

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2016/2017

***Please see the corresponding statistical data and graphs for performance trends relative to goals outlined within this grid*

OVERALL QUALITY REVIEW

2016 - 2017 YEAR IN HIGHLIGHTS AND ACCOMPLISHMENTS

Client Numbers Trending Upward!

- Over 876 clients served in 2016

Consistently Meeting the needs of Clients

- Average overall Client Satisfaction score is 80.43%

Successful Strategic Planning Goal: Diversify Funding Sources

- Doubled the amount of clients served in private and alternate insurance sources.

Client Centered Focused Treatment

- Client Handbook updated to reflect the average reading ability of clients. The new client handbook should be more user friendly and easily understood

It is the goal of the Quality Assurance team in the 2016 /2017 to become more accurate at the analysis and reporting of data and therefore have included more efficient practices to support the use of data collected and analyzed. At the end of June, the Quality Management team decided to focus on reviewing the data collected bi-annually versus quarterly in order to ensure sufficient time for planning and implementation.

Consistent with previous reports, the bi-annual report contains two sections. The first section presents the core aspects of quality for business performance and then the second section for programmatic performance. The data collected every six months is presented for each aspect,

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and is compared to the indicator “threshold percentile” which reflects the quality standard the agency internally uses to define when corrective actions are required. These activities are minimally monitored and trended every six months but can be increased as needed. These measured occurrences assist the agency in identifying additional areas that may require increased surveillance, study or action. The report then describes specific findings based on the data, and the action steps planned or underway to increase performance in this area.

When possible, agency data is compared with national data. This offers a comparison of Comprehensive Community Services with a national standard that provides some indicator as to how the agency measures up with like agencies throughout the country. National data trends are usually obtained from the Substance Abuse Mental Health Services Administration (SAMHSA) and/or the World Health Organization (WHO).

ADMINISTRATIVE PERFORMANCE IMPROVEMENT GRID

BUSINESS

Indicator	Goal	Data Source	Application	TIMING	Obtained By	Date of Goal Origination and Type of Measure
Client Satisfaction	80% or more of all clients served will indicate an overall satisfaction rating with treatment services provided.	Consumer Surveys	All clients served	Quarterly	QI Team	01-2016 Satisfaction
Quarter Three						

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60 Respondents 30 males and 30 Females
 76.66% of clients indicated that they are satisfied with the treatment program. 38.33% of the 76.66% rated their satisfaction as above average. This indicator is below our performance standard and will be monitored more closely by the QA team. The satisfaction rates are higher in Outpatient services however in comparison to residential. Outpatient score being 84.27%. Some of the indicators that seem to have driven the satisfaction score down on the residential side are in the areas of Food Service and
 88.34% of clients indicated that they were treated well by staff however. 51.67% of the 88.34% rated their treatment as above average. Which is over half of all respondents and an indicator that the clients at least feel respected by staff. This high percentage of clients feeling like they have been treated favorably by staff has remained consistent from 2015 to 2016 and is one of the things that management will continue to reinforce. The Board of Directors has clearly have stated that they want clients to leave the CCS having hope and feeling like they matter. This view point is contrary to how clients feel upon entry. 80% of clients reported that they would return to CCS in the event of relapse. With 51.67% of them strongly agreeing that they would return.

Quarter Four

38 Respondents 23 Male 15 Females
 84.21% of clients indicated that they are satisfied with the treatment program. 57.89% of the 84.21% rated their satisfaction as above average. This percentage has increased in the last quarter. The Quality Assurance team will continue to monitor this data.

Responsive-ness to community	90% of community stakeholders surveyed will express overall satisfaction with services	Stakeholder Survey	Identified list of community stakeholders	Quarterly	QI Team	01-2016 Satisfaction
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Quarter Three

12 surveys mailed and sent by electronic email. Two responses received. One by mail and the other an email response. The surveys indicated an above average satisfaction rate on 84% of the answer. One of the stakeholders wrote that CCS has a “very favorable reputation in the community” and indicated that John, an outpatient therapist, was very compassionate about the clients that he works with in the community. The stakeholder stated that many of the Judges refer clients to CCS because of John’s passion for his work.

