

2023 COMPREHENSIVE COMMUNITY SERVICES
PERFORMANCE IMPROVEMENT AND ANNUAL REPORT

MAIN MENU

Please select your sheet

DEFINITIONS

HEALTH AND
MEDICAL

ADMISSIONS

CLIENT
DEMOGRAPHICS

HUMAN RESOURCES

QUALITY &
SATISFACTION

INTENSIVE
OUTPATIENT

THE TREATMENT
CENTER

THE FARMHOUSE

INDICATOR	Data Collection Tool and Frequency	Person Responsible
HEALTH & MEDICAL		
INFECTION CONTROL		
# COVID Infections: Consumers	# COVID infections for Consumers during the month	Stuart Sigrest
# COVID Infections: Staff	# COVID infections for staff during the month	Stuart Sigrest
TOTAL COVID Infections	The sum of the above (automatically calculated)	
ADMISSIONS		
ADMISSIONS		
# Admits to: INTENSIVE OUTPATIENT PROGRAM	# Of actual admissions per month - Ten-wits	Intake Team
# Admits to: THE TREATMENT CENTER - Residential Adults	# Of actual admissions per month - Ten-wits	Intake Team
# Admits to: THE FARMHOUSE - Residential Adolescents	# Of actual admissions per month - Ten-wits	Intake Team
TOTAL ADMISSIONS	Sum of admissions to all programs (automatically calculated)	
CLIENT DEMOGRAPHICS		
Description	Supporting Data	Monica Brown
HUMAN RESOURCES		
WORKER'S COMP CLAIMS		
# of worker's compensation claims	# of claims filed during the month	Kim Roundtree
TURNOVER/SATISFACTION		
Bamboo		
Job turnover rate	Monthly turnover rate	Kim Roundtree
Job satisfaction % all staff (annual)	Annual Employee Satisfaction - Consumer Survey	Kim Roundtree
# voluntary terminations	# Of voluntary terminations per month	Kim Roundtree
# involuntary terminations	# Of involuntary terminations per month	Kim Roundtree
# Terminations < 6 months of hire	# Of persons terminated within less than 6 months	Kim Roundtree
# Terminations 12 months of hire	# Of persons terminated within less than 12 months	Kim Roundtree
# Employee Complaint / Grievances	# Of Grievances within a month	Kim Roundtree
QUALITY & SATISFACTION		
QUALITY & SATISFACTION		
# Incidents	# Of incidents occurring within one month - QA/QI Data	Monica Brown
# Suggestions	# Of suggestions occurring within one month - QA/QI Data	Monica Brown
# Consumer complaints/grievances	# Of complaints within one month - QA/QI Data	Monica Brown
# Request for Accommodations	# Of request for accommodations - QA/QI Data	Monica Brown
Access to Care: Clients who report that they were satisfied with orientation to treatment and education of expectations.	Percentage of clients who report that they were satisfied with orientation to treatment and education of expectations.	Monica Brown
Annual Stakeholder Survey	Satisfaction Score	Monica Brown
INTENSIVE OUTPATIENT PROGRAM		
Satisfaction - Consumer reports that their counselor is easy to talk to.	Percentage of Consumers who report per quarter that their counselor is easy to talk to - Quarterly - Surveys	Monica Brown
Effectiveness - Consumer will report that their overall wellbeing improved while in treatment	Percentage of Consumers that will report that their overall wellbeing improved while in treatment - Quarterly - Surveys	Monica Brown
Efficiency - Service No Show Rate	Percentage of Consumer no shows for therapy sessions and assessments - Quarterly	Monica Brown
RESIDENTIAL SERVICES		
Satisfaction - Report that they would recommend a friend or family member for services.	Percentage of clients report that they would recommend a friend or family member for services.	Monica Brown
Effectiveness - Client will report that their overall wellbeing improved while in treatment	Percentage of clients will report that their overall wellbeing improved while in treatment	Monica Brown
Effectiveness - Client will report that their overall Physical Health Improved while in treatment	Percentage of clients will report that their overall Physical Health Improved while in treatment	Monica Brown
Efficiency - Retention Rates - Clients who remain in service until graduation	Retention Rates - Clients who remain in service until graduation	Monica Brown
MARKETING & COMMUNICATION		
NEWLY ADDED		

MEASURE			
# marketing contacts	Total number of marketing contacts made during the month	Executive Leaders	
# marketing calls that generated referrals to OPT		Executive Leaders	
# marketing calls that generated referrals to IH		Executive Leaders	

