South Peninsula
Behavioral Health Services, Inc.

Annual Performance Summary

2014

South Peninsula
Behavioral Health Services, Inc.

Performance Improvement Plan

- Describes how we systematically measure, monitor and improve the performance of the SPBHS over time
- Specifies performance indicators and target goals for the year
- Implemented by the performance improvement team, performance improvement specialist
- Accountability to the community for the quality of care provided and the public funds used

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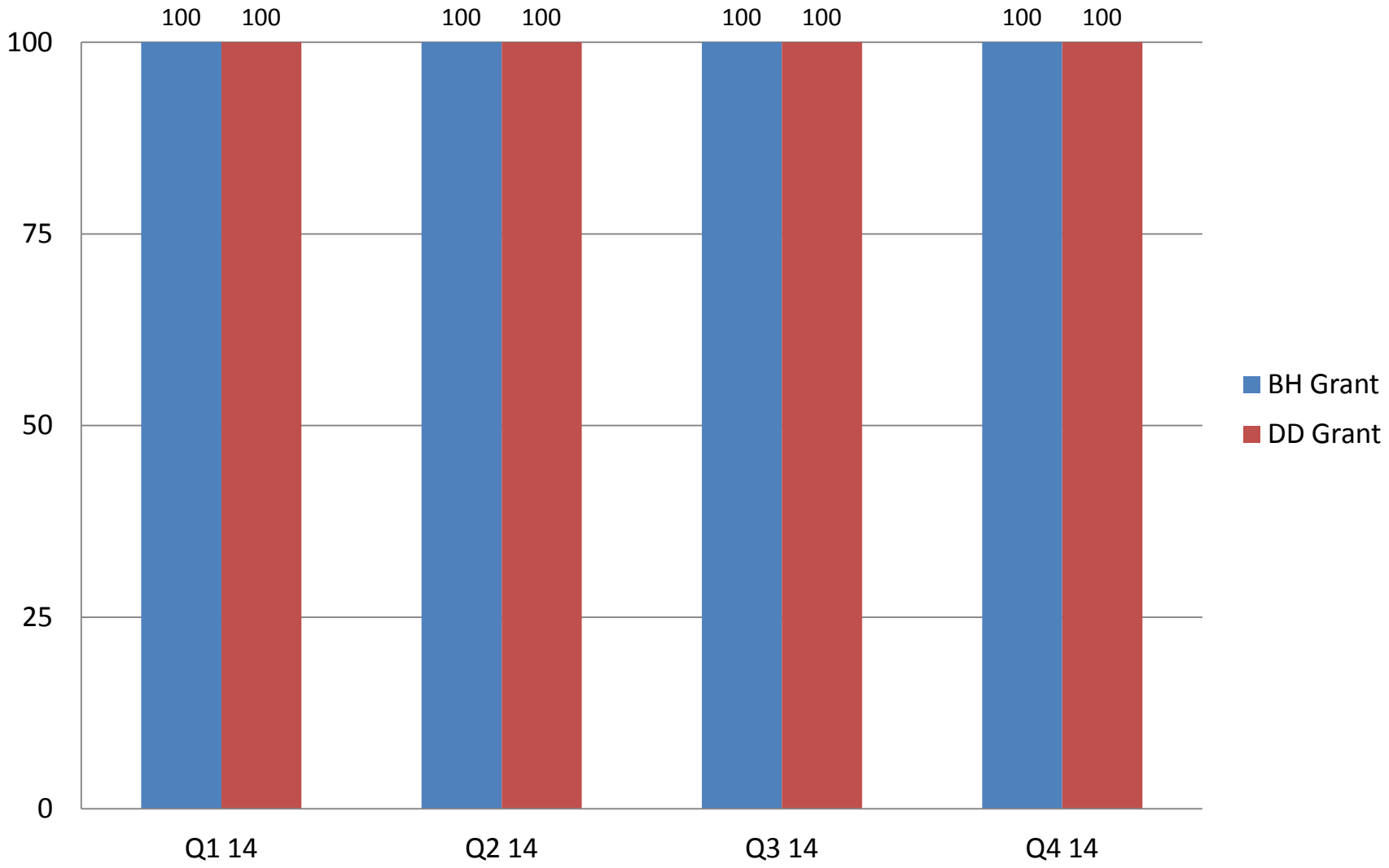
Quality of Measures

- As this is our second annual performance summary
- The reliability, validity, accuracy and completeness of the data reported here is improving. Footnotes throughout the report indicate when caution in interpretation should be exercised.
- While the CSR generally links the care people get to the outcomes they report, specific CSR reliability and validity measures for persons with severe mental illness or cognitive disabilities are not available and may influence the quality of data.

South Peninsula Behavioral Health Services, Inc.

Business Function: Grant funding reporting requirements are submitted timely and accurately

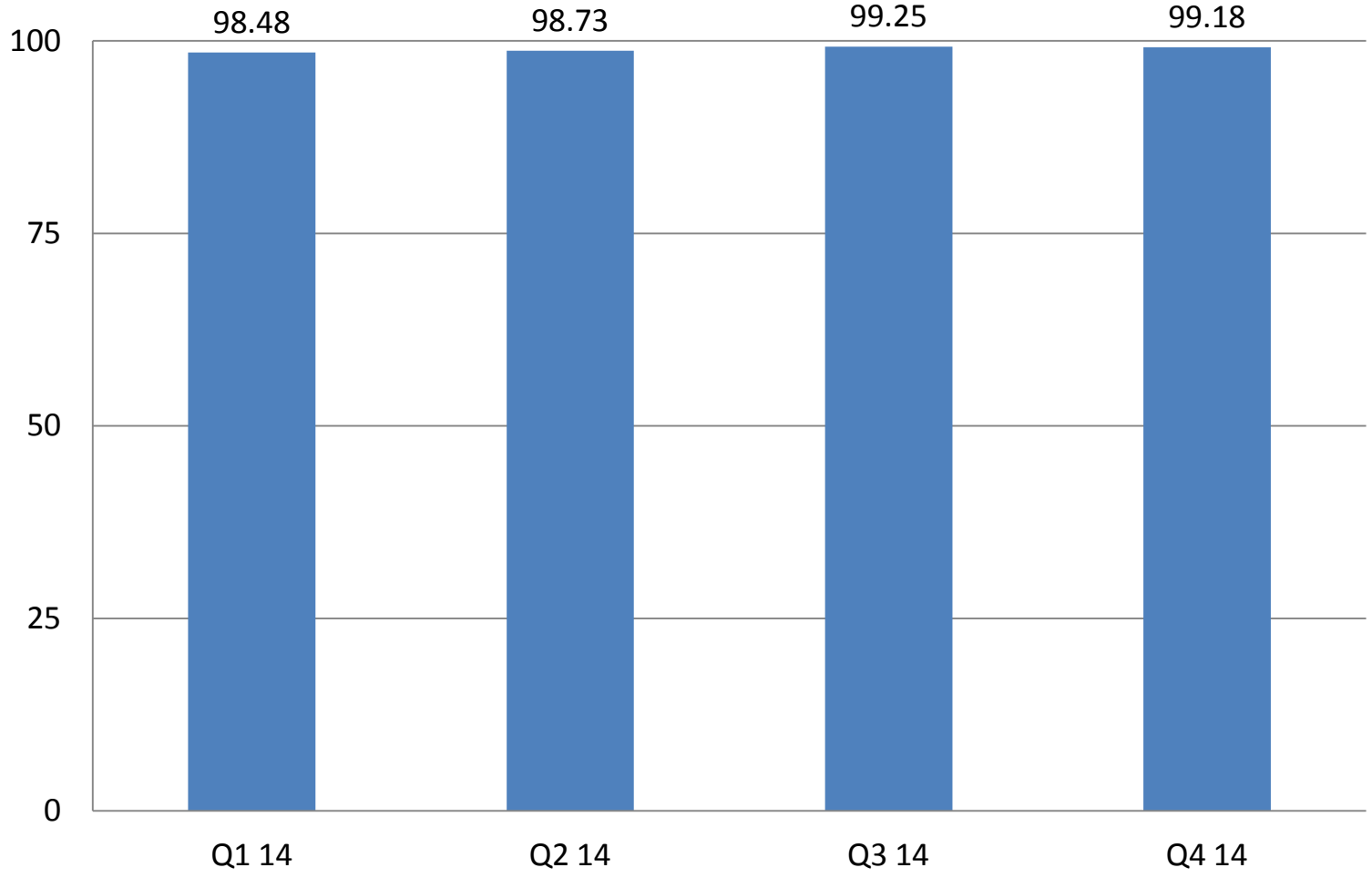
Goal: 100%



South Peninsula Behavioral Health Services, Inc.

