

MANAGEMENT REPORT

Community Resource Center

2021

INTRODUCTION

Established in 1969 as a 501 © (3) nonprofit corporation, the Community Resource Center, Inc., (CRC) exists to develop, promote, and support programs for the prevention, intervention, and treatment of mental health and substance use disorders. CRC's funding is provided by Illinois Healthcare and Family Services (HFS), Illinois Department of Human Services (DHS), and other federal, state and local funding including US Federal Probation, County 708 Mental Health Boards, third party payors, patient fees, and private donations. CRC's funding is provided by Illinois Healthcare and Family Services, Illinois Department of Human Services, and other federal, state, and local agencies.

CRC services are governed by a nine-member Board of Directors comprising individuals, including primary and secondary consumers, with professional, academic, or general interest in the Agency's mission.

CRC is governed by a nine-member Board of Directors comprising individuals from the community that have interests in CRC's mission.

MISSION STATEMENT

Community Resource Center's mission statement is: To provide quality recovery oriented behavioral healthcare treatment, prevention and educational services for the communities of our catchment area.

CRC provides mental health and substance use assessment, referral and treatment services to residents of Marion, Clinton and Fayette Counties, as well as surrounding counties without discriminating and are responsive to ethnic background, physiological characteristics, physical situation, religion, religious or spiritual beliefs, cultural orientation, personal or social creed, national origin, race, color, age, sex, disability, sexual orientation, and HIV status. Prevention services are provided to designated service areas.

For the Agency to continue to provide quality services, it must assess the needs of the service area and endeavor to develop programs to satisfy those needs. Every effort will be made to obtain external funding for new programs.

Community Resource Center (CRC) provides programs for the prevention, intervention, and treatment of mental health and substance use problems. Educational programs, advocacy, support groups, outreach and transitional living are also available. Specific services that support all programs include the following:

TREATMENT

Both Mental Health and Substance Use treatment services encompass individual, family and group services as well as additional programs which provide treatment and education. These services are coordinated between the mental health and substance use clinical staff who cooperate in the delivery of programs which may be of benefit to individuals experiencing mental health and/or substance use problems. Services are available for infants, children, adolescents, adults, and senior citizens.

Individualized Treatment

CRC programs offer individual, face-to-face counseling, assessment, crisis and referral services to clients presenting with mental health or substance use disorders. Education, counseling, referrals, etc., are used when appropriate in the provision of treatment. HIV/AIDS risk reduction education and TB education and referrals for testing are provided routinely. An individual treatment plan is developed with each client with the goal of making improvements in their identified needs.

Family Treatment

CRC staff attempt to involve family members in treatment whenever possible. Sessions for individual families are offered as well as group programs. The goals are to enhance understanding within the family, work toward problem resolution, enhance overall family functioning and improve family relationships. In addition, intervention training for families is provided.

Group Treatment

The staff have developed and provide a variety of group programs for both mental health and substance using clients as well as family members. Using input from clients and the community, the staff members develop relevant group programs that address the needs of the consumers. The goals for the groups are to enhance the individual's functioning through the interactions made available by the group process. Groups are available to treat multiple issues including anger management, offenders of domestic violence, parenting, coping skills, substance use, anxiety, depression, etc.

Crisis Line

Crisis Line Service is offered twenty-four hours a day, 365 days of the year. A primary answering service screens calls and gives service availability information to callers. Calls requiring counseling are forwarded to an on-call counselor who contacts the caller. A crisis staff person is available to assist in hospital emergency rooms in crisis assessment and referral for individuals needing inpatient treatment.

Trauma-Informed Care

CRC has an appreciation for the high prevalence of traumatic experiences in person's who receive mental health and substance use services. CRC strives to have a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual. To be trauma informed, CRC has implemented the following: Early Screening and Comprehensive Assessment of Trauma, Consumer and Family Driven Care and Services, Trauma Informed, Educated and Responsive Workforce, Provisions of Trauma-Informed, Evidence Based and Emerging Best Practices, Create a Safe and Secure Environment, and Engage in Community Outreach and Partnership Building. To respond to the

trauma needs of our consumers, CRC offers trauma informed services and they are highlighted in the program section of this report.

