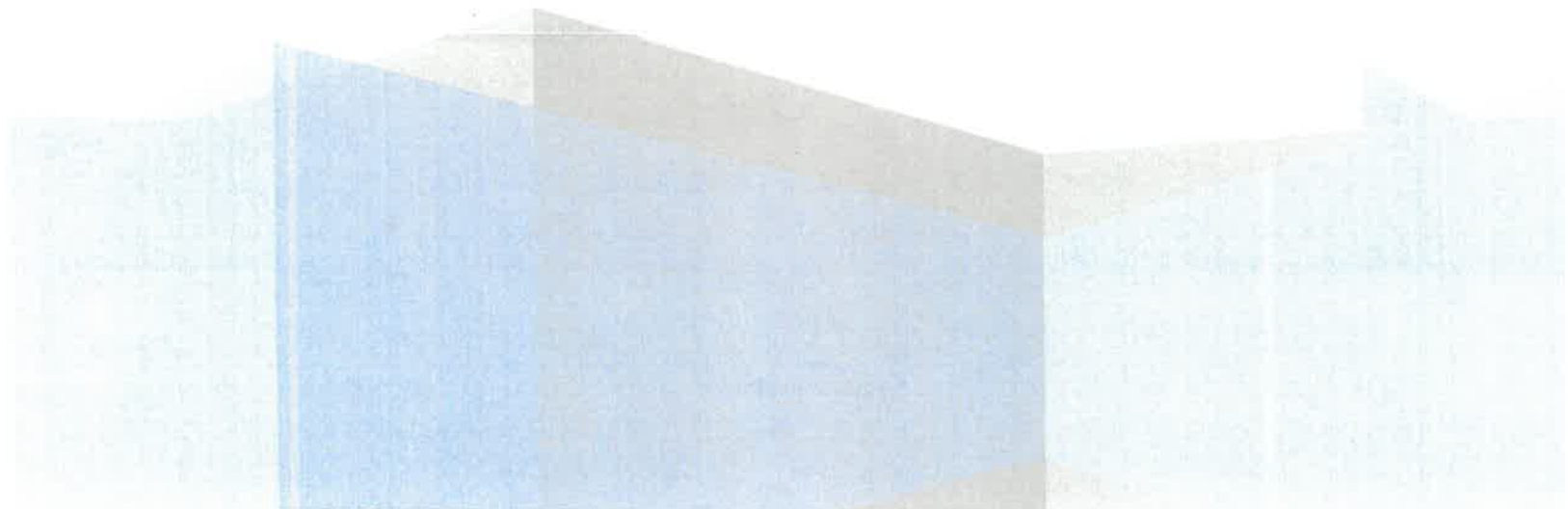




**PERFORMANCE  
MEASUREMENT AND  
MANAGEMENT PLAN**  
December 2024 - 2027



## **PROGRAM DESCRIPTION**

Four Rivers Behavioral Health (FRBH) is a private, not-for-profit, community mental health center in operation since 1966. The agency provides services to those who have a mental illness, a substance abuse disorder, or an intellectual/developmental disability. The agency offers outpatient services, intensive outpatient services, case management services, peer support services, residential substance abuse services with social detox, adult day treatment and crisis stabilization services. There are three outpatient offices located in Mayfield, Murray and Paducah. Our residential substance abuse program and the residential crisis stabilization unit is located in Mayfield.

## **PROGRAM MISSION, GOALS AND VALUES**

The mission of FRBH is to provide comprehensive, integrated mental health, substance abuse, and mental retardation-developmental disability services that promote the health and quality of life of our community members.

The goals of FRBH are:

- Evaluate and plan for the behavioral health needs of our community, per our legislative mandate as the regional planning authority.
- Provide accessible, effective, and efficient behavioral health services.
- Advocate for the rights and needs of individuals with behavioral health challenges.
- Engage in active outreach to assure prevention, early intervention, and coordination of services to reduce the impact of behavioral health disorders for the individuals and community we serve. To continually measure the outcome of the services provided to assure effectiveness, efficiency, and fiscal accountability.

The values of FRBH are:

### **Our services will:**

Protect the dignity and privacy of the individuals served.

Be within the financial reach of anyone in need.

Be empirically advised and clinically sound.

Respond to community diversity through culturally sensitive consumer focused care.

Target outcomes that satisfy the consumer and demonstrate program effectiveness.

Be strengths based

### **Our staff will:**

Be friendly, courteous, and efficient.

Observe the highest ethical and practice standards.  
Respond with empathy and compassion to the needs of the individuals we serve and establish trusting connections.  
Be collaborative and empower to promote wellness

**Our service sites will:**

Be accessible to all individuals.  
Be safe, hospitable and well-organized.  
Be governed by business practices that are efficient, accountable and honest.

**Our management practices will:**

Promote respect and dignity towards the staff.  
Encourage continuing professional development.  
Support staff participation in community activities important to the well-being of our service public.  
Promote a broad-based partnership of coordinated community care.  
Provide a facility environment that is welcoming, promotes a sense of safety and responds sensitively to cultural differences.

FRBH has developed this Performance Improvement Plan (PIP) to incorporate the CARF standards on Performance Measurement and Performance Improvement. The purpose of the PIP is to establish a methodology for collecting and analyzing information for business improvement and service delivery improvement. Data will be collected from a variety of sources including, consumers, staff and other stakeholders.

