

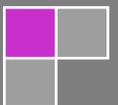


LeChris Annual QA Outcome Measures Report

For the Fiscal Year 2020-2021

LeChris is committed to Total Quality Management in which to improve our organization and the service delivery to the persons served. Our outcomes this year included indicators in the areas of Efficiency, Effect, Access and Satisfaction. The collected data will be used to facilitate organizational decision making and strategic planning through: 1) Identifying areas needing improvement; 2) Developing action plans to address the improvements needed to reach desired goals; and 3) Outlining actions taken or changes made to improve our performance in delivering best possible services.

Project Manager: Bonni Stephenson, Director of Quality Management
Le'Chris, Inc.



LeChris Annual QA Outcome Measures Report for the Fiscal Year 2020-2021

Project Team Members: Amy Thorne - Executive Directors of Operations; Linda Weeks-McDonald - Clinical Director; Directors (Frankie Neal - Greenville, Bonni Stephenson, Rachel Lamb - Morehead City, Martin Johnson- Rocky Mount and Angie Williamson – New Bern), PSR Coordinators (Robert Taylor – Morehead City, Frankie Neal, Jessica Hendrix- Greenville, Terry Batts- Rocky Mount), Day Treatment Director (Venitae Wallace – Morehead City), Bonni Stephenson QM/HR/Director, Martin Johnson Health& Safety/ Training Director.

Introduction: LeChris collected data on four outcome indicators for this annual year. This report will address all of the projects in separate sections. This FY provided challenges for the agency as the previous fiscal year due to COVID-19. This pandemic has no doubt impacted data collection, response, and analysis.

The purpose (project basis) for our annual outcome report is to determine:

- Service Access
- Effectiveness of services (results of the services)
- Efficiency of services (responsiveness, timeliness and cost effectiveness of services)
- Satisfaction of our consumers with our services and achievement of their personal goals
- Satisfaction of our employees and outside stakeholders

The Results of the Outcomes measured will be used to improve:

- Goal setting for quality services
- Strategic planning
- Staff development and subsequent morale
- Public relations

In preparation of this report, data was collected from the following sources:

- Consumer Satisfaction Surveys (conducted during the month of May, 2020)
- Employee Satisfaction Surveys (conducted during the month of June, 2020)
- Stakeholder Surveys (conducted during the month of June, 2020)
- **Wellsky Electronic Medical Record & Authorization Letters** (this information was not available due to Covid flexibilities that did not require authorizations for services.)
- Referral Logs & Admission/Discharge Logs
- NC Topps & Aggregate data from the Division Webpage under the Simple Query Report”
- CST and PSR Outcome Management (OM) report cards
- Medical Records

By measuring tangible outcomes and sharing them with our stakeholders, not only are we able to make more informed decisions about adapting specific services, we also hold ourselves accountable to the high standard of quality that we establish as our service goal when we developed our mission statement. A summary of our projects with overall results are below:

Quality Improvement Outcomes for FY 2019-2020(Jul 1, 2019 – Jun 30, 2020)

Indicator	Goal	Data Source	Who Applied To	Timing	Obtained By	Outcome Results	
EFFECT	FOLLOW-UP	1. As a result of receiving intensive In-Home services, recipients will report an increase in each of the following areas: a) control over their lives; b) hope about the future and c) improved quality of life during treatment.	NC TOPPS	Clients	At admission , 3 mos., 6 mos., 12 mos. and at discharge Jul 2019– Jun 2020	IiH Staff	👍😊
		2. As a result of receiving Day Treatment services, recipients will report a decrease in suspensions/expulsions and experiencing suicidal thoughts***	NC TOPPS	Clients		Day Tx Staff	
		3. 25% of CST clients will experience a reduction in symptoms as a result of utilizing the IMR Model as a best evidence based practice	CST OM Report Cards	CST Clients	Quarterly	PSR Coordinators /CST Leads	👍😊
		4. 25% of PSR clients will experience a reduction in symptoms as a result of utilizing the IMR Model as a best evidence based practice	PSR OM Report Card	PSR Clients	Quarterly		👎Ⓜ There was only and 8% Decrease in Symptoms
	5. Sample of charts for persons served receiving medication management only will be monitored for appropriateness & effectiveness of their medication(s)	Med MGMT Tool	Med MGMT Clients	Yearly			
	6. 10% decrease will be evident in the IDD back-up staffing incident reports						
	7. Clients see for Assessment and referral will						
EFFICIENCY	EFFICIENCY	An average of 80% of the Authorized Hours approved by Authorizing Authority will be delivered to our Consumers	Authorizations/documentation of records	ALL services	Jul 1, 2019 – Jun 30, 2020	Program Coordinators , Facility Directors	
ACCESS	ACCESS TO SERVICES	90% of Consumers will receive their assessment within required timeframes; 90% of consumers will begin Services within 10 days after referral to that service.	Referral and Admission Log	Consumer s	Jul 1, 2019 – Jun 30, 2020	QPs, Coordinators and Directors	👍😊/👎Ⓜ
SATISFACTION	Client	90% of sampled will report satisfaction with services received	Surveys	Consumer s/ Guardians	June 2020	Directors, QM Dept.	👍😊

	Staff	90% Satisfaction with Employment with LeChris	Surveys	Staff	June 2020	QM Dept.	👍😊
	Stakeholder	90% of sampled will report satisfaction with services received	Surveys	Stakeholders	June 2020	QM Dept.	👎😞

Effectiveness

As effectiveness measures address the quality of care through measuring change over time, our proposed outcomes were to measure these through:

1. NC Topps for our Intensive In-Home (IIH) and Day Treatment (Day Tx) beneficiaries as it is a widely used instrument and required by the MCOs we serve;
2. Outcome Management (OM) Report Card - designed for our Community Support Team (CST) and Psychosocial Rehabilitation (PSR) recipients to determine the effectiveness of the service in utilizing the IMR Model

Strategies:

1. LeChris sites that provided enhanced services to children and adolescents through IIH and Day Treatment services were asked to administer NC TOPPS to each of their consumers at intervals (initial upon 2 weeks of admission, then 3, 6 and 12 months later along with episode of completion) to monitor and report on the following measures.
 - a. **Day Treatment recipients** in decreasing suicidal thoughts and suspensions from school during treatment. Measure Descriptions:
 - i. *Suicidal Thoughts* - Percentage of consumers who reported experiencing suicidal thoughts in the 3 months before treatment versus during treatment.
 - ii. *Suspensions or Expulsions* - Percentage of consumers who reported suspensions, expulsions, or being currently expelled in the 3 months before treatment versus during treatment.
 - b. **Intensive In-Home recipients** in increasing control over their lives; increasing hope about the future and improving their quality of life during treatment. Measure Descriptions:
 - i. *Helpfulness of Program - Control over Life* - Percentage of consumers who reported program services were very helpful in helping them gain control over their lives during treatment.
 - ii. *Helpfulness of Program - Hope about Future* - Percentage of consumers who reported program services were very helpful in increasing hope about the future during treatment.
 - iii. *Helpfulness of Program - Quality of Life* - Percentage of consumers who reported program services were very helpful in improving their quality of life during treatment.

