



**QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT
ANNUAL MANAGEMENT REPORT
ANNUAL WALK THROUGH**

2022

EXECUTIVE SUMMARY:

The purpose of this report is to provide the Board of Directors and other interested parties with a summary and the details of the past year's operation. The report will deal with general issues such as accessibility, health and safety, review of incident reports and review of grievances filed. The report will also deal with finances and personnel. Information covering Risk Management, Quality Assurance, Outcomes Performance, Community Needs Assessment, and Corporate Compliance has also been provided.

SUMMARY OF PROGRAM FINDINGS:

Management continues to identify and implement changes designed to cultivate revenue and program growth through the diversification of services. This process is essential given the conditions of the economy and necessary if we are to keep pace with the industry as it continues to evolve. We recognize the impact of high labor costs on the agency and remain keenly focused on changes that will impact us financially.

In 2022, we marketed our services primarily on social media. We used a billboard for a period of approximately 60 days. Management remains acutely aware of the budget constraints for the State and we are prepared to offset any on-going reduction in revenues with the continued incremental development of new revenue sources. Management's policies for diversification, expansion, and progressive enforcement of payment for services have created an environment capable of competitively responding to opportunities created by an evolving industry.

Our fiscal position has continued to be challenged by the reduced availability of contracts with the state. We were able to secure a new contract with the Oklahoma Health Care Authority to provide services to our Medication Assisted Treatment Program. This contract pays for the medications and physician services. The reduced revenue presented a variety of challenges to management's determination to maintain high service quality meshed with our commitment to maintain a continuum of affordable substance abuse services. Operational efficiencies proved to be our best tool to combat revenue shortfalls; however, other contingencies were available for implementation if needed. Management forecasted and realized the fiscally stagnate conditions and continued to place strong emphasis on containing and/or reducing expenses. Labor along with associated expenses remained our primary target; however, management remained cognizant of the important relationship between labor and delivered services. The delivery of a wide range of affordable services remained paramount.

There was one documented violation of agency and professional ethics. This staff member was terminated and reported to ODMHSAS. The report led to the individual's certification being revoked. Staff levels and related labor cost were managed by the strategic use of efficiency tools and staffing requirements. Our goal was to strike a balance between manpower and outcomes, emphasizing on-going efficiencies. Management remained committed to retaining a high-quality workforce within our budgetary boundaries. Our staff consisted of minimal full-time status employees and contract workers which allowed us to keep overhead costs down, while ensuring that staff was paid for the work that was completed.

In 2022, we did not complete any remodeling projects; however, we did provide needed maintenance to the facility, such as painting and carpeting. Several individuals donated their time and resources with the maintenance responsibilities.

We continued to market our available resources and services to social media, individuals, agencies, and communities in our service area. We continued to reach out to those organizations we have worked with in the past as well as identify new opportunities. This year we participated hosted our first annual Christopher Lee Outreach Expo Back-to-School community event. We partnered with Rogers Middle School, Scatter Kindness Foundation, The Recovery Center, Oklahoma City University, Red Dirt Collective, and DCCCA.

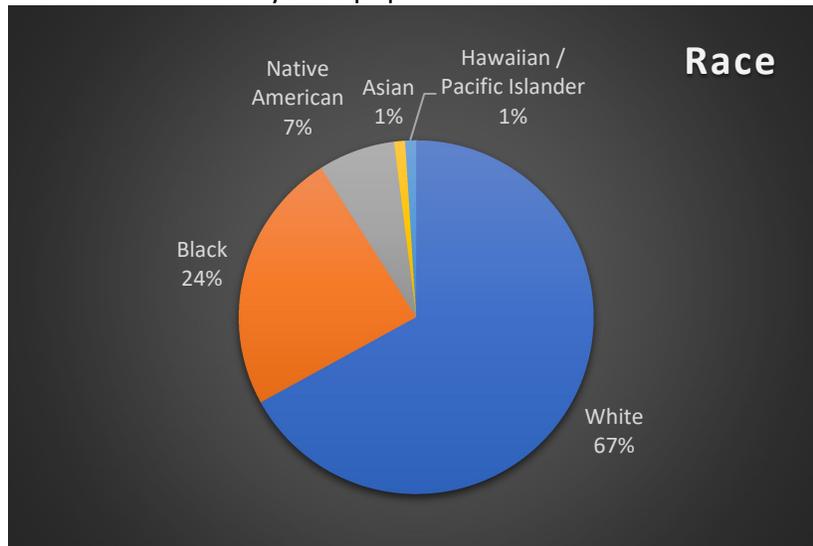
Our clinical model continues to rely on our ability to keep our clients engaged in their prescribed services long enough for us to have measured success. Clients who achieved established longevity thresholds were significantly more. Likewise, it is equally important for clients to make a timely transition into aftercare once the established goals for their level of care are completed. The degree of success can be jeopardized if the client remains in the structured setting beyond the time indicated for that level of care.

