Quality, Compliance and Risk Management Annual Report FY2024

October 1, 2023 – September 30, 2024

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1. Mission, Vision, Values and Principles

Mission

To provide professional, holistic services to all women as they unlock their potential while recovering from substance use and while moving towards their best mental health.

Vision

We envision healthy communities, without stigma towards those with mental health and substance use challenges.

Values

We Believe in and are Committed to:

- Recovery with Respect
- Supporting members in achieving their goals
- Recovery that is possible for all and is limitless in scope
- Assisting our employees with professional and personal development
- Contributing to the health of the Tucson community

Principles

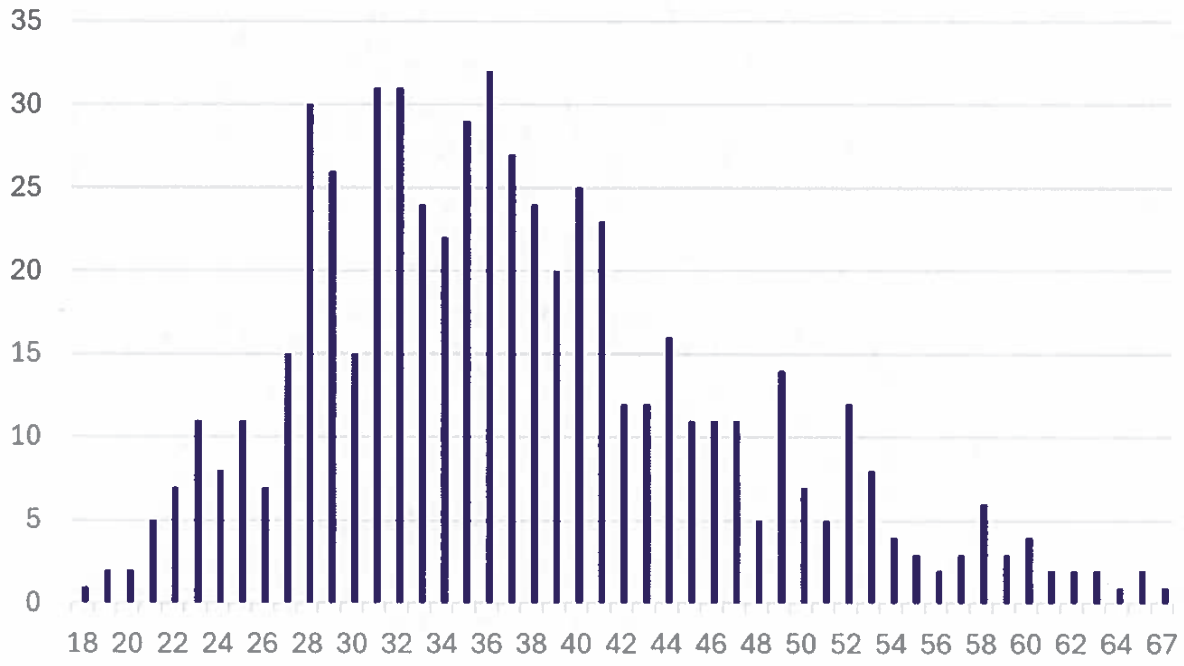
In all that we do, we are guided by the following principles:

- Providing high quality, cost effective, outcome focused services.
- The focus of substance use services will be on the member by developing services that support recovery and resiliency.
- The rights of each member will be protected including having the right to make choices and to be involved in the decision-making process.
- Services will be comprehensive in nature and provided on a continuum.
- The health and wellness of members will be enhanced through prevention and health promotion.
- The Haven will work in collaboration with other community-based organizations and form mutually rewarding partnerships that build upon organizational capacities and strengths.
- The Haven will treat its employees and volunteers in a respectful manner by acknowledging them as the most important resource and supporting them in being successful in their roles and communities.
- The Haven will work to end the stigma of addiction disorders and advocate for just public policies that provide appropriate levels of public support to ensure that affordable treatment, health promotion and prevention services are available in a timely manner to all who need them.

- Every member will receive the highest quality of care according to best practice guidelines.
- Services will be linguistically and culturally relevant.
- Services will be evaluated regularly resulting in a high level of transparency and accountability to promote positive member outcomes.
- Technology will be utilized to increase the availability and accessibility to enhance service delivery.
- Services will be designed and implemented based on the philosophies outlined in the AHCCCS Adult System of Care Principles and CARF Standards.
- Members seeking services will be viewed as unique and resilient and will not be defined by their substance use disorders.

