

Outcomes and Performance Analysis Report

Fiscal Year 2017-2018



Skill Creations, Inc.

Mission Statement:

The Mission of SCI is to provide Support and Care that promotes Independence.

Motto:

*Support-Care-Independence
Creating Life Skills For Those We Serve*

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I. Introductory Message

Skill Creations, Inc. was incorporated in 1984 within the state of North Carolina and opened its doors for business in August of 1985. The company has continually grown to a point where more than 600 individuals are served and more than 800 people are employed across the state. SCI operates three service divisions, and the administration division. The original service division is the ICF Division which currently provides 191 individuals with specialized residential care in 15 different towns in North Carolina. The second service division is our Community Operations Division which provides residential and non-residential services to persons in their home community. The third service division is the Child Development Division, which is located in Goldsboro and operates Creative Academy, a 5-star rated preschool and child care center that serves children ages birth - 5 years old, as well as the newly affiliated Little Eagles Academy, a 3-star rated preschool and child care center that serves children ages birth through school age. Skill Creations, Inc. is a private, non-profit corporation with 501 (3) status from the IRS.

For 15 years SCI was fully accredited by COA, the Council On Accreditation for Services of Families and Children, Inc. As the time approached to re-accredit for 2016, the Strategic Planning Committee opted to research other accrediting agencies and decided that CARF, the Commission on Accreditation of Rehabilitation Facilities, would be a better fit for the organization. Skill Creations, Inc. was granted a 3 year accreditation, the highest level allowed, by CARF in February 2016. The organization will be going through the re-accreditation process this fiscal year. The Child Development Division follows rigorous state mandated standards and accreditations and therefore is not accredited through CARF International at this time.

The following information represents data collected throughout the 2017-2018 fiscal year beginning July 1, 2017 and ending June 30, 2018. An infographic annual report for the calendar year 2017 has been developed and shared with stakeholders. At the end of the calendar year 2018, one will be developed and shared based on that year, as well.

II. Overview of Programs and Persons Served

ICF Division

Programs:

	Community Housing (6 and 12 bed ICF Facilities)	Community Housing-Medically Fragile (15 bed ICF Facilities)	Community Integration	Total
Residential Persons Served Annually	70 (2 vacant beds)	120		190
Day Program Persons Served Annually *			113	113

*Duplication of clients involved in multiple programs

Race/Ethnicity:

Persons Served Annually	White	African American	Asian	Hispanic	American Indian
190	101	88	0	0	1

Gender:

Persons Served Annually	Male	Female
190	107	83

Age:

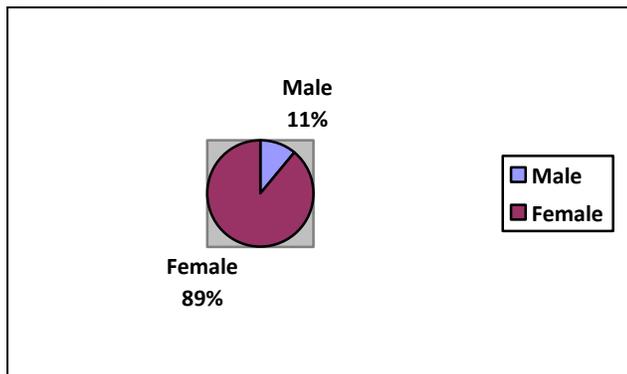
Persons Served Annually	0-15	16-25	26-40	41-55	56-70	Over 70
190	0	6	26	65	78	15

ICF Staff:

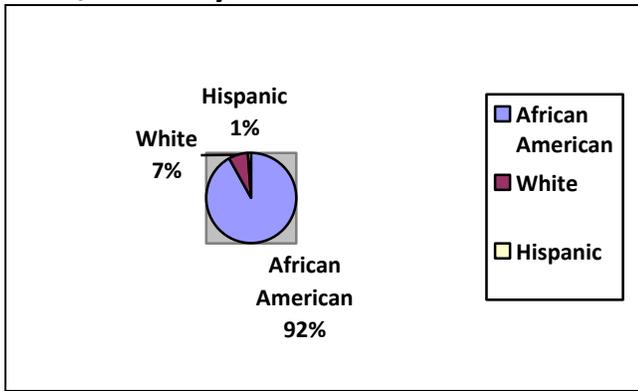
Predominant Age Range:

52-70 Yrs.

