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| Consolidated Evaluation |
| Impact and Process Outcomes for Westview Behavioral Health Services |
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 11/9/2023

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| 1 | Q/I | ADSAPTX & PRI | Clients complete services | Percent of clients completing services | All clients entering services | Discharge status is “Complete” | 50% 60 % 70% | Director, Treatment Services | Clinical Team | **NBY: 52%****SAL: 14%**  |
| 2 | Q/I | ADSAP PRI | Clients score 80 on Post-test | Percentage of clients who score 80 | All clients completing PRI services | ADSAP Log | 50% 75% 90% | ADSAP Coordinator | Clinical Team | **NBY: 0%****SAL: 89%**  |
| 3 | Q/I | AdolTX (N) | Clients complete services | Percent of clients completing services | All clients entering services | Discharge status is “Complete” | 40 50 60 | Director, Treatment Services | Clinical Team | **14%1** |
| 4 | Q/I | AdolTX (S) | Clients keep first clinical service appointment | Number of clients keeping 1st appointment | All clients entering services | CL, per DAODAS instructions for GMS reporting | 25 35 45Total for year | Director, Treatment Services | Clinical Team | **6** |
| 5 | Q/I | CBTTX | Clients keep first clinical service appointment | Number of clients keeping 1st appointment | All clients entering services | CL, per DAODAS instructions for GMS reporting | 40 50 60Total for year | Director, Treatment Services | Clinical Team | **29** |
| 6 | Q/I | MAT | Clients complete services | Percent of clients completing services | All clients entering services | Discharge status is “Complete” | 40 50 60 | Director, Treatment Services | Clinical Team | **6%2** |
| 7 | Q/I | GENTX | To maintain kept appointment rates | Percent of kept appointments | All clients admitted for services | Care Logic Realtime Prod & Indirect Utilization Report | 70 80 90 | Executive Director | Outpatient QIC, Exec. Mgmt Tm | **O=****83.3****N=84.4****S=80** |
| 8 | Q/P | MAT | Complete GPRA | Percent of clients who complete initial GPRA  | All OUD (Pri, Sec, Ter) | OUD Client Log compared to CL | 90 100 100 | MAT Coordinator | Clinical Team | **89%** |
| 9 | Q/P | MAT | Complete GPRA | Percent of clients who complete follow up GPRA  | All OUD (Pri, Sec, Ter) | OUD Client Log compared to CL | 80 90 100 | MAT Coordinator | Clinical Team | **0%** |
| 10.1 |  |  | To provide access to service for PW/WDC  | # of PW/WDC receiving intake/assessment | All PW/WDC | Intake appointment spreadsheet | 7 8 9 (N)2 3 4 (S) | Administrative Assistant/Reception | Outpatient QIC | **NBY: 17** **SAL: 3** |
| 10.2 |  |  | To provide access to service for IVDUs | # of IVDUs receiving intake/assessment | All IVDUs | Intake appointment spreadsheet | 2 3 4 (N) | Administrative Assistant/Reception | Outpatient QIC | **N only: 1** |
| 10.3 |  |  | To provide access to service for C/JJS clients | # of C/JJS clients receiving intake/assessment | All C/JJS clients | Intake appointment spreadsheet | 3 5 7 (N)1 2 3 (S) | Administrative Assistant/Reception | Outpatient QIC | **NBY: 4** **SAL: 1** |
| 10.4 |  |  | To provide access to service for adolescent clients | # of adolescent clients receiving intake/assessment | All adolescent clients | Intake appointment spreadsheet or CareLogic, as appropriate | 3 5 8 (N)3 5 8 (S) | Administrative Assistant/Reception | Outpatient QIC | **NBY:****1** **SAL:** **7** |
| 10.5 |  |  | To provide access to service for residents of rural areas | # of adult rural residents receiving intake/assessment | All clients | Intake appointment spreadsheet or CareLogic, as appropriate | 20 33 50 (N)3 6 8 (S) | Administrative Assistant/Reception | Outpatient QIC | **NBY: 25** **SAL: 7** |
