

**The Guidance/Care Center  
WestCare Florida  
Quarterly Performance Improvement Report**

**January – March 2011**

**Overview**

The Guidance/Care Center Performance Improvement Committee developed the Performance Improvement Work Plan for the 2010-2011 Fiscal Year on September 22, 2010. Based on data collected during the past Fiscal Year and overall performance on the objectives, several indicators were eliminated from the previous year's Work Plan since consistent positive performance was achieved. Following is a summary of the progress G/CC made on the current Work Plan during the 3<sup>rd</sup> quarter of this Fiscal Year.

**A. Program and Service Utilization**

1. Attendance at first session of OP treatment following an IP discharge

Objective: 80% of all clients discharged from CSU will attend first OP appointment.

Type of Objective: *Quality Assurance: Efficiency*

G/CC was able to extract the data from the newly implemented data management system for this quarter. Overall, 51% of the clients discharged from the inpatient unit and referred to outpatient kept their appointments.

January – 56%  
February – 58%  
March – 45%

March is significantly lower than the previous months. The Senior Clinical Officer and Data Manager are verifying that staff entered all data for March prior to the extraction of this data for analysis.

2. Attendance at OP therapy sessions

Objective: 80% of clients will attend scheduled therapy sessions.

Type of Objective: *Quality Assurance: Efficiency*

The first set of analyses conducted examined the overall results for all appointments scheduled between October 1 and December 31, 2010.

Please **NOTE** that the separate analyses for the adults and children include only a subsample of the entire population served.

Category	Total #	Kept % (#)	No Shows % (#)	Client Cancellations % (#)	Staff Cancellations % (#)
<b>All Sites</b>					
All Appointments	23,206	93.5% (21,700)	3.9% (900)	1.1% (254)	1.5% (352)
Child	5,021	97.7% (4,905)	1.5% (73)	0.6% (29)	0.3% (14)
Adult	15,874	91.5% (14,524)	5.1% (808)	1.4% (220)	2.0% (322)
<b>NOTE: 2,311 clients did not have an age listed and were not included in the breakdown analyses</b>					
Category	Total #	Kept % (#)	No Shows % (#)	Client Cancellations % (#)	Staff Cancellations % (#)
<b>Key West</b>					
All Appointments	12,930	92.2% (11,926)	4.9% (629)	0.7% (90)	2.2% (285)
Child	3,021	98.2% (2,968)	1.4% (41)	0.2% (5)	0.2% (7)
Adult	8,174	88.6% (7,246)	7.1% (578)	1.0% (85)	3.2% (265)
<b>NOTE: 1,735 clients did not have an age listed and were not included in the breakdown analyses</b>					
<b>Key Largo</b>					
All Appointments	2,991	94.3% (2,820)	3.2% (96)	2.1% (63)	0.4% (12)
Child	1,651	97.6% (1,612)	1.2% (19)	0.9% (15)	0.3% (5)
Adult	1,049	87.9% (922)	7.1% (75)	4.4% (46)	0.6% (6)
<b>NOTE: 291 clients did not have an age listed and were not included in the breakdown analyses</b>					
<b>Marathon</b>					
All Appointments	7,285	95.5% (6,954)	2.4% (175)	1.4% (101)	0.8% (55)
Child	349	93.1% (325)	3.7% (13)	2.6% (9)	0.6% (2)
Adult	6,651	95.6% (6,356)	2.3% (155)	1.3% (89)	0.8% (51)
<b>NOTE: 285 clients did not have an age listed and were not included in the breakdown analyses</b>					

The second set of analyses conducted examined only those appointments that were either kept or for which the clients did not show. Client cancellations and staff cancellations were removed from these analyses since they technically cannot be considered “No Shows” in the true sense of the term. These analyses, therefore, provide a more valid reflection of the No Show rate.

Category	Total #	Kept % (#)	No Shows % (#)
<b>All Sites</b>			
All Appointments	22,600	96.0% (21,700)	4.0% (900)
Child	4,978	98.5% (4,905)	1.5% (73)
Adult	15,322	94.8% (14,524)	5.2% (808)
<b>NOTE: 2,311 clients did not have an age listed and were not included in the breakdown analyses</b>			
<b>Key West</b>			
All Appointments	12,555	95.0% (11,926)	5.0% (629)
Child	3,009	98.6% (2,968)	1.4% (41)
Adult	7,824	92.6% (7,246)	7.4% (578)
<b>NOTE: 1,735 clients did not have an age listed and were not included in the breakdown analyses</b>			

