



Recovery Technology  
Quality Management /  
Performance Improvement Plan  
Outcome Report  
2015

# **Recovery Technology LLC**

## **Quality Management/Performance Improvement Plan**

### **Outcome Report**

**2015**

**The following Goals were set in Recovery Technology's Quality Management/Performance Improvement Plan for 2015. The outcome of each goal is explained:**

***Goal #1: Continue to market Recovery Technology/Solutions to Well Being in a way that increases public awareness to a broad scope of stakeholders in the community (Access).***

***Objective #A: Recovery Technology will make presentations in at least 6 organizations this year:***

Recovery Technology provided education and awareness to 4 area schools, provided an in-service/overview on DBT at Family Services and Children's Aid, a presentation at the local VA offices. This goal and objective have been met.

***Goal #2: Recovery Technology will continue to strengthen a healthy work environment.***

***Objective A: The management team will continue to strengthen their Nurtured Heart in the Workplace skills by effectively implementing that skill set consistently in all interactions with staff and other Recovery Technology stakeholders (effectiveness and efficiency):***

Recovery Technology Management Team continued to implement the Nurtured Heart Approach in all areas, including how we treat our staff, other providers, stakeholders and clients. The management team feels that this approach has been very effective, especially in the area of dealing with issues that arise with staff. Staff who are having difficulty in areas of job performance have worked with management to improve in their area of weakness, all while emphasizing their strengths. Staff have responded to this well as evidenced by the positive results achieved this year in the employee satisfaction surveys.

***Objective B: Recovery Technology management will host events periodically throughout the year that will simply be a time of connecting with people from other departments and sharing successes and acknowledging staff for their accomplishments:***

Recovery Technology hosted an anniversary party in February, a "Thank you" luncheon for all staff following a successful CARF Audit, a summer cookout luncheon for all staff, a Michigan/Michigan State game day potluck, a Halloween Potluck and our annual Christmas celebration. All of these events were well attended and staff appeared to enjoy them. In addition, staff "adopted" a local personal needs closet at a church that Recovery Technology has a relationship with. The church was very appreciative to have their personal needs closet stocked so fully. This goal and objectives have been met.

***Goal #3: Recovery Technology will assure that all staff consistently receives their annual required trainings in a meaningful way that will improve their clinical practices and strengthen the workplace (efficiency and effectiveness):***

***Objective A: Training records will be audited periodically and at the end of the fiscal year to determine compliance, with an expectation of 100% on required trainings:***

This objective was accomplished by all staff completing 100% of their required annual trainings. Self-audits and an audit by LifeWays/Department of Community Health confirmed this.

***Objective B: Employee surveys will measure satisfaction with the quality and effectiveness of in house trainings (efficiency and effectiveness):***

This objective has been met. All staff who completed the satisfaction survey felt that in-house trainings were useful and assist them in their ability to do their jobs. No staff marked their answers with a “Disagree” or “Strongly Disagree.” Recovery Technology is continually looking for ways to improve trainings and make them more relevant to staff. This goal and objectives have been met.

***Goal #4: Audits: On an annual basis, regulatory audits will demonstrate superior organizational performance.***

***Objective A: Recovery Technology will score a 95% or better on all audits (efficiency, effectiveness).***

Recovery Technology had a CARF survey in May and a DBT Fidelity Audit this past year. Recovery Technology received a 3-year CARF Accreditation with the lowest number of recommendations since we began having CARF surveys in 2003. The DBT Fidelity audit also turned out well, with some recommendations that Recovery Technology should be able to implement. There were also recommendations for LifeWays regarding referrals and the number of clients involved in DBT, which Recovery Technology will work in collaboration to improve. This goal and objectives have been met.

