



ABC Recovery Center

Performance Measure Tracking

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Performance Measurement Guide

This document is designed for ABC Recovery Center staff and includes summarized information on the most essential elements for meeting CARF standards. Each subsequent section identifies the CARF (Commission on Accreditation of Rehabilitation Facilities) standards for performance measurement, questions to be completed for each standard, and then the specific activity/program and data tracking within ABC Recovery Center that aligns with the standard(s). Below are some best practices with data collection from the CARF Behavioral Health Standard Manual.

Tracking/collecting data on meeting program objectives should be performed consistently and accurately to capture the intended objective. In other words, when data are collected, the data should be collected *completely* (i.e., all questions assessed at the beginning/ending of services and other time points, etc.) and *accurately* (i.e., data inputted correctly, data verified, etc.).

It is recommended that certain positions regularly audit data collection to ensure completeness/accuracy, identifying potential problems early on along with plans to improve. Additionally, new and existing personnel should be trained on data collection and reporting elements. Data should be reported at specific intervals (quarterly and annually), results shared, and plans to discuss maintenance/improvement commence.

Valid Measurements

Data collected should indeed measure what it was intended to measure. This means the program's objective should align with the performance indicator. Ensuring measures are valid can be accomplished through subject matter experts (i.e., consulting with clinicians and developing questions) and existing/published measurement/assessment tools. For example, if a specific program aims to reduce generalized anxiety among patients, but only social anxiety measures are in place, then the measurements are invalid.

Reliable Measurements

Data obtained should be measured consistently and should produce consistent results. Like before, using reliable measures can be accomplished through subject matter experts (i.e., consulting with clinicians and developing questions) and existing/published measurement/assessment tools. For example, reliable measures mean that if generalized anxiety is found in patient X today, it should also be found tomorrow. We only expect deviations when the patient goes through and completes treatment.

Relevant Information

In addition to tracking/collecting data on meeting program objectives, relevant information about all persons should also be collected. This information includes essential demographics and any other pieces important to your department/organization. These include, at a minimum, demographics such as race/ethnicity, gender, age, sexual orientation, and poverty status (monthly income and household size). Other information may also be important to collect, such as spiritual beliefs and languages spoken.

Generally, all questions asked of persons/clients should be phrased simply and concisely and be appropriate for their age, developmental level, language, and culture.

CARF Standards

There are several CARF standards to be assessed. Each program of ABC Recovery Center must collect data to meet these standards.

- 1) Results achieved (effectiveness)
- 2) Experience of services from persons served
- 3) Stakeholders served
- 4) Resources used
- 5) Service access
- 6) Business Function

Lastly, although not mentioned as a standard, *business function* is also required for tracking.

Questions for each CARF Standard

Additionally, each standard has a set of questions to be determined. These include the following:

- 1) What are the objectives of this program?
- 2) What are the performance indicators?
- 3) Who does the performance indicator apply to?
- 4) Who (person/title) is responsible for collecting these data?
- 5) What is the source from which data will be collected?
- 6) What are the timeframes for the collection of data?
- 7) What is the performance target?

Additional information regarding each of the aforementioned questions is provided on subsequent pages.

Examples and Information for each Question assessing CARF Standards

1. What are the objectives for this program?

Each program seeking accreditation should have program service objectives listed.

2. What are the “performance indicators”?

These can include a variety of indicators and depend on which CARF standard (**a. effectiveness, b. persons served and their experience in the program, c. stakeholder feedback, d. efficiency, and e. access**) is being attended to. Overall, these indicators are based on each program and the desired outcomes of the program.

Results Achieved (Effectiveness)

For example, **common indicators of “effectiveness”** may include the following:

- Maintenance of abstinence
- Community integration
- Reduction or elimination of incidence of relapse
- Reduction or elimination of negative involvement with the criminal justice system
- Improvement of physical health
- Improvement in school functioning
- Reduction of hospitalization
- Reduction of symptoms
- Increase in the level of psychological functioning
- Increase in self-esteem
- Home visitation completion rates
- Reduction of reported interventions by the program
- Decreased episodes of anger
- Reduction or elimination of the prevalence of a prevention target
- Number, duration, and frequency of symptomatic and/or asymptomatic behaviors
- Involvement in activities of daily living
- Employment status
- Community tenure
- Housing status
- Receipt of entitlement benefits
- Quality of relationships
- Health status
- Subjective psychological well-being
- If services were provided through the use of information and communications technology (ICT), participation in virtual support groups

Experiences and Services Received

Indicators of **experiences and services received by persons** may include questions that assess service responsiveness, respect, informed choice, participation, and overall value. For example, common indicators include:

- Was the person served treated with dignity and respect?
- Did the program focus on recovery for the person served?
- Were grievances or concerns addressed?
- Overall feelings of satisfaction?
- Use of informed choices about modes of treatment, medications, etc.
- Satisfaction with physical facilities, fees, access, and results achieved.
- Was the person served given hope?
- The program demonstrated respect for and understanding of my culture.
- If services were provided through information and communications technology (ICT):
 - Satisfaction with connectivity/quality of the platform
 - The convenience of days and times that services/appointments were available.
 - The services I received through the use of ICT met my needs.
 - When services were provided using ICT, did you find them equal to or better than services provided face-to-face?

