

# FY2022 Outcomes Report

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PERFORMANCE IMPROVEMENT PLAN OUTCOMES

Quality Improvement & Compliance

TRI-COUNTY MENTAL HEALTH SERVICES, INC. | 3100 N.E. 83RD ST., SUITE 1001, KANSAS CITY, MO 64119

## Human Resources Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Staff Retention	Annual staff retention rate will be 75% or greater.	Annual review of turnover data	71%	78% 84%	Goal not met. Continue to monitor in FY23.
Employee Satisfaction	Overall scores for satisfaction on the annual employee satisfaction survey will be 80% or greater.	Satisfaction scores on annual employee satisfaction survey	74%	No data No data	Goal not met. Continue to monitor in FY23.
Timely Performance Evaluations	95% of staff will receive their annual performance evaluation within 30 days of due date.  95% of new staff will receive their 90 day review within 30 days of due date.	Audit of personnel files	98% annual eval.  94% new staff	97% annual eval. 100% new staff  99% annual eval. 94% annual eval.	Goal met for annual; goal not met for 90-day. Continue to monitor in FY23.

## Financial Services Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Accounts Receivable	Days in Net AR will be less than or equal to 45 days.	Accounts Receivable detail report produced on a monthly basis	80	14 8	Goal not met. Continue to monitor in FY23.
Collections	Percentage of write-offs will be 2% or less.	Write-offs as a percentage of total billings from reports from Avatar	0.89%	0.96% 1.65%	Goal met. Continue to monitor in FY23.
Effective Cash Management	Average daily balance will be greater than or equal to \$1,000,000 monthly.	Average daily balance as reported on the Financial Summary sheet monthly	\$9,719,430	\$9,400,018 \$5,633,359	Goal met. Continue to monitor in FY23.
Provider Satisfaction	90% or greater of providers will report that they receive payments in a timely manner.	Percentage as measured on the annual provider satisfaction survey	100%	100% No data	Goal met. Continue to monitor in FY23
Credits	100% of credits will be completed within 60 days of identifying an overpayment.	Monitoring of known overpayments	91%	99% 99%	Goal not met. We had one quarter (2 <sup>nd</sup> quarter) where multiple credits were missed which brought the total down. We have changed procedures since then and we were at 100% for the last two quarters of the year. Continue to monitor in FY23

## Adult Community Psychiatric Rehabilitation Services (Adult Case Management) Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	55% of clients receiving a level of community support services will experience an increase in total functional assessment score from admission to follow-up assessment.	Percentage of clients who received an increase in total functional assessment score	63%	69% 42%	Goal met. Increase to 60% and continue to monitor in FY23. Add goal to get baseline on % of clients who are successfully discharged.
Effectiveness	95% of individuals receiving case management will report that their case manager helps them achieve their treatment plan goals.	Percentage as measured by satisfaction survey	100% 100%-MHR ND%-Skylander 100%-TC	97%  No data	Goal met. Continue to monitor in FY23.
Efficiency	90% of treatment plans will be updated as needed, or there will be acceptable documentation of why it was not updated.	Review of treatment plans in quarterly audits	71% 83%-MHR 70%-Skylander 53%-TC	81%  77%	Goal not met. Change goal to “90% of DLAs will be completed on time, or there will be acceptable documentation on file.”  Add 90% of ITCD clients will have a SATS-R completed every 90 days.
Access	90% of individuals receiving case management will report that their case manager returns their calls.	Percentage as measured by satisfaction survey	100% 100%-MHR ND%-Skylander 100%-TC	98%  No data	Goal met. Continue to monitor in FY23.
Access	When a new episode is opened, staff will attempt to contact 95% of the clients within 5 business days.	Percentage as measured on monitoring report	85% 89%-MHR 100%-Skylander 81%-TC		Goal not met. This was primarily due to staff shortages and turnover during the year. Reduce to 90% and continue to monitor in FY23.
Satisfaction	95% of consumers receiving case management will report overall satisfaction with the services they receive.	Percentage as measured by case management satisfaction survey	100% 100%-MHR ND%-Skylander 100%-TC	92%  No data	Goal met. Continue to monitor in FY23.