A performance analysis will be conducted on an annual basis in order to:

- Identify areas that need performance improvement
- Develop an action plan to address the improvements needed or revise already established outcome measures to improve the quality of services
- Create a summary report that can be shared with consumers, staff and other stakeholders

Items of note: In 2024, Terry Hudspeth, CEO, shared his intent to retire after 32 years of serving the agency. Within the same year, Gretchen Roof was identified by the FRBH Board of Directors as his successor. Ms. Roof has 25 years at the agency serving in various leadership roles including that of COO. The transition to be fully completed by July of 2025.

In addition, FRBH merged with another CMCH, Communicare, to form Inlet Health. This is a strategic merger to assist with overall costs and to have the benefits of a larger single organization when negotiating insurance benefits and such.

FRBH leadership staff still maintain membership in KARP (Kentucky Association of Regional Programs) and national associations to gain knowledge of regional and state regulatory changes as well as promising new approaches in the field.

### **Sources and additional data:**

Information for this Performance Measurement and Improvement Plan relied on data from:

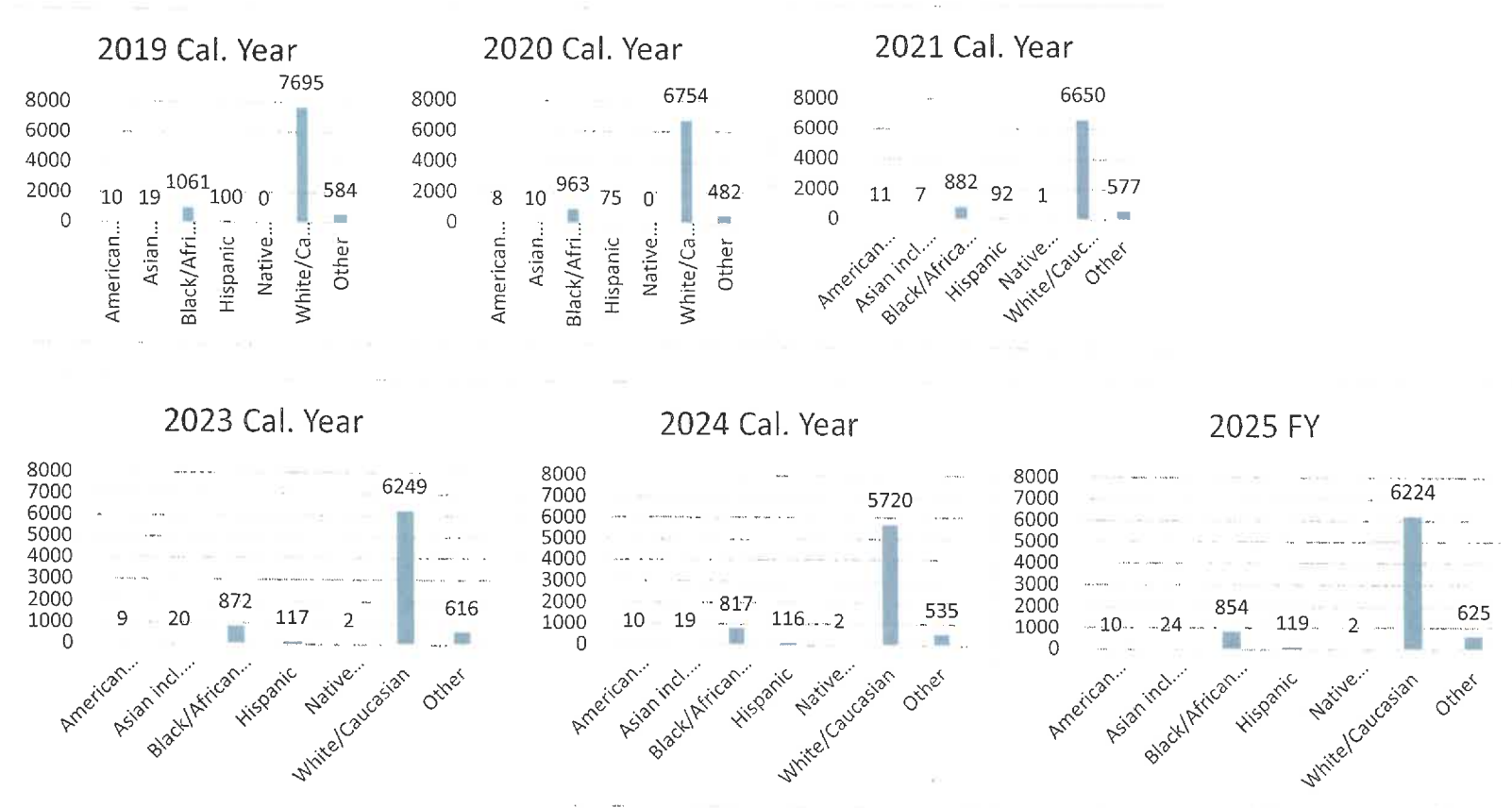
- Credible electronic health record system
- 2024 Staff Satisfaction Survey
- CMHC Contract Monitoring Performance Indicator Report
- 2024 FRBH Strategic Plan
- 2024 Stakeholder Survey
- FY24 Consumer Satisfaction Survey (MHSIP and YSSF)

Although each piece is individually reviewed upon receipt there is value on analysis and reflection in an aggregate or combined manner. This analysis helps we at FRBH to identify and make data driven actions to improve the quality of programs and services. Input from all sources including consumers, staff and stakeholders are valuable resources for identifying trends and setting objectives and actions plans.

