

FY2023 Outcomes Report

PERFORMANCE IMPROVEMENT PLAN OUTCOMES

Quality Improvement & Compliance

TRI-COUNTY MENTAL HEALTH SERVICES, INC. | 3100 N.E. 83RD ST., SUITE 1001, KANSAS CITY, MO 64119

Human Resources Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Staff Retention	Annual staff retention rate will be 75% or greater.	Annual review of turnover data	75%	71% 78%	Goal met. Continue to monitor for FY24.
Employee Satisfaction	Overall scores for satisfaction on the annual employee satisfaction survey will be 80% or greater.	Satisfaction scores on annual employee satisfaction survey	65.7%	74% No data	Goal not met. Currently looking at ways to improve staff satisfaction through recruitment and retention workgroup. Continue to monitor for FY24.
Timely Performance Evaluations	95% of staff will receive their annual performance evaluation within 30 days of due date. 95% of new staff will receive their 90 day review within 30 days of due date.	Audit of personnel files	91% 90%	98% annual eval. 94% new staff 97% annual eval. 100% new staff	Goal not met. Remind managers of importance of completing evaluations on time. Continue to monitor for FY24.

Financial Services Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Accounts Receivable	Days in Net AR will be less than or equal to 45 days.	Accounts Receivable detail report produced on a monthly basis	76	80 14	Goal not met. Continue to monitor in FY24.
Collections	Percentage of write-offs will be 2% or less.	Write-offs as a percentage of total billings from reports from Avatar	0.73%	0.89% 0.96%	Goal met. Continue to monitor in FY24.
Effective Cash Management	Average daily balance will be greater than or equal to \$1,000,000 monthly.	Average daily balance as reported on the Financial Summary sheet monthly	\$7,860,722	\$9,719,430 \$9,400,018	Goal met. Continue to monitor in FY24.
Provider Satisfaction	90% or greater of providers will report that they receive payments in a timely manner.	Percentage as measured on the annual provider satisfaction survey	100%	100% 100%	Goal met. Continue to monitor in FY24.
Credits	100% of credits will be completed within 60 days of identifying an overpayment.	Monitoring of known overpayments	93%	91% 99%	Goal not met. We have improved our system for tracking this going forward. Continue to monitor in FY24.

Adult Community Psychiatric Rehabilitation Services (Adult Case Management) Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	60% of clients receiving a level of community support services will experience an increase in total functional assessment score from admission to follow-up assessment.	Percentage of clients who received an increase in total functional assessment score	67%	63% 69%	Goal met. Increase to 70% and continue to monitor in FY24.
Effectiveness	95% of individuals receiving case management will report that their case manager helps them achieve their treatment plan goals.	Percentage as measured by satisfaction survey	100% MHR: 100% Skylander: 100% TC: 100%	100% 100%-MHR ND%-Skylander 100%-TC 97%	Goal met. Discontinue goal and replace with “35% of CPRP clients will be successfully discharged.”
Efficiency	90% of DLAs will be updated as needed, or there will be acceptable documentation of why it was not updated.	Review of DLAs in quarterly audits	81% MHR: 97% Skylander: 79% TC: 64%	No data	Goal not met. Will remind staff and develop additional tracking mechanisms. Continue to monitor in FY24.
Efficiency	90% of ITCD clients will have a SATS-R completed every 90 days.	Review of SATS-R in quarterly audits	88% MHR: 100% Skylander: 83% TC: 86%	No data	Goal not met. Will remind staff and develop additional tracking mechanisms. Continue to monitor in FY24.
Access	90% of individuals receiving case management will report that their case manager returns their calls.	Percentage as measured by satisfaction survey	99% MHR: 100% Skylander: 100% TC: 98%	100% 100%-MHR ND%-Skylander 100%-TC 98%	Goal met. Increase to 95% and continue to monitor in FY24. Add goal “ ITCD program participation will increase by 10% compared to FY23.”
Access	When a new episode is opened, staff will attempt to contact 90% of the clients within 5 business days.	Percentage as measured on monitoring report	83% MHR: 71% Skylander: 100% TC: 89%	85% 89%-MHR 100%-Skylander 81%-TC	Goal not met. Remind staff of need to document all outreach attempts. Continue to monitor in FY24.
Experience of Persons Served	95% of consumers receiving case management will report overall satisfaction with the services they receive.	Percentage as measured by case management satisfaction survey	100% MHR: 100% Skylander: 100% TC: 100%	100% 100%-MHR ND%-Skylander 100%-TC 92%	Goal met. Continue to monitor in FY24.

