Mineral Area CPRC, Inc.

Report to the Community

January 1,2021 to December 31, 2021

MISSION:

Our mission is to promote optimal mental health for all through support, education and advocacy.

VISION:

Mineral Area CPRC and PSR Clubhouse will expand services and help more people by advocating, assisting and advancing our scope of services within the local community.

CORE VALUES

Quality-Service-People-Finance-Growth-Community

Advisory Board

Vicky Winick LMSW, LNHA, QMHP, QSAP

Board President & Exec. Program Director

Mark Moyers, RPh

Senior Director of Clinical Pharmacy Services at Pharmacorr

Bonnie Hartrup, LCSW

Social Workers at Southeast Missouri Mental Health Center

Kathleen Crocker

Music Therapist Southeast Missouri Mental Health Center (retired)

Andy Buchanan

Senior Vice President First State Community Bank

Executive Leadership Team

Vicky Winick LMSW, LNHA, QMHP, QSAP

Board President & Exec. Program Director

Tonya Mills, LPC

Community Support Director

Jessica Herwig, MBA

Corporate Compliance Director

Megan Harter, CRADC, MARS

PSR/ITCD Supervisor

Sheila Portell, BSN, RN

Residential Program Supervisor

Welcome to the report to the community!

Mineral Area CPRC, Inc.

We are pleased to share MACPRC's 2021 edition of our Report to the Community with our partners and friends. The strength of our organization is rooted in the quality and dedication of our board, leadership team and our staff.

Our year was comprised of growth, innovation and new challenges. We continue to expand our reach through telehealth to provide treatment to our growing client base and continue expanding services. We purchased 10 Chromebooks, 5 ipads and 2 Vibe smart boards to assist with service delivery and connectivity between staff, clients and supports. For the first time in our history are ending the year with 200+ clients!

The need for services increased again this year. MACPRC saw 9.2% more clients in 2021 than in 2020.

CPRC Employees received ATT First Net enabled work cellphones.

COVID Vaccine Results: 61% of CPRC STAFF, 30% of all clients

Proposal submitted and approved to build a new 16-unit clustered apartment complex in SFC. Anticipated opening Fall/Winter 2022.

PSR has re-opened and regularly has community and residential clients present or virtually.

Overhaul of the Residential Homes Level System

Upgraded Server, routers and VPN for agency

All our agency licenses are current and in good standing.

Mineral Area CPRC Inc was brought into a legal suit with a former employee. A settlement agreement has been reached.

Moved our Accounting Services to Boyd and Associates in Farmington.

Raised agency minimum wage to $13/hr on November 19th and received workforce block grant and used proceeds to award retention and new hire bonuses.

We are proud of our accomplishments and recognize much work lies ahead. We will continue to leverage technology, navigate through a global pandemic, and incorporate new knowledge into our everyday practice, so we can continue to be a leader in the behavioral health care field. We will also strive to ensure all people receive barrier free access to mental health care in St. Francois County, Missouri. Above all, we will remain steadfast in our core vision of advocating, assisting and advancing our scope of services within the local community.

FirstNet Overview

Today, public safety entities share the same networks with consumers and businesses for mobile voice, data, and applications. Networks often become congested during major events, affecting the ability for public safety responders to communicate when they need it most.

First responders—and those who support them—need to communicate and coordinate to work quickly and efficiently to protect the public. FirstNet gives public safety entities access to one highly secure, nationwide, interoperable communications network that supports public safety-grade voice, data, text, and video communications.

To address this important issue, the First Responder Network Authority selected AT&T to build and manage FirstNet, the first broadband network dedicated to America's public safety entities. AT&T earned this honor through a competitive process to select the most highly qualified provider based on rigorous criteria.

First responders receive
- **A dedicated, highly secure network** that includes access to *Band 14 spectrum*, as it is deployed, in the 700MHz band that easily propagates in urban and rural areas and in buildings, easily passes through walls, and covers large geographic areas with less infrastructure
- **Priority and preemption** to help ensure that first responder voice, data, and video communications are always at the front of the line
- **Specialized features** such as extra network capacity, quality of service, and a resilient, hardened connection
- **Ability** to augment the current radio solution with interoperability between FirstNet and your current radio system.
- **Ability** to allow for those public safety employees/volunteers who carry a personal device and use it for work, to move one device to FirstNet, enjoy priority and preemption, and receive a personal, confidential bill at home.

Covid Vaccine available to individuals served and staff in

January 2021!

2021 Results

CPRC & CLUBHOUSE Staff 61% Vaccinated!

Clients 30% Vaccinated!

COVID-19 Booster Shots Coming Soon!

PROPOSED
"STEPLEE" SEMI-INDEPENDENT
APARTMENTS #CPRCR4
FOR
MINERAL AREA COMMUNITY
PSYCHIATRIC REHABILITATION
895 HILLSBORO ROAD
FARMINGTON, MO. 63640

Agency wide minimum wage increase to $13/hour November 2021!

Received Block Grant Funding-Workforce Development

TO: All DBH Contracted Service Providers

FROM: Jennifer Johnson, Deputy Director for Community Treatment

SUBJECT: Block Grant Funding – Workforce Development

The workforce shortage in the behavioral health service delivery system, exacerbated by the COVID-19 pandemic, has been identified as a critical issue by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a priority area for supplemental block grant funding. The workforce shortage, coupled with an increased demand for services, is anticipated to continue worsening and have a long-term impact on the entire population.

DBH staff have been involved in discussions with staff and members of the Missouri Behavioral Health Council to develop a plan for utilizing this funding. Federal block grant funds targeted for workforce development may be used for **staff incentives**, such as sign-on bonuses and support for education, which is an area we believe will enhance providers' ability to recruit, train, and retain staff who can make a positive impact in the lives of individuals we serve. The process to be used for distributing this funding is outlined below.

2021

Persons Served

The need for services continues to increase each year.

Persons Served:

232, annually.

Race/Ethnicity:

African American/Black: 22; Asian: 0; White: 210; First Nation/Aboriginal Canadian: 0; Hispanic/Latino: 1; Native (American/Alaskan):0; Native Hawaiian/Pacific Islander: 1

Gender:

Female: 81;

Male: 151;

Unknown or don't prefer to Identify: 0

Age:

0-5:0; 6-17:0; 18-40:57; 41-65:155; 66-85:19; 86+:1;

Other Characteristics of Persons Served:

Alcohol or other addictions: 90; Hearing impairments: 17; Homeless: 28; Mental Disorders: 224; Physical Disabilities: 8; Unemployed/Underemployed: 213; Visual Impairments: 5

2021

Performance Improvement

Mineral Area CPRC Inc. is committed to cultivating a culture of performance improvement through our commitment to proactive and ongoing review, analysis and reflection on both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stake-holders in accordance with their interests and needs.

Std. 1.N.1.-2.

N. Performance Improvement

1.N.1 The analysis of service delivery performance:

1.N.2 The analysis of business function performance:

A. A documented analysis of service delivery performance and business function is performed at least annually and as needed throughout the year in accordance with the timelines outlined in the performance measurement and management plan.

