



**ANNUAL  
PERFORMANCE  
ANALYSIS  
2020**

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# BUSINESS FUNCTIONS

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## STRATEGIC PLAN

- Freedom Recovery ensures the success of the organization and the achievement of its vision through strategic planning. Leadership gathers data and input from persons served, personnel and other stakeholders. This data is used to set goals and priorities. Strategic Plans are set in 1-year intervals and updated annually.
- Starting in 2021, the Strategic Plan format will be modified to reflect 3-year intervals more concisely.

Goal(s) for 2020	Target Date	Status
State certification of non-profit organization for Partners in Recovery	12/31/20	Accomplished
Offer MAT program	12/31/20	Goal deferred until July 2021
Expand services to more specifically treat mental health disorders to the Freedom Recovery offering	12/31/20	Goal deferred until 2021 to all time to develop staff resources needed
Exceed \$250,000 in net profit for the year 2020	12/31/20	Accomplished

## CULTURAL COMPETENCY & DIVERSITY PLAN

- Freedom Recovery remains aware of the diversity of persons served, personnel and other stakeholders with whom the organization interacts. Freedom Recovery is committed to treating all individuals with dignity and respect. Attitudes, organizational structure, policies and services reflect Freedom Recovery’s commitment to diversity and meeting the needs in a culturally competent fashion. Leadership gathers and analyses data regarding diversity used the data to create a formal plan. This plan is reviewed annually and updated when needed.

Goal(s) for 2020	Target Date	Status
1) Advance and sustain organizational governance and leadership that promotes Freedom Recovery health and equity through policy, practices and allocated resources.	12/31/20	1) Ongoing effort and attention to what our P&P states. Leadership is trained and aware of need to provide CC&D services.
2) Recruit, promote, and support a cultural and linguistically diverse governance, leadership, and workforce that are responsive	12/31/20	2) Goal partially complete. After evaluating our client to staff demographic ratios (see

<p>to the population(s) in service areas whenever possible and appropriate.</p> <p>3) Educate and train governance, leadership, and workforce in cultural and linguistically appropriate policies and practices on an ongoing basis. Evaluate need for enhanced cultural training in coming year and provide as needed.</p>	<p>12/31/20</p>	<p>chart below), we are right in line with where we need / desire to be. We will continue to evaluate our staff composition to make sure it is appropriate for client and surrounding area demographics.</p> <p><b>3)</b> Our staff is required to complete annual training on cultural and linguistically appropriate policies and practices. Additional trainings to be added as the need is made apparent.</p>
<p>) For those that need translation in a language we do not offer we will refer to an appropriate facility that can accommodate their needs.</p> <p>2) For potential clients or community members that inquire about our services that cannot speak English we will use Google Translate to assist us in our efforts to communicate. If we find this is not sufficient to effectively communicate, we will obtain a contract with a third-party translation agency.</p> <p>3) We will track any and all linguistic needs that come our way. We will then consider and evaluate the needs that are presented annually. If we see a pattern of a need that is not being met, then we will put a plan together to meet any linguistic need.</p>	<p>12/31/20</p>	<p>We haven't experienced the need for any communication or language assistance. All goals are ongoing.</p>
<p>1) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p> <p>2) Conduct ongoing assessments of the organization's Culture and Diversity related activities and integrate Cultural and Diversity related measures into measurement and continuous quality and improvement activities.</p> <p>3) Conduct regular assessments of the community assets and needs and use the results to plan and implement services that respond to the Cultural and Linguistic diversity of populations in service areas.</p>	<p>12/31/20</p> <p>12/31/20</p> <p>12/31/20</p>	<p>1) We are evaluating this on an annual basis.</p> <p>2) This data is collected primarily on the intake assessment for each new client. Goal is ongoing.</p> <p><b>3)</b> We haven't had to utilize the community's assets or modify our services offered due to the lack of diversity we have seen thus far. Goal is ongoing.</p>

## TECHNOLOGY PLAN

- Freedom Recovery leadership is committed to the effective and efficient use of technology to support service delivery. Leadership gathers input from persons served, personnel and other stakeholders to identify gaps and needs. A formal Technology Plan is created and reviewed annually.