Adult Psychosocial Rehabilitation Services (Adult Community Integration) Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY23 FY21	Action
Effectiveness	90% of consumers receiving PSR services will report that the Day Program has a positive impact on their life.	Percentage as measured by satisfaction survey	85% North: 89% Rising: 84% Shooting: 83%	91% 86%	Goal not met. Review with staff to try to determine why this has gone down. Continue to monitor in FY24.
Effectiveness	90% of consumers receiving PSR services will report that the Day Program helps them cope with mental health issues.	Percentage as measured by satisfaction survey	81% North: 85% Rising: 80% Shooting: 79%	86% 86%	Goal not met. Wording on survey and goal are slightly different. Change wording to match for FY24 and continue to monitor.
Efficiency	Review current procedure/processes for completing PSR weekly notes. Determine any inefficiencies and implement any changes needed.	Documentation of review and any recommendations made.	Completed	No data	Goal met. Discontinue goal and replace with “40% of clients will attend weekly IMR groups.”
Access	PSR team leads will meet with assessment team and at least 2 other departments (as determined by PSR team leads) to educate staff about the PSR programs in an effort to increase referrals/access.	Documentation of attendance at meetings.	Completed	No data	Goal met. Discontinue goal and replace with “Create program brochure and promote within all the departments to share with clients who are interested or could benefit from the service.”
Experience of Persons Served	85% of consumers attending the Day Program will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.	Percentage as measured by satisfaction survey	89% North: 87% Rising: 91% Shooting: 89%	88% 79%	Goal met. Continue to monitor in FY24.
Experience of Persons Served	85% of consumers attending the Day Program will report that they are satisfied with the educational and support groups provided daily.	Percentage as measured by satisfaction survey	84% North: 94% Rising: 88% Shooting: 71%	89% 86%	Slightly below goal. PSR Staff to discuss with members to get additional feedback. Continue to monitor in FY24.

Children’s Psychiatric Rehabilitation Services (Youth Case Management) Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	95% of clients in services will not be hospitalized for psychiatric reasons while participating in children’s community-based services.	Percentage as measured by program tracking	98%	96% 97%	Goal met. Continue to monitor in FY24.
Efficiency	90% of client treatment plans will include all services client is receiving.	Percentages as measured during audits	92% COC: 80% Critt: 97% WB: 92%	83% 96%	Goal met. Continue to monitor in FY24.
Efficiency	95% of assessments will include justification for level of care.	Percentages as measured during audits	89% COC: 59% Critt: 100% WB: 100%	90% 96%	Goal not met. Continue to train staff at COC. Continue to monitor in FY24.
Access	90% of clients/families referred for children’s community-based services will be contacted within 5 business days of staff receiving the referral.	Percentage as measured by the waiting list	86%	97% 99%	Goal not met. This was not tracked consistently this year due to staff turnover. Continue to monitor in FY24.
Experience of Persons Served	95% of families receiving in-home services will report satisfaction with the way their crisis situations were handled.	Percentage as measured on the satisfaction survey	97% COC: no data Critt: 100% WB: 100% TC: 0% (0/1)	100% 100%	Goal met. Continue to monitor in FY24.
Experience of Persons Served	95% of youth and families receiving in-home services will report overall satisfaction with services.	Percentage as measured on the satisfaction survey	99% COC: no data Critt: 100% WB: 96 % TC: 100%	100% 100%	Goal met. Continue to monitor in FY24.

