South Carolina Department of Mental Health Training Needs Assessment Process: A Pilot Project

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South Carolina Department of Mental Health Certified Public Manager Program Project
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A Pilot of the Processes Necessary to Conduct an Agencywide Training Needs Assessment.

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The new mission of the South Carolina Department of Mental Health (DMH) is "to support the recovery of people with mental illness" (Making Recovery Real, 2002, p.8). In addition, priorities state "that the SC Department of Mental Health gives priority to adults and children with serious mental illnesses and serious emotional disturbances" (Making Recovery Real, 2002, p.8). These customers require early identification of behavioral dysfunction or emotional disturbance or distress to prevent dangerous decompensation (DMH 2000-2001 Accountability Report, p. 14). They may also require quality treatment in community settings whenever possible that promotes recovery.

While our efforts for some years have been to reach appropriate levels of care in the community, recent budget cuts and reductions in work force have forced the department to downsize programs, thereby compromising gains made and pushing back timetables for improvements (DMH 2000-2001 Accountability Report, p. 15). With the appointment of a new state director during the past year, the Department of Mental Health has undertaken a restructuring and reorganization of its leadership team and functions. The Staff Development function is currently housed within the Division of Education, Training and Research. "The establishment of the Division of Education, Training and Research (ETR) has been accompanied by an in depth review of the linkage of employee training and education to strategic and state plan goals of the Department. The Division of Education, Training and Research will complete a yearly assessment of training needs for the department..." (Directive No. 821-00 1-010).
Although some staff development and training function has existed since 1972, the department does not currently have a quantitative process for determining and prioritizing clinical performance needs for employees in community mental health centers. The department has approximately 5,500 employees in 17 community mental health centers, eight facilities and central administrative components. In light of the recent budget cuts, reduction in work force and department organizational changes, the need to examine clinical discrepancies between new optimal needs and actual skills, knowledge and abilities in community mental health centers has been mandated.

A pilot project in the Columbia Area Community Mental Health Center will design a formal quantitative needs assessment process which will determine and prioritize clinical performance needs. This process will serve as the basis for identifying learning and performance solutions which will result in measurable accomplishments linked to DMH goals and objectives.

In the light of recent budget cuts, reduction in work force and organizational changes, what is the best process for determining the clinical discrepancies that exist between needs and actual knowledge, skills and abilities at Columbia Area Community Mental Health Center?

METHODOLOGY

Sub-problems which translated directly into the data goals included:

1. determining what clinical performance currently exists at Columbia Area Community Mental Health Center. (Clinical performance is defined as the clinical knowledge, skills and abilities needed to adequately perform one's job).

2. Identifying the discrepancies between actual and desired (optimal) performance in clinical skills
3. Getting agreement on the process to analyze and prioritize clinical performance needs and determining what changes should be made.

Data collection techniques focused specifically upon check lists, focus groups and written surveys. A meeting of the executive management team of Columbia Area Community Mental Health Center was held to brief them on the nature of the assessment, ask for support and to determine the methods for identifying the two types of data to be utilized to measure actual employee performance. In addition, executive management team members were asked to identify 30 - 40 staff members who function in clinical capacities from all levels of the organization to participate in focus groups.

**Executive Management Team Written Questionnaire** : Executive management team members who have expertise in clinical service provision (as determined by the Executive Director of the center) were asked to individually complete a written survey, which was e-mailed to them. The thirteen survey questions related to current clinical performance needs and future performance needs. Completed tallied responses were used as the basis for the focus group questions.

**Focus Groups** : Five focus groups with five to six individuals was conducted by this facilitator to answer and discuss in detail a small number of questions related to the executive management team written survey responses. Focus group participants included those suggested by the executive management team. Additional names were provided for inclusion in the groups in the event of unavailability of an initial participant. The questions were utilized to refine specific content and areas for the written needs assessment survey. The facilitator tape recorded the focus groups for later transcription. The focus groups were be scheduled and held in a location away from the Columbia Area Community Mental Health Center and sessions were conducted for one hour.

**Check Lists** : Columbia Area Community Mental Health Center Executive Management Team
identified the two types of data to be used to quantify actual performance: EPMS performance and quality assurance audit data for 2000-2001. The examiners randomly selected 25% of the charts and individual human resources personnel files with completed EPMS forms to review to quantify and compare actual performance results. A checklist form was designed for recording the data. Results of the checklist data of actual performance data were compared to the results of the Executive Management Team questionnaire and the focus groups to assure completeness of the questions for the needs assessment survey.

Center Needs Assessment Survey: A written needs assessment survey was designed and mailed to those 46 Columbia Area Mental Health Center employees who participated in the pilot project. The specific questions on the survey were based on results compiled from the Executive Management Team written questionnaire, further refined by the focus groups and supported by actual performance data. All employees were asked to complete this questionnaire and mail the completed answer form back to DMH Staff Development and Training. The responses to survey questions will be designed to be recorded on a Scantron form. The numbers were scanned for easy analysis and reporting.

RESULTS

Written Surveys: Six of the eight members of the Executive Management Team were asked by the Executive Director to complete the written surveys. The individuals who were selected were deemed to have clinical expertise in mental health. A copy of the survey which was distributed via E-mail can be found in Appendix A. All of the responses were tallied and summarized by number of responses and percentage. Table 1 summarizes the responses to the questionnaires by number of responses and percentage. With regard to existing performance, 66 percent of the
respondents indicated that clinical performance priorities included mental health clinical assessment of adults and children, specific treatment interventions and knowledge and use of evidence-based treatment models. Consequences of not addressing these clinical issues were that staff are less effective providers (83%); clients are not benefitting from treatment (66%); clients are cycling in and out of hospitals (50%); and, staff morale and retention are being seriously affected (50%).

All respondents thought that existing clinical processes being affected are productivity and service delivery. Current suggested performance improvement goals include productivity (83%), Quality Assurance (QA) standards compliance (66%) and client satisfaction (66%). The lack of revenue and resources is the reason that goals are not currently being accomplished.

Future performance clinical issues focus on the use of the Recovery Model of mental health and assessment skills (66%). Consequences of not addressing these clinical issues remain the same as existing needs, with 83% of respondents indicating that mistakes, less effective staff, high turnover and staff morale are critical. One difference in performance improvement goals included required clinical training (33%); however, the importance of productivity (100%), QA standards (83%) and client satisfaction (83%) increased. Bureaucracy (83%) was added to lack of resources as the reasons that goals will not be achieved.

**Employee Focus Groups:** The members of the Executive Management Team selected 38 employees, including middle managers and first-line supervisors, to participate in one of five focus groups (See Appendix B). Two of the focus groups included supervisors and three of the focus groups consisted of employees. All focus groups met away from the Columbia Area Mental Health Center in one of the Staff Development classrooms. All of the focus groups were tape recorded
with permission of the participants for purposes of later reviewing and clarifying information which was discussed. Each of the participants was provided with written information about the purpose and proceedings of the focus groups and the six questions which formed the focus of the discussion during the one and one-half hour focus groups (See Appendix B). The facilitator recorded all responses on a flipchart and assisted each group with prioritization of responses by consensus decision-making when numbers of responses were large. Questions one and three were combined due to the similar nature of the responses. Responses to all focus groups were tallied by rank and percent.

A summary of focus group responses by rank and percent is depicted in Table 2. The most pressing clinical and non-clinical issue was identified by all five focus groups as high caseloads (100%). Four of the five focus groups (80%) ranked lack of staff, paperwork, QA issues/productivity and lack of resources as a tie for the second most pressing clinical or non-clinical issue. Medical records access and procedures were ranked as the third most pressing issue (80%). When asked how academic experiences prepared the participants for providing clinical services to clients, all respondents indicated that although they did receive training in some therapeutic skills, the interventions were not specific to mental health/mental illness. Eighty percent of the participants stated that they did receive some basic diagnostic knowledge and skills, while diversity issues of working with different clients in different settings was ranked third in importance. When asked to list the most important responsibilities of their job, participants ranked the following duties in order of importance: counseling and therapeutic intervention (100%), QA and productivity responsibilities (80%), provision of case management services (60%) and assessment (40%).

Participants ranked competencies needed to be successful in the job as follows: basic clinical
knowledge of mental health (80%), clinical intervention skills (60%), organization and prioritization skills (60%), clinical skills for specific populations (40%) and knowledge of resources (40%). Training priorities included therapeutic skills (80%), assessment skills (60%), team building skills (40%), communication skills (40%) and clinical documentation skills (40%).

**Quantification of actual performance:** The Executive Management Team selected two measures to quantify actual clinical performance: EPMS data regarding training needs and QA audit data gaps in performance from 2000-2001. The author met with both the Human Resources Manager and the Manager of Quality Improvement/Quality Assurance to discuss methodology for collecting and measuring data. The Human Resources Manager randomly selected 25 percent of the EPMS planning stage for each of the following disciplines: nurses (6/22), bachelor’s level clinicians (6/26), master’s level clinician (15/62), mid-level managers (9/23) and the Executive Management Team (2/8). The training topics identified are depicted on Table 3 (See Appendix C).

A number of the training courses which were included in the EPMS plans focus on mandatory training for employees of Columbia Area Mental Health Center. A more thorough description of the mandatory courses can be found in Table 4 (Appendix C).

In addition to the required training, the following skill needs were identified: therapeutic skills, clinical counseling, dual disorders, Dialectical Behavior Therapy, diagnosis and therapeutic intervention with children and adolescents and diversity training. The manager of Quality Improvement/Quality Assurance provided the author with the audit data from 2000-2001 based on both the individual medical records and the utilization management audit form. Audit findings are ranked in Table 5 Appendix D) by type, comment, count and percentage. The top three ranked standards deficiency errors were discharge criteria which were not addressed, consent to release client information was not current and chart organization did not follow policy. The two corporate
compliance errors included the fact that the individual treatment plan does not authorize the service and the service was billed but not documented.

**Center Needs Assessment Survey:** All of the data from the Executive Management Team written questionnaire, five focus groups, EPMS training needs and the Quality Improvement/Quality Assurance checklist form was analyzed. Based on the common clinical issues and clinical training need gaps, a draft training needs assessment survey was designed (See Appendix E). The survey draft form must be approved by the Department of Mental Health Training Council in the third week of March, 2002; therefore, a draft survey was distributed to the 46 individuals who had participated in the focus groups as well as those members of the Executive Management Team of Columbia Area Mental Health Center.

The draft training needs assessment survey contained a demographics section for analysis purposes and six distinct sections with a total of 42 questions regarding customer service, communicating/building coalitions, clinical interventions, problem solving and decision making, personal and professional development, performance improvement. An additional section entitled other information contains one question concerning training delivery methods and allowed employees to list any additional skills of tasks that were important in meeting their learning needs.

The survey is designed on a Scantron form and includes a five point Equal-Appearing Interval scale of importance with the following scale definitions: NI-Not Important; SI-Slightly Important; IM-Important; VI-Very Important; and, ES-Essential. The draft survey was distributed to the 38 individuals who participated in the five focus groups and the eight members of the Executive Management Team. Each of the questions were scanned for total responses, percentage of each category, mean score and associated standard deviation.
The draft survey return rate was 56.5 percent, with 26 of the 46 surveys returned for analysis. With respect to discipline, response distribution indicated that 14 of the individuals were social workers (53.85%), seven were clinical counselors and other disciplines (26.92%), two were nurses (7.69%), two were psychologists (7.69%), and, one was a mental health specialist (3.85%) No physicians responded to the draft survey although they participated in the focus groups. Twelve of the 26 respondents acted in a supervisory capacity.

Table 6 (Appendix F) provides a summary of the clinical questionnaire responses by ranked mean, topic and question number. The means and respective topics were grouped into four tiers by decending order. The first tier of means, which ranged from the highest of 4.88 (out of 5.0) to 4.62, represented the common theme of identification of client needs and assessment. The second tier scores ranged from 4.35 to 4.15 and embodied those topics related to appropriate intervention techniques with clients. The third tier need rankings from 4.12 to 4.00 represented the personal improvement skills that clinicians need to provide services. Several of the topics resulted in ties. The fourth tier exemplified those training needs which were not perceived as critical to the provision of client care as those in the previous tiers. The rating of both data collection and root cause analysis as the lowest clinical training needs is of particular interest during a time when clinical outcomes and performance improvement are of paramount importance to DMH.

Table 7 (See Appendix F) represents a listing of additional training topics that respondents described as important in meeting their clinical learning needs. Topics include such issues as school-based therapy and play therapy techniques, clinical documentation skills, mentor program, drug and alcohol abuse and counseling the teen involved in gangs.
The preferred learning method for the delivery of training needs and programs is presented by type, percentage, number and rank in Table 8 (See Appendix F). Results indicated that classroom training is the preferred learning method (92.31%), followed by video training (38.46%), ETV broadcast (30.77%) and computer-based training (15.38%).

**Implementation Plan:** The Department of Mental Health Training Council will meet during the third week of March to approve the training needs assessment survey for department-wide distribution. During this meeting, the process for implementing the survey will be discussed and plans to conduct focus groups for the health care facilities (hospitals) will be approved as well. Meetings will be conducted with the Community Mental Health Center Directors to discuss the process utilized at Columbia Area Mental Health Center and seek buy-in for the methodology used in the pilot project. Input from the facility directors will be sought prior to sending out the survey to all facilities. Items which need to be included for the facilities will be added. Staff from Education, Training and Research will seek buy-in from the facility directors regarding the training needs process. One of the potential obstacles of the process is facility buy-in for the current survey, which is geared specifically to the needs of community mental health centers. The management staff may feel as if a separate survey should be designed for facilities since the training issues and client needs may be different. A meeting with facility management should resolve the concerns.

The survey for the community mental health centers will be distributed state-wide by the end of March with the facility surveys to follow in April, 2002. A sample size of approximately 1200 individuals will be randomly selected to complete the clinical survey. The returned surveys will be scanned and results will be analyzed using similar methodology to that of the pilot project.
Results of the DMH training needs assessment will be presented to the South Carolina Department of Mental Health Training Council, who, in turn, will share the outcomes with the Governing Council of the Department. The Division of Education, Training and Research in conjunction with the Training Council will determine the center and facility clinical training priorities and delivery methods and will design competency-based learning experiences which will assist Department of Mental Health employees to meet their training needs. The needs assessment process will be repeated every two years and revised as a result of feedback from center and facility directors, the Training Council and staff. Both a process evaluation and ultimately, selected performance improvement data will be utilized to monitor and measure results of the needs analysis and resulting learning outcomes.

SUMMARY AND CONCLUSIONS

Although a staff development and training function has existed in some capacity since 1972, the South Carolina Department of Mental Health does not currently have a quantitative process for determining and prioritizing clinical performance needs for employees in community mental health centers and facilities. In light of the current budget cuts, reduction in workforce and organizational changes, the need to examine clinical discrepancies between new optimum needs and actual skills, knowledge and abilities has been mandated (Directive No. 821-00 1-010). A pilot project in the Columbia Area Mental Health Center served to design a formal quantitative needs assessment process which would determine and prioritize clinical performance needs. This process served as the basis for identifying learning and performance solutions which will result in measurable accomplishments linked to DMH goals and objectives.

