

# FY2018 Outcomes Report

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PERFORMANCE IMPROVEMENT PLAN OUTCOMES

Quality Improvement & Compliance

TRI-COUNTY MENTAL HEALTH SERVICES, INC. | 3100 N.E. 83RD ST., SUITE 1001, KANSAS CITY, MO 64119

## Human Resources Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY2018 Outcome	Comparison to FY 17	Action
Staff Retention	Annual staff retention rate will be 80% or greater.	Annual review of turnover data	80%	79%	Goal met. Continue to monitor in FY19.
Employee Satisfaction	Overall scores for satisfaction on the annual employee satisfaction survey will be 80% or greater.	Satisfaction scores on annual employee satisfaction survey	73%	80%	Goal not met due to construction project, turnover and new positions. This has been reviewed with managers and plans for improvement are in place. Continue to monitor in FY19.
Orientation	95% of staff will complete agency and department specific orientation within 90 days of hire.	Audit of personnel files	82%	91%	Goal not met due to 15+ new positions. This will be added on the 90-day form in an effort to increase outcome. Continue to monitor in FY19.
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. 91% new staff	86% annual eval. 98% new staff	Goals not met due to management turnover and new positions. Continue to monitor in FY19.
Wellness	During FY18 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	Goal met. Continue to monitor in FY19.
Wellness	At least 80% of employees will be at or above the Gold level by the end of the Go365 plan year.	Go365 program data	41% at Gold level or above as of June 2018	Not measured last year	Data not yet available because plan year ends in the Fall. Change the goal to an increase in overall participation by June 30, 2019 and monitor in FY19.

## Financial Services Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Accounts Receivable	Days in AR will be less than or equal to 70 days.	Accounts Receivable detail report produced on a monthly basis	65 days	67 days	Goal exceeded. Change to Net AR with a goal of 45 days and monitor in FY19.
Collections	Percentage of write-offs will be 2% or less.	Write-offs as a percentage of total billings from reports from Avatar	0.69%	1.5%	Goal exceeded. Continue to monitor in FY19.
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	\$4,767,883	\$3,110,394	Goal exceeded. Continue to monitor in FY19.
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	95%	100%	Goal exceeded. Continue to monitor in FY19.
Credits	100% of credits will be completed within 60 days of identifying an overpayment.	Monitoring of known overpayments	94%	92%	Goal not met, but improvement over FY17. Have made recent changes in responsibility for this and monitoring which should lead to continued improvement. Continue to monitor in FY19.

## Overall Agency Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Suicide Prevention	Continue to participate in the Zero Suicide initiative with overall goal of reducing completed suicides and suicide attempts.	Comparison of suicide attempts/completed suicides from previous year	Suicide Attempts: 58 Suicides: 1 (1 cause of death still unknown)	Suicide Attempts: 10 Suicides:2	Goal met. Increase is a result of new reporting standards. During FY17 we only reported suicide attempts that resulted in medical floor admissions and now we report any suicide attempt. We also did training and reminders for all staff on the importance of reporting this. We have not fully implemented zero suicide across the agency yet. Continue to monitor in FY19, and also add a goal related to safety plans being completed on all clients in the Enhanced Care Pathway.
Trauma Informed Care	Continue to participate in Trauma Informed Care learning collaborative and implement Trauma Informed Care agency wide.	Documentation of continued trainings, updated policies/procedures as needed, and self-assessment initiatives	Met	Met	Goal met. Continue to monitor in FY19. Change measurement tool to: Documentation of training for new staff, training for current clinical staff on secondary trauma, develop trainings for non-clinical staff.
Psychiatric & Substance Use Hospital Readmissions	Improve quality by reducing unnecessary hospital admissions and readmissions.	Determine baseline percentage of acute psychiatric or substance use inpatient stays during FY18 that were followed by acute readmission within 30 days	<30 days=13% >30 days=8%	Not measured last year	Goal met. For FY19, revise goal to “Only 20% of acute psychiatric or substance use inpatient stays during FY19 were followed by acute readmission within 30 days” and monitor in FY19.

