

| Program: Community Employment Services: Job Development, Employment Supports (<i>Community Operations Supported Employment</i>) | | | | | | Date: Fiscal Year 7/1/18-6/30/19 | | |
|---|--|------------------------------|------------------|----------------|--|----------------------------------|--------------------------------|---|
| Objective | Performance Indicator | Who Applied To | Time of Measure | Data Source | Obtained By | Performance Target | Actual (Fiscal Year 2018-2019) | Previous- If Available (Fiscal Year 2017-2018) |
| Domain | | | | | | | | |
| Effectiveness | | | | | | | | |
| 1A. Clients with a job will maintain their employment. | # of employed clients/ # clients with service # clients that lost employment during the quarter | Supported Employment Clients | Annually | Client Records | Executive Directors (Misty Clay, Diane Dalton, Barney Cannady) | 100% | | As of 6/30/18 9 w/job out of 10 clients total |
| Interim | 7/9 0 clients lost employment | | 7/1/18-9/30/18 | | | | 7/7 maintained employment 100% | |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Efficiency | | | | | | | | |
| 1B. Maximize service utilization | Units billed | Supported Employment Clients | Annually | Eclipse | Regional Financial Director (Brandy Lewis) | 85% | | FY '17-'18: 98% Billed Annually (Average of 4 quarters) Average 13,658 Units Authorized Annually (11 clients), Total Billed Annually 13,267 units |
| Interim | 10,474 Units Authorized Annual (9 Clients) 2,851 units Billed (this quarter) | | 7/1/18-9/30/18 | | | | 28% (this quarter) | |

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|--|--|------------------------------------|----------------------|-------------------|--|--|---|--|
| | | | | | | | | FY '16-'17: 144% (Total of 4 quarters, 35%/quarter (avg.) |
| Interim | | | 10/1/18- 12/31/18 | | | | | |
| Interim | | | 1/1/19- 3/31/19 | | | | | |
| Interim | | | 4/1/19- 6/30/19 | | | | | FY '15-'16: 87.4% (Total of 4 Quarters) |
| Annual Analysis | | | | | | | | |
| Service Access | | | | | | | | |
| 1C. Timely service implementation | Clients with this service (*as of/beginning 7/1/18), will be employed within 4 months. | Supported Employment Clients | Annually | Client Records | Executive Directors (Misty Clay, Diane Dalton, Barney Cannady) | 100% | | FY '17-'18: 50% (1 of 2 new admissions obtained employemnt withing 4 mos.) As of 6/30/18: 9 out of 10 clients employed total |
| Interim | 2 clients not employed | | 7/1/18- 9/30/18 | | | | NA-2 clients not employed (all services implemented prior to 5/1/18) | |
| Interim | | | 10/1/18- 12/31/18 | | | | | |
| Interim | | | 1/1/19- 3/31/19 | | | | | |
| Interim | | | 4/1/19- 6/30/19 | | | | | As of 6/30/17: 9 Total clients 9 Employed |
| Annual Analysis | | | | | | | | |
| 1D. Serve more Supported Employment clients | Number of Clients served | Supported Employment Clients | Annually | Client Records | Executive Directors (Misty Clay, Diane Dalton, Barney Cannady)/ Regional Financial Director (Brandy Lewis) | Increase number of clients served by 10% (11) | | As of 6/30/18 9 w/job out of 10 clients total |

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|--|---|------------------------------|------------------|-----------------------------|-------------|-----|--------------------------------|---|
| Interim | 9 | | 7/1/18-9/30/18 | | | | 9 | As of 6/30/17: 9 Total clients 9 Employed |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Stakeholder Input/Satisfaction | | | | | | | | |
| Person Served: Clients/Legal Guardian | | | | | | | | |
| 1E. Overall satisfaction | Answered "yes" to 2 out of 3 of questions | Supported Employment Clients | Annually | New Survey launch March | QI Director | 90% | 1st Q: No surveys this quarter | 1Q, 2Q, 4Q=0 surveys returned (launch in 3/18): 3Q=3 surveys returned (2 met target of 2/3 "yes") 66% |
| Other Stakeholder: Client's Employer and/or Vendors | | | | | | | | |
| 1F. Overall satisfaction - (External stakeholder - Question #10) | Ranking of "True" | Employers/ vendors | Annually | External Stakeholder Survey | QI Director | 90% | 1st Q: No surveys this quarter | FY '17-'18: 0 surveys returned FY '17-'18: No surveys returned FY '16-'17: No surveys were returned FY '15-'16:100% (11 surveys) |
| Annual Analysis** | Annual analysis of all stakeholder feedback will be compiled in the Annual Performance Analysis Report. | | | | | | | |

