South Peninsula
Behavioral Health Services, Inc.

Annual Performance Summary

CY 2015

SPBHS Performance Improvement Plan

- Describes how we systematically measure, monitor and improve the performance of the of our organization over time

- Specifies performance indicators and target goals for the year

- Implemented by the performance improvement team and performance improvement specialist

- Accountability to the community for the quality of care provided and the use of public funds
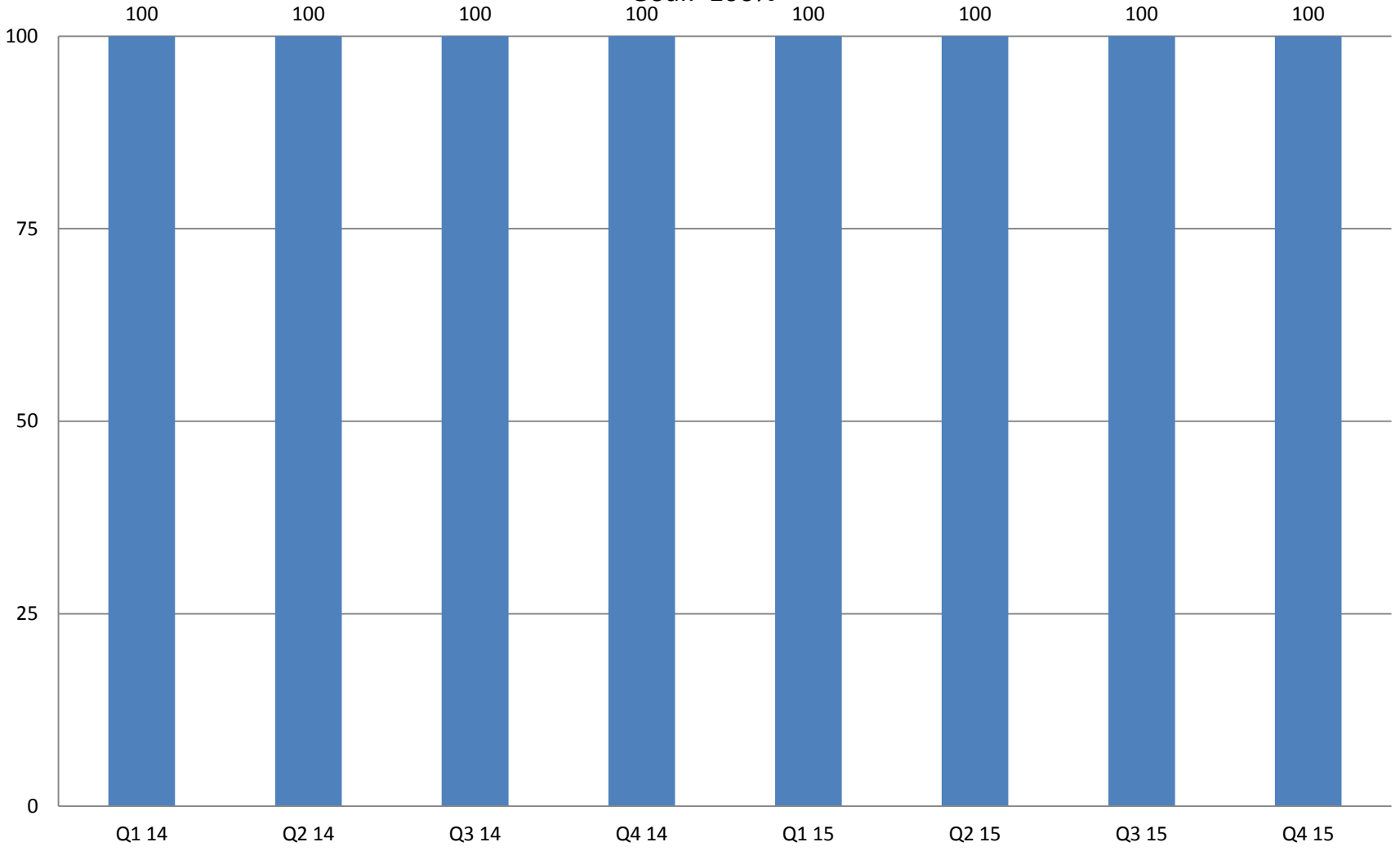
Quality of Measures

- This is our third annual performance summary
- The reliability, validity, accuracy and completeness of the data reported here is improving.   Footnotes throughout the report indicate when caution in interpretation should be exercised.
- While the CSR generally links the care people get to the outcomes they report, specific CSR reliability and validity measures for persons with severe mental illness or cognitive disabilities are not available and may influence the quality of data.

Maturing Indicators and Performance Improvement Process

- Some performance indicators in the PI plan have been consistent across all three years; others have been revised based on input, prioritizing or the integrity of the data we are able to collect and analyze.

- Indicators may need 1-2 years to refine definitions, measurements, etc.

