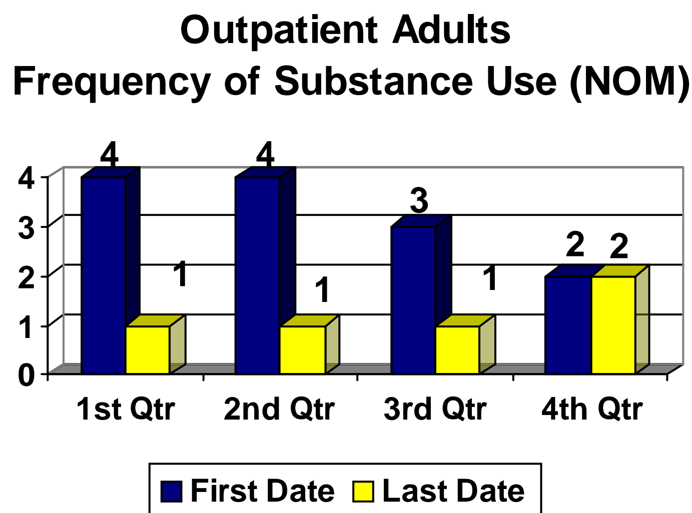
Areas needing improvement: Even though all client rights complaints/grievances were reviewed and clients were provided a resolution to their complaints, Day-Mont will continue to provide customer service training to assist staff with their interaction with clients.

Actions taken to improve performance: Ensure that all staff conduct themselves in a professional manner by providing the appropriate training. Provide customer service training as well as training on being person-centered when providing services to all stakeholders.

Outpatient Effectiveness

Goal Statement: Frequency of Substance Use – Reduction in/no change from last date of service compared to first date of service.

Codes for frequency of use: 0-no use during the month before: 1-less than once per week; 2-once per week; 3-several times per week; 4-once per day; 5- 2-3 times per day; 6-more than 3 times per day.



Analysis of data/results: This is new measurement for FY 2009 that is a National Outcome Measure (NOM) from the Substance Abuse and Mental Health Services Administration (SAMHSA).

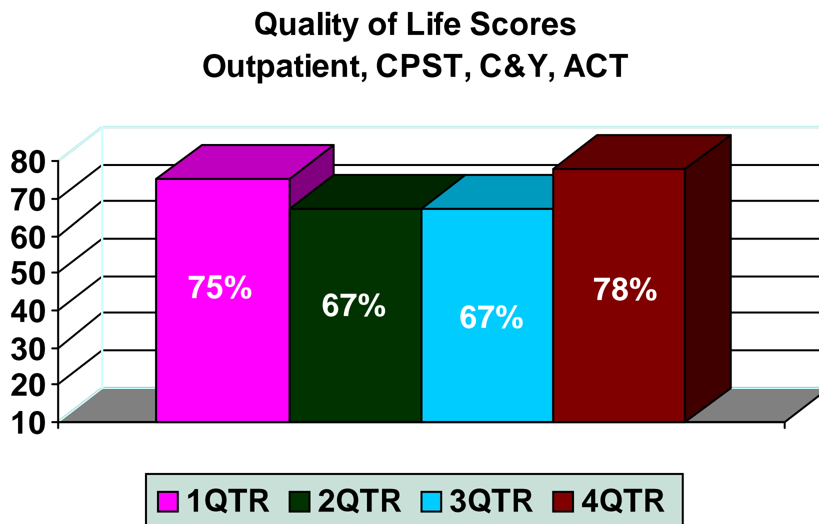
Frequency of use for adults did indicate a reduction in or no change from last date of service compared to first date of service. However, at times, the validity of the data was a concern based on the assessment of the frequency of use and last date of service.

Areas needing improvement: Need to assess frequency of use more often.

Actions taken to improve performance: Starting 3rd quarter FY 2009 frequency of use is assessed at each urine dip screen, so data reflects most recent frequency of use versus frequency of use at admission.

Outpatient, CPST, C&Y and ACT
Effectiveness

Goal Statement: 75% of all clients who complete the post discharge Client Functioning Questionnaire (CFQ) will report ratings of either 'good' or 'excellent'.



