

ST. MARY'S HOME FOR CHILDREN
PQI QUARTERLY REPORT
Third Quarter: July-September 2019

Executive Note: This year is one in which we begin implementation of our 2019 – 2022 Strategic Plan and prepare for our re-accreditation. Always aspiring to strengthen and enhance our services, processes and efficiencies, we will have greater opportunities to focus on Performance & Quality Improvement (PQI) with the addition of a PQI Specialist and Residential Clinical Administrative Assistant. We are looking forward to seeing how we evolve as an agency.

Galene Garrison-McCa

PQI Note: Exciting things are happening agency-wide, and continued positive change is in the air! Please consider joining a PQI Committee, or participating on a Strategic Plan work-group. So many great ideas generated in these processes become great practices – the more voices we hear, the more we can implement positive change.

Linda M Mabrant

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Initiatives and Action Plan Spotlight

This section highlights the recent achievements of one or two PQI Initiatives or Action Plans. We recognize and appreciate that work continues on all Initiatives and Action Plans, and will use this section to spotlight one or two that achieved a significant goal or made significant changes during the quarter.

Buildings & Grounds Board Sub Committee

- The committee continues to actively gather and assess information to determine readiness for formal campus Master Planning. On June 13th committee members, including representatives from Gilbane Corp, PARE Corp and Hallam ICS, met with Master Planner representatives from SLAM Collaborative. Board fund development efforts continue, and a tour of a social services organization in Connecticut who work with SLAM is being planned;
- The committee's "Energy & Resilience Project" continued to see success in two key areas. First, as a result of installing energy efficient lighting and shower heads, we saw a \$6,784.00 decrease in electric bills over the past 4 months compared to those months in 2018. Second, we've been notified of a preliminary award of \$104,461.00 for Phase Two of the School/Mauran Building HVAC Project (heating and air). We continue to do what is necessary for the State and Town to fully execute that award.

2019 Initiatives and Action Plans

Buildings & Grounds Board Sub Committee
Agency-wide data collection and reporting system
Affirmative Action Plan
Residential Staff Retention Plan
Six Core Strategies Restraint Reduction

Electronic Record System
State-Wide CSEC Taskforce
BBI National Involvement
Residential High Acuity Youth

PQI Committees: Highlights of Achievement

Critical Incident Committee

- Continued success of committee work and the Restraint Reduction Initiative is evidenced in part by the agency rate of restraint, which was .3, .6 and .8 during the quarter. In the same quarter in 2018, the agency rate of restraint was .8, 1.4 and 2.
- Achieved the goal of debriefing both staff and youth 100% of the time after restraints;
- Created a schedule to include first and second shift staff members in debrief meetings with youth and their treatment team members within 24 hours of a restraint;
- Incorporated the training module "Emotional First Aid" into the 2020 TCI schedule as a result of consistent positive staff feedback regarding the effectiveness of the module's techniques;
- Identified the need for an alternative escort model for use with small children, and are initiating that training for staff.

Areas of focus:

- Discuss and create plan for teaching wall restraint to staff;
- Standardize practice across residential programs.

CERT / Safety Committee

- Reviewed RI General Law re: transportation of children in vehicles and assessed our related policy, procedure and practices. Made recommendations to Program Directors to enhance agency 'Transportation Consents' to include age/weight regulations;
- Implemented a new data tracking system for employee injuries reported to human resources, and are sharing that data with the Critical Incident Committee as inconsistencies had been identified.

- Engaged the North Providence Police in a practice lockdown drill and our subsequent debrief. Three NPPD members are committed to participation, and have offered staff training which we are pursuing for upcoming quarters.

Areas of focus:

- Finalize the availability of Narcan on campus for compliance w/ RIDE regulations and our desire;
- Finalize work on transportation of children in vehicles;
- Continue to enhance engagement of NP police and fire in safety practices/drills on campus.

Staff Relations

- Distributed employee appreciation gifts including kettle corn, lemonade from the New England Lemonade truck, and apple cider donuts; and 3 gift-cards to randomly drawn employees.
- We began planning the holiday party which will be at the Imperial Room at the Shriners again, and confirmed a date of January 10, 2020;
- Sent 4 sympathy arrangements and 1 plant for get well to staff members through the quarter;
- Planned an upcoming Paint & Vino “Pumpkin Harvest” night following the success of the previous quarter’s event which had 24 employee participants.

Areas of focus:

- Improve and maintain staff morale through staff recognition for all departments; Continue to promote Starfish Awards, staff appreciation and fun activities for staff to do after work hours.

Wellness Committee

- Working with BCBSRI to set up health related Webinars for staff;
- Scheduling free meditation classes for EOS, STAAR & SAFFE staff;
- Continue to hold free Yoga classes every Tuesday;
- Book Club continues to meet monthly to discuss book and choose one at monthly dinner meeting.

Areas of focus:

- Continue efforts and practices related to employee health and wellness.

