



PERFORMANCE AND QUALITY  
IMPROVEMENT PROGRAM

ANNUAL REPORT

2017

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I. INTRODUCTION

Harborcreek Youth Services, consistent with accreditation standards, has developed an organization-wide Performance and Quality Improvement program designed to advance efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals. The agency’s Strategic Plan, based on strongly held organizational values and beliefs, forms the basis for goal setting and attainment strategies. The “Plan”, based on a four year review cycle, recently was modified to reflect changing social and economic forces impacting the organization. In March, 2017, the Board of Directors formally approved the agency 2017-2020 Strategic Plan.

II. STRATEGIC PLAN

A total of eight (8) primary agency goals are identified in the organizational Strategic Plan as follows:

AGENCY GOAL I	To develop and improve quality services to meet changing client and stakeholder needs.
AGENCY GOAL II	To enhance a supportive and healthy agency professional culture.
AGENCY GOAL III	To enhance relationships with internal and external stakeholders.
AGENCY GOAL IV	To promote a holistic approach in service delivery for children and families served as well as for agency personnel.
AGENCY V	To build awareness of the agency and its mission.
AGENCY VI	Manage agency physical and financial resources while allowing for sustainability and growth.
AGENCY VII	To maintain and enhance a comprehensive agency risk prevention and management plan.
AGENCY VIII	To anticipate the future of the agency and to assure long-term viability through planning for growth, expansion, adaptation and diversification.

Each strategic goal reflects accompanying strategies for goal attainment and forms the basis for quality improvement activities.

### III. SUB-COMMITTEE STRUCTURE/PQI ACTIVITIES

The Performance and Quality Improvement process is designed to be inclusive and transparent. Staff at all levels participate in sub-committee activities. Sub-Committees typically meet on either a monthly or bi-monthly schedule. In 2017, 35% of full-time agency staff held membership on a variety of PQI committees. In addition, 8-10 community stakeholders volunteered as members of various Board committees and provided specialized knowledge and skills in a wide array of Board functions and responsibilities.

#### A. MANAGEMENT COMMITTEE

The Management Committee is charged with assuming the overall responsibility for the development and implementation of the agency-wide Quality Improvement Program. This committee reviews all reports generated by the quality sub-committees including patterns and trends, client satisfaction, client outcomes, and staff satisfaction. In addition, the committee receives updates on the status of performance improvement plans and workgroup progress.

#### B. HEALTH & SAFETY COMMITTEE

The Health and Safety sub-committee is charged with monitoring the physical environment of the agency to include all facilities, vehicles, maintenance, and grounds. This committee is also charged with a review of risk presentation efforts and emergency response planning. In 2017, the committee, in collaboration with the Compliance Program Sub-Committee, developed an Emergency Response Plan consistent with newly formed federal guidelines.

#### C. HUMAN RESOURCES SUB-COMMITTEE

This sub-committee is charged with monitoring all personnel related performance areas as well as staff training related items. The committee also completes an annual Staff Satisfaction Survey.

At the beginning of the calendar year performance targets are established for incidences of staff grievances, rate of staff turnover, and measurement of satisfaction on the annual survey. Annual reports on these targets are detailed in Section V of this report.

#### D. INCIDENT REVIEW SUB-COMMITTEE

Incident Review is charged with inspecting each incident report and ensuring that all events are recorded accurately and that interventions are applied in accordance with established procedure and comply with regulatory standards. In 2017, this sub-committee prioritized the significant reduction of child acting-out behaviors in the residential program. Results of this initiative are presented in Section V of this report.

E. COMPLIANCE PROGRAM SUB-COMMITTEE

The Compliance Program is responsible for reviewing and evaluating compliance issues/concerns including regulations of all licensing bodies and internal agency policies and procedures. Also, the committee reviews organizational waste, fraud, and abuse practices.

F. CLINICAL REVIEW SUB-COMMITTEE

Clinical Review is responsible for the design, administration, and evaluation of community stakeholder satisfaction surveys and outcome measurements across all agency programs. Also, the committee reviews patterns and trends in both referral and demographic features of the residential program in particular. Results of these initiatives are available in section V of this report.

G. EDUCATION SUB-COMMITTEE

This is the most recent of all sub-committees listed. The Education Committee, in 2017, addressed issues related to residential client emotional and behavioral regulation concerns and a primary need of many children for remedial education. Subsequently, the committee oversaw the development of a school-based Sanctuary respite and also initiated an Evidence-based remedial reading program.

H. PQI WORKGROUP

Occasionally, sub-committees will encounter issues that require formal and extensive study, often times including a literature search and an identified need for expert consultation. TABLE I summarizes this process during 2017.