Information from all sources listed above and this PIP are shared in a variety of ways including the monthly Board of Directors meetings, FRBH website, email, monthly Management Team Meetings, FRBH Newsletter and the video/TV monitors located in all waiting rooms. This at times may include full reports or bulleted summaries/fact sheets. They are delivered with content, format and timing according to the needs of the groups or individuals.

# Persons Served

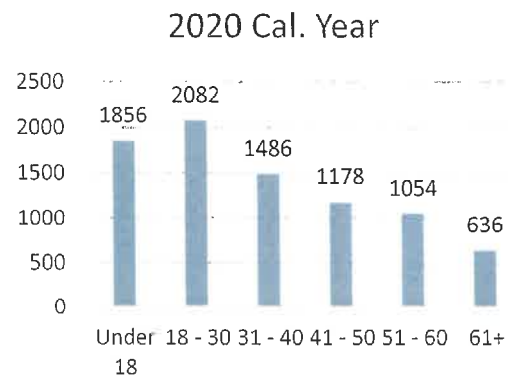
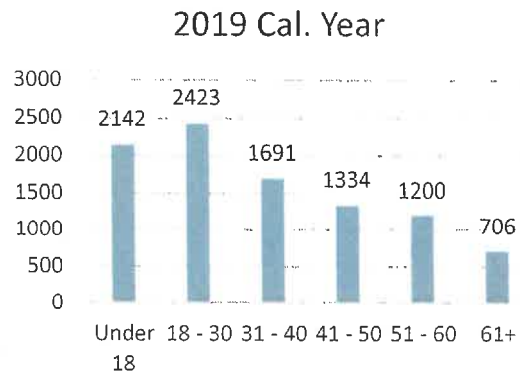
## Breakdown by ethnicity



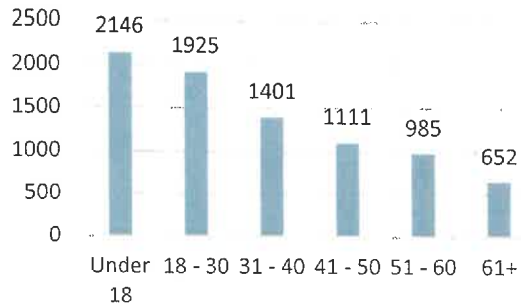
### Breakdown by gender

	<u>Female</u>	<u>Intersex</u>	<u>Male</u>	<u>Transg. F</u>	<u>Transg. M</u>		<u>Female</u>	<u>Intersex</u>	<u>Male</u>	<u>Transg.F</u>	<u>Transg.M</u>
<b>2020 (CY)</b>	4,452	1	3,823	9	7	<b>2024 (CY)</b>	3,653	2	3,548	6	9
<b>2021 (CY)</b>	4,390	4	3,802	11	12	<b>2025 (FY)</b>	3,889	3	3,951	6	8
<b>2022 (CY)</b>	4,044	3	3,870	8	12	<b>2026</b>					
<b>2023 (CY)</b>	3,963	0	3,911	4	7	<b>2027</b>					

