

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

OVERALL QUALITY REVIEW

2017 - 2018 YEAR IN HIGHLIGHTS AND ACCOMPLISHMENTS

MESSAGE FROM THE DIRECTOR

This past year has been filled with both achievements and challenges. We had a successful service year, improving our internal quality controls and achieving high scores on all of our external audits. We experienced many challenges related to cuts in several pots of funding, but are weathering this storm by applying and getting approved for several block grants. Resulting in no service interruptions.

We closed this past fiscal year knowing we have weathered together, many clinical, fiscal, and organizational challenges, while improving the organization and the lives of those we serve. We look toward 2018/2019 with the knowledge that the challenges we faced have made us more courageous, resilient, creative, and strong—qualities that are critical to our ability, as an organization, to survive and thrive in good and bad times.

Thankful for the resilience and blessings that challenges bring...

Comprehensive Community Services Director,
Stuart Sigrest

Clients Served

- Residential: 382
- Outpatient: 97

Consistently Meeting the needs of Clients

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

- Average overall Client Satisfaction score is 83.33%

Professional Development

- All Clinical Management team members trained in the Trauma Focused Curriculum

Client Centered Focused Treatment

- Completed some building renovations to enhance a “home like” environment during initial intake sessions and family therapy sessions
- Helped 42 clients move towards obtaining their GED
- Facilitated the daily client focused Wants and Needs meeting 242 days in 2017

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	01-2015 Satisfaction
Quarter One						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

<p>54 Respondents 81.48% of clients indicated that they are satisfied with the treatment program. 50% of the 81.48% rated their satisfaction as above average. 85.19% of clients indicated that they were treated well by staff. 57.41% of the 85.19% rated their treatment as above average. The staff treatment indicator was announced during a staff meeting in order to celebrate the hard work and efforts of the employees. The Quality Assurance team has suggested that this statistic in particular be used in some of the advertising and marketing strategies. National trends suggest that one reason why many clients do not enter residential programs is due to anxiety of how they will be treated in a facility.</p>
<p>Quarter Two</p>
<p>81 respondents 45 Male 36 Female 86.62% of clients indicated that they are satisfied with the treatment program. 57% of the 86.62% rated their satisfaction as above average. 90.09% of clients would recommend this program to other persons at exit 84.81% of clients felt that the program was very helpful in increasing control over their life at exit.</p>
<p>Quarter Three</p>
<p>51 respondents 26 Male 25 Female 84.62% of clients indicated that they are satisfied with the treatment program. 42.31% of the 84.62% rated their satisfaction as above average. 84.62% of clients rated the program average or above on customer service. 82.7% of clients feel safe in the environment during treatment. 73% of the 82.7% feel very safe in the environment during treatment. While 13% had a neutral response. Those clients that feel neutral and below were slightly higher this quarter. However there was not higher number of incidents reported. The QA team will monitor this statistic.</p>
<p>Quarter Four</p>
<p>71 respondents 38 Male 33 Female 77.06% of clients indicated that they are satisfied with the treatment program. 53.52% of the 77.06% rated their satisfaction as above average. This statistic fell slightly below the company's mark. It should be indicated that 16.9% of clients indicated their satisfaction rating as neutral. 5.64% of clients were not satisfied with the program. In the written correspondence the clients indicated the following: A need for more intimate group settings. The food is inconsistent with taste. Some cooks are better than others.</p>