Reliability: NC-TOPPS interviews are the guides by which data items are collected consistently and can be reproduced similarly by different data gatherers in which training of personnel is the key.
Validity: NC-TOPPS has chosen MH/SA indicators, measures, and data elements that measure what

it intends to measure (face validity). Items are straight forward and are based on research and literature (construct validity). Evaluation of results is demonstrated for each of the programs separately.

2. Beginning in January 2014, we started asking our CST and PSR clients to report directly about behaviors that we are trying to address through our services by utilizing the Illness Management Recovery (IMR) Model (hospitalizations/ emergency department visits, arrests, involvement in job/school, homelessness, medication compliance, mental health symptomology, satisfaction to their living environment and quality of their life). This fiscal year the CST Leads and PSR Coordinators collected results quarterly and then entered results directly into Google Forms and the QM Director compiled and analyzed the data on the following questions. Each question had a point value assigned to it's answers.

- :::
1. Progress toward goals: In the past 3 months, you have come up with ... * *
- A. No personal goals
 - B. A personal goal, but have not done anything to achieve the goal
 - C. A personal goal and made it a little way toward achieving it
 - D. A personal goal and have gotten pretty far in achieving the goal
 - E. A personal goal and has achieved it

- :::
2. Knowledge: How much do you feel like you know about symptoms, treatment, coping strategies (coping methods), and medication? * *
- A. Not very much
 - B. A little
 - C. Some
 - D. Quite a bit
 - E. A great deal

6. Symptom distress: How much do symptoms bother you? *

- A. Symptoms really bother me a lot
- B. Symptoms bother me quite a bit
- C. Symptoms bother me somewhat
- D. Symptoms bother me very little
- E. Symptoms don't bother me at all

7. Impairment of functioning: How much do symptoms get in the way of your doing things that you would like to do or need to do? *

- A. Symptoms really get in my way a lot
- B. Symptoms get in my way quite a bit
- C. Symptoms get in my way somewhat
- D. Symptoms get in my way very little
- E. Symptoms don't get in my way at all

Actions Taken:

For **NC-TOPPS**: As part of their responsibilities, staff was to ensure that NC Topps were completed for all consumers receiving enhanced services as specified by the Division of MH/SA/DD. Data was analyzed for the children and adolescent mental health population receiving Intensive-In-Home and Day Treatment services to determine if indicators such as 1) experiencing suicidal thoughts; and 2) suspensions/expulsions would be decreased with having supports in place;

For **CST and PSR project**, the completed Outcome Management (OM) Report Cards were gathered by the CST Leads and PSR Coordinators; the QM Director duplicated the report card into Google Docs which was used to analyze the collected data. The results of the data interpretation are covered under "Evaluation of results".

Evaluations of Results:

For NCTOPPS:

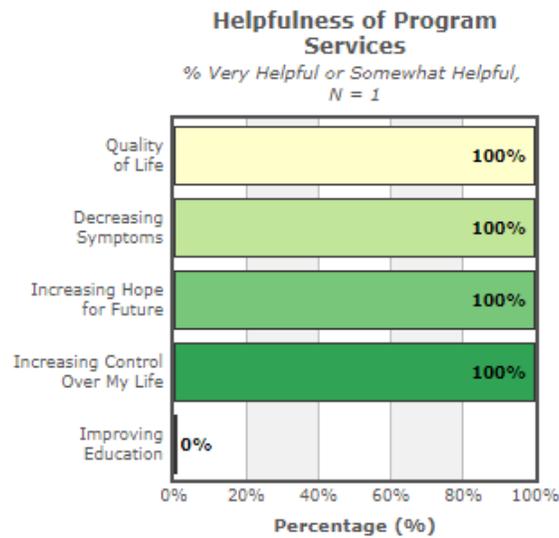
Simple Query from the NCTOPPS website was utilized.

The data for persons receiving Day Treatment services: Regarding experiencing suicidal thoughts: 3 of 3 interviewed did not indicate thoughts during any interview. Regarding suspensions and expulsions: 3 of 3 interviewed did not indicate any suspensions or expulsions during any interview. The sample size was insignificant with three children reporting suspension and expulsion. We were unable to analyze this outcome due to the insufficient data provided by NCTOPPS.

For persons receiving Intensive In-Home Services: Regarding Helpfulness of program- Control over Life, Helpfulness of program- Hope about Future and Helpfulness of program-Quality of Life 100% of clients reported improvements in the Quality of life, Increasing hope for the future and Increased control over their lives

0% surveyed reported Improvement in Education.

100% of clients reported Decrease in mental health symptoms since starting treatment.



For CST and PSR Outcome Management Report Card Data:

For PSRs: We have three (3) PSRs from where we have 83 useable report cards gathered during this fiscal year. Most of these clients have been receiving the IMR/WMR for significant periods of time.

Overall, the average showed that of the clients surveyed 57% reports some progress toward goals they have chosen in the first 2 quarters of the year July-December and then 59% of the clients surveyed reported progress towards goals they had chosen January to June. 66% of clients reported having knowledge of symptoms, treatment, coping strategies (coping methods), and medication in the first 2 quarters and 66.5% clients reported having knowledge of symptoms, treatment, coping strategies (coping methods), and medication in the second half of the year.

Approximately 13% of clients had psychiatric hospital admissions within the last 7-12 months.

The survey that was duplicated in survey monkey is not adequately designed to get the best results. The survey will be redesigned for the next FY.

For PSR, the results demonstrate that the model is achieving the desired outcome in improving the overall wellness for the individuals we serve, however with minimal impact. Clients receiving the service were overall stable. The questions asked were changed from previous years, but still utilizing surveys from the IMR Model, however a different benchmark for program success should be identified in future outcome projects. A Control group was not utilized this year and not all data submitted was usable. Directors will be asked to identify 10 clients for each program to follow then entire fiscal year.

For CST programs, we have one Community Support Team. The team provided some, yet not a significant amount of useful data. Approximately 12 clients were surveyed. Of those clients 100% of clients reported severe symptoms at initial assessment. At the end of the year no clients reported severe symptoms. 72% reported mild symptoms. Data is collected monthly, however, with new admissions and discharges data was analyzed by initial and final for more accurate results.

Next Steps:

For NC-TOPPS: This outcome will be continued as it continues to assist us in interpreting the effectiveness of our services.

For CST and PSR Outcome Management Report Cards: The plan is to do more education regarding data collection as well as reminding staff the importance of collecting the data consistently and in a uniform way. This outcome will be continued.

