



**YOUTH
OPPORTUNITY
CENTER
INCORPORATED**

**PERFORMANCE
QUALITY
IMPROVEMENT**

Stakeholder Packet
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3700 W. Kilgore Avenue
Muncie, IN 47304

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Any stakeholder that has an interest or would like to inquire about opportunities as it relates to Performance Quality Improvement may contact the Quality Assurance Department. All inquiries are appreciated and feedback is welcomed.

Youth Opportunity Center PQI Mission

As an extension of the Youth Opportunity Center's mission to providing excellent services for children and families, The Youth Opportunity Center has a comprehensive Performance Quality Improvement (PQI) Program. The fundamental principles of the PQI program at the YOC are designed to improve the quality of services, continue to evaluate the client's/family's needs and services provided, improve cost effectiveness, and ensure compliance with external regulations and stakeholders' expectations, as well as internal standards of performance. By establishing a common definition of Performance Quality Improvement, the YOC provides a foundation for higher rates of consumer satisfaction, improvement in clinical outcomes, and a more effective staff.

The purpose of the Performance Quality Improvement Plan is to involve all stakeholders in the process of ensuring quality while focusing on the results. Naturally, the plan allows support for strategic priorities and goals to be determined, set and achieved. The Youth Opportunity Center's Quality Improvement Program is intended to determine and improve the overall quality of services in every program of the Youth Opportunity Center while promoting excellence and continually improving. The PQI program also aims to achieve and maintain high levels of consumer satisfaction and ensure Youth Opportunity Center staff accountability for services and outcomes. By consistently monitoring all programs, the YOC will gain assurance that all services delivered are appropriate, effective, and necessary.

At the Youth Opportunity Center, Quality Improvement involves emphasizing overall improvement by:

- Using reliable and valid methods to study processes
- Removing barriers to cooperation
- Taking necessary steps to improve processes, and
- Fostering a constructive agency-wide commitment to improvement

The vision, mission and core values of the Youth Opportunity Center are the foundation for all Quality Improvement efforts and processes. Accordingly, client rights and confidentiality will be protected throughout all Quality Improvement processes.

PQI Structure

The YOC has developed a PQI council that will implement, oversee, and participate in all aspects of the PQI program. The PQI council will serve as a governing body over all PQI processes. The YOC has also developed 10 committees that individually carry out the PQI program for various specific aspects of the YOC. Each committee is responsible for identifying a problem, its causes, a plan of corrective action, and implementing change. The structure of the PQI program begins with identification of the problem to be considered, then moves through the following steps: elaborating on the causes of the problem, developing aids or remedies to the problem, laying out a plan to correct the problem, enforcing the plan of correction, and then re-examining the problem. This final step is known also as "closing the loop," and is a key element in the process. This system-based approach to problem solving is ideally suited to the Youth Opportunity Center's efforts to implement and improve treatment in the programs and services offered. Additionally, the committee sets goals to help guide them in their efforts to make performance changes.

PQI Council/ Committees Defined

The PQI Council is comprised of management team members, all director level positions, and inclusively the council will invite selected guests (supervisors, counselors, support staff). The forum of the meeting is a cohesive, macro approach to ensure all departments and programs are represented in order to understand the organization and to better service our youth. The PQI Council meets bi-monthly with two differing agendas. The macro treatment meeting will maintain the following area of focus: the Case Record Review, Outcomes, Resident Focus Group, and Clinical Risk Management Committees will report during these meetings. The macro management business meeting will maintain the following area of focus: the team will be responsible for discussing and updating the long-term plan every four years as the individual directors will discuss and update the short-term plan for their area every year. The Management Team, Human Resource, Health and Safety, QA-Medical, and Staff Development Committees will report during these meetings. All individual committees will report to the council on quality assurance measures, corrective action plans and consumer satisfaction as it relates to their area. The council will oversee and determine the appropriateness, effectiveness and outcomes of each committee. Additional organizational initiatives as they relate to treatment programs and services will be presented in this meeting as needed. The meetings are co-chaired by the CEO and Director of Quality Assurance.

The Director of Quality Assurance oversees the development of the PQI initiatives at all levels. This includes facilitating support for committees, co-chairing PQI council meetings, and driving the tracking and communication of results. In addition, individual departments will regularly monitor quality performance and utilize short-term plans that serve as part of the PQI initiative.

