CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATION, INC.

QUARTERLY REPORT
2nd Quarter
FY 2016-17

INTRODUCTION

Chautauqua Offices of Psychotherapy and Evaluation is a not-for-profit corporation founded in 1973 as the Walton County Guidance Clinic to provide alcohol, drug abuse, and mental health treatment to persons in Walton County. The organization began as a two-program center operating out of one room in DeFuniak Springs City Hall. Since that time the agency has grown to a staff of approximately 120 professionals and support staff with a Six Million Dollar Annual Budget.

MISSION

Chautauqua Offices of Psychotherapy and Evaluation will provide the highest quality behavioral healthcare services which are affordable and accessible to the individuals and families served.

PHILOSOPHY OF CARE

As a community mental health center with over 30 years of experience, Chautauqua Offices of Psychotherapy and Evaluation is committed to quality behavioral health care for all persons in need. Concurrent with state and district priorities, we operate to insure that contracted funds are utilized to serve the identified priority populations. Chautauqua Offices of Psychotherapy and Evaluation continuum of care reflects the goal of the Department of Children and Families of delivering accessible service to priority consumers.

Persons are served without regard to race, color, religion, sex, national origin, age, disability, veteran status, handicap, marital status, ability or inability to pay or any other characteristic protected by law.

Services are provided in the least restrictive, most natural setting available for the presenting problem, and are based on the development of individual problem solving and coping skills.

Chautauqua Offices of Psychotherapy and Evaluation demonstrates this philosophy of care through the following Statement of Values.

INTEGRITY: The staff and Board of Directors will be viewed as having integrity in the performance of their functions. They will exhibit respect for human dignity with honesty and trust worthiness always being the motivating factors.

DEPENDABILITY: Staff will demonstrate the highest level of dependability as evidenced by our accessibility to the consumers.

QUALITY: The staff and Board of Directors are committed to consistently deliver responsive and individual treatment in the best environment possible to our consumers, their family members, visitors and staff members at the highest level of professionalism and ethical manner.

TEAMWORK: The staff and Board of Directors will work as a team to overcome obstacles to any challenge presented, and recognize all individuals have a unique and a valuable perspective to offer toward a resolution.

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Performance Analysis Report
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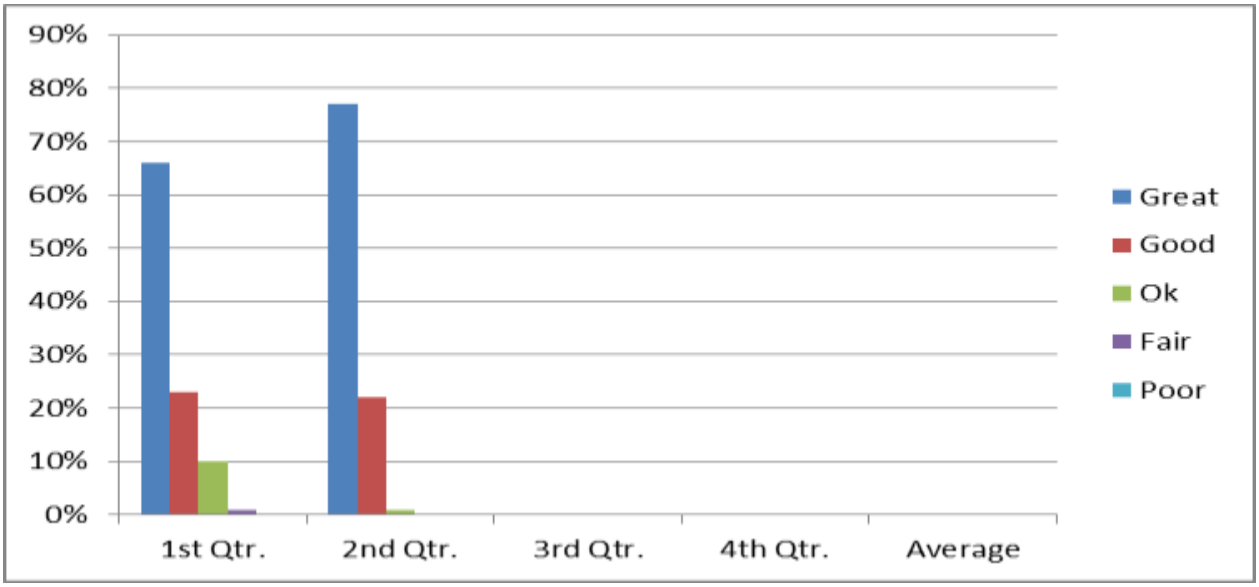
Organization Measures (Persons Served Satisfaction)