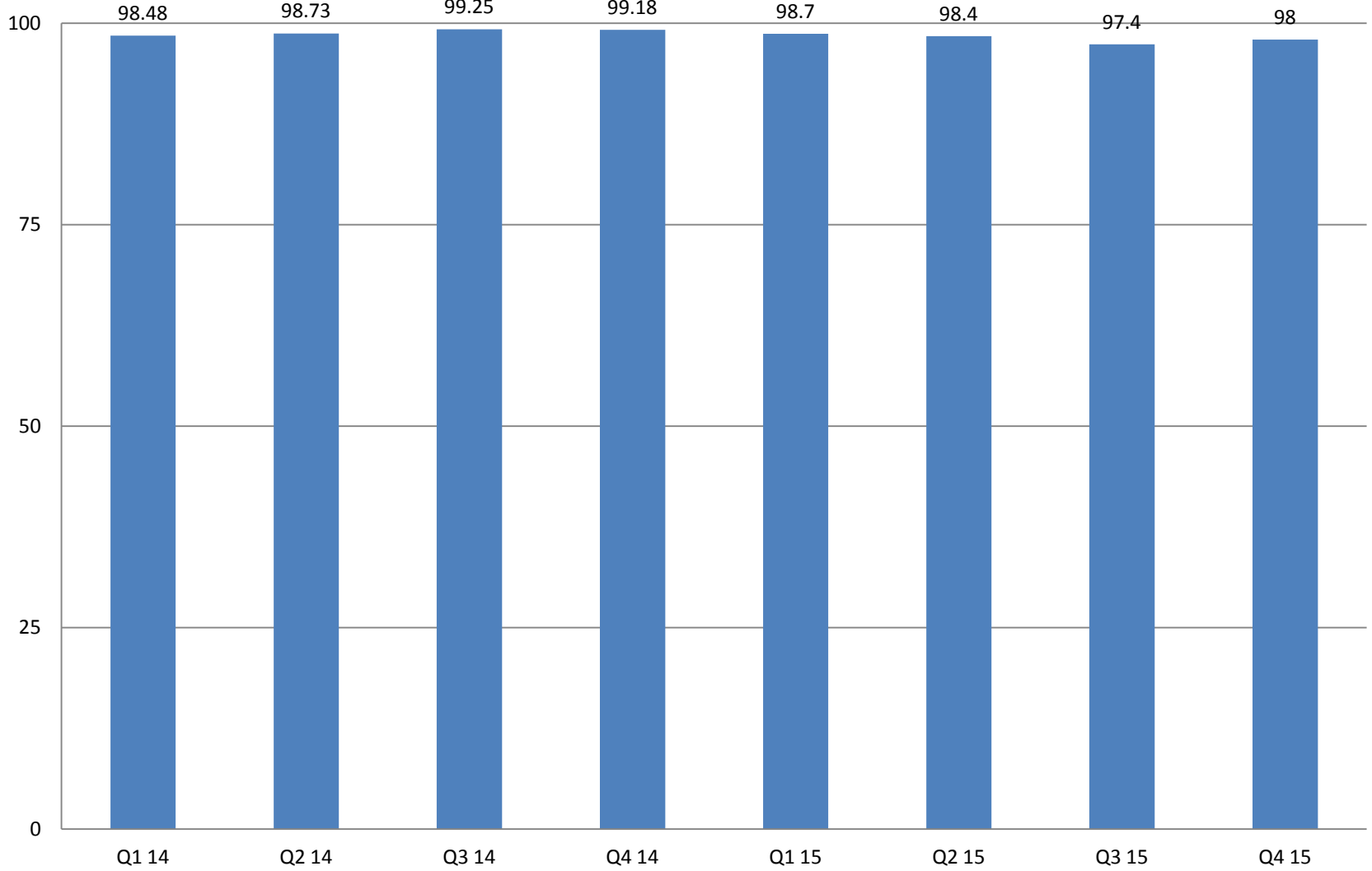- Three years are considered necessary to display a trend.

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Business Function: Funds on hand for
90 days of SPBHS operations
Goal: 100%

	Q1 14	Q2 14	Q3 14	Q4 14	Q1 15	Q2 15	Q3 15	Q4 15
Value	100	100	100	100	100	100	100	100

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**Business Function: AKAIMS data integrity
minimal data set report**

Goal: 98%

| Quarter	Value
Q1 14	98.48
Q2 14	98.73
Q3 14	99.25
Q4 14	99.18
Q1 15	98.7
Q2 15	98.4
Q3 15	97.4
Q4 15	98

Effectiveness:
Preventing Sentinel Events

- Number of completed suicides of persons served = 1 in 2015

- Number of sentinel events (other than suicides) of persons served = 0 in 2015

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Efficiency: Number of active BH recipients who have not been seen for a face-to-face contact for at least 135 days
Goal: 0
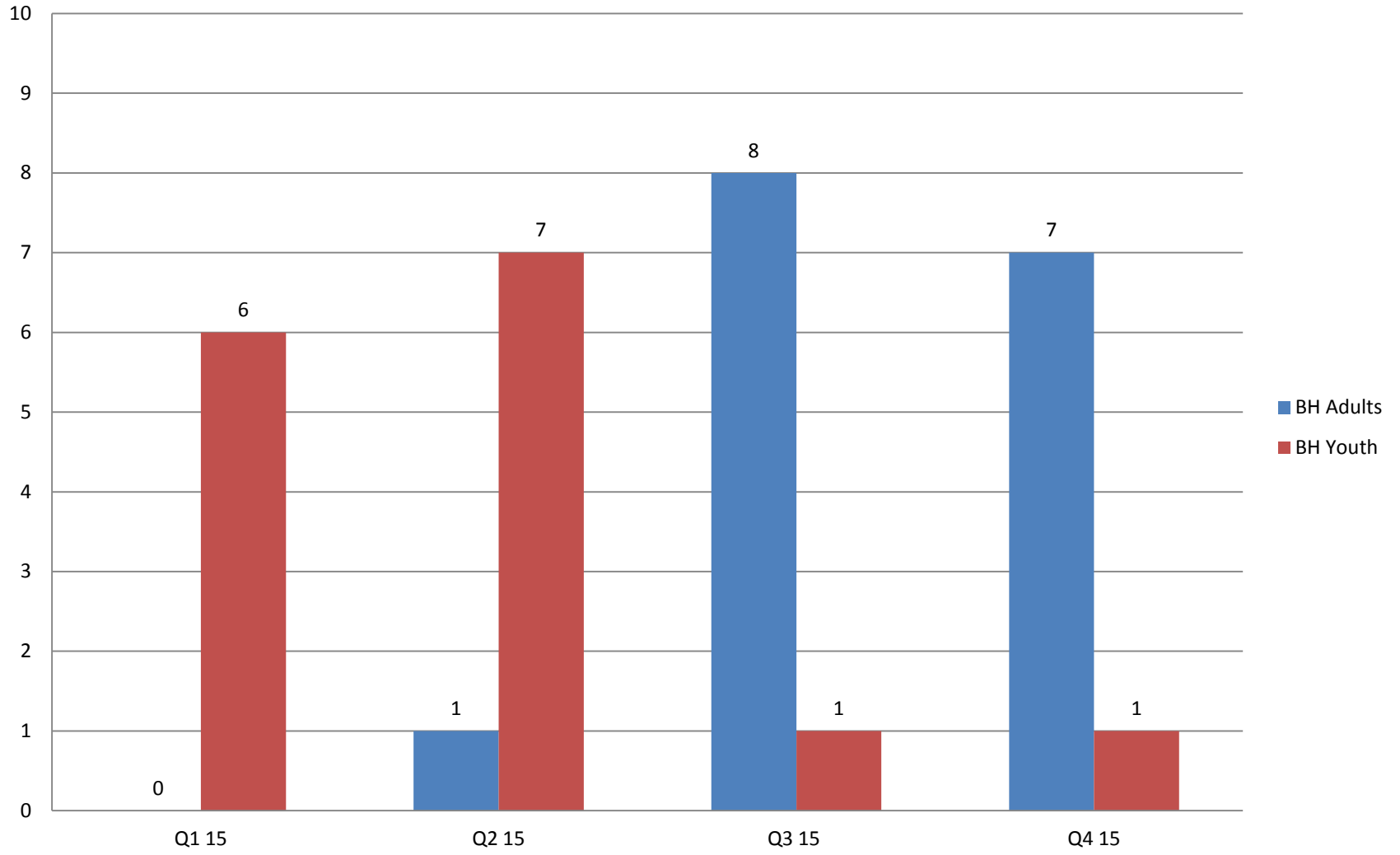
Efficiency: Number of active clients who have not been seen for a face-to-face contact for at least 135 days.