Business Function: AKAIMS data integrity minimal data set report

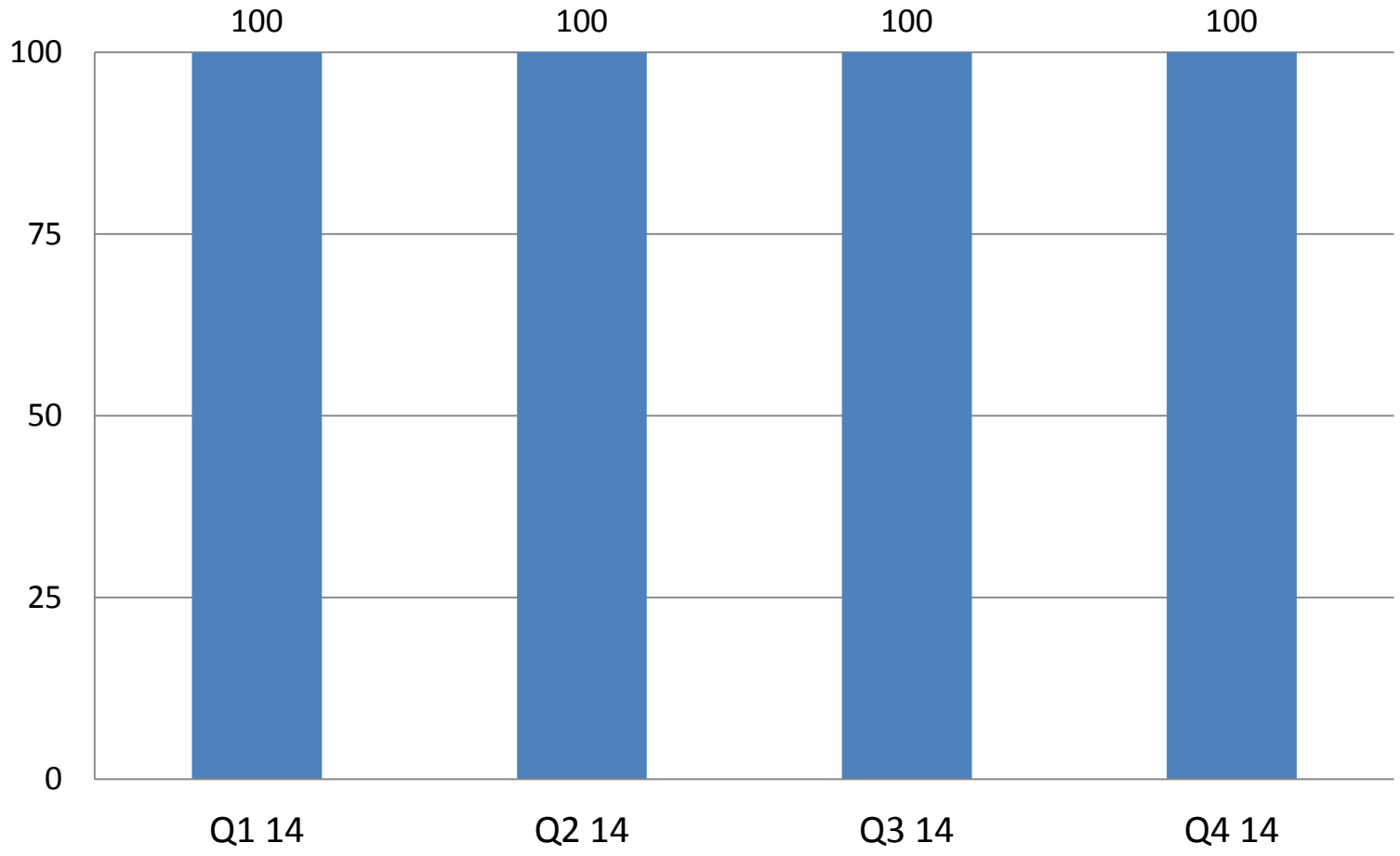
Goal: 98%



South Peninsula Behavioral Health Services, Inc.

Business Function: Funds on hand for 90 days of SPBHS operations

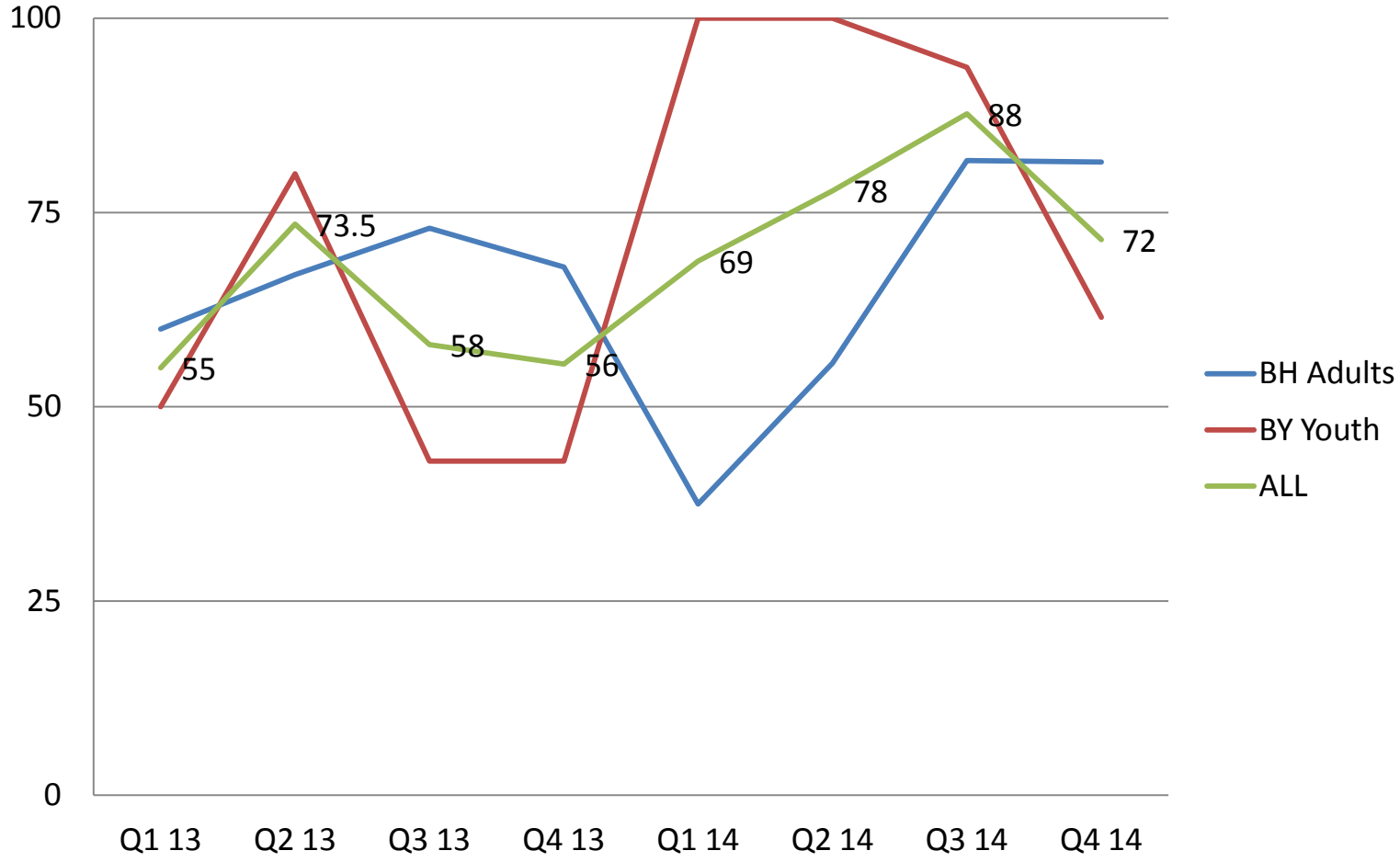
Goal: 100%



South Peninsula Behavioral Health Services, Inc.

Effectiveness: Percent of clients reporting improvement in life domains between first and second CSR

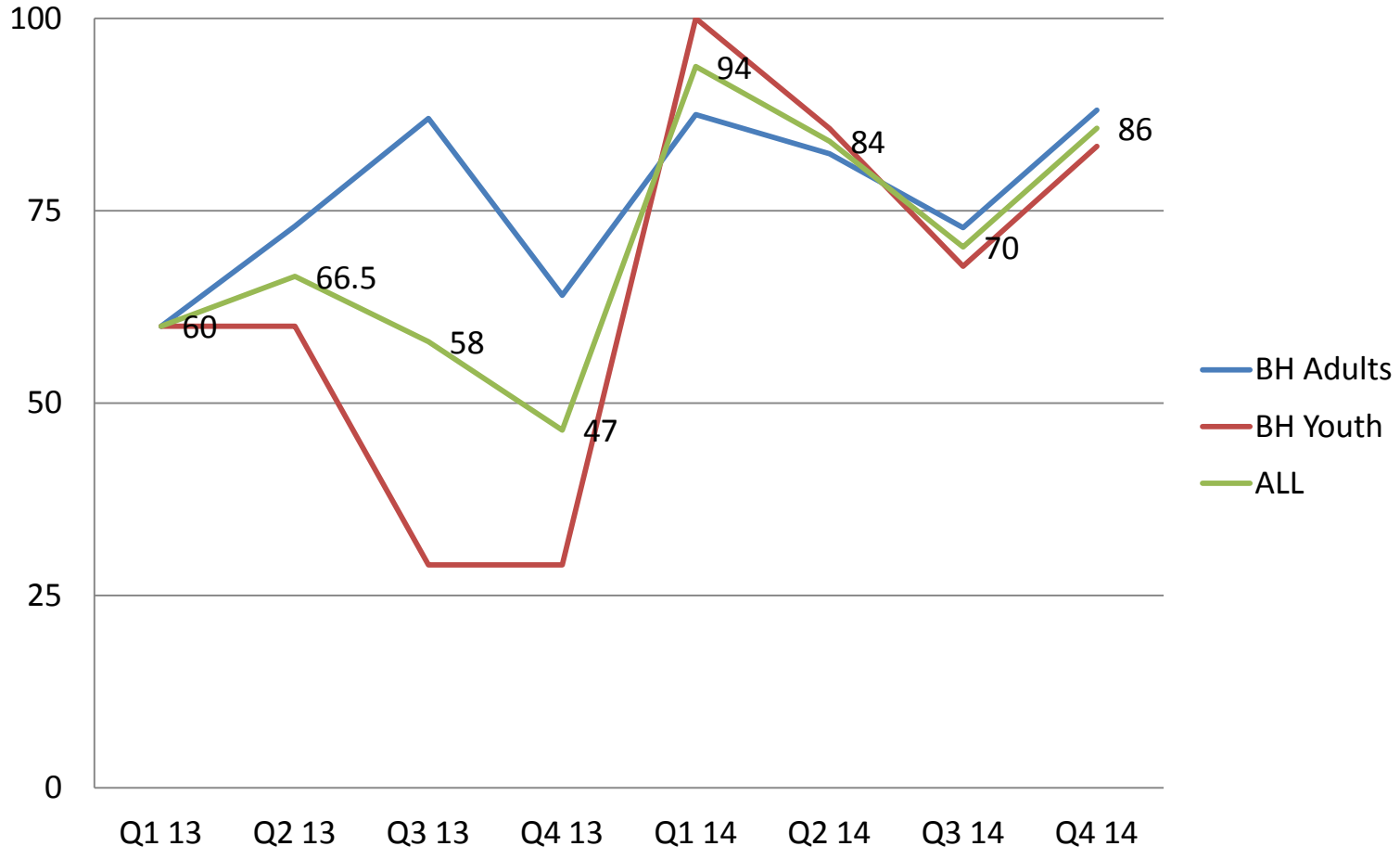
Goal 90%- All BH clients 65% for FY14



South Peninsula Behavioral Health Services, Inc.