Prevention

Prevention services are intended to decrease the likelihood of alcohol and other drug use. Prevention programs work to increase awareness of alcohol and other drug problems, change community attitudes, promote healthy lifestyles, provide alternative drug-free activities, etc.

DESCRIPTION OF SERVICES AND PROGRAMS

Mental Health Child and Adolescent Program

The Children and Adolescent Program at Community Resource Center includes the Mental Health Children and Adolescent and SASS Program (Screening and Support Services) serving children ages 0-17 who have a mental health disorder or emotional disturbance that include role impairment. This program provides assessment and treatment planning conducted by trained professionals. Services also include individual therapy, family therapy, group therapy, individual counseling and group counseling. Staff work closely with school systems, DCFS, Student and Family Education Court, Truancy Review Board, pediatricians and other community social service agencies on behalf of the child and family. The goal of the program is to reduce symptoms, promote age appropriate role functioning, promote adaptive functioning and age appropriate developmental attainment, improve self-management skills, and to promote recovery. Support is offered to the parents/caregivers as partners in the treatment process for children and adolescents.

The Screening, Assessment and Support Services (SASS) program will provide screening, assessment and support services for any child who may be at risk of psychiatric hospitalization and who is eligible for Medicaid funding by Illinois Department of Healthcare and Family Services. SASS is expected to enhance access to coordinated community based mental health services. SASS will effectively link families and caregivers to the appropriate level of care to meet the mental health treatment needs of a child. CRC provides SASS services to Clinton County.

Services are provided 24 hours a day, 7 days per week. Offices are located in four locations: Centralia, Salem, Carlyle and Vandalia. Office hours are 9:00-5:00 Monday, Wednesday and Friday, and 9:00-8:00 Tuesday and Thursday. Staff are available after hours through the Crisis line. Services are also provided in the community such as jails, hospital emergency rooms and schools. CRC ensures that services are provided in a confidential area.

The Mental Health Child and Adolescent Program is committed to the enhancement of the lives of all people served by minimizing negative effects of any mental health disorder, treatment of substance use disorder and the strengthening of positive coping skills and personal resources. The goal is to reduce symptoms, restore and improve functioning, prevent additional impairment and support the recovery of those we serve. We draw on the wealth of resources within the agency and within the community to aid us in our efforts to support the integration of the person served. Our policies and procedures all work to the common end of overall life enhancement.

The following services are provided in the Mental Health Child Adolescent in addition to the organization core services:

Case Management

Case management services link clients to appropriate services and advocate for the client. Case management includes coordination of multiple service providers and periodic outreach to maintain services and community stability.

Community Support

Community Support is a community-based treatment service designed to foster independent living and optimal functioning for individuals who require a higher level of care. Community Support Specialist work with individuals teaching skills to improve identified deficits and practice those skills in the community.

Referral

Clients in need of services not provided by CRC are referred to other service providers as appropriate. Referrals may be made for other treatment services, such as inpatient treatment, to resources in the community.

Consultation

CRC staff may provide mental health or substance use problem consultation to schools, businesses, other social service organizations, etc. Case staffing's are frequently held to discuss mutual cases.

Student and Family Education Court

Student and Family Education Court (SFEC) is a pilot program developed to reduce truancy – a Truancy Diversion Program. Partnering with Centralia City Schools and Sandoval School District, DCFS and the 4th Judicial Circuit Court, CRC provides the treatment for students and families referred to this program. The model is a wrap-around program.

Trauma-Focused Cognitive Behavioral Therapy (CF-CBT)

TF-CBT is an empirically supported treatment model designed to assist children, adolescents, and their parents in the aftermath of traumatic experiences, through a components based hybrid approach that integrates trauma-sensitive interventions, cognitive-behavioral principals, as well as aspects of attachment, developmental neurobiology, family, empowerment and humanistic theoretical models in order to optimally address the needs of traumatized children and families in weekly individual appointments.

Mental Health Adult Program

The Mental Health Adult Program at Community Resource Center serves a range of individuals from infant to the elderly. CRC provides services to individuals of all socio-economic backgrounds and promotes eliminating social stigma associated with mental illness. We service individuals 24 hours a day, 7 days a week. Our office hours are 9:00 am to 5:00 pm, Monday, Wednesday and Friday and 9:00 am to 8:00 pm, Tuesday and Thursday. Staff are available after hours and can be reached through our Crisis Line. CRC operates four outpatient facilities, Centralia, Carlyle, Vandalia and Salem, located in three counties we serve, Marion, Clinton and Fayette. In addition, services are provided at off-site locations such as hospitals, hospital ERs, jails and schools.

