

ST. MARY'S HOME FOR CHILDREN PQI QUARTERLY REPORT

Fourth Quarter: October-December 2016

Introduction: The PQI Quarterly Report encompasses a review of PQI Committee processes, policies and procedures, and PQI initiatives. The Report is shared with staff, the Board of Directors and stakeholders via posting on the agency website. Note this Report is only a review, and that more detailed information can be obtained by contacting a member of the particular committee or by reviewing committee meeting minutes.

Executive Note: During this quarter we continued to examine our practices and develop action plans to improve service delivery and to improve our work environment. You will see as you read this report that our dedicated staff are committed to strengthening our practices. In this report you will see that we are responding to survey results, finalizing a mentoring program in residential services, developing a staff retention plan, planning the implementation of the second phase of the Building Bridges Initiative, laying the foundation for PBIS in the school and successfully launching the Outpatient Support Program in the Shepherd Program. As always, we encourage you to get involved!

PQI Note: The PQI Fair held this quarter was a great success, with over forty employees participating – a 25% participation rate. Some good-spirited competition between Committee Chairs resulted in twenty-five different employees expressing interest in joining one or more of the seven PQI Committees represented...the pizza, candy and raffles may have contributed as well! Regardless, we're hopeful that Directors, Managers, Coordinators and Supervisors will be attentive and accountable to the Committee Participation Initiative, and that membership on all committees will increase in the upcoming quarter. Additionally, we're hopeful for representation from all departments and programs through this Initiative, and eventually from clients and parents. Please continue to reference the Mail Room postings and PQI Bulletin Board for information about committees and happenings each quarter.

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Critical Incident Review

Physical Restraints	<i>October# / Rate</i>	<i>November # / Rate</i>	<i>December # / Rate</i>
Residential	19 / 2%	2 / .2%	14 / 1.7
School	6 / 1.8%	7 / 2.6%	1 / .4%

Highlights of Achievement:

- Restraint rates decreased in the residential programs, and the committee credits the focused efforts in place during the quarter as contributing. Specifically, a debriefing training was held; discussion of escorts and restraints occurred during Unit Meetings; administrators attended Unit Meetings to discuss escort and restraint; Life Space Interview TCI training refreshers took place; and there was an increase in family and youth engagement activities campus-wide.
- The committee is already making action plans to ensure we do not ‘drift’ away from the focus. Plans include holding Teamings faster, communicating the results to a larger audience and continuing the practice of discussion at Unit Meetings at least once per month. Additionally, there is cross-over between membership on this committee and the Improvement Committee also working on restraint reduction.
- A tracking log established and implemented by the committee continues to provide oversight to the practice of conducting LSI with children and debriefs with staff following every physical restraint.
- Incident Form (IF) trainings were held using a ‘train-the-trainer’ model for residential Supervisors during the quarter, and subsequent direct staff trainings were also held.
- A second shift ARTS Clinician was hired and is now available to help in situations staff feel a psychiatric evaluation may be necessary for clinical input prior to external assessment.
- Attention to scheduled activities and family involvement on units continued during the quarter in response to monthly incident data.

Goals:

- Continue to monitor implementation and effectiveness of the Incident Report action plan. The committee notes an observed improvement in this area.
- Make decisions regarding the Incident Form data so that it can be introduced and used prior to electronic implementation in Best Notes.

Goals on Hold/Delayed/Discontinued: None

Barriers to overcome or reasons for change: None

Notes: None

Safety Committee

Highlights of Achievement:

- There were several staff injuries over the quarter, with small changes implemented toward the goal of preventing a future similar injury. One of the incidents involved 3 different employees and took place off campus, assessed as something we could not control or prevent (auto accident).

- There were no client injuries that occurred as a result of property issues. Small reminders and inquiries were still made to maximize safety.
- Issues that were presented and successful follow up occurred during the quarter include:
 - Outpatient Programs ‘permanent’ lighting is now in use;
 - Visual reminders for lighting that can be accidentally turned off when still needed have been implemented (e.g. tape over switched/printed signage);
 - Distribution of one dozen packages of disinfectant wipes across campus to help keep common areas clean (e.g. shared computer keyboards; shared work stations; tables and chairs with multiple users etc.);
 - Distribution of new oven mitts/gloves to all units;
 - Re-issue / reminder of procedures in place designed to increase safety for ‘after-hours’ outpatient program clients and staff.