Effectiveness: Percent of clients reporting improvement in quality of life domains between first and second CSR

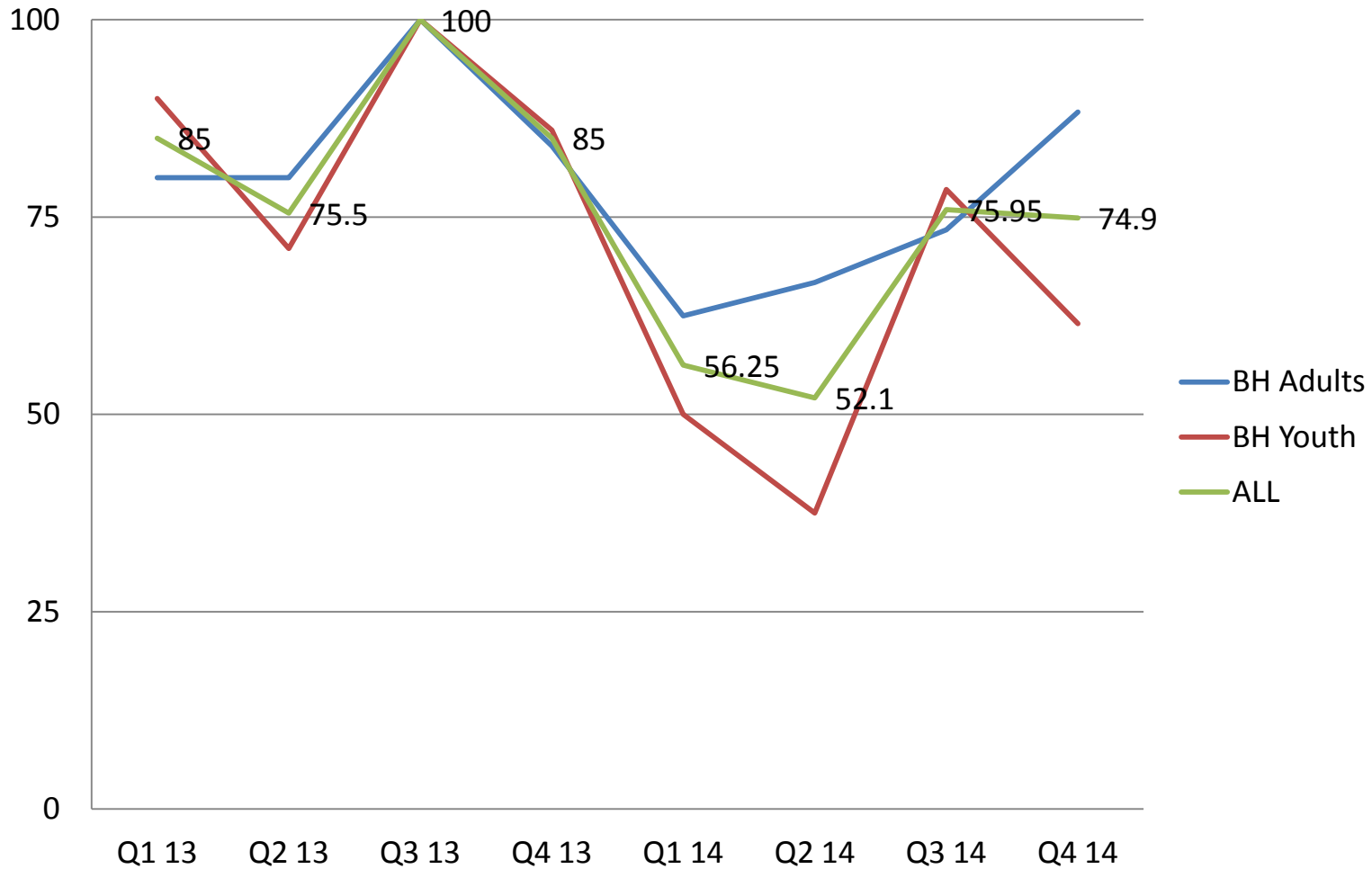
Goal: 90%- All BH clients 62% for FY14



South Peninsula Behavioral Health Services, Inc.

Effectiveness: Percent of clients who report their quality of life as Satisfied or better on the second CSR

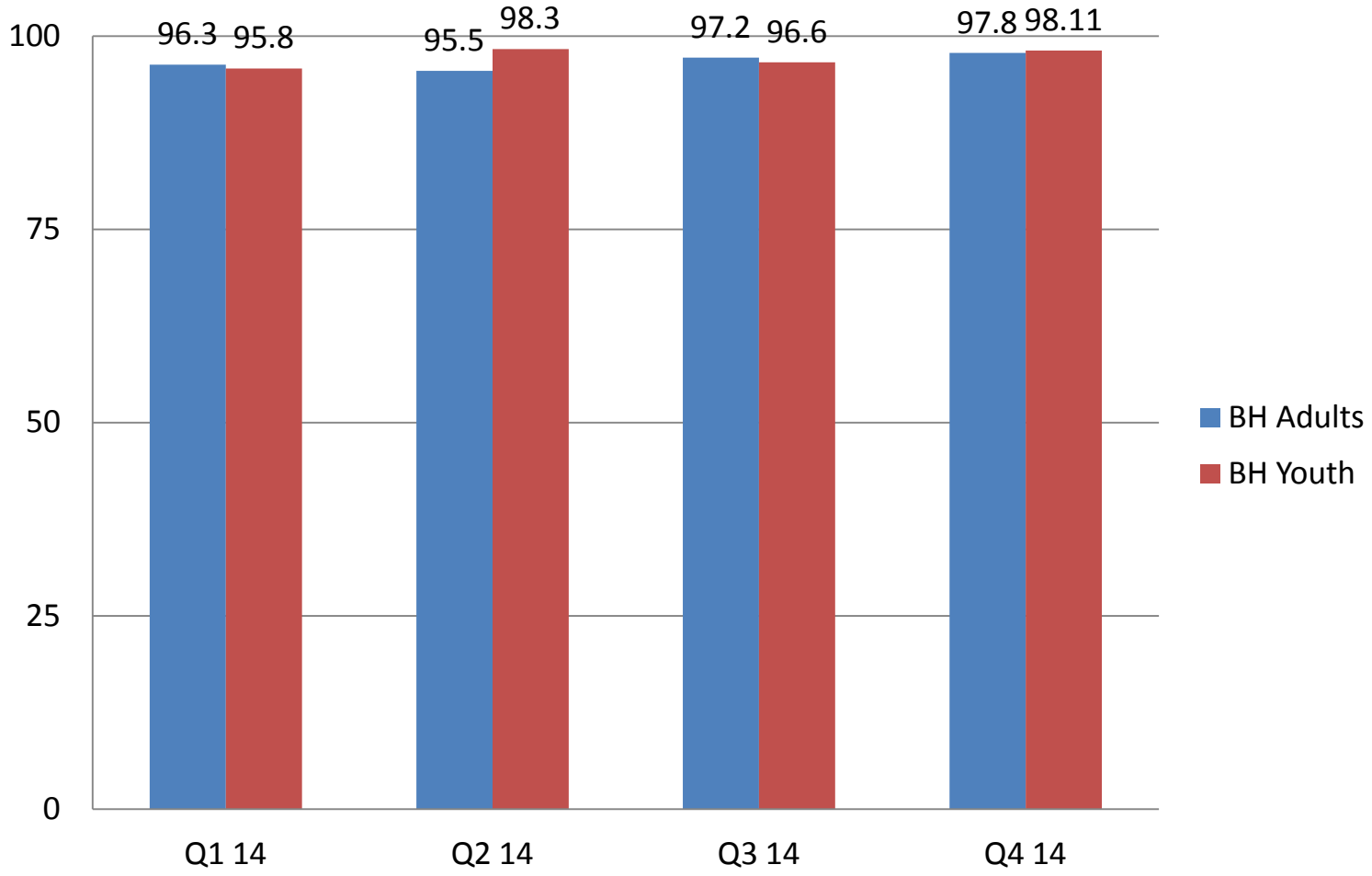
Goal: 90%- All BH clients 85% for FY14



South Peninsula Behavioral Health Services, Inc.

Efficiency: Percent of CSR's completed within the required 135 days from previous CSR

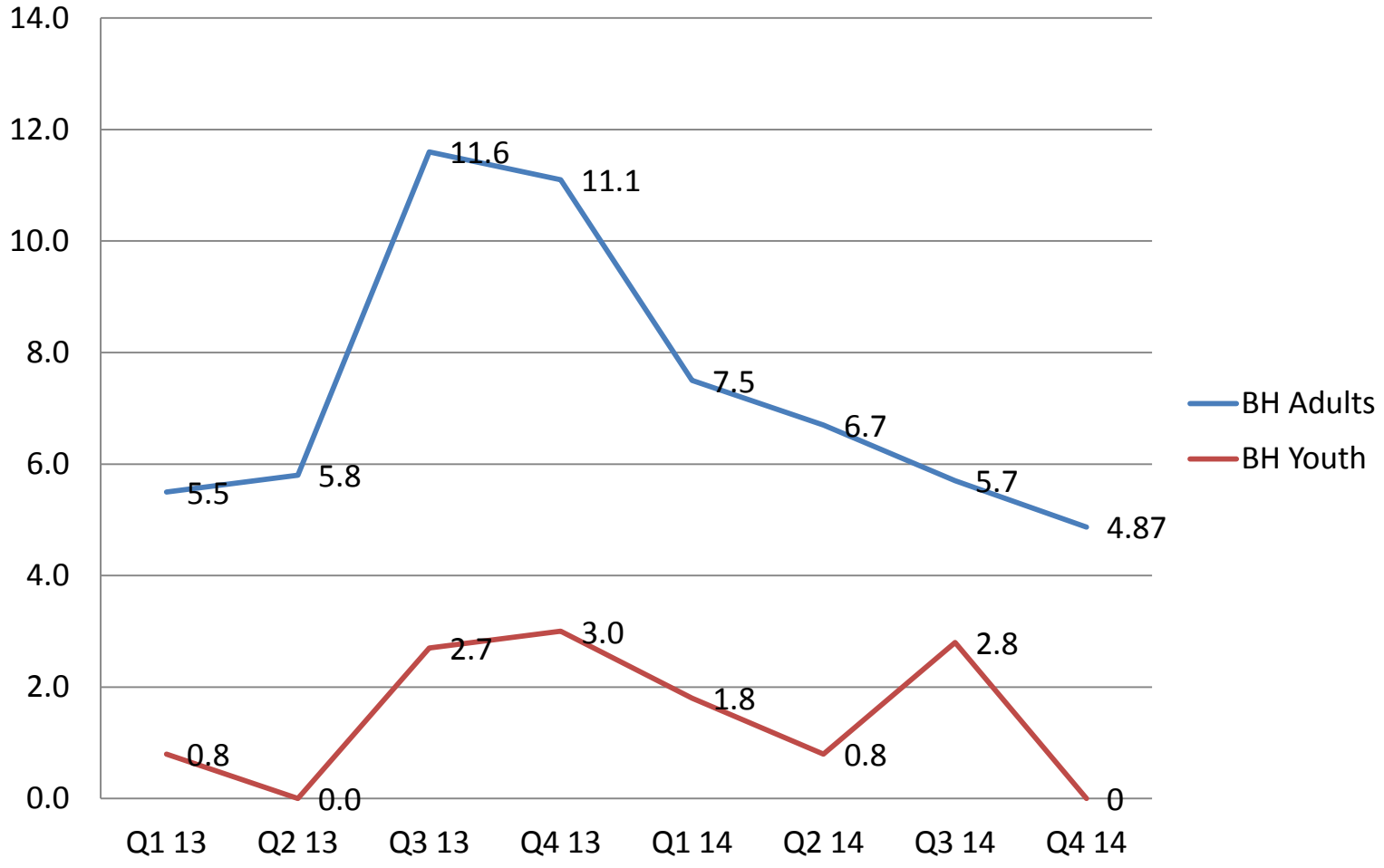
Goal: 98%- All BH clients 97% for 2014



South Peninsula Behavioral Health Services, Inc.