Committee	Area of Focus, Activities	Chair, Membership
Management Team Committee	<ul style="list-style-type: none"> • Examines any external legal issues • Reviews current licensing needs • Reviews CQI plan 	CEO , COO, CFO, Director of Psych Services, HR Director, Director of IT, Director of Programs, Foundation Executive Director, QA Director, Director of Clinical Services, Director of Organizational Relations
Case Record Review Committee	<ul style="list-style-type: none"> • Examine individual and aggregate case record review data • Addressed the findings of the case record reviews • Examines and acts on issues related to conformity to external regulations (accreditation, licensing, state regulations) 	Assistant Director of Admissions , Director of Psych Services, Director of Counseling Services, TASC Unit Director, Residential Director, TASC Teamleader, (1) Cottage Manager, (1) IL coordinator, (1) Cottage Counselor, (1) TASC Counselor, (1) OP/AC Counselor, (1) Medical Services Coordinator, (1) Advanced Child Care Specialist
Health & Safety Committee	<ul style="list-style-type: none"> • Provides oversight to facility and physical plant needs including sprinklers, pull-stations, smoke detectors, tags on extinguishers • Identify and act on client and staff safety and security needs • Reviews environmental/ safety risks 	Detention Director , Project Manager, Director of Quality Assurance, HR Director, Asst. HR Director, Medical Services Coordinator, (1) Advanced Child Care Specialist
Human Resource Committee	<ul style="list-style-type: none"> • Assures that staff activity and performance are regularly evaluated • Review and update evaluation tools • Reviews results from employee exit interviews and personnel surveys • Examine employee grievances and/or harassment issues • Examines personnel trends such as recruiting, hiring, and retention • Examine overall staff deployment and supervision • Reviews and makes recommendations on personnel policies • Reviews employee job descriptions and 	HR Director , Asst. HR Director, Training Coordinator, Director of Program Services, Detention Director, TASC Director, and Residential Director

	make updates based on recommendations from Directors	
Outcomes Committee	<ul style="list-style-type: none"> Review and analyze data Ensures agency compliance with outcomes requirements of external regulations and funding sources Identifies barriers to, and opportunities for, serving groups within the population Identifies barriers to treatment 	Director of Quality Assurance , Director of Psych Services, Director of Program Services, Director of Counseling Services, Director of OP Services, Asst. Director of Psych Services, Residential Director, TASC Unit Director, Detention Director, HR Director, (1) Advanced Child Care Specialist
QA-Medical Committee	<ul style="list-style-type: none"> Assure that all medical service providers are aware of the quality of services provided at the YOC. Quarterly outcomes, satisfaction surveys, and other medically related outcomes are presented to this committee, with the goal being awareness of organizational changes, status, and overall effectiveness. Committee members also present and discuss any applicable changes in the medical field and make recommendations for any programmatic changes or adjustments needed to address the medical needs of the clients served at the YOC. 	Director of Program Services CEO, Director of Psych Services, Director of Quality Assurance, Medical Services Coordinator, YOC Nursing Staff, Contract Psychiatrist, Contracted Medical Provider, Contract Pharmacist
Clinical Risk Management Committee	<ul style="list-style-type: none"> Reviews and evaluates agency behavior management policies, procedures, and practices Evaluates how organizational behavior management practices compare with current best practices Ensures that behavior management reports are made to the Board of Directors Develop or approve procedures that address the use of seclusions, restraints and watches Review of research involving service recipients 	Director of Clinical Services , Director of Psych Services or Asst. Dir, Director of OP Services, TASC Unit Director, Director Quality Assurance, Residential Director, Director of Doctoral Internships, (1) Advanced Child Care Specialist
Best Practices (organizational and programming)	<ul style="list-style-type: none"> Review, recommend, implement, changes to the YOC's behavior modification programs including positive point system, phase advancement, consequences, interventions, and integration of therapies. Assure that the YOC programs are of the highest possible effectiveness in the rehabilitation of our clients within our defined valued system. Family preservation/ inclusion approach was adopted and is now included as part of the committee charter. 	Director of Internship Training, Director of Counseling Services, Director of Psychological Services , Director of Programs; Director of Quality Assurance, Director of Clinical Services; Residential Director; Cottage Manager, Lead Counselor; Wellness Coordinator; Psychological Services Secretary, COO; Residential Director, Counselors, CCS
Resident Focus Group	<ul style="list-style-type: none"> Discuss overall satisfaction with the Youth Opportunity Center. Review improvements and enhancements to the treatment services specifically to obtain feedback regarding recreation, food, staff interactions, and the living environment. 	Quality Assurance Coordinator , Resident representatives from each program.
Staff Development Committee	<ul style="list-style-type: none"> Examines training needs of staff Reviews current training curriculum Reviews satisfaction of training data Makes recommendations to change current training curriculum 	Training Coordinator , Director of Quality Assurance, Director of Psych Services, Director of Program Services, Director of Counseling Services, Director of OP Services, Asst. Director of Psych Services, Residential Director, TASC Unit Director, Detention Director, Business Director, Medical Services Coordinator, Wellness Coordinator, Director of Doctoral Internships, All TCI Trainers, All CPR First Aid Trainers, All YOC Trainers

