

## PENINSULA REGIONAL SUPPORT NETWORK: QUALITY INDICATORS FY 11

\* Core performance measures required and measured by The Department in 09-11 contract years

\*\* Submitted to The Department as Regional Performance Measures for the 09-11 contract years, and required by 11-13 contract

☑ Performance-based Measure for 11-13 contract years.

| Definition of Indicator and Measurement Standard   | Measurements   |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
|--|--|---|--|--|--|------------------|------------|-------------|-----|-------------|-----|-------------|-----|-------------|-----|-------------|-----|-------------|-----|
| <b>A. Ensure client participation in treatment planning.</b>   |  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| <b>1. Client voice in treatment planning**</b>   |  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| Treatment goals will be written in the words of the consumer.  |  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| <u>Numerator:</u> Number of treatment plans with client quotes.  |  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| <u>Denominator:</u> Number of charts reviewed in reporting period.   |  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| <b>Current Target: 70%</b>   |  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Quotes on Treatment Plans Data</caption> <thead> <tr> <th>Reporting Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 1 &amp; 2 09</td> <td>80%</td> </tr> <tr> <td>FY 3 &amp; 4 09</td> <td>92%</td> </tr> <tr> <td>FY 1 &amp; 2 10</td> <td>62%</td> </tr> <tr> <td>FY 3 &amp; 4 10</td> <td>58%</td> </tr> <tr> <td>FY 1 &amp; 2 11</td> <td>58%</td> </tr> <tr> <td>FY 3 &amp; 4 11</td> <td>55%</td> </tr> </tbody> </table> |  |   |  |  |  | Reporting Period | Percentage | FY 1 & 2 09 | 80% | FY 3 & 4 09 | 92% | FY 1 & 2 10 | 62% | FY 3 & 4 10 | 58% | FY 1 & 2 11 | 58% | FY 3 & 4 11 | 55% |
| Reporting Period   | Percentage   |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 1 & 2 09  | 80%  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 3 & 4 09  | 92%  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 1 & 2 10  | 62%  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 3 & 4 10  | 58%  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 1 & 2 11  | 58%  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 3 & 4 11  | 55%  |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
|  |  | Region                                  | KMHS                                   | PCMHC                                  | JMHS                                   | WEOS             |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 09<br>1 <sup>st</sup><br>2 <sup>nd</sup>  | 81%  | 65%                                     | 79%                                    | 89%                                    | 97%                                    |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 09<br>3 <sup>rd</sup><br>4 <sup>th</sup>  | 92%  | 100%                                    | 84%                                    | 94%                                    | 95%                                    |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 10<br>1 <sup>st</sup><br>2 <sup>nd</sup>  | 63%  | 56%                                     | 42%                                    | 64%                                    | 100%                                   |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 10<br>3 <sup>rd</sup><br>4 <sup>th</sup>  | 59%  | 55%                                     | 54%                                    | 50%                                    | 75%                                    |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 10<br>TOTAL   | 59%  | 55%                                     | 49%                                    | 48%                                    | 90%                                    |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 11<br>1 <sup>st</sup><br>2 <sup>nd</sup>  | 59%  | 62%                                     | 54%                                    | 33%*                                   | 0%*                                    |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 11<br>3 <sup>rd</sup><br>4 <sup>th</sup>  | 53%  | 62%                                     | 53%                                    | 51%                                    | 40%                                    |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| FY 11<br>Total   | 56%  | 62%<br><small>(sample size 204)</small> | 54%<br><small>(sample size 77)</small> | 50%<br><small>(sample size 43)</small> | 38%<br><small>(Sample size 51)</small> |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |
| Notes:   | *Small sample size<br><b>Client voice on treatment plans have been addressed with trainings, monitoring, and technical assistance.</b> |   |  |  |  |                  |            |             |     |             |     |             |     |             |     |             |     |             |     |

**Definition of Indicator and Measurement Standard**

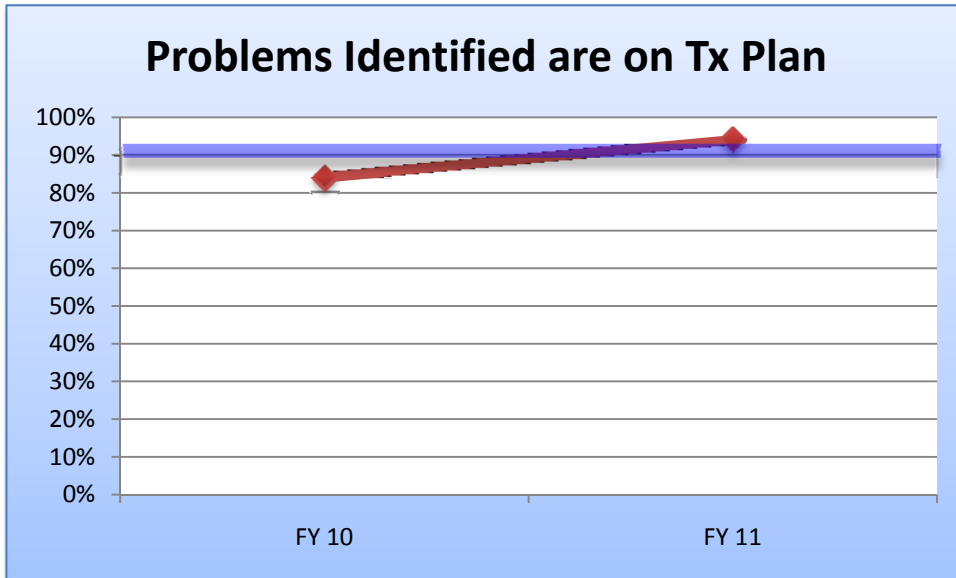
**2. Client voice in treatment planning**

Problems identified by the consumer at intake or during treatment will be addressed on the treatment plan or 180-day update

Numerator: Number of treatments plans including problems identified at intake or during treatment.