## Adult Psychosocial Rehabilitation Services (Adult Community Integration) Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	90% of consumers receiving PSR services will report that the Day Program has a positive impact on their life.	Percentage as measured by satisfaction survey	91% North: 96% Rising: 97% Shooting: 78%	86% North: 84% Rising: 85% Shooting: 89% No data	Goal met. Continue to monitor in FY23.
Effectiveness	90% of consumers receiving PSR services will report that the Day Program helps them cope with mental health issues.	Percentage as measured by satisfaction survey	86% North: 91% Rising: 88% Shooting: 78%	86% North: 84% Rising: 85% Shooting: 89% No data	Goal not met. Continue to monitor in FY23.
Efficiency	50% or more of programming for the 3-day programs will consist of wellness/recovery activities.	Percentage as measured by weekly activities calendars	49% North: 53% Rising: 46% Shooting: 49%	60% Rising: 60% Shooting: 60% 53%	Goal not met. This goal is difficult to track and time consuming. Change goal to “Review current procedure/processes for completing PSR weekly notes. Determine any inefficiencies and implement any changes needed.”
Access	Explore adding a new van route to open access for clients in Smithville.		Explored, but there were not enough clients to make it worth adding this additional route.	Not measured	Goal met. Change goal to “PSR team leads will meet with assessment team and at least 2 other departments (as determined by PSR team leads) to educate staff about the PSR programs in an effort to increase referrals/access.”
Satisfaction	85% of consumers attending the Day Program will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.	Percentage as measured by satisfaction survey	88% North: 83% Rising: 88% Shooting: 86%	79% North: 88% Rising: 80% Shooting: 68% No data	Goal met. Continue to monitor during FY23.
Satisfaction	85% of consumers attending the Day Program will report that they are satisfied with the educational and support groups provided daily.	Percentage as measured by satisfaction survey	89% North: 85% Rising: 88% Shooting: 95%	86% North: 76% Rising: 92% Shooting: 89% No data	Goal met. Continue to monitor during FY23.

## Children’s Psychiatric Rehabilitation Services (Youth Case Management) Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	95% of clients in services will not be hospitalized for psychiatric reasons while participating in children’s community-based services.	Percentage as measured by program tracking	96%	97% 97%	Goal met. Continue to monitor in FY23.
Efficiency	100% of client treatment plans will include all services client is receiving.	Percentages as measured during audits	83% COC: 61% Critt: 97% WB: 83% TC: 33%	96% COC: 100% Critt: 97% WB: 90%  91%	Goal not met. We are doing some additional training and changing some processes to improve adherence. Reduce to 90% and continue to monitor in FY23.
Efficiency	100% of assessments will include justification for level of care.	Percentages as measured during audits	90% COC: 88% Critt: 100% WB: 89% TC: 83%	96% COC: 100% Critt: 97% WB: 91%  91%	Goal not met. We are doing some additional training and changing some processes to improve adherence. Reduce to 95% and continue to monitor in FY23.
Access	90% of clients/families referred for children’s community-based services will be contacted within 5 business days of staff receiving the referral.	Percentage as measured by the waiting list	97%	99% 94%	Goal met. Continue to monitor in FY23.
Satisfaction	95% of families receiving in-home services will report satisfaction with the way their crisis situations were handled.	Percentage as measured on the satisfaction survey	100% Critt: 100% WB: 100%	100% No Data	Goal met. Continue to monitor in FY23.
Satisfaction	95% of youth and families receiving in-home services will report overall satisfaction with services.	Percentage as measured on the satisfaction survey	100% Critt: 100% WB: 100%	100% No Data	Goal met. Continue to monitor in FY23.