A number of methods were utilized to determine the gap in actual and optimal clinical performance,
including questionnaires, focus groups, EPMS results, Quality Assurance audits and a training needs assessment survey. Results of the pilot project revealed that gaps do exist between actual and optimal performance in a number of areas including assessment of adults with persistent mental illness and children and adolescents with serious emotional disturbances, treatment strategies for specific populations, self-management skills, data collection and performance improvement methodology. The results of the audit functions tended to support the questionnaires and focus group responses, serving as an accurate focus and basis for the development of the training needs assessment. Furthermore, conclusions of the pilot project indicate that the process utilized to assess gaps in clinical performance is a valid one and should be accepted as a standard operating procedure for the Department of Mental Health centers and facilities.

Recommendations for the Training Council of the Department of Mental Health include

1. The pilot process should be expanded to other department centers and facilities to determine clinical training improvement needs.

2. The current process should be accepted by the Training Council as a standard operating procedure for the Department of Mental Health centers and facilities.

3. Future clinical training and learning strategies should be based on the prioritized results of the needs assessment questionnaire.

Additional work should include replication of the assessment process with other centers and facilities (hospitals) to ensure that training needs are valid and learning experiences are designed to reflect the nature and urgency of those needs.
APPENDIX A

Table 1
- Executive Management Team Written Survey
- Executive Management Team Agenda
### Existing Performance

<table>
<thead>
<tr>
<th>Response</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical issues include assessment, specific treatment, models</td>
<td>4/6</td>
<td>66</td>
</tr>
<tr>
<td>Consequences of not addressing clinical issues include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff less effective</td>
<td>5/6</td>
<td>83</td>
</tr>
<tr>
<td>Clients not benefitting</td>
<td>4/6</td>
<td>66</td>
</tr>
<tr>
<td>Cycling in and out of hospitals</td>
<td>3/6</td>
<td>50</td>
</tr>
<tr>
<td>Staff morale and retention</td>
<td>3/6</td>
<td>50</td>
</tr>
<tr>
<td>Clinical processes affected are productivity and service delivery</td>
<td>6/6</td>
<td>100</td>
</tr>
</tbody>
</table>

Performance improvement goals include

<table>
<thead>
<tr>
<th>Performance</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity</td>
<td>5/6</td>
<td>83</td>
</tr>
<tr>
<td>QA standards compliance</td>
<td>4/6</td>
<td>66</td>
</tr>
<tr>
<td>Client satisfaction</td>
<td>3/6</td>
<td>50</td>
</tr>
<tr>
<td>Preventing goals from accomplishment is lack of revenue and resources</td>
<td>6/6</td>
<td>100</td>
</tr>
</tbody>
</table>

### Future Performance

<table>
<thead>
<tr>
<th>Response</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical issues include recovery model and assessment skills</td>
<td>4/6</td>
<td>66</td>
</tr>
<tr>
<td>Consequences of not addressing clinical issues are mistakes, less effective staff, high turnover and poor morale</td>
<td>5/6</td>
<td>83</td>
</tr>
</tbody>
</table>

Performance improvement goals include

<table>
<thead>
<tr>
<th>Performance</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity</td>
<td>6/6</td>
<td>100</td>
</tr>
<tr>
<td>QA standards</td>
<td>5/6</td>
<td>83</td>
</tr>
<tr>
<td>Client satisfaction</td>
<td>5/6</td>
<td>83</td>
</tr>
<tr>
<td>Required clinical training</td>
<td>2/6</td>
<td>33</td>
</tr>
<tr>
<td>Lack of Resources and bureaucracy will prevent goals from being achieved</td>
<td>5/6</td>
<td>83</td>
</tr>
</tbody>
</table>
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Division of Education, Training and Research
Clinical Supervision and Clinical Needs Assessment Questionnaire
for the Executive Management Team

Thank you for agreeing to complete this questionnaire. Please respond to each of the questions on both the existing performance issue questionnaire and the future performance issue questionnaire. Should you need additional room, feel free to add pages. Please e-mail your completed responses to Sally Langer by Tuesday, November 20, 2001.

Clinical Supervision and Clinical Performance Issues Questionnaire

EXISTING PERFORMANCE

In order to examine an existing performance need, the following information is required:

1. What are the key clinical issues that you feel must be addressed?

2. How long have these issues existed?

3. What are the consequences of not solving these issues?
4. Which clinical process(es) are being affected by the issues?

5. What are the performance improvement goal(s)?

6. What is preventing the goal(s) from being achieved?

Clinical Supervision and Clinical Performance Issue Questionnaire

FUTURE PERFORMANCE

In order to address a future clinical need, the following information is required:

1. What are the key clinical supervision and clinical performance issues that must be addressed?
2. Why must these issues be addressed?

3. Which clinical process(es) are most likely to be affected?

4. What are the future performance improvement goals?

5. What is likely to prevent these goals from being achieved?

Your Name (optional): ________________________________
Your Discipline (required): ________________________________

Thank you for taking the time to complete this questionnaire.
Columbia Area Mental Health Center
Executive Management Team
Meeting Agenda
November 7, 2001

1. **DMH Needs Assessment (9-10 A.M.):**
   - Sally Langer, DMH
   - Sandy Hyre, DMH

2. **Corporate Compliance Agenda:**
   - Steve Walker

3. **New Letterhead Stationary:**
   - Steve Walker

4. **Medical Records Issues, Overtime Approval, Loss of Another Staff Member:**
   - Steve Walker

5. **Court Ordered to Treatment & CIS/IQ Tracking Distribution of Stickers & Instructions for Data Input IQ Report:**
   - Steve Walker

6. **Follow up Policy:**
   - Steve Walker

7. **Budget Update:**
   - David FitzGerald
APPENDIX B

Table 2
- Focus Group Questionnaire
- Focus Group Responses by Date
- Focus Group Participation Lists
- Memorandum for Focus Group Participation
TABLE 2. Summary of Focus Group Responses by Rank and Percentage.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Rank</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 and 3 High caseloads</td>
<td></td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Lack of staff</td>
<td></td>
<td>2</td>
<td>80</td>
</tr>
<tr>
<td>Paperwork</td>
<td></td>
<td>2</td>
<td>80</td>
</tr>
<tr>
<td>QA issues and productivity</td>
<td></td>
<td>2</td>
<td>80</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td>2</td>
<td>80</td>
</tr>
<tr>
<td>Medical records access and procedures</td>
<td></td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>2 Some therapeutic skills not specific to mental health intervention</td>
<td></td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Basics of diagnosis</td>
<td></td>
<td>2</td>
<td>80</td>
</tr>
<tr>
<td>Diversity (working with different clients in different settings)</td>
<td></td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>4. Counseling and therapeutic intervention</td>
<td></td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>QA and productivity</td>
<td></td>
<td>2</td>
<td>80</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>5. Basic clinical knowledge of mental health</td>
<td></td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td>Clinical intervention skills</td>
<td></td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Organizational and prioritization skills</td>
<td></td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Clinical skills for specific populations</td>
<td></td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Knowledge resources</td>
<td></td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>6. Therapeutic skills</td>
<td></td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td>Assessment skills</td>
<td></td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Team Building</td>
<td></td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Documentation skills</td>
<td></td>
<td>3</td>
<td>40</td>
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</table>
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
Division of Education, Training and Research  
Key Informant Focus Groups Questionnaire

Purpose of the meeting: Assist SCDMH to determine and prioritize clinical performance needs in community mental health. The responses will be utilized to refine specific content and areas for the written needs assessment survey.

Objectives:  
1. Generate discussion based on six questions  
2. Prioritize clinical needs  
3. Prioritize non-clinical or organizational needs  
4. Ensure individual and group participation and content accuracy.

Target Audience: Community Mental Health Center staff

Participants: CAMHC adult and children/adolescent clinical supervisors selected by the Executive Management Team.

Clarify facilitator's and participant's roles: Facilitator's role is to direct discussion, keep it flowing, ask for clarification, when necessary and remain objective. Participant's role is to provide information, actively participate, and follow ground rules.

Clarify ground rules for participation: Equal opportunities for all members to contribute  
Avoid being judgmental and biased  
Ask for clarification when necessary  
Majority vote rules

Questions for the focus group:

7. In your opinion, what are some of the most pressing clinical or non-clinical issues at CAMHC?

8. How did your academic experience prepare you to provide clinical services to clients?

9. When you provide clinical and other services to clients, what are some of the non-clinical or organizational issues that might interfere with the provision of the service?

10. What are the five main responsibilities of your job?

11. What competencies do you need to be successful in your job?

12. What should the training priorities for your job function be?
CAMHC NEEDS ASSESSMENT FOCUS GROUP SUMMARY

Thursday, January 31, 2002
Supervisors

1. In your opinion, what are some of the most pressing clinical or non-clinical issues at CAMHC?

Non-clinical or systems issues

- Budgetary constraints are affecting provision of services
  - 50 positions reduced
  - Individual clinical caseloads in excess of 100 clients
  - Clients are not receiving needed services
  - Local Hospital Emergency Rooms are backed up
  - SCDMH facilities are downsizing

- Media perceptions of SCDMH are disturbing and not true
  - Clients are allowed to wait in emergency rooms for three to four days
  - SCDMH should assist with the resolution of the long wait
  - Consumers are feeling the impact of the distortions

- Morale of the CAMHC staff is low
  - Clients are affected

- Perception persists of a division between the SCDMH Central Administration and the community mental health centers
  - Lack of understanding from both sides regarding needs

- Perception of divide between SCDMH facilities and community mental health centers
  - Facilities do not discharge properly for two reasons: (1) Selection of community residential facilities are often not appropriate and (2) Consumers aren't ready for discharge.

Clinical Issues

- Dual diagnosis of mental illness and substance abuse is characteristic of 75% or greater of the consumers served.

- Assessments of both the adult and child populations require clinical knowledge as well as consistent psychiatric (MD) staff.

- Discharge of consumers requires ownership by the programs releasing the client as well
as by those programs accepting responsibility of that client. 
concept of recovery means that other levels of care are necessary 
clinicians should want what is best for the consumer 
turf issues abound 
clinicians need to move out of their comfort zone

☐ Clinicians who open cases with caseloads of 100 do not have enough time to see 
reasonable progress within six months. 
Case size and time are factors 
Need to learn to prioritize need

☐ Center culture encourages staff to be too lenient about client appointments 
clients are allowed to come in late and it is condoned when clients do not show 
need to teach client responsibility as part of the therapeutic process

☐ Reimbursement issues need to be examined

2. **How did your academic experience prepare you to provide clinical services to clients?**

Graduate school programs prepare clinicians with generic experience. DMH must work with 
new graduates to teach specifics regarding mental health, specifically on-the-job-training (OJT). 
Nursing graduates are usually well-prepared.

3. **When you provide clinical and other services to clients, what are some of the clinical or organizational issues that might interfere with the provision of the service?**

See Question 1.

4. **What are the five main responsibilities of your job?**

Program oversight/consultation 
Liaison work with other agencies 
Supervision/training of clinicians 
Direct patient care 
Performance improvement/QI

5. **What competencies do you need to be successful in your job?**

Clinical knowledge 
Problem-solving skills 
Interpersonal skills
Technical knowledge (e.g. grant writing, PI, CARF standards, Medicare and Medicaid standards)
Leadership skills
Critical thinking skills
Flexibility
Hiring skills

6. What should the training priorities for your job function be?

Performance Improvement tools (root cause analysis, cause and effect, brainstorming)
Empirically-based research
Baldrige criteria
Standards for PI, CARF, housing, Medicaid, Medicare
CAMHC NEEDS ASSESSMENT FOCUS GROUP SUMMARY

Tuesday, February 5, 2002
1:30 pm

1. In your opinion, what are some of the most pressing clinical or non-clinical issues at CAMHC?

Non-clinical or systems issues

☐ Ensuring that families have access to services

☐ Lack of services for children, adolescents and their families
   limited beds available
   long waiting periods when in crisis
   Services difficult to get for family preservation

☐ Lack of support from parents of children and adolescents receiving services

☐ Lack of beds at BPH from the ER at RMH
   those waiting not getting appropriate treatment
   72 hour expiration occurs
   clients become management or behavior problems

☐ In some cases who are in crisis, three month waiting period to receive services after triage

☐ Increased caseloads

Clinical Issues

☐ New requirement for licensure for MSW, LPC, MFT re: diagnosis should be relevant to job

☐ Increased paperwork and productivity relevant

☐ Client transportation

☐ Lack of knowledge of resources

☐ Medication compliance/non-compliance

☐ Dual disorders population needs

☐ Lack of family organization skills

☐ Lack of parenting skills

2. How did your academic experiences prepare you to provide clinical services to clients?
Communication skills
Cross cultural information
Human growth and development
Diagnosis
Therapeutic skills
Mediating conflict
Theories and framework for individuals and families

3. When you provide clinical and other services to clients, what are some of the clinical or organizational issues that might interfere with the provision of services?

See Question 1.

4. What are the five main responsibilities of your job?

Prevent hospitalization
Provide talk therapy to parents
Improve relationships between families and community resources
Maintain productivity
Provide case management services
Provide services to the school
Teen pregnancy coalition
First Steps
Parenting skills
Serve as a role model for young males
Ensure that clients get medication
Ensure that clients keep appointments
Provide assessments
Teach living skills
Provide recreational opportunities
Targeted case management
Assist with meeting client spiritual needs
Marketing services at school
Working with clients regarding employment opportunities

5. What competencies do you need to be successful in your job?

Creativity
Flexibility
Open to new ideas
Building Relationships
Developing a sense of humor
6. What should the training priorities for your job function be?

- Ethics/boundaries
- Stress and burnout
- Chart audit changes
- All areas of clinical services
- Diagnosis
- Safety in the office/site specific safety
- Therapeutic approaches to interventions in schools
- Inappropriate sexual behavior in schools
1. In your opinion, what are some of the most pressing clinical or non-clinical issues at CAMHC?

Non-clinical or systems issues

- Redundancy and amount of paperwork
- Lack of sufficient numbers of staff
- Logistics
  - forms
  - transportation
- High caseloads
- Lack of auxiliary staff
  - tracking
  - processing
- Organizational fragmentation
  - one person reporting to various individuals
  - from efficient teams (Ten Medical Park) to lack of cohesiveness and autonomy (Marion Street)
- Medical Records Issues
  - tracking of charts
  - requirements
  - reporting lines of authority don't relate to other clinical areas
- Lack of communication and micro management by supervisors
- Held accountable for what I can't control
- Lack of mission, resulting in turf issues
- Lack of equipment: computers
  - four clinicians sharing cannot be productive
  - Call back re: scheduler does not work well with clients and appointments
- Scheduling and follow-up of appointments
  - don't always get the schedule
changes in standards and audit function

Chart auditing inconsistencies and the performance management (EPMS) relationship

Clinical Issues

No consistent Psychiatrist
Legal and liability issues
Nursing making decisions without input

Not replacing clinical staff in therapy-intensive programs, e.g. DBT

Fewer therapy and resource options for clients

Broader expectations of service provision (case management) for those who were hired with therapeutic backgrounds.
Identity of the therapist versus the case manager

Time
Scheduled with therapeutic intervention appointments; however expected to be available for walk-in crisis clients

Productivity

Lack of formal and informal clinical supervision
clinical supervision perceived as punitive in nature
Don't reward staff;
fail to retain good staff

Clients are assigned on a random basis rather than on consideration of area of specialty

2. How did your academic experience prepare you to provide clinical services to clients?

Prepared to do therapy rather than case management

Learned to deal with clients and people in different settings

Some preparation in diagnosis

Lots of theory and knowledge, with no specifics

No opportunity to see clients with mental illness prior to assuming the job

3. When you provide clinical and other services to clients, what are some of the clinical or organizational issues that might interfere with the provision of services?