CRC's Mental Health Adult Program offers, individual, group and family counseling as well as education and advocacy.

CRC is committed to the enhancement of the lives of all people served minimizing negative effects of any mental disorder and strengthening positive coping skills, natural supports and personal resources. We draw on the wealth of resources within the agency and within the community to aid us in our efforts to support the integration of the persons served in the community. Our goal is to reduce symptoms, restore functioning, prevent additional impairment and support the recovery and stabilization of those we serve. Our policies and procedures all work toward the common end of overall life enhancement.

Psychiatric Evaluation and Treatment

The psychiatrist and Advance Practice Nurse (APN) assess client needs for psychotropic medication and, when warranted, prescribe appropriate medication and monitor the client's response. One of the Agency's Registered Nurses may administer the medication.

Pre-screening and Assessment (PAS)

Individuals with psychiatric diagnoses are required to have assessments for appropriateness prior to placement in nursing homes and assisted living facilities. CRC staff provide such assessments as requested.

Case Management

Case management services link clients to appropriate services and advocate for the client. Case management includes coordination of multiple service providers and periodic outreach to maintain services and community stability.

Community Support

Community Support is a community-based treatment service designed to foster independent living and optimal functioning for individuals who require a higher level of care. Community Support Specialist work with individuals teaching skills to improve identified deficits and practice those skills in the community.

Social Security Income (SSI) Representative Payee

The Representative Payee program provides assistance to clients who have difficulty handling their money due to the nature of their illness. This service can be short or long term, depending upon the needs of the individual. Individuals receiving representative payee support are provided rehabilitation interventions designed to build the skills needed for the individual to progress toward self-management of their own funds.

Referral

Clients in need of services not provided by CRC are referred to other service providers as appropriate. Referrals may be made for other treatment services, such as inpatient treatment, to resources in the community.

Consultation

CRC staff may provide mental health or substance use problem consultation to schools, businesses, other social service organizations, etc. Case staffing's are frequently held to discuss mutual cases.

Children First

Children First is a two-session educational program for divorcing parents. The purpose is to provide education about the effects of divorce upon children and to provide suggestions to parents on how they may handle situations between them for the benefit of their children.

Systematic Training for Effective Parenting (STEP)

STEP is an educational program for parents who are interested in learning additional parenting skills. Videos and group discussion are utilized to make the classes interesting and informative.

Men Challenging Violence (MCV)

CRC and a domestic violence specialist partner to provide the Men Challenging Violence program. Men who have a history of domestic violence are provided a weekly two-hour group to assist them in breaking their cycle of violence and to develop new attitudes about their relationships.

Problem Solving Court Treatment

CRC is the treatment provider for Problem Solving Courts in Marion and Clinton Counties. Partnering with the court system evidence-based treatments are provided to substance use and mental health participants to work toward recovery and successfully complete the program.

Trauma Recovery and Empowerment for Men (M-TREM)

M-TREM is a fully manualized, group-based intervention designed to facilitate trauma recovery among trauma surviving men. M-TREM features 24 modules, organized in three gender specific categories of "Male, Myths, Emotions and Relationships", "Trauma Recovery" and "Recovery Skills".

Trauma Focused Adult Services

Clients are assessed for trauma throughout treatment episodes. Staff are trained in trauma informed practices and competencies to assist in the treatment of conditions complicated by trauma. Staff borrow evidence-based practices such as TF-CBT workbooks, Seeking Safety – a treatment approach for PTSD and Substance Abuse, and the ACE Study as well as other resources.

Substance Use Adult Program

Community Resource Center offers early intervention and treatment to individuals needing services for substance use disorders. Individuals meeting the current American Society of Addiction Medicine (ASAM) Patient Placement Criteria may be admitted in the treatment program. Individuals may be admitted to Early Intervention services if the individual's problems and risk factors appear to be substance use related but do not appear to meet the DSM V diagnostic criteria for substance related disorder. In addition, an individual may be admitted if they have been court ordered to obtain a substance use evaluation and/or treatment services.

