



## **PSA Behavioral Health Agency** **Performance Analysis and Plan FY 2008-2009**

*“To enhance and empower the behavioral health community through creativity, innovation and diversity”*

### **History**

PSA Behavioral Health Agency (PSA) was originally incorporated in 1971 as a 501c (3) nonprofit organization with a mission to provide supportive services and outreach to the elderly and to the boarding home residents of south Phoenix. Since its inception, PSA has grown substantially to offer a wide array of therapeutic programs to include housing, semi-supervised residential treatment, supportive community living, outpatient counseling, expressive art rehabilitation and family support for individuals with behavioral health and co-occurring needs.

To meet the needs of individuals served, PSA strives to incorporate the Recovery Movement philosophy. PSA is an active participant in the transformation and redesign of the behavioral health system in Maricopa County. Additionally, PSA has solidified partnerships to provide services to individuals from tribal Indian communities and other counties of Arizona.

In the last year, PSA achieved many of the goals outlined in our Strategic Plan. Specifically, PSA achieved CARF accreditation and continues to implement and create performance and monitoring protocols towards program enhancement and improved client outcomes. We have worked to expand our Art Awakenings and housing programs, and have successfully opened the First Step and purchased facilities to expand our housing capacity. In addition, PSA expanded its children’s services in Maricopa County and has increased PSA’s visibility and awareness of PSA in the community.

PSA’s goal for the coming fiscal year is to expand programming through the provision of child and family therapy in Maricopa, establish a transitional art studio for 16-24 year olds, expand children services in Southern Arizona, and establish two new funding sources with one being non-RBHA. PSA also strives to receive a three year CARF accreditation by providing best practice information and training to staff, creating staff development plans for staff and providing training about co-occurring disorders and treatment needs.

### **Demographics**

The individuals that PSA serve consist of adult (over age 18) SMI individuals who are referred by the Maricopa and Pinal Regional Behavioral Health Authorities (RBHA).



(PSA provides services to children; however they are not included in the demographic information provided in this report) Data collected from PSA’s electronic medical record for the FY 2008-2009 indicate the total number of individuals served reduced by 63 compared to FY 2007-2008 with a decrease occurring across demographic and gender groups with the exception of other group which increased.

The below chart illustrates the demographics of individuals served during FY 2008-2009.

**Individuals served:**

Race/Ethnicity	FY 2008-2009		FY 2007-2008
	Number	% of Population	% of Population
African-American/Black	37	7%	6%
Asian	1	0%	1%
Hispanic/Latino	67	14%	10%
Native (American or Alaskan)	20	4%	2%
White	429	73%	80%
Other	18	2%	0%
Total	572	100%	100%

Gender	FY 2008-2009		FY 2007-2008
	Number	% of Population	% of Population
Female	317	55%	60%
Male	255	45%	40%
Total	572	100%	100%

**Staff Members:**

The following information provides the current demographic information on the 97 staff members who are currently employed at PSA. The information was taken from the HR database and is based upon staff self report.

Race/Ethnicity	Number	Male	Female
African-American/Black	21	11	10
Asian	1	0	1
Hispanic/Latino	17	8	9
Native (American or Alaskan)	0	0	0
White	57	16	41
Other	1	0	1
Total	97	35	62



The following information provides demographic information of the staff demographics by discipline:

Discipline	African American/Black	Asian	Native American	White	Hispanic	Other
Executive/Senior Management	0	0	0	5	2	0
Mid-level managers	1	0	0	8	2	0
BHP	1	0	0	5	4	0
BHT	15	1	0	26	7	1
Administration	4	0	0	13	2	0
<b>Total</b>	<b>21</b>	<b>1</b>	<b>0</b>	<b>57</b>	<b>17</b>	<b>1</b>

*Note: BHP, behavioral health professional, BHT, behavioral health technician*

### Data Collection and Analysis

PSA has historically collected data from various sources (customer/staff surveys, access to care, appointment standards, best practice guidelines, etc). During FY 2008-2009, PSA has strived to utilize data to improve performance and service delivery. Since obtaining CARF accreditation, departmental plans have been developed and implemented to monitor and ensure on-going performance improvement. For more information about specific agency measurement goals, methods and outcomes for the FY 2008-2009 please refer to PSA’s program descriptions, as well as the following Annual Plan Summaries for FY 2008-2009:

- \*Accessibility Plan
- \*Cultural Diversity Plan
- \*Human Resources Plan
- \*Finance Plan
- \*Quality Management Plan
- \*Risk Management Plan
- \*Technology and Systems Plan
- \*Training Plan



## **Outpatient**

PSA continues to utilize the Session Rating Scale (SRS) and Outcome Rating Scales (ORS) to gauge progress of client improvement and the therapeutic relationship. In the prior year we implemented the My Outcomes program, a RHBA supported data base, but due to barriers with accessibility and accuracy, the use of this program was discontinued.

