



**DIVISION OF BEHAVIORAL HEALTH
PERFORMANCE MANAGEMENT SYSTEM**

**CALENDER YEAR 2015
PERFORMANCE IMPROVEMENT
ANALYSIS AND RESULTS**

Introduction

To maintain the integrity and direction of the Division, the Division established a Performance Management System. The Performance Management System supports the Division's mission and vision to enhance the community's well-being by promoting a continuum of services and by applying a behavioral health service delivery model that fosters resiliency, freedom from addiction and the attainment of psychological recovery.

This outcome driven framework compliments the Division's strategic plan to develop quality operations and service delivery. Quality operations and service delivery is effective, environmentally and emotionally safe; respectful of the client's cultural, social and emotional needs; and is provided in an efficient, cost effective, timely and accountable manner.

2015 Extenuating/Influencing Factors

In 2015, the Division endured several mandated changes to its business and clinical practices which directly impacted to Divisions overall performance. In the light of these changes, the Division continued to enhance its business functions, deliver effective and efficient services, promote access to care and obtain satisfaction amongst stakeholders.

Below summarizes these changes and the Division's response to them:

Billing and Authorization

Medicaid's billing and authorization structure moved from under Maryland's Health Choice to an Administrative Service Organization (ASO). The Division worked in collaboration with the ASO, Maryland Medicaid and the Behavioral Health Administration (BHA) to ensure staff were trained on the new procedures, the Division was properly credentialed with the ASO and Medicaid and that appropriate data entry processes were in place. The Division adapted to this new structure with minimal impact to those served, available services and Division collections.

Technology

BHA's medical record infrastructure SMART was no longer mandated. This change allowed Division leaders to explore and pursue an interconnected electronic medical record (EMR) and billing system. Throughout 2015, Division leaders collaborated with other Maryland counties, identified a reliable EMR and have been actively developing and training staff on the new system. Implementation of the EMR occurred in January of 2016. This new EHR will formalize Division processes, establish safeguards and accountability measures, act as an avenue for data collection, promote performance improvement and enhance the Division's conformance with the accreditation standards.

Business Functions

New legislation mandated duties to the Division as the Local Addictions Authority (LAA). As the LAA, the Division was delegated the authority to manage county complaints and oversight of providers who collect Medicaid reimbursement for the treatment of substance use and addictive disorders and those providers licensed or certified by DHMH. During 2015, the Division collected baseline county data and developed plans to ensure these new LAA duties and responsibilities are mastered in accordance with the standards set forth by BHA.

Accreditation

Legislation introduced during 2015 will mandate that the Division to be accredited in order to receive Medicaid reimbursement for behavioral health services. The Division chose the Commission on Accreditation of Rehabilitation Facilities (CARF) as their preferred accreditor and the Division began adopting and implementing CARF'S standards.

Reallocation of Grants

The Division historically relied on grants from BHA as reimbursement for ambulatory services. These grants will be reallocated for distribution by the ASO on a fee for service basis. The Division's leadership focused on identifying productivity, needed process and program structure to ensure Division sustainability.

BENCHMARKS

Maryland's Consumer Perception of Care Survey® 2015 was used by the Division as a benchmark. This survey assisted in the analysis of Division data, in action plans development and implementation and in the development of 2016 performance indicators and targets.

2015 PERFORMANCE ANALYSIS

Efficiency Targets

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“At admission, the locations of the emergency exits were explained to me”*

- **Result:** 77% of clients surveyed agreed with this statement
- **Action Plan:** Division staff was trained on the requirement to inform clients of the location of all fire exits at intake. Indicator will be addressed and measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“I understand the formulation of the fees/cost associated with my care”*

- **Result:** 86% of clients surveyed agreed with this statement
- **Action Plan:** Division staff was trained on the requirement to inform clients of the formulation of the fees/cost associated at Admission. Indicator will be addressed and measured during 2016.

