



## **OUTCOME EVALUATION PLAN**

**FY 2024**

**FULL YEAR REPORT**

**(July 1, 2023-June 30, 2024)**

### **A) County Plan/ Strategic Plan Priorities**

GCC will reference the County Plan at length throughout the year. The plan itself has detailed strategies and expected outcomes. They will be summarized here and tracked at length throughout the year. This is the second year utilizing the new Grants Management System (GMS). There were multiple outcomes assigned to the block grant awards, as well as other grant awards. There may be some overlap with other existing outcomes as we have just begun this new system. As we gather data GCC will evaluate whether some efficiency and effectiveness measures may be altered or removed to lower redundancy.

All data will be entered by the Executive Director utilizing reports generated from the Carelogic EHR system and the Prevention GMS data portal.

Listed below are the GMS FY 24 outcomes that GCC will track:

#### **Adolescent:**

Admit 75 adolescents to services by June 30, 2024.

Complete 30 discharge surveys on adolescents.

Less than 5 adolescents readmitted within 265 days of a successful discharge.

At least 60 adolescent clients will attend their first clinical service.

At least 60 adolescent clients will receive at least one clinical service.

#### **Adults:**

Admit 375 adults by June 30, 2024.

Complete 75 adult discharge surveys .

Less than 20 adults readmitted within 265 days of a successful discharge.

At least 300 adult clients will attend their first clinical service.

At least 300 adult clients will receive at least one clinical service.

#### **At risk for TB:**

Admit 10 clients at risk for TB by June 30, 2024.

Complete 2 discharge surveys on clients at risk for TB.

Less than 1 clients at risk for TB readmitted within 265 days of a successful discharge.  
At least 9 clients at risk for TB will attend their first clinical service.  
At least 9 clients at risk for TB will receive at least one clinical service.

**Criminal Justice:**

Admit 80 criminal justice clients by June 30, 2024.  
Complete 25 criminal justice clients discharge surveys.  
Less than 5 criminal justice clients readmitted within 265 days of a successful discharge.  
At least 50 criminal justice clients will attend their first clinical service.  
At least 65 criminal justice clients will receive at least one clinical service.

**IV drug users:**

Admit 25 IV drug users by June 30, 2024.  
Complete 10 discharge surveys on IV drug users.  
Less than 5 readmitted IV drug users within 265 days of a successful discharge.  
At least 20 IV drug using clients will attend their first clinical service.  
At least 20 IV drug using clients will receive at least one clinical service.

**Pregnant Women and Women with Children:**

Admit 30 Pregnant Women and/or Women with Children by June 30, 2024.  
Complete 15 discharge surveys on Pregnant Women and/or Women with Children.  
Less than 5 Pregnant Women and/or Women with Children readmitted within 265 days of a successful discharge.  
At least 25 Pregnant Women and/or Women with Children clients will attend their first clinical service.  
At least 25 Pregnant Women and/or Women with Children clients will receive at least one clinical service

**Underserved:**

Admit 125 underserved clients by June 30, 2024.  
Complete 30 discharge surveys on underserved clients.  
Less than 5 underserved clients were readmitted within 265 days of a successful discharge.  
5 or less report IV drug use in post discharge survey.  
25 of 30 have housing as reported in the post discharge survey.  
5 or less report drug use in post discharge survey.  
At least 100 underserved clients will attend their first clinical service.  
At least 100 underserved clients will receive at least one clinical service.

**Prevention**

**Goal: Reduction of impaired driving and alcohol related crashes**

**Info dissemination**

**Speaking engagements:** 20 engagements, reach 500 citizens.

**Health Fairs/Health Promotion:** 5 health fairs, reach 300 citizens.

**Clearing House/Resource Center:** reach 500.

**Brochures/fact sheets/handouts:** reach 6,000.

**Social Media Campaign:** 1,000 views.

**Print Media Campaign:** 100,000.

**Radio and TV PSAs:** 5,000.

**Town Hall Meetings:** 100 people attended.

**AET Casual contacts:** 5 events.

**Media related to checkpoints:** 500 views.

#### **Environmental strategies**

**Checkpoint operations:** 100 drivers at checkpoints.

**Saturation patrol operations:** 100 drivers reached.

#### **Community Based process**

**Youth board meetings:** 100 youth attending the youth board.

**Coalition meetings:** 100 coalition members in attendance.

**Volunteer training/technical assistance:** 60 trainings.

**Recognition events:** 10 people recognized.

**Needs assessment:** 15 staff hours spent on needs assessment.

### **Goal: Underage drinking reduction**

#### **Information Dissemination**

**Speaking engagements:** 20 events reaching 500 citizens.

**Health Fairs/Health Promotion:** 5 health fairs, 300 citizens attended.

**Clearing House/Resource Center:** 500 citizens reached.

**Brochures/fact sheets/handouts:** 6,000 handed out.

**Social Media Campaign:** 1000 views.

**Print Media Campaign:** 100,000 views.

**Radio and TV PSAs:** 5,000 views.

**Town Hall Meetings:** 100 in attendance.

**AET Casual contacts:** 5 events and 50 casual contacts.

**Media promoting alcohol compliance checks:** 10 messages, 1,000 views.

**MADD power of parents:** 100 reached, 4 events.

**MADD power of youth:** 1,000 reached, 5 events.

#### **Environmental strategies**

**Alcohol Compliance checks:** 100

**Merchant Education:** 10

**Controlled party dispersal:** 4

**Bar Check/Fake ID checks:** 4

**Bar retail license checks:** 4

#### **Community Based process**

**Youth board coalition meetings:** 5  
**Coalition meetings:** 3 community collaborations.  
**Volunteer training/technical assistance:** 3 trainings, 60 in attendance.  
**Recognition events:** 2 events, 20 in attendance.  
**Needs assessment:** 15 staff hours assigned to needs assessment.

