

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures
	Policy Type:-	Aspire to Excellence	Policy# ATE-149
	Subject:-	Information Measurement	Adopted:- 05/06/2014
	Section:-	(1.M)	Effective:- 06/11/2015
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020

► (1.m.1):- The agency written Description of its performance measurement and management Include

(1.m.1.a) Our mission at **Fountain of Hope Family Services (FOHFS)** is to provide quality and excellent services to all at-risk youth in OJA, DHS custody, their families and other members of the community. In addition, our aim is to assist in reunification of families, reducing psychiatric impairment and assisting individuals with behavioral challenges to enhance the quality of their life. We are committed to serve the needs of each family with compassion, respect and dignity. Delivering of highest quality service to each client we have the privilege to serve is our goal.

► (1.M.1.B):- Program/Services Seeking Accreditation

(1) Individual Counseling:

Individual counseling will be conducted using face-to-face, one on one interaction between qualified staff and a Client to promote emotional or psychological change to alleviate disorders. Individual therapy will be provided in an appropriate, private, confidential setting. Individual counseling will be goal directed utilizing techniques appropriate to the treatment plan. Frequency of individual counseling will be as is recommended in the individualized treatment plan according to the needs of each Client.

(2) Group Counseling:

Group counseling will be conducted by treating behavioral health disorders using the interaction between a therapist and two or more clients to promote emotional and functional change to alleviate behavioral or emotional disorders. Group counseling will be directly related to the goals and objectives of the individual treatment plan. The frequency of this service shall be determined on an individual basis as recommended in the individual treatment plan.

(3) Family Therapy:

Family therapy will be conducted in a face-to-face interaction between a therapist, the client, and/or family member(s) or significant others to facilitate emotional, psychological, or behavioral changes and to promote communication and understanding. Family Therapy will be goal directed utilizing techniques appropriate to the treatment

plan. Family therapy shall be offered as often as is recommended in the treatment plan for each client.

(4) Case Management

Case Management will be conducted either in a face-to-face interaction between therapist and Client, or by telephone. Case management will be goal directed by utilizing techniques appropriate to the individualized treatment plan of each Client to assist with advocating purposes, personal growth, locating, recognizing, and utilizing needed resources, enhancing self-sufficiency/independence, and overall personal growth and maturity. Case management will be utilized within the perimeters outlined by the Oklahoma Health Care Authority and will be offered as recommended in the treatment plan for each Client.

(5) Social Rehabilitation:

Social rehabilitation services will be conducted face to face or in a group. This is designed to enhance social interactions between the client and peers, adults, authority figures, etc. The rehab will be goal directed by utilizing techniques appropriate to the individual treatment plan of each Client to assist with personal growth, and maturity to be able to properly communicate and interact in a social setting in an appropriate manner.

► (1.M.1.C) Objective of the Programs Seeking Accreditation

(FOHFS agency) is an outpatient agency has established a system that addresses satisfaction, effectiveness and efficiency measures for its **Outpatient Treatment Service (OTS)**. To manage this system and make it more effective and efficient, every person needing services enters the system in the most efficient and timely way possible. In addition, (FOHFS Agency) will provide services that demonstrate that clients are showing progress in meeting their approved mental health treatment objectives. The agency also will indicate how it plans to measure performance.

► (1.M.1.D) Personnel Responsibilities Related to Performance Measurement and Management

(FOHFS Agency) system measures effectiveness, efficiency, and satisfaction of Clients. FOHFS Agency system also compares past financial information to present performance

→¹ **Data is collected that: - Provide information on:**

- 1) The person's served are provided with an assessment upon admission and annually to assess their individual ongoing needs.
- 2) The needs of other stakeholders are assessed individually for feedback, using the

satisfaction surveys. Where each stakeholder is asked what are the strength, weakness, opportunities, and threats for **FOHFS Agency**?

3) **FOHFS** bookkeeper will compare **FOHFS Agency** actual budget to the projected budget in monthly reports.

▶ **(1.M.2):- The agency demonstrates how its data collection system addresses the following**

a) **Reliability:** New and existing personnel are trained on recording each data element they are responsible for to assure consistency in survey or questionnaire presentation.

b) **Validity:** **FOHFS** uses indicators, measures, and data elements that measures what it intends to measure.

c) **Completeness:** Data recording activities includes attention to the importance of recording each data field for every Client.

d) **Accuracy:** The **Executive Director** spot checks of the Client are made to ensure the data abstracted from the record are correctly placed in the database.

