

Performance Report
Core Programs

Pathways Counseling Center, Inc.

Performance Report: All Core Programs

Introduction

All mental health clinicians, in some way, are connected to the child and adolescent services at Pathways and most clinicians provide direct, one-on-one services to children. Furthermore it is our policy to include the child's parent/guardian throughout the treatment process. Parent and guardian input is vital to the health and well-being of the child/adolescent client. Primarily, Pathways uses the Ohio Mental Health Consumer Outcomes System's Ohio Youth Problem, Functioning, and Satisfaction Scales to measure adolescent client outcomes in the following domains: Effectiveness and Efficiency.

All mental health clinicians provide direct, one-on-one services to adults. Primarily, Pathways uses the Ohio Mental Health Consumer Outcomes System's Adult Consumer Forms A & B to measure adult client outcomes in the following domains: Effectiveness and Efficiency. To gauge outcomes for the domains of Access and Input, Pathways uses an Anonymous Client Satisfaction Survey, the Anonymous Referral Source Satisfaction Survey, a New Client Survey and the information on the Intake Data Sheet and the Quality Assurance Reports (Question #17). Outcome data for all core programs that serve adults are included in the above instruments. Adults whose symptoms qualify for an SMD distinction are administered Adult Consumer Form A. Adults whose symptoms do not qualify for an SMD distinction are administered Adult Consumer Form B.

To gauge outcomes for the domains of Access and Input, Pathways uses an Anonymous Client Satisfaction Survey, the Anonymous Referral Source Satisfaction Survey, a New Client Survey and the Quality Assurance Reports (Question #17). Outcome data for all core programs that serve adults, children, and adolescents are included in the above instruments.

Outline

- I. Outcomes
 - A. Access: Adult and Child*
 - B. Effectiveness
 - Child outcomes
 - Parent outcomes
 - Adult outcomes
 - C. Efficiency
 - Child outcomes
 - Parent outcomes
 - Adult outcomes
 - D. Input from Stakeholders: Adult and Child*

* note: for now, Input from Stakeholders and Access data for adult and child service outcomes are taken from the same source and denote no distinction between whether the client is receiving adult or child services.

PROGRAM: ADULT and CHILD SERVICES

DOMAIN: ACCESS

DATE: _____

OBJECTIVE	Client's have optimal access to services
INDICATORS	<p># of New Client Surveys and Anonymous Client Satisfaction Surveys completed</p> <p>New Client Survey % of "yes" answers to the following questions: #2 "Were you able to schedule an appointment in a timely manner?"</p> <p>Anonymous Client Satisfaction Survey's % of "yes" answers to the following questions: #1 "Were appointments made at times convenient for you?" # 2 "Were cancelled or rescheduled appointments completed in a timely manner?"</p>
WHO APPLIED TO:	All adult clients
TIME OF MEASURE:	Upon received
DATA SOURCE:	New Client Survey, Anonymous Client Satisfaction Survey and Intake Data Sheet
OBTAINED BY:	Support Staff
TARGET GOAL EXPECTANCY:	80% of clients will respond "yes" to questions on the New Client Survey and Anonymous Client Satisfaction Survey. 80% of clients will receive an appointment within 14 days of request
KEY CHARACTERISTICS OF PERSON'S SERVED:	Adults; requesting services at Pathways
BARRIERS WHICH IMPACT TARGET GOAL:	Type of Presenting Problem Special Requests by client Court-ordered clients
CLIENT SEVERITY FACTORS WHICH IMPACT TARGET GOAL:	Refusal to answer survey Incarceration Severity of Diagnosis
INTERNAL/ORGANIZATIONAL FACTORS WHICH IMPACT TARGET GOAL:	Limited staff Limited evening hours

A. Access: Adult and Child Outcomes

The following outcomes information is from the New Client Survey and the Anonymous Client Satisfaction Survey. These questions were chosen because they reflect a client's perception of their ability to access the services at our agency.

New Client Survey

#2: Were you able to schedule an appointment in a timely manner?

Yes	196	99%
No	2	1%
So-so	1	<1%

Anonymous Client Satisfaction Survey

#1: Were appointments made at times convenient to you?

Yes	34	100%
No	0	0%

Anonymous Client Satisfaction Survey

#2: Were rescheduled appointments completed in a timely manner?

Yes	9	90%
No	1	1%

It should be noted that question #2 on the Anonymous Client Satisfaction Survey was changed from "Were appointments cancelled or rescheduled by our staff on short notice?" to "Were cancelled or rescheduled appointments completed in a timely manner?" It was thought the initial question may be confusing. For this report only the scores for the changed question are noted.

