

This document was exported from Numbers. Each table was converted to an Excel worksheet. All other objects on each Numbers sheet were placed on separate worksheets. Please be aware that formula calculations may differ in Excel.

Numbers Sheet Name	Numbers Table Name	Excel Worksheet Name
--------------------	--------------------	----------------------

Main_Menu	Table 1	<a href="#">Main_Menu</a>
Definitions	Table 1	<a href="#">Definitions</a>
Admissions	Table 1	<a href="#">Admissions</a>
Client Demographics	Table 1	<a href="#">Client Demographics</a>
Human Resources	Table 1	<a href="#">Human Resources</a>
Quality_and_Satisfaction	Table 1	<a href="#">Quality and Satisfaction</a>
Intensive Outpatient Program	Table 1	<a href="#">Intensive Outpatient Program</a>
The Treatment Center	Table 1	<a href="#">The Treatment Center</a>
The Farmhouse	Table 1	<a href="#">The Farmhouse</a>

2025 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
<b>HEALTH &amp; MEDICAL</b>		
<b>INFECTION CONTROL</b>		
# 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)	
<b>ADMISSIONS</b>		
<b>ADMISSIONS</b>		
# 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)	
<b>CLIENT DEMOGRAPHICS</b>		
Description	Supporting Data	Monica Brown
<b>HUMAN RESOURCES</b>		
<b>WORKER'S COMP CLAIMS</b>		
# of worker's compensation claims	# of claims filed during the month	Kim Roundtree
<b>TURNOVER/SATISFACTION</b>		
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
<b>QUALITY &amp; SATISFACTION</b>		
<b>QUALITY &amp; SATISFACTION</b>		
# 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
<b>INTENSIVE OUTPATIENT PROGRAM</b>		
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
<b>RESIDENTIAL SERVICES</b>		
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
<b>MARKETING &amp; COMMUNICATION</b>		
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 - 2025

### ADMISSIONS

PROGRAM INTAKE VOLUME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
# Inquiries: THE TREATMENT CENTER	34	57	52	57	47	62	69	74	53	65	59	41	670
# Inquiries: THE FARMHOUSE	1	0	2	0	0	1	0	1	2	1	0	0	8
# Inquiries: INTENSIVE OUTPATIENT	3	1	2	1	0	2	1	2	1	5	3	1	22
<b>TOTAL INQUIRIES</b>	<b>38</b>	<b>58</b>	<b>56</b>	<b>58</b>	<b>47</b>	<b>65</b>	<b>70</b>	<b>77</b>	<b>56</b>	<b>71</b>	<b>62</b>	<b>42</b>	<b>700</b>

**Identified trends and areas needing improvement:**

Continue to monitor trends. Enrollment has been consistent for The Treatment Center and Intensive Outpatient Program. The Farmhouse has low enrollment for 2025. Court Ordered and agency referrals are still the repeated highest referral source

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

Marketing for enrollment for the Farmhouse was not pushed due to continual operational constraints and renovations

**Actions taken to address the improvements needed:**

A strategy to increase enrollment at The Farmhouse will be a strategy for 2026

**Did the action taken yield the intended results:**

Court Ordered and stakeholder referrals continue to increase. We will continue to monitor trends.

Client Demographics - 700 total Agency Wide Admissions	
Number of Residential Adults (The Treatment Center)	670
Male	422
Female	248
Does not Identify as Male or Female (Non-Binary)	0
Median Age Range	38
Number of Residential Adolescents (The Farmhouse)	8
Number of IOP Participants	22
Male	13
Female	9
Does not Identify as Male or Female (Non-Binary)	0
<b>Overall Agency Statistics:</b>	
Top 3 Racial Demographics	1. Caucasian 91% 2. African American 6% 3. American Indian 1%
Co-Occurring Disorders	229
Prior Legal History (Been Arrested)	182
Seeking Employment	397
Private Residence	519
Jail / Correction Facility	9
Other Institution	7
Primary Substance Used in population	1. Methamphetamine 2. Opiates 3. Alcohol
Uses Primary Substance Daily	557
3 - 6 times a week (prior to entry)	78
1 - 3 times in the past month (prior to	65

