

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

OVERALL QUALITY REVIEW

2018/2019 YEAR IN HIGHLIGHTS AND ACCOMPLISHMENTS

MESSAGE FROM THE DIRECTOR

This past year at Comprehensive Community Services was full of inspirational client's stories, innovative programming and new opportunities to educate and change the story around substance abuse. Each year our clinical staff highlight clients that demonstrated the resilience required to thrive despite the challenges of battling addiction. For each client success means something different. Below we have shared some of those stories.

Our goal is to connect clients with resources and education that will eliminate the barriers to their recovery. In 2018 and 2019 CCS focused on strengthening the case management component of our service delivery. Whether it is transportation, housing or other basic needs, we have made it a priority to connect our clients to what they need to be successful within their communities. In addition to external resources, we encourage clients to participate in CCS programs that encourage personal growth and development.

We are proud of all our clients who work hard every day to reach their individual recovery goals. To position our clients for success we continue to focus on treatment and education. We look forward to a new year of continued growth, discovery, community outreach and professional development as we challenge ourselves to provide the highest-level programs and services to this community.

Looking forward to what the New Year brings...
Comprehensive Community Services Director,
Stuart Sigrest

Tommy B. – The Farmhouse, Adolescent Residential Facility
“CCS helped me and now I want to help others”

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

Tommy was 17 years old when he entered our program for an addiction to Meth and Prescription Pills. He had a history of several suicide attempts when he arrived. At the age of 17 he felt like his life was over. Since completing the program he wants to help other people who are suffering like he did. In 2019, he started an AA meeting in his local community.

Becca D. – The Treatment Center, Adult Residential Treatment Facility

“The counselors saved my life”

She successfully finished the adult residential program in 2012. Becca called the facility in January of 2019 to let the staff know what an impact the program has made on her life. She does not know where her life would be if she had not completed the program. Three days into her residential stay, she felt unwanted and isolated and was planning to leave the CCS against medical advice. She said her heart was forever when changed when a counselor took personal time to convince her that her life was worth something and this was an opportunity to prove that to herself and others.

Clients Served

- The Treatment Center: 938
 - Male: 495
 - Female:443
 - Caucasian: 871
 - 59 African American
 - 5 Hispanics
 - 1 Asian
 - 2 American Indian
- The Farmhouse: 27
- Intensive Outpatient: 24

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

Consistently Meeting the needs of Clients

- Overall Client Satisfaction score is 81.66%
- Facilitated the daily client focused Wants and Needs meeting 253 days in 2018
- Increased client input into service treatment and delivery

Performance Improvement Strategies and Communication:

CCS has enhanced its communication standards in the areas of Performance Improvement and Quality Assurance. The 2019 CARF standards recommend that the Performance Improvement and Quality Improvement strategies and outcomes are a more vital point of the Leadership/Governance process. To meet this standards, CCS now regularly updates the website with goals and outcomes of PI/QI and educates all new hires during orientation about the company’s process, goals, outcomes and how to access the updated information.

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 above average or better satisfaction with treatment services provided.	Consumer Surveys	All clients served	Quarterly	QI Team	01-2016 Satisfaction
Quarter One						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
22 respondents 13 Male and 9 Female 84.2% of clients indicated that their satisfaction with the overall treatment provided was average or above average						
Quarter Three						
183 respondents 118 Male 65 Female 77.18% of respondents gave a satisfaction rating of above average or better in response to treatment.						
Quarter Four						
60 respondents 30 Male 30 Female 76.66% of respondents gave a satisfaction rating of above average or better in response to treatment.						
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
Quarter One						
14 surveys mailed: Three (3) respondents Very limited response to survey request. 91.3% overall satisfaction rating. Highest scores were in the area of response times with an average 98%						
Quarter Three						
15 surveys mailed: No respondents						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

***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	01-2016 Satisfaction Effectiveness
Quarter One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
61.11% of clients in Q2 at exit rated the staff above average to excellent in customer service. 61.11% of the 22.22% rating staff as excellent in the area of customer service. 61.11% is below the performance mark set by the performance goal. The QA team had a follow up meeting with a sample of the clients at the residential facility and in the outpatient program to get a better understanding of the reasons why some of the satisfaction indicators were lower this quarter. The main trending answer was the quality of food services. Another survey indicator was whether clients would feel comfortable referring some else to treatment at CCS and 72% of clients stated that they have an above average to excellent percent chance of referring others. These two statistics are slightly conflictual and are usually pretty congruent. The quality assurance team will continue to monitor this statistic.						
Quarter Three						
76.64% of clients in Q3 at exit rated the staff above average to excellent in customer service. QA will continue to monitor this statistic.						
Quarter Four						
76.66% of clients in Q4 at exit rated the staff above average to excellent in customer service. This statistic has been more consistent in its improvement in the last two quarters and ended the year at over 15% higher. Additionally 33.88% rated the company as excellent in customer service compared to the first yearly survey at 22.22%. There has been a significant impact in the food service rating at the facility and the overall impact of how clients perceive their interaction with staff which has contributed to this improved score.						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