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

<p>The cooks are wasteful with food and will not always allow residents to have extras. Complaints of bugs.</p> <p>In response: The maintenance team has increased how often the building is exterminated. The complaint regarding food services has been communicated to the entire Food Service team and discussion of ways to make improvements. Group settings will remain the same at this point; however emphasis on the clients communicating their needs in individual sessions as well has been discussed. The clients have been reminded to write down topics that they would like to discuss but do not feel comfortable approaching them in the larger setting.</p>						
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	01-2015 Satisfaction
Quarter One						
<p>10 surveys mailed. Only one response received. The survey indicated that the stakeholder was satisfied with the agency and services provided. The survey indicated above average on 87% of the answers. The stakeholder was most impressed with CCS ability to provide treatment to persons who are insured and underinsured and the response time to referrals made. The stakeholder suggested that the agency be more visible at some of the statewide collaboration initiatives towards providing holistic approaches to healthcare in the state. The Quality Assurance team will begin utilizing a different mechanism to request survey responses from stakeholders in the future. At this point, there has not been a very good response to mailed survey requests.</p>						
Quarter Three						
<p>13 surveys emailed. Two (2) respondents. Overall satisfaction rating was 94.6%.</p>						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

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	01-2015 Satisfaction Effectiveness
Quarter One						
88.3% of clients in Q1 at exit rated the staff average or above in customer service. 72.34% of the 88.3% rating staff above average to excellent in the areas of customer service. The team will continue to monitor this statistic.						
Quarter Two						
88.27% of clients in Q2 at exit rated the staff average or above in customer service. 72.34% of the 88.27% rating staff above average to excellent in the area of customer service. This statistic has remained constant. The team will continue to monitor this statistic.						
Quarter Three						
85.63% of clients in Q3 at exit rated the staff average or above in customer services. 70.06% of the 85.63% rating staff above average to excellent in the area of customer service. This statistic has declined slightly from the last two quarters but still is considered above our stated goal. The team will continue to monitor this statistic for any trending. Based on the written comments and data reviewed there is no significant pattern that may indicate the reason for this slight decline.						
Quarter Four						
73.24% of clients in Q4 rated the staff average or above average in customer service. 45.07% of the 73.24% of clients indicating that customer service experience was above average. This statistic was below the performance mark for the quarter. 92% of all complaints relating to customer service were in the Food Service area. This corresponds with the low score of 32% of clients rating that they were satisfied with food services. The QA team will continue to monitor this statistic for follow up to action items. In response: The complaints regarding food services have been communicated to the entire food services team and discussion of ways to make improvements.						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

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	2017 – 2018 Fiscal Year	Bi-annually	Quality Improvement Team HR Department	01-2015 Satisfaction

Annual Report

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 March 2 to April 30th 2015. Since survey participation was voluntary it should be noted that this survey was based on a “convenience” sample of employees who chose to respond. A much lower respondent number was received in 2015 in comparison to 2014. Therefore, one should be cautious in interpretation of results as a 100% representation of all employees.

Staff Positions

Board Member –	Leadership –	Clinical Staff –	Direct Care –	Education Staff –	Support Staff –	Administrative –	Total –
0.00% 0	14.29% 2	35.71% 5	14.29% 2	0.00% 0	14.29% 2	21.43% 3	14

Location

Residential –	Outpatient –
0.857% 12	0.142% 2

The response rate was 23%. Approximately five out of five of all respondents agreed that they were satisfied with overall employment at CCS with agreed being 73.33% percent and strongly agreed being 26.67%.

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

The lowest agreement was found among all respondents asked if they felt their pay is appropriate to their skill level and education level (.428%) and whether their pay compared with the pay with similar organizations (.667%).

Another noted area was the staff’s confidence in the competence of their supervisor. Approximately 5 out 5 were agreement that their supervisor was educational competence and their technical competence is adequate.

Follow up Action:
 Outcomes shared with all employees during an All Staff meeting. Advocated during the meeting that all employees complete the survey in order to receive a more accurate analysis of
 The Quality Assurance and Administrative team conducted a wage analysis in the state of Tennessee and developed a report to distribute to the staff.
 Accolades given to management in regards to their efforts to continue education, training and professional development which has contributed to their competence in supervision.