Goal: Increase Persons Served Satisfaction

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Agency Average
Great	66%	77%			
Good	23%	22%			
Ok	10%	1%			
Fair	1%	0%			
Poor	0%	0%			



2nd Quarter FY16-17

Analysis of data/results:
In the 2nd qtr. of FY16-17, 77% of clients rated Chautauqua Healthcare Services as a great place to receive services. This was an 11% increase from the 1st qtr.'s 66%. 22% rated Chautauqua Healthcare Services as a good place to receive services, which is a 1% increase. One percent rated services as ok; the same as Fair in the last quarter

Areas needing improvement:
The target of 85% was met with Great and Good ratings equaling 99%.

Actions taken to improve performance:
Service provision will continue to be the focus of the 3rd qtr. Client input will be used to continue to provide services that meet the needs of our clients.

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Peer Reviews (Utilization Management) (Clinical Record Review)

	S/A	M/H	PATH	RESDNTL REHAB	CM	CAT	SMS	WAS
2nd Q FY2016	80%	97%	99%	96%	100%	92%	100%	100%
2nd Q FY2015	93%	94%	95%	99%	86%	-		
2nd Q FY2014	100%	87%	97%	100%	86%	-		

Analysis of data/results:

The compliance rate for Substance Abuse medical records for the 2nd Qtr. of FY2016 was 80%. This was a decrease of 13% when compared to the 2nd Qtr. of FY15 (93%).

Mental Health records compliance rate for the 2nd Qtr. of FY16 was 97%. This was an increase of 3%when compared to the 2nd Qtr. of FY15 (94%).

PATH (Therapeutic Foster Care) medical records compliance rate for the 2nd Qtr. of FY16 was 99%, showing an increase of 4% from 95% in the in the 2nd Qtr. of FY2015.

RESIDENTL/REHAB Peer Review compliance rate for the 2nd Qtr. of FY16 was 96%. This was a decrease from the 2nd Qtr. of FY 15 (99%).

Case Management compliance rates increased 14% during the 2nd Qtr. of FY16 (100%) when compared to the compliance rate for the 2nd Qtr. of FY15- 86%.

The Average for the Clinical Record Review portion of the Peer Review was 90%.

Areas needing improvement:

N/A

Actions taken to improve performance:

Substance Abuse compliance did not meet the target of 85%. Extra attention to detail needs to be stressed. Peer review data will be reviewed for ways to improve service delivery to meet the needs of our clients.