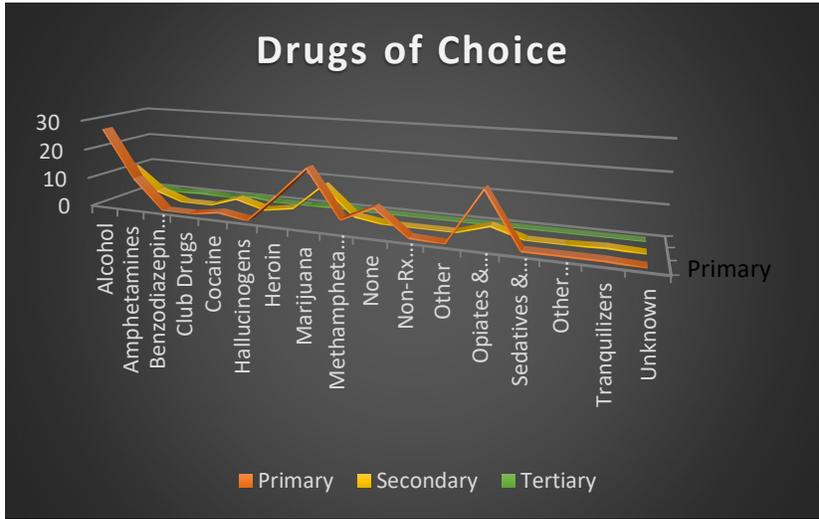
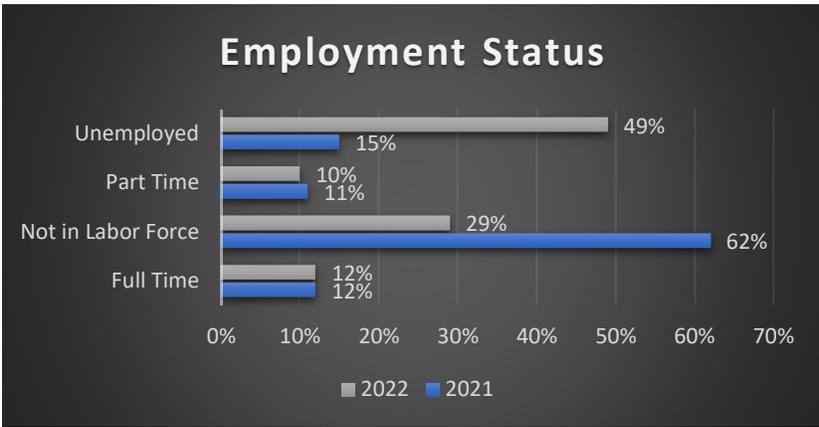
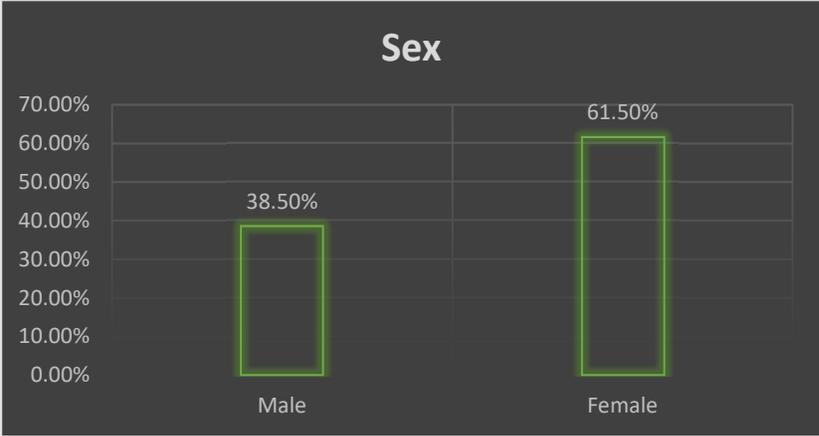
Client satisfaction remains good. Most clients did not want the program changed. The overall client satisfaction was good. Employment and sobriety statistics were consistent with our expectations. Client feedback and program results continue to support the course we are presently on.

