

*Better Choices, Inc. /
Ready for Life Foster Family Agency*

Performance and Quality Improvement Plan

2016-2017



“...Our Children...Our Communities...Our Legacy...”

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I. Introduction

Better Choices Inc., /Ready for Life was founded in 2003 as a foster family agency. Since that time, the agency has been on a continual growth trajectory. During the initial accreditation process, through Council on Accreditation (COA), we are working to formalize our efforts towards continuous quality improvement with the implementation of our first formalized Performance and Quality Improvement Plan for 2016-2017.

Better Choices Inc., /Ready for Life's Performance and Quality Improvement (PQI) Plan describes the agency's ongoing system wide efforts to continuously improve, learn and strive for excellence in the provision of services to the children and families under the care and supervision of the agency. The plan is designed to be reviewed on an ongoing basis and updated as needed, with no less than an annual revision.

A. Organization's Philosophy of Performance and Quality Improvement

Ready for Life is developing a system-wide Continuous Quality Improvement (CQI) system that creates a culture of quality thought the agency and the community. The agency promotes a culture of excellence and continuous improvement through a broad-based, organization-wide Performance and Quality Improvement process inclusive of all staff members and stakeholders, as a vital and necessary management tool. The leadership of *Ready for Life* values service quality and ongoing efforts by the agency as well as its community partners to achieve strong performance, program goals and positive results for the children and families we serve. PQI takes into account each different area within the agency and all children and families service. *Ready for Life's* PQI process encourages the use of data to identify areas of needed improvement and implement improvement plans in support of achieving performance targets, program goals, client satisfaction and positive client outcomes.

The purpose of Performance and Quality Improvement

- Assign responsibility for implementation and coordination of Continuous Quality Improvement (CQI) activities and technical assistance.
- Set forth the purpose and scope of the CQI activities.
- Establish periodic review of service delivery process in accordance with COA standards with bimonthly case file reviews.
- Continue periodic review of organizational and management process including the effectiveness of policies and procedures.
- Outline the methods and timeframes for quarterly and ongoing monitoring.
- Define the methods for reporting findings of the monitoring.
- Review progress for all services provided by *Ready for Life*.
- Support progress toward achieving short term (Annual Plan) and long range (Strategic Plan) goals related to performance, internal benchmarks and service recipient outcomes
- Provide for an assessment of the CQI system, including any barriers to and supports for implementation, as needed.

The Board of Directors, along with the Chief Executive Officer (CEO), sets forth quality expectations of excellence and has developed an agency-wide Strategic Plan and accompanying Annual Plan. The

Strategic Plan outlines the agency's broad goals and targets. The Annual Plan documents the agency's internal improvement efforts and performance indicators.

The CEO promotes a culture within the agency that facilitates excellence and continual improvement. The Board of Directors and CEO enable supervisors and staff to be involved in PQI through the creation of a PQI workgroup. This workgroup currently services the foster family agency and will be similarly created as we expand into an adoption agency. Achievements relative to desired outcomes, indicators and target benchmarks are communicated to staff members and stakeholders by the agency's leadership including the Board of Directors.

The PQI workgroup serves as the forum for ensuring compliance with Community Care Licensing regulations. This group is a venue to promote leadership and professional development. When definiteness in service delivery are identified through the PQI workgroup process, the agency engages stakeholders consistent with the agency's desire for transparency to ensure compliance. Examples of this engagement are as follows:

- Meeting with stakeholders to develop a detailed and specific Action Plan, similar to outlining specific steps to improve service delivery
- Meeting with *Ready for Life* leadership daily and/or weekly, depending on need, to assess the Action Plan and review progress
- Meeting with foster parents to reassess forms and training effectiveness
- Partnering with community agencies to stabilize placements

Performance on key indicators is delivered to the Board Members at the quarterly board meetings and is available to review in the agency office. Leadership shares performance with staff quarterly. The CQI leadership and supervisors ensure that agency staff members are working towards meeting expectations set forth in the Annual Plan, in a supportive manner which allays concerns about possible repercussions of identifying areas needing improvement. Data from case records reviews and service delivery outcomes are analyzed to the case management level to determine the root cause in areas needing improvement.

