

Outcomes Report

2013-2014
Annual



Charlotte Behavioral Health Care

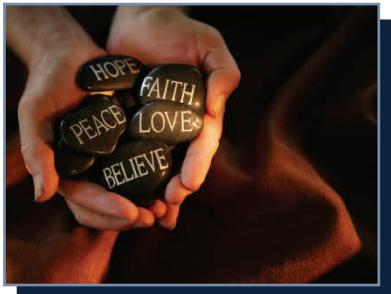
...committed to restoring hope and changing lives...



Welcoming



Integrity



Respect

Innovation



Teamwork

Charlotte Behavioral Health Care

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



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 Year Quarters

Quarter 1: July—September

Quarter 2: October—December

Quarter 3: January—March

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INTRODUCTION

Charlotte Behavioral Healthcare, Inc. (CBHC) is committed to providing hope and dedicated to enhancing the 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 the quality of services, we measure and evaluate performance data from a variety of sources, ranging from patients, families of patients, 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 and summaries from all relevant sources, including any performance improvement plans that were identified as necessary along with suggestions for growth and improvement.



*"There's no such thing as **PERFECT** or **COMPLETE**...only continuous improvement."*

Genise M. Patterson

Charlotte Behavioral Health Care

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INITIATIVES AND CHANGES

Fiscal Year 2013—2014

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 County residences and outlying communities.

Program Initiatives and Changes

1. July, 2013: Abuse and Neglect reporting is no longer tracked as incidents.
2. August, 2013:
 - a. Documentation timeliness requirement changed from 48 hours to 24 hours with a move towards concurrent documentation.
 - b. Anasazi, our electronic health record management system, moved to a new assessment with a more user friendly feel and removal of the old charts use of assessment.
 - c. Recovery Center patients are now required to contribute to the cost of detox based on a sliding fee scale and patients ability to pay a minimum of 50% of this amount. It is often the case that when patients are encouraged to financially invest in their personal recovery, they have greater success in treatment.
 - d. An Integrated Child Welfare and Substance Abuse team was developed.
3. September, 2013: The front lobby upgrades and renovations were completed.
4. December, 2013: CBHC began training the community on Mental Health First Aid.
5. March, 2014: Productivity expectations were increased to 100%.
6. April, 2014: The furnishing on the adult and children's units of the CSU received up grades.
7. May, 2014: The Recovery Center changed its detox protocol. Clients are offered detox at no cost, but there will be a \$30 fee for the Clonidine detox or a \$210 fee for a Suboxone detox protocol.
7. June, 2014: The Zero Suicide initiative was developed. This workgroup has made efforts to identify and track high risk clients using a higher level of engagement services.

PATIENTS SERVED

SUMMARY & ANALYSIS

Each year CBHC strives to demonstrate an increase in the number of clients served and was pleased to see a 10% increase between July 2013 and July 2014. While the number of clients served annually is still difficult to measure, CBHC has improved data tracking systems. Therefore the increase in clients served may be a more accurate reflection of unduplicated clients served. This fiscal year CBHC provided services to 11,250 individuals yet served 10,269 clients in the previous fiscal year. This number increased approximately by 981 individuals who were screened for services, in addition to those participating in ongoing services such as case management or medication management.

CBHC uses four categories of individuals when estimating clients served. "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. This allows us to accurately identify the unique number of individuals served each year. This number has increased slightly from 5,836 in the previous fiscal year to 5,846 this fiscal year. CBHC serves patients who require mental health and/or substance abuse treatment. It remains that individuals can only be enrolled in either Mental Health or Substance Abuse programs (not both) due to reporting and billing requirements. Despite this forced dichotomy, many clients require treatment for both types of problem. As a result, the number of clients reported to be receiving substance abuse services may be misleading. In reality, many of the clients served at CBHC are receiving co-occurring mental health and substance use treatment.

"Healthy Start", previously "Family Safety & Prevention", individuals are tracked in a separate electronic state-based system. The individuals served in this program have increased from 1,091 to 1,113, reflecting continued efficiencies in service delivery for the department.

"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, groups and services conducted with the jail population.

"Northside Psychiatric Services" offers Adult and Children's therapy for mental health issues and psychiatric services and offers Children's therapy services for substance abuse concerns. Northside opened up later in Fiscal Year 12-13 so we are not able to accurately compare previous fiscal years at this time.

