



## Charlotte Behavioral Health Care

*...committed to restoring hope and changing lives...*



# Outcomes Report

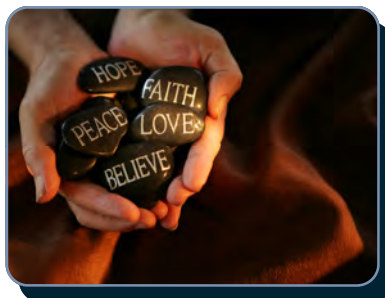
2011-2012

Annual

*Welcoming*



*Integrity*



*Respect*

*Innovation*

*Teamwork*



# Charlotte Behavioral Health Care

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## **Mission Statement**

*Charlotte Behavioral Health Care's mission is to provide high quality, compassionate, cost effective health care services to the individuals and families we serve.*



## **Fiscal Years**

Quarter 1: July—September

Quarter 2: October—December

Quarter 3: January—March

Quarter 4: April—June

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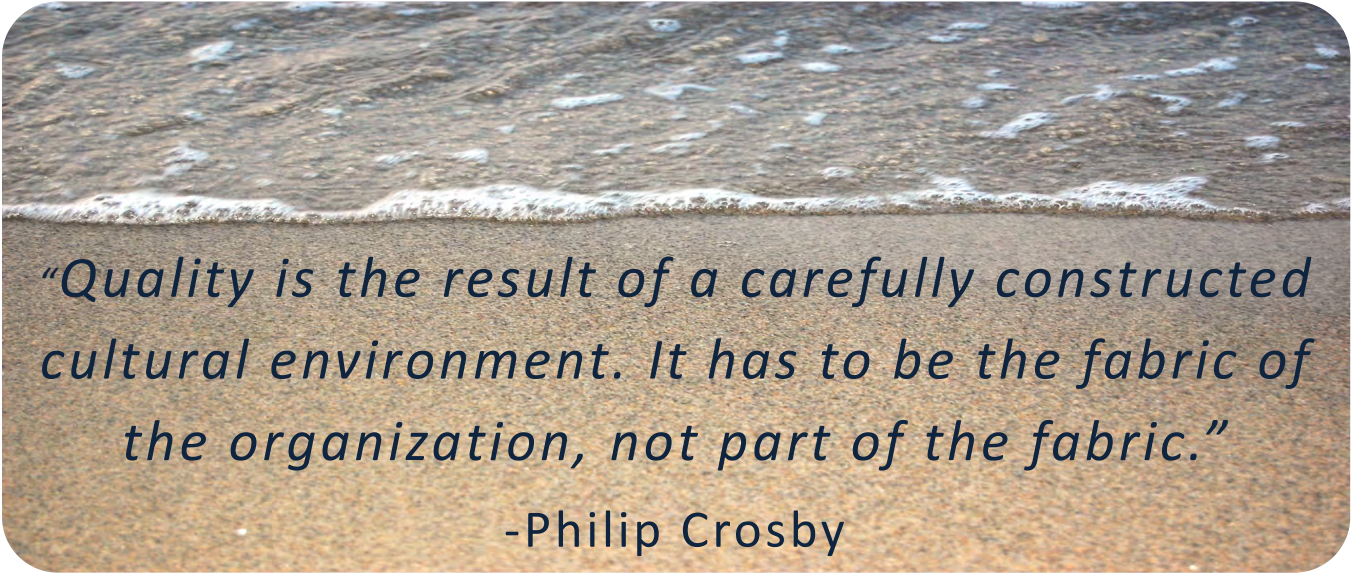


# Charlotte Behavioral Health Care

*...committed to restoring hope and changing lives...*

## INTRODUCTION

Charlotte Behavioral Healthcare, Inc. (CBHC) is deeply committed to restoring hope and changing lives of the members of the community that we serve. Our aim is in providing quality mental health and substance abuse services that will enhance the quality of life of the individuals receiving services. In order to ensure quality of services, we measure and evaluate performance data from a variety of sources, ranging from consumers and their families to staff and external stakeholders. Data is analyzed to identify areas of strength, areas for improvement, longitudinal changes, and other trends that may influence performance. This report includes performance data gathered over the past fiscal year, including any performance improvement plans that were identified as necessary.



*“Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric.”*

*-Philip Crosby*



## INITIATIVES AND CHANGES

Fiscal Year 2011—2012

### Agency Strategic Initiatives

1. Continue to build and nourish management and employee relationships.
2. Improve Processes and Efficiencies while maintaining quality.
3. Increase services available to Charlotte residences and outlying communities