EFFICIENCY

Strategies:

Efficient use of authorized hours: Not only is it important from a business perspective, but also from the perspective of persons served. The agency attempted to achieve the outcome of "80% of the authorized hours approved by Authorizing Agent will be delivered to our Consumers." The strategy in getting this accomplished was first and foremost to inform all of the sites of our intent. Next, the Site Directors were tasked in collecting and reviewing the results quarterly from a report generated through Wellsky (our electronic medical record system). The report for each of the services was also to be generated by the QM Department at the end of fiscal year review for final data analysis.

Actions Taken:

The directors of all sites were informed of the intent. The report generated by Wellsky was utilized which lists: 1) Client record number; 2) Start date for authorizations; 3) End date for authorizations; 4) Number of units authorized; 5) Number of units delivered; and 6) Type of service in question. Directors were asked to explain any discrepancies as to why not all hours were being delivered. The percentage was achieved by dividing the number of units delivered by the number of units authorized. At the end

of the fiscal year, all data was compiled and analyzed. Overall averages were calculated for each service, along with a trend analysis of any comments received.

Evaluation of Results:

The 2020-2021 agency continued to navigate operations during the pandemic. Due to amended billing codes and flexibilities most programs did not require authorizations for pandemic related codes therefore we were unable to calculate the percent of authorizations used.

Next Steps:

We will continue with this outcome for the next fiscal year, but understand that dependent on the current landscape of service delivery and coding we may need to look at alternate ways to evaluate the use of the service by clients.

Access to Services

Timely access to services is important for our consumers. The division has guidelines as to the timeframes when a person needs to be seen. For routine care, the timeframe is 14 days, for urgent, it is 48 hours and for Emergent clients, the timeframe is 2 hours. It is evident that LeChris is meeting these timeframes for all assessments; however, when it comes to referrals to a specific service after the assessment, some improvement is still needed. The agency as a whole averaged 60%. With that being said the 3rd and 4th quarters provided challenges to access for clients as we utilized telehealth and telephonic services during the COVID-19 quarantine period.

Strategies:

Directors and Coordinators of each site were instructed to keep data on new consumers to our agency from referral to admission in hopes of reaching the desired goal of 90% of consumers will be seen within 10 days of the referral.

Actions Taken:

Quality Management Department developed an Excel spread sheet to track this data along with existing referral and admission logs that Directors were instructed to use. Directors were asked to turn in data on a quarterly basis for this outcome, rather than wait until the end of fiscal year as was done previously in hopes of identifying any potential problems with data collection. QM will work to collect data through electronic resources (survey monkey, google) opposed to spreadsheets currently in use to decrease calculation errors or corrupt documents.

Evaluation of Results:

Regarding the next step in getting the consumer to the referred service within 10 days, the data shows a success rate of 60%. Staff will continue to be educated on timeframes expected to ensure improvement in this percentage in all sites. The table below provides detailed information regarding the total number of

referrals received, number of new admissions, and number of clients meeting the required timeframes, followed by the percentage of admissions meeting the timeframe per each quarter for the agency as a whole.

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Totals for FY 18'-19'
# of Referrals received during this quarter	228	174	269	64	235
# of New Admissions	149	113	169	46	180
% of Referrals to Admissions --> GOAL 80%	54%	73%	87%	60%	72.8%
# of Clients that met the required timeframes for access to services	103	101	154	44	117
% of Admissions meeting required timeframes - GOAL 90%	35%	73%	68%	65%	42.7%

Next Steps:

Ensure that the required timeframes for an assessment are reviewed with staff and that accurate data is available to analyze this outcome. Continue to work on improving and monitoring the process as to how to track the data from assessment referral to service admissions by educating the site directors on how to accurately gather the data as well as work through any barriers that hinder the process. This outcome will be continued next year.

Satisfaction Surveys - Consumer

Consumer Satisfaction surveys are conducted annually to assist LeChris in maintaining and improving the quality of services provided to our consumers. Furthermore, it gives us an opportunity to discover if our services are effective, if consumers are achieving their outcomes, and identify areas of what's working and what is not working.

Strategies:

2 separate surveys were designed to cover the following services we provide throughout our agency:

Community Support Team (CST)
Intensive In-Home (IIH)
Assessments/Evaluations (Assmt)
IDD services (IDD)

Day Treatment (Day Tx)
Psychosocial Rehab (PSR)
Therapy (Ther)
Peer Support

Med Management/Doctor Services (Med Mgt)

Individual Support Services (PSS/ISS)

Questions on the surveys were varied somewhat as they were tailored to the specific service being surveyed. Questions were designed to address access, efficiency, effectiveness and overall satisfaction for the services provided. Participants (consumers, parents, guardians, and/or caregivers) were asked to choose a statement best describing their experience with LeChris. Four response choices were provided: strongly agree, agree, disagree or strongly disagree. We also continued to use the picture prompts in the form of smiley faces that coincided with the answer choice to assist respondents to choose their answer without only having to rely on reading the answer choices provided. The goal that we had set for ourselves was to achieve 90% of consumers/guardians sampled to report satisfaction with services received.

Actions Taken:

- ❖ Once surveys were designed and approved by the QM committee and the Corporate Team, they were given to Directors of each site for distribution to our consumers. Consumers were assured confidentiality of the results and given a choice of either placing their surveys in a sealed envelope or mailing them directly to the QA Department. Microsoft Excel was utilized to capture the data and to assist in interpreting the results. This FY clients were able to complete the survey online utilizing Survey Monkey.

Measures:

- ❖ The percentage (%) of satisfaction was calculated by the number of consumers answering “Strongly agree” and “Agree” in the survey divided by the number of surveys completed for that site. In instances where no response was received for a specific question, the number of surveys was adjusted to reflect the number of responses received.
- ❖ The percentage (%) of overall satisfaction was achieved by taking the average of satisfaction for all sites participating in the survey.