In February 2009, a new Clinical Director was hired to provide oversight to the outpatient and supportive living programs, which allows for greater clinical and operational oversight.

The outpatient programming was expanded this past year by adding the Wellness Center, which focuses on helping clients incorporate personal wellness and health. This has been a large scale initiative across the U.S. and research has indicated a significant relationship to occur between physical health and mental health wellness. The Wellness Center has been well received by our clients in our outpatient and supportive living programs. In addition, we have started to receive referrals for the Wellness Center from the RHBA.

This year, PSA also reinstated the Home Management program which provides individuals in-home independent living skills and community integration assistance. The goal of this program is to prevent individuals from having to move from their homes into supported living environments by bringing services to them in their homes.

During the past fiscal year, 68% of outpatient clients demonstrated increased involvement in employment, volunteering and other daily meaningful activity and we had 47% of our clients successfully discharge to lower levels of care.

To promote active engagement with our clients, PSA strives to ensure 90% of all clients who no show for an appointment are contacted and rescheduled within 48 hours. We did not meet our goal this year and achieved a 74% rate of compliance. The shortfall in this finding may in part be due to some inconsistencies and gaps in data collection. To address this, PSA has implemented a standardized procedure to collect and continue to monitor the data.

## **Supported Living**

PSA's Supportive Living program is a co-occurring program that provides services from 7:00am-10:00pm daily. PSA determined that it's co-occurring program required re-evaluation. A consultant was hired to review the program and determined that additional work was needed for the program to become Dual Diagnosed Capable (DDC). An action plan was developed and implementation will begin in FY2010.



During the past year, 50% of the clients in this program were involved in meaningful daily activities outside of the activities offered through PSA's programming. We anticipate that over the next year the percentage of clients involved in activities will increase as we implement the use of transition plans and continue to emphasize the recovery model and community integration.

In the last year, 65% of clients were successfully discharged to a lower level of care. A barrier identified in transitioning clients to a lower level of care is the limited housing options available in Maricopa County. Due to the limited options, many case managers are resistant to consider supporting discharge without alternative affordable housing options. PSA continues to strive to address this barrier by expanding our housing program and working with the Provider Network Organizations (PNO) and the RBHA to communicate our concerns and recommendations. A number of clients required higher levels of care, which affected our percentages. These clients were either placed in our program inappropriately and should have initially been placed in a higher level of care or they had experienced an increase of symptoms/substance relapse which resulted in a need for a higher level of care. PSA has worked to ensure continuity of care and when available has worked with the clinical team to provide the needed services to prevent the client from being hospitalized, evicted and/or leave against the teams recommendations.

### **Community Integration (Art Awakenings)**

Art Awakenings implemented the transformational model this year to assist in the personal and professional growth of the artist while also outlining a continuum toward graduation. The transformational model is a tiered model that allows for clients/artists to move through the program by setting goals at each level. There was some fear expressed by the artists. To address these concerns, we implemented forums to discuss concerns, provided training to staff on how to address and implement the model, and created a new artist handbook distributed to all artists outlining the model. Staff is utilizing this model during individual's treatment planning sessions and PSA continues to work with the staff and artists on action steps toward full implementation.

To assist with the community integration of our artists, Art Awakenings was able to complete a business plan for the Next Step Studio, a consumer run business, through funding provided by the St. Luke's Health Initiative. The Next Step Studio will provide an opportunity to continue with their artwork after graduation. We continue to work on securing funds to implement the Next Step in FY 2010. The proposal was submitted to the RBHA for funding, but at the end of the year there had been no response.

To help monitor client outcomes at the Art Awakenings program, quantifiable performance measures were developed and implemented which included outreach services and increased access. To date we have achieved a 100% compliance rate with completing follow up and rescheduling all intake no-shows within set timelines and



exceeded our goal of 85% of engaging with artist who have not been in attendance within 2 weeks of notification.

Last year, Art Awakenings hired Dr. Stromwall, a research consultant, to complete client surveys. Although we did not have the 100 participants that we hoped for to publish a formal research paper, Dr. Stromwall provided several recommendations to the program. We have implemented the recommendations based on the data collected from the surveys to include providing clients with information on community resources and opportunities to generalize their skills in community settings (i.e. gallery exhibits). This survey will be completed again in September 2009.

