Performance Indicator Plan

It is the plan of Hillcrest Washington Youth Home, Inc. (Hillcrest) to assess programs for effectiveness, efficiency, and accessibility.

The purpose of this plan is outline the performance indicators and the steps to collect the data.

DEFINITIONS

TERM	DEFINITION
Effectiveness:	the degree to which something is successful in producing a desired result; success.
Efficiency:	the ability to accomplish something with the least amount of wasted time, money, and effort or competency in performance.
Accessibility:	"ability to access" and benefit from some system or entity

General

A. Performance indicators should be tracked by individual departments per the policy and reported monthly (via email) to the Director of Quality, Training and Development or designee by the 7th of the month to give time for data to be analyzed.

B. Details of why reasons for the item being compliant or non-compliant should be included so that data can be analyzed for trends.

C. This data will be reported in monthly Hillcrest QA meetings.

D. Quarterly, the data will be aggregated and analyzed for trends. Recommendations will be made for improvements. This will be reviewed and comments received, if applicable, during monthly QA meetings.

E. An annual performance indicator analysis will also be completed based on the trending items addressed each quarter.

Effectiveness

A. IYSA Programs

1. 75% of participants show improvements on pre/post tests

a. Clients in all IYSA programs will be given pre-tests given day 1 of class.

b. The pre-test scores will be recorded in the monthly tracking spreadsheet by the Admissions Coordinator.

c. Clients in all IYSA programs will be given post-tests on the last session of their class.

d. The post-test scores will be recorded in the monthly tracking spreadsheet.

e. The improvement percentage will be calculated on the spreadsheet.

f. This percentage will be reported out in monthly at the Quality Assurance Meeting.

B. <u>Independent Living</u>

1. 100% of each group will contain 45 minutes of experiential and 15 minutes of informational time

a. Every group will be documented in a shared spreadsheet (Independent Living>End of Month Resident Notes>IL Hours Excel Sheets>YEAR).

b. Data will be entered into the spreadsheet after each group.

c. At the end of the month, cumulative data will be collected and a compliance percentage calculated.

d. This percentage will be reported out in monthly at the Quality Assurance Meeting.

C. <u>Emergency/Residential</u>

1. 75% of residents discharged to lesser or equal placement

a. Clients discharged within the month will be discovered by utilizing the Master List Spreadsheet. (Service Logs>Hillcrest>Master List)

b. A percentage will be calculated by taking the number of residents discharged to equal or lesser placement divided by the total number of residents discharged in the month.

c. This compliance percentage will be reported out in monthly at the Quality Assurance Meeting.

2. <u>90% of residents complete intake survey (IARCA)</u>

a. When a resident is admitted and court ordered, a CYRM is completed with the resident.

b. 2 weeks after admission date, the CYRM is transferred into the IAARCA website.

c. Additional information on progress, family dynamics and mental health challenges will be completed.

d. A printed report will be scanned into the EHR.

e. A spreadsheet will be kept on the shared drive (CM Only>IARCA Records Spreadsheet) where the data will be collected.

f. The compliance percentage will be calculated by taking the number of intake surveys completed in the month divided by the total number of residents court ordered in the month.

g. The collective percentage will be reported out in monthly at the Quality Assurance Meeting.

D. <u>Seven Challenges</u>

1. 90% of clients do not feel pressured towards abstinence-based treatment

a. Clients will complete the Seven Challenge Youth Survey once a month.

b. This paper form is anonymous and will be collected during group by the group facilitator.

c. These forms are gathered into a binder by the facilitator.

d. Once a month, clinical staff will review the data.

e. The data from the question relating to this item will be evaluated and those clients selecting the "Never" (1) option.

f. The percentage will be calculated and reported out in monthly at the Quality Assurance Meeting.

E. <u>Healthy Families</u>

1. 75% retention rate for clients (retained for 12 months)

a. Enrollment dates will be documented by FSW in Enlite via the consent form.

b. Report would be run monthly to determine clients enrolled on or before 12 months.

c. Retention rate will be calculated by the report.

d. The percentage will be calculated and reported out in monthly at the Quality Assurance Meeting.