**Goal: Reduce underage nicotine use and access to nicotine products**

**Information Dissemination**

**Speaking engagements:** 20 engagements, 500 reached.  
**Health Fairs/Health Promotion:** 2 health fairs, 300 reached.  
**Clearing House/Resource Center:** 500 reached.  
**Brochures/fact sheets/handouts:** 1,200 handed out.  
**Social Media Campaign:** 1,000 views.  
**Print Media Campaign:** 1,000 views.  
**Radio and TV PSAs:** 5,000 views.  
**Town Hall Meetings:** 4 held, 100 reached.  
**AET Casual contacts:** 5 events, 250 in attendance.  
**Media related to tobacco compliance checks:** 10 messages, 1,000 views.

**Environmental strategies**

**Tobacco Compliance checks:** 100 checks.  
**Merchant Education:** 10 PREP classes.  
**Synar study:** All 4 reached.

**Community Based process**

**Youth board meetings:** 5 meetings, 100 in attendance.  
**Coalition meetings:** 3 meetings, 100 in attendance.  
**Volunteer training/technical assistance:** 3 trainings, 60 in attendance.  
**Recognition events:** 2 events, 20 in attendance.  
**Needs assessment:** 15 staff hours assigned to needs assessment.

**Goal: Reduce underage opioid use and increase awareness of the dangers of opioid use**

**Information Dissemination**

**Speaking engagements:** 10 events, 300 reached.  
**Health Fairs/Health Promotion:** 5 events, 300 attended.  
**Clearing House/Resource Center:** 500 people reached.  
**Brochures/fact sheets/handouts:** 1,000 given out.  
**Social Media Campaign:** 10 campaigns, 1,00 views.  
**Print Media Campaign:** 5 campaigns, 1,000 views.  
**Radio and TV PSAs:** 4 campaigns, 1,000 views.  
**Town Hall Meetings:** 4 meetings, 100 citizens.  
**Media related to take back days:** 2 posts, 1,000 views.

**Media related to Drop Box:** 5 messages, 1,000 views.

**Media related to Deterra bags:** 5 messages, 1,000 views.

**Environmental strategies**

**Take Back days:** 2 held, 200 lbs. collected.

**Drop boxes:** 1 installed, 600 lbs. collected.

**Lock Boxes:** 4 distribution events, 100 provided.

**Deterra distribution:** 4 distribution events, 100 provided.

**Community Based process**

**Youth board meetings:** 5 meetings, 100 in attendance.

**Coalition meetings:** 3 meetings, 100 in attendance.

**Volunteer training/technical assistance:** 3 trainings, 60 in attendance.

**Recognition events:** 2 events, 10 in attendance.

**Needs assessment:** 15 staff hours assigned to needs assessment.

**Results:** See the printout from GMS attached. It is too extensive of a list to review in detail in this report.

**B) Business Function Indicators**

**B.1) Revenue: GCC will reach expected revenue targets and financial goals**

B.1.a) GCC will maximize grant/allocations/other funding.

*Monitor accounts receivable and resolve any discrepancies. Targets will be based upon the FY 24 budget. Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data.*

**Full Year report: On target: No major discrepancies noted. The Alcohol Excise tax was slow in being received but we are up to date. We are unsure of the final amount.**

B.1.b) GCC will meet goals for Self-Pay Collections.

*Monthly Goal: \$7,500.00*

*Yearly: \$90,000.00*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

**Full Year: Goal exceeded by 8.2%. Raised target for FY 25. Report in the graph below**

B.1.c) GCC will meet goals for Medicaid Billing. FINANCE DIRECTOR

*Monthly Goal: \$250.00*

*Yearly: \$3,000.00*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

Full Year: Goal exceeded by 45.2%. Raised target for FY 25. Report in the graph below

B.1.d) GCC will meet goals for Medicaid MCO Billing. FINANCE DIRECTOR

Monthly Goal: \$5,000.00

Yearly: \$60,000.00

Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.

Full Year: Goal missed by less than 5%. Target kept for FY 25. Report in the graph below

B.1.e) GCC will meet goals for ADSAP Self-Pay Collections. FINANCE DIRECTOR

70% of clients in all ADSAP groups will adhere to the details of their financial payment plan.

Data will be gathered from Carelogic. The Executive Director will gather and report the data. The benchmark was set from desired self-pay compliance rates as part of the FY 24 budgeting process.