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 90% overall satisfaction with company.	Employee Surveys, Focus Groups	2018– 2019 Fiscal Year	Bi-annually	Quality Improvement Team HR Department	01-2016 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 April 1 to June 30th 2019. Survey participation is voluntary.

Staff Positions

Board Member –	Leadership –	Clinical Staff –	Direct Care –	Education Staff –	Support Staff –	Administrative –	Total –
5.26% 2	7.89% 3	21.05% 8	31.58% 12	2.63% 1	10.53% 4	21.05% 8	38

Location

Residential –	Outpatient –
0.842% 32	0.052% 3

The response rate was 72%. Approximately five out of five of all respondents agreed that they were satisfied with overall employment at CCS with agreed or Strongly agree at 92.11%.

The highest agreement was found among all respondents asked if they felt they were adequately made aware of organizational changes and policies with 71.05% strongly agreeing and 26.324 agreeing for close to a 100% total score.

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

Follow up Action:
Outcomes shared with all employees during an All Staff meeting.

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 One						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

<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>71.67% of clients in Q2 at entrance reported that they were satisfied with orientation. 10.5% of the 71.67% 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>

ADULT TREATMENT SERVICES
The Treatment Center

Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
-----------	------	-------------	-------------	--------	-------------	--

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

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
Quarter One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
66.67% of clients in Q2 at exit reported above average or better states of wellbeing before leaving the program. The comments on the survey indicate that many of the clients attribute these factors to education about the effects of drugs on their bodies and a great relationship with their counselor. Many clients specifically report Wayne as a counselor that is compassionate and easy to relate to. The QA team will follow up with Wayne to ensure that he is aware of the positive effect that he has on clients and this data has been reported to the Clinical Director and Executive Director to ensure that it is indicated in his performance evaluation.						
Quarter Three						
64.29% of clients in Q3 at exit reported above average or better states of wellbeing before leaving the program. This statistic is two quarters below set threshold. The Quality Assurance Team will continue to monitor this statistic.						
Quarter Four						
60% of clients in Q4 at exit reported above average or better states of wellbeing before leaving the program. This statistic has steadily declined over the year and is ending at its lowest point. The Clinical Management have been requested to have a meeting with the clients in residential and outpatient and develop a plan to improve performance.						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

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 One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
88.89 % of clients in Q2 reported an above average or better improvement in physical health at exit. This is a statistic that needs to be applauded. Majority of the clients feel healthier when they leave the facility as opposed to when they arrived. The QA team will post this particular statistic in the residential and outpatient client common areas.						
Quarter Three						
70.49% of clients in Q3 reported an above average or better improvement in physical health at exit.						
Quarter Four						
70% of clients in Q4 reported an above average or better improvement in physical health at exit.						
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

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

Quarter One
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.
Quarter Two
50% of clients in Q2 have rated a significant improvement in relationships with family and friends at exit of treatment. The clinical management will continue to look at various ways to include natural supports into treatment.
Quarter Three
71.98% of clients in Q3 have rated a significant improvement in relationships with family and friends at exit of treatment. This statistic has improved 21% in one quarter. The Clinical Team has made a greater effort to incorporate family into several phases of treatment services. The Executive Director and Board have also made plans to create more “family friendly” areas at the residential facility where family can meet in a comfortable home like environment at the residential facility where family can meet for therapy and visitation..
Quarter Four
67.8% of clients in Q4 have a rated a significant improvement in relationships with family and friends at exit of treatment.