<b>Goal(s) for 2020</b>	<b>Target Date</b>	<b>Status</b>
Optimize website for all services offered.	12/31/20	This goal ongoing.
Provide key personnel with updated company hardware.	12/30/20	This goal ongoing.
Refine and enhance cloud data backup system that can be better tested and verified to prevent shutdowns associated with data loss.	07/31/20	Accomplished
Better utilize the Sigmund Software electronic health record – Aura.	12/31/20	Continued refinement of Aura will be needed to ensure effective utilization for clinical documentation and billing.
Investigate the use of “Adwords” or other means to ensure that potential clients find the Freedom Recovery website. Maximize our website for referral sources by including the payor sources we accept and nearest bus stop.	12/31/20	Freedom Recovery applied for and obtained LegitSript certification and began advertising on Google

## **ACCESSIBILITY PLAN**

- Freedom Recovery works to promote accessibility and remove barriers for persons served, personnel and other stakeholders. Leadership gathers data annually and on an ongoing basis. This data is used to set goals and priorities to remove the barriers identified. The Accessibility Plan is updated annually.

<b>Goal(s) for 2020</b>	<b>Target Date</b>	<b>Status</b>
Remove 2 <sup>nd</sup> door (interior) barrier at East office entrance to simplify the entrance into the office	<b>12/31/2020</b>	No longer an issue due to relocation of East operations.
Include access to TTY hearing impaired devices, if needed.	<b>12/31/2020</b>	Accomplished / Ongoing

<p>New action: <i>publicized access to 711 service on website and all written literature.</i></p> <p>Provide access to large font documents upon request</p>		
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## **INPUT FROM PERSONS SERVED & STAKEHOLDERS**

- Freedom Recovery solicits, collects, and analyses input from stakeholders including persons served, family members, referral/funding sources, and employees/leadership. Based on the analysis of this data, leadership makes decisions about program planning, performance improvement, strategic planning, organizational advocacy, financial planning, resource planning, and workforce planning.
- In 2020 the following input was collected:
  - Performed client satisfaction surveys of active clients
  - Performed employee satisfaction surveys on recurring basis
  - Performed post discharge surveys of discharged clients on a bi-annual basis
  - Performed accessibility surveys among staff at all locations
  - Performed diversity surveys among staff at all locations
- Perform post discharge surveys of discharged clients based upon discharge date versus fiscal timeframe

## FINANCIAL PERFORMANCE FOR THE YEAR

- To ensure financial viability and ensure solvency Freedom Recovery establishes financial performance goals, monitors goal achievement, and implements action plans to remediate issues identified.

<b>Financial Goal(s) for 2020</b>	<ol style="list-style-type: none"> <li>Increase annual net profit to \$250,000</li> <li>Maintain positive cashflow for each month of 2020</li> </ol>
<b>Goal(s) Achievement 2020</b>	<ol style="list-style-type: none"> <li>Closed the year out at \$550,000, greater than our goal of \$250,000.</li> <li>Every month in 2020 was cashflow positive.</li> </ol>
<b>ANALYSIS</b>	
Trends	<ul style="list-style-type: none"> <li>First quarter cashflow higher than remainder of year, on a year-to-year basis.</li> <li>All months where expenses were high (3 payrolls, expansion to new locations) were successfully offset by high revenue.</li> <li>Impact of Covid, business stayed relatively stable, increase costs associated with Covid response offset by opportunity to provide services by Telehealth.</li> </ul>
Areas needing improvement.	Observed need to develop a Telehealth presence.
Actions needed to address improvements needed.	Implement telehealth including: <ul style="list-style-type: none"> <li>Creation of a telehealth release form for clientele</li> <li>Setting up billing codes and processes to be able to provide and in turn be paid for telehealth services.</li> <li>Procure and implement better equipment to improve our telehealth presence.</li> </ul>
Implementation of actions implemented in 2020.	All actions accomplished
Effectiveness of actions taken in 2020	All actions were affective in achieving the goals.
Recommendations for coming year	<ul style="list-style-type: none"> <li>Prepare ourselves to better meet changing and inevitably restricting parameters associated with providing telehealth services.</li> <li>Set higher net profit target for the year 2021.</li> </ul>

