Program Outcome Quarter Report Training

Presented By:

Strategic Planning Research Evaluation (SPRE) Team

We will discuss…

1. Completing the Outcome Report
2. Entering Outcome Achievement on CMIS/HMIS
3. Submitting Outcome Report on SAMIS
4. CQM Report

Process

Agency submits Quarter Report

For reports needing revision, CSD staff will set up a Technical Assistance call to review or email.

Revised reports must be submitted within 3 business days from TA session.

1

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CSD staff reviews report

For reports not needing revision will be Approved.

Revised reports will be reviewed and approved.

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POC-Point of Contact

Quarterly Report Due Dates

Quarter Period	Due Date
October 1-December 31	January 15
January 1-March 31	April 15
April 1-June 30	July 15
July 1-September 30	October 15

IMPORTANT

*If due date falls on a weekend or a County observed holiday, reports are due next business day.

Common Terms-Definitions

Term	Definitions
Unduplicated Client	An individual who is counted only one time during the contract year receiving one or more services. The Client should be counted only once in the contract year regardless of how many times he/she received services.
Existing/ rollover client	Clients served in one quarter and rolled over to the next quarter or a client served in one quarter and returned back for another episode of care in another quarter within the fiscal year.
Drop-out Client	Client-driven; Client is a no-show, failed to communicate/respond to follow up requests for rescheduled appointments after receiving at least one (1) service.
Discharged Clients	Client who exit program after receiving services.
Contract Year	Fiscal Year period.
Life of the contract	Total life of contract, includes Initial contract period + all renewal periods + extensions (as needed)
Contract	An executed agreement between Palm Beach County and a second party

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Completing the Program Outcome Report

Quarterly Program Outcome Report

Palm Beach County

Agency Name:		Date Submitted:		Number of Unduplicated Clients (Per Contract)	
				Percentage of Client YTD Attainment	#DIV/0!
Service Category:		Completed by:			
Reporting Period:	Quarter 1　Quarter 2　Quarter 3　Quarter 4				
Program Name:					

Outcome #1						
Indicator #1						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services (New Clients in the quarter).						0
# of **existing/ rollover** clients from previous quarter who are active in the program.						0
# of **active clients** in program during the quarter		0	0	0	0	0
# clients **pending evaluation** (have not met time frame based on outcome)						0
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)						0
# **unable to be evaluated**						0
# **previously evaluated** for the indicator in previous quarter within fiscal year (if applicable)						0
# **meeting time frame** to be evaluated for the indicator		0	0	0	0	0
# **attaining** the indicator						0
% Attainment for the Quarter		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Agency:		Date Submitted:		Number of Unduplicated Clients (Per Contract)	
				Percentage of Client YTD Attainment	#DIV/0!
Service Category:		Completed by:			
Reporting Period:	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Program Name:					

- Enter "Agency" name as written in contract
- Enter the date the report was submitted
- Number of Unduplicated Clients to serve per contract
- Enter "Service Category" as written in Scope of Work
- Enter the name of person who completed the report
- Highlight or circle the appropriate reporting quarter
- Enter the "Program Name" as written in Scope of Work

Outcome #1					
Indicator #1					
Quarters	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services					0
# of **existing/ rollover** clients from previous quarter who are active in the program.					
# of **active clients** in program beginning of the quarter	0	0	0	0	
# clients **pending evaluation** (have not met time frame based on outcome)					
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)					0
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)					0
# **previously evaluated** for the indicator (if applicable)					0
# **meeting time frame** to be evaluated for the indicator	0	0	0	0	0
# **attaining** the indicator					0
% Attainment for the Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

- Enter the Outcome exactly as stated in the logic model/scope of work
- Enter the Indicator exactly as stated in the logic model/scope of work

Automatic Calculations-

- " # of Active Clients"
- " # Meeting the time frame"
- "% Attainment for the Quarter"

