

**ST. MARY’S HOME FOR CHILDREN**  
**PQI QUARTERLY REPORT**  
**Third Quarter: July - September 2018**

**Executive Note:** Please take some time to read this PQI Quarterly report. Our committee’s continue to improve our agency’s systems and processes so that we better serve our clients. Our LGBTQQ+ committee has set in motion strides toward St. Mary’s obtaining Safe Zone Certification. Members of our Critical Incident committee are meeting regularly with NP Police and Fire Departments and providing training which has resulted in a stronger working relationship. Youth Council members have reviewed and edited the Youth Handbook and our Residential & School Improvement committee is revising the Mentoring Program. These are just a few examples of the work that our committees do to make us better.

**PQI Note:** The Annual PQI Fair is scheduled for October 23<sup>rd</sup>, and we hope anyone on campus that day will stop in for some lunch, snacks, games and raffles while learning about each of the PQI Committee opportunities. Committees are just one way to contribute to agency improvement, which in turn helps strengthen positive outcomes for the clients we serve. Last year, as a whole, Committees had over 50 names to reach out to after the Fair! We hope to see many new employees at the Fair and see many new members as a result.

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## **Residential & School Programs Discharge Data Overview**XXXXXXXXXXXXXXXXXXXX

### **Residential (6 discharges during the quarter)**

3 to family setting, accomplished goals, planned (1 to home; 2 to foster care)  
2 to higher LOC (1 to Psychiatric hospital, unplanned; 1 to out-of-state congregate care, planned)  
1 to AWOL, not planned;  
3 eligible to enter BBI Aftercare Program and all are participating

### **Stabilization & Assessment Center (2 discharges during the quarter)**

2 to higher levels of care, congregate care, in-state, planned

### **ARTS (6 discharges during the quarter)**

1 reunified to home, accomplished goals, planned  
3 to lower levels of care, in-state congregate care, planned  
2 to higher levels of care, hospitalization, unplanned  
Observations / Comments: Youth on Administrative Status in the ARTS program continues to impact length-of-stay in the program. Advocacy for those youth continues.

### **School (8 discharges during the quarter...graduates were reflected in the last quarter)**

3 not participating in Summer Program (2 expected to return in the fall & did; 1 was uncertain & did not)  
1 to Public School, less restrictive  
1 to Private School, more restrictive  
3 to Private School, lateral move

### **BBI Aftercare Program (1 discharge during the quarter)**

1 program discharge / remains in the home

*Data Source: Clinical RTX and School Notice of Change Forms*

**Goals:** Continue to track and report data, expanding where it is reported and where it is used to help drive decisions over time; continue annual reporting; introduce BBI Follow Up data to assess longevity of stable residence, housing and schooling post-discharge.

**Goals on Hold / Delayed / Discontinued:** N/A

## **Critical Incident Review**XX

### **Highlights of Achievement:**

- Piloting a new Incident Form and Physical Restraint Form in the Harding House;
- Fifteen people received Point Person training;
- St. Mary's staff (clinical and milieu) met with the NP Fire Department to provide training about our youth and to answer questions;
- A Quarterly Administrative meeting took place with the leadership of NP Police and Fire to keep lines of communication open and respond to concerns;
- SMHFC data regarding calls to NP Police was consistent with data the police collected;
- Improvement in debriefings percentages took place throughout the quarter;
- With renewed focus on restraint reduction, rate of restraint decreased this quarter as compared to previous 2 quarters in 2018;

- Recognition that adherence to BBI values and principles may have played a role in restraint reduction.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Residential Restraint Rate	2.5	1.9	1.9	2	3.1	.7	1	1.1	1.4			
Day Student Restraint Rate	0	0	0	0	0	1.4	.6	1.7	2.6			
Staff Debrief Percentage	80%	89%	70%	86%	47%	33%	69%	100%	88%			

**Goals:**

- Prepare to transition all Houses & School to new Incident and Restraint Reports on 1/1/2019;
- Continue to provide training to North Providence Police Department regarding youth residing at St. Mary’s;
- Reduction/ Elimination of restraints;
- Complete 100% of debriefings.