Target is "0". However, PI Team pointed out that occasionally it is appropriate to leave a client open without contact for over 135 days. Examples were given of clients who go away for residential treatment. The decision to not discharge them is made by the clinician and staffed with their supervisor.

PI Team recommends that the target is changed to "no more than 10 adult clients and 10 youth."

Access: Percent of adults who present for non-emergent BH services who have completed BHA the came day
Goal 90%
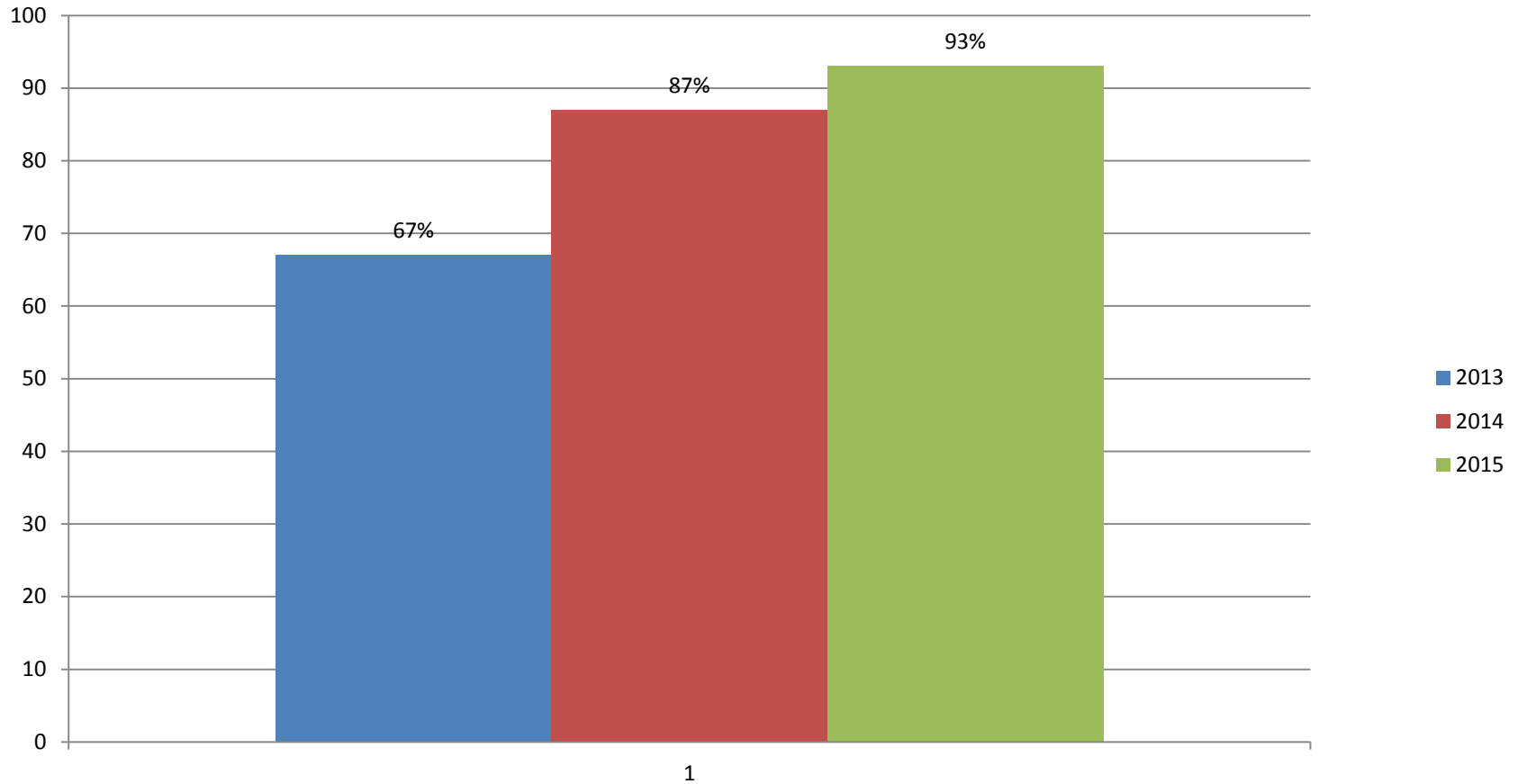
Same Day Access implemented in 2013

