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# Private Organization Maintenance of Accreditation (MOA) Report

**Dated: May 25, 2010**

This report is to be submitted annually on the anniversary date of an organization's accreditation in each of the first three years following a four-year accreditation award.

## **ORGANIZATIONAL INFORMATION:**

Organization Name: Roy Maas Youth Alternatives, Inc.  
Organization ID#: 2604  
CEO: Gloria Berumen Kelly  
Address: 3103 West Avenue  
Address:  
City: San Antonio  
State/Province: TX  
Zip Code: 78213  
Phone Number: 210-340-8077

**Your Organization's MOA or Accreditation Contact Person:** Gloria Berumen Kelly  
**Title:** Chief Executive Officer  
**E-mail Address:** gkelly@rmya.org

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There is no finish line with quality/performance improvement. The Council on Accreditation wants to know how the organizations we accredit are deploying and actualizing quality/performance improvement in the years between site visits. We hope that this will be useful to your organization as well.

How has quality/performance improvement taken root in your organization? How is your organization moving forward with quality/performance improvement? Tell us how your organization is doing by completing the Quality Improvement Window on the next page.

If the information requested by the Quality Improvement Window is in another, already existing format completed by your organization, you may elect to submit that information with the MOA Report.

A. Our organization will not complete the Quality Improvement Window, but has attached documentation of its own demonstrating a quality/performance improvement initiative:  Yes  No

B. As per the MOA request letter received from COA, our organization is exempt from completing the Quality Improvement Window:  Yes

**Check box for COA's use only:**

**QWNN**



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## QUALITY IMPROVEMENT WINDOW

1. Our organization's quality/performance improvement opportunity was identified from the following source(s):

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Long-term plan/Short-term plan               | <input type="checkbox"/> 8. Outcome management data                                       |
| <input checked="" type="checkbox"/> 2. Regulatory/licensing environment  | <input type="checkbox"/> 9. Fiscal/financial information                                  |
| <input type="checkbox"/> 3. Consumer satisfaction survey data            | <input type="checkbox"/> 10. Consumer complaint/grievance information                     |
| <input checked="" type="checkbox"/> 4. Human resources/staff survey data | <input type="checkbox"/> 11. Consumer advisory group input                                |
| <input type="checkbox"/> 5. COA Final Accreditation Report               | <input type="checkbox"/> 12. Feedback from governing body/other Q/PI process stakeholders |
| <input type="checkbox"/> 6. Annual Q/PI Plan                             | <input type="checkbox"/> 13. Organizational performance information                       |
| <input checked="" type="checkbox"/> 7. Risk management data              | <input type="checkbox"/> 14. Other source(s) ( <i>describe briefly</i> ):                 |

2. Our organization's identified quality/performance improvement opportunity was (*describe briefly*): RMYA made a great effort to enrich the training program for the agency's direct child care workers. The Texas Department of Family and Protective Services made licensing changes effective January 2007 requiring pre-service training for direct child care staff. Based on those requirements, as well as, feed back from risk management data, the annual staff survey, and in-service training evaluations, several changes were made to the RMYA training program in 2007.

3. The goal/objective of our organization's quality/performance improvement initiative/action was (*if applicable, include performance targets, metrics, or benchmarks*): The goal of updating the RMYA staff training program include: 1. Meeting the Texas Department of Family and Protective Services Minimum Standards regarding staff pre-service training; 2. Formalizing the Defensive Driving training for staff through on-line training and testing and live instruction with a guest speaker from the South Texas Safety Council; 3. Increasing the number of guest speakers from the community to supplement training requirements. For example, Anthony Cooney from Bexar County Juvenile Probation lectured our staff about San Antonio Gangs 2007: "What we need to know and what we need to look out for". San Antonio Independent Living Services informed staff on their work with the disabled community. The Family Assistance Crisis Team trained on Teen Dating Violence. There were a total of 12 guest speakers in 2007 to help the staff training program go above and beyond the requirements so that the staff can perform their job better within our community. Topics for guest speakers came from staff input from the Annual Staff Survey, as well as the in-service evaluation forms completed at the end of each in-service training. Chris Castillo, Clinical Director, is RMYA's principle CPI (Crisis Prevention Institute) trainer for behavior interventions and restraint. Mr. Castillo has been very proactive in continuously assessing the staff's skills and comfort level with what is required of them to keep residents in crisis safe.

