

YSBIV Performance & Quality Improvement 2015 Annual Report

Core Concept: Culture of Improvement

YSBIV is a community-based agency, whose Mission is “to help young people and families succeed by serving them in their home, school, and community” YSBIV strives to promote a culture that values quality and efforts are made to accomplish these performance results for the people we serve. The agency continues to make efforts to improve the overall performance of its staff and decided to focus on the following areas for 2015

Goal 1:

Increase YSBIV’s employee and stakeholder knowledge and awareness regarding continuous quality improvement at all levels of the organization as evidenced by:

1. Staff and board members will be educated on the purpose of CQI/ PQI:

Increased involvement of staff in quarterly CQI team meetings, email blasts and the posting of the all agency CQI meetings notes on the intranet. The Q.I. Department also ensures the preparation and distribution of the Quarterly CQI Executive Summary to the Executive Director and Board of Directors.

2. CQI/PQI material will be presented to new employees at orientation trainings.

The Q.I. team must ensure that CQI/PQI training occurs 100% of the time. Continuous revision and improvement of the material is required if determined beneficial to target audiences. In October of 2015, this process of training current staff was implemented. The plan is that in the future, all new employees will be required to complete CQI/PQI training within the first 90 days of hire. All supervisors are required to ensure that the new employee completes and signs the “Agency Training Description” and then forward that signed form to the HR Department where it is entered into the HR Training Database.

3. The agency will implement an electronic Unusual Incident Report form and tracking system.

In 2014, the agency implemented an electronic Unusual Report Form and tracking system. The purpose was to improve the tracking process of incidences/accidents occurring across the different program types. The implementation of this system has allowed for more succinct monitoring of our clients who are involved in incidents in both residential care and across all our programs. Implementation of this system has improved both planning and communication across programs and has afforded the agency to better identify the frequency with which incidences are occurring as well as resulted in more timely resolution of issues, driven by improved communication.

4. Explore opportunities for stakeholders to provide input and feedback on program performance. Involve the board member (s) in the CQI/PQI process.

In October 2013, the agency began to provide the Board of Directors with an Executive Summary, which highlights the agency’s progress as it relates to the dashboard and over all programs performance

measures and outcomes. In addition, the Stakeholder's Survey is distributed annually to external providers, delivering services to agency clients (i.e. Counseling services, CASA, Judges, etc.). The feedback is tabulated in order of importance and may or may not call for immediate actions and or follow up to an area of concern. The front/clerical office staff conducts foster parent surveys quarterly and likewise, this information serves a similar purpose. However, in this case there is direct follow up with direct care workers and their supervisors.

- 5. Based on the capacity assessment done by the Department of Children and Family Services in 2014, it was recommended that the agency enhance its ability to assess qualitatively how it is providing services for the children in the agency's care.**

In early 2015, two additional staff were hired to assist the Q.I. Director in accomplishing the ability to assess qualitatively how it is providing services to children in the agency's care. The approach taken by the Q.I. staff was to ensure that that agency staff understood the data that was being analyzed and assisted them with making the connection to how service delivery was connected to data outcomes. In August 2015, the Q.I. Department conducted a CQI survey to gauge staff's level of understanding of the CQI process and perceived support of the process within the agency. This began with the Q.I. Coordinator conducting one-on-one meetings with each team and individual supervisors. These meetings gave the staff an opportunity to discuss and provide feedback on the new approach that was to be taken by the agency. The main goal of the quarterly CQI meetings is to allow the teams to conduct a deep dive into the following areas: incidents/accidents; peer reviews and program outcomes and client satisfaction for each team. By creating this process the agency was given the opportunity to enhance our ability to evaluate the data that was being collected and inform our practice with more clarity. It is our goal and objective that the progress that has been made in this area using this approach will continue to be emphasized and improved upon. There are on going discussions about the future goals as well as exploration of additional opportunities to deliver improved qualitative analytics.

- 6. The report also recommended a qualitative approach to peer review and developing a peer review database to track patterns and trends.**

The Q.I. Department in conjunction with the IT Department has begun work on centralizing the peer review process. Cases are now randomly selected and assigned by the IT Department to teams on a quarterly basis. Once the reviews are done, the Q.I. Department randomly select cases for compliance and quality of services reviews. The agency has conducted reviews on separated siblings (Aristotle P), children under five in care, teens in care, length of stay in care and children with the goal of return home, just to name a few. The analytics helped us to understand the quality of services received by our clients. These outcomes are further supported, and evidenced, by the positive responses received through the client satisfaction surveys that are conducted monthly. This process remains decentralized because the review templates remain in the case file on sight at each location. The agency's work on a central database continues to be explored. The agency plan is to develop the ability to eventually extract qualitative data to compare and analyze, with the goal of being able to look at outcomes measures, conduct analysis and improve our planning utilizing the following model: Plan, Do, Check, Act.

Core Concept: Outcome Measures, Analysis and, Improvement Planning

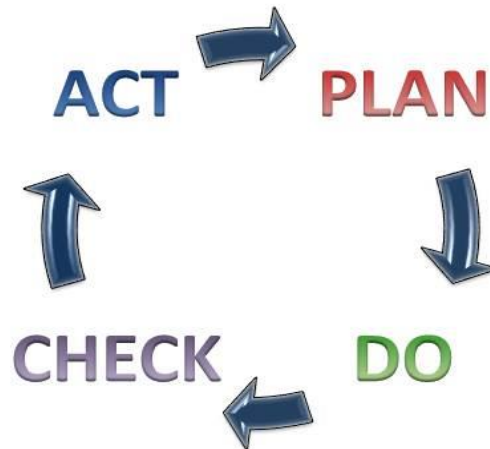
CQI PROCESS CYCLE

Plan: Identify and/or clarify what is not working, or does not meet clients needs or requirements. Where are we now and where do we want to be, and define the plan.

Do: Carry out the plan for change, and allow time for improvements to be implemented.

Check: Monitor for both positive and negative results, get feedback from those involved, staff, clients etc..

Act: Act on what you have learned. Continue to make improvements in the process by going through the cycle again, starting at "Plan."



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Goal 2:

Develop stronger methods and tools to increase YSBIV's internal ability to manage, monitor and evaluate continuous quality improvement processes.

1. Development and implementation of an agency-wide database that summarizes program performance.

The agency is in the initial stages of developing a database to produce quality data and reports across all programs. The agency's inability to link individual reports inhibits communication and transparency. The IT Manager, CFO and the Executive Director report some progress in the database completion and assures that such database will be available to all programs in the near future. In the meantime, the agency has developed an internal tacking system tool to monitor both the Foster Care and Intake programs' performance. This tool helps the agency in its awareness of being able to identify trends that might be occurring in these programs prior to the contracting entity delivering their feedback. In addition, this tool affords the agency the ability to rebut any inaccuracies that may be identified prior to audit from contractors. Each program within the agency has developed a tool or mechanism to assist then with monitoring and identifying outcomes.

2. CQI team members along with Q.I. Department staff (Q.I. Coordinator and Q.I. Assistant & Director of Quality Improvement) will provide support, assistance and training to Departments and Programs for CQI needs and expectations.

All request have been responded to date.

3. Assist Management with relevant tasks upon request and agreement.

This is an ongoing activity as the need arise.

Goal 3:

Maintain YSBIV'S Council on Accreditation (COA) Readiness

In preparation for the agency's upcoming COA reaccreditation the agency has taken the following steps:

- QA staff attended three-day training at the offices of COA in NY in the fall of 2015. This training included standard and launch of the 8th edition and PQI. Since then the following has taken place internally:
 - Point of contact between the agency and COA identified and establish.
 - Initial accreditation meetings have occurred.
 - Initial self-study submitted.
 - In addition, all required reaccreditation surveys have been launched with a steady flow of responses being received.
- Include the mock site visit as part of the reaccreditation process. In the past, the agency did not conduct COA Mock site events. This year the agency will institute and conduct as part of the agency's preparation for upcoming 2016 reaccreditation mock COA site visits. This will remain part of all future COA accreditation process for the agency.
- Departments are required to provide Program Summaries on an annual basis, to provide an overall view and assessment of the program.
- All program mangers have submitted their Program Summaries for 2015. All programs are currently in compliance with this practice.

2015 CQI/ PQI Summary

As discusses above the Agency's Q.I./PQI process underwent a number of changes this year. The agency continues working towards improving our internal processes. This resulted in the restructuring of the Q.I. Department with the addition of hiring two new staff. Adding two additional staff in the Q.I. Department offered both opportunities as well as challenges. The agency is better equipped with the ability to track the CQI/QI process in a more expeditious manner than in the past. However, not having a centralized database presents some limitation on the agency's ability to engage in more meaningful data analysis. We are still very compliance driven.

All programs are currently using the redesigned CQI summary template and the Client Satisfaction survey with this additional focus on client's feedback and assessing service delivery. This year the agency will embark on its' reaccreditation with COA. As such, the agency needed to update and rewrite various program manuals and update other materials to better align with the re-accreditation requirement. The agency is working on the development of a database that will give the agency the ability to produce reliable data across all programs. While its delay makes it challenging, its anticipated completion will result in the agency producing increasingly better and more reliable data for quality analysis. Currently, program outcomes metrics are almost solely based on contractual program agreements. PQI reports gives us the

ability to conduct yearly comparisons, measure and reflect on previous goals establish, as well as whether or not those goals were achieved. However, the institutionalization of this practice is now part of our annual planning process.

The agency's focus for 2016-2017 will be on staff development; Information & Technology.

Staff Development

Goal: To ensure that the agency has a well-trained, professional workforce and that where economically feasible, we are able to retain that workforce, reducing the rates of turnover, and all of the associated monetary costs, as well as program service disruptions.

Information Technology

Goal: To keep the agency as technologically current as possible, enabling staff to meet the needs and demands of its programs and stakeholders, while being as fiscally responsible as possible.

Respectfully Submitted,

Quality Improvement Department