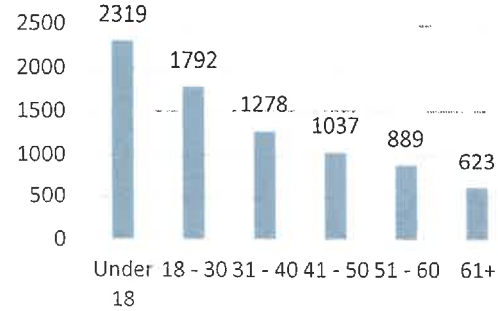
### Consumers by age



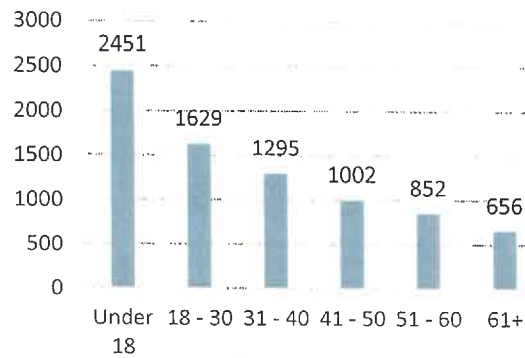
2021 Cal. Year



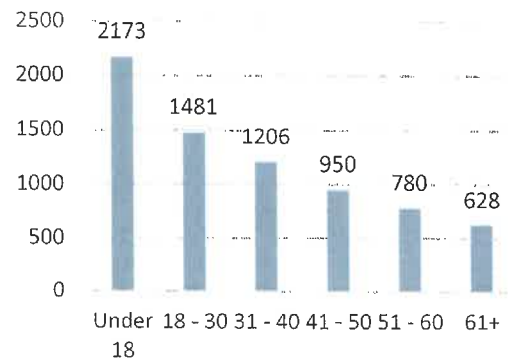
2022 Cal. Year



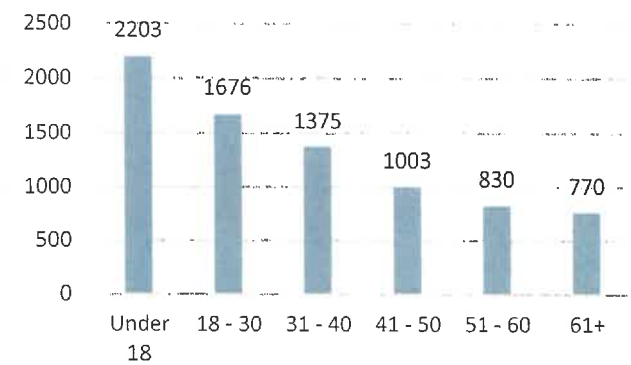
2023 Cal. Year



2024 Cal. Year



2025 FY



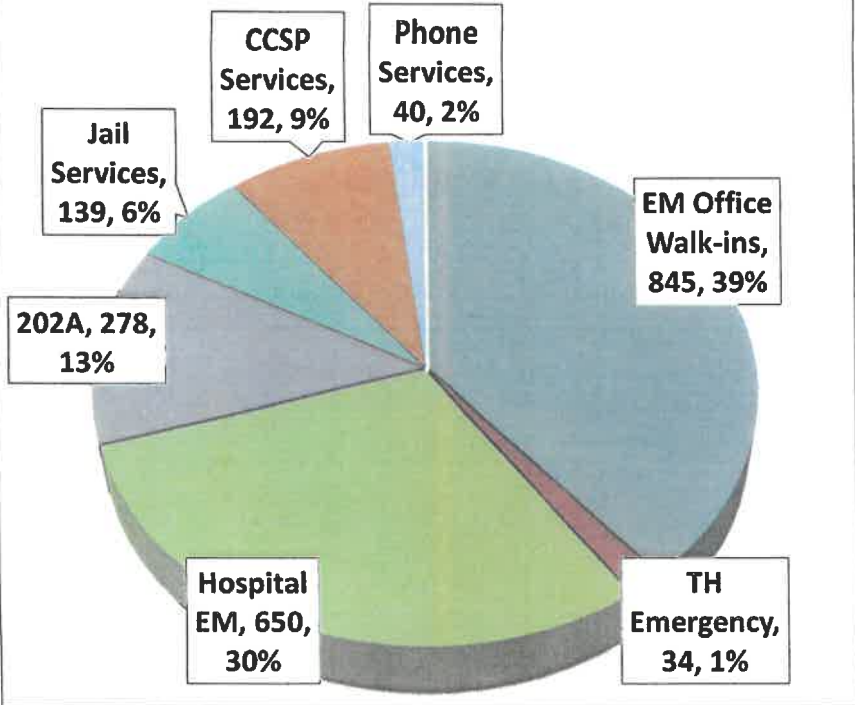
The trend over the last 6 years has been that highest population served by age has moved from the 18 – 30 age group to the under 18 population.

**Number of agency consumers by year**

<b>2019 (CY)</b>	9,496	<b>2022 (CY)</b>	7,938
<b>2020 (CY)</b>	8,292	<b>2023 (CY)</b>	7,885
<b>2021 (CY)</b>	8,220	<b>2024 (CY)</b>	7,219
<b>2025 (FY)</b>	7,858	<b>2026</b>	
<b>2027</b>			



# Emergency Services - FY25



## 2024 Consumer Satisfaction Surveys

These surveys are a collaboration between the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities and the Community Mental Health Centers. Below are the individual results of Four Rivers Behavioral Health. Surveys were conducted from July 1, 2022 – June 30<sup>th</sup>, 2023. As of the time of this report the FY 24 surveys have concluded but the results of those have not been released by DBHDID. These survey results are the primary tools to evaluate and include the consumer’s perspectives of the mental health services they have received.

**MHSIP (The Mental Health Statistics Improvement Program)** - There were 6,212 adult consumers served and of those 1,312 surveys returned for a 21% penetration rate. 56% of the adult consumers were male and 44% female. 63% were Caucasian, 9% Black, 1% American Indian, 1% Hispanic and 27% chose the other category. Near all scores remained the same or improved from the prior year, some as much as 10 % points higher. All scores were above a 4.0.

**YSSF (Youth Services Survey for Families)** – There were 2,565 youth caregivers surveyed and of those 201 surveys were returned for an 8% penetration rate. 64% of the youth were male and 36% female. 73% identified as Caucasian, 5% Black, 1% American Indian, 3% Hispanic and 21% as other. 52% of the respondents indicated their child had been receiving services for more than a year. Near all scores remained the same or demonstrated improvement as much as 6% from the prior year.

	<b>MHSIP</b>	<b>YSSF</b>
General Satisfaction	4.52	4.52
Access	4.45	4.49
Cultural Sensitivity	4.49	4.62
Participation in Treatment Planning	4.48	4.51
Outcomes	4.20	3.68
Social Connectedness	4.29	4.29
Functioning	4.23	3.73

By national standards a domain score of 3.5 or greater indicates that responders, on average, positively perceived the services. All scores in both the MHSIP and YSSF were above a 3.5.