End of year progress: Goal achieved. Two spot checks completed resulted in an average of 78% of ADSAP clients actively adhering to their payment plans.

B.1.f) GCC will meet goals for Block Grant Assessment Collections. FINANCE DIRECTOR

Monthly Goal: \$1,500.00

Yearly: \$18,000.00

Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.

Full Year: Goal exceeded by 40%. Target remains the same for FY 25. Report in the graph below

B.1.g) GCC will meet goals for MAT Treatment Collections. FINANCE DIRECTOR

Monthly Goal: \$2,917.00

Yearly: \$35,000.00

Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.

Full Year progress: Goal not achieved missed target by 47%. The failure to achieve was directly related to the overall reduction in the MAT caseload. Target lowered for FY 25. Report in the graph below

B.1.h) GCC will meet goals for Health Outcomes Proviso (HOP) utilization. FINANCE DIRECTOR

*Goal: Entire \$28,978 spent between draw down and other approved outreach efforts*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from the expected outcomes for the contract requirements as signed with DHHS.*

**Full Year: Goal met. Target remains the same for FY 25. Report in the graph below**

B.1.i) GCC will meet goals for Block Grant Treatment Billing. FINANCE DIRECTOR

*Monthly Goal: \$3,000.00*

*Yearly: \$36,000.00*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

**Full Year: Goal met. Target remains the same for FY 25. Report in the graph below**

B.1.j) GCC will meet goals for Federal Probation Billing. FINANCE DIRECTOR

*Monthly Goal: \$417.00*

*Yearly: \$5,000.00*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

**Low, missed target, referrals were lower than expected. Reduced in FY 25. Data in the graph below**

B.1.k) GCC will meet goals for Non-Billable CM Billing. FINANCE DIRECTOR

*Monthly Goal: \$833.00*

*Yearly: \$10,000.00*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

**Full Year: Goal met. Target is reduced for FY 25 as this funding source is being discontinued 3 months into FY 25. Report in the graph below**

B.1.l) GCC will meet goals for Insurance Billing. FINANCE DIRECTOR

*Monthly Goal: \$105.00*

*Yearly: \$1,260.00*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

**Full Year: Goal met. Target remains the same for FY 25. Report in the graph below**

		Jan-24	Feb-24	Mar-24	3 Quarter	1st 3 Q	Apr-24	May-24	Jun-24	4 Quarter	Year Total	Goal
Self Pay	Budgeted	\$7,500	\$7,500	\$7,500	\$22,500	\$67,500	\$7,500	\$7,500	\$7,500	\$22,500	\$90,000	\$90,000
	Actual	\$8,057	\$12,365	\$8,245	\$28,667	\$84,492	\$9,565	\$7,365	\$8,060	\$24,990	\$109,482	\$109,482
Medicaid	Budgeted	\$250	\$250	\$250	\$750	\$2,250	\$250	\$250	\$250	\$750	\$3,000	\$3,000
FFS	Actual	\$590	\$500	\$560	\$1,650	\$3,553	\$1,419	\$1,312	\$340	\$3,071	\$6,624	\$6,624
Medicaid	Budgeted	\$5,000	\$5,000	\$5,000	\$15,000	\$45,000	\$5,000	\$5,000	\$5,000	\$15,000	\$60,000	\$60,000
MCO	Actual	\$3,400	\$3,587	\$2,450	\$9,437	\$40,646	\$5,763	\$6,323	\$4,605	\$16,691	\$57,337	\$57,337
BG Assess	Budgeted	\$1,500	\$1,500	\$1,500	\$4,500	\$13,500	\$1,500	\$1,500	\$1,500	\$4,500	\$18,000	\$18,000
	Actual	\$2,191	\$1,800	\$2,545	\$6,536	\$19,573	\$2,147	\$2,014	\$1,580	\$5,741	\$25,314	\$25,314
BG TX	Budgeted	\$3,000	\$3,000	\$3,000	\$9,000	\$27,000	\$3,000	\$3,000	\$3,000	\$9,000	\$36,000	\$36,000
	Actual	\$2,986	\$2,100	\$3,450	\$8,536	\$28,130	\$3,844	\$2,273	\$1,764	\$7,881	\$36,011	\$36,011
INS	Budgeted	\$105	\$105	\$105	\$315	\$945	\$105	\$105	\$105	\$315	\$1,260	\$1,260
	Actual	\$0	\$0	\$45	\$45	\$1,098	\$16	\$48	\$182	\$246	\$1,344	\$1,344
NB CM	Budgeted	\$833	\$833	\$833	\$2,499	\$7,497	\$833	\$833	\$833	\$2,499	\$9,996	\$9,996
	Actual	\$855	\$660	\$930	\$2,445	\$7,665	\$675	\$810	\$525	\$2,010	\$9,675	\$9,675
FED Prob	Budgeted	\$417	\$417	\$417	\$1,251	\$3,753	\$417	\$417	\$417	\$1,251	\$5,004	\$5,004
	Actual	\$215	\$410	\$185	\$810	\$2,090	\$185	\$170	\$0	\$355	\$2,445	\$2,445
MAT	Budgeted	\$2,917	\$2,917	\$2,917	\$8,751	\$26,253	\$2,917	\$2,917	\$2,917	\$8,751	\$35,004	\$35,004
	Actual	\$1,790	\$1,936	\$1,688	\$5,414	\$15,174	\$1,686	\$1,530		\$3,216	\$18,390	\$18,390
Total	Budgeted	\$21,522	\$21,522	\$21,522	\$64,566	\$193,698	\$21,522	\$21,522	\$21,522	\$64,566	\$258,264	\$258,264
	Actual	\$19,014	\$22,288	\$18,938	\$60,240	\$194,567	\$24,424	\$20,817	\$16,349	\$61,590	\$256,157	\$256,157



