

# ANNUAL QUALITY REPORT 2009

June 5, 2009

---

## SOUTHWEST COLORADO MENTAL HEALTH CENTER, INC.

***Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution ...*** Will A. Foster

### **SOUTHWEST COLORADO MENTAL HEALTH CENTER MISSION STATEMENT**

*Southwest Colorado Mental Health Center makes a meaningful difference by delivering the highest quality mental health service to the community in the most appropriate, affordable, educational, and accessible manner.*

### **QUALITY IMPROVEMENT PROGRAM VALUES**

We believe that quality improvement requires a continuous process of evaluating the impact of our programs/services/efforts on the lives of clients, their families, friends and support systems, and the communities in which they live.

The assessment of the impact of our programs/services/efforts requires a joint effort of clients, family members, friends, support systems and community stakeholders.

The structure of our services, their delivery and impact—and hence this plan—is guided by the Center's six core values (see Exhibit A).

### **INTENT OF THE QUALITY IMPROVEMENT PROGRAM**

The intent of the Southwest Colorado Mental Health Center Quality Improvement Program is to objectively and systematically monitor and evaluate the appropriateness and quality of client care, pursue opportunities to continually improve client care, and resolve identified problems. Included in these activities are those risk management functions related to clinical aspects of client care and safety issues. Clients, family members, and local agencies are critical parts of the evaluation of quality improvement activities and are involved in the evaluation of Center services and the design and implementation of best practice initiatives.

### **QUALITY IMPROVEMENT PROGRAM STRUCTURE AND RESPONSIBILITIES**

Southwest Colorado Mental Health Center's Quality Improvement Program is continuous and involves activities under two headings;

- *Identification of Problems and Improvement Opportunities;* and
- *Mechanisms to Improve Quality.*

## IDENTIFICATION OF PROBLEMS AND IMPROVEMENT OPPORTUNITIES

No system can rely upon a single source of input for improvement of service quality. Southwest Colorado Mental Health Center makes use of multiple mechanisms to ensure identification of problem areas of service and opportunities for improvement.

Quality Improvement Steering Committee (QISC). The QISC is the primary mechanism for identification of problem areas and improvement opportunities. In September of 2008 the Executive Vice President of Specialty Behavioral Health assumed the responsibility as the Chair of QISC – replacing the CEO. Though not included at inception, representatives from community agencies, clients and family members have been invited to serve on the QISC. A client representative sits on and is an active member of our QISC.

The QISC meets monthly and reviews, at a minimum, the following:

- a. Progress on prior months' assigned actions/activities
- b. Grievances and appeals (through to resolution)
- c. Critical Incident Reports
- d. New Policies and Procedures for approval
- e. Corporate Compliance Violations, Investigations, and Findings
- f. Standing reports including Access to Service, reports from our BHO QISC/CAUMC, and updates from the Department of Behavioral Health. Additionally, and at irregular intervals, the QISC reviews data provided through our contract with David Lloyd on both the Center and CBHC/Center issues, Value Options quality reports, Community Agency Satisfaction Surveys, record review reports, and such other reports as may, from time to time, be requested or available.
- g. Informal input from clients, staff, or community members
- h. The Center's Annual Quality Report

Customer Service. Southwest Colorado Mental Health Center recognizes that customer service is at the center of quality service and positive client outcomes—making a meaningful difference. The QISC evaluates the Center's performance on the MHSIP Client Satisfaction survey each year. Additionally, in 2008 the Center has established a Secret Shopper Survey and a Snapshot Client Satisfaction Survey which will continue to be implemented on a routine basis.

Record Reviews. To ensure identification of problem areas and opportunities in clinical documentation, the Center's record review team audits 100 records each year with regard to clinical services, documentation and/or medical necessity. Medical Records Staff also audits our records at enrollment to ensure all intake documentation is in the record and accurate. Clinical Supervisors also review the clinical record for accuracy of diagnosis, course of treatment, and quality of documentation each time they review and sign off on a service plan.

Corporate Compliance. It is the policy of Southwest Colorado Mental Health Center, Inc. that all of its business and other practices be conducted at all times in compliance with all applicable laws and regulations of the United States, the State of Colorado, all other applicable local laws and ordinances, as well as the ethical standards/practices of the industry and the Center.

The Board of Directors of the Center, at its regular scheduled meeting on November 15, 2006, adopted the resolution and approved the formal revision of the Corporate Compliance Plan. A Corporate Compliance Committee was formed to review and modify the plan as appropriate. The Plan was approved and adopted by the Board of Directors on January 17, 2007.

The Corporate Compliance Plan serves as a guide to implement this policy of compliance with all applicable standards. The laws, regulations and ethical standards that govern behavioral healthcare are too numerous to list in the Plan. Fundamentally, all parties (as defined below) of the Center are expected to conduct all business activities honestly and fairly. Any form of lying, cheating, or misrepresentation is expressly prohibited.

The Plan applies to all employees, board members, clinical staff, independent contractors, consultants, and any others doing business with the Center. Each employee or contractor is responsible for his or her own conduct in complying with the Plan.

The Plan is distributed to all employees and contractors (to contractors only as requested)<sup>1</sup>. In addition, supplemental data dealing with specific topics may be distributed to employees and/or contractors in certain areas as deemed appropriate. A copy of the entire plan may be found on our website ([www.swcmhc.org](http://www.swcmhc.org)) in the "About Us" section.

The Plan is monitored on a regular basis and reviewed no less than annually by the Corporate Compliance Officer (CO). In coordination with the Deputy Corporate Compliance Officer (DCO) and the Quality Improvement Steering Committee (QISC), the CO may edit the Plan as warranted.

Additional Mechanisms. The Center makes use of additional mechanisms to identify problem areas and opportunities. These include but are not limited to:

- a. *Supervision Structure.* The Center's formal supervision structure makes use of formal lines of responsibility from staff through management. Supervision occurs both regularly and informally in all areas of the operation. Concerns and opportunities for improvement identified by supervisors in the context of supervision are conveyed to the QISC.
- b. *Informal Client Feedback.* The Center has several formal mechanisms for complaints, grievances and appeals related to services. These include a Grievance & Appeals process, the Snapshot Survey and the MHSIP Client Satisfaction Survey. To ensure that no informal communication related to problem areas or opportunities for improvement is lost, all staff are expected to convey all client comments related to services to the QISC.

## **MECHANISMS TO ENSURE CHANGES AND SUPPORT IMPROVED OUTCOMES**

---

<sup>1</sup> The Plan with all current updates is available to all staff in the public folder, and available to everyone on the Center's website, [www.swcmhc.org](http://www.swcmhc.org).

Southwest Colorado Mental Health Center has multiple mechanisms to ensure continual implementation of improvements in care and client outcomes.

Quality Improvement Steering Committee (QISC). The QISC ensures implementation of improvements in care and outcome through:

- a. *Special Topic Work Groups.* Quality Improvement Project Work Groups are established by the QISC to address or investigate specific QI issues. These work groups are project-specific and time limited. In addition they offer staff the opportunity to engage more meaningfully with the Center, increase staff buy-in to continuous QI, improve morale/Center pride, and develop staff leadership and vision.
- b. *Ad Hoc Report Requests.* There are often issues identified through Grievances, Critical Incidents, or staff input that can be addressed immediately and do not require a Work Group. In these instances, an individual or program will be asked to address the problem and provide either a written report to the QISC or verbal report at a subsequent meeting.
- c. Assessment of implementation impacts through:
  - System reports
  - Informal communication to staff and through supervision

Training. The Center supports both in-service and external training opportunities to ensure staff understand policies and procedures and have the skills necessary for their implementation.

- a. The Center provides a menu of training programs through the Essential Learning (*e-Learning*) program.
  - The regular yearly in-service training curriculum (initiated at hire) incorporates many of the courses previously presented through New Employee Orientation and All Staff training days including Blood borne Pathogens, Compliance Issues, Confidentiality and HIPAA, Cultural Diversity, Customer Relations, Deficit Reduction Act Compliance, Environmental Safety, Fire Safety, and Sexual Harassment & Workplace Harassment.
  - Clinical staff has an established, required curriculum to complete at the time of orientation, and then on a continuing education basis, based upon their specific job duties.
  - All staff may also take any of the courses within the *e-Learning* library to further their individual professional development plans. Courses in the *open library* section are designed for licensed professional staff and are eligible for continuing education credits from many credentialing bodies including the American Psychological Association, National Association of Alcohol and Drug Abuse Counselors, National Board of Certified Counselors, and the National Association of Social Workers.
- b. The Center also provides specialty in-service training for staff on new and current policies and procedures as well as skills trainings which contributes to ongoing quality improvement. The Center makes maximum use of the skill sets of internal staff to provide in-service training opportunities for staff. Where skill sets are not present, the Center, from time to time and as need dictates, brings skilled outside trainers to the Center.

- c. The Center includes in its annual budget such sum as is prudent and practical to pay for training opportunities outside of the Center.

Reports. Regular and special data reports available through Qualifacts and other contract services are used by the QISC, management, and supervisors to assess the impact of quality improvement efforts. This includes regular review of the Access to Care Report.

Supervision Structure. The supervision structure of the Center is critical for training, supervision, and follow-up of quality improvement initiatives as appropriate.

**QUALITY IMPROVEMENT ACTIVITIES AND FINDINGS – 2008**

Complaints/Grievances/Appeals. In 2008, the QISC met on 11 occasions. A total of 35 grievances were reviewed in relation to Complaints & Grievances and monitored to their conclusion. This represented a decrease of 6 grievances from the previous year's total of 41. Below is a table listing the Complaints & Grievances by type, and a table identifying the outcome of all complaints/grievances. There were no appeals of decisions around grievances and complaints recorded in 2008.

Type of Complaint or Grievance	Total Number*
Access to Care	2
Clinical Care	16
Customer Service	13
Financial	2
Rights/Legal	6
<b>TOTAL</b>	<b>39**</b>

\*Grievances withdrawn and shifted to OCFA advocacy services – not included in TOTAL

\*\*Three grievances or complaints had more than one type identified

Complaint or Grievance Outcome	Total Number
Satisfactory resolution	23
Corrective action taken and the consumer is unsatisfied	2
Unsubstantiated and consumer is unsatisfied	7
Consumer seeks outside advocacy agency	0
Withdrawn	3
<b>TOTAL</b>	<b>35</b>

The grievances referenced in this report are those which were resolved in calendar year 2008. We continue to invest a great deal of effort in making the complaint and grievance process transparent to both staff and consumers. When a consumer or family member expresses a concern, they are provided the option of speaking to a supervisor, speaking with a consumer advocate, and completing a grievance form. Staff members in all areas of the organization demonstrate a willingness to help consumers initiate this process and actively participate in arriving at solutions. We promote unbiased exploration of each concern from all perspectives

including interviews, review of records, and evaluation of adherence to our policies and procedures. All complaints & grievances are staffed with the Executive VP of Specialty Behavioral Health on a weekly basis.

