

# **NETWORK INDICATORS AND DEFINITIONS BY CONTRACT TYPE**

*Submit as required by contract (“Attachment D”). Due date is 30 days after end of each quarter.*

## **Case Management/Outpatient Mental Health Services**

<b>Area to be reported</b>	<b>Reporting Requirements</b>	<b>Information Source</b>	<b>Frequency</b>
Consumer Satisfaction with Services Provided	Satisfaction on Survey Aggregate Form and response rate  (report # of surveys distributed and # of surveys collected)	Consumer Survey procedure, Consumer Survey, and Survey Aggregate Form (in provider manual)	Annually – due April 30
Goal Attainment	% of total cases in which 50% or more of the outcomes are at 3 (on a 5-point scale) or better	Most recent periodic review/ status report from the clinical record	Quarterly
Staff Training – Initial Training (new staff)	Total # of staff working 90 days – 12 months who have completed all initial trainings as required by contract	Contract – Attachment E, “Training Requirements”; Employee records	Quarterly
Staff Training – Required Trainings (long-term staff)	Total # of staff working more than 12 months who have completed all initial trainings and all refresher trainings as required by contract	Contract – Attachment E, “Training Requirements”; Employee records	Quarterly

### **Consumer Satisfaction Data**

See the section of provider manual related to Consumer Satisfaction Data

### **Goal Attainment**

This indicator reflects the provider’s performance in helping consumers achieve their person-centered planning outcomes. At the time of a Periodic Review/

Status Report/Progress Report, the consumer and staff person discuss progress toward each outcome, sharing impressions and reaching consensus on a rating.

A five point subjective scale is used to rate and record progress toward each one of the outcomes/goals as follows:

- 1 = no progress
- 2 = a little progress
- 3 = about halfway toward goal achievement
- 4 = almost there
- 5 = outcome/goal achieved

A case record review of the most recent Periodic Review/Status Report/Progress Report from the clinical record is conducted quarterly by the provider, using a stratified random selection process, annually covering all populations served. If serving more than six consumers, a minimum of 40% of cases should be reviewed over the course of the year; average 10% cases reviewed per quarter. If serving six or fewer consumers, 100% of cases will be reviewed over the course of the year. Open cases and cases closed within the last 180 days are to be included. For each chart, review each goal to obtain the rating given (i.e. if a consumer has three goals there should be three ratings, if a consumers has four goals there should be four ratings, etc.).

The following data are reported quarterly:

- The number of cases reviewed
- The number of cases in which a rating of 3 or higher was recorded for half or more of the total outcomes/goals in the PCP

### **Staff Training Indicators**

The CMHPSM feels that staff training is a critical component in the provision of safe, quality services to consumers. Providers must have in place a system to track and monitor staff training, and to ensure that staff attend all required trainings within the appropriate timeframe.

Staff Training data is reported quarterly. It is calculated by dividing the number of staff on the payroll on the last day of the reporting quarter who have been employed for the designated amount of time (see categories below) and are trained in accordance with contract requirements, divided by the total number of staff on the payroll on the last day of the reporting quarter who have been employed for the designated amount of time.

Include all direct care staff working in the specific provider setting including supervisors who have regular direct contact with consumers.

Two Staff Training categories are required:

1. Percentage of employees working 90 days - 12 months
2. Percentage of staff working more than 12 months (report ONLY for those staff working longer than 12 months)

The provider is required to provide an explanation on the quarterly reporting form whenever data above falls below 100%.