## BILLING AUDITS

- Freedom Recovery uses Aura Electronic Medical Record which is a self-auditing clinical documentation and billing system. Freedom Recovery continues to have weekly billing calls with billing company to identify any billing concerns. Outstanding items are being



tracked through shared spreadsheets, in an attempt to ensure no open billing items fall through the cracks.

- Findings from review of billing process – through weekly meetings, it was determined that claim denials were accumulating for specific clients, with the core issue not being addressed by the billing process. Additionally, it was determined that some client’s funding sources were not documented correctly, and in turn not caught, creating large, unbilled balances.
- Management team has identified that the billing system intrinsic to Aura is not as effective or efficient as required for our desired outcomes. In the coming year, Freedom Recovery will look to address this issue.

## **CORPORATE COMPLIANCE**

- In accordance with Federal Regulations and corporate best practices, Freedom Recovery leadership has implemented a Corporate Compliance Resolution, appointed a Corporate Compliance Officer, and has a Corporate Compliance Plan. All required policies and procedures are in place to ensure full conformance, including procedures that address exclusion of individuals and entities from federally funded healthcare programs. Personnel are trained regarding the role of the Compliance Officer and procedures related to the reporting of fraud, waste, abuse, and other wrongdoing.
- There were no violations reported in 2020

## **RISK MANAGEMENT PLAN**

- Freedom Recovery leadership works to reduce risk and manage loss exposures to control threats to people, property, income, goodwill, and the ability to accomplish the organizations goals. Leadership identifies and analyses loss exposures and implements plans to rectify identified risks. The Risk Management Plan is updated annually.

<b>Goal(s) for 2020</b>	<b>Target Date</b>	<b>Status</b>
Relocate East operations to a location that offers better safety to staff and clients	March 2021	Security team hired for current operations to be safer. New location being researched.
Maintain all standards and reengage with consultant to ensure our CARF accreditation is on track, in order to get re-accredited with CARF	May 2021	Updated all 2020 Policies and Procedures to reflect updated standards and engaged consultant to plan a pre-survey and ensure our preparation is sufficient.

## CRITICAL INCIDENT PREVENTION & REVIEW

- Freedom Recovery has implemented a formal plan regarding the prevention of critical incidents that is reviewed annually. This plan was reviewed and approved in 2020 by leadership.
- Critical incidents are reviewed on a quarterly basis. Actions are taken throughout the year to prevent recurrence of critical incidents.
- Critical incidents are also reviewed and analyzed on an annual basis. Strategies are identified to prevent or reduce critical incidents in the future.

<p><b>Summary of Critical Incidents: Causes and Trends</b></p>	<ol style="list-style-type: none"> <li>1. It was discovered by staff member NS that three clients, all at different times, over a period of 11 months, were deceased due to various reasons.</li> <li>2. Inappropriate contact/communication with a client by a member of Freedom Recovery Clinical Staff (RF)</li> <li>3. Client (newly linked to FR) called the main office line. In speaking to Admin staff (CF), client shared that she was having suicidal thoughts. Chelsea involved Clinical staff &amp; actions were taken to ensure clients safety.</li> </ol>
<p><b>Areas Needing Improvement – Actions Needed</b></p>	<p><i>During the year, the following areas for improvement and actions needed were identified.</i></p> <ol style="list-style-type: none"> <li>1. Current operations and procedures uncovered the critical incident. Maintain strategies at this time.</li> <li>2. Supervision of Clinical Staff needs shifted to one supervisor (Clinical Director), and Clients need to be paired with same sex clinicians whenever possible.</li> <li>3. Train and familiarize staff with proper protocols.</li> </ol>
<p><b>Implementation of Actions – Evaluation of Results</b></p>	<p><i>During the year the following actions were taken, and these are the results of the actions taken.</i></p> <ol style="list-style-type: none"> <li>1. Incident was documented, and the client discharged from the EHR system.</li> <li>2. Employee was terminated by Freedom Recovery. Client was interviewed for clear definition of harms caused.</li> <li>3. Created a reference guide for all staff on steps and procedures for clients expressing suicidal plans or ideations.</li> </ol>

