

# HARBORCREEK YOUTH SERVICES

## PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM

### ANNUAL REPORT



**2018**

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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 is 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 of 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 GOAL V	To build awareness of the agency and its mission.
AGENCY GOAL VI	Manage agency physical and financial resources while allowing for sustainability and growth.
AGENCY GOAL VII	To maintain and enhance a comprehensive agency risk prevention and management plan.
AGENCY GOAL 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 MODEL

The Performance & Quality Improvement process is designed to be inclusive & transparent. Sub-committees typically meet on either a monthly or a bi-monthly schedule. In 2018, approximately 40% of full-time agency staff held membership on one or more PQI committees. In addition, 8-10 community stakeholders participated as Advisory Board Members & provided specialized knowledge & skills in key areas of agency operation. TABLE I details the organizational structure of the Harborcreek PQI program.

**TABLE I. PQI SUB-COMMITTEE STRUCTURE**

SUB COMMITTEE	FOCUS	MEASUREMENT
A. Administrative Team.	Macro issues faced by the organization.	Reports related to accreditation standards, regulatory & licensing status, & legislative initiatives.
B. Health & Safety	Monitors physical environment of the organization including risk prevention & Emergency Response Planning.	Develops data reports in review of staff accidents & Emergency Response evaluations.
C. Human Resources	Monitors staff retention, grievances, staff training & staff satisfaction.	Develops aggregated data collection reports detailing turnover, grievances & staff satisfaction.
D. Incident Review	Participates in plan development focused on child safety & acting out behaviors.	Reports on a range of child acting-out patterns & trends including results of preventive initiatives.
E. Compliance Program	Reviews & evaluates organizational status in regard to regulatory, licensing, & internal policy & procedures.	Reports on organizational preparedness for policy & regulatory & accreditation standards.
F. Clinical Review	Reviews & evaluates community stakeholder satisfaction surveys & outcome measurements across all agency-accredited programs.	Monitors & reports on quality service delivery including client satisfaction with Residential Treatment Service, Family Preservation, & Family Foster Care Programs.
G. Education	Addresses primary client need for remedial education, expressive therapies & work experience programs.	Tracks & monitors program effectiveness in serving clients with multiple education & socialization needs.
H. Management	Responsible for the overall direction of the PQI program including compliance with national standards as developed by Accreditation groups.	Reviews all reports on client outcomes & client satisfaction surveys as primary measurements of service quality.

Occasionally sub-committees will encounter issues that require formal & intensive study, often times including a literature search & an identified need for expert consultation. During 2018, several programming areas were studied including Foster Parent recruitment, client length-of-stay in Family Preservation Services, a Sanctuary school project & the formal development of an organization Emergency Preparation Plan.

#### IV ANNUAL SCORECARD

The organization regularly promotes the distribution of gains vs. goals to a widely diverse group of Community Stakeholders. The annual scorecard as presented identifies major agency domains, performance targets, & accompanying measureable results. During the calendar year, interim results are posted quarterly in an attempt to keep stakeholders current with major agency initiatives.

**PQI ANNUAL SCORE CARD 2018**

<b>DOMAIN</b>	<b>TARGETED GROUP</b>	<b>FREQUENCY</b>	<b>PERFORMANCE TARGET</b>	<b>ACTUAL</b>	<b>RESULTS CODE</b> <b>1. Target Met/Exceeded</b> <b>2. Target Close to Being met</b> <b>3. Target Not Met</b>
Community Stakeholder Satisfaction Surveys	Residential Clients Entrance Survey	Administered Within Two Weeks of Program Admission	Satisfaction Level at 80%	86%	1- Target Met/Exceeded
	Residential Clients Ongoing Survey	Administered to Active Clients in March and September of Calendar Year	Satisfaction Level at 80%	71%	2- Target Close to Being Met
	Residential Clients Exit Survey	Administered Within Two Weeks of Program Discharge	Satisfaction Level at 80%	85%	1- Target Met/Exceeded
	Residential Clients Expressive Therapies- Music	Administered at Completion of 10-12 Week Sessions	Satisfaction Level at 80%	86%	1- Target Met/Exceeded
	Residential Clients Therapeutic Movement	Administered Annually	Satisfaction Level at 80%	82%	1- Target Met/Exceeded
Community Stakeholder Satisfaction Surveys	Children in Foster Care	Administered Annually	Satisfaction Level at 80%	92%	1-Target Met/Exceeded
	Foster Parent (Resource Parent) Satisfaction Survey	Administered Annually	Satisfaction Level at 80%	99%	1-Target Met/Exceeded
	Governance Survey	Administered Bi-Annually	Satisfaction Level at 80%	94%	1- Target Met/Exceeded
	Advisory Board Survey	Administered Bi-Annually	Satisfaction Level at 80%	95%	1- Target Met/Exceeded