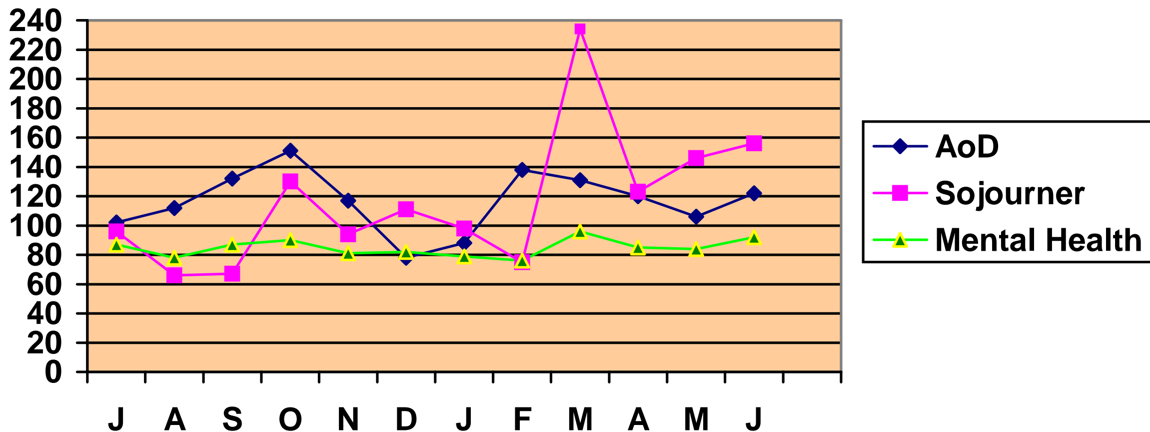
Analysis of data/results: The goal was achieved two out of four quarters. No significant trends or patterns were noted, or reported by consumers who completed the questionnaires. There was been an increase in responses coming back in the mail for FY 2009 compared to FY 2008.

Areas needing improvement: Continue to review responses to identify any significant trend in the data.

Actions taken to improve performance: None at this time.

Outpatient Efficiency

Goal Statement: All programs will achieve monthly productivity at 100%



Analysis of data/results: AoD and Sojourner programs met and exceeded fiscal productivity requirements for the majority of months. Combined mental health programs did not meet fiscal productivity requirements during any month. Mental Health productivity ranged from 76% to 96% throughout the fiscal year.

Areas needing improvement: Need to keep all positions filled. Need to continue to monitor all work areas of workforce to see what factors are contributing to productivity difficulties. Evaluate/improve systems for orientation and initial training of new hires to maximize retention of new hires. Need to improve in early detection of staff that have difficulties with productivity while providing early intervention and more effective corrective actions plan.

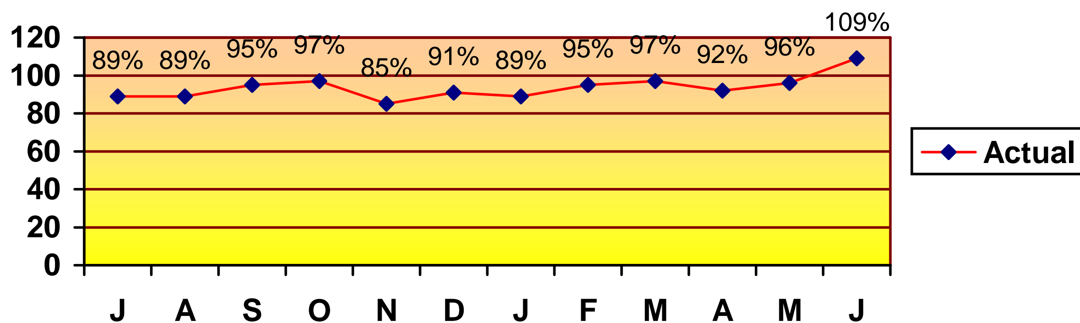
Actions taken to improve performance: Continued to recruit for vacant positions and interviewed/processed applications in a timely manner. Reviewed feedback from employee exit interviews to determine areas that can be improved up to increase staff retention rates. Provided coaching, mentoring and shadowing and more structured orientation/training to new hires for the purpose of improving their learning curve and retention. Held weekly managers productivity meetings to review productivity and address staff productivity concerns.