## Adult Community Psychiatric Rehabilitation Services (Adult Case Management) Outcomes Report – FY 18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	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	58%	42%	Goal exceeded. Continue to monitor in FY19.
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	99%	98.1%	Goal exceeded. Continue to monitor in FY19.
Efficiency	90% of treatment plans will be updated as needed, or there will be acceptable documentation of why it was not updated.	Review of treatment plans in quarterly audits	76% 84%-MHR 78%-Skylander 67%-TC	Not measured last year	Goal not met. Continue to monitor in FY19.
Efficiency	90% of all new Community Support Workers will receive IDDT training within their first 90 days of employment.	Percentage as measured by training attendance tracking	100%	Not measured last year	Goal exceeded. Revise goal for FY19 to track ITCD rather than IDDT and monitor in FY19.
Access	90% of individuals receiving case management will report that their case manager returns their calls.	Percentage as measured by case management satisfaction survey	99%	Not measured last year	Goal exceeded. Continue to monitor in FY19.
Satisfaction	95% of consumers receiving case management will report overall satisfaction with the services they receive.	Percentage as measured by case management satisfaction survey	98%	100%	Goal exceeded. Continue to monitor in FY19.

## Adult Psychosocial Rehabilitation Services (Adult Community Integration) Outcomes

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	90% of consumers receiving PSR services will report that the Day Program has a positive impact on their life.	Percentage as measured by PSR satisfaction survey	92%	96.8%	Goal exceeded. Continue to monitor in FY19.
Effectiveness	90% of consumers receiving PSR services will report that the Day Program helps them cope with mental health issues.	Percentage as measured by PSR satisfaction survey	89% 82% North 90% Rising 95% Shooting	96.8%	Goal not met. Continue to monitor in FY19.
Efficiency	50% or more of programming for the 3 day programs will consist of wellness/recovery activities.	Percentage as measured by weekly activities calendars	57%	54%	Goal exceeded. Continue to monitor in FY19.
Access	90% of consumers attending the Day Program will report that they are able to get to and are able to attend the day program as often as they want.	Percentage as measured by PSR satisfaction survey	91%	100%	Goal exceeded. For FY19, revise goal to establish a base line for how clients get to the Day Program (bus, car, van, etc.).
Satisfaction	85% of consumers attending the Day Program will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.	Percentage as measured by PSR satisfaction survey	79% 65% North 80% Rising 90% Shooting	92%	Goal not met. Continue to monitor in FY19.
Satisfaction	85% of consumers attending the Day Program will report that they are satisfied with the educational and support groups provided daily.	Percentage as measured by the PSR satisfaction survey	94%	95%	Goal exceeded. Continue to monitor in FY19.

## Children's Community Based Services (Youth Case Management & Intensive Family Based) Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
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	62%	53%	Goal not met. Training has been provided to increase standardization of scoring. Continue to monitor in FY19.
Effectiveness	90% of clients in services will not be hospitalized for psychiatric reasons while participating in children's community based services.	Percentage as measured by program tracking	96%	Not measured last year	Goal exceeded. Continue to monitor in FY19.
Efficiency	85% of Crisis and Wellness Plans will be updated as needed.	Percentage as reflected in progress notes or plan, as measured during audits	81% 93% Crit. 62% Willow. 88% Corner.	91.5%	Goal not met. Discontinue goal because the process is changing and will be tracked with zero suicide.
Efficiency	100% of client treatment plans will include all services client is receiving.	Percentages as measured during audits	95% 97% Crit. 88% Willow. 100% Corner.	Not measured last year	Goal not met. Continue to monitor in FY19.
Efficiency	100% of assessments will include justification for level of care.	Percentages as measured during audits	91% 88% Crit. 88% Willow. 96% Corner.	Not measured last year	Goal not met. Continue to monitor in FY19.
Access	90% 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	90%	97%	Goal met. Continue to monitor in FY19.
Satisfaction	95% 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	100%	97%	Goal exceeded. Continue to monitor in FY19.
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	98%	97.7%	Goal exceeded. Continue to monitor in FY19. Change wording to "95% of families receiving in-home services will report..."

