Performance Measurement and Management / Analysis - 2019

New Creation Counseling Center

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Mission

To offer distinctively Christian professional counseling services to all persons in need, regardless of their ability to pay.

Programs/services seeking accreditation

Outpatient mental health counseling and Medication Management Services. New Creation Counseling does not have any specific programs seeking accreditation except for “Children and Adolescents” specific population, according to CARF standards in section 5.

# Objectives of the programs/services seeking accreditation

## Business Function

New Creation aims to have honest, accountable, efficient and effective business practices. Along these lines the objectives of the agency for Business Function include:

* Engage in accurate budgeting practices
* Financial information is collected from clients in a timely and accurate fashion
* Practice efficient financial stewardship, looking for opportunities to save money and use financial resources to better meet the needs of the community served by the agency
* Billing of insurance carriers and clients is as accurate as possible
* Efforts are made to collect the maximum amount of allowable insurance reimbursement
* Clients are treated fairly and held accountable from a financial perspective, in accordance with the agency’s mission to provide counseling regardless of clients’ ability to pay, while at the same time holding them to their agreed-upon fee for service
* Providers are compensated fairly for their time and efforts
* Identify grant and other fundraising opportunities to help offset uncompensated care

## Service Delivery

New Creation strives to provide effective counseling services to its clients that brings about actual change to client’s mental/emotional/behavioral/social/spiritual complaints. The mission of the agency is to provide Distinctively Christian Professional Counseling to all those in need, regardless of their ability to pay for treatment. The agency values providing timely access to care. Along these lines, Service Delivery objectives include:

* Demonstrating counseling and psychiatric treatment effectiveness through the use of valid and reliable metrics, as well as through the subjective experience of the client.
* Providing speedy access to services, so that time between contacting the agency and meeting with a provider is as short as possible
* Providing timely care by creating ways to minimize length of time between therapy sessions, allowing clients to access care at the frequency that is conducive to their mental health
* Providing care in the most efficient way possible, so that clients achieve maximum therapeutic benefit while spending less time and money on services
* Maintaining clients’ satisfaction with the agency’s therapeutic services, customer service, financial practices, and physical environment

New Creation also develops, as a part of annual Strategic Planning, overarching agency goals that identify needs and opportunities for growth that would help us better realize our mission and values. See New Creation’s Strategic Plan for details.

Personnel responsibilities related to performance measurement and management

It is the responsibility of New Creation Counseling Center’s leadership staff (Clinical Director, Associate Director, and Office Manager) to oversee and delegate the collection of data, data analysis, facilitating performance improvement projects, performance objective development, and dissemination of performance analysis to persons served, personnel, and stakeholders

Demonstrate how data collection system addresses:

Reliability

Detailed procedures are written and provided to relevant staff on how data is to be collected, so that data is collected consistently by different staff at different times. Staff are trained by leadership in these procedures. Intake and outcome measures used to measure client symptom severity are selected based on published, peer-reviewed research that demonstrates the reliability of measures used by the agency. Quarterly chart reviews are based on chart selection that reflects the demographic makeup of the agency’s clients. Reports developed using the agency’s electronic practice management system are routinely checked, to ensure that the data intended to be reflected in the report is being accurately selected.

Validity

The agency makes efforts to ensure that client’s presenting problems are being addressed in client treatment plans, and that ongoing therapy sessions are meaningfully addressing objectives established in treatment plans. Measures of client improvement are based on established instruments that have demonstrated validity in peer-reviewed research. Recording of financial information is regularly evaluated to determine if agency income and expenditures are being properly recorded in the correct budget categories.

Completeness

Intake of new client paperwork will follow the steps to make sure all paperwork is complete. There are two levels of checking including Intake staff and Chart Auditor staff. Daily error reports are run by the auditors that show client check-in compared to note produced to ensure that each client session is accompanied by the appropriate documentation. Reports designed to collect data on business practice and service delivery measures are regularly tested to ensure they are not excluding certain clients or client groups. Quarterly chart reviews include analysis of client session documentation, to ensure that all data intended to be collected is being recorded in the client record and in the appropriate place.

Accuracy

Error reports are designed and used by agency staff to ensure that client data is recorded accurately. These error reports include (but are not limited to) reports addressing the accurate recording of client treatment location, provider assignment, recording of data in the proper data fields, proper billing of services based on insurance and type of service, and the maintenance of cases where clinets are no longer receiving services at the agency.