▶ **(1.M.3):- The Data Collected by the Agency**

a) **FOHFS Agency** has established a system that addresses satisfaction, effectiveness and efficiency measures for its Outpatient Treatment service. To manage this system and make it more effective and efficient, every person needing services enters the system in the most efficient and timely way possible. In addition, **FOHFS Agency** will provide services that demonstrate that clients are showing progress in meeting their approved mental health treatment objectives.

▶ **Measures performance indicators:** - **FOHFS** system measures effectiveness, efficiency, and satisfaction of Clients. **FOHFS Agency** system also compares past financial information to present performance.

1) **FOHFS** bookkeeper prepares a projected budget and makes monthly comparisons to actual performance. These comparisons are reviewed by the Management Team each quarter.

2) A Safety report is conducted quarterly and Accessibility report is completed annually by the **Executive Director**. This report is reviewed by the Management Team each quarter.

3) **Resource allocation:** A projected budget is prepared each year and approved by the Management Team annually.

4) Individual surveys are conducted each quarter for the Clients of the agency. Data is collected and reported to the Management Team each quarter.

5) A risk management report is developed annually by the **Executive Director**. This

report is reviewed by the Management Team.

6) Not applicable

7) **Human resources:** Personnel files are reviewed annually to assess for trends and needs for **FOHFS'** growth.

▶ **FOHFS Assesses its use of technology to:-**

(1) **Enhance individual services:** Personnel are encouraged to use a cell phone to call the home based client prior to driving to their homes to ensure the Client is comfortable with services being served in their homes.

(2) Improve efficiency and productivity of personnel: Computers are provided for personnel who work within the office environment. All personnel are encouraged to have and to maintain a computer to complete paper work.

(3) Communicate with stakeholders: Stakeholders are provided with the owner's cell phone numbers to ensure they are able to easily contact the Owners.

(4) A Safety report is conducted quarterly and Accessibility report is completed annually by the **Clinical Director**. This report is reviewed by the Management Team each quarter. This report addresses the environmental health and safety of **FOHFS**. Emergency Plans are reviewed each quarter by the **Executive Director** that includes procedures for fire, bomb threats, natural disasters, utility failures, medical emergencies, and violence or threats.

(5) Researching field trends is the responsibility of the **Executive Director**. The **Clinical Director** will access well reviewed web sites, review a referral log to identify community needs, and information gathered from exit interviews of personnel to assist with identifying trends.

▶ **Service Delivery System:-**

A Quarterly Clients Data Report is developed by the support staff and is presented each quarter to the Management Team who reviews the data for the timely responds to service request.

(a) The data collected by the agency is utilized to address and track the needs of the persons served, the needs of other stakeholders, and the business needs of the organization.

(b) The data will be collected by maintaining a Referral Source Log, Critical Incident/Grievances Log, Complaint and Inquire Log, Out of Office Referral Log, A comparison of the projected budget and actual spending, Performance Evaluations, Clients Satisfaction Questionnaire, Telephone Survey Report, and other quarterly reports.

▶ **Business Functions:-**

A comparison between the **projected budget** and **actual performance** will be used to analyze level of business functioning and service delivery area, including

(1) Indicators will be applied to **FOHFS**.

(2) The data will be collected by maintaining a Referral Source Log, Critical Incident/Grievances Log, Complaint and Inquire Log, Out of Office Referral Log, A comparison of the projected budget and actual spending, Performance Evaluations, Clients Satisfaction Questionnaire, Telephone Survey Report, and other quarterly reports. Performance goals will be identified in the Annual Management Summary and will be based on **FOHFS** history or a targeted goal established by the Management Team.

(3) Data collected of the Clients include age, gender, and race.

▶ **(1.M.4) Collects Data on Client At**

(1) A psycho-social is completed during intake.

(2) A treatment plan update is completed every 6 months where data is logged on a record tracking form.

(3) Persons served are encouraged to participate in the transition/discharge process.

(4) A follow-up surveys are sent to each Client within 6 months of discharge.

▶ **A Measures for indicators in each of the following areas:-**

(1) **The effectiveness of services:** Clients provide data for effectiveness allowing the Management Team to assess the persons' served feelings of improvement or lack of improvement. This data is collected through the use of questionnaires and telephone surveys.

(2) **The efficiency of services:** The efficiency of services is assessing by identifying areas of improvement and reduction of services using the Record Tracking Report.

(3) **Service Access:** The dates of referral and intake are used to determine **FOHFS** ability to provide services in a timely manner.

(4) Satisfaction and other feedback from

▶ The Clients: Satisfaction is measured by identifying reasons for discontinuation of services and through the use of questionnaires and telephone surveys.