DOMAINS	2023 YSSF	2023 MHSIP	2024 YSSF	2024 MHSIP	2025 YSSF	2025 MHSIP	2026 YSSF	2026 MHSIP	2027 YSSF	2027 MHSIP
General Satisfaction	4.52	4.52	4.51	4.60						
Access to Services	4.49	4.45	4.37	4.54						
Cultural Sensitivity	4.62	4.49	4.65	4.54						
Participation in Treatment Planning	4.51	4.48	4.49	4.56						
Outcomes	3.68	4.20	3.84	4.26						
Social Connectedness	4.29	4.29	4.30	4.27						
Functioning	3.37	4.23	3.85	4.25						

## **FY 2024 Staff Satisfaction Survey Report**

This is the final report of the results from the Staff Satisfaction Survey for Fiscal Year 2024. The results and interpretations are intended to assist in program improvement and the identification of strengths and weaknesses of FRBH, as an employer in the behavioral health industry.

### **METHOD**

The survey was distributed via [www.surveymonkey.com](http://www.surveymonkey.com), the web based online survey utilized by the agency for the 2024 Staff Satisfaction Survey during the weeks of July 8<sup>th</sup>, 2024 through July 19<sup>th</sup>, 2024. The FY 24 survey retained the same questions as prior years so that comparisons can be made. Two new questions were added during the 2023 survey year to attain additional narrative responses. Those questions are identified as Q15 and Q16. The objective/ordinal rating content (based on Coffman, et. Al. 1999) was not otherwise altered from previous survey administrations, and the open-ended narrative response opportunity was continued and expanded. Survey participants were insured of confidentiality and anonymity via the web-based form. The survey was open for 11 days with one email to all staff requesting their participation.

During the survey period, there were 325 employees. There were 121 surveys completed for a response rate of 37%. This response rate can be deemed valid since the 20% threshold for surveys was clearly exceeded as in past years. After the survey is closed, the responses are collected and downloaded.

### **RESULTS**

Data from the surveys are analyzed in two parts:

First, the ordinal data from the quantitative responses to the twelve (12) statements in the survey; and,

Second, the nominal data from the narrative responses to the open-ended questions were examined.

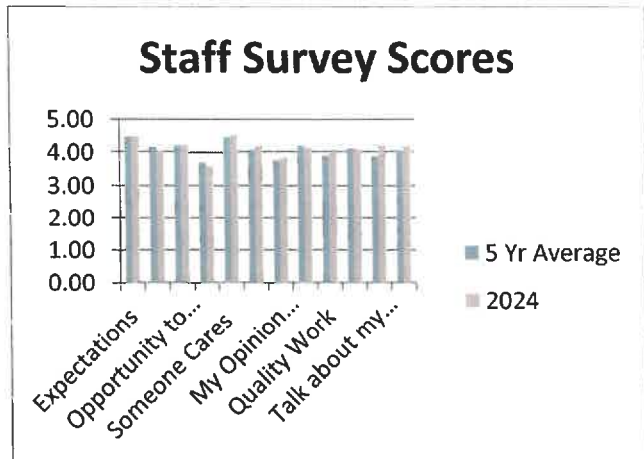
In the interest of contextualizing the data, results from the last five (5) Staff Satisfaction Surveys were averaged and used in the analysis process and will be referenced below when significance is observed.

## The Staff Survey

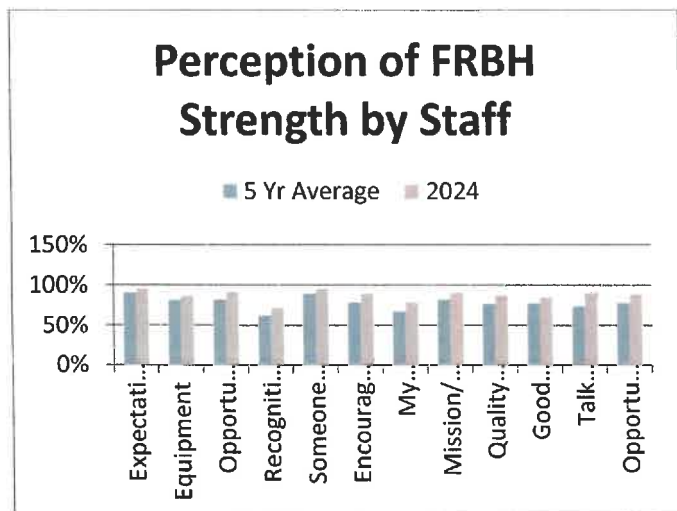
Graphs of the strengths and weakness are below. A brief analysis follows and then the staff comments section.