LGBTQQ+ Committee

- Created and distributed a PRIDE Newsletter;
- Continued to work on LGBTQ+-CSEC project, outreaching new resources for collaboration;
- Created plan to have quarterly LGBTQ focused events at SMHFC in 2020 for our youth and families to participate in here on campus.

Areas of focus:

- Maintain representation on state-wide SOGIE task force; access funding for LGBTQ+ projects/events; engage SMHFC youth more in committee’s goals.

Risk Prevention

- Continued to monitor and direct action planning for residential program overtime, which is now at a 51% reduction compared to last year;
- Facilitated an Ethics training to be held on campus 10/8 by nationally recognized ethics expert Ric Reamer, with a focus on risks related to communication with clients and colleagues outside business hours; Sent our related policies and procedures in advance for review.

Areas of focus: Establish more board involvement in matters related to active risk assessment; continue monitoring and assessing workers compensation issues and other organizational risks.

Residential Youth Council

- On 8/14, four youth and two staff participated in “Level UP”, a day-long workshop for teens and young adults impacted by foster/congregate care to come together with former foster youth, Adoption Rhode Island professionals, and community members to learn, grow, and “level up.”
- Members participated in panel discussions and workshops including Poetry and Writing / Expressing Words. One youth continues to attend a weekly Poetry workshop as a result;
- A Job Corps representative engaged a Council member who has subsequently applied to enter their program; and one member won a \$150.00 gift card at the event.
- Members said good bye to their Youth Mentor and several long-standing Council Members, who all moved on to other opportunities and communities.
- Rebuilding and recruitment efforts are the present focus. The new Youth Mentor is providing education to youth about the Council and beginning structured meetings this quarter.

Areas of focus:

- New Council members will be trained on how to interview potential milieu staff; and in TCI de-escalation and managing crisis; work on becoming ambassadors to new residents; and learn how to facilitate their own treatment team meetings.

PQI

- Completed revision of the Employee Evaluation, effective 9/1/2019;
- Completed revision of the following policies: ADM-021 Providing Services Outside of Employee’s Department; ADM-008 Research Protections; ADM-034 Internships;
- Facilitated restructuring of ‘group messages’ so that fewer employees hear messages specific to residential and school departments, and of the PRIDE flag now hanging year-round in the lobby.

Areas of focus:

- Continue to assist PQI Committee Chairs / Co-Chairs and monitor committee structure; assist committees when needed; assist with continual improvement efforts agency-wide;

Residential & School Improvement

- Discussed the ongoing importance of House milieu leadership, and the skills and tools that are necessary for proper milieu management;
- Discussed how having the milieu on all Houses be cohesive, and the need for a milieu to become a learning environment for staff.

Areas of focus:

- Continue to work w/ House leadership in helping to define the needs of our youth and increasing the knowledge base of our staff members in facilitating a safe, secure and therapeutic milieu.

School Report: PBIS and Social Emotional Learning

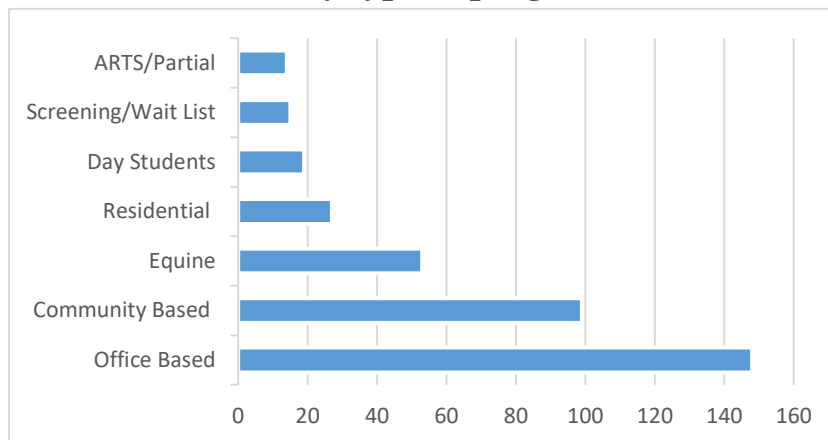
- The school introduced project / problem based learning with Gardening in the Summer Program. Youth identified wanting a Farmer’s Market, and Teachers used the theory and techniques to facilitate their success.

Areas of focus:

- Global SWIS targets for the next school year will be individualized rather than the universal 80% that it has been for two years;
- Continue to develop and implement Project Based Learning (collaborative learning and engagement).

Census Data

Average Daily Census in Quarter = 294.91
Clients served by type of program as follows:



Residential and School Admissions & Admission Committee

37 Admissions (1 of which was a House transfer)

- ARTS 12; Partial 0; Hills Stabilization 9; BBI Aftercare 4; Day Students 4; Residential 8.

