

## **Roy Maas Youth Alternatives CONTINUOUS QUALITY IMPROVEMENT PLAN**

The goal of Roy Maas' Youth Alternative's (RMYA) Continuous Quality Improvement program (CQI) is to continually promote and enhance the quality of services being provided by monitoring RMYA's timeliness, appropriateness and adequacy. RMYA revises policies and/or operational procedures, personnel assignments, personnel training, contracts, and programs according to recommendation of the Continuous Quality Improvement program.

Continuous Quality Improvement emphasizes improvement by:

- Using reliable and valid methods to study our practices
- Basing improvement plans on data
- Seeking improvement in service delivery at both the service level and across the organization as a whole.

In the conduct of the CQI process, authorized staff shall review records so they can complete the case record review and agency utilization review. The staff shall comply with the confidentiality policies and procedures in conducting CQI activities. Confidentiality statements are completed by staff, board members, volunteers and interns. Client's rights and confidentiality shall be protected throughout all CQI processes.

All personnel shall receive an orientation to CQI as a part of their agency orientation. Orientation on CQI is an item on the new employee checklist and done by each Program Director or Assistant Program Director. The orientation shall include:

- A review of the CQI process
- A discussion of the value of CQI and the organization's improvement as a key agency tool for continuously working to provide better services

The CQI Coordinator will be the responsible person for coordination of the CQI process, reports and meeting schedules or scheduling.

The RMYA CQI program shall include long range and short-range elements as follows:

1. At least every four years--RMYA completes every 3 years; the Board of Directors will conduct an organization-wide, long term strategic planning review that.
  - clarifies the organization's mission, vision, values and mandates;
  - establishes long term goals that follow its mission and mandated responsibilities;
  - assesses its strength, weaknesses, threats, and opportunities;
  - assesses human resource needs; and
  - identifies and formulates strategies for meeting identified goals.

2. The long term strategic planning review will include an examination of community needs that examine:
  - services offered by other providers in the community;
  - gaps in the array of services needed by the organization's defined service population;
  - accessibility issues; and
  - the need to redirect, eliminate and/or expand services in response to changing demographics and the needs and wishes of the community.
  
3. RMYA will create a demographic profile of both its defined community and the actual consumers that includes the following:
  - annual income;
  - gender;
  - age;
  - language of choice;
  - racial/ethnic composition; and
  - religious affiliation (*Note: this is gathered only for our actual consumers*)

The demographic profile for our actual consumers at our residential programs will also include, in addition to the above, the following:

- length of stay;
- level of care (admission)
- level of care (discharge)

As a result of the review, the Board of Directors and staff shall develop a three-year strategic plan and the plan will be approved at a board meeting by a formal action.

RMYA conducts annual (short-term) planning in support of the organization's long-term strategic plan. It is staff-driven and puts into operation the goals from the organization's long-term strategic plan, responds to feedback from CQI activities, and permits a flexible response to changing conditions and needs. RMYA incorporates its human resource planning, financial planning, and personnel training planning into both its long-term and short-term plans.

#### 1. Short-term Planning

Each of RMYA's programs develops a short-term plan on an annual basis. Results from the Annual Staff and Stakeholders Surveys, as well as results from CQI activities are included in each plan. Each program plan outlines in concrete terms the action that will be taken during the fiscal year to move the program towards achieving RMYA's three-year goals.

RMYA develops a human resource plan that will include the program's personnel development plan that demonstrates how each program does the following:

promotes cooperation among personnel; provides opportunities to increase or broaden responsibilities; includes an education and training program that provides opportunities for learning and skill enhancement; encourages creativity and innovation in program development and service delivery; and rewards and acknowledges the contributions of personnel.

## 2. Annual Budget and Annual Budget Report (Annual Highlights)

The Chief Executive Officer with staff input shall develop an annual budget based upon anticipated services and projections for growth/decrease in service need in accordance with the agency's long term goals and short-term annual objectives. The budget shall be reviewed and approved by the Board of Directors prior to the start of the fiscal year.

In addition to the Annual Report made to the Board, the Chief Executive Officer also develops an annual budget report of fiscal, statistical, and service data that includes a summary regarding RMYA's financial position. This Annual Report which is also refer to as the "Annual Highlights Report" will be made available to funding bodies and active consumers upon request.