Clients Served by Program		
(Clients may have participated in more than one program)		
Category	2012-2013	2013-2014
CSU	1049	1141
Crisis Care	601	535
Recovery Center	613	671
Adult Outpatient/CM	1078	1040
Adult Outpatient *NS	44	115
Child Outpatient/CM	1068	921
Child Outpatient *NS	197	421
Adult Drug Court	44	54
Adult Substance Abuse	515	534
Child Substance Abuse	165	225
Child Substance Abuse *NS	20	78
Adult Support & Info.	95	0
Residential-TFC	61	51
Screening & Referral	3342	3158
AMH Medical Services	811	954
CMH Medical Services	356	405
AMH Medical Services *NS	51	141
CMH Medical Services *NS	148	378

*NS= Northside Psychiatric Services

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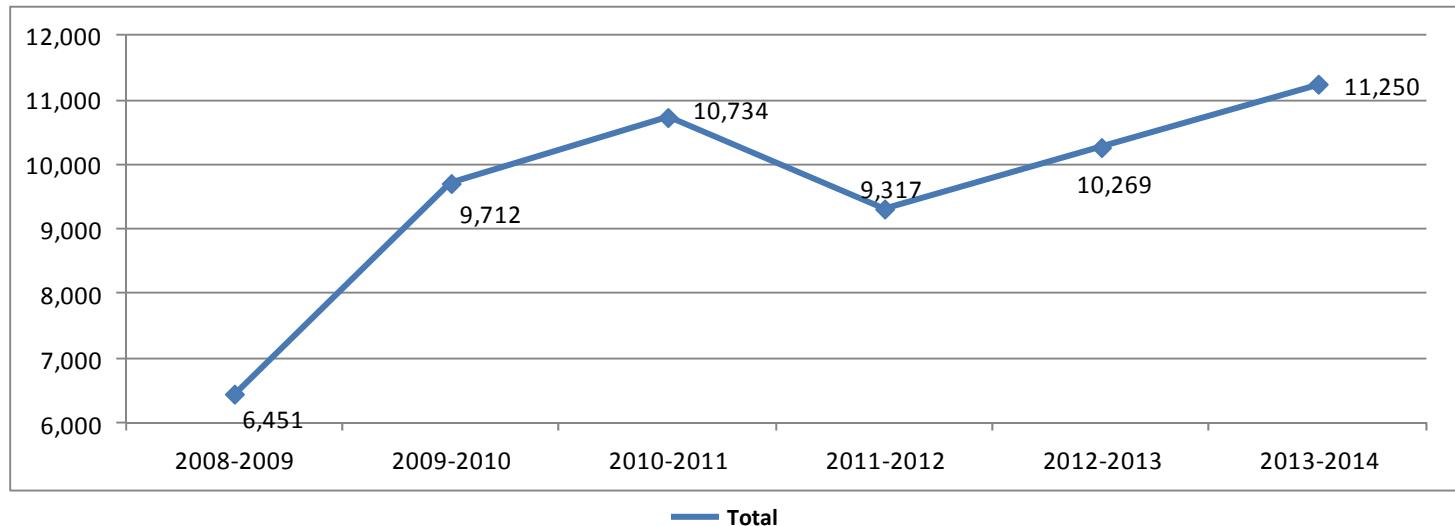
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PATIENTS SERVED

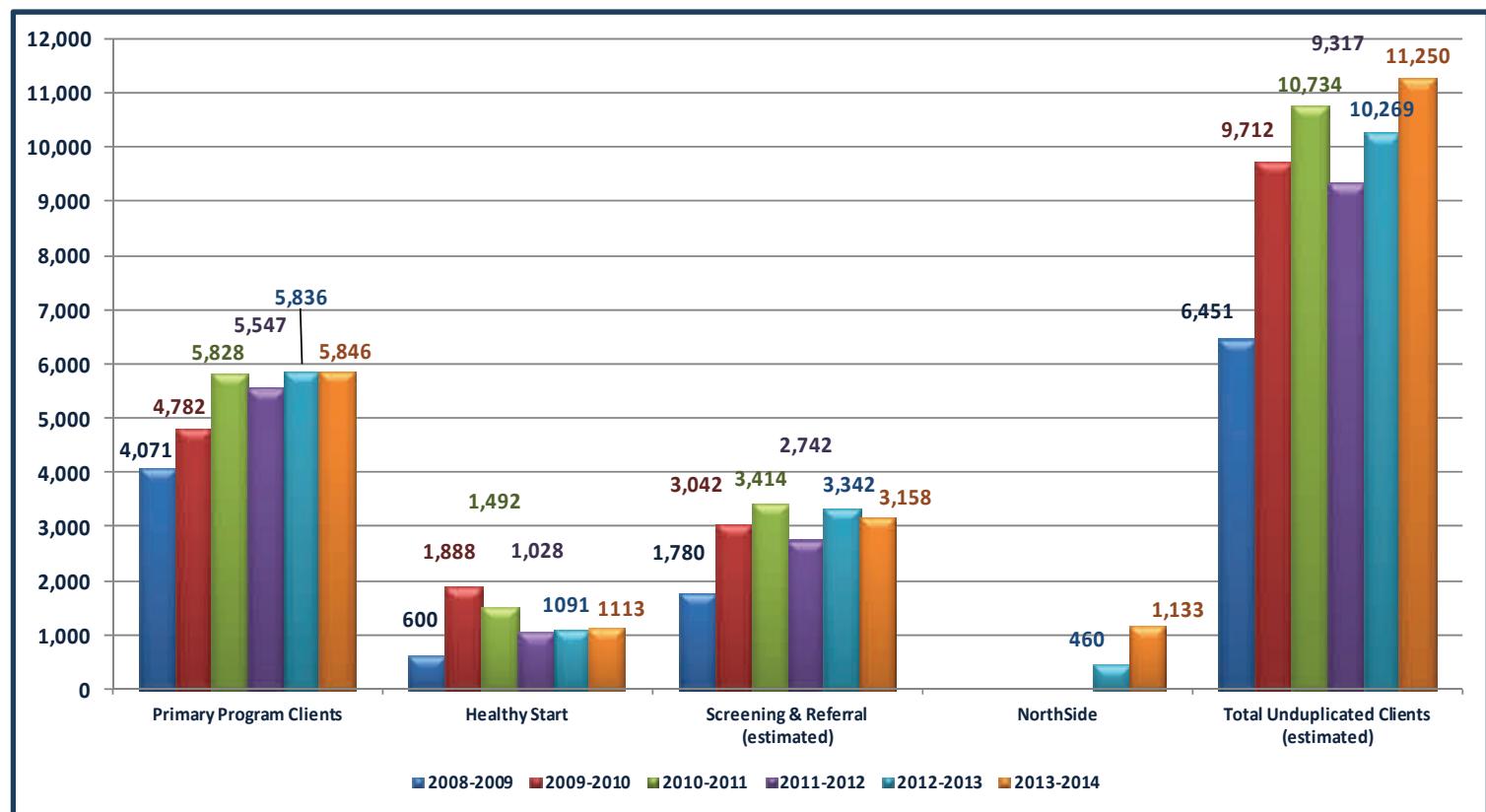
Longitudinal Unduplicated Clients Served