Data collected by the organization

(The following list of data is collected with the intention of meeting the needs of person served, stakeholders, and the organization. The selection of data that is collected is able to be used for comparative analysis, and is used to set written objectives, performance indicators, and performance targets for business function and service delivery.

Financial info

Bank account statements. Reports from the agency’s practice management system (aging reports, practice analysis reports, analyses of income from payer sources, analyses of income generated by services provided). Reports from third-party billing company. Annual independent audit.

Accessibility info

Dates of scheduled appointments, dates of services, case closing dates, direct service hours of clinical staff. Length of times between appointments.

Resource allocation

Budget reports, information about need for providers at different treatment locations, analysis of payer mix.

Surveys

Client satisfaction surveys. Surveys of referral sources. Surveys of governance board. Online surveys of people accessing agency web-based content and services (e.g. Workshops).

Risk management

Information from risk management plan

Governance Reports

Notes from Board Meetings. Board member self-evaluations.

Human resource activities

Staff hours worked. Background checks on staff and providers. Information from staff annual reviews including information about goals set for individual staff members. Amounts paid to staff. Income brought in based on specific providers.

Technology

Information on the accuracy of practice management reports. Data on the accurate recording of clinical information necessary to meet Meaningful Use standards. Data on the correct use of electronic clinical charting elements.

Health and safety reports

Data collected during critical incident reporting. Results of health and safety drills.

Strategic planning information

Information gathered by annual strategic plan report.

Field trends, including research findings, if applicable

Data from applicable research of evidence-based treatment approaches. Information about payer sources. Data on billing changes and regulations from Medicaid.

Service delivery

Data on client initial and ongoing symptom severity. Client self-report measures of current major problem severity. Number of client visits. Data on client retention and dropout rates.

Characteristics of persons served

New Creation Counseling Center collects data about the characteristics of clients, including home address, email, age, gender, race and ethnicity, preferred treatment location, actual treatment location, and payer source.

Data on Persons Served

New Creation Counseling Center collects data on client symptom severity at the beginning of services, and approximately every two months during the course of treatment.

# Performance Analysis – 2018

#### Marriage and Family Training

* **Performance Target: the agency will provide a training for contracted providers on the subject of marriage and family counseling**
* Results: Training was provided as described

#### Developmental Trauma Training

* **Performance Target: the agency will provide a training available to contracted providers on the subject of developmental trauma**
* Results: Training was provided as described

#### Customer Service Training

* **Performance Target: Office staff will receive at least one training on the topic of Customer Service, as determined by agency leadership**
* Results: Customer service training was incorporated into annual training regimen

#### Staff Training System

* **Performance Target: Agency leadership will develop a system of official training opportunities for New Creation staff, with the goal of increasing competency, improve employee relationships, and improving customer service**
* Results: Monthly trainings are offered to all staff, on the last Thursday of each month, called the “Lunch and Learn” program. Offers attendees one CEU from the OCSWMFT board

#### Treatment Plan Training

* **Performance Target: The agency will provide a training for contracted providers on treatment plan writing aimed at helping providers focus on treatment goals that measurably achieve client presenting complaint**
* Results: Training offered as described

#### Front Office Analysis

* **Performance Target: The office manager and agency leadership will determine optimal scenario for office staffing and develop changes at the front office window to improve client privacy, allow enough time to conduct all needed business with client, and minimize client wait time at the front window**
* Results: anaylsis was conducted, changes in front office staffing were made. This included consideration of increased traffic at our Tipp City office, plus implementation of our virtual check-in program at our satellite offices

#### Group Therapy Program

* **Performance Target: The agency will develop at least one group therapy service for clients**
* Results: trauma group was developed by clinical director and one of our contract therapists. Implemented successfully

#### Contractor Feedback Sessions

* **Performance Target: Agency leadership will institute regular contractor feedback sessions, with the goal of producing changes in policy and procedures to make providers more efficient and effective in the treatment of our clients.**
* Results: this has not yet been implemented, though contractors are regularly encouraged to provide feedback to leadership at any time.

