





























**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

VBCMh wide objectives to assure accessibility of services

OBJECTIVES	MEASUREMENT	STATUS
1. At least 95 % of new person will receive a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service	Performance Indicator Report	 Occurred 99.4% 328 of 330 with 0 exceptions (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame.)
2. At least 95 % of new persons will start needed on- going service within 14 days of a non-emergent assessment with a professional.	Performance Indicator Report	 Occurred 100% 225 of 225 with 42 exceptions (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame.)
3. 95% of individuals who are Medicaid or indigent who are discharged from inpatient shall be seen within 7 days for follow up care. (allows for exceptions if date offered within 7 days)	Performance Indicator Report	 Occurred 100% 70 of 70 with 49 exceptions. (Exceptions are where customers are offered an appointment within the time frame but prefer an appointment outside of the time frame)
4. Meet state's performance based incentive bonus standards for follow up after psychiatric hospitalization discharge for youth and adults. (no exceptions allowed; includes patient follow up with Medicaid health plan provider including primary care.)	SWMBH FUH Report	 Occurred 81.3% for adults; state set target = 58% 88.2% for youth ; state set target =70%
5. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours.	Performance Indicator Report	 Occurred 99% 201 of 203
6. The number of children served by VBCMh will remain above 700 (number served in 2012-2013.).	Unduplicated Count summary report	 Occurred 737 youth served in mental health service and 1,111 served in face to face SUD services.
7. Penetration rate for the percentage of Van Buren Medicaid recipients receiving a Van Buren Community Mental Health service will be above 7 percent.	Performance Indicator Report	 Occurred 11.9% 1817 of 15271 Medicaid enrollees estimate
8. Continue to offer screening services for youth throughout the county and provide follow up services where needed.	Report to state	 Occurred 153 Youth Intervention Screens completed since grant inception
9. Participate in at least 4 events to provide to the community outreach and information on available services	Report on each event	 Occurred 14 events logged throughout the year
10. Continue to provide Medicaid benefit services to eligible youth with autism meeting all requirements as they continue to evolve	Regional report	 Occurred Standards met per SWMBH report
11. Serve as navigator partner agency for MI Bridges including Medicaid and Healthy Michigan program and enrolling in new navigator program in January 2018.	Signed agreement	 Occurred peer support specialist staff registered and trained and actively using; 8 other staff were trained
12. Staff will continue work with local DHHS staff and continue trauma screening, assessment and follow up of youth served by DHHS.	Internal reports trauma screenings/assessments	 Occurred training completed by interagency team and continue to offer screening and assessment
13. Provide appropriate assessments for young children placed in foster care in partnership with VB DHHS	Completed assessments	 Occurred and ongoing
14. Senior Reach project will continue to be implemented in partnership with Senior Services of VB County when grant funding expires in April.	Report on additional funds to support service	 Occurred Grant ended in 2018; Program now called Senior Outreach
15. Implement content improvements to VBCMh website and maintain social media presence for VB Suicide Prevention Coalition, VB Substance Abuse Prevention Task Force, and Bangor Health Center.	Review of the sites	 Occurred














**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

VBCMHA wide objectives to assure services are of **high value to customers, stakeholders and the community.**