<b>Training and Education Needs of Staff Identified?</b>	<ol style="list-style-type: none"> <li>1. Continue education of staff to maintain contact with clients through the standard discharge procedure.</li> <li>2. Established understanding with staff of who the FR Client's Rights officer is (Program Director), and assign additional Ethical trainings to all staff.</li> <li>3. All staff to be trained utilizing created reference guide on steps and procedures for clients expressing suicidal plans or ideations.</li> <li>4.</li> </ol>
<b>Strategies for Prevention of Recurrence</b>	<ol style="list-style-type: none"> <li>1. Recognize the life or death situations that our staff puts themselves into, daily, and equip them for success through supervision and communication of standards.</li> <li>2. Program and Clinical Directors will continue to work as advocates for clients of Freedom Recovery and will address any issues or concerns that may come up.</li> <li>3. Whenever possible, make sure there is a licensed clinician or supervisor in the office during normal working hours to assist when these instances occur.</li> </ol>
<b>Reporting Requirements Met</b>	<p><i>Internal Reporting</i> All reporting requirements internal to the organization were completed as required by Freedom Recovery Policies &amp; Procedures</p> <p><i>External Reporting</i> All reporting requirements required by external regulatory authorities were completed as mandated by law/regulations.</p>

## EMERGENCY PROCEDURES

- Preparation to respond to emergency situations is a critical component of ensuring the safety of persons served, personnel, and others at Freedom Recovery. Tests of all Emergency procedures are conducted on each shift at each site. These procedures include: Fires, Bomb Threats, Natural Disasters, Utility Failures, Medical Emergencies, Violent and other Threatening Situations.
- Emergency procedure drills are reviewed quarterly and annually.

<b>Annual Analysis of Emergency Procedures</b>	
<b>Areas needing improvement</b>	Freedom Recovery has a detailed script for each emergency situation. They are written to meet any and all locations as a means of universal understanding. The procedures do not need improved at this time.
<b>Actions to address improvements needed</b>	Performance of drills as written is the highest priority at this time.
<b>Implementation of the actions</b>	Drills are ran biannually to ensure understanding.
<b>Necessary training &amp; education of staff</b>	Staff of new locations or relocated sites need informed or reminded of the need for running emergency procedure drills biannually.
<b>Did actions taken accomplish intended results</b>	Actions have been sufficient to date.

## INTERNAL AND EXTERNAL HEALTH AND SAFETY REVIEWS

- Inspections of facilities are conducted on a regular basis to ensure the safety of persons served, personnel and others at all Freedom Recovery sites.
  - Internal inspection findings
  - External inspection findings
    - All locations have been reviewed by the local fire inspector to ensure compliance with safety regulations. All open items associated with fire inspections have been addressed and inspections signed as compliant at all locations.

## ANNUAL REVIEW OF POLICIES AND PROCEDURES

- All policies and procedures have been reviewed and approved with the Management Team.

# WORKFORCE DEVELOPMENT & MANAGEMENT

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## WORKFORCE ANALYSIS

### Composition of workforce

Position	Full Time Equivalent
Executive Director	1.0
Chief Operating Officer	1.0
Program Director	1.0
Assistant Program Director	1.0
Clinical Director	1.0
Office Manager	1.0
Counselor	6.0
CDCA	6.0

### Identification of key leadership positions – succession planning

- The following positions are identified as key leadership positions. Executive Director, Chief Operating Officer, Program Director, Clinical Director, and Assistant Program Director
  - Formal Succession Plans are in place for each of these positions.
  - Freedom Recovery engages in ongoing identification and mentoring of staff with leadership potential to plan for the future.
- There are informal succession plans in place for all management and supervisory positions.

