

Warren County Educational Service Center Mental Health Services

PERFORMANCE IMPROVEMENT PLAN 2025-2026

Warren County ESC Mental Health Services Vision

WCESC-MHS envisions a community in which students have access to mental health services regardless of school placements and are able to develop skills to breed resiliency within themselves and educate others.

Warren County ESC Mental Health Services Mission

The Mental Health Team provides comprehensive support systems to our programs, districts and within the community that promote education and awareness of mental health. By working on interdisciplinary teams and within a PBIS framework, mental health staff seek to find effective evidence-based practices that are applicable to our diverse student population.

Warren County ESC Mental Health Services 2024 Strategic Goals

1. Actively Promote Health, Well-being and Dignity in our Community
2. Enhance Clinical Effectiveness
3. Develop Sustainable Business Practices
4. Ensure a Healthy & Safe Environment for all Stakeholders

Warren County ESC Mission

At Warren County Educational Service Center, we believe in being a resource to our community partnerships through a holistic life span approach by:

- *Collaborating with school districts and communities to develop customized programming for at-risk individuals and families.*
- *Delivering high-quality services in a cost-effective manner.*
- *Establishing a supportive environment that promotes growth opportunities, encourages leadership, and embraces diversity and inclusion.*
- *Providing safe learning environments for the communities we serve.*
- *Enhancing the quality of life for a diverse population of learners with opportunities for growth and transformation.*

Warren County ESC Vision

We are innovative leaders committed to providing customized solutions and high-quality services with collaborative partnerships.

Warren County ESC 2025-2026 Goals

1. We will cultivate reciprocal and collaborative relationships with all stakeholders.
2. We will evaluate and improve the overall operations of the WCESC
3. We will provide high quality services (improvement in evidence-based practice trainings) and programs that support students' educational success

WCESC Findings from the 2024-2025 Performance Improvement Analysis

1. Staff were not all trained in appropriate diagnosis and treatment planning. Training was provided and the training for the upcoming school year has been modified to take into account the lack of previous training prior to starting at WCESC.
2. Staff are consistent in collecting data with the PSC-35. They are consistent in phone calls home to parents to collect observation data.
3. Programs are consistent in collecting information regarding length of stay and behavioral changes with students in the program.

Purpose of the Performance Measurement, Management & Improvement System

Mental Health Services of the Warren County ESC fulfills its mission and stays on target with strategic goals by continuously monitoring, analyzing and enhancing performance. The Warren County ESC has a written Performance Improvement Plan that describes the systematic and ongoing performance improvement activities that are designed for:

- gathering and analyzing reliable, valid, accurate and complete data;
- evaluating the quality and appropriateness of services;
- continuously improving quality and effectiveness;
- identifying and resolving problems;
- maintaining sustainable business practices;
- ensuring a healthy and safe environment for all stakeholders; and
- identifying, monitoring and preventing risk.

Four key areas of performance improvement include: Effectiveness, Efficiency, Access, and Stakeholder Satisfaction.

Goals and Objectives of the Performance Improvement Plan

The overall goal of the Performance Improvement Plan is to monitor, support and improve clinical service delivery, and business practices. Specific objectives are driven by the agency's beliefs and program objectives. These include:

- Delivering data-driven, evidenced-based and strengths-based prevention and intervention strategies.
- Providing interventions within the context of the youth's environment that enhance the learning and practice of life skills.
- Ensuring that services are anchored to a written individualized service plan that includes client-centered specific goals, objectives and interventions.
- Striving for inter-agency collaboration throughout all prevention and intervention activities.
- Maintaining system markers that identify and track positive and negative outcomes.
- Providing increased accessibility within schools, homes, neighborhoods, and the community.
- Striving for an increased level of positive youth involvement in the community.
- Continuously monitoring and maintaining sustainable business practices.
- Monitoring and ensuring a healthy and safe environment for all stakeholders.
- Identifying, reducing and preventing risk to stakeholders and agency.

