

**Fountain of Hope Family Services Inc.**  
10326 Greenbriar Parkway  
Oklahoma City, Ok 73159



# **ANNUAL MANAGEMENT REPORT**

**For FY**

**(2019/2020)**

By Executive Director

As (**FOHFS Agency**) continues to grow, we strive to achieve set goals within the agency. We are consistently seeking new ways of improving timeliness, performance, efficiency, satisfaction, and effectiveness of services which we provide. Throughout the years, **FOHFS** agency has been collecting data, analyzing, and measuring for needs or improvement in all areas of the **FOHFS Agency**, and indicated in **Continuous Quality Improvement (CQI+)** an outcomes measurement system clinical behavioral health benchmarking.

## **Actual Projected Performance**

The actual projected performance and growth of the Agency was better than projected in the areas of acquiring clientele and staff. **FOHFS** has grown beyond its expectations for a mental health outpatient Agency of nine years.

## **Billing Reviews**

(**FOHFS agency**) conducts monthly billing reviews which are compiled into a quarterly report. These are done to ensure all billings are accurate and are in compliance with the Oklahoma Health Care Authority. The Agency has a system of billing, and monitoring billings which includes; a log for each person served which is placed in a binder for each therapist. Services are logged for the date billed, the service billed, and the units billed for each service. Each person served also has a data error log in the event a billing error occurs. The error is logged, along with plan of correction, date correction was made, and expected date of payment.

## **Contact Information**

Each person served/employee and Clinician has a form located in the front of their charts/employee files indicating their contact information for emergencies, along with a list of all allergies. This is updated as needed and utilized to assist in contacting proper family should an emergency occur.

## **Emergency Plan**

**FOHFS** conducts emergency drills quarterly to ensure safe and proper evacuations, and monitor that all appropriate procedures are being followed in the event of an emergency. All drilled were conducted and recorded throughout the year, and no problems have been reported.

## **Employee /Contract Personnel Performance Evaluation**

Employee/Clinician evaluations are conducted annually to assess the growth and performance of each person employed by **FOHFS** 12 evaluations have been completed to date

and the employee was found to be meeting or exceeding expectations in most area's observed. Any additional comments have been addressed in each person's evaluations

## **Financial Threats and Opportunities**

As (FOHFS) has grown throughout the year, so has the cost of maintaining the business. The Agency now consists of (12) therapists, a billing specialist, a computer technician, a personal assistant, quality control personnel, and a receptionist. This increases payroll, workman's compensation insurances, and need for office space. **FOHFS** has acquired additional office space to meet the needs of the Agency, along with this; we have had to purchase additional furniture and computers. **FOHFS** is now exploring other sources of billing to keep from being **100%** reliant on **Medicaid**. The Agency is also considering adding additional services to the existing program to meet the needs of the persons served and the community. **FOHFS** is concerned with financial threat of cuts in **Medicaid funding** to occur after the first of the New Year. Management has also discussed providing health insurance for its employee's/therapist's, yet found it is not affordable to the Agency at this time.

## **Out of Office Referral Log:**

(FOHFS) maintains a log for all persons served referred to other agencies. This log is utilized to track need for new services, billing sources, etc. within the agency.

## **Peer Review:**

(FOHFS) reviews and audits charts of person's served on a regular basis to ensure all information is completed, correct, and updated as necessary. The Agency has conducted **72** reviews of charts over the last 3 years and has made the following changes:

**Change of Provider Forms:** Each time a person served changes provider's, a form is completed by the original therapist indicating date of change, the reason for the change, and any pertinent information the new provider may need that is not indicated within the staffing notes. The form is then signed by both therapists and placed within the chart, separating progress notes for each provider.

**Secondary/Third Sections of Charts:** Each time a treatment plan is updated for the person served, a new section of the chart is created for this treatment plan and its accompanying notes, with each section being numbered. This is done to ensure efficiency, accuracy, and timeliness in filing and locating any needed forms for each person served. When a third section is created, it is accompanied with an annual assessment update packet. This enables the Agency to better

track needs and progress of the person served and updating all information regarding informed consent, and understanding of their rights and responsibilities.

## **Additions to Forms and Recorded Information:**

**(FOHFS)** has made a change to the incident report. Before, the Clinician would submit a progress note indicating the crisis/incident, along with a form designed to be placed in the client file, and copy in the critical incident log book. The note and form have been combined into one document.

**Summary:** **FOHFS** has been consistent in making necessary changes to meet all requirements of **CARF**, **OHCA**, and the Agency. The charts are all complete and all information is accurate.