## **B.2) Expenses:**

B.2.a) GCC will seek to adhere to the proposed annual budget. EXECUTIVE DIRECTOR

*GCC will stay within 10% of budgeted areas: Personnel, Contractual Services, Supplies, Fixed Charges, Travel, Employer Contributions, and Other Expenses. Over and under budget areas are to be both noted and evaluated.*

*Data will be gathered from GMS, Carelogic, and QuickBooks. The Executive Director will gather and report the data. The benchmark was set from actual data in FY 23 as part of the FY 24 budgeting process.*

**Current projections indicate that GCC will be within 10% of budgeted areas.**

B.2.b) GCC will conduct a thorough and error-free yearly Audit. EXECUTIVE DIRECTOR

*GCC will provide information to the auditor and receive a "clean" audit.*

*Data will be gathered from the independent audit and reported by the Executive Director. The benchmark is the expected outcome of our yearly audit.*

**Audit was completed 1/2024 and was a "clean" audit.**

## **C) Clinical Efficiency Measures**

C.1) Clinicians will provide services in efficient average LOS timeframes TX DIRECTOR

*C.1.a) ADSAP Level .5 (PRI): Goal less than 90 days*

*C.1.b) ADSAP Level 1: Goal less than 120 days*

*C.1.c) **MAT: Goal: NA, retention in services is expected***

*C.1.d) Adult OP: Goal less than 120 days*

*C.1.e) Adolescent: Goal less than 180 days*

*Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from average length of stay across the DAODAS contracted 301 system agencies.*

**See results below in the inserted report:**

## Program Discharge Length of Stay (LOS) In Days Full Year FY 24

	Discharge Count	Days	Min	Max	Ave	Goal
ADSAP Level 0.5 (PRI) (PRI)	52	4343	1	285	84	<90
ADSAP Outpatient (AD-OP)	111	14725	11	403	133	<120
Medication Assisted Treatment (MAT)	21	7011	14	1609	334	NA
Outpatient (OP)	92	10858	0	1518	118	<120
Outpatient - Adolescent (ADOLOP)	65	6471	0	303	100	<180
Outpatient - Women (W-OP)	116	12034	6	391	104	<120

C.2 Clinicians will provide groups at efficient size and attendance levels. TREATMENT DIRECTOR

*C.2.a) SAC Group: 10 attending, 16 on roster*

*C.2.b) Psychotherapy Groups: 6 attending, 10 on roster*

*c.2.c) Adolescent Groups: 6 attending, 10 on roster*

*Note: This measure was revised to match Medicaid standards and was started again in FY 24.*

*Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from Medicaid standards and percentage of Medicaid maximum capacity as determined by GCC.*

**See inserted report:**

Average	Risk Reduction, Tues AM (Brenda) SAC
12.0	Scheduled
8.7	Attended
0.8	CBC
0.0	CBT
2.6	DNS
Average	New Journey, Tues PM (Brenda) SAC
11.0	Scheduled
6.1	Attended
1.8	CBC
0.1	CBT
3.0	DNS

Average	Recovery Skills, Thurs AM (Jennifer) SAC
11.3	Scheduled
7.5	Attended
1.5	CBC
0.7	CBT
1.6	DNS
Average	Thornwell (Stone) Adolescent
2.0	Scheduled
2.0	Attended
0.0	CBC
0.0	CBT
0.0	DNS
Average	AMI #1, Monday (Stone) Adolescent
4.5	Scheduled
3.6	Attended
0.8	CBC
0.0	CBT
0.1	DNS
Average	AMI #2, Monday (Stone) Adolescent
3.6	Scheduled
2.4	Attended
1.0	CBC
0.0	CBT
0.1	DNS
Average	TREM, Wednesday (Casey) Psychotherapy
9.5	Scheduled
5.4	Attended
1.5	CBC
0.2	CBT
2.4	DNS
Average	Discovery, Monday (Jennifer) SAC
10.0	Scheduled
5.8	Attended
2.2	CBC
0.5	CBT
1.5	DNS
Average	Domestic Violence, Monday (Casey) Altern
10.3	Scheduled
7.5	Attended
1.7	CBC
0.3	CBT

	0.8	DNS
Average		Adolescent, Monday (Stone)
	3.6	Scheduled
	2.4	Attended
	0.5	CBC
	0.2	CBT
	0.6	DNS

Overall, most targets were not met. We are still experiencing lower volumes than in years past. We will continue to monitor this data and make programming adjustments as needed.

