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| **Goal** | **Year 1 Objective** | **Year 2 Objective** |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, COD and/or SED to reduce consequences of non-treatment. | Objective #1.00: Between 9/1/2020 to 8/29/2021, the clinical team (CT) will have provided 500 new individuals with an initial evaluation within 10 business days from initial screening as measuredby Electronic Health Record (EHR) statistics. | Objective #1.00: Between 9/1/2021 to 8/29/2022 the CT will have provided another 500 new individuals with an initial evaluation within 10 business days from initial screening as measured by EHR statistics. |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, COD and/or SED to reduce consequences of non-treatment. | Objective #1.01: Between 9/1/2020 and 8/29/2021, the CT will have delivered evidence-based outpatient behavioral health care to qualifying adults leading to an improved quality score of DepressionRemission by 10% as measured by the PHQ-9. | Objective #1.01: Between 9/1/2021 and 8/29/2022, the CT will have delivered evidence-based outpatient behavioral health care to qualifying adults leading to an improved quality score of DepressionRemission by 20% as measured by the PHQ-9. |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, CODand/or SED to reduce consequences of non-treatment. | Objective #1.02: By 8/29/2021, the CT will have assessed suicide risk of 80% of adults who are screened as measured by the Adult Suicide Risk Assessment (SRA). | Objective #1.02: By 8/29/2022, the CT will have assessed suicide risk of 85% of adults who are screened as measured by the SRA. |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, CODand/or SED to reduce consequences of non-treatment. | Objective #1.03: Between 9/1/2020 to 8/29/2021, the CT will have referred 25% of qualifying individuals toevidence-based supported housing interventions as measured by EHR statistics. | Objective #1.03: Between 9/1/2021 and 8/29/2022, the CT will have referred 45% of qualifying individuals to evidence-based supported housing interventions as measured by EHR statistics. |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, CODand/or SED to reduce consequences of non-treatment. | Objective #1.04: By 8/29/2021, the Vocational Rehabilitation Counselor (VRC) will have referred 25% of qualifying individuals to outside employmentopportunities as measured by EHR statistics. | Objective #1.04: By 8/29/2022, the VRC will have referred 45% of qualifying individuals to outside employment opportunities as measured by EHR statistics. |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, CODand/or SED to reduce consequences of non-treatment. | Objective #1.05: By 8/29/2021, the CT will have provided nicotine cessation counseling to 25% of qualifying adults as measured by EHR statistics. | Objective #1.05: By 8/29/2022, the CT will have provided nicotine cessation counseling to 45% of qualifying adults as measured by EHR statistics. |
| Goal #1: Increase timely access to evidence-based outpatient behavioral health care for children, adolescents, and adults who are experiencing SMI, SUD, CODand/or SED to reduce consequences of non-treatment. | Objective #1.06: By 8/29/2021, the CT will have provided unhealthy alcohol use screening and education to 25% of qualifying adults as measured by EHR statistics. | Objective #1.06: By 8/29/2022, the CT will have provided unhealthy alcohol use screening and education to 45% of qualifying adults as measured by EHR statistics. |

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| Goal #2: Expand our scope of practice to include care coordination activities to reduce risk factors contributing to poor health outcomes. | Objective #2.00: Between 9/1/2020 and 8/29/2021, the care coordination team (CCT) will have coordinated care for qualifying individuals leading to a benchmark no show rate of 20% amongparticipants as measured EHR statistics. | Objective #2.00: Between 9/1/2021 and 8/29/2022, the CCT will have coordinated care for qualifying individuals maintaining a no show rate of 20% among participants as measured EHR statistics. |
| Goal #2: Expand our scope of practice to include care coordination activities to reduce risk factors contributing to poor health outcomes. | Objective #2.01: Between 9/1/2020 and 8/29/2021, the CCT will have coordinated care for qualifying individuals leading to a Medication Adherence of 80% as measured byClinical Quality Measure (CQM) 128. | Objective #2.01: Between 9/1/2021 and 8/29/2022, the CCT will maintain coordinated care for qualifying individuals leading to a Medication Adherence of 80% as measured by CQM 128. |
| Goal #2: Expand our scope of practice to include care coordination activities to reducerisk factors contributing to poor health outcomes. | Objective #2.02: Between 9/1/2020 and 8/29/2021 the CCT will refer or confirm a primary care physician(PCP) for 75% of the client population seen. | Objective #2.02: Between 9/1/2021 and 8/29/2022 the CCT will refer or confirm a PCP for 90% of the client population seen. |