<b>Key Largo</b>			
All Appointments	2,916	96.7% (2,820)	3.3% (96)
Child	1,631	98.8% (1,612)	1.2% (19)
Adult	997	92.5% (922)	7.5% (75)
<b>NOTE: 291 clients did not have an age listed and were not included in the breakdown analyses</b>			
<b>Marathon</b>			
All Appointments	7,129	97.5% (6,954)	2.5% (175)
Child	338	96.2% (325)	3.8% (13)
Adult	6,511	97.6% (6,356)	2.4% (155)
<b>NOTE: 285 clients did not have an age listed and were not included in the breakdown analyses</b>			

### 3. Attendance at First Appointment Following Intake Completion

Objective: 60% of clients completing an Intake will attend the first scheduled OP appointment.

Type of Objective: *Quality Assurance: Efficiency*

G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a process to extract this data efficiently and effectively.

### 4. Wait Time for OP Appointments

Objective: 80% of clients will be scheduled for first appointment within 2 weeks.

Type of Objective: *Quality Assurance: Efficiency*

G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a system to extract this data efficiently and effectively.

### 5. Frequency of Outpatient Appointments

Objective:  $\geq 90$  of the clients will received one (1) outpatient service weekly, unless justified in clinical record.

Type of Objective: *Quality Assurance: Efficiency*

G/CC completed the integration of its data management system with the WestCare Foundation system. The WestCare Senior Clinical Officer is working collaboratively with the G/CC Data Manager to develop a system to extract this information efficiently and effectively.

## B. Consumer Perception

### 1. Satisfaction with Program Quality

Objective:  $\geq$  80% on Overall Quality Rating for each program.

Type of Objective: *Quality Assurance: Efficiency*

Guidance/Care Center currently uses an instrument consisting of items/questions rated on the following scale: Strongly Agree – Agree – Neutral – Disagree – Strongly Disagree – Not Applicable. For the purpose of these analyses, Strongly Agree and Agree are indicators of satisfaction. Respondents who identified an item as Not Applicable were not included in the aggregate analysis for that item. In addition, although aggregated, items not having responses are not reflected in the table. For the purpose of this report, only highlights are presented that relate to overall program quality (as identified as an indicator in the PI Work Plan).

For the adult programs, G/CC administered 95 Surveys.

**Inpatient Unit – Crisis Stabilization:** 23 clients completed surveys between January 1 and March 31, 2011. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	91.3	4.3	4.3
I was seen for services on time	86.9	4.3	8.7
I received services when I needed them	91.3	8.7	0
If I had a complaint, it was handled well	90.5	9.5	0
If I were to have problems, I would return to this program	85.7	9.5	4.8
I would recommend this program to other people	85.0	10.0	5.0
The services focus on my needs	80.0	15.0	5.0
This program has helped me to feel better about myself	81.0	9.5	9.5

**Detoxification:** 15 clients completed surveys between January 1 and March 31, 2011. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	93.3	6.7	0
I was seen for services on time	100.0	0	0

I received services when I needed them	9.3	0	6.7
If I had a complaint, it was handled well	86.6	6.7	6.7
If I were to have problems, I would return to this program	100.0	0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	92.9	7.1	0
This program has helped me to feel better about myself	73.3	20.0	6.7

**Keys to Recovery – Residential Treatment:** KTR did not submit any surveys between January 1 and March 31, 2011. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	NA	NA	NA
I was seen for services on time	NA	NA	NA
I received services when I needed them	NA	NA	NA
If I had a complaint, it was handled well*	NA	NA	NA
If I were to have problems, I would return to this program	NA	NA	NA
I would recommend this program to other people	NA	NA	NA
The services focus on my needs*	NA	NA	NA
This program has helped me to feel better about myself	NA	NA	NA

**Outpatient Adult – Mental Health:** 39 clients completed surveys between January 1 and March 31, 2011. Results are reflective of consumers from ONLY Key West and Marathon.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	97.4	0	2.6
I was seen for services on time	94.8	2.6	2.6
I received services when I needed them	94.7	2.6	2.6
If I had a complaint, it was handled well	94.4	0	5.6
If I were to have problems, I would return to this program	94.1	2.9	2.9

I would recommend this program to other people	94.1	2.9	2.9
The services focus on my needs	97.0	3.0	0
This program has helped me to feel better about myself	93.9	6.1	0

**Outpatient Adult – Alcohol and Other Drugs/Addictions:** 4 clients completed surveys between January 1 and March 31, 2011. Results are reflective of consumers ONLY at Key West and Marathon.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	75.0	25.0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well*	100.	0	0
If I were to have problems, I would return to this program	100.0	0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	100.0	0	0
This program has helped me to feel better about myself	100.0	0	0