C. 3) Provide billable and non-billable services at expected efficiency levels.

*C.3.a) Counselor: 195 hours Billable /130 hours non-Billable time per quarter for a weekly average of 15 billable and 10 non-billable per week.*

*C.3.b) Treatment Director: 65 hours Billable/130 hours non-Billable time per quarter for a weekly average of 5 billable and 10 non-billable per week.*

*Note: Discrepancy noted in data entry to non-billable services. We altered this goal in FY 24 to better track clinician productivity. Non-billable time is now based upon a set time allowance of 15 minutes per count of non-billable case management notes completed per week plus treatment team time and supervision.*

*Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from expected national averages for direct time for clinicians and applied to the GCC environment where counselors do their own case management.*

**See inserted report:**

FY24									
<b>Billable</b>									
	Q1	Weekly Avg	Q2	Wweekly Avg	Q3	Weekly Avg	Q4	Weekly Avg	Goal
Tx Directo	38.5	3.0	37.0	2.8	33	2.5	25	1.9	5
Peer Supp	55	4.2	35.0	2.7	51	3.9	38	2.9	15
Counselor	208	16.0	230.0	17.7	221	17.0	237	18.2	15
Counselor	129	9.9	122.0	9.4	157	12.1	163	12.5	15
Counselor	72	5.5	0.0	0.0		0.0		0.0	15
Counselor	95	7.3	102.0	7.8	130	10.0	101	7.8	15
Counselor	79	6.1	102.0	7.8	114	8.8	105	8.1	15
<b>Non Billable</b>									
	Q1	Weekly Avg	Q2	Weekly Avg	Q3	Weekly Avg	Q4	Weekly Avg	Goal
Tx Directo	143	11.0	106	8.2	120	9.2	127	9.77	10
Peer Supp	39	3.0	40	3.1	40	3.1	40	3.08	10
Counselor	117	9.0	117	9.0	108	8.3	116	8.92	10
Counselor	52	4.0	46	3.5	52	4.0	58	4.46	10
Counselor	73	5.6	0	0.0		0.0		0.00	10
Counselor	54	4.2	49	3.8	55	4.2	62	4.77	10
Counselor	40	3.1	48	3.7	45	3.5	55	4.23	10

End of year note: As seen in the results above, the reports generated still show that the staff are not meeting their expected productivity goals. The goals themselves are not inflated and do not need to be reduced. In FY 25 a new metric will be attempted to better illustrate the effective use of the employees time.

C.4) Clinicians will manage adequately sized caseloads. TREATMENT DIRECTOR

C.4.a) Goal: Counselor: 45- 55 active clients (active means services have been provided to the client by the clinician within 3 weeks, including case management). Peer Support exempted, Treatment Director goal is 20.

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from expected national averages for caseloads and Medicaid standards of case load limits.

**See inserted report:**

FY 24	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Avg	Goal
Treatment Director	23	24	17	20	22	20	17	25	25	17	17	17	20	20
Counselor 1	38	43	40	36	41	45	47	48	45	52	50	43	44	45
Counselor 2	35	41	39	36	29	29	28	30	26	26	28	25	31	45
Peer Support	0	0	0	0	1	1	1	0	1	1	1	1	1	NA
Counselor 3	2	4	9	10	21	23	32	36	41	43	38	31	24	45
Counselor 4	29	28	33	28	35	34	31	35	32	30	33	23	31	45

Overall census numbers were a little low, but not significantly. Newer clinicians we allowed to slowly rise their caseloads. The peer support specialist is exempted. This target will be maintained or slightly lowered for FY 25.

C.5) Clinicians will promptly and accurately complete their clinical documentation.

C.5.a) Clinicians will complete 100% of their required documentation every week within appropriate guidelines and requirements.

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from Medicaid standards.

Quarterly audits were used to track this measure. Overall, the majority of notes were entered in appropriate time frames and no long-term negative patterns were noted.

C.5.b) Clinicians will have less than 5% of their required documentation rejected and returned for revision of significant errors (subtle improvement suggestions are not counted).

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from expected regulatory standards for

clinicians and applied to the GCC environment where counselors do their own case management.

Rate of returned documentation overall was less than 5%. Problem areas were identified and resolved as they appeared throughout the year.

#### D. Access to Services

D.1) GCC will offer prompt Access to Services (per DAODAS)

D.1.a) GCC will complete an assessment within 2 working days of intake on 75% of all client episodes.

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set by DAODAS.

<b>Total Average of Turn Around Time:</b>	<b>0.02</b>
<b>Total Client Count:</b>	<b>214</b>
<b>Total that Assessment was done within 2 days of Intake:</b>	<b>213</b>
<b>Percent Completed</b>	<b>99.5%</b>

D.2) GCC will show a swift completion of a qualifying service after assessment (per DAODAS)

D.2.a) GCC will complete a qualifying service within 6 working days of assessment on 50% of all client episodes.

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set by DAODAS.

Total # of Clients: 170

Total # of Clients with a qualified service within 6 days: 38

The total percentage of clients that meet the Contract Objective is 22.35%

Note: Due to GCC being primarily an ASAM level one, this goal is a challenge as most services are conducted only once per week.