Goals:

- Maintain success of the One Call testing system, and achieve 100% success rate in the upcoming year;
- Remain on target for completion of Safety Manual and Emergency Manual policy and procedure edits by July 1, 2017;
- Re-design dumpster area to comply with new Department of Health Codes by deadline (Spring, 2017);
- Increase communication with CERT team;
- We continue to look for increased participation from residential and school, as many safety issues are observed evenings / weekends, and within the Units. Their input on the committee will be invaluable.

Goals on Hold/Delayed/Discontinued: None

Barriers to overcome or reasons for change: None

Notes: None

Survey Committee

Highlights of Achievement:

In re: Youth Voice and Choice Action Plan

- During this quarter, we scheduled a meeting with Foster Forward to discuss the possibility of subcontracting for a Youth Mentor to assist in implementing Phase II of the Building Bridges Initiative (Youth Voice & Choice). In addition, we are entering into an agreement with Building Bridges Initiative for funding from the Annie E. Casey Foundation for technical assistance and training for calendar year 2017. The initial draft of some of the plans for this phase of implementation include: youth advisory board; youth assisting with interviews of residential staff; youth involved in training staff; youth involvement in the welcoming of new residents; youth assistance with policies and procedures; youth involvement in community activities.

In re: Board Assessment of Risk Action Plan

- The Strategic Plan/PQI Committee met as scheduled 2x during the quarter, and determined that a risk assessment matrix will be used to expand upon current risk reports. The matrix is viewed as more ‘hands on’ and is intended to identify

specific areas of need. In turn, we can solicit the expertise of Board members in the targeted risk area, increasing their involvement in risk assessment and management. The assessment is to take place in the upcoming quarter.

In re: Service Delivery and Coordination of Services Action Plan

- Service Program Directors met during the quarter and created their action plan as tasked. The plan includes attendance by a Program Director at another programs' meetings 2x per year to explain services offered; implement use of professional consultations for clients who themselves or their families are in multiple programs, and include all involved employees; and to expand use of existing 'teamings' across the whole agency for clients in multiple programs.

In re: Independent Contractor Liability Action Plan

- During the quarter research was conducted with our insurance agent relative to several practices (e.g. clients in vehicles; accidents; etc.). In the upcoming quarter, we will be meeting to present finding and assess if policy changes are needed.

Staff Relations

Highlights of Achievement:

- The committee met officially 3x this quarter.
- We were able to acknowledge 4 staff members for starfish awards, going above and beyond this quarter. Information was given out to all staff to learn more about the Starfish Award, as submissions have been very low.
- We sent out flowers/plants to six different employees during the quarter.
- There were no volunteer audits to complete at this time.
- The agency held a PQI fair and we had 10 employees sign up for our committee, but we have increased our group only by two new members. They have jumped right in and have been great additions to our group.
- The staff appreciation for this quarter included a treat bag with candy for October, Kettle Corn for the month of November and our annual holiday party for December.
- We held our annual Holiday Party at Cucina Rustica, and had 112 employees and guests sign up for the party. 100 people attended in total. There were several prizes drawn throughout the evening, and a DJ kept the crowd dancing. It was a great event and everyone enjoyed themselves. The committee got together, out of work, and made the favors for the dinner.
- The committee also had hot pizza and a special dessert sent in to all staff, and children on campus, who were working and not able to attend the holiday party.
- The committee started "Shop at Lunch" during November and December, where vendors would come in on Wednesdays with items for sale. It seemed to be received very well and we now have a better idea of what vendors worked better for next year. The vendors donated a small percentage of their sales to St. Mary's. We are going to talk about having the candy vendor possibly coming in for other holidays throughout the year e.g. Valentine's Day, Easter.

