



Policy Number: 15 Effective: May 1, 2008 Revised: September 18 th , 2017
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Subject: Performance Improvement System

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy for a Performance Improvement System so that its Support Coordination Program services are exemplary and will meet the needs and expectations of clients, families, and its contracted obligations to the Department of Mental Health, Division of Developmental Disabilities.

POLICY:

- I. CCDDR’s Support Coordination program will provide customer-driven services resulting in client satisfaction and improved service delivery performance.
- II. Measures of effectiveness, efficiency, access to services, and satisfaction with regard to the Support Coordination program will be collected and evaluated to determine the impact of services on our clients’ lives; facilitate performance improvement; assist in program planning and direction; and promote appropriate utilization of resources.
- III. Performance improvement information collected will be done so in accordance with applicable State and Federal guidelines, and confidentiality will be maintained.
 - I. CCDDR staff determines and utilize a consistent approach for the development of performance measurement indicators in collaboration with clients, family members, board members, and other community stakeholders.
 - II. The format for describing the objectives, measures, data, results, and implications will be standardized throughout the organization.
 - III. The performance improvement system includes at least one measure of effectiveness, one of efficiency, one of service access, and measures of satisfaction of the active clients and follow-up after discharge with clients, in addition to the satisfaction of stakeholders.
 - A. All indicators/methodologies will be recorded within the data management currently in use by CCDDR. These data will be tabulated annually and compared to pre-established standards.
 - B. Definitions for these indicators follow:

1. **Effectiveness.**

At least one indicator of effectiveness will be chosen each year for the Support Coordination program. For Support Coordination programs, effectiveness indicators typically involve how well the Personal Outcomes and Goals identified in each client's Individual Support Plan have been implemented, and if these objectives have been met within the plan year. In general, if the Personal Outcomes and Goals within the plan accurately reflect the client's identified habilitation and service needs and desired life objectives, accomplishing the Personal Outcomes and Goals should indicate effectiveness of services.

2. **Efficiency.**

At least one indicator of efficiency will be chosen each year for the Support Coordination program. Efficiency indicators should be information that managers need in order to make programmatic decisions. Efficiency indicators will involve cost, utilization, and access to services or productivity of staff. Support Coordinators should complete duties necessary for service provision in a timely and professional manner.

3. **Service Access.**

The Support Coordination program will annually choose an indicator that is appropriate to the program's history and operations concerning service access.

Access indicators may include wait time to begin services after referral or intake, wait time to receive an initial appointment, and ease of reaching Support Coordinator after services have been established

4. **Client Input.**

Input will be collected through client satisfaction surveys that are anonymous and standardized throughout the system. Client satisfaction surveys will be sent to all active clients and/or their legal representative after the annual plan meeting. A return envelope will be provided along with the survey instrument.

IV. The Executive Director in collaboration with agency staff and the Board of Directors will determine and approve all performance improvement indicators.

V. Compilation of all performance improvement information/results will be included in an annual report with a summary of the measure of effectiveness, efficiency, service access, stakeholder and client satisfaction, follow-up data from clients, analysis, program implications, and any recommendations for improvement.

A. The annual performance analysis report will result in an action plan to address needed improvements.

B. The completed annual report will be disseminated to the CCDDR Board of Directors, staff, clients, funders, the Camden County Commission, other related agencies, and referral sources as appropriate.

- C. Discharged clients may choose not to participate.
- VI. Surveys and client contact information will be collected by the Director or his designee.
- A. The Director is responsible for collating the information and reporting it annually.
 - B. The Director provides the Board of Directors and CCDDR staff with the results from the Performance Analysis, and notes areas needing improvement and change, and makes recommendations to the Board of Directors.
- VII. These results will be distributed to advocacy and stakeholder groups, utilized for board of directors' informational packages, and distributed at various staff meetings. These summary performance reports will be compiled and presented to CARF every three years for the accreditation process..

REFERENCES:

- CARF Standards Manual, Section 1C