



5022 Campbell Boulevard, Suite L • Nottingham, MD 21236
P: 443.442.1568 • F: 443.442.1569
info@aspire-wellness.com • www.aspire-wellness.com

ASPIRE WELLNESS CENTER, INC.

STRATEGIC PLAN AND PERFORMANCE REVIEW FY 2016-2018

Stakeholder and Waiting Room Edition

INTRODUCTION

The information contained within this document is a compilation and consolidation of Aspire Wellness Center, Inc (“Aspire”)’s Strategic Plan and Performance Improvement Plan. This document is intended to inform all stakeholders and persons served of Aspire’s efforts to not only treat mental illness but to also have only the highest levels of service quality. Aspire is committed to meeting all service standards as set forth by both regulatory and accrediting bodies.

VISION STATEMENT

Aspire is an organization with a high level of commitment to the provision of essential services to children, adolescents, and adults, in an environment conducive to and supportive of their varied needs regardless of race, gender, or nationality.

MISSION STATEMENT

Aspire strives to “help people improve the quality of their lives by giving them the tools they need to succeed. We focus on partnering with our clients and staff to help them strengthen their emotional wellbeing, develop satisfying relationships, and resolve the challenges that keep them from achieving their goals. At Aspire, we strive to offer the highest quality care and a safe, trusting environment.”

VALUES

Leadership- Guide, motivate, inspire, and create a strong and diverse team. Treat others fairly and with respect.

Integrity- Strive for fairness and equality. Hold ourselves accountable to the highest ethical and performance standards.

Flexibility- Offer a supportive environment in which people can reach their full potential while adapting to their current needs.

Exceptionality- Treat all people as unique individuals; appreciate personal values.

UNDERLYING SERVICE ASSUMPTIONS

- All people have strengths, skills, and abilities
- We can make a difference in the lives of the clients we serve
- All people have equal rights and people thrive when they are given the ability to make their own choices and have the right to make their own decisions. We can offer assistance to help clients make better choices and to listen when they speak for themselves

- Our clients deserve the same opportunities as all other people to participate in their community, access medical care, access case management services, housing, education, jobs, etc. We can offer assistance with engaging our clients in their communities which has a positive impact on both our clients and our community. People are valued in their community.
- We will support our clients and their families in their recovery and we recognize the importance of positive supports in our clients lives
- Our staff, who are well-trained and desire to help others, make a difference in the lives of our clients
- Each client should be treated as the first client of the day

COMPLIANCE PLAN AND PROGRAM

Introduction

Aspire Wellness Center, Inc., (“Aspire”) is committed to complying with the laws and regulations governing the way we care for clients and conduct business. Aspire developed a comprehensive compliance program to define and guide our business activities. This Compliance Plan and Program (the “Compliance Program”) has been carefully considered and formally adopted by our Directors. The Compliance Program is more than a set of policies that employees and agents must follow. It is the underpinnings of how Aspire can care for its clients and meet the regulatory demands that allow it to continue providing that quality care. All employees and agents must read and understand our Compliance Program and follow all the requirements that govern the way Aspire does business and cares for its clients.

Our Compliance Program sets forth and describes policies and expectations about appropriate job-related conduct and client care. The Compliance Program policies are intended to help employees and agents of Aspire understand and fulfill their responsibilities and prevent and detect violations.

Aspire adopts these principles of compliance as the foundation of the compliance policy of the organization:

- Aspire employees and contractors will comply with all applicable federal, state, and local laws and regulations (Anti-kickback, HIPAA, Federal False Claims Act, State Medicaid Fraud Prevention Act, Whistleblowers Act, Deficit Reduction Act, Aspire Wellness Center, Inc. Compliance Plan, Program, and Policy)
- Aspire employees and contractors will conduct themselves in a manner that is consistent with the provisions of the Aspire Code of Ethics
- Each individual shall certify in writing that he or she has received, read, understood and will abide by the Code of Ethics
- Aspire employees and contractors will conduct themselves in a manner that is consistent with the provisions of any Professional Code of Ethics identified by their certification or licensing body
- Aspire employees and contractors will endeavor to properly bill all clients, third party payers, and government health care programs for services provided by the organization
- Specifically, Aspire will: only bill for services rendered and provided as claimed; document services provided with required detail to support the claim for payment and ensure proper documentation is complete; submit claims only for services that are reasonable and necessary; not double bill for services resulting in duplicate payment; not bill for non-covered services as if covered; not knowingly misuse provider identification numbers, which result in improper billing; not unbundle services (billing for each component of the service instead of billing or using an all-inclusive code); properly use coding modifiers; not up-code the level of service provided; promptly refund any overpayments that may occur.
- Aspire will endeavor to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations.
- In compliance with the federal and state Anti-kickback statutes, Aspire stakeholders, employees and contractors will not offer, provide, solicit or accept anything of value from any person in return for the referral of clients to or from Aspire, or in return for influencing or engaging in any related business transaction, directly or indirectly, involving the care or services provided to Aspire clients.

Aspire will not report in this document any claims, investigations/reviews, or findings of the compliance plan as they are considered confidential. All claims, investigations/reviews, or findings are presented to and reviewed by the Compliance Officer.

CULTURAL COMPETENCY PLAN

It is the desire of Aspire Wellness Center, Inc. to create a climate of inclusion and acceptance for ALL people living in the communities served by Aspire. Cultural competence is the ability to effectively relate to and communicate with people within and outside an organization from diverse ethnic, racial, cultural, economic, social, and linguistic backgrounds. For the purposes of this document, the cultural and linguistic competence definitions have been adapted from Cross, Bazron, Dennis & Isaac's (1989) *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I* and Goode & Jones (modified 2004), National Center for Cultural Competence, Georgetown University Center for Child & Human Development.