### Program Initiatives and Changes

1. CSU & RC reduced IDP (Indigent Drug Program) monthly invoice costs by 66% (\$3370 to \$1140), resulting in an estimated savings of \$26,000 per year.
2. January 15, 2012: Medication Services began using an open access model. Rather than being given appointments three months out, consumers are asked to call a week or two prior to running low on medications, or when they are approaching time for a three-month review. We expect this will decrease our no-show rates.
3. March 1, 2012: Outpatient services made efficiency improvements to the intake process, resulting in shortening the time for initial paperwork from 45 minutes to 30 minutes, which we expect will improve customer service satisfaction.
4. April 1, 2012: Production requirement increased for clinicians, including changes in how we measure group production.
5. April, 2012: Began redecorating the children's CSU, making it more comforting and customer-friendly.
6. May, 2012: Began new process of referring CSU aftercare appointments to outpatient screener to improve efficiency and enable tracking ability. CSU staff will now email requests directly to the screening department (while preserving confidentiality), who will contact the consumer promptly to attempt to engage the consumer in services.
7. May, 2012: Recovery Center is in process of making improvements to customer service by training all staff in customer service, and implementing random secret shopper calls to evaluate performance.
8. June 30, 2012: our new licensed bed census at RC will be 13 Detox and 2 Res (from 12 Detox and 3 Residential).





# Charlotte Behavioral Health Care

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## CONSUMERS SERVED

### SUMMARY & ANALYSIS

Until the last fiscal year, CBHC had a large and rapid increase in the number of consumers served. While the exact number of clients served annually is difficult to measure, our best estimate is that we provided services in some capacity to 9,317 individuals over the past year, a slight decrease from the 10,734 served in the previous Fiscal Year.

In estimating clients served, we include three categories of individuals. “Primary Program Clients” are those that receive services, either inpatient or outpatient, in Mental Health and/or Substance Abuse services, that have an electronic medical record. Due to our shift to electronic record keeping, we can accurately identify the unique number of individuals served each year. This number has decreased slightly from 5828 in the previous Fiscal Year to 5547 this Fiscal Year. The major factor affecting this change is the closure of our Mobile Crisis program, which provided services to 1,248 people in the 2010-2011 Fiscal year. Number of individuals served in each program has held relatively consistent since the previous year, with slight increases in our Outpatient Substance Abuse departments.

“Family Safety & Prevention” clients are tracked in a separate system. The individuals served in this program have decreased from 1492 to 1028, reflecting

a loss of some sub-programs in that department.

Finally, “Screening and Referral” includes clients who receive other services, such as those that do not qualify for services and are referred out to other providers and groups conducted with the jail population. Improved tracking systems have been set in place for more accurate data collection, reducing the number of clients counted more than once. We believe that the large decrease in numbers served actually reflects a more accurate data collection system.

<b>Consumers Served by Program</b>		
<b>(Consumers may have participated in more than one program)</b>		
<b>Category</b>	<b>2011—2012</b>	<b>2010—2011</b>
Open charts on 07/01/11	3,067	5,056
CSU	1,027	1,035
Mobile Crisis	N/A	1,248
Recovery Center	568	554
Adult Outpatient/CM	1,194	1,197
Child Outpatient/CM	1,058	1,107
Adult Drug Court	50	44
Adult Substance Abuse	607	578
Child Substance Abuse	168	100
Adult Support & Info.	133	549
Family Safety & Prevention	1,028	1,492
Residential-TFC	69	74
Screening & Referral (estimated)	2,609	3,415

# Charlotte Behavioral Health Care

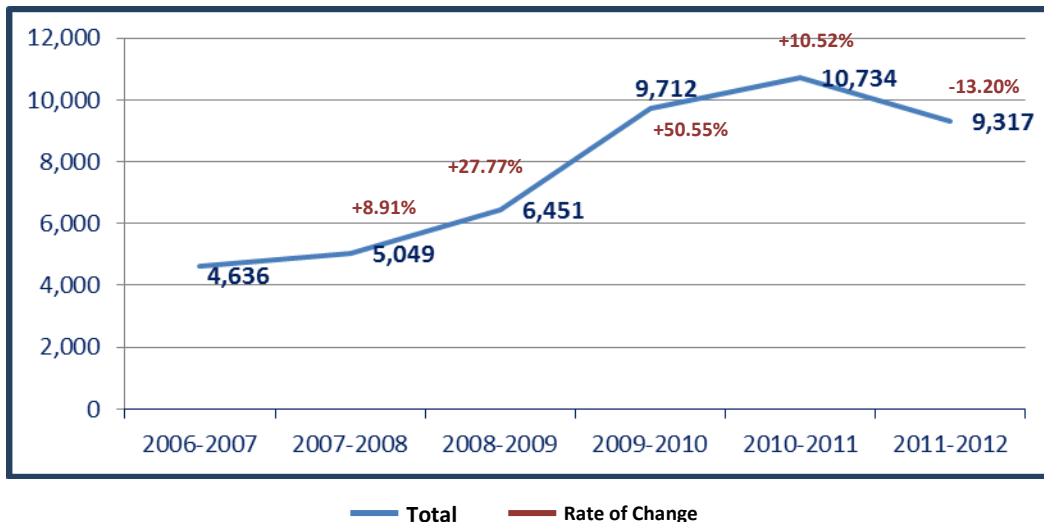
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## CONSUMERS SERVED