32 Discharges (1 of which was a House transfer)

- 37.6% Goals accomplished and/or Symptom Stabilization
- 21.9% Lower level of care required
- 15.6% Higher level of care required
- 3.1% lack of engagement; 6.3% Per family request; 3.1% transferred to another more appropriate service within the agency; 3.1% aged out; and 3.1% refused services; and 6.2% Other

45 Referrals

- 12 to ARTS/12 admissions (please note that some of these admissions were referred prior to this quarter); 4 withdrawn (went to another program, discharged from the hospital); 1 continues to be on the waiting list.
- 7 to Horton or Hope / 4 were admitted (1 of those transferred from the Hope House to Horton House); 2 were withdrawn (went to another program); 2 continue to be on the waiting list.
- 9 to Mauran / 4 were admitted (3 of those were referred last quarter); 0 withdrawn (both went to another placement); 8 are still on the waiting list.
- 9 to Hills Assessment & Stabilization Center / all 9 referrals admitted.
- 4 as Day Students / 4 were admitted.
- 4 referrals to BBI Aftercare Services / all 4 referrals admitted.

Areas of focus:

- Continue to receive training in Best Notes and actively participate in the development of new work-flow and reporting systems; continue to work collaboratively with the Office and Community Based Programs Intake Department.

Office and Community Based Intake

Highlights of Achievement:

- In the past quarter, we proudly served:
 - 26 clients in the FISA Curriculum;
 - 34 clients in Clinical Support Groups;
 - 126 clients in Office based treatment, including Sexual Abuse Evaluations;
 - 44 clients in EOS;
 - 12 clients in CFTT;
 - 56 clients in Equine Assisted Psychotherapy;
 - 8 clients in OSP;
 - 26 clients in SAFFE;
 - And 36 clients in STAAR.
- The wait list for Office Based services decreased, but remains steady;
- The Outpatient Support Program (OSP) was unfortunately put on hold towards the end of the quarter as the insurance company rejected claims.

Areas of focus:

- Continue focus on hiring fee for service staff to rebuild EOS service delivery, and continue efforts to grow teams with bi-lingual clinicians and care coordinators;
- Continue agency-wide Intake Team efforts cleaning Best Notes data to maximize efficiency and accuracy, as we continue to expand and enhance use of data to drive decisions and reporting.

Clinical Record Audits

Residential Audits (ARTS, Residential, Assessment Center)

- The final audit with 100% of records being stored in paper only form was completed;
- The full report is available from the Director of Operations and PQI, and includes an addendum that was issued after discovering a significant amount of documents had been completed but not submitted to the record;
- As a part of planning for the transition to a Psychiatric Residential Treatment Facility (PRTF), an Administrative Assistant position was developed for the Residential Clinical department. The position was posted, interviewed and filled late in the quarter. It is expected that we see continuous improvements with record audit data as a result of the administrative support.

Areas of focus:

- Continue efforts to improve timeliness and record content; continue to find ways to highlight the exemplary work being done with clients and their families.

Community and Office Based Audits

- The complete Audit Report is available from the Director of Operations and PQI. There were no systemic recommendations as a result of the audit.

Areas of focus:

- Continue to work toward having all records up-to-date with all key clinical documents at all times; use established key to rate records; report data annually.

Consumer Satisfaction

The area of consumer satisfaction has consistently been identified as an area in need of improvement by the PQI Committee when reviewing PQI Quarterly/Annual Reports. The decision was made to reassess and re-think both purpose and practices using an agency-wide lens in 2019, and is a focus of the Strategic Plan year one Annual Work Plan.

Office and Community Based Programs

Highlights of Achievement:

- 15 Outcome Questionnaires were examined this quarter;
- 14 outcome questionnaires were extremely positive, with 100% satisfaction in 3 areas, as well as agreeing that they would re-contact the agency if they need counseling/services again, and all would recommend our services to others;
- 11 participants reported “agree” and/or “strongly agree” to statements relating to having skills to cope with symptoms, understanding symptoms and having parenting skills to help their child with symptoms.

Goals:

- Explore changing the process in which surveys are distributed and client feedback about our services are received as a part of the agency strategic plan.

Families Impacted by Sexual Abuse (FISA)

Highlights of Achievement:

- 5 surveys were returned this month. All provided positive feedback on the materials and structure of the FISA Curriculum, and were satisfied by treatment by staff, would re-contact us in the future and would recommend our services to others.
- Director met with Dr. Shepard-Umaschi at Bradley Hospital’s Research Center for Evidence Based Practice and implemented a new FISA pre-post questionnaire to better yield data for future program needs. The new questionnaire was implemented at the end of the quarter as the two new FISA Groups began with 10 members, and will be utilized in Individual FISA sessions as well.

Goals:

- Explore grant funding to secure assistance from Bradley Hospital’s Research Center for Evidence Based Practice to ensure a fidelity model.

Residential & School Youth / Residential & School Parents

- A PQI Specialist position was developed, interviewed and hired late in the quarter. Agency wide satisfaction is a focus for the Specialist and will be developed over the upcoming two quarters.