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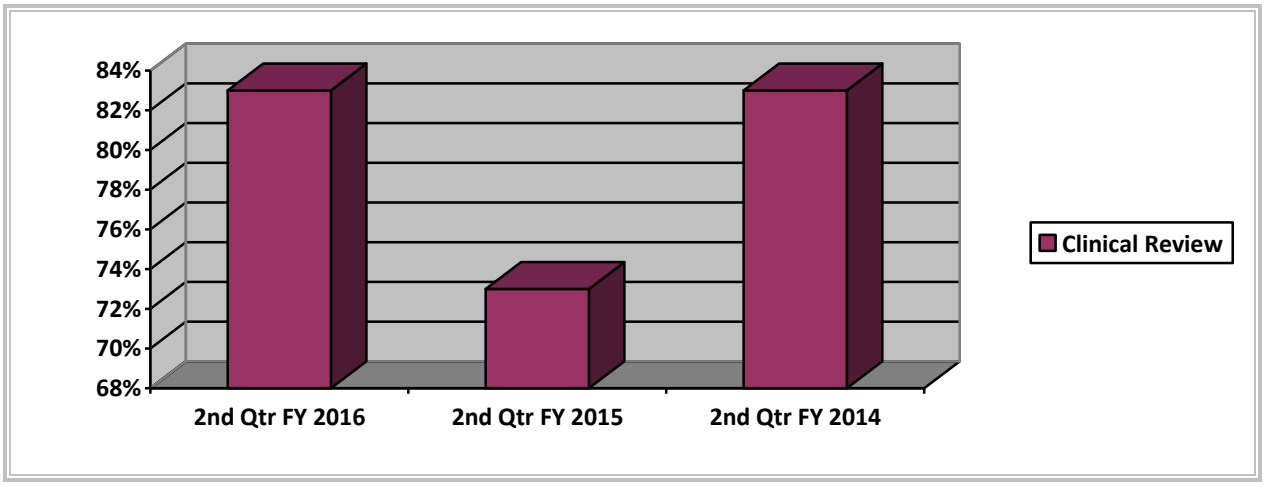
Peer Reviews (Utilization Management) (Physician Review)

	2nd Qtr. FY2016	2nd Qtr. FY2015	2nd Qtr. FY2014
Clinical Review	83%	73%	83%



Analysis of data/results:
The average Physician Peer Review compliance for the 2nd Qtr. of FY2016 was 83%. This was a 10% increase from the 2nd Qtr. of FY2015 (73%).

Areas needing improvement: Peer Reviews are going to an External physician this FY. Ensure that external physician has all of the necessary information they need to review Clinical portion of client medical records that are selected for review.

Actions taken to improve performance:
Psych Nurse will check each record to ensure all necessary documentation is included before they deliver the record to the external physician.

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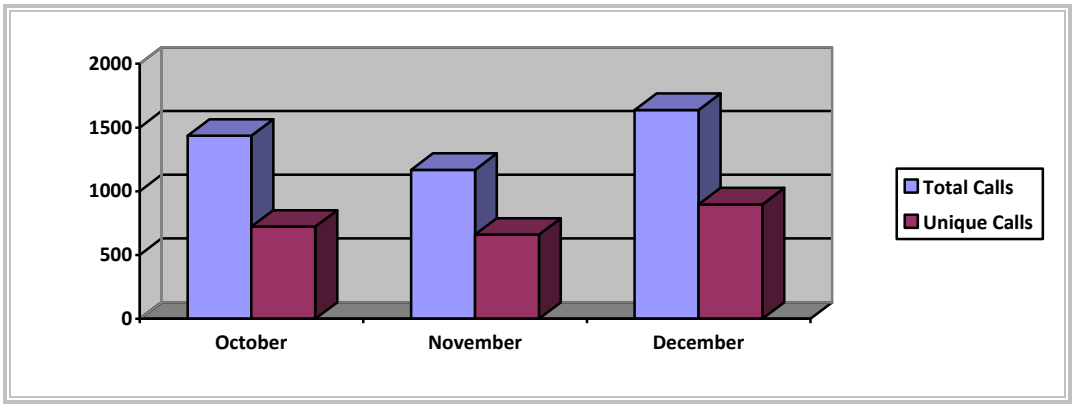
Help Line Calls

	October	November	December
Total Calls	1435	1168	1637
Unique Calls	723	660	897



Analysis of data/results:
A total of 4,240 help line calls were received during the 2nd Qtr. of FY2016 as compared to the 2,288 calls for the 2nd Quarter of 2015-16.