***Goal #5: At least 60% of Recovery Technology’s discharges are described as “successful discharges.”***

***Objective A: Discharges will be totaled at the end of the fiscal year. Successful discharges will be described as completion of treatment or discharged for reasons beyond our control (effectiveness and satisfaction).***

**The following is a break-down of all discharges completed by Recovery Technology during 2015:**

Authorization Ended: 14

Ineligible insurance: 29

Deceased: 14  
Completed Goals: 201  
Referred to further treatment: 113  
Provider non-compliant: 0  
Agency withdrew: 2  
Moved: 67  
Consumer refused treatment: 152  
Referred to PCP: 6  
No show: 603

Factoring out the clients who never made it to their first service at Recovery Technology, there is a total of 605 discharged clients who actually received some treatment. Of the 605:

\*75% of these discharges are “successful” discharges. This means they completed treatment or were discharged for reasons beyond Recovery Technology’s control.

\*25% of discharges were “unsuccessful” discharges. This means they were discharged for “Refused Treatment,” “Provider Non-compliant,” “Agency Withdrew,” or a reason that Recovery Technology had no control over. Recovery Technology can be successful with clients when they engage in treatment. We still have difficulty engaging many clients who are referred, and continue to try to improve on this. The following is a breakdown of discharges by department/service:

**Case Management total discharges:**

Successful: 86%

Unsuccessful: 14%

**Assertive Community Treatment/IDDT total discharges:**

Successful: 84%

Unsuccessful: 16%

**Outpatient Therapy total discharges:**

Successful: 73%

Unsuccessful: 27%

**Psychiatric Services total discharges:**

Successful: 33%

Unsuccessful: 67%

**Batterer's Intervention Program total discharges:**

Successful: 100%

Unsuccessful: 0%

**Anger Management Program total discharges:**

Successful: 100%

Unsuccessful: 0%

**Pro-bono intern services total discharges:**

Successful: 85%

Unsuccessful: 15%

The numbers of successful discharges dropped in 2015 over 2014 totals. However, we remain above the national average and we are now also tracking clinical improvement using the DLA. Recovery Technology staff have increased their consistency in correctly discharging its clients. Recovery Technology has also improved discharging clients who are not willing to engage in services.

Analysis of the data shows that when clients engage in treatment at Recovery Technology, the outcomes of the treatment are favorable and clients are able to accomplish their goals or receive the appropriate services through assessment and referrals.

Recovery Technology has also concluded, based on analysis of the data that getting clients to engage in services is our biggest challenge. Recovery Technology continues to provide "same day services" whenever possible. In other words, if a client presents at Recovery Technology we would attempt to get an immediate authorization from their insurance company and have the client seen by whoever had availability due to cancellations or no shows. We would like to move to this model for psychiatric services when we are able, but currently our psychiatrist have full caseloads and have an approximate 5% no show rate. This goal and objectives have been met.

**Goal #6: Recovery Technology will use the DLA-20 to measure clinical improvement in all services.**

**Objective A: Clinical outcomes for all departments will be at a 75% or better.**

Recovery Technology leadership was unsure how to determine what our expected outcome should be on DLA's. This is the first full year of data from DLA's. The following is the breakdown by department:

**ACT:**

Initial average DLA score: 39.99

Discharge/Annual average DLA score: 41.34

Average Change: +1.35

**CSM:**

Initial average DLA score: 33.98

Discharge/Annual average DLA score: 34.79

Average Change: +.81

**OPT:**

Initial average DLA score: 46.06

Discharge/Annual average DLA score: 51.8

Average Change: +5.73

**Another way to look at this data is by diagnosis:**

**Substance Use Disorders:**

Initial average DLA score: 40.42

Discharge/Annual average DLA score: 41.33

Average Change: +.91

**Mood Disorders:**

Initial average DLA score: 40.75

Discharge/Annual average DLA score: 43.64

Average Change: +2.89

**Psychotic Disorders:**

Initial average DLA score: 36.61

Discharge/Annual average DLA score: 37.21

Average Change: +.60

**Anxiety Disorders:**

Initial average DLA score: 38.74

Discharge/Annual average DLA score: 41.64

Average Change: +2.90

**Childhood Disorders:**

Initial average DLA score: 35.99

Discharge/Annual average DLA score: 41.08

Average Change: +5.09

**Intellectual Disabilities:**

Initial average DLA score: 29.65

Discharge/Annual DLA score: 30.77

Average Change: +1.12

**Personality Disorders:**

Initial average DLA scores: 39.81

Discharge/Annual average DLA score: 41.31

Average Change: +1.50

**Adjustment Disorders:**

Initial average DLA score: 46.89

Discharge/Annual average DLA score: 51.49

Average Change: 4.6



**Impulse Control Disorders:**

Initial average DLA score: 32.39

Discharge/Annual average DLA score: 34.03

Average Change: 1.64

**Other Disorders:**

Initial average DLA score: 39.7

Discharge/Annual average DLA score: 41.57

Average Change: 2.50

Recovery Technology appears to have set the bar too high on clinical improvement. Also, rather than a percentage, an increase in the DLA score should be set in future plans, which will help make the data clearer. However, analysis of the data confirms what one would hypothesize: Childhood Disorders appear to have a high success rate, with an average improvement of 5.09 points, followed by Adjustment Disorders with an average improvement of 4.6 points. This is followed by Anxiety Disorders, with an average improvement of 2.9 points, almost tied with Mood Disorders with an average of 2.89 points. It also should be noted that these four disorders are treated overwhelmingly in the Outpatient Therapy Department.

Our lowest rate of improvement as shown by the DLA is in Psychotic Disorders (.60 points average improvement), followed by Substance Use Disorders (.91 points average improvement) and followed by Intellectual Disabilities (1.12 points average improvement). These disorders are treated primarily in Case Management and Assertive Community Treatment/Integrated Dual Disorder Treatment. We would not expect someone with these disorders to make rapid improvement. While the goal of 75% improvement has not been met, it would appear that this is too high of a benchmark, and we will adjust this for the next year based on the data gathered this past year.

***Objective #2: Outcome scores for individual clinicians will be at 75% or better:***

As discussed above, the benchmark was set too high and this objective has not been met. Quality Improvement Team will re-evaluate and adjust accordingly. The range for clinicians was quite high, going from a -8.40 to a +11.07. The CEO is meeting with each clinician to discuss their scores as a learning experience, evaluating how each clinician is completing their DLA to assure reliability in rating. Analysis of this data shows that it correlates with the DLA scores by diagnosis. For example, the clinician with the highest score treats primarily children and anxiety disorders, which was the best rate of improvement by diagnosis. The clinicians with the

lowest scores work primarily with Substance Use Disorders, Psychotic Disorders and Intellectual Disabilities.

***Goal #7: Recovery Technology will work toward obtaining a CARF accreditation in Health Homes.***

***Objective #1: Recovery Technology continue to move toward becoming a Health Home as outlined in the CARF program standards as part of our array of services, with a program start date of 1/1/16.***

While Recovery Technology continues to move in this direction, we still have not met this goal. Recovery Technology staff have increased their training of common medical problems and are addressing these medical problems in treatment plans. We are having an increased presence in the community at Primary Care and other medical specialist appointments with our clients, and making movement with our own medical staff. This has been a difficult year for Recovery Technology, with a loss of some staff and threats to some programs, and becoming a Health Home was not able to be addressed. Recovery Technology will continue to move in the direction of Integrated Care and becoming a Health Home.

***Goal #8: Recovery Technology will achieve 95% or better client satisfaction.***

***Objective #1: Recovery Technology will use client surveys which will be totaled at the end of the fiscal year. 95% of these surveys will reflect customer satisfaction with the services received.***

Recovery Technology received 87 responses to our client satisfaction surveys. Clients are overwhelmingly satisfied with the services they receive at Recovery Technology. Recovery Technology once again scored very high with questions number 6 and 7, both dealing with staff being hospitable, helpful and treating clients with dignity and respect. Recovery Technology scored the lowest on question #1 which deals with timeliness of services, although this score has improved significantly over last year. Recovery Technology continues to address this issue. While we are well within the standards set forth by insurance companies and the State of Michigan, our clients' perception is that we do not respond as quickly as we could, and we will continue to seek improvement in this area by offering more intake slots and moving toward an open access system. See attachment C for the results of these surveys.

Recovery Technology also measures other stakeholder input in the form of business satisfaction surveys. Recovery Technology received 52 business surveys this past year. Recovery Technology has also met this goal, and received very positive feedback from our community partners. See attachment A for the results of these surveys.