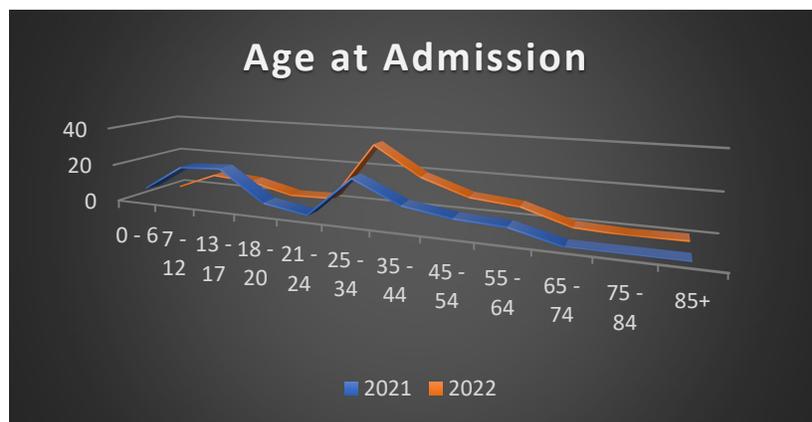
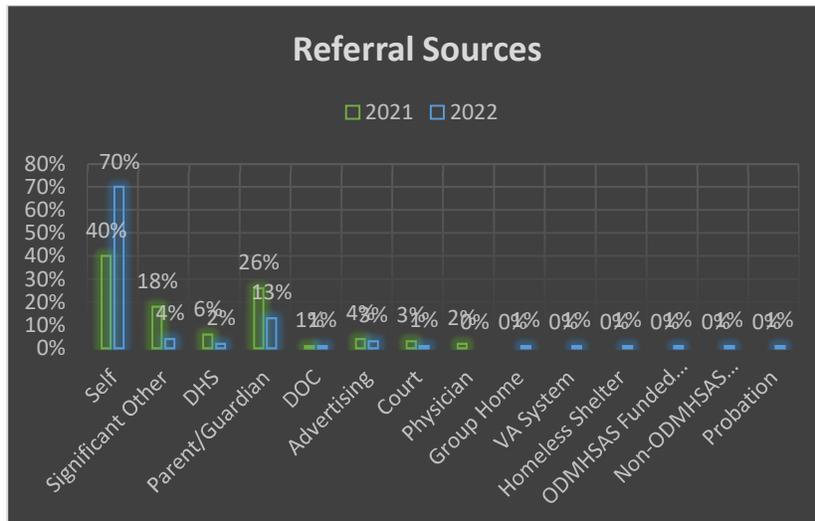
Staff qualifications have been reviewed. All clinical staff received training on cultural competency issues. Additionally, they are trained and knowledgeable on age-specific and gender-specific issues, co-occurring disorders, counseling techniques and evidenced based practices. All clinical staff members are appropriately privileged.

CLIENT DEMOGRAPHICS:

The following information details this year’s population served.







UPCOMING AREAS OF FOCUS:

We are going to place a focused interest to get a Residential Treatment Program established and operational by end of year 2023.

Our goal is to strike a balance between manpower and outcomes emphasizing efficiency. We will remain committed to retaining a high-quality workforce within our budgetary boundaries and address necessary reductions with attrition.

