



POSITIVE ALTERNATIVES, INC.

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Performance and Quality Improvement Plan

Quarterly Report – First Quarter 2020

May 7, 2020

Section 1-Overview

The original Performance and Quality Improvement (PQI) Plan was approved and implemented in December of 2019. The PQI Plan, including quarterly reports, are public and available 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. Tia Walker-Vice President/HRD
4. Denise Horstman-Bookkeeper
5. Laura Clark-Group Home Program Director
6. Amanda Schutte-Community Based Services Program Director
7. Alexis Salter-Case Manager
8. Tiffany Gorski-Lead Staff

Section 2-Change Model

Positive Alternatives will use the Plan, Do, Check and Act (PDCA) model as outlined below. The model is flexible enough to adapt to a variety of situations and circumstances. The model provides the PQI Committee and Coordinator 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 will be developed and follow 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.

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Lessons learned will also be a part of the improvement plan process and will be shared with the Leadership Team. The most current PQI plan, including improvement plans, will be available to all staff on Positive Alternatives' website. Again, some improvement plans may contain confidential information, in that case, certain information may be withheld and only viewable by those appropriate to see the information.

Plan

During the plan phase of the PDCA model, preparations will be made in order to effectively create change. The plan phase may include gathering data and information to support the need for the improvement plan. If collaboration is required, the committee will be involved in the development of proposals and work plans. If there is a smaller change, the plan phase may only involve brainstorming and possible implications that impact the program or agency. At the end of the planning phase, a work plan will be developed to identify specific goals, responsibilities, and indicators of success.

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. The outcomes noted should also include impact, if any, on the entire agency. Most importantly, the check phase should identify whether the outcome is successful or not. If the outcomes are not successful, the plan will note what is learned from the process.

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.

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Section 3-Improvement Plans

Group Home

Over the previous three years, group home retention for part-time staff has been inconsistent. In 2018 and so far in 2019, part-time retention continued to be challenging with some programs turning over 100% of their staff annually. The improvement plan is to restructure group home scheduling and hire more full-time staff which will require fewer part-time staff, ultimately improving part-time staff retention to 60%. This improvement is a current agency goal and tracked on the dashboard monthly and since tracking began in 2013 the goal has not been obtained.

Group Home



- The plan phase began the second half of 2019 with preparations for the group homes to begin transitioning to the new schedule at the end of 2019 and early into 2020.
- The planning phase also consisted of informing all group home staff of the reasons for the schedule changes, intended outcomes, and changes to the Benefits policy. Information was shared with staff at open enrollment meetings facilitated by the Human Resource Director and were completed by December 17, 2019.
- The Benefits Policy was approved by the Board of Directors and updated on January 2, 2020.
- The do phase consists of each group home location filling each position in order to effectively roll out the new schedule.
- Outputs include number of staff to effectively roll out the schedule. Below is a summary of the lead and other positions from each group home location:
 - Amery: All positions are filled, including all lead positions.
 - Marathon County: The evening lead position that was filled in January termed in April 2020 due to personal and professional conflicts related to COVID-19. The position was filled and started in May. The Case Manager position was filled with an external candidate and currently in the training and onboarding process.
 - Menomonie: All positions are filled, including all lead positions.

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- River Falls: There were several changes the first quarter, although all positions have been refilled. Three lead positions and the Group Home Manager position will complete training and on-boarding in May. The final vacant resident counselor position will also complete training in May bringing the program to fully staffed.
- Wood County: All full-time positions are filled, including all lead positions and the Case Manager position. There is a current need to fill at least one more resident counselor position.
- COVID-19 has posed some challenges with the hiring and onboarding process, although each program has done well adjusting and continuing to fill positions.
- If each program remains full or close to full our first staff survey be sent in June 2020 to solicit feedback on the additional lead positions and schedule changes.
- We will continue in the do phase until surveys are sent and sufficient feedback is received.

CBS

Community Based Services has not consistently completed satisfaction surveys with stakeholders. The goal for Community Based Services is to update and implement satisfaction surveys for each stakeholder group to be completed during or following services. Satisfaction surveys will allow input and feedback from all Community Based Services stakeholders and allow for effective evaluation and oversight of service delivery.

CBS



- The plan phase consisted of identifying stakeholders as an area of improvement for the program to specifically evaluate services and outcomes of CBS.
- The planning phase also consisted of the development of the surveys which was completed by the end of 2019.
- As part of the “do” phase staff are instructed to encourage stakeholder participation from their respective caseload stakeholders.
- Outputs consists of number of surveys developed and distributed. Five surveys were developed that targeted each stakeholder group. At the time of this report surveys were not distributed, although prior to the completion of the end of the year report surveys will be distributed. The number of surveys distributed will be noted in the next quarterly report.