**Goals on Hold / Delayed / Discontinued:** None

**CERT / Safety Committee** xxx

**Highlights of Achievement:**

- Completed the campus walk-through with Lieutenant Scaramuzzo as part of an ongoing effort to increase safety and security across the campus. Recommendations were made to better secure interior corridor doors, and to cover ground-level windows.
- Lieutenant Scaramuzzo met with the teachers and school staff prior to the start of the school year to discuss school/classroom safety measures, and to review lockdown procedures.
- The *Violence in the Workplace* training was scheduled for October 5<sup>th</sup>. We would like to continue to offer this training on a quarterly or bi-annual basis.
- Maintained 100% compliance with monthly testing of the One-Call Alert system.

**Goals**

- Continue to work on setting up protective equipment supply stations in convenient locations across the campus.
- Look in to, and implement as many of the security recommendations as possible.
- Hold another agency-wide lock down drill.

**Goals on Hold / Delayed / Discontinued:** None

**Survey Committee** xxx

The following are the Highlights of Achievement of four year-long action plans that were put in place in response to the results of the 2017 Annual Survey. The 2018 Annual Survey is currently underway, and coincides with the Strategic Planning process taking place with FIO Partners. *Detailed action plans for the 2017 surveys are available (see Ex. Dir. or Dir. of Operations)*

**Human Resources Action Plan:**

- Open positions are now posted in each House in addition to the mail room and via email;
- There are pre-determined dates for Orientation now, which is working better for scheduling;
- Job descriptions are reviewed with staff at evaluation time and at any time a concern arises about an employee’s performance.





We have instituted some new personnel policies regarding holiday overtime and weekend shift differentials in the hope of reducing the high turnover rate.

- Overtime continues to be an area of risk both on a personnel and financial note. The high overtime leads to burn out and turnover as well as being a drain on agency funds.

**Goals:**

- Continue to work on the overtime and turnover issues.
- Continue to monitor the AAP and Business Continuity Plans as applicable and assess data annually.
- Revise and update the Employee Guidebook as necessary.
- Monitor Workers Comp claims/issues to mitigate further risk.

**Goals on Hold / Delayed / Discontinued:** None

## **Youth Council** .....

**Highlights of Achievement:**

- One youth volunteered with Blue Cross on campus to transform a recreational room for the campus.
- Youth were working or volunteering over the summer, so limited meetings were held in July and August. However, Youth Council reconvened in September and began planning to recruit new members, as well as to support and shadow newer members.
- Youth have scheduled dates to receive TCI and CPS training.
- Youth reviewed and edited the Youth Handbook. We will also create welcome bags for youth admitted to St. Mary's.

**Goals:**

- Youth Council will advertise by word of mouth and through community meeting that they are willing to handle youth grievances.
- Youth Council will participate in modified TCI training and help with Training new staff.
- Youth will become ambassadors to new youth coming in. Youth are in the process of developing strategies to do this.
- Youth will learn to facilitate their own treatment team meetings. Youth are in the process of developing strategies to do this.

**Goals on Hold / Delayed / Discontinued:** None

## **PQI** .....

**Highlights of Achievement:**

- Re-focused Committee members' energies on duties that oversee other PQI Committees, and agreed upon a structured PQI agenda for the year to include varying, repetitive topics/focus.
- Created and disseminated a "How to be a Chair guideline" comprised of what to expect, expectations of a Chair/Co-chair, how best to run a meeting, etc.
- Restructured the schedule for 2x per year PQI Chair/Co-Chair Celebrations to coincide with welcoming incoming Chairs/Co-Chairs (June and December vs. March and September).
- Committee members met with, and offered 1:1 support, to each new Chair/Co-Chair team.
- Reviewed / edited several policies.
- Implemented Guest Speakers, and had Chair of the LGBTQ+ Committee join us to talk about good happenings and needs of the committee.
- Assisted with planning the upcoming PQI Committee Fair.