See Question 1.
4. **What are the five main responsibilities of your job?**

Getting the chart
Therapeutic intervention
Case management
Chart filing related to corporate compliance
Consulting with physicians regarding medications
Medication assessment and counseling
Intakes
Attend meetings/staffing for clients
Provide psychological testing
Writing progress reports
Administrative duties (e.g. training, serving on committees)

5. **What competencies do you need to be successful in your job?**

Assessment
Therapeutic
Knowledge of resources
Interpersonal and therapeutic communication
Creating an environment which empowers individuals

6. **What should the training priorities for you job function be?**

Evidence-based treatments
Medication Logarithms
DSM IV updates
GAF Training
How to deal the client with acute psychosis
CEUs for licensure
Recovery basics
Child and Adolescent classes
Dual Disorders (MI/SA)
Free resources for training
Specific disorders
CMAC NEEDS ASSESSMENT FOCUS GROUP

Thursday, February 7, 2002
1:30
Supervisors

1. In your opinion, what are some of the most pressing clinical or non-clinical issues at CAMHC?

Non-clinical or systems issues

☐ Amount of paperwork
  Quality assurance and corporate compliance
  Can we design a better system?

☐ Increasing quality assurance demands
  Tend to be punitive consequences
  Difficult to balance demands and expectations
  Emphasis on quantity versus quality

☐ Staffing demands with lack of staff and inability to hire
  Shortage of nurses
  Some elderly programs have no nurse

☐ Number of Medicaid changes
  Increase of number of children
  Expectations of clinicians
  Lack of resources, i.e. computers

☐ Emergency placement for clients
  number of days to find
  shortage of crisis beds

☐ Shortage of support staff, specifically clerical

☐ “Us versus them” attitude with management
  Lack of ability to support client services
  “Gottcha” attitude

☐ Cutting down on general services
  Mailing and stamps
  Who makes what decisions/gets resources
  “Catch your mistakes”

☐ Safety and security
  Frustration with dangerous clients
  Confusion as to who to call (Public Safety, county, city)
  Cell phones should be a priority
Medical Records
Inability to get records on a timely basis
Attitude of too busy to assist

Clinical Issues

Lack of follow-up with consumer care
Ability of staff?
Too much to juggle
lack of appropriate staff resources

Clinical staff unable to prioritize what is most important

Insufficient MD time
 Often don't show
 Left with no back-up
 No accountability

Client access
 No transportation
 Volunteers needed to drive to appointments
 Community image distorted

Substance abuse services
 assessment
 Shortage of beds (more female beds, when we need more male beds)

No standards for clinical work
 what constitutes “good work”
 What do you do in one hour
 What is good clinical work?

Lack of clinician basic knowledge

MD waits too long when a patient decompensates

No money/resources for clinical skills training

2. How did your academic experience prepare you to provide clinical services to clients?

USC MSW had very little clinical focus on psycho pathology

No knowledge of mental illness, working with clients; more on therapeutic skills and interpersonal communication

Poor grammar and writing skills

Nursing prepared graduates well to care for people of all ages
3. When you provide clinical and other services to clients, what are some of the clinical or organizational issues that might interfere with the provision of services?

See Question 1.

4. What are the five main responsibilities of your job?

- Keeping the census up
- Decreasing client hospitalization
- Decrease the time in therapeutic intervention
- Support staff
- Improve morale
- Increase productivity and revenue generation
- Provide clinical supervision
- Follow-up with clients
- Provide good services to all clients
- Teaching
- Consultation
- Serve as a liaison with other agencies
- Complete EPMSs

5. What competencies do you need to be successful in your job?

- Basic knowledge of mental illness
- Defined successes for clients
- Clarification and expectations
- Definition of corporate compliance
- Basic knowledge of alcohol and drugs
- Knowledge of families and family intervention

6. What should the training priorities for your job function be?

- Communication and listening skills
- Therapeutic skills
- Case Management skills
- Assessment of mental illness and emotional disturbance
- Political skills for client support
- Leadership and negotiation skills
- Self control and self management
- Team building
- Prioritizing skills
- Documentation skills
1. In your opinion, what are some of the most pressing clinical or nonclinical issues at CAMHC?

Clinical and non-clinical

☐ Medical Records
   Unable to get records when needed, QA issues
   Change the organization and physical layout of the office
   Need electriver equipment which would pay for itself with fewer citations and errors
   Lab reports not filed on a timely basis
   Discharge summary from BPH not in the chart

☐ Business orientation
   Emphasis on productivity and reimbursement; however the business office has not developed a systematic process for obtaining accurate financial information and collecting monies from clients

☐ Staffing: Clerical
   Case management: caseload of over 100
   Clerical positions eliminated; need secretaries as a member of the team

☐ Paperwork
   Based on the recovery model; if clients are served, can’t do the paperwork
   Need to look for a balance
   Clinician burnout

☐ Resources
   New, effective medications are very expensive; financial issues interfere with getting effective medications for clients
   Training needed for licensor; no funds
   Lack of training and resources for individuals serving DJJ population, particularly adolescents transitioning into adulthood

☐ Productivity
   No consequences for low productivity
   No discussion of what “good” productivity is
2. How did your academic experience prepare you to provide clinical services to clients?

Not prepared in MSW
  little clinical skills
  theoretical rather than practical
  no training to provide resources
  no training regarding de-escalation techniques
  case examples were all middle class
Physician more prepared
  not enough emphasis on mental illness in medical school
  WSHPI residency was very helpful
  more group intervention skills need to be developed

3. When you provide clinical and other services to clients, what are some of the non-clinical or organizational issues that might interfere with the provision of the service?

See Question #1.

4. What are the five main responsibilities of your job?

  Case management
  Paperwork
  Assessments
  Referrals
  Counseling
  Engage client families
  QA monitoring
  Maintaining communication

5. What competencies do you need to be successful in your job?

  Organizational skills
  Knowledge of human behavior
  Assessment skills
  Diversity
  Basic Psycho pathology and psycho dynamics
  Creativity
  Prioritization skills

6. What should the training priorities for your job function be?

  Counseling
Obtaining resources
Group therapy
Liscensure for MSW and LPC
CEUs for physicians
STAFF SELECTED FOR FOCUS GROUPS
DISTRIBUTION LIST

Dr. Claytor
Dr. Blank
Dr. Mohuliddin
Dr. Coshal
Barbara Felder
Denise Morgan
Eva Johnson
Lawrence Haynes
Kathy Ryan
Kim Wilkerson
Roseanne Johnson
Pat Hicks
Harold Edwards
Jennifer Jenkins
Cornell Ruff
Kristen Reynolds
Eric Hartley
Melvin Haywood
Sam Caldwell
Candace Rice
Kathryn Adams-Thomas
Karen Crockett
Maggie Johnson
Carrie Crawford-Washington
Linda Rosenberg
Clyde Morin
Penny Williams
Eve Powell
Charlie Koestline
Nancy Bradley
Monica McConnell
Lydia Bailey Padgett
Christine Jenkins
Proctor Rogers
Robin Kish
Bettianne Gallion
Loretta Reese
Terry Pugh
NEEDS ASSESSMENT FOCUS GROUP
THURSDAY, JANUARY 31, 2002
9:30 AM
SUPERVISORS

1. Denise Morgan
2. Maggie Johnson
3. Melvin Haywood
4. Lawrence Haynes
CAMHC NEEDS ASSESSMENT FOCUS GROUP
TUESDAY, FEBRUARY 5, 2002
1:30 PM

1. Terry Pugh
2. Nancy Bradley
3. Kathleen Ryan
4. Lydia Bailey-Padgett
5. Candace Rice
6. Eve Powell
NEEDS ASSESSMENT FOCUS GROUP
WEDNESDAY, FEBRUARY 6, 2002
9:30 AM

1. Dr. Coshal
2. Penny Williams
3. Proctor Rogers
4. Linda Rosenberg
5. Kathryn Adams-Thomas
6. Charlie Koestline
7. Monica McConnell
8. Jennifer Jenkins
9. Roseanne Johnson
NEEDS ASSESSMENT FOCUS GROUP
THURSDAY, FEBRUARY 7, 2002
SUPERVISORS

1. Barbara Felder
2. Eric Hartley
3. Kim Wilkerson
4. Robin Kish
5. Karen Crockett
6. Loretta Reese
7. Pat Hicks
8. Cornell Ruff
9. Sam Caldwell
10. Carrie Crawford-Washington
11. Betty Ann Gallion
NEEDS ASSESSMENT FOCUS GROUP
FRIDAY, FEBRUARY 15, 2002
9:30 AM

1. Eve Powell
2. Dr. Claytor
3. Clyde Morin
4. Eva Johnson
5. Roseanne Johnson
6. Christine Jenkins
7. Dr. Mohiuddin
MEMORANDUM
OFFICE OF THE EXECUTIVE DIRECTOR
CAMHC

To: CAMHC Employees Nominated to Serve On Needs Assessment Focus Groups (See Attached List)

From: Judy L. Nofsinger, ACSW, Executive Director

Date: January 22, 2001

Subject: Focus Group Participation

As you may know, you have been nominated by your senior manager to serve on a focus group to assist SCDMH to determine and prioritize clinical performance needs in community mental health. A description of this process prepared by Dr. Sally Langer is attached. Our Center has made a commitment to this process and clinically trained senior managers have already participated in a needs assessment survey. Now, it is time for staff at other levels of our agency to provide feedback to the ETR/Staff Development office.

The following dates and times have been provided for your participation. Groups will be limited to a maximum of ten per group.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>9:30 a.m.</td>
<td>January 31, 2002</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1:30 p.m.</td>
<td>February 5, 2002</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:30 a.m.</td>
<td>February 6, 2002</td>
</tr>
<tr>
<td>Thursday</td>
<td>1:30 p.m.</td>
<td>February 7, 2002</td>
</tr>
<tr>
<td>Friday</td>
<td>9:30 a.m.</td>
<td>February 8, 2002</td>
</tr>
</tbody>
</table>

Dr. Langer would like for people who are supervisors to participate in separate groups from staff who do not have supervisory responsibility. I have designated the Thursday, January 31, 2002 and the Thursday, February 7, 2002 group for supervisors--if you are a supervisor, please schedule yourself for one of these two groups.

You can sign up for a group by calling Sally Langer at (803) 898-2446. If she is unavailable, please leave a voice mail message with your name (spell it, please), phone number, and the date and time of the focus group. You may e-mail her with the information as well. Sally will make every effort to place you in the focus group of your choice. Please determine which group you can attend and contact Sally as soon as you receive this memorandum. Thank you for agreeing to participate in this project.

Attachments (Distribution list; Description of Project)

c: Senior Managers
CAMHC Needs Assessment Focus Group Information

The South Carolina Department of Mental Health staff development and training function has existed since 1972. Since that time, DMH has not had a formal quantitative process for determining and prioritizing clinical performance needs in community mental health centers. In light of the recent budget cuts, reduction in work force and SCDMH organizational changes, the need to examine discrepancies between optimal needs and actual skills, knowledge and abilities has become increasingly important. **Following a pilot project at the CAMHC a needs assessment process will be designed to determine and prioritize clinical performance needs.**

An initial meeting with the Executive Management Team at CAMHC was held to brief them on the nature of the assessment and ask them to identify quantitative data used to measure actual performance. Executive Management Team members who have expertise in clinical service provision were asked to complete a written survey which related to current and future clinical performance needs. The responses to these survey questions will be used as the basis for your participation in focus interview groups.

**You have been selected by members of the Executive Management Team to participate in one of four focus interview groups.** Your face-to-face input with other CAMHC employees will be utilized in conjunction with other data and information to construct a DMH-wide training needs assessment. All focus groups will be held in Classroom A of the Wilson Building (on the SCSH grounds) and will take approximately one hour of your time. You will be assigned to one of the four groups. Please make every effort to attend as this is your opportunity to provide input regarding CAMHC clinical services! I look forward to meeting you and getting your feedback.

Sally H. Langer, Ph.D.  
HRD Manager  
ETR/Staff Development
APPENDIX C

Table 3
Table 4
EPMS Raw Data by Discipline
<table>
<thead>
<tr>
<th>Discipline/Educational Level</th>
<th>Number Selected</th>
<th>Training Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (RNs)</td>
<td>6/22</td>
<td>Corporate Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mandatory Training</td>
</tr>
<tr>
<td>Bachelor's Level Clinician</td>
<td>6/26</td>
<td>Mandatory Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Driver's Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behavioral Emergency Stabilization Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psycho social Rehabilitation Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Team Building</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Therapeutic Skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Counseling</td>
</tr>
<tr>
<td>Master's Level Clinician</td>
<td>15/62</td>
<td>Mandatory Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dual Disorders*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dialectical Behavior Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diagnosis and Therapeutic Intervention With Children/Adolescents</td>
</tr>
<tr>
<td>Mid-Level Manager's</td>
<td>9/23</td>
<td>Mandatory Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CARF* Standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diversity Training</td>
</tr>
<tr>
<td>Executive Management Team</td>
<td>2/8</td>
<td>Mandatory Training</td>
</tr>
</tbody>
</table>

* The Rehabilitation Accreditation Commission
### TABLE 4. Columbia Area Mental Health Center Mandatory Training Courses.
By Training Event, Frequency, and Attendance.

<table>
<thead>
<tr>
<th>TRAINING EVENT</th>
<th>FREQUENCY</th>
<th>WHO MUST ATTEND?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Employee Orientation</td>
<td>At employment</td>
<td>New employees</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>Annually</td>
<td>All employees</td>
</tr>
<tr>
<td>Fire and Safety</td>
<td>Annually</td>
<td>All employees</td>
</tr>
<tr>
<td>Safety/Emergency</td>
<td>Annually</td>
<td>All employees</td>
</tr>
<tr>
<td>Blood borne Pathogens</td>
<td>Annually</td>
<td>All employees</td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>Annually</td>
<td>All employees</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Annually</td>
<td>All employees</td>
</tr>
<tr>
<td>Case Management</td>
<td>Within the first six months of employment</td>
<td>Employees providing case management services</td>
</tr>
<tr>
<td>Psycho social Rehabilitation Services</td>
<td>Within the first six months of employment</td>
<td>Employees providing RILS* services</td>
</tr>
<tr>
<td>BEST**</td>
<td>Every two years</td>
<td>Employees with direct client contact</td>
</tr>
<tr>
<td>CPR/First Aid</td>
<td>Every two years</td>
<td>Clinic-based, community-based, rehabilitation, and outreach employees</td>
</tr>
<tr>
<td>EPMS for Supervisors</td>
<td>Upon becoming a supervisor</td>
<td>All supervisors</td>
</tr>
<tr>
<td>Driver Safety</td>
<td>Every three years</td>
<td>Routine drivers of state cars and those who transport consumers</td>
</tr>
</tbody>
</table>

* Restorative Independent Living Skills  
** Behavioral Emergency Stabilization Training
REGISTERED NURSES

22 employees meeting criteria

6 EPMS Planning Stages
selected for sample (attached)
Job Duty:
Regularly attends and participates in staff meetings, nursing in-service, serves on QA committee and other Center committees as assigned.

