MECKLENBURG COUNTY

COMMUNITY SUPPORT SERVICES

ANNUAL

PERFORMANCE IMPROVEMENT

PROGRAM EVALUATION

Assessment of Fiscal Year 2018

INTRODUCTION

Substance Use Services became a component of Community Support Services (CSS) July 1, 2015. Prior to that, the services reported in this document were a part of The Provided Services Organization (PSO), a Mecklenburg County Department from July 1, 2012, to September 2, 2015. On October 7, 2014 the County Manager announced plans to divest some substance use services and reorganize others within the County. The substance use treatment programs were redistributed as follows: the jail and shelter programs began operating under the Community Support Services Department as of July 1, 2015 and the detox and residential programs were contracted out to The Anuvia Prevention and Recovery Center, a local non-profit provider effective September 2, 2015.

This report includes performance improvement information regarding the CSS Substance Use Services programs that were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) first October 2008, August 2011, October 2014 and August 2017.

CSS conducts an ongoing Performance Improvement (PI) program and an annual evaluation of the PI Program to measure progress, highlight the activities that resulted in meaningful improvement and identify activities that need ongoing attention. The assessment looks at the fiscal year twelve-month period (July through June) and summarizes progress toward meeting performance goals.
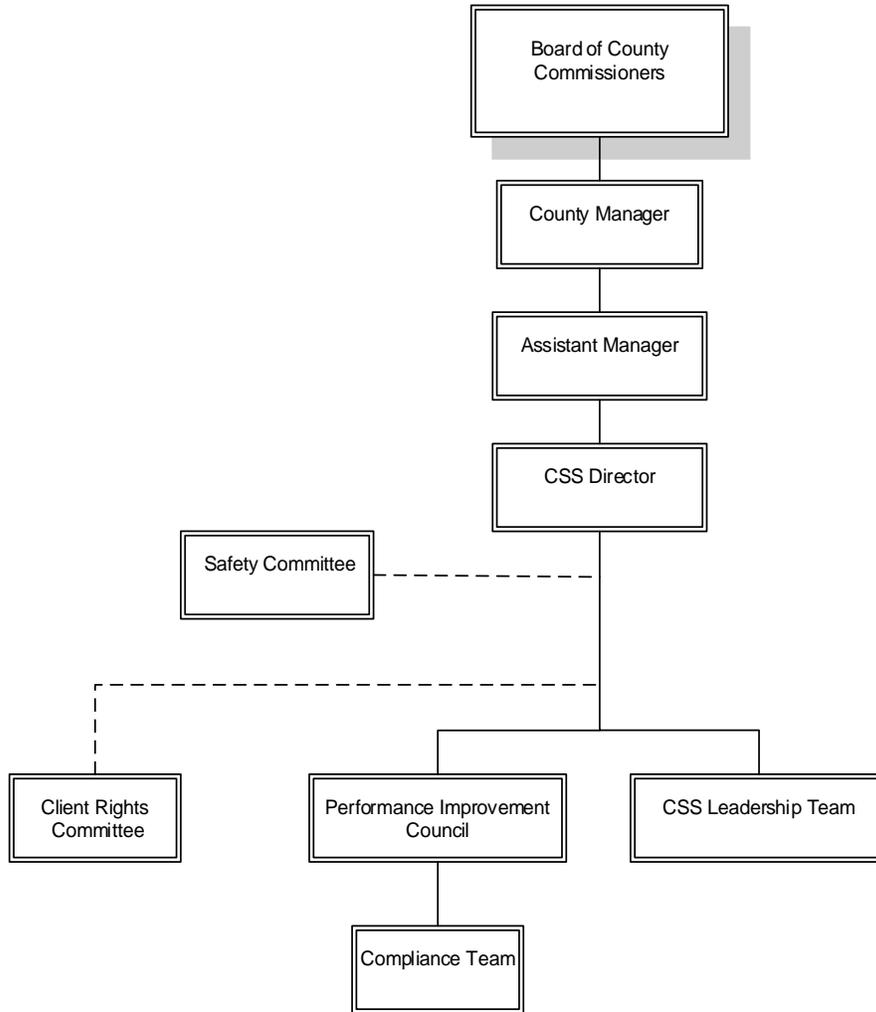
CSS Sr. Quality & Training Specialist Ginger Little, QP prepared the FY18 Performance Improvement Program Evaluation. The evaluation was reviewed and approved by the Community Support Services Performance Improvement Council (PIC) on September 27, 2018. The findings are provided below.