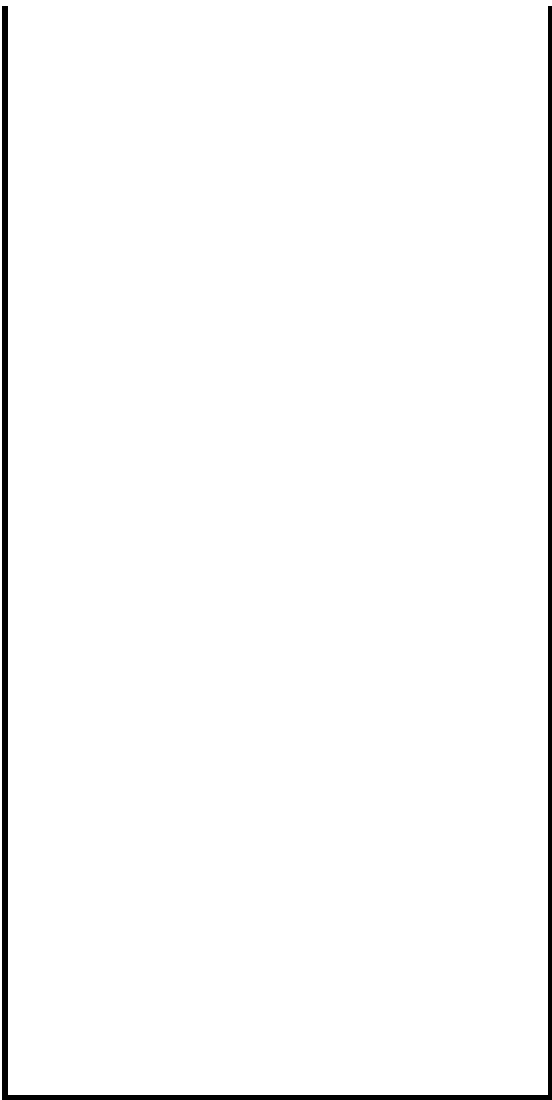
Green=Target Met Red=Target Not Met

| Performance Analysis (Results including Extenuating Circumstances/Influencing Factors): | | | Outcomes |
|--|--------|----------------|--|
| marked with ** in the annual analysis are possible Performance Improvement Action Items | | | |
| Outcome Affected | Factor | Time Period | Comments |
| 1A. Clients with a job will maintain their employment. | | 7/1/18-9/30/18 | 2 clients (COHO) searching for employment (longer than 4 months) |
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Notes:





| Program: Family-Based/Shared Living Supports: Host Family/Shared Living Services <i>(Community Operations AFL's)</i> | | | | | | Date: Fiscal Year 7/1/18-6/30/19 | | |
|--|---|----------------|------------------|--------------------------------------|---|----------------------------------|--------------------------------|---|
| Objective | Performance Indicator | Who Applied To | Time of Measure | Data Source | Obtained By | Performance Target | Actual (Fiscal Year 2018-2019) | Previous- If Available (Fiscal Year 2017 2018) |
| Domain | | | | | | | | |
| Effectiveness | | | | | | | | |
| 2A. Maintain placement in same residence. | No change of address | AFL Clients | Quarterly | QM Reports | QM Managers (Danielle Allen, Tommy Abel, Jean Wray Cannady), Barney Cannady (ERO) | 95% | | FY '17-'18: Met target all 4 quarters. Average 98% for the year |
| Interim | 2 Change of address out of 64 AFL Clients | | 7/1/18-9/30/18 | | | | 2 out of 64 (94%) | FY '16-'17: 97.5% (Target met 1st Quarter only) |
| Interim | | | 10/1/18-12/31/18 | | | | | FY '15-'16: 99% (Target met 3rd Quarter only) |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Efficiency | | | | | | | | |
| 2B. Compliance with AFL Requirements | Zero deficiencies sited | AFL Homes | Annually | Annual AFL Compliance Review Reports | QM Managers (Danielle Allen, Tommy Abel, Jean Wray Cannady) | 100% at end of year | | FY '17-'18: 96% |