Success Criteria:
Evaluation of this will be by direct observation and minutes of meetings.

6.  

ACTUAL PERFORMANCE

EPMS OBJECTIVES

<table>
<thead>
<tr>
<th>Essential (check box if essential)</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Objective:</td>
<td></td>
</tr>
</tbody>
</table>

To continue to provide a wide range of nursing services to consumers and their families, reaching as many consumers as possible.

Success Criteria: —
Overall direct service time will average 50% of available time. Meets: 50%; Exceeds: 52%; Substantially Exceeds: above 52%.

Objective: To attend all necessary workshops related to Corporate Compliance standards.

Success Criteria:
Will attend necessary workshops/training by September 1, 2002.

--ACTUAL PERFORMANCE--
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

☐ 1. Objective: Ms. Nowell will assist the Unit Coordinator in developing a plan for an expanded Emergency Services Unit, and will receive specific assignments regarding this project.

   Success Criteria: Ms. Nowell will complete all assignments by identified deadlines, and will review these with the Unit Coordinator by 8/20/02.

☐ 2. Objective: Ms. Nowell will complete all required training indicated on the attached Employee Training Plan.

   Success Criteria: All required training will have been completed by 8/20/02

--ACTUAL PERFORMANCE--
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

☑ 1. Objective:
M.S.T. Pilot Program will be implemented in the C&A Unit.

Success Criteria:
Implementation will have progressed as expected (i.e. meeting all implementation requirements to date) by June 1, 2002. Summary status report to be submitted to Executive Director by June 3, 2002.

☐ 2. Objective:
Develop a C&A plan which will reduce out of home placements.

Success Criteria:
Work with Regional Coordinator and select staff in the C&A division and Clinical Support Services to develop a plan to reduce out-of-home placements. Plan to be developed for review by May 15, 2002.

☐ 3. Objective:
The C&A Unit will meet revenue goals.

Success Criteria:
The C&A Unit will meet minimum revenue goals for a rating of “Meets”.
The C&A Unit will exceed revenue goals by 1-3% for a rating of “Exceeds”.
The C&A Unit will exceed revenue goals by more than 3% for a rating of “Substantially Exceeds”.

☑ 4. Objective:
Employee will complete requirements outlined in training plan (attached).

Success criteria:
Attends all required training on employee training plan for a rating of “Meets”. Additional training related specific job duties will result in a rating of “Exceeds” or “Substantially Exceeds”.

--ACTUAL PERFORMANCE--
EPMS OBJECTIVES

Performance

(Optional Use)Level

Essential (check box if essential)

Objective: Maintain a near full occupancy rate at the Carter Street Apartments and a CARF approved waiting list for those who cannot be immediately accommodated.

Success Criteria: **Substantially Exceeds:** Average monthly vacancies will not exceed two. A CARF acceptable waiting list will be maintained. **Exceeds:** Average monthly vacancies will not exceed three. A CARF acceptable waiting list will be maintained. **Meets:** Average monthly vacancies will not exceed four. A CARF acceptable waiting list will be maintained.

2. Objective: Meets productivity goals.

Success Criteria: **Substantially Exceeds:** Productivity will average 35% monthly. **Exceeds:** Productivity will average 30% monthly. **Meets:** Productivity will average 25% monthly.

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS

Rate "Acceptable" or "Unacceptable"

1. Characteristic: **Quantity of Work**
   Definition: Produces an amount of acceptable work in order to meet schedules over which she has control.

2. Characteristic: **Quality of Work**
   Definition: Neatly, thoroughly and accurately completes job assignments according to established standards of quality. Sensitive to QA requirements.

3. Characteristic: **Promoted Equal Opportunity**
   Definition: Will promote equal opportunity according to the agency's affirmative action plan.

---SUMMARY---

Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.

---APPRAISAL RESULTS---

______Substantially Exceeds  _______Exceeds  _______Meets  _______Below
Success Criteria:
Documentation will be monitored by QA audits, reviews and supervisor's reviews. Error rate will not exceed 5% during the review period.

6. Job Duty:
Regularly attends and participates in staff meetings, nursing in-service, serves on QA committee and other Center committees as assigned.

Success Criteria:
Evaluation of this will be by direct observation and minutes of meetings.

ACTUAL PERFORMANCE

EPMS OBJECTIVES (Optional Use)

1. Objective:
To continue to provide a wide range of nursing services to consumers and their families, reaching as many consumers as possible.

Success Criteria:
Overall value of service per month (Meets: $4500-$5000, Exceeds: $5001-$6000, Substantially Exceeds: $6001 and above).

2. Objective:
To attend mandated training throughout the year, including Corporate Compliance, Cultural Competence, Fire Safety, Safety/Emergency, Bloodborne Pathogens and Confidentiality.

Success Criteria:
Documentation by Staff Development by June 1, 2002.

---ACTUAL PERFORMANCE---
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)  Performance Level

☐ 1. Objective: Provides Direct services to clients in the CSRP as well as clients attending the Independence House Clubhouse. Documentation reflects services and interventions and provides evidence of productive involvement with clients.

Success Criteria: Meets: achieves and maintains 40% productivity reported levels.
Exceeds: achieves and maintains 45% productivity reported levels.
Substantially Exceeds: achieves and maintains 50% productivity reported levels.

Actual Performance:

PERFORMANCE CHARACTERISTICS
(Rate “Acceptable” or “Unacceptable”)

Acceptable/ Unacceptable

1. Characteristic: Communication Ability

Definition: Ability to present accurate information to employees, peers and clients in both verbal and written forms.

2. Characteristic: Dependability

Definition: Employee can be relied upon to meet schedules and fulfill responsibilities.

3. Characteristic: Self Management

Definition: Works with minimal supervision. Manages time effectively and maintains control.

SUMMARY
Identify the employee’s major accomplishments to support “Exceeds” or “Substantially Exceeds” rating.

APPRaisal RESULTS

Substantially Exceeds  Exceeds  Meets  Below
BACHELOR'S-LEVEL CLINICAL

26 employees meeting criteria

6 EPMS Planning Stages
selected for sample (attached)
EPMS OBJECTIVES
(Optional Use)

1. Objective: Christine must maintain all training requirements mandated by DMH and Carf.
   Success Criteria: See the attached listing of mandatory training and maintain a year long log of attendance at said training sessions.

2. Objective:
   Success Criteria:

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS
(Rate "Acceptable" or "Unacceptable")

1. Characteristic: Initiative
   Definition: Extent to which employee initiates and completes tasks with little or no direction.

2. Characteristic: Team membership
   Definition: Working in union with others to complete a goal

3. Characteristic: Relationships with others.
   Definition: Extent to which employee establishes positive relationships with co-workers.

SUMMARY
Identify the employee's major accomplishments to support "Exceeds" or "Substantially Exceeds" rating.

APPRAISAL RESULTS

____ Substantially Exceeds  ____ Exceeds  ____ Meets  ____ Below
EPMS OBJECTIVES
(Optional Use)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase knowledge of Quality Assurance and CARF standards relating to the Community Based Rehabilitation Psychosocial Programs.</td>
<td></td>
</tr>
<tr>
<td>Success Criteria: Will review and become familiar with the service that is provided and attend necessary trainings to maintain accurate and updated knowledge.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Will participate in mandatory workshops and training to enhance knowledge and skills.</td>
<td></td>
</tr>
<tr>
<td>Success Criteria: Will complete training in the following:</td>
<td></td>
</tr>
<tr>
<td>*Cultural Competence</td>
<td>*Corporate Compliance</td>
</tr>
<tr>
<td>*Fire Safety</td>
<td>*Confidentiality</td>
</tr>
<tr>
<td>*Safety/Emergency</td>
<td>*Bloodborne Pathogens</td>
</tr>
</tbody>
</table>

ACTUAL PERFORMANCE

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or "Unacceptable"

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Acceptable/ Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use of Work Time</td>
<td></td>
</tr>
<tr>
<td>Definition: The extent to which the employee uses nonclinical time to complete all documentation in a timely manner.</td>
<td></td>
</tr>
<tr>
<td>2. Initiative</td>
<td></td>
</tr>
<tr>
<td>Definition: Independently contributes ideas and suggestions regarding calendar, program activities, clients goals during staff meetings.</td>
<td></td>
</tr>
<tr>
<td>3. Quality of Work</td>
<td></td>
</tr>
<tr>
<td>Definition: Neatly, thoroughly, and accurately completes all written documentation according to established standard of quality.</td>
<td></td>
</tr>
</tbody>
</table>

SUMMARY
Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.
1. Objective: Employee will maintain certification and complete training according to CAMHC Assurance standards and CARF Guidelines as indicated on the attached Employee Training plan. Employee will assist Coordinator with team reviews of CARF Standards monthly.

   Success Criteria: Employee will complete mandatory training in the areas of: CPR and First Aid, Cultural Diversity, BEST, Driver Improvement and Universal Precautions.

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or "Unacceptable"

1. Characteristic: Job Knowledge
Definition: Knows details of the job and follows all job procedures accurately. Understands the underlying reason for rules and regulations.

2. Characteristic: Initiative
Definition: Starts assignments without prompting and independently contributes ideas and projects. Sees and acts on new opportunities. Thinks and acts independently and promptly undertakes problems.

3. Characteristic: Quality of Work
Definition: Neatly, thoroughly and accurately completes job assignments according to established standards of quality. Sensitive to Quality Assurance requirements in patient areas.

SUMMARY
Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.

_____ Substantially Exceeds  _____ Exceeds  _____ Meets  _____ Below
EPMS OBJECTIVES
(Optional Use)

1. Objective: Will take a course to enhance group therapy skills “Building Better Groups: A Tool Box Approach”.
   Success Criteria: Complete training by end of rating period.

2. Objective: Will attend in-service training to enhance skills in cultural background and preferences to demonstrate skill with regard to diversity.
   Success Criteria: Will attend a minimum of two training events on cultural competence annually.

-ACTUAL PERFORMANCE-

PERFORMANCE CHARACTERISTICS
Rate “Acceptable” or “Unacceptable”

1. Characteristic: Accuracy of Work
   Definition: The degree to which she makes mistakes or errors that require correction.

2. Characteristic: Job Knowledge
   Definition: The extent to which the employee knows the details of the job and follows the job procedures to the letter.

3. Characteristic: Self-Management
   Definition: Works with minimum supervision, manages own time effectively, maintains control on all self-sufficient in assuming the duties of the job.

SUMMARY
Identify the employee’s major accomplishments, to support “Exceeds” or “Substantially Exceeds” rating.

APPRAISAL RESULTS

Substantially Exceeds    Exceeds    Meets    Below
EPMS OBJECTIVES
(Optional Use)

1. Objective: To provide individual living skills, targeted case management, rehabilitative psychosocial therapy and other services as appropriate to residents of the Assisted Housing Program.

Success Criteria: Will average a productivity rating of 50% on a monthly basis

For Meets: Productivity rating of at least 50%.

2. Objective: During the rating period, will attend all mandatory trainings, including Cultural Competence, Fire Safety, Safety/Emergency, Bloodborne Pathogens, Confidentiality, and Corporate Compliance. Will also attend Driver Improvement Training and a training course of his interest related to clinical practice that will promote and improve therapeutic skills needed to work with consumers in residential and rehabilitative programs.

For Meets: Will attend all trainings listed above.

3. Objective: During the rating period, will attend and participate in weekly treatment team staffings to discuss consumer cases and present information about their functioning (mentally, physically, and materially), progress, and other needs related to treatment to assist consumers with living in the community more independently.

For Meets: Will attend all weekly treatment team staffings.

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or "Unacceptable"

1. Characteristic: Self-management
Definition: Works with minimal supervision, manages time effectively and efficiently by following through on all job duties, able to put aside distractions until tasks are completed, knows and understands the details and responsibilities of the job, and maintains control on all current projects and obligations.

2. Characteristic: Quantity of work
Definition: Produces an acceptable amount of work in order to meet schedules over which he has control.
1. Objective:

A will continue to seek to improve herself as a Clinical Counselor by advanced training. She will attend CPR and BEST refresher course.

Success Criteria:
Employee will participate in training other than what is offered by the facility (Marshall Street Crisis Stabilization Unit). Meets = evidence of two additional training; Exceeds = three additional training; Substantially Exceeds = four or more documented training. Allowance will be made if training is not permitted by the Center.

2. Objective:

Success Criteria:

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS
(Rate “Acceptable” or “Unacceptable”)

Characteristic:
Job Knowledge
Definition:
Knows job procedures and follows them. Work with minimal supervision, manages time effectively and maintains control on projects and responsibilities. Understands needs of clients and applies knowledge and skills to meet these needs and perform job.

Characteristic:
Communication Ability
Definition:
Presents accurate information to co-workers, supervisors, clients, client’s families and significant others in both verbal and written form.

Characteristic:
Stress Tolerance
Definition:
Maintains composure and professionalism when confronting deadlines and/or opposition, and when dealing with difficult situations. Performs well under pressure.
MASTER'S-LEVEL CLINICAL

62 employees meeting criteria

15 EPMS Planning Stages selected for sample (attached)
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)  

X  1. Objective: An acceptable productivity level will be maintained based on the standard established for ACS.

Success Criteria: Meets - 50%; Exceeds - 55%; Substantially Exceeds - Above 55%

☐  2. Objective: Eve will attempt to reduce her caseload by working with treatment teams to close inactive cases and refer to outside agencies those clients who have resources to receive their services from outside providers.

Success Criteria: Counselor will maintain monthly list of closed cases to be shared with supervisor the first of each month, beginning in January 2002. While quota won’t be established, it is expected that closures will be evident each month.

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS
(Rate “Acceptable” or “Unacceptable”)

Acceptable  
Unacceptable

1. Characteristic: Self Management

Definition: Works with minimum supervision, manages own time effectively, maintains control of all responsibilities.

2. Characteristic: Adaptability

Definition: Employee can adapt to job and/or organizational changes.

3. Characteristic: Dependability

Definition: Can be relied upon to meet work schedules and fulfill job responsibilities.

4. Characteristic: Communication Ability

Definition: Ability to present accurate information in both verbal and written forms.

5. Characteristic: Relationship with the Public

Definition: Being courteous and helpful to the family, friends, advocates and other service providers.
EPMS OBJECTIVES

1. Objective: Employee will enhance knowledge of the dually diagnosed (mental illness/substance abuse) client.

   Success Criteria: Employee will read at least five articles related to DX or TX of the dually disordered and will submit titles to supervisor by 10/17/2001

2. Objective: Employee will have working knowledge of center programs and community resources which would be supportive in treatment of the dually diagnosed client.

