

OUTCOMES 2016

Performance Improvement Plan Outcomes

Quality Improvement & Compliance

FY2016

Human Resources Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY2016 Outcome	Comparison to FY 15	Action
Staff Retention	Annual staff retention rate will be 80% or greater.	Quarterly review of turnover data.	95%	93%	Exceeded goal. Continue to monitor during FY17.
Employee Satisfaction	Overall scores for satisfaction on the annual employee satisfaction survey will be 80% or above.	Satisfaction scores on annual employee satisfaction survey.	76%	76%	Below goal. Areas of lower satisfaction reviewed with managers and targeted areas addressed. Continue to monitor during FY17.
Orientation	95% of staff will complete agency and department specific orientation within 90 days of hire.	Audit of personnel files.	100%	100%	Exceeded goal. Continue to monitor during FY17.
Timely Performance Evaluations	95% of staff will receive their annual performance evaluation within 30 days of due date. 95% of new staff will receive their 90 day review within 30 days of due date.	Audit of personnel files.	90% annual eval 84% -new staff	77.5% - annual eval 64.3%- new staff	Below goal for staff annual evaluation and new staff reviews, but improved since the previous year. Continue to work with managers and continue to monitor during FY17.
Wellness	During FY16 the Wellness Committee will provide on-going education, at least monthly, through lunch and learns, newsletters, and email tips.	Documentation of lunch and learns, newsletters, and email tips.	Met	Met	Met goal. Continue to monitor during FY17.

Financial Services Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Accounts Receivable	Days in AR will be less than or equal to 75 days.	Accounts Receivable detail report produced on a monthly basis.	65 days	65 days	Exceeded goal. Continue to monitor during FY17 and change goal to 70 days.
Accounts Payable	Days in accounts payable will be 35 days or less.	Balance sheet as of each month end.	19 days	16 days	Exceeded goal. Discontinue goal in FY17 to focus on write-offs.
Effective Cash Management	Average daily balance will be greater than or equal to \$1,000,000 monthly.	Average daily balance as reported on the Financial Summary sheet monthly.	\$2,515,327	\$2,616,452	Exceeded goal. Continue to monitor during FY17.
Provider Satisfaction	90% or greater of providers will report that they receive payments in a timely manner.	Percentage as measured on the annual provider satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor during FY17.
Credits	100% of credits will be completed within 60 days of identifying an overpayment.	Monitoring of known overpayments by the QA Coordinator.	84% of credits were completed within 60 days of overpayment.	90% of credits were completed within 60 days of overpayment.	Below goal. Continue to monitor during FY17.

Adult Community Psychiatric Rehabilitation Services (Adult Case Management) Outcomes Report – FY 16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	50% of clients receiving a level of community support services will experience an increase in total score on the DLA-20 from admission to follow-up assessment.	Percentage as measure by total score on DLA-20.	41.2%	43%	Below goal. In reviewing the results, it was determined that inter-rater reliability needs to be improved. Will provide additional training on DLA-20 and will continue to monitor in FY17
Effectiveness	90% of individuals receiving case management will report that their case manager helps them achieve their treatment plan goals.	Percentage as measured by Adult Community Support satisfaction survey.	100%	Not measured in FY 2015.	Exceeded goal. Continue to monitor in FY17.
Efficiency	100% of community support notes will be completed within 3 business days or will include acceptable documentation of why they were not.	Review of notes in quarterly audits.	96.8%	98%	Below goal. Continue to monitor during FY17.
			92%- TC 99.6% -MHR 99%-Skylander	No data-TC 98% -MHR 98%-Skylander	
Efficiency	95% of treatment plans will be completed within 45 days of admission and annually, or there will be acceptable documentation of why it was not.	Review of treatment plans in quarterly audits.	88.8%	83%	Below goal. New monitoring reports have been developed for supervisors. Continue to monitor during FY17.
			90.2% -MHR 89.4%-Skylander 66.6%- TC	91% -MHR 75%-Skylander No data- TC	
Efficiency	Number of Community Support Workers who provide IDDT will increase to 5 total IDDT CS Workers.	Number of CS Workers who provide IDDT.	3 CS Workers were trained to provide IDDT, bringing total to 7.	Not measured in 2015.	Exceeded goal. Will change goal to have all CS Workers receive IDDT training by FY17.
Efficiency	Increase enrollment of IDDT clients by adding 10 additional clients.	Number of IDDT clients enrolled in FY16.	15 additional clients were enrolled in FY16.	Not measured in FY 2015.	Exceeded goal. Will discontinue tracking this in FY17 to focus on training all workers.
Access	95% of individuals receiving case management services will report that their case manager is available to help them in a crisis situation.	Percentage as measured by case management satisfaction survey.	98.7%	96.8%	Exceeded goal. Will continue to monitor in FY17.
Access	95% of individuals receiving case management services will report that they can count on their case manager to meet with them as scheduled or contact them if he/she is going to be late.	Percentage as measured by case management satisfaction survey.	98.7%	98.7%	Exceeded goal. Will discontinue this goal in FY17 to focus on other access goals.