Aspire Wellness Center, Inc. utilizes a Cultural Competency Plan and CLAS Standards (Culturally and Linguistically Appropriate Services) to ensure that all activities and services are accessible and culturally competent. Annually, information is collected on the action steps of the aforementioned plan and the results of the action steps are reported to Leadership Team and Aspire employees. The plan is reviewed and revised annually and approved by Aspire's Leadership Team. Aspire Wellness Center, Inc. has adopted "core competencies" that are a combination of observable and measurable skills, knowledge, abilities, and personal attributes that contribute to enhance employee performance and agency success. Core competencies include communication; team focus; individual and community satisfaction; occupational knowledge; adaptability; inclusiveness; leadership; accountability; and strength-based prevention. Aspire strives to be a leader in the area of cultural competence.

Becoming culturally competent is a dynamic process between leadership, employees, consumers, and stakeholders that requires cultural knowledge and skill development at all service levels, including strategic planning, policymaking, administration, continuous quality improvement, and practice. Aspire Wellness Center, Inc. has the commitment to assist employees in developing awareness to cultures and their differences, to foster a positive attitude toward diversity, to provide training and activities for employees to gain knowledge of cultural issues, and to support employees in acquiring the skills to interact with the public and consumers in an inclusive manner.

It is the intention of Aspire Wellness Center, Inc. that the Cultural Competency Plan will prepare Aspire's employees to effectively serve the ever-changing demographics of its service area.

All services offered by Aspire will be provided regardless of the client's race, color, religion, gender, national origin, disability, age, veteran status, or other legally defined/protected minority or special class status. Additionally, Aspire will hire/employ individuals abiding by the same aforementioned practices.

Culture

In consideration of the information contained below, Aspire makes every effort to recruit and retain staff from various cultures in order to meet the needs of the area served.

Age

Aspire works with ages 5+ and maintains staff in a wide range of ages that have the skills and experience to provide appropriate care to all ages. Aspire's Medical Director specializes in child and adolescent care, in addition to his experience with adults. Additionally, Aspire works to recruit and maintain CRNP's who specialize in children and adolescents, as well as adults.

Gender, Sexual Orientation, Spiritual Beliefs, and Socio-economic Status

Aspire adheres to President's executive order 1126, ADA laws, Age-Discrimination in Employment Act (ADEA) and Equal Pay Act (EPA); therefore, it currently employs and works to maintain knowledgeable and experienced staff despite their gender, race, sexual orientation, spiritual beliefs, or socioeconomic status. Aspire offers off-site services in order to accommodate its consumers who are limited financially and/or have barriers to transportation.

Language

Aspire currently employs staff which are fluent in Spanish and will make every effort to retain their valuable services. Aspire will assist in obtaining translator services for languages which our staff is not proficient in or will assist in referring the client for outside services when warranted.

Demographics of areas served by percentage (obtained from www.city-data.com on 5-5-16):

Location	Female	Male	Average Age	Caucasian	African American	Hispanic	Asian	Other
Bowleys Quarters	49.2	50.8	43.2	89.0	7.0	2.1	1.1	1.2
Dundalk	51.6	48.4	40.2	80.0	9.8	4.4	2.1	4.1
Essex	53.9	46.1	38.6	65.5	24.9	5.4	1.9	2.7
Middle River	51.3	48.7	34.5	64.1	23.0	7.8	3.4	2.2
Overlea	52.9	47.1	41.1	72.3	16.9	2.3	4.1	4.1
Parkville	54.3	45.7	36.1	60.0	31.9	4.4	2.7	1.4
Rosedale	51.8	48.2	41.2	58.4	31.4	5.3	1.6	3.5
White Marsh	53.8	46.2	37.5	71.3	11.0	3.5	11.2	3.0
Area Average	52.35	47.65	39.05	70.08	19.23	4.4	3.51	2.78

Additionally, Aspire Wellness Center, Inc. will continue to make efforts to match the demographics of the clients served through recruitment and retention of diverse workforce. Aspire will remain aware of the current employee diversity and will actively recruit staff when areas of need are identified.

	Female	Male	Average Age	Caucasian	African American	Hispanic	Asian	Other
Aspire Wellness	76	*24	34	76	*15	*3	9	0

*areas in which additional recruitment are needed.

STRATEGIC ACTION PLAN

The 2016-2018 Strategic Plan for Aspire Wellness Center, Inc. (Aspire) emphasizes its continued work on client choice while striving to operate efficiently and effectively. Aspire’s Strategic Plan includes proactively planning for possible funding issues. Aspire has promoted a program model that promotes recovery and resiliency and ensures that information and services are provided in a culturally sensitive manner. Aspire’s mission is indicative of its commitment to providing behavioral healthcare services that better and/or improve the quality of life for all individuals it serves.

Aspire has established goals and objectives that act as a guide in achieving its mission. The goals and objectives for the operational strategies fall under the following categories:

- Management of Human Resources
- Management of Fiscal Resources
- Management of Service Delivery
- Public Relations Activities; and
- Standards Compliance

These goals are continuously reassessed due to the constant change in behavioral health systems throughout the state and healthcare across the nation. Progress on goals and objectives are published for review by, and celebrated with, agency employees and stakeholders. This progress is also presented and reviewed by the Consumer Advisory Committee on a regular and on-going basis. Aspire recognizes that many more opportunities for improvement exist and the activities outlined in this Strategic Plan will result in the achievement and accomplishment of the goals/objectives and ultimately lead to fulfillment of Aspire’s Objective Statement - “The primary objective of Aspire is to enhance each individual’s ability to effectively cope with normal stress and frustrations of everyday life, and to foster each individual’s rights to effectively function in peer groups, in the community, and within a family system.”