Fiscal Years 2008-2014



Unduplicated Clients Served by Program Type

Fiscal Years 2008—2014





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**QUALITY MEANS DOING IT RIGHT
WHEN NO ONE IS LOOKING"**

HENRY FORD

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PATIENT DEMOGRAPHICS

FISCAL YEAR 2013-2014

SUMMARY & ANALYSIS

CBHC primarily serves Charlotte County, as well as clients from the surrounding counties of Sarasota, Desoto, and Lee. Charlotte County contains approximately 165,000 individuals, with a population increase of 1.5% from 2012-2013. The population tends to be primarily Caucasian (85%) with a much smaller Hispanic population (6%) than both the state of Florida (24%) and the United States (15%) as a whole. The median income is \$55,700 per year, which is substantially lower than surrounding counties of Lee, Sarasota, and Collier, while significantly higher than DeSoto county.

In comparison, the majority of patients at

CBHC (82%) report an annual salary of less than \$15K per year, while only 6% report greater than \$30K. Just under half of our clients are considered "Self-pay (48)," while the rest utilize Medicaid (6%), Value Options Medicaid (5%), Medicare(3%), or another insurance provider (7%).

CBHC continues to strive to be as or more diverse than the community it serves. Comparatively, CBHC staff diversity is representative of the patients served racially with 85% of patients and 78% of staff being White (non-Hispanic), 48% of the patients being male with 33% male staff and 52% female patients with 67% female staff members.

Fig. 1

Race Distribution

Race	CBHC Clients	CBHC Staff	CBHC Board	Charlotte County	Florida	Nation
White (non-Hispanic)	84.64%	77.89%	100.00%	85.34%	75.04%	65.76%
Black/African-American	5.99%	15.08%	0.00%	5.73%	16.39%	11.44%
Asian	0.25%	1.01%	0.00%	1.24%	2.66%	4.36%
American Indian/Alaskan Native	0.32%	0.00%	0.00%	0.31%	0.49%	0.82%
Native Hawaiian/Pacific Island	0.13%	0.00%	0.00%	0.06%	0.11%	0.18%
2 or more	3.08%	0.50%	0.00%	1.15%	1.90%	2.63%
Spanish/Hispanic	5.59%	5.52%	0.00%	6.17%	23.62%	14.81%

Fig. 2

Gender Distribution

Gender	CBHC Clients	CBHC Staff	CBHC Board	Charlotte County	Florida	Nation
Male	48.29%	33.33%	58.33%	48.63%	48.91%	49.24%
Female	51.71%	66.67%	41.67%	51.37%	51.09%	50.76%

Fig. 3

Age Distribution

Age	CBHC Clients	Charlotte County	Florida	Nation
0-14	18.80%	10.72%	17.00%	19.32%
15-19	16.08%	4.11%	5.98%	6.69%
20-54	53.25%	31.46%	45.53%	47.40%
55-64	9.22%	16.66%	12.81%	12.44%
65+	2.65%	37.05%	18.65%	14.14%