**Case Management:** 3 clients completed surveys between January 1 and March 31, 2011. Results are reflective of consumers ONLY at the Key West and Marathon.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well	66.7	33.3	0
If I were to have problems, I would return to this program	66.7	33.3	0
I would recommend this program to other people	66.7	33.3	0
The services focus on my needs	66.7	33.3	0
This program has helped me to feel better about	66.7	33.3	0

myself			
--------	--	--	--

**Community Integration:** No clients completed surveys between January 1 and March 31, 2011.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	NA	NA	NA
I was seen for services on time	NA	NA	NA
I received services when I needed them	NA	NA	NA
If I had a complaint, it was handled well	NA	NA	NA
If I were to have problems, I would return to this program	NA	NA	NA
I would recommend this program to other people	NA	NA	NA
The services focus on my needs	NA	NA	NA
This program has helped me to feel better about myself	NA	NA	NA

**Criminal Justice:** 11 clients completed surveys between January 1 and March 31, 2010. **KEY WEST ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	92.3	6.7	0
If I had a complaint, it was handled well	100.0	0	0
If I were to have problems, I would return to this program	90.9	0	9.1
I would recommend this program to other people	100.0	0	0
The services focus on my needs	100.0	0	0
This program has helped me to feel better about myself	100.0	0	0

For the child programs, only six (6) clients completed surveys between January 1 and March 31, 2011. More specifically, 3 substance abuse, 2 case management, and 1 life skills clients completed surveys. Because of the limited numbers of surveys, the results would not be meaningful or useful. Therefore, analyses were not completed.

## C. Clinical Records

### 1. Compliance of treatment program records with 65D 30 , CARF standards, and P & P

Objective:  $\geq 95\%$  of treatment records will comply.

Type of Objective: *Quality Assurance: Efficiency*

Between January 1 and March 31, 2011, staff completed 109 Peer Reviews across three (3) G/CC Locations: Key West, Marathon, and Key Largo. Staff reviewed a sampling of charts from several Core Programs. The breakdown is as follows:

Core Program	Number of Clinical Records	Open Charts	Closed Charts
Adult Mental Health	19	8	11
Adult Substance Abuse	17	10	7
Child Mental Health	16	10	6
Child Substance Abuse	17	10	7
Prevention	14	7	7
Adult Substance Abuse Residential	0	0	0
Community Integration	2	1	1
Case Management	14	7	7
CSU	3	0	3
Detox	1	1	0
JIP (incorrect form used)	6	2	4
<b>Total</b>	<b>109</b>	<b>56</b>	<b>53</b>

Although the Peer Review Form is extensive and measures chart compliance and quality across all areas of 65D 30, CARF, and CCISC, the following is key findings from the audits. Each item is rated on a 3-point scale, ranging from Not Compliant to Partially Compliant to Compliant. The tables below reflect the percent of charts that were fully compliant with each key item.

### All Programs

Section	Average Total Percent (100% highest possible score)
Legal Information	91.3%
Screening and Admission	91.4%
Psychosocial Assessment/In-Depth Evaluation	89.2%
Initial/Preliminary Treatment Plan	79.3%
Wellness & Recovery Plans and Reviews	70.7%
Progress Notes	93.6%
Medication Orders (if applicable)	84.3%
Medical Progress Notes (if applicable)	75.6%
Discharge/Transition Reporting	79.0%

Content Area	% Compliant
Immediate/Urgent Needs Documented	96.2%
Consent to Treatment Signed	91.4%
Information Regarding Rights/Responsibilities	91.4%
Information Regarding Grievance Procedure	88.6%
Information on HIPAA	91.4%
Assessment Includes Presenting Problems	96.1%
Assessment Includes Needs & Preferences	89.0%
Interpretive Summary in Record	85.7%
Preliminary Plan Completed at Admission	76.4%
Wellness & Recovery Plan Completed on Time	70.6%
Plan Objectives are Behavioral & Measurable	70.6%
Plan Reviews Completed On-Time (for those having reviews due)	53.4%
Documentation is signed, dated, and credentialed	94.0%
Progress Notes Contain Date of Service	97.0%
Progress Notes Contain Length of Service	93.9%
Medication Orders Indicate Primary MD*	88.3%
Copy of Prescriptions in Clinical Record*	93.5%

