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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

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 checked="" type="checkbox"/> 1. Long-term plan/Short-term plan | <input type="checkbox"/> 8. Outcome management data |
| <input 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 checked="" type="checkbox"/> 12. Feedback from governing body/other Q/PI process stakeholders |
| <input checked="" 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) (describe briefly): |

2. Our organization's identified quality/performance improvement opportunity was (describe briefly): RMYA is extremely conscientious of our Human Resource efforts in hiring, retaining and promoting employees. Through our agency's quarterly Risk Management meetings, feedback from various CQI annual and semi- annual employee surveys, and from regularly held senior management and staff meetings we determined the need to make improvements in our management of Human Resources for 2008.

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 improving our Human Resource management and planning included: 1. Retention of newly hired employees; 2. Improving the relationship between program supervisors and new employees during their first 60-90 days of employment; 3. Holding special Risk Management meetings periodically to exclusively address Human Resource issues; 4. Creating a new CQI committee that included more assistant directors and program level staff to specifically to discuss job related issues that direct care staff are dealing with at the various programs; 5. Make changes to our annual employee job evaluation forms and update agency job descriptions; 6. Look at developing a new Human Resource administrative job position and department; 7. Improve our annual staff turnover rate through these measures for fiscal year 2008-2009.

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, COO, Program Administrators, Program Directors, Human Resources Department, Direct Care 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):

6. From the quality improvement initiative/action that we implemented, our organization obtained the following results/outcomes: A special Risk Management meeting was held in June 2008 to specifically discuss Human Resource planning and as a result we implemented an improved training outline guide to be used by the program directors for new employees being trained. We also asked program directors to schedule more one on one time with new employees to get feedback from them about several issues including where they felt they needed additional training and help for them to be more successful at their job responsibilities. We continued to stress to all employees who supervise staff to recognize individuals for excellent job performance in their bi-weekly staff meetings. RMYA also made changes to our employee evaluation forms and created 4 standardized evaluation forms to be used based on Job Category (i.e. clinical, direct child care, administrative). Based on many of the efforts listed above, RMYA's annual employee turnover rate dropped from 43% (in 2007) to 23% in 2008. In March of 2008 RMYA executive administration and Board of Directors looked at a complete restructuring program for



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RMYA and included in this plan was a new Human Resources Department with an administrator and several positions reporting to the administrator to help with the effectiveness of our agency's commitment to deployment, retention and advancement of our employees.

7. Our organization's evaluation of the effects of the quality/performance improvement initiative/action, or what was learned, is *(describe briefly)*: Staff interviews, Annual Employee Survey, Director feedback during Risk Management Committee Meetings, and Semi-annual supervisor surveys

8. We communicated the results of our quality/performance improvement initiative/action by *(describe briefly)*: Information has been shared with employees through senior management meetings, staff meetings, and quarterly risk management and CQI committee meetings. Human resource information has also been discussed with RMYA's governing body and results of improvements shared at monthly Board of Directors meetings. The complete analysis of the improvements in our Human Resource management and planning will be included in the RMYA Annual CQI Report which will cover July 2008 through June 2009. Upon completion the report will be shared with all RMYA 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"/> LR License Revocation. 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"/> LA Licensing/Regulatory, Other Governmental Authority (local, state/provincial, federal), Non-Governmental Investigative Entity, or Contractor Action(s): <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"/> CES Change in Exempt Status. 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"/> CDS Closure of Organization or Discontinuation of Any or All COA-Accredited Services. 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"/> ONS Opening of a New Site(s) Under an Existing COA-Accredited Service. 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"/> MA Merger/Acquisition. 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. See Section XV of the COA's Accreditation Policy and Procedure Manual for required documentation to be provided to COA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CHNG Change in CEO/Executive Director/Commissioner/Agency Head. Provide name and contact information of interim, acting, or new senior executive officer/leader and date of occurrence:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> LSRF Loss or Significant Reduction in Funding 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"/> JDGM Judgments (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"/> CDEA Consumer Death 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"/> CSI Consumer Serious Injury 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