Complaints and grievances allow the QISC to achieve a higher quality of care by identifying trends, suggesting changes in identified policies and procedures, identifying staff training needs, and addressing holes in our flow of service provision.

#### Critical Incidents.

The total number of Critical Incidents for 2008 was 122, up from 79 in 2007. Fifty one percent of these incidents occurred at the ATU, 31% at Detox, and 18% occurred in an outpatient setting. In 2008 there were five completed suicides, two overdoses and six unanticipated deaths. Medication errors, with varying degrees of severity, remained the highest number of incidents with a total of 31. Thirty incidents occurred at the ATU with one occurring at Detox. Due to the significant increase in medication errors, a special ATU work group explored this issue and implemented various consequences and changes throughout 2008. For further information on these initiatives, see the work group section below.

The next highest number of incidents was 19 illness or injury reports with 12 occurring at the ATU, four in Detox, and three incidents in outpatient. Next highest was property damage totaling 12 incidents, 10 at Detox and two at the ATU. Property damage results at the Detox due to the impulsive & aggressive behavior of Detox clients while still under the influence. Eleven incidences of seizures were reported. Ten seizures occurred at Detox, due to the number of clients who experience active withdrawal symptoms during their stay; and one seizure was reported at the ATU. All seizures required additional medical care.

Five elopements were reported, one being the first time at the ATU where a client went over the fence on the patio. Staff attempted to talk the client back to the unit with no success. He was returned to the unit by CIT officers in a short period of time. Detox had two elopements from outside the unit, and the Cortez office had two incidents of clients eloping while waiting for transport on a hold. Three incidents related to assault of staff/law enforcement were reported at the Detox. Two incidents of self injurious behavior were reported by the ATU, and four incidents of sexual acting out, one at Detox and 3 at the ATU were identified.

The remaining reports were all minimal in risk and did not involve any sentinel events. They included such issues as missing Detox cash, a client being intoxicated on the ATU, and an inadvertent breach of confidentiality, etc.

#### Work Groups and Additional Activities

Early in 2008 an ATU workgroup was assembled to address the rising number of ATU medication errors. The confounding issue here was that the increasing errors were not trending in a manner as to be staff or situation specific. Medication errors were made by a variety of staff in many different situations. A study was conducted to assess medication errors made by the other ATU's in Colorado. SWCMHC's ATU appeared to be in the middle of the group of four programs in numbers of medication errors made. The ATU with the least amount of errors has an enclosed medication administration room, and the medications are primarily administered by an RN. Initially a series of proactive steps to avoid medication errors were developed and agreed to by all ATU staff; however, the follow-up in adhering to these steps was inconsistent and the errors continued. Increased sanctions were initiated with little benefit except for an

increase in staff anxiety around administering medications. The medication cart was moved to a separate room and this proved somewhat helpful, as it removed the process from the open milieu. By December a standardized Medication Administration Procedure with stringent supervisor oversight was proving beneficial. In addition a Shift Change Report Protocol that emphasized medication updates and changes was implemented. A reward incentive was presented to staff for extended time without a medication error, and a construction estimate was sought to support enclosing the back portion of the nurses station to allow for medication administration in a central, distraction free area.

A work group was also initiated to explore the concerns around unattended, non-employee persons having free access to the Columbine Center. A procedure was initiated where all visitors must be escorted beyond the front desk, the mail room door will be closed at all times for confidentiality purposes, and employee photo identification badges were initiated for all Center staff across the region. Identification badges proved helpful for staff not familiar with all employees at their site, in easy recognition of Center staff in all locations, and clear Center identification when interacting in community locations.

Exploration around the use of therapy animals was initiated, and the intent was put forth to introduce having a therapy dog visit the ATU on a regular basis.

The Pandemic Flu Plan underwent additional modifications.

Review and approval of policies and procedures for 2008 diminished significantly with the decision in 2007 to no longer review and approve minor updates to the Center Policies. New policies approved included:

- HB1023 – Lawful Presence
- Use of Non-Psychotropic Medications
- Mandatory TB Testing for Designated Staff
- Sliding Fee Scale Policy

#### Report Reviews

- Annual Quality Improvement Report
- MHS 2008 Mental Health Treatment Program Audit (and Plan of Correction)
- ADAD 2008 Substance Abuse Treatment Program Contract Audit
- MSO 2008 Substance Abuse Treatment Program Audit
- CHN 2008 Mental Health Treatment Program Audit (and Plan of Correction)
- Monthly Access to Care
- Monthly Corporate Compliance Report
- Yearly Review of the Center's Corporate Compliance Plan and strategy for training of management, support and direct services (i.e., all) staff
- The current Disaster and Pandemic Plans (See Exhibit B) are in the staff Public Folders for ease of remote access.
- MHSIP
- Youth Services Survey for Families – 2007
- Secret Shopper Survey Pilot Project
- Snapshot Survey

## **CUSTOMER SERVICE**

Southwest Colorado Mental Health Center recognizes that customer service is at the center of quality service and positive client outcomes. A review of the State implemented MHSIP was conducted. That customer service evaluation reflected substantive improvement in clients' satisfaction with services at Southwest Colorado Mental Health Center. A summary report may be found in EXHIBIT C.

A companion consumer satisfaction survey to the MHSIP, Youth Services Survey for Families – 2007, was also administered to youth and families in 2007 with a report developed on Medicaid youth and families in March of 2008. On the 26 items of this survey, not only did the Center have higher levels of satisfaction than the State average on all but three items (87.5%), but the Center was ranked either highest or second highest in satisfaction on 19 (73%) of the items among the eight CHN mental health center partners.

Internal Evaluation of customer service was a focus in light of the poor response to the web-based Survey Monkey Pilot Survey conducted in the Columbine Center office. Many notices and reminders were given to engage consumers and parents in completing the survey. Possible reasons for poor participation included a lack of incentive, length of survey (approximately 20-30 minutes), long and repetitive questions. A small, Secret Shopper pilot survey was completed in September, and a more detailed Secret Shopper survey is proposed for 2009. An initial Snapshot Survey occurred in December. The Snapshot Survey was developed to obtain real time information from consumers, and the survey was offered to all consumers/parents who presented for services for a period of one week. The survey took 5-7 minutes to complete, was completed anonymously, and dropped in a box in the reception area. For detailed results see Appendix D.

The Center also participated in a pilot study making use of the proposed BHO Outcome Measures for Medicaid consumers (adults, adolescents, and families), which will be used with the implementation of the new Medicaid RFP in 2009. This pilot study began October 1, 2008 and ran through April 2009. No preliminary results have been received at this time.

## **REGULAR REPORTS**

Problem areas and opportunities for improvement are also identified through regular data-based reports designed in the Center's Qualifacts system and through Center contracts with other data providers.

SPQM Reports. Southwest Colorado Mental Health Center contracts directly with David Lloyd and MTM Services for monthly Center data reports, and through the Colorado Behavioral Healthcare Council (CBHC) indirectly with MTM Services for an additional set of data reports. Center reports provide data on service volumes, activities, payers, appointment codes, and staff time, diagnoses and practice variance variables. Reports through CBHC allow the Center to compare its services and performance against the other 16 Colorado mental health centers in terms of payer profiles, ethnicity, age, diagnoses, and gender of clients, service volumes, appointment codes and General Assessment of Functioning (GAF). Crisis Service volumes by time of day allowed us to develop a better Crisis Service staffing pattern. The CBHC reports are providing the Center information on possible ways to serve diagnostic groups more effectively.

These reports are reviewed monthly at an SPQM WebEx meeting. We schedule WebEx presentations by care team—and this has proved remarkably valuable. Care team members consult with David Lloyd on issues relevant to their areas of service delivery. Service volumes,

productivity, practice variances, managing no shows and cancellations and crisis scheduling have all been addressed at these meetings.

Annual Quality Report. The 2009 Annual Quality Report will be reviewed at the QISC meeting on June 24, 2009.

Access to Care Report. Each month we review the Medicaid Access to Care report. Over the course of 2008, all Emergency contacts were made by phone within 15 minutes and in person within 2 hours, consistent with our contractual obligation. And all routine and urgent contacts were also made in the designated time frames. SWCMHC has not had an exception to the Access to Care requirements since April 2007.

#### CHN/QISC Meetings.

- Review of BHO EQRO review
- Follow-up on the five top diagnoses for children/adolescents & adults.
- Analysis of specific treatment populations
- Quality management and care work plan
- Utilization management summary
- Deficit Reduction Act
- Changes to CHN Treatment Guidelines and Levels of Care
- Medicaid RFP prepared and submitted Fall 2008
- Annual BHO Quality Report
- Enhanced Clinical Management Activities

#### **CORPORATE COMPLIANCE**

The Corporate Compliance Officer makes regular quarterly reports to the CEO and Board of Directors. In 2008 there were six violations of our Corporate Compliance Policy:

1. Capitated Medicaid Coverage for Risperdal Consta Injections – no fraud, waste or abuse (FWA) found.
2. Alleged missing client funds of \$40 at the Detox – unit policies not adhered to, client reimbursed, staff on duty placed on performance plan.
3. Center Issued Laptop Stolen – Staff to repay value of laptop. Encryption software installed on all laptops. IT protocols for stolen or lost laptops revised to include changing ECR and network passwords on a prearranged basis. Staff reminder re IT protocols and workflows for securing client identifying information.
4. Client Missing Funds of \$203 at the Detox – client reimbursed, client cash count procedures changed to be performed each shift, security camera purchased and placed in Detox office with a view of the location where client valuables are kept, and improvements made in the ECR around tracking client belongings.
5. Detox staff person “claims” to know who stole money in violation #4 above – Employee responsibility to report suspected violations of the Corporate Compliance Plan was reviewed at the 10/31/08 Detox Staff Meeting.
6. Grant funding paid directly to SWCMHC staff – Employee to pay back \$1500 in stipends over 12 months. Arrangements made to mitigate 1099 implications for staff. Reminder notice sent to staff re. payments received for work performed as a Center employee. MOU developed to cover any future payments under this specific grant.

#### **RECORD REVIEWS**

In 2008 we audited approximately 100 adult and child records for documentation, appropriateness of the service plan, and evidence of appropriate treatment. In addition, we audited 100 Medicare records regarding documentation and medical necessity.