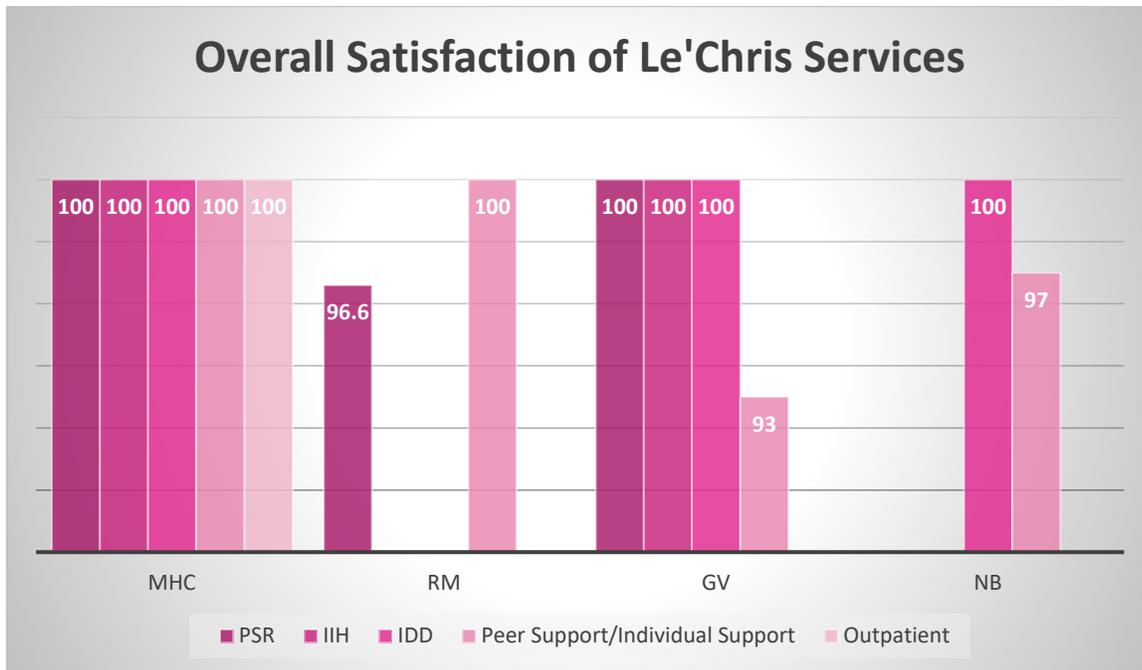
Evaluation of Results:

Table below provides a percentage of satisfaction per each site and service along with the overall satisfaction per service.

SITE	Day Tx	CST	PSR	IIH	PSS/ISS	I-DD	Therapy
RM			90%		100%		
GVL		90%	100%	100%	93%	100%	
NB					97%	100%	
MHC			100%	100%		100%	97%
Overall %		90%	97%	100%	96%	100%	97%

Graphs below will further demonstrate the results:

1. % of Overall Satisfaction per Service and Site



*The projected goal was met with a 90% or higher percentage per site and service.

Next Steps:

Continue conducting satisfaction surveys on an annual basis to evaluate our performance with the consumers we serve to ensure quality services are in place.

Satisfaction Surveys - Employee

Why conduct employee satisfaction surveys? The reason is simple; LeChris believes that a strong path to success begins with a great place to work. We solicit staff feedback through surveys on an annual basis to improve the workplace. Satisfaction of employees is important as it lowers employee turn-over, leads to higher consumer satisfaction, increases loyalty and improves profitability.

Strategies:

The questions on the survey were designed to assess level of agreement or disagreement in the areas of 1) understanding organization's mission; 2) opportunity to learn & grow; 3) receiving adequate training; 4) safe work conditions; 5) Being treated with respect; and 6) Feeling being listened to and receiving clear instructions by the supervisor. Four response choices were provided: strongly agree, agree, disagree or strongly disagree. The goal that we had set for ourselves was to achieve 90% of employees sampled to report satisfaction with their employment.

Actions Taken:

Once the survey was designed and approved by the QM committee and the Corporate Team, a flyer was e-mailed to Directors of each site for distribution to staff with instructions and timelines. Staff was encouraged to complete the survey on-line utilizing Survey Monkey; for staff that did not have access to the internet, a paper copy of the survey was provided. Both methods were used -- the paper survey responses received were then entered into the Survey Monkey by the QM Director to ensure that scoring would be uniform.

Measures:

- ❖ The percentage (%) of satisfaction was calculated by number of employees answering “Strongly Agree” and “Agree” in the survey divided by the number of surveys completed.
- ❖ The percentage (%) of overall satisfaction was achieved by taking the average of satisfaction for all of the responses received.
- ❖ Rating scale from 1-4 was utilized in interpreting the results. One (1) being the highest score indicating “strongly agree” and four (4) being the lowest indicating “strongly disagree”.

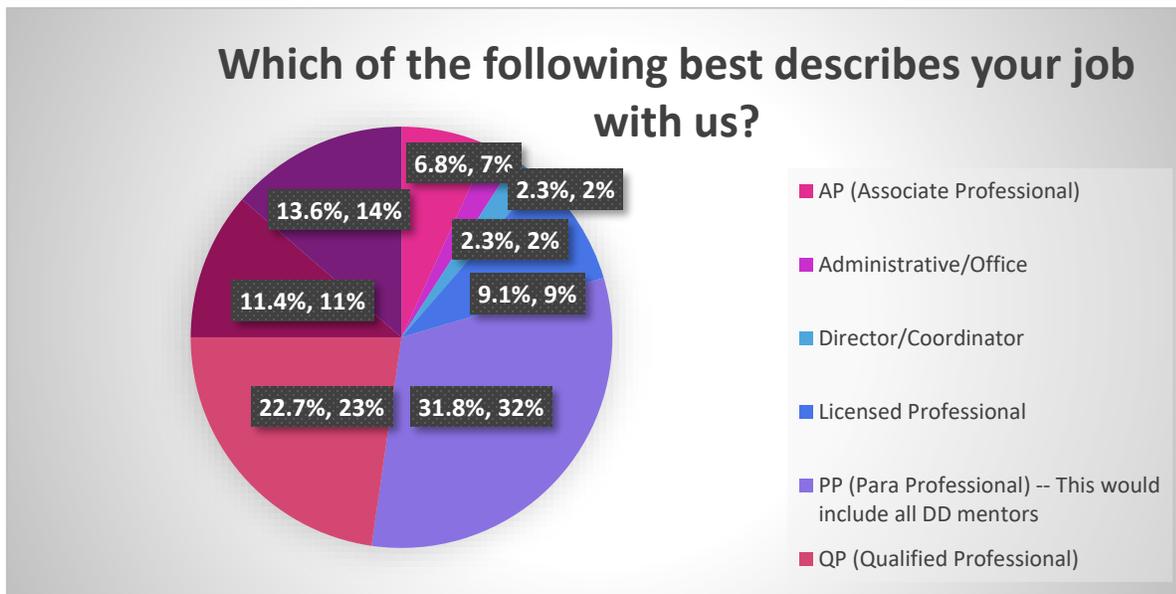
Evaluation of Results:

For this fiscal year, a total of 44 out of 149 employees completed the survey. Our overall percentage of satisfaction was calculated to be 97.7% across all regions. The projected goal of 90% employee satisfaction was met. In evaluating the combined summary results of all of the LeChris sites, the highest rating revealed to be “My supervisor treats me with respect” with a rating of 1.34, then “I am familiar with and understand the organization's mission and strategic goals” rating 1.41, followed by “My supervisor listens to me and gives me clear instructions” with a rating of 1.43 .