According to these outcomes the staff at Pathways does an excellent job of assuring access to our services. In the future we will measure the time between when a client requests an appointment to the actual appointment date. The Intake Data Sheet sheet was modified to record this outcome. The information will help us further improve access to our services.

PROGRAM: CHILD & ADOLESCENT SERVICES

DOMAIN: EFFECTIVENESS

DATE: _____

OBJECTIVE	Client and parents report positive changes across a spectrum of indicators related to their health, safety, esteem, presenting problem and satisfaction with services
INDICATORS	<p># of Youth & Parent Consumer Outcomes completed</p> <p>% of answers for the following questions: <u>Parent & child/youth outcomes</u></p> <p>Page 1 #5 score = 0 or 1 #9 score = 0 or 1 #14 score = 0 or 1 #18 score = 0 or 1</p> <p>Page 2 #1 score = 3 or 4 #2 score = 3 or 4 #7 score = 3 or 4 #11 score = 3 or 4 #16 score = 3 or 4</p> <p>Top box, Page 2, 1st section # 1 score = 1 or 2 #2 score = 1 or 2</p> <p>Top Box, Page 2, 2nd section #1 score = 1 or 2</p>
WHO APPLIED TO:	All child & adolescent clients and their parent/guardian completing the Ohio Youth Problem, Functioning and Satisfaction Scales
TIME OF MEASURE:	During intake and at 90 days into service
DATA SOURCE:	Ohio Youth Problem, Functioning, and Satisfaction Survey
OBTAINED BY:	Support staff and clinical staff
TARGET GOAL EXPECTANCY:	80 % for each indicator
KEY CHARACTERISTICS OF PERSON'S SERVED:	Participated in Intake Child, Adolescent or Parent/Guardian
BARRIERS WHICH IMPACT TARGET GOAL:	May be generally behaviorally problematic
CLIENT SEVERITY FACTORS WHICH IMPACT TARGET GOAL:	Severity of diagnosis and diagnosis of Oppositional Defiant Disorder
INTERNAL/ORGANIZATIONAL FACTORS WHICH IMPACT TARGET GOAL:	Limits of services

B. Effectiveness: Child Outcomes

The following outcomes are from the “Problems” section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a child’s perception of improvement in select problem areas. While indicators for the questions were 0 “no problems” and 1 “once or twice” number 2 “several times” was also included in the outcome data. This was done so that improvement of extreme problems could be assessed.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

5. Refusing to do things teachers or parents ask

G #5	time 1	time 2	time 3	4,5,6
total	137	21	17	16
ind (i)	86	15	12	13
2	16	3	1	2
% i	63	71	71	81
% i + 2	74	86	76	94

9. Skipping school or classes

H #9	time 1	time 2	time 3	4,5,6
total	140	21	17	16
ind (i)	133	20	15	15
2	4	1	0	1
% i	95	95	88	94
% i + 2	98	100	88	100

14. Feeling worthless or useless

I #14	time 1	time 2	time 3	4,5,6
total	139	21	17	16
ind (i)	84	16	14	14
2	17	2	1	2
% i	60	76	82	88
% i + 2	73	86	88	100

18. Feeling sad or depressed

J #18	time 1	time 2	time 3	4,5,6
total	138	21	17	16
ind (i)	76	14	14	12
2	18	4	1	2
% i	55	67	82	75
% i + 2	68	86	88	88

From time 1 to time 2:
Although only a few indicators meet the target goal of 80%, improvement from “time 1” to “time 2” is recorded in all areas. When response 2 is included, all indicators exceed the target goal.

Times 3 and 4,5,6:
Interestingly some scores fall from time 2 to times 3 and 4, 5,6. Several things may be occurring. 1) Long-term clients may develop new problems over the course of treatment. 2) Client rapport is established and the client willingly discusses other areas of his/her life for seeking improvement.

Also note the large drop in totals from “time 1” and “time 2”. Only about 15% of adolescent clients continue services after the first 3 months. While this could be reflective of the short-term nature of their issues we have no way to gauge their improvement without administering a discharge scale

The following outcomes are from the “Functioning” section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a child’s perception of functioning in select areas. While indicators for the questions were 3 “OK” and 4 “Doing Very Well” number 2 “Some Troubles” was also included in the outcome data. This was done to record a mid-point of functioning.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Back 1. Getting along with friends

Q 2#1	time 1	time 2	time 3	4,5,6
total	138	20	17	16
ind (i)	117	18	13	14
2	11	1	1	0
% i	85	90	76	88
% i + 2	93	95	82	88