Many markets or customers come to Aspire for assistance, which includes persons with mental health disorders, families of those with mental health disorders, referral and funding sources, the community at large, the staff, and the Consumer Advisory Board. Aspire considers all of these stakeholders as it develops and implements its Strategic Plan.

Aspire has analyzed its internal strengths and weaknesses and those external threats and opportunities which could impact its ability to reach its goals and fulfill its mission.

Opportunities

The opportunities considered to be most important include:

Increasing presence in the community through off site therapy services and marketing activities. In the behavioral health community there appears to be an increased emphasis on providing services within the community, in client's homes, at primary care offices, within schools, and at local shelters. These changes make Aspire's services more prevalent and could increase the demand for services as well as improve upon Aspire's financial position. Additionally, this would increase Aspire's access to a variety of insurances and allow for diversification of our funding sources.

Implications-Aspire will have a greater community inclusion, increased visibility, increased access to services for underserved populations (psychiatry and therapy services), greater stability for clients, increased marketing opportunities, increased referral sources for our clients (including case management, PRP's, PCP's, etc.), and increased overall financial position. Aspire will need to recruit a more diverse staff and continue to assess our capabilities of handling an influx of new patients. In order to address the aforementioned implications our goals will include:

Management of Fiscal Resources

Goals

1. Investigate possibility of increasing use of alternate funding sources (Medicare, private insurance, self-pay)
2. Budget for purchase of EMR and new office technologies (computers, server, etc.)
3. Have 60-90 days operating reserves
4. Budget for independent CPA review
5. Budget for purchase or additional rental costs of an office building (for expansion of services)

Other opportunities include competitors' having more of a "clinic feel", clients report "feeling like a number".

Implications-Aspire will continue to assess the climate through the use of client satisfaction surveys. We can strive to continue to provide a friendly and family oriented atmosphere were our clients feel cared for and supported. We can continue to provide training to our leadership, administrative, and clinical staff in order to promote a continued person-centered environment. In order to address the aforementioned implications our goals will include:

Management of Service Delivery Systems

Goals

1. Client Satisfaction rating (based on 5 point scale with 5 being the highest) of a minimum of 3.5
2. Have a minimum of 80% of clients served who receive their intake appointment within 2 weeks of their initial contact
3. Have a minimum of 80% of clients served who receive their first service encounter within 2 weeks of their intake
4. Incorporate input from monthly Consumer Advisory Committee meetings, quality assurance surveys, and client comment box into services
5. Overall available physician/CRNP hours per month are 225-250
6. Increase access to and availability of off-site services

7. Inform staff of available trainings and sponsor 2-4 employee trainings per year

Maryland has chosen to have all agencies accredited under CARF. Aspire views this as an area for growth and better client care overall. CARF will aid Aspire in reaching its mission and providing quality person centered care to its clientele.

Implications-Aspire will need to assess its current daily operations and policies to ensure adherence and conformance to both CARF and the industry's standards. CARF will increase Aspire's awareness of its risks, opportunities, quality of care, visibility, accountability, and community involvement.

Standards Compliance

Goals

1. Obtain the minimum of a 1 year CARF accreditation by October 2016
2. Have a maximum of one external audit per year with significant deficiencies cited and confirmed

The human service field is moving towards the use of Electronic Medical Records (EMR) and Aspire recognizes the need to improve upon its current technologies and information systems. Additionally, it will allow for better communication with both internal and external providers.

Implications-Aspire will need to assess its current technologies and information systems and available EMR systems. Aspire will increase productivity, reduce administrative costs, and improve the efficiency of our off-site services. Aspire will need to consider the cost of replacing our current computers, servers, etc. in order to accommodate a shift to EMR. Aspire will need to budget for the cost of replacing our old technologies and the cost of the EMR itself. In order to address the aforementioned implications our goals will include:

Management of Information Systems

Goals

1. Select/Recruit staff to participate in the EMR Users Group by January 2016
2. Investigate EMR's and create report on selected systems and associated costs by June 2016
3. Purchase replacement technologies by December 2016
4. Implement EMR usage by January 2017

Threats

The Threats considered the most important include:

Dependence on government funding, which fails to keep up with the industry's needs. Threats for cuts at the state and federal levels have reduced rates; however, rate cuts were restored in 2015. Depending on the political climate rate cuts may be revisited in 2016. Additionally, the merger of the offices of substance abuse services and mental health and hygiene involves more substance abuse providers having the ability to be dually licensed as both a substance abuse clinic and an outpatient mental health clinic. Lastly, due to health care reform less people will have access to or be eligible for Medicaid.

Implications-Aspire will need to increase its presence and involvement in activities in which leadership takes on an advocacy, policy, and/or funding efforts/initiatives at the local, state, or federal level. Due to the aforementioned merger there is a potential for an increase in the number of centers providing outpatient mental health services; therefore, a decrease in the amount of referrals from substance abuse centers to Aspire. Aspire will need to consider its ability to accept private insurances, Medicare, and self-pay clientele in order to address the issues with health care reform and the increase in the amount of facilities accepting Medicaid. In order to address the aforementioned implications our goals will include the goals under the heading Management of Fiscal Resources and the following:

Public Relations

Goals

1. Participate in 1-3 annual activities in which leadership takes on either an advocacy, policy, and/or funding efforts/initiatives at the local, state, or federal level
2. Average 1-2 monthly stakeholder activities (participated in/made presentations for)
3. Offer 1-2 free annual (educational/marketing/wellness/family) events at Aspire for clients and the community

Aspire faces staffing challenges and the increase in the cost of staffing fully licensed therapists (LCSW-C and LCPC). It is becoming increasingly difficult to access fully licensed staff, maintain staff, and locate bilingual staff. The need for LCSW-C's is growing as the "baby boomer" population is aging. Additionally, due to recent changes in the licensing requirements (more extensive) for psychiatric nurse practitioners, fewer will be graduating over the course of the next several years and demand for these providers is increasing.