Programs and Services

Warren County ESC Mental Health Services programs and services covered under the Performance Improvement Plan include Outpatient Services.

Scope of Practice

The scope of the agency's practice involves providing comprehensive and continuous school-based mental health services to children and their families within Warren County Public Schools. These services are made available and provided in six school districts in Warren County (Carlisle City Schools, Little Miami Schools, Mason City Schools, Waynesville City Schools, St. Margaret of York, Oakwood), others upon request, as well as the Western Row Social Communications Building, Warren County Learning Centers, Wellness Centers, Child Advocacy Center and Greater Ohio Virtual School.

Personnel Responsibilities

All Warren County ESC Mental Health Services Staff share in the responsibilities associated with performance measurement, management and improvement activities, including completing data collection and outcome tools, collecting data, analyzing results and implementing program enhancements. The Director of Mental Health is responsible for overseeing the performance improvement activities, chairing Quality Assurance/Performance Improvement (QA/PI) Committee, summarizing performance reports/plans, and coordinating the implementation of enhancements.

Warren County ESC Leadership will help in guiding the ongoing performance improvement of the mental health department. Leadership will be informed of data collection and the results of performance of staff monthly within billing meetings, quarterly basis within the newsletter and meetings with leadership staff and yearly basis upon review of all performance measurement tools.

QA/PI Committee

The QA/PI committee is the primary vehicle for implementing performance improvement activities. QA/PI committee consists of the Director of Mental Health as the committee chair, Program Supervisors, Records Control Officer and mental health staff who are invited and asked to participate when available. The committee meets minimally on a quarterly basis, however performance improvement activities are ongoing and continuous. Meeting minutes will reflect the ongoing performance activities. Reports on findings are completed at quarterly and annual intervals.

Data Collection

Relevant data is collected and used by QA/PI Committee to manage and improve service delivery and business practices. The data reflects the needs of persons served, needs of other stakeholders, and business needs of the Warren County ESC Mental Health Services program. WCESC strives to gather data that is reliable, valid, complete, and accurate:

- Reliability: WCESC ensures reliability through staff training, consistency in Policy/Procedure/Forms, establishing QA/PI Coordinator as gatekeeper, and use of scientifically significant sample sizes.
- Validity: WCESC employs indicators and tools that measure what they intent to measure.
- Completeness: All data from the program is included in the analysis process; no data is excluded. Cross checks and spot checks of data by QA/PI Coordinator ensures completeness.
- Accuracy: WCESC ensures accuracy through spot checks, and double checks by the QA/PI Coordinator, Leadership, and Records Control Officer.

Clinical Services data is collected at the beginning of treatment, at regular intervals and the end of services. Data is collected on characteristics of persons served include age, gender, ethnicity, linguistic needs, locations, and severity of disability/disorder.

Financial, Health & Safety, and Utilization Review data is collected on an ongoing basis, and minimally reviewed monthly by Leadership, and quarterly by QA/PI Committee.

Business function indicators are collected for each program/service, including effectiveness & efficiency of services, service access, and satisfaction with services (persons served and other stakeholders). Specific effectiveness measures include but are not limited to reduction in symptoms, improved school functioning, increased self-regulation, reduction in hospitalizations, and reduction in juvenile court involvement. Other data collected includes data used for strategic planning, such as environmental scan results and stakeholder feedback.