   Success Criteria: Employee will completed the center’s orientation as well as make site visits to designated units/programs and community resources (i.e, Emergency Services, Psychosocial programs, LRADAC programs), by 10/17/2001.

   --ACTUAL PERFORMANCE--

   Allowances were made based on the limited evaluation period. Is well read in regards to the treatment of co-occurring disorders. She strive to remain current in her knowledge of diagnosis and treatment of the unique problems faced by our consumers.

PERFORMANCE CHARACTERISTICS

 characteristic: Judgment

   Definition: The quality of the work related decisions made by the employee.

2. characteristic: Relationship with Others

   Definition: The extent to which the employee establishes positive relationships with co-workers (for example, being a good team worker, being tactful with co-workers).

3. characteristic: Quality of Work

   Definition: The effectiveness with which the employee presents accurate information both verbally in writing presents accurate information both verbally and in writing.

SUMMARY

Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.
1. Objective:
Complete requirements outlined in training plan.

Success Criteria:
Attends required trainings outlined on training plan for rating of "Meets". Employee will attend additional training for ratings of "Exceeds" or "Substantially Exceeds".

2. Objective:

Success Criteria:

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS
(Rate "Acceptable" or "Unacceptable")

1. Characteristic:
   Organization abilities
   Definition:
   Extent to which employee arranges staff, tasks, and resources in an orderly and efficient manner.

2. Characteristic:
   Initiative
   Definition:
   Extent to which employee works without direction from supervisor based on own judgement.

3. Characteristic:
   Dependability
   Definition:
   Extent to which employee can be relied upon to meet work schedules and fulfill job responsibilities and commitments.
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

1. Objective: Will attend all mandatory in-service training as outlined by Columbia Area Mental Health Center requirements and guidelines.

   Success Criteria: Will attend the following trainings during the rating period: Cultural Competence, Fire Safety, Safety/Emergency, Blood borne Pathogens, Corporate Compliance, & Confidentiality.

2. Objective: To become knowledgeable of the 2001 CARF Standards and to begin to initiate and implement accordingly.

   Success Criteria: Will review and become familiar with the 2001 CARF Standards and attend necessary training; and adhere to all safety procedures as it pertains to CARF guidelines.

-ACTUAL PERFORMANCE-

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or "Unacceptable"

1. Characteristic: Quality of Work
   Definition: Neatly, thoroughly, and accurately completes all written documentation according to established standard of quality.

2. Characteristic: Job Knowledge
   Definition: Know the details of the job and follows all procedures accordingly. Understands the underlying reasons for the rules and regulations.

3. Characteristic: Initiative
   Definition: Initiates action, regularly originates ideas and activities

SUMMARY
Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.

APPRAISAL RESULTS

_____ Substantially Exceeds  _____ Exceeds  _____ Meets  _____ Below
### ACTUAL PERFORMANCE

#### EPMS OBJECTIVES

<table>
<thead>
<tr>
<th>Essential (check box if essential)</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 1. Objective: Jacque will improve her level of knowledge through continued training and education courses or reading materials. Refer to the attached Training Plan for specific courses.</td>
<td></td>
</tr>
</tbody>
</table>

Success Criteria: **Meets:** attained by taking those annual required courses plus One related to substance abuse. Criteria above the minimum will result in increased Levels of success. Less than the minimum will result in a Work Improvement Plan And if not successful, a **Below:** rating.

| ☐ 2. Objective: |                        |

Success Criteria:

---

**ACTUAL PERFORMANCE**
EPMS OBJECTIVES
(Optional Use)  

Essential (check box if essential)  

1. Objective: The Homeshare Program will continue to transition those consumers appropriate to more independent living arrangements in the community. 

   Success Criteria: Meets = Will be obtained if a minimum of one consumer will be transitioned during this evaluation period. Criteria above the minimum will result in increased levels of success. Less than the minimum will result in a Work Improvement Plan and if not successful, a Below rating. 

2. Objective: Jerome will improve his level of knowledge through continued training and Education courses or reading materials. Refer to the attached Training Plan for specific courses. 

   Success Criteria: Meets = Attained by taking those annual required courses plus one course related to substance abuse. Criteria above the minimum will result in increased levels of Success. Less than the minimum will result in a Work Improvement Plan and if not successful, a Below rating. 

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS  
(Rate "Acceptable" or "Unacceptable")  

1. Characteristic: Self-Management  

   Definition: Works with minimal supervision, manages own time effectively, maintains control on all current projects/responsibilities, and ensures follow-up. 

2. Characteristic: Initiative 

   Definition: Starts assignments without prompting and independently contributes ideas and projects. Sees and acts upon new opportunities. Promptly undertakes problems.
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

☐ 1. Objective: To become familiar with CARF and its requirements

Success Criteria: Verbal and written understanding of CARF expectations. Demonstrates in medical medical records outcome and goals for consumer or identified by CARF principles.

☐ 2. Objective: Will develop and start a Caregivers Support Group

Success Criteria: Group will be operational by Oct. 31, 2001. 1 group meeting per month = Meets 3-4 special events = Substantially Exceeds 5 or more = Exceeds

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or Unacceptable

1. Characteristic: Self Management

Definition: Works with minimal supervision, manages own time effectively, maintains control on all current projects/responsibilities and ensures follow up.

2. Characteristic: Reliability

Definition: Consistent delivery of what is required when it is required, meets deadlines and follows instructions. Decisions and act in the best interest of clients

3. Characteristic: Internal Relations

Definition: Degree to which one works effectively and cooperatively with others and other programs

SUMMARY
Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.

APPRAISAL RESULTS

_____ Substantially Exceeds   _____ Exceeds   _____ Meets   _____ Below
1. Objective: An acceptable productivity level is to be maintained

Success Criteria: Meets - 50%; Exceeds - 55%; Substantially Exceeds - Above 55%

2. Objective:

Success Criteria:

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS
(Rate "Acceptable" or "Unacceptable")

1. Characteristic: Self Management
   Definition: Works with minimum supervision, manages own time effectively, maintains control of all current responsibilities.

2. Characteristic: Adaptability
   Definition: Employee can adapt to job or organizational changes.

3. Characteristic: Dependability
   Definition: Can be relied upon to meet work schedules and fulfill job responsibilities.

4. Characteristic: Communication Ability:
   Definition: Ability to present accurate information in both verbal and written forms.

5. Characteristic: Relationship with the Public
   Definition: Being courteous and helpful to the family, friends, advocates and other service providers.

SUMMARY
identify the employee's major accomplishments to support "Exceeds" or "Substantially Exceeds" rating.

APPRAISAL RESULTS
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

☐ 1. Objective:
An acceptable production level is to be maintained.

Success Criteria:
Meets - 50%
Exceeds - 55%
Substantially Exceeds - 60%
Will use Productivity Reports provided monthly by Clinical Support Services.

☐ 2. Objective:

Success Criteria:

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS
(Rate "Acceptable" or "Unacceptable")

1. Characteristic: Self Management
Definition: Works with minimal supervision, manages time effectively and maintains control of current responsibilities.

2. Characteristic: Quality of Work
Definition: Completes job assignments according to established Quality Assurance standards.

3. Characteristic: Dependability
Definition: Can be relied upon to meet work schedules and fulfill job responsibilities.

4. Characteristic: Communication Ability
Definition: Ability to present accurate information in both verbal and written forms.

5. Characteristic: Relationship With the Public
Definition: Being courteous and helpful to the family, friends, advocates and other service providers of clients.
EPMS OBJECTIVES

(Optional Use)

Essential (check box if essential)

☑ 1. Objective: Employee will continue to develop knowledge of Dialectical Behavior Therapy and its application to the DBT population and implement the protocol with clients.

   Success Criteria: Employee will demonstrate knowledge of DBT and its application to the DBT population through her reporting at team consultation and client staffing.

☐ 2. Objective: Employee will supervise one SW intern, orient student to agency, including policies, procedures, and staff. Employee will schedule regular supervisory conferences with the student to assess progress and address issues relevant to social work education within the agency.

   Success Criteria: Employee will orient student and conduct supervisory conferences at least two times a month.

☑ 3. Objective: Employee will attend all training as shown on Employee Training Plan.

   Success Criteria: Meets: participates in all mandatory training as shown on Employee Training Plan and completes attached attendance record.

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS

Rate "Acceptable" or "Unacceptable"

1. Characteristic: Self-Management

   Definition: Works with minimal supervision, manages own time effectively, maintains control on all current projects/responsibilities and ensures follow-up.

2. Characteristic: Tenacity

   Definition: Able to "stick to" assignments and get results in spite of difficulties.

3. Characteristic: Judgement

   Definition: Able to reason, compare, understand, and think rationally on the job. Makes quality work-related decisions based on sound conclusions and separates facts from opinions. Acts in best interest of the client.
**EPMS OBJECTIVES**
(Optional Use)

<table>
<thead>
<tr>
<th>Essential (check box if essential)</th>
<th>Performance Level</th>
</tr>
</thead>
</table>

☐ 1. Objective: To provide training session(s) by experts in a given field (i.e., health issues, arts and crafts therapy) which meet the needs of the clients.

Success Criteria: Will provide a minimum of two (2) training sessions for Brighton Hill clients that will be appropriate to meeting the needs of all program participants during the rating period.

☐ 2. Objective: Will maintain CAMHC productivity standard.

Success Criteria: Monthly productivity will meet Center standards according to MIS reports. 4.0 and above - Substantially Exceeds; 3.85 - 3.99 Exceeds; 3.75 - 3.84 - Meets; Under 3.75 - Below.

---ACTUAL PERFORMANCE---

**PERFORMANCE CHARACTERISTICS**
(Rate "Acceptable" or "Unacceptable")

1. Characteristic: Self Management
   Definition: Works with minimal supervision; manages own time effectively, maintains control on all current projects/responsibilities and ensures follow-up.

2. Characteristic: Judgement
   Definition: Able to reason, compare, understand, and think rationally on the job. Makes quality work-related decisions based on sound conclusions and separates facts from opinions. In patient areas, acts in best interest of clients.

3. Characteristic: Adaptability
   Definition: Employee can adapt to job or organizational change. Asks for work after completing assignments and addresses problems promptly. Offers plans of action to resolve problems.

**SUMMARY**
*Identify the employee's major accomplishments to support "Exceeds" or "Substantially Exceeds" rating.*

**APPRAISAL RESULTS**

______ Substantially Exceeds  ______ Exceeds  _____ Meets  _____ Below
EPMS OBJECTIVES

Essential (check box if essential)  

Performance Level

1. Objective: Meets productivity goals.  
   Success Criteria: Meets: Productivity will average 50% monthly.  
   Exceeds: Productivity will average 55% monthly.  
   Substantially Exceeds: Productivity will average 60% monthly.

2. Objective: Attends all required training as mandated by Columbia Area Mental Health Center.  
   Success Criteria: See attached Training Plan.

PERFORMANCE CHARACTERISTICS
(Rate “Acceptable” or “Unacceptable”)

1. Characteristic: Quantity of work.  
   Definition: Effectiveness with which employee presents accurate information, verbally and in writing.

2. Characteristic: Favorable job attitude.  
   Definition: The extent to which the employee displays interest and enthusiasm for work and takes pride in a job well done.

3. Characteristic: Ability to work with limited supervision.
   Definition: The extent to which the employee can work by himself, requiring little supervision and being sufficient in assuming job duties.

SUMMARY
Identify the employee’s major accomplishments to support “Exceeds” or “Substantially Exceeds” rating.

APPRaisal RESULTS
Substantially Exceeds  Exceeds  Meets  Below
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

1. Objective:
   Complete requirements outlined in attached training plan.
   Success Criteria:
   Attends required trainings outlined in training plan for a rating of "Meets." Employee will attend additional training for ratings of "Exceeds" or "Substantially Exceeds."

2. Objective:
   To meet the productivity standard established for the C&A Unit.
   Success Criteria:
   Productivity will reflect an adjusted average monthly service of four hours per day. For ratings of "Exceeds" or "Substantially Exceeds" productivity will reflect an adjusted average monthly service in excess of four hours per day.

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or "Unacceptable"

1. Characteristic:
   Initiative
   Definition:
   Extent to which employee initiates and completes tasks with little or no direction.

2. Characteristic:
   Dependability
   Definition:
   Extent to which the employee can be relied upon to meet work schedules and fulfill job responsibilities and commitments.

3. Characteristic:
   Relationships with others.
   Definition:
   Extent to which employee establishes positive relationships with co-workers and other agencies' personnel.

SUMMARY
Identify the employee's major accomplishments, to support "Exceeds" or "Substantially Exceeds" rating.

APPRAISAL RESULTS

_____ Substantially Exceeds   _____ Exceeds   _____ Meets   _____ Below
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)  

□ 1. Objective: Receive training which relates to the provision of services for children, adolescents, and their families.
   Success Criteria: Attend at least one training event related to the provision of services for children, adolescents, and their families.

□ 2. Objective: Meets minimal C&A unit productivity standard.
   Success Criteria: Will achieve a minimum adjusted productivity average of 50% or 4 hours per day.

□ 3. Objective: Obtain CPR/First re-certification through Center training opportunities.
   Success Criteria: Certificate will be earned.

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS  
(Rate "Acceptable" or "Unacceptable")

   Definition: Extent to which employee initiates and completes tasks with little or no direction.

2. Characteristic: Quality of work. 
   Definition: Extent to which employee neatly, thoroughly, and accurately completes assignments.

3. Characteristic: Relationships with others. 
   Definition: Extent to which employee establishes positive relationships with co-workers.

SUMMARY
Identify the employee's major accomplishments to support "Exceeds" or "Substantially Exceeds" rating.
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

1. Objective:
To increase service productivity during the rating period compared to employee’s average productivity for the months 3/99-11/99 inclusive, which was 117 services per month.

Success Criteria:
Average monthly service productivity will be derived from the monthly service data reports.
119-123 monthly services - meets; 124-129 monthly services - exceeds; >130 monthly services - exceeds.

Performance Level

2. Objective:

Success Criteria:

PERFORMANCE CHARACTERISTICS
Rate “Acceptable” or “Unacceptable”

1. Characteristic: Self Management
Definition:
Works with minimal supervision, manages time effectively and maintains control of all current responsibilities.

2. Characteristic: Quality of Work
Definition:
Completes job assignments according to established Quality Assurance standards.

3. Characteristic: Dependability
Definition:
Can be relied upon to meet work schedules and fulfill job responsibilities.

4. Characteristic: Communication Ability
Definition:
Ability to present accurate information in both verbal and written forms.

5. Characteristic: Relationship With the Public
Definition:
Being courteous and helpful to the family, friends, advocates and other service providers of clients.
MID-LEVEL MANAGERS

23 employees meeting criteria

9 EPMS Planning Stages
selected for sample (attached)
1. Objective:
Employee will complete all training that is required during the rating period.

Success Criteria:
All required training will be completed and documented by September 1, 2002.

2. Objective:
To increase unit productivity.

Success Criteria:
During the rating period the average monthly productivity of employees under Ms. Crockett’s supervision will increase to the new minimum standard which will be developed by a special task force before the end of 2001. Appropriate action will be taken to assist individual staff members in meeting this standard, and disciplinary action will be taken when necessary.