Implications-High turnover, especially among therapists, leads to increased administrative costs and decreased ability to provide consistent and stable care to our clients. The Consumer Advisory Board members have identified changes in care providers (therapists and psychiatry staff) as an area for improvement. Aspire will need to increase its revenue, increase employee morale, increase opportunities for growth, and consider the development of incentive-based programs and pay structures in order to improve employee retention. In order to address the aforementioned implications our goals will include the following:

Management of Human Resources

Goals

1. Overall employee turnover is minimized to less than 30%.
2. Provide staff/leadership trainings that satisfy program needs and increase staff competency

BUSINESS PLAN for FY 2016-2018

Introduction

The purpose of Aspire Wellness Center Inc.'s Business Plan is to identify financial mechanisms that can be used to respond to fluctuations in Aspire's revenues in ways that least affect the level and quality of services Aspire provides to its consumers.

The most significant challenge facing Aspire is shifting to Electronic Medical Records (EMR) while trying to address the increasing need for additional office space.

Goals & Objectives

Many of the goals and objectives included in the FY 2016 *Strategic Plan* have financial implications.

1. Program and Services:
 - Complete EMR by January 2017
 - Purchase building by July 2017
 - Begin building renovations by December 2017
2. Administrative Support
 - Maintain a minimum operating fund balance of 60-90 days.

Environmental Considerations

Technology

Aspire acknowledges its need to adapt to the ever changing desires of its clients and stakeholders. It is apparent the human service field is moving towards the use of Electronic Medical Records (EMR). Aspire faces the challenge of selecting and implementing EMR and will need to update its current office technology (computers, servers, etc.) to ensure these are both compatible and capable of working with

the selected EMR. Key staff will be asked to participate in the EMR Users Group where they will assist with the selection and implementation of the EMR.

As a portion of services are delivered in the community, staff will need to use laptop computers in the community to increase their efficiency. Essential clinical data must be captured in the chosen EMR system.

Training sessions will be held for first-time users of the EMR system, and as needed for existing staff for changes and to correct problems. Key staff will actively participate in the EMR Users Group. The involvement enables staff to receive current information about the system and participate in system design discussions.

Infra-Structure Considerations

Aspire is in the process of locating either land to build or to purchase a new building. Aspire will also be considering renting a larger space in order to accommodate its growth. Additional information is contained within our strategic plan.

Financial Considerations

Operating Revenue

Aspire's ability to generate revenue or create new revenue sources is limited by social and economic conditions, state statute, policy, and private provider competition. Approximately 90% of revenues come from Medicaid revenues in FY 2015. Of the remaining 10%, approximately 5% of these revenues came from Medicare in FY 2015. The remaining revenues consisted of private insurance and private payers.

Aspire's goals include a further expansion of revenue received from Medicare and other sources. Procedures implemented to expand Medicare revenue include the following:

- One (1) staff dedicated to treating Medicare clients
- Monitoring the percent of consumers with Medicare to determine if there is an increase
- Monitoring the percent of consumers with private insurances to determine if there is an increase

Aspire has had positive revenue growth since its establishment in 2010 and it has continuously improved over the years.

PERFORMANCE GOALS AND OUTCOMES

As Aspire works toward achieving the outlined goals, it is committed to the principles of continuous performance improvement in all of its programs, services, and operations. The purpose of the Performance Improvement Plan and Outcomes Management System is to establish a methodology for collecting and analyzing information. This is done for both business improvement and service delivery improvement in the domains of effectiveness, efficiency, satisfaction, and accessibility. Data is collected from a variety of sources that includes:

- I. Its clients.
- II. Community partners and other stakeholders.
- III. Staff.
- IV. Financial information, risk management, human resource, and health and safety reports.
- V. Its accessibility plan.
- VI. And other relevant reports.

A performance analysis is being conducted on a minimum of an annual basis in order to:

- I. Identify areas needing performance improvement.
- II. Develop an action plan to address the improvements needed to reach or revise established outcome measures and improve the quality of programs and services.
- III. Facilitate organizational decision-making with regard to its progress toward fulfilling Aspire's mission and achieving its goal
- IV. Create a summary report that can be shared with its clients, staff, and other stakeholders in appropriate and meaningful ways.

Aspire offers outpatient mental health services both onsite and offsite. A complete description of these services can be found in its corresponding Program Descriptions. Using a Plan-Do-Check-Act process, Aspire's Outcomes Measurement System addresses the following requirements:

- I. Client's perspective on outcomes.
- II. Treatment provider's perspectives.
- III. Measures quality of life and functioning.
- IV. Measures symptom distress.
- V. Is culturally sensitive.
- VI. Does not present an unreasonable cost or an undue burden for provider agencies, clients, and their families.
- VII. Is empowering and supports client recovery.

In business function improvement, Aspire utilizes the following indicators:

- Financial information
- Accessibility
- Resource allocation
- Surveys
- Risk analysis
- Human resources
- Technology analysis
- Environmental health and safety
- Field trends
- Service delivery system

Performance indicators for FY16 are as follows:

I. Accessibility:

Clinical Indicators-Accessibility for the purposes of this plan is the measure of individual's abilities to secure mental health services with little difficulty or barriers. Aspire implemented measures of accessibility to evaluate in order to determine how we meeting new client's mental health needs. This measure will be assessed through the evaluation of wait times from the date of first contact to the date of the intake/diagnostic appointment. The administrative staff will track the first appointment offered versus the first appointment accepted on the intake screening form. Wait times will be collated and averaged by the Clinical Director or Executive Director. Such measures of accessibility include:

The percentage of persons requesting an intake/diagnostic scheduled for same within two weeks (14 days).

Goal: To have 80 percent of its intakes/diagnostics scheduled within two weeks (14 days).