Denominator: Number of charts reviewed in reporting period

**Minimum Performance Standard = 90%**



**Measurements**

|   | Region                      | KMHS                       | PCMHC                      | JMHS                       | WEOS                       |
|---|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| FY 09<br>1 <sup>st</sup><br>2 <sup>nd</sup> | 82%                         | 63%                        | 94%                        | 80%                        | 97%                        |
| FY 09<br>3 <sup>rd</sup><br>4 <sup>th</sup> | 85%                         | 91%                        | 79%                        | 91%                        | 88%                        |
| FY 10<br>1 <sup>st</sup><br>2 <sup>nd</sup> | 77%                         | 70%                        | 84%                        | 82%                        | 79%                        |
| FY 10<br>3 <sup>rd</sup><br>4 <sup>th</sup> | 91%                         | 96%                        | 88%                        | 89%                        | 85%                        |
| FY 10<br>TOTAL                              | 84%                         | 84%                        | 86%                        | 85%                        | 82%                        |
| FY 11<br>TOTAL                              | 94%<br>(sample size<br>190) | 96%<br>(sample size<br>66) | 98%<br>(sample size<br>48) | 88%<br>(Sample size<br>33) | 92%<br>(Sample size<br>43) |
| Notes:                                      |                             |                            |                            |                            |                            |

| Definition of Indicator and Measurement Standard  | Measurements  |        |       |       |       |       |
|---|---|--------|-------|-------|-------|-------|
| <b>B. To ensure services are effective, efficient and appropriate.</b>  |   |        |       |       |       |       |
| <b>3. Inpatient Utilization (readmission rate)</b>  |   |        |       |       |       |       |
| Readmission rate to inpatient services  |   |        |       |       |       |       |
| <u>Numerator:</u> Number re-admitted to inpatient services within 30 days from discharge.   |   |        |       |       |       |       |
| <u>Denominator:</u> Number of individuals discharged from inpatient services during the reporting period  |   |        |       |       |       |       |
| <b>Minimum Performance Standard= Within 2 points of the State's average for previous fiscal year</b>  |   |        |       |       |       |       |
| State's Average for FY 11=6.3 FY 10= 6.9, FY 09 = 6.9, and FY 08= 7.4   |   |        |       |       |       |       |
| State's Average for Medicaid Only, FY 11 = 7.2  |   |        |       |       |       |       |
| <p><b>Readmission Rates FY 10 to Current</b></p> <p>Legend:</p> <ul style="list-style-type: none"> <li>Not Readmitted</li> <li>Within One Year (Complete only for 3rd and 4th Q FY 10)</li> <li>Within 180 days (Not complete for 3rd and 4th Q FY 11)</li> <li>Within 90 days</li> <li>Within 60 days</li> <li>Within 30 days</li> </ul> |   | Region | KMHS  | PCMHC | JMHS  | WEOS  |
|   | FY 10 1 <sup>st</sup> 2 <sup>nd</sup>               | 6.5%   | 7.6%  | 0%    | 4.3%  | 0%    |
|   | FY 10 3 <sup>rd</sup> 4 <sup>th</sup>               | 8.6%   | 10.1% | 2.9%  | 4.8%  | 0%    |
|   | FY 10 TOTAL   | 7.5%   | 8.8%  | 1.3%  | 4.5%  | 0%    |
|   | ALL FY 11 1 <sup>st</sup> 2 <sup>nd</sup>           | 9.9%   | 10%   | 10.7% | 10.3% | 0%    |
|   | Medicaid Only FY 11 1 <sup>st</sup> 2 <sup>nd</sup> | 10.4%  | 11.2% | 13.3% | 0%    | 0%    |
|   | ALL FY 11 3 <sup>rd</sup> 4 <sup>th</sup>           | 9.7%   | 11.2% | 2.9%  | 0%    | 20.0% |
| Medicaid Only FY 11 3 <sup>rd</sup> 4 <sup>th</sup>   | 11.8%   | 13.0%  | 5.3%  | 0.0%  | 20.0% |       |
| Data notes: <ul style="list-style-type: none"> <li>Discharges were only counted if there were less than 7 days between discharge and previous admit</li> <li>For Medicaid only, discharges were only counted if the client had Medicaid during the month of discharge.</li> </ul>   |   |        |       |       |       |       |

**Definition of Indicator and Measurement Standard**

**4. Children's Inpatient Utilization \*\***

Bed Days by 1000 for children

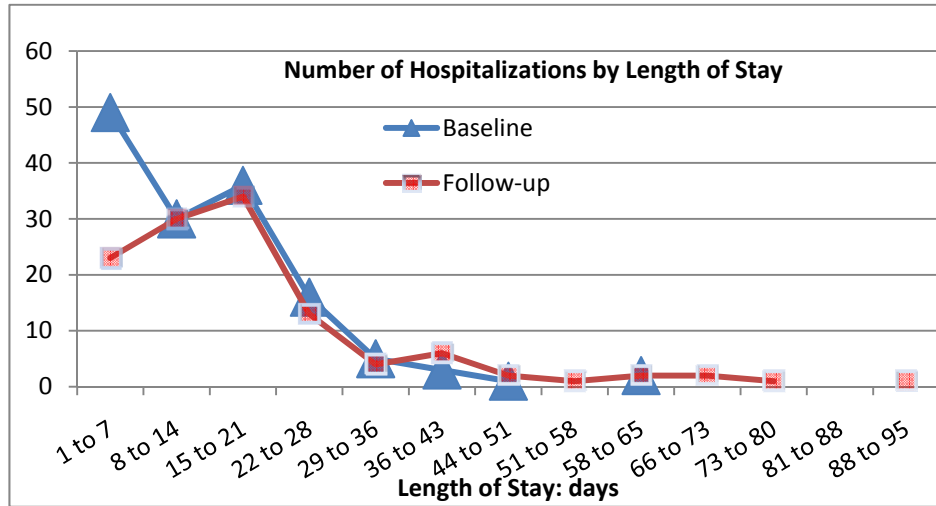
Numerator: Number of days of E& T or psychiatric inpatient community hospital service in a given year for Medicaid enrolled children ages 0-17 in PRSN