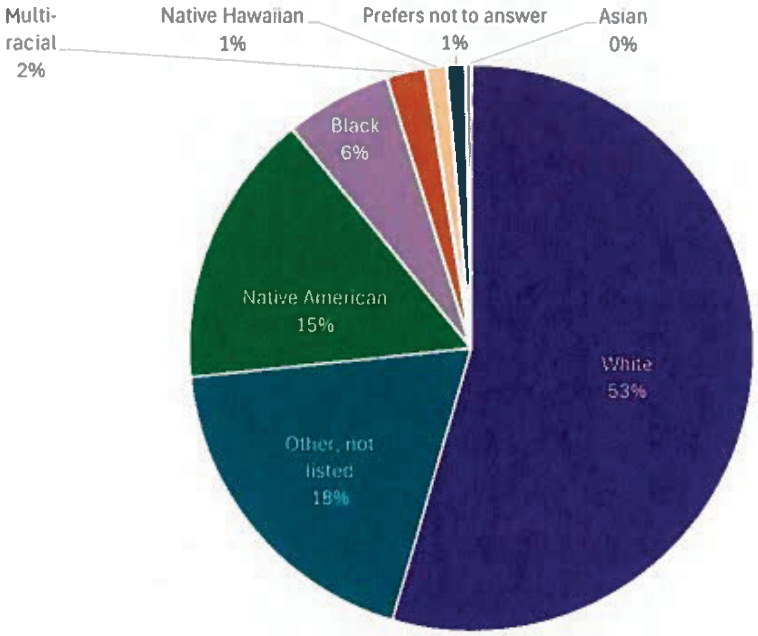
2. Member Demographics

- **Age**

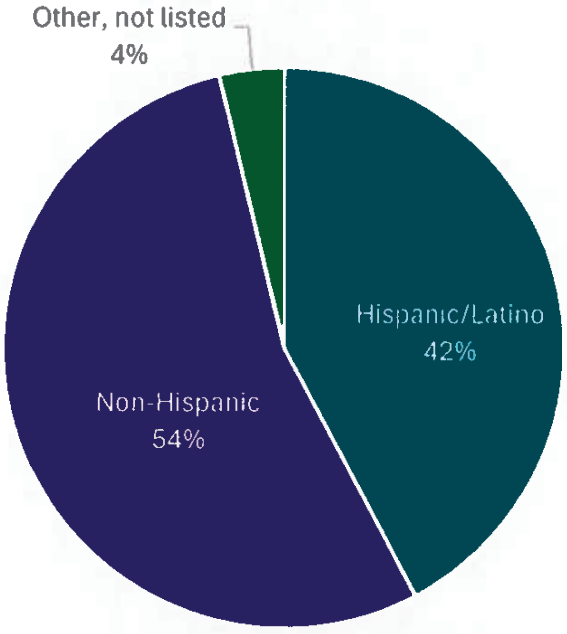


Average Age = 37 Minimum Age = 18 Maximum Age = 67

- **Race**

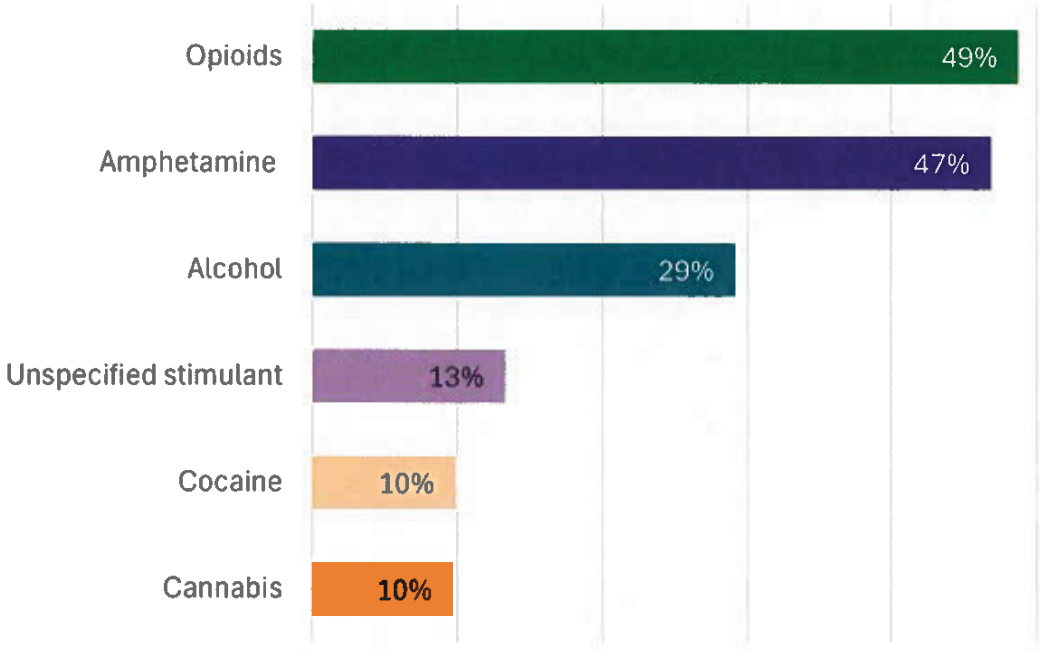


- **Ethnicity**

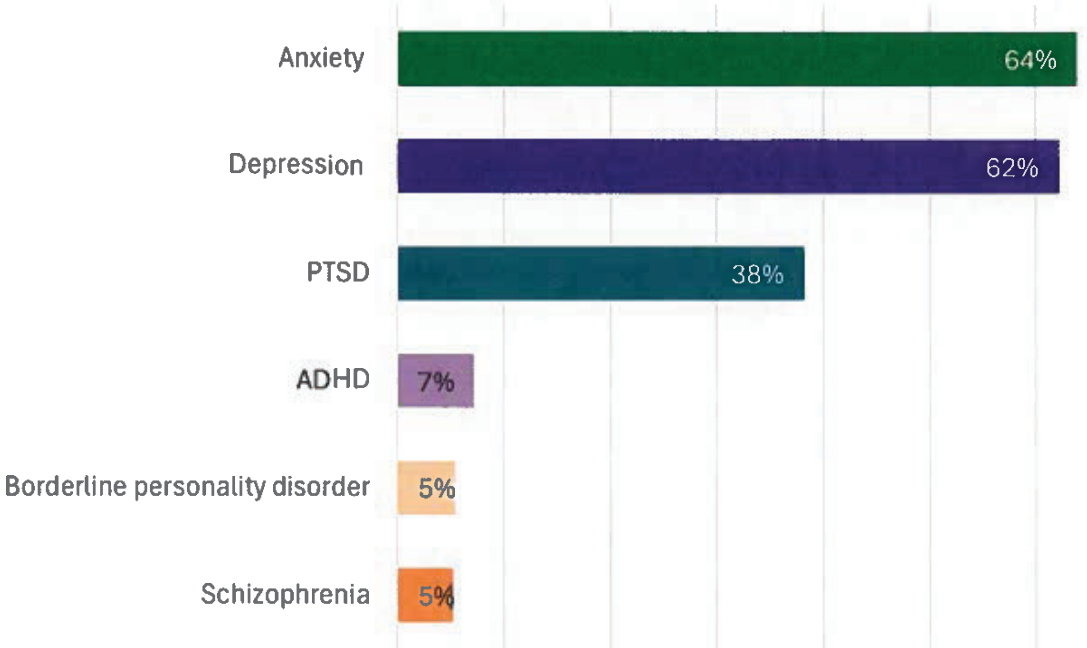


3. Diagnosis

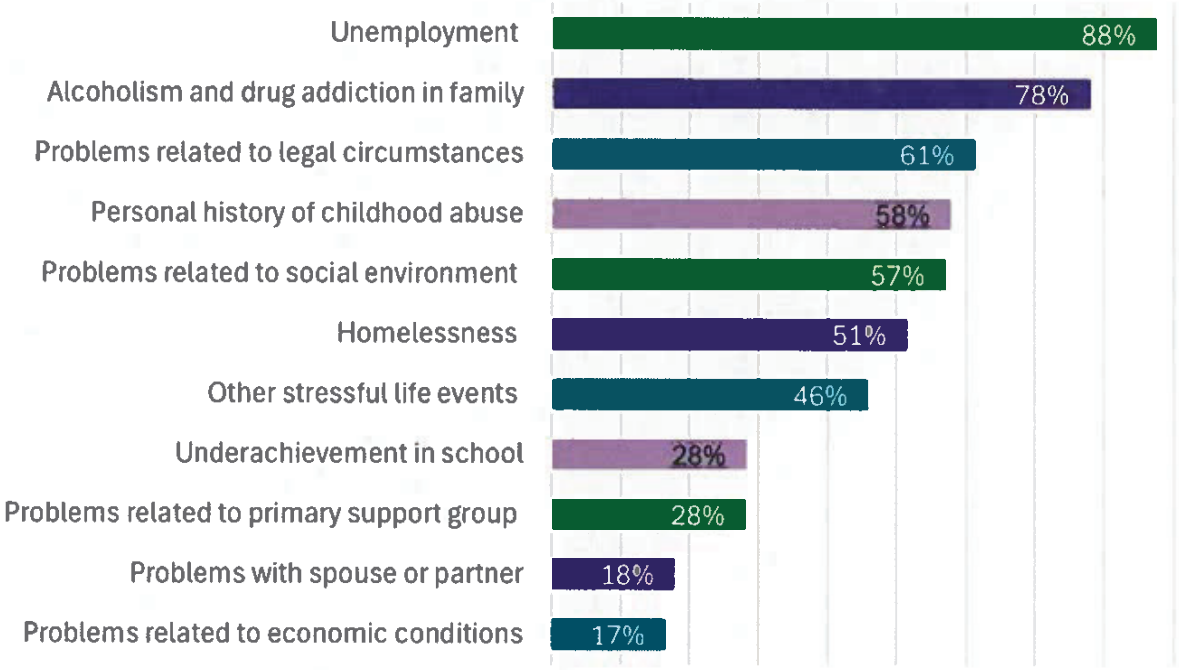
- **Severe Substance Use Disorders by Category**



- **Mental Health Diagnosis**

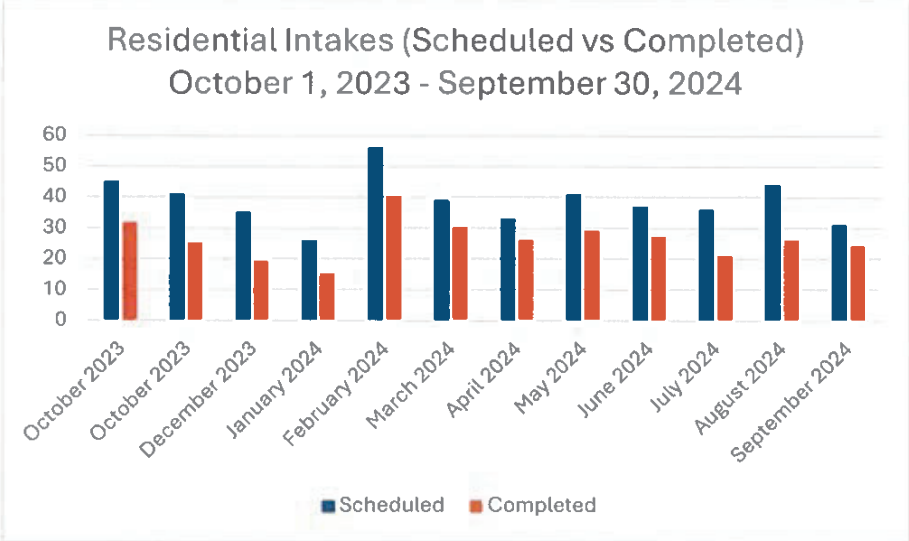


4. Prevalence of Social Determinants of Health

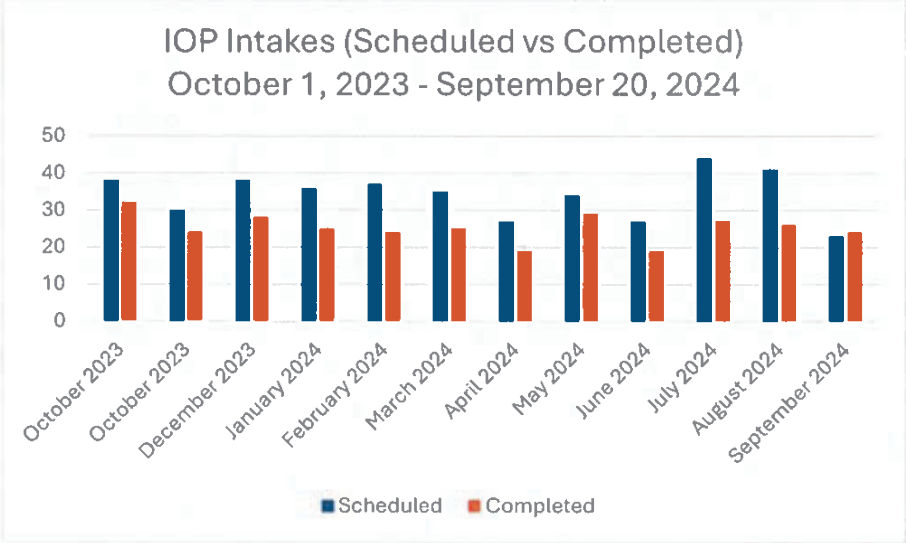


5. Clinical Outcomes

- **Utilization**
  - **Admits to Programming** – 800 (18% increase from previous year)
  - **Total Members Served-** 587 Members Served (23% increase from previous year)
  - **Total Residential Admissions**