Areas needing improvement:
N/A

Actions taken to improve performance:
N/A

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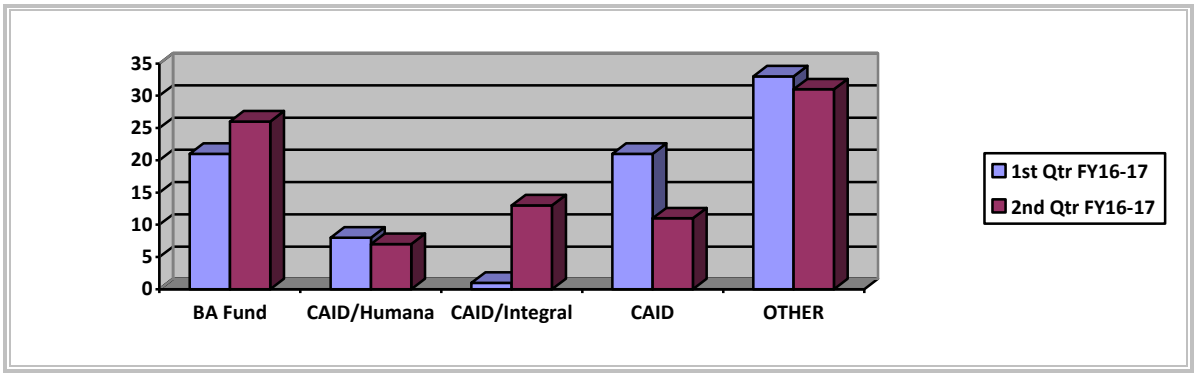
Baker Acts (by Fund Source)

	1st Qtr.	2nd Qtr.
BA FUND	21	26
CAID/Humana	8	7
CAID/Integral	1	13
CAID	21	11
OTHER	33	31



Analysis of data/results:
The number of BAKER ACT FUNDED clients for the 2nd Qtr. of FY16 was 26 clients. This was an increase of 5 from the 1st Qtr. which had 21 clients baker acted under the fund source.

20 clients were funded by MMA's. Humana – 7, Integral 13.

11 clients were FFS Medicaid.

31 baker acts were covered under other fund sources.

Areas needing improvement:
Diversion of clients to a less restrictive level of care that meets their needs.

Actions taken to improve performance:
Review client diversion activities to ensure that clients are placed in the appropriate level of care that meets their needs. Work with local ER's and Law Enforcement to provide information on Florida Baker Act Criteria

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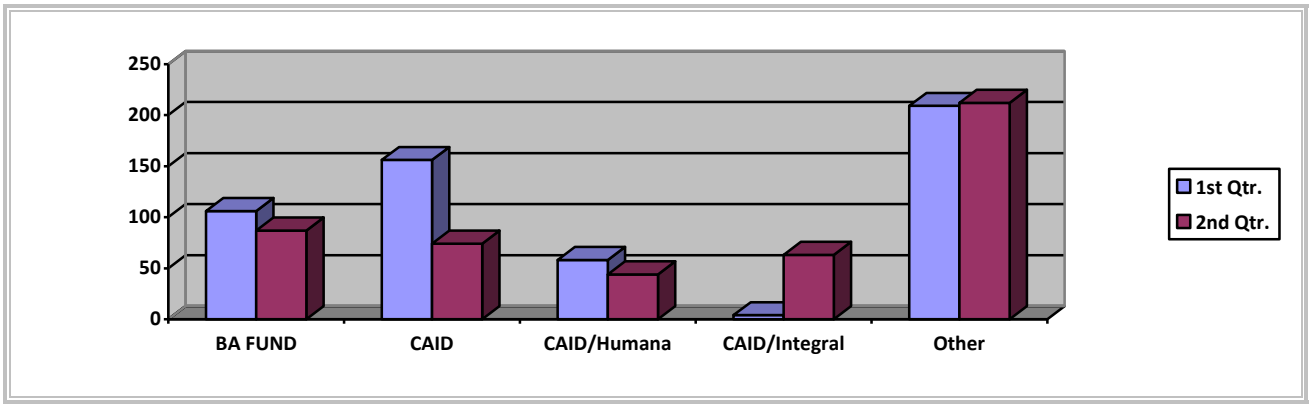
Baker Acts (LOS-Bed Days by Fund Source)