**X 1000**

Denominator: Estimate of children in the general population in the given year

**Current Target: 22.57** (This target represents a 5% decrease in admissions when the average length of stay remains constant)

- **Baseline = 10-01-2008 through 9-30-2009**
  - **Follow-up = 10-01-2009 through 09-30-2011**
- (Includes only hospitalizations authorized by CommCare)



**Measurements**

| Year                               | Region       |
|------------------------------------|--------------|
| <b>Federal Year 09 (baseline)</b>  | <b>23.77</b> |
| <b>Federal year 10 (follow-up)</b> | <b>25.39</b> |

**Number of Hospital Episodes and Average Length of Stay**

|                                     | Baseline '09 | Follow-up '10 | Difference   |
|-------------------------------------|--------------|---------------|--------------|
| <i>Number of Hospital Episodes*</i> | 142          | 127           | 11% decrease |
| <i>Average Length of Stay</i>       | 14           | 18            | 26% increase |

\*Hospital episodes where the discharge date is one day within readmission are considered transfers and are counted as one episode.

**Children's Inpatient Utilization including CLIP Days**

| Year                               | Region       |
|------------------------------------|--------------|
| <b>Federal Year 09 (baseline)</b>  | <b>37.77</b> |
| <b>Federal year 10 (follow-up)</b> | <b>29.05</b> |

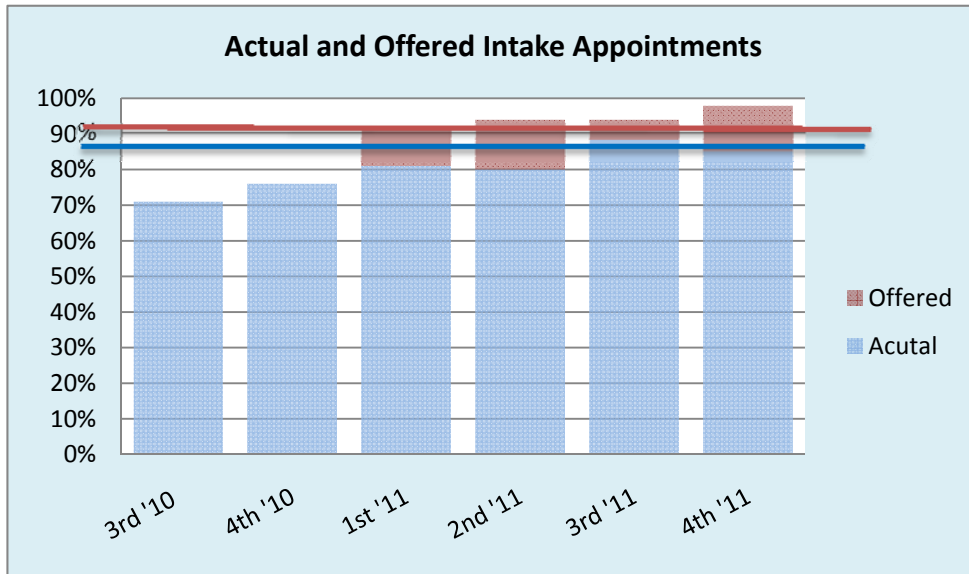
**Definition of Indicator and Measurement Standard**

**Measurements**

**5. Access to services (to intake) \***

Time from the request for inpatient services to the intake appointment.  
Numerator: Number of actual intake appointment within 14 days of request for service.

Denominator: Number of requests that result in an intake appointment and authorization of services and appointment within 60 days of their request.  
**(Minimum Performance Standard for Region = 82.5%)**



|                       | Region     | KMHS       | PCMHC      | JMHS        | WEOS*       |
|-----------------------|------------|------------|------------|-------------|-------------|
| FY 10 1 <sup>st</sup> | <b>85%</b> | 83%        | 90%        | 91%         | 80%*        |
| FY 10 2 <sup>nd</sup> | <b>80%</b> | 79%        | 89%        | 65%         | 69%*        |
| FY 10 3 <sup>rd</sup> | <b>70%</b> | 69%        | 71%        | 80%         | 88%*        |
| FY 10 4 <sup>th</sup> | <b>71%</b> | 73%        | 64%        | No data     | 61%         |
| FY 10 TOTAL           | <b>76%</b> | 76%        | 78%        | 79%         | 74%*        |
| FY 11 1 <sup>st</sup> | <b>81%</b> | <b>76%</b> | <b>95%</b> | <b>85%</b>  | <b>86%*</b> |
| Offered:              | 92%        | 92%        | 97%        | 90%         |             |
| FY 11 2 <sup>nd</sup> | <b>80%</b> | <b>78%</b> | <b>86%</b> | <b>88%</b>  | <b>89%*</b> |
| Offered:              | 94%        | 94%        | 95%        | 98%         |             |
| FY 11 3 <sup>rd</sup> | <b>88%</b> | <b>90%</b> | <b>82%</b> | <b>100%</b> | <b>59%</b>  |
|                       | 444/505    | 331/368    | 68/83      | 32/32       | 13/22       |
| Offered:              | 94%        | 98%        | 82%        | 100%        | 73%         |
| FY 11 4 <sup>th</sup> | <b>85%</b> | <b>88%</b> | <b>81%</b> | <b>81%</b>  | <b>67%</b>  |
|                       | 432/508    | 275/312    | 112/138    | 35/43       | 10/15       |
| Offered               | 98%        | 100%       | 95%        | 93%         | 100%        |