Dashboard Metrics - 2023

ADMISSIONS

PROGRAM INTAKE VOLUME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
# Inquiries: THE TREATMENT CENTER	44	26	68	83	104	90	71	47	88	92	57	22	792
# Inquiries: INTENSIVE OUTPATIENT	4	4	2	6	2	3	0	4	7	3	0	1	36
TOTAL INQUIRIES	48	30	70	89	106	93	71	51	95	95	57	23	828

Identified trends or areas needing improvement:

The Treatment Center program has consistent growth year after year.
 Intensive Outpatient still maintains a much lower admissions rate.
 The Farmhouse Program is not consistently maintaining client and / or staff

Possible causes and actions to be taken to address the improvements needed:

Strategic marketing efforts have not been pursued. Most clients are referred through “word of mouth”.

Actions taken to address the improvements needed:

Will research and develop marketing strategies in 2024

Did the action taken yield the intended results:

Will continue to Monitor

Dashboard Metrics - 2023	
Client Demographics - Out of 828 Admissions	
Male	481
Female	347
Does not Identify as Male or Female (Non-Binary)	0
Median Age Range	37 - 42
Adolescents	26
Co-Occurring Disorders	323
Prior Legal History (Been Arrested)	252
Seeking Employment	536
Private Residence	622
Jail / Correction Facility	32
Other Institution	8
Primary Substance Used in population	1. Methamphetamine 2. Marijuana
Uses Primary Substance Daily	669
3 - 6 times in the past week	129
1 - 3 times in the past month	30

Dashboard Metrics - 2023

Human Resources

WORKER'S COMP CLAIMS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
# of compensation claims	0	0	0	0	0	0	0	0	0	0	0	0	0

TURNOVER/SATISFACTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Job turnover	1	3	0	1	1	3	0	1	0	1	1	0	12
Job satisfaction % all staff (annual)	89%												
# voluntary terminations	1	2	0	0	1	2	0	1	0	0	1	0	8
# involuntary terminations	0	1	0	1	0	1	0	0	0	1	0	0	4
# Terminations < 6 months of hire	1	2	0	1	1	2	0	1	0	1	0	0	9
# Terminations 12 months of hire	0	1	0	0	0	1	0	0	0	0	1	0	3
# New Hires	2	1	1	0	1	0	3	1	0	0	3	1	13
# Employee Complaints / Grievance	0	1	0	0	0	0	0	1	0	0	0	0	2

Areas needing improvement:

Job Satisfaction and Turnover has increased in the last three years.

Possible causes and actions to be taken to address the improvements needed:

COVID has made it difficult to find and maintain qualified candidates.
Many staff are now able to work from home or flexible office schedules

Actions to be taken to address the improvements needed:

Research additional ways to increase employee's alignment with the company's mission, vision and values in 2024
Develop a strategic plan specifically geared towards employee personal development and team building

Did the action taken yield the intended results:

Continue to monitor trends

Dashboard Metrics -2023														
Quality Improvement Metrics														
	THRESHOLD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
# Client complaints/grievances	Review Trends	0	0	2	0	0	1	2	1	0	0	0	0	5
# Suggestions	Review Trends	0	0	0	0	1	0	0	0	0	0	0	0	1
# Incident Reports	Review Trends	5	7	6	4	5	8	3	9	4	4	6	3	64
# Accommodation Requests	Review Trends	0	0	0	0	0	1	0	0	0	0	0	0	1
ACCESS TO CARE														
	THRESHOLD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Clients will report that they were satisfied with orientation to treatment and education of expectations.	80.0%	86%	87%	90%	83%	85%	88%	84%	93%	91%	85%	88%	90%	87%
Annual Stakeholder Survey	80.0%		93%											

Patterns and Trends identified:

Complaint: 5 - Most recorded complaint, Moore Food Options
 Suggestions: 1
 Accommodation Requests: 0
 Incidents: 64 - Reviewed Incident Report findings each quarter to track findings. 64 incident total.
 34% of the 64 incidents are Medical Incidents
 32% of the Medical Incidents are Minor Physical Injuries requiring more than first Aid

2023 Incidents Breakdown

Qtr 1 - 18 - Highest number of incidents in the category of Medical Incidents
 Qtr 2 - 21 - Highest number of incidents in the category of Aggressive Episodes
 Qtr 3 - 11 - Highest number of incidents in the category of Medical Incidents
 Qtr 4 - 14 - Highest number of incidents in the category of Medical Incidents

Incident Reporting Trends and Concerns

The Quality Assurance team had to follow up during the year with staff to ensure that there was appropriate follow up with incidents. In many cases, the follow up was unclear or incomplete.
 Treatment plans are not consistently updated as a follow up to an incident.
 The Columbia Suicide Severity Risk Scale use in response to incidents involving risks of suicide has increased but is not consistent.