D.3) GCC will efficiently discharge clients (per DAODAS) TREATMENT DIRECTOR

D.3.a) GCC will complete a discharge form within 2 weeks on 90% of all discharged clients

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set by DAODAS.

Spot check audit indicated 92% (69 of 75) discharges has a discharge form completed within 2 weeks of actual discharge.

#### D.4) Accessibility Plan

GateWay Counseling Center actively strives to remove barriers of any type that limit persons served from accessing services. GCC also seeks input from external stakeholders to identify possible barriers. GCC is aware we cannot resolve all barriers identified, but GCC takes all requests seriously and has a system in place to identify, review, and make decisions on the barriers that is transparent to the persons served/stakeholders and is clearly documented. The Executive Director will prepare a report annually describing any issues, concerns, or trends.

The report was created, and the plan will be reviewed at the end of FY 24.

#### E) Clinical Effectiveness Measures

##### E.1) Improved life situation post treatment.

##### E.1.a) Reduced substance use at discharge versus admission.

Clients will indicate a 50% reduction in past 30-day drug use at discharge versus admission. This data will be generated by the support staff when they complete the post discharge outcome surveys. Targets are set by the Executive Director through consultation with Treatment Director and with DAODAS support. Data will be gathered by the Executive Director.

NEED DATA

##### E.1.b) Reduced criminal activity/interaction with the criminal justice system

Less than 5% of clients will indicate arrest within 30 days at follow up survey. This data will be generated by the support staff when they complete the post discharge outcome surveys. Targets are set by the Executive Director through consultation with Treatment Director and with DAODAS support. Data will be gathered by the Executive Director.

NEED DATA

##### E.1.c) Reduction of stress related to their drug use.

Clients will indicate a reduction in stress related to their drug use at discharge versus admission. All data will be gathered from the Carelogic system and the outcome survey data results. The Executive Director will report on all findings.

**NEED DATA**

Data that is gathered through the CareLogic is unreliable. Self-report for the initial session is poor. The entire South Carolina 301 system is attempting to create an outcome data process and we will engage in that process.

E.2) GCC will effectively assist clients in achieving successful completions. GCC will include a successful transfer to another program or a higher level of care as successful.

E.2.a) Overall agency: 60% successful

E.2.b) ADSAP PRI: 80% successful

E.2.c) ADSAP OP: 75% successful

E.2.d) Adolescent programs: 85% successful

E.2.e) OP programs: 50% successful

E.2.e) MAT program: NA

FY 24: MAT is still removed from tracking due to the modality being focused on long term engagement. ADSAP PRI and OP were separated this FY.

Data will be gathered from GMS and Carelogic. The Executive Director will gather and report the data. The benchmark was set from expected national averages of successful completion averages and GCC historical data.

**See inserted report:**

# Full Year FY 24 Treatment Completion Report

Date:	FY 24		#	%
<b>July-June 2024</b>		<b>OVERALL</b>		
Total Admissions	442	Treatment or Services Complete	275	63%
Total Discharges	440	Treatment or Services Incomplete	169	37%
	<b>Discharges</b>		<b>#</b>	<b>%</b>
ADSAP PRI	52	Complete	46	88%



		Incomplete	6	12%
Adult OP	208	Complete	106	51%
		Incomplete	102	49%
Adolescent OP	69	Complete	50	72%
		Incomplete	19	28%
ADSAP OP	111	Complete	73	66%
		Incomplete	42	38%
MAT (not included)	NA	Complete	NA	#VALUE!
		Incomplete	NA	#VALUE!
Total	440	Complete	275	63%
		Incomplete	169	38%

FY24	Goal	Actual
Successful Completion Goals		
ADSAP PRI	75%	88%
Adult OP	50%	51%
Adolescent OP	85%	72%
ADSAP OP	75%	66%
MAT	40%	Na
OVERALL	60%	63%

Report run: Discharges by program CareLogic

Overall, the targets were met the majority of the time. Adolescent OP was lower this year as we have added a new referral source, and their overall completion of their services was lower due to their transient nature. ADSAP OP was low compared to the goal this year, and overall we experienced a higher rate of multiple DUI offenders, severs SUD diagnosis, and dual diagnosis clients. This severity of case lowered our successful completion rates. We will look to expand our services to include an Intensive Outpatient Program in FY 25 to hopefully address this increased acuity of referrals.

## **F) Satisfaction Measures**

F.1) Client Satisfaction Measures.

F.1.a) GCC will provide prompt access to services to those experiencing stress due to their ATOD use.

*a) 90% of clients will rate that their initial appointment was given quickly enough to meet their needs (INITIAL question 5).*

F.1.b) GCC will seek to provide a positive initial intake/assessment experience.

*a) 90% of clients will rate the initial intake/assessment experience "Good or "Outstanding" (INITIAL question 7).*

F.1.c) GCC will seek to provide clients with services that address their concerns and needs.

