**Family Counseling Center, Inc.**

“Helping Others Help Themselves” since 1974

**FY15 Outcomes Performance Report**

**Review Period July 1, 2014 – June 30, 2015**

**Report Contents**

1. **INTRODUCTION & ASSURANCES**
2. **EVALUATION of FY15 TARGETS**
3. **SUMMARY of OUTCOME MEASURES**
4. **FY15 DEMOGRAPHICS**
5. **FY16 TARGETS**
6. **PROGRAM DESCRIPTIONS**
7. **ABBREVIATIONS LIST**
8. **IntroductioN & ASSURANCES**

It is the mission of Family Counseling Center, Inc. (FCCI) to improve the quality of life of persons in need of mental health, substance abuse, housing, senior living, child welfare, and intellectual and disability services. A catch phrase typically used by FCCI is “Helping others help themselves.” Our primary focus is to reduce the severity of mental health symptoms, promote self awareness for those with intellectual disabilities and provide safe, quality housing for our residential clients. Each of FCCI programs philosophy and service implementation totally supports the agency mission and primary core values of individualization, growth based upon strengths and protection of rights.

Although FCCI performance indicators are monitored and addressed on an ongoing basis, for this report, the snap shot of FY15 service comparison data is July 1, 2014 through June 30, 2015. This data is gathered throughout a client’s stay with FCCI beginning with referral, through services received and after discharge. Targets are established that address the entire spectrum of the agency: clients, staff, and stakeholders. FCCI is committed to the collection of data that is reliable, valid, complete and accurate.

Information for FY15 Outcomes Performance Report is comprehensively gathered from existing committees, plans / reports including but not limited to FCCI Consumer Advisory, Accessibility, FCCI Goals & Objectives, Health & Safety, Risk Management, Strategic Plan, Allocation Plan, Technology Plan as well as Human Resources, industry trends, client’s clinical data and program data for incorporation into performance management indicators. Satisfaction surveys (Clients / June 2015, Staff / May 2015, FCCI Board / June 2015 and Stakeholders / June 2015) were distributed and tallied. Additionally, discharge data and medication effectiveness data are collected routinely throughout course of business. Human Rights (right restrictions) and Behaviors Committees (interventions and medications) information is monitored quarterly.

Within the agency structure for each of the services seeking accreditation, targets comprised of effectiveness, efficiencies, satisfaction and service access are established in an easy to understand mode, targeting performance improvement in FCCI business functions and service delivery. Data to validate those targets is collected, evaluated and compared to show status or condition. Responsibility for implementation of identified targets is assigned to the management staff within that program for oversight review and course correction. Overall satisfaction of the staff, clients, Board and stakeholders is sought routinely and analyzed for system improvements. Variable demographics of FCCI are summarized and compared for trends. These comprehensive efforts were solidified into actions and have brought the following results.

1. **EVALUATION OF FY15 TARGETS**

Of 20 Targets established for FY15 implementation, the review found 7 met, 6 partially met, and 7 not met.

**BEHAVIORAL HEALTH (BH)**

Effectiveness Target MET

* *maintain at least 80% of child / children in their current foster care placements.* Met 82%, 14 of 17 remained in one foster care placement.

Effectiveness Target NOT MET

* *decrease documented “no show” rate by 2% per each of 4 BH program from established baseline.* Partially met: SA reduced from 275 to 209, 66% reduction; MIOA reduced from 287 to 172, 26% reduction; MIOY from 179 to 241 increase of 40% and SASS from 160 to 240 increase of 34 %.
* *increase met treatment plan objectives in residential CSR setting from 11 to 13.* Partially met, increased met objectives from 11 to 12 but not the goal of 13.

Efficiency Target NOT MET

* *decrease the time from referral to service to 3 day for BH programs.* Not met, Agency average 76 days: MIOA 79.27 days; MIOY 73.12 days.
* *increase % of clients participating in at least 10 sessions after first 30 days from 28.2% to 30% for ASA program.* Not met, DASA ASA Data report is late thus will show objective as not met. Will correct once outcome is known. Update 2-1-15: Not met DASA data report shows a decrease in FCCI SA program from 28.2% to 19%.

Service Access Target NOT MET

* *move clients from SA waiting list to service within 10 days of referral.* Not met, on average 17 days.
* *99% occupancy rate for residential CSR home.* Not met, 94% occupancy rate.