Gender:



Race/Ethnicity:



Community Operations Division

Programs:

	Community Housing (2-6 bed Group Homes)	Family-Based/Shared Living Supports: Host Family/Shared Living Services (AFL's)	Community Integration	Community Employment Services (Supported Employment)	Respite (In home and facility based)	Personal Supports (Innovations services)	Total
Residential Persons Served Annually	26	65					91
Day Programs Persons Served Annually *			95				95
Community Services Persons Served Annually *				11	178	311	311

**Duplication of clients involved in multiple programs*

Race/Ethnicity:

Persons Served Annually	White	African American	Asian	Hispanic	American Indian
311	231	67	2	11	0

Gender:

Persons Served Annually	Male	Female
311	183	128

Age:

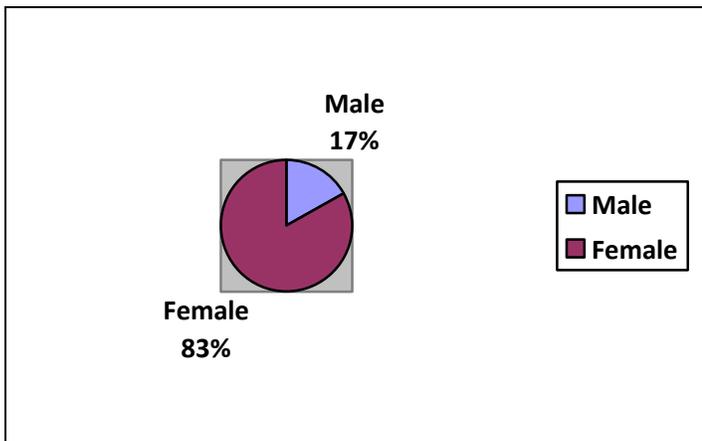
Persons Served Annually	5-15	16-25	26-40	41-55	56-70	Over 70
311	22	82	111	54	39	3

Community Operations Staff:

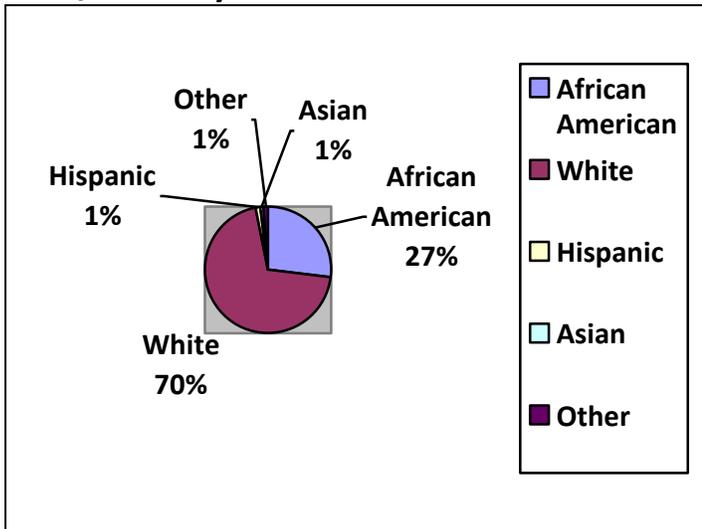
Predominant Age Range:

22-36 Yrs., 37-51 Yrs., 52-70 Yrs.-Equal

Gender:



Race/Ethnicity:



Child Development Division

Programs:

	Birth-5 Yrs.	6-17 yrs.	Total
Creative Academy (5-Star Child Care Center)	29	0	29
Little Eagles (3-Star Child Care Center)	33	17	50

Race/Ethnicity:

Persons Served Annually	White	African American	Asian	Hispanic	American Indian
79	56	13	1	9	0

Gender:

Persons Served Annually	Male	Female
79	42	37

III. Strategic Plan Review 2017-2018

Goal 1: Workforce/Staff Development

SCI will recruit and retain a skilled, caring workforce and will support and partner with its employees to become an “Employer of choice”. A qualified, trained and motivated workforce will assure high quality programs and service delivery that are reflected by documented stakeholder satisfaction

Performance Analysis:

- *1. Relias, a computer based online universal orientation and training program, became fully implemented company wide. The Training Department and Strategic Planning Committee have identified the need the further develop this program to include other modules as well as review, assess and modify current modules as the need arises.
2. The company transitioned to American Red Cross for CPR/First Aid certifications and EPBI for behavior management training.
- *3. Staff Appreciation week was held in November and the administrations continues to encourage and support newly formed site based Staff Morale Committees.
4. The Workman’s Comp incentive program has been one of the best (and most effective) incentive-based programs we have implemented. 2017 bonuses have been paid and “No Injuries in 1-8 Will Be Great!” has begun with the same incentives and guidelines. 10 facilities and/or offices had zero staff injuries and received a bonus in January.
- *5. The Strategic Planning committee identified the need to develop an Administrator Supervision Training Program.
6. After much discussion and many unsuccessful trials, the Strategic Planning Committee decided not to continue the development of a company-wide Wellness Program at this time.

Goal 2: Financial Stability

SCI will maintain responsibility and stability through the evaluation of resources and potential income through fundraising, alternative sources and partnerships with all possible income source

Performance Analysis:

1. The Child Development Division expanded with the addition of Little Eagles Academy, an operating 3-Star child care center serving children ages birth -5 years as well as school aged children in January 2018. Wayne Child Development Center became Creative Academy and the two together underwent a re-branding and new website launch.
- *2. The Workman’s Comp incentive program for 2017 (Safety’s the Scene in ‘17) did very well and we will likely see a decrease in rates for the next year at renewal time. We will continue this program for calendar year 2018-already underway (No Injuries Will Be Great in 1-8).

Goal 3: Efficient and Innovative Operations:

SCI will maintain a reputation as being a high quality provider of services across the state by maintaining consistency and efficiency in all operations and to better support and foster relationships with all stakeholders. We will utilize the most up to date technology whenever possible to maintain the most effective and efficient systems and procedures in all areas

Performance Analysis:

- *1. All of our 6-bed facility nurses now travel with a laptop completing the implementation of EMR's in these facilities. We will continue to expand this project as planned beyond those facilities.
- *2. A company-wide lunch meeting and celebration was held in Greensboro for all administrators in April 2018. This event was so popular that the C-Team decided to make this an annual event. The event seemed to boost morale and company spirit for all attendees.
- 3. Annual facility risk and condition reviews were completed. The QM Department assessed each facility and created and implemented new uniform disaster plans according to CMS regulations. The QM Department conducts regular reviews of facilities and charts and reports to the Strategic Planning Committee any noted concerns or trends.
- 4. SCI staff continue to serve on statewide and local committees and stay involved in provider groups and attend MCO meetings. The 5. The SCI Foundation remains active in our communities through community participation and fundraising.
- *6. The C-Team reviewed the Accessibility Plan, Risk Management Plan and IT Plan in March 2018. The Cultural Competency Plan was reviewed and revised by the QM Team in January 2018. The Strategic Plan is reviewed quarterly by the Strategic Planning Committee. The SCI Standing Committee/Committee Members document was reviewed and changes were made to reflect current members and responsibilities. A company-wide CARF Re-accreditation kick-off meeting was held on February 20, 2018 for all administrators. Preparations have begun for our next CARF review (current accreditation expires Feb. 2019). We expect an on-site review sometime in early 2019.