B. Analysis of Service Delivery Performance and Business Function are documented in the following places:

Our analysis includes but is not limited to:

Review of documentation in BrightEHR for weekly billing, weekly department/management reports at weekly supervisor meetings, Bi-Weekly All Staff minutes, Weekly Residential Team minutes, Monthly PSR Client Council minutes, Annual performance analysis, annual accessibility plan review, annual strategic plan review, annual technology plan review, annual risk management review, External Safety Inspections, Monthly residential house meeting minutes, Weekly Community Team minutes, Weekly Treatment team minutes, quarterly strategic plan report/spreadsheet, monthly review of budget reports, monthly review of financial reports, reconciliation of accounts payable daily, annual review of technology plan and as needed, census tracked daily and reviewed at least monthly, risk assessment plan reviewed at least annually, incident report/spreadsheet reviewed daily, grievance report/spreadsheet reviewed monthly or as needed, annual consumer satisfaction survey, annual staff satisfaction survey, participate in annual DMH client satisfaction survey, COVID tracking report/spreadsheet reviewed daily includes testing, vaccinations and positivity rates, Missouri Behavioral Health Council monthly meetings and daily email contact, Long-Term Care daily updates and weekly updates via email and, quarterly meetings with the South East Regional Planning Group that includes DMH and DBH and varies other providers in our area, monthly documented personnel education and training, annual cultural competency and diversity review,   annual performance review for employees, documented on-going supervision with staff, quarterly Board Meeting minutes, monthly reconciliation and balancing of accounts in QuickBooks, monthly tracking of payments of all long-term liabilities, monthly monitoring and managing of funding allocations for department of mental health in CIMOR, fiduciary accounts monitored daily and balanced monthly, monthly scorecard review for MyStrength, daily monitoring of eMAR for medication errors, at minimum an annual review of policies and procedures, monthly review of regulations changes/updates from CMS, DMH,DHSS, annual review of emergency procedures, and monthly claim errors reviewed monthly. We also complete desk audits multiple times per year from the SS & VA as well as audits from Missouri Medicaid Audit and Compliance Unit.

C. Priority service delivery performance and business function indicators determined by the organization:

Yes, MACPRC identifies objectives as an executive leadership team and looks at performance indicators and set targets/goals based off of our business functions, services delivered and continuously look for ways to improve and

grow. We gather feedback from a variety of stockholders and look for trends and changes from our historical data and look for innovative ways to meaningfully impact those whom we serve, aid in our strategic planning, engage our staff and build a strong foundation for our business. We are continuously analyzing our business functions, and at least annually review our target and goals with our board. Our quality management team/representatives for the agency are: Executive Director, Corporate Compliance Officer, Community Support Director, PSR/ITCD Supervisor and Residential Program Supervisor. At least one person from the previously mentioned list of staff serves at on every committee for the agency and each serve as the quality management and performance improvement representative for their department. We regularly meet with small groups or one-on-one with staff, clients and other stakeholders to seek input on ways to improve our service and business functions. We also send out annual surveys to gather feedback.

D.

(1) Characteristics of the persons served, if applicable.

Yes, the agency tracks social determinants of health.

MACPRC uses the DLA-20, a researched backed outcomes measurement tool that measures the daily living areas impacted by mental illness or disability to track for mental health outcomes/measurements. We use this score and the data to examine progress or lack of progress in clients and in doing so partner with our clients towards recovery. Through this we quarterly review and monitor for changes: Health Practices, Housing Stability/Maintenance, Communication, Safety, Managing Time, Managing Money, Nutrition, Problem Solving, Family Relationships, Alcohol/Drug Use, Leisure, Community Resources, Social Network, Sexuality, Productivity, Coping Skills, Behavior Norms, Personal Hygiene, Grooming and Dress.

In addition to that we track client housing, homelessness/at risk of homelessness, hospitalizations, employment/unemployment/under employed, social supports, suicidal ideation using Columbia Suicide Rating Scale, transportation

Cost of services are tracked with billing to Medicaid utilizing CIMOR and our own internal tracking. This agency doesn't accept private insurance. The majority of our clients have Medicaid. We monitor and look for ways we can achieve the same or better outcomes with a change of services to make a better value for the client. We track for timely access to clinical and medical services, duration/frequency of visits.

(2) Impact of extenuating or influencing factors.

Yes, MACPRC identifies and tracks extenuating or influencing factors that could impact performance theses are identified in our strategic plans and supervisor meeting minute notes.

Some examples include: Opening of new Semi-Independent apartments due to identified housing needs, COVID regulations/policies, local shutdowns due to COVID, implementing increased telehealth and telephone service options, food restrictions or shortages in the grocery stores, limited or no availability for PPE, lack of/reduction of transportation, severe weather conditions, availability and proximity of needed services, professionals and resources, , civil unrest due to political climate, Medicaid expansion in Missouri and what that will look like and how it will be paid for, increased costs for supplies and labor, staffing shortages, new/changing regulations, high unemployment in our area or hiring freezes, decreased socialization/outings in the community with Clubhouse, virtual Clubhouse, Clubhouse closure, dealing with frustrations and anger from clients due to continuous changes and wanting to go back to the way things were pre-pandemic, etc.

E. Includes:

(1) Comparative analysis.

(2) Identification of trends.

(3) Identification of causes.

MACPRC uses comparative analysis, identification of trends and identification of causes during the analysis of business functions and performance.

F. Is used to:

(1) Identify areas needing performance improvement.

(2) Develop an action plan(s) to address the improvements needed.

(3) Implement the action plan(s).

(4) Determine whether the actions taken accomplished the intended results.

MACPRC uses the results of the above functions to identify areas needing performance improvement, develop action plans to address improvement needs and implement the action plan. We also discuss and determine whether the actions taken result in the intended result

Quality Assurance

The identification, assessment, correction and monitoring of important aspects of patient care designed to enhance the quality of services consistent with achievable goals.

Grievance Reviews:

There were 16 grievances turned into staff, in 2021. All were resolved.

Bridge Haven Estates: 2 total; 2 from PN, 1 from HV.

New Horizon's: 12 total; 6 from UO, 1 from DS, 4 from CS and 1 from TW.

Mereliz CA: 1 total;1 from SP.

2021 Death Review:

There were 2 client deaths in 2021.

Cause of Death were as follows:

1. (Male) Complications from COPD

2. (Female) Cardiac Arrest Secondary Obstructive Pulmonary Disease

2021 COVID Review:

Staff (CPRC and New Horizon's)

Month	Total Number of Covid Tests	Total Number of Covid Positives	Season
Jan	8	1	Winter
Feb	6	1	Winter
March	2	0	Winter/Spring
April	0	0	Spring
May	2	0	Spring
June	9	0	Spring/Summer
July	24	1	Summer
August	70	1	Summer
September	16	1	Summer/Fall
October	7	1	Fall
November	4	1	Fall
December	12	2	Fall/Winter
Totals for 21'	**160**	**9**	

CLIENTS

(ALL TEST RESULTS THAT WERE TURNED IN as of 12/30/21;COMMUNITY & RESIDENTIAL)

Month	Total Number of Covid Tests	Total Number of Covid Positives	Season
Jan	9	0	Winter
Feb	3	0	Winter
March	3	0	Winter/Spring
April	1	0	Spring
May	3	0	Spring
June	0	0	Spring/Summer
July	47	3	Summer
August	108	1	Summer
September	14	0	Summer/Fall
October	1	0	Fall
November	6	0	Fall
December	0	0	Fall/Winter
Totals for 21'	**195**	**4**	

355 TOTAL COVID-19 TESTS COMPLETED IN 2021 WITH 14 KNOWN COVID POSITIVES.

Hardest hit seasons this year (clients and staff combined) were Winter, Fall and Summer. Our previous year data for 2020 showed that our hardest hit seasons were Fall and Winter. Please keep this in mind as we plan for 2022. December of 2021 saw our first two cases of people being re-infected by COVID-19 (unvaccinated people who have had Covid previously and recovered). We also saw our first breakthrough case of COVID in someone who was vaccinated and never had COVID-19 previously in November of 2021. Good news is that we have seen a significant decrease in the number of COVID positives in our agency from 2020 to 2021. We hope to continue that trend into 2022. More good news, we had no deaths due to COVID in 2021 which is down from 2 in 2020. We did have some hospitalizations and ER visits due to COVID, that remained relatively stable from 2020 to 2021.