Efficiency: Percent of active BH recipients who have not been seen for a face-to-face contact for at least 135 days

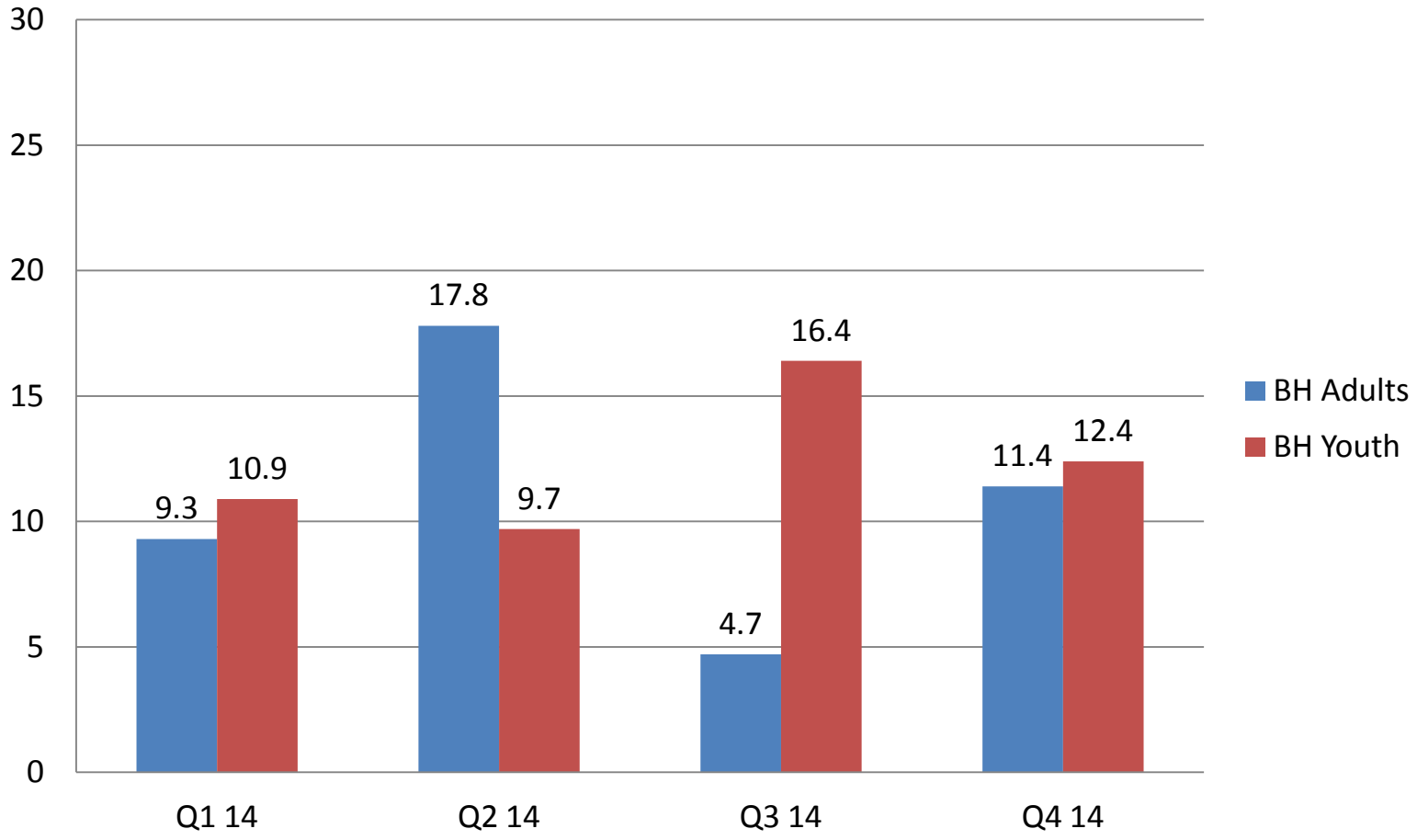
Goal: <5%- All BH clients 4.5% for 2014



South Peninsula Behavioral Health Services, Inc.

Efficiency: Elapse time of less than 30 days on average between experiencing Alaska Screening Tool (AST) to first service for BH Adults and Youth

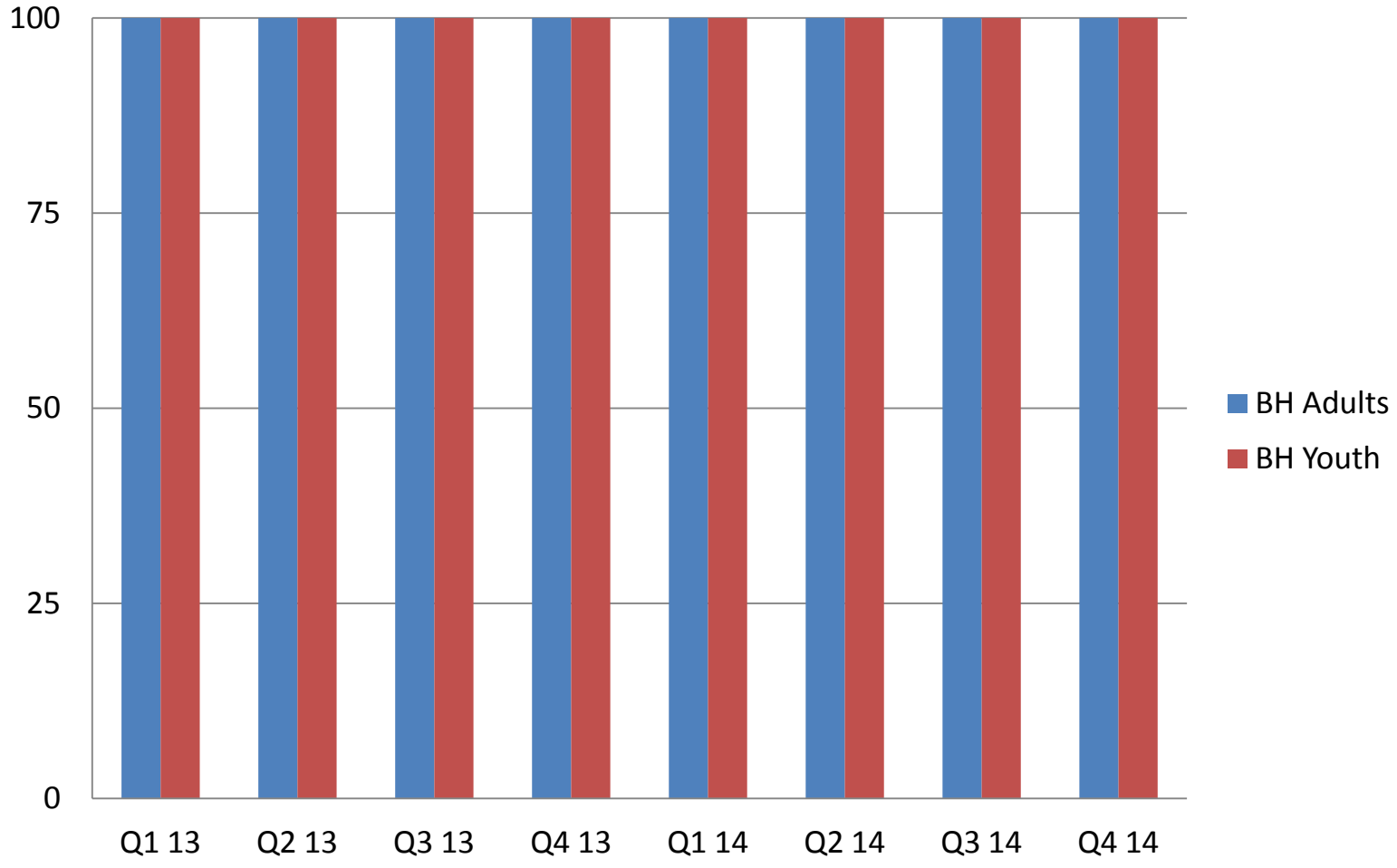
Goal: <30 Days- Average of 12 days all BH clients for 2014



South Peninsula Behavioral Health Services, Inc.

Efficiency: Percent of clients for whom AST is completed at admission

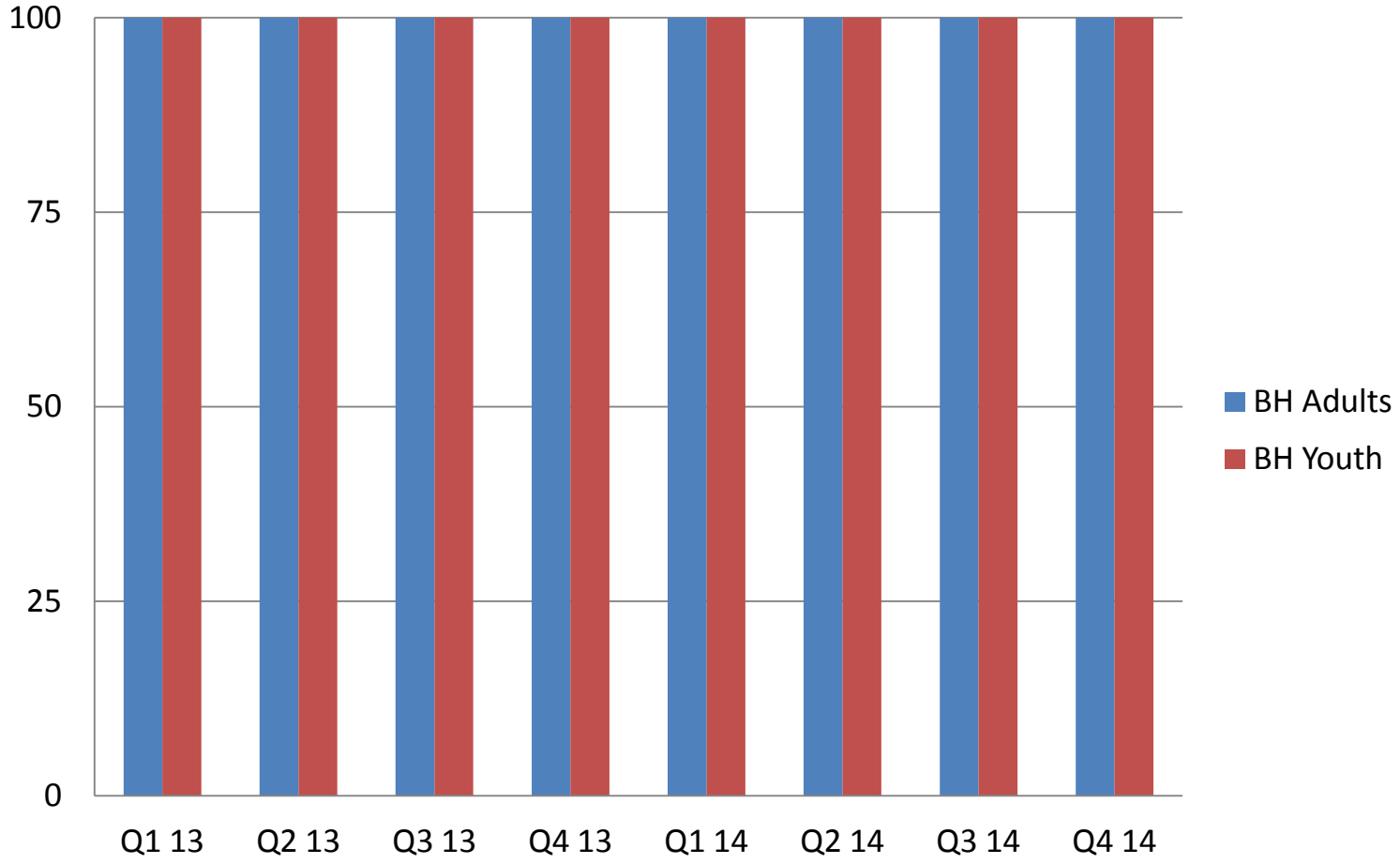
Goal: 95%



South Peninsula Behavioral Health Services, Inc.