This Performance Improvement Program Evaluation reflects the continuing commitment of CSS to quality care. The evaluation includes a review of completed and ongoing quality activities, trended data, and an assessment of barriers to improved performance when performance goals are not met. Conclusions about the overall effectiveness of the program, including assessments of the adequacy of resources and the appropriateness of committee structure, are integrated into the program evaluation.

COMMITTEE STRUCTURE AND EFFECTIVENESS

In 2005, a Performance Improvement Council structure was initiated to support the development, implementation, and evaluation of the PI Program. When a portion of the substance use services was absorbed by CSS in July of 2015, the structure as noted below was adjusted from previous years. The same PI activities occur, but due to a smaller staff composition, these activities have been collapsed into fewer committees. The Mecklenburg County Board of County Commissioners serves as the governing body for the agency and is ultimately responsible for oversight of the PI Program. A copy of the CSS Committee organizational chart is below.

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                    │ Board of County │
                    │  Commissioners  │
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  │ Safety Committee │- - - - - - - - -
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  ┌─────────────┐   ┌──────────────────┐   ┌──────────────────┐
  │Client Rights│   │   Performance    │   │CSS Leadership Team│
  │ Committee   │   │Improvement Council│  │                  │
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                    │Compliance Team│
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The Performance Improvement Council (PIC) solicits input from the subcommittees to identify issues, suggest strategies for improvement, and to implement activities. The CSS's Client Rights Committee, a client-led group, advises CSS on Performance Improvement (PI) activities including customer satisfaction, accessibility, incident management, complaint management and readability and usefulness of the department's website and some CSS publications.

This section of the PI evaluation examines the effectiveness of services provided.

Table 1. Effectiveness of Client Services

Program	Measurement	Target	FY16	FY17	FY18
Day Tx –SU Program at Jail Central & Jail North	# program grads returning to jail w/in 12 months of release (decreasing measure)	<55%	48%	34%	37%
SAIOP- SU Program Men's Shelter	% Successfully Completing Program during the entire month	≥60%	*49%	*40%	*21%
SAIOP-SU Program Women's Shelter	% Successfully Completing Program during the entire month	≥60%	*54%	*44%	*27%

∗ Target not met.

Analysis of Performance:

In FY18, the Men's Shelter SU Program and the Women's Shelter SAIOP Program did not meet the effectiveness measure of program completion. Due to the number of beds available at the Men's and Women's Shelter, the number of potential clients served (capacity) for both the men's and women's shelter was lowered from 20 to 16. This year's total reflects this reduction. Because SAIOP is provided at the homeless shelters and only to those clients that actually live on-site, the programs have little to no control over how many clients are referred for services, complete treatment, or continue to live at the shelters. Housing, rather than treatment is the reason our clients are at the shelter. Obviously, since the base portions of Maslow's Hierarchy of Needs is a priority for most of our clients, the need for housing comes before treatment. In addition to other reasons, once housing is obtained, clients leave the Shelter and are discharged from our Shelter Program before treatment is completed. In addition, we believe we have seen a declining trend in both the Men's and Women's program this year due to the Community's push for Housing First, which in turn has led to a decrease in the requirement to complete treatment when a treatment issue has been identified.

What also comes into play is that if a client breaks a shelter rule and is discharged they are automatically discharged from treatment and cannot complete the program. Shelter staff members do what they can to work with the shelter's leadership but, because we are a "guest in their house", they make the final decision on who stays or who goes.