Programs serving children often measure the above with family/support systems.

Experiences and Services by Stakeholders

Stakeholders and their experiences should also be measured. These generally include any individual or group with an interest in the activities and outcomes of an organization and its programs and services. They include, but are not limited to, the persons served, families, governance or designated authority, purchasers, regulators, referral sources, personnel, employers, advocacy groups, contributors, supporters, landlords, business interests, and the community.

Indicators of **experiences and services received by stakeholders** may include:

- The information I received from the program met my needs.
- The information I received from the program was useful in my decision-making.
- I received information from the program in a timeframe that met my needs.
- I am satisfied with the opportunities available to interact with the team serving my family members.
- I am satisfied with the services/care my family members received from the program.
- I would recommend this program to others.
- I would refer again to this program.
- I am satisfied with the timeframe for admission to services for persons referred.
- I am satisfied with the communication mechanisms to coordinate care for persons served.
- If services were provided through the use of information and communications technology (ICT):
 - I am satisfied with the options offered by the organization for service delivery through ICT.
 - The services delivered by the organization through the use of ICT will positively impact the lives of the persons served.

Resources Used to Achieve Results (Efficiency)

Efficiency addresses the relationship between resources used and results achieved. Resources include time, money, personnel, etc. **Indicators of resources used to achieve results for the persons served (efficiency)** may generally include:

- Service delivery cost per service unit
- Occupancy rates
- Direct service hours of clinical staff
- Personnel turnover
- Length of stay
- Service utilization
- Retention rates
- Percent of staff time spent on direct clinical care
- Average caseload size
- Number/types of services to achieve functional improvement
- Intake to engagement in care
- If services were provided through the use of information and communications technology (ICT):
 - Number or percentage of sessions that started on time were completed as scheduled, were delayed/canceled/rescheduled due to technical issues.
 - Retention in services was the same or better than in-person services.
 - The cost of service delivery compared to in-person services.
 - The cost of service delivery versus reimbursement compared to in-person services.

Service Access

Service access addresses the organization's capacity to provide services to those who desire or are in need of receiving services. **Indicators of service access** may generally include:

- Convenience of service hours and locations
- Acceptance rate of participants into the program
- Meaningful engagement in care
- Waiting time for routine or emergency care
- Time taken to set a first or subsequent appointment
- Waiting list information on persons found ineligible for services
- Telephone response time or abandonment rates.
- The success of formal referral mechanisms
- Information and materials were available to persons served in their preferred language and through their preferred mode.
- If services were provided through the use of information and communications technology (ICT):
 - Increased engagement of families/support systems in services/decision-making/education
 - Increased availability/convenience of appointments for the persons served.
 - Service delivery via the use of ICT resulted in additional convenience to the persons served (e.g., fewer missed appointments, missed episodes of service provision, less time away from work, etc.).

Business Function

Business function is not necessarily a core CARF standard, but it is something that should be tracked and described. These areas are any priority areas related to the organization. Some apply to earlier pieces (e.g., satisfaction); however, many areas tend to be financial or human resource-related. Indicators of business function may include:

- Analysis of financial performance (expenses, revenues, financial reliance on related entities, review of billing against records of persons served, collections on bills for services rendered, denial rates for billed services)
- Testing of emergency procedures
- Analysis of critical incidents
- Testing of business continuity/disaster recovery procedures
- Analysis of formal complaints

3. Who does the performance indicator apply to?

Each program/service needs to stipulate which measures/indicators apply to whom. Different programs may target and serve different demographics of people. For example, there may be programs that target clients with families, adolescents, formerly incarcerated, etc. Thus, each program needs to state which of the indicators being tracked apply to which populations of people.

4. Who (person/title) is responsible for the collection of these data?

To ensure efficient reporting and tracking, new and existing personnel responsible for data tracking should be adequately trained, and database supervisors should routinely check records for completion/accuracy. Tracking efforts should be reviewed at least annually for relevance and to update as needed. Altogether, a certain title should be responsible for overseeing accurate, timely, and complete data collection.

5. What is the source from which data will be collected?

Each program may have a different method of collecting data. This can take the form of intake/exit/check-in interviews, surveys, and phone calls. Furthermore, the data will need to be stored electronically. Each department may store its data separately; however, it is ideal to have all records stored in some centralized database or to at least have all persons/clients tracked with a unique identification. The process for collecting data should be sufficiently described in this section.

6. What are the timeframes for the collection of data?

Generally, the collection of data should be at the beginning of services, specific intervals during services, end of services, and/or point-in-time following services. Point-in-time means a point after which services have concluded to assess progress after treatment.