Goals:

- Improve and maintain morale through staff recognition through all departments.
- Audit volunteer files when necessary.

Goals on Hold / Delayed / Discontinued: N/A

Barriers to overcome or reasons for change: N/A

Notes:

- The committee continues to have monthly raffles, or surprises to show appreciation for all that our team members do.
- The committee is thinking of some new ways to boost morale

Wellness Committee

Highlights of Achievement:

- **10 Wellness Programs** were coordinated, advertised, and offered to staff during this quarter including: Staff Chair Massages (21 staff participated in total), Meditation Hour (11 staff participated in total), Kickboxing (lead by staff member; 5 staff participated), Book Club Dinner and Discussion (12 staff participated in total).
- **Staff Orientation training addressing “Trauma Stewardship at St. Mary’s”** was identified as a need within the agency and the committee has identified creating a staff educational training at orientation (and elsewhere in the agency, if needed) as a Goal to address. Plans are underway to accomplish this goal.
- **Wellness Program Evaluation** was created and used at half of the Program’s offered in order to get staff feedback.
- The Wellness Committee **met all three months** of the quarter.
- **2 New Members joined Wellness Committee;** in response to Committee Fair that took place in the Fall, 2016.
- **Water Quality** at St. Mary’s was brought to the attention of Maintenance and a plan to assess and address is underway.

Goals:

- To continue to offer requested wellness programs to staff, based on survey responses. Explore new ways to reach more St. Mary’s staff.
- Create training/document addressing “Trauma Stewardship at St. Mary’s” to be offered at New Hire Orientations.
- Work with Development to identify grant opportunities to create 11 agency wide Sensory baskets.
- Bring Yoga back to St. Mary’s.
- Explore BCBS workshops.
- Plan Annual Wellness Fair; to take place at the end of May 2017.

Barriers to overcome or reasons for change: N/A

Notes:

- We are always looking for new committee members!

LGBTQIQI Committee

Highlights of Achievement:

- Continued monthly LGBTQ+ meetings (with exception of December)
- Optional LGBTQ+ training, geared toward residential staff, was held on 11/18/16

- Created resource packets for each unit, to be distributed in upcoming group supervision meetings and in public places throughout agency

Goals:

- Increase size of the committee
- Increase agency resources for LGBTQ+ population
- Provide further LGBTQ+ trainings and make them available for all staff
- Obtain BCBS safe zone certification
- Standardize client documentation across all programs and departments to be all-inclusive
- Ensure that each department is represented on committee
- Explore ways to increase participation and improve programming in Gay-Straight Alliance

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change:

- Clients are no longer included in full meetings due to issues with supervision, behavior management, and client confidentiality. This will be re-evaluated in the future, with increased supervision by staff and proper preparation of client participants prior to attendance at meetings.
- Difficulty attending state-wide task force meetings due to high demands on agency staff.

Notes: None

Risk Prevention

Highlights of Achievement:

Compliance w/legal requirements

There is nothing new to report on this section this quarter.

Insurance and liability

We renewed our health insurance coverage at a slight increase to both the agency and staff. A few options were reviewed by a focus group of staff members from different agency departments and it was agreed upon by all that our current plan with the slight increase was the best option for all. We have had two years of not having to pass increases on to staff, so this is the first time in a few years that we have had to do so.

Health & Safety

It was reported that testing of our water should be done throughout the agency. The process was explored and will start in early January. As most might be aware, the white house staff has not been able to drink the water for some time and as a result, they are now being supplied bottled water. We have developed a use of facilities agreement which will allow individuals/groups the ability to use our facilities, such as the gym, upon approval of the written request by the executive director.

Human Resources Practices

Staff retention continues to be an issue that to which we remain committed. We will be convening the group together again in January in hopes of developing a formal staff

retention plan to help us determine what is needed to retain good staff while at the same time reduce overtime. A merit increase system of rewarding staff for superior performance will be in force beginning in January. We also sent out a survey to determine what benefits are most important to staff. Our hope is that at some time we will be able to offer a cafeteria plan of benefits to staff.