## Intake and Crisis Services Outcome Report – FY 18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	85% of clients coming in for an intake or crisis appointment will report that the intake clinician explained to them what to expect next from the intake process.	Percentage as measured on the Intake/Crisis satisfaction survey.	97%	100%	Goal exceeded. Continue to monitor in FY19.
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%	Goal exceeded. Continue to monitor in FY19.
Efficiency	95% of clients who are seen for an initial assessment will receive a suicide risk assessment.	Percentage as measured on the Integrated Intake Assessment 2 report.	100%	Not measured last year	Goal exceeded. Will continue to monitor, but will remove this as a PI Plan goal.
Efficiency	In order to more efficiently serve clients coming in for open access, as well as reduce compassion fatigue for current staff, another part time intake clinician will be hired.	Evidence of filled position	Met	Not measured last year	Met goal. Replace goal with “Establish a process for tracking preferred intake slots and documenting when a client does not complete the intake process” and monitor in FY19.
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.	98%	100%	Goal exceeded. Continue to monitor in FY19.
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%	93%	Goal not met. Continue to monitor in FY19.
Access	Establish a baseline of average number of preferred slots given to clients coming in for open access.	Number of clients given a preferred slot as measured by open access tracking.	483	Not measured last year	Met goal. Remove goal.
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.	99%	100%	Goal exceeded. Continue to monitor in FY19.
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.	99%	100%	Goal exceeded. Continue to monitor in FY19.



## Medication Services Outcomes Report- FY 18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	Outcomes scores for individuals in Medication Services will be 65% or higher.	Percentage as measured on the DMH adult consumer survey.	75%	64%	Goal exceeded. Work on a method to separate Medication Services results from CPRP results and continue to monitor in FY19.
Effectiveness	Functioning scores for individuals in Medication Services will be 65% or higher.	Percentage as measured on the DMH adult consumer survey.	69%	59%	Goal exceeded. Replace goal with "Individuals in Medication Services will improve their PHQ9 score" and monitor in FY19.
Efficiency	90% of clients receiving Medication Services will receive written medication education.	Percentage as measured by treatment records.	75%	76%	Goal not met. Continue to monitor in FY19.
Efficiency	85% of treatment plans will be completed within three visits and annually.	Review of all clients with med management appointments during a particular month.	85%	90%	Met goal. Continue to monitor in FY19. Add additional efficiency goal "A Suicide Risk Assessment will be completed for 90% of individuals in Medication Services."
Access	Access scores for individuals in Medication Services will be 90% or higher.	Percentage as measured on the DMH adult consumer survey.	89%	91%	Goal not met. Remove goal. Difficult to track due to changes DMH made in the distribution of the survey.
Access	Reduce time clients are waiting for an initial psychiatric evaluation.	Number of days a client has to wait	Adult: 64 Youth: 39	Adult: 52 Youth: 51	Adult: Goal not met, however wait time has improved in the last 6 months with additional staff. Youth: above goal. Continue to monitor in FY19.
Satisfaction	Satisfaction scores for individuals in Medication Services will be 90% or higher.	Percentage as measured on the DMH adult consumer survey.	91%	93%	Goal exceeded. Work on a method to separate Medication Services results from CPRP results and continue to monitor in FY19.

## Outpatient Therapy Services Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
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%	96.8%	Goal exceeded. Continue to monitor in FY19.
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	97%	99.7%	Goal exceeded. Continue to monitor in FY19.
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	100%	100%	Goal exceeded. Continue to monitor in FY19.
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	95%	100%	Goal exceeded. Continue to monitor in FY19.
Effectiveness	90% of clients participating in DBT will report that they are emotionally regulated.	Percentage as measured on DBT satisfaction survey	96%	98%	Goal exceeded. Continue to monitor in FY19.
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%	97%	Goal exceeded. Continue to monitor in FY19.
Efficiency	95% of treatment plans for individuals in therapy will be completed by the 3 <sup>rd</sup> visit.	Percentage as determined by chart audits	76%	74%	Goal not met. Continue to monitor in FY19.
Access	Increase the number of contract therapists by at least 3.	Evidence of contract therapist	Met	Not measured last year	Goal met. Will change goal for FY19 to add at least one LCSW or Licensed Psychologist who can bill Medicare.
Satisfaction	90% of clients in traditional Outpatient Therapy will report overall satisfaction with therapy.	Percentage as measured on outpatient therapy satisfaction survey	98%	100%	Goal exceeded. Continue to monitor in FY19.
Satisfaction	95% of clients in traditional Outpatient Therapy will report that they feel they can trust their therapist.	Percentage as measured on outpatient therapy satisfaction survey	100%	100%	Goal exceeded. Continue to monitor in FY19.