Satisfaction	95% of consumers receiving case management will report overall satisfaction with the services they receive.	Percentage as measured by case management satisfaction survey.	100%	98.7%	Exceeded goal. Continue to monitor in FY17.
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Adult Psychosocial Rehabilitation Services (Adult Community Integration) Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	90% of consumers receiving PSR services will report that day program had positive impact on their life.	Percentage as measured by PSRC satisfaction survey.	93.8%	95%	Exceeded goal. Will continue to monitor in FY17.
Effectiveness	90% of consumers receiving PSR services will report that the day program helps them cope with mental health issues.	Percentage as measured by PSRC satisfaction survey.	94%	93%	Met goal. Will continue this goal in FY17.
Efficiency	50% or more of programming at the 3 day programs will consist of wellness/recovery activities.	Percentage as measured by weekly activities calendars.	52% 53%-Northstar 52% -Risingstar 52%- Shootingstar	59% 56%-Northstar 55% -Risingstar 68%- Shootingstar	Exceeded goal. Will continue to monitor in FY17.
Access	85% of consumers attending the Day Program will report that the outings help them access community resources.	Percentage as measured by PSRC satisfaction survey.	96.9% 100%-Northstar 92% -Risingstar 100%- Shootingstar	Not measured in 2015.	Exceeded goal. Will discontinue monitoring in FY17 to focus on a new access goal.
Satisfaction	85% of consumers attending the Day Program will report they are satisfied overall with the day program.	Percentage as measured by PSRC satisfaction survey.	95.4% 95.2%- Northstar 92% -Risingstar 100%- Shootingstar	Not measured in FY2015.	Exceeded goal. Will continue to monitor in FY17.

Children's Community Based Services (Youth Case Management & Intensive Family Based) Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Access	95% of clients/families referred for children's community based services will be contacted within 5 business days of staff receiving the referral.	Percentage as measured by the children's community based services waiting list.	80%	No data	Below goal. There was turnover in the position that contacts these families and a higher number of referrals this year. Will continue goal in FY17 but change to 90%.
Efficiency	100% of client treatment plans will include all services client is receiving.	Percentage of treatment plans that include all services as measured in audits.	95%	Not measured in FY15	Slightly below goal. Will discontinue goal in FY17 to track goal that CIPs are updated when needed.
Effectiveness	65% of clients receiving a level of community support services will experience an increase in total score on the DLA-20 from admission to follow-up assessment.	Percentage as measured on the DLA-20.	66%	52%	Goal Met. Will continue to monitor in FY17.
Satisfaction	90% of families receiving in-home services will report satisfaction with the way their crisis situations were handled.	As measured on the Youth In-Home satisfaction survey.	95%	99%	Exceeded goal. Will continue to monitor in FY17.
Satisfaction	95% of youth and families participating in community support or intensive community support services will report overall satisfaction with services.	Percentage as measured by Children's Community Based Satisfaction Survey.	97%	98%	Met goal. Continue to monitor during FY17.

Youth Psychosocial Rehabilitation Services (Youth Community Integration) Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Access	95% of families will report that PSR staff communicate with them effectively regarding their child's treatment and progress.	Percentage as measured by youth PSR satisfaction survey.	100%	95%	Exceeded goal. Tri-County discontinued Youth PSR program because the agency that we contracted with to provide the service was no longer able to provide the service.
Efficiency	100% of PSR staff will received de-escalation training.	Percentage as measured by training attendance tracking.	Not met.	Not measured in FY15.	Did not meet goal- program discontinued.
Effectiveness	90% of children will have their treatment goals met in youth PSR services.	Percentage as measured by youth PSR satisfaction survey.	100%	100%	Exceeded goal. Program discontinued.
Satisfaction	95% of families and 90% of children will report overall satisfaction with the youth PSR program.	Percentage as measured on the child's PSR survey.	100% families, 94% youth	100% families, 88% youth	Exceeded goal. Program discontinued.