Community Psychiatric Supportive Treatment (CPST)

Efficiency

***Goal Statement:** 100% of all staff will achieve their required monthly productivity standard.*

**Combined Productivity Performance
Community Psychiatric Supportive Treatment
(CPST) Program**



Analysis of data/results: CPST program combined productivity goals were not achieved during eleven months while the majority of staff met or exceeded their individual year to date goals for 100% productivity for FY 2009. Productivity ranged from a low of 85% in November to a high of 109% in June. A slight upward trend in productivity was reflected in second half of the fiscal year.

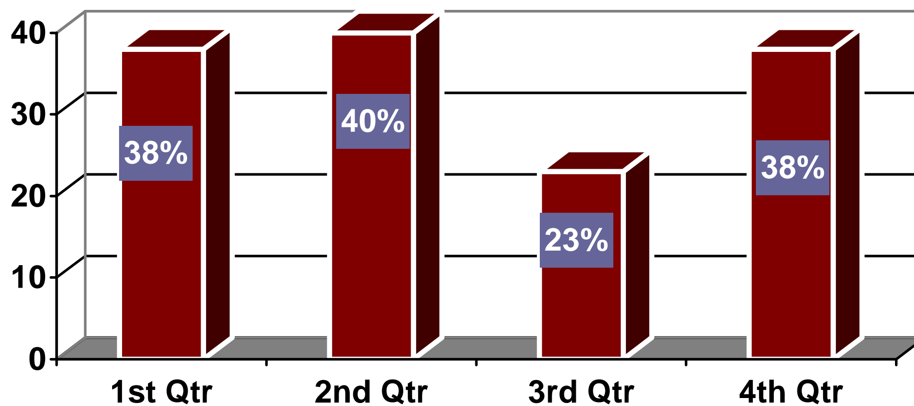
Areas needing improvement: Need to improve in the process for early identification of productivity concerns. Need to be more proactive in planning caseload development for new hires, in addition to providing more shadowing experience for new hire staff earlier in their employment. Need to interview candidates in a more timely manner and aggressively recruit for vacant case manager positions. Need to improve initial orientation and training process for new hires to improve retention rates.

Actions taken to improve performance: Addressed individual productivity issues with existing staff as identified to improve individual productivity performance and provided adequate caseloads/training to new staff to improve their ability to achieve productivity. Continued to meet weekly with managers to address any current staff productivity issues through consultation/corrective action plans. Aggressively recruited for case manager vacancies. Developed structured orientation/initial training schedules for new case managers during their first two weeks of hire, resulting in improved retention of quality staff.

Children & Youth (C&Y) Combined Mental Health & Alcohol/Drug

Efficiency

Goal Statement: ***Staff will close cases in a timely manner with a more than 40% of their caseload inactive for at least 60 days.***



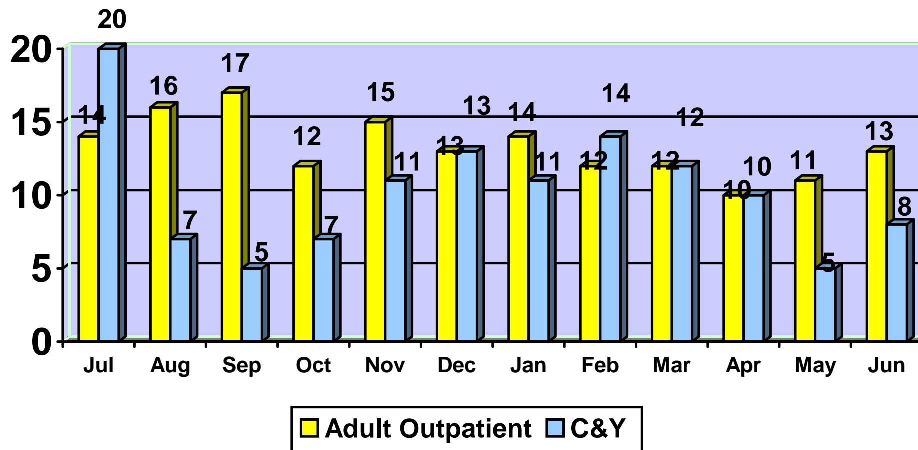
Analysis of data/results: Outcomes was achieved for all four quarters.