### Survey Question Key:

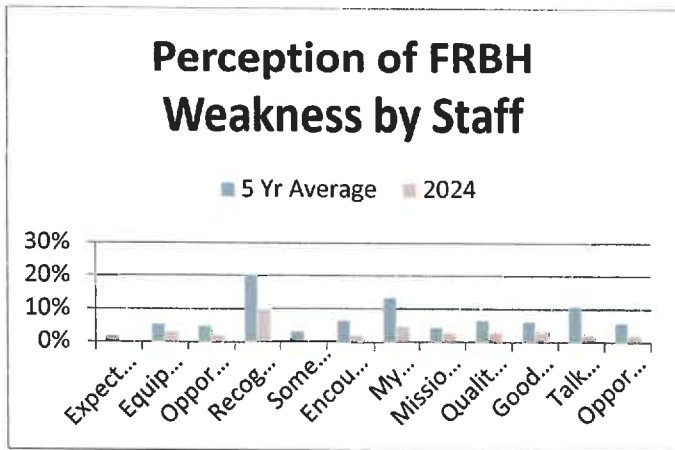
- Q1. I know what is expected of me at work.
- Q2. I have the materials and equipment I need to do my work right.
- Q3. At work, I have the opportunity to do what I do best every day.
- Q4. In the last seven days, I have received recognition or praise for doing good work.
- Q5. My supervisor, or someone at work, seems to care about me as a person.
- Q6. There is someone at work who encourages my development.
- Q7. At work, my opinions seem to count.
- Q8. The mission or purpose of my company makes me feel my job is important.
- Q9. My fellow employees are committed to doing quality work.
- Q10. I have a good friend at work.
- Q11. In the last six months, someone at work has talked to me about my progress.
- Q12. This past year, I have had opportunities to learn and grow.



The ordinal rating scale from Strongly agree to Strongly disagree, scale 5-1, is analyzed for staff perception of strengths and weaknesses within Four Rivers Behavioral Health. Answers in agreement with the survey statements are considered as strengths and, likewise, answers in disagreement are seen as weaknesses.



There are several areas of noted strengths. The top areas of high strengths are Expectations followed by Someone Cares. These are followed by Equipment, Mission/Purpose, and Opportunity to Do My Best.



The area of weakness that supervisory staff need to be cognizant of is Recognition followed by My Opinion Counts.

### Staff Comments

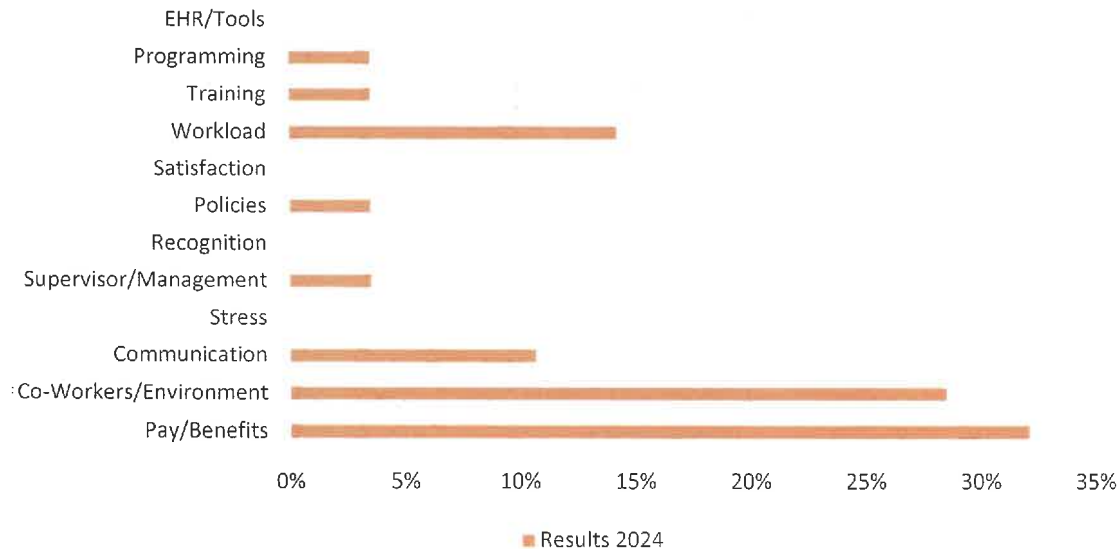
Procedurally, all comments were examined together.

There were 33 narrative comments from the 121 respondents to the survey for 27% of staff providing narrative comments. There were 21 comments that were positive or complimentary for 64% of the total. These are listed below. There were also 44 narrative comments for the question about providing services and/or programs that FRBH does not currently provide. Several staff indicated they would like specific services offered such as transportations options for consumers, increased groups (art, LGBTQIA, parenting, anger management), more space for programs, larger waiting rooms, and additional training. Agency accolades are listed below followed by a graph of areas for improvement.

1	I love my coworkers.
2	I love being part of a team, where everyone has everyone else's backs
3	I enjoy working at FRBH. We work as a team in the I Hope department
4	I love what I do and I love serving the community we do.
5	When you love what you do you never work a day in your life.
6	I love my job!!