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- Stakeholder surveys were sent to clients that were served in 2019 and thus far in 2020, but a minimal response was received.
- In March, all Community Based Services were stopped due to COVID-19 and no surveys were distributed or received.
- Community Based Services will remain in the do phase until services restart and a high number of surveys can be sent to clients and families.
- The check phase will consist of reviewing survey completion during the end of the year report process. Adjustments may also be made following completion of the end of the year report if necessary.

Leadership

Over the past several years, Positive Alternatives has expanded group home services and community based services and thus increased the agency's workforce. During expansion and growth there are expected challenges. Positive Alternatives experienced challenges with open and clear communication across programs, despite the five group home programs operating under the same program format and licensing rules. Over time the agency experienced challenges ensuring each program operates uniformly as programs made changes to practices to effectively manage their specific program or service. The goal of developing clear communication and program reports specific to practices will ensure each program is allowed the opportunity to present and accept feedback on suggested changes. In addition, enhancing communication will ensure each program operates uniformly and with the same understanding of policy and procedures.

Leadership



- As part of the planning phase a report out format was developed and discussed with the Leadership Team in December of 2019. The report out format may be adjusted over time to ensure effectiveness and intent of the process.
- As part of the do phase the first report out meeting was on February 7th, 2020. Report out meeting minutes are maintained to ensure completion of this process.
- The second report out meeting occurred on April 16, 2020 and meeting minutes are available. Several action steps were taken from this meeting to ensure consistent practices across programs.
- After two report out meetings we have identified ways to improve the process and continue to understand the purpose of this process.

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- Outputs consists of number of report outs for each program and to date all six programs participated in two report out meetings.
- Report out meetings will be conducted and move into the check phase following several meetings to ensure everyone is comfortable and confident in the process.
- Report out meetings are conducted quarterly and may remain in the do phase through 2020.

Human Resources

Two years ago, Positive Alternatives added a Human Resource Director position to meet the needs of our growing agency and enhance our human resource practices. Human resources has impacted the agency in multiple ways that include streamlining recruiting, enhancing in-house trainings, policy updates, etc. As the recruiting and training processes have improved, our goal is to focus on on-boarding new employees. We believe 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.

Human Resources

Plan Do Check Act

- The challenges of COVID-19 have caused delay in our progress addressing the onboarding goals and objective, although the recruiting and hiring process continued for all group home programs by utilizing video conferencing and limited on-site training. Much of the reports below are similar to the previous report due to these challenges.
- As part of the do phase we currently use scenario-based questions during the interview process with realistic situations for each program. Interview questions will be revised by June 30, 2020.
- As part of the do phase we currently use The Application Manager (TAM) software for pre-employment communication by email. As noted in the previous report we did begin start-up with Zenefits, although immediately identified the program and service did not meet our needs. Research will continue for a similar program and if one is identified it will be introduced during the 2021 budget process.
- We are in the plan phase of restructuring and evaluating the training process into manageable sections that are relevant to position requirements, including the development of training phases and online training options.

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- We are currently in the plan phase of researching and developing the trainer program for lead staff to have skills to effectively train new employees. As noted in the group home section, each location is still in the process of hiring and training lead positions. Each position will need to be filled prior to entering the next phase. The timing of the next phase will be dependent on when we feel leads have gained experience and confidence in their role to begin training new staff. In-person and online training options will be considered.
- We are in the plan phase of gaining feedback from new employees regarding the on-boarding process. Once complete, the surveys will be distributed on a 60-day, six month, and annual feedback schedule.
- Outputs include number of interviews and new staff on-boarded. The first quarter of 2020 there were 32 interviews and 17 hires.
- Human Resources will continue to work simultaneously in the “plan” and “do” phases of the process.

Finance

The value of goods and services received needs to be documented upon receipt so that the appropriate value is entered into the accounting system under the correct entered into the accounting system with the appropriate value and under the correct cost center. Currently there is not a policy in place to document receipt of goods and services.

Finance



- In 2019 the accounting department determined the agency did not have a policy directing practice of received goods and services.
- As part of the do phase a draft of a goods and services policy was provided to the Finance Committee. The Finance Committee approved the draft and was to be presented to the Board of Directors in January 2020.
- At the board meeting in January 2020 the board verbally agreed to new maintenance policies for accounting and human resources as required for accreditation, therefore replacing the Review of Policy and Procedure Policy. Due to this action the good and service policy no longer requires board approval.
- The Good and Services policy has been published in the Finance Policy and Procedure Manual.
- Outputs consist of number of good and services received and completed forms/receipts and this process will move to the check phase once a significant number of goods and services have been received.

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Section 4-Summary

COVID-19 and the safer at home order has impacted our PQI process as attention to COVID-19 related matters has taken precedent. The PQI committee was cancelled in April and several individual program/department specific meetings were cancelled as well. The PQI meetings scheduled in May will be conducted as scheduled and we anticipate the PQI process will pick up moving forward.

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