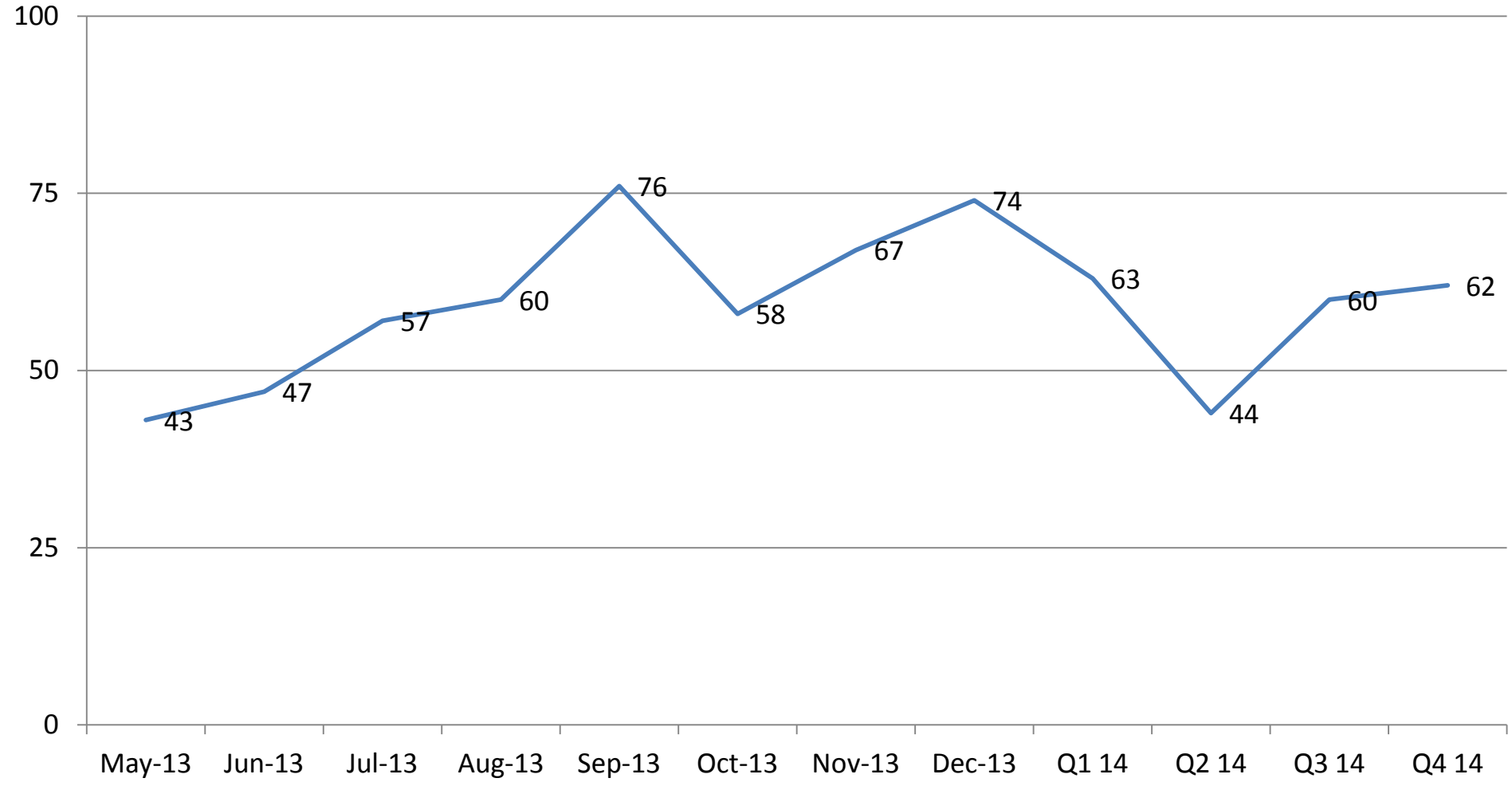
Efficiency: Percent of initial CSRs completed at admission

Goal: 95%



South Peninsula Behavioral Health Services, Inc.

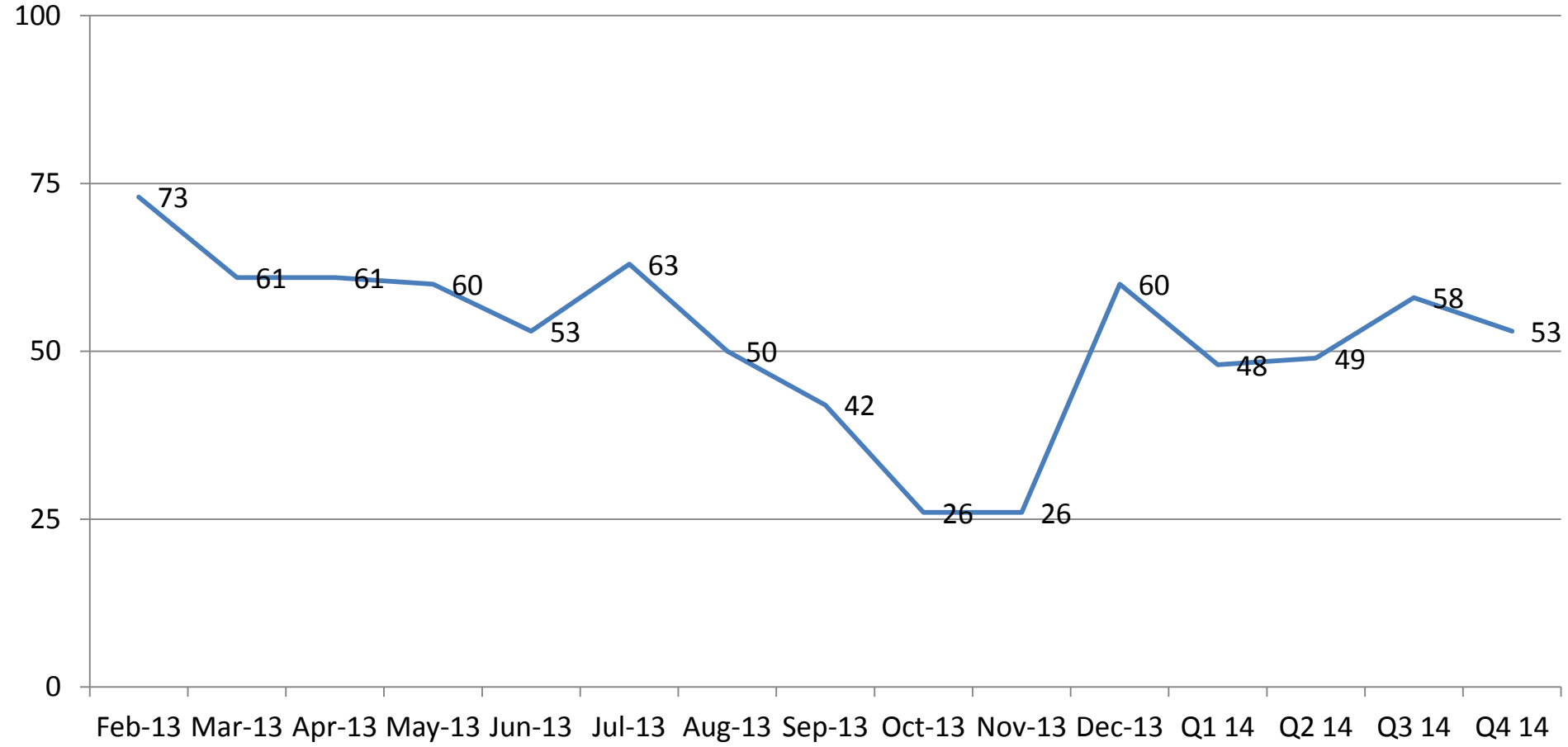
Efficiency: Percent of full-time DD service staff documentation that is turned in by due date each week for services provided in the preceding week
Goal: 90%



South Peninsula Behavioral Health Services, Inc.