We also compiled an Advisory Board to allow for artist voice. There have been some difficulties with getting consistent participation from the Tempe studio. We have offered transportation to the meetings; however, this has not resolved the issue and PSA continue to work on outreaching to artists in that studio.

## **Environmental Influences**

### **Accessibility**

To assist in the identification, solution and monitoring the status of accessibility barriers, PSA utilizes the “Accessibility Identified Barriers and Plan for Removal” spreadsheet. Through ongoing review by both the Executive Management team and Board, PSA has been able to monitor progress and easily address barriers while making the information accessible to staff to review.

A serious barrier identified this fiscal year is in ensuring ease of access and availability of services in that almost all of the agency’s funding comes from the RHBA which is allocated by the State of Arizona. In the last year, the State has made significant cuts, specifically with Non-Title 19 or non-Medicaid funding. These cuts have resulted in a cut of two-thirds of PSA’s Non-Title XIX funding and serious concerns about the ability of PSA to continue to provide services to this population. PSA has continued to address this financial barrier and is currently working on the development of plans in efforts to continue to provide services to this population but fear that it will be necessary to make programmatic cuts as a result of these budget cuts.

To address the increased demand for semi-independent living beds, PSA expanded the number of available beds from 68 to 72. PSA continues to monitor bed capacity of our supported living program and maintained an 88% bed capacity. According to the data there appears to be more vacancies at our Phoenix location compared to our Tempe location. Reasons for this are in part due to the referral process being controlled by the RBHA. To address this potential barrier, PSA continues to work with the RBHA to



communicate available vacancies and discuss appropriateness of referrals based on the level of care provided.

PSA has continued to monitor appointment wait times (15 minutes or less) and timeline from date of referral to intake (7 days) to ensure compliance with the established standards of 95% for wait times and 85% for intakes. The table below illustrates our compliance with targeted thresholds.

Program	Wait time	Intake
Outpatient	91%	41%
Supported Living	91%	65%

One of the factors that influenced our outpatient program intake wait times was data collection, in that only nine months of data was collected and for the months of May and June we were at capacity and unable to accept referrals. Both of these barriers have been resolved in the delegation of one support staff to track all referrals and intakes and by hiring one part time therapist. Barriers identified for our supported living program intakes are lack of data collection for the Tempe SIL/PAH location and a new requirement at one of the apartment complexes to complete background checks on new clients which requires clients to pay a \$40 fee and have a photo identification. To address these barriers PSA is working with staff to ensure there is data collection, increased communication with the RBHA to ensure complete referral packets and the importance of timely completing information to process necessary housing paperwork requirements. PSA has addressed wait time compliance by implementing a centralized appointment scheduling with the new Credible software and greater emphasis on set schedules.

There are a couple of continuous program access and community integration barriers. One barrier is that clients remain too long in our programs due to lack of alternative programs and independent housing in the community. To address this barrier in our Art Awakenings program, the Next Step program was incorporated to allow for artists to move out into the community with the ultimate goal of an artist run studio/gallery. In addition, approximately 20 client artists are employed as Studio Assistants and the artists work is regularly hung at local galleries and up for consignment/purchase; both of which encourage and promote greater community integration. Another barrier is difficulty in obtaining current client documentation from our referral sources. To address these barriers and improve program access and community integration within all of our programs, PSA continues to work with our referral sources.

In an effort to incorporate client suggestions and monitor client satisfaction, during the 1st Quarter of 2009, Quality Management oversaw the administration of the first PSA Client Satisfaction Survey to gather input from the people who receive services



throughout our Agency, to improve satisfaction and publish the results for all stakeholders. In addition, suggestion boxes were designed by clients and placed at each site. Suggestions are brought to the Executive Management team for recommendations and the Site Directors provide information to the clients on the outcome. Each site also holds community meetings, which allow for the clients to discuss any issues, suggestions they may have.

To ensure the physical environment is healthy and safe, two ADA accessibility surveys were completed in the last fiscal year to determine if PSA’s facilities met ADA requirements within 5%. Results of the first survey completed in December 2008 indicated the agency was 9% out of compliance. Results of the second survey indicated our non-compliance has improved with a 6% rate of non-compliance. Based on these findings, PSA worked to resolve the majority of the physical/architectural barriers with the exception of several that we were unable to resolve due to not owning the building(s). In addition, each site has had the required external safety inspections with 100% compliance, drills were scheduled and completed, and monthly site safety surveys were conducted by the Site Safety representatives.