**Goals:**

- Continue to monitor the PQI committee structure, assist committees when needed and facilitate continual improvement agency-wide.
- Secure a Co-Chair.

**Goals on Hold / Delayed / Discontinued:** N/A

## **Residential & School Improvement** XX

**Highlights of Achievement:**

- Increased attendance from more departments;
- Began assessment of the Mentoring Program to identify pros / cons / wishes, so that we can make recommendations for revisions (including implementation recommendations);
- Evaluated House postings of their Daily Schedules, to assess if posted and if they are being followed;

**Goals:**

- Continue to build consistency in attendance;
- Continue to examine the structure and routine of the units;
- Continue to identify practices we can strengthen that will contribute to restraint reduction.

**Goals on hold/delayed/discontinued:** None

## **Residential and School Admissions** XX

**Highlights of Achievement:**

- During this quarter the ARTS program and Hills Assessment & Stabilization Center continued to be full on a consistent basis.
- The total number of referrals for the ARTS program and all DCYF funded programs decreased during this quarter as compared to previous quarters.
- We received 11 referrals for the ARTS program this quarter:
  - 3 of those referrals were admitted (there was 1 additional admission to the ARTS program for a youth who was referred prior to this quarter);
  - 4 of those referrals were withdrawn because they discharged home or did not meet criteria for ARTS LOC.
- 8 referrals for the Horton/Hope houses were received during this quarter:
  - Only 1 of those referrals was admitted;
  - 3 of those referrals were withdrawn or denied due to several reasons including youth being detained at the RITS, high acuity/safety risks, and not special education qualified.
- We did not receive any referrals for the Mauran house.
- The Hills Assessment & Stabilization Center received 2 referrals.
  - Both of those referrals were admitted into the program.
- Our Campus School received 2 referrals this quarter:
  - 1 referral was admitted during this quarter;
- We also received 3 referrals for the BBI Aftercare Services, all 3 referrals were admitted into the BBI Aftercare Program.

**Goals:**

- We will continue work on decreasing the length of time between the days a RTX referral is received and when a disposition is sent back to DCYF. The goal is for the intake coordinator to send the disposition to DCYF within 2-3 business days.
- Additionally, we will continue work on decreasing the length of time between the day the disposition is sent and the date an interview and/or tour/meeting with the youth/family is scheduled. Again, the goal is 2-3 business days after the disposition is sent to schedule the interview/tour.
- Continue assessing and improving data reporting each quarter through all of 2018.

**Goals on Hold / Delayed / Discontinued:** None

## Outpatient Intake

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**Highlights of Achievement:**

- The broad overview from the Intake Department is that we have been able to sustain much, if not all, of the progress noted in the last quarterly report.
- The protocols developed to expedite case assignments, and a “more seamless and consistent entry into services”, have been working well, and have accomplished the designated goals.
- DCYF has expanded the capacity for the SAFFE program, and the STAAR program has a wait list. While this does reflect the fact that the program is not fully staffed at this point, no doubt it also reflects the quality of, and need for the service.
- We have developed a ‘group therapy’ planning team, consisting of the Intake Coordinator, the AA, and a lead clinician. We are planning 3 groups, which will include a teen survivor group, a children’s survivor group, and a parent support group. In addition, we are piloting a new Intake process for the FISA group program, designed to streamline the Intake process, and have 2 FISA groups planned. Group success will be reported in the upcoming quarter.
- The length of time between referral and case assignment for office based clients’ ranges from a few days to 4 weeks. Factors that impact this timeframe include client availability (later times are harder to fill as staff are currently booked with after school appointments), insurances (commercial insurances as harder to fill as staff credentialed with commercial insurances are limited), and availability of bilingual staff, as we have several Spanish speaking clients in need of services. Current clients transitioning from home based/residential services are a priority, and often get assigned within the week.
- EOS continues to see a steady stream of referrals. The program is currently servicing 13 clients and is full.
- CFTT is currently full, serving 6 families, with two on the waitlist.
- The STAAR Program is currently serving a total of 21 clients, 7 through VOCA funding and 14 through our new DCYF contract. There are 10 clients on the wait list (1 VOCA and 9 DCYF).
- Outpatient Support Program (OSP) is currently serving 6 clients and with one on the waitlist.
- We currently have 9 active SAFFE cases, and 3 on the waitlist.