**DEVELOPMENTAL SERVICES**

Effectiveness Target MET

* *increase overall ICAP scores for CILA programs.* Met, data showed +15 points in ICAP score.

Effectiveness Target NOT MET

* *increase work wages for 10 clients by 3% increase in DT programs.* Partially met, data shows 13 client had an increase but overall wages went down by cumulative dollar of $20.69. Revise goal recommended for monitoring cumulative wage dollars.
* *increase in overall ICAP score for HBS program.* Not met, HBS showed a 12 point decrease in overall ICAP scores.

Efficiency Target MET

* *99% of clients served in their home / community for the HBS program.* Met, no HBS clients discharges to a more restrictive environment.

Efficiency Target NOT MET

* *99% attendance rate for DT and CILA programs.* Partially met; Met, DT had calculations of 63134 hours billed while baseline was 59400. Recommend revision of goal to Dollars to track increase instead of attendance rate. DT program itself is operational 12 months while revenue is only 10 1/2 months. Partially met, CILA homes: CRH 75%, ETH 100%, HTH 100% and ORH 93%.

Service Access Target MET

* *expand number of HBS clients being served from 39 to 42.* Met, expanded to 49 clients.

Service Access Target NOT MET

* *develop 1 additional community contract base for DT program.* Not met, no additional contracts secured.

**AGENCY**

Effectiveness Target MET

* *participate in at least 4 outreach opportunities per program.* Met, participated in over 8 outreach programs including but not limited to ice cream social for teachers, 2 parades, 2 booths, several youth outings, golf scramble, run, yard sale, community sing, candy sales, special Olympics, angel tree /abused children program.

Efficiency Target MET

* *transition personnel and additional pay roll functions to ADP contractual services.* Met, payroll up and operational for all employees by May 2015.

Service Access Target MET

* *increase FCCI marketing efforts.* Met, establishment of FCCI Facebook page, involved in several public events, job fairs, advertisements.

Service Access Target NOT MET

* *diversify FCCI funding sources outside of State of Illinois income by 1 payer.* Partially met, no significant payee source outside of Illinois established but 3 minor grants, totaling around $4,700 received: HVAC unit for MTL, light bulbs for AR, Kroger rewards established. 2 Federal grants and 5 Wal-Mart grants submitted but none awarded to FCCI.

Satisfaction Target NOT MET

* *agency clients, stakeholders, and staff satisfaction scoring rate.* Partially met, DS Division: DT 100%; CILA 100%; HBS 95%. BH Division: MIOA 96%; SA 99%; CCBYS 80%; and MIOY 85%.
* *agency staff retention loss rate to be 20% or less.*  Not met, turnover rate was 38%, decrease.
1. **SUMMARY OF OUTCOME MEASURES**

Since viewed as the most important element of this agency’s purpose, improving client lives, FCCI identified outcomes were found to have valid, reliable and accurate targets for FY15. Upon management’s review of these established targets, it was determined that effectiveness, efficiency and service performance indicators of no show rate, CSR met goals, referral to service time frame and ASA participation, for the Behavioral Health Division (BH) are appropriate, relevant and on target with the agency’s goals and objectives for FY16. For IPS, it is recommended to drop foster care placement retention as a target and replace with youth increasing their skill validated by the ADI (Abbreviated Dysregulation Inventory). Developmental Services (DS) performance indicators and measures, ICAP, contracts, attendance and client wages, are still considered as valued targets. Most of the agency’s outcome targets have been translated into the agency’s dash board goals / objective measurements for tracking. Outcome report is posted on r-drive for staff review, on all FCCI bulletin boards for public review, and included in admission packets for new clients review.

**FY15 DEMOGRAPHICS**

***Ratio of Male / Female clients***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  |  2013 | 2014 | 2015 |  |  |
| PROGRAMS: | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |  |
| Developmental Services | 56% | 44% | 56% | 44% | 56% | 44% |  |
| Behavioral Health | 49% | 51% | 51% | 49% | 47% | 53% |  |

Male / female numbers do not seem to be a valuable marketing indicator for the organization. DS ratios remained the same while BH changed by 4% from male to more females requesting services. In looking at program specifics, the greatest change was noted in SASS ratio, 103 females accessing service in 2015 compared to 68 in 2014.