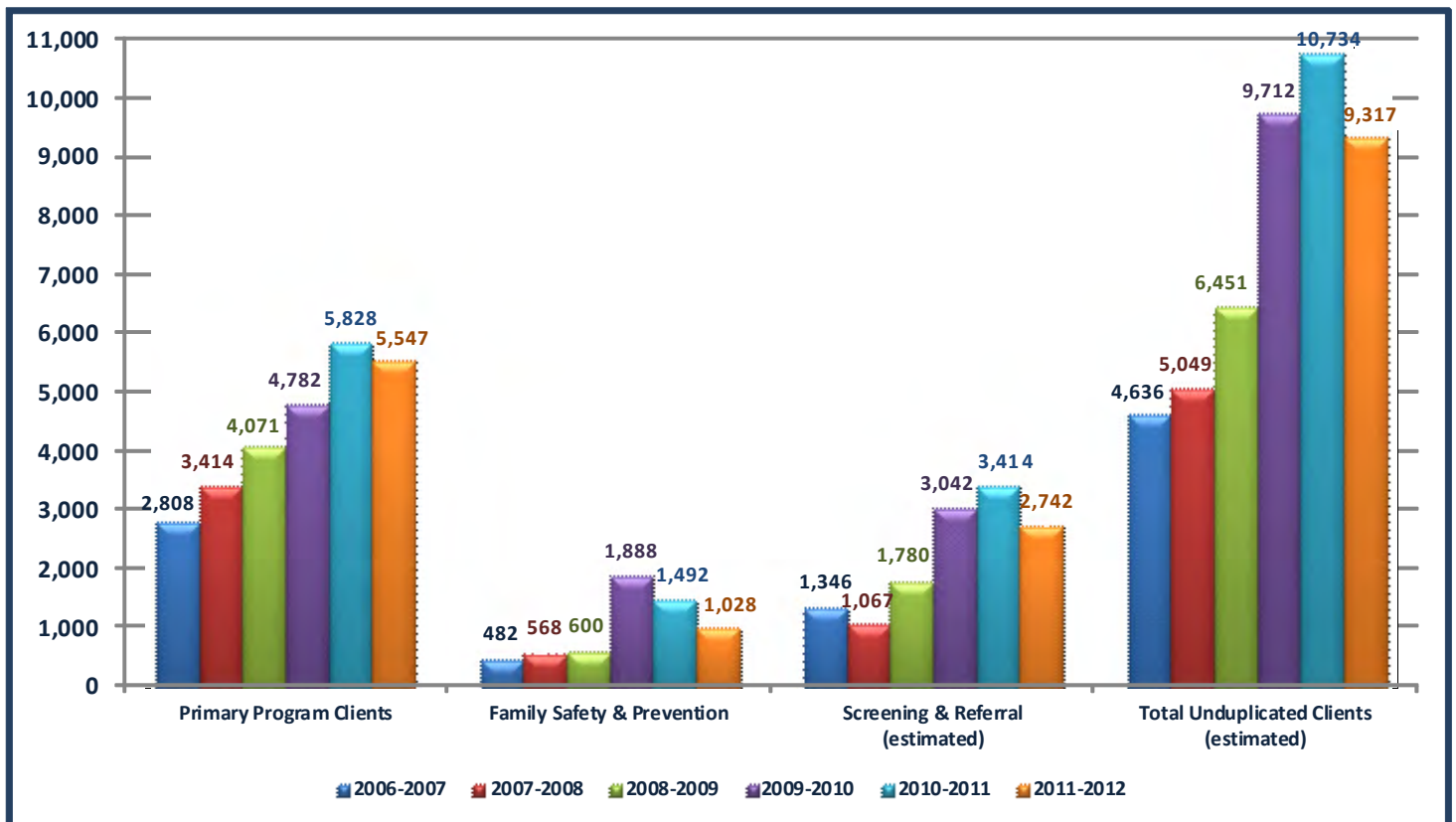
### Unduplicated Clients Served

Fiscal Years 2006—2012



### Unduplicated Clients Served by Program Type

Fiscal Years 2006—2012





# Charlotte Behavioral Health Care

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## CONSUMER DEMOGRAPHICS

FISCAL YEAR 2011-2012

### SUMMARY & ANALYSIS

CBHC primarily serves individuals in Charlotte County, as well as those in the surrounding counties of Sarasota, Lee, and Desoto. Charlotte county contains approximately 160,000 individuals, with a population increase of 13% from 2000 to 2010. The population of Charlotte County is less ethnically diverse than the state of Florida and United States as a whole, with approximately 90% identified as Caucasian. In comparison, only 83.95% of our clients identify as Caucasian,

with 7% identified as African American/Black and 6% as Hispanic. The staff of CBHC are even more ethnically diverse than both the consumers of CBHC and Charlotte county population overall. Furthermore, a wide range of ages are represented in CBHC staff. One area of imbalance is seen with gender, as is common in similar industries. While CBHC continues to employ more Female than male staff, consumers

(Continued on page 4)