PATIENT DEMOGRAPHICS

FISCAL YEAR 2013-2014

Salary Range Comparison

Fig. 1

Salary Range Comparison Fiscal Year 2013-2014

Salary	Clients	Percent
0 - \$15,000	3,529	82.17%
\$15,001 - \$20,000	265	6.17%
\$20,001 - \$25,000	157	3.66%
\$25,001 - \$30,000	95	2.21%
> \$30,000	249	5.80%
Total Served:		4295

Fig. 2

Salary Range Comparison Fiscal Year 2013-2014

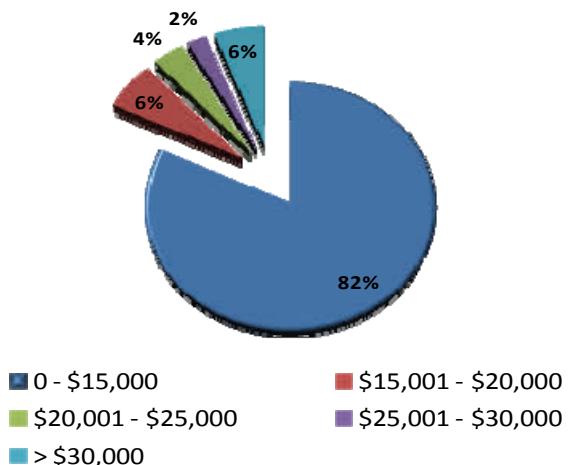


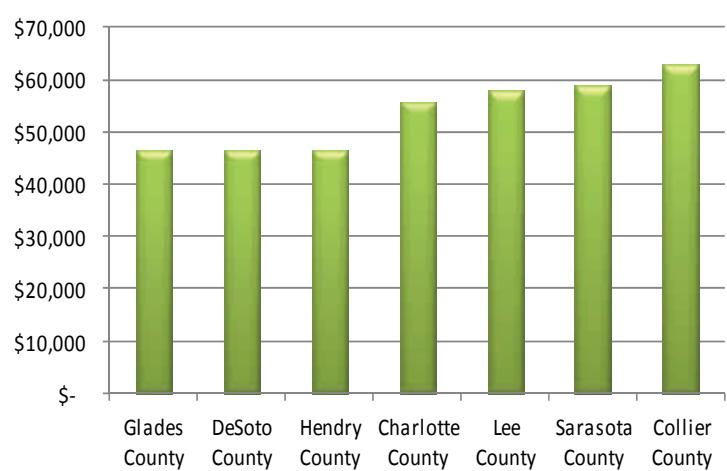
Fig. 3

Median Income Levels DCF District 8 & Suncoast Region Fiscal Year 2013-2014

County	Median Income
Glades County	\$ 46,500
DeSoto County	\$ 46,500
Hendry County	\$ 46,500
Charlotte County	\$ 55,700
Lee County	\$ 58,000
Sarasota County	\$ 59,100
Collier County	\$ 62,900

Fig. 4

Salary Range Comparison by County Fiscal Year 2013-2014



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

Source: Figs. 3-4 eFannieMae.com

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PATIENT DEMOGRAPHICS

FISCAL YEAR 2013-2014

Patient's Primary Language Spoken

Fig. 1

Category	CBHC Clients	CBHC Staff	CBHC Board	*Charlotte County
English	98.25%	100.00%	100.00%	88.40%
Spanish	1.30%	0.00%	0.00%	6.10%
Other	0.45%	0.00%	0.00%	5.50%

*2012 American Community Survey 1 Year Estimates

Fig. 2

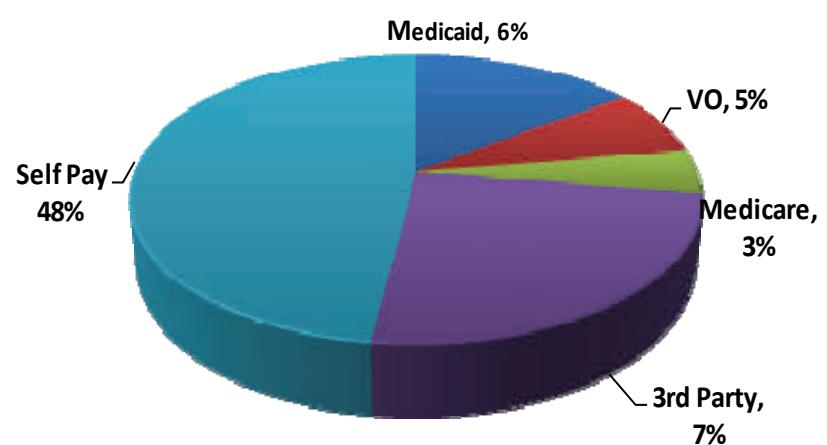
Client Disability Distribution

Fig. 3

Average Annual Payer Mix

2013—2014

Disability	Number of Clients
Developmental Disabilities	239
Physically Impaired	173
Non-Ambulatory	9
Visually Impaired	146
Hearing Impaired	45
English Limited	45



*Source: Mental Health & Substance Abuse Outcomes

*Not inclusive of all payer sources.