## Employment Services Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	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%	46%	Goal not met due to low client engagement and staff turnover. Continue to monitor in FY19.
Effectiveness	50% of persons obtaining employment through Supported Employment will maintain their job 90 days.	Percentage of clients who have maintained employment 90 days	79%	47%	Goal exceeded. Increase to 55% and monitor in FY19.
Effectiveness	55% of individuals served will maintain employment 3 months after successful discharge from employment services.	Percentage of clients who are employed 3 months after discharge	61%	57%	Goal exceeded. Remove goal; too time consuming to track.
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 authorization	43%	44%	Goal not met. Measurement is being clarified. Continue to monitor in FY19.
Efficiency	50% of clients will meet with a benefits planner within 30 days of obtaining employment.	Percentage of clients who had meeting with benefits planner	38%	43%	Goal not met due to low client interest. Remove goal.
Access	60% of new intakes for Employment Services 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	86%	47%	Goal exceeded. Intake process was changed which improved outcome. Increase to 75% and monitor in FY19.
Satisfaction	90% of clients will report overall satisfaction with Employment Services.	Percentage as measured on the Employment Satisfaction Survey	100%	100%	Goal exceeded. Continue to monitor in FY19.

## Prevention and Wellness Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	During FY18, two or more environmental policies will be passed locally to serve to reduce underage access and/or underage use of ATOD or violent behaviors.	Number of policies or ordinances passed in Ray, Clay, or Platte counties	3 passed	3 passed	Goal exceeded. Continue to monitor in FY19.
Efficiency	Best use limited staff time and resources by working with media buyer, graphic designer, and digital technology company to foster online resource and information sharing.	10% increase in use of social media exposure and website usage.	All websites and social media showed significant increase in users and likes in FY18.	All websites used and Facebook pages showed significant increase in users and likes in FY17.	Goal exceeded. Continue to monitor in FY19.
Access	To increase access to prevention information and programs, prevention staff will be available to coalition members and partners.	80% of coalition members and/or partners will report that prevention staff are accessible to address their needs/requests	100%	Not measured last year	Goal exceeded. Continue to monitor in FY19.
Satisfaction	80% of Coalition volunteers will report that they are satisfied with TCMHS prevention services.	Percentage as measured on the C-2000 volunteer survey	92%	90%	Goal exceeded. Continue to monitor in FY19.

## Adolescent CSTAR Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	Clients will be above the state average for abstaining from alcohol at the time of discharge.	Percent as measured by discharge summary and compared to the ADA National Outcomes Measures report in CIMOR.	State Avg: 55% TC: Abstinence rate of 73% (unable to report on alcohol vs. other substances)	Not measured last year	Goal exceeded. Alcohol is not separated from other substances on our reporting form, so we will combine both effectiveness goals into one: 62% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at the time of discharge.
Effectiveness	Clients will be above the state average for abstaining from other substances (legal and illegal) at the time of discharge.	Percent as measured by discharge summary and compared to the ADA National Outcomes Measures report in CIMOR.	State Avg: 62% TC: Abstinence rate of 73% (unable to report on alcohol vs. other substances)	Not measured last year	Goal exceeded. Other substances are not separated from alcohol on our reporting form, so we will combine both effectiveness goals into one: 62% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at the time of discharge.
Efficiency	Increase number of participants by focusing on outreach and education to schools, juvenile officers, etc.	Number of increased participants in FY18 compared to number of participants in FY17.	FY17: 79 FY18: 53	Not measured last year	Goal not met. We have had a turnover in our Clinical Director position and we will focus on this during FY19. Continue to monitor.
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 satisfaction survey.	100%	No parent or client surveys returned in FY17	Goal exceeded. Continue to monitor in FY19. In an effort to generate more surveys, they will be passed out a second time (in February 2019). For FY20 they will be done in October and April. Continue to monitor in FY19.
Satisfaction	90% of clients in the Adolescent CSTAR program will report that they feel accepted by the treatment team.	Percentage as measured on satisfaction survey.	100%	No parent or client surveys returned in FY17	Goal exceeded. Continue to monitor in FY19.
Satisfaction	85% of clients in the Adolescent CSTAR program will report that they feel understood by the treatment team.	Percentage as measured on satisfaction survey.	100%	No parent or client surveys returned in FY17	Goal exceeded. Continue to monitor in FY19.