The Substance Use treatment program is offered to improve the life of the substance using individual who agrees to participate in treatment. Individual, group, and family counseling is available to help the individual meet their treatment goals and work toward recovery. Medication Assisted Therapy is available for the treatment of opioid use disorder. CRC partners with a suboxone licensed provider for assessing client needs, and when warranted, prescribes and monitors medications to treat opioid use disorder. Behavior therapy and collaboration is required for referral into the program. Medication monitoring can be facilitated through videoconferencing to aid clients for whom transportation is a barrier.

Facility Hours and Locations

Crisis services are available through the Crisis Line when the outpatient facilities are closed.

Outpatient Locations:

904 MLK Drive Centralia, IL 62801

Monday, Wednesday, Friday 8:00 – 5:00; Tuesday and Thursday 8:00 – 8:00

580 Eighth Street Carlyle, Illinois 62231

Monday, Tuesday, Wednesday, Friday 8:00 – 5:00; Thursday 8:00-8:00

421 West Main Vandalia, Illinois 62471

Monday, Wednesday, Thursday, Friday 8:00-5:00; Tuesday 8:00-8:00

315 Westgate Ave. Salem, Illinois 62881

Monday, Tuesday, Wednesday, Friday 8:00-5:00; Thursday 8:00-8:00

Residential Locations:

867 Martin Luther King Drive Centralia, Illinois 62801

519 S. Locust Centralia, Illinois 62801

425 West Main Vandalia, Illinois 62471

Staffing:

Our staff includes a psychiatrist, an advance practice nurse, licensed therapists, nurses, counselors, prevention and community support workers.

COMMUNITY RESOURCE CENTER PERFORMANCE IMPROVEMENT PLAN 2021

The purpose of the Performance Improvement Plan is to identify areas of improvement within the organization to assure the provision of quality services and supports. Community Resource Center will improve the effectiveness, efficiency, satisfaction and accessibility of services provided and ensure improvement efforts are in line with the needs of the individuals served and other stakeholders.

Quality Improvement Committee

The Quality Improvement Committee, will include some members of Leadership, Peer Support Specialist and other staff members. The purpose of the committee will be to review client satisfaction, service effectiveness and efficiencies and service accessibility. The committee will identify improvements to areas of the performance improvement system and make recommendations.

Performance Improvement Report

The Performance Improvement Report will be shared through an annual Management Report that will be shared across the organization as well as with other stakeholders.

Performance Improvement Indicators

Community Resource Center has developed performance improvement indicators to measure effectiveness, efficiency, satisfaction, and accessibility. Individuals in programs are surveyed to receive feedback and individuals who are discharged from services receive a Follow Up Survey at 60 days post discharge. A Consumer Advisory Group provides feedback to the organization regarding performance and any need for improvement. The indicators are reviewed and revised according to the changing needs of the organization and individuals served. The feedback received is reviewed by the Committee and used to amend performance improvement indicators.

Adult and Child and Adolescent Programs

- Effectiveness Measure – Closed Reports will show that 50% of persons served will be discharged from services needing no further treatment
- Efficiency Measure – Facility Reports will show that 60% of appointments were kept across the organization
- Access Measure – Lobby surveys will show that 90% of individuals surveyed will report a score of 4 or above that when accessing services that staff were professional, courteous and helpful.
- Satisfaction Measure – Lobby Surveys will show that 90% of individuals surveyed reported a 4 or above when rating overall satisfaction.

Wellness Recovery Club

- Effectiveness Measure – 85% of participants will rate the overall program as good and meeting their needs toward recovery
- Efficiency Measure – Daily Attendance Logs will show that the daily attendance on average of 15 participants.
- Access Measure – 60% of participants surveyed will report having access to groups that meet their needs.
- Satisfaction Measure – WRC Satisfaction Surveys will show that 90% of participants surveyed will report that they are satisfied with the program.

Supervised Residential Program

- Effectiveness Measure – Residential Satisfaction Surveys will show that 80% of participants surveyed will report they are learning and applying daily living skills on a consistent basis.
- Efficiency Measure – Occupancy Reports will show occupancy rates for persons served will be 98%.