Contracting practices and compliance

We have nothing new to report at this time although we continue to welcome any staff who have pets which can be used in therapy. To date we have five pets approved in this capacity.

Client rights and confidentiality issues

Our ongoing attention to client rights occasionally includes consultation with one of RI's social work ethics specialists. Following a consult with the specialist regarding third party reports, we made the decision to have all our records related policies and procedures reviewed by a legal record specialist. Tweaks, where recommended and needed, will be introduced in the upcoming quarter.

Financial risks

We are still awaiting responses from DCYF for our residential proposals. The latest we have heard is that we should be informed as to the rates by the end of January. In the meantime, we continue to receive the rates which were previously established. We continue to have to put on hold the initiatives we had budgeted this year such as tuition reimbursement and contributions to staff retirement. For most of the fiscal year to date, our census has been lower than budgeted in most units.

Conflicts of Interest

Board members were asked to disclose any conflicts of interest, and re-review / sign the required annual Conflict of Interest policy. This happens each October at their annual Board Retreat. Employees continue to review the policy and sign / disclose any conflicts as a part of their annual evaluation process.

Kids Council

Highlights of Achievement:

- Monitor money and clothing allowance money was a concern. A representative from Kids Council and the Clinical Director met with finance to problem solve. Finance was helpful and accommodating, and moving forward excess money from clothing allowances will be deposited in to a child's account to add to the next clothing allowance.
- Family nights continued one time a month through the quarter.
- Next Kids Council meeting will include staff who are interested in learning about the Council and mentoring youth to go forward with resolving concerns.

Goals:

- Begin monthly Kids Council meetings in January.

Goals on Hold / Delayed / Discontinued None

Barriers to overcome or reasons for change: None

Notes: None

PQI

Highlights of Achievement:

- System created for tracking of compliance and licensing standards and regulations.
- Members of the CERT team have joined the Safety Committee.
- Action plan developed to ensure consistent meetings of Kids Council.
- Applications for the National CERT training submitted for three St. Mary's employees.
- Action plan created by the Shepherd Program to decrease the time between referral and case assignment.
- Debriefing trainings completed.

Goals:

- Formalize the PQI Scorecard
- To formalize the staff mentoring program
- To develop a Business Continuity Plan
- To complete an agency retention plan.

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change: N/A

Notes:

- Note that policies and procedures will continue to be reviewed in a systemic manner so that we are well prepared at all times, and to make the next re-accreditation process smoother. The PQI Committee will continue to be a place where policy and procedure can be reviewed, and individual departments will take on a stronger role with monitoring assistance.

Residential Improvement Committee

Highlights of Achievement:

- Action steps to achieve this committee's major initiative - implementation of the Residential Staff Mentor Program - are in the final stages. Formal implementation is scheduled for the first month of the upcoming quarter. This committee had done much work to develop the Mentor Program, and while membership on the committee has changed since the initiative began, it is great to see that new members joined existing members to continue the work.
- Exploration of ways to reduce use of physical restraint and increasing an understanding of trauma continue to be a focus of this committee. We are researching programs who have experienced success in reduction and considering their techniques, as well as the 'Resilient Kids' program at the "Center for Resilience" here in Providence. Plans to utilize internal and possibly external trainings are also underway.
- At the October 4, 2016 PQI Committee Fair many people signed up showing an interest in the improvement committee.

Goals:

- The committee goals remain the same from the last reporting period: to eliminate/reduce the use of physical intervention within the residential program.
- The goal for upcoming quarter is to make every effort to reach out to those who signed up at the PQI fair and formally invite them to the next meeting.

Goals on hold/delayed/discontinued: None

Barriers to overcome or reasons for change:

- This committee feels that the membership/participation challenges of the past reporting period will be eliminated going forward.