Notes: -Includes only requests that occurred no more than 60 days prior to the intake, and submitted as of October 3, 2011  
 \*Data for WEOS calculations until Quarter 3, FY 11 are based on referral data (as a proxy to request date) instead of request for services encounters, and is therefore not included in the regional calculations

**Definition of Indicator and Measurement Standard**

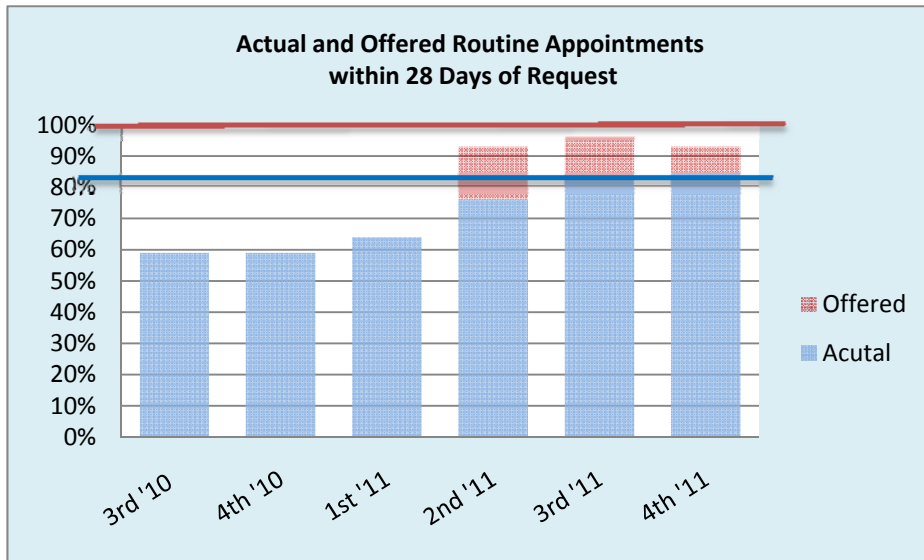
**6. Access to services (to routine appointment) \***

Time from Request to Service to first Routine Appointment.

Numerator: The number of Enrollees who receive service within 28 days of request for service.

Denominator: The Total number of Enrollees who receive a first routine service.

**PRSN average of 75% or a minimum of 50% for FY 10 with an increase of 20% each year after.**



**Measurements**

|                          | Region                      | KMHS      | PCMHC    | JMHS    | WEOS    |
|--------------------------|-----------------------------|-----------|----------|---------|---------|
| FY 10<br>1 <sup>st</sup> | 66%                         | 65%       | 66%      | 71%     | 100%*   |
| FY 10<br>2 <sup>nd</sup> | 59%                         | 57%       | 58%      | 70%     | No data |
| FY 10<br>3 <sup>rd</sup> | 59%                         | 59%       | 61%      | 60%     | No data |
| FY 10<br>4 <sup>th</sup> | 59%                         | 56%       | 60%      | 78%     | No data |
| <b>FY 10<br/>Total</b>   | <b>61%</b>                  | 59%       | 61%      | 70%     | No data |
| FY 11<br>1 <sup>st</sup> | 64%                         | 61%       | 71%      | 68%     | No data |
| FY 11<br>2 <sup>nd</sup> | 76%                         | 75%       | 77%      | 84%     | 100%*   |
| <i>Offered:</i>          | 81%                         | 80%       | 81%      | 87%     | 100%    |
| FY 11<br>3 <sup>rd</sup> | 83%                         | 82%       | 81%      | 93%     | 88%     |
|                          | 289/349                     | 216/263   | 44/54    | 14/15   | 15/17   |
| <i>Offered:</i>          | 89%                         | 89%       | 87%      | 93%     | 88%     |
| FY 11<br>4 <sup>th</sup> | 84%                         | 86%       | 80%      | 71%     | 88%     |
|                          | 346 / 414                   | 223 / 258 | 94 / 117 | 22 / 31 | 7 / 8   |
| <i>Offered:</i>          | 93%                         | 95%       | 91%      | 84%     | 88%     |
| Notes:                   | *Data not complete for WEOS |           |          |         |         |

**Chart Review findings for this Standard** (Percent of Intake Charts reviewed where the client received a first routine appointment within 28 days of request.) **Numbers in parenthesis indicate percent of reviews where client was either seen within 28 days or there was adequate justification documented for why they were not seen on time.**

|             | Region                 | KMHS                   | PCMHC                  | JMHS                   | WEOS                   |
|-------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| FY 10 TOTAL | 75%                    | 82%                    | 73%                    | 70%                    | 64%                    |
| FY 11 TOTAL | 63% (83%)<br>Sample=95 | 49% (83%)<br>Sample=35 | 84% (96%)<br>Sample=25 | 60% (88%)<br>Sample=20 | 47% (63%)<br>Sample=15 |