7. What is the performance target?

If the organization does not have a performance target/indicator, the organization may establish its own performance target and measures over time to establish a history. Targets can also be established by an industry benchmark, a target provided by a stakeholder, a standardized tool benchmark, or benchmarks in published practices and literature.

These aforementioned questions are outlined on subsequent pages and must be applied to ***each program/service of ABC Recovery Center.***

Performance Measures Tracked at ABC Recovery Center

Detox

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the objectives?	Clients to complete detoxification treatment (in 8-10 days)	<p>Positive admissions experience</p> <p>Comfortable during detoxification</p> <p>Positive experience with nursing staff</p>	<p>N/A – Short time. Not needed in detox.</p> <p>Family member feedback is done in Residential treatment.</p>	<p>Objectives in development.</p> <p>Currently, efficiency is not a concern as some clients need longer/shorter periods of detoxification.</p> <p>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</p> <p>For the time being, <u>length of stay</u> and <u>service utilization</u> will be tracked.</p>	Clients are able to enter detox within seven days or less.	Analysis of critical incidents aimed at minimizing errors such as <i>medication errors</i> and <i>substance use/abuse</i> .

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the performance indicators?	Completion of treatment (abstinent for 8-10 days)	Overall experience rating Supportive staff rating Respectful staff rating Comfort rating Explanations of risks/side-effects Nurse ratings	N/A	Length of stay: number of days in detoxification. Service utilization: How many people sign up and where they go after treatment (i.e., discharge type).	Days waited to enter treatment (from the point of first phone call) Admissions Intake Note	Critical Incident Reports including: <ul style="list-style-type: none"> • Medication errors • Substance use
Who does the performance indicator apply to?	All incoming clients	All transitioning/exiting clients	N/A	All incoming clients	All incoming clients	All incoming clients
Who (person/title) is responsible for the collection?	Ally Anderson/Program Director	Taylor Herd/Clinical Assistant	N/A	Taylor Herd/Clinical Assistant and Joe Knyvett/Facility Performance Manager	Ally Anderson/Program Director	Joe Knyvett/Facility Performance Manager
What is the source of the data?	Kipu EMR	Detox discharge exit survey in SurveyMonkey Team Recovery (Application for future tracking)	N/A	Kipu EMR	Kipu EMR	Accreditation Now

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the timeframes for collection?	Intake – Beginning of services 8-10 days after admission	After detox period	N/A	Intake to end of service	Intake – Beginning of services	Critical incident documentation usually occurs within 24 hours of the critical incident.
What is the performance target?	75% of clients complete detoxification in 8-10 days	<p>Overall experience rating of excellent/good at 75% or more</p> <p>Supportive staff rating of excellent/good at 75% or more</p> <p>Respectful staff rating of excellent/good at 75% or more</p> <p>Comfort rating of excellent/good at 75% or more</p> <p>Explanations of risks/side-effects rating of excellent/good at 75% or more</p> <p>Nurse rating of excellent/good at 75% or more</p>	N/A	<p>Currently, efficiency is not a concern as some clients need longer/shorter periods of detoxification.</p> <p>The primary concern is that clients take as long as they need to complete detox.</p> <p><i>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</i></p>	75% enter detox within seven days or less from the first phone call	<p><i>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge. Generally, the objective is to minimize incidents involving medication errors and substance use/abuse.</i></p>

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
Extenuating & Influencing Factors	<p>Clients may need higher levels of care.</p> <p>Not maintaining sobriety during the detoxification phase.</p> <p>There may be issues with data tracking in Kipu as they are not always tracked and stored correctly. Steps being taken to ensure missing data are entered correctly.</p>	Clients may experience discomfort, irritation, and physical symptoms during detox.	N/A	<p>Clients often seek ways to get out of detox (e.g., visit loved ones/friends) or obtain substances during detox (e.g., seeking consultation with a medical professional, obtaining a specific prescription, undergoing detoxification).</p> <p>Being in the presence of others experiencing withdrawal symptoms amidst peers grappling with their own challenges can serve as a potential trigger.</p>	<p>Medi-Cal clients may experience minimal waiting to receive services (they contact the County, undergo assessment, and obtain a referral). Then, ABC Recovery locates a bed. We consistently meet this benchmark of seven days or less when receiving referrals from the County.</p> <p>For seamless admissions, it's crucial to maintain precise tracking and ensure accuracy throughout the process.</p>	<p>Occasional minor delays in critical incident reporting.</p> <p>AccreditationNow cannot currently report critical incidents by level of care. Joe Knyvett/Facility Performance Manager, is exploring workarounds such as custom reporting fields.</p> <p>Critical incident reporting contains a variety of incidents not within ABC Recovery Center's Control (i.e., acts of violence and verbal aggression). However, as indicators become important to business function, they will be included as objectives.</p>