## 3. Personnel Development and Training Program/Plan

The CQI Coordinator with the help from the Director of Recreational Activities and Special Events conducts an annual analysis of the training program's effectiveness and personnel training needs and implements training on identified topics. This will be done by reviewing the in-service evaluation forms that are completed by the staff attending the training and the quarterly reports regarding training and supervision done by staff and submitted by the Director of Recreational Activities and Special Events to the CQI Coordinator. This will provide necessary feedback regarding the quality of current training and the need for improvement or additional training topics based on staff feedback. All in-service evaluation forms are kept in the Director of Recreational Activities and Special Events office. Many in-service training sessions also include a posttest for the staff to complete.

## 4. Annual Staff Survey

In developing the annual improvement plan and budget, the agency shall conduct a formal annual staff survey. Components of the survey shall include:

- staff satisfaction support, communications, wages and benefits;
- staff perception of agency needs;
- staff perception of unmet needs;
- staff recommendations for agency improvements; and
- staff perception of the quality of the environment.

## 5. Annual Stakeholder Survey, Stakeholder involvement, and RMYA's Advocacy Efforts

As part of the planning process, an annual stakeholder survey will be conducted to solicit input from the broader community on the quality of the agency and how to improve it. Stakeholders are defined as advocates, funding sources, referring agents and community supporters. Stakeholders are involved in the CQI process by participating in the following:

- Identifying quality improvement goals
- Helping set the organization's long-term and annual direction
- Informed of agency status through distribution of the annual report
- Reviewing the organization's overall performance in relation to established expectations.

This is accomplished through an annual stakeholders survey conducted in July.

RMYA also conducts semi-annual planning and/or tasks groups with other youth community agencies and other stakeholders so that RMYA may meaningfully involve community stakeholders in program service activities and policy development, as appropriate. The planning groups also enable RMYA to be kept abreast on changing community conditions and to explore advocacy efforts on behalf of RMYA's client population. The results of the planning group are compiled by the CQI Coordinator and are shared at the following quarterly CQI committee meeting.

## 6. Agency Collaboration Efforts

The CQI coordinator will annually evaluate how RMYA's governing body and management has collaborated with national and local voluntary organizations, public organizations, and community and ethnic groups to advocate for issues of mutual concern, such as: improvements to existing services; redress for gaps in service; the full and appropriate implementation of applicable laws and regulations regarding issues concerning the service population; and improved supports and accommodations for persons with special needs.

## 7. Annual Foster Parent Survey

As part of the planning process, an annual foster parent survey will be conducted to solicit input from foster parents on the quality of the agency and how to improve it. Components of the survey shall include:

- foster parent satisfaction with the support and communications with RMYA;
- foster parent perception of training;
- foster parent perception of their involvement with the foster child's care; and
- foster parent recommendations for agency improvements.

## 8. Selection and Training of Peer Reviewers

In January of each year all staff will receive a brief review of CQI and the staff roles required to conduct the CQI process. Staff will be invited to volunteer to fulfill a role function they are interested in doing for a year. If adequate staff do not volunteer, the CQI Coordinator shall recruit staff to participate.

## 9. Feedback mechanisms

The CQI plan is annually up-dated, reviewed by senior management and the Board of Directors and is recorded in the minutes of the February board meeting.

At least annually, RMYA shares findings from its CQI processes with personnel, persons and families served and other stakeholders. RMYA also submits a review of its educational efforts and summary results of its planning and evaluation process to include a summary of the nature of RMYA's risks and actions take to address them to the board. This is accomplished through the Annual Report to the Board, which is published in October for the prior fiscal year of July 1 through June 30.

To insure Continuous Quality Improvement within the organization, RMYA conducts internal quality monitoring.

1. At least quarterly, RMYA reviews a sample of open and closed cases that includes a representative sample of high-risk cases. The CQI Coordinator will produce a list of children selected randomly who represent 25% of children in each of the program areas. The Clinical Director Boys, Clinical Director Girls and Counseling Center Director will submit a list of high-risk cases to the CQI Coordinator for their respective programs prior to each case review. The CQI Coordinator will distribute these lists to each Records Review Committee members for review. The committee will use the Records Review Checklist to determine completeness of each file.

Personnel who conduct case reviews evaluate the presence or absence of required documents and the clarity and continuity of such documents, which include, but not limited to:

- assessments;
- service plans;
- appropriate consents;
- progress, case notes, or summaries;
- evidence of quarterly case supervision;
- relevant signatures;
- service outcomes; and
- aftercare plan.

RMYA utilizes established criteria for evaluating the appropriateness or quality of the services including, but not limited to, services needed and provided or obtained, length of services, changes in status level, the need for continued service, and compliance with established timeframes.

Staff who are routinely involved in making services decisions participate in case record review and may be involved in reviews of cases in which they have been directly involved if the reviews are conducted by a team.

