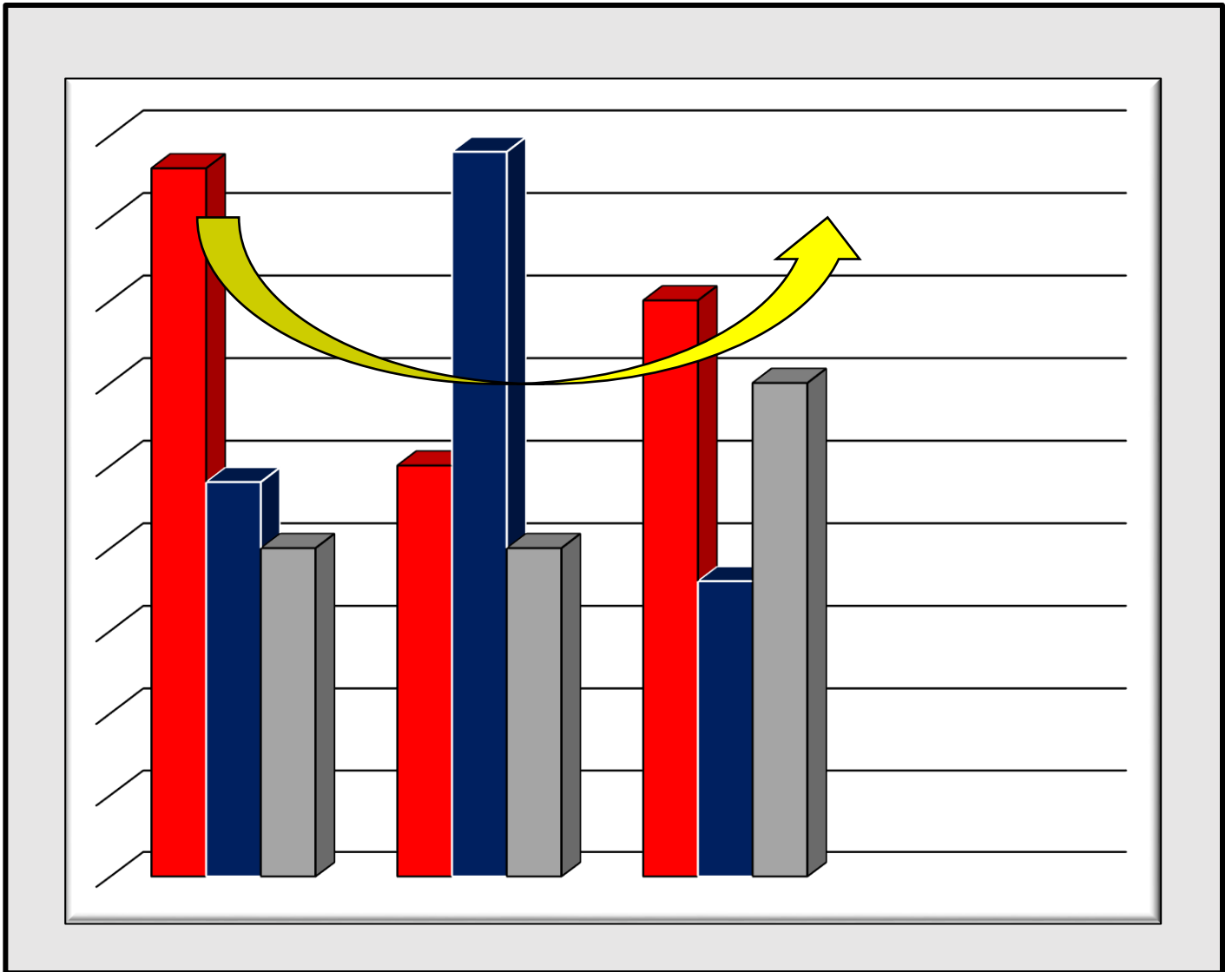


HARBORCREEK YOUTH SERVICES



PERFORMANCE QUALITY IMPROVEMENT PLAN

2022

HARBORCREEK YOUTH SERVICES
PERFORMANCE AND QUALITY IMPROVEMENT PLAN
2022
TABLE OF CONTENTS

- I. INTRODUCTION AND PHILOSOPHY**
- II. STAKEHOLDER INVOLVEMENT**
- III. STRUCTURE**
- IV. MODEL OF CHANGE**
- V. APPENDICES**
 - A. PQI ORGANIZATIONAL CHART**
 - B. PQI ORGANIZATIONAL CHART BY FUNCTION**
 - C. PQI OPERATIONAL PROCEDURES FLOW CHART**
 - D. CLIENT- CENTERED LOGIC MODELS**
 - 1. RESIDENTIAL TREATMENT SERVICES**
 - 2. FAMILY PRESERVATION SERVICES**
- E. NOTES**
- F. AGENCY STRATEGIC PLAN**

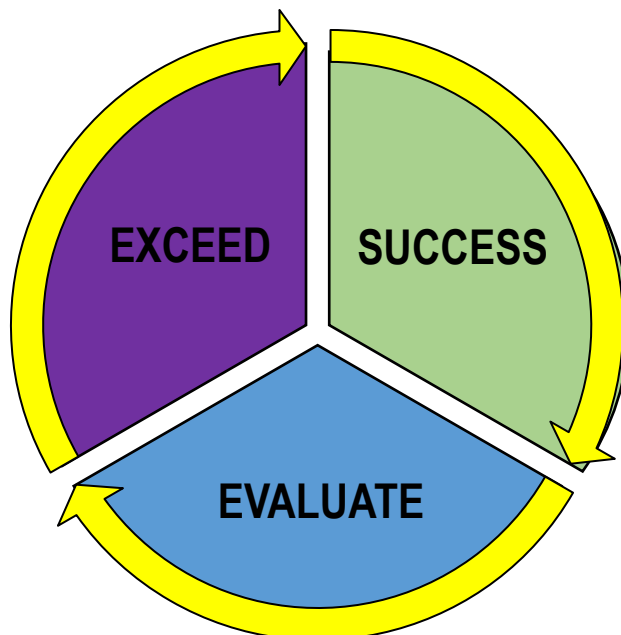
I. INTRODUCTION AND PHILOSOPHY

Harborcreek Youth Services recently celebrated its **110th** year of service to the community. Harborcreek Youth Services is a fully-accredited child & family social service agency with programs designed to meet or exceed national standards. In addition, the organization holds all applicable public licenses required to deliver a range of child behavioral health services. The agency currently has an operating budget of **\$10.5** million & employs a full-time professional & support staff of **120**. Over the past decade, Harborcreek has undertaken the following initiatives designed to improve both service quality & performance as well as enhance the viability of the agency as a community asset:

- 1) Continued attainment of nationally recognized accreditation from the Council on Accreditation (COA).
- 2) The implementation of an organizational change model (Sanctuary Model).
- 3) The delivery of Evidence-supported services including Multisystemic Therapy, Strength Through Literacy Project, EMDR, Trauma-Focused Cognitive Behavioral Therapy & implementation of a Trauma Theory-based practice model designed to treat complex trauma, and;
- 4) Development of a comprehensive Performance & Quality Improvement Program characterized by broad-based stakeholder participation, transparency, diversity & performance improvement. Currently, the agency provides a range of services including residential treatment & in-home family therapy for children & adolescents with a mental health diagnosis. An Educational Program, licensed by the Pennsylvania Department of Education, provides specialized campus-based services for clients participating in the residential treatment program. This plan was presented & approved by the Board of Directors on 5/25/22. Harborcreek updates its formal plan regularly.

II. STAKEHOLDER INVOLVEMENT

In 2021, **35%** of agency staff directly participated in PQI activities. Table 1 illustrates staff level involvement in both PQI sub-committees & workgroups.



**TABLE I: STAFF PARTICIPATION (MEMBERSHIP)
IN PQI INITIATIVES 2021-2022
STAFF GROUPING**

INITIATIVE	LEADERSHIP	DIRECT SERVICE	SUPPORT STAFF
1. Clinical Review Committee.	5	5	2
2. Human Resources Committee.	2	5	1
3. Incident Review Committee.	4	15	1
4. Compliance Program Committee.	4	6	3
5. Health & Safety Committee.	1	6	2
6. Logic Model Workgroup.	2	8	4
7. Residential Marketing Workgroup.	4	6	1
8. Community Stakeholder Survey Workgroup.	1	3	2
9. Emergency Preparedness Workgroup.	7	9	3

Table II depicts staff/stakeholder participation in PQI initiatives by stakeholder grouping.

TABLE II. PRIMARY STAKEHOLDER PQI PARTICIPANTS

STAKEHOLDER GROUP: GOVERNING BOARD AND COMMITTEES

DESCRIPTION

Members are a diverse group of community leaders interested in the work of the organization. They serve as resource persons for the agency & advocate on behalf of clients served.



DATA PROVIDED:

The members assist the organization in the development and implementation of core functions including strategic planning, budget development, risk management & long-range planning.



INFORMATION RECEIVED:

The agency distributes quarterly PQI reports; an annual scorecard & accreditation preparation summaries to members. In addition the PQI coordinator meets with a range of committees.

STAKEHOLDER GROUP: CLIENTS

DESCRIPTION:

Agency clients are the primary stakeholder group. They consist of families receiving family therapy services & children receiving residential treatment services.



DATA PROVIDED:

Clients provide the organization with both satisfaction & outcome data. Residential clients have access to Youth Advisory Board feedback. All clients have access to the agency website.



INFORMATION RECEIVED:

The agency PQI website provides up-to-date information on client satisfaction & updates on client outcomes.

STAKEHOLDER GROUP: FUNDERS/REGULATORY AND LICENSING BODIES

DESCRIPTION

Funders include both public & private sources. The organization has an extensive list of donors, whom support Expressive Arts & Therapeutic Recreation services. Regulatory groups include governmental agencies at all levels.



DATA PROVIDED:

Funders complete regular service quality & client outcome reviews as part of the agency audit process. Regulatory groups assess the organizations compliance with standards. Annually, approximately 20 reviews occur.



INFORMATION RECEIVED:

Funders & regulatory bodies typically request & receive a variety of PQI materials including the PQI Quarterly Report, the Annual Scorecard & results of client satisfaction & outcomes content.

STAKEHOLDER GROUP: COMMUNITY MEMBERS

DESCRIPTION:

Members include organizations that refer clients to the agency & the general public which includes supporters of the agency and its mission. Harborcreek also holds membership in the main state-wide child advocacy organization.



DATA PROVIDED: Community agencies provide feedback in the form of a bi-annual satisfaction survey. Comments received from the organization website are also monitored.



INFORMATION RECEIVED: PQI reports are regularly distributed to primary referral sources. Community members also have access to an agency newsletter, an annual report & an up-to-date website.

STAKEHOLDER GROUP: LEADERSHIP & MANAGEMENT STAFF

DESCRIPTION:

The executive leadership of the organization includes the following: Chief Executive Officer, Director of Finance & Treatment Services, Director of Residential Services, Director of Education, Director of Human Resources, Director of Nursing/Compliance & Clinical Director Residential. Management staff includes Directors of Facilities & Community Programs.



DATA PROVIDED: These staff groupings complete an annual Staff Satisfaction survey & hold membership in a variety of PQI committees & workgroups.



INFORMATION RECEIVED: This group receives reports on both staff & client satisfaction, logic-model based client outcomes, patterns & trends on staff recruitment & results of regulatory findings & improvement plans as required.

STAKEHOLDER GROUP: DIRECT SERVICE STAFF/SUPPORT STAFF

DESCRIPTION:

Direct service staff include Child Care Counselors & Workers, Therapists, Teachers & Case Managers from a variety of backgrounds. Support staff include Clerical, Finance & Maintenance employees. Direct & Support Staff are well represented on PQI committees & workgroups.



DATA PROVIDED: Staff participate in an Annual Staff Survey & also complete a range of reports reviewed by PQI sub-committees. Also, staff have access to primary PQI reports & receive a PQI brochure at orientation.



INFORMATION RECEIVED: Nearly 75% of PQI committee & workgroup membership across the organization consists of direct service & support staff members.

III. PQI INFRASTRUCTURE

Harborcreek Youth Services initially developed a structure to support Performance & Quality Improvement initiatives in 2009. The model, as designed, emphasized the need to be inclusive in nature & encouraged broad-based agency & community participation. A series of sub-committees & accompanying work groups have been formed & include:

- A leadership committee with members from upper & middle management levels.
- Five Sub-Committees:
 1. Clinical Review
 2. Human Resources
 3. Compliance Program
 4. Health & Safety
 5. Incident Review
- Four Ongoing Workgroups:
 1. Logic Model
 2. Community Stakeholder Satisfaction
 3. Emergency Preparedness
 4. Residential Marketing

The PQI infrastructure has the PQI coordinator as the central organizing figure & is assigned the following tasks:

- Recruits & maintains appropriate staff level involvement.
- Interacts with Governing Board & committees around PQI issues.
- Develops & maintains both aggregated & disaggregated data collection systems.
- Attends & facilitates all sub-committee work.
- Prepares reports for the Leadership Committee.
- Develops & maintains the Annual PQI Plan, the PQI Quarterly Report & the PQI Annual Scorecard.
- Prepares Accreditation self-study & related reports.
- Presents findings to staff groups at all levels of the organization.

IV. MODEL OF CHANGE

Performance Improvement Plans plays a central role in the agency PQI process. Typically, the organization is working on several plans simultaneously. Sub-committees and related workgroups monitor progress in improvement plan activity. Ultimately, results are shared with the Leadership committee and with community stakeholders. Past initiatives have included a diverse range of efforts focused on staff satisfaction, physical plant upgrades, & quality measurement enhancements.

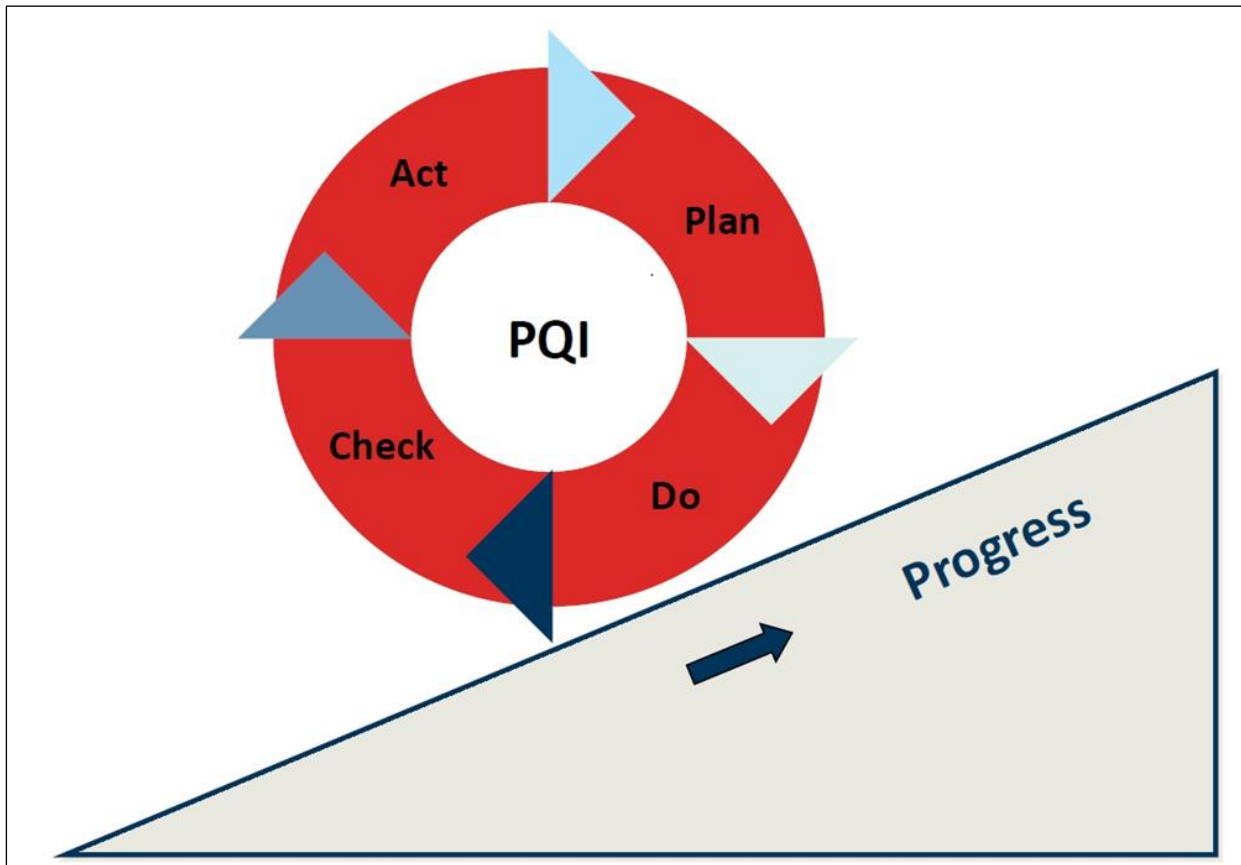
Agency progress in meeting improvement plan results are communicated to stakeholders through the PQI Quarterly Report & Annual Scorecard available on the organization website. A summary of measures collected by each organizational program/department follows.

The organization has adopted the Plan, Do, Check and Act Cycle as its primary model of change. The model forms the basis in the development of improvement plans. All PQI Sub-Committees as well as the Leadership Committee receive an orientation to this planned change approach.

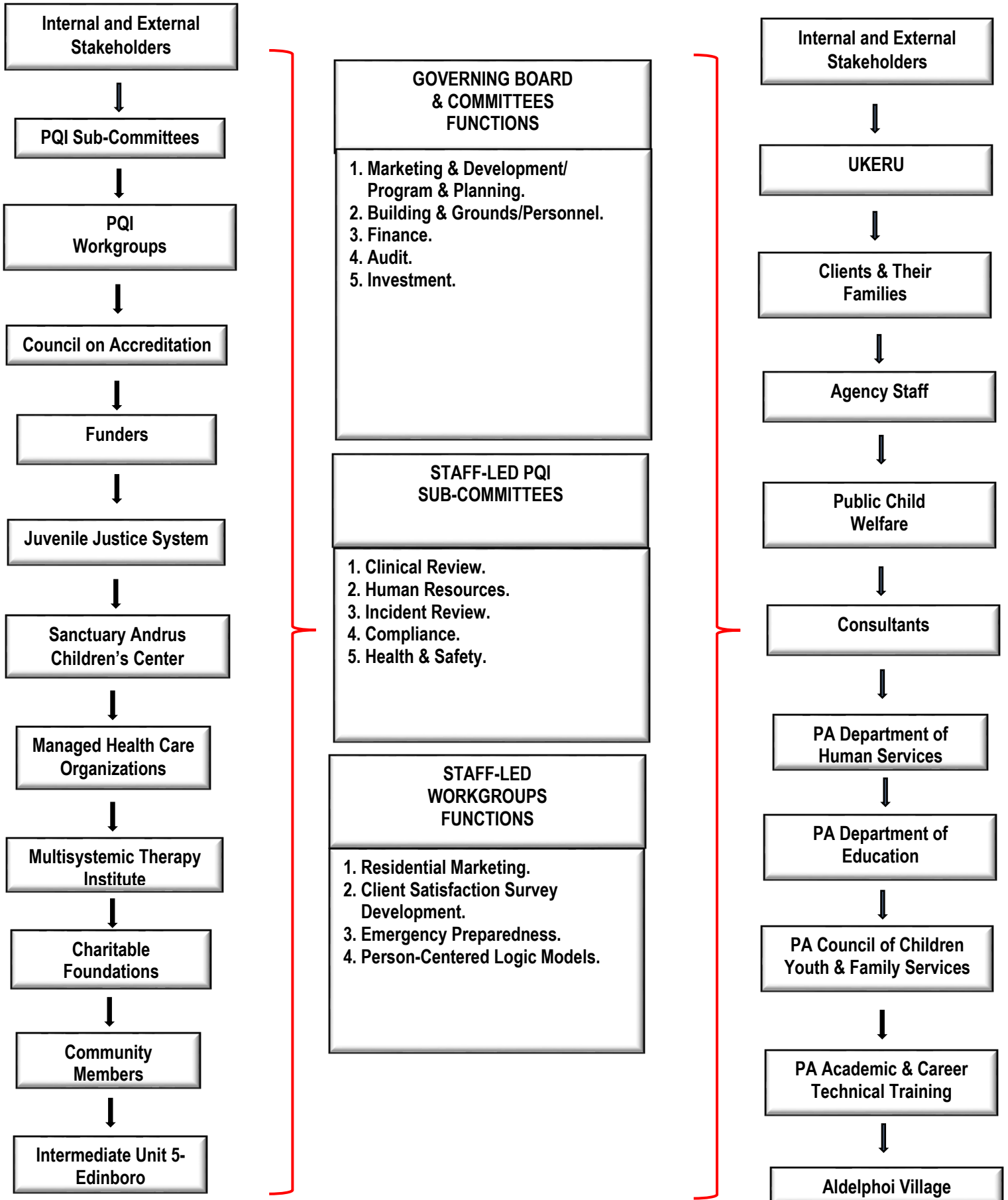
The process proceeds as follows:

Phase I-Plan	<ul style="list-style-type: none"> ▪ Data Collection ▪ Work plan developed with specific objectives, responsibilities, and indicators of success
Phase II-Do	<ul style="list-style-type: none"> ▪ Work plan acted upon ▪ Follow-up and regular updates
Phase III- Check	<ul style="list-style-type: none"> ▪ Assessment of work ▪ Actual results compared to expected results ▪ Determination of change status as successful or unsuccessful
Phase IV-Act	<ul style="list-style-type: none"> ▪ Assessment of improvement level from baseline ▪ Integration of change into current agency culture and environment

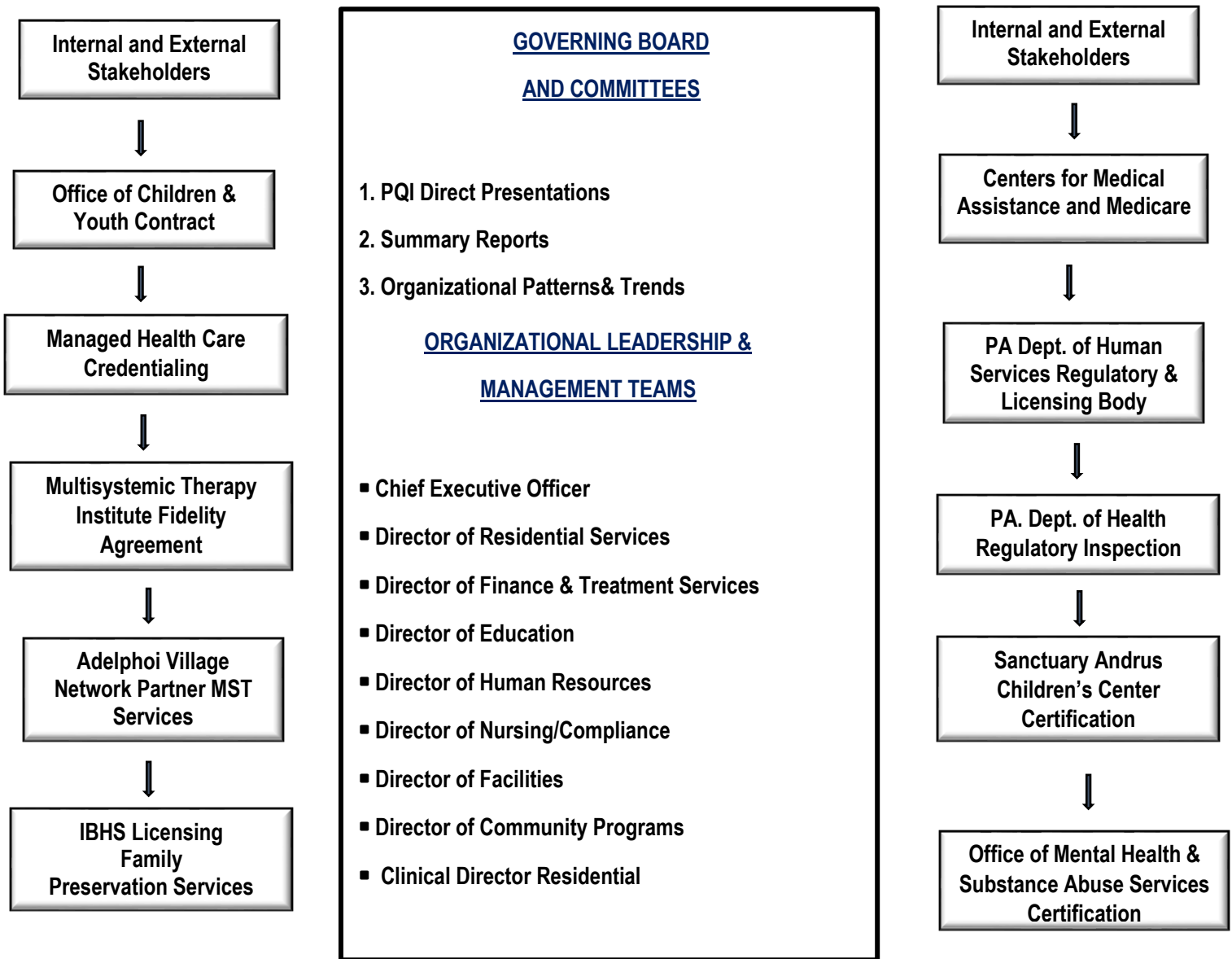
In the event the change was not positive, the organization would return to the baseline way of operating . An open alternative is to return to the Plan phase of the cycle to determine a different approach to address the concern.



APPENDIX A: HARBORCREEK YOUTH SERVICES PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM PQI ORGANIZATIONAL CHART



APPENDIX B: HARBORCREEK YOUTH SERVICES PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM PQI ORGANIZATIONAL CHART BY FUNCTION



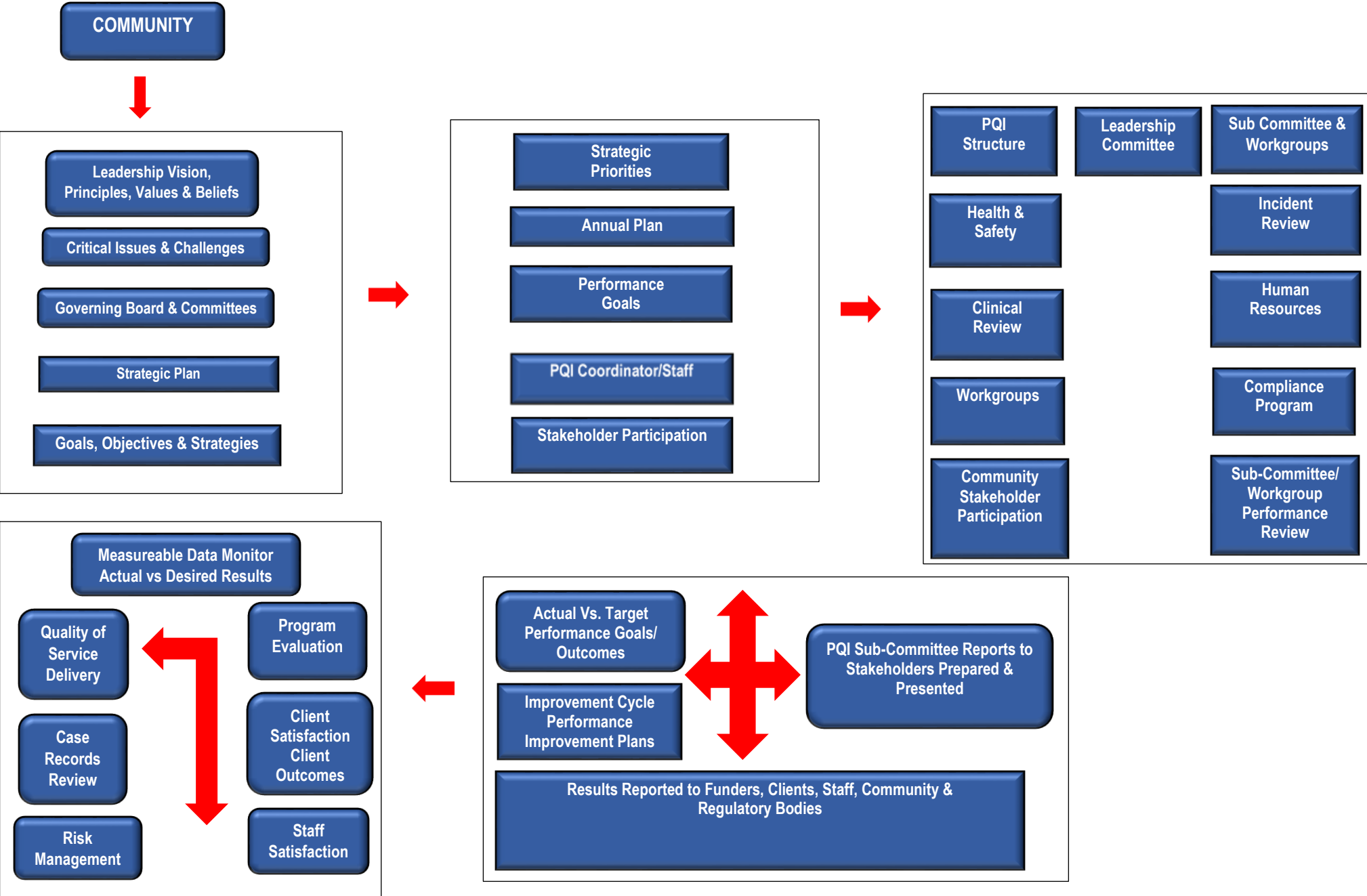
PQI REPORTS REVIEWED

- Residential Marketing
- Behavior Supports
- PQI Quarterly
- Annual Scorecard

SUB/COMMITTEES/WORKGROUPS

- | | | | | |
|--|--|---|--|--|
| <u>Clinical Review</u>
• Residential Marketing
• Logic Model Workgroup
• Stakeholder Survey Workgroup | <u>Human Resources</u>
• Staff Recruitment & Retention & Staff Satisfaction | <u>Compliance</u>
• Emergency Preparedness Workgroup | <u>Health & Safety</u>
• Accidents
• Physical Plant Safety | <u>Incident Review</u>
• Weekly
• Sanctuary Model Overview |
|--|--|---|--|--|

APPENDIX C: HARBORCREEK YOUTH SERVICES PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM PQI OPERATIONAL PROCEDURES FLOW CHART



**CLIENT-CENTERED LOGIC MODEL
OUTCOMES: RESIDENTIAL TREATMENT SERVICES**

NEEDS	INPUTS	ACTIVITIES/ INTERVENTIONS	OUTPUTS	QUALITY INDICATORS	CHANGE IN CLINICAL STATUS CHANGE IN FUNCTIONAL STATUS OUTCOMES	IMPACT
<p>On a state-wide basis the Pennsylvania Department of Human Services has identified a need to develop services designed to help clients with serious behavioral health issues. This focus has been adopted locally by Managed Health Care Organizations & Child Protective Agencies.</p> <p>The Residential program at Harborcreek is considered the highest level of Behavioral health care available across the Commonwealth. HYS receives around 400 client referrals per year for the residential program.</p>	<p>The agency is fully licensed by the Pennsylvania Department of Human Services and accredited by the Council on Accreditation. The following resources support program activities and the achievement of program objectives:</p> <ul style="list-style-type: none"> ▪ Clients ▪ Staff ▪ Funding ▪ Staff Training ▪ Electronic health records system ▪ Therapists trained in multisensory therapy approaches: <ul style="list-style-type: none"> - Art therapy - Music therapy - Therapeutic writing - Progressive Counting - EMDR - TRE - Barton Reading & Spelling System ▪ PA State 3800 Regulations ▪ Federal Regulations governing restraint use ▪ MCO Contracts and service standards ▪ Sanctuary certification and commitment ▪ PA Dept. of Education & Bureau of Special Education 	<p>The organization employs a Developmental Trauma-Informed Practice Model in the treatment of complex childhood trauma. The model recognizes the impact on a child's development, understanding that a child may experience difficulties in emotional, behavioral, cognitive, and physical development that can interfere with necessary growth & maturation. Key components of the model include:</p> <ul style="list-style-type: none"> - Psychiatric evaluation - Assessment/Biopsychosocial evaluation - Treatment planning/team meetings with family and external team members - Individual psychotherapy - Family therapy - Expressive therapies - Trauma Resolution therapy - Life skills groups - Sanctuary groups - Therapeutic recreation - Individualized education program - Primary, care, dental, and vision check-ups - Wellness coaching - Aftercare service coordination. 	<p>The agency electronic health records system tracks:</p> <ul style="list-style-type: none"> • Number of individual & family therapy sessions • Number of treatment days • Assessment services/ results • Number of clients receiving services • Number of expressive therapy units • Client length-of-stay ▪ Units of discharge planning services <ul style="list-style-type: none"> - Client record reviews - Client/Parent satisfaction level 	<p>PREVENTION</p> <p>SAFETY</p> <p>PERMANENCY</p> <p>WELL-BEING</p>	<p>85% of residents will avoid acute mental health inpatient hospitalization during residential treatment or as a discharge plan</p> <p>80% of residents will achieve their individualized BMI goal by the time of discharge</p> <p>85% of residents will display decrease in incident reports over a 6-month treatment period</p> <p>85% of residents will decrease scores on Beck Depression Inventory and Beck Anxiety Inventory from time of admission to time of discharge</p> <p>85% of residents will return to family or other lower level of care at the conclusion of residential treatment</p> <p>95% of residents will attend PCP, vision, and dental appointments during first month of stay and see PCP monthly</p> <p>80% of residents will score in the non-clinical range of the Trauma Symptom Checklist at time of discharge</p>	<p>The organization provides services based on an interagency team model where the client is an active participant. Examples of treatment goals typically include:</p> <ul style="list-style-type: none"> - Resolution of past traumas & the development of coping skills. - Stabilization of behavioral health issues - Client empowerment focused on the identification of protective factors & the reduction in risk factors - Development of a discharge plan designed to help reinforce client progress in treatment - Safely reconnecting clients with their family and/or community

CLIENT-CENTERED LOGIC MODEL (RESIDENTIAL TREATMENT SERVICE)

CLIENT OUTCOMES: F/Y 2021-2022

(PILOT PHASE OCTOBER 2021-MARCH 2022)

	OUTCOME	FREQUENCY	TARGET	ACTUAL	N=
1.	Residents will achieve their individualized BMI goal by time of discharge.	At discharge	80%		
2.	Avoid acute mental health hospitalization.	Identify frequency if any	85%		
3.	Decrease in incident reports over a 6 month treatment period.	Tracked monthly	85%		
4.	Decreased scores on Beck Depression Inventory admission vs. discharge.	Tracked monthly from admission to discharge	85%		
5.	Decreased scores on Beck Anxiety Inventory admission vs. discharge.	Tracked monthly from admission to discharge	85%		
6.	PCP at intake 1 st 5 days.	Track 1 st month	95%		
7.	Vision screening 1 st 30 days .	Track 1 st month	95%		
8.	Dental screening 1 st 30 days.	Track 1 st month	95%		
9.	PCP monthly.	Track monthly	95%		
10.	At discharge family reunification or lower level of care.	At discharge	80%		
11.	At discharge, client scores in non-clinical range of Trauma Symptom Checklist.	At discharge	80%		

**CLIENT-CENTERED LOGIC MODEL
OUTCOMES: FAMILY PRESERVATION SERVICES**

NEEDS	INPUTS	ACTIVITIES/ INTERVENTIONS	OUTPUTS	QUALITY INDICATORS	CHANGE IN CLINICAL STATUS CHANGE IN FUNCTIONAL STATUS OUTCOMES	IMPACT
<p>Multisystemic Therapy (MST) is a nationally recognizable program for at-risk youth & their families. It is supported by more than <u>150</u> published peer-reviewed journal articles. Locally, MST is supported by key community participants including public child welfare & juvenile court services.</p>	<p>The following resources support program activities & the achievement of program objectives:</p> <ul style="list-style-type: none"> • Funding • Staff • Evidence-based model • Referral network • MST expert consultation • Quarterly & semiannual program evaluation • Staff training • Technology • Fee-for-service contract model • Child & Adolescent Services System Program Principles 	<p>A wide body of longitudinal research prioritizes the importance of treatment adherence & quality assurance in the delivery of MST services in community practice settings including:</p> <ul style="list-style-type: none"> ▪ Assessment ▪ Therapeutic contacts ▪ Targeted interventions ▪ Parenting assistance ▪ Treatment modalities including: <ul style="list-style-type: none"> - Contracting - Communication - Cognitive skill development - Structural therapy - 24 hour on call services - Quality assurance - Clinical consultation 	<p>The agency management information system tracks:</p> <ul style="list-style-type: none"> ▪ Number Of therapy sessions ▪ Hours of direct service ▪ Number of billable hours ▪ Number of consultation units ▪ Client-length-of-stay ▪ Number of clients served ▪ Measurement of client satisfaction through the agency PQI program. 	SAFETY	<ul style="list-style-type: none"> • Contract specific: Juvenile Probation & Public Child Welfare incident data at <u>6 + 12</u> months post program closure. Target at <u>85%</u>. • Fidelity model specific : % of youth with no new arrests. Target at 90%. 	<p>Over \$10 million of rigorous, scientific evaluations of MST have demonstrated:</p> <ul style="list-style-type: none"> ▪ Reduction in long-term rates of criminal offending ▪ Reduction in out-of-home placements ▪ Significant improvement in family functioning ▪ Decreased mental health problems for adolescents ▪ Cost savings when compared to conventional mental health & juvenile justice services.
				PERMANENCY	<ul style="list-style-type: none"> • Contract Specific: Juvenile Probation & Public Child Welfare placement data at <u>6 + 12</u> months post program closure. Target at <u>80%</u>. • Fidelity Model Specific: % of youth living at home. Target at <u>90%</u>. • Fidelity Model Specific: % of youth in school /working. Target at <u>90%</u>. • Fidelity Model Specific: % of youth placed. Target at <u><10%</u>. 	
				WELL-BEING	<ul style="list-style-type: none"> • Fidelity model specific: % of youth completing treatment. Target at <u>85%</u>. • Client satisfaction at <u>80%</u> or higher. • % with improved family relations. (qualitative measurement.) • % with improved network of supports. (qualitative measurement) • % with parenting skills necessary to handle future problems. (qualitative measurement) • % with success in educational/vocational setting. (qualitative measurement). • % of youth involved with prosocial peers/activities. (qualitative measurement) • % of cases where changes have been sustained. (qualitative measurement) 	

**CLIENT-CENTERED LOGIC MODEL (FAMILY PRESERVATION SERVICES)
 CLIENT OUTCOMES: F/Y 2021-2022
 (PILOT PHASE OCTOBER 2021-MARCH 2022)**

	CALENDAR														
	SPECIFIC OUTCOMES/QUALITY INDICATORS	REPORT SCHEDULE	TARGET	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
14.	Juvenile probation & public child welfare incident data at <u>12</u> months post treatment closure. (Safety)	Annually	85%				X								
15.	Juvenile probation & public child welfare placement data at <u>6</u> months post treatment closure (Permanency)	Annually	80%				X								
16.	Juvenile probation & public child welfare placement data at <u>12</u> months post treatment closure. (Permanency)	Annually	80%				X								

- NOTES:**
1. Items #1-#12 are Fidelity-related outcomes produced by Multisystemic Therapy Institute & Aldelphi Village MST Systems.
 2. Items #13-#16 are contract-related outcomes produced by the Erie County Department of Human Services & Mercyhurst University.
 3. The symbol x denotes the outcomes reporting schedule for F/Y 2021-2022.

NOTES: Content for this plan was retrieved from the following sources:

1. Family Preservation & Stabilization Services: Client-Centered Logic Model (2021). Council on Accreditation.
2. Performance & Quality Improvement Standards (2021). Council on Accreditation.
3. The Performance & Quality Improvement Tool Kit (2016). Council on Accreditation.
4. Residential Treatment Services: Client-Centered Logic Model (2021). Council on Accreditation.
5. Deas, K, Mane, K., & Wright, S. (2021). Logic Models 2.0: Connecting Programs to Action, Council on Accreditation.
6. Logic Model Development Guide (1998). W.K. Kellogg Foundation.



Harborcreek Youth Services

2022-2025 Strategic Plan

Overview/Introduction

This 2022-2025 strategic plan comes at a time of great change and growth at Harborcreek Youth Services. In 2021 (our 110th year), HYS achieved self-governance by mutual agreement with the Catholic Diocese of Erie. With that separation came the return of deeds to HYS' property, now permanently and solely associated with the mission of HYS. Construction is rapidly progressing on a new twelve-bed Psychiatric Residential Treatment Facility, the addition of which is anticipated to both meet statewide needs and achieve stabilization of revenue goals at the agency.

Three years of a global pandemic have greatly impacted the organization in unexpected ways. The pandemic prompted the organization to be adept in adjusting policies and communicating internally as effectively as possible to address the health crisis. Government loan and grant opportunities have provided support for an operating budget with decreased revenue as a result of decreased service utilization. The pandemic has also resulted in a nationwide staffing shortage and a call for higher wages for frontline workers, a phenomenon by which HYS is also impacted. As board members, HYS Leadership, and department Directors engaged in a series of meetings to develop this Strategic Plan, it was clear that our experiences these past three years have greatly influenced our vision of the future with regard to long- and short-term goals.

The Executive Strategic Planning group met to draft a first-ever Vision Statement and Values Statement, review the Mission statement and complete a Strengths-Weakness-Opportunities-Threats (SWOT) Analysis. As a result of that session, the group adopted the following statements:

Vision:

To serve as the premier trauma-focused provider in the state of PA so that youth and families can move forward with new hope and balance for a healthy future.

Values:

HYS is committed to the practice of the Sanctuary Principles of Non-Violence; Democracy; Social Learning; Emotional Intelligence; Open Communication; Social Responsibility; and Growth and Change.

The group also proposed a revised Mission Statement and recommended it to the Full Board for approval. This revised Mission Statement incorporates new opportunities for identity now that self-governance is achieved, as well as an intention to ensure potential youth, families and other stakeholders view Harborcreek as welcoming and inclusive:

Mission:

Using Sanctuary practices and principles, we help youth and families overcome adversity and build positive futures within a safe, holistic, trauma-focused environment that respects individuality, promotes healing and strengthens community.

The SWOT analysis completed by the Executive Strategic Planning group helped to inform department Directors as they looked ahead to critical needs and goals. This is evidenced by long term goals that address identified opportunities such as improving internal communication through the use of technology, focusing on staff development to improve proficiency in critical policies and practices, exploring a new method to mentor staff, and more.

With the adoption of this plan by the Board of Directors, HYS charts the course for the next three years of change and growth. This Strategic Plan will form the basis for annual plans with specific goals and objectives that affirm our vision, our values and our mission.

This 2022-2025 Strategic Plan, including the Long-Term Goals presented was approved by the HYS Board of Directors at the May 25, 2022 Board meeting at which time a quorum was present.

HYS 2022-2025 Strategic Plan
Departments and Long-Term Goals

- I. Governance
 - A. The Board will establish a policy on recruitment of Board Members, which will include efforts to recruit and retain members who reflect the diversity of our youth and families served.
- II. Administration
 - A. Physical Records
 - 1. Build new or convert existing storage space into waterproof, humidity and climate-controlled hardcopy records storage area that is safe and secure from data breaches, and easily accessible to all authorized staff.
 - 2. Reduce and/or phase out reliance on costly outside vendors to store archival client records.
 - B. Compliance
 - 1. Distribute accurate contact information to the wide network of HYS' stakeholders and referral sources.
 - C. Sanctuary/JEDI
 - 1. Using the agency's commitment to Sanctuary, promote awareness and action of matters related to Justice, Equity, Diversity and Inclusion
 - D. Employee Wellness
 - 1. Maintain an active staff wellness committee that provides helpful resources to staff to improve their wellbeing.
- III. Clinical
 - A. HYS will enhance our Trauma Focused treatment with Nature Based Counseling.
- IV. Medical
 - A. Study feasibility of purchasing and implementing an electronic Medication Administration Record (MAR).
- V. Finance
 - A. Study the impact of planned staff retirement on Payroll, Purchasing and other functions and determine agency needs.
 - B. Explore additional features and capabilities of our ECCA Payroll system that may benefit and improve quality of life for our staff.
- VI. Education
 - A. Students will be encouraged to increase utilization of school resources and programs in the language arts and pre-employment training.
- VII. Residential
 - A. Improve staff development/proficiency in key areas of HYS policy and treatment model.
 - B. Eliminate the use of floor restraints.
 - C. Attract more qualified staff to HYS.
- VIII. Building and Grounds
 - A. Create and facilitate a plan for a successful renovation of the Old Liberty Unit and adjacent space

- IX. MST
 - A. Study system capacity for sustainability of expansion of a fourth therapist; plan and implement as indicated.
- X. Human Resources
 - A. Improve communication between administration and employees through the use of video screens with effective content.
 - B. Implement Biometrics on Timeclocks to reduce errors.
- XI. Information Systems
 - A. Study agency needs with regard to personnel and other resources in IT, to determine if any additional positions are needed.