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|--|---|-------------|------------------|----------------|-------------------------------|---------------------|-------------------|--|
| Interim | _16_ Annual reviews completed (Homes) _2_ Deficiencies Cited | | 7/1/18-9/30/18 | | | | 88% | FY '16-'17 83% (Not actively tracked) |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Service Access | | | | | | | | |
| 2C. All individuals have a designated primary care practice. (Whole Person Care) | # of AFL clients with a designated primary care practice/ # AFL of clients ** Note clients that do not for re-check next quarter | AFL Clients | Annually | Client records | Executive Directors(via QP's) | 100% by end of year | | FY '17-'18: 100% |
| Interim | MRO-7/7 ERO-2/2 COHO-55/55 | | 7/1/18-9/30/18 | | | | 100% | |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Stakeholder Input/Satisfaction | | | | | | | | |
| | | | | | | | 1st Q: 2/2 (100%) | FY '17-'18: 78% (9 surveys returned) |
| Person Served: Clients/Legal Guardian | | | | | | | | |

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|---|---|---|----------|--|-------------|-----|---|
| 2D. Overall satisfaction-(Periodics- Question #9) Other Stakeholder: Host Families | Ranking of "4/Agree" or "5/Strongly Agree" | Clients/legal guardian | Annually | Client/ Guardian Satisfaction surveys | QI Director | 85% | FY '16-'17: No surveys were returned FY '15-'16:88% (27 Surveys completed) |
| 2E. External stakeholder satisfaction survey - (Question #10) | Ranking of "True" | MCO Care Coordinators (or appropriate MCO Staff) | Annually | External Stakeholder Satisfaction Surveys | QI Director | 85% | FY '17-'18: No surveys returned FY '16-'17: No surveys were returned FY '15-'16: 72.7% |

Green=Target Met Red=Target Not Met

| Performance Analysis (Results including Extenuating Circumstances/Influencing Factors): | | | | Outcomes |
|---|--|-------------|--|---|
| marked with ** in the annual analysis are possible Performance Improvement Action Items | | | | |
| Outcome Affected | Factor | Time Period | | Comments |
| 2B. Compliance with AFL Requirements | 1 deficiency cited at memory Lane and 1 other (unlicensed) | | | Construction review cited water damage to bathroom floor. Staff replaced flooring and corrections are comlote. |
| 2A. Maintain placement in same residence. | | | | 1 client moved from SCI 1 client moved to a new AFL w/SCI due to old AFL no longer providing a bed |

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| 2C. All individuals have a designated primary care practice. (Whole Person Care) | Regional Financial Director (Eclipse) | | Brandy Lewis states there is no report in Eclipse that can pull this information. |
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Notes:

*compare # reviews reported to those expected

*Numbers should match 2A

*Surveys sent out in May 2018 cover 3 quarters (through December 2018), next batch goes out on Jan. 2019 due to maternity leave of responsible employee

| Program: Community Housing <i>(ICF Homes and Community Operations Group Homes)</i> | | | | | | Date: Fiscal Year 7/1/18-6/30/19 | | | | |
|--|--|------------------------------|-----------------|------------------------|--|----------------------------------|--------------------------------|--|------------------|----|
| Objective | Performance Indicator | Who Applied To | Time of Measure | Data Source | Obtained By | Performance Target | Actual (Fiscal Year 2018-2019) | Previous-If Available (Fiscal Year 2017-2018) | | |
| Domain | | | | | | | | | | |
| Effectiveness | | | | | | | | | | |
| 3A. Reduce the number of Level 2 and 3 (critical) incidents due to injury. | Number of Level 2 and 3 incident reports submitted in IRIS due to injury | Residential facility clients | Annually | Incident Reports | QM Managers- Casey Johnson (All East), Danielle Allen(All West) | 2017-2018 Number less 25%(65) | | Not previously tracked as written (86 total) | | |
| | | | Interim | | | | | | 7/1/18-9/30/18 | 17 |
| | | | Interim | | | | | | 10/1/18-12/31/18 | |
| | | | Interim | | | | | | 1/1/19-3/31/19 | |
| | | | Interim | | | | | | 4/1/19-6/30/19 | |
| Annual Analysis | | | | | | | | | | |
| 3B. Minimize number of hospital re-admissions. | Clients readmitted to hospital within 5 days of discharge | Residential facility clients | Quarterly | Census, Client records | Betty Land-ICF/Burke (w/Follow up from CNO-Paula Darden, Patti-Burke); Executive Directors (Barney Cannady, Diane Dalton), | 1/Quarter (unduplicated clients) | | FY '17-'18: Total=2/year(1 per quarter for 2 quarters) | | |
| | | | Interim | | | | | | 7/1/18-9/30/18 | 1 |