Intake and Crisis Services Outcome Report – FY 16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	90% of clients seen for intake or crisis appointment will report that the intake clinician explained to them what to expect from services they were referred to.	Percentage as measured on the Intake/Crisis satisfaction survey.	100%	100%	Exceeded goal. Will change goal to measure if staff are explaining the intake process to clients in FY17.
Effectiveness	90% of clients coming in for an intake or crisis appointment will report that the intake clinician was sensitive when asking about difficult experiences.	Percentage as measured on the Intake/Crisis satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor during FY17.
Access	95% of clients coming in for an intake or crisis appointment will report that they felt welcomed when they arrived for their appointment.	Percentage as measured on the Intake/Crisis satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor during FY17.
Access	95% of clients requiring a face-to-face intervention for after-hours crisis services will be seen within 90 minutes from initial contact.	Percentage as measured by quality assurance tracking.	92.5%	47.5%	Slightly below goal. Will continue to monitor in FY17.
Access	95% of pages to the on-call clinician from the crisis line will be responded to within 10 minutes.	Percentage as measured by quality assurance tracking.	91%	94%	Slightly below goal. Continue to monitor during FY17.
Access	95% of clients calling the crisis line that were referred to the on-call clinician were responded to within 5 minutes from the clinician receiving the information from the crisis line.	Percentage as measured by quality assurance tracking.	91%	87%	Slightly below goal. Continue to monitor during FY17.
Efficiency	90% of clients calling to schedule an appointment will be responded to within one business day.	Percentage as measured on the Intake/Crisis satisfaction survey.	87%	100%	Below goal. Discontinue goal in FY17 as Open Access will allow clients to walk-in for appointment.
Satisfaction	90% of clients coming in for intake will report that the intake clinician and other staff they had contact with were respectful to their cultural background.	Percentage as measured on the Intake/Crisis satisfaction survey.	100%	Not measured in FY15.	Exceeded goal. Continue to monitor during FY17.
Satisfaction	95% of clients coming in for intake will report that they are satisfied overall with the intake process.	Percentage as measured on the Intake/Crisis satisfaction survey.	97%	90%	Exceeded goal. Continue to monitor during FY17.

Medication Services Outcomes Report- FY 16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Access	Access scores for individuals in medication services will be 90% or higher.	Percentage as measured on the DMH adult consumer survey.	92%	86%	Exceeded goal. Continue to monitor during FY17.
Effectiveness	Outcomes scores for individuals in medication services will be 65% or higher.	Percentage as measured on the DMH adult consumer survey.	69%	54%	Exceeded goal. Continue to monitor during FY17.
Effectiveness	Functioning scores for individuals in medication services will be 65% or higher.	Percentage as measured on the DMH adult consumer survey.	68%	66%	Exceeded goal. Continue to monitor during FY17.
Efficiency	90% of clients receiving medication services will receive written medication education.	Percentage as measured by treatment records.	73%	66%	Below goal. We have developed a new form to document this which we expect to increase compliance. Will continue to monitor in FY17.
Efficiency	90% of clients whose medications were prescribed "off-label" will have the reason(s) for this explained to them.	Percentage as measured on the Physician/APRN Peer Review	94.4%	100%	Exceeded goal. Will continue to monitor during FY17.
Efficiency	80% of treatment plans will be completed within three visits and annually.	Review of audit forms.	78%	66%	Below goal, but improved from prior year. Will continue to monitor in FY17.
Satisfaction	Satisfaction scores for individuals in medication services will be 90% or higher.	Percentage as measured on the DMH adult consumer survey.	96%	89%	Exceeded goal. Continue to monitor during FY17.