INITIAL ASSESSMENT TRACKING

Fiscal Year 2013 – 2014

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 patient at this agency. The National Target for Initial Assessment No Show rate is 20% or less (see figure 1).

Action Plan: No Action Plan

CBHC uses the Access to Care log to measure the percentage of Initial Assessment appointments kept. There has been an agency wide, collective effort to increase access to services for initial assessments for new or returning clients and to minimize client no-show rates. The Strategic Plan's Access to Care committee initiated many changes in our access to care processes for initial assessments. On a daily basis, the front desk and screening departments manage the scheduler, filling appointment slots which have opened as a result of cancellations or no-shows, offering same day appointments and an utilizing an open-access model. CBHC has a telephone reminder service which calls clients 48 hours in advance and also on Sundays to remind clients of their scheduled appointments and to allow ample time for rescheduling. With production standards, our therapists proactively inform the scheduling staff about cancellations and offer extended hours such as lunch hours or late appointments. The national target for this measure is 20% or less. Although we did not meet this target for all programs, (adult and children's mental health and substance abuse) we had a 6% increase in Initial Appointments which were kept which we believe is as a result of the strong efforts from staff to fill empty appointment slots.

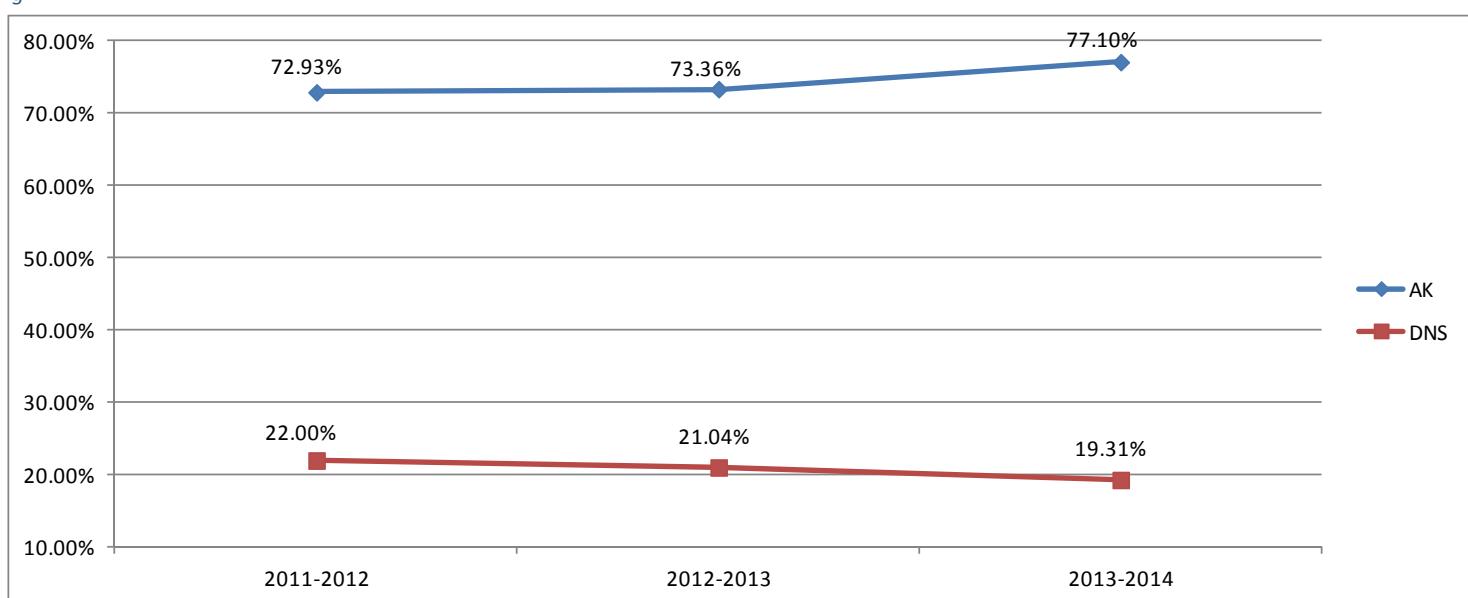


-Appt. Kept
-Did Not Show

Longitudinal Initial Assessment Tracking

Fiscal Years 2011 Thru 2014

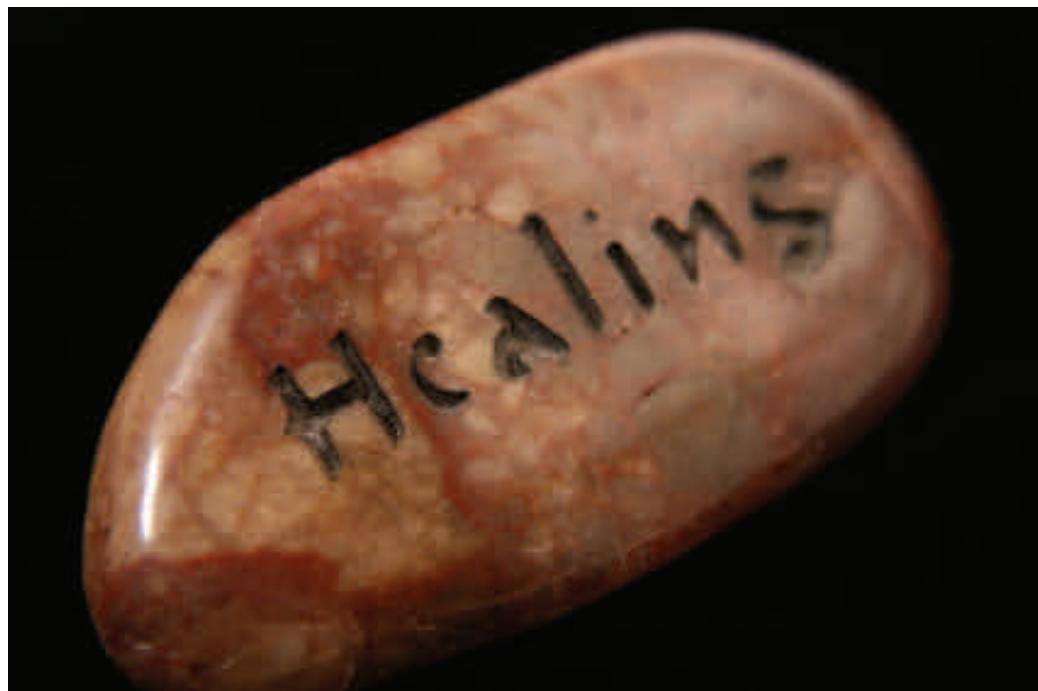
Fig. 1



*Cancelled with No Show and Cancelled by Provider not shown

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DIETARY SATISFACTION

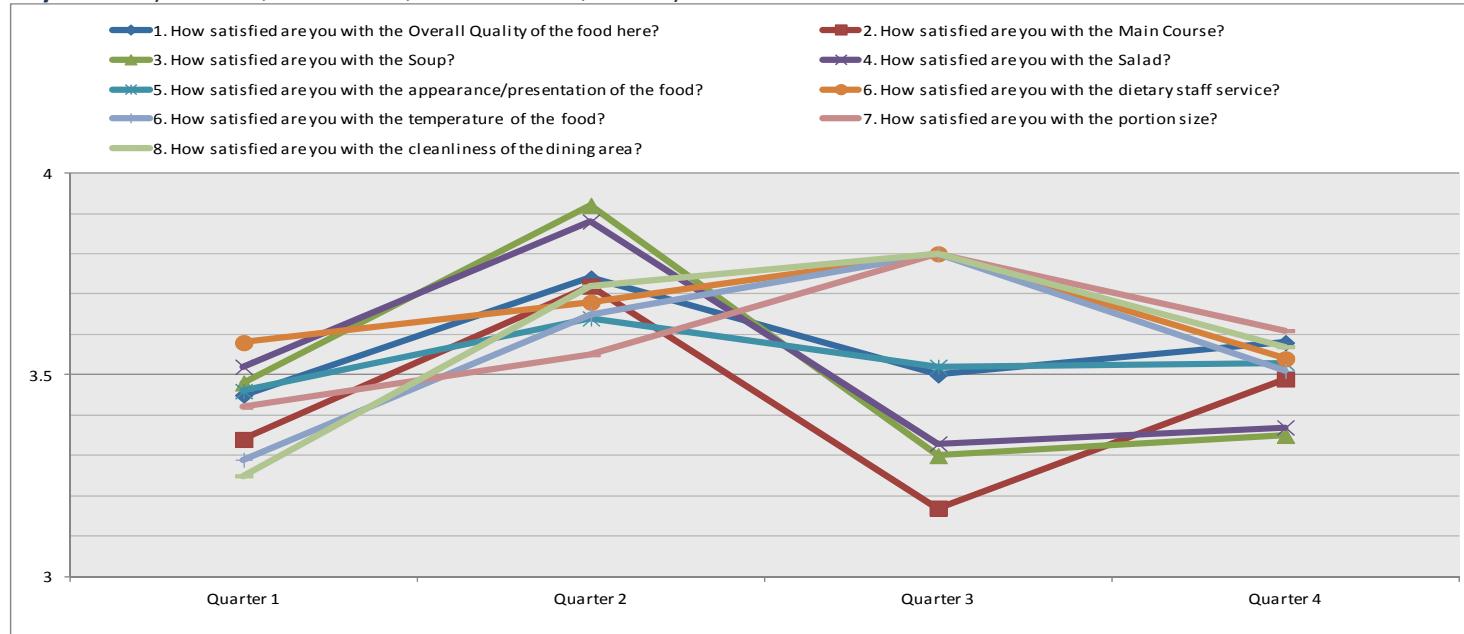
Dietary Satisfaction Comparison

Fiscal Year 2013—2014

Dietary satisfaction surveys have been distributed since July 2009, allowing us to assess satisfaction from clients and staff regarding our dining options.