## Intake (Assessment and Referral) Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	90% of clients who completed an intake will report that the intake clinician explained to them what to expect next from the intake process.	Percentage as measured on the satisfaction survey	98%	100% 97%	Goal met. Increase to 95% and change to “intake staff” and continue to monitor in FY23.
Effectiveness	90% of clients who completed an intake will report that the intake clinician was sensitive when asking about difficult experiences.	Percentage as measured on the satisfaction survey	100%	100% 100%	Goal met. Discontinue goal.
Efficiency	90% of intake assessments will be completed within 3 business days.	Percentage as measured by program tracking records	73%	77%	Goal not met. Will look at training on concurrent documentation and will also talk with supervisors who are “approving” documentation about reviewing documentation more quickly in the future in case any changes need to be made. Continue to monitor in FY23.
Access	Implement a new process for gathering guardian information/consent to streamline process and remove barriers.		No data	Not measured	Goal not met. We started this process, however, due to staff turnover we were not able to finish it this year. We still plan to implement this, but will look at a different access goal this year. Replace goal with “explore the possibility to offer telehealth as a long-term option for intake assessments.”
Satisfaction	95% of clients who completed an intake will report that the intake clinician and other staff they had contact with were respectful to their cultural background.	Percentage as measured on the satisfaction survey	100%	100% 100%	Goal met. Continue to monitor in FY23.
Satisfaction	95% of clients who completed an intake will report that they are satisfied overall with the intake process.	Percentage as measured on the satisfaction survey	100%	100% 100%	Goal met. Continue to monitor in FY23.

## Crisis Services (Crisis Intervention) Outcome Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	80% of youth participating in Clay County Short Term Crisis Therapy services will have an improvement in a PHQ-9 from intake to final therapy session.	Percentage of clients who improve their score	88%	89% Not measured	Goal met. Increase goal to 85% of youth receiving crisis therapy services will have a decrease in the PHQ-9 score.
Effectiveness	75% of adults on the Enhanced Care Pathway will be discharged successfully within 6 months.	Percentage as measured on program tracking records	66%	Not measured	Goal not met. We are seeing additional clients referred to the ECP with very significant issues, causing them to need to be on the pathway longer. Reduce to 70% and continue to monitor in FY23.
Efficiency	90% of clients requiring crisis face-to-face interventions will receive follow up that includes attempted outreach by a Crisis team member within 2 business days.	Percentage as measured on program tracking records	96%	98% Not measured	Goal met. Continue to monitor in FY23.
Efficiency	90% of clients referred to the Enhanced Care Pathway will receive initial contact by a Crisis team member within 2 business days.	Percentage as measured on program tracking records	100%	98% 64%	Goal met. Discontinue goal.
Efficiency	Safety Plans will be completed on 100% of clients on the Enhanced Care Pathway.	Percentage based on review of Safety Plans	92%	91% 97%	Goal not met. We are continuing to train clinicians and monitor this. Continue to monitor in FY23.
Access	90% of clients requiring a face-to-face intervention for after-hours crisis services will be seen within 90 minutes from initial contact.	Percentage as measured by quality assurance tracking	No data	No data 96%	The hospitals are still not having our crisis clinicians come on site for face-to-face assessments. We are utilizing telehealth for these services. We are tracking pager response time and response time to clients once contacted. Replace goal 95% of pages to the on-call clinician from the crisis line will be responded to within 10 minutes. And 95% of clients calling the crisis line that were referred to the on-call clinician were responded to within 5 minutes from



					the clinician receiving the information from the crisis line.
Satisfaction	90% of clients will report that they are satisfied with the help or solutions they received from the crisis staff.	Percentage as measured on the satisfaction survey	83%	100% Not measured	Goal not met. We did not have very many clients respond to our requests to complete surveys, which may have skewed the results. We will look at ways to increase the number of surveys completed in order to get more accurate results in the future. Continue to monitor in FY23.