Back 2. Getting along with family

R 2#2	time 1	time 2	time 3	4,5,6
total	138	20	15	16
ind (i)	82	12	11	14
2	34	6	2	2
% i	59	60	73	88
% i + 2	84	90	87	100

Back 7. Controlling emotions and staying out of trouble

S 2#7	time 1	time 2	time 3	4,5,6
total	137	20	17	16
ind (i)	79	11	12	13
2	34	4	2	2
% i	58	55	71	81
% i + 2	82	75	82	94

Back 11. Completing household chores (cleaning room, other chores)

T 2#11	time 1	time 2	time 3	4,5,6
total	136	20	17	16
ind (i)	82	9	14	13
2	34	8	1	2
% i	60	45	82	81
% i + 2	85	85	88	94

From time 1 to time 2 the first two indicators and the last indicator increase a bit (from 85 to 90 and from 59 to 60 respectively and from 61 to 70) while two indicators decrease (from 58 to 55 and from 60 to 45).

Examining subsequent administrations (times 3 through 6) reveals a marked increase in scores save for the first question. The longer-term clients are reporting higher indicator scores. Whether or not their treatment is affecting their scores is unknown. Also, the totals from “time 1” to “time 2” drop considerably. Many clients who are administered the instrument in “time one” are not administered a follow-up instrument. After the first administration the instrument is given to the client 90 days into treatment. Although clients are supposed to complete the instrument at discharge many clients simply

Back 16. Concentrating, paying attention, and completing tasks

U 2#16	time 1	time 2	time 3	4,5,6
total	137	20	17	16
ind (i)	84	14	11	11
2	35	6	3	4
% i	61	70	65	69
% i + 2	87	100	82	94

do not return to services once their symptoms/problems improve. This reality prevents an accurate assessment of their progress at discharge and may inflate the scores at “time 1”.

The following outcomes are from the “Satisfaction” section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a child’s feelings about current life circumstances and provide information on applicable knowledge learned during the course of treatment. While indicators for the questions were 1 “Extremely Satisfied” and 2 “Moderately Satisfied”, number 3 “Somewhat Satisfied” was also included in the outcome data. This was done to record a mid-point of satisfaction.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Top a 1. Overall, how satisfied are you with your life right now?

K 2a#1	time 1	time 2	time 3	4,5,6
total	133	20	17	16
ind (i)	61	8	8	9
3	39	6	5	4
% i	46	40	47	56
% i + 3	75	70	76	81

Through all times satisfaction with life remains somewhat stagnant with a marked increase realized only in long-term clients. This may be because the long-term client initially scored higher than most or because more treatment improved their satisfaction.

Top a 2. How energetic and healthy do you feel right now?

L 2a#2	time 1	time 2	time 3	4,5,6
total	132	20	17	16
ind (i)	81	13	11	10
3	27	3	3	3
% i	61	65	65	63
% i + 3	82	80	82	81

Energetic scores also remained about the same. Also, indicators for satisfaction with mental health services remained about the same over time.

Often, our adolescent/teen-age clients are receiving services against their wishes and are only compliant due to parental/guardian pressure.

Top b 1. How satisfied are you with the m.h. services you have received so far?

M 2b#1	time 1	time 2	time 3	4,5,6
total	115	20	17	16
ind (i)	79	13	13	11
3	25	3	2	3
% i	69	65	76	69
% i + 3	90	80	88	88

This could be one reason that scores are not higher in the satisfaction areas.

Effectiveness: Parent Outcomes

The following outcomes are from the “Problems” section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a parent’s perception of improvement in select problem areas. While indicators for the questions were 0 “no problems” and 1 “once or twice” number 2 “several times” was also included in the outcome data. This was done so that improvement of extreme problems could be assessed.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

5. Refusing to do things teachers or parents ask

G #5	time 1	time 2	time 3	4,5,6
total	212	45	19	19
ind (i)	85	18	7	8
2	41	17	5	5
% i	40	40	37	42
% i + 2	59	78	63	68

9. Skipping school or classes

H #9	time 1	time 2	time 3	4,5,6
total	213	46	18	19
ind (i)	206	44	18	17
2	6	1	0	2
% i	97	96	100	89
% i + 2	99	98	100	100

14. Feeling worthless or useless

I #14	time 1	time 2	time 3	4,5,6
total	215	46	19	20
ind (i)	153	36	15	16
2	25	4	1	2
% i	71	78	79	80
% i + 2	83	87	84	90

18. Feeling sad or depressed

J #18	time 1	time 2	time 3	4,5,6
total	214	45	19	20
ind (i)	123	29	14	15
2	39	9	2	1
% i	57	64	74	75
% i + 2	76	84	84	80

From time 1 to time 2:
Indicators for “skipping school or classes” remain high across administrations. Parents seem most concerned with “refusing to do things” and it is interesting that indicator scores fall in “time three”. “Feeling sad or depressed” starts low but a marked increase is noted from “time 1” to “time 2”.