### Race Distribution

Fig. 1

Race	CBHC Clients	CBHC Staff	CBHC Board	Charlotte County	Florida	Nation
White (non-Hispanic)	83.95%	71.51%	100.00%	90.00%	75.00%	72.40%
Black/African-American	6.54%	22.67%	0.00%	5.70%	16.00%	12.60%
Asian	0.55%	0.58%	0.00%	1.20%	2.40%	4.80%
American Indian/Alaskan Native	0.44%	0.00%	0.00%	0.30%	0.40%	0.90%
Native Hawaiian/Pacific Island	0.02%	0.00%	0.00%	0.00%	0.10%	0.20%
2 or more	2.62%	0.58%	0.00%	1.70%	2.50%	2.90%
Spanish/Hispanic	5.89%	4.65%	0.00%	5.80%	22.50%	16.30%

### Gender Distribution

Fig. 2

Gender	CBHC Clients	CBHC Staff	CBHC Board	Charlotte County	Florida	Nation
Male	48.75%	37.79%	72.73%	51.40%	51.10%	50.80%
Female	51.25%	62.21%	27.27%	48.60%	48.90%	49.20%

### Age Distribution

Fig. 3

Age	CBHC Clients	CBHC Staff	CBHC Board	Charlotte County	Florida	Nation
0-14	16.10%	0.00%	0.00%	11.50%	17.40%	19.80%
15-19	13.86%	0.00%	0.00%	4.60%	6.50%	7.10%
20-54	58.14%	67.44%	18.18%	32.70%	46.30%	48.20%
55-64	8.98%	23.84%	36.36%	17.10%	12.40%	11.80%
65+	2.92%	8.72%	45.45%	34.10%	17.40%	13.10%

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## CONSUMER DEMOGRAPHICS

FISCAL YEAR 2011-2012

are able to work with a preferred gender when clinically appropriate. Overall, our staff population is diverse and well represents the demographics of the individuals that we serve, as well as those of the community. The median income of Charlotte county residents is \$55,100. In contrast, the median reported

income of the majority of individuals we serve is less than \$15,000 a year, while only 6% report an income greater than \$30,000. Approximately half of our consumers are considered "Self-pay" while the others rely upon Medicaid (15%), Medicare (10%), Value Options (15%), or another third party (9%).

Fig. 1

### Consumer Primary Language Spoken

Category	CBHC Clients	CBHC Staff	CBHC Board	Charlotte County
English	98.03%	100.00%	100.00%	88.80%
Spanish	1.34%	0.00%	0.00%	11.20%
Other	0.63%	0.00%	0.00%	

Fig. 2

### Consumer Disability Distribution

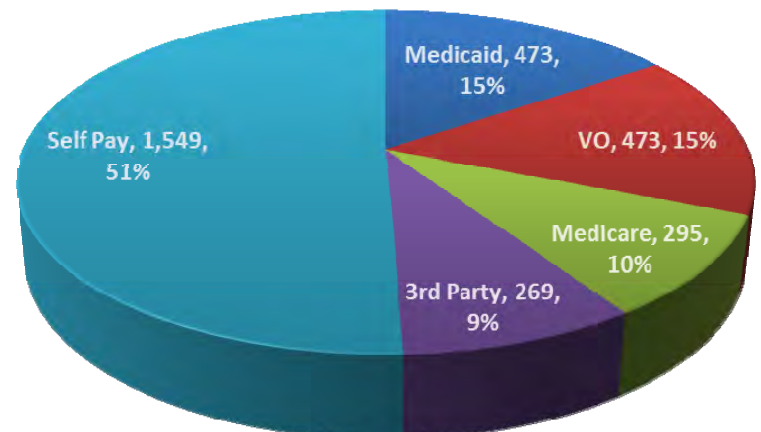
Disability	Number of Consumers
Developmental Disabilities	572
Physically Impaired	601
Non-Ambulatory	17
Visually Impaired	273
Hearing Impaired	89
English Limited	122

\*Source: Mental Health & Substance Abuse Outcomes

Fig. 3

### Average Annual Payor Mix

2011—2012







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## CONSUMER DEMOGRAPHICS

FISCAL YEAR 2011-2012

### Salary Range Comparison Unduplicated Clients Served

Fig. 1

#### Salary Range Comparison

Salary	Clients	Percent
0 - \$15,000	4,574	82.44%
\$15,001 - \$20,000	308	5.55%
\$20,001 - \$25,000	208	3.75%
\$25,001 - \$30,000	132	2.38%
> \$30,000	326	5.88%
<b>Total Served:</b>	<b>5,548</b>	