- **Total IOP Admissions**



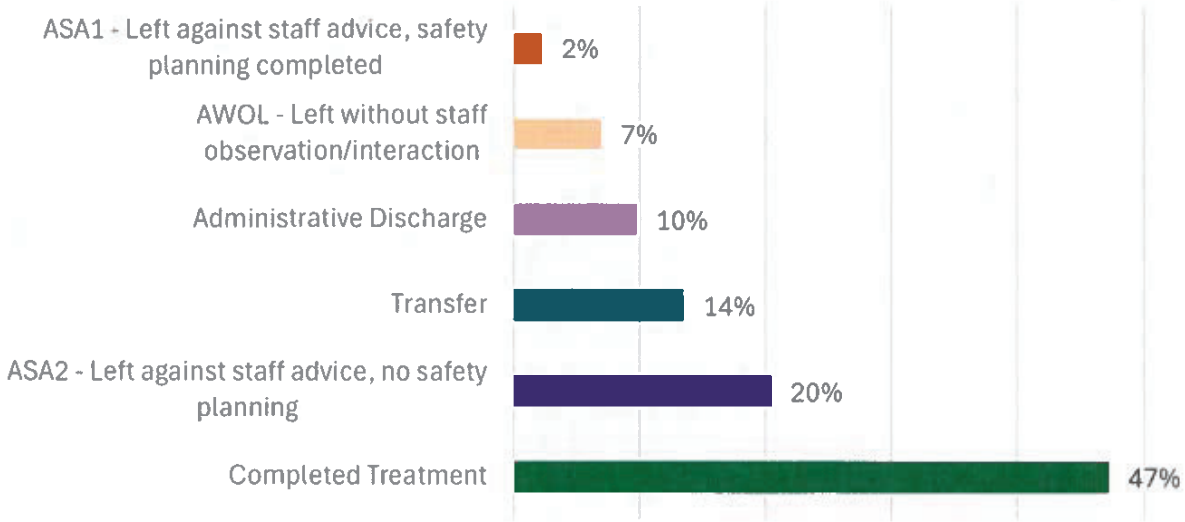
- **Treatment Outcomes**

  Notes:

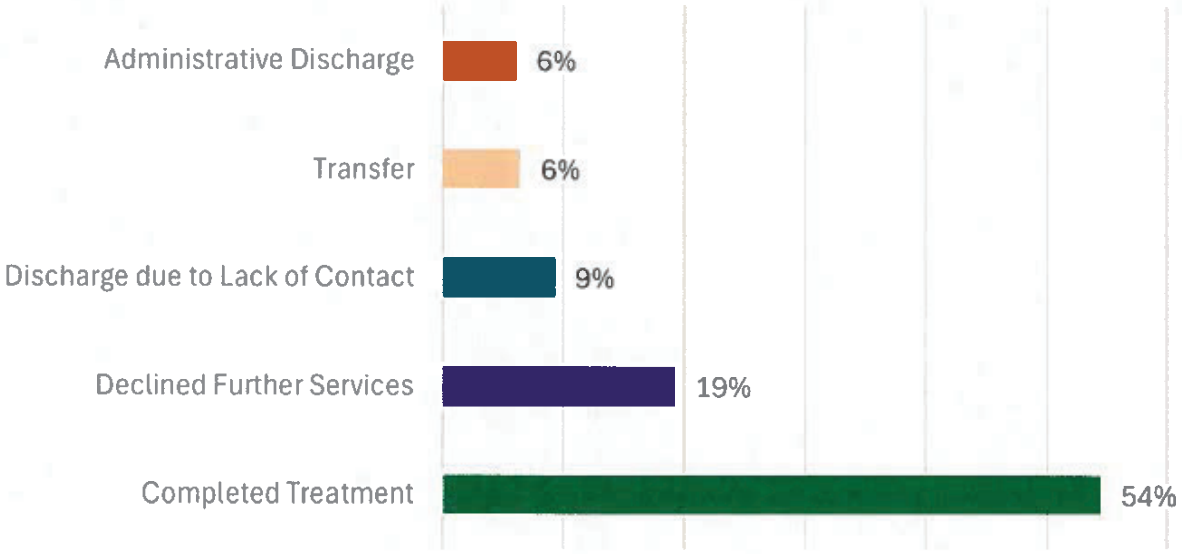
  The national average of successful discharges is 44%.

  The Haven defines Transfers as those members who need

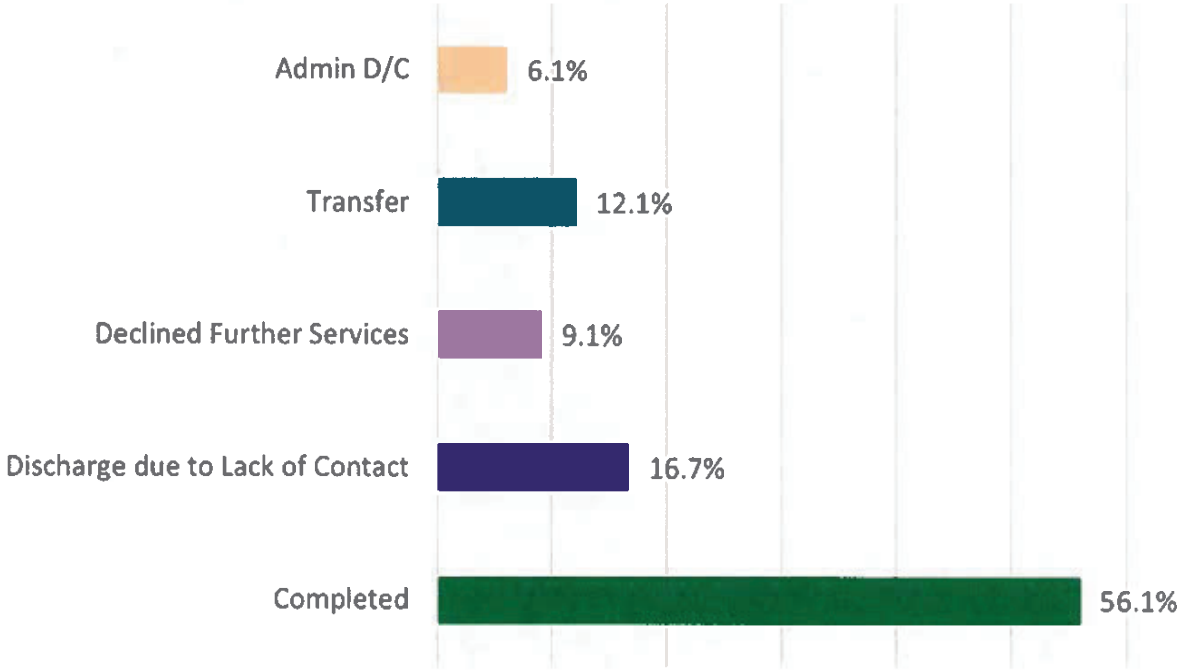
  - **Residential**



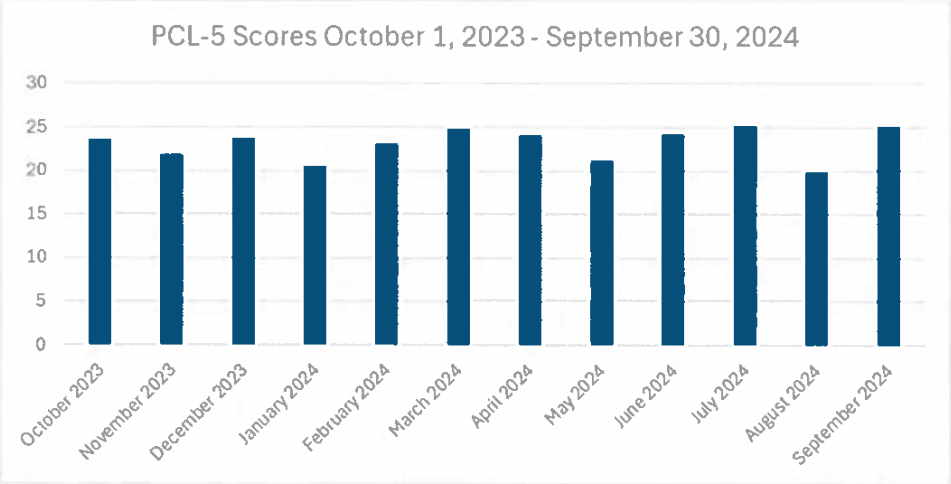
- **IOP**


Administrative Discharge
6%
Transfer
6%
Discharge due to Lack of Contact
9%
Declined Further Services
19%
Completed Treatment
54%

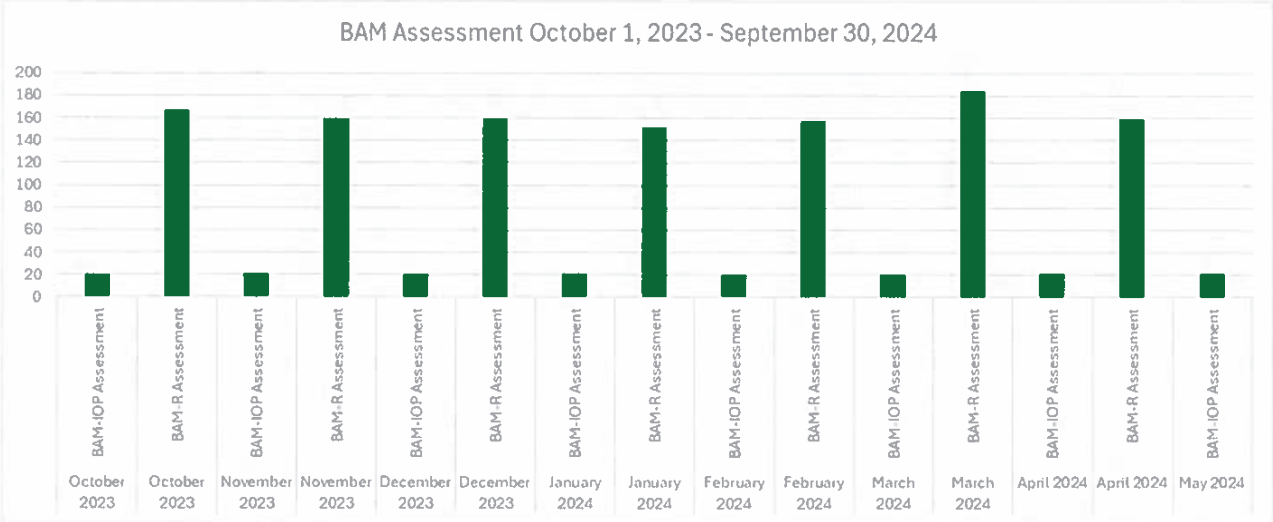
- **OP-SUD**


Admin D/C
6.1%
Transfer
12.1%
Declined Further Services
9.1%
Discharge due to Lack of Contact
16.7%
Completed
56.1%