2021 Client Satisfaction Survey Results:

33.6%% participation in 2021 satisfaction survey.

199 sent out

67 returned

Section 1

Avg. length of service of those who participated:

Shortest: 1 month(s)   Longest: 30 years   AVG:4.43 years

Living Arrangements:

1.Independent: 15 **(22.4%)**   8.Diversion: 17 (25.37%)

2.Group Setting (Community) 3 **(4.47%)**   9.PISL Hillsboro House: 3 (4.47%)

3.IRTS New Horizon's: 4 (5.97%)   10.Family/Friends: 0 **(0%)**

4.Clustered Apt. Mereliz: 5 (7.46%)   11. Norvi Clustered Apts: 2(2.98%)

5. IRTS Bridge Haven: 2 (2.98%)   12. Blank: 3 (4.47%)

6.Homeless: 5 (7.46%)   13. Multi/Combo: 4 (5.97%)

7.RCF:2 **(2.98%)**

Services Received:

Psychiatric Care: Yes-52, No-7; Blank-8

PSR Clubhouse: Yes-38; No-21; Blank-8

Group Substance Use Counseling Trish: Yes-10; No-37; Blank-9

Group Substance Use Counseling Lisa: Yes-21; No-37; Blank-9

One-on-One Substance Use Counseling Trish: Yes-19; No-35; Blank-12

One-on-One Substance Use Counseling Lisa: Yes-19; No-35; Blank-12

Medication Management: Yes-34; No-22; Blank-11

Community Support Worker: Yes-50; No-12; Blank-5

Peer Specialist: Yes-9; No-41; Blank-16

Medication Administration: Yes-27; No-29; Blank-10

Section 2 Psychiatric Care

Do you feel that the clinician listens to you about your problems or issues? Yes-54; No-3; Blank-9

Do you feel that the clinician understands your illness? Yes-53; No-5; Blank-8

Do you feel that the clinician understands your symptoms when you explain them?Yes-50; No-7; Blank-9

Do you feel that they explain your illness and medications to you in terms you understand? Yes-48; No-9; Blank-9

Section 3: Community Support Services:

Do you see your caseworker as often as you would like? Yes-53; No-12; Blank-2

Does your caseworker listen to you? Yes-63; No-3; Blank-3

Does your caseworker understand your illness and symptoms? Yes-58; No-6; Blank-3

Does your caseworker explain your illness and medications to you in terms you understand? Yes-51; No-12; Blank-1

Does your caseworker review and follow your treatment plan goals with you? Yes-59; No-7; Blank-1

Does your caseworker assist you in reaching your goals? Yes-59; No-5;Blank-3

Does your caseworker support you in remaining stable and provide appropriate services to assist you? Yes-58; No-7; Blank-2

Does your caseworker keep scheduled appointments with you? Yes-63; No-2; Blank-2

Does your caseworker treat you with respect? Yes-62; No-4; Blank-1

Section 4: Clubhouse

How many days a week do you attend Clubhouse?

Blank 14/67 (21%)	0- 10/67 (15%)	1- 3/67 (4.47%)	2- 2/67 (3%)	3- 9/67 (13%)	4- 2/67 (3%)	5- 22/67 (33%)	6- 0%	7 - 1/67 (1.5%)	N/A- 2/67 (3%)

How do you typically get to Clubhouse?

Yes 2/67 (3%)	0	Blank 22/67 (33%)	Mobil 1/67 (4.47%)	Van 29/67 (43%)	0- 2/67 (3%)	Walk 5/67 (7.46%)	N/A 2/27 (3%)	Don't Go 1- 67 (4.47%)

If you ride the Clubhouse Van;

Do you feel comfortable with the driver? Yes-33; No-2; Blank-30

Do you ever see a driver texting or talking on the phone while driving? Yes-5; No-29; Blank-30

How you describe the mood at Clubhouse?

Blank 27/67 (40%)	Comfortable 3/67 (4.47%)	noisy 3/67 (4.47%)	friendly 3/67 (4.47%)	organized 3/67 (4.47%)	happy 3/67 (4.47%)	Multi 21/67 (31%)

Have you learned anything helpful from groups? Yes-36; No-3; Blank-24

Have you participated in outings with Clubhouse? Yes-35;No-5; Blank-24

Do you feel the lunch offered is healthy? Yes-35; NO-5; Blank-24

Do you attend groups? Yes-32; No-5; Blank-26

Section 5: Substance Use Services

In general, where are you currently in your stage of recovery?

Blank 35/67 (52%)	1- 22/67 (33%)	2- 1/67 (1.5%)	3-3/67 (4.47%)	4- 0%	5-1/67 (1.5%)	multi- 3/67 (4.47%)	None- 2/67 (3%)

Has your substance use counselor ever given you a referral to another program? Yes-7; No-23; Blank-36

Have you ever received inpatient services for substance use? Yes-17; No-14; Blank-34

Are substance use groups helpful? Yes-22; No-7; Blank-37

Are substance use individual groups helpful? Yes-27; No-5; Blank-33

Has the substance use program helped you? Yes-28; No-4; Blank-34

Do you feel that the substance use counselor is educated about recovery? Yes-28; No-3; blank-35

Does the substance use counselor sometimes assist or help you with issues not related to substance use? Yes-22; No-10; Blank-34

Is your counselor familiar with the symptoms of your mental illness? Yes-29; No-3; Blank-35

Former Client Satisfaction Survey 2021

2021 Former Client Satisfaction Survey							
8.3% participation in 2021 former client satisfaction survey							
Mailed Out	12						
Returned	1						
Avg length of service:	3 months						
Living Arrangements							
Clustered Apt. Norvi							
Group Setting in Comm							
IRTS Facility (New Horizon's)							
Clustered Apt. Mereliz							
Homeless							
Alone							
Diversion Bed							
PISL Hillsboro House							
With Family							
RCF	1	100%					
Section 1. What services did you receive from our agency?	YES	NO					
Psychiatric Care (Doctor/Nursing)	1 (100%)						
Clubhouse	1 (100%)						
Group Substance Abuse Counseling (Lisa)	1 (100%)						
Group Substance Abuse Counseling (Trish)	1 (100%)						
One on One Substance Abuse Counseling (Lisa)	1 (100%)						
One on One Substance Abuse Counseling (Trish)	1 (100%)						
Medication Administration (e.g., injections)	1 (100%)						
Medication Management (help setting up meds)	1 (100%)						
Community Support Worker	1 (100%)						
Section 2. Psychiatric Care	YES	NO					
Did you feel the clinician listened to you about your problems or issues?	Yes 1 (100%)						
Did you feel the clinician understood your illness?	Yes 1 (100%)						
Did you feel that the clinician understood your symptoms when you explained them?	Yes 1 (100%)						
Did you feel that the clinician explained your illness and medications to you in terms you understood?	Yes 1 (100%)						
Section 3. Community Support Services	YES	NO					
Did you see your caseworker as often as you would like?	Yes 1 (100%)						