## STAFF RETENTION

Position Classification	Reason for Leaving	Length of Time in Position	Length of Time to Fill Position
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Independent Contractor - Counselor	Terminated due to site closure	26 months	No need to fill position
Independent Contractor - Counselor	Employee Resigned - took a job elsewhere	3 months	1 month
Independent Contractor - Counselor	Employee Resigned - took a job elsewhere	3 months	3 months
Independent Contractor - Counselor	Employee Resigned - took a job elsewhere	2 months	No need to fill position
Independent Contractor - Counselor	Employee Terminated	45 months	No need to fill position
Independent Contractor - Admin	Employee transitioned from 1099 to W2	5 months	N/A
Independent Contractor - PRS	Employee Terminated	5 months	less than 30 days
Employee - Counselor	Employee Resigned - took a job elsewhere	6 months	5 months
Independent Contractor - Admin	Employee Resigned - took a job elsewhere	10 months	Less than 30 days
Employee - Counselor	Employee Resigned - Site was closing	3 months	No need to fill position
Independent Contractor - Counselor	Employee Resigned - took a job elsewhere	25 months	Filled from within
Independent Contractor - Counselor	Employee transitioned from 1099 to W2	1 month	N/A
Independent Contractor - Counselor	Employee transitioned from 1099 to W2	9 months	N/A

### **Analysis of Turnover:**

15% was due to site closure with no new positions to offer employees, 15% was due to employee termination, 23% was due to staff transitioning from part time contractor to full time W-2, 46% was due to employees seeking employment elsewhere. This is a competitive field so a higher employee turnover is not out of the norm as individuals will seek agencies which best fit their schedules and financial needs. 2020 was a bit different with COVID-19 as some staff struggled with care for loved ones while still trying to maintain a job

### **Impact of Turnover:**

Fortunately, most positions that needed to be back filled were done so in a quick/timely manner. There was little to no impact on day-to-day operations. Our staff roster had grown so much over the past 12 months that in most instances, we had enough coverage from current staff that new hires were not warranted.

### **Action Plan from previous year:**

- Grow our CDCA numbers to develop a case manager team.
- Evolve our clinical director role to be a full time job for better clinical over site.
- Shift majority of the clinical staff to clinical only pay structure

-Reflect on census vs staff capabilities to ensure the best client care. For example, 2 clinicians in every counseling group

### **Action Plan for coming year:**

- Maintain our CDCA case management team. Assist in development in skills and familiarity with other roles such as counseling, group facilitator, assessment clinician, etc. Facilitate their growth as they work to obtain their counseling licensures
- Complete annual performance reviews on time with all staff to maintain communication re: areas of need, growth, etc and foster that growth through continued direct supervision as well as staff meetings and trainings
- Continue to insure pay structures remain competitive
- Continue to reflect on census vs staff capabilities to ensure the best client care

## **PERSONNEL MANAGEMENT**

### **Staff recruitment**

- Freedom Recovery is intentional to hire staff before current staff become too overburdened.
- It is recognized that staff that is overburdened may experience a reduction in the effectiveness of their clinical work, and in the attention they are able to provide to their individual case load.
- The Program Director has been given the responsibility and opportunity to post open positions on online staffing sites to try to stay ahead of our staffing needs as much as possible.

### **Staff training**

- Freedom Recovery uses Relias to ensure that all training required by regulatory authorities and CARF accreditation standards are accomplished.
- All current staff members have completed all required trainings
- Required annual/ongoing trainings are scheduled and will be applied to staff certification requirements as needed.

### **Credentialing & Background Checks**

- Background checks are performed on all new hires as required by regulatory authorities.
- The credentials of all personnel are verified, including licensure and degree verification with primary sources.
- Freedom Recovery management ensures that all credential renewal dates are verified with primary sources.