We are going to enhance our customer relationships through a process of shared information and resources. We will develop and implement planning and growth strategies through first-hand cooperation with our community customers and partners. We will continue to secure agency referrals and MOUs for partnerships throughout the state.

We will continue to utilize our relationship with the Del City Chamber of Commerce. We will capitalize on new opportunities that present themselves as the economy rebounds. We will be committed to filling any voids in the continuum of substance and addiction services required by our clients. We will continue to reorganize the agency to address necessary growth, funding constraints, and the continuing trend of diversification.

We will continue to address treatment capacity issues, while offering affordable services and giving clients more choices with regard to payment.

We will continue to assess client feedback, identified problems, statistical monitoring, and past program changes.

We will continue to identify and make plans to address potential barriers to accessibility.

We will continue to identify health and safety issues and take corrective action as necessary to insure the health and safety of clients, visitors, and staff members.

Our administrative, treatment, employment, and support departments will continue to allow us to provide services and client support with continuity.

Critical incidents and client grievances/complaints will be monitored, reviewed, and analyzed.

DISCUSSION OF ISSUES:

Accessibility or Barriers to Accessibility:

This agency has an “Accessibility to Barriers Plan” and Status Report to identify and address any barriers to accessibility for clients, employees, or visitors. The plan addresses architectural, environmental, attitudinal, financial, employment, communication, and transportation barriers.

Our buildings and facilities are user friendly. Staff members have an empathetic outlook on the handicapped client and are always available to assist any handicapped client, visitor, or employee as needed. Annual in-service diversity training will continue to be conducted.

Transportation can be a problem at times for people who have lost their driving privileges or do not have a personal vehicle. Public transportation is available weekdays from 5:00 a.m. to 8:00 p.m. and local taxi transportation is available daily. Parking is not a problem. Transportation is available through the agency with a 24-hour notice for appointment related events for current and potential clients.

Health and Safety:

This agency continues its commitment to providing a healthy and safe environment in which to work and receive services. There were no major health and safety issues reported in 2022.

All agency employees receive initial and annual in-service training on emergency preparedness procedures, first aid supplies and uses, AIDS/HIV/Universal Precautions and fire protection equipment. All staff members receive first aid and CPR training. We have at minimum 80% certified.

On-going monitoring of health and safety issues continues and regularly scheduled emergency and evacuation drills were completed. Self-health and safety inspections of facilities are conducted on an ongoing basis.

Signs detailing emergency evacuation routes have been reviewed, revised, and posted. The revisions have made the reading and understanding of the information easier to understand. Fire exits, location of fire and first aid equipment, and evacuation areas have been detailed. Building plans to include the locations of security features, cameras, and reset panels were updated. These are held in private but are made available to the fire department, police department, DEA, OBN, and SAMHSA upon request.

Reports of Critical Incidents/Grievances:

This agency has a system to report unusual or critical incidents. The system requires that an incident be reported, in writing. It is then reported to the Oklahoma Department of Mental Health as required by reporting policies.

There were no Critical Incidents.

There were no client grievances.

Risk Management:

The Risk Management Assessment has been completed for the past year.

Corporate Compliance:

Corporate Compliance plan has been implemented. The agency administrator is responsible and acts as the agency's primary point of contact for alleged violations of the agency's various Codes of Conduct and allegations of fraud, mismanagement, waste and other such problems. During the year, the following statistics were compiled:

| | |
|---|---|
| A) Ethics Violation Complaints Filed (Staff/Stakeholders) | 1 |
| B) Ethics Violation Complaints Filed (Client) | 0 |
| C) Litigation Actions (New) | 0 |
| D) Litigation Actions (On-going) | 0 |
| E) Malpractice Allegations | 0 |
| F) Allegations of Waste, Fraud, Other Wrongdoing | 1 |
| G) Incidents of Confidentiality/HIPPA Violations | 0 |

Professional ethics were closely monitored in 2022 to ensure there was not a developing trend.

The professional labor force was evaluated. We made significant changes to internal processes for billing and contract requirements. Staff-conduct and ethics were emphasized during employee orientation and annual in-service training.

Outcomes Management:

The following information is provided concerning agency performance in meeting established effectiveness, efficiency, and client satisfaction goals.