**TRAINING**

The Center supports both in-service and external training opportunities to improve the quality of our services and ensure that staff understand policies and procedures and have the skills necessary for their implementation. Training at the Center begins with Orientation. Orientation is a half day event that provides new employees with an orientation to the Center and exposure to all programs and services. Included in the orientation process are a review of ethical obligations and the Center’s policies and procedures, including a review of our Corporate Compliance Plan.

The Center provided a wide variety of staff training opportunities in 2008, as reflected below:

<b>Name of Training</b>	<b>Presenter</b>
Addictions Counseling Skills (x3) ATU Staff In-service, Food Safety Corporate Compliance CPR, First Aid(ongoing) QMAP Training (monthly) Driving with Care Fire Safety (x2) HIPPA Medical Necessity Update Principles of Addiction Counseling (x2) Cultural Competency ATU Staff In-service, Med Administration Double Trouble in Recovery Parent Child Interaction Therapy (ongoing) Crisis Intervention Team Training (CIT)	Linda Lute, LAC, MAC, Tom Bonde, LCSW San Juan Basin Health Dept. Pat Roy Heart Safe La Plata/American Red Cross Marian Riggert, RN, ATU Center for Impaired Driving Research & Evaluation Durango Fire and Rescue Pam Wise Romero, PhD Clinical Supervisors Stacey Foss, LAC, MAC, Linda Lute, LAC, MAC Lillian Ramey, LCSW, Linda Lute, LAC, MAC Marian Riggert, RN, ATU Linda Lute, LAC, MAC Casie LaMunyon, LPC Lillian Ramey, LCSW, Linda Lute, LAC, MAC, Tom Bonde, LCSW, Maura Doherty, MA
CIT Facilitator Training Detox Training Collaborative Leadership Workshop Collaborative Leadership Training for Clinical Managers Double Trouble NCCBH Conference Colorado Behavioral Healthcare Conference DC 0-3 Training De-escalation Skills (x2) First Time Supervisors DBT (x2) CCAR Training HR Skills Training	Linda Lute, LAC, MAC DBH – Alcohol and Drug Abuse Division Bill Southworth Linda Lute, Tom Bonde, Bob Medearis  Tom Bonde, LCSW, Linda Lute, LAC, MAC NCCBH CBHC DBH Linda Lute, LAC, MAC Fred Pryor Seminars Pam Wise Romero, Stephanie Allred Department of Behavioral Health DAHRM

Western CO Psychiatry Symposium <i>Good to Great</i> Training for Supervisors	West Slope CASA Pam Wise Romero, PhD, Shelly Burke, MPA, Linda Lute, LAC, MAC CMS
CMS Low Income Health Access Open Door Forum	
National Learning Community for Integrated Care 990 Audit/Video Conference	NCCBH NCCBH
Intro to Catalytic Coaching for all staff	Pam Wise Romero, PhD & SWCMHC Staff
Catalytic Coaching for Supervisors	Pam Wise Romero, PhD & SWCMHC Staff
Professional PTO	Molly VanKampen
Rate Adjustment Training	Brent Oliver
Summit Leadership Series	Dolores/Montezuma Community Summit
Peer Specialist Training (Georgia Model)	Ed Knight, PhD
Infectious Diseases	West Slope CASA Training Consortium
Ethics and Jurisprudence	West Slope CASA Training Consortium
Client Record Management	West Slope CASA Training Consortium
Group Counseling Skills	West Slope CASA Training Consortium
Diversity in Treatment Populations (Native American)	West Slope CASA Training Consortium
Pharmacology I	West Slope CASA Training Consortium
Pharmacology II	West Slope CASA Training Consortium
Co-Occurring Disorders	West Slope CASA Training Consortium
Motivational Interviewing	West Slope CASA Training Consortium
Cognitive Behavioral Therapy	West Slope CASA Training Consortium
Advanced Counseling Skills	West Slope CASA Training Consortium
Another Look at Brain Chemistry	West Slope CASA Training Consortium
Therapeutic Resistance	West Slope CASA Training Consortium

**BEST/EVIDENCE BASED PRACTICES**

There continues to be a primary focus in the behavioral health field on providing “best practices” and/or “evidence based practices”. These are treatment approaches which research has shown to have consistent, positive outcomes. However, the definitions of “evidence based” and “best practices” vary on both a state and national level, as well as among our contracting entities. The narrowness of the prescribed practices themselves is sometimes limited, especially for rural applications. Despite these limitations, Southwest Colorado Mental Health Center has initiated the following evidence based practices, a number of what we would consider best practices, and several promising practices:

Evidence Based Practices/Promising Practices

- Supported Housing – through our Valle de Merced partnership with Mercy Housing Southwest
- Matrix Model of Substance Use Disorder Treatment
- Integrated Dual Disorders Treatment (IDDT)
- Driving with Care (DUI Education & Therapy Programs)
- Strategies for Self Improvement and Change (SSC)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Adult Dialectical Behavior Therapy (DBT)
- Adolescent DBT including Parent Group support
- Columbia Model Child Multimodal Therapy

- Televideo Psychiatry – remote televideo linkage to provide increased access to psychiatric evaluation and medication management services
- IMPACT Depression Care Management Program (used in our Integrated Care sites)
- Parent Child Interaction Therapy
- Nurturing Parent Program
- Interface with Crisis Intervention Teams (CIT) of Southwest Colorado – we were the third CIT program in Colorado, and the very first rural CIT program in the Nation.

# EXHIBIT A

## SOUTHWEST COLORADO MENTAL HEALTH CENTER Six Core Values

### ***Making a Meaningful Difference***

The sole purpose of our Center is to support our communities through the full and equal participation of all our residents in the quality of life available here. We do this by *Making a Meaningful Difference* in the lives of those who seek our assistance. The value of *Making a Meaningful Difference* requires that we measure the development of our resources, the delivery of our services, and the organization of our Center against our capacity to *Make a Meaningful Difference*.

It is our responsibility to constantly modify and adapt our resources to make the greatest possible impact on clients, family members of those with a substance abuse problem or mental illness, and those in the community for whom mental illness or substance abuse is limiting their capacity to fully participate in the quality of life.

### ***Supporting Family, Job and Intimate Relationships***

Greater therapeutic impact happens outside of the Center and its resources than within it. Families, job settings, and intimate relationships provide the greatest therapeutic impact and enhance the impact of our service resources. A substantial portion of our resources should be committed to providing this support, which should not be limited to crisis support but should extend to preventive and early interventive support.

### ***Engaging All Clients and Family Members to the Best of Our Ability***

*ALL* persons challenged with a mental illness, their families, and others who work and live with them are our responsibility. Our responsibility extends beyond enrolled clients and enrolled family members.

We have an obligation to the broader community that requires us to work closely with, and serve as a resource for, all aspects of our community, including but not limited to health, public safety, economic development, education, and other human service resources.

Engaging *all* clients and family members to the best of our ability requires a specific commitment to cultural competency and proficiency. This extends beyond minority language expertise to an active effort to make all groups feel comfortable and welcomed. Where possible we will employ staff at all levels with ethnic and cultural backgrounds consistent with those served by our Center. Where this is not feasible, we will make concerted efforts to train and educate our staff so that they may represent and deliver our services in as effective, acceptable and user-friendly a manner as possible.

## ***Client Partnership***

The value of client partnership means that we approach our services with respect for those challenged with a mental illness or substance abuse problem and with respect for their families. We take pride in our resources and their professional application but we recognize that that application must be guided and tailored in partnership with those we serve.

## ***Culture of Change***

Change is not our enemy, nor is it an obstacle. Change is not something we will get past, have settled on, or need to endure. ***Change is our opportunity.***

We will embrace change as the opportunity to make a more meaningful difference. We are the temporary stewards of our Center, its resources and its capacity to serve our community. Staff will change, demands on our system will change, technology will change (note web based applications decreasing center based operations), our community is constantly changing, and our understanding of best practices will change. Only those who accept the constant nature of change and can use it to advantage will thrive in our environment.

## ***Commitment to Excellence***

Excellence is the achievement of outcome making best/most creative use of resources within professional and ethical guidelines. Excellence requires a commitment to the highest professional best practice standards, highest ethical standards, and the integrity to recognize when those standards are not met.

Excellence is not a specific practice, nor a specific application of resources. Excellence is determined by the unique outcome dictated through client/family identification of need, desired outcome, resources and limitations combined in partnership with the application of Center resources brought creatively to bear by staff and staff teams.

Excellence is not to be confused with perfection, which takes no risks. Excellence requires both risk and failure to be achieved.

# EXHIBIT B

## PANDEMIC PLAN CHECKLIST

### Planning Phase

1. Designate pandemic coordinator and team with defined roles and responsibilities
  - a. Disaster Response Coordinator and team are in place with Terry Brown as alternate. Team members, roles and responsibilities may need to be revised for pandemic situation, subject to input from team members and SWCMHC management.
2. Identify services required to meet essential client needs by location and function.
  - a. Emergency Services identified by QISC as priority one.
    - i. Expand ES coverage list with qualified alternative personnel.
    - ii. Train and prepare alternate ES personnel.
3. Investigate steps necessary to access State or Federal emergency aid and funding.
4. Establish reliable sources of pandemic information and mechanism for distributing information to staff and clients.
  - a. SJBHD, American Red Cross, Office of Emergency Management identified as resources
  - b. Disseminate information regarding the prevention of influenza spread, i.e., periods of contagion, social distancing strategies, respiratory and personal hygiene, and prophylaxis.
  - c. Websites: [www.pandemicflu.gov](http://www.pandemicflu.gov) [www.cdc.gov](http://www.cdc.gov)
5. Forecast and allow for employee absences during a pandemic.
  - a. Consider temporary alterations to personnel policy to accommodate illness, family member illness, community containment or quarantines, school and/or business closures and others.
  - b. Consider policy for immediate mandatory sick leave in instances of suspected illness or known exposure.
6. Implement guidelines to modify the frequency and type of face-to-face contact among employees and clients.
  - a. Develop guidelines, infrastructure and training for working at home.
  - b. Develop guidelines for increased home visits and phone consults including medical.
  - c. Stagger employees' work hours (shifts) to minimize contact.
7. Maintain awareness of vaccination availability and priority.
8. Identify employees and clients with special or acute needs.
  - a. Case managers identify clients with limited access or mobility.
9. Set up authorities, triggers and procedures for activating and terminating response plan.
  - a. Recommendation or declaration by SJBHD
  - b. Notification by CEO using snow day call-down list.