Intake (Assessment and Referral) Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	95% of clients who completed an intake will report that the intake staff explained to them what to expect next from the intake process.	Percentage as measured on the satisfaction survey	100%	98% 100%	Goal met. Discontinue goal and replace with “95% of clients who completed an intake will report that the intake clinician explained to them what to expect from the services they were referred to.”
Efficiency	90% of intake assessments will be completed within 3 business days.	Percentage as measured by program tracking records	86%	73% 77%	Goal not met, but improved from previous year. The Open Access department was short staffed this year and only had one consistent clinician, who had 99% of her assessments completed within 3 business days. We should have more consistency in staff this year. Continue to monitor in FY24.
Access	Explore the possibility to offer telehealth as a long-term option for intake assessments.		Met	No data	Goal met. We explored telehealth options for intake assessments. While it is possible, there are a number of barriers including required signatures and requirement that clients must be seen in person within their first six months. This will continue to be offered when absolutely needed, but primarily assessments will take place at the office. Discontinue goal and replace with “Track which barriers are leading to telehealth intake appointments in order to shape future policy or position changes.”
Experience of Persons Served	95% of clients who completed an intake will report that the intake clinician and other	Percentage as measured on the satisfaction survey	100%	100% 100%	Goal met. Continue to monitor in FY24.

	staff they had contact with were respectful to their cultural background.				
Experience of Persons Served	95% of clients who completed an intake will report that they are satisfied overall with the intake process.	Percentage as measured on the satisfaction survey	100%	100% 100%	Goal met. Continue to monitor in FY24.

Crisis Services (Crisis Intervention) Outcome Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	85% of youth participating in Clay County Short Term Crisis Therapy services will have an improvement in a PHQ-9 from intake to final therapy session.	Percentage of clients who improve their score	75%	88% 89%	Goal not met. Due to staff turnover there is some question about how this was tracked. Continue to monitor in FY24.
Effectiveness	70% of adults on the Enhanced Care Pathway will be discharged successfully within 6 months.	Percentage as measured on program tracking records	57%	66% No data	Goal not met. Again, due to staff turnover, there is some question about how this was tracked. Continue to monitor in FY24.
Efficiency	90% of clients requiring crisis face-to-face interventions will receive follow up that includes attempted outreach by a Crisis team member within 2 business days.	Percentage as measured on program tracking records	67%	96% 98%	Goal not met. There was a lot of turnover in crisis staff in FY23. It appears that follow-up was not tracked consistently and there was a challenge of not having enough staff to do the outreach. We are in a better position for FY24 and we have reviewed the process for tracking. Continue to monitor in FY24.
Efficiency	Safety Plans will be completed on 100% of clients on the Enhanced Care Pathway.	Percentage based on review of Safety Plans	93%	92% 91%	Goal not met. Continue to monitor in FY24.
Access	95% of pages to the on-call clinician from the crisis line will be responded to within 10 minutes.	Percent of pages responded to within 10 minutes as measured by program tracking.	Not trackable	No data	Amount of data was too small to have valid results. Discontinue goal and replace with "100% of mobile response dispatches will arrive on scene within 60 minutes for urban and 120 minutes for rural."
Access	95% of clients calling the crisis line that were referred to the on-call clinician were responded to within 5 minutes from the clinician receiving the information from the crisis line.	Percent of clients responded to timely as measured by program tracking.	Not trackable	No data	Amount of data was too small to have valid results. Discontinue goal and replace with "90% of clients referred to crisis case management will have attempted contact within 1 business day from the day assigned." Additional goal: "New crisis case management referrals will be assigned within 1 business days."

