

Recovery Technology LLC Performance Improvement Plan

2026

Mission Statement: The Mission of Recovery Technology is making a positive difference in the quality of life for the people we support.

Purpose: It is the purpose of Recovery Technology's Performance Improvement Program to systematically monitor and improve the organization's service delivery and administrative structures. This purpose is achieved through routine data collection, analysis of organizational performance, quality teamwork, and continuous improvement activities. The Performance Improvement Program also supports the organization's Strategic Plan through the application of the quality cycle to strategic activities.

Scope: The Recovery Technology Performance Improvement Program monitors, evaluates, and improves the effectiveness of services, the efficiency of services, client's access to services and stakeholder satisfaction in all its' programs:

1. Outpatient Therapy (children and adults)
2. Case Management (children and adults)
3. Assertive Community Treatment/Integrated Dual Disorder Treatment
4. Psychiatric Services
5. Anger Management Groups
6. Batterer's Intervention Groups
7. Spravato Clinic

The Performance Improvement Program focuses on all key organizational activities including management, treatment, and support services. Improving organizational and service quality is a job function for all employees of the organization.

Roles and Responsibilities: All persons affiliated with Recovery Technology have a role in its Performance Improvement program:

1. Chief Executive Officer: It is the role of the CEO to set the organization's strategic direction and vision and ensure organizational commitment to quality and the Performance Improvement Program. The CEO is a member of the Performance Improvement Team and serves as the Director of Performance Improvement. It is the role of the CEO to ensure implementation of the Performance Improvement and Strategic Plans. The CEO also routinely updates the Leadership team regarding program monitoring. The CEO creates and distributes the Performance Improvement Team agenda and facilitates its monthly meetings. The CEO also ensures the design of useful monitoring indicators, data collection

methods, analysis, and reporting, facilitates external audits by payers, accreditation bodies, the State of Michigan, and ongoing compliance with CARF accreditation standards.

2. Performance Improvement Team Members: It is the role of the Performance Improvement team members to perform those quality management functions that ensure the successful implementation of the Performance Improvement and Strategic Plans. Those functions include the collection of valid and reliable data, analysis and report writing, clinical case record reviews, billing verifications, teamwork facilitation, and quality training.

3. Leadership Team: Recovery Technology's Leadership Team: Jim DeBruler, CEO, Devin Dombrowski, Clinical Director, Amy Thomas, Executive Director, Cathy Geistel, CFO, Mardelle Robb, Director of Case Management Services and Shane Senecal, IT Systems Administrator. The team continues to meet weekly and reviews any issues that have occurred during the week. Other activities include reviewing the minutes of the Performance Improvement Team, Behavior Risk issues, clinical issues, billing issues, and financial matters. The team ensures the implementation of the Strategic, Risk Management and Performance Improvement Plans as well as other written plans. All members of the Leadership Team are considered equal, and final decisions about Recovery Technology are made by this team.

4. Staff: It is the role of all Recovery Technology Staff to participate in the Performance Improvement Program by sharing their expertise in the teamwork process and ensuring data collected is valid and reliable.

Data Validity, Reliability, Completeness, and Accuracy: Recovery Technology maintains a data-driven Performance Improvement program. Performance improvement is based upon objective analysis of reliable data. Satisfaction surveys are continuously collected from clients, business partners, and staff. Recovery Technology has used the same satisfaction measurement tools for over 18 years to measure the same identified indicators accurately and consistently. The Performance Improvement Team routinely verifies the validity of data submitted for performance measurement purposes by asking the question "Are we measuring what we claim to be measuring?" When issues with data validity are noted, the Performance Improvement Team acts to ensure resolution.

Data reliability is also tested by:

1. Comparison of Recovery Technology's Quality analysis against external analyses completed by payers, accreditation bodies, or other regulatory entities.
2. Comparison of data collection methods against standards established by the State of Michigan Department of Health and Human Services.

3. Monitoring of unexpected or unexplained apparent shifts in performance based on data used.
4. At least annual monitoring and evaluation of data collection methods and sources for ongoing accuracy, completeness, and reliability.

Recovery Technology continuously collects data from the following sources:

1. Financial/budget reports
2. Accessibility reports
3. Satisfaction Surveys (client, business, employee)
4. Risk Management reports
5. Human Resource Activity
6. Technology
7. Health and Safety Reports/Emergency Response Reports
8. Outcome Reports
9. Service Delivery (Discharge and annual reports)
10. Incident Reports
11. Formal/Informal Complaints
12. Demographic Data

During the Performance Improvement Team's monthly meetings, reports from each department are gathered on the effectiveness, efficiency, access, and satisfaction of each program (see Performance Improvement Team meeting minutes).