Stakeholder Involvement in PQI

The YOC is involved with many key stakeholders internally and externally from the organization that is committed to meeting the mission of the YOC. The YOC encourages participation from key external stakeholders such as: parent/clients, Juvenile Courts, Juvenile Probation, community leaders, Muncie Community Schools, Department of Children Services, and the Board of Directors. These stakeholders participate in meetings, surveys, resident groups, treatment planning input, and distribution of the annual report. Many of these stakeholders also receive our quarterly newsletter to keep informed of events on campus. The YOC's website is also a key resource for stakeholders to obtain and review information.

PQI Committee Measurement and Strategic Planning

The Youth Opportunity Center engages the Strategic Planning Process to help guide the course of the organization. It is done to help us be more effective in our service delivery, resource utilization, and growth initiatives. The YOC will use the Strategic Planning Process to clearly communicate organizational direction to YOC staff, YOC Board, and key stakeholders.

The Youth Opportunity Center conducts a complete Strategic Planning Process at least every 3 years. Every 3 years following this session, the Board of Directors will be presented with the plan for review, input, and adoption at its Annual Meeting in October. At least every year the Board of Directors will revisit the Strategic Plan for accountability, review, and any needed revision. Items from the Strategic Plan will be discussed with the Board more frequently as the topics require. When the Youth Opportunity Center conducts a complete Strategic Planning Process initiative there will be representation from various levels of the organization. The process will be planned and initiated through the office of the CEO. Board members will be invited and encouraged to attend. Typically, Board members will be represented throughout the Strategic Planning Process, yet occasionally, attendance may be partial due to schedules. The entire Management Team will attend as well as Directors. In addition, there will be representation from front-line management, support staff and counselors.

The following analysis will be completed in some manner:

- Status of organization by CEO.
- Mission Review
- Core Values Review
- Stakeholders Analysis
- What-If Scenarios
- SWOT Analysis
- Major Initiatives (Long-Term Planning)
- Goal Development (Short-Term Planning)
- Use Community Profile as context for all services with client accessibility
- Review gaps in services and evaluate needs for on-going services

The product of the Planning Process will be a document that contains the following information:

- Reconfirmed or Revised Mission Statement
- Reconfirmed or Revised Core Values
- Summary of Retreat Input
- Long-Term Planning
- Short-Term Plans Relating to Long-Term Plans

2010-2012 Organizational Initiatives

The Youth Opportunity Center's strategy is about the residential campus in Delaware County. The strategy is to make YOC sustainable and successful for the community and the investment and agreement the community has with the organization. Yet, the goal is to seek growth where opportunities arise and where needed to in order to protect or advance the cause of the main campus

Strategic Guideposts:

The challenging and dynamic environment the YOC finds itself in is one also filled with numerous opportunities. It is in this environment that we examine our future direction and purpose.

The following Guideposts will form the directional themes from which our measurable goals will follow:

1. Emerge as a strong, vibrant, residential provider positioned to capitalize on contractions in the residential sector. As beds contract, the YOC needs to be ready to increase its market share.
2. Expand our service model in our Region as defined by DCS and in other Regions, as appropriate; to better leverage various funding streams from DCS, Medicaid, and grants. This includes being creative and innovative with helping clients get needed service.
3. Employ our credentialed, expert staff, quality measures, data and campus assets in increasingly effective ways to solidify our position as a preferred provider of servicing youth with an increasingly more severe profile.