### Adult Mental Health

Section	Average Total Percent (100% highest possible score)
Legal Information	82.0%
Screening and Admission	85.2%
Psychosocial Assessment/In-Depth Evaluation	86.7%
Initial/Preliminary Treatment Plan	61.1%
Wellness & Recovery Plans and Reviews	65.8%
Progress Notes	90.0%
Medication Orders (if applicable)	90.0%
Medical Progress Notes (if applicable)	61.5%
Discharge/Transition Reporting	71.0%

Content Area	% Compliant
Immediate/Urgent Needs Documented	94.7%
Consent to Treatment Signed	84.2%
Information Regarding Rights/Responsibilities	84.2%
Information Regarding Grievance Procedure	73.7%
Information on HIPAA	89.5%
Assessment Includes Presenting Problems	94.7%
Assessment Includes Needs & Preferences	89.5%
Interpretive Summary in Record	68.8%
Preliminary Plan Completed at Admission	57.9%
Wellness & Recovery Plan Completed on Time	76.5%
Plan Objectives are Behavioral & Measurable	76.5%
Plan Reviews Completed On-Time (for those having reviews due)	40.0%
Documentation is signed, dated, and credentialed	93.8%
Mental Health Outcomes Completed	33.3%
FARS Completed	38.9%
Progress Notes Contain Date of Service	94.4%

Progress Notes Contain Length of Service	88.9%
Medication Orders Indicate Primary MD*	80.0%
Copy of Prescriptions in Clinical Record*	91.7%

\*Only rated for clients receiving medication

### Child Mental Health

Section	Average Total Percent (100% highest possible score)
Legal Information	89.7%
Screening and Admission	85.5%
Psychosocial Assessment/In-Depth Evaluation	82.5%
Initial/Preliminary Treatment Plan	75.4%
Wellness & Recovery Plans and Reviews	62.8%
Progress Notes	89.3%
Medication Orders (if applicable)	86.4%
Medical Progress Notes (if applicable)	92.4%
Discharge/Transition Reporting	93.3%

Content Area	% Compliant
Immediate/Urgent Needs Documented	86.7%
Consent to Treatment Signed	81.3%
Information Regarding Rights/Responsibilities	80.0%
Information Regarding Grievance Procedure	81.3%
Information on HIPAA	81.3%
Assessment Includes Presenting Problems	87.5%
Assessment Includes Needs & Preferences	93.8%
Interpretive Summary in Record	50.0%
Preliminary Plan Completed at Admission	78.6%
Wellness & Recovery Plan Completed on Time	69.2%
Plan Objectives are Behavioral & Measurable	62.5%
Plan Reviews Completed On-Time (for those having reviews due)	50.0%
Documentation is signed, dated, and credentialed	90.0%
Mental Health Outcomes Completed	53.3%
FARS Completed	62.5%
Progress Notes Contain Date of Service	85.7%
Progress Notes Contain Length of Service	85.7%
Medication Orders Indicate Primary MD*	83.3%
Copy of Prescriptions in Clinical Record*	100.0%

\*Only rated for clients receiving medication

### Inpatient

The following analyses did not differentiate between Crisis Stabilization and Detoxification unit charts since there only were 4 charts reviewed during the past quarter.

Section	Average Total Percent (100% highest possible score)
Legal Information	100.0%
Screening and Admission	100.0%
Psychosocial Assessment/In-Depth Evaluation	80.82%
Initial/Preliminary Treatment Plan	100.0%
Wellness & Recovery Plans and Reviews	89.75%

Progress Notes	97.25%
Medication Orders (if applicable)	100.0%
Medical Progress Notes (if applicable)	78.77%
Discharge/Transition Reporting	100.0%

Content Area	% Compliant
Immediate/Urgent Needs Documented	100.0%
Consent to Treatment Signed	100.0%
Information Regarding Rights/Responsibilities	100.0%
Information Regarding Grievance Procedure	100.0%
Information on HIPAA	100.0%
Assessment Includes Presenting Problems	100.0%
Assessment Includes Needs & Preferences	25.0%
Interpretive Summary in Record	100.0%
Preliminary Plan Completed at Admission	100.0%
Wellness & Recovery Plan Completed on Time	100.0%
Plan Objectives are Behavioral & Measurable	100.0%
Plan Reviews Completed On-Time (for those having reviews due)	NA
Documentation is signed, dated, and credentialed	100.0%
Mental Health Outcomes Completed	100.0%
FARS Completed	100.0%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	100.0%
Medication Orders Indicate Primary MD*	100.0%
Copy of Prescriptions in Clinical Record*	100.0%