In the previous fiscal year, our Dietary department has worked diligently to improve our dietary program while cutting costs and maintaining high standard of quality. Overall, satisfaction with our dietary department has been very high showing improvement.

Key: 4 = Very Satisfied; 3 = Satisfied; 2 = Dissatisfied; 1 = Very Dissatisfied



Customer Comments!

"I am very satisfied with the service and food quality and portions. Thank You"

"LOVE THAT THERE IS NOT A LOT OF SALT

"Very Satisfied with service and food!!"

"I am very satisfied with the service and food quality and portions. Thank You"

"QUALITY AND PRESENTATION OF FOOD IS GOOD"

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PATIENT SATISFACTION

SUMMARY & ANALYSIS

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

Source: Patient Satisfaction Surveys

Notes: Target is a 90% Satisfaction Rate.

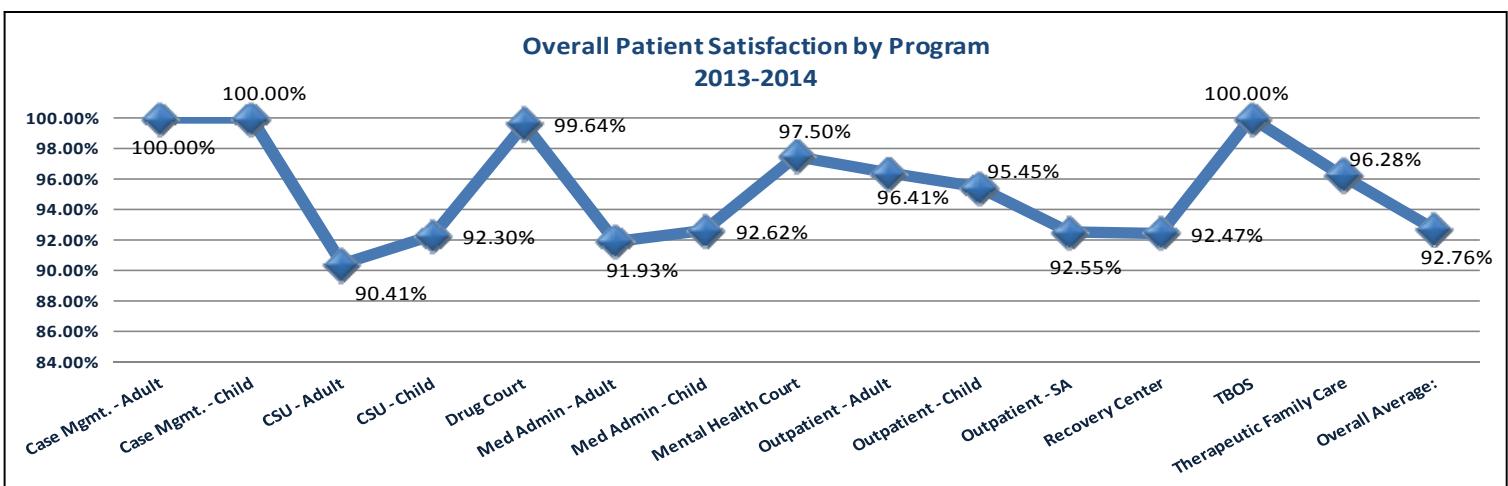
Action Plan: No Action Plan Required

We believe it is important for our patients to be involved in the services they receive so we obtain regular feedback from them, which is an effective means of evaluating the services we provide. Patients are regularly surveyed at least biannually, but can turn in satisfaction surveys at any time. Satisfaction rates are calculated by counting incidents of "Strongly Agree" and "Agree" in the overall sample.

In the current fiscal year, we received 2,003 total surveys across the agency. This is a slight decrease from 2,066 in the previous Fiscal Year. Agency-wide, the overall satisfaction rate for the year was 92.76%, a slight decrease from 92.98% the previous year, and increase from 91.65% the year before that.