***Clients Served per County***

The distribution of clients served per county remained similar to previous three years (2014, 2013 and 2012) data with Johnson County, Hardin, Massac, Pope, Union, Alexander and Pulaski in descending order. With anticipation of providing services in Cairo area, the number of clients FCCI already serves, primarily MIOY outpatient and SASS Youth Crisis, is indicated.

***Payee Sources and Client Numbers***

**REVENUE REVIEW**

FCCI continues to rely heavily on income generated by payment from the State of Illinois. Many efforts were made in FY15 to expand revenue sources through federal and foundation grants. Some success was noted but not enough to alter reliance on State dollars. This is a continued area of monitoring.

**FY15 CLIENTS SERVED BY DIVISION**

DS 181 Clients / BH 1059 Clients

Total Unduplicated Clients Served 1240

Total Unduplicated Clients Served in FY14 1175 (+65)

***Surveys*** were conducted toward end of FY15 with the following overall results. Survey components contained a variety of elements including satisfaction.

**CLIENT QUESTIONNAIRES**

DS Division scored highest with 100% for all DT and CILA programs while Home Base scored 95%, which was an increase of 15% (scored 80% last year). BH programs all score 90 or above except for CCBYS 80% and MIOY 85%. Client Satisfaction surveys utilized an agree / disagree selection. All scores way above bench mark 75%.

DS clients, both residential and developmental training, expressed satisfaction with their programs requesting only new puzzle supplies, new computer and more work breaks.

BH residential clients noted that the house has too many rules. Outpatient Youth services suggested additional youth outings.

The SASS crisis program shared that

-it took too long to transport to the hospital,

-once released from the hospital, it took too long to see a counselor,

-unable to contact child while in hospital and

-offices are too small and difficult to complete paperwork in.

All suggestions / comments are forwarded to Assistant Division Directors for review and analysis of systems to improve outcomes services.

**STAFF QUESTIONNAIRES**

Of collected staff satisfaction surveys, 68% was completed at the May 2015 Staff Appreciation Day. A scale of agree / disagree selections was offered in 12 categories with total 46 elements ranging from supervision, benefits, mission, to value. *The overall average positive score was 88%, 2 points higher than FY14 score of 86%.* The highest category was noted in Safety at 95%, both Pride of Association and Sense of Shared Mission at 94%, and both Diversity Value and Job Fit at 93%. Lowest category was Pay and Benefits at 78%, with Pace of Work next at 74% and Supervisor Staff Development Focus at 71%. Of particular interest in the survey elements were the top three percentage ratings, both high and low, as follows:

* 100% agreed that the contributions and behaviors most valued in my Division are not specific to any one race, ethnicity, gender, age, religion, disability or sexual orientation;
* 97% agreed that they have the appropriate amount of independence to work;
* 97% agreed that my responsibilities related to safety have been clearly communicated to me;
* 44% disagreed that the supervisor discussed career opportunities with them;
* 33% disagreed that their program has enough staff to get work done in a quality manner;
* 32% disagreed that they are satisfied with their compensation.

**Most enjoyable aspects of my job are…**working with clients / consumers; working with staff/peers and the team atmosphere.

**Most repeated dislikes of my job are**…workload (paperwork, direct service requirements, caseload numbers) and stress.

**Training needs**…..responses include counseling techniques, condensing paperwork requirements, behavior skills, computer training, and clinical diagnostic accuracy. Training areas are quite typical of social service agencies and tend to be consistent for FCCI for over the last 5 years. Topics are filtered down to supervisors as well as area of interest for Staff Appreciation Days (spring and fall). Gathered information is always referred to clinical supervision for topic training consideration.

Each supervisor received a personal confidential copy of the comments made with a copy going

to their personnel file. All other percentages are forwarded to the Management team for review and analysis of FCCI systems to effect a change in outcomes services.

|  |
| --- |
| **STAKEHOLDERS QUESTIONNAIRE** |
| 2015  | Sent | Returned | % Returned | Poor | Fair | Adequate | Good | Excellent |
| DS - Agencies | 26 | 5 | 19% | 0% | 0% | 0% | 40% | 52% |
| BH - Agencies | 60 | 9 | 15% | 0% | 3% | 0% | 25% | 72% |
| Agency  | 7 | 1 | 15% | 0% | 0% | 0% | 0% | 100% |

Percentage number increases were noted in scoring of excellent, up from FY14 40% DS and 49% BH. Survey monkey was utilized for data collection and will be again for FY16. Overall score received above average was at 97%. The 16% average return rate of FY15 is close to FY14 19%. The comments given provide a reflective picture of FCCI strengths and areas of grow better than calculated percentage numbers.