Effectiveness

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, I am better at dealing more effectively with daily problems”*

- **Result:** 93%; 16% higher than the Maryland average*
- **Action Plan:** Target met. Indicator will be measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, I am better at getting along with family/friends/roommates”*

- **Result:** 77%
- **Action Plan:** Target not met. Division staff were educated on the implementation of treatment interventions which were focused on the development of communication and social skills. Per federal mandate, these indicators must be collected and monitored. Indicator will be addressed and measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, My housing situation has improved”*

- **Result:** 75%; 17% higher than the Maryland average*
- **Action Plan:** Target not met. Division staff were educated on the implementation of treatment interventions which were focused on the development of life skills which were directed at the identification and securement of stable housing. Indicator will be measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, I am better at avoiding unlawful situations”*

- **Result:** 90%
- **Action Plan:** Target met. Indicator will be measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, I do better in social situations”*

- **Result:** 90%; 25% Higher than the Maryland Average*
- **Action Plan:** Target met. Indicator will be measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, I am better at abstaining from addictive substances”*

- **Result:** 93%
- **Action Plan:** Target met. Indicator will be measured during 2016

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Since I’ve been in Treatment, I do better in school/work”*

- **Result:** 93%; 31% higher than the Maryland average*
- **Action Plan:** Target met. Indicator will be measured during 2016

Access

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“The location of Division services are convenient”*

- **Result:** 89%; 3% higher than the Maryland average*
- **Action Plan:** Target not met. Division staff were provided with the results from the Client Feedback Survey. Division leaders will continue to explore options for satellite offices or the expansion of the current program. Overall score was good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Services are available at times convenient to me”*

- **Result:** 94%; 4% higher than the Maryland average*
- **Action Plan:** Target met. Division staff were provided with the results from the Client Feedback Survey. Overall score was good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“Services are available on days convenient to me”*

- **Result:** 95%;
- **Action Plan:** Target met. Division staff were provided with the results from the Client Feedback Survey. Overall score was good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients who agree with the following question: *“My needs were quickly attended to”*

- **Result:** 86%
- **Action Plan:** Target not met. Division staff were provided with the results from the Client Feedback Survey. Division staff were educated on motivational interviewing techniques and the identification and coordination of services most important to the population served. Overall score was good and staff will

continue to address barriers to treatment and meeting client needs.
Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“Waiting room time is not too long”*

- Result: 83%
- Action Plan: Target met. Division staff were provided with the results from the Client Feedback Survey. Division leaders made changes to staff engagement efforts by limiting wait time and implementing a line of communication to address noncompliance. Overall score was good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Satisfaction

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“The amount of time I have with my counselor is sufficient”*

- Result: 91%
- Action Plan: Target met. Division staff were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“My counselor is competent and knowledgeable”*

- Result: 98%
- Action Plan: Target met. Division staff were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“My counselor addressed my needs”*

- Result: 92%
- Action Plan: Target met. Division staff were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“My counselor has answered my questions”*

- Result: 94%
- Action Plan: Target met. Division staff were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“I feel comfortable asking about my treatment and medications”*

- **Result:** 98%
- **Action Plan:** Target met. Division staffs were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“If I had other choices, I would still come here for services”*

- **Result:** 90%; 7% higher than the Maryland average*
- **Action Plan:** Target met. Division staff were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Target/Indicator: Client survey results will indicate at least 90% of clients surveyed agree with the following question: *“I would recommend this program to a friend”*

- **Result:** 91%; 5% higher than the Maryland average*
- **Action Plan:** Target met. Division staff were provided with the results from the Client Feedback Survey and suggestions were made to enhance client satisfaction. Overall scores were good and staff will continue to address barriers to treatment and meeting client needs. Satisfaction indicators will be addressed and measured during 2016.

Business Functions

Target/Indicator: By January 1, 2016, Division leaders will verify that 75% of the Division’s current practices conform with CARF’s standards.

- **Result:** Division leaders conducted an analysis of current practices and CARF standards. A 94% conformance rate was noted and deficient practices were revised.
- **Action Plan:** This indicator will be revised to incorporate final preparations for accreditation.

Extenuating or Influencing Factors

Target/Indicator: During calendar year 2015 the Division will be regarded as a safe environment as evidenced by less than 2 reports that a Division client, visitor or family member received a bodily injury while onsite at the Division

- **Result:** The Division received zero reports that a client, visitor or family member received a bodily injury while onsite at the Division.
- **Action Plan:** This indicator will be monitored during 2016

*Consumer Perception of Care Survey 2015 (Outpatient Treatment Services)