



2019

ANNUAL PERFORMANCE REPORT

Community Care Solutions, Inc.



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(January 1 – December 31, 2019)

History- Community Care Solutions, Inc. Behavioral Health Agency (CCS) is a community mental health center providing behavioral health services to families, adults and children who are diagnosed with a mental illness and/or substance abuse disorder. CCS serves the residents of Orleans, Jefferson, St. Bernard, St. Tammany, Tangipahoa, and Washington parishes (Greater New Orleans area). In 2018 CCS expanded its clinical services offerings becoming an addiction provider offering Detox WM, Intensive Outpatient, and Outpatient Treatment services. The agency was founded by Joey Stevenson and Anice Butler in October 1, 2013 and has been CARF accredited since 2015.

Vision-To be recognized as a behavioral health leader characterized by a commitment to promote and improve the mental health/well-being of our community.

Mission-The mission of Community Care Solutions, Inc. is to participate and ensure the creation of healthier lives within a broad spectrum of communities while delivering quality behavioral health services in a safe environment that provides the support and skills needed to assist individuals to achieve their highest potential.

Values-Celebrate Diversity- Respecting the rights, differences, and dignity of others. Recovery- Achieving a high quality, self-directed, satisfying life integrated in the community. Quality- Commitment to Excellence. Public Awareness- Dedicated to increasing the understanding of mental illness and eliminating stigma. Collaboration- Partnering with clients and stakeholders to create healthy communities. Technology- Embracing technology to improve efficiency and quality of care.

Philosophy-Community Care Solutions, Inc. (CCS) philosophical approach is that all individuals have the potential for growth and change. Individuals can improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Our Clinical Team:

- Master's-prepared licensed social workers/counselors (LCSW pr LPC)
- Master's Level Mental Health Professionals
- Bachelor's Level Mental Health Specialists
- Bachelor's and Master's Level Substance Abuse Counselors
- Nurse (LPN or RN)
- Medical-Director-A board certified psychiatrist offering education and administration of medication.

Hours of Operation: Services are available 24 hours a day, 7 days a week. An assigned staff is on call to respond to clients after normal business hours. CCS business hours are Monday – Friday 8:30 a.m. – 5:00 p.m.



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Description of Data Collected

CARF standards call for the collection of data which is valid (tools that measure what they are intended to measure), reliable (data which is collected in a consistent manner) and collected in a complete and accurate manner. CCS collects and analyzes data/information from several different sources including, but not limited to:

1. Financial information including monthly reviews of the organization's performance and leadership;
2. Accessibility status reports as a way to monitor any potential barriers to treatment and to identify any necessary corrective actions;
3. Annual risk management assessments to identify potential risks and opportunities for the organization;
4. Analysis of personnel (human resource) trends related to recruitment, retention and turnover;
5. Reports from internal and external health and safety inspections and tests of emergency plans and procedures;
6. Outcomes management patient satisfaction surveys completed by clients and stakeholders;
7. Outcomes reports on client progress based on surveys;
8. Information on characteristics of persons served collected from the Annual Needs Assessment
9. Informal feedback from clients, staff and stakeholders;
10. Formal client complaints and grievances;
11. Incident reports;
12. Feedback/results from national accreditation surveys; and
13. Feedback/results from regulatory/licensing visits and inspections

Communications Plan

CCS communicates performance information to persons served, personnel and other stakeholders according to the needs of each specific group. The various formats for delivery of the Performance Analysis and reporting of outcomes include the written report; a streamlined version of the analysis report available online via CCS website; staff/team presentations and trainings; and small group meetings with clients. The content of the analysis incorporates: characteristics of persons served; impact of extenuating or influencing factors; comparative analysis; identification of trends; identification of causes; identification of areas needing improvement (gaps and opportunities for growth); the existing quality improvement plan, goals, and objectives; and the action plans to address identified improvements needed.