#### Vendor Contracts

* **Performance Target: The Office Manager will meet with agency leadership specifically to evaluate current contracts with venders and determine if any savings can be achieved through a change in contracted services or change in vendors. Office Manager will complete and execute Action Plan as a result of the evaluation**
* Results: this evaluation has not yet been conducted

#### Electronic Eligibility Verification

* **Performance Target: The agency will adopt Electronic Eligibility Verification through our billing clearinghouse, Navicure**
* Results: Chart auditor staff conducts eligibility checks on all new clients before their first session to confirm insurance eligibility and benefits. This information is communicated to clients and is used to ensure that accurate financial arrangements are made before we begin billing for services.

#### Fundraising Analysis

* **Performance Target: The agency leadership will conduct an analysis of current fund-raising efforts, which will include an Action Plan for future fund raising efforts, and will take steps to improve current knowledge of grant-writing and grant opportunities**
* Results: In progress. The Executive Director has accumulated information on all current and historical grants written by the agency. She has also expanded the grant offerings that the agency pursues.

#### Telecounseling Services

* **Performance Target: The agency will begin offering telecounseling services to clients through the use of an internet-based HIPAA-compliant video call service, and develop appropriate policies and procedures to support this new service**
* Results: in progress. Video call service is currently used for administrative purposes (see below). Policies and procedures are in place to support telecounseling. Telecounseling has been used very sporadically but not currently in general use.

#### Virtual Check In System

* **Performance Target: The agency will establish a “virtual check in” system using a HIPAA-compliant video call application, which will allow clients at satellite offices to speak to office staff, so that money can be collected, and missing client information can be quickly updated to ensure chart completeness and proper billing**
* Results: system established as described.

#### Electronic Client Forms

* **Performance Target: The agency will adopt the use of electronic client forms, including all forms used at the satellite offices. This will include a consolidation of current intake paperwork so that required information can be collected with the use of less or shorter forms.**
* Results: electronic forms implemented as described. Intake staff report that this has led to increase in client compliance with filling out paperwork before sessions and has created more time for intake staff to attend to other matters.

#### Tithing

* **Performance Target: Agency leadership and board will explore the possibility of tithing to other organizations in the community, and make a decision about whether the agency will engage in any tithing**
* Results: not completed. Agency does not currently tithe regularly, and this has not been explored in a meaningful way.

#### Logo and Branding

* **Performance Target: The agency will adopt a new logo and color scheme for New Creation, and new written materials and signage will be created with new branding.**
* Results: in progress. New logo, branding, and color scheme adopted. In process of changing over all written materials, signage, and online content to new branding. In process of obtaining fair materials with new logo and branding.

#### Trainings Available to the Public

* **Performance Target: The agency will increase the number of trainings available to the public.**
* Results: agency increased number of trainings offered, including bringing in nationally-renowned suicide experts to present a workshop on suicide.

#### Provider Status

* **Performance Target: The agency will secure Provider Status with the state of Ohio**
* Results: provider status achieved

#### List of Resources for the Public

* **Performance Target: The agency will develop a list of resources offered to the public, including articles on mental health topics as well as a listing of local resources.**
* Results: resources have been developed. In process of adding these to resource section of website

#### Sponsorship of Another Area Organization

* **Performance Target: The agency will offer sponsorship to one area organization.**
* Results: agency sponsored two organizations in 2018, Free the Mind/Anchor the Soul and Safe Harbor

#### Community Education of “Hot Topics”

* **Performance Target: The agency will develop and implement a system for identifying and educating the community about current “hot topics”**
* Results: not yet completed

#### Budget Variance

* **Performance Target: 5% Variance**
* Results:
  + Budget for 2018 was $1,003,000
  + Revenue for 2018 was $999,083.26 (.39% less than budgeted amount)
  + Expenses for 2018 were 1,015,957.07 (1.2% over budgeted amount)
  + Expenses were $16,873.81 more than revenue

#### Amount of money collected from payer sources

* **Performance Target: Increase amount of money collected from insurances and guarantors by 20% (compared to previous year)**
* Results:
  + Money collected from insurance and guarantors in 2017 was $760,826.12
  + Money collected from insurance and guarantors in 2018 was $823,102.79
  + Money collected from insurance and guarantors increased by $62,276.67 or 8.2%.

#### Collection Rate of Allowable Amounts

* **Performance Target: the agency will collect 93% of actual allowable amounts from insurance providers and clients**
* Results: Overall, collections of allowable amounts in 2018 was 89%.