OBJECTIVES	MEASUREMENT	STATUS
1. Customer Satisfaction as demonstrated on the regional survey will be above the national average.	Survey Report	 Occurred MHSIP and YSS full surveys were utilized by SWMBH and VBCMHA percentage of in agreement or positive responses exceeded national averages
2. Improvement plans for site reviews completed by CARF, DHHS and SWMBH will be developed, implemented and monitored.	Email from CARF ;Feedback from SWMBH site survey.	 Occurred Improvement plans implemented. SWMBH reviewed results of the plans and indicated satisfaction with implementation. CARF accepted plan. NO DHHS review this year
3. Provide, monitor, and report on jail diversion program	Internal Data base	 Occurred Report submitted to state in March of 2019
4. At least one annual training for area police officers will be held.	Sign In Sheet for participants	 Occurred
5. Meet objectives set in fourth year of MC3 U of M grant in providing psychiatric consultation to primary care providers for youth; explore implementation of similar service for adults with Bronson.	Grant report	 Occurred Met all objectives.
6. QI and compliance staff will assist agency psychiatrists to develop and implement one improvement project suggested from peer review process.	New form developed	 Occurred Form developed but when ready to be launched in EMR medical staff asked to wait
7. 95 % of Behavioral Health Treatment Episode Data Set will meet completion and quality standards.	Error and Missing Reports from SWMBH	 Occurred more than 95.4% completed (DHHS has not yet set standard)
8. Meet requirements of new programs continuing this fiscal year including Medicare/Medicaid eligibles demonstration project.	Regional report	 Occurred
9. Report on action plan developed from stakeholder input in January 2017, and continue implementation of the action plans as needed.	Written report to DHHS	 Occurred Report submitted in Feb 2018
10. Continue implementation of Mental Health Court in accordance with grant guidelines	Grant payments made as expected	 Occurred and ongoing
11. Participate in implementation for new Sobriety court with court and law enforcement partners, and in Family Treatment Court expansion	Meeting minutes	 Occurred Courts continued; 53 persons served on court funding; full time Family Treatment court clinician hired on court grant funding
12. Continue work to meet standards of Home and Community Based Services rules for internal services and entire provider network in conformance with guidelines and multi year plan of the state.	Successful completion of tasks requested by MDHHS	 Occurred
13. Review with Board compensation schedules and implement steps to maintain competitiveness and fiscal soundness of organization	Meeting minutes	 Occurred Increases to 3 union scales and to one management scale that were below state averages.







**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

VBCMHA wide objectives to assure services are of **high value to customers, stakeholders and the community.**

OBJECTIVES	MEASUREMENT	STATUS
14. Clinicians currently in training of Trauma Focused Cognitive Behavioral therapy will complete requirements	Internal Report	 Occurred 3 clinicians enrolled in state sponsored cohort completed
15. Programs will track in SmartCare and meet productivity standards	Internal report	Ongoing process
16. Implement at least one Caregiver Education training group with full curriculum.	Group logs	 Occurred 2 full caregiver curriculum groups completed
17. Provide trauma impact training to staff members of at least one other human services agency.	Training Log	 Occurred 3 community agency trainings provided
18. Continue implementation of project to insure actions to decrease suicide for open customers.	Internal report	 Occurred Continued work on high risk flag project
19. Continue to coordinate county suicide prevention coalition	Meeting minutes	 Occurred Coalition met semi annually; materials sent out by email throughout the year; decision by coalition to meet 3 times in coming year
20. Continue work with Bronson and Intercare and implement at least one improvement or new strategy in integrated care for community.	Internal Reports	 Occurred Division manager meets regularly with SWMBH integrated care team and follows up on individual customers with needs
21. Implement at least one strategy to better serve persons with both developmental disability and mental illness	Internal Report	 Occurred Continued to utilize BTC to address needs of challenging customers with both DD and MI; multiple individual customer consultations
22. Continue to provide at least one training in gentle teaching.	Training Logs	 Occurred
23. Actively participate in Operations Committee and all SWMBH committees to insure best practice for Van Buren County residents.	Internal reports/Meeting minutes	 Occurred
24. Develop and implement plan for HOPE Center to become certified Clubhouse.	Plan and progress toward external accreditation	 Occurred Completed training; developed plan and had consultation site review; on target for accreditation in 2019
25. Develop and implement plans to serve customers well in alternatives to specialized residential settings.	Plan developed, expenses saved tracked	 Occurred Saved \$298,000 (without Direct Care Wage increase confounding; net with DCW \$144,000)
26. Implement plans to increase community based employment and decrease segregated employment.	Internal Report	 Occurred Ended segregated employment moved out of MTI facility
27. Implement pilot of laptop use in community to determine level of efficiency increase.	Internal report	 Occurred With CM for Adults with MI and for SC for adults with DD


