Outpatient Therapy Services Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Access	Improve access to therapy services by adding at least three additional contract providers, including at least one provider who specializes in children.	Evidence of contract providers.	Added 8 new contract providers, 3 of whom specialize in children.	Not measured in FY15.	Exceeded goal. Discontinue in FY17 to focus on access goal to add therapy provider in Platte City.
Access	95% of clients in the DBT program will report their therapist was available for coaching calls.	Percentage as measured on the DBT satisfaction survey.	97.8%	100%	Exceeded goal. Continue to monitor in FY17.
Effectiveness	90% of clients in traditional outpatient therapy will report that they are better at handling daily life.	Percentage as measured on the outpatient satisfaction survey.	94.7%	99%	Exceeded goal. Continue to monitor in FY17.
Effectiveness	90% of clients in traditional outpatient therapy will report that their therapist taught them skills to be able to manage and cope with their problems.	Percentage as measured on the outpatient satisfaction survey.	98.2%	Not measured in FY15.	Exceeded goal. Continue to monitor in FY17.
Effectiveness	90% of clients participating in DBT will report that DBT has helped them to be more effective in their interactions with others.	Percentage as measured on the DBT satisfaction survey.	93.6%	100%	Exceeded goal. Continue to monitor in FY17.
Effectiveness	90% of clients participating in DBT will report that they are better able to cope with their problems.	Percentage as measured on DBT satisfaction survey.	100%	98%	Exceeded goal. Continue to monitor in FY17.
Effectiveness	90% of clients participating in DBT will report that they are emotionally regulated.	Percentage as measured on DBT satisfaction survey.	95.6%	98%	Exceeded goal. Continue to monitor in FY17.
Effectiveness	90% of clients participating in Outpatient Therapy will report as a result of therapy they feel they are making progress on achieving their treatment plan goals.	Percentage as measured on the outpatient satisfaction survey.	96.8%	Not measured in FY15.	Exceeded goal. Continue to monitor in FY17.
Efficiency	95% of treatment plans for individuals in therapy will be completed by the 3 rd visit.	Percentage as determined by chart audits.	71.2%	58%	Below goal. We are now monitoring this monthly and sending reminders to the therapists when the plan is due. Continue to monitor in FY17.
Satisfaction	90% of clients in traditional outpatient therapy will report overall satisfaction with therapy.	Percentage as measured on outpatient therapy satisfaction survey.	99%	99%	Exceeded goal. Continue to monitor in FY17.

Employment Services Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	50% of individuals served will obtain employment within 120 days of receipt of VR authorization.	Percentage of clients who obtained employment within 120 days.	43%	61%	Below goal. In review with ES Manager, it was noted that many consumers had an increase in symptoms after obtaining authorization from VR, resulting in it taking longer to obtain job placement. Continue to monitor during FY17.
Effectiveness	65% of persons obtaining employment through Supported Employment will maintain their job 90 days after the end of VR funding services, resulting in successful VR closure.	Percentage of clients who have maintained employment 90 days after end of VR funding.	42%	85%	Below goal. Decrease goal to 50%. Continue to monitor during FY17.
Effectiveness	55% of individuals served will maintain employment 6 months after successful discharge from employment services.	Percentage of clients who are employed 6 months after discharge.	Not tracked in FY16	67%	Due to staffing changes, was unable to track this goal in FY16. Will track in FY17 and change goal to 3 months.
Access	75% of new intakes for the Community Employment Programs will be scheduled to meet with an Employment Specialist within two weeks of VR authorization.	Percentage of clients scheduled within two weeks of VR authorization.	25%	70%	Below goal. Increased symptoms of clients was a factor in scheduling. Continue to monitor during FY17 and decrease goal to 50%.
Efficiency	50% of clients accepted in Employment Services will be presented face-to-face to an employer within 30 days of VR authorization.	Percentage of clients presented to an employer face-to-face within 30 days of VR auth.	22%	24%	Below goal. Continue to monitor during FY17.
Efficiency	75% of the time an Employment Specialist will see a client within 3 days of a client's first day on a job.	As tracked through progress notes.	43%	59%	Below goal. Continue to monitor in FY17 and change goal to 65%.
Efficiency	50% of clients will have an initial benefits meeting within 30 days of receipt of Benefits Query from Social Security.	Percentage of clients who had initial benefits meeting as tracked by ES Supervisor.	45%	44%	Slightly below goal. Continue to monitor in FY17.
Efficiency	60% of clients will meet with a benefits planner within 30 days of obtaining employment.	Percentage of clients who had meeting with benefits planner as tracked by ES Supervisor.	44%	56%	Below goal. Will continue to work to improve on this goal but will not formally track in FY17.
Satisfaction	90% of clients will report overall satisfaction with Employment Services.	Percentage as measured on the Employment Satisfaction Survey.	100%	100%	Exceeded goal. Continue to monitor during FY17.