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
How are data analyzed?	<p>Percentage of “Treatment Complete” for the DTX (detox) program.</p> <p>Percentage of “length of stay” for each day for the DTX (detox) program.</p>	Percentages/counts for client ratings in the Detox discharge exit survey	N/A	<p>The average length of stay in detox by discharge type: “Treatment Complete,” “Administrative,” “Transfer to another facility,” “Against treatment advice,” and “Elopement.”</p> <p>Percentage of “Treatment Complete” for the DTX (detox) program – note same as effectiveness metric.</p>	Percentages/counts for the number of days for client to begin services	Number of “Medication Errors” and “Substance Use” incidents within a specified period.
When are data analyzed?	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	N/A	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually
When are results communicated, and to whom?	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	N/A	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>

Detox Reporting:

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Effectiveness	<p>Clients are to complete detoxification treatment (in 8-10 days) and transition to a lower level of care (i.e., residential, IOP, and OP).</p> <p>75% of clients complete detoxification in 8-10 days.</p>	<p>July22-Sept22</p> <p>70.8% of all clients completed treatment and thus transitioned to a lower level of care.</p> <p>64.6% of all clients completed treatment in 10 days or less.</p>	<p>Oct22-Dec22</p> <p>90.7% of clients completed treatment and thus transitioned to a lower level of care.</p> <p>86.1% of all clients completed treatment in 10 days or less.</p>	<p>Jan23-Mar23</p> <p>71.4% of clients completed treatment and thus transitioned to a lower level of care.</p> <p>65.7% of all clients completed treatment in 10 days or less.</p>	<p>Apr23-Jun23</p> <p>82.0% of clients completed treatment and thus transitioned to a lower level of care.</p> <p>73.8% of all clients completed treatment in 10 days or less.</p>	<p>FY22-23</p> <p>77.9% of clients completed treatment and thus transitioned to a lower level of care.</p> <p>71.6% of all clients completed treatment in 10 days or less.</p>
		<p>Was the target met?</p> <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>Was the target met?</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Was the target met?</p> <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>Was the target met?</p> <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>	<p>Was the target met?</p> <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p>
		<p>Plan for improvement:</p> <div></div>	<p>Plan for improvement:</p> <div></div>	<p>Plan for improvement:</p> <div></div>	<p>Plan for improvement:</p> <div></div>	<p>Plan for improvement:</p> <div> <p>Modify target to remove “ten days or less” – this will result in an overall effectiveness of ~78%</p> </div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Persons served experience	Positive admissions experience	July22-Sept22	Oct22-Dec22	Jan23-Mar23	Apr23-Jun23	FY22-23
		Was the target met?	Was the target met?	Was the target met?	Was the target met?	Was the target met?
	Comfortable during detoxification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Positive experience with nursing staff	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Stakeholders experience	N/A – Short time. Not needed in detox. Family member feedback is done in Residential treatment.	July22-Sept22	Oct22-Dec22	Jan23-Mar23	Apr23-Jun23	FY22-23
		Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Efficiency	Objectives in development.	July22-Sept22	Oct22-Dec22	Jan23-Mar23	Apr23-Jun23	FY22-23
	Currently, efficiency is not a concern as some clients need longer/shorter periods of detoxification.	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>
	For the time being, <u>length of stay</u> and <u>service utilization</u> will be tracked.					

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Service Access	Clients are able to enter detox within seven days or less.	July22-Sept22	Oct22-Dec22	Jan23-Mar23	Apr23-Jun23	FY22-23
		Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Business Function	Analysis of critical incidents aimed at minimizing errors such as <i>medication errors</i> and <i>substance use/abuse</i> .	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>

Residential Treatment

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the objectives?	<p>Reduction of substance use</p> <p>Reduction of poor mental health symptoms (e.g., depression, anxiety, anger)</p> <p>Reduction of sleep problems</p> <p>Reductions of withdrawal symptoms/substance cravings</p>	<p>Overall positive experience in residential treatment</p> <p>Positive intake and admissions</p> <p>Experience a clean facility.</p> <p>Positive experiences in group therapy</p> <p>Positive staff interactions and professionalism</p> <p>Positive discharge planning</p> <p>Positive experiences with nurses</p> <p>Quality food provided to clients</p>	<p>Family Webinar</p> <ul style="list-style-type: none"> • Help family members feel supported • Help family members gain a connection with each other • Help family members continue learning about addiction <p>Family Weekend Workshop</p> <ul style="list-style-type: none"> • Family members learn about addiction, treatment, and recovery • Family members learn about supporting family recovery through family systems, roles/dynamics, and parallel processes • Family members learn coping skills through 'I' statements, boundary setting, and healthy helping. 	<p>Objectives in development.</p> <p>Currently, efficiency is not a concern as some clients need longer/shorter periods of residential treatment.</p> <p>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</p> <p>For the time being, <u>length of stay</u>, <u>service utilization</u>, and <u>average caseload size</u> will be tracked.</p>	<p>Clients can enter treatment within seven days or less.</p>	<p>Analysis of critical incidents aimed at minimizing ATA (against treatment advice) occurrences.</p> <p>Analysis of formal complaints – minimize <i>client grievance</i> reporting.</p>