**Goals:**

- Fill vacant positions for our home based services in order to keep up with referrals and ensure we are within contract/at capacity.
- Train a few more clinicians to conduct SAEs to ensure decrease in time between referral and case assignment.
- A challenge for the Intake Dept. is how to serve Spanish speaking clients when they reach out for services. We are aware that there is a lack of trauma specific services for this population, and do want to be able to do our part in servicing their needs.

**Goals on Hold / Delayed / Discontinued:** None



## **Positive Behavior Interventions and Supports; Social Emotional Learning**

### **Highlights of Achievement:**

- Year two of the implementation of Social Emotional Learning started in September 2018;
- The Conscious Discipline consultant met twice during the summer with the Speech Pathologist and the Elementary Teacher to solidify plans to incorporate Conscious Discipline (SEL) components such as Morning Meeting, Posted Daily Schedules, Quiet Place for refocusing and planned times for mindfulness throughout the day;
- Weekly SEL groups in all classrooms resumed;
- Equine Therapy one time a week is in place for all students (September – December), which supports PBIS and SEL.

### **Goals:**

- SWIS data (PBIS) will be included in our quarterly reports during the 2018-2019 school year;
- Documentation of the teaching and review of the PBIS Matrix will be a checklist this school year and will be filed in each student record;
- The Development Director continues to work on obtaining funding sources for Technology expansion in the classrooms that will enhance academics and SEL.

**Goals on Hold / Delayed / Discontinued:** None

## **Residential Audits (ARTS, Residential, Assessment Center)**

### **Highlights of Achievement:**

- 100% of Hills Assessment & Stabilization Center Psychiatric Evaluations were billed for during the quarter.
- ARTS youth on administrative status and consequently in the program for a longer period of time will now have Treatment Plans updated every 3 months, as well as quarterly ICMP and Partnership for Personal Safety updates, and if needed a Re-Assessment at one year.
- An up-to-date and electronic ICMP was sent to all clinicians following the audit, which includes prompts and reminds to update every 90 days.
- A plan was put in place, and related tasks were completed, to easily see evidence of BBI documentation when the transition to Best Notes takes place.
- ARTS Milieu paperwork was observed to be outstanding during this audit – including youth signed PPS, youth signed and multiple clothing inventories. Gift cards to bring snacks to an upcoming team meeting was sent to recognize their efforts.

**Goals:** Continue efforts to improve timeliness, and all required, documents in record.

**Goals on Hold / Delayed / Discontinued:** None

## **Outpatient Audits (EOS, CFTT, STAAR, SAFFE, OSP, Office Based)**

### **Highlights of Achievement:**

- A Diagnostic Assessment Addendum was implemented ‘across the board’ for all admissions into a new agency program (i.e. even when a full Diagnostic Assessment had been done within 12 months) this quarter. The Addendum was designed to be brief; to reference the full Diagnostic date/author; to note changes since the full Diagnostic Assessment; and to provide the ‘new program’ clinician to reflect on work to-date and make their own preliminary assessment to guide treatment.

- Additionally, rather than completing a ‘Transfer Summary’ when leaving one Shepherd program but going into another, the clinician will complete a ‘Discharge Summary’.
- The OSP program records were included in the audit for the first time, and provided ample data to inform continued program growth and guide systems improvements. To date, changes to the Safety Plan and reviews were made, and team discussion regarding communication between case manager and clinician (particularly an outside clinician) took place.
- Revised agency-wide Intake Consents were finalized during the quarter, and uploaded to Best Notes for Shepherd programs (pen-and-paper remains in RTX and School programs). The spelling mistake was corrected through this process as well.
- Issues related to using one Treatment Plan for one client, regardless of the number of programs the client is participating in, were resolved during the quarter. Thereafter, all Shepherd Clinicians were trained on use of the BN Treatment Plan, including how Plan Goals and Objective are used and connected in the Progress Note.