7	I do appreciate the new insurance premiums that followed the consolidation. This helped a lot.
8	I am very satisfied and thankful for my position here. I feel like it is more than a job, but rather a calling.
9	I love my job!
10	Most days I feel great about my employment here and the individuals I work with. I enjoy working for this agency and hope everyone continues working together to watch it grow even more.
11	Overall, I'm very happy with my position. I have a great team and am embedded in a wonderful department. I do wish there were not current financial constraints with regards to purchasing supplies. I understand the need for austerity.
12	I am grateful for how I have been treated since coming back to work here.
13	My job and the team that I work with are incredible. I am a fairly new hire, and I don't feel as though I am burdening anyone by asking questions or asking for guidance. I am overly satisfied with my position and that honestly comes from the relationship that my team and program manager have fostered.
14	My direct supervisor and the supervisor above her are almost always available when I need assistance. They are both encouraging and help me with my job.
15	I am beyond pleased and grateful with all the amazing things that have been taking place in Our Place since Jeff has taken on the role of program manager.
16	Michelle Hartig Bass is a great supervisor and is always supportive.
17	I am highly satisfied with my work and those I work with
18	I enjoy the opportunities for flexibility within four rivers.
19	We have an awesome team. We all work together which allows us to better serve our consumer and make their experience much more comfortable.
20	i have an outstanding boss, and i love my job!
21	Jeff is a wonderful leader who makes me feel heard and respected.

## Results 2024



This chart identifies areas that staff perceive as weaknesses or “areas to improve in”. Pay/Benefits was the category that received the largest rating of “areas to improve in”. The other three areas that received higher ratings to improve in were Co-workers/Environment and Workload and Communication.

There were 81 responses to the question of “What do you like best about working at Four Rivers Behavioral Health?”. The top 5 responses were about the importance of helping others/working with consumers (13), enjoyment of their fellow co-workers (8), the flexibility of their schedules (7) and that the agency is like a “family” to them (6).

### CONCLUSION:

All data gathered as well as narrative responses were reviewed by the Corporate Leadership Council. Results will be shared with relevant supervisors as part of quality improvement for individual programs.

## 2025 Stakeholder Survey Results

A Community Stakeholder Survey went out on September 9<sup>th</sup> 2025 to 180 key community members representing the FRBH 9-county catchment area of western Kentucky. These community members were selected as they are collaborative partners in the areas of education, law enforcement, care providers, Health Departments or other related services. The survey was available from September 9th to September 30, 2025. Of the 180 surveys there were 16 responses received for a 9% completion rate.

### Survey included 4 key questions:

1. Are there services Four Rivers currently provides that you would like to see expanded?
2. Would you like to see new services at Four Rivers?
3. Do you see specific needs in our community and if so, what are those?
4. Do you have any additional comments?

Services requested - New		Existing services – potentially Expanded or Increased	
Housing Assistance – for the community	1	Crisis Services-nothing specifically identified	1
Housing Options for IDD population	1	Four Rivers Behavioral Health Office in Marshall County	1
Parenting-teaching children to persevere	1	Family Therapy/Parenting	1
23 Hour Secure Facility- SUD Law Enforcement Drop Off	1	School Based Services – increase counselors	1

## 2024 Stakeholder Survey Results

A Community Stakeholder Survey went out on July 11<sup>th</sup> 2024 to 208 key community members representing the FRBH 9-county catchment area of western Kentucky. These community members were selected as they are collaborative partners in the areas of education, law enforcement, other providers, Health Departments or other related services. The survey was available from July 11<sup>th</sup> to July 19<sup>th</sup>, 2024. Of the 208 surveys there were 24 responses received for a 12% completion rate.

### Survey included 4 key questions:

1. Are there services Four Rivers currently provides that you would like to see expanded?
2. Would you like to see new services at Four Rivers?
3. Do you see specific needs in our community and if so, what are those?
4. Do you have any additional comments?

Services requested - New		Existing services – potentially Expanded or Increased	
PRTF	1	ABA – Applied behavioral analysis	1
Ballard County services	1	Youth and Adult Mental Health First Aid	1
Parenting classes	1	Pro-social Recovery events	1
Anger management – Domestic Violence classes	1	School based services	3
Low-income housing (SMI)	4	Partial Program (younger children)	2
		Increase ACT services	1
		Youth work opportunities (youth supported employment)	1

Responses are categorized by topic and identifies as to if they are new or existing services for possible expansion. In addition, those with multiple responses are highlighted.

## 2024 - 2027 FRBH Action Plan – Service Delivery

Domain	Objective	Indicator	Applied to	Measure time	Data Source	Obtained by:	Target	Results
<b>Outpatient Services</b>								
Outpatient – Accessibility	Decrease wait time for an initial assessment.	Meeting the minimum or below standard of days.	Outpatient Programs	Monthly review	Emergency and Customer Service Report	Informaticist and reviewed by VP Clinical Services, COO & Board (PPE)	Below 14 days	
Outpatient - Effectiveness	Peer review of medication providers for appropriateness	Scores on Peer Rating forms	Medical Providers	Quarterly	Peer Rating forms	Compliance Officer - COO	Identify trends through analysis	
Outpatient – Efficiency	Increase overall productivity rate among providers	Clinicians will be held to a 50% productivity standard	Agency – Identified providers	Monthly Review	Productivity Report	Informaticist and Leadership Team	50% Productivity	
Satisfaction – Stakeholders	Increase the # of youth in the Our Place Program by including a younger age group – for program capacity and fulfill request of community stakeholders	Adding and filling 8 openings in the program	Agency – Our Place Program	Monthly review	Productivity Report – Stakeholder Survey	Informaticist, Program Director and Vice President for Clinical Service	50% increase overall in program	Target met – December 2024 – Census increased to 18/full capacity with waiting list.
Consumer – Satisfaction	Review of Consumer Satisfaction Survey results.	% of caregivers satisfied with the programs	Caregivers of youth seen in the programs – utilizing the Youth Services Survey for Families	Yearly survey conducted from March – September	Caregiver report - observation	COO and DBHDID. Reviewed with all staff and Board	3.5 or higher	