Times 3 and 4,5,6:
Unlike the child/adolescent scores which decreased in these times most parent scores increased. Perhaps improved rapport with parents is reflected in the scores. Hopefulness for a solution, no doubt, may cause the scores to increase over time. And, since parents/guardians perhaps know their child better than their child knows him/her self elevated scores on the parent indicators may be better predictors of overall success. Even so, it would be good to see a similar increase in child scores.

The following outcomes are from the “Functioning” section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a parent’s perception of functioning in select areas. While indicators for the questions were 3 “OK” and 4 “Doing Very Well” number 2 “Some Troubles” was also included in the outcome data. This was done to record a mid-point of functioning.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Back 1. Getting along with friends

Q 2#1	time 1	time 2	time 3	4,5,6
total	205	45	19	20
ind (i)	133	33	14	12
2	48	6	4	8
% i	65	73	74	60
% i + 2	88	87	95	90

Back 2. Getting along with family

R 2#2	time 1	time 2	time 3	4,5,6
total	206	44	19	20
ind (i)	71	24	11	11
2	77	11	7	6
% i	34	55	58	55
% i + 2	72	80	95	85

Back 7. Controlling emotions and staying out of trouble

S 2#7	time 1	time 2	time 3	4,5,6
total	205	45	19	20
ind (i)	79	16	9	7
2	64	18	7	8
% i	39	36	47	35
% i + 2	70	76	84	75

Back 11. Completing household chores (cleaning room, other chores)

T 2#11	time 1	time 2	time 3	4,5,6
total	204	44	19	20
ind (i)	73	21	7	6
2	60	11	8	7
% i	36	48	37	30
% i + 2	65	73	88	65

From time 1 to time 2:
Except for “Controlling emotions and staying out of trouble” all indicators increase although most are well below the target. When score “2” is included the % is much closer to the target score of 80%.

Times 3 and 4,5,6:
With score 2 added indicators remain close to the target goal. However, controlling emotions, completing chores, and concentrating remain low and even go lower through subsequent administrations. This likely reflects long-term clients with more serious diagnoses (i.e. AD/HD, ODD) or more severe behavioral issues (i.e. truancy, theft, etc.).

Most clients do not complete 90-days of treatment. Of those, most simply discontinue services without participating in a discharge session. Because of this we

Back 16. Concentrating, paying attention, and completing tasks

U 2#16	time 1	time 2	time 3	4,5,6
total	204	45	19	19
ind (i)	61	17	6	6
2	87	17	8	8
% i	30	38	32	32
% i + 2	73	76	74	74

are unable to accurately measure their progress at the time of closure. Also, responders in 4,5,6 may have recorded initially lower scores. This creates a large gap in our outcome data.

The following outcomes are from the “Satisfaction” section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a parent’s feelings about current life circumstances and provide information on applicable knowledge learned during the course of treatment. While indicators for the questions were 1 “Extremely Satisfied” and 2 “Moderately Satisfied”, number 3 “Somewhat Satisfied” was also included in the outcome data. This was done to record a mid-point of satisfaction.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Top a 1. Overall, how satisfied are you with your relationship to your child right now?

K 2a#1	time 1	time 2	time 3	4,5,6
total	202	44	19	18
ind (i)	113	28	10	8
3	36	11	3	8
% i	56	64	53	44
% i + 3	74	89	68	89

Top a 2. How capable of dealing with your child's problems do you feel right now?

L 2a#2	time 1	time 2	time 3	4,5,6
total	203	44	19	18
ind (i)	107	23	8	8
3	52	11	7	8
% i	53	52	42	44
% i + 3	79	77	79	89

Top b 1. How satisfied are you with the mental health services your child has received...?

M 2b#1	time 1	time 2	time 3	4,5,6
total	164	45	19	20
ind (i)	121	35	14	18
3	21	8	5	1
% i	74	78	74	90
% i + 3	87	96	100	95

Although the target goal is not met for any indicator in all areas an increase is realized in most areas except “relationship satisfaction”. Again, since the total from the initial administration “time 1” to the subsequent administration “time 2” drop considerably there is no reliable explanation of causation. One can assume that parents of more behaviorally challenged children continue services past 90 days thereby skewing the numbers.

It is good to note that the “satisfaction with services” score remains high throughout treatment even reaching 96% when indicators and mid scores are considered at “time 2”.