Additional notes: N/A

Residential/Day Treatment/School Admissions by Funding Source

	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016
Blue Cross & Blue Shield	0	0	0	0
Neighborhood Health Plan	9	20	21	11
United Healthcare	2	5	5	1
DCYF	22	17	17	1
School Depts	6	7	10	0
Other Insurance	0	2	2	0

Highlights of Achievement:

- The Mauran Unit now accepts DCYF referrals for any latency-aged child, not just male as before. The current residents/referrals reflect the new criteria.
- The Admissions Committee, consisting of the Clinical Director, Campus School Special Education Director and Principal, Nursing Supervisor, and Intake Coordinator meet weekly to review current and new DCYF referrals and possible discharges. Also in attendance at the meeting are clinicians and staff representing residential houses, the Building Bridges Initiative (BBI), and the Parent Support Network (PSN) to ensure that each department has opportunity to be part of the decision-making process leading to admission.
- The Clinical Director, the unit clinicians, and BBI/PSN staff meet weekly, following the Admissions Committee meeting, to discuss specific concerns for each child regarding treatment needs, family issues, discharge planning, and other issues that may arise.
- The ARTS supervisory team continues to do on-going staff training regarding insurance protocol, daily scheduling, therapeutic groups, additional activities for

the children, and record-keeping. This training is necessary to ensure that all staff, especially new hires, are aware of and follow all protocols regarding Harding, DCYF, and insurances. This training is under the direction and supervision of the ARTS clinicians and the house managers who meet weekly to review progress and identify areas to be addressed.

- The ARTS Treatment Team and St. Mary's administration continue to meet monthly to review the status of the program regarding insurance providers, programmatic updates/changes, staffing issues, physical maintenance, or any other issues which need addressing.
- The ARTS Case Manager meets weekly with a BHS representative of NHP insurance to coordinate aftercare for their members. Also, internally, St. Mary's Shepherd Program sends representation to the ARTS weekly meeting for coordination of possible aftercare services to clients and families upon discharge. The ARTS Case Manager has resumed meeting with a DCYF representative on a weekly basis to discuss bed availability, discharges, referrals, and other pertinent issues. This meeting had previously been discontinued at DCYF's request while they reorganized their referral procedure.
- Insurance companies accounted for 47.61% of admissions and DCYF accounted for with 47.62% of admissions. This is the first time insurances and DCYF had equal impact on admissions. On the other hand, school departments did not place any Day Students in the Campus School this quarter.

Existing Goals:

- Children's Residential Handbook is being revised to incorporate changes in daily living, activities (ex. daily routine, family contact, birthdays, allowances, etc.)
- St Mary's Clinical Director is contacting DCYF to discuss RTC bed availability, possible discharges, and referrals. The number of DCYF referrals has steadily decreased in recent years as that agency revises treatment options for children in their care, focusing on the least restrictive setting.

Goals on Hold / Delayed / Discontinued:

- N/A

Barriers to overcome or reasons for change:

- St. Mary's continues to work closely with insurance companies to ensure that potential clients may be able to utilize various programs within their guidelines. Specific people at St Mary's have been trained to be sure insurance coverage is up-to-date for NHP, United Healthcare, and any other insurance company prior to a child's admission.
- The Campus School Special Education Director and School Principal are reviewing options for space to expand classrooms and interviewing candidates as prospective teachers.

Notes:

- The largest source of admissions this quarter is shared by NHP and DCYF at just over 47.6% for each agency. This is the first time for the last several quarters that insurance has not been the primary source of admissions.
- IOP, Crisis Stabilization, and Shelter clients typically are admitted on the day of referral.

- The highest percentage of admissions by age is 14yo at 23.81%. The second highest age is 12yo at 19.05%, followed by 15yo at 14.29%. For the past two quarters, the highest percentage by age had been 16yo.

Outpatient Intake Quarterly Summary

Highlights of Achievement:

- The length of time between a client being referred and assigned during this quarter was within 1-2 weeks.
- The wait for Sexual Abuse Evaluations has improved to 1-2 weeks.
- EOS continues to see a steady stream of referrals. The program is currently, and remains, full.
- VOCA/CFTT is currently full with 6 families being served.
- The STAAR Program is currently serving 5 clients and will plan to serve 12 more as we received an increase in VOCA Grant funding. 2 new full time clinicians were hired and will begin serving clients this month. There is no current wait for STAAR and the Assistant Director sent out a notification to referral sources announcing the immediate openings for services.
- Outpatient Support Program (OSP), our newly added service for NHP/RC clients, is currently serving 9 clients.
- Piloting our new Families Impacted by Sexual Abuse (FISA; formerly NOP) curriculum via a FISA group which started in October 12th and will end in Jan; only 2 clients participated.