Developing a cost effective client satisfaction process is critical to the agency's Performance and Quality Improvement plan. *Ready for Life* administers satisfaction surveys on an annual basis to community partners and service recipients. These surveys have been designed to capture satisfaction levels from *Ready for Life's* agency staff, resource families, community partners and children serviced. Each survey contains a section to identify how *Ready for Life* can improve in order to develop client and stakeholder outcomes. The surveys are provided to the stakeholder via email or in paper form in their primary language. Results of the surveys are analyzed on an annual basis as part of the activities of the PQI workgroup.

B. PQI Structure

The organization of the PQI process surrounds and supports the service recipient. The process includes *Ready for Life's* local community, Board of Directors, CEO, leadership staff, workgroups, resource families and *Ready for Life's* improvement cycle, all surrounded by PQI, holding everything in place.

PQI committee structure includes the following:

Board committee for PQI. This committee includes selected Board members with assistance from *Ready for Life* staff members. The team reviews policy and procedures and general program performance. This Board Subcommittee reports to the full Board. Additionally, this group reviews items related to risk such as incidents, accident, grievances, exit interviews and institutional abuse reports related to *Ready for Life's* resource families. Information from this group is shared with the full Board and informs the other workgroups.

Board Finance Committee. This committee includes selected Board members. The team reviews policy and procedures specific to finance. This Board Subcommittee reports to the full Board.

Performance and Quality Improvement Workgroup. Comprised of leadership and staff whose purpose is to review policies, procedures and forms, review updates to policies, procedures and forms, make recommendations before the policies and procedures are presented to the PQI Subcommittee of the Board of Directors and review and discuss current performance related to ongoing services for children and families. The work of this group is designed to flow into the review of the Annual Plan, organizational and staff training and report quality assurance findings to senior management and stakeholders.

Resource Family Workgroup. Facilitated by PQI agency staff and comprised of past and current resource families is designed to review trainings, resource family satisfaction, forms and communication and support given to families. The work done in this group will be reported to the PQI workgroup and passed along to the PQI Board Subcommittee.

This structure enables all areas within the agency to participate and be integrated into PQI. A review of the CQI process is part of the new employee agency overview. CQI staff members are present in each staff meeting to ensure quality at every level. All quality assurance, data reports and incident reporting are presented through the PQI workgroup. This workgroup also determines and coordinates all specific PQI projects and surveys.

Ready for Life's CQI team is comprised of the leadership including the CEO, two supervisors and a program analyst. These agency staff coordinate bimonthly case record reviews, outside reviews of the agency, analyze data and communicate results and recommendations for each area.

C. Stakeholders

Stakeholder participation in the development of performance improvement goals, client outcomes and indicators is encouraged in a variety of ways. *Ready for Life* hosts individual meetings with stakeholders as requested to review progress and address concerns.

Community Care Licensing is the governing body of the agency to oversee our provision of services. At any time, their staff is invited to audit our facility and files. With each incident report submission, they are review our reporting to ensure it is thorough and accurate and advise on response.

Annually, a survey is sent to resource families, children in care, community partners and licensing authorities to allow for feedback in our continuing improvement as well as receive feedback on strengths and areas for improvement for *Ready for Life*, which strengthen client outcomes. Any feedback received will be reviewed by the PQI Subcommittee and PQI workgroup.

Stakeholders include, but are not limited to, employees of the agency, children and families served by the agency, community partners including local child welfare and probation agencies and regulating authorities.

D. Overview of the Improvement Cycle



Ready for Life has adopted the tenet of continuous quality for the agency. In so doing, the agency follows the “Plan, Do, Check, Act”, and is also known as the cycle of continuous improvement. This methodology describes the four essential steps that should be carried out systematically to achieve continuous improvement, defined as a continuous way to improve the quality of our service delivery and processes while decreasing failures, increasing effectiveness and efficiency, problem solving and avoiding potential risks.

- *Plan*: Locate what can be improved, define an objective and brainstorm how the objective can be achieved.
- *Do*: Make the required changes to implement the proposed improvement in our process, performance or service delivery. Complete a pilot project to test the operation before making large-scale changes.
- *Check*: Once the changes are implemented, establish a trial period to analyze effectiveness and progress toward achieving the objective. If the improvement does not achieve initial expectations the process will be modified until it results in achieving the desired objectives.
- *Act*: When the trial period ends, to study the results and compare the performance of our process, performance or service delivery before and after the improvement. If the results are satisfactory, the improvements will be implemented permanently. However, if they are not satisfactory we will have to decide whether to make more changes to adjust the results or to discard them and return to the start point. Once step 4 is completed successfully, return to the first step periodically to implement more new improvements.