The Quality Cycle

Philosophy: Recovery Technology practices a continuous quality improvement cycle that consists of planning, monitoring, reporting, and responding.

Planning: The quality cycle is driven not only by this Performance Improvement Plan but also by Recovery Technology's Strategic Plan. These plans provide a basis that focuses efforts and activities and delineates clear goals and timelines to be achieved.

Monitoring: The quality cycle is informed by the continuous collection of valid and reliable performance data. Each performance indicator describes the data necessary for measurement, its source, and the method utilized to analyze the data.

Reporting: Data collected is analyzed to inform the organization routinely. Reporting provides clarity around the areas that are working well, as well as areas that present opportunities for improvement.

Response: The quality cycle is fueled by data-driven, performance improvement responses. Responses include not only the performance improvement teamwork process but also working in partnership with all payers toward systemic change, informing stakeholders and gathering their input, and systematically improving organizational treatment processes, policies, and business practices. Response addresses areas for improvement, re-measures indicators for effect and standardizes practices across the organization.

Annual Review: The Performance Improvement Plan is reviewed annually for continued efficacy. The review includes:

1. Current accuracy of the descriptions of the program structure and Performance Improvement Committee Membership.
2. The efficacy of performance indicators (does the Performance Improvement plan monitor what it should, at the frequency it should, and in the way it should?)
3. The achievement of each performance indicator.
4. Recommendations for revisions to the program structure and performance monitoring plan.

Performance Improvement Partnerships: Recovery Technology is committed to partnering with other organizations within the mental health treatment continuum of care to ensure clients receive the highest quality service. These partnerships include facilitation of external audits of Recovery Technology programs, thoroughly addressing requests for improvement as a result of external audits, participation in payer network quality improvement efforts, assistance and cooperation with audits performed by the Michigan Department of Health and Human Services, maintenance of CARF accreditation, implementation of best practices and other activities identified as improving quality of care.

Strategic Planning: On at least an annual basis, the CEO and the organization's leadership team engage in strategic planning. Strategic planning is the process of determining the organization's long-term goals. Strategic planning begins with an environmental scan which includes the following elements:

1. Review of the organization's performance measurement data, including input from all stakeholder groups.

2. Review of the results of external audits performed during the previous year.
3. Review of the organization's financial status.
4. Review of the organization's written vision statement.
5. Review of the organization's written mission statement.
6. Review of the organization's written corporate values/code of ethics.
7. Review of the progress on the previous year's strategic plan.
8. Analysis of the organization's current ability to meet its contracts and serve its clients.
9. Review of all plans and outcome reports

Recovery Technology utilizes the information collected as a part of the environmental scan to complete an analysis. This includes brainstorming of the organization's current strengths, weaknesses, opportunities, and threats identified through discussing their relevance, immanence, and their ability to be generalized across the organization, evaluating the continued relevance of the current plan and evaluating whether the fundamental strategic vision for Recovery Technology has changed.

Stakeholder Input: Recovery Technology continuously solicits, collects, analyzes, and uses input from stakeholders to create and improve its services. These stakeholders include persons served, staff, and community members in general. Recovery Technology utilizes a variety of mechanisms to gather stakeholder input, including customer satisfaction surveys, routine meetings with contract managers representing payers, and client/family input forms and monitoring of online activity and comments from our website.

Data collection: Data is collected continuously throughout the year and reviewed at monthly Performance Improvement Team meetings. Any unusual occurrences are addressed immediately. Aggregate data is totaled at the end of each fiscal year. Data is collected from the following sources:

- 1. Client Satisfaction Surveys:** Client satisfaction surveys are continuously distributed, collected, and analyzed.
- 2. Business Satisfaction Surveys:** Business satisfaction surveys are continuously distributed, collected and analyzed.
- 3. Employee Satisfaction Surveys:** Employee satisfaction surveys are continuously distributed, collected, and analyzed.

4. Payor contract management meetings: On a regular basis the CEO and other leadership personnel participate with representatives of payer organizations in a review of Recovery Technology's contractual performance. Feedback provided by the payer is integrated into Recovery Technology's Performance Improvement Program and Strategic Planning process.