Prevention and Wellness Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	During FY16, two or more environmental policies will be passed locally to serve to reduce underage access and/or underage use of ATOD.	Number of policies or ordinances passed in Ray, Clay, or Platte counties	3 passed	2	Met goal. Continue to monitor during FY17.
Efficiency	ATOD prevention toolkit will be developed and implemented for school personnel responsible for ATOD information to students.	Number of recipients who found toolkit useful as measured on follow-up survey.	Toolkit was sent to over 30 educators and counselors, and 100% of feedback was positive.	Not measured in FY15	Met goal. Will discontinue this goal in FY17 to focus on increasing social media exposure and website usage.
Satisfaction	80% of Coalition volunteers will report that they are satisfied with TCMHS prevention services.	Percentage as measured on the C-2000 volunteer survey.	100%	100%	Exceeded goal. Continue to monitor during FY17.
Access	Prevention Department will create an electronic newsletter highlighting recent Northland Coalition events and achievements.	On-line verification of e-newsletter along with analytics demonstrating reach.	NC website had 4,031 visits, Facebook page had 2,045 engagers, Youth With Vision website had 456 visits, Parent Up website had 583 visist, and two new NC e-newsletters had 563 viewers.	NC website had 3,212 visits, Facebook had 251 engagers, YWV website had 357 visits, Parent Up website had 457 visits.	Exceeded goal. All websites and Facebook pages increased in visits and engagers. Will discontinue this goal in FY17 to focus on increasing number of attendees at Northland Youth Leadership Summit and Northland Prevention Conference.

Adolescent CSTAR Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	55% of clients in the Adolescent CSTAR program will abstain from alcohol and drug use by the time of discharge.	Percentage as measured on discharge summary.	65.5%	58%	Exceeded goal. Continue to monitor in FY17 and will increase goal to 60%.
Access	85% of clients and parents/caregivers of clients in Adolescent CSTAR services will report that services were offered at times that were convenient for them.	Percentage as measured on Adolescent CSTAR satisfaction survey.	100%- clients No parent surveys returned	100%	Exceeded goal. Continue to monitor in FY17.
Access	85% of parent/caregivers of clients receiving Adolescent CSTAR services will report that services were offered at times that were convenient for them.	Percentage as measured on Adolescent CSTAR satisfaction survey.	No parent surveys returned	Not measured in FY15	Not met. No parent surveys were returned in FY16. Will continue to monitor in FY17 and will develop plan for increased return rate of surveys.
Efficiency	80% of parents involved in the Adolescent CSTAR program will participate in parent/family groups and 95% of parents will report they are aware of groups.	Percentage as measured on Adolescent CSTAR satisfaction survey.	No parent surveys returned	100% aware of groups and encouraged to attend	Not met. No parent surveys were returned in FY16. Will discontinue this goal, and will add question to survey to measure if parents/caregivers would attend group if offered in FY17.
Satisfaction	90% of clients in the Adolescent CSTAR program will report that they feel accepted by the treatment team.	Percentage as measured on Substance Abuse satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor in FY17.
Satisfaction	85% of clients in the Adolescent CSTAR program will report that they feel understood by the treatment team.	Percentage as measured on Substance Abuse satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor in FY17.

Adult CSTAR Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	60% of clients in the CSTAR program who had 12 or more contacts will abstain from alcohol and drug use by time of discharge.	Percentage as measured on discharge summary	69%	54% at discharge. 63% who had 12 or more contacts	Exceeded goal. Will continue to monitor in FY17.
Effectiveness	Clients in the Adults CSTAR program will be above the state average for having no arrests upon discharge.	Percentage as measured on ADA National Outcomes Measures report in CIMOR.	97.3% (state average was 91.63%) or 5.67% better than the state average.	5.23% better than the state average.	Exceeded goal. Will continue to monitor in FY17.
Effectiveness	85% of clients in the Adult CSTAR program will report that they are better able to cope when things go wrong.	Percentage as measured on CSTAR Satisfaction Survey.	87.2%	Not measured in FY15.	Exceeded goal. Will continue to monitor in FY17.
Access	Average wait time for assessment for the CSTAR program will be 7 days or less from initial contact.	Average wait time based on wait time surveys.	8.8 days	10 days	Below goal. Continue to monitor in FY17.
Efficiency	Provide an effective length of treatment and retain at least 75% of clients for a minimum of 12 contacts with the program.	Percentage of clients who had 12 or more contacts.	72%	76%	Slightly below goal. Continue to monitor in FY17.
Efficiency	90% of clients will report they were informed about family counseling/classes and were encouraged to attend.	Percentage as measured on CSTAR Satisfaction Survey.	84%	96%	Below goal. Will continue to monitor in FY17.
Efficiency	90% of clients will report that they were informed about Medication Assisted Treatment option.	Percentage as measured on CSTAR satisfaction Survey.	82.9%	No data	Below goal. Will continue to monitor in FY17.
Satisfaction	90% of clients in CSTAR programs will report that staff responds to their needs.	Percentage as measured on Substance Abuse satisfaction survey.	97.8%	96%	Exceeded goal. Continue to monitor in FY17.
Satisfaction	95% of clients in CSTAR will report that they were treated with respect and dignity.	Percentage as measured on Substance Abuse satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor in FY17.