**PQI ANNUAL SCORE CARD 2018**

DOMAIN	TARGETED GROUP	FREQUENCY	PERFORMANCE TARGET	ACTUAL	RESULTS CODE 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
	Multisystemic Therapy (TAM-R) Parent Satisfaction Survey	Reported Quarterly	Satisfaction at 80%	96%	1-Target Met/Exceeded
	Staff Satisfaction Survey	Administered Annually	Satisfaction Level at 80%	87%	1-Target Met/Exceeded
Random Case File Reviews	Client Case Records: <ul style="list-style-type: none"> <li>Residential Treatment Service</li> </ul>	Quarterly Randomly Selected Case Files	Compliance Rate at 80%	94%	1- Target Met/Exceeded
	<ul style="list-style-type: none"> <li>Family Preservation Services (MST)</li> </ul>	Quarterly Randomly Selected Case Files	Compliance Rate at 80%	90%	1- Target Met/Exceeded
	<ul style="list-style-type: none"> <li>Family Foster Care (CRR Host Home Treatment Program)</li> </ul>	Quarterly Randomly Selected Case Files	Compliance Rate at 80%	78%	2- Target Close to Being Met
Client Outcomes	Children in Foster Care; Foster Parents (Four Identifiable Outcomes)	Aggregated Results Reported Annually	Outcome#1: Client Length of Stay (180-270 Days)	332 Days	2- Target Close to Being Met
			Outcome #2: Successful Discharges (85%)	100%	1-Target Met/Exceeded

**PQI ANNUAL SCORE CARD 2018**

DOMAIN	TARGETED GROUP	FREQUENCY	PERFORMANCE TARGET	ACTUAL	RESULTS CODE 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
Client Outcomes			Outcome #3: Reduced Mental Health Hospitalizations (83%)	86%	1-Target Met/Exceeded.
			Outcome #4: Number of Foster Homes (8)	(7)	2-Target Close to Being Met
	Youth/Families Receiving Family Preservation Services (Four Identifiable Outcomes)	Quarterly Results; Consistent with Model Fidelity Calendar & Requirements	Outcome #1: % of Youth Living at Home (90%) Outcome #2: % of Youth in School/Working (90%) Outcome #3: % of Youth with No New Arrests (90%) Outcome #4: % of Youth Completing Treatment (85%)	87% 95% 88% 84%	2- Target Close to Being Met 1-Target Met/Exceeded 2- Target Close to Being Met 2- Target Close to Being Met
Client Outcomes	Children receiving Residential Treatment Services	Annual Results: Evidence Based Instruments Form Basis for Measurement	Outcome #1: Trauma Symptom Checklist for Children Pre-Post Test. Scales 1-7 T-Scores at 64 or Below; Scales 8-10 T-Scores at 69 or Below	82% of Clients Non-Clinical Range	1-Target Met/Exceeded