- All background checks performed upon hire. Degree verifications were kept up to date in 2020.

### **Staff performance evaluations**

- All staff (clinical, administrative, executive) receive various levels of performance evaluations, including 60-90 day and annual, as required by length of employment.
- Annual performance evaluations are performed on each staff member 1-year from their hire date.
- All performance evaluations were performed as required in 2020.

## **ANALYSIS OF CURRENT AND FUTURE WORKFORCE NEEDS**

### **Current**

Clinical needs are being met by the clinical team currently employed. With added client numbers, additional staffing will be required. The current model of having a clinician and case manager for each client has proven successful to date.

### **Future**

Administrative roles are slowly becoming more important. One role that is recognized as a need is a financial facing executive, specifically a Chief Financial Officer. Additionally, it is recognized that we could improve on our Utilization Review procedures and assignments.

### **Plans/solutions**

A member of the owner's group (Adam Weber) has been offered a position with the company as the CFO. He will be accepting on a part-time basis. A few consultants have been in contact concerning UR strategy. We will align ourselves with some billing support roles in the coming year.

# **SERVICE DELIVERY**

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## **COMPLAINTS OF PERSONS SERVED**

- All client complaints are reviewed at the time the complaint is made in accordance with Freedom Recovery policies.
- All client complaints are reviewed quarterly by the Management Team. Actions are taken as needed throughout the year.
- All client complaints and actions taken are reviewed and analyzed annually by the Management Team.



<b>Number/Type of Formal Complaints for 2020</b>	There was one (1) client grievance made against a staff member.
<b>Trends</b>	The was a one-time occurrence that exposed inappropriate behaviors by this particular staff member dating back a few months.
<b>Areas needing improvement</b>	Supervision of clinicians needs to be more intentional, through individual and group strategies, ensuring that ethics and behaviors are discussed and clarified as appropriate or inappropriate.
<b>Actions taken to address improvements needed</b>	Staff member was terminated, and ethics trainings were assigned to all staff.
<b>Implementation of the actions</b>	Management assigned ethics trainings through Relias system.
<b>Did the actions taken have the intended results</b>	The actions taken have produced a healthier atmosphere where staff feel they are heard, management feels they are in tune with staff, and the standards are clear for all.

## QUALITY RECORD REVIEW ANALYSIS

- Quality Record Reviews are performed on a representative sample of client records on a quarterly basis to ensure the integrity of the client record.
- Results are analyzed and reported to supervisors, employees and the Management Team. The results of the analysis are used to identify staff training and supervision needs, ensure compliance with regulatory/contractual requirements and CARF accreditation standards. The quality record review process is used to improve the quality of services though identified performance improvement activities.

### *2020 Year Annual Analysis*

<b>Findings/Trends</b>	<ul style="list-style-type: none"> <li>• missing signatures (both staff &amp; client) on Treatment Plans</li> <li>• expired Treatment Plans</li> <li>• missing Transition Plans</li> <li>• had to learn &amp; adjust to Telehealth protocols due to some services moving to Telehealth during Covid <ul style="list-style-type: none"> <li>○ Billing errors were made at times when staff forgot to specify that services were conducted via Telehealth.</li> </ul> </li> </ul>
<b>Actions taken during the year</b>	<ul style="list-style-type: none"> <li>• All corrective actions that could be fixed were corrected</li> </ul>

	<ul style="list-style-type: none"> <li>• Progress Note templates were created to help staff members include all necessary information</li> <li>• An internal checklist was created (Client Intake Form) to utilize during an Assessment to minimize the likelihood of missing forms / documentation.</li> <li>• Research was done by Management team regarding Telehealth documentation protocols &amp; then dispersed to all staff as necessary</li> <li>• Discharge process was tweaked / restructured to include sending a pre-discharge &amp; discharge letter to disengaged clients prior to officially discharging them from services.</li> </ul>
<b>Actions needed in coming year</b>	<ul style="list-style-type: none"> <li>• Relay to the Clinical Director so that he could be mindful of patterns in missing paperwork/signatures and advise Clinicians to be more diligent in ensuring that all necessary documents are uploaded &amp; signed as necessary</li> <li>• Continue utilizing electronic Treatment Plan in HER</li> <li>• run reports at the beginning of each month to identify expired Treatment Plans &amp; alert appropriate staff</li> <li>• Run a census report at the beginning of each month to get a clear picture of total number of clients at each site <ul style="list-style-type: none"> <li>○ This report will also help aid in determining which clients need discharged.</li> </ul> </li> </ul>