Treatment Court Outcomes Report – FY16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	80% of clients in the Ray & Clay Drug Court and Platte Co. DWI Court program will abstain from alcohol and drug use by time of discharge.	Percentage as measured on discharge summary	90%	90%	Exceeded goal. Will continue to monitor in FY17 and will increase goal to 85%.
Effectiveness	80% of clients will report that “they know how to stay away from situations that lead them to drink or use drugs”.	Percentage as measured on Substance Use Satisfaction Survey	100%	Not measured in FY15.	Exceeded goal. Will continue to monitor in FY17 and will increase goal to 90%.
Access	85% of clients receiving services through CSTAR and Drug Court will report that services were offered at times that were convenient for them.	Percentage as measured on Substance Abuse satisfaction survey.	94%	95%	Exceeded goal. Continue to monitor in FY17.
Access	Establish a baseline to determine if transportation is an issue for Platte County DWI Court clients.	Percentage as measured on DWI Court Satisfaction Survey.	94%	No data	94% of clients responded that they are able to get to their individual and group appointments without barriers. Will monitor in FY17 with goal of 95%.
Efficiency	95% of treatment plans will be completed annually, or there will be acceptable documentation of why not completed annually.	Review of treatment plans in audits.	97%	Insufficient data	Exceeded goal. Will continue to monitor in FY17.
Satisfaction	90% of clients in Drug Court and DWI Court programs will report that staff respond to their needs.	Percentage as measured on Substance Abuse satisfaction survey.	100%	100%	Exceeded goal. Will continue to monitor in FY17.
Satisfaction	95% of clients in Drug Court and DWI Court programs will report that they were treated with respect and dignity.	Percentage as measured on Substance Abuse satisfaction survey.	100%	98%	Exceeded goal. Will continue to monitor in FY17.