**Definition of Indicator and Measurement Standard**

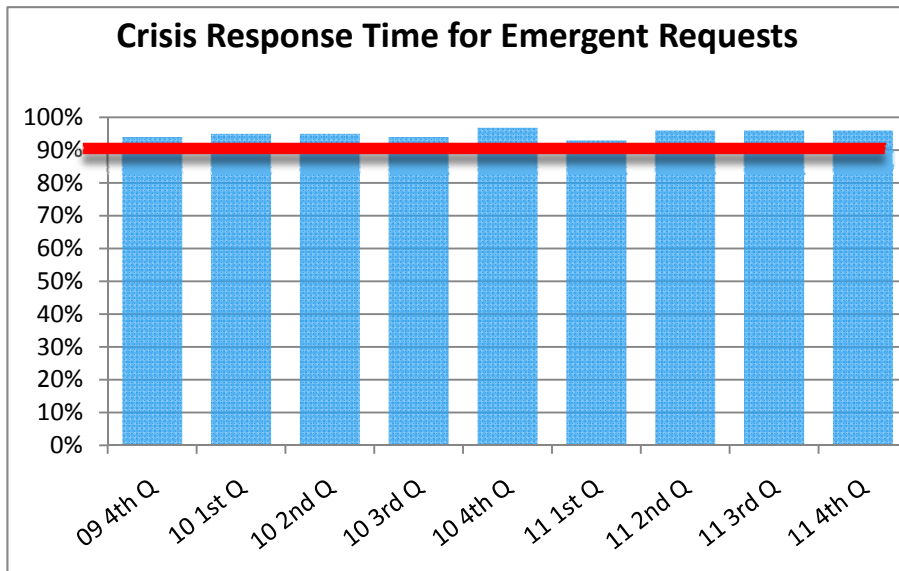
**7. Access to Services (emergent requests)**

Time from request for emergent mental health care to face to face response to the request.

Numerator: The number of face to face emergent mental health care responses that occur within two hours of the request.

Denominator: The number of requests for emergent mental health care.

**PRSN average of 90% or 10% improvement from the last quarter**



**Measurements**

|                       | Region                | KMHS           | PCMHC         | JMHS          | WEOS          |
|-----------------------|-----------------------|----------------|---------------|---------------|---------------|
| FY 10 1 <sup>st</sup> | <b>95%</b><br>473/497 | 94%<br>335/355 | 100%<br>93/93 | 95%<br>35/37  | 100%<br>9/9   |
| FY 10 2 <sup>nd</sup> | <b>95%</b><br>476/500 | 94%<br>335/355 | 99%<br>88/89  | 92%<br>36/39  | 100%<br>17/17 |
| FY 10 3 <sup>rd</sup> | <b>94%</b><br>441/468 | 93%<br>315/339 | 100%<br>89/89 | 90%<br>28/31  | 100%<br>9/9   |
| FY 10 4 <sup>th</sup> | <b>97%</b><br>485/501 | 97%<br>325/351 | 97%<br>83/88  | 100%<br>35/35 | 100%<br>4/4   |
| <b>FY 10 Total</b>    | <b>95%</b>            | <b>94%</b>     | <b>98%</b>    | <b>94%</b>    | <b>100%</b>   |
| FY 11 1 <sup>st</sup> | <b>93%</b><br>444/475 | 92%<br>325/351 | 94%<br>83/88  | 100%<br>35/35 | 100%<br>1/1   |
| FY 11 2 <sup>nd</sup> | <b>96%</b><br>439/456 | 97%<br>349/360 | 93%<br>56/60  | 97%<br>28/29  | 86%<br>6/7    |
| FY 11 3 <sup>rd</sup> | <b>96%</b><br>426/445 | 96%<br>314/328 | 95%<br>75/79  | 97%<br>31/32  | 100%<br>6/6   |
| FY 11 4 <sup>th</sup> | <b>96%</b><br>569/594 | 96%<br>432/452 | 96%<br>86/90  | 98%<br>43/44  | 100%<br>5/5   |
| <b>FY 11 Total</b>    | <b>95%</b>            | <b>95%</b>     | <b>95%</b>    | <b>98%</b>    | <b>95%</b>    |

**Definition of Indicator and Measurement Standard**

**Measurements**

**☒ Performance-based Measure**

**8.Coordination of Care (inpatient and outpatient)\***

**a.** Time from discharge from hospital to first non-crisis outpatient services.

Numerator: First non-crisis outpatient services received 7 or fewer days after hospital discharge.

Denominator: Number of hospital discharges of consumers who are Medicaid enrolled.

**(Minimum Regional Performance target for a 6 month period= 75%, minimum standard 50%)**

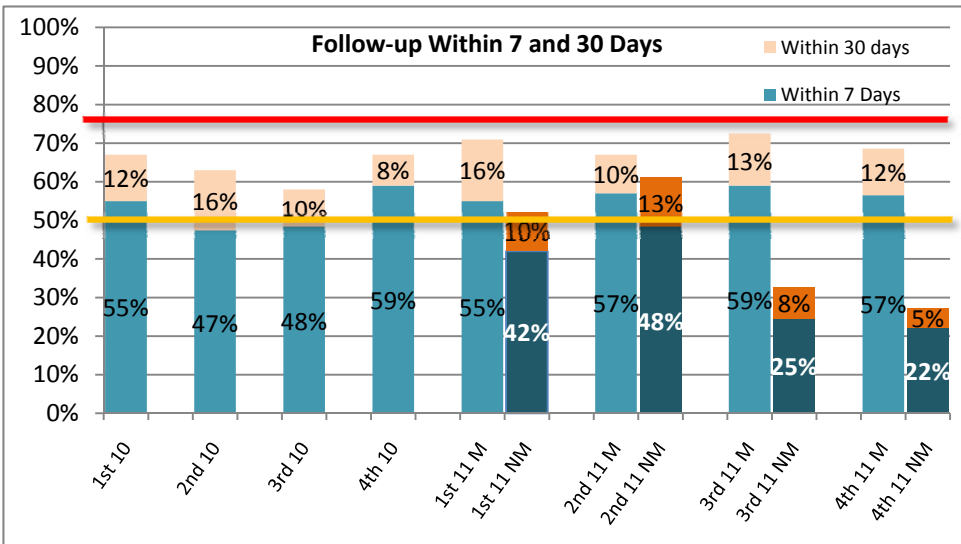
**b.** Time from discharge from hospital to first non-crisis outpatient services.

Numerator: First non-crisis outpatient services received 7 or fewer days after hospital discharge.