## Medication Services Outcomes Report- FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	60% of clients will report that as a result of their services with my doctor/APRN, their symptoms are not bothering them as much.	Percentage as measured on satisfaction survey	85%	62% Not measured	Goal met. Increase to 70% and continue to monitor in FY23.
Efficiency	90% of clients receiving Medication Services will receive written medication education.	Percentage as measured by treatment records	89%	88% 77%	Goal not met, but very close and an improvement from last year. This year progress notes were included in the numbers. In the future, continue to track the percentage of forms that are used, rather than including progress notes. Continue to monitor in FY23.
Efficiency	85% of treatment plans will be completed within three visits and annually.	Review of all clients with med management appointments during a particular month	60%	76% No Data	Goal not met. We will continue to train staff and develop additional monitoring procedures. Continue to monitor in FY23.
Efficiency	A Suicide Risk Assessment will be completed for 90% of individuals in Medication Services.	Percentage of individuals in Medication Services who have had Suicide Risk Assessment completed	100% adults 97% youth	89% 97% adults 90% youth	Goal met. Continue to monitor in FY23.
Efficiency	At least 50% of clients receiving Medication Services (ages 18 and older) will be screened for unhealthy alcohol use and will receive follow-up if screened positive.	Measures Reporting database within EMR	47%	53% 52%	Goal not met. We will educate/retrain our staff on the requirements for this measure. Continue to monitor in FY23.
Access	Reduce time adult clients are waiting for an initial psychiatric evaluation compared to FY21.	Number of days a client has to wait	68	Adult: 57 Adult: 43	Goal not met. We have recently hired an additional APRN in hopes to reduce wait times. Continue to monitor – reduce compared to FY22.
Satisfaction	90% of clients will report overall satisfaction with their provider.	Percentage as measured on satisfaction survey	98%	91% Not measured	Goal met. Continue to monitor in FY23.

## Outpatient Therapy Services Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	90% of clients in traditional Outpatient Therapy will report that they are better at handling daily life.	Percentage as measured on the satisfaction survey	99%	98% 97%	Goal met. Increase to 95% and continue to measure in FY23.
Effectiveness	90% of clients participating in DBT will report that DBT has helped them to be more effective in their interactions with others.	Percentage as measured on the satisfaction survey	100%	No data 97%	Goal met. Increase to 95% and continue to monitor in FY23.
Effectiveness	90% of clients participating in DBT will report that they are better able to cope with their problems.	Percentage as measured on satisfaction survey	100%	No data 92%	Goal met. Continue to monitor in FY23.
Effectiveness	90% of clients participating in DBT will report that they are emotionally regulated.	Percentage as measured on satisfaction survey	100%	No data 92%	Goal met. Continue to monitor in FY23.
Effectiveness	90% of clients participating in Outpatient Therapy will report as a result of therapy they feel they are making progress on achieving their treatment plan goals.	Percentage as measured on the satisfaction survey	98%	98% 98%	Goal met. Increase to 95% and continue to monitor in FY23.
Efficiency	95% of treatment plans for individuals in therapy will be completed by the 3 <sup>rd</sup> visit.	Percentage as determined by chart audits	74%	87% 78%	Goal not met. We will continue to provide additional training and monitor closely. Reduce goal to 90% and continue to monitor in FY23.
Access	Add at least 1 contract therapist and 1 full time in-house therapist.		6 contract therapists added. 1 full time in-house therapist added.	Not measured	Goal met. However, we also had several contract therapists leave this past fiscal year which unfortunately did not leave us with an increase in therapy availability with our contractors. The addition of our in-house therapist did assist us. Replace goal with “One additional contract therapist will be added.”
Satisfaction	90% of clients in traditional Outpatient Therapy will report overall satisfaction with therapy.	Percentage as measured on satisfaction survey	100%	100% 99%	Goal met. Increase to 95% and continue to monitor in FY23.
Satisfaction	95% of clients in traditional Outpatient Therapy will report that they feel they can trust their therapist.	Percentage as measured on satisfaction survey	100%	100% 99%	Goal met. Change wording to “I can trust my therapist to be compassionate, nonjudgmental and respectful towards me” and continue to monitor in FY23.