FY16 Status: During Aspire's initial analysis of wait times for intakes/diagnostics, it noted 78 percent of persons waited an average of 8.44 days.

Action Plan (if goal not met): Aspire will work to decrease wait times and increase access to serves by hiring additional intake personnel. Additionally, it noted wait times, which exceeded the two-week time frame may be attributed to client's rescheduling their initial appointments or being unable to accept the first appointment offered to them. This was noted to increase the average wait time to 17.38 days. Aspire instilled a method of collecting data on the first appointment offered versus the first appointment accepted. Aspire will investigate whether offering later intake appointment times will increase the client's ability to be seen at an earlier offered date. Aspire will also track intake appointments that are rescheduled for any reason.

Actions Taken/Results: Aspire has hired 2 additional intake personnel, which has reduced wait times to an average wait time of 6.7 days for all clients. Adding additional intake staff has reduced wait times by 1.7 days. Aspire has offered intake appointment times throughout the day and into the evening hours. Additionally, Aspire provides appointment reminders the day prior to the scheduled intake and requests appointment confirmations. Clients who miss are

contacted and offered the opportunity to reschedule. Aspire has begun to offer offsite intakes to aid clients with transportation barriers. Aspire has instilled a system for tracking cancelled initial appointments and/or initial appointments which were not kept. Additionally, Aspire has instilled a system for tracking initial appointments dates offered and versus the ones which were accepted. It was noted 40 percent of clients did not accept the first appointment offered to them prior to the creation of the additional intake groups. This number has now been reduced to 24 percent and of those all were able to select an appointment within one week's time. Aspire will research whether certain intakes group times fill faster than others for FY2017. Based on these results Aspire may add additional intake group times.

The Percentage of persons scheduled for a follow up diagnostic session within two weeks of intake. This measure will be assessed through the evaluation of wait times from the date of the intake/diagnostic appointment to the date of the follow up appointment. Wait times will be collated and averaged by the Clinical Director or Executive Director.

Goal: To have 80 percent of its follow up diagnostic sessions scheduled within two weeks (14 days).

FY16 Status: During Aspire's annual analysis of wait times for follow up diagnostic sessions, it noted 64 percent of persons waited an average of 13.47 days.

Action Plan (if goal not met): Aspire will work to decrease wait times and increase access to clients served by hiring additional intake personnel. Additionally, Aspire noted wait times, which exceeded the two-week time frame, may be attributed to client's rescheduling their initial appointments or being unable to accept the first appointment offered to them. Aspire will investigate whether offering later intake appointment times will increase the client's ability to be seen at an earlier offered date. Aspire will also track follow up appointments that are rescheduled for any reason.

Actions Taken: Aspire has hired additional intake personnel, which has reduced wait times for follow up appointments to 7.68 days for all clients. Aspire has offered follow up appointment times throughout the day and into the evening hours. Aspire has begun to offer offsite follow ups to aid clients with transportation barriers.

Percentage of no-shows for intake/diagnostic sessions. This measure will be assessed through the evaluation of scheduled intake/diagnostic sessions and kept take/diagnostic sessions. The administrative staff will note in Medical Mastermind when clients no-show for their intake/diagnostic session. Additionally, the no-show will be documented on the corresponding client's intake screening form and filed in the intake screening binder. Wait times will be collated and averaged by the Clinical Director or Executive Director.

Goal: To have 60 percent of its intakes/diagnostics show for scheduled appointments.

FY16 Status: During Aspire's annual analysis of its attended intakes/diagnostics, Aspire noted 51 for 9-1-15 through 1-31-16 and 50 percent for 2-1-16 to 6-31-16 showed for their scheduled appointments.

Action Plan (if goal not met): Aspire will work to increase show rates by offering a variety of intake times and by decreasing wait times for initial intake appointments. Aspire will offer offsite intakes to clients in order to address any barriers to accessing services, such as transportation, child care, or medical complications.

Actions Taken: As previously mentioned, Aspire has hired additional intake personnel, which has greatly reduced wait times for both intake and follow up sessions. Aspire offers intake appointment times throughout the day and into the evening hours. Aspire also offers offsite intakes to aid clients with treatment barriers. Aspire will research whether certain intakes group times fill faster than others for FY2017. Based on these results Aspire may add additional intake group times.

Aspire's accessibility will include the number of clients diverted for hospitalization. This will be noted through Aspire's review of its critical incident report analysis. Recommendations for addressing any trends will be contained in the aforementioned report. This report is maintained by the Clinical Director.

Engagement data for Aspire's therapists and psychiatric staff will be tracked and compared with industry standards and average Aspire performance rates.

Goal: To have 70 percent engagement rate for its therapist and psychiatry staff, as well as, the clinic overall. This data will be collated through the use of Medical Mastermind and maintained by the Clinical Director and Executive Director.

FY16 Status: During Aspire's annual analysis of its engagement rates, it noted the following for the timeframe of **9-1-15 through 1-31-16:**

<u>Therapist/Dr</u>	<u>Appts</u>	<u>% Show Rate</u>	<u>Ct's Engaged</u>	<u>% Engagement</u>
Christa	447/544	82%	57/66	86%
Corry	48/52	92%	7/8	88%
Alia	95/103	92%	15/16	94%
Travis	122/172	71%	20/29	69%
Louis	27/31	87%	4/4	100%
Liz	18/20	90%	3/3	100%
Kelly	100/120	83%	16/18	89%
Melissa	56/70	80%	9/11	82%
Geeta	45/54	83%	5/7	71%
Aaron	5/7	71%	1/1	100%
Amanda	8/10	80%	2/2	100%
Dr. O	42/46	91%	12/13	90%
Nadia	78/97	80%	9/12	75%
Ron	123/150	82%	17/25	68%
Clinic Engagement Rate	87%			