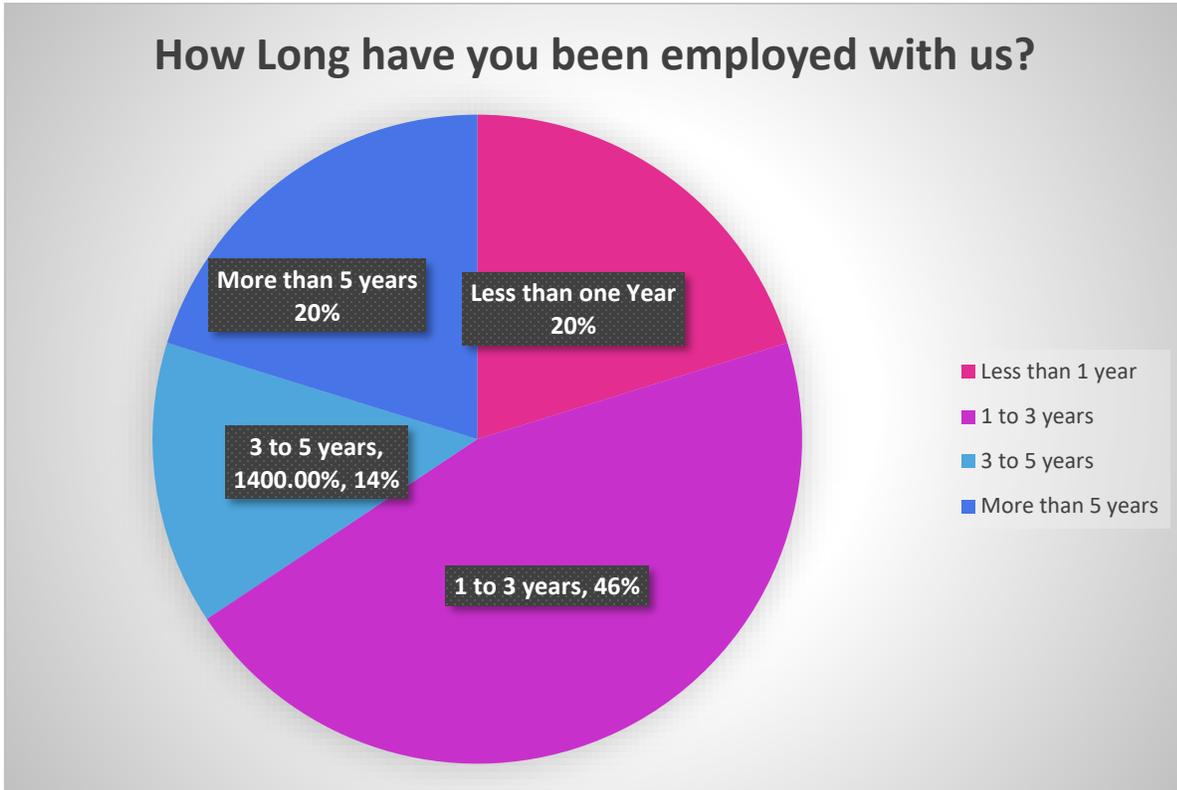
The next step was to review the employee comments as these provide invaluable feedback. When asked “What could LeChris do to increase your job satisfaction”, 30 responses were received and reviewed. The following category appeared to be the leading contributor to this rating:

- 1) Increased salaries and wages. (6 responses received)

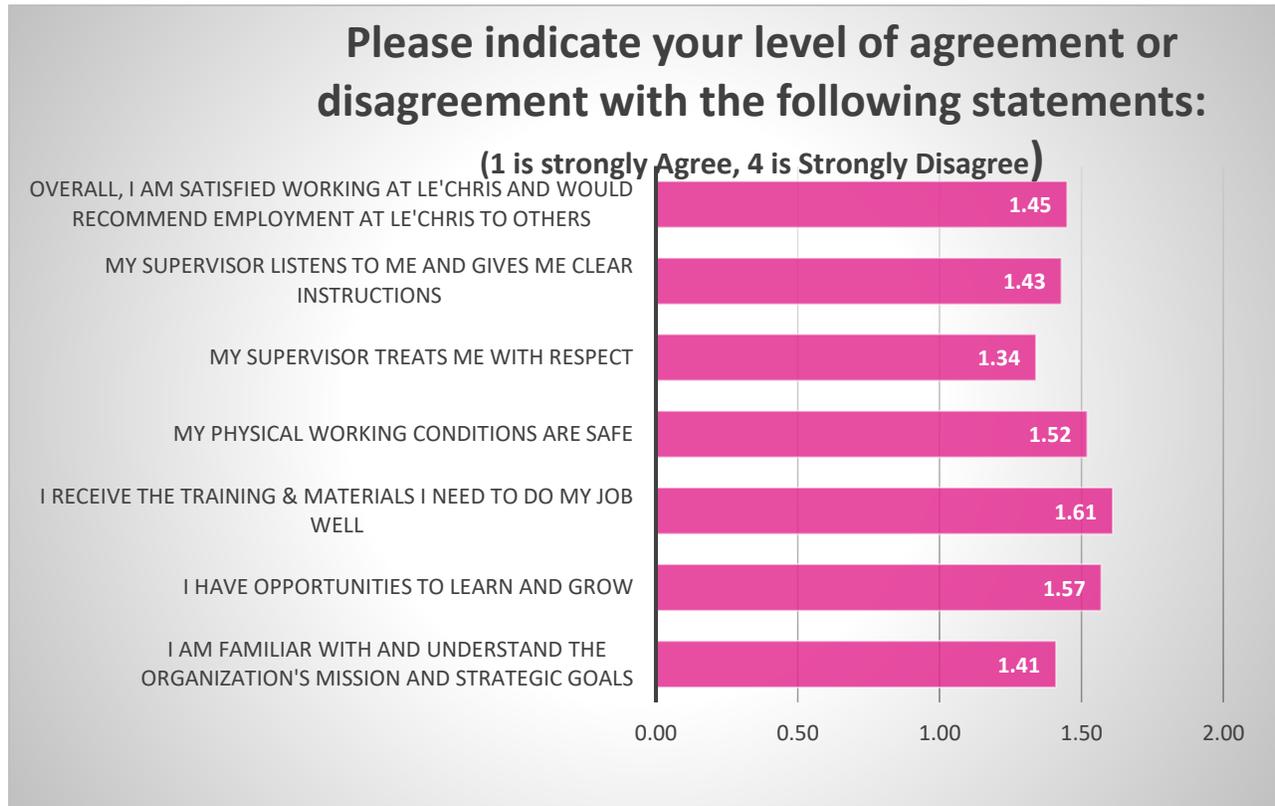
The following graph displays a breakdown of staff positions responding to the survey –



The graph below displays the length staff has been employed with LeChris -- it was noted that the majority 77.8% of the staff that responded to the survey have been with the company between one to three years, followed by 22.2% of the staff that had been with the company more than five years.



The next graph shows the summary of responses of all LeChris employees for this survey.



Next Steps:

The results were shared with the Corporate Team. Ideas are being solicited to address the areas of concern and to increase the overall satisfaction of the employees. LeChris continues its commitment to provide a great workplace for its employees and will continue to solicit feedback from the staff on an annual basis.