Table 1.1 Effectiveness of Client Services –Plans for FY19

Program	Measurement	Target	FY18	Action Plans
SAIOP Men's Shelter	Successfully Completing Program during the entire month	60%	21%	Program Leadership continues to work with leadership at the Shelters to identify clients in need of services and collaboratively coordinate a course of treatment. During the multi-disciplinary

Program	Measurement	Target	FY18	Action Plans
				team meetings will continue to discuss strategies and interventions that support long term recovery Leadership is also considering re-defining "Successful Completion" Determine how to reflect this in Echo.
SAIOP Women's Shelter	Successfully Completing Program during the entire month	60%	27%	Program Leadership continues to work with leadership at the Shelters to identify clients in need of services and collaboratively coordinate a course of treatment. During the multi-disciplinary team meetings will continue to discuss strategies and interventions that support long term recovery Leadership is also considering re-defining "Successful Completion", and how to reflect this in Echo.

This section of the PI evaluation examines the efficiency of services provided.

Table 2. Efficiency of Client Services

Program	Measurement	Target	Actual FY16	Actual FY17	Actual FY18
Day Tx -SU Program in Jail	% occupancy	≥95%	*91%	*85%	*76%
SAIOP-SU Program Men's Shelter	% occupancy	≥75%	*61%	*47%	*65%
SAIOP-SU Program Women's Shelter	% occupancy	≥75%	*48%	*50%	*45

* Target not met.

Analysis of Performance:

In FY18, the Jail Substance Abuse Treatment Program did not meet the efficiency measure of occupancy, and in fact declined from the previous two years. Several factors continue to contribute to not meeting our occupancy goal for the Jail Men's and Women's Substance Abuse programs this year. One, in the past we only used data from the male pods, and this year our data is an average of the male and female data. Other contributing factors include: refusal of inmates to remain in the program, safety and security takes precedent over treatment needs which can lead to inmate removal from the program. There are numerous program options for inmates to elect which has an impact on census. The process to move the inmates is cumbersome, so a high turnover due to the reasons noted above makes it difficult to maintain the targeted occupancy rate.

We will continue collaborative efforts by providing training to MCSO Detention Officers and program staff.

In FY18, the IOP Program at the Men's Shelter did not meet the efficiency measure of occupancy, but showed an increase from FY17. Program Leadership continues to work with leadership of Shelter to blend treatment programming with community initiatives in an effort to meet client needs and promote community reintegration. Near the end of the fiscal year, the Men's Shelter of Charlotte closed for the purpose of upfitting the entire shelter. While we did continue to provide services as an alternate location, we did see a decline in numbers. Staff and management has initiated being more visible to the client population served and sharing information about available services and how to access them. We continue to provide walk-in services for assessments which can lead to quicker access to services.

In FY18, the IOP Program at the Women's' Shelter did not meet the efficiency measure of occupancy. Program Leadership continues to work with leadership of Shelter to blend treatment programming with community initiatives in an effort to meet client needs and promote community reintegration. Staff and management has initiated being more visible to the client population served and sharing information about available services and how to access them. We've continued to provide walk-in services for assessments which can lead to quicker access to services.

Table 2.1 Efficiency of Client Services-Plans for FY18

Program	Measurement	Target	Actual FY 2017	Action Plans
Day Tx-SA Program in Jail	% occupancy	95%	76%	The program will work with Sheriff's Office staff to include better training for MCSO Detention officers to maintain the therapeutic POD, seek incentives for inmates to remain in the program, and return to staffing goals.
SAIOP Men's Shelter	% occupancy	75%	65%	Program Leadership continues to work with leadership of Shelter to increase the likelihood that clients will stay with the program on a contiguous basis. Leadership is also optimistic regarding meeting the goal of fully staffing the program early in the year. CSS Leadership is reassessing services provided at the shelters to determine what will be most effective and plans to implement integrated behavioral healthcare in programs that serve the homeless.