2-1-16 through 6-31-16:

<u>Therapist/Dr</u>	<u>Appts</u>	<u>% Show Rate</u>	<u>Ct's Engaged</u>	<u>% Engagement</u>
Christa	143/174	82%	17/21	81%
Corry	136/151	90%	15/15	100%
Alia	101/118	92%	15/16	94%
Travis	53/74	72%	12/12	100%
Louis	55/68	81%	6/8	75%
Liz Y	66/77	86%	17/19	89%
Esther	77/93	83%	11/11	100%
Elizabeth	4/4	100%	1/1	100%
Liz	20/24	83%	2/3	67%
Kelly	22/35	63%	6/7	86%
Melissa	105/138	76%	18/21	86%
Geeta	304/414	73%	42/62	76%
Ari	8/10	80%	2/2	100%
Amanda	80/111	73%	10/15	67%
Natalie	18/21	86%	1/1	100%
David	211/257	82%	28/30	93%
Dr. O	42/46	91%	37/37	100%
Nadia	76/87	88%	2/2	100%
Ron	125/146	86%	49/58	88%

Clinic Engagement Rate	90%
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Action Plan (if goal not met): Aspire overall exceeded the goal of 70 percent as a clinic. One therapist and one CRNP fell slightly below the 70 percent goal at 68 percent and 69 percent respectively.

Actions Taken: The Program Director is working directly with both the therapist and the CRNP to increase their engagement rates and is actively looking at trends within their caseloads. This data will be collected again for the time frame of 2-1-16 through 6-31-16 for comparison, as previous data is unavailable. The data from 2-1-16 to 6-31-16 indicated Aspire again exceeded the goal of 70 percent. We noted in working with therapists and other providers who previously fell below the 70 percent we were able to greatly increase their engagement rates. We noted two therapists fell below the 70 percent mark for 2-1-16 to 6-31-16. Both therapists (Liz and Amanda) had a 100 percent engagement rate for the previous time frame and 67 percent for the latest. When these rates are averaged the therapists have an engagement rate of 84 percent, which is above the 70 percent mark. We will continue to monitor Aspire's engagement rates.

Aspire desires to assess resource accessibility to referral sources and other community agencies. A survey is sent out annually with results reviewed and noted by Quality Assurance team (Executive Director, Clinical Director, Program Director, Clinic Coordinator, Offsite Coordinator, and Compliance Office).

Community Partners will be surveyed with feedback shared annually and Aspire will secure collaborative agreements to clarify partnerships.

Goal: To receive an 80 percent satisfaction rating on a 1-5 point Likert scale from community partners.

FY16 Status: On 3-18-16 Aspire mailed 22 surveys to its community partners. Overall, it received seven responses. Of these responses, Aspire received a satisfaction rating of 83 percent.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Aspire will measure its number of requests for emergency consultations by law enforcement in Baltimore County and/or Baltimore City. This is noted through its review of Aspire's Critical Incident Report analysis. Results and recommendations for addressing any trends are contained in the aforementioned report, which is maintained by the Clinical Director.

II. Business Indicators-An Accessibility Plan was developed listing identified barriers and actions to determine accessibility to its services (please refer to same for further information).

III. Efficiency: Clinical Indicators- efficiency for the purpose of this document will include a measure of how well Aspire's resources are used to accomplish its' program goals.

Aspire will examine how efficiently its fiscal resources are used to employ qualified mental health practitioners to meet clients' needs. Aspire's Executive Director will measure vacant positions and length of vacancy.

Goal: To pay Aspire therapists, psychiatrists, and CRNP's based on industry trends in its geographic location. Aspire will have open positions filled within 30 days.

FY16 Status: Based on market research conducted on 3-15-16, therapist earn on average \$45,000 to \$79,000 per year based on their per client contact rates of \$21.00 to \$38.00 per client contact rates which falls within the industry average of \$52,500 per year (<http://www.inmdeed.com/salary/q-mental-health-Therapist-I-Baltimore,-MD.html>). Additionally, a local competitor posted a recent ad indicating annual income averages from \$45,000-\$80,000.

Aspire has filled open therapist positions prior to the resigning therapists last day; therefore, has met the goal of filling open positions within 30 days. Currently, Aspire has no open positions; therefore, has met the goal of filling all vacancies within 30 days. This goal will be measured on a semi-annual basis.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Similarly, Aspire is tracking whether staff continuing credit/education classes are relevant to their area of clinical practice. This information will be contained in the employee's personnel files.

In examining practitioner efficiency, particularly outpatient therapists and psychiatric staff, it is critical to examine the ability of that provider to reschedule clients in a timely manner. A measure of the time between appointments is predicted to reduce no show rates and is related to manageable caseload sizes and clinician productivity levels. This measure will be conducted by the Clinical Director and Lead Administrative through the use of Medical Mastermind's scheduling system.

Goal: Aspire therapists will have appointments available within a 10-day time span and have a clinic show rate of 75 percent.

FY16 Status: In 2004, a National Institute of Health (NIH) study reported that the no-show rate for mental health clients could be [as much as 50 percent](#), which is significantly higher than the [no-show rate of other medical professions](#). Aspire's clinic show rate is as follows for the timeframe of **9-1-15 through 1-31-16:**

Clinic Show Rate	Therapists: 1007/1252 = 80% Doctors: 243/293 = 83%
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2-1-16 through 6-31-16:

Clinic Show Rate	Therapists: 1050/1200 = 82% Doctors: 310/354 = 88%
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Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Directors and Clinical Supervisors will monitor the number of high risk client's therapists have on their caseloads in order to prevent burnout and increase service efficacy (no more than 10 percent high risk). This measure will be obtained through the use of Medical Mastermind and directly surveying each therapist.