	1st Qtr.	2nd Qtr.
BA FUND	106	87
CAID	156	74
CAID/Humana	58	44
CAID/Integral	4	63
Other	209	212



Analysis of data/results:
A total of 480 bed days were utilized during the second quarter of FY2016-17. Of those 87 were indigent Baker Act funded, 74 were FFS Medicaid, 44 Humana Pre-Paid Medicaid, 63 were Integral Pre-Paid Medicaid, and 212 were from other fund sources.

Areas needing improvement:
Utilization of diversions to other levels of care.

Actions taken to improve performance:

Provide education to local ER's and law enforcement agencies on Florida Baker Act requirements and alternative diversion options.

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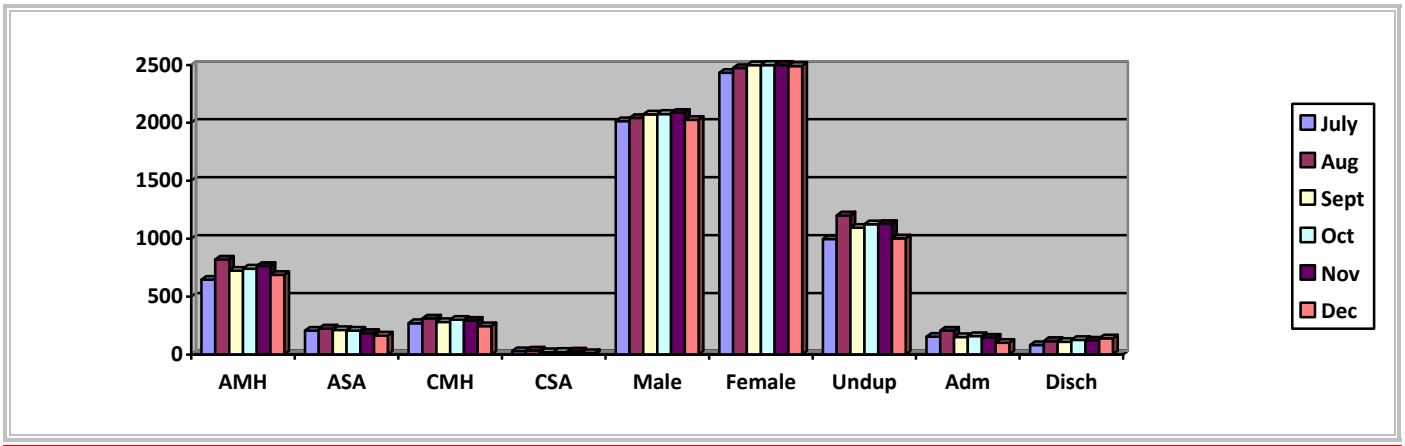
Client Demographics (# of Clients Seen)

	AMH	ASA	CMH	CSA	Male	Female	Unduplicated	Adm	Discharges
July	645	205	271	29	2015	2432	997	153	81
Aug	819	224	310	35	2042	2474	1200	207	116
Sept	722	212	281	21	2074	2498	1093	151	110
Oct	741	206	299	22	2077	2501	1124	158	126
Nov	765	185	292	26	2086	2526	1126	144	120
Dec	688	163	245	12	2026	2492	1002	100	139



Analysis of data/results:
A total of 3,252 unduplicated clients were seen for services in the 2nd Qtr. of FY16, compared to 3,482 unduplicated of the 2nd Qtr. of FY15. Of the total clients 2,748 were Adult Mental Health and Adult Substance Abuse. 896 were Child Mental Health and Child Substance Abuse.

A total of 6,189 Male clients were seen during the 2nd Qtr. of FY16 which was an increase compared to 4,973 for the 2nd Qtr. of FY15.