PSA continues to employ several staff who speak Spanish and all staff have accessibility to the language line to ensure communication between parties. PSA also purchased a TTY machine which is available at our main location and trained all supervisors on how to use the device. To assist clients with transportation each site has a van, all of which are equipped with necessary safety devices.

No employment barriers have been identified during the last year and all transportation barriers have been resolved.

**Board Assessment**

In May 2009, the Board completed a survey rating their impressions of the PSA’s achievement level on a scale from good to poor on the following areas: community integration services, community involvement, cultural competency/diversity, family empowerment, client empowerment, fundraising, fiscal diversity, staff development, board leadership and information sharing. Of the eight board members, five completed the survey. Results are illustrated in the below table:

Area	Good	Fair	Poor
Community integration services	5		
Community involvement	4	1	
Cultural competency/Diversity	3	2	
Family empowerment	2	2	
Client empowerment	4	1	
Fundraising	1	1	3
Fiscal diversity	2	1	1



People/ Service/ Action

Staff development	4	1	
Board leadership	1	3	1
Information sharing	5		

As indicated by the results, PSA is doing a good job in several areas with some areas for improvement. In 2009, the National Alliance on Mental Illness (NAMI) published a report card for each state based on health promotion and measurement, financing and core treatment/recovery services, consumer and family empowerment and community integration and social inclusion. Three years prior, Arizona received a D and most recently received an overall grade of a C. One of the areas recognized as needing improvement per the report by NAMI was community integration and social inclusion (Az grade of a C). In comparison, based on the report from our Board members, community integration is an area that PSA is doing a good job at. An area that PSA appears to be consistent with the State of Arizona is on family and consumer empowerment (Az grade of B). According to the survey, the Board reported PSA does a good job at promoting client empowerment with mixed results on family empowerment. PSA appears to be a bit lower than the state (Az; grade of B) regarding financing with a mixed and a poor perception rating on fundraising.

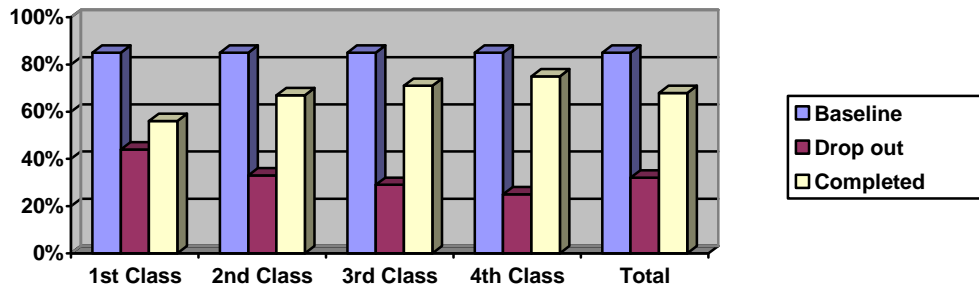
PSA has designated several strategic goals for the upcoming year around fiscal solubility as well as board diversification to address areas reported by the Board that can be improved.

### Recovery and Peer Support

One of the main goals of the recovery department is to monitor the number of peers involved in peer support training and activities; to increase the number of people graduating from PSA peer training. During the last year, four peer trainings were completed. The following table and graph illustrates the details of these four trainings.

Training	Hours of Training Completed	Number of Participants	% Graduating
1	72	9	56%
2a*	65	5	60%
2b**	65	10	70%
4	60	6	67%
5	60	12	76%

Note: \* Tempe, \*\* PSA North



A barrier identified in recruiting trainees has been the lack of peers wanting to make a commitment to complete the 60 hours requirement for graduation, certification and follow through. In the four groups there was a 30% drop out rate.

Another barrier identified is a lack of recovery skill. Of the individuals who completed training sessions two and three, 2 are working as peer support specialists. Unfortunately, the largest barrier in successfully being employed as a peer support specialist is the lack of readily available work in the field.

To address these barriers, the following are recommended:

- Encourage peers to take advantage of recovery education such as WRAP which available at the clinics.
- Offer workshops aimed at increasing opportunities for recovery education for clients and staff.
- Include a 20 hour training offering specific training geared toward finding employment.
- Offer peer support training as both a means to learn the skills necessary to do peer support and a way to improve personal recovery skills if the person is not interested in seeking employment (one of the major outcomes of the peer support training is the personal growth shown by all the participants).

