

**THE COUNSELING SOURCE, INC.**  
**POLICY AND PROCEDURE**

TITLE: Performance Improvement

PURPOSE: As a CARF accredited agency, The Counseling Source, Inc. maintains a commitment to providing the highest quality mental health services to the populations served. In keeping with this commitment, TCS regularly assesses the evolving needs of the agency/clientele, as well as potential actions for improvement.

POLICY: The Counseling Source, Inc. will develop and implement a Performance Improvement Plan, which will be updated annually.

PROCEDURE:

1. The Performance Improvement Committee will define key indicators which will be targeted during a given time period.
2. These key indicators will be driven by the agency's Strategic Plan and the following values:
  - A continuous concept of quality services
  - Efficiency of resource allocation
  - Consumer driven and directed services
  - Diversity/cultural competency (reflecting characteristics of persons served)
  - Consumer Satisfaction
  - Consumer Safety and Protection
  - Risk Status
  - Clinical Processes
  - Service Capacity
  - Staff Involvement in identifying and resolving problem areas
3. Data for key indicator selection can come from any of the following areas:
  - Consumer Satisfaction Surveys
  - Facility Satisfaction Surveys
  - Clinical Record Audits
  - Peer Review Results
  - Incident Report Forms
  - Involuntary Terminations
  - Client Complaints/Grievances
  - Doc Tracker generated reports

4. The Executive Director will obtain baseline data with regard to initial company performance in the given problem area.
5. The Executive Director in collaboration with the interdisciplinary Quality Improvement Committee will define the expected level of performance in measurable terms. This performance goal will be based on an industry benchmark, organization history, or a target set by the organization. Extenuating factors should also be considered when conducting the analysis.
6. The Performance Improvement Committee will design a system, based upon input from the previously defined stakeholders, which will provide the necessary training, technical support and/or added/enhanced process(es) to attain this expected level of performance in the identified area.
7. It will be the responsibility of the entire Counseling Source staff to participate and assist in the Performance Improvement process. The Executive Director will be responsible for managing the process.
8. The Performance Improvement Committee will be responsible for analyzing the baseline and outcome data on an on-going basis.
9. The Executive Director will solicit feedback from the stakeholders in regard to effectiveness or plan, need for redesign of the plan or other suggested changes.
10. At the point in time the expected level of performance in the key indicator area is obtained and sufficiently maintained, a new indicator will be selected and defined.

REFERENCED STANDARDS AND REGULATIONS:

OhioMHAS, CARF Behavioral Health Standards Manual

REVIEWED: March 2018

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David F. Turner, Ph.D., Executive Director