

FREEDOM RECOVERY

2017 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 continue to track and monitor cultural and diversity needs, and will respond as needed.
- II. Corporate Compliance (if you bill Medicaid or Medicare)
 - a. Freedom Recovery implemented a Corporate Compliance Resolution/Plan in 2017. A Compliance Officer was appointed and has been monitoring compliance. There have been no reported issues of corporate compliance in year 2017.
- III. Strategic Plan
 - a. Strategic planning goals from the previous year that were related to establishing a new viable organization have largely been accomplished, with one exception. Projected revenues have not been met due to a variety of challenges in billing, third-party payer requirements, and a lower than anticipated number of referrals with approved IOP funding. Strategic goals for the coming year will be focused on increasing the number of fully funded referrals/increased utilization.
- 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 2018. One area for improvement has been identified in the need to increase the response rate from Clients in completing the Client Satisfaction Survey. Freedom Recovery will move to an 'Exit Interview' format in the coming year to ensure a higher response rate.
- V. Financial performance for the year
 - a. The 2017 revenue projection was not met. Start-up challenges were more difficult than anticipated. Establishing a viable revenue stream has not been achieved. Obtaining viable contracts with third party payers was a particular problem. Payers requiring that Freedom Recovery obtain a license from the State of Ohio (which has since been accomplished) was one problem. Therefore, we were unable to bill as a true IOP facility and only through our individual practitioner, vastly reducing our realized revenue. Many payers also would not accept the Preliminary CARF accreditation, requiring full accreditation. CARF Three-year accreditation could not be achieved until as early as January 2018.. Upon achieving full accreditation in January 2018, we will seek fully funded billing for IOP services for all clients. Additionally, we will be exploring

expansion of services to build additional revenues. The goal is to be meeting revenue projections for full funding by March 2018.

- VI. Billing Audits
 - a. The Aura Electronic Medical Record is a self-auditing clinical documentation and billing system.
- 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 low utilization rate. This issue will be addressed on the 2018 Strategic Plan.
- VIII. Critical incident review
 - a. There were no critical incidents in 2017
 - b. The Safety Management Plan (prevention of critical incidents) was reviewed and updated in December 2017.
- 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 twice in 2017. No deficiencies were identified. The program appears prepared to deal with these situations. Drills will be continued in 2018.
- X. Internal and external health and safety reviews
 - a. Internal & external health and safety reviews were completed and documented by staff members in April, July, & November 2017. All items in corrective action plan have been completed.
- XI. Staff recruitment and retention
 - a. There has been no staff recruitment in 2017, beyond the initial staff hired.
 - b. Freedom Recovery did not incur any staff turnover in 2017
 - c. No action plan needed
- XII. Staff training (online)
 - a. All current staff members have completed all CARF required trainings (through Relias online)
- XIII. Credentialing
 - a. The credentials of all personnel have been verified. See personnel files for verification forms.
- XIV. Staff performance evaluations
 - a. 6-month direct service personnel evaluations were completed on all Clinical Team members. No major deficiencies identified.
 - b. We will be performing our 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 2018. One significant goal for 2018 is to examine the viability of using technology to support marketing efforts to increase utilization.
- XVI. Review of complaints of persons served
 - a. There were no complaints from persons served in 2017
- XVII. Accessibility plan
 - a. We were able to identify 7 potential accessibility barriers. Each potential barrier has been assigned to a staff member with a corresponding target completion date. We will be documenting progress within our accessibility status report.
- XVIII. Outcomes management, including review of annual measures of:
 - a. Efficiency
 - i. GOAL- Achieve 16 served
 - ii. OUTCOME – 16 clients served
 - 1. Freedom Recovery met this goal in 2017
 - 2. However, many of these clients could not be served in our IOP program.
 - iii. ACTION PLAN –
 - 1. Freedom Recovery will focus efforts on marketing (see Marketing Plan) and networking with other behavioral health professionals in the greater Columbus area to increase number of clients served for 2018.
 - 2. We need to obtain full 3 year CARF accreditation in order to bill all payors as a true IOP facility.
 - iv. RECOMMENDED 2018 GOAL – Achieve 50 served IOP clients.
 - b. Access
 - i. GOAL – 90% of clients will complete Intake Assessment within 2 weeks of their initial phone screening
 - ii. OUTCOME – 100% of clients completed Assessment within 2 weeks of their initial phone screening
 - iii. ACTION PLAN – No action needed
 - iv. RECOMMENDED 2018 GOAL – keep same goal - 90% of clients will complete Intake Assessment within 2 weeks of their initial phone screening
 - c. Effectiveness
 - i. GOAL – 75% of client urine screens will be negative
 - ii. OUTCOME – Redacted. For internal use only.
 - 1. Due to small sample size, our statistics are hard to analyze. As we have expanded into the Medicaid population we are finding more non-negatives.
 - iii. ACTION PLAN – We are choosing to leave the benchmark goal the same.
 - iv. RECOMMENDED 2018 GOAL –

1. 75% of drug screens non-negative.
2. 60% of clients complete our full 10 week program.

d. Satisfaction

i. GOAL –

1. 80% of clients will rate 8 or higher “How would you rate the services you received.

ii. OUTCOME

1. 100% of clients rated 8 or higher when asked, “How would you rate the services you received.”

iii. ACTION PLAN – While Freedom Recovery is currently meeting these goals, the response rate to the survey was too low. In the coming year, we will move to an Exit Interview format to gather satisfaction data and achieve a higher response rate.

iv. RECOMMENDED 2018 GOAL –

1. 80% of clients will rate 8 of higher “How would you rate the services you received.

XIX. Clinical Supervision

- a. We are relying on a peer supervision model. Administrative supervision is the Program Directors responsibility. We address and evaluated all of the CARF required topics and areas. There were no major efficiencies identified.

XX. Quarterly Record Review

- a. Since we only had 16 active clients in 2017, Quality Record Reviews were performed on all clients who entered our OP & IOP program. The first round of QRR’s were completed in September 2017. The main corrective actions in that round of QRR’s were related to missing Intake paperwork & missing signatures. The second round of QRR’s were completed in January 2018 for the later part of 2017. In the second round, there were minimal errors noted and therefore only 1-2 corrective actions needed.
- b. All corrective actions that could be fixed were corrected. However, some of the errors from the first round of 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 Clinical Director so that he could correct the errors and be mindful of patterns in missing paperwork/signatures.