**PQI ANNUAL SCORE CARD 2018**

DOMAIN	TARGETED GROUP	FREQUENCY	PERFORMANCE TARGET	ACTUAL	RESULTS CODE <ol style="list-style-type: none"> <li>1. Target Met/Exceeded</li> <li>2. Target Close to Being Met</li> <li>3. Target Not Met</li> </ol>
Client Outcomes	Children Receiving Residential Treatment Services	Annual Results: Evidence Based Instruments From Basis for Measurement	<p>Outcome #2: How I Think Questionnaire Pre-Post Test. Post-Test Scores at 82<sup>nd</sup> Percentile or Lower</p> <p>Outcome#3: Brief Symptom Inventory Pre-Post Test. T-Scores at 62 or below</p> <p>Outcome #4: ACE (Adverse Childhood Experience) Scores Dual Measurement of Childhood Trauma Range From 1 Adverse Child Experience to 3 or More Experiences</p>	<p>82% of Clients Non-Clinical Range</p> <p>78% of Clients Non-Clinical Range</p> <p>99% of Clients Report 1 or More Adverse Experiences; 80% of Clients Report 3 or more Experiences</p>	<p>1- Target Met/Exceeded</p> <p>1- Target Met/Exceeded</p> <p>Diagnostic Tool Focused on Severity of Child Trauma Experience</p>
Human Resources	Staff Retention Rates	Monthly Review	Staff Annual Turnover Rate at 20% or Lower	23%	2-Target Close to Being Met

**PQI ANNUAL SCORE CARD 2018**

<b>DOMAIN</b>	<b>TARGETED GROUP</b>	<b>FREQUENCY</b>	<b>PERFORMANCE TARGET</b>	<b>ACTUAL</b>	<b>RESULTS CODE</b> <b>1. Target Met/Exceeded</b> <b>2. Target Close to Being Met</b> <b>3. Target Not Met</b>
Human Resources	Rate of Staff Grievances	Monthly Review	Staff Grievances Filed at 10 or Fewer Annually	4	1- Target/Met Exceeded
Management and Operations	Financial Reporting System (Balanced Budget)	Monthly Review	Balance Greater Than Zero	Lower Than Anticipated Residential Census & Increased Health Insurance Costs	3- Target not Met
	Investment Reporting System (Returns at S&P 500 Average)	Quarterly Review	Exceeding Benchmark	Negative Investment Returns Similar to S&P 500 Averages	2-Target Close to Being Met
Compliance	Regulatory Compliance	Monthly Review	All External Audits and Reviews at 100% Compliance	95% (Plan of Correction Accepted by Funders/Regulatory Bodies)	2-Target Close to Being Met
	Policy Compliance	Monthly Review	A Total of Four New or Revised Policies in 2018 at 100% Compliance	100%	1- Target Met/Exceeded.
	HIPPA Compliance	Monthly Review	Adherence to Regulations at 100% Compliance	100%	1-Target Met/Exceeded

**PQI ANNUAL SCORE CARD 2018**

DOMAIN	TARGETED GROUP	FREQUENCY	PERFORMANCE TARGET	ACTUAL	RESULTS CODE 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
Compliance	Waste, Fraud and Abuse Compliance	Monthly Review	Adherence to Regulations at 100% Compliance	100%	1-Target Met/Exceeded
Accidents	Full-Time Part-Time, and On-Call Staff	Reviewed Monthly	Incidence at Three Year Average (Annual at 19 Accidents)	14 Accidents	1-Target Met/Exceeded
Maintenance of Accreditation	Agency Performance as Compared to Approximately 1,000 Agencies Nationally	Annual	Meet or Exceed Overall Average Performance of All Accredited Organizations	N/A	N/A
			Performance Measurement #1: Rate of Substantiated Client Grievances (10%)	13%	2-Target Close to Being Met
			Performance Measurement #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 Measurement #3: Rate of Management Retention (86%)	80%	2-Target Close to Being Met
Performance Measurement #4: Rate of Employee Retention (75%)	80%	1-Target Met/Exceeded			

**PQI ANNUAL SCORE CARD 2018**

DOMAIN	TARGETED GROUP	FREQUENCY	PERFORMANCE TARGET	ACTUAL	RESULTS CODE 1. Target Met/Exceeded 2. Target Close to Being Met 3. Target Not Met
Maintenance of Accreditation	Agency Performance as Compared to Approximately 1,000 Agencies Nationally	Annual	Performance Measurement #5: Average Tenure of all Employees (62 Months)	119 Months	1-Target Met/Exceeded

**Notes:**

1. Several of the community stakeholder satisfaction surveys represent stakeholder responses to instruments developed by the Council on Accreditation in preparation for agency re-accreditation in October 2018.
2. Data Collection under the domain maintenance of accreditation represent agency data compiled in 2017, the most recent Accreditation Council reporting period.
3. The content & design of the Annual Report was partially retrieved from publications produced by the Council on Accreditation (2016-2018).