**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

VBCMHA wide objectives to assure services **attain positive customer outcomes**

OBJECTIVES	MEASUREMENT	STATUS
1. Develop with Region, setting and monitoring of appropriate targets for LOCUS, and CAFAS scores of persons served at the start of, during and at the end of treatment or utilize other tools as directed by DHHS.	Internal and Regional Reports	Reports from SWMBH are still in process; As of January 2019 LOCUS are complete  Report from State wide CAFAS data indicate significant positive change in youth served by VBCMHA from initial CAFAS at start of treatment to most recently completed CAFAS.
2. The total number of consumers in community supported employment will remain above 80.	Internal report from SmartCare	 Occurred 108 served
3. Serve at least 15 adults using the evidenced based supported employment model.	Internal Report	 Occurred 32 total MI served using evidenced based supported employment model
4. Percentage of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge will be less than 15%.	Performance Indicator Report	 Occurred 4.2% (5 of 120) readmitted within 30 days
5. MHSIP and YSS scores achieved on applicable dimensions for applicable VBCMHA customer populations will be equal to or greater than comparable state or national benchmark scores.	SWMBH survey reports and Monitoring Reports to the Board	 Occurred Details in reports to Board
6. Customer ratings of outcomes on MHSIP and YSS regional surveys will be above the national average	SWMBH Customer survey data	 Occurred MHSIP and YSS full surveys were utilized by SWMBH and VBCMHA scores exceeded national averages for on 7 of 7 domains on MHSIP and 5 of 6 domains on YSS.








**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

VBCMHA wide objectives to **reduce risk and to reduce the likelihood of negative consequences in any area exposed to risk, including: fiscal management, quality, public perception, or litigation.**

OBJECTIVES	MEASUREMENT	STATUS
1. Develop and maintain an annual budget, and provide revenue and expenditure analysis on a regular basis to ensure fiscal integrity.	Annual budget Monthly Financial Status Reports	 Occurred Reports monthly; narrative analysis quarterly.
2. Ensure a system of internal controls to properly safeguard the assets of the agency continues as recommended by independent auditor	Financial Procedures followed	 Occurred System in place & continues per independent financial audit and internal report
3. Ensure insurance coverages adequate to meet the needs of the agency	Insurance policies	 Occurred
4. Ensure fiscal management in accordance with all State and Federal legal requirements, and the requirements of the Michigan Department of Community Health	Annual audit Reports to DHHS	 Occurred. Independent financial audit completed. Report to Board 4/8/2019.
5. Site surveys of contracted providers shall be completed utilizing new shared review provider site review system developed with PIHP	Internal Report and PIHP Report	 Occurred
6. All internal and external providers shall complete (re) credentialing, (re) privileging process as appropriate	Internal Reports	 Occurred
7. Ensure completion of requirements for screening and excluded provider disclosure.	Internal & PIHP review	 Occurred All staff and directors screened monthly;
8. Maintain systems to record all revenues and expenditures by capitation and other funding sources.	Reports to DHHS and PIHP	 Occurred Per MDHHS final reports
9. Maintain costing and rate-setting methodologies consistent with state and PIHP requirements.	Unit Cost Reports	 Occurred Cost allocation plan in accordance with Fed/State guidelines
10. Continue meeting operational and process standards, including compliance with HIPAA regulations and DHHS requirements.	DHHS, PIHP Site Reviews	 Occurred. Found in substantial compliance by SWMBH
12. Building and Safety self inspections for each agency site will be completed and necessary corrections will be made; Fire drills, severe weather drills, power outage drills, bomb threat drills and medical emergency drills will be completed at each site with all sites meeting agency standards.	ESSIC Monthly Checklists and Drill Performance Evaluations	 Occurred per CARF review and drill logs
13. Complete building safety improvements at HSB that were part of County remodel and upgrade project started in 2016.	Completed door lock system	 Occurred
14. Remain in the supported window of technology : a. Maintain appropriate licenses b. Recommend appropriate upgrades to software systems. c. Maintain and upgrade hardware as appropriate.	Internal report	 Occurred
15. Complete trainings for staff and Board on corporate compliance.	Training logs	 Occurred
16. Report quarterly to the Board of Directors on corporate compliance.	Reporting log	 Occurred.
17. Board of Directors will monitor compliance with Executive limitation policies	Meeting minutes	 Occurred. 9 policies all monitored & reviewed
18. Clinical documentation monitoring process on internal and external providers will indicate less than 10% of claims not meeting verification standards prior to corrective process.	Internal Report	 Occurred