Satisfaction Surveys – Stakeholder

The Stakeholder Satisfaction Surveys are conducted annually to assist LeChris in maintaining and improving relationships with our stakeholders as well as identifying areas of what’s working and what is not working. Furthermore, input is requested and collected to help determine the expectations and preferences of the organization’s stakeholders and to better understand how the organization is performing from the perspective of its stakeholders.

Strategies:

LeChris chose to utilize “Survey Monkey” – a well-known on-line survey application in getting the survey out to our Stakeholders. The pros and cons were considered prior to executing the project. The cons of the system include: Spam/privacy issues, technical issues and ability to submit multiple submissions. The pros seem to outweigh the cons, they are the following: Has the same strengths as a paper version, it is better at addressing sensitive issues, it is cost efficient, it has faster delivery, quick response time and the ability to track and analyze the data is effortless. The survey was then designed to capture information about our

stakeholders in general, such as type of agency they represent, types of services they utilize through LeChris, and specific LeChris locations they work with. Then more specific questions as how they would rate our work (see graphs below for the questions) - six response choices were provided: “Excellent”, “Good”, “Adequate”, “Poor” and “Not applicable”. The last four questions addressed overall quality of our services, confidence in our services, if our performance was getting better, and how likely was it that they would utilize LeChris in the future. The goal that we had set for ourselves was to achieve 90% of overall satisfaction with our stakeholders.

Actions Taken:

Once the survey was designed and approved by the QM committee and the Corporate Team, QM Director requested names of stakeholders from each of the Site Directors in order to send out a Survey to find out “How we are doing.” The following e-mail was sent to the Stakeholders:

Good Afternoon,

You have been identified as one of our external stakeholders. As such, you are invited to participate in our Satisfaction Survey designed to gauge your opinion on “how we are doing”. This survey will ask about your interactions with LeChris within the past year, it will only take approximately three to five minutes to complete and all of your responses will remain anonymous. Your feedback will assist us in improving the quality of our services we provide. The link is uniquely tied to this survey and your email address; please do not forward this message. To access the survey, just click on the following link: <https://www.surveymonkey.com/r/3KYPG8Q>. If you have any questions regarding the survey, please feel free to contact me. Thank you in advance for your participation!

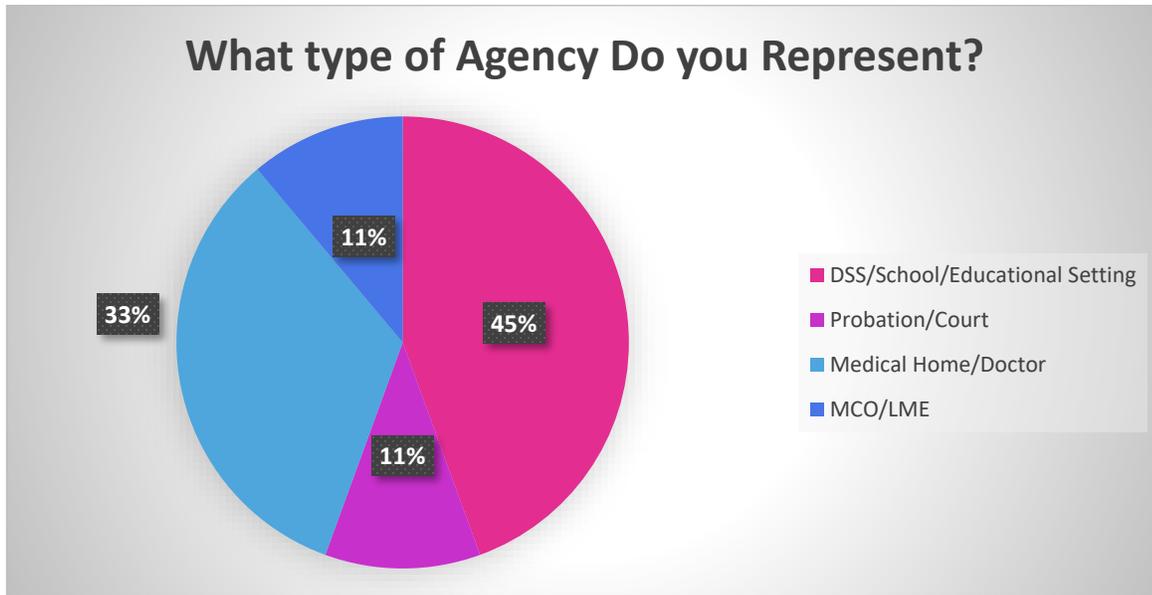
Measures:

- ❖ The percentage (%) of satisfaction was calculated by number of stakeholders answering “Excellent” and “Good” for Question #5 in the survey divided by the number of surveys completed. In the other questions, the same method was utilized (1st two positive responses were utilized divided by the number of surveys completed)
- ❖ The percentage (%) of overall satisfaction was achieved by taking the average of satisfaction for all of the responses received.
- ❖ Rating scale from 1- 5 was utilized in interpreting the results. One (1) being the highest score indicating “Excellent” and four (5) being the lowest indicating “Unacceptable”.

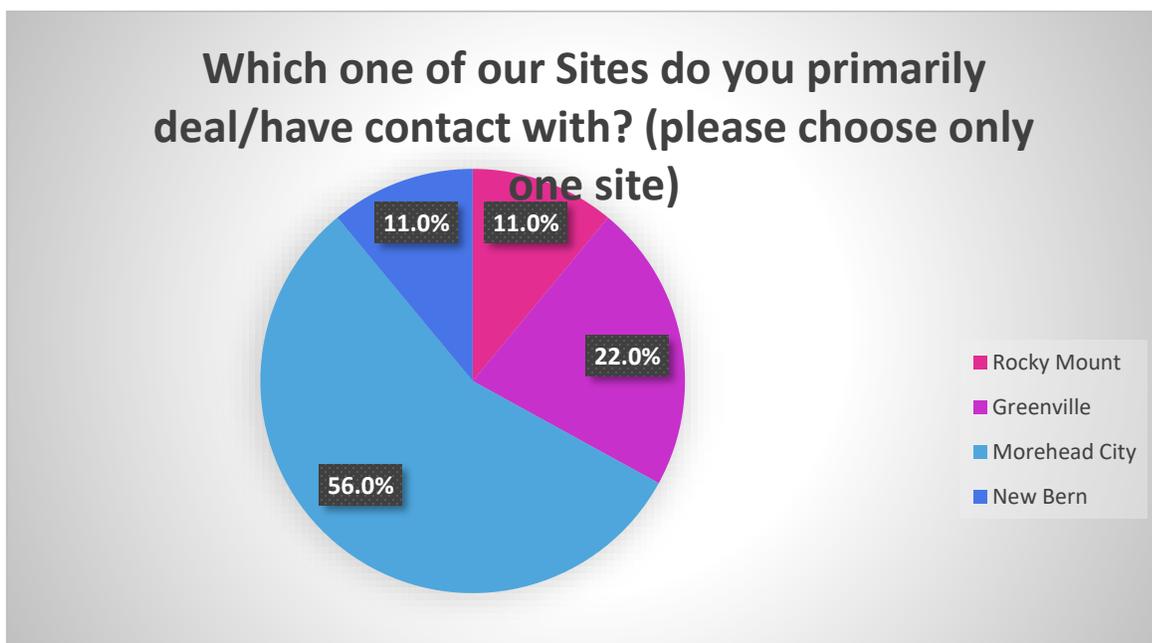
Evaluation of Results:

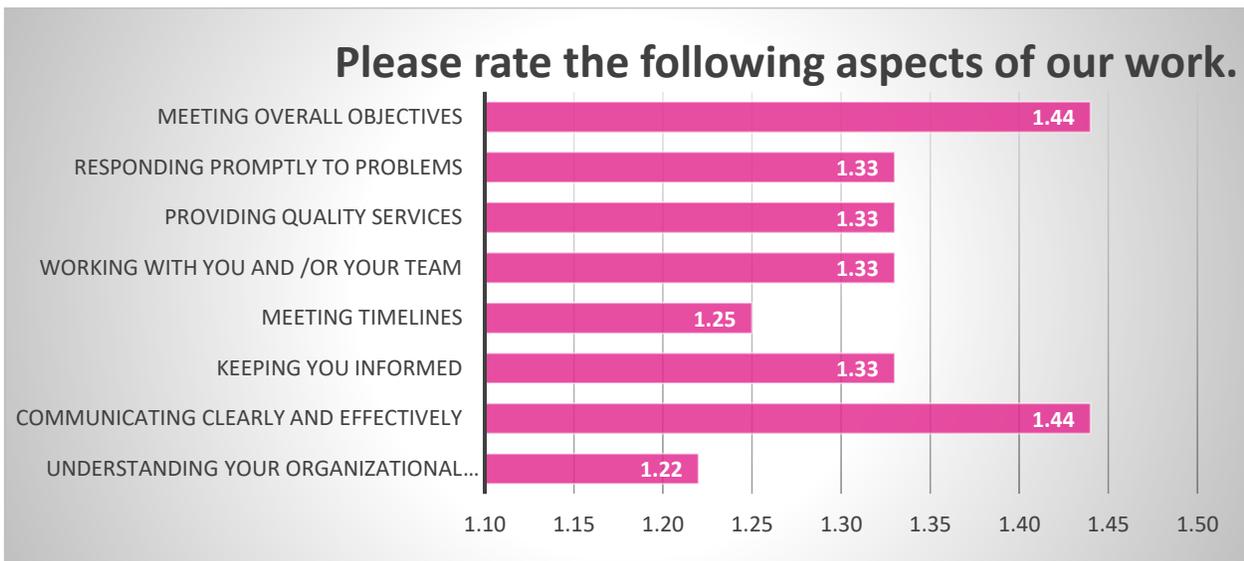
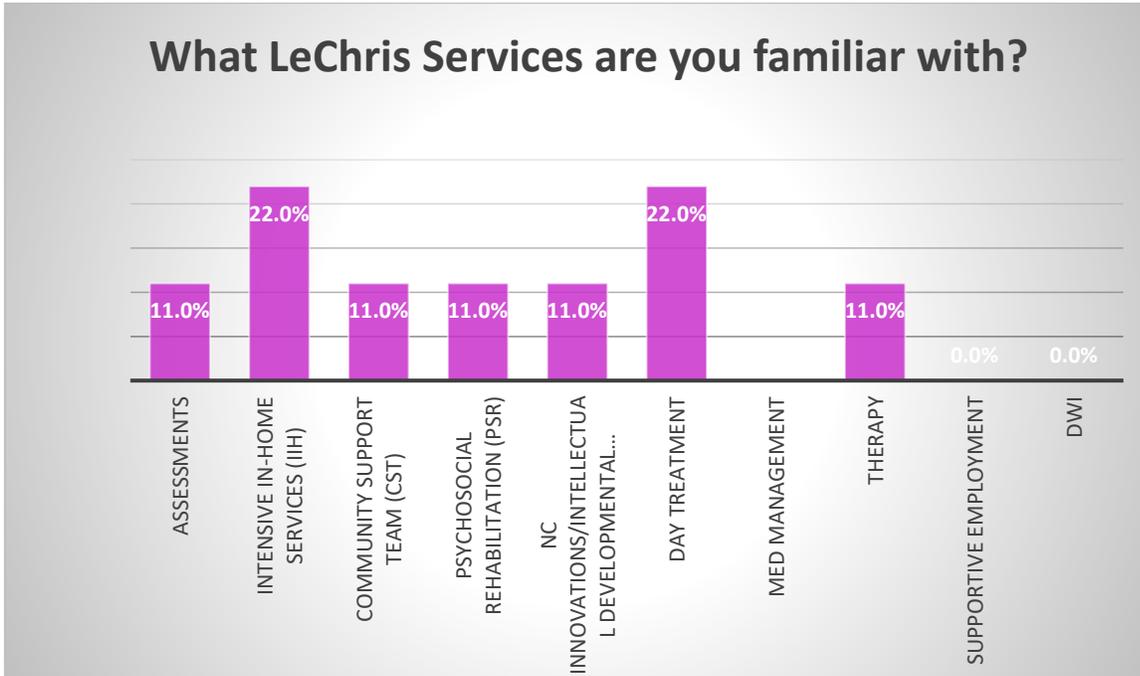
Participation of outside stakeholders to our survey this year was 36% (out of 25 requests for surveys 9 surveys were returned). According to statistics provided by Survey Monkey, the average response rate for an on-line survey is 30%. The sites that had the most participation were 1) Morehead City (56%), followed by Greenville (22%). Most of the responses were received DSS/ School (45%). The service that received most responses were Day Treatment and Intensive In Home (44%). The average overall rating regarding the different aspects of our work revealed a score of 1.3 – rating of 1 being “Excellent” and 2 being “Good.” In rating the quality of our services, 57% reported them being as “Excellent,” 34% reported them as “Good”, and 11% reported them as “Adequate”. In collapsing the data for the Excellent and Good categories, it reveals an 91% positive

score. When stakeholders were asked about their confidence level in our services, 56% revealed “Complete Confidence”, followed by 44% response who replied with “A lot of confidence.” According to the responses, 78% of the responses said the services were “Staying the Same”, followed by 22% of the responses that said the services were “Getting better”. In the last question, we wanted to find out the likelihood of them using LeChris services again. 100% stated “very likely” In evaluating the results, we achieved our goal of 90%. The tables and graphs following further illustrate the results of the survey. The questions asked are represented by the title of each graph.