PROGRAM: ADULT SERVICES

DOMAIN: EFFECTIVENESS

DATE: _____

OBJECTIVE	Client reports positive changes across a spectrum of indicators related to their health, safety, esteem, presenting problem and satisfaction with services
INDICATORS	# of Ohio Consumer Outcomes and Anonymous Client Satisfaction Survey completed % of answers for the following questions: #7 mostly satisfied or very pleased (4 or 5) #11 mostly satisfied or very pleased (4 or 5) #19 not at all or a little bit (1 or 2) #25 not at all or a little bit (1 or 2) #32 often or always (4 or 5) % of clients responding "yes" to question #6 on Anonymous Client Satisfaction Survey
WHO APPLIED TO:	All adult clients completing the Ohio Consumer Outcomes and Anonymous Client Satisfaction Survey
TIME OF MEASURE:	During intake and @ 90 days into service
DATA SOURCE:	Ohio Outcomes & Anonymous Client Satisfaction Survey
OBTAINED BY:	Support staff
TARGET GOAL EXPECTANCY:	80% for all indicators
KEY CHARACTERISTICS OF PERSON'S SERVED:	Participated in Intake Enrolled in Program
BARRIERS WHICH IMPACT TARGET GOAL:	Court-ordered, length of treatment, and Non-voluntarily seeking service
CLIENT SEVERITY FACTORS WHICH IMPACT TARGET GOAL:	Severity of diagnosis, relapse, functioning, and compliance to services
INTERNAL/ORGANIZATIONAL FACTORS WHICH IMPACT TARGET GOAL:	Staff and limits of services

B. Effectiveness: Adult Outcomes

The following outcomes information is from the Ohio Mental Health Consumer Outcomes System’s Adult Consumer Forms A & B. These outcomes were chosen because they reflect an adult client’s perception of positive changes that occurred during the course of their treatment. Included with the indicator scores are mid-point scores for each area. This was done so that a mid level of effectiveness could be recorded. Also, Adult Form A is given to clients who qualify for an SMD distinction and Adult Form B is given to all other adults in treatment at Pathways.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Adult A

7. The way you and your family act toward one another

G #7	time 1	time 2	time 3	4,5,6
total	65	35	31	64
ind (i)	37	21	21	38
3	16	6	4	9
% i	57	60	68	60
% i +				
3	82	77	81	73

Adult B

7. The way you and your family act toward one another

G #7	time 1	time 2	time 3	4,5,6
total	351	107	55	62
ind (i)	175	61	31	38
3	86	31	15	11
% i	50	57	56	61
% i +				
3	74	86	84	79

11. Your health in general

H #11	time 1	time 2	time 3	4,5,6
total	67	32	30	65
ind (i)	32	20	16	35
3	14	7	10	18
% i	48	63	53	54
% i +				
3	69	84	87	82

11. Your health in general

H #11	time 1	time 2	time 3	4,5,6
total	352	109	56	63
ind (i)	163	45	16	18
3	105	38	23	21
% i	46	41	29	29
% i +				
3	76	76	70	62

19. Feeling fearful

J #19	time 1	time 2	time 3	4,5,6
total	66	32	30	66
ind (i)	44	25	17	44
3	9	5	12	16
% i	67	78	57	67
% i +				
3	80	94	97	91

19. Feeling fearful

J #19	time 1	time 2	time 3	4,5,6
total	345	108	56	62
ind (i)	203	69	35	39
3	70	22	9	14
% i	59	64	63	63
% i +				
3	79	84	79	85

25. Feeling of worthlessness

K #25	time 1	time 2	time 3	4,5,6
total	65	33	29	66
ind (i)	43	20	15	40
3	8	11	9	6
% i	66	61	52	61
% i +				
3	79	94	83	70

25. Feeling of worthlessness

K #25	time 1	time 2	time 3	4,5,6
total	347	108	56	62
ind (i)	158	64	26	30
3	76	21	15	11
% i	46	59	46	48
% i +				
3	67	79	73	66

32. ..can you tell when mental or emotional problems are about to occur

L #32	time 1	time 2	time 3	4,5,6
total	63	31	30	64
ind (i)	18	5	9	16
3	25	9	9	29
% i	29	16	30	25
% i +				
3	69	45	60	70

32. ..can you tell when mental or emotional problems are about to occur

L #32	time 1	time 2	time 3	4,5,6
total	346	109	56	63
ind (i)	108	32	20	20
3	132	42	21	28
% i	31	29	36	32
% i +				
3	69	68	73	76

Adult Form A:

Although no indicators meet the target goal of 80% most areas show an increased score through all times. The most significant increase is in the area of “health in general”. Also, feelings of fear diminished from “time 1” to “time 2” as noted by a more positive score. And feelings of worthlessness, when taken into account the mid score of “3”, improved by 15 points.