## Dashboard Metrics - 2025

### 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	0	1	3	2	0	1	2	1	4	1	0	1	16
Job satisfaction % all staff (annual)	96%												96%
# voluntary terminations	0	1	2	1	0	0	1	1	4	0	1	0	10
# involuntary terminations	0	0	1	1	0	1	1	0	0	1	0	1	6
# Terminations < 6 months of hire	0	1	1	2	0	1	1	1	3	1	1	1	13
# Terminations 12 months of hire	0	0	1	0	0	0	1	0	1	0	0	0	3
# New Hires	0	2	0	0	1	1	3	1	0	0	4	0	12
# Employee Complaints / Grievance	0	0	1	0	0	0	0	0	0	0	0	0	1

#### Areas needing improvement:

Growth has increased. Finding various resources to strengthen available pool of qualified clinicians

Staff shortages in numerous clinical areas and other key positions continue to adversely affect operations and currently being managed by staff floating between facilities and overtime.

Lowest scores on the Employee Survey were in three areas:

1. My pay is appropriate for my skill level
2. I am satisfied with the manner in which leadership communicates policies to employees
3. I receive adequate information agency policies during orientation from HR

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

These shortages stem from various factors, competitive job markets, employee burnout, geographical challenges, and a heightened focus on work-life balance, which has reduced employee availability and productivity. Additionally, the increasing complexity of client needs, safety concerns, and the administrative burden on clinicians contribute to staffing challenges

This makes it difficult for staff to meet the standards of full time employment

No systematic alert system to inform staff when background checks need to be updated.

#### Actions to be taken to address the improvements needed:

Conducted a follow up Focus Group to to ask specific questions in response to Orientation, Communications and Human Resources.

Focus Group Findings:

1. Staff would like a central location where documentation, policies and trainings are stored electronically for continual reference
2. Counselors do not feel that their pay is comparable to other equivalent agencies within the field.
3. Extreme clarity regarding roles about expectations of employment during the onboarding process.
4. Retention Bonus will be given to staff as recognition and incentive to maintain longer employment.

In response to surveys and focus group HR and QAQI completed the following action items:

1. Created a HR Quick Facts Sheet - gives a new staff person a quick glance of important information that will be needed
2. HR will begin distributing any updated policies through morning staff meetings with a required signature
3. A comparison of salaries of other industry was conducted by HR. CCS's compensation structure higher than 71% of other researched entities.

#### Did the action taken yield the intended results:

Continue to Monitor in 2026

**Dashboard Metrics -2025**

**Quality Improvement Metrics**

	THRESHOLD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
# Client complaints/grievances	Review Trends	0	0	0	0	0	1	0	0	0	0	0	0	1
# Suggestions	Review Trends	0	0	0	0	0	0	0	0	0	0	0	0	0
# Incident Reports	Review Trends	3	5	2	7	4	1	3	2	5	2	4	6	44
# Accommodation Requests	Review Trends	0	0	0	0	0	0	0	0	0	0	0	0	0

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%	90%	92%	84%	95%	83%	82%	83%	84%	94%	82%	84%	82%	86%
Annual Stakeholder Survey	80.0%	96%												96%

**Patterns and Trends identified:**

Client and Employee Falls were the the highest incident category in 2025. With an overall rate of Intensive Outpatient Continues to have no incidents Stakeholder survey responses are low this year.

**Areas Needing Improvement:**

Education and Awareness of Critical Incidents, Accommodation Requests, Grievances, Suggestions in the Farmhouse and IOP.