\*Only rated for clients receiving medication

### Criminal Justice: JIP

Section	Average Total Percent (100% highest possible score)
Legal Information	100.0%
Screening and Admission	100.0%
Psychosocial Assessment/In-Depth Evaluation	100.0%
Initial/Preliminary Treatment Plan	100.0%
Wellness & Recovery Plans and Reviews	100.0%
Progress Notes	100.0%
Medication Orders (if applicable)	100.0%
Medical Progress Notes (if applicable)	100.0%
Discharge/Transition Reporting	100.0%

Content Area	% Compliant
Immediate/Urgent Needs Documented	100.0%
Consent to Treatment Signed	100.0%
Information Regarding Rights/Responsibilities	100.0%
Information Regarding Grievance Procedure	100.0%
Information on HIPAA	100.0%
Assessment Includes Presenting Problems	100.0%
Assessment Includes Needs & Preferences	100.0%
Interpretive Summary in Record	100.0%
Preliminary Plan Completed at Admission	100.0%

Wellness & Recovery Plan Completed on Time	100.0%
Plan Objectives are Behavioral & Measurable	100.0%
Plan Reviews Completed On-Time (for those having reviews due)	100.0%
Documentation is signed, dated, and credentialed	100.0%
Mental Health Outcomes Completed	100.0%
FARS Completed	100.0%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	100.0%
Medication Orders Indicate Primary MD*	100.0%
Copy of Prescriptions in Clinical Record*	100.0%

\*Only rated for clients receiving medication

**Adult Residential Substance Abuse Treatment: Keys to Recovery:** The program did not submit any Peer Reviews this quarter.

### Case Management

Section	Average Total Percent (100% highest possible score)
Legal Information	92.8%
Screening and Admission	93.4%
Psychosocial Assessment/In-Depth Evaluation	96.0%
Initial/Preliminary Treatment Plan	97.9%
Wellness & Recovery Plans and Reviews	84.3%
Progress Notes	97.4%
Medication Orders (if applicable)	94.7%
Medical Progress Notes (if applicable)	81.9%
Discharge/Transition Reporting	92.5%

Content Area	% Compliant
Immediate/Urgent Needs Documented	100.0%
Consent to Treatment Signed	83.3%
Information Regarding Rights/Responsibilities	92.9%
Information Regarding Grievance Procedure	81.8%
Information on HIPAA	83.3%
Assessment Includes Presenting Problems	100.0%
Assessment Includes Needs & Preferences	100.0%
Interpretive Summary in Record	100.0%
Preliminary Plan Completed at Admission	100.0%
Wellness & Recovery Plan Completed on Time	78.6%
Plan Objectives are Behavioral & Measurable	78.6%
Plan Reviews Completed On-Time (for those having reviews due)	75.0%
Documentation is signed, dated, and credentialed	90.0%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	100.0%
Medication Orders Indicate Primary MD*	91.7%
Copy of Prescriptions in Clinical Record*	100.0%

### Community Integration: Personal Growth Center

Section	Average Total Percent (100% highest possible score)
Legal Information	100.0%
Screening and Admission	92.8%
Psychosocial Assessment/In-Depth Evaluation	100.0%
Initial/Preliminary Treatment Plan	100.0%
Wellness & Recovery Plans and Reviews	66.7%
Progress Notes	100.0%
Medication Orders (if applicable)	NA
Medical Progress Notes (if applicable)	NA
Discharge/Transition Reporting	100.0%

Content Area	% Compliant
Immediate/Urgent Needs Documented	100.0%
Consent to Treatment Signed	100.0%
Information Regarding Rights/Responsibilities	100.0%
Information Regarding Grievance Procedure	100.0%
Information on HIPAA	100.0%
Assessment Includes Presenting Problems	100.0%
Assessment Includes Needs & Preferences	100.0%
Interpretive Summary in Record	100.0%
Preliminary Plan Completed at Admission	100.0%
Wellness & Recovery Plan Completed on Time	100.0%
Plan Objectives are Behavioral & Measurable	100.0%
Plan Reviews Completed On-Time (for those having reviews due)	NA
Documentation is signed, dated, and credentialed	100.0%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	100.0%
Medication Orders Indicate Primary MD*	NA
Copy of Prescriptions in Clinical Record*	NA

### Adult Substance Abuse

Section	Average Total Percent (100% highest possible score)
Legal Information	89.6%
Screening and Admission	92.9%
Psychosocial Assessment/In-Depth Evaluation	91.3%
Initial/Preliminary Treatment Plan	92.8%
Wellness & Recovery Plans and Reviews	79.4%
Progress Notes	97.8%
Medication Orders (if applicable)	82.1%
Medical Progress Notes (if applicable)	93.8%
Discharge/Transition Reporting	97.6%