## Employment Services Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	45% of individuals served will obtain employment within 120 days of receipt of VR authorization.	Percentage of clients who obtained employment within 120 days	43%	45% 38%	Goal not met. The employment services department experienced challenges this year with turnover. In addition, they had several clients that initially engaged and then could not be located or were experiencing significant symptoms. Continue to monitor in FY23.
Effectiveness	60% of persons obtaining employment through Supported Employment will maintain their job 90 days.	Percentage of clients who have maintained employment 90 days	62%	63% 55%	Goal met. Continue to monitor in FY23.
Efficiency	50% of clients accepted in Employment Services will be presented (via face-to-face or phone) to an employer within 30 days of VR authorization.	Percentage of clients presented to an employer face-to-face within 30 days of VR authorization	32%	35% 30%	Goal not met. See explanation above. Reduce to 40% and continue to monitor in FY23.
Access	Employment Services Manager will initiate contact with 75% of new referrals within 10 business days.	Percentage as measured by program records	51%	Not measured	Goal not met. See explanation above. Change goal to “ES Manager or designee...” and continue to monitor in FY23.
Satisfaction	90% of clients will report overall satisfaction with Employment Services.	Percentage as measured on the satisfaction survey	94%	100% 100%	Goal met. Continue to monitor in FY23.

## Prevention and Wellness Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	Three or more environmental strategies will be implemented that serve to reduce underage use of AOTD or increase mental wellness.	Evaluation results for events, policy development, compliance check, social marketing/media	4 strategies 1.Operation Delta-Free Youth 2.Reward and Remind 3.School Policy 4.Developed new Fentanyl social marketing campaign	Not measured	Goal met. Continue to monitor in FY23.
Efficiency	Implement three of more strategies that share youth-focused information and resources directly to youth.	Evaluations of educational strategies and use of analytics	3 strategies implemented: 1.How Full is your Cup 2.Camp Mindful 3.Hope Squad 4.Impaired Driving	Not measured	Goal met. Continue to monitor in FY23.
Access	85% of Coalition members and/or partners will report that TCMHS prevention staff are accessible to address their needs/requests.	Percentage as measured on volunteer survey	78%	100% 90%	Goal not met. Survey return rates were lower than expected, which may have skewed results. Continue to monitor in FY23.
Satisfaction	85% of Coalition volunteers will report that they are satisfied with their involvement in TCMHS prevention programs and coalitions.	Percentage as measured on the volunteer survey	78%	89% 83%	Goal not met. Survey return rates were lower than expected, which may have skewed results. Continue to monitor in FY23.

## Adolescent CSTAR Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	65% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at the time of discharge.	Percent of client who abstained from alcohol and other substances upon discharge, as measured by discharge summary report	100%	100% 0%	Goal met. Continue to monitor for FY23.
Efficiency	Increase family/guardian outreach.	Number of client charts where it's documented that clients' family is involved in treatment or outreach was made to family.	Outreach demonstrated	Not measured	Goal met. Change goal to 50% of charts audited will have documentation of family/guardian outreach.
Access	85% of clients and parents/caregivers of clients in Adolescent CSTAR services will report that services were offered at times that were convenient for them.	Percentage as measured on satisfaction survey	100%	100% 50%	Goal met. Increase to 90% and continue to monitor for FY23.
Satisfaction	90% of clients in the Adolescent CSTAR program will report that they feel accepted by the treatment team.	Percentage as measured on satisfaction survey	100%	No data 100%	Goal met. Continue to monitor for FY23.

## Adult CSTAR Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	65% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at time of discharge.	Percent of client who abstained from alcohol and other substances upon discharge, as measured by discharge summary report	63%	67% 77%	Goal not met. Continue to monitor in FY23.
Effectiveness	90% of clients in the Adult CSTAR program will report that they are better able to cope when things go wrong.	Percentage as measured on satisfaction survey	100%	95% Parvin (no Richmond data)  No data	Goal met. Continue to monitor in FY23.
Efficiency	Add a family education group.	Measured by evidence of family education group	Group added	Not met Not measured	Goal met. Discontinue goal.
Efficiency	Recovery Support Specialist will provide increased services in FY22.	Number of services provided through program records.	527 services in FY22 compared to 18 in FY21.	Not measured	Goal met. Change goal to “50% of clients will have an aftercare plan completed within the first 30 days.” (write a plan to compare admission date and plan date and distribute quarterly)
Access	95% of clients in CSTAR will report that services are available at times that are good for them.	Percentage as measured on satisfaction survey	98% 97% Parvin 100% Richmond	95% Parvin (no Richmond data)  No data	Goal met. Continue to monitor in FY23.
Satisfaction	95% of clients in CSTAR programs will report that staff responds to their needs.	Percentage as measured on satisfaction survey	100%	93% Parvin (no Richmond data)  No data	Goal met. Continue to monitor in FY23.
Satisfaction	95% of clients in CSTAR will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey	95% 95% Parvin 100% Richmond	100% Parvin (no Richmond data)  No data	Goal met. Continue to monitor in FY23.