Short Term Planning

Annually, each of the following programs and/or departments will conduct a short-term planning process: Residential Counseling, Outpatient/Aftercare Programs, Diagnostic Services, Admissions, Residential Cottages, TASC, Detention, Quality Assurance, Human Resources, Business Office, Maintenance, MIS, Education, Marketing, and Foundation. The short-term plans are developed based on the long-term goals of the organization, the previous year's short-term plan, feedback obtained in the PQI evaluation process, and observations of staff within the program and/or department. The short-term goals are divided into tasks/methods which a person(s) is(are) designated to complete within an associated timeline and budget requirement. The status of the short-term plan's goals is addressed at least annually at the PQI Council meeting and/or mini-strategic planning retreat.

PQI Committee Measurement

Committee	Information Reviewed/Measurement
Management Team Committee	Legal issues, Abuse Allegation report, Licensing, Fire Marshal, BOH Inspections, Audits, Accreditation activities, Annual review of insurance CQI Plan, Annual review of policies and procedures, Annual report of data
Case Record Review Committee	Case Record Reviews
Health & Safety Committee	Incident Reports, Client and Staff injuries Safety Plans (life safety equipment, fire drill reports, monthly preventative checks)
Human Resource Committee	Staff Exit Interviews, Hiring /Separation Reports, Personnel policies, Job descriptions Employee grievances, Personnel surveys, Employee evaluation status report Supervisor Feedback Forms
Outcomes Committee	Client and parent satisfaction surveys, Placing Agent satisfaction surveys Treatment plan report, IARCCA Outcomes, Client/Parent Grievances Abuse Allegation report, Intake Questionnaire
QA-Medical Committee	PO/IM Medications (TASC exclusive), Serious Occurance Reporting Medical Reports
Clinical Risk Management Committee	Reports of time-outs, seclusions, restraints, suicidal evaluations, isolations, and watches Counseling Hour Reports (new), Medication Errors
Resident Focus Group	Discussion Forum
Staff Development Committee	Satisfaction of training surveys, Training Curriculum Current training requirements as indicated by license, state regulations, and professional memberships.

The Youth Opportunity Center utilizes a variety of standardized outcome measurement tools and a variety of organization-specific outcome measurement tools that are utilized across programs to evaluate the effectiveness of our programs and to measure the individual progress of our residents. On an on-going basis, service outcomes are measured in the following areas: change in clinical status, change in functional status, health, welfare, and safety, and other relevant indicators. Specific data is combined into a report that is reviewed by the various committees. Based on feedback provided by the committees, decisions are made as how we can best improve our services, programs, or promote increased progress with our residents.

The Youth Opportunity Center also participates in the IARCCA Outcomes Study. The primary aim of the IARCCA Outcome Measures study is to empirically evaluate the effectiveness of programs provided by member agencies of IARCCA. IARCCA represents 108 member agencies in Indiana that provide a broad array of services and programs. The IARCCA Outcome Project was initially developed and implemented with the support of the Indiana Council of Juvenile and Family Court Judges to assure referral source, providers, funding sources and clients that IARCCA members would continually assess the strengths and limitations of their services. Therefore, data is collected and analyzed by IARCCA and the interpretations of these data help shape Indiana state policy regarding residential care of minors in need of services. The 2008 year will represent ten years of benchmarked data collection is truly a unique outcomes project that is know throughout the state and now has national recognition, publications and has several out-of-state participants. The areas of measurement include: clinical outcomes, functional outcomes, effectiveness of placement and the child risk survey.

Measurement of Consumer Satisfaction

As an integral part of the PQI process, YOC measures consumer satisfaction for all services, administers a consumer satisfaction survey to all persons served (the youth and their parents), and regularly produces a report and disseminates the results. The YOC Satisfaction Survey instrument contains standardized questions used across all programs as well as program specific questions. The instrument assesses basic satisfaction or dissatisfaction with the organization's personnel and services; it ensures anonymity; and, it includes basic demographic information (date of birth, age, gender, and race).

All YOC program counselors will administer the survey instrument at transition and discharge if the client was in the program longer than seven (7) days. If seven days or less, the survey instrument does not need to be completed. All completed survey instruments are scanned and the results are compiled into a quarterly report by program and as an organization. The results are distributed quarterly to each program and clinical director, the Director of Quality Assurance, the appropriate PQI team, Management Team, the Board of Directors, and annually, to interested community members. Results may be obtained on the YOC website: yocinc.org