3. Objective:

Success Criteria:

4. Objective:

Success Criteria:

--ACTUAL PERFORMANCE--
EPMS OBJECTIVES
(Optional Use)

1. Objective: Will perform individual, group and family counseling services to children and their families identifying symptoms of psychological and emotional illness.
   Success Criteria: Meet= bill time 30%, Exceeds= bill time of 35%, Substantially exceeds= bill time of 40%. Will meet monthly assigned revenue.

2. Objective: C & A staff EPMS planning stages will incorporate criteria for performance success.
   Success Criteria: Evidence of meeting individually with clinical staff to review and establish billable productivity time with a established norm for full time direct service clinicians. Evidence of setting specific goals for obtaining objectives based on clinician's number of cases; evidence of monitoring and obtaining their daily, weekly and monthly goals.

3. Objective: Will develop a Behavior/Social Skills Program for the Fairfield Primary and Intermediate school
   Success Criteria: Will have in place by September 2002

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS
(Rate "Acceptable" or "Unacceptable")

1. Characteristic: Dependability
   Definition: Employee can be relied upon to meet work schedules and fulfill job responsibilities and commitments.

2. Characteristic: Self Management
   Definition: Works with minimal supervision, manages own time effectively, maintains control on all current projects/responsibilities and ensure follow-up.

3. Characteristic: Concentration
   Definition: Able to put aside distractions and stays with job until complete.

4. Characteristic: Promotes Equal Opportunity
   Definition: Demonstrates willingness to meet Affirmative Action goals in such areas as hiring, promotion, or placement, demonstrates a personal commitment to equal opportunity and to achieving a fully integrated and representative workforce.

SUMMARY
Identify the employee's major accomplishments to support "Exceeds" or "Substantially Exceeds" rating.

APPRaisal RESULTS

_____ Substantially Exceeds _____ Exceeds _____ Meets _____ Below
EPMS OBJECTIVES
(Optional Use)

1. Objective: Works to ensure that program accepts dually diagnosed clients who are high users of inpatient facilities and or those hospitalized at SCSH.

Success Criteria: Will supervise and promote all necessary actions to fill any available openings for new clients in the New Directions program. A referral or waiting list will be maintained that meets CARF criteria.
For a Substantially Exceeds: a referral or waiting list that meets CARF criteria will be routinely evaluated and updated (no less than every six months) and during the course of the year the program will operate at full census given full staffing. For an Exceeds: during the course of the year, the program will operate at 95% of full census. For a Meets: during the course of the year, the program will operate at 90% of full census. All of the above assumes no staff shortages and if such shortage occur, the number will be modified accordingly.

2. Objective: Will complete all required training events as outlined in his training plan.

Success Criteria: Substantially Exceeds: employee will plan one training event for center staff related to Dual Disorders. Exceeds: employee will provide training (at least one) and or review current literature with New Directions staff. Meets: employee will show evidence of required training events.

3. Objective: The employee and his staff will participate in cultural competence training on an annual basis. This training can be conducted in various formats: discussion of various written material in staff meetings; viewing a video with a facilitator, going to a workshop or conference, etc.

Success Criteria: For a Substantially Exceeds: three training events occur annually. For an Exceeds: two training events occur annually. For a Meets: one training event occurs annually.

--ACTUAL PERFORMANCE--

PERFORMANCE CHARACTERISTICS

Rate "Acceptable" or "Unacceptable"

1. Characteristic: Promoting Equal Opportunity

Definition: Meets agency Affirmative Action goals as defined by the SCDMH Directive No. 59382

2. Characteristic: Planning and Organizing

Definition: To work with supervisor and management in establishing a course of action for increasing services to consumers, to improve our knowledge of consumer’s needs and provide quality service.

3. Characteristic: Motivating

Success Criteria: Keep abreast of all maintenance/repairs for building, equipment and vehicles and submit work order requests as necessary. Complete and submit all safety inspections and environmental checklist in a timely manner. Demonstrates a willingness to do whatever is required to effectively manage a large psychosocial rehabilitation program.

ACTUAL PERFORMANCE

EPMS OBJECTIVES

1. Objective: To become knowledgeable of the 2001-2002 CARF Standards and begin to implement programatically and ensure staff is provided all required training as well as consumers.

Success Criteria: Will review and become familiar with the 2001-2002 CARF Standards; attend the necessary training; facilitate and provide ongoing CARF training to staff and adhere to all safety procedures. Review program description and revise according to CARF Standards by December 1, 2000. Will stay abreast and track program outcomes as set forth by CARF Standards. Provisions will be made for staff to attend at least one Cultural Competence training.

2. Objective: Will adhere to policies and procedures relevant to canteen operation.

Success Criteria: Will provide ongoing check and balances of canteen composite statements to ensure accuracy and compliance with the Center policies.

3. Objective: To expand clinical skills and ascertain knowledge of current counseling techniques and practices.

Success Criteria: Will complete necessary application process, take LPC examination and seek clinical supervision hours necessary to advance status of licensed professional counselor.
5. Job Duty: Will ensure timely and appropriate recording of staff absences, documentation of overtime/compensatory time or other requested duties to guarantee all attendance and leave policies are properly followed and fairly administered.

Success Criteria: Make certain sufficient leave balances of all staff prior to approving leave request; ensure staff absences are correctly documented on appropriate forms and forwarded to the timekeeper immediately. Stay abreast of current policies and procedures to ensure compliance with leave and attendance policies by all staff.


Success Criteria: Oversees the upkeep of facility, grounds, equipment, vehicles and submit work order requests as necessary. Monitors program expenditures to assure compliance with program budget. Complete and submit all safety inspections and environmental checklist in a timely manner. Will work with staff to ensure a clean, wholesome, and inviting environment for clients at all times. Demonstrates a willingness to do whatever is necessary for persons served and the overall success of the program.

ACTUAL PERFORMANCE

EPMS OBJECTIVES

<table>
<thead>
<tr>
<th>Essential (check box if essential)</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Objective: The new Pepper Street MIMS Program will be fully operational on or by November 30, 2001.</td>
<td></td>
</tr>
<tr>
<td>Success Criteria: Work with all parties involved, i.e. Clinical Support, General Services and David Fitzgerald, Administrator, to locate and start-up the new Pepper Street MIMS Program. Will do whatever necessary for the MIMS Program to be fully operational on or by November 30, 2001.</td>
<td></td>
</tr>
<tr>
<td>2. Objective: Will become knowledgeable of the current CARF Standards, and implement programmatically to ensure all staff and clients are afforded required training.</td>
<td></td>
</tr>
<tr>
<td>Success Criteria: Will review and become familiar with current CARF Standards; will complete all required training as reflected on the attached form; facilitate and provide ongoing CARF training to staff and adhere to all safety procedures. Periodically review program description for necessary revisions; implement ongoing curriculum development according to CARF Standards. The Pepper Street Program will demonstrate 100% compliance on internal and actual CARF surveys. Will stay abreast and track program outcomes as set forth by QA standards. Provisions will be made for staff to attend required training as indicated.</td>
<td></td>
</tr>
</tbody>
</table>

DMH
EPMS OBJECTIVES
(Optional Use)

Essential (check box if essential)

1. Objective: Will become knowledgeable of the 2000-2001 CARF Standards, and begin implementation programmatic to ensure all staff and consumers are afforded required training.

   Success Criteria: Will review and become familiar with the 2000-2001 CARF Standards; attend the necessary training; facilitates and provide ongoing CARF training to staff and adhere to all safety procedures. Review program description, ongoing curriculum development and implementation according to CARF Standards. The Milestones Program will demonstrate 100% compliance on the next CARF survey, April 30, 2000. Will stay abreast and track program outcomes as set forth by CARF Standards. Provisions will be made for staff to attend at least one Cultural Competence Training.

2. Objective: Assist consumers and staff in adapting to changes brought on by relocation of Milestones, and tailor programming and census to expansion project.

   Success Criteria: Program and census will be maintained during disruption caused by relocation. List all anticipated expenditures such as, furniture and equipment requests for new facility by July 31, 2000.

ACTUAL PERFORMANCE

has become familiar with the 2000-2001 CARF Standards which is reflected in all aspects of her program. Presently, the goal remains to further develop a thorough and working knowledge of the CARF Standards and how it relates to the program. This is currently in progress. Ms. McClinton and her staff have met all training requirements and are considered CARF ready.

While the Milestones program did not relocate to a new site as anticipated, did an outstanding job completing all required documents for the renovations for current site with no disruption brought about to the program. Most renovations are near completion with much credit due to Ms. McClinton well thought out plans.
EPMS OBJECTIVES
(Optional Use)

1. Objective:
Will ensure programming under her administration will be appropriately and adequately prepared for CARF site survey in April, 2001.

Success Criteria:
Clear demonstration of CARF standards conformance per evaluation by CSS Chief, CARF Coordinator, Safety Officer, and QA Coordinator. For "Substantially Exceeds" completion by December 15, 2000; for Exceeds completion by January 15, 2001; for Meets, completion one month prior to survey.

2. Objective:
Will ensure staff within and Special Needs programs meet current productivity standards.

Success Criteria:
Each staff person will achieve a minimum monthly average “Full Charge” service amount of $4,750 (or $57,000 annually). Minimum monthly average will be a reduced amount of $3,800 due to her supervisory duties.

—ACTUAL PERFORMANCE—
During our Internal CARF Survey C&A Services were lauded for their level of preparedness for our up-coming CARF survey. Staff in all areas general have met productivity standards set.

PERFORMANCE CHARACTERISTICS
Rate “Acceptable” or “Unacceptable”

1. Characteristic:
   Organization abilities
   Definition:
   Extent to which employee arranges staff, tasks, and resources in an orderly and efficient manner.
   Acceptable

2. Characteristic:
   Motivating
   Definition:
   Extent to which employee fosters an environment in which employees can perform to the best of their abilities.
   Acceptable

3. Characteristic:
   Promotes Equal Opportunity
   Definition:
   The extent to which the employee/supervisor has a commitment to and demonstrates an affirmative action plan in areas such as hiring, promotion, and placement.
   Acceptable

4. Characteristic:
   Initiative
   Definition:
   Extent to which employee works without direction from program coordinator based on her own judgement.
   Acceptable

   Dependability
   Definition:
   Extent to which employee can be relied upon to meet work schedules and fulfill job responsibilities and commitments.
\begin{itemize}
\item Level
\item Success Criteria: For a meets will verify sufficient leave balances of subordinates prior to approving leave requests; ensure all subordinate absences are correctly documented on appropriate forms and immediately forwarded to the timekeeper; Review Daily Time Record printout for each employee upon receipt for accuracy and promptly take any needed corrective action; keep abreast of current policies and procedures; ensure consistent compliance with leave and attendance policies by all staff supervised.
\end{itemize}

\begin{itemize}
\item Job Duty: Provides direct clinical services on a daily basis.
\item Success Criteria: For a meets it is expected that a significant amount of time will be spent providing direct services. This will be measured by productivity reports, providing his supervisor with descriptions of services provided and by feedback from the Medical Director.
\end{itemize}

\section*{ACTUAL PERFORMANCE}

\section*{EPMS OBJECTIVES (Optional Use)}

\begin{itemize}
\item Essential (check box if essential)
\item Performance Level
\item Objective: The employee will attend all required training on an annual basis.
\item Success Criteria: For a meets the employee will satisfactorily complete all the training listed on the Employee Training Plan (attached).
\item Objective: Works with his staff to increase the amount of revenue that is generated through the operation of the day time Emergency Services/Intake program.
\item Success Criteria: For a meets the employee will be able to demonstrate that the staff in the unit make every effort where it is appropriate to request some level of payment for services rendered that day. Employee will model this behavior for his staff.
\end{itemize}
EPMS OBJECTIVES (Optional Use)

1. Objective: Meets with staff from referring agencies or units of center to facilitate maximum use of Marshall Street.

Success Criteria: For a meets the employee will meet once a month as part of the interagency Community Resource Meeting chaired by Dr. Garrison to work out any issues relating to access to Marshall St. will meet quarterly with Richland Springs and or Baptist Hospital staff about step-downs and ER referrals, and will meet quarterly at BPH to facilitate step-downs. He will establish a reasonable schedule to stay in touch with clinical programs of CAMHC. He and his supervisor will work together to improve case manager follow-up.

2. Objective: The employee will complete all training required by the agency.

Success Criteria: For a meets the employee will complete the required training on the attachedCenter training form within the prescribed time frames.

3. Objective: The employee will work with his supervisor and others to explore the feasibility of Marshall St. setting aside an additional room for more acute patients who would be monitored one-on-one with the hiring of addition staff for this function. The goal would be to stabilize the patient so that he or she could be discharged or admitted to MSCSU rather than admitted to an inpatient unit.

Success Criteria: Whether or not this program enhancement is feasible would be decided upon no later than Nov. 15, 2001. The Medical Director of the program and the Medical Director of CAMHC will be key decision makers in this process.

—ACTUAL PERFORMANCE—
SENIOR/TOP MANAGEMENT

8 employees meeting criteria

2 EPMS Planning Stages
selected for sample (attached)
Objective:
Ensure that programs in Special Services for Adults are on schedule for the CARF Accreditation in 2001.

Success Criteria:
Substantially Exceeds: All programs will come through the internal survey and the SCDMH survey with only minor recommendations for program conformance with standards.
Exceeds: No more than two major recommendations for program enhancement; all programs corrected by September 1, 2000. Meets: Any problems identified in either survey will be corrected by September 1, 2000 with necessary documentation provided to the CARF Coordinator, the Director of Clinical Support Services, and the Executive Director.

Objective:
Continue efforts toward reducing Center admission rate to SCDMH Inpatient facilities and increasing utilization of crisis stabilization and other alternatives. Actions required:

a. Finalize the MOA with Palmetto Baptist Hospital to step-down patients to MSCSU. Monitor compliance monthly.
b. Continue to serve on the MV Crisis Stabilization Unit Steering Committee to ensure maximum utilization of the program by CAMHC.
c. Set up site visits to Charleston and Charlotte to explore how CAMHC might work in conjunction with Richland Springs to operate a CAMHC inpatient unit.
d. Working with Emergency Services staff, set up procedures for operating the proposed two observation beds in the expanded Emergency Services area.
e. After getting basic agreement from all parties, write a contract with Palmetto Richland Hospital for the 23 hour holding bed initiative.
f. Continue to send out high user lists to all clinical units as well as information about the Center's admission rate and progress toward reduction goals.
g. Follow-upon the Admission Diversion Plan developed by Nancy Carter with revisions by CAMHC management staff.
h. Take steps to increase the average daily census of the MSCSU to a minimum of 10 (start date for measurement will be May 15, 2000).

Success Criteria:
Meets: Complete at least 3 of planned actions by January 1, 2001.

Exceeds: Complete at least 5 of planned actions by January 1, 2001, including "g".