- **Average Length of Stay (LOS)**
  - Residential Average Length of Stay: 46 days
  - IOP Average Length of Stay: 66 days Outpatient
  - Average Length of Stay: 119 days
  - Average daily census: 125 individuals
- **Impact**
  - **Residential**
    - 77% decrease in Depression Score
    - 83% decrease in Impairment Level
  - **IOP/OP**
    - 68% decrease in Depression Score
    - 84% decrease in Risk Factors
  - **Keeping Families Together**
    - Supported 32 pregnant women
    - Prevented 7 likely removals by Department of Child Safety
    - Had 5 newborns discharged home to Residential with their mothers
    - Had 17 children living at the Residential campus and 8 at the IOP Recovery Housing.
    - Worked with Department of Child Safety to coordinate 16 cases of supervised visitation
  - **Improvement with Socia; Determinants of Health**
    - 74% of members had stable housing when they completed IOP
    - 51% of members had stable employment when they completed IOP
  - **Improved Effectiveness**
    - 68% of Residential referrals transferred into members
    - 73% of IOP referrals transferred into members
  - **Assessment Outcome Scores**
    - PCL-5 Score for Both Sites – Average Score 23.0



- BAM Score for Both Sites (Discontinued in May 2024) – Average Score 87.3



- PHQ- 9 Score for Both Sites – Average Score 7.3

6. Performance Improvement Highlights of FY2024

General Administration

Key Achievements

- Increased engagement at community events.
- Exceeded retention goals for most employee categories, indicating a supportive workplace environment.
- Effective cost management with notable reductions in operating costs per unit.
- Significant improvements in training compliance during Q4.

Opportunities For Improvement

- Training and Competencies: Urgent need to align training and evaluations with set targets.
- Budget Management: Streamline processes to improve adherence to financial targets.
- Residential Program Census: Address underlying factors contributing to lower census numbers.

Residential

Key Achievements

- Successful discharges exceeded target with a 60% annual average.
- Medication errors maintained well below target levels.
- Notable improvements in Q4 for several metrics, including therapist productivity and member satisfaction.

Opportunities For Improvement

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Intensive Outpatient

Key Achievements

- Improvement in Housing Stability: The program successfully achieved housing stability for a significant number of members, particularly in Q2 and Q4, with an average of 74% for the year.

- Therapist and Recovery Coach Productivity: Both therapist and recovery coach productivity showed promising results in certain months, particularly in Q2, with recovery coach productivity reaching up to 70 hours per month.
- Member Housing and Treatment Completion: While the treatment completion rate was below target, there was a clear upward trend in housing stability by the time of discharge, indicating success in addressing key SDOH challenges.

Opportunities For Improvement

- Treatment Completion Rates: The discharge success rate did not meet the target, averaging just 46%. This indicates the need for enhanced focus on treatment outcomes and more effective discharge planning.
- Employment Stability: Employment stability among members fell short of expectations, with a yearly average of 51% against a target of 80%. More efforts are needed to address employment challenges as part of the treatment plan.
- Employee Satisfaction: Scores for adaptability and trust were lower than expected, averaging 64% and 36%, respectively. These figures highlight a need for stronger employee support programs and team-building initiatives.
- Length of Stay: The average member length of stay (LOS) exceeded the target, averaging 91 days. This suggests that the time to reach clinical goals needs to be shortened, requiring more streamlined treatment pathways.
- Intake Completion Rate: Intake completion was lower than the target of 80%, averaging 69%. This gap indicates the need for better coordination and outreach to fill census requirements more efficiently.

Outpatient

Key Achievements

- Member Satisfaction (Q2 Performance): Member satisfaction reached 81% in Q2, indicating that there are effective elements of the program that resonate with participants, suggesting areas that can be further enhanced.
- January Success in Discharges: The highest successful discharge rate of the year (100%) was recorded in January, showing that when processes align, treatment success rates can be significantly improved.
- Improvement in Q2 LOS: Although the overall LOS was above the target, Q2 saw improvements, with the average LOS dropping to 156 days, indicating positive trends toward reducing length of stay for successful discharges.

Opportunities For Improvement

- Discharge Success Rate: With a year-end average of 27%, the success rate for treatment completion needs urgent attention. Significant improvements are needed in supporting members throughout treatment to ensure higher success rates.

- Member Satisfaction (Q3 Decline): Satisfaction dropped to 62% in Q3, highlighting a need to address issues that may have emerged during this period. Understanding and mitigating these issues will be key to improving future satisfaction scores.
- Length of Stay: The average LOS significantly exceeded the target, with particularly concerning data points in August (448 days). This warrants further investigation to identify underlying causes and implement strategies for reducing LOS.
- Treatment Plan Updates: The percentage of treatment plan updates was consistently below 2%, with some months showing no updates at all. This is a critical area that needs improved processes to ensure all members are receiving up-to-date and personalized treatment plans.
- Appointment Show Rate Data: Lack of data on the appointment show rate is a gap that needs to be addressed to improve tracking and identify trends in appointment adherence.

4. Outcomes From QMPI Indicators

Overall Executive Summary

The FY2024 report provides a comprehensive review of The Haven's performance across all major domains, including General Administration, Residential, Intensive Outpatient (IOP), and Outpatient services. This report evaluates key metrics and performance indicators (KPIs) in areas such as stakeholder satisfaction, employee retention, business functions, staff training, effectiveness, efficiency, and access to services.

Overall, while The Haven has made significant strides across multiple domains, there are key areas requiring targeted focus and improvement to ensure continued success and alignment with strategic goals in the future.

General Administration

General Administration Executive Summary

The report highlights notable progress toward strategic goals despite some challenges in certain areas. Employee retention and stakeholder satisfaction showed positive trends, while efforts to strengthen business functions and staff training competencies are ongoing.

Key Highlights:

- Stakeholder Satisfaction: Increased community visibility.
- Employee Retention: Retention rates exceeded targets in most categories.
- Business Function Improvements: Operating costs reduced and targeted budget items achieved.
- Training and Competencies: Incremental improvements in compliance with training and performance reviews.

Areas requiring attention include consistency in meeting training compliance targets and documentation of competency evaluations.

General Administration Performance Analysis by Domain

Stakeholder Satisfaction

- Net Promoter Score (NPS): Not completed this fiscal year.
- Community Visibility:
    - Target: 1 press release per quarter. Actual: 3 press releases issued annually.
    - Participation in tabling events surpassed expectations, with 14 events attended.

Employee Satisfaction

- **Retention Rates:**
- General employee retention averaged 96%, exceeding the target of 62%.
- Counselor retention remained high at 94%, while Peer Mentors averaged 88%.
- **Career Development Engagement:**
- Employee engagement surveys show employees are happy with their current roles in the organization but would like further training opportunities.

Business Functions

- **Cost Efficiency:**
    - Operating costs per unit were reduced, with an annual average of $100.24 against a target of $164.00.
- **Residential Program Census:**
    - Averaged 1160 billed bed days, slightly below the target of 1247.
- **Days Sales Outstanding:**
    - Maintained an average of 43 days, exceeding the target of 35 days.
- **Budget Targets:**
    - Variance in meeting budgeted items highlighted operational challenges, with an average performance of -408.5% below the desired 100%.

Staff Training and Competencies

- **Training Compliance:**
    - Annual average of 64%, well below the 100% target.
    - Incremental improvements were noted in Q4, reaching 86% compliance.
- **Performance Reviews:**
    - Timely completion improved to 71% overall, with significant lapses in mid-year reviews.

- **Competency Evaluations:**
  - Compliance averaged 42%, highlighting a need for greater focus.

Key Achievements

- Increased engagement at community events.
- Exceeded retention goals for most employee categories, indicating a supportive workplace environment.
- Effective cost management with notable reductions in operating costs per unit.
- Significant improvements in training compliance during Q4.

Opportunities For Improvement

- **Training and Competencies:** Urgent need to align training and evaluations with set targets.
- **Budget Management:** Streamline processes to improve adherence to financial targets.
- **Residential Program Census:** Address underlying factors contributing to lower census numbers.