**Areas to include in Quality Improvement Planning-These items have either been included in future Strategic Planning or have been referred back to the appropriate committees and/or departments for inclusion in other improvement planning endeavors.*

IV. Business Outcomes Review 2017-2018

Goal 1: Increase fundraising proceeds by 10% each year (Target-\$40,725)

Result: This goal was met.

Analysis: Proceeds for this fiscal year amounted to \$42,457. A new goal was implemented in the new fiscal year.

Goal 2: Limit overtime to 10 hours or less per facility and less than 65% of revenue earned per client for community operations staff

Result: This goal was not met.

Analysis: This goal was not met primarily because there is difficulty in hiring and maintaining new staff.

Corrective Action Plan: There are strategic objectives in place to address staffing issues. In addition, this goal was continued with the possibility of exploring incentives for administrators who do meet the goal.

Goals 3: Reduce State and/or Audit paybacks to less than \$25,000 per fiscal year.

Result: This goal was met.

Analysis: There were no audit based paybacks. The goal was continued because billing is ongoing and the threat remains constant with significant implications for the company. Management recognizes the need to keep this as a QM and financial focus.

Goal 4: Maintain non-audit based write-offs to less than \$54,000 per year.

Result: This goal was met.

Analysis: Write-offs totaled \$19,000 for the fiscal year. This goal was continued because management recognizes the need to minimize avoidable write-offs.

Goal 5: Decrease issues noted during QM billing review to 2% of sample or less.

Result: This goal was met.

Analysis: The purpose of this goal was to limit the issues noted during QM billing reviews to 2% of the sample or less. This goal was completed in March as it was determined to be redundant because the QM department was monitoring and reporting trends in billing through their reviews.

V. Program and Service Delivery Outcomes Review 2017-2018

Program 1: Community Employment Services: Job Development, Employment Supports, Self-Employment Services (Community Operations Supported Employment)

Effectiveness Outcome(s): Clients with a job will maintain their employment.

Result: Target met

Analysis: 2 clients were added to this program during the fiscal year. One added 4/1/18 is seeking employment, the other left the program before attaining employment. The other 9 have maintained employment the entire year. The program participants have had great success maintaining employment. Moving forward we would like to see an increase in the number of people served in this program. Consistent staffing and communication between employer and SCI attributed to maintenance of employment. SCI's Qualified Professionals are educated in regards to making sure clients' wages and working hours are reported correctly and guidelines are followed to maintain their Social security benefits while maintaining employment.

Efficiency Outcome(s): Maximize service utilization

Result: Target not met

Analysis: The target was set at 100%. 98% of services authorized were billed during the year. There are always circumstances such as illness, staffing, etc. that can lead to workers not being able to work. Periodic services are not as constant in utilization as residential services and therefore some room for error should be allowed.

Corrective Action Plan: Allow for some miscellaneous non-utilization of services. Reduce target to 99%.

Service Access Outcome(s): Timely service implementation: Clients with this service (*as of/beginning 7/1/17), will be employed within 4 months.

Result: Target not met.

Analysis: With such a small number of participants and few new admissions, there is very little data to review. There are also some clients who may not ever attain employment for various reasons.

Corrective Action Plan: We would like to see the number of admissions to this service increase. Also, individual service teams should continue to analyze the service plan and decide if this service is a good fit and possibly look into other services for individuals who are not being employed. The services were implemented and job development goals were in place, but in some cases employment may not be feasible.

Stakeholder Input/Satisfaction Outcome(s) - Person Served: Supported Employment Client: 90% overall satisfaction of persons served.

Result: Target not met.

Analysis: Only 3 surveys were returned. Possibly there was some misunderstanding of the survey questions by the individual completing the survey.

Corrective Action Plan: SCI staff will complete the survey with the individual to make sure all questions are understood and the answers actually fit the questions being asked.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder: Client's Employer and/or

Vendors: 90% overall satisfaction

Result: None reported

Analysis: There were no surveys returned by employers. This is possibly due in part to the fact that the surveys were mailed from the organization (SCI) and the employers know the client and the staff person who accompanies the client but may not be familiar with the organization.