**Person Served Data Report:** **FOHFS** utilizes a Person Served Data Report to track persons coming into the Agency for services, and those whom have been discharged. This is done to measure effectiveness of the Agency and the services, and the need for additional services. The report also assists in collecting data from those from different areas, age groups, and races to analyze needs within the community, and additional services the Agency may need to consider.

**Efficiency:** **FOHFS** tracks all referrals to the Agency to ensure all incoming persons served are contacted and provided with services of an initial intake and assessment within a timely manner.

## Efficiency Goals and Results:

|                |   |
|----------------|---|
| <b>Goal A</b>  | <b>100% of persons requesting services will be contacted for initial screening within 24 hours</b>                          |
| <b>Result</b>  | 100% of all persons requesting services have been contacted for initial screening within 24 hours                           |
| <b>Goal B</b>  | <b>100% of persons accepted for services will be seen within seven (7) days for a formal assessment.</b>                    |
| <b>Result</b>  | 90% of persons accepted for services have been seen within seven (7) days for a formal assessment                           |
| <b>Goal C</b>  | <b>100% of persons not deemed appropriate for FOHFS services will receive a referral to other appropriate services.</b>     |
| <b>Result</b>  | 100% of persons not deemed appropriate for <b>FOHFS</b> services have received a referral to other appropriate services.    |
| <b>Goal D</b>  | <b>95% of all comprehensive treatment plans will be completed within 30 service days of the initial treatment services.</b> |
| <b>Result</b>  | 100% of all comprehensive treatment plans have been completed within 30 service days of the initial treatment services      |
| <b>Goal E</b>  | <b>95% of all discharges will occur within 15 service days of the end of services.</b>                                      |
| <b>Result</b>  | 75% of all discharges were completed within 15 days of end of services.   |
| <b>Goal F:</b> | <b>100% of assessments will be completed and signed</b>   |
| <b>Result</b>  | 100% of assessments have been completed and signed  |

## SUMMARY

**(FOHFS agency)** is committed to meeting goals of efficiency with providing services to the persons served in a timely manner and to avoid any lapses in services provided. **(FOHFS agency)** is providing training to assist the therapist's with treatment plan writing. The office has also offered assistance in creating treatment plans for the persons we serve. The agency is consistent with providing discharged and summaries for the persons served within 15 days of the discharge date.

**Petty Cash Report:** **(FOHFS)** has created a petty cash fund/account to be kept within the office to purchase supplies, etc. as needed for the Agency. Each transaction is recorded daily and detailed with an explanation. The Agency keeps a running log of balances, and each transaction is followed by a receipt. The petty cash log is analyzed quarterly and followed with a report, then followed with an annual report. To date, the petty cash ledger is current and all monies are accounted for and indicate that the funds have been utilized for the purpose of the Agency. The annual report also details expenditures for the entire year.

**Provider Contracts:** The Agency currently has **(12)** contract employees providing services to our clients. They have contracts with the Agency which are updated annually.

**Performance Improvement Plan:** The performance reports address satisfaction and efficiency of the Agency each quarter, along with effectiveness which is addressed in the record tracking report.

- 1. American Disability Act:** **FOHFS** is dedicated to ensuring that all person's served with any special needs are provided with the accessibility they need to receive services. Management feels assured that providing home based services is the best way of meeting the needs of the current population served. However; for any person served receiving services in the office, a form has been placed in the waiting room area for their convenience should they require special accommodations.
- 2. Community Needs:** **FOHFS** is striving to improve services to the person we serve, and to the therapist's providing services within the organization. We are dedicated to adapting to changes, and learning from feedback of the community. The Agency has been compiling data throughout the year to determine effectiveness, and satisfaction. **FOHFS** has determined that the Agency is doing well with ensuring satisfaction of the persons served, and that they feel they are improving. The Agency has made changes to better assist therapists. These changes include, but are not limited to:

- a) The Agency now is kept abreast of all changes to policy/procedures, and informs therapists of these changes regarding Medicaid, **APS**, etc, as they occur.
- b) The Agency is now offering assistance to therapists of training with writing **APS** treatment plans, writing professional progress notes, and providing monthly education and training in different areas approved for **CEU's**, required by the **LPC** board. **FOHFS** now offers office spaces available to therapists to provide services to persons served in a more confidential setting for those wishing to be seen within the office.
- c) Office personnel assists therapist monthly with insuring all persons served have active insurance, and provides each therapist with a weekly grid sheet displaying units utilized and units available to be utilized to ensure they do not exceed their units, and are able to bill for each session provided.
- d) **FOHFS** is open 5 days a week, and the office hours are (9:00 am-5:30 pm).
- e) **FOHFS** pays fairly and on time.