4. The following work groups or individuals in our organization were involved with implementing the quality improvement initiative/action (*only list job titles of individual(s) or names of work groups/committees*): CQI Director, Executive Director, CEO, Business Manager, Program Directors, Front-line staff, and the Risk Management Committee.

5. Our organization involved consumers or external stakeholders with the quality/performance improvement initiative/action:

2 No  1 Yes (*if yes, describe briefly*): RMYA was able configure Defensive Driving training with input from the Philadelphia Insurance Company. Local caseworkers and probation officers also gave input for some training topics in the Annual Stakeholder Survey. The San Antonio gangs in-service and the domestic violence in-service came directly from that input and also echoed suggestions that staff had made.

6. From the quality improvement initiative/action that we implemented, our organization obtained the following results/outcomes: 100% of the staff interviewed for the February 2008 Risk Management



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Meeting that had completed pre-service training reported that it was extremely helpful. A major change made due to staff input is that pre-service training is completed in conjunction with their supervised shift work with the children. Staff overwhelmingly stated that combining the classroom training with the hands-on training helped to better integrate the wealth of information involved with being a new staff. Directors report a marked increase in the confidence and knowledge level of the new staff who have completed pre-service training. Children, chosen at random and interviewed, reported that new staff were being "more consistent."

7. Our organization's evaluation of the effects of the quality/performance improvement initiative/action, or what was learned, is *(describe briefly)*: Pre-service training evaluation forms, staff interviews, Annual Employee Survey, Director feedback during Risk Management Committee Meetings, and Resident Interviews.
8. We communicated the results of our quality/performance improvement initiative/action by *(describe briefly)*: Information has been shared with employees through staff meetings. The complete analysis of the improvements to the training program will be included in the RMYA Annual CQI Report which will cover July 2007 through June 2008. Upon completion the report will be shared with staff, governing board members, and consumers.
9. Our results were communicated to the following stakeholders *(check all that apply)*:  
 Governance       Consumers  
 Staff               Community  
 Other *(please describe briefly)*:



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**NOTE:** All items below must be answered "yes" or "no." During the previous year, has your organization experienced any of the following? If **yes** and not previously reported to COA, please complete a COA **INCIDENT/OCCURRENCE SELF-REPORT FORM** or attach explanatory information.