Efficiency: Percent of full-time BH Adult staff documentation that is turned in by due date each week for services provided in the preceding week

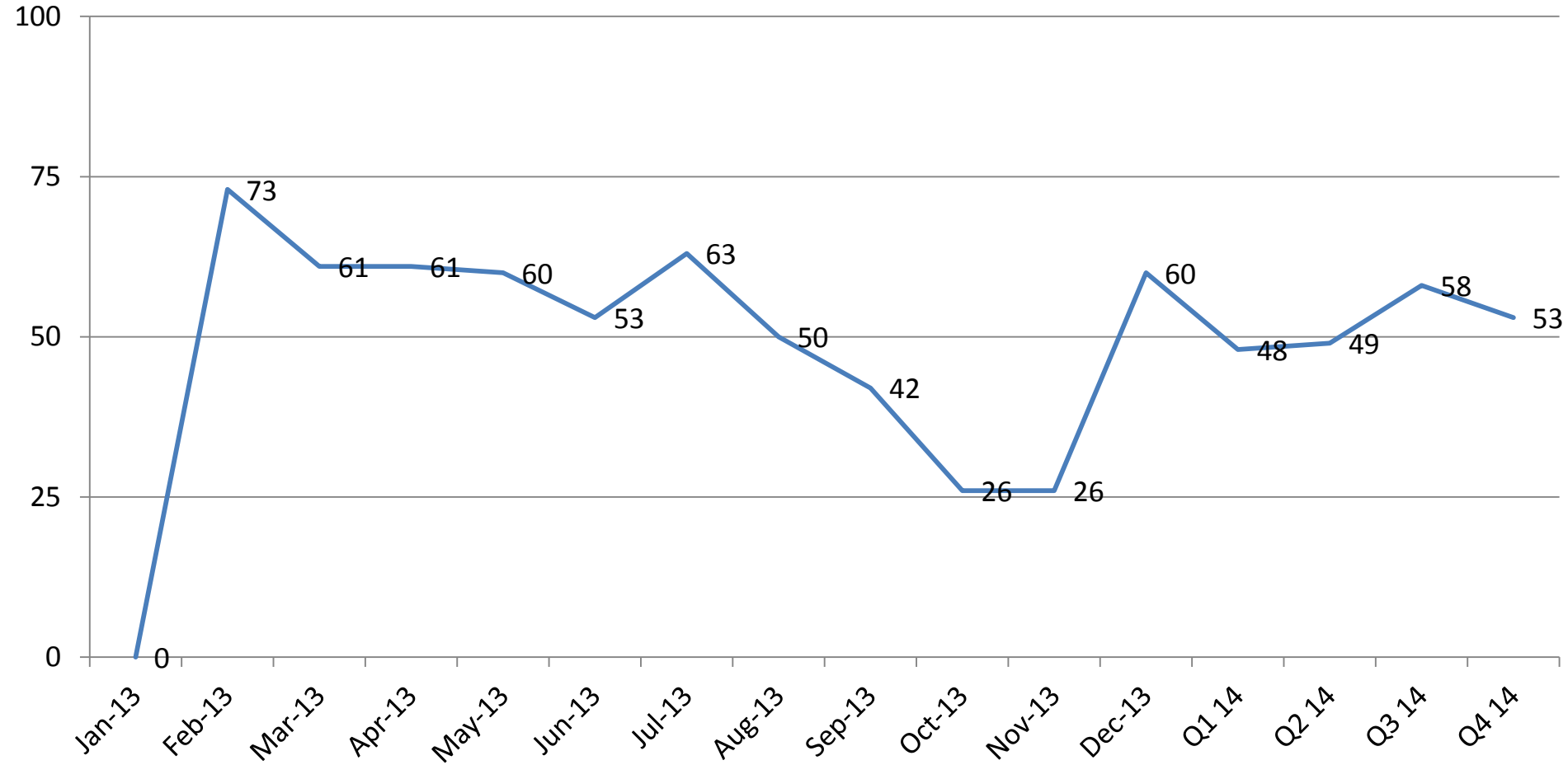
Goal: 90%



South Peninsula Behavioral Health Services, Inc.

Efficiency: Percent of full-time STEPs staff documentation that is turned in by due date each week for services provided in the preceding week

Goal: 90%

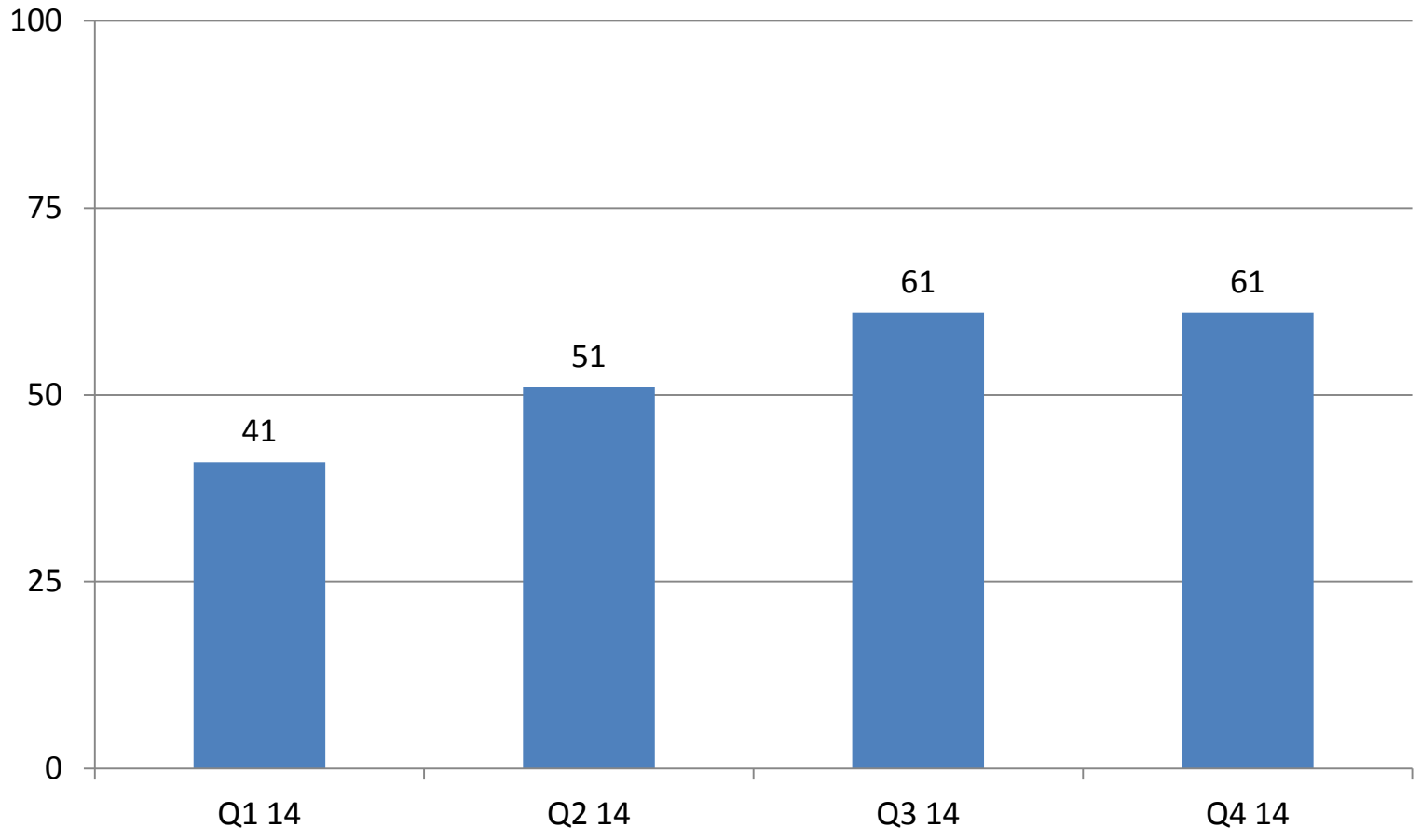


'0' in January of 2013 was data unavailable

South Peninsula Behavioral Health Services, Inc.

Efficiency: Percent of ALL full-time staff documentation that is turned in by due date each week for services provided in the preceding week

Goal: 90%

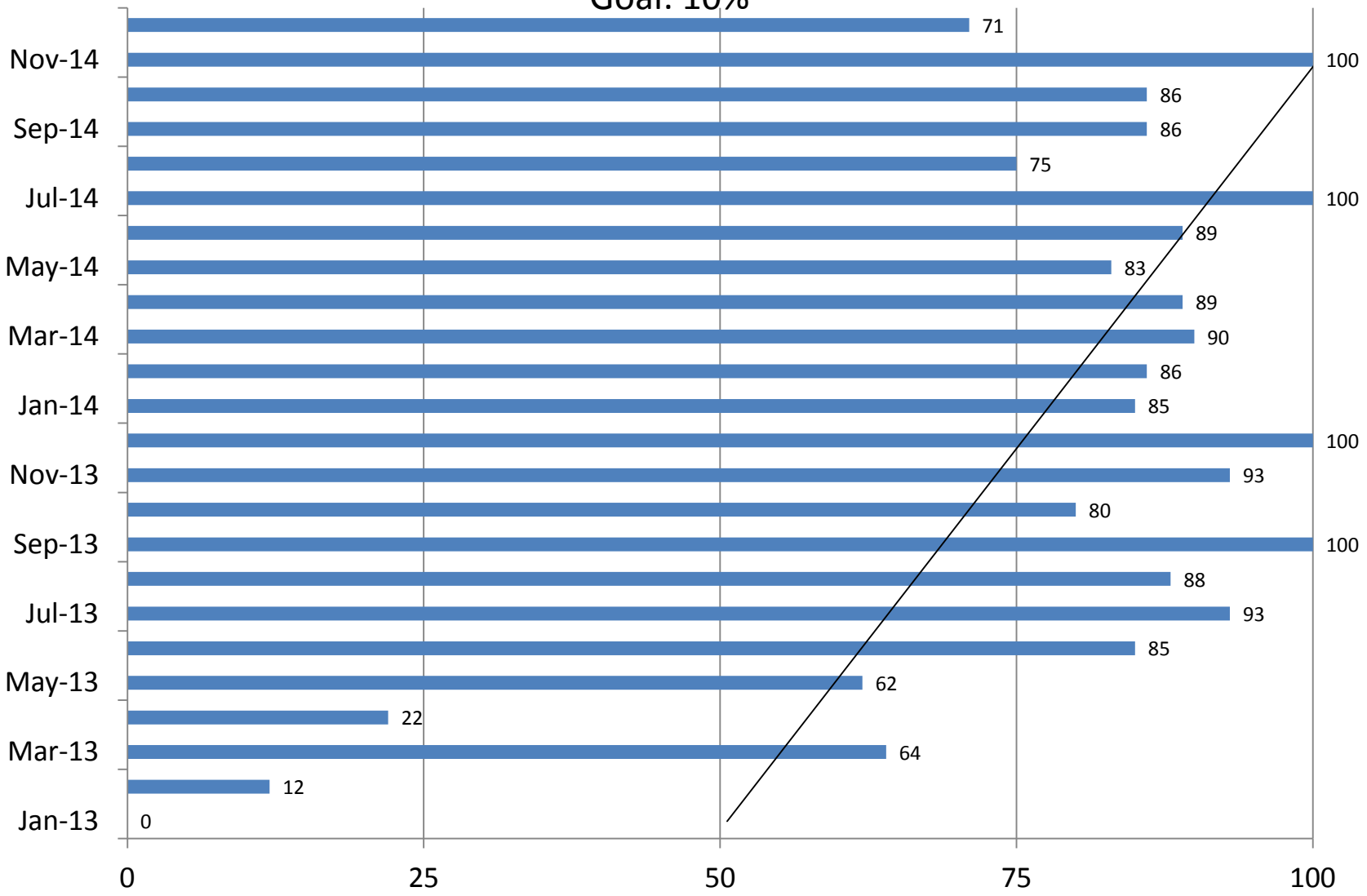


Average across all FT staff for 2014 is 53.5%

South Peninsula Behavioral Health Services, Inc.