General Administration Closing Remarks

The Haven's performance in FY2024 underscores its commitment to service excellence and operational efficiency. While challenges remain in specific domains, the accomplishments serve as a foundation for future growth. Looking forward, strategic interventions will target identified weaknesses, with an emphasis on training compliance, financial management, and employee engagement

The Haven - FY2024 QM/PI Performance Indicators

Table 1 - General/Admin

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target	OCT	NOV	DEC	Q1	JAN	FEB	MAR	Q2	APR	MAY	JUN	Q3	JUL	AUG	SEPT	Q4		Yearly Average
SATISFACTION (Stakeholder)	Increase stakeholders who would be "likely to recommend" The Haven programs	NPS Score	All stakeholder responses to survey	QM	Annually	Stakeholder Survey	NPS ≥ 62																		
	Increase positive Community Visibility/Presence	# of Media/Press Releases	N/A	Comms	Quarterly	Communications Plan	1	0	0	0	0	1	1	0	2	0	1	0	1	2	1	1	3		2
		# of Haven participation in tabling events	All Events	Comms	Monthly	Communications Plan	1	8	8	10	26	3	2	7	12	3	4	1	8	0	2	2	4		13
SATISFACTION (Employee)	Improve retention rates	% of employees retained in current positions or new positions	All Employees	HR	Quarterly	HR records/Payroll	62	92%	100%	99%	97%	99%	93%	91%	94%	95%	97%	96%	96%	94%	96%	98%	96%		96%
		% of employees retained in current positions	All Counselors	HR	Monthly	HR Records	> 70% retention rate	100%	100%	100%	100%	100%	100%	88%	96%	86%	83%	100%	90%	83%%	80%	100%	90%		94%
			All Recovery Coaches					63%	100%	100%	89%	100%	100.00%	86%	95%	100%	100%	86%	95%	100%	100%	100%	100%		95%
			All FT Res Techs					86%	100%	100%	95%	94%	89%	88%	90%	100%	100%	78%	93%	80%	89%	88%	86%		91%
			All Peer Mentors					100%	100%	100%	100%	100%	75%	100%	92%	100%	33%	50%	61%	100%	100%	100%	100%		88%
	Improve organizational survey scores in the area of Career Development	% of Top Five scores on Questions 5 - 9	All survey responses	QCR/HR	Semi- Annually	Employee Engagement Survey	Scores meet or achieve benchmarks	Pending Survey Results				No survey completed				No survey completed				Q5 Yes Q6 No Q7 Yes Q8 Yes Q9 Yes					Yes No Yes Yes Yes
BUSINESS FUNCTION	Decrease cost per unit of service (UOS)	Operating cost / units billed	All costs and billing	Finance	Monthly	GL & CMD	$164.00	$90.08	$88.87	$89.51	[illegible]	$95.51	$97.11	$98.67	[illegible]	$97.96	[illegible]	[illegible]	[illegible]	$106.10	$108.12	$113.14	[illegible]		$100.24
	Increase census in Residential Program	Billed Bed Days (H0018)	All active clients in Residential Program per day	Finance	Monthly	GL & CMD	1247	1137	1078	1135	1117	880	850	1319	1017	1275	1354	1333	1328	1329	1136	1096	1187		1168
	Increase units of service billed in IOP/OP	# Units of Services	All billing for IOP/OP Program	Finance	Monthly	GL & CMD	4811	4417	3847	3751	[illegible]	4153	4104	[illegible]	[illegible]	4074	3679	3473	[illegible]	[illegible]	3422	[illegible]	[illegible]		3788
	Increase Days' Cash & AR on hand	cash + investments + net AR / avg daily exp = days on hand	Liquidity measures	Finance	Monthly	GL	183 Days	280	346	348	[illegible]	233	231	238	[illegible]	231	344	255	[illegible]	256	247	234	[illegible]		244
	Improve meeting or exceeding targeted budget items	% of net operating income vs. budgeted income	All budgeted items	Finance	Monthly	GL	100%	-525%	-2488%	88%	[illegible]	[illegible]	-2136.00%	139%	[illegible]	1662%	304%	90%	[illegible]	407%	[illegible]	[illegible]	[illegible]		-409
	Decrease Days Sales Outstanding in AR	Days Sales Outstanding = income / payments x # of days in month	All billing and payments	Finance	Monthly	AR detail	35 days or less	51	44	50	[illegible]	44	36	41	[illegible]	45	35	40	[illegible]	38	37	41	[illegible]		42
Staff Training/ Competencies	Improve timely conformance with required trainings	% of employees up to date on trainings by end of month	All assigned trainings	HR	Monthly	Relias Compliance reports	100%	60%	60%	60%	[illegible]	[illegible]	35%	[illegible]	[illegible]	[illegible]	63%	77%	[illegible]	[illegible]	[illegible]	80%	[illegible]		64
	Improve consistency with Performance Review process	% of employees receiving their reviews on time	All non-contracted employees	HR	Quarterly	HR Records	100%	100%	100%	100%	100%	0%	0%	0%	0%	100%	0%	N/A	100%	50%	100%	100%	[illegible]		71
	Improve compliance with documenting employee job competencies	% of employees with current competency evaluations	All non-contracted employees	HR/QM	Quarterly	Compliance	100%	100%	100%	50%	[illegible]	0%	0%	0%	0%	0%	0%	N/A	0%	[illegible]	100%	100%	[illegible]		43

Residential

Residential Executive Summary

The report emphasizes the organization's performance in four key domains: Effectiveness, Satisfaction, Efficiency, and Access. Performance metrics were compared against established targets, with several areas showing strong achievements, although opportunities for further improvement were identified

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Residential Performance Analysis by Domain

Effectiveness

- **Objective:** Increase the percentage of members completing treatment successfully.
  - **Key Metric:** Percentage of successful discharges.
    - **Target:** 50%
    - **Annual Average:** 60%
  - **Monthly Performance Highlights:**
    - **Highest:** 80% (May)
      Lowest: 34% (March)

***Observations**: Despite fluctuations, the annual average surpassed the target, with notable peaks in Q2 and Q4.*

Satisfaction (Member)

- **Objective:** Improve member satisfaction scores across all areas.
  - **Key Metric:** Percentage of "Top Box" responses to survey questions.
    - **Target:** 90%
    - **Annual Average:** 73%
  - **Quarterly Performance Highlights:**
    - **Highest:** 81% (Q2)
    - **Lowest:** 62% (Q3)

***Observations:** While the target was not met, Q2 performance indicates potential strategies for replication.*

Satisfaction (Employee)

- **Objective 1:** Improve communication between executive leadership and frontline staff.
  - **Key Metric:** Top Box responses on Question 23 of the Employee Engagement Survey.

        - **Target:** 65%
        - **Annual Average:** 27%

    Observations: Communication remains a critical area for growth.

- **Objective 2**: Enhance management's recognition of strong performance.
    - **Key Metric**: Top Box responses on Question 25 of the Employee Engagement Survey.
        - **Target:** 65%
        - **Annual Average:** 53%

    Observations: *While below target, performance recognition showed relative strength compared to other metrics.*

Efficiency

- **Objective 1:** Increase therapist productivity/documentation.
    - **Key Metric:** Average hours documented per month.
        - **Target:** 100 hours
        - **Annual Average:** 64 hours
    - **Monthly Performance Highlights:**
        - **Highest:** 88 hours (April)
        - **Lowest:** 51 hours (February)

    Observations: *Significant improvements in Q4 but still below target.*

- **Objective 2:** Increase recovery coach productivity/documentation.
    - **Key Metric:** Average hours documented per month.
        - **Target:** 80 hours
        - **Annual Average:** 53 hours
    - **Monthly Performance Highlights:**
        - **Highest:** 67 hours (April)
        - **Lowest:** 37 hours (November)

    Observations: Consistently below target with minimal variability.

- **Objective 3:** Reduce medication errors.
    - **Key Metric:** Number of errors reported.
        - **Target:** Below 10 errors/month
        - **Annual Average:** 4 errors

    Observations: *Performance consistently surpassed the target, demonstrating strong procedural controls.*

Access

- **Objective:** Increase the percentage of individuals transferred into membership.
  - **Key Metric:** Completed intakes as a percentage of available beds.
    - **Target:** 80%
    - **Annual Average:** 68%
  - **Monthly Performance Highlights:**
    - **Highest:** 79% (May)
    - **Lowest:** 54% (December)

Observations: *While below target, Q4 demonstrated consistent improvement.*

Key Achievements

- Successful discharges exceeded target with a 60% annual average.
- Medication errors maintained well below target levels.
- Notable improvements in Q4 for several metrics, including therapist productivity and member satisfaction.

Opportunities for Improvement

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Quality Management Recommendations for FY2025

- Strengthen training and documentation protocols to enhance efficiency.
- Address communication gaps between leadership and staff.
- Implement targeted interventions to boost productivity and satisfaction.
- Develop initiatives to improve bed utilization and member intake processes.
- Leverage Q2 strategies for member satisfaction across all quarters.

Residential Closing Remarks

The Residential Executive Summary highlights a year of commendable achievements and areas for strategic focus. Surpassing key targets, such as successful discharges and reduced medication errors, demonstrates the organization's commitment to excellence. However, the analysis also underscores critical opportunities to enhance satisfaction, efficiency, and access metrics. By implementing the outlined Quality Management Recommendations for FY2025, the organization is well-positioned to sustain progress, address gaps, and advance its mission of delivering effective, accessible, and member-focused services.