Substantially Exceeds: Complete at least 6 of planned actions by January 1, 2001, including "g", and "h".
3. **Objective:**

Meet revenue goals set for each program in Special Services for Adults, with the understanding that these goals may need to be adjusted during the year based on staff shortages in a particular program. Revenues in some programs, such as Emergency Services, are dependent on variables outside of the Center's control, to a large extent. Revenue projections do not include continuing grant money or such things as rent payments. Revenue projections outlined in success criteria are based on service delivery. **It is the responsibility of this employee to request a meeting with his supervisor for the purpose of adjustment of any or all aspects of this objective.**

**Success Criteria:**

**Substantially Exceeds:** revenue will show a 2% increase during the evaluation year.

EPMS OBJECTIVES
(Optional Use)

1. Objective:
Explore options for expansion of services in Fairfield County.

Success Criteria:
Be able to demonstrate exploration of opportunities to expand services in the county such as increased school based services, implementation of a Family Preservation Program, implementation of a R.O.A.D.S. program, etc. Actual expansion of a service to adults or children through new or existing resources will result in a rating of substantially exceeds. Employee should be able to demonstrate these efforts through a written summary when feedback is requested for the next evaluation (i.e. 2003).

☐ 2. Objective:
Assure that Fairfield County Office meets established revenue goals.

Success Criteria:
For rating of meets, clinic and DaySpring programs should meet established revenue goals for the next 11 month period (i.e. January 2002-November 2002). If programs are consistently falling below goals in six months, a rating of meets can still be attained if employee prepares and implements a revenue enhancement plan by no later than July 15, 2002. This plan must be submitted in writing to the Executive Director prior to implementation. A 5% increase in revenues over this period compared to the same period in the previous year will result in an Exceeds rating. An increase of 8% or more will result in a rating of Substantially Exceeds.

✓ 3. Objective:
Attend required training.

Success Criteria:
Attend all training required in training plan (attached). Extra credit will be given for additional training attended, particularly training in the area of management and leadership or in reference to new clinical initiatives (e.g. best practices which will be implemented in the office).

---ACTUAL PERFORMANCE---

PERFORMANCE CHARACTERISTICS
Rate "Acceptable" or "Unacceptable"

1. Characteristic:
Planning and Organizing
Definition:
Establishes a course of action for meeting an objective; allocates resources and personnel for best effect within budget limits; develops schedules for activities and projects; sets and observes priorities.
Table 5
CAMHC Individual Medical Record and Utilization Management Audit Form
Summary of Audit Findings by Unit, Program and Type
TABLE 5. Summary of Highest Ranked Errors from Individual Medical Record and Utilization Management Form Audit Findings by Type, Comment and Count.

<table>
<thead>
<tr>
<th>Type of Error</th>
<th>Comment</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards Deficiency</td>
<td>Discharge criteria not addressed</td>
<td>452/865</td>
<td>52</td>
</tr>
<tr>
<td>Standards Deficiency</td>
<td>Consent to release information not current</td>
<td>425/865</td>
<td>49</td>
</tr>
<tr>
<td>Standards Deficiency</td>
<td>Individual Treatment Plan goals do not meet standards</td>
<td>377/865</td>
<td>44</td>
</tr>
<tr>
<td>Standards Deficiency</td>
<td>Chart organization does not follow policy</td>
<td>340/865</td>
<td>39</td>
</tr>
<tr>
<td>Standards Deficiency</td>
<td>Emergency Contact Information not current</td>
<td>235/865</td>
<td>27</td>
</tr>
<tr>
<td>Standards Deficiency</td>
<td>Financial information not current or supported by physicians</td>
<td>235/865</td>
<td>27</td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>Individual Treatment Plan does not authorize service</td>
<td>184/865</td>
<td>21</td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>Service billed but not documented</td>
<td>164/865</td>
<td>19</td>
</tr>
<tr>
<td>Standards Deficiency</td>
<td>No listing of co-existing disorder on the Individual Treatment Plan</td>
<td>136/865</td>
<td>16</td>
</tr>
</tbody>
</table>
Columbia Area Mental Health Center
Individual Medical Record
and
Utilization Management
Audit Form

<table>
<thead>
<tr>
<th>Consumer's Name:</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Location Code:</td>
<td>Center Admission Date:</td>
</tr>
<tr>
<td>Case Mgr ID #:</td>
<td>Case Mgr Name</td>
</tr>
<tr>
<td>Date of Review</td>
<td>TYPE (circle one):</td>
</tr>
</tbody>
</table>

Administrative Medical Record Audit

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Evaluation</th>
<th>Comments</th>
<th>Citation Code</th>
<th>Location if different from program assignment</th>
<th>Staff ID if not case manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical record is legible</td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td>Citation Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Each page contains consumer's ID# &amp; name.</td>
<td>M Meets Standard</td>
<td></td>
<td>Loc Code:</td>
<td></td>
<td>Staff ID:</td>
</tr>
<tr>
<td>3. Errors corrected using correct procedure</td>
<td>N Does not meet standard</td>
<td></td>
<td>Loc Code:</td>
<td></td>
<td>Staff ID:</td>
</tr>
<tr>
<td>4. Documents in record filed according to Center policy.</td>
<td>N/A Not applicable</td>
<td></td>
<td>Loc Code:</td>
<td></td>
<td>Staff ID:</td>
</tr>
</tbody>
</table>

February 5, 2002

Page 1
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation</th>
<th>Comments</th>
<th>Citation Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Financial information (UN-53) is complete &amp; include supporting documentation, updated annually.</td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td>Citation Code:</td>
</tr>
<tr>
<td>6. Crisis contact form contains name, age, gender, address, telephone #, name of emergency contact, mental status.</td>
<td>M Meets from error &amp; location code of program assignment</td>
<td></td>
<td>Loc Code:</td>
</tr>
<tr>
<td>7. Voter registration form or declination is complete.</td>
<td>N Does not meet standard</td>
<td></td>
<td>Staff ID:</td>
</tr>
<tr>
<td>8. Consent for treatment completed, signed, witnessed, dated.</td>
<td>N/ANot applicable</td>
<td></td>
<td>No. Citations:</td>
</tr>
<tr>
<td>9. Consent to follow up has been reviewed w/ consumer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion</td>
<td>Evaluation</td>
<td>Comments</td>
<td>Citation Code</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>11. Authorization to release information completed.</td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td></td>
</tr>
<tr>
<td>12. Initial evaluation completed w/in 3 non-emergency visits.</td>
<td>M Meets Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. ITP contains DSM code, words.</td>
<td>N Does not meet standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Received PMA w/in 90 days of admission or next service.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. ITP completed, signed, dated by MD &amp; clinician w/in 90 days of admission to Center.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. ITP lists all services provided w/ correct frequencies.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

February 5, 2002
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Evaluation</th>
<th>Comments</th>
<th>Citation Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. ITP frequency of services rendered does not exceed frequency authorized.</td>
<td>E</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td></td>
</tr>
<tr>
<td>18. Services added or frequency increased on ITP authorized by MD.</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Rollover ITP reviewed, signed, dated by MD w/in required time frames.</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Each CSN, PMO contains client name, ID#, place of service, date of service.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Completed PMO for each PMA ticket.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. CSN contains name of service or approved abbreviation.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion</td>
<td>Evaluation</td>
<td>Comments</td>
<td>Citation Code</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>M Meets Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>N Does not meet standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>N/A Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Contains clinician's signature, title, date &amp; qualified to render service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>RILS notes signed by MHP.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Service billed but not documented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Bill times on CSN's match time billed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Dates on CSN match date billed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Service name on CSN matches service billed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment &amp; Intake Forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion</td>
<td>Evaluation</td>
<td>Comments</td>
<td>Citation Code</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>29. Personal &amp; biographical data completed.</td>
<td>Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td>Citation Code: ______</td>
</tr>
<tr>
<td>30. Biopsychosocial history &amp; status completed.</td>
<td>Meets Standard</td>
<td></td>
<td>Citation Code: ______</td>
</tr>
<tr>
<td>31. Contains social &amp; cultural information.</td>
<td>N/A Not applicable</td>
<td></td>
<td>Citation Code: ______</td>
</tr>
<tr>
<td>32. Contains mental status exam.</td>
<td></td>
<td></td>
<td>Citation Code: ______</td>
</tr>
<tr>
<td>33. Dx. clinically justified citing DSM criteria.</td>
<td></td>
<td></td>
<td>Citation Code: ______</td>
</tr>
<tr>
<td>34. Contains expectations regarding treatment &amp; discharge.</td>
<td></td>
<td></td>
<td>Citation Code: ______</td>
</tr>
<tr>
<td>Criterion</td>
<td>Evaluation</td>
<td>Comments</td>
<td>Citation Code</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td>Location if different from program assignment Staff ID if not case manager</td>
</tr>
<tr>
<td>35. Contains case disposition.</td>
<td></td>
<td></td>
<td>Citation Code: __________ Loc Code: __________ Staff ID: __________ No. Citations: ________</td>
</tr>
<tr>
<td>36. Contains SNAPs.</td>
<td></td>
<td></td>
<td>Citation Code: __________ Loc Code: __________ Staff ID: __________ No. Citations: ________</td>
</tr>
<tr>
<td>37. Evidence consumer oriented to Center.</td>
<td></td>
<td></td>
<td>Citation Code: __________ Loc Code: __________ Staff ID: __________ No. Citations: ________</td>
</tr>
<tr>
<td>38. Contains interpretative summary including plan of care.</td>
<td></td>
<td></td>
<td>Citation Code: __________ Loc Code: __________ Staff ID: __________ No. Citations: ________</td>
</tr>
<tr>
<td>40. Updated annually or at substantial change in functioning or status.</td>
<td></td>
<td></td>
<td>Citation Code: __________ Loc Code: __________ Staff ID: __________ No. Citations: ________</td>
</tr>
</tbody>
</table>
| Criterion                                                                 | Evaluation | Comments                                                                 | Citation Code
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<tbody>
<tr>
<td>41. Contains SNAPS</td>
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</tr>
<tr>
<td>42. Includes consumers own words.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>43. Goals/objectives measurable, achievable, time limited.</td>
<td></td>
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</tr>
<tr>
<td>44. Goals/objectives client specific, outcome oriented, related to stated client needs.</td>
<td></td>
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<tr>
<td>45. ITP contains outcome measures &amp; documentation shows use of measures.</td>
<td></td>
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</tr>
<tr>
<td>46. Tx reviews justify continued treatment, reviews services, describes progress on goals.</td>
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Clinical Service Notes
<table>
<thead>
<tr>
<th>Criterion</th>
<th>Evaluation</th>
<th>Comments</th>
<th>Citation Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>47. Documentation reflects consumer's problem or need.</td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td></td>
</tr>
<tr>
<td>48. Staff intervention or evaluation (if not treatment service).</td>
<td>M Meets Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Outcome or response to intervention. Status at end of intervention.</td>
<td>N Does not meet standard</td>
<td></td>
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</tr>
<tr>
<td>50. Consumer involvement in working on problems/ITP goals.</td>
<td>N/A Not applicable</td>
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<tr>
<td>51. Plan for next session.</td>
<td></td>
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<tr>
<td>52. Content supports time billed.</td>
<td></td>
<td></td>
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<tr>
<td>Criterion</td>
<td>Evaluation</td>
<td>Comments</td>
<td>Citation Code</td>
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<td>-----------</td>
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<td>---------------</td>
</tr>
<tr>
<td></td>
<td>E Excellent M Meets Standard N Does not meet standard N/A Not applicable</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td>Location if different from program assignment Staff ID if not case manager</td>
</tr>
<tr>
<td>53. TPFS reflects MD's recommendations re care, follow up, treatment plan supervision.</td>
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<tr>
<td>54. Dx(s). Clinically justified &amp; supported.</td>
<td></td>
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<tr>
<td>55. Freq. of services clinically necessary.</td>
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<tr>
<td>56. If TCM provided, client meets eligibility criteria.</td>
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<tr>
<td>57. Services billed consistent w/ service documented.</td>
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<tr>
<td>58. If discharged, documentation reflects summary of SNAPs, referrals made, outcome of treatment, whether discharge planned or unplanned.</td>
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<tr>
<td>Criterion</td>
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<td>Comments</td>
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<td></td>
<td>E Excellent</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
<td>Location if different from program assignment: Staff ID if not case manager</td>
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<tr>
<td>59. Dx. changes justified.</td>
<td>M Meets Standard</td>
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<tr>
<td>60. Services billed twice.</td>
<td>N Does not meet standard</td>
<td></td>
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<tr>
<td>61. Services billed on same day as inpatient stay.</td>
<td>N/ANot applicable</td>
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<tr>
<td>62. Consumer assigned to program designed to meet needs.</td>
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<tr>
<td>63. Person served actively involved in planning &amp; making informed choices regarding program and services.</td>
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<tr>
<td>64. Evidence of appropriate family inclusion in service.</td>
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**Billing Audit**

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<tr>
<td>61. Services billed on same day as inpatient stay.</td>
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**Additional Items (Center options)**