- Access Measure – Residential Satisfaction Surveys will show that 95% of individuals surveyed will report they have support for gaining access to their Healthcare needs.
- Satisfaction Measure – Residential Satisfaction Surveys will show 90% of individuals surveyed will report they are satisfied with the program.

Safety Planning

Community Resource Center ensures all operations across the organization are monitored for health and safety.

Safety Drills – Drills are conducted annually on each shift at each location in the following areas: tornado, earthquake, bomb threat, violent or threatening persons, fire, medical emergency, and power failure. The Health and Safety Officer will maintain the documentation of the drills, results, actions to be taken and analysis.

Inspections – The Health and Safety Officer will ensure that the organization conducts internal and external inspections according to the requirements of the funders, CARF and other regulatory procedures. Documentation of these inspections, results, corrective actions, and analysis will be maintained by the Health and Safety Officer.

Incident Reporting – Community Resource Center will train staff annually on completing incident reports. The Health and Safety Officer will review any critical incidents and analyze for trends, results, and any corrective actions needed.

Clinical Chart Reviews

Community Resource Center will conduct a utilization review of client records on a representative sample to minimize clinical documentation errors, meet regulatory requirements, improve the quality of documentation and to provide data to be used in performance appraisals of staff. In addition, the review will assess the appropriateness of admissions, level of care and the need for continued services. Qualified staff will conduct the review and findings will be forwarded to the responsible staff for review and any necessary corrective action. Reports will be reviewed in Quality Improvement Committee meetings.

**Community Resource Center
Performance Improvement Plan Outcomes
2021**

The following is Community Resource Center Performance Improvement Plan Outcomes for the period of July 1, 2020 – June 30, 2021. The purpose of the report is to provide a summary of the results of the years objectives and to provide important input for the next fiscal year.

Mental Health Child and Adolescent Program

The Children and Adolescent Program at Community Resource Center includes the Mental Health Children and Adolescent and SASS Program (Screening and Support Services) serving children ages 0-17 who have a mental health disorder or emotional disturbance that include role impairment. This program provides assessment and treatment planning conducted by trained professionals. Services also include individual therapy, family therapy, group therapy, individual counseling and group counseling. Staff work closely with school systems, DCFS, Student and Family Education Court, Truancy Review Board, pediatricians and other community social service agencies on behalf of the child and family. The goal of the program is to reduce symptoms, promote age-appropriate role functioning, promote adaptive functioning and age appropriate developmental attainment, improve self-management skills, and to promote recovery. Support is offered to the parents/caregivers as partners in the treatment process for children and adolescents.

The Screening, Assessment and Support Services (SASS) program will provide screening, assessment and support services for any child who may be at risk of psychiatric hospitalization

and who is eligible for Medicaid funding by Illinois Department of Healthcare and Family Services. SASS is expected to enhance access to coordinated community based mental health services. SASS will effectively link families and caregivers to the appropriate level of care to meet the mental health treatment needs of a child. CRC provides SASS services to Clinton County.

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The Mental Health Child and Adolescent Program is committed to the enhancement of the lives of all people served by minimizing negative effects of any mental health disorder, treatment of substance use disorder and the strengthening of positive coping skills and personal resources. The goal is to reduce symptoms, restore and improve functioning, prevent additional impairment and support the recovery of those we serve. We draw on the wealth of resources within the agency and within the community to aid us in our efforts to support the integration of the person served. Our policies and procedures all work to the common end of overall life enhancement.

Mental Health Adult Program

The Mental Health Adult Program at Community Resource Center serves a range of individuals from infant to the elderly. CRC provides services to individuals of all socio-economic backgrounds and promotes eliminating social stigma associated with mental illness. Services are provided 24 hours a day, 7 days a week. Offices are located in four locations: Centralia, Salem, Carlyle and Vandalia. Office hours are 8:00 – 5:00 Monday, Wednesday and Friday and 8:00 -8:00 Tuesday and Thursday at the Centralia location. Salem and Carlyle locations: Monday, Tuesday, Wednesday, Friday 8:00 – 5:00 and Thursday 8:00 – 8:00. Vandalia hours are Monday, Wednesday, Thursday and Friday 8:00 – 5:00 and Tuesday 8:00 – 8:00. Staff are available after hours and can be reached through our Crisis Line. In addition, services are provided at off-site locations such as hospitals, hospital ERs, jails and schools.