SAIOP Women's Shelter	% occupancy	75%	45%	Program Leadership continue to work with leadership of Shelter to decrease the likelihood that clients are discharged with the Shelter for rules violations and to increase likelihood that the Shelter Program staff can meet with clients prior to these discharges to provide assistance with SA issues. Although they have had limited success, we will continue to utilize perks and incentives to encourage the clients to stay (weekly bus passes if treatment is completed, perfect attendance certificates, etc.). CSS Leadership is reassessing services provided at the shelters to determine what will be most effective and plans to implement integrated behavioral healthcare in programs that serve the homeless.

* Target not met.

This section of the PI evaluation examines the accessibility of services provided to our clients.

Table 3. Accessibility of Client Services

Program	Measurement	Target	Actual FY16	Actual FY17	Actual FY18
Day Tx – Jail Programs	Average # Days Clients are on the Waiting List	≤5	0	*6	*21.25
SAIOP Men's Shelter	Average days to complete admission	≤2	0	1	*4.8
SAIOP Women's Shelter	Average days to complete admission	≤2	0	1	*2.7

* Target not met.

Analysis of Performance:
In FY18, the Day Treatment SU Program at the Jails did not meet the goal for Accessibility of client services. This is due in part to a change in the way we started capturing the data near the end of this fiscal year. Upon studying the current system, it was determined the results did not yield an accurate reflection of wait time. The Sr. Q&T Specialist developed a system in March that captures a variety of data that is reflective of wait times from the time determined eligible to admission. In FY18, the jail screened over 1,200 inmates for services. Our capacity in all programs combined is

56, and inmates can remain in the program up to 42 days. Based on this data, a more realistic wait time from screening to admission is 30 days, and our target will change in FY19 to reflect this.

In FY17, the IOP Program at the Men's and Women's shelter met the goal for Accessibility of Client Services.

Table 3.1

Program	Measurement	Target	Actual FY 2018	Action Plans
Day Tx-SU Program in Jail	Accessibility	≤5	*21.25	The program will strive to meet our occupancy goal on a regular basis. We will then present to Mecklenburg County Sheriff's Office (MCSO) the justification to open another POD to house inmates for the Substance Use Program. Data collected will be available for MCSO staff as supportive documentation for this request. With having only one pod and a large number of treatment requests, the target will be increased. We are also looking at our average program days, which is currently up to 42 days.

This section of the PI evaluation examines satisfaction among clients and stakeholders with the services provided.

Table 4. Client and Family Satisfaction with Client Services

Program	Target	Actual FY16	Actual FY17	Actual FY18
Day Tx - Jail	85%	98%	96%	99%
SAIOP - Men's Shelter	85%	97%	99%	95%
SAIOP - Women's Shelter	85%	100%	100%	100%

* Target not met

Analysis of Performance: The FY18 results for the programs exceed the target for client satisfaction.

Table 5. Stakeholder Satisfaction Survey (*2018 Community Partner Survey*)

Survey Methodology

Survey Distribution:

Community Support Services (CSS), a Health and Human Services department of Mecklenburg County, distributes an annual electronic survey through the enterprise's software system, Qualtrics. The population surveyed is known and represents the community partners that CSS staff worked with in the prior calendar year.

Here is a timeline of the survey distribution process.

February 2018: CSS staff update the contact information in the survey pool. (The Contact Form is on the CSS SharePoint site in the Community Partner Survey file.)

March 2018: On March 7, the electronic survey was distributed to **486 total contacts** through Qualtrics. The survey period was for two weeks.

March 2018: On March 21, the survey period was extended by one week to allow time for more colleagues to participate.

March 2018: The "Unfinished Respondents" received a reminder email with the survey link, during the survey "live" period. This occurred through Qualitrics on Wednesday, March 14 and Wednesday, March 28.

March 2018: The survey closed on Wednesday, March 28, and a thank you email was sent, through Qualitrics, to "Finished Respondents" on Thursday, March 29.