Content Area	% Compliant
Immediate/Urgent Needs Documented	100.0%
Consent to Treatment Signed	100.0%
Admission ASAM Completed	88.2%

Admission SISAR Completed	94.1%
Information Regarding Rights/Responsibilities	94.1%
Information Regarding Grievance Procedure	94.1%
Information on HIPAA	94.1%
Assessment Includes Presenting Problems	94.1%
Assessment Includes Needs & Preferences	82.4%
Interpretive Summary in Record	76.5%
Preliminary Plan Completed at Admission	75.0%
Wellness & Recovery Plan Completed on Time	58.8%
Plan Objectives are Behavioral & Measurable	76.9%
Plan Reviews Completed On-Time (for those having reviews due)	63.6%
Documentation is signed, dated, and credentialed	100.0%
Continued Stay ASAM Completed On-Time	9.2%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	100.0%
Medication Orders Indicate Primary MD*	100.0%
Copy of Prescriptions in Clinical Record*	100.0%

### Children's Substance Abuse

Section	Average Total Percent (100% highest possible score)
Legal Information	90.2%
Screening and Admission	90.5%
Psychosocial Assessment/In-Depth Evaluation	94.6%
Initial/Preliminary Treatment Plan	52.3%
Wellness & Recovery Plans and Reviews	26.0%
Progress Notes	83.5%
Medication Orders (if applicable)	77.3%
Medical Progress Notes (if applicable)	89.3%
Discharge/Transition Reporting	53.6%

Content Area	% Compliant
Immediate/Urgent Needs Documented	88.2%
Consent to Treatment Signed	100.0%
Admission ASAM Completed	50.0%
Admission SISAR Completed	71.4%
Information Regarding Rights/Responsibilities	88.2%
Information Regarding Grievance Procedure	94.1%
Information on HIPAA	94.1%
Assessment Includes Presenting Problems	100.0%
Assessment Includes Needs & Preferences	100.0%
Interpretive Summary in Record	47.1%
Preliminary Plan Completed at Admission	42.8%
Wellness & Recovery Plan Completed on Time	22.2%
Plan Objectives are Behavioral & Measurable	22.2%
Plan Reviews Completed On-Time (for those having reviews due)	63.6%
Documentation is signed, dated, and credentialed	92.8%
Continued Stay ASAM Completed On-Time	12.5%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	100.0%

Medication Orders Indicate Primary MD*	87.5%
Copy of Prescriptions in Clinical Record*	75.0%

**Prevention: Life Skills**

Section	Average Total Percent (100% highest possible score)
Legal Information	92.3%
Screening and Admission	95.8%
Psychosocial Assessment/In-Depth Evaluation	96.1%
Initial/Preliminary Treatment Plan	100.0%
Wellness & Recovery Plans and Reviews	91.6%
Progress Notes	99.3%
Medication Orders (if applicable)	73.9%
Medical Progress Notes (if applicable)	57.2%
Discharge/Transition Reporting	87.5%

Content Area	% Compliant
Immediate/Urgent Needs Documented	92.9%
Consent to Treatment Signed	100.0%
Admission ASAM Completed	80.0%
Admission SISAR Completed	90.0%
Information Regarding Rights/Responsibilities	100.0%
Information Regarding Grievance Procedure	92.9%
Information on HIPAA	92.9%
Assessment Includes Presenting Problems	90.0%
Assessment Includes Needs & Preferences	75.0%
Interpretive Summary in Record	NA
Preliminary Plan Completed at Admission	100.0%
Wellness & Recovery Plan Completed on Time	83.3%
Plan Objectives are Behavioral & Measurable	83.3%
Plan Reviews Completed On-Time (for those having reviews due)	33.3%
Documentation is signed, dated, and credentialed	90.0%
Continued Stay ASAM Completed On-Time	87.5%
Progress Notes Contain Date of Service	100.0%
Progress Notes Contain Length of Service	92.3%
Medication Orders Indicate Primary MD*	75.0%
Copy of Prescriptions in Clinical Record*	50.0%

Fifty-three (53) of the charts audited were closed clinical records. Findings are as follows:

Content Area	% Compliant
Discharge Report Includes Reason for Discharge	86.5%
Discharge Report Includes Recommendations & Referrals	82.4%
Discharge Report Includes Evaluation of Progress	75.6%
Discharge/Transfer ASAM Completed	81.8%

## 2. Utilization Management

Objective:  $\geq 95\%$  of clinical records score  $\geq 95\%$  on the UM Review Form.