7,519 Female clients were seen in the 2nd Qtr. of FY16 which was an increase compared to 5,913 clients during the 2nd Qtr. of FY15.

During the 2nd Qtr. of FY16 there were 402 admissions and 385 discharges. The admit numbers are a decrease compared to the 2nd Qtr. of FY15 which had 502 admissions but discharges are up by 138 compared to those in 2015-16 with 247discharges.

Areas needing improvement: N/A

Actions taken to improve performance: Continue to monitor to ensure that appropriate services are available to all demographic populations that we serve.

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	October		November		December	
Diagnoses of Clts Served	**1st Dx**	**2nd Dx**	**1st Dx**	**2nd Dx**	**1st Dx**	**2nd Dx**
N/A	585	225	573	249	518	218
ADD10-ADHA & DISRUPTIVE BEH D/0	4	6	8	5	6	4
ADJ16-ADJUSTMENT DISORDERS	56	43	64	39	50	37
ALC05-ALCOHOL RELATED DISORDER	53	86	51	84	45	69
ANX13-ANXIETY, SOMAT, FACTITIOUS D/O	55	158	68	142	56	144
ATT23-ADD COND FOR CLINICAL ATTN	0	4	0	3	0	2
BIPO2-BIPOLAR	**135**	34	**131**	31	**118**	36
CL122-CONDITIONS FOR CLINICAL ATTN	0	0	0	0	0	0
DEL07-DELIRIUM, DEMENTIA DMN COG D/O	2	0	0	0	1	0
DEP03- DEPRESSIVE DISORDER	**125**	81	**133**	92	**121**	84
DIS14 - DISSOCIATIVE DISORDERS	0	1	0	1	0	1
DRUO6-DRUG RELATED DISORDERS	19	19	11	22	8	22
EAT19-EATING DISORDERS	0	5	0	7	0	7
IMP18-IMPULSE-CONTROL D/O	3	3	6	7	4	4
INF12-OTHER D/O INF, CHILD, ADOL	0	2	0	1	0	0
LRD11-LEARNING RELATED DISORDERS	0	0	0	0	0	0
MED08-MENT D/O DUE TO GEN MED COND	0	0	0	0	0	0
NDX24-NO AXIS I OR II DIAGNOSIS	0	0	1	0	1	0
PDD09-PERVASIVE DEVELOPMENTAL D/O	0	1	0	0	0	2
PSY04-OTHER PSYCHOSIS	2	1	1	2	2	2
SCHO1-SCHIZOPHRENIA	**90**	11	**82**	13	**76**	11
SEX20-SEXUAL & GENDER IDENTITY D/0	3	0	3	2	3	0
SLP17-SLEEP DISORDERS	0	3	0	7	0	7

Analysis of data/results:

A total of 489 clients were given a Substance Abuse diagnosis during the 2nd Qtr. of FY16-17, which is a marked decrease from 1,191 clients during the 2nd Qtr. of FY15-16. 187 clients had primary Substance Abused related diagnosis while 302 clients were given a secondary Substance Abuse related diagnosis. 3,273 total Primary diagnoses were given for the 2nd Qtr. of FY16-17. Of this amount 6% (187) were Substance Abuse related.

Totals taken from the top 3 Mental Health Diagnoses: A total of 1,404 clients were given MH Diagnoses in the 2nd Qtr. of FY16 which was a decrease from 2,674 clients during the 2nd Qtr. of FY15. 1,011 clients had primary MH related diagnosis while 393 clients were given secondary MH related diagnoses.

Areas needing improvement: More information related to client's diagnosis.

Actions taken to improve performance: Printed information on client's diagnosis will be made available to clients during all stages of treatment. Information will be provided in a manner that is understandable to the client.