2. The CQI Risk Assessment Committee **quarterly** reviews reports from each service program regarding:

- the environmental audit to include a review of medication storage and record keeping;
- weighted incident reports (1- no disruption to the program/ normal childhood incidents, 2- slight disruption to the program/ more serious incidents between residents, 3- moderate disruption to the program/ more serious incidents between residents and staff, 4- severe disruption to the program/ reportable incidents) from the emergency shelter, residential treatment care, basic care, transitional living care, and foster care programs to collect data regarding total number of incidents, number of incidents per living group, and trends developing as compared to baselines determined by clinical staff;
- manual restraints conducted during the quarter and follow up with child, parent/guardian and staff. This will be accomplished through a review of each program's restraint log / JABR report;
- cases where a client or resident was determined to be a danger to him/herself or others ;
- incidents regarding administering, dispensing, and/or prescribing medications; and
- review the number of accidents and injuries and safety issues.

The CQI Risk Assessment Committee **semi-annually** reviews reports regarding:

- Semi-annual program evaluations are reported at the Winter and Summer CQI meetings to assess the frequency of restraints, the program history of non-injurious restraints, and the occurrence of appropriate/in appropriate use of restraint. If there are problems in any of these areas, specific strategies will be implemented to reduce the occurrence. The program evaluations will also review the agency's behavior management policies and procedures, including the behavior management training and curriculum.

- review intake, assessment, and service delivery processes, to identify barriers and opportunities to serving any group within its defined service population. This will be completed by assigned Directors submitting a report to the CQI Coordinator;
- human resources regarding staff exit information, fair employment practices, staff turnover, reason for turnover: this will be obtained by gathering information from various documents including the employee exit interview form, staff grievances, and annual staff survey; and
- human resources regarding staff training, supervision, and deployment: semi-annually the CQI Coordinator and/ or other Directors who do not supervise the program will administer a questionnaire during a weekly staff meeting that asks them to evaluate in-service sessions that have been helpful and ideas for additional training they would like to have offered. They will also evaluate how their experience with supervisory staff has been and ideas for improvement. The Directors of Short Term and Long Term Services or the Director of Campus Administration will monitor staff deployment by reviewing and evaluating copies of each program's staff schedule that will be turned in by the Program Directors.

The CQI Risk Assessment Committee **annually** reviews reports regarding:

- annual evaluation reported at Fall CQI meeting to assess behavior management practices as compared with best practice model (baselines determined by clinical staff and training information provided to staff);
  - review outreach and educational program;
  - review of compliance with legal requirements including fair employment practices, contractual relationships, licensing and mandatory reporting laws;
  - RMYA Safeguards Assessment Tool completed by the RMYA's HIPAA Privacy Officer; and
  - review the agencies Disaster and Emergency Plan to ensure that policies and procedures remain current and updated for changes in administration, construction, or emergency phone numbers occur (DFPS).
3. RMYA shall have a quarterly formal CQI committee. The membership will include the CQI Coordinator and Directors from each RMYA programs (Emergency Shelter, Residential Care, Basic Care, Foster Care, Transitional Living, Counseling Center and the Business Manger). All items to be reviewed are included on the CQI Agenda. The responsibility of the CQI Committee is to complete the

structured one-hour agenda to raise questions related to important quality improvement issues. It does not make decisions, only raises questions and/or makes recommendations. The minutes are forwarded to the Executive Director and CEO for a decision on what shall be done with recommendations. Recommendations made of an emergency nature will be addressed immediately. At each quarterly CQI Committee meeting the CQI Coordinator shall report to the CQI Committee on decisions made regarding recommendations from the last quarterly CQI Committee meeting and will advise what corrective actions were taken, if any.

4. The Chief Executive Officer and/or Executive Director shall report on a quarterly basis to the Board of Directors and staff on agency improvement plans, and the status of achievement of them. All planning will be aligned with the corporate mission statement, vision statement, and strategic plan. Timelines shall be specified in the Strategic Planning Calendar that is maintained by the CQI Coordinator. This report will be recorded in the Annual Report. The organization disseminates information through its' annual report, staff minutes, minutes of CQI meetings and the Chief Executive Officer or Executive Director's report to the Board of Directors.

**Ongoing efforts support the CQI process through a variety of mechanisms.**

1. RMYA requires direct service staff to report incidents through the use of an "Incident Report" form stating date, time, type of incident, names of parties involved, authorities notified and times notified, description of the incident, and disposition and/or follow-up. This report is written as soon as possible after the incident has taken place. This report is always written prior to the end of the shift in which the incident occurred, unless (on rare occasion) approved by a director in which case the report will be completed by the next business day. The report is routed immediately to the program director or his/her designee of the appropriate program service that in turn refers it to the Director of Long Term Services Girls, the Director of Long Term Services Boys, or Director of Short Term Services. During weekends and evenings, the report is made to the Director who is on-call. All incidents are reviewed by the Director of Short Term Services, Director of Long Term Services Girls, or Director of Long Term Services Boys to insure appropriate action is taken. These incidents include:
  - Serious behavior problems
  - Drug abuse or possession of drugs
  - Insubordination
  - Medications error
2. Incidents requiring emergency intervention will be reported to the Director on On-Call immediately. A written report will be provided to the Director of Long Terms Services Girls, Director of Long Term Service Boys, or Director of Short Term Services within twenty-four hours or the next workday. The "Incident Report" form

will be used stating date, time, staff or children involved and a description of the incident. Emergency Intervention includes incidents involving:

- Suicide attempts
- Suicide gestures or statements
- Medical Emergencies
- Abusive treatment or abusive activity to or between children
- Absence from the program without permission
- Incidents that critically injure or permanently disable a child
- Child's death

Incidents will be summarized and presented to the CQI Committee through a report created by JABR, RMYA's client management system.

3. Outcome Measurements:

RMYA, in each of its programs and on an ongoing basis, measure service outcomes and the achievement of service goals for all persons served, including at least one of the following:

- change in clinical status;
- change in functional status;
- health, welfare and safety;
- permanency of life situations; and
- another quality of life indicator of the RMYA's choice.

Each program reviews the results of all of its outcomes measurement activities to determine overall program effectiveness. Program outcomes will be reviewed and modified or changed to if necessary to accomplish RMYA's mission.

4. Senior management and Program Directors shall monitor applicant and resident demographics monthly during the program directors meeting to assure the organization is providing timely nondiscriminatory services to children and families. This will be done through a JABR report on inquiry, referral, denial and placement.
5. On a quarterly basis a Director conducts a random survey of twenty-five percent of youth in care and reports the results to the CQI Coordinator. The CQI Coordinator will include this data in her report to the CQI committee. The survey includes information on safety, living conditions, support services, etc.
6. At the time of discharge, children and parent/guardian shall be surveyed to assess their satisfaction with RMYA and the services they received and to identify if there are unmet needs. The organization uses a standardized survey instrument when feasible and the survey instrument used ensures confidentiality; assesses basic satisfaction or dissatisfaction with RMYA's personnel and services; and includes basic demographics. The surveys also inquire about services the clients/families may need upon discharge. If services are identified then the RMYA staff will

provide appropriate referrals for the family and this will be documented on the survey form. Results from the surveys shall be summarized monthly and provided at the quarterly CQI committee meeting. The results of this survey are incorporated into the Annual Report. The respective program directors or an individual designated by the program director will administer the exit survey and send them to the CQI Coordinator for compilation.

7. All of the programs at RMYA contact each resident/client and their guardian so they can participate in a follow-up survey. If contact cannot be made after two phone attempts a satisfaction survey will be mailed to the address listed on the discharge form. The purpose of the follow-up is to ask residents/clients and their guardian if they are making positive progress. They are also used to help ensure that families and clients have all necessary services and resources they need. RMYA staff conducting the follow-up call will document on the form if the family is in need of any services and what referrals for services were offered, if any. Results of the follow-ups will be compiled by the Program Directors and submitted to the CQI Coordinator. The results of the follow-ups are incorporated into the Annual Report.
8. Residential and client records are maintained in JABR, the organizational computerized client management information system. The system protects confidentiality, is dependable, and provides rapid access to information. A permanent file on each resident is also maintained for information. Resident records shall be stored in a secured file cabinet, which may be located in the Program Director's office or in another secure location. The doors to the closet and/or office shall be locked when staff is not present. Resident records are available only to those staff who are involved with the case or to those who have supervisory or CQI role. The organization protects electronically maintained data as follows:
  - All computers have up-to-date anti-virus protection
  - Secure protocols, including the use of passwords and firewalls, govern the electronic collection and transfer of sensitive data; and
  - Data are automatically backed up each evening and verified by the Business Manager. Tapes of back-up files are taken home every Friday by a staff member.

Any violation of confidentiality is reported on the internal incident report and delivered to the HIPAA Privacy Officer, Executive Director and/or Chief Executive Officer.

9. The organization disseminates information through its annual reports, various multilevel meetings throughout the agency, minutes of CQI meetings and Chief Executive Officer's and Executive Director's Reports to the Board of Directors.