

**-Center for Success and Independence  
CARF Performance Analysis Report  
April 2017**

The Center for Success and Independence (TCSI) received a 3-year accreditation by CARF in October 2014. Since that time TCSI has focused on continuous performance improvement with particular focus on five areas identified from CARF's onsite visit – Human Resources, Performance Measurements, Discharge and Transition Planning, Risk Mitigation, and Restraint Minimization. TCSI has also focused on four additional areas including Service Quality, Physical Plant, Development & Fundraising, and New Programs.

**Human Resources**

- Leadership job descriptions
- Cultural competence
- Performance management
- Training – transportation, competencies (confidentiality, customer service, diversity, wellness, reporting of abuse and neglect), medical conditions, and de-escalation techniques
- Accessibility
- Documentation of meeting and training attendance

**Actions Completed:**

1. TCSI reviewed the job descriptions of all leadership positions, ensuring clearly delineate responsibilities.
2. The Director of Marketing and Development was added to shift grant writing, fund-raising, event planning, and promotional activities from the Clinical Director.
3. In addition to Finance & Accounting, and Nursing now report to the CEO, ensuring cross-functional requirements of the clinical and direct care staffs are met.
4. All clinical therapists receive performance reviews annually.
5. A plan was developed outlining responsibilities for performance reviews for all employees, contractors and volunteers to help ensure all are reviewed annually.
6. Business office realigned bookkeeper's office to accommodate physical limitations.
7. Team meeting participation documented in binders.
8. Expanded employee benefits to improve morale and increase retention including:
  - Added an Employee Assistance Program for self-care, legal, and financial support.
  - Updated the PTO policy adding 2 additional self-care days
  - Increased the number of paid holidays from 4 to 7
  - Created a tiered-system of benefits to reward seniority and retention
  - Added health insurance program to enable more employees to take insurance. TCSI pays 100% of the first tier of the program.
9. Added an assistant chef to enable primary chef to use paid time off.
10. Upgraded the Finance and Accounting department team resulting in improved billing and collections, and case manager satisfaction.

**To Be Completed:**

1. Review all employees, contractors and volunteers on their anniversary dates.
2. Annual training calendar will be established with documentation of participation and completion.

3. Cultural competency, diversity, wellness training, medical conditions, de-escalation techniques to be added to new employee training and annual training calendar.
4. All employees with responsibility for transporting clients will receive 2 hours of transportation training.
5. Implement an employee satisfaction survey based on the Best Places to Work survey.

Indicators:

1. Responsibilities are differentiated and documented.
2. Target of 100% of employees, contractors and key volunteers to receive documented annual feedback.
3. Training plan is executed consistency with documentation of participants and curriculum.
4. Employee satisfaction scores.

**Performance Measurements**

- Strategic plan
- Performance indicators
- Outcomes measurements
- Business functions
- Service delivery quality

Actions Completed:

1. Strategic plan written, presented to Board, and posted on the TCSI website.
2. Clinical Director or designee sits in on groups and meetings with clients to audit clinical performance.
3. Parent and client survey implemented for outcomes measurements. Results reviewed monthly at leadership meeting. Corrective action plans developed as needed.
4. Conducted phone interviews with former clients and their parents to assess long-term outcomes.
5. Exploring the use of technology to track short-term outcomes of client therapy sessions.
6. Evaluating electronic medical record systems to centralize tracking and management of client records, simplify report and identification of trends, and enable quantitative tracking of performance improvement results.
7. Began holding weekly administration meetings with documented notes to review and address issues.

To Be Completed:

1. New board to review and update strategic plan and post to website.
2. Performance indicators to be formally defined and tracked with corrective action plans developed and implemented as indicated.
3. Client and parent surveys to be conducted to assess long-term outcomes.
4. Alumni group to be established to better enable tracking of long-term outcomes.

Indicators:

1. Client and parent satisfaction scores.
2. Ongoing tracking of outcomes measurements with action plans developed to address any deficiencies.

3. Ongoing tracking of performance indicators with action plans developed to address any deficiencies.

### **Discharge and Transition Planning, Closing Charts**

- Documentation of transition plan including form
- Meet with clients and families for transition plans
- Update discharge planning to include medications, strengths, abilities, preferences
- Include transition plan in client records

#### Actions Completed:

1. Discharge plans updated to include medications prescribed.
2. Clinical team trained on updated discharge plan checklist and process.
3. QM leadership verifies completion of discharge plans for all clients.
4. Chart closing inventory audit form developed.

#### To Be Completed:

1. Transition plan developed and implemented as part of staffing
2. Clinical staff trained on transition plan process.
3. Chart closing inventory audit form implemented consistently.

#### Indicators:

1. Discharge plans consistently completed with clients and their families.
2. Transition plans consistently completed with clients and their families.
3. Closed charts are complete and timely.

