

FY 2017-18	STRATEGIC PERFORMANCE MEASURES		TARGET				1st Qtr.	2nd Qtr.
<b>ORGANIZATIONAL</b>								
<u>Goal 1: Maintain Positive Employee Morale</u>	85%	1x/year					NA	85%
scores)	85%						85%	97%
<u>Goal 3: Access to Service by intensity</u>	Emergent	96%					100%	100%
(Emergency-same day, Urgent-within 24 hours, Routine-within 7 days)	Urgent	96%					100%	100%
	Routine	96%					100%	100%
<u>Goal 4: Maintain appropriate staffing levels (Overtime usage)</u>	reduce (-)10%						-13%	38%
<u>Goal 5: Community Outreach</u>	60 per Qtr						77	61
<u>Goal 6: Stakeholder Satisfaction</u>	85%						NA	100%
<b>ADMINISTRATIVE AND SUPPORT SERVICES</b>								
<u>Goal 1: Maintain a Collection rate of 80%</u>	80%						121%	121%
<u>Goal 2: Number of Admissions</u>	450 per Qtr.						442	419
<u>Goal 3: Number of Discharges</u>	Varies w/caseloads						395	278
<u>Goal 4: Discharges - Process Time</u>	5 days						3	3
<u>Goal 5: Release of Information forms - Process Time</u>	14 days						2	2
<b>BEHAVIORAL HEALTH SERVICES</b>								
<u>Goal 1: Clients Involuntarily Hospitalized</u>	Average per quarter	<30 admits					34	27
<u>Goal 2: External Outpatient Chart Review</u>	85%						None	Pending
<b>PREVENTION</b>								
<u>Goal1: STAR will serve 750 participants yearly</u>	750						2,222	NA
<u>Goal 2:Prevention Peer Reviews 2x per year</u>	85%						100%	NA
<u>Goal 3: Prevention Student Satisfaction Surveys</u>	85%						86%	NA
<b>RESIDENTIAL</b>								
<u>Goal 1: Psychosocial Rehabilitation (RISE) Program Occupancy Rate</u>	85%						54%	54%
<u>Goal 2: Cottage Residential Occupancy Rate</u>	85%						83%	91%
<u>Goal 3: Lodge Residential Occupancy Rate</u>	85%						88%	89%
<b>DEMOGRAPHICS</b>								
<u>Goal 1: Populations Served - Unduplicated</u>	Number served						3,477	3,280
<u>Goal 2: Adult Mental Health Persons Served</u>	877 annually	AMH					2,900	2,855
<u>Goal 3: Adult Substance Abuse Clients Served</u>	360 annually	ASA					1,119	1,191
<u>Goal 4: Children Mental Health Persons Served</u>	406 annually	CMH					750	829
<u>Goal 4: Children Substance Abuse Persons Served</u>	75 annually	CSA					126	141
<b>COMMUNITY ACTION TEAM</b>								
<u>Goal 1: CAT will serve 60 Unduplicated Participants per year</u>	30 served per Qtr						42	38
<u>Goal 2: CAT Peer Reviews Quarterly</u>	85%						97%	94%
<u>Goal 3: CAT Client Satisfaction Surveys</u>	85%						93%	99%
<u>Goal 4: CAT Clients - Improved Attendance and Education concerns</u>	Improvement	Attendance					1%	6%
		Performance					54%	Waiting
<b>SAFETY MANAGEMENT SERVICES</b>								
<u>Goal 1: SMS will serve 131 participants</u>	131	33 per Qtr					47	38

<b>Goal 2: SMS Peer Reviews Quarterly</b>	85%		100%	96%
<b>Goal 3: SMS Clients will Participate in Services</b>	100%		100%	100%
<b>Goal 4: SMS Client Satisfaction Surveys</b>	85%		80%	96%
<b>WRAP-AROUND SERVICES</b>				
<b>Goal 1: WAS will serve 131 participants</b>	131	33 per Qtr	31	44
<b>Goal 2: WAS Peer Reviews Quarterly</b>	85%		94%	100%
<b>Goal 3: WAS Clients will Participate in Services</b>	100%		100%	100%
<b>Goal 4: WAS Client Satisfaction Surveys</b>	85%		100%	99%
<b>FAMILY CARE ASSESSMENT PROGRAM</b>				
<b>Goal 1: Client Intake Process Time</b>	7 days avg		Waiting	37+days
<b>Goal 2: Completion of Assessment Report to Referral Source</b>	7 days avg		Waiting	11 days
<b>Client Diagnoses</b>	Number Dx	SA diagnosis	388	356
<b>Client Diagnosis (Informational)</b>		Top 3 MH dx	2,030	1,778
<b>Peer Reviews</b>				
<b>Goal 1: Maintain an 85% compliance rate for Clinical Peer Reviews.</b>	85%		82%	Waiting
<b>Goal 2: Maintain an 85% compliance rate for Record Reviews.</b>	85%		83%	86%
<b>Goal 3: Maintain an 85% compliance rate for Physician's Peer Review.</b>	85%		73%	86%
<b>No Show Rates and Measures</b>	<b>Goal 1: Monitor No Show</b>		12%	12%
<b>Panhandle 2-1-1 Helpline</b>				
<b>HelpLine/211(Informational)</b>	Qtrly		3,117	2,885
<b>Goal 2: Track average hold time</b>	<.60 sec		0.09	0.00
<b>Goal 3: Track Average Time until call accepted</b>	<.25 sec		0.22	0.25
<b>Goal 3: Track Call Accepted percentage</b>	90% goal		89%	88%
<b>BAKER ACT MEASURES</b>				
<b>Goal 1: Track clients under Baker Act by Fund Source.</b>	Qtrly	Indigent (BA Match)	46	25
		Medicaid (FFS)	13	17
		Medicaid (Humana)	7	8
		Medicaid (Integral)	8	12
		Other pay source	27	19
<b>Goal 2: Monitor number of bed days used by clients under Baker Act by Fund Source.</b>	Qtrly	Indigent (BA Match)	311	341
		Medicaid (FFS)	70	124
		Medicaid (Humana)	63	34
		Medicaid (Integral)	34	136
		Other pay source	362	180
<b>Goal 3: Track number of Medicaid HMO (Carve-out) clients whose length of stay is &gt;3 days in CSU.</b>	Qtrly		8	10
<b>Goal 4: Track total number of clients whose length of stay is more than 14 days in a CSU.</b>	Qtrly		12	8
<b>Goal 5: Track Baker Act Funded Clients whose length of stay in a CSU is 3 days or more.</b>	Qtrly		19	21
<b>Goal 6: Monitor number of Baker Acts initiated by agency quarterly.</b>	Qtrly		0	0
<b>Services.</b>	7 days		No report	No report
<b>Management.</b>	7 days		33%	44%