Response Rate:

The response rate is reported as a percentage, and this figure represents a calculation of the total number of participants who responded to the survey out of the entire survey pool or the known population size. The total [survey] participants, as a group, represents a sample of the population. The size of a sample is important as it aids management in drawing conclusions about the feelings and perceptions of our partners, during their interactions with CSS staff in calendar year 2016.

Table 1 Refining the Total Surveyed in the Survey Pool:

486	Emails Distributed via Qualtrics to contacts
26	Emails Bounced Back
1	Opted Out of Survey
459	Total Population (unduplicated count)

Twenty-seven participants are pulled out of the total surveyed due to email bounces, or the individual's choice not to participate in the survey. This creates a new total (459) for the purposes of calculating the response rate. This is an unduplicated count of the total population surveyed.

Table 2 Calculating the Response Rate:

	Population Size[1,2]	Total Participants	Response Rate
Overall Department	459	81	17.6%
Prevention and Intervention Services Division	235	27	11.5%
Substance Use[3]	50	17	34%
Homeless Services Division	141	33	23.4%
Veterans Services Division	60	34	56.7%

[1] The 27 participants with email bounce-backs and "opting out" of survey participation are removed from the population size.
[2] The divisions' population size will not equal 100 percent of the total population as participants are responding to the survey multiple times, due to working with more than one division of the department.
[3] Substance Use Services is pulled out of Prevention and Intervention Services for accreditation purposes.

Table 2 shows the response rates for the overall department and each division. The overall department rate is 18 percent, which is slightly less than the prior year survey's response rate (about 20 percent). Veterans Services received the most responses (57 percent) to their portion of the survey, followed by Substance Use (34 percent).

Statistical Significance:

This concept is critical as management should feel confident that the sample size's responses to the survey represent, or can be attributed to, the values and viewpoints of the known population. If a sample size is too small, then conclusions cannot be drawn on how the entire population may feel about a matter. It is customary to set a 95 percent confidence level with a + or – 5 percent margin of error as part of this process.

Table 3 Determining Statistical Significance

	Population Size[1,2]	Total Needed	Total Responded[4]
Overall Department	459	210	81
Prevention and Intervention Services Division	235	147	27
Substance Use[3]	50	45	17
Homeless Services Division	141	104	33
Veterans Services Division	60	52	34

[1] The 27 participants with email bounce-backs and "opting out" of survey participation are removed from the population size.
[2] The divisions' population size will not equal 100 percent of the total population as participants are responding to the survey multiple times, due to working with more than one division of the department.
[3] Substance Use Services is pulled out of Prevention and Intervention Services for accreditation purposes.
[4] The division total responded will not equal the total for the department as individuals are responding multiple times to the survey, due to working with more than one division. All totals are unduplicated counts.

The population size for the department and divisions was entered into a representative sample size calculator from Creative Research Systems and CheckMarket. A 95 percent confidence level and a + or – 5 percent margin of error was selected. The "Total Needed" column in Table 3 is the total sample size needed to meet the set parameters and to have a sample size that is representative of the population. For instance, Homeless Services Division surveyed 141 individuals. Of this total, 104 HSS contacts needed to respond for the HSS results to be statistically significant. Thirty-three HSS contacts responded to the survey. Because this total is smaller than the total needed, the HSS results are not indicative of the feelings and perceptions of the 141 HSS individuals surveyed. This is true for the department overall results, the Substance Use, Prevention and Intervention Services Division and the Veterans Services Division. Thus, it is important to note, when reviewing this year's survey, the results are not statistically significant. In other words, the results are not indicative of how all of our community partners perceive our staff and our service delivery.

Table 6. Client Complaints: FY 17/18

FY 17/18	Men's Shelter SU Services	Women's Shelter SU Services	Jail	Within 10 days	Complaints to LME/MCO
1st Qtr	0	0	0	NA	0
2nd Qtr	0	0	0	NA	0
3rd Qtr	0	0	0	NA	0
4th Qtr	0	0	0	NA	0
Total	0	0	0	NA	0

In previous years, approximately 99% of complaints were generated from clients accessing our residential program, which as stated in this introduction, is now with another agency. Fiscal year 17 yielded one complaint, and FY18 resulted in no complaints. There are no systematic improvements recommended, nor follow-up required.

