

# POLICY AND PROCEDURE

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## REACH for Tomorrow

### **Program Evaluation and Annual Review Policy**

#### **Partial Hospitalization Program (PHP)**

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

#### **Purpose**

To establish procedures for conducting a comprehensive annual evaluation of the Partial Hospitalization Program (PHP). The evaluation process ensures that services remain effective, responsive to the needs of individuals served, and aligned with organizational goals, regulatory requirements, and accreditation standards.

#### **Policy**

The organization conducts a formal annual review of the Partial Hospitalization Program to evaluate service effectiveness, client outcomes, operational performance, and overall program quality. Findings from the annual evaluation are used to support continuous quality improvement and strategic program development.

#### **Scope**

This policy applies to all services provided within the Partial Hospitalization Program and includes review of clinical services, operational performance, safety practices, and satisfaction of individuals served and staff.

#### **Components of the Annual Program Evaluation**

The annual review may include analysis of multiple program indicators, including:

- Clinical outcomes and symptom improvement data
- Client satisfaction and experience feedback
- Program completion and discharge outcomes
- Crisis incidents and hospitalization trends
- Staff performance and staffing adequacy

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- Operational efficiency measures
- Compliance with policies, procedures, and regulatory standards

### Data Sources

Program evaluation utilizes information from various sources including:

- Performance indicator dashboards
- Outcome measurement tools (PHQ-9, GAD-7, etc.)
- Client satisfaction surveys
- Incident and risk management reports
- Staff feedback and program improvement suggestions
- Documentation and chart audit findings

### Evaluation Process

Program leadership coordinates the annual evaluation process which may include:

- Review of performance data collected throughout the year
- Identification of trends affecting service quality or safety
- Assessment of program strengths and areas requiring improvement
- Review of previous corrective action plans and improvement initiatives

### Program Improvement Planning

Based on evaluation findings, leadership may develop improvement strategies which may include:

- Policy or procedure revisions
- Staff training initiatives
- Operational workflow improvements
- New service development or program expansion

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### Reporting

Results of the annual program evaluation are summarized in a written report that may include:

- Key performance findings
- Outcome trends
- Client satisfaction results
- Identified improvement priorities
- Action steps for program enhancement

### Leadership Review

The program evaluation report is reviewed by organizational leadership and may be shared with clinical staff or governing bodies when appropriate to support transparency and program improvement.

### Documentation

Program evaluation documentation may include:

- Annual evaluation reports
- Quality improvement meeting minutes
- Performance dashboards and data summaries
- Corrective action plans

### Quality Improvement Integration

Annual program evaluation findings are incorporated into the organization's continuous quality improvement processes to ensure ongoing monitoring and enhancement of services.