Fig. 3

#### Median Income Comparison

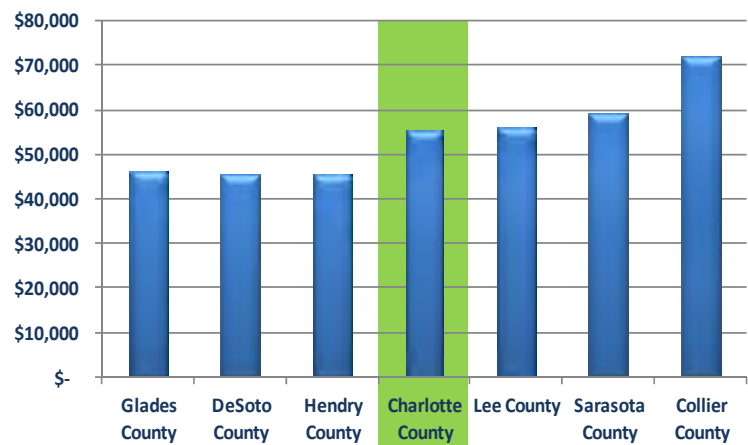
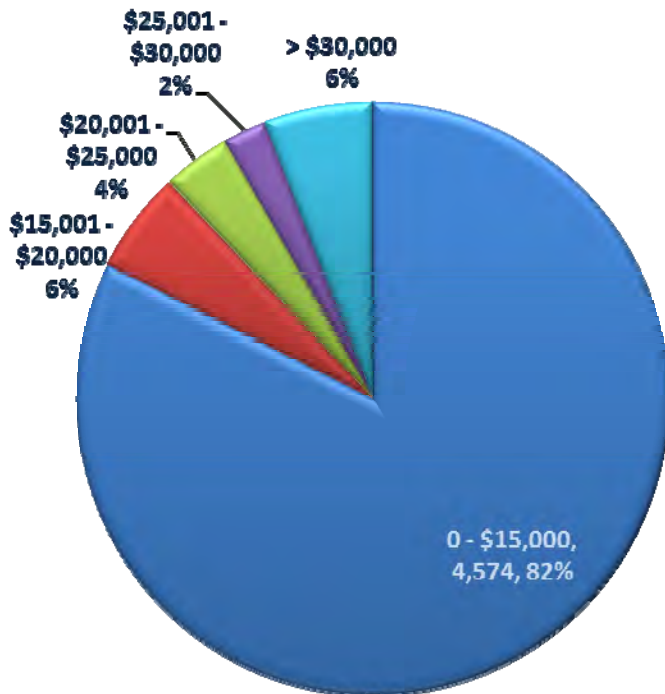


Fig. 2



#### Median Income Levels DCF District 8 & Suncoast Region

Fig. 4

State	County	Median Income
FL	Glades County	\$46,200
FL	DeSoto County	\$45,300
FL	Hendry County	\$45,300
<b>FL</b>	<b>Charlotte County</b>	<b>\$55,100</b>
FL	Lee County	\$56,200
FL	Sarasota County	\$59,100
FL	Collier County	\$71,800

District 8

Suncoast

Source: Figs. 1-2; Anasazi Consumer Income Report

Source: Figs. 3-4 eFannieMae.com

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## AGENCY WIDE OUTCOMES

### Key to Acronyms

SPMI Severe & Persistent Mental Illness

SED Seriously Emotionally Disturbed

MHP Mental Health Problems

ED Emotionally Disturbed

SAEMI Serious & Acute Episodes of Mental Health Illness

### EFFECTIVENESS

**Measure:** Days in Community (Not in jail, detention facility, CSU or homeless)

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SPMI Adults	≥350	352.00 (1145)	351.00 (1448)	307.00 (1714)	347.00 (1939)
MHP/SAEMI Adults	≥350	348.72 (120)	341.00 (206)	257.50 (278)	353.00 (332)
SED Children	≥350	352.00 (426)	354.00 (578)	277.00 (712)	348.00 (857)
ED Children	≥360	358.00 (141)	361.00 (180)	294.00 (234)	359.00 (288)

**Measure:** Percent of Consumers who are competitively employed.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SPMI/MHP/SAEMI	≥15%	12.70% (1145)	No Data (1448)	29.13% (1992)	29.44% (2271)

**Measure:** Average annual number of days worked for pay.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SPMI-Adult	≥30	34.00 (1145)	33.00 (1448)	18.00 (1714)	32.00 (1939)

**Measure:** Percent of consumers who live in stable housing

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SPMI Adult	≥93%	96.00% (941)	95.92% (1448)	95.70% (1714)	94.76% (1939)
MHP/SAEMI -Adults	≥90%	98.98% (99)	88.52% (206)	91.36% (278)	95.00% (332)
SED-Children	≥95%	100.00% (426)	100.00% (578)	100.00% (712)	98.88% (857)
ED-Children	≥95%	99.00% (141)	99.51% (180)	99.22% (234)	99.76% (288)
At Risk of ED-Children	≥90%	0.00% (0)	100% (2)	100% (1)	100% (3)

**Measure:** School Attendance Rate

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SED-Children	≥86%	90.00% (141)	90.34% (578)	83.75% (712)	89.45% (857)
ED-Children	≥86%	94.00% (141)	No Data (141)	No Data (234)	93.16% (288)

**Note:** All data is cumulative across the Fiscal Year, and based on the Florida State Dashboard (Mental Health & Substance Abuse Outcomes).