Did your caseworker listen to you?	Yes 1 (100%)						
Did your caseworkers understand your illness?	Yes 1 (100%)						
Did your caseworker explain your illness and medication to you in terms you understood?	Yes 1 (100%)						
Did your caseworker review and follow your treatment plan goals with you?	Yes 1 (100%)						
Did your caseworker assist you in reaching your goals?	Yes 1 (100%)						
Did your caseworker support you in remaining stable and provide appropriate services to assist you?	Yes 1 (100%)						
Did your caseworker keep scheduled appointment with you?	Yes 1 (100%)						
Did your caseworker treat you with respect?	Yes 1 (100%)						
Were you provided with resources for services, that you could connect to once you left our services?	Yes 1 (100%)						
Other:							
Section 4: Clubhouse	YES	NO					
How many days a week did you attend Clubhouse?	5						
If you rode the Clubhouse van, please answer the following:							
Did you feel comfortable with the driver.	Yes 1 (100%)						
Did you ever see a driver texting or talking on the phone while driving?		No 1 (100%)					
How would you describe the mood at Clubhouse?							
HAPPY	Yes 1 (100%)						
FUN	Yes 1 (100%)						
COMFORTABLE	Yes 1 (100%)						
FRIENDLY	Yes 1 (100%)						
WARM	Yes 1 (100%)						
ORGANIZED	Yes 1 (100%)						
SAD							
NOISY							
UNORGANIZED							
Other:							
Did you learn anything helpful from groups?	Yes 1 (100%)						
Did you participate in outings with Clubhouse?	Yes 1 (100%)						
Did you feel the lunch offered is health?	Yes 1 (100%)						
Did you attend groups?	Yes 1 (100%)						

If you could have made one (1) change to Clubhouse, what would that have been?	Nothing						
Section 5: Substance Abuse Services							
In general, where were you in your stage of recovery?							
Remission/Recovery	Yes 1 (100%)						
Using More Often							
Using Less Frequently							
Using a New Substance							
Using the Same							
How often do you see the Substance Abuse Counselor?							
2xs/week							
1/month							
1/week							
2xs/month	Yes 1 (100%)						
As needed	Yes 1 (100%)						
Did your substance Abuse Counselor ever give you a referral to another program?		No (100%)					
Did you ever receive in-patient services for substance use?	Yes 1 (100%)						
Were substance abuse groups helpful?	Yes 1 (100%)						
Was the one-on-one substance abuse sessions helpful?	Yes 1 (100%)						
Did the substance abuse program help you?	Yes 1 (100%)						
Did you feel that the substance abuse counselor was educated about recovery?	Yes 1 (100%)						
Did the substance abuse counselor sometimes assist or help you with issues not related to substance abuse? (e.g. housing, employment, shopping)	Yes 1 (100%)						
Was your counselor familiar with the symptoms of your mental illness?	Yes 1 (100%)						
Section 7: Comments and Suggestions							
Additional Concerns:							
Name (OPTIONAL)							

2021 Guardian Satisfaction Survey's

8.3% participation in 2021 guardian satisfaction survey

Mailed Out	36
Returned	3

Section 1 General Information

1. How many of your wards receive services through our agency?	Avg:1

2. In general, how do you feel about the services that you see provided to your ward through our agency, Mineral Area CPRC Inc.?

Excellent	2 (66.6%)
Very Good	
Good	1(33.3%)
Fair	
Poor	

Section 2 Psychiatric Care

3. (If your ward sees Gabriel Crawford, APRN or Quentin Chambers, APRN in our office and you receive information from or require information from our clinicians please answer the following questions. If your wards see someone else or if you do not require information from our clinicians skip this section and continue on with section 3.

1x\week	
2xs/month	
1x/month	1 (33.3%)
Every 2 months	
Every 3 months	
Blank	2 (66.6%)

4. Do you get the appropriate information from or clinicians to complete your necessary documentation?	Yes (0)	No 2 (66.6%)	Blank 1(33.3%)
5. Do you have any additional information that would help us to better assist you with your wards?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
6. If yes, please take a moment and explain how these services could be improved.	N/A		Blank 3 (100%)

Section 3: Community Support Services

Are you familiar with the Community Support Specialist from our agency that provides services to your wards?	Yes 1 (33.3%)	No 2 (66.6%)	
Do you know the names of the Community Support Specialist that provides services to y our wards?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
If a Community Support Specialist comes to your office, are they dressed appropriately when they come to your office/facility?	Yes 1 (33.3%)	No 0	Blank 2 (66.6%)
Does the Community Support Specialist present in a professional manner while they are at your facility or during phone conversations?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
Does the community support specialist keep you up-to-date on any changes in treatment that they are providing to your wards?	Yes 1 (33.3%)	No 1 (33.3%)	Blank 1(33.3%)
Is the Community Support Specialist consistent and timely with their appointments?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
Do you have any additional information about the community support specialist that you feel would assist us in evaluating, training or supervising our community support specialist?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)

Section 4: Administrative Staff

Are you familiar with any of the administrative staff from our agency that provides services to your wards?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
Do you know the names of the administrative staff that you communicate with on a regular basis?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
If an administrative staff comes to your office, are they dressed appropriately?	Yes 1 (33.3%)	No 0	Blank 2 (66.6%)
Does this staff member present in a professional manner while they are at your agency or during phone conversations?	Yes 2 (66.6%)	No 0	Blank 1(33.3%)
Do you have any additional information about the administrative staff that you feel would assist us in evaluating, training, or supervising our community support specialist?	Yes 1 (33.3%)	No 0	Blank 2 (66.6%)

Section 5 Additional Feedback

Please list areas, that we have not included, that you feel could be improved.	Yes 1 (33.3%)	No 0	Blank 2 (66.6%)
Please list any areas listed that you feel could be improved.	Yes 0	No 0	Blank 3 (100%)

2021 RCF Satisfaction Survey Results

11.7% Participation in Survey

1. Sent Out	17
2. Returned	2

Administration	Yes	No	Blank	Note	AVG:
How many of our residents receive service from our agency?	3				3
Are our staff pleasant and courteous when you call our offices?	2(100%)				
When you visit our agency, are the staff pleasant, courteous and appropriately dressed?	2(100%)				
Intake/Annual Evaluation					
When you make a client referral, do staff provide intake information such as dates or expected for expected wait period and are helpful?	2(100%)				
Are you ever asked to be a part of the treatment planning for your resident?		2(100%)			
Do you receive copies of the Individualized Treatment Plans, as needed?		1 (50%)	1(50%)	We have to ask.	
Psychiatry					
IF your resident sees our psychiatric provider, do you receive the information from those appointments that you need?	1 (50%)		1(50%)		
Community Support (Caseworkers)					
Do the caseworkers from our agency check in with you when they arrive?	1 (50%)	1 (50%)			

Question				
Are the caseworkers informative and provide intervention and feedback about the resident?		1 (50%)		If we ask.
Are the caseworkers respectful and courteous?	2(100%)			
Does the caseworker visit with your residents on a regular basis?	1 (50%)	1 (50%)		

Clubhouse

Question				
Are the drivers of the clubhouse vans courteous and efficient in getting your residents to and from Clubhouse?	2(100%)			
Are you given information about upcoming outings that your residents may be participating in?		1 (50%)	1(50%)	Only if the resident informs us.
Do your residents seem to benefit from attending the Clubhouse?	2(100%)			
Are staff pleasant and courteous when you call Clubhouse?	2(100%)			

Substance Use Disorder Services

Question				
Do your resients who have substance abuse issues see a substance abuse counselor or a regular basis?	1 (50%)		1(50%)	

Nursing

Question				
Is our registered nurse courteous and polite when contacting your facility?	2(100%)			

Incident Reports: 2020 to 2021

Category	2020	2021	% Change
Total Incidents	43	108	151% increase in overall incidents.
Falls	11	58	427% increase in falls.
Medication	2	4	100% increase in medication errors.
Altercation/Behavioral	6	8	33.3% increase in behavioral incidents
Medical-Injury	5	29	480% increase in medical-injury incidents
Medical-Mental Health	6	1	Reduction by 83%
Rule Violation	8	0	100% reduction in rule violation incidents.
Accident	2	1	50% reduction
Miscellaneous	3	7	133% increase in Misc. incidents