Table 7. Accessibility

The following serves as the Mecklenburg County Community Support Services (CSS) Accessibility Plan Assessment for fiscal year 2017-18. The purpose of this document is to provide a means to facilitate continual quality improvement in the area of accessibility.

CSS is committed to providing an organizational setting that seeks to accommodate the needs of all clients, employees, and stakeholders. Central to this commitment is the removal of architectural, attitudinal, employment, and other barriers that may impede full access to the services and programs of the organization.

This Accessibility Plan is developed in response to the CSS's internal evaluation of barriers through the use of facility inspections, assessments of need, and feedback from clients, employees, and other stakeholders.

The Elements of the Accessibility Plan are as follows:

1. **ARCHITECTURAL:**
Architectural barriers have been identified through internal and external inspections, assessments of need, and employee, stakeholder and client feedback. Mecklenburg County Asset and Facilities Management and the Safety Committee provide ongoing monitoring of conditions within the organization that serves to improve access. The organization's leadership conducts long and short range planning meetings that routinely include assessment of architectural needs and related costs analysis.

2. **ENVIRONMENTAL:**
CSS believes that the environment in which services are provided reflect the culture and cultural customs of the clients, and in addition are conducive to providing a comfortable and confidential setting for clients and employees to achieve their highest potential.

3. ATTITUDINAL:

The organization seeks to reduce the stigma associated with persons who have mental illness, and substance abuse problems, and to promote their inclusion within the community.

4. FINANCIAL:

CSS, within in the structure of Mecklenburg County, seeks to support appropriate programming to provide support and resources to those clients most in need.

5. EMPLOYMENT:

CSS strives to maintain a diverse workforce sensitive to the unique needs of clients and representative of the community it serves. In addition, CSS strives to hire and maintain the highest of quality of employees available in the labor market.

6. COMMUNICATION:

CSS seeks to provide open channels of communication that allow clients, employees, and stakeholders to access information that accurately represents the status of the organization's systems and outcomes. The Mecklenburg County Balanced Scorecard System is used by CSS to provide information regarding CSS to the Mecklenburg County Board of County Commissioners. In addition, CSS seeks to facilitate communication among clients and employees, providing a basis for personal and professional growth, and well-being.

7. TECHNOLOGY

CSS seeks to utilize technology to gain efficiency, communicate information, and market the Department's services to staff, clients and other stakeholders. The annual Technology and Systems Plan and assessment of the plan detail goals and progress made toward them.

8. TRANSPORTATION:

CSS seeks to ensure that clients are not limited by a lack of personal transportation options or by options that may not accommodate their disabilities, and that transportation systems fully accommodate any community member seeking to access services.

9. OTHER AREAS:

In addition to the above specific accessibility goals and objectives, CSS is involved in many ongoing activities and procedures that enhance the accessibility of clients, employees, and members of the community. Examples include personnel policies (employee climate survey, balanced scorecard measures, and exit interview process), ongoing outreach activities in all program areas, the utilization of client feedback/input processes such as satisfaction surveys, psychosocial assessments, and individual planning, participation in client advocacy groups, outcome studies, cultural competency education, and other activities that directly facilitate the enhancement of accessibility.

ANNUAL REVIEW:

The Community Support Services Performance Improvement Council develops and approves a revised Accessibility Plan each year. The plan is reviewed and approved by the CSS Director, and is made available to clients, employees, and stakeholders on the CSS website.

1. ARCHITECTURAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Develop architectural plan to relocate CSS staff from Hal Marshall and Watkins Center to Freedom Drive	CSS Administrative staff will be centrally located in one facility	Architectural Plan developed and approved	County Asset and Facility Management, CSS and County leadership	TBD	Target moved to 2/2019

2. ENVIRONMENTAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Mecklenburg County Land Use and Environmental Services Agency (LUESA) Goals Per Strategic Business Plan, work green initiatives are identified	Adhere to environmentally preferable purchasing (EPP) guidelines. Educate staff regarding work green initiatives	Dollars spent on recycled paper/ Dollars spent on environmentally preferable office supplies, Dollars spent on remanufactured printer cartridges	Helen Lipman Retiring in Jan. 2019; Successor Noah Brierton appointed	TBD	6/30/19
Mecklenburg County Environmental goal to improve air quality	County proposed incentive to use tax free dollars for the transit systems	TBD	TBD	TBD	TBD

3. ATTITUDINAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Involve clients in accessibility planning	Include annual review of the CSS accessibility plan on the CSS Client Rights Committee (CRC) agenda	CSS Client Rights minutes indicate the members reviewed the accessibility plan	Yvonne Ward	$50 CSS Admin Budget	October 2018

4.   FINANCIAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Medicaid Billing	Set up and maintain contract, credentialed staff and access to systems	Billing occurs timely and completely- Medicaid or IPRS funding per successful event	Christopher Stowe and Christine Payseur	Utilize existing Health Dept. staff for this function	June 1, 2018
Medicaid/IPRS Billing	Develop succession planning, in preparation for Christin Payseur's retirement. Some of her responsibilities will fall on SU staff	Billing occurs timely and completely- Medicaid or IPRS funding per successful event	Yvonne Ward and Chinita Craighead-Davis		11/1/18

5.   EMPLOYMENT:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Employ the best staff	Locate qualified people, have the ability to afford them, maintain staffing that is representative of the persons served	On average during the year have 90% of positions filled	Stacy Lowry	TBD	Average 90% of positions filled during FY19
Employee Longevity Recognition Event	Improve staff morale	Present years of services pins at CSS quarterly meetings	Stacy Lowry	TBD	6/30/19

6.   COMMUNICATION:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Give clients access to the CSS's county Key Performance Indicator Data (KPI)	Publish KPI outcomes for Substance Use Services in the CSS Client newsletter when it is published	KPI report in the newsletter and on the CSS External Website		$200 CSS Admin Budget	Fall 2019
Give clients access to CSS	Publish Client newsletter twice a	Publish twice a year	Ginger Little		Fall 2018

news updates, including surveys	year, Spring and Fall on the CSS internet and intranet				Spring 2019

7. TECHNOLOGY:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Replace CSS staff PC's that are over 3 years old	Acquire and install faster and more reliable machines	TBD	IST staff	TBD County Funds	6/30/18 ongoing
Obtain information regarding latest technological advances related to accessibility	CSS Webmaster to attend training	Completion of training of CSS Webmaster	Laura Brown	TBD	10/30/16 Met

8. TRANSPORTATION:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Maximize county vehicle use	Monitor GPS as needed for safety, locate vehicles, track usage	Safety and Compliance monitoring	Rashida Hudson	Unknown	June 30, 2019

9. OTHER AREAS:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date

Status updated September 25, 2018

Mecklenburg County is working on Standard Operating Procedures for ADA. Each department will be required to have their own SOP's.

The Accessibility Plan has a number of incomplete projects. These are rolled into the plan for FY18.

Table 8. FY 17/18 Annual Incident Analyses

FY15/16 Total = 6
FY16/17 Total = 8
FY17/18 Total = 3

For CARF accredited programs, we had 3 DHHS incidents from the Shelters. Two suspensions were from the Women's Shelter and one death after discharge due to natural causes from the Men's Shelter. There were no trends or follow-up required.

Table 9. Risk Analysis

In July 2018, the Substance Use Services leadership conducted a risk assessment. Four supervisor/managers completed the assessment. What follows are the items in each area given the highest score and strategies to mitigate issues identified.