Corrective Action Plan: SCI staff will deliver the survey to the job site/supervisor and explain the purpose.

Program 2: Family-Based/Shared Living Supports: Host Family/Shared Living Services (Community Operations AFL's)

Effectiveness Outcome(s): Maintain placement in same residence.

Result: Target met

Analysis: Very few placement changes occur in this program. The target of 95% allows for occasional placement changes, which do occur. Often the move is to another facility or home that can better meet the needs of the client due to a change in medical status, age, etc. Sometimes the move is due to a change in the lives of the host family.

Efficiency Outcome(s): Compliance with AFL Requirements

Result: Target not met

Analysis: Although the target of 100% compliance was not met, there was only 1 minor deficiency for the entire year (regarding mildew on exterior of home).

Corrective Action Plan: QM will continue to monitor and review AFL homes for compliance with all standards and regulations according to schedule.

Service Access Outcome(s): All individuals have a designated primary care practice.

Result: Target met

Analysis: No Issues were noted. This outcome was put into place because MCO's are going to begin looking for this for all clients served.

Stakeholder Input/Satisfaction Outcome(s) - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target not met.

Analysis: Only 9 surveys were returned. 7 of the 9 returned surveys indicated overall satisfaction resulting in a 78% overall satisfaction rate. It was not noted why the other 2 were dissatisfied, though the opportunity was given to elaborate or speak with an administrator.

Corrective Action Plan: SCI will continue to seek input from clients and guardians and give all stakeholders the opportunity to voice concerns.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder: Host Family: 85% overall satisfaction

Result: None reported

Analysis: There were no surveys returned by host families.

Corrective Action Plan: It was decided that the surveys would be sent to the MCO case coordinators for the next fiscal year. The host families also receive SCI's Employee satisfaction Survey and completing 2 separate surveys may be too time-consuming or confusing.

Program 3: Community Housing (ICF Homes and Community Operations Group Home

Effectiveness Outcome(s):

1) Minimize number of hospital re-admissions. Clients readmitted to hospital within 5 days of discharge.

Result: Target not met

Analysis: Although the target of zero each quarter was not met, the target was met for 2 quarters and the other 2 quarters had 1 re-admission each. It was noted that sometimes the community partners (hospitals, other medical facilities) do not communicate and/or develop clear discharge plans and instructions with our staff. There were times when clients were returned to our facility on weekends with no notice and without SCI administration being aware of the discharge leaving no chance to educate staff and/or implement changes in routines, etc.

Corrective Action Plan: The DON will continue to monitor all hospitalizations and discharges. In addition, the need to hone in on identifying medical changes to care after hospitalizations has been identified in the Risk Management Plan.

2) Retain clients in residential housing.

Result: Target met

Analysis: Very few placement changes occur in this program, with only 3 leaving SCI's residential program for the year out of 215 beds. The target of 95% allows for occasional placement changes, which do occur. Often the move is due to a change in the level of care needed, especially with our aging clients.

Efficiency Outcome(s):

1) Staff Retention- 90% of staff retained beyond probationary period (hires after 7/1/17)

Result: Target not met

Analysis: Staff retention continues to be an issue for SCI and was a major focus for discussion during the Strategic Planning sessions.

Corrective Action Plan: This issue continues to be a major focus in our Strategic Planning efforts.

2) Reduce medication errors by 25% from last year in all residential facilities

Result: Target met

Analysis: The target of a 25% reduction from the previous year was exceeded. The number of medication errors was reduced by 39% from FY '16-'17. This could be possibly due to the fact that as an intervention, more staff education has been available in the past year than in years prior. As of Oct. 2017, all staff have been trained on site in medication administration and in addition as of Jan. 2018 all new hires in Community Operations are completing medication administration training through Relias.

Service Access Outcome(s): Minimize number of deficiencies from regulatory agencies related to access to healthcare

Result: Target not met

Analysis: Stability of nursing and medical provider coverage has been an issue during the past year.