CRC's Mental Health Adult Program offers, individual, group and family counseling as well as education and advocacy.

CRC is committed to the enhancement of the lives of all people served minimizing negative effects of any mental disorder and strengthening positive coping skills, natural supports and personal resources. We draw on the wealth of resources within the agency and within the community to aid us in our efforts to support the integration of the persons served in the community. Our goal is to reduce symptoms, restore functioning, prevent additional impairment and support the recovery and stabilization of those we serve. Our policies and procedures all work toward the common end of overall life enhancement.

Adult and Children and Adolescent Programs

Effectiveness

Objective: Maximize the number of persons served that are discharged from service needing no further treatment.

Measure: 50% of persons served will be discharged needing no further treatment

Performance Target: At a minimum, 50% of persons served will be discharge needing no further treatment.

RESULTS/ANALYSIS

99% of individuals discharged from services needed no further treatment, exceeding the goal of 50%. Last report period included a 99% rate of individuals needing no further treatment. Individuals served are demonstrating improvements in meeting goals and objectives while working toward recovery. Progress is reviewed at each individual appointment. Individuals receive a discharge planning session to review discharge plan and recovery plan.

Efficiency

Objective: Maximize number of kept appointments at all locations across the organization.

Measure: Organization will demonstrate kept rate of 60%.

Performance Target: Organization will demonstrate kept rate of a minimum of 60%.

RESULTS/ANAYLSIS

60% of scheduled appointments were kept for this reporting period meeting the goal of 60% up from 56% last reporting period. Open Access is offered in the main location for new intakes but not yet in the branches. Assessment Specialists are assigned to some branch locations to increase access. Text reminders are sent daily in hopes of increasing the kept rate. A mix of virtual and face to face appointments are available for service provision as a result of the public health emergency.

Access

Objective: Maximize consumer satisfaction while accessing services.

Measure: 90% of individuals surveyed will report a score of 4 or above that when accessing services stating staff were professional, courteous and helpful.

Performance Target: At a minimum, 90% of individuals surveyed will report a score of 4 or above stating that while accessing services that staff were professional, courteous and helpful.

RESULTS/ANAYLSIS

93% of individuals surveyed reported a score of 4 or above stating that staff were ' professional, courteous and helpful while accessing services. 93% is down from last reporting period but still exceeds the expectation of 90%. We have experienced turnover with our support staff and want to ensure that all individuals served and visitors feel welcomed and respected by professional, courteous and helpful employees. It is vital to our client engagement and service provision.

Satisfaction

Objective: Maximize consumer satisfaction with all program services.

Measure: 90% of consumers surveyed will report a score of 4 or above when rating overall satisfaction.

Performance Target: At a minimum, 90% of consumers surveyed will report they are very satisfied with program services.

RESULTS/ANALYSIS

Of individuals surveyed, 91% reported a score of 4 or above when rating overall satisfaction through the survey process, exceeding the goal of 90% but falling below the score of last reporting period which was 96%. Client surveys are analyzed by the Quality Improvement Committee and recommendations are made to the Leadership Team. Overall, the results are positive.

Indicators applied to: All program participants
Responsible Data Collector: Leadership Team
Source for which data is collected: Surveys

Wellness Recovery Club

The Community Resource Center Wellness Recovery Club (WRC) is designed to help persons with mental illness live fulfilling lives based on a philosophy of recovery. WRC programs help people with mental illness optimize their personal, social, and vocational competency to live successfully in the community.

WRC services incorporate skill building services for adults age eighteen and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem

solving and coping skills development. The services are intended to assist the person's served ability to:

- A) Live as independently as possible;
- B) Manage their illness and lives with as little professional intervention as possible;
- C) Achieve functional, social, educational and vocational goals.

The WRC Program uses a Peer Government model to help guide programming decisions and allow consumers to have a voice in shaping their programming. Officers for the government are elected by consumers and hold office for a term of 6 months. Consumers are also encouraged to build vocational interest when applicable. Referrals are made to appropriate vocational assistance programs when a consumer identifies a vocational goal such as Individual Placement Supports (IPS).

The WRC program is offered 5 days a week with the opportunity for evening and weekend activities. Consumer's individual treatment plan prescribes the amount of programming needed.