Areas needing improvement: Continued improvement in process/standardization for conducting timely case closures as a best clinical practice.

Actions taken to improve performance: Increased frequency of monitoring of staff caseloads and manager accountability for managing case closures.

Outpatient, Adult, Children &Youth (C&Y)
Access

Goal Statement: Scheduling Clients (Adult and C&Y) – Schedule clients in 10 or less business days from date of referral to date of first offered appointment.



Analysis of data/results: Starting 3rd quarter FY 2008, MH and AoD wait time goals were reduced from 15 days to 10 days. This reduction of the goal impacted 1st quarter FY 2009 adult wait times, and continued into the 2nd quarter. Starting 3rd quarter FY 2009 two new MH Therapists were hired and the wait times began to decrease. Except for the month of July, C&Y wait times were generally within 10 days and typically impacted by staff leave, training needs, etc.

Areas needing improvement: Decrease wait times for adult MH and AoD Outpatient programs. Develop strategies/processes to reduce the amount of time it takes a clinician to do an initial intake appointment i.e. concurrent documentation amount of paperwork, electronic health record.

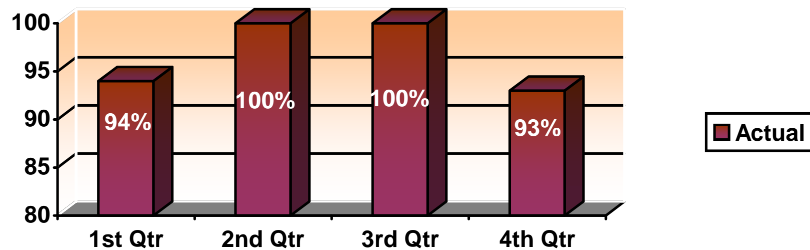
Actions taken to improve performance: Increased available intake slots through aggressive recruitment and through increased funding for two additional MH outpatient therapists. Utilized additional adjunct staff by adding them to the intake rotation. Utilized double and triple scheduling to increase number of intake slots. Submitted a request to participate in an Access Redesign Initiative with Scott Lloyd to bring for client access to services and employee intake efficiency. Invited various Electronic Health Records (EHR) companies to demonstrate their system and products.

Community Psychiatric Supportive Treatment (CPST)

Access

***Goal Statement:* 100% of client discharged from a local psychiatric hospital unit will be seen within 5 days of their discharge.**

Case Management Access Based on Linkage Time Following Client Hospitalization



Analysis of data/results: The outcome was achieved two out of four quarters, with the 1st and 4th quarters falling 6% to 7% below target, which is equivalent to 1 to 2 clients from the random sample of discharges reviewed not being seen within 5 days of their discharge.

Areas needing improvement: Factors contributing to the outcome are as follows: Need for improved communication between Day-Mont staff and local psychiatric hospital unit social workers regarding client discharges. Other factors were no shows for initial follow-up appointments whether in the home or office setting, inability to locate clients after numerous efforts to locate and engage clients discharged from psychiatric units, notification systems issues impacting the communication process for notifying direct staff of discharges.

Actions taken to improve performance:
To ensure that clients are seen within 5 days of discharge from a psychiatric hospital unit the following actions were taken:

