

FY2014 End of Year Performance Measurement and Management Analysis Report Outpatient Treatment

Business Functions

<u>Objective:</u> Meet the growing behavioral health needs of Hoosiers in a financially sustainable manner
Indicator: increase revenue of outpatient treatment
Progress- Our grant revenue increased by \$25,254 from FY13-FY14.
Target 1: Leverage one new funding source per year
Progress- We became paneled members of Medicaid, Medicare, Anthem, Cenpatico, Tri-Care, and Advantage for behavioral health.
Target 2: Increase scope of services every year
Progress- We are now about to provide behavioral health services for outpatient clients who are not direct clients of other programs

Service Delivery

	Effectiveness	Efficiency	Access	Satisfaction
Goal	75% of clients will make progress toward achieving their treatment goals	The program will stay within its projected budget. (20% variance)	90% of clients will report that they were assessed in a timely manner.	85% of clients will report satisfaction with services.
Actual Outcomes	95% of Theodora House clients/ 81% of outpatient clients made progress toward achieving their treatment goals	FY14 Revenue was 9.94% below projected and Expenses 8.39% below projected expenses	<p>Women’s programming: 20.5% reported “good” to the access question and 80.5% reported “excellent” .5% reported “poor”</p> <p>Men’s programming: 49% reported “good” to the access question and 51% reported “excellent” 0%</p>	<p>Women’s programming -81% excellent/ 39% good/ 1% poor rated “staff introduced self” -88% excellent / 11% good/ 1% poor rated “counselors listened” - 91% excellent / 8.5% good / .5% poor rated “counselors were friendly” as excellent/ -91% excellent/ 8.5% good / .5%</p>

			reported "poor"	<p>poor rated "counselors care about me as a person" as excellent</p> <p>-91% excellent/ 8.5% good/ .5% poor rated "counselors answer my questions" as excellent</p> <p>-88% excellent/ 11.5% good/ .5% poor rated "counselors took time to put me at ease" as excellent</p> <p>-79% excellent/ 20% good / .5% poor rated groups are offered on a day and time that is convenient for me" as excellent</p> <p>Men's programming:</p> <p>-46% excellent/ 54% rated "staff introduced self"</p> <p>-65% excellent / 35% good "counselors listened"</p> <p>- 77% excellent / 23% good rated "counselors were friendly" as excellent/</p> <p>-73% excellent/ 27% good rated "counselors care about me as a person" as excellent</p> <p>-73% excellent/ 27% good rated "counselors answer my questions" as excellent</p> <p>-66% excellent/34% good rated "counselors took time to put me at ease" as excellent</p> <p>-48% excellent/ 49% good / 3% poor rated groups are offered on a day and time that is</p>
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				convenient for me” as excellent
Extenuating or influencing factors	More effort was put into the Theodora House clients due to some increased funding for the residential programming, thus is the likely reason for the disparity in the outcomes of the residential clients compared with the non-residential clients.	Much effort was put into staying on budget and it seems to have been successful in that both revenue and expenses were both had less than 10% variance.	Getting seen quickly was more of a problem for the men’s programming because there was only one counselor assigned to the program and she was serving a few sites.	The women rated a higher satisfaction than men likely due to more services available to the women and VOA’s history of gender responsive services for women and their families.
Areas needing improvement	Those who didn’t make progress where those who dropped out of services due to relapse. There is a need for residential substance abuse treatment for women and women with their children.	Continue to increase revenue and closely track and adjust expenses.	Develop more programs for men, including addiction recovery.	Explore offering more groups for men and varied times and days.

Action Plan FY2015

Improvement to be made	Person responsible	Date	Projected improvement
Explore residential substance abuse services for women and women with children.	Division Director of Clinical Services and COO will devise a plan to explore developing a short term residential substance abuse treatment program, including 1) Funding sources 2) Program models	December 31, 2014	Providing high-quality short-term residential substance abuse services for women and women with their children will likely increase the likelihood of positive outcomes for the women in Indiana.

	3) Resources needed		
Increase referrals of persons with insurance for behavioral health services.	Division Director of Clinical Services and COO will develop a plan to increase referrals including: Marketing, outreach, and funding model	March 2015	Increase the number of persons served, increase revenue, and positive outcomes for persons affected by behavioral health issues.
Develop more gender-responsive programming for men, particularly for trauma recovery and addiction.	Division Director of Clinical Services, Assistant Division Director of Clinical Services and COO will explore best-practice services for men and develop services specifically for men.	March 2015	Increase the service line by numbers of men served and positive outcomes for men and their families.

Progress Report from FY2014

Improvement to be made	Progress Made
Counselors will advocate with Marion County Community Corrections and Theodora House and Drug Court staff to keep clients who are engaged in treatment and relapse, keep from returning to prison or jail	<ul style="list-style-type: none"> • Clinical staff were trained on how to advocate for clients to keep them from being returned to jail / prison due to relapse focusing on those who are actively engaged in treatment or willing to engage in treatment. • Staff were successful in advocating for leniency at the Drug Court staffings and internally with the VOA re-entry centers.
Work closer with accounting staff during next budgeting cycle to ensure a better, more accurate projection of cash donations.	<ul style="list-style-type: none"> • The program budget was followed very well this year, both for revenue and expenditures- less than 10% variance to the black. • This enabled us to expend services, knowing we function within our budget.
A plan will be implemented to become a fee for service provider and to get paneled on health insurance plans to generate more revenue and clients for behavioral	<ul style="list-style-type: none"> • The behavioral health office space was renovated to accommodate a separate entrance for clients, a confidential reception area, waiting room, two group rooms, and four staff offices. • We became providers for Medicaid, TriCare, Cenpatico, Anthem, Medicare, and Advantage for behavioral health services. • We hired a part-time psychologist and billing specialist this year to help increase billing efficiency and

health treatment	service provision.
Explore hiring non-licensed staff to facilitate drug-ed and other educational groups to increase options for times and days classes are offered.	We have expanded both men and women drug-ed groups and use the chaplain and interns to run non-billable educational groups.
Have all clinical staff introduce themselves to clients and distribute their business cards to new clients	Staff received a higher rating on client satisfaction survey for this.