Access: Percent who present for non-emergent services who are provided an initial BHA the same day they present

Goal: 10%



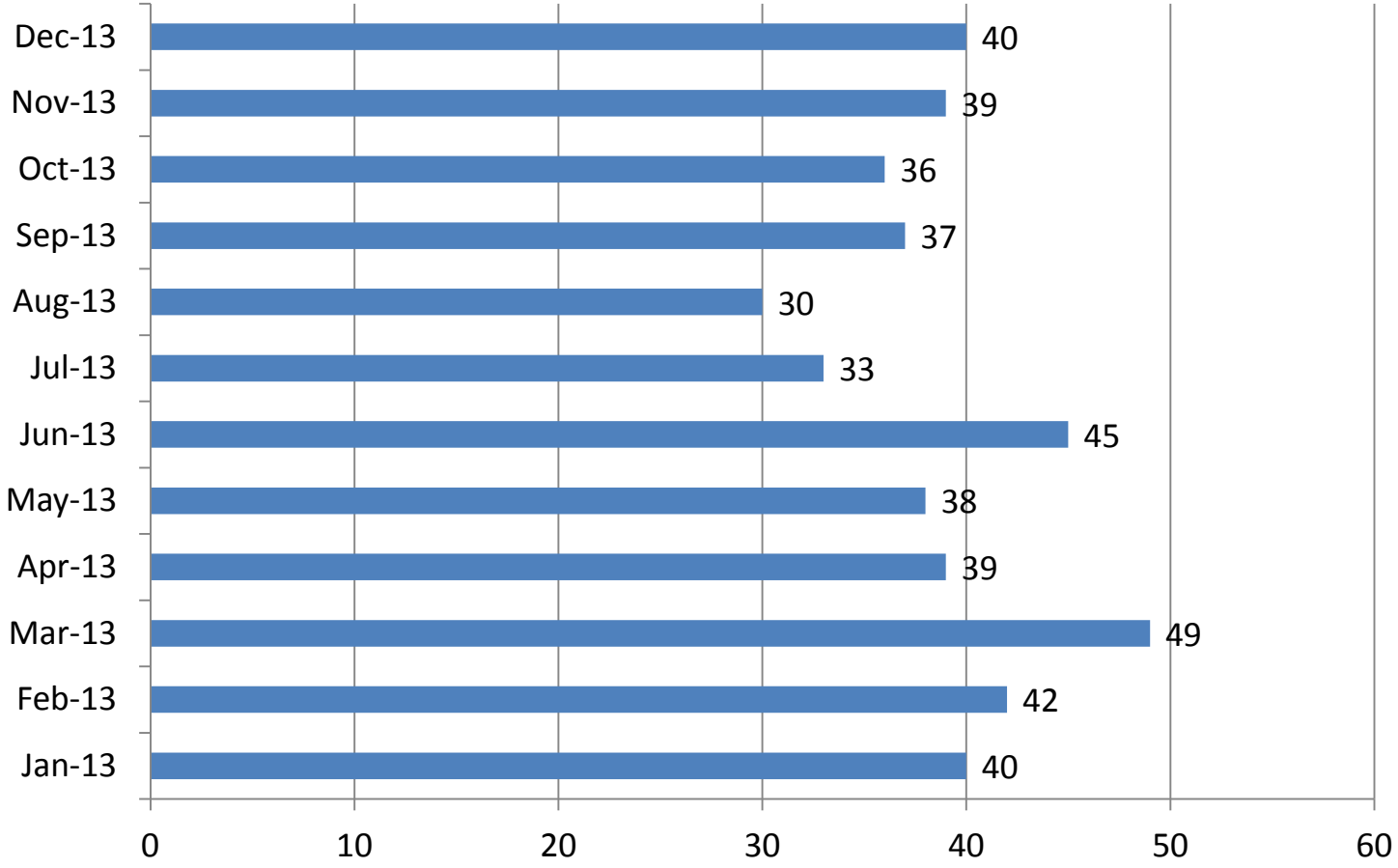
SPBHS averaged 14.6 BHA's per month in 2014

South Peninsula Behavioral Health Services, Inc.

2013 Indicator

Access: Average number of calendar days from referral to initial non-emergent psychiatric evaluation All populations

Goal: 30 days (Changed to percentage in 2014)

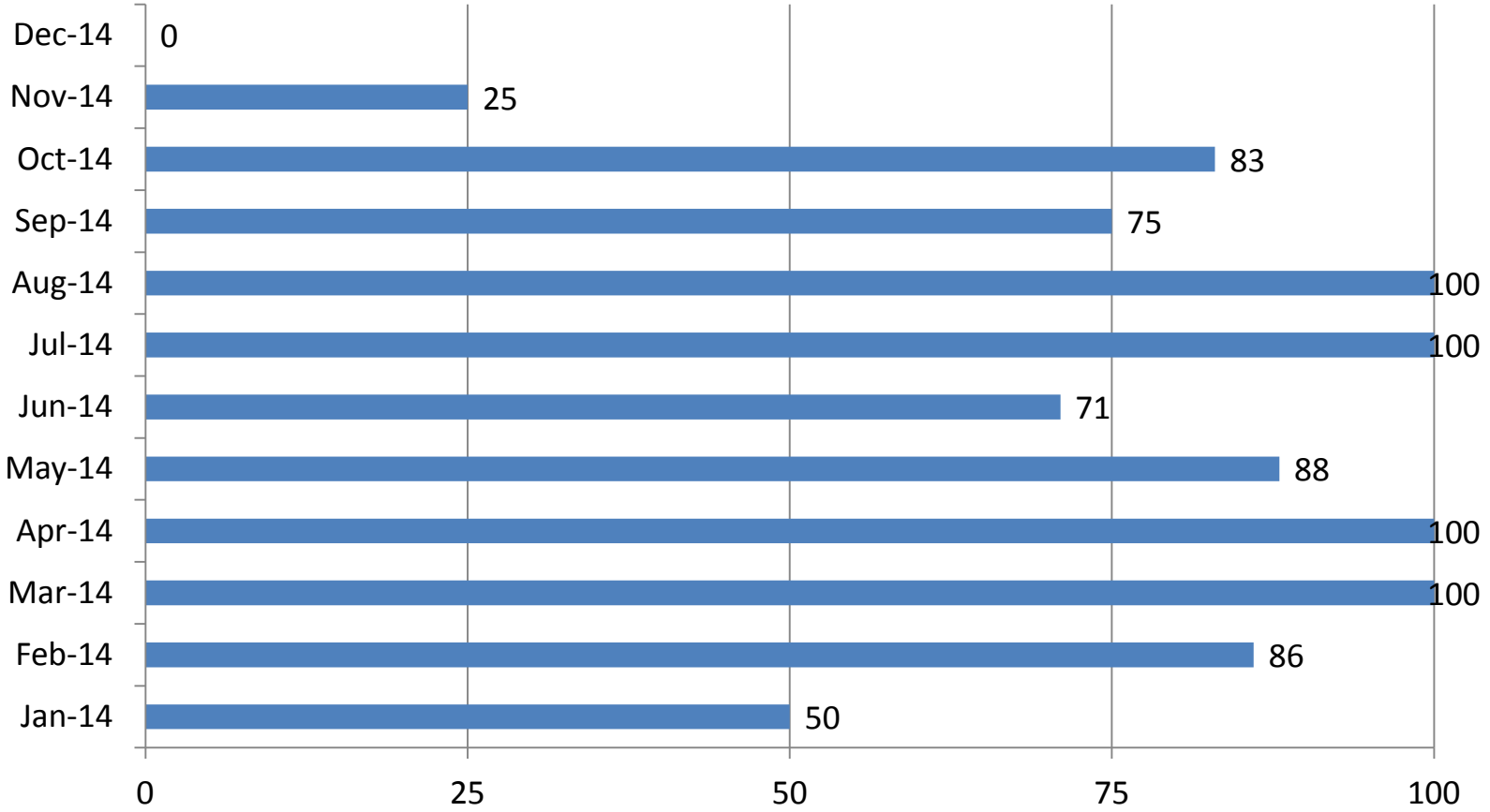


South Peninsula Behavioral Health Services, Inc.

2014 Indicator

Access: Percent of adults presenting for non-emergent psychiatric services who have initial psychiatric evaluation within 30 days of referral

Goal: 95%

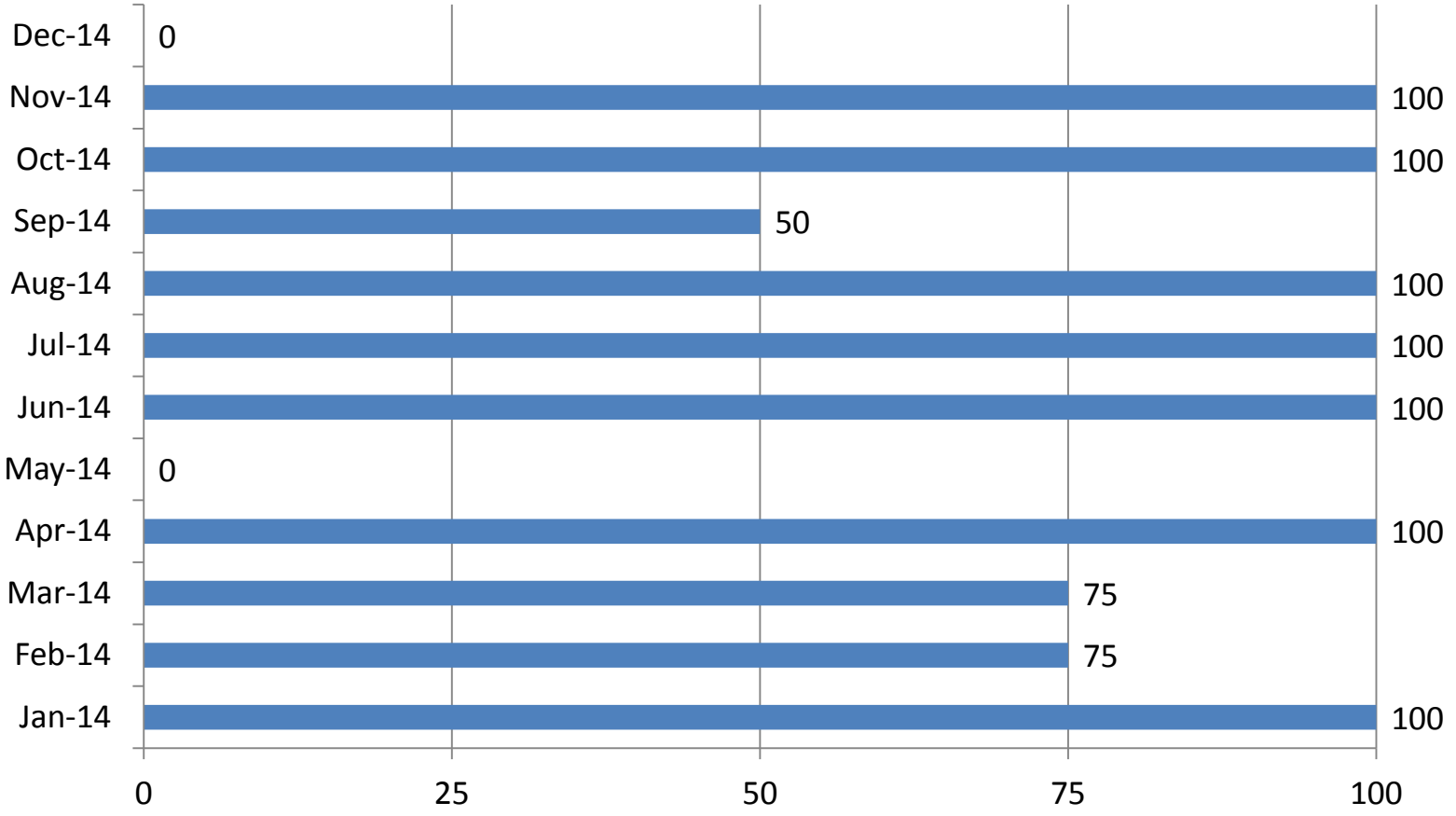


SPBHS averaged 6 adult psychiatric evaluations per month in 2014

South Peninsula Behavioral Health Services, Inc.

