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Performance and Quality Improvement Plan 2023 Annual Report January 8, 2024

Section 1-Overview

The Performance and Quality Improvement (PQI) Plan and Committee has been in place since 2019. The PQI Plan, including quarterly reports, remains available to all staff and the public for review on Positive Alternatives' website. Confidential information may be withheld from public review when necessary. The intention of the PQI Plan is to provide a detailed update on improvement plans for each program and department that includes progress in the change model, outputs, outcomes, quality indicators, stakeholder involvement, and administrative review.

The current PQI Committee consists of:

- 1. Jeremy Hernandez-Vice President/COO-Chair
- 2. Kelli Kamholz-President/CEO
- 3. Denise Horstman-Vice President/CFO
- 4. Laura Clark-Group Home Program Director
- 5. Amanda Schutte-Community Based Services Program Director
- 6. Kim Helke-Wisconsin Rapids Lead Staff
- 7. Case Manager-Vacant

Section 2-Change Model

Positive Alternatives continues to use the Plan, Do, Check and Act (PDCA) model as outlined below. Specially, the Plan stage will consist of the Theory of Change that is designed to use data and evidence-based decision making. The model is flexible enough to adapt to a variety of situations and circumstances. The model provides the PQI Committee and Coordinator with enough structure and guidance to develop and envision improvement plans. Information received through data may not always indicate change is necessary, but when it does, an improvement plan is developed and follows the PDCA model. The Leadership Team is informed of the plan, progress, and any challenges throughout the process. The results of the improvement plans will be documented, even when the outcomes are not preferable or positive.

Some PQI actions do not go through the PDCA Model if the Committee determines changes are needed and can be done without evidence. For example, certain rules and regulations, including standards for best practice, may prompt PQI actions without the proof of evidence.

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Lessons learned will also be a part of the improvement plan process and are shared with the Leadership Team. The most current PQI plan, including improvement plans, will be available to all staff in the documents section of the Policy and Procedure SharePoint. Again, some improvement plans may contain confidential information, in that case, certain information is withheld and only viewable by those appropriate to see the information.

Plan

During the plan phase of the PDCA model, preparations will be made to effectively create change. The plan phase will include gathering data and information to support the need for the improvement plan.

Do

The do phase of the PDCA model consists of the work plan or proposal being acted upon. Based on the significance of the goal, a timeline will be provided prior to starting the do phase outline reporting expectations on progress to the committee.

Check

The check phase of the PDCA model consists of the work completed to be assessed. Staff involved will review the process and identify the positive and negative outcomes of the change. The staff responsible for the change will compare the actual results to the expected results, including any changes made to the original plan and expected outcomes.

Act

If the outcome is successful, the change will be accepted into practice. The related policies will be revised to reflect the changes and ensure the changes are maintained in regular practice. If the plan did not provide positive outcomes there will be no changes to policy or practice. The staff or committee may also decide to return to the plan phase to readdress the goal.

Section 3-Improvement Plans

Group Home

The Group Homes identified the goal to revise the Behavior Modification Learning Process policy to incorporate a trauma-informed care approach to our response and intervention to crisis and day-to-day interaction with clients. The updates and changes to this policy will coincide with ending the practice of the point and level system in the group homes.



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- The plan stage of this process followed the **Theory of Change**.
 - We observe that the point and level system is not a trauma-informed care practice that accurately reflects progress youth make in the group home. Furthermore, we observe that the point and level system including Resident Restriction often contributes to escalating situations that may hinder progress youth make while in the group home.
 - We believe it is because an increasing amount of evidence and research suggests that point and level systems do not generally lead to changes in behavior and especially in youth experiencing serious behavioral challenges. Residents often object to the subjective decision making regarding their daily levels and consequences. Evidence also suggests that although youth may adjust to the expectations of the point and level system and be motivated by the privileges associated with it, the point and level system does not lead to sustaining long term outcomes. Lastly, research states that point and level systems do not offer individualized responses which is a characteristic of trauma-informed care practices. For more information on point and level systems click here.
 - We plan to replace the point and level system with trauma-informed and restorative
 justice practices. The behavior intervention policies have been updated and the YOQ is
 fully implemented. This change was effective on October 3, 2022.
 - We believe it will result in improved long-term reunification/outcomes.
- We found in the first three months of implementation we had a total of six fewer police contacts compared to the three months previous.
- At the end of the first quarter of 2023, we heard feedback that staff are having difficulty motivating residents and responding to challenging behavior that doesn't present a safety risk that ultimately limits privileges. The Vice President/COO began regular meetings with the Group Home Managers to discuss and problem solve effective ways to coach staff in these areas. Staff may benefit from coaching and feedback in this area to develop and strengthen effective intervention and response strategies to challenging behaviors that focus on relationships and skill building rather than consequences. Since then, we have had fewer concerns expressed related to the point and level system changes.
- 2023 outcomes are promising as four out of the five homes still have the potential to end the year with 50% or more of their placements moving to a lesser restrictive setting.
- Outcomes are tracked based on an entry cohort and grouped by the year of intake. Entry Cohort is the most effective and accurate way to track outcomes according to Evidence Driven Growth and Excellence. The Entry Cohort allows us to compare outcomes in 2022 and prior when residents were a part of the point level system to 2023 when residents did not experience the point and level system. So far there is no clear indication from 2022 and 2023 outcomes that the change to the point and level system has had a positive or negative impact on outcomes. It should be noted that at the time of this report we still have 38% of the 2023 cohort active in placement. We will continue to track and evaluate outcomes and report our results in the quarterly PQI reports.