F. Therapeutic Services

1. 80% of outpatient clients are compliant with appointments

a. Therapists maintain a daily therapy log containing scheduled client appointments.

b. Attendance is reported in the therapy log.

c. The therapy log is emailed to DCAS by the 5th of every month.

d. DCAS will calculate the percentage and reported out in monthly at the Quality Assurance Meeting.

2. 90% of residents will attend weekly individual therapy

a. Therapists maintain a daily therapy log containing scheduled client appointments.

b. Attendance is reported in the therapy log.

c. The therapy log is emailed to DCAS by the 5th of every month.

d. DCAS will calculate the percentage and reported out in monthly at the Quality Assurance Meeting.

G. <u>Education Services</u>

1. An average of 70% of HiSet skills will be mastered for completed modules

a. A report will be pulled each month from Essential Education to determine completion percentage.

b. This monthly report will be pasted into the client's chart each month (Education Note/Attendance/Grades).

c. Completion percentages for each module will be added and an average calculated.

d. The percentage will be calculated for each client and then a collective percentage will be calculated.

e. The collective percentage will be reported out in monthly at the Quality Assurance Meeting by Education Coordinator.

2. TT Students will attend 80% of school days after services have begun

a. Attendance will be tracked through power school. (school dashboard)

b. Attendance is transferred to spreadsheet located on TT shared drive.

c. Attendance will be counted as the student attending a full school day. Tardies or excused absences will not count against the student.

d. Attendance will be tracked by number of school days attended divided by total number of school days in the month.

e. The percentage will be calculated for each student and then a collective percentage will be calculated.

f. The collective percentage will be reported out in monthly at the Quality Assurance Meeting by Education Liaison.

Efficiency

A. <u>IYSA Programs</u>

1. 75% of referrals will have a start date within 3 weeks of their intake

a. Client referrals are sent to Hillcrest either by fax or email (HCadmit).

b. Admissions Coordinator prints the referrals at the time they are received. These referrals are given to the Admin. Services Manager.

c. Referrals are scanned into EHR. If a client chart is not present, one is created.

d. The referral is returned to Admissions Coordinator.

e. The client and referral information is added to the monthly tracking spreadsheet.

f. The referral date will be recorded in the monthly tracking spreadsheet. (Madelyn)

g. AC contacts guardian via phone call to go over program and set up an intake date where paperwork is complete and fee is paid. Start date on appt card is given to guardian at intake appt.

h. If not able to contact, VM is left.

i. 3 phone attempt, with attempted VM left, will be completed will be referred back to referring agent for further guidance.

i. Contact and attempts will be documented in the EHR in a Misc. note. effective date same as referral date.

j. The start date will be recorded in the monthly tracking spreadsheet.

k. Monthly time between referral and start date will be calculated on the spreadsheet.

l. This percentage will be reported out in monthly at the Quality Assurance Meeting.

B. <u>Independent Living</u>

1. 100% of ILAS staff meet with every new court ordered youth within 72 business hours

a. Staff will schedule a meeting with new court ordered youth to complete the Crest 1 objectives paperwork.

b. Staff will chart the meeting in the IL notes.

c. Staff will scan in MyPlate and Ansel Casey results to Administrative Assistant.

d. Dates will be entered into a spreadsheet after each resident meeting.

e. Compliance will be reviewed and calculated each month by ILAS staff.

f. Compliance percentage will be reported out in monthly at the Quality Assurance Meeting.

C. <u>Emergency/Residential</u>

1. 75% of residents will earn an average of 6 points a day

a. The CS spreadsheet data will be utilized to find the daily point average for each resident.

b. This would be calculated by taking the total number of points received in the month divided by the number of days in placement.

c. Points received from treatment team will not be factored into this total.

d. The compliance percentage will be calculated by taking the total number of residents receiving an average of 6 points per day divided by the total number of residents earning points during the month.

e. The collective percentage will be reported out in monthly at the Quality Assurance Meeting.