The Performance Analysis Report is also provided to stakeholders via board meetings as well as posted to the website for both stakeholders and clients on an annual basis; clients are enlisted to provide feedback about the Performance Analysis via the Client Rights Committee that meets quarterly; the Performance Analysis is posted in visible areas throughout the clinic itself. Additionally, CCS sends out satisfaction surveys to both stakeholders and discharged clients twice a year; other patient satisfaction surveys are completed at intake and every 6 months thereafter; patient satisfaction survey forms are available and easily accessible around the clinic at any time for clients to fill out.

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LEADERSHIP

During 2019 Client Rights Committee met and reviewed the Cultural Competency Plan for relevance and no updates were needed as all goals remain relevant to agency operations. Leadership also reviewed the plan at least annually and deemed the plan still relevant to agency operations and mission. The Lunch and Learn series was launched and was held at least quarterly with 100% participation. Survey results from a follow up survey of equity stated that over 85% of the employees feel equity is high priority for the agency a 5% increase from 2019. The compliance and succession plans were reviewed with no updates required. The agency's policy and procedures were reviewed during the December 2019 Administrative Committee meeting and any updates required were forwarded to Anice Butler, LCSW-BACS and approved by the Board of Directors January 2019. Surveys, assessments, management/leadership meeting minutes and/or reports were reviewed from persons served, personnel, and other stakeholders and data was compiled and shared with stakeholders through various means not limited to the agency's website, staff meetings, community activities, etc.

STRATEGIC PLANNING

The plan was reviewed for relevance in December 2019 and the priorities were assessed as remaining relevant for the year 2020.

ANALYSIS OF 2020 STRATEGIC TARGETS

PRIORITY 1: To demonstrate fiscal responsibility and accountability to advance our mission.

Objective 1: Maintain financial stability.

During 2019 monthly finances were reviewed by the Administrative Team consisting of the CEO and executive direct and the lower-level staff were trained on how to read the statement and budgets during staff meetings, Revenue, expenses, internal/external financial trends, challenges, and opportunities in addition internal management information and external industry trends. As a result, the agency ended the fiscal year with a positive balance and there was no evidence of no more than 2 repeat findings via audit (inventory and self-audit). Agency and individual staff productivity met the benchmark of 85%. Although there were no additional income opportunities identified the goals will continue as stated. CCS has sufficient cash flow and may seek an additional line of credit if needed to avoid any financial threats or expansion efforts due to the agency forecasting rapid closures of other agencies due to MCO stricter contract guidelines.

Objective 2: Ensure the most viable services are provided within the confines of the legislative environment. It is likely that in the next 6 to 12 months, the state of LA will make a significant change in behavioral health services which has occurred every 2 to 3 years since the inception of the agency, considering this, CCS must develop service lines that will be sustainable in the likelihood that the pandemic will continue. CCS sought ways to improve income through a state funded grant for MST services but was not selected as a provider. Our research indicates the most viable sustainable services will continue to be substance abuse focused. CCS will seek to expand its current service line to include, Permanent Supportive Housing, Assertive Community Treatment, and expand to other states as identified. It is likely Congress will take some action about the Affordable Care Act that may affect CCS. CCS must be abreast of congressional developments in this arena. CCS also conducted an annual needs assessment to identify the current demographics of the communities the agency currently serves in addition to potential social detriments to health to ensure the services offered meets the community's needs.

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PRIORITY 2: To recruit, develop, and retain a competent, professional, culturally diverse, motivated, and productive workforce.

Objective 1: Place continued focus on recruiting and retaining staff.

All job posting were posted on various job boards locally and nationally however recruitment, retention, and turnover continues to be an issue that opposes a risk to client service delivery However during 2019 all key positions remained filled. The agency shared ethical conduct and behavior with staff through various means such as meetings, clinical supervision, orientation, etc.

Objective 2: To provide the structure, staffing patterns, training, and compensation necessary to recruit and retain qualified staff at all levels of the organization.