	Focus Area	Weakness, Threat	Reduction Strategy
1.	Information Technology	Client database that supports our business and clinical needs (Echo) Connectivity at Jail and Shelter Program Locations	Substance Use Services leadership indicated that Jail and Shelter staff attempting to utilize ECHO for documentation and billing as well as accessing Department and County drives, folders and websites often experience very slow load times and system crashes. When this topic was reviewed, it was recommended that staff experiencing these issues submit work requests (clearly indicating when ECHO is involved) through the online MeckSupport IT Customer Support Center available on MeckWeb. Staff have been reporting, it has been a little more consistent since switching to Time Warner Cable. Because it's an out-posted site, this is not unusual. The issues is not with the Echo DB, itself, but the connectivity. This year, we moved from the DB being hosted with us to the Echo Vendor hosting. Hosted with the Echo Development team. In 2019 we plan to move to a web version, which would help with connectivity.
2.	Financial Stability	Limited number of clients	Due to the community's Housing First initiative and support of empowerment and community integration, client choice has led to a decrease in the number of active participants in service. Treatment is no longer mandated by the shelters and we've

			continued to see a decrease in clients served.
3.	Health & Safety	Access to security officer	Substance Use services occur at a variety of locations, and services provided at the Men's Shelter, a non-county building, does not provide a security officer onsite. Leadership at this facility has changed, and it is hopeful that with this new FY, improved security will become a high priority. Meetings have occurred to discuss concerns as a community partner providing services for the homeless population at this site. As necessary the Safety Committee follows up regarding any trends with the individual(s) involved, reviewing policies for update, and reiterating the importance of reporting incidents. It has also been determined there needs to be additional training/reminders for staff regarding who to call if an event happens, and reminders to report to any event to County Risk Management, regardless of location.
4.	Buildings & Grounds	Climate control of buildings/pest control	The Women's Shelter is an older building that has fairly inefficient systems of maintaining a steady temperature. he Men's Shelter completed a full renovation August of 2018 which has addressed the above problem. In 2019, the administrative offices of CSS plan to move to a renovated site at Freedom Drive.
5.	Staff Conduct and Performance	Following Policy, Rules and Regulations	Supervisors have been reminded to review polices themselves for familiarity and application and to review updates and new policies with staff as the policies are distributed following approval.
		Lack of qualified applicants	A limited number of individuals with SU credentials have applied for recent vacant positions, specifically for supervisory positions. HR is assisting to resolve this by posting in a variety of common professional websites to attract qualified applicants.
6.	Succession Planning for	Lack of a clear annual succession plan	A county wide initiative has been implemented to clarify the succession planning process. This process has begun

	Senior Leadership	indicating the development of the person who would lead the Department if the current Director were incapacitated	with upper management and will be trickled down to middle management over the next several months, then down to line staff. Phases.
7.	Stakeholder Input	Too few resources to address the needs of too many clients	While there are many services in the community, the indigent population with mental health and substance use challenges still tend to fall through the cracks. Our services are currently focusing on better discharge and transition planning, to assist in connecting discharged clients to outside resources.

Performance Improvement Team

During FY18, the Sr. Q&T specialist conducted a Performance Improvement Team for the Jail Programs, that consisted of seven individuals. The Team Charter identified the business case of developing a comprehensive single process for the Shelter's Intake and Orientation process. After a few weeks of the PI team, a new supervisor was hired, and this resulted in making some immediate corrections to the jail process; thus, the PI team was suspended. An additional ideas was presented, which will be implemented in FY19, and once additional staff is hired.

SUMMARY of PERFORMANCE IMPROVEMENT PROGRAM

Throughout the year, the staff implemented a number of improvement projects and activities. Some were clearly successful and some did not result in expected level of performance. For FY18, renewed emphasis will be applied to important activities that have not yet reached the targeted level of performance.   In cases where performance levels meet the goals, ongoing monitoring will continue.

The CSS Substance Use Sr. Quality and Training Specialist worked closely with CSS Leadership, Managers and Staff to prepare to the triennial accreditation survey by the Commission on the Accreditation of Rehabilitation Facilities (CARF) that occurred August 2017. The outcome was a very successful survey with zero recommendations for improvement.