## Adult CSTAR Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	Clients will be above the state average for abstaining from alcohol at the time of discharge.	Percent as measured by discharge summary and compared to the ADA National Outcomes Measures report in CIMOR.	State Avg: 37% TC: Abstinence rate of 69% (unable to report on alcohol vs. other substances)	Not measured last year	Goal exceeded. Alcohol is not separated from other substances on our reporting form, so we will combine both effectiveness goals into one: 40% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at the time of discharge.
Effectiveness	Clients will be above the state average for abstaining from other substances (legal and illegal) at the time of discharge.	Percent as measured by discharge summary and compared to the ADA National Outcomes Measures report in CIMOR.	State Avg: 39% TC: Abstinence rate of 69% (unable to report on alcohol vs. other substances)	Not measured last year	Goal exceeded. Other substances are not separated from alcohol on our reporting form, so we will combine both effectiveness goals into one: 40% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at the time of discharge.
Effectiveness	Clients will be above the state average for employment at the time of discharge.	Percent as measured by discharge summary and compared to the ADA National Outcomes Measures report in CIMOR.	State Avg: 34% TC: 62%	Not measured last year	Goal exceeded. Continue to monitor in FY19.
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 satisfaction survey.	96%	100%	Goal exceeded. Continue to monitor in FY19.
Efficiency	90% of clients will report they were informed about family counseling/classes and were encouraged to attend.	Percentage as measured on satisfaction survey.	82% Parvin- 86% Richmond- 77%	68.35% Parvin- 86.7% Richmond- 50%	Goal not met. Change the goal to: "There will be increased participation in family counseling/classes."
Efficiency	90% of clients will report that they were informed about Medication Assisted Treatment option.	Percentage as measured on satisfaction survey.	81% Parvin- 69% Richmond- 93%	72.5% Parvin- 75% Richmond- 70%	Goal not met. Change the goal to: "There will be an increased number of referrals for opioid medication assisted treatment."
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.	Not measured – agency	7.4 days	Not measured. Change goal to: "Recovery Support Specialist will provide more services to CSTAR"

			started open access		clients in FY19 compared to FY18.”
Satisfaction	95% of clients in CSTAR programs will report that staff responds to their needs.	Percentage as measured on satisfaction survey.	100%	100%	Goal exceeded. Continue to monitor in FY19. Include in the outcome the number of returned surveys.
Satisfaction	95% of clients in CSTAR will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey.	100%	100%	Goal exceeded. Continue to monitor in FY19. Include in the outcome the number of returned surveys.

## Treatment Court Outcomes Report – FY18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	Action
Effectiveness	85% of clients in the Ray, Platte & 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	80%	82%	Goal not met. Continue to monitor in FY19.
Effectiveness	90% 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	99% Ray: 100% Platte Drug: 100% Platte DWI: 100% Clay: 97%	98.3%	Goal exceeded. Remove goal.
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.	92%	85%	Goal not met. Continue to monitor in FY19.
Access	85% of clients receiving services through DWI Court and Drug Court will report that services were offered at times that were convenient for them.	Percentage as measured on Substance Abuse Satisfaction Survey.	80% Ray: 100% Platte Drug: 67% Platte DWI: 63% Clay: 89%	88%	Goal not met. Continue to monitor in FY19.
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.	89% Ray: 75% Platte Drug: 85% Platte DWI: 100% Clay: 97%	99%	Goal not met. Continue to monitor in FY19.
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.	90% Ray: 100% Platte Drug: 83% Platte DWI: 81% Clay: 95%	100%	Goal not met. Continue to monitor in FY19.