CCS performed an annual workforce analysis to assess the following: The percentage of staff with clinical licensure and/or additional certifications remained the same at 10%. Retention rate equal to or exceed 75%. Employee Satisfaction exceeded 70% in FY 20 with the expected increase by 5% thereafter until it reaches a max of 85%. Total # of trainings offered annually currently exceeds CARF standards and key positions were always filled. Compensation for all staff positions were reviewed, and CCS continues to outpace competitors by 10% or more. CARF accreditation will be awarded for all programs offered for 3 three years. CCS also issues retention bonuses to staff with a tenure of 12 months of more.

PRIORITY 3: To pursue new and better was to serve clients and other stakeholders.

Objective 1: Develop and provide training for clients, staff, and community members/stakeholders.

CCS continued to provide trainings and education sessions in the community, including Housing Authority of New Orleans and Jefferson Parish Schools has a Medical Director on our training team which provides enhanced medical expertise client and personnel trainings. Also, the continued community service efforts such as the annual back to school drive, Thanksgiving Turkey Giveaway, Christmas toy Giveaway, offering resource linkage, offering food during appointments.

Objective 2: Collaborate with all external programs focusing on integrating services to provide a complete and comprehensive treatment experience for all clients.

One of the highlights of the CCS program is its connection with other programs and the ability to easily transition patients who need additional or higher level of care; this aspect of effective and efficient coordination of care improves access to additional treatment options for patients and reduces traditional barriers that can exist when referring patients to a higher level of care elsewhere. CCS hosted the "all provider" meeting every quarter via Zoom to meet with programs meet to discuss shared clients and using the meetings as an informal process to gather information from external stakeholders to guide organizational capabilities for future planning. One of the biggest participants was the Housing Authority of New Orleans.

Objective 3: Provide Monthly Management Meetings to improve processes, communication, and education.

The CCS Program Director attends several regular leadership meetings including a monthly management meeting, quality improvement meetings, agency-wide program director meetings, training, and education committee meetings and more. In 2019 management continued to use employee, personnel, other stakeholders' feedback via surveys, committees, informal discussions to meet the expectations of person served and other stakeholders improve agency processes analyze performance and drive overall strategic planning.

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PRIORITY 4: To provide safe, effective, and evidenced based mental health and substance abuse care that can be defined and means.

Objective 1: Maintain CARF accreditation.

Completed the CARF annual report.

100% pass rate on quarterly client chart reviews on open/closed cases in the mental health and addiction programs. Conducted by Michael Fredricks, LCSW-BACS.

Objective 2: Achieve audit scores by MCO's will equal to or be greater than 90%.

During 2019 CCS received one (2) request from Louisiana Medicaid's MCO's to review client records for quality assurance. United Healthcare and Aetna requested the New Orleans office charts and reviewed 40 client mental health and addiction records yielding a 98% pass rate.

FINANCIAL PLANNING AND MANAGEMENT

The annual budget was prepared prior to the fiscal year and included informational collected from employee surveys, client surveys, and external stakeholders. Information was also gathered from monthly Administrative Committee meetings held by the leadership Joey Stevenson and Anice Butler in addition to quarterly Workforce Committee meetings. The 2019 budget was compared to the 2016-2018. budgets and the year-to-date performance where it was noted the agency trended slightly ahead of the projected revenue and expenses based on a historical analysis, A favorable budget variance was noted at year end as actual revenue was slightly higher than budgeted revenue although overall agency productivity was down. Actual expenses were lower than the budgeted expenses, The budgets also included external factors such as market demand, increased labor costs, and tax laws can change throughout the year and have a major impact on budget variance. During 2019 CCS performed monthly reviews of performance which included revenue, expenses, internal/external financial trends, challenges, and opportunities in addition internal management information and external industry trends. As a result, the agency ended the fiscal year with a small positive balance and there was no evidence of no more than 2 repeat findings per audit (inventory and self-audit). In 2019 there was also a review of financial statements by an independent accountant authorized by the appropriate authorities. which yielded no negative findings.

RISK MANAGEMENT

CCS is committed to long range planning to ensure service continuity and to a formal periodic risk management processes part of the strategic planning:

process. The Risk management Plan was reviewed for relevance and the areas assessed were:

1. Identify any loss exposures,
2. Analyze and evaluate any loss exposures
3. Identify of how to rectify identified exposures,
4. Implementation of actions to reduce risks,
5. Monitoring of actions to reduce risks,
6. Report results of actions taken to reduce risks,
7. Inclusion of risk reduction in performance improvement

The Risk Management plan required no updates and is still relevant to agency operations moving into 2020.