2021 Chart Reviews (96 Charts) Dark Green 100%; Lt. Green Over 90-99 Orange Over 75-90 Red any less than 74 and below	Q1	Q2	Q3	Q4
Total Charts Reviewed	22	26	24	24
Client Type				
Current Clients	19 (86%)	23 (88%)	19 (79%)	21(87.5%)
Discharged Clients	3 (14%)	3 (12%)	4 (17%)	3 (12.5%)
Questions:				
Does client have a guardian?	7 (32%)	10 (38%)	10 (42%)	10 (42%)
Intake/Annual				
Acceptance of Adm. Packet	19 (86%)	25 (96%)	23 (96%)	24 (100)
Voluntary Consent Form	13 (59%)	22 (85%)	23 (96%)	21(87.5%)
Client's Rights Policy	18 (81%)	24 (92%)	23 (96%)	23(96%)
Assignment of CSS	18 (81%)	25 (96%)	22 (92%)	24(100)
CPRC Program Rules	18 (81%)	24 (92%)	22 (92%)	23(96%)
Permission to Photograph	16 (72%)	24 (92%)	22 (92%)	23(96%)
Consumer Consent Use and Disclosure	18 (81%)	24 (92%)	22 (92%)	23(96%)
Privacy Practices Acknowledgement	17 (77%)	24 (92%)	22 (92%)	23(96%)
Notice of Costs	18 (81%)	25 (96%)	22 (92%)	24(100)

MO Bar Health Care Directive	18 (81%)	24 (92%)	22 (92%)	24(100)
Records Release				
Emergency Contact Listed?	12(54%)	14 (54%)	13 (54%)	15 (62.5%)
Parent(s), Sibling(s), Friend(s) Listed?	8 (36%)	14 (54%)	12 (50%)	13 (54%)
Psychiatric Provider Listed?	6 (27%)	8 (31%)	8 (33%)	11 (45%)
PCP of Specialist Listed?	5 (22%)	13 (50%)	6 (25%)	10(42%)
Assessment				
Last Dated?				
Completed?	20 (90%)	25 (96%)	22 (92%)	23 (95%)
Medical Necessity	20 (90%)	25 (96%)	22 (92%)	23 (95%)
Includes S.N.A.P.	20 (90%)	22 (85%)	22 (92%)	23 (95%)
Dated in last year	18 (81%)	22 (85%)	22 (92%)	23 (95%)
DLA-20 Dated within 30 days prior by a QMHP	21 (95%)	21 (81%)	22 (92%)	22 (92%)
Service Note dated after last signed on Assessment	19 (86%)	23 (88%)	22 (92%)	23 (95%)
Needed Services Identified	19 (86%)	19 (73%)	19 (79%)	22 (92%)
Individual Treatment Plan				
Last Dated				
ITP based on results of assessment	19 (86%)	25 (96%)	22 (92%)	23 (95%)
Clear Evidence of Client Input	21 (95%)	25 (96%)	22 (92%)	23 (95%)
Interventions Time Specific & Measurable	19 (86%)	25 (96%)	22 (92%)	23 (95%)
Evidence of Amendments	17 (77%)	19 (73%)	18 (75%)	21(87.5%)
Quarterly Reviews				
Complete-signed DLA-20s Qua. since annual	17 (77%)	25 (96%)	19 (79%)	22 (92%)
Service Note Clear Why Score Changes	17 (77%)	20 (77%)	20 (83%)	21(87.5%)
Summary Cover Past Month	19 (86%)	24 (92%)	20 (83%)	23 (95%)
Critical Interventions				
Last Dated				
Within 1 Year	20 (90%)	25 (96%)	22 (92%)	22 (92%)
Descriptions of Relapse	18 (81%)	24 (92%)	19 (79%)	21(87.5%)
Dealing with Relapse	19 (86%)	25 (96%)	22 (92%)	22 (92%)
Pre-Cursers Decomp	19 (86%)	25 (96%)	20 (83%)	21(87.5%)
Persons of Contact	20 (90%)	24 (92%)	21 (87.5%)	22 (92%)
Medical Issues-Concerns Affect Treatment	13 (59%)	19 (73%)	12 (50%)	14 (58%)
If Yes, Explain				
Community Support Notes				
Notes Relate to ITP	19 (86%)	25 (96%)	22 (92%)	23 (95%)

Interventions Relate to Level of Care	20 (90%)	25 (96%)	22 (92%)	23 (95%)
Reasonable Amount of Time	20 (90%)	25 (96%)	22 (92%)	23 (95%)
Medical Necessity	18 (81%)	25 (96%)	22 (92%)	22 (92%)
ITP Achieve Past Year	10 (45%)	19 (73%)	16 (67%)	20(83%)
Interventions Clear	18 (81%)	25 (96%)	22 (92%)	22 (92%)
Able to Stand Alone	18 (81%)	25 (96%)	22 (92%)	22 (92%)
Include Date and Time Next Scheduled Appt.	18 (81%)	22 (85%)	22 (92%)	20(83%)
Adequate Intervention for the Billable Time	20 (90%)	22 (85%)	20 (83%)	22 (92%)
Completed Within 3 Business Days	19 (86%)	24(92%)	21(87.5%)	23 (95%)
Correct Service Item	19 (86%)	24 (92%)	21(87.5%)	22 (92%)
Billable Services Overlapping	5 (22%)	5 (19%)	5 (21%)	6(25%)
Break Out time During Service Provision	10 (45%)	12 (46%)	13 (54%)	14 (58%)
Is there a Multiple Note	2 (9%)	2 (8%)	2 (8%)	4(17%)
Time Broken Out	4 (18%)	10 (38%)	5 (21%)	7(29%)
Co-Occuring Services				
ITCD Services Needed (of total number of peer reviews)	12/22 (54%)	13/26 (50%)	11/24 (46%)	10/24 (42%)
* *Reduction in sample size due to only using the total number of ITCD clients receiving services as the total for this section**	**12**	**13**	**11**	**10**
Evidence of ITCD Services	11 (92%)	11 (85%)	11 (100%)	9(90%)
Goals, objectives, interventions for Addiction	10 (83%)	11 (85%)	11 (100%)	9(90%)
Tie Back to Assessment (Golden Thread)	10 (83%)	11 (85%)	11 (100%)	9(90%)
Supplemental Assessment complete 1 yr.	7 (58%)	10 (77%)	9 (82%)	8(80%)
Stage of Change	10 (83%)	11 (85%)	11 (100%)	9(90%)
Individual Notes Relate to ITP	9 (75%)	11 (85%)	11 (100%)	9(90%)
Motivational Interventions Documented	9 (75%)	11 (85%)	11 (100%)	8(80%)
Group Notes Intervention Provided	9 (75%)	11 (85%)	10(91%)	8(80%)
Notes Able to Stand Alone	9 (75%)	9 (69%)	11 (100%)	8(80%)
Adequate Intervention for Billable Time	10 (83%)	11 (85%)	11 (100%)	9(90%)
Completed within 3 business days	10 (83%)	9 (69%)	9 (82%)	8(80%)
Correct Service Item	10 (83%)	11 (85%)	11 (100%)	9(90%)
Billable Services Overlapping	1 (8.3%)	2 (15%)	5 (45%)	1(10%)
Break Out Time During Service Provision	2 (17%)	2 (15%)	6 (55%)	3(30%)
Is there a multiple note	10 (83%)	11 (85%)	11 (100%)	7(70%)
Time Broken Out	0	1 (8%)	1(9%)	1(10%)
Psychiatrist Documentation				
Current Medication	18(81%)	24 (92%)	22(92%)	24(100%)
Identify How Often Seen	17 (77%)	22 (85%)	21(87.5%)	24(100%)