### Alert Phase

1. Issue memo to staff advising of alert status and providing information about pandemic preparedness plan and that said plan is in place.
2. Provide sufficient and accessible infection control supplies (e.g., hand-hygiene products, tissues and disposal receptacles) at all business locations.
  - a. Obtain from SJBHD or otherwise as needed.
3. Enhance communications and information technology infrastructures as needed to support employee telecommunicating, working from home and remote client access.

4. Develop and disseminate programs and materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family response strategies (e.g., hand-hygiene, coughing/sneezing etiquette, contingency plans).
  - a. Encourage use of email as means of communication with employees working from home.
  - b. Use of SWCMHC website for timely updates and links to other information sites.
  - c. Anticipate employee fear and anxiety, rumors and misinformation.
  - d. Ensure clear and culturally appropriate communication to clients, with outreach to those who are more remote or isolated or with more acute symptoms.
    - i. Handouts by staff during encounters or group mailings as appropriate.
5. Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share pandemic plans and keep apprised of available resources.
6. Implement community outreach offering complementary services as appropriate or as resources allow.

**Pandemic Period Phase** (attached)

**Recovery Phase**

1. Continue to monitor informational sources for status changes and reoccurrence.
2. Assess impact of pandemic on agency staff and clients and develop recovery model.
3. Continue to position agency to assess and access any state and federal, etc., funding or relief available.

## SWCMHC PANDEMIC PREPAREDNESS WORKPLAN

### **Pandemic Period** (Planning Phase)

The Interpandemic Period includes the first two designated phases of a pandemic, those being:

- Phase 1: No new virus subtypes in humans. Virus subtype that has caused human infection may be present in animals. Risk of human infection is low.
- Phase 2: No new influenza virus subtypes in humans. A circulating animal influenza subtype poses substantial risk of human disease.

<b>Goal # 1: Establish initial planning, response and coordinating mechanisms</b>						
<b>Objective # 1: Establish internal SWCMHC mechanisms for planning and response</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Assessment of current SWCMHC preparedness  Development of appropriate response staff and mechanisms	Disaster Coordinator	Designate Coordinator and team  Assessment of current SWCMHC staff trained in disaster response  Staff training as appropriate or as compliance dictates			
<b>Objective # 2: Establish appropriate interagency and intergovernmental presence</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share pandemic plans and keep apprised of available resources.	Disaster Coordinator  Executive Mgmt	Establish contact with responding agencies and entities throughout service area  Assess current compliance status  Sign Memoranda of Understanding with other responding entities as appropriate  Implement steps necessary to access State and/or Federal aid and funding			

<b>Goal # 2: Develop alternative policies, procedures and practices to be activated in event of pandemic</b>						
<b>Objective # 1: Develop policies, procedures and practices in anticipation of diminished service delivery by SWCMHC</b>						<b>Priority:</b>
<b>Priority</b>	<b>Strategy</b>	<b>Responsible Party</b>	<b>Action Steps</b>	<b>Start Date</b>	<b>Complete Date</b>	<b>Status</b>
	Forecast and allow for employee availability during a pandemic	Disaster Coordinator  Executive Mgmt  Vice Pres. OPT/ES	Identify services and staffing required to meet essential client needs by location and function  Prioritize Services and functions according to level of need and/or expendability, i.e., emergency services and medical services  Cross train staff to fill anticipated absences in high priority services.  Expand high priority coverage lists with qualified alternative personnel  Consider temporary alterations to personnel policy to accommodate illness, family member illness, community containment or quarantines, school and/or business closures and others.			ES has been identified as high priority
	Forecast and allow for diminished services to SWCMHC clients	VP OPT/ES Clinical Dir  Case Mgrs  IT  Front Desk Mgr.	Establish criteria for determining high priority clients  Identify clients with high priority needs  Develop alternative contact mechanisms i.e. phone  Develop alternative treatment venues for less acute clients  Develop mechanisms to decrease frequency of or to cancel appointments according to priority			
	Anticipate the need to scale down or temporarily suspend residential services, Detox, and ATU	Clinical Dir.  Detox & ATU supervisors	Identify alternative treatment venues and services  Respective supervisors/managers to develop plans and procedures.			

	Anticipate shortages of essential supplies, including medication.	Medical Dept supervisors	Assessment and plan by appropriate medical staff.			
	Anticipate need for alternative emergency communication and supervisory structure	Disaster Coordinator Ex Mgmt	Develop emergency in house communication structure  Develop alternate supervisory structure to accommodate absence of supervisory personnel.			
<b>Objective # 2: Develop policies, practices and procedures to minimize potential for spread of infection</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Plan for the need to diminish work place contact and modify the frequency and type of face to face contact	Ex Mgmt Front Desk Department supervisors	Consider policy for immediate mandatory sick leave in instances of suspected illness or known exposure  Develop guidelines, infrastructure and training for working at home  Develop guidelines for increased home visits and phone consults including medical services  Develop guidelines for staggering employees work hours (shifts) to minimize contact			
	Plan for stockpiling or immediate access to Personal Protection Equipment (PPE)	Disaster Coordinator Ex. Mgmt	Prioritize personnel to have access to PPE on the basis of most critical need and likelihood of contact.  Stockpile or have access to enough PPE for 10 people over a period of 6 weeks			
<b>Objective # 3: Develop policies, practices and procedures to maintain adequate revenue and general solvency</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
		CFO				

**Pandemic Alert Period** (Preliminary activation)

The Pandemic Alert Period includes pandemic phases three, four and five:

- Phase 3: Human infection(s) are occurring with a new subtype. No human-to-human spread, or at most rare instances of spread to a close contact.
- Phase 4: Small cluster(s) of human infection with limited human-to-human transmission. Spread is highly localized suggesting that the virus is not well adapted to humans.
- Phase 5: Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans. Virus may not yet be fully transmissible (substantial pandemic risk).

<b>Goal # 1: Contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.</b>						
<b>Objective # 1: Implement appropriate containment measures</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Implement staff and workplace containment measures as appropriate	Ex Mgmt  Dept Supervisors  All Staff	Implement mandatory sick day policy where possibility of exposure or infection exists  Implement guidelines, technology and infrastructure for working at home as situation dictates  Implement guidelines for alternative means of contact such as phone consult  Provide sufficient and accessible infection control supplies and personal protection equipment. (e.g. hand-hygiene products, tissues and disposal receptacles) to staff and clients at all business locations.  Implement guidelines for staggering employees work hours (shifts) to minimize contact			
<b>Objective # 2: Operationalize external and internal communications mechanisms</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Participate in federal, state and local emergency management.	Disaster Coordinator Med staff	Engage in federal and state emergency management structures including Incident Command System (ICS) and National Incident Management System (NIMS) including information and media management			

		Ex and Sr. Mgmt staff as appropriate	Maintain awareness of vaccination availability and priority  Identify, document and report possible cases of infection			
	Implement intensive communications process to include staff, clients and community	CEO  All Mgmt staff  Disaster Coordinator  All Staff  IT staff  Case Mgrs	Issue memo to staff advising of alert status and providing information about pandemic preparedness plan and that said plan is in place  Implement in house emergency communications and supervisory structure.  Establish reliable sources of pandemic information.  Anticipate and monitor fear, rumors, and misinformation and address immediately  Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family response strategies (e.g. hand-hygiene, coughing/sneezing etiquette, contingency plans).  Dedicate portion of website to education/prevention and pandemic updates.  Outreach to clients who are more distanced and isolated or with more acute symptoms.			

**Pandemic Period**

Phase 6: Pandemic is declared. Increased and sustained transmission in the general population.

<b>Goal # 1: Maintain maximum service delivery possible within established safety parameters.</b>						
<b>Objective # 1: All aspects of pandemic plan are fully operationalized</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Implement alternative policies, procedures and practices as established in the Interpandemic and Alert Periods	CEO Ex Mgmt	CEO issues declaration to staff and clients subsequent to declaration by SJBHD and/or Red Cross			
	Continued participation in State, Federal, and local ICS and NIMS	Disaster Coordinator Ex Mgmt CFO	Continue to position agency to access any state and federal, etc funding or relief available.			
<b>Objective # 2: Continue to assess impact of pandemic on agency staff and clients and develop recovery model.</b>						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Situation monitoring	Mgmt staff	Effectiveness of plan and execution monitored by CEO and appropriate staff and adjusted as appropriate Continue to monitor informational sources for status changes and reoccurrence			
	Restore services and staffing as the situation and availability allow	Mgmt staff				

# **Exhibit C**

**2003 – 2007 MHSIP COMPARATIVE EVALUATION  
SOUTHWEST COLORADO MENTAL HEALTH CENTER**

**January 2008**

**Prepared by:**

**Ellis Miller  
Director of Consumer/Family Affairs**

# 2003 – 2007 MHSIP COMPARATIVE EVALUATION

## *Overview of MHSIP Survey*

The Mental Health Statistical Improvement Program (MHSIP) survey is administered yearly by the Colorado Division of Mental Health as part of the 16-State Performance Indicator Pilot and the current Data Infrastructure Grant. Southwest Colorado Mental Health Center has incorporated the MHSIP results as a performance measure in yearly customer service evaluations and work plans as well as the merit bonus system used as a staff incentive.

The MHSIP consumer survey consists of demographic information as well customer satisfaction items which are each rated on a 5-point Likert scale (1-strongly agree to 5-strongly disagree; a “not applicable” option is also included). Until 2005, the survey offered 28 customer satisfaction questions. In 2006, the number of items was increased to 39. The MHSIP is scored along five domains with the survey items applied as follows:

### Consumer Perception of Access

The location of services was convenient.  
Staff was willing to see me as often as I felt it was necessary.  
Staff returned my calls within 24 hours.  
Services were available at times that were good for me.

### **Consumer Perception of Quality/Appropriateness**

***Staff here believes I can grow, change and recover.  
I felt free to complain.  
Staff told me what side effects to watch for.  
Staff respected my wishes about who is, and is not to be given information about my treatment.  
Staff was sensitive to my cultural/ethnic background.  
Staff helped me obtain information so that I could take charge of managing my illness.***

### *Participation in Service/Treatment Planning*

I, not staff, decided my treatment goals.  
I felt comfortable asking questions about my treatment and medication.

### **Consumer Perception of Outcomes**

I deal more effectively with daily problems.  
I am better able to control my life.  
I am better able to deal with crisis.  
I am getting along better with my family.  
I do better in social situations.  
I do better in school and/or work.  
My symptoms are not bothering me as much.

### *General Satisfaction*

I like the services that I received here.  
If I had other choices, I would still get services from this agency.  
I would recommend this agency to a friend or family member.

Note: Fifteen of the 39 items do not factor into any domain. Additionally, one item assesses the perceived provider sensitivity to the cultural/ethnic backgrounds of consumers.