	Yes, and a COA self-report form is attached	No	Yes, and previously self-reported to COA
<input type="checkbox"/> <b>LR License Revocation.</b> Provide explanatory information, a copy of notification from the licensing/regulatory authority regarding the revocation, and action(s) taken/to be taken by the organization:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>LA Licensing/Regulatory, Other Governmental Authority (local, state/provincial, federal), Non-Governmental Investigative Entity, or Contractor Action(s):</b> <input type="checkbox"/> ① Suspension of license <input type="checkbox"/> ② Change to: <input type="checkbox"/> a. provisional, <input type="checkbox"/> b. probationary, or <input type="checkbox"/> c. other compromised status <input type="checkbox"/> ③ Application of financial sanctions or penalties <input type="checkbox"/> ④ Placement of a hold on referrals or contract award <input type="checkbox"/> ⑤ Initiation of investigation <input type="checkbox"/> ⑥ Request for corrective action resulting from investigation due to: <input type="checkbox"/> ① financial malfeasance <input type="checkbox"/> ② quality of care <input type="checkbox"/> ③ safety/health <input type="checkbox"/> ④ business ethics/compliance <input type="checkbox"/> ⑤ other (provide description):  Provide a description or copy of notification from the licensing or investigative authority/entity regarding initiation of investigation, and/or action(s) including request for corrective action, a copy of a corrective action plan, and, if received, a copy of the licensing or investigative authority/entity's acceptance of the plan:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>CES Change in Exempt Status.</b> Involuntary discontinuation of accreditation, or other change in accredited status (sanction/adverse action), or voluntary discontinuation of accreditation for a service(s) accredited by another accreditation body (e.g., CARF, TJC, NAEYC, etc.). Provide a brief description of the occurrence and name(s) of the services or listing of the service(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>CDS Closure of Organization or Discontinuation of Any or All COA-Accredited Services.</b> Provide the name of the service(s) closing/discontinued, closing/discontinuation date(s) and transition/referral plan for consumers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>ONS Opening of a New Site(s) Under an Existing COA-Accredited Service.</b> Provide mailing address(es) of the site(s), name and contact information of the individual(s) responsible for managing the site(s), the date(s) the site(s) began providing services to consumers, a list of services being provided, and copy(ies) of the license(s) and/or certificates:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>MA Merger/Acquisition.</b> The organization has merged with, acquired, or has been acquired by another organization/entity, regardless of whether the other organization/entity is COA-accredited or not. <i>See Section XV of the COA's Accreditation Policy and Procedure Manual for required documentation to be provided to COA.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>CHNG Change in CEO/Executive Director/Commissioner/Agency Head.</b> Provide name and contact information of interim, acting, or new senior executive officer/leader and date of occurrence:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>LSRF Loss or Significant Reduction in Funding</b> from a governmental contract/grant/foundation/other source (in excess of 10% of the organization's budget or significant enough to impact consumers for continuing care/ service). Provide a brief action plan/response to address the needs of consumers for ongoing service delivery:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>JDGM Judgments</b> (civil or criminal) received by the organization for employment practices or malpractice/professional liability. Provide a brief description and actions initiated/to be initiated in response to the judgment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>CDEA Consumer Death</b> occurring while the consumer is under the organization's regular/periodic care and relating to service delivery. <i>Death resulting from natural causes or from an event unrelated to service delivery should NOT be reported.</i> Upon conclusion of the organization's internal review process of the incident provide a brief description of the incident and action/improvement steps implemented to prevent re-occurrence:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>CSI Consumer Serious Injury</b> occurring while the consumer is under the organization's regular/periodic care, relating to service delivery and resulting in debilitating or permanent loss of function (paralysis, brain trauma, loss of limb, etc.) or serious physical or psychological injury (assault, rape, etc.). Upon conclusion of the organization's internal review process of the incident provide a brief description of the incident and action/improvement steps implemented to prevent re-occurrence:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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## COA ACCREDITATION STANDARDS

- G1. Ethical Practice, Rights, and Responsibilities.** The organization respects the rights and dignity of the individuals, families, and groups it serves.
- G2. Continuous Quality Improvement.** The organization demonstrates a commitment to continuous quality improvement (CQI) through implementation of a comprehensive CQI system.
- G3. Organizational Integrity.** The organization promotes the public interest through sound governance and administration, in accordance with applicable legal requirements, principles of effective management, and ethical practice.
- G4. Management of Human Resources.** The organization ensures that human resource planning and deployment fosters efficient and effective service delivery and promotes the attainment of desired outcomes.
- G5. Quality of the Service Environment.** The organization provides programs and services in an environment that is safe, accessible, and appropriate for the needs of personnel and persons served.
- G6. Financial Management.** The organization manages its financial affairs according to sound practices and applicable statutory and professional requirements.
- G7. Training and Supervision.** The organization promotes competence in personnel by providing regular supervision and training on topics relevant to service delivery.
- G8. Intake, Assessment, and Service Planning.** Intake, assessment, and service planning processes engage persons and families in evaluating their request for service and build on identified strengths to achieve desired outcomes.
- G9. Service Delivery.** The organization provides coordinated and carefully monitored services.
- G10. Behavior Management.** The organization protects the rights of persons served in its restrictive behavior management practices and complies with the standards of this section.
- G11. Administration and Risk Management.** The organization conducts its administrative affairs and manages its operations prudently and effectively to meet the needs of persons served, personnel, and the organization.

I, the undersigned and President/CEO, hereby acknowledge and affirm to the Council on Accreditation that our organization is and has at all times during the last year been in substantial compliance with COA Standards, G1–G11, and continues to strengthen organizational capacity and improve quality to meet the needs of persons served.

In addition, I attest to the accuracy of the statements made in this document about our organization.

**Signature:**

**Title:** CEO

**Date Signed:**

**Print or Enter President/CEO Name:** Gloria Berumen Kelly