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|--|--|---|--|-----------------------------------|---|-----|-------------|--|
| Interim | ICF-1 WCGH's-0 Pine-0 MGH-0 Davis-0 | | 10/1/18- 12/31/18 | | | | | |
| Interim | ICF-0 WCGH's-0 Pine-0 *MGH-0 Davis-0 | | 1/1/19- 3/31/19 | | | | | |
| Interim | ICF-1 WCGH's-0 Pine-0 MGH-0 Davis-0 | | 4/1/19- 6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Efficiency | | | | | | | | |
| 3C. Staff Retention | # of staff retained beyond probationary period/# Staff hired(* begin with hires after 7/1/17) | All staff working in an (ICF Only) residential facility | Quarterly | HR Records | COO- HR/Susan Tyner | 75% | | FY '17-'18: Target not met during any quarter. 57% retention rate for the year |
| Interim | July Hires: 10/18 August Hires: 7/10 September Hires: #/8 | | 7/1/18- 9/30/18 | | | | pending | |
| Interim | October Hires: #/14 November Hires: December Hires: | | 10/1/18- 12/31/18 | | | | | |
| Interim | January Hires: February Hires: March Hires: | | 1/1/19- 3/31/19 | | | | | |
| Interim | April Hires: May Hires: Pending June Hires: | | 4/1/19- 6/30/19 4/1/18- 6/30/18 | | | | | |
| Annual Analysis | | | | | | | | |
| 3D. Retain clients in residential housing. | Clients living in a SCI residential facility maintain residential placement with SCI. | Residential facility clients | Annually | Regional Directors/ COO-Seslie | Executive Directors (Diane, Barney)/ COO-Seslie/ Patti-SCI Burke | 95% | | FY '17-'18: 99% |
| Interim | 186 beds(ICF)/4 vacant bed ERO 22/1 vacant bed MRO 2/1 vacant bed COHO-5/0 vacant bed | | 7/1/18- 9/30/18 | | | | 2 (ICF)-99% | |
| Interim | | | 10/1/18- 12/31/18 | | | | | |

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|---|---|------------------------------|------------------|---------------------------------------|--|--|----|---|
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| 3E. Reduce medication errors by 25% from last year in all residential facilities. | Number of medication errors. | Licensed residential homes | Annually | QM Reports | QM Managers-Casey Johnson (All East), Danielle Allen(All West) | FY '17-'18 less 25% =100 (combined all facilities) | | FY '17-'18: 134 |
| Interim | West = 2 East = 46 | | 7/1/18-9/30/18 | | | | 48 | |
| Interim | | | 10/1/18-12/31/18 | | | | | FY '16-'17: Comm. Ops East-5 Comm. Ops. West-41 ICF-172 (Total=218) |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Service Access | | | | | | | | |
| 3F. Minimize number of deficiencies from regulatory agencies related to access to healthcare. | # of deficiencies cited related to access to healthcare (follow up appts., labs, routine dental, eye exams, etc.) | Residential facility clients | Quarterly | Surveys and Regulatory review reports | COO-Fontaine/QM Managers (Danielle, Jean Wray)/CNO | Zero Deficiencies | | |
| Interim | ICF = 0 CO-East = 0 CO-West= 0 | | 7/1/18-9/30/18 | | | | 0 | FY '17-'18: Total=7/year Met goal 2/4 quarters |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |

| Annual Analysis | | | | | | | |
|--|--|------------------------|----------|---------------------------------------|-------------|-----|--|
| Stakeholder Input/Satisfaction | | | | | | | |
| Person Served: Clients/Legal Guardian | | | | | | | FY '17-'18: 97% (29 surveys completed) |
| 3G. Overall satisfaction- (Residential - Question #10) | Ranking of "4/Agree" or "5/Strongly Agree" | Clients/legal guardian | Annually | Client/ Guardian Satisfaction surveys | QI Director | 85% | FY '16-'17: 95% (74 surveys) FY '15-'16: 92% (90 Surveys) |
| Other Stakeholder: Employees | | | | | | | June 2017: Survey launch moved to September 2017- Sept. 2017: 84.68% 105/124 surveys |
| 3H. Overall job Satisfaction- (Employee - Question #7) | Answered "True" | Employees | Annually | Employee Satisfaction surveys | QI Director | 85% | June 2016: 80.95% June 2015: 74.19% (220 Surveys) June 2014: 80.6% (127 Surveys) |

Green=Target Met Red=Target Not Met

*Note: MGH closed as of 1/9/18

| marked with ** in the annual analysis are possible Performance Improvement Action Items | | | |
|---|--------------------------|----------------|--|
| Outcome Affected | Factor | Time Period | Comments |
| 3D. Retain clients in residential housing. | 1 death, 2 change in LOC | 7/1/18-9/30/18 | 3 transfers-all routine-no trends or issues |
| 3B. Minimize number of hospital re-admissions. | 1 readmission | 7/1/18-9/30/18 | Clinton-client was re-admitted to hospital in July (within 5 days) of June discharge |
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| **Survey Type/Facility | Deficiency Comments |
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Notes:

*Community Ops. Surveys sent out in May

2018 cover 3 quarters (through December 2018), next batch goes out on Jan. 2019 due to maternity leave of responsible employee

| Program: Respite Services <i>(Community Operations Facility-Based and Community Respite)</i> | | | | | | Date: Fiscal Year 7/1/18-6/30/19 | | |
|--|---|---------------------------|------------------|--------------------|---|----------------------------------|--------------------------------|---|
| Objective | Performance Indicator | Who Applied To | Time of Measure | Data Source | Obtained By | Performance Target | Actual (Fiscal Year 2018-2019) | Previous- Available (Fiscal Year 2017-2018) <i>If</i> |
| Domain | | | | | | | | |
| Effectiveness | | | | | | | | |
| 4A. Assure client safety during service | Number of Level 2 and 3 incident reports | Clients with this service | Annually | Incident Reports | QM Managers- Casey Johnson (All East), Danielle Allen(All West) | 25/year | | Note: ENRC opened 12/1/16 |
| Interim | West =2 East=0 | | 7/1/18-9/30/18 | | | | 2 | FY '17-'18: 17 |
| Interim | | | 10/1/18-12/31/18 | | | | | FY '16-'17: ICF=42 CO=29 |
| Interim | | | 1/1/19-3/31/19 | | | | | FY '15-'16: ICF=38 CO=22 |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Efficiency | | | | | | | | |
| 4B. Staff retention | Staff that remain past probation/90 days (compared to total hired)(* begin with hires after 7/1/17) | ENRC Respite Staff | Quarterly | ENRC Staff Records | Lindy | 90% | | |
| Interim | 2 staff hired, # remained past probation(pending) | | 7/1/18-9/30/18 | | | | pending | FY '17-'18: 100% |
| Interim | | | 10/1/18-12/31/18 | | | | | |

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| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Service Access | | | | | | | | |
| 4C. Serve more people | Increase number of private respite homes (# beds)* <i>Does not include homes that serve specific clients only.</i> | Community respite clients | Annually | Home Review Approvals | Danielle / Kris/ Tommy/ Lindy/ Jean Wray /Barney | last year's plus 10% (12) | | |
| Interim | East= 0 West/Kris (Buncombe, McDowell, Cherokee, Haywood)= 2 West/Tommy/Lindy/Misty(Burke, Catawba, Alexander, Caldwell, Iredell)=9 | | 7/1/18-9/30/18 | | | | 11 | FY '17-'18: 11 (0 East) FY '16-'17: West-5 East-0 |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| 4D. Serve more people | Maximize occupancy at ENRC (4 beds available/night) | ENRC Clients | Quarterly | Daily census | Lindy or Brandy | 80% | | |
| Domain | 208 Billed Days/368 Total billable bed days | | 7/1/18-9/30/18 | | | | 57% | Opened up to clients other than Vaya May 2018 |
| Interim | | | 10/1/18-12/31/18 | | | | | FY '17-'18: 53% Occupancy |