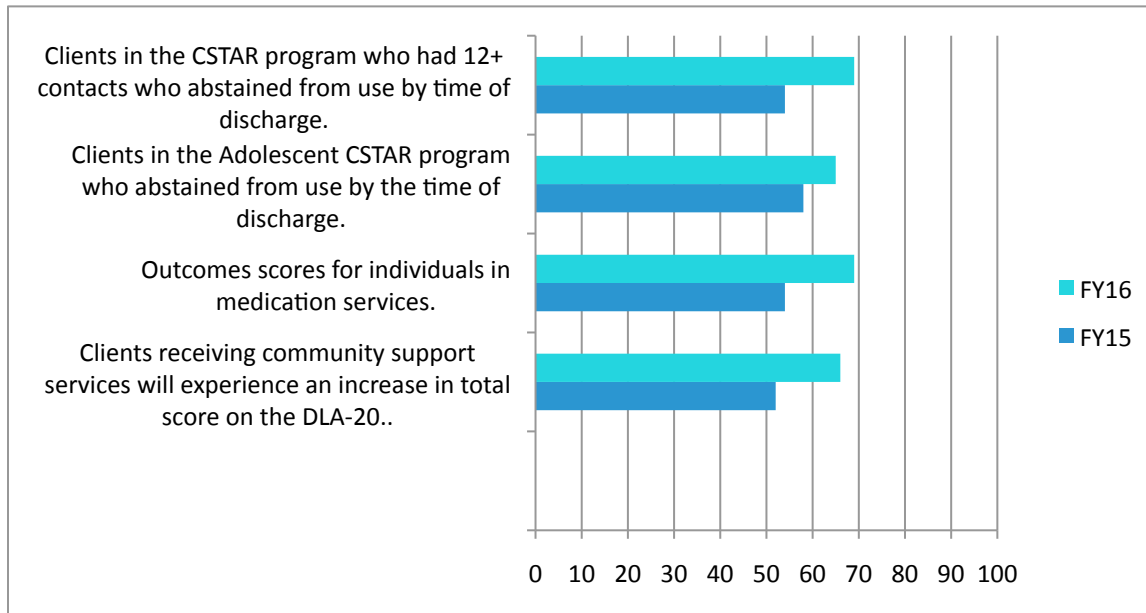
Healthcare Home Outcome Report – FY 16

Category of Measurement	Outcome Objective	Measurement Tool	FY 2016 Outcome	Comparison to FY 15	Action
Effectiveness	80% of HCH members 18-75 years of age with a diagnosis of diabetes will have a blood pressure < 140/90 mmHg documented on their annual metabolic syndrome screening and will not be flagged in the ProAct disease management report by June 2016.	Percentage as measured on the metabolic syndrome screening.	81%	84%	Exceeded goal. Continue to monitor in FY17.
Effectiveness	75% of HCH members 18-75 years of age with a diagnosis of diabetes will have HbA1c < 8.0% documented on their annual metabolic syndrome screening and will not be flagged in the ProAct disease management report by June 2016.	Percentage as measured on the metabolic syndrome screening.	82%	78%	Exceeded goal. Continue to monitor in FY17 and increase goal to 80%.
Access	65% of initial screenings will be completed within 90 days of a member's initial HCH admission and 90% of initial screenings will be scheduled within 90 days.	Percentage as measured on Avatar report.	63% of initial screening completed. 77% scheduled	75% completed 95% scheduled	Slightly below goal for initial screenings and below goal for scheduled. Monitoring reports being sent to all community support supervisors now. Will continue to monitor in FY17.
Access	Serve an additional 15 non-Medicaid eligible Kansas City residents through the Healthcare Foundation Grant during FY16.	Evidence of increase in clients.	24 additional clients served	Not measured in FY15.	Exceeded goal. Will discontinue goal to focus on another Healthcare Foundation grant goal in FY17.
Access	Relocate Healthcare Home team closer to medication services on the first floor to improve coordination of care in FY16.	Evidence of HCH located on first floor.	HCH moved to first floor.	Not measured in FY15.	Goal Met. Discontinue goal in FY17.
Efficiency	85% of HCH individuals enrolled in HCH will have an annual metabolic screening completed within the previous 12 months.	Percentage as measured on DMH report.	94%	91%	Exceeded goal. Continue to monitor in FY17.
Satisfaction	90% of HCH members will report overall satisfaction with the HCH services they receive.	Percentage as measured on HCH satisfaction survey.	100%	100%	Exceeded goal. Continue to monitor in FY17.

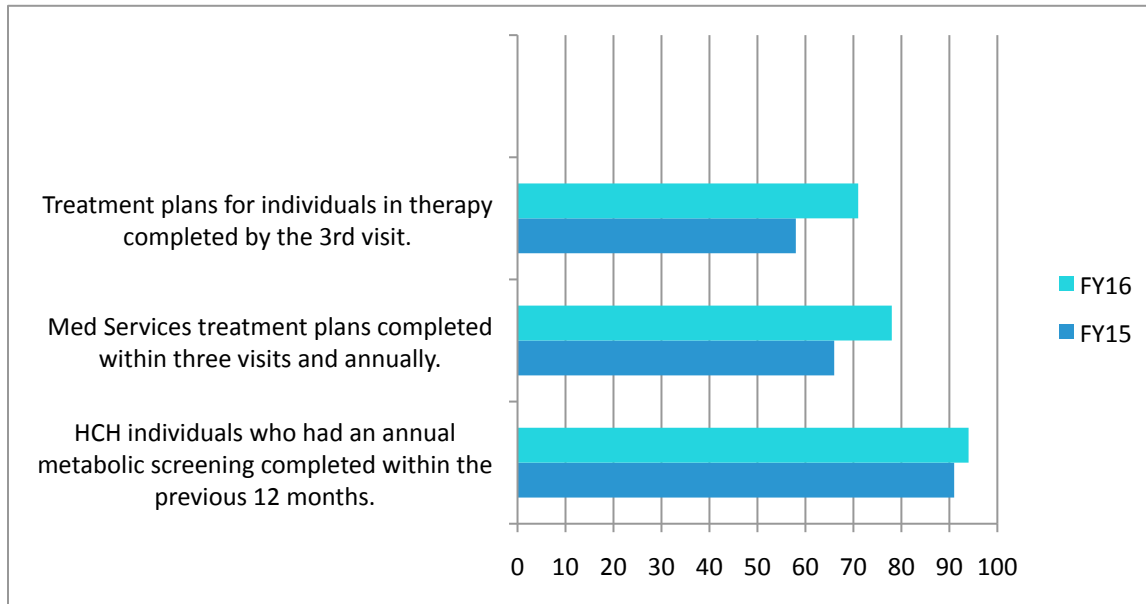
WHAT DO OUR CLIENTS HAVE TO SAY?.....