The Haven - FY2024 QM/PI Performance Indicators

Table 2 - Residential Treatment Program (RES)

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target	OCT	NOV	DEC	Q1	JAN	FEB	MAR	Q2	APR	MAY	JUN	Q3	JUL	AUG	SEPT	Q4		Yearly Average
EFFECTIVENESS	Increase in members completing treatment successfully	% of discharges that were successful	All discharges	Program Manager	Monthly	EHR Reports	50%	65%	62%	65%	64%	68%	48%	34%	50%	42%	80%	57%	60%	74%	65%	63%	67%		60%
SATISFACTION (Member)	Improve member satisfaction scores in all areas	% of "Top Box" responses to survey questions	All program participants	QCR	Quarterly	Member Satisfaction Survey	90%				77%				81%				62%				73%		73%
SATISFACTION (Employee)	Improve employee perception of communication between executive leadership and frontline staff	% of Top Box scores on Question 23	All Residential employee responses	QCR	Semi-Annually	Employee Engagement Survey	65%								N/A								27%		27%
	Improve employee perception of management's recognition of strong performance	% of Top Box scores on Question 25	All Residential employee responses	QCR	Semi-Annually	Employee Engagement Survey	65%								N/A								53%		53%
EFFICIENCY	Increase in therapist productivity/ documentation	Avg. of number of hours team encountered per month	All Therapist encounters	Program Manager	Monthly	EHR Reports	100hrs	59	59	67	62	62	51	55	56	88	58	70	72	50	64	79	64		64
	Increase in recovery coach productivity/ documentation	Avg. of number of hours team encountered per month	All RC encounters	Program Manager	Monthly	EHR Reports	80hrs	51	57	59	49	49	51	64	55	67	54	57	59	45	52	49	49		53
	Reduce staff mistakes with documenting and dispersing medications	Number of medication errors reported	All Incident Reports	QCR/Nurse Manager/Program Manager	Monthly	Paper Reports	Below 10	4	2	5	4	7	0	2	3	10	6	3	6	2	7	0	3		4
ACCESS	Increase % of individuals transferred into members	Number of completed intakes to emptied beds	All prescreened members meeting Residential criteria	Admissions	Monthly	Paper Reports	80%	71%	63%	54%	63%	58%	71%	77%	69%	79%	71%	73%	74%	58%	59%	77%	65%		68%

Intensive Outpatient

Intensive Outpatient Executive Summary

The IOP program's performance was also thoroughly analyzed, focusing on effectiveness, member and employee satisfaction, efficiency, and access. While progress was made in several areas, some aspects fell short of expectations. Key successes were noted, alongside the need for focused improvements to meet future goals.

Intensive Outpatient Performance Analysis by Domain

Effectiveness

- **Objective 1:** Increase the percentage of members completing treatment successfully.
  - **Key Metric:** Percentage of successful discharges.
    - **Annual Average:** 46%
    - **Target:** 50%
  - **Monthly Performance Highlights:**
    - **Highest:** 79% (April)
    - **Lowest:** 35% (December)

Observations: *The program faced challenges in meeting this metric during Q1; however, as the year progressed, it consistently exceeded the target monthly.*

- **Objective 2:** Increase # of members with improvement in SDOH challenges by the time of discharge
  - **Key Metric 1:** Percentage of members with stable housing by discharge
    - **Target:** 85%
    - **Annual Average:** 74%
  - **Monthly Performance Highlights:**
    - **Highest:** 100% (February)
    - **Lowest:** 38% (December)

Observations: *The program faced challenges in meeting this metric throughout the year. Q3 was the hardest quarter with not being able to hit the goal at all during this quarter.*

  - **Key Metric 2:** Percentage of members with stable employment by discharge
    - **Target:** 80%
    - **Annual Average:** 51%
  - **Monthly Performance Highlights:**
    - **Highest:** 79% (October)
    - **Lowest:** 21% (June)

Observations: *The program encountered ongoing challenges in meeting this metric throughout the year, with the closest attainment of the target goal reaching 79% in June.*

Satisfaction (Member)

- **Objective 1:** Improve member satisfaction scores across all areas.
  - **Key Metric:** Percentage of "Top Box" responses to survey questions.
    - **Target:** 90%
    - **Annual Average:** 73%
  - **Quarterly Performance Highlights:**
    - **Highest:** 81% (Q2)
    - **Lowest:** 62% (Q3)

  Observations: *While the target was not met, Q2 performance indicates potential strategies for replication.*

- **Objective 2:** Increase in employees feeling confident in adapting quickly to difficult situations.
  - **Key Metric:** Percentage of "Top Box" responses to survey question 15.
    - **Target:** 85%
    - **Annual Average:** 64%

  Observations: *The survey was only conducted once during the fiscal year and fell below the target goal.*

- **Objective 3:** Increase employees trust with leadership.
  - **Key Metric:** Percentage of "Top Box" responses to survey question 28.
    - **Target:** 70%
    - **Annual Average:** 36%

  Observations: *The survey was only conducted once during the fiscal year and fell well below the target goal.*

Satisfaction (Employee)

- **Objective 1:** Improve communication between executive leadership and frontline staff.
  - **Key Metric:** Top Box responses on Question 23 of the Employee Engagement Survey.
    - **Target:** 65%
    - **Annual Average:** 27%

  Observations: *Communication remains a critical area for growth.*

- **Objective 2:** Enhance management's recognition of strong performance.
    - **Key Metric:** Top Box responses on Question 25 of the Employee Engagement Survey.
        - **Target:** 65%
        - **Annual Average:** 53%

Observations: *While below target, performance recognition showed relative strength compared to other metrics.*

Efficiency

- **Objective 1:** Increase therapist productivity/documentation.
    - **Key Metric:** Average hours documented per month.
        - **Target:** 100 hours
        - **Annual Average:** 72 hours
    - **Monthly Performance Highlights:**
        - **Highest:** 87 hours (May)
        - **Lowest:** 56 hours (December)

Observations: *Significant improvements in Q3 but still below target.*

- **Objective 2:** Increase recovery coach productivity/documentation.
    - **Key Metric:** Average hours documented per month.
        - **Target:** 80 hours
        - **Annual Average:** 60 hours
    - **Monthly Performance Highlights:**
        - **Highest:** 87 hours (May)
        - **Lowest:** 70 hours (April)

Observations: *Consistently below target with minimal variability.*

- **Objective 3:** Increase member treatment plan updates.
    - **Key Metric:** Percentage of treatment plan updates.
        - **Target:** 80%
        - **Annual Average:** 15%
    - **Monthly Performance Highlights:**
        - **Highest:** 33% (May)
        - **Lowest:** 0% (September)

Observations: *This objective was not tracked until Q3. Consistently below target with minimal variability.*

Access

- **Objective:** Increase the percentage of individuals transferred into membership.
  - **Key Metric:** Completed intakes as a percentage of available census.
    - **Target:** 80%
    - **Annual Average:** 73%
  - **Monthly Performance Highlights:**
    - **Highest:** 85% (May)
    - **Lowest:** 61% (July)

Observations: *Q1 was the most successful quarter showing progress towards the goal.*

Key Achievements

- Improvement in Housing Stability: The program successfully achieved housing stability for a significant number of members, particularly in Q2 and Q4, with an average of 74% for the year.
- Therapist and Recovery Coach Productivity: Both therapist and recovery coach productivity showed promising results in certain months, particularly in Q2, with recovery coach productivity reaching up to 70 hours per month.
- Member Housing and Treatment Completion: While the treatment completion rate was below target, there was a clear upward trend in housing stability by the time of discharge, indicating success in addressing key SDOH challenges.

Opportunities for Improvement

- **Treatment Completion Rates:** The discharge success rate did not meet the target, averaging just 46%. This indicates the need for enhanced focus on treatment outcomes and more effective discharge planning.
- **Employment Stability:** Employment stability among members fell short of expectations, with a yearly average of 51% against a target of 80%. More efforts are needed to address employment challenges as part of the treatment plan.
- **Employee Satisfaction:** Scores for adaptability and trust were lower than expected, averaging 64% and 36%, respectively. These figures highlight a need for stronger employee support programs and team-building initiatives.
- **Length of Stay:** The average member length of stay (LOS) exceeded the target, averaging 91 days. This suggests that the time to reach clinical goals needs to be shortened, requiring more streamlined treatment pathways.

- **Intake Completion Rate:** Intake completion was lower than the target of 80%, averaging 69%. This gap indicates the need for better coordination and outreach to fill census requirements more efficiently.

Quality Management Recommendations for FY2025

- Enhance communication and leadership recognition to meet employee satisfaction targets.
- Improve therapist and recovery coach productivity through targeted initiatives.
- Focus on achieving the 80% target for bed utilization (Access domain).
- Increase member satisfaction scores to align with the 90% target.

Intensive Outpatient Closing Remarks

The 2024 performance data reveals both successes and areas that need further attention. Key achievements include progress in improving housing stability and therapist productivity, while challenges remain in employment stability, treatment completion, employee satisfaction, and reducing member length of stay. The data highlights the importance of focusing on specific areas where performance fell short of the established targets.