Bimonthly Case Record Reviews

Ready for Life conducts case records reviews that assess completeness of records, accuracy of information, consistency of service delivery and quality of reporting. In order to ensure consistency, clarity, quality and continuity of the documentation, these reviews are completed using a standardized form. Only social workers participate in the case review and do not review cases to which they have been assigned or supervised. The files reviewed include closed resource family and child files from the previous year as well as active resource family and child files.

After the completion of each review, the data is given to the review coordinator to identify areas of concern or deficiency which are then corrected. The information is then compiled into an Excel sheet to track and identify trends and areas of improvement or deficiency. If needed, an action plan is created to correct a process deficiency. All data is reported to the PQI workgroup and passed along to the PQI Subcommittee for quarterly review by the board. The results are also presented to the administrative and case management staff within 30 days of each review.

II. Measures and Outcomes

Ready for Life has developed both long-range and short-term outcomes based on performance measures. Moving forward, these outcomes will be informed by stakeholder surveys and workgroup feedback and defined objectives.

The broad goals of the strategic plan are designed to mirror the federal measures of Safety, Permanency and Well-Being of children and considering staff needs and development. Details of these goals can be found in the Strategic Plan.

A. Client Outcomes

The client outcomes we are focused on are related to safety, permanency, wellbeing and education.

Safety Outcomes

- No maltreatment in foster care
- Assess and address the risk and safety concerns relating to the children in resource family homes
- Consistent monitoring and implementation of safety plans

Permanency Outcomes

- Children in the child welfare system who exit to permanency within 24 months
- Preservation of the child's connections to his or her neighborhood, community, faith, extended families
- Sibling visitation occurring consistently

Wellbeing Outcomes

- Children in the child welfare system who have stability in their placement
- Children in the child welfare system who have had a medical exam in the last year
- Youth who attend school or are employed

- Children who have visited a dentist in the last year
- Children who are in a healthy weight zone

Education Outcomes

- 3 and 4-year-olds who attend preschool
- 3rd graders who read at grade level
- 7th graders who meet or exceed state standards in math
- Students who feel connected to their school
- 12th graders who graduate on time

B. Program Results/Service Delivery Quality

The measures listed below include administrative, safety, permanency and well-being measures which reference appropriateness, effectiveness and dimensions of quality service delivery such as efficiency, continuity and timeliness.

Current Performance measures (which are subject to change)

- Percentage of children not abused or neglected while placed in a resource family home should be at least 99.5%.
- Percentage of children under supervision who are required to be seen a minimum of three times per month should be 90%.
- Current safety certifications (CPR, First Aid) are renewed on time by employees and resource parents 99.5% of the time.
- Client cash, property and clothing inventories are completed and accurate a minimum of 90% of the time.
- Accurate insurance, medical and visit information is in the resource parent and agency file a minimum of 99.5% of the time.
- Percentage of children in resource family homes who received a CHDP in the last 12 months shall be at least 95%
- Percentage of children in resource family homes who received dental exam and cleaning in the last 12 months shall be at least 95%
- Completion of the goals outlined for the child in their Needs and Services plans were met by the designated completion date at least 80% of the time. .
- Percentage of young adults in foster care at age eighteen (18) who have earned a high school diploma or GED or are enrolled in a secondary education program shall be at least 80%.

C. Management/Operational Performance

Ready for Life is committed to reviewing organizational and management performance. As an agency, we have created a PQI workgroup and Board Subcommittee which will annually review policies and procedures and report to the full board. Additionally, at each quarterly meeting, aggregate data will be reviewed by the PQI workgroup and Subcommittee to assess progress toward achieving stated strategic goals and objectives.

The policies and procedures may be reviewed at any time by a third party. Findings from the reviews are presented to the PQI workgroup and others as determined by leadership. Improvement plans will be developed as appropriate.

