**Performance Outcome Report Directions**

The Performance Outcome Report is an uploaded document. This report is where results of the program performance outcomes related to Access, Consumer Outcome and Utilization measures are described in detail. You will complete the Consumer Access and Consumer Outcomes sections at the end of year only. While you will complete the Utilization Data section at the end of each quarter to report data specific to the quarter, utilization data for the year as whole is to be included in the Performance Outcome Report.

**Important Instructions:**

In this document you will include the estimated program outcomes identified in your program application *and* report the actual results achieved by your program over the last fiscal year. Please use the attached template to complete the performance outcome report. Please answer all questions with the exception of questions 13 and 14, which are optional. If you believe a question does not apply to your program, please indicate that by writing ‘not applicable’.

In the performance outcome report template, items that are to come directly from your program application are clearly specified. For these items, please simply copy and paste your application response. Then, the template will ask you to report on your actual results. Please report actual outcomes in a way that is directly comparable to your estimated outcomes (i.e. do not compare an estimation for people given vouchers to actual outcomes for people given assessments). You may include a narrative explanation, but please do so only *after* you report the actual outcomes achieved.

We have done our best to make items clear and self-explanatory, though for some items you may wish to refer to the glossary (included at the end of the performance outcome report template) for a specific description of a term (e.g. Non-Treatment Plan Client).

**In summary:**

Please respond to all items included in the performance outcome report template (indicating not applicable when necessary). When prompted, copy estimated outcomes for Access, Consumer Outcome and Utilization included in the program plan (application) and then the actual results for outcome. Once you have completed the performance outcome report, please upload this document to the Quarterly Report page. Please **do not include** this instruction page in your uploaded file.

This template is the only acceptable structure for reporting Performance Outcome Data. Please respond to all questions included in the Performance Outcome Report Template, and then upload your final document to the portal.

**Glossary**

Evidence Based Model (Evidence Informed/Best Practice/Promising Practice Model): When a program uses an evidence based model, the services it provides are based on a combination of the best available research, clinical expertise, and patient values. See the appendix for examples of evidence-based tools and assessments that you can use to collect data on consumer outcomes.

Performance Measures: Measures of your program’s performance as reported through consumer access, outcomes, and utilization.

Consumer Outcomes: The impacts on a consumer after receiving your service. For example, a consumer may experience increased quality of life or decreased substance use following your service. Consumer outcomes can be measured using the evidence-based tools and assessments provided in the appendix.

Comparative Target/Benchmark: If the service you are providing has been utilized and evaluated by another program, using the data collected by that program on the service and comparing it to the data you collect on your own program’s service would provide you with a comparative benchmark.

Estimate: What you expect or anticipate based on your informed best guess.

**Service Category Definitions for Funded Programs**

Community Service Events (CSE): Number of contacts (meetings) to promote the program, including public presentations (including mass media shows and articles), consultations with community groups and/or caregivers, school class presentations, and small group workshops. DO NOT count things like individual participants who attended an event, or number of pamphlets passed out, as a count of CSEsThe focus of a CSE is on activities that promote the program or educate a targeted audience about the program. Units of measurement are the following:

* Public presentations – Each presentation is 1 CSE
* School class presentations- Each class presentation is 1 CSE
* Small group workshop sessions to promote healthy lifestyles- Each workshop is 1 CSE
* Meetings between agencies to plan community service events
* Interviews with reporters or the articles, programs or shows that result (do not count number of people, stations, or newspapers to which items are distributed)- Each unique interview or article, program, show that results is 1 CSE.

Distribution of public service announcements, newsletters, and pamphlets: Each distribution event is 1 CSE, or each unique PSA is 1 CSE. Note that attending or participating in a regularly scheduled meeting where you do not give a presentation on your program or participate in planning an event related to the program is not a CSE.

* A total target number of Community Service Events might be comprised of the number of parent education meetings to be held, the number of community/public meetings planned, and the number of planning meetings to organize an event. Or you may only be counting the parent meetings under your program, so you reference the total number of parent meetings to be held and reported as CSEs.

Service Contacts/Screening Contacts (SC): Number of phone and face-to-face contacts with consumers who may or may not have open cases in this program - includes information and referral contacts, initial screenings/assessments, or crisis services. This may also include contacts for non-case specific consultations. To be counted, the contact requires engagement; it is not an unanswered telephone call/correspondence. Screening contacts wherein initial assessments are completed is the preferred usage of this category. The number of contacts (quantify) is to be counted here; hours of service fall in the “Other” category. Hours of service should not be used in the “Other” category without a quantification of the volume of individual client service encounters expressed as Service Contacts.

* For example, the Service/Screening Contact target number may be a total of persons receiving an assessment plus total of screening or non-case specific contacts plus total of service encounters with treatment plan clients. Or you may be reporting only the number of service encounters as a service contact. But whether the former, the latter, or some other combination, each subcategory included in the target number must be defined in the narrative.

Treatment Plan Clients: Service recipients with case records and treatment (or service) plans. Each client should be counted only once each year - either as a continuing client or as a new case. A continuing treatment plan client is one whose case was opened in the previous agency operating year, who continues to receive services during the current year. New treatment plan clients are those whose cases were opened during the current year.

* New TPCs should represent the number of new unduplicated clients for whom an assessment has been completed and a treatment plan prepared to treat the diagnosed condition. For example, “Q” number of clients will complete an assessment and engage in services and will be counted as a TPC (note that each individual session is a service encounter and can be counted as a service contact – see above).

Non-Treatment Plan Clients: Service recipients with case records but no treatment (or service) plans, to which substantial services are provided. Operational definitions are negotiated with each program, based on the nature of its services. Examples may include: recipients of material assistance, cases in which considerable outreach is done but the individual never commits to treatment/service, cases closed before a treatment/service plan was written because the person did not want further service, cases in which a client is seen as a service to another agency but does not receive program services beyond assessment, (e.g. a court-requested evaluation), and youth enrolled in and participating in an after school program.

* A new NTPC may be a person who has enrolled in a program or service that does not treat a diagnosed condition, i.e. no treatment plan required, such as a prevention oriented service. It may also be a parent, child, or sibling of the primary client, who is participating in a program but does not have a treatment plan. For example, “X” number of parents will participate in a parent education class (note that the class can be counted as a CSE) or “X” could represent someone who had an assessment completed (assessment is counted as a service contact) but then did not engage in treatment and so will be counted as an NTPC.

Other: Applicants may use one indicator of their own invention such as contact hours, discharges, intakes, etc. Contact Board staff for further information. Other must have been defined in the Utilization Section of the Part I form as part of the submitted application.