

FY20 Program Performance Indicators
 St. Clair County CMH
 Blue Water Developmental Housing
 Hayes (305), Maple (300), Oakleaf (308), Semi-Independent (Colorado)(307), Springborn (302), Stoneybrook (303) & Thornhill (309)

#	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.)				Report Submitted 4Q	
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 Reported 4Q	Customer Satisfaction Reported 4Q	Customer Satisfaction Reported 4Q	Customer Satisfaction Report Submitted 4Q	
				Guardian Satisfaction Survey to be administered by either St. Clair County CMH QI Office per contract agency via contract requirements.		Guardian Satisfaction Reported 4Q	Guardian Satisfaction Reported 4Q	Guardian Satisfaction Reported 4Q	Customer Satisfaction Report Submitted 4Q	
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 final results to the program and request a Plan of Correction if needed.						
			a. Recipient Rights (Initial) (within 30 days of hire)		100% (# of #)	100% (4)	100% (4)	100% (1)	(3 @100%) 1 delay due to COVID	
			b. Items required to be completed prior to hire (e.g. "REQUIREMENTS": Background Check, Driver's License, etc.)		100% (# of #)	100% (4)	95% (3@100%) (1@80%) POC Needed	100% (1)	100% (4)	
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 final results to the program and request a Plan of Correction if needed.	100% (# of #)	95% (1@100%) (1@89%) (3@N/A) POC Received	100% (4)	NOT requested due to COVID-19	NOT requested due to COVID-19	

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)	93% (2@100%) (1@80%) POC Needed	100% (3)	NOT requested due to COVID-19	NOT requested due to COVID-19	
6	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 Submitted 4Q	

#	Plan of Correction (ONLY if PI Standard NOT MET) BWDH Residential (74305 etc.)									
1										
2										
3										
4										
5										
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