The program statement submitted to Community Care Licensing for licensure approval as a Resource Family Agency will be submitted by 1/1/17. This program statement will also be forwarded for review to each of the placing counties we work.

D. Compliance with External Regulatory Requirements and Other External Reviews

In accordance with federal, state and local laws, *Ready for Life*, complies with all required regulatory requirements and external review process.

Community Care Licensing has the right at any time to audit our building, files and resource family homes. They are updated whenever there is a change in our staffing, programming or services provided via the program statement approval process.

County child welfare offices vary in their requirements. We work with each county placing agency individually to comply with their requests. Any specific regulations and external reviews will be outlined in forthcoming Memorandum of Understandings created to outline the contractual relationship between *Ready for Life* and the county agency under Resource Family Approval and Congregate Care Reform.

Beginning in 2016, *Ready for Life*, began the accreditation process as required by new state legislation. Our agency will continue to uphold the standards of the accrediting body and comply with their review process.

In compliance with state law, our agency has a government Yellow Book audit completed on an annual basis.

III. PQI Operational Procedures and the Improvement Cycle

Ready for Life believes that to improve quality, the agency, as a whole, must be involved and actively support quality and performance improvement efforts and has worked tirelessly to create and maintain a culture of quality within the agency. It is paramount that quality is embraced throughout the continuum of care from leadership to front-line staff members working with service recipients.

A. PQI Data Management Procedures

Ready for Life reviews data from a wide range of sources to identify strengths, opportunities for improvement, patterns and trends. A few examples of these sources include:

- Bimonthly case record reviews
- Risk management data (quarterly review of incident, accidents and stakeholder concerns)
- Client and stakeholder satisfaction surveys
- Internal staff surveys

- Client outcome data
- Performance measures
- Internal agency measures
- External monitoring reports
- Management and operation performance

The data from above is reviewed, integrated and analyzed as necessary by the PQI workgroup, agency leadership and the PQI Subcommittee. This information is then shared with those in positions to make corrections recommended.

The agency PQI team, consisting of the agency leadership, PQI workgroup and PQI Subcommittee, is responsible for analyzing the data related to performance measures and case record reviews. Results are reviewed regularly by leadership and the Board of Directors in order to identify areas in need of improvement, prioritize improvement activities on a small or broad scale and manage programs and operations. Data is further analyzed to determine if targets are being met and if not, the reasons for not reaching the targets. This aggregated data is presented quarterly to the PQI Subcommittee, workgroup and in all staff meetings.

Annually, the data is compared to the state and county data outcome scores to identify areas of strength and those with need for continued improvement.

B. Using Data

Directions to the case managers and administrative/record keeping staff is provided based on the findings of the bimonthly case reviews. The data from the reviews are aggregated to show areas of strength and improvement, as well as opportunities for further growth. Clear goals and objective are communicated to the staff to ensure that measures are being met on the case level. All staff members are provided training on CQI as part of their new hire overview. Furthermore, social work staff are given further training on CQI during staff development workshops annually. This ensures ongoing expectations of performance are communicated.

Analysis of the aggregate data is presented to stakeholders and the Board of Directors via written reports on a quarterly basis. While this information is not currently requested by other stakeholders, it is available for review upon request. This information will also be shared with staff at quarterly PQI update staff meetings to ensure they are encouraged in progress and held accountable to achieving target goals.

C. Assessment of the Effectiveness of the PQI System

The effectiveness of the PQI process is assessed to identify barriers and support implementation in a variety of ways. Primarily, these discussions will take place in the PQI workgroup in tandem with the PQI Subcommittee. This group is tasked with a comprehensive review of all policies, procedures and forms on an annual basis. These groups will also be tasked with creating and updating the annual PQI plan.

IV. Planning Ahead

Once the annual PQI plan has been created and/or updated, it will be presented to the board at the October quarterly meeting by the PQI Subcommittee Chair for feedback and approval. This annual plan will be a culmination of the quarterly reports which summarize key PQI activities that are ongoing, have been resolved, or that need further intervention, holdover issues from prior PQI annual reports and identifies PQI priorities and goals for the coming year.

PQI will be a quarterly Board Meeting agenda item, where in current priorities, concerns, activities and goals are discussed. Feedback given by the board will be presented by the Subcommittee chair to the PQI workgroup to inform the quarterly reports and PQI plan.