About 3 in 4 responders note that they are equally satisfied/dissatisfied about the way their families act toward one another. This score remains about the same from one administration to another.

Telling when a problem is about to occur is a concern as only about 1 in 3 denotes they can tell when a problem related to mental health is about to occur. This may show a lack of symptom education during the treatment process and will need to be addressed by the clinical team.

Adult Form B:

Again, without the mid-points included in the scores no indicator met the 80% target. When mid-point answers were included most scores were higher than 70% with many of them at or above the target mark of 80%. Three of the five areas showed an increase in scores from “time 1” to “time 2” while the other two showed minimal decreases.

As compared to Form A, Form B responders recorded much lower “health in general” scores. This could be due to the differences in the cognitive level of the responders where a client with higher cognitive skills can better understand the connection between

mental/emotional health and physical health. Still, clinicians may want to address physical health issues with their clients more regularly.

“Fearful” scores are also lower than expected. Perhaps Form B responders have more to fear (career, children, relationships, etc) and are considering these things when answering the question. This also may explain the lower “worth” scores as they evaluate their worth across a more diverse range of activities and responsibilities.

Telling when a mental health problem is about to occur is also low for this group. Again, clinicians may find that symptom education needs more attention during the treatment process.

PROGRAM: CHILD & ADOLESCENT SERVICES

DOMAIN: EFFICIENCY

DATE: _____

OBJECTIVE	Services are provided in accordance within the client's level of expectation and comfort
INDICATORS	<p># of Youth/Parent Consumer Outcome completed</p> <p>% of answers for the following questions: <u>Parent & child/youth outcomes</u> Page 2, top box, 2nd section #2 score = 1 or 2 #3 score = 1 or 2 #4 score = 1 or 2</p> <p># of New Client Surveys completed % of "yes" answers for the following questions: 3 and 4</p>
WHO APPLIED TO:	All child & adolescent clients and their parent/guardian completing the Ohio Youth Problem, Functioning and Satisfaction Survey New Client Survey
TIME OF MEASURE:	During intake and 90 days into service
DATA SOURCE:	Ohio Youth Problem, Functioning and Satisfaction Survey New Client Survey
OBTAINED BY:	Support staff and clinical staff
TARGET GOAL EXPECTANCY:	80 % for each indicator
KEY CHARACTERISTICS OF PERSON'S SERVED:	Participated in Intake Child, adolescent or parent/guardian
BARRIERS WHICH IMPACT TARGET GOAL:	May present with behavioral problems
CLIENT SEVERITY FACTORS WHICH IMPACT TARGET GOAL:	Oppositional Defiant Disorder
INTERNAL/ORGANIZATIONAL FACTORS WHICH IMPACT TARGET GOAL:	Limits of services

C. Efficiency: Child Outcomes

The following outcomes information is from the top-back section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a child's perception of service provision and whether or not services were provided in accordance with the clients' expectations and comfort levels.. While indicators for the questions were 1 "Extremely Satisfied" and 2 "Moderately Satisfied" number 3 "Somewhat Satisfied" was also included in the outcome information. This was done so that a mid level of efficiency could be recorded.

We expected to see improvement from the initial administration of the instrument "time 1" through the subsequent administrations. The last column "4,5,6" reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Top b 2. How much are you included in deciding your treatment?

N 2b#2	time 1	time 2	time 3	4,5,6
total	113	20	17	16
ind (i)	69	16	10	10
3	11	1	2	0
% i	35	80	59	63
% i + 3	71	85	70	63

Top b 3. Mental Health workers involved in my case listen to me and know what I want.

O 2b#3	time 1	time 2	time 3	4,5,6
total	111	20	17	15
ind (i)	81	15	11	10
3	10	2	1	1
% i	73	75	65	67
% i + 3	82	85	71	73

Top b 4. I have a lot to say about what happens in my treatment.

P 2b#4	time 1	time 2	time 3	4,5,6
total	113	20	16	16
ind (i)	69	13	9	9
3	14	1	3	2
% i	61	65	56	56
% i + 3	73	70	75	69

From "time 1" to "time 2" there is a marked rise in the % of clients denoting inclusion in treatment decision: from 35% to 80%. This could be reflective of initial reluctance and resistance to treatment followed by established rapport and the building of a clinical relationship. Also, at 90 days into treatment clients take part in the formation of their treatment plan which could lead to higher scores simply by association with the phrase "treatment plan". Longer-term clients bottom out on their scores. This could be reflective of client burnout after having maintained a treatment schedule for more than 120 days. Even so, the totals from "time 1" and other times are so different it is difficult to talk about causes of any score disparity.