Type of Objective: *Quality Assurance: Efficiency*

The final version of the Utilization Management Review Form is not complete.

## 3. Billing, Documentation and Data Consistency

Objective:  $\geq 95\%$  of the clinical documentation will support the service tickets

Type of Objective: *Performance Improvement: Efficiency*

During the upcoming quarter, QI reviews will capture this information during quarterly monitoring. The Senior Clinical Officer will compare the documentation in the clinical records with the billing information obtained from accounting for that month.

## 4. Wellness and Recovery Plans and Reviews

Objective:  $\geq 95\%$  of clinical records will contain a Medication Wellness & Recovery Plan and the associated review

Type of Objective: *Performance Improvement: Efficiency*

62.5% of the files monitored contained a Medication Wellness & Recovery Plan when indicated. 80% of the charts containing a Medication Wellness & Recovery Plan had associated periodic reviews.

## D. Quality of Care and Service Provision

### 1. CCISC participation

Objective: 100% of programs will score COMPASS by the end of year.

Type of Objective: *Quality Assurance: Efficiency*

Guidance/Care Center remains actively involved in the CCISC initiative sponsored by the Florida Department of Children and Families. A representative has participated in meetings and activities. The agency currently is conducting the annual scoring of the COMPASS.

### 2. School Attendance

Objective: Children receiving mental health services will attend 86% of the available school days.

Type of Objective: *Performance Improvement: Effectiveness*

A slight decrease occurred in the percent of children attending at least 86% of the available school days from admission to discharge. At admission, only 82.8% of the children served attended 86% or more of the available school days. At discharge, 78.9% of the children served attended 86% or more of the available school days. A subsequent analysis compared only those children attending less than 100% of available school days at admission. Based on this analysis, only 44.4% attended 86% or more of the available school days at admission compared to 67.1% at discharge. Neither change, however, was significant.

3. Employment

Objective: 78% of the clients will have employment at discharge.

Type of Objective: *Performance Improvement: Effectiveness*

Based on the new algorithm from DCF, this analysis excluded retired and disabled persons, homemakers, students, persons on leave of absence, and incarcerated persons. Between January 1 and March 31, 2011 employment rates significantly increased from 47% at admission to 82.3% at discharge ( $Z = -2.488, p < .02$ ). More specifically, full-time employment increase from 29.4% to 58.8%; and part-time employment increased from 17.6% to 23.5%.

4. Days in Community

Objective: Adults receiving mental health services will increase the number of days in the community by discharge.

Type of Objective: *Performance Improvement: Effectiveness*

Overall, no significant difference occurred in the number of days in the community from admission to discharge. However, closer examination of the data revealed that 87.1% of the clients served were in the community for 30 days at admission. Therefore, a subsequent analysis examined only those clients in the community for less than 30 days at admission. Thirty-six (36) cases met this criterion. Based on this analysis, the number of days in the community significantly increased from admission to discharge, increasing from 5 days to 13 days [ $t(22) = -3.072, p < .007$ ]. Similarly, the number of clients increasing the days in the community increased significantly ( $Z = -2.546, p < .02$ ) with 34.8% of the clients exhibiting improvement. None (0%) of the clients showed a decrease in days in the community.

## 5. CGAS Scores

Objective: 74% of the children discharged from mental health services will show improvement

Type of Objective: *Performance Improvement: Effectiveness*

CGAS scores at admission and discharge were available for 35 cases between January 1 and March 31, 2011. The children exhibited an increase in overall functioning on CGAS scores increasing from 60 at admission to 63 at discharge. This increase, however, was not significant statistically. 42.8% of the youth increased CGAS scores at discharge. Nearly 26% of the youths' scores were the same as admission, and 28.5% decreased at discharge compared to admission.

## 6. Alcohol and Drug Use

Objective: 75% of clients will reduce alcohol/drug use from admission to discharge

Type of Objective: *Performance Improvement: Effectiveness*

The percentage of clients "Not Using Any Substances" in the past 30 days increased from 0.0% at admission to 60.0% at discharge. Conversely, the percentage of clients reporting "Daily" use decreased from 100% at admission to 40.0% at discharge.

## 7. Social and Emotional Functioning

Objective: 75% of children will show improved functioning.