Existing Goals:

- Maintain reasonable timeframe between cases referred and assigned.
- Continue to expand our EOS Team to keep up with referrals.
- The Outpatient program is working with the IT department in the implementation of our new EMR/Database, Best Notes, which has a more efficient data collection system.

Goals on Hold / Delayed / Discontinued: N/A

Barriers to overcome or reasons for change: N/A

Notes: N/A

George N. Hunt Campus School

Highlights of Achievement:

- Great holiday activities for students, including North Providence Firefighters bringing gifts for students and having Santa hand them out, took place during the quarter;
- The Positive Behavioral Interventions and Support (PBIS) Matrix was completed and sent to parents/guardians during the quarter;
- The PBIS Matrix was developed, communication and posted;
- Monthly Awards Assemblies were held every month in the quarter, and are assessed as a big success by both students and faculty;
- Individual Education Plan meetings are assessed as going well based on positive feedback from parents, districts and educational advocates;

Goals:

- Continue implementation of PBIS; upcoming quarter goals include having the Leadership Team start monthly meetings. The purpose is to create activities, events and data forms for PBIS over the next six to eight months;
- Developing transition protocols continues to be challenging with residential students, but remains a goal;
- Continue to participate in administration discussions and planning to improve interdepartmental communication and program delivery;
- Successful integration of dual leadership model in the school;
- Clarify LEA (local education agency) regarding residential students prior to entry (finance and admissions working on this with the school);
- Increase Technology in school program (Chrome books for staff and students and two Epson Projectors for more interactive student involvement and more current access to curriculum.) Grants have been submitted to development regarding this technology goal.

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change:

- Hiring a certified teacher (preferably Elementary through High School Mild to Moderate Special Education in preparation for need) No appropriate candidates have applied.

Audits**Residential (ARTS, Shelter and Residential Programs)****Highlights of Achievement**

Detailed results of the October 12, 2016 Audit are available in the complete Report (dated 10/20/2016).

- Twelve masters' level and/or licensed Clinicians participated in the Medicaid quality audit in addition to the Record Keeper Coordinator.
- 32 residential records (Hills Shelter, Mauran, Horton and Hope) were reviewed representing a sample of closed and open records (clients present 4 or more days in July, August, September).
- 28 ARTS (Harding) records were audited by three clinical interns.
- Peer observations included but were not limited to:
 - Record looks good with respect to intake paperwork and outside paperwork from previous providers; Treatment plan is well written and comprehensive; Progress notes reflect goals from Plan; very thorough progress notes for individual and group therapy; thorough supervision plans evidenced in record; well written treatment plan and includes many supports in its creation; builds on client strengths; assessment and treatment plan are well done.
- Based on the audit data, there does not appear to be an issue with quality of work issues, only with timeliness and presence of work. Efforts to improve continue.

Existing Goals

- Continue sending Peer Review Forms to Clinicians and each Supervisor which identify amelioration needed in the record, as well as highlights of the record strengths for use in supervision.
- Strengthen review of the Audit Report and assessment of system issues which might be contributing to problems and/or deficiencies noted in the audit. Strive to create, implement and monitor action plans each quarter.