C. Efficiency: Parent Outcomes

The following outcomes information is from the top-back section of the Youth Problem, Functioning, and Satisfaction Scales. These outcomes were chosen because they reflect a parent’s perception of service provision and whether or not services were provided in accordance with their expectations and comfort levels. While indicators for the questions were 1 “Extremely Satisfied” and 2 “Moderately Satisfied” number 3 “Somewhat Satisfied” was also included in the outcome information. This was done so that a mid level of efficiency could be recorded.

We expected to see improvement from the initial administration of the instrument “time 1” through the subsequent administrations. The last column “4,5,6” reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

Also included are the New Client Survey scores and Anonymous Client Satisfaction Survey scores. All clients, child or otherwise, were given these forms.

Top b 2. ..have you been included in the treatment planning process for your child?

N 2b#2	time 1	time 2	time 3	4,5,6
total	166	45	18	19
ind (i)	122	33	14	15
3	19	8	4	3
% i	73	73	78	79
% i + 3	85	91	100	95

Top b 3. M. H. workers listen to and value my ideas about treatment planning for my child.

O 2b#3	time 1	time 2	time 3	4,5,6
total	158	45	19	19
ind (i)	117	34	15	16
3	20	5	4	2
% i	74	76	79	84
% i + 3	87	87	100	95

Top b 4. ..does your child's treat. Plan include your ideas about your child's treatment needs?

P 2b#4	time 1	time 2	time 3	4,5,6
total	152	45	19	20
ind (i)	105	32	15	17
3	18	8	4	1
% i	69	71	79	85
% i + 3	81	89	100	90

Although few indicators meet the expected target % scores steadily rise over time. Initial scores are high compared to the child outcomes. This may be due to more engagement by the clinician with the parents. If the child-client is reluctant or hesitant such parental focus may be necessary at the time of intake.

The high scores throughout treatment are reflective of the good work clinicians do when it comes to engaging and valuing the input of parents.

Compared to “time 1” totals are still much lower than desired. While this probably reflects the short-term nature of most treatment there is not enough data with which to form reliable causal inferences.

New Client Survey
#3: Did you receive friendly and courteous service over the phone?

Yes	205
No	3

#4: Were you treated with respect during your first visit to Pathways?

Yes	194
No	2

Anonymous Client Satisfaction Survey
#3: Were the services provided to you what you needed?

Yes	33
No	1

#4: If applicable, are you satisfied that your service providers were culturally aware and/or competent?

Yes	30
No	2

New Client Surveys were administered between November 2005 and April 2006. Anonymous Client Satisfaction Surveys were administered between December 2005 and March 2006. I think the results speak for themselves. Initial client contact is the most important step in building client rapport. The staff at Pathways, support and clinical, excels in this area.

PROGRAM: ADULT SERVICES

DOMAIN: EFFICIENCY

DATE: _____

OBJECTIVE	Services are provided in accordance with the client's level of expectation and comfort
INDICATORS	# of Ohio Outcomes and Anonymous Client Satisfaction Surveys completed Ohio Outcomes % of answers to the following question: #15 often or always (4 or 5) New Client Survey % of "yes" answers on the following questions: # 3 "Did you receive friendly & courteous service over the phone?" #4 "Were you treated with respect during your first visit to Pathways?" Anonymous Client Satisfaction Survey % of "yes" answers on the following questions: #3 "Were the services provided to you what you needed?" #4 "If applicable, are you satisfied that your service providers were culturally aware and/or competent?"
WHO APPLIED TO:	All adult clients completing the Ohio Consumer Outcomes and Anonymous Client Satisfaction Survey
TIME OF MEASURE:	During intake and @ 90 days of service
DATA SOURCE:	Ohio Outcomes, Anonymous Client Satisfaction Survey and New Client Survey
OBTAINED BY:	Support staff
TARGET GOAL EXPECTANCY:	80 %
KEY CHARACTERISTICS OF PERSON'S SERVED:	Participated in Intake Enrolled in Program
BARRIERS WHICH IMPACT TARGET GOAL:	Court-ordered, client does not want services and length of treatment
CLIENT SEVERITY FACTORS WHICH IMPACT TARGET GOAL:	Severity of diagnosis, relapse, functioning and compliance to services
INTERNAL/ORGANIZATIONAL FACTORS WHICH IMPACT TARGET GOAL:	Type of diagnosis and limits of service provider

C. Efficiency: Adult Outcomes

The following outcomes information is from the Ohio Mental Health Consumer Outcomes System's Adult Consumer Forms A & B. These outcomes were chosen because they reflect an adult client's perception of service provision and whether or not services were provided in accordance with their expectations and comfort levels. Included with the indicator scores are mid-point scores for each area. This was done so that a mid level of efficiency could be recorded. Also, Adult Form A is given to clients who qualify for an SMD distinction and Adult Form B is given to all other adults in treatment at Pathways.