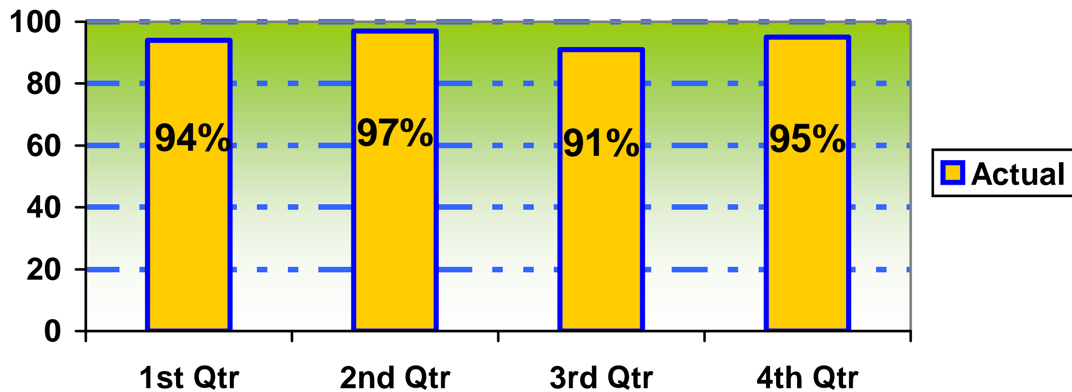
- Managers facilitated improved communications internally regarding hospital discharges, ensuring their notices of hospital aftercare appointments were communicated with appropriate staff in a more consistent and timely manner. A hospital liaison was appointed to improve communications with local psychiatric units regarding admissions and discharge planning involving Day-Mont clients. Managers increased their monitoring of hospital discharge notices to facilitate more timely focused efforts by case managers to engage clients discharged from local psychiatric units.
- For continued improvement in this area, the Team Leaders will review this standard in weekly group supervision with all the case management team. All discharges that team is made aware of will be presented and discussed for required client contact to occur in the daily/weekly team meetings. The Team Leaders will provide staff with assistance to ensure that contacts with clients occur as required. The team Case Managers will attempt to arrange with the hospital social worker to be present at the discharge of their clients from the unit if possible. Clinical management will request more collaboration on hospital discharges, plans and changing plans, to occur between the hospital social workers and Day-Mont community hospital designated liaison.
- Aftercare appointment notices from the Medical Department will be forwarded same day to the Team Leader/Director who will give direction to Case Managers to make contact not greater than five days from the date of discharge. In the event of Case Manager absence, the Team Leader will re-assign follow-up for post-hospital discharge contact to another Case Manager within the unit.
- Case Managers will be required to attend the follow up medical appointment with their clients post hospital discharge. When staff receive notification that a client has been hospitalized they will make contact with client and unit social worker for the purpose of facilitating discharge planning at the earliest possible time while client is still hospitalized.

STAKEHOLDER FEEDBACK

CONSUMER FOCUSED

Goal Statement: 92% of all consumers who complete a satisfaction questionnaire will report being 'very satisfied' or 'somewhat satisfied' with overall services.

**Outpatient Client Satisfaction
Based on ADAMHS Board Survey Results**



Analysis of data/results: Target was met and exceeded for the 1st, 2nd, and 4th quarters reflecting client satisfaction with services. During the 3rd quarter the target was not met, falling 1% below target. A small segment of consumers expressed dissatisfaction with the wait time for psychiatrist and therapist appointments.

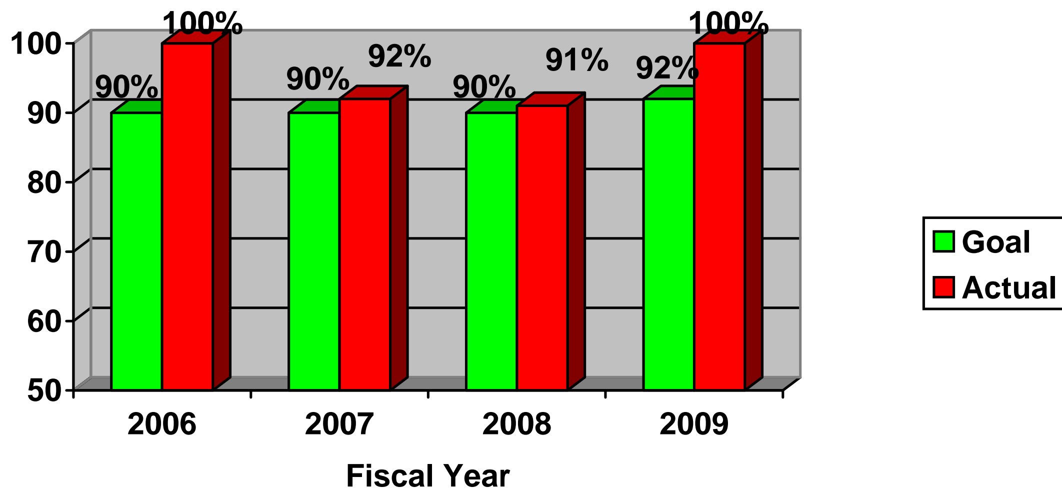
Areas needing improvement: Need to increase the availability psychiatrist and therapist resources through physician recruitment and requesting additional funding for outpatient therapist to meet the service demand.