| 11 | Q/P | TX | Maximize scores on reviews of quality/ admin./ appropriateness of client care | Administrative, quality, and appropriateness of client care | Objectives set forth in management plans and QA/UR/PRIV | Quarterly progress report | 75 80 95 | Department Heads | Management Team | **NBY: 100%****SAL: 100%** |
| 12 | Q/P | ADSAP TX | Clients exiting the program will score at least an average rating of “4” | The percentage of clients rating the program a “4” or higher | 100% completed program surveys | ADSAP Program satisfaction survey instrument | 75 80 90 | Primary counselor/ Program coordinator | Outpatient QIC | **NBY:** **03****SAL:****03** |
| 13 | Q/P | ADSAP TX | Clients will receive ADSAP Curriculum service within 30 days of assessment | Days from assessment to service | 100% of ADSAP clients admitted | C/L Report | 55 65 75 | Program Coordinator | Program Coordinator/ Dir. Treatment | **NBY: 11%****SAL: 87%** |
| 14 | Q/P | CBTTX | Clinicians will maintain caseload | Average caseload count  | Clinical FTEs (excluding PRI) | CareLogic Caseload Report | 20 25 30 | Director, Treatment | Management Team | **NBY: 27.6** **SAL: 10.8**  |
| 15 | Q/P | ADSAP | Coordinator will maintain caseload | Average caseload count  | ADSAP Coordinator | CareLogic Caseload Report | 35 42 50 | Director, Treatment | Management Team | **NBY: 18** **SAL: 19** |
| 16 | Q/P | ADM | Maximize % of strategic/ management plan objectives accomplished | Percent of strategic/ management plan objectives accomplished | Objectives set forth in plans | Quarterly progress report | 75 80 95 | Department HeadsExec. Dir. | Management Team | **27.7%** |
| 17 | Q/P | ADM | To facilitate the completion of employee evaluations as scheduled | Percent of performance evaluations completed as scheduled | All evaluations | Employee personnel records | 90 95 100 | Department Heads | Dir. Admin. | **100%** |
| 18 | Q/P | ADM | Maintain personnel files according to legal standards | Percent of personnel files maintained to standard | All employee  | Personnel File Monitor Form | 90 95 100 | Dir. Admin. | Dir. Admin. | **96%** |
| 19 | Q/P | REC | Connect persons served to recovery community | # of patients connected to recovery community | All persons served | PSS deliverables report | 30 40 60  | PSS | Dir. Treatment | **52** |
| 19.1 | Q/P | TX | Retain adolescent clients | # adolescents who receive 1 clinical svc | Adolescents admitted | CL, per DAODAS instructions for GMS reporting | 15 20 25Total for year | Carelogic | Dir. Treatment | **19** |
| 19.2 | Q/P | TX | Retain Tb/Tb-at risk clients | # Tb clients who receive 1 clinical svc | Tb clients admitted | CL, per DAODAS instructions for GMS reporting | 1 3 5Total for year | Carelogic | Dir. Treatment | **0** |
| 19.3 | Q/P | TX | Retain CJ/DJJ clients | # criminal justice clients who receive 1 clinical svc | Criminal justice clients admitted | CL, per DAODAS instructions for GMS reporting | 25 35 45Total for year | Carelogic | Dir. Treatment | **21** |
| 19.4 | Q/P | TX | Retain clients who inject drugs | # clients who inject who receive 1 clinical svc | Clients who use IV drugs admitted | CL, per DAODAS instructions for GMS reporting | 10 12 15 | Carelogic | Dir. Treatment | **7** |
| 19.5 | Q/P | TX | Retain Pw/WDC clients | # PW/WDC clients who inject who receive 1 clinical svc | PW/WDC admitted | CL, per DAODAS instructions for GMS reporting | 60 80 100 | Carelogic | Dir. Treatment | **57** |
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**1. Ms. Reiser made a push before she left “clean” out caseloads of non-participating clients.**

**2. MAT is a long-term program. Also, we have no local provider to which we can refer clients for maintenance phase.**

**3 Staff attrition and new instructors. Satisfaction surveys were not completed.**