Access: Percent of Youth presenting for non-emergent psychiatric services who have initial psychiatric evaluation within 30 days of referral

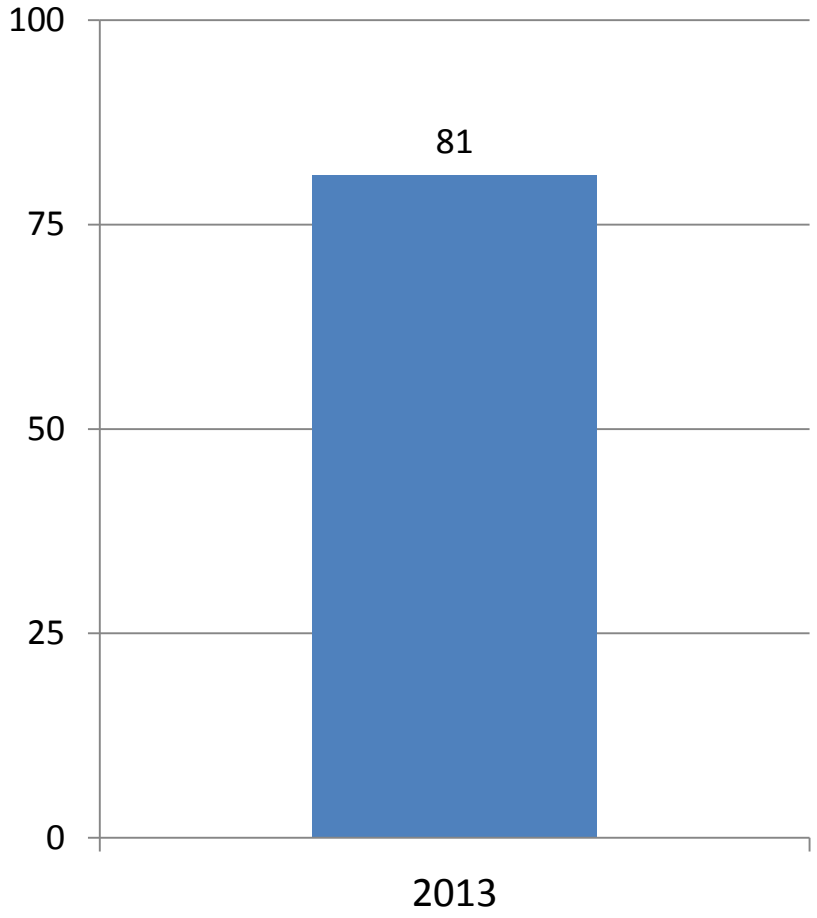
Goal: 95%

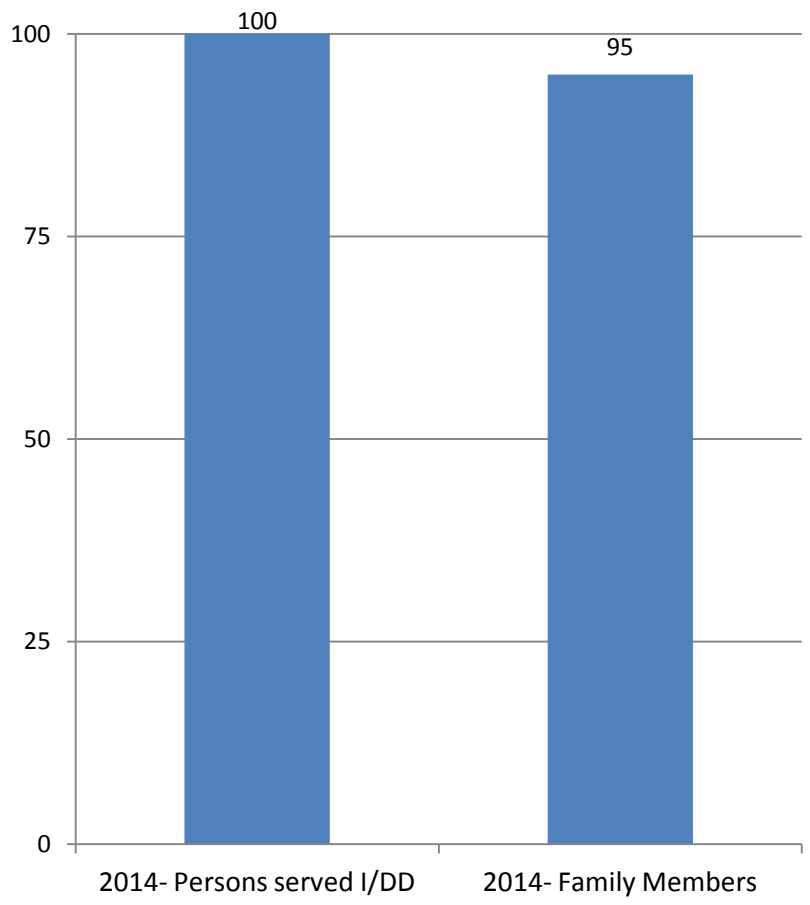


SPBHS averaged 2 youth psychiatric evaluations per month in 2014

Stakeholder Input: Percent of PRIDE recipients or family members who Agree or Strongly Agree that they are satisfied with their care providers

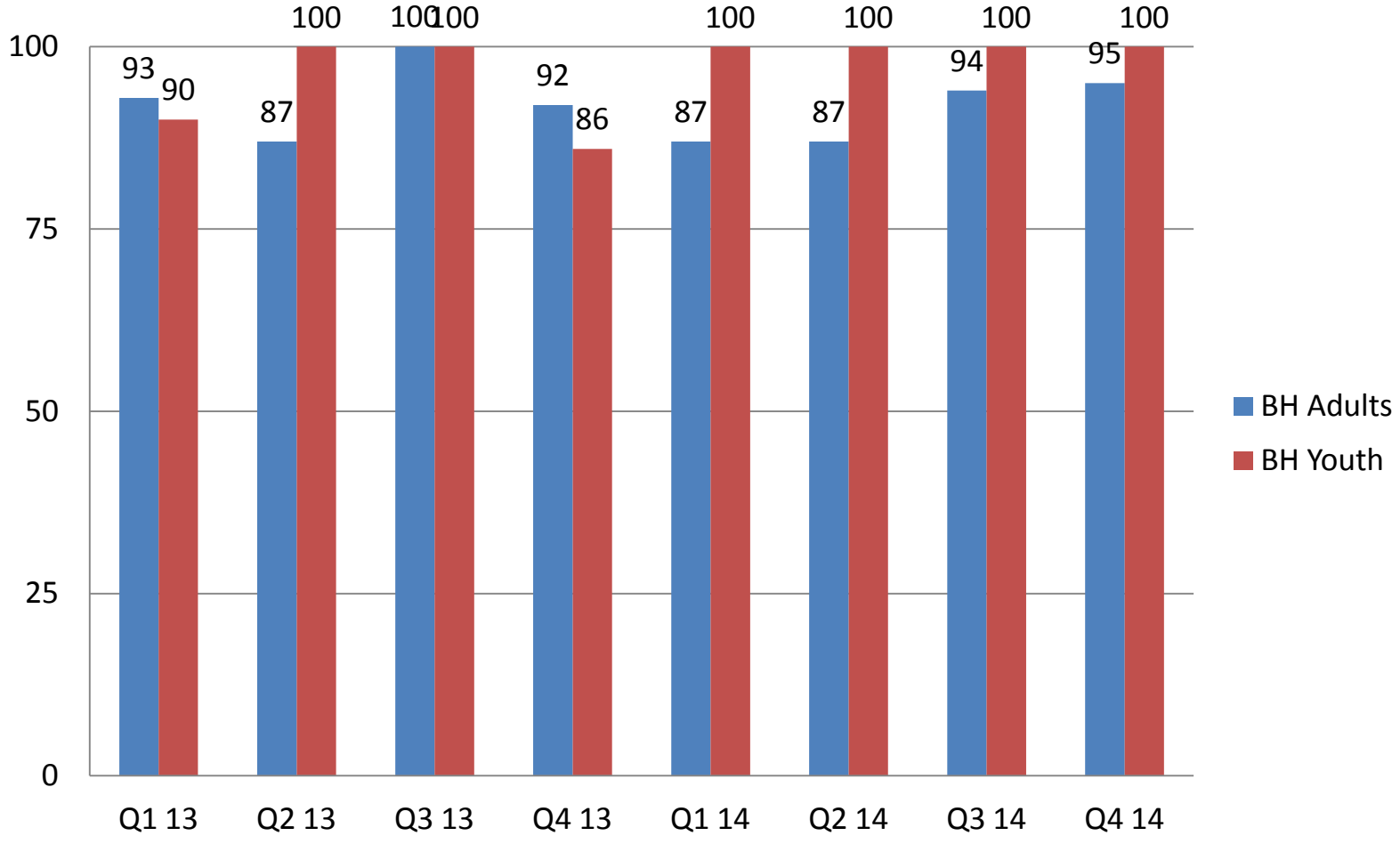
Goal: 80%





Stakeholder Input: Percent of clients who report being Satisfied or better regarding getting service and being treated with respect on the second CSR

Goal: 80%- All BH clients 93% FY14



South Peninsula
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2015 Improvement Priorities

- Improve timely completion of full time staff documentation.
- Develop performance indicators for better representation of I/DD services.
- Track and improve timeliness for access to non- emergent psychiatric assessments.
- Streamline and simplify internal processes.

THANK YOU FOR ALL YOU DO!