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
-----------	------	-------------	-------------	--------	-------------	--

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

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	01-2015 Access Efficiency
Quarter One						
<p>90.8% of clients in Q1 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.</p> <p>Education of the effects of drugs and alcohol being the most important goal for clients upon entrance. 70.80% of clients upon entrance selecting this information as their primary goal.</p> <p>The quality assurance team noted that over the last few years the admission staff has stated that some clients have commented that the client handbook is not very easy to understand. The quality assurance team and the admission team have decided to work together to improve the handbook and easier to read and understand.</p>						
Quarter Two						
<p>90.8% of clients in Q1 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.</p>						
Quarter Three						
<p>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.</p>						
Quarter Four						
<p>74.85% of clients in Q4 at entrance reported that they were satisfied with orientation. 11.38% of the 74.85% of the clients reported that their experience in orientation was above average.</p>						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

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	01-2015 Effectiveness
Quarter One						
45.16% of clients in Q1 at entrance reported that their emotional wellbeing was above average 60.78% of clients in Q1 at exit reported that their emotional wellbeing was above average On average clients are trending towards a more positive emotional wellbeing after being exposed to treatment.						
Quarter Two						
32.25% of clients in Q2 at entrance reported that their emotional wellbeing was average or above 72.84% of clients in Q2 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. This and physical health were the highest area of improvement for this quarter with an increase in both areas of more than 40%. The quality assurance team discussed the importance of follow up once clients are transitioned from residential treatment into the community. This would be a great statistic to track once the clients are reintroduced back into their normal environments.						
Quarter Three						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

30.82% of clients in Q3 at entrance reported that their emotional wellbeing was average or above 78.43 of clients in Q3 at exit reported their emotional wellbeing was average or above						
Quarter Four						
27.95% of clients in Q4 at entrance reported that their emotional wellbeing was average or above 61.57% of clients in Q4 at exit reported their emotional wellbeing was average or above						
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	01-2015 Effectiveness
Quarter One						
39.67% of clients in Q1 at entrance reported that their Physical Health was above average 81.26% of clients in Q1 at exit reported that their Physical Health was above average						
Quarter Two						
44.75% of clients in Q2 at entrance reported that their Physical Health was average or above average 87.6% of clients in Q2 at exit reported that their Physical Health has average or above average						
Quarter Three						
46.57% of clients in Q3 at entrance reported that their Physical Health was average or above average 80.77% of clients in Q3 at exit reported that their Physical Health was average or above average						
Quarter Four						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

42.23% of clients in Q4 at entrance reported that their Physical Health was average or above average 84.51% of clients in Q4 at exit reported that their Physical Health was average or above average						
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	01-2015 Effectiveness
Quarter One						
36.25% of clients in Q1 at entrance reported that their relationships was above average 71.67% of clients in Q1 at exit reported that their relationships was above average						
Quarter Two						
45.16% of clients in Q2 at entrance reported that their relationships was average or above average 78.4% of clients in Q2 at exit reported that their relationships was average or above average						
Quarter Three						
40.41% of clients in Q3 at entrance reported that their relationships with family and friends was average or above average 61.54% of clients in Q3 at exit reported that their relationships with family and friends was average or above average						
Quarter Four						
41.97% of clients in Q4 at entrance reported that their relationships with family and friends was average or above average 64.79% of clients in Q4 at exit reported that their relationships with family and friends was average or above average.						

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

ACCOMODATION REQUESTS

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Recommended Actions and Comments
0	0	0	0	Will continue to monitor and educate

CLIENT FORMAL GRIEVANCES

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Recommended Actions and Comments
0	0	0	0	Will continue to monitor and educate

INCIDENT REPORTS

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Recommended Actions and Comments
-----------	-----------	-----------	-----------	----------------------------------

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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

Residential 32 Medical Incidents	Residential 28 Medical Incidents	Residential 19 Medical Incidents	Residential 37 Medical Incidents	Trends: Follow up Actions: .
Outpatient 0 Incidents	Outpatient 0 Incidents	Outpatient 0 Incidents	Outpatient 0 Incidents	

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.

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.

Comprehensive Community Services

Annual Report, Quality Assurance and Performance Improvement Grid 2017/2018

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