Instructions

Outcome	Complete using exact Outcome from Logic Model. Write out the outcome to its entirety.
Indicator	Complete using exact Indicator from Logic Model. Write out the outcome to its entirety including the percentage.
# of **unduplicated** clients receiving services	Enter the number of unduplicated clients for each quarter served. This number will help with the annual reporting. Unduplicated Clients would be considered as NEW clients served in the quarter. From Quarter 2-4 the number of unduplicated clients will eventually be your new clients. All Clients served in Quarter 1 will be considered as an unduplicated Client.
# of **existing/ rollover** clients from previous quarter who are active in the program.	Enter the number of Clients who have rolled over from the previous quarter or returned for services again during the fiscal years within quarters 2-4.
# of **active clients** in program during the quarter	No entry; self calculates.
# clients **pending evaluation** (have not met time frame based on outcome)	Enter the number of Clients who are not eligible to be evaluated because duration of service requirements have not yet been met but were served during the quarter for the service referenced in indicator. For some indicators, services must be delivered for a designated time frame before progress can be assessed. In that case, the indicator will state the amount of service time needed before each Client's progress will be included in the report.

Instructions

# clients **dropped out** of program (inactivity/non-compliant/admin discharge)	Enter the number of Clients who dropped out of the program during the quarter. Dropped-out = i.e.. Client-driven; Client is a no-show, failed to communicate/respond to follow up requests for rescheduled appointments.
# **unable to be evaluated** (data missing, change funding source,- other - explain in narrative)	Enter the number of Clients who cannot be evaluated but would have been eligible to be evaluated. This exclusion may include Clients who 1) attended the program sporadically, not enough data and cannot be evaluated; 2) became eligible for services provided by another funding source, 3) failed to complete post-test, closed for non-compliance. Other exclusions may apply; when in doubt, discuss with a SPRE Team Member. **Explain in the narrative report. If applicable, include any quality/process improvement strategies for retention or other identified deficiencies.**
# **previously evaluated** for the indicator (if applicable)	Enter the number of Clients who have been reported for this indicator in the past for the contract year. Depending on the nature of the service, some Clients' progress may be assessed multiple times for a particular indicator in the contract year. When in doubt please discuss with a SPRE Team Member.
# **meeting time frame** to be evaluated for the indicator	No entry; self calculates.
# **attaining** the indicator	Enter the number of Clients who attained the indicator during the current reporting quarter.
% Attainment for the Quarter	No entry; self calculates.

EXAMPLE:

Outcome #1	Clients improve social emotional functioning					
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease of at least 1 point on the CFARS/FARS from their baseline at admission					
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services (New Clients in the quarter).		25	10	5	10	50
# of **existing/ rollover** clients from previous quarter who are active in the program.			9	10	6	
# of **active clients** in program during the quarter		25	19	15	16	
# clients **pending evaluation** (have not met time frame based on outcome)		4	10	5	5	
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)		1		2	1	4
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)		5			2	7
# **previously evaluated** for the indicator in previous quarter within fiscal year (if applicable)				1		1
# **meeting time frame** to be evaluated for the indicator		15	9	7	8	39
# **attaining** the indicator		10	9	5	8	32
% Attainment for the Quarter		66.7%	100.0%	71.4%	100.0%	82.1%

Note: Must explain in narrative why outcome not met for quarter

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Unduplicated Clients

Outcome #1	Clients improve social emotional functioning				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease of at least 1 point on the CFARS/FARS from their baseline at admission				
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services (New Clients in the quarter).		25	10	5	10	50

An individual who is counted only one time during the contract year receiving one or more services. The Client should be counted only once in the contract year regardless of how many times he/she received services.

Existing/Rollover Clients

Outcome #1	Clients improve social emotional functioning					
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease of at least 1 point on the CFARS/FARS from their baseline at admission					
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services (New Clients in the quarter).		25	10	5	10	**50**
# of **existing/ rollover** clients from previous quarter who are active in the program.			9	10	6	

The number of Clients who have rolled over from the previous quarter or returned for services again (new episode of services) during the fiscal years within quarters 2-4.