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
			<ul style="list-style-type: none"> Family members and clients are satisfied with the workshop 			
What are the performance indicators?	<p>Randomized Drug Screenings (lab reports)</p> <p>BAM-R assessment (mood problems indicator, sleep problems indicator, alcohol, marijuana, sedatives, cocaine, stimulant, opiate, inhalant indicators, cravings indicator, reduction of withdrawal symptoms)</p>	<p>Overall experience ratings</p> <p>Intake and helpfulness ratings</p> <p>Cleanliness, comfort, safety, housing ratings</p> <p>Process group, education group, therapy ratings</p> <p>Respect, confidentiality, professionalism ratings</p> <p>Case management, nurse ratings</p> <p>Food and dining staff ratings</p>	<p>Family Webinar:</p> <ul style="list-style-type: none"> Support responses Connection responses Learning responses <p>Family Weekend Workshop</p> <ul style="list-style-type: none"> Ratings for knowledge gain on addiction Ratings for learning about supporting family recovery Ratings for learning healthy communication and boundary settings Satisfaction ratings 	<p>Length of stay: number of days in residential services.</p> <p>Service utilization: How many people sign up and where they go after treatment (i.e., discharge type).</p> <p>The number of clients for each counselor or therapist.</p>	<p>Days waited to enter residential treatment (days waited to begin after discharge from the previous department).</p> <p>Admissions Intake Note</p>	<p>Critical Incident Reports including:</p> <ul style="list-style-type: none"> ATA (against treatment advice) <p>Analysis of formal complaints:</p> <ul style="list-style-type: none"> Client grievance (<i>currently tracked on paper, and complaints are investigated. Will be incorporated into Accreditation Now for streamlined reporting</i>)
Who does the performance indicator apply to?	All clients	All transitioning/exiting clients	Clients and families of clients receiving services	All clients	All incoming clients	All clients

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
Who (person/title) is responsible for the collection?	Ally Anderson/Program Director	Taylor Herd/Clinical Assistant	Kelly Ryan/Family Manager	Taylor Herd/Clinical Assistant and Joe Knyvett/Facility Performance Manager	Ally Anderson/Program Director	Joe Knyvett/Facility Performance Manager
What is the source of the data?	Kipu EMR Precision Lab Portal	Residential discharge exit survey in SurveyMonkey Team Recovery (Application for future tracking)	Family Webinar: Zoom Polls Family weekend: Paper surveys	Kipu EMR	Kipu EMR	Accreditation Now
What are the timeframes for collection?	Precision Lab Portal Drug screening timing – at least two tests per week - randomized BAM-R Assessment: Admission 30 days 60 days 90 days Follow-up after 90 days *Note: may overlap with other departments	Exit surveys conducted upon discharge from residential treatment	Family webinar (twice weekly) Family Workshop (once a month)	Periodically throughout the length of stay – treatment plans are updated regularly.	Intake – Beginning of services	Critical incident documentation usually occurs within 24 hours of the critical incident. Formal complaints are processed as they are received.

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What is the performance target?	<p>Drug Screening (lab reports): 80% remain abstinent during the treatment episode</p> <p>BAM-R Assessment Follow-up scores at #2, #3, #4, and #5 meet the following:</p> <p>Use – <u>Less than an average of 1 for this indicator</u> (which is the sum of Any Alcohol, Excessive Alcohol, Illicit Drug Use)</p> <p>Mood – <u>Less than an average of 12</u></p> <p>Sleep - <u>Less than an average of 12</u></p> <p>Cravings - <u>Less than an average of 12</u></p>	<p>Overall experience rating of excellent/good at 75% or more</p> <p>Supportive staff rating of excellent/good at 75% or more</p> <p>Respectful staff rating of excellent/good at 75% or more</p> <p>Comfort rating of excellent/good at 75% or more</p> <p>Explanations of risks/side-effects rating of excellent/good at 75% or more</p> <p>Nurse rating of excellent/good at 75% or more</p> <p>Quality food provided to clients with excellent/good ratings at 75% or more</p>	<p>Family Webinar:</p> <ul style="list-style-type: none"> 80% of support responses are “yes” 80% of connection responses are “yes” 80% of learning responses are “yes” <p>Family Workshop ratings</p> <ul style="list-style-type: none"> Ratings for knowledge gain on addiction at 80% or more Ratings for learning about supporting family recovery at 80% or more Ratings for learning healthy communication at 80% or more Satisfaction ratings at 80% or more 	<p>Currently, efficiency is not a concern as some clients need longer/shorter periods of residential treatment.</p> <p>The primary concern is that clients take as long as they need to complete residential services.</p> <p><i>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerges.</i></p>	<p>Enters residential treatment within seven days or less from the previous program</p>	<p>ATAs should not comprise more than 29% (benchmark by SAMSHA) of all discharges.</p> <p><i>Formal complaint (client grievance reports) objective targets will be established over time as a history of data trends emerges.</i></p>