What FCCI could improve on is:

* Networking with the teacher on the educational component of the student’s needs
* More available time to provide services
* Would love to work on obtaining grant funds in partnership with FCCI

What FCCI does well is:

* Handle situations in a timely manner
* Great follow through for families
* Great staff that is always willing to help
* Serves students / school in addressing their needs
* Compassionate toward clients
* Communicates clearly and is ready to do their part
* Works well with school officials, parents and students to schedule session in the district

All suggestions / comments are forwarded to Assistant Division Directors for review and analysis of systems to improve outcomes services.

***Discharge data*** (outcome evaluation of provided services) is sought after a client’s service with the agency closes. In FY15, paper surveys were mailed out except for June 2015 when a telephone follow-up call was implemented. 20 phone contacts were made for follow-up on services. There is not enough data to determine if this is a productive manner to collect discharge data. Recommendation is to continue the pilot program into FY16.

Reasons for discharge provided in the clinical discharge summary was reviewed and noted to be the highest number 292 of 675 discharges or 44% was “other & unknown” category. As “other” does not provide a good indicator of outcomes, it is recommended that when switching to EHR (electronic health record) that the reasons for discharge be reviewed to see if “other” is an option. If so provided, a clinical training on selection of discharge reason should be provided in BH programs. Discharge data showed that percentage of BH clients that completed treatment was 16% and refusal of treatment was at 25%.

***Medication Effectiveness*** is determined by the client sharing how he/she perceives that the prescribed medication is doing in helping them control their mental illness symptoms.

Scale 1 not effective 5 highly effective 10

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FY15 TOTAL Clients Reporting**  | **0** | **0** | **1** | **3** | **17** | **46** | **80** | **145** | **311** | **39** | **642**  |
| Satisfaction % | 0 | 0 | 0 | 0 | 3 | 7 | 12 | 23 | 48 | 6 | TOTAL |

Scale 1 not effective 5 highly effective 10

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FY14 TOTAL Clients Reporting**  | **0** | **0** | **0** | **1** | **12** | **32** | **62** | **151** | **288** | **50** | **596**  |
| Satisfaction % | 0 | 0 | 0 | 1 | 2 | 5 | 10 | 25 | 48 | 8 | TOTAL |

Scale 1 not effective 5 highly effective 10

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FY13 TOTAL Clients Reporting**  | **0** | **0** | **2** | **0** | **6** | **22** | **52** | **118** | **254** | **70** | **524** |
| Satisfaction % | 0 | 0 | 1 | 0 | 2 | 5 | 10 | 23 | 49 | 14 | TOTAL |

Noted is a steady growth in client numbers seen by Dr. Parks for psychotropic medication. It is a noted trend that the scores 8 and 9 of medication being effective is the highest percentages for the previous three years.

1. **FY16 TARGETS**

In analysis of the provided data, the following performance indicators are established for FY16.

**BEHAVIORAL HEALTH**

Effectiveness Target

* *decrease documented “no show” rate by 2% per each of 4 BH program from FY15 results of SA 209; MIOA 172; MIOY 241; and SASS 240.*
* *increase met treatment plan objectives in residential CSR setting from 12 to 13.*
* *80% or higher of child / children in foster care placements will have a lower score of abbreviated dysregulation inventory at exit from entrance into the program.*

Efficiency Target

* *decrease the time from referral to service to 3 day average for BH programs.*
* *increase % of clients participating in at least 10 sessions after first 30 days from 19.0% to 25% for SA program.*

Service Access Target

* *move clients from ASA waiting list to services within 10 days of referral.*
* *99% occupancy rate for residential CSR home.*

**DEVELOPMENTAL SERVICES**

Effectiveness Target

* *increase work wages for DT program by accumulative dollars higher than -$20.69.*
* *increase overall CILA ICAP scores by 15 points or higher.*
* *increase in overall HBS ICAP score to above a negative 12 or higher.*

Efficiency Target

* *99% occupancy rate for each 4 CILA residential homes.*
* *Increase DT FY16 revenue to above FY15 income of $655,964.*
* *99% of HBS clients served to remain in their home / community.*