#### Accurate Billing of Insurance Carriers

* **Performance Target: the agency will correctly set up client cases in Medisoft and follow all applicable office procedures, so that 95% of sampled claims will have the correct provider information**
* Results: billing reviews show that problems of the wrong provider transactions being listed on the wrong case have significantly improved. The agency also changed the way claims are generated, so that claims get provider information from the transaction and not the case. This means that the provider who generated a procedure (transaction) in our clinical record system will always be the same provider who is listed on the claim that represents that service.

#### OQ-45.2 scores (Main score and three subscores), administered at intake and every fourth session

* **Performance Target:** 
  + **60% of clients starting in clinical range demonstrate a significant change in overall score between test administrations, indicating a significant change in symptom severity**
  + **30% of clients starting in clinical range will demonstrate a drop in score to non-clinical range**
* Results:
  + 56.34% of clients starting in clinical range demonstrate a significant change in overall score between test administrations, indicating a significant change in symptom severity
  + 23.86% of clients starting in clinical range will demonstrate a drop in score to non-clinical range

#### Clinical Elements (Client self-report of Major Problem areas recorded in client clinical chart, rated 0-10, 10 being the most severe)

* **Performance Target: Average client rating of Major Problem severity will be 4 or lower at time of discharge**
* Results: of a sample of 43 intake and outcome self-report measures, the average self-report rating at time of discharge was 2.7

#### Average dollar amount collected per unit of service (i.e. one session)

* **Performance Target: Average dollar amount collected per service unit will increase 10% from previous year**
* Results: average dollar amount collected per session in 2017 (total revenue divided by # of sessions) was $61.43. Average dollar collected per session in 2018 was $72.95. This was an increase of 18.8%.

#### Percentage of Provider Schedules Filled

* **Performance Target: 84% of provider schedules will be filled with actual arrived appointments**
* Results: as of this writing the average arrival rate for counselors is 77%. This has increased recently, and the typical overall arrival rate in the last six months has been approximately 75%.

#### Length of time between date client scheduled a counseling intake appointment and the date of the intake appointment

* **Performance Target: Monthly average time between scheduling intake appointment and the actual date of appointment will be 10 days or less.**
* Results: average wait time for an intake appointment is 21.6 days.

#### Length of time between the date a psychiatric client schedules an intake appointment and the date of their first appointment with the psychiatrist or nurse practitioner.

* **Performance Target: Monthly average length of time between the date client is put on psychiatrist wait list and the date of their first appointment with the psychiatrist or nurse practitioner is 30 days or less**
* Results: this statistic is not able to be calculated at this time because of changes that occurred in the way the agency manages its wait list for psychiatry.

#### Length of time between client appointments with their counselor

* **Performance Target: Average length of time between the subsequent client counseling appointments will be 2 weeks or less**
* Results: average wait time between appointments for counselors was between 18 and 23 days.

#### Empirically-driven customer satisfaction survey

* **Performance Target: The agency will research and select an empirically-driven client satisfaction survey that is reliable and valid, that can provide meaningful information about client satisfaction. The agency will then administer this survey to clients on an annual basis**
* Results: the agency has implemented a satisfaction survey, but elected not to pursue the use of an empirically-driven client survey.

## Extenuating/Influencing Factors

* The addition of a new clinical director was instrumental in the agency meeting its training goals for the past year.
* The agency office staff put a lot of work into improving collection of money from insurance companies and guarantors. Procedures continue to be tweaked to ensure that financial information is correct before billing begins for a new client, so that the agency receives less denied claims.
* The agency experienced an increase in volume, reflected in the above performance measures. However, this led to provider caseloads being larger as there was not a corresponding increase in number of providers (in fact the number of providers decreased over the last year).

## Areas Needing Improvement

Performance Measurement for 2018 included several goals. While the agency met most of its performance goals, some were not achieved. The action plans below will focus on those goals most pertinent to fulfilling the agency’s mission and values.

**Contractor Feedback**

#### Action Plan

* The agency will implement regular provider feedback mechanism to encourage input from providers to leadership staff
  + Actions Taken:
    - Objective was added to 2019 Performance Goals.

**List of Resources for the Public**

#### Action Plan

* The agency will make changes to the website, reorganizing the resources section to include the resources collected for this project.
  + Actions Taken:
    - Objective was added to 2019 Performance Goals.