# Charlotte Behavioral Health Care

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## AGENCY WIDE OUTCOMES

**Measure:** Improved level of functioning.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SED-Children	≥65%	71.00% (220)	77.89% (578)	81.08% (712)	80.65% (857)
ED-Children	≥64%	74.00% (92)	78.99% (180)	86.29% (234)	76.34% (288)

### EFFECTIVENESS

**Measure:** Percent of change of Substance Abuse services Consumers who successfully complete Substance Abuse Treatment services.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SA-Adults	≥50%	49.00% (392)	50.89% (N/A)	56.03%	59.11% (985)
SA-Children	≥55%	50.00% (42)	50.00% (N/A)	63.89%	69.84% (127)

**Measure:** Percent of Substance services Consumers employed from admission to discharge.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SA-Adults	≥20%	8.00% (392)	6.67% (N/A)	9.54% (N/A)	10.86% (985)

**Measure:** Percent of Substance Abuse services Consumers who live in stable housing.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SA-Adult (at discharge)	≥80%	94.00% (392)	94.14% (N/A)	92.41%	92.35% (985)
SA-Child( during tx.)	≥20%	100.00% (42)	100.00% (N/A)	100.00%	100.00% (127)

**Measure:** Percent change of Substance Abuse services Consumers who are arrested 30 days prior to admission versus 30 days prior to discharge.

Measure	Target	1st Quarter Value (N)	2nd Quarter Value (N)	3rd Quarter Value (N)	4th Quarter Value (N)
SA-Adults	≥35%	0.00% (121)	-2.51% (N/A)	0.52% (N/A)	1.61% (985)
SA-Children	≥20%	-12.50% (4)	-4.76% (N/A)	-15.56% (N/A)	-14.17% (127)

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## INITIAL ASSESSMENT TRACKING

Fiscal Year 2011 – 2012

**Measure:** Percent of Initial Assessment Appointments kept.

**Source:** Access to Care Log

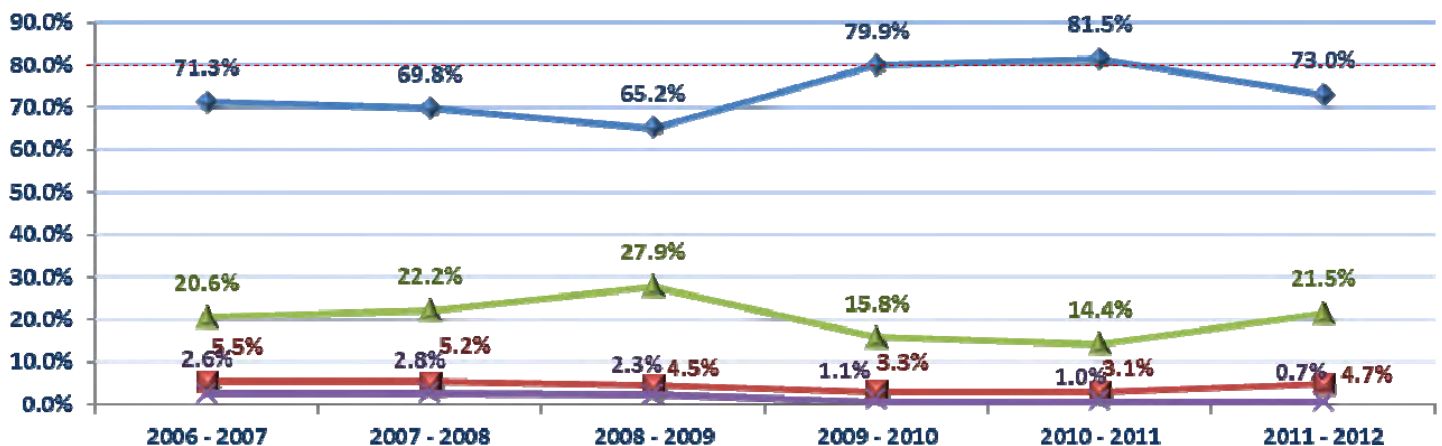
**Notes:** These graphs display the rate of attendance for initial outpatient assessments, which are the first face-to-face contact with the consumer at this agency. The National Target for Initial Assessment No Show rate is 20% or less (see figures 1—3).

**Action Plan:** No Action Plan



Fig. 1

### Overall







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## INITIAL ASSESSMENT TRACKING