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
Extenuating & Influencing Factors	Counselors sometimes miss data collection.	Poor mental health, lack of participation, aggression, poor community environment. COVID-19	<p>Families are not always interested and are sometimes unwilling to attend the Family Webinar and Family Workshop. This is for a variety of reasons (anger at family members, work, personal obligations, previously participated, etc.)</p> <p>Attending can cause a financial barrier as the Family Workshop is a two-day event.</p> <p>Events are not bilingual right now.</p>	<p>Excessive caseloads, staff and counselors facilitating additional group sessions or covering for their colleagues, time management concerns monitored throughout the week, variability in counselors' proficiency in maintaining up-to-date documentation. Staff members may require improvements in meeting documentation deadlines.</p> <p>The caseload composition might benefit from an increased focus on individuals with higher needs (these folks can significantly impact the group's dynamics).</p>	<p>Attending can cause a financial barrier as the “family weekend” is a two-day event.</p> <p>Events are not bilingual right now.</p>	Data (such as critical incidents) are not always entered on time.

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
How are data analyzed?	<p>Drug screening is analyzed by baseline score and comparisons to later scores.</p> <p>BAM-R Assessment baseline score averages compared to relevant post-measure averages (30, 60, or 90 days).</p>	Exit survey percentages for each question on the residential discharge survey. Filtered to people exiting Residential Treatment.	Exit survey percentages for each question on the family workshop surveys.	<p>The average length of stay in residential services by discharge type: "Treatment Complete," "Administrative," "Transfer to another facility," "Against treatment advice," and "Elopement."</p> <p>Service utilization: percentage of "Treatment Complete" for the residential services.</p> <p>Average caseload size of counselors – number of primary therapist and family counselors and number of clients for each</p>	Percentages/counts for the number of days for client to begin services	<p>"ATA" discharges divided by the sum of all discharges.</p> <p>The count of <i>client grievance</i> reports by quarter and annually.</p>
When are data analyzed?	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually
When are results communicated, and to whom?	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>	<p>Management meetings with management staff</p> <p>Annually reported to the Board of Directors.</p>

Residential Treatment Reporting:

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Effectiveness	Reduction of substance use	July22-Sept22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oct22-Dec22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Jan23-Mar23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Apr23-Jun23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	FY22-23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reduction of poor mental health symptoms (e.g., depression, anxiety, anger)	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>
	Reduction of sleep problems					
	Reductions of withdrawal symptoms/substance cravings					

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Persons served experience	Overall positive experience in residential treatment	July22-Sept22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oct22-Dec22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Jan23-Mar23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Apr23-Jun23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	FY22-23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Positive intake and admissions	Plan for improvement:	Plan for improvement:	Plan for improvement:	Plan for improvement:	Plan for improvement:
	Experience a clean facility.					
	Positive experiences in group therapy					
	Positive staff interactions and professionalism					
	Positive discharge planning					
	Positive experiences with nurses					
	Quality food provided to clients					

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Stakeholders experience	Family Webinar <ul style="list-style-type: none"> Help family members feel supported Help family members gain a connection with each other Help family members continue learning about addiction 	July22-Sept22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Oct22-Dec22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Jan23-Mar23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Apr23-Jun23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	FY22-23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>
	Family Weekend Workshop <ul style="list-style-type: none"> Family members learn about addiction, treatment, and recovery Family members learn about supporting family recovery through family systems, roles/dynamics, and parallel processes Family members learn coping skills through 'I' statements, boundary setting, and healthy helping. 					

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
	<ul style="list-style-type: none"> Family members and clients are satisfied with the workshop 					
Efficiency	<p>Objectives in development.</p> <p>Currently, efficiency is not a concern as some clients need longer/shorter periods of residential treatment.</p> <p>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</p> <p>For the time being, <u>length of stay</u>, <u>service utilization</u>, and <u>average caseload size</u> will be tracked.</p>	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Service Access	Clients can enter treatment within seven days or less.	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Business Function	<p>Analysis of critical incidents aimed at minimizing ATA (against treatment advice) occurrences.</p> <p>Analysis of formal complaints – minimize client grievance reporting.</p>	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results