**Amount of money collected from payer sources and Collection Rate of Allowable Amounts**

#### Action Plan

* The agency will continue to analyze data from billing and reimbursements to determine how to improve collections and increase amount of money collected. Monthly reports from our billing company will give some guidance as to what kind of denials we continue to see from insurance companies. Medisoft AR reports will be used to identify outstanding claims and see trends r/t insurances and specific clients.
  + Actions Taken:
    - Objectives added to 2019 Performance Goals.

**Percentage of Provider Schedules Filled**

#### Action Plan

* The agency’s cancellation notification system will be updated to improve staff compliance with use of that system. The use of telecounseling will be considered as a way to help boost client arrival rates and filling empty slots in provider schedules. Procedures for notifying clients of open appointments will be analyzed and changed to give clients more notice about available appointments.
  + Actions Taken:
    - Objectives added to 2019 Performance Goals.

**Length of time between date client scheduled a counseling intake appointment and the date of the intake appointment / Length of time between the date a psychiatric client schedules an intake appointment and the date of their first appointment with the psychiatrist or nurse practitioner / Length of time between client appointments with their counselor**

#### Action Plan

* The agency needs more provider hours available. More provider hours would help reduce the wait time between scheduling an initial appointment and the appointment date. The agency needs providers who can accommodate specific client needs, including the ability to accept commercial insurance and having evening hours available. The agency also needs more providers so that providers can stop the flow of intakes if their caseload is getting too full. This will help clients be able to be seen more often.
  + Actions Taken:
    - Objectives added to 2019 Performance Goals.

# Performance Indicators – 2019

(for each indicator, specify to whom indicator will be applied, persons responsible for collecting data, source from which data will be collected, and performance target based on an industry benchmark, the organization’s performance history, or established by the organization or other stakeholder)

The below performance objectives address the areas of Business Functioning, Service Delivery Effectiveness, Service Delivery Efficiency, Satisfaction of persons served, as well as the goals developed as a result of strategic planning.

Unless otherwise specified, the objectives below will be due for completion by the next annual review and update of the Performance Management Plan in 2020.

### Improve Customer Service and Quality of Service

#### Sufficient number of provider hours

* Indicator applied to: Leadership
* Source from which data will be collected: Office Hours Scheduling System, personnel records
* **Performance Target: the agency will increase the number of available provider hours by 20% compared to provider hours from the previous year**
* Person(s) responsible for collecting data: Director, Associate Director

#### Specialization in Marriage and Family Therapy

* Indicator applied to: Leadership
* Source from which data will be collected: accounting software, provider schedules
* **Performance Target: the agency will arrange for two providers to attend intensive marriage and family training seminars**
* Person(s) responsible for collecting data: Director, Associate Director

#### Specialization in Treatment of Children and Adolescents

* Indicator applied to: Leadership
* Source from which data will be collected: accounting software, provider schedules
* **Performance Target: the agency will arrange for at least two trainings for providers on the subject of treatment of children and adolescents**
* Person(s) responsible for collecting data: Director, Associate Director

#### Availability of Independently-licensed providers

* Indicator applied to: Leadership
* Source from which data will be collected: accounting software, provider schedules
* **Performance Target: the agency will hire providers so that the mix of independent provider hours to dependent provider hours will accurately reflect the mix of clients with commercial insurance compared to clients with Medicaid/Med Mutual/self-pay**
* Person(s) responsible for collecting data: Director, Associate Director

#### Sufficient number of provider hours at Satellite Offices

* Indicator applied to: Leadership
* Source from which data will be collected: Office Hours Scheduling System, personnel records
* **Performance Target: the agency will increase the number of available provider hours at satellite offices by 20% compared to provider hours from the previous year**
* Person(s) responsible for collecting data: Director, Associate Director

#### Sufficient Physical Space at Tipp City Office

* Indicator applied to: Leadership
* Source from which data will be collected: Office Hours Scheduling System, personnel records
* **Performance Target: the agency will create four new offices at the Tipp City location, along with sufficient computer and phone use capabilities to meet the needs of each office**
* Person(s) responsible for collecting data: Director, Associate Director, Office Manager

#### Training in Treatment of Trauma

* Indicator applied to: Leadership
* Source from which data will be collected: Office Hours Scheduling System, personnel records
* **Performance Target: the agency will at least one training in the treatment of trauma issues for agency providers**
* Person(s) responsible for collecting data: Director, Associate Director, Clinical Director