The Quality Assurance team is going to identify additional strategies in order to receive a higher response. The team contacted the

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stakeholders in order to get an understanding of how they would prefer to give their input. The highest response was by sending a survey electronically through email. This method is already being utilized; however the response was still low. The team has agreed to enhance this method by sending a follow up reminder email and/or making a follow up phone call to get a higher response rate. Another suggestion given was having a focus group of community stakeholders and invite persons from the public, private and social service sector. This would give the opportunity for CCS to explain more of the services provided by the company meet key staff and then get an understanding of what the areas of strength and growth are of the company. The Quality Assurance team has agreed to plan an event like this with the stakeholders by the end of 2016. The following goals and expectations have been established:

1. Invite 30 community stakeholders (with the hopes of 15 being in attendance)
2. Maximum two hour event
3. Facilitated by a Board Member
4. Discuss the overall program flow, mission and vision of CCS
5. Conduct an initial survey
6. Tally the results and pick 3 “hot button” issues or trends identified from the surveys
7. Facilitate a working session on how to address these hot button issues (it was suggested that this portion be facilitated by the quality assurance team or someone totally neutral)
8. Send a follow up action plan to all participating stakeholders with a follow up token of thanks

Customer Service	70% of clients will report that they received above average or better Customer Service while in treatment	Consumer Survey	All clients served	Quarterly	QI Team	01-2016 Satisfaction Effectiveness
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Quarter Three

76.66% of clients in Q3 at exit rated the staff average or above in customer service. 38.33% of the 76.66% rating staff above average to excellent in the areas of customer service. The team will continue to monitor this statistic.

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Quarter Four
78.95% of clients in Q4 at exit rated the staff average or above in customer service. 47.37% of the 78.95% rating staff above average to excellent in the area of customer service. The team will continue to monitor this statistic.

HUMAN RESOURCES

Indicator	Goal	Data Source	Application	TIMING	Obtained by	Date of Goal Origination and Type of Measure
Employee Satisfaction	Solicit information from employees in order to measure Employee Satisfaction; goal of 80% overall satisfaction with company.	Employee Surveys, Focus Groups	2016 – 2017 Fiscal Year	Bi-annually	Quality Improvement Team HR Department	01-2016 Satisfaction

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The survey was distributed in hard copy to all employees in residential and outpatient services. Hard copy responses were entered into Survey Monkey by the Quality Assurance team. Survey period was from May 2st to Jun 30th 2016. Survey participation is voluntary. The respondents drastically increased from 2015 to 2016. The Quality Assurance team sent out constant reminders via email and during regular scheduled meetings to urge staff to complete the survey. The response rate was 76%.

Staff Positions

Board Member –	Leadership –	Clinical Staff –	Direct Care –	Education Staff –	Support Staff –	Administrative –	Total –
10.00% 4	7.50% 3	27.50% 11	25.00% 10	2.50% 1	10.00% 4	17.50% 7	40

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Location	
Residential –	Outpatient –
0.775% 31	0.075% 3

The QA team thought it would be important to understand for the purpose of accuracy that the survey instructed respondents to select from a six point scale of agreement: Strongly Agree, Agree, Agree Slightly, Disagree Slightly, Disagree, and Strongly Disagree. For purposes of presentation in this report these were recoded to: Agree (combined Strongly Agree, Agree), Neutral (Agree Slightly, Disagree Slightly), and Disagree (Disagree, and Strongly Disagree).

Overall Satisfaction Score:

The average agreement for all respondents for the statement “I am satisfied with this organization as a place to work” was 91.23%. 63.16% of the 91.23% strongly agree that they are satisfied with the organization as a place to work.

High Performance Indicators:

The average agreement for all respondents for the statement “I am given the opportunity to do challenging and interesting work” was 96.49%. 66.67% of the 96.49% strongly agree that they are given the opportunity to do challenging and interesting work.

The average agreement for all respondents for the statement “my supervisor’s technical competence is appropriate” was 94.74%. 68.42% of the 94.74% strongly agree that their supervisor’s competence is appropriate.

The average agreement for all respondents for the statement “My supervisor has awareness and understanding of problems within the workplace” is 94.74%. 59.67% of the 94.74% agree that their supervisor has awareness and understanding.

Low Performance Indicators:

The average agreement for all respondents for the statement “My pay is appropriate for my skill level and education” is 68.42%. 19.3% disagree with this statement. 3.51% of 19.3% Strongly Disagree.

The average agreement for all respondents for the statement “I am satisfied with my pay compared with the pay at similar jobs in other

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agencies and organizations” is 70.17%. 17.54% disagree with this statement. 5.26% of 17.54% Strongly Disagree.

SERVICE DELIVERY PERFORMANCE IMPROVEMENT GRID

ACCESS TO CARE
Screening, Referral and the Availability of Services

Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
Client’s understanding of expectations at Orientation.	80% of clients will report that they were satisfied with orientation to treatment and education of expectations.	Client Surveys	All Clients seeking services	Quarterly review of satisfaction surveys and exit interview	QI Team	01-2016 Access Efficiency
Quarter Three						

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80.14% of clients in Q3 at entrance reported that they were satisfied with orientation. 67.81% of the 80.14% of the clients reported that their experience in orientation was above average.
 Education of the effects of drugs and alcohol being the most important goal for clients upon entrance. 71.90% of clients upon entrance selecting this information as their primary goal. Second highest expectation is education is Symptom Management at 57.85%.