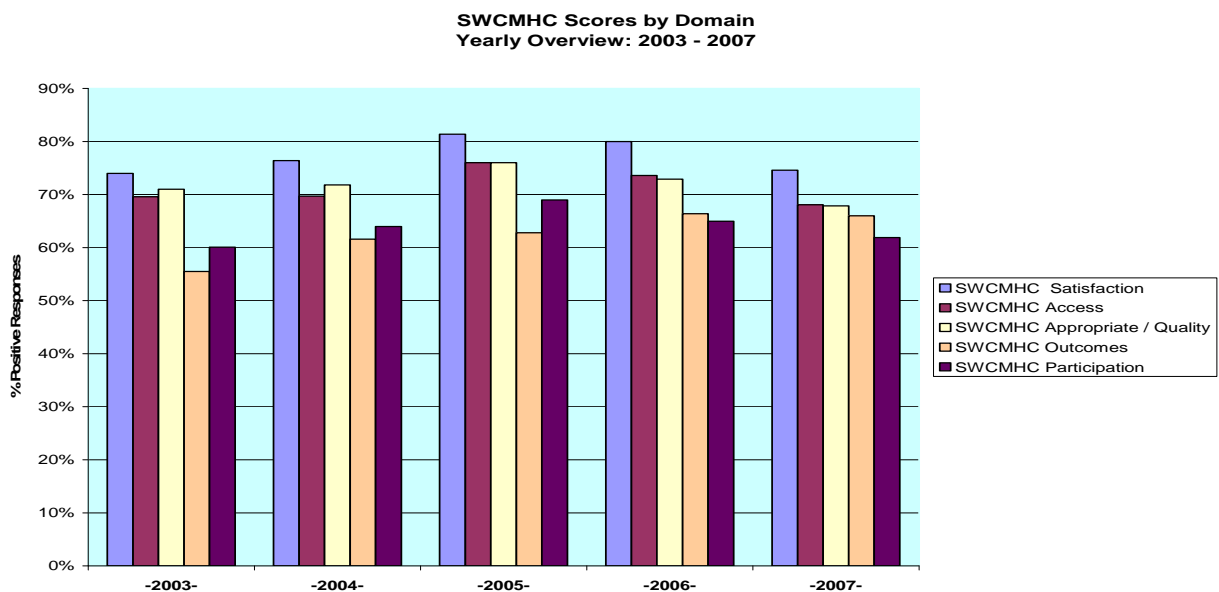
**A Brief Analysis:**

The SWCMHC MHSIP scores reflect various significant events that took place during the time period considered. 1) 2003 marked the full impact of budget cuts at the State level, requiring SWCMHC to reflect those budget cuts operationally. 2) July 2004 marked the beginning of an aggressive customer service effort at the Center paralleling in a rise in MHSIP scores in 2005 to a point exceeding State averages overall and in each individual domain. The 2006 survey results show a drop in the State overall average and across all domains. This trend is echoed by SWCMHC with the exception of the outcomes domain where the SWCMHC score increased by 3.6 %. 2006 SWCMHC MHSIP exceeded state scores in all domains and in the overall average.

According to the 2007 MHSIP Technical Report, “(State) ... agreement percentages did not differ significantly from those reported over the past six years.” Conversely, SWCMHC scores dropped below the state overall average and in each domain with the exception of outcomes where SWCMHC exceeded the state average by 1%. This represents a departure from a four year trend in which SWCMHC scores either improved significantly and/or exceeded state averages in all areas. Several changes implemented by SWCMHC during the subject time frame could be perceived as challenging by consumers and family members. 1) Case Management Services transitioned to a Community Support Services model which is recovery based and asks more active participation by consumers. 2) Some departments and services were reorganized and/or relocated and a disproportionate number of new staff was hired in conjunction with the opening of Crossroads in October of 2006. 3) Stricter policies related to scheduling appointments and no-show fees have been implemented. 4) Telepsychiatry has been implemented at the Cortez and Pagosa Springs locations. Efforts to identify areas that negatively impact customer satisfaction and to support consumers and family members in being more comfortable navigating the challenges are ongoing.

The following charts offer an overview of SWCMHC MHSIP scores and comparisons with State results in overall average scores and each MHSIP domain.