Corrective Action Plan: Changes in nursing staffing patterns have been implemented to provide more nursing oversight. In addition, the medical provider coverage has been updated to assure clients have a more consistent medical provider. In conjunction, these changes will allow more appropriate and consistent access to address healthcare needs for the clients served.

Stakeholder Input/Satisfaction Outcome(s) - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target met

Analysis: 97% reported overall satisfaction with services provided by SCI

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder: Employees: 85% overall satisfaction of employees

Result: Target met

Analysis: In September 2017, 124 employee satisfaction surveys were completed. 105 of those surveys reported satisfaction with their job and SCI resulting in a satisfaction rating of 84.68%. The Strategic Planning committee feels that employee satisfaction is directly linked to staff retention.

Program 4: Respite Services (Community Operations Facility-Based and Community Respite)

Effectiveness Outcome(s): Assure client safety during service-no more than 25 Level 2 and 3 incidents for the year.

Result: Target met

Analysis: Exceeded our target by 32% (less). The addition of the ENRC 12/1/18 could have affected the results, yet even with the increase in incidents 3rd quarter, the target was still met for the year.

Efficiency Outcome(s): Staff Retention- 90% of staff retained beyond probationary period (hires after 7/1/17 for the ENRC only)

Result: Target met

Analysis: Only 2 staff were hired over the course of the year and both remained past probation. The ENRC staff are the only respite only staff that are hired into regular positions. All community respite staff are either hired on as "back-up" or have a position associated with other services making them impossible to track given our systems.

Service Access Outcome(s):

1) Serve more people - Increase number of private respite homes (# beds) by 10% over last year (does not include homes that serve only 1 individual exclusively)

Result: Target met

Analysis: We exceeded our target by 5 beds. However, we still have no private respite homes in the east and would like to at least have a few in that area.

1) Serve more people - Maximize occupancy at ENRC (4 beds available/night) to 100%

Result: Target not met

Analysis: The ENRC initially opened in December 2016 to Vaya clients only. In May of 2018, the facility opened to a 2nd MCO which allows another referral source and we should see an increase in usage.

Corrective Action Plan: The addition of the second referral source should increase utilization of the facility.

Stakeholder Input/Satisfaction Outcome(s) - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target not met.

Analysis: Only 9 surveys were returned. 7 of the 9 returned surveys indicated overall satisfaction resulting in a 78% overall satisfaction rate. It was not noted why the other 2 were dissatisfied, though the opportunity was given to elaborate or speak with an administrator.

Corrective Action Plan: SCI will continue to seek input from clients and guardians and give all stakeholders the opportunity to voice concerns.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder: External Stakeholder Surveys (MCO's): 90% overall satisfaction

Result: None reported

Analysis: There were no surveys returned by MCO's.

Corrective Action Plan: It was decided that the surveys would be sent to the MCO case coordinators for the next fiscal year. The case coordinators have more of a relationship with the organization than the administrative staff who may have received our surveys.

Program 5: Community Integration (Community Operations and ICF Day Programs and ICF working clients)

Effectiveness Outcome(s): Consistent Attendance - Number of clients typically attending vs number who should be attending

Result: No Target-used data to establish baseline

Analysis: Although this outcome was discussed quarterly, a target was not set until the end of the year. At that point, it was decided that this fiscal year was to be used as a baseline for the next target. It can be noted, however, that attendance at day programs where Community Operations clients attend as opposed to those attended by only ICF clients have much higher attendance rates.

Corrective Action Plan: A target has been set for the next fiscal year.

Efficiency Outcome(s):

1) Staff Retention- 90% of staff retained beyond probationary period (hires after 7/1/17)

Result: Target not met

Analysis: Staff retention continues to be an issue for SCI and was a major focus for discussion during the Strategic Planning sessions. Retention rates did, however, remain consistent

throughout the year.

Corrective Action Plan: This issue continues to be a major focus in our Strategic Planning efforts.