WISCONSIN RAPIDS

ATT.

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CBS

We began the Plan Phase and identified the common reasons clients cancel meetings to decrease the cancellation rate. We continue to believe lowering the cancellation rate will have a positive impact on client outcomes. Reasons for cancellations are outlined below. *See data chart below*.



Lost Billable Hours 2023	Cancellation Percent (Avg) 2023
648	15.75%

Reason for Cancellation	Percent of Total Cancellations
No Call/No Show	13%
Client Sick	17%
Staff Out of Office	18%
Inclement Weather	5%
Client Out of Town	15%
Staff Schedule Conflict	2%
Client Schedule Conflict	9%
*Other	21%

^{*}Other includes a wide range of reasons that include holidays, lack of transportation, other appointments, etc.

In addition, increasing referrals is critical to the program meeting its goals of improving family, community, and school relationships and ultimately assisting in preventing out of home placements. The CBS Strategic Plan outlines strategies to increase referrals that include hiring case managers to match new client referrals. The data below shows current active CBS clients and case managers.

Program	Number of Clients
Mentoring	6
CCS Mentoring	7
Supervised Visits	10
Total	23

Case Managers	7
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2023 was a positive year for the CBS Program as it exceeded the number of clients served and budgetary goals. We anticipate a significant increase in supervised visitation clients in 2024 and budgeted a full-time lead staff in 2024 as well. The efforts to reduce cancellations and match staff to clients has shown positive results and outcomes.

Leadership

Did not have a goal in the PQI Plan in 2023.

Human Resources

Positive Alternatives added human resources to meet the needs of our growing agency and enhance our human resource practices. Human resources have impacted the agency in multiple ways that include streamlining recruiting, enhancing in-house training, policy updates, etc. As the recruiting and training processes have improved, our goal is to focus on on-boarding new employees. It is critical for new employees to be introduced effectively to the agency and gain a thorough understanding of our mission, philosophy, and goals. Below outlines the steps necessary to create an effective on-boarding process.



- Interview questions were updated and began use in January 2023.
- Performance evaluations in Bamboo were launched on January 1, 2023. Feedback is positive
 and supervisors are reporting the assessment process is effective and are being completed more
 efficiently.
- We remain in the plan phase of researching and developing the trainer program for lead staff to have skills to effectively train new employees. This goal was prioritized in 2023 and two group home program directors led the process. They developed a training phase system that includes electronic testing. The training phases and testing was implemented in the third quarter.
- We remain in the plan phase of gaining feedback from new employees regarding the on-boarding process. HR is working to roll this out in 2024 and we will seek feedback from employees at two weeks, 60 and 90 days.
- HR will remain in the Plan and Act Phases and progress will continue in the PQI Plan.
- The PQI Committee will focus on moving the HR goals forward in 2024.

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Finance

Finance did not have a PQI goal in 2023.

Section 4-Summary

In 2023 we refocused the PQI Committee to not only oversee all PQI efforts but to also focus on safety, risk, and programming. Each member reports an update and concerns in each of these areas. The Committee then oversees action steps including those that go into the PQI plan.

In 2024 we will be working on reaccreditation and the new standards require person centered logic models for each program. The PQI Committee will provide support and oversight for each of the logic models.

Jeremy Hernandez, Vice President/COO

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