**Chart 1:**



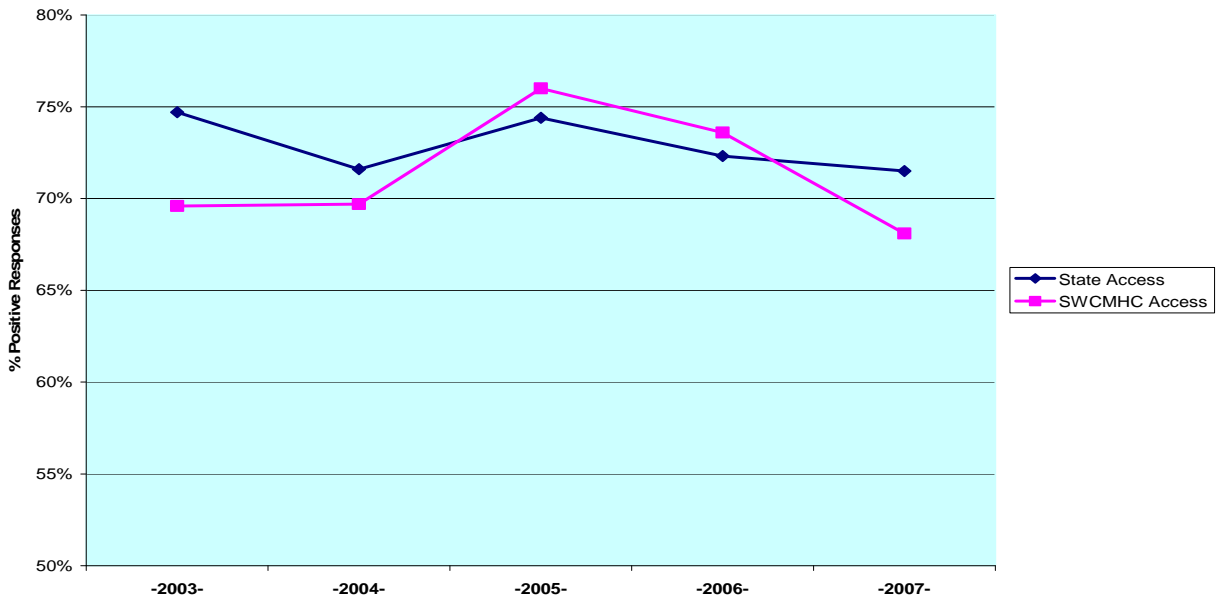
**Chart 2:**

**SWCMHC / State Comparison of Yearly Averages**

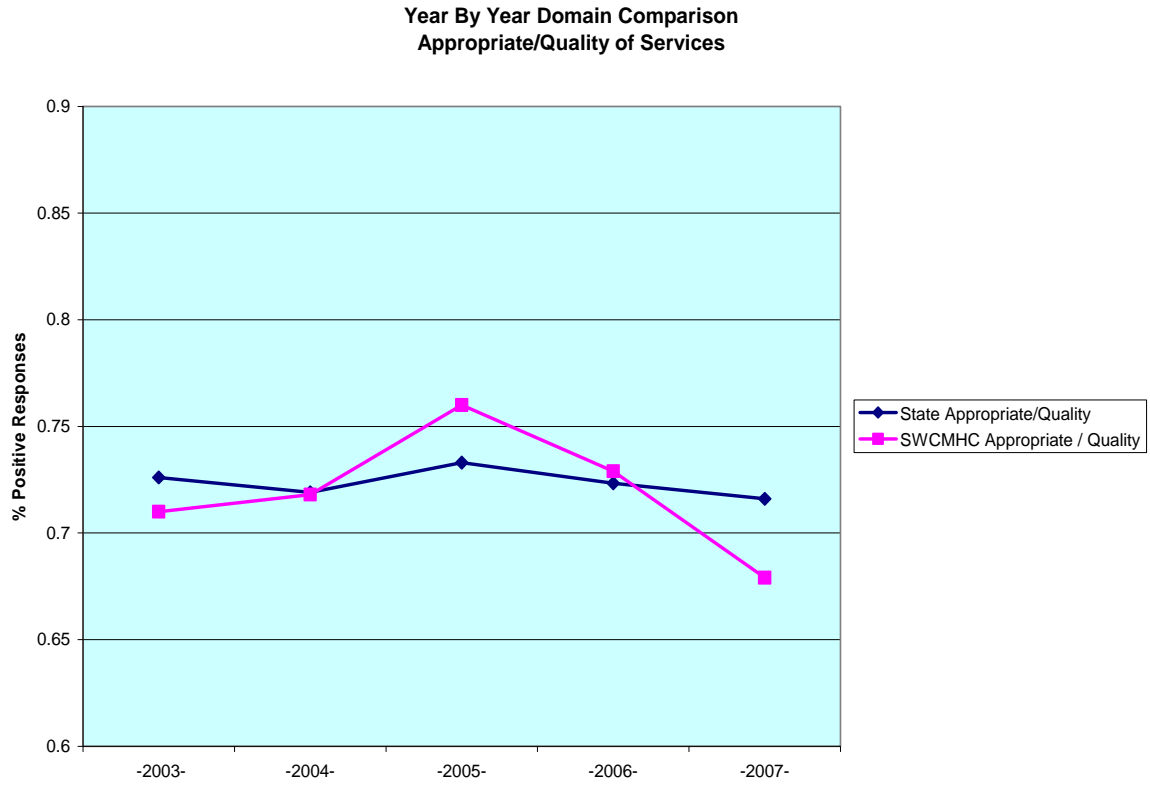


**Chart 3:**

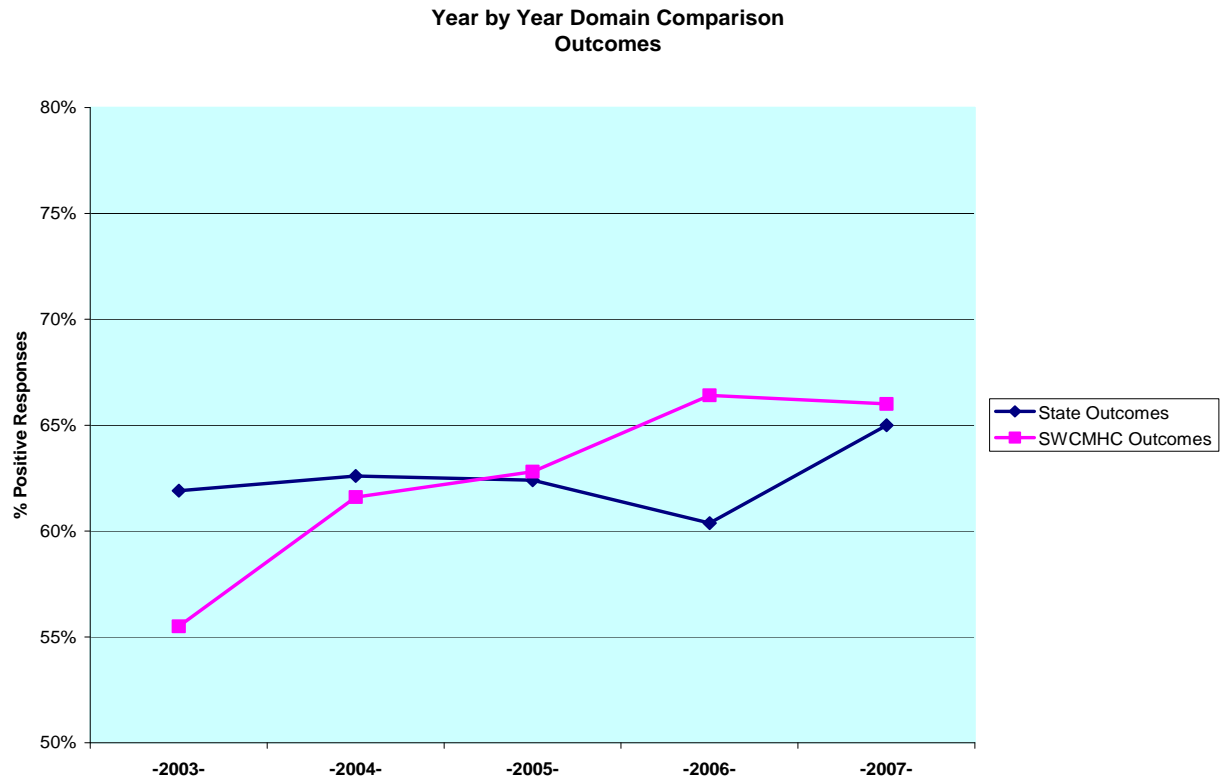
**Year by Year Domain Comparison Access**



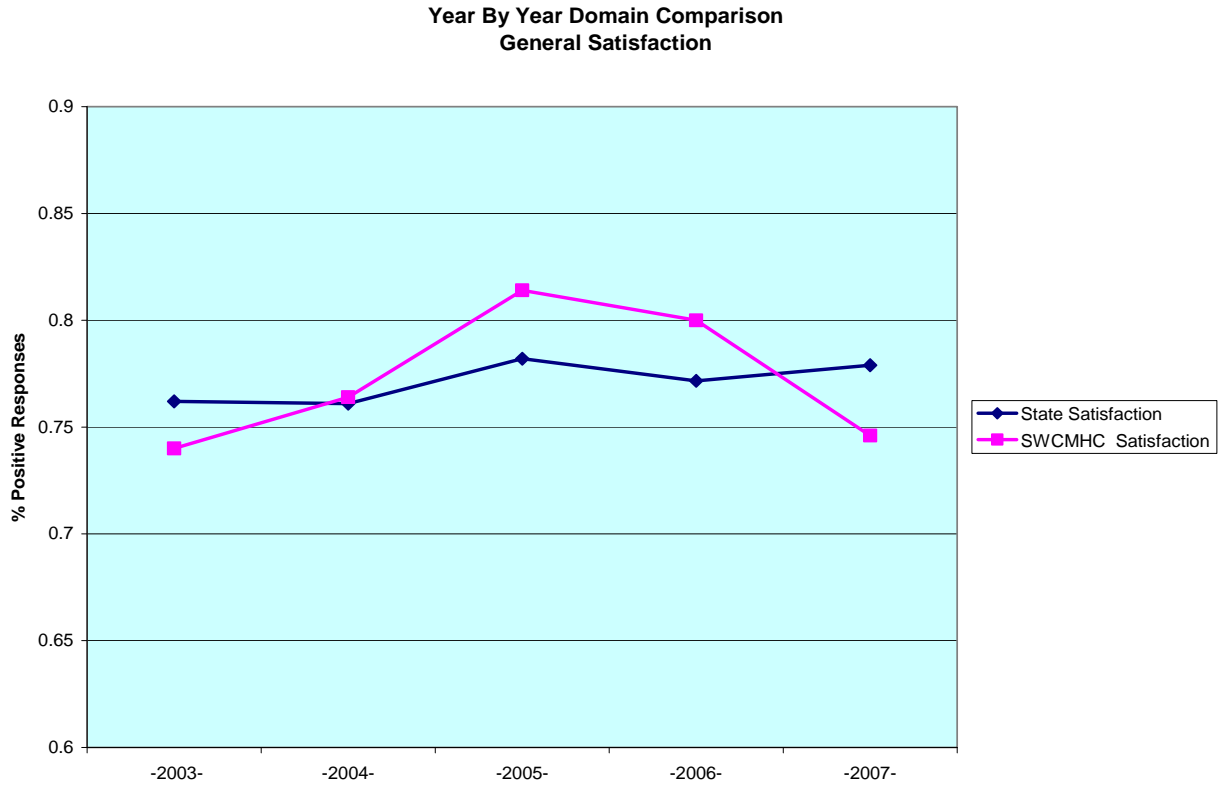
**Chart 4:**



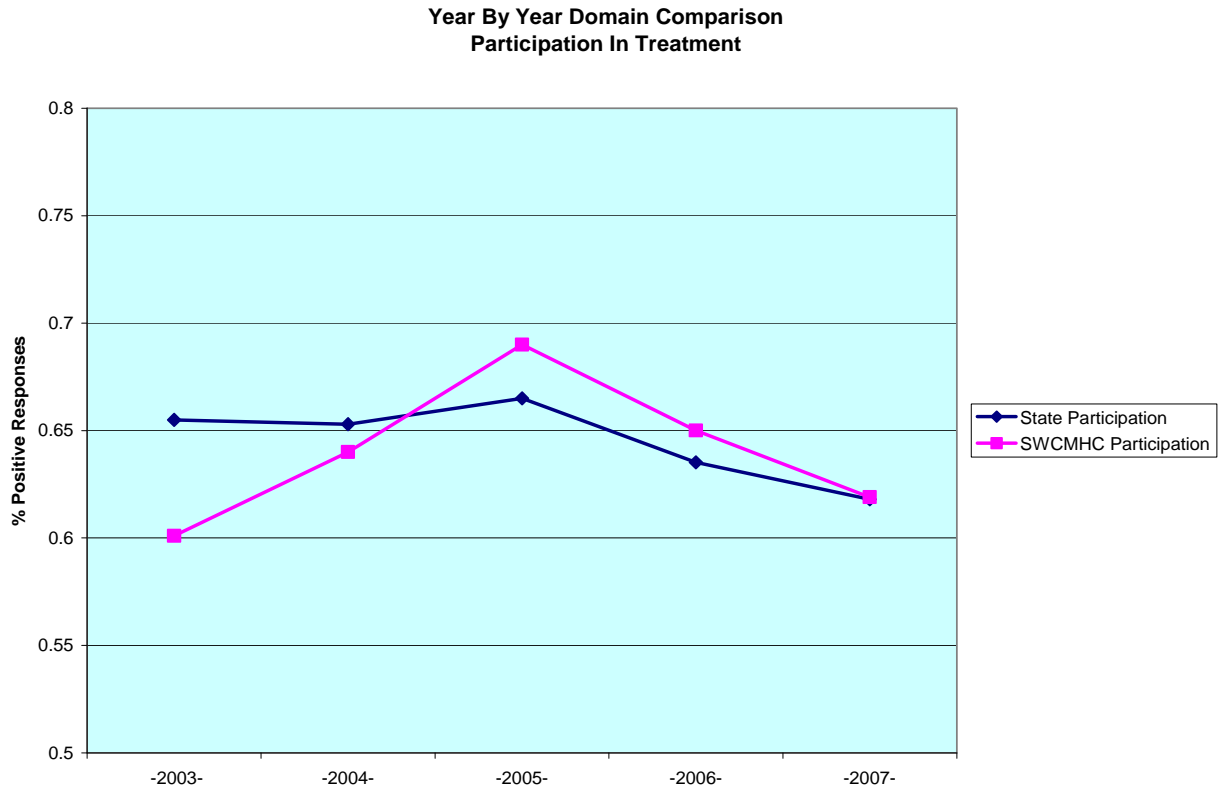
**Chart 5:**



**Chart 6:**



**Chart 7:**



# **Exhibit D**

## SWCMHC Consumer Snap-Shot Survey Results

12/08/08 to 12/12/08

Prepared by Mark White, BA  
Director of Consumer and Family Affairs

Sample size: **156** completed surveys

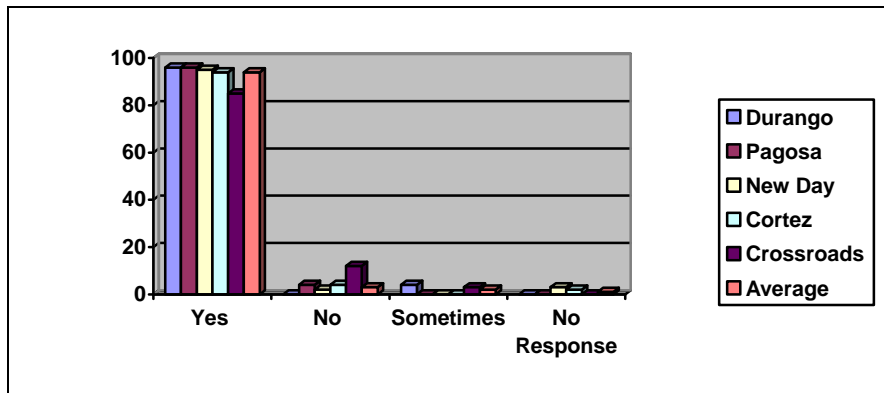
Completed surveys by location (% of overall):

**New Day: 42 (27%) Cortez: 36 (23%) Crossroads: 26 (17%)  
Pagosa: 26 (17%) Durango: 25 (16%)**

**QUESTION RESPONSES:**

1. I am satisfied with my treatment services at SWCMHC

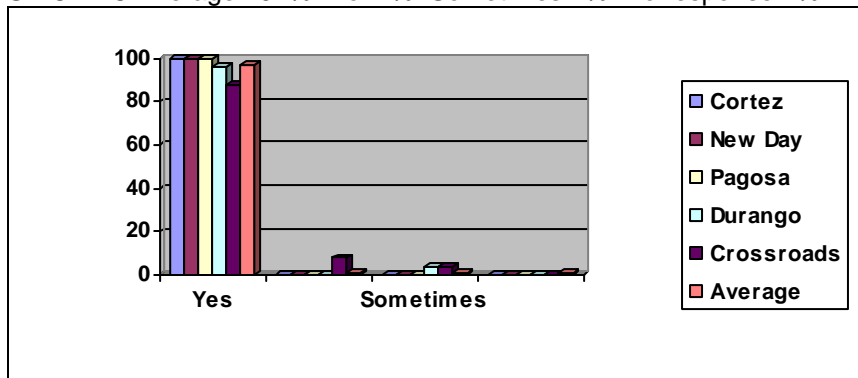
Durango Yes 96% Sometimes 4%  
Pagosa Yes 96% No 4%  
New Day Yes 95% No 2% No response 3%  
Cortez Yes 94% No 4% No response 2%  
Crossroads Yes 85% No 12% Sometimes 3%  
SWCMHC Average: Yes 94% No 3% Sometimes 2% No Response 1%



**OCFA Analysis:** Survey results indicate a stability of response across the survey locations. Therefore reliability of results can be assumed. Results indicate a majority of consumers are satisfied with treatment services received at SWCMCH, as indicated by the average percentage of affirmative response of 94%.