5. Client/Family input forms: These forms are kept in both Recovery Technology lobbies, and on the website and staff may also provide them to clients or stakeholders. These forms provide the opportunity to express concerns and ideas for improvement. These forms are presented to the Performance Improvement Team for action in the meeting after they are received. The Performance Improvement Team utilizes input for planning and performance improvement activities. The Performance Improvement Team responds to each form (when contact information is provided), describing the activity(ies) that will occur as a result of the input.

6. External Audit Reports: Recovery Technology routinely receives audits from various payer organizations (including Medicaid Health Plans, LifeWays, and third-party insurance carriers) and regulatory bodies (including the Michigan Department Health and Human Services, Mid-State Health Network, LifeWays, and CARF). After each external audit, Recovery Technology receives an audit report, which details audit findings and recommendations. These audit reports generally require a response in the form of a Corrective Action Plan. There are three phases to the corrective action plan development process:

- a. Phase I:** Corrective Action planning: Identification of problems and administrative/service delivery policies and procedures affected by potential system changes made.
- b. Phase II:** Corrective Action Description: Writing a precise and clear plan of correction that describes the changes to be made; the expected results of those changes; and monitoring currently in place or to be developed to ensure changes have the desired effect. An effective corrective action plan must validate the effectiveness of the corrective action to ensure that the problem does not reoccur.
- c. Phase III:** Corrective Action Implementation: Managing a corrective action project to resolution is essential. Phases I and II of the corrective action plan development process must be completed with attention to implementation. For each corrective action plan developed, the developer must consider: who will be responsible for the implementation of the corrective action plan; what policies and procedures must be revised/developed to effectively implement the corrective action proposed; what are the timelines for effective

corrective action; who must receive training/re-training in the proposed corrective action; how will Recovery Technology know that the planned corrective action has been effective in addressing/improving the identified issue?

7. Environment of Care/Accessibility: Recovery Technology promotes accessibility and the removal of barriers for the persons served, staff and other stakeholders. Recovery Technology addresses accessibility issues to:

- a. Enhance the quality of life of clients served in our programs.
- b. Implement non-discriminatory employment practices.
- c. Meet legal and regulatory requirements.
- d. Meet the expectations of stakeholders in accessibility.

At every meeting, the Performance Improvement Team reviews inspection reports on Recovery Technology's facility. These reports identify barriers in the following areas: architecture, environment or location, transportation, attitudes, finances, employment, and communication. Barriers identified because of these reports are addressed at each meeting with follow-up occurring at subsequent meetings and included in an annual Accessibility outcome report.

8. Incident/Critical Incident/Sentinel Event Review: Recovery Technology continually reviews and acts upon adverse occurrences that take place in clients' lives while receiving services. This review process must evaluate the extent to which:

- a. Recovery Technology services and/or staff were involved in precipitating events/circumstances to the critical incident/sentinel event.
- b. Additional precautions that could have prevented the critical incident/sentinel event.
- c. Procedural changes that might prevent the critical incident/sentinel event from occurring in the future.

This critical incident/sentinel event review utilizes a root cause analysis process. This root cause analysis process takes place at the Leadership level and is augmented by routine clinical record reviews and service utilization review processes. The root cause analysis process requires that staff complete incident reports within 24 hours of the occurrence.

9. Clinical Record Review: A comprehensive, accurate, and timely record of individualized services provided to our clients is paramount to the organization's success. Not only do payers require adherence to medical records standards, but also the maintenance of superb clinical records is necessary to achieve high-quality care for our clients. Recovery

Technology is committed to an internal record review procedure that continually ensures client records are comprehensively and accurately maintained. On an annual basis, the clinical record review process ensures that a representative sample of each program's client population is reviewed. Reviews are completed using a standardized, objective data collection tool, which addresses the standards and requirements of payers.

10. Reports from Recovery Technology's EHRs: Recovery Technology's EHRs (eThomas and LEO) are capable of generating reports on how often clients are seen, clients not seen within a set timeframe, staff productivity, staff timeliness and many other reports).

11. Reports of Complaints and Formal Complaints: A standing agenda item that the Performance Improvement team reviews on a monthly basis.

12: Safety Inspection Reports

13: Safety Drill Reports

14: Review of Policies

15: Change of Clinician Tracking

Performance Measurement

Performance measures are developed to monitor the implementation, use, and outcomes of organizational functions and service delivery. These performance measures have been developed to measure:

1. The effectiveness of services (addressing the quality of care and service outcomes)
2. The efficiency of services (administratively oriented measures)
3. Service access
4. Satisfaction/Feedback

Performance measures are continuously monitored to effectively identify areas for improvement. Measures are established under each of the four domains (effectiveness, efficiency, satisfaction, access) and prioritized (High, Medium, Low, and Ongoing Priorities), expected date of completion, as well as the responsible person or persons for monitoring the goal.