## Treatment Court Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	85% of clients in the Ray, Platte & Clay Drug Court and Platte Co. DWI Court program will abstain from alcohol & drug use by time of d/c.	Percentage as measured on discharge summary	85%	91% 91%	Goal met. Continue to monitor in FY23.
Efficiency	95% of treatment plans will be completed annually, or there will be acceptable documentation of why not completed annually.	Review of treatment plans in audits	100%	100% 100%	Goal met. Change goal to “if services are not provided in person, appropriate documentation will be provided to justify location 90% of the time.”
Access	85% of clients receiving services through DWI Court and Drug Court will report that services were offered at times that were convenient for them.	Percentage as measured on satisfaction survey	97% Ray: 100% Platte Drug: 100% Platte DWI: 86% Clay: 100%	85% Ray: 55% Platte Drug: 100% Platte DWI: 83% Clay: 100% 83% Ray: no data Platte Drug: 93% Platte DWI: 75% Clay: 81%	Goal met. Change goal to “While waiting for access to treatment after they have pled into the program, 90% of clients will be provided a monthly support service that includes an assessment of need.”
Satisfaction	90% of clients in Drug Court and DWI Court programs will report that staff respond to their needs.	Percentage as measured on satisfaction survey	100% Ray: 100% Platte Drug: 100% Platte DWI: 100% Clay: 100%	96% Ray: 100% Platte Drug: 100% Platte DWI: 94% Clay: 93% 100% Ray: no data Platte Drug: 100% Platte DWI: 100% Clay: 100%	Goal met. Continue to monitor in FY23.
Satisfaction	95% of clients in Drug Court and DWI Court programs will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey	100% Ray: 100% Platte Drug: 100% Platte DWI: 100% Clay: 100%	99% Ray: 100% Platte Drug: 100% Platte DWI: 94% Clay: 100% 100% Ray: no data Platte Drug: 100% Platte DWI: 100% Clay: 100%	Goal met. Continue to monitor in FY23.



## Outpatient Opioid Treatment Outcomes Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	75% of clients will report that services received helped them deal more effectively with substance use.	Percentage as measured on satisfaction survey	100% (4 clients surveyed)	95% 28%	Goal met. Continue to monitor in FY23.
Efficiency	80% of MAT clients will have documentation in their chart of education on overdose prevention, recognition and response.	Percentage as measured on program reports	100%	67% 60%	Goal met. Continue to monitor in FY23. Add additional goal “75% Treatment Plans audited will reflect MAT services.”
Access	Add at least one STREVAL appointment will be available on 80% of clinic days.	Percentage as measured on program reports	73%		Goal not met. Continue to monitor in FY23.
Satisfaction	90% of MAT clients will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey	100% (4 clients surveyed)	100% No data	Goal met. Continue to monitor in FY23.

## Healthcare Home Outcome Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2021 Outcome	Comp to FY20 FY19	Action
Effectiveness	55% of individuals enrolled in HCH will show improvement in out-of-range results in A1c.	Percentage as measured on program reports	57%	Not measured	Goal met. Continue to monitor in FY23.
Efficiency	75% of clients will have an HCH Health Screening completed in FY22.		67%	Not measured	Goal not met. Change to two different goals. 80% of HCH Medicaid clients will have a screening completed during FY23 (as measured by Care Manager). 65% of HCH Non-Medicaid clients will have a screening completed during FY23 (as measured by Avatar).
Access	90% of enrollees will report they have a Primary Care Physician and they understand how and when to access the provider or if not they were provided resources on Primary Care Physicians in the community.	Percentage as measured on program reports (know before you go handout) everyone is offered help in getting connected but this isn't trackable at this point	98% identified 100% notified	99% 95%	Goal met. Replace goal with "Provide Primary Care services on site."
Satisfaction	90% of HCH members will report overall satisfaction with the HCH services they receive.	Percentage as measured on satisfaction survey	100%	100% 97%	Goal met. Increase to 95% and continue to monitor in FY23.