Active Clients

Unduplicated Clients **+** # Existing/ Rollover Clients **=** # Active Clients

* # of Active Clients are based on enrollments at the beginning of the quarter

Pending Evaluation

Outcome #1	Clients improve overall social emotional functioning.					
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.					
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# clients **pending evaluation** (have not met time frame based on outcome)		4	10	5	5	███

Clients who are not eligible to be evaluated because duration of service requirements have not yet been met but were served during the quarter. For some indicators, services must be delivered for a designated time frame before progress can be assessed. In that case, the indicator will state the amount of service time needed before each Client's progress will be included in the report.

Note: This number is negated from the # of Clients meeting the timeframe to be evaluated.

Drop Out Clients

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)		1	0	2	1	**4**

The number of Clients who dropped out of the program during the quarter.

Dropped-out = i.e. Client-driven; Client is a no show, failed to communicate/respond to follow up requests for rescheduled appointments.

Unable to be Evaluated Clients

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# unable to be evaluated (data missing, change funding source, other - explain in narrative)		5	0	0	2	7

Enter the number of Clients who cannot be evaluated, but would have been eligible to be evaluated.

This exclusion may include Clients who 1) attended the program sporadically, not enough data and cannot be evaluated; 2) became eligible for services provided by another funding source, 3) administrative discharge. Other exclusions may apply; when in doubt, discuss with the CSD Staff.

Previously Evaluated Clients

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# previously evaluated for the indicator (if applicable)		0	0	1	0	1

The number of Clients who have been reported for this indicator in the past for the same episode of care within the contract year. Depending on the nature of the service, some Clients' progress may be assessed multiple times for a particular indicator in the contract year. When in doubt, discuss it with the CSD Staff.

Note: There are times when the client may return for another episode of care and the evaluation of the outcome may restart. Understand that the outcome may be duplicative; however, the client must stay unduplicated and placed in "rollover/existing client".

Ultimate Goal

Total Active Clients

- # pending evaluation

- # drop-out

- # unable to be evaluated

- # previously evaluated

= # meeting time frame

% Attaining the indicator

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# **meeting time frame** to be evaluated for the indicator		15	9	7	8	39
# **attaining** the indicator		10	9	5	8	32
% Attainment for the Quarter		66.7%	100.0%	71.4%	100.0%	82.1%

attaining the indicator ÷ # meeting time frame = % Attainment for the Quarter

Putting it all together

Outcome #1	Individuals will achieve one objection on the indivdual Education/Support Plan				
Indicator #1	85% 48 out of 57 individuals will achieve one objection on the individual education/Support Plan per year, according to the time frame				

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services (New Clients in the quarter).	57	0			57
# of **existing/ rollover** clients from previous quarter who are active in the program.	0	56			56
# of **active clients** in program during the quarter	57	56	0	0	113
# clients **pending evaluation** (have not met time frame based on outcome)	47	40			87
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)	1	0			1
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)	0	0			0
# **previously evaluated** for the indicator in previous quarter within fiscal year (if applicable)	0	9			9
# **meeting time frame** to be evaluated for the indicator	9	7	0	0	16
# **attaining** the indicator	9	7			16
% Attainment for the Quarter	100.0%	100.0%	#DIV/0!	#DIV/0!	100.0%

Support Documentation:

- Active Client Report- List for the program during quarter (Highlight New Clients)
- Enrollment Services Report-Clients who were evaluated for outcome during quarter (Highlight clients who obtained the outcome)

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Detailed Demographics and Outcomes

The SPRE Team will be conducting Quality Assurance checks
of detailed reports against the program outcome reports
on a quarterly basis.

Data Software data collection/pulls.

- Client Track (All categories except for programs using CARISK for same program)
- Demo Outcome Spreadsheet (Behavioral Health Category using CARISK for same program)

*Agencies are required to pull their data within the quarter and send it along with the "Program Outcome Report" for quality assurance purposes.
Trainings are available for system data pulling.
* USE CLIENT ID ONLY(NO PERSONAL NAMES)

Outcome Desk guide

Desk Guides

ClientTrack Data Entry and Reporting*

Produced by:
Strategic Planning, Research, and Evaluation Team,
Community Services Department (CSD)

Community Services - Financially Assisted
Agencies Home

Data Verification Form

AGENCY shall complete a Data Verification Form by the deadline provided after the end of the contract year. The Data Verification Form certifies that the data provided is final and can be published in the FAA annual report. The Data Verification Form is located on the FAA webpage.

2

Entering Outcome Achievements in HMIS/CMIS

1. Click on Client Dashboard

2. Click on "Enrollment and Services"

3. Click on "Services"
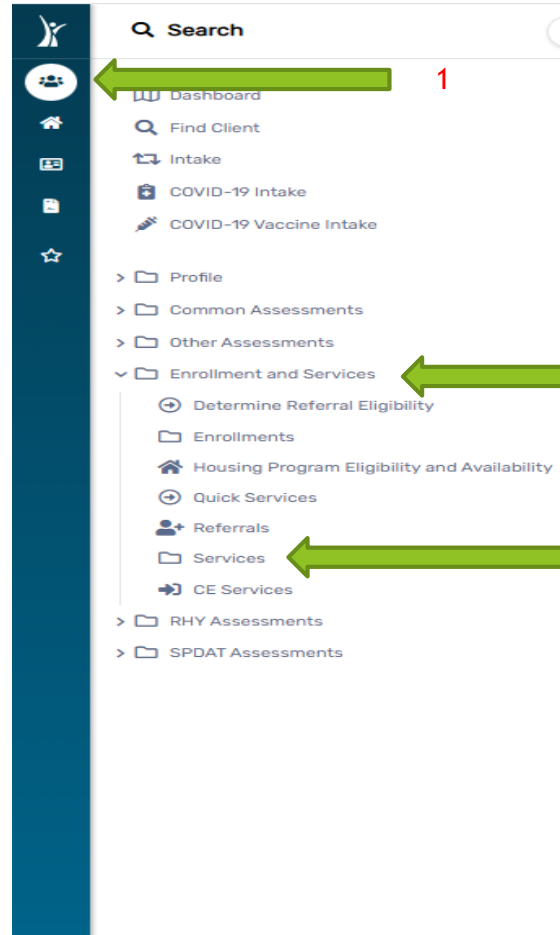
The client's service history displays below. To record a service, click **Add New Service**. To record multiple services, click **Quick Services**. To edit or view an existing service, click **Edit Service** next to the record.

4

+ Add New Service | ℹ Quick Services | + Add CE Event

2 results found.

Enter the information about the service provided to the client below.

Family Income:	↻
No Recent Income	
Family Members	3
Poverty Level	$2,151.67

Enrollment: * -- SELECT --

5 Grant: AACY - Caregiving Youth Project

Service: * Follow Up Service: Outcome Achieved

Date: * 11/05/2024 📅

Units Of Measure: *
○ Dollars
○ Minutes
● Count
○ Hours

Units: * 1.00

Unit Value: * $0.00

Total: $0.00

User Performing the Service: Joanna Reid 🔍

Comments:

4. Click on "Add New Service"

5. Add Enrollment, Grant, Services

   - Follow Up Service (Outcome Achieved, Not Achieved)

6. Add Enrollment, Grant, Services

   - Follow Up Service (Stably Housed, Unstably Housed)

3

Submitting Outcome Reports on SAMIS

Access the Program Outcome Report via the QR Code above
or the webpage link here: https://lxm.cc/5jhnw0

1. Select the "Sign In" tab.
2. NOTE: If you do not have a SAMIS account, please contact Ataylor3@pbc.gov .
3. Enter your SAMIS Login ID.
4. Enter your SAMIS Password.
5. Select the blue "Sign In" button.

Program Outcome Report

To continue, please register below or sign in if you already have an account.

Sign In   Register

If you already have an account on this website, enter your email address and password below. If not, click on Register to create your account.

Login ID

Password

Remember Me   Forgot your password?

Sign In

Having trouble? Contact Support

5. In the Attach File(s) field, select the grey "Choose File" button and select all of the documents you wish to upload, including but not limited to the Quarterly Outcome Report and Client Level Data.

6. Enter the date on which this report is being filled out.

7. Select the Agency of which you are reporting on the behalf of.

8. Select the Program within the Agency of which you are reporting on the behalf of.

9. Select the Service Category related to the Program within the Agency of which you are reporting on the behalf of.

10. The Fiscal Year will be automatically filled in depending on when the report is being filled out

11.   Select the Fiscal Quarter of which you would like to report on.
   a.   Quarter 1 – October 1st – December 31st
   b.   Quarter 2 – January 1st – March 31st
   c.   Quarter 3 – April 1st – June 30th
   d.   Quarter 4 – July 1st – September 30th

12.   Based on your Program's Outcome, enter if Outcome #1 was met.

13.   If "Yes" was selected previously, you may move on. If "No" was selected, please explain why not as thoroughly as possible.

14.   Repeat Step 12, but for Outcome #2. If your program does not have an Outcome #2, select Not Applicable (N/A)

15.   Repeat Step 13, but for Outcome #2. If "Not Applicable (N/A)" was selected previously, you may move on.

16.   Repeat Step 12, but for Outcome #3. If your program does not have an Outcome #3, select Not Applicable (N/A)

17.   Repeat Step 13, but for Outcome #3. If "Not Applicable (N/A)" was selected previously, you may move on.

18.   Share a Success story, relevant to your Agency and the desired Outcome(s). This Success Story may be shared in our Annual Community Investment Portfolio.

19.   Enter your Full First and Last Name. This, along with your Email, will be used to contact you in the case of any questions as well as to notify when the report has been fully processed.

20.   Enter your Signature. This can be done directly on the virtual Signature Pad, using a mobile device, and/or external Signature Pad. Once entered, the signature can be saved for future use.

21.   Enter your email address associated with your Agency. This, along with your Full Name, will be used to contact you in the case of any questions as well as to notify when the report has been fully processed.

22.   Select the blue "Save & Submit" button to submit your report to Community Services Staff for processing.

NOTE: If any required fields are not filled out before submitting, an error will appear in red, displaying what was missed and preventing the document from being submitted.

AGENCIES PLEASE NOTE:

This section is for Palm Beach County – Community Services Department Staff ONLY.

Please disregard.

What Gets Measured Gets Done

"What gets measured gets done; If you don't measure results, you can't tell success from failure; If you can't see success, you can't reward it; If you can't reward success, you're probably rewarding failure; If you can't see success, you can't learn from it; If you can't recognize failure, you can't correct it; If you can demonstrate results, you can win public support."

Source: Prajapati Trivedi. (1994). Improving Government Performance: What Gets Measured, Gets Done. Economic and Political Weekly, 29(35), M109-M114. http://www.jstor.org/stable/4401682

Contact Information

For Any Technical Assistance:

Program Outcome & CQM Reports:

- Housing & Homelessness: Adam Reback Areback@pbc.gov
- Economic Stability/Mobility: Angela Cruz ACruz1@pbc.gov (Economic Stability)
- Dr. Poulomy Chakraborty Pchack@pbc.gov (Economic Mobility-IDD)
- Behavioral Health & Substance Use: Latoya Newby Lnewby@pbc.gov

- For other questions: Dr. Joanna Reid-Enoise Jreid2@pbc.gov

4

Continuous Quality Management Training

What is Continuous Quality Management?

➢ Continuous Quality Management (CQM) is a systematic, structured, and continuous approach to meeting or exceeding established professional standards and user expectations.

➢ The continuous quality improvement model consists of four stages:
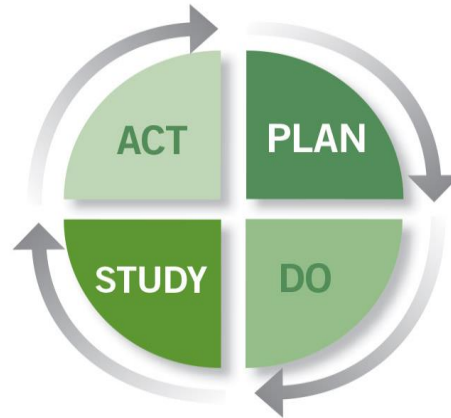
Benefits/Purpose of CQM

➤ Capacity building to develop and strengthen the skills, instincts, abilities, processes, and resources that organizations need to survive, adapt and thrive

➤ Funding towards CQM is to strengthen services

➤ Quality **Improvement**

➤ **NOT:** A change in your mission, a way of keeping tabs on agencies, or "busy work"

Continuous Quality Management Projects
Submission Proposal Template

Start Date: **End Date:**

Project Title:

Agency Name: **Project Lead:**

Aim Statement (What you are trying to accomplish?):

- **Specific**- targeted population
- **Measurable**- what to measure and clearly stated goal
- **Achievable**- brief plan to accomplish it
- **Relevant**- why is it important to do now
- **Time Specific**- anticipated length of cycle

PLAN

Test/Implementation Plan (Think about what changes you can make that will result in an improvement):

What change are you testing with the PDSA cycle(s)? Who will be involved in this PDSA? How long will the change take to implement? What resources will you need? List your action steps along with person(s) responsible and timeline.

Prediction:

Data Collection Plan (Think about how you will know the change is an improvement):

What data/measures will be collected? Who will collect the data? When will the collection of data take place? How will the data (measures or observations) be collected and displayed? What decisions will be made based on the data?

DO

Activities/Observations:

Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage. Describe what actually happened when you ran the test.

STUDY

Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for unintended consequences, surprises, successes, and failures. Describe the measured results and how they compared to the predictions.

ACT

☐ **Adapt** – Modify the changes and repeat the PDSA cycle.
☐ **Adopt** – Consider expanding the changes in your organization to additional clients, staff, and units.
☐ **Abandon** – Change your approach and repeat PDSA cycle.

If Adapt or Abandon, describe what modifications to the plan will be made for the next cycle from what you have learned.

Example of a CQM Project

Project Objective: Decrease the no-show rate among Haitian clients that have received at least one service from the PBC Ryan White Program (programmatic project)

- See example of Ryan White project on next page using PDSA template

PALM BEACH COUNTY
RYAN WHITE HIV/AIDS PROGRAM
Plan Do Study Act (PDSA) Form

Cycle #: 1   **Start Date:** 4/5/21   **End Date:** 10/5/21

Project Title: Improving No Show Rates Among Haitian Clients

Agency Name: PBC Ryan White Program   **Project Lead:** Juliane Tran

Aim Statement (What you are trying to accomplish?):

- **Specific**- targeted population
- **Measurable**- what to measure and clearly stated goal
- **Achievable**- brief plan to accomplish it
- **Relevant**- why is it important to do now
- **Time Specific**- anticipated length of cycle

By the end of GY 21, decrease no show rate among Haitian clients that have received at least one service from the PBC Ryan White Program from 18.4% to 8.4% by providing appointment reminders by phone 1 week prior to scheduled appointments.

PLAN

Test/Implementation Plan (Think about what changes you can make that will result in an improvement):

What change are you testing with the PDSA cycle(s)? Who will be involved in this PDSA? How long will the change take to implement? What resources will you need? List your action steps along with person(s) responsible and timeline.

Beginning on 4/5, John will call Haitian clients with appointments scheduled for the next week to remind them of their appointment and report any barriers they identify to Jane. John will need to set aside 2 hours to complete this task each week.

Prediction: Clients who receive appointment reminders by phone the week before their scheduled appointment will keep their appointments at an increased rate

Data Collection Plan (Think about how you will know the change is an improvement):

What data/measures will be collected? Who will collect the data? When will the collection of data take place? How will the data (measures or observations) be collected and displayed? What decisions will be made based on the data?

Jane will monitor monthly no show rates for Haitian clients and report to the QM committee at each quarterly meeting. No show rates of clients who received appointment reminders will be compared to no show rates of clients who did not receive reminders.

DO

Activities/Observations:

Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage. Describe what actually happened when you ran the test.

After 3 months of testing the change, John reports that some clients wanted to reschedule their appointment, requested transportation assistance, did not answer the phone and a voice message was left, and others confirmed that they would attend their appointment. Many clients had a disconnected number listed in PE and some clients requested to receive a text message reminder instead of phone call in the future, but John does not have that ability from his office phone. John has called clients at different times and days based on availability of his schedule.

STUDY

Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for unintended consequences, surprises, successes, and failures. Describe the measured results and how they compared to the predictions.

No show rates are trending downward among clients that received an appointment reminder which supports our prediction. John learned that he had the best success rate when he called clients on Mondays between 10am-11am. The no show rate after 6 months decreased from 18.4% to 12.4% which is more than halfway to our goal for GY21. We were surprised with the number of clients that did not have working phone numbers in PE.

ACT

☑ **Adapt** – Modify the changes and repeat the PDSA cycle.
☐ **Adopt** – Consider expanding the changes in your organization to additional clients, staff, and units.
☐ **Abandon** – Change your approach and repeat PDSA cycle.

If Adapt or Abandon, describe what modifications to the plan will be made for the next cycle from what you have learned.

John will be provided a cell phone to send reminders to clients that request text messages, and will call clients between 10-11am every Monday. Jane will ask all Case Managers to confirm client phone numbers at each appointment in the future.

Please submit completed form to Juliane Tran: jtran@pbcgov.org

Contractual Requirements/Timeline

➢ AGENCY agrees to implement a CQM Project for their funded programs.

➢ AGENCY will participate in a required training for CQM project within the first quarter of their contract.

➢ AGENCY will provide a written description of their CQM project after the required training: **Due January 15, 2025**

➢ AGENCY will begin implement their CQM project by the end of the second quarter. **Project Start Jan-March 2025**

➢ AGENCY will report on the progress of their CQM quarterly. **Due April 15, July 15, October 15, etc.**

➢ COUNTY will provide the CQM training and technical assistance throughout the implementation of the AGENCY'S CQM project.

Email Housing & Homeless CQM Project Submissions to Areback@pbc.gov

CQM Document Guide

➢ January 15, 2025- Submission Proposal Template- PLAN Phase

➢ April 15, 2025- Progress Reporting Template- DO, STUDY, ACT Phases. April 2025 submission will be the beginning of the implementation/quarterly updates

➢ July 15, 2025 & Onward- DO Phase- report on progress quarterly and submit, will span multiple quarters.

➢ When all phases are completed, this will also serve as the final project report.

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Fiscal/Billing Procedure

- CQM total cost is 5% of the contract annual amount. This is valid for the life of the contract

- Billing and Tracking Hours: Based on Actual Cost

- Use hourly billing- simply track the hours worked on CQM projects separately (you can keep a log or use the electronic sign-in/out sheets) and then bill us for those hours.

- Submit CQM billing with a monthly invoice via SAMIS

- ANY QUESTIONS? Contact Fiscal

Exhibit B

Service Name and Definition of Unit of Service	Unit Cost	Total FY23	Total FY24	Total FY25	Total 3 Year Contract Amount
Service: Case Management and Direct Services Unit of service defined as one (1) hour of staff time in direct client services	$95	$150,000	$150,000	$150,000	$450,000
Service: CQM Unit of service defined as one (1) hour of staff time of direct CQM services.	$35	$7,500	$7,500	$7,500	$22,500
Total Contract over a three (3) year period		$157,500	$157,500	$157,500	$472,500

THANK YOU!!!

CQM QUESTIONS?

Adam Reback   **Areback@pbc.gov**

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