

# **Family Service Agency Continuous Quality Improvement Plan 2010 / 2012**

## **Overview**

Family Service Agency has a commitment to Continuous Quality Improvement to ensure the effectiveness, accessibility and efficiency of agency services. The plan will be developed every three years through the efforts of the management team that serves as the overall agency CQI team which reports up to the Program Committee of the FSA Board of Directors. Information is gathered with input from employees, clients, governing board members, stakeholders and community partners. The philosophies and direction of the CQI Plan and the Management Team are to:

- Promote service excellence and continuous quality improvement;
- Address agency performance issues, quality of service, program results and client outcomes;
- Utilize a broad-based approach in respect to program measurements and inclusion of staff, client and stakeholder input;
- Support the short and long-term priorities of FSA;
- Examine Current processes and standard industry changes for system improvements and efficiencies;
- Review standards of performance, establish performance targets and record and evaluate results.

The Management Team meets twice a month to carry out the above mentioned philosophies as well as enhancing communication between departments and to address ongoing agency “housekeeping” issues. The Management Team is composed of the following staff members:

- Executive Director;
- Executive Assistant;
- Chief Financial & Operations Officer;
- Director of CCCS;
- Director of Counseling, CCCS;
- Clinical Director;
- Director of Prevention Resource Center;
- Accounting Specialist / HR Coordinator / IT Specialist;
- Director of Tobacco Prevention & Education Program;
- Director of Drug & Alcohol Safety Education Program;
- CCCS Customer Service Director;
- CCCS Customer Service Coordinator.

Except for the Executive Director, the Chief Financial & Operations Officer, the Accounting Specialist and the Executive Assistant, the other members of the Management Team also participate on CQI teams within their respective departments. The CQI Committee responsibilities include the examination of data, assessment, planning and implementation of corrective actions and staff training when necessary, to promote continual improvement. Information is utilized from a wide variety of sources, and occurs and involves participation at many levels from inside and outside of the agency. Stakeholder involvement in the CQI process occurs through the following mechanisms:

- Client feedback through customer satisfaction surveys and outcome measurements;
- Employee feedback through recommendations and input at meetings, development of ad hoc teams, supervisory meetings, annual planning and strategic planning;
- Board volunteers representing various businesses and organizations throughout the community reviewing agency results and providing guidance and feedback;
- Management Team reviewing results, monitoring data, receiving feedback from employees and examining processes for quality, efficiency and effectiveness and implementing useful changes and trainings throughout the agency;
- Community partners and funders providing input and guidance to employees and the Board of Directors.

Major recommendations and changes most often originate from the program teams where research and implementation is thoroughly discussed before the recommendation is made to the Management Team. If the recommendation requires Board approval, the Management Team makes the recommendation to the Program Committee of the FSA Board of Directors for final Board approval. Participation on teams is based on knowledge, expertise and perspective regarding the area of agency operation. The current FSA CQI teams are:

- Management Team;
- Clinical Team;
- CCCS Counseling Team;
- CCCS Client & Creditor Operations Team;
- DASEP Team;
- Prevention Team (includes PRC staff and Tobacco Prevention Program staff).

All changes and communication flow back to staff through the respective teams. Major changes that require board approval are communicated back to the staff after board approval and are usually discussed at quarterly staff meetings.

The annual staff satisfaction survey results are reviewed by the Management Team prior to reporting up to the FSA Program Committee of the Board with any accompanying comments or recommendations. The results of the survey are also shared with the staff and specific questions and suggestions are discussed with the staff at a quarterly staff meeting.

## **Record Review**

Ongoing record review is done in each department in which there are client records to review. The schedule for such reviews varies by department. The review schedule for each department is outlined below. The target for each department's record review is that 75% of reviewed records are in full compliance with the quality standards of the respective department.

### **Clinical**

The Clinical Team meets quarterly for comprehensive record review of all open charts. Individual staff members do not review cases in which they have been involved. The purpose of this review is to insure that all required forms are in place, appropriate releases have been signed, treatment plan reviews have been signed and progress notes are up to date.

The Clinical Team also meets weekly to staff all new Counseling, Mental Health or Substance Abuse Treatment cases for treatment planning purposes. The Clinical Director also reviews and signs off on all treatment plans and discharge summaries.

### **CCCS**

To assure the appropriate documentation is included in a client's file and that the credit counseling process is effective for the client, the Counseling Director and the CQI peer review team reviews approximately 40 client files each month throughout the year. Each reviewed file is selected randomly. The peer reviewers do not review files in which they have been involved.

The process consists of reviewing the following: proper documentation, income verification, budget, credit / debt information, client action plan, debt management plan, process and maintenance. A CQI form is completed for each client and is kept in a separate file. Feedback is given to the counselor for any needed action that is identified. The Counseling Director tabulates the information from the CQI forms and compiles a CQI file report. The CQI file report is reviewed by the CCCS Counseling CQI Team and results are reported to the Management Team for review.