**Feedback from stakeholders and community indicated the following:**

- a) The services provided by the therapists to the persons served are professional and effective indicated by the majority of those surveyed reporting a reduction in their symptoms. These include, but are not limited to, feeling less depressed, improved ability to handle stress, fewer episodes of anger, and improved self-esteem.
- b) The therapists are providing services to the persons served in a professional manner, are ethical and supportive while respecting the rights of the persons served. No recommendations or complaints have been filed with any therapist employed with **FOHFS**.
- c) **FOHFS** is now providing anger management classes for persons served.

**Recommendations:** The agency feels improvement is needed in timeliness of completing and turning in all paperwork for treatment plans and treatment plan updates. The Agency will assist therapists with treatment plans if needed. We are consistently monitoring for the need of additional services to better assist the community.

**3. Cultural Diversity:** **FOHFS** is dedicated to providing the best quality services to all in need, regardless of race, age, gender, sexual preference, religion, disability, etc. The Agency is providing these services while respecting the rights, differences, and confidentiality to all that are served. **FOHFS** currently has a contract therapist whom is fluent in Spanish, however; she is not accepting any new client's at this time. Person's seeking mental health counseling who only speak Spanish will be referred to Advance Counseling.

4. **Critical Incidents/Grievances:** FOHFS has policy/procedure regarding critical incidents and grievances. The Agency tracks all complaints and incidents to determine trends or needs for any additional services needed to reduce/eliminate any potential risks. The Agency has recorded five critical incidents throughout the last year. They have been addressed accordingly by the therapist, recorded, and staffed with Clinical Director. FOHFS continues to monitor all critical incidents for further training and necessity of additional services for the Agency.
5. **Human Resources:** FOHFS currently has nine (9) therapists providing services to our persons served, including the two co-owners. The Agency has a billing specialist, personal assistant, payroll clerk, a receptionist, and a computer technician.
6. **Record Tracking Report:** FOHFS has created a record tracking system which enables the Agency and Clinician to evaluate the success rate of the persons served and the effectiveness of counseling in each individual case. The information is tracked and recorded bi-annually as treatment plans are completed. The numbers are obtained through the CAR scores indicated in the treatment plan, and measured for improvement, regression, and no change. The Agency has conducted 119 reviews of record tracking over the year, and the results are as follows;

| Domain                     | Improvement | Regression | No Change | Total |
|----------------------------|-------------|------------|-----------|-------|
| 1. Mood/Affect             | 17          | 30         | 51        | 119   |
| 2. Thinking/Mental Process | 18          | 22         | 50        | 119   |
| 3. Substance Abuse         | 22          | 35         | 45        | 119   |
| 4. Medical                 | 27          | 54         | 49        | 119   |
| 5. Family                  | 30          | 23         | 43        | 119   |
| 6. Interpersonal           | 13          | 19         | 55        | 119   |
| 7. Role Performance        | 15          | 20         | 52        | 119   |
| 8. Socio Legal             | 25          | 41         | 33        | 119   |
| 9. Self Care               | 23          | 38         | 55        | 119   |
| GAF                        | 12          | 15         | 70        | 119   |

**Summary:** Through the Record Tracking reports, it was determined that the Agency and therapists would benefit from training in family based services and techniques.

7. **Safety and Accessibility:** FOHFS has policy and procedures in place to ensure all safety of staff, therapists and persons served in the event of an emergency. The Agency conducts safety drills in all areas. Drills were successful and no problems were reported. Accessibility was evaluated and changes have been made in the area of



financial accessibility as the Agency is exploring ways to accept different insurances along with Medicaid.

8. **Technology:** FOHFS is dedicated to staying abreast of all modern technology to better secure information and records, along with maintaining methods of improvement within the Agency. The Agency has been able to purchase new computers, internet usage, and has goals for a computer lab for therapist's, along with backing up records outside of the office.

9. **Strategic Plan:** Strategic plan is updated and reviewed by management team.

**Summary:** FOHFS is dedicated to providing the best quality of mental health counseling to our persons served with the best potential for improvement, and satisfaction, along with assisting therapists with any needs, and growth within the Agency. The management team feels the Agency is meeting all expectations and has grown and performed better than expected during the last year.

Michael Oladipo

*Michael Oladipo (01/12/2021)*

Executive Director