Diagnosis Evident and Documented	19 (86%)	25 (96%)	22(92%)	24(100%)
Understand What Happened Each Visit	18 (81%)	23 (88%)	21(87.5%)	24(100%)
Request Additional Labs-Tests	6 (27%)	8 (31%)	9 (37.5%)	13(54%)
Consent for Tele-Psychiatry	10 (45%)	13 (50%)	15 (62.5%)	16(67%)
Medical Information				
Identify PCP	16 (72%)	25 (96%)	21(87.5%)	20 (83%)
Contact Numbers Available	14 (63%)	23 (88%)	21(87.5%)	20 (83%)
Allergies Clearly Listed	17 (77%)	22 (85%)	16(67%)	21(88%)
Any Type of Specialist	9 (40%)	9 (35%)	14(58%)	10(42%)
Specialist Contacts Available	8 (36%)	7 (27%)	11(46%)	8(33%)
Advance Directive	7 (31%)	6 (23%)	8(33%)	9(38%)
Nursing				
Annual Medication Profile	12 (54%)	19 (73%)	18(75%)	21(88%)
AIMS	7(31%)	8 (31%)	13(54%)	13(54%)
Metabolic Screening Annually	10 (45%)	19 (73%)	17(71%)	18(75%)
Psychosocial Rehabilitation (PSR)				
Attend PSR (out of total number of peer reviews)	6/22 (27%)	10/26 (38%)	8/24(33%)	9/24(38%)
* *Reduction in sample size due to only using the total number of clients attending PSR as the total for this section**	6	10	8	9
5 days/week	6 (100%)	9 (90%)	8(100%)	8(89%)
Client engaged while attending	6 (100%)	8 (80%)	8(100%)	9(100%)
How did staff engage client	5 (83%)	9 (90%)	7(88%)	8(89%)
Participating in groups	6 (100%)	5 (50%)	8(100%)	7(78%)
Attend PSR-IMR Groups	3 (50%)	6 (60%)	4(50%)	4(44%)
Interventions Staff Provide/What Staff are doing	6 (100%)	10 (100%)	8(100%)	8(89%)
Relate to intervention on ITP	5 (83%)	9 (90%)	7(88%)	9(100%)
Adequate Intervention for Billable Time	6 (100%)	9 (90%)	8(100%)	8(89%)
Completed within 3 business days	6 (100%)	10 (100%)	7(88%)	8(89%)
Correct Service Item	6 (100%)	10 (100%)	8(100%)	9(100%)
Billable Services overlapping?	1(17%)	2 (20%)	2(25%)	1(11%)
Break out time during service provision?	3 (50%)	5 (20%)	7(88%)	5(56%)
Is there a multiple note?	1 (17%)	10 (100%)	1(13%)	8(89%)
Time broken out?	1 (17%)	1 (10%)	1(13%)	2(22%)
Discharge Summaries				
Discharged clients from program (out of total number of peer reviews)	2/22 (9%)	2/26 (8%)	4/24(17%)	3/24(13%)
* *Reduction in sample size due to only using the total number of clients discharged as the total for this section**	2	2	4	3
Why Discharged	2 (100%)	2 (100%)	3(75%)	3(100%)
Evidence of aftercare, follow-up, etc.	2 (100%)	2 (100%)	2(50%)	2(67%)

Summary include SNAP	2 (100%)	2 (100%)		3(75%)	2(67%)
Dis. Charged Clients Continued: Indicate Last Appts. With the following:					
Primary	1 (50%)	(50%)		4(100%)	3(100%)
Psychiatry	(50%)	(50%)		1(25%)	1(33%)
Dentist	(50%)	(50%)		4(100%)	3(100%)
Audiologist	(50%)	(50%)		4(100%)	3(100%)
Optometrist	(50%)	(50%)		4(100%)	3(100%)
Indicate Meds and Mental Health Diagnosis at Discharge	2 (100%)	2 (100%)		2(50%)	2(67%)

Peer Review Process: Supervisors are reviewing documentation weekly and monthly with staff and prior to billing. Additionally, over the past year we have focused in with our staff on peer review chart audit training. Our main focus was teaching staff where to find the needed information. Oftentimes when supervisors would go back in the record to review after a chart audit, they would find the needed Information. We also dedicated the month of June 2021 to additional BrightEHR and Peer Review training during our bi-weekly staff meetings. Due to this increased education and training we saw improvement in Q3 & Q$ of 2021. Planning for 2022: the executive leadership team will review the peer review worksheet and peer review process to see if any revisions need to be made.

** In 2021, started tracking data for discharged patients, ITCD section and PSR section making the total be the total number of charts that had those service items present rather than the total of the sample total for each quarter. This change makes the data easier to read and understand. **

2022 Chart Audit Goals/Needs for Improvement:

1. Continued training and education on how to completed peer review chart audits, therefore improving our data results.

2. Intake/Annuals: Ensuring that staff know where to find the voluntary consent forms within the initial and annual packet. If the rest of the packet it there, this document is there also, it just needs to be found.

3. Records Release: Continue to work to get this information in client records as best we can. Many of our clients don't have any supports/chosen supports who are willing to be a support. We will continue to ask for contact information and records release for whom the person served indicates is their chosen support. Will need to continue education over where PCP and Psychiatric Provider information is located within the client's record.

4. Assessment: Continue to work on improving scores and make sure DLA-20 is signed within 30 days and needed services are identified.

5. ITP: Continue to work on showing evidence of amendments, when there are amendments.

6. Quarterly Reviews: Work on further education and training for improving clarity in notes when scores change.

7. Critical Interventions: Work on educating and training staff on how to locate items within the CI and provide clearer questions within the peer review checklist.

8. Community Support Specialist: Work on educating and training staff on documentation such as whether or not ITP was completed within last year and where to find it in the record as well as the date and time of next appointments.

9. Co-Occurring Services: Providing education to make sure staff know where to locate the co-occurring assessment supplemental within the record as it's not called "supplemental assessment" and we believe that is what people are searching for and coming up with no results and assuming that it is missing. Also monitoring and educating staff to make sure billing is completed within 3 business days.

10. Mental Health Provider Documentation: Provide additional education over where to find needed information for peer reviews. Such as identifying how often client is seen, understanding what happened at the appointment, requesting additional lab work and consent for tele-health. Most of this can be obtained from SOAP notes and the rest from the client's intake/annual packet.

11.Medical Information: Providing additional education and training to staff on identifying in the record who the PCP and their contact information, as well as allergies. Alerts are set for allergies on the client's face sheet making it easily accessible and easy to see. Additionally, it is listed in the record on the Physician orders Some of the areas that scored low are due to question not being applicable for each client such as specialist and information of specialist—for these questions we continue to train and educate staff on obtaining this information and where to place it within the record. We continue to work on collecting advanced directives from clients, this is a part of the intake/annual review packets.

12.Nursing: All numbers are improving after two years of coaching nursing staff and hard work on obtaining necessary samples. COVID, really made it difficult to collect a lot of the needed samples and draws but we are getting back on track . Still working to improve in all nursing categories.

13.PSR: Continue to educate and train staff on client engagement and staff encouragement of client participation. Also provide additional training to staff on where to find PSR/IMR information. Staff need to go in and read the notes because attendance to PSR/IMR groups is not broken out separately.

14. Discharge Summaries: Continued education and training on discharge summaries and where to locate the information. Need to improve on aftercare follow up after discharge, discussion about follow up one month after separation.

Assessments & Referrals

MACPRC provides a variety of activities including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care.

Admissions & Discharges:

MACPRC experienced a growth in admissions at 21.6% from 2020 to 2021.

MACPRC has time unlimited services and we increased client retention by 30.7% from 2020 to 2021.

Individuals Served AND Criminal Justice System, State Mental Hospital Returns or Revocation of Conditions of Release.

Reduction or elimination of negative involvement with the criminal justice system: In 2021, there were 0 occurrences of incarceration in our clientele. In 2021 there were 0 revocations for conditions of release and no recalls to state mental health hospitals.