### **Risk Mitigation**

- Risk management plan
- Critical incident tracking
- Medicine management
- Infection control
- Fire drill procedures

#### Actions Completed:

1. Fire drills held annually on all shifts. Actions taken as needed to address deficiencies in performance.
2. Medical and medication errors and critical grievances included in Critical Incident reports.
3. Staff lockers provided to secure staff personal medications.
4. Infection control guidelines developed and implemented. Staff trained on universal precautions.

#### To Be Completed:

1. Risk management plan to be updated.
2. Administrative Director to add recommendations and actions taken to incident reports.
3. Document all changes taken following client suicide attempt:
  - a. Clients in rooms checked every 15 minutes.
  - b. Number of supervisors increased to 2 on the 3-11pm shift.

- c. Clients no longer permitted to be in their rooms alone.
4. Policies and procedures documented for legal and prescription medications.
5. Credentials validated for employees.

Indicators:

1. Credentials validated for all new hires and annually revalidated.
2. Critical incidents documented consistently, actions to address each defined, and documented.
3. Infection control training completed for all staff.

### Restraint Minimization

- Process defined including leadership signoff
- Training in de-escalation
- Debriefing after restraint

Actions Completed:

1. Written procedures showing medical risk for restraint documented at admissions.
2. Policy set and followed to enter all restraints into the Texas state database.

To Be Completed:

1. Annual plan to minimize and eliminate use of restraint.
2. Refine process regarding use of restraint including 1-hour time limit, entering use of restraint in client records within 2 hours, debrief to address incident, and CEO/Management sign-off within 24 hours of restraint.
3. Debrief form developed and implemented for all restraints.

Indicators:

1. Restraint only used when absolutely necessary for the safety of the clients and staff.
2. All direct care staff, supervisors and clinical team trained on refined restraint policy.
3. Refined restraint policy followed for each restraint incident.

### Service Quality

1. Added Recovery Coaches to provide additional support for teens with histories of addiction.
2. Added Clinical Coordinators to monitor activities on assigned units in the residential treatment program, lead interventions needed on their designated units, and coordinate unit levels meetings.
3. Accelerated the Dialectical Behavior Therapy program to accommodate an identified trend of shortened lengths of stay.
4. Increased the number of DBT intensively trained clinicians by 11 since 2014.
5. Eight (8) therapists have been trained in Trauma-Focused Cognitive Behavior Therapy.
6. Established collaborative groups for clinical and direct care staff to improve communication between the groups, identify and address client care issues, and provide refresher DBT skills training for direct care staff.
7. Provide regular DBT skills training for direct care staff supervisors to reinforce the usage of these skills when communicating with clients and staff.

8. Added two doctors – one psychiatrist and one internist – and one nurse to reduce caseload of other psychiatrist and ensure clients are seen regularly for general medical needs.
9. Two staff are now dedicated to planning attendance of 12-Step meetings and outings for expansion of recreational services and re-introduction of clients into the community.

### **Physical Plant**

1. Updated the physical plant with new carpet in multiple offices.
2. Painted outside and inside in common areas.
3. Replaced furniture on the units' common areas and the client bedrooms.
4. Installed new landscaping around Intensive Outpatient buildings.
5. Identified a client safety risk and added new and improved gates to address it. No AWOLs since the installation.
6. Installed new hot water heaters to provide a sufficient supply of hot water for showers to improve client satisfaction.

### **To Be Completed:**

1. Install new A/C units.
2. Install generator.
3. Replace lobby furniture.

### **Development and Fundraising**

1. Streamlined client holiday gift program.
2. Acquired 3 new vans paid for by the gala proceeds.
3. Increased fundraising year over year for the past 3 years.
4. Partnered with community organization to raise funds to bring dance program to the girls.
5. Identified and engaged volunteer for consistent delivery of arts and crafts program improving client morale.
6. Increased the number of foundation grant applications for additional funding for new and existing programs.

### **New Programs**

1. Added program at Youth Village in Seabrook, TX in cooperation with Harris County Juvenile Probation Department (HCJPD) to treat 24 girls with a history of trauma including child sex trafficking victims. Girls receive +20 hours of intensive therapy each week.
2. Received a federal SAMSHA grant to expand the Seabrook program to include intensive treatment for 30 boys, about 33% of whom self-identified as trafficking victims. An additional 30 boys receive less intensive treatment including individual and family therapy. All girls and boys are assessed for the program and assigned to the group for the most appropriate level of care for each teen. The new SAMSHA grant not only expands the number of teens the Center is able to treat at Youth Village but it also expands the ability to measure outcomes and follow-up.
3. Received another federal grant in partnership with Montrose Clinic to provide services to girls who are trafficking victims.

4. Established the Recreational Alternative Program (RAP), funded by a Rockwell Foundation grant, fulfilling a community need for an adolescent peer group (APG) for underserved teens (55% African American, 25% Latino). HCJPD refers teens to RAP as a condition of their probation to help the teens stay sober and receive the therapy they need.
  - 88.5% of clients report that the group was “extremely helpful” or “very helpful” to their ability to stay sober and complete their probation.
  - 92.3% of clients report they learned “a lot” or “a fair amount” in the group.