Denominator: Number of hospital discharges of consumers who are not Medicaid enrolled.

**(Minimum Regional Performance Standard for a 6 month period= 50%)**

|                                    | Region  | KMHS       | PCMHC      | JMHS       | WEOS       |
|------------------------------------|---|------------|------------|------------|------------|
| FY 10 1 <sup>st</sup>              | 55%   | 56%        | 67%        | 64%        | 0%*        |
| FY 10 2 <sup>nd</sup>              | 50%   | 46%        | 55%        | 54%        | 33%*       |
| FY 10 3 <sup>rd</sup>              | 48%   | 47%        | 65%        | 25%*       | 20%*       |
| FY 10 4 <sup>th</sup>              | 59%   | 60%        | 65%        | 38%        | 40%*       |
| <b>FY 10 Total</b>                 | <b>52%</b>  | <b>53%</b> | <b>56%</b> | <b>47%</b> | <b>33%</b> |
| <b>Contract yr 2009/10</b>         | <b>51%</b>  | <b>52%</b> | <b>58%</b> | <b>28%</b> | <b>31%</b> |
| FY 11 1 <sup>st</sup> Medicaid     | 55%   | 57%        | 33%        | 43%        | N/A        |
|                                    | 60 / 109  | 55 / 96    | 2 / 6      | 3 / 7      |            |
| FY 11 1 <sup>st</sup> Non-Medicaid | 42%   | 45%        | 50%        | N/A        | N/A        |
|                                    | 25 / 59   | 24 / 53    | 1 / 2      |            |            |
| FY 11 2 <sup>ND</sup> Medicaid     | 56%   | 61%        | 17%        | 67%        | 75%        |
|                                    | 55 / 99 *   | 40 / 66    | 1 / 6      | 2 / 3      | 3 / 4      |
| FY 11 2 <sup>ND</sup> Non-Medicaid | 48%   | 46%        | 71%        | 60%        | N/A        |
|                                    | 31 / 64 *   | 17 / 37    | 5 / 7      | 6 / 10     |            |
| FY 11 3 <sup>rd</sup> Medicaid     | 58.7%   | 56.3%      | 63.6%      | 100%       | 75%        |
|                                    | 61 / 104  | 49 / 87    | 7 / 11     | 2 / 2      | 3 / 4      |
| FY 11 3 <sup>rd</sup> Non-Medicaid | 24.5%   | 27.0%      | 11.1%      | 33.3%      | N/A        |
|                                    | 12 / 49   | 10 / 37    | 1 / 9      | 1 / 3      |            |
| FY 11 4 <sup>th</sup> Medicaid     | 56.5%   | 55.4%      | 62.5%      | 50.0%      | 100.0%     |
|                                    | 51 / 91   | 41 / 74    | 5 / 8      | 4 / 8      | 1 / 1      |
| FY 11 4 <sup>th</sup> Non-Medicaid | 22.1%   | 26.2%      | 0.0%       | 11.1%      | N/A        |
|                                    | 17 / 77   | 16 / 61    | 0 / 7      | 1 / 9      |            |
| Notes:                             | *There were 29 that were not assigned to an agency (9/20 for Medicaid, and 3/9 for Non-Medicaid received follow-up within 7 days) |            |            |            |            |



**Definition of Indicator and Measurement Standard**

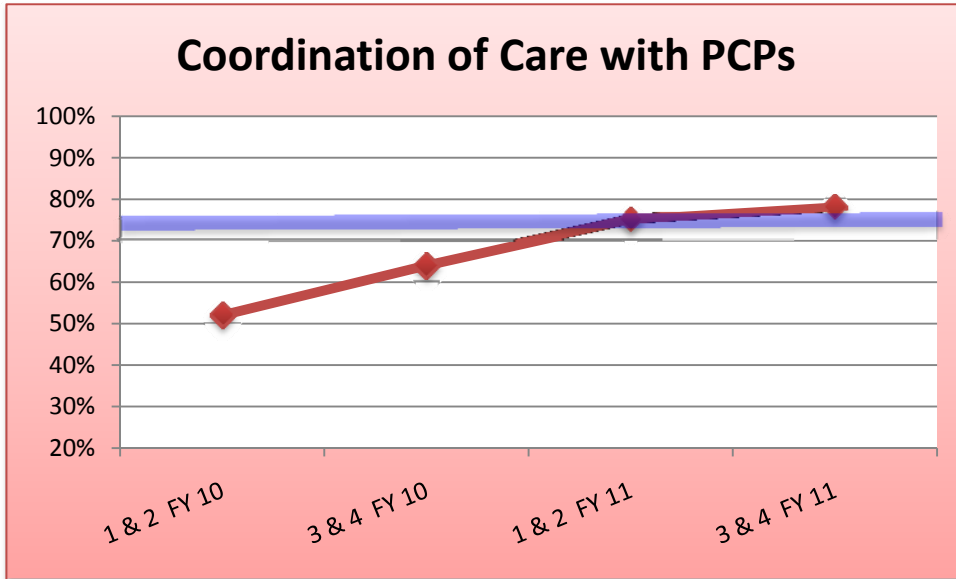
**9. Coordination of Care (with PCPs)\*\***

Coordination of Care with Primary Care Physicians

Numerator: Number of charts that document communication that has occurred with PCP within the last year either by sending medical notes, by documenting phone conversations, or by requesting notes from the PCP.

Denominator: Number of Charts reviewed that have been authorized for continued care.