We expected to see improvement from the initial administration of the instrument "time 1" through the subsequent administrations. The last column "4,5,6" reflects the 4th through 6th administration of the instrument. This data was recorded together because of the limited number of administrations.

New Client Survey scores and Anonymous Client Satisfaction Survey scores are included in this data.

Adult Form A

15. I have been treated with dignity and respect at this agency

I #15	time 1	time 2	time 3	4,5,6
total	65	32	29	66
ind (i)	62	29	27	58
3	1	3	0	6
% i	95	91	93	88
% i + 3	97	100	93	97

Adult Form B

15. I have been treated with dignity and respect at this agency

I #15	time 1	time 2	time 3	4,5,6
total	331	109	57	62
ind (i)	309	101	54	58
3	15	6	2	2
% i	94	93	95	94
% i + 3	98	98	98	97

New Client Survey

#3: Did you receive friendly and courteous service over the phone?

Yes	205	99%
No	3	1%

#4: Were you treated with respect during your first visit to Pathways?

Yes	194	99%
No	2	1%

Anonymous Client Satisfaction Survey

#3: Were the services provided to you what you needed?

Yes	33	97%
No	1	3%

#4: Are you satisfied that your service providers were culturally aware and/or competent?

Yes	30	94%
No	2	6%

New Client Surveys were administered between November 2005 and April 2006. Anonymous Client Satisfaction Surveys were administered between December 2005 and March 2006. I think the results speak for themselves. Initial client contact is the most important step in building client rapport. The staff at Pathways, support and clinical, excels in this area.

PROGRAM: ADULT and CHILD SERVICES

DOMAIN: INPUT FROM STAKEHOLDERS

DATE: _____

OBJECTIVE	Stakeholders/Clients will provide feedback to the agency
INDICATORS	<p># of Individual Service Plan's completed and Anonymous Referral Source Satisfaction Surveys completed</p> <p>Anonymous Referral Source Satisfaction Survey % of "yes" answers to the following questions:</p> <p>#1 "Was it easy to refer clients to our program?" #2 "Did we provide general program information to you?" #3 "Did we provide feedback about the client referred?" #4 "Overall were you satisfied?"</p> <p>QA Report % of "yes" answers to the following criteria: #17 "Did the client provide a goal in his/her own words?"</p>
WHO APPLIED TO:	All stakeholders
TIME OF MEASURE:	Monthly for Individual Service Plans "When received" for Anonymous Referral Source Satisfaction Survey
DATA SOURCE:	Individual Service Plans Question #17 on the QA report Anonymous Referral Source Satisfaction Survey
OBTAINED BY:	Support staff and clinical reviewers
TARGET GOAL EXPECTANCY:	85% for question #17 on the QA report 80% for questions on the Anonymous Referral Source Satisfaction Survey
KEY CHARACTERISTICS OF PERSON'S SERVED:	Stakeholders and referral sources
BARRIERS WHICH IMPACT TARGET GOAL:	Lack of response Some believe services should be free of charge
OTHER FACTORS WHICH IMPACT TARGET GOAL:	No release of information

D. Input from Stakeholders: Adult and Child

The following outcomes information is derived from the Anonymous Referral Source Satisfaction Survey and the Quality Assurance Report question #17. These instruments gather input from our stakeholders: clients as well as referral and funding sources.

Anonymous Referral Source Satisfaction Survey

#1 Was it easy to refer clients to our program?

Yes	7	100%
No	0	0%

#2 Did we provide general program information to you?

Yes	6	86%
No	1	14%

#3 Did we provide feedback about the client referred?

Yes	4	67%
No	2	33%
n/a	1	

#4 Overall were you satisfied?

Yes	5	100%
No	0	0%
n/a	2	

Quality Assurance Report

#17 Did client's provide a goal in his/her own words?

Yes	68	96%
No	3	4%

Although few Anonymous Referral Source Satisfaction Surveys were returned the data reflects a consistent trend of excellence. In cases where feedback about the client was not shared with the referral source a release of information may not have been available to do so.

Out of 71 total charts reviewed for quality assurance in March 2006 only three were found lacking a client goal in his/her own words. This is a testament to the staff's work to ensure client input during treatment and is a reflection of the benefit of using the SOQIC treatment plan in our core programs.