Experience of Persons Served	90% of clients will report that they are satisfied with the help or solutions they received from the crisis staff.	Percentage as measured on the satisfaction survey	89%	83% 100%	Slightly below goal. Continue to monitor in FY24 and work to increase the number of completed surveys.
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Medication Services Outcomes Report- FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	70% of clients will report that as a result of their services with my doctor/APRN, their symptoms are not bothering them as much.	Percentage as measured on satisfaction survey	87%	85% 62%	Goal met. Increase to 75% and continue to monitor in FY24.
Efficiency	90% of clients receiving Medication Services will receive written medication education.	Percentage as measured by treatment records	94%	89% 88%	Goal met. Discontinue goal and replace with "Caregiver form will be completed in 85% of client charts."
Efficiency	85% of treatment plans will be completed within three visits and annually.	Review of all clients with med management appointments during a particular month	60%	60% 76%	Goal not met. Continue to train and review treatment plan compliance with med team providers. Continue to monitor in FY24.
Efficiency	A Suicide Risk Assessment will be completed for 90% of individuals in Medication Services.	Percentage of individuals in Medication Services who have had Suicide Risk Assessment completed	100%	100% adults 97% youth 89%	Goal met. Continue to monitor in FY24. Add goal "Columbia Suicide Rating Scale will be completed on 95% of clients who are on the Enhanced Care Pathway."
Efficiency	At least 50% of clients receiving Medication Services (ages 18 and older) will be screened for unhealthy alcohol use and will receive follow-up if screened positive.	Measures Reporting database within EMR	54%	47% 53%	Goal met. Continue to monitor in FY24.
Access	Reduce time adult clients are waiting for an initial psychiatric evaluation compared to FY22.	Number of days a client has to wait	Adult: 41	Adult: 68 Adult: 57	Goal met. Continue to monitor compared in FY24 (compared to FY23).
Experience of Persons Served	90% of clients will report overall satisfaction with their provider.	Percentage as measured on satisfaction survey	98%	98% 91%	Goal met. Increase to 95% and continue to monitor in FY24. Add goal "Establish baseline for reasons for transfer requests to inform future goal about satisfaction."

Outpatient Therapy Services Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	95% of clients in traditional Outpatient Therapy will report that they are better at handling daily life.	Percentage as measured on the satisfaction survey	95%	99% 98%	Goal met. Continue to monitor in FY24.
Effectiveness	95% of clients participating in DBT will report that DBT has helped them to be more effective in their interactions with others.	Percentage as measured on the satisfaction survey	92% (23/25)	100% No data	Goal not met. We will work on improving return rates for surveys. Continue to monitor in FY24.
Effectiveness	90% of clients participating in DBT will report that they are better able to cope with their problems.	Percentage as measured on satisfaction survey	92% (24/26)		Goal met. Continue to monitor in FY24.
Effectiveness	90% of clients participating in DBT will report that they are emotionally regulated.	Percentage as measured on satisfaction survey	96%	100% No data	Goal met. Continue to monitor in FY24.
Effectiveness	95% of clients participating in Outpatient Therapy will report as a result of therapy they feel they are making progress on achieving their treatment plan goals.	Percentage as measured on the satisfaction survey	97%	98% 98%	Goal met. Continue to monitor in FY24.
Efficiency	90% of treatment plans for individuals in therapy will be completed by the 3 rd visit.	Percentage as determined by chart audits	74%	74% 87%	Goal not met. Most of the therapists are doing a good job of completing their treatment plans timely. There are a couple of therapists that we are working with to improve their compliance who brought the percentage down significantly. Continue to monitor in FY24. Add goal "Develop a spreadsheet for tracking data for DBT clients on suicide attempts, hospitalizations and successful discharges."
Access	One additional contract therapist will be added.		Met		Goal met. Discontinue goal and replace with "Add one additional in-house therapist."
Experience of Persons Served	95% of clients in traditional Outpatient Therapy will report overall satisfaction with therapy.	Percentage as measured on satisfaction survey	99%	100% 100%	Goal met. Continue to monitor in FY24.

Experience of Persons Served	95% of clients in traditional Outpatient Therapy will report that they feel they can trust their therapist to be compassionate, nonjudgmental and respectful.	Percentage as measured on satisfaction survey	99%		Goal met. Continue to monitor in FY24.
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Employment Services Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	45% of individuals served will obtain employment within 120 days of receipt of VR authorization.	Percentage of clients who obtained employment within 120 days	59%	43% 45%	Goal met. Increase to 50% and continue to monitor in FY24.
Effectiveness	60% of persons obtaining employment through Supported Employment will maintain their job 90 days.	Percentage of clients who have maintained employment 90 days	63%	62% 63%	Goal met. Continue to monitor in FY24.
Efficiency	40% of clients accepted in Employment Services will be presented (via face-to-face or phone) to an employer within 30 days of VR authorization.	Percentage of clients presented to an employer face-to-face within 30 days of VR authorization	50%	32% 35%	Goal met. Revise to “45% of clients accepted in Employment Services will be presented (via face-to-face or phone) to an employer within 30 days from completion of the vocational profile.
Access	Employment Services Manager or designee will initiate contact with 75% of new referrals within 10 business days.	Percentage as measured by program records	62%	51% Not measured	Goal not met, but improved from last year. Continue to monitor in FY24.
Experience of Persons Served	90% of clients will report overall satisfaction with Employment Services.	Percentage as measured on the satisfaction survey	96% (27/28)	94% 100%	Goal met. Continue to monitor in FY24.