Goals on Hold / Delayed / Discontinued: N/A

Barriers to overcome or reasons for change: N/A

Notes: N/A

Outpatient (EOS, VOCA, STAR and Office Based Therapies)

Highlights of Achievement:

- Case Record Reviews were previously conducted on a monthly basis for Outpatient services. Starting October 2016, case record reviews were transitioned to a quarterly basis, and will only review services provided in the quarter, versus auditing the entire case record as done previously. This maintains alignment with national best-practice COA standards, and provides meaningful data for our improvement efforts/actions.
- A new Case Record Review Form was introduced to allow for a more meaningful case record audit, looking closely at quality of work and allowing peer reviewers to provide each clinician with strengths and peer contributions to their work.
- 45 records were reviewed representing a sample of closed and open records (Service period reviewed: July, August and September 2016).
- Each Clinician and their supervisor received copies of the Case Record Review Form for discussion and follow up if needed.
- The Program Director assessed each audit form to explore areas in which amelioration was suggested, and general comments for continuing improvement.
- The Program Director compiled the data based on program, i.e. Office based, VOCA/CFTT, STAAR and EOS Case Record Reviews are itemized to get a closer look at which programs/services/teams may need some assistance with services, documentation requirements, etc. Program Director shared findings with Program Coordinators.
- Gift cards were given to staff that went “above and beyond” i.e. made significant recommendations for changes to the new case Record Review form, did more charts than others, was the last to leave, etc.
- For Office Based charts: Peer reviewers noted strengths as consistency with approach and treatment provided; great clinical interventions being used; nice transition between services; good collaboration with Team, including parents/caretakers; empathy toward parent and barriers to treatment; good referrals, i.e. OSP, PSN; and treatment plan is thorough and addresses real life client needs.

- For EOS charts: Peer reviewers noted strengths as good collaboration with service providers; thorough assessments and focus on family strengths; great resource identification; great psychoeducation given to family; and consistent in person response to unplanned crises.
- For VOCA/CFTT charts: Peer reviewers noted strengths as good identification of barriers; and creative, trauma informed interventions.
- For STAAR charts: Peer reviewers noted strengths as detailed, comprehensive treatment plan; thorough assessment that informed treatment; excellent, consistent and persistent services despite multiple barriers; best practice with this population; client conscious written notes; effective crisis intervention; and strong team work.

Existing Goals:

- Monitor patterns in file compliance, with a closer look at quality of work being performed.
- Continue to assess changes in clinical documents and file audit system to ensure efficiency.
- Continue to recognize and celebrate staff success by offering individual and group incentives / certificates.
- Staff are to bring charts to supervision for review prior to discharge/transfer.
- Assist IT/Administrative Team with implementing new Electronic Health Record (Best Notes).
- Based on summary and patterns of findings, Program Director and Shepherd Team are to explore current clinical documentation used in client charts to assess areas for change in order to best reflect the work that is being done, but might not be easily “found” in the chart, i.e. update treatment plan to reflect focus on exploration of increasing natural supports.
- Case Record Review form has several tweaks to be made to better gather accurate data.
- The current Diagnostic Assessment and Progress Notes used with individuals receiving Non-Offending Parent Education and Support (NOP) need to be changed to ensure documentation of all areas of clinical focus, i.e. exploring barriers to treatment, pre/posttest given in place of Standardized Tools, etc.
- Next Quarter’s Case Record Review Report will include summary of findings from Program Coordinator respective to their programs.

Goals on Hold / Delayed / Discontinued:

- Previous goal of “Program wide, our short-term goal is 75% file completion and long-term goal is 90% completion, while continuing provision of service with integrity in 100% of cases” has been revised to allow a closer look at quality of work.

Barriers to overcome or reasons for change: N/A

Notes: Staff continue to bring files to regular supervision to review documentation needs and are given a timeframe in which to complete the needed documentation.

Consumer Surveys

Shepherd Outpatient Questionnaire (including all Outpatient Programs)

Highlights of Achievement:

- 12 Outcome Questionnaires (9 OP and 3 OSP) were examined this quarter. (OSP specific outcome Questionnaires were examined for the first time this quarter.)
- All 12 outcome questionnaires returned by clients this quarter revealed 100% satisfaction with their therapist/case manager, 100 % satisfaction with Shepherd staff in general and 100% with the treatment/case management services they received.
- All 12 indicated they would re-contact the agency if they were in need of counseling/services again.
- All 12 respondents indicated that they would recommend our services to others.
- All 12 of the participants reported “agree” and/or “strongly agree” to statements relating to experiencing improvement in symptoms, understanding symptoms, skills to cope with symptoms, parenting skills to help their child with symptoms, and accessing clinical appointments.
- One suggestion for change included access to an adult psychiatrist.