Goal: To have no more than 10 percent high risk on each therapist's case load.

FY16 Status: Therapists are reporting an average of 7.5 percent high-risk clients on their caseloads.

Action Plan (if goal not met): N/A-Goal met. Aspire plans to reduce the amount of high-risk new clients on a therapist's caseload if they are to report having more than 10 percent.

Actions Taken: N/A-Goal met.

Aspire will utilize effective use of treatment modalities to meet service demand and client need (i.e. psycho-educational and process groups, barriers to mental health treatment for clients who chronically no show for appointments). Aspire will apply this measure to it's clients and obtain data though the administration of an annual survey. The Clinical Director will collate and report on the data obtained in this survey.

Goal: To survey clients regarding their desired treatment modalities and instill any recommendations made.

FY16 Status: Clients reported a desire to have more process groups such as depression and anxiety groups and home-based therapy services.

Action Plan (if goal not met): Aspire plans to add a depression and anxiety group per the client's recommendations once Aspire purchases or locates a larger facility (see Strategic Plan for additional information on building/fiscal goals). Aspire is working to increase its offsite therapy program to aid in reducing barriers to treatment such as transportation, child care, financial, and medical complications.

Actions Taken: Aspire hired an Offsite Coordinator both to support the offsite therapists and to market the offsite program. Aspire aims to increase accessibility of its services to the community and its current clients. Aspire is actively recruiting therapy staff for the purposes of establishing groups. Due to limited physical space for the groups, Aspire is seeking to purchase and/or rent additional space to house the requested groups.

Percentage of clients (as a measure of the effectiveness of the management of service delivery in the agency's strategic plan), who are satisfied with accessibility to services, will be measured and will provide a general measure of the efficiency of its efforts to make services accessible. Aspire will measure its current and discharged clients through its client satisfaction surveys. Client satisfaction surveys are mailed to all discharged clients to their last known address. Additionally, they are offered to Aspire's current clients annually. The Executive Director will collate and report on the data obtained in this survey.

Goal: To have an 85 percent effectiveness satisfaction rating with their services at Aspire based on a 1-5 Likert scale.

FY16 Status: Clients reported in the 2015 annual Quality Assurance Survey an average of 92 percent satisfaction with Aspire's effectiveness. Additionally, in 2016's initial and secondary 180-day Treatment Satisfaction Survey, clients reported a 92 percent satisfaction on each with Aspire's overall effectiveness.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

IV. Business Operations/Administrative Indicators- As part of each clinical staff's specific job description, productivity targets are established. These targets are a measure of both individual productivity as well as the method by which the agency's budget is established. Each clinician's productivity will be measured on a monthly basis as an indicator of the efficient use of resources. Utilization Review, which is a part of Aspire's current QA activities, will also continue to measure use of administrative time.

Effectiveness: Clinical Indicators- Effectiveness measures how well treatment promotes desired change in the opinion of the clients, clients' family members, clients' support systems, and their treatment providers. The client and treatment satisfaction surveys will be utilized for reviewing treatment effectiveness. The surveys will be offered annually, every 180 days, and at the end of treatment. The Clinical Director will collate and report on the data obtained in this survey.

Goal: To have an 85 percent satisfaction rating with client's desired level of change with their services at Aspire based on a 1-5 Likert scale.

FY16 Status: Clients reported in the 2015 annual Quality Assurance Survey an average of 94 percent satisfaction with how their treatment is promoting change and working towards their personal goals. Additionally, in the 2016 initial 180-day Treatment Satisfaction Survey, clients

reported an 87 percent satisfaction with their treatment promoting change and working towards personal goals.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Additional Measures:

1. Reviewing the incident reports on clients including those reportable will help identify trends or patterns for performance improvement. This will be noted through Aspire's review of its Critical Incident Report analysis. Recommendations for addressing any trends will be contained in the aforementioned report.
2. Clinicians will utilize person-centered care when treating all clients. This can be noted through the use of individualized and person-centered treatment plan goals, identified strengths, skills, and weaknesses in same.
3. Clients will be referred to appropriate programs (Targeted Case Management, PRP, and any other programs) based on symptom severity and program entry criteria. This will be measured during Aspire's Quality Assurance (QA) audits by the Quality Assurance Team (QAT).
4. Therapists will be available to provide services in environments that are most conducive to clients (i.e. schools, shelters, and in-home services). This will be achieved through the use of Aspire's offsite therapy services.
5. Findings for improvement of the Performance Improvement Plan will be reviewed at least quarterly.
6. Status of all action(s) taken will be reviewed quarterly.

V. Business Operations/Administrative Indicators- The following will serve as measure of effectiveness:

Aspire will measure its employee turnover and retention rates. The Executive Director will collate and report on this data;

Goal: To increase employee retention and reduce turnover to less than 10 employees per year.

FY16 Status: From 3/12/15 to 3/12/16 10 employees left their employment with Aspire. From 3/12/13 to 10/11/16, 26 employees have left Aspire. Out of 26 employees who have left since 3/12/2013, 10 have left due to being offered promotions at their alternate place of employment/obtained a new position which offered increased salaries, 7 were terminated for various reasons, 4 have left for personal reasons (one of which later returned), 3 relocated to other states, and 2 resigned due to work performance concerns prior to their 90 day reviews. Aspire has begun the use of exit surveys and exit interviews with the Program Director to discuss ways Aspire can improve and/or increase retention of its employees when allotted the time/able to do so.

Action Plan (if goal not met): Instill formal training process and increase time allotment for job acclimation. Create new positions for employee promotional opportunities. Offer reasonable raises in order to increase employee retention. Utilize current corrective action plan and clarify policies and procedures. Plan team building meetings and out of work staff activities to increase morale.