To enhance staff knowledge of recovery practices and increase recovery oriented attitudes and practices, PSA conducts quarterly trainings. During this fiscal year, two trainings were conducted, one with PSA north staff and the second with Art Awakenings staff. The largest barrier found related to staff knowledge of recovery practices is resistance to change. To address this barrier, PSA will continue to model recovery principles, provide training and workshops to staff, clients and families, build the number of peer staff and resurvey individuals as determined to assess the impact of the trainings/workshops and determine modifications if needed.

### **Cultural Diversity**

This year, PSA completed the Arizona Department of Behavioral Health and RHBA Organizational Self Assessment of Cultural Competence Activities, a cultural



competency state requirement. Results of the self assessment indicated PSA was in 100% compliance. Though in full compliance per State standards, one area identified as needing to be addressed is for a member from the peer, family and deaf community to participate in the Cultural Competency Committee.

To meet the overall goal of providing unbiased care and valuing the role culture and language can play in a person's health and well being PSA strives to ensure all new hire staff attend cultural competency trainings within ninety days of hire. During the fiscal year, 100% of new hires attended and completed the cultural competency training (8 hours of clinical and 4 hours of non-clinical) within ninety days of hire. To ensure cultural competency throughout the agency, the Cultural Competence Committee is working with our Human Resources department on the evaluation and performance appraisals of senior staff and with the Quality Management department in designing and implementation of cultural competency chart audits.

PSA has also implemented a cultural competency brown bag lunch speaker series and hosted the following sessions: best practices for counseling African American clients, counseling LGBTQ clients. In addition, the agency co-sponsored the 4<sup>th</sup> Annual Cesar Chavez Behavioral Health Conference, staff has presented at conferences on providing and implementing cultural competent services and our Director of Diversity was appointed as a member of the Maricopa Community College System Hispanic Advisory Committee.

Another aspect of culturally competent care is the ability to effectively utilize interpreters for limited English speaking (LEP) clients. To ensure staff is aware and can successfully access telephonic assistance, PSA offers trainings to staff and monitors staff that needs to complete the training. During the fiscal year, our compliance rate was 60% which was significantly greater than our baseline status of 19%.

In the last year, PSA has experienced some reduction in bi-lingual staff which has created a barrier in translating clinical documents and activity notes in Spanish for clients whose primary language is Spanish. PSA is currently in process of identifying other staff who can provide assistance at locations where needed, as well as external agencies who can provide these services.

## **Quality Management**

During the FY 2008-2009, data validation was moved under the Quality Management department from Finance. As a result, the focus and efficiency has improved and the results are more useful in reporting and preventing documentation errors. Since the beginning of 2009, a percentage of all billable encounters were reviewed and tracked for accuracy, in order to minimize claim errors. The percentage of errors for all claims reviewed was targeted at fewer than 5%. The average for this interval was 4%. In order to improve the percentage of data validation corrections that are completed in a timely manner, PSA began to track and evaluate this data in 2009. PSA has established that 95%



of all data validation corrections will be made within 14 days, or less, after identification. The average for this interval was 53%.

The data validation error rate has been consistently below the target threshold but will continue as an outcome measure due to its vitality to the financial well being for the organization. One area for improvement is reducing the time between documentation completion and data validation review. This has traditionally been about 2-3 months behind, due to data validation being completed on the back end of billing. While this time frame has been minimized over the course of data collection, Quality Management and Billing are now exploring the ability for data validation to occur between documentation and billing the completed encounters. We will also need to re-evaluate how error rates are assessed with the ability to correct at time of identification

Timely data validation corrections continue to be an area for focused attention. The percentages have shown fluctuation throughout the months and can sometimes be misleading. If the number of audits requiring corrections is low, then even one or two that fall outside of the 14 day timeframe can dramatically affect the results. Another factor was results being reported to front line or support staff without apprising departmental supervisors, either at the time of audit, or when corrections exceeded the established timeframe. Greater emphasis has been placed on timely corrections and this is now monitored by the Director of Quality Management, in coordination with departmental supervisors.

Agency-wide audits were completed on essential clinical documentation following an established deadline for all paperwork to be current as of June 1, 2009. Quarterly site audits are scheduled for the entire year to ensure adequate schedule planning for the auditors and service locations. All audit results are formatted so that the receiving location can indicate their Plan of Action to fix the identified issue and indicate steps for future prevention. These plans are returned to Quality Management within 14 days of the receipt of audit results. These efforts have provided staff with accurate tracking information and identified areas for improvement to increase performance and accountability.