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| 4G.Overall satisfaction - (External stakeholder - Question #10) | Ranking of "True" | MCO's(Smoky, Partners, Alliance, Cardinal, Eastpointe, VAYA) | Annually | External Stakeholder Satisfaction Surveys | QI Director | 90% | 1st Q: No surveys this quarter | FY '17-'18: No surveys returned FY '16-'17: No surveys were returned FY '15-'16: 72.7% |
|---|-------------------|--|----------|---|-------------|-----|--------------------------------|--|

Green=Target Met Red=Target Not Met

| Performance Analysis (Results including Extenuating Circumstances/Influencing Factors): | | | |
|--|---------------|--------------------|--------------------------|
| Outcomes marked with ** in the annual analysis are possible Performance Improvement Action Items | | | |
| Outcome Affected | Factor | Time Period | Comments |
| 4A. Assure client safety during service | | 7/1/18-9/30/18 | Both incidents from ENRC |
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Notes:

*Community Ops. Surveys sent out in May

2018 cover 3 quarters (through December 2018), next batch goes out on Jan. 2019 due to maternity leave of responsible employee

*We can bill in units (Individual Respite, Group Respite, or B3 Respite) or daily

* Any respite billed for an individual on a calendar day will count as 1 billable day

*Develop respite oriented survey?



| Efficiency | | | | | | | |
|---|---|--------------------------------|------------------|---------------|--|---------|---|
| 5B. Staff retention | # of staff retained beyond probationary period/# Staff hired(* begin with hires after 7/1/17) | ALL STAFF (due to overlapping) | Quarterly | HR Department | HR Executive Director | 90% | Did not meet target in any quarter. 70% annual retention rate |
| Interim | July Hires: 22/31 August Hires: #/35 September Hires: #/21 | | 7/1/18-9/30/18 | | | pending | |
| Interim | October Hires: #/11 November Hires: December Hires: | | 10/1/18-12/31/18 | | | | |
| Interim | January Hires: February Hires: March Hires: | | 1/1/19-3/31/19 | | | | |
| Interim | April Hires: May Hires: June Hires: | | 4/1/19-6/30/19 | | | | |
| Annual Analysis | | | | | | | |
| 5C. Minimize number of deficiencies from regulatory agencies. (Look at regular and complaint based) | Number of facilities with zero complaint surveys and zero deficiencies | Day Programs (8 Total) | Quarterly | DHSR | QM Directors (Jean Wray, Danielle), Fontaine, Barney | 75% | |
| Interim | West= 0/0 East=0/0 ICF=0/0 | | 7/1/18-9/30/18 | | | 100% | FY '17-'18: 100% |
| Interim | West= 0/0 East=0 ICF=0/0 | | 10/1/18-12/31/18 | | | | FY '16-'17: 100% |
| Interim | West= 0/0 East=0/0 ICF=0/0 | | 1/1/19-3/31/19 | | | | FY '15-'16: 100% |
| Interim | West= 0/0 East=0 ICF=0/0 | | 4/1/19-6/30/19 | | | | |
| Annual Analysis | | | | | | | |
| Service Access | | | | | | | |

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|---|---|--|------------------|--|--------------------|-----|--------------------------------|--|
| 5D. Timely service implementation(within our control) | Service implementation within 30 days of admission assessment | Clients with this service | Quarterly | RD/COO | Executive Director | 90% | | |
| Interim | 2 out of 3 Admission Assessments Completed: 1(ICF), 2 (CO) Service Implementation within 30 Days: 0(ICF), 2(CO) | | 7/1/18-9/30/18 | | | | 67% | Damage to facility due to hurricane caused delay(ICF) |
| Interim | | | 10/1/18-12/31/18 | | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | | |
| Annual Analysis | | | | | | | | |
| Stakeholder Input/Satisfaction | | | | | | | | |
| Person Served: Clients/Legal Guardian | | | | | | | | |
| 5E. Overall satisfaction-(Periodics-Question #9)and (Residential - Question #10) combined | Ranking of "4" or "5" | Clients/ legal guardian | Annually | Client/ Guardian Satisfaction surveys | QI Director | 85% | 1st Q: 11/11 (100%) | FY '17-'18: 93% (38 Surveys returned) FY '16-'17: No surveys were returned FY '15-'16: 89% (117 surveys) |
| Other Stakeholder :Contracting MCO's (Provider Relations) | | | | | | | | |
| 5F. Overall satisfaction - (External stakeholder - Question #10) | Ranking of "True" | MCO's(Smoky, Partners, Alliance, Cardinal, Eastpointe) | Annually | External Stakeholder Satisfaction Survey | QI Director | 85% | 1st Q: No surveys this quarter | FY '17-'18: No surveys returned FY '16-'17: No surveys were returned FY '15-'16:100% (11 surveys) |