Access to Care Fiscal Year 2011 – 2012

Fig. 2

### Mental Health

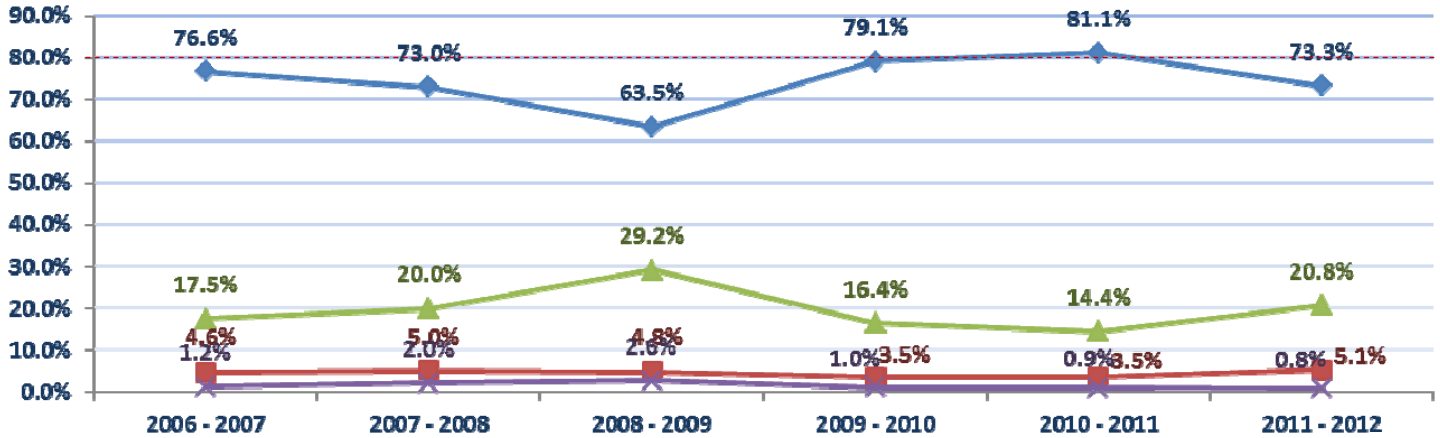
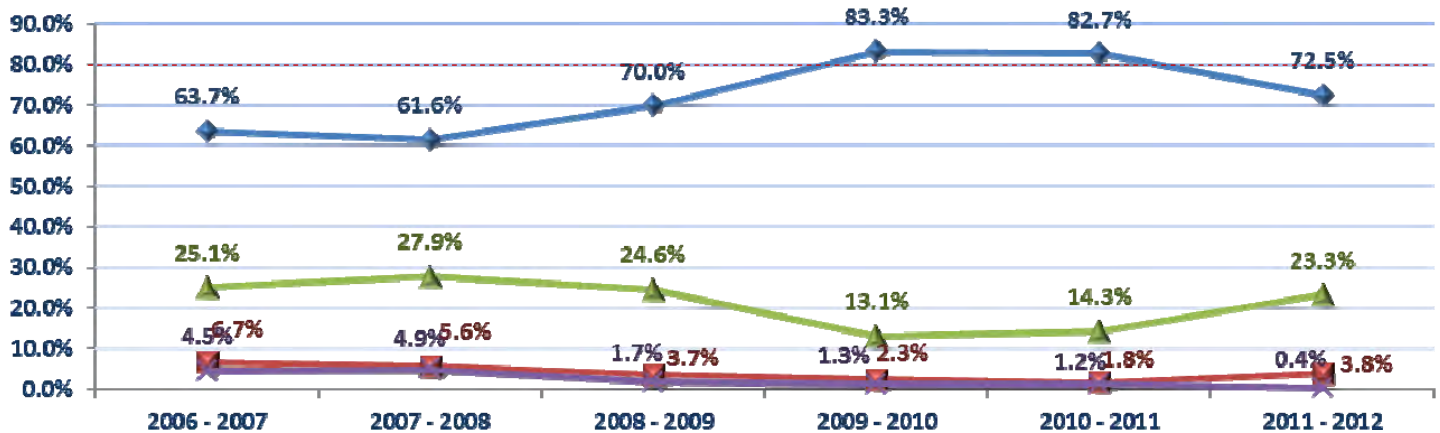


Fig. 3

### Substance Abuse



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## CONSUMER SATISFACTION

### SUMMARY & ANALYSIS

**Measure:** Percent of Consumers satisfied with services received at Charlotte Behavioral Health Care.

**Source:** Consumer Satisfaction Surveys

**Notes:** Target is a 90% Satisfaction Rate.

**Action Plan:** No Action Plan Required

Regular feedback from consumers is a valuable method of evaluating the services that we provide, and allows consumers to be actively involved in the services that they receive. CBHC consumers may turn in satisfaction surveys at any time, but are regularly surveyed at least biannually. Satisfaction rates are calculated by counting incidents of “Strongly Agree” and “Agree” in the overall sample.

In the 2011-2012 Fiscal Year, we received 2,072 surveys, an increase from the 1,767 the previous year. Overall, the CBHC satisfaction rate has increased to 91.65%, exceeding the target of 90%. This is the first time in three years that we have been able to meet and exceed our stated goal.

When we look at specific questions, we continue to see “I feel free to complain” as the lowest score, with an 88.34% satisfaction rate. The second lowest score was “The staff helped me find other services that I needed” at 89.48%. Both of these scores have continued to fall below target over the past four years, despite staff efforts to address them. Consumers are often disappointed with the lack of services available (lack of

transportation, for example) and while CBHC cannot control these resources, we want to work with clients to identify the resources that are available. We will continue to share these results with staff and identify ways to address this deficit.

The highest scoring questions were “The staff cares about whether I get better” at 94.12% and “I have gotten help coming here” at 93.34%, both indications of the positive collaboration between staff and consumers. All eight questions showed some improvement since the past year, and we hope to continue seeing increases in satisfaction.



Satisfaction Surveys are an important part of the data collection process and support continuous quality improvement.