**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

Program objectives to **assure accessibility; efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
A. <u>ACT (Steps and MI/CA)</u> are multidisciplinary teams that provide acute, active and ongoing psychiatric treatment, outreach, rehabilitation, and support services		
1. 90% of STEPS members will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred 92.5% (37 of 40) remained out of inpatient
2. Face to face units of service per month with members will average 420 units for the STEPS team.	Monthly SALs Report	Did not occur Average of 298 per month.
3. Results of customer satisfaction survey for STEPS members will result in a mean positive rating for all dimensions surveyed.	PIHP Survey Report Analysis from VB QI	 Occurred Mean rating 4.0 where 3.5 =positive (100% of STEPs survey participants gave positive responses across all dimensions)
4. 95% of planned discharged STEPS members will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred 100% of all discharges (5 of 5) remained out of inpatient for 90 days post discharge
5. 90% of ACT members will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred 94 % (77 of 82) remained out of inpatient
6. Face to face service units per month with members will average 420 for the MI/CA team	Monthly SALs Report	Did not occur Average of 317 per month
7. Results of customer satisfaction survey for MI/CA members will result in a mean positive rating for all dimensions surveyed	PIHP survey Report Analysis from VB QI	 Occurred Mean rating 3.8 where 3.5 =positive
8. 95% of planned discharged MI/CA members will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred 100% of all discharges (7 of 7) remained out of inpatient for 90 days post discharge.
9. 80% of ACT members will demonstrate higher levels of community stability by having fewer days inpatient or in jail or if all days the previous year in the community then will remain at that level.	QI report	 Occurred 92% (75 of 82) customers spent 0 days inpatient or in jail





**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction.

OBJECTIVES	MEASUREMENT	STATUS
B. Access <i>provides assessment, crisis intervention, pre-admission screening for psychiatric inpatient services, and referral to needed services during business hours</i>		
1. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours	DHHS Performance Indicator Report	 Occurred 100% of prescreens (74 of 74) completed by Access reached disposition within 3 hours
2. Less than 2% of customers served through Access will request a second opinion or submit a formal grievance and appeal	Internal Tracking of Second Opinion Requests/PIHP Grievance and Appeal Reporting	 Occurred 0 formal requests
3. Less than 2% of customers assessed and assigned to services by Access will be transferred within the first 30 days of service	Internal Utilization Management Monitoring	 Occurred Less than 1%
4. 95% of completed pre-admission screening forms reviewed by UM will be confirmed as appropriate disposition	Internal Utilization Management Monitoring	 Occurred 100%
C. Case Management for Adults <i>provides individualized supports to persons served through assessment, linking and coordinating, advocacy and monitoring activities</i>		
1. 90% of CMS customers will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred 96% (153 of 159) remained out of Medicaid /GF funded inpatient
2. Face to face contacts per month average per CM will increase over 2016-17.	Service Activity Log Report	Did Not Occur Average of 62 per month per case manager a decrease of 9.
3. 90% of all planned discharged customers will remain out of Medicaid/GF funded psychiatric inpatient for 90 days post discharge	Hospitalization Report	 Occurred 100% of all discharges remained out of inpatient for 90 days post discharge
4. Results of customer satisfaction survey for open case management customers will result in a mean positive rating for all dimensions.	PIHP Survey Report Analysis from VB QI	 Occurred Mean rating 3.8 where 3.5 =positive





**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

Program objectives to **assure accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
D. <u>Children's Intensive Services</u> provides clinical, case management and support services to children with a severe emotional disturbance and their families		
1. 85% of accepted referrals to Children's Intensive Services will be seen within five (5) business days.	Referral Forms/Service Activity Logs Report to Division Manager	 Occurred. 89% (74 of 83) seen within 5 business days
2. 75% of CIS customers opened in the current FY will have demonstrated improvement in level of functioning	Outcome Measures Form and/or CAFAS Face Sheet Report to Division Manager	 Occurred. 80% (99 of 124) of the initial CAFAS/PECFAS scores of customers in CIS improved (decreased.) Average Difference was a decrease of 34.7 (20 point decrease is significant per developer of instrument)
3. Results of customer satisfaction survey for open CIST customers will result in a mean positive rating above for all dimensions.	PIHP Survey Report Analysis from VB QI	 Occurred Mean rating 4.1 where 3.5 =positive
4. 85% of customers closed from Children's Intensive Services will remain out of psychiatric hospital for six (6) months post discharge	Hospitalization Report	 Occurred 100% of customers remained out of psychiatric hospital for at least six months post discharge








**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

Program objectives to **assure accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
E. <u>Community Support Services for persons with developmental disabilities</u> provides supports and services to adults and children with developmental disabilities to optimize their personal, social and vocational competency in order to live as independently as desired in the community		
1. The total number of persons with DD employed in the community will remain above 75.	Placement records	 Occurred – 76 served
2. Family Support will serve a minimum of 60 persons.	Staff Meeting Notes & Sign-in Sheet	 Occurred – 150 served An additional 25 also received Family Support Subsidy.
4. Results of customer satisfaction survey for customers with developmental disabilities will result in a mean rating above good for all dimensions.	PIHP survey report	 Occurred Mean rating 4.2 where 3.5 =positive
5 Complete SIS assessments as required by DHHS. Utilize information in partnership with SWMBH to align customer need and service intensity.	Assessments completed	 Occurred 98 completed for new clients and those who were due for re assessment (required once every 3 years.)












**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

Program objectives to **assure accessibility, efficiency, positive outcomes and customer satisfaction.**










OBJECTIVES	MEASUREMENT	STATUS
F. HOPE Center <i>helps persons with psychiatric disabilities to optimize their personal, social and vocational competency in order to live successfully in the community</i>		
1. To promote recovery and decrease stigma HOPE Center members will actively volunteer time in the community twice per year	Report to Division Manager	 Occurred Walk-A-Mile-In-My-Shoes Rally, Lansing. Christmas caroling at 2 nursing homes
2.. At least 25% of active HOPE members will be employed, actively volunteering or in school on average per month	HOPE Center report	 20 of 68 at 29%
3. An average of 5,000 units of service will be provided each month by HOPE Center	Monthly Time Card Summary and PSR Report of Services	 Occurred Lowest monthly total was 5,200
4. To promote recovery HOPE will facilitate a minimum of 3 Clubhouse meetings		 Occurred Wellness Menu Planning, Mental Wellness/Self-Care and Physical Wellness
5. Results of customer satisfaction survey for HOPE members will result in a mean positive rating above for all dimensions	PIHP Survey Report Analysis from VB QI	 Occurred Mean rating 3.6 where 3.5 = positive
6. 90% of planned discharged customers will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred 100% of discharged customers (20 of 20) remained out of Medicaid/GF funded inpatient services
7. Continue to implement plan to meet DHHS standard on being open evenings, weekends, and holidays	Internal Report	 Occurred

**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

Program objectives to assure **accessibility, efficiency, positive outcomes and customer satisfaction.**

OBJECTIVES	MEASUREMENT	STATUS
G. <u>New Outlook</u> provides wraparound services to children at risk of removal from their home. Services are designed to support families in improving their children's quality of life. This program is collaboratively supported by CMH, DHS, and the Family Court Juvenile Division		
1. 80% of children enrolled in New Outlook will remain in community based living arrangements	From Report to partners	 Occurred 92%. 72 of 78 enrolled children remained in community based living arrangements
2. Customer satisfaction survey reports will result in mean rating above good for all dimensions.	SWMBH report Internal analysis	 Occurred 100% of families surveyed through state(12) rated as satisfactory or better.
3. 80% of children disenrolled from New Outlook will remain in community based living arrangements 90 days post disenrollment	Report to partners	 Occurred 85%. 29 of 34 children remained in community based living arrangements for 90 days post discharge
4. 75% of the initial CAFAS scores of customers in New Outlook will improve (decrease) by at least 20 points at the time of a planned discharge/transfer.	Outcome Measures Form	 Occurred 75%. 20 of 27 disenrolled children had improvements in CAFAS scores of 20 points or more.
H. <u>On-Call Services</u> provides emergency mental health services after normal business hours including crisis resolution, pre-admission screening for psychiatric inpatient services and referral to appropriate services		
1. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours	Performance Indicator Report	 Occurred 98% 120 of 122 completed in 3 hours or less
2. Results of PIHP customer satisfaction survey for Van Buren will result in a mean positive rating for questions related to after hours service.	PIHP Survey Report Analysis from VB QI	 Occurred 93% of persons utilizing after hours service gave positive ratings
3. 95% of completed pre-admission screening forms reviewed by UM will be confirmed as appropriate disposition	Internal Utilization Management Monitoring	 Occurred 100%
I. <u>Outpatient Services</u> provides individual, family, and group therapy and crisis resolution for adults and children		
1. Less than 5% of persons served in OP will be admitted to Medicaid/GF funded psychiatric inpatient	Hospitalization Report	 Occurred Less than 2% 17 admissions of 866 served
2. No show cancellation rate for year will be below 25 percent	Internal Report on No Shows Cancellations Generated From Day Sheet Data	 Occurred no show and cancel rate was 15%; No show rate was 8.3%
3. Results of customer satisfaction survey for Outpatient customers will result in mean rating above good for all dimensions.	PIHP Survey Data	 Occurred Mean rating of 3.92 where 3.5 =positive
4. OP clinicians will provide an average of 60% face to face service per month	Internal report	 Occurred