The Haven - FY2024 QM/PI Performance Indicators

Table 3 - Intensive Outpatient Treatment Program (IOP)

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target	OCT	NOV	DEC	Q1	JAN	FEB	MAR	Q2	APR	MAY	JUN	Q3	JUL	AUG	SEPT	Q4		Yearly Average
EFFECTIVENESS	Increase in members completing treatment successfully	% of discharges that were successfully	All planned discharges	Program Manager	Monthly	EHR D/C Summaries	50%	48%	63%	35%	49%	40%	52%	50%	47%	79%	77%	56%	71%	58%	56%	75%	63%		46%
	Increase # of members with improvement in SDOH challenges by the time of discharge	% of members with stable housing by discharge	All successfully discharging members	Program Manager	Monthly	EHR Reports	85%	86%	83%	38%	69%	64%	100%	85%	83%	75%	53%	64%	64%	87%	80%	75%	82%		74%
		% of members with stable employment by discharge					80%	79%	71%	29%	60%	64%	67%	71%	67%	50%	41%	21%	38%	40%	33%	42%	38%		51%
SATISFACTION (member)	Improve member satisfaction scores in all areas	% of "Top Box" responses to survey questions	All program participants	QCR	Quarterly	Member Satisfaction Survey	90%				77%				81%				62%				73%		73%
SATISFACTION (Employee)	Adapting quickly to difficult situations	% of Top Box scores on Question 15	All IOP/OP Employees	QCR/HR	Semi-Annually	Employee Engagement Survey	85%								N/A								64%		64%
	Trust	% of Top Box scores on Question 28					70%								N/A								36%		36%
EFFICIENCY	Increase in therapist productivity/ documentation	Avg. of number of hours team encountered per month	All therapist encounters	Program Manager	Monthly	EHR Reports	100hrs	83	73	56	71	72	70	70	71	81	87	73	80	65	62	69	65		72
	Increase in recovery coach productivity/ documentation	Avg. of number of hours team encountered per month	All RC/Peer encounters	Program Manager	Monthly	EHR Reports	80hrs	59	61	48	56	58	57	67	61	70	67	58	65	51	66	58	58		60
	Decrease time to reach clinical goals of treatment	Average member length of stay (LOS) planned discharges	All successful discharges	Program Manager	Monthly	EHR Reports	< 90 days	90	92	92	91	90	97	93	93	90	89	90	90	90	92	90	91		91
	Increase member "show" rate for appointments	% of kept appointments vs scheduled appointments	All scheduled appointments	Program Manager	Monthly	EHR Reports	85%												n/a						
	Increase member treatment plan updates	% of treatment plan updates	All treatment plans	Program Manager	Monthly	EHR Reports	80%									19%	33%	13%	22%	7%	14%	0%	7%		15%
ACCESS	Increase % of individuals transferred into members	Number of completed intakes to not filled cens	All prescreened members meeting IOP criteria	Admissions	Monthly	Paper Reports	80%	84%	80%	74%	79%	69%	65%	71%	68%	70%	85%	70%	75%	61%	63%	82%	69%		73%

Outpatient

Outpatient Executive Summary

A detailed assessment of KPIs was conducted, covering effectiveness, member and employee satisfaction, efficiency, and access. Although the organization experienced notable strengths in specific areas, challenges remain that will require attention and action in the coming year to ensure continued improvement and performance.

Outpatient Performance Analysis by Domain

Effectiveness

- **Objective:** Increase the number of members completing treatment successfully.
  - **Key Metric:** Percentage of discharges that were successful.
    - **Target:** 50%
    - **Annual Average:** 48%
  - **Monthly Performance Highlights:**
    - **Highest:** 79% (April)
    - **Lowest:** 35% (December)

  Observations: There were significant fluctuations throughout the year, with notably high success rates in January and February. Q4 saw a steep decline in successful discharges.

Satisfaction (Member)

- **Objective:** Improve member satisfaction scores in all areas.
  - **Key Metric:** Percentage of "Top Box" responses to survey questions.
    - **Target:** 90%
    - **Annual Average:** 73%
  - **Quarterly Performance Highlights:**
    - **Highest:** 81% (Q2)
    - **Lowest:** 62% (Q3)

  Observations: *While the target was not met, Q2 performance indicates potential strategies for replication.*

Satisfaction (Employee)

- **Objective:** Reported in IOP program table (not detailed here).

- **Action Points:**
  - Review employee satisfaction reports in upcoming reports.

Efficiency

- **Objective 1:** Decrease time to reach clinical goals of treatment.
  - **Key Metric:** Average member length of stay (LOS) for successful discharges.
    - **Target:** Less than 180 days.
    - **Annual Average:** 270 days.
  - **Quarterly Performance Highlights:**
    - **Highest:** 448 days (August)
    - **Lowest:** 77 days (October)

  Observations: *There was a high variation, particularly in August where the LOS exceeded the target. There needs to be a follow up to address the outlier data point and ensure consistency in length of stay.*

- **Objective 2:** Increase member "show" rate for appointments.
  - **Key Metric:** Percentage of kept appointments vs. scheduled appointments.
    - **Target:** 85%
    - **Annual Average:** Data not available for analysis.
  - **Action Points:**
    - Remove goal from the report for FY2025. There is a new additional being added to KIPU to assist in this objective.
- **Objective 3:** Increase treatment plan updates.
  - **Key Metric:** Percentage of treatment plan updates completed.
    - **Target:** 80%
    - **Annual Average:** 2%
  - **Key Insights:**
    - Low completion rates of treatment plan updates, indicating a need for process improvement.
  - **Action Points:**
    - Revise treatment plan update processes to ensure compliance and better tracking.

Access

- **Objective:** Increase the percentage of individuals transferred into members.
  - **Key Metric:** Reported in IOP program table (not detailed here).
  - **Action Points:**

- Review employee satisfaction reports in upcoming reports.

Quality Management Recommendations for FY2025:

- **Increase Focus on Effective Treatment Completion:** Stabilize and consistently improve discharge success rates.
- **Enhance Member Experience:** Focus on addressing gaps identified in Q3 satisfaction to increase overall scores.
- **Streamline Efficiency Measures:** Investigate the causes of the high variation in LOS and focus on improving data integrity for appointment and treatment plan tracking.

Key Achievements

- **Member Satisfaction (Q2 Performance):** Member satisfaction reached 81% in Q2, indicating that there are effective elements of the program that resonate with participants, suggesting areas that can be further enhanced.
- **January Success in Discharges:** The highest successful discharge rate of the year (100%) was recorded in January, showing that when processes align, treatment success rates can be significantly improved.
- **Improvement in Q2 LOS:** Although the overall LOS was above the target, Q2 saw improvements, with the average LOS dropping to 156 days, indicating positive trends toward reducing length of stay for successful discharges.

Opportunities for Improvement

- **Discharge Success Rate:** With a year-end average of 27%, the success rate for treatment completion needs urgent attention. Significant improvements are needed in supporting members throughout treatment to ensure higher success rates.
- **Member Satisfaction (Q3 Decline):** Satisfaction dropped to 62% in Q3, highlighting a need to address issues that may have emerged during this period. Understanding and mitigating these issues will be key to improving future satisfaction scores.
- **Length of Stay:** The average LOS significantly exceeded the target, with particularly concerning data points in August (448 days). This warrants further investigation to identify underlying causes and implement strategies for reducing LOS.
- **Treatment Plan Updates:** The percentage of treatment plan updates was consistently below 2%, with some months showing no updates at all. This is a critical area that needs

improved processes to ensure all members are receiving up-to-date and personalized treatment plans.

- **Appointment Show Rate Data:** Lack of data on the appointment show rate is a gap that needs to be addressed to improve tracking and identify trends in appointment adherence.

Outpatient Closing Remarks

While the organization made notable progress in certain areas, several critical improvements must be made to ensure continued success in the upcoming year. Focusing on the effectiveness of treatment completion, improving member satisfaction throughout the year, reducing the average length of stay, and ensuring timely treatment plan updates will be vital for achieving targets moving forward.

The year's performance highlights both successes and opportunities for growth. With focused attention on the areas of improvement outlined above, the organization can drive more consistent outcomes and elevate both member and employee satisfaction. It is imperative to implement the necessary changes and continue tracking these KPIs to ensure that the program meets its objectives and fulfills its mission for better care delivery.

The Haven - FY2024 QM/PI Performance Indicators

Table 4 - Outpatient (SUD)

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target	OCT	NOV	DEC	Q1	JAN	FEB	MAR	Q2	APR	MAY	JUN	Q3	JUL	AUG	SEPT	Q4		Year ly Average
EFFECTIVENESS	Increase in members completing treatment successfully	% of discharges that were successful	All discharges	Program Managers	Monthly	EHR Reports	50%	25%	50%	30%	35%	100%	50%	67%	72%	43%	63%	67%	58%	13%	20%	not quantified	27%		48%
SATISFACTION (member)	Improve member satisfaction scores in all areas	% of "Top Box" responses to survey questions	All program participants	QCR	Quarterly	Member Satisfaction Survey	90%				77%				81%				62%				73%		73%
SATISFACTION (Employee)	Reported in IOP program table																								
EFFICIENCY	Decrease time to reach clinical goals of treatment	Average member length of stay (LOS) SUD	All successful discharges	Program Manager	Monthly	EHR D/C Summaries	< 180 days	77	0	190	89	155	124	190	156	142	121	108	124	91	448	not quantified	270		160
	Increase member "show" rate for appointments	% of kept appointments vs scheduled appointments	All scheduled appointments	Program Manager	Monthly	EHR Reports	85%																		
	Increase member treatment plan updates	% of treatment plan updates	All treatment plans	Program Manager	Monthly	EHR Reports	80%											2%	2%	1%	not quantified	not quantified	1%		2%
ACCESS	Increase % of individuals transferred into members (Look at IOP #)	Number of completed intakes to not filed census	All prescreened members meeting OP criteria	Admissions	Monthly	Paper Reports	80%																		

End of the Year Overall Summary for FY2024

The Haven's performance in FY2024 reflects its unwavering dedication to service excellence and operational improvement. Key accomplishments, such as surpassing targets for successful discharges and maintaining low medication error rates, underscore the organization's strengths and commitment to quality care. Progress in housing stability and therapist productivity further highlights areas of positive momentum.