This information provides gross numbers for the year regarding each measure that is tracked. This information is further detailed and analyzed later in this report. Also, detailed statistics and analysis of this information may be obtained through review of the Quarterly Quality Assurance Reports and Annual Results Reports.

Effectiveness Measures:

Target: 65% of clients will obtain an increase of 5 points on level of function score. (GAF)
Outcome: 72% experienced the required increase.

Target: 85% of clients will maintain level of function scores while in treatment.
Outcome: 87% of clients minimally maintained level of function scores.

Target: 50% of clients will complete treatment as planned.
Outcome: 69% of clients completed treatment as planned.

Client Satisfaction:

Target: Clients will rate the treatment content of the program 8.5 or higher. (scale of 1 to 10)
Outcome: Clients rated the treatment content of the program 9.5.

Target: Clients will rate the treatment team's method of instruction 8.5 or higher (scale of 1 to 10)
Outcome: Clients rated the method of instruction 9.4.

Target: Clients will rate the counselors 8.5 or higher (scale of 1 to 10)
Outcome: Clients rated the counselors 9.6.

Target: Clients will rate the case managers 8.5 or higher (scale of 1 to 10)
Outcome: Clients rated the counselors 9.2.

Target: Clients will rate the peer recovery support specialists 8.5 or higher (scale of 1 to 10)
Outcome: Clients rated the counselors 9.8.

Stakeholder Satisfaction:

Target: Stakeholders will rate the ease of referrals to the agency 8.0 or higher (scale of 1 to 10).
Outcome: Stakeholders rated the ease of referrals to the agency 9.2.

Target: Stakeholders will rate the communication with staff 8.5 or higher (scale of 1 to 10).
Outcome: Stakeholders rated the communication with staff 8.8.

Efficiency Measures:

Target: 90% of all Treatment Plans and reviews will be completed within established time frames.

Outcome: 88% of all Treatment Plans and reviews were completed within established time frames.

Target: 80% of all progress notes were completed timely and accurately.

Outcome: 85% of all progress notes were completed timely and accurately.

Professional Review:

During the year opened and closed cases were reviewed for compliance to established performance criteria.

Community Needs Assessment:

This agency has implemented a community needs assessment that will help ascertain the following:

- A) Environment in which treatment and services are currently provided.
- B) The development of written goals and objectives to improve services.
- C) Enhance the agency planning process to manage the organization's treatment and services.
- D) Assist in determining staffing requirements.

ANNUAL PROGRAM REPORT AND EVALUATION:

Behavioral Program Purpose:

The behavioral programs are comprised of indigent, self-pay, and court ordered clients referred by various sources within the state. Our treatment of these clients is intended to help them establish a pro-social lifestyle instead of the high risk anti-social lifestyle related to drugs and alcohol which many times results in criminal behavior.

This agency has a contract with the Oklahoma Health Care Authority to provide services to Medicaid T-19 clients and Medicaid-Expansion clients. In addition, the agency has a contract with the Oklahoma Department of Corrections to provide services to Community Sentencing clients.

Program Challenges:

Staff levels and associated costs will continue to be a challenge in the next few years. We are in a labor-intensive industry; however, the importance of finding the proper balance between labor and quality outcomes is compounded by the economy and new health care laws.

Maintaining qualified professionals in the shadows of an evolving economy and industry may continue to be difficult within this COVID-impacted economy.

Provide opportunity, motivation, and the tools needed by the consumer to accept responsibility and implement self-change may continue to be difficult within this COVID-impacted economy.

Program Strengths:

This agency has a good reputation in the community with referral sources from the courts, the Department of Corrections, Department of Human Services, and the Oklahoma Department of Mental Health and Substance Abuse.

Staff members are well trained and credentialed. All direct treatment staff have college degrees and are certified and/or licensed appropriately. All paraprofessional direct treatment staff have at minimum either a high school diploma or GED. They are all certified appropriately as well.

This agency provides state of the art curriculum using evidence-based practices. We emphasize consumer self-change based on a change plan designed by the consumer with guidance from staff.

Program Weaknesses:

Resources are limited, most especially in the area of finances in this time of COVID.