*a) 90% of clients will rate that they are receiving services that address their concerns and needs' (YES to MID question 6).*

F.1.d) GCC Counselors and staff will effectively communicate with their clients

*a) 90% of clients will report that their questions posed to counselors were answered to your satisfaction (YES to MID question10).*

F.1.e) GCC will seek to actively involve clients in the creation and implementation of their services

*a) 90% of clients will rate that they feel actively involved in their services at GCC (YES to EXIT question 6).*

F.1.f) GCC will seek to provide services that improve the quality of the clients lives.

*a) 90% of clients will report that the services they receive at GateWay will help them in their life (EXIT question 10).*

*All data will be collected via the client satisfaction surveys. The surveys will be collected and reported on by the Prevention Director. The Executive Director will report out results. Target percentages are set by expected satisfaction levels and historical performance at GCC.*

**See inserted report:**

Outcome evaluation plan goals (Section E of OE plan)		FY 24 END OF YEAR SUMMARY					
Quarter	1	2	3	4	Average	Goal	
1	Goal: GCC will provide access to services to those experiencing stress due to their ATOD use (as evidenced by) <i>90% of clients will rate that their initial appointment was given quickly enough to meet their need (INITIAL question 5).</i>						
	100	100	100	100	100	90	
2	Goal: GCC will seek to provide a positive initial intake/assessment process (as evidenced by) <i>90% of clients will rate the initial intake/assessment experience "Good or "Outstanding" (INITIAL question 9).</i>						
	100	100	100	100	100	90	
3	Goal: GCC will seek to provide services that address their concerns and needs (as evidenced by) <i>90% of clients will rate that they are receiving services that address their concerns and needs' (YES to MID question 6).</i>						
	96	NA (# low)	96	100	97	90	
4	Goal: GCC Counselors and staff will effectively communicate with each other (as evidenced by) <i>90% of clients will report that their questions posed to counselors were answered to your satisfaction (YES to MID question10).</i>						
	100	NA (# low)	96	100	99	90	
5	Goal: GCC will seek to actively involve clients in the creation and implementation of their services (as evidenced by) <i>90% of clients will rate that they feel actively involved in their services at GCC (YES to EXIT question 6).</i>						
	100	100	100	100	100	90	
6	Goal: GCC will seek to provide services that improve the quality of the clients lives (as evidenced by) <i>90% will report that the services they received at GateWay will help them in their life (EXIT question 10).</i>						
	100	100	100	100	100	90	

F.2) Referral Source Satisfaction.

GateWay will disseminate a yearly referral source survey and will report on the following:

F.2.a) Referral sources will have a positive perception

*90% of referral sources will have a positive perception of GCC.*

F.2.b) Programming is helpful

*90% will find GCC programs helpful to them.*

F.2. c) Timely and appropriate interactions with GCC staff

*90% will report that their referrals to GCC were handled in a timely manner and appropriately.*

*All data will be collected via the referral source satisfaction surveys. The surveys will be collected and reported on by the Executive Director. Target percentages are set by expected satisfaction levels and historical performance at GCC.*

3/16/2024	Referral Source Survey	FY 24 Summary	Total surveys returned: 16						
Goal	Questions	Count	16						
95% good+	1) Please rate your overall experience with referrals to and from GateWay Counseling Center (very poor, poor, fair, good, very good)	Results	100% good or very good	16 of 16					
90% Yes	2) Do you feel that the programs offered at GCC are helpful to your clients/patients? (Yes or No)	Results	100% Yes 0% No	16 of 16					
90% Yes	3) Are your referrals handled in a timely manner by GCC? (Yes or No)	Results	100% Yes 0% No	16 of 16					
90% Yes	4) Are you satisfied with the level of communication you receive from GCC about your referrals? (Yes or No)	Results	94% Yes 6% No	15 of 16					
90% Yes	5) Do you feel that your interactions with GCC staff are timely and appropriate? (Yes and No)	Results	94% Yes 6% No	15 of 16					
NA	6) What programs are you interested in that we do not offer? (open comment area)	Results	anger management, parenting, IOP						
90% Yes	7) Are the programs at GCC affordable to your clients? (Yes or No)	Results	100% Yes 0% No	16 of 16					
NA	8) Any overall comments?	Results:	Please look at adding an IOP, the grant funding really helps our clients						

F.3) Employee Satisfaction.

F.3.a) Employees will complete a satisfaction survey. GCC will gather that data and offer a report with detailed analysis and plans for improvement.

*All data will be collected via the employee satisfaction surveys. The Executive Director will report out results.*

***Last Completed 8/2023. The scheduled survey was not disseminated as planned in 2024. A survey will be sent out early 2025.***

**G) Regulatory Inspections and Surveys.** GCC will adhere to all requirements of our regulators, inspectors, and surveyors.