Service Access Target

* *develop 1 additional DT sub-minimum wage program community contract.*
* *expand number of HBS clients being served from 49 to 52.*

**AGENCY**

Satisfaction Target

* *agency clients, stakeholders, and staff satisfaction scoring rate of 75% or higher.*
* *agency staff retention loss rate to be 20% or less.*

Efficiency Target

* *transition personnel tracking of Affordable Healthcare Act requirements into ADP services.*

Effectiveness Target

* *participate in at least 3 outreach opportunities (mailing brochures, festivals, parades, informational tables).*

Service Access Target

* *diversify FCCI funding sources outside of State of Illinois income by 1 payer.*
* *increase FCCI marketing efforts by providing a job fair, increase fundraising revenue, increase attendance at public events, and offer / support 3 community events.*

##### **PROGRAM DESCRIPTIONS**

##### **BEHAVIORAL HEALTH DIVISION:**

**Substance Abuse (ASA Youth & Child)**

Substance Abuse program provides outpatient services to youth and adults with substance abuse or dependency issues or to family members of an individual with substance abuse or dependency issues.

**Community Support Residential (CSR)**

CSR program provides an array of services to adults with a serious mental illness (SMI) up to and including a 24-hour residential setting using a multidisciplinary team approach. Services emphasize skill development toward independent living in the client’s natural environment as opposed to on-site office visits.

**Outpatient Adult (MIOA)**

MIOA program is general outpatient mental health counseling/therapy for adults over the age of 18 or older. This provides for ongoing case management, community support, counseling, therapy and crisis intervention services.

**Outpatient Youth (MIOY, SASS, IPS & PII)**

MIOY program is general outpatient mental health counseling/therapy for youth under the aged 18 or younger. SASS is a program that provides and/or arranges mental health and support services for any youth aged 3-21 who are at risk of psychiatric hospitalization, who are psychiatrically hospitalized, are returning from a psychiatric hospital or residential treatment facility, and/or has a serious emotional disturbance still living in their home or community. IPS & PII programs plans, organizes, staffs, and administers community-based system of care that provides an array of critical, intensive therapeutic interventions and/or facilitation services to clients with emotionally and behaviorally disturbances for which DCFS is legally responsible.

##### **DEVELOPMENTAL SERVICES DIVISION:**

**Community Integrated Living Arrangement (DS CILA 60D, 60DI, 60DF) Adults**

DS CILA provides 24-hour supervised flexible living arrangements that focus on the individual’s service needs over the age of 18 with an IQ below 70.

**Developmental Training (DT 31U, 310) Adults**

DT program is skills training services to the intellectually disabled to improve or acquire new life skills in order to pursue the most independent lifestyle possible with the least amount of intervention. Bogard monitoring program was added in April 2014. This program is court mandated where the law ensures that clients awarded Bogard status receive their deemed services in any environment that they live.

**Home Based Support Services (HBS) Adults & Children**

HBS offers support services so an intellectually disabled individual can remain a part of the community and avoid institutionalization while being an important part of the family and local community.

##### **ABBREVIATION LIST**

ADI – Abbreviated Dysregulation Inventory

ADP – Automatic Data Processing

ASA – Alcohol and Substance Abuse

BH – Behavioral Health

CANS – Child and Adolescent Needs and Strengths

CILA – Community Integrated Living Arrangement

CRH – Cache River House

CSR – Community Support Residential

DASA – Division of Alcohol and Substance Abuse

DCFS – Department of Child and Family Services

DMH – Division of Mental Health

DS – Developmental Services

DT – Developmental Training

EHR – Electronic Health Record (ClaimTrak)

FCCI – Family Counseling Center, Inc.

HBS – Home Base Support

HTH – Hilltop House

HY – Homeless Youth

ICAP – Individual Client and Agency Planning

IPS – Intensive Placement Stabilization

ISP – Individual Service Plan

MHA – Mental Health Assessment

MIOA – Mental Illness Outpatient Adult

MIOY – Mental Illness Outpatient Youth

MTL – Mahoney Transitional Living

ORH – Ohio River House

PII – Permanency Innovations Initiative

SMI – Serious Mental Illness

SASS – Screening, Assessment & Support Services

Please note that a copy of all the statistical data used for this summary is available upon request.

Written and typed by Connie Duncan, Project Administrator on 11-22-15.