Goals, Objectives, and Timelines for Addressing Program Weaknesses.

Goal 1: Heighten consumer/community awareness of program changes, available services, and agency practices through outlets compatible with clients, staff members and stakeholders.

Objective 1: Participate in a variety of community outreach events to keep stakeholders aware.

Objective 2: Utilize input from clients, staff members and other stakeholders to set goals and objectives.

Task/Timeline: On-going in 2023

Goal 1: Make available a full range of affordable services in all levels of care.

Objective 1: Manage workforce, revenues, and facilities to control expenses, facilities and availability of professional services. Continue to emphasize quality control.

Task/Timeline: Immediately/on-going.

Human Resources:

This agency maintained a steady personnel level.

Staffing and compensation issues are minimally addressed annually in December of each year.

Finances:

Please refer to the financial report that will be provided to all Board of Director Members.

Day of Report:

This agency has maintained overall stability in 2022. At times, finances have been moderately impacted by COVID. The agency has established debt this year; however, we are in good standing with the creditors. We are not behind on any payments.

Projected:

Resource Allocation to Finances:

In 2023, this agency plans to meet with a financial advisor to gain a better understanding of how we can plan for the future. We plan to invest a monthly sum into our savings account to be used as a rainy-day fund. We also plan to work with the Center for Nonprofits to gain a better understanding of if/how funds can be allocated towards stocks. We simply do not have enough information currently. At the end of the fiscal year, our Board of Directors will negotiate and approve our annual budget for the next year (beginning July 1). The funds will be allocated/utilized specifically to ensure that we are promoting our vision and mission of the agency. We will use funds appropriately to invest in achieving our objectives. We will be focusing on adequately allocating funding, acquiring/maintaining quality staff members, and ultimately developing programs and researching the market, programs, etc. for our field. We will need to provide training options for staff and implement some new processes for our internal growth. We will also plan to upgrade our facilities, equipment, etc. Our Board of Directors will establish committees as necessary and work with our Leadership Team to ensure that we have thoroughly allotted finances to meet the agency’s needs.

Resource Allocation to Workforce:

In 2023, we will continue to ensure that our finances address our workforce needs. We want to maintain an appropriate workforce level that effectively meets our agency and client needs while staying within budget. We will utilize our Leadership Team to evaluate our current staff members, their contributions to the agency, quality of work, payroll expenses, etc. We will adjust responsibilities, positions, etc. as needed. This may include hiring/terminating contract workers, part-time staff, full-time staff, and/or volunteers.

Our goals are as follows:

- Improve efficiency in the day-to-day processes
- Reduce the amount of time that we spend on individual projects
- Increase our staff’s satisfaction with administrative staff, processes, pay, etc.
- Reduce workplace stress
- Achieve our stated goals
- Maintain employment retention rates

| Monthly Budget for July 1, 2022 – June 30, 2023 | |
|--|------------|
| <i>Building Expenses:</i> | |
| Rent | \$1,760.00 |
| Electric | \$300.00 |
| Gas | \$150.00 |
| Cable, Internet & Telephone | \$300.00 |

| | |
|---|---------------------------|
| City Utilities (Water & Garbage Removal) | \$140.00 |
| Insurances (Professional Liability, Workman's Comp, Facility Liability) | \$400.00 |
| Security Alarm | \$100.00 |
| Pest Control | \$55.00 |
| Office Supplies | \$150.00 |
| | |
| Pharmacy Expenses: | |
| Medication | \$200.00 |
| Drinks | \$30.00 |
| Cups | \$100.00 |
| Take-Home Bottles & Lids | \$200.00 |
| Lab Fees | \$200.00 |
| Urine Hats | \$30.00 |
| Drug Tests | \$150.00 |
| PPE (Gloves, Gowns, Masks, etc.) | \$75.00 |
| | |
| IT Expenses: | |
| Technical Assistance | \$300.00 |
| Office Software | \$700.00 |
| Website Costs | \$30.00 |
| | |
| Salary Expenses: | |
| Employee Wages | \$15,000.00 |
| Contractor Wages | \$20,000.00 |
| Taxes | \$5,000.00 |
| | |
| Debts: | \$10,000.00 |
| | |
| | Total: \$55,370 |
| | |
| Projected Income: | |
| MAT Program | \$20,000.00 |
| Medicaid | \$45,000.00 |
| Community Sentencing | \$1,500.00 |
| Self-Pay | \$1,000.00 |
| | Total: \$67,500.00 |

Conclusion:

Data collected in the past year continues to clearly supports the conclusion that program success is directly associated to the client being engaged in treatment long enough for the treatment to have any measurable impact on the client's success.