Individuals Served AND Education: GED/HiSET, Trade School or College:

2021 MACPRC had 3 clients attend GED/HISET (HiSET tutoring prep at clubhouse through DCAI). No individuals attending trade school or college courses at this time.

CPRC showed an increase in reported interventions by the program from 2020-2021.

2021 CPRC Employee Review	
New Hires	10
Resignations	5
Terminations	2
Community Program or CSS Staff Turnover	3
Director/Supervisor/Admin. Staff Turnover	0
Admission/Intake Coordinator Turnover	0
Peer Support Specialist Turnover	0
PSR Staff Turnover	2
Residential Program Staff Turnover	1
Norvi Staff Turnover	1
Exit Interviews Returned to HR	2
Why employee left: Another Job	1
Why employee left: Medical	1
Why employee left: No Notice	1
Why employee left: Moved	0
Why employee left: Failed Drug Screen	0
Why employee left: Retired	1
Why employee left: Termination	2
Why employee left: Other	1

2021 Staff Satisfaction Survey

2021 Staff Satisfaction Survey	
80% Employee participation	
30 surveys sent out; 24 returned	
2021 Employee Satisfaction	
How happy are you at work? 1-10	1=0%;2=4.16%(1),3=4.16%(1),4=4.16%(1),5=8.3%(2),6=4.16%(1), 7=16.6%(4),8=16.6%(4),9=12.5%(3),10=20.8% (5), Blank=8.3% (2)
Would you refer someone to work here?	95.8% (23) Yes; 4.16% (1) No
I see professional growth and career development opportunities for myself in this organization.	10 87.5%(21) Yes; 8.3%(2) No; 4.16%(1) Blank0% 9 Yes
How would you rate your work-life balance?	1=4.16%(1); 2=4.16%(1), 3=4.16%(1),4=4.16%(1),5=8.3% (2), 6=8.3% (2), 7=12.5%(3), 8=8.3% (2), 9=25%(6), 10=16.6%(4), Blank=4.16%(1)
Two or three things company could do to help you better manage work-life balance?	(9)left blank, Nothing (5) More ETO (4), More Staff=(1), Work Retreats/Team Builders/leisure time together(3), Fewer calls/interruptions when during time off (3), More job resources (1), Professionalism/less personal talk (2), Leaders to lead by examples(1), Encourage breaks(1), MGMT focus on productivity not hours worked(1), Option to work some from home on regular basis(1), Bring back leads(1), Continue having potlucks, holiday parties, etc=1, Encourage Self Care(1), Treat us (upper management) as equals(1)
Employee Questions about Management	
Do you feel valued at work?	54% (13) Sometimes; 20.8% (5) Often; 25% (6) Always
How frequently do you receive recognition from your manager?	54% (13) Sometimes; 33% (8) Often; 12.5% (3) Always
There is open and honest communication between managers and employees.	75% (18) Yes; 12.5% (3) No; 4.16% (1) Sometimes; 8.3% (2) Blank
Employee Retention	
Do you believe you'll be able to reach your full potential here?	62.5%%(15) Yes; 25% (6) No; 12.5%(3) Blank
Our company provides a culture in which I can thrive.	79%(19) Yes;20.8%(5) No
Do you foresee yourself working here one year from now?	87.5% (21) Yes; 8.3%(2) No; 4.16% (1) Blank
Do you believe the administrative team takes your feedback seriously?	4.16%% (1) Sometimes; 20.8% (5) Often; 29% (7) Always; 4.16%(1) Never
Employee Culture	
Do you feel like the management team is transparent?	37.5% (9) Sometimes; 33.3% (8) Often; 20.8% (5) Always; 8.3% (2) Never

With eyes closed, can you recite our organization's mission and vision statements?	**20.8%(5) Yes; 70.8%(17) No; 8.3%(2) Blank**
What three words would you use to describe our culture?	**3-Caring; 2-Blank; 2-Supportive; 3-Flexible; 2-Busy; 2-Talked down to; 2-Passive Aggressive; 2-Made to feel beneath upper management; 2-Micromanaged; 2-Structured; 2-Stressful; 2-Open; 2-Welcoming; (1)- Challenging/Focused/Capable/Open Minded/Determined/Uplifting/Chaotic/Relaxed/Organized/Friendly/Steady/Secretive/Client-Centered/Teamwork/Sharing/Detailed/Authentic/Connected/Motivating/Understaffed/Pawn/Collaberative/Progress/Professional/Innovative/Honest/Direct/Compassionate/(Mostly) Unified/Adverse/Nondiscriminatory/Nonbias/Positive/Engaging/Inclusive/Transparent/Passionate/Creative**
How comfortable do you feel giving upwards feedback to your supervisor?	**1=0% (0); 2=0%(0) , 3=0%,4=0%,5=11% , 6=8.3% (2), 7=4.16%(1),8=16.6%(4), 9=20.8%(5), 10=33% Multiple answers= 8.3% (2)**
Do you feel like coworkers give each other respect here?	**45.8% (11) Sometimes;29.1% (7) Often; 25% (6) Always**
Do you believe we live authentically by our organizational mission and values?	**25% (6) Sometimes; 45.8% (11) Often, 29.1% (7) Always**
Does our administrative team contribute to a positive work culture?	**29.1%(7) Sometimes; 37.8% (9) Often; 33.3% (8) Always**
Do you have fun at work?	**37.5%(9) Sometimes;41.6% (10) Often; 12.5% (3) Always; 8.3% (2)Other**

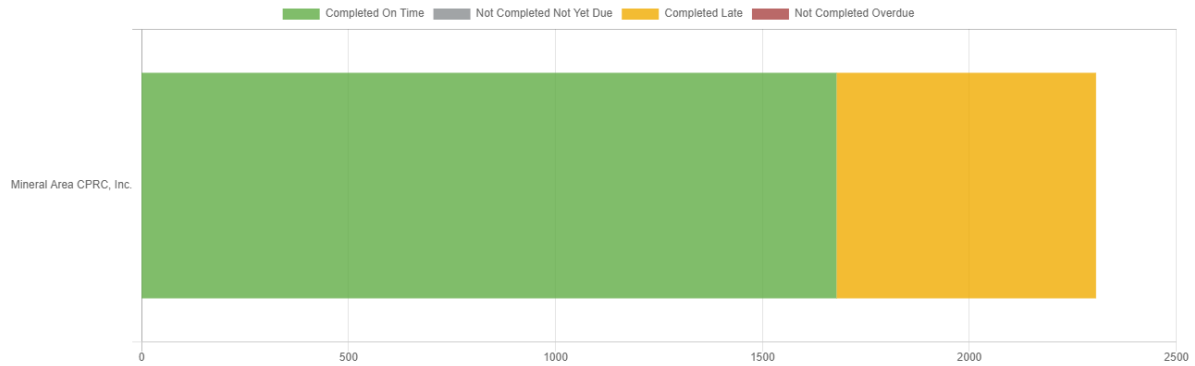# Relias Employee Training January 1, 2020-December 31st, 2021