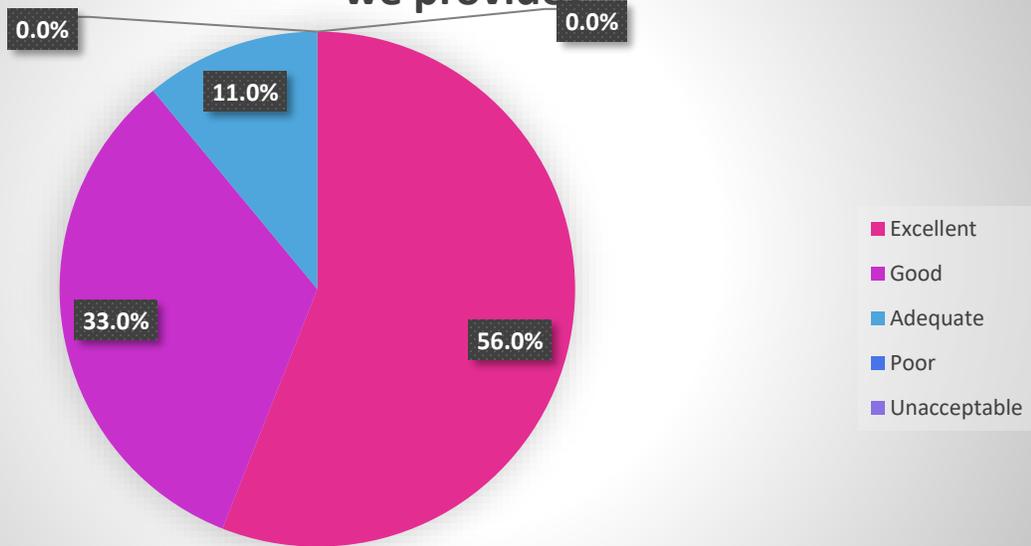


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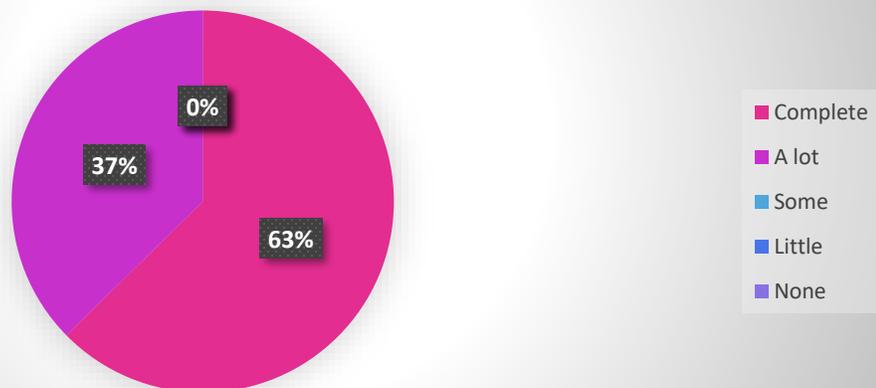




Overall, how do you rate the quality of services we provide?

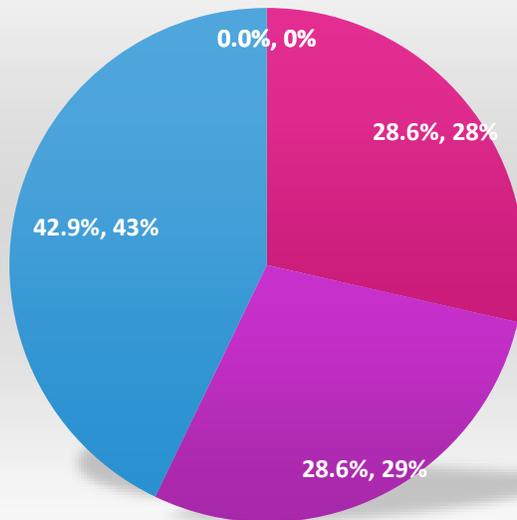


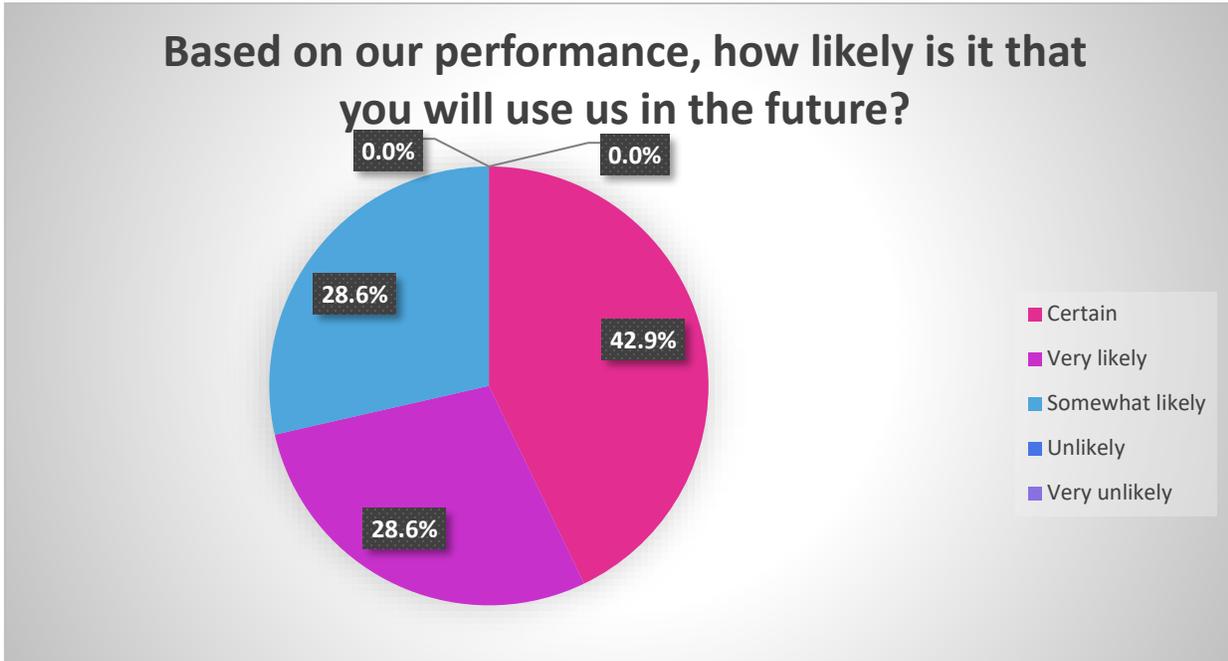
What level of confidence do you have in us to deliver the services that you require?



Overall, is our performance ...

- Getting much better?
- Getting better?
- Staying at about the same level?
- Getting worse?
- Getting much worse?





Next Steps:

LeChris continues to be committed to providing the best possible services. The results were shared with the Corporate Team. Ideas were solicited to address the areas of concern and increase the overall satisfaction of the stakeholders. LeChris will continue to solicit feedback from our Stakeholders on an annual basis to ensure quality of services and to assist us in identifying any areas of concern from outside sources.