Outpatient treatment results met agency expectations. Clients' satisfaction was overall good.

The Medication Assisted Treatment (MAT) Program treatment results indicated a slower growth than expected. However, the impact on client stabilization and progress exceeded expectations. We will continue to explore ways to create growth.

Client feedback and program results continue to support the course we are presently on. Our administrative, treatment, employment, and support departments continue to allow us to provide services and consumer support with continuity.

DATE

1/24/2023

EXECUTIVE DIRECTOR

Cody Shoemaker, MSC, ICGC-2, LADC/MH, MAT, CCS,
BHWC, HIVPCP, ICAADC, PRSS

LIFE RECOVERY SERVICES, INC.
ANNUAL “WALK THROUGH”

An annual walk through of the agency intake and admission process was conducted on December 14, 2022. The purpose of the walk through is to analyze the agency intake and admission process in order to evaluate and improve the quality of consumer care.

1. Consumer role play:
 Consumer – Bobbie Hill
 Family Member – Kirsten Lee

2. Staff members participating in walk through exercise:
 Judith Young
 Daniel Marquez

CONCLUSIONS:

1. The observations and feelings of participants in the exercise:
 Bobbie Hill: “I had to put myself in the shoes of the client again. It has been a while since I role played a client. It was interesting to see things from their view.”

 Kirsten Lee: “This process is very long. Sometimes you need a break. It can feel overwhelming and I am a professional. I can only imagine what it might be like for a client. They don’t always have the skills that we do.”

 Judith Young: “We have a very long, detailed process that can cause people to mess up and get confused if they aren’t careful.”

 Daniel Marquez: “The whole process made me nervous. I know how I do things, but watching others do it is different. Overall, I think it went well.”

2. Process barriers:
 - We have to wait for the intake packet to be printed.
 - We have to rely on the computers and internet to be working.
 - Most times the client or family members are not fully aware of the process. They may have preconceived ideas about the process, what will happen, etc.
 - This is a lengthy process.

3. Improvements that could be made to address the process barriers:
 - We need to be upfront with the client when we schedule appointments. They need to know how long the process is, what they need to bring to the appointment, etc.

- We need to be consistent about entering the client's new information into the database in a timely manner. When this step is missed, it causes everyone else to have problems that are not needed.
- We need to transition the client from one process to the next quickly and efficiently.

4. Needs from the consumer and staff perspectives:

- The staff needs to ensure that the clients can understand what is going on during the intake process.
- The clients need to feel like they are being listened to regardless of how well they are communicating.
- The clients need to feel welcomed with open arms regardless of their appearance, smell, or stature.
- Staff needs to be friendly and accepting of the client and guests regardless the condition of the client.
- They need to see people who have smiling faces, friendly personalities, and good attitudes.
- The client's family needs to have as much information about the process as possible, so that they feel involved as well.
- The staff needs to be able to transition the client and the family in a timely manner.

5. Identification of an area(s) for change and a description for implementing the changes.

- We may involve a peer recovery support specialist to help ease nerves of the client and family members.
- Some of the paperwork can be filled out without the staff member present as long as it is explained first. We should look at implementing this to see if it reduces the amount of time that staff is dedicated face-to-face with the client initially.
- We can do a better job of coordinating the process between the case managers and the therapists. There is not a set order requirement that the paperwork must be done in; we just need to make sure that each portion has been done accurately and timely.
- We can work with our IT contractor to see what it would take to get the intake paperwork forms added to the website so people could fill them out at their leisure. This would reduce the amount of pressure the client feels and reduce the time needed to complete the intake.