2. I am treated with dignity and respect by SWCMHC staff

Cortez Yes 100%  
New Day Yes 100%  
Pagosa Yes 100%  
Durango Yes 96% Sometimes 4%  
Crossroads Yes 88% No 8% Sometimes 4%  
SWCMHC Average: 97% No 1% Sometimes 1% No response 1%

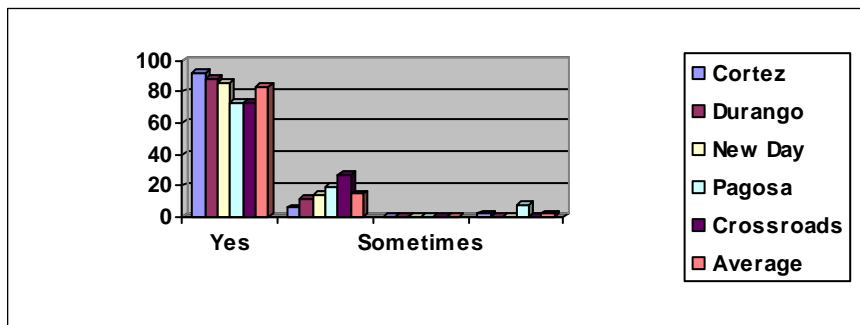


**OCFA Analysis:** Stability of response is indicated by the responses of the sample population across the

survey sites. Reliability of response is again high. The majority of consumers feel they are treated with dignity and respect by SWCMCH as indicated by the average percentage of affirmative response at 97%. Note: Lower percentage of affirmative response and greater negative response by Crossroads survey participants; these responses may be a reflection of the higher acuity of consumer symptoms associated with the crisis-management environment in which services are delivered.

3. I am a partner in my treatment and recovery at SWCMHC

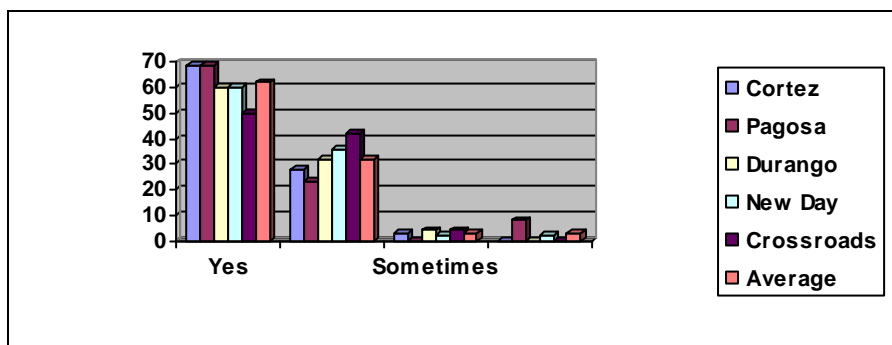
Cortez Yes 92% No 6% No response 2%  
 Durango Yes 88% No 12%  
 New Day Yes 86% No 14%  
 Pagosa Yes 73% No 19% No response 8%  
 Crossroads Yes 73% No 27%  
 SWCMHC Average: Yes 83% No 15% Sometimes 0% No Response 2%



**OCFA Analysis:** Response averages display a wider range; therefore reliability of this survey question is questionable. It is possible that some consumers did not understand the language of the question. Overall it appears the majority of respondents feel they are a partner in their treatment and recovery at SWCMHC, as reflected by the average percent of affirmative response at 83%. Crossroads respondents produced the highest percentage of negative response at 27%, followed by Pagosa Springs at 19%.

4. I refer people I know to SWCMHC for treatment

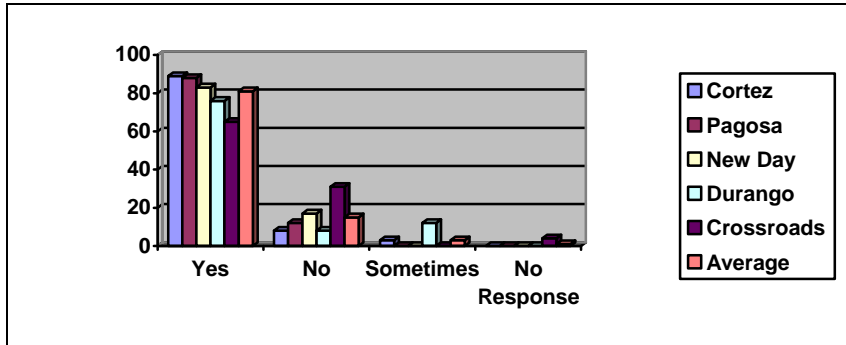
Cortez Yes 69% No 28% Sometimes 3%  
 Pagosa Yes 69% No 23% No Response 8%  
 Durango Yes 60% No 32% Sometimes 4%  
 New Day Yes 60% No 36% Sometimes 2% No response 2%  
 Crossroads Yes 50% No 42% Sometimes 4%  
 SWCMHC Average: Yes 62% No 32% Sometimes 3% No Response 3%



**OCFA Analysis:** Results indicate reliability. It appears that although consumer referrals occur, it is not a common practice. Just over half of all respondents refer others to SWCMHC services, as reflected in the average percentage of affirmative response across service locations at 62%. This question indicates an area for future development.

**5. I receive information on the variety of SWCMHC programs available to help me reach my treatment and recovery goals**

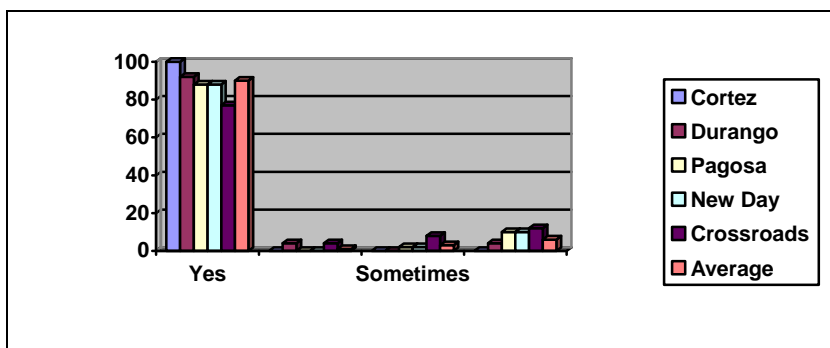
Cortez Yes 89% No 8% Sometimes 3%  
 Pagosa Yes 88% No 12%  
 New Day Yes 83% No 17%  
 Durango Yes 76% No 8% Sometimes 12%  
 Crossroads Yes 65% No 31% No response 4%  
 SWCMHC Average: Yes 81% No 15% Sometimes 3% No Response 1%



**OCFA Analysis:** Results indicate less reliability. It is possible some consumers did not understand the language of the question. However, the majority of respondents agree that they receive information on the range of services available to them at SWCMHC, as reflected by the 81% of overall respondents answering affirmatively. Crossroads consumers reflected the highest disagreement with this question at 31% negative response. This question also indicates a potential area for future development.

**6. I am seen at my scheduled appointment time**

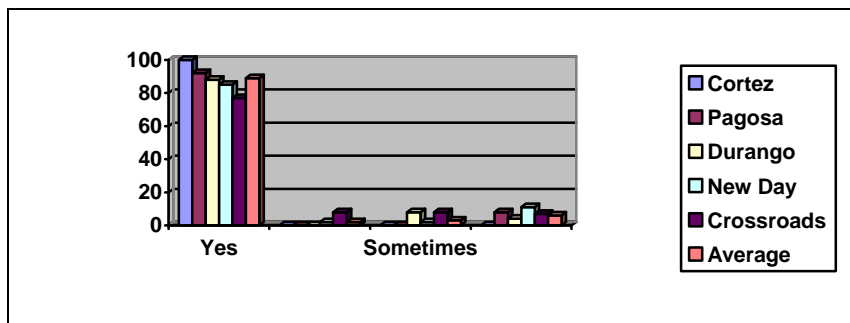
Cortez Yes 100%  
 Durango Yes 92% No 4% No Response 4%  
 Pagosa Yes 88% Sometimes 4% No Response 8%  
 New Day Yes 88% Sometimes 2% No Response 10%  
 Crossroads Yes 77% No 4% Sometimes 8% No response 12%  
 SWCMHC Average: Yes 90% No 1% Sometimes 3% No Response 6%



**OCFA Analysis:** Independent of Crossroads, where appointment times vary widely and are often crisis intervention, results indicated a high level of consumer agreement with all locations scoring above 88%. Cortez scored exceptionally well in this area. This area is critical to customer service and consumers appear pleased with SWCMHC in this area.