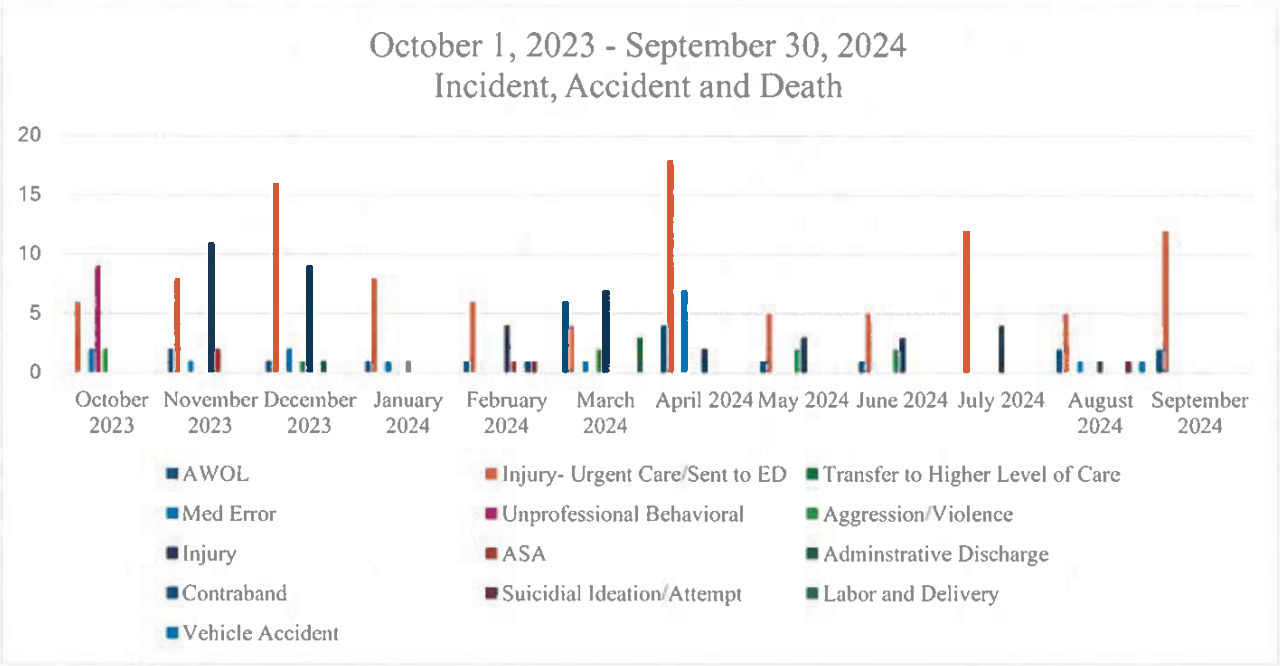
However, challenges persist in achieving targets for employee satisfaction, treatment completion, employment stability, and member length of stay. These gaps emphasize the need for focused interventions in training compliance, financial management, and communication to foster greater alignment with organizational goals.

Looking ahead to FY2025, The Haven will prioritize addressing these areas through the implementation of targeted Quality Management Recommendations. By building on its successes and addressing its weaknesses, the organization is well-positioned to enhance satisfaction, efficiency, and access, advancing its mission of delivering effective, member-focused, and accessible services.

5. Incident, Accidents and Deaths

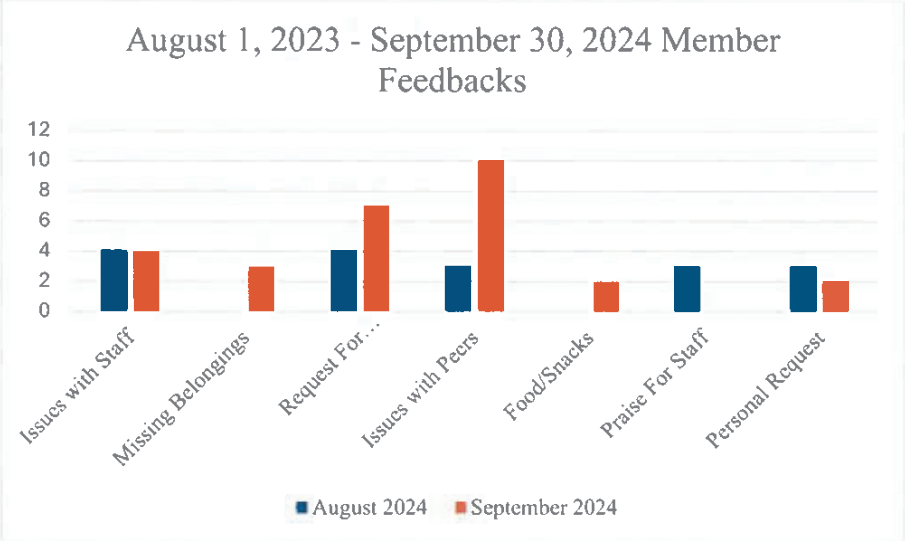
Incident, Accidents and Deaths

	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
AWOL	0	2	1	1	1	6	4	1	1	0	2	2
Injury- Urgent Care/Sent to ED	6	8	16	8	6	4	18	5	5	12	5	12
Transfer to Higher Level of Care	0	0	0	0	0	0	0	0	0	0	0	0
Med Error	2	1	2	1	0	1	7	0	0	0	1	0
Unprofessional Behavioral	9	0	0	0	0	0	0	0	0	0	0	0
Aggression/Violence	2	0	1	0	0	2	0	2	2	0	0	0
Injury	0	11	9	1	4	7	2	3	3	4	1	0
ASA	0	2	0	0	1	0	0	0	0	0	0	0
Administrative Discharge	0	0	1	0	0	0	0	0	0	0	0	0
Contraband	0	0	0	0	1	0	0	0	0	0	0	0
Suicidial Ideation/Attempt	0	0	0	0	1	0	0	0	0	0	1	0
Labor and Delivery	0	0	0	0	0	3	0	0	0	0	0	0
Vehicle Accident	0	0	0	0	0	0	0	0	0	0	1	0



6. Member Feedback

** Started tracking on a spreadsheet in August 2024*

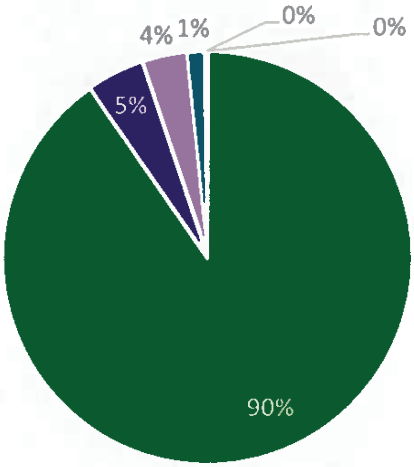


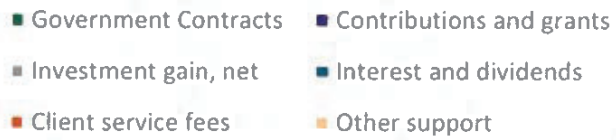
7. External Surveys

Date	Provider	Type	Focus	Outcome
3/14/2024	Arizona Complete Health	Remote Audit	All Sites	94%
9/5/2024	Arizona Complete Health Mets Program	Review- Phone Call	6 IOP Members	No issues reported
10/18/2024	AIHP	Site Vist/Audit	IOP	Passed with recommendations
11/7/2023	Optum	Review- Phone Call	2 IOP Members	Both Discharged Before Call
11/23/2023	AHIP	Site Vist/Audit	Residential	Passed with recommendations
11/27/2023	Optum	Review- Phone Call	1 IOP Members	Discharged Before Call
12/28/2023	Optum	Review- Phone Call	1 IOP Members	Discharged Before Call
1/10/2024	Optum	Review- Phone Call	5 IOP Members	Approved
1/18/2024	Optum	Review- Phone Call	1 IOP Member	Member was inpatient at the time
1/31/2024	Optum	Review- Phone Call	1 IOP Member	Denied after 3/16/2024 but expected to close 2/26/2024
2/8/2024	Optum	Review- Phone Call	1 IOP Member	Approved
2/20/2024	Optum	Review- Phone Call	5 IOP Members	3 Approved, 1 Member not found, 1 Member closed
3/30/2024	Optum/United Healthcare	Remote Audit	IOP	Administrative 100% and Clincial 77%
3/27/2024	Optum	Review- Phone Call	3 IOP Members	1 Member Closed, 1 Member Approved, 1 Member no coverage
4/15/2024	SAMHSA	Site Vist/Audit	Residential	No issues reported
4/23/2024	Optum	Review- Phone Call	2 IOP Memebers	1 Member approved, 1 Discharged before call
4/25/2024	Optum	Review- Phone Call	1 IOP Members	Discharged Before Call
5/28/2024	Optum	Review- Phone Call	1 IOP Member	Approved
5/31/2024	Optum	Review- Phone Call	1 IOP Membet	Denied as of 7/17/2024
6/18/2024	Optum	Review- Phone Call	1 IOP Member	Approved
7/8/2024	Optum	Review- Phone Call	2 IOP Members	Approved
7/22/2024	Optum	Review- Phone Call	2 IOP Members	1 Member approved, 1 Discharged before call
8/7/2024	Optum	Review- Phone Call	1 IOP Member	Discharged Before Call
8/21/2024	Optum	Review- Phone Call	1 IOP Member	Discharged Before Call
9/24/2025	Optum	Review- Phone Call	1 IOP Member	Approved

8. Financials

Revenue		
Government Contracts	$6,329,320	
Contributions & Grants	$318,883	
Investment Gain, Net	$255,933	
Interest and Dividends	$87,605	
Member Service Fees	$15,900	
Other Support	$4,037.00	
		$7,011,678





Expenses		
Program	$6,256,003	
General and Administrative	$905,783	
Fundraising and Development	$166,060	
		$7,327,846