Type of Objective: *Performance Improvement: Effectiveness*

This quarter G/CC conducted an exploratory analysis of the data available from the CFARS. The analyses used the depression, anxiety, and trauma related items. Across all children's programs, the children did not exhibit any improvement on these factors from admission to discharge. The Evaluator will explore the data more fully. Staff may require re-training on the CFARS to ensure proper and accurate coding.

## **E. Safety and Security**

### 1. Incident Reports

Objective: 99% of reportable incidents will be provided to appropriate external entity.

Type of Objective: *Quality Assurance: Efficiency*

Between January 1 and March 31, 2011, G/CC reported 100% of the reportable incidents to the appropriate external entity as required.

The status of the incidents is as follows:

Closed % (#)	Reviewed % (#)	Pending % (#)	Total
17.8 (13)	26.0 (19)	56.2 (41)	73

Facility	Closed % (#)	Reviewed % (#)	Pending % (#)	Total
Key Largo	71.4 (5)	0.0 (0)	28.6 (2)	7
Marathon	0.0 (0)	27.8 (15)	72.2 (39)	54
Key West	100. (12)	0.0 (0)	0.0 (0)	12

The breakdown of the incident reportable type is below:

Immediately Reportable % (#)	Reportable % (#)	Non-Reportable % (#)	Total
37.0 (27)	42.5 (31)	20.6 (15)	73

### Facility Breakdown

	Immediately Reportable % (#)	Reportable % (#)	Non-Reportable % (#)	Total
Key Largo	6.8 (5)	1.4 (1)	1.4 (1)	7
Marathon	24.7 (18)	34.2 (25)	15.1 (11)	54
Key West	5.5 (4)	6.8 (5)	4.1 (3)	12

### Incident Category Breakdown

Incident Category	Number	Percent of Total
Abuse/Neglect	6	8.2
Alcohol/Drugs	0	0.0
Behavior	8	10.9
Client Grievance	6	8.2
Disaster	0	0.0
Illness/Injury	20	27.4
Left Treatment/Elopement	3	4.1
Medication Error	3	4.1
Operations	0	0
Other	8	10.9
Safety	6	8.2
Sexual	3	4.1
Suicide/Self Harm	2	2.7
Violence	8	10.9

### Hours of Day Breakdown

Time of Day	Number	Percent Total
Morning (12 am – 11:59 am)	23	31.5
Afternoon (12 pm – 4:49 pm)	20	27.4
Evening (5 pm – 11:59 pm)	30	41.1

## **Day of Week Breakdown**

<b>Day of Week</b>	<b>Number</b>	<b>Percent Total</b>
Sunday	11	15.1
Monday	16	21.9
Tuesday	14	19.2
Wednesday	11	15.1
Thursday	9	12.3
Friday	7	9.6
Saturday	5	6.8

### 2. Emergency Drills

Objective: 95% compliance rate with the drill schedule

Type of Objective: *Quality Assurance: Efficiency*

During this quarter, all (100%) of the required drills were completed in Key West, Marathon, and Key Largo.

## **F. Staff Development**

### 1. Annual Training

Objective:  $\geq 95\%$  of all staff will complete 20 hours of annual training

Type of Objective: *Performance Improvement: Efficiency*

WestCare currently is developing a database so that G/CC can track this objective more efficiently and effectively.

<b>Training Topic</b>	<b>Number Staff Completing</b>
GAIN Clinical Interpretation	20
Health & Safety	6
HIV	11
CPR	4
TACT	9
Targeted Case Management	9
Motivational Interviewing	10
IHOS	30

## **G. Follow-Up Rates**

### 1. GAIN and GPRA Follow-Up Rates – CSAT Offender Re-Entry Grant

Objective: Increase 3-month GAIN and GPRA follow-up rates to a minimum of 80%

Type of Objective: Performance Improvement: Efficiency

<b>Assessment</b>	<b>3-Month</b>	<b>6-Month</b>	<b>12-Month</b>
GPRA	NA	75.9%	NA
GAIN	78%	61.0%	33.0%

The Offender Re-Entry Program 3-month GAIN follow-up rate is 78%, falling slightly below the federal requirement of 80%. This rate, however, is an improvement over last quarter (76.0%). The 6-month GAIN follow-up rate remains significantly below the required 80%. This rate also decreased from last quarter (64.0%). This is the first quarter that 12-month GAIN follow-ups were due. The rate is significantly below the required 80%. The Offender Re-Entry Program does not require 3- and 12-month GPRA follow-up. The 6-month follow-up rate is below the mandated 80%. This rate also is lower than last quarter (77.8%). However, the Key's rate is higher than the national average for this grant program (70.9%).