D. <u>Seven Challenges</u>

1. 90% of clients feel the sessions are about issues the clients choose to discuss

a. Clients will complete the Seven Challenge Youth Survey once a month.

b. This paper form is anonymous and will be collected during group by the group facilitator.

c. These forms are gathered into a binder by the facilitator.

d. Once a month, clinical staff will review the data.

e. The data from the question relating to this item will be evaluated and those clients selecting the "Never" (1) option.

f. The percentage will be reported out in monthly at the Quality Assurance Meeting.

E. <u>Healthy Families</u>

1. 75% of all families receive 75% of home visits

a. Home visits are documented in Enlite.

b. Home visit completion report will be run monthly to determine compliance percentage, which is automatically calculated for each county served.

c. Data from each county is downloaded to a spreadsheet and then percentages are combined.

d. Percentage calculations rate will be calculated by the report.

e. The percentage will be calculated and reported out in monthly at the Quality Assurance Meeting.

F. Therapeutic Services

1. Therapists will have 4 outpatient billable hours per week.

a. Therapists maintain a daily therapy log containing scheduled client appointments.

b. The therapy log is emailed to DCAS by the 5th of every month.

c. Hours reported in the therapy log will be calculated to gain the total number of billable hours.

d. DCAS will calculate the percentage and report out in monthly at the Quality Assurance Meeting.

2. 100% of residents will receive 1 individual session per week.

a. Therapists maintain a daily therapy log containing scheduled client appointments.

b. The therapy log is emailed to DCAS by the 5th of every month.

c. Hours reported in the therapy log will be calculated to gain the total number of billable hours.

d. DCAS will calculate the percentage and reported out in monthly at the Quality Assurance Meeting.

G. Education Services

1. 75% of HiSet students will complete 12 hours of study time in person weekly

a. A report will be pulled each month from Essential Education and HSE spreadsheet (In Education Folder in the Shared Drive) consulted to determine percentage.

b. The percentage will be calculated by adding the number of study hours and the days attended divided by 12.

c. Calculations will be done by Education Coordinator and will be recorded in the client's Education/Attendance/Grades Note each month.

d. The percentage will be calculated for each client and then a collective percentage will be calculated.

e. The collective percentage will be reported out in monthly at the Quality Assurance Meeting by Education Coordinator.

Accessibility

A. IYSA Programs

1. Within 48 hours of received referral, 90% attempted contact is made with the guardian

a. Client referrals are sent to Hillcrest either by fax or email (HCadmit).

b. Admissions Coordinator prints the referrals at the time they are received. These referrals are given to the Admin. Services Manager.

c. Referrals are scanned into EHR. If a client chart is not present, one is created.

d. The referral is returned to Admissions Coordinator.

e. The client and referral information is added to the monthly tracking spreadsheet.

f. The referral date will be recorded in the monthly tracking spreadsheet.

g. AC contacts guardian via phone call to go over program and set up an intake date where paperwork is complete and fee is paid.

h. Start date on appt card is given to guardian at intake appt. If not able to contact, VM is left.

i. 3 phone attempt, with attempted VM left, will be completed will be referred back to referring agent for further guidance. Contact and attempts will be documented in the EHR in a Misc. note.

i. Monthly time between referral and attempted contact will be calculated on the spreadsheet.

j. This percentage will be reported out in monthly at the Quality Assurance Meeting.

B. Independent Living

1. 100% of residents 16 years old and older will receive 3 hours of Independent Living per week

a. Hours will be documented in a shared spreadsheet (Independent Living>End of Month Resident Notes>IL Hours Excel Sheets>YEAR).

b. Data will be entered into the spreadsheet after each interaction.

c. At the end of the month, cumulative data will be collected and a compliance percentage calculated.

d. Percentage will be reported out in monthly at the Quality Assurance Meeting.