Quarter Four

90.8% of clients in Q4 at entrance reported that they were satisfied with orientation. 74.71% of the 90.8% of the clients reported that their experience in orientation was above average.
 Education of the effects of drugs and alcohol being the most important goal for clients upon entrance. 60.81% of clients upon entrance selecting this information as their primary goal. Second highest expectation is education is Symptom Management at 60.19%. These two topics continue to be the most important expectations in education and practice when entering into the program.

Quarter Four

SUPPORT SERVICES

Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
Improved Emotional Well Being	70% of all clients will report that their Emotional Wellbeing improved while in treatment.	Consumer Satisfaction Surveys; follow up survey	All active clients	Quarterly review of satisfaction surveys and exit interview	QI Team	01-2016 Effectiveness

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Quarter Three						
36.67% of clients in Q3 at entrance reported that their emotional wellbeing was above average 58.34% of clients in Q3 at exit reported that their emotional wellbeing was above average						
Quarter Four						
28.25% of clients in Q4 at entrance reported that their emotional wellbeing was average or above 73.68% of clients in Q4 at exit reported that their emotional wellbeing was average or above On average clients are trending towards a more positive emotional wellbeing after being exposed to treatment.						
Improved Physical Health	70% of all clients will report that their Physical Health improved while in treatment	Consumer Satisfaction Surveys; follow up survey	All active clients	Quarterly review of satisfaction surveys and exit interview	QI Team	01-2016 Effectiveness
Quarter Three						
48.33% of clients in Q3 at entrance reported that their Physical Health was above average 70.00% of clients in Q3 at exit reported that their Physical Health was above average On average clients are trending towards a more positive Physical Health after being exposed to treatment. This quarter reflecting a 29% increase						
Quarter Four						
46.74% of clients in Q4 at entrance reported that their Physical Health was average or above average 85.19% of clients in Q4 at exit reported that their Physical Health has average or above average On average clients are trending towards a more positive Physical Health after being exposed to treatment. This quarter reflecting a more than a 40% increase						

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Improved Relationships	70% of all clients will report that their personal Relationships have an above average or better improvement with family and friends while in treatment	Consumer Satisfaction Surveys; follow up survey	All active clients	Quarterly review of satisfaction surveys and exit interview	QI Team	01-2016 Effectiveness
Quarter Three						
<p>22.25% of clients in Q3 at entrance reported that their relationships was above average 67.80% of clients in Q3 at exit reported that their relationships was above average On average clients are trending towards a more positive relationships after being exposed to treatment. This quarter reflecting a 45% increase. The clients are reporting that this area has the most impact in their lives. One of the client’s written comments stated that they were thankful to the program for facilitating a more positive relationship between him and his parents. Stating that “When I arrived at the program, my parents were angry and lost all hope and faith in me but now they really believe that I can do better”. Another comment was “thank you for teaching me how to talk better to others”.</p>						
Quarter Four						
<p>37.67% of clients in Q4 at entrance reported that their relationships was average or above average 71.05% of clients in Q4 at exit reported that their relationships was average or above average On average clients are trending towards a more positive relationships after being exposed to treatment. This quarter reflecting a 33% increase</p>						

ACCOMODATION REQUESTS

Quarter 3	Quarter 4	Recommended Actions and Comments
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0	0	Continue to monitor trends
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CLIENT FORMAL GRIEVANCES AND INCIDENT REPORTING

Quarter 3	Quarter 4	Recommended Actions and Comments
0	0	Continue to monitor trends

Definitions:

Client Satisfaction Survey: A survey that is conducted by the admission team at entrance and counseling team at exit. This survey must include domains such as choice in treatment planning and effectiveness of treatment. The quality assurance team will look at a minimum of two chosen areas (ie. Customer service, recommendation of program to a family member or friend) per year to determine an overall balanced view of customer satisfaction with Comprehensive Community Services.

Employee Satisfaction Survey: Is an annual satisfaction survey of employees conducted by Comprehensive Community Services corporate office. This survey must include domains such as satisfaction with professional development, advancement and access to supervision.

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Stakeholder Satisfaction Survey: Is an annual satisfaction survey of stakeholders conducted by the Comprehensive Community Services quality assurance team. This survey must include domains such as satisfaction with responsiveness, access to care and effectiveness of treatment.