▶ Their stakeholders: Referral source's compliments and complaints is logged and reviewed each quarter to assess for areas that need improvement.

▶ **FOHFS Agency** addresses the following for each indicator:

- ◆ The data will be collected by maintaining a Referral Source Log, Critical Incident/Grievances Log, Complaint and Inquire Log, Out of Office Referral Log, A comparison of the projected budget and actual spending, Performance Evaluations, Clients Satisfaction Questionnaire, Telephone Survey Report, and other quarterly reports. Performance goals will be identified in the Annual Management Summary and will be based on **FOHFS Agency** history or a targeted goal established by the Management Team. Extenuating/influencing factors that should be considered when analyzing performances will be identified and included in the decision making process of the Management Team

PURPOSE: The strategic goal of **FOHFS** is to collect, evaluating, measure, and implement findings where outcomes indicate a need for improvement or change in three (3) specific areas:

EFFECTIVENESS
EFFICIENCY
CONSUMER SATISFACTION

The design of this ongoing activity is to meet the above measures by implementing the following objectives:

- a. Use Quality Record Review quarterly & Peer Review semi-annually for regular monitoring of services provided to consumers, use findings for improvements to services;
- b. Utilization of a comprehensive team approach to client care & improved compliance; Conducting annual client satisfaction evaluations, use findings for improvement to services;
- c. Gather ongoing data on clients at various points in the service delivery process to determine the outcomes of the strategic goals set, use the findings for improvements or modifications;
- d. Monitoring, review and analysis of critical incidents & grievances, make recommendations from findings;
- e. Identifying and providing specific areas for additional staff training;
- f. Submitting an annual performance report of strategic goals met or missed to administration and the governing authority, then use results to set goals for the next year;

- g. Analyze gathered information for the purposes of improving plans that contribute to the areas of finances, accessibility, risk/loss, human resources, health/safety, technology/systems,
- h. Providing feedback/reporting to all staff, stakeholders, and consumers for implemented improvements to consumer services, quality of care, and business systems;

PROCEDURE:

A. Development

1. **FOHFS** has developed the data collection system as an effective means of monitoring the quality of client care provided at our facility and the accuracy of processes in the case records.
2. All elements of the quality improvement program are developed and in place at **FOHFS** with the exception of the **Peer Review process** which goes into effect in **2018**.
3. The Leadership Team will set plans annually that will address key aspects of business and program practices.
4. The Leadership Team will evaluate and review the system of information measures and outcomes with quarterly results to insure the plan is optimal for sought results.

B. Responsibility and Accountability

1. All **FOHFS** employees/contractors are ultimately responsible for the effectiveness of the data collection system by cooperating in the ongoing review processes and implementing identified methods to improve client care.
2. Staff assignments to data collection components and training for reliability of gathered data will be determined by the **Clinical Director** and **Office Manager**.
3. Reporting of findings is essential to this process and will be the responsibility of the conjoined efforts of the **Clinical Director** and **Office Manager**.

C. Documentation

1. Documentation will support the data collected to insure reliability, validity, completeness, and accuracy of the information gathering and ultimate reports.
2. Problems identified are immediately investigated, resolved - with consideration to necessary procedure, i.e. critical incident or reporting, and documented in the client record.
3. Formats utilized for documentation will include, but not be limited to:
 - OUTCOME DATA FORM,
 - CHART AUDIT CHECKLIST,

- PEER REVIEW FORM,
- CLIENT SATISFACTION SURVEYS,
- STAKEHOLDERS SURVEYS,
- MEETING MINUTES FOR REVIEW OF PLANS & TIMELINES

4. Timely compliance with the various activities will be monitored by the Corporate Compliance Officer.

D. Components

FOHFS data collection and information system includes the following four (4) components:

1. Client Satisfaction & Input from Stakeholders Monitoring

A. Survey's for client satisfaction are combined with outcomes information gathering to determine whether:

- Individual levels of functioning goals are measured and met for effectiveness;
- Referrals to Intake goals are measured and met for efficiency;
- Treatment plans that are timely are measured and met for efficiency;
- Phone survey to ask if service providers are showing as scheduled for efficiency;
- Phone survey to seek satisfaction and ask how we can improve our services to be more efficient

B. Survey's for Input from Stakeholders such as referral sources, community sources, or Board of advisory will seek to insure satisfaction with **FOHFS** overall services as well as offering ways we can improve our services.