## School Based Services Outcome Report – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2022 Outcome	Comp to FY21 FY20	Action
Effectiveness	90% of students report they feel they are in control of their emotions and can choose to make safe choices.	Percentage as measured on satisfaction survey	76%	83% Not measured	Goal not met. Edit goal to read “feel like I can control my emotions better” and continue to monitor in FY23. Low number due to “neutral” from Q2 (we eliminated “neutral” from Q4 survey). Would have been 90% if neutrals were included.
Efficiency	There will be a 10% increase in students served.	Percentage as measured by program records	13%	51% increase Not measured	Goal met. Increase goal to 15% and continue to monitor in FY23.
Access	Add a therapy clinician to provide services in Missouri City.	Evidenced by additional staff added	Clinician added	Not measured	Goal met. Replace goal with “An additional day of services will be added in Missouri City.”
Access	Add an additional day of services to the Excelsior Springs and Liberty school districts.	Evidenced by additional day added	Additional clinicians and days	Not measured	Goal met. Replace goal with “Increasing access to Expressive Therapy by developing an Expressive Therapy Internship and piloting a Recreational Therapy position.”
Satisfaction	90% of school personnel will report that requests for information about our services, or about an individual receiving services, are responded to in a timely manner.	Percentage as measured on satisfaction survey	98%	87% 100%	Goal met. Continue to monitor in FY23.
Satisfaction	90% of students will report that they are satisfied with the therapeutic services they have received.	Percentage as measured on satisfaction survey	95%	91% Not measured	Goal met. Low number due to “neutral” from Q2 (we eliminated “neutral” from Q4 survey). Would have been 98% if neutrals were not included. Continue to monitor in FY23.

## Youth PSR – FY22

Category of Measurement	Outcome Objective	Measurement Tool	FY2021 Outcome	Comp to FY20 FY19	Action
Effectiveness	90% of youth will report that attending Youth PSR programs has a positive impact on their life.	Percentage as measured on satisfaction survey	100%	Not measured	Goal met. Continue to monitor in FY23.
Efficiency	95% of Treatment Plans will include PSR service interventions and will be signed by PSR supervisor.	Percentage as measured in program audits	No Data	Not measured	Not measured. Continue to monitor in FY23.
Access	Telehealth PSR groups will be offered as an on-going option to reduce barriers.	Measured by program records	Met	Not measured	Goal met. Change goal to “Telehealth PSR Parent groups will be offered as an on-going option to reduce barriers.” Add goal “Transportation will be offered for in-person PSR Youth groups.”
Satisfaction	85% of consumers attending the Day Program will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.	Percentage as measured on satisfaction survey	100%	Not measured	Goal met. Continue to monitor in FY23. Add goal “85% of consumers attending the PSR Parent group will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.”



# Client Comments

- ❖ Thank you for providing a safe environment.
- ❖ Telehealth is the best thing that has happened on my therapy journey.
- ❖ The support and feedback are great and very helpful in making positive choices in a new way of life.
- ❖ Thank you ALL for taking the time to listen without judgment.
- ❖ Telehealth (phone/video sessions) have been a lifesaver for me, as my disability often prevents me from driving, or even leaving the house.
- ❖ I can't imagine how my life would be now without the insight and tools my therapist has shared with me. Eternally grateful!
- ❖ My therapist is caring and compassionate. She has helped me set boundaries and continues to push me to be stronger. She is a godsend and large reason why I'm still alive.
- ❖ The treatment I am receiving here at Tri-County makes me look forward to each and every visit. Great staff!