## OUTCOMES MANAGEMENT

### EFFICIENCY

<b>EFFICIENCY Goal:</b> Achieve 450 served IOP clients.	
To whom goal is applied	IOP program
Rationale for performance target	Increased number of clients served supports company's financial goals.
Person(s)/Positions(s) responsible for collecting data	Program Director, Clinical Director
Sources from which data will be collected	EMR system
Timeframes for data collection	January 1 – December 31, 2020
<b>OUTCOME</b>	1. 367 engaged in one or more IOP group

	<ol style="list-style-type: none"> <li>2. 316 clients who engaged in IOP in 2020 were initially assessed in 2020.</li> <li>3. Freedom Recovery improved upon our screening process to improve the quality of assessments in 2020. This will ensure our attention is focused, and that we are, as often as possible, assessing clients who would be a good fit for our level of care.</li> </ol>
<b>ACTION PLAN</b>	<ol style="list-style-type: none"> <li>1. Freedom Recovery will continue networking with other Behavioral Health professionals in the greater Columbus area to increase number of clients served for 2021.</li> </ol>
<b>RECOMMENDED 20YY GOAL</b>	<ol style="list-style-type: none"> <li>1. Achieve 450 served IOP clients.</li> </ol>

## ACCESS TO SERVICES

<b>ACCESS TO SERVICES Goal:</b> 95% of clients will complete Intake Assessment within 2 weeks of their initial contact	
To whom goal is applied	All new and potential clients
Rationale for performance target	The sooner a client gets engaged with our program, the best chance of long term engagement, which is beneficial to treatment and revenue goals.
Person(s)/Positions(s) responsible for collecting data	Program Director, Clinical Director
Sources from which data will be collected	EMR system and call logs of intake coordinator
Timeframes for data collection	January 1 – December 31, 2020
<b>OUTCOME</b>	93.75% of clients assessed 1 or more days after being admitted to Freedom Recovery received their Intake Assessment within 2 weeks of admission.
<b>ACTION PLAN</b>	We are developing a more refined process to ensure assessments are scheduled as quickly as possible, staff schedules are representative of their availabilities, and clients have multiple touch points leading up to their assessment to ensure they arrive.
<b>RECOMMENDED 20YY GOAL</b>	95% of clients will complete Intake Assessment within 2 weeks of their initial contact based upon program system improvements.

## SATISFACTION

<b>CLIENT SATISFACTION Goal:</b> We will receive a rating of 8 or higher “How would you rate the services you received?”	
To whom goal is applied	All discharged clients
Rationale for performance target	Represents a high level of overall satisfaction with services provided.
Person(s)/Positions(s) responsible for collecting data	Program Director
Sources from which data will be collected	Survey Monkey
Timeframes for data collection	January 1 – December 31, 2020
<b>OUTCOME</b>	Client responses averaged a rating of 9.2 when asked, “How would you rate the services you received?”
<b>ACTION PLAN</b>	Continue to utilize client satisfaction surveys within Survey Monkey, and implement an Exit Survey to send to clients who have completed IOP and/or OP.
<b>RECOMMENDED 20YY GOAL</b>	Raise expectations to 8.5 or higher average rating when asked “How would you rate the services you received?”