Beginning in 2009, data began to be formally collected in an effort to maximize a client's knowledge of their rights. PSA wants to ensure there is documentation to evidence that 95% of enrolled clients are informed of their rights at the time of intake, and annually thereafter. The average for this interval was 48%, for records audited by Quality Management during quarterly site audits (not entire enrollment) and 100% admin audit for updated paperwork. Client Rights review and acknowledgement is an outcome that is newly tracked during 2009. Previously, all rights were only reviewed during intake and only rights for grievance and appeals were being reviewed annually. After the 1<sup>st</sup> quarter, an annual Rights Acknowledgement form was created to document the successful review of each person's rights, at least annually. Prior to that time, the only data was from the quarterly site audits conducted by Quality Management, and pertained to grievance and appeals information.



## **Data Collection and Analysis**

Data collection occurs in several departments of the organization including Risk Management, Quality Management, Finance, Clinical Services, Human Resources and Billing/Data Validation. See the attached outcome measure worksheet for detailed information for FY 2008-2009 outcome measure, targeted goal at each time of measure and percent compliance with designated threshold.

## **Human Resources**

This year the HR Department implemented an anonymous staff survey that is easily accessible online through Survey Monkey to allow staff to provide feedback in an anonymous fashion. Unfortunately to date, we have had limited feedback from staff. PSA will continue to offer this forum, provide staff information on how to access and encourage staff to give their input.

A new payroll/HR software (ADP) was implemented on October 1, 2008, which has assisted the HR department in tracking staff information, payroll, time-off requests, hiring status, etc. To help streamline and expedite job candidates the HR department has also updated recruiting tools online, decreased the turnaround time on background checks and worked to ensure job announcements are consistent with job requirements and strived to have all documentation provided the first day of employment. In addition, HR tracks the staff count to help reduce utilization of temporary staff which has resulted in an 87% decrease this year.

Compliance with licensure HR file requirements has fluctuated from a low of 52% to a high of 92% during this last year. Current staff credentials have been at an average of 89.8% which is no more than 10% off from the targeted threshold. The fluctuation in findings may in part be due to a back up of documentation reviews and staff notifications due to staff being out of the office on vacation. To improve year to date ratings, the HR department will implement alternative avenues of communicating out of compliance documents to staff, report overdue documents at executive and operational meetings and continue to monitor on a consistent basis.

To improve compliance with required Clinical supervision hours, a new performance improvement plan was implemented last quarter and as a result 90% of direct service staff had received the required amount of supervision and in the months of May and June, 100% of all staff had received the required amount of clinical supervision.

## **Training**

In prior years PSA has had erratic success in ensuring all new staff completes the New Hire Orientation within the first thirty days for various reasons. To increase compliance with the goal of ensuring new staff received the necessary training, PSA implemented



several strategies to include expanding the timeline for total completion. As a result of these focused efforts we were in 100% compliance as of year-end.

Ongoing training is an important aspect to ensuring staff is well educated on changing behavioral health interventions and agency procedures. PSA has consistently achieved the goal of 10% compliance in providing facilitated trainings with a high of 43% for the month of June. In ensuring overall training requirements, data indicated 92% of staff was in full compliance with their annual training requirements.

### **Information Technology**

A large achievement for the PSA's IT department during this last year was the implementation of the new Electronic Clinical Record software called Credible. In addition, we ensured all staff was fully trained and using the software by March 1, 2009 and that each site had a super-user to provide hands on assistance as needed.

The software has assisted the agency with ongoing data reporting, auditing, tracking, and staff productivity and efficiency. Some minor barriers have occurred as we adjust and learn how the software works. Some of the barriers include, deciding what we want to track and getting the information into the system. There has also been some time delay with the vendor in processing our requests for creating and updating forms.

The quarterly IT Surveys were helpful in identifying the agency's technology wants, needs, and overall satisfaction with the IT department. Data from the survey's indicated that internet and software training was requested and or needed by agency staff. In response, several internet and software trainings were offered during the year for agency staff. PSA also purchased a fax server for the HR department to help increase efficiency and reduce paper. Computers were also placed at each site for clients to use. In FY 2009-2010, the IT Survey will be distributed bi-annual, due to the data being redundant on a quarterly basis.

Illient Helpdesk Software has been helpful with tracking time and efficiency of the IT department, as well as asset management. The software has also allowed for remote control of off -site computers saving time and money for the agency. All baselines have been met for the year on closing unresolved help desk inquires in a timely manner.