#### Contractor Feedback Sessions

* Indicator applied to: Providers, Leadership
* Source from which data will be collected: Office Hours Scheduling System
* **Performance Target: Agency leadership will institute regular contractor feedback sessions, with the goal of producing changes in policy and procedures to make providers more efficient and effective in the treatment of our clients.**
* Person(s) responsible for collecting data: Clinical Director

#### Group Therapy Program

* Indicator applied to: Providers, Leadership
* Source from which data will be collected: Practice Management System
* **Performance Target: The agency will develop at least one ongoing group therapy service for clients**
* Person(s) responsible for collecting data: Clinical Director

#### Length of time between date client scheduled a counseling intake appointment and the date of the intake appointment

* Indicator applied to: Appointment date
* Source from which data will be collected: Medisoft Office Hours
* **Performance Target: Monthly average time between scheduling intake appointment and the actual date of appointment will be 10 days or less.**
* Person(s) responsible for collecting data: Intake Coordinators

#### Length of time between the date a psychiatric client is added to the psychiatric waiting list and the date of their first appointment with the psychiatrist or nurse practitioner.

* Indicator applied to: Appointment date
* Source from which data will be collected: Psychiatric waiting list maintained by Psychiatric Liaison, Office Hours scheduling system
* **Performance Target: Monthly average length of time between the date client is put on psychiatrist wait list and the date of their first appointment with the psychiatrist or nurse practitioner is 30 days or less**
* Person(s) responsible for collecting data: Psychiatric Medical Assistant

#### Length of time between client appointments with their counselor

* Indicator applied to: Appointment date
* Source from which data will be collected: Medisoft Practice Management Program
* **Performance Target: Average length of time between the subsequent client counseling appointments will be 2 weeks or less**
* Person(s) responsible for collecting data: Office Staff

#### PHQ-9 and GAD-7 scores (Main score and three subscores), administered at intake and every fourth session

* Indicator applied to: Client
* Source from which data will be collected: Client
* **Performance Target: 60% of clients starting in clinical range demonstrate a significant change in overall score between test administrations, indicating a significant change in symptom severity**
* Person(s) responsible for collecting data: Office staff collects PHQ and GAD data from clients when they check in for appointments. Intake staff assist clients with initial administration of PHQ/GAD

#### Clinical Elements (Client self-report of Major Problem areas recorded in client clinical chart, rated 0-10, 10 being the most severe)

* Indicator applied to: Client
* Source from which data will be collected: Client
* **Performance Target: Average client rating of Major Problem severity will be 3 or lower at time of discharge**
* Person(s) responsible for collecting data: Provider gets rating from client during sessions

### Improve Financial Responsibility and Solvency

#### Development of Provider Staffing Plan

* Indicator applied to: agency
* Source from which data will be collected: accounting system, excel spreadsheet
* **Performance Target: agency will have an official written provider staffing strategy that guides decision-making about staffing, while at the same time accounting for availability of funds to pay for staffing needs. This document will take into account each provider, their estimated cost and earning potential for the agency, and changes to the bottom line caused by the gain and loss of staff and contractors.**
* Person(s) responsible for collecting data: Director, Associate Director

#### Budget Variance

* Indicator applied to: Agency
* Source from which data will be collected: ACS accounting computer program
* **Performance Target: 5% Variance**
* Person(s) responsible for collecting data: Director, Associate Director

#### Amount of money collected from payer sources

* Indicator applied to: Agency
* Source from which data will be collected: Medisoft Practice Management Program
* **Performance Target: Increase amount of money collected from insurances and guarantors by 20% (compared to previous year)**
* Person(s) responsible for collecting data: Billing company

#### Collection Rate of Allowable Amounts

* Indicator applied to: Agency
* Source from which data will be collected: Medisoft Practice Management Program
* **Performance Target: the agency will collect 93% of actual allowable amounts from insurance providers and clients**
* Person(s) responsible for collecting data: Associate Director

#### Percentage of Provider Schedules Filled

* Indicator applied to: agency
* Source from which data will be collected: Medisoft Practice Management Program
* **Performance Target: 84% of provider schedules will be filled with actual arrived appointments**
* Person(s) responsible for collecting data: Associate Director