Green=Target Met Red=Target Not Met

Performance Analysis (Results including Extenuating Circumstances/Influencing Factors):

Outcomes marked with ** in the annual analysis are possible Performance Improvement Action Items

| Outcome Affected | Factor | Time Period | Comments |
|---------------------------|---|----------------|---|
| 5A. Consistant Attendance | Low attendance in September could be due to hurricane | 7/1/18-9/30/18 | Day programs serving Community Operations clients have signifiacbtly higher attendance rates and increase the average |
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Community Integration Effectiveness

| Day Program Site Number enrolled Maximum Enrollment per license | Daily Average/Typical Attendance (based on clients' schedules, not all days) |
|---|--|
| SCI Day Program aka "Coastal Day Program" Enroll: 11 Lic. Max: 12 | Jul-69.2% Aug-80.5% Sept-38% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |
| Southeast Day Program aka "Duplin Day Program" Enroll: 33 Lic. Max: 46 | Jul-44.7% Aug-58.8% Sept-21.9% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |
| SCI-Pitt County Day Program aka "East Day Program" Enroll: 24 Lic. Max: 42 | Jul-80.6% Aug-97.6% Sept-48.5% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |

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| Roanoke House Day aka "Roanoke Day Program" Enroll: 17 Lic. Max: 18 | Jul-87.9% Aug-81.5% Sept-80.1% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |
| SCI-Triangle Day Program Enroll: 19 Lic. Max: 27 | Jul-70.9% Aug-81.1% Sept-64.9% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |
| SCI Wayne County Day Program Enroll: 26 Lic. Max: 60 | Jul-100% Aug-100% Sept-98.1% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |
| SCI Wilson Day Program Enroll:28 Lic. Max:60 | Jul-54% Aug-61.7% Sept-54.7% Oct - % Nov. % Dec-% Jan-% Feb -% Mar-% |
| Morganton Day Program Enroll:38 Lic. Max: 60 | Jul-88% Aug-88% Sept-88% Oct - % Nov. % Dec-% Jan-% |

| | |
|--|--------|
| | Feb -% |
| | Mar -% |

BLUE= ICF

GREEN=Community Operatio

*CO Clients may attend ICF DP's
vice versa*

Notes:

1

2

3

4

*Surveys sent out in May 2018 cover 3 quarters (through December 2018), next batch goes out on Jan. 2019 due to maternity leave of responsible employee

ness Outcome 5A: Day Programs (ICF and CO)

| Clients Attending | Contact |
|---|----------------|
| Coastal 1 ICF Coastal 2 ICF | Angie Moore |
| Duplin ICF Kenanasville ICF Clinton ICF Goldsboro CO | Bernita Smith |
| Greenville ICF East ICF Kinston ICF | Amber Barnes |

| | |
|---|----------------|
| Roanoke ICF Nash 1 ICF | Janice Beach |
| Triangle ICF Sanford ICF | Tashas Cameron |
| Goldsboro CO | Kassi Sanders |
| Pinetops GH Wilson CO | Connie Cowan |
| Burke ICF Foothills CO | |