Effectiveness

Objective: Program participants will rate the overall program as good and meeting their needs toward recovery.

Measure: 85% of participants will rate the program as good and meeting their needs toward recovery.

Performance Target: At a minimum, 85% of participants will rate the overall program as good.

RESULTS/ANAYLSIS

82% of participants rated the overall program as good and meeting their needs toward recovery, falling just below the target of 85% and down two points from last report period. The public health emergency has continued to have an impact on this program as restrictions have included limited community activity access which is vital to community integration. We are hopeful that as the virus rates decrease in the community we will be able to allow increased opportunities for community activities and increased program approval.

Indicator applied to: All Program Participants

Responsible Data Collector: WRC Team Leader and QA Facilitator

Source from which data is collected: Client report

Efficiency

Objective: Maximize number of participants attending programming.

Measure: Daily attendance of on average 15 participants.

Performance Target: At a minimum, daily attendance will average 15 participants.

RESULTS/ANALYSIS

14 participants attended WRC on average every day for the year, falling below the target of 15 participants. Daily attendance is impacted by numbers of available beds in the supervised residential program as residential participants attend WRC. There have been several bed openings which have impacted attendance in this program.

Indicator applied to: All Program Participants

Responsible Data Collector: WRC Team Leader

Source from which data is collected: WRC Participation Log

Access

Objective: Maximize the number of participants who report program groups meet their needs.

Measure: 60% of participants surveyed will report having access to groups that meet their needs.

Performance Target: At a minimum, 60% of participants surveyed will report having access to groups that meet their needs.

RESULTS/ANAYLSIS

58% of the persons served surveyed reported having access to groups that meet their needs, falling below the target of 60% but above the score of 51% last report period.

WRC Team Leader will continue to assess the changing needs of the participants and ensure groups are provided that meet their needs.

Indicator applied to: All Program Participants

Responsible Data Collector: WRC Team Leader

Source from which data is collected: Participant surveys

Satisfaction

Objective: Maximize consumer satisfaction with all program services.

Measure: 90% of consumers surveyed will report they are very satisfied with all programs.

Performance Target: At a minimum, 90% of consumers surveyed will report they are very satisfied with all programs.

RESULTS/ANALYSIS

79% of persons served surveyed reported they were very satisfied with the WRC Program, falling below the target of 90% but improved over the score of 66% for last report period. Participants continue to be frustrated over the restrictions placed on them as a result of the pandemic. Efforts are being made to increase satisfaction to return to a pre-pandemic rating of 100% satisfaction.

Indicator applied to: All Program Participants

Responsible Data Collector: WRC Team Leader and QA Facilitator
Source from which data is collected: Participant survey

Supervised Residential Program

Community Resource Center's Supervised Residential Program is a structured support program designed to provide 24 hours, 7 days per week supervision, skills training, and a home like atmosphere where individuals can feel safe, cared for and accepted. The service elements focus on skills acquisition in independent living, but also include personal adjustment to the society they live in and how to adapt to the challenges they may face. The frequency of services provide is dependent upon assessed needs and the establishment of treatment goals.

The purpose of the program is to enhance person lives with tools that will reduce symptoms, increase self-esteem and teach skills that will enable those with mental illness to better manage their lives and remain as independent as possible and increase community integration.

CRC's Supervised Residential Program is recovery based and person centered. The recovery principals are embedded in all aspects of programming.

Effectiveness

Objective: Maximize the frequency of learning and applying daily living skills on a consistent basis.

Measure: 80% of participants when surveyed will report they are learning and applying daily living skills on a consistent basis.

Performance Target: At a minimum, 80% of participants will report they are learning and applying daily living skills on a consistent basis.

RESULTS/ANALYSIS

78% of participants reported that they are learning and applying daily living skills on a consistent basis. All participants have the opportunity to learn daily living skills as the program is based on skill building in order to transition them from supervised residential to independent living. Some participants require more prompting than others. In addition, programming has been impacted by COVID-19 and opportunities to practice daily living skills in the community were either reduced or eliminated.

Indicator applied to: All Program Participants

Responsible Data Collector: Residential Program Coordinator and QA Facilitator

Source from which data is collected: Participant report and participant record

Efficiency

Objective: Maximize occupancy rates for persons served in residential.