Goals:

- Increase the number of returned surveys.
- Cross reference Satisfaction surveys with results from Pre/Post Symptom survey to further explore symptom reduction.

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change: N/A

Notes: Multiple positive comments were received from participants, and are available if desired.

Shepherd NOP Outcome Questionnaire

Highlights of Achievement:

- 4 NOP Satisfaction surveys were examined this quarter. A decrease since last quarter; however, we are in the process of transitioning from NOP to our newly revised Families Impacted by Sexual Abuse curriculum (FISA) which will impact our numbers and reporting factors temporarily.
- 100% of participants indicated that they were satisfied with treatment, that materials were presented clearly, that they would re-contact us in the future if needed and would recommend our service to others. Also, there was a 100% satisfaction rate with the way participants were treated by Shepherd staff.
- 100% of participants rated their understanding of all 8 topics presented as better than average or excellent.
- There were no suggestions for change.

Goals:

- Continue to monitor referrals and potentially offer a psycho-education group to clients that are “screened out” of the clinical group.
- Maintain high number of returned surveys.
- Analyze new data collected from new curriculum Pre/Post Survey and Outcome Questionnaires to improve services.

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change: N/A

Notes:

- Multiple positive comments were received from participants, and are available if desired.
- There were 3 pre/post test scores reported with an average increase of 3 points from pre (score 26) to post test (score 29).

Consumer Surveys Residential

Highlights of Achievement:

- 7 Youth completed surveys this quarter.
- All children either agreed or strongly agreed in reporting they felt welcomed and safe upon admission, reported feeling better, their behavior is better, they are better able to handle problems, and they have better understanding of their problems. One youth consistently was “unsure or disagreed” with the above. All of the children except for one child reported they would recommend the program to other kids.
- All the children (and one unsure/one disagreed) reported their clothes were put away compared to last time where only ‘almost all’ reported their clothes were put away. All children with the exception of one child were told about rules for calling/visiting their families. All the children, except for one, reported they were treated fairly by staff. All of the children, except for one who was unsure, agreed that the doctor taught them about their problems.
- All the children reported their clinician was supportive and helpful.
- All the children reported they received family therapy.
- 4 Children reported the school did not help them keep up with their studies.
- It should be noted many youth that left during this quarter were youth awaiting placement.
- The positive responses and feedback continue to improve or remain the same.
- Youth identified their coping skills as going for a walk, taking a shower, take deep breaths, mindfulness, walking, jumping, *shuffling cards *coloring *showering *listening to music *sleeping, music, singing, card games, therapy, reading, drawing, stress ball, deep breaths listen to music take space check-in, take space help sibling squish stress ball keep the safe

Goals:

- Continue

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change: N/A

Consumer Survey ARTS Discharge Survey Parents

Highlights of Achievement:

- A total of 4 surveys, compared to 7 in the previous quarter, were submitted for review. All of the participants indicated satisfaction, as evidenced by responding agree or strongly agree throughout the entire survey.

- Areas surveyed include but are not limited to treatment, programming and admissions process; courteous and professional staff; provision of a welcoming and safe environment; explanation of the program / answer questions; treatment with respect (self and child); addressing needs of family and child; and valuable assistance from direct staff, clinician and psychiatrists.
- One parent reported they did not have a good aftercare plan for their child.
- Comments from parents included “Doctor, clinicians, and staff were always helpful and willing to accommodate our schedules. My son seems more relaxed and in a happier space then he was previously, and understanding of the situation.”

Goals:

- The goal from last quarter included staff being attentive to providing all caretakers with a Parent Handbook, last quarter only 1 parent reported they did not receive a handbook. All parents this quarter reported they received a handbook.
- This information will be shared with the doctor, nurses, clinician, and unit manager to increase programming/awareness in these areas.

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change: N/A

Notes: None