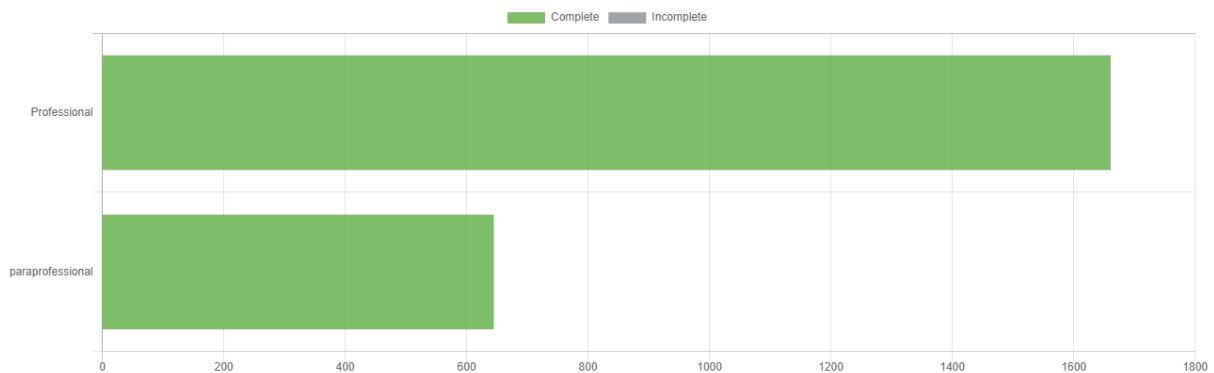**2021 Course Completion History for Employees**

Completed on Time: 1679 courses

Completed Late: 627

Not Completed Overdue: 0

Course Completion History

Legend: Completed On Time | Not Completed Not Yet Due | Completed Late | Not Completed Overdue

2021 Coarse Completion History

Legend: Complete | Incomplete

Professional
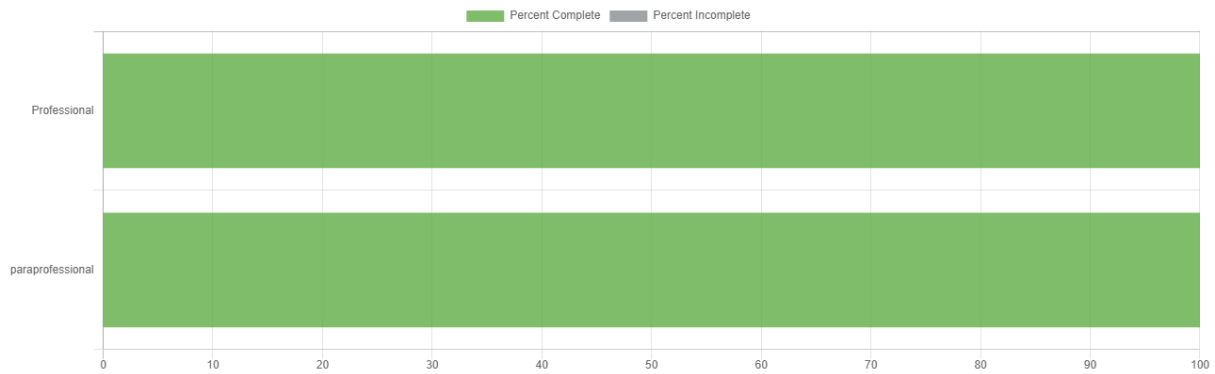
Completed on Time: 1661

Completed Late: 0

Paraprofessional

Completed on Time: 645
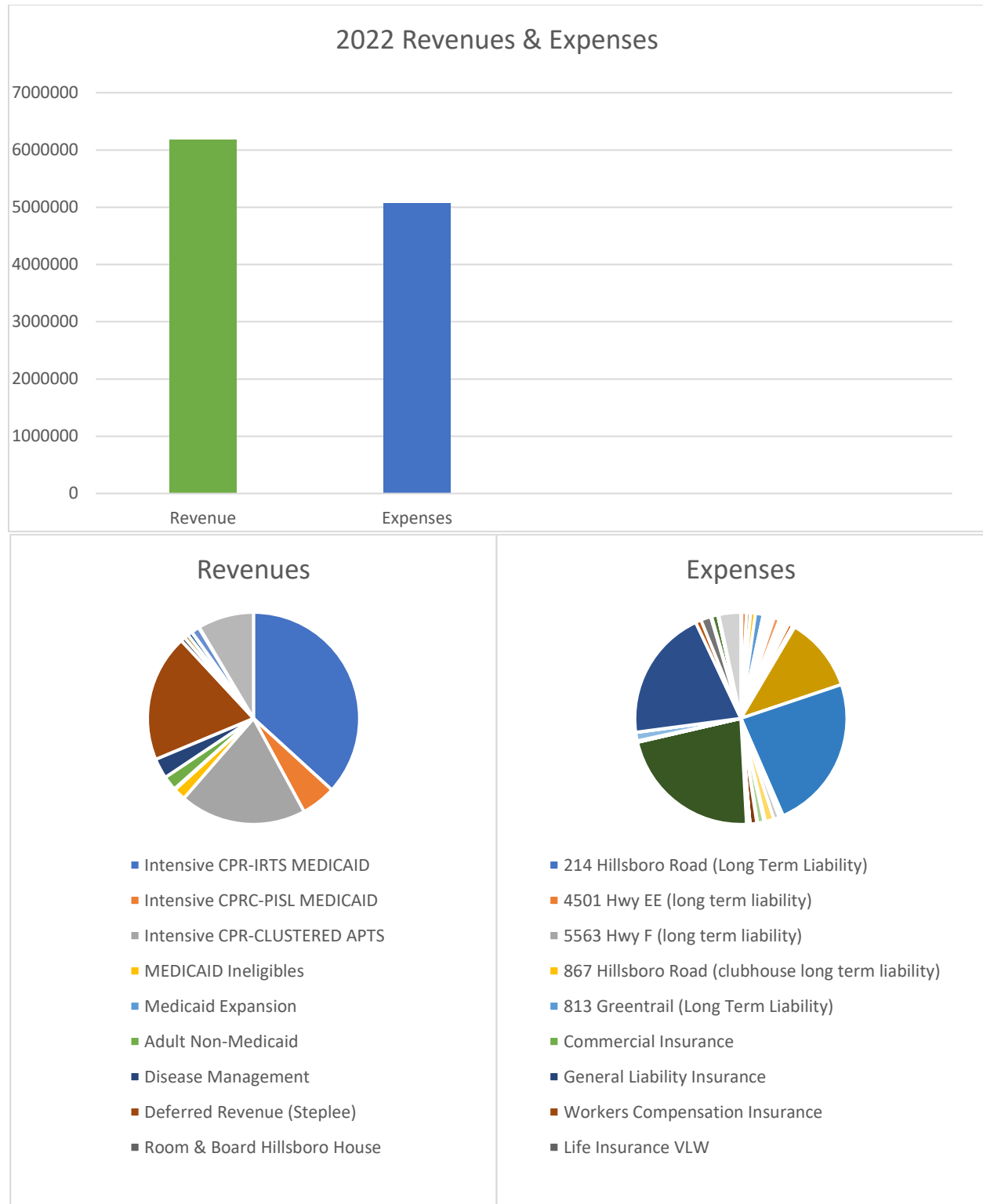
Completed Late: 0

2021 Coarse Completion History

Course Completion Rates 2021:

100% Completed

0% Incomplete

Financials

2022 Proposed Budget Approved by Board of Directors

2022 Revenues & Expenses

Revenues

- Intensive CPR-IRTS MEDICAID
- Intensive CPRC-PISL MEDICAID
- Intensive CPR-CLUSTERED APTS
- MEDICAID Ineligibles
- Medicaid Expansion
- Adult Non-Medicaid
- Disease Management
- Deferred Revenue (Steplee)
- Room & Board Hillsboro House

Expenses

- 214 Hillsboro Road (Long Term Liability)
- 4501 Hwy EE (long term liability)
- 5563 Hwy F (long term liability)
- 867 Hillsboro Road (clubhouse long term liability)
- 813 Greentrail (Long Term Liability)
- Commercial Insurance
- General Liability Insurance
- Workers Compensation Insurance
- Life Insurance VLW

Misc. One-Time Funds Received in 2021

Total: $325,607.20

One-Time Funds

- DMH Funding to Build Steplee
- Work Force Development Grant
- SAMHSA Dec. 2020 Block Grant Funds