Measure: Occupancy rates for persons served will be 98%.

Performance Target: At a minimum, occupancy rates for persons served will be 98%.

RESULTS/ANALYSIS

Occupancy rates in the Supervised Residential Program was 92% falling below the target of 98%. We have had several bed openings as a result of not receiving referrals that meet admission criteria or need a higher level of care. There are community referrals that are appropriate, but the individuals served are not interested due to the rules that must be followed. The Residential Program Coordinator will continue to reach out to referral sources and within the organization to fill the beds for increased efficiency.

Indicator applied to: All Program Participants

Responsible Data Collector: Residential Program Coordinator

Source from which data is collected: Nights of Care Report

Access

Objective: Maximize support for gaining access to healthcare needs.

Measure: 95% of persons served will report they have support for gaining access to their Healthcare needs.

Performance Target: At a minimum, 95% of persons served will report they have support for gaining access to their healthcare needs.

RESULTS/ANALYSIS

93% of program participants reported having support for gaining access to their healthcare needs. Supervised residential program ensures the health and wellness of individuals in our care are critical components to overall recovery. As most of our participants have complex healthcare needs, we want them to feel all of their healthcare needs are being met. Care coordination is vital.

Indicator applied to: All Program Participants

Responsible Data Collector: Residential Program Coordinator and QA Facilitator

Source from which data is collected: Program Participant Surveys

Satisfaction

Objective: Maximize consumer satisfaction will all program services.

Measure: 90% of consumers surveyed will report they are very satisfied with program services.

Performance Target: At a minimum, 90% of consumers surveyed will report they are very satisfied with program services.

RESULTS/ANALYSIS

78% of program participants reported being very satisfied with program services falling below the goal of 90% and dropping below the score of 82% from last report. Continued restrictions due to the public health emergency have impacted satisfaction due to masking requirements, home visits being suspended, and limited community integration.

Indicator applied to: All Program Participants

Responsible Data Collector: Residential Program Coordinator and QA Facilitator

Source from which data is collected: Program Participant Survey

Safety Planning

Community Resource Center ensures all operations across the organization are monitored for health and safety.

RESULTS/ANALYSIS

Safety Drills – There 57 successful safety drills performed across the organization this report period. Drills were conducted at all locations on each shift. Employees were responsive in being timely and cooperative as well as guest and visitors during the time of the drills.

Inspections - Internal and external inspections were conducted by the appropriate compliance agencies and have been documented. All locations meet conformance standards.

Critical Incidents – There were nine documented critical incidents this reporting period. All incidents were general medical emergencies that required medical assistance. Five occurred within the Supervised Residential program and four in out-patient locations. There were no trends identified. All incidents include appropriate staff intervention.

Clinical Chart Reviews

Clinical chart reviews are conducted as a part of Performance Improvement. A representative sample of client records are reviewed according to the Utilization Review/Client Chart Review policy.

RESULTS/ANAYLSIS

There was a period of time where Utilization Review/Client Record Review Facilitator position was vacant so there are periods where there were no chart reviews conducted. Program Coordinators are responsible for reviewing assessments and treatment plans as well as a sampling of progress notes for accuracy. There were 43 Client Record Reviews conducted and there are no trends identified. The Illinois Bureau of Accreditation, Licensure and Certification conducted a review of the agency which included a review of 30 client records and the records were found to be in good order.

MANAGEMENT REPORT SUMMARY

Community Resource Center continues to be an organization which strives to provide quality services to the clients.

Community Resource Center provides an annual Management Report to provide a means of assuring that quality care is consistent with the organization's mission, goals, policies and procedures. The report reflects the outcomes and performance improvement that are evaluated against the organization's goals and objectives. The goals are to improve the quality and satisfaction of our services to our consumers, increase the efficiency and effectiveness of the organization's services, improve the accessibility and availability of all services, and provide outcome expectations and measure the achievements that were accomplished.

As detailed in the Management Report reviews of the objectives, the results are analyzed and plans for correction are developed. Plans for correction are generated both in Performance Improvement Committee meetings where results are discussed and during compilation of the Management Report.

This report is distributed to the CRC staff, Governing Board, Consumer Advisory Council, WRC Advisory Council and the Marion County 708 Board.

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