7. I feel SWCMHC is committed to excellence

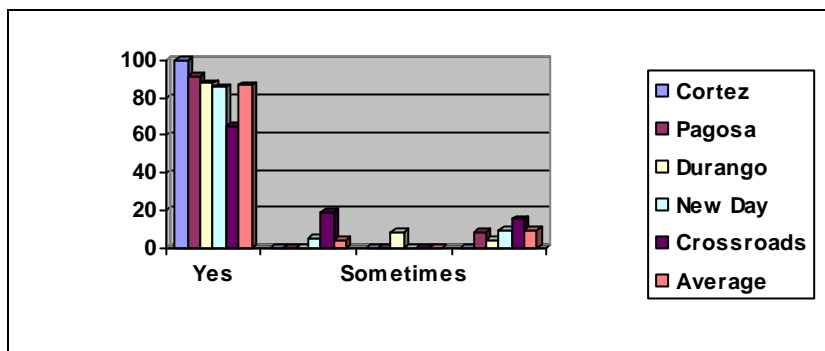
Cortez Yes 100%  
 Pagosa Yes 92% No Response 8%  
 Durango Yes 88% Sometimes 8% No Response 4%  
 New Day Yes 85% No 2% sometimes 2% No Response 11%  
 Crossroads Yes 77% No 8% Sometimes 8% No Response 7%  
 SWCMHC Average: Yes 89% No 2% Sometimes 3% No Response 6%



**OCFA Analysis:** The majority of respondents agree that SWCMHC is committed to excellence, with 89% answering affirmatively. Note the very low negative responses to this question across service locations. Again, Cortez was rated exceptionally strong in this area by respondents.

8. I receive a high quality of behavioral health service at SWCMHC

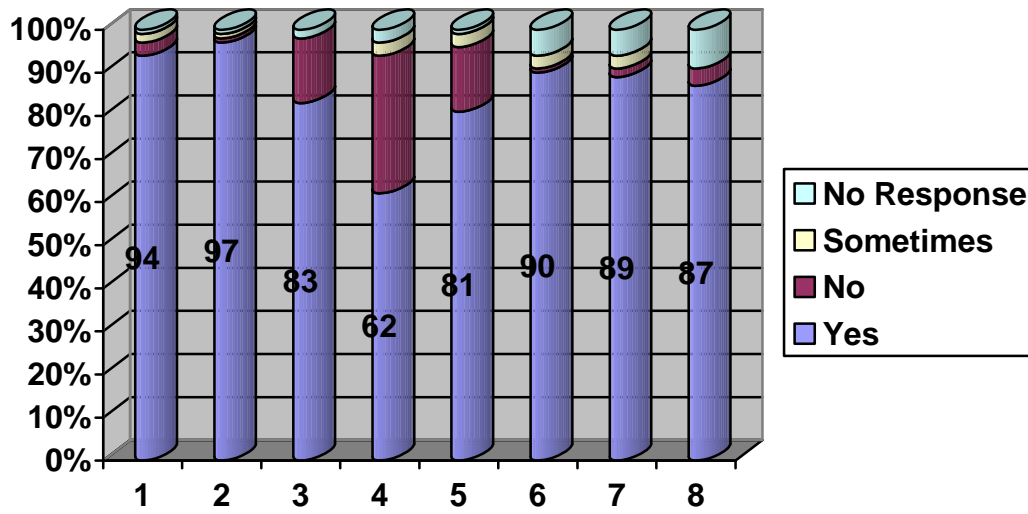
Cortez Yes 100%  
 Pagosa Yes 92% No Response 8%  
 Durango Yes 88% Sometimes 8% No Response 4%  
 New Day Yes 86% No 5% No Response 9%  
 Crossroads Yes 65% No 19% Sometimes No Response 15%  
 SWCMHC Average: Yes 87% No 4% Sometimes 0% No Response 9%



**OCFA Analysis:** This question produced a wide range of response, with the reliability of Crossroads data coming into question. Overall, the majority of consumers feel they receive a high quality of care at SWCMHC as reflected by the 87% total affirmative response. Cortez was rated exceptionally strong in this area by respondents.

OVERALL SWCMHC CONSUMER RESPONSES:

-Affirmative (Yes) Percentage Noted by bold #-



1. Satisfied with Treatment
2. Treated with Dignity and Respect
3. Partner in Treatment
4. Consumer Referrals
5. Receive Information
6. Seen at Appointment Time
7. Committed to Excellence
8. Receive a High Quality of Behavioral Health Services

Consumer Comments by SWCMHC Location

Durango

**1. I am satisfied with my treatment services at SWCMHC**

**Yes:** "Yes, I am moving forward using skills"

"It helps me get with other people who won't hurt me"

"The interactions between the staff and counselor and my family has been professional, warm, and reassuring"

"Good service"

"Mary Borgeson is THE BEST therapist I've known in 20 years"

**Sometimes:** "Sometimes billing gets messed up at the front desk"

**2. I am treated with dignity and respect by SWCMHC staff**

**Yes:** "Need more confidentiality"

"Very much so"

"Most of the time"

**Sometimes:** "Receptionists and accounting personnel are rude"

**3. I am a partner in my treatment and recovery at SWCMHC**

**Yes:** "Great advice on working with my grandson"

**No:** "Not aware of progress"

**4. I refer people I know to SWCMHC for treatment**

**No:** "Have not had opportunity"

"I haven't had the opportunity"

"Haven't had to"

"Haven't had to"

**Sometimes:** "If needed"

"I hate the "cookie-cutter" treatment for adults"

5. **I receive information on the variety of SWCMHC programs available to help me reach my treatment and recovery goals**  
**No Response:** "I look at brochures"  
**Sometimes** "How would I know if I didn't"  
"Mom needs help getting a job"  
"I haven't needed much help, have been or done well on my own"  
"In the past"
7. **I feel SWCMHC is committed to excellence**  
**Yes:** "Very"  
**Sometimes:** "Except the billing problems at the front desk sometimes"  
"Not all, but most staff members"
8. **I receive a high quality of behavioral health service at SWCMHC**  
**Yes:** "Although more interaction/progress goals etc... planning would be nice"  
"Best-most helpful than any previous"  
"They seem to be focused on solutions"  
**Sometimes:** "Need more behavioral ways of dealing with emotions"  
"Disproportionate-child services are great, adult services are un-acceptable to me (therapists, especially)"

Cortez

1. **I am satisfied with my treatment services at SWCMHC**  
**Yes:** "Every session, I feel closer to my treatment goals"  
"Ray is good at pointing out and explaining problems"  
"DBT and counseling"  
"Everyone has been kind"  
**Sometimes:** "I have sometimes feeling anxious"
2. **I am treated with dignity and respect by SWCMHC staff**  
**Yes:** "Respect is a criteria at SWCMHC"  
"Very good"  
"Treated with Respect"  
"Everyone is very professional"
3. **I am a partner in my treatment and recovery at SWCMHC**  
**Yes:** "Commitment to goals"  
"Very interactive"  
**No response:** "Too new to know"
4. **I refer people I know to SWCMHC for treatment**  
**Yes:** "Positive Results"  
"Telling people I know that have problems"  
**No:** "I don't know anyone to refer"
5. **I receive information on the variety of SWCMHC programs available to help me reach my treatment and recovery goals**  
**Yes:** "My goals are being structured to my needs"
6. **I am seen at my scheduled appointment time**  
**Yes:** "Treatment in two recovery areas"  
"Unless informed ahead of time of change in time or rescheduling of date-and reason"  
**No:** "Work gets in the way"
8. **I receive a high quality of behavioral health service at SWCMHC**

**Yes** "Groups of behavioral treatment"  
"Very intelligent and thoughtful classes"

#### Crossroads

**1. I am satisfied with my treatment services at SWCMHC**

**Yes:** "Excellent people especially Conny"

"Supportive Staff"

**Sometimes:** "Sometimes the staff listens to me but sometimes they don't"

**2. I am treated with dignity and respect by SWCMHC staff**

**Yes:** "Never felt judged by diagnosis"

**3. I am a partner in my treatment and recovery at SWCMHC**

**Yes:** "Very aware of patient involvement in treatment"

**4. I refer people I know to SWCMHC for treatment**

**Yes:** "The staff is truly wonderful"

**No:** "Has not come up"

**7. I feel SWCMHC is committed to excellence**

**Sometimes:** "They seem to be able to handle my situations sometimes"

#### Pagosa Springs

**1. I am satisfied with my treatment services at SWCMHC**

**Yes:** "I love Darcy"

"Enjoy working with Allison and Linda and the other staff"

"Very much so"

**Sometimes:** "Could use more help!"

**2. I am treated with dignity and respect by SWCMHC staff**

**Yes:** "You better believe it!"

**4. I refer people I know to SWCMHC for treatment**

**Yes:** "They are the best!"

"If I know of someone who needs help"

**No:** "Doesn't matter very open person"

**No response:** "I would"

"I haven't yet but I would"

**5. I receive information on the variety of SWCMHC programs available to help me reach my treatment and recovery goals:**

**No:** "I come in for medication maintenance only"

**6. I am seen at my scheduled appointment time**

**Sometimes:** "Sometimes I am late or can not make it"

#### New Day

**1. I am satisfied with my treatment services at SWCMHC**

**Yes:** "Keeps me focused"

"Wonderful counseling"

"Fun, energetic counselors, easy going"

"Very courteous staff"

"I love this group and especially Wendy to help me feel so accepted"

"Good staff, reasonable flexible, fair pricing"

"I like that our counselors have been where we have been...  
it makes it easier to relate"  
"I am. It's just the whole having-to-come-or-have-probation-extended-thing"  
"Going fine"

**No:** "I am forced to come here and don't think I need help"

**No Response:** "I just started"

**2. I am treated with dignity and respect by SWCMHC staff**

**Yes:** "All the time. I feel respected as a person by Wendy and all the staff"

"In contrast to other government treatment services"

"The counselors really care about our well being"

**3. I am a partner in my treatment and recovery at SWCMHC**

**Yes:** "Everyone participates, similarities"

"I enjoy being a partner and love to engage in group without being judged"

"Dumb question"

**4. I refer people I know to SWCMHC for treatment**

**Yes:** "I most definitely will refer people I know"

"If they would have a choice"

**No:** "Haven't had any opportunity to refer, I would"

**Sometimes:** "If I hear of someone looking for treatment I refer them"

**5. I receive information on the variety of SWCMHC programs available to help me reach my treatment and recovery goals:**

**Yes:** "I am so informed being here that I know what is available to me.

Wendy is such a wonderful and competent asset to me and to SWCMHC.

Don't lose her!!! She and all the staff are wonderful human beings!

Thank you!"

"I got everything I expected plus more from my counselors"

**No:** "Would like to!"

**6. I am seen at my scheduled appointment time**

**Yes:** "I am sometimes late and I love it that I am not punished for it"

**Sometimes:** "Work and lazy"

**7. I feel SWCMHC is committed to excellence**

**Yes:** "Recovery easy, not feel guilty"

"They want me to be well"

**8. I receive a high quality of behavioral health service at SWCMHC**

**Yes:** "Without a doubt I am truly getting the help I need because

of the high quality of care I am receiving here-

Wendy!! Stacey, and Lindsay are the best!!!!!"