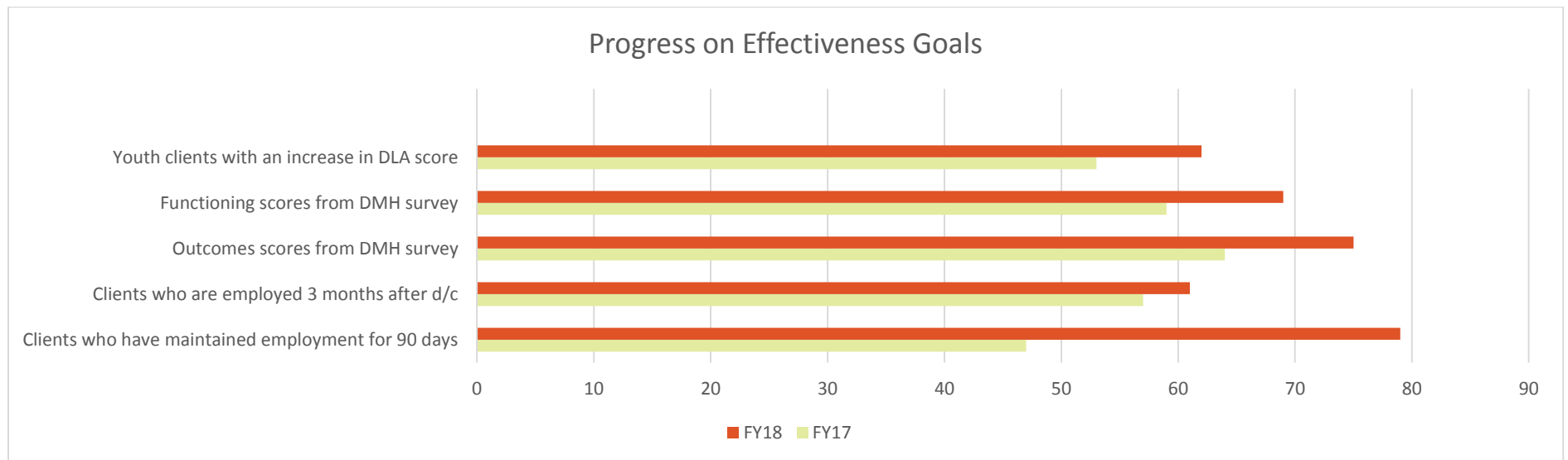
## Healthcare Home Outcome Report – FY 18

Category of Measurement	Outcome Objective	Measurement Tool	FY 2018 Outcome	Comparison to FY 17	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	Percentage as measured on the metabolic syndrome screening	75%	79%	Goal not met due to difficult implementation of CareManager. Continue to monitor in FY19.
Effectiveness	80% 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	Percentage as measured on the metabolic syndrome screening	66%	78.5%	Goal not met due to clients with unusually low results and inconsistent data from CareManager. For FY19, reduce goal to 70% to be closer to the state goal.
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	85%	89.6%	Goal met. Continue to monitor in FY19.
Access	65% of initial screenings will be completed within 90 days of a member's initial HCH admission.	Percentage as measured on Avatar report	72%	76% of initial screening completed.	Goal exceeded. Continue to monitor in FY19.
Satisfaction	90% of HCH members will report overall satisfaction with the HCH services they receive.	Percentage as measured on HCH satisfaction survey	100%	100%	Goal exceeded. Continue to monitor in FY19.