<b>EMPLOYEE SATISFACTION Goal:</b> We will invite all staff to perform employee satisfaction survey once per year, minimum, define opportunities for improvement, and implement into company policies and procedures.	
To whom goal is applied	All staff
Rationale for performance target	As a management team, we want feedback from staff on a consistent basis, but are cautious to not request too often, as it can dilute the process.
Person(s)/Positions(s) responsible for collecting data	The program director is tasked with sending out the survey annually.
Sources from which data will be collected	Survey Monkey is the chosen data collection platform.
Timeframes for data collection	Annually, or as needed based upon occurrences or experiences in everyday operations.
<b>OUTCOME</b>	All staff was invited to respond to staff satisfaction survey in August of 2020. The trends were reviewed, organized, and plans put in place to address.
<b>ACTION PLAN</b>	New Hire training, specifically on EMR system and company operations, was too ‘on the job’ and not defined well enough upon hire.

	<ul style="list-style-type: none"> <li>- The management team has assembled a new hire binder, which includes an outline of EMR processes that a staff member should be taught. This outline is utilized in the training process.</li> </ul> <p>Communication with locations beyond the West Main office was a bit lacking and could be made more all-inclusive</p> <ul style="list-style-type: none"> <li>- The all team meetings scheduled for every Friday were better organized to incorporate all locations.</li> <li>- Liasons were assigned where necessary. Otherwise, the Program Director and Assistant Program Director were tasked with direct communication with each location on a weekly basis.</li> </ul> <p>The availability of the company's policies and procedures were brought up as an item that staff would like to have access to.</p> <ul style="list-style-type: none"> <li>- A couple hard copies were made of the company's policies and procedures and distributed to strategic locations.</li> <li>- The management team recognizes that this process gets the information into staff's hands as requested, but that updates to the policies can be hard to maintain.</li> <li>- Moving forward, copies will be reproduced at the time of annual review and approval.</li> </ul>
<b>RECOMMENDED 20YY GOAL</b>	Revise the schedule of Employee Satisfaction Surveys to be biannually, and review content to determine if all staff types should receive the same survey content, or if it should be better individualized for the roles.

## EFFECTIVENESS

<b>EFFECTIVENESS Goal at Time of Discharge:</b> 150 clients transition from IOP to OP or complete their treatment at Freedom Recovery.	
To whom goal is applied	All clients engaging in services.
Rationale for performance target	Transitions between programs prove efficacy of processes. Data demonstrates that completion of programs positively correlates with recovery.
Person(s)/Positions(s) responsible for collecting data	Program Director, Clinical Director
Sources from which data will be collected	EMR system
Timeframes for data collection	January 1 – December 31, 2020

<b>OUTCOME</b>	81 clients transitioned from IOP to OP at Freedom Recovery
<b>ACTION PLAN</b>	Continue monitoring client status based upon clinical diagnosis. Encourage transitioning based upon individual treatment plan. Maintain up to date records reflecting true activities.
<b>RECOMMENDED 20YY GOAL</b>	Reach the previous year's goal of 150 clients transitioning from IOP to OP at Freedom Recovery

<b>EFFECTIVENESS Goal POST-DISCHARGE:</b> When contacted, 70% of clients will report they are no longer using substances.	
To whom goal is applied	All clients who've successfully completed their program with FR and have been discharged.
Rationale for performance target	This target exceeds our team's realistic expectations based upon information available.
Person(s)/Positions(s) responsible for collecting data	Ownership team with the support of the Program Director
Sources from which data will be collected	Survey Monkey
Timeframes for data collection	Annually
<b>OUTCOME</b>	<ul style="list-style-type: none"> <li>- 50 out of 60 said they now have better relationships with friends and family (83%)</li> <li>- 50 out of 61 said they have not used in the months or years since leaving Freedom (82%)</li> <li>- 54 out of 61 said that their life has improved since coming to Freedom Recovery. (88%)</li> </ul>
<b>ACTION PLAN</b>	Continue current operations, communicating the results to staff. Need to better define the timeline for sending surveys to discharged clients, whether it be an amount of time after discharge, or if annual actually meets our desired goal of information accumulation.
<b>RECOMMENDED 20YY GOAL</b>	Increase our target of clients reporting that they no longer use substances from 70% to 75%.