

## SPBHS Performance Monitoring Indicator Report for CY 2016

Domain	Objective	#	Indicator	Program(s) Applied To	Target	Frequency of Measurement	
<b>BUSINESS</b>	Employee Safety	1	OSHA- Summary of Work-Related Injuries and Illnesses: Number of Recordable Cases	All Programs	0	Annually- 7	
	Regulatory Efficiency	2	Grant fund reporting requirements are submitted timely and accurately	DD Grant BH Grant	100%	Quarterly	
	<b>1<sup>st</sup> Q- Jan/Mar</b>		<b>2<sup>nd</sup> Q- Apr/June</b>		<b>3<sup>rd</sup> Q- July/Sept</b>		<b>4<sup>th</sup> Q- Oct/Dec</b>
	100%		100%		100%		100%
	Financial Sustainability	3	Funds on hand for days of SPBHS operations	Agency Wide	90 days	Quarterly	
	<b>1<sup>st</sup> Q- Jan/Mar</b>		<b>2<sup>nd</sup> Q- Apr/June</b>		<b>3<sup>rd</sup> Q- July/Sept</b>		<b>4<sup>th</sup> Q- Oct/Dec</b>
	90+ days		90+ days		90+ days		90+ days
	Regulatory Compliance	4	AKAIMS Data Integrity Minimal Data Set Report- DBH required data set	BH Adults & Youth	98%	Quarterly	
	<b>1<sup>st</sup> Q- Jan/Mar</b>		<b>2<sup>nd</sup> Q- Apr/June</b>		<b>3<sup>rd</sup> Q- July/Sept</b>		<b>4<sup>th</sup> Q- Oct/Dec</b>
	99.3%		99.8%		99.1%		99.2%
<b>EFFECTIVENESS</b>	Suicide Prevention	5	Number of completed suicides by persons served	BH Adults <sup>1</sup> BH Youth <sup>2</sup> DD <sup>3</sup>	0	Annually- 0	
	Serious Adverse Outcome Prevention	6	Number of sentinel events <sup>4</sup> involving persons served	BH Adults BH Youth DD	0	Annually- 0	
	Improved Life Domains	7	Percent of clients reporting improvement in life domains <sup>5</sup> between first and second Client Status Review (RBA Dashboard #8)	BH Adults & Youth	90%	Quarterly	
	<b>1<sup>st</sup> Q- Jan/Mar</b>		<b>2<sup>nd</sup> Q- Apr/June</b>		<b>3<sup>rd</sup> Q- July/Sept</b>		<b>4<sup>th</sup> Q- Oct/Dec</b>
	A- 80%, Y- 71.4%		A- 70%, Y- 63.6%		A- 66.6%, Y- 2.5%		A- 71%, Y- 100%
	Improved Quality of Life	8	Percent of clients reporting improvement in quality of life domains <sup>6</sup> between first and second Client Status Review (RBA Dashboard #9)	BH Adults & Youth	90%	Quarterly	
	<b>1<sup>st</sup> Q- Jan/Mar</b>		<b>2<sup>nd</sup> Q- Apr/June</b>		<b>3<sup>rd</sup> Q- July/Sept</b>		<b>4<sup>th</sup> Q- Oct/Dec</b>
	A- 80%, Y- 42.9%		A- 50%, Y- 45.5%		A- 62.5%, Y- 75%		A- 57%, Y- 89%
	Satisfaction with Quality of Life	9	Percent of clients reporting being "satisfied" or better regarding their quality of life on their second Client Status Review (RBA Dashboard #11)	BH Adults & Youth	90%	Quarterly	
	<b>1<sup>st</sup> Q- Jan/Mar</b>		<b>2<sup>nd</sup> Q- Apr/June</b>		<b>3<sup>rd</sup> Q- July/Sept</b>		<b>4<sup>th</sup> Q- Oct/Dec</b>
A- 100%, Y- 92%		A- 91%, Y- 100%		A- 92%, Y- 89%		A- 91%, Y- 78%	

	Objective	#	Indicator	Program(s) Applied To	Target	Frequency of Measurement	
<b>EFFICIENCY</b>	CSR Timeliness	10	Percent of clients with an open case (Case that was open at any time during the selected time period) who were "due" at least one follow-up CSR and the CSR was completed. (AKAIMS)	BH Adults & Youth	100 95%	Quarterly	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	97.56%		96.3%		96.41%		94.5%
	Frequency of Contact	11	Percent of active BH recipients who have not been seen for a face-to-face contact for at least 135 days (RBA Dashboard #7.b)	BH Adults & Youth	<5%	Quarterly	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	A- 3%, Y 0%		A- 1.3%, Y 0%		A- 1.61%, Y 2.08%		Report not available
<b>ACCESS</b>	Documenta- tion Completeness	12	Number of days from administering the Alaska Screening Tool (AST) to first service elapsed time on average. (RBA Dashboard #3)	BH Adults & Youth	<30 days	Quarterly	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	A- 10.3, Y- 6.0		A- 11.3, Y- 15.6		A- 12, Y- 11.8		A- 13.5, Y- 15.8
	Timely Initial Clinical Assessment	13	Average # of days between request and appointment for Adults and Youth who present for non-emergent BH services- # of initial clinical assessments completed.	BH Adults & Youth	<7	Quarterly tracking only	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	# A- 35, Y- 21		# A-27, Y- 14		# A-42, Y- 17		# A-24, Y- 18
<b>ACCESS</b>	Timely Psychiatric Evaluation	14	Percent of psychiatric evaluations scheduled and completed within 30 days of referral (and # of psychiatric evaluations completed).	BH Adults & Youth	95%	Quarterly	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	63%, # A- 15, Y- 4		76%, # A- 15, Y- 6		78%, # A- 15, Y- 3		75%, # A- 13, Y- 4
	Measure client no-show rate(s)	15	Percent and number of BH Psychiatric or Adult clinic services with appointment no-shows or cancellations.	Adult BH & Psychiatric Services	Measure and set targets	Quarterly- (tracking only)	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	P- N/S 10%, C/N 16%		P- N/S 14%, C/N 11%		P- N/S 10%, C/N 12%		P- N/S 10%, C/N 14%
A- N/S 9%, C/N 17%		A- N/S 9%, C/N 17%		A- N/S 8%, C/N 17%		A- N/S 10%, C/N 22%	
<b>ACCESS</b>	Initial Clinical Engagement	16	Percent of BH adults and youth who receive treatment services within 30 days of enrollment. (RBA Dashboard #7.a)	BH Adults & Youth	90%	Quarterly	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
A- 96.3%, Y- 100%		A- 96%, Y- 100%		A- 97%, Y- 85.7%		A- 92%, Y- 83%	

STAKEHOLDER INPUT	Objective	#	Indicator	Program(s) Applied To	Target	Frequency of Measurement	
	Satisfaction of Persons Served	17	Percent of persons served who Agree or Strongly Agree that services are built around what they and/or their family want	DD	85%	Annually <b>Agree or Strongly Agree 88%</b>	
	Satisfaction of Persons Served	18	Percent of persons served and family members who Agree or Strongly Agree that they are satisfied with their care providers	DD	85%	Annually <b>Persons Served- 88%</b> <b>Family and Guardians 94%</b>	
	Satisfaction of Persons Served	19	Percent of persons served who report being "Satisfied" or better regarding getting services and being treated with respect on their second CSR (RBA Dashboard # 10)	BH Adults & Youth	80%	Quarterly	
	1 <sup>st</sup> Q- Jan/Mar		2 <sup>nd</sup> Q- Apr/June		3 <sup>rd</sup> Q- July/Sept		4 <sup>th</sup> Q- Oct/Dec
	<b>A- 100%, Y- 100%</b>		<b>A- 100%, Y- 100%</b>		<b>A- 100%, Y- 94.5%</b>		<b>A- 100%, Y- 89%</b>
	Satisfaction of Persons Served	20	Percent of persons served who report overall satisfaction with SPBHS BH services as reported on the statewide MHSIP survey	BH Adults & Youth	85%	Annually- Not Available Yet	
	Satisfaction of Full Time Staff (Benefitted)	21	How happy are you with your job overall? (Q-1)	All full time staff	75%	Annually <b>95% answered 5 or better on scale of 1-10</b>	
	Satisfaction of Part Time Staff (Non-benefitted)	22	How happy are you with your job overall? (Q-1)	All part time staff	75%	Annually <b>97% answered 5 or better on scale of 1-10</b>	
	Participation in Staff Survey	23	Increase % of staff who complete and submit annual all-employee survey	All SPBHS staff	75%	Annually <b>2016 47.1% response rate; increased 13% from 2015</b>	

Definitions

<sup>1</sup> BH Adult	Adults age 18 and older who receive community mental health services for serious mental illness or emotional disturbance.
<sup>2</sup> BH Youth	Youth up to age 18 who receive community mental health services for serious emotional disturbance or emotional disturbance.
<sup>3</sup> DD	Youth and adults with intellectual or developmental disabilities who receive home and community-based services through the SPBHS Pride Program.
<sup>4</sup> Sentinel Event	An unexpected occurrence resulting in death or serious physical or psychological injury or risk thereof. Serious injury specifically includes loss of limb or function. The phrase 'or risk thereof' includes any process variation for which a recurrence would carry a significant chance of significant adverse outcome. Such events are called 'sentinel' because they signal the need for immediate investigation and response. The terms 'sentinel' and 'error' are not synonymous; not all sentinel events occur because of an error; not all errors result in sentinel events.
<sup>5</sup> Life Domains	The Client Status Review (CSR) tracks six life domains including financial/basic needs, housing situation, meaningful activities/employed, mental/emotional health, physical health and thoughts of self harm.
<sup>6</sup> Quality of Life Domains	The Client Status Review (CSR) tracks nine quality of life domains including productivity, physical health, mental/emotional health, thoughts about self harm, family and social support for recovery, feeling safe, sense of connectedness, well-being and spirituality, financial security and housing situation.