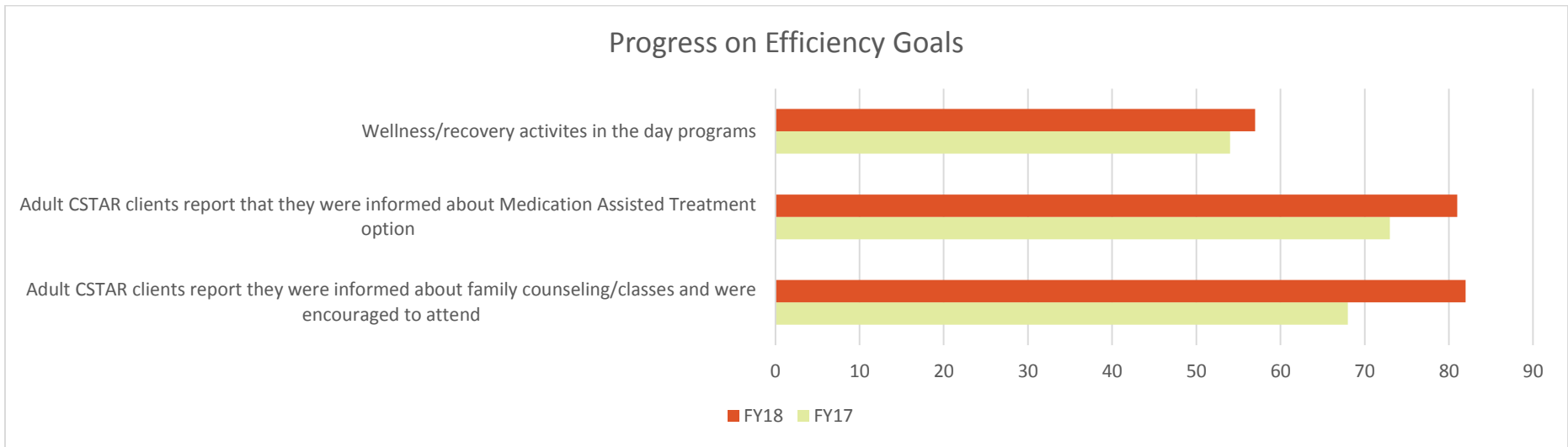
## **Client Comments:**

- It was good for my daughter to be able to have treatment in our home since that is where most of our issues are.
- My therapist has been a huge catalyst in helping me get better.
- I am grateful I found someone who listens to me when I talk. I am doing much better than I was before I started talking with my therapist. She saved my life!
- I wouldn't change the services and I would strongly recommend to others. Thank you!
- We've got really good goals established for me. He's very knowledgeable and helpful.

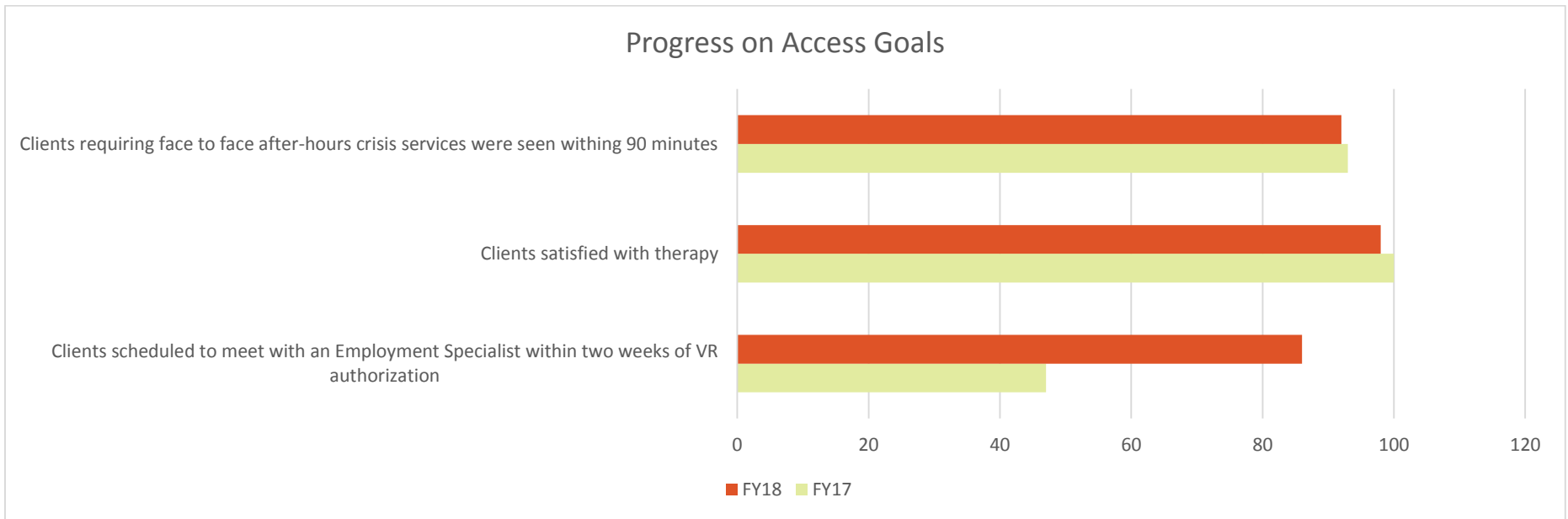
## **Progress Made on Effectiveness Goals:**



## Progress Made on Efficiency Goals:



## Progress Made on Access Goals:



## Progress Made on Satisfaction Goals:

