

FREEDOM RECOVERY

2019 Performance Analysis Outline

- I. Cultural Competency Plan
 - a. Goals from the previous year have been reviewed. Needs assessment has been ongoing. The primary focus on meeting training needs for the agency have been accomplished. We will improve upon our tracking and monitoring of cultural and diversity needs, and will respond as needed. Surveys to be more regular.
- II. Corporate Compliance (if you bill Medicaid or Medicare)
 - a. Freedom Recovery implemented a Corporate Compliance Resolution/Plan in 2018. Compliance Officer has been monitoring compliance. There have been no reported issues of corporate compliance in year 2019.
- III. Strategic Plan
 - a. Strategic planning goals from the previous year that were related to impacting additional community demographics were largely successful. We have yet to expand our services to include additional levels of care (PHP/MAT.) Strategic goals for the coming year will be focused on establishing a non profit in order to meet additional levels of care.
- IV. Input from persons served and other stakeholders
 - a. Input was gathered from Clients, Employees, and Referral Sources. This information was used to inform agency decision making and complete all the CARF required Plans for 2019. We are continuing to work to increase the response rate from Stakeholders and referral sources.
- V. Financial performance for the year
 - a. The 2019 revenue projection was met. We will continue exploring expansion of services to build additional revenue. The cost of doing business continues to rise, as expected. Cost vs Revenue is continuing to be monitored on a monthly basis. We will reassess our projected revenue goal for 2020.
- VI. Billing Audits
 - a. The Aura Electronic Medical Record is a self-auditing clinical documentation and billing system. Freedom Recovery continues to have weekly billing calls with billing company to identify any billing concerns. Outstanding items are being tracked through shared spreadsheets, in an attempt to ensure no open billing items fall through the cracks.
- VII. Risk Management Plan
 - a. The Risk Management Plan and Status Report have been reviewed and updated. The primary risk to the viability of Freedom Recovery is the continuous accurate

processing of claims to ensure revenue is sufficient to cover rising costs of doing business.

VIII. Critical incident review

- a. There was one critical incident in 2019.
- b. An opportunity for improvement was recognized due to the critical incident. The action taken was to make it company policy to inform the Program Director of any and all potential critical incidents, immediately.
- c. The Safety Management Plan (prevention of critical incidents) was reviewed and updated in February 2020.

IX. Tests of emergency procedures (emergency evac plan and drills)

- a. Emergency Drills were conducted for Fire, Bomb Threat, Medical Emergency, Natural Disaster, Loss of Utilities, and Violent-Disruptive Behavior once in 2019. No deficiencies were identified. The program appears prepared to deal with these situations. Drills will be continued in 2020.
- b. Fire extinguishers maintenance continues to be prioritized.

X. Internal and external health and safety reviews

- a. Internal & external health and safety reviews were completed and documented by staff members in May & November 2019. All items in corrective action plan have been completed.

XI. Staff recruitment and retention

- a. Staff recruitment in 2019 included hiring additional staff members to support growth. Positions varied from admin to Program Director.
- b. Freedom Recovery incurred minimal turnover in 2019.
- c. Freedom Recovery management team will continue to assess employment needs and hire additional employees as needed.

XII. Staff training (online)

- a. All current staff members have completed CARF required trainings (through Relias online).
- b. Annual trainings are scheduled and apply to staff certification requirements.

XIII. Credentialing

- a. The credentials of all personnel have been verified. See personnel files for verification forms.
- b. Supervision proactively addresses all upcoming credential renewal dates.

XIV. Staff performance evaluations

- a. All staff, including clinical and administrative, have received various levels of performance evaluations, including 60 day, and annual, as required by length of employment.
- b. We will be performing annual performance evaluations on each team member 1-year from their hire date.

XV. Technology plan

- a. The Technology Plan has been reviewed and updated for 2019. All goals from Technology Plan 2019 were met, including optimizing/updating website & providing updated hardware to key personnel. Freedom Recovery management team will continue to assess technology needs.
 - b. Contractors continue to be expected to provide their own equipment.
- XVI. Review of complaints of persons served
 - a. There were no complaints from persons served in 2019.
- XVII. Accessibility plan
 - a. We were able to identify 2 potential accessibility barriers.
 - b. One barrier was alleviated by property owner.
 - c. We will be documenting progress of other barriers within our accessibility status report.
- XVIII. Outcomes management, including review of annual measures of:
 - a. Efficiency
 - i. GOAL- Achieve 300 served IOP clients.
 - ii. OUTCOME – 384 clients served
 - 1. Freedom Recovery fell short of this goal in 2019
 - 2. Out of the 384 admitted into evaluation, 176 clients continued into IOP programming.
 - iii. ACTION PLAN –
 - 1. Freedom Recovery will continue networking with other Behavioral Health professionals in the greater Columbus area to increase number of clients served for 2020.
 - iv. RECOMMENDED 2019 GOAL – Achieve 450 served IOP clients.
 - b. Access
 - i. GOAL – 90% of clients will complete Intake Assessment within 2 weeks of their initial contact
 - ii. OUTCOME – 100% of clients completed Intake Assessment within 2 weeks of their initial contact (admission)
 - iii. ACTION PLAN – We are choosing to increase the benchmark due to improved processes internally.
 - iv. RECOMMENDED 2020 GOAL – Increase to 95% of clients will complete Intake Assessment within 2 weeks of their initial contact based upon program system improvements.
 - c. Effectiveness
 - i. GOAL – 150 clients transition from IOP to OP or complete their treatment at Freedom Recovery.
 - ii. OUTCOME – 60 clients transitioned from IOP to OP or completed their treatment at Freedom Recovery.

- iii. ACTION PLAN – Continue monitoring client status based upon clinical diagnosis. Encourage transitioning based upon individual treatment plan. Maintain up to date records reflecting true activities.
 - iv. RECOMMENDED 2020 GOAL – Reach the previous year’s goal of 150 clients transitioning from IOP to OP or completing their treatment at Freedom Recovery.
 - d. Satisfaction
 - i. GOAL –We will receive a rating of 8 or higher “How would you rate the services you received?”
 - ii. OUTCOME
 - 1. Client responses averaged a rating of 8.8 when asked, “How would you rate the services you received?” was achieved
 - iii. ACTION PLAN – Continue to utilize client satisfaction surveys within Survey Monkey, and implement an Exit Survey to send to clients who have completed IOP and/or OP.
 - iv. RECOMMENDED 2019 GOAL – Continue to aim for an 8 or higher average rating when asked “How would you rate the services you received?”
- XIX. Clinical Supervision
 - a. We are relying on our Clinical Director to provide Clinical Supervision both in an Individual & Group setting as our Clinical team continues to grow. Administrative supervision continues to be the Program Director’s responsibility. We have addressed and evaluated all of the CARF required topics and areas. There were no major deficiencies identified.
- XX. Quarterly Record Review
 - a. Quarterly Record Reviews were completed by the Assistant Program Director each quarter of 2019.
 - b. All corrective actions that could be fixed were corrected. However, some of the errors from the QRR’s were on clients who had been discharged, and therefore were no longer able to complete missing paperwork.
 - c. All of the information from the QRR’s was relayed to the appropriate Clinical staff so that they could correct the errors and be mindful of patterns in missing paperwork/signatures.