**Van Buren Community Mental Health Authority
FY 2017-2018 OPERATING PLAN**

OBJECTIVES	MEASUREMENT	STATUS
J. Bangor Health Center <i>provides a safe and caring place for children and adolescents to learn positive health behaviors, prevent diseases, and receive needed medical care and support, thereby resulting in healthy youth who are ready and able to learn and become educated, productive adults.</i>		
1. At least 75% of patients will have up to date immunizations including HPV, flu and Hep A.	CAHC Year End Report	Not met - 67% of patients had up to date immunizations. NOTE: consistent with the trends seen nationally, we have more patients refusing immunizations, particularly HPV and Influenza vaccines. Statewide FY 18 immunization rates for all CAHC's was 51%.
2. At least 90% of patients will have BMI documented in chart at least annually.	CAHC Year End Report	 Occurred - 93% per chart review
3. Results of customer satisfaction surveys will result in an overall satisfaction rate of 90% or better	CAHC Year End Report	 Occurred - 100% of surveys had satisfaction rate of 90% or better
4. MDHHS Performance Output Measure is reached by 90% or more.	CAHC Year End Report	Not met – 80% of measure met, up from 76% the prior year
5. Meet counseling objectives listed in grant agreement.	CAHC Year End Report	 Occurred – 100% of five counseling objectives exceeded stated objectives
K. Substance Use Disorder Treatment and Prevention Services <i>provides evidenced based treatment and recovery services for adults and youth struggling with substance issues. Services include prevention and early intervention services.</i>		
1. Continue to provide Intensive Outpatient services begun in 2017 and implement plan to begin new services of Recovery coaching; achieve certification to provide women's specialty services; meet PIHP standards for provision of case management	Services up and running	Partially occurred: IOP services implemented; Recovery Institute withdrew from proposal to provide contracted recovery coaches; continuing to implement plan to achieve certification in women's specialty services
2. 95% of new customers will receive face to face assessment within 14 days and at least 95% of new customers will start needed ongoing service within 14 days of non-emergent assessment	Regional Monitoring report	 Occurred More than 95% of new clients served within 14 days of assessment More than 95% of new clients were served within 14 days of request
3. Customer satisfaction will be surveyed in partnership with SWMBH and will result in a mean positive rating for all dimensions	Regional report and Internal analysis	 Mean rating 4.4 where 3.5 =positive 97% of customers surveyed indicated satisfaction
4. Effectiveness of treatment services will be measured and reported.	Regional and internal reports	 Customers sureyed averaged score of 4.4 on Life goals dimension of RSA
5. At least 85% of SUD prevention priority area outcome measures will be achieved.	PIHP report	 Occurred 96% of outcome measures in prevention priority areas were achieved.
6. Evidenced based practices will be used in accordance with PIHP requirements	PIHP	 Occurred 100% of treatment groups utilized evidenced based practice curriculums
7. BH TEDs collections for SUD services will be in accordance with PIHP requirements	PIHP reports	 Occurred 99.9% of encounters and BH TEDS requirements