- ✦ I have had a positive experience with Healthcare Home because they give me good suggestions on how to improve my physical and mental health. (Healthcare Home)
- ✦ My case manager is respectful, available and always glad to help me. She encourages independence. (Adult Case Management Services)
- ✦ It's a really hands-on approach. It gives my provider the opportunity to see my child's environment and behavior my child may not display elsewhere. (Children's In-Home services)
- ✦ Our therapist has been very helpful in advising us on techniques to use for calming flare ups with our grandson. The boys look forward to their sessions and seem to come away with a calmer appearance. We feel very fortunate to have been able to work with our therapist. (Outpatient Therapy services)
- ✦ I am doing a better job of accepting things and calming myself down. Using DBT skills helps. (DBT Services)
- ✦ My Employment Specialist has given me more confidence than I had before. She is very good at helping people. I am a lot faster at filling out applications. (Employment Services)
- ✦ School Liaison was very good at explaining to me and my son the treatment plan and hopeful outcome of his therapy. She is awesome! (School Mental Health Liaison)
- ✦ I enjoy attending North Star club. I can interact with others and not be alone. They understand me. (Adult day program)
- ✦ CSTAR has stuck with me throughout my battle with addiction and have given me a lot of tools to push through hard times. (CSTAR program)
- ✦ The counselors here have become like family to me. They do such a great job. (Ray County Drug Court Program)
- ✦ I am really grateful with the program and supports given to me from the staff and counselors. I wouldn't be where I am today if I were not in this program. I learned a lot and am changing myself. (Platte County DWI Court Program)

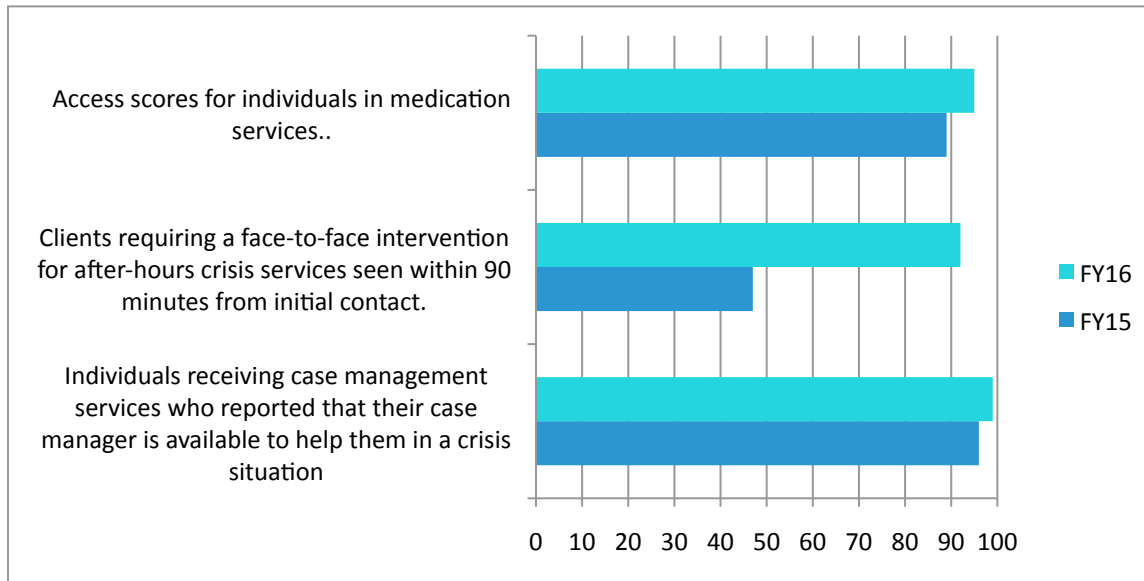
Progress Made on Effectiveness Goals:



Progress Made on Efficiency Goals:



Progress Made on Access Goals:



Progress Made on Satisfaction Goals:

