

FY24 Productivity & Documentation Standards

MINIMUM PRODUCTIVITY REQUIREMENTS

Role	Standard	90%	80%
Therapist/Office-based CM/Peer	1008/year 84/month	907	806
New Therapist/ Office-based CM/Peer	Month 1: 25 hours Month 2: 84 hours	854	759
*Community Case Manager/ FPSS/Peer/RSS Part-time	816/year 68/month 34/month	734	653
*New Community CM/FPSS/ Peer/RSS	Month 1: 20 hours Month 2: 68 hours	691	614

*Community = 1/3 of time in community setting.

DOCUMENTATION STANDARDS

Progress Notes:

Davis Behavioral Health encourages concurrent documentation but requires same day documentation.

Assessments:

Assessments should be documented within 24 hours. If it is not clinically indicated to provide a complete diagnosis at the end of the first meeting, a provisional diagnosis must be entered.

Treatment Plans:

Same day documentation required. Treatment plans are developed face-to-face in conjunction with the client/family. Documenting a treatment plan without the client present is not a billable service and does not count toward productivity. Apart from crisis and residential treatment, a treatment goal/objective must be in place prior to onset of any service beyond evaluation.

COACHING and DISCIPLINE

DBH is invested in the success of its employees and, therefore, begins with teaching and coaching. However, when an employee has had low productivity and/or documentation performance for **3 consecutive months** the following applies:

- **For employees between 90% - 99%:** Have a verbal discussion with written steps of how to meet expectations. This is not corrective action and does not go in the HR file, but rather is a verbal or written plan reflective of mutually identified strategies to meet standards.
- **For employees between 80% - 89%:** Create a written performance improvement plan (PIP) with the employee; supervisor will continue encouraging, coaching, mentoring. A written PIP is between employee and supervisor, does not go into the HR file but the clinical director will be notified.
- **For employees between 70% and 79%:** Place the employee on corrective action. If the supervisor has not initiated corrective action, the Program Director will initiate the corrective action process by working with the supervisor. Corrective action is done in conjunction with HR.
 - Employee must be able to maintain target for 3 months prior to corrective action being successfully completed.
- **NOTES:**
 - DBH does not engage in repetitive performance improvement plans when baseline expectations are not met or maintained. Please reference the DBH Employee Handbook Policy No. 208 – Standards of Employee Conduct. DBH may engage in corrective measures at any point outside of these guidelines.

PROBATIONARY STATUS

A probationary period at DBH lasts for 6 months and is a time when core performance areas are mastered and sustained. DBH has three probationary types:

- ***Introductory***: All new employees must be employed for 6 months and have 3 consecutive months at 100% of standard OR be at 95% of productivity standards at the end of the 6 month period to have their probationary status removed.
 - New employees who are not meeting agency standards may have their probationary period extended or their employment terminated.
 - Employees do not receive COLAs or salary adjustments during this period.
- ***Transfer and Promotion***: Employees who transfer or are promoted into a different position enter into a 6-month period of time where they are expected to master the core skills of the new position.
 - At the end of this period an employee is typically removed from probation.
 - If the employee has not met the basic job duties at the end of this period, the organization may: 1) extend the probationary status, 2) explore other positions for this employee within the agency, or 3) move to termination.
 - Employees receive COLAs and salary adjustments during this period.

FAQs:

Q: Will an employee only receive coaching and discipline for issues surrounding productivity and documentation?

A: No. While this document pertains to productivity and documentation, similar strategies may be implemented for other employee performance issues.

Q: Can I get productivity for anything other than a billable service?

A: Yes. Participation in DBH approved consultation groups will earn productivity hours if you are implementing an evidence-based practice. Please see supervisor for details.

Q: Do I get productivity for receiving or providing supervision?

A: No.

Q: What are the scheduling requirements?

A: All full-time staff are expected to account for 40 hours of client care each week.

- Within each program there is a minimum clinical scheduling standard which allows time for care coordination, documentation, staffing meetings, EBP consultation, etc. If a provider chooses not to participate in those approved activities the expectation is to increase the number of direct service hours to account for a full work week.
- Minimum Direct Service Scheduling (adjustments may made for number of groups held):
 - Adult MH - 34 hours
 - CY - 32 hours (lower due to coordination of care demands)
 - SUD – 29 - 34 hours (please see supervisor for direction)
- First and last appointments of each day need to be a direct care service.

Q: Do I get productivity credit for attending training?

A: No. Employees may flex their schedules for approved training that occurs outside of their regular schedule. Please coordinate with your supervisor.

NOTE: Mindfulness Based Stress Reduction (MBSR) is an evidence-based course that DBH offers for staff wellness and resilience. DBH Clinical Leadership encourages employees to take advantage of this course and will work with you to flex your schedule.