**Current Target: 75%**



**Measurements**

|   | Region                    | KMHS             | PCMHC          | JMHS           | WEOS           |
|---|---------------------------|------------------|----------------|----------------|----------------|
| FY 10<br>1 <sup>st</sup><br>2 <sup>nd</sup> | 52%                       | 38%              | 63%            | 61%            | 55%            |
| FY 10<br>3 <sup>rd</sup><br>4 <sup>th</sup> | 64%                       | 71%              | 56%            | 41%            | 38%            |
| FY 10<br>TOTAL                              | 61%                       | 66%              | 59%            | 50%            | 46%            |
| FY 11<br>1 <sup>st</sup><br>2 <sup>nd</sup> | 75%                       | 78%              | 73%            | 75%*           | 40%*           |
| FY 11<br>3 <sup>rd</sup><br>4 <sup>th</sup> | 78%                       | 79%              | 78%            | 68%            | 62%            |
| FY 11<br>TOTAL                              | 76%<br>(175/230)          | 79%<br>(103/131) | 74%<br>(58/78) | 70%<br>(23/33) | 58%<br>(18/31) |
| Notes:                                      | *Sample size less than 10 |                  |                |                |                |

| Definition of Indicator and Measurement Standard | Measurements |
|--|--------------|
|--|--------------|

**C. To promote recovery-focused services.**

**NEW: this is a regional performance measure, and required by contract. These are the first review results—serving as a baseline.**

**10. Support for Employment Goals \*\***

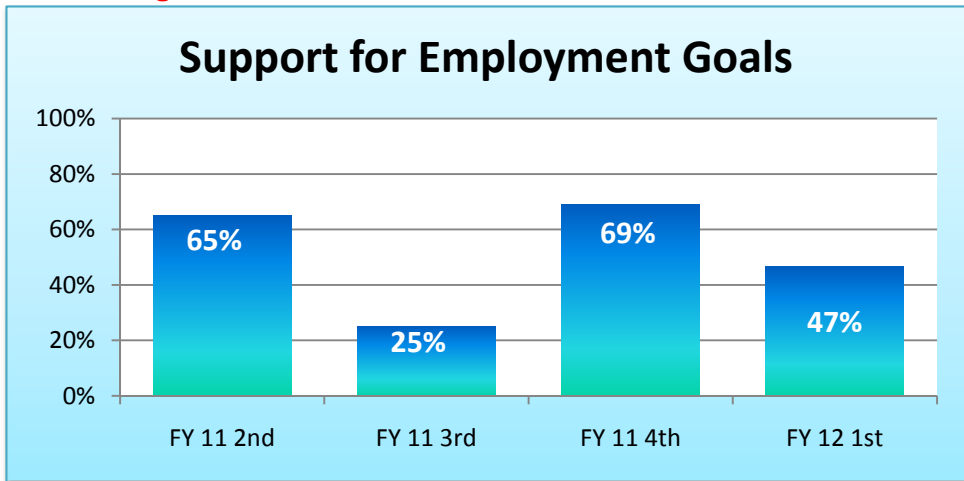
Employment, Education or Volunteer Goals Reflected on the Treatment Plan.

Numerator: Number of charts in the denominator that include a treatment plan with a treatment goal addressing education, volunteering, or employment.

Denominator: Number of Level 2 authorized, Medicaid-funded clients' charts whose intake indicates that the client is interested in pursuing education, volunteering, or employment goals

**Current Target: 80%**

|                       | Region           | KMHS             | PCMHC          | JMHS          | WEOS           |
|-----------------------|------------------|------------------|----------------|---------------|----------------|
| FY 11 2 <sup>nd</sup> | 65%<br>(11/17)   | 69%<br>(9/13)    | 0%<br>(0/1)    | N/A           | 67%<br>(2/3)   |
| FY 11 3 <sup>rd</sup> | 25%<br>(4/16)    | 29%<br>(4/14)    | 0%<br>(0/1)    | 0%<br>(0/1)   | N/A            |
| FY 11 4 <sup>th</sup> | 69%<br>(9/13)    | 89%<br>(8/9)     | 100%<br>(1/1)  | 0%<br>(0/2)   | 0%<br>(0/1)    |
| FY 12 1 <sup>st</sup> | 47%<br>(7/15)    | 54%<br>(7/13)    | 0%<br>(0/1)    | 0%<br>(0/1)   | N/A            |
| Contract year 2011:   | 52%<br>(28 / 54) | 58%<br>(26 / 45) | 33%<br>(1 / 3) | 0%<br>(0 / 4) | 50%<br>(1 / 2) |



| Definition of Indicator and Measurement Standard  | Measurements  |        |      |       |      |       |
|---|---------------|--------|------|-------|------|-------|
| <b>D. To ensure data is accurate and complete and timely.</b>   |               |        |      |       |      |       |
| <input checked="" type="checkbox"/> <b>Performance-based Measure (with slight changes)</b><br><b>11. Data Integrity</b><br>Service activity and recipient demographics in the MIS system are compared with documentation in the clinical record.<br><u>Numerator:</u> Number of matching service activity and recipient demographics data elements.<br><u>Denominator:</u> Total number Service activity and recipient demographic data elements reviewed.<br><b>(Minimum Performance Standard 95%)</b> | Contract Year | Region | KMHS | PCMHC | JMHS | WEOS  |
| <u>Numerator:</u> Number of unsubstantiated (service cannot be verified in clinical documentation) service activity encounters<br><br><u>Denominator:</u> Total number Service activity encounters reviewed.<br><b>(Minimum Performance Standard 2 %)</b>   | 2009/2010     | 97%    | 97%  | 96%   | 97%  | 98%   |
|   | 2010/2011     | 99%    | 99%  | 99%   | 99%  | 99%   |
|   |               |        |      |       |      |       |
| <u>Numerator:</u> Number of unsubstantiated (service cannot be verified in clinical documentation) service activity encounters<br><br><u>Denominator:</u> Total number Service activity encounters reviewed.<br><b>(Minimum Performance Standard 2 %)</b>   | Contract Year | Region | KMHS | PCMHC | JMHS | WEOS  |
|   | 2009/2010     | 9.1%   | 7.0% | 15.7% | 2.6% | 3.2%  |
|   | 2010/2011     | 2.6%   | 1.2% | 1.2%  | 2.0% | 9.5%* |
| <p>For 2009/10, corrective action plans were completed at every agency by December 2010. Plans included staff training, modifications to documentation processes, and elimination or clarification of some code uses.</p> <p>*Issues with encounters at WEOS for 2010/11 are primarily related to the absence of notes that had not been scanned into Profiler.</p>   |               |        |      |       |      |       |