Several staff computers and laptops were upgraded during FY 08-09 increasing staff productivity and efficiency. The SMS software has been installed and training has been provided to the IT department with the goal of implementation of SMS during FY 09-10. We upgraded our antivirus software from McAfee to Norton antivirus to provide additional coverage to our servers. Due to funding constraints, we opted not to upgrade software to Microsoft 2007 and to not install a VPN point to point at the downtown studio.



The PSA and Art Awakenings websites continued to be updated and improved throughout the year and we are now offering several features to the websites including past and current events, photos, staff and artist biographies, and employee links.

### **Risk Management/Corporate Compliance**

One attitudinal barrier identified in the last year was HIPPA related with staff discussing client information in hallways and open areas. To address this barrier, all staff has been retrained on HIPPA and regular monitoring is occurring. Currently, PSA staff can send protected information internally but are still not able to send information externally. To address this barrier we are exploring the purchase of an encrypted email system. Additional activities completed to help improve compliance were the review of all policies and procedures to align with agency's practices and the development/implementation of a corporate compliance plan. Lastly, a recipient handbook was developed and distributed to inform clients of necessary program information and their rights.

Critical Incident Reports are tracked with an objective of maximizing the accuracy and timeliness of incident/accident reporting. Accuracy is determined by whether or not a report needs to be returned for corrections prior to submission. The established timeliness threshold established is that 95% of all Critical Incident/Accident Reports will be completed accurately and sent to oversight agencies within 48hrs of notification. The average for this twelve month interval was 48%. Until February, the process for turning in Critical Incident/Accident Reports was more cumbersome. Front line and supervisory staff lacked directed training on correctly completing the reports with sufficiently detailed information, and reports were often returned for content/completion issues. The reports were going from front line to their supervisor, to the Clinical Director, to the Director of Quality Management. Supervisory staff was subsequently provided with ongoing training during Clinical Quality Management Committee Meeting(s); the Clinical Directors assumed final review responsibilities for the reports, and some timeframes were amended in the revised policy and procedures, in an effort to streamline the review process. Going forward, we will begin evaluating outcomes on numbers rather than percentages since the total number is generally few and the percentage rate can be misleading. In the next year, a trend analysis will be conducted for all internal incidents/accidents.

The only type of Emergency Evacuation monitored for 2008, were fire drills. Beginning in 2009, in an effort to be more comprehensive in our safety drilling, all licensed locations initiated evacuation for an expanded number of emergencies to include: fire, utility failure, medical emergency, natural disaster, bomb threat, violent or threatening situation, and vehicle. Fire inspections are to be completed quarterly to maintain compliance with state licensure and the other types are drilled on an annual basis. Each location has a schedule for each type of evacuation drill to ensure timely completion. The risk management department also plans to expand safety drills to include all types of emergencies and at all locations not just licensed facilities in the next year.



In the last fiscal year PSA submitted a total of six insurance claims as illustrated in the table below.

Type of Claim	Number	Percentage
Auto related (accidents, damage)	4	67%
Theft and property damage	1	17%
Other liability	1	17%
Total	6	100%

Based on data from last year, we saw a reduction in claims by 65% compared to last year. This reduction in the number of claims may be due to changes in policies and procedures related to vehicle safety and non-smoking rule enforcement in dwellings. To reduce property theft, PSA now requires the gates to the North office be locked after 6:00 p.m.

In addition, vehicle inspections are completed monthly and data was formally collected during 2008 to ensure compliance with established threshold of 2% of vehicles not meeting safety compliance. This was reported on a quarterly basis and the average while it was collected was 3%.

Beginning in January 2009, data on auto insurance and motor vehicle reports began to be formally collected in an effort to increase Human Resource verifications of an employee's ability to safely drive in any capacity for the company. The established standard is that 95% of all audited HR files will contain verification of current employee auto insurance and acceptable MVR. The average for this interval was 85%.

## **Finance**

PSA experienced budget cuts from the RHBA during this last fiscal year which resulted in revisions to the FY 2008-2009 budget, staff layoffs and the need to implement other cost saving initiatives which have been highlighted throughout this report. Despite the financial environment, PSA has been able to stay within the 10% budget versus actual goal. Unfortunately, continued funding cuts are expected next year of at least 5%. In effort to be pro-active, PSA will freeze all pay increases beginning July 2009. If funding cuts exceed 5%, a two week work furlough may be enforced for salaried employees earning more than \$50,000 to help prevent more staff layoffs.