Actions Taken: In order to address the work performance concerns, Aspire instilled a formal training process, increased client time from 45 to 60 minutes for the first two weeks to allow for better adjustment, and Aspire has added an open door policy for accessing director level staff. Policy and procedures have been presented and discussed in staff meetings and clarification has

been provided to the staff. With regards to termination, Aspire instilled a corrective action plan and has work to correct performance issues before they become problematic by providing additional training, individual meetings with supervisors, and additional support for other staff. Additionally, Aspire has begun team-building meetings to increase staff morale and foster team spirit. Aspire will also continue to offer company sponsored quarterly staff events. Aspire has completed a cost analysis for training new hires versus retaining current staff. Aspire believes it may be able to offer \$.50-1.00 per hour raise in an attempt to retain staff who may be leaving to take higher paying positions. Aspire has created several positions for current staff to be promoted into and trained for such as Compliance Officer, Clinic Coordinator, and Off-site Coordinator. All current staff qualifications were taken into consideration for these positions and promoted when appropriate. If current staff were not found to be qualified, then outside prospects were sought.

- a. Employee training (as a measure of the effectiveness of the management of service delivery in the agency's strategic plan); and
- b. Incident reports (as a measure of the effectiveness of risk management and safety activities).

Reviewing Aspire's incident reports on PHI and Safety will help identify trends or patterns for performance improvement. The Compliance officer will maintain this information and will report both events as they occur and quarterly to the Executive Director.

Goal: To have less than five PHI and Safety related issues per calendar year.

FY16 Status: To date, Aspire has had three reported PHI issues which were contained breaches. These breaches were handled and reported following company policy. No safety issues were reported or occurred during this time frame.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Consumer Satisfaction: Clinical Indicators-Aspire will obtain a measure of client satisfaction with the services received. The Quality Assurance Team, who will poll the opinions of clients, will provide such consumer satisfaction levels. Three times per year, the Aspire Staff will collect data on client satisfaction through a pencil-paper survey, one every six months and annually for all clients.

Goal: To have an overall satisfaction rating of 85 percent client satisfaction with their services at Aspire based on a 1-5 Likert scale.

FY16 Status: Clients reported in the 2015 and 2016 annual Quality Assurance Survey an overall satisfaction rating of 96 and 94.2 percent respectively with their treatment at Aspire. Additionally, in 2016's initial and secondary 180-day Treatment Satisfaction Survey, clients reported an 89 and 91.2 percent respectively satisfaction with their treatment promoting change and working towards personal goals.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Aspire's Lead Administrative staff will dispense a paper-pencil referral source survey form to assess the satisfaction of law enforcement, health care, and other referral sources. Like the client satisfaction survey, this survey form will be dispensed on an annual basis.

Aspire's Clinical Director will review comments left by clients in its comment boxes, as well as reviewing feedback provided by the consumer advisor board. This feedback will be reviewed during staff meetings and on corresponding meeting agendas.

Additionally, therapist engagement, show rates, and retention rates will be analyzed, as previously indicated.

Goal: To have a therapist retention rate of 70 percent and a clinic average show rate of 80 percent.

FY16 Status: In 2012, Sift and Greenberg reported a dropout rate of one in five clients or 20 percent of all clients. Aspire's clinic retention rate is as follows for the timeframe of **9-1-15 through 1-31-16:**

Clinic Retention	197/329 = 60%
Show rates	80-83%

2-1-16 through 6-31-16:

Clinic Retention	215/335 = 64%
Show rates	83-88%

Action Plan (if goal not met): Aspire's retention rate was measured solely by looking at clients who completed Aspire's intake process and whether or not these clients remained in treatment for 6 months. This may have skewed the data; therefore, Aspire will work to create a more accurate measure of retention. Additionally, Aspire may look to add case management services to its services in the future (FY2017). Aspire may consider utilizing a program which will issue text alerts and/or email appointment reminders to clients for FY2017.

Actions Taken: Aspire is creating a more reliable measure for retention for clients who were engaged as opposed to including all clients from intake on. Aspire is considering basing its measure for FY2017 on clients who have been enrolled with Aspire for a minimum of 6 months and have attended at minimum 1 appointment in the previous 30 days. Aspire has grown its offsite services to address client barriers to treatment, and since then Aspire's retention rate did increase around 4 percent. Additionally, Aspire completes reminder calls the day prior to clients scheduled appointments.

VI. Business Operations/Administrative Indicators- Category of Measure: Increased client and employee satisfaction

Client grievances are currently monitored as part of the agency's Quality Assurance activities. That process will continue to be used as an indicator of client satisfaction. The Executive Director and Clinical Director maintain client grievances, unless directly involved in same. A formal report is issued on grievances annually by the Clinical Director.

Goal: To have less than 10 client grievances per calendar year.

FY16 Status: During Aspire's annual analysis of formal complaints (9-1-15 to 9-1-16), it noted 1 total grievance was filed to date.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

In January of 2016, Aspire Executive Director distributed an Employee Satisfaction Survey to all staff. The return rate was very high (92 percent) and the results identified two areas of most concern to employees, which were pay and benefits. Aspire plans to use the aforementioned survey on annual basis to measure the effectiveness of Aspire's retention and management of human resources goals, as well as use it as an indicator of progress toward overall employee satisfaction.

Goal: To have staff members report an 80 percent satisfaction with their employment at Aspire based on a 1-5 Likert Scale.

FY16 Status: Staff members report an 88 percent satisfaction with their employment at Aspire based on a 1-5 Likert Scale. Score of 4.4.

Action Plan (if goal not met): N/A-Goal met.

Actions Taken: N/A-Goal met.

Swift, J. K., Greenberg, R. P. (2012). Premature discontinuation in adult psychotherapy: A meta-analysis. *Journal of Consulting and Clinical Psychology*. Advance online publication. doi: 10.1037/a0028226

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