



# POSITIVE ALTERNATIVES, INC.

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## Performance and Quality Improvement Plan

### 2021 Fourth Quarter and Annual Report

*January 14, 2022*

#### 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. Denise Horstman-Bookkeeper
4. Laura Clark-Group Home Program Director
5. Amanda Schutte-Community Based Services Program Director
6. Case Manager-Vacant
7. Lead Staff-Vacant

#### Section 2-Change Model

Positive Alternatives uses 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 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 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 is 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 Home completed their initial PQI goal of implementing a new staff schedule that includes a rotating schedule for Lead staff. In 2021 the PQI committee monitored these changes as both strengths and weaknesses were identified with the schedule. Most notable feedback from staff is that the rotating schedule requires a “long week” to ensure staff are off every other weekend. The 2022 budget allows for flexibility to the “long week” schedule and would allow Program Directors to lessen direct care responsibilities that week when appropriate. The schedule will continue to be monitored although it will not be reintroduced to the PQI process unless drastic changes are made.

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### CBS

CBS (Mentoring and Supervised Visits) had a cancellation rate of 15 percent in 2021. We began the Plan Phase and identified the common reasons clients cancel meetings to decrease the cancellation rate. We believe lowering the cancellation rate will have a positive impact on client outcomes. Reasons for cancellations are outlined below.

Lost Billable Hours 2021	Cancellation Percent (Avg) 2021
499.75	15%

Reason for Cancellation	Percent of Total Cancellations
COVID	24%
Sick-non COVID	13%
Out of town	12%
Refused	8%
No show	8%
Schedule conflict	7%
Unknown	6%
Services on hold	5%
Alternative placement	4%
Incarcerated	3%
No transportation	2%
Inclement weather	2%
Other	4%

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 with new client referrals. The data below shows current active CBS clients and case managers.

Program	Number of Clients
Mentoring	3
CCS Mentoring	6
Supervised Visits	5
<b>Total</b>	<b>14</b>

Case Managers
7

We will continue to provide an update in each of these goal areas and decisions to move forward will be supported by evidence.

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### *Leadership*

During the site visit of the Accreditation process, we received feedback regarding regular upkeep and maintenance of our buildings. The feedback was presented to the PQI Committee who agreed that the maintenance goal and oversight would be taken up by the PQI Committee. The Committee acknowledged that at times maintenance and building upkeep can be challenging due to the nature of services we are providing. Specifically, all our locations require normal wear and tear upkeep and in addition to that damage done by clients. Nevertheless, the Committee understands our goal is to ensure our buildings remain in acceptable condition.

### Leadership



- On December 8, 2020, the PQI Committee adopted the goal to improve the maintenance policy and practices.
- The Property Maintenance Policy and Preventative Checklist were updated in September 2021. In addition, an online maintenance form was created for any staff to complete and report maintenance needs in their area. The form allows us to track the time between the report and completion of the task.
- In 2021 the form was completed four times and all four issues were addressed in a timely manner.
- Kelli and Jeremy continue to complete quarterly “walk throughs” of each building like a licensing visit and noting maintenance needs. Kelli and Jeremy reported in November and December that there were no significant maintenance needs, and that each location was in acceptable condition.
- Although steps are in place to improve maintenance and upkeep, we will remain in the Plan Phase and continue to work on identifying and gathering information that will help improve in this area.

### *Human Resources*

Positive Alternatives added human resources 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

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mission, philosophy, and goals. Below outlines the steps necessary to create an effective on-boarding process.

### Human Resources

#### Plan Do Check Act

- **Most of the HR goals were delayed in 2021 due to significant staffing issues and time needed for recruiting and hiring. It should also be noted that there was a personnel change in human resources in 2021 that also impacted the human resources goals.**
- As part of the do phase, we use scenario-based questions during the interview process with realistic situations for each program. Due to a change in the human resources position this project was assigned to the Group Home Program Directors.
- The HR software, Bamboo, began in March of 2020 and implementation and practice of the system have been effective. In 2022 Bamboo will be used to complete staff performance evaluations.
- The training process is in manageable sections that are relevant to position requirements, including the development of training phases and online training options. The Training Calendar and some specific online trainings are available on the staff webpage. The policy and procedure SharePoint site is also set up by program and position to allow for easy access to policies related to each program and position. This process has been effective and will be moved out of the PQI plan and will be monitored for effectiveness moving forward.
- We remain in the plan phase of researching and developing the trainer program for lead staff to have skills to effectively train new employees.
- We remain 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.
- HR will remain in the Plan, Do, and Act Phases and progress will continue to be reported quarterly.

### *Finance*

Finance currently does not have a goal identified.

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### Section 4-Summary

The PQI plan and efforts are captured in quarterly PQI reports and data reported in monthly board reports. As stated in the report we are making efforts to support decision making with data and evidence and that will be emphasized in 2022. Below is a detailed breakdown of other PQI related efforts that are not covered in the quarterly PQI reports.

**File review:** Program Directors complete monthly file reviews and make necessary changes to ensure policy and licensing compliance. In addition, the President/CEO and Vice President/COO completely randomized quarterly file reviews and note policy and licensing non-compliance. A quarterly report is completed and provided to the Leadership Team which summarizes findings from the review.

**Incident Reports/Risk Assessment:** The President, Vice President, human resources, and Program Directors or designees meet every Thursday at 10:00am to review critical incidents and other program related topics. Suicide prevention, COVID-19, client consultation, referrals/occupancy, staff challenges, policy and procedure, and other topics are discussed during this time. Generally, these weekly meetings are to bring awareness to the group and often policy and procedure changes are passed on to the Leadership Team or other appropriate committee to oversee. In addition, the Leadership Team completed quarterly “Report Out” meetings to cover risk prevention topics in more detail. Each Program Director reports on significant incidents that occurred in their programs during the quarter. The group also discusses potential policy and other practice changes to need to occur to prevent similar incidents from occurring in the future.

**Staff Retention:** Staff retention is tracked and reported monthly in the Board of Directors report. Staff retention is also discussed regularly during leadership team meetings.

**Financial Reports:** Financials are reviewed and provided monthly to the Board of Directors. In addition, all leadership team members are responsible to review financial reports monthly to ensure accuracy and that their respective programs are operating within the budgeted limits.

**Outcomes:** Program outcomes are tracked and reported monthly in the Board of Directors report. In 2021, the Vice President/COO completed Evidence Driven Growth and Excellence training that provided specific practices to accurately track and report program outcomes. The new outcome reports began in 2021 and were monitored by the Leadership Team and start to be included in the monthly board report in 2022. In addition, group home referral denials are tracked on an ongoing basis to better understand trends of referrals and to help identify clients that may be the most successful in our group home programs.

Jeremy Hernandez, Vice President/COO

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