Goals

The following Goals have been established for the Performance Improvement Program to be achieved by December 31, 2026:

Goal #1: Recovery Technology will use the DLA-20 to measure functional improvement.

Objective #1: Outpatient Therapy will achieve at least 6% improvement in DLA-20 scores by 12/31/26.

Objective #2: Case Management will achieve at least 4% improvement in DLA-20 scores by 12/31/26.

Objective #3: ACT/IDDT will achieve at least 3% improvement in DLA-20 scores by 12/31/26.

Priority Level: Ongoing/High

Responsible Person/Department: Performance Improvement Team/Department Supervisors/All Clinical Staff

Goal #2: Recovery Technology will receive an average rating of 95% or better on all business satisfaction surveys.

Objective #1: Recovery Technology Case Management will receive an average rating of 95% or better on all business satisfaction surveys by 12/31/26.

Objective #2: Recovery Technology Outpatient Therapy will receive an average rating of 95% or better on satisfaction surveys by 12/31/26.

Objective #3: Recovery Technology ACT/IDDT program will receive an average rating of 95% or better on all employee satisfaction surveys by 12/31/26.

Priority Level: Medium/Ongoing

Responsible Staff/Department: Department Supervisors/Performance Improvement Team/All Staff.

Goal #3: Recovery Technology will receive an average rating of 95% or better on all client satisfaction surveys by 12/31/26.

Objective#1: Recovery Technology case management will receive an average rating of 95% or better on all client satisfaction surveys by 12/31/26.

Objective#2: Recovery Technology OPT will receive an average rating of 95% or better on all client satisfaction surveys by 12/31/26.

Objective#3: Recovery Technology ACT/IDDT will receive an average rating of 95% or better on all client satisfaction surveys by 12/31/26.

Priority Level: Ongoing/High

Responsible Person/Department: Performance Improvement Team/Department Supervisors/All Clinical Staff

Goal #4: Recovery Technology will receive an average rating of 95% or better on all employee satisfaction surveys by 12/31/26.

Priority Level: Ongoing/High

Responsible Person/Department: Performance Improvement Team/Department Supervisors/Leadership

Goal #5: Recovery Technology will continue to strengthen the work environment and staff morale.

Objective #1: The “Fun and Shenanigans” team will continue to plan and coordinate events throughout the year to help boost morale and address staff burnout and compassion fatigue by 12/31/26.

Objective #2: Recovery Technology will improve training and support in all areas from onboarding new staff to ongoing training that helps staff perform their jobs efficiently and effectively by 12/31/26.

Priority Level: High/Ongoing

Responsible Staff/Department: All Staff

Goal #6: On an annual basis, regulatory audits will demonstrate superior organizational performance by receiving a score of 95% or better.

Objective #1: Recovery Technology Case Management will receive a score of 95% or better on all audits performed by 12/31/26.

Objective #2: Recovery Technology Outpatient Therapy will receive a score of 95% or better on all audits performed by 12/31/26.

Objective #3: Recovery Technology ACT/IDDT program will receive a score of 95% or better on all audits performed by 12/31/26.

Priority Level: Medium/Ongoing

Responsible Staff/Department: Department Supervisors/Performance Improvement Team/All Staff

Goal #7: Recovery Technology will maintain profitability in each of its departments.

Objective #1: Recovery Technology Case Management will hit its financial benchmark by 12/31/26.

Objective #2: Recovery Technology Outpatient Therapy will hit its financial benchmark by 12/31/26.

Objective #3: Recovery Technology ACT/IDDT will hit its financial benchmark by 12/31/26.

Objection #4: Recovery Technology Psychiatric Department will hit its financial benchmark by 12/31/26.

Priority Level: High/Ongoing

Responsible Staff/Department: All Supervisors/Cathy Geistel/Leadership

Goal #8: Recovery Technology will see post-hospital clients within 5 days of their discharge from the hospital.

Objective #1: Recovery Technology Case Management will see post-hospital clients within 5 days of their discharge from the hospital by 12/31/26.

Objective #2: Recovery Technology Outpatient Therapy will see post-hospital clients within 5 days of their discharge from the hospital by 12/31/26.

Objective #3: Recovery Technology ACT/IDDT will see post-hospital clients within 5 days of their discharge from the hospital by 12/31/26.

Priority Level: Medium/Ongoing

Responsible Staff/Department: Department Supervisors/Performance Improvement Team/All Staff