BHA- Admission Trends

- Adult BHA
  - CY 2015 # 125
  - CY 2014 # 175
  - CY 2013 # 175
    - Decrease of 50 or 28.5% reduction in CY 2015;
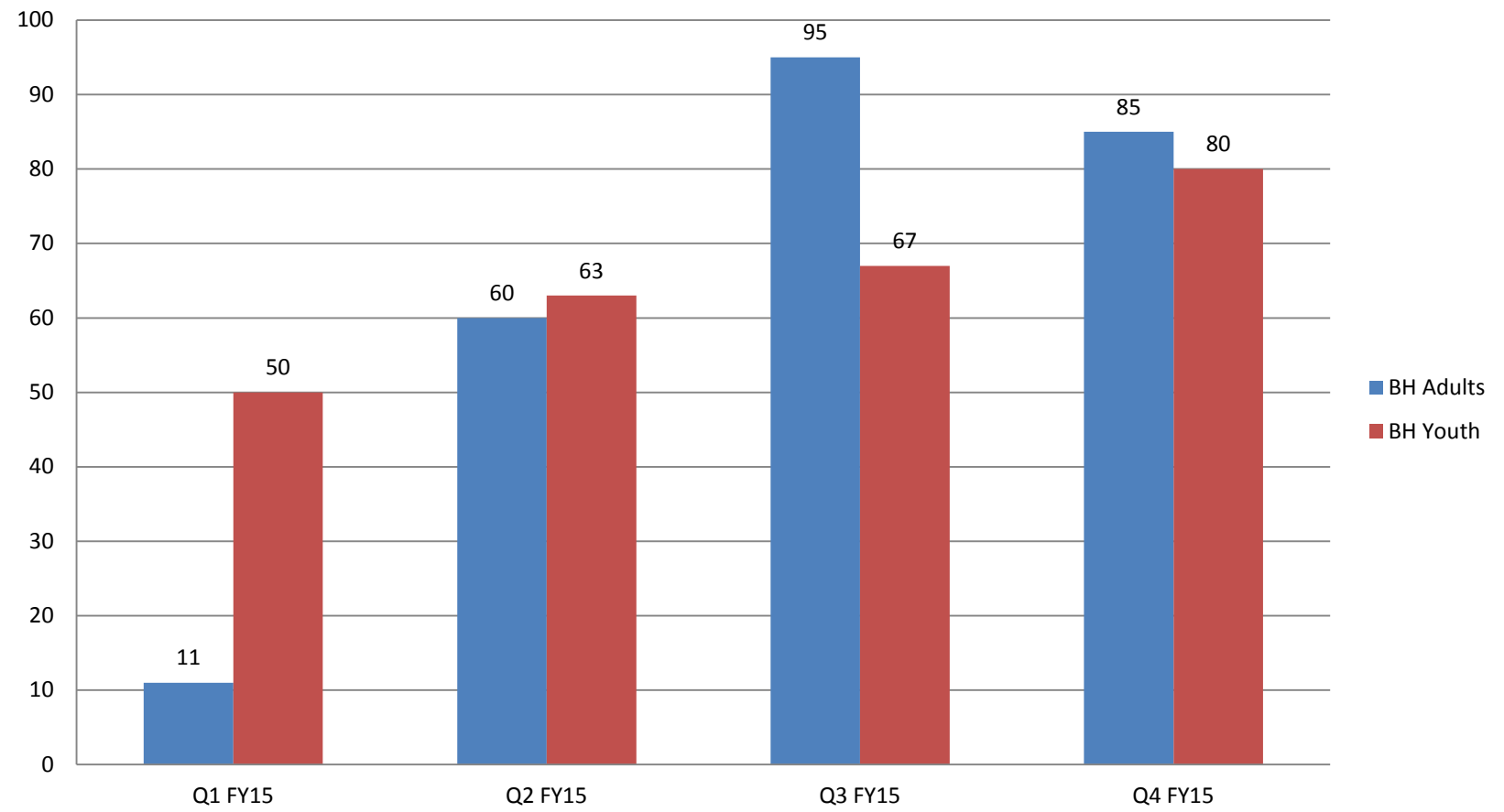- Youth BHA
  - CY 2015 # 78
  - CY 2014 # 79
  - CY 2013 # 72
    - No significant change

Access: Percent of initial psychiatric evaluations completed within 30 days of internal written referral for persons who present for non-emergent services
Goal: 95%

CY2015 within 30 days of referral : BH Adults 60%, BH Youth 73%, All 66.5%

Analysis of Access for Psychiatric Evaluations
Psychiatric Evaluations by Year last 3 years

|	2013	2014	2015	2016
Jan	10	8	5	3
Feb	7	11	6	10
Mar	10	10	11	
Apr	13	10	11	
May	12	10	3	
Jun	7	9	8	
Jul	13	9	14	
Aug	15	8	7	
Sept	12	6	7	
Oct	14	7	11	
Nov	12	6	5	
Dec	10	5	7	
	135	99	95	

2016 Potential

- Part-time Psychiatrist: 78 Adult Evaluations per year
- Contracted Psychiatric Practitioner: 78 Adult or Youth Evaluations per year
- Estimated 130 scheduled appointments for evaluations available

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Current Definition not Valid: Percent of <u>initial</u> psychiatric evaluations completed within 30 days of internal written referral for persons who present for <u>non-emergent</u> services

- All psychiatric evaluations vs. initial, non-emergent; correct definition and continue tracking all psychiatric evaluations for CY2016.
- No-shows? Cancellations? What is happening with those who are not receiving completed eval within 30 days? For CY2016, track both initial appointment and completed appointment dates.
- Focus/tracking for 2016:
  - Monthly reports from billing & analysis by PI Specialist of all completed psychiatric evaluations
  - Discuss 30-day access goal with psychiatric staff
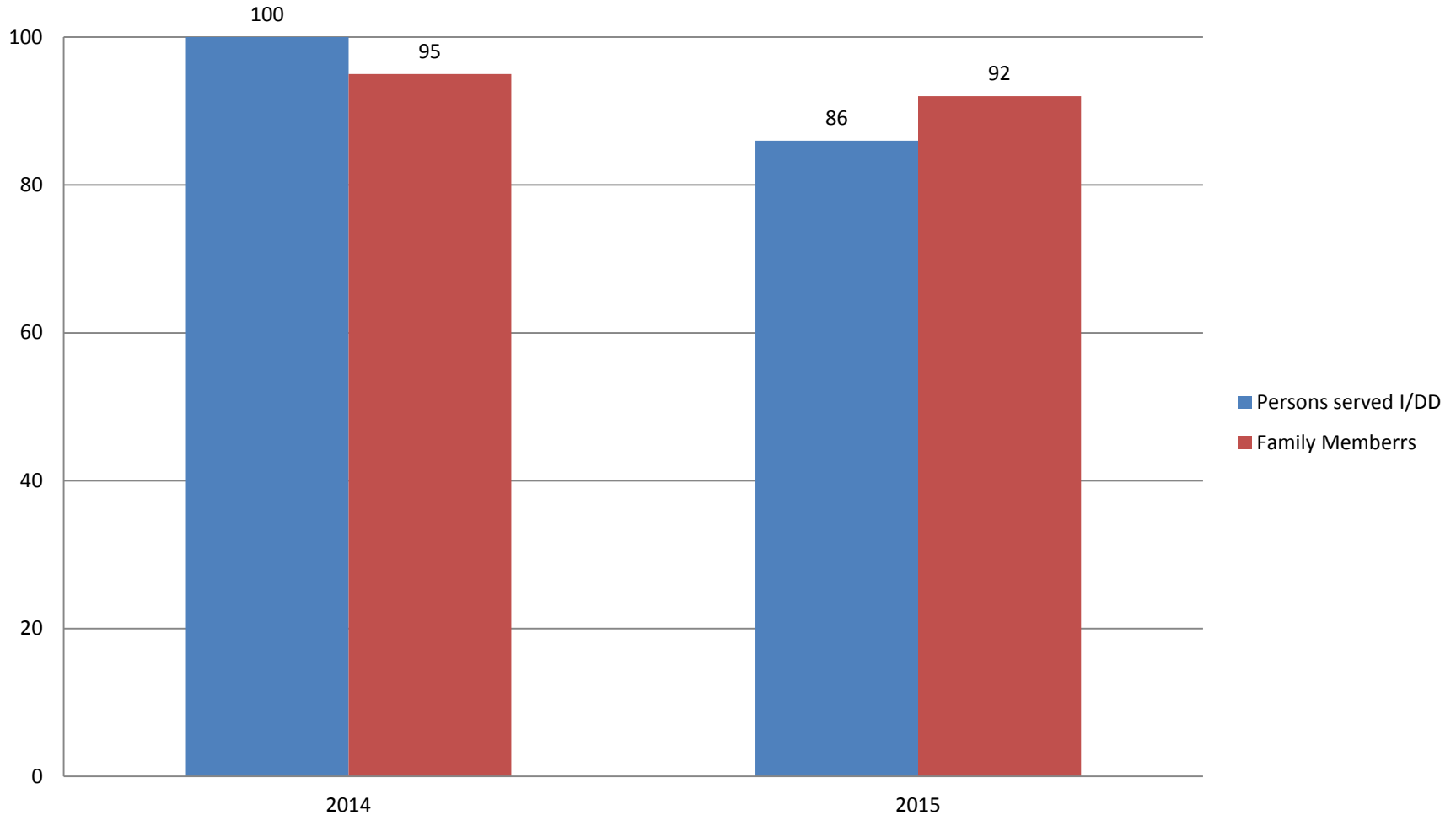 - PI Specialist will analyze cancellations and no-shows for all psychiatric services for CY2016.

Access: Percent of BH adults and youth who receive treatment services within 30 days of enrollment
Goal: 90%
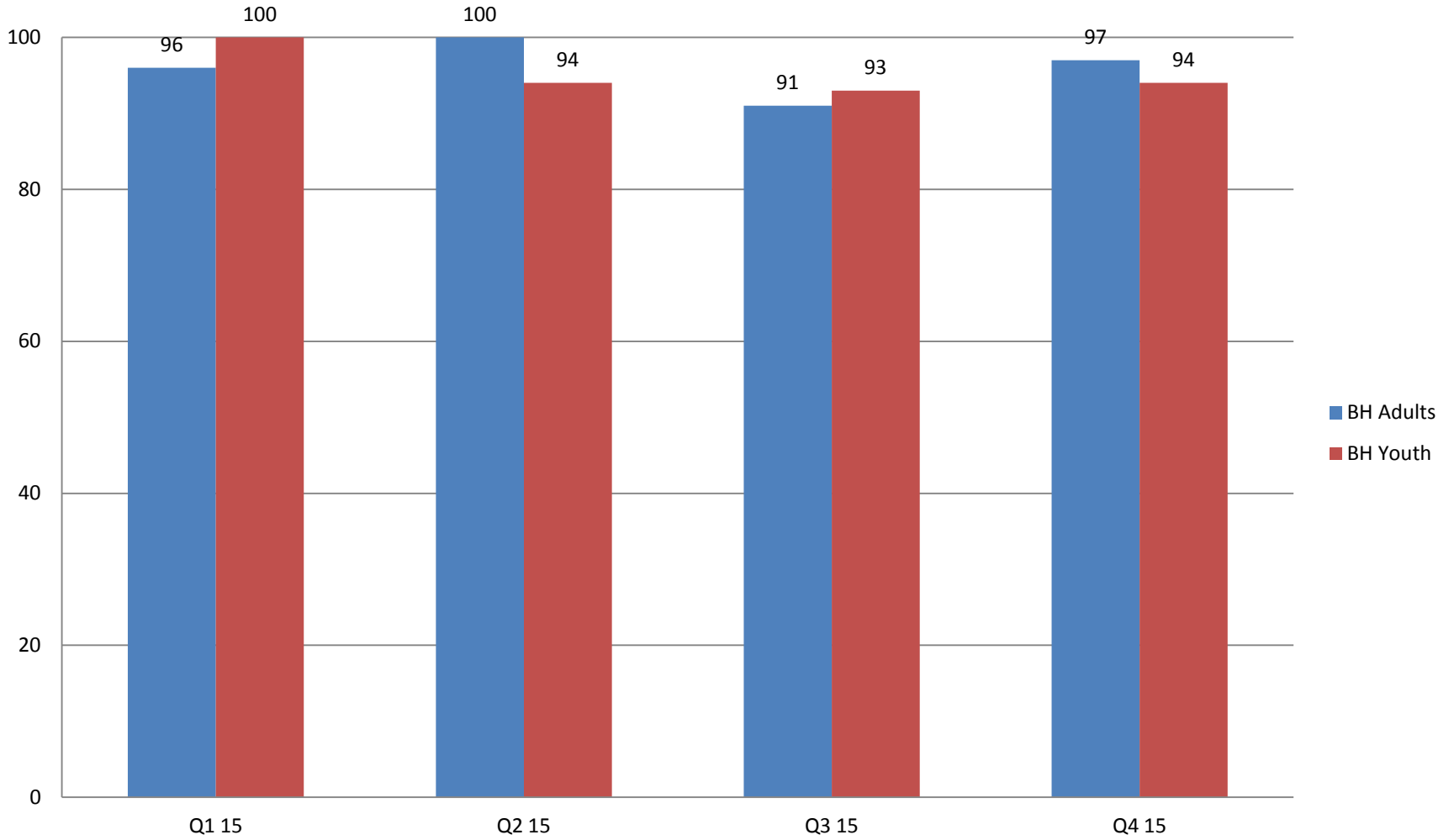
Stakeholder Input: Percent of people with DD served who Agree or Strongly Agree that services are built around what they and/or their family want
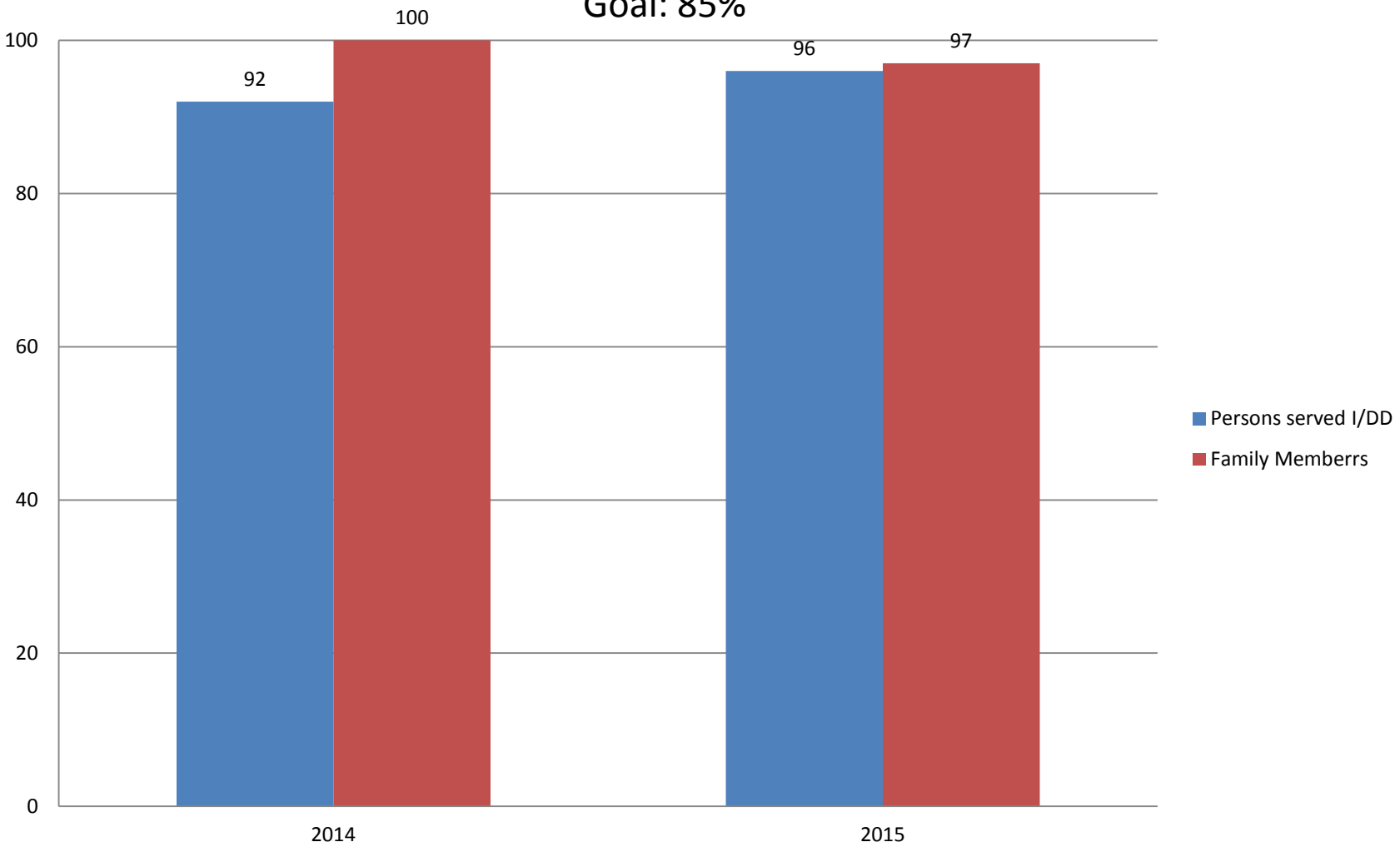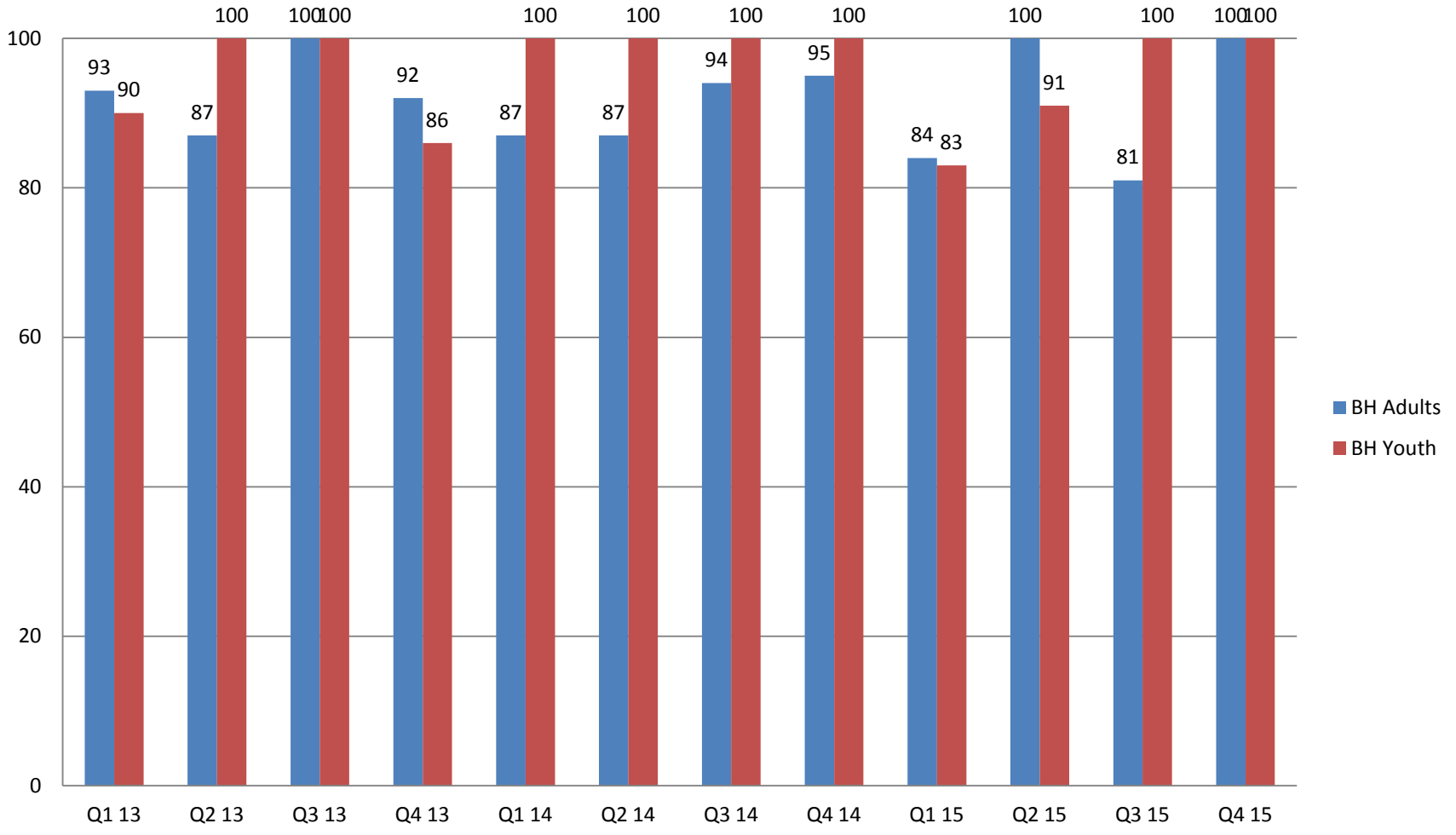Goal: 85%

Percent of persons with DD served and family members who Agree or Strongly Agree that they are satisfied with their care providers
Goal: 85%

Stakeholder Input: Percent of persons served who report being Satisfied or better regarding getting services and being treated with respect on their second CSR

Goal: 80%

BH Adults / BH Youth

Quarter	BH Adults	BH Youth
Q1 13	93	90
Q2 13	87	100
Q3 13	100	100
Q4 13	92	86
Q1 14	87	100
Q2 14	87	100
Q3 14	94	100
Q4 14	95	100
Q1 15	84	83
Q2 15	100	91
Q3 15	81	100
Q4 15	100	100

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Stakeholder Input: Percent of persons served who report overall satisfaction with SPBHS BH services as reported on the statewide MHSIP survey (for 2014)
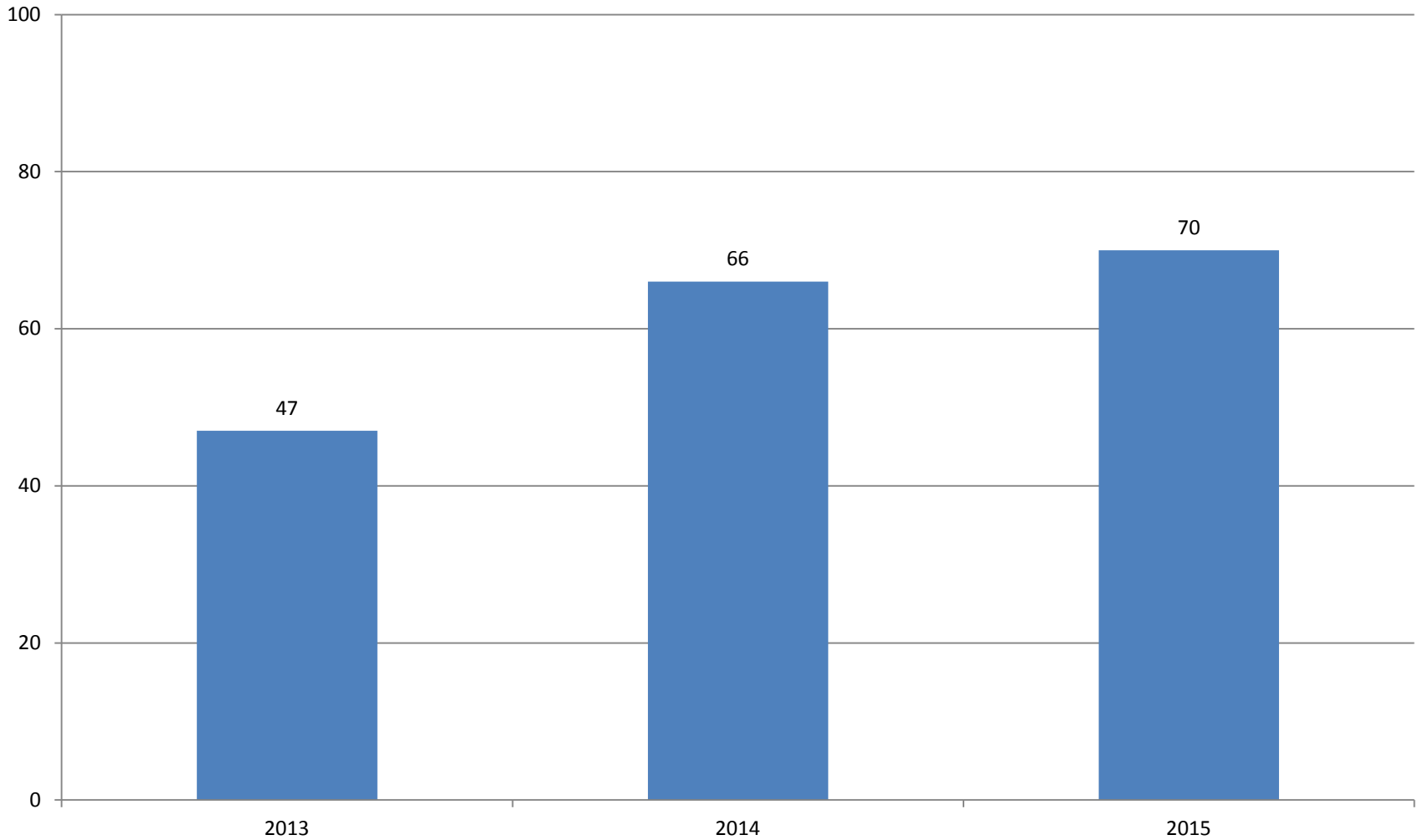Goal: 85%
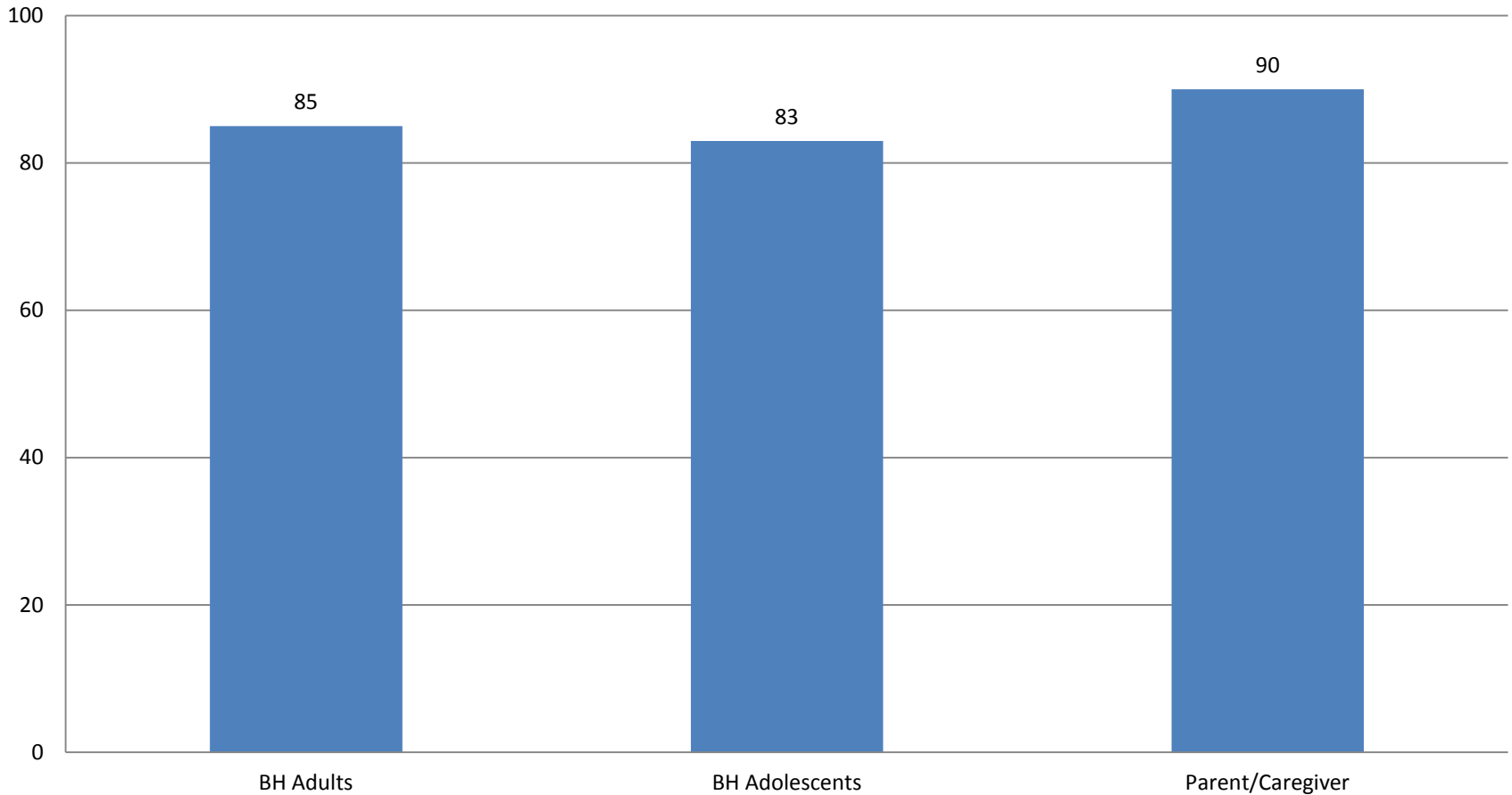
Stakeholder Input: Percent of FT staff who agree or strongly agree that everyone is treated fairly at this organization
Goal: 75%
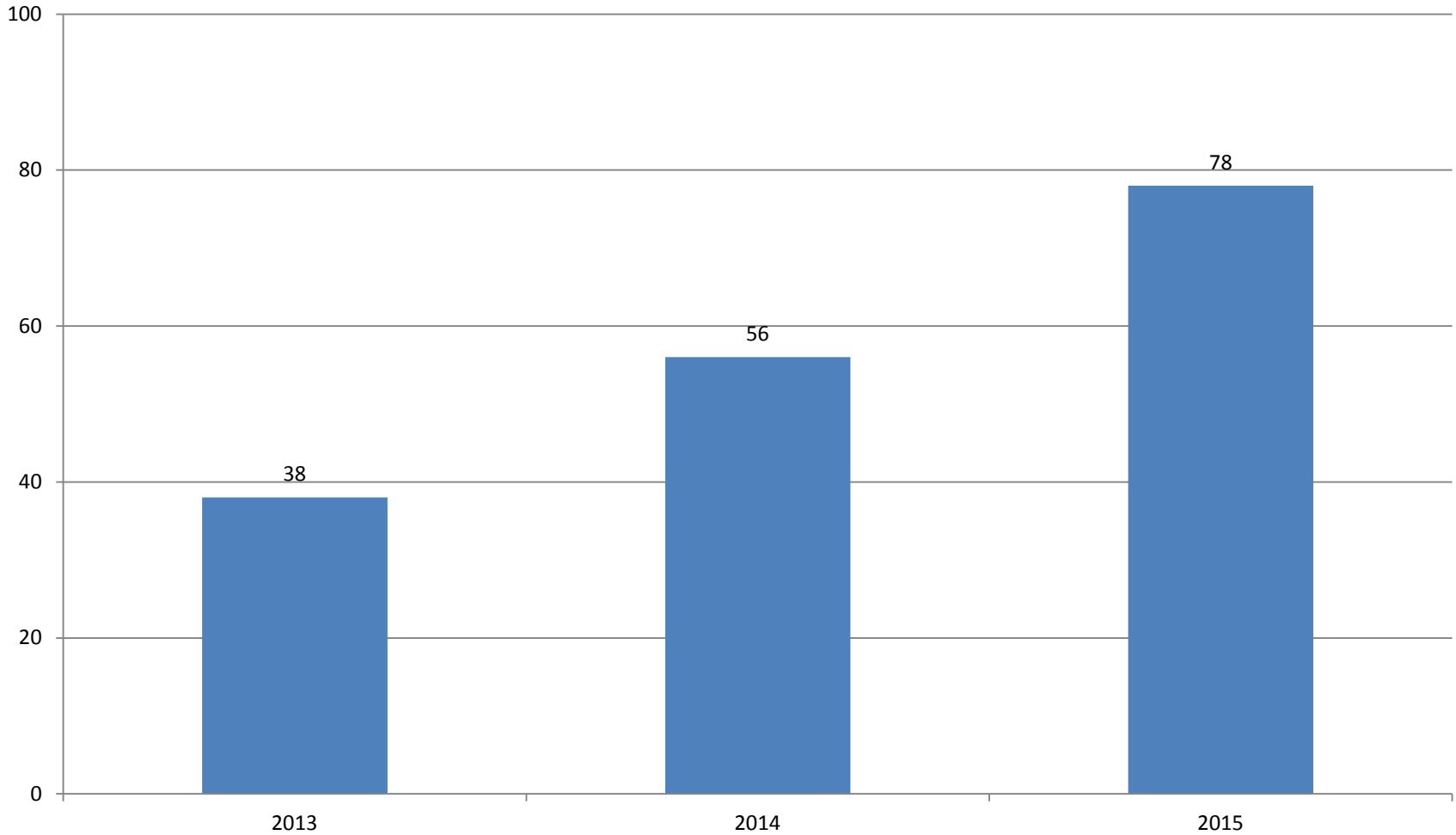
Stakeholder Input: Percent of PT staff who agree or strongly agree that they are paid fairly for the work they do
Goal: 75%

Performance Improvement Focus for 2016

- Increase the percent of staff who complete and submit annual all-employee survey; Goal: 75% 2015 survey return rate: 41.7%

- Develop new indicators and analysis for Clinician and Psychiatric No-Shows and Cancellations

- On-going analysis of Psychiatric Evaluation access and timeliness

- On-going focus on Critical Incident Reporting of Aggression or Violence and Prevention of Work-place Violence