C. Emergency/Residential

1. 80% of all referrals are approved for admission

a. The referral log will be utilized for data (Hillcrest>Referrals>Referral Log).

b. Each referral received by Admissions Coordinator will be recorded on the referral log.

c. Approval or denial of admission will be documented.

d. The compliance percentage will be calculated by Residential Director monthly by taking the total number of admissions approved divided by the total number of referrals received.

e. Percentage will be reported out in monthly at the Quality Assurance Meeting.

D. Seven Challenges

1. 80% of graduates complete within 16 weeks

a. Enrollment date will be documented in the EHR.

b. Weekly attendance will be tracked in group note (Seven Challenges).

c. Completion date will be documented in the EHR via the Moving on Summary.

d. DCAS will track dates and completion rates in a spreadsheet.

e. This information will be reported out in monthly at the Quality Assurance Meeting by DCAS.

E. Healthy Families

1. 100% of referrals will have a contact attempt within five (5) business days to set up assessment

a. Referrals are received from WIC via Enlite.

b. Contact attempt (via text or call) will be made.

c. Date of contact attempt will be documented in a spreadsheet.

d. Contact timeframe will be determined for the month.

e. Percentage will be reported out in monthly at the Quality Assurance Meeting.

F. <u>Therapeutic Services</u>

1. 90% of OP clients will be contacted within 24 hours of referral

a. Client referrals are sent to Hillcrest either by phone call, email, or KidsTrack referral from DCS, Probation, or self-referral.

b. Admissions Coordinator or Admin. Services Manager sets up an intake for the guardian to complete paperwork.

c. These contacts will be documented in a spreadsheet. Contact will also be documented in the EHR.

d. The referral date will be recorded in the monthly tracking spreadsheet.

i. If not able to contact, VM is left.

ii. 3 phone attempt, with attempted VM left, will be completed will be referred back to referring agent for further guidance.

e. Contact and attempts will be documented in the EHR in a Misc. note.

f. Monthly time between referral and attempted contact will be calculated on the spreadsheet.

g. This percentage will be reported out in monthly at the Quality Assurance Meeting by Admission Coordinator or Admin. Services Manager.

2. 100% of Risk Assessments will be completed with 24 hours of admission

a. Residential admission will be completed.

b. A Risk Assessment will be completed on all new youth placed at Hillcrest by a Therapist at the time of their arrival.

c. During business hours (Mon-Fri 8-5pm) whoever is completing the intake with the youth will contact a Therapist to complete the Risk Assessment. If no response after 10 minutes the Director of Clinical and Addiction Services will be contacted.

d. After business hours whoever is completing the intake with the youth will contact the on-call therapist to complete the Risk Assessment. If no response after 10 minutes the Director of Clinical and Addiction Services will be contacted.

e. After conducting the Risk Assessment with the youth, the Therapist will notify staff if any further actions need to be taken such as starting a precaution or taking the youth for a mental health evaluation.

f. Timeframes will be documented in the Risk Assessment Tracking Sheet.

g. Compliance percentage will calculated and the percentage will be reported out in monthly at the Quality Assurance Meeting.

G. <u>Education Services</u>

1. 100% of HiSet referrals will have attempted contact within 72 business hours

a. An ICPR is received by AC or Brittany, who notifies EC of the referral.

b. Referral will be sent to EC immediately.

c. The referral date is listed on the ICPR.

d. EC will attempt phone contact with the guardian listed on the ICPR.

i. If contact is made, a meeting is scheduled for initial paperwork to be completed.

ii. If no contact is made a voicemail is left, EC will document attempted contact in EHR.

iii. Attempted contact will be done 3 times.

e. If contact is not able to be established, the probation officer will be contacted by EC.

f. Contact timeframes will be documented in the HSE Spreadsheet (Shared Drive>Education).

g. The percentage will be calculated for each client and then a collective percentage will be calculated.

h. Compliance percentage will be calculated by those who had attempted contact within 72 hours divided by the total number of attempted contacts for the month.

i. Compliance percentage will be reported out in monthly at the Quality Assurance Meeting.