Financially viable efforts conducted this year include a worker's compensation audit which resulted in PSA receiving an approximate credit of \$9,000. The finance department also successfully reconciled employee benefit accounts saving a significant amount of funds and increased internal communication and with external sources to ensure current and obtain past due rental funds.

## Accomplishments

The previous pages refer to activities implemented to improve PSA as an agency, identified barriers and highlighted some of the accomplishments that have occurred over the last year. The following is a comprehensive list of specific accomplishments for PSA over the last fiscal year.

- Obtained CARF accreditation (Supportive Living, Outpatient and three Art Awakenings programs).
- Improved client documentation (current and content).
- Implemented program evaluation mechanism and tracked designated program outcomes, reported barriers and improvement initiatives throughout PSA's programs and agency departments.
- Maintained fiscal solvency despite increased budget cuts from the State of Arizona
- Hired new staff and maintained momentum through staff changes.
- Added new Board Members increasing Board diversification.
- Expanded children's services in Maricopa County.
- Increased visibility and awareness of PSA in the community (Art Awakenings, ASU, Kerr Conference Center, news articles).
- Increased Supportive Living capacity by four beds.
- Opened the Art Awakening First Step studio and incorporated the Next Step program.
- Began Art Awakenings "Advisory Board".
- Art Awakenings implemented the Transformational Model. This is a tiered model that clearly delineates the acquisition of knowledge, personal and professional growth, as well as a path for movement along the continuum toward graduation and community integration.
- Opened the Wellness Center.
- Developed and implemented client handbooks and a new artist handbook at Art Awakenings.
- Conducted four peer support trainings.
- Ensured all new hires completed new hire orientation within 30 days of their date of hire.
- Reviewed, revised and condensed the agency's policies and procedures.
- Increased efforts to ensure compliance with client right statutes.
- Tracked billable encounters to ensure accuracy and reduce claim errors.
- Completed two semi-annual ADA survey inspections.
- Formally collected auto and motor vehicle reports to increase verification of staff ability to safely drive for the agency to reduce submitted claims.
- Expanded the type of emergency evacuations at all licensed sites.
- Implemented Credible, our new web-based clinical software.
- Upgraded the anti-virus system.
- Provided supervisor training on TTY services for the hearing impaired.



- Re-investment into co-occurring programming.
- All HR files were scanned electronically.
- Initiated off-site medical record storage.
- New roof on PSA Northern building.
- “Friends of Art Awakenings” established for fundraising.
- Client, Staff and Board surveys completed.
- Annual Critical Analysis Review completed.
- Participated in Provider Network transformation for the SMI clients in Maricopa County.
- Added client/artist computers at all locations.
- Met 14 CLAS standards.
- Purchased cell phones for all houses and vehicles for safety.
- Completed annual insurance review.
- Upgraded flooring from carpet to cleanable surface.
- Boutique added at the Phoenix Art Awakenings studio.
- Added a Studio apartment in Tempe for staff to meet with clients and complete groups at apt complex.
- Added PT therapist to provide counseling at Tempe location.
- Monthly Cultural Awareness presentations for staff and clients.
- Suggestion boxes at each location with response from management.

### **Goals for 2009-2010**

- CARF three year accreditation – November 2009
- Proactively address anticipated funding cuts of up to 5% or more – January 2010
- Enhance Supportive Living program by becoming Dual Diagnosed Capable – June 2010
- Expand child and family therapy in Maricopa County – January 2010
- Establish a transition art studio for young adults ages 16-24 – October 2009
- Expand children’s services in Southern Arizona – October 2009
- Establish two new funding sources, one being non-RHBA – January 2010
- Purchase six replacement air conditioning units for the Christy Apartments by November 2009.
- Create additional class coding in the financial reporting data base for easier and more efficient tracking – September 2010
- Increase the percentage of clients engaged in community activities – September 2010
- Enhance staff competency in the principles and practice of recovery – September 2010
- Complete SMS implementation and deployment – December 2009
- Upgrade workstations to Microsoft Office 2007 – April 2010



- Identify focus topics and conduct audits within specific timeframes to enhance the quality management of our clinical records – September 2010
- Explore data validation monitoring to enhance encounter accuracy and timeliness – September 2009.
- Complete a comprehensive agency-wide risk assessment – September 2010
- Develop and implement staff training schedule – September 2009
- Completion of the Myrtle housing rebuild project - October 2009
- Finalize and implement the Executive Director succession plan – June 2010
- Increase the number of Board members – January 2010
- Hire an additional peer support staff member – October 2009
- Begin services at the Next Step program – October 2009
- Annual survey of Art Awakenings program – September 2009