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<td>62. Consumer assigned to program designed to meet needs.</td>
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<tr>
<td>63. Person served actively involved in planning &amp; making informed choices regarding program and services.</td>
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<td>64. Evidence of appropriate family inclusion in service.</td>
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<tr>
<td>65. Record addresses needs of individuals w/ coexisting disorders &amp; reflects attempts to address these disorders.</td>
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<tr>
<td>66. Record contains clearly stated signposts for discharge from care or to another level of care w/ in Center.</td>
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<td>No. Citations: _______</td>
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<tr>
<td>67. PMO contains name of medicine, name of prescribing MD, dosage, frequency, instructions for use.</td>
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<td>No. Citations: _______</td>
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<tr>
<td>68. PMO or other documents reflect consumer provided w/ training about medicines prescribed.</td>
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<td>No. Citations: _______</td>
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<td>69. Medication information updated w/ in past 180 days.</td>
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<td>No. Citations: _______</td>
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<td>70. Treatment plan reviewed following crisis services (Marshall St. or hospital stay, Crisis Management Service, After Hours service).</td>
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<td>71. DISCUS completed according to standards or policy.</td>
<td>E Excellent M Meets Standard N Does not meet standard N/A Not applicable</td>
<td>If Payback, include # of services resulting from error &amp; location code of program committing error if not home location.</td>
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<tr>
<td>72. Follow up w/ client after missed appointments or case closure consistent w/ Center standards.</td>
<td></td>
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<td></td>
<td></td>
<td>No. Citations:</td>
<td></td>
<td></td>
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<tr>
<td>73. Evidence of client improvement or other response to treatment included in record (Treatment Review, goal rating, CAFAS, GAF, etc.).</td>
<td></td>
<td></td>
<td>Citation Code:</td>
<td></td>
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<td>No current consent to release (add new)</td>
<td>Standards Deficiency</td>
<td>29</td>
<td>No errors</td>
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<td>No current consent to be (add new)</td>
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<td>30</td>
<td>Good chart</td>
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<td>No current emergency contact info (add new)</td>
<td>Standards Deficiency</td>
<td>31</td>
<td>Program Orientation lacking (add to existing &amp; date)</td>
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<tr>
<td>4</td>
<td>CSN bill error (time missing or does not match (match direct service ticket) or exceeds allowable)</td>
<td>Corporate Compliance</td>
<td>32</td>
<td>Service provider misrepresented for billing (not correctable)</td>
</tr>
<tr>
<td>5</td>
<td>CSN does not contain service date or does not match (match direct service ticket)</td>
<td>Corporate Compliance</td>
<td>33</td>
<td>Service content not allowed for reimbursement (not correctable)</td>
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<td>6</td>
<td>CSN not signed (match direct service ticket)</td>
<td>Corporate Compliance</td>
<td>34</td>
<td>No MD recommendation in TPFS (not correctable)</td>
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<td>7</td>
<td>CSN service does not match service billed (not correctable)</td>
<td>Corporate Compliance</td>
<td>35</td>
<td>No listing of coexisting disorders on ITP (add new)</td>
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<td>8</td>
<td>Identifying Info not on CSN's (add)</td>
<td>Corporate Compliance</td>
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<td>Chart organization does not follow policy (follow guidelines)</td>
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<td>9</td>
<td>Service billed but not documented (not correctable)</td>
<td>Corporate Compliance</td>
<td>37</td>
<td>Med education not documented (add new)</td>
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<tr>
<td>10</td>
<td>Service freq exceeds authorization (not correctable)</td>
<td>Corporate Compliance</td>
<td>38</td>
<td>ITP expired, no services delivered (add new)</td>
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<tr>
<td>11</td>
<td>Initial PMA not provided (not correctable)</td>
<td>Corporate Compliance</td>
<td>39</td>
<td>Good CSN's</td>
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<tr>
<td>12</td>
<td>Financial data not current or supported by documentation (add new)</td>
<td>Standards Deficiency</td>
<td>40</td>
<td>Good Assessment</td>
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<td>13</td>
<td>ITP does not authorize service (not correctable)</td>
<td>Corporate Compliance</td>
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<td>14</td>
<td>Neuroleptic consent not current (add new)</td>
<td>Standards Deficiency</td>
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<td>Good follow up</td>
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<td>15</td>
<td>No allergy information (add new)</td>
<td>Standards Deficiency</td>
<td>43</td>
<td>Goals written in measurable terms</td>
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<td>16</td>
<td>Voter registration not present (add new)</td>
<td>Standards Deficiency</td>
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<td>Good use of client's own words</td>
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<td>Assessment not thorough (add to existing &amp; date)</td>
<td>Standards Deficiency</td>
<td>45</td>
<td>Good coordination w/ other providers</td>
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<td>18</td>
<td>Assessment not timely or complete (add to existing &amp; date)</td>
<td>Standards Deficiency</td>
<td>46</td>
<td>Good Treatment Plan</td>
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<td>Dx. not clinically supported (add new)</td>
<td>Corporate Compliance</td>
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<td>Good documentation of med education</td>
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<td>CSN does not describe quality service (not correctable)</td>
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<td>Good ID of needs &amp; expectations</td>
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<td>21</td>
<td>CSN does not describe service billed (not correctable)</td>
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<td>49</td>
<td>Clinician overlooks serious clinical issues (add new)</td>
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<td>CSN or other data does not support time billed (not correctable)</td>
<td>Corporate Compliance</td>
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<td>Program assignment questioned (add new)</td>
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<td>23</td>
<td>Discharge criteria not addressed (add to existing &amp; date)</td>
<td>Standards Deficiency</td>
<td>51</td>
<td>Medical record entries illegible (not correctable)</td>
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<td>Dx. on ITP not complete (add to existing)</td>
<td>Corporate Compliance</td>
<td>52</td>
<td>Medical record entries falsified (not correctable)</td>
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<td>25</td>
<td>ITP goals do not meet standards (add to existing)</td>
<td>Standards Deficiency</td>
<td>53</td>
<td>Initial eval incomplete after 3 non-emer visits (add to existing &amp; date)</td>
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<td>Record does not include SNAPs (add new)</td>
<td>Standards Deficiency</td>
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<td>27</td>
<td>Overutilization of services (not correctable)</td>
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<td>Treatment review does not meet standards (add new)</td>
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<td>Standards Deficiency</td>
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<td>Discharge summary does not meet standards (not correctable)</td>
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<td>Overutilization of services</td>
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<td>Service billed but not documented</td>
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<td>Service content not reimbursable</td>
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### SUMMARY OF AUDIT FINDINGS BY UNIT, PROGRAM AND TYPE

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<td>Treatment review does not meet standards</td>
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APPENDIX E

Draft Needs Assessment Survey
Preliminary Histogram Report
Please assist us in evaluation of this program by thoroughly darkening your responses with a pen or pencil. Please answer all items. Thank you.

### Training Needs Assessment

#### Demographic Information

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<td>2. Center</td>
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<td>3. Supervisor</td>
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<tr>
<td>4. Discipline</td>
<td>MD</td>
<td>RN</td>
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</table>

The purpose of this needs assessment is to assess the learning needs of staff within the SCDMH. The results of this needs assessment will be used to develop training that addresses the knowledge, skills and proficiency required to enable staff to perform to their maximum potential. Your input is needed and valued.

### Customer Service

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<th>IM</th>
<th>VI</th>
<th>ES</th>
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<td>6. Listening and interviewing skills</td>
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<td>7. Dealing with angry customers</td>
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<td>8. Telephone skills</td>
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<tr>
<td>9. Consumer and family interaction skills</td>
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<tr>
<td>10. Dealing with difficult employees</td>
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<td>14. Patients rights/advocacy</td>
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### Communicating/Building Coalitions

<p>| | | | | | |
|                                                                 |    |    |    |    |    |
| 15. Interpersonal skills                                       |    |    |    |    |    |
| 16. Communicating effectively                                  |    |    |    |    |    |
| 17. Influencing and negotiating                                |    |    |    |    |    |
| 18. Partnering with other centers, facilities and organizations|    |    |    |    |    |</p>
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<td>20. Conflict resolution</td>
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**Clinical Interventions (to include knowledge of and skill building)**

| 21. Assessment and treatment of dual disorders (mental illness and substance abuse) |  |
| 22. Family treatment and inclusion approaches |  |
| 23. Consumer recovery methodology |  |
| 24. Risk assessment for homicide, substance abuse, sexual abuse, suicide and trauma |  |
| 25. Coping skills for families and consumers |  |
| 26. Group intervention strategies |  |
| 27. Treatment strategies for children and adolescents with behavioral disorders |  |
| 28. Assessment and treatment of individuals with serious mental illness |  |
| 29. Principles of documentation |  |
| 30. Dealing with the aggressive client |  |
| 31. Case management |  |
| 32. Youth in transition from adolescence to adulthood |  |
| 33. Effective clinical supervision |  |
| 34. The treatment planning process |  |

**Problem Solving and Decision Making**

| 35. Problem solving and decision making strategies |  |
| 36. Managing change |  |
| 37. Project management skills |  |

**Personal and Professional Development**

| 38. Time management and organization skills |  |
| 39. Stress Management |  |
| 40. Self-management/discipline building |  |
| 41. Corporate compliance/compliance with regulatory standards |  |

**Performance Improvement (PI)**
42. Data collection .................................................................  
   NI  SI  IM  VI  ES

43. Sentinel event identification and root cause analysis  
   .................................................................  
   NI  SI  IM  VI  ES

44. Competency development ............................................  
   NI  SI  IM  VI  ES

**Other Information**

45. Which of the following educational methods would best meet your training needs:
   
   - [ ] Classroom Training
   - [ ] Computer Based Training
   - [ ] Video
   - [ ] ETV
   - [ ] Other

Please list other skills or tasks that would be important in meeting your learning needs:

Thank you for completing this assessment! Please return it to Mary Few, ETR/Staff Development, Wilson Buildin no later than **Feb. 20, 2012**.
Histogram Report for NEEDS ASSESSMENT.SUR

Creation Date: 2/26/02

Total Respondents: 19
First Respondent: 2/26/02  Last Respondent: 2/26/02

Time Interval: 2/26/02 to 1/1/05
Respondents this time interval: 19

1. Facility

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<td>2 - No</td>
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Mean: 1.78  Standard Deviation: 0.42

2. Center

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Mean: 1.00  Standard Deviation: 0.00

3. Supervisor

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Mean: 1.38  Standard Deviation: 0.48
Discipline

Total Responses to this question: 19

1 - MD 0 0.00%
2 - RN 2 10.53%
3 - SW 11 57.89%
4 - Psychologist 1 5.26%
5 - MHS 1 5.26%
6 - Other 4 21.05%

5. Establishing rapport with internal and external customers

Total Responses to this question: 19

1 - Not Important 0 0.00%
2 - Slightly Important 0 0.00%
3 - Important 1 5.26%
4 - Very Important 0 0.00%
5 - Essential 18 94.74%
Mean: 4.89 Standard Deviation: 0.45

6. Listening and interviewing skills

Total Responses to this question: 19

1 - Not Important 0 0.00%
2 - Slightly Important 0 0.00%
3 - Important 1 5.26%
4 - Very Important 4 21.05%
5 - Essential 14 73.68%
Mean: 4.68 Standard Deviation: 0.57

7. Dealing with angry customers

Total Responses to this question: 19

1 - Not Important 0 0.00%
2 - Slightly Important 1 5.26%
3 - Important 1 5.26%
4 - Very Important 6 31.58%
5 - Essential 11 57.89%
Mean: 4.42 Standard Deviation: 0.82
8. Telephone skills

![Response Distribution](image)

Total Responses to this question: 19

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<tr>
<td>5 - Essential</td>
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Mean: 4.26  Standard Deviation: 0.85

9. Consumer and family interaction skills

![Response Distribution](image)

Total Responses to this question: 19

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<td>31.58%</td>
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<td>5 - Essential</td>
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Mean: 4.68  Standard Deviation: 0.46

10. Dealing with difficult employees

![Response Distribution](image)

Total Responses to this question: 19

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<td>52.63%</td>
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<td>5 - Essential</td>
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Mean: 4.21  Standard Deviation: 0.77

11. Creating and conveying a professional image

![Response Distribution](image)

Total Responses to this question: 19

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<tr>
<td>2 - Slightly Important</td>
<td>0</td>
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Mean: 4.21  Standard Deviation: 0.61
12. Identifying the needs of customers and consumers

Total Responses to this question: 19

- Not Important: 0 (0.00%)
- Slightly Important: 0 (0.00%)
- Important: 0 (0.00%)
- Very Important: 2 (10.53%)
- Essential: 17 (89.47%)

Mean: 4.89  Standard Deviation: 0.31

13. The recovery model

Total Responses to this question: 19

- Not Important: 0 (0.00%)
- Slightly Important: 0 (0.00%)
- Important: 6 (31.58%)
- Very Important: 5 (26.32%)
- Essential: 8 (42.11%)

Mean: 4.11  Standard Deviation: 0.85

14. Patients rights/advocacy

Total Responses to this question: 19

- Not Important: 0 (0.00%)
- Slightly Important: 0 (0.00%)
- Important: 6 (31.58%)
- Very Important: 2 (10.53%)
- Essential: 11 (57.89%)

Mean: 4.26  Standard Deviation: 0.91

15. Interpersonal skills

Total Responses to this question: 19

- Not Important: 0 (0.00%)
- Slightly Important: 0 (0.00%)
- Important: 3 (15.79%)
- Very Important: 0 (0.00%)
- Essential: 16 (84.21%)

Mean: 4.68  Standard Deviation: 0.73
16. Communicating effectively

Total Responses to this question: 19

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Mean: 4.68  Standard Deviation: 0.65

17. Influencing and negotiating

Total Responses to this question: 19

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<tr>
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<td>1</td>
<td>5.26%</td>
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<tr>
<td>3 - Important</td>
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Mean: 4.11  Standard Deviation: 0.79

18. Partnering with other centers, facilities and organizations

Total Responses to this question: 19

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Mean: 4.00  Standard Deviation: 0.79

19. Team building

Total Responses to this question: 19

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Mean: 4.32  Standard Deviation: 0.86
20. Conflict resolution

Total Responses to this question: 19

1 - Not Important          0 0.00%
2 - Slightly Important     1 5.26%
3 - Important              3 15.79%
4 - Very Important         6 31.58%
5 - Essential              9 47.37%

Mean: 4.21    Standard Deviation: 0.89

21. Assessment and treatment of dual disorders (mental illness and substance abuse)

Total Responses to this question: 19

1 - Not Important          0 0.00%
2 - Slightly Important     0 0.00%
3 - Important              5 26.32%
4 - Very Important         4 21.05%
5 - Essential              10 52.63%

Mean: 4.26    Standard Deviation: 0.85

22. Family treatment and inclusion approaches

Total Responses to this question: 19

1 - Not Important          0 0.00%
2 - Slightly Important     0 0.00%
3 - Important              5 26.32%
4 - Very Important         7 36.84%
5 - Essential              7 36.84%

Mean: 4.11    Standard Deviation: 0.79

23. Consumer recovery methodology

Total Responses to this question: 19

1 - Not Important          0 0.00%
2 - Slightly Important     1 5.26%
3 - Important              4 21.05%
4 - Very Important         6 31.58%
5 - Essential              8 42.11%

Mean: 4.11    Standard Deviation: 0.91
Risk assessment for homicide, substance abuse, sexual abuse, suicide and trauma

Total Responses to this question: 19
1 - Not Important 0 0.00%
2 - Slightly Important 0 0.00%
3 - Important 1 5.26%
4 - Very Important 4 21.05%
5 - Essential 14 73.68%
Mean: 4.68 Standard Deviation: 0.57

25. Coping skills for families and consumers

Total Responses to this question: 19
1 - Not Important 0 0.00%
2 - Slightly Important 0 0.00%
3 - Important 4 21.05%
4 - Very Important 8 42.11%
5 - Essential 7 36.84%
Mean: 4.16 Standard Deviation: 0.74

26. Group intervention strategies

Total Responses to this question: 19
1 - Not Important 1 5.88%
2 - Slightly Important 1 5.88%
3 - Important 1 5.88%
4 - Very Important 5 29.41%
5 - Essential 9 52.94%
Mean: 4.18 Standard Deviation: 1.15

27. Treatment strategies for children and adolescents with behavioral disorders

Total Responses to this question: 17
1 - Not Important 1 5.88%
2 - Slightly Important 1 5.88%
3 - Important 1 5.88%
4 - Very Important 5 29.41%
5 - Essential 9 52.94%
Mean: 4.18 Standard Deviation: 1.15
28. Assessment and treatment of individuals with serious mental illness

Total Responses to this question: 19

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Mean: 4.74 Standard Deviation: 0.55

29. Principles of documentation

Total Responses to this question: 19

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Mean: 4.16 Standard Deviation: 0.81

30. Dealing with the aggressive client

Total Responses to this question: 19

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Mean: 4.32 Standard Deviation: 0.73

31. Case management

Total Responses to this question: 19

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Mean: 4.05 Standard Deviation: 0.83
32. Youth in transition from adolescence to adulthood

Total Responses to this question: 17

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Mean: 3.65 Standard Deviation: 1.03

33. Effective clinical supervision

Total Responses to this question: 19

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Mean: 4.47 Standard Deviation: 0.68

34. The treatment planning process

Total Responses to this question: 19

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Mean: 3.95 Standard Deviation: 0.94

35. Problem solving and decision making strategies

Total Responses to this question: 19

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Mean: 4.11 Standard Deviation: 0.85