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

Client was highly aggressive and had several incidents recorded at The Farmhouse during Quarter 3

**Actions taken to address the improvements needed:**

Clinical Incidents are now discussed during daily meetings for The Farmhouse and Residential Treatment Center

**Averages from Client Satisfaction Surveys** 3.49  
(Ranked Highest to Lowest)

Access/Admission/Orientation	3.58
Quality of Care	3.56
The Assessment Process	3.54
Accessibility and Technology	3.5
Quality of Life	3.5
Treatment Planning	3.49
Health and Safety	3.48
Rights and Responsibilities	3.48
Input from Persons Served	3.45
Referrals, Transition and/or Discharge	3.43
Cultural Competency	3.38

**INCIDENT CATEGORIES**

**Quarter One**

Treatment Center: 4  
The Farmhouse: 0  
Outpatient Incidents: 0

**Quarter Two**

Treatment Center: 3  
The Farmhouse: 0  
Outpatient Incidents: 0

**Quarter Three**

Treatment Center: Medical Incidents 12  
The Farmhouse: 1  
Outpatient Incidents: 0

**Quarter Four**

Treatment Center: Medical Incidents 0  
Outpatient Incidents: 0

## Dashboard Metrics - 2025

### 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%	87%	93%	91%	86%	92%
Effectiveness - Client will report that their overall wellbeing improved while in treatment	> 70%	84%	90%	88%	83%	86%
Efficiency - No Show Rate	< 25 %	19%	22%	27%	24%	24%

#### Areas needing improvement:

Percentages on target to meet all thresholds for 2025

A high rate of clients are reporting that their overall wellbeing has improved in IOP.

Tracking the impact to a clients overall Wellbeing 6 months post treatment would give greater clarity to the effectiveness of treatment

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

Group facilitators are really passionate and welcoming regarding what they do.

#### Actions taken address the improvements needed:

Spoke with the staff in IOP at Greenville and Kingsport about the work they are doing and how it is impacting the clients

Praised the program on its continual efforts and ability to make clients feel welcomed

#### Did the action taken yield the intended results:

Clients stated that the program is a support for them during a time when it feels like the world is unstable.

The clients frequently mentioned being able to turn to CCS for additional support over the last year such as food, PPE and other resources.

The clients feel close to the staff and feel respected

## Dashboard Metrics - 2025

### 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%	93%	91%	86%	84%	89%
Effectiveness - Client will report that their overall wellbeing improved while in treatment	> 70%	75%	84%	83%	89%	83%
Effectiveness - Client will report that their overall Physical Health Improved while in treatment	> 60%	67%	62%	73%	65%	64%
Efficiency - Retention Rates - Clients who remain in service until graduation	> 80%	84%	78%	82%	86%	83%

**Areas needing improvement:**

All thresholds met for each quarter 2025. Will continue to monitor trends.

The Quality Assurance Team and the Executive Leadership decided to look closer at retention rates of clients in the residential programs.

It appears that clients leaving without staying the full term are due to Leaving Against Counselor Advice in 2025

The team established a retention threshold of 80% to be tracked, however we will monitor trends for a year to establish a baseline.

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

Clients comment that being in the CCS environment away from peers allows them to focus on getting better.

**Actions taken to address the improvements needed:**

Established a true baseline for 2024. Decided a true baseline for retention is currently 70% in the industry however the team will continue to push for 80% as the threshold in 2026

**Did the action taken yield the intended results:**

Continue to monitor trends

## Dashboard Metrics - 2025

### The Farmhouse - Adolescent Home

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%	87%	84%	91%	88%	86%
Effectiveness - Client will report that their overall wellbeing improved while in treatment	> 70%	76%	78%	83%	79%	77%
Effectiveness - Client will report that their personal Relationships have an above average or better improvement with family and friends	> 70	74%	72%	78%	77%	73%

**Areas needing improvement:**

All threshold data has been met despite having a rocky start in early 2025. It was difficult maintaining qualified dedicated staff after the primary staff resigned in 2024. Staff shortages in numerous key clinical positions continue to adversely affect operations.

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

Continual improvement to the home environment and routine continued by Executive Leadership during the period of inconsistent staffing which seemed to have an impact on the residents

**Actions Taken:**

Continual Recruitment of educated and qualified staff

**Did the action taken yield the intended Results:**