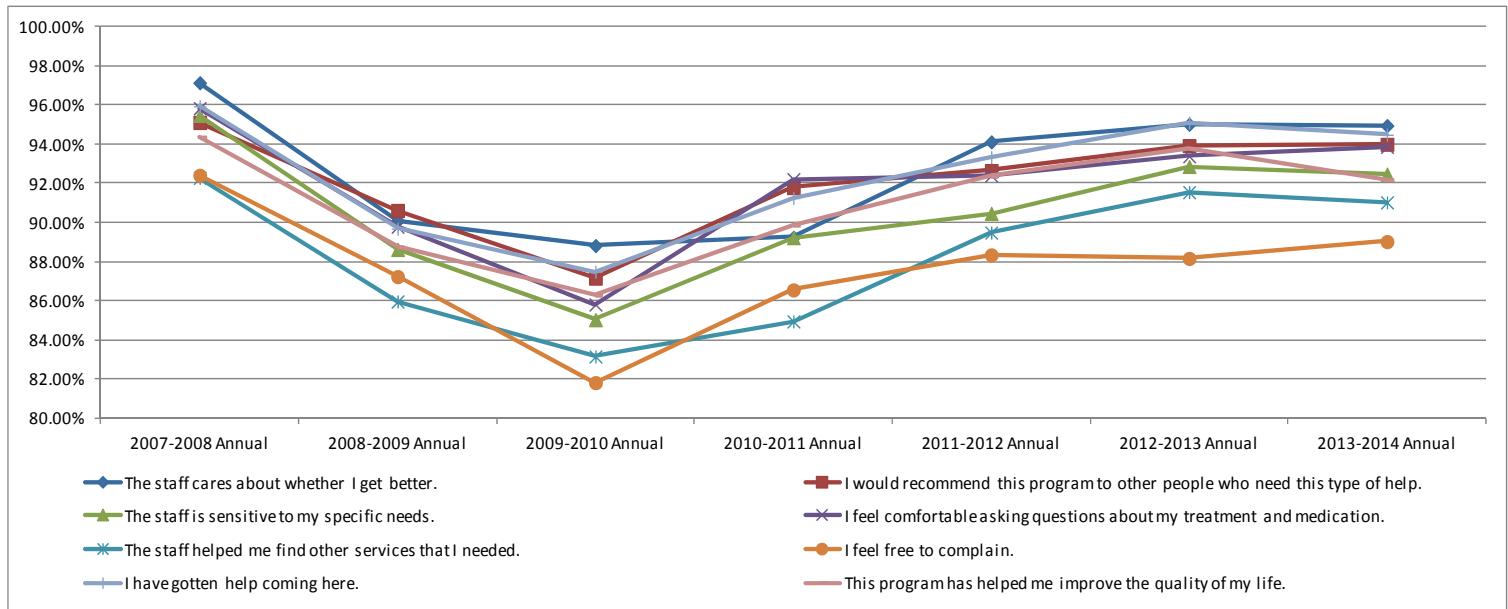
For two fiscal years in a row, the highest scoring questions were "The staff cares about whether I get better" at 95% and "I have gotten help coming here" at 95%, both are reflective indications of the positive collaboration between staff and patients. All of our programs were at or above target. These results are consistent with CBHC's emphasis on compassionate services to the population that we serve.

When we look at specific questions, we continue to see "I feel free to complain" as the lowest score, with an 89% satisfaction rate, but this has improved from last year (88%). This score has continued to fall below target over the past four years, despite staff efforts to address this with patients. We continue to share these results with staff and identify ways to address this deficit.



PATIENT SATISFACTION

**Satisfaction Longitudinal Comparison
2007—2014**



Agency Wide Satisfaction Rates by Question

Fiscal Year 2013 - 2014

Question	2013 - 2014 by Quarter				Previous Fiscal Years			Current
	2013 - 2014 1st Qtr	2013 - 2014 2nd Qtr	2013 - 2014 3rd Qtr	2013 - 2014 4th Qtr	2010-2011 Annual	2011-2012 Annual	2012-2013 Annual	2013-2014 Annual
The staff cares about whether I get better.	94.94%	94.63%	94.17%	96.98%	89.24%	94.12%	95.02%	94.95%
I would recommend this program to other people who need this type of help.	94.35%	94.24%	94.37%	92.28%	91.78%	92.65%	93.93%	93.99%
The staff is sensitive to my specific needs.	91.98%	93.69%	92.52%	90.94%	89.22%	90.46%	92.86%	92.47%
I feel comfortable asking questions about my treatment and medication.	94.93%	94.23%	92.53%	93.96%	92.21%	92.41%	93.39%	93.86%
The staff helped me find other services that I needed.	90.48%	92.00%	90.24%	91.58%	84.94%	89.48%	91.55%	91.02%
I feel free to complain.	89.83%	89.98%	87.48%	88.81%	86.55%	88.34%	88.16%	89.02%
I have gotten help coming here.	94.73%	93.63%	94.13%	96.28%	91.25%	93.34%	95.10%	94.48%
This program has helped me improve the quality of my life.	91.93%	89.66%	92.84%	95.93%	89.86%	92.36%	93.79%	92.19%
Overall Satisfaction	92.91%	92.76%	92.30%	93.36%	89.38%	91.65%	92.98%	92.76%
# of Surveys	514	583	592	314	1,767	2,072	2,066	2,003
# Declined	21	24	21	9	83	145	106	75

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These materials are produced as part of the CBHC Quality Management program in cooperation with individual Program Managers and their designees and are intended for quality improvement purposes only. All materials are confidential.