Actions taken to improve performance: Additional psychiatrists were added to the medical department in FY 2009. In addition, funding was obtained from the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) for two additional therapists. Those two positions were filled in FY 2009.

STAKEHOLDER FEEDBACK

SATISFACTION (Other Stakeholders)

Goal Statement: 92% of stakeholders who complete a referral source satisfaction survey will positively report being "very satisfied" or mostly satisfied" with agency services.



Analysis of data/results: The FY 2009 referral source satisfaction survey target of 92% was exceeded at 100% for the fiscal year.

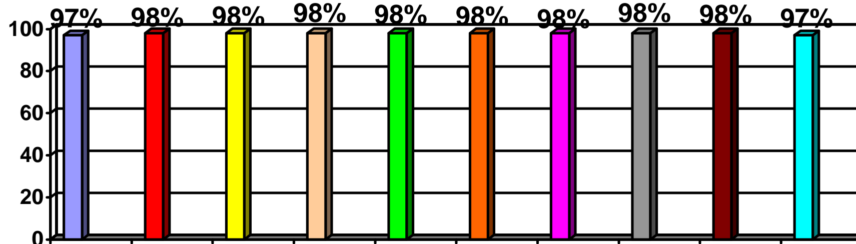
Areas needing improvement: N/A

Actions taken to improve performance: N/A

Quality Records Review/Peer Review

Goal Statement: Enhance Client Care
Objective: *Assess and evaluate the quality and appropriateness of services through peer reviews.*

Quality Records Review / Peer Review Results FY' 09



	Client Orientation
	Client Making Informed Choices
	Assessments Thorough, Complete, and Timely
	Treatment Plan Based on Assessment
	Treatment Plan Based on Client Input
	Services Related to Goals/Objectives
	Transition Plan, when applicable
	Discharge Summary, when applicable
	Services Documented According to Agency Policy
	Treatment Plan Review/Update According to Agency Policy

Analysis of data/results: The Quality Records Review/Peer Reviews were conducted quarterly on a "representative sample" of active/closed cases. Quarterly reviews were conducted for the following programs: Outpatient (AoD/MH) and Case Management. Quality Records Review/Peer Review was conducted during the 4th Quarter for the ACT program. Performance Improvement Plans were included in the quarterly reports, when applicable.

Areas needing improvement:
- Client Orientation
- Client Actively Involved in making Informed Choices
- Assessment Thorough, Complete, and Timely
- Treatment Plan Based on Assessment

Actions taken to improve performance:
Client Orientation/Client Actively involved in making Informed Choices – A detailed plan was developed by Executive Clinical Management to ensure that all clients receive an orientation at admission and are involved in making informed choices regarding the services they received.
Assessment Thorough, Complete, and Timely – Plans were developed by the Managers of Outpatient (Mental Health) and Case Management to ensure the Diagnostic Assessment Updates are complete and timely.
Treatment Plan Based on Assessment – Plans were developed by the Managers of Case Management; the ACT Program; and Outpatient (Mental Health) to ensure the following:
- **Case Management Plan** – Staff will receive continuous training in Treatment Plan development with focus on integrating Diagnostic Assessment Treatment Recommendations within the service plan along with presenting diagnosis.
- **ACT Program Plan** – Plans were developed by ACT Manager to ensure timely development of treatment plans and the submission of those plans to the supervisor for review/signature. A plan was developed for the Office manager to file all Treatment Plans within 24 hours of receipt from the ACT Manager.
- **Outpatient (Mental Health) Plan** – The Outpatient Manager developed a plan with staff to ensure Diagnostic Assessment Updates and Treatment Plans are current on all active clients.