|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FY21 Program Performance Indicators St. Clair County CMH Blue Water Developmental Housing Children's Waiver (74267) | | | | | | | | | | |
| **#** | **Domain (Master #)** | **Primary  Objective** | **Performance Indicator** | **Data Collection/Methodology** | **PI Standard** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** | **Annual** |
| 1. | Effectiveness M-7 | CMH Supports & Encourages Community Partnerships | Program will submit ANNUALLY (4th Quarter) a list of activities it believes contributes to community benefit. | Program will forward ANNUALLY (4th Quarter) a brief summary of activities that have occurred. | Reported  Annually  (4th Qtr.) |  |  |  | Community  Benefits Received | Community  Benefits Received |
| 2. | Satisfaction M-8 | Customer Satisfaction | Percentage of persons served, parents, family members and/or guardians who report satisfaction with services. | Customer Satisfaction Survey to be administered by either St. Clair County CMH QI Office or per contract agency via contract requirements. | Results Annually 90% (# of #) | Customer  Satisfaction will be  submitted 4Q | Customer Satisfaction will be submitted 4Q | Customer Satisfaction will be submitted 4Q | Customer Satisfaction Report  Received | Customer Satisfaction Report  Received |
| 3. | Effectiveness M-39 | Ensure Program Quality | Percentage of new hires within the quarter who have completed: a. Recipient Rights (Initial)  b. "REQUIREMENTS" | Program will electronically forward the "Training/Requirement Reporting Form" to the St. Clair County CMH QI Office for every new hire within the reporting quarter. If the new hire is under the required 30 days, the scheduled training date must be noted on the worksheet. The QI Office will calculate the percentage and forward the results to the program and request a Plan of Correction if needed. |  |  |  |  |  |  |
| a. Recipient Rights (Initial)  (within 30 days of hire) | 100% (# of #) | No New Hires | No New Hires | No New Hires | No New Hires | No New Hires |
| b. Items required to be completed prior to hire (e.g. "REQUIREMENTS": Background Check, Driver's License, etc.) | 100% (# of #) | No New Hires | No New Hires | No New Hires | No New Hires | No New Hires |
| 4. | Effectiveness M-40 | Ensure Program Quality | Percentage of staff hired in the previous quarter who have completed all initial required trainings (required to be completed within 90 days) as specified on the "Training/Requirement Reporting Form". | Program will electronically forward the "Training/Requirement Reporting Form" to the St. Clair County CMH QI Office for all staff hired in the previous quarter. The QI Office will calculate the percentage and forward the results to the program and request a Plan of Correction if needed. | 100% (# of #) | NOT requested due to COVID-19 | No New Hires Previous Quarter | No New Hires Previous Quarter | No New Hires Previous Quarter | No New Hires Previous Quarter |
| 5. | Effectiveness M-41 | Ensure Program Quality | Percentage of staff employed greater than one year who are current with ALL trainings, as specified on the "Training/Requirement Reporting Form".  \* ONLY report on a staff once per fiscal year. | Program will electronically forward the "Training/Requirement Reporting Form" to the St. Clair County CMH QI Office for 3 staff within the reporting quarter. | 100% (# of 3) | NOT requested due to COVID-19 | NOT requested due to COVID-19 | No Staff Employed Greater 1Yr. | No Staff Employed Greater 1Yr. | No Staff Employed Greater 1Yr. |
| 6. | Effectiveness M-42.1 | Staff Receive Supervision Regularly | All staff will receive supervision on regular (30 day) intervals. Supervision may be provided by phone and/or in person or at staff meetings.  Training documentation MAY be requested by St. Clair CMH QI Office. | Program will maintain training records and provided documentation if requested. | 100% | N/A | N/A | N/A | N/A | N/A |
| 7. | Effectiveness M-48 | Maintain Individual's Placement in Community | Percentage and number of person served maintaining their desired living arrangement with the necessary amount of support. | Program will calculate the percentage of persons served maintaining their desired living arrangement with the necessary amount of supports using a. | 95%  (a.) | N/A | N/A | N/A | N/A | N/A |
| a. Number of person served who are maintaining their desired living arrangement with the necessary amount of supports. | a. (#of#) | N/A | N/A | N/A | N/A | N/A |
| b. Number of persons served who have requested and are still waiting for their desired living arrangements with necessary amount of support. | b. (#) | N/A | N/A | N/A | N/A | N/A |
| 8. | Effectiveness M-74 | Ensure Program Quality | Program will submit quarterly a report of Corporate Compliance Complaints received and/or investigated by the contract agency within the reporting quarter.  \*Reference contract language for specific language needed in CCC report. | Agency will electronically forward a report. The submitted quarterly report will include any Corporate Compliance Complaints received and/or investigated by the contract agency within the reporting quarter. | Report  Submitted | Report/ Information Received | Report/ Information Received | Report/ Information Received | Report/ Information Received | Report/ Information Received |
|  |  |  |  |  |  |  |  |  |  |  |
| **#** | **Plan of Correction (ONLY if PI Standard NOT MET) BWDH Children's Waiver (74267)** | | | | | | | | | |
| 1. |  | | | | | | | | | |
| 2. |  | | | | | | | | | |
| 3. |  | | | | | | | | | |
| 4. |  | | | | | | | | | |
| 5. |  | | | | | | | | | |
| 6. |  | | | | | | | | | |
| 7. |  | | | | | | | | | |
| 8. |  | | | | | | | | | |