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Monthly Census (Residential/Rehab)

	Rehab	Lodge	Cottage
July	64%	93%	84%
August	54%	93%	88%
September	54%	94%	96%
October	57%	95%	100%
November	54%	92%	94%
December	55%	87%	93%

<u>Analysis of data/results:</u> The average occupancy rate for the 2nd Qtr. of FY16 for Psychosocial Rehab Program was 55%. This was a decrease (5%) compared to 60% for the 2nd Qtr. of FY15.

The average occupancy rate for the Lodge was 91% for the 2nd Qtr. of FY16 while the Cottage had an average occupancy rate of 96% for the 2nd Qtr. of FY16.

<u>Areas needing improvement:</u> Rehab

<u>Actions taken to improve performance:</u> Follow-up on referrals made to the rehab program to determine the barriers for client attendance. Marketing plan includes Rehab this FY.

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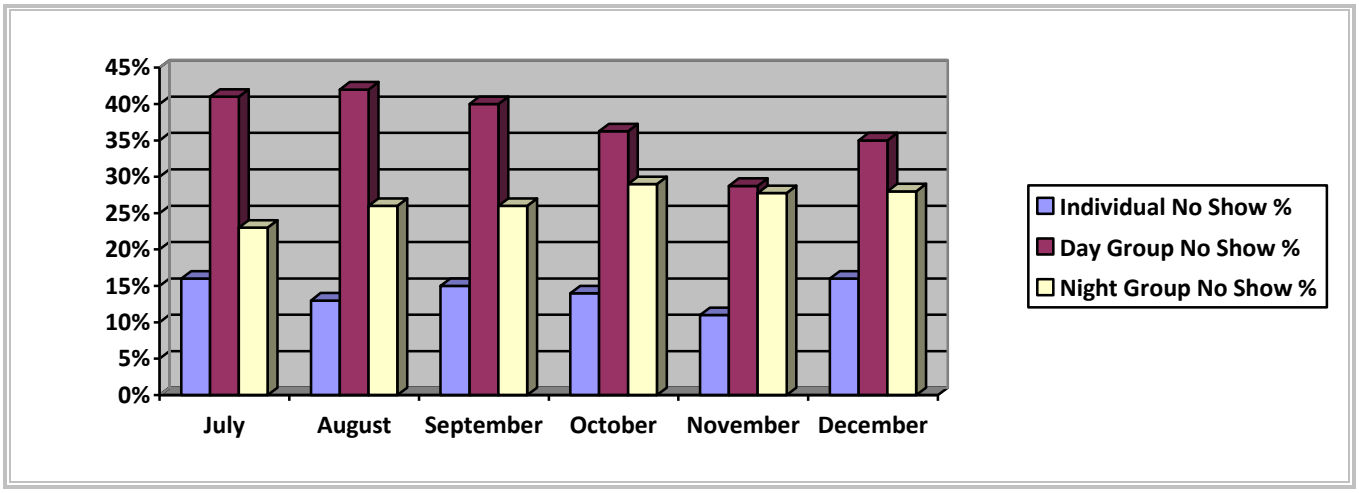
No Show Rates

	July	August	September	October	November	December
Individual No Show %	16%	13%	15%	14%	11%	16%
Day Group No Show %	41%	42%	40%	36.25%	28.75%	35%
Night Group No Show %	23%	26%	26%	29%	27.75%	28%



Analysis of data/results:
The Individual No Show average for the 2nd Qtr. of FY2016-17 was 14% which was a decrease from 21% for the 2nd Qtr. of FY2015.

The Day Group No Show % rate averaged 33% for the 2nd Qtr. of FY2016-17. This was a decrease from 42% in the 2nd Qtr. of FY2015.

The average Night Group No Show rate for the 2nd Qtr. of FY2016-17 was 28.5%, a decrease of 1.5% from the 2nd Qtr. of FY2015 of 30%.

Areas needing improvement: All, although there is a noticeable improvement in the Day Group no-show rate across the fiscal year.

Actions taken to improve performance:
Group no show rates will be reviewed with the Quality Improvement Committee and the Therapeutic and Clinical Practices Committee to determine solutions for the population of clients that have the highest no show rate.