**Definition of Indicator and Measurement Standard**

**Measurements**

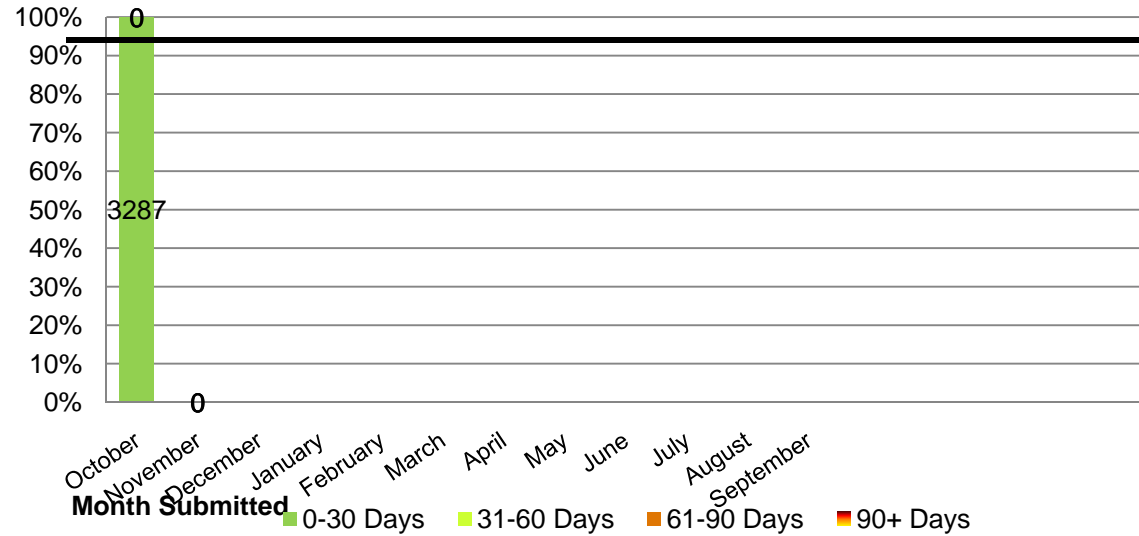
**12. Data Integrity \***

Consumer Periodics submission timeliness

Numerator: Number of Consumer Periodics that were successfully submitted within 60 days of collection.

Denominator: Number of Consumer Periodics that were submitted.

**Average of 95%**



| Contract Year | Cumulative percent for Region |
|---------------|-------------------------------|
| 2009/ 2010    | 100.0%                        |
| 2010/2011     | 100.0%                        |

\*Data and graphs provided by DBHR

| Definition of Indicator and Measurement Standard  | Measurements  |                 |            |            |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |
|---|---|-----------------|------------|------------|------------|----------|---------|------|------|----|---|----------|------|------|----|---|---------------|-------------------------------|------------|--------------|-----------|--------------|
| <p><b>13. Data Integrity *</b></p> <p>Outpatient encounter submission timeliness</p> <p><u>Numerator:</u> Number of outpatient encounters successfully submitted within 60 days after the close of the month in which the services were provided (i.e. service month).</p> <p><u>Denominator:</u> Number of outpatient encounters submitted.</p> <p><b>Average of 95%</b></p> | <table border="1"> <caption>Stacked Bar Chart Data</caption> <thead> <tr> <th>Month Submitted</th> <th>0-30 Days</th> <th>31-60 Days</th> <th>61-90 Days</th> <th>90+ Days</th> </tr> </thead> <tbody> <tr> <td>October</td> <td>6103</td> <td>2804</td> <td>51</td> <td>0</td> </tr> <tr> <td>November</td> <td>1733</td> <td>1998</td> <td>30</td> <td>0</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th data-bbox="951 849 1346 894">Contract Year</th> <th data-bbox="1346 849 2045 894">Cumulative percent for Region</th> </tr> </thead> <tbody> <tr> <td data-bbox="951 894 1346 1016">2009/ 2010</td> <td data-bbox="1346 894 2045 1016"><b>26.2%</b></td> </tr> <tr> <td data-bbox="951 1016 1346 1138">2010/2011</td> <td data-bbox="1346 1016 2045 1138"><b>82.2%</b></td> </tr> </tbody> </table> <p><b>*Data and graphs provided by DBHR</b></p> | Month Submitted | 0-30 Days  | 31-60 Days | 61-90 Days | 90+ Days | October | 6103 | 2804 | 51 | 0 | November | 1733 | 1998 | 30 | 0 | Contract Year | Cumulative percent for Region | 2009/ 2010 | <b>26.2%</b> | 2010/2011 | <b>82.2%</b> |
| Month Submitted   | 0-30 Days   | 31-60 Days      | 61-90 Days | 90+ Days   |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |
| October   | 6103  | 2804            | 51         | 0          |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |
| November  | 1733  | 1998            | 30         | 0          |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |
| Contract Year   | Cumulative percent for Region   |                 |            |            |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |
| 2009/ 2010  | <b>26.2%</b>  |                 |            |            |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |
| 2010/2011   | <b>82.2%</b>  |                 |            |            |            |          |         |      |      |    |   |          |      |      |    |   |               |                               |            |              |           |              |