TABLE I. PQI WORKGROUPS – 2017

SUB-COMMITTEE	WORKGROUP	DESCRIPTION
Education	Sanctuary Room Project	Children (students) in the school setting were acting out symptoms of complex trauma. A new, innovative approach was identified as a client/agency need. The Sanctuary Room, designed for respite and staff support, has the capacity to track both behavioral and emotional regulation concerns.
Education	Strength Through Literacy	Children (students) are taught to read using a research designed model. Both staff and community volunteers receive training in the “Barton” method and work as tutors with the goal of enhancing the child’s school performance and enhancing the child’s self-care plan.
Compliance and Health & Safety Sub-Committees	Emergency Preparation Plan	Federal regulations require Children’s Institutions to comply with updated emergency response planning laws and standards. This involved the development of a written plan, staff training protocols, and an emergency testing process.
Clinical Review	Sexual Counseling Service Curriculum	This program required significant revision and updating. An Evidence-supported age and culturally relevant curriculum was the primary goal of the workgroup. Expert consultation facilitated the process.

IV. PERFORMANCE IMPROVEMENT PLANS

During 2017, the agency identified five (5) areas in need of improvement. These areas are explained in TABLE II.

TABLE II: IMPROVEMEMT PLAN SUMMARY - 2017

SUB-COMMITTEE	DOMAIN	TARGETED AREA OF IMPROVEMENT	STATUS
Education	School	Child (student) emotional and behavioral regulation concerns in classroom setting.	Respite resource developed, (Sanctuary Room), promoting child meditation and refocus time. Phase-in period continues into 2018.
Clinical Review	Therapeutic Foster Care	Upgrade and expand Resource Parent Training Program.	Pilot program beginning in early 2018. Evidence-based curriculum utilized. Training hours expanded from 24 to 36 annually.
Human Resources	Staff Satisfaction	Staff satisfaction survey responses to both closed and open-ended items indicate need for focus group follow-up.	Focus group meeting process began in late 2017 and proceeds early into 2018. Results/impressions will determine follow-up.
Incident Review	Residential Treatment	Child acting out behaviors are traumatic to both clients and staff. Clients presenting higher trending needs necessitated this agency review and revision of practices.	Early results of this initiative are encouraging. Benchmarks established and performance reviewed weekly. Longer-term project.
Health and Safety	Residential Treatment	Three (3) areas of physical plant improvement identified by a diverse group of stakeholders. Emphasis on safety, aesthetics, milieu, and environmental upgrades.	Project 90% complete. Initial stakeholder comments are positive. Additional input from children, parents, funders and advocates are anticipated.

V. PQI ANNUAL SCORECARD 2017

<b>DOMAIN</b>	<b>TARGETED GROUP</b>	<b>FREQUENCY</b>	<b>PERFORMANCE TARGET</b>	<b>ACTUAL</b>	<b>RESULTS CODE</b> 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
Community Stakeholder Satisfaction Surveys	Residential Clients Entrance Survey	Administered Within Two Weeks of Program Admission	Satisfaction Level at 80%	85%	1-Target Met/Exceeded
	Residential Clients Ongoing Survey	Administered to Active Clients in March & September of Calendar Year	Satisfaction Level at 80%	74%	2- Target Close to Being Met
	Residential Clients Exit Survey	Administered Within Two Weeks of Program Discharge	Satisfaction Level at 80%	87%	1-Target Met/Exceeded
	Residential Clients Expressive Therapies (Art & Music) Surveys	Administered at Completion of 10-12 Week Sessions	Satisfaction Level at 80%	90%	1-Target Met/Exceeded
	Foster Parent (Resource Parent) Satisfaction Survey	Reported Annually	Satisfaction Level at 80%	98%	1-Target Met/Exceeded
	Multisystemic Therapy (TAM-R) Parent Satisfaction Survey	Reported Bi-Weekly; Consistent with Model Fidelity Requirements	Satisfaction Level at 80%	94%	1-Target Met/Exceeded
	Staff Satisfaction Survey	Reported Annually	Satisfaction Level at 80%	77%	2- Target Close to Being Met
	Community Agency Satisfaction Survey	Reported Bi-Annually	Satisfaction Level at 80%	86%	1-Target Met/Exceeded
Client Outcomes	Residential Clients (Trauma Symptom Checklist for Children)	Administered on Pre-Post Test Schedule; Aggregated Results Report Annually	Scales 1-7; T-Scores at 64 or Below. Scales 8-10; T-scores at 69 or Below	72% of Clients; Non-Clinical Range	1-Target Met/Exceeded