#### Potential Sources of Grant Money

* Indicator applied to: agency
* Source from which data will be collected: network files where agency stores grant information
* **Performance Target: the agency will identify two new or unused sources of grant money to which it can apply for assistance with funding needs**
* Person(s) responsible for collecting data: Director, Associate Director

#### Rules for Governing Client Cases

* Indicator applied to: office staff
* Source from which data will be collected: network files where agency stores office procedures
* **Performance Target: the agency will compile an authoritative written procedure for how to set up client cases based on the type of payor source they have, while accounting for the typically issues that come up r/t client financial agreements (e.g. a change in payor source or missing information)**
* Person(s) responsible for collecting data: Associate Director, chart auditor

#### Average dollar amount collected per unit of service (i.e. one session)

* Indicator applied to: all staff
* Source from which data will be collected: Medisoft Practice Management Program
* **Performance Target: Average dollar amount collected per service unit will increase 10% from previous year**
* Person(s) responsible for collecting data: Director, Associate Director

### Expand use of technology

#### Telecounseling Services

* Indicator applied to: Office Staff, Providers
* Source from which data will be collected: agency policy manual, Medisoft Practice Management System
* **Performance Target: the agency will develop a written strategy for implementing telecounseling services, to what degree these services will be used, what resources or technologies are needed to implement strategy, procedures for connecting providers remotely with clients, and how billing for these services will occur.** 
  + **If telecounseling ends up being used by the agency on a regular basis, this performance objective includes the successful implementation of telecounseling services, in accordance with agency policy on using this type of service**
* Person(s) responsible for collecting data: Director, Associate Director

#### Audit of Electronic Forms

* Indicator applied to: Intake department
* Source from which data will be collected: IntakeQ web portal, Electronic Health Record
* **Performance Target: The agency will complete an audit of a representative sample of electronic intake forms, to determine if intake paperwork is being completed correctly and properly scanned into the Electronic Health Record. Findings from this audit will inform changes to intake procedures to ensure chart completion.**
* Person(s) responsible for collecting data: Intake Department staff

#### Sufficient Technology Hardware and Software

* Indicator applied to: agency computer systems
* Source from which data will be collected: agency computer documentation spreadsheet
* **Performance Target: The agency will work with IT consultants at Ginghamsburg Church and complete an analysis of what is needed to ensure that technology is suitable to provide services. This will include looking at what laptops, software, and IT infrastructure (e.g. wiring) need to be updated or replaced. Based on the analysis, the agency will update hardware, software, and infrastructure accordingly.**
* Person(s) responsible for collecting data: Office Manager, Director, Associate Director

#### Client Accessibility to Financial and Clinical Information

* Indicator applied to: clients
* Source from which data will be collected: website, network document storage system
* **Performance Target: The agency will create a system whereby clients can easily access their clinical chart information and information about their bill. This can be web-based or be paper-based, but the goal is that clients will have the information they need to conveniently access their clinical and financial information**
* Person(s) responsible for collecting data: Office Manager, Director, Associate Director

### Outreach to the community

#### Development of School-Based Counseling Services Program

* Indicator applied to: agency
* Source from which data will be collected: agency policies and procedures
* **Performance Target: The agency will develop a school-based counseling program, which will be an official expansion of its historical school-based services. The program will have written procedures and, when needed, additional policies on top of the existing agency policies that govern service delivery and business functioning. The program will have sufficient marketing materials. The program will have written plans for financing the school-based services, and have written pricing for the schools paying for agency services. The program will have a strategic plan written for how to sustain the program in the future and how the program will grow to better meet the needs of the community.**
* Person(s) responsible for collecting data: Nexus Program Director, Director, Associate Director

#### Improved online outreach to the community

* Indicator applied to: agency
* Source from which data will be collected: website, Facebook page
* **Performance Target: The agency will change its outreach to the community through the website, social media, and email to be more efficient and effective. Newsletters will be sent out less often and will focus on information that yields more engagement. More information about the agency’s performance will be included to help people feel more encouraged about the impact they are making by supporting New Creation. Regarding social media, content will be shared that yields higher engagement and more positive feedback from our online followers. The agency will increase its production of short videos on Facebook and Youtube, which have historically yielded more positive reactions from followers. Written materials generated by the agency will be limited to blogs at most, as articles shared on social media have been getting lower response rates from followers.**
* Person(s) responsible for collecting data: Associate Director