### **DASEP**

The DASEP staff utilizes a peer review process to review 100% of all DASEP screenings. The peer reviewers are not allowed to review screenings in which they were involved. The department Director addresses any concerns regarding the results with the appropriate staff member.

## **Measures and Outcomes**

Measurements and outcomes are established to improve the quality and efficiency of services. The main objectives are to be responsive to client, community and employee needs as well as to ensure that quality services are being delivered. Trends and patterns are identified and targets are established to measure improvement and increased quality.

Program outcome and client satisfaction data is compiled throughout the year. The aggregate data is compiled for each fiscal year ending on June 30<sup>th</sup>. The data is compared to the previous two years in order to identify any trends. The report is compiled and reviewed in the Management Team. The Management Team then forwards the report to the Program Committee of the FSA Board of Directors with any recommendations. The Program Committee reviews and makes recommendations to the full Board of Directors for final approval.

The target for the client satisfaction surveys and the outcome measures is to maintain or improve on the satisfaction levels or outcome results as compared to the previous two years.

## **Operational Procedures**

Data collection will focus on the following factors: accessibility, efficiency, continuity of service and effective results. Data will be maintained by each respective team and the teams will utilize excel spreadsheets for compiling results. Data is reviewed to determine any need for change in order to improve program quality, efficiency, convenience for clients and employees. Results of changes are tracked in order to determine whether the change is an improvement or not. Reports on program performance are reported to the Management Team.

The following are the main operational procedures to which the CQI Committees and the Management Team (the overall CQI Team) assess quality improvement processes agency wide:

1. Record Reviews:

Case record reviews are regular and ongoing. The frequency varies by department and those departments that do not have client case records do not perform this function. This process is described previously.

2. Client Outcomes:

Outcomes are measured in every department. However, the departments that do not have individual clients do not measure such outcomes. The outcome data is gathered regularly in an ongoing fashion for the rest of the departments. Aggregate outcome data is compiled annually as is client satisfaction data. The results are reviewed by the Management Team and

reported up to the Program Committee and then to the full board. Specific recommendations are made and reported down to the specific team for further action.

**Client satisfaction data that includes specific concerns, requests or a need for quick action is culled and reported back to the proper team immediately.**

3. Operations and Management Data:  
All the CQI committees review operations and examine program performance. The committees are responsible for implementing program changes, monitoring and reporting of results. Major recommendations for programmatic changes are reviewed by the Management Team and if necessary, a formal request for board action is made for those changes involving major expenditures or changes in staffing.
4. Grant & Contract Funded Programs  
The DASEP and Prevention Teams review program performance as measured by the programmatic outcomes and goals set by the respective funding sources. The results of the review are reported up to the Management Team.
5. Workforce Development:  
The Management Team reviews the annual employee satisfaction survey and the results are reported up to the FSA Board of Directors and reviewed with the staff at a quarterly staff meeting. The Management Team also reviews any employee concerns and identifies staff training needs as reported up from the CQI Committees.

## **CQI Projects for 2010-2011**

The CQI projects for each team will be conducted through the respective team. The results of the team project work will be reported up to the Management Team for final review and the results will be reported up to the Board of Directors through the Program Committee. These results will be included in the Annual CQI report.

### **Clinical**

1. Review and update forms to streamline paperwork.
  - a. Reduce client and clinician time with paperwork by reviewing the following forms in order to identify inefficiencies and make appropriate changes in the following forms;
    1. Face sheet;
    2. DVIP/Anger management intake;
    3. SACEP intake;

4. Paperwork given to clients;
  5. Paperwork for clinicians;
  6. Charts.
2. Revise outcome questions & convert data gathering process to excel spreadsheet in order to allow us to get a more accurate account of behavioral changes in the following areas;
    1. DVIP/Anger management pre/post quiz;
    2. Theft pre/post quiz;
    3. Client satisfaction survey.

## **CCCS**

1. Provide clients and creditors the ability to access account information regarding DMP accounts. Clients will be encouraged to utilize the new DMS Web Software to access information regarding their accounts, as well as creditors with questions regarding their customer's accounts. This service is available 24 / 7. Clients will be able to update their personal information, review their statements, account balances, next payment due date and payment history. Creditors will be able to review their customers balance, approve proposals and update balance verifications.
2. Implement a Mentoring Program that will encourage, help and motivate clients to achieve their goal of getting out of debt.

## **Management**

1. Review aggregate Demographic Analysis data for each FSA program in which individual clients are served. The data will be compared to aggregate census data for the program service area in order to determine if there is a need for specific outreach to underserved populations. The results will be reported up to the Board of Directors through the Program Committee.
2. Review annual employee satisfaction survey results to determine the need for action to address employee concerns if necessary. The results will be reported up to the Board of Directors through the Executive Committee.
3. The financial viability of all programs will be examined in the Management Team and any recommendations will be made to the Program and Finance Committees of the FSA Board of Directors.