Prevention and Wellness Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	Three or more environmental strategies will be implemented that serve to reduce underage use of ATOD (alcohol, tobacco and other drugs) or increase mental wellness.	Evaluation results for events, policy development, compliance check, social marketing/media	5 strategies implemented	4 strategies Not measured	Goal met. Continue to monitor in FY24. Add goal “75% of Clay County participants will report new skills to reduce youth suicide.” Add goal “75% of Clay County participants will report learning new information to reduce the harmful effects of youth substance use.”
Efficiency	Implement three or more strategies that share youth-focused information and resources directly to youth.	Evaluations of educational strategies and use of analytics	22 strategies implemented	3 strategies Not measured	Goal met. Continue to monitor in FY24.
Access	85% of Coalition members and/or partners will report that TCMHS prevention staff are accessible to address their needs/requests.	Percentage as measured on volunteer survey	95%	78% 100%	Goal met. Continue to monitor in FY24.
Experience of Persons Served	85% of Coalition volunteers will report that they are satisfied with their involvement in TCMHS prevention programs and coalitions.	Percentage as measured on the volunteer survey	100%	78% 89%	Goal met. Continue to monitor in FY24.

Adolescent CSTAR Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	65% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at the time of discharge.	Percent of client who abstained from alcohol and other substances upon discharge, as measured by discharge summary report	67%	100% 100%	Goal met. Remove language on “legal and illegal” and continue to monitor in FY24. Small number of program participants.
Efficiency	50% of charts audited will have documentation of family/guardian outreach.	Percentage based on program records	0%	Not measured	Goal not met. Small number of program participants. Will remind staff to make sure they are documenting outreach in the chart. Continue to monitor for FY24 at same percentage.
Access	90% of clients and parents/caregivers of clients in Adolescent CSTAR services will report that services were offered at times that were convenient for them.	Percentage as measured on satisfaction survey	100%	100% 100%	Goal met. Increase to 95% for FY24.
Experience of Persons Served	90% of clients in the Adolescent CSTAR program will report that they feel accepted by the treatment team.	Percentage as measured on satisfaction survey	100%	100% 100%	Goal met. Increase to 95% for FY24.

Adult CSTAR Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	65% of clients will be abstaining from alcohol and/or other substances (legal and illegal) at time of discharge.	Percent of client who abstained from alcohol and other substances upon discharge, as measured by discharge summary report	52%	63% 67%	Goal not met. Review with program staff to determine if any changes to the program are needed. Remove language on “legal and illegal” and continue to monitor in FY24.
Effectiveness	90% of clients in the Adult CSTAR program will report that they are better able to cope when things go wrong.	Percentage as measured on satisfaction survey	87% Parvin: 88% Richmond: 80%	100% 95% Parvin (no Richmond data)	Goal not met. Review with program staff to note that outcome percentage has gone down. Continue to monitor in FY24.
Efficiency	50% of clients will have an aftercare plan completed within the first 30 days.	Percentage based on program records	96% Parvin: 93% Richmond: 100%	Not measured	Goal met. Discontinue goal and replace with “80% of treatment plan goals are met, revised, or discontinued in a timely manner.”
Access	95% of clients in CSTAR will report that services are available at times that are good for them.	Percentage as measured on satisfaction survey	96% Parvin: 95% Richmond: 100%	98% 97% Parvin 100% Richmond 95% Parvin (no Richmond data)	Goal met. Continue to monitor in FY24 to determine how ASAM implementation may affect times available for groups.
Experience of Persons Served	95% of clients in CSTAR programs will report that staff responds to their needs.	Percentage as measured on satisfaction survey	98% Parvin: 98% Richmond: 100%	100% 93% Parvin (no Richmond data)	Goal met. Continue to monitor in FY24.
Experience of Persons Served	95% of clients in CSTAR will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey	96% Parvin: 95% Richmond: 100%	95% 95% Parvin 100% Richmond 100% Parvin (no Richmond data)	Goal met. Continue to monitor in FY24.