Outpatient/Intensive Outpatient Program

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the objectives?	<p>Reduction of substance use</p> <p>Reduction of poor mental health symptoms (e.g., depression, anxiety, anger)</p> <p>Reduction of sleep problems</p> <p>Reductions of withdrawal symptoms/substance cravings</p>	<p>Positive service experience</p> <p>Positive intake and admissions</p> <p>Positive group therapy experience</p> <p>Positive staff interactions and professionalism</p> <p>Positive discharge planning</p> <p>Positive treatment planning</p>	<p>Family Webinar and Family Weekend Workshop to be expanded from Residential Treatment to Outpatient/Intensive Outpatient</p>	<p>Objectives in development.</p> <p>Currently, efficiency is not a concern as some clients need longer/shorter periods of outpatient or intensive outpatient services.</p> <p>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</p> <p>For the time being, <u>service utilization</u> and <u>attendance in groups</u> will be tracked.</p>	<p>Clients can enter treatment within seven days or less.</p>	<p>Minimize the number of administrative discharges.</p>

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the performance indicators?	<p>Randomized Drug Screenings (lab reports)</p> <p>BAM-R assessment (mood problems indicator, sleep problems indicator, alcohol, marijuana, sedatives, cocaine, stimulant, opiate, inhalant indicators, cravings indicator)</p>	<p>Overall experience rating</p> <p>Intake, admission, information, cleanliness, comfort ratings</p> <p>Personal needs, input ratings</p> <p>Group therapy ratings</p> <p>Staff interaction ratings</p> <p>Discharge plan ratings</p>		<p>Service utilization: How many people sign up and where they go after treatment (i.e., discharge type).</p> <p>Attendance in groups: number of attendees and absences in OP and IOT programs.</p>	<p>Days clients waited to enter residential treatment (days waited to begin after discharge from the previous department).</p> <p>Admissions Intake Note</p>	Discharge Type
Who does the performance indicator apply to?	All clients	All transitioning/exiting clients.		All clients	All incoming clients	All clients
Who (person/title) is responsible for the collection?	Ally Anderson/Program Director	Taylor Herd/Clinical Assistant		Taylor Herd/Clinical Assistant and Joe Knyvett/Facility Performance Manager	Ally Anderson/Program Director	Taylor Herd/Clinical Assistant and Joe Knyvett/Facility Performance Manager
What is the source of the data?	Kipu EMR	<p>Discharge exit survey in SurveyMonkey</p> <p>Team Recovery (Application for future tracking)</p>		Kipu EMR	Kipu EMR	Kipu EMR

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
What are the timeframes for collection?	BAM-R Assessment: Admission 30 days 60 days 90 days Follow-up after 90 days *Note: may overlap with other departments	Exit surveys are conducted upon discharge from IOP.		Periodically throughout the length of stay – treatment plans are updated regularly.	Intake – Beginning of services	Upon exit
What is the performance target?	<p>Drug Screening (lab reports): 80% remain abstinent during the treatment episode</p> <p>BAM-R Assessment Follow-up scores at #2, #3, #4, and #5 meet the following:</p> <p>Use – <u>Less than an average of 1 for this indicator</u> (which is the sum of Any Alcohol, Excessive Alcohol, Illicit Drug Use)</p> <p>Mood – <u>Less than an average of 12</u></p> <p>Sleep - <u>Less than an average of 12</u></p>	<p>Overall experience rating of excellent/good at 75% or more</p> <p>Positive intake and admissions rating of excellent/good at 75% or more</p> <p>Respectful staff rating of excellent/good at 75% or more</p> <p>Positive group therapy experience rating of excellent/good at 75% or more</p> <p>Positive discharge planning rating of</p>		<p>Currently, efficiency is not a concern as some clients need longer/shorter periods of residential treatment.</p> <p>The primary concern is that clients take as long as they need to complete residential services.</p> <p><i>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</i></p> <p>However, on average, the attendance rate for</p>	Enters residential treatment within seven days or less from the previous program	Administrative discharges should not exceed 25% of all discharges.

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
	Cravings - <u>Less than an average of 12</u>	excellent/good at 75% or more Positive treatment planning rating of excellent/good at 75% or more		groups should be 75% or higher.		
Extenuating & Influencing Factors	Counselors sometimes miss data collection.	Poor mental health, lack of participation, aggression, poor community environment. COVID-19		Life obligations (family, work, professional, staying on track with treatment -relapse)	Attending can cause a financial barrier as the “family weekend” is a two-day event. Events are not bilingual right now.	Staff entering data correctly and in a timely manner.
How are data analyzed?	Drug screening is analyzed by baseline score and comparisons to later scores. BAM-R Assessment baseline score averages compared to relevant post-measure averages (30, 60, or 90 days).	Exit survey percentages for each question on the residential discharge survey. Filtered to people exiting OP/IOP.		Attendance in groups: billable template, patients (total attendance, and total attendance by level of care) – Average attendance divided by average group size. Service utilization: percentage of “Treatment Complete” for the residential services.	Percentages/counts for the number of days for client to begin services	Percentage of “Administrative” discharges among all discharge types, filtered down to programs, “IOP” and “OP.”