Incident Report Actions and Follow Up

Additional training with staff in November on incident reporting and appropriate follow up including debriefing all relevant persons on completing the Columbia Seare when necessary
 The Quality Assurance team had to follow up during the year with service providers to ensure that there was appropriate follow up with incidents. In many cases, the follow up was unclear or incomplete.
 Quality Assurance will add incident report follow up to the Chart Review Monitoring tool in 2024 to track compliance more consistently

General Quality Assurance Data Trends

Complaints, Grievances and suggestions are low and do not reflect the amounts of clients served
 Stakeholder Surveys of the year were sent out with only 4 responses. The overall score was 93% Satisfaction survey or 5.55 out of 6. The survey form does not present a detailed look into stakeholder's perception of services.
 Incident Reports are not completed thoroughly and accurately for appropriate follow up. The Quality Assurance Team often has to follow up with additional questions.
 Based on chart reviews, more consistent efforts are made to obtain all necessary information, through interview with the client, documentation review, accessing pertinent current and historical clinical and medical information, and consultation with treating physician or provider as appropriate
 There continues to be a minimal number of client

Averages from Client Satisfaction Surveys 3.48

(Ranked Highest to Lowest)

The Assessment Process	3.6
Accessibility and Technology	3.59
Access/Admission/Orientation	3.55
Quality of Care	3.49
Treatment Planning	3.49
Health and Safety	3.47
Rights and Responsibilities	3.44
Input from Persons Served	3.43
Referrals, Transition and/or Discharge	3.43
Quality of Life	3.4
Cultural Competency	3.37

General Areas Needing Improvement:

Increase in response effectiveness to potential absconding behaviors by foster parents
 Modified Stakeholder survey forms and a plan to get a larger response.

Possible causes and actions to be taken to address the improvement needed:

Stakeholder sent out by email only. The QAAQI is suggesting that stakeholders are called directly by a neutral party to obtain feedback.

Actions taken to address the improvements needed:

Inservice training discussed with Staff regarding the importance of incorporating natural supports in skills training.
 Stakeholder survey modified to ask more specific questions regarding service provision
 Chart Review summary completed and findings reported to executive leadership

Did the actions taken yield the intended result:

Staff theoretically understand what is required. The Quality Management team will observe implementation
 Continue to monitor trends. Will be determined in the next two quarters

Dashboard Metrics - 2023

Intensive Outpatient Program

PROGRAM METRICS	THRESHOLD	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Annual Average
Satisfaction - Client will report that their counselor is easy to talk to.	> 85%	84%	90%	89%	91%	89%
Effectiveness - Client will report that their overall wellbeing improved while in treatment	> 70%	76%	88%	85%	90%	85%
Efficiency - No Show Rate	< 25 %	29%	19%	20%	26%	24%

Identified trends and areas needing improvement:

Highest rates on client survey are regarding the therapeutic relationship with the group facilitator / counselor
 Comments indicate that clients feel seen and heard
 Intensive Outpatient on target to meet all thresholds

Possible causes and actions to be taken to address the improvements needed:

Clients have very high remarks about the group facilitator

Actions taken address the improvements needed:

Report feedback to group facilitators in December staff meeting.

Did the action taken yield the intended results:

Continue to monitor trends

Dashboard Metrics - 2023

The Treatment Center - Residential Adults

PROGRAM METRICS	THRESHOLD	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Annual Average
Satisfaction - Report that they would recommend a friend or family member for services.	> 85%	80%	93%	87%	84%	86%
Effectiveness - Client will report that their overall wellbeing improved while in treatment	> 70%	67%	82%	74%	80%	76%
Effectiveness - Client will report that their overall Physical Health Improved while in treatment	> 60%	67%	79%	70%	78%	75%
Efficiency - Retention Rates - Clients who remain in service until graduation	> 80%	84%	78%	82%	86%	83%

Areas needing improvement:

The treatment Center is on target to meet all thresholds. T

Aftercare follow up has not been fully implemented. The goal for 2023 was to do a follow up survey at 30 days post discharge.

Possible causes and actions to be taken to address the improvements needed:

Although the team is aware of the goal to obtain feedback from clients post discharge, no staff persons have been specifically been identified to do follow up surveys.

Actions taken to address the improvements needed:

The team will identify a specific aftercare follow up process for 2024 and assign persons responsible for implementation.

Did the action taken yield the intended results:

Continue to monitor trends