Treatment Court Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	85% of clients in the Ray, Platte & Clay Drug Court and Platte Co. DWI Court program will abstain from alcohol & drug use by time of d/c.	Percentage as measured on discharge summary	92%	85% 91%	Goal met. Continue to monitor in FY24. Add goal “Establish a baseline of percentage of clients discharged successfully.”
Efficiency	If services are not provided in person, appropriate documentation will be provided to justify location 90% of the time.	Percent provided by review of audit forms	71%	Not measured	Goal not met. Remind staff of need to document justification. Change to 85% and continue to monitor in FY24.
Access	While waiting for access to treatment after they have pled into the program, 90% of clients will be provided a monthly support service that includes an assessment of need.	Percent provided by review of audit forms	34%	Not measured	Goal not met. This was a new goal. Additional training will take place. Reduce to 70% and continue to monitor in FY24. Add a goal “Begin planning for implementation of Clay County DWI Court.”
Experience of Persons Served	90% of clients in Drug Court and DWI Court programs will report that staff respond to their needs.	Percentage as measured on satisfaction survey	99% Ray: 100% Platte Drug: 100% Platte DWI: 100% Clay: 97%	100% 96% Ray: 100% Platte Drug: 100% Platte DWI: 94% Clay: 93%	Goal met. Increase goal to 95% and continue to monitor in FY24. Staff will work to increase survey response rate.
Experience of Persons Served	95% of clients in Drug Court and DWI Court programs will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey	100% Ray: 100% Platte Drug: 100% Platte DWI: 100% Clay: 100%	100% 99% Ray: 100% Platte Drug: 100% Platte DWI: 94% Clay: 100%	Goal met. Continue to monitor in FY24. Staff will work to increase survey response rate.

Outpatient Opioid Treatment Outcomes Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	75% of clients will report that services received helped them deal more effectively with substance use.	Percentage as measured on satisfaction survey	89%	100% 95%	Goal met. Increase to 90% for FY24.
Efficiency	80% of MAT clients will have documentation in their chart of education on overdose prevention, recognition and response.	Percentage as measured on program reports	83%	100% 67%	Goal met. Increase to 90% for FY24.
Efficiency	75% Treatment Plans audited will reflect MAT services.	Percentage as measured on program audits	58%	Not measured	Goal not met. Provide additional training. Continue to monitor in FY24.
Access	Add at least one STREVAL appointment will be available on 80% of clinic days.	Percentage as measured on program reports	80%	73% Not measured	Goal met. Discontinue goal and replaced with “Add two additional Suboxone providers in FY24.”
Experience of Persons Served	90% of MAT clients will report that they were treated with respect and dignity.	Percentage as measured on satisfaction survey	95%	100% 100%	Goal met. Increase to 95% for FY24.

Healthcare Home Outcome Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY11	Action
Effectiveness	55% of individuals enrolled in HCH will show improvement in out-of-range results in A1c.	Percentage as measured on program reports	65%	57%	Goal met. Increase to 60% and continue to monitor in FY24.
Efficiency	80% of HCH Medicaid clients will have a screening completed during FY23.	Percent as measured by Care Manager	87%	Not measured	Goal met. Continue to monitor in FY24.
Efficiency	65% of HCH Non-Medicaid clients will have a screening completed during FY23.	Percent as measured by Avatar	45%	Not measured	Goal not met. We were short one Nurse Care Manager during FY23. We will continue to monitor in FY24.
Access	90% of enrollees will report they have a Primary Care Physician and they understand how and when to access the provider or if not they were provided resources on Primary Care Physicians on site.	Percentage as measured on program reports	99%	Not measured	Goal met. Increase to 95% and continue to monitor in FY24.
Experience of Persons Served	95% of HCH members will report overall satisfaction with the HCH services they receive.	Percentage as measured on satisfaction survey	100%	100% 100%	Goal met. Continue to monitor in FY24.