2. Peer Review

A. A procedure for peer review to evaluate the quality and continuity of services provided by the staff, including, but not limited to peer review of a sample of client records that represents all **FOHFS** services and treatment staff, including and evaluation of:

- Client assessments;
- Treatment plans, progress notes, and treatment plan updates;
- Continuum of care and/or appropriate referrals;
- Evidence of appropriate orientation and consultation;

B. Results of all peer review activities, are to be written & reported to the appropriate staff Member, and to the **Executive Director**.

4. Administrative Chart Auditing

The development and implementation of a quarterly client record review process that ensures, at least, that all mandated and all essential elements are present in a client record and all elements have been completed on a timely basis. Results of chart auditing activities are to be written & reported to the appropriate staff member(s), and to the **Executive Director**.

▶ (1.m.5):- Reporting of Critical Incident & Grievances

All critical incidents will be written & reported to the **Executive Director** within 24 hours using the critical incident form.

All grievances, consumer or employee/contractor will be written & submitted to the **Executive Director** within 24 hours using the grievance form.

The Leadership Team will review and resolve the issues generated by these reports and have a written response specifying who will address incidents/complaints and recommendations for actions to be taken, if any. The Compliance Officer will maintain a log/file of these to insure follow-through with responses and actions. Results of actions may be included in performance improvement activities that contribute to the measures set.

▶ (1.m.6):- FOHFS Strategic Goals & Objective for setting & measuring performance indicators

The goal is to measure effectiveness, efficiency, and consumer satisfaction.
The objective is to seek the following:

I. EFFECTIVENESS

To improve the level of functioning from intake to discharge for each **FOHFS** client by a minimum of **25 %**.

- Track each client from intake to discharge quarterly using the Client Data Core.
- To ensure effectiveness, a quarterly review of **10** case records will be reviewed by various reviewers.
- To ensure that data is collected at various points in services, Client Data Core's will be updated throughout services and at discharge.
- Assess and report overall progress, quarterly.

II. EFFICIENCY

- To measure efficiency, a consumer's first appointment is scheduled within five (5) working days of the initial referral to **FOHFS**.
- Track the actual time using the **Referral Sheets** generated by referrals called in.
- Assess and report overall progress, quarterly.

For efficiency, a consumer's initial treatment plan will be completed by the fifth (5th) visit

- Track each client from intake appointment to treatment plan appointment quarterly.
- Assess and report overall progress, quarterly.

For ensured efficiency, ask consumer's if Clinical are showing for services/appointments as scheduled.

- ▶ Track each client's response at various points in service delivery, quarterly.
- ▶ Assess and report overall progress, quarterly.

III. CONSUMER SATISFACTION

To increase consumer satisfaction, seek to gain a response of 90% of clients surveyed to indicate they are satisfied or very satisfied with **FOHFS** services and ask what **FOHFS** may do to improve our services:

- ▶ Track each client's response at various points in service delivery, quarterly with results from **ODMHSAS** Client Satisfaction Survey results report.
- ▶ List the items given to improve our services in the quarterly report so discussion can result.
- ▶ Assess and report overall progress, quarterly

▶ F. Utilization of results of performance indicator

FOHFS utilizes the data collected/outcomes for proactive development of improved business and program practices that contribute to the areas of finances, accessibility, risk/loss, human resources, health/safety, technology/systems, and plans that guide the various functions of the agency.

▶ G. Plans and Timelines

FOHFS makes plans and within the plans, goals are set that guide the agency to operate in a culture of compliance to insure consistent self-review and improvement. The plans

give the Leadership Team information and direction for the purpose of ensuring timely review of goals and processes.

- The Strategic Plan
- The Diversity Plan
- The Corporate Compliance Plan
- The Health/Safety/Infection Control Plan
- The Risk Management Plan
- The Technology & Systems Plan
- The Accessibility Plan
- The Annual Performance Plan & Report
- The Core Program Plan

The Leadership Team will review various plans on an annual basis and when appropriate on a more frequent basis, therefore, information gathering for all aspects of business and program practices have the equal opportunity to contribute to performance measurement and goal setting.

The **Executive Director/Compliance Officer** or designee will maintain a **timeline** of these plans to insure follow-through with review, goals, findings, and actions. Plans may be renewed annually, or adopted for continuation by the **Leadership Team**.

► **H. Results Reporting**

1. **Quarterly**: The implementation of this plan results in a quarterly measure of **FOHFS** stated goals, which are complied, and distributed to all agency staff, and others as deemed appropriate by the **Executive Director** and **Leadership Team**.

2. **Annually**: Based on **FOHFS** fiscal year, an annual report is distributed by the end of the first quarter of the next year addressing the overall performance. This report is issued to all agency staff, the and others as deemed appropriate by the **Executive Director** and Leadership team.