ADOLESCENT TREATMENT SERVICES The Farmhouse

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	Consumer Satisfaction Surveys; follow up survey	All active clients	Quarterly review of satisfaction surveys and exit interview	QI Team	01-2016 Effectiveness

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

	improved while in treatment.					
Quarter One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
66.67% of clients in Q2 at exit reported above average or better states of wellbeing before leaving the program. The comments on the survey indicate that many of the clients attribute these factors to education about the effects of drugs on their bodies and a great relationship with their counselor. Many clients specifically report Wayne as a counselor that is compassionate and easy to relate to. The QA team will follow up with Wayne to ensure that he is aware of the positive effect that he has on clients and this data has been reported to the Clinical Director and Executive Director to ensure that it is indicated in his performance evaluation.						
Quarter Three						
64.29% of clients in Q3 at exit reported above average or better states of wellbeing before leaving the program. This statistic is two quarters below set threshold. The Quality Assurance Team will continue to monitor this statistic.						
Quarter Four						
60% of clients in Q4 at exit reported above average or better states of wellbeing before leaving the program. This statistic has steadily declined over the year and is ending at its lowest point. The Clinical Management have been requested to have a meeting with the clients in residential and outpatient and develop a plan to improve performance.						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

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 One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
88.89 % of clients in Q2 reported an above average or better improvement in physical health at exit. This is a statistic that needs to be applauded. Majority of the clients feel healthier when they leave the facility as opposed to when they arrived. The QA team will post this particular statistic in the residential and outpatient client common areas.						
Quarter Three						
70.49% of clients in Q3 reported an above average or better improvement in physical health at exit.						
Quarter Four						
70% of clients in Q4 reported an above average or better improvement in physical health at exit.						
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 One						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.
Quarter Two
50% of clients in Q2 have rated a significant improvement in relationships with family and friends at exit of treatment. The clinical management will continue to look at various ways to include natural supports into treatment.
Quarter Three
71.98% of clients in Q3 have rated a significant improvement in relationships with family and friends at exit of treatment.
Quarter Four
67.8% of clients in Q4 have a rated a significant improvement in relationships with family and friends at exit of treatment.

INTENSIVE OUTPATIENT

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
Quarter One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

72.67% of clients in Q2 at exit reported above average or better states of wellbeing before leaving the program.						
Quarter Three						
64.29% of clients in Q3 at exit reported above average or better states of wellbeing before leaving the program. This statistic is two quarters below set threshold. The Quality Assurance Team will continue to monitor this statistic.						
Quarter Four						
60% of clients in Q4 at exit reported above average or better states of wellbeing before leaving the program. This statistic has steadily declined over the year and is ending at its lowest point. The Clinical Management have been requested to have a meeting with the clients in residential and outpatient and develop a plan to improve performance.						
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 One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
88.89 % of clients in Q2 reported an above average or better improvement in physical health at exit. This is a statistic that needs to be applauded. Majority of the clients feel healthier when they leave the facility as opposed to when they arrived. The QA team will post this particular statistic in the residential and outpatient client common areas.						
Quarter Three						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

70.49% of clients in Q3 reported an above average or better improvement in physical health at exit.						
Quarter Four						
70% of clients in Q4 reported an above average or better improvement in physical health at exit.						
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 One						
0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.						
Quarter Two						
42.67% of clients in Q2 have rated a significant improvement in relationships with family and friends at exit of treatment. This statistic is consistently behind the threshold. It has been more difficult to engage family consistently within this service. Quality Assurance team scheduled a focus group with clients to determine what could be implemented in order to get more consistent response from family members. Clients suggested the following: Family night once a month Serve food Do a monthly raffle... name is entered every time you show up for a family session Support Group						
Quarter Three						

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

62.98% of clients in Q3 have rated a significant improvement in relationships with family and friends at exit of treatment.
Quarter Four
67.8% of clients in Q4 have a rated a significant improvement in relationships with family and friends at exit of treatment. This goal was not met. The percentage has consistently increased every quarter.

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

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

INCIDENT REPORTS

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Recommended Actions and Comments
Residential 24 Medical Incidents Outpatient 0 Incidents	The Treatment Center 31 Medical Incidents 2 MH Crisis Farmhouse 0 Incidents Outpatient 0 Incidents	The Treatment Center 33 Medical Incidents 4 Injury 2 AWOL 3 Suicidal Ideations Farmhouse 0 Incidents Outpatient 0 Incidents	The Treatment Center 26 Medical Incident 11 Injury 2 Suicidal Ideations Farmhouse 1 Medical Incident Outpatient 0 Incidents	<p>Trends: Written follow up for Medical Incidents is not always completed.</p> <p>No incidents recorded for Outpatient or the Farmhouse.</p> <p>Follow up Actions: Director will review all incident reports and follow up with incident report writers to ensure that follow up actions are recorded.</p> <p>Director conducted a re-fresher in-service with the Outpatient and Farmhouse staff on incident reporting and typical types of incidents that occur in this setting.</p>

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.

Comprehensive Community Services

Quality Assurance and Performance Improvement Grid 2018/2019

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

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.