School Based Services Outcome Report – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	90% of students report they feel like they can control their emotions better.	Percentage as measured on satisfaction survey	85%	Not measured	Goal not met. Continue to monitor in FY24.
Efficiency	There will be a 15% increase in students served.	Percentage as measured by program records	No increase 21-22: 569 22-23: 555	13% increase 51% increase	Goal not met. It has been difficult to keep the program fully staffed throughout the entire fiscal year. Discontinue goal and replace with "85% will have their first therapy appointment within 10 school days from the assessment."
Access	An additional day of services will be added in Missouri City.	Measured by program records	Met	Not measured	Goal met. A 2 nd day was also offered, however there were not enough individual referrals to sustain a 2 nd day. Discontinue goal.
Access	Increasing access to Expressive Therapy by developing an Expressive Therapy Internship and piloting a Recreational Therapy position.	Measured by program records	Art Therapy and Music Therapy Interns were added. 3 Recreational therapists and 1 Supervisor were hired.	Not measured	Goal met. Discontinue goal and replace with "Increase access by developing a Therapy internship."
Experience of Persons Served	90% of school personnel will report that requests for information about our services, or about an individual receiving services, are responded to in a timely manner.	Percentage as measured on satisfaction survey	94%	98% 87%	Goal met. Continue to monitor in FY24.
Experience of Persons Served	90% of students will report that they are satisfied with the therapeutic services they have received.	Percentage as measured on satisfaction survey	98%	95% 91%	Goal met. Increase to 95% and continue to monitor in FY24.

Youth PSR – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	90% of youth will report that attending Youth PSR programs has a positive impact on their life.	Percentage as measured on satisfaction survey	100%	100% Not measured	Goal met. Continue to monitor in FY24.
Efficiency	95% of Treatment Plans will include PSR service interventions and will be signed by PSR supervisor.	Percentage as measured in program audits	60%	No Data Not measured	Goal not met. Additional training will be provided to staff. Lower percentage to 90% and continue to monitor in FY24.
Access	Telehealth PSR Parent groups will be offered as an on-going option to reduce barriers.	Measured by program records	Met	Not measured	Goal met. Discontinue goal and replace with "Explore possibility of PSR program in Ray County."
Access	Transportation will be offered for in-person PSR Youth groups.	Measured by program records	Met	Not measured	Goal met. Discontinue goal.
Experience of Persons Served	85% of consumers attending the Day Program will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.	Percentage as measured on satisfaction survey	100%	100% Not measured	Goal met. Continue to monitor in FY24.
Experience of Persons Served	85% of consumers attending the PSR Parent group will rate their overall happiness with the program at an 8, 9 or 10 on a scale of 1-10.	Percentage as measured on satisfaction survey	100%	Not measured	Goal met. Continue to monitor in FY24.

Supported Housing (Clustered Housing) – FY23

Category of Measurement	Outcome Objective	Measurement Tool	FY2023 Outcome	Comp to FY22 FY21	Action
Effectiveness	90% of clients will respond that they are better able to manage their home because of the program.	Percentage as measured on satisfaction survey	93%	Not measured	Goal met. Increase to 95% and continue to monitor in FY24.
Efficiency	95% of Clustered Housing progress notes will be completed on time.	Percentage as measured in program records	68%	Not measured	Goal not met. We have changed the staffing for this program and we expect this to be much better in FY24. Reduce to 90% and continue to monitor in FY24.
Access	75% of clients will respond that they are able to get help from staff at the apartment when needed.	Percentage as measured on satisfaction survey	100%	Not measured	Goal met. Increase to 90% and continue to monitor in FY24.
Experience of Persons Served	85% of clients will respond that they are satisfied with the support they get in the apartment program.	Percentage as measured on satisfaction survey	93%	Not measured	Goal met. Increase to 90% and continue to monitor in FY24.



Client Comments

- I've become a better person and far more skillful because of my time in therapy. My therapist is so good at teaching in a way I understand. She's very supportive. It is definitely a life-changer!
- I have always been thankful to Tri-County for helping me and my children make it. The support is huge!
- I've improved my health and eating habits because of Health Care Home.
- The treatment I am receiving here at Tri-County makes me look forward to each and every visit.
- I am extremely pleased with my son's experience with his school-based case worker. She is amazing with him and has helped him so much this school year.