Anita Connelly

ns *Some*
where noted and

Program: Personal Supports Services (Community Operations Periodics Services-Community and In-Home) **Date:** Fiscal Year 7/1/18-6/30/19

| Objective | Performance Indicator | Who Applied To | Time of Measure | Data Source | Obtained By | Performance Target | Actual (Fiscal Year 2018-2019) |
|---|---|---------------------------|------------------|-------------|-----------------------------|--------------------|--|
| Domain | | | | | | | |
| Effectiveness | | | | | | | |
| 6A. Clients maintaining services(retention) | Number clients maintaining services with SCI (Lost clients/Beg. #+New) | Clients with this service | Quarterly | Eclipse | Brandy | 100% | |
| Interim | 7/1/18: 182 clients 9/30/18: 183 clients (+3/-2) | | 7/1/18-9/30/18 | | | | 99.9% Retention Net Gain: 1 Clients |
| Interim | 10/1/18: clients 12/31/18: clients (+/-) | | 10/1/18-12/31/18 | | | | |
| Interim | 1/1/19: clients 3/31/19: clients (+/-) | | 1/1/19-3/31/19 | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | |
| Annual Analysis | | | | | | | |
| Efficiency | | | | | | | |
| 6B. Reduce overbilling of services (providing more units than authorized) | Units Authorized/Units Billed | Clients with this service | Annually | Eclipse | Regional Financial Director | \$1,000 | |
| Interim | Units authorized:1,402,355 (Annual): Units billed: 288,912 (This quarter): | | 7/1/18-9/30/18 | | | | 21% of annual authorized units billed Overbilled 245 units/\$1,192.08 |
| Interim | | | 10/1/18-12/31/18 | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | |

| | | | | | | | |
|--|--|--|------------------|-----------------------|--|---------------------|-------------------|
| Annual Analysis | | | | | | | |
| Service Access | | | | | | | |
| 6C. All individuals have a designated primary care practice. | # of CO Periodics clients with a designated primary care practice/ Total # CO Periodics clients ** Note clients that do not for re-check next quarter | Community Operations Periodics Clients | Annually | Client records | Executive Directors(via QP's)-Misty, Barney, Diane | 100% by end of year | |
| Interim | Take a count at beginning of year and again at end and at different points to account for admissions and discharges. ERO: 63/63 MRO: 18/18 COHO: 122/122 | | 7/1/18-9/30/18 | | | | 100% |
| Interim | | | 10/1/18-12/31/18 | | | | |
| Interim | | | 1/1/19-3/31/19 | | | | |
| Interim | | | 4/1/19-6/30/19 | | | | |
| Annual Analysis | | | | | | | |
| Stakeholder Input/Satisfaction | | | | | | | |
| Person Served: Clients/legal guardian | | | | | | | |
| 6D. Overall satisfaction-(Periodics - Question #9) | Ranking of "4" or "5" | Clients/ legal guardian | Annually | Guardian Satisfaction | QI Director | 85% | 1st Q: 2/2 (100%) |
| Other Stakeholder: Contracting MCO's (Provider Relations) | | | | | | | |

| | | | | | | | |
|---|-------------------|--|----------|---|-------------|-----|--------------------------------|
| 6E.Overall satisfaction - (External stakeholder - Question #10) | Ranking of "True" | MCO's(Smoky, Partners, Alliance, Cardinal, Eastpointe) | Annually | External Stakeholder Satisfaction Surveys | QI Director | 90% | 1st Q: No surveys this quarter |
|---|-------------------|--|----------|---|-------------|-----|--------------------------------|

Green=Target Met Red=Target Not Met

| Performance Analysis (Results including Extenuating Circumstances/Influencing Factors): Outcomes marked with ** in the annual analysis are possible Performance Improvement Action Items | | | |
|--|---------------------------------------|-------------|---|
| Outcome Affected | Factor | Time Period | Comments |
| 6C. All individuals have a designated primary care practice. | Regional Financial Director (Eclipse) | | Brandy Lewis states there is no report in Eclipse that can pull this information. |
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9
Previous- *If*
Available
(Fiscal Year 2017
2018)

FY '17-'18:
97%/year

Not previously
tracked.

Notes:

FY '17-'18: 100%

FY '17-'18: 78%
(9 surveys
returned) FY '16
'17: No surveys
were returned
FY '15-'16:88%
(27 Surveys
completed)

*Surveys sent out in May 2018 cover 3 quarters
(through December 2018), next batch goes out
on Jan. 2019 due to maternity leave of
responsible employee

*(Survey addresses have to be pulled one name
at a time through Eclipse-no report available per
Brandy/Tammy-better way?)Best way to get
current names/addresses to Tammy?

FY '17-'18: No surveys returned
FY '16-'17: No surveys were returned
FY '15-'16:88% (27 Surveys completed)

Current names/addresses to family: