

WOODLAND CENTERS, INC.
PERFORMANCE IMPROVEMENT
FY 2013

All departments and services participate in Performance Improvement activities. A Performance Improvement Plan and Outcomes Measurement System have been implemented which is designed to follow our mission, vision, and goals as stated in Section I. of this document.

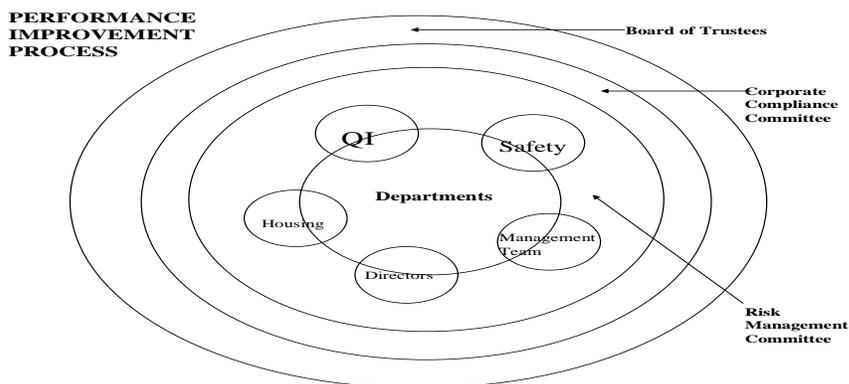
As WCI works toward achieving those goals, the organization is committed to the principles of continuous improvement in all our programs, services, and operations. To that end, we have developed this Performance Improvement Plan and Outcomes Management System that combines the essential elements of the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services with the CARF standards on Information Measurement, Management, and Performance Improvement.

The purpose of the Performance Improvement Plan and Outcomes Management System is to establish a methodology for collecting and analyzing information for the improvement of business operations and service delivery in the domains of effectiveness, efficiency, accessibility, and satisfaction. Data will be collected from a variety of sources including clients, community partners and other stakeholders, and staff, as well as financial reports, risk management reports, human resources reports, health and safety reports, the agency's accessibility plan, strategic plan, and other relevant reports.

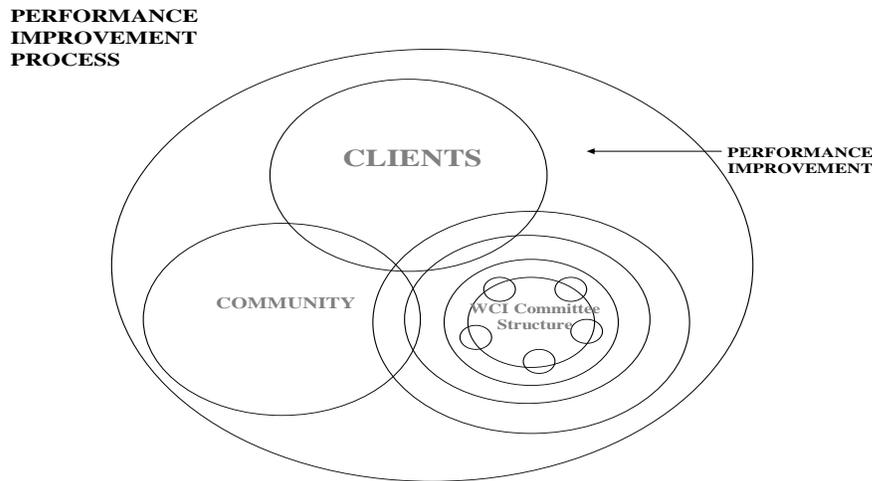
The agency's performance improvement is illustrated in the diagrams below, beginning with some basic Performance Improvement Principles:

- Commitment to continually improve the agency and service delivery.
- Data collection and analysis (Committee reports, budget, service statistics, incidents, grievances, outcomes, etc.).
- Multi-directional communication.
- Interdependence.
- Performance improvement is everyone's job!

Essentially, the agency's performance improvement process is accomplished through the agency's committee structure. Data is collected and analyzed by these committees which make recommendations for performance improvement activities and interventions including training and development.



The diagram below illustrates that performance improvement is not just an internal process, but rather includes accountability to our clients and the communities we serve.



A performance analysis will be conducted on an annual basis. This analysis is comprised of annual reports from Corporate Compliance Committee, Risk Management Committee, Quality Improvement Committee, and Health and Safety Committee which are presented to the Board of Trustees in September following the end of the fiscal year. The agency will also communicate results of its performance improvement efforts to persons served and other stakeholders. In addition, there are also annual reports from agency departments including Human Resources and Finance. Each of these reports:

- Identifies areas needing performance improvement.
- Includes action plans to address the improvements needed to reach or revise established outcome measures and improve the quality of programs, services, and operations.
- Facilitates organizational decision-making with regard to our progress toward fulfilling our mission and achieving our goals.
- Creates a summary report that can be shared with our clients, staff, and other stakeholders in appropriate and meaningful ways.

Even though the Ohio Department of Mental Health discontinued the use of the Ohio Scales, WCI continues to use the Ohio Scales as one of its outcome measures. WCI also participates in the Ohio Department of Alcohol and Drug Addiction Services' behavioral health reporting system. These outcomes management systems address the following:

- Outcomes will be measured from the client's perspective.
- Outcomes will be measured from the direct care staff's perspective.
- Outcomes will measure the domains of functioning, quality of life, and symptom distress.
- Outcomes will demonstrate cultural sensitivity and competency.
- Outcomes will have reasonable levels of cost and burden for the agency, consumers, and families.
- Outcomes will reflect empowerment of the consumer and support for consumer recovery.

As the Outcomes Management System has evolved, WCI has identified its own Performance Indicators for FY2013 as measures of the quality of our core programs and services for children, adolescents, and adults including: Outpatient; Community Psychiatric Supportive Treatment (case management); Crisis Intervention; Crisis Stabilization (adults only); and Pharmacologic Management. Complete Program Descriptions for each of these programs and services can be found in the following agency policies:

- Outpatient Services WCI-C-402
- AOD Services (Dual Diagnosis) WCI-C-425
- Emergency Services (Crisis Intervention) WCI-C-430
- Med-Somatic Services (Pharmacologic Management) WCI-C-450
- Crisis Stabilization WCI-C-475
- Community Psychiatric Supportive Treatment (Case Management) WCI-C-480

ACCESSIBILITY

Clinical Indicators

Accessibility is defined as a measure of individuals and the community's ability to obtain mental health services in a timely manner. For FY2013, we will focus on two specific measures of accessibility:

1. Percentage of persons scheduled for an intake (assessment) within two weeks of initial contact.
2. No shows, client cancels, and staff cancels.

Data will be collected by staff scheduling appointments (Crisisline staff), compiled into a report by the MIS Specialist, and analyzed by the QI Committee which is also responsible for setting a threshold for performance and developing any corrective action plans.

Other data that may be collected includes length of stay on the Crisis Stabilization Unit as a factor of the number of clients on the CSU who are homeless; the number and disposition of emergencies. If performance thresholds are met for the two focus areas identified above, the QI Committee may choose to focus on one or more of the other clinical indicators for which data is collected on an ongoing basis. Additional measures may be identified as a result of the 505 Regional Collaboration.

Finally, the QI Committee will review and analyze the survey of referral sources originated by the ADAMHS Board to determine if any accessibility issues are identified.

Business Indicators

The agency Directors are responsible for reviewing the agency's Accessibility Plan on an annual basis and developing a status report with action items, persons responsible, and timeframes for completion. The Accessibility Plan addresses the following barriers to services: architectural, environmental, attitudinal, financial, employment, communication, transportation, and others as identified by staff, clients, and community partners. The current Plan identifies the ability to recruit qualified staff, staff access to data/computers, and housing as additional barriers. Refer to the 2011

Accessibility Barriers Status Report for more specific information. The agency is applying for ARC funds to improve access to care by installing handicap-accessible doors in the Gallia Clinic and replacing its videoconference equipment in FY2013.

In FY2008 Woodland Centers Inc. received a grant from the Osteopathic Heritage Foundation to develop a transportation program linked to our housing programs through the Gallia-Jackson-Meigs-Vinton Continuum of Care. Since then, that grant has been renewed twice, with FY2012 as its final year. The agency has used that initial project to leverage additional funding through contracts with Meigs and Gallia Departments of Job & Family Services to provide non-emergency transportation to medical appointments in both counties thereby increasing accessibility to services. The agency will re-apply for both contracts in FY2013.

EFFICIENCY

Clinical Indicators

Efficiency is a measure of how well resources are used to accomplish agency program goals. The major focus of performance improvement in FY2013 will be the efficient use of staff under the state's Medicaid Cost Containment strategy. This indicator is being driven by both funding and services, and involves staff, clients, and community partners.

Efficiency in this case will be measured in two ways:

- 1) By the number of clients who, based on historical use of services, will run out of units before the end of the fiscal year.
- 2) By the mix of services we can develop to maintain the client in the community. We will also need to measure community partner and referral source satisfaction with this change. It is not enough to achieve efficiency without also maintaining customer satisfaction with services. Therefore, see also clinical indicators for Satisfaction.

Business Indicators

The most significant indicator of efficient use of resources is productivity. Every clinician has a productivity expectation assigned to his/her job description. Productivity reports are generated monthly and monitored by the directors of clinical services at each site. Productivity is also a critical measure for developing the agency's budget.

In FY2010-11, the agency established an agency-wide goal for efficiency related to Medicaid billing. The purpose of creating an agency goal was to emphasize the fact that it takes the whole team – all departments and all staff – for the agency to be successful. When the agency achieved the goal, there were rewards for all staff at the end of the year. Those employees who consistently exceeded their productivity targets receive special recognition. However, this type of productivity incentive is not realistic for FY2013 given the benefit limits and tiered rates for CPST. The only way targets like this would be feasible is if there is a corresponding marketing campaign to increase the number of new clients.

EFFECTIVENESS

Clinical Indicators

Effectiveness measures how well treatment promotes desired change. While the Ohio Scales and other state-level measures are under revision, WCI will measure effectiveness using two indicators:

- 1) State hospital bed-day utilization as a measure of the effectiveness of outpatient and crisis services. Hospital bed-day utilization is monitored daily. At a cost of \$525 per diem, the agency has been assigned 1836 days for FY2013 including both civil and forensic beds. We will continue monthly meetings with state hospital personnel will continue, as well as managing admissions and discharges to the state hospital. The effectiveness of these actions will be measured throughout FY2013.
- 2) The frequency with which clients who are discharged from the CSU and/or the state hospital re-present for crisis services. Re-admission rates will be monitored as well as crisis intervention emergencies. Adult wraparound strategies may be implemented for clients with frequent re-admits.

Business Indicators

Effectiveness in operations will be measured as follows:

- 1) Employee turnover and retention rates which is monitored by Human Resources.
- 2) Incident reports are monitored by QI (client related incidents), Safety (health and safety incidents), and Risk Management (HIPAA/PHI related incidents) Committees as a measure of effectiveness of our risk management activities, safety program, and to some extent, clinical services. Risk Management Committee has overall responsibility to analyze all incident reports after each committee has reviewed their assigned category of incidents, identified trends and patterns, and the need for training if applicable.

SATISFACTION

Clinical Indicators

The agency will use Consumer Satisfaction Surveys to evaluate client satisfaction with services. Front desk staff at each clinic will collect data using a paper and pencil survey on an ongoing, random basis. All services, including the CSU, will be included in the survey. Data will be analyzed quarterly and distributed to the QI Committee for action. Client focus groups have been used to address specific issues that fell below the 90% threshold. We will continue to utilize the surveys to see if the focus groups have an impact on client satisfaction.

In addition, the agency will use the ADAMHS Board referral source survey to assess the satisfaction of law enforcement, health care, and school referral sources. This survey is done annually.

Business Indicators

Client grievances will be monitored as part of the agency's QI activities. This process will continue to be used as a measure of client satisfaction.

The agency will also use an Employee Satisfaction Survey to measure employee satisfaction with their work and the agency. The survey is distributed every two years beginning in 2004, 2006, 2008, and 2010. The return rate continues to be very high, and has shown steady improvement over the past six years.