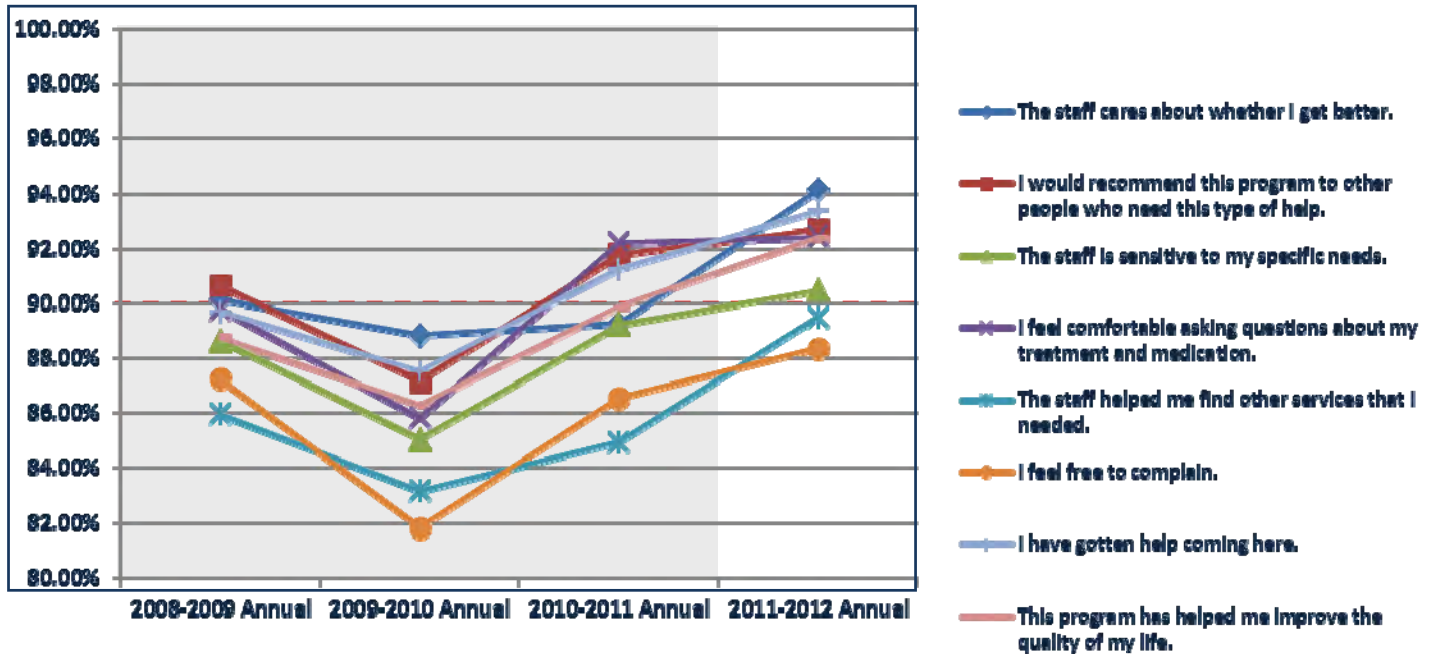


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## CONSUMER SATISFACTION

Satisfaction Longitudinal Comparison  
2008—2012



Agency Wide Satisfaction Rates by Question  
Fiscal Year 2011 - 2012

Question	2011—2012 by Quarter				Previous Fiscal Years			Current
	2011-2012 1st Qtr.	2011-2012 2nd Qtr.	2011-2012 3rd Qtr.	2011-2012 4th Qtr.	2008-2009 Annual	2009-2010 Annual	2010-2011 Annual	2011-2012 Annual
The staff cares about whether I get better.	93.48%	93.54%	93.49%	95.58%	90.10%	88.82%	89.24%	94.12%
I would recommend this program to other people who need this type of help.	91.93%	91.75%	92.86%	93.45%	90.61%	87.15%	91.78%	92.65%
The staff is sensitive to my specific needs.	90.37%	88.60%	89.95%	92.36%	88.62%	85.03%	89.22%	90.46%
I feel comfortable asking questions about my treatment and medication.	91.93%	90.08%	91.27%	95.55%	89.78%	85.81%	92.21%	92.41%
The staff helped me find other services that I needed.	86.75%	88.92%	90.29%	90.53%	85.96%	83.15%	84.94%	89.48%
I feel free to complain.	86.88%	85.83%	89.41%	89.70%	87.23%	81.81%	86.55%	88.34%
I have gotten help coming here.	92.48%	92.97%	92.65%	94.85%	89.68%	87.48%	91.25%	93.34%
This program has helped me improve the quality of my life.	92.79%	91.86%	91.20%	93.76%	88.75%	86.28%	89.86%	92.36%
Overall Satisfaction	90.83%	90.45%	91.40%	93.23%	91.72%	88.91%	89.22%	91.65%
# of Surveys	355	421	692	604	1,153	1,870	1,767	2,072
# Declined	28	32	53	30	55	66	83	145

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## CONSUMER SATISFACTION

### Overall Consumer Satisfaction by Program

2011—2012