Data Collection Tools

Clinical Services measurement tools include, but are not limited to the following:

- Individualized Service Plan and ongoing reviews/updates
- Pediatric Symptom Checklist (PSC-35) for clinical outcome measures
- Additional outcomes tools on Therapynotes, as needed
- Student Satisfaction Surveys
- Parent Satisfaction Surveys
- Other Stakeholder Satisfaction Surveys
- Suggestion Boxes
- Case Record Reviews

Utilization Review data include, but are not limited to the following:

- Length of Stay (LOS)
- Frequency of Services
- Referrals in and out
- Transitions from different levels of care
- Waitlists
- Allocation of staff resources
- Closures and follow-ups
- Case Record Reviews
- Access issues/problems

Financial performance will be measured (once certification and revenue begins) by the following methods:

- Monthly productive reports
- Late progress and diagnostic assessment monitored for potential pay-back
- Monthly submitted billing to funding sources
- Financial and compliance audits
- State, Federal, and local changes in funding
- Assessment of competitive environment

Health and Safety performance is measured by the following:

- Major Unusual and Critical Incidents
- Safety drills and emergency tests data
- Evacuation drills data
- Inspection data
- Facility safety reports
- Infection Control and Hazardous Material data
- Non-violent practices data
- Legal and ethical data
- Staff training logs

Performance Improvement Reports

The QA/PI Committee chair gathers performance improvement data from the above mentioned data collection tools, and presents the information to QA/PI Committee for analysis and recommendations. The data is clustered into the following quarterly Performance Improvement/Risk Management reports:

- Financial
- Major Unusual and Critical Incidents
- Health and Safety
- Case Record Review
- Legal and Ethical Concerns
- Staffing and Human Resources
- Utilization Review

Compliance

Compliance with the Performance Improvement Plan is documented through the various review processes and evaluation forms completed. Problems with compliance are reported to Mental Health Leadership, the Quality Assurance/Performance Improvement (QA/PI) Committee, and direct supervisors of the clinicians or areas found to be out of compliance. Clinicians shall make corrections, if necessary, to their case records in a timely manner. Immediate supervisors monitor corrections.

All staff members sign a confidentiality statement to follow respective ethical codes and follow regulations as prescribed by the Health Insurance Portability and Accountability Act. Confidentiality of the data collected through Performance Improvement Activities and of the minutes from the QA/PI Committee meetings is of great importance to the agency. Hard copies of the data collected are kept in a locked file cabinet in the Director's office. Computer-generated data is kept in the files of the agency's network server and are password protected. Hard copies of the meeting minutes are also secured in the office of the Director.

Measurement and Data Collection

Domain	Objective	Indicator	Target	To Whom Applied/Obtained By	Time of Measure	Data Source	Result
Business Function	Maintain a monthly financial surplus	Monthly Surplus	10% of revenue	Mental Health Staff/collected by Treasurer and Mental Health Leadership	Monthly	Monthly Financial Report	Revenue goal was achieved with billing
Effectiveness Behavioral Health/ Outpatient Treatment	Improved functioning of students within the care of the mental health team	Scores on PSC-35 Self-Report Assessments	10% decrease in behaviors over the course of the year	Mental Health Staff	Quarterly	Student Self-Report	Assessment use was increased within program
Efficiency	Increased Direct Service per week	Hours of direct staff service hours per week	20 direct service hours weekly	All students serviced Mental Health Staff	Monthly	EHR system Weekly Checks	Hours were on average of 20 a week
Access	Reduce time from request to intake	# days from request to intake	Within 5 business day	All students serviced Mental Health Leadership	Monthly	EHR date stamp/referral date	Intake time was reduced
Satisfaction	Client Satisfaction with therapist	% satisfied with services received in program	90%	All students serviced Obtained by Mental Health Leadership	Quarterly	Self-Report Survey	Satisfaction Goal Achieved
Service Delivery Experience	Student, Parents and Stakeholder Surveys	% satisfied with services received in program	90%	Obtained by Mental Health Leadership	Annually	Self-Report Survey	Satisfaction Goal Achieved
Experience and Feedback From Stakeholders	Stakeholder Survey	% Stakeholders satisfied with therapist and experience	90%	All stakeholders Obtained by Mental Health Leadership	Yearly	Self-Report Survey	Satisfaction Goal Achieved

Follow up data collection

Clients will receive follow up surveys six month and one year after termination of services. This will be an on-line survey through Office 365 or Google Docs.