G.1) DHEC survey. EXECUTIVE DIRECTOR

- a) *100% Compliance*  
**No survey so far this year**

G.2) CARF Survey. EXECUTIVE DIRECTOR

- a) *100% Compliance*  
**Survey coming Fall 2024/Spring 2025**

G.3) DAODAS Survey. EXECUTIVE DIRECTOR

- a) *100% Compliance*  
**No survey so far this year**

*All data will be gathered for the appropriate regulatory survey content. Not all surveys will occur every year. The benchmark was set for 100% compliance by GCC to strive for excellence in all we do.*

## **H) Human Resources/Staffing**

H.1) GCC seeks to retain fully trained and qualified staff. FINANCE DIRECTOR

H.1.a) *GateWay will maintain a morale committee and host events throughout the year including a yearly team building retreat.*

**Achieved**

H.1.b) *GateWay will complete an employee handbook that summarizes and highlights the compensation package that is offered (continued from FY 23).*

**Not completed, will be extended to FY 25.**

H.1.c) *During October evaluation month GCC will complete a form with all employees focused on long term professional development and retention goals.*

**COMPLETED 10/24**

*All data will be gathered from Human Resource activities throughout the year and reported on by the Executive Director.*

H.2) GCC seeks to provide competitive salaries and benefits.

*H.2.a) GateWay will participate in salary study for the 301 system and use this info to identify and adjustments needed to the compensation package that is offered.*

**Completed 10/23**

*H.2.b) GCC will create a possible motivation incentive program for employees to encourage effectiveness and efficiency.*

*BHSA will complete the salary study, and the Executive Director will access this report. The Executive Director along with the Board of Commissioners will create an incentive program as indicated.*

**ONGOING**

### **I) Health and Safety (See also the most recent annual Health and Safety Report)**

I.1) GCC seeks to receive input promptly and accurately about critical incidents.

*I.1.a) 100% of all Incident Reports will be completed correctly and actions will occur within appropriate time frames.*

*Data will be gathered by the Executive Director from the Health and Safety binder and the compilation of Incident reports. Target is set by expectation of compliance of 100% with GCC regulatory agencies.*

**All incident reports were completed correctly and in appropriate time frames so far this FY.**

I.2) GCC strives to resolve any issues that are identified to reduce the chance of problems.

*I.2.a) 100% of all areas identified in Health and Safety Inspections will have corrective plans completed.*

*Data will be gathered by the Health and Safety officer and presented to the Executive Director. Target is set by expectation of compliance of 100% with GCC regulatory agencies.*

**100% of all areas identified in Health and Safety Inspections have corrective plans completed.**

I.3) GCC strives to have a safe environment for employees and clients.

*I.3.a) A safety survey will be completed by staff.*

**Completed June 2024**

*I.3.b) 100% of employees will report that they feel GCC is a safe place for employees and clients.*

**Goal met**

*I.3.c) 100% will report that they are aware of policies and procedures at work to identify and reduce areas of possible risk.*

**Goal met**

*Data will be gathered by the Executive Director from the Employee Satisfaction Survey and from additional surveys of staff throughout the year. Target is set by expectation of a safe working environment for GCC staff, visitors, and clients.*

H.4) GCC will implement and follow monthly and yearly drill completion per requirement of all regulatory agencies.

*H.4.a) The Health and Safety Program will conduct 100% of required Health and Safety program activities and proper record keeping will be completed.*

*Data will be gathered by the Health and Safety officer and presented to the Executive Director. Target is set by expectation of compliance of 100% with GCC regulatory agencies.*

**Health and Safety procedures are being followed.**

#### **J) Technology (also see most recent Technology Plan report)**

J.1) GCC will effectively use technology.

*J.1.a) Continue to maximize the effectiveness and usefulness of the website. GCC will update the website at least monthly with current events and monthly highlighted issues.*

**ONGOING**

*J.1.b) Coordination of the beginning of the replacement cycle of PCs. By December 2023 a plan will be in place to update the oldest PCs.*

**ONGOING**

*J.1.c) GCC will compete the yearly Tehcnology plan and report to identify areas of concern and opportunities and it relates to technology.*

*All data gathering and reporting related to technology will be gathered from multiple sources and completed by the Executive Director. Target is set by expectations of accrediting bodies and expectation of GCC to maximize its technology use and effectiveness.*

**Due in Summer of 2024**

#### **K) Governor's Dashboard Measures**

*Note that all these measures are created by DAODAS and are adopted by Gateway. The Executive Director will gather this information from Carelogic, GMS, and QuickBooks. These measures are dependent and DAODAS and will be removed if deemed not useful for GCC.*

K.1) Increase client admissions.

a) FY 23 admissions were 438. Look for an increase in FY 24.

**We admitted 442 clients in FY 24.**

K.2) Increase admissions of pregnant clients.

a) FY 23: 6 Look to increase by 10% (to 7) in FY 24.

**Total of clients pregnant at admission for FY 24 was 5.**

b) Conduct two outreach activities directed towards the pregnant population.

**Completed through Prevention efforts.**

K.3) Increase admission of co-occurring clients.

a) Increase admission that indicate mental health diagnosis by 10%. FY23: 72, look to increase to 85 in FY24.

**Admission data indicated 91 with a MH diagnosis.**

K.4) Increase the amount of alcohol compliance checks completed.

a) Increase Primary Prevention Alcohol Compliance Checks by 5%. (FY 23=98, goal for FY 24 is 115)

**It was reported by SLED that they completed 75 checks this year. This goal it tracked but is outside our control to make changes to or increase the checks completed each year.**