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The Corporate Compliance Officer or designee is responsible for conducting an annual risk management assessment and compiling the findings for inclusion in the organization's strategic planning and daily operations. The formal Annual Risk Management Assessment for FY-19 is conducted in accordance with CARF's national accreditation standards. The CEO reviews the Risk Management Assessment and incorporates results into the Risk Management Plan. The findings or assessment considerations conclude that there were no significant changes in the demographics or cultural characteristics of persons served. The main finding of concern is the lack of personnel needed to effectively complete the mission of CCS. It has been difficult to recruit and retain clinical staff and continual efforts are in place to address this concern.

The agency's insurance package was reviewed and deemed adequate with issuing insurance broker. The only contracted service was a prescriber for medication management. The contract was reviewed, and performance evaluation was completed and shared with the contractor. The policy and procedures were reviewed, and no changes were made. All applicable job descriptions were reviewed to ensure that staff meet minimal qualifications, and no update /changes were required. Media relation and social media policies were reviewed and deemed adequate and up to date. Actions being implemented to ensure the viability of CCS Clinic, are preparing for the survey for CARF reaccreditation, reviewing patient services, administrative and clinical, for quality control and patient satisfaction. At this time, there are no expected changes in senior leadership in the next year. Within the last year, The Program Director was formerly the Clinical Director at CCS, and the Clinical Director was formerly a Provider at CCS.

HEALTH AND SAFETY

The unannounced tests were performed followed by after action reports on the response to the drills. Trainings were conducted that addressed individual roles and responsibilities, notification procedures, emergency response procedures, evacuation and accountability procedures, emergency shutdowns, information about hazards, and protective actions. Internal health/safety reports were conducted quarterly at each location and no deficiencies were found. In addition all applicable external annual health/safety reports were conducted annually with no deficiencies found as well. In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous personnel training at orientation and annually and as needed. All personnel received documented competency-based training. All clients during orientation received education to reduce identified physical risk. The Health and Safety Committee met on a quarterly basis to review trends and concerns. There were no health and/or safety (critical) incidents reported by persons serves, personnel, and/or stakeholders for the 5th consecutive year.

WORKFORCE

As required by CARF, all mandatory (orientation and beyond) trainings have been fulfilled through Relias training, In-Person training online, training conducted by professional organizations and professional conferences. This is maintained and accounted for on a training spreadsheet and management will continue to incorporate desired trainings of staff, when possible, as identified through Staff Training Needs Assessments. To retain staff and reduce turnover, the staff is compensated well as compared to local mental health providers in the area. All personnel performance appraisals were completed within the allotted timeframes

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which included SMART goals. CCS provides company-paid time off and pays for counselors to attend trainings that are needed to maintain licenses and certifications.

TECHNOLOGY

CCS has monthly management meetings with to identify gaps and opportunities in the use of technology and leadership support ongoing assessment through regular IT summaries and other reports. CCS seeks input on its use of technology from persons served, personnel, and stakeholders through feedback, surveys, and personal satisfaction scores. The clinic has a technology plan and trains its staff on use of technology, disaster plan and response, cybersecurity, power outages and other policies and procedures (including Acceptable Use policies, Disaster Recovery Plan, and Telehealth). Our servers are located at CCS as the clinic has a generator that will keep systems operational in the event of a power outage. In the event the computer system becomes inoperable, the clinic has a process in place to continue to provide medication to patients. The clinic currently uses one electronic health record systems: Sharenote. Staff receive training on how to upload documents during onboarding and at regular intervals. The technology plan was reviewed in 2019 and no update is needed as it remains relevant to business operations and strategic planning.

ACCESSIBILITY

The accessibility plan was reviewed in 2019 and no update was needed as it remains relevant to business operations and strategic planning. During 2019 there were no requests for accommodations.