**Goals:**

- Explore if the SAE can be made into a Med/Clinical tab remains an item to explore, as we have not yet determined if there will be a ‘space’ left after RTX and Nursing / Psychiatrists are brought into the system.
- Global tags for outside individuals who are affiliated with multiple clients to be further explored.
- Continue developing consistent procedures and practices for successful implementation of the new system;
- Continue to work toward having all records up-to-date with all key clinical documents at all times.

**Goals on Hold / Delayed / Discontinued:** N/A

## Consumer Satisfaction Surveys

### Shepherd Outpatient Programs

**Highlights of Achievement:**

- 11 Outcome Questionnaires were examined this quarter.
- All 11 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 11 indicated they would re-contact the agency if they were in need of counseling/services again and would recommend our services to others.
- All 11 participants reported “agree” and/or “strongly agree” to statements relating to experiencing improvement in symptoms, understanding symptoms and having parenting skills to help their child with symptoms. 3 out of the 11 respondents indicated “Disagree” for having “skills to cope with symptoms.”

**Goals:**

- Program Director to explore access to Outcome Questionnaire via Survey Monkey in an effort to increase the number of returned surveys.

**Goals on Hold / Delayed / Discontinued:** None

## **Shepherd Families Impacted by Sexual Abuse (FISA)**XX

### **Highlights of Achievement:**

- 2 FISA Satisfaction surveys (individual FISA) were examined this quarter. Data is being collected to explore topics participants find helpful; however, nothing significant has been gathered at this point given the small number of completed surveys.
- 100% of participants indicated that they were satisfied with the way they were treated by Shepherd staff; they would re-contact us in the future if needed; they would be interested in a clinical support group in the future; and they would recommend our services to others.
- All 2 participants rated material pace as “good”, handouts as “helpful”, and videos as “helpful.”

### **Goals:**

- Continue to gather data to best monitor participants’ thoughts/experiences with the new curriculum.
- Program Director to explore grant funding to secure assistance from Bradley Hospital’s Research Center for Evidence Based Practice to ensure a fidelity model.

**Goals on Hold / Delayed / Discontinued:** None

## **Residential & School Youth Satisfaction**XX

### **Highlights of Achievement:**

- There was one survey completed, yet 10 planned residential discharges throughout the quarter.
- The youth responded with overall satisfaction, and their answers resulted in no concerns or need for follow up/ changes. With such a small sample size, there is not much to be assessed.
- The “Notice of Change” form was edited during the quarter, so that we can begin capturing and reporting on ‘planned’ vs. ‘unplanned’ School discharges. That information would allow us to determine the number of expected surveys from the School Program.

### **Goals:**

- Continue efforts to increase survey responses. During this quarter, efforts to increase participation were made as follows: Surveys were provided to each house. The family liaisons were given responsibility for facilitating the surveys to youth and caregivers. For Hills and ARTS, the point person is responsible. We hope to see survey numbers increase with this new procedure.

**Goals on Hold / Delayed / Discontinued:** None

## **Residential & School Parents Satisfaction**XX

### **Highlights of Achievement:**

- The new survey policy and procedure introduced at the end of the previous quarter resulted in 1 respondent of 22 total residential and school discharges (including all planned and unplanned, as well as the total number of school discharges).
- Challenges to 100% participation were anticipated given the various program discharge processes and unplanned discharges.
- The one caregiver was strongly satisfied with services / no areas of concern or follow up/ changes.

### **Goals:**

- To increase survey participation.

**Goals on Hold / Delayed / Discontinued:** None