<b><u>Domain – Case Management Services</u></b>	<b>Objective</b>	<b>Indicator</b>	<b>Applied to</b>	<b>Measure time</b>	<b>Data Source</b>	<b>Obtained by</b>	<b>Target</b>	<b>Results</b>
Accessibility	Increase the number of SED youth being served.	Increase current youth serving Case Managers to 8 (2 HFW/6 SED). To meet the yearly goal of 183 consumers served.	Agency – SED Case Management Program	Monthly	Contract Performance Report	Leadership Team, Management Team and Program Director	183	Consumers served in a fiscal year
Effectiveness	Decrease the waiting list time to 30 days or less.	Increase the current number of SMI and SED Case Managers	Agency – SMI/SED Case Management Program	Monthly	Productivity Report	Leadership Team, Management Team and Program Director	Average weight time of less than 30 days	
Efficiency	Maintain sufficient Case Management staff to meet needs of referrals received.	Increase case management staff.	Agency – SMI/SED Case Management Program	Monthly	Productivity Report and Wait list	Vice President of Clinical Services and VP of HR	Monitor that caseloads do not exceed 25 per case manager	
Satisfaction - Stakeholder	Receive no formal complaints regarding lengthy wait process	Review of complaint monthly complaint log and stakeholder survey	SMI/SED Case Management program	Monthly and annual	Complaint log and Stakeholder survey	COO and VP of Clinical Services	Receive no complaints related to wait	
Satisfaction – Consumer	Review of Consumer Satisfaction Survey.	% of caregiver and consumers satisfied with the program	Caregivers of youth seen in the programs – utilizing the Youth Services Survey for Families or for adults the Mental Health and Stats Program	March – September – Annually	Annual Customer Satisfaction Survey – MSIP and YSSF	COO – DBHDID	3.5 of higher score for overall satisfaction	

<b>Domain – Crisis programming</b>	<b>Objective</b>	<b>Indicator</b>	<b>Applied to</b>	<b>Measure time</b>	<b>Data source</b>	<b>Obtained by</b>	<b>Target</b>	<b>Results</b>
Accessibility	Crisis Line – 988. Answer calls in 20 seconds or less	% of calls answered in 20 seconds or less.	Crisis Unit	Monthly review	DBHDID report	VP of Clinical Services	Review metrics and adjust staffing to meet goal	
Effectiveness	Reduce the number of consumers re-hospitalized in less than 30 days of discharge.	Case Review of those re-hospitalized within 30 by the VP and Site Administrator	Agency – Crisis Unit, Outpatient Sites	Monthly Review	CMHC Contract Performance Indicator Report	Leadership Team and other Site Administrators and staff as identified by need.	Address on case by case basis needed additional services	
Efficiency	Reduce time from initial call to clinician response/ESR	# hours from request to intake/ESR	Agency – CCSP	Monthly	Review of all Crisis Unit ESR's	Program Director	Response time of 2 hours or less	
Satisfaction - Stakeholder	No reported complaints regarding response time	Annual Stakeholder Survey and quarterly CIT meetings	Crisis Unit	Annual, Monthly and Quarterly	Stakeholder Survey Complaint log CIT Meetings	VP of Clinical Services and Program Director	0 Complaints	
Satisfaction – Consumer	No reported complaints regarding services provided	Review of all complaints received	Crisis Unit	Monthly	Complaint log	Compliance Officer, VP of Clinical Services and Program Manager will review all complaints	0 Complaints	

<b>Domain – Fuller Residential</b>	<b>Objective</b>	<b>Indicator</b>	<b>Applied to</b>	<b>Measure time</b>	<b>Data source</b>	<b>Obtained by</b>	<b>Target</b>	<b>Results</b>
Accessibility	Increase census of the Fuller Residential Program	Average daily census	Agency – Fuller Residential	Daily and monthly report	Productivity Reports	Leadership team and Division Director	ADC of 20	
Effectiveness	Division Director will review all discharge paperwork to ensure appropriateness	Discharge Summaries	Fuller Residential	Daily	Discharge Summary for all Residential Consumers	Program Director and Division Director	100% Compliance	
Efficiency	Division Director and VP of Clinical Services will oversee staffing to ensure service delivery	Clinical required groups are covered	Fuller Residential	Weekly and daily	Staffing Plan	Program Director	20 hours	
Satisfaction - Stakeholder	Complaints from stakeholders are received and responded to at 100% within 24 hours	100% Complaint logs	Fuller Residential	Daily and Monthly	Complaint logs	Compliance Officer and VP of Clinical Services	100% resolution	
Satisfaction – Consumer	Program Director and Division Director review all Consumer Satisfaction Surveys results	Satisfaction survey scores	Fuller Residential	Yearly	Surveys - MHSIP	COO and Program Staff	Yearly Surveys with General Satisfaction of 3.5 or above	