CARF Standard	Effectiveness	Persons served experience	Stakeholders experience	Efficiency	Service Access	Business Function
When are data analyzed?	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually		Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually	Q1, Q2, Q3, Q4 Annually
When are results communicated, and to whom?	Management meetings with management staff Annually reported to the Board of Directors.	Management meetings with management staff Annually reported to the Board of Directors.		Management meetings with management staff Annually reported to the Board of Directors.	Management meetings with management staff Annually reported to the Board of Directors.	Management meetings with management staff Annually reported to the Board of Directors.

Outpatient/Intensive Outpatient Reporting:

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Effectiveness	<p>Reduction of substance use</p> <p>Reduction of poor mental health symptoms (e.g., depression, anxiety, anger)</p> <p>Reduction of sleep problems</p> <p>Reductions of withdrawal symptoms/substance cravings</p>	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23 [Nov22-Jun23 (Data to date, but not full fiscal year)]</p> <p>Average “Use” score Baseline (0.75) to #2 (.04), to #3 (.00) to #4 (.00).</p> <p>Average “Mood” score Baseline (4.13) to #2 (3.72), to #3 (2.83) to #4 (2.33).</p> <p>Average “Sleep” score Baseline (5.20) to #2 (3.00), to #3 (3.42) to #4 (3.17).</p> <p>Average “Craving” score Baseline (5.22) to #2 (4.44), to #3 (3.33) to #4 (4.00).</p> <p>Was the target met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
						Plan for improvement: <div></div>
Persons served experience	Positive service experience	July22-Sept22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oct22-Dec22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Jan23-Mar23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	Apr23-Jun23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>	FY22-23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Positive intake and admissions					
	Positive group therapy experience	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>	Plan for improvement: <div></div>
	Positive staff interactions and professionalism					
	Positive discharge planning					
	Positive treatment planning					

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Stakeholders experience	Family Webinar and Family Weekend Workshop to be expanded from Residential Treatment to Outpatient/Intensive Outpatient	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Efficiency	<p>Objectives in development.</p> <p>Currently, efficiency is not a concern as some clients need longer/shorter periods of outpatient or intensive outpatient services.</p> <p>Specific objectives (and targets for these objectives) will be established over time as a history of data trends emerge.</p> <p>For the time being, <u>service utilization</u> and <u>attendance in groups</u> will be tracked.</p>	<p>July22-Sept22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Oct22-Dec22</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Jan23-Mar23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>Apr23-Jun23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>	<p>FY22-23</p> <p>Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plan for improvement:</p> <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Service Access	Clients can enter treatment within seven days or less.	July22-Sept22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Oct22-Dec22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Jan23-Mar23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Apr23-Jun23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	FY22-23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results
Business Function	Minimize the number of administrative discharges.	July22-Sept22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Oct22-Dec22 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Jan23-Mar23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	Apr23-Jun23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>	FY22-23 Was the target met? Yes <input type="checkbox"/> No <input type="checkbox"/> Plan for improvement: <div></div>

Category	Objective and Performance Target	Q1 Results	Q2 Results	Q3 Results	Q4 Results	Annual Results

Characteristics of Persons Served Annually To Report

CARF Standard
How many people served in total?
Race/Ethnicity
White
Black/African American
Asian or Asian American
Native Hawaiian or other Pacific Islander
American Indian/Alaska Native
Multiracial
Other race
Prefers not to answer
Ethnicity
Hispanic/Latino
Not Hispanic/Latino
Prefers not to answer
Sex
Male
Female
Gender Identity
Female
Male
Non-binary
Other
Age
Under 18
19-29
30-39
40-49
50-59
60-69
70+

Appendix: Performance Measurement and Management

The information below is from the Behavioral Health Standards Manual, 2022, produced by CARF International.

The organization implements a performance measurement and management plan that:

- A. Addresses:
 - a. Collection of relevant data on the characteristics of the persons served
 - b. For each program/service seeking accreditation, identification of measures for service delivery objectives, including, at a minimum:
 - i. Results achieved for the persons served (effectiveness)
 - ii. Experience of services received and other feedback from the persons served.
Experience of services and other feedback from other stakeholders.
 - iii. Resources used to achieve results for the persons served (efficiency).
 - iv. Service access.
 - c. The collection of data about the persons served at:
 - i. The beginning of services
 - ii. Appropriate intervals during services
 - iii. The end of services
 - iv. Point(s) in time following services
 - d. Identification of priority measures determined by the organization for business function objectives.
 - e. The extent to which the data collected measures what they are intended to measure (validity).
 - f. The process for obtaining data:
 - i. In a consistent manner (reliability).
 - ii. That will be complete.
 - iii. That will be accurate.
 - g. Extenuating and influencing factors that may impact results.
 - h. Timeframes for the:
 - i. Analysis of data.
 - ii. Communication of results.
 - i. How:
 - i. Data are collected.
 - ii. Data are analyzed.
 - iii. Performance improvement plans are developed.
 - iv. Performance improvement plans are implemented.
 - v. Performance information is communicated.
- B. It is reviewed at least annually for relevance.
- C. It is updated as needed.