2) Minimize number of deficiencies from regulatory agencies. (Look at regular and complaint based)- 75% of facilities with zero complaint surveys and zero deficiencies

Result: Target met

Analysis: There were no complaint surveys this year.

Service Access Outcome(s): Timely service implementation (within our control)-90% within 30 days of admission assessment

Result: Target not met

Analysis: Target was met 2 out of 4 quarters. There were 3 clients that did not start service within 30 days of their admission assessment. The reasons for not starting services were not documented.

Corrective Action Plan: Administrators should document the reason(s) why a client is not starting within 30 days of their admission assessment. Sometimes this can be out of our control (guardian choice, evaluations/authorizations not in place, etc.).

Stakeholder Input/Satisfaction Outcome(s) - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target met

Analysis: 93% of clients/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder: Employees: 85% overall satisfaction of employees

Result: None reported

Analysis: No external stakeholder surveys were returned by the MCO's.

Corrective Action Plan: It may be more productive to send surveys to a person within the MCO with direct knowledge of the client or services provided.

Program 6: Personal Supports Services (Community Operations Periodics Services-Community and In-Home)

Effectiveness Outcome(s): 95% of clients maintaining services (retention)

Result: Target met

Analysis: Target was exceeded by 2%. SCI has loyal clients who are satisfied with the services they receive.

Efficiency Outcome(s): Reduce overbilling of services (providing more units than authorized)

Result: No Target-used data to establish baseline

Analysis: Although this outcome was discussed quarterly, a target was not set until the end of the year. At that point, it was decided that this fiscal year was to be used a baseline for the next target.

Corrective Action Plan: A target has been set for the next fiscal year.

Service Access Outcome(s): All individuals have a designated primary care practice.

Result: Target met

Analysis: No Issues were noted. This outcome was put into place because MCO's are going to begin looking for this for all clients served.

Stakeholder Input/Satisfaction Outcome(s) - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target not met.

Analysis: Only 9 surveys were returned. 7 of the 9 returned surveys indicated overall satisfaction resulting in a 78% overall satisfaction rate. It was not noted why the other 2 were dissatisfied, though the opportunity was given to elaborate or speak with an administrator.

Corrective Action Plan: SCI will continue to seek input from clients and guardians and give all stakeholders the opportunity to voice concerns.

Stakeholder Input/Satisfaction Outcome(s) - Other Stakeholder: External Stakeholder Surveys (MCO's): 90% overall satisfaction

Result: None reported

Analysis: There were no surveys returned by MCO's.

Corrective Action Plan: It may be more productive to send surveys to a person within the MCO with direct knowledge of the client or services provided.

VI. Stakeholder Satisfaction

A. Internal Stakeholders:

1. Supported Employment Clients Annual Survey (3 surveys returned): 66% answered "Yes" to 2 out of 3 questions

- Do you feel supported by Skill Creations, Inc. to choose/obtain/maintain employment in the community? Yes-2 Other-1
- Do you feel like you are compensated for your employment fairly? Yes-1 No-2
- Does your employment match your interest and desires? Yes-3

2. Client/Guardian (Residential) Annual Satisfaction Survey (29 surveys returned): 97% "Agreed" or "Strongly Agreed"

- Overall, I am satisfied with the services provided by Skill Creations, Inc.

3. Client/Guardian (Periodics) Annual Satisfaction Survey (9 surveys returned): 78% "Agreed" or "Strongly Agreed"

- Overall, I am satisfied with the services provided by Skill Creations, Inc.

B. External Stakeholders:

1. Supported Employment Employers/Vendors Annual Survey (0 surveys returned): 0%

- Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc.
None Returned

2. AFL Host Family Annual Survey (0 surveys returned): 0%

- Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc.
None Returned

3. Annual Employee Satisfaction Survey (124 surveys returned): 85% answered "True"

- I am satisfied with my job.

4. External Stakeholder Annual Survey (MCO's) (0 surveys returned): 0%

- Overall, I am satisfied with my interactions and experiences dealing with Skill Creations, Inc.
None Returned