<b>DOMAIN</b>	<b>TARGETED GROUP</b>	<b>FREQUENCY</b>	<b>PERFORMANCE TARGET</b>	<b>ACTUAL</b>	<b>RESULTS CODE</b> 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
	Residential Clients (How I Think Questionnaire)	Administered on Pre-Post Test Schedule; Aggregated Results Reported Annually	Post-Test Scores at 82 <sup>nd</sup> Percentile or Lower	80% of Clients; Non-Clinical Range	1- Target Met/Exceeded
	Residential Clients (Brief Symptom Inventory)	Administered on Pre-Post Test Schedule; Aggregated Results Reported Annually	T-Score at 62 or Below	71% of Clients; Non-Clinical Range	1- Target Met/Exceeded
	Children in Therapeutic Foster Care (Four Identifiable Outcomes)	Aggregated Results Reported Annually	Outcome #1: Client Length of Stay (180-270 Days)	403 Days	3- Target Not Met
			Outcome #2: Rate of Successful Client Discharges (85%)	80%	2- Target Close to Being Met
			Outcome #3: Reduced Mental Health Inpatient Hospitalization (83%)	80%	2- Target Close to Being Met
			Outcome #4: Number of Foster Homes (10)	8	2- Target Close to Being Met
	Youth/Families Receiving Multisystemic Therapy Services (Four Identifiable Outcomes)	Aggregated Results Reported Quarterly; Consistent with Model Fidelity Requirements	Outcome #1: % of Youth Living at Home (90%)	89%	2- Target Close to Being Met
			Outcome #2: % of Youth in School (90%)	94%	1- Target Met/Exceeded
			Outcome #3: % of Youth With No New Arrests (90%)	87%	2- Target Close to Being Met
			Outcome #4: % of Youth Completing Treatment (85%)	89%	2- Target Close to Being Met



<b>DOMAIN</b>	<b>TARGETED GROUP</b>	<b>FREQUENCY</b>	<b>PERFORMANCE TARGET</b>	<b>ACTUAL</b>	<b>RESULTS CODE</b> 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
Human Resources	Staff Retention Rates	Monthly Review	Staff Annual Turnover Rate of 20% or Lower	15%	1- Target Met/Exceeded
	Rate of Staff Grievances	Monthly Review	Staff Grievances Filed at 12 or Fewer Annually	5	1- Target Met/Exceeded
Management and Operations	Financial Reporting System (Balanced Budget)	Monthly Review	Balance Greater Than Zero	8% Surplus	1- Target Met/Exceeded
	Investment Reporting System (Investment Returns at S & P 500 Averages)	Quarterly Review	Exceeding Benchmark	14% Increase	1- Target Met/Exceeded
Compliance	Regulatory Compliance	Monthly Review	All External Audits and Reviews at 100% Compliance	100%	1- Target Met/Exceeded
	Policy Compliance	Monthly Review	A total of 14 New or Revised Policies in 2017 at 100% Compliance	100%	1- Target Met/Exceeded
	HIPPA Compliance	Monthly Review	Adherence to Regulations at 100% Compliance	100%	1- Target Met/Exceeded
	Waste, Fraud and Abuse Compliance	Monthly Review	Hotline Maintained; No Calls Received in 2017	N/A	N/A

DOMAIN	TARGETED GROUP	FREQUENCY	PERFORMANCE TARGET	ACTUAL	<b>RESULTS CODE</b> <b>1. Target Met/Exceeded</b> <b>2. Target Close to Being Met</b> <b>3. Target Not Met</b>
Maintenance of Accreditation	Agency Performance as Compared to Approximately 1,000 Agencies Nationally	Reviewed Annually	Meet or Exceed Overall Average Performance of all Accredited Organizations	N/A	N/A
			Performance Measure #1: Rate of Substantiated Client Grievances (10%)	13%	2- Target Close to Being Met
			Performance Measure #2: Days Cash on Hand (123 Days)	32 Days	Due to low earnings environment liquid funds are utilized; excess cash put in investment accounts.
			Performance Measure #3: Rate of Management Retention (86%)	80%	2- Target close to Being Met
			Performance Measure #4: Rate of Employee Retention (75%)	80%	1- Target Met/Exceeded
			Performance Measure #5: Average Tenure of All Employees (62 Months)	119 Months	1- Target Met/Exceeded
Accidents	Full-Time, Part-Time, and On-Call Staff Members	Reviewed Monthly	Incidence at Three Year Average (Annual at 20 Accidents)	17 Accidents	1- Target Met/Exceeded

## VI. NOTES

The content and design of this Annual Plan was partially retrieved from the following sources:

Administration and Management Standards: Performance and Quality